



Women and Children

A quarterly publication addressing maternal, newborn and child health in Nigeria

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Saving Women's Lives with the 'Ayorunbo' Garment



Professor Oladosu Ojengbede, Consultant, Gynecology department at University College Hospital, Ibadan, (left) gives MP4 an insightful interview on the groundbreaking NASG (Non-pneumatic Anti-Shock Garment)--also known as the 'Ayorunbo' garment--and its ability to prevent hemorrhaging during and after childbirth.

MP4: What is the Non-pneumatic Anti-Shock Garment (NASG)?

Prof Ojengbede: The Anti-shock garment is a stretchable device made in the form of a trouser suit that is wrapped round a woman's legs, waist and abdomen following excessive bleeding either during pregnancy or after childbirth with the purpose of stopping the bleeding and also to divert blood from lower extremities to central circulation. This diversion assists in supplying adequate blood to vital organs (kidneys, brain and heart) in order to keep the woman alive!

What is the purpose of the anti-shock garment?

The anti-shock garment diverts about two to three bags of blood from the lower limbs to supply the vital organs that are crucial to human survival. Apart from this, the abdominal portion of the garment compresses the major abdominal blood vessels and the uterus to reduce further bleeding. In Nigeria, with peculiarities of inadequate health care facilities and infrastructure such as blood banking, maternal death from excessive blood loss during pregnancy or childbirth is common. Therefore, the use of a simple, efficient and effective device that does not employ technological sophistication will bridge these gaps in saving our women's lives!

How is the anti-shock garment administered?

The application of the garment is as follows: The patient should be made to lie on a flat surface. Once the NASG has been opened, the patient should be placed on it, making sure that the part of NASG labeled Navel matches the patient's navel. Then wrap the leg to the navel region. Then monitor the patient's pulse rate and blood pressure every 15 minutes until she is stable. Look for the cause of hemorrhage; if you cannot handle the patient then, refer the patient to the nearest health care facility with a Doctor while still wearing the NASG. It is imperative that before using the garment, the likely user of this device is trained and observes at least a practical demonstration session before trying it because wrongful application will not achieve the expected result on the patient.

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'Youth Deliver the Future' a conference to enhance global health

To combat the growing number of adolescent and child deaths around the world, a coalition of active youths who are willing to take on the wide girth of challenges in today's development and public health issues is becoming a necessary weapon.

But many researchers and health experts have found that in order to have a society of determined young people with a vision of a better future, we first need to take proper steps to deliver the necessary health and developmental needs of young people around the world, especially those in low-resource settings.

In the upcoming "Youth Deliver the Future" conference convened by Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins' Bloomberg School of Public Health, USA, the health and development of young people around the world will be discussed, debated, and deliberated upon by researchers and practitioners, as well as youth delegates themselves.

The conference, themed "Investing in Young People's Health and Development: Research that Improves Policies and Programs," aims to provide an international forum for exchanging research and evidence on how to meet the health and developmental needs of young people in low-resource settings.

As such, the conference offers an opportunity for researchers and consumers of research findings and implementers of youth programming, as well as youths themselves,

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‘The NASG has been identified as a simple technology that can contribute to the achievement of the goals of MNCH and indeed the MDGs 4 and 5....’

—Professor Ojengbade, Consultant, Gynecology department at University College Hospital, Ibadan.

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to learn from research, share lessons and valuable experiences, and provide recommendations for improving adolescent health around the world. Population, development, sexual and reproductive health, poverty reduction and gender equity as they affect young people will be the top discussions during a multitude of forums for international research and development.

Expected outcomes from the international 'Youth Deliver the Future' conference include increased resources and commitment to youth-directed investments in health and development at international, national, and local levels.

The conference takes place on April 27-30 in Abuja, Nigeria, at the Nicon Luxury Hotel, and is partnered by the Institute of Public Health, Obafemi Awolowo University; Centre for Population and Reproductive Health, University of Ibadan; Nigeria Federal Ministry of Health, Youth, and Education; and over 40 international and national organizations.

(Anti-Shock Garment in Nigeria--continued from page 1)

Who can apply the anti-shock garment?

The garment can be applied by anyone that has undergone the training irrespective of the level of the profession. Doctors, nurse/midwife, Community Health Extension Workers, Hospital Assistants, and even the ambulance driver!

What are the side effects, if any, of the anti-shock garment?

So far, we have not noticed any major side effects of its use. However, it is important to note the garment should not be applied to pregnant women with live fetus, those with heart diseases, chest or head injuries.

What impact would the NASG make to any of the three delays that lead to maternal mortality and morbidity?

From the previous explanations, NASG bridges the gaps of the three levels of delays. The danger of the first level delay could be reduced by making the anti-shock garment available at the community level for trained persons to use.

For the second delay, many rural communities have been cut off due to poor road network in Nigeria, especially the riverside communities in South-South region of the country, where bleeding women are made to travel long distances and many die on the way. Application of the garment can keep the woman alive while all these challenges are being traversed.

The challenge of the third level delay is at the health care facility. On many occasions, bleeding women die after arriving at the hospital due to lack of necessities such as diesel for generator, blood bank facility, and system bureaucracy. While waiting for all these delays, the woman can be wrapped in the garment to keep her alive.

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Saving Lives: Building Partnerships for Malaria Prevention in Nigeria



Nigerians can sleep soundly at night knowing that an insecticide-treated net is protecting them from mosquito bites.

*It was a week before Bunmi's expected delivery date when she fell asleep on her small mattress in the crowded bedroom of her village residence. Though her small income as a petty trader only allows her to buy food for herself and her growing family, the mosquito net she recently bought was neatly folded on the pile of clothes by the corner. This is because she could not contemplate sleeping underneath a mosquito net in the hot humid tropical night. Unfortunately her environment is a harbinger of the Anopheles mosquito, the vector for the malaria parasite *Plasmodium falciparum*.*

An enormous proportion (about ninety per cent) of malaria deaths worldwide occur in Africa, and half of these deaths could be avoided through simple preventive methods such as sleeping beneath insecticide treated nets. But the use of the nets is still bedeviled by factors that prevents it widespread use.

Recent UNICEF statistics show that from 1999-2005 the percentage of under-fives sleeping beneath a mosquito net in Nigeria was a mere 6 per cent. In contrast, the percentage of under-fives with fever receiving antimalarial drugs was at 34 per cent. This disparity illuminates the need for malaria prevention initiatives, rather than treatment, to prevent the huge toll of unnecessary malaria-related deaths in Nigeria.

With this in mind, several national and international organizations including the Bill & Melinda Gates Foundation and the World Bank are working with partner organizations to achieve a 75 percent reduction in malaria deaths before 2015 in accordance with the Millennium Development Goals (MDGs). The Bill & Melinda Gates Foundation has spent \$1.2 billion to fight malaria around the world, while the U.S. branch of World Bank initiated a \$180 million malaria control funding package for Nigeria, which is currently the largest malaria control effort in the country.

These initiatives are aimed at increasing the availability of insecticide-treated mosquito nets, boosting awareness campaigns and social marketing strategies for the distribution of mosquito nets, and ridding the areas around homes of stagnant water to reduce mosquito population, among others. Malaria contributes to about 60 per cent of all outpatient

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Too Deep to Heal: Nigeria's Tradition of Female Genital Mutilation

“I was told a day before the event that I was going to be circumcised. I was 15 years old. My sister and I were going to be circumcised the same day. I think it was cheaper for my mother to do it together. I was afraid and sad. When I was cut, I was screaming, it was painful. I was bleeding badly and I was not given any medicine. The cut ended up being too deep and I got infected. I wish and hope my daughter will not go through this pain”.

Female genital mutilation (FGM) is practiced extensively in Africa and across countries in the Middle East and Asia. Many colorful myths influence the decision to perform the dangerous operation--for example, Nigerians continue this practice out of a cultural belief that uncircumcised women are promiscuous, unclean, unmarriageable, physically undesirable and/or potential health risks to themselves and their children.

In one traditional belief, people think that if a male child's head touches the clitoris during childbirth, the child will die.

It is stories like this that color the reality of female genital mutilation. Traditionally, female genital mutilation or female circumcision involves cutting the female genitals. During the procedure, vital parts of a girl's genitals are cut off with sharp

objects such as knives or rocks. For both child and adult circumcisions, a highly respected woman in the community, such as birth attendant, barber, and medical health worker, performs the ritual.

These procedures take place anytime from a few days after birth to a few days after death. In Edo State, for example, the procedure is performed within a few days after birth. However, in some very traditional communities, if a deceased woman has never had the procedure, then the community may perform the circumcision before burial.

The ritual induces severe pain, shock, trauma, bleeding, infections including HIV/AIDS and HBV, painful menstruation, and even death. In some communities where the procedure is performed on pregnant women during the birthing process, the woman can die from excess bleeding and obstructed labour. This greatly contributes to the high morbidity and mortality rates in Nigeria.

Other serious long-term health effects include urinary and reproductive tract infections, caused by obstructed flow of urine and menstrual blood, and various forms of scarring. A girl's first sexual experience will often be extremely painful,

as the girl will need the labia majora to be opened to allow her husband access to the vagina. This second cut, sometimes performed by the husband with a knife, can cause other complications to arise.

While female genital mutilation may be seen as repugnant, most of its practitioners see it as a spiritual and moral requirement. Its eradication, unfortunately, is not a universal goal.

Children and adolescents often do not have the power to choose whether to undergo the procedure or not. In some cases, girls actually choose to undergo female genital mutilation to avoid the social consequences of not adhering to tradition.

In such cases, equipping girls with knowledge of the alternatives can assist in enabling them to protect themselves and their children in turn.

Men also need to be informed about the negative impact of female genital mutilation on girl's reproductive health and the perpetration of discriminatory practices and their consequences in societies.

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attendances in Nigeria, with pregnant women and children between ages 0-5 being of the most vulnerable population. Malaria also causes nearly 25 percent of infant deaths and 30 percent of childhood mortality cases in the country.

These figures make eradicating malaria a huge part of preventing maternal and child deaths in Nigeria. Current efforts by international and local organizations need to work to ensure that every pregnant woman and every under-five child sleeps in an insecticide treated net and that every pregnant woman is given preventive treatment after six weeks of pregnancy.

According to Dr. Sofola, Coordinator of the Roll-Back Malaria Programme, Nigeria Federal Ministry of Health: “This is just the beginning...before now, a lot of the private-public collaboration have been in the area of HIV/AIDS. We are now happy that this is a shift to malaria control because people have recognized that it is a very important public health problem that we must all collectively tackle.”

Anti-Shock garment in Nigeria-continued from page 2

How is the anti-shock garment being marketed to health facilities and the public? How do you intend on spreading awareness of its benefits to women, especially pregnant women?

Because the anti-shock garment is a new device, the spread of its use has to be gradual and in phases. Currently we are facilitating its use in the 4 states of Lagos, Oyo, Kano and Katsina with a plan to expand to another 4 states in a few months so as to cover the geo-political zones. We however encourage those interested to get in touch with us.

How is the availability of the anti-shock garment? Is it easily available to hospitals, especially those in the rural areas?

Presently, NASG is not yet in the open market but are only available for use in designated centers in Nigeria that are currently participating in the scale-up project. However, The Centre for Population and Reproductive Health,

with Prof O A Ojengbede as Director, can facilitate its acquisition.

In view of the recent adoption of the Integrated Maternal, Newborn and Child Health strategy by the federal Ministry of Health, where is the place of the NASG in the scheme of things?

The NASG has been identified as a simple technology that can contribute to the achievement of the goals of MNCH and indeed the MDGs 4 and 5. In this regard we will soon be sharing the promising impact assessment results of the use of NASG in some specific sates of Nigeria.



Both mother and child benefit from a safe pregnancy.

Media response to prevent deaths of mothers and children

'Who sat and watched my infant head when sleeping on my cradle bed and tears of sweet affection shed-- my mother.' --A tribute Temiloluwa would have learned to sing for her mother supposing Miriam Adesanya made it through post-childbirth haemorrhaging.

Temiloluwa should have been a bundle of joy. But when Mrs. Adesanya was rushed back to the hospital on the 8th day after delivery, the bundle of joy turned into a harbinger of sorrow, as death snatched another woman who staked her all to populate our beloved country--Nigeria. A sad story and a sad end. Unfortunately, Miriam's case is just one out of the many women who die annually from pregnancy and birth-related complications in Nigeria.

In simpler terms, one Nigerian woman dies every 10 minutes in the process of obeying the God-given instruction to multiply and populate the earth. Nigeria is losing her mothers during and after childbirth due to reasons that can be split into three: a non-functional health care system; a lack of adequate information for the public who use these facilities; and a lack of sufficient budgetary allocations for healthcare facilities to keep them functional.

To reduce the impact these unnecessary deaths have on Nigeria's society and economy, Development Communications Network (Devcoms) with support from the Ford Foundation held an orientation programme for journalists selected to participate in a project titled 'Health Journalists' Immersion Programme for the Media Advocacy of Maternal, Newborn and Child Health (MNCH) Policy in Nigeria'.

As part of the Immersion programme, journalist fellows are expected to: develop and publish six story ideas (two stories per month) relating to MNCH within their respective publications, to attach themselves to at least one health organization working in maternal/reproductive health and/or child health issues for a period of four weeks, to organize media for development forums each month over a period of six months, to complete field work in the area of MNCH, to work with assigned mentors to build their capacity as health journalists, and to familiarize themselves with internet resources--such as blogs, SciPH and Reproductive Health forums, and Skype.

The orientation programme initiated the journalist fellows into the intricacies, challenges and best practices to adopt while investigating and reporting the health realities in Nigeria as pertaining to maternal, newborn and child health. Seventeen journalists from a variety of media houses, such as *New Age*, *MBI*, *Vanguard*, *Thisday*, *The Guardian*, *Rhythm 93.7*, *News Agency of Nigeria*, *NTA2 Channel 5*, and *Bond FM*, were housed for two days - February 22nd and 23rd 2008, - in Lagos, to meet with their program mentors and brainstorm on story ideas. The Orientation also ensured that journalists were equipped to effectively and positively report MNCH and related issues. An earlier orientation was conducted with senior health editors and correspondents from October 6 to 7, 20007.

During the orientation Dr. Moharnson Bello of the University College Hospital, Ibadan, explained that obstetric hemorrhage--during pregnancy, labour, and 42 days after termination of pregnancy--is the most common cause of maternal mortality worldwide.

"The Immersion programme has exposed me to the trauma that many women experience in pregnancy and after birth as a result of the inadequacies in the health system. With the knowledge I am gaining from the programme, I am equipped to focus on writing to bring about change."

--Appolonia Adeyemi, *New Age Newspaper*,
Immersion Fellow



'Journalism is about doing public good. The Immersion program has made me adopt this maxim. I learned how to go beyond the ordinary, how to give stories all I have-- energy, zeal, commitment. I now see myself as a health advocate apart from being a regular journalist.'

--Ibrahim Apekhade Yusuf,
The Nation Newspaper,
Immersion Fellow



He listed major causes of obstetric hemorrhage as: entopic pregnancy, abortion and retained products of conception, laceration, and ruptured uterus.

Declan Okplaeke, member of the Advisory committee and 3-time CNN African Journalist, emphasized the need for incisive journalistic reports in order to achieve a paradigm shift amongst the polity and the reading audience and to increase awareness of factors contributing to maternal and child mortality. This he said can be achieved when the journalist has done a thorough job of fact-finding, cross-checking facts and information gathering.

Bringing the orientation programme to an end, Dr. Leke Pitan, Chair of the Project Advisory board stated: "This is not just a seminar; it is to change your outlook on MNCH issues. The focus is on business unusual. What we are doing here, is to train you to become an EFCC for MNCH. It is important for you to appreciate that this is just a tool to arm you for the long journey ahead of you as advocates for MNCH.

'I believe that by the time you come out as effective enforcers of the MNCH law, the policy maker would have taken note of you and your stories and be willing to make the desired change.'

MP4 Women and Children

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