

POLICIES AND PROGRAMS TOWARDS IMPROVING RELATIONSHIP BETWEEN SEXUAL REPRODUCTIVE HEALTH AND POVERTY: EVIDENCE FROM NIGERIA

Presented

BY

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Background and Population Profile

- ▣ Nigeria belong to the fewest nations globally whose population is still growing rapidly and remains the most populated in Africa;
- ▣ Currently, the projected population is estimated at over 188 million (estimated from the 2006 population and housing census) with an annual growth rate of 3.2 percent;
- ▣ Recent United Nations (UN) World Population Prospect (2015) shows that Nigeria will become the 3rd largest population globally by 2050 if the current fertility rate persist.

Background and Population Profile Contd.

- ▣ Equally, the Total Fertility Rate (TFR) which is not encouraging, has declined but slowly and insignificantly from 6.0 in 1990 to 5.7 in 2003 and 2008 respectively and slightly declined to 5.5 in 2013 (NDHS Reports);
- ▣ Within the context of our national demographic divide across the six geo-political zones, we have experienced increased TFR ranging from 4.5 in the South West zone to as high as 7.3 in North West zone;
- ▣ Demographically, Nigeria has a young population with sixty three percent of the population below the age of 25 years.

Background and Population Profile Contd.

- ▣ With cultures of over 250 ethnic groups including varying languages, economic factors encourages mobility of Nigerians of multiple ethnic and religious backgrounds to reside in territories in Nigeria that are outside their ethnic or religious background;
- ▣ According to World Health Organisation (WHO) “Reproductive Health addresses a state of complete physical, mental and social wellbeing and not merely the absence of disease or its functions and processes”.

Background Contd.

- ▣ In Nigeria, good reproductive health implies that people are able to have contentions and safe sex life; and
- ▣ that they have the capability to reproduce with freedom to decide if, when and how often to do so;
- ▣ Sexual and Reproductive Health (SRH) risks vary across state and locations;
- ▣ For the urban poor, the risk are severe and include high rates of unwanted pregnancies, sexually transmitted infections, and poor maternal and child health outcomes.

Profile Contd.

- ▣ Status of Sexual Reproductive Health (SRH) is determined by many factors particularly by household poverty;
- ▣ Issues of SRH affect mostly women and young people and in particular young girls;
- ▣ Thus, poverty and non-responsive healthcare systems complicates the vulnerability of young women and expose them to diseases and early death during pregnancy or childbirth;
- ▣ Poverty is associated with child/forced/early marriage, high-risk behaviors resulting in coerced sex, rape, and unsafe sex in barter for monetary incentives.

Sexual Reproductive Health & Poverty in Nigeria

- ❑ Women in Nigeria begin childbearing early with too frequent pregnancies and on the average have six children;
- ❑ Reports of last two Nigeria Demographic and Health Surveys (NDHS 2008 & 2013) consistently, show that 23 percent of our teenage girls (ages 15-19) are already mothers or pregnant with their first child; and
- ❑ Half of the population of teenage girl are already married by age 18, while 61 percent are married by age 20;
- ❑ Adolescents' fertility in the rural areas (162) reported in 2013 NDHS, more than doubles that of the urban (62);
- ❑ also, regional variations show higher proportions in the North compared to the South.

Rationale for Policy on Reproductive Health

- ▣ The Government of Nigeria (GoN) recognizes Safe Motherhood because it addresses the wellbeing of the mother and the newborn since these are strongly linked;
- ▣ With Nigeria's annual maternal mortality figure of 50,000 which constitutes 14% of the global estimate of 358,000 deaths;
- ▣ According to the 2013 NDHS, the country's maternal mortality ratio is 545 per 100,000 live births;
- ▣ The UN Agencies put the lifetime risk of maternal death in Nigeria as 1 in 23 which compares poorly with the figures of 1 in 4,300 for developed countries and 1 in 36 for Africa;

Rationale for Policy Contd.

- ▣ It was observed that, most of the maternal deaths are due to:
 - bleeding after delivery (hemorrhage);
 - post delivery infection (sepsis);
 - prolonged obstructed labor;
 - eclampsia (hypertensive diseases of pregnancy); and
 - unsafe abortion.

Rationale for Policy Contd.

- ▣ Available statistics show high prevalence of unsafe sexual behavior;
- ▣ The 2007 National HIV/AIDS and Reproductive Health Survey (NARHS) indicated that about a fifth of males (22%) and two fifth of females (42%) aged 15-19 years are sexually experienced;
- ▣ All the above mentioned cases and some other health related issues were the cause of developing a robust policy for Sexual Reproductive Health in Nigeria to essentially address poverty induced SRH in Nigeria;
- ▣ This is because; poor reproductive health constitutes one of the leading public health problems globally and disproportionately affects people in developing countries such as Nigeria.

Strategic Policies for SRH and FP in Nigeria

- ❑ In 2010, the Federal Ministry of Health published a revised National Reproductive Health Policy;
- ❑ It was set within the framework of the Nigeria health policy, which declares primary health care as the key to attaining the goal of health for all people of Nigeria; and
- ❑ Set targets for infant mortality reduction, maternal mortality reduction, reversal of the HIV/AIDS trends, and the control of Malaria and other major diseases.
- ❑ The Reproductive Health policy also aligns which is to strengthen the national health system that would provide effective, efficient, quality, accessible and affordable health services that will improve health status of Nigerians through an accelerated achievement of the health related SDGs.

Strategic Policies for SRH and FP

Contd.

- ▣ Below are the various policies:
 - a. The National Policy on Population for Sustainable Development to achieve its goal of improved quality of life and standard of living: reproductive and sexual health; family planning and fertility management; women's health and safe motherhood; child health and survival; male reproductive health; gender concerns; and, HIV/AIDS.
 - b. The National Strategic Plan for International Conference on Population & Development Programme of Action (2005-2014), was developed to provide a roadmap for the realization of the ICPD PoA in Nigeria.

Strategic Policies for SRH and FP Contd.

- c. The Integrated Maternal, Newborn and Child Health Strategy articulate a comprehensive set of actions to fast track the achievement of SDGs Goal3.
- d. National Policy on Elimination of Female Genital Mutilation, has the goal of eliminating the practice of female genital mutilation in order to improve the health and quality of life of females.
- e. National Policy on AIDS has a strategic goal of reducing the incidence; improve provision of treatment and mitigation of the impact of HIV/AIDS such that all Nigerians could achieve socially and economically productive lives free of the disease and its effect.

Strategic Policies for SRH and FP Contd.

- f. Health Sector Reform Programme, which indicates government's commitment to fundamental changes in policy, regulation, financing and provision of health services.
- g. The national Health Bill Act spells out health actions of each level of government within the national health system.

Programmes for Sexual Reproductive Health in Nigeria

- ❖ National Response to Young Peoples S&RH
- ❖ Sexual Rights & Gender Issues
- ❖ Improving Sexual & RH of Youth Corps Members & Young People 2014
- ❖ Project to explore the SR& Social Development needs of adolescents living with HIV in Nigeria.
- ❖ Strategies to improve knowledge, attitude and practice of contraceptive in Northern Nigeria since 2014

Programmes Contd.

- ❖ Media interventions for Adolescents reproductive and sexual health ;
- ❖ Nigeria Urban Reproductive Health Initiative focused on Urban poor;
- ❖ The Federal Government, through the National Primary Health Care Development Agency (NPHCDA) is deploying 1,473 newly graduated basic midwives to Primary Health Care facilities in rural areas throughout the 36 States and FCT;
- ❖ The deployment is aimed at improving maternal, newborn and child health outcomes and consolidating on the gains of the Midwives Service Scheme (MSS) of the Federal Government

Conclusion

In conclusion, the GoN is optimistic that Sexual Reproductive Health particularly from primary healthcare level should be accorded priority position in national development as a strategy for poverty reduction and wellbeing of the population.

- ▣ The Government put monitoring and evaluation as a part of implementation process. This is done by collecting regular reports on reproductive activities nationally.
- ▣ Each round of implementation has pre-implementation, implementation and post implementation activities.
- ▣ There were also training of monitors and resource persons before deployment to the states for technical support and monitoring of the implementation processes at the state and local governments levels.

Thank!! You!!! For!!!! Listening!!!!!!