



Saving Women's Lives Through Family Planning/Child Birth Spacing in Edo State



Role of Health Sector Policy Makers



Edo State Health Indices

Contraceptive Prevalence Rate (CPR):	47.8 %*
Unmet Need:	18.46%*
Total Fertility Rate (TFR)	3.4%*
Infant Mortality:	100/1000 live births **
HIV/AIDS Prevalence:	5.2% ***
Maternal Mortality Rate:	700/100,000 live births **
Unsafe abortions	49/1000****

*NURHI MLE/Mid-Line study report, **ESMOH 2009. *** ED. Strat. Dev. Plan 2010-2015 **** EDSYAAR 2004

Maternal Health Indices among Urban *poor in Edo State

Contraceptive use	
No Method	8.24%
Traditional Method	7.06%
Modern Method	3.53%
Unmet Need	
Unmet need to Space/Limit	24.71%
Place of Delivery	
Home	15.38%
All public Facilities	30.77%
All Private Facilities	51.28%
Others	2.52%
Delivery Assistance	
None	0%
Doctor assisted delivery	12.82%
Nurse midwife	64.10%
Auxiliary Midwife	7.69%
TBA	10.26%
Relative/Friend	5.13%
Others	0%

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

Women Need Family Planning






Experts agree that maternal deaths can be prevented through reliable and appropriate family planning/child birth spacing (FP/CBS) interventions. The use of modern FP/CBS methods and services can reduce high risk and unplanned pregnancy and consequently reduce maternal deaths by 44 %¹ FP/CBS is therefore key to safe motherhood. The State Government should see FP/CBS program as essential to all maternal, newborn and child health interventions.

Edo State and Local Governments are committed to achieving the Millennium Development Goals (MDGs). The State has adopted all the relevant national health policies, such as the National Reproductive Health Policy (Revised 2010) and the Integrated Maternal Newborn and Child Health Strategy (2007). However, full implementation of these policies has been a major challenge, and Edo State accounts for about 700 maternal deaths per 100,000 live births annuallyⁱⁱ. It is essential to recognise maternal health and survival as being integral to state and national development, and FP/CBS as the first pillar of safe motherhood.

Edo State lacks a specific budget line for funding FP/CBS programmes and services at all levels of governance in the state. The result is that women, particularly the poor and vulnerable that desire to space pregnancies have no access to FP/CBS services (Unmet Need of 18.46%) Majority of these women end up with unplanned pregnancies and unsafe abortion leading sometimes to severe injuries and even death.

Every Government has the obligation to support people's right to plan their families including their right to health information and services. This will translate into reduced maternal mortality, improved maternal health, survival and family well being. There is an urgent need, therefore, to provide funding for FP/CBS programmes.

Actions Required

-  Approve and support the integration of FP/CBS services into the existing free ante-natal care (ANC) and delivery services
-  Establish a budget line, allocate and timely release funds for FP/CBS programme at the State Ministry of Health and Local Government Levels
-  Ensure that the budgeted funds for FP/CBS are appropriately used for the provision of consumables, services, logistics, supervision and training of FP providers, and that contraceptives are free under the FP Programme Policy
-  Engage the legislature to approve adequate funds for quality FP information & services to benefit the poor in Edo State
-  Regularly and frequently issue public statements to declare Government support for FP as a key to achieving safe motherhood.

¹Ahmed et al. 2012. Maternal deaths averted by contraceptive use: an analysis of 172 countries. Lancet Vol. 380:9837, July 2012.

ⁱⁱESMOH, June 2009

