



Family Planning/Childbirth Spacing Services Advocacy Kit



Oyo State





Promoting Maternal Health in Oyo State through Modern Family Planning /Childbirth Spacing

Fact Sheet



The Current Situation

Oyo State has about 262 maternal deaths per 100,000 live births annually. Although this is lower than the national average it is still unacceptable considering the level of literacy and socio-economic development of the state.

The Contraceptive Prevalence Rate (CPR) for Ibadan, the state capital, is 22%. Although Ibadan CPR is comparable to other cosmopolitan cities such as Benin at 26.6%, Ilorin at 24.6%, and Lagos at 49.6%. there is still room to increase the CPR especially among the urban poor. In this group, where 20% have an unmet need for family planning, further analysis of the 2008 Nigeria Demographic and Health Survey (NDHS) reveals that an average of 76% of the urban poor in the state do not use any method of contraceptive while only about 20% use modern methods.

The unmet need for family planning/childbirth Spacing (FP/CS) in Ibadan alone is high at 18% for women who desire to space or limit births but do not use a modern contraceptives.

FP/CS programmes are underfunded at all levels in the state and so cannot provide products and services to those who want them.

Government Interventions

The state government has adopted many of the existing national health policies including the reproductive health policy but the implementation of these policies has been a major challenge. This is due to the absence of a law to give legal backing to the full implementation of these policies. Another challenge is that family planning is not seen as a critical component of maternal health interventions. This is evident in the lack of a specific budget line and non release of funds for FP/CS programmes and services at all levels of intervention in the state. Despite these challenges, the following current government interventions are worthy of note:

- FP/CS services are provided at both primary and secondary health care facilities as well as tertiary institutions in the state



- Implementation of a revolving fund to ensure reproductive health commodity security, though this is mainly dependent on foreign donors and development partners
- Implementation of the National Health Insurance Scheme (NHIS) and the Millennium Development Goals (MDG) fund initiative which provides for free quality health care services for pregnant women and children under five years. The initiative is currently implemented in six LGAs - Ibadan South East, Ibadan North East, Ogbomosho North, Atiba, Iseyin and Shaki West.

However, there is no policy to guide the implementation of reproductive health programmes and services in the state.

Definition of Terms

Family Planning / Childbirth Spacing - An informed decision by an individual or a couple on how many children to have and when to have them and using modern contraceptive methods to adequately space pregnancies.

Maternal Mortality - Death of a woman while pregnant or within 42 days of childbirth or termination of pregnancy.

Contraceptive Prevalence Rate - Percentage of women between 15 - 49 years who are practicing or whose sexual partners are practicing any form of contraception.

Urban Poor: Women of reproductive age in the poorest, poorer and middle wealth groups (as defined by NDHS) living in urban areas.

Reproductive Age: Generally defined as women aged 15 - 49 years and men 15 - 59 years.

Contraceptive - A device or drug which can be used to delay/space pregnancy by preventing conception.

Safe Motherhood - A set of interventions that work to ensure the survival, health and wellbeing of a mother and her newborn from conception through childbirth and infancy. Also includes the transference of meaningful information and skill to achieve adequate spacing and number of pregnancies according to the desires of the mother.

Unmet Need -The percentage of persons of reproductive age who want to use contraceptives but do not have access to them either due to unavailability or lack of information.

High Risk Pregnancy -A pregnancy where the mother is younger than 18 years or above age 34 years, or where the time from the last birth to the next is less than 24 months apart or where the parity (number of pregnancies resulting in delivery) is 5 or higher.

Actions Required

- ✚ Incorporate family planning/childbirth spacing services into existing National Health Insurance Scheme/U5/MDG free health care initiative for pregnant women health care services
- ✚ Increase budgetary allocation and ensure prompt release of funds for family planning/childbirth spacing services at all levels of government
- ✚ Legislate on relevant reproductive health and family planning policy to give legal backing for full implementation of the policy
- ✚ Update family planning/childbirth spacing equipment and infrastructure to improve the delivery of high-quality services
- ✚ Promote the integration of family planning/childbirth spacing into all health and development programmes.

Maternal Health among Urban Poor* in Oyo State

Contraceptive Use

No Method	76%
Folkloric Method	1%
Traditional Method	2%
Modern Method	20%

Unmet Need

Unmet Need to Space/Limit	20%
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Place of Delivery

Home	22%
All Public facility	43%
All Private Facility	23%

Delivery Assistance

None	2%
Doctor	10%
Nurse/Midwife	68%
Auxiliary Midwife	5%
TBA	4%
Relative/Friend	6%
Other	5%

Secondary Analysis of NDHS 2008

*Urban poor refers to women who are in the lowest three wealth quintiles as defined by the NDHS.

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Policy Brief



Background

Oyo State prides herself as a pace setter in socio-cultural and economic development. However, some key health indicators of the State do not match up with this status. For instance the contraceptive prevalence rate (CPR) for Oyo state is only 22%. Also, the unmet need for women who desire to limit or space birth and do not use to childbirth spacing services is as high as 18%.

Oyo State has 262 maternal deaths per 100,000 live births annually. Although this figure is lower than the national average it is still unacceptably high considering the level of literacy and development in the State. No woman should die while giving birth.

These maternal deaths are preventable with the use of reliable and appropriate interventions including family planning /childbirth spacing, (FP/CS) services. For couples who want to space births, FP/CS allows the woman's body to recuperate before the next pregnancy thereby reducing high risk pregnancies and the chances of pregnancy related complications leading to maternal injury or death.

Oyo State Health Indices

Contraceptive Prevalence Rate:	22%
Unmet needs:	18%
Infant Mortality:	7/1000
Still birth rate:	9%
HIV/AIDS prevalence:	4%
Maternal Mortality Rate:	262/100,000 live births

2008 NDHS

A pregnancy is considered high risk when the pregnant woman is younger than 18 years old or above 34 years, when the interval between births is less than 24 months and when the number of pregnancies resulting in delivery is five and above.

Studies have shown that FP/CS can avert high risk pregnancies and consequently reduce maternal deaths by up to 32% (Cleland J. et al. 2006. *Family Planning: the unfinished agenda. Lancet 368:1810-27*).

The health and well being of the woman is closely linked to the health and well being of the family. FP/CS is critical to improving maternal health and should be pivotal to all maternal and child health interventions. FP/CS is not only critical to the attainment of Millennium Development Goal (MDG) 5 which seeks the improvement of maternal health but contributes significantly to the achievement of the other health and development goals: MDG 1 - Eradicating extreme poverty and hunger; MDG 2 - Achieve universal primary education; MDG 3- Promote gender equality; MDG 4- Reduce child mortality; MDG 6- Combat HIV/AIDS; and MDG7 - ensure environmental sustainability)



What is the Current Situation?

Oyo State is one of the states in the south west zone accredited to pilot the National Health Insurance Scheme (NHIS) with funding from the national MDG office. The goal of the scheme is to increase access to quality health care for pregnant women and children under five years through the community health insurance popularly known in the state as NHIS U5/MDG Fund. The initiative is currently being implemented in six Local Government Areas (LGAs): Ibadan South East, Ibadan North East, Ogbomoso North, Atiba, Iseyin and Shaki East. Some of these LGAs have the most congested urban cities in the state. As with many urban cities, the urban poor are hard to reach and often do not benefit from such initiatives. To worsen this situation only one of these five LGAs has a budget line for reproductive health and even this has not been implemented.

The state government has adopted many of the existing national health policies including the Reproductive Health Policy but implementation of these policies has been a major challenge. This is due to the absence of a law to give legal backing to their full implementation. Another challenge is that FP/CS is not recognized as a critical component of maternal health interventions. This is evident in the lack of a specific budget line and non-release of funds for FP/CS commodities and services.

The Need for a Specific Budget Line for Family Planning/Childbirth Spacing

The NHIS U5/MDG fund initiative provides a window of opportunity to mainstream FP/CS and to better reach the urban poor. There is the need to incorporate a specific budget line for FP/CS in the current NHIS U5/MDG fund Initiative. The exclusion of FP/CS from the health related MDG interventions would definitely impede the attainment of these goals. FP/CS is one of the most cost effective interventions.

The Federal Government recently approved the provision of free FP/CS commodities to the States. State governments are in turn expected to be responsible for the distribution of these commodities to health facilities and ensure the provision of quality service at all levels.

Increased funding for FP/CS is needed for logistics, capacity building, supervision, monitoring and demand creation to achieve quality care and services. It is therefore imperative that the Oyo State government makes FP/CS a priority issue.

Benefits of Family Planning/Childbirth Spacing:

- Saves lives of women and children
- Reduces unplanned pregnancies and the risk associated with unsafe abortions
- Saves health sector funds
- Helps achieve national health goals and contribute to economic and social development of the state.

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Delivery Assistance

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Other	5%

Secondary Analysis of NDHS 2008

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Actions Required

- ★ Approve the incorporation of family planning/childbirth spacing services into the existing free MCH/U5/MDG fund
- ★ Increase and release budgetary allocation for family planning/childbirth spacing services to support capacity building, equipment, supportive supervision, monitoring, logistics and demand creation
- ★ Approve and pass an enabling law to help the effective delivery of family planning services
- ★ Promote and strengthen public private partnership for family planning/childbirth spacing programme and services.

Promoting Maternal Health in Oyo State through Modern Family Planning/Child Birth Spacing

Role of the Legislature



The weak implementation of family planning/childbirth spacing (FP/CS) programmes at the state and local government levels is due largely to inadequate funds as there is no specific budget line for FP/CS programmes. In addition, the absence of relevant laws to give legal backing for the provision of free health care services for pregnant women and children under five years has impeded the scaling up of this intervention to include FP/CS services. FP/CS is critical to improving maternal health and should therefore be pivotal to all maternal and child health interventions in Oyo State.

Enacting and supporting laws to back effective FP/CS programmes is required for the state to attain the Millennium Development Goal (MDG) 5 - improve maternal health. Attaining MDG 5 will contribute significantly to the achievement of the other health and development goals: MDG 1 - Eradicating extreme poverty and hunger; MDG 2 - Achieve universal primary education; MDG 3- Promote gender equality; MDG 4- Reduce child mortality; MDG 6- Combat HIV/AIDS; MDG7 - ensure environmental sustainability. The health and well being of a woman is not only beneficial to her immediate family and community but to the legislator women are about half of the voting population in the country (National Census, NPC 2006).

"I cannot, in the nearest future, foresee any tangible development in our country without a serious and well funded family planning programme"

Engineer Olusegun Okeowo,

Vice Chairman, Ibadan South West LGA, September 14, 2010

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Actions Required

- Enact relevant laws that would ensure availability of high quality family planning/childbirth spacing programmes and services
- Appropriate more funds in the state health budget for family planning/childbirth spacing interventions to cover supplies, equipment, infrastructure, commodity logistics management, supervision, training of health care providers and demand creation
- Ensure that the approved budget is used efficiently for family planning through oversight functions.



Promoting Maternal Health in Oyo State through Modern Family Planning/Childbirth Spacing

Role of Community and Religious Leaders



Community and Religious leaders have significant influence on their community members. They are recognised as custodians of community values as such they tend to influence the attitudes and behaviours of members of their communities. Community members in turn expect their leaders to take actions that will improve their health and quality of life. Therefore, community and religious leaders have a special stake in ensuring the health and well being of the people they lead.

Socio-cultural beliefs in some communities inhibit the use of modern family planning/childbirth spacing services (FP/CS). This is further influenced by vocal disagreements and unclear religious teachings on issues concerning FP/CS.

Studies have shown that FP/CBS can avert high risk pregnancies and consequently reduce maternal deaths up to 32% (Cleland J. et al. 2006. *Family Planning: the unfinished agenda. Lancet 368:1810-27*). FP/CS is critical to improving maternal health therefore, it should be pivotal to all maternal and child health interventions. The health and well being of the woman is closely linked to the health and well being of the family and the community.

“Islamic teaching is ever in support of family planning. Family planning is meant to have a conducive family set up that will make you live well in this world and as well be able to perform good...and secure a better place for you in the hereafter.”

-Sheikh Basairi, Islamic Scholar in Ibadan

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Actions Required

- ✦ Make public statements in support of family planning/childbirth spacing services
- ✦ Support community based health campaigns to ensure community member have access to factual information and education on health and development issues
- ✦ Engage legislators in your domain to enact laws for the provision of free comprehensive maternal and child health care services including family planning/childbirth spacing services at all community and primary health care facilities
- ✦ Advocate for the staffing, equipping, availability of commodities and funding of family planning/child birth spacing clinics at all community and primary health care facilities
- ✦ Encourage community members to utilize family planning /childbirth spacing services to reduce maternal mortality and improve the health of mothers and babies



Promoting Maternal Health in Oyo State through Modern Family Planning/Childbirth Spacing

Role of Health Sector Policy Makers



In Oyo State about 262 maternal deaths per 100,000 live births occur annually. These maternal deaths are preventable with the use of reliable and appropriate interventions including modern family planning/childbirth spacing (FP/CS) services. FP/CS can avert high risk pregnancies and consequently reduce maternal deaths by about 32% (Cleland J. et al. 2006. *Family Planning: the unfinished agenda. Lancet 368:1810-27*). FP/CS is critical to improving maternal health, it should therefore be pivotal to all maternal and child health interventions.

The Oyo State government has adopted many of the existing national health policies including the Reproductive Health Policy but implementations of these policies have been a major challenge. This is due to the absence of a law to give legal backing to the full implementation of these policies.

Another challenge is the non-recognition of family planning as a critical component of maternal health interventions. This is evident in the lack of a specific budget line and non-release of funds for FP/CS programmes and services at all levels of intervention in the state.

The current implementation of the National Health Insurance Scheme U5/MDG Fund initiative in six LGAs - Ibadan South East, Ibadan North East, Ogbomoso North, Atiba, Iseyin and Shaki East provide a window of opportunity to mainstream FP/CS at all levels of maternal health care especially to reach the urban poor.

Enacting and supporting laws to back effective FP/CBS programmes is required for the state to attain the Millennium Development Goal (MDG) 5 - improve maternal health. The attainment of MDG 5 will contribute significantly to the achievement of other health and development goals: MDG 1 - Eradicate extreme poverty and hunger; MDG 2 - Achieve universal primary education; MDG 3 - Promote gender equality; MDG 4 - reduce child mortality; MDG 6 - Combat HIV/AIDS and MDG 7 - ensure environmental sustainability).

“The bedrock of any nation is having a well planned family set up, which in turn assists the productivity of the nation”.

Hon. Tope Yusuf, Secretary, Ibadan South East Local Government, September 29, 2010

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Actions Required

- ★ Approve and support the integration of family planning /childbirth spacing services into the existing free health care services for pregnant women and children under five years currently funded by the NHIS/U5/MDG initiative
- ★ Increase budget and ensure prompt release allocation in the State health budget to Family Planning /childbirth spacing programs including capacity building, supportive supervision, monitoring, logistics and demand creation
- ★ Engage the legislature to pass relevant laws that will support effective delivery of high quality family planning/childbirth spacing services at both state and local government levels.



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