

# **The Paradox of our times**

**BY**

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**Maternal Health – A Sine Qua Non to  
Development**



"It is my aspiration that health finally will be seen not as a blessing to be wished for, but as a human right to be fought for."

— *Former United Nations Secretary-General Kofi Annan*

# Mission And Vision of Ipas

Ipas is dedicated to improving women's lives through a focus on reproductive health

Ipas concentrates on preventing unsafe abortion, treating its complications, reducing its consequences and increasing women's access to a broad range of reproductive health services.

Ipas has its head office in Chapel Hill, North Carolina in the United States of America and works through country programs in most of Africa, Asia and Latin America .



# Maternal Health

- Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death.

# Development

- Development is a complex issue, with many different and sometimes contentious definitions. A basic perspective **equates development with economic growth**. UNDP uses a more detailed definition- according to them development is **'to lead long and healthy lives, to be knowledgeable, to have access to the resources needed for a decent standard of living and to be able to participate in the life of the community**

# FEDERATION ACCOUNT ALLOCATIONS, 1999-2005 (COMPLEMENTARY DISCLOSURE FRAMEWORK TO NEITI)

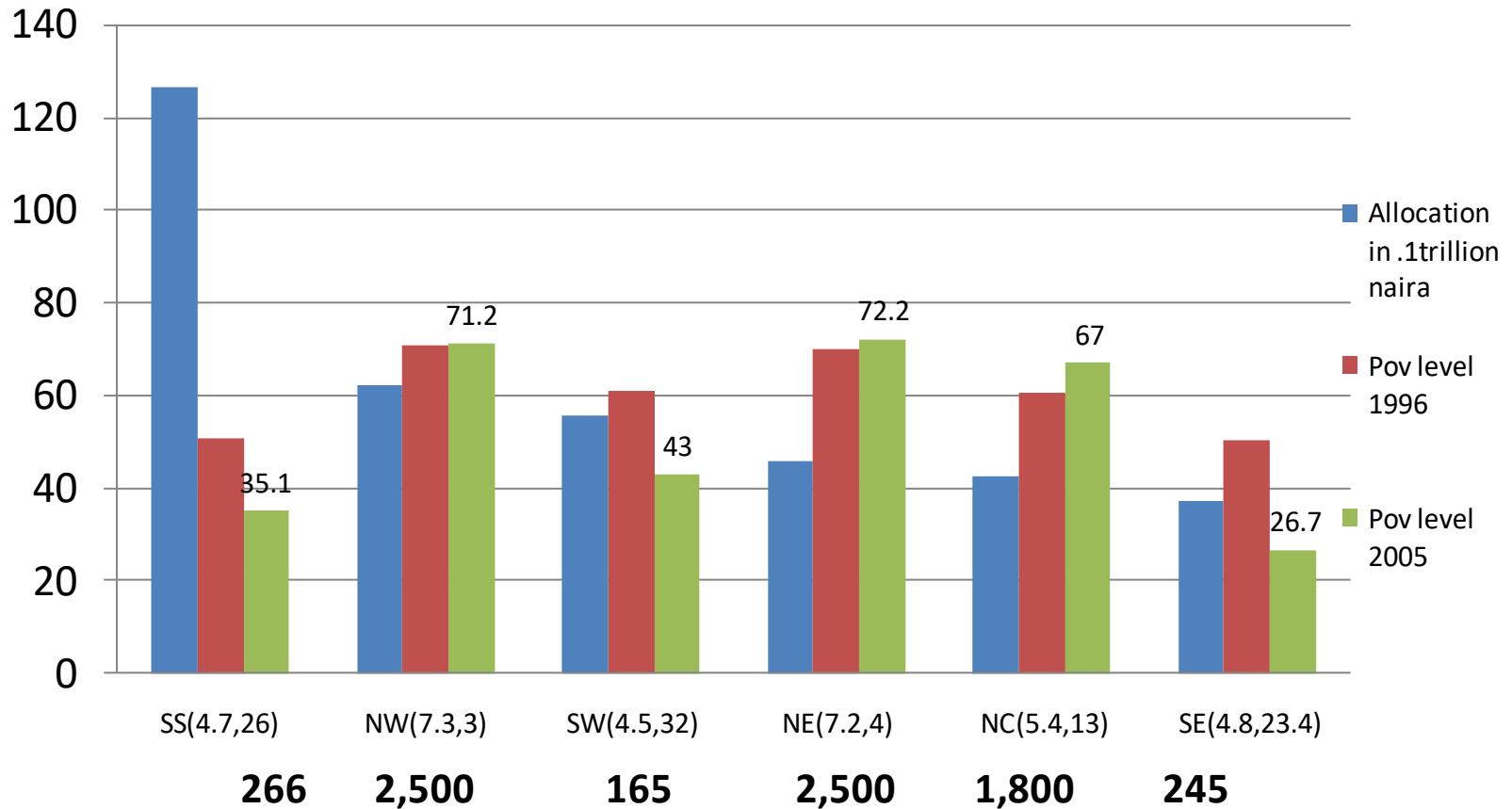
- Allocations 1999 -2005
- All **N15.8trn**
- **FG** **N5.138trn** **32.5%**
- SGs= **N10.671trn** **67.5%**
- Relative Allocation by zones:
- SS=n1.259trn;
- **NW=N627.888bn;**
- SW=N550.526bn;
- **NE=N458.195bn;**
- NC=425.398bn;
- SE= N374.503bn.
- NOTE: These allocations are from revenues from oil and non-oil sources, including tax, customs duties, V.A.T, etc

# POVERTY LEVELS IN NIGERIA, 1996-2005

- Poverty level over all for Nigeria & for Zones

Location	1996	2005
• Nigeria	65.6%	54%
• NE	70.1	72.2
• NW	77.2	71.2
• NC	64.7	67.0
• SW	60.9	43.0
• SS	58.2	35.1
• SE	53.5	26.7

## RH indicators and poverty levels





# NIGERIA: RICH COUNTRY, POOR PEOPLE-HOW AND WHY

- **HOW:**

Nigeria, the tenth highest oil-producing country in the world has a population ranked among the 25 poorest in the world

- In 2005, the year of phenomenal African economic growth, Nigeria did not rank among the ten fastest growing economies in Africa. Each of which recorded between 7.3%(SL) and 9.3% (EG)

# NIGERIA: RICH COUNTRY, POOR PEOPLE-HOW AND WHY

- **WHY:** Nigeria's oil and solid minerals are stolen or lost raw; the commodities themselves are not accurately measured; revenue from them are not accurately accounted for (NEITI has facts and figures on this).
- Approximately 80% of the oil revenue is concentrated in the hands of 1% of the population; and 70% of Nigeria's private wealth is held abroad
- Nigeria is a victim of the "**Dutch Disease**" and also suffers from "**resource curse.**" The disease kills agriculture in industry; the curse makes the people docile

# Poverty: the root cause?

- As much as 47.1% of rural dwellers consider cost to be the most challenging problem to accessing health care.
- In one of our program states, waiving the cost of ANC card (<\$2) increased service utilization by more than 90%.
- The cost of Caesarean section ranges between \$238-\$1,000 in a country where 70% of the population live below \$1 a day.

# Though It is Not only about Money

- The Law of Productivity
- Labor x Money x Material = Productivity
- The missing "M"
- Accountability
- Knowledge Management
- Managerial skills
- Deployment of Resources using public policy issues as a guide

# Education

- Girl Child education is also key. The SE is a good evidence for this strategy
- There should massive investment in our educational system. The first health care system is in the house hold. The more educated the house hold the better equipped they are to provide care either by self or purchase

# So many mouths to feed

- At independence Nigeria was 56 million and the UK same
- 50 years later Nigeria is 152 million
- The UK is 64 million

# The role of Family planning on maternal Health

- The effective use of family planning will lead to a 30% reduction in maternal deaths. Donors have been driving our FP services. It should be in the national budget to ensure greater outcomes.

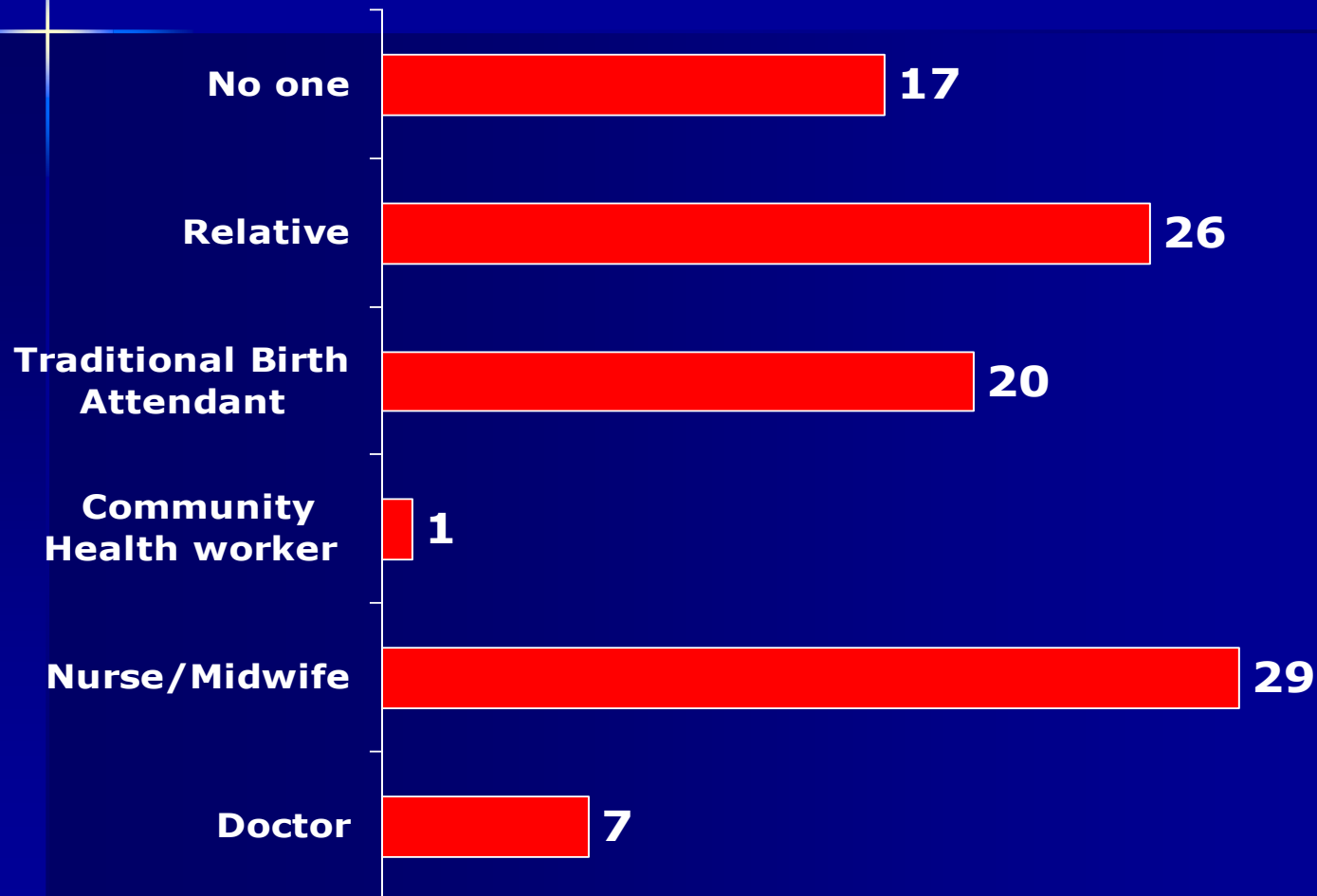
# Maternal Health in Nigeria

(NDHS 2003)- Women who gave birth 1998-2003

- 60% received ANC at least once.
- Nigerian women are more likely to receive ANC if they have secondary or higher education and if they are economically advantaged.
- Urban women are 3 times as likely to receive ANC as rural women (46% v. 15%).
- Almost half of teenage mothers did not receive ANC.
- Only 58% received iron supplement, 39% received malaria drugs.



# Types of Assistance at Delivery in Nigeria



Percent distribution of live births in the five years preceding the survey, by type of assistance at delivery

# SOCIAL FACTORS AND RELIGIOUS FACTORS THAT INFLUENCE MATERNAL HEALTH

- Social Factors:
  - Low status of women
  - Low level of education
  
- Religious Factors:
  - Beliefs
  - Practices
  - Bias

# A Tale of 3 Countries

INDICES	ITALY (Catholic)	NIGERIA (Mixed)	SAUDI ARABIA (Islamic)
Total population	58,033,000	152,000,000	23,950,000
Life expectancy at birth	80 years	42 years****	72 years
Annual pop growth rate	0.2	2.8	5.2(1970-90): 2.7(1990-2004)

# A Tale of 3 Countries Cont

INDICES	ITALY (Catholic)	NIGERIA (Mixed)	SAUDI ARABIA (Islamic)
Total Fertility Rate	0.2	5.8	7.3 (1970) 3.9 (2004)
GNI per Capita \$	26,120	340(1000)**	10,430
% population below \$1 a day	0%	70%	0%

# A Tale of 3 Countries Cont

INDICES	ITALY (Catholic)	NIGERIA (Mixed)	SAUDI ARABIA (Islamic)
Contraceptive Prevalence Rate	60%	6-8%	32%
Maternal Mortality rate/ 100,000 life births	5	1100 (2009) 545 (2010)**	23
Life time risk of maternal death	1/13900	1/16	1/610

# A rights-based approach to sexual and reproductive health

- **The International Conference on Population and Development (ICPD) affirmed that:**

- Women and men have the right to the highest standards of sexual and reproductive health services and information, free from discrimination, coercion, and violence.

- **The rights-based approach:**

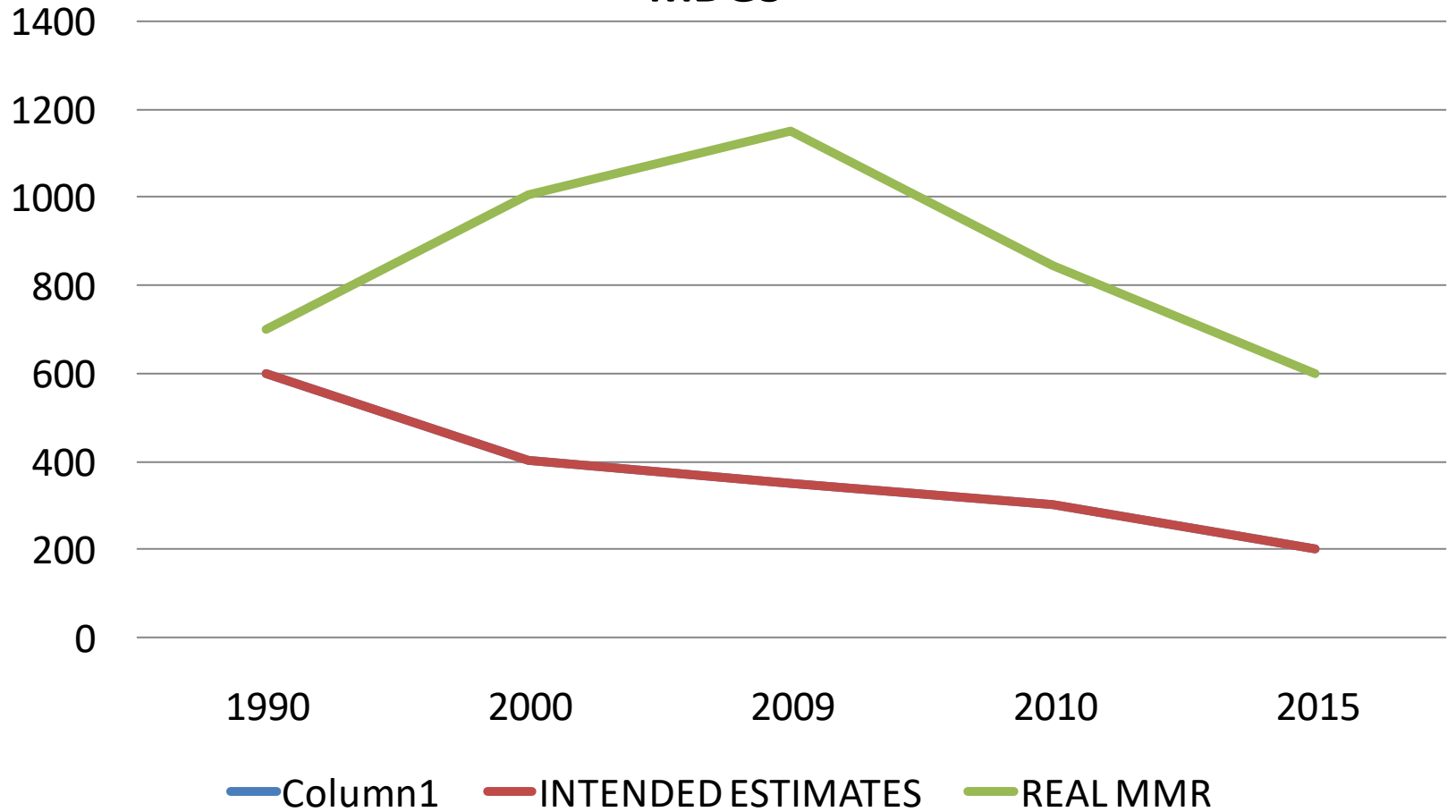
- Places the health and well being of individuals at the center of program policy design
- Recognizes the importance of **gender equity** and **equality**
- Builds on existing international human rights agreements

# Prevention of Maternal mortality

- *"Women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving."*
- Mahmoud Fathalla, MD, PhD
- Ipas Board Member  
Former President of FIGO

# MDG 5

## Maternal Mortality in Nigeria vs what it should be by MDG5

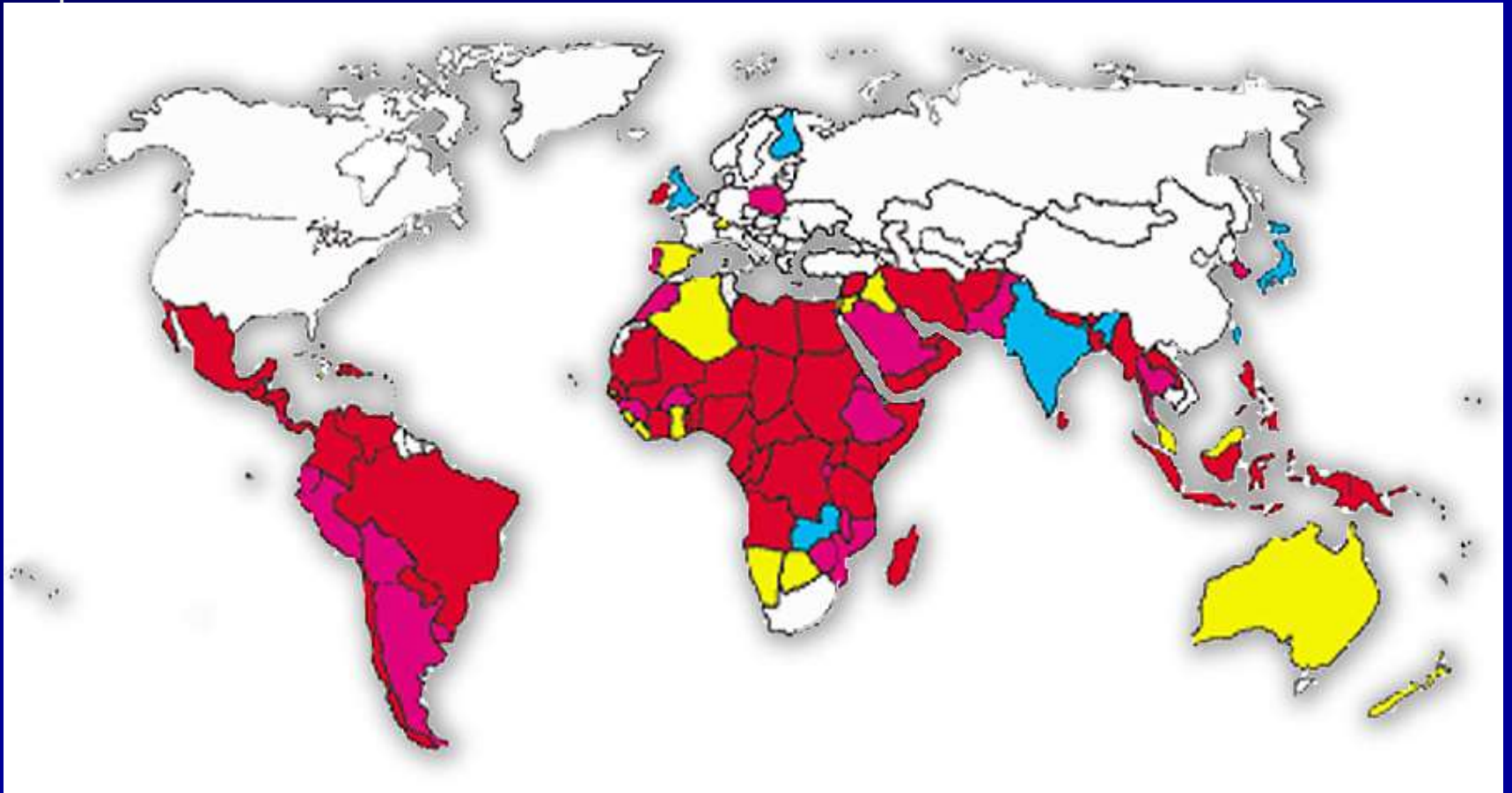




# Peer Review

- Has one of the highest Maternal Mortalities
- Nigeria's  $1,100/545/100,000$  =
- Ghana's MMR = 210
- Togo = 480
- Benin = 500
- Cameroon = 430
- Chad = 830

# Map of the world abortion laws.



# Definitions

## *Abortion*

**An abortion is the discontinuation of a pregnancy before the attainment of viability."**

**- (World Health Organization)**



**Unsafe Abortion**  
**- a critical RH problem**

*Unsafe abortion is defined as a procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both.*

*(WHO)*

# Cassava plant, Leaf and Stem



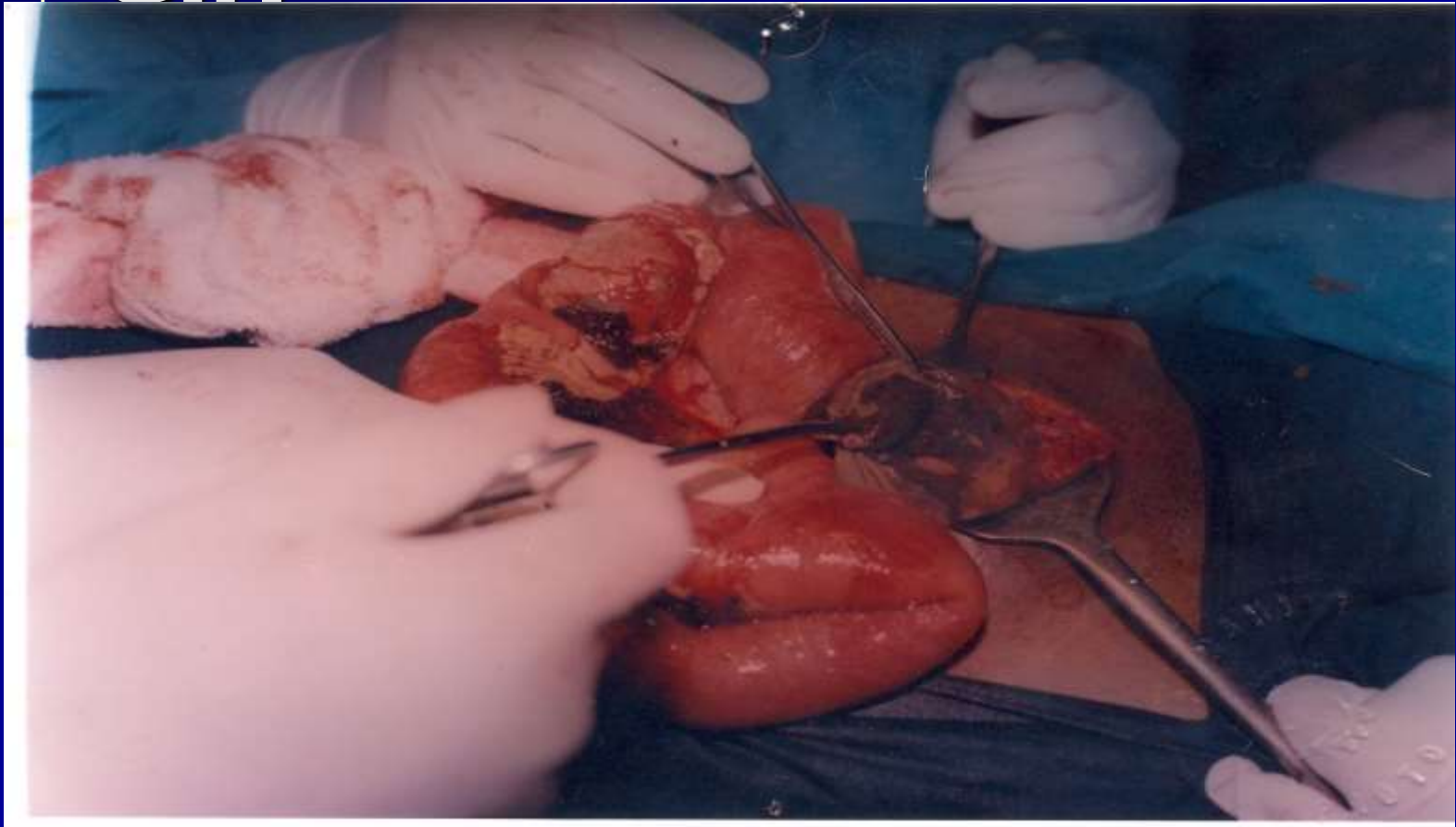
# Bahaman grass



**A 19 year old girl with the necrotic (dead) intestines sticking out from the vagina**



# A Necrotic Uterus Being removed- A 16 year Old Girl



# THE BURDEN (NIGERIA)

- 760,000 INDUCED ABORTIONS ANNUALLY( HENSHAW et al, 2003)
- i.e. 25 per1000 ANNUALLY
- 60% ARE UNSAFE
- AN ESTIMATED 34,000 WOMEN DIE IN NIGERIA YEARLY FROM UNSAFE ABORTION
- 59,000 DIE EVERY YEAR 10% OF MATERNAL DEATHS GLOBALLY



# The Role of Advocacy



# Hospital after Advocacy and Subsequent Renovation



# At optimum development

- There should be emergency transportation services.
- All transportation systems should be upgraded.
- Referral systems should be enhanced.

# At optimum development cont

- There should be 24 hour obstetric care.
- the quality of care at health facilities should be upgraded.
- National protocols to treat obstetric complications are established.
- Adequate stocks of medical supplies and blood are available.
- Enhanced referral systems between communities and health facilities.

# CONCLUSION

A woman must be able to exercise control over her sexual and reproductive health if she is to achieve her fullest potential as a human being. She has the right to information, confidentiality and the right to new reproductive health technologies that are safe, effective and acceptable among others

Therefore.....

legal practitioners (FIDA) among many others have a crucial role to play in empowering these women to enable them exercise their reproductive rights.

# Thank you

*A special thank you to the International Federation of Women Lawyers who are committed to protecting, preserving and promoting the rights and interests of women and children.*