



POLICY BRIEF

CPED Policy Brief Series 2013 No. 1

Reproductive Health **CHALLENGES and POLICY ISSUES** in **RIVERS STATE**

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

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Reproductive Health **CHALLENGES** and **POLICY ISSUES** in **RIVERS STATE**

Key Stakeholders' workshop Recommendations

Organised by Centre for Population and Environmental
Development, CPED

Workshop was moderated by
Solomon Oshodin and Emmanuel Ideh

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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 Rivers 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.

Andrew G. Onokerhoraye
Executive Director, CPED

INTRODUCTION

This policy brief on sexual reproductive health challenges and policy issues in Rivers State is the outcome of summarised syndicate groups' presentations by Sexual Reproductive Health Workshop participants, made up of Executive Directors and Programme Officers of Civil Society Organisations (CSOs), Journalist/Reporters from print and electronic media, broken into Five (5) syndicate groups of 8 members in each group. Each group were made to address particular SRH issue of the State as stated below, after which there was reactions, responses, contributions, and questions by the general participants.

- Group 1: Challenges of Sexual Reproductive Health in the State
- Group 2: Justifications for increased attention for Reproductive health in the state
- Group 3: Factors that influence safe motherhood and maternal health in the state
- Group 4: What can be done to Improve Safe Motherhood in the state?
- Group 5: The role of media personnel in reproductive health advocacy

Challenges of Sexual Reproductive Health in Rivers State

The participants identified the following issues as the major challenges facing sexual reproductive health in the state.

- General level of abject poverty across the rural dwellers
- Poor access and utilization of primary healthcare centres
- Low knowledge of reproductive health information among rural people
- Cultural and religious barriers that inhibits the use of modern methods of contraceptives.
- High level of youth unemployment
- Indiscriminate premarital sex behaviour among the present day youth, both in rural and urban areas.
- High rate of teenage pregnancy, especially in the rural settlements
- Inadequate numbers of sexual reproductive health service providers in across the state
- Proliferation of individual with multiple sex partners
- Unavailability of qualify health staff in rural health centres

1. Justifications for Increased Attention for Reproductive Health in Rivers State

It was unanimous by all participants that there is high need for increase attention for sexual reproductive health related matters in the state. Some of the justifications for increased attention are as follows;

- Increasing level of unsafe abortion and its complications creates a need for awareness.
- Relatively poor awareness campaigns on effects of abortion.
- Inadequate reproductive health services in rural communities.
- Lack of professional man power to carryout reproductive and sexual health services.
- Low utilization of family planning services.
- Poor funding of sexual and reproductive health programmes within the state.
- Concentration of reproductive and sexual health services in Port-Harcourt and a few other urban centres, without due consideration for the rural dwellers.
- Limited and poor information on sexual and reproductive health issues by indigenes.
- Existence of oil production activities by Oil Company and the prevalence of poverty makes youths vulnerable to more sexual and reproductive health challenges.
- High prevalence of HIV/AIDS.
- Low utilization of Ante-Natal care services.

- Low utilization of reproductive health facilities and inadequate number of STI clinic.
- Negative effect by way of oppositions and restrictions of culture and religion on reproductive and sexual health programmes.

2. Factors that influence Maternal Health

Below are some of the factors identified by participants.

- Inadequate skilled manpower.
- Inadequate well equipped health centres.
- High patronage of TBAs and quacks.
- HIV/AIDS pandemic.
- Lack of access to adolescent sexuality related problem solution.
- Poor acceptance and knowledge of family planning.
- Poor referral system.
- Harmful traditional practices such as FGM and wife inheritance.
- Poor knowledge of reproductive health rights and its enforcement.
- Lack of male involvement.
- low socio-economic status of women
- The Three (3) levels delay syndromes associated with Patients (first at home before leaving for health service point, secondly in-transit on the way from home to health delivery point and thirdly, while in health service delivery point).

3. What can be done to Improve Safe Motherhood in Rivers State?

Although not exhaustive, the following are identified actions to be undertaken to bring about safe motherhood in the state.

- Media campaigns in local and/or community-friendly languages geared towards pregnant woman, traditional, birth attendants, community leaders and the entire community so as to discourage and re-orientate them against negative cultural reports.
- Provision of Twenty-Four (24) Hours Midwifery Service.
- Motivation of health service workers through improved salary/benefits.
- Availability and accessibility of Healthcare Maternity Centres for good counselling on safe motherhood related issues.
- Enlightenment for pregnant women and their spouse about Child spacing
- Enlightenment for Traditional Birth Attendants (TBA).
- Advocacy and Policy Visits /Information Dissemination.
- Inclusion and Standardization of crèches within corporate organizations working environment or office settings with consideration for bonding in breast feeding mothers with young infants.

- Attitudinal re-organization for caregivers prompt care of patients

4. The Role of Media Personnel in Reproductive Health Advocacy

Participants were of the view that media personnel should help to play the following sexual reproductive health related role.

- Ensure disseminate information so far given about SRH every part of the state.
- Ensure educate/entertain the general public with relevant jingles that addresses sexual reproductive health matters or issues in line with this programme of building civil society capacity and advocacy on sexual and reproductive health and rights in Nigeria under the Auspices of Centre For Population & Environment Development (CPED).
- Media will be doing it job of informing, Educating and entertaining the teaming public on this issue because of its relevant and importance to the public.
- Effort will be made to ensure that regular columns are given to address topical issues of sexual reproductive health in the state.
- We shall seek for Sponsors who can pay or sponsor slot(s) for drama programmes that focuses on the overwhelming nature of sexual reproductive health challenges in the state.

Associated Challenges:

- Lack of training opportunities for Media Practitioners in their respective chosen areas of specialisation.
- Absence of motivational reward mechanism for journalists in the State.
- Provision of laptop and internet facilities for updating information in a technological dynamics world that we are in today.

5. Questions /Contributions

After presentations by the different syndicate groups, below are the summarised questions and contributions raised and made, during the interactive section that followed.

7.1 Questions

- At what stage does the needs assessment come in, before the concept paper or after considering the fact that funding may be required?
- Can one go for family planning in different hospital or clinics?
- Can you consult different doctors or nurses for a particular family planning?
- What could be the cause of sudden high BP during labour?
- Why is the use of female condoms a form of contraception or family planning and yet it is not as commonly available as the male condom?

- What is the reproductive effect of a man that is not circumcised?
- How effective is the use of condom in family planning?
- We heard about “maternity and paternity” yesterday. Today we heard of ‘safe motherhood. Is there nothing like, ‘safe fatherhood?
- Why should a woman successfully have a child to finds it difficult to have another?
- Why are young girls doing family planning been looked upon as prostitutes?
- Why should a woman not have control over her sexual urge with respect to her spouse?
- Please can the use of contraceptives actually cause infertility?
- The major problem of early child pregnancy in the rural areas is poverty and poor access to education. How can this be control especially in the Niger Delta?
- Employees of Multi-National Oil Company that operate in the Niger Delta remote communities usually mess-up our young teenage girls as they exploit our oil. How can this are checked.
- Under family size, please help me ask men if they will be contented with four (4) girls. Or what will they do thereafter?
- HIV is said to be transmitted from an infected mother to child by breast feeding and yet you talk of Baby Friendly/exclusive breast feeding.

How can this be reconciled and what is your advice?

- Condom is said not to have 100% prevention of HIV, why do we advise the use of condom instead of abstain?
- How can regional based organizations, whether rural/urban based, partner with your organisation even if their focus is relatively not exactly same?
- I will also like us all present here to have a common partnership for this and more.
- What has female mutilation got to do with sex?
- What are its advantages/disadvantages when compared with the uncircumcised girl child?
- How do you get funders to fund projects that the beneficiaries needed/asked for, as against what the funders wants address?
- What strategies do you suggest when the party/person you are advocating to, is also the opposition?
- Would it be advisable to reflect all these (that is, the various issues to taken into consideration before going public) in the budget or writing a campaign/advocacy document? If not, be specific on the items that should be reflected in the documents of an advocacy.

7.2 Contributions

- CPED should urge people to promote only abstinence because I believe that a man and woman who are not married have nothing to do with sex at all.
- CPED should please educate the movies industries on the area of sex before marriage.
- CPED should come up with a policy that will further concentrate in selecting and training journalists to report on reproductive health issues effectively.

6. List of Syndicate Group Members

NAMES OF GROUP 1 MEMBERS

1. Fubara West - Chairman
2. Olu Ayaba Ibibs - Secretary
3. Iminabo Okorafor - Presenter
4. Clara Ngeribiku - Member
5. Chris Chimebi - Member
6. Phina Akhimien - Member
7. Uche Gbanikwe - Member

NAMES OF GROUP 2 MEMBERS

1. DAgogo G. Pollyn – chairman of group
2. Rita Ehigie – Secretary/Presenter
3. Dr. Naaziga L. Francis – Member
4. Tina Ihunwo – Member
5. Uboh, Uduak Friday– Member
6. Patrick Chiekwe – Member
7. Hon. Comp, Michael I.A.C. Kaco – Member
8. Pastor Philip G. Kalo – Member

NAMES OF GROUP 3 MEMBERS

1. Dr. Mrs. B. Korubo Chairman
2. Kelechi Okoroji – Secretary
3. Christie Laguda (Mrs) (Niger Delta Crusaders)
– Presenter
4. Fayeberna foundation (Phema Care Partners
Int'l) – Members
5. Evelyn Williams (Sustainable Project Network)
– Members
6. Nwisabari Dumce Rivers State youth
organization Environmental Development –
Members
7. Amb. (MRS) Christie EB Iuezor (JP) (Canaan
peace, women and community development.
Initiative (CAPWOCODI) – Members
8. Karikpo Deezia H. (Belema Global Resources)
– Members

NAMES OF GROUP 4 MEMBERS

1. Arine Robinson (hope of the future foundation int'l) – Chairman
2. Zina S.E. Treasure (BHFAI) – Secretary.
3. Sylvester Okoduwa (Conneting Peace Initiative).
4. Emmanuel Worgu (Yohad)
5. Chief Mrs. Victoria Nduekwe (Hope and care foundation)
6. Peace Ofurum (Solace place foundation)
7. Amb. Mrs. Gani (Solace place foundation)

NAMES OF GROUP 5 MEMBERS

- | | | | |
|----|------------------------|---|-----------|
| 1. | Okey Mam | - | Chairman |
| 2. | Vivian Osusi | - | Secretary |
| 3. | Umenifo Oviawe | - | Presenter |
| 4. | Evang Godspower Madoye | - | Member |
| 5. | Muoneke Njideka | - | Member |