Abstract No. 1

Knowledge, Attitude and Behavioural practice of Men and Women of Reproductive age in five intervention States in Nigeria on the use of Female condom as one the Modern Family Planning Methods.

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Background: Recent studies have shown that there are still myths and misconception in the use of Female Condom (FC) and other Family Planning (FP) methods in Nigeria. The 2013 Nigeria Demographic and Health Survey estimates that the national total fertility rate is still very high at 5.5%. The Contraceptive Prevalence Rate (CPR) for modern methods of family planning among married women is 10% (NDHS 2013). Although studies have been conducted on other contraceptive methods but information of male and female’s Knowledge, Attitude and Behaviour as related to female condom as one of the FP methods is limited, this has pose a challenge in addressing emerging issues related to FC as an FP method. Thus, this study was conducted by The Universal Access to Female Condoms programme in Nigeria funded by Oxfam Novib and implemented by Society for Family Health in collaboration with other partners, including the government of Nigeria, UNFPA to examine KAB among men and women of reproductive age in Delta, Edo, Lagos, Rivers states and FCT. The programme was also used to explore the introduction of the FC2 brand of female condoms in a bid to increase contraceptive choices for women.

Research questions: Is there a significant difference in the level of knowledge, attitude and behavioural practices of FC as one of the FP methods?

Hypothesis: H0: There is no difference in the level of knowledge, attitude and behavioural practices of FC as one of the FP methods.

H1: There is a difference in the level of knowledge, attitude and behavioural practices of FC as one of the FP methods.

Methodology

Probability sampling was used for the survey. A four-stage cluster sampling technique was used in selecting eligible persons. The processes involved the selection of rural and urban localities. Thereafter enumeration areas (EA) were selected within the rural and urban communities. This process was then followed by the listing of eligible individuals within households. Finally the actual respondents for interview and testing were selected. A total of 5000 respondents were sampled in the five intervention states stated above. An interviewer-administered PDA questionnaire was used to obtain data and quantitative data were analysed using descriptive statistics at 5% sig. level. Time frame was 3 weeks.

Results:
The findings revealed that 50.6% of the respondents were females and had attained a secondary level of education. Reports on awareness showed that about half of male (55.6%) and female respondents (48.8%), p=0.001 had ever heard of female condom, 88.5% of male and female (79.8%) respondents; p<0.05 were aware of the ability of female condom to protect against unplanned pregnancy. Few proportion of the respondents at (p=0.01); had seen or heard radio/TV advert on female condom. Respondent’s attitude on the support of the use of Female condom as a FP method among married couples shows 49.6% and 41.4% (p=0.00) for male and female. Findings on practice shows that less than 2% of respondent currently used Female Condom as a Family planning method

Contribution to knowledge: There is are significant differences in the knowledge, attitude and behavioural practice of the surveyed population in accepting female condom as one of the family planning methods, Also uptake of female condom as an FP method is still low while close to half supported the use of Female Condom as a preferred family planning method.

Conclusion: Based on these findings; more is needed to be done in the area of awareness creation for demand in ensuring the acceptance of the Female Condom as one of the modern methods. The Female condom is as effective as other barrier methods with no side effect or risk. So efforts should be made by programmers and policy makers to educate the public on the efficacy and proper use of female condom and to ensure availability of the product. Male involvement should be promoted in female condom programming as the men play a major role in it’s acceptance as an FP method.
Pee Education Approach- A panacea for youth involvement in Family Planning intervention.

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**Background:** In 1994 at the International Conference on Population and Development, the international community affirmed the right of young people to age-appropriate reproductive health information and services—services that safeguard their right to privacy, confidentiality, respect, and informed consent. The international community has also affirmed that the right and responsibility of parents to provide guidance in sexual health matters should not bar youth's access to reproductive health information and services. *Center for Reproductive Law & Policy. International Family Planning and Reproductive Health Programs: When Will the U.S. Government Fulfill Its Commitment? New York: The Center, 2001.*

**Main Research question/hypothesis and program area:**

What are family planning unmet Needs for youth

When young people are denied clear, accurate information about sexuality and reproduction, they may be ill prepared for sex and unable to protect themselves from unintended pregnancy and STIs. Young women face additional risks because, in many nations, they face substantial barriers to basic education. For example, 60 percent of children worldwide who are not enrolled in school are female.

**Methodology (location, study design, data source, time frame, sample size, analysis approach)**

- Location: Nigeria
- Study Design: Research Design
- Data Source: Family Planning and Ante-Natal registers in selected service delivery points.
- Time frame: 12 Months
- Sample Size: 2 States
- Analytical Approach: **Constant Comparative Method - Grounded Theory**

**Results/key findings:**

- Family planning messages only demonstrate the success within the context of a Father-Mother and beautiful children. Young people of reproductive age constitute 45% of the current population, FP Messages must target them.
- Young people who reside in rural or semi-urban areas only have access to PHC or Dispensaries, these health facilities serve various demographics and do not particularly pay attention to unmet needs of the young person.
- Due to stigma and discrimination young people resort to obtaining information about ARSH and FP from their peer. The information is usually inaccurate
- Youth friendly services seem to be a different component of clinical operations.

**Contribution to Knowledge:** Stakeholders, service providers need to realize now that Nigeria has a population of 160million people (NPC 2009) which makes her the most populated nation in Africa. One third of her population is young people between the ages of 10 to 24 years. The period of Adolescence is between the ages of 10 – 19 years (where as Youth: 15-24 years, Young people: 10-24 years and Children: 0-18 years) (UNFPA 2003:4). The Nigerian National Youth policy (2001:2), defines youth as comprising all young persons between the ages 18 and 35 years who are citizens of the Federal Republic of Nigeria. Hence in order to bridge the Gaps between Knowledge and Practice of Family Planning in Nigeria interventions must deliberately address behavior change for young people and also provide the right climate for their activities, the use of peer education will bridge that gap and make knowledge readily available to young people.

**Conclusion:** Peer education approach allows young people to be reached with comprehensible family planning messages, hence promoting knowledge and encouraging behavior change amongst members of same thinking.
Abstract No. 3

Use of Community Stakeholders to Increase Uptake of Family Planning Methods in Ethiope West Local Government Area of Delta State.

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Background:
In developing countries family planning intervention in the past have been focusing on women of reproductive age, leaving a gap on community stakeholders who are the drivers to increase uptake of family planning methods. Therefore this intervention was designed to use community stakeholders to increase uptake of family planning method in Ethiope west Local Government of Delta state.

Main Research question/hypothesis OR Program intervention/activity tested:
This intervention project was carried out in 3 purposively selected communities in Oghara from January to June 2014. A baseline assessment utilizing a Focus Group Discussion (FGD) of 12 sessions were carried out among stakeholders who were Community chiefs, Religious leaders, Women Leaders, Local Government representatives and Health facilities representatives to determine the strategies for increasing the uptake of family planning in their communities. Data collected were used in planning for the intervention. The data was collected using manual writing by Interpersonal Communicator Conductors (IPCC) on the project. Data collected were transcribed and subjected to thematic analysis.

Methodology (location, study design, data source, time frame, sample size, analysis approach, intended beneficiaries, participant size, evaluation approach):
All the participants are 36 men and 23 women of reproductive age and are mostly traders and farmers. Majority of the participants are secondary school holders. More than half of the FGD discussants particularly chiefs, women leaders and religious leaders helped in contributing to the increase of family planning uptake in their communities by discussing family planning in their group meetings and during village meetings and inform IPCC to issue referrals. More than half of the male participants supported and accompanied their spouse to health facilities for family planning method uptake and counseling. A total of 3,610 women were referred as a result of the group’s activities. Out of which 22.0% (812) accessed family planning services and utilized a modern child spacing method as against 9% who utilized before the intervention in the 3 communities. The most common family planning methods among the women referred were injectables and daily pills. The discussion among the facilities representatives as helped to improve the quality of services they offer to clients with the intervention referrers at a more affordable price.

Results/key findings:
There is an increase in uptake of modern contraceptive methods in the three communities and this maybe attributed to the involvement of the community stakeholders in family planning intervention.

Knowledge contribution/Results/key findings:
Public Health interventions should focus on involving community stakeholders at the communities in promoting family planning among women of reproductive age.
Abstract No. 5

**Strengthening Postpartum Contraceptive Culture in Nigeria:**
**The Progesterone Contraceptive Vaginal Ring as Promising Option**

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**Background**
Access to modern contraceptives for delaying, spacing and limiting of child birth is a right for every woman. In Nigeria, Contraceptive Prevalence Rate (CPR) in general and in the postpartum period is only 10% and 13% respectively. Limited contraceptive options for women is contributory to this abysmal state.

**Program Area/Research Hypothesis**
Expanding the method mix in the immediate postpartum period for improved contraceptive use. When more methods become available, the uptake and utilization of family planning services increase.

**Methodology**
The Council is conducting an acceptability study of the PCVR in Nigeria to assess its acceptability among breastfeeding women and their spouses, providers and community stakeholders. The study recruited 58 breastfeeding mothers to use the rings and followed them up for 6 months using quantitative method. 5 additional women and their spouses were recruited for Individual Depth Interviews (IDIs). The opinions of the community stakeholders were also assessed by means of a focus group discussion.

**Key Findings**
The study group mostly resides in urban/semi-urban areas (98%), with similar percentage completing secondary education and above. About half of the participants are young women between the ages of 20 and 26 with majority (70%) having, at least, 2 children. Sixty-two percent of the participants are first time users of family planning. The study indicates very high acceptance and continuation rate among participants (86.2%). Almost all the spouses of the participants (97%) were comfortable with their partners using the PCVR. One hundred percent and 92% of the participants respectively were comfortable with inserting and removing the rings.

**Contribution to Knowledge**
This further re-enforced our understanding that as more contraceptive options become available, uptake and usage would increase.

**Conclusion**
The preliminary findings from the ongoing studies suggest that the PCVR will be a valuable addition in Nigeria’s family planning program. This is desirable in the face of current commitment to raise the CPR to 36% by the year 2018.
Abstract No. 6

Contraceptive knowledge, use and Access among youths: Findings from Bauchi State.
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Background
Youths especially women experience a high risk of unplanned pregnancy because of their limited knowledge about contraceptives. Knowledge, use and access of contraceptives are important indicators of sexual health among youth. Youth have the right to lead healthy lives. They should have access to the tools they need to protect their health including access to condoms, contraception, and the full array of reproductive health care services. Youths are said to be leaders of tomorrow, if this is anything to go by then, there is need for youths to lead a healthy live by having good knowledge of contraceptives, use of contraceptives and access to counseling and services. The study used the definition of youth by UN “as States”. The study uses the age range of 15 and 24 years to test the hypothesis of the study.

Main Research
those persons between the ages of 15 and 24 years, without prejudice to other definitions by Member question/hypothesis and program area

The purpose of this study was to test the hypothesis that “youths lack knowledge of contraceptives and access to contraceptives”. The study used questionnaires to test the hypothesis.

Methodology (location, study design, data source, time frame, sample size, analysis approach)
The study used simple random sampling to select three local governments in Bauchi State. One local government was selected from each senatorial district namely; Bauchi south, Bauchi central and Bauchi north. Bogoro, Ningi and Katagu local governments were selected respectively. A total of 50 males, 50 females from each local government were selected for interview making a total of 100 per local government. A total of 300 questionnaires were used for the study, 150 males and 150 females. The interview was carried out among youths between the ages of 15 – 24. These various sample sized reached were determined on the availability and acceptability of the target populations to participate in the study. Data collection was carried out over a four month period from February – May 2014, using a structured questionnaire administered by the research team. Descriptive statistics were estimated and multivariable logistic regression analysis used to access contraceptive information and access among youths. SPSS was used for data analysis.

Results/key findings: Findings from the study indicated that 89% of youths knew at list one method of family planning, while only 11% knew more than two methods. From the study 72% did not know that condoms are use/method for family planning and so did not know that condoms are used for dual protections. It also shows that only 20% have ever use contraceptive while 80% has never use contraceptive. Out of the 20% who have ever use contraceptive, less than 10% got it from provider in the hospital, 56% got it from PPMVs while 35% said they got it from friends and peer groups. The study also indicated that 83% of youth wants to have knowledge of contraceptive and usage of contraceptives but 74% said they feel comfortable discussing contraception with friends than providers because their friends listen to them unlike the providers who send them away saying FP is not for the youths that, they are too young to know about family planning. Findings from the study revealed that, there are no youth friendly centers that offer FP counseling and servicing to youths.

Contribution to Knowledge: The contribution of knowledge is that, with these findings, policymakers and program managers can develop programs that more effectively respond to contraceptive knowledge and use needs of youths.

Conclusion: In conclusion, the study is a clear indication that, youths who are suppose to be leaders of tomorrow lack knowledge and access to contraceptives which would help guide and protect their future towards being tomorrow’s leaders. There is need for involving the youths in policies and programming of family planning in Nigeria.
Abstract No.7

Interpersonal Communication: Increasing FP uptake in 3 Northern Nigerian States, a case study of ESMPIN.

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**Background:** The study assess the role of IPCAs (Interpersonal Communication Agents) in increasing family planning uptake in 3 Northern Nigerian States, where the CPR (Contraceptive Prevalence Rate) is very low ranging from 0-4 percent compared to the south which range from 20-50 percent. It is believed that most community members want FP but lack correct knowledge and have a lot of myths and misconceptions about FP. The study assess the use of interpersonal communication Agents in increasing FP uptake by bridging the gaps between knowledge and practice of family planning in northern Nigeria through interpersonal communication.

**Main Research question/hypothesis and program area:** The assessment was based on the USAID ESMPIN (Expanded Social Marketing Project in Nigeria) community intervention strategy of IPCAs activities to disseminate information on malaria, diarrhea, nutrition and family planning thereby improving knowledge, attitude, perception and practice of healthy behaviors. IPCAs are recruited and trained to work for a period of six months within their communities, conducting interpersonal communication of FP. The ESMPIN IPC community intervention is carried out in 15 states and the federal capital territory in Nigeria namely; Kano, Kaduna, Sokoto, Adamawa, Bauchi, Lagos, Ogun, Oyo, Port Harcourt, Cross river, Edo, Enugu, Imo, Delta, Akwa Ibom and Abuja. IPCAs are used as a mechanism to drive demand for FP services and Uptake.

**Methodology (location, study design, data source, time frame, sample size, analysis approach)**

The study was the assessment of three Northern Nigerian States namely; Bauchi, Kano and Sokoto using referral health facilities within IPC intervention communities in each state as a case study. It covers the period of IPCAs intervention from July – December 2013. The IPCAs conduct one on one and group sessions with community members after which referral forms were issued to them to visit health facilities for FP counseling and uptake. The data source of the study is from the health facilities FP register. The study access the number of FP uptake before the intervention (baseline) and six months after the intervention (end line) to see if there was any significant increase in FP uptake as a result of the IPCAs activities.

**Results/key findings:** Findings from the study indicated an increase of over 100 percent FP uptake in referral health facilities as a clear indication of the IPCAs direct activities within the communities of intervention. The study results from referral facilities shows; Bauchi (Baseline uptake = 111, end line uptake= 885 making and increase uptake of 797%), Kano (Baseline uptake = 107, end line uptake= 613 making and increase uptake of 909%) while Sokoto (Baseline uptake = 481, end line uptake= 613 making and increase uptake of 127%). This was traceable to the FP registers as a result of the referral forms that got to the facilities for FP uptake. The increase in FP uptake indicated that interpersonal communication provided a good knowledge and information about FP leading to uptake.

**Contribution to Knowledge:** The contribution to knowledge is that, the use of IPCAs as interpersonal communicators on FP within communities will help address the issue of low CPR especially in Northern Nigeria. The use of IPCAs provides privacy for clients to discuss about FP because IPCAs meet them in the comfort of their houses or businesses. Clients ask questions freely about various methods, myths/misconceptions and their side effect even before visiting the health facilities.

**Conclusion:** Finally, the study shows that, the use of IPCAs is a best practice to address FP knowledge and usage in Northern Nigeria and any other country where FP faces lots of challenges raging from tradition, culture, religion, illiteracy etc. interpersonal communication allow for direct feedback.
Abstract No. 8.

Strategic Product Placement-A Core Link Between FP Intervention And Service Delivery

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BACKGROUND: No product no programme is a popular aphorism in social development work especially in the health sector. This saying is more apt in family planning interventions particularly because demand creation hits brickwalls in a state of out of stock or lack of stock.

Baseline studies in Imo state South East Nigeria show that most PHCs lack products due to political logjams with Government product distribution logistics challenges. Private Patent Medicine Vendors (PPMV) are not faring better as most lack knowledge of the products while those who do, lack access to products due to not knowing where to buy from.

In view of this, the USAID SFH ESMPIN project Implementing FP interventions in communities with high unmet FP needs designed a programme-with-product intervention to forestall out of stock and lack of stock situations after demand has been created.

AIMS/OBJECTIVES: To establish the linkage between product placement and family planning acceptance using strategically tailored product detailing approach targeting FP Product sellers and providers.

METHODOLOGY: Patent Proprietary Medicine Vendors’ (PPMV) sites were mapped and selected. The PPMVs were identified and selected alongside other Non Traditional Outlets (NTO). Programmatic intervention included product awareness and knowledge. Product placement and distribution were simultaneously carried out alongside intervention.

The PPMVs were also trained on stocking of FP and other RH products which targeted all the Patent Proprietary Medicine Vendors within a selected geographic location at a time. They were mobilized under the aegis of their Professional Association. During the training, all FP products were sampled and explained. While the PPMVs appreciated the Over The Counter (OTCs) drugs, they were also warned of the legal implications of stocking and dispensing the ethical ones. The 2nd approach targeted the Service Providers who were mobilized through their Professional Associations on Zone or Unit basis. This was tagged “Storming the Nightingales”. All FP products were sampled and explained. A simulated demonstration of IUCD and Implant insertion was done using Arm and Abdo-Pelvic Models. The Nurses took turns to try their hands on the simulated demonstrations. The last approach was direct detailing visits to Medical Doctors with product samples and explanations.

RESULTS: From Jan 2013 to December 2013, 15 PPMV trainings have been conducted reaching 587 number of PPMVs; 3 sessions of Storming the Nightingales have been done reaching 163 Nurses; 1095 Direct medical detailing visits have been done reaching 1095 Doctors. These resulted in the following number of product placements directly and indirectly: 34,139,520 pieces of Gold Circle Condoms; 60,304 pieces of Lifestyle Condoms; 18,288 pieces of Elegance Female Condoms; 17,010 bottles of Lubrica; 3,300 units of IUCD; 472,050 vials of Duofem injection; 121,300 vials of Depo Provera injections; 121,000 vials of Noristerat injections; 2000 pills of Norigynon tablets; 164,100 pills of Postinor 2 tablets; 12,600 pills of Pregnon tablets and 1,600 strings of Cycle Beads.

Lessons Learnt: Providers reported not experiencing stock out while clients reported never visiting a facility without getting a method of choice. This way, demand creation and product placement ensures method adoption.

CONCLUSION: From the facts above, it is evident that programmatic interventions without accompanying products is an exercise in futility while product and programme leads to method acceptance.
Abstract No. 9

Topic: Using Integrated Family Planning and HIV Care, Support and Referral Services to reach more males in Northern Nigeria.

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Background/Objective:

This paper seeks to showcase the successful outcomes of integrating family planning (FP) referral services into HIV programming amongst the male population of Northern Nigeria. Northern Nigeria is characterized by early marriage, polygamy, patrilineality, and high fertility rates as high as 7 children per mother with a concomitant contraceptive prevalence rate of 3%. On account of these peculiarities, family planning is most crucial in this region which has a significant level of illiteracy, poverty, as well as few men who make the most critical decisions regarding the family.

Method:

Enhancing Nigeria’s Response to HIV & AIDS (ENR) Programme data was used to analyze the significant improvements in FP services within its HIV programme in Benue and Nasarawa States, Nigeria using Interpersonal Communication Conductors (IPCCs) from the Programme within three years (2010-2012) of programme activity.

Results:

Statistics showed that in 2011, 226 men were referred to health centers for FP services in Benue State compared to a zero male referral for FP services in 2010. There was a corresponding 32% increase in referral services the following year, 2012. Nasarawa State also showed significant increase from 0 referrals in 2010 to 771 referrals in 2012. The number of condoms distributed in Benue State between 2010 and 2011 increased by 128% from 45,242 condoms, and by 50% in 2012 to 154,255 condoms. In Nasarawa State, Condom distribution increased by 21% between 2010 and 2012. In addition, there was a 319% increase in the number of IEC materials distributed between 2010 and 2012 in Benue State and a simultaneous increase in Nasarawa State from zero IEC materials in 2010 to 25,952 IEC materials in 2012.

Conclusion:

Integrated Family planning and HIV programming are essential to meet International development goals and targets including the MDGs since clients seeking reproductive health and HIV services share common needs and concerns. Integrating these services enables providers to efficiently and comprehensively address these needs. Moreover, because of socio-cultural interplays in northern Nigeria, family planning services need to focus strategically and systematically on the male and female taking into account gender roles in their peculiar society.
Title: Patterns and Trend in Contraceptive Use in South-South and North-Western Zones of Nigeria: 2003 – 2011

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Background
Nigeria is ranked 13th among countries with the highest fertility rates in the world – 5.7 births per woman on the average. Age specific fertility rates are as high as 121 and 225 per 1,000 for age 15–19 and 20–24 respectively. One of the factors underlying high maternal mortality rates is the low use of modern contraceptives. Only 9.7 percent of currently married women in Nigeria use modern methods of family planning. This figure, however, does not reveal important age, geographical, education differences in Nigeria. Several efforts have been made to increase use of modern FP methods in Nigeria. Has these improved the use of modern FP methods over time?

Main questions
1. Has use of modern FP methods improved?
2. Are there geopolitical differences in the use of modern FP methods?
3. What demographic variables are significant in the use of modern FP methods?

Methodology
Data for this study was obtained from four waves (2003, 2005, 2007, 2011) of the National and State Specific HIV&AIDS, Reproductive and Child Health survey. The survey is a population based study among females (15–49 years) and males (15–64 years) living in households in rural and urban areas in Nigeria. Multi-stage cluster sampling technique was used in the selection of respondents drawn from the updated master sample frame of rural and urban localities and developed and maintained by the Nigerian National Population Commission.

Results
Almost one-quarter are age 30–39; one third lives together; 73.8 lives rural locations while 43.3% attained secondary-school education. Use of modern contraceptives increased from 7.6% in 2003 to 10.2% in 2011, 30.6% among those with higher-education and 1.6% among those with Qu’rnic education. Use increases with age but peaks at age 30–39. Rural and urban use of modern FP is 7.1% and 14.2% respectively. Use is higher among the never-married (15.0%) and lowest among those who were formally-married (5.4%). Years (p <.001), educational-attainment (p <.001), age (p <.001), locality (p <.001), marital status (p <.001), and geographical-zones (p <.001) are significant variables that affects the use. Positive-correlation exists between use and years, education and locality. Women with at least a secondary-school education are almost three times likely to use a modern FP method; daily pills or long lasting method compared with those without. Women in South-South Nigeria are over three times and five times likely to use a modern method and a condom respectively as compared with those in North-Western Nigeria.

Knowledge contribution Results
The use of modern contraceptive has increased in both South-South and North Western Nigeria. However, there still exist differences across age, educational attainment, locality, geographical zones and marital status. Despite the religious and cultural barriers associated with condom, it is still the most preferred source of family planning (5.2%). Considering that condom offers dual protection, scaling up the use of condom as an FP option especially among the never-married is recommended.

Education attainment appears to have a positive correlation with the use of modern FP methods. It is important girl child education is promoted. Early marriage may also need to be addressed as it reduces the chances of getting the required education useful to make informed decision about the use of FP services.
Abstract No.11

Interpersonal Communication; A Strategy to Increase the Acceptance of Family Planning

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Background: The awareness on family planning has increased over the years but in spite of this, the acceptance has remained low due to the fear of side effects and return to fertility. This poor acceptance has had a lot of drastic consequences ranging from maternal mortality to poor socioeconomic conditions. This intervention aimed to improve the knowledge of men and women of reproductive age on family planning.

Program area: Increasing the acceptance of family planning through Behavioural Change Communication

Methodology: The intervention site was Agege Local Government Area, Lagos State. 30 interpersonal communication agents were trained and deployed into the community to work for a period of 6 months educating people on family planning to dispel the fear of side effects, return to fertility and the benefits of family planning. Referral cards were issued to the target audience to accept family planning methods. The target audience were men and women of reproductive age.

Results: The interpersonal communication agents on the intervention reached 119,200 men and women of reproductive age with family planning messages and the benefits of planning their families using modern contraceptive methods. 23% of the individuals reached with FP messages accepted referrals to FP facilities within the vicinity and about 15% of those referred adopted a family planning method as a result of the intervention.

Contribution to Knowledge: The use of modern contraceptive methods can be significantly increased by the use of interpersonal communication (IPC) as a behaviour change strategy. Specific individual barriers to Family planning uptake can be addressed directly using this method and scale up is recommended especially with youths.

Conclusion: Interventions to increase uptake of modern contraceptive methods should incorporate the IPC strategy as this will improve the acceptance of family planning amongst target populations.
Fear of Side Effect as a Barrier to Long Term Contraceptive Use in Ogun State, Nigeria

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Background: Many studies have used large scale survey data to determine the socio-economic and cultural characteristics which may act as determinants of individuals’ contraceptive behaviour and in doing so have identified several barriers to contraceptive use. One of the issues that is consistently raised in such studies in Sub-Saharan Africa is the non-use of contraceptive methods due to fear of side effects or detrimental health effects. This study is to explore the fear of side effect as a barrier to the uptake of modern long term contraceptives among women in Ogun State.

Main Research Question: Is the experience of side effects among women in Ogun State real or rumoured? This is to be determined by the number of women who have either experienced a side effect from using a contraceptive or have seen someone who has experienced a side effect.

Methodology: This descriptive cross sectional study carried out in Ogun state, Nigeria was conducted between June and October 2013. A multi-stage sampling technique was used to select the respondents from one local government each from the three senatorial districts in the state. A total of 515 pre-tested semi-structured questionnaires were administered, sorted out and analyzed using SPSS statistical package. The study population were women attending the antenatal and immunisation clinics in primary health facilities in the communities.

Results/Key: Ninety-four percent of the respondents have heard of child spacing before and their major source of information was from health workers (58.5%). Sixty-two percents of the respondents have used one form of child spacing method or the other before, while more than half of the women (54.1%) had heard of side effects of child spacing methods but only about 21% had experienced one form of side effect or the other in their life. Another 45% of the respondent claimed to have seen someone with a side effect of child spacing. About fifty-eight percent of these respondents said they are scared by the information of the side effect that they have heard. There is no statistically significant association between the level of education of the respondent and if they have ever used a child spacing method in the past.

Contribution to Knowledge: It can be said that the way people ‘perceive’ potential side effects is based on the second-hand relating of experience of others rather than past negative past personal experience.
Abstract No. 13.

Analysis of Trends and Family Planning Progress in Nigeria

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Background: The sustainable development of developing countries is dependent on the sustainable management of the growth of their population. Managing population growth becomes important as low population ensures that social services are sufficiently and equitably distributed. One major approach to managing population growth is through family planning programmes. Over the years, the Nigerian government, non-governmental organizations and population-oriented international organizations have been implementing various family planning intervention programmes in Nigeria. This study evaluates the trends in the acceptance of family planning methods and the level of progress achieved in the programme in Nigeria.

Main Research Questions: The study formulates the following questions: what has been the pattern of change in the choice of family planning methods in Nigeria? What is the degree of progress made so far in the family planning intervention? Empirical responses to these questions will highlight the pattern of trend of acceptance of family planning services, the level of progress as well as showcase areas requiring improvement.

Methodology: The study was conducted in the 36 states in Nigeria. Data were sourced from various editions of the National Demographic and Health Survey (NDHS) between 1990 and 2013. In each study year, the study sample was selected using a stratified three-stage cluster design. A fixed sample of 45 households was selected per cluster. A representative sample of 6880 and 5336 women aged 15-49 were selected for the survey in 1990 and 2003 respectively, while a total of 27830 and 23578 women of the same age bracket were sampled in 2003 and 2013 respectively with a minimum target of 943 completed interviews per state. Trend analysis was employed to analyze the trend in the percentage distribution of married women age 15-49 by contraceptive method they used as reported in each edition of the NDHS.

Results: Results showed that although the contraceptive prevalence rate (CPR) has increased from 6% in 1990 to 15.1% in 2013, the rate at which it increased has been downward; from 110% increase between 1990 and 2003 to 3.4% between 2008 and 2013. A breakdown of contraceptive use into modern and traditional methods showed that use of modern method increased from 4% in 1990 to 10% in 2013. However, the rate at which it increased declined from 106% in 2003 to 1% in 2013. For the 23-year period, IUD insertions increased by 38%; use of injectables increased by 357%; and male condom use increased by 425%. Use of traditional method increased from 3% in 1990 to 5% in 2013 but decreased from 72% in 2003 to 10% in 2013. On the overall, substantial progress has been recorded in increasing the CPR to 15.1%; reducing proportion of women not using contraceptive services from 94% in 1990 to 85% in 2013, and reducing unmet need for family planning from 20% in 2008 to 16% in 2013.

Contribution to Knowledge: Findings from the analysis will inform programmers of the importance of achieving and sustaining maximum rate of increase in all methods of contraceptive (modern and traditional). Despite its reduction, unmet need still remains reasonably high. This highlights the need for expansion of access and coverage on products and services in order to achieve zero unmet need.

Conclusion
Empirical evidence from analysis highlights the success recorded in family planning programme in Nigeria and supports continuation of such intervention. However, improving and sustaining the current level of progress should form the programme priority of stakeholders in the programme.
A THREE-YEAR TREND ANALYSIS OF FAMILY PLANNING SERVICES UTILIZATION IN LAGOS STATE, NIGERIA.

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Lagos State is one of mega cities in the world with current population stands at 22 million, 20 LGAs and 37 LCDAs with 2.6% population growth. It has 4.1% fertility rate and 48% contraceptive use in the state (W.H.O & NDHS, 2013).

Family Planning allows individuals and couples to have a choice on their desired number of children and the spacing and timing of their births thereby promoting quality of life of mothers, children, families and community development.

The state has over four million nine hundred and sixty-eight thousand, three hundred and twenty-seven (4,968,327) women of reproductive age (WRA) and 5% of the total population as expected pregnancies per year stands at one million, one hundred twenty-nine thousand, one hundred and sixty-five (1,129,165) respectively in the state.

The objective of this paper was to carry out three-year trend analysis of family planning utilization in Lagos state using routine data from the Health Management Information System (HMIS) and 2012 National HIV/AIDS and Reproductive Health Survey (NARHS) survey data to assess the level of family planning utilisation or adopted and knowledge among sample respondents in the state.

The methodology used in this paper was to conduct a three year analysis from the routine data of Health Information Management Information System (HMIS) platform, National HIV/AIDS and Reproductive Health Survey data and literature review to find out knowledge and utilisation of family planning services and products that informed effective planning and programming in the state.

The three-year analysis among females of reproductive age 15-49 years revealed that 2,029 females adopted or accepted and used modern contraceptives in 2011 while 102,870 women adopted modern family planning in 2012 and 140,533 in 2013 respectively which shows yearly improved acceptance of contraceptive use in the state. However, this is a far cry from the expected pregnancies in the state.

Assessing knowledge of family planning methods in the state, the 2012 National HIV/AIDS and Reproductive Health Survey (NARHS) report revealed that 78.6% of sampled respondents in Lagos had knowledge of any type of contraceptive method while 77.9% knew about any modern contraceptive method. However 91% of respondents said condoms is the most known method, followed by oral pills (71%) while fuming tablets 7.7% was the least known contraceptives among the sampled respondents.

Gender analysis indicated that 70.1% females and 69.1% males said condoms were easily affordable while 0.7% females and 14.8% males reported IUCD method was not easily affordable. Majority of the respondents about 68.4% females and 69.2% males reported that condoms were accessible in the various communities while 15.2% females and 11.2% males said IUCD were not easily accessible.

The conclusion is that there is need to intensify family planning advocacy, planning and programming by government, private sector and implementing partners as the 2.6% population growth rate is still fuelling population in the state. In addition, government should strengthen family planning integration into other maternal and Child Health (MNCH) programmes in the state in order to reach many women as possible.
ACCEPTABILITY OF CYCLE BEADS AMONG CLIENTS AT THE REPRODUCTIVE HEALTH CLINIC OF ABUTH-SHIKA ZARIA

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INTRODUCTION: The Prevalence of modern contraceptive use in Nigeria is only 15% among married women of reproductive age. In developing countries, the use of natural family planning is limited but favoured by some couples because of religious and cultural beliefs.

The cycle beads is the current method used to illustrate the Standard Days Method (SDM) which compares with all the natural family planning methods that are based on the ability to predict the time of ovulation and avoid sexual intercourse in at a time in which conception is likely to occur.

AIM: To assess the uptake of cycle beads as the SDM of natural family planning in the reproductive health clinic in ABUTHShika –Zaria.

METHOD: This was a descriptive cross-sectional study at the Reproductive Health Centre of the ABUTHShika –Zaria over a six month period where consecutive consenting clients were interviewed using structured questionnaires.

RESULTS: Majority of the clients (64.9%) were 20-29 years old, mostly married (67.5%); 56.0% knew their LMP and 96.1% had regular cycles.

Natural family planning methods accounted for the second most used method, while cycle bead constituted 12.4% of all the methods at the time of the study. Most clients knew that it can be used to prevent pregnancy (83.8%), achieve a pregnancy (79%) and keep records of the menstrual cycle (83.7%).

Religious faith and cultural affiliation were not barriers to the use of cycle beads. Majority of the client (72.8%) could use cycle bead as a method of family planning but have concerns of becoming pregnant (36.1) and forgetting to move the beads daily (37.1%).

CONCLUSION: The knowledge, perceptions and views of the cycle beads were in favour of its use. Obstacles to its use can be overcome by adequate education on its scientific basis and the need to use it correctly.
Building Alliances for Improved Family Planning Uptake in Nigeria: Enhancing Male Involvement

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Background
Most family planning interventions tend to place low recognition on the role of men in family planning decisions in their programme development and delivery. This latent disregard for the decisive role of men in determining family size is precipitated on the assumption that family planning decisions are exclusively the prerogative of women. Empirical evidence has shown that family planning programmes tend to succeed with full integration of men mainly at the programme implementation level. This study evaluates the effect of male involvement on acceptance of family planning services in Imo state.

Main Research Questions
The study evaluates the following questions: what is the nature of the relationship between male involvement and acceptance of family planning services? What is the magnitude of the effect of male involvement on family planning service uptake? Empirical responses to these questions will influence the perception of the importance of men in accelerating family planning service uptake.

Methodology
The study was conducted in 9 communities in Imo state. Panel data analysis method was adopted and secondary data for a period of 8 months, between February and September 2014. Data were extracted from the family planning records of the 27 (9 private and 18 public) health facilities that provide family planning services in those communities. 20 samples of male contacts, male referrals and service uptakes were collected each month, totaling 160 samples. We developed a multiple regression model expressing service uptake as a function of male contacts, and referrals issued to men. We then used the ordinary least square analysis technique to estimate the parameters of the model.

Results
Results showed a positive correlation between male contacts, referrals issued to men and total service uptake. At 5% level of significance, an increase in male contacts by 1% caused total service uptake to increase by 0.43% (Prob. = 0.048). Similarly, a 1% increase in referrals issued to men led to a 0.2% (Prob. = 0.033) increase in total service uptake. If both male contacts and male referrals were increased simultaneously by say, 1%, their joint effect was a 0.63% increase in service uptake. When compared with male referrals, male contacts had greater effect on service uptake.

Contribution to Knowledge
Findings from our study have highlighted the need to recognize the importance of male involvement in accelerating improvements in family planning service uptake. This knowledge remains relevant in developing family planning intervention strategies. The success or otherwise of any family planning programme would be dependent to the extent to which men of reproductive age (MRA) are integrated into programme development and delivery.

Conclusion
The acceptance, success, and sustainability of family planning programmes would depend on full involvement of MRA as findings reveal that their involvement has a positive and significant correlation with service uptake. Successful interventions on family planning would require the maximization of male contacts and referrals.
Abstract No. 17

Comparative Analysis of Facility Type and Product Preferences for Family Planning Services in two Rural Communities in Nigeria

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Background: The types of health facilities and family planning methods available to clients have been shown to be the determinants of acceptance of family planning services. Empirical evidence shows that family planning service uptake could be accelerated if facilities and methods available match clients’ preferences. To scale up family planning service uptake in Nigeria, it is important to understand clients’ preferences in terms of methods and facilities that provide those methods in different geographical scenarios. We compare the facility and product preferences of women of reproductive age (WRA) in two communities in Imo state.

Main Research Questions: We pose the following research questions: what is clients’ facility preference between public and private facilities; what is clients’ preference with respect to available long and short term family planning methods? Are there differences in facility and method preferences as a result of geographical disparities? This study will provide evidence-based results that will reinvigorate the discourse on accelerating family planning uptake in Nigeria.

Methodology: The study was conducted in two rural communities in Imo state – Uratta (Owerri North LGA) and Mgbidi (Oru West LGA) Data were sourced from 3 private and 8 public facilities that offer family planning services in Uratta and from 6 private and 10 public facilities in Mgbidi. The study covered a period of eight months, from February to September 2014. A total of 780 WRA were sampled from Uratta, while 277 WRA were sampled from Mgbidi. Comparative analysis approach was employed to analyze clients’ facility and product preferences in both communities.

Results: Results showed that both communities shared similar preference for facility type and method, though on a varying degrees. In Uratta, 72% of all service uptake occurred in public facilities, while 98% of services was accessed from public facilities in Mgbidi. Similarly, both communities showed strong preference for pills – as Combination 3 accounted for 50% and 35% of all products uptake in Uratta and Mgbidi respectively. Standard Days Methods (Cycle Beads) and Injectables (Depo Provera) respectively accounted for 20% and 16% of product uptake in Uratta; and 30% and 21% in Mgbidi respectively, indicating a strong preference for these products to others.

Contribution to Knowledge: This study highlights the similarities in facility and product preferences of clients in different geographical settings. Family planning programmers would now understand the importance of prioritizing public health facilities in facility selection. Concentration of clients’ product selection on few products can be minimized by ensuring adequate sensitization of clients on product availability, benefits and challenges associated with their use.

Conclusion: Expanding and sustaining family planning programme in Nigeria would require the understanding of the choices of potential clients regarding facilities and products. Findings from this study confirm the existence of similar facility and product preferences across different geographical settings. Programmatic implications would require extensive collaboration with public health facilities for improved service delivery. Equally, ensuring redistribution of product preferences from few products to a wide range of them would require the capacity building of service providers on proper client sensitization on product availability and use.
Abstract No. 19

A Descriptive Study of Contraceptive Practice, Birth Interval and Child Survival Among Women in Sokoto South Local Government Area, Sokoto State, Nigeria.

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Background
Sokoto State has among the highest Total Fertility Rates (8.7) in Nigeria. Only 1.9% of married women reported using a modern method of contraception and mean number of children ever born of 8.3% (NDHS 2008). Sokoto South LGA is metropolitan and is located in Central Senatorial Zone.

Main Research question/hypothesis and program area
The aim of the study was to determine the median duration of birth interval, contraceptive practice, and child survival among women of reproductive age group in Sokoto South LGA.

Methodology
A community-based, cross-sectional study design was employed. Included were randomly selected 350 women of reproductive age group who were interviewed using a semi-structured interviewer-administered questionnaire. Information collected included socio-demographic profile, birth history, birth interval, contraceptive use and child survival. Data was entered and analysed using SPSS Statistical Software.

Results/Key Findings
The median duration of preferred birth interval was 36 month (SD=0.79) as against median actual interval of 24 months. The mean birth interval was 30 months. Only 25% of the respondents were found to be practicing any form of modern contraception. The survival of a child was associated by birth interval length; mothers with intervals of 36 months and higher had 58.3% of their children surviving in contrast to against 8.5% survival rate associated with mothers with birth intervals of less than 24 months. (t = 79.2, df = 342, p-value <0.001, 95%CI (2.1, 2.9).

Contribution to Knowledge
Longer birth interval (36–47 months) increase chance of child survival. Increased child survival appear linked to longer birth intervals.

Conclusion
The study showed an unmet need for contraception, high prevalence of short interval between subsequent births affecting child survival among women of reproductive age in Sokoto South LGA, Sokoto state Nigeria. Investments in newborn and child health may increase demand for longer birth spacing intervals.
Abstract No. 20

Half Decade of Progress: A comparative analysis of Family Planning Knowledge and Use among Currently Married Women in Northern Nigeria.

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Significance /Background:
Northern Nigeria has been at the nucleus of various interventions in recent times. This is not just because of the low level of human development in the region but also because of its unprecedented rate of natural increase. In 2008, an average woman in the region had a total fertility rate (TFR) of about 6.6 children while its southern counterpart had only 4.7 (NDHS). While a relative rate of growth can be desirable for economic and political reasons, an uncontrolled fertility can be chaotic. Concern over an unchecked fertility has led to various policy responses and interventions geared towards increased access to contraceptives. The 2nd Nigeria Family Planning Conference held in November 2012 with the theme ‘Population and National Development’ addressed issues of unmet needs and the imperative of promoting access to family planning as a precursor to attaining the MDGs goal.

While it seems that the country is making progress in its contraceptive reach with fertility rate declining from 5.7 to 5.5 children per women in the last five years (NDHS), there is need for a comparative analysis of family planning reach in the last five years with a view of tracking progress in coverage and as well as inform better response strategies.

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Main Research question/hypothesis OR Program intervention/activity tested:
The study therefore aimed at measuring the progress made in contraceptive knowledge and use among currently married women in Northern Nigeria in the last five years. Specifically, the study aimed at

♣ Accessing the progress made in reducing unmet needs in the region.
♣ Understanding the coverage of family planning among sampled women.
♣ Highlighting specific interventions that have been helpful.
♣ Identifying the gaps between contraceptive knowledge and use.

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Methodology (location, study design, data source, time frame, sample size, analysis approach,intended beneficiaries, participant size, evaluation approach):
The comparative analysis was done using secondary data from the 2008 and 2013 Nigeria Demographic and Health Survey (NDHS) datasets. A total of 14,095 currently married women residing in Northern Nigeria were sampled in the 2008 dataset while the 2013 dataset had 18,609 currently married women from Northern Nigeria. The selected variables were weighed and analyzed independently in each datasets before the comparative analysis was done. Statistical analysis was done using descriptive analysis (running of frequencies and charts) using STATA 10.0. Excel was used for charts appropriately.

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Results/key findings:
The result showed a sharp decline (22%) in unmet needs among targeted group from 21% in 2008 to 16% in 2013. Also, knowledge about family planning has increased greatly (48%) in the five years period with the percentage of women knowing at least one family planning method increasing from 53% in 2008 to 79% in 2013. Findings also showed an increase (12%) in the number of women that can correctly identify their fertile period. However, contraceptive use is still very low with the percentage of sampled women who had never used any method increasing slightly from 88% in 2008 to 89% in 2013. Targeted family planning
messages such as ‘unspaced children make the going tough’ gained momentum with 56% increase in the number of women that has heard that message in the five years period. The study concluded that more couples are now jointly involved in women’s contraceptive use with the number of women that indicated that their Family planning usage was a joint decision increasing by 12%. The study raised the need for more in-depth analysis on obstacles to contraceptive use despite increased knowledge.

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**Knowledge contribution/Results/key findings:**
The sharp decline in unmet needs among the sampled respondent showed the progress of family planning coverage in the region. About 4 in every 5 sampled women now knows at least one family planning method with one in every six being able to identify their fertile period. While there has not been significant increase in the percentage of women who heard about family planning either on the radio or TV few months prior to the interview, high level of awareness can be linked to targeted family planning messages such as ‘unspaced children make the going tough’ and ‘well spaced children are every parent’s joy’. Though the percentage of women who know uses at least one contraceptive choice seems stagnant in the five years period, the number of non-users that does not intend to use in future fell (6%) from 83% in 2008 to 78% in 2013. More targeted family planning messages as well as participation of men, religious and community leader will increase usage in the region.
Ensuring Competency in Family Planning provision using the humanistic approach; from training to practice.

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Introduction: The Health related schools in Bauchi and Sokoto States produce the much needed competent Manpower each year which are deployed to the areas of critical shortage of man power to provide maternal and child health services including family planning. Despite that, the 2 states continue to have low CPR of 2%, high total fertility at 8.1 children per woman, low birth intervals, high teenage pregnancy and unsafe abortion rates.

Research Question: Can Competency based training of tutors on FP/RH using anatomic models improve student practical skills?

Study Objective: To demonstrate use of a humanistic approach in competency based family planning training.

Method: The intervention focused on 90 educators and preceptors engaged in the 10 different Health related institutions of Bauchi and Sokoto state. The 30 tutors and preceptors from Bauchi and 60 educators from Sokoto were assessed on 3 educational modules namely Infection prevention in FP, Balanced Counseling Strategy and provision of long acting reversible contraception (LARC) before and after the in-service training intervention. Intervention consisted of one week training of 3 batches in the 3 respective modules consisting of few didactic lectures and numerous practical sessions conducted through skill demonstrations and role plays using anatomic training models (implant arm, IUD pelvic model).

Knowledge assessments were done on infection prevention, specific LARC methods and general physical examination. Skill assessments were conducted using Objective Structured Clinical Examinations (OSCE) and performance was recorded as Satisfactory, Not Satisfactory or Not Observed during FP counseling, Infection prevention practices, Loading IUD, IUD insertion, IUD removal, Jadelle insertion and removal. Also during post training supervision after 3months, participants’ coaching and demonstration skills were assessed during train of students in their respective schools.

Results: The pre-intervention assessment indicated paucity in the family planning knowledge and skills of tutors that trained these fresh human resources for health especially in the area of provision of long term methods of family planning. Average scores for the pretest was 48.4%. At post-test, all the 90 educators and preceptors scored more than 85% (post training average mean score was 89%) in knowledge assessment and demonstrated satisfactorily the conduct of IUD and Jadelle insertion and removal. At 3 months post- training supervision, all the Educators and Preceptors satisfactorily demonstrated same skill and can coach students confidently in the provision of IUD and Jadelle FP service.

Conclusion: Educators/Preceptors can impact safe and better FP knowledge and skills using anatomic training models, thus competency based training of tutors can translate to better training of preservice students.
Establishment of simulation training centers for Schools of Nursing, Midwifery and Health Technology in Bauchi State.

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Introduction and Background: Simulation training is associated with higher skills performance post-training than didactic lectures. However, in Preservice schools Bauchi state the status of existing simulation centres was sub-optimal at inception of TSHIP

Research question: Can establishment of STCs lead to improved performance of pre-service education students?

Objective: To describe the establishment of a sustainable Simulation Training Center (STC) employing humanistic anatomical models to aid in the teaching of family planning and reproductive health clinical skills to nursing, midwifery and health technology students in resource constrained settings.

Method: In a needs assessment conducted by State Ministry of Health and TSHIP, the investigators revealed that pre-service institutions in Bauchi State mainly use didactic lectures in the training of students on FP and RH. The 4 stage process of developing a simulation Center and its impact on the training of students are described.

Findings: The baseline assessment findings showed that the schools had non functional simulation laboratories and the educators were either not aware of the simulation laboratory content or did not use them because they were non conductive to teaching, while others found the contents obsolete.

Strengthening the simulation Center involved; i) Renovation, ii) Donation of Anatomic training models, iii) Development of a Simulation Center manual, iv) Orientation and simulation training for educators.

At the end of the 4years intervention; each school stepped down the competency-based trainings on Family planning, Maternal Heath and Neonatal health to students. Students were found to be better equipped with skills in these courses prior to posting to practicum sites. Student Performances at external examinations for all 3 schools were excellent at 85 -100% as opposed to 45-65% pre-intervention

Conclusion: RH/FP service provision can be improved through the use of an effective simulation center
Abstract No. 23


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Background.

Until recently, family planning services in Sokoto State were concentrated at urban and peri-urban secondary and tertiary health facilities, out of reach to 73% of the population. The State has a contraceptive prevalence rate of 1.0% (NDHS, 2013). Community Health Extension Workers (CHEWs) manage 81% of the 716 health facilities, mostly dispensaries in the State. In better cover the whole state population, the Sokoto State Government in collaboration with USAID/TSHIP conducted a competency-based in-service family planning training for selected CHEWs, who added monthly family planning outreach services to their retinue.

Main Research question/hypothesis and Program area

Can trained CHEWs successfully implement FP outreaches in Sokoto State?

Methodology (location, study design, data source, time frame, sample size, analysis approach).

Prior to intervention 87 CHEWs that met the minimum selection criteria were randomly selected from 536 health facilities for a 3-week training. The training was focused on improving their competencies on long acting methods of FP services. A CHEW was assigned to conduct outreach services to 5 communities over a 5-day period on a monthly basis for 6 months. Data were captured through the Health Management Information System (HMIS) registers and the outreach summary sheets/registers.

Results/key findings *

At baseline, (October 2013–March 2014) the total new acceptors of FP services in Sokoto State was 17,243 (implants - 2209; pills - 3220; injectable - 11288; condoms - 526). Six months after the intervention period (April 2014 –September 2014), the total new acceptors during the period was 23,867 (implants – 5,418; pills – 4,260; condoms – 1142; injectable – 9,998). Statistical analysis conducted using paired t-test showed a significant difference at p < 0.05.

Contribution to knowledge

Outreach services using trained CHEWs who task-shift, yielded significant improved access to FP services in hard-to-reach rural communities. This approach is recommended for replication in similar settings.
The 5-Step Program: Integrating Family Planning with Fistula Services

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Background
Family planning (FP) is vital in preventing maternal mortality and morbidities such as obstetric fistula. The benefits of integrating FP with maternal/child health services are documented. However, FP integration approaches differ and women receiving fistula services face unmet need.

Program intervention
The Fistula Care (FC) project adapted an FP integration framework for fistula prevention and to meet client needs post-repair. This five-step process helps facilities achieve the highest sustainable level of integration and creates referral networks for comprehensive FP access. An evaluation examined FP integration at fistula treatment facilities in Nigeria, Rwanda, Uganda, Guinea, Mali, and DRC. This presentation shares findings from Nigeria.

Methodology
The FC project supported fistula treatment centers in nine states. All centers provide FP counseling to fistula clients and have FP clinics in the facility for referral. From 2008-2012, centers in Zamfara, Sokoto, and Kebbi integrated FP into fistula services. The evaluation analyzed trends in FP services and key informants’ and clients’ perceptions of integration. The evaluation analyzed quantitative data and included qualitative assessment through a case study approach. Data sources included FP service data; in-depth interviews; and five focus group discussions, 11 counseling observations, and 18 site self-assessments.

Key findings
Implementing centers increased the number of clients counseled for FP, total number of FP acceptors, and contraceptive years of protection provided. The contraceptive logistics/management system was strengthened and task shifting enabled community health extension workers to provide injectables. Clients described FP as an important part of post-operative healing. The evaluation found that successful integration requires commitment among nurses and midwives and orientation of all staff.

Conclusion
Fistula providers have commonly expressed belief that women have little interest in FP following fistula repair. In contrast, the Nigeria evaluation shows strong demand for and uptake of FP in repair centers that have integrated these services.
Abstract No. 25
Use of Community-Based Structures to Increase Acceptance of Family Planning (FP) Services through Grass Root Dissemination of FP Information and Education in Sokoto State, Northern Nigeria

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Background Contraceptive prevalence was 1.9% in Sokoto State in 2008, well below the national average of 9.7% (NDHS-2008). Under 5% of women in Sokoto knew about modern contraceptives compared to 67% at the national-level (NDHS-2008). Since 2009, USAID/Targeted States-High-Impact-Project in Sokoto, supported Sokoto State Government to implement a combination of multiple interventions including revitalization and support to community-advocates and community-structures. By 2013, the knowledge of women about modern contraceptives had increased to 74.9%.

Main Research question/hypothesis and Program area Can grass-root dissemination of FP-information and Education through the use of community-based-structures increase acceptance of FP-services in Sokoto State?

Methodology (location, study design, data source, time frame, sample size, analysis approach) Three male FP-champions were selected and trained in each of the 23-LGAs on how to provide FP-information and education in the community. They in-turn trained 50-Islamic-Scholars and 192-Islamiya school-teachers spread across all 244-wards in the State. The Islamic-scholars counseled men in the communities on FP during such occasions as naming-ceremonies. Islamiya-School-teachers counseled women during Islamiya class-sessions. 2440 Community-Based-Health-Volunteers that were identified from the 244-wards were trained to provide house-to-house FP-information and education. Baseline measurements of the number of clients that presented for FP-counselling at health-facilities and couple-years-of-protection (CYP) delivered across all facilities in 23-LGAs in Sokoto State was carried out in September-2009. The number of FP-counselling visits and CYP of FP-commodities delivered were monitored on a monthly-basis. Data were collated and analyzed using paired-t-test.

Results/Key findings There was a steady increase in FP-counselling visits from 9,104 in September-2009 to 118,008 in August-2014. There was also an increase in the total CYP for all the commodities from 454 in September-October-2009 to 11286 in July-August, 2014. The rise in the number of counselling visits and the CYP at baseline compared to that of end-line were statistically significant at p<0.001.

Contribution to knowledge: The use of community-based structures to improve FP-information and education has contributed significantly to an increase in acceptance of FP-services.

Conclusion
This approach is recommended for replication at scale.
Abstract No. 26

Can Male Community Health Extension Workers Increase Use and Expand Access to Family planning Services: a case study of Sokoto State, Northern Nigeria

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Background
Family planning services, presently limited to urban and peri-urban tertiary and secondary health facilities, are beyond the reach of 73% of Sokoto State’s population. Dispensaries comprise 81% of all health facilities statewide, are rural, in hard-to-reach areas, and staffed exclusively by male community health extension workers (CHEWs). Male CHEWs represent an untapped asset to deliver family planning proximate to communities that also prefer female providers, who are unavailable.

Main Research question/hypothesis and Program area
Can male CHEWs providers increase use and expand access to family planning services?

Methodology (location, study design, data source, time frame, sample size, analysis approach)

Male CHEWs were co-opted and trained on family planning technology, and how to use informed consent to properly provide family planning information and services, as well as ongoing routine immunization and treatment of minor ailments. CHEWs were linked to the Local Government Coordinators to obtain contraceptives and replenish stock, and have bimonthly meetings with MCH Coordinators to report progress. Official reporting forms were supplied to and filled CHEWs by LGAs. Periodic follow-up visits were conducted.

Results/key findings
As a consequence of the entry of male CHEWs, the number of all dispensaries that offered non-invasive family planning services rose from 0 in 2010 to 409 in 2014, representing 70% of all dispensaries. Male providers’ contribution accounted for 78% of the 42,926 women counseled on family planning in Sokoto State from October 2010 to September 2011. In the annual period that ended in September 2014, male CHEWs accounted for 82% of all 117,907 women counseled. They were directly responsible for 172,938 or 67% of all the 258,117 new family acceptors from October 2010 to September 2014.

Contribution to knowledge
Despite preference for female providers, communities accepted male CHEWs for FP service delivery.

Conclusion
Family planning service delivery should therefore not be restricted to specific gender. This is replicable in similar scenario.
Abstract No. 27

Task Shifting of Implant Insertion Services to Community Health Extension Workers: Lessons Learned in Sokoto, State, Nigeria

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Background
Community Health Extension Workers (CHEW) accounted for 88% health workers in Sokoto State in 2013. Yet, CHEWs were prohibited from providing clinical services such as the insertion of family planning methods.

Main Research question/hypothesis and Program area
Can CHEWs be trained to competently provide safe implant services to women attending family planning clinic? How satisfied will women who receive implant services from CHEWs be?

Methodology (location, study design, data source, time frame, sample size, analysis approach, approach) *

A pretest-posttest design was utilized. CHEWs from 80 randomly selected facilities, stratified by state, that regularly receive family planning commodities and deliver services were included. At least one facility was randomly selected from each of the states’ 23 LGAs. All the CHEWS received a three-week long training that comprised one week of theory and two weeks of practicum. Pretests and posttests were performed. Each CHEW received monthly supportive supervision visits for 6 months after training. CHEWs worked with communities to provide monthly community education sessions on child spacing and family planning. Post-insertion exit interviews were conducted with acceptor-clients to measure satisfaction.

Results/key findings
A total of 77 CHEWs (30 female 47 male) from 77 health facilities in 23 LGAs were trained. Provider knowledge of implants rose from 0% to 100%. 69,977 women were mobilized by WDC/CBHVs for birth planning, and 4% voluntarily opted for implants served by CHEWs. Between October 2013 and April 2014, 2646 insertions were made (Implanon, 76% & Jadelle, 24%). The mean age of the acceptor was 28.8 (SD=8.7) years with a mean parity of 4.9 (SD=2.9). 47% had never used any method and 37% had ever used injectables. 82% of acceptors reported they were satisfied

Contribution to Knowledge
There is compelling evidence that CHEWs can safely deliver satisfactory contraceptive implants to women in Nigeria.

Conclusion
Trained CHEWs demonstrated a consistent capacity to deliver safe, satisfactory implants and related services to women in Sokoto State.
Abstract No. 28

Patterns in Family Planning Service Delivery Practices of Private Health Facilities in Lagos State, Nigeria.

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Background of Study
The SHOPS Nigeria project conducted a large-scale census of private sector health providers across six states in Nigeria. The primary purpose of the census was to collect data on the number of facilities, staffing, infrastructure, and business practices of private health facilities. While these data provide insight into inputs in the private health sector in Lagos, they do not directly capture healthcare quality. Several studies have noted that the quality of services at facilities is far worse than their input measures, such as the healthcare providers’ education and knowledge, would predict. The SHOPS Nigeria project is providing a range of trainings and other interventions aimed at improving the quality of family planning services. Thus, it is important to measure the quality of service provision in order to hone the focus of the SHOPS interventions and accurately assess their impact.

Research Question:
1. What types of family planning services do private facilities provide in Lagos State?
2. What is the volume of FP services delivered by private providers in the state?
3. What is the quality of family planning services delivered by private health facilities in Lagos?
4. Do private facilities providers follow FP best practices?

Methodology
A total of 2,654 private health facilities were mapped in Lagos state. Data on services offered, infrastructure, and patient flow collected; Mystery client surveys conducted at sub-set of facilities (937) to measure quality of family planning counseling. These facilities were selected based on whether they offered family planning services and have not received SHOPS FP trainings. We will present data on quality of FP counselling at 937 private health facilities in Lagos measured through the use of mystery client survey.

Results/Key findings:
A significant number of facilities were found to be offering family planning services and most offer several methods. However family planning access by clients and quality of family planning services offered are low. The quality of family planning services offered to clients is low as the study showed that providers failed to ask basic questions about the client’s background or preferences when it comes to family planning.

Contribution to Knowledge: Findings revealed the several ways the private sector may be better used to increase access to family planning services. Quality of family planning counseling could likely be improved at little cost to providers.

Conclusion
The study revealed several gaps in the family planning practices of private sector providers. There is therefore the need for capacity building to improving the quality of family planning services in the private health facilities. There is the need for Family planning methods mix to be strengthened at the facilities for quality services.
Improving the Quality of Family Planning services provision in Private Health facilities in Lagos State.

A. Iroko; M. Shobowale; M. Ama-Blankson, S. Baruwa, F. Kalu.

BACKGROUND
Strengthening Health Outcomes through the Private Sector (SHOPS), a project funded by the United Stated Agency for International Development (USAID) being implemented by Abt Associates is working in Abia, Lagos, Edo, Kaduna, Benue and Nasarawa States to build the capacity of private providers and increase private sector involvement in family planning, reproductive/maternal & child health, and other health products and services. Maintaining quality of services provided to clients in private health facilities is a challenge as a result of variation in standards of the health facilities that fall within the category of private health facilities. SHOPS Nigeria is building the capacity of private providers to offer long-acting reversible contraceptives (LARC) including intrauterine contraceptive devices (IUCD) and implants. Since these methods are clinical and invasive in nature, greater attention to training and quality assurance is highly required. SHOPS approach to quality assurance merges infection prevention measures with standard service delivery which includes supportive supervision.

Question:
- What areas of quality services does a private health facility focus on?
- What are the main quality gaps that exist in private sector health facilities?
- What interventions did the project introduce to address the problem of quality?
- What is the observed improvement after Infection Prevention and Control intervention?

Methodology:
50 participating private facilities in Lagos state were followed up to document improvement in quality of care through the conduct of Site Supervisory Visits using health facilities supervisory monitoring checklist and on site infection/prevention control training. Data was drawn from baseline IPAC assessments and compared with follow up assessment to review initial action for change in quality of care at the facilities.

Results/Key Findings
- Providers with low clientele do not have the opportunity of sharpening their skills
- Providers’ skills and practice on FP methods improved through supportive supervision visits resulting into increased clients’ access of LARC methods.
- Improved infection prevention practices in the facilities that had participated in IPAC training.

Contribution to Knowledge: Improved quality of service contributes to effective delivery of family planning service in the private health facilities.

Conclusion: Private providers are willing to adopt new health behaviors that can improve facility quality assurance and improve quality of service provision.
Abstract No. 30
Assessment of the Past and Current Credit Landscape for Private Health Providers in Lagos State, Nigeria.

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Background of Study
In order to facilitate the growth of small private providers, and increase their ability to provide services – including FP/RH/MCH services – the SHOPS project seeks to connect providers to appropriate lending products from financial institutions. SHOPS Nigeria project conducted a financial landscape assessment focused on credit products and the supply of credit for private health providers.

Research Question:
- What is the current availability of lending products for private providers who offer FP/RH/MCH services?
- What are the different rates, fees and conditions on those products?

Methodology
The methodology relied on qualitative interview data from key informants in Lagos State, including thirteen key informants, and 33 representatives of financial institutions. Appropriate credit products were selected through a “soft screen” approach in which the interviewer provided a broad description of the lending preferences of providers, and the banks volunteered appropriate products. Analysis of qualitative data and product information was conducted by the SHOPS project.

Results
The output of the assessment was a Product Catalog that included credit products from 21 financial institutions, including fifteen commercial banks and six microfinance institutions. The Product Catalog includes 46 credit products, including 36 products from commercial banks and ten products from microfinance institutions. Analysis of the product catalog provides an updated understanding of interest rates, fees, loan amounts, eligibility criteria, collateral requirements, required equity contribution, repayment period, moratorium, and approval time.

Contribution to knowledge
The presentation will present findings from an analysis of the Product Catalog.

Conclusion
The conclusion will focus on summary take-away derived from analysis of the Product Catalog.
BRIDGING THE KNOWLEDGE GAP AND UTILIZATION OF FAMILY PLANNING SERVICES THROUGH
EDUCATION AND MOBILIZATION IN AKWA IBOM STATE -NIGERIA.

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Background:
The Expanded Social Marketing Project in Nigeria (ESMPIN) is a Reproductive Health and Family Planning (FP) project focusing on Maternal and Child Health, Nutrition and Malaria. Sponsored by USAID and implemented by Society for Family Health, Nigeria, Association for Family and Reproductive Health, BBC Media Action and Population Services International. ESMPIN aims to improve the health of women and children in Nigeria by increasing access to affordable, high quality Family Planning & Child Survival health products, Increasing knowledge, attitudes and practices regarding Family planning & Child Survival health issues; strengthening collaborative partnerships for increasing the use of modern family planning methods.

Methods
The project use a multi-approach such as – Community education through Interpersonal Communication Conductors (IPCs), Advocacy to Stakeholders – Community and Government, Providers update refresher on Family Planning products, Town Hall meetings, specific Male involvement education, use of wall murals and bulk short messaging. Working through the State Reproductive Health Coordinator and Primary Health Coordinators of Mbo and Urue-Offong communities in Akwa Ibom State, visits were paid to community leaders to introduce the project, communities were agreed on and mapped, IPCs from the locality were selected to serve as Agents and trained to educate the community on benefits of FP, methods, as well as make referrals to Health facilities, the FP providers in the facilities were linked up to the various communities as referral points, additionally male only education sessions were held three times in a month to increase male involvement and support for FP. Wall murals were made on walls provided by community members, this wall murals encourage conversations among people on FP. As part of integrating technology into the programme bulk SMS are sent monthly on benefit of FP, Town Hall meetings are also held for communities to rub minds on benefits of the FP, what needs to be done to support and improve service uptake as well as sustainability of the process. The IPCAs work in pairs conducting sessions from house to house. Efforts were concentrated at a particular community in the LGA for a period of six months, the PHC coordinator and other key stakeholders were engaged with to address issues from the community relating to the programme to include referrals, provision of quality services at the facility and provider update education. Monitoring of IPCs is conducted by programme staff to ensure compliance to facilitation rules and work tools using a check list, monthly review meetings are also held where refreshers are conducted and issues from the community are addressed.

Results/key findings : Between January and June 2014 over 87,000 persons were reached in their homes through the agents, out of which 10, 515 received FP referrals to Health facilities, 3,699 referrals were redeemed and 1,940 women took up FP methods. It was observed that use of Condoms was higher among males as indicated in the facility record.

Conclusion: The various approaches did galvanise communities and people to be informed on Family planning as well as encourage their utilization of FP services, the engagement with service providers and key stakeholders in the sector assisted in community acceptance and the creation of an enabling environment for programme success. Therefore it is needful for programmers to create varied form of approaches in their programmes to address the different segment of their primary and secondary targets for meaningful result.
Abstract No. 32

EFFECTIVENESS OF INTERPERSONAL COMMUNICATION AGENTS; CASE STUDY ON UPTAKE OF FAMILY PLANNING SERVICES AMONG MEN AND WOMEN OF REPRODUCTIVE AGE IN BIASE AND CALABAR SOUTH LOCAL GOVERNMENT AREA OF CROSS RIVER STATE - NIGERIA.

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Background:
The Expanded Social Marketing Project in Nigeria (ESMPIN) is a Reproductive Health and Family Planning project focusing on Maternal and Child Health, Nutrition and Malaria. Sponsored by USAID and implemented by Society for Family Health, Nigeria, Association for Family and Reproductive Health, BBC Media Action and Population Services International. ESMPIN aims to improve the health of women and children in Nigeria by increasing access to affordable, high quality Family Planning & Child Survival health products, Increasing knowledge, attitudes and practices regarding Family planning & Child Survival health issues; Strengthening collaborative partnerships for increasing the use of modern family planning methods.

Methods
Working through the State Reproductive Health Coordinator and Primary Health Coordinators of Biase and Calabar South LGA, locations of unmet FP needs were mapped out and Forty (40) locals selected to serve as Interpersonal Communications Agents (IPCA) were identified and trained to conduct create awareness on FP methods and availability, benefits of FP as well as make referrals to 30 Health facilities, the FP providers in the facilities were linked up to the various communities as referral points. The IPCAs work in pairs conducting sessions from house to house. Efforts were concentrated at a particular communities in the LGA for a period of six months, the PHC coordinator and other key stakeholders were engaged with to address issues from the community relating to the programme to include referrals, provision of quality services at the facility and provider update education. The IPCAs were monitored by the programme staff using a check list and on the spot mentoring and coaching was carried out. Monthly review sessions took place to hold refresher sessions with the IPCAs, checks were made on summary forms and cross checked with the facility records.

Results/key findings
The programme witness an increase in number of women accessing FP services from a baseline of 98 and 43 in Biase and Calabar LGAs to 402 and 105 respectively, data was obtained from facility family planning records. It was also observed that Men prefer Condom as a method of family planning and visited the facilities more to request for condoms, though the programme does not report condom use as a method, but this goes to show that Men are supportive of family planning with the use of condoms. These results indicate that IPCAs are effective in educating communities to increase number of women who support and utilize the services.

Conclusion: Community engagement through IPCAs, friendly services from providers will ensure increase utilization of FP services, as well as satisfied FP users engagement with communities will encourage men and women to access services.
Abstract No. 33

Better systems, better family planning service utilization in Bauchi and Sokoto states, Nigeria.

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Background

Family planning’s role in improving maternal and newborn health has been widely recognized. The achievement of health-related MDGs depends on availability, accessibility, and improved quality of care which are promoted through systems strengthening. This paper aims to describe the health systems strengthening activities carried out in Bauchi and Sokoto states and trends in family planning (FP) utilization over a five-year period.

Methods

The Ministries of Health in Bauchi and Sokoto, supported by USAID-funded Targeted States High Impact Project (TSHIP), adopted the health systems strengthening approach to improve FP utilization. This paper reviews existing project documents and data on FP utilization between 2009 and 2014. Family planning service utilization in both states is measured using couple years of protection (CYP) and number of FP counseling visits reported. CYP is a measure of protection derived from the volume of contraceptives distributed or sold to clients in a year.

Results

Activities aimed at improving the health system include; dissemination of protocols, training of providers, expansion of FP workforce using task shifting strategy, post-training follow-up and supportive supervision, introduction of contraceptive logistics management system (CLMS), distribution of IEC materials and job aids, procurement of equipment and data collection tools, and community based education. The task shifting approach resulted in increased service delivery points from 250 to 868, thus increasing accessibility and range of available contraceptive methods. These activities resulted in increased CYP from 4,259 in 2010 to 107,396 in 2014. The project experienced a steady increase in the number of FP counseling visits from 22,829 in 2010 to 238,749 in 2014.

Contribution to Knowledge and Conclusion

TSHIP experienced a steady increase in contraceptive use in both states which is associated with the systems strengthening approach. This is reflected by the rise in CYP that was observed in both states between 2009 and 2014.
Abstract No. 34

REASONS FOR DISCONTINUING CONTRACEPTIVE METHODS AT THE REPRODUCTIVE HEALTH CLINIC OF ABUTH-SHIKA ZARIA

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INTRODUCTION:

The total fertility rate in Sub Saharan Africa has remained high, and Nigeria, with a population of over 170 million people has 17% unmet need for family planning. The prevalence of modern contraceptive use remain low in Nigeria as only 15% of married women of reproductive age use a modern method. Among the few women who use modern contraceptives some still have a reason to discontinue such methods.

AIM: To determine the reasons for discontinuation of contraceptive methods among clients using modern contraceptive methods at the ABU Teaching Hospital, Shika-Zaria.

METHOD: This was a descriptive cross-sectional study at the Reproductive Health Centre of the ABUTH Shika –Zaria over a six month period where consecutive consenting clients were interviewed using structured questionnaires.

RESULTS: Among the 302 clients who were interviewed, most(64.9%) were 20-29 years old, married (67.5%), had tertiary education (70.9%) and Hausa(37.7%), Muslims (53%). Majority of the respondents 161(53.3%) had used a family planning method before; mostly injectables 65(41%), natural methods 34(21%), oral pills 23(14%), sub dermal implants 19(12%) intrauterine Cupper T 11(7%), Condom 7(4%) and emergency contraception 2(1%). Most clients 100(33.1%) were still on their methods of choice while 61(20.2%) had discontinued, giving a discontinuation rate of 37.9%. The main reason for discontinuation among the clients was for them to conceive 20 (33%), 7(12%) had heavy menses and one 1(2%) conceived while on noristerate (contraceptive failure). Others 33 (53%) discontinued the method because they attributed any ailment they had to the method.

CONCLUSION: Most clients will not discontinue a contraceptive method when there is effective communication between the health worker and the clients.
Abstract No. 35

FROM AVERSION TO ACCEPTANCE: SERVICE PROVIDERS PERCEPTION OF FAMILY PLANNING UPTAKE IN SOKOTO-NORTH WEST NIGERIA

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BACKGROUND: In Nigeria family planning uptake remains low despite several actions taken by various actors in the last ten years. The Northwest and Northeast zones boast of the least contraceptive prevalence of 4% and 3% respectively with high fertility rates relative to the national average. Sadly, women in need of FP services lack access due to socio-cultural misconceptions, ignorance and poverty however in Sokoto with donor support the women have been accessing various FP methods in the state for a number of reasons in the past two years.

OBJECTIVE: The study aimed at assessing the perception of service providers on the changing trend in FP uptake in Sokoto State.

What are the factors responsible for the increase of the uptake of modern methods of FP in Sokoto according to SPs?

METHODS: Eighty service providers from sixty HFs spread across the three senatorial zone were interviewed, sixty engaged through SMS messaging and focal group discussions for eight groups conducted (8 SPs/group). All the service providers were from HFs in Sokoto State.

RESULT: Seventy-two SPs (90%) interviewed agreed that (1) free commodities (2) male involvement (3) community awareness; in order of priority are largely responsible for the increasing uptake of modern methods in their communities. 88% of all surveyed SPs claimed that the availability of Implants attracted mostly new acceptors and created a shift from Injectables to implants amongst old users of Injectables.

CONCLUSION: FP uptake in Northern Nigeria could be significantly improved if commodities remain free; more men get involved in FP campaign and awareness creation, and dissemination of correct FP information is intensified through available and acceptable community structures.
HOUSE TO HOUSE EDUCATION OF WOMEN OF CHILD BEARING AGE: A Panacea for increasing FP uptake in Sokoto State, NW Nigeria

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BACKGROUND: Counseling is a critical element in ensuring provision of an effective family planning (FP) services in any underserved community. NDHS 2008 shows the CPR of 1.9% of women in Sokoto State accepted to use of modern contraceptive methods but in order to reach the underserved populace who are mostly in the rural areas, Sokoto State employed the services of Community Based Health Volunteers (CBHVs). The CBHVs were trained to conduct household counseling on FP and referral to facilities. Following introduction of CBHVs more women are expected to become aware and utilize FP services.

This study aimed to describe the contribution of house-hold counseling by community health volunteers in the of FP services in Sokoto state.

RESEARCH QUESTION: How does house-hold counseling by CBHVs affect the uptake of FP services in Sokoto State?

METHODOLOGY: This study utilized secondary data collected from Sokoto State Health Management Information System from 2009–2013. 2440 CBHVs (10 in each of the 244 wards) were trained, given counseling cards and registers to document their activities. The data collected are collated and submitted monthly to USAID-TSHIP through a review meeting.

RESULTS: The result showed a slow progression (28%) in number of WCBA who received counseling between the first and second year. The introduction of CBHVs in the third year resulted to a geometric increase of about 400%. Overall, the proportion of acceptors increased from 17% to 47.6% between second and fourth year. LQAs conducted in 2012 and 2013 showed an increase in result from 6.9% to 8.1 %.

CONCLUSION: The observed increase in the acceptance rate of counseled clients in the third and fourth year can be associated to an improved and quality CBHVs awareness creation and counseling at various communities and HFs. Therefore, there is need to strengthen house-hold counseling in promoting FP services.
Abstract No. 37

Trend in the relationship between Interpersonal Communication (IPCs) follow up mechanism and Family Planning Uptake.

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**Background:** A high unmet need for family planning (FP) of 20.20% in Nigeria has resulted among other things in unplanned pregnancies and unsafe abortion. Most women of reproductive age (WRA) would prefer a modern FP method but have at least one barrier preventing them from having one. Understanding individual need and ways of overcoming these barriers through behaviour change communication (BCC) and follow up techniques generates better acceptance.

**Program Area:** To increase acceptance of modern FP methods using interpersonal communication (IPC) and strategic follow up mechanisms.

**Methodology:** Thirty private facilities were selected within nine LGAs in Lagos State for collaboration under the social franchise (SF) network of Society for Family health (SFH). The aim was to provide quality and affordable services within the communities they serve. As at the first half of 2013, 13 persons identified as IPCs were trained and deployed to the communities to create awareness on modern child spacing methods and refer clients to SF facilities. During the same period in 2014, four IPCs were added and trained on BCC and their skills built on follow up of prospective clients. Intense Community mobilization activities were carried out for six months after the training.

**Key findings:** There was a 71% increase in uptake of the Long Acting Reversible Contraceptive (LARC) methods from January to June 2014 when compared to the same period for the previous year suggesting an increase in number of IPCs and introduction of follow up strategy has a relationship with the level of uptake. The intervention showed a referral of 6,489 WRA from January to June 2013, with 2,428 reaching the SF facilities thus resulting in LARC uptake of 67.46% (IUCD 64.49%, Implant 2.97%), when compared to 10,191 WRA referred during the same period in 2014, which resulted in 4,141 reaching the facilities accounting to a LARC uptake of 55.69% (IUCD 50.76%, Implant 4.93%).

**Contribution to Knowledge:** Level of uptake can increase with effective follow up systems and BCC.

**Conclusion:** The issue of unmet needs of FP can be addressed and could decline in Nigeria if the practice of follow up and IPC mobilization is sustained.
Abstract No. 38
Jadelle® sub-dermal implant: Evaluating its potential for meeting unmet contraceptive needs.

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Background: Despite the availability of many contraceptive methods, unmet needs among users necessitating desire to change from one method to another persists.

Main research question: What is the potential of Jadelle® subdermal implant to meet the unmet needs of clients desiring a change of contraception in Ilorin, Nigeria?

Methodology: A case control study of 108 clients on Jadelle® sub-dermal implant at the Family Planning clinic of the University of Ilorin Teaching Hospital (UITH), Ilorin, Nigeria from January 2008 to December 2012. Subjects were changing to Jadelle® from other methods while controls had no previous contraception. Data sources were clinic record and client case files; data was analysed using SPSS version 20 using Pearson's chi square test and p-value <0.05 was significant.

Results: Of the 2,324 contraception acceptors, 108 chose Jadelle® (prevalence 4.7%). Among these, 70(64.8%) switched from other contraceptives while 38(35.2%) had no previous contraceptive use. Subjects were significantly older than 35 years (x²=7.806, p=0.005) and had more children alive (3 to 4 children [p=0.003]; ≥5 children [p<0.001]) compared to controls. Occurrence of side effect (10 vs. 13; x² =0.391, p=0.531), the side effect profile, the number of side effects, discontinuation (8 vs. 4; x²=1.333, p=0.248) and the reasons for discontinuation werenot statistically significant among subjects and controls. The pearl index was 0 among subjects and controls.

Contribution to knowledge: Jadelle® offers a potential for meeting unmet need among contraceptive users.

Conclusion: Jadelle® offers an acceptable option for previous users of other contraceptives and its side effects are tolerable to most clients.
Abstract No. 39

Using Community Roundtable towards Breaking the Cultural and Religious Barriers to Accepting Contraceptives in Rural Population of Kebbi State, Nigeria

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Background: Kebbi state is one of the seven north-western states in Nigeria, the zone with one of the worst health indices. It has the highest fertility rate (7.3) and with low contraceptive prevalence and a resultant high MMR (1,025/100,000) and IMR (101/1,000). Contraception has been proved to be a very cost effective way of reducing maternal and child mortality with subsequent improvement in the quality of life. However, while some misguided cultural/religious belief has remain a brick wall towards utilization of modern contraceptives, married couple still desired child spacing and turn up to health facilities with unwanted and unplanned pregnancies seeking termination.

Methodology: Round table discussions were set up between community leaders, religious leaders, health care providers and the Marie Stopes International Organization Nigerian (MSION) team of trainers. This meeting was used to inform, enlighten and educate the leaders on the benefit of planned pregnancies and the role of contraceptives in having children by choice, not by chance. All their queries and fears where addressed and they were given time to transmit the knowledge to the people and subsequently invited the MSION to give health talks to the community and provide services to desired persons.

Results: Whole community acceptance and uptake of LARCs methods

Contribution to Knowledge: Importance of appropriate community entry strategies in enhancing uptake of contraceptive.

Conclusion: Taking time and patience to appreciate and address peoples’ genuine fears and misconceptions about contraception goes a long way in changing their thought.
Abstract No. 40

Effect of Training Rural Midwives on Accessibility of Long Acting Reversible Contraceptives (LARCs) among Rural Population of Kebbi State, Nigeria

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Background: Kebbi state is one of the seven north-western states in Nigeria, the zone with one of the worst health indices. It has the highest fertility rate (7.3) and with low contraceptive prevalence and a resultant high MMR (1,025/100,000) and IMR (101/1,000). Contraception has been proved to be a very cost effective way of reducing maternal and child mortality with subsequent improvement in the quality of life. Lack of trained service providers has being a serious barrier to access to quality contraceptives.

Methodology: 2 sets of 25 midwives each from facilities across Kebbi state were trained in two batches from December, 2013 to November, 2014. First, a weeklong didactic lectures, presentations, demonstrations on models (humanistic approach) and life practical sessions. And subsequently the trained service providers were followed up for supportive supervision at their various facilities of.

Results: 50 service providers were trained and supported to acquire knowledge, skills and competence on the provision of LARCs. Significant increase in the number of women who took LARC method from an abysmal low level to about 3,379 clients (210 IUDs, 1,879 Jadelle, 1,672 Implanon) with 12,354.60 contrace

Contribution to Knowledge: Making Family services available by training service providers is very central to reaching underserved communities.

Conclusion: The importance of training service providers to breaking the barrier to contraceptive uptake can never be over emphasized, its therefore behove on policy makers, government and partners to ensure the sustainability of training and retraining programs.
Abstract No. 41

The Declining Trend in the Acceptance of Modern Contraceptive Methods Despite no-cost to clients in Jos, Nigeria: A Cause for Concern

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Background: Affordability and cost of contraceptive methods have been alluded as a major hindrance to the acceptance on Nigeria. The Federal Ministry of Health adopted a budget line for the purchase of contraceptives in the country and made them free to acceptors across the country as from January 2011. It is therefore expected that the acceptance of the modern methods of contraception, and in turn contraceptive prevalence rate, should rise with the abolition of the cost of the commodities.

Main Research question/hypothesis: The waiving of the cost of Modern methods of contraception should increase in acceptance and therefore contraceptive prevalence rates. This should reflect as a sharp rise in the trend from the time in which the methods were declared free to the clients

Methodology: The study was in Jos University Teaching Hospital, Nigeria. It was a cross-sectional study. The Family planning register of all clients accepting the modern methods within the period of study was retrieved and analyzed. Study period was January 2005 to October 2014, a period of nine years and ten months. All clients who accepted the methods of contraception within the period were included in the study. Yearly and average monthly rates calculated to observe the trend over the period.

Results/key findings: The accepted modern methods of contraception in Jos included Intrauterine devices 28.1%, Injectables 23.2%, Implanon implants 18.0%, Jadelle implants 15.4%, female sterilization 8.9% and oral contraceptive pills 6.4%. There was a decline in the acceptance of the modern methods of contraception despite the waiving of the costs by the Federal Government of Nigeria in 2011.

Contribution to Knowledge: Cost does not appear to be a limiting factor in the acceptance of contraception. There may be other barriers that militate against the uptake of contraceptive methods by women in Jos.

Conclusion: Cost and affordability may not be the crucial barrier to the uptake of contraceptive methods in Jos in particular and in Nigeria in general. There is the need to determine these other barriers, and address them, if the acceptance of the methods is to improve.
Abstract No. 42

Unmet contraceptive need among married Nigerian women: an examination of trends and drivers

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Background

Contraceptive use directly reduces maternal risk; implementing interventions to increase demand for contraception and meeting articulated demands for contraception would not only support women’s (and men’s) ability to realize their reproductive rights but ultimately, may reduce the burden of maternal deaths in Nigeria.

Main Research question/hypothesis and program area

To examine trends in and drivers of unmet need for contraceptives among married Nigerian women between 2003 and 2013.

Methodology

Multinomial logistic regression, utilizing combined data from the 2003, 2008 and 2013 cross-sectional Nigerian Demographic Health Surveys, examined associations between trends in unmet need for spacing and limiting, and the demographic, socio-economic and reproductive profiles of the respondents.

Results/Key Findings

Women in 2008 were 30% more likely to have an unmet need for spacing, relative to women in 2013. Younger, low parity, Muslim women were significantly less likely than older, high parity, non-Muslim women to have an unmet need to limit fertility. Women residing in the North East and North West of the country were significantly less likely than women residing in the South of the country, to have an unmet need to limit fertility. Women whose most recent child had died, were significantly less likely to have an unmet need to space and limit fertility

Contribution to Knowledge

Interventions to increase the knowledge of modern contraceptives, to reduce child mortality, and to improve women’s decision making power would all serve to increase demand for contraceptives, even in areas with high fertility preferences

Conclusion

Nigeria has set a goal of a 36% contraceptive prevalence rate by 2018. With a current contraceptive prevalence rate of 15% reaching the additional 16% of women, who have articulated a demand for contraception, will almost reach that goal.
Can Public and Private Synergy improve uptake of family Planning services in Nigeria

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Background: Private sector involvement in healthcare service delivery has gained immense relevance as, for example, 60% of users of modern contraceptive methods obtain them from private sector facilities in Nigeria (NDHS, 2013). It is unclear, however, whether these users obtain the contraceptives from private sector facilities that are supported by the current government effort to improve the uptake of family planning (FP) services. Widespread government collaboration with private healthcare facilities (PHFs), in terms of education and provision of FP services would achieve improved accessibility and affordability due to reduced cost.

Research question: What is the extent of collaboration between government and private sector in improving the uptake of FP services in Nigeria?

Methodology: A cross-sectional descriptive model survey was adopted and conducted in October 2014. 128 healthcare practitioners from 73 PHFs completed the structured questionnaire, administered in 4 area councils of the FCT. Statistical analysis was performed using Analyse-it© v3.1.

Key findings and contribution to knowledge: Only about 10% of private HFsin FCT is supported by government FP program. 16 patients per month, on average, receive FP services from PHFs that are not supported by government or NGO. While 6 in 10 respondents from the PHFs agree that synergy with government will improve FP service uptake, 5 in 10 indicated that their facility is open to collaboration with government or NGO on FP services. Foremost in the area of interest is Education/Training/Seminar (67.3%) followed by Pill (55.4%), IUD (49.5%), Implants (47.5%), Injectable (39.6%) and Female sterilization (15.8%).

Conclusion: Government collaborative effort with private sector in improving FP uptake is currently very weak as indicated from this model survey in FCT. This is likely to be reflected in other regions of Nigeria. Identifying and collaborating with interested PHFs is expected to improve FP uptake by about 50%.
Factors that influence Male Involvement in Family Planning: A Qualitative study of men of reproductive age in Ibadan North-East and North-West, Oyo state.

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Background: Engaging men in family planning (FP) has been found to directly influence the partner’s reproductive health choices, decision-making and behaviours. While there have been few published evaluations of interventions that seek to address the promotion of male involvement in family planning, evidence indicates that most men in Nigeria have a positive attitude towards family planning but obstacles to their participation have not been established fully. If we have to improve contraceptive prevalence rates in Nigeria, we need to look into those factors that hinder male participation in Family Planning.

Objective: The study aimed to identify factors that hinder men’s participation in family planning (FP) uptake; as well to assess the attitude and practices of men towards FP and reproductive health.

Method: This is a community based participatory research and it was conducted using qualitative (QD) descriptive design. Six focus group discussions were conducted to complement individual interviews and to examine from a group perspective. Data was collected from January to December 2013 at six communities within two Local Government Areas from a representative sample of 300 adult male aged 18 years and above. Data was analyzed; subjected to an interpretive technique of coding of text line-by-line; the descriptive themes were developed and the themes emerged from a summary of the prevalence of codes; and this informed the generation of the analytic themes.

Results: Major issues that emerged are fear of side effects for partners, lack of time for FP activities, lack of access to source of FP methods, the belief that FP encourages child limiting rather child spacing, fear for partner to become promiscuous, and the fear of immediate return to fertility after FP use.

Conclusion and Recommendations: African men still need to be re-orientated and motivated to adopt family planning methods after the desired family size has been achieved. Implementation strategies to create awareness on benefits of FP for men should be given priority at the clinical and community levels; with the aim of increasing the number of adopters of male involvement in FP. Approaches may include increasing FP knowledge via E-Health platforms and media (mass media like radio jingles/drama, bulk SMS and print).

Contribution to Knowledge  
The research contributes to the body of research work on male involvement in family planning by identifying reasons why men are not particularly interested in it. The research work also shows that male involvement projects should focus on convincing men that family planning is not only for women but men as well. This study has shown that there is still a gap that exists in the implementation of FP programmes particularly in the area of knowledge acquisition about FP and dispelling misconceptions.
Abstract No. 45

Assessment of human resource capacity for family planning (FP) service provision in primary health care facilities in 4 Nigerian states

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Background
The efforts to increase access to FP services in Nigeria are in no doubt inhibited by shortage of human resources for health, especially in rural areas. This is evidenced in the low prevalence of FP uptake that has remained about 10% since 2008 with unmet needs of 16% (NDHS, 2013). This could have resulted in the increase in MMR from 545 to 576 per 100,000 live births. Hence the need to assess the human resource capacity in the PHCs for FP provision

Main Research question
What capacities of human resources are available for quality FP service provision?

Methodology:
A cross sectional study was conducted among 631 CHEWs and 423 officers’ in-charge of 425 FP facilities in four Nigerian states (Oyo, Kaduna, Edo and Gombe) between May and September, 2014. This accessed professional background, FP training experiences of respondents and staff strength of PHC. Semi-structured questionnaires were used for quantitative data collection.

Key findings
About 3%, 5%, 27% and 45% were trained in FP service provision in Gombe, Edo, Oyo and Kaduna States respectively, indicating inadequacy and low competence for quality FP provision. Also, 59%, 23%, 30% and 64% of officers in-charge of facilities in Gombe, Edo, Oyo and Kaduna States respectively were CHEWs, thus explained the shortage of human resources in the facilities.

Contribution to Knowledge
The dearth of human resources for health especially in rural communities is proven with CHEWs heading a lot of PHC facilities, contrary to their supposed responsibilities. Also, with low percentage trained on FP services, quality FP services are not guaranteed, thus an inhibiting factor to increasing access to FP services.

Conclusion
The study affirms the need to recruit and train more CHEWs as a good strategy to increasing access to FP services and improving maternal health.
Effectiveness of Social Marketing for Family Planning Products in Nigeria

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Background
The increasing knowledge of the economic and social benefits of family planning has led to increase in the demand for family planning services and products. To ensure improved access and coverage to reduce proportion of unmet needs for family planning, operators of social marketing outlets such as patent proprietary medical vendor, clinics, pharmacies and patent medical stores are trained and engaged by organizations involved in family planning interventions to facilitate the extension of family planning products to end users especially to the hard-to-reach segments of the population. This study evaluates the effectiveness of this social marketing strategy in marketing family planning products in Nigeria with respect to their availability and affordability.

Main Research Questions
The study constructs the following hypothesis: the use of social marketing outlets makes family planning products available. The use of social marketing outlets makes family planning products affordable. Findings of this study are expected to either corroborate or invalidate the hypotheses.

Methodology
The study was conducted in Imo state between March and June 2014. Using multiple choice questionnaires, 288 women of reproductive age (aged 15-49) were randomly selected and interviewed on their perceptions on the availability and affordability of family planning products in the social marketing outlets. Responses were analyzed using percentage analysis.

Results
Findings reveal that with respect to availability, 74% of respondents confirmed that family planning products are always available in the social marketing outlets. 20% maintained that products are not always available, while 6% indicated no knowledge of the availability or otherwise of family planning products in the outlets. On product affordability, 82% admitted that products are affordable, 12% claimed that product are not affordable, while 6% revealed no knowledge of product affordability.

Contribution to Knowledge
Knowledge of findings will promote the understanding of the need for improvement in product distribution to minimize limited access arising from product unavailability. This can be achieved by training and engaging more social marketing outlet operators. Understanding the results will improve commitment to sustain the current price subsidy enjoyed by the operators of social marketing outlets. This will stimulate product demand from these channels.

Conclusion
The role of social marketing outlets in facilitating access and coverage of family planning products has been highlighted by the findings of this study. However, while engaging them in the product distribution chain, there is need to ensure adequate regulation of their operations to avoid unethical practices.
Abstract No. 48

Correlate of use of family Planning methods among women in their reproductive age  in Nigeria

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Background:
The fertility level in Nigeria is 5.7% which implies that an average Nigerian woman will bear approximately six children in her lifetime. Low level of family planning utilization is a major factor in the fertility pattern and population growth rate in Nigeria. This is largely due to our cultural norm that is highly supportive of large family size, misconception about FP methods, male child preference, inadequate access to family planning services, poor quality service and inadequate demand creation.

Method:

- Data was generated from a nationally representative sample of 38,522 households from the list of enumeration areas (EAs) prepared for the 2006 population census, provided by the National Population Commission (NPC) of the 2013 Nigeria Demographic and Health Survey (NDHS)
- A Questionnaire was used to collect information from all women age 15-49.
- The survey also obtained information on knowledge and use of family planning methods and background characteristics of the respondents
- Contraceptive methods are classified as modern or traditional methods. Modern methods include female sterilisation, male sterilisation, the pill, intra-uterine device (IUD), injectables, implants, male condom, female condom, standard days method (SDM), and lactational amenorrhoea method (LAM). Methods such as rhythm (periodic abstinence) and withdrawal are grouped as traditional methods.

Result:

- 15 percent of currently married women in Nigeria are using a contraceptive method
- 10 percent of currently married women use modern methods while 5 percent use traditional methods
- Among the modern methods, injectables (3 percent), male condoms (2 percent), and the pill (2 percent) are the most common methods being used. The practice of all other modern methods is far less (under 1 percent). Interestingly, 3 percent use withdrawal as a method of contraception.
- The proportion of currently married women who are currently using any method of contraception rises with age from only 2 percent among women age 15-19 to 22 percent among age 40-44. The use of contraception then decreases among women who are age 45 and older.
• Among modern methods, use of condoms is more popular among women under age 35, while injectables are more popular among women age 35-44.
• 27 percent of women in Urban compared to rural areas at 9 percent use any method of contraception.
• Contraceptive use among currently married women in the South West geopolitical zone (38 percent), South East (29 percent), South South (28 percent), North Central (16 percent), and North West (4 percent) and North East (3 percent).
• only 3 percent of women with no education use a method of contraception compared with 20 percent with primary education, 29 percent with secondary education, and 37 percent with more than secondary education.
• Two percent of women who have no children are currently using family planning methods compared with 13 percent of women with one to two children. The contraceptive use peaks at 21 percent for women with three to four children before decreasing to 16 percent for those with more than five children.

Conclusion:
• Nigeria has made significant but slow progress in increasing women in reproductive age who adopt family planning method.
• Educational attainment is positively associated with the use of contraception. The use of contraception rises with the educational attainment of women.
• In general, women do not begin to use contraception until they have had at least one child. Contraceptive use increases as the number of living children born to a woman increases.
• Women in urban areas are considerably more likely to use any method of contraception than women in rural areas.
• Contraceptive use among currently married women is highest in the South West geopolitical zone and lowest in the North East.
• The majority of contraceptive users rely on a modern method against traditional methods.
• Traditional method is high among married women compared to other modern methods order than pill, injectibles and condom.
• There should be programmes to promote family planning in rural areas and among young women.
• More research to be done to know why women do not use other modern methods order than pill, injectibles and condom.
Assessment of Readiness of Primary Health Care Level to Take up Family Planning Services in Nigeria

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Background
Recent dramatic increase in maternal mortality, stagnation in the unmet need for contraceptives and contraceptive prevalence rate in Nigeria are anecdotal evidences supporting the Government of Nigeria’s policy drive on task-shifting FP responsibilities to CHEWs at the PHC level.

Main Research Question:
Is the primary health care ready to take up FP services in line with Nigeria’s task-shifting policy?

Methodology:
A descriptive cross-sectional survey was conducted in Cross Rivers, Edo, Gombe, Kaduna, Ogun, and Oyo states. Validated questionnaires were used to collect both qualitative and quantitative data from five randomly selected PHCs in all LGAs in the states. Three instruments: the questionnaire for CHEWS, client exit and key informant interview tool, and primary health facility audit were used. Readiness is defined by the clients’ perception of staff attitude, training, and distribution of human and infrastructural resources at this level of care.

Results/ Key Findings:
A total of 2,622 clients, 615 PHCs and 577 PHC facility heads were enumerated. Majority of the clients (90.4%) were females; most (52.7%) were very satisfied with the services they received at the facilities, 44.6% spent < 5 minutes (only 1.2% spent > 1 hour), 50.4% described PHC staff as very friendly, 95.6% were willing to revisit the facility and 96.7%, to recommend services for others. The percentage distribution of health care workers (HCW) available at the PHCs is such that those with one or none of the following skill sets included: doctors (64.6%), registered nurse (85%), nurse/midwives (48.8%), pharmacy technicians (86.8%), junior CHEWS (56.9%), laboratory technicians (58.3%), record clerk (72.5%), and accountant (55.6%). However, majority had of the facilities had between two to five senior CHEWs (63.9%), clinic assistants/auxiliaries (54.8%), and domestic assistants (61.9%). Only 29.8% of the HCW were aware of the task shifting policy, though 84.4% agreed training staff at PHC is necessary to improve FP access in Nigeria. Infrastructural audit showed very limited stock-out of FP commodities, namely: male condom (5.3%), IUD (2.2%), injectables (6.6%) oral pills (2.9%), implant (1%), and emergency contraceptives (1%) in the enumerated facilities.

Contribution to Knowledge:
The study will provide evidence-based information that enables decision-making on targeted FP programs that contributes to increasing the CPR through task-shifting FP services to lower cadre HCW.

Conclusion:
The PHC level has the required infrastructure and enjoys significant client acceptability, hence is positioned to embrace the task-shifting policy in Nigeria. However, there is need to improve distribution of the HRH and awareness about the task-shifting policy on contraceptives.
Influence of Family Planning Service Providers’ Characteristics on Clients’ Satisfaction

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Background: Family Planning (FP) is a proven approach for increasing contraceptive prevalence with a view to reducing fertility rates globally, particularly in the developing nations, which record high fertility rates despite their dwindling resources. Notwithstanding the value of FP, certain factors may influence a client’s decision to uptake FP services. Past research focused more on client’s factors. This study assessed the influence of providers’ characteristics on clients’ satisfaction.

Main Research Question: Which of the providers’ characteristics is the most potent factor influencing clients’ satisfaction?

Methodology: The study conducted in 605 facilities across six states in Nigeria between March and August, 2014 adopted a cross sectional survey, using a sample of 625 providers and 2,622 clients. Provider and client questionnaires were used to elicit information from the respondents. Data analysis was done in two stages. First, Principal component factor analysis was used to extract the most influential variable that measured client’s satisfaction, while linear regression was used to find out the strength of provider’s characteristics that determined clients’ satisfaction.

Results/Key Findings: Client’s satisfaction was measured using provider’s attitude (eigenvalue ≤ 1). Majority of clients (97.1%) reported that providers displayed favourable attitudes. Out of the ten provider’s characteristics, sex was the only significant determinant of client’s satisfaction. It accounted for 1.9% of the variance observed in client’s satisfaction. Surprisingly, the level of client satisfaction is higher with male provider.

Contribution to Knowledge: Findings will sensitize government agencies, NGOs, donors and programme administrators about key providers’ variables that influence clients’ satisfaction. Consequently, it will stimulate the formulation of appropriate interventions that could strengthen providers’ capacity to provide satisfactory FP services.

Conclusion: Satisfactory FP services need to be provided to improve accessibility in order to increase contraceptive uptake and reduce the unmet needs for FP in Nigeria.
**Abstract No. 51**

**Meeting the family planning needs of young first time parents**

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**Background/significance:** First time parents defined as young married mothers under the age of 25 and their partners who have one child, represent an important window of opportunity to promote healthy spacing of pregnancies and more gender-equitable relationships. But, there are currently few programs to reach first time parents with reproductive health and family planning information and services. First time mothers are more likely to have closely spaced births and less likely to use post-partum contraception than older women. This is particularly true in Nigeria; an analysis of the 2013 DHS found that 95% of 15-19 year olds used no contraceptive method in the postpartum period, while 84% of 25-29 year olds used no method.

**Main research/hypothesis or program intervention/activity tested:** Given the importance of this population, the authors undertook and published a literature review to describe the demand and supply-side factors that influence first-time parents’ use of contraceptives. The literature review also sought to identify and synthesize effective program practices for reaching first time parents in order to advance the implementation of evidence-based programs.

**Methodology:** The literature search was guided by themes suggested by expert key informants. Searches were conducted on Medline and other relevant databases and websites, emphasizing research from the past five to ten years. Twenty-six documented interventions were identified and 13 were selected for in-depth analysis.

**Results/key findings:** Several factors influence closely-spaced pregnancies among first time parents, including young married women’s knowledge and desires, desires of their partners and families, community norms, and power dynamics in their household. On the supply-side, the literature review found that provider bias against providing young women with family planning, distance to the health facility, and restrictive policies all prevent young first time mothers from accessing the services they need. The literature review also resulted in six key programmatic recommendations for implementing effective programs to improve the use of family planning among first time parents.

**Contribution to knowledge and conclusion:** There is a significant gap in the literature and programmatic landscape around the reproductive health needs of first time parents. This literature review contributes to advancing that knowledge.
Abstract No. 53
Providing education and mentoring on family planning for young people can help protect them from unsafe practices and secure their future.

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Background: While the society livein continued denial of the fact that most young people are not sexually active, thereby refusing to provide them access to qualitative sexual and reproductive health education, they end up accessing the information from wrong sources. They experiment with sex and various supposed contraceptive solutions that fail in most cases thus becoming a threat to their future. This therefore calls for action on innovative ways to address this challenge.

Program area: Assessing the target for most family planning initiatives in the country and commencement of a training and mentoring program to inform young people.

Methodology: I accessed the level of government’s commitment to the family planning needs of young from news I have been gathering and reporting on an online healthnews platform (HealthNewNG.com) for over a two year period. I also accessed the knowledge base of young people on issues related to family planning by conducting interviews and online surveys.

Results: There was little or no focus on the family planning needs of young people as most interventions are focused on adults. Majority of them don’t know what emergency contraceptive is and have at one time or another used an unsafe contraceptive method.

Contribution to Knowledge: There is a lot of work to be done in the area of sensitization of young people and the society in general on the need for standard family planning practices.

Conclusion: Effectively addressing the family planning needs of young people requires committed public private partnership and careful design of programs and interventions aimed at educating and providing access to information and resources when needed to help secure their future.
Paving the Path to Improved Adolescent Sexual and Reproductive Health: Knowledge, Access, Sexual Behavior and Adolescent Fertility in Nigeria

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As part of its work on adolescent sexual and reproductive health (ASRH), the World Bank conducted a study in Nigeria to examine determinants of fertility and sexual behavior among adolescent boys and girls, aged 10-19 years. The study used mixed methods, with primary data collected during July-September, 2014. The study analyzed determinants of adolescent fertility and contraceptive use in the country using Demographic and Health Surveys (DHS2003, 2008, 2013), and data from a survey (n=643) applied in Karu LGA (Nasarawa State), to provide further information on knowledge, attitudes, and behaviors of adolescents. This was supported by focus group discussions, a literature review and policy mapping on ASRH.

Study results show that about 20% of the adolescents in Karu LGA are sexually active: the median age for sexual debut is 14.8 (SD=1.8) years for girls and 15.3 (SD=1.6) years for boys, in alignment with DHS results. Only 10% had visited a health facility or doctor for SRH services. Of these 15% were girls aged 15-19 years. Male condoms were the most well-known method of contraception (61% boys and 55% girls) but usage was low. Many felt that asking to use condoms would indicate distrust or infidelity. Focus groups highlighted the secrecy surrounding premarital sex due to fear of punishment and stigma and preference for alternate sources such as chemists for reproductive health services, especially contraception.

This study provides insights into the SRH behaviors, perceptions, knowledge, and barriers to SRH services, including family planning, for adolescents, including the very young adolescents (10-14 years). The focus on Karu is strategic as its urban areas present offer a melting pot of internal migrants with different socio-cultural backgrounds. Study findings underscore the need for quality SRH education and providing youth friendly services in a youth friendly environment.
Abstract No. 55

Trend and Patterns of Unmet need for Family Planning in Nigeria: Evidence from DHS 2003-2013

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Abstract

Unmet needs for family planning continues to adversely affect women’s reproductive health rights and choices. Understanding the trends across important variables may provide information that may guide program interventions across the country. The focus of the paper is to provide a descriptive trend analysis of levels of unmet needs by important covariates in Nigeria.

The analysis utilized data from the three waves of DHS in Nigeria (2003, 2008 and 2013). Nationally, the percentage of unmet need for family planning among currently married women was 17.5 in 2003, this increased to 20.2 in 2008. However, in 2013, the percentage reduced to 16.1. Disaggregated by age, the highest proportion of unmet need was among women in the ages 30-34, 35-39 and 40-44. However, there were regional variations; unmet need is highest among the two youngest age groups in the South-West and the South-South (i.e. 15-19 and 20-24). The proportion of women with unmet need is highest in the South-South across all three surveys (25, 26, and 22 in 2003, 2008 and 2013 respectively) relative to the other two regions in the south and more prevalent in the North Central than in the other two regions. By education level, unmet need among women with no education was 15% in 2003, 19% in 2008 and 15% in 2013. Among all education categories, unmet need levels increased generally in 2008 relative to 2003, and the levels generally declined in 2013. For instance, among women with primary education, the proportion of unmet need in 2003 was 21.7 and increased to 22.5 in 2008 but decreased to 19.3 in 2013. A similar trend holds for all the other education categories. By residence, the level of unmet need was very similar among both rural and urban women across each of the three surveys. In 2003, the percentage of women with unmet need was 17.6 in the urban area and 17.4 in the rural area. In the 2008 NDHS, the percentage of women with unmet need in the urban area was 19.4 compared to 20.5 in the rural area. In 2013, a similar pattern was observed; the proportion of women in the rural area with unmet need was 15.0 compared to 16.7 in the urban area. Other covariates examined showed that there are very wide variations among sub-groups of women in the estimate of unmet need for family planning.

The trend and variations in unmet needs is important in addressing the gap between the intention and ability to use family planning methods among women. This will provide guidance for program interventions and direction in the patronage of family planning among women who desire to use it.
Abstract No. 56

Trend and Nexus between Family Planning Indicators and Total Fertility Rates in Nigeria: Evidence from DHS 2003-2013

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Abstract
The focus of the paper is to provide a descriptive trend analysis with an attempt to link family planning indicators to total fertility rate (TFR) in Nigeria. Although the Nigeria Demographic and Health survey estimates of total fertility rates showed a decline from 5.7 children per woman in year 2003 and 2008 to 5.5 in 2013, the interactions with family planning indicators suggest deeper and further intuition on the nexus between TFR and family planning indicators.

The analysis utilizes data from the three waves of DHS in Nigeria (2003, 2008 and 2013). TFR is an aggregated rate and the syntax for computing TFR was used to match the DHS report. Three key indicators of family planning are of interest – unmet needs for family planning, family planning utilization, and ability to use family planning even when there is perceived risk of STI.

The results show that the national TFR for those with unmet needs for spacing and limiting was almost double (9.3 vs 5.7 in 2003, 9 vs 5.7 in 2008 and 9.5 vs 5.5 in 2013) the TFR that did not take unmet needs into account. The regional trends also showed very wide differences across the years. For instance, the difference in the rates was more than double in the South-South in 2003 (4.6 vs 9.4), almost double in the South-East in 2008 (4.8 vs 9.3) and more than double in the South-East and South-South in 2013. Among women using modern methods of contraception, the national estimate of TFR is lower compared with the national rates among general population. However, there is no regular pattern of the TFR among women using modern family planning methods across the regions compared with the general population. The TFR for women who are unable to use family planning methods even when the husband is confirmed to have STI showed a slight increase compared to general population for 2008 and 2013 datasets. However, there is no clear-cut pattern in the difference across the region.

The analysis shows that women with unmet needs for family planning are highly vulnerable to high and uncontrolled fertility levels. The program and policy implication is to develop more culturally acceptable strategies in mapping and supporting women with unmet needs for family planning to attain their family size targets.
Abstract No. 57

Author
Monitoring and Reporting Nigeria's Progress Towards Achieving FP2020 Goal
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Significance /Background:
Introducing Global FP2020 Indicators and how they tie-in with Nigeria's Family Planning Monitoring and Evaluation Plan.

Main Research question/hypothesis OR Program intervention/activity tested:
What indicators and data sources are necessary to monitor and report Nigeria's progress towards FP2020 goal?

Methodology (location, study design, data source, time frame, sample size, analysis approach, intended beneficiaries, participant size, evaluation approach):
Using Track20's established methodology for translating available data (historical DHIS and commodity distribution), we were able to identify and report Nigeria's CPR and mCPR for the years 2012 and 2013. We were also able to provide estimates of the annual CPR and mCPR growth rates as well as the number of additional users necessary to achieving Nigeria's target for 36% CPR for married women by 2018.

Results/key findings:
Based on Track20's methodology, Nigeria's current CPR for married women for 2012 and 2013 are 14.4 and 15.4, respectively. In order to attain the target of 36% CPR for married women by 2018, Nigeria will need to increase annual CPR by an average of 4.13% annually.

Knowledge contribution/Results/key findings:
Monitoring & Evaluation of Family Planning, Tracking FP2020 progress
Abstract No. 58

Increasing Access to Long Acting Reversible Contraceptives in Nigeria
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Significance /Background:
The modern method contraceptive prevalence rate (CPR) among Nigeria's nearly 38 million women of reproductive age is low at 15%. Nigeria has set ambitious targets to increase the CPR to 36% by the year 2018 and has taken active steps to achieve this goal, including prioritizing the scale-up of access to long acting reversible contraceptives (LARC) which include implants and intrauterine contraceptive devices (IUCDs). These contraceptives currently contribute less than 2% to the total national method mix and their scale-up is in line with the country's goal to promote choice in family planning (FP) by increasing the range of available options. Additionally, due to the long-term nature of these contraceptives as well as their effectiveness, consumption of each method contributes over 400x more to couple-years of protection than short term methods on average.

Main Research question/hypothesis OR Program intervention/activity tested:
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Methodology (location, study design, data source, time frame, sample size, analysis approach, intended beneficiaries, participant size, evaluation approach):
As an addendum to the existing Reproductive Health Commodity Security (RHCS) strategy, the Federal Ministry of Health (FMOH) developed a National LARC Scale-up Strategy and Implementation Plan (2013-2015) in order to make LARC more accessible, so that clients truly have a balanced and wide array of FP options, and ultimately, to support existing efforts to increase national CPR
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Results/key findings:
Knowledge contribution/Results/key findings:
Identified barriers to uptake of LARC include low awareness of the methods, lack of adequately trained personnel and supply chain challenges. Thus, the strategy looks at six critical areas of intervention: Capacity, Commodities, Client Demand and Utilization, Capital, Context and Coordination and sets goals, targets as well as action plans within the critical areas. The LARC strategy also includes a costed training plan and activities which can be adopted by states to inform LARC scale-up even at the state level.
Abstract No. 59

Factors Associated with Unintended Pregnancy amongst currently married pregnant women in Ilesa Osun State, Nigeria

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Background: Unwanted, mistimed and unintended pregnancy is an important public health issue and the most common cause of maternal mortality in developing countries. Unintended pregnancy is a potential hazard for every sexually active woman as it most times ends in unsafe abortion. The study aimed at assessing the pre-conception contraceptive use, prevalence of unintended pregnancies and the non contraceptive factors associated with unintended pregnancy amongst currently married women in Osun state.

Research Question: Which non-contraceptive factors are responsible for unintended pregnancy?

Methodology: A descriptive cross-sectional study among randomly selected 341 currently married pregnant women attending antenatal clinics in Ilesa town of Osun state was conducted in 5 health facilities. A random selection of 5 of the 22 health facilities in the state was done. Data was collected through a self administered questionnaire and all completed questionnaires were analyzed with SPSS.

Result: About two-fifth of the currently pregnant women (40%) who has never used an FP method reported that their current pregnancy was unintended. The results indicate that age of women, age at first sex, substance use, total children ever born of children, religion, and extramarital affairs were key predictors of unintended pregnancy. Women who have higher parity are more likely to experience unintended pregnancy compared to women with lower parity (odds ratio, 0.25). Furthermore, those women who don’t engage in extra marital affairs were less likely to experience unintended pregnancy (odds ratio, 0.3) compared to those who do not.

Contribution to knowledge: The predicted probability, using logistic regression, has shown that women who engage in extramarital affairs and women with high parity are more likely to have unintended pregnancy.

Conclusion: Behaviour change programs should aim to reduce unintended pregnancy by focusing mostly on identified factors so that the need for abortion is decreased and the overall well-being of the family is maintained and enhanced.
Abstract No. 60

Integrating Human Resources (HR) and Logistics Data Informs Effective Family Planning (FP) Scale-Up Investments

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Significance /Background:
All FP services require the right combination of demand, commodities, and HR in the same place, at the same time to enable effective, quality service delivery. Integrating HR and commodity data can inform more effective service delivery investments by identifying and targeting gaps. However, in spite of Nigeria’s commitment to long acting reversible contraceptives (LARC) scale-up through training and commodity investments, there has been no systematic effort to track and link this data. The Ministry of Health (MOH), with Clinton health access initiative (CHAI)’s support, analyzed integrated facility-level commodity and HR data in Rivers and Zamfara states to provide actionable analytics for LARC programming.

Main Research question/hypothesis OR Program intervention/activity tested:
Integrating Human Resources (HR) and Logistics Data Informs Effective Family Planning (FP) Scale-Up Investments

Methodology (location, study design, data source, time frame, sample size, analysis approach, intended beneficiaries, participant size, evaluation approach):
Consumption data from Review and Resupply meetings and state HR data was analyzed in Excel in 2013.

Results/key findings:
Of the 218 and 141 FP facilities in Rivers and Zamfara, only 22% and 14% have LARC trained providers, respectively. Of the 48 facilities with LARC trained health workers (HWW’s) in Rivers state, only 29% actually provided LARC, whereas 100% of LARC trained HWW’s in Zamfara provide services.

Knowledge contribution/Results/key findings:
The analysis illustrates the value of integrating HR and commodity data because it allows the MOH to:
A. Identify gaps in HR capacity and target training resources
B. Target follow-up at facilities with LARC trained HWW’s not providing LARC
C. Identify and remedy LARC stock-outs at facilities with LARC trained providers
D. Track progress towards targets over time
Abstract No. 61

Programmed Media Advocacy: An Effective Strategy for Improved FP Environment

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Background

The Nigerian Urban Reproductive Health Initiative (NURHI) is designed to increase contraceptive use in selected six urban cities (Abuja FCT, Kaduna, Ibadan, Ilorin, Benin City and Zaria). The advocacy goal seeks to increase funding and financial mechanisms and create a supportive environment for ensuring access to family planning (FP) supplies and services for the urban poor. The project is undertaking a variety of strategic advocacy initiatives towards addressing the sensitivities and barriers to family planning, low socio-political commitment and support and attendant reluctance by the policy makers to fund family planning as a key intervention for maternal survival and health. One of these initiatives focused on media based advocacy that aims at increasing media discourse and coverage of FP.

Methodology

NURHI, in collaboration with Development Communications Network (DEVCOMS) developed a step-by-step engagement strategy for DEVCOMS network of journalists on FP messaging and reporting. These trained journalists worked very closely with NURHI to support advocacy for FP, provide coverage for all NURHI activities, conduct media chats, report on FP issues, conduct media trips to FP facilities, write features, generate community voices in support of FP. NURHI monitored and tracked all media based advocacy efforts

Results:

FP coverage jumped from its zero in 2010 to a record high (‘tripled”) by 2014.

The resultant improvement in public discourse and coverage of FP in the six NURHI cities contributed to the achievement of the NURHI advocacy results evidenced by the community voices in support of FP, funding of FP by the state and local governments, reduction of sensitivities and acceptance of FP as a critical intervention for maternal health and survival. In addition, the media persons became empowered to support the FP agenda as advocates.

Knowledge contribution/Conclusions:

A collaborative approach between development partners, network of journalists and a community focused advocacy group can results in enhanced public dialogues and improved policy environment for family planning.
Use of radio magazine program combined with ‘phone in’ segment in promoting Family planning (FP) use: A case study of Ireti Eda

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Background: The aim of Ireti Eda, a radio magazine program developed by NURHI was to disseminate accurate information on family planning, clarify myths and misconceptions and promote its adoption as a way of life.

Main Research question/Program Area: Can FP radio magazine program combined with "phone in" provide opportunity for discussions and clarifications on myths and misconceptions on FP?

Methodology: Ireti Eda aired weekly from July 2013 to January 2014 on Midland FM, Ilorin. 420 completed calls and 735 questions were received during the period. Questions and details of callers of each episode were documented. Using content analysis, questions were analyzed and categorized into themes. Five major themes derived from the questions included clarifications on myths and misconceptions, clarifications on suitable methods, benefits of FP, concerns about side effects and available methods for men.

Results/key findings: Majority of questions focused on which FP methods is suitable for them. Most who asked these questions wanted to know where to access FP services and methods they could adopt. Majority of callers in this category were women, few of the men in this category wanted to know what methods were available for men and whether they could accompany their wife to the health facility for FP. About a quarter of the questions, mostly asked by women were on side effects, other complaints were on menstrual irregularities, excessive bleeding and weight gain. A few asked questions related to myths and misconceptions. IUD, pills and injectables were the three commonest methods callers sought clarifications to dispel myths and misconceptions.

Contribution to Knowledge: How FP radio magazine program combined with "phone in" segment can be used to promote FP use, provide clarifications and initiate discussions on myths and misconceptions on FP.

Conclusion: A combination of radio program and "phone" in sessions has great potential to generate questions and concerns from listeners and can be used to clarify myths and misconceptions.
Abstract No. 63

Availability of modern contraceptive methods and clients choice in PHCs: a study across six Geo-political zones in Nigeria

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Background: Although efforts have been made over the years through programmatic interventions to promote modern methods of family planning (FP), the contraceptive prevalence rate in Nigeria is still low. Uninterrupted supply of various methods of modern contraceptives in reproductive health facilities is part of clients access to quality FP services. Therefore, this study seeks to analyse the influence of available modern contraceptives methods in primary health facilities on clients choice

Research question: Does programmatic constraints of availability of modern contraceptive methods in Primary health facilities influence clients uptake?

Methodology: A cross sectional survey was conducted among randomly selected 1312 women of reproductive age attending FP Clinics in 440 PHCs across 88 LGAs from six states (Edo, Oyo, Ogun, Cross river, Kaduna & Gombe). An interviewer administered questionnaire and a facility audit checklist was used for data collection. Univariate, bivariate & multivariate data analysis was done, using SPSS.

Results: More than 90% of the PHCs had stock of injectables and male condoms, 66% had female condoms, and more than two-fifth had IUCD and Duofem. Of the facilities, 49% had 3-4 methods available as at time of assessment, while 34% had five or more methods.

Choice of condoms and injectables did not vary with the number of methods available at the facilities but from the regression model choice of IUCD, male condom, and implants over injectables was significant (p<0.05) in the presence of other factors

Contribution to Knowledge: The study revealed that availability of most modern contraceptive methods does not affect clients uptake of condoms and injectables, whereas it may influence clients choice for IUCDs and implants

Conclusion: Past sensitization programs may have overemphasized on the use of Injectables and condoms. It is therefore suggested that future family planning program interventions should focus on demand creation for IUCDs, Pills and implants.
Abstract No. 65

Socio-demographic profiles of new implant acceptors in two states of Nigeria: Preliminary results from Akwa Ibom and Zamfara States.

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Background: Contraceptive prevalence rates (CPR) in Nigeria remains very low at 9.8% of married women currently using a modern method (2013 NDHS). However, there are significant regional variations. For example, while CPR in Zamfara state is only 1.3% for modern methods, it is 16.5% in Akwa Ibom State. The implementation of a Gates-funded family planning project in the two states has provided an opportunity to compare and contrast the socio-demographic profiles of new acceptors in the two states.

Study Objective: This study aimed to compare and contrast selected socio-demographic profiles of new acceptors in the two states based on routine client record forms.

Methodology: A total of 798 client records (546 in Akwa Ibom and 252 in Zamfara) were retrieved and analyzed. Data extracted include age, religion, level of education, parity, number of living children, desire for more children, previous contraceptive use and source as well as type of FP service received. Data was entered and analyzed using SPSS software. Statistical comparisons were made with t-tests or Chi-square tests as needed.

Results/KeyFindings: The mean age (+SD) of new acceptors in Akwa Ibom was significantly higher than that of Zamfara State: 29.3 (+5.7) versus 27.9 (+6.0) years (P=0.0011). Though younger, new acceptors in Zamfara had significantly higher parity: 4.6 (+2.8) versus 3.7 (+2.0) (P=0.0001) and number of living children 3.2 (+0.7) versus 2.9 (+0.8) children (P=0.006). Acceptors in Akwa Ibom were predominantly Christians (96.8%) while those from Zamfara were mostly Muslims (94.4%). While 51.6% of Akwa Ibom acceptors never used FP before, in Zamfara only 39% had no previous contraception. Jadelle was the preferred choice in Akwa Ibom while Implanon was more popular in Zamfara State.

Contribution to Knowledge: There are significant differences between the socio-demographic profiles of new FP acceptors in Akwa Ibom and Zamfara States.

Conclusion: New FP acceptors in Zamfara State are younger, less educated, have more children and are mostly Muslims.
Assessment of Family Planning Service Providers Knowledge of Implants in Akwa Ibom and Zamfara States, Nigeria

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Background: Total fertility rate (TFR) in Nigeria is estimated to be 5.5 children per woman while contraceptive prevalence rate (CPR) is 15% although, the figures varied by regions (NDHS, 2013). CPR for implants was only 0.3% in the 2013 NDHS. Various factors have been associated with the low CPR in Nigeria including high fertility preferences, ignorance, myths and misconceptions and lack of knowledge and skills of the service providers at service delivery points. This study was designed to assess service providers’ knowledge of long acting reversible contraception (LARC) including implants.

Study Objective: This study assessed family planning providers’ knowledge of LARC including implants in 40 general hospitals in Akwa Ibom and Zamfara states.

Methodology: A cross-sectional study of 40 General Hospitals was carried out in the states. Seventy-six service providers were purposively selected from the family planning units and a knowledge questionnaire was administered. Quantitative analyses included percentages and means. Composite scores were calculated to determine level of knowledge of providers (0-3=poor; 4-6=good). Chi-square tests were done to measure associations between independent and dependent variables.

Results/Key Findings: Overall, knowledge of implants was poor as 58% of providers scored between 0-3 points out of the expected 6 points (mean was 1.42; 1.07 in Akwa Ibom and 1.65 for Zamfara). However, there is a significant difference in the knowledge of service providers in Zamfara and Akwa Ibom States ($X^2=25.5$; $P$-value = 0.000). Receiving technical updates ($X^2=14.43$, $P$-value=0.000) and attendance of skill-based courses in family planning that included implants ($X^2=32.19$, $P$-value=0.000) had significant effects on providers knowledge of implants. Attending trainings on basic family planning did not significantly affect providers’ knowledge of implants ($X^2=0.25$; $P$-value= 0.619).

Contribution to Knowledge: Competency based trainings with anatomic models are associated with better health care worker knowledge and skills.

Conclusion: Gaps in knowledge and skills of health care workers can be a barrier to implant service provision. This barrier can be removed through competency based trainings.
Abstract No. 67

Use of a Standards Based Management and Recognition (SBM-R) approach to improve the Quality of Family Planning (FP) Training for Pre-Service Health Workers in Sokoto and Bauchi States of Nigeria: A Strategy for Improving Quality FP Services

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Background

Sokoto and Bauchi States of Nigeria are characterized by high maternal mortality ratios, low contraceptive prevalence rates (CPRs) and high total fertility rates. Among the many reasons given for the low CPRs is a lack of trained health personnel to provide the services. This is most often due to inadequate training during pre-service education (PSE). In this abstract, we describe the use of a SBM-R approach for quality improvement of FP training in PSE-institutions.

Main Research question/hypothesis and Program area
Can the use of the SBM-R quality improvement approach improve the quality of FP-training in training institutions?

Methodology (location, study design, data source, time frame, sample size, analysis approach)
A pre-posttest study design was used in 3-stages: Pre-intervention, intervention and post-intervention. Pre-intervention, 65-performance-standards were developed in 4-thematic areas to track performance of PSE-institutions in FP-trainings based on set-standards for classrooms/practical instruction, clinical-practice-sites, infrastructure and management. A standard was achieved if all the related verification criteria were fulfilled. At baseline, 11 (Sokoto: 8 and Bauchi: 3) institutions (nursing/midwifery, community health and medical school) were assessed for FP-training-capacities and gaps identified. Interventions were developed and implemented. These included capacity-building for all faculty on FP-competencies especially on long-acting reversible contraceptives, installations of teaching-aids and simulators; printing and distribution of training checklists; renovation of infrastructures. Follow-up assessments were conducted twice at 6-months interval. Data were collated and analyzed. Statistical tests were conducted using paired-t-test.

Results/Key findings

At baseline, the mean score for all the PSE-institutions in compliance to set FP-performance-standards was 38.6%. Post-intervention, the mean follow-up assessment scores were 60.83% and 95.45%. Paired t-tests conducted showed that the differences in scores at follow-up relative to baseline were statistically significant at p values of p<0.001.

Contribution to knowledge
A SBM-R approach has been shown to be effective in improving quality of FP-training for pre-service health workers.

Conclusion

The SBM-R approach is a sustainable strategy for improving quality FP-services and it is recommended for replication at scale.
Abstract No. 69.

Modeling the Effect of Contraceptive Use in Maternal and Child Mortality in Bauchi State Using Lives Save Tool (LiST) Model.

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Background:
Family planning (FP) allows couples to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods. A component of Safe Motherhood, FP reduces maternal death. Since 2009, TSHIP has been supporting Bauchi State to Scale up FP. An estimation of the effects of increased use of contraceptive use on maternal mortality and the expected reduction in child mortality provides insight to potential impact.

Objective:
To estimate the number of avertable maternal and child deaths (lives saved) by scaling up contraception use to an illustrative 10% using Lives Saved Tool (LiST)

Method:
We used a Modeling approach using the LiST model which establishes causal relationships between interventions and cause-specific mortality among women aged 15-49 and children younger than 5 years. Estimates of maternal and child mortality rates and other relevant data for Nigeria were obtained from the demographic and health survey as inputs. to estimate maternal deaths averted by contraceptive use in Bauchi State. Estimation was projected to 2015.

Result:
Results showed that, 1,665 women died of maternal causes in 2015, but with contraceptive rate of 10%, about 137 (8%) maternal deaths could have been averted. Furthermore, another 1,420 Child death per year could also be averted (3% reduction).

Contribution to Knowledge:
Contraception is a substantial and effective primary prevention strategy to reduce maternal mortality in Bauchi State.

Conclusion:
Achieving a marginal scale up of family planning interventions can perceptibly impact on averting maternal and child deaths in Bauchi State.
Family Planning in Northern Nigeria: A Systematic Review

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Modern contraceptive method use has remained stagnant in many areas in northern Nigeria between 2008 and 2013 as reported in the Nigerian Demographic and Health Survey Reports.

This systematic review seeks to understand why modern contraceptive methods are not being readily adopted in northern Nigeria.

A systematic search of seven databases was conducted. Articles published between 2008 and 2014 that assessed family planning in northern Nigeria were included. Family planning was broadly defined as any conscious effort to limit or space the number of children; therefore, the search included all contraceptive methods as well as family planning service-availability, access, knowledge, attitudes, and beliefs. For inclusion, articles on family planning had to include populations residing in North Central, North West, or North East Nigeria. All study designs were considered for inclusion in this review.

The search strategy yielded 895 unique citations. After titles and abstracts were screened, 763 articles were excluded: 638 were not on the topic of family planning, 107 were not on northern Nigerian populations and 18 were duplicates. The full texts of the remaining 132 articles are currently being double screened for inclusion. Following the full-text review, the remaining articles will be accessed for quality, analyzed, and synthesized.

This systematic analysis of recent published literature on family planning in northern Nigeria will deepen knowledge and provide insight into the reasons for low modern contraceptive uptake in northern Nigeria.

This search discovered a substantial quantity of literature published between 2008 and present on family planning in northern Nigeria; therefore, the insights from this systematic review will likely aid researchers, programmers, and government officials in developing effective family planning research, interventions, and policies.
Abstract No. 71

Solving the Data Mystery of Varying Modern Contraceptive Use Findings in Bauchi and Sokoto States
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Background: The Nigerian Demographic and Health Surveys in 2008 and 2013 reported similarly low modern contraceptive prevalence rates in Bauchi and Sokoto States. Whilst data during the same time period from family planning facilities hint at an increase in modern contraceptive use.

Main Research question/hypothesis and program area: The purpose of this study is to understand the apparent inconsistency of contraceptive use findings at the household and facility levels in Bauchi and Sokoto States.

Methodology: Data on modern contraceptive use from household surveys and contraceptive commodities are included in this study.

Results/key findings: Contraceptive commodity data indicate a different story than the household survey data: in between 2009-2014, the number of facilities providing commodity data increased nearly 2-3 fold and the average facility-level CYP increased 3-5 times.

Contribution to Knowledge: Based on the facility level contraceptive commodity data, there appears to be a modest increase in contraceptive use in both Bauchi and Sokoto States from 2009-2014. The increase in contraceptive use is across all methods in Bauchi, and all methods except female condoms and IUDs in Sokoto. The increase in male condom, pill, and injectable use is the most striking, while the increase in implant use, from zero, is quite significant as well.

Conclusion: The discrepancy in data between the two sources could be explained by a number of factors: clandestine use that is not reported in household surveys, fabrication of commodity data by facilities, poor record keeping and/or poor storage conditions leading to high amounts of wastage, or a mismatch in contraceptive use in the local government areas (LGAs) selected for household survey inclusion and those LGAs with high performing contraceptive service delivery points. At this stage on the data analysis, clandestine use appears to be the most likely explanation for the data finding discrepancies.
Influence of (To Gbogbo Re Papo) NURHI’s Radio Spot on Family Planning Promotion Among Women in Ibadan

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**Background:** Radio spot has been found an exciting and effective ways to spread information to people because it is a brief statement made between sixty to thirty seconds long. It has also been faulted for it’s too brief to allow detailed explanation. A project to promote the increase use of modern contraceptive methods in Ibadan was implemented through radio spot as part of behavioural change communication strategies.

**Research question:** What is the opinion of women about Family Planning message in the various radio spots Get It Together?

What is the attitude of women to family planning messages in the various radio spots Get It Together?

Do messages on the various radio spots Get It Together influence women adoption of family planning methods?

**Methodology:** The survey method was employed to investigate the opinion and attitude of women towards family planning radio spots. The sample consists of 150 women randomly selected in Ibadan North LGA. The data were collected through self administer questionnaire and key informant interview guide. Data collected were analysed using frequency counts and simple percentage and constant comparative technique.

**Results/Key findings**
- The messages of the radio spots has motivated greatly women to adopt modern family planning methods
- The radio spot is essential in family planning awareness in Ibadan
- The radio spot has solved and changed women misconceptions about concept of family planning.

**Contribution to Knowledge:** Showcase the effectiveness of the radio spots in disseminating family planning information

**Conclusion:** Family planning issues arguably still very sensitive in Nigeria because of cultural practices and religious doctrines that compel a majority of people. These must be considered when designing a radio spot for family planning programmes.
Abstract No. 73

Drug Shops’ Contribution and Potential to Enhance Reach of FP Services: Lessons for Nigeria’s Patent Medicine Vendors
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Background - The global community considers using drug shops for family planning services a High-Impact Practice, i.e. training and supporting pharmacists and drug shop keepers to provide a wide range of methods. The premise of this consideration stems from the fact that drug shops provide promising complementary solutions to address the issue of access to services because they offer unparalleled benefits compared to health facilities and pharmacies combined. In Nigeria, Patent Medicine Vendors (PMVs) often have greater reach into rural areas, are generally the first source of medicines, permit greater anonymity while making family planning choices, and since they are privately owned, tend to support a more sustainable commercial market for health products.

Main Research question/hypothesis and program area - What is the evidence on the capacity of drug shops to effectively and safely dispense an expanded method mix, particularly dispensing injectable contraception and what are the lessons for Nigeria’s PMVs?

Methodology (location, study design, data source, time frame, sample size, analysis approach) - Studies using cross-sectional and pre-post designs on drug shops operators’ provision of family planning in Bangladesh, Ghana and Uganda conducted between 2010 and 2013 were reviewed and program managers were contacted for additional information.

Results/key findings - In Ghana, a study on the sale (not administration) of injectables in Licensed Chemical Shops showed that 56% percent study participants purchasing injectables at the shops were new FP users. And similar to PMV in Nigeria, 25% of the Licensed Chemical Sellers in the study selling injectables had medical qualifications. In Uganda drug shops operators trained on proper injectables provision improved from baseline to follow-up on scores for general contraceptive, method provision, and DMPA knowledge; their scores for administration of DMPA also increased from baseline to follow-up. In Bangladesh the franchised Blue Star providers are the only drug shops permitted to sell injectables and administer 24% of the injectables as of 2011 and the preferred family planning provide among clients.

Contribution to Knowledge - The growing global evidence and lessons learned supports the initiative to strengthen the PMV platform to safely provide injectable contraception.

Conclusion - Over the past few years, there have also been discussions on whether to expand the medicine list allowed for PMVs to include injectable vials and emergency contraceptives. While additional evidence is still needed from Nigeria the existing evidence from other countries suggest these private sector providers are an overlooked mechanism for increasing family planning use. In addition, given the fact that some PMVs already provide injections, it is recommended that they go through a training process as a harm reduction strategy to ensure the safety of these existing practices.
Abstract No. 74
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Background

Though, knowledge of family planning (FP) is widespread in Nigeria, only 15% of currently married women use a FP method with 10% using a modern method and unmet need of 16%. Injectables remain the most popular contraceptive method, used by 3% of currently married women (NDHS 2013). LQAS conducted in Bauchi in April 2014 found 7.2% of women use FP method with only 4.7% using modern contraception and 1.2% using injectables, and unmet need of 34.7%.

Objective: To assess any change of trends in use of family planning methods in Bauchi state, Nigeria.

Methods: Prospective study that used community and facility interventions to improve quality and increase access and utilization of FP methods. This included facility improvement, training, provision of equipment, and awareness creation. Utilization of short and long term contraceptives and contribution of each to overall Couple Years of Protection (CYP) was tracked between 2009 and 2014.

Results: Out of 3188 CYP recorded in 2009, injectables accounted for 70.9%(2,260), followed by pills, IUCD and Implants contributing 21.6%(690), 7.5%(238), and 0.0% respectively. All the methods recorded significant increase in contribution to CYP from 2009 to 2014 with Injectables from 2,260 to 14975, pills from 690 to 4173, IUCD from 238 to 5,640, and implants from 0 to 18,981. Out of 43,769 CYP recorded in 2014, implants topped with 43.4%(18,981), followed by injectables 34.2% (14975), IUCD 12.9%(5640), and pills 9.5%(4,173) respectively. Short term methods recorded drop from 92.5% in 2009 to 43.7% in 2014, while long term methods recorded increase from 7.5% in 2009 56.3% in 2014.

Contribution to knowledge: The study has shown that focusing on community and facility interventions can change trends in utilization of FP services.

Conclusion: Community and health facility interventions improved access and utilization with changing trends of family planning methods in Bauchi state, Nigeria.
Abstract No. 75

Men are willing if they are strategically engaged: FP Male Promoters take FP campaign to work and home in Ibadan Nigeria.

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Background

The Nigerian Urban Reproductive health is a five year project with the goal to increase contraceptive prevalence by 20 percentage points in six Nigerian including Ibadan. The project commenced in Ibadan in 2010 with series of interventions which included advocacy to policy and opinion leaders for fund support, strengthening the health system through training and equipment support and quality improvement at the selected project facilities. Midterm evaluation results showed that there is 1) poor male involvement, 2) Poor spousal communication and 3) concerns about fidelity and side effect.

Research question and program areas

What role can men play in the promotion of FP services?

Methodology

An FGD was conducted in Ibadan to: 1) determine men's knowledge about FP in their natural work environment, 2) willingness to be male promoters and 3) their preferred level of engagement. Fifty men were recruited and trained for 5 days on Family planning, benefits, side effect, rumours and misconceptions and how to address referrals and counseling of prospective family planning clients. After training, each promoter was given a certificate, T-shirt, Face cap, FP kits consisting condoms, leaflets and referral cards while their shop branded. These male promoters worked with other mobilizers within their communities

Results/Key findings

Following their training and working with other social mobilizers, 33,584 referrals were made to FP centres, among whom 4,400 obtained various FP methods between March 2013 and September 2014.

Contribution to knowledge: Providing artisan men with orientation on FP to serve as community mobilizers is an effective way to promote the participation of men, and for them to improve FP knowledge and garner supportive attitudes for FP within a community

Conclusion

Engaging men to own the process of educating and promoting FP in their community is key to improving spousal communication and approval to use family planning.
Abstract No. 76

Outreach Intervention – taking family planning services to the people

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Background:

The aim of the Nigerian Urban Reproductive Health Initiative (NURHI) is to increase contraceptive prevalence rate in six urban cities in Nigeria by 20 percentage points, these cities include Abuja, Benin-City, Ibadan, Kaduna, Ilorin and Zaria.

In this paper we present how outreaches have been used to increase access to family planning services for women in urban slums in the Federal Capital Territory.

Method:

NURHI Outreaches in the FCT commenced in 2012. It is being conducted in the two NURHI-selected area councils of Abuja Municipal, and Bwari Area Council of the FCT. The Outreaches were carried out in Markets, Communities, PHCs, and Private clinics within the two area councils. Prior to the day of Outreach, a one-week sensitization and mobilization campaign was would be conducted through trained NURHI-social mobilizers from the same locality of Outreach venue.

Results

Between 2012 and 2014, NURHI have conducted 69 Outreaches- 36 in Primary Health Care (PHC), 8 in Communities, 18 in Markets, 1 at a Military Barrack, and 6 in other places likeprivate clinics, lecture series, and at a NURHI-organised football tournament. During this period, a total of 2,338 women received planning services. Sixty five percents received implant, 22% Injectable, 7% IUD, and 6% Oral Pill. For each year under review, the outreaches have contributed substantially to increase to the total new acceptors. For 2013, it contributed 7%. For 2014, it has contributed 22% so far.

Contribution to knowledge:

The role that outreaches can play in increasing access to a wide range of contraceptive services.

Conclusion:

Outreachesareone of the effective strategies used for increasing access to family planning services.
Abstract No. 77

Barriers to Utilization of Youth Friendly Health Services: Lessons from Malawi

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Background

Low uptake of youth friendly health services (YFHS) may result not only from non-availability of services but also from failure to identify and address socio-economic and cultural factors that serve as disincentives to service utilization. Unless the access barriers are identified and addressed as programs are developed and implemented, youth programs may not yield intended outcomes.

Main Research Question/hypothesis and program area

Access to YFHS, particularly FP/RH services, is influenced by social, economic and cultural factors.

Methodology

The data for this study were obtained from the 2013 evaluation of the Malawi YFHS program which had had two components: the qualitative component (FGDs and in-depth interviews) that focused on gaining deeper understanding of facilitators and barriers to uptake of YFHS, and the quantitative component that focused on coverage of the YFHS program. Data were collected from 10 districts selected from the 5 zones of Malawi. The respondents include youth, parents, community leaders and different categories of service providers.

Results/Key Findings

The evaluation results show that uptake of YFHS is low in Malawi and that several factors contribute to the low uptake: unfriendly services and low self-confidence, parents and community attitudes, cost of services, long waiting times and inconvenient opening hours, lack of privacy/confidentiality and non-availability/denial of services, among others.

Contribution to Knowledge

The study highlights the need to identify access barriers in different program settings and address them when designing and implementing programs.

Conclusion

In a multi-cultural program setting, a one-hat-fits-all youth program approach may not yield desired outcomes as it might fail to address peculiar situations and needs of some sub-populations.
Abstract No. 78

Improving Sexual and Reproductive Health Knowledge, Attitudes, and Self-Efficacy of Youth through Short Message Services (SMS): Evidence from Mozambique -

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Background

Although the use of mobile technology in health has rapidly grown over the years in low and middle income countries, evidence linking the use of SMS messages to improved sexual and reproductive health (SRH) knowledge, attitudes, and self-efficacy is scarce. In order to increase the evidence base, the USAID-funded Evidence to Action (E2A) project and Pathfinder International explored how SMS can be used to expand youth access to SRH information, and consequently improve SRH knowledge, attitudes, and self-efficacy of youth in Mozambique.

Main Research Question/hypothesis and program area

Exposure to SMS improves youth’s SRH knowledge, attitudes and efficacy.

Methodology

Using a pretest-posttest design, the study documents the effects of using SMS messages to deliver role-model stories and informational messages about contraceptive methods to young people, and address common barriers youth face in accessing and using contraception. Data were collected from male and female youth 18-24 in two provinces of Mozambique by face-to-face interviews (which included open-ended questions) and SMS. Overall, 504 youths were interviewed at both the baseline and endline surveys.

Results/Key Findings

By examining changes between baseline and endline surveys, the study shows that exposure to the SMS stories on contraceptive methods contributes to significant improvement in youth’s SRH knowledge, attitudes and efficacy. Statistically significant increases were observed between baseline and endline surveys in the percentages of study participants with positive attitude, self-efficacy around contraception and intention to use contraception.

Contribution to Knowledge

E2A’s study adds to the evidence linking the use of SMS messages to improved SRH outcomes.

Conclusion

Use of SMS, particularly when combined with other contraceptive demand generation activities, will lead to improved SRH knowledge, attitudes and efficacy surrounding contraception.
Abstract No. 79

A Nigerian Islamic Relief Organization Helps to Spread Community Acceptance of Child Spacing services in Sokoto State, Northern Nigeria: A case study.

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The high fertility rate, high maternal mortality ratio and unmet need of child spacing services in many communities in Sokoto have challenged the stakeholders to look inward and strategize for improvement of family planning (FP) services as an important intervention for reducing the incidence of unplanned pregnancy and its consequences. In religiously conservative Sokoto State, the support of Islamic and community leaders, is essential for FP program success.

Objective: To examine the contribution of JNI in improving FP uptake in Sokoto, Northwest Nigeria.

Research Question: What role can religious organizations play in increasing FP uptake?

Methodology: Jama’atuNasrilIslam, JNI (Society for the Victory of Islam), a respected Islamic relief organization decided to promote FP services through other Islamic and political leaders in Sokoto state. The state JNI embarked on a statewide campaign to support ongoing programs on child spacing (when commodities became freely available), using Islamic principles on child spacing. Settlement heads, ward heads, local council heads, men, women and Local Government Chairmen were contacted through several village meetings and town-hall discussions and conversations after Muslim prayers, at wedding fatihas and at baby naming ceremonies. The JNI organized a national women conference to promote reproductive health education and the need for girl child education in enhancing reproductive health in Nigeria.

Results: The number of Islamic scholars supporting FP practices increased from 20 to over 400 settlements using the large membership of the organization. The demand for child spacing services rose from 14000 new acceptors to over 100,000 new acceptors in three and a half years. More men now encourage use of child spacing services by their wives including health facility utilization as needed.

Conclusion: Islamic religious leaders, using Islamic principles on child spacing and medical evidence can be effective champions in promoting child spacing interventions in Northern Nigeria.
Abstract No. 81

A Modelling of Total Fertility Rates and Contraceptive Prevalence in Bauchi State, 2008-13, Using Bongaart’s Model on Proximate Determinants

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Background: The Total Fertility Rate (TFR) for Bauchi State remained unchanged at 8.1 between 2008-2013 (NDHS). Contraceptive Prevalence Rate (CPR) dropped from 2.7% to 2.2% (2008-2013). Understanding the reasons for these changes would enhance planning for better family planning programme performance.

Research Question: Using Bongaart’s Proximate Determinants of Fertility model, what are the drivers of TFR in Bauchi State between 2008 and 2013?

Methodology: SPECTRUM 4 Model package was used for the analysis. The input data was obtained from NDHS (2008, 2013), NPC 2006 and Bauchi LQAS 2013. All the intervening proximate determinants including postpartum amenorrhea, contraceptive method mix and percent of women in union obtained from survey sources were entered into both models. We entered NDHS data for CPR (2008 and 2013) and the TFR for 2008, and modelled for the expected TFR for 2013. In another scenario, we entered TFR NDHS data for TFR (2008 and 2013) and CPR for 2008, and modelled for the expected CPR for 2013.

Results /Key Findings: With CPR of 2.7 SPECTRUM predicted an expected TFR of 8.45 for 2013 compared 8.1 reported by the NDHS. Based on actual inputs in 2008 and 2013, for the observed TFR in 2013, the model predicted a 2013 CPR of 5.6% in contrast to 2.2% reported by NDHS.

Contribution to knowledge: The findings suggest that the observed CPR reported in the 2013 NDHS may be too low to support the TFR reported in the 2013 NDHS.

Conclusion: While the findings may reflect random variation, the documented rise in couple years of protection of CYP for Bauchi State from 950 in October 2009 to 11,286 in September 2014 suggest possible underreporting of contraceptive use. Further investigations are needed.
ABSTRACT

BEHAVIOUR CHANGE COMMUNICATIONS’ FRAMING OF CONTRACEPTION, PERCEPTION AND USE OF CONTRACEPTIVES AMONG UNMARRIED YOUTHS

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BACKGROUND: Average Nigerian youths become sexually active at 17 and are knowledgeable about sex and its possible consequences. They can access non-prescriptive contraceptives from local pharmacies and are surrounded by media messages about sex, yet their sexual culture is underlined by low contraceptive use and high rates of unplanned pregnancies, abortions, and STIs. Past research on contraceptive behaviour change communications (BCC) have studied programmatic influence with findings from little to no change. No studies have investigated the messages in these BCC; hence, this examen on their contextualization of contraception and its replication in youth perceptions and use.

MAIN RESEARCH QUESTION AND PROGRAMME AREA

RQ1: How do BCC frame contraception?
RQ2: To what extent are BCC contraception frames replicated in youth perceptions of contraceptives?
RQ3: To what extent do youth perceptions of contraceptives determine individual contraceptive use?

METHODOLOGY

BCC posters, handbills, leaflets and billboards in Ibadan were content analysed for their framing of contraception and the qualitative data were thematically interpreted. A total of 8 five-member focus group discussions were conducted among 40 unmarried youths aged 17-35. Overlapping themes in both analyses were selected, examined and presented.

RESULTS/KEY FINDINGS: BCC frames of contraception emphasize their use for child spacing, pregnancy prevention, and STIs. These are replicated in youth perception of sex outside marriage as disreputable and consequent diffidence in contraceptive procurement. Also, trust determines contraceptive-type use in most relationships and requests for barrier methods often pose threats to relational qualities and sex; hence undermining their use.

CONTRIBUTION TO KNOWLEDGE: BCC contraception frames vilify sex outside marriage and underlie youth decisions of contraceptive use in individual sexual relationships.

CONCLUSION: BCC need to be worded to eliminate meanings that could undermine their goals among youths.
Abstract No. 83.

An Assessment of Unmet Need for Contraception and Perceptions about Family Planning among Married Women of Reproductive Age in a South-western Nigerian Town.

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Background: Family planning (FP) statistics remain unacceptably low in Nigeria with a national contraceptive prevalence of 15% and unmet need for FP at 16%. The nation is yet to fully exploit FP as a tool of population control and development. It is therefore important to understand perceptions about FP as these may influence uptake.

Main research question: This community survey assessed perceptions about FP and unmet need for contraception among married women in Owo, a semi-urban Nigerian town.

Methods: A cross-sectional study was conducted in Owo LGA of Ondo state. 650 eligible married women of reproductive age (15-49 years) were surveyed in March 2012. An interviewer-administered, semi-structured questionnaire was used to collect information and data were analysed using SPSS version 20.

Results: Mean age of respondents was 32.2 ± 6.2 years. Slightly more than half (53%) of respondents were traders and 68% had secondary education. Most respondents (82.3%) were Yoruba and 86% were Christians while 16.8% of respondents no longer desired children. Overall contraceptive prevalence was 36.3%, while unmet need for FP (limiting) was 8.9%. About one-quarter (25.2%) perceived that FP use could cause mistrust among married couples while 10.9% found it embarrassing to talk to their husband about FP. However, 89.4% agreed that men should share the responsibility for FP. Respondents perceived fear of side effects (81%), method failure (6%), and ignorance (4%) among others as barriers to FP uptake. Statistically significant findings were that civil servants as well as women aged 30-39 years used contraceptives the least (p=0.028 & p=0.007 respectively). Likewise, women with completed family size had the least FP uptake (p<0.001).

Contribution to knowledge: Misperceptions about FP may be a barrier to uptake among married women. In this study, married women with completed family size use contraception the least.

Conclusion: The need for continuing FP education aimed at addressing misperceptions among married women cannot be over-emphasized.
Abstract No. 84

Are there age-related Differences in Choice of Family Planning Methods?
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Background
The NDHS 2013 successfully highlighted FP choices among the various age groups. However, it does not identify the significance of the choice of FP methods across the various age groups. This study examines the differences in the choice of FP methods among women of child-bearing (WCBA) and middle-age by clients who assessed services over 6 months at ARFH clinic in Ibadan, South Western Nigeria.

Main Research Question:
Is there a statistically significant relationship between age and choice of family planning method?

Methodology:
This cross-sectional, structured record review examines the National Facility Family Planning Daily Register containing information of clients that accessed FP services over a six-month period from November 2013 to May 2014. 1227 client records were randomly selected. Careful review of data was conducted to avoid data repetition (client numbers were checked to ensure that revisit cases were not subsets of the new acceptors, who had been captured at first visit).

Results/ Key Findings:
The mean age of the clients was 36 years, 70.2% belonging to group of WCBA years. A total of 1227 client records were enumerated with choice of methods segregated along: oral pills (3%), injectables (52%), IUD (16%), condom (1%), and implant (23%). Kruskal Wallis test for continuous distribution showed there is a significant relationship between the clients’ age and choice of injectables, \( \chi^2 \) (1, \( N = 1227 \)) = 21.226, \( p = < .01 \) and implant \( \chi^2 \) (1, \( N = 1227 \)) = 16.827, \( p = < .01 \). There was no significant relationship between the clients’ age and choice of oral pills, \( \chi^2 \) (1, \( N = 1227 \)) = 2.120, \( p = .16 \); IUD, \( \chi^2 \) (1, \( N = 1227 \)) = 1.593, \( p = .207 \); condom, \( \chi^2 \) (1, \( N = 1227 \)) = 1.673, \( p = .196 \). Majority (62.6%) of those that chose injectables were between 16 to 39 years, 80% preferring DMPA; compared to 87.5% within the age 40-59 years whom preferred the same method. Most (80.2%) of the clients that preferred implants were within the age 16-49 years, most preferring Implanon to Jadelle. This is similar to the choices made by women between ages 40-59 years. 63.2% of the women preferred Implanon to Jadelle.

Contribution to Knowledge:
The information from the study will be useful for decision making on programming for family planning.

Conclusion:
The study showed that most women preferred injectable and implants to other contraceptive methods. Age is a determinant of FP choice; however there are no clearly marked differences in the choices made by WCBA against those by middle-aged women.
Abstract No. 86

EFFECT OF FREE CONTRACEPTIVES ON UPTAKE: A CASE-STUDY OF ARFH’S FAMILY PLANNING MODELCLINIC.


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BACKGROUND: Clients’ inability to pay a paltry amount as low as $1.2 to initiate a Family Planning (FP) method has contributed to the country’s persistent low Contraceptive Prevalence Rate (CPR). This study examined the influence of the government’s free FP services on access to FP, CPR and method mix before and after the Federal government’s policy on free FP services

MAIN RESEARCH HYPOTHESIS: There is no significant difference in contraceptive prevalence and method mix among FP clients when they paid for FP services and when the services were provided free.

Methodology: Data was obtained from service statistics of walk-in clients; 8366 clients before the policy and 11,485 after the commencement of the policy at ARFH Model Clinic between 2007 and 2013. Frequency distribution tables and percentages were used to describe the data. Wilcoxon Rank Sum Test was used to compare the demand for contraceptives between the periods before free contraceptives and after.

SUMMARY OF FINDINGS: Prior the introduction of free contraceptives, oral pills and injectables were the most sought after method due to their affordable cost while uptake of implant was low. Following the introduction of the free contraceptive services, demand and uptake of prescriptive contraceptives including long acting methods such as implant increased.

CONCLUSION: Although variations exist in contraceptive prevalence and method mix before and after free FP services, the trend may not be independent of how much clients are willing to pay to access FP services. The need to make funds available for continuous provision of free FP services is imperative.

CONTRIBUTION TO KNOWLEDGE: Findings provide useful update for agencies and service providers on the influence of free FP services on accessibility and method choice.
Abstract No. 87

Mobile phone technology in Family Planning Programs: Commodity Stock Status Management in Urban Nigeria

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Background/Rationale

The Nigerian Urban Reproductive Health Initiative, (NURHI) is a five year Bill and Melinda Gates funded project aimed at increasing contraceptive prevalence rate by 20 percentage points in selected urban cities of Nigeria namely Ibadan, Ilorin, Abuja, Kaduna, Benin City and Zaria.

In Nigeria stock-out and under-stocking is a problem, from the baseline facility survey conducted by NURHI in 2010, at least one-third of high-volume public facilities in six study cities experienced stock out of a method in the last 30 days. One major objective of the NURHI project was to ensure that high quality family planning services and commodities are available and accessible especially to the urban poor. To check mate stock-out and under-stocking, the NURHI Project developed a commodity tracking system that uses mobile phone technology in tracking contraceptive consumption and stock level in program facilities in the six program cities. The system was designed to indicate stock status and consumption patterns for varying types of contraceptive methods in program intervention sites. After monthly analysis of the data in the commodity tracking database, NURHI sends an update to the state teams who in turn notify these providers of their stock status.

RESULT/KEY FINDINGS: Preliminary analysis of the data from the commodity tracking database from June 2013 to August 2014 showed that commodity stock-out has reduced from 26% in June 2013 to 3% in August 2014; the highest was in Ilorin where stock-out went from 14% to 0%, while the smallest was in Zaria. Over the 14 months period, the facilities that reported stock out have reduced from 28 to 4. The highest improvement was in Ilorin while the least were in facilities in Zaria.

CONTRIBUTION TO KNOWLEDGE

SMS commodity tracking systems are cost and timely effective systems that can be used to manage stock levels in health facilities in urban areas.

CONCLUSION

Use of web based SMS platforms for FP commodity stock level management reduces stock out, understocking and over stocking.
Abstract No. 88

Improving the Quality of Family Planning Services in Bauchi State, Nigeria.

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Background

Bauchi State has maternal and child health outcomes that are among the least favorable in Nigeria. Use of modern contraception is as low as 4.7% with unmet need of 34.7% (LQAS April 2014). Health care services lack coordinated quality assurance systems. Innovative approaches to improve quality of family planning services are needed to increase access and utilization.

Research Question: Can use of Standard Based Management and Recognition (SBM-R) approach improve compliance with set performance standards for the provision of family planning services in secondary health facilities of Bauchi state?

Methods: Prospective cohort study design through SBM-R approach institutionalized in secondary health facilities of Bauchi state. Baseline and three follow-up assessments to assess compliance with FP standards were conducted between 2010 and 2013. Interventions that included facility improvement, capacity building, and provision of equipment and job aids were implemented to address gaps identified during the assessments.

Results: Baseline assessment conducted in 2010 showed performance scores of 12% for family planning (FP) service, 8% for health facility management (HFM), 27% for drug supply management (DSM), 9% for infection prevention (IP), and 6% for behavior change communication (BCC). Overall, the quality of services has improved with compliance with standards reaching an average of 88% FP, 78% in HFM, 73% in DSM, 75% in BCC and 82% in IP respectively.

Contribution to knowledge: The study has shown that by focusing health care workers attention on compliance with set performance standards, the quality of family planning services can be improved.

Conclusion: Use of SBM-R approach has led to significant improvements in compliance with set performance standards, resulting in improvement of quality of FP services. Further collaboration with government and agencies will be needed to scale the use of SBM-R to primary health facilities to improve quality of FP services.
Forecasting Trends in the Impact of Family Planning Interventions in Bauchi and Sokoto States of Nigeria to 2020

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Background: Since 2009 the USAID/Targeted States High Impact Project has supported Bauchi and Sokoto States to scale-up a set of simple, cost-effective intervention strategies: provider-training, equipping and stocking and the integration of Community Based Health Volunteers and Ward Development Committees into service delivery and demand creation.

Main Research question: Given the extent of family planning scale-up from 2009 to 2014 in these States, is the level of impact sustainable into the future assuming constancy in current pace of interventions?

Methodology: Vector Autoregressive time series analysis of routine quarterly Family Planning data obtained from all facilities in Bauchi and Sokoto States from 2009 to 2014 was conducted, regressing Couple Years of Protection (CYP) - the impact variable, on contiguous number of Counseling Visits (CV) and number of Service Delivery Points (SDP). Dynamic forecasting was performed to 2020. Akaike Information Criteria and Lagrange-multiplier tests were used for model selection and diagnostics. Granger causality test was conducted to establish causality.

Results: Regarding Bauchi State, the coefficients of 6 months lag in CYP (β =0.67; p-value=0.012) and 9 months lag of number of service delivery points (β =35.5; p-value =0.005) were strongly significant. Short-run causality between CYP and CV and SDPs were significant (p-values were 0.001 and 0.05 respectively). Sokoto State showed evidence of only long-run causality of CYP (β =0.6; Pvalue =0.007) and CV (β =0.4; Pvalue =0.031). Forecast showed that quarterly CPY increased from 12006 to 24686 in Sokoto and 11286 to 27396 in Bauchi States between 4th quarter of 2014 and 2020.

Contribution to Knowledge: CYP will increase more than two-folds in 2020 if the current levels of CVs and SDPs were maintained.

Conclusion: The evidence shows that the apparently simple but innovative FP interventions in both states have achieved momentum for sustaining and increasing impact even with little additional efforts.
Abstract No. 90

Influence of Family Planning Service Providers’ Characteristics on Clients’ Satisfaction

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Background

Family Planning (FP) is a proven approach for increasing contraceptive prevalence with a view to reducing fertility rates globally, particularly in the developing nations, which record high fertility rates despite their dwindling resources. Notwithstanding the value of FP, certain factors may influence a client’s decision to uptake FP services. Past research focused more on client’s factors. This study assessed the influence of providers’ characteristics on clients’ satisfaction.

Main Research Question

Which of the providers’ characteristics is the most potent factor influencing clients’ satisfaction?

Methodology

The study conducted in 605 facilities across six states in Nigeria between March and August, 2014 adopted a cross-sectional survey, using a sample of 625 providers and 2,622 clients. Provider and client questionnaires were used to elicit information from the respondents. Data analysis was done in two stages. First, Principal component factor analysis was used to extract the most influential variable that measured client’s satisfaction, while linear regression was used to find out the strength of provider’s characteristics that determined clients’ satisfaction.

Results/Key Findings

Client’s satisfaction was measured using provider’s attitude (eigenvalue ≤ 1). Majority of clients (97.1%) reported that providers displayed favourable attitudes. Out of the ten provider’s characteristics, sex was the only significant determinant of client’s satisfaction. It accounted for 1.9% of the variance observed in client’s satisfaction. Surprisingly, the level of client satisfaction is higher with male provider.

Contribution to Knowledge

Findings will sensitize government agencies, NGOs, donors and programme administrators about key providers’ variables that influence clients’ satisfaction. Consequently, it will stimulate the formulation of appropriate interventions that could strengthen providers’ capacity to provide satisfactory FP services.

Conclusion

Satisfactory FP services need to be provided to improve accessibility in order to increase contraceptive uptake and reduce the unmet needs for FP in Nigeria.
Abstract No. 91

ADDRESSING FAMILY PLANNING COMMUNICATION GAPS IN NORTHERN NIGERIA: A CASE STUDY OF THE ESMPIN LISTENING GROUP MODEL

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Background
This paper examines how listening groups run for 12 months impacted on members’ family planning KAP in four communities in northern Nigeria. The materials used to facilitate the discussions were developed using audio clips from Ya Take NeArewo, a weekly radio magazine programme. The paper also shares some lessons learned from design and implementation. The listening groups were formed by BBC Media Action as part of the Expanded Social Marketing project in Nigeria (ESMPIN) funded by USAID.

Main Research question
The study assessed shift in knowledge, attitude and practices towards Family Planning (FP), Reproductive Health (RH) and child survival among listening group members.

Methodology
The research employed both qualitative and quantitative approaches among men and women of reproductive age in the listening groups in Jigawa, Kebbi, Katsina and Zamfara states. The qualitative study in (2013) was done using Focus Group Discussions and In-Depth Interviews. The quantitative surveys (2013 and 2014) used a purposive sampling technique; Face to Face interviews were conducted among 120 and 117 respondents respectively. Data was collected using Discussion Guides and structured questionnaire that covered knowledge, attitude and practice of family planning issues, learning as well as members’ perception of group activities.

Key findings
Findings from the studies show increased awareness and uptake of modern family planning methods from the baseline to endline and shift in perception among the listening group members. Findings also showed more dialogue and informed decision-making by members on family planning. However, in some cases knowledge levels dropped.

Contribution to Knowledge
The research provides information on how family planning practices may be improved using complementary (media and non-media) approaches to initiate informed dialogue and referrals at community levels.

Conclusion
• Info-interventions need to continuously reinforce knowledge issues and practices to maintain and advance knowledge around key themes.
• Involving the community leaders creates a sense of ownership and conducive environment for implementation and impact.
• Community discussions cannot work in isolation of other interventions to meet demand for services and products.
Abstract No. 92

Half Decade of Progress: A comparative analysis of Family Planning Knowledge and Use among Currently Married Women in Northern Nigeria.

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Background

Northern Nigeria has been at the nucleus of various interventions in recent times. This is not just because of the low level of human development in the region but also because of its unprecedented rate of natural increase. In 2008, an average woman in the region had a total fertility rate (TFR) of about 6.6 children while its southern counterpart had only 4.7 (NDHS). The 2nd Nigeria Family Planning Conference held in November 2012 with the theme ‘Population and National Development’ addressed issues of unmet needs and the imperative of promoting access to family planning as a precursor to attaining the MDGs goal.

Main Research question

The study therefore aimed at measuring the progress made in contraceptive knowledge and use among currently married women in Northern Nigeria in the last five years.

Specifically, the study aimed at

- Accessing the progress made in reducing unmet needs in the region.
- Highlighting specific interventions that have been helpful.
- Identifying the gaps between contraceptive knowledge and use.

Methodology: The comparative analysis was done using secondary data from the 2008 and 2013 Nigeria Demographic and Health Survey (NDHS) datasets. A total of 14,095 currently married women residing in Northern Nigeria were sampled in the 2008 dataset while the 2013 dataset had 18,609 currently married women from Northern Nigeria. The selected variables were weighed and analyzed independently in each datasets before the comparative analysis was done. Statistical analysis was done using descriptive analysis (running of frequencies and charts) using STATA 10.0.

Results/key findings: The result showed a sharp decline (22%) in unmet needs among targeted group from 21% in 2008 to 16% in 2013. Also, knowledge about family planning has increased greatly (48%) in the five years period with the percentage of women knowing at least one family planning method increasing from 53% in 2008 to 79% in 2013. However, contraceptive use is still very low with the percentage of sampled women who had never used any method increasing slightly from 88% in 2008 to 89% in 2013.

Knowledge contribution/Results/key findings *

Targeted family planning messages such as ‘unspaced children make the going tough’ gained momentum with 56% increase in the number of women that has heard that message in the five years period. The study raised the need for more in-depth analysis on obstacles to contraceptive use despite increased knowledge.
FACTORS AFFECTING ORAL CONTRACEPTIVE USE AND DISCONTINUATION AMONG MARRIED WOMEN IN IBADAN NORTH LOCAL GOVERNMENT AREA, IBADAN, OYO STATE

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Background

The use of Oral Contraceptives (OC) for family planning remains an important intervention needed to improve the reproductive health indicators of women in developing countries such as Nigeria. However, oral contraceptives use is low among Nigerian women even among those who use contraceptives; the rate of contraceptives discontinuation is relatively high from many Nigerian studies. This study was therefore designed to investigate the factors affecting OC use and discontinuation among married women in Ibadan North Local Government Area, Ibadan.

Objectives

To identify the factors affecting oral contraceptive use and discontinuation among married women

Methodology

Descriptive cross-sectional design was used. A semi-structured questionnaire was administered to 208 consenting respondents from 6 wards. The questionnaire was used to collect information on socio-demographic characteristics of the women, knowledge of OC, prevalence of OC use and discontinuation, acceptance of OC and respondents’ attitude towards the use of OC.

Results

Respondents’ mean age was 35.6±7.8 years. A total of 62 (29.8%) respondents were currently using oral contraceptive at the time of this study. More than a quarter (28.1%) of the respondents had poor knowledge of OC. Side effects of OC mentioned by the respondents include headache (23.1%), weight gain (20.9%) and irregular menses (19.5%). The brand of OC currently used by the respondents included Combination3 (55.6%), Duofem (26.6%) and Confidence (11.3%). Major reason given for dissatisfaction includes headache (38.0%), irregular menstruation (19.6%) and weight gain (10.7%). Only 28.9% of the respondents had negative attitude towards OC use. Out of the respondents, 21% had the intention of using OC ever again. The side effect of the pill after use (51.6%) and missing pills (28.7%) were the major reasons why respondents discontinued the use of OC.

Conclusion

The prevalence of oral contraceptive use is low among married women despite the fact that majority had good knowledge of it. The major reasons for its low use were because of its side effects and missing of pills. Public enlightenment programmes on its advantages can help to increase its use for family planning.
Background: Mortality rates are high in Katsina State, particularly maternal mortality and infant/child mortality rates. The increasing birth rate represents strain on Maternal and Child Health (MCH) services. The total fertility rate is about 7 children per woman. This is quite high and reflects in the rapid growth in population. The persistent high level of infant mortality and maternal mortality rates due to causes related to pregnancy, childbirth and postnatal period points to the low standard of public health. The population policy has come into conflict with a culture that values males over females or having many children in some cases. However, the legal position of women and women’s status has improved when measured by education and employment statistics. In addition, increased ability to make own decisions on health issues when the husband is away from home. However, attitudes and behaviours toward women suggest that gender norms and roles are slow to change.

Islam is the main religion although there is small percentage of Christians. Polygamy and early marriage are practiced. The social attitude of the majority of the population favours pro-natalist philosophy - bearing too many children and trying to raise them in poverty.

Predominant occupation is agriculture, literacy level is low - men tended to have more education than women and younger people had higher educational attainment than did older people.

Main Research question/hypothesis and program area: Deliver appropriate and quality FP messages to improve utilization of services

Methodology (location, study design, data source, time frame, sample size, analysis approach):
Monitoring reports, exit interviews and interactive sessions

Results/key findings: i. Improvement in the health and livelihood of mothers and children leading to gradual decline in family health and fertility problems through promoting and reinforcing culturally and religiously sensitive messages about family planning in Katsina State. ii. Provision of quality FP services in health clinics or maternal and child health (MCH) hospitals to facilitate accessing integrated services under “one roof” viz: MCH services, pregnancy tests, family planning consulting and services, by trained and experienced family planning providers, involvement and participation of satisfied users,, males and community leaders thereby reducing travelling time to various facilities for different services and waiting time in the facility before getting help.

Conclusion: SHF has long-time cordial working relationship with the Local and State health authorities and would collaborate with them effectively in using existing structures and resources to deliver culturally sensitive messages and quantitative and qualitative services to families willing to have well-spaced children by choice not by chance.
Expanding FP Message Reach using a multi-channel Campaign


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Background:
The Nigeria Urban Reproductive Health Initiative (NURHI) is a five-year project (2009-2014) with a 7-month supplement period to reduce barriers to childbirth spacing/family planning use and increase modern contraceptive prevalence rate in six Nigerian cities, with a focus on the urban poor. NURHI employed a consumer-first approach for creating demand and sustaining use of contraceptives among marginalized urban populations. JHU∙CCP multi-channel demand creation effort is the ‘Get it Together’ campaign.

Methodology: The NURHI "Get It Together - Know, Talk, Go" campaign which encourages all Nigerians to KNOW the facts about family planning, TALK to their partner, and GO for family planning services includes a mass media campaign on TV and Radio; a radio drama magazine programs that encourages wider acceptance of family planning as well as inform Nigerians of the benefits of modern family planning/child birth spacing. Other channels include community outreach events by social mobilizers to create ‘buzz’, build awareness and link to FP services, branding of the family planning providers’ network client materials, job aids to provide basic service support, production and distribution of BCC materials deepning FP messages within the urban slum areas to build positive attitudes, address myths and misconceptions and issues of method safety.

Results: Midterm survey findings revealed a high knowledge of modern family planning methods in all 4 NURHI Project Cities, from 88.7% in Abuja to 91.7% in Kaduna. It also indicated that the overall reach of the ‘Get it Together’ Campaign is exceptional, with more than 87% of audience members in urban slums mentioning that they have been exposed to the campaign. The multi-media channel employed by the project has contributed to this blanketing of FP promotion.

Conclusions: The NURHI demand creation multi-channel strategy has successfully fostered dialogue around family planning in the home, at work, on the street, in the media etc. It has also improved knowledge and perceptions of family planning methods. However, other creative efforts will be explored to sustain the discourse and interest of the audience.
Abstract No. 96

Mobilizing Urban Communities through Radio Drama Program


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Background:

The Nigeria Urban Reproductive Health Initiative (NURHI) is a five-year project (2009-2014) with a 7-month extension to reduce barriers to childbirth spacing/family planning use and increase the modern contraceptive prevalence rate in six Nigerian cities, with a focus on the urban poor. Baseline survey results indicated very high radio ownership and listenership in urban slums. JHU∙CCP leads a multimedia demand creation effort is the ‘Get it Together’ campaign which includes TV and radio spots, radio drama, quiz and live call-in show, BCC and promotional materials distribution, youth urban mobilization through tailors, hairdressers and barbers, facebook and mobile message blasts. The entertainment education radio drama magazine and live call-in programs is one of the elements that links and reinforces all the demand elements.

Methodology:

As part of the NURHI "Get It Together - Know, Talk, Go" mass media campaign which encourages all Nigerians to KNOW the facts about family planning, TALK to their partner, and GO for family planning services. NURHI designed and aired a three season 26-episode radio drama magazine programs to encourage wider acceptance of family planning and to inform Nigerians of the benefits of modern family planning/childbirth spacing. Based on evidence, radio appeared to be a key source of information to majority of Nigerians. The radio programs combine entertainment and education to foster dialogue around family life, family planning issues, service providers’ and community perspective to family planning in Kaduna, Ilorin, Ibadan, Abuja and Benin cities. Each of the 26 radio program episodes features a friendly host and hostess, drama, talk, music, comedy, vox pop, testimonials, and an expert corner where listeners’ questions are answered. Respondents to the radio program quiz send their answers via sms.

Results:

Recent midterm survey findings indicate high overall reach of the ‘Get it Together’ Campaign with 83% of men and women been exposed to the media campaign. Exposure to the radio drama programs is highly correlated with contraceptive use. In addition to this evidence, the radio program has a large fan and audience base.

Conclusions:

The NURHI program has further explored the potential of radio as a channel with a wider reach to disseminate and initiate family planning discourse within the communities. More innovative means of engaging the populace through the radio should be studied.
Urban Community Mobilization: How Hairdressers, Barbers, Tailors and Motorcycle Drivers are helping poor Nigerians access family planning.

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Background:
The Nigerian Urban Reproductive Health Initiative (NURHI) is a five-year project (2009-2014) to reduce barriers to childbirth spacing/family planning use and increase the modern contraceptive prevalence rate in six Nigerian cities, with a focus on the urban poor.

Methodology:
The demand generation component includes radio-based entertainment education, social mobilization and branding all linked by a theme of celebrating key life events and making FP a social norm. Baseline findings revealed low family planning knowledge and high level of myths and misconceptions. Results indicated a need for community-level mobilizers to strengthen community capacity to access correct information and enhance learning. While rural communities are often defined by spatial boundaries, urban communities can form based on what jobs people have. For this reason, NURHI’s ‘Get it Together’ campaign mobilizers are male and female artisans - hairdressers, barbers, tailors and okada riders who live in the slums. They are volunteers, trained to create awareness and refer people for family planning services. Social mobilizers reach out to community members with family planning messages through door-to-door interaction, knowledge and visibility parades, radio drama program listening clubs and celebration of key life events such as weddings, baby naming and graduation ceremonies.

Results:
Midline survey findings indicate high exposure (87%) to the ‘Get it Together’ campaign, of which social mobilization was an important component. About one quarter of the respondents reportedly received FP message during a project community mobilization event, although exposure varied by city. Findings showed substantial increases in the Contraceptive Prevalence Rate (CPR) varying from 3% to 15% in the four NURHI cities. Campaign exposure through community mobilization and other activities was associated with positive changes in contraceptive use, intention to use family planning (8-10 percent increase) and reduction in belief in FP myths, among others outcomes.

Conclusion:
These findings show that a multi-channeled program with a robust urban community mobilization program can increase acceptance, access to and use of family planning. These findings have implications for future program planning in urban sites.
Abstract No. 98

Why did CPR stagnate at national level, while it rose in Kwara State in the last decade (2003-2013)
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Significance /Background

It is important to study and explain trends in family planning to be able to identify the interventions, socio-economic context and policy decisions that made progress possible, so that they could be replicated.

Main Research question/hypothesis OR Program intervention/activity tested

Why did CPR stagnate at national level and rise in Kwara State at an average of 3% per annum in the last decade (2003-2013)

Methodology (location, study design, data source, time frame, sample size, analysis approach, intended beneficiaries, participant size, evaluation approach)

A comparative analysis was made of the trend in CPR at the national level where it had stagnated for 10 years and in Kwara State where it had almost tripled in the same period using trend analysis of CPR from various surveys (DHS, MICS, NURHI baseline and midterm surveys etc), examination of national and Kwara State health and RH, socio-economic and educational policies in an attempt to explain this phenomenon.

Results/key findings

At the national level funding for RH had stagnated and policies were not vigorously pursued, with decline in political will. In Kwara State the state government pursued reforms in healthcare delivery, promoted women empowerment etc, while projects like NURHI also made significant contributions

Knowledge contribution/Results/key findings

It reiterates the fact that political will and commitment to promote Family Planning with the formulation of the right policies followed with diligent implementation makes a difference in improving CPR, with Kwara showing an average annual 3% increase from 2003-2013.

As Nigerian policy makers and programme implementers, we do not have to wait for ‘development as the best contraceptive’, as well programmed interventions are demonstrated to be effective.

Nigeria need not look for foreign examples for advocacy to policy makers and for study trips, as Kwara could be used as the national reference point for this purpose.
Abstract No. 99

Strengthening Health Systems for Improved Delivery of Family Planning Services: The PATHS2 Experience
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Background: Nigeria’s poor reproductive health indices allude to a contraceptive prevalence rate of 15%; total fertility rate of 5.7; and unmet need for Family Planning (FP) of 20% (NDHS 2008). This contributes to the high Maternal Mortality Ratio of 545/100,000 live births and Infant Mortality Rate of 75/1,000 live births.

Program Area: The goal of the Partnership for Transforming Health Systems II (PATHS2) is to strengthen health systems for improved maternal and child health in Nigeria by improving the planning, financing, and delivery of sustainable, replicable, pro-poor health services for common health problems in up to five states.

Methodology: PATHS2 adopted an innovative concentric model that portrays the linkages between governance, systems management, service delivery, and active, informed citizens. Implementation efforts in FP focus on strengthening health management information system (HMIS); commodity logistics management; government’s capacity to develop evidence based policies; and human resource capacity to deliver family planning services at facility and community levels.

Results:

- 100%* increase in the number of women that received FP services in 2013 compared to 2011.
- Improved budgeting and expenditure processes resulting in availability of more funds for FP.
- 1,044 more health workers and community volunteers trained to provide FP services
- Improved availability of FP commodities in health facilities
- Availability of data on FP services for evidence based planning
- Improved knowledge and behavior change on FP services through safe-motherhood awareness campaigns

Contribution to Knowledge: An integrated health systems approach to strengthening family planning services improves utilization in health facilities.

Conclusion: The PATHS2 model has contributed to strengthening systems for improved access to FP services.
Abstract No. 100
Knowledge of Family Planning Methods and Current Use Among Women and Men in Bauchi State, Nigeria
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Background: The use of family planning (FP) is recognised as one of the means of reducing maternal mortality. Bauchi State has one of the highest maternal mortality ratios in Nigeria with a Total Fertility Rate of 8 and an unmet need for FP of 16%.

Hypothesis: Knowledge of family planning is associated with service utilization among women and men in Bauchi state, Nigeria.

Methods: A community based cross-sectional study was conducted on a sample of 760 women and men with a child 0-59 months old, randomly selected using Lot Quality Assurance Sampling (LQAS) technique in April 2014 in Bauchi State.

Results:
Knowledge about injectables and contraceptive pills was 60.6% and 60.8% among women and 56.5% and 56.7% among men respectively. The least known methods were foam or jelly and diaphragm both scoring as low as 7.3% among women, and 13.8% and 11.0% respectively among male respondents. Out of 216 mothers who had visited a health facility, only 76 (34.6%) received counselling on different family planning methods. 7.2% of the women and 9.9% of the men mentioned that they have ever used any FP method in their lives. However, only 4.7% of women and 12.5% men reported current utilisation of modern contraception. Only 1.2% and 0.6% of the mothers are reporting to be utilising injectables and pills respectively.

Contribution to knowledge and conclusion:
Utilization of family planning methods is very low among women and men in Bauchi State despite relatively high knowledge of those methods, and freely available supplies. Majority of mothers visiting health facilities are not receiving counseling on family planning methods. Strategies to deliver counselling on family planning methods to all mothers visiting health facilities for any reason should be urgently promoted.
Abstract No. 101

Community engagement to enhance information sharing and provision of services for the achievement of pregnancies by choice

Omolaso Omosehin

Background

Preventing unwanted pregnancies can reduce MMR by 30%; contraception therefore is a good entry point in improving RH outcomes and saving the lives of women. Making the commodities free was a very strategic decision of the FGN which has greatly improved access and utilization; howbeit, this has faced several setbacks. Lack of awareness among couples, difficulty in accessing services, imposition of user fees, inability if women to negotiate contraceptive use, fear of side effects are some of the reasons for poor uptake of contraceptives. More needs to be done in FP programming to be able to achieve the 2018 target of 36% CPR in Nigeria.

Community engagement to create awareness and provide services

Providing services and information at outreach sites and the PHCs have proved effective in increasing uptake in five Local Government Areas of Lagos State. CHO, CHEWs, Community Mobilizers and FP providers from selected PHCs were used. They went into the community around the PHCs and mobilized couples and women to designated outreach points where they are giving health talks and commodities like condoms and oral contraceptives. Those requiring injectable and Long Acting reversible contraceptives were referred to the health centres where they are attended to by the FP providers. Field data tools were used to collect relevant information which was later transferred to the DCR.

Results/Key Findings

Uptake improved several folds during and after the outreach period, and awareness of the availability services at the PHC increased; the available methods of FP are now well known.

Contributions to knowledge

Well planned community engagements can improve uptake in the short and long run.

Conclusion

Regular community campaigns should be organized to create awareness and improve uptake of FP commodities. These campaigns can be synchronized among contiguous LGAs/States for bandwagon effect, which tends to further expand information reach.
Abstract No. 102
Measurement of training effectiveness in capacity building for long acting reversible contraception services in Akwa Ibom and Zamfara States of Nigeria

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Background
There have been no previous reports from Nigeria to evaluate the impact of family planning trainings on service delivery. In this paper, we report the use of Donald Kirkpatrick’s evaluation model to assess the impact of the training of 110 health workers to provide long-acting reversible contraception (LARC) services in 53 hospitals and PHCs in Akwa Ibom and Zamfara States of Nigeria. Research questions included: How satisfied are learners with the 6-day LARC training course? Did knowledge and skills transfer occur during the trainings? Did the learners’ behaviour change on their return to the workplace? To what extent did the trainings have a measurable impact on contraceptive use in the two project States?

Study objectives: To use Donald Kirkpatrick’s training evaluation model to measure the effectiveness of LARC trainings in Akwa Ibom and Zamfara States of Nigeria.

Methods
We used a quasi-experimental research design to compare health care worker performance and clients’ use of modern contraceptives before and after competency-based training which consisted of didactic lectures and extensive simulation training on anatomic models followed by clinical trainings with clients in health facilities. For Kirkpatrick Level 1 evaluation, we used an end-of-course questionnaire to determine participants’ overall reaction. For Level 2 evaluation, we used pre- and post-training assessments. For Level 3 evaluation, we used pre- and post-training routine family planning service statistics data and average monthly consumption (AMC) data. Finally, for Level 4 evaluation, we used Couple Years of Protection (CYP) provided to the family planning acceptors as a proxy for contraceptive prevalence rate (CPR). Participants’ percentage scores from knowledge and skills assessments (Jadelle insertion, Implanon insertion) loading of IUD in a sterile pack and IUD insertion) as well as trends in routine service statistics were analysed using descriptive statistics and two-tailed t-tests to compare mean values. Significance of observed differences was set at P<0.05.

Results/Key findings: Over 60% of participants ‘strongly agreed’ or ‘agreed’ with the positive statements about the course. Mean knowledge scores increased from 62.9% in the pre-course assessment to 83.4% in the post-course assessment (P<0.0001), while mean scores in skills assessments for different skills also increased as follows: Jadelle insertion (from 31.0% to 82.7%), Implanon insertion (from 31.7% to 89.6%), IUD loading in sterile pack (from 41.8% to 92.1%) and IUD insertion (from 34.1% to 86.0%). All increases in health care worker skills performance where very strongly statistically significant (P<0.0001). Following return to their health facilities, average monthly consumption of implants and CYP in the project supported States increased.

Contribution to Knowledge: Well implemented competency based FP trainings lead to transfer of knowledge and skills to the participants’ duty posts and result in increased access to services

Conclusions: These findings validate the view that a properly implemented competency-based training which is heavily dependent on the use of anatomic models for skills development leads to improved health care worker performance and confidence on the job. This subsequently translates to increased access to long-acting reversible contraceptive services.
Factors associated with low uptake of Intra-uterine Contraceptive device in Zaria, Northern Nigeria: Findings from a qualitative analysis

Abstract

Context: Although Copper 380A contraceptive is the cheapest and most effective reversible long term contraceptive in Nigeria, its uptake has been observed to be very low in Northern Nigeria.

Aim: To document reasons for the low uptake of Copper 380A contraceptive in Zaria, Northern Nigeria.

Study design: Qualitative analysis from In-dept interviews (IDI) and Focus group discussions (FGD)

Setting: Zaria, Northern Nigeria.

Methods: Five high volume public facilities within Zaria metropolis were selected for the study (the teaching hospital, two district hospitals serving the metropolis and two primary care centers). The most experienced provider in each of these facilities was engaged in an IDI to explore reasons for the low uptake of IUD from their perspective. Similarly, a session of FGD was conducted in each of the facility involving at least eight family planning clients who were para 4 or more and not using the IUD. Transcription was done and the data analyzed manually. Also in each facility, service delivery records for family planning for three months prior to survey were scrutinized and analyzed.

Results: There were a total of 397 new clients that were served various methods of contraceptive across the five facilities three months prior to the study. Intrauterine device only accounted for 11.8% of these clients while Injectable was responsible for 62% of clients. Seventy-two percent of the IUD insertions took place in the teaching hospital. There were no IUD insertions in the two primary care centers within the last three months prior to study. Fear of translocation of the IUD to other parts of the body including the brain, perceived interference with coitus, perception of foreign body in the womb with subsequent fear of damage to the womb, complexity in the procedure for insertion and thus requiring the permission of spouse (husbands), and lack of awareness of IUD as contraceptive were the principal factors enumerated by the clients. While reaffirming most of the reasons cited by the clients, providers’ incompetence, lack of confidence for the insertion of IUD, provider’s bias and lack of facilitated supervision were the major impediments to the uptake of IUD from the providers’ perspective.

Conclusion: Misconceptions, lack of information concerning IUD particularly at the primary care levels, lack of male involvement and providers’ incompetence were the main barriers to accessing IUD services in Zaria, Nigeria. Investments in training/retraining of providers, involvement of men and information dissemination including IEC materials and sustainable commodity management may be cost effective mechanisms to improve the uptake of IUD services in our setting.
Abstract No. 104

Improving Access to LARC Services through Post Training Supportive Supervision.

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Background Information

One of the six building blocks of an effective health system, as defined by World Health Organization is effective health work force. Strengthening human resources is therefore critical to ensuring inclusive and equitable health systems. Studies have shown that the strength of Human Resources for Health (HRH) is a significant determinant of variation in the rates of infant, under-five and particularly maternal mortality across developing countries. Confidential enquiries into maternal deaths and analysis of findings from facility-based maternal death reviews in Nigeria have shown that a considerable proportion of cases of maternal deaths result from avoidable factors including sub-standard care.

Main Research Question/Hypothesis and Program Area

i. Can an effectively planned and implemented post training supportive supervision exercise increase to LARC services for underserve communities?

ii. Can the new PTSS concept increase LARC uptake and increase CYP?

iii. Can PTSS improve competent and confident of the provider in providing LARC?

Methodology (location, study design, data source, timeframe, sample size, analysis/approach)

The study was conducted between October 2013 and September 2014 in 8 states of: Cross River, Ebonyi, Niger, Nasarawa, Kebbi, Ondo, Sokoto and Bauchi) within public HFs targeted at 414 SPs trained on LARC. Quantitative method was used to obtain information and the data was analysed using an excel spreadsheet.

Results/Key findings.

Findings revealed that:

i. Competency based model including PTSS give service providers the impetus needed to initiate delivery of LARC services and is effective in improving HWs proficiency as compared to the traditional training method.

ii. Access of hard to reach communities to LARC services has improved as more 124,844 clients were reached with LARC services during the PTSS exercise.

iii. 185,639 CYPs were achieved within a space of one year.

Contribution to Knowledge

The concept of post training supportive supervision has been the missing link in ensuring production of competent providers required for increased access to LARC services. If this is carried out properly it will lead to the following:

☑ Improved service quality, as staff learn and improve skills on-the-job

☑ Efficient use of resources, as staff are supported to prioritize activities and allocate resources accordingly

☑ Higher health worker motivation

☑ Increased and sustained job satisfaction

☑ Enhanced equity in access to services, as staff are reminded of the health needs of the population and encouraged to work towards meeting these needs.

9. Conclusion: Post training supportive supervision is an effective means of improving uptake of FP services within the communities because it ensures provider gain competence and confidence in service provision within a short period of time.
Abstract No. 105

Female Religious Leaders (FISOLS) as Health Promoters in Improving Maternal and Uptake of Family Planning Services in Selected Communities of Zamfara State, Nigeria

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Background:

Maternal mortality and morbidity is one of the highest in northern Nigeria, while uptake and utilization of family planning remains very low with a high rate of early marriages that continued to characterize the Northern Nigeria State of Zamfara. This project targeted FISOLs and Female religious Leaders and their organizations through transformative interventions such as advocacy, roundtable discussion and leadership development forums as well as health education training activities in order for these FISOLs to contribute in the improvement of maternal health and uptake of FP services among community members in Zamfara state.

Methods: In this intervention study, a total of 25 FISOLs were engaged and exposed to trainings, advocacy and community mobilization activities of an IIUM/KAHS Health Promotion and Prevention of Maternal Mortality Project which were implemented to women in reproductive age groups in some selected urban and rural communities of Zamfara States. The results in ante-natal care (ANC) attendance and contraceptive use among these women were compared with the control communities where no interventions were carried out.

Results: It was found that in the intervention health facilities (both in rural and urban areas); there was a growing increase in ANC attendance and about a three-fold increase in contraceptive use and uptake.

Conclusions: There was an improved service statistics related to maternal health and uptake of FP services in the intervention areas compared to the non intervention or control site.
Abstract No. 106

Contraceptive Prevalence and Barriers to Uptake Amongst People Living with HIV/AIDS, attending the National Hospital Abuja

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Significance / Background: Meeting the sexual and reproductive health goals and service needs of people with HIV has become a global priority following the improved prognosis of AIDS. This study, thus, aims to determine the sexual behaviour, contraceptive prevalence, and identify factors that influence contraceptive uptake, among people living with HIV/AIDS attending the National Hospital Abuja.

Methodology: A cross-sectional survey was carried out among 280 HIV positive clients, within the reproductive age group, attending the PEPFAR clinic at the National Hospital, Abuja. All clients attending the PEPFAR clinic, who fell within the inclusion criteria, during the study period were recruited into the study and enrollment continued daily until the desired number of participants was reached.

Results: Half of the respondents (52.1 percent) were in the 25-34 age group, followed by the 35-44 age group with 33.9 percent. 32.5 percent of the respondents were males while females constituted 67.5 percent. About 26.8% of the respondents were Hausas, 21.8% Ibos, Yorubas 12.9%, while other ethnic groups constituted 39%. Majority of the respondents were married (56.1%); 68.9% were Christians while 27.5% were of the Islamic faith. Majority of the respondents were civil servants (29.6%) and business men and women (about 13%). Almost all the respondents in this study (92.5%) have had sex and 42.1 percent of such sexual activity had occurred within the last four weeks preceding the interview, with just half of such activity involving the use of condom. Despite high knowledge of family planning, the contraceptive prevalence amongst the respondents was 18.9 percent. Reasons for nonuse of contraception were: wanting as many children as possible, fear of side effects and religion/personal opposition to the use of condom.

Knowledge Contribution: This study has identified the huge need for condom and other forms of contraception amongst the people living with HIV/AIDS attending the National Hospital Abuja.

Conclusion: People living with HIV/AIDS should, therefore, be assisted in choosing a contraceptive method that is most suited to their situation and needs, including disease stage and treatment situation as well as lifestyle and personal desires.