

Promoting Family Planning Strategy to Create Demand, Increase and Sustain Use of Family Planning in Nigeria

“Get It Together” Creative Brief

1	Health Area and Intervention/s
	Family Planning: Mass, multiple media campaign focusing on family planning demand creation
2	Background
	<p>What is the current situation with family planning in Nigeria?</p> <p>Although rich in natural resources, Nigeria has some of the worst health indicators in the world. The picture for family planning attitudes and use mirrors the overall poor state of health services. 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) in Nigeria has not shown any appreciable change hovering between 5.9 in 1999, 5.7 in 2003 and currently 5.7 (NDHS 2008). The current population growth rate of 2.9 means the population doubling time is a mere 25 years. However, these national statistics belie the large variations in these data by locale and the influence of key variables such as education, income, and geographic residence (north vs. south; rural vs. urban).</p> <p>Nigeria had a promising national family planning program (boosted by a national family planning/child spacing logo) in the late 1980’s and a robust behavior change communication and advocacy program. During the periods, CPR rose from 8% to 17% (2002). Significant investments designed to increase the quality and availability of services declined, including contraceptive supplies and management capacity. Overall, total unmet family planning need is 21% (2008 NDHS) and higher in urban areas compared with the rural areas.</p> <p>Exposure to mass media messaging on family planning is a strong predictor of contraceptive use and intention to use contraception. Currently, intention to use contraceptives averages about 28% in the NURHI selected cities. While momentum from this early program was not sustained, the efforts are indicative of the potential that exists to raise CPR in Nigeria with the right combination of resources and strategy. The current landscape for family planning in Nigeria engenders optimism. 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.</p> <p>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 while a difference between “current use” and “need for FP” suggests that about 60% of the need for FP that currently exists is unmet. The difference between ever and current use suggests that there is a high level of method discontinuation. 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, further suggesting that method discontinuation may be an important factor.</p> <p>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 contraceptive prevalence rate in the six Nigerian cities of Abuja, Benin, Ibadan, Ilorin, Kaduna and Zaria. 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</p>

and Family Health (ARFH) and the Center for Communication Programs Nigeria (CCPN). NURHI is tapping into the potential of Nigeria's dynamic urban environment to improve reproductive health services, promote healthful lifestyles and reduce pressures on the urban health infrastructures in the country. NURHI intends to bring together private and public sector resources to strengthen the delivery of family health services. NURHI's approach tests novel public-private partnerships and innovative private-sector approaches to increase access to and use of family planning/child spacing, especially by the urban poor. In particular, the project will develop cost-effective interventions for integrating quality family planning with maternal and newborn health, HIV and AIDS counseling and post-partum care programs by focusing improving the quality of family planning services in high volume clinical settings. To support improvements in service delivery, NURHI emphasizes health promotion and education to create demand for and sustain use of family planning services in urban areas.

3 Significant Determinants of Behavior

NURHI conducted a secondary analysis of the 2008 Nigerian DHS focusing on key influences of these three outcomes: need for FP, use of FP and duration of use. The analysis looked at both direct and indirect influencing factors:

Direct Influences:

1. Desired family size
2. Female autonomy
3. Gender preference
4. Knowledge

Indirect Influences:

1. Poverty
2. Cultural norms

Direct Influences on FP

Analysis of the four key influences suggests that 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. Household decision-making power may affect need for FP but does not appear to effect use. Likewise gender preference of children and religion are not driving influences on family planning use; although region of residence is associated with use of family planning. Women in the South are more likely to use modern family planning than women in the North, regardless of religious affiliation.

Once a contraceptive method is adopted, a woman's preference for smaller families, for boys or girls and even knowledge of methods is unrelated to the duration of use of that method. Having a preference for either sons or daughters was unrelated to contraceptive use, duration of use or stated need for FP.

Indirect Influences on FP

In looking at the influence that cultural norms and poverty have on the direct influencing factors, the data suggests that women living in the North are much less likely than other women to have a preference for small families, to participate in household decision-making and to be aware of three or more FP methods (with the effect most pronounced amongst Muslim women). Whereas, women living in the South (Christian and Muslim) are more likely than other women to know 3 or more methods and to report participating in household decision-making. These findings suggest that **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.**

Poverty does seem to influence ideal family size, knowledge of FP methods and participation in

household decision making. Wealthier women (in the upper two wealth quintiles) are more likely to desire a smaller family, to participate in household decision-making, and to know at least three FP methods. A woman’s wealth status and cultural norms do not appear to have a strong effect on duration of use, once she adopts FP.

Additional Findings from Focus Group Discussions in Ibadan and Kaduna

FGDs showed that family planning in Nigeria is framed by fear and mistrust that needs to be changed first. Some other issues that emerged include:

- 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.
- Boy or girl preference has no bearing on family planning uptake
- Concerns with having many children center around 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, and 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 you are 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.
- Respondents have a positive view of integrating FP into other health services like MCH, HIV/ ART, TB etc.

4 Target Group	
<p><i>Primary Target: Women</i> <i>Age: 15-45</i> <i>Income: Low to medium</i> <i>Education: Low to medium</i> <i>Where they live: Urban</i> <i>Marital Status: Married/ unmarried</i></p>	<p><i>Secondary Targets: Male partners, family and community members of the women.</i> <i>Age: 20-50</i> <i>Income: Low to medium</i> <i>Education: Low to medium</i> <i>Where they live: Urban</i></p>

	<i>Marital Status: Married/ unmarried</i>
5	Campaign Objective (overall) <i>Including the desired audience behaviors</i>
	<p>Overview of the NURHI Mass Media Campaign Platform</p> <p>NURHI intends to create demand for modern family planning through innovative, consumer-first campaigns and activities focusing on specific intended audiences including young unmarried men and women, married couples of low and mid-level SES in urban areas using identified national and local channels and media for communication. NURHI plans to link supply and demand through a network of family planning providers' networks (FPPN) and targeted advocacy efforts that will increase commitment and socio-political support for family planning, particularly at the state and LGA levels. All these efforts are intended to effectively reach and respond to the contraceptive needs of the urban poor.</p> <p>Apart from systematically addressing the major barriers to family planning use among the urban poor in Nigeria, the demand creation component of the project (on which this creative RFP is based) will positively influence social norms for contraceptive use. The NURHI project implementation approach will model new and positive social norms for current and intended modern family planning users (consumers) and service providers. The project is expected to positively impact about seven million people in the 6 urban areas, comprised of 22 Local Government Areas (LGAs) where it will be directly implemented.</p> <p>The work under the creative demand generation campaign will reinforce activities to improve quality of service delivery and also advocacy to improve political will and financial support for family planning in Nigeria. The advocacy component will create an enabling environment that will provide an umbrella support for demand creation activities and interventions. The service strengthening activities will ensure that promised services are available, affordable and accessible.</p> <p>In order to achieve NURHI's goal of increasing contraceptive prevalence rates by 20 percentage points from an average of 10% (current) to 30% in 2013 in focus cities, there are three primary ways to increase the proportion of women in these cities using a modern contraceptive method:</p> <ul style="list-style-type: none"> • Increase the need for FP; • Convert unmet need to met need for FP (increase use); and • Reduce method discontinuation (increase duration of use). <p>By increasing the proportion of women who want to delay, limit or stop childbearing, or in other words, the proportion of women with a need for FP (assuming that a certain proportion of women with a need for FP start using FP) contraceptive use would increase.</p> <p>By increasing the proportion of women that begin using FP once they decide to limit or space their pregnancies (in other words, convert a greater proportion of unmet need into met need) this would also increase the proportion of women using a contraceptive method.</p> <p>Finally, by reducing the proportion of contraceptive users who discontinue using their contraceptive methods and therefore increase the duration of use among contraceptive users, it would also increase the overall proportion of women using a contraceptive method</p>
6	Communication Objectives:
	<p>Increase percentage of the audience who:</p> <ol style="list-style-type: none"> 1. Have correct information about family planning 2. Know where to access family planning services

	<ol style="list-style-type: none"> 3. Recognize the Family Planning Provider Network (FPPN) 4. Engage in discussion about family planning and methods at the household (especially with spouse) and community level with peers 5. Believe FP is a normal life decision that everyone makes 6. Approve of FP and believe others in the community do too 7. Have overall positive perception of FP methods 8. Willing to invest resources to access FP <p>Create a family planning logo, jingle/signature tune, tag line and/or link character to tie campaign materials together and raise public awareness of family planning.</p>
7	Positioning Statement
	<p>Modern Methods: Modern family planning methods are safe and effective to use</p> <p>Family Planning: is when a couple decides when, how many and at what intervals they want to have children.</p> <ul style="list-style-type: none"> • Helps the family manage its available resources so the children can grow healthy and be educated well • Helps the mother and child to stay healthy.
8	Call to Action
	<ul style="list-style-type: none"> • Talk to your spouse, family and friends about family planning. • Go to your nearest health centre and learn more about how you can choose the family planning method that is best for you • Ensure continued and consistent use of family planning method to avoid unplanned pregnancies.
10	Creative Considerations
	<p>A Multi-Media Approach: Mass media can provide a powerful means of conveying family planning messages to the public. Studies have documented strong relationships between exposure to family planning methods in the media and contraceptive behavior. In Nigeria, Radio and television were the two most common sources of family planning messages for both women and men across Nigeria (MLE Technical working Paper, 2010).</p> <p>54.5% of urban woman and 67.2% of urban men have access to radio (NDHS 2008). 44.2% of women and 51% of urban men have access to television (NDHS 2008). These numbers will only likely increase. Mobile users in Nigeria are estimated to be around 82,618,510¹ and social networking sites like Facebook, have attracted over 1 million (Webtrends Nigeria, February 2010).</p> <p>The agency should develop an overall platform around the theme “Get It Together” as well as specific ideas for its components as described below. The main focus of the campaign will be on creating a new modern, savvy urban identity for family planning use. The campaign should emphasize a “Slice of Life” approach to demonstrate the many ways that using a modern family planning method improves quality of life no matter what stage of life (unmarried, newly married, younger and older couples, etc.).</p> <p>The campaign will target adult urban audiences in Nigeria. The focus for the campaign is especially</p>

¹ Active Mobile (GSM) lines as at January 2011 culled from the Nigerian Communication Commission (NCC) GSM Subscriber data <http://www.ncc.gov.ng/>

on younger adult women and men between the ages of 20 and 40. The campaign should address both married and unmarried adults.

The agency should aim to develop a **new branded campaign identity** that reflects the emphasis on changing social norms and personal initiative and behaviors. The branding should include a logo, visual theme, jingle or signature tune, and slogan/tag line; and

The overall multi-media campaign, including slogans, logo and visual identity will use new messages, materials and local and mass media to promote positive perceptions and model modern family planning use.

Please note that the **logo** should include the following elements:

- Show a Nigerian identity
- Be easy to recall and orally describe
- Must be simple enough to replicate on big and small items
- Should embody trust
- Try not to focus on any recommendation for number of children
- If there are people in the logo, they should be region and religion neutral

For the video and print materials the look of the characters should be urban, lower-middle class and not elite. The stories and scenarios should also realistically reflect the context in which they live. For example use of scooters or motorbikes that are popular with that SES group, show common aspirations for that group without appearing too out of reach.

Mass Media Campaign

This part of the campaign cannot address in-depth knowledge but can address social norms and create a buzz about family planning. It should revive discussion; show couples in conversation, show men being supportive and encourage continued and consistent use of family planning methods. Show family planning as safe and normal.

- 3 television spots of 60 seconds each
 - 3 radio spots of 60 seconds each
 - 3 posters (75,000 copies of each)
 - 50,000 stickers (bumper sticker size)
 - 50,000 brochures (4-sided)
 - 20,000 branded shopping bags
 - 50,000 branded pens
 - 10,000 branded aprons for hairdressers and nurses
 - 500 logo site identifiers
- (TV, radio and posters shall be in English, Hausa, Pidgin and Yoruba)

1. Through mass media acknowledge the challenges. Also highlight what family planning is and is not (planning your family and not birth control).
2. Model couple communication
3. In the spots show interesting ways a wife approaches and convinces the husband with the right information at the right time (when he is in the ‘right frame of mind’)
4. Use the perception (from FGDs) that men have a greater responsibility with a bigger family and hence age prematurely as one of the angles to get the attention of the men in the mass media.

	5. FP needs to be de-medicalized and made part of every day life.				
11	Messaging				
	<p>The “Get It Together “campaign will roll out in three phases (depicted below). Each phase will include cross-cutting themes: for example, the theme of “Get It Together” and partner communication runs through all messaging, but each phase will approach those themes slightly differently, according to audience and over all messaging need. The way “get it together” and partner communication (“talk about it” below) will be approached is briefly described for each of the phases.</p> <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 10px; margin-right: 20px; text-align: center;"> <p>Cross Cutting Themes</p> <p>Partner communication</p> <p>Plan for the family you want</p> <p>FPPN promotion</p> <p>“Get it Together”</p> </div> <div style="background-color: #e6f2ff; padding: 10px;"> <p>Phase 1: Awareness and Basic Knowledge</p> <ul style="list-style-type: none"> • Introduce “Get It Together” • Re-introduce family planning/birth spacing • Talk about it (family size, health, life goals) • Get it Together: get information, have conversations <p>Phase 2: Positive image of choices</p> <ul style="list-style-type: none"> • These are your choices (a method to fit your life) • Here is where to get your services (FPPN promotion) • Talk about it (family size, family planning) • Get it Together: get a method <p>Phase 3: Tailored messaging to key audiences</p> <ul style="list-style-type: none"> • Peer modeling to individual audiences • Continue cross cutting themes • Messaging guided by feedback from first 2 phases </div> </div> <p>As products are developed, they should take into consideration:</p> <ul style="list-style-type: none"> • Latest research results. NURHI now has available data from focus group discussions with all audiences plus mapping and in-depth interviews with service providers. • NURHI creative brief for the campaign. This document guides creative decision making • Key themes and creative approaches from other demand generation activities, including the radio program and the social mobilization strategy. • State of service quality and availability. Ensure clients will find what they are promised; don’t promise what can’t be delivered. • Use of “Get it Together” as more than just a tag line, but as a philosophy for the creative approach. • City specific tailoring and cultural approaches. 				
12	Logos to be included on materials				
	NURHI and Federal Ministry of Health (if applicable)				
13	Technical/Program Specifications				
	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Geographical Placement</td> <td>Abuja, Kaduna, Ilorin, Ibadan (Phase 1) Zaria, Benin City (Phase 2)</td> </tr> <tr> <td>Languages</td> <td>English, Hausa, Pidgin, Yoruba</td> </tr> </table>	Geographical Placement	Abuja, Kaduna, Ilorin, Ibadan (Phase 1) Zaria, Benin City (Phase 2)	Languages	English, Hausa, Pidgin, Yoruba
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