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THEME: REPRODUCTIVE HEALTH AND POVERTY

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REPRODUCTIVE HEALTH AS A FUNDAMENTAL HUMAN RIGHT

By professor Friday Okonofua

Definition of reproductive Health

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and freedom to decide if, when and how often to do so- 1994 International conference on population and Development Cairo.

Component of Sexual and Reproductive Rights

1. Reproductive and sexual health
2. Reproductive decision –making
3. Equality and equity for men and women
4. Sexual and reproductive security

Effects of Denying Sexual and Reproductive Rights

1. High rate of maternal mortality
2. High rate of maternal morbidity e.g. vesico-vaginal fistula
3. Low use of family planning
4. Unsafe abortion
5. STDs and HIV/AIDs
6. Female genital mutilation
7. Domestic and sexual violence

Intervening Social Variables

1. Lack of female education
2. Retrogressive cultural beliefs and practices
3. Lack of female decision-making
4. Lack of economic resources

Human Rights Instruments

1. UN charter – 1945
2. Universal Declaration of Human Rights – 1948
3. Political Covenant (International Covenant on Civil and Political Right) – 1976
4. Economic Rights Covenant on Economic, Social and Cultural Rights) – 1976
5. Regional Human Rights Treaties – 1953
6. Women's Convention adopted by the General Assembly in 1979
7. The convention on the rights of the child

Monitoring Compliance

1. Human Rights Commission – monitors compliance with the international covenant on civil and political rights.
2. Committee on the Elimination of Discrimination Against Women (CEDAW). Monitors implementation of the women's convention.

Consensus Decisions of International Conferences

1. World Conference on Human Rights, Vienna – 1993
2. International Conference on Population and Development, Cairo (ICPD) – 1994
3. The Fourth World Conference on Women, Beijing – 1995

Components of Reproductive & Sexual Rights

1. Right to survival/right to life
2. Right to liberty and security of person
3. Right to the highest attainable standards of health in Nigeria

4. Right to family planning
5. Right to marry and found a family
6. Right to a private and family life
7. Right to the benefit of scientific progress
8. Right to receive and impact information and to freedom of though
9. Right to education
10. Right to non-discrimination on the basis of age
11. Right to non-discrimination on the basis of sex

Some Issues in Reproductive Rights in **Nigeria**

1. Child marriage
2. Early child bearing
3. Polygamy
4. Husband and wife communication
5. Son preference
6. Domestic violence
7. Rape
8. Trafficking in girls and women
9. Lack of female education
10. Poverty

How to Make Progress

1. Population and development strategy
2. Gender equality and equity
3. Monitoring progress
4. Documenting violations
5. Enforcing rights protection
6. Legal and procedural reforms
7. Accountability
8. Non – government alliances
9. Mobilising communities
10. International assistance programmes

Towards Better Sexual and Reproductive Health

1. Capacity building
2. Serving under-served groups
3. Partnership with civil Society
4. Providing guidelines and standards

SUMMARY OF DISCUSSIONS

While making his presentation, Professor Okonofua disclosed that half a million women die yearly from hemorrhage and pregnancy related causes. 10 percent of this number occur in Nigeria. Many of these deaths, he said, result from lack of ante-natal care for women. These women fail to visit the hospital for the required ante-natal care because they lack the resources to go and many times because husband refuse their wives to go the hospital. According to him, the high rate of maternal morbidity also result from under nourishment and child marriage. To worsen this situation, the use of family planning methods in Nigeria is one of the lowest in the world with only a 4 percent usage. A good number of women who would have embraced this idea do not simply because their partners do not like it. Yet sexual activities in Nigeria is about the highest in the world coupled with a high rate of transmission of sexually transmitted diseases (STDs).

Women, Okonofua noted suffer gross violation of reproductive rights than any other group in the country. The grim statistics on the state of maternal health in the country, he said, points to the level of abuse women suffer. In addition, is the female genital mutilation women and the girl-child suffer in the name of custom. Domestic and sexual violence is also common place.

He called for the protection of reproductive rights which he said are also derived from the fundamental human rights which all nations are signatories to. A review of laws which tend to subjugate women and restrict their choices in their efforts to live and reproduce is also imperative. He called for the legalization of abortion to save women from being portrayed as petty criminals in their effort to make a choice of whether to keep a pregnancy or abort it. According to him, legalization of abortion in many countries have led to a drop in the abortion rate and also

deaths resulting from it. He cited the examples of south Africa, Romania and Netherlands with liberal abortion laws and low abortion rates. He concluded by saying that people only die from abortion when a country legislate against it.

Commenting on the paper, a participant from African Women Empowerment group cautioned against demands for rights being taken to extreme because freedom goes with responsibilities.

She said it is paradoxical for one to agitate for the right to marry and found a family while at the same time launching an attack against child marriage and early child bearing.

The presenter clarified this issue by saying that the right to found a family should be based on adequate information being available to persons since for individuals to decide to raise a family such persons should know what it entails and be prepared for it.

A participant from the media noted that apart from laws, certain institutions have unwritten policies that undermine the right to marry and found a family. This is more so for females. Such establishments refuse to recruit expectant mothers and even insist that women in their employment should not bear children. In other cases, mothers are denied maternity leave. Contravening this rule leads to dismissal, he said.

On the proposition that abortion be legalized in Nigeria, participants had differing views. A representative IRRRAG said though there is the need for abortion to be made legal, the issue goes beyond law. According to her, the culture of silence over issues of sex and sexuality is quite significant. Another participant opined that legality or illegality does not stop people from procuring abortion. A media practitioner also expressed the view that science should seek to enhance rather than destroy life. A development worker wanted to know whether abortion was not a violation of the rights of the unborn child to life. Others expressed the fear that legalizing abortion may increase the already alarming rate at which people seek abortion in Nigeria. A medical doctor asked why other options like counseling and sexuality education is not adopted as a way out of the high rate of

unwanted pregnancies which later lead to request for abortion which when procured under secrecy and from quarks almost always lead to the death of the expectant mother.

In his response, the presenter noted that the law against abortion is a major issue in reproductive rights. He said that there are two types of pregnancies wanted and unwanted. An individual should be able to make an informed choice of what to do in the case of an unwanted pregnancy. A country with liberal abortion laws is more likely to be open to sexuality education. According to him, available studies reveal that should be able to make an informed choice of what to do in the case of an unwanted pregnancy. A country with liberal abortion laws is more likely to be open to sexuality education. According to him, available studies reveal that when all variables are taken into consideration, legalizing abortion and the follow-up activities lead to a drop in the number of people seeking to abort pregnancies. This in effect also reduced the maternal mortality rate.

POVERTY IN NIGERIA: IMPLICATIONS FOR REPRODUCTIVE HEALTH

By Dr. Gloria Vincent-Osaghae

The precise definition of poverty has been a theoretical and policy problem. The definition often depends on the persuasion of the person analyzing the subject. Because poverty affects many aspects of the human conditions, including physical, moral and psychological, a concise and universally accepted definition of poverty is elusive. While the economists would approach the subject from the point of view of deprivation, esteem and ego. Poverty can also be defined in a relative or an absolute term. In the case of relative poverty, a person's standard of living is low compared to that of others who enjoy a higher standard of living. But in the case of absolute poverty, people lack some basic necessities of life e.g. food, shelter and clothing. From whatever angle one looks as it, the fact remains that "poverty" is undesirable. It is an economic and social malaise, a ravaging phenomenon that must be tackled. (Obaseki and ONwiodukit, 1997).

Poverty has been described by the world Bank (1980) as a condition of life so limited by nutrition, disease, illiteracy, low life expectancy and high infant

mortality as to be beneath any rational definition of human decency. The level of human capital development is so low that the environment take control of man instead of the reverse situation.

Sub-Saharan African Countries are noted for the prevalence of absolute poverty in all its characteristics features. Poverty in these nations is massive, pervasive, and chronic, engulfing a large proportion of the society. Concern about poverty in most of these countries including Nigeria is great. The Nigerian situation is a paradox. It is a rich country inhabited by poor people. "Poverty in the midst of Plenty" . Human conditions have greatly deteriorated, resulting from large scale poverty particularly in the past twelve years. Real disposable income has dwindled while malnutrition rates are on the increase.

Contrary to the World Bank's assertion that poverty declined during the structural adjustment period (1980s – 1990s), the varied classifications such as poverty line index, aggregate living index, of social progress, show that poverty is widespread in Nigeria (Odusola 1997).

Income generated poverty is endemic in the country, while a large proportion of the population have stunted growth as a result of malnutrition. Access to health care, sanitation, and educational facilities remains highly inadequate measured by income and consumption, it also includes non-material aspects relating to the quality of life such as nutrition and health status, and educational attainment (Morris 1979, World Bank, 1993, Kakwani, 1990).

The lack of these resources leads to a state of powerlessness, helplessness and despair and thus the inability to protect oneself against economic, social, cultural and political discrimination, deprivation and marginalization (Deng, 1995). These constitute a sate of poverty.

The concern here is with the individual's ability to subsist and to reproduce himself as well as ability to command resources to achieve this. Here lies its implication for Reproductive Health.

What is Reproductive Health?

According to "The Cairo Consensus" Reproductive Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes. (Germain, 1995). The full participation of an partnership of both women and men is required in productive and reproductive life, including shared responsibilities for the care and nurturing of children and maintenance of the household. Reproductive Health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulating fertility, which are not against the law, and the right of access to appropriate health care services, that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. The purpose of the fore going, is the enhancement of life and personal relations.

Relationship between Poverty and reproductive Health

The relationship between poverty and reproductive Health is multi-dimensional. The poor cannot afford complete physical, mental and social well being required to guarantee reproductive health (Ighedosa, 1998). The poor lack access to health information on ways to achieve satisfying and safe sex life, have poor knowledge of planned parenthood and family planning low access to appropriate reproductive health care antenatal and postnatal services, the poor are ignorant due to illiteracy. They have no access to radio, newspaper, and television sets as means of communication for basic information on self development. They are excluded from decision making including those that affect their life and welfare. The majority of the poor in Nigeria have to walk over 5 kilometers to reach the nearest village health worker. The implication of the above is the perpetration of risky health behavior such as patronizing quacks and traditional healers. Poor women get pregnant frequently and these increase the chances of severe

complications. Most of them have malnourished babies with low birth weight and stunted growth, and are easily susceptible to common diseases.

According to the litre on the economic basis of fertility, poor parents desire children as a direct benefit, this is either to augment parent's labour, or to support parents in old age. This situation arises when parents feel that they would not have secured sufficient resources to maintain themselves when their working lives are over. State pensions for the aged are not feasible in developing countries. This source of demand for children can be redressed by an increase in income. (Ingrid, 1991).

Research also shows that the deteriorating economic conditions in many countries place young people at increased risk of abusive exploitative and unsafe sexual ecounters. Poverty is often a direct cause of prostitution among the young, some of whom are encouraged by their families. (Pyne 1992). Poverty has also led to young women conceding to pressure from older men and trading sexual favours for school fees, transportation food and clothing inorder to continue with their education, support their families or simply survive. (Hawkins, Ojakaa, 1989).

Young women who seek to enter domestic service find themselves entering commercial sex work often as a result of abuse by their employers (Dixon – Mueller, 1993). It has been observed that poverty affects self-image and attitudes in ways that increase the likelihood of out of wedlock pregnancy, especially among teenagers. (Anderson, 1991). Poor people experience less control over their lives, many feel less able to control whether or not they get pregnant. To an impoverished teenage girl, a baby can sometimes be a source of self – esteem, a way of feeling grown up. Among poor teenage boys, sexual conquests (which is valued to some extent among males of all classes) may be one of the few ways of feeling a sense of accomplishment when most legitimate opportunities for achievement are blocked. Thus, however much out of wedlock childbirth may perpetuate poverty, it is probably more a consequence of poverty than a cause. The rate of out-of-wedlock births is far higher among people who

grew up in poverty than among the general public (Hayes, 1987b). Thus poverty appears to be at least as much a cause of out-of-wedlock births as a consequence.

Furthermore, the magnitude and gravity of the problems of reproductive health compounded by widespread poverty, ignorance and lack of resources are daunting. Studies show that Nigeria with about 2 percent of the world's population accounts for 10 to 15 percent of maternal deaths recorded globally each year. The global mortality rate is estimated at 500,000 a year (99 percent of which is recorded in developing countries). Nigeria accounts for 75, 000 of this global figure or one death every 10 minutes. And for every one that dies, 20 more according to the United Nations Population Fund Study, suffer disability, deformity or are diseased. Adebanjo (1997), a public health expert observed that the Nigerian woman has a one in twenty chances of dying in pregnancy, or childbirth. She is 500 times more likely to die than her European or North American counterpart. In the rural areas, nearly one in every 75 pregnancies results in the death of the mother. At least 9 out of 10 of these deaths are preventable, using available knowledge and technology in the country.

In 1995, a CAUP (Campaign against Unwanted Pregnancy) study estimated that 30-50 percent of maternal deaths in Nigeria or 20,000 yearly, results from abortion, 80 percent of who are adolescents. For those who manage to survive, every 100,000 of them loose 800 of their babies at birth as against 8 to 100,000 in either the United States or the United Kingdom. Many of them suffer from complications and infections of diverse nature.

Ogedengbe (1997) was of the view that many victims die because of poverty as most of those who come down with these complications are the masses who cannot afford to go to good hospitals, or gynecologists. Consequently, they resort to patronizing quacks whose services are cheap but extremely unsafe and illegal. Another category of the poor who resort to illegal abortion are those with unwanted pregnancy. This is not just an adolescent problem. It also includes married couples in these days of hard economic depression.

Unwanted Pregnancy" has always been a topical issue but largely not addressed. One of the greatest consequence of this phenomenon is the issue of "abandoned

babies" factors such as street hawking and "night market" phenomenon often lead young girls into being lured into sex by strange persons resulting in teenage pregnancy.

The increase in the user fees in the public health institutions has led to a decline in patronage by the poor and women and children are the greatest victims. Poverty also leads to the risk of infection from unhygienic practice of females who cannot afford sanitary pads for their menstrual period, and resort to the use of tissue paper or other unhygienic materials. They risk the danger of future infertility from reproductive tract infections (RTIs) (Okoro & Okonofua 1998). Poverty also affects the girl child and her ability to attain puberty at the right age because this depends on proper nutrition.

Stunted growth is a manifestation of poverty and pregnancy in stunted girls and women with poorly developed pelvis are prone to risks of difficult and prolonged labour, vesico-Vaginal Fistula (VVF), still births and maternal death.

Poverty and Population

During the late 1960's and much of the 1970s, the principal debate about population policy centred on the impact of poverty on population growth. Earlier explanations of demographic transition in different countries stressed the role of per capita income growth in reducing first mortality, and then fertility rates. If poverty in the low per capita income was the main factor in high death rates, and birth rates, then the solution was economic growth, aided by strong family planning programmes that would make contraceptives and information about them widely available. This view clearly perceived that increases in per capita income would generate the demand for contraception which would be matched by an increasing supply of family planning services.

By the mid 1970s, a period of considerable rethinking in development policy internationally, the belief in economic growth as a panacea for development problems had been largely discredited. The aphorism coined in Bucharest that "development is the best contraceptive", became the development. Proponents of this view recognized that income increases per se were insufficient. Rather,

improvement in general health (children's health in particular) and in education (especially women's education), were viewed as essential to reducing infant and child mortality to contraception technologies. While this "developmentalist" view also recognized the importance of family planning services, it gave higher priority to increasing demand for it through improved health and education.

This debate fuelled a significant amount of research. As a consequence, the 1980s saw the emergence of a more synthetic view of the links between population and development. Improving people's access to secure incomes rather than high national economic growth per se was linked to improvements in health and education and declines in fertility (Krishman, 1992). This latter view supports the aims and aspiration of LAPO

(Lift Above Poverty Organization) as an organization.

Roles for Reproductive Health and Poverty focused Organization

To tackle the unmet needs of the underprivileged in Nigeria, the reproductive health and poverty focused Organizations' activities should be community based. Community participation would increase health awareness and provide health authorities with the information they need for a better and more sensitive administration. The "public Health Unit should work closely with poverty focused Organizations to advocate mass health Education programmes. This should include family planning counseling, with information on human sexuality and responsible parenthood. Also of importance is a programme for adolescents because responsible sexual behavior, sensitivity, and equity in gender relations particularly when instilled during the formative years, enhance and promote respectful and harmonious partnerships between men and women. It also presents an important opportunity to fight poverty by reducing teenage pregnancy. Another important integral component of the health education programme should be the active discouragement of harmful practices such as female genital mutilate mutilation. Both organizations should advocate agricultural activities to boost food production. The health programme should be integrated into a general development programme. The "association of

development programems: with mobilization and participation of the people is a most important means of stimulating health awareness in a community.

Conclusions:

The low human development countries like Nigeria, need adequate empowerment to move them out of poverty. Such empowerment or enhanced human development would be in the form of improving access to education, health services, and better quality of life leading to an improvement in the average life span from birth. The development of human capital as being promoted by poverty focused organization like LAPO would enable man to be in control of his environment, give him access to the necessities of life, and enable him to participate in decision affecting his well being. Other policies include a sound macro-economic framework with adequate room for sustained economic growth and poverty alleviation.

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SUMMARY OF DISCUSSIONS

The chairman noted the insufficient interaction between government health institutions and health focused NGOs, between universities, research institutions and policy making bodies. He sressed the need for better linkage and

collaboration especially between research institutions and policy making bodies, so that research findings could serve as inputs for policies. ON the question raised by the presenter on whether the primary health care (PHC) was effective in its roles, he said, the results of the PHC programme is not very obvious to most people outside the health sector. In his own opinion, though there is still a lot to be done, the impact of PHC is already being felt by all. He presented a description of the changes in the health sector. According to him, about twelve years ago, the situation in hospitals was one of battling to save children from dying from diarrhea, and under-nourishment resulting from complications arising from measles. But today in hospitals, a new trend has emerged as emergencies in children wards in hospitals is anaemia resulting from malaria. Thanks to the primary Health care programme of education and immunization.

A participant from the media complained that the paper was feminist and paid little attention to reproductive health of men. He said issues such as infertility in men is recurring at a higher frequency now that it ever did. He complained that a situation where men are being deprived of the joy of fatherhood simply because they cannot afford marriage is a denial of reproductive rights and demands attention.

Another participant noted that for the problems of reproductive health in Nigeria to be addressed, there is the need for a committed national leadership. He condemned the tendencies in the third world countries to respond to global issues in health which are not necessarily priority areas. He questioned the wisdom behind Nigeria focusing on STDs/AIDs just as Western countries are doing while malaria is devastating communities.

A participant from community Development and Micro-finance Roundtable remarked that reproductive health is very relevant at this point in time and attention should be paid to it especially as it affects women most. According to her, women bear the brunt in most issues. For instance, men don't get pregnant; teenage pregnant girls drop out of school, but the boys who impregnate them continue in school. She believes that reproductive health programmes should specifically target the female sex.

A journalist from scorpion Newspapers regretted the sorry state of reproductive health in our community. He attributed this to the high level of hypocrisy regarding sexuality issues. He questioned the rationale behind government's refusal to legalize abortions even when thousands of girls and women die from abortions that are not properly done and complications arising from them.

The presenter of the paper opined that the legality of abortion does not reduce the incidence of teenage pregnancies. She gave the example of United States which in spite of the legalization of abortion still records very high level of teenage pregnancies. She suggested the Venezuela approach of sexuality education as well as legalizing abortion.

A participant from African Women Empowerment Group objected to the legalization of abortion saying it offends good judgment. Rather, she recommended that abstinence from sex should be preached in order to reduce the incidence of abortion among teenagers outside marriage. A participant from IRRRAG reminded the forum that women form the bulk of the poor in the society. In addition, they are also excluded from the decision making process. Even in rural communities, the council of elders, which make the decisions that are binding on the communities also exclude women. Yes, men control the bulk of resources to which women contribute so much. And women's reproductive rights are abused so much because of their high level of dependence on men. She advocated that attention should be paid to the economic empowerment of women as this will enable them put up resistance in time of above or denial of their rights.

Conclusions

- Sexuality education is important in addressing reproductive health problems
- Reproductive health is more than the absence of diseases
- Reproductive health issues affect women most
- Reproductive health programmes should aim at addressing and developing women

- Poverty causes and is a cause of reproductive health problems.
- Reproductive Health is more than just a health issue but also an issue of rights and denial of such
- Culture has a great influence on Reproductive health and rights.
- Parents, Teachers, NGOs, the media have roles to play on sexuality education.
- Reproductive right is universal and should therefore be globalized. It is not culturally bound and so a global framework should be used to ensure compliance where such rights are abused.

Recommendation

- The prevalence of abortion is due to failed family planning services. So family planning services should aim at preventing the need for abortion. But should the need arise, a girl should have the right to procure an abortion if she wants one
- There is the need for deliberate interaction between agencies whose work impact on reproductive health. Such agencies include universities, research institution, Ministries of health, government health institutions, private health institutions, health related NGOs
- International communities should promote and assist effort in the area of improved reproductive health conditions
- NGOs and community-based organizations should include sexuality education and counseling in their health programmes.
- NGOs should advocate reproductive rights to check abuses.