

CPED Policy Brief Series 2010 No 8

REPRODUCTIVE Health Challenges and POLICY ISSUES in ONDO STATE

Key Stakeholders' workshop Recommendations

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

Workshop was moderated by
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This Policy Brief is supported by the *Think Tank Initiative*
Programme initiated and managed by the *International*
Development Research Centre (IDRC)

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First produced in 2010

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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 Ondo 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.

We are particularly grateful to the *Think Tank Initiative* for the Institutional support provided for CPED which has enabled the Centre to produce this policy brief.

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THE CHALLENGES OF MATERNAL HEALTH IN ONDO STATE

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

- Inadequate knowledge of family planning among couples: most couples both in rural and urban communities in Ondo State lacked basic knowledge of family planning, this on the long run affect their choice of family planning method to use, when to use and how to use any of them correctly.
- Cultural barriers (taboos): adherence to certain traditional practices has limited the success of some SRH programmes of government while at other times led to the marginalisation of the female folks as regards major decisions on number of children a couple is expected to have
- Lack of sex education in school curriculum: until now sex education has still not been integrated into all the primary and secondary school curriculum in the state, this has further help keep the young ones and the youth in the dark as regards issues on maternal health
- Peer pressure: Peer pressure coupled with ignorance makes youth (especially the females) involve in unsafe practices that may negatively impact on their sexual health, practices such as

unsafe abortion and unwillingness to patronize modern health services

- Poverty: this prevent couples from consulting specialists on issues bordering on maternal health, as they fear they may not have the means to off set their bill, as a result, they turn to quarks or self medication
- Religious influence: some religious practices negate modern and safe maternal health practices
- Inadequate health facilities: across the state, maternal health facilities are inadequate in all health institutions, whether primary, secondary or tertiary and this has contributed significantly to the high maternal/infant mortality rate of the people.
- Inadequate health personnel: health personnel in government primary health centres and maternities have been inadequate over the years as in most cases, a doctor is made to man more than 3 health centres in an LGA
- Inadequate in-service training for health personnel: government rarely organize nor send their personnel for refresher courses or in-service training, so as to make them be at breast with current practices in other parts of the world

- Government bureaucracy: this delay and sometimes deny the people of some good programmes of government
- Failure to comply to immunization exercise: unfounded rumours and lack of interest sometimes make some parents prevent their children from been immunized despite huge resources committed to the programme
- Nonchalant attitude of some health workers: some health officials are nonchalant even at attending to patients on emergency.
- Challenge of female genital mutilation: many people even among some of the literate still do not see any thing wrong with female circumcision as some argue that the promiscuity in our society today can be attributed to refusal of some parents to circumcise their female children.
- Selfish interest of some government official: some government officials have in time past been accused of citing projects and implemented programs in some communities based on political, religious and other selfish considerations rather than the need of the people

JUSTIFICATION OF THE NEED FOR INCREASED ATTENTION FOR REPRODUCTIVE HEALTH IN ONDO STATE

Participants believe that increased attention for reproductive health in Ondo State will help to reduce, if not eliminate most of the SRH challenges faced by the people of the State. It is also their opinion that there must be concerted effort by the three tiers of government, the people and their leaders at all levels in order to achieve improved reproductive health record in the State. Their recommendations are enumerated as follows:

- Reduction of infant morbidity/mortality: the rate of infant mortality and morbidity in the state is still very high and much of this incidents could be attributed to ignorance of the people on reproductive issues, hence with increased attention for reproductive health in terms of increased funding, training and retraining of personnel, employment of more personnel and better monitoring of health personnel in the state much of the cases of infant mortality can be reduced to the barest minimum
- Reduction of maternal morbidity/mortality rate: like the case of infant morbidity and mortality the rate of maternal morbidity/mortality is also high in the state. Increased enlightenment and proper poverty alleviation programme would go a long way at reducing the rate.

- Adequate facilities at the health centres: increased funding of the reproductive health sub sector will help to provide facilities in the various health centres across the state which will in turn reduce both high infant and maternal morbidity and mortality all things been equal.
- Availability of drugs at the health centres: the increased attention for reproductive health will help to provide fund for reproductive health drugs at the health centres as well as ensure proper monitoring team so as to ensure drugs are dispensed to the right persons
- Elimination of certain cultural restrains and taboos in communities: Cultural restrains and taboos in communities can become a thing of the past if the government and NGOs in collaboration with community leaders engage in aggressive enlightenment campaign and education that is targeted at the grass root population on the ills of some of this harmful cultural practices of our people.
- Reduction of cases of unwanted pregnancies which often lead to unsafe abortion and STIs including HIV/AIDS
- Better attitude of some health personnel: no matter the attention given to the reproductive health sub sector, with poor attitude of personnel,

no significant improvement can be experienced, hence participants recommended that a high powered monitoring team be constituted and empowered to deal decisively with any one found wanting to serve as deterrent to others even as better remuneration and improved working environment be created for personnel

- An informed people: many of the people in the State are ignorant of modern and safer reproductive health issues even in cases where enlightenment campaigns are carried out, they are done in English language which has over the years not yielded the desired result. To correct this, they recommended that more campaigns/training be carried out at the grass root and preferably in the peoples local language
- Better roads: there has been cases of miscarriages and maternal mortality occasioned by bad roads, this can be averted when good roads are constructed at the interior to connect communities and health centres
- Poverty alleviation

THE FACTORS THAT INFLUENCE MATERNAL HEALTH IN ONDO STATE

Participants identified three main factors influencing maternal health in Ondo State, they include:

1. Delay in decision making at the family level
2. Delay in accessing facilities at the delivery point
3. Delay from the care giver at the health facilities

1. Delay in decision making at the family level

- Poverty: many couples delay seeking treatment at health services because of lack of money to pay the bills and purchase drugs
- Poor transportation network: many rural communities lack good road or other means of transportation network, in some cases, women travel for hours before they can get to the nearest health facility, this therefore mean that during labour and other emergencies, accessing health facility may be a huge challenge especially when it occur at night
- Non involvement of men: the support of the men to their pregnant wives can help a great deal financially, psychologically, physically and other wise, but in our environment, some men still feel it is a sign of weakness to assist their wives during pregnancy, labour, and delivery.

- Unintended pregnancies: this is mainly caused due to refusal to use modern methods of contraceptives, while in some cases when it is used, it may not be used correctly or the one used failed.
 - Some Traditional and Religious practices: adherence to some harmful traditional and religious practices has worked against effective implementation of some maternal health programmes in the State which may result in delay at the family level
- ### **2. Delay in accessing facilities at the delivery point**
- Poor diagnosis of the problem: some health personnel have poor knowledge of maternal health which in some case leads to poor diagnosis and prescriptions, hence the need for training and retraining of health personnel in order to be at breast with current practices.
 - Bad topography in some areas: the topography of some parts of the state makes accessibility of health facility difficult especially in the riverine and rocky parts.
- ### **3. Delay from the care giver at the health facilities**
- Lack of skilled personnel : for many years now, Ondo State like in most parts of Nigeria have shortage of virtually all categories of health personnel at the various health services scattered across the state, from the bedside nurses to the midwives and the doctors

- Inadequate medical equipment: most government clinics and hospitals in the state lack basic facilities to effectively deal with the maternal health need of the people.
- Poor referral system: the referral network in the State is poor and this constitutes another form of delay at this level which in some cases may even result in death of the patient.

WHAT CAN BE DONE TO IMPROVE SAFE MOTHERHOOD IN ONDO STATE

Participants recommended that the situation of safe motherhood in Ondo State will be improved if the following actions are taken:

- Increased awareness creation and education on family planning, safe motherhood and other sexual reproductive health issues in rural and urban communities using local dialect as previous campaigns have often been done in English Language to the neglect of the illiterate
- Employ more health workers (especially doctors and nurses) in all the health centres in rural and urban communities as this will go a long way towards ensuring better service delivery
- Provision of free health care services to pregnant women and nursing mothers as this will improve the morbidity/mortality record of the state as patronage at the health centres improves

- Government should encourage both personal and environmental hygiene as this will help reduce the rate of infection of pregnant women and children, which will in turn reduce the rate of visit to health facilities
- Government and the civil society organisations should provide more in service training to health personnel as this will help to improve workers efficiency which will in turn reduce child/maternal morbidity and mortality. It will also help to improve the confidence of the people on the health facilities in the communities
- Provide more public awareness campaigns on the role of fathers in family life: this will help to deemphasize issues of cultural taboos that contribute to women unequal access to resources, and decision making, thereby reducing the rate of unwanted pregnancies amongst women, it will also enhance women decision making power and the ability to negotiate sex with their spouse.

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