MLE Measurement, Learning & Evaluation Project for the Urban Reproductive Health Initiative

Measurement, Learning & Evaluation of the Urban Health Initiative: Nigeria 2012 Midterm Survey

NURHI

National Population Commission

This report presents the findings from an analysis of the midterm survey results from urban samples in four cities in Nigeria. The report was written by the Measurement, Learning & Evaluation (MLE) Project of the Urban Reproductive Health Initiative in collaboration with the National Population Commission. The MLE midterm survey was implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill and the African Population and Health Research Center. The Nigerian Urban Reproductive Health Initiative (NURHI) is being implemented by a consortium led by Johns Hopkins Bloomberg School of Public Health Center for Communication Programs.

The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organization, the Bill & Melinda Gates Foundation. Additional information about this report may be obtained from:

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Cover photograph:

> An umbrella promoting family planning is spotted at a roadside market in Mapo district in Ibadan, South-west, Nigeria November 7, 2012.
> Photograph by Akintunde Akinleye, © 2012.

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List of Abbreviations

CHW	community health worker
CPR	contraceptive prevalence rate
CSPro	Census and Survey Processing System
DRMC	Data Research and Mapping Consult
EA	enumeration area
EC	emergency contraception
FP	family planning
FPPN	Family Planning Provider Network
GPS	global positioning system
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
IUD	intrauterine contraceptive device
LAM	lactational amenorrhea method
LGA	local government area
MCH	maternal and child health
MLE Project	Measurement, Learning & Evaluation Project for the Reproductive Health Initiative
NGO	nongovernmental organization
NPC	National Population Commission
NURHI	Nigeria Urban Reproductive Health Initiative
OCP	oral contraceptive pill
PMS	patent medicine stores
QAS	quality assurance supervisors
RH	reproductive health
SDP	service delivery point
SDM	Standard Days Method
SMS	Short Message Service
TBA	traditional birth attendant
URHI	Urban Reproductive Health Initiative
UNC-CH	University of North Carolina at Chapel Hill
VCT	voluntary counseling and testing

Preface

The MLE/NURHI Survey Project, sponsored by the Bill & Melinda Gates Foundation, is being implemented in phases ─ baseline, midterm, and endline. The National Population Commission (NPC) implemented the baseline survey in 2010/2011. During the implementation of the baseline, which was conducted in the six Nigerian cities of Abuja, Benin City, Ibadan, Ilorin, Kaduna and Zaria, women of reproductive age (15-49 years) in selected households were interviewed. Equally, the survey canvassed information on men age 15-59 years in half the households selected for the women interview in the cities of Abuja, Ibadan, Ilorin, and Kaduna. The report of the baseline study was published in October 2011.

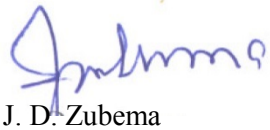
Having successfully accomplished the implementation of the baseline survey, NPC embarked on the conduct of the midterm phase of the study in about mid-2012. The midterm survey was conducted in 65 percent of the survey units canvassed during the baseline. This phase involves tracking and re-interviewing of women respondents from a sample of households in the cities of Abuja, Ibadan, Ilorin, and Kaduna.

The Commission is highly delighted at the completion of the entire processes of data collection, analysis, and report writing, and it gives me pleasure to present the report of the survey to the public. It is hoped that this report will be a source material from which additional knowledge about family planning issues in urban Nigeria will be drawn. The data generated can also be explored for further analysis.

On behalf of the Commission, I wish to express our gratitude to the Bill & Melinda Gates Foundation for sponsoring this laudable project. I wish to also thank our partners, MLE and University of North Carolina in Chapel Hill for their technical support. I recognize the professional advice given by Ilene Speizer, Meghan Corroon, and the Country Manager (Mr. Akiode Akinsewa) throughout the period of the survey.

I wish to specially acknowledge the support received from the NPC Honourable Federal Commissioners representing the states where the survey was conducted. The survey also received a boost from the leadership role played by Dr. Emmanuel Enu Attah (Director Planning & Research). The dedication and commitment to duty exhibited by the technical team led by Mr Bolaji Akinsulie (Project Director) and Mr Chike Moronu (Project Coordinator) is highly commendable. Data Research and Mapping Consult (DRMC) tracked the women respondents; its professional competence is hereby acknowledged.

The Federal Ministry of Health and the National Bureau of Statistics collaborated with NPC in undertaking this project. We greatly appreciate their contributions. I wish to also use this opportunity to thank all the field functionaries, staff, and non-staff of NPC for the tasks undertaken by them.



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Executive Summary

Background

The benefits of family planning go beyond the prevention of maternal and child mortality and extend to poverty alleviation, women's empowerment, and environmental sustainability. The Bill & Melinda Gates Foundation is devoted to improving access to quality family planning services through its Urban Reproductive Health Initiative (URHI). The URHI aims to increase the use of modern family planning methods and services in select urban areas in Uttar Pradesh, India; Kenya; Nigeria; and Senegal. To garner scientific evidence for the expansion of URHI, the Measurement, Learning & Evaluation Project, led by the Carolina Population Center at the University of North Carolina at Chapel Hill, is conducting the impact evaluation of the country-specific URHI programs.

The Nigeria URHI (NURHI), being led by the Johns Hopkins University Center for Communication Programs, aims to increase modern contraceptive use significantly in six urban cities in Nigeria: Abuja (FCT), Benin City, Ibadan, Ilorin, Kaduna, and Zaria. The baseline household survey was conducted in 2010/2011 and focused on the data collection of key reproductive health indicators. The midterm survey was conducted in 2012 with the aim of providing information on the status of the NURHI program indicators.

Methodology

Prior to the midterm survey, all the women in the baseline survey were re-visited using the contact information provided at baseline, a process referred to as "tracking." This tracking exercise was performed in preparation for both the midterm and endline surveys to minimize loss to follow up. The midterm household survey was conducted from September to November 2012 in four of the six study cities: Abuja, Ibadan, Ilorin, and Kaduna. A random sample of the baseline enumeration areas (EAs) were selected for the midterm survey (N=225; 65 percent of baseline EAs). All the households in the selected EAs in study cities where a woman from the baseline sample was surveyed were included at midterm. Women from these households make up the longitudinal sample. Prior to the women's longitudinal survey and the men's cross-sectional survey, a household survey was undertaken with the head of the household to learn about housing conditions and household assets. The men's midterm survey is a cross-sectional sample of men aged 15-59 years in the selected EAs of two of the cities (Ibadan and Kaduna).

Results

Household Population Distribution: Overall, 74 percent of all women were found at either their baseline location or a new location within the study cities. A total of 4,331 women in the selected EAs were re-interviewed at midterm, giving an overall response rate of 65 percent. A total of 2,451 men were interviewed during the men's cross-sectional survey at midterm — a 96 percent response rate. The age distribution was similar across all cities with the majority of both the women and men aged 20-39 years. Many of the female respondents had formal education (primary or higher); however, 10 percent of women in Kaduna reported having only Quranic education. This is similar for men though only 5 percent of men in Kaduna reported having only Quranic education. The majority of all respondents in all cities are Muslims except for Abuja where the majority of the women are Christians. About two-thirds of the women and half of the men are married or cohabiting with a partner.

Family Planning: There are increases in the knowledge of family planning methods from baseline to midterm across all cities for both men and women (see summary table of key indicators). More than 98 percent of men and women have correct knowledge (spontaneous or probed) of at least one family planning method at midterm. The largest increases were observed

in Kaduna — a 23 percentage-point increase for women and a 19 percentage-point increase for men. As shown in the summary table, spontaneous knowledge of any method is somewhat lower, at 87 percent or higher in all cities.

Among all women, there were substantial increases in the midterm modern contraceptive prevalence rate (CPR) as compared to baseline in all cities except for Abuja. The modern CPR remained about the same in Abuja (29.2 vs. 29.3 percent), but increased from 29.2 to 32.8 percent in Ibadan, 21.3 to 29.5 percent in Ilorin, and 16.3 to 27.9 percent in Kaduna. Slightly greater increases were observed for modern contraceptive use among women in union (see summary table). The majority of the increases were among women in the lower wealth quintiles. The most commonly cited reasons for nonuse of contraceptive methods among women are fertility-related reasons (e.g., no or infrequent sex/want more children). Fewer women reported negative attitudes or partner/family opposition towards family planning as a reason for nonuse at midterm than baseline. Comparing midterm to baseline, more women reported that they intend to use a modern method in the next 12 months in all cities; an increase of approximately 8 to 10 percentage points in each city.

The public sector remained the primary source for the intrauterine contraceptive device (IUD)

Executive Summary Table of Key Indicators at Baseline and Midterm

Percent distribution of women for select key indicators, Nigeria 2010/2011, 2012.

	Abuja		***Ibadan***		***Ilorin***		***Kaduna***	
	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm
Knowledge of FP (spontaneous)								
Any method	66.9	87.7	87.0	88.6	77.1	88.0	63.7	91.7
Modern method	65.4	86.7	86.4	87.5	76.6	87.5	63.3	91.2
No knowledge of modern	34.6	13.3	13.6	12.5	23.4	12.5	36.7	8.8
Number	2126	759	2928	1202	2449	1127	2850	1243
CPR among all women in union								
Modern method	31.9	34.2	33.3	36.9	26.9	34.9	19.6	35.1
Traditional method	12.2	9.5	13.4	15.4	9.0	15.1	7.0	8.5
No use	55.9	56.3	53.3	47.7	64.0	50.1	73.4	56.5
Number	1347	526	1979	868	1563	797	1583	798
Future intent to use FP (among nonusers)								
Intends to use in next 12 months	13.9	23.5	7.5	17.7	13.6	21.1	10.5	18.1
Does not intend to use in next 12 months	62.3	57.2	80.9	63.7	68.7	61.2	63.6	57.4
Don't know	13.8	12.3	7.3	9.6	11.7	11.8	16.5	15.7
Missing*	9.9	7.0	4.3	9.0	6.0	5.9	9.4	8.8
Number	1141	483	1713	663	1630	669	1555	822

Note: * Missing category includes women who were infecund, menopausal, or had undergone a hysterectomy.

and injectables in all cities, while the main sources of emergency contraceptives (EC) and male condoms are pharmacies and chemists/patent medicine stores (PMS). The need for modern family planning among women in union was assessed and it was found that the unmet need for spacing and limiting childbirth decreased from baseline to midterm in Ilorin and Kaduna, but increased in Abuja and Ibadan.

Maternal and Child Health: The integration of family planning services with maternal and child health service visits such as child delivery, post-natal care, immunization visits, HIV services, and at pharmacies and PMS/chemists was assessed. Integration of FP at delivery visits increased in all four cities evidenced by an increase in the proportion of women reporting receipt of FP counseling at their most recent delivery visit. Similar results were found at the postnatal, child-immunization, and HIV testing visits. However, the proportion of women who report receipt of a modern method at any of the visits decreased from baseline to midterm. The receipt of barrier methods (male condoms) at a HIV testing visit increased in all cities. Exposure to FP services (counseling, method, or referral) at pharmacies and PMS/chemists is low with over 90 percent of those who visited a pharmacy/chemist/PMS in the past year reporting no exposure to family planning services.

Spousal Communication: One of the effective ways of improving modern family planning use among women is through male involvement, which can be achieved by encouraging communication between spouses/partners. Spousal communication on fertility desires and family planning was assessed at baseline and midterm. Similar rates of spousal communication on family size desires and on family planning were observed at both baseline and midterm for both men and women.

Exposure to Nigerian Urban Reproductive Health Initiative Program: NURHI conducted multiple activities to increase demand for family planning, which included the development of key themes for social mobilization and mass media advertising/entertainment. These messages promote use of FP methods and are targeted to women in union. A greater percentage of respondents (both males and females) aged 25-44 years reported high exposure to program activities while a majority of those aged less than 25 years reported no exposure to program activities. Education and household wealth status are positively associated with exposure to program activities. In addition, respondents in union were more likely to be exposed to the program activities compared to those not in union. The only difference in exposure to the NURHI program is across cities. A greater percentage of women in Ilorin, followed by those in Ibadan, reported exposure to NURHI program activities while a greater percentage of men in Kaduna reported exposure to program activities as compared to men in Ibadan.

Contraceptive Use among Matched Sample: Since the NURHI program aims to improve modern contraceptive use, a comparison of baseline to midterm CPR among the longitudinal sample of women was assessed. Within the two-year follow-up period between baseline and midterm surveys, approximately 12 percent of women remained modern method users; 58 percent remained traditional method users or nonusers; 12 percent discontinued a modern method; while 18 percent adopted a modern method. Women's socio-demographic characteristics such as age and city of residence were found to be associated with method-switching between the surveys.

Chapter 1. Introduction

1.1 Background

The Bill & Melinda Gates Foundation (BMGF) reproductive health (RH) strategy aims to reduce maternal and infant mortality, and unintended pregnancy in the developing world by increasing access to family planning (FP) services. The RH strategy aims to do this through the Urban Reproductive Health Initiative (URHI), which is undertaking programs to increase modern contraceptive use in selected urban areas of India, Kenya, Nigeria, and Senegal. In Nigeria, this initiative is being implemented by a country consortium known as the Nigerian Urban Reproductive Health Initiative (NURHI), led by Johns Hopkins University Center for Communications Programs. The aim of NURHI is to increase modern contraceptive use in six selected urban areas of Nigeria: Abuja (FCT), Benin City, Ibadan, Ilorin, Kaduna, and Zaria (see figure 1.1). Key elements of this program include:

- development of cost-effective interventions for integrating quality family planning with maternal and newborn health, HIV and AIDS, and postpartum and postabortion care programs;
- improvement of the quality of family planning services for the urban poor with an emphasis on high volume clinical settings;
- testing novel public-private partnerships and innovative private-sector approaches to increase access to and use of family planning by the urban poor;
- development of interventions for creating demand for and sustaining use of contraceptives among marginalized urban populations; and
- increase funding and financial mechanisms and a supportive policy environment for ensuring access to family planning supplies and services for the urban poor.

Figure 1.1. Map of study sites in Nigeria.

Effectively implemented family planning programs can contribute to maternal and infant mortality reduction; despite this, most family planning interventions lack rigorous and comprehensive evaluation frameworks that are necessary for effective program development and scale-up. To evaluate the impact of the URHI effectively and measure the contributions of the various program components to the overall program achievements, the Bill & Melinda Gates Foundation funded the Measurement, Learning & Evaluation (MLE) Project of the Urban Reproductive Health Initiative. The implementation of the MLE Project is led by the Carolina Population Center at the University of North Carolina at Chapel Hill (UNC-CH). The project aims to promote evidence-based decision-making in the design of integrated family planning and reproductive health (FP/RH) interventions for the URHI using rigorous and state-of-the-art methods. Specifically, the MLE Project uses a quasi-experimental design with baseline, midterm and endline survey components in each URHI country. In this report, we focus on the design of

the study and the evidence of progress of the URHI in Nigeria.

1.2 Overview of the Baseline Survey

In Nigeria, the baseline survey consisted of household-based individual level surveys of women and men of reproductive age, surveys of providers and clients, and an audit of service delivery points (SDPs) in six cities: Abuja, Benin City, Ibadan, Ilorin, Kaduna, and Zaria. The six cities include the four initial intervention cities (Abuja, Ibadan, Ilorin, and Kaduna) and two scale-up cities (Benin City and Zaria). Baseline data were collected from October 2010 through April 2011. A representative sample of women between the ages of 15 and 49 years and men between the ages of 15 and 59 years were included in the baseline survey. A total of 16,144 women participated in the baseline survey across the six cities while a total of 5,547 men were included at baseline in the four initial intervention cities. Facility audits and provider interviews were conducted at 400 public and private health facilities across the six cities; exit interviews were conducted among 5,444 women receiving reproductive health services, including family planning services, from 96 high volume facilities (Measurement, Learning & Evaluation Project & Nigerian Urban Reproductive Health Initiative, 2011).

The longitudinal evaluation design requires interviewing the women surveyed at baseline at two-year intervals. Women interviewed at baseline were asked to provide follow-up contact information to help find each woman and her household at midterm in 2012. The men's sample is cross-sectional and thus the follow-up contact information was not necessary. The study methods have been described in previous publications (Measurement, Learning & Evaluation Project & Nigerian Urban Reproductive Health Initiative, 2011).

1.3 Overview of the Midterm Survey

From September through November 2012, the MLE Project implemented the midterm survey as part of its robust evaluation plan for the NURHI. The objective of the midterm survey was to provide NURHI with information on the status of several of its program indicators in order to make midterm corrections that would ultimately help to meet the program goal of increasing modern contraceptive prevalence rate in the program cities. To provide NURHI with high quality midterm data in a manner that is most cost effective and that measures progress toward the project's goal, modifications were made to the original study plan. For example, at midterm, the MLE Project sought to interview only one-half of the baseline women respondents in the four initial intervention cities. To permit inclusion of half of the female respondents, an estimated 65 percent sample of all surveyed enumeration areas from baseline was needed. In order to minimize loss-to-follow-up at endline survey, planned for 2014, the MLE Project also re-visited, confirmed place of residence, and updated the follow-up contact information of all women in the remaining 35 percent of enumeration areas not included at midterm, and 100 percent of the sample in the delayed intervention cities. The midterm survey of women was supplemented by a new cross-sectional sample survey of men in two of the project cities (Ibadan and Kaduna). These cities were selected for the male survey as they represent the northern and the southern regions of the country, which vary greatly in terms of religion, ethnic group, culture and geography. The health facility survey was not conducted as part of the midterm survey in Nigeria; NURHI will make use of data from its program monitoring system to inform facility-level program changes at midterm.

Chapter 2. Methods at Midterm

For this midterm survey, all women who were interviewed during baseline were first re-visited through a tracking/follow-up exercise. This was followed by a household survey among all women residing in 65 percent of the baseline enumeration areas (EAs); the EAs included were randomly selected. In two of the cities (Ibadan and Kaduna), a household listing was undertaken to select a random sample of men to interview at midterm. All questionnaires were translated from English into Hausa and Yoruba languages.

At the time of tracking in the two scale-up cities (Benin City and Zaria), women from half of the EAs were asked to complete a one-page questionnaire on current contraceptive use. This information was collected to provide NURHI with data to inform their scale-up strategies in these two cities. This information is not presented in this report.

2.1 Tracking/Follow-up of All Women Interviewed

During the baseline survey, follow-up contact information of all women interviewed was collected to facilitate re-interviewing at subsequent waves of the surveys. To minimize loss-to-follow-up, a tracking exercise was conducted prior to data collection by an independent consulting group (Data Research and Mapping Consult [DRMC]). The tracking was accomplished in two phases: local tracking and long-distance tracking. The local tracking teams first traced the target woman's household where she was interviewed at baseline. Those not found within the study enumeration area or within two to three kilometers from their last known place of residence were transferred to long-distance tracking teams. The long-distance tracking team first transferred all records of women not found through local tracking onto a long-distance tracking form. The long-distance tracking team then attempted to locate the women by telephone using the telephone contacts available for the target woman from baseline and any additional information recorded by the local tracking team. If the respondent was reached via telephone, the long-distance tracking team transferred her new location information back to the field staff who visited the new location of the respondent and took global positioning system (GPS) coordinates of the new location. Local tracking teams in the two scale-up cities were trained on the administration of a one-page questionnaire that asked women in half of the EAs about exposure to NURHI program components and whether the women were currently using any contraceptive method. Tracking teams also updated each woman's follow-up information if she had relocated within any of the six program cities.

2.2 Women's Survey Implementation and Sampling Design

The midterm women's household survey was implemented with the longitudinal sample of women found based on those interviewed at baseline. Household-level data were collected in the four intervention cities among all women in 65 percent of all baseline clusters for a total of 225 clusters in the four study cities.

Women's household questionnaires and women's individual questionnaires were completed in each woman's household. The household interview was conducted with the head of household; the midterm household interview was not necessarily with the same head of household as at baseline because, although the same female respondents were interviewed at baseline and midterm, the composition of the household of the female respondent may have changed in the two years since baseline. Informed consent was obtained from the head of the household before interviews were conducted. Women who were interviewed at baseline were approached and asked for their consent to be interviewed by a female interviewer at the time of the midterm survey.

In the household questionnaire, all usual residents in each household and any visitors who stayed in the household the previous night were listed. For each listed person, basic information such as age, sex, relation with the household head and marital status was collected. Information was also collected on the socioeconomic status of the household, including housing characteristics, water and sanitation facilities, and ownership of assets. The woman's questionnaire collected general socio-demographic characteristics such as age, education, marital status of respondents, their family size and fertility desires. Survey questions captured women's exposure to the NURHI program activities and exposure to the NURHI mass media activities. Data were collected on fertility and contraceptive use since the baseline survey. Information was sought on sexual activity and marriage, spousal and inter-personal communication, general exposure to media, and family migration history, to measure potential diffusion. Updated detailed contact information was collected at the end of the interview to ensure that women would be more easily located for the end line survey.

2.3 Men's Survey Implementation and Sampling Design

The midterm men's survey was a cross-sectional sample of men in two of the four intervention cities (Kaduna and Ibadan). For logistics and operational reasons, the same set of EAs where the women's midterm survey was conducted were used for the men's survey. Base maps of selected EAs from the Cartography Department of the National Population Commission (NPC) were taken to the field and updated by trained listing and mapping field functionaries. All dwelling units and households were identified within the EAs and a listing of all members of each household was created, beginning with the head of the household.

Like in the women's household survey, the men's household questionnaire and men's questionnaire were completed in each household visited. The household interview was conducted with the head of the household. The men's questionnaire was completed for all men who were usual residents of the household and age 15 to 59 years. Informed consent was obtained from the head of household before interviews were conducted and subsequently informed consent was obtained from eligible men to participate. Only male interviewers conducted the men's household survey. The content of the household and men's questionnaires were similar to that of the surveys for women.

2.4 Training and Fieldwork

A two-day training of trainers was conducted for the senior staff of DRMC in April 2012, followed by a one-week training for the entire field tracking teams in August 2012. The long-distance tracking teams received an additional two-day training to ensure that appropriate procedures were followed when attempting to reach respondents by telephone.

The NPC implemented the baseline survey in 2010 and 2011, and was contracted again to implement the midterm survey. A total of 88 experienced field functionaries were hired to serve as city coordinators, editors, supervisors, female and male interviewers, reserve interviewers, and drivers. The data collection team participated in an 11-day training in a central location in Kubwa, one of the satellite towns in Abuja. Topics at the training included conducting good interviews; how to identify EAs/clusters; the role of interviewers, supervisors, and editors in individual-level surveys; consent procedures; checking completed questionnaires; and how to locate or track target respondents. In addition, all four study questionnaires were thoroughly reviewed. Proficiency of the trainees was augmented through role plays and practical demonstration interviews.

Local tracking began in the six cities in August 2012 and took approximately one month per city to complete. Each city was assigned two NPC supervisors and two MLE Project quality assurance supervisors (QAS). The role of the MLE QAS was to ensure adherence to standard ethical and tracking procedures. Local tracking

in the six program cities was implemented by five tracking teams per city, with each team comprised of two persons. In each city, there was a supervisor, a city-coordinator, and two GPS operators. The trackers in the two control cities of Benin City and Zaria were trained on how to complete a one-page questionnaire on women's program exposure and current contraceptive use.

Data collection for the women's and men's surveys took place in the four intervention cities from September through November 2012. In Abuja and Ilorin, three teams of four female interviewers implemented the data collection for the women's survey. In Ibadan and Kaduna, where both the women's and men's surveys were conducted, three teams comprised of four female interviewers and one male interviewer implemented the data collection. In each city, an MLE Project QAS was assigned to each of the five data collection teams to ensure that the study was implemented with the highest quality possible and adherence to ethical standards.

2.5 Data Processing and Analysis at Midterm

All completed and edited questionnaires were returned to the central data processing center located within the NPC office in Abuja. The data processing team included two archivists, six office editors, 30 data entry operators, and two supervisors, all of whom were trained over a period of seven days by the MLE Project team. To ensure that data processing proceeded in an efficient and timely manner, the MLE Project hired a consultant to support the management of the data processing center. Census and Survey Processing System (CSPro) software was used for data entry and processing. Data processing began two weeks after data collection commenced. A team of eight data audit personnel worked with the MLE Project's data processing consultant to ensure that all completed questionnaires were entered. Processed data were then cleaned by the MLE Project data processing staff based at UNC-CH in the United States and made available to the NURHI and MLE Project teams.

2.6 Ethical Review

Study procedures, consent forms and questionnaires used for the household survey were submitted and approved by the Ethical Review Committee in Nigeria—the Nigerian Health Research Ethics Committee—as well as an Institutional Review Board at UNC-CH.

2.7 Response Rates

The results of the women's longitudinal tracking and interviews are presented in table 2.1. Overall, 74 percent of longitudinal respondents were found during midterm tracking. The highest percentage of women found was in Ilorin, at about 78 percent. Approximately 3 percent of women were confirmed to have moved outside of the study cities, and therefore no attempts to interview them at midterm were made. Overall, NPC interviewed 65 percent of women eligible for the midterm survey who had been interviewed at baseline; this ranged from about 56 percent in Abuja to 71 percent in Ilorin. Overall, less than two percent of women refused to participate in the midterm interview and less than one percent had died since the baseline survey. Of those women found during tracking at midterm, 80 percent in Abuja, 88 percent in Ibadan, 90 percent in Ilorin, and 89 percent in Kaduna were successfully interviewed. Therefore, a total of 4,331 women had complete midterm interviews in the four study cities. Women not interviewed included those women not found during midterm tracking, women found during tracking but who were unavailable at the time of interview, and a small number of women (n=169) who were interviewed but excluded because of inconsistencies in background characteristics between the baseline and midterm surveys.

Sample weights for longitudinal women respondents at midterm were based on the woman's probability of selection at baseline. Midterm sample weights were then adjusted for selective attrition and non-response associated with observed characteristics such as marital status, wealth quintile, age, education, religion, ethnic group, baseline contraceptive use,

financial holdings, whether she reads newspapers, and city of residence at baseline. All estimates presented in this report are weighted.

The results of the men's cross-sectional interviews are presented in table 2.2. The response rate for men was about 94 percent in Kaduna and 98 percent in Ibadan. Approximately 0.1 percent of men refused to participate in the midterm survey. About 4 percent of men were not interviewed in the midterm survey because they were not at home, incapacitated, or had partially completed interviews. Therefore, a total of 2,451 men had complete midterm cross-sectional interviews in the two cities.

Table 2.1. Results of the Women's Longitudinal Survey

Number of female longitudinal respondents and response rates. Nigeria, 2012.

	Tracking					*Main Survey among Full Panel*		*Main Survey among Those Found*					
	Number of eligible women at midterm *	Percent found within study cities	Percent moved outside of study cities	Percent not found	Total	Percent with completed interviews	Number of women interviewed at midterm	Number of women found during tracking	Percent with completed Interviews (response rate)	Percent refused	Percent died	Percent not interviewed †	Total
Abuja	1,355	69.9	4.4	25.8	100.0	56.0	759	947	80.2	2.3	1.5	16.1	100.0
Ibadan	1,900	72.0	2.3	25.7	100.0	63.3	1,202	1,368	87.9	2.1	0.2	9.9	100.0
Ilorin	1,596	78.4	3.6	18.1	100.0	70.6	1,127	1,251	90.1	2.1	0.5	7.4	100.0
Kaduna	1,858	75.2	3.0	21.8	100.0	66.9	1,243	1,398	88.9	0.6	0.3	10.2	100.0
Total	6,709	74.0	3.2	22.8	100.0	64.6	4,331	4,964	87.3	1.7	0.5	10.5	100.0

Notes:

* A subsample of 65% of primary sampling units (PSU) was selected and all women in these PSU were eligible for midterm interview.

† Women not interviewed includes those women not found during midterm tracking, women that were found during tracking but unavailable at the time of interview, and a small number of women (n=169) that were interviewed but excluded because of inconsistencies in background characteristics between the baseline and midterm surveys.

Table 2.2. Results of the Men's Cross-Sectional Survey

Number of male cross-sectional respondents and response rates, Nigeria, 2012.

	Main Survey				
	Percent with completed interviews (response rate)	Percent refused	Percent not interviewed*	Total	Number of men interviewed at midterm
Ibadan	97.9	0.2	1.9	100.0	1,253
Kaduna	94.4	0.1	5.5	100.0	1,198
Total	96.2	0.1	3.7	100.0	2,451

Note:

* Men not interviewed included those who were not at home, incapacitated, or had partially completed questionnaires.

Chapter 3. Background Characteristics

This chapter presents the background characteristics of the longitudinal sample of women and the cross-sectional sample of men at midterm. The percent distribution of women and men interviewed at midterm by age, education, religion, wealth index, and marital status are presented in tables 3.1 and 3.2.

The age distribution of women was similar in the four cities. Approximately 10 percent of women were in the youngest age category, 15-19 years; at baseline, women had to be at least 15 years of age to participate in the study. A similar percent of women were in the age categories of 20-24, 25-29, 30-34, and 35-39, at around 15 to 20 percent in each category.

Ilorin had the highest percentage of women with no education at 11.0 percent. Abuja, Ibadan, and Kaduna had around 4 percent to 5 percent of women reporting no education. In Kaduna, 10.0 percent of women reported only Quranic education; less than 3.0 percent of women in Abuja and less than 2.0 percent in the remaining cities reported receiving Quranic education only. In Abuja, 41.4 percent of women reported having higher education followed by 30.9 percent reporting senior secondary level education. In Ibadan, Ilorin, and Kaduna, the highest percentage of women reported having a senior secondary education (33 to 49 percent), followed by higher education (22 to 30 percent).

The two predominantly reported religions were Islam and Christianity with variability across the cities. Ilorin had the highest percentage of women that were Muslim, at about 70 percent. Approximately 76 percent of women in Abuja reported being Christian. About half of women in Ibadan and Kaduna reported being Muslim.

At midterm, the percentage of women that reported they were in union ranged from 64 percent in Kaduna to 72 percent in Ibadan.

About one-quarter of women across the cities reported never being married. A small percentage of women in all of the cities reported being separated/divorced or widowed.

A similar percentage of men were in each of the age categories at midterm; this may in part be due to the cross-sectional nature of the men's survey at midterm. The age category with the highest percentage of men in Ibadan was 30-34 at about 16 percent, and 25-29 in Kaduna at about 16 percent.

In Ibadan, nearly half of all men reported having senior secondary level education and about one-quarter had higher education. Approximately 3 percent of men in Ibadan had no education. About two-fifths of men had higher education and two-fifths had senior secondary education in Kaduna. Less than 1 percent of men in Kaduna had no education, while nearly 6 percent had Quranic only.

Like the women, about half of men in both Ibadan and Kaduna reported being Christian and half reported being Muslim.

Around two-fifths of men in the two cities were never married, while almost three-fifths were currently in union. A small percentage of men were separated/divorced or widowed in the cities.

Table 3.1. Background Characteristics of Women at Midterm

Percent Distribution by Age Group, Education, Religion, Household Wealth, and Marital Status, Nigeria, 2012

	Abuja	*Ibadan*	*Ilorin*	*Kaduna*
Age				
15-19	9.3	9.3	9.9	11.2
20-24	14.8	14.8	15.3	20.9
25-29	21.0	17.9	17.3	21.3
30-34	20.5	18.6	19.5	15.2
35-39	15.6	16.8	16.3	14.3
40-44	11.1	11.5	11.3	7.7
45-49	5.8	8.7	8.5	6.4
50+	1.9	2.4	1.9	3.0
Education				
No education	5.4	4.1	11.0	4.0
Quranic only	3.0	0.3	1.9	10.0
Primary	12.3	16.8	19.4	11.8
Junior secondary (JSS)	6.9	7.7	5.2	8.2
Senior secondary (SSS)	30.9	48.8	32.7	36.2
Higher	41.4	21.8	29.7	29.0
Missing	0.2	0.5	0.1	0.9
Religion				
Muslim	23.5	50.1	70.2	53.4
Christian	76.3	49.4	29.8	46.1
No religion/other	0.1	0.1	0.0	0.3
Missing	0.1	0.3	0.0	0.2
Wealth index				
Poorest	19.2	20.4	21.1	19.0
Poor	21.0	19.9	18.7	19.4
Middle	20.6	19.5	21.0	20.4
Rich	19.3	20.6	19.7	22.0
Richest	19.9	19.5	19.5	19.1
Marital status				
Never married	26.8	23.6	26.6	30.0
Married/living together/remarried	69.3	72.2	70.7	64.2
Separated/divorced	2.1	1.8	0.7	2.4
Widowed	1.7	2.4	2.0	3.5
Total number of women	759	1,202	1,127	1,243

Table 3.2. Background Characteristics of Men at Midterm
Percent Distribution by Age Group, Education, Religion, Household Wealth, and Marital Status, Nigeria, 2012

	Ibadan	*Kaduna*
Age		
15-19	14.5	12.7
20-24	13.6	13.5
25-29	12.9	16.5
30-34	16.0	15.3
35-39	11.7	12.3
40-44	11.4	10.8
45-49	9.4	6.5
50+	10.7	12.5
Education		
No education	2.9	0.7
Quranic only	0.9	5.6
Primary	12.4	6.7
Junior secondary (JSS)	8.5	8.6
Senior secondary (SSS)	48.1	40.4
Higher	26.4	36.5
Missing	0.8	1.5
Religion		
Muslim	51.0	55.5
Christian	48.8	44.1
No religion/other	0.0	0.4
Missing	0.1	0.0
Wealth index		
Poorest	18.4	21.8
Poor	21.3	19.1
Middle	20.2	19.3
Rich	21.0	19.7
Richest	19.1	20.1
Marital status		
Never married	39.2	43.6
Married/living together/remarried	58.7	55.3
Separated/divorced	1.2	0.2
Widowed	0.6	0.1
Missing	0.4	0.8
Total number of men	1,227	1,131

Chapter 4. Family Planning

Family planning is recognized for its cross-cutting effect on poverty reduction, women's empowerment and reduction in maternal and child mortality (Cleland, Bernstein, Ezeh, Faundes, Glasier & Innis, 2006). A primary objective of NURHI is to increase modern family planning use in urban Nigeria by reducing demand and supply barriers to FP use.

This chapter presents baseline and midterm survey results from women in four cities and men in two cities of Nigeria. Women and men were asked questions on knowledge of contraceptive methods, use of FP methods, source of FP, unmet need for FP, reasons for nonuse of FP, intention to use FP in the future and perceptions and myths about FP.

4.1 Knowledge of Contraceptive Methods

At both the baseline and midterm surveys, men and women were asked to recall methods of FP. If the respondent did not spontaneously name each specific method, the interviewer described the method and asked if the respondent was aware of the method; the response was recorded as probed knowledge. At baseline and midterm, the survey asked about modern methods including male and female sterilization, implants, intrauterine contraceptive devices (IUDs), daily oral contraceptive pills (OCP), injectable contraceptives, male condoms, female condoms, emergency contraceptives (EC) and the lactational amenorrhea method (LAM). Traditional methods include the rhythm method, withdrawal, periodic abstinence, Standard Days Method,[1] and folk methods mentioned by women.

Knowledge of FP methods among women in the longitudinal sample and men's knowledge of FP methods based on cross-sectional samples at baseline and midterm are presented in tables 4.1 and 4.2, respectively. Women's spontaneous or probed knowledge of any method of FP was nearly universal at midterm. Spontaneous or probed knowledge of any method increased from baseline to midterm in all four cities, with the largest increase in Kaduna from 75.5 to 98.6 percent. A smaller increase in spontaneous or probed knowledge of any method was seen among men in Abuja from baseline to midterm, though knowledge of any method is high at both time points. At midterm, men and women had similar levels of knowledge of any method in each of the cities. Spontaneous knowledge also increased for women and men between baseline and midterm; however, the increases were modest in Ibadan.

Women's spontaneous and/or probed knowledge of any modern method of FP showed a similar pattern as the knowledge of any method of FP, with an increase between baseline and midterm in all four cities. In all cities at midterm, more than 85 percent of women spontaneously knew at least one modern method and more than 80 percent of men spontaneously knew at least one modern method.

Among women and men at midterm, male condoms, injectables, and daily pills had the highest reported spontaneous and probed knowledge in all cities. This is similar to the baseline results; although generally, knowledge of these methods increased from baseline to midterm. Among women, there was a notable increase in knowledge of implants from baseline to midterm. The least commonly known methods among men and women at midterm were male and female sterilization, LAM, EC, and female condoms.

[1] At baseline, Standard Days Method (SDM) was grouped in the responses with traditional methods; for consistency in this report, SDM is included in this category. However, it is possible to segregate this method in the midterm data when analyzing method use.

Table 4.1. Knowledge of Contraceptive Methods by Type of Contraceptive Method and City among Women at Baseline and Midterm

Percent distribution of women who know any contraceptive method by type of contraceptive method, Nigeria 2010/2011, 2012.

	Baseline Family Planning Knowledge, 2010/2011		*Midterm Family Planning Knowledge, 2012*	
	Spontaneous or probed knowledge	Spontaneous knowledge	Spontaneous or probed knowledge	Spontaneous knowledge
Abuja	n = 2,126	n = 2,126	n = 759	n = 759
Any method	92.3	66.9	98.3	87.7
Any modern method	92.0	65.4	98.3	86.7
Female sterilization	34.8	13.2	48.0	20.6
Male sterilization	27.6	10.6	31.4	10.7
Daily Pill	72.2	43.3	84.8	63.8
IUD	58.6	31.5	70.8	44.7
Injectables	75.9	44.0	86.9	59.5
Implants	47.6	23.3	69.0	40.1
Male condom	90.5	46.8	96.2	59.9
Female condom	48.4	17.2	73.1	34.8
Emergency contraception	37.8	10.1	61.6	24.5
Lactational amenorrhea method	47.0	14.7	61.2	17.3
Traditional methods*	92.4	67.9	84.9	38.7
Ibadan	n = 2,928	n = 2,928	n = 1,202	n = 1,202
Any method	97.7	87.0	99.4	88.6
Any modern method	97.7	86.4	99.3	87.5
Female sterilization	25.4	11.0	44.4	12.5
Male sterilization	13.6	5.5	20.4	4.0
Daily Pill	83.1	59.4	85.0	53.2
IUD	72.2	51.8	76.6	54.7
Injectables	86.7	69.9	89.5	69.0
Implants	32.5	18.3	55.9	25.0
Male condom	96.2	63.7	98.2	49.8
Female condom	45.3	19.8	60.9	16.7
Emergency contraception	36.0	20.0	72.5	21.7
Lactational amenorrhea method	34.2	12.3	59.0	15.1
Traditional methods*	97.7	87.4	89.0	35.2

Table continued on next page

Table 4.1. (continued) Knowledge of Contraceptive Methods by Type of Contraceptive Method and City among Women at Baseline and Midterm

Percent distribution of women who know any contraceptive method by type of contraceptive method, Nigeria 2010/2011, 2012.

	Baseline Family Planning Knowledge, 2010/2011		***Midterm Family Planning Knowledge, 2012***	
	Spontaneous or probed knowledge	Spontaneous knowledge	Spontaneous or probed knowledge	Spontaneous or probed knowledge
Ilorin	n = 2,449	n = 2,449	n = 1,127	n = 1,127
Any method	94.7	77.1	99.1	88.0
Any modern method	94.6	76.6	99.0	87.5
Female sterilization	29.7	6.9	45.3	6.1
Male sterilization	17.6	4.7	23.2	3.5
Daily Pill	79.9	56.0	88.8	68.8
IUD	65.5	41.6	75.6	47.6
Injectables	83.1	59.7	92.4	72.0
Implants	26.5	12.2	44.8	17.6
Male condom	92.3	47.8	98.3	51.5
Female condom	31.5	9.2	48.8	7.4
Emergency contraception	32.8	11.0	62.7	13.3
Lactational amenorrhea method	29.5	9.3	56.7	5.2
Traditional methods*	94.7	78.1	84.0	27.1
Kaduna	n = 2,850	n = 2,850	n = 1,243	n = 1,243
Any method	75.5	63.7	98.6	91.7
Any modern method	75.4	63.3	98.6	91.2
Female sterilization	38.2	3.7	50.0	5.4
Male sterilization	9.7	1.2	23.8	2.7
Daily Pill	63.9	50.8	92.4	77.1
IUD	45.5	24.5	71.2	41.8
Injectables	65.6	52.1	94.3	75.8
Implants	32.1	13.2	59.5	23.5
Male condom	70.9	24.5	95.8	36.6
Female condom	28.7	3.4	62.6	14.4
Emergency contraception	17.2	2.0	54.0	14.3
Lactational amenorrhea method	43.0	3.7	66.9	9.0
Traditional methods*	75.5	64.1	89.0	28.3

Notes:

* Traditional methods include periodic abstinence, withdrawal and Standard Days Method.

Percentage of women who respond "yes" to each method. A small number of women with missing responses are included in the indicator calculation as not knowing the method.

Table 4.2. Knowledge of Contraceptive Methods by Type of Contraceptive Method and City among Men at Baseline and Midterm

Percent distribution of men who know any contraceptive method by type of contraceptive method, Nigeria 2010/2011, 2012.

	Baseline Family Planning Knowledge, 2010/2011		*Midterm Family Planning Knowledge, 2012*	
	Spontaneous or probed knowledge	Spontaneous knowledge	Spontaneous or probed knowledge	Spontaneous knowledge
Ibadan	n = 1,452	n = 1,452	n = 1,227	n = 1,227
Any method	98.3	81.4	98.8	86.7
Any modern method	98.3	80.8	98.8	85.6
Female sterilization	34.6	7.2	29.5	8.7
Male sterilization	28.5	5.9	21.0	6.4
Daily Pill	71.8	35.7	62.3	21.5
IUD	44.0	13.2	40.3	15.1
Injectables	76.0	42.4	73.8	40.8
Implants	22.4	5.5	27.1	8.9
Male condom	98.0	74.8	98.7	80.1
Female condom	61.0	21.5	62.5	14.8
Emergency contraception	53.8	29.0	58.5	25.4
Lactational amenorrhea method	23.0	2.5	36.0	8.6
Traditional methods*	83.6	41.0	83.8	32.1
Kaduna	n = 1,640	n = 1,640	n = 1,131	n = 1,131
Any method	80.8	62.8	99.6	85.7
Any modern method	80.7	61.6	99.6	83.1
Female sterilization	25.3	2.9	62.4	10.9
Male sterilization	19.6	1.7	37.9	7.2
Daily Pill	61.1	23.5	83.1	36.9
IUD	21.0	4.9	39.9	8.1
Injectables	67.6	25.9	86.1	39.6
Implants	11.0	1.6	24.9	5.3
Male condom	80.0	57.0	99.1	62.2
Female condom	44.8	5.9	75.3	15.8
Emergency contraception	33.5	5.8	41.9	5.9
Lactational amenorrhea method	21.8	4.3	52.8	9.3
Traditional methods*	63.0	26.5	83.9	35.0

Notes:

* Traditional methods include periodic abstinence, withdrawal and Standard Days Method.

Percentage of men who respond "yes" to each method. A small number of men with missing responses are included in

4.2 Use of Contraceptive Methods

The modern contraceptive prevalence rate (CPR), that is, the percentage of women of reproductive age using a modern contraceptive method, is the key indicator for the Urban RH Initiative programs in all countries. At baseline and midterm, women were asked if either they or their partners were currently doing something or using any method to delay or avoid getting pregnant. If they answered affirmatively to this question, they were then asked which method or methods they or their partners were using.

Table 4.3 presents current contraceptive use among women at baseline and midterm by city, wealth quintile, and marital status. Among all women, modern contraceptive use was higher at midterm as compared to baseline in Ibadan, Ilorin, and Kaduna, with the largest increase in Kaduna. There was little change in modern contraceptive use between baseline and midterm in Abuja. Use of traditional methods increased from baseline to midterm in all four cities.

In Ibadan, Ilorin, and Kaduna, across most wealth quintiles, there was an increase in modern contraceptive use between baseline and midterm. In Abuja, the poorest wealth group increased their modern contraceptive use as did the middle wealth groups; the other wealth groups showed little change or reduced slightly.

Also presented in table 4.3 is the percentage of women in union using modern methods, traditional methods, and not using any method. Because the results for all women include women who are not sexually experienced, examining FP use among women in union provides a perspective of use among women who are generally sexually active. As expected, among women in union, the percentage using modern and traditional methods is higher than the full sample in all cities and at both survey periods. This is because the full sample includes women who are not sexually active. Among women in union, there was an increase in modern contraceptive use in all cities between baseline and midterm, with Kaduna having the largest increase. With the exception of Abuja, there were also increases in traditional method use in all cities but this increase was more modest than modern method use.

Table 4.4 presents contraceptive use at baseline and midterm by method, city, and marital status. In addition to the indicators that are presented in table 4.3, table 4.4 presents the contraceptive method mix at baseline and midterm. Among all women, there was generally an increase in use of injectables, OCP, implants, IUD, and LAM or other modern methods, although some of these values are represented by a small number of women. Notable increases were observed in use of LAM and male condoms in Kaduna between baseline and midterm. Use of the male condom decreased in Abuja, Ibadan, and Ilorin from baseline to midterm.

Among women in union, there was an increase in use of injectable contraceptives in Ibadan, Ilorin, and Kaduna. Abuja and Ibadan also had increased use of implants between baseline and midterm among all women and among women in union. Use of LAM/other modern methods among women in union from Kaduna increased from 3.4 percent at baseline to 12.0 percent at midterm, nearly a 9 percentage-point increase. Appendix tables 1 and 2 present significance testing of changes in method use between baseline and midterm among women interviewed at both time points.

Table 4.5 presents the contraceptive method mix among women in union by wealth quintile and city at baseline and midterm. In all four cities, there was an increase in injectable contraceptive use between baseline and midterm among women in the lowest two wealth quintiles. In Abuja and Ilorin, there was an increase in use of daily pill between the surveys among women in the lowest two wealth quintiles. There was a notable increase in LAM/other modern methods in Kaduna in all wealth quintiles between the two surveys.

Table 4.3. Current Use of Contraception among All Women by Wealth Quintile and among Women in Union by City at Baseline and Midterm

Percent distribution of all women and women in union by contraceptive method currently used by wealth quintile, Nigeria 2010/2011, 2012.

	Baseline Family Planning Use, 2010/2011				*Midterm Family Planning Use, 2012*			
	Modern*	Traditional†	Nonuse	Total	Modern*	Traditional†	Nonuse	Total
Abuja								
Poorest	21.3	6.0	72.6	100.0	27.0	5.1	67.9	100.0
Poor	29.1	11.7	59.3	100.0	25.8	4.7	69.5	100.0
Middle	30.2	11.4	58.4	100.0	35.0	8.4	56.6	100.0
Rich	33.1	7.9	59.0	100.0	27.1	5.6	67.3	100.0
Richest	31.8	10.5	57.7	100.0	31.3	11.9	56.9	100.0
Overall - all	29.2	9.5	61.2	100.0	29.3	7.1	63.6	100.0
Overall - in union	31.9	12.2	55.9	100.0	34.2	9.5	56.3	100.0
Ibadan								
Poorest	24.5	9.6	65.9	100.0	32.4	8.8	58.8	100.0
Poor	30.5	9.0	60.5	100.0	28.2	12.1	59.7	100.0
Middle	31.8	9.9	58.4	100.0	32.2	14.5	53.3	100.0
Rich	30.9	12.0	57.1	100.0	37.5	11.8	50.7	100.0
Richest	27.9	9.6	62.5	100.0	33.6	13.2	53.2	100.0
Overall - all	29.2	10.0	60.8	100.0	32.8	12.1	55.1	100.0
Overall - in union	33.3	13.4	53.3	100.0	36.9	15.4	47.7	100.0
Ilorin								
Poorest	16.5	6.4	77.2	100.0	26.2	4.6	69.3	100.0
Poor	21.8	5.0	73.2	100.0	28.0	10.9	61.1	100.0
Middle	22.1	6.6	71.3	100.0	33.8	14.6	51.6	100.0
Rich	25.3	9.0	65.7	100.0	29.5	11.9	58.7	100.0
Richest	20.5	7.2	72.3	100.0	29.8	14.3	55.9	100.0
Overall - all	21.3	6.9	71.9	100.0	29.5	11.2	59.3	100.0
Overall - in union	26.9	9.0	64.0	100.0	34.9	15.1	50.1	100.0
Kaduna								
Poorest	11.9	2.0	86.1	100.0	23.4	3.1	73.6	100.0
Poor	19.8	4.1	76.1	100.0	28.4	4.6	67.0	100.0
Middle	19.9	7.2	72.9	100.0	37.8	7.6	54.7	100.0
Rich	14.4	4.9	80.8	100.0	25.0	7.9	67.1	100.0
Richest	15.6	5.1	79.3	100.0	24.7	6.4	68.8	100.0
Overall - all	16.3	4.7	79.0	100.0	27.9	6.0	66.1	100.0
Overall - in union	19.6	7.0	73.4	100.0	35.1	8.5	56.5	100.0

Notes:

* Modern methods include sterilization, implant, IUD, pills, condoms, EC, lactational amenorrhea method, female condoms, and diaphragm.

† Traditional methods include periodic abstinence, withdrawal and Standard Days Method.

Table 4.4. Contraceptive Method Use among All Women and Women in Union by City at Baseline and Midterm

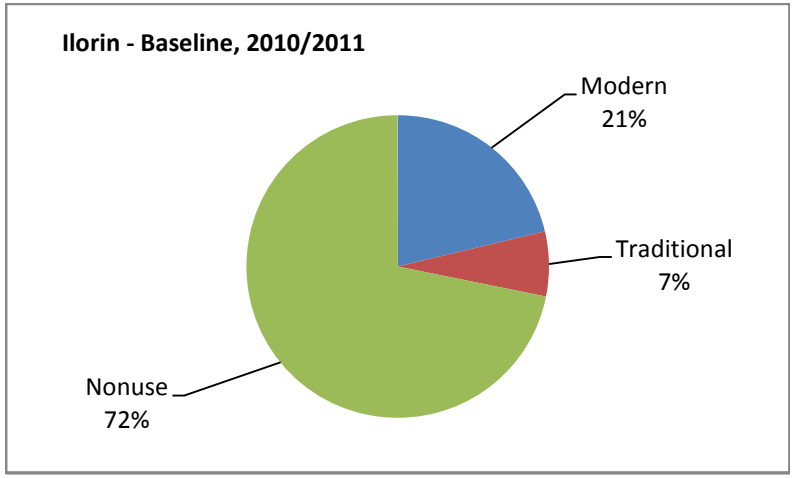
Percent distribution of all women and women in union by contraceptive method currently used, by city, Nigeria 2010/2011, 2012.

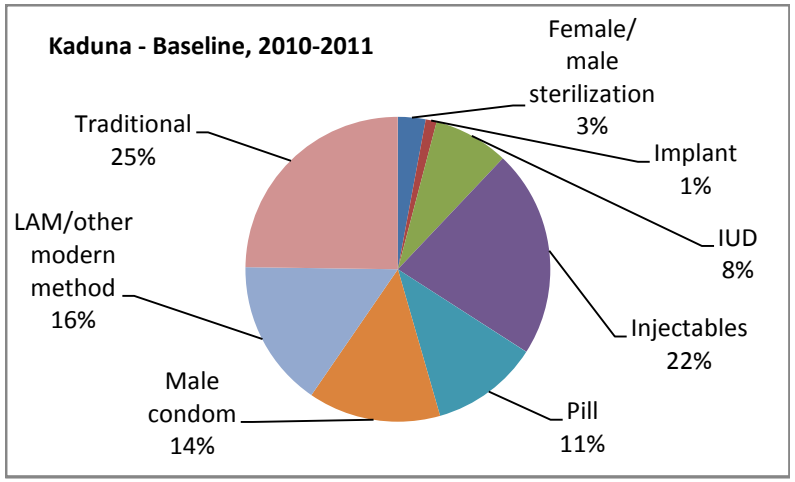
	Any Method	*Any Modern Method*	*Type of Modern Method*								*Any Traditional Method†*	*Not Currently Using*	*Number of Women*
			Sterilization	Implant	IUD	Inject-ables	Pill	EC	Male condom	LAM/Other modern method*			
Abuja Baseline													
Overall - All	38.8	29.2	0.6	1.0	4.3	5.2	1.9	1.2	13.7	1.5	9.5	61.2	2,126
Overall - In Union	44.0	31.9	0.9	1.5	6.5	8.0	2.7	0.8	9.3	2.2	12.2	55.9	1,347
Abuja Midterm													
Overall - All	36.4	29.3	1.4	2.3	4.9	6.1	3.6	1.6	8.6	0.8	7.1	63.6	759
Overall - In Union	43.7	34.2	1.9	3.1	7.1	8.8	4.3	0.5	7.6	1.0	9.5	56.3	526
Ibadan Baseline													
Overall - All	39.2	29.2	0.5	0.1	3.2	7.0	2.8	2.4	12.7	0.5	10.0	60.8	2,928
Overall - In Union	46.7	33.3	0.8	0.1	4.5	9.7	3.6	2.0	12.0	0.7	13.4	53.3	1,979
Ibadan Midterm													
Overall - All	44.9	32.8	0.2	0.3	4.6	9.6	3.2	2.1	10.7	2.0	12.1	55.1	1,202
Overall - In Union	52.3	36.9	0.3	0.5	5.9	13.1	4.1	1.9	8.6	2.5	15.4	47.7	868
Ilorin Baseline													
Overall - All	28.1	21.3	0.1	0.0	2.3	4.6	3.5	1.3	8.6	0.8	6.9	71.9	2,449
Overall - In Union	36.0	26.9	0.1	0.1	3.4	7.0	5.3	1.8	7.8	1.3	9.0	64.0	1,563
Ilorin Midterm													
Overall - All	40.7	29.5	0.2	0.1	2.7	7.5	4.7	3.7	8.2	2.3	11.2	59.3	1,127
Overall - In Union	49.9	34.9	0.1	0.1	3.5	10.6	6.5	3.2	7.5	3.3	15.1	50.1	797
Kaduna Baseline													
Overall - All	21.0	16.3	0.5	0.2	1.3	3.6	2.1	0.9	5.5	2.2	4.7	79.0	2,850
Overall - In Union	26.6	19.6	0.8	0.3	2.1	5.9	3.0	0.4	3.7	3.4	7.0	73.4	1,583
Kaduna Midterm													
Overall - All	33.9	27.9	0.5	0.2	1.9	6.1	1.9	0.6	8.9	7.7	6.0	66.1	1,243
Overall - In Union	43.5	35.1	0.8	0.4	3.0	9.5	2.9	0.6	5.9	12.0	8.5	56.5	798

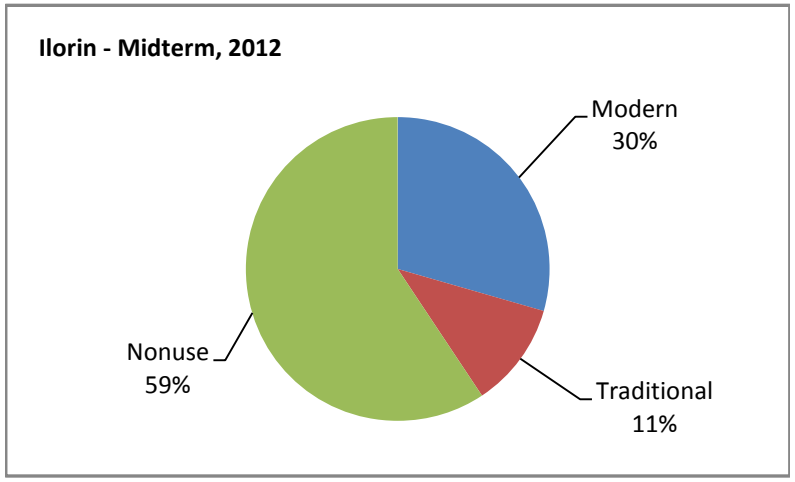
Notes:

* Lactational amenorrhea method (LAM)/other modern methods also include female condom and diaphragm.

† Traditional methods include periodic abstinence, withdrawal and Standard Days Method.







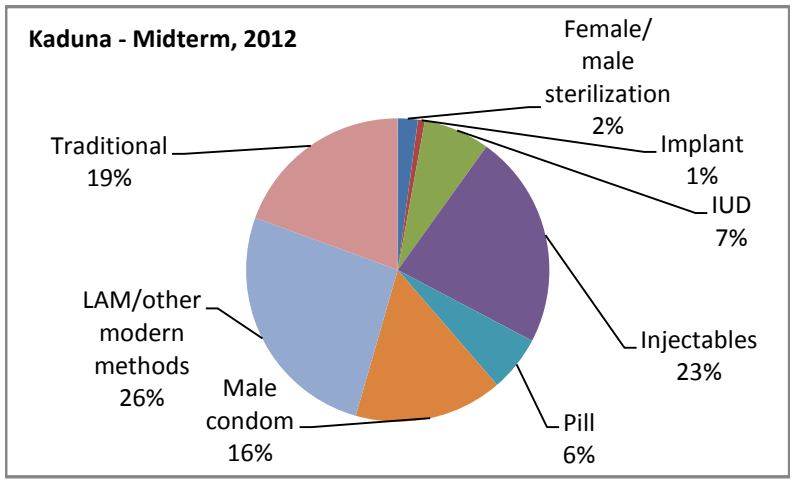


Figure 4.1. **Current use of contraception among all women in Ilorin at baseline and midterm.**

Figure 4.2. **Contraceptive method mix among women in union in Kaduna at baseline and midterm.**

Table 4.5. Contraceptive Method Use Among Women in Union by Wealth Quintile and City at Baseline and Midterm

Percent distribution of women in union by contraceptive method currently used, by wealth quintile and city, Nigeria 2010/2011, 2012.

	Any Method	***Any Modern Method***	***Type of Modern Method***								***Any Traditional Method***†	***Not Currently Using***	***Number of Women***
			Sterilization	Implant	IUD	Injectables	Pill	EC	Male condom	LAM/other modern method*			
Abuja Baseline													
Poorest	26.5	18.4	0.0	0.3	0.5	6.3	2.9	0.0	5.5	2.8	8.1	73.5	268
Poor	44.6	31.7	0.4	0.5	3.0	11.1	3.2	1.4	10.2	1.8	12.9	55.4	262
Middle	43.6	29.7	0.0	1.5	4.9	10.3	1.8	0.0	10.1	1.1	13.9	56.4	293
Rich	50.9	40.7	2.6	2.1	8.9	5.7	3.8	2.1	13.2	2.4	10.2	49.1	251
Richest	54.7	39.3	1.6	2.9	15.4	6.1	2.1	0.8	7.5	2.9	15.3	45.3	273
Overall - in union	44.0	31.9	0.9	1.5	6.5	8.0	2.7	0.8	9.3	2.2	12.2	55.9	1,347
Abuja Midterm													
Poorest	35.8	31.4	0.6	1.2	2.6	13.1	6.3	0.0	7.6	0.0	4.5	64.2	107
Poor	38.4	31.7	0.4	4.9	2.9	14.0	4.5	0.7	3.2	1.0	6.6	61.6	113
Middle	51.1	39.1	2.4	4.2	5.6	8.1	4.1	1.0	10.7	3.1	11.9	48.9	110
Rich	37.5	30.8	1.1	2.3	12.2	4.8	2.6	1.0	6.3	0.6	6.7	62.5	97
Richest	55.9	38.0	5.2	2.5	13.2	3.2	3.6	0.0	10.2	0.0	17.9	44.1	100
Overall - in union	43.7	34.2	1.9	3.1	7.1	8.8	4.3	0.5	7.6	1.0	9.5	56.3	526
Ibadan Baseline													
Poorest	38.7	25.2	0.0	0.0	2.9	11.7	2.0	1.7	6.9	0.0	13.5	61.3	319
Poor	44.3	32.6	0.7	0.0	3.6	9.7	4.8	2.3	10.5	0.9	11.8	55.7	436
Middle	46.5	34.8	0.2	0.3	4.6	10.6	4.0	1.5	12.9	0.9	11.7	53.5	416
Rich	52.2	36.4	1.0	0.0	5.5	10.0	3.0	2.1	14.1	0.7	15.8	47.8	434
Richest	50.1	36.0	2.1	0.1	5.7	6.5	3.7	2.4	14.6	0.9	14.1	49.9	374
Overall - in union	46.7	33.3	0.8	0.1	4.5	9.7	3.6	2.0	12.0	0.7	13.4	53.3	1,979
Ibadan Midterm													
Poorest	47.9	36.6	0.3	0.8	3.8	14.5	3.3	1.8	9.4	2.7	11.3	52.1	172
Poor	45.2	30.5	0.3	0.0	3.0	15.6	3.3	2.9	4.4	1.0	14.7	54.8	183
Middle	53.7	35.4	0.6	0.0	6.8	10.6	6.0	1.9	7.1	2.4	18.3	46.3	179
Rich	57.7	43.2	0.0	0.0	7.5	10.9	5.2	1.5	13.6	4.5	14.6	42.3	186
Richest	57.6	39.1	0.4	1.9	8.8	14.3	2.4	1.0	8.6	1.8	18.4	42.4	149
Overall - in union	52.3	36.9	0.3	0.5	5.9	13.1	4.1	1.9	8.6	2.5	15.4	47.7	868

Notes: * Lactational amenorrhea method (LAM)/other modern methods also include female condom and diaphragm.

† Traditional methods include periodic abstinence, withdrawal and Standard Days Method.

Table continued on next page

Table 4.5. (continued) Contraceptive Method Use Among Women in Union by Wealth Quintile and City at Baseline and Midterm
Percent distribution of women in union by contraceptive method currently used, by wealth quintile and city, Nigeria 2010/2011, 2012.

	Any Method	*Any Modern Method*	*Type of Modern Method*								*Any Traditional Method*†	*Not Currently Using*	*Number of Women*
			Sterilization	Implant	IUD	Injectables	Pill	EC	Male condom	LAM/other modern method*			
Ilorin Baseline													
Poorest	28.2	21.5	0.0	0.0	3.6	7.4	3.9	2.0	3.9	0.7	6.7	71.8	227
Poor	34.0	27.3	0.0	0.0	3.4	6.3	6.7	1.8	7.3	1.8	6.7	66.0	324
Middle	34.0	25.9	0.0	0.0	2.3	6.6	5.0	1.8	9.3	0.9	8.1	66.0	340
Rich	43.5	30.7	0.0	0.0	2.2	7.8	5.6	2.5	10.7	1.8	12.8	56.5	359
Richest	37.2	27.4	0.7	0.3	5.7	7.0	4.9	1.1	6.5	1.2	9.8	62.8	313
Overall - in union	36.0	26.9	0.1	0.1	3.4	7.0	5.3	1.8	7.8	1.3	9.0	64.0	1,563
Ilorin Midterm													
Poorest	35.8	29.2	0.3	0.0	1.4	13.1	4.9	2.5	3.3	3.6	6.5	64.2	167
Poor	46.8	32.9	0.0	0.0	1.0	8.5	9.4	3.3	8.0	2.7	13.9	53.2	165
Middle	55.6	36.9	0.0	0.0	2.8	7.5	7.7	3.9	8.4	6.6	18.7	44.4	174
Rich	55.4	39.5	0.0	0.0	4.7	13.4	5.4	4.1	9.9	2.0	15.9	44.6	143
Richest	57.3	36.5	0.0	0.7	8.5	11.1	4.7	2.3	8.3	1.0	20.8	42.7	147
Overall - in union	49.9	34.9	0.1	0.1	3.5	10.6	6.5	3.2	7.5	3.3	15.1	50.1	797
Kaduna Baseline													
Poorest	16.0	12.9	1.3	0.0	2.3	2.8	1.2	0.5	1.0	3.9	3.1	84.0	301
Poor	23.7	18.3	0.4	0.0	1.0	3.9	3.0	0.7	3.9	5.4	5.3	76.3	347
Middle	34.1	24.9	0.7	0.0	2.4	9.3	4.6	0.5	4.6	2.7	9.2	65.9	352
Rich	26.7	19.5	0.0	0.5	0.9	7.8	2.1	0.1	5.4	2.7	7.2	73.3	305
Richest	32.1	22.1	1.6	1.2	4.3	5.2	4.1	0.0	3.6	2.0	10.0	67.9	278
Overall - in union	26.6	19.6	0.8	0.3	2.1	5.9	3.0	0.4	3.7	3.4	7.0	73.4	1,583
Kaduna Midterm													
Poorest	30.3	26.3	0.0	0.0	4.1	8.2	0.8	0.0	2.7	10.5	4.0	69.7	156
Poor	40.1	33.7	0.0	0.0	1.1	11.7	2.6	0.0	7.2	11.1	6.4	59.9	173
Middle	57.3	47.1	0.5	0.0	1.4	12.5	2.5	0.2	8.2	21.7	10.1	42.7	172
Rich	40.9	28.6	0.7	0.0	4.0	7.2	3.2	0.8	4.2	8.5	12.3	59.1	156
Richest	48.6	39.1	3.2	2.1	4.8	7.4	5.7	2.2	6.8	6.9	9.6	51.4	141
Overall - in union	43.5	35.1	0.8	0.4	3.0	9.5	2.9	0.6	5.9	12.0	8.5	56.5	798

Notes: * Lactational amenorrhea method (LAM)/other modern methods also include female condom and diaphragm.
† Traditional methods include periodic abstinence, withdrawal and Standard Days Method.

4.3 Source of Contraceptive Methods

Key objectives of the Urban RH Initiative focus on improving the supply environment for contraceptive commodities. Women who were using a modern method of FP at the time of survey were asked where they last obtained their method at both baseline and midterm. Table 4.6 presents women's source of FP at baseline and midterm.

At midterm, the public sector remained the primary source for the IUD and injectables in all cities. The pattern for the source of the daily pill was similar at baseline and midterm with pharmacies, patent medicine stores (PMS)/chemists, and the public sector being the most commonly mentioned sources. A higher percentage of women cited the public sector in Ilorin and private medical sources in Kaduna at midterm as compared to the baseline survey. The most frequently mentioned sources for EC were pharmacies and PMS/chemists at baseline and midterm, although it should be noted that there were a relatively small number of EC users. The majority of women reported that they obtain their male condoms from pharmacies and PMS/chemists in both surveys.

4.4 Unmet Need for Family Planning

Table 4.7 presents the unmet need among married women by city and wealth group. Unmet need is defined as the percentage of married women who are fecund, report a desire to delay or stop childbearing, and are not using a method of family planning. Also included in unmet need are currently pregnant or postpartum women who report that their last pregnancy was mistimed or unwanted. Those women who report a desire to delay their next pregnancy and are not using family planning are considered to have an unmet need to space a birth whereas women who report that they do not want any (more) children and are not using FP are considered to have an unmet need for limiting. The revised unmet need definition created by Bradley and colleagues (Bradley, Croft, Fishel & Westoff, 2012) was used to create the unmet need variable.

Table 4.7 demonstrates that, compared to baseline, the overall unmet need for spacing and limiting in Ilorin and Kaduna has declined. Conversely, in Abuja and Ibadan, the overall unmet need for spacing and limiting has increased between the two surveys. Among women from Ilorin and Kaduna, unmet need is higher among the poor as compared to the rich but both groups have reduced unmet need at midterm. In Abuja and Ibadan, unmet need for spacing and limiting is generally higher among the poorer women as compared to the richer women and there was a greater increase in unmet need for spacing and limiting among the poorer women as compared to the richer women.

Table 4.6. Source of Modern Contraceptive Methods at Baseline and Midterm

Percent distribution of women using a modern method by source of modern contraceptive method at baseline and midterm by city, Nigeria 2010/2011, 2012.

	Baseline Method Source, 2010/2011					*Midterm Method Source, 2012*				
	IUD	Injectables	Pill	EC	Male condom	IUD	Injectables	Pill	EC	Male condom
Abuja	n = 89	n = 110	n = 34	n = 21	n = 260	n = 37	n = 46	n = 27	n = 12	n = 65
Public	84.8	81.9	37.9	11.8	11.6	88.3	77.7	32.4	0.0	9.6
Private medical	10.8	9.1	2.7	5.8	0.0	8.8	7.7	0.0	0.0	0.0
Pharmacy	1.3	3.5	43.3	57.0	56.2	0.0	6.9	48.2	100.0	44.9
PMS/chemist	0.0	5.1	16.1	25.3	24.7	0.0	5.2	19.5	0.0	27.1
Other*	3.1	0.4	0.0	0.0	7.5	3.0	0.8	0.0	0.0	9.8
Missing/don't know	0.0	0.0	0.0	0.0	0.0	0.0	1.9	0.0	0.0	8.7
Ibadan	n = 91	n = 199	n = 81	n = 68	n = 361	n = 55	n = 116	n = 38	n = 26	n = 128
Public	85.1	63.7	14.2	0.0	4.3	77.9	52.6	15.1	0.0	3.5
Private medical	9.9	24.8	0.0	0.0	0.9	18.8	29.9	9.7	0.0	1.2
Pharmacy	1.8	1.3	17.3	26.9	18.7	0.0	0.7	10.6	21.4	11.7
PMS/chemist	3.2	6.4	67.4	71.4	74.9	0.0	6.8	61.3	72.7	68.4
Other*	0.0	3.9	1.1	1.8	1.2	1.5	9.2	1.9	5.9	0.3
Missing/don't know	0.0	0.0	0.0	0.0	0.0	1.8	0.8	1.3	0.0	14.8
Ilorin	n = 55	n = 111	n = 84	n = 30	n = 181	n = 30	n = 85	n = 53	n = 42	n = 92
Public	76.3	58.8	10.9	5.8	2.0	70.1	50.8	33.0	5.7	2.0
Private medical	17.2	30.2	8.2	3.1	0.5	25.6	33.5	6.2	1.9	5.3
Pharmacy	5.1	0.0	30.9	25.7	12.0	0.0	1.2	22.9	33.3	21.2
PMS/chemist	1.5	11.0	49.9	62.9	49.9	4.3	11.2	37.9	57.9	46.8
Other*	0.0	0.0	0.0	2.5	35.6	0.0	3.3	0.0	1.2	11.4
Missing/don't know	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13.3
Kaduna	n = 37	n = 101	n = 57	n = 22	n = 137	n = 24	n = 76	n = 23	n = 7	n = 111
Public	60.5	54.9	32.8	8.1	4.3	51.2	64.1	25.3	21.3	5.4
Private medical	37.7	20.9	3.8	0.0	6.3	35.9	18.7	22.9	0.0	2.3
Pharmacy	0.0	3.4	15.0	39.1	39.6	0.0	1.1	5.5	41.0	18.2
PMS/chemist	0.0	18.1	48.4	46.0	43.4	0.0	11.3	39.9	37.7	64.8
Other*	1.9	2.6	0.0	6.8	6.5	9.9	2.5	0.0	0.0	2.1
Missing/don't know	0.0	0.0	0.0	0.0	0.0	3.0	2.3	6.4	0.0	7.2

Note: * "Other" includes CHW/TBA, traditional healer, faith based and NGO clinics, youth centers, vending machines, VCT, bars, and other shops.

Table 4.7. Unmet Need for Family Planning among Women in Union by Wealth Quintile and City at Baseline and Midterm

Percent distribution of women in union with unmet need and met need (demand satisfied), by wealth quintile and city at baseline and midterm, Nigeria 2010/2011, 2012.

	Baseline Unmet Need, 2010/2011					*Midterm Unmet Need, 2012*				
	Unmet Need For Spacing	Unmet Need For Limiting	Percentage of Demand Satisfied	Missing	Total	Unmet Need For Spacing	Unmet Need For Limiting	Percentage of Demand Satisfied	Missing	Total
Abuja										
Poorest	11.3	4.3	82.5	1.8	100.0	17.2	11.0	71.3	0.6	100.0
Poor	10.4	6.3	82.7	0.6	100.0	12.8	11.8	74.1	1.3	100.0
Middle	6.8	4.7	86.9	1.6	100.0	6.6	5.5	87.9	0.0	100.0
Rich	4.9	8.0	87.0	0.0	100.0	19.8	9.0	70.3	0.9	100.0
Richest	4.2	3.5	90.7	1.6	100.0	7.0	9.0	82.3	1.7	100.0
Overall	7.5	5.3	86.0	1.2	100.0	12.6	9.3	77.2	0.9	100.0
Ibadan										
Poorest	8.8	7.9	83.1	0.2	100.0	12.3	10.8	77.0	0.0	100.0
Poor	6.6	6.5	86.4	0.5	100.0	7.2	10.7	82.2	0.0	100.0
Middle	6.8	6.4	85.8	1.0	100.0	7.1	8.1	84.4	0.4	100.0
Rich	4.4	7.3	88.1	0.3	100.0	6.5	7.1	84.7	1.7	100.0
Richest	7.6	6.1	85.8	0.4	100.0	6.5	4.9	88.7	0.0	100.0
Overall	6.7	6.8	86.0	0.5	100.0	7.9	8.4	83.2	0.5	100.0
Ilorin										
Poorest	17.9	9.7	71.8	0.6	100.0	7.4	9.1	83.6	0.0	100.0
Poor	11.6	9.5	78.8	0.0	100.0	6.3	6.5	87.2	0.0	100.0
Middle	7.7	9.4	82.0	1.0	100.0	6.5	4.9	88.6	0.0	100.0
Rich	11.4	5.4	83.2	0.0	100.0	4.6	6.3	89.0	0.0	100.0
Richest	10.2	13.2	76.2	0.4	100.0	5.2	4.5	90.4	0.0	100.0
Overall	11.3	9.3	79.0	0.4	100.0	6.1	6.3	87.7	0.0	100.0
Kaduna										
Poorest	19.1	10.7	68.0	2.3	100.0	18.9	7.3	73.8	0.0	100.0
Poor	20.2	6.1	70.7	2.9	100.0	9.1	6.5	83.2	1.2	100.0
Middle	11.2	5.9	80.4	2.5	100.0	6.5	3.9	89.6	0.0	100.0
Rich	11.2	6.8	79.4	2.6	100.0	9.6	5.1	83.8	1.4	100.0
Richest	8.1	9.6	77.1	5.2	100.0	7.0	4.5	87.9	0.6	100.0
Overall	14.1	7.7	75.1	3.0	100.0	10.2	5.5	83.7	0.6	100.0

Note: Unmet need for spacing includes pregnant or postpartum amenorrheic women whose pregnancy was mistimed, fecund women who are not pregnant, not using any method of family planning, and say they want to wait two or more years for their next birth. Unmet need for limiting refers to pregnant or postpartum amenorrheic women whose pregnancy was unwanted; and fecund women who are not pregnant, who are not using any method of family planning, and who want no more children. The revised unmet need definition was used here (Bradley et al., 2012)

4.5 Nonuse of Contraceptive Methods

Investigation into the reasons why women are not using contraceptives helps to elucidate barriers to FP such as myths about FP methods, concerns about side effects, or problems with access to FP. This information may also help identify women who are not using a modern method of FP for fertility-related reasons, such as a current pregnancy or infertility. Women who were not using any method of FP at the time of survey were asked to name all the reasons why they were not using a method of FP.

Table 4.8 presents women's reasons for not using FP among nonusers at baseline and midterm. The most common reasons cited by women for not using FP at midterm were related to fertility. The highest percentage of women reported "infrequent sex/no sex/no partner/not married"; this was the most common response at baseline and midterm. The second most common response "want more children" was slightly higher at baseline as compared to midterm in most cities. At midterm, a lower percentage of women reported reasons related to opposition to use; there were reductions in the reports of FP use opposition by respondent, partner, and due to religious opposition in all cities. At both baseline and midterm, few women reported a reason related to lack of knowledge of FP. Generally, there was a decrease in women reporting that they were not using FP due to health concerns or fear of side effects in all cities between the surveys, with the largest decreases in Ibadan.

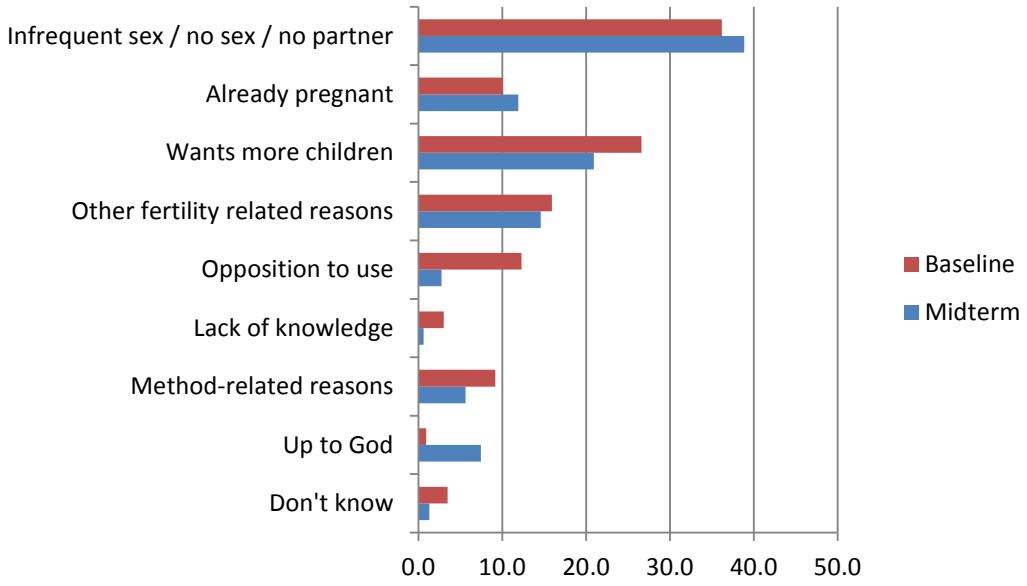


Figure 4.3. Reasons for nonuse of contraception in Abuja at baseline and midterm, by percentage.

Table 4.8. Reasons for Nonuse of Contraception by City at Baseline and Midterm

Percent of women not currently using contraception by reasons for not using a method by city at baseline and midterm, Nigeria 2010/2011, 2012.

	Abuja		*Ibadan*		*Ilorin*		*Kaduna*	
	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm
Fertility related reasons								
Infrequent sex/no sex/no partner/not married	36.2	38.9	44.0	40.3	43.8	53.6	35.8	43.2
Away from spouse	3.2	2.0	2.0	3.9	1.7	1.6	2.6	0.4
Already pregnant	10.1	11.9	8.1	11.3	8.3	11.5	5.7	10.8
Breastfeeding/recently had a child	9.4	6.5	10.0	9.4	13.3	12.9	7.5	7.7
Wants more children	26.6	20.9	23.8	16.7	18.4	20.8	21.7	11.5
Menopausal/hysterectomy	2.2	5.5	2.0	4.3	1.3	4.0	2.7	5.8
Can't have more children	1.8	1.2	0.7	2.4	1.0	1.8	1.9	2.3
Opposition to use								
Respondent opposes	1.7	1.0	8.1	4.9	4.8	2.5	18.1	4.4
Partner opposes	3.8	2.3	6.2	3.1	1.9	0.8	8.7	3.6
Others oppose	0.4	0.0	0.6	0.4	0.0	0.0	0.4	0.0
Religious prohibition	7.5	0.3	4.4	3.2	1.2	0.4	4.3	3.7
Lack of knowledge								
Don't know which method to use	1.7	0.6	1.0	1.0	0.6	0.7	3.2	0.4
Don't know how to use method	0.7	0.0	1.2	0.5	0.4	0.0	1.0	0.0
Knows no source	0.8	0.1	0.3	0.7	0.1	0.3	0.2	0.1
Method-related reasons								
Health concerns	3.5	4.0	7.0	4.1	2.0	1.0	3.4	4.3
Fear of side effects	4.4	2.5	13.2	6.1	6.9	2.6	13.8	8.3
Lack of access/too far	0.1	0.0	0.3	0.0	0.0	0.0	0.0	0.3
Costs too much	0.1	0.0	0.2	0.3	0.1	0.1	0.1	0.0
Inconvenient to use	1.1	0.8	0.3	0.5	0.1	0.8	0.2	0.1
Don't like existing methods	1.1	0.1	0.9	1.7	1.8	0.4	3.7	0.1
Bad experience with existing methods	1.0	1.0	1.0	1.2	1.4	1.2	1.2	0.3
Fatalistic								
Up to God	0.9	7.5	1.1	1.8	0.8	0.6	2.3	6.7
Others	1.0	2.2	0.7	1.1	1.8	1.0	1.2	0.5
Don't know	3.5	1.3	1.5	1.4	0.6	1.0	2.4	3.1

Note: Percentages may not sum to 100% because multiple responses could be given. The small number of women with missing responses are not included in the indicator calculation. Women that did not know any family planning method were not asked about reasons for nonuse at baseline.

4.6 Intention to Use Contraceptive Methods

Women who were not using any method of FP were asked if they intended to use a method of FP within the next 12 months. Table 4.9 presents women's intention to use FP at baseline and midterm. At midterm, women's intention to use FP in the next 12 months ranged from 17.7 percent in Ibadan to 23.5 percent in Abuja. Intention to use increased from baseline to midterm in each city by approximately 8 to 10 percentage-points. The percent of women that said that they did not know if they were going to use in the next 12 months stayed about the same.

4.7 Attitudes, Myths, and Perceptions about Family Planning

In addition to investigating reasons for not using FP among nonusers, understanding myths, perceptions and attitudes about FP, which often reflect community norms, can help identify areas where programs can undertake activities to reduce myths and address barriers to FP use. A number of questions were asked to women and men to better understand their perceptions of FP.

Table 4.10 and figure 4.4 present women's and men's attitudes towards FP by city at midterm; these questions were not included at baseline. In all cities, about eight out of 10 (or greater) women and men reported that they approved of FP use. The percent of approval ranged across the cities slightly; in Abuja, about 90 percent of women approved, whereas 78 percent approved in Kaduna.

At baseline and midterm, women and men were asked whether they agreed or disagreed with statements that reflect common myths about FP. Tables 4.11 and 4.12 present the percent of women and men that agree or strongly agree with eight myths about FP. At midterm, the pattern of agreement with the myths varied across the cities. Three of the most frequently mentioned myths by women were that "the use of a contraceptive injection can make a woman permanently infertile," "people who use contraception end up with health problems," and "contraceptives are dangerous to your health." Agreement with these myths ranged from about 20 percent to 50 percent in the four cities. Generally, there were lower percentages of women in agreement with the myths at midterm than at baseline.

In Kaduna, men's agreement with the statements about FP generally increased or stayed about the same between baseline and midterm. Overall, men in Ibadan agreed less frequently with the myths about FP as compared to men in Kaduna. At both time periods, the two most frequent myths that men agreed with in both Ibadan and Kaduna were "contraceptives are dangerous to women's health" and "people who use family planning end up with health problems."

Table 4.9. Future Intention to Use Contraception by City at Baseline and Midterm

Percent distribution of women not currently using contraception based on their intention to use in the future, by city, Nigeria 2010/2011, 2012.

	Baseline Future Intention to Use FP, 2010/2011					*Midterm Future Intention to Use FP, 2012*				
	Intends to use FP in the next 12 months	Does not intend to use in next 12 months	Does not know	Missing*	Total number of women not using	Intends to use FP in the next 12 months	Does not intend to use in next 12 months	Does not know	Missing*	Total number of women not using
Abuja	13.9	62.3	13.8	9.9	1,141	23.5	57.2	12.3	7.0	483
Ibadan	7.5	80.9	7.3	4.3	1,713	17.7	63.7	9.6	9.0	663
Ilorin	13.6	68.7	11.7	6.0	1,630	21.1	61.2	11.8	5.9	669
Kaduna	10.5	63.6	16.5	9.4	1,555	18.1	57.4	15.7	8.8	822

Notes:
Women that did not know any family planning method were not asked this question at baseline.
*Missing category includes women who were infecund, menopausal or had undergone a hysterectomy.

Table 4.10. Women's and Men's Attitudes Toward Family Planning by City at Midterm

Percent distribution of women's and men's approval of FP at midterm by city, Nigeria 2010/2011, 2012.

	Women				*Men*	
	Abuja	**Ibadan**	**Ilorin**	**Kaduna**	**Ibadan**	**Kaduna**
Do you approve of family planning?						
Yes	90.7	88.5	87.7	77.8	87.8	82.7
No	6.5	8.6	9.3	15.9	7.1	14.5
Don't know/missing	2.7	2.9	3.0	6.4	5.1	2.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women/men	759	1,202	1,127	1,243	1,227	1,131

Table 4.11. Perceptions about FP by City among Women at Baseline and Midterm

Percent of all women who strongly agreed or agreed with the following statements about FP, Nigeria 2010/2011, 2012.

	Abuja		*Ibadan*		*Ilorin*		*Kaduna*	
	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm
Use of a contraceptive injection can make a woman permanently infertile	26.1	21.5	43.8	51.4	37.6	22.0	49.9	40.5
People who use contraception end up with health problems	32.2	34.8	53.6	48.0	42.2	20.9	55.4	54.9
Contraceptives can harm your womb	33.4	24.1	49.8	37.3	33.6	17.9	47.5	41.3
Contraceptives reduce women's sexual urge	14.5	6.6	30.5	21.5	13.3	8.0	27.2	16.5
Contraceptives can cause cancer	17.5	9.4	36.4	26.7	15.6	9.1	26.3	25.3
Contraceptives can give you deformed babies	17.5	11.5	37.1	30.3	15.8	10.1	28.4	31.0
Contraceptives are dangerous to your health	32.6	30.4	57.1	42.2	37.4	20.4	51.9	43.8
Women who use contraception may become promiscuous	13.6	7.1	37.9	31.6	23.1	15.5	13.9	16.6
Number of women	1,965	759	2,861	1,202	2,319	1,127	2,153	1,243

Note: A small number of women with missing responses are included in the indicator calculation as disagreeing with the statements. Women that did not know any family planning method were not asked this question at baseline.

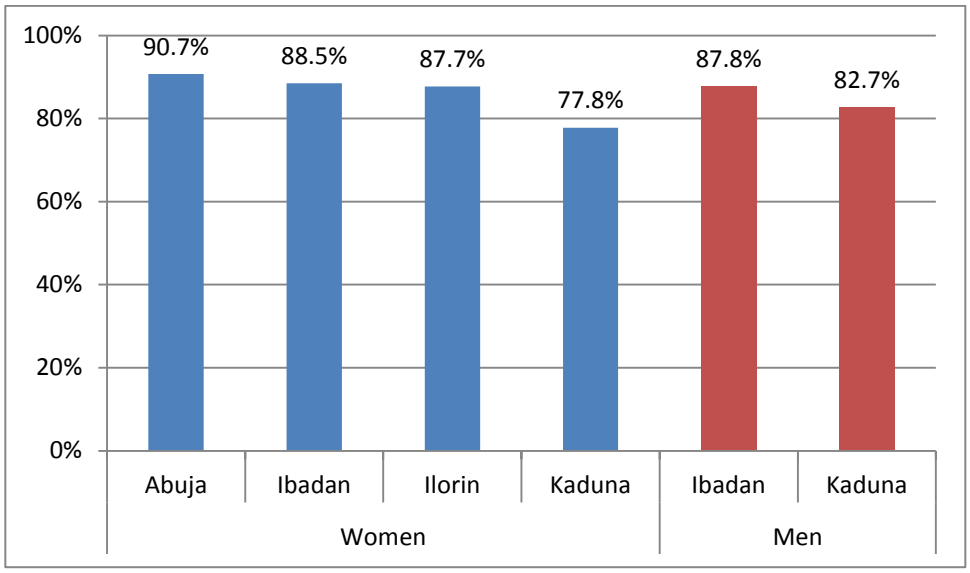


Figure 4.4. Women's and men's approval of family planning at midterm.

Table 4.12. Perceptions about FP by City among Men at Baseline and Midterm

Percent of all men who strongly agreed or agreed with the following statements about FP, Nigeria 2010/2011, 2012.

	Ibadan		*Kaduna*	
	Baseline	Midterm	Baseline	Midterm
Use of a contraceptive injection can make a woman permanently infertile	30.5	29.4	31.2	46.9
People who use family planning end up with health problems	33.3	40.1	47.6	53.3
Contraceptives reduce women's sexual urge	12.8	18.5	29.0	32.0
Contraceptives can cause cancer	23.3	16.7	36.9	41.5
Contraceptives can give you deformed babies	25.2	21.4	39.7	46.0
Contraceptives are dangerous to women's health	43.0	40.3	48.3	62.0
Family planning/birth spacing is women's business and a man should not have to worry about it	11.7	14.3	13.3	10.8
Women who use family planning/birth spacing may become promiscuous	27.4	35.1	23.0	34.2
Number of men	1,427	1,213	1,325	1,127

Note: A small number of men with missing responses are included in the indicator calculation as disagreeing with the statements. Men that did not know any family planning method were not asked this question at baseline or midterm.

4.8 Perceptions of Community Support of Family Planning

At baseline and midterm, women were asked advocacy-related questions on whether they had heard a community or religious leader speak for or against FP publicly and whether they think religious leaders should speak about FP. They were also asked their perceptions of how many of their friends and relatives use FP. Table 4.13 presents women's responses to these questions at baseline and midterm.

At baseline and midterm, less than 10 percent of women have heard a local government area (LGA) official speak against FP or child spacing in the past 12 months. A greater percentage of women reported having heard an LGA official speak in support of FP in the last year. Comparing baseline to midterm data, there was approximately a 30 percentage-point increase in an LGA official speaking favorably about FP between baseline and midterm in Abuja, Ilorin, and Kaduna.

In Abuja, Ibadan, and Ilorin, less than 10 percent of women at baseline and midterm reported having heard a religious leader speak against FP in the last year. In Abuja, Ibadan, and Ilorin, there was an increase in the percent of women that responded that they had heard a religious leader speak in support of FP in the last year, by 20 to 30 percentage-points. In Kaduna, about two times more women at midterm heard a religious leader speak against FP in the last year as compared to baseline responses. Conversely, in Kaduna there was also a large increase in hearing a religious leader speak in support of FP in the last year, from 18.7 percent at baseline to 46.0 percent at midterm. At midterm, six out of 10 women in Ibadan and nearly nine out of 10 women in Abuja reported that they thought religious leaders should speak publicly about FP. In all cities, there was an increase in the percent of women that reported that they believe this between the surveys.

At midterm, the majority of women reported that they believe that some of their close relatives and friends use FP, ranging from 38.2 percent in Ilorin to 47.9 percent in Abuja. With the exception of Abuja, fewer women reported that they think none of their close friends/family use FP at midterm than at baseline. There was also an increase in the percent of women in Abuja, Ibadan, and Ilorin who believe most of their close friends/family use FP.

Table 4.13. Women's Perceptions of FP Community Support by City at Baseline and Midterm

Percent distribution of women's perceptions of community-level support of FP by city. Nigeria 2010/2011, 2012.

	Abuja		*Ibadan*		*Ilorin*		*Kaduna*	
	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm
Has heard an LGA official speak AGAINST FP/child birth spacing in the last year								
Yes	2.4	6.5	9.2	4.4	2.8	5.1	6.5	7.9
No	91.0	91.0	87.7	94.8	90.6	92.6	73.0	87.2
Don't know/missing	6.5	2.5	3.1	0.8	6.6	2.3	20.5	5.0
Has heard an LGA official speak FOR FP/child birth spacing in the last year								
Yes	38.0	68.9	57.2	61.8	41.1	71.5	38.2	68.1
No	54.8	27.7	37.7	35.9	51.5	24.7	41.4	26.4
Don't know/missing	7.2	3.4	5.2	2.4	7.4	3.8	20.4	5.6
Has heard a religious leader speak AGAINST FP/child birth spacing in the last year								
Yes	6.8	7.5	5.1	2.4	5.5	4.8	11.6	26.3
No	86.3	87.3	89.6	96.0	84.5	87.2	66.3	67.2
Don't know/missing	6.9	5.1	5.3	1.7	10.1	8.0	22.1	6.5
Has heard a religious leader speak FOR FP/child birth spacing in the last year								
Yes	29.1	59.3	26.5	47.2	22.2	41.4	18.7	46.0
No	61.6	33.8	65.1	48.7	66.7	47.6	57.7	45.1
Don't know/missing	9.3	7.0	8.4	4.1	11.1	11.1	23.7	9.0
Thinks religious leaders should speak publicly about FP								
Yes	71.3	86.8	49.6	60.9	54.4	68.8	55.2	73.6
No	20.5	8.6	45.0	29.3	31.6	18.1	19.9	16.8
Don't know	8.1	4.0	4.9	9.2	13.0	13.0	24.7	9.0
Missing	0.2	0.6	0.5	0.6	1.0	0.1	0.2	0.6
Number of close relatives/friends you think use FP								
None	17.5	18.7	24.9	8.1	23.7	11.2	12.9	9.3
Some	42.7	47.9	31.1	39.1	23.9	38.2	30.4	43.9
Most	6.6	13.5	4.0	14.5	4.0	11.8	11.2	11.7
All	1.7	2.4	0.1	0.5	0.9	0.8	0.6	0.9
Don't know	31.2	17.3	39.5	37.2	46.5	37.3	44.3	33.8
Missing	0.2	0.3	0.5	0.6	1.1	0.6	0.7	0.4
Number of women	2,126	759	2,928	1,202	2,449	1,127	2,850	1,243

4.9 Quality of Family Planning Services

Bruce (1990) outlined a framework explaining the key elements of quality of FP service provision from the client's perspective that takes into account dimensions related to method choice, information received, counseling, technical competence of the provider, continuity mechanisms, and the range of services offered. The MLE midterm study design did not include surveys typically used to measure these elements of quality, such as facility audits and client exit interviews. Therefore, a number of questions from the baseline and midterm women's surveys are used in this section to describe women's perceptions of quality of care for FP and to explore the quality of FP counseling received.

At baseline and midterm, women were asked if they agreed or disagreed with three statements about their perceived quality of FP services in the area where they live. Table 4.14 presents women's perceptions of quality of care for FP services by city and wealth quintile at baseline and midterm. At both baseline and midterm, typically fewer than 15 percent of women across cities and wealth quintiles agreed or strongly agreed with the three negative perceptions of FP service quality. In both surveys, women in Ibadan more frequently agreed with the statements as compared to the other three cities. Agreement with the statements about FP service quality at midterm in Abuja, Ilorin, and Kaduna were generally lower overall and by wealth quintile as compared to baseline. In Ibadan, agreement with the statements stayed about the same or slightly increased between the surveys. Agreement with the statements was similar across wealth quintiles in all cities; however, agreement was slightly lower in the richest wealth group in Kaduna.

At baseline and midterm, women who responded affirmatively to using a method of FP were asked three questions about the content and quality of FP counseling they had ever received in reference to the FP method they were currently using (table 4.15). At midterm in Ibadan and Ilorin, a higher percentage of women reported that a health or FP worker had ever told them about side effects with the method they were currently using as compared to baseline; Abuja stayed about the same, and there was a decrease in Kaduna. Among the women who had ever been told about side effects at midterm, more than eight out of 10 women surveyed in each city reported having been told what to do about side effects by a health worker. The percentage of women in Abuja, Ibadan, and Ilorin who reported being told what to do about side effects decreased slightly from baseline to midterm; the percentage increased slightly in Kaduna. In Abuja, Ibadan, and Kaduna, approximately 60 percent to 70 percent of women, at both baseline and midterm, reported that they had ever been told about other FP methods by a health or FP worker; in Ilorin, there was nearly a 13 percentage-point increase between the surveys, 69 percent to 82percent respectively.

Table 4.14. Perceived Quality of Care for FP Services by Wealth Quintile and City at Baseline and Midterm

Percent of women who agree or strongly agree with statements on perceived quality of care for FP services by wealth quintile and city, Nigeria 2010/2011, 2012.

	Baseline, 2010/2011			*Midterm, 2012*		
	"Family planning providers around here treat clients very badly"	"Women don't like the way they are treated in family planning clinics around here"	"Family planning sellers/providers make women like you feel bad when obtaining contraceptives"	"Family planning providers around here treat clients very badly"	"Women don't like the way they are treated in family planning clinics around here"	"Family planning sellers/providers make women like you feel bad when obtaining contraceptives"
Abuja						
Poorest	14.4	17.1	12.0	3.2	3.2	3.1
Poor	9.3	10.6	9.4	1.8	1.8	2.9
Middle	9.9	12.6	8.1	2.8	2.2	2.2
Rich	8.9	8.4	7.4	4.3	5.4	4.1
Richest	5.3	6.0	4.7	4.3	6.7	3.8
Overall	9.4	10.7	8.2	3.3	3.8	3.2
Ibadan						
Poorest	12.2	12.4	12.3	10.9	9.3	8.1
Poor	9.7	9.1	11.8	17.8	13.6	12.7
Middle	11.6	11	9.1	13.1	14.2	12.3
Rich	11	9.3	10.6	20.6	15.1	9.0
Richest	12	11.4	11.7	9.5	7.4	9.7
Overall	11.3	10.6	11.1	14.4	11.9	10.3
Ilorin						
Poorest	3.5	3.6	3.7	2.7	3.1	2.4
Poor	4.3	4.1	4.7	2.3	2.6	2.6
Middle	5.5	4.6	4.9	1.3	1.3	0.9
Rich	3.7	4.4	3.2	2.4	1.8	1.8
Richest	2.2	2.5	2.0	2.1	2.1	2.1
Overall	3.8	3.8	3.7	2.2	2.2	2.0
Kaduna						
Poorest	14.1	13.5	12.1	7.4	8.0	6.4
Poor	7.8	9.9	7.1	6.7	7.7	5.7
Middle	12.0	12.8	11.1	6.5	7.6	6.6
Rich	10.8	13.3	11.5	6.1	8.0	4.6
Richest	13.5	11.0	9.5	1.8	3.1	2.6
Overall	11.7	12.1	10.3	5.7	6.9	5.2

Note: A small number of women with missing responses are included in the indicator calculation as disagreeing with the statements. Women that did not know any family planning method were not asked this question at baseline.

Table 4.15. Quality of FP Counseling by City at Baseline and Midterm

Percent distribution of women's exposure to quality FP counseling by city among FP users at baseline and midterm, Nigeria 2010/2011, 2012.

	Abuja		*Ibadan*		*Ilorin*		*Kaduna*	
	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm
Were you ever told by a health or FP worker about side effects with the method being currently used?								
Yes	39.2	39.5	29.3	34.0	32.0	40.1	41.7	33.9
No	58.9	60.3	70.2	63.4	66.5	59.1	56.2	65.3
Don't know	1.3	0.0	0.3	1.3	0.8	0.8	0.7	0.1
Missing	0.7	0.2	0.2	1.3	0.7	0.0	1.4	0.7
Number	824	276	1,148	539	689	458	598	421
Were you told by a health or FP worker what to do about side effects?								
Yes	95.1	86.8	90.2	83.2	86.4	83.0	70.6	80.0
No	4.5	9.4	8.7	16.3	12.8	16.1	27.9	20.0
Don't know	0.4	3.0	0.7	0.5	0.8	0.9	0.3	0.0
Missing	0.0	0.8	0.4	0.0	0.0	0.0	1.2	0.0
Number	323	109	337	183	220	184	249	143
Were you ever told by a health or FP worker about other FP methods?								
Yes	66.2	62.1	64.6	64.6	68.9	81.5	62.0	65.7
No	31.7	36.4	34.2	29.1	28.8	17.7	32.0	33.6
Don't know	0.9	0.2	0.5	4.0	0.7	0.5	0.8	0.1
Missing	1.2	1.3	0.6	2.4	1.6	0.2	5.2	0.5
Number	824	276	1,148	539	689	458	598	421

Chapter 5. Maternal and Child Health

One of the ways in which FP influences maternal and child health (MCH) is through appropriate birth spacing, which has been linked to better MCH outcomes. A key strategy of NURHI is to integrate FP services into MCH services such as antenatal care, delivery, postpartum care, immunization visits, and HIV services with the aim of improving contraceptive use among mothers.

The baseline and midterm data collection tools included a section on MCH, which included questions on exposure to FP services at MCH visits. This chapter presents baseline and midterm survey results from women in the longitudinal sample from the four cities in Nigeria. These women were asked questions on exposure to FP services at time of a health visit; the place of delivery of their most recent birth; postpartum contraceptive use; and prevalence of miscarriages, abortions, and stillbirths.

5.1 Exposure to Family Planning Information and Services at a Child Delivery Visit

At baseline, women who had a birth since 2008 were asked whether they received FP information or counseling before delivery, after delivery, or both. Likewise, at midterm, women who had a birth since the baseline survey (2010) were asked the same questions about their last birth. The proportion of women that received FP information or counseling before delivery when at the facility for delivery increased from baseline to midterm in Abuja and Kaduna but decreased in Ibadan and Ilorin as illustrated in table 5.1. However, the proportion of women who reported receipt of FP information or counseling after delivery when at the facility for delivery increased from baseline to midterm in all four cities, with the largest increase, a 40 percentage-point increase, reported in Kaduna. The proportion of women who received FP information or counseling before and after delivery increased substantially from baseline to midterm in all four cities with approximately half of all the women at midterm reporting exposure to information or counseling on FP before and after the delivery of their last child.

5.2 Exposure to Family Planning Information and Services at a Maternal Health Visit

Women's exposure to FP services was assessed at maternal health care visits, such as prenatal or postnatal care visits in the year before each survey. Table 5.2 indicates substantial increases (18 to 25 percentage points) in the proportion of women that reported the receipt of FP information or counseling at a maternal health visit between the baseline and midterm surveys in Abuja, Ilorin, and Kaduna; but a decrease (8 percentage points) among women in Ibadan. Among women who received information or counseling, there were increases in the proportion of women who did not receive a FP method, prescription, or referral to a FP clinic for a method from baseline to midterm for three of the four cities (Kaduna is the exception). This result indicates that although women are receiving the FP information during a maternal health care visit, they are not necessarily receiving contraceptive methods or a referral for contraception.

Table 5.1. Exposure to FP Information/Counseling at a Delivery Visit at Baseline and Midterm by City
Percent distribution of women's exposure to FP information/counseling at time of delivery by city, Nigeria 2010/2011, 2012.

	Abuja		*Ibadan*		*Ilorin*		*Kaduna*	
	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm
Received information or counseling on FP before delivery (when at the facility for delivery)								
Yes	63.6	66.4	69.3	60.1	63.1	61.4	44.8	55.7
No	26.0	31.5	26.5	34.7	29.3	37.8	27.0	42.1
Don't know	6.1	0.0	1.9	0.0	3.3	0.0	13.0	0.0
Missing	4.3	2.2	2.2	5.2	4.3	0.8	15.1	2.2
Number	584	212	866	364	748	342	639	284
Received information or counseling on FP after delivery (when at the facility for delivery)								
Yes	39.7	65.2	61.4	64.8	53.7	69.4	23.1	63.1
No	49.9	32.9	34.5	29.0	38.7	29.1	48.7	33.9
Don't know	6.1	0.0	1.9	0.0	3.3	0.0	13.0	0.0
Missing	4.3	1.9	2.2	6.2	4.3	1.5	15.1	3.0
Number	584	212	866	364	748	342	639	284
Received information or counseling on FP before AND after delivery (when at the facility for delivery)								
Yes	28.3	55.3	46.6	50.9	43.0	54.0	12.0	49.9
No	61.3	42.8	49.3	44.3	49.4	45.2	59.9	48.0
Don't know	6.1	0.0	1.9	0.0	3.3	0.0	13.0	0.0
Missing	4.3	1.9	2.2	4.7	4.3	0.8	15.1	2.2
Number	584	212	866	364	748	342	639	284

Table 5.2. Exposure to FP Information/Counseling and Methods at a Maternal Health Visit at Baseline and Midterm
Percent distribution of women's exposure to FP information/counseling at time of maternal health visit among women who visited a health facility for a maternal health visit in the last year by city, Nigeria 2010/2011, 2012.

	Abuja		*Ibadan*		*Ilorin*		*Kaduna*	
	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm
Did you receive information or counseling on FP/child birth spacing at a maternal health visit?								
Yes	43.8	62.0	67.2	58.9	41.3	64.1	43.8	69.1
No	55.4	30.5	32.0	34.0	58.1	34.1	55.4	29.1
Missing	0.8	7.6	0.8	7.2	0.6	1.8	0.8	1.8
Number	430	214	552	302	439	291	430	323
Among those who received information/counseling on FP*:*								
Did you receive an FP method or referral at a maternal health visit?								
Received method	18.9	5.7	22.1	13.5	12.5	7.3	18.9	22.5
Received prescription	5.4	8.2	9.9	3.3	1.5	0.8	5.4	0.4
Received referral	1.3	1.6	18.1	8.9	2.3	3.9	1.3	0.8
Did not receive any of these	74.4	84.6	50.0	74.0	83.2	87.6	74.4	75.9
Missing	0.0	0.0	0.0	0.3	0.4	0.4	0.0	0.4
Number	189	132	371	178	182	186	189	223

Note: Maternal health visit includes antenatal and postnatal visits.

5.3 Exposure to Family Planning Information and Services at a Child Health Visit

Women who went for a child health visit in the three months prior to the baseline survey were asked about whether they received any FP information or counseling at this visit; at midterm, women who went for a child health visit in the six months prior to the survey were asked the same question. At a child health visit, a higher proportion of women reported the receipt of FP information or counseling at midterm compared to baseline in all cities with the highest increase reported by women in Abuja (30 percentage-points between baseline and midterm and the lowest increase by women in Ibadan (7 percentage points between surveys). Conversely, among women who received FP information or counseling, the proportion who reported the receipt of a FP method decreased in all cities from baseline to midterm. This result indicates that the increase in the receipt of FP information neither reflects an increase in the uptake of a contraceptive method nor a referral for a method. These results are shown in table 5.3.

5.4 Exposure to Family Planning Information and Services at an HIV Test Visit

Integrating FP services into HIV services has been shown not only to prevent the horizontal transmission of the virus via the use of barrier methods but also to prevent mother-to-child transmission of HIV through the reduction in unintended pregnancies (Reynolds, Janowitz, Wilcher & Cates, 2008). The assessment of the proportion of women who received FP information at an HIV testing visit at both the baseline and midterm surveys showed that the proportion of exposure to FP information or counseling increased by an average of 20 percentage points from baseline to midterm for all cities (ranging from 16.8 to 25.9 percent points, table 5.4). Among women who received information or counseling at an HIV testing visit, the proportion of women who reported that they did not receive a FP method, prescription, or referral for a method increased from baseline to midterm for women in Abuja, Ibadan, and Ilorin but decreased for women in Kaduna. The receipt of a condom increased in all four cities, which may indicate a continued focus on the use of barrier contraceptive methods as a means of HIV prevention at HIV testing visits, and provision of non-barrier methods are less frequently offered at HIV visits.

Table 5.3. Exposure to FP Information/Counseling and Methods at a Child Health Visit at Baseline and Midterm by City

Percent distribution of women's exposure to FP information/counseling at time of child health visit among women that have gone to a health facility for a child health visit in the last three months by city, Nigeria 2010/2011, 2012.

	Abuja		*Ibadan*		*Ilorin*		*Kaduna*	
	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm
Did you receive information or counseling on FP/child birth spacing at a child health visit?								
Yes	33.7	64.3	58.3	65.1	34	60.7	33.7	55.1
No	65.3	35.3	41.3	33.7	65.3	38.9	65.3	44.3
Missing	1.1	0.4	0.5	1.2	0.7	0.4	1.1	0.5
Number	482	173	565	256	493	304	482	418
Among those that received information/counseling on FP: *Did you receive an FP method or referral at a child health visit?*								
Received method	18.2	6.5	23.8	19.0	13.2	6.9	18.2	17.0
Received prescription	2.7	7.4	10.5	4.9	1.1	1.5	2.7	0.0
Received referral	1.9	1.4	10.9	9.7	10.6	0.8	1.9	1.4
Did not receive any of these	76.6	84.7	54.5	65.9	74.6	90.8	76.6	81.6
Missing	0.6	0.0	0.4	0.6	0.6	0.0	0.6	0.0
Number	162	111	329	166	167	185	162	231

Table 5.4. Exposure to FP Information/Counseling and Methods at Time of a HIV Test Visit at Baseline and Midterm by City

Percent distribution of women's exposure to FP information/counseling at time of HIV test among women that have gone to a health facility for an HIV test in the last year by city. Nigeria 2010/2011, 2012.

	Abuja		*Ibadan*		*Ilorin*		*Kaduna*	
	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm
Did you receive information or counseling on FP/child birth spacing at an HIV test?								
Yes	21.3	40.5	33.9	50.7	15.4	41.3	21.3	39.2
No	76.8	59.0	63.4	47.9	82.5	58.7	76.8	60.7
Missing	2.0	0.4	2.7	1.4	2.1	0.0	2.0	0.1
Number	530	283	431	291	298	284	530	462
Among those who received information/counseling on FP: *Did you receive an FP method or referral at an HIV visit?*								
Received a condom	3.0	8.4	7.4	8.1	3.3	3.8	3.0	13.5
Received method other than condom	6.6	4.0	5.7	1.3	6.1	0.0	6.6	12.6
Received prescription	7.3	3.7	8.2	2.6	8.9	1.0	7.3	1.2
Received referral	1.0	1.8	34.4	6.0	14.8	1.0	1.0	1.5
Did not receive any of these	80.8	81.6	43.6	81.1	65.5	93.6	80.8	70.4
Missing	1.3	0.5	0.7	0.9	1.4	0.6	1.3	0.8
Number	13	115	146	148	46	118	113	181

5.5 *Exposure to Family Planning Information and Services at Pharmacies and PMS/Chemists*

Women were asked at midterm how often they visited pharmacies or PMS/chemists in the last one year; and among women who visited either one, they were asked if they received a method of FP, information or counseling on FP, or a referral for FP. Women's reports of pharmacy visits in the last year varied by city; nearly 65 percent of women in Kaduna said they have not visited a pharmacy at all in the last year, whereas only 37 percent of women in Abuja had not visited one (table 5.5). among women who had visited a pharmacy in the last year, more than 90 percent of women in all cities reported that they did not receive an FP method, information or counseling on FP, or a referral during these visits. The percentage of women who reported that they visited a PMS/chemist in the last one year also varied by city; about 25 percent of women in Ibadan and only 5 percent in Abuja reported visiting a PMS/chemist four or more times a month. Among women that visited a PMS/chemist in the last one year, 90 percent or more of women reported that they did not receive a method of FP, information or counseling on FP or a referral during these visits.

Table 5.5. Exposure to FP Information, Counseling, Referrals and Methods at Pharmacies and PMS/Chemists at Midterm by City

Percent distribution of women's exposure to FP information, counseling and referrals at pharmacies and PMS/chemists by city, Nigeria 2012.

	Abuja	*Ibadan*	*Ilorin*	*Kaduna*
In the last year, how often did you visit a pharmacy?				
4+ times a month	4.3	10.9	5.6	2.4
1-3 times a month	22.1	20.7	12.4	15.0
Less than once a month	36.2	14.1	24.3	17.8
Never	37.4	53.9	57.7	64.7
Missing	0.0	0.3	0.0	0.2
Number	759	1,202	1,127	1,243
Among those who visited a pharmacy in the past year:				
Did you receive a method, information or counseling or a referral for FP at the pharmacy?				
Received a method	4.0	3.9	5.9	2.0
Received information or counseling	2.1	4.0	3.0	0.3
Received a referral	0.4	0.5	0.0	0.1
Did not receive any of these	92.6	90.1	91.7	96.8
Number	475	554	477	439
In the last year, how often did you visit PMS/chemist?				
4+ times a month	4.7	25.3	14.8	15.0
1-3 times a month	13.3	36.5	27.3	28.3
Less than once a month	20.8	17.3	20.5	26.6
Never	61.1	20.5	37.4	30.1
Missing	0.0	0.4	0.0	0.0
Number	759	1,202	1,127	1,243
Among those who visited a PMS/chemist in the past year:				
Did you receive a method, information or counseling or a referral for FP at the PMS/chemist?				
Received a method	2.3	6.1	4.0	1.6
Received information or counseling	1.6	3.1	2.9	0.2
Received a referral	0.0	0.0	0.8	0.2
Did not receive any of these	93.0	90.0	92.0	97.5
Number	295	956	706	868

5.6 Place of Delivery and Postpartum Contraceptive Use

Skilled birth attendance is known to decrease the prevalence of the major causes of maternal and neonatal mortality such as obstructed labor and post-partum bleeding (Hussein et al., 2004; Yakoob et al., 2011). In addition, the use of maternal health services such as antenatal care and delivery services improves the chances of a woman being exposed to FP services which may increase her probability of using a contraceptive method (Do & Hotchkiss, 2013). In this section, the place where the women had their most recent birth and the prevalence of post-partum contraceptive use is discussed.

As shown in table 5.6, the proportion of women who delivered at home at both time points in Abuja, Ibadan, and Ilorin is around 10 percent; in Kaduna, a third of women delivered at home. The proportion of women who delivered in a private health facility slightly increased from baseline to midterm in all cities. Delivery in public health facilities decreased from baseline to midterm in all cities except in Kaduna where there was a slight increase from baseline to midterm. Delivery in faith-based facilities was uncommon in most cities, with the exception of Ibadan where 16 percent of women at baseline and 21 percent of women at midterm reported delivering in a faith-based facility.

5.7 Postpartum Contraceptive Use at Midterm

Approximately one-half of the women who had a birth in the time period between baseline and midterm reported using a contraceptive method within 12 months of delivery in all the cities (table 5.7). Women in Abuja had the lowest postpartum contraceptive use (48 percent) while highest use was among women in Ibadan (58 percent). The type of contraceptive method used differed in all cities. The most common postpartum contraceptive methods reported by women in all cities were short-acting contraceptive methods such as traditional methods (periodic abstinence, withdrawal and Standard Days Method), barrier methods (condoms), injectables, and LAM. Women in Ibadan and Ilorin had similar postpartum contraceptive use distributions. The top three postpartum contraceptive methods in Abuja were condoms, traditional methods, and injectables. In Kaduna, the majority of the women who reported using a contraceptive method during the postpartum period used LAM, injectables, or traditional methods (figure 5.1). The prevalence of long-acting contraceptive method use (sterilization, implants, and IUD) was low for all the cities, with Abuja as the exception.

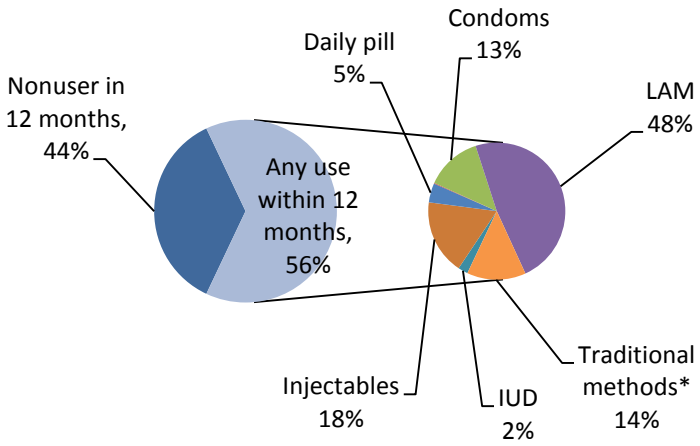


Figure 5.1. Postpartum contraceptive use at midterm in Kaduna.

Notes: A small number of women with missing information on method use were coded as non-users.
* Traditional methods include periodic abstinence, withdrawal, and Standard Days Method.

Table 5.6. Place of Delivery at Baseline and Midterm by City

Percent distribution of women who had a birth since 2008 (baseline) or 2010 (midterm) by place where woman delivered by city, Nigeria 2010/2011, 2012.

	Abuja		*Ibadan*		*Ilorin*		*Kaduna*	
	Baseline*	Midterm†	Baseline*	Midterm†	Baseline*	Midterm†	Baseline*	Midterm†
Public facility	62.0	56.2	49.7	40.7	44.1	43.8	39.7	42.8
Private facility	19.9	23.8	20.0	26.9	38.1	40.6	21.4	21.7
Home	11.6	13.7	9.1	7.9	10.2	9.7	32.2	33.9
Faith based	1.2	5.7	16.4	21.2	1.9	2.1	1.9	0.9
Other‡	2.3	0.6	4.3	1.9	4.2	3.1	1.6	0.5
Missing	3.1	0.0	0.6	1.4	1.4	0.7	3.3	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Women with a birth	660	247	954	400	833	383	942	429

Notes: A small number of women had missing data for date of last birth at baseline.
* Birth since 2008.
† Birth since 2010.
‡ Other facilities include work site, NGO facility, mosque, and reports of individuals (e.g., TBA,CHW).

Table 5.7. Postpartum Contraceptive Use at Midterm by City

Percent distribution of postpartum contraceptive use among women that had a birth since January 2010 by city, Nigeria 2012.

	Abuja	*Ibadan*	*Ilorin*	*Kaduna*
Any use within 12 months of delivery	48.3	58.1	54.9	56.0
Contraceptive use within 12 months of delivery				
Sterilization	0.5	0.2	0.0	0.0
Implant	4.8	0.7	0.3	0.0
IUD	4.6	3.3	1.4	1.3
Injectables	8.3	8.5	6.2	9.8
Daily pill	3.6	4.0	6.0	2.5
Emergency contraception pill	0.9	1.4	3.1	0.1
Condoms	12.1	10.5	11.5	7.4
LAM	2.9	10.4	6.8	26.8
Female condoms	0.2	0.0	1.7	0.0
Traditional methods*	10.3	19.0	18.0	7.7
Nonuse	51.7	41.9	45.1	44.4
Number of women	247	400	383	429

Notes: A small number of women with missing information on method use were coded as nonusers.
* Traditional methods include periodic abstinence, withdrawal and Standard Days Method.

5.8 Miscarriages, Abortions, and Stillbirths

Every pregnancy carries a risk of ending in a miscarriage, abortion, or stillbirth. Pregnancy, irrespective of the outcome, means the woman is at risk of becoming pregnant again; sexually active women should be provided FP services as they will also benefit from contraception. Table 5.8 presents data on miscarriages, abortions, and stillbirths. The proportion of women who reported ever experiencing a miscarriage, abortion, or stillbirth ranged from 8.8 percent in Ibadan to 16.7 percent in Abuja. Among these women, from 15.2 percent to 27.4 percent in the four cities reported having had a miscarriage, 1.5 to 5.4 percent reported having had an abortion, and 0 to 4.1 percent reported having had a stillbirth in the period between baseline and midterm. Given the sensitive nature of these issues, only a small number of women reported these outcomes. Hence, the results should be interpreted with caution.

Table 5.8. Miscarriages, Abortions, and Stillbirths at Midterm by City

Percent distribution of women who have experienced a miscarriage, abortion, or stillbirth, Nigeria 2012.

	Abuja	*Ibadan*	*Ilorin*	*Kaduna*
Ever miscarried, had an abortion or stillbirth				
Yes	16.7	8.8	11.9	13.7
No	83.3	89.8	88.1	86.0
Missing	0.0	1.4	0.0	0.2
Number	759	1,202	1,127	1,243
Among women who ever miscarried, aborted or had a still birth, percent that had a stillbirth since January 2010				
Yes	2.3	4.1	0.0	0.6
No	92.7	85.0	98.5	92.8
Missing	5.0	10.9	1.5	6.6
Number	127	106	134	171
Among women who ever miscarried, aborted or had a still birth, percent that had a miscarriage since January 2010				
Yes	26.5	15.2	27.4	27.2
No	68.4	79.1	71.9	69.8
Missing	5.1	5.7	0.7	3.0
Number	127	106	134	171
Among women who ever miscarried, aborted or had a still birth, percent that had an abortion since January 2010				
Yes	4.5	5.4	1.5	3.1
No	89.8	84.8	97.0	93.7
Missing	5.7	9.8	1.5	3.2
Number	127	106	134	71

Chapter 6. Spousal Communication

The 1994 International Conference on Population and Development in Cairo, Egypt emphasized the important role that men play in FP decision-making. Following that conference, there has been increased attention to male engagement and couple communication as a key program strategy to increase modern FP use (Becker & Robinson, 1998; Lasee & Becker 1997; Dodoo, 1998). The NURHI program has embraced this approach and is undertaking a number of program activities that encourage male involvement and spousal communication on FP.

At baseline as well as midterm, women and men in union were asked about discussion of child desires and FP use. Information from the representative sample of women surveyed at baseline and the sub-sample of the same women surveyed at midterm in the four cities is presented in table 6.1; information from men who were surveyed at baseline and men surveyed at midterm is presented in table 6.2.

6.1 Spousal Communication as Reported by Women

Table 6.1 demonstrates that, at both time points, a greater percentage of women in union from Abuja report discussing with their spouse in the last six months the number of children they would like to have as compared to the other cities. About one quarter of women from Abuja reported at midterm discussing this topic more than twice in the last six months. In the other cities, about one-third of women report discussing the number of children they would like to have with their spouse in the last six months. In all cities, the percentage of women that discussed the number of children they would like to have in the last six months is similar between baseline and midterm. Table 6.1 also shows the percentage of women who report discussing FP with their spouse in the last six months. The results are similar to the discussion of the number of children with about one-third of women at both time points reporting any discussion of FP in the last six months. These indicators suggest little change in discussion between spouses in the two-year follow-up period.

Table 6.1 provides information on who initiates the discussion of FP among those women who report discussing FP in the last six months. The most frequent response at both time periods is "self"; that is, women report that they generally initiate the discussion. The second most frequent answer is "either" particularly in Abuja and Ilorin. In Ibadan and Ilorin, a greater percentage of women report "either" at midterm as compared to the percentage that gave this response at baseline. The final indicator presented for women is whether women report that they need the permission of someone to use a method of FP. More than 70 percent of women in union at both time points and in all cities reported that they would need the permission of someone to use FP. When examined in more detail about who this permission would be required from, the main person was the husband/partner (not shown). This indicates the importance of engaging husbands/men in FP programming, as mentioned above.

6.2 Spousal Communication as Reported by Men

Table 6.2 presents similar measures of men's reported spousal communication on the number of children desired and FP. About 40 percent of men in union in Ibadan and Abuja report recently discussing with their wife/partner the number of children they would like to have. Most men in Kaduna reported discussing with their partner more than twice in the last six months. Discussion of FP in the last six months, as reported by men at midterm, is reported by about half of the men in Kaduna and 40 percent

of the men in Ibadan. Among men who discussed FP, this seems to be a frequent conversation (more than two times in the last six months).

Also presented in Table 6.2 is the men's report on who usually initiates the discussions among those men who reported discussing FP in the last six months. Men report initiating the discussion as "self" or "either" in more than 70 percent of the discussions. About a quarter of men in both cities reported that their partner initiates the discussions at both time points. Little change is observed in spousal communication as reported by men between baseline and midterm in the two cities where these data were collected.

Table 6.1. Spousal Communication by City among Women at Baseline and Midterm

Percent distribution of spousal communication on topics of FP and fertility among women in union by city, Nigeria 2010/2011, 2012.

	Abuja		***Ibadan***		***Ilorin***		***Kaduna***	
	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm
How often have you discussed the number of children you would like to have in the last six months?								
Not discussed	52.5	59.0	71.9	67.6	74.7	62.6	66.8	69.5
Once or twice	16.9	16.8	15.4	17.7	8.0	13.6	5.3	14.7
More than twice	30.4	23.7	12.1	14.1	16.9	23.6	27.5	15.8
Missing	0.3	0.5	0.6	0.6	0.3	0.3	0.4	0.0
Number	1,360	526	1,981	868	1,564	797	1,671	798
How often have you discussed family planning in the last six months?								
Not discussed	60.0	65.7	78.5	69.2	77.2	65.5	69.5	72.7
Once or twice	13.6	16.4	11.5	16.6	8.1	14.1	5.7	15.5
More than twice	26.1	17.4	9.8	13.7	14.3	20.2	24.6	11.7
Missing	0.3	0.5	0.2	0.5	0.4	0.3	0.2	0.1
Number	1,360	526	1,981	868	1,564	797	1,671	798
Among those who have discussed family planning, who usually initiates the discussion about family planning?								
Self	35.2	40.1	61.0	45.4	31.6	31.0	33.7	56.2
Spouse/partner	22.7	20.8	22.1	19.7	23.8	15.8	14.8	22.8
Either	41.6	38.7	16.8	33.6	43.9	52.8	50.8	20.2
Missing	0.5	0.4	0.1	1.2	0.6	0.4	0.7	0.9
Number	749	376	993	497	643	476	660	422
If you wanted to use a method of family planning, would you need anyone's permission?								
Yes	70.5	70.9	85.1	81.8	84.1	82.0	72.1	75.5
No	26.8	27.1	13.7	15.3	13.2	15.6	19.4	22.3
Don't know	2.7	2.0	0.9	2.4	2.2	2.3	8.2	2.3
Missing	0.0	0.0	0.4	0.5	0.6	0.1	0.3	0.0
Number	1,360	526	1,981	868	1,564	797	1,671	798

Table 6.2. Spousal Communication by City among Men at Baseline and Midterm
Percent distribution of spousal communication on topics of FP and fertility among men in union by city, Nigeria 2010/2011, 2012.

	Ibadan		***Kaduna***	
	Baseline	Midterm	Baseline	Midterm
How often have you discussed the number of children you would like to have in the last six months?				
Not discussed	54.3	62.4	60.5	61.7
Once or twice	19.1	19.6	3.8	11.7
More than twice	25.6	17.2	34.3	25.7
Missing	1.0	0.8	1.3	0.9
Number	825	720	766	626
How often have you discussed family planning in the last six months?				
Not discussed	48.0	58.3	58.1	51.2
Once or twice	18.9	17.7	5.5	17.6
More than twice	32.2	23.1	35.6	29.9
Missing	0.9	0.8	0.9	1.3
Number	825	720	766	626
Among those who have discussed family planning, who usually initiates the discussion about FP?				
Self	21.1	41.8	32.0	31.0
Spouse/Partner	18.3	27.5	23.2	28.7
Either	60.1	30.7	43.2	40.2
Missing	0.5	0.1	1.6	0.1
Number	556	461	337	431

Chapter 7. Exposure to Nigerian Urban Reproductive Health Initiative Program

A primary objective of undertaking the midterm survey was to permit an assessment in program improvements undertaken in the last two years by the Nigerian Urban Reproductive Health Initiative. The NURHI program has as a primary goal to increase modern contraceptive use in six cities: Abuja, Benin City, Ibadan, Ilorin, Kaduna, and Zaria. The specific objectives of the program are to: 1) integrate FP services with maternal and newborn health services and HIV/AIDS services; 2) improve the quality of FP services in high volume facilities; 3) increase FP access through public-private partnerships; 4) create sustained demand for FP services among the urban poor; and 5) advocate for increased funding and financial mechanisms for FP supplies and services for the urban poor. This section focuses specifically on the NURHI communication activities, which include mass media (radio and television) as well as interpersonal communication.

The baseline data were used by the NURHI project to develop mass media and interpersonal communication programs. At baseline, the prevalence of modern contraceptive use in the six project cities was about 20 percent to 33 percent among women in union, with the exception of Zaria where the prevalence was lower (6 percent) (Measurement, Learning & Evaluation Project, Nigerian Urban Reproductive Health Initiative & National Population Commission, 2011). Also, biases, myths, and misconceptions about FP were prevalent at baseline. Based on these results, the NURHI team identified the need to increase the desire of men and women to plan the number and timing of their children and to increase the belief that there are safe, healthy contraceptive methods available. Activities aimed at these goals are typically called "demand generation activities." The demand generation activities undertaken by NURHI were at multiple levels. NURHI activities included developing a comprehensive communication strategy informed by qualitative research among men and women. The activities in this strategy included development of key themes for local language messages, entertainment education, social mobilization, and mass media advertising. A unifying logo (three colorful puzzle pieces) and slogan ("Get it Together") was developed as a marker of FP across all cities. Message themes included promoting smaller families, child spacing, and FP methods. Some messages were undertaken across multiple cities while others were more specific in a local language targeting a specific city-level audience. Most messages were focused on women in union. In this section, data from the midterm survey are presented from questions that were asked about exposure to the various messages and strategies. The presentation of the results compares descriptive findings between women in the different cities as well as between women and men. At the end of this chapter, the overall program exposure is presented by summing up women's (and men's) exposure to the multiple items presented in the sections below.

7.1 Women's and Men's Exposure to the NURHI Program

Table 7.1 presents the findings from women and men on their exposure to the program logos and messages that were used across the multiple cities. For most of the program logos and messages, information was obtained on what the logo/message means and where the logo/message was seen or heard. For the meaning of the messages, we only show those responses that were "correct" based on information from the NURHI program implementation team. That is, a correct response is if the person reported that the message means "use family planning" or "space between births" or "limit family size" or "talk to

a health provider" or "talk to your spouse/partner." The main and expected responses are included for the location where the message was seen. For the local media messages (the next section), "friends" as a source was included as this was commonly reported for the local messages, but not as much for the messages/logos used across cities.

Table 7.1 indicates that about 20 percent to 30 percent of women and men have heard or seen the word "NURHI" in the past year. The percentage who have heard or seen "NURHI" for women and men in Ibadan are similar, whereas men are slightly higher than women in Kaduna. The percentage of women and men who have heard or seen the phrase "Get it Together" in the past year is similar to the percentage who have seen or heard "NURHI." At the time of the survey, respondents were shown three specific NURHI logos and asked if they had ever seen each logo. Across all cities, with the exception of men in Ibadan, about a third of women or men have seen any of the three NURHI-related logos shown to them; among men in Ibadan, only 19 percent had seen any logo. Among women surveyed, between 10 to 19 percent had seen a provider who was wearing a button that read, "Ask me about FP"; the percentage of men reporting seeing this button is higher, at around 30 to 35 percent. This button is part of the Family Planning Provider Network (FPPN) strategy of the NURHI program.

Among women and men who reported knowledge of each of the messages/logos that were multi-city activities (table 7.1), the percentage that knew that this message means FP or spacing births was generally high. About a quarter of women in Abuja and generally a lower percentage in the other cities reported that the "Get it Together" or "Know. Talk. Go" phrase means "talk to your spouse/partner." Among the women, about 12 to 15 percent reported that they did not know what the "Get it Together" or "Know. Talk. Go" phrase means. A higher percentage reported not knowing what the NURHI logo means (around 25 percent). Most of the messages/logos had been seen on television or heard over the radio; however, about 10 percent in some cities reported seeing the "Get it Together" or "Know. Talk. Go" phrase at a health facility. A greater percentage of those who had seen a NURHI logo reported seeing it at a health facility than for the other messages. In Ilorin and Kaduna, about 15 percent reported seeing the NURHI logo at a pharmacy or chemist.

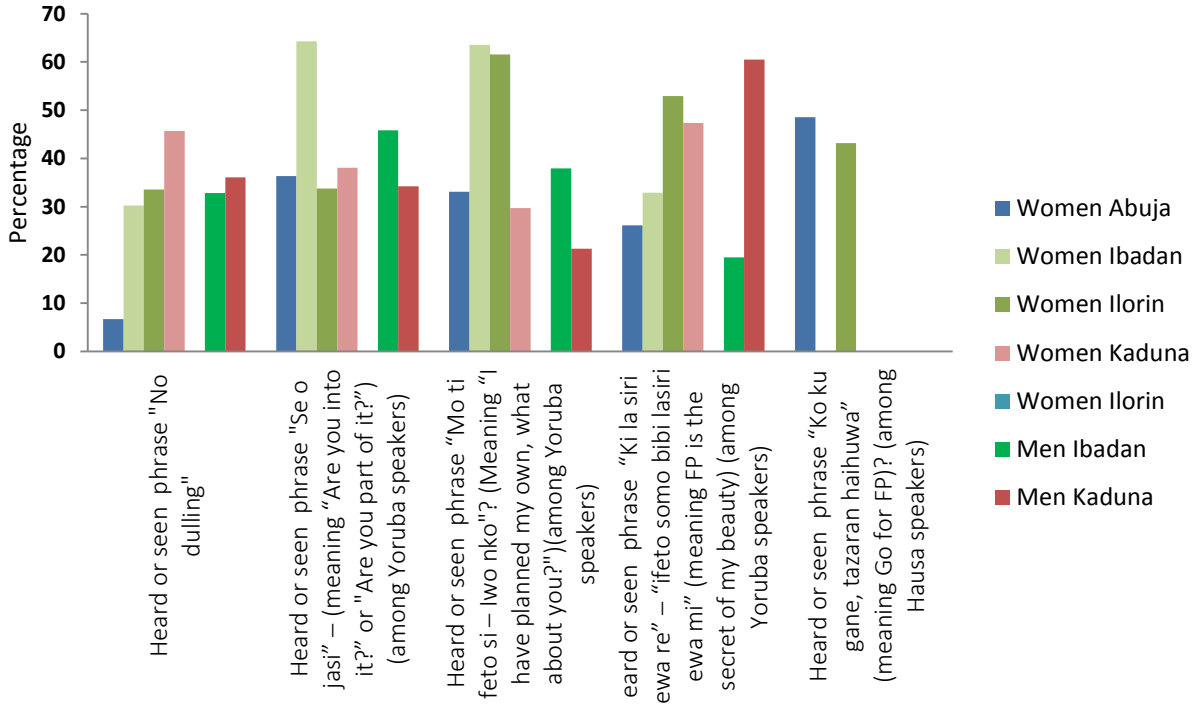


Figure 7.1. Percentage of women and men who have heard or seen targeted NURHI messages in past year.

Table 7.1. Women's and Men's General Exposure to the NURHI Program by City at Midterm
Percent distribution of women's and men's general exposure to the NURHI program by city, Nigeria 2012.

	Women				Men	
	Abuja	Ibadan	Ilorin	Kaduna	Ibadan	Kaduna
Have heard or seen the word "NURHI" in the past year						
Yes	26.0	17.0	31.0	21.2	16.6	28.6
No	68.1	75.4	65.3	76.0	74.7	57.5
Don't know	5.7	7.0	3.4	2.4	8.3	13.1
Missing	0.2	0.6	0.3	0.4	0.4	0.8
Number	759	1,202	1,127	1,243	1,227	1,131
Have heard or seen the phrase "Get it Together" in the past year						
Yes	10.8	19.0	32.2	17.7	14.4	32.9
No	86.9	78.0	66.0	82.2	82.1	66.3
Don't know	2.3	2.7	1.8	0.2	3.5	0.6
Missing	0.0	0.3	0.1	0.0	0.0	0.1
Number	759	1,202	1,127	1,243	1,227	1,131
*Among those who saw/heard "Get it Together" what this phrase means to the respondent**						
Use family planning	40.0	75.9	62.8	50.1	56.0	24.0
Spacing between births	9.5	12.6	33.5	34.3	12.0	53.8
Limiting family size	25.1	9.7	17.4	18.1	19.9	30.3
Talk to health provider about FP	6.4	1.1	8.0	3.1	5.9	3.1
Talk to spouse/partner about FP	27.5	3.3	12.2	19.0	13.6	7.7
Don't know	11.8	15.0	13.0	12.1	18.4	3.8
Number	82	228	362	220	177	373
*Among those who saw/heard "Get it Together" where respondent saw/heard the phrase **						
Radio	18.8	52.1	64.3	54.9	59.0	54.9
Television	74.7	34.1	38.5	52.1	33.4	45.5
Poster	6.9	16.4	14.1	25.1	32.1	4.8
Umbrella	0.7	15.0	14.0	10.6	18.2	3.2
On a sign at a health facility	11.4	4.5	11.2	23.9	5.1	3.6
On a sign at a pharmacy/chemist	0.0	2.5	6.2	9.8	5.4	1.5
Number	82	228	362	220	177	373
Have attended any meetings about FP/child birth spacing that were led by someone wearing a T-shirt with this phrase in the past year						
Yes	1.0	2.3	4.4	1.8	3.1	7.4
No	99.0	97.3	95.4	98.2	96.8	91.8
Don't know	0.0	0.3	0.1	0.0	0.1	0.0
Missing	0.0	0.2	0.0	0.1	0.0	0.8
Number	759	1,202	1,127	1,243	1,227	1,131

Note: * Percentages may not sum to 100% because multiple responses could be given.

Table continues on next page

Table 7.1. (continued) Women's and Men's General Exposure to the NURHI Program by City at Midterm

Percent distribution of women's and men's general exposure to the NURHI program by city, Nigeria 2012.

	Women				Men	
	Abuja	Ibadan	Ilorin	Kaduna	Ibadan	Kaduna
Have heard or seen the phrase "Know. Talk. Go." in the past year						
Yes	7.8	15.0	14.3	2.6	10.0	10.2
No	88.6	81.1	82.4	97.4	87.1	87.9
Don't know	3.5	3.6	3.1	0.1	2.9	1.5
Missing	0.1	0.3	0.2	0.0	0.0	0.4
Number	759	1,202	1,127	1,243	1,227	1,131
*Among those who saw/heard "Know. Talk. Go." what this phrase means to respondent**						
Use family planning	39.2	70.1	71.2	37.5	73.4	30.4
Spacing between births	37.5	15.4	36.2	14.4	12.1	21.1
Limiting family size	27.7	11.2	20.9	8.6	14.9	10.6
Talk to health provider about FP	17.5	2.3	11.9	10.8	9.9	8.3
Talk to spouse/partner about FP	20.3	3.6	14.9	21.5	9.9	5.7
Don't know	11.5	18.9	7.4	12.1	8.0	13.1
Number	59	180	161	32	122	116
*Among those who saw/heard "Know. Talk. Go." where respondent saw/heard the phrase**						
Radio	24.7	39.7	61.8	25.4	55.0	31.0
Television	60.0	24.9	32.2	47.0	29.0	70.2
Poster	11.5	18.7	19.1	21.4	22.4	6.3
Umbrella	6.9	22.0	24.2	15.1	30.4	6.9
On a sign at a health facility	11.1	5.6	10.7	9.0	2.4	4.7
On a sign at a pharmacy/chemist	0.0	0.0	8.2	4.1	1.2	3.4
Number	59	180	161	32	122	116
Have seen at least one NURHI program logo in the past year						
Yes	31.4	31.4	43.3	37.5	18.6	33.3
No	68.6	68.6	56.7	62.5	81.4	66.7
Number	759	1,202	1,127	1,243	1,227	1,131
*Among those who saw NURHI logo, what this logo means to respondent**						
Use family planning	46.9	61.1	58.3	42.0	58.9	33.7
Spacing between births	14.2	5.3	37.5	27.0	10.5	15.6
Limiting family size	21.8	6.3	10.8	16.1	13.0	16.8
Talk to health provider about FP	7.5	1.1	3.8	3.8	7.4	5.8
Talk to spouse/partner about FP	5.0	1.5	6.2	5.6	5.7	2.8
Don't know	20.9	25.8	25.6	25.1	17.8	22.0
Number	238	377	488	466	228	376

Note: * Percentages may not sum to 100% because multiple responses could be given.

Table continues on next page

Table 7.1. (continued) Women's and Men's General Exposure to the NURHI Program by City at Midterm

Percent distribution of women's and men's general exposure to the NURHI program by city, Nigeria 2012.

	Women				Men	
	Abuja	Ibadan	Ilorin	Kaduna	Ibadan	Kaduna
*Among those who saw NURHI logo, where respondent saw this logo**						
Radio	1.5	3.6	23.4	5.3	16.4	2.1
Television	55.0	39.3	35.2	45.9	43.2	49.2
Poster	4.7	34.7	27.4	21.7	36.5	22.8
Umbrella	3.1	23.2	24.3	13.6	18.5	14.1
On a sign at a health facility	34.6	14.8	21.6	51.7	6.9	17.9
On a sign at pharmacy/chemist	1.8	3.0	13.5	15.4	2.5	4.2
Number	238	377	488	466	228	376
Have seen a health provider wearing a button that said "Ask me about FP" in the past year						
Yes	19.2	11.9	17.5	10.3	29.6	35.1
No	76.7	84.6	80.0	89.3	66.2	63.8
Don't know	4.1	2.9	2.3	0.4	3.8	0.4
Missing	0.0	0.6	0.1	0.0	0.4	0.7
Number	759	1,202	1,127	1,243	1,227	1,131

Note: * Percentages may not sum to 100% because multiple responses could be given.

7.2 Women's and Men's Exposure to Language/Culture Specific Slogans

The NURHI program tailored the key message themes and materials for language/cultural relevance. Exposure to radio and television in local languages is described below. In addition, NURHI developed different slogans for different language/cultural groups. Some of these messages were in Yoruba, targeting women and men in the southern cities while other program messages were undertaken in Hausa targeting the population in Kaduna or Abuja. These language-specific slogans were used as part of the social mobilization activities and reached people through interpersonal channels rather than television or radio. Table 7.2 presents the percentage of women and men by city who were exposed to the various slogans and messages. Figure 7.1 provides the comparison of women and men from Ibadan and Kaduna by exposure to these slogans. The percentage of women who were exposed to the phrase "No dulling" in the past year was highest in Ilorin (33.6 percent). Among men, about 15 percent were exposed to this phrase in both cities.

Among the Yoruba speakers in each city (mostly based in Ibadan and Ilorin), about a third had seen or heard the local language slogan "Se o jasi" meaning "Are you into it?" or "Are you part of it?" Between 12 to 22 percent of women who had seen this slogan reported that they did not know what it meant, although around 40 percent knew that it meant FP or child spacing. In Ibadan and Ilorin, radio was a common source of this message; and in Ilorin, friends/word of mouth was also a common source. The other two slogans among Yoruba speakers "Mo ti feto si – Iwo nko"? (meaning "I have planned my own, what about you?") and "Ki la siri ewa re" – "ifeto somo bibi lasiri ewa mi" (meaning "what is the secret of your beauty? Family planning is the secret of my beauty") were seen or heard by about one-half to two-thirds of women in Ibadan and Ilorin (the target cities). The percentage of men in Ibadan who reported seeing or hearing these slogans was smaller. A higher percentage of women and men recognize that these two slogans are related to FP as compared to the first Yoruba slogan ("Se o jasi"). These Yoruba slogans were generally heard on the radio as the most common source in Ibadan and Ilorin.

Also presented in table 7.2 is the percentage of women and men who are Hausa speakers who heard the phrase "Ko ku gane, tazaran haihuwa" (meaning "Go for family planning"); about 50 percent of women in Abuja and Kaduna (the target cities) heard this message; 60 percent of men from Kaduna had heard or seen this message. More than 58 percent of women from Kaduna and Abuja and men from Kaduna know that this message means to use FP or to space births. These messages were commonly seen on television or heard on radio; notably, in Abuja and Kaduna, about a quarter of women report seeing or hearing this phrase at a health facility.

Table 7.2. Women's and Men's Exposure to NURHI Program Messages by City at Midterm
Percent distribution of women's and men's exposure to NURHI program messages by city, Nigeria 2012.

	Women				Men	
	Abuja	Ibadan	Ilorin	Kaduna	Ibadan	Kaduna
Have heard or seen the phrase "No dulling" in the past year						
Yes	6.6	19.0	33.6	4.5	15.1	15.9
No	89.2	76.9	64.3	94.6	81.7	83.1
Don't know	4.1	3.7	2.0	0.8	3.2	0.9
Missing	0.0	0.4	0.1	0.1	0.0	0.2
Number	759	1,202	1,127	1,243	1,227	1,131
*Among those who saw/heard "No dulling," what this phrase means to respondent**						
Use family planning	26.6	75.5	47.7	21.5	59.1	26.5
Spacing between births	14.1	13.4	30.7	14.3	6.4	10.9
Limiting family size	10.6	10.0	11.8	0.0	8.1	12.6
Talk to health provider about FP	3.7	3.4	2.5	4.5	6.5	2.1
Talk to spouse/partner about FP	1.8	3.1	3.9	6.1	4.1	0.9
Be quick/fast	8.0	0.7	14.9	0.0	0.0	0.3
Don't know	27.4	13.4	9.8	48.0	15.1	20.0
Number	50	228	378	56	186	179
*Among those who saw/heard "No dulling" where respondent saw/heard the phrase**						
Radio	21.7	67.2	64.3	39.0	65.0	31.7
Television	31.2	17.3	18.2	43.8	15.7	46.0
Poster	0.0	2.9	1.7	18.9	16.1	2.9
Umbrella	7.9	7.5	1.9	4.4	10.6	2.4
On a sign at a health facility	3.7	4.7	2.9	4.1	0.0	1.9
On a sign at a pharmacy/chemist	2.4	1.6	3.1	5.3	0.4	2.0
Friends/word of mouth	15.6	7.1	26.2	9.5	16.5	13.4
Number	50	228	378	56	186	179

Note: * Percentages may not sum to 100% because multiple responses could be given.

Table continues on next page.

Table 7.2. (continued) Women's and Men's Exposure to NURHI Program Messages by City at Midterm

Percent distribution of women's and men's exposure to NURHI program messages by city, Nigeria 2012.

	Women				Men	
	Abuja	Ibadan	Ilorin	Kaduna	Ibadan	Kaduna
Among those who understand Yoruba, have heard or seen the phrase "Se o jasi" (meaning "Are you into it?" or "Are you part of it?") in the past year						
Yes	36.3	30.2	33.8	45.7	32.8	36.1
No	62.0	65.1	62.6	49.5	61.8	51.8
Don't know	1.7	3.6	3.1	0.4	4.7	3.7
Missing	0.0	1.1	0.5	4.4	0.8	8.4
Number	151	1,168	1,102	199	1,183	157
*Among those who saw/heard "Se o jasi" what this phrase means to respondent**						
Use family planning	61.2	70.5	38.1	41.5	57.7	38.5
Spacing between births	21.9	9.2	20.3	31.2	8.5	31.2
Limiting family size	24.7	9.4	7.5	17.2	16.0	26.4
Talk to health provider about FP	6.4	1.2	2.1	3.0	7.5	3.7
Talk to spouse/partner about FP	2.2	2.4	5.7	11.4	8.8	3.4
Don't know	12.4	18.3	17.7	21.6	14.4	4.0
Number	55	353	372	91	388	57
*Among those who saw/heard Se o jasi" where respondent saw/heard the phrase**						
Radio	35.6	70.6	47.9	29.1	78.7	31.1
Television	51.8	13.6	13.6	39.4	10.2	65.8
Poster	0.9	3.7	0.7	11.9	18.6	0.0
Umbrella	0.0	3.4	0.4	0.8	3.9	3.5
On a sign at a health facility	2.3	3.0	1.2	8.3	4.1	6.9
On a sign at a pharmacy/chemist	0.0	0.6	2.4	0.8	7.3	0.0
Friends/word of mouth	15.9	11.3	46.5	16.5	16.6	5.5
Number	55	353	372	91	388	57
Among those who understand Yoruba, have heard or seen the phrase "Mo ti feto si – Iwo nko?" (meaning "I have planned my own, what about you?") in the past year						
Yes	33.1	64.3	61.6	38.0	45.8	34.1
No	62.0	32.6	36.8	55.6	49.7	53.4
Don't know	4.9	2.2	1.2	0.9	3.9	4.0
Missing	0.0	1.0	0.5	5.5	0.6	8.4
Number	151	1,168	1,102	199	1,183	157

Note: * Percentages may not sum to 100% because multiple responses could be given.

Table continues on next page.

Table 7.2. (continued) Women's and Men's Exposure to NURHI Program Messages by City at Midterm
Percent distribution of women's and men's exposure to NURHI program messages by city, Nigeria 2012.

	Women				Men	
	Abuja	Ibadan	Ilorin	Kaduna	Ibadan	Kaduna
*Among those who saw/heard "Mo ti feto si – Iwo nko?" what this phrase means to respondent**						
Use family planning	84.7	82.7	73.3	55.2	81.1	44.4
Spacing between births	37.0	26.6	53.9	41.3	14.7	26.9
Limiting family size	12.7	17.3	18.9	27.5	12.9	29.7
Talk to health provider about FP	9.4	1.4	2.0	6.5	7.7	7.8
Talk to spouse/partner about FP	7.2	1.6	5.4	4.4	6.8	5.1
Don't know	0.0	2.4	0.7	3.4	1.5	5.4
Number	50	751	678	76	543	54
*Among those who saw/heard "Mo ti feto si – Iwo nko?" where respondent saw/heard the phrase**						
Radio	46.3	85.4	83.5	48.4	88.7	37.2
Television	57.7	17.7	20.3	47.8	19.5	65.5
Poster	1.4	2.1	2.2	9.9	17.1	2.0
Umbrella	0.0	2.2	0.5	0.0	3.1	0.0
On a sign at a health facility	3.4	6.7	7.6	7.7	3.1	6.6
On a sign at a pharmacy/chemist	0.7	1.4	3.4	6.6	5.1	0.0
Friends/word of mouth	9.5	1.6	4.5	6.6	6.3	8.5
Number	50	751	678	76	543	54
Among those who understand Yoruba, have heard or seen the phrase "Ki la siri ewa re" – "ifeto somo bibi lasiri ewa mi" (meaning what is the secret of your beauty? Family planning is the secret of my beauty) in the past year						
Yes	26.1	63.6	53.0	29.7	37.9	21.3
No	69.1	33.3	45.2	62.9	56.0	66.8
Don't know	4.3	2.2	1.4	1.5	5.5	3.5
Missing	0.5	1.0	0.5	5.9	0.6	8.4
Number	151	1,168	1,102	199	1,183	157
*Among those who saw/heard "Ki la siri ewa re" – "ifeto somo bibi lasiri ewa mi" what this phrase means to respondent**						
Use family planning	74.0	82.2	70.7	67.9	71.2	32.2
Spacing between births	32.0	23.0	56.9	35.9	11.6	37.2
Limiting family size	31.4	16.4	15.1	28.3	16.1	40.3
Talk to health provider about FP	8.6	0.7	1.1	0.0	16.1	3.2
Talk to spouse/partner about FP	3.5	2.1	4.3	5.4	10.6	4.7
Don't know	0.0	1.6	2.2	5.5	1.4	3.2
Number	39	742	583	59	448	33
*Among those who saw/heard "Ki la siri ewa re" – "ifeto somo bibi lasiri ewa mi" where respondent saw/heard the phrase**						
Radio	44.1	82.1	84.2	40.4	88.0	43.9
Television	64.0	17.8	25.6	50.8	19.8	69.2
Poster	2.4	2.6	3.0	14.1	13.1	0.0
Umbrella	0.0	2.5	0.5	0.0	2.8	0.0
On a sign at a health facility	8.9	6.3	7.2	10.4	2.9	1.2
On a sign at a pharmacy/chemist	0.0	0.6	2.9	8.8	5.5	0.0
Friends/word of mouth	1.7	1.2	3.6	16.8	2.0	0.0
Number	39	742	583	59	448	33

Note: * Percentages may not sum to 100% because multiple responses could be given. *Table continues on next page.*

Table 7.2. (continued) Women's and Men's Exposure to NURHI Program Messages by City at Midterm
Percent distribution of women's and men's exposure to NURHI program messages by city, Nigeria 2012.

	Women				Men	
	Abuja	Ibadan	Ilorin	Kaduna	Ibadan	Kaduna
Among those who understand Hausa, have heard or seen the phrase "Ko ku gane, tazaran haihuwa" (meaning "Go for family planning")						
Yes	48.5	32.9	43.1	47.4	19.5	60.5
No	48.8	40.2	46.5	51.6	61.1	36.6
Don't know	2.2	5.4	0.8	0.5	8.5	1.4
Missing	0.6	21.6	9.5	0.5	10.9	1.5
Number	319	73	143	1,113	68	959
*Among those who understand Hausa, have heard or seen the phrase "Ko ku gane, tazaran haihuwa" what this phrase means to respondent**						
Use family planning	71.3	95.4	78.6	58.1	75.4	25.7
Spacing between births	35.8	19.9	49.8	54.9	12.2	75.1
Limiting family size	23.0	4.6	10.6	25.2	23.1	36.7
Talk to health provider about FP	8.7	6.6	3.9	3.7	30.4	1.1
Talk to spouse/partner about FP	2.7	3.3	2.9	5.5	46.0	3.4
Don't know	1.0	0.0	0.0	4.5	0.0	1.8
Number	155	24	62	527	13	581
*Among those who saw/heard "Ko ku gane, tazaran haihuwa" where respondent saw/heard the phrase**						
Radio	48.4	52.8	74.1	62.1	85.3	73.0
Television	40.0	30.3	29.5	45.4	28.5	51.2
Poster	3.4	2.3	3.9	15.7	18.4	4.8
Umbrella	1.3	4.3	0.0	0.9	5.6	0.6
On a sign at a health facility	23.7	7.7	23.5	26.5	0.0	5.5
On a sign at a pharmacy/chemist	2.7	0.0	0.0	8.9	11.2	2.2
Friends/word of mouth	0.0	0.0	1.8	3.2	0.0	1.4
Number	155	24	62	527	13	581

Note: * Percentages may not sum to 100% because multiple responses could be given.

7.3 Women's and Men's Exposure to NURHI Radio Program

Table 7.3 presents the percentage of women and men who listen to the radio, have heard FP or birth spacing information on the radio in the last three months, and exposure to specific NURHI radio programs (specifically: Second Chance - Pidgin English, Ireti Eda – Yoruba, Komai Nisan Jifa – Hausa). Radio exposure among women and men is high in all cities at 80 percent or more (Abuja women are at 79.3 percent). In Ibadan and Ilorin, at least 70 percent of women report having heard FP messages on the radio in the last three months (see figure 7.2 for comparison between women and men from Ibadan and Kaduna). The percentages were lower for women from Abuja and Kaduna. For men, about two-thirds in Ibadan and Kaduna report having heard FP messages on the radio in the last three months. About one-fifth to one third of women has heard of a NURHI local radio program; however, a slightly lower percentage have actually ever listened to the program. Among women, between 10 and 26 percent listened to the NURHI local radio program every week or almost every week. Among men from Kaduna, 16 percent reported hearing the program every week or almost every week. Moreover, 7 percent of men from Kaduna reported ever attending a meeting where the radio program was played or discussed. In the other cities among women and men, less that 4 percent had ever attended a meeting where the NURHI radio program was played or discussed.

Table 7.3. Women's and Men's Exposure to NURHI Radio Programs by City at Midterm
Percent distribution of women's and men's exposure to NURHI radio programs by city, Nigeria 2012.

	Women				*Men*	
	Abuja	Ibadan	Ilorin	Kaduna	Ibadan	Kaduna
Listens to the radio?						
Yes	79.3	95.1	83.9	81.7	95.3	88.8
No	20.7	4.2	16.0	18.1	4.7	11.2
Missing	0.0	0.7	0.1	0.2	0.0	0.0
Heard any family planning/child birth spacing information on the radio in the past three months?						
Yes	55.9	70.0	71.5	57.1	64.8	62.3
No	40.3	24.5	25.4	39.9	30.0	35.9
Don't know	1.7	1.3	0.5	0.6	3.8	0.1
Missing	2.1	4.3	2.5	2.4	1.4	1.7
Have heard about the NURHI radio programs (Second Chance - Pidgin English, Ireti Eda - Yoruba, Komai Nisan Jifa - Hausa)?						
Yes	24.9	18.8	36.2	34.5	10.9	34.7
No	72.1	76.7	56.5	64.9	83.6	64.5
Don't know	3.0	4.0	7.2	0.6	5.3	0.8
Missing	0.0	0.5	0.1	0.0	0.2	0.1
Have ever listened to this radio program?						
Yes	20.9	17.1	34.7	25.2	13.9	51.1
No	76.1	78.1	57.7	74.0	81.5	48.1
Don't know	3.1	4.3	7.5	0.9	4.4	0.7
Missing	0.0	0.5	0.1	0.0	0.2	0.1
How often do you listen to this program?						
Every week	7.3	9.1	16.1	11.2	2.6	7.1
Almost every week	2.6	1.3	7.3	5.0	0.5	8.6
Once or twice a month	5.4	3.8	6.5	5.0	3.7	10.1
Less than once a month	1.6	0.5	1.7	1.0	1.5	2.9
Used to listen but don't anymore	2.5	0.9	1.7	0.4	1.1	2.1
Only listened once	1.1	1.5	1.3	2.5	1.5	3.3
Have not heard program	79.1	82.9	65.3	74.8	89.1	65.3
Missing	0.4	0.0	0.1	0.2	0.0	0.6
Have you attended a meeting where this program was played or discussed?						
Yes	2.7	2.4	3.7	1.3	0.8	7.1
No	96.9	96.2	96.2	98.6	98.4	91.9
Don't know	0.1	0.1	0.0	0.1	0.2	0.3
Missing	0.2	1.2	0.1	0.1	0.6	0.7
Number of women/men	759	1,202	1,127	1,243	1,227	1,131

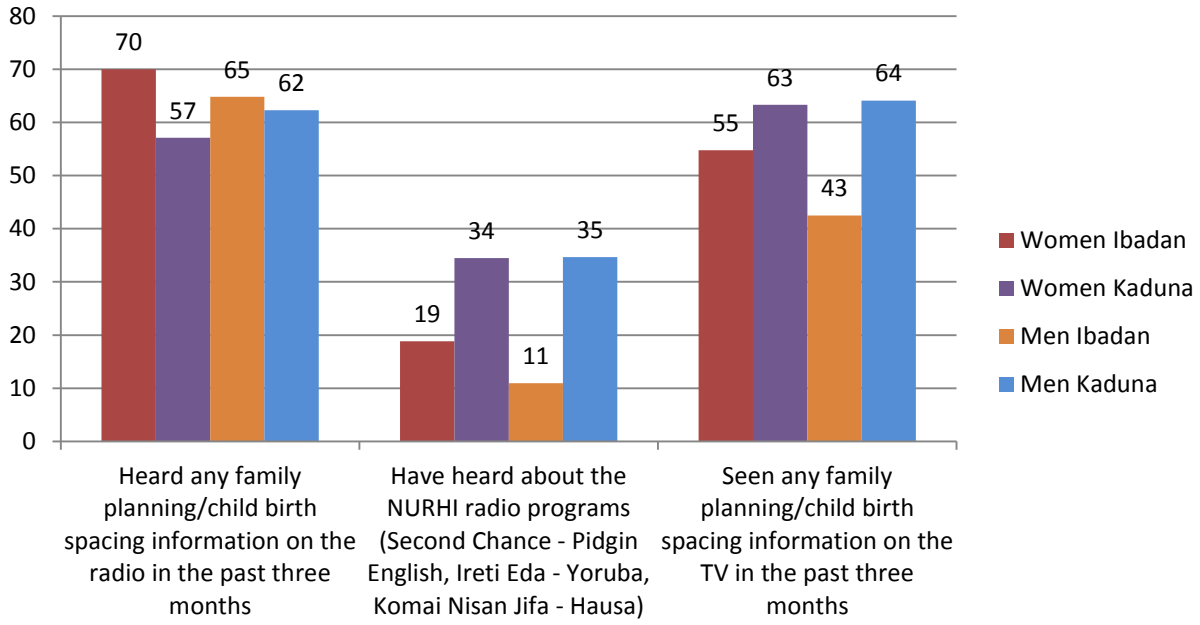


Figure 7.2. Percentage of women and men who have heard family planning messages on the radio or television at midterm.

7.4 Women's and Men's Exposure to NURHI Television Program

Table 7.4 and figure 7.2 present the percentage of women and men who have seen FP messages on the television in the last three months. The overwhelming majority of women and men watch television ranging from 76 percent in Ilorin to 97 percent in Abuja. More than 50 percent of women have seen any FP or child birth spacing messages on the television in the last three months. Women from Abuja and Kaduna report higher exposure than women in the other cities. When asked what the television spots were about, the most common response was that they were about condoms followed by spacing between births, limiting family size, injectables, talk to a health provider, or talk to a spouse.

Table 7.4. Women's and Men's Exposure to NURHI TV Programs by City at Midterm

Percent distribution of women's and men's exposure to NURHI television programs by city, Nigeria 2012.

	Women				Men	
	Abuja	Ibadan	Ilorin	Kaduna	Ibadan	Kaduna
Watches television?						
Yes	97.1	92.8	75.8	92.5	88.0	96.0
No	2.9	6.9	24.1	7.3	11.9	4.0
Missing	0.0	0.4	0.1	0.2	0.1	0.0
Number	759	1,202	1,127	1,243	1,227	1,131
Seen any family planning/child birth spacing information on the TV in the past three months?						
Yes	68.2	54.8	51.0	63.3	42.5	64.1
No	31.7	44.6	48.8	36.4	57.4	34.9
Missing	0.1	0.6	0.3	0.3	0.1	1.0
Number	759	1,202	1,127	1,243	1,227	1,131
*Among those who had seen FP information on TV, what these TV spots were about**						
Daily pills	9.1	8.2	13.4	26.3	5.4	4.9
IUCD	5.7	16.5	8.3	14.3	8.9	1.1
Condoms	47.5	52.5	50.1	56.4	61.9	30.2
Injectables	15.4	23.9	25.8	25.0	16.6	11.0
Other methods†	5.9	1.8	2.8	6.8	0.7	2.5
Age at marriage/Delaying first birth	3.2	8.9	3.0	12.6	13.8	3.5
Delaying age at first sex	2.1	4.7	2.7	0.7	7.0	1.0
Abstinence	8.1	2.1	2.8	8.2	13.5	4.1
Spacing between births	25.7	28.2	55.3	46.2	23.7	60.8
Limiting family size	22.7	25.3	32.2	23.0	31.0	39.8
Gov't statements regarding FP	14.2	10.8	7.3	10.3	8.1	2.7
Talk to spouse about FP	13.9	5.3	21.2	15.4	8.5	5.3
Talk to health provider about FP	12.7	15.8	8.0	15.0	12.2	20.2
Other reproductive health topics	1.1	1.0	0.5	0.2	1.1	1.0
Don't remember	12.8	9.6	1.8	6.5	3.5	1.0
Number	517	658	574	787	521	725

Notes:

* Percentages may not sum to 100% because multiple responses could be given.

† Other methods include implants, emergency contraceptive pills, female and male sterilization, and Standard Days Method.

7.5 Women's and Men's Exposure to Outreach Activities

Table 7.5 presents women's and men's exposure to outreach activities where FP messages were heard or discussed. The NURHI program has outreach workers who attend naming ceremonies, freedom ceremonies, graduations, key holidays (Christmas and Eid), and weddings to talk about FP and birth-spacing messages. In the midterm survey, women and men were asked if they had heard FP or child-spacing messages at any of these events in the last year. Across the cities, women and men from Ibadan reported greater exposure to FP messages at these outreach events than their counterparts in the other cities. In particular, 19 percent of women in Ibadan and 13 percent of men in Ibadan had heard FP discussed at a naming ceremony; for wedding ceremonies, the findings are 9 percent and 17 percent for women and men in Ibadan, respectively. Overall, naming ceremonies were the most common place where FP was discussed followed by weddings. For the remaining events, the percentage that heard FP discussed was less the 3 percent, with the exception of graduations where 5 percent of men from Kaduna reported hearing FP or birth spacing discussed.

7.6 Women's and Men's Exposure to Family Planning Messages through Mobile Phones, Computers, and at Groups or Clubs

Tables 7.6 and 7.7 present women's and men's baseline and midterm use of cell phones and the Internet, as well as participation in clubs or groups. These tables also present exposure to FP or child-spacing messages through cell phones, the Internet, or at clubs or groups. For women, table 7.6 shows that a slightly greater percentage of women have a cell phone and have access to the Internet, Facebook, or e-mail at midterm as compared to baseline in each city. Very few women at both time periods across all cities had received any FP or child-spacing messages via Short Message Service (SMS) in the recent months before the survey. At midterm, 3 to 9 percent of women in the four cities had seen any FP messages on the Internet, Facebook, or via e-mail in the last three months. Between 18 to 32 percent of women report belonging to any groups, clubs or organizations at midterm; these percentages are higher than the percentage reporting group or club participation at baseline. At midterm, women were asked if they had heard or seen any FP or birth spacing messages at group, club, or organization meetings. Between 6 to 17 percent of women report hearing messages at these events.

Table 7.5. Women's and Men's Exposure to Outreach Activities by City at Midterm

Percent of women's and men's exposure to outreach activities by city, Nigeria 2012.

	Women				*Men*	
	Abuja	**Ibadan**	**Ilorin**	**Kaduna**	**Ibadan**	**Kaduna**
*Heard any family planning/child birth spacing messages at any of the following events in the last year**						
Naming ceremony	2.1	18.7	9.5	12.9	12.7	4.8
Freedom ceremony	0.1	2.4	2.3	1.1	1.3	2.7
Graduation	1.0	0.7	1.6	0.7	0.8	5.4
Christmas/Eid	0.8	0.5	1.1	0.4	0.5	1.0
Wedding	2.2	8.6	6.2	5.6	17.3	6.8
None	93.7	74.8	87.7	85.1	73.7	80.9
Number	759	1,202	1,127	1,243	1,227	1,131

Note: *Percentages may not sum to 100% because multiple responses could be given.

Table 7.6. Women's Exposure to FP Messages through Mobile Phones and Computers by City at Baseline and at Midterm

Percent distribution of women's exposure to FP messages through mobile phones and computers by city, Nigeria 2012.

	Abuja		*Ibadan*		*Ilorin*		*Kaduna*	
	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm
Owns a cell phone that is mainly for your own use								
Yes	81.4	92.8	74.3	88.1	78.3	91.9	70.5	85.7
No	17.1	6.8	23.6	11.1	19.8	7.9	28.1	13.8
Missing	1.6	0.5	2.1	0.8	1.8	0.1	1.4	0.5
Received any family planning/child birth spacing messages via SMS (in the past three months/baseline; past six months/midterm)								
Yes	1.9	3.7	1.7	6.4	1.2	4.5	1.2	3.0
No	97.9	96.0	98.1	90.9	98.5	94.7	98.7	96.5
Don't know	0.0	0.3	0.0	2.0	0.0	0.6	0.0	0.5
Missing	0.2	0.0	0.2	0.7	0.2	0.1	0.1	0.0
*Have accessed the Internet, Web, Facebook or e-mail at least once in the past three months**								
Yes	29.2	32.1	5.9	16.0	7.7	11.3	9.3	19.0
No	56.8	67.0	78.8	82.1	57.8	86.6	74.4	80.6
Don't know Internet/do not know	13.3	0.9	15.0	1.3	33.3	1.9	15.6	0.3
Missing	0.7	0.0	0.3	0.6	1.3	0.1	0.7	0.2
Seen any family planning/child birth spacing messages on the Internet, Web, Facebook, or e-mail in the past three months								
Yes	n/a	8.5	n/a	3.3	n/a	2.9	n/a	3.1
No	n/a	91.1	n/a	96.7	n/a	96.9	n/a	96.5
Don't know	n/a	0.3	n/a	0.0	n/a	0.2	n/a	0.3
Missing	n/a	0.1	n/a	0.0	n/a	0.0	n/a	0.0
Belongs to any groups, clubs or organizations								
Yes	10.1	32.1	22.8	30.5	15.5	27.4	14.9	18.2
No	89.3	67.8	76.8	68.7	83.7	72.5	84.5	81.2
Missing	0.6	0.1	0.4	0.8	0.8	0.1	0.6	0.6
Heard or seen any family planning/child birth spacing messages at group, club or organization meetings								
Yes	n/a	16.7	n/a	9.1	n/a	8.1	n/a	5.5
No	n/a	82.2	n/a	88.5	n/a	91.3	n/a	94.0
Don't know	n/a	0.7	n/a	1.6	n/a	0.3	n/a	0.1
Missing	n/a	0.4	n/a	0.9	n/a	0.3	n/a	0.5
Number	2,126	759	2,928	1,202	2,449	1,127	2,850	1,243

Note: *Facebook was not included in this question at baseline.

Table 7.7 presents similar results for the men surveyed in Ibadan and Kaduna. A greater percentage of men (as compared to women) report having received an SMS message about FP or child spacing in the recent past; the percentage is twice as high at midterm as compared to baseline in Kaduna. At baseline in both cities, about a quarter of men reported having access to the Internet or e-mail in the last three months. In Kaduna, the percentage of men with access to computers nearly doubled at midterm (27.2 percent at baseline and 51.2 percent at midterm). A higher percentage of men have seen any FP or child spacing messages through the Internet, Facebook, or e-mail in the last three months as compared to women. Finally, about a third of men participate in groups, clubs, or organizations and about 8 percent report having heard or seen FP at meetings of these groups or organizations; the percentage exposed is similar to the percentage of women reporting this exposure.

Table 7.7. Men's Exposure to FP Messages through Mobile Phones and Computers by City at Baseline and at Midterm

Percent distribution of women's exposure to FP messages through mobile phones and computers by city, Nigeria 2012.

	Ibadan		*Kaduna*	
	Baseline	Midterm	Baseline	Midterm
Owns a cell phone that is mainly for your own use				
Yes	89.6	89.6	84.0	91.9
No	10.2	9.3	14.5	7.3
Missing	0.2	1.1	1.5	0.8
Received any family planning/child birth spacing messages via SMS (in the past three months/baseline; past six months/midterm)				
Yes	3.0	6.5	4.2	12.1
No	96.5	92.2	95.3	86.7
Don't know	0.0	0.5	0.0	0.7
Missing	0.5	0.8	0.4	0.5
*Have accessed the Internet, Web, Facebook or e-mail at least once in the past three months**				
Yes	23.9	22.4	27.2	51.2
No	58.0	76.9	48.1	48.6
Don't know Internet/don't know	17.7	0.4	22.9	0.0
Missing	0.4	0.3	1.9	0.2
Seen any family planning/child birth spacing messages on the Internet, Web, Facebook, or e-mail in the past three months				
Yes	n/a	7.9	n/a	11.3
No	n/a	90.8	n/a	88.4
Don't know	n/a	1.1	n/a	0.3
Missing	n/a	0.1	n/a	0.0
Heard or seen any family planning/child birth spacing messages at group, club or organization meetings				
Yes	n/a	8.6	n/a	8.4
No	n/a	91.2	n/a	91.4
Don't know	n/a	0.1	n/a	0.1
Missing	n/a	0.1	n/a	0.1
Number	1,452	1,227	1,640	1,131

Note: *Facebook was not included in this question at baseline.
n/a = not applicable.

7.7 Women's and Men's Overall Exposure

Based on the multiple NURHI demand generation activities including the multi-city and city-specific messages/slogans and knowledge of the meaning of these messages, an overall exposure variable for women and men was created to determine which women and men were more exposed to the program activities (people could be exposed to up to 25 NURHI activities). Tables 7.8 and 7.9 present the exposure in four categories: none, low, medium, and high. Persons in the "none" category reported that they did not know of any of the NURHI program activities. Persons in the "low" category only knew one or two of the program activities, persons in the "medium" category knew three to six program activities, and persons in the "high" category knew seven or more activities. Tables 7.8 and 7.9 present the multiple cities together; city-specific values are found in appendix table 3 and appendix table 4. Table 7.8 shows that a greater percentage of women over 25 years reported high exposure to program activities whereas a greater percentage of the women 15-24 reported no exposure. The

most educated were more exposed and conversely, a greater percentage of the least educated (no education and Quranic education) reported no exposure to program activities. Wealth has a similar pattern such that women who are wealthier have greater program exposure than women who are poorer. About 25 percent of never married women reported no exposure to program activities; only 15 percent of women currently married or in union had no exposure. Exposure to program activities was highest in Ilorin followed by Ibadan; this might relate to the multiple local language slogans in Yoruba targeting these two cities.

Program exposure for men is presented in table 7.9. This table shows a greater percentage of older men report high exposure whereas a greater percentage of younger men report no exposure to NURHI program activities. This is similar to the pattern observed for women. Men with higher level of education report the greatest exposure to NURHI program activities. Richer men report high program exposure whereas their poorer counterparts report the least exposure. About 20 percent of men who are never married report no exposure and about 23 percent report high exposures. Among men married or in union, only 9 percent report no exposure and 39 percent report high exposure. Finally, from men's reports, exposure was higher in Kaduna than in Ibadan where 40 percent of men in Kaduna had high exposure compared to only 21 percent in Ibadan.

Table 7.8. Women's Overall Exposure to NURHI Demand Generation Activities at Midterm

Percent distribution of women's overall exposure to NURHI demand generation activities by baseline background characteristics, Nigeria 2012.

	None	*Low*	*Medium*	*High*	*Total*	*Number of women*
Baseline age						
15-19	28.6	28.5	27.8	15.1	100.0	755
20-24	20.0	26.8	32.2	21.0	100.0	802
25-29	16.4	21.6	35.0	26.9	100.0	822
30-34	15.2	20.5	33.4	30.9	100.0	747
35-39	13.4	24.5	33.6	28.5	100.0	571
40-44	16.8	17.9	33.0	32.3	100.0	372
45-49	17.0	25.9	30.5	26.6	100.0	262
Baseline education						
No education	32.3	22.8	28.0	16.9	100.0	371
Quranic only	34.4	32.7	11.5	21.4	100.0	48
Primary	18.7	27.0	31.1	23.3	100.0	579
Junior secondary (JSS)	25.4	29.8	29.2	15.5	100.0	399
Senior secondary (SSS)	17.9	25.6	31.8	24.6	100.0	1,730
Higher	11.9	17.8	37.4	32.9	100.0	1,164
Missing	33.5	25.8	21.5	19.2	100.0	40
Baseline religion						
Catholic	26.2	26.3	31.9	15.6	100.0	234
Protestant/other Christian	17.7	23.6	33.2	25.5	100.0	1,877
Muslim	18.9	24.0	31.5	25.6	100.0	2,190
No religion/other	0.0	0.0	33.6	66.4	100.0	2
Missing	4.3	23.3	43.7	28.7	100.0	27
Baseline wealth Index						
Poorest	26.3	26.0	28.5	19.2	100.0	712
Poor	17.1	26.1	30.9	25.9	100.0	766
Middle	20.1	23.3	32.3	24.3	100.0	829
Rich	14.5	24.9	31.8	28.8	100.0	911
Richest	17.2	20.8	36.2	25.8	100.0	1,113
Baseline marital status						
Never Married	26.4	24.4	30.4	18.8	100.0	1,374
Married/Living together	15.0	23.2	33.6	28.2	100.0	2,789
Separated/Divorced	2.3	35.2	31.6	31.0	100.0	33
Widowed	17.7	35.5	20.1	26.7	100.0	89
Missing	23.8	21.2	35.6	19.4	100.0	46
Baseline live births						
No children	24.8	25.4	31.5	18.3	100.0	1,435
1 child	15.9	23.7	30.5	29.8	100.0	510
2 children	15.6	21.5	35.9	27.0	100.0	568
3 children	10.2	22.0	36.0	31.8	100.0	541
4 children	16.3	23.7	32.1	27.9	100.0	469
5 children	14.0	26.0	29.1	30.9	100.0	348
6+ children	22.3	23.3	31.0	23.3	100.0	460
City						
Abuja	22.7	27.9	33.3	16.1	100.0	759
Ibadan	15.2	24.2	35.5	25.2	100.0	1,202
Ilorin	13.4	17.9	31.3	37.5	100.0	1,127
Kaduna	22.5	25.4	30.1	22.0	100.0	1,243
Total	18.7	23.9	32.3	25.1	100.0	4,331

Note: Exposure to NURHI program activities was coded as: **none** (did not know of any of the NURHI program activities), **low** (knew 1-2 of the program activities), **medium** (knew 3-6 program activities), and **high** (knew 7 or more activities).

Table 7.9. Men's Exposure to NURHI Demand Generation Activities at Midterm

Percent distribution of men's exposure to NURHI demand generation activities by background characteristics, Nigeria 2012.

	None	*Low*	*Medium*	*High*	*Total*	*Number of Men*
Age						
15-19	32.1	36.7	20.9	10.2	100.0	317
20-24	20.2	31.1	25.6	23.1	100.0	318
25-29	14.0	31.1	26.3	28.6	100.0	353
30-34	10.5	29.1	24.5	35.9	100.0	368
35-39	7.9	22.2	31.3	38.7	100.0	283
40-44	7.4	16.3	26.4	49.9	100.0	261
45-49	8.6	26.5	24.0	41.0	100.0	181
50+	9.2	24.0	29.9	36.9	100.0	276
Education						
No education	30.4	26.5	27.7	15.4	100.0	39
Quranic only	15.2	27.9	23.9	33.0	100.0	86
Primary	13.6	28.5	30.0	27.8	100.0	214
Junior secondary (JSS)	33.1	33.9	24.1	8.9	100.0	201
Senior secondary (SSS)	16.0	30.5	26.9	26.6	100.0	1,029
Higher	6.6	21.8	25.0	46.6	100.0	760
Missing	4.4	32.3	11.9	51.4	100.0	29
Religion						
Protestant/other Christian	14.0	29.8	24.3	31.9	100.0	1,265
Muslim	14.6	25.6	27.6	32.2	100.0	1,086
No religion/other	0.0	77.7	0.0	22.3	100.0	6
Missing	0.0	0.0	100.0	0.0	100.0	1
Wealth Index						
Poorest	21.1	28.2	27.0	23.7	100.0	479
Poor	17.7	28.9	28.2	25.2	100.0	490
Middle	12.5	29.7	24.8	33.1	100.0	466
Rich	11.0	24.8	25.8	38.4	100.0	453
Richest	8.8	26.4	24.4	40.4	100.0	470
Marital status						
Never Married	20.6	32.4	24.1	22.9	100.0	985
Married/Living together	9.4	23.9	27.6	39.1	100.0	1,338
Separated/Divorced	34.2	37.3	15.3	13.2	100.0	14
Widowed	12.4	21.2	31.9	34.4	100.0	7
Missing	17.5	50.3	22.7	9.5	100.0	15
City						
Ibadan	22.6	29.3	27.3	20.8	100.0	1,227
Kaduna	8.2	26.5	25.2	40.1	100.0	1,131
Total	14.3	27.7	26.1	32.0	100.0	2,358

Note: Exposure to NURHI program activities was coded as: **none** (did not know of any of the NURHI program activities), **low** (knew 1-2 of the program activities), **medium** (knew 3-6 program activities), and **high** (knew 7 or more activities).

Chapter 8. Contraceptive Switching in Longitudinal Sample

The main advantage of having longitudinal data from women is the opportunity to examine their changes in knowledge, attitudes, and behaviors over time. This chapter focuses on women's use of contraception between baseline and midterm, thereby permitting an assessment of women who adopted a method between baseline and midterm, who discontinued and who remained nonusers (or users). Table 8.1 presents women's contraceptive behaviors at baseline and midterm. Nine categories that reflect changes in women's contraceptive use at the time of both surveys (baseline use/midterm use) were created:

1. nonuser to modern method user
2. nonuser to traditional method user
3. nonuser to nonuser
4. traditional method user to modern method user
5. traditional method user to traditional method user
6. traditional method user to nonuser
7. modern method user to modern method user
8. modern method user to traditional method user; and
9. modern method user to nonuser.

Because the program is promoting modern method use, positive outcomes are category 7 listed above, where women remain modern method users; or categories 1 and 4, where women go from being a nonuser or a traditional method user to a modern method user. Negative outcomes are those that lead to discontinuation of a modern method (categories 8 and 9). Figure 8.1 demonstrates that 12 percent of women remained modern method users between baseline and midterm. Another 58.5 percent of women remained non-modern method users (nonusers or traditional method users) at both time periods. Overall, 11.7 percent of women discontinued a modern method whereas 18.1 percent adopted a modern method in the two-year follow-up period.

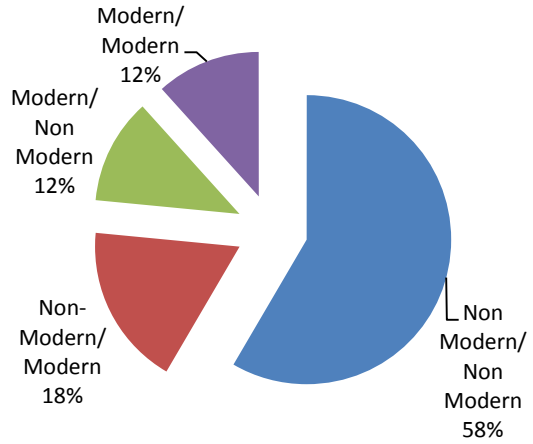


Figure 8.1. Percentage of women by their use of modern family planning at baseline and midterm.

In table 8.1, we also present the distribution of women by their baseline characteristics and which use category they are in between baseline and midterm. A greater percentage of women ages 20-39 became modern method users between baseline and midterm than in the other categories. Likewise, a greater percentage of women from Ibadan, Ilorin, and Kaduna (as compared to the percentage in Abuja) became modern method users between baseline and midterm. Discontinuation was more common among women in the ages 20-34, among women with one or two children, and among women from Abuja. To examine these distinctions better, multivariate analysis is needed to control for the multiple factors associated with contraceptive adoption and discontinuation.

Table 8.2 presents the change in method use between baseline and midterm. Almost 70 percent of nonusers at baseline were still nonusers at midterm; this is not surprising but is indicative of gaps in FP programming. The table also indicates that a greater percentage of

women adopted more effective FP methods between baseline and midterm. In particular, among women who were using the male condom at baseline, 15.4 percent report using a more effective method by midterm (including sterilization, implant, IUD, injectable, daily pills, and EC). Conversely, by midterm, nearly half of condom users at baseline were not using any method and 11.0 percent report traditional method use. Table 8.2 indicates potential room for improvement, such that women who are using less effective methods could be approached and taught about more effective, non-coital dependent methods; this could go a long way in increasing modern FP use in urban Nigeria.

Table 8.1. Contraceptive Method Switching between Baseline (2010/2011) and Midterm (2012) Surveys

Percent distribution of women's contraceptive method switching between baseline and midterm surveys by baseline background characteristics, Nigeria 2012.

Baseline 2010: ***Midterm 2012:***	*Nonuser* ↓ *Modern method*	*Nonuser* ↓ *Traditional method*	*Nonuser* ↓ *Nonuser*	*Traditional method* ↓ *Modern method*	*Traditional method* ↓ *Traditional method*	*Traditional method* ↓ *Nonuser*	*Modern method* ↓ *Modern method*	*Modern method* ↓ *Traditional method*	*Modern method* ↓ *Nonuser*	*Total*	*Number of women*
Baseline age											
15-19	9.5	1.7	80.4	0.7	0.0	1.1	2.5	0.2	3.9	100.0	755
20-24	19.7	4.2	50.5	2.0	0.2	1.7	8.4	1.7	11.6	100.0	802
25-29	19.3	5.7	40.7	2.2	1.1	4.6	12.9	1.7	11.6	100.0	822
30-34	18.9	6.9	32.8	3.3	2.5	5.5	14.0	3.2	12.9	100.0	747
35-39	17.3	7.2	33.2	3.5	3.9	5.1	18.8	3.3	7.7	100.0	571
40-44	10.7	7.2	37.1	2.6	4.1	6.3	19.6	4.0	8.4	100.0	372
45-49	8.0	2.3	60.9	2.3	1.9	3.5	8.9	3.1	9.1	100.0	262
Baseline education											
No education	16.0	3.3	61.7	1.1	0.8	1.4	7.3	1.0	7.3	100.0	371
Quranic only	10.1	0.0	63.2	4.1	4.1	0.0	4.8	3.1	10.6	100.0	48
Primary	17.8	6.6	44.3	2.0	1.2	4.8	12.2	2.9	8.2	100.0	579
Junior secondary	11.1	3.2	58.2	2.2	0.6	4.6	9.3	0.7	10.2	100.0	399
Senior secondary	17.6	5.2	48.0	2.3	1.5	3.8	11.0	2.4	8.3	100.0	1,730
Higher	14.2	5.7	41.0	2.9	2.7	3.7	14.8	2.4	12.6	100.0	1,164
Baseline religion											
Catholic	18.9	2.2	44.7	5.2	1.7	7.2	13.9	0.6	5.7	100.0	234
Protestant/other Christian	15.2	4.3	42.2	2.7	2.0	3.7	15.0	2.9	12.0	100.0	1,877
Muslim	16.1	6.0	53.2	1.7	1.4	3.5	8.4	1.8	7.8	100.0	2,190
No religion/other	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2
Baseline wealth Index											
Poorest	14.2	5.0	55.5	1.9	0.4	4.2	8.1	0.9	9.8	100.0	712
Poor	18.3	5.8	46.4	1.8	1.0	2.7	12.9	2.1	9.1	100.0	766
Middle	17.1	4.5	43.8	3.0	2.0	5.9	10.3	2.8	10.6	100.0	829
Rich	17.1	4.9	45.1	2.2	2.4	3.4	12.8	2.7	9.5	100.0	911
Richest	13.4	5.2	49.9	2.5	2.1	2.9	12.8	2.1	9.0	100.0	1,113

Table continues on next page

Table 8.1. (continued) Contraceptive Method Switching between Baseline (2010/2011) and Midterm (2012) Surveys

Percent distribution of women's contraceptive method switching between baseline and midterm surveys by baseline background characteristics, Nigeria 2012.

Baseline 2010: ***Midterm 2012:***	*Nonuser* ↓ *Modern method*	*Nonuser* ↓ *Traditional method*	*Nonuser* ↓ *Nonuser*	*Traditional method* ↓ *Modern method*	*Traditional method* ↓ *Traditional method*	*Traditional method* ↓ *Nonuser*	*Modern method* ↓ *Modern method*	*Modern method* ↓ *Traditional method*	*Modern method* ↓ *Nonuser*	*Total*	*Number of women*
Baseline marital status											
Never Married	11.0	1.9	69.8	0.9	0.3	1.5	6.5	0.5	7.7	100.0	1,374
Married/Living together	18.2	6.7	36.6	3.1	2.4	5.0	14.3	3.1	10.6	100.0	2,789
Separated/Divorced	29.0	4.6	37.9	0.0	0.0	4.1	11.7	5.4	7.3	100.0	33
Widowed	9.4	4.6	74.7	1.0	0.0	0.0	4.9	0.0	5.3	100.0	89
Baseline number of live births											
No children	11.3	2.3	70.9	0.7	0.1	1.5	5.7	0.4	6.9	100.0	1,435
1 child	23.2	6.0	41.6	1.6	1.1	3.5	7.5	2.5	13.0	100.0	510
2 children	18.6	8.1	38.1	2.7	1.4	4.6	11.0	1.8	13.7	100.0	568
3 children	17.1	6.4	31.6	5.3	3.6	6.8	15.8	3.5	10.0	100.0	541
4 children	16.7	5.2	30.7	3.4	3.0	4.5	20.8	5.3	10.4	100.0	469
5 children	15.6	9.0	29.2	3.8	4.1	4.8	21.9	1.7	9.9	100.0	348
6+ children	16.7	4.1	47.2	2.0	1.9	4.7	12.6	3.5	7.2	100.0	460
City											
Abuja	12.1	3.6	44.8	3.5	1.1	5.4	13.7	2.5	13.4	100.0	759
Ibadan	17.2	5.9	38.2	2.5	1.9	5.2	13.1	4.3	11.7	100.0	1,202
Ilorin	16.0	6.9	48.3	1.6	2.3	3.0	11.9	2.0	8.0	100.0	1,127
Kaduna	16.8	4.1	57.1	2.0	1.4	2.2	9.1	0.5	6.8	100.0	1,243
Total	15.9	5.1	48.0	2.3	1.7	3.7	11.6	2.2	9.5	100.0	–
Number of women	689	219	2,079	100	72	162	501	95	414	–	4,331

Notes: Baseline estimates include all women successfully interviewed at midterm. A small number of women had missing information on some baseline demographics and were not includedfor those measures.
Modern methods include sterilization, implant, IUD, pills, condoms, EC, lactational amenorrhea method, female condoms, and diaphragm.
Traditional methods include periodic abstinence, withdrawal and Standard Days Method.

Table 8.2. Contraceptive Method Use at Baseline (2010/2011) and Midterm (2012)

Percent of women that switched contraceptive methods between 2010/2011 and 2012 by method, Nigeria 2012.

	Midterm Method Use											
Baseline Method Use	Female/male sterilization	Implant	IUD	Injectables	Pill	EC	Male condom	LAM/ other modern method*	Traditional Method†	Nonuse	Total	Number of women
Female/male sterilization	41.3	0.0	4.3	0.0	4.4	0.0	18.7	0.0	0.0	31.3	100.0	19
Implant	6.5	47.7	0.0	0.0	6.4	15.8	0.0	0.0	10.4	13.3	100.0	8
IUD	2.2	1.1	40.6	4.9	3.5	3.1	4.7	2.2	7.9	29.7	100.0	115
Injectables	0.4	1.7	3.1	39.3	4.2	1.7	5.4	3.3	7.3	33.7	100.0	244
Daily pill	0.0	0.5	1.3	10.6	27.0	3.3	7.2	0.0	14.7	35.4	100.0	105
EC	0.0	1.0	2.5	5.3	7.3	10.6	14.9	3.6	7.4	47.5	100.0	59
Male condom	0.6	0.5	2.5	2.6	3.0	6.2	23.5	2.3	11.0	47.9	100.0	389
LAM/other modern method*	0.0	2.7	3.6	10.9	6.7	0.9	8.5	4.5	6.7	55.4	100.0	69
Traditional method†	0.0	0.9	4.1	9.0	3.1	0.9	7.6	4.5	21.5	48.5	100.0	335
Non use	0.3	0.3	2.0	5.2	2.0	1.1	7.9	4.2	7.3	69.6	100.0	2,987
Total	0.5	0.6	3.3	7.4	3.1	1.9	9.2	3.8	8.9	61.3	100.0	4,331

Notes: Baseline estimates include all women successfully interviewed at midterm.
* Lactational amenorrhea method (LAM)/other modern methods also includes female condom and diaphragm.
† Traditional methods include periodic abstinence, withdrawal and Standard Days Method.

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Appendix 1. Contraceptive Use by Method and City at Baseline and Midterm, All Women

Table A1. Contraceptive Use by Method and City at Baseline and Midterm, All Women

Percent distribution of all women successfully interviewed at baseline and midterm by contraceptive method currently used, by city, Nigeria 2010/2011, 2012.

	Abuja			*Ibadan*			*Ilorin*			*Kaduna*		
	Baseline	Midterm	P Value of the Difference	Baseline	Midterm	P Value of the Difference	Baseline	Midterm	P Value of the Difference	Baseline	Midterm	P Value of the Difference
Any method	39.6	36.4	0.228	38.7	44.9	0.009	28.8	40.7	0.000	22.0	33.9	0.000
Any modern method	29.6	29.3	0.895	29.1	32.8	0.052	22.0	29.5	0.000	16.4	27.9	0.000
LAPM*	[5.5]	8.6	0.025	[3.5]	5.2	0.024	[2.7]	[3.0]	0.578	[2.4]	[2.7]	0.644
Female/male sterilization	[0.9]	[1.4]	0.502	[0.1]	[0.2]	0.321	[0.1]	[0.2]	0.631	[0.7]	[0.5]	0.503
Implants	[0.7]	[2.3]	0.009	[0.0]	[0.3]	0.077	[0.0]	[0.1]	0.316	[0.2]	[0.2]	0.860
IUD	[3.9]	[4.9]	0.419	[3.3]	4.6	0.084	[2.6]	[2.7]	0.845	[1.5]	[1.9]	0.433
Injectables	[6.1]	[6.1]	0.997	7.5	9.6	0.027	4.7	7.5	0.002	4.6	6.1	0.112
Pill	[2.1]	[3.6]	0.045	[2.7]	[3.2]	0.479	[3.7]	4.7	0.187	[1.6]	[1.9]	0.703
Male condom	12.9	8.6	0.007	12.2	10.7	0.177	8.7	8.2	0.738	[4.6]	8.9	0.012
Emergency contraception	[0.7]	1.6	0.183	[2.7]	2.1	0.485	[1.0]	3.7	0.002	[0.9]	0.6	0.480
LAM/other modern method†	[2.2]	[0.8]	0.020	[0.6]	[2.0]	0.015	[1.2]	[2.3]	0.099	[2.3]	7.7	0.000
Any traditional method	9.9	7.1	0.047	9.6	12.1	0.139	6.9	11.2	0.000	5.7	6.0	0.767
Nonuse	60.4	63.6	0.228	61.3	55.1	0.009	71.2	59.3	0.000	78	66.1	0.000
Number of women	759	759		1,202	1,202		1,127	1,127		1,243	1,243	

Notes: Numbers in brackets are based on less than 50 unweighted cases.
* IUD, implants, male and female sterilization.
† LAM/other modern methods also include female condom and diaphragm.

Appendix 2. Contraceptive Use by Method and City at Baseline and Midterm, All Women in Union

Table A2. Contraceptive Use by Method and City at Baseline and Midterm, All Women in Union

Percent distribution of all women in union successfully interviewed at baseline and midterm by contraceptive method currently used, by city, Nigeria 2010/2011, 2012.

	Abuja			*Ibadan*			*Ilorin*			*Kaduna*		
	Baseline	Midterm	P Value of the Difference	Baseline	Midterm	P Value of the Difference	Baseline	Midterm	P Value of the Difference	Baseline	Midterm	P Value of the Difference
Any method	46.1	43.7	0.409	44.8	52.3	0.003	34.8	49.9	0.000	27.3	43.5	0.000
Any modern method	34.0	34.2	0.939	33.0	36.9	0.032	25.9	34.9	0.000	19.3	35.1	0.000
LAPM*	[7.9]	12.1	0.036	[4.6]	6.7	0.036	[3.5]	[3.7]	0.770	[3.7]	[4.1]	0.643
Female/male sterilization	[1.3]	[1.9]	0.563	[0.2]	[0.3]	0.323	[0.1]	[0.1]	0.648	[1.1]	[0.8]	0.505
Implants	[0.9]	[3.1]	0.015	[0.0]	[0.5]	0.080	[0.0]	[0.1]	0.320	[0.3]	[0.4]	0.860
IUD	[5.7]	7.1	0.420	[4.4]	5.9	0.119	[3.4]	[3.5]	0.845	[2.3]	[3.0]	0.430
Injectables	[8.4]	[8.8]	0.863	10.2	13.1	0.019	6.6	10.6	0.002	6.7	9.5	0.077
Pill	[2.5]	[4.3]	0.054	[3.5]	[4.1]	0.524	[5.2]	6.5	0.221	[1.7]	[2.9]	0.176
Male condom	11.9	[7.6]	0.047	11.8	8.6	0.012	7.6	7.5	0.937	[3.6]	[5.9]	0.067
Emergency contraception	[0.3]	[0.5]	0.285	[2.1]	[1.9]	0.707	[1.2]	[3.2]	0.008	[0.4]	[0.6]	0.637
LAM/other modern method†	[3.1]	[1.0]	0.019	[0.8]	[2.5]	0.019	[1.7]	[3.3]	0.108	[3.2]	12.0	0.000
Any traditional method	12.1	9.5	0.123	11.8	15.4	0.095	9.0	15.1	0.000	8.0	8.5	0.802
Nonuse	53.9	56.3	0.409	55.2	47.7	0.003	65.2	50.1	0.000	72.7	56.5	0.000
Number of women	526	526		868	868		797	797		798	798	

Notes: Numbers in brackets are based on less than 50 unweighted cases.
* IUD, implants, male and female sterilization.
† LAM/other modern methods also include female condom and diaphragm.

Appendix 3. Women's Exposure to NURHI Demand Generation Activities at Midterm

Appendix Table 3. Women's Exposure to NURHI Demand Generation Activities at Midterm

Percent distribution of women's exposure to NURHI demand generation activities by baseline background characteristics and city, Nigeria 2012.

	Abuja				*Ibadan*				*Ilorin*				*Kaduna*				
	None	Low	Medium	High	None	Low	Medium	High	None	Low	Medium	High	None	Low	Medium	High	Total
Baseline age																	
15-19	29.2	32.0	29.4	9.4	32.9	23.3	25.6	18.2	20.1	23.4	27.1	29.4	30.6	32.5	28.8	8.1	100.0
20-24	30.4	25.4	32.0	12.2	17.1	28.3	36.2	18.4	14.9	18.7	32.8	33.6	19.7	30.0	29.6	20.7	100.0
25-29	23.3	29.6	34.5	12.5	13.5	22.7	33.4	30.4	9.0	16.3	40.9	33.7	19.1	19.2	32.9	28.8	100.0
30-34	23.6	27.9	30.8	17.7	9.0	20.4	39.1	31.6	9.1	17.3	30.9	42.7	20.5	18.0	31.6	29.9	100.0
35-39	9.2	29.2	40.4	21.2	8.1	28.8	38.3	24.7	13.7	13.0	27.8	45.4	20.5	25.8	29.4	24.3	100.0
40-44	15.2	22.7	30.3	31.8	14.4	18.8	39.7	27.1	13.4	17.8	27.1	41.7	23.8	13.8	32.1	30.3	100.0
45-49	17.8	22.3	41.1	18.9	10.5	27.8	38.1	23.7	15.5	16.7	26.6	41.2	22.9	32.5	23.0	21.6	100.0
Baseline education																	
No education	43.5	26.8	26.6	3.0	23.7	25.6	35.8	15.0	19.6	20.7	33.5	26.2	39.6	21.9	22.5	16.0	100.0
Quranic only	18.8	48.2	33.0	0.0	0.0	79.0	0.0	21.0	58.4	18.3	23.2	0.0	40.8	23.7	4.2	31.3	100.0
Primary	23.2	39.8	23.7	13.3	15.6	30.4	36.6	17.4	13.8	21.1	29.5	35.6	25.3	23.2	29.5	22.0	100.0
Junior secondary	24.5	46.5	25.3	3.7	23.0	34.0	26.9	16.1	19.2	16.3	37.8	26.8	32.4	26.3	28.4	12.8	100.0
Senior secondary	23.1	27.5	33.6	15.7	13.5	23.6	35.3	27.7	14.6	18.8	27.3	39.2	20.6	29.4	30.2	19.9	100.0
Higher	16.7	21.5	38.9	22.9	11.7	14.2	40.9	33.2	6.9	14.3	33.9	44.9	12.1	20.0	36.6	31.3	100.0
Missing	65.4	24.5	0.0	10.1	32.1	20.7	26.5	20.7	18.5	0.0	34.3	47.2	25.9	34.2	23.5	16.5	100.0
Baseline religion																	
Catholic	18.9	30.5	36.8	13.8	23.7	13.8	8.8	53.7	12.2	16.8	40.2	30.8	31.9	25.5	29.6	13.1	100.0
Protestant/other Christian	22.1	27.4	33.1	17.4	14.3	20.2	36.7	28.7	11.8	16.0	29.9	42.3	19.9	27.1	31.2	21.8	100.0
Muslim	26.2	28.3	32.1	13.5	16.0	28.2	34.2	21.6	14.1	18.6	31.8	35.5	23.2	24.3	29.2	23.4	100.0
No religion/other	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0
Missing	0.0	0.0	0.0	0.0	0.0	16.1	83.9	0.0	0.0	14.9	0.0	85.1	5.7	25.7	40.7	27.9	100.0

Table continues on next page.

Note: Exposure to NURHI program activities was coded as: **none** (did not know of any of the NURHI program activities), **low** (knew 1-2 of the program activities), **medium** (knew 3-6 program activities), and **high** (knew 7 or more activities).

Table A3 (continued). Women's Exposure to NURHI Demand Generation Activities at Midterm

Percent distribution of women's exposure to NURHI demand generation activities by baseline background characteristics and city, Nigeria 2012.

	Abuja				*Ibadan*				*Ilorin*				*Kaduna*				
	None	Low	Medium	High	None	Low	Medium	High	None	Low	Medium	High	None	Low	Medium	High	Total
Baseline wealth Index																	
Poorest	22.3	33.0	32.6	12.2	18.8	29.3	28.1	23.7	16.3	19.2	43.1	21.4	35.7	25.0	20.3	19.1	100.0
Poor	25.5	35.0	24.4	15.1	14.0	24.6	38.4	22.9	15.1	17.9	28.5	38.5	22.1	29.6	25.4	22.9	100.0
Middle	23.4	33.6	33.4	9.7	18.2	22.0	35.8	24.0	14.3	16.8	33.5	35.4	20.6	25.6	32.2	21.6	100.0
Rich	24.0	16.4	39.4	20.2	10.6	26.2	38.5	24.7	8.2	17.7	27.0	47.1	17.8	22.1	33.2	26.8	100.0
Richest	18.7	21.5	35.6	24.1	14.7	20.5	35.5	29.3	13.2	17.8	26.5	42.5	17.1	25.7	36.9	20.2	100.0
Baseline marital status																	
Never Married	32.4	25.0	29.8	12.8	27.8	22.6	28.3	21.3	16.7	19.8	34.3	29.3	27.9	27.5	29.9	14.6	100.0
Married / Living together	18.6	28.2	35.9	17.3	10.6	24.2	38.2	27.0	12.1	16.9	30.4	40.5	19.1	23.9	30.3	26.7	100.0
Separated / Divorced	10.1	48.0	17.3	24.6	2.9	27.1	43.0	27.0	0.0	10.1	0.0	89.9	0.0	46.6	32.7	20.7	100.0
Widowed	21.4	64.6	0.0	14.0	11.3	39.6	31.3	17.8	5.8	25.6	18.7	49.9	23.1	25.1	23.3	28.5	100.0
Missing	13.7	0.0	42.9	43.5	0.0	53.3	46.7	0.0	0.0	0.0	0.0	0.0	27.6	20.6	33.5	18.3	100.0
Baseline number of live births																	
No children	29.6	25.4	33.3	11.6	25.8	23.2	29.6	21.4	17.1	19.9	33.9	29.1	25.7	29.7	30.4	14.1	100.0
1 child	22.6	28.4	31.5	17.5	10.5	20.3	36.5	32.7	10.2	19.7	24.3	45.9	20.3	26.5	29.3	24.0	100.0
2 children	19.2	23.5	35.3	22.1	11.1	21.0	42.6	25.3	12.8	16.6	36.3	34.3	19.7	24.1	29.3	26.9	100.0
3 children	15.0	36.0	28.2	20.8	7.5	23.3	40.8	28.4	5.8	13.0	34.9	46.3	14.6	18.4	34.8	32.1	100.0
4 children	13.7	25.7	37.4	23.2	13.5	27.9	32.0	26.6	18.1	13.0	29.2	39.7	19.8	26.8	31.3	22.1	100.0
5 children	19.4	36.5	32.0	12.2	8.9	33.1	35.0	23.0	11.0	18.4	23.5	47.2	17.6	22.7	27.8	31.9	100.0
6+ children	24.5	30.2	34.3	11.0	15.6	28.4	37.6	18.4	12.1	21.8	31.1	34.9	27.9	20.4	28.2	23.5	100.0
Total	22.7	27.9	33.3	16.1	15.2	24.2	35.5	25.2	13.4	17.9	31.3	37.5	22.5	25.4	30.1	22.0	100.0
Number of women	173	212	252	122	182	290	426	303	151	201	353	423	280	316	374	273	4331

Note: Exposure to NURHI program activities was coded as: **none** (did not know of any of the NURHI program activities), **low** (knew 1-2 of the program activities), **medium** (knew 3-6 program activities), and **high** (knew 7 or more activities).

Appendix 4. Men's Exposure to NURHI Demand Generation Activities at Midterm

Table A4. Men's Exposure to NURHI Demand Generation Activities at Midterm

Percent distribution of men's exposure to NURHI demand generation activities by background characteristics and city, Nigeria 2012.

	Ibadan				*Kaduna*				
	None	Low	Medium	High	None	Low	Medium	High	Total
Age									
15-19	39.8	27.3	21.5	11.4	25.8	44.5	20.5	9.3	100.0
20-24	31.9	21.7	27.6	18.8	11.6	38.0	24.2	26.2	100.0
25-29	25.1	28.7	24.6	21.6	7.8	32.4	27.2	32.6	100.0
30-34	20.9	29.8	25.3	24.0	2.6	28.6	23.9	44.9	100.0
35-39	16.2	32.0	33.8	18.1	2.1	15.4	29.6	52.8	100.0
40-44	15.9	24.6	28.9	30.6	0.9	10.0	24.5	64.6	100.0
45-49	14.2	34.6	27.6	23.6	2.6	18.0	20.2	59.3	100.0
50+	8.7	38.9	31.7	20.6	9.5	14.7	28.7	47.1	100.0
Education									
No education	40.9	23.3	23.5	12.4	0.0	35.8	40.2	24.0	100.0
Quranic only	25.4	35.2	32.0	7.3	14.0	27.1	22.9	36.0	100.0
Primary	18.6	30.1	32.3	19.0	6.8	26.4	27.0	39.8	100.0
Junior secondary (JSS)	40.5	25.9	24.7	8.8	27.8	39.6	23.6	9.0	100.0
Senior secondary (SSS)	23.6	30.1	28.6	17.8	9.4	30.8	25.6	34.2	100.0
Higher	15.2	28.2	24.1	32.5	2.1	18.4	25.4	54.1	100.0
Missing	12.4	55.5	10.9	21.2	1.4	23.8	12.3	62.5	100.0
Religion									
Protestant/other Christian	22.4	31.2	23	23.3	7.2	28.7	25.3	38.8	100.0
Muslim	22.9	27.5	31.2	18.4	9.1	24.4	25.2	41.3	100.0
No religion / other	0.0	0.0	0.0	100.0	0.0	84.8	0.0	15.2	100.0
Missing	0.0	0.0	100.0	0.0	0.0	0.0	100.0	0.0	100.0
Wealth Index									
Poorest	33.7	30.7	22.3	13.3	7.8	29.5	28.7	34.0	100.0
Poor	26.6	32.4	28.0	13.0	11.3	28.7	22.3	37.7	100.0
Middle	18.6	26.0	31.2	24.3	9.1	22.6	23.8	44.5	100.0
Rich	17.6	28.3	30.2	23.9	6.2	26.1	28.0	39.7	100.0
Richest	17.3	29.1	23.9	29.7	6.9	25.2	22.7	45.2	100.0
Marital status									
Never Married	32.6	25.2	23.7	18.5	12.8	37.1	24.3	25.8	100.0
Married / Living together	15.6	31.8	30.4	22.3	4.6	17.8	25.6	52.1	100.0
Separated / Divorced	40.4	44.0	0.0	15.6	0.0	0.0	100.0	0.0	100.0
Widowed	15.6	26.6	14.6	43.2	0.0	0.0	100.0	0.0	100.0
Missing	31.3	28.9	16.7	23.1	12.5	58.1	24.9	4.5	100.0
Total	22.6	29.3	27.3	20.8	8.2	26.5	25.2	40.1	100.0
Number of men	277	360	334	256	93	299	285	454	2358

Note: Exposure to NURHI program activities was coded as: **none** (did not know of any of the NURHI program activities),**low** (knew 1-2 of the program activities), **medium** (knew 3-6 program activities), and **high** (knew 7 or more activities).