

# RIVERS STATE FAMILY PLANNING

(Fact Sheet)



## BACKGROUND

Rivers State has a population of about 7.5 million, of these, 1,669,556 are women of reproductive age (WRA) which represents 22% of the entire population<sup>4</sup>. About 889 women die from pregnancy and/complications from delivery, for every 100,000 who deliver live babies. This is higher than the national average which calls for concern. It impacts negatively on the socio-economic development of the state including security. In essence, children from poorly planned families, or from families whose mothers died due to complications of child birth, are more susceptible to being used as social miscreants (kidnappers, armed robbers, militants, etc.).

Studies have shown that Family Planning contributes about 40% to reduction in maternal mortality (Cleveland J et.al. July 2012 Lancet: Contraception and Health, Vol.360, No 9637, pg 149-156). In the state, modern contraceptive prevalence rate (mCPR) is 19.6% (NDHS 2018). This is low compared to most states in the country.

In 2018, 5.8% of the total budget (N 30 billion) was allocated to health and this translates to N3,571 per capita spending per year on health (where FP is subsumed in). UN/WHO recommended per capita spending for WRA to access FP services is \$12 per person (about N4,800) which is more than the amount budgeted per person for health in Rivers. Even though fund is assumed to be budgeted under Reproductive Health, best practices highlights the need for budget allocation to specific FP line items in the budget of the health Ministry, relevant Departments and Agencies at State and LGA levels. As such, it might be an indication why Family Planning programs are poorly funded both at the state and LGA levels, necessitating charges by the service providers.

The State Government has however provided enabling environment which has increased the number of Family Planning implementing partners working in the State. This is not enough as the State budget should adequately fund Family Planning programs to ensure sustainability.

## KEY ISSUES

- ▶ Non-specific Government funding of Family Planning programs as it is subsumed in Public Health program budget.
- ▶ Non-operationalization of Family Planning Costed implementation plan.
- ▶ Commodity stock outs as a result of non-integrated logistics management and non-availability of consumables.
- ▶ Inadequate skilled personnel and uneven distribution of available skilled personnel skewed in favour of urban areas.
- ▶ Socio-cultural barriers that impede access to FP services.
- ▶ Myths and misconceptions around family planning services.
- ▶ Low media support and coverage of Family Planning issues.



## ACTIONS REQUIRED

- ▶ State funding and release for FP in the state budget of N507,089,270.40 (being 50% of the UN/WHO recommended cost per service per person times percentage of unmet need over WRA population).
- ▶ Facilitate the review of the 2015-2017 Costed Implementation Plan (CIP) and the development/implementation of the 2019 - 2021 plan to improve roll-out/implementation of family planning programs (which will address consumables, commodity availability and Human resources among others).
- ▶ Recruit and deploy skilled personnel to underserved areas to improve uptake of services.
- ▶ Issue policy statement removing services fees that hinder uptake of Family Planning Services.
- ▶ Increase media discourse and public statements in favour of Family planning.

## BENEFITS

- ▶ Investing in Family planning will contribute to averting 356 deaths per 100,000 live births. i.e. 40% reduction in the current state of maternal mortality rate.
- ▶ Improved Family Planning has a direct impact on socio-economic development and improved security for the citizens.
- ▶ Significant contributions to the attainment of the sustainable development goals.



## DEFINITION OF TERMS

- **Maternal Mortality:** Death of a woman while pregnant, within 42 days of Child birth or termination of pregnancies.
- **PMA 2020 (Performance Monitoring and Accountability 2020):** survey that uses innovative technology to support low-cost, rapid turn-around surveys to monitor key indicators for family planning.
- **Family Planning/Child Birth Spacing:** is an informed decision by an individual or a couple on how many children to have and when to have them using modern contraceptive methods to adequately space pregnancies.
- **mCPR (Modern Contraceptive Prevalence Rate):** percentage of women between 15 – 49 years who are practicing or whose sexual partners are practicing any form of modern contraception.
- **CIP:** costed implementation plan/Blue print for family planning strategy.
- **Consumables:** Materials needed to provide family planning services.
- **Live birth:** defined by World Health Organization to be the complete expulsion or extraction from the mother of a baby irrespective of duration of pregnancy which after such separation, breaths or shows any other evident of live.
- **Unmet Need:** This percentage represents women who wish to stop or delay having a baby but are not using any method of contraception.
- **Total Fertility Rate:** This is a summary measure of the level of fertility. It can be interpreted as the number of children a woman would have by the end of her childbearing years if she were to pass through those years bearing children at the currently observed age-specific rates.

# INVESTING AND SUSTAINING FAMILY PLANNING GAINS IN RIVERS STATE

(Policy Brief – Legislators)



## BACKGROUND

Rivers State is a major socioeconomic hub of the nation due to its thriving oil and gas sector. As a result, the State experiences continuous migration of people from the rural areas and neighboring States ultimately putting pressure on the available health resources among others with a resultant impact on the socio-economic development. With a population of 7,588,893<sup>4</sup> and 22% being Women of Reproductive Age (1,669,556<sup>5</sup>), there have been several challenges from insufficient funds release, user fees, inconsistent supply of Consumables to insufficient human resources for provision of family planning that hinder Women of Reproductive Age (WRA) from accessing family planning which stems from availability of services, accessibility and affordability. There is no doubt that these challenges contribute to the high maternal deaths the State experiences and other health indicators below:

- Rivers State currently has 889 maternal deaths per 100,000 live births annually.
- Use of Family Planning could go a long way in preventing these deaths by 40% (Cleveland et al 2012).
- 22% of the State's population are Women of Reproductive Age.
- About 327,234 (19.6%-NDHS 2018) women use modern contraceptives with the remaining using either the traditional methods or have unmet need.
- Unmet need statistics reveal that 383,998 women (23%-NDHS 2018) need family planning products and services but cannot access it.
- Only 296 of 415 public health facilities offer family planning services.

Consequently, there is a need for the State Government to invest in family planning for an improved maternal health, socio-economic development and a resultant impact on the overall wellbeing of Rivers people.



## ACTIONS REQUIRED

- ▶ Approve funding for family planning in the state and LGA budget.
- ▶ Ensure that the approved fund is efficiently used for Family Planning through oversight functions.
- ▶ Issue policy removing Family Planning services fees.

## BENEFITS

- ▶ More WRA would have access to FP services and products there by leading healthier lives with improved quality of life.
- ▶ Increased skilled Human resources to provide services.
- ▶ Investing in Family planning will improve the health indices of Rivers which has a direct impact on socio- economic development and improved security in the state.

## KEY ISSUES

- ▶ Insufficient Government funding of Reproductive Health especially family planning program.
- ▶ Inadequate and inconsistent supply and availability of consumables
- ▶ Insufficient Human resources for provision of Family Planning.
- ▶ Service fees attached to Family Planning Preventing Women of Reproductive Age's access and uptake of services.

### RIVERS STATE HEALTH INDICES

<b>Modern Contraceptive Prevalence Rate</b>	19.6% <sup>2</sup>
<b>Maternal mortality rate</b>	889/100,000 <sup>1</sup>
<b>Total fertility rate</b>	3.3% <sup>3</sup>
<b>Unmet need</b>	23% <sup>2</sup>
<b>Total Population</b>	7,588,893 <sup>4</sup>
<b>Women of Reproductive Age</b>	1,669,556 <sup>5</sup>

1 Rivers state strategic health development plan

2 NDHS 2018

3 MICS 2017

4 National Nutrition Health Survey (NNHS) 2018 Estimated populations by State

5 based on estimated calculation of WRA i.e. 22% of the Population



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# STIMULATING THE DESIRED CHANGE FOR FAMILY PLANNING IN RIVERS STATE

(Role of Media)



## BACKGROUND

The media play significant role in influencing the mindset and behavior of people. In the family planning context, media is an avenue for propagating accurate information regarding family planning products and services. In Rivers State, majority of the women of reproductive age are exposed to the media, especially the electronic media (69%), than those who are exposed to the print (37.9%) (NDHS2013). This therefore implies that the role of media practitioners as amplifiers of voices on Family Planning cannot be underestimated.

According to the Rivers State Health Development Plan of 2010 - 2015, 889 women die from complications of pregnancy and delivery out of every 100,000 live births. As a result, women approach pregnancy and child birth with fear and apprehension. This need not be so if women are made to recognize their role in ensuring their health and safety by embracing Family Planning. Family planning is an evidence based strategy for reducing maternal mortality by 40% (Cleveland et al, July 2012 Lancet: Contraceptive and Health, vol. 360, no 9637, pg 149 - 156).

Currently, in Rivers State, the modern contraceptive prevalence rate is 19.6%. This means that only about 327,234 women of Reproductive Age (WRA) use modern contraceptives, with the remaining using either the traditional methods or have unmet need. Statistics reveal that 383,998 women (23.0% - NDHS 2018) need family planning products and services but cannot access them due to several reasons including lack of accurate information.



## ACTIONS REQUIRED

- ▶ Media executives to allot air time and spot for family planning/childbirth spacing in their media outfits.
- ▶ Mainstream family planning messages in publications and broadcasts.
- ▶ Engage policy makers on media chats/dialogue to support increased funding for Family Planning and ensure accountability for Family Planning by Government.
- ▶ Broadcast more Family Planning programs and activities aimed at educating and enlightening the public on benefits of FP.
- ▶ Monitor Government investments and actions on Family Planning and communicate to the public.

## KEY ISSUES

- ▶ Inadequate Media support in projecting Family Planning issues.
- ▶ Low public discourse in favour of Family Planning.
- ▶ Low engagements with Government to promote Family Planning accountability.

### RIVERS STATE HEALTH INDICES

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5 based on estimated calculation of WRA i.e. 22% of the Population

## BENEFITS

- ▶ Public support for Family Planning contributes to the attainment of the media's goal of promoting civil discourse for the socio-economic development of the state.
- ▶ Family planning promotes the survival of women and children.
- ▶ It prevents unplanned/unintended pregnancies which in turn leads to a reduction in unsafe abortions.



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# INVESTING AND SUSTAINING FAMILY PLANNING GAINS IN RIVERS STATE

(Policy Brief for Executives and Policy Makers)



## BACKGROUND

Rivers State is a major socio-economic hub of the nation due to its thriving oil and gas sector. As a result, the State experiences continuous migration of people from the rural areas and neighboring States ultimately putting pressure on the available health resources among others with a resultant impact on the socio-economic development. With a population of 7,588,893<sup>4</sup> and 22% being Women of Reproductive Age (1,669,556<sup>5</sup>), there have been several challenges from insufficient funds release, user fees, inconsistent supply of Consumables to insufficient human resources for provision of family planning that hinder Women of Reproductive Age (WRA) from accessing family planning which stems from availability of services, accessibility and affordability. There is no doubt that these challenges contribute to the high maternal deaths the State experiences and other health indicators below:

- Rivers State currently has 889 maternal deaths per 100,000 live births annually.
- Use of Family Planning could go a long way in preventing these deaths by 40% (Cleveland et al 2012).
- 22% of the State's population are Women of Reproductive Age.
- About 327,234 (19.6%-NDHS 2018) women use modern contraceptives with the remaining using either the traditional methods or have unmet need.
- Unmet need statistics reveal that 383,998 women (23% - NDHS 2018) need family planning products and services but cannot access it.
- Only 296 of 415 public health facilities offer family planning services.

Consequently, there is a need for the State Government to invest in family planning for an improved maternal health, socio-economic development and a resultant impact on the overall wellbeing of Rivers people.

## KEY ISSUES

- ▶ Insufficient Government funding of Reproductive Health especially family planning program.
- ▶ Inadequate and inconsistent supply and availability of consumables.
- ▶ Insufficient Human resources for provision of Family Planning.
- ▶ Service fees attached to Family Planning Preventing Women of Reproductive Age's access and uptake of services.



## ACTIONS REQUIRED

- ▶ Allocate and release funds for Family Planning.
- ▶ Approve and release funds or review of FP CIP Strategy document which will address consumables, commodity availability and Human resources among others.
- ▶ Policy Statement removing services fees.

## BENEFITS

- ▶ More WRA would have access to FP services and products thereby leading to healthier lives with improved quality of life.
- ▶ Increased skilled human resources to provide services.
- ▶ Investing in Family planning will improve the health indices of Rivers which has a direct impact on socio-economic development and improved security in the state.

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# RAISING VOICES FOR ACTION IN FAMILY PLANNING IN RIVERS STATE

(Role of Religious/Community Leaders)



## BACKGROUND

Rivers State is predominantly Christians (97%), with a minority population of Muslims and Traditional beliefs. (NDHS 2013).

In the state, cultural practices such as Seera and Iria culture, inhibit women's ability to adopt family planning methods. Similarly, certain religious inclinations and beliefs further limit the adoption of modern contraceptive methods. Recent studies show that more than half of the population do not use any method of family planning, while 12.3% (NDHS 2018) adopt the traditional methods, often resulting to high failure rate and unsafe abortions.

Research shows that 889 women die from complications of pregnancy and delivery out of every 100,000 live births. These women are part of religious congregations and communities, hence the need to avert this. Family planning is an evidence-based strategy for reducing maternal mortality by 40% and have been shown to reduce unsafe abortion.

With these indices, it is important for community and religious leaders to play significant role in influencing their followers to adopt family planning for the overall wellbeing of the members of the community.



## ACTIONS REQUIRED

- ▶ Make public statements in support of family planning/childbirth spacing.
- ▶ Mainstream family planning messages in publications and sermons.
- ▶ Engage policy makers who are members of the congregations and communities to support creation of budget line/increase funding for FP.
- ▶ Encourage community members to access Family Planning services and more male involvement and support to partners for uptake.

## KEY ISSUES

- ▶ Some cultural and religious barriers have hindered uptake of Family Planning Services.
- ▶ Low level of male partner involvement in Family Planning.
- ▶ There are a number of myths and misconceptions on Family Planning.

## BENEFITS

- ▶ Family planning promotes the survival of the mother, child and husband.
- ▶ It prevents unplanned/unintended pregnancies which in turn leads to a reduction in unsafe abortion.
- ▶ Promote wellbeing of mothers and children in the community.
- ▶ The healthier the woman, the greater the likelihood of the congregation to carry out their religious obligations.
- ▶ Family planning promotes the security of the community by ensuring the health of the mothers who are the primary care givers.

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### SCRIPTURAL BASIS

"God blessed them, and said to them, be fruitful and multiply, fill the earth and subdue it" - Gen 1:28

"If anyone does not provide for its own, especially his household, he has denied the faith and is worse than an infidel" - 1 Tim 5:8

"Islamic teaching is ever in support of family planning in that it is meant to create a conducive family set up that will make you live well in this world and as well be able to perform good"

Further readings: Qur'an, 2:233; Qur'an 2:286



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