LAGOS STATE GOVERNMENT

STATISTICAL BULLETIN AND POLICY BRIEFS

On

REPRODUCTIVE HEALTH, FAMILY PLANNING, GENDER AND POPULATION ISSUES

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UNFPA

PREFACE

In order to provide a robust, regular and usable reproductive health, gender and population indicators for organizations, institutions and allied research outfits on Lagos State, the Lagos Bureau of Statistics, in conjunction with the Ministry of Health (MoH), Primary Health Care Board (PHCB) and the United Nations Population Fund (UNFPA) embarked on generation of statistical bulletin and policy briefs with a view to ensuring that short term information are always available for plans, programs and projects on reproductive health services.

This maiden edition of statistical bulletin and policy brief contained information extracted from Health Management Information Scheme (HMIS) online platform, Household Survey 2014 and Digest of Statistics 2014 (both by Lagos State Bureau of Statistics).

A Technical Working Group (TWG) was formed to jointly identify indicators that will be featured in the bulletin from the above mentioned sources, and several meetings were held to determine the timelines (2013-2014) as well as the order of arrangement of the bulletin.

In all, a total of 39 indicators were jointly agreed upon and subsequently featured in this edition. The bulletin contains information on Demography, Gender, Facilities Attendance, Pregnant women who received IPT1&2, Delivery, Births, Immunization Coverage, Family Planning Services, Number of Birth Relating to Pregnancy, Neo-Natal Mortality, Infant Mortality, Under 5 Mortality, Prevention of Mother to Child Transmission of HIV, Malarial Cases.

At the end, policy implications of the analysed data where carefully explained and appropriate recommendations suggested for future policy direction.

The Ministry of Economic Planning and Budget (MEPB) through Lagos Bureau of Statistics (LBS) expresses her sincere gratitude to the UNFPA for her continuous assistance and support to the Bureau. The contributions of the members of the TWG: representatives of LBS (Mrs. Pemede Bolanle, Miss. Kuseju Bunmi, Miss Aramide Opeyemi, Messrs Baruwa Basit, Akinade Arimiyau, Ligali Kabir), representative of Ministry of Health (Mrs. Awosika Flora), representative of Primary Health Care Board (Mrs. Folarin-Williams Adeola) and representative of UNFPA (Mrs. Abiose Jaiyeola) towards the successful completion of this study are highly appreciated.

Suggestions, comments and constructive criticisms that will ensure improvement in the subsequent edition are welcome from all and sundry.

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Permanent Secretary
Ministry of Economic Planning & Budget
Alausa, Ikeja.

TABLE OF CONTENT

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ARV	Antiretroviral
BCG	Bacillus Calmette-Guérin
CPR	Contraceptive Prevalence Rate
FP	Family Planning
GBV	Gender Based Violence
HIB	Haemophilus Influenza Type B
HMIS	Health Management Information System
HIV	Human Immunodeficiency Virus
IPT	Intermittent Preventive Treatment
IUD	Intra- Uterine Device
IUCD	Intrauterine Contraceptive Device
L& D	Labour And Delivery
LBS	Lagos Bureau Of Statistics
LASG	Lagos State Government
LGA	Local Government AREA
MDG	Millennium Development Goal
NEAP	Non-Economic Active Persons
PENTA	Pentavalent
DPRS	Planning, Research And Statistics Directorate
PNC	Postnatal Care
PMTCT	Prevention Of Mother-To-Child Transmission
PHCB	Primary Health Care Board
RMH	Reproductive And Maternal Health
TB	Tuberculosis
UNFPA	United Nations Population Fund
WCBA	Women Of Child Bearing Age

INTRODUCTION

Lagos State with a population of over 23.5Million (Digest of Statistics, 2014) is the most urbanized State in Nigeria. It has a total area of 3,577 square kilometres(km^2), about 22 percent of which is water (Oke et al, 2000). Despite its position as the smallest State in the Federation in terms of land mass, occupying only 0.4 percent of the area of Nigeria, it has gone through series of administrative transformation to metamorphose into a frontline position amongst the thirty-six states making up the federation of modern day Nigeria. Research has it that the State accommodates about 6.2 percent of the total population of Nigeria. It accommodates one of the most heterogeneous concentration of people in the country with many linguistic and cultural groups such as Yoruba, Igbo, Hausa, Ibibio, Efik, Nupe, Urhobo, Ijaw Ebira, Isoko, Tiv and many other Nigerians and non-Nigerians living side by side.

It is therefore imperative that appropriate infrastructure that would address quantum of needs of the populace in terms of Education, Health and other socio-economic condition be put in place, monitored and managed regularly. Thus health care provision remains one of the cardinal programmes of the successive administrations in Lagos state. The number of Health facilities in the State has grown tremendously till date: At present the State has 272 Primary Health Care Facilities, 26 Secondary Health Care Facilities and three (3) Prominent Tertiary Health Facilities. The State also enjoyed a significant proportion of Private Health Facilities providing complimentary services across the 20 LGAs.

However, available health indicators revealed a wide gap between the State expectation in terms of health care level and the current reality. Reproductive and Maternal Health indices continually show a wide gap in the uptake of such health care services among the State inhabitants especially the women of reproductive age as indicated by the Contraceptive Prevalence Rate (CPR) which stood at 15% and Unmet Need for family Planning (19%) amongst others (Household Survey,2014).

Thus the need to make available a regular, concise and timely information that would guide the directions of healthcare interventions across the 20 LGAs in Lagos State especially in the areas of reproductive and maternal health, family planning, gender mainstreaming as well as population and allied issues necessitated the concept, publication and production of the statistical bulletin and policy briefs.

The Bulletin contains data/ indicators on Reproductive and Maternal Health (RMH), Family Planning (FP), Gender and Population structures extracted from the State Health Management Information System (HMIS) online platform across the 20 LGAs. Other sources of information include the Household survey Report (2014) and Digest of Statistics produced by Lagos Bureau of Statistics (LBS).

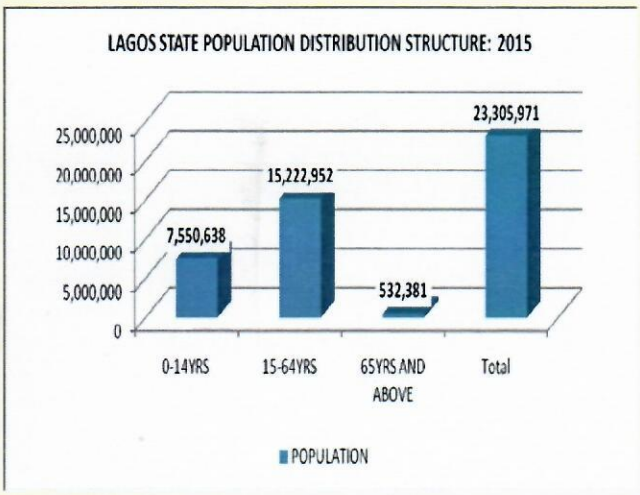
This maiden edition covers Y2013 and Y 2014 data and the Ministry of Health through the HMIS Unit of Planning, Research and Statistics Directorate (DPRS), The Primary Health Care Board (PHCB) and Lagos Bureau of Statistics (LBS) actively collaborated on this exercise through selection of appropriate Indicators, data gathering, collation analysis and report writing. The Inter-agency collaboration is significantly enhancing service delivery in the State. It is widely hoped that subsequent editions will attract more information in contents, scope and coverage.

The fund for this project was exclusively sourced from the United Nations Population Fund (UNFPA) under the LASG/UNFPA 7th Country Programme, Population & Development thematic Sector and was exclusively undertaken by the Bureau. UNFPA is an international development agency that promotes the right of woman, man and children to enjoy a life of health and equal opportunity. The Agency supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS and every girl and woman is treated with dignity and respect. Users in the academia, researchers, programme Officers and policy makers on Lagos State will find the maiden edition very useful.

DEMOGRAPHY AND GENDER ISSUES

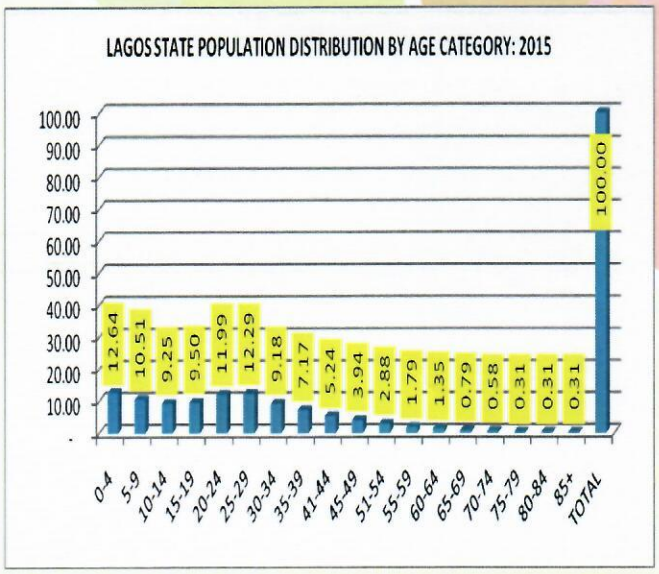
LAGOS STATE POPULATION DISTRIBUTION STRUCTURE: 2015

Lagos State is one of the 36 States in Nigeria and the most populous of all. The State occupies a land mass of 3577square kilometres out of which the water mass constitute 772 square kilometres. The State population projection currently stands at 23.305 Million comprising 7.55Million (32%) children in age bracket 0-14years, 15.222Million (65%) people in working age group 15-64 years (Labour Force)and the elderly constitute less than a million, 0.532 Million (2%) people.

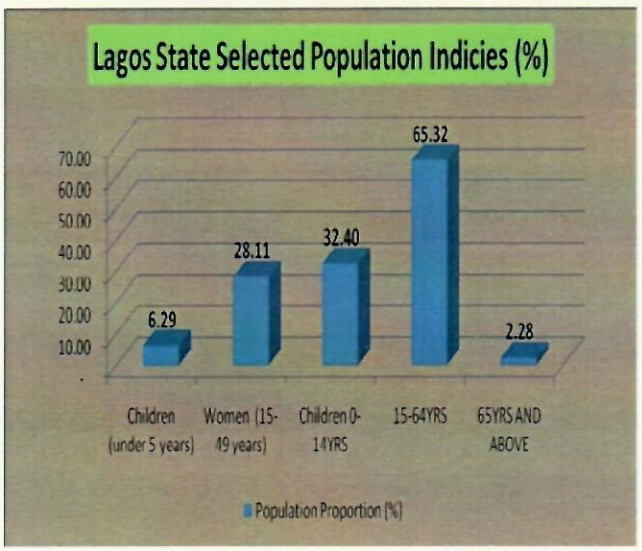


LAGOS STATE POPULATION DISTRIBUTION BY AGE CATEGORY: 2015

Similarly, A five yearly age distribution of the population revealed that children aged 0 - 4 years constitute the highest proportion, followed by youths in age bracket 25-29 years and 20-24 years with 12.29% and 11.99% respectively while the aged (65 years and above) accounted for 2% of the entire State's population. In addition, those that are aged 15-24years accounted for 21.48% while about 91.7% of Lagos inhabitants are estimated to be below 50 years as at Y2015.

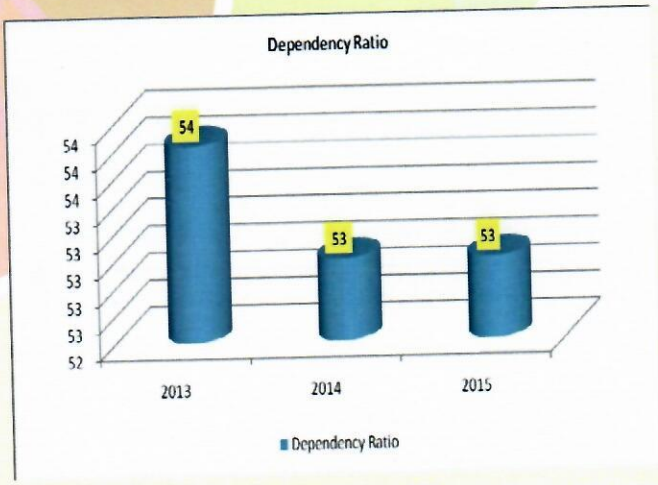


Some key demographic indicators revealed that **Children under 5 years** of age constitute 6.29% of the population, **Women Of Child Bearing Age** (WCBA) 28.11%, **children 0-14 years** (32.4%), **Working Age Population** (15-64years) 65.32% and the **Old Age** people (65 years and above) accounted for 2.28% respectively.



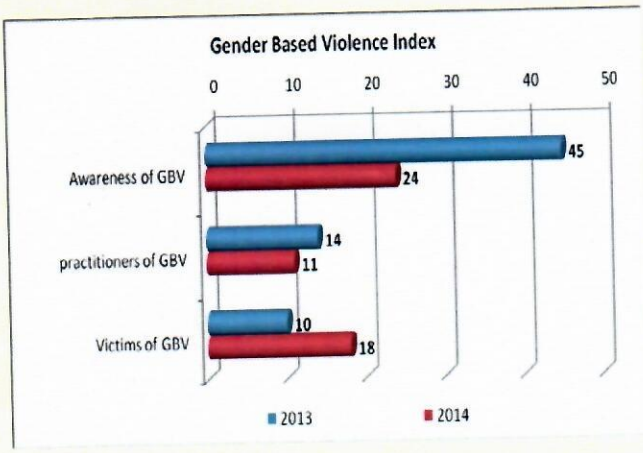
DEPENDENCY RATIO

The State age structure along working and non-working age classification showed that the State's **Dependency Ratio** remained relatively stable at 54 Economic Active persons (NEAP) to 100 Non Economic Active persons for years 2013, reduced marginally to 53 in 2014 and estimated to remain at 53 working people providing support to 100 non-working ones.

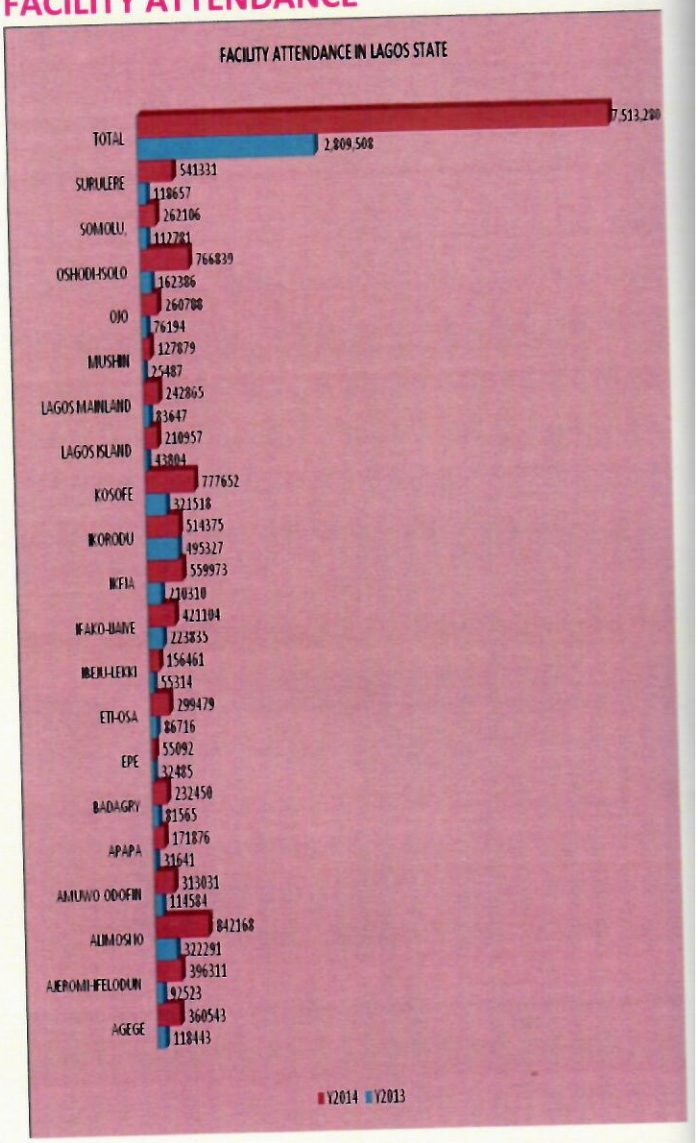


GENDER BASED VIOLENCE (GBV)

Lagos State is notorious for habitation of people of different shades and characters. This has snowballed into various security and safety challenges amongst which is Gender Based Violence. However, the United Nations, (1993 and 1995) described GBV **as any *act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivations of liberty, occurring in public or private life***. The Household surveys conducted in Years 2013 and 2014 revealed a substantial decline in the level of awareness on GBV in 2014 (24%) as against Y2013 when the level of awareness of GBV related issues stood at 45%. Similarly, there was decrease in the reported cases of Practitioners of GBV from 14% in 2013 to 11% 2014. However, a slight increase in the Proportion of GBV victims was revealed by the survey from 10% in 2013 to 18% in 2014 respectively.

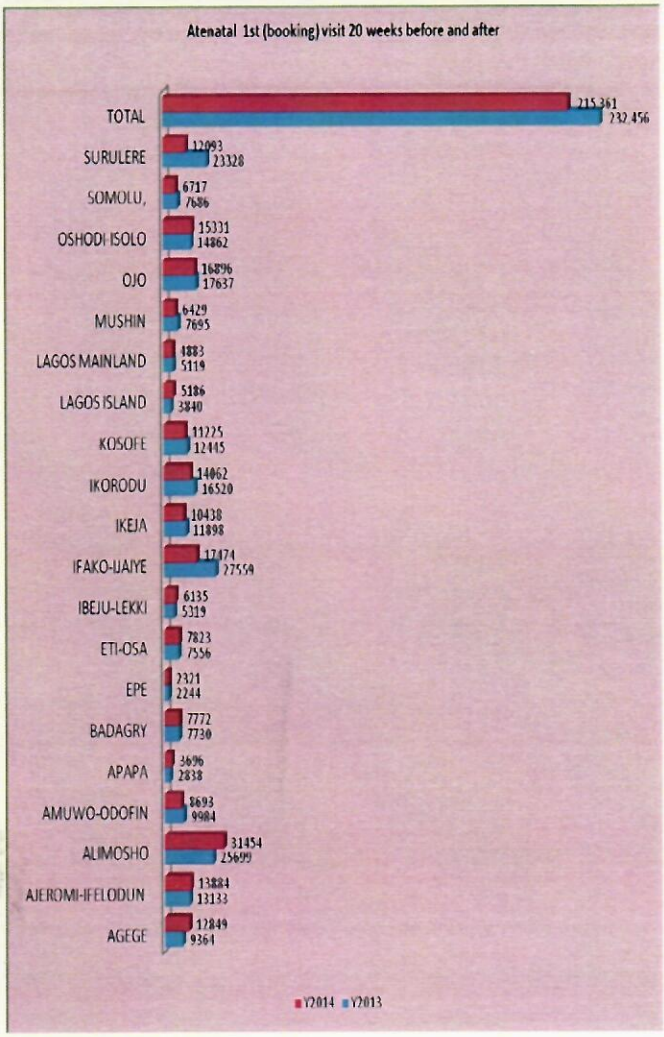


FACILITY ATTENDANCE



Facility attendance is the overall number of patients that patronize the hospital facilities with the purpose of seeking health solutions to their problems. Planning statistics of health care services accessible in Lagos State has indicated that there is an increase in facility attendance in public health facilities in the State. The recent records showed an upward increase in the use of public facilities in Lagos State from 2,809,508 people in the Y2013 to 7,513,280 people in the Y2014. This represents over 16.7 percent increase compared with the previous year. In all the Local Governments, the records show a high patronage most especially in Alimosho and Ifako-Ijaiye. As part of policy implementation in ensuring easy access to health service the facilities in the State should be expanded to match attendance.

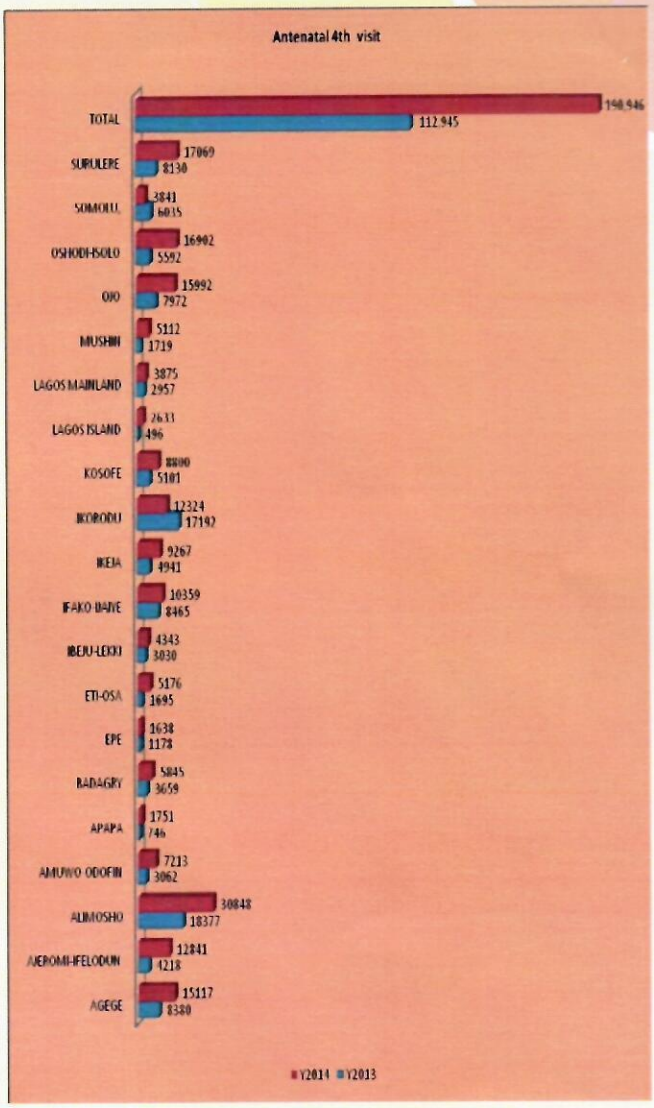
THE FIRST ANTENATAL VISIT



The first visit to hospital during pregnancy can be any time from 12-20 weeks of gestation. The purpose of this visit is to get a full picture of the health of both mother and baby. You can expect to speak to a midwife, who will ask a range of background questions about your health and medical history. This will also be an opportunity for you to ask questions about your care and the range of services that are available. You will be asked for a urine sample, blood pressure taken as well as blood tests.

The number of expectant mothers in the state that booked for their antenatal visit 20 weeks before or after showed a downward decline of(7.4%)from Y2013 to Y2014. The number of mothers that come for their first Antenatal visit in the Y2013 (232,456) dropped to (215,361) in Y2014. The drop noticed in the reporting rate of mothers was so glaring in Surulere (48%) and Ifako-Ijaiye (36%). The public health institutions in the State should develop a reach-out strategy and increase their campaign for women on the need to take their first antenatal booking visit seriously.

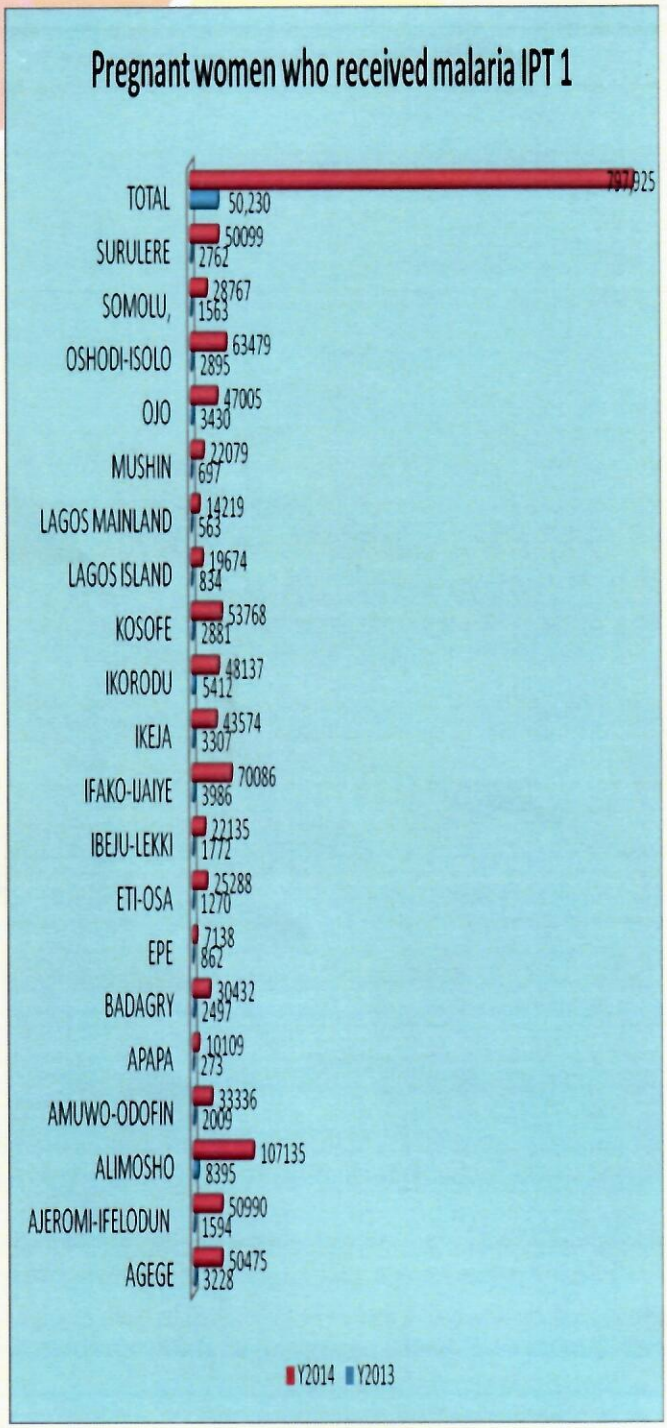
ANTENATAL 4TH VISIT



A minimum of four (4) antenatal visits is recommended of women pregnancy. This reduces the risk of complications during delivery which may have serious consequences for both mother and her baby. In Lagos State, women who completed regular 4 antenatal visits for the Y2013 (112,945) revealed an upward increase to (190,946) in the Y2014. The 69% increase is a reflection of the level of awareness and importance women attach to antenatal visits.

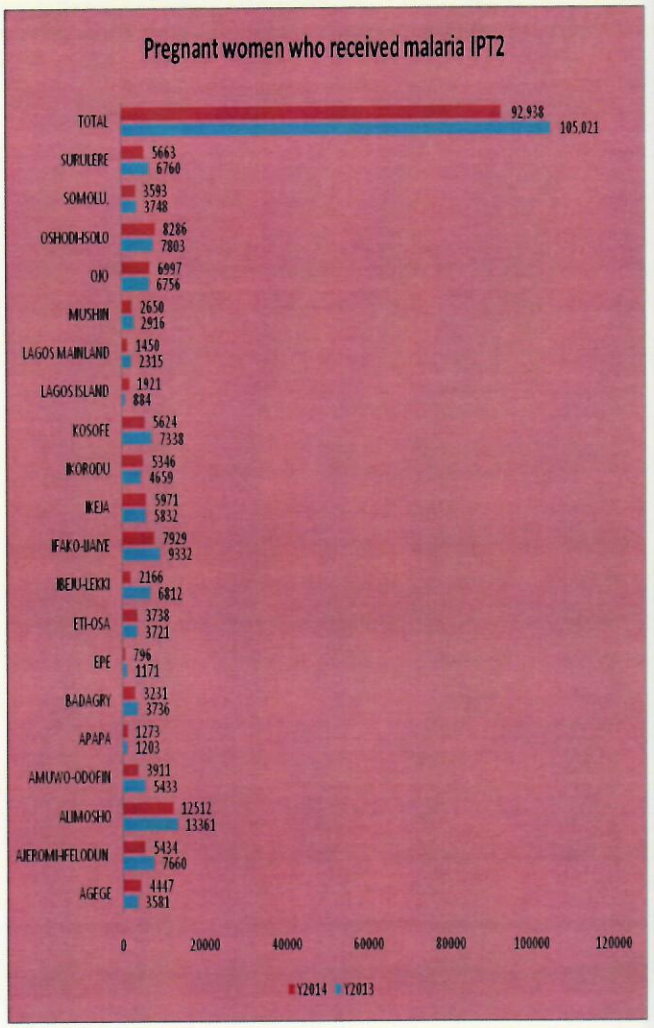
A further analysis showed that nearly all the Local Governments in Lagos State had an increase in the number of 4th visits of mother for their antenatal care in Y2014 but a decline was noticed in Shomolu, Ikorodu and Epe. In order to encourage more women to complete their normal four antenatal visits, a motivation rewards be put in place to persuade them.

PREGNANT WOMEN WHO RECEIVED MALARIA IPT 1.



Pregnant women who received malaria IPT 1 in the whole of Lagos State in the Y 2014 increased by sixteen (16) fold over that of the previous year. On record, 50,230 pregnant women received their IPT 1 in Y2013 but went up astronomically to 797,925 in the Y2014. The reason for the transformation was not revealed but is commendable for the State.

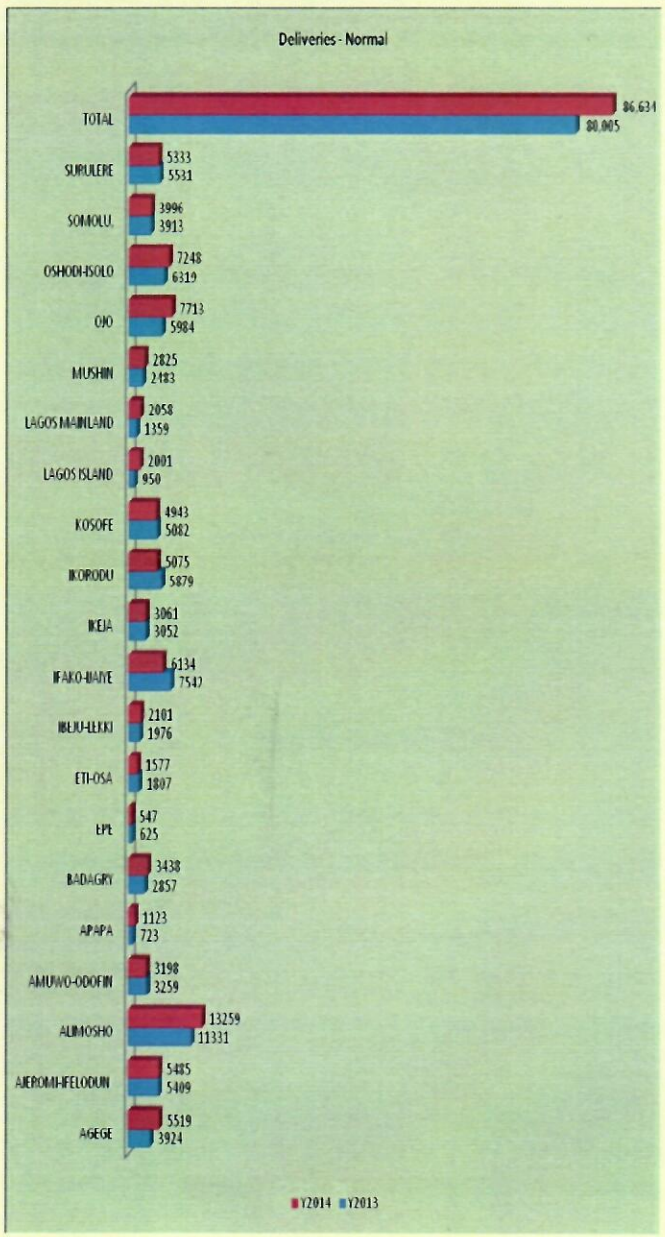
PREGNANT WOMEN WHO RECEIVED MALARIA IPT 2



Malaria infection during pregnancy is a significant public health problem with substantial risks for the pregnant woman, her foetus, and the new-born child. Malaria-associated maternal illness and low birth weight is mostly the result of *Plasmodium falciparum* infection and occurs predominantly in Africa. The recommended drug for intermittent preventive treatment is sulfadoxine-pyrimethamine. These interventions can substantially reduce disease burden and adverse outcomes of malaria in pregnancy.

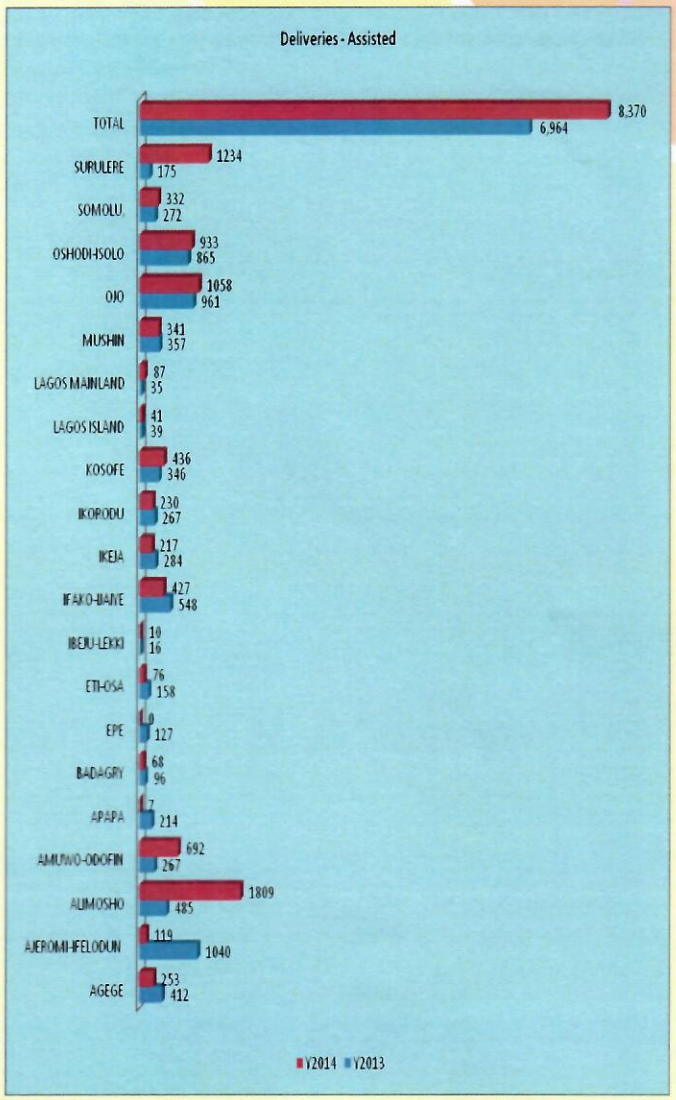
The number of pregnant women who received Malaria (IPT2) in the State for the Y2013(105,021) decreased to (92,938) in the Y2014.The 11.5% reduction in the number of women who received the IPT2 drug in the Y2014 were revealed in such Areas as Agege, Ojo, Oshodi-Isolo, Lagos-island, Ikorodu, Ikeja, Apapa, Eti-osa and Ikeja. As matter of policy, the State Government should persuade pregnant women to receive both IPT1 and IPT2 drugs as a requirement for continued use of government hospital and their health care.

NORMAL DELIVERY



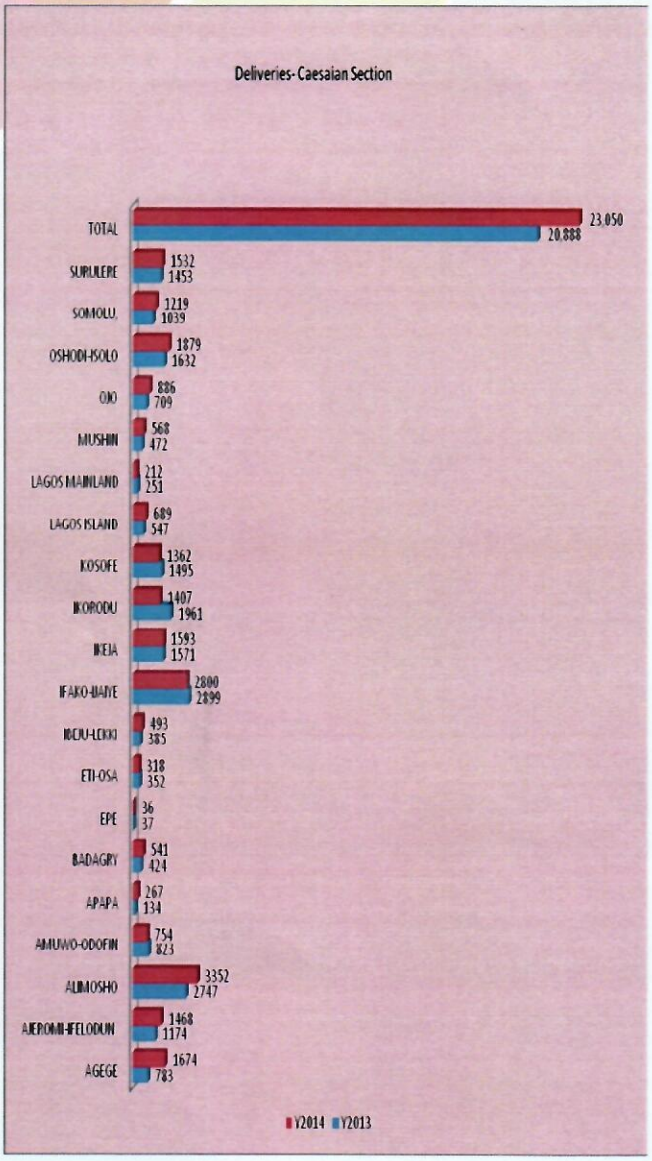
Children that are born between the 36th and 39th week (38 and 41 weeks after the LMP) are considered as being normal deliveries. The number of normal deliveries experienced in the State in the Y2013 (80,005) has improved by margin of 8.3% to (86,634) in the Y2014.More than half of the Local Governments in the State has an increased record of normal deliveries in their respective hospitals. In an attempt to support the growth of normal deliveries among women in Lagos state, there is need to encourage and motivate women to take seriously the attendance of the ANC visits before and during pregnancy.

ASSISTED DELIVERY



For any assisted vaginal delivery, the healthcare practitioner uses either a vacuum device or forceps to help your baby out of the birth canal. Most Practitioners recommend this in cases where pregnant women have been pushing for a long time and are completely worn out or if the baby is nearly out but his heart rate is "none reassuring". The number of deliveries that were assisted in the year Y2013 (6,964) increased to 8,370 in the Y2014 by 20.2%. The increases in number of Assisted Deliveries was more prominent in Surulere, Ojo and Alimosho LGAs. The number of assisted deliveries in the state should be minimized to avoid complication and stress for the women and medical personnel. This can be possible if more pregnant women are sensitized on the need to attend hospital regularly for their health care before and during pregnancy.

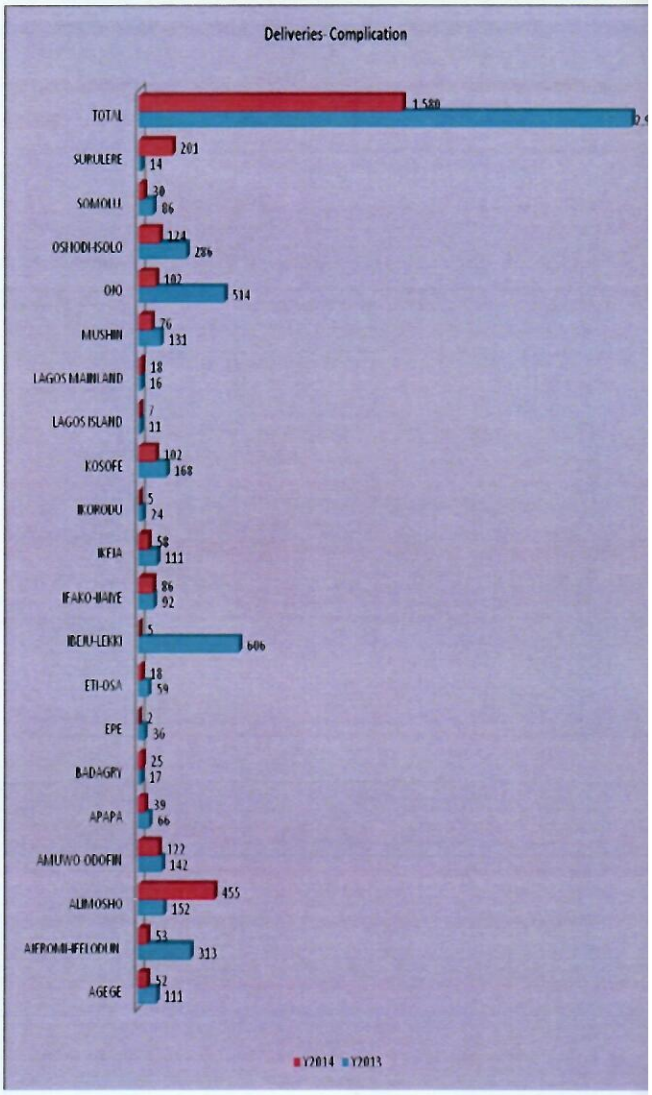
DELIVERY – CAESAREAN SECTION



Caesarean section is a surgical procedure in which one or more incisions are made through a mother's abdomen and uterus to deliver one or more babies. A Caesarean section is often performed when a vaginal delivery would put the baby's or mother's life or health at risk. Some are also performed upon request without a medical reason to do so. The World Health Organization recommends that they should only be done based on medical need.

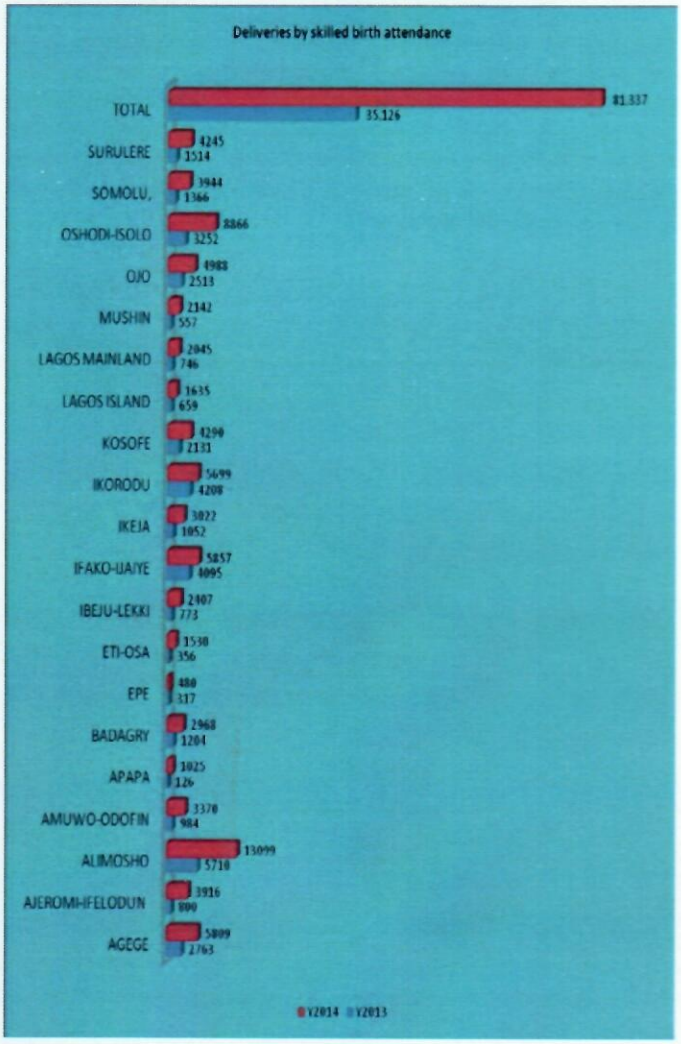
Most of the deliveries through caesarean section in the state rose from (20,888) in the Y2013 by 10.35% in the Y2014 to (23,050).Adequate measures must be put in place by the health institutions in the State to reduce the incidence of caesarean section delivery among pregnant women during child birth. The high rate of caesarean section **was** more notable in such areas as Agege, Ajeromi-ifelodun, Alimosho, Oshodi-isolo and Shomolu.

DELIVERIES- COMPLICATION



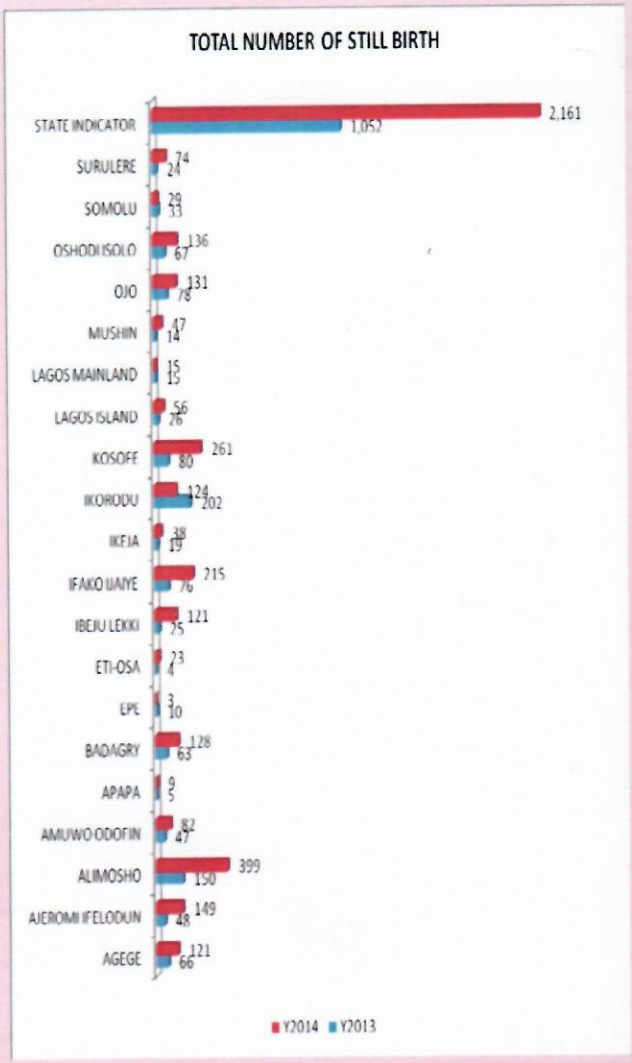
Deliveries – complication is an experience of women durin child birth with associated crisis either on the part of th mother or the child. Most pregnancies go on without ar problems. However, some women will experienc complications that can involve the mother's health, th baby's health, or both. The complications may be caused b diseases or conditions the mother had before she becam pregnant, or they can come about during the pregnanc Some complications occur at the end of a pregnancy, i.e during delivery of the baby. The number of deliveries tha went through complications in the State is on the decline. record of 2,955 complicated deliveries were experienced i the year 2013 but declined to 1,580 in year 2014. The Stat government are enjoined to continue in their effort t ensure that women are given good attention during deliver which may likely reduce complications during child birth.

DELIVERIES BY SKILLED BIRTH ATTENDANTS



The single most effective way to reduce maternal deaths is to provide skilled care during and after childbirth. This means that the skilled birth attendant (such as a midwife, nurse, or doctor) should have the necessary skills and should be supported by a primary health centre and a hospital with adequate supplies and equipment, as well as an efficient and effective system of communication, referral, and transport. The number of deliveries by skilled birth attendants in Y2013 (35,126) increased greatly to (81,337) in the Y2014 showing a percentage increase of 131.5%. This could be attributed to the engagement of capable skilled birth attendants by Lagos state Government. A further analysis showed that practically all the local Governments experienced an increased number of deliveries done by skilled birth attendants. The notable increase was revealed in Alimosho, Oshodi-Isolo, and Ifako-Ijaiye followed by Ikorodu. In order to sustain the growth and efficiency of the skilled birth attendants in Lagos State, a continuous and mandatory training and re-training on the handling of deliveries must be provided.

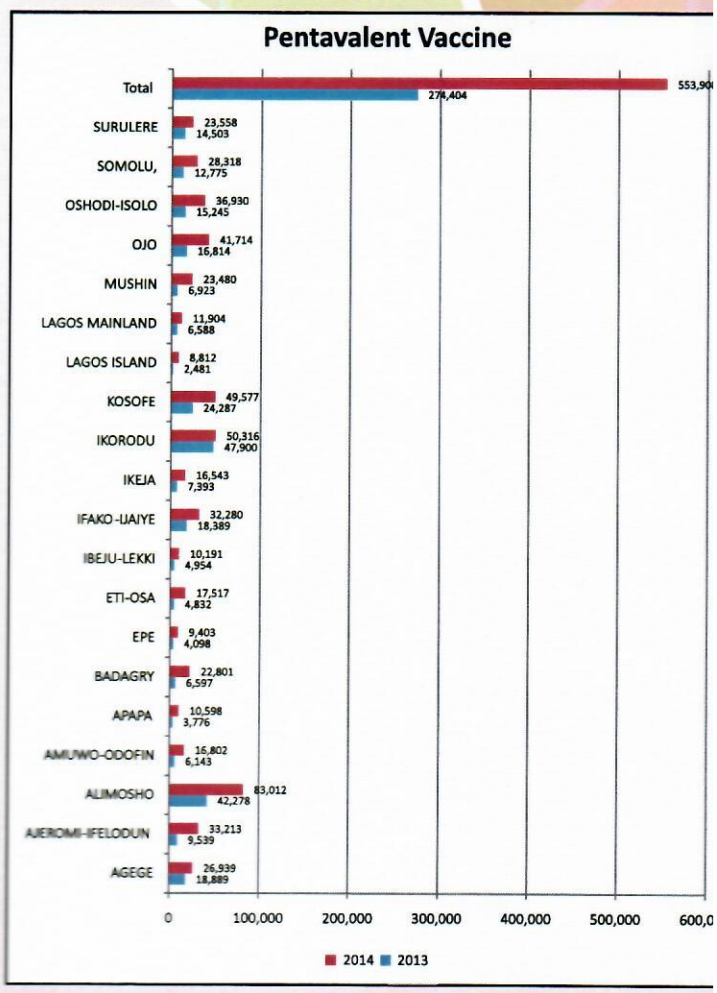
The need for nursing mothers to visit the hospital after child birth will enable their babies to receive adequate care and vaccines that will prevent the child from diseases. These vaccines among others include BCG, Oral polio, Pentavalent and others. The total number of post natal visits accounted for 59,498 in Y2013 and rose to 152,816 in Y2014. This is an indication of mother awareness of the needs for postnatal visit so as to know their heath status and that of the baby. However, Ikorodu, Lagos Island and Lagos Mainland are Local Government Areas that public enlightenment on post natal visits should be improved upon as they recorded lower turn out of nursing mothers for postnatal visit.



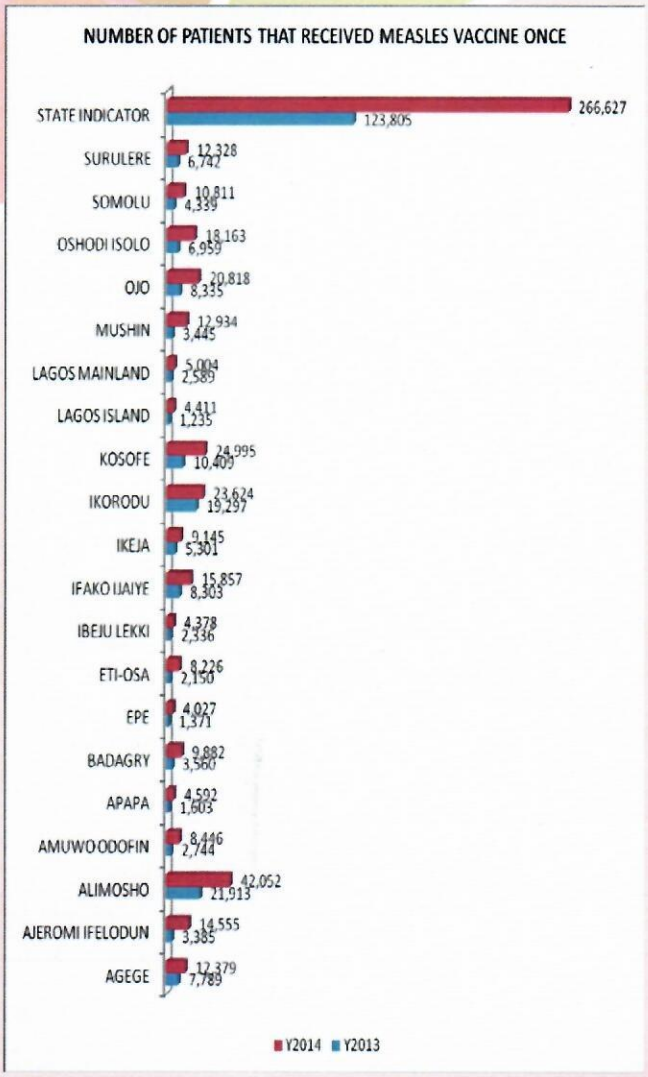
The joy of every expectant mother is to deliver safely and have the baby alive. Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, after which such separation, breathes or shows any other evidence of life. A lot of factor could be attributed to having a live birth, some of which are: At least four Ante Natal Care (ANC) attendances, receiving necessary vaccine at the appropriate time during pregnancy and using necessary drugs during pregnancy. The total live births in Y2013 recorded were 52,011 compared with 108,980 in Y2014. This indicate that availability of delivery facilities, Regular attendance of ANC coupled with qualified skilled health workers in government hospitals contributed to the significant increase. Apapa, Epe and EtiOsa are Local Government Areas with the least numbers of live births in Y2013 while Alimosho, Ifako-Ijaiye, Oshodi-Isolo and Ojo are areas with high record of live births.

The death of a baby before or during birth after 24 weeks of gestation is known as Stillbirth. It is usually categorized in two ways: intra-uterine stillbirth (whereby the baby has died in the womb and needs to be removed), Intra-partum stillbirth (whereby the baby dies during labour). A lot of factors contribute to this and could be averted if medical attention is sought at the right time. Available data revealed that 1,052 stillbirths occurred in Y2013 in the State while 2,161 were recorded in Y2014. Local Government Areas with high numbers of Still births are: Ikorodu, Alimosho, Kosofe, Ajeromi-Ifelodun and Ifako-ijaiye. It is recommended that pregnant women should be educated during their visit to the hospital, create a forum that will enlighten the youth on early pregnancy and also discourage them on the use of drugs that were not prescribed by medical doctors during pregnancy.

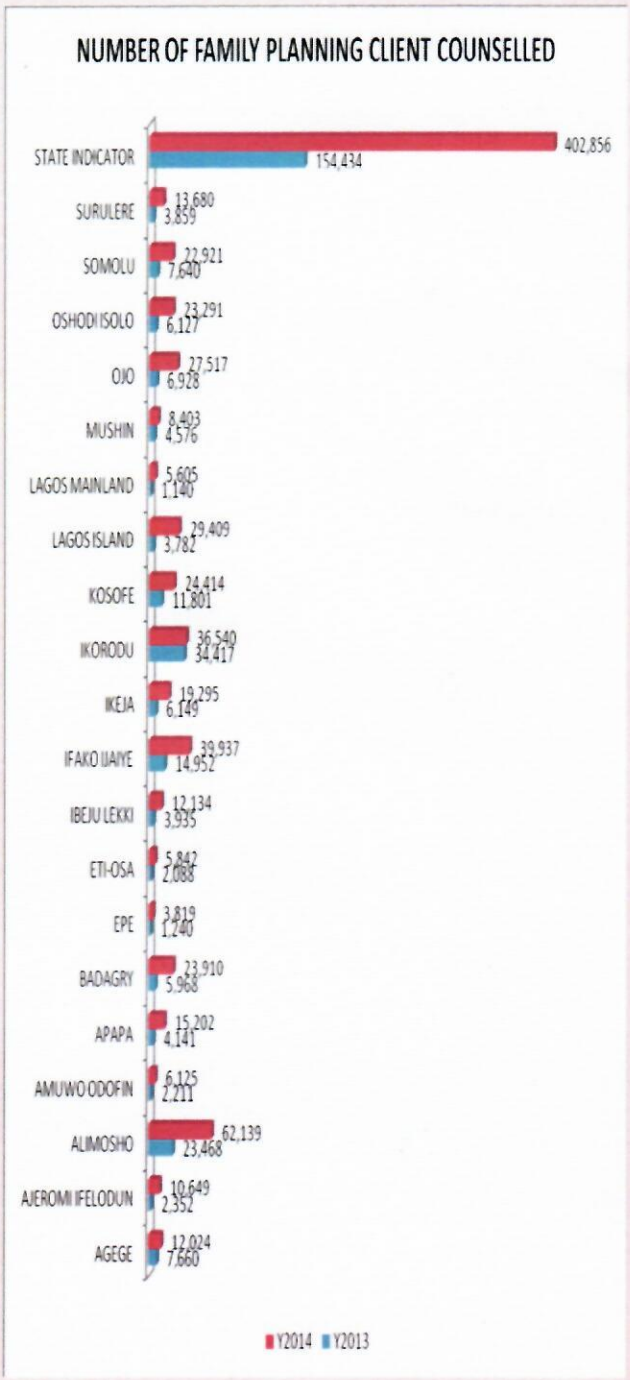
BCG vaccine is usually administered to provide immunity against Tuberculosis (TB). The vaccine is usually administered immediately after birth. BCG was administered to 162,653 patients in Y2013 while 339,731 were vaccinated in Y2014. The sharp increase could be as a result of availability of the vaccine and awareness on the importance of the vaccine.



Haemophilus influenza type B (HIB), is a bacterium estimated that cause death. The manifestations of HIB infection are pneumonia, meningitis and other invasive diseases which occur primarily in children aged less than 5years old. It has been discovered that vaccines are the only public health tool, capable of preventing the majority of cases of these serious Haemophilus influenza B (HIB) diseases. In view of this, Ministry of Health has recommended that HIB vaccines be included in all routine infant immunization programmes. This finding revealed that 553, 908 of children less than 5years were immunized in year 2014 as against 274,404 in year 2013. Across the Local Government Areas, there was increase in the number of children immunized. The introduction of HIB vaccine in routine immunization has prevented the morbidity and mortality associated with HIB disease and reduced the infant and Under 5 mortality rate in Lagos State which would play a role in achieving the Millennium Development Goal 4.



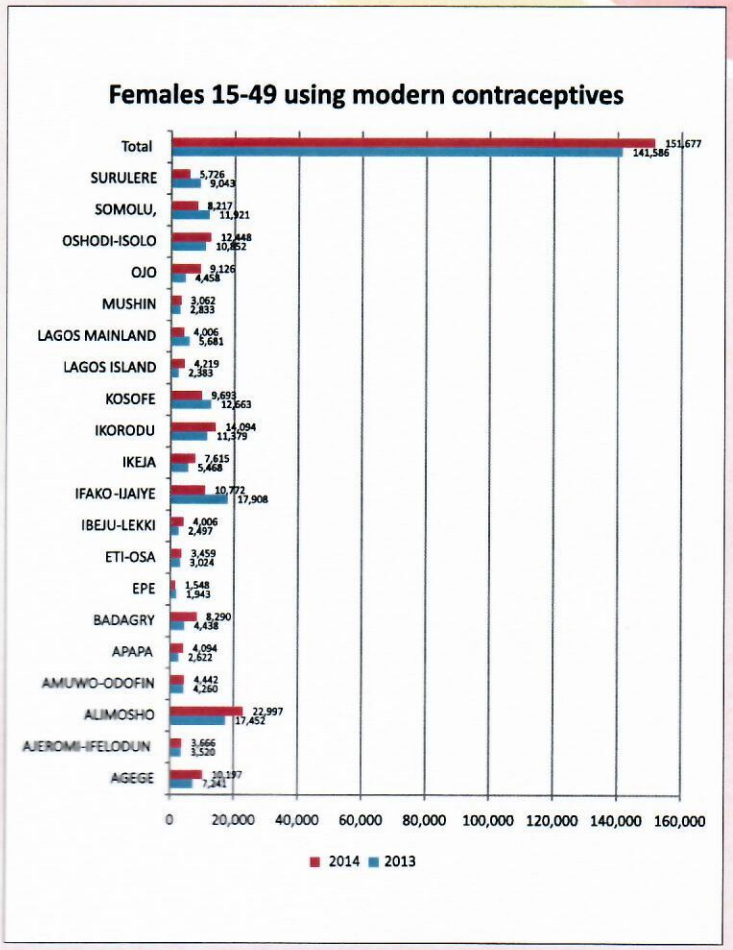
Measles are infectious diseases that are passed from an infected person to an uninfected person via droplets of saliva/respiratory secretions, when an infected person coughs or sneezes. This can also be spread when children share toys and other objects which have been put in the mouth. The probability of the spread increases when children spend prolonged time in settings like day care or crèches. The chart above shows a significant increase of 266,627 children immunized against measles in Y2014 compared with 123,805 children in Y2013. Across the Local Government Areas, a notable improvement has occurred in Apapa, Badagry, Epe, Eti-Osa and Lagos Island, Mushin and Amuwo-Odofin with 1,603, 3,560, 1,371, 2,150, 1,235 , 3445 and 2744 respectively been immunized in Y2013 while in Y2014 has 4,592, 9,882, 4,027, 8,226, 4,411, 12934 and 8446 children immunized accordingly.



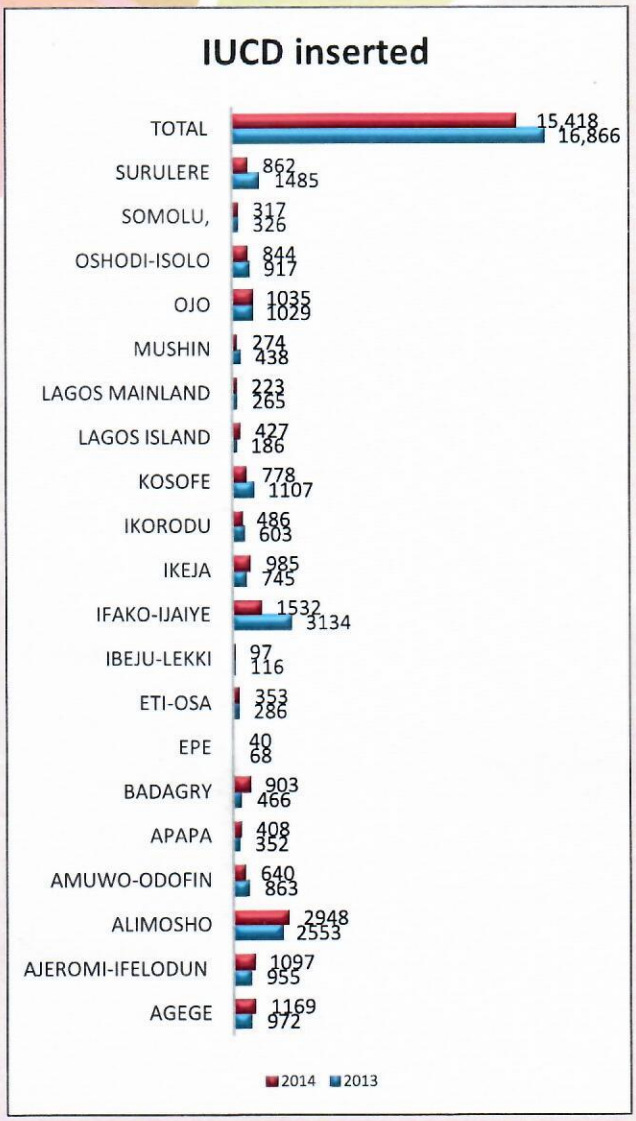
Family Planning (FP) client needs to be counselled in order to ensure that their choice of FP is maintained to avoid complications. The number of FP client counselled in Y2013 accounted for 154,434 and increased tremendously to 402,856 in Y2014. The sharp increase could be as a result of awareness of FP among the clients. Local Government Areas that had high rate of family planning are: Alimosho, Ifako jaiye and Ikorodu.

New family planning acceptors

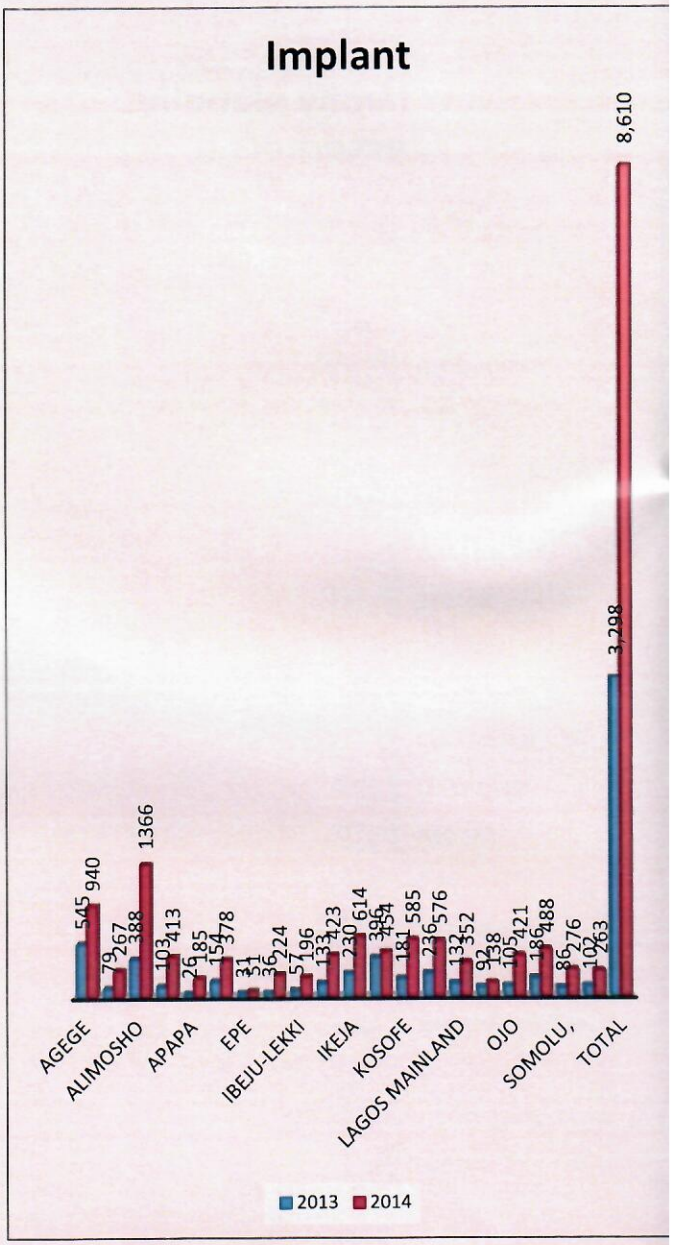
A comparative study was made on family planning clinic clients. The new acceptors were identified to be 85,489 clients in Y2014, who specified their interest in going for family planning for birth control as against 40,062 clients in Y2013. The investigation revealed that only Ikorodu local government had reduction in the number of new acceptors from 9,622 in Y2013 to 6,997 in Y2014.



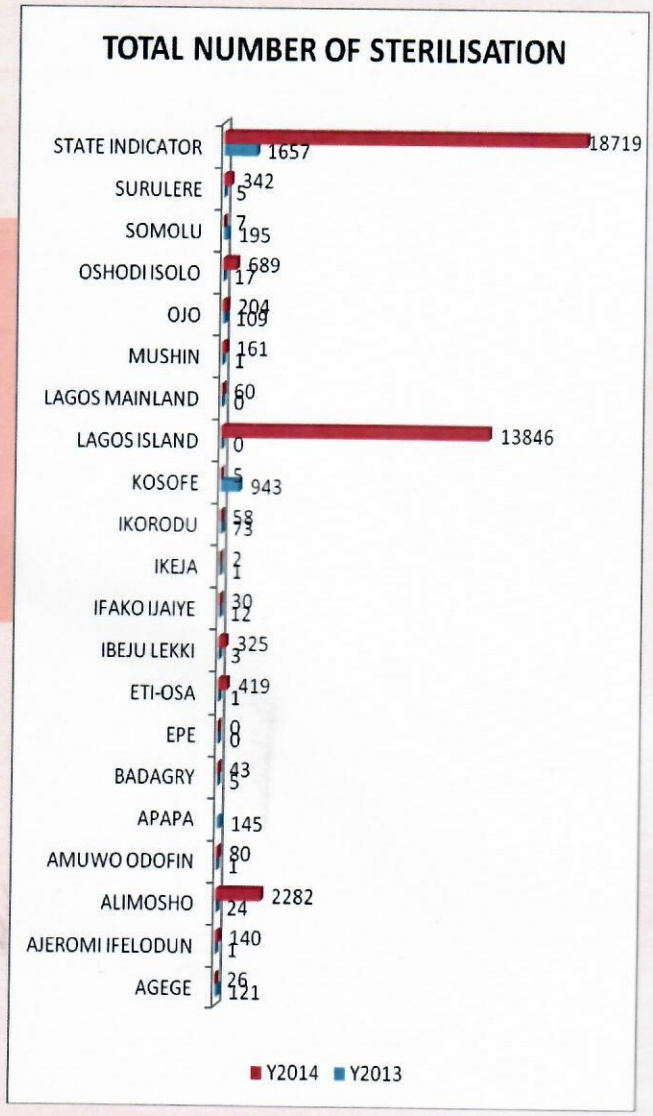
Modern method of family planning include the pill, female and male sterilization, intra uterine device (IUD), injectable, implant, male and female condom, diaphragm and emergency contraceptive. The diagram above measures the percentage of women aged 15-49 years old who are using a modern contraception. 141,586 women aged 15-49 years used modern contraceptives in Y2013 and gave a slight increase of 151,677 the following year (Y2014). The increment could be attributed to reproductive health programmes being conducted in the State. It was also discovered from the data that reduction in the take-up of modern contraceptive occurred in certain local governments, namely Epe, Ifako-Ijaiye, Kosofe, Lagos Mainland, Somolu and Surulere between Y2013 and Y2014. A feedback mechanism should be in place to measure accessibility to contraceptives, maintaining supply to existing users as well as reaching new users.



An Intrauterine Contraceptive Device (IUCD) is a device which is inserted into the uterus (womb) to prevent pregnancy. There are many types of IUCDs. The study examined the number of women who prefer the use of IUCD to other type of contraceptives. In viewing the facility data, there has been reduction in the number of women from 16,866 in Y2013 to 15,418 in Y2014. The available data shows that the women in about 12 local government areas of Lagos State prefer the use of other contraceptives to IUCD, namely, Amuwo–Odofin, Epe, Ibeju-Lekki, Ifako- Ijaiye, Ikorodu, Kosofe, Lagos Mainland, Mushin, Oshodi-Isolo, Somolu and Surulere. This data has shown that clients lack the knowledge of IUCD or have been misinformed about it. There is need for sensitization about the safety and effectiveness of this method in order to improve acceptability.

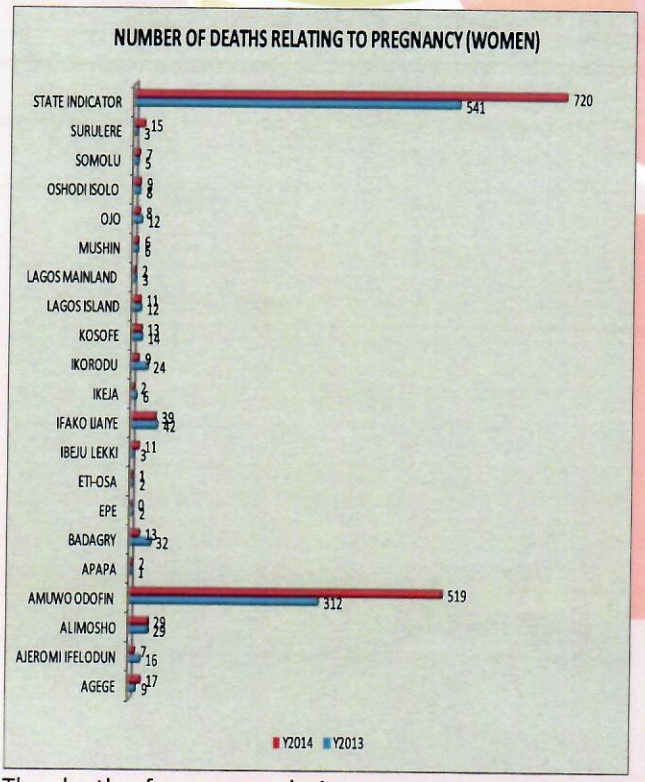


Contraceptive implants are small rods about the size of a matchstick which are put under the skin in the inside of the arm. They slowly release a hormone called progestogen into the body for birth control. The Implants last either three or five years depending whether there are one or two rods. This study examined those that depend on the use of implant to manage birth control. There was a notable increase of 8,610 women in Y2014 who find it more convenient to use implant method of contraceptive for birth control while 3,298 used implants in Y2013. Across the local government area s, the chat shows high rate of the use of implant.



Sterilisation is a permanent method of contraception which is usually common in female but very rare in male. It is usually done in female by blocking the fallopian tube to prevent pregnancy or used to control birth most especially for couples who no longer want to have children. In Y2013, the total number of sterilisation carried out accounted for 1,657 and increased tremendously to 18,719 in Y2014. The hardship experienced in the society could be attributed to the wide gap in Y2014. Epe LGA has no record of sterilisation for both years while Apapa, Ikeja and Shomolu LGAs are areas with low records in Y2014. It is recommended that enlightenment programmes should be improved upon.

NUMBER OF DEATHS RELATING TO PREGNANCY (WOMEN)



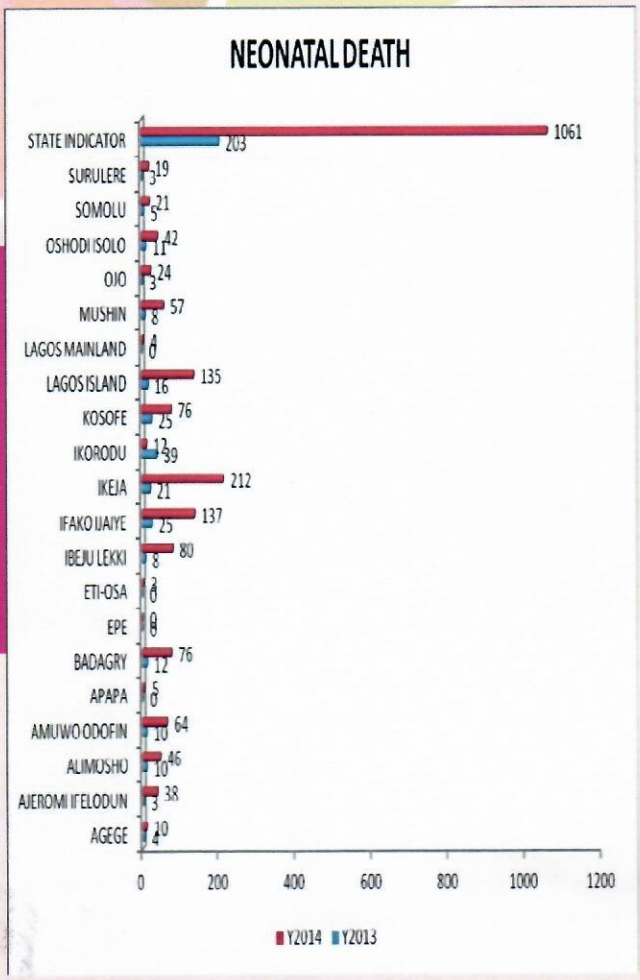
The death of a woman during pregnancy, at delivery, or soon after delivery is a tragedy to her family and to society as a whole. A pregnancy-related death is defined as the death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication. Five direct complications account for most of maternal deaths: haemorrhage, infection, unsafe abortion, eclampsia (very high blood pressure leading to seizures), and obstructed labour. The Lagos State Government had intensified efforts to educate women of reproductive age to adopt healthy lifestyles during pregnancy.

Further analysis on women pregnancy– related deaths across the State revealed that about 541 and 720 women died as a result of pregnancy complications in year 2013 and 2014 respectively. The increase in number of deaths in 2014 may be due to lack of information on part of the women to control their reproductive health as well as lack of maintenance of healthy diet and weight.

On disaggregation of the result by Local Governments, Amuwo-Odofin recorded the highest number (312 and 519) of women pregnancy - related deaths in year 2013 and 2014 respectively while Apapa Local Government recorded thelowest number (1) in year 2013 and Epe Local Government recorded no death cases.

The State Government should intensify efforts to make quality Health care available, accessible and affordable to its citizens. Also, healthy pregnancy advocacy programme should be introduced or fortified in Alimosho Local Government area for all women of reproductive age to reduce pregnancy related death cases.

NEONATAL DEATH

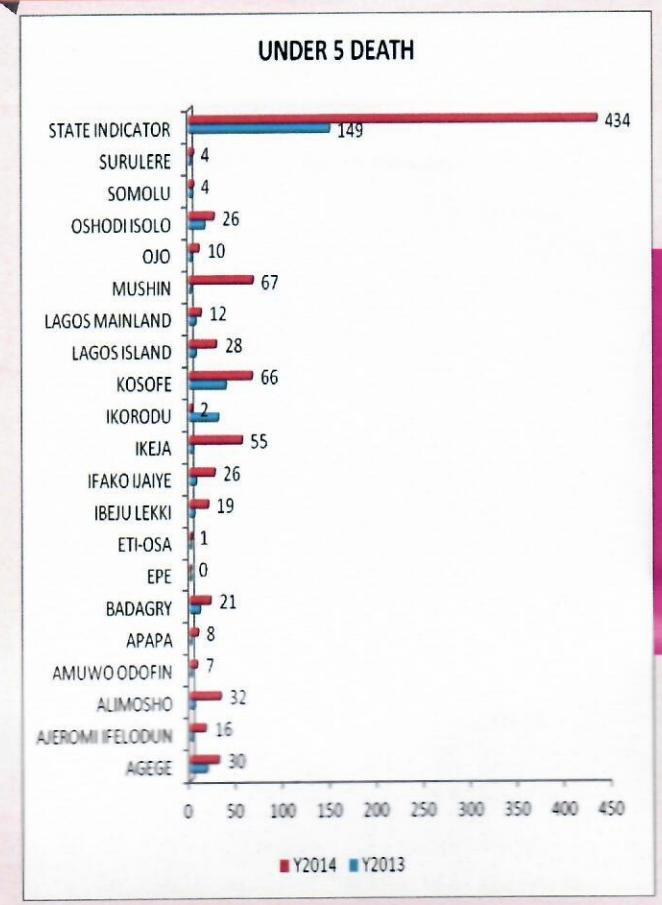


Neonatal death is the death of a baby within the first 28 days of life. Neonatal death is common in developing countries and its main causes are prematurity (causing particularly respiratory and neurological conditions), congenital abnormality, obstetric complications and infections. The Government of any country should try as much as possible through quality health care delivery to reduce the incidence of neonatal death.

In absolute term the analysis of neonatal deaths across the State showed that 203 and 1,061 babies died within the first 28 days of life in year 2013 and 2014 respectively. The reasons for high increase in year 2014 could be due to lack of proper neonatal care as well as poor health diets. At the Local Government level, Ikorodu LG with 39 cases recorded the highest number of neonatal deaths in year 2013 followed by Ifako-Ijaiye and kosofe with 25 neonatal death cases respectively while in year 2014 Ikeja had the highest number of 212 followed by Ifako-Ijaiye with 137 death cases.

In order to bring about gradual decline in neonatal death, the Government should intensify efforts to improve general health care, midwifery and neonatal intensive care in the State.

UNDER - 5 DEATH

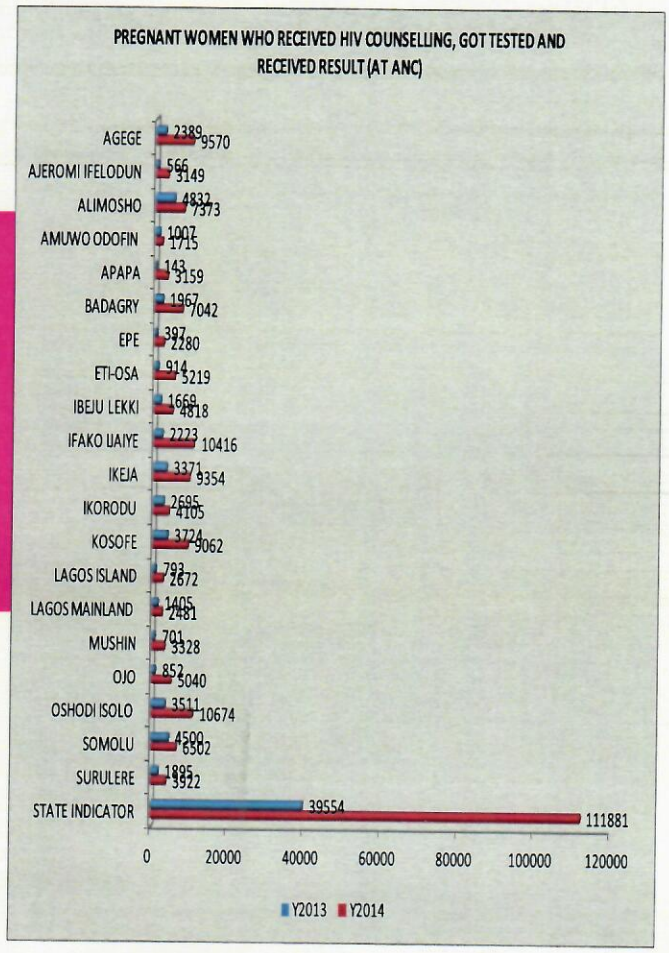


Under-5 deaths or under-5 mortality refers to the death of infants and children under the age of five or between the ages of one month to four years depending on the definition. A child's death is emotionally and physically hard on the parents. Many poor families cannot afford to register their babies in the Government or private Hospitals and more so many are ignorant of the use of Government health facilities. But the State Government in its efforts had tried to make health care available, accessible and affordable to its citizens both in urban and sub urban areas. The leading causes of death of children under five include: prematurity, malaria, diarrhoea, malnutrition, pneumonia and infections.

Further analysis of the under 5 death across the State revealed that 149 and 434 under 5 children died in Y2013 and Y2014 respectively. At Local Government level, Kosofe LG with 38 cases recorded the highest number of under-5 death in Y2013 followed by Ikorodu LG with 30 cases. However, Epe LG recorded no case of under-5 death in both Y2013 and Y2014 while Apapa and Amuwo-Odofin LGs also recorded none in Y2013.

The State Government should strengthen its child survival strategies and interventions in line with the fourth Millennium Development Goal (MDG) which focuses on reducing child mortality by 2/3 of children under five before the year 2015.

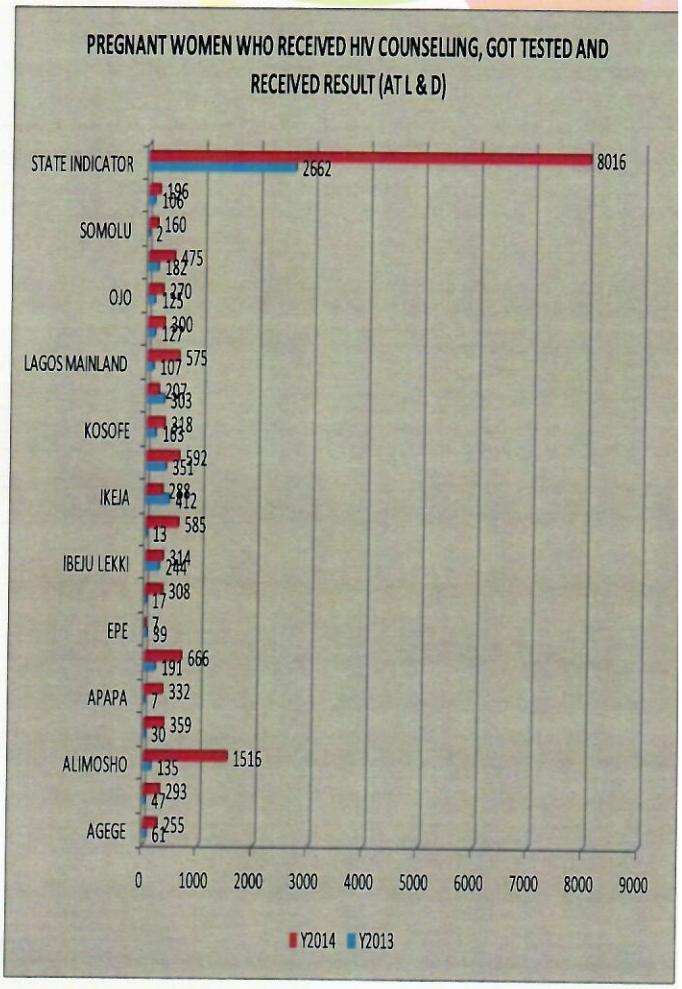
PREGNANT WOMEN WHO RECEIVED HIV COUNSELLING, GOT TESTED AND COLLECTED RESULT (AT ANC)



HIV is transmitted through unprotected sexual intercourse (anal or vaginal), transfusion of contaminated blood, sharing of contaminated needles, and between a mother and her infant during pregnancy, childbirth and breastfeeding. The State Government had intensified efforts to enlighten the general public on the mode of the spread of HIV/AIDS and ways people can reduce their chances of getting the incurable/deadly disease through adequate HIV/AIDS counselling at various health centres.

The numbers of pregnant women across the State who received HIV/AIDS counselling, tested and received result during Antenatal Care (ANC) were 39,554 and 111,881 in Y2013 and Y2014 respectively. This tremendous increase in 2014 may be as a result of enlightenment campaigns on HIV/AIDS embarked upon by the relevant agencies of Government in the State. At the Local Government level, Alimosho (4,832) and Shomolu (4,500) recorded the highest number of Pregnant women counselled, tested and received result in year 2013 while, Oshodi/Isolo (10,674) and Ifako-Ijaiye (10,416) recorded highest number in year 2014. However, Apapa (143) recorded the lowest number in Y2013 while Amuwo (1,715) had the lowest number in Y2014.

PREGNANT WOMEN WHO RECEIVED HIV COUNSELLING, GOT TESTED AND COLLECTED RESULT (AT L& D)



Pregnant women also need to receive HIV/AIDS counselling, get tested and obtain result at child Labour and Delivery (L&D). The number of pregnant women across the State who received HIV/AIDS counselling, got tested and received result during child labour and delivery(L&D) were 2,662 and 8,016 in year 2013 and 2014 respectively. There is an increase of 5,354 in 2014 and this may be due to high level of advocacy and health enlightenment campaigns. At the Local Government level, Ikeja (412) and Ikorodu (351) recorded the highest number of Pregnant women who received HIV/AIDS counselling, got tested and obtained result during child labour and delivery in year 2013 while, Alimosho (1,516) and Badagry (666) recorded highest number in year 2014. On the other hand, Shomolu (2) recorded the lowest number in year 2013 while Epe (7) recorded the lowest number in year 2014.

Advocacy health programmes and enlightenment campaigns should be introduced by the health workers in Shomolu and Epe Local Government to sensitize pregnant women on the need to receive HIV/AIDS counselling, carry out HIV/AIDS test at child labour and delivery.

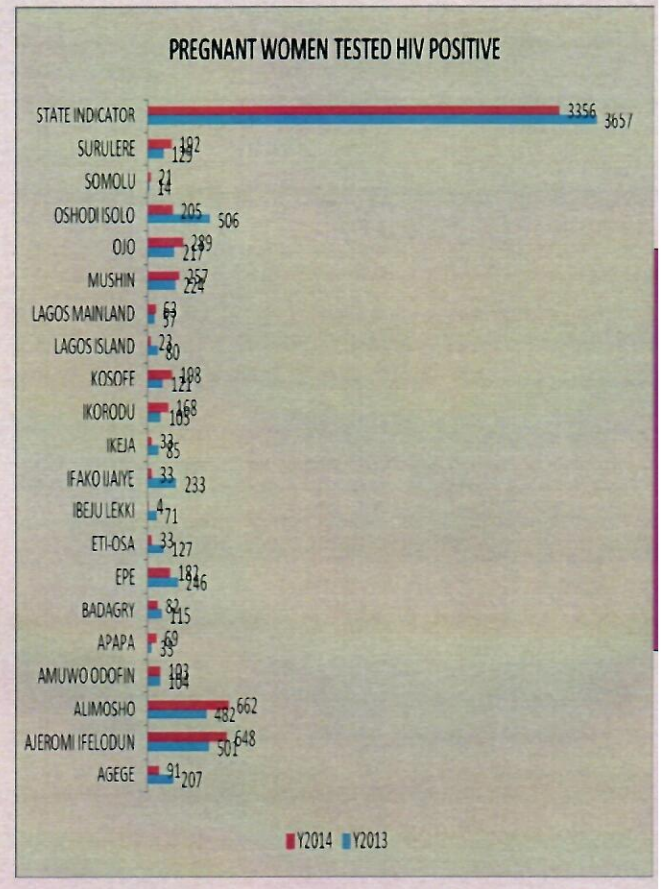
PREGNANT WOMEN WHO RECEIVED HIV COUNSELLING, GOT TESTED AND COLLECTED RESULT (AT PNC)

HIV/AIDS counselling and testing are part of the Post Natal Care (PNC) introduced by the State Government to reduce the chances of a baby getting the deadly disease during breastfeeding as well as to combat HIV/AIDS as enshrined in the Millennium Development Goal.

Further analysis revealed that 2,157 women received counselling, got tested and received HIV/AIDS result during Post Natal Care (PNC) across the State in year 2013 while 6,452 women received their result in year 2014. The tremendous increase in year 2014 could be due to strict compliance of State Government directives on intensive care for nursing mother at Post Natal Care (PNC). At the Local Government level, Lagos Mainland(494) and Kosofe (321) recorded the highest number of women who received HIV/AIDS counselling, got tested and obtained result during post natal care in year 2013 whereas, Ifako-Ijaiye (1,212) and Ikorodu (660) recorded highest number in year 2014. On the other hand, no women received such care in Shomolu and Epe LGs in year 2013 while Eti-Osa (29) recorded the lowest number in year 2014.

Eti-Osa Local Government should double-up their commitment to provide intensive Post Natal Care (PNC) to every woman who visits any of the Government health facility in the area.

NUMBER OF PREGNANT WOMEN TESTED HIV POSITIVE

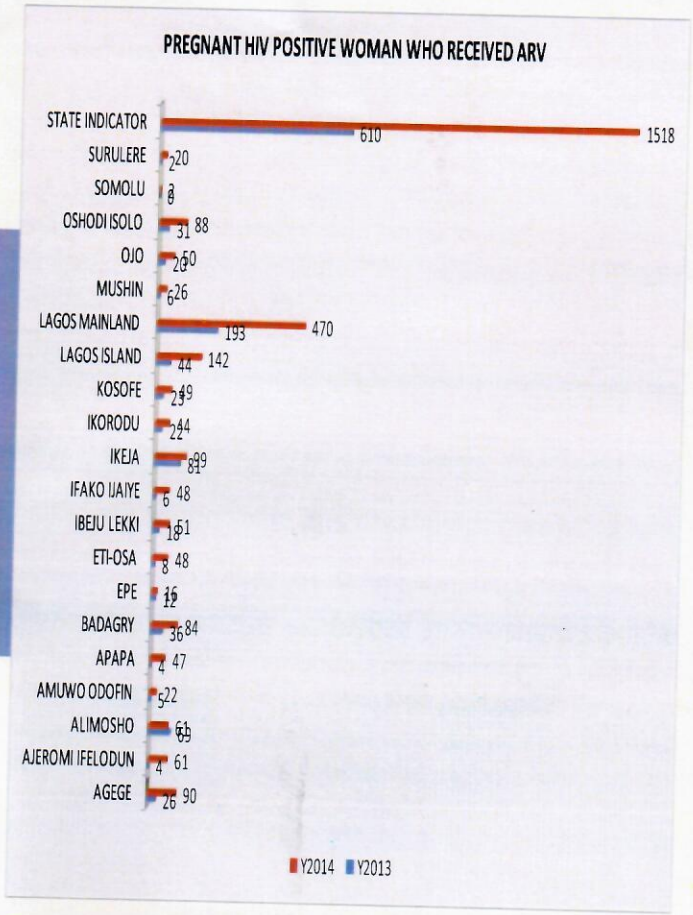


The Human Immunodeficiency Virus (HIV) is a retroviru that infects cells of the immune system, destroying impairing their function. As the infection progresses, th immune system becomes weaker, and the perso becomes more susceptible to infections. The mo advanced stage of HIV infection is acquire immunodeficiency syndrome (AIDS). It can take 10-1 years for an HIV-infected person to develop AIDS. Th State Government through its Health related Agencies ha educated its citizens through various enlightenme campaigns on the prevention and control of HIV/AIDS. A infected HIV pregnant woman can transmit the infectio to the baby in the womb as well as during child birth..

Across the State, the analysis of pregnant women teste HIV positive showed that 3,657 and 3,356 pregna women were tested HIV positive in Y2013 and Y201 respectively. At the Local Government level, Oshodi/Iso with 506 cases recorded the highest number of pregna women tested HIV positive in Y2013 followed b Ajeromi/Ifelodun with 501 while in Y2014, Alimosho L with 662 cases recorded the highest number followed b Ajeromi/Ifelodun which had 648 reported cases. Howeve Shomolu and Ibeju-Lekki LGs with 14 and 4 number cases recorded the lowest number of pregnant wome tested HIV positive in Y2013 and Y2014 respectively.

The decline in the number of women tested HIV positiv in Y2014 could be attributed to the awareness created b the State Government on the prevention of HIV/AIDS.

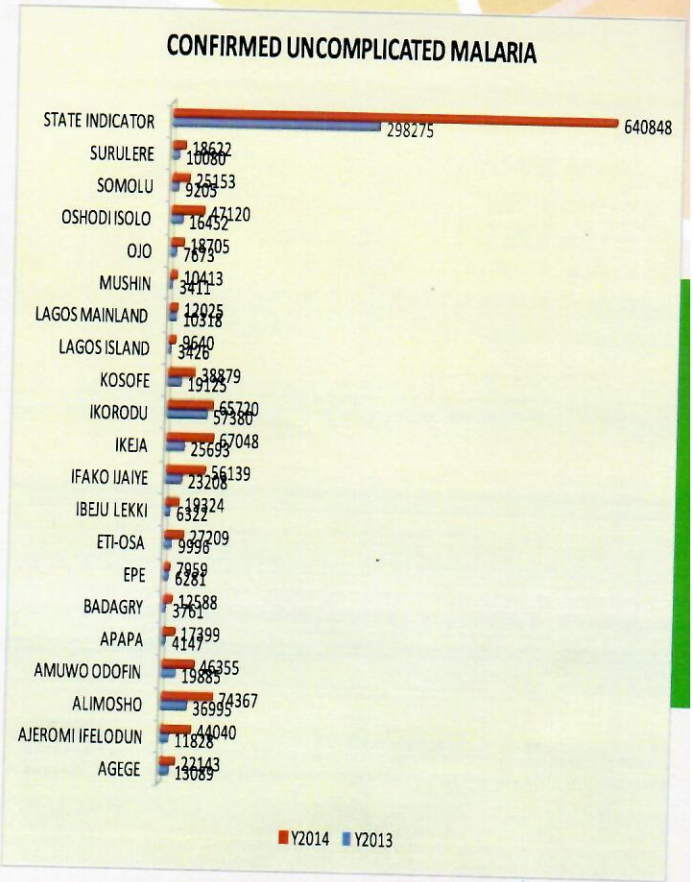
PREGNANT HIV POSITIVE WOMAN WHO RECEIVED ARV PROPHYLAXIS FOR PMTCT (TRIPLE)



There is no cure for AIDS. There are drugs that can slow down the HIV virus, and slow down the damage to one's immune system. There is no way to "clear" the HIV out of one's body. Other drugs can prevent or treat Opportunistic infections (OIs). In most cases, these drugs work very well. Antiretroviral (ARV) drugs are special drugs that a doctor or nurse can give to a woman infected with HIV/AIDS to reduce the risk of transmission to the baby during pregnancy or breastfeeding.

Therefore, further analysis on number of pregnant HIV positive women who received antiretroviral drugs across the State revealed that 610 and 1,518 pregnant HIV positive women received the special drugs in year 2013 and 2014 respectively. On disaggregation to Local Government level, Lagos Mainland with 193 cases recorded the highest number of Pregnant HIV positive women who received ARV in Y2013 followed by Ikeja with 89 numbers of cases. Also, Lagos Mainland with 470 cases of women had the highest number in Y2014 followed by Lagos Island with 142. However, Shomolu LG recorded the lowest number of pregnant women who received ARV in both Y2013 and Y2014. The increase in the number of pregnant HIV positive women who received ARV in 2014 may be due to the awareness created by the Government on the use of ARV to reduce the risk of a woman to transmit HIV to their babies as well as the ability of the drugs to help them to live longer.

CONFIRMED UNCOMPLICATED MALARIA

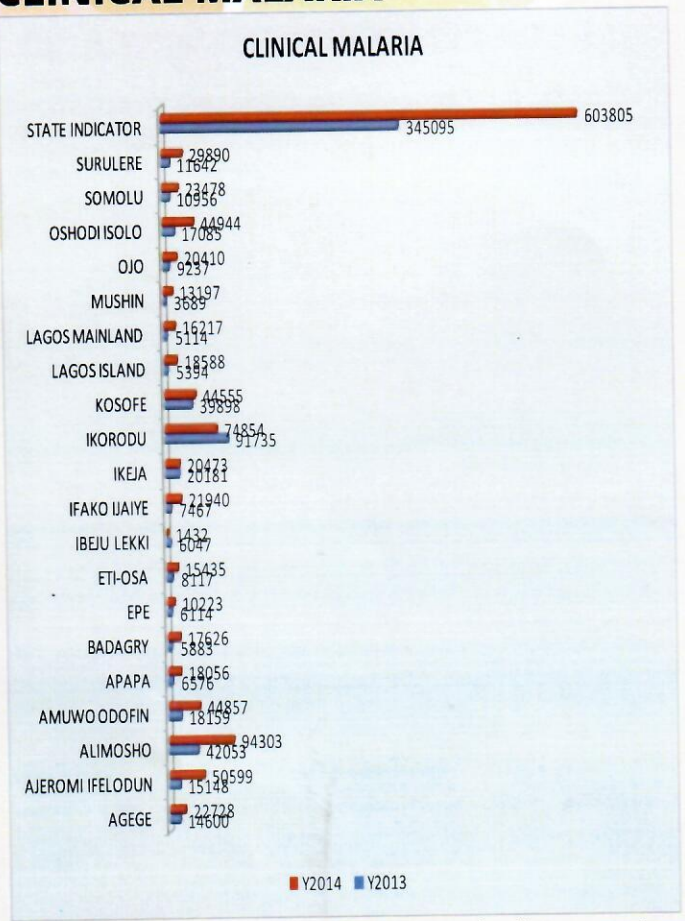


Infection with malaria parasites may result in a wide variety of symptoms, ranging from absent or very mild symptoms to severe disease and even death. Malaria disease can be categorized as uncomplicated or severe (complicated). In general, malaria is a curable disease if diagnosed and treated promptly and correctly. Malaria may be described as simple or uncomplicated when the malaria infection is NOT life threatening and is easily treatable.

The State Government had introduced different health policies or programmes such as free distribution of Treated Mosquito Nets to its citizens across the State to combat malaria. Across the State, the number of people with confirmed uncomplicated malaria in year 2013 was 298,275, however in year 2014 the number of the reported confirmed uncomplicated malaria cases increased to 640,848. At Local Government level, Ikorodu (57,380) recorded the highest number of confirmed uncomplicated malaria cases in year 2013 followed by Alimosho LG with 36,995 number of cases. However, Alimosho (74,367) had the highest number of such cases in year 2014 followed by Ikeja LG which recorded about 67,048 cases. Nevertheless, Mushin (3,411) and Epe (7,959) recorded the lowest number of confirmed uncomplicated malaria cases in year 2013 and 2014 respectively.

Malaria advocacy programmes should be strengthened by the State Government in Alimosho and Ikeja Local Government to reduce the incidence of malaria in the areas.

CLINICAL MALARIA



Clinical findings in malaria are extremely diverse and may range in severity from mild headache to serious complications leading to death, particularly in falciparum malaria. As the progression to these complications can be rapid, any malaria patient must be assessed and treated rapidly, and frequent observations are needed to look for early signs of systemic complications. Clinical features of malaria are; a change in behaviour, confusion or drowsiness; impaired consciousness or unarousable coma; multiple/recurrent convulsion; deep breathing or respiratory distress; difficulty in breathing or demonstrable pulmonary oedema as may be seen radiologically; circulatory collapse or shock; jaundice; haemoglobinuria; bleeding tendency; prostration i.e generalized weakness so the patient cannot walk, or sit up without assistance; and severe anaemia with or without congestive cardiac failure.

Attempt was made to examine the incidence of clinical malaria in Lagos State for year 2013 and 2014. The findings showed that about 345,095 people were with the record of clinical malaria case across the State in year 2013 whereas; in year 2014 the number of the reported clinical malaria cases was 603.805. On Local Government basis, Ikorodu (91,735) recorded the largest number of clinical malaria cases in year 2013 followed by Alimosho LG with 42,053 number of reported cases. On the other hand, Alimosho LG (94,303) had the highest number of such cases in year 2014 followed by Ikorodu LG which recorded about 74,854 cases. However, Mushin LG (3,689) and Ibeju-Lekki LG (1,432) recorded the lowest number of clinical malaria cases in year 2013 and 2014 respectively.

Policy Implications of the findings are:

Encourage more women to complete recommended four (4) Antenatal visits via appropriate reward system

The State Government should persuade pregnant women to receive both IPT1 and IPT2 drugs as a requirement for continuous use of government hospitals and their health care centres.

Continuous revitalization of the Primary Health Care Centres to meet the increasing demand of the people.

Continuous and mandatory training and retraining of Nurses and Midwives on the handling of deliveries must be provided in order to sustain the growth and efficiency of the skilled birth attendants in Lagos State.

A feedback mechanism should be in place to measure accessibility to contraceptives, maintaining supply to existing users as well as reaching new users.

There is need for sensitization about the safety and effectiveness of the use of IUCD in order to improve accessibility and acceptability.

Maternal Health advocacy and sensitization programme should be intensified in Alimosho Local Government area for all women of reproductive age to reduce pregnancy related death cases.

Increase sensitization on Drug and Substance abuse especially during pregnancy.

Increased awareness campaign in the use of oral pills is recommended among people in Epe, Eti Osa and Ibeju/Lekki

Strengthen public enlightenment on post natal visits in Ikorodu, Lagos Island and Lagos Mainland Local Government Areas

Government should also step up efforts to improve general health care, midwifery and neonatal intensive care in the State

The State Government should strengthen its child survival strategies and interventions in line with the fourth Millennium Development Goal which focuses on reducing child mortality by 2/3 of children under five before the year 2015.

Advocacy on the need to receive HIV/AIDS counselling, carry out HIV/AIDS test at child labour and delivery be intensified at Shomolu and Epe Local Government areas.

Eti-Osa Local Government should double-up their commitment to provide intensive Post Natal Care (PNC) to every woman who visits any of the Government health facility in the area

Malaria advocacy programmes should be strengthened by the State Government in Alimosho and Ikeja Local Government to reduce the incidence of malaria in the areas.

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