

Your resource for urban reproductive health

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

Executive Summary



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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.

	<i>Abuja</i>		<i>Ibadan</i>		<i>Ilorin</i>		<i>Kaduna</i>	
	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm	Baseline	Midterm
<i>Knowledge of FP (spontaneous)</i>								
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
<i>CPR among all women in union</i>								
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
<i>Future intent to use FP (among nonusers)</i>								
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, postnatal 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.