# A CHANCE FOR CHOICE

## Nigerians are harnessing the right to define their future with the aid of family planning.

Couples are discussing when to have children and how large they want their families to be. While the use of modern methods still varies widely based on region, reflective of traditional and cultural norms, more women than ever have the desire and means to access a range of high quality contraceptives.

## **CONTRACEPTIVE USE**

The Nigerian Urban Reproductive Health Initiative's (NURHI) program cities have experienced a marked percentage point increase in the modern contraceptive prevalence (CPR) rate from **baseline to midterm**. These rates exceed the average annual increases in urban Nigeria and Sub-Saharan Africa. Most noteworthy is the increase in modern contraceptive **use among the poorest wealth quintiles**.

NURHI's POOREST **8.4** 

Percentage Point Increases
REGIONAL NURHI CITIES



## **SAVING LIVES**

Family planning not only empowers women to space their pregnancies, it also saves lives. NURHI is preventing unnecessary maternal deaths across its sites. Between the baseline and midterm surveys there were...



Nigerian Urban Reproductive Health Initiative

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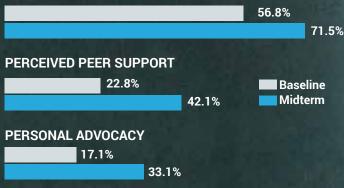
## **COMMUNICATION INFLUENCES INTENTION**

Integrated communication programs publicly **OPEN THE DIALOGUE** and establish the **SOCIAL ACCEPTABILITY** of family planning.

# **ideational factors WHAT** and **HOW** people **THINK** about family planning and what they believe **OTHERS** think about family planning predicts their decision to use family planning

Research shows that exposure to NURHI activities positively impacts ideation, and that improvements in ideation are correlated with contraceptive use. An intriguing sign of change is a small increase in the percentage of women who say they want a smaller family, with 3 or fewer children.

#### POSITIVE ATTITUDE TOWARDS RELIGIOUS OFFICIALS TALKING ABOUT FAMILY PLANNING

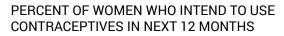


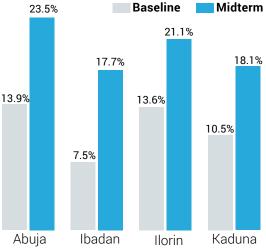


## **A SHIFT IN ATTITUDES**

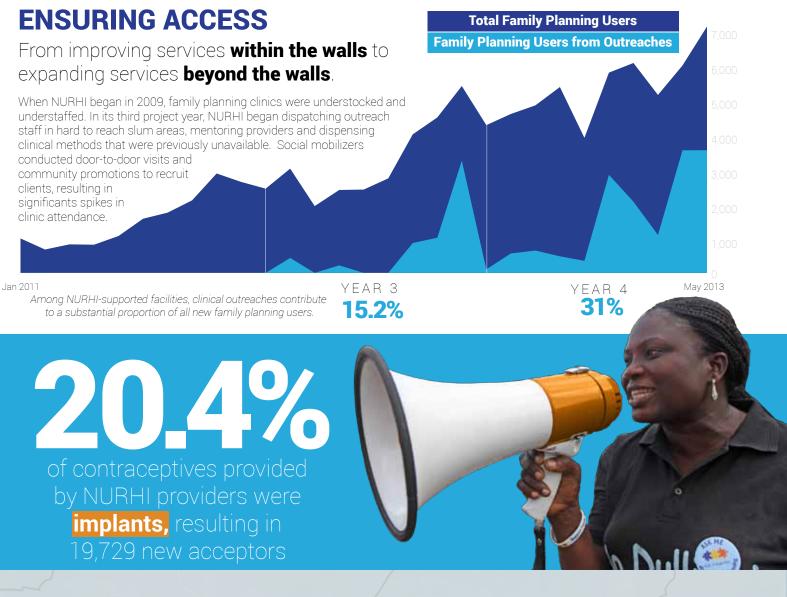
Historically, **myths and misconceptions** have contributed to low demand for family planning. With growing access to correct information, fewer women agree with the following statements:







THE CUMULATIVE NUMBER OF IDEATIONAL FACTORS A WOMAN HAS PREDICTS THE LIKELIHOOD OF HER USING CONTRACEPTIVES.



### **CITY-SPECIFIC STRATEGIES**



#### **KADUNA - Extending Integration**

A large number of young women delivering their first child practice the lactational amenorrhea method postpartum. NURHI is focused on making ANC clinics a priority integration point, introducing family planning options before birth and again at delivery.

#### **ABUJA - Expanding Reach**

As a widely spread transient city, Abuja faces a strain on consistent provider coverage. NURHI is expanding its outreaches to reach all 84 primary healthcare centres (which do not ordinarily provide clinical methods) while also engaging the family planning coordinators in its service provision.

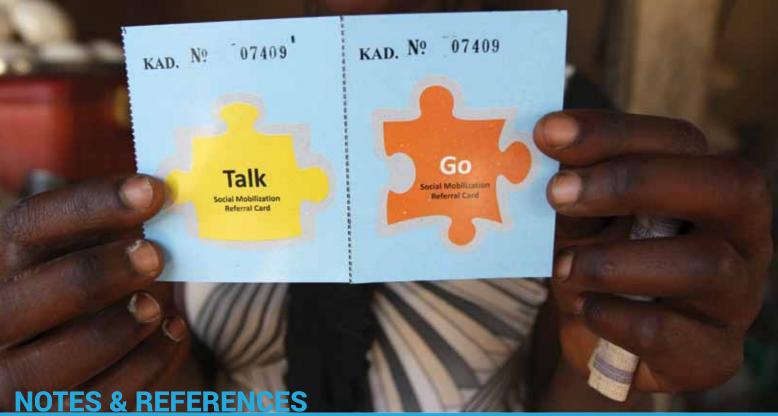
#### **ILORIN - Sustaining Successes**

CPR change in Ilorin has been steady with a core service delivery strategy of improving quality in high volume sites, supplemented by outreaches. NURHI will sustain this approach.

#### **IBADAN - Expanding Saturation**

Due to sheer population density in Ibadan it has been difficult to adequately provide service coverage. Embarking on outreaches in central market areas and military barracks, which house over 20,000, will allow for more comprehensive coverage.

#### DEM REPUBLIC OF CONGO



#### CONTRACEPTIVE USE

Sub-Saharan Africa: Goliber, T, Sanders R. and Ross J. 2009. Developing a Family Planning Goal for 2015 that Supports MDG-5b. USAID Health Policy Institute.

Urban Nigeria: National Population Commission (NPC) [Nigeria] and ORC Macro. 2004. Nigeria Demographic and Health Survey 2003. Calverton, Maryland: National Population Commission and ORC Macro. National Population Commission (NPC) [Nigeria] and ICF Macro. 2009. Nigeria Demographic and Health Survey 2008. Abuja, Nigeria: National Population Commission and ICF Macro.

NURHI cities: Measurement, Learning & Evaluation (MLE) Project; National Population Council (NPC). *Measurement, Learning & Evaluation of the Urban Reproductive Health Initiative: Nigeria, 2012 Midterm Survey* [TWP 2-2013]. Chapel Hill, NC, USA: Measurement, Learning & Evaluation Project; 2013.

#### **BY THE NUMBERS**

Increase in contraceptive prevalence rate translates to maternal death averted based on crude birth rate (CIA Fact Sheet, Nigeria, 2013) and maternal mortality ratio for urban Nigeria (Adebowale, A.S, Fagbamigbe, A.F. and Bamgboye, E.A. 2010. Rural-Urban Differential in Maternal Mortality in Nigeria, sub-Saharan Africa. Journal of Biomedical Sciences, Vol 2, pp 74-91. Jos, Nigeria).

#### COMMUNICATION INFLUENCES INTENTION

Secondary analysis of *Measurement, Learning & Evaluation of the Urban Reproductive Health Initiative: Nigeria, 2012 Midterm Survey*. 2013. Presented at NURHI data use workshop.

#### SHIFT IN ATTITUDES

Measurement, Learning & Evaluation (MLE) Project; National Population Council (NPC). *Measurement, Learning & Evaluation of the Urban Reproductive Health Initiative: Nigeria, 2012 Midterm Survey* [TWP 2-2013]. Chapel Hill, NC, USA: Measurement, Learning & Evaluation Project; 2013.

ENSURING ACCESS NURHI facility monitoring data, January 2011 - May 2013.

NURHI is a five-year project (2009-2014) funded by the Bill and Melinda Gates Foundation with the aim of increasing the contraceptive prevalence rate by at least 20 percentage points in six urban centers: Abuja FCT, Benin City, Ibadan, Ilorin, Kaduna and Zaria. NURHI's strategy is driven by the premise that demand for family planning can drive supply, leading ultimately to market-driven sustainability.







