

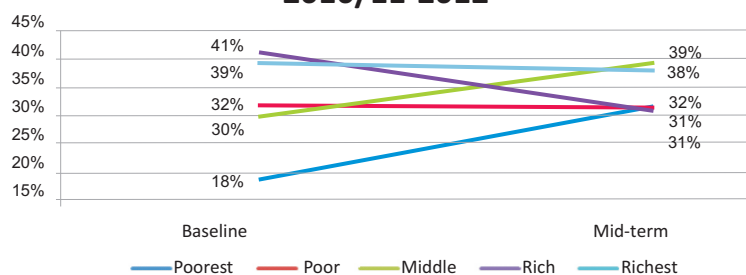
## THE NIGERIAN URBAN REPRODUCTIVE HEALTH INITIATIVE: MID-TERM FINDINGS FOR ABUJA

This fact sheet presents key findings from a mid-term survey of 759 women ages 15 to 49 in Abuja, conducted in 2012 by the Measurement, Learning & Evaluation (MLE) Project and the Nigerian Urban Reproductive Health Initiative (NURHI)<sup>1</sup>. Trends between the baseline survey (conducted in 2010–2011) and the mid-term survey are presented.

### CONTRACEPTIVE USE

- Modest changes in contraceptive use among women in union<sup>2</sup> were found between baseline and mid-term: use of modern methods increased from 32% to 34%, and traditional method use declined from 12% to 10%.
- Use of modern methods varied among wealth quintiles, with increases seen among women in the poorest and middle wealth quintiles. For example, there was a 14 percentage point increase in use of modern family planning (FP) methods among the poorest wealth quintile, and a 9 percentage point increase among the middle wealth quintile.

#### Trends in Modern Contraceptive Use, Abuja, 2010/11-2012

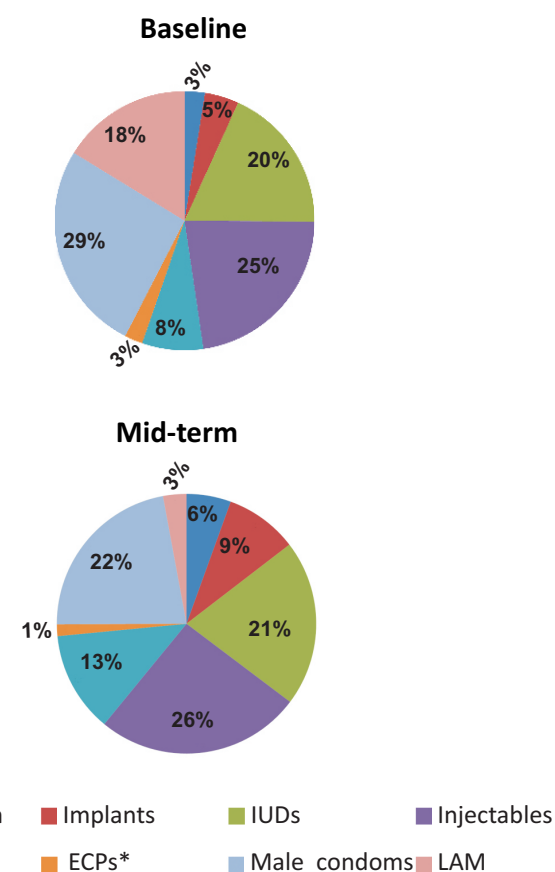


### MODERN METHOD MIX

The share of long-acting and permanent methods (female sterilization, implants and IUDs) in the method mix improved. Among women using a modern method: use of female sterilization increased from 3% to 6%; implants rose to 9% from 5%; and IUD use grew slightly to 21% from 20%. There were also improvements in the use of short-term methods (injectables and pills) and declines in the use of less effective methods (male condoms and lactational amenorrhea method).

Training on long-acting and permanent methods of contraception and clinical service outreach in 15 slums in Abuja were conducted to address barriers to FP use at the primary care level, notably the lack of provider skills.

#### Trends in the Method Mix among Modern Method Users, Abuja, 2010/11–2012



\*ECPs: Emergency contraceptive pills

### UNMET NEED

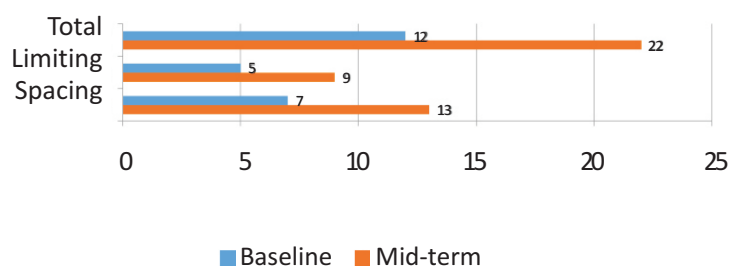
- Unmet need for FP increased between baseline and mid-term, from 12% to 22%.
- Unmet need at mid-term was higher for spacing births (13%) than for limiting births (9%). Unmet need for limiting was higher among poorer women, whereas it varied for spacing births among the wealth quintiles.

<sup>1</sup> For the full report, see "Measurement, Learning & Evaluation of the Urban Health Initiative: Nigeria 2012 Mid-term Survey" (February 2013). [http://www.urbanreproductivehealth.org/sites/mle/files/nigeria\\_midterm\\_twp2\\_2013.pdf](http://www.urbanreproductivehealth.org/sites/mle/files/nigeria_midterm_twp2_2013.pdf).

<sup>2</sup> Unless otherwise noted, data presented in this fact sheet are among women in union (defined as married or living with a partner).

The Abuja program implemented a multi-faceted approach to community mobilization, using radio drama, community parades, distribution of communication materials and engagement of volunteers to raise awareness about FP in the biggest slums.

### Trends in Unmet Need for Family Planning, Abuja, 2010/11-2012

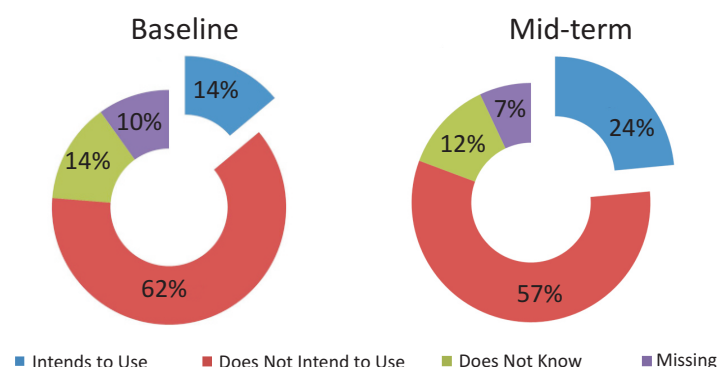


### BARRIERS TO USE

- Intention to use: 56% of women in union at mid-term did not use any modern or traditional contraceptive method, up from 55% at baseline. Intention to use FP improved, from 14% at baseline to 24% at mid-term among women not currently using contraception.

### Intention to Use Family Planning in Next 12 Months, Abuja, 2010/11-2012

Among Women Not Currently Using Contraception



### REASONS FOR NON-USE

- Fertility-related: As at baseline, reasons for non-use include infrequent or no sex (39%); want more children (21%); pregnant (12%) or breastfeeding (7%).
- Opposition to use: This reason for non-use decreased between baseline and mid-term. For example, religious prohibition dropped from 8% to 0.3%, and partner opposition from 4% to 2%.
- Method-related reasons: Such reasons also declined. For example, fear of side effects decreased from 4% to 3%, and dislike of existing methods from 1% to 0.1%. No women cited cost, distance to travel or lack of knowledge about how to use a method as reasons for non-use.

### Other Positive Trends

- The establishment, training and engagement of the Advocacy Core Group and Interfaith Forum aimed to demystify FP, increase support for FP and reduce opposition to FP use.
- Budget line items for contraceptive commodities, created by the FCT Primary Health Care Board and the Area Councils, were created to support increased access to FP services.
- Community-level awareness raising activities were undertaken, particularly among the poorest wealth quintile.
- Advocacy and demand generation activities were undertaken to support increases in FP knowledge, acceptance and intention to use FP.

For more information about urban reproductive health, please visit [www.urbanreproductivehealth.org](http://www.urbanreproductivehealth.org) and [www.nurhitoolkit.org](http://www.nurhitoolkit.org).

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