

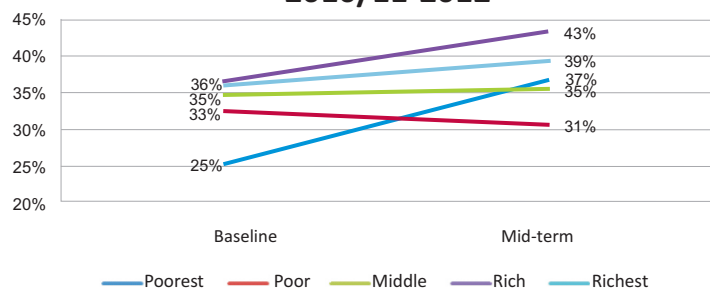
THE NIGERIAN URBAN REPRODUCTIVE HEALTH INITIATIVE: MID-TERM FINDINGS FOR IBADAN

This fact sheet presents key findings from a mid-term survey of 1,202 women ages 15 to 49 in Ibadan, conducted in 2012 by the Measurement, Learning & Evaluation (MLE) Project and the Nigerian Urban Reproductive Health Initiative (NURHI)¹. Trends between the baseline survey (conducted in 2010–2011) and the mid-term survey are presented.

CONTRACEPTIVE USE

- Contraceptive use increased among women in union² between baseline and mid-term—from 33% to 37% for modern methods, and 13% to 15% for traditional methods, respectively.
- Use of modern methods varied among wealth quintiles, with a significant increase (12 percentage points) seen among women in the poorest wealth quintile, and improvements in the top two wealth quintiles.

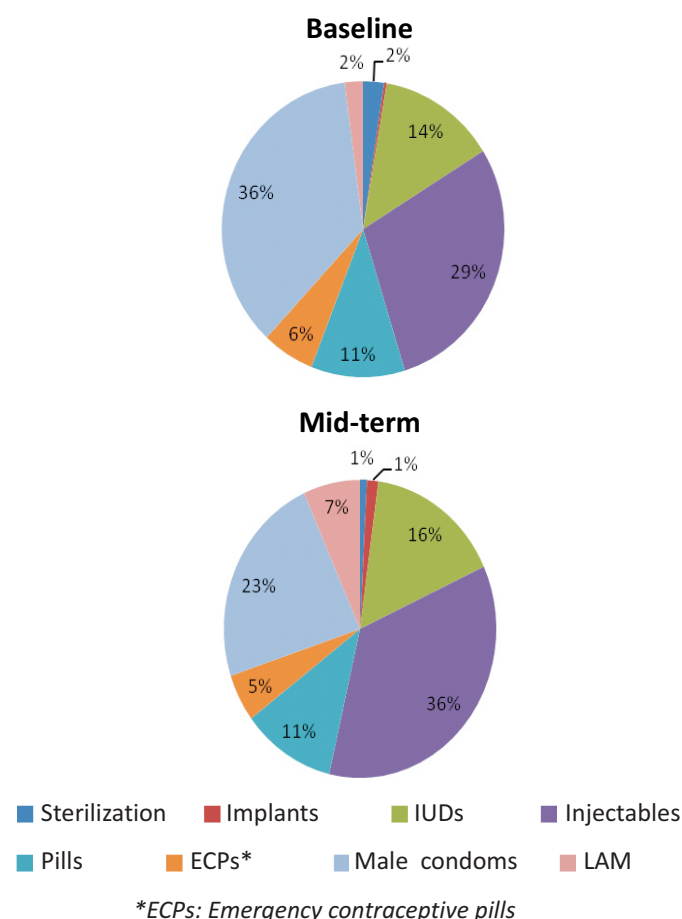
Trends in Modern Contraceptive Use, Ibadan, 2010/11-2012



MODERN METHOD MIX

Use of modern methods increased. The percent of women in union using long-acting methods (implants and IUD) improved, as did use of injectables. The share of female sterilization, emergency contraceptive pills (ECPs), and male condoms in the method mix declined. Lactational amenorrhea method (LAM) and traditional methods increased. Pill use remained the same.

Trends in the Method Mix Among Modern Method Users, Ibadan, 2010/11–2012



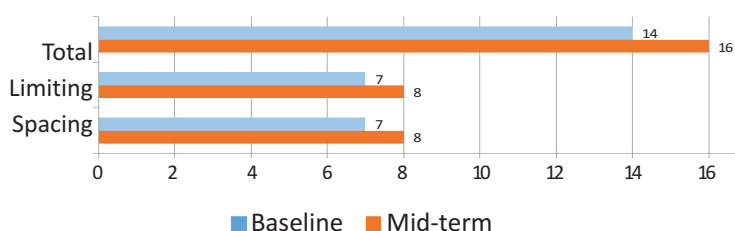
UNMET NEED

- Unmet need for family planning (FP) increased between baseline and mid-term, from 13% to 16%.
- Unmet need is split evenly between women who wish to limit births and those interested in spacing. Unmet need for spacing and limiting is generally higher among the poorer women as compared to the wealthier women.

¹For 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.

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

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



13% to 6%, and method-related health concerns from 7% to 4%. These are the largest decreases among all intervention cities.

- Other barriers: As found at baseline, at mid-term few or no women cited cost (0.3%), distance to travel (0%) or lack of knowledge about how to use a method (0.5%) as a barrier.

BARRIERS TO USE

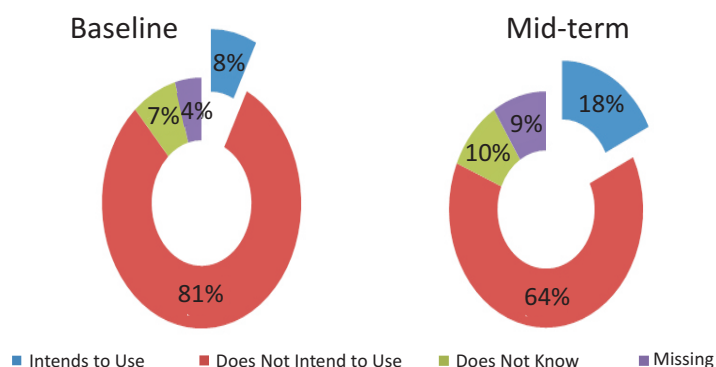
- Intention to use: 48% of women in union at mid-term did not use any modern or traditional contraceptive method. Sixty-four percent did not intend to use contraception in the future, down from 81% at baseline.

ATTITUDES, MYTHS AND PERCEPTIONS ABOUT FP AND EXPOSURE TO FP MESSAGES

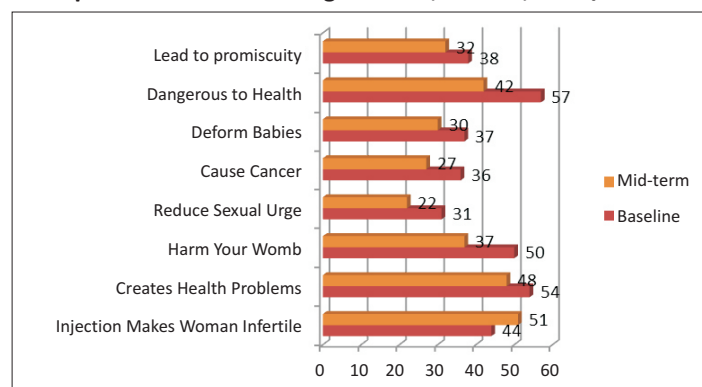
With one exception, there are positive trends in women's perceptions about FP, indicating an improvement in women's belief that modern method use is not harmful to health.

Intention to Use Family Planning in Next 12 Months, Ibadan, 2010/11–2012

Among Women Not Currently Using Contraception



Perceptions about FP among Women, Ibadan, 2010/11–2012



REASONS FOR NON-USE

- Fertility-related reasons: As at baseline, reasons for non-use at mid-term include: infrequent or no sex (40%); want more children (17%); pregnant (11%) or breastfeeding (9%).
- Opposition to use: This reason for non-use decreased between baseline and mid-term. For example, religious prohibition dropped from 4% to 3%, and partner opposition from 6% to 3%.
- Method-related reasons: Such reasons also declined. For example, fear of side effects fell significantly from

Other Positive Trends

- More women heard a religious leader speak in support of FP/ birth spacing in the last year.
- More women report an increase in the number of close relatives/friends who they think use FP.
- There was an increase in the frequency of spousal communication about FP between the two survey periods.
- Across the four intervention cities, women and men from Ibadan reported greater exposure to FP messages at NURHI program outreach events than their counterparts in the other cities.

For more information about urban reproductive health, please visit www.urbanreproductivehealth.org and www.nurhitoolkit.org.

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