The Impact Of Exposure To Family Planning Interventions On Use Of Modern Family Planning Methods In Nigeria

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Background

• Nigeria currently has a population of about 140 million (NPC 2006) and an annual growth rate of 3.2%.

• Nigeria’s total fertility rate dropped only modestly from 6.0 to 5.7 between 1990 and 2003.

• Contraceptive prevalence rate (CPR) is still very low in Nigeria with 9.6% of women of reproductive age (WRA) using modern family planning methods.

• Unmet need is also highest among older women and women with one to five children. Only 50% of women with an unmet need intend to use contraceptive in the future.
Intervention

• The Improving Reproductive Health in Nigeria (IRHIN) project funded by United States Agency for International Development (USAID) aims to improve reproductive health in Nigeria.

• The thrust of the IRHIN project is to improve the understanding of, access to, and correct use of contraceptives with the aim of reducing unintended or mistimed pregnancies.

• The intervention focused on, improving the quality of RH services, strengthening enabling environment for RH services and products, expanding demand for RH services and products, improving access to RH services, products and materials.
Intervention

- Three states were identified:
  - Kaduna, Cross River and Abia states in Nigeria.
- Within these states, local government areas (LGAs) and communities were selected.
- An integrated model was adopted and included:
  - Clinic renovation
  - Training of facility staff
  - Community level distribution of non prescription methods of FP
  - Awareness creation through community leaders
  - Community mobilisation
Methodology

• A quasi-experimental design (QED) was employed to evaluate impact of the intervention.
• These designs are useful for measuring programme impact
  – particularly when a new intervention strategy is introduced into an area while using a similar neighbouring area as control.
• The study compared the level of differences in knowledge and use of RH services among WRA in communities who were exposed to the integrated interventions with those in control communities.
Methodology

- A multi-stage cluster sampling procedure was used for selecting eligible respondents in the survey.
- With the intention of detecting a 15% change in certain indicators, a minimum sample size of 900 eligible respondents was obtained from the intervention and control communities.
- Total sample size of 1,800 respondents.
- Possible impact of exposure to intervention and change in indicators was investigated through bivariate and multivariate analyses.
Findings

- At the bivariate level, the proportion of those who are currently using modern family planning methods was 34.3% in intervention compared to 26.9% in the control sites (p< 0.001)
Findings cont’d

• In addition, WRA who were exposed to the interventions were about 1.6 times as likely to use modern FP methods compared to those who did not (p<0.001).

• This suggests that even within intervention sites, there was significant impact among those who were exposed compared to those who were not.

• There was also an increase in use of health facilities in the intervention communities compared to in the control (p<0.01).
Lessons learnt and Recommendations

- Ensuring availability of family planning products was an important aspect of the intervention.
- Improved acceptance of FP was achieved through involving men in the process of creating awareness and service delivery.
- Sustained advocacy to stakeholders especially religious leaders also helped reducing cultural and religious sensitivity to the acceptance and use of FP services.
Lessons learnt and Recommendations

- Adopting an integrated approach to FP interventions is likely to have both individual and community level impact on behaviour.
- Scaling up of similar interventions should be given adequate attention in communities
  - This will increase uptake and adoption of modern FP methods.
Thank you for listening