

*CPED Policy Brief Series No 1*

# Reproductive Health CHALLENGES and POLICY ISSUES in Adamawa State

**Key Stakeholders' Workshop Conclusions and  
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 Adamawa 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 Adamawa State**

### **1. Challenges of sexual and reproductive health in Adamawa State and Nigeria, the groups agreed on the following points**

- The alienation of community as well as religious leaders from the design and implementation of sexual and reproductive health (SRH) programme has made most people to be sceptical of such programmes making their patronage of such SRH services very minimal. Put in other words the top-down-approach to sexual and reproductive health programme has excluded the would-be beneficiaries from the programme.
- The government as well as other health workers have not done enough community sensitisation to make people to be aware of the availability of such reproductive health services.
- A third problem identified by participants was in the area of data. Most participants believe that government lack the necessary data in planning for sexual and reproductive health care which makes most planning about sexual and reproductive health to be based on estimation.
- Closely related to the problem of the availability of data is the issue of access to reproductive and sexual

health information. When such information are disseminated this is usually done in urban areas to the detriment of grassroots population who equally need such information as the people living in urban areas.

- Another challenge identified by the participants in the workshop was that of inadequate funding for sexual and reproductive health care facilities. Most governments though will raise issues concerning reproductive and sexual health, have not been able to take deliberate steps to provide the needed funding to sexual and reproductive health care services and this has posed a big constraint in the provision of reproductive and sexual health care.
- A crucial challenge mentioned by many participants relates to that of infrastructure development. For example, participants believed that most rural roads are so bad that accessing sexual and reproductive health service is almost impossible. Also, medical facilities in most parts of rural areas are not available and if found are most time out of date and not able to keep with the growing population of such localities.
- Government lacks adequate information about sexual and reproductive health challenges affecting the people of the state.

- The refusal of government to recognise their limitations in sexual and reproductive health services provision is another problem confronting the provision of SRH. It is widely believed that most government institutions have become ineffective over time. However, there are known civil society groups with more know-how and commitment that are better placed to deliver SRH services. However, governments have refused to provide the needed funding to these groups in spite of obvious failures on their part.
- A challenge identified by all participants to be responsible for poor sexual reproductive health services is the refusal of government as well as private operators of SRH programmes to build the capacities of their staff to response to modern innovations and strategies in the provision of SRH services.
- A factor which the participants identified as working against effective management of SRH is the prevalence of traditional practice and persistent ignorance. Most communities do not see why they should change their existing ways of doing things. Put differently, most grassroots population are not receptive to changes and as long as they cling to their existing parochial system of dealing with reproductive issues, getting them to practice modern ways of dealing with SRH has remained slow.

- Closely tied to the above factors was religious belief systems which influences the decision of SRH services user on what to use and what not to use.
- Participants also identified the fact that poverty contributes immensely to ability of people to access SHR services or not. In situations where community members are willing to use SRH services, sometimes poverty prevents them from using such services.
- Another problem deterring the use of SRH relates to the lack of government commitment in providing enabling policy framework for SRH. Even when such policies are articulated, their non-implementations have caused a big problem in the improvement of SRH delivery services.
- The discussion groups also identified lack of adequate education and illiteracy as big challenge that must be overcome to move SRH service to the next level.

## **2. Factors Influencing Maternal Health in Adamawa State**

Participants identified that the following factors influence maternal health.

- Traditional believes: Adherence to harmful and obsolete traditional practices has worked against

effective implementation of maternal health programme.

- Another factor influencing maternal health has to do with availability of medical facilities and equipments for efficient delivery of maternal health services
- Accessibility to health care centres posed a big challenge to maternal health services delivery since most women walk long distance to getting to the closest medical facility.
- Another factor which influences maternal health relates to the delay in services provision. Poverty prevents most community members from actually going to the health centres on time and this delay may lead to child death before getting to the health centres. Also, medical personnel at the health centre due to nonchalant behaviour have been responsible for death of mother and child during birth.

### **3. Perceived Solution to Overcoming Sexual and Reproductive Health Challenges**

The participants also proffered solutions to the challenges of reproductive health services in Adamawa State as outlined below

- The designed and implementation of SRH programme must carry along all stakeholders including the grassroots communities. Women must

be identified as “special beneficiaries” in the course of programme design and implementation.

- Programme meant for communities should be well advertised to make for good publicity –take note of grassroots communities for special awareness and sensitisation.
- Data for planning SRH programme are scanty. Government should make funds available to update information relating to SRH data base which would be access by everybody.
- Reproductive Health information should be made available to all stakeholders including those in the remote communities.
- NGOs as well as media practitioners including other stakeholders must embark on sustained sexual and reproductive health services advocacy to promote programmes on SRH and to draw the attention of government and other stakeholders to the dwindling situation of reproductive health.
- Advocacy at the state as well as national assembly to make adequate legislation that will favour more funding for reproductive health service.
- The promotion of SRH services must involve traditional rulers in programme implementation since they wield considerable powers. Thus their

involvement will certainly promote the acceptance of SRH activities to such programmes.

- Poverty plays a key role in access and utilisation of SRH. Government must deal with the issue of poverty squarely by putting programmes that enhance income generation for the poor in the grassroots and Nigeria in general.
- The understanding that government and her agencies have certain limitations in programme development and implementation despite the availability of huge financial resources should bring government and the private sector into a form of partnership where government provides the funding for the civil societies and allow them to do the work of delivering SRH services to the populace while government do the monitoring of what is being done.

#### **4. Justification for Government Focus on Sexual Reproduction Health**

Participants outlined reasons for the Adamawa State Government focus on sexual and reproductive health delivery challenges facing the state:

- A mother is central to the general well-being of the family. A home without a healthy mother lacks a basic ingredient of home happiness. If mother brings

joy to the home her well-being become the concern of the society to replicate more happy families.

- With more attention on SRH, more women will be saved from the hand of death in the course of child-birth and this will enable the government to achieve MDG 5 which has to do with reduction of maternal mortality.
- Nigeria is a signatory to the MDGs. The attention and focus on SRH is a way of fulfilling her international obligations and making her citizen better in the process.
- A huge incidence of teenage pregnancy, abortion and complications arising from such abortion is a product of lack of adequate sexual and reproductive health information to the youth. The focus on reproductive health will provide youth with the needed information which will be able to make informed decisions about their sexuality and other reproductive health matters.
- Sexual and Reproductive Health include information on early marriage, female genital mutilation and other traditional practices which have dealt badly against women and their aspirations in the society. Focusing on Sexual and Reproductive Health is one sure way of understand what is right about SRH and well -being of the society at large

## 5. Improving Safe Motherhood in Adamawa State

Participants in their group discussions agreed that the situation of safe motherhood will be improved if the following steps are taken.

- Drawing the attention of government to issues of Safe motherhood through uninterrupted advocacy on SRH issues will improve reproductive health situation in the Adamawa State and Nigeria in general.
- Building data bank on Safe Motherhood issues will enable advocates of reproductive health/Safe motherhood matters argue their cases convincingly and be able to get more stakeholders in dealing with reproductive situation.
- Government should provide enabling policy framework on which issues relating to SRH would be dealt with. Providing such policy can lead to improved delivery of services such as the percentage of the state annual budget that is dedicated to SRH, on the job training for medical personnel working on maternal health matters and provide basis for SRH programme evaluation.
- Most men have always seen reproductive health issues especially safe motherhood as the affairs of women. The inclusion of men in the management of maternal health will bring greater commitment of

men to issues of safe motherhood and thereby promote safe motherhood. However, issues of women's rights have to be address.

- Another thing that will lead to improvement of safe motherhood is the abolishment of some cultural norms which prevent women from achieving their full potential. For example, women need to get out of female genital mutilation, early marriage and pregnancy as practice by some of our communities. Additionally, the preference of male by most men as well as infertility should not be blame on women rather should be seen as a collective challenge that couple need to tackle together with patience.
- Women should be empowered educationally as well as economically to be able to be more assertive in the scheme of things in the home. This will enhance their self esteem rather than an object for men's control.
- Programmes which enable the poor to access maternal health at a minimum cost should be put in play since poverty is one reason why most women cannot get services on safe motherhood.
- Programme on safe motherhood should be monitored and evaluated periodically to assess their effectiveness so that the necessary adjustment that will bring improvement can be done from time to time.

- Corruption has worked against effective programme delivery of maternal health services since service providers as well as government agencies charged with the responsibilities of such services have been far from being transparent. There should be deliberate attempts to find out such corrupt officials with appropriate sanction given to them to serve as deterrent to others so that the right thing could be done to promote maternal health.

#### **6. 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.

- Higher birth rates are products of people' belief that fewer children may leave them with no children in situation of epidemic.
- If HIV/AIDS counselling and testing is significant in people knowing their status. Why is it that government has refuse to make HCT compulsory?
- One concern in dealing with Safe motherhood has to do with infertility of couples, yet we continue to hammer on the need to get couple to plan their family by reducing the number of children. How can

we reconcile these two positions in SRH programmes?

- With respect to advocacy in SRH programmes, in the area of abortion what should be the point of advocacy? Should we advocate supporting abortion or working against it?
- Marriages with infertility problems always see the problem as that of women. How do we get men to understand that they are also part of the problem and get involved in the process of finding solution to the challenge of infertility?
- The working environment of traditional birth attendants is so unhygienic. The government should set a standard for all practicing TBAs to follow a minimum standard of environmental cleanliness and effective monitoring agencies should be set up to monitor the activities of TBAs.
- Some men always refuse using condoms when their wives insist on their usage because of their promiscuous life styles. What can such women do to manage these kinds of situations?



- Poverty is a key factor where most girls engage in sexual activities. Government should put programme in place that make people more useful to themselves and engage in useful productive activities.
- Issues which the government has not been able to tackle is tracking quacks medicine sellers who posed as medical practitioners and their activities have brought sorrows to many families through the wrong prescriptions of drugs. What is government doing to get at these dubious fake medical personnel?
- Sexual Reproductive Health programmes will not make headways in the rural communities without the involvement of traditional rulers as well as traditional healers. The community leaders are the community gate keepers and wield a lot of influence and the community listen to them. Getting to the community must catch on their influence to get complete messages of SRH issues to their subjects. As for traditional healer, they need to be orientated to know their limitation and reform their method of doing things.
- The media houses should be involved in programme development and planning order than just picking them to be part of a project they know very little about. By involving them during programme planning will actually make them to offer their advice on the best way to go about doing advocacy.