

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

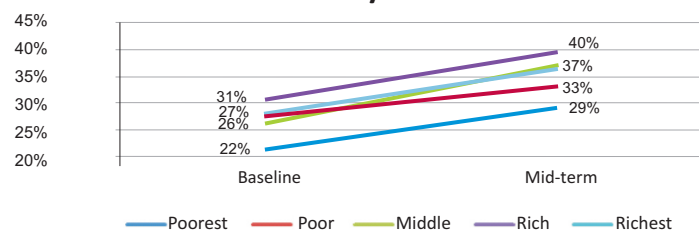
This fact sheet presents key findings from a mid-term survey of 1,127 women ages 15 to 49 in Ilorin, conducted in 2012 by the Measurement, Learning & Evaluation (MLE) Project and the Nigerian Urban Reproductive Health Initiative (NURHI)¹. Trends between the baseline survey (conducted 2010–2011) and the mid-term survey are presented.

CONTRACEPTIVE USE

- Modern contraceptive use increased among women in union² between baseline and mid-term, from 27% to 35%. Use of traditional methods also grew, from 9% at baseline to 15% at mid-term. Non-use among all women declined from 72% at baseline to 59% at mid-term.
- Modern contraceptive use increased among all wealth quintiles between the two survey periods.

The Knowledge and Visibility parades, production and distribution of posters and other communication materials, and telecast of TV spots, radio dramas and other behavior change communication strategies were undertaken to target women in all wealth quintiles to increase modern method use.

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

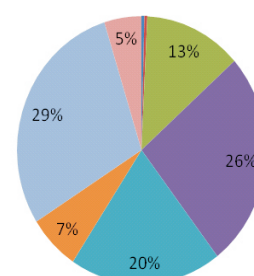


MODERN METHOD MIX

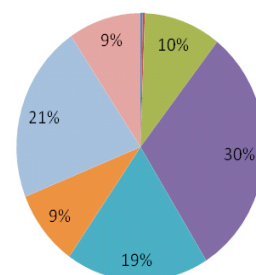
Among modern method users, male condoms, injectables and daily pills remain the most commonly used methods at mid-term. The share for IUDs in the method mix declined slightly, and the share for ECPs and lactational amenorrhea/other methods increased.

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

Baseline



Mid-term



*ECPs: Emergency contraceptive pills

UNMET NEED

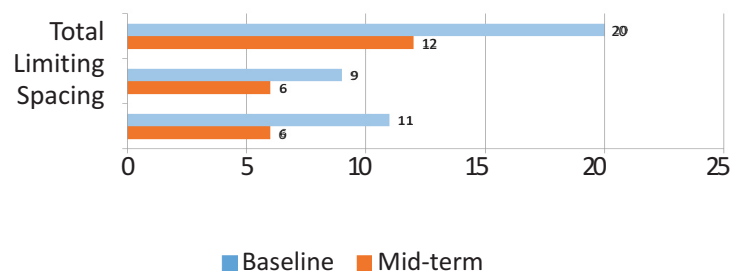
- Unmet need for family planning (FP) decreased between baseline and mid-term, from 20% to 12%.
- At mid-term, unmet need is split evenly at 6% between women who wish to space and those who wish to limit births.

¹ 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.

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

Demand creation activities, training for providers on long-acting and permanent contraceptive methods and outreach activities in slum areas were undertaken to increase community awareness and uptake of FP. Service providers are now better equipped to meet demand and are willing to provide high-quality services.

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



REASONS FOR NON-USE

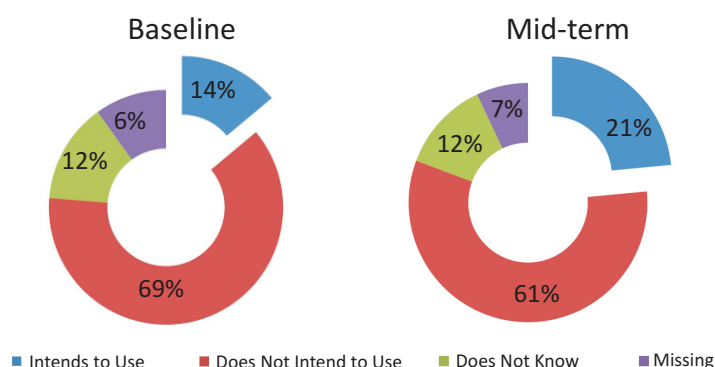
- Fertility-related: As at baseline, reasons for non-use included: infrequent or no sex (54%); want more children (21%); pregnant (11%) or breastfeeding (13%).
- Opposition to use: This reason for non-use decreased between baseline and mid-term. For example, religious prohibition dropped from 1.2% to 0.4%, and partner opposition from 1.9% to 0.8%.
- Method-related reasons: Such reasons also declined. For example, fear of side effects decreased from 7% to 3%, and health concerns from 2% to 1%. No women cited distance to travel or lack of knowledge about how to use a method as reasons for non-use, and only 0.1% of women cited cost as a barrier.

BARRIERS TO USE

- Intention to use: One-half (50%) of women in union did not use any method at mid-term, down from 64% at baseline. At mid-term, 61% of these women do not intend to use contraception in the future, down from 69% at baseline.

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

Among Women Not Currently Using Contraception



Other Positive Trends

- Positive testimonials of users in radio dramas on how contraceptives cause no harm, plus increased awareness brought by the Knowledge and Visibility parades and improved attitudes of service providers and their treatment of clients, have been undertaken to increase women's intentions to use FP.
- Advocacy activities with policymakers, religious and community leaders were undertaken to encourage these stakeholders to speak positively about modern FP methods, lending credence to NUHRI's messages.
- Key Life Events celebrations by the demand generation team and engagement of community leaders have also been important interventions. People are now able to speak openly about FP and its benefits.

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

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