University of Ibadan
Center for Population and
Reproductive Health

"Is Universal Access to Family Planning a Real Goal for Sub-Saharan Africa?"

Oladosu A. Ojengbede

Professor & Director

Center for Population & Reproductive Health,
College of Medicine,
University of Ibadan,
NIGERIA

TO DO WHAT IS

RIGHT,

YOU NEED TO KNOW WHAT IS

TRUE.

The Bane of SSA Poor Maternal Health Indices

- Insensitivity to the population explosion by all
- The socio-cultural and religious interpretation of marital bliss
  - Quantity vs. Quality
- The flaring effect of the triage of poverty, ignorance and disease

Low contraceptive uptake is another reality in SSA.

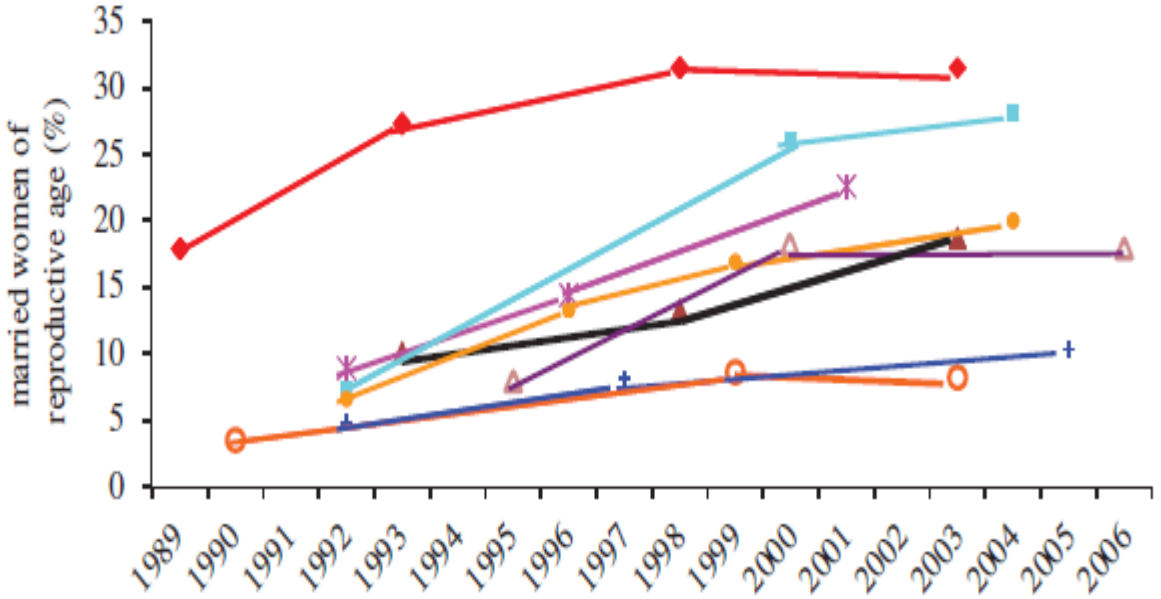


Figure 1. Modern contraceptive use in Ghana, Kenya, Malawi, Nigeria, Senegal, Tanzania, Uganada and Zambia, 1989–2006. Filled triangle, Ghana; filled diamond, Kenya; filled square, Malawi; open circle, Nigeria; plus, Senegal; filled circle, Tanzania; open triangle, Uganada; star, Zambia.

Prata 2009: Making FP accessible in resource poor settings. Phil Trans Soc B, 364:3093-3099

The Ripple Effects of Years of Neglect

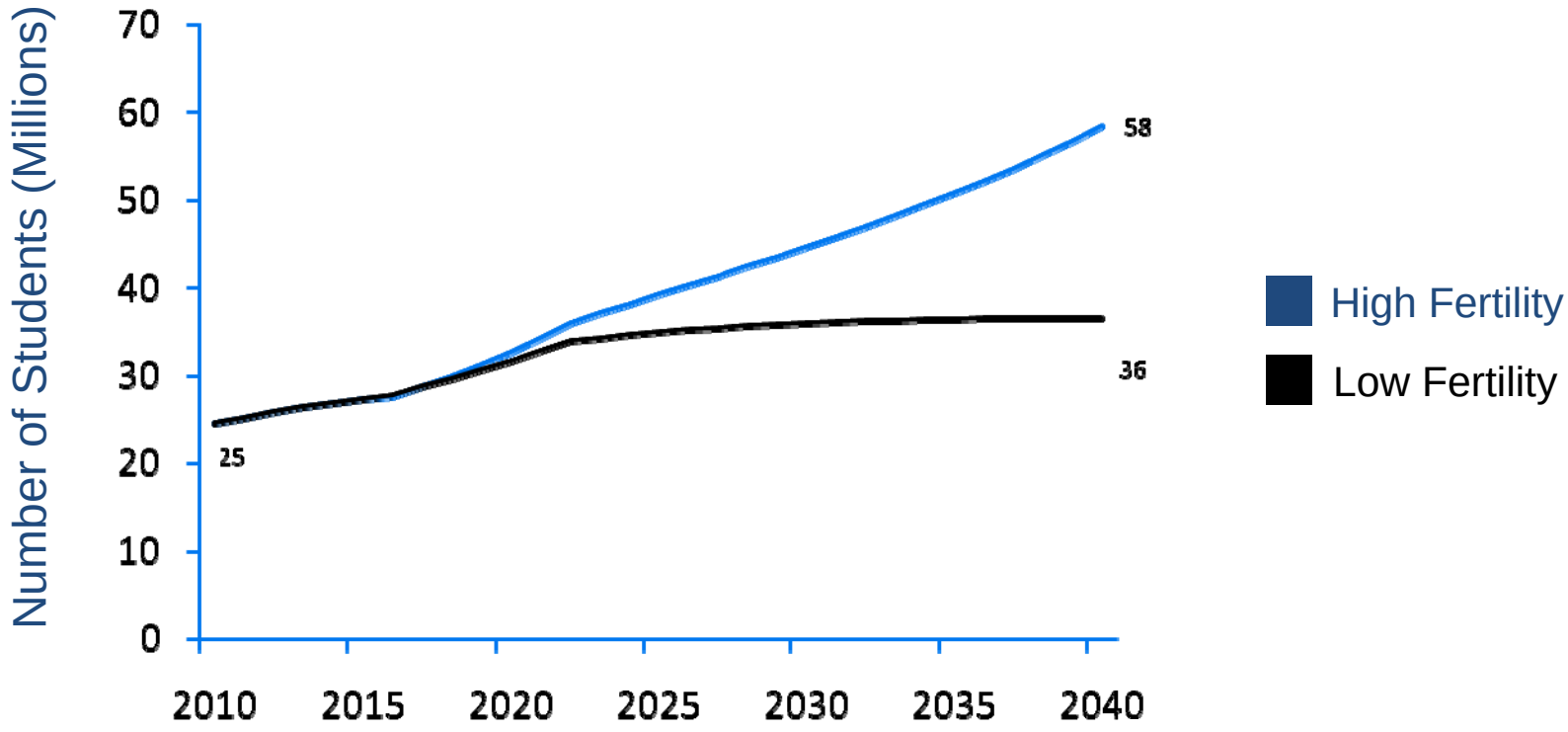
- Failure of sustainable developments and targets at all fronts

- Fracture of key sectors that impact on human developments

Figure 1
Africa map indicating HDI (2005).

Higher Fertility Projection in Nigeria:
Primary School Students

Fewer Students, More Resources per Child



Source: The Futures Group, Spectrum Projections, 2010

There is Poor Commitment to Women's Health in SSA.

Sub-Saharan Africa (SSA) has the highest level of maternal mortality of any world region with **640 deaths per 100,000 live births** (WHO, 2010).

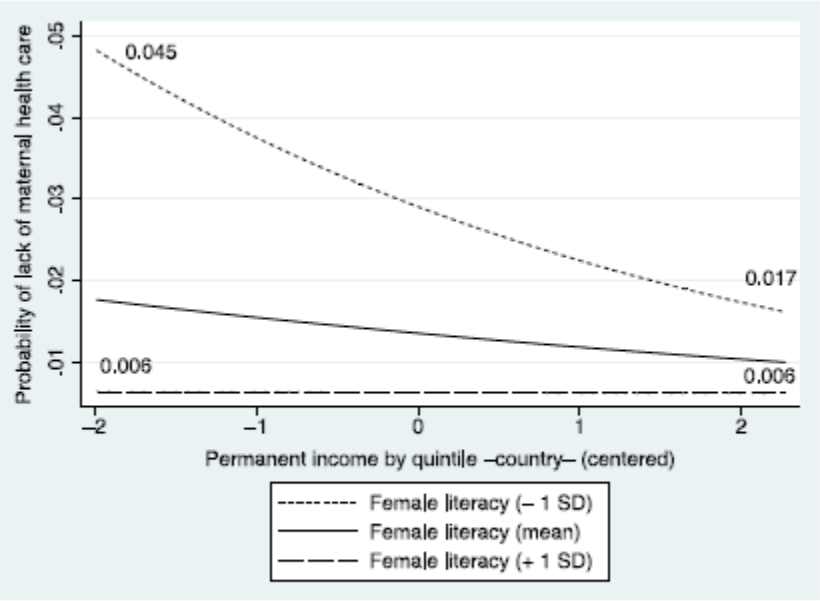
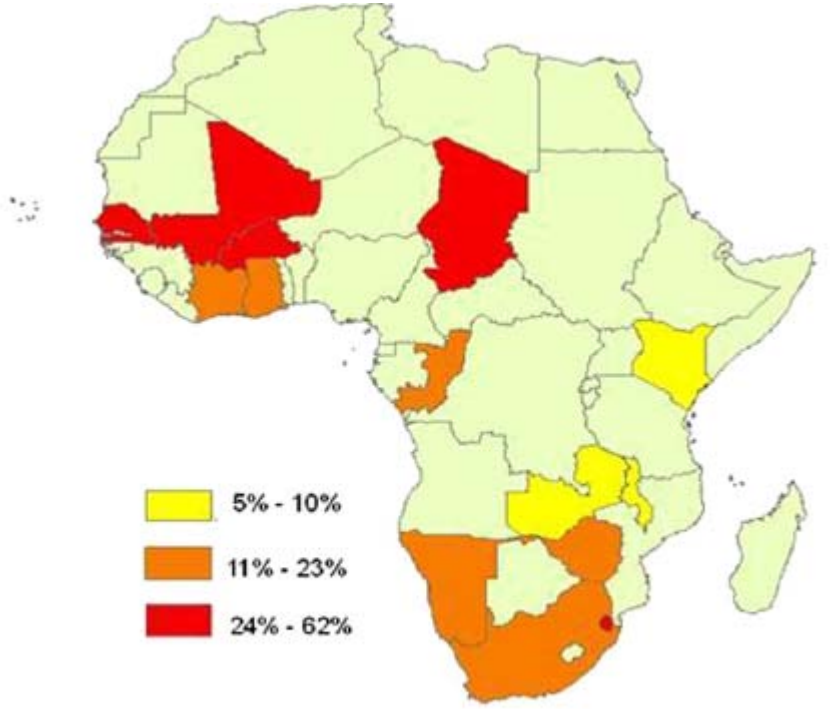


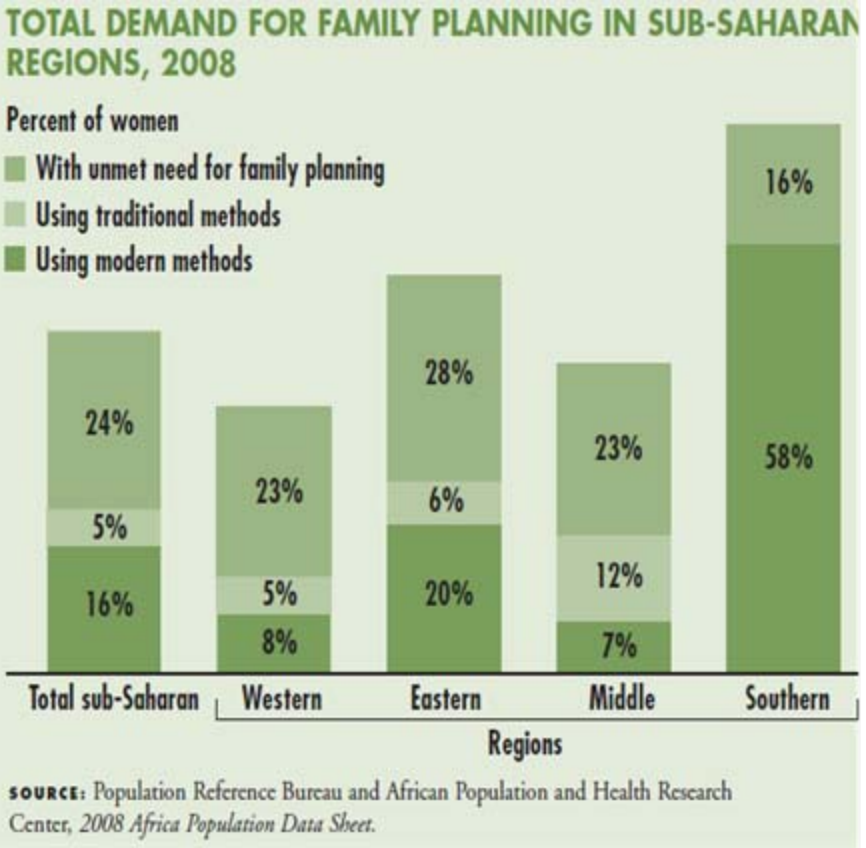
Fig. 1. Predicted probability of lack of maternal health care with household income a a function of national female literacy, WHS 2002–2003.

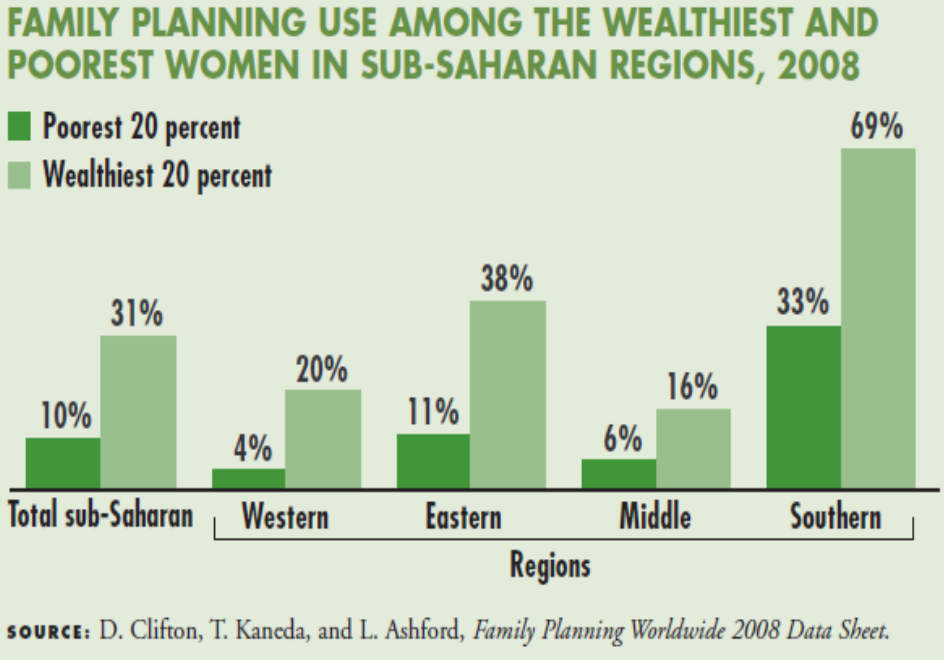


Map 1. Lack of maternal health care use in Sub-Saharan Africa, WHS 2002–2003.

McTavish et al 2010. National female literacy, individual socio-economic status and maternal health in SSA. Soc Sc Med 71:1958-1963

High unmet need for Family Planning in SSA is the root cause of the poor maternal health indices.

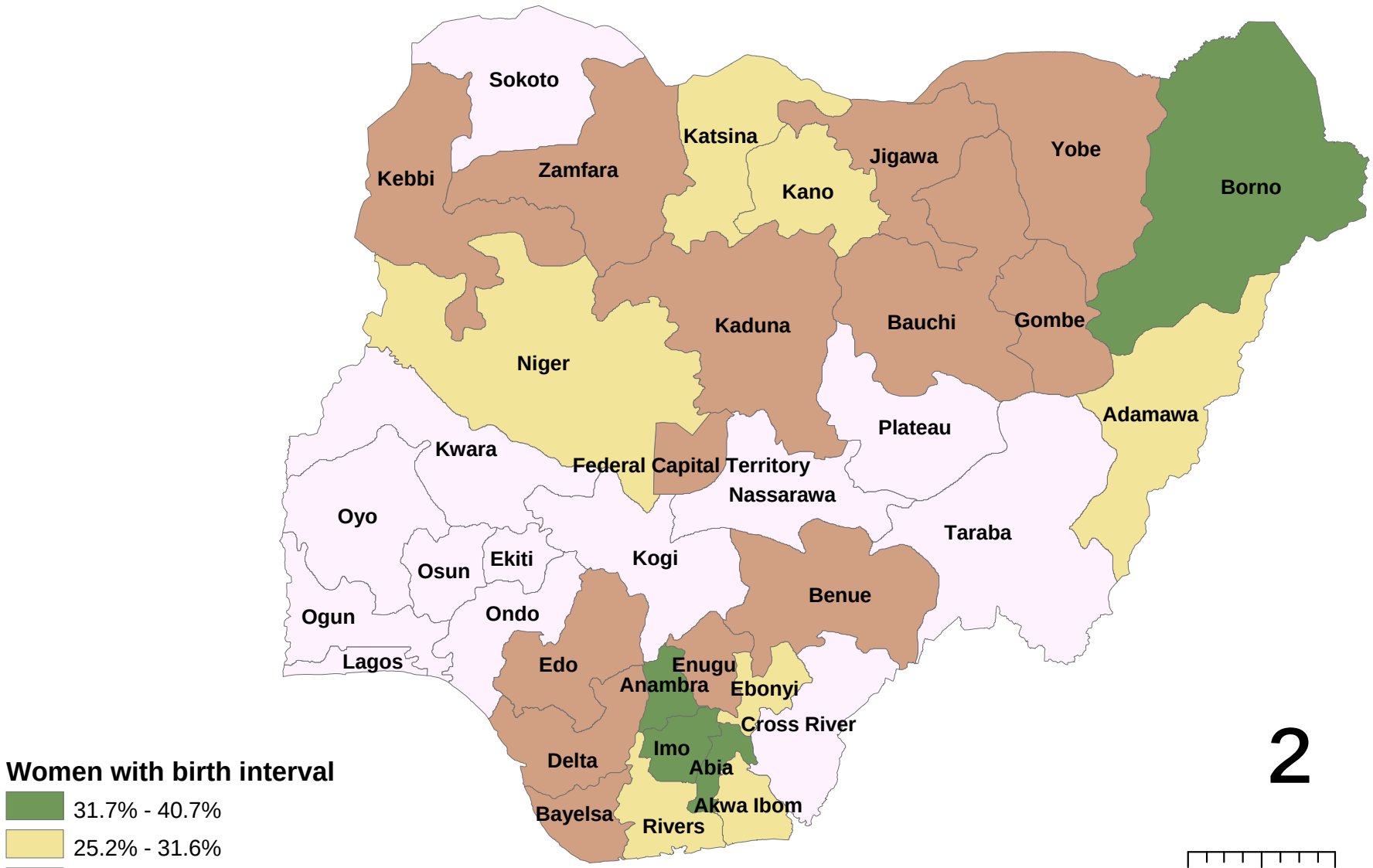




Huge disparity in access to FP and other RH services between the rich and the poor

Birth spacing in northern Nigeria: The gist of strategic transformation of traditional rulers as advocates

Percent distribution of women with short birth intervals (7-23 months) by state, DHS Nigeria 2008



The secrets of our interactions with the Emirs

- **Using hard facts**
  - NDHS &FMOH data on MCH and FP
  - Translational research evidence
- **Making them discover they are key players for FP awareness, promotion and uptake**
- **Educating them that family health leads to family wealth**
  - Household is the primary producer of health
- **Letting them navigate towards solutions that fit their settings**
  - Birth spacing instead of family planning

How to Improve FP uptake in SSA

❖ Macro-level strategies

- Generate and sustain momentum for Government commitments in the sub-region (ECOWAS -> African Union) – Shiffman & Okonofua BJOG 2007
- Legislate to support women's autonomy to decide on FP use as part of a comprehensive package of RH care Konje & Ladipo IJGO 1999; Cleland et al., 2006
- Implement policies to improve quality counseling and access to delay childbearing
  - Family Life Education Program/Sexuality Education

How to Improve FP uptake in SSA-2

- **Micro-Level strategies**
  - Break through barriers of socio-cultural inhibitions through strategic communication channels (IEC)
  - Integrate FP services into all RH programs including PMTCT
  - Re-invigorate immediate post-partum contraception programs to avert challenges of default
  - Accelerate female empowerment programs
  - Actively engage males in FP access and uptake

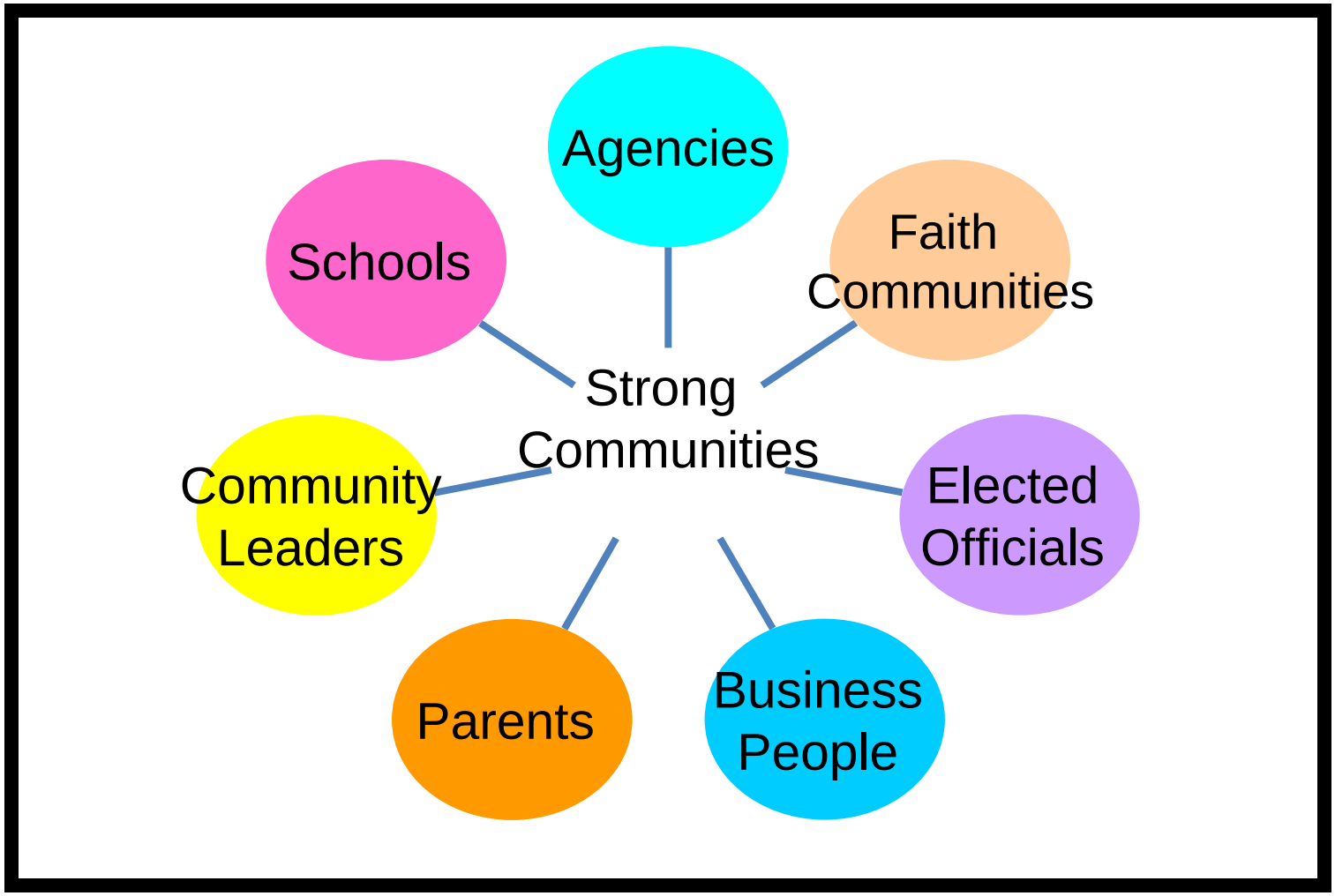
Missed Opportunities: Insights from the 2008 NDHS

Of the women who were **not** using family planning in the 12 months preceding the survey:

- **4%** were visited by a health provider who discussed family planning.
- **13%** visited a health facility but did not discuss family planning.

92% of women **neither** discussed family planning with a fieldworker nor with staff at a health facility.

We must also identify our Allies and form a United Coalition to fight for and promote FP access to all in SSA



Can we take advantage of our peculiarities?

- **Improve access to IEC and uptake through non-orthodox methods**
  - Use of police and other security check points to distribute IEC and some FP methods
  - Enlist retired health professionals within their community as advocates for FP
- **We need evidence**

Conclusions

- FP acceptability must be through a multi-prongged approach that should be colored with
  - Socio-cultural sensitivity
  - Solid evidence
  - Sustainability
- Surely, FP success in SSA is a panacea to the region's sustainable development

A POSER: WILL THE SITUATION OF THIS LITTLE GIRL BE ANY DIFFERENT FROM HER MUM'S?