

CPED Policy Brief Series No 3

Reproductive Health CHALLENGES and POLICY ISSUES in Kogi State

Key Stakeholders' workshop Recommendations

**Organised by Centre for Population and Environmental
Development, CPED**

Workshop was moderated by
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Preface

This policy brief is part of the on-going research and policy linkage of the *Centre for Population and Environmental Development (CPED)* on the research theme titled “Health including HIV/AIDS and Development in Nigeria” in the current Strategic Plan (2010-2014) of the Centre. This policy brief which is based on a stakeholders’ workshop on Reproductive Health Issues and Challenges in Kogi State examines the contemporary challenges facing reproductive health in the state and policy issues and strategies to improve the prevailing situation. The policy brief is designed to inform policy makers and other stakeholders involved in activities to improve reproductive health in the state. The brief reflects the recommendations and views of the workshop participants and no attempt has been made to change these stakeholders’ views and recommendations.

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Reproductive Health Issues and Challenges in Kogi State

1. The challenges of sexual and reproductive health in Kogi State

The participants in the stakeholders' workshop identified the following key challenges facing reproductive health in Kogi State

- Lack of awareness or inadequate knowledge of Sexual and Reproductive Health situations in the state by the state and non-state actors
- Decayed infrastructural facilities at the primary health care units
- Lack of political will and commitment on the part of key stakeholders particularly at the government level
- High cost of treatment for maternal care cases, especially where it involves surgical operations.
- **MGDs** relating to health are not well followed. For example NGOs are only concerned with HIV/AIDS programmes neglecting other areas of maternal health that account for higher percentages of maternal mortality rate.
- Distance/location of health facility is a major challenge

- Poor quality of services, including poor treatment by health providers
- Inadequate and in-efficient drug supplies by government and health providers
- Lack of training and re-training of health care professionals in the state
- Government policies on free health care system in the state not well implemented
- Lack of fund by NGOs to collect adequate data on sexual reproductive health situation in the various local government areas of the state.
- Some health workers, especially the nurses using the wrong drugs on patient when they are not suppose to do so
- Low quality of care for emergency obstetrics
- Very low income status of many families
- Unhealthy cultural beliefs and practices
- Inadequate funding to carry out programmes on child survivals

- Poor incentives given to health care providers by government of Nigeria

2. Perceived Solutions to Overcoming SRH challenges

- Advocacy visits to the traditional rulers, chiefs, clan heads and religion leaders
- Midwives should be employed in all health facilities to supervise the activities of health personnel in the rural area at least once in week
- Work guide should be stipulated and well monitored e.g. A primary health care worker should be banned from administering (PITCOCIN injection on pregnant women).
- Blood banking system should be set up in neighbouring hospitals in the village
- Sex education should be included in school curriculum and taught in all schools
- Provision of equipments in the public hospitals
- Youth & women empowerment must be emphasized
- All private clinics approved in the rural areas that offer maternal care must be supervised weekly by ministry of health

- Budgetary allocation to health sector must be improved

- The African man desires many children without considering the health of the woman. There is need to reduce the number of children per family and appropriate child spacing.

3. Improving Safe Motherhood in Kogi State

Participants recommended that the situation of safe motherhood in Kogi State will be improved if the following steps are taken.

- Government should create awareness campaign in the state with the help of media houses in form of public policy debate to encourage expectant mothers in the rural areas to access free ante-natal care services.
- Maternal care and treatment of obstetrics emergency should be made available and free throughout the state, especially in each local government area.
- Early marriages should be discouraged. The child Act law is still languishing at the state house of Assembly. More NGOs and CBOs need to do advocacy visit to compel the legislatures to pass the bill into law. Only then, early marriages in places like rural communities can be eliminated

- The media houses can influence government decision to take action on safe motherhood practice by their regular reports and analysis about maternal deaths occurring in several places in the state.
- Government to ensure free ante-natal and post-natal care to enable pregnant women access treatment and deliver their babies in the hospital instead of their houses. Even when there are complications during delivery, service should be rendered free of charge.
- Ministry of health to always reach out to the public especially women of reproductive age in market places, shops, community meetings and wherever a large number of them can be found with information on Sexual Reproductive health in form of enlightenment campaigns.
- There should be a special provision to prevent and manage complication of unsafe abortions.
- Government should provide family planning information services in all the local government and state headquarters.

4. Reflections of some selected participants during the stakeholders' workshop

In an interview with some participants, question such as this was asked:

“Do You Think Attention Paid By Government on Reproductive Health Is Justified”?

Some responses made by participants are shown below:

Respondent A

“Government has not done much in really paying attention to the issue of reproductive health in Nigeria. Even though the Nigerian government was among the 179 united nations that were signatory to the initiative and policy documents on reproductive health, it has not really done much in that area. Most rural communities don't have a health facility, and where it is available, it is an empty shed with drugs or personnel to man them. In the urban centres, only very few health facilities are equipped with personnel to handle health issues in terms of highly qualified Gynaecologists or Obstetricians. The civil societies have a duty however to pool their resources together to draw the attention of the state government to the deplorable situation and urge the government to do more”.

Respondent B

“First and foremost, we cannot say completely that the government is not doing anything at all at least to some extent they have been able to come through the Ministry of Health and Education. Specifically in our organization in one of our interventions programme

on life planning education in the state, the government through the above ministries create enabling environment for our project to sail through; by allowing our trained nurses and teachers remained in all their respective schools. Even when transfer is going on in the state, it will not affect them. However, that does not mean that the governments have done much, in fact, a lot need to be done on the part of government as well as civil society organizations in collaboration with Faith Based organizations to make sure that reproductive health challenges be minimized in our state and Nigeria in general”.

Respondent C

“I would say that the attention on reproductive health is yet to be fully justified. The NGO, Media and CBOs must keep pressing harder, while government arms responsible for laws and implementation must live up to responsibilities of citizens. For example, MTN-Nigeria recently provided the FMC with a Cancer screening machine, government needs to subsidize the charges to enable women access the use. So also, the issue of anti-retroviral that is not well accessible at the rural environs”.

Respondent D

“The attention of government to Sexual and Reproductive Health services in the state is not

justified. There are inadequate health facilities in the state and even existing health facilities are not having enough Doctors and health workers. Hospitals are not well equipped and worst still government budget on health is below expectation”.

Respondent E

“Attention paid to reproductive health services on the part of government is not justifiable because government that is in the helm of affairs does not make it their priority. Rather than provide health facilities, they enrich their pocket. In a situation where such facilities are provided, they are either sub-standard or not enough. Medical personnel and professionals are equally not enough especially in rural areas. There is need to hire qualified hands”:

Respondent F

“Sincerely speaking, I don’t think the attention given to reproductive health service is justifiable. It is no doubt that we have many NGO and FBO engaged in educating and sensitizing the masses on the importance of sexual and reproductive health issues. However, the challenge of funding to really make them do their work well is enormous and the local/state governments and the policy makers are not helping matters. What we hear and see are tales of lies of government doing this and that for certain community only for you to go there to find out that the stories are false. Some media houses even join in

over blowing the activities of these health matters, to the detriment of the masses especially in the rural areas”.

Respondent G

“The attention been paid to sexual reproductive service is not justified; people still engage in unsafe abortion, people are not paying attention to family planning, stigma and discrimination is still very high on PLWHAs and people still give their children to early marriage. There is always no enough budget provision to cater for the needs of sexual reproductive health of the populace even the little that is being provided is not properly utilised. E.g in Agbaja community in Kogi State, we carried out a baseline survey on family reproductive health which the CD is given to, we used the clinic hall for our focus group discussion there was only one nurse on duty. We asked why? She said there is nothing to do and she is the only worker in that clinic and that for the past five months she has not received any drug supply from the state ministry of health. When some of the state ministry of health workers were asked why? They said Government did not purchase the drugs enough to go round for the whole year. In conclusion, I must say here categorically that attention has not been given to reproductive health services”.