POLICY BRIEF

CPED Policy Brief Series 2013 No. 4

Building Civil Society CAPACITY FOR ADVOCACY ON SEXUAL AND REPRODUCTIVE HEALTH *AND RIGHTS IN NIGERIA: LESSONS AND POLICY ISSUES*

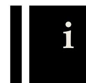
This Policy Brief is supported by the ***Think Tank Initiative Programme initiated*** and managed by the ***International Development and Research Centre (IDRC)***

CPED Policy Brief Series 2013 No 4

Building Civil Society Capacity for Advocacy on Sexual and Reproductive Health and Rights in Nigeria: Lessons and Policy Issues

Centre for Population and Environmental Development, CPED

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



(c) Centre for Population and Environmental Development (CPED)
BS-1 and SM-2 Ugbowo Shopping Complex,
Ugbowo Housing Estate
P.O. Box 10085, Ugbowo Post Office
Benin City, Nigeria

All rights reserved. This Policy Brief is copyright and so no part of it may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, electrostatic, magnetic tape, photocopying, recording or otherwise without the express written permission of the publisher, and author who is the copyright who is the copyright owner.

First produced in 2013

Series Editor:

Professor Andrew G. Onokerhoraye
Executive Director, CPED, Benin City

Content

Preface iv

Building Civil Society for Advocacy on Sexual
And Reproductive Health and Rights in Nigeria .. 1

Reproductive Situation of Nigeria Adolescents 2

Policy Response to the Challenges of
Reproductive Health in Nigeria 5

The Objectives of the Programme 7

Some Impacts of the Project as reflected in
Success Stories of Beneficiaries and other
Stakeholders 8

Lessons and Policy Issues 11

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 the outcome of the action program on building civil society capacity for advocacy on reproductive health outlines some needed policy response to the challenges of reproductive health in Nigeria. The policy brief is designed to inform policy makers and other stakeholders involved in activities to improve reproductive health in the country.

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

Building Civil Society Capacity for Advocacy on Sexual and Reproductive Health and Rights in Nigeria

Background

Nigeria has signed all international agreements and resolutions relating to reproductive health rights since the *International Conference on Population and Development* in Cairo in 1994

In 2001, the Federal Government in Nigeria developed a *National Reproductive Health Policy* that identified the RH needs of its citizenry

As a follow up on this, the *National RH Strategic Framework and Plan of Action* was conceptualised to complement the policy, with the aim of translating the policy into actionable plans

Despite Nigeria's commitment to the improvement of the country's health care situation including SRHR, the outcomes remain extremely poor.

The average maternal mortality ratio (MMR) figures for Nigeria are 800 to over 1,700/100,000 live births with a life time risk of 1:14-16 (compared with 1 in 2,800 in developed regions).

These figures make Nigeria third only to Afghanistan and India. Even though Nigeria makes up about 2 per cent of the world's population, she contributes over 10 per cent of the world's maternal deaths

In Nigeria only 60% of women have received antenatal care at least once from a trained health care provider and two thirds of Nigerian women deliver outside of health institutions and without medically skilled attendants present.

Also, 17% of women have no assistance during delivery and 26% are assisted by untrained persons.

The Total Fertility Rate (TFR) in Nigeria has remained persistently high at a national average of about 5.7 children per woman.

Among the reasons for this high TFR is the low contractive prevalence rate (CPR).

Nigeria has one of the lowest levels of family planning use in Africa with 12% of the women using some form of family planning and only 8% using modern method

Twenty-six per cent of women aged between 15-49 years have an unmet need for family planning.

Only 35% of women aged 19-24 years are aware of contraceptives.

Reproductive Situation of Nigerian Adolescents

The reproductive health status of the Nigerian adolescent is equally poor.

The average age at first intercourse has declined and there is greater practice of unprotected sexual intercourse with multiple and casual partners by both boys and girls.

With about 33% of Nigeria's current 160 million people classified as youths between the ages of 10 and 24, it has been postulated that by 2015, the number of Nigerian youths would have exceeded 67 million.

Lack of sexual health information and services places these young people at risk for pregnancy, abortion, sexually transmitted infections (STIs), infertility and HIV/AIDS.

The proportion of sexually active teens (15-19) using contraception is 39/47% (Male/Female).

Nigerian adolescents face reproductive and sexual health risks with over 16% of teenage females reporting first intercourse by age 15, the national mean age for sexual debut M/F is 20.3/17.8

Much of the acceleration in the spread of HIV among women has taken place among adolescents as young women are particularly susceptible to HIV infection.

Nigeria's STD/HIV Control Report estimates that more than 60% of new HIV infections occur in youth ages 15-24 years.

In Nigeria, early and forced marriage, are still common.

Among women aged 20 to 24, 19.8% reported having married by age 15, 39.6% by age 18, and 52.7% by age 20.

Among men ages 25 to 29, 15.5% reported having married by age 20.

There is emerging evidence that early marriage brings increased vulnerability to HIV infection.

One study found that one-third of women obtaining abortions in Nigeria were adolescents and hospital-based studies showed that up to 80% of Nigerian patients with abortion-related complications were adolescents.

Nigeria is characterised by different types of harmful practices that impact reproductive rights and gender.

The most common includes, female genital mutilation (FGM), early marriage as noted earlier, the various taboos or practices which prevent women from controlling their own fertility, nutritional taboos and traditional birth practices.

Others are male child preference and its implications for the status of the girl child, female infanticide, early pregnancy and dowry price.

The prevalence of FGM is more than 50% in Nigeria and being the country with the largest number of women in Africa, it has the second largest number of women who have undergone the procedure.

Despite their harmful nature and their violation of international human rights laws, such practices persist because they are not questioned and take on an aura of morality in the eyes of those practising them.

Policy Response to the Challenges of Reproductive Health in Nigeria

Although Nigeria recognises the health challenges of its young people as reflected in the articulation of policies and legislations, a lack of sufficient political will and resources prevent the policy from being translated into operational plans and programmes.

To date, there is little evidence that any of the 36 states and 774 Local Government Councils in the country has formulated specific policies aimed at promoting adolescent reproductive health

On its part the Federal Government has not fairly concentrated on all the components listed in the *National Reproductive Strategic Framework and Plan*.

The safe motherhood initiative and the Family Planning Programmes have not received the much expected priority and more importantly, many of the activities have been donor-driven.

Other components of Reproductive Health such as harmful traditional practices have also not received the needed drive in Nigeria

Most attention focused on the elimination of harmful practices were funded by donor organisations and operationalised by NGOs.

The challenges facing the successful implementation of Reproductive Health programmes/services in Nigeria are in folds and these may hinder the country from achieving the set goals of universal access to Reproductive Health information and services by all in 2015.

The way forward for the Nigerian weak Reproductive Health services/programme includes:

A renewed effort in terms of political support and priority at all tiers of governance;

A review and wide distribution of Reproductive Health services, especially to the users on the fields;

Better marching of policies with implementations in terms of funding and necessary leadership;

Periodic monitoring and evaluation of available services and legislative back-up of many SRHR issues that are begging for attention;

It is in this context that local CSOs have major roles to play in advocacy to policy makers and other key stakeholders at the community level and at all levels of government in Nigeria.

Advocacy is critical in efforts to ensure that adolescent and sexual health programmes are enacted, funded, implemented, and maintained.

To be able to do so Nigerian CSOs must acquire the necessary advocacy skills.

The adolescents who are most negatively affected by the poor reproductive health situation in Nigeria also need to be mobilised to play key roles in the improvement of the reproductive health of their peers.

It is in this context that the project titled "Building Civil Society Capacity for Advocacy on Sexual and Reproductive Health and Rights in Nigeria" was conceived and implemented in ten Nigerian states.

The three-year project was partly financed by the European Commission, Brussels

The Objectives of the Programme

The overall purpose of the project is to empower and strengthen the capacity of local civil society organisations and youth organisations to play key roles in policy dialogues on sexual and reproductive health and rights; and

To enhance their participating in the delivery of Reproductive Health care services to underserved groups and localities.

The project is designed to help civil society organisations (CSOs) and youth organisations to:

i. Clarify their vision and mission;
ii. Improve their organisational efficiency;
iii. Increase their knowledge of Sexual and Reproductive Health Rights;
iv. Improve their knowledge of or access to policy and planning processes;
v. Improve their advocacy skills;
vi Increase their ability to deliver Sexual and Reproductive Health Rights services; and

vii Develop networks to work with key stakeholders on Sexual and Reproductive Health Rights;

Viii Build the capacity of youth organisations on the creation, design and implementation of SRHR peer education programmes and other activities targeting youth in schools and outside the schools;

ix Build the capacity of journalists in media houses in Nigeria to promote the implementation of SRHR policies.

Some Impacts of the Project as reflected in success stories of beneficiaries and other stakeholders

On the impact of the organisational capacity of the CSOs some of the beneficiaries in Edo State stated as follows:

"The training has enabled my organisation to restructure to meet the required standard for effective service delivery. The accounting system of the organization has been greatly improved"

"The administrative and management structure of our organization has been greatly improved. Staff now know that everyone in the organization has equal rights to manage the organisation with positive and creative contributions through division of labour"

“The training benefited my organization very substantially in the area of leadership duties, accountability and transparency”

“The training has benefited my organization a lot. The training has helped us with the project on reproductive health in Edo State. Building capacity of those that are involved in the communities

On the impact of the reproductive advocacy activities on stakeholders and beneficiaries some of them in Adamawa and Bauchi States stated as follows:

“While we have not been able to score ourselves 100%, evidence in the State, LGAs and the communities point to the fact that much have been achieved since the project started. For example, we have been able to achieve 100% coverage of the LGAs in the state with our advocacy on SRHR, visited different communities either as individual organisations in this coalition or as a coalition. Our activities also extended to top government functionaries. While getting these set of personalities has been challenging, we nevertheless have made significant progress since the discussions are on-going.”

“We believed that Allah is the Giver of children –no doubt about that, therefore the talk of reducing the number of children you want to give birth to should not be entertained at all and that was where I stood in the past. This programme has made us to understand that, family planning is not after all against Islam,

since the programme says you can give birth to the number of children you want but with good spacing to allow the woman to rest."

"I attended one of the meetings when a group of CSOs from Bauchi came to Kirfi to talk to us of the need to visit the clinic. During the second day of the meeting, my husband went with me because he was angry the previous day and wanted to hear what we discussed. On the second day, as fate will have it there was a session for men which my husband attended. He was so happy at the end of the training. According to him, the facilitator did not stop women from visiting TBAs but said pregnant women should visit clinic in addition to TBA since the clinic has better facilities of detecting complications from pregnancy."

"We the youth here in Government Junior Secondary School have reasons to be grateful for participating in the project. For example, this programme has taught us how to set goals for tomorrow and the steps to take in setting these goals. This was never the case before the programme. I sincerely hope that this programme will continue for a long time in this school"

"For example we taught students that sex during their schooling time is a potential threat to their lives ambitions in that when they are involved in sexual activities, they may become pregnant and that might be the end of their schooling. We even tell them that they may die from such pregnancies and that those who are smart enough to abort such pregnancies may

never give birth again since they may damage their wombs in the process."

Lessons and Policy Issues

A few years remain for Nigeria to meet the target set by the international community for universal access to sexual and reproductive health services.

Sexual and reproductive health for all is still an achievable goal for Nigeria if we take the challenge seriously.

Further inaction and delays on the part of policy makers and other stakeholders would carry a heavy penalty in terms of avoidable human suffering and lost opportunities for economic and human development and for poverty reduction.

Poverty is the root cause of the double tragedy of high maternal mortality rates and excessive fertility in Nigeria.

It exerts its influence through illiteracy, malnutrition and a low status of women.

It weakens the health care system and reduces access to the little there is.

We have access to the information and means to make sexual and reproductive health for all a reality in Nigeria.

But do we have the will politically?
Action is a responsibility of all actors, and action is needed now.
We call upon governments at the federal, state and local governments in Nigeria, the donor community, intergovernmental organisations, NGOs, civil society groups, philanthropic foundations, the private for-profit sector, the health profession, and the research community to collectively respond to this challenge.