

# **PROPOSAL FOR AN INTERVENTION ON THE MANACE OF TEENAGE PREGNANCY AND IMPROVEMENT OF MATERNAL HEALTH SERVICES IN 3 SENATORIAL DISTRICT IN EKITI STATE.**

## **Concept Note**

The Nigerian population commission (NPC) has disclosed that the occurrence of teenage pregnancy in the country might increase to over 60 million by year 2015. The commission pointed out that the increasing rate of teenage pregnancy in the country can be appreciated against the background that about one third of Nigeria's population, that is 44.5 million young people between the ages of 10-24 got pregnant in 2006.

.The commission noted that the health, social and economic implication of teenage pregnancies were enormous as pregnancy was the greatest killer of teenage girls worldwide, highlighting other bad effects such as unsafe abortion, pregnancy complications, poor or no ante-natal care, weak pelvic bones, high fertility rate, curtailment of educational attainment and unstable marital life.

The commission, stated , that 3 out of every 10 teenagers in the Northern part of Nigeria and 1 out of every 10 teenagers in the southern part of the country between the ages of 10-19 years get pregnant.

While the facts are clear, the issue of teenage pregnancy is complicated by conflicting attitudes and behaviors. There have been various attempts in various societies to cope with teenage sexuality but there is need to increase and sustain the campaign against teenage pregnancy in Nigeria.

In Ekiti state, pre-marital sex is not encouraged culturally. The culture is in support of sanctity of sex but with the waves of civilization, that aspect of culture is gradually forgotten, coupled with lack of adequate awareness on sexual reproductive health as well as lack of parental care.

It is however noted in the state today that there is increase in the rate at which teenage girls drop out of schools occasioned by mistimed pregnancy; increase in street hawking by teenagers of school ages, increase in reported cases of child abuse and abandonment; indiscipline and moral decadence; reported cases of sexual abuse; the growing concern over indiscriminate mention of sex related issues and early and unprotected sexual activity among youth.

## **Conceptual Analysis/Problem Statement**

In 2008 study on 'The Menace of Teenage Motherhood in Ekiti State', it was established that there is a high Prevalence of unprotected pre-marital sex in the rural communities of the state. The state with a population of about 2.7 million, has over 60% rural dwellers and about 70% of reproductive age. These factors coupled with poverty and low reproductive health and sex education have been identified as the major drivers of pre-marital sex and increased teenage pregnancy in the state. The study conducted by K. Bimbola and J. Ajayi of the department of Guidance and counseling, Faculty of Education, University of Ado, Ekiti State, the study found the following tested hypothesis to be true;

- There is a significant relationship between Sexual reproductive Health Education and involvement of teenagers in teenage motherhood.

- There is significant relationship between parental marital status economic situation and involvement of teenagers in teenage motherhood.

The research further established that the increasing rate of early physical and sexual maturity among adolescents in the State has not always being accompanied by an ability to handle their sexuality in a responsible manner. These conditions, most times are further escalated by a breakdown of traditional family structures and socio-economic ramifications on single parenting.

There is therefore there is a need to address the reluctance and bias of parents and caregivers in providing the necessary information, motivation and psychosocial support for their teenagers.

Furthermore, the need to complement sex education with early childhood and youth development intervention that tackle social disadvantages of teenagers as vehicles for tackling teenage pregnancy can't be overemphasized.

It is on this note that Ekiti Development Foundation (EDF) will be carrying out advocacy and convening a state seminar tagged **“Stemming the Tide: Building Community Response in Reducing Teenage Pregnancy in Ekiti State”**. The seminar will involve discussion and proposals for a systematic and sustainable approach to preventing teenage pregnancy by strengthening community systems for increased response to teenage motherhood through sustained sexual reproductive health Education for in-school youths(ISY), Out-of-School Youth(OSY) and strengthening community structures for teenage pregnancy prevention and case management in Ekiti State.

#### **Target Place of Intervention**

Ekiti State is situated in the southwestern Nigeria. It is bounded by Ondo, Kogi, Osun and Kwara states. The state has 16 LGAs and 3 Senatorial districts with approximate population of 2.7 million.

However,the local governments with the highest prevalence of teenage motherhood by senatorial dist are Ikere, Ijero and Oye LGAs respectively.

Ikere LGA was created in 1996 and has population of ----. The LGA has the highest prevalence of teenage motherhood in the state. Communities such Ananye, Odo-Oja, Afao and Oke-kere hasa huge presence of single mothers who are less than 24 years(EKSACA 2010) Factors responsible include high level of illiteracy, heavy presence of commercial “cabin” vehicle drivers popularly called ‘akoto’ and low socio-economic indices. It is established that these ‘akoto’ drivers will entice young secondary school girls with as low as 200 naira to have unprotected sex. This has led to a large number of school drop-outs and street hawkers in the aforementioned communities.

Ijero LGA which was created in 1996 and has a population of --- has the second highest number of under- age pregnancies in the state.

## PROJECT GOAL

To contribute to the reduction of the burden of teenage pregnancy and enhance delivery of primary health care services in 3 Local Government in Ekiti State.

## PROJECT OBJECTIVE

- To facilitate a stakeholders forum for driving and encouraging sexual reproductive health education and encourage community participation in stemming the tide of teenage pregnancy in Ekiti State
- To enhance delivery of primary health care services in the 3 selected local government areas.

## PROJECT ACTIVITIES/ METHODOLOGIES

**Project Start-Up Orientation Meeting:** EDF will at the start of the project hold a project start-up orientation meeting to introduce the project to the entire staff, discuss modalities for the project implementation and build the capacity of the staff toward ensuring successful implementation of the project. The project start-up meeting will be a one day meeting among the staff of the organization (this include full-time, part-time and volunteer staff of the organization). EDF will also set up the Project Implementation Team (PIT) which includes the Project Coordinator, Program officer, M&E Officer, Program Assistance, Account Officer, and 2 volunteer and a refreshers training on project management, advocacy and community mobilization will be conducted.

- Advocacy to Key stakeholders:** EDF will conduct a pre-activity visit/advocacy to community leaders and gate keepers in the target community of intervention to enlist their support and promote community response as means of reducing the incidence of teenage pregnancy. Stakeholders such as traditional rulers, religious leaders, school principals, community development inspectorate, OVC and HIV Desk officers at the LGA, Chief organizing and Mobilization officer of National Orientation agency, Ministry of Women Affairs, gender Empowerment and Social Development, National Council of Women Societies, Ministry of youth Affairs and other critical and relevant stakeholders will be visited and their support enlisted. 30 advocacy visits will be conducted to the targeted communities and state actors to influence and encourage government intervention. The advocacy visits will also be used to communicate the plans for a stakeholder forum at the state level.
- Needs Assessment Survey:** EDF will conduct a need assessment survey of all primary health care centers in each of the 3 selected local government areas. The need assessment will be facility and performance based to enable the foundation prioritize needs as well as have proper understanding of what aspect the planed capacity building workshops will centre on. The assessment will serve as an avenue to determine primary healthcare worker's competency in the

area of maternal health care service delivery. EDF will carry out this assessment against the backdrop of WHARC's primary health care centre's check list.

- iii) **Conduct Stakeholders forum on Teenage Pregnancy (TP):** EDF will facilitate a on-day stakeholders dialogue on the trend and dimension of TP in Ekiti State, themed **“stemming the tide through community response”** and Stakeholders from the 3 target LGAs will brought together to explore the incidences of TP in their respective LGAs.

Participants will include representatives of women Affairs, National Council of Women Societies, Community Development Inspector, OVC and HIV desk officers, school Principals, school guidance and counselor, representative of OSY and ISY in the communities, traditional rulers, religious leaders, and women group representative in each community. 100 participants will participate in the dialogue. The seminar will involve discussions and analysis of the trend of TP in the state and also feature the drafting of a communiqué on teenage pregnancy with recommended interventions presented to the public and State Government.

Furthermore, EDF will jointly identify resource necessary for sustainability of the project with the stakeholders.

- iv) **Conduct Anti-Teenage Pregnancy Campaign:** EDF will conduct in-school and out-of-school sensitization and Awareness creation in the target community. The theme of the campaign will be **“Stop Teenage Pregnancy; Secure your Future”**. Emphasis will be placed on the danger of pre-marital sex with special focus on the risk of abortion, STIs HIV and AIDS, Visico Virginal Fistula(VVF), Termination of Education, poverty and even death. EDF will employ the use of drama, rally and sensitization in the campaign.

- v) **Facilitate Capacity Building workshop for Primary Health Care Workers:** EDF will facilitate and convene 3-days capacity building workshops for primary health care workers in 5 facilities each of the 3 selected local Government areas. The workshops will be convened with the objective of enhancing service delivery especially as it relate to maternal health and child health. The workshops will also serve as forum for primary health care workers to share experiences and adopt best practices in the discharge of their duties. These trainings will also be designed to create and promote referrals as deemed necessary at the appropriate by health care workers as means of enhancing maternal health. EDF will conduct 3 day refresher training on, interpersonal counseling skills, prevention of mother to child transmission (PMTCT): Community Health workers approach, the role of community health workers in improving child health and Caring for newborns in the community for 20 health workers in each of the LGAs. In all, 60 health workers will be trained. EDF will also train 5 traditional birth attendants in each of the LGAs

- vi) **Upgrade gravity fed boreholes to over head storage system:** Most of the PHC in Ekiti state are confronted with the challenge of water due to the fact that only traditional well water popular called “ Kanga” and a gravity fed system which is most times located at a distance of between 100m to 300m to the facilities are available. EDF will upgrade the well water or the gravity fed system to over head tank system in five Health facilities in each of the target LGA. The overhead borehole system will be linked with the plumbing system in the facility to ensure that water runs in all the facilities.
- vii) **Provision of MAMA Kit:** To ensure safer delivery, EDF will provide MAMA kits for 300 pregnant women who come for ANC in the supported facility. EDF will use the MAMA kit to improvement the antenatal health seeking behaviors of the women in the target LGAs.
- viii) **Provision of Basic Health Facilities:** To further enhance the capacity of the PHCs, EDF will provide basic health facilities that are lacking in some facilities across the LGA. EDF will provide 50 beds to 3 target LGAs, 1 weighing scale to each 15 PHC in the 3 LGA, 3 Kidney dishes to each of 15 facilities, 3 delivery scissors, 3 forceps, 3 epiotomy scissors, 3 suture, 3 chromic 1, 3 cord clamp, and 3 mucor extractor
- ix) **Establish/Strengthen Referral and Linkage System;** EDF recognizes the need for strong networking, linkage and referral system to ensure effective service delivery and case management. Findings and report from secondary health care centers in the State has shown increase in incidence of late referrals of maternal patient to its facilities, thereby increasing the rate of maternal mortality causes by untimely referrals from primary health care centers. To this effect, EDF will be strengthening the linkage systems between Primary and secondary/Comprehensive health care centers through knowledge building workshops bringing together actors from both primary and secondary health centers.
- x) **Monitoring:** EDF will monitor the project at organizational and community level to ensure strict compliance with the goals and Objectives of the project. A monitoring plan will be developed that spells out the monitoring requirement of WHARC and EDF.

## EVALUATION PLAN

Activity	Inputs	Performance Indicator	Expected Output	Expected Outcome	Means of Verification	Time Frame	Who is Responsible
<b>Project Start-Up Orientation Meeting</b>	Projector, stationery, white board, refreshment	Enhanced capacity of Project Implementation Team to effectively Implement the project	2 days Project Start-up Orientation meeting held	Staff enthusiasm and readiness and understanding of project scope and objectives to effectively implement the project	Minutes of Meeting, Report of Meetings, List of participants and pictures.	Month 1	Program officer
<b>Advocacy to Key Stakeholders</b>	Transport fare, Advocacy kits	No of Advocacy conducted	30 pre-activity/advocacy conducted	Willingness by the stakeholders to support the project and participate in the process	Stakeholders Diary, Minute of meeting, Report of activity and pictures	Month 1	Research & Evaluation Officer, Program Officer and Project Director
<b>Facilitate a stakeholders Forum on Teenage pregnancy; Themed 'Stemming the Tide: Building Community Response in Reducing Teenage Pregnancy in Ekiti State'.</b>	Venue, facilitators, transport fares for participants	Enhanced knowledge of stakeholders on menace of teenage pregnancy in the state	1 stakeholders forum held	Increased stakeholders understanding, drafting of a communiqué for teenage pregnancy intervention in the state	Activity report, list of participant, pictures of event, communique	Month 2	Project management team
<b>Sensitization and Awareness creation</b>	IEC materials, banner, band, transport	No of IEC materials distributed, No of communities	Sensitization and awareness creation in 12	Increase No of youth delaying sex, increase in contraceptive use among	Pictures, activity report	Month 2	Program officer

	fare and feeding allowance for PIT	reached with sensitization and awareness	communities	adolescent.			
<b>2-days capacity building workshop for PHC workers</b>	Venue of training, training materials, resource persons, refreshment, transport fares for PIT	Enhanced capacity of primary health care workers in the area of maternal health and timely referrals	20 participant training in each of the 3 local govts.	Reduction in maternal mortality caused by incidence of late referrals and better primary health care service delivery	Training reports, pictures	Month 2 and 3	
<b>Create/strengthen referral system</b>	Production of referral form and records, transport fare for PIT						
<b>Rehabilitation/improvement of maternal health care facilities</b>	Funds for rehabilitation services, cost of purchasing lacking basic PHC equipments	Improved primary health care facility	No of boreholes sank, No of basic PHC equipment supplied, No and type of renovation activities carried out	Conducive primary health care facility, Better PHC hygiene, reduction of maternal mortality, Improved staff motivation	Receipt of payment, pictures of supplied equipment, activity report	Month 3	
<b>Visibility and Media Engagement</b>	Radio air time fees, production of jingles fee, cost of	Frequency of aired radio jingles, No of bill board produced	No of bill boards erected	Increased awareness of people on the dangers of teenage	Pictures of erected bill boards and recorded jingles	Month 4	Program officer

	making and erecting billboards			motherhood and reduction in incidence of teenage dropout due to ill timed pregnancy			
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