

CPED Policy Brief Series No 5

Reproductive Health **CHALLENGES** and POLICY ISSUES in **Akwa-Ibom 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 AkwaIbom 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 Akwa-Ibom State

A. Challenges of Reproductive Health in Akwa-Ibom State

1. Inadequate Manpower as reflected in inadequate services and service providers.
2. Absence of a good policy framework to facilitate Reproductive Health issues in the state.
3. Inadequate awareness of Reproductive and Sexual Health Issues.
4. High level of poverty
5. Cultural beliefs that Traditional Birth Attendants are better than professional health service providers.
6. Poor monetary reward system to service producers.
7. Wrong attitudes of young ones towards sex and early exposure to sex.
8. Irresponsibility of parents towards reproductive and sexual health issues affecting their children.

9. Prevalence of a high rate of abortion among the youth.
10. Wrong attitudes of health workers to patients, especially the adolescents.
11. Inadequate medical facilities, especially in rural areas.
12. Inadequate funding by government, especially at the local government level.

B. Justification for Increased Attention to Reproductive and Sexual Health in Akwa-Ibom State

1. It has been observed recently that due to poor attitudes towards reproductive health issues, maternal mortality rate seems to be on the high side so with the increase attention on reproductive health, it will help reduce to the barest minimum maternal mortality rate.
2. Poor health policy implementation: It has been observed that poor implementation of health policies affects reproductive health issues directly or indirectly since a greater proportion of

the policy is either fully or partially implemented. Policies that are health related when increased encourage stakeholders in the health sector and boost their research capacity thereby reducing other reproductive health risks.

3. Other extraneous variables such as spiritual homes, witchcraft, myth have come into play to confuse the people of the female folks from attending modern health facilities where available. There is lack of adequate health facilities in the rural areas to attend to those in need during emergencies.
4. The poverty level in the communities has caused the majority of the women folk who should access health facilities to look for alternative sources which are cheaper but less effective.
5. Lack of adequate personnel in centres to work in the rural areas is also a factor that need to be addressed. From the forgoing, the government should put in place microfinance scheme to alleviate poverty, carry out adequate awareness programmes and train more of the health workers/TBAs. Also health personnel are reluctant to work in the rural areas therefore

government should grade roads, provide shelter and basic infrastructure in the rural areas to attract health workers.

6. There is also the need for civil society organizations and other stakeholders to intensify efforts in carrying out reproductive and sexual health delivery programmes in rural areas so as to reach inhabitants of these area who are often most in need.

C. Factors influencing maternal health

1. Inadequate infrastructures (bad roads etc).
2. Cultural and religious influences
3. Inadequate health personnel.
4. Poorly equipped health centres.
5. Poorly trained personnel.
6. Lack of information.

D. What can be done to improve safe motherhood

Health:

- a. Provision of more functional Primary Health Centres
- b. Increase/update training of traditional birth attendant
- c. Improved specialized health facilities like paediatric services in every primary health centres
- d. Increased awareness on anti-natal services to mothers
- e. Increase access to anti-natal care

Socio-economic:

Provision of financial empowerment services/skill acquisition to mothers

Environmental:

- a. Increased advocacy on personal hygiene/sanitation
- b. Sitting of primary health centres in core areas

Socio-cultural:

- a. Improved health workers/patient relationship.

- b. Increased awareness and participation of men in reproductive health issues.

E. Challenges of the Media in Reporting Reproductive

Health issues and how to improve on health issues

1. Commercialization of airtime/print media pages.
2. Non-budgetary provision for media publicity by NGOs - work plan from the beginning.
3. Shyness on the part of the public to avoid stigmatization which hinders effective reporting.
4. Language: Some terminologies are not publicly accepted. However, while trying to interpret, the meaning can either be lost or distorted.

Proposed solutions:

1. SPONSORSHIP: The NGOs should buy airtime or sponsor programmes on both print and electronic media to drive home their point to the public. This will in turn lead to publicity.
2. Include us in your work plan as well as ensure effective media relations.

3. Create more awareness.
4. Capacity building through workshops and seminars. Training and retraining of media practitioners on reproductive health.

F. Key Issues and Questions raised by participants at the workshop

Participants raised a number of key issues and questions on SRH which they want stakeholders to address in the coming years.

1. A message should be preached against parents selling out their daughters.
2. The church should be able to preach against too much dowry, bride price and material things.
3. Many young men are not ready to stand up to face marriage.
4. We should look at marriage in a broader sense.
5. Different traditions with different cultures as regards marriage.
6. Traditions and cultures should be checked.

7. The church and every other person should face the problem of not getting married on time.
8. The church has a lot of role to play because many parents are greedy. We reproductive health workers should help the society.
9. Men don't value what they have or get free of charge. Men do not value the little they have.
10. The church can assist couples to tell their parents to cut down expenses, it will be very helpful. And also some churches do not agree to small marriage ceremonies.
11. It is left for a man to make up his mind to stand up to what he wants when taking up a wife.
12. We find more single women in the church, not just in Nigeria alone but all over the world. So therefore, we cannot singularly point out the problem of women getting married late.
13. The church sometimes brings couples together in order to enslave them. Accordingly, churches should play down on spiritual things.
14. Do not believe that the men are more knowledgeable than the women as regards HIV Transmission by breastfeeding.

15. Best approaches should be practiced.
16. People should be better informed and should also make informed decisions on it (abortion) by themselves.
17. Whether informed or uninformed, people should be given consent to abort when there are pregnancy complications. Very few married people go into abortion. Abstinence is the best.
18. On no account should abortion be legalized if it is not the spontaneous one.
19. Abortion should not be legalized and NGOs should visit rural communities to sensitize young ones.
20. People should find out the root problems behind ladies having or carrying out abortions.
21. What is portrayed by ladies sends negative messages to the opposite sex.
22. Suggested that the video clip be copied by participants in order to pass a message and informed information about abortion. For the use of condoms, ladies should insist that condoms be used during sexual intercourse.

23. Doctors should educate young ones on what is involved in carrying out an abortion.
24. Mothers and parents in general should watch their kids and caution them when they are working or playing with electronics like computer devices, TV etc so that the young ones will be better informed.
25. Children pornography - the same things adults do is what the children do but in most cases, most of these young ones are drugged.
26. Female Genital Mutilation is very harmful and should be scrapped.
27. Female Genital Mutilation is barbaric and should be stopped.
28. Appealed to CPED to do a step down in terms of Community Baseline Survey.
29. The media should help in facilitating activities of NGOs.
30. Explained that the termination of pregnancies (abortion) should be explained to youths and also said that churches preach realities and make it known to rural communities.

31. There should be a high level of partnering in this project.
32. Advised on proposal writing and how to approach the issue.
33. Girls or young ladies should be deterred on abortion.
34. Who are the target audience? Emphasis should be made on girls. The girl child should be the target audience.
35. The way and manner in which a message is passed will go a long way to sensitize and also education the young ones.
36. Not all video clips are permitted to be seen by children and teenagers.
37. Said her sister died of abortion and it happened due to lack of communication.
38. Abortion video clip should be shown to children for transfer of information. When transferring information on HIV/AIDS, STIs, abortion etc to young ones, we have to make use of languages that they understand.
39. Family planning messages should be communicated far and wide.

40. (Media Spokesman), it has never been a part of the media to commercialize. Meanwhile the general budget for the media has to be looked into. The budget for the media has been taken away by politicians.
41. (Approaching the media houses). The media is important but it also depends on how you approach them and your relationship with them.