



# POLICY BRIEF

CPED Policy Brief Series 2013 No. 2

## Reproductive Health **CHALLENGES** and **POLICY** **ISSUES** in ABIA STATE

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

*CPED Policy Brief Series 2013 No 2*

Reproductive Health  
**CHALLENGES** and  
**POLICY ISSUES** in  
**ABIA 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 Abia 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 Stakeholders Capacity Building 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 the State**

Some of the basic challenges confronting sexual reproductive health in the state as identified by participants are;

- Obvious insensitivity and nonchalant attitude of the different regimes of government across the Three (3) different tiers of government. This is particularly worst at the grassroots. or rural community level in different LGAs across the state.
- High level of ignorance among youth (young boys and girls), as well as most married couples about Sexual Reproductive Health related matters, particularly those in the rural communities in the LGA across the State.
- Gross mismanagement of budgeted health sector funds, and total neglect of Primary Healthcare Delivery System.
- Inadequate availability of quality Sexual Reproductive Health data for long term projection and development planning purposes.
- Inadequate availability of trained health personnel, most especially in the hinterland to provide quality primary healthcare delivery services to the people at the grassroots level.

- Acute shortage of general health facilities and working tools for use by yet inadequate health officials.
- Un-friendly attitude of health workers who sometimes make visiting the healthcare delivery point or post unbearable by their nasty behaviour to patients. Thereby causing them more pain psychologically.

## **1. Justifications for increased attention for Reproductive Health In The State**

Some of the justifications for increased attention are as follows;

- Concentration of sexual reproductive health services in Port-Harcourt City with less attention being paid to those in core rural settlement of the state
- Vulnerability of youths occasioned by the very nature of their social life which makes them highly sexually active in the society
- Lack of professional man power to carry out reproductive and sexual health services
- High level of both commercial and industrial activities in the state by virtue of its Oil producing nature.



- Religious and cultural values is also a key justification for the poor state of general responses to SRH issues as faithful tends to hold on to their faith, while core traditionalist prefer to hold tenaciously to their cultural beliefs, no matter the advantage of modern medicine.
- High level of ignorance among our people who resides mostly in the rural part of the state
- Lack of political will on the part the past and present governmental administrations to genuinely tackle the SRH problems across the state
- High rate of infection among the youth as result of their active involvement in premarital sexual activities
- General generational moral decadence of modern day societies across the world
- Low utilization of family planning and Ante-Natal care services
- Inadequate primary healthcare delivery service provision and providers
- Child rights abuses by every average parent and majority of our teaming adults who refuses to be their brother's keeper
- low socio-economic status of women
- Increasing level of unsafe abortion and its complications

- Poor funding of sexual and reproductive health programmes
- High prevalence of HIV/AIDS

## **2. Factors that influence Safe Motherhood Maternal Health**

The factors identified by participants, that influences maternal health are as follow

- Lack of Reproductive Health Awareness in both urban and rural areas.
- Lack of adequate health primary healthcare facilities, e.g. Health centres
- The poverty level is high and as such, people tend to patronize the quacks.
- Inadequate trained medical personnel.
- HIV/AIDS pandemic.
- Lack of access to adolescent sexuality related problem solution.
- Poor acceptance and knowledge of family planning.
- Poor referral system.
- Negligence on the part of the government.
- High cost of RH facilities that make the average rural dwellers unable to afford it
- Inadequate skilled manpower.
- Inadequate well equipped health centres.
- High patronage of TBAs and quacks.

### **3. What can be done to improve Safe Motherhood in Rivers State?**

Stakeholders were of the view that the following are some of the actions to be undertaken to bring about safe motherhood in the state.

- Sensitization/Capacity Building Activities
- Media campaigns in local languages and/or community-friendly tools 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.

- The media should embark on a campaign to make government to make adequate provision in its budget for reproductive health issues and ensure total implementation.
- There should be a law making mandatory on (LGS) to also provide adequate budgetary allocations for reproductive health issue.
- The media is expected to create awareness on the stigmatization on HIV/AIDS patients.
- The media also has the role of letting those who are not infected should accept those affected in their offices, homes among other areas.
- The media should embark on a campaign to make government appreciate the need always and promptly pay their counterpart funnels on HIV/AIDS assisted programmes. The

delay or non-payment of the counterpart funnels increases the prevalence rate of this scourge in the state.

- All these campaign are to be corned out by the media through their programmes such as discussion, news reports, documentary, features, jingles etc

### **Associated Challenges**

- Finance – there is no enough fund to effectively carry out the above mentioned items
- Mobility – the issue of mobility problem hinders the ability of media organisations to easily move from one part of the state to another in a bid to adequately cover the entire state while reporting critical issues that could possibly create positive behavioural in the mind of viewing/listening audience
- Another fundamental barrier to the free flow of our work as reporters is the cultural beliefs of people, which makes certain issues news-worthy on one hand, but at the same time, doing so may breach the confidentiality promised them before accepting to be interviewed.

- Inadequate, and in some situation, none availability of functional working equipment
- Acute shortage of trained or professional healthcare personnel

## 5. CONTRIBUTIONS

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

- Abortion should not be legalized in Nigeria. if it is legalized, with the issue of male child preference, woman who keeping have baby girls shall be killing their babies without fear.
- Men shall suffer over marriage because most women will not be interested to be under any man in the of marriage but would prefer to just have relationship but not marriage
- Their shall be bastards children everywhere
- Human trafficking will resurface in a greater height and human parts business shall boom again.
- The law restricting abortion must be spelt out clearly, must have one thing or the other about the medical practitioner, the

boy or man and the girl or woman involved.

- The law has to look at extreme cases and that must be specified
- I think legalizing abortion is not the issue, but intensifying sexuality education amongst both young and old especially women in the reproductive age group (15-45yrs) remains the best option.
- Even these days of rapid maturity amongst our girls, we should start this sex education earlier while they are still in the primary school (that is before age 9).
- With creation of youth friendly clubs here and there I think that the bottom line is family health education.
- CPED should provide seed fund to the respective representatives of CSOs invited for this capacity training workshop.
- CPED should allow for joint partnership with us in the implementation of future Sexual reproductive health programme both in the state and nationwide.

- CPED should create avenue for regular interaction with Us by virtue this training and maintain close contact.

## 6. LIST OF SYNDICATE GROUP MEMBERS

### NAMES OF GROUP 1 MEMBERS

1. Eke Agwu Gift
2. Ebere Nkehe
3. Onyeka Anaga
4. Gladys Chimezie
5. Endy Amadi
6. Ogbonna Priscilla
7. Ruskin Wabara

### NAMES OF GROUP 2 MEMBERS

1. Esther Jude- Ehiemere - *Liwocare, Aba*
2. Chukwuma Nezi  
*Father Basil Babies Home Aba*
3. Ikpo Uduma Ugbaga (Rev) PCS&D
4. Kalu Ugochuku  
*Rural Alert Project Um.*
5. Joy Nnanna - *Life care link*
6. Godson Ibekwe-Umelo  
*(Centre for popular participation and local initiatives)*
7. Victoria Chukwuma  
*Annabelles Bogi Development Initiative (ABDI)*
8. Kenneth Ikechukwu  
*The Africa woman and child advancement initiative*



### **NAMES OF GROUP 3 MEMBERS**

1. Obasi Onyekachi Ndukwe
2. Mr. Iwuoha Chima Iwuoha (AFP) RERW
3. Mr. Emeruche Nwankwo
4. Okebrofron Chidinma Peace
5. zois Okorie
6. Onukwubiri Felix .O.

### **NAMES OF GROUP 4 MEMBERS**

1. Eunice Egbunna
2. Victoria A. Chukwuma
3. Pastor Ezekiel Kalu
4. Charles Unadike
5. Mary –Ann Anochirionye
6. Ngozi Kalu
7. Nwankwo S.N.
8. Uaorji Rose U.

### **NAMES OF GROUP 5 MEMBERS**

1. Onyebuchi Okpronkwo *National Ambassador*
2. Nkechi Agu  
*Broadcasting Corporation of Abia State (BCA)*
3. Okechukwu Omeoma  
*Abia Environmental vanguard*
4. Mrs. Stella Nwakanma  
*Meida section Abia state ploy Aba*
5. Vanguard News Paper
6. Onyinye Omoha  
*Radio Nigeria, Peace setter Fm*
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*The Guardian News Paper*