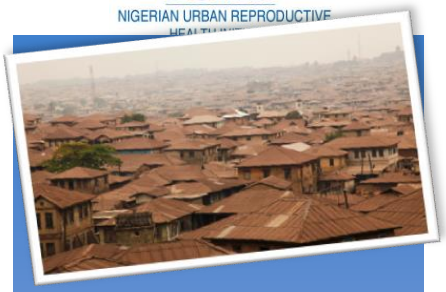

NURHI

Nigerian Urban Reproductive Health Initiative

FP- A WAY OF LIFE

A Radio Serial Drama/Magazine for Urban Men and Women desiring quality life

RADIO DESIGN DOCUMENT BRIEF

Organized by:

THE AFRICAN RADIO DRAMA ASSOCIATION A·R·D·A

NURHI, JHU/CCP, CCPN

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RATIONALE/ JUSTIFICATION FOR THE PROGRAM

Although rich in natural resources, Nigeria has some of the poorest health indicators in the world particularly in the area of maternal and child health. Family planning and contraceptive use have long been associated with reduced maternal mortality by reducing women's exposure to pregnancies that could result in morbidities or death. Nigeria's contraceptive prevalence rate of 10% (NDHS 2008) for modern methods has remained stagnant over the past 20 years. Likewise, the total fertility rate (TFR) has been hovering around 5.7 (NDHS 2008). Currently, intention to use contraceptives averages about 28% in the NURHI selected cities.

More than half of Nigeria's population lives in cities. Of these urban dwellers, about 66% live in slums. There is a high need for FP among urban women who are of reproductive age: 60% of urban women already have a need for FP whilst statistical analysis of "current (FP) use" and "need for FP" suggests that about 60% of that need for FP is currently unmet.

One major issue facing family planning use in Nigeria has been the high level of method discontinuation as displayed by statistical analysis of the usage data. About 50% of women who have tried a modern method are no longer using it. Many contraceptive users (about 60%) don't use the method for a longer period of time than their initial treatment,

Commitment among public health and reproductive health professionals and organizations runs deep. Private sector (NGO, faith-based, and for-profit) service delivery capacity is extensive and most Nigerians already access some form of health care from them. In spite of this, the use of modern contraceptives for family planning has remained low. Worthy of note however, is that exposure to mass media messaging on family planning has been shown to be a strong predictor of modern contraceptive use and intention to use contraception.

The Nigeria Urban Reproductive Health Initiative (NURHI) is a five-year project (2009-2014) to reduce barriers to family planning/child spacing use and increase the modern contraceptive prevalence rate in the six Nigerian cities of Abuja, Benin, Ibadan, Ilorin, Kaduna and Zaria.[1] The NURHI project team is made up of four key partners: the Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs (CCP), Johns Snow Inc. (JSI), the Association for Reproductive and Family Health (ARFH) and the Center for Communication Programs Nigeria (CCPN).

A key NURHI strategic approach is to "develop interventions for creating demand for and sustaining use of modern contraceptives among marginalized urban populations." Project activities are intended to empower consumers to consistently use modern family planning methods by capitalizing on key life events (secondary school completion, independent living, marriage, childbirth, end of childbearing, etc) as natural opportunities for discussion and adoption of family planning. Specifically, NURHI demand creation activities will:

[1] The program is multi-phased. This first phase is focusing on only four cities: Abuja, Ibadan, Ilorin and Kaduna.

- Foster dialogue around family planning – in the home between spouses, on the street, at work, in the media
- Increase understanding, appreciation and social approval for family planning
- Reinforce existing modern contraceptive use and reduce discontinuation
- Improve knowledge/ perceptions of family planning methods and the fertility cycle
- Position FP as a natural part of life
- Radio will be a critical medium for NURHI demand creation activities. We envision that the radio program will promote and reinforce other NURHI demand creation activities and that the other activities will provide feedback to the radio program. (See section ## of this report for details of how the NURHI radio program interacts with other activities.

Key Findings from DHS secondary analysis and Focus Group Discussions include:

- Both ideal or desired family size and knowledge of modern FP methods are important factors influencing the need for and use of FP among urban women in Nigeria.

- Gender preference of children and religion are not driving influences on family planning use.

- Regional influences are more powerful than religious in determining a women's ideal family size, participation in household decision-making and knowledge of FP methods.

- Family planning in Nigeria is framed by fear and mistrust that needs to be changed first.

- Women and men have a number of misconceptions about family planning and some methods in particular. The fear of negative health impact proves to often be a serious barrier in considering family planning.

- Burden of FP use is on the woman. Once the woman has the information and is convinced, she still has to convince her husband/ partner about family planning. It was unanimously felt that if family planning is adopted without the husband's knowledge/ approval, there would be suspicion of infidelity, etc. if the woman was discovered.

- Concerns with having many children center on greater responsibility for the man and the burden it creates for him. As a result it was felt, that he ages prematurely. Nowhere was the health of the mother mentioned as a concern.

- Religious leaders wield great influence over decision making in such matters.

- Often when parents are unable to take care of their numerous children, their siblings (of the parents) become responsible.

- FP is seen as not easy to use and highly 'medicalized'. Only doctors can prescribe or tell you what method is good for you.

- Family planning is considered to be very risky compared to other risks related to pregnancy, abortion, miscarriage. Sterilization and IUDs are considered especially risky. Modern FP methods are seen as riskier than the risks related to child bearing such as having a child before the age of 18, having closely spaced births, or having more than 6 children. Natural FP methods were seen as less risky in comparison to modern methods.

- However respondents also agreed that one of the primary benefits of having a smaller family was the ability for children to get a better education.

6. AUDIENCES

Primary Audience

- Women – urban, married/ unmarried, sexually active, low to medium education and income (18-30)

Secondary Audience

- Men – urban, sexually active, low to medium education and income (25-40)
- Couples
- Older women

Tertiary Audience

- Service providers, Community members, Aunties, Religious leaders, etc.

Design document workshop participants identified the key desired behaviors for each of the audiences, the barriers to audience members:

PRIMARY AUDIENCE - WOMEN

Overall desired behaviors.

After listening to the radio program, young women will:

- Believe that using FP is a normal life decision that can help with the challenge of managing life and family
- Have the correct information about FP methods that can be used to delay pregnancy.
- Speak about FP with their partners
- Desire to plan arrival of children
- Be able to appropriately weigh risk of FP use as against other every day risks.
- Know a place where they can comfortably and confidently access FP services.
- Use modern FP methods to avoid unwanted pregnancy and abortion.
- Be willing to share accurate knowledge on safety of FP with their peers
- Speak comfortably about Family Planning with their parents, friends and siblings.

Barriers

- Lack of communication with partner about FP
- Incomplete knowledge about correct usage, mistrust of product safety and efficacy
- Spouses disposition to FP
- Young women may not know someone who is a satisfied user, unfamiliarity breeds fear
- Expectations from In-laws
- Misconceptions about FP providers (that the doctor is the only person who can dispense FP) Unaware of location of FP services
- Lack of social support for family planning
- Shyness about discussing FP
- Fear of being shunned or accused of cheating if raise FP with spouse

Facilitators –people and facilitating factors

- Peers
- Religious/ Traditional leaders
- Friendly husbands, In- Laws.
- Desire for better life for family and children
- Perception that child spacing can improve a woman's life

SECONDARY AUDIENCE
Young Men

Desired Behaviour

- Young men will believe that using FP is a normal life decision that will help with the challenges of family and children
- Desire to plan arrival of children
- Young men will believe that they have a responsibility to use FP
- Young men will speak with or initiate discussion about FP with their partners
- Young men will use FP or actively support their partners' use of FP to avoid unwanted pregnancy and/or abortion
- Young men will initiate knowledgeable discussion about FP with their peers
- Young men will use condoms to prevent unwanted pregnancies and/or STDs, including HIV/AIDS

Barriers

- Not a fashionable subject for discussion among young men, so there is no approval or sharing of knowledge to make it a way of life
- Many young men look forward to having many children because it is a thing of pride
- Catholics and Muslims generally believe that using any modern FP method is a sin- Except natural methods
- Inadequate information about FP.
- Lack of communication with spouse about FP.

Facilitators –people and facilitating factors

- Planning the family can mean improved education prospects and a brighter future for a couple's children.
- Planning the family can reduce pressure on a man.
- Religious leaders, friends/ peers have a big influence over men.
- Pride in being provider for a successful family.