Family Planning: Key To Maternal Health

By Yinka Shokinbi

NO ONE who saw Iya Aderonke in the morning of November 20, 2009 suspected it would be her last lay alive.

She was already due to deliver her eighth baby and almost every neighbour around her uncompleted one-room apartment at Iseri-Oke in Ikosi-Iseri Local Development Council Area of Lagos State knew she would soon deliver and were hopeful.

She had stopped hawking akamu (pap) for about a week because she reportedly often complained of short breath and fatigue.

Her traditional birth attendant never failed to give her the needed herbs and of course she reportedly kept faith with the various concoctions and did not miss the prayer home for safe delivery.

On the ill-fated day of delivery, Iya Ronke as she was known among her customers, fell into labour which she recognised as such since it was not her first and promptly requested to be taken to Iya Abiye's home, who was said to be familiar with her previous deliveries.

For about six hours, Iya Ronke reportedly laboured and when the baby was not forthcoming, she had to be moved to a nearby 'doctor's clinic' whose services Iya Abiye sought for intervention.

Barely an hour afterwards, Iya Ronke was delivered of a baby boy but began to bleed uncontrollably.

For close to three hours, the 'doctor' battled to stop the blood flow. Unfortunately, Iya Ronke lost the battle. She died of haemorrhage leaving her eight children for her bricklayer husband. And so Iya Ronke joined the league of Nigerian women who lost their lives trying to bring forth new life into existence as a result of one complication or the other.

It is said that every day all around the world no fewer than 1500 women die from pregnancy and childbirth-related complications. Approximately 530,000 women lose their lives globally and yearly trying to deliver more lives.

In Nigeria it is even gruesome and grave because it is estimated that about 59,000 women die every year which means some 800 to 1000 women would die out of every 100,000 who dare to become pregnant in their lifetime.

According to the World Health Organisation, over 70 per cent of maternal and child deaths are the result of preventable and treatable conditions such as haemorrhage, infection, unsafe abortion and high blood pressure.

In fact, according to the Head of Department Obstetrics and Gynaecology Lagos State University Teaching Hospital (LASUTH) Professor Bamidele Osinusi, “It is known and on record that most of the causes of deaths among Nigerian women are largely preventable and include: haemorrhage which is when a woman delivers and begins to bleed heavily, losing blood and in the process when nothing is done, dies. This accounts for about 23 per cent of all maternal deaths.

Osinusi added that Sepsis which is a serious infection that occurs either when a woman breaks her water bag long before delivery and fails to get necessary assistance accounts for 17 per cent of maternal deaths while hypertensive disorders, obstructed labour, unsafe abortion (25 per cent) also contribute to deaths in pregnancy.

It was as a result of these catalogues of woes and more that stakeholders from across the continent and donor organisations came together in Kampala, Uganda, recently to discuss issues on how effective family planning can resolve some of the deaths of women in pregnancy.

Speaking at the event, the Director Office of Population and Reproductive Health, USAID, Dr. Scott Radloff, noted that efforts to stem the tide of high deaths among women in developing countries are being pursued rigorously by President Barack Obama's administration. According to Radloff, "the US government's re-establishing leadership on family planning and reproductive health, places emphasis on re-engaging with donor and country partners in a constructive way thus advancing programmes that increase access to family planning".

He said this is good news to women around the world because, "we know that when women are given the freedom to make reproductive choices, good things happen".

Yes, good things he noted are bound to happen for women's health, opportunities and for healthy well-being; good things will happen to the family, children's health, education and family prosperity. Good things will equally happen for the community as a whole; health enhances the ability to provide health, education and social services and the economy of the nation is equally affected.

2009 is indeed remarkable in the life of the women around the world, no doubt. It is described as pivotal for family planning and reproductive health and everyone is expected to join hands in promoting good health for every woman in our world. It is a year that marks the 15th year of International Conference on Population Development (ICPD+15) where for the first time, the reproductive rights of every woman became recognised worldwide.

1984 was a year when protection of the rights which includes right to access sexual and reproductive health services was seen to be essential to achieve national and international health and development goals such as the Millennium Development Goals.

And as Mrs. Janet Museveni, first lady of Uganda puts it, "We all therefore have a solemn responsibility to ensure that women do not continue to die from preventable conditions whose remedies are available to us."