



# EFFECTIVE REPORTING ON FAMILY PLANNING

## A Training Manual for Media Practitioners



Development Communications



## ***Effective Reporting on Family Planning A Training Manual for Media Practitioners***

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Developed by the Nigerian Urban Reproductive Health Initiative (NURHI 2) Project in partnership with the Development Communications Network (DEVCOMS)

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## ***About the Nigerian Urban Reproductive Health Initiative (NURHI 2)***

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The **Nigerian Urban Reproductive Health Initiative (NURHI 2)** is a five-year project committed to eliminating supply and demand barriers to contraceptive use and making family planning a social norm in Nigeria. Funded by the Bill & Melinda Gates Foundation, the project is managed by the Johns Hopkins University Centre for Communication Programs (CCP). In Phase 1, NURHI operated in six cities namely: Benin, Ilorin, Kaduna, Federal Capital Territory and Zaria and contributed significantly to the increase in the contraceptive prevalence rate (CPR) in these geographies. The Phase 2 (2015 – 2020) of the NURHI project is being implemented in three states: Kaduna, Lagos and Oyo.

## ***About Development Communications Network***

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**Development Communications Network** is a media development, not-for-profit organization, dedicated to mobilizing, promoting and galvanizing science, public health and social sector journalism to ensure resultant and sustainable human development. Our Mission is to strengthen public and independent media sector to reach its full potential for availability, accessibility and meaningful utilization of science, public health, and social development information for sustainable human development.

The organization is a product of series of development projects on media (both print and broadcast – including video documentaries, drama for development and radio productions) health promotion, advocacy and capacity building in the Nigerian mass media and the civil society sector from 1995 to date.

DevComs plays a leading role in promoting public health, science and social development communication in Nigeria to ensure an informed society and better policies that affect the people of Nigeria.

## *Foreword*

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Family Planning plays a central role in achieving the Sustainable Development Goals. Beyond saving lives, family planning helps to reduce poverty, improve nutrition outcomes, support women's and girls' education, and advance gender equality and empowerment. Family planning mitigates the effects of population growth on access to water and sanitation, chemical waste, climate change, deforestation etc. and contributes to building resilient infrastructures. In summary, family planning advances human rights.

The media plays a significant role in influencing policy change and amplifying the voices of the people. When priority is given to reporting issues in ways that stimulate public discourse, it is more likely to get the attention of policy and decision makers. If effectively engaged, the media can generate public discourse that will influence popular and political support for development issues including maternal and child health issues focusing on family planning.

Providing journalists with adequate information will translate to empowering the media to provide appropriate information to the public including policy makers, engage in advocacy for improved health outcomes for women and children.

This manual has been developed by the Nigeria Urban Reproductive Health Initiative (NURHI 2) Project in partnership with Development Communications Network, and will also be used by The Challenge Initiative (TCI), to build the capacity of media networks to:

- Equip media practitioners with knowledge on Family Planning, Adolescent Reproductive Health and related issues
- Strengthen the skills of media practitioners on effective reporting of Maternal and Child health issues, with focus on Family Planning

With this Training Manual, we seek to create a pool of champions who will initiate and sustain the discourse on family planning in the media, promote family planning, engage in dialogues with the public and policy makers, monitor policy actions and budgetary allocations to family planning and serve as dynamic checks and motivators for improved accountability by policy makers.

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### UNDERSTANDING TERMINOLOGIES IN MATERNAL HEALTH, ADOLESCENT REPRODUCTIVE HEALTH & FAMILY PLANNING



#### Learning Objectives

By the end of the session, participants will be able to

1. List three terminologies used in maternal health, adolescent reproductive health and Family Planning
2. Explain three terminologies used in maternal health, ARH and Family Planning
3. State two statistical information relating to adolescent, maternal and child health
4. Explain two statistical figures relating to adolescent reproductive health and family planning



#### Materials

- Flip sheets
- Masking tape
- Printed papers.
- Markers



#### Learning Approach

- Group activity
- Brainstorming



#### Content

- Split participants into two groups. Let participants gather in their groups.
- Provide Group 1 with two sets of printed sheets. One set of printed sheets should contain terminologies used in maternal, adolescent health and Family Planning (e.g. Contraceptive Prevalence Rate, Maternal Mortality Ratio, Infant Mortality Rate, Adolescent Birth Rate, Total Fertility Rate, Women with unmet need etc.). The second set of printed sheets should contain the definitions of the terminologies listed above.

Shuffle the first and second sets separately. Let participants in Group 1 brainstorm and match the terms with their definitions and paste on a large flip sheet on the wall.

- Provide Group 2 with two sets of printed sheets. One set of printed sheets should contain terminologies used in maternal, adolescent health and Family Planning (e.g. Contraceptive Prevalence Rate, Maternal Mortality Ratio, Infant Mortality Rate, Adolescent Birth Rate, Total Fertility Rate, Women with unmet need etc.). The second set of printed sheets should contain their current statistical figures. Shuffle the first and second sets separately. Let participants in Group 2 brainstorm and match the terms with their statistical figures on a large flip sheet which will be pasted on the wall.
- Let groups carry out their task in ten minutes.
- Bring groups together after ten minutes. Together, assess each group's tasks.
- Debrief by assessing and correcting each group's tasks.
- Explain each terminology for better understanding by participants.
- Explain how Family Planning is related with the phenomena described in the tasks e.g. "The current maternal mortality and teenage pregnancy rates are unacceptably high." "Family Planning can reduce maternal deaths by over 30%" and so on.
- Ask participants for feedback on lessons learnt from the activity.

### Some terminologies and definitions related with maternal and child health

| Terminologies                             | Definition  |
|---|---|
| Contraceptive Prevalence Rate             | The percentage of women of reproductive age who are currently using, or whose sexual partner is currently using, at least one contraceptive method, regardless of the method used. It is reported for women aged 15 to 49 who are married or in a union |
| Total Fertility Rate                      | The number of children who would be born per woman (or per 1,000 women) if she/they were to pass through the childbearing years bearing children according to a current schedule of age-specific fertility rates.                                       |
| Women with unmet need for family planning | Women of child bearing age who want to stop or delay childbearing but are not using any method of contraception   |
| Maternal death                            | The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and   |

|  |   |
|--|---|
|  | the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes                             |
| Maternal Mortality Ratio               | Ratio of the number of maternal deaths during a given time period per 100,000 live births during the same time-period   |
| Infant mortality rate                  | Probability of dying between birth and exactly one year of age expressed per 1,000 live births  |
| Under-five mortality rate              | Probability of dying between birth and exactly five years of age expressed per 1,000 live births  |
| Adolescence                            | The period of physical and emotional change between the beginning of puberty and early adulthood. The World Health Organisation defines adolescents as young people aged 10-19. |
| Menstruation                           | The flow of blood, fluid, and tissue out of the uterus and through the vagina that usually lasts from three to five days each month.  |
| Oestrogen                              | Hormone responsible for female sexual development. It is also used in contraceptive pills to prevent pregnancy.   |
| Menstrual Cycle                        | A repeating series of changes in the ovaries and endometrium that includes ovulation and monthly bleeding. Most women have cycles that each last between 24 and 35 days         |
| Ovulation                              | The release of an egg from an ovary.  |
| Progesterone                           | A hormone produced in the ovaries of women that is important in puberty, menstruation, and pregnancy.   |
| Reproductive Cell                      | The unique cell - egg in women, sperm in men - that can join with its opposite to make reproduction possible.   |
| Safe Sex                               | Ways in which people reduce the risk of becoming pregnant and getting sexually transmitted infections, including HIV.   |
| Sexually Transmitted Infections (STIs) | Infections that are often or usually passed from one person to another during sexual or intimate contact.   |

|                 |   |
|-----------------|---|
| Spermicides     | Chemicals used to immobilize sperm to help prevent pregnancy.   |
| Maternal health | Health of women during pregnancy, childbirth, and the postpartum period. It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to reduce maternal morbidity and mortality. |

Add more terminologies as appropriate

### Some statistics and figures related with maternal and child health

| Phenomenon/Terminologies  | Figures                              |
|---|--------------------------------------|
| Approximate number of annual maternal deaths in Nigeria                                   | 40,000                               |
| Maternal Mortality Ratio  | 576 per 100,000 live births          |
| Adolescent birth rate   | 122 births per 1,000 women age 15-19 |
| Percentage of births in Nigeria attended by a skilled health personnel                    | 38.1%                                |
| Unmet need for family planning  | 16.1%                                |
| National contraceptive prevalence rate  | 15.1%                                |
| Infant mortality rate   | 69 deaths per 1,000 live births      |
| Under-five mortality rate   | 128 deaths per 1,000 live births     |
| A woman's lifetime risk of dying from pregnancy or childbearing-related causes in Nigeria | 1 in 13                              |

\*Source: NDHS 2013

Add more statistics as appropriate



### Evaluation

1. List three terminologies used in maternal health and Family Planning and explain them
2. What is maternal mortality ratio in Nigeria? What does this imply?
3. What is contraceptive prevalence rate in Nigeria? What does this imply?

## UNDERSTANDING FAMILY PLANNING

**Learning Objectives**

By the end of the session, participants will be able to

1. Explain the concept of Family Planning
2. List at least six methods of Family Planning
3. List four benefits of Family Planning

**Materials**

- Flip sheets
- Masking tape
- Markers
- Projector
- Screen.

**Learning Approach**

- Power point presentation
- Brainstorming

**Content****Overview**

Explain to participants that Nigeria has made very bold efforts to achieve rapid economic development. However, amongst other factors, rapid population growth has affected the quality of life and made achievement of socio-economic development goals difficult.

**Definition of Family Planning**

- Ask participants to tell you what they understand by the concept, Family Planning
- Take comments from four to five participants
- Clarify their comments
- Explain the concept of Family Planning

Family planning is a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitudes and responsible decisions by individuals and couples in order to

promote health and welfare of the mother, child, family/group and thus contribute effectively to the social development of the country.

### **Types of Family Planning Methods**

- Ask participants to list the various Family Planning methods they have come across, heard of or used.
- Note the methods listed by participants.
- If there are any methods listed that are not Family Planning methods, clarify with participants what Family Planning methods should do – prevent pregnancy.
- Explain the following methods of Family Planning in detail.
  - ✚ Natural Family Planning
    - Lactational Amenorrhea Method (LAM)
    - Cervical Mucus or Billings Ovulation Method
    - Ovulation Method /Safe Period
    - Calendar (Rhythm) Method
    - Sympto-thermal Method
    - Creighton Model System/Napro Technology
    - Cycle Bead Method
  
  - ✚ Barrier Methods
    - Male Condoms and Female Condoms
    - Diaphragms
    - Cervical caps
    - Vaginal sponges
    - Spermicides
  
  - ✚ Hormonal Methods
    - Oral pills
    - Injectable
    - Implants
    - Intra-uterine Contraceptive Devices
  
  - ✚ Voluntary Surgical Contraception
    - Bilateral tubal occlusion
    - Vasectomy
  
  - ✚ Other modern method
    - Standard days method with the use of Cycle beads

## Benefits of Family Planning

- Ask participants to state some benefits of Family Planning to the mother, father, child/children, the community and the nation.

### Benefits of FP to women

- Allows the mother the opportunity to rest between pregnancies in order to regain her health and strength so that she will avoid complications during and after each pregnancy
- Mothers are able to have healthy children/babies
- The mother will have time to be able to develop herself and contribute financially to her upkeep and her family
- Removes fear of unintended pregnancy
- She is able to spend quality time with each child
- She will be able to breast feed for as long as possible, thus providing her baby with nutritious food and protection from diseases
- Reduces maternal ill health and death

### Benefits of FP to men

- Eliminates the fear of unintended pregnancy and more mouth to feed
- Promotes father's social well being
- Has less anxiety and stress thus preventing ill health and premature death
- Able to spend quality time with the family
- Able to play the role of a father better and plan for the future of the children
- Has quality time for the wife, and, encourages close relationship between wife and husband

### Benefits of FP to the child

- Able to receive good care and attention from parents and promotes bonding
- Will not feel bored and neglected and thus will be less prone to juvenile delinquency tendencies
- Will not be forced into child labour such as to help the family meet financial needs
- Reduction of infant illness and death
- Better health, education, clothing and employment opportunities

### Benefits of FP to the family

- Enhances the family's nutrition
- Promotes economic growth
- Promotes education of children

### Benefits of FP to the community

- Allows community to plan and manage its resources effectively

- Discourages social delinquencies
- Promotes community unity
- Enhances appropriate use of resources
- Reduces infant and maternal illnesses and deaths
- Reduces teenage pregnancy and abortion
- Enables longer breastfeeding period

#### Benefits of FP to the nation

- Promotes socio-economic development
- Improves quality of life
- Promotes economic empowerment and participation of women in development
- Promotes achievement of demographic dividend



#### **Conclusion**

- By allowing women the freedom to control the number and spacing of their births, family planning helps women preserve their health and fertility and contributes to improving the overall quality of their lives
- Because the effects of family planning are not immediate, long-term benefits would be seen beyond now.
- Death due to abortion can be drastically reduced with effective FP programming
- There is no one way strategy to address barriers to access and utilization of FP, multiple strategies should be employed, and all hands must be on deck to ensure its success



#### **Evaluation**

1. What is Family Planning?
2. List two natural FP methods and four modern FP methods
3. List four benefits of Family Planning

**UNDERSTANDING THE CHALLENGE INITIATIVE BUSINESS UNUSUAL APPROACH TO FAMILY PLANNING****Learning Objectives**

By the end of the session, participants will be able to:

1. The Concept of TCI Business Unusual Model to FP programming in Nigeria
2. The Demand Driven Model (DDM) and the stages involved

**Materials**

- Flip sheets
- Masking tapes
- Printed paper
- Markers
- Projector
- Screen

**Learning Approach**

- Group activity
- Brainstorming

**Content****Overview of The Challenge Initiative**

More than half of the world's population currently lives in cities and this urbanization is accelerating to 70 percent by 2050, especially in Africa and Asia. Cities benefit from economic growth, but also struggle to accommodate rising demands for services. Cities are home to growing, underserved poor communities.

The Challenge Initiative is a strategic shift away from the traditional model of development, TCI is demand-driven – local governments self-select to participate and demonstrate political commitment by providing their own financial, material and human resources. In return, TCI brings technical expertise as well as support from its Challenge Fund. TCI leverages funding support from other sources too, such as bilateral and multilateral donors as well as foundations and the private sector.

Reaching urban women and girls with reproductive health services is essential to a brighter future for families and cities. Empowering a woman or girl to decide whether and when to have a child unlocks her confidence to pursue an education, a job opportunity or start or grow a family.

Benefits of being part of TCI:

- Better health for children, women and families
- Increased attendance and better performance in schools
- Improved economic conditions for communities
- Lower healthcare costs
- Less stress on urban infrastructure

### **Business Unusual**

The Challenge Initiative offers a ground-breaking opportunity to have a dramatic impact on reproductive health for underserved urban poor communities. Building off evidence from the Urban Reproductive Health Initiative (URHI) in four countries, this is a new paradigm for expanding URHI's proven solutions to new cities and geographies:

- Demand-driven and city-led: Cities choose to participate and run their program with support from the Initiative
- Access to a Challenge Fund: A highly-leveraged investment platform enables donors to support effective urban programs
- Entrepreneurial approach: Regional accelerator hubs operate on lean funding and builds in cost-efficient and cost-effective programming
- TCI University: This learning platform offers orientation and practical support, including program tools, training sessions, technical coaching and continuous learning through a community of practice
- Visionary financing framework: The Initiative's technical assistance and development financing models a novel approach that can be used for other sectors

### **Demand-Driven Model**

The Challenge Initiative is built around the premise that putting cities in the driver's seat of a project is essential in ensuring that project succeeds and that its impact lasts beyond the life of the project as it develops into a full-fledged program. This approach requires cities to take the lead to improve the health and wellbeing of their population, supported by the Initiative and its regional accelerator hubs with funding, tools, and assistance. To participate in the Initiative, cities step forward and demonstrate their willingness, readiness and ability to address their reproductive health challenges through the following three-stage process:

**Stage 1:** Submit an Expression of Interest

**Stage 2:** Design a Program

**Stage 3:** Implement a Program

The Initiative believes this demand-driven model will incentivize cities to have a high level of commitment and responsibility for serving the reproductive health needs of their citizens. The model's three stages are intended to prime local ownership at the outset and nurture a leading role for cities in program design and implementation. These stages also provide visibility on the appetite for change that exists in many vibrant urban communities.

The Initiative will strive to marshal the needed resources to sufficiently respond to the demand for technical and financial support that this process will require, while at the same time ensuring that this support flows to cities with projects that have the best likelihood of success.

### The Challenge Initiative terminologies –

Some common TCI terminologies and definitions:

| Terminologies            | Definition   |
|--------------------------|--|
| <b>Accelerate:</b>       | To progress rapidly, fast-track or increase. Usually used in reference to moving quickly; to move implementation of high-impact family planning programs forward in an innovative, time-sensitive, and cost-effective manner.<br><i><u>Adaptation:</u> TCI accelerates progress toward the 2020 goal of 27% mCPR</i>   |
| <b>Accelerator Hubs:</b> | Refers to the regional hubs made up of TCI technical experts and implementation team through which states receive technical support to implement high-impact URHI programs e.g. Nigeria hub, state hub.<br><i><u>Adaptation:</u> TCI does not have project offices or program officers but acceleration hubs and accelerators</i>                            |
| <b>Business Unusual:</b> | Refers to TCI's unique strategy of increasing government's interest and participation in health (with focus on family planning) using unconventional approaches different from the practice in the past.<br><i><u>Adaptation:</u> TCI employs a business unusual strategy approach to family planning to increase government interest and participation.</i> |
| <b>Catalyst (noun):</b>  | Used in reference to TCI to define the Initiative's role in stimulating, spurring, inciting, or motivating relevant  |

|                               |   |
|-------------------------------|---|
|                               | <p>stakeholders to take definitive actions in support of reproductive health interventions</p> <p><i><u>Adaptation:</u> The Challenge Initiative is not a project, it is a catalyst for reproductive health advancements in States</i></p>  |
| <b>Catalytic Fund:</b>        | <p>Monies/grants which states/geographies that partner with TCI receive to stimulate the recipient/grantees to bring their own resources to support FP</p> <p><i><u>Adaptation:</u> TCI enabled States receive catalytic funds to kickstart family planning interventions in the State</i></p>  |
| <b>Customized:</b>            | <p>Refers to adaptation/creation of reproductive health interventions specific to the need of the different geographies where TCI is implemented</p> <p><i><u>Adaptation:</u> TCI supports States to deliver customized reproductive health interventions to match the needs in the State</i></p>   |
| <b>Demand-Driven Model:</b>   | <p>Refers to the TCI model that requires states to voluntarily express interest, request for technical support to implement high-impact family planning interventions and become selected in a competitive manner.</p> <p><i><u>Adaptation:</u> Through the Demand-Driven Model, States self-select to become TCI supported</i></p>   |
| <b>Geographies:</b>           | <p>Locations supported by TCI. Usually refer to the states/LGAs that are identified as potential beneficiaries of the TCI support</p> <p><i><u>Adaptation:</u> TCI establishes offices in the different geographies where we work</i></p>   |
| <b>Highly-Leveraged:</b>      | <p>Refers to TCI's approach of taking advantage of learnings from the successful NURHI project, as well as relevant resources and tools</p> <p><i><u>Adaptation:</u> The Initiative is built to be streamlined, highly-leveraged, agile, and sustainable</i></p>  |
| <b>Human Centered Design:</b> | <p>This is a design and management framework that develops solutions to problems by involving the human perspective in all steps of the problem-solving process. It is commonly referred to as programming with the people in mind.</p> <p><i><u>Adaptation:</u> The hub will address the low uptake of family planning through training FP providers to provide Long</i></p> |

|                           |   |
|---------------------------|---|
|                           | <i>Acting Reversible Contraceptive (LARC) methods, orientation using the Human-Centred Design (HCD) approach</i>  |
| <b>Light-Touch:</b>       | Refers to the nudge or push given to TCI partner states to own and lead reproductive health advancements in the State. In comparison to NURHI’s intensive technical assistance, TCI offers a light-touch technical support to States<br><i>Adaptation: TCI is not a project; it is an initiative that provides light-touch technical assistance to States</i>   |
| <b>Local Governments:</b> | Refers to States where TCI works not necessarily to the local governments (LGAs) within those States.<br><i>Adaptation: Increase capacity of local governments to implement effective family planning programs leading to increased use of modern contraceptive methods</i>   |
| <b>TCI University:</b>    | A community of practice with learning resources and tools for reproductive health experts and practitioners<br><i>Adaptation: Part of TCI’s light-touch provided to States is the TCI University which houses resources, tools and materials relevant to the training and enlightenment of reproductive health professionals worldwide</i>  |
| <b>Urban Poor:</b>        | Individuals and families who live below the poverty line in urban areas.<br><i>Adaptation: TCI and NURHI interventions focus on the urban poor due to the social and demographic complexities associated with population explosion which usually leads to deficiencies in healthcare services. It is believed that family planning programs targeting urban poor lead to the effective management of population explosion and better quality of life.</i> |



## Conclusion

The Challenge Initiative (TCI) is an exciting new “business unusual” approach to financing, scaling up and sustaining high-impact family planning solutions for the urban poor.



## Evaluation

1. What do you understand by the business unusual model of the challenge initiative?
2. What are the benefits that participating states/cities can gain from collaborating from TCI?
3. Mention the three stages involved in the Demand-Driven Model of TCI

## ADOLESCENT REPRODUCTIVE HEALTH



### Learning Objectives

By the end of the session, participants will be able to

1. Explain the concept of Adolescent Reproductive Health
2. Understand the NURHI-TCI Life Planning for Adolescents and Youth (LPAY) approach
3. List at least six methods of Family Planning
4. List four effects of unplanned pregnancy



### Materials

- Flip sheets
- Masking tape
- Markers
- Projector
- Screen.



### Learning Approach

- Power point presentation
- Brainstorming
- Interactive



### Content

#### Overview

Explain to participants that young people are rarely provided with adequate knowledge about their own development, especially regarding sexuality, the changing human relationships which take place during adolescence, and the benefit to boys and girls of equity between the sexes.

#### What is reproductive and sexual health?

- Ask participants to tell you what they understand by adolescents and youths reproductive and sexual health.
- Take comments from three to five participants.

- Clarify their comments
- Explain the concept of reproductive and sexual health.

Adolescents Reproductive and sexual health describes the ability and capability of adolescents to understand their sexuality in the context of biological, psychological, socio cultural and reproductive dimensions and to acquire skills in making responsible decisions and actions with regard to sexual and reproductive health behaviours.

The most comprehensive reproductive health and sexual health programmes not only cover the biology and anatomy of reproduction and sex, but also provide young people with information about dating, boy-girl relationships, marriage and contraception. They help develop the skills necessary to resist peer pressures, inappropriate sexual advances and to attain a level of maturity required to make responsible decisions. It includes lessons on attitudes, behaviour and skills to protect them from unwanted pregnancies, STIs, risky sex, sexual abuse, unsafe abortions, as well as development of respect for the human body, sensitivity and equity in gender relations.

### **The NURHI 2/TCI Life Planning for Adolescents and Youth**

The period of transition from childhood to adulthood requires special attention and protection. Significant changes and milestones are recorded during this period and the struggles for self-identification and recognition are sometimes drastic. Adolescents and young people go through different maturity stages and this could affect their emotional, physical and mental abilities. It is during this period also that their knowledge and rights to health, productivity and life are developed. It is therefore important that for these rights to be fulfilled, focused investments and opportunities are created for these group of persons by families, government and other stakeholders.

The Nigerian Urban and Reproductive Health Initiative (NURHI 2) implements an adolescents and youth program for ages 15 -24 years, known as Life Planning for Adolescents and Youth (LPAY). LPAY integrates a deliberate and innovative focus on adolescents and youth into NURHI 2's existing strategic approaches in order to address current barriers to young people's access to reproductive health information and services, respond to their unique life planning needs and thereby, increase demand for reproductive health knowledge and services.

Life Planning for Adolescents and Youth (LPAY) key priorities are:

- ❖ Advocacy- Achieve a supportive environment for meaningful participation of adolescents and youth in their reproductive health and well-being thereby ensuring that their needs and views are fully considered in all LPAY issues.
- ❖ Service Delivery- Improve quality of services by fostering an in-clinic environment that facilitates Life Planning for Adolescents and Youth; training providers in counseling and reproductive health provision; developing and disseminating the tools that

enhance quality service and expanding access to youth friendly services (in-reach and out-reach services for young people).

- ❖ Demand Generation- Trigger discussions about life planning for adolescents and youth at household and community levels, promote sexual responsibility and life planning among young persons, correct misinformation and dispel fears around life planning for adolescents and youth including contraceptive use.

### Benefits of Life Planning for Adolescents and Youth

- Young people have access to education, information and services to protect and promote their sexual and reproductive health and rights. This better equips them to engage in healthy behaviours
- Those who wish to avoid, space, delay or limit pregnancies have the information they need to make responsible choices and can access the services they require without fear of stigma
- Removes socio-cultural or structural barriers, and empowers young people to realize their potentials and achieve their educational and or career goals

### **Contraception for Young People**

Ask participants for their take on young people's use of contraception.

Young people can safely use many contraceptive methods and are often less tolerant of side effects than older women. With counselling, young people will know what to expect and may be less likely to stop using the methods. It is important for youth and adolescents to be aware of STIs risks and how to reduce them.

### **Barriers to Accessing Contraceptives**

On sticky notes, ask participants to list some of the barriers to youths and adolescent's use of contraception, one barrier per sticky note. Expatiate on the following

- ✚ Lack of access to services or methods:
  - I. Clinics not designed to be inviting to young people
  - II. Providers being judgmental and biased in serving young people
  - III. Cultural taboos in providing information about reproductive health and family planning
- ✚ Youth may:
  - I. Lack of understanding of reproductive health and family planning methods, including side effects
  - II. Be restricted by taboos around communication
  - III. Lack transportation to clinic or money to access contraceptive services
  - IV. Be concerned about having a pelvic examination

## Psychological and Social effects of Unplanned Pregnancy for Youth

Ask participants to mention some of the effects that unplanned pregnancy could have on youth and adolescents.

- ✚ Limited education
- ✚ Fewer career or job opportunities
- ✚ Heavy economic burden
- ✚ Depression, loss of self-confidence and lack of hope
- ✚ Consequences more severe for young women than men
- ✚ Children of young parents may face psychological, social and economic obstacles

## Benefits of Adolescents Reproductive Health information

- Ask participants to state some benefits of reproductive health information to the youth and adolescents.

### ✚ Benefits of ARH

- Better understanding of physiological and emotional changes during puberty,
- Increasing knowledge about reproductive health,
- Increasing access to reproductive health information/ counseling,
- Increasing access to clinical reproductive health services,
- Improving communication among family members,
- Enhancing sexual decision-making/negotiation skills,
- Building self-esteem,
- Delaying initiation of sexual activity,
- Increasing safe sex practices,
- Delaying first pregnancy,
- Increasing space between first and second births.



## Conclusion

For family planning services to effectively meet adolescents' unique needs, providers must be trained to understand the nuances around young people's sex lives and to deliver both counselling and appropriate methods to meet their reproductive desires.



## Evaluation

1. How does contraceptives use benefit youth and adolescents?
2. List two effects of unplanned pregnancy on youth and adolescents.

**FAMILY PLANNING AS A TOOL FOR SUSTAINABLE DEVELOPMENT****Learning Objectives**

By the end of the session, participants will

1. Understand how Family Planning promotes sustainable development
2. Understand the sustainable development goals

**Materials**

- Power point Projector
- Screen
- Video (Family Planning as a tool to unlocking the Sustainable Development Goals)

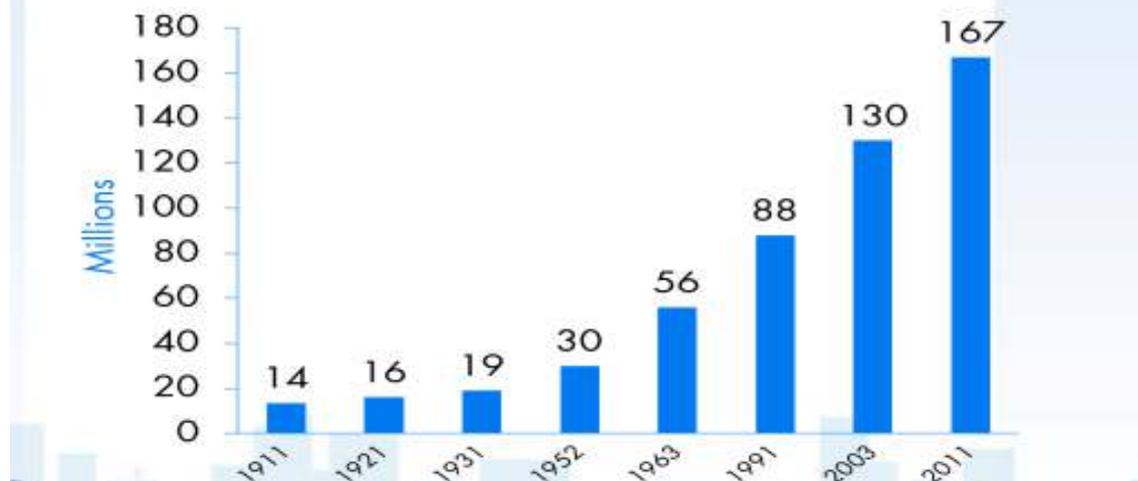
**Learning Approach**

- Power point presentation
- Discussion

**Content****Overview**

- Explain to participants that Family planning helps to improve the health and the overall well-being of women and families around the world. Effective FP can help in no small measure to achieve the SDGs. By delaying or limiting birth FP helps to lower health care costs, keeps more girls in school and for more years, and ensures more women in the workforce. This benefit can be seen at household, community and national levels.
- Explain to participants that the population of Nigeria is largely young, compared to more advanced countries, and is growing rapidly. Compare Nigeria's fertility rate with advanced countries. Illustrate with charts and diagrams as much as possible.

# Population of Nigeria- Rapid Growth



- State some Reproductive Health indices in Nigeria and relate how Family Planning can reduce the burden reflected by these indices
  - High Maternal Mortality Ratio - 576/100,000 (10<sup>th</sup> highest in the world)
  - High fertility - 5.5
  - Low coverage of health services (ANC - 61%; delivery with skilled attendant - 38%)
  - Low modern CPR -10%; high unmet need - 16%
  - Only 15% of Nigerian married women use a contraceptive method
  - 10% of currently married women report using a modern method.
- Ask participants to brainstorm on the effects of high fertility
- Note comments and explain the effects of Family Planning on health, education, environment, agriculture and the nation's economy.
- Explain in detail the 17 Sustainable Development Goals and how Family Planning can contribute to achievement of each goal.

## Sustainable Development Goals

The Sustainable Development Goals (SDGs) are a United Nations Initiative developed by a global network of governments, donors, multilateral organizations, and other key stakeholders to guide and further the global development agenda. Officially known as "Transforming our world: the 2030 Agenda for Sustainable Development", the SDGs are a set of seventeen aspirational "Global Goals" with 169 targets. These 17 goals, launched in 2015, will build on the Millennium Development Goals.

**Goal 1:** End poverty in all its forms everywhere

**Goal 2:** End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

**Goal 3:** Ensure healthy lives and promote well-being for all at all ages

**Goal 4:** Ensure inclusive and equitable quality education and promote life-long learning opportunities for all

**Goal 5:** Achieve gender equality and empower all women and girls

**Goal 6:** Ensure availability and sustainable management of water and sanitation for all

**Goal 7:** Ensure access to affordable, reliable, sustainable, and modern energy for all

**Goal 8:** Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

**Goal 9:** Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

**Goal 10:** Reduce inequality within and among countries

**Goal 11:** Make cities and human settlements inclusive, safe, resilient and sustainable

**Goal 12:** Ensure sustainable consumption and production patterns

**Goal 13:** Take urgent action to combat climate change and its impacts

**Goal 14:** Conserve and sustainably use the oceans, seas and marine resources for sustainable development

**Goal 15:** Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

**Goal 16:** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

**Goal 17:** Strengthen the means of implementation and revitalize the global partnership for sustainable development

Explain to participants that Family Planning contributes directly to Targets 3.7 and Target 5.6:

- **Target 3.7:** By 2030, ensures universal access to sexual and reproductive health care services, family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- **Target 5.6:** Ensures universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

Play a video on “Family Planning as a tool to unlocking the Sustainable Development Goals”. Before playing the video, ask participants to listen attentively and take notes as they watch.

Discuss with participants, the issues that were highlighted in the video.



## Conclusion

Global population levels have been increasing rapidly for decades. This trend significantly limited the success of the MDGs and threatens to do the same for the SDGs. Therefore, increasing access to family planning services is vital to sustainable development.

There are few, if any, development interventions or technologies that can have as transformative an impact on countries, economies and lives as family planning services.

Universal access to family planning services could be provided for a fraction of total global aid spending and can, among other things, help to reduce mortality, improve women’s empowerment, boost economic growth and slow unsustainable population growth



## Evaluation

1. How does Family Planning promote sustainable development?
2. List two sustainable development goals that are directly linked with Family Planning

## CULTURAL AND RELIGIOUS CONTEXTS OF FAMILY PLANNING

**Learning Objectives**

By the end of the session, participants will

1. Have better understanding of how FP is perceived from several cultural & religious views
2. Understand how to handle peculiar scenarios with cultural & religious challenges
3. Be equipped to anticipate reactions coming from divergent views on FP
4. Understand behavioural patterns of others and how to inform them without abusing their sensitivity

**Materials**

- Flip sheets
- Marker

**Learning Approach**

- Role play
- Discussion

**Content****Overview**

The role of religion and culture plays a very crucial and influential position in the decisions of people. Most importantly in the lives of people from developing countries like ours where the religious leader is seen as the representative of God and our cultures are perceived as golden rules that must not be questioned or broken.

As journalists who are saddled with the task of ensuring that the public is informed and educated, it is necessary they are informed about some of the cultural and religious views concerning Family Planning (FP) and then understand how to best communicate it.

- Split participants into two (2) groups.
- Provide each group with a scenario that has been typed out in a sheet. The scenarios are stories of two different families under different circumstances, who need to make decisions about Family Planning. See sample scenarios below:

### **SCENARIO 1**

Christy is a 36-year old trader, married to a respected community leader, Solo. She has four children; all girls. She desires to stop having children, but her husband's family have been pressurizing her to have a male child. Her husband does not seem to be bothered about the sex of his children; he loves them all the same. However, he likes to have as many children as God gives him. He is a committed Catholic and does not believe in the use of contraceptives. Christy's trade and her husband's job do not seem to cover their running costs at home and other expenses. Sometimes, her husband obtains loan to offset house rent, school fees etc. and pays back in instalments. Christy meets her friend, Zuwaira who has three boys and has reached mutual understanding with her husband to stop child bearing and focus on giving their children good quality education and care. Zuwaira was able to achieve this because her husband attended Family Planning counselling session with her at a nearby health facility after listening to radio series on Family Planning. Christy is worried about how to discuss the issue with her husband.

### **SCENARIO 2**

Munirat is a 39-year-old house wife. She has three children (one boy and two girls). Her last child is 11 months old. She had three other children with her first husband who died after a chronic illness. Her present husband is very wealthy and married to two other wives. Munirat seems to have all that she needs - catering for the children is not a problem as her husband provides for them. Munirat's other mates have two boys each and one of them is pregnant. Munirat feels that she would be more fulfilled if she had at least one more male child to be at par with the other wives. Her husband does not mind having more children. However, Munirat's mother is concerned for her daughter due to the complications she suffered during her last childbirth. Munirat's mother visits her and tries to dissuade her from competing with her mates and focus more on her health as well as her children's wellbeing.

- Adjust scenarios, if necessary

- Instruct participants to read through their scenarios, tease out the characters, agree on director, and take 15 minutes to rehearse a role play from what they read. The role play should be no longer than 10 minutes.
- Bring groups back together after 15 minutes of rehearsal.
- Let groups present their role plays in 10 minutes each.
- Ask participants to highlight the cultural and religious issues that emanated from the role plays.
- Ask for participants' opinion about the cultural and religious values highlighted in the drama that relates to Family Planning.
- Clarify any cultural traditional values that discourages uptake Family Planning
- Discuss the pertinent health benefits of Family Planning to the family.
- Ask participants to share their experiences from the role plays. What lessons did they learn? How would they respond to cultural and religious perspectives that do not support Family Planning? How would they inform their audience on Family Planning bearing in mind different cultural beliefs?



### **Evaluation**

1. How is FP perceived in your culture and religion?
2. How would you inform your audience on Family Planning in a culturally sensitive manner?

## ADDRESSING MYTHS AND MISCONCEPTIONS ABOUT FAMILY PLANNING

**Learning Objectives**

By the end of the session, participants will

1. Identify common myths and misconceptions with respect to Family Planning
2. Be better equipped to address myths and misconceptions around Family Planning

**Materials**

- Flip sheets,
- Marker

**Learning Approach**

- Brainstorming

**Content****Overview**

Myths are widely held but false beliefs or ideas. While misconceptions are views or opinions that are incorrect because they are based on faulty thinking or misunderstanding. There are myths and misconceptions surrounding the use of Family Planning and they play a huge role in the poor uptake of Family Planning, especially in developing countries. To increase uptake of Family Planning, it is important to address these myths and misconceptions and provide scientifically correct and adequate information on them. As journalists who inform the public, it is very important to discuss these myths, misconceptions, and acquire knowledge to address them so that the listening, reading and viewing audience can be better informed and educated appropriately. This is particularly important to increase Family Planning uptake.

- Ask participants to mention some of the myths, misconceptions they have ever heard or believed about Family Planning.
- Let them write as many as possible on sticky notes – one myth or misconception per sticky note.

- Gather all the sticky notes, paste them on a flip sheet on the wall.
- Take each statement one after the other and discuss with participants.
- Correct the wrong beliefs and provide adequate information to explain/counter each myth/misconception

#### Typical myths and misconceptions about Family Planning

- Using contraceptives can make a woman infertile
  - Contraceptives are dangerous to your health
  - People who use contraceptives end up with health problems
  - Women who use contraceptives can become promiscuous
  - Contraceptives can harm the womb
  - Contraceptives reduce woman's sexual urge
  - Contraceptives can give deformed babies
  - Contraceptives cause cancer
- Explain to participants that modern contraceptives, just like many other drugs/medications may have side effects on individuals who use them, in different ways and to different degrees. However, the side effects can be managed by trained Family Planning providers.
  - Explain to participants that women are expected to go through proper counselling before selecting the contraceptives that suit their body types. Trained Family Planning providers will mandatorily take their clients through counselling and examination before reaching a decision on appropriate Family Planning method.



#### **Conclusion**

Conclude by telling participants that it is important that they themselves are convinced about the use of Family Planning and correct the myths or misconceptions that they harbour, if they are to objectively inform and educate their audience on the need to embrace Family Planning.



#### **Evaluation**

1. Identify 3 common myths and misconceptions about Family Planning?
2. How would you educate your audience in order to dispel the myths and misconceptions around Family Planning?

**FAMILY PLANNING IN NIGERIA: TRENDS, PRACTICES, ATTITUDES AND BARRIERS RELATED WITH FAMILY PLANNING****Learning Objectives**

By the end of the session, participants will

1. Understand the practices related to Family Planning in their State
2. Understand the attitudes related to Family Planning practice in their State
3. Understand the barriers related with uptake of Family Planning in their State

**Materials**

- Power point projector and screen

**Learning Approach**

- Presentation

**Content****Overview**

This module is a presentation of research findings with respect to Family Planning in the respective site of participants. The facilitator is expected to provide an overview of Maternal and Child health in the State.

- Provide information about the trend in contraceptive prevalence rate using the National Demographic and Health Surveys (NDHS) conducted in the country e.g. NDHS of 1998, 2003, 2008, and 2013.
- Provide information on the current situation of contraceptive prevalence in the State.
- Reflect on the importance of Family Planning and its benefit to the family, community and nation.
- Highlight the practices related with Family Planning in the State – the method mix (traditional and modern), the profile of users and non-users.

- Highlight the attitude of men and women of reproductive age with respect to the use of Family Planning
- Highlight the barriers related with uptake of modern contraceptives in the State



## **Conclusion**

Conclude by emphasizing the benefits of Family Planning, its effect on health, education, environment, infrastructure, agriculture and the economy. Encourage the participants to use their various platforms to inform and educate their audience from time to time on the importance of Family Planning.



## **Evaluation**

1. List three Family Planning methods used by couples in your State
2. What are the attitudes related to Family Planning practice in your State?
3. What barriers are related with uptake of Family Planning in your State

## POLICY ENVIRONMENT FOR FAMILY PLANNING IN NIGERIA

**Learning Objectives**

By the end of the session, participants will

1. Identify key policies related with Family Planning in Nigeria
2. Understand the key targets and provisions of the National Family Planning Blueprint and State Family Planning Blueprint (or Costed Implementation Plan as the case may be)

**Materials**

- Power point projector and screen

**Learning Approach**

- Presentation

**Content****Overview**

Current estimates suggest the population of Nigeria totals 182 million people (2015), ranking the nation as the seventh most populous country in the world and the largest country in Africa. With an estimated annual growth rate of 3.2 percent, Nigeria is projected to become the third most populous country in the world by 2050 with an estimated increase of approximately 216 million people over the next 35 years. Nigeria has a youthful population; approximately forty-four percent of the population is under the age of fourteen. Nearly fifty percent of the population lives in the urban areas and projections suggest 67 percent of the population will reside in urban areas by 2050.

According to the 2013 NDHS, 15.1 percent of married women of reproductive age (15–49) are using any contraceptive method; however, only 9.8 percent of these women are using modern FP methods. 68.1 percent of unmarried sexually active women of reproductive age (15-49) are using any contraceptive method, and 54.9 percent of these women are using modern FP methods. The national rate has largely remained at this level since the late 1990s. The modern method mix in Nigeria is predominantly comprised of short-term methods, notably condoms, pills, and injectable.

- Highlight the prevailing demographic and reproductive health indices in the State including Family Planning uptake and method mix.
- List key policies that have direct or indirect impact on Family Planning in Nigeria
  - National Policy on population for Development, Unity, Progress and Self-reliance (2004)
  - The National Policy on population for sustainable development (2004)
  - National Strategic Health Development Plan (2010-2015)
  - The task-shifting and task-sharing policy for service providers
  - National Family Planning Blueprint (2014)
  - National Reproductive Health Policy (2017)
  - State Costed Implementation Plans (CIPs)
- Shed more light of the National Family Planning Blueprint and CIPs

As part of its FP2020 commitment, during the 3<sup>rd</sup> Nigeria Family Planning (FP) Conference, the Federal Ministry of Health launched Nigeria's FP Blueprint. The goal of the Blueprint is to increase the usage of FP from 15% to 36% by 2018. This goal has been revised to 27% (MCPR) by 2020

- List the strategic areas of the National Family Planning Blueprint (2014)
  - Service delivery
  - Supplies and commodities
  - Demand generation and behaviour change communication, which borders so much on media effort, community mobilizers and that of ANN
  - Regulation and policy
  - Financing
- Explain each strategic area to the participants
- Highlight the State's Family Planning Blueprint, if available. Explain the strategic areas/priorities in the state's policy document.
- Explain the need for participants to have good knowledge of these policies and to monitor their implementation.
- Identify the strengths and/or gaps of the existing policies and make recommendation on key issues for their effective implementation e.g. staffing, financing, etc.
- Share copies of the National and State Family Planning Blueprint with the participants for their use and to read up.



## **Conclusion**

To accelerate our fulfillment of the FP2020 commitment, there is need for all stakeholders to work together to strengthen demand for a full range of contraceptive methods and FP

services, target the youth population, increase coverage and access to high-quality integrated FP services and commodities through the private sector, including faith-based organizations, private hospitals/clinics, pharmacies and PPMVs as appropriate for some methods. It is also important to strengthen the capacity of health care workers to provide safe, high-quality FP services and to monitor and evaluate systems and processes put in place.



### **Evaluation**

1. List three key policies related with Family Planning in Nigeria
2. List three key strategic areas of the National Family Planning Blueprint
3. List three key priority areas of your State's Family Planning Blueprint (or Costed Implementation Plan)

## MEDIA INVOLVEMENT IN REDUCING MATERNAL AND CHILD MORTALITY IN NIGERIA

**Learning Objectives**

By the end of the session, participants will

1. Understand their roles in promoting maternal and child health
2. Identify ways to contribute to preventing maternal and child mortality in the country through family planning advocacy

**Materials**

- Power point projector and screen

**Learning Approach**

- Presentation
- Brainstorming

**Content****Overview**

Media professionals are in the best position to catalyze actions by all of those concerned – the public, the government, policy makers, etc. The society is impacted in diverse ways by the media and look up to them for information, education and for guidance. The role of the media is therefore very critical to the success of family planning initiatives. The media must be informed for information dissemination, as well as engaging policy and decision makers on issues that border on Family Planning and Adolescent Reproductive Health. Policy makers are not responding to the realities on ground, yet people are suffering because of lack of knowledge.

Thus, Nigeria needs the media to help the populace to take life-enhancing decisions, simplify understanding for the majority, give ultimate power to the individual over their choices to remain alive, place premium on the lives and the voice of the people concerned, and passionately drive good conscience in governance.

- Highlight the link between uptake of Family Planning and prevention of maternal and child mortality and its contribution to improving quality of lives.

- Emphasize the role of Family Planning in improving the wellbeing of the family and community.
- Highlight the fact that social mobilization is needed so that development issues such as Family Planning does not eventually take the backstage in the media
- Ask participants to list ways they can promote Family Planning issues on their platforms. Note them.
- Add more suggestions on how they can intensify their advocacy efforts on Family Planning.



### **Conclusion**

Media involvement is needed to promote family planning so as to raise the consciousness of the people about family planning being a civic responsibility, equal to voting. The media is needed to pay greater attention to family planning issues and save lives and livelihoods. Also, there is need for the media to see family planning information seekers as communities to nurture, help clear misgivings and prejudices against accessing child spacing services and other family planning issues.



### **Evaluation**

1. In what ways can you contribute to preventing maternal and child mortality in the country through family planning advocacy?

## WRITING COMPELLING HUMAN ANGLE STORIES ON FAMILY PLANNING



### Learning Objectives

By the end of the session, participants will

1. Learn how to plan and do stories that will stimulate actions from respective stakeholders
2. Develop story ideas that will be used by them subsequently



### Materials

- Power point projector and screen
- flip sheets,
- markers



### Learning Approach

- Presentation, brainstorming, group activity



### Content

#### Overview

The health of women and girls is a serious health concern globally. Non-use of the Family Planning services is still a major health challenge in Nigeria. Health stories require more prominence in the media. Family Planning stories are not complicated to source. Yet, many news organizations still pay little attention to Family Planning stories.

Highlight the responsibilities of the media with respect to reportage of Family Planning. Include the fact that FP stories need to be told widely, the media needs to influence legislations, demystify FP and provide information to the public that are geared towards influencing changes in behaviours.

Ask participants to brainstorm on different perspectives to writing FP stories. Note them.

Add the following perspectives - the facts and figure angle, the money/budgeting angle, the institutional authorities angle, the research findings angle, the personal concern angle.

Split participants into groups. Groups can be based on type of media platform – (Radio, television, Print/online)

Instruct participants to brainstorm on story ideas on Family Planning using the format below

| Broad Issues | Story Angle | Target Audience | Resources Needed | Format |
|--------------|-------------|-----------------|------------------|--------|
|              |             |                 |                  |        |

Give participants 20 mins to work in groups.

Provide flip sheets to write on

Ask participants to present their group work.

Discuss the story ideas presented by the participants.

Clarify and refine the story ideas presented if necessary.

## EFFECTIVE DATA REPORTING AND VISUALIZATION

**Learning Objectives**

By the end of the session, participants will

1. Understand the importance of effective data reporting
2. Understand how to use data as a tool for information sharing
3. Be exposed to different ways of presenting/reporting data
4. Recognize some legitimate FP data sources

**Materials**

- Power point projector and screen

**Learning Approach**

- Presentation, brainstorming.

**Content****Overview**

Media professionals owe their audience the responsibility of giving information that will translate to knowledge and ultimately practice. Individuals and people in general have the right to acquire an objective picture of reality by means of accurate and comprehensive information.

Data is synonymous to information and can be referred to as facts or figures or characters that is measured, collected, analysed and reported. Data Visualization on the other hand is how we make sense of and communicate data through visual representation of information, thus providing a deeper insight into the content of data. According to the data visualization guru Albert Cairo, the first and main goal of any visualization is to assist to “the eyes and brain to perceive what lies beyond their natural reach.”

Media practitioners have an important role in helping to lower the barriers to understanding and interrogating data and increasing the data literacy of their readers on a mass scale. To prompt behaviour, change on family planning, the media must be able to effectively communicate data hence the need to understand the importance of effective data reporting and visualization.

- Emphasize that participants must be able to use data to tell a story, dishing out just raw figures might not appeal to all categories of audience.
- List the importance of using family planning/reproductive health statistics (like the indices mentioned in module 1) to spark audience to action

#### Importance of effective data reporting

Family planning data can be used as a tool to support advocacy efforts and objectives, show clearly the impact of intervention, quantify the impact of a problem and back up the call to action messages.

#### How can we report data effectively?

- Avoid ambiguous/technical terms and acronyms like CYP, CPR, MMR
- Use data that people are familiar with – like percentages and whole number.
- Emphasis should be on persons – Talk about key findings within the context of people
- Use only a few data points to support your focal point

#### How can we turn data into messages?

Data needs to be turned into messages to support whatever line of discussion, when working with data, it is essential to:

- Recognize your main message or call to action.
- Select data from reliable source(s) that illustrate your message.
- Frame the numbers within a broader story.

#### Ask participants to brainstorm on how data can be reported?

#### Data Visualization

Telling stories based on the data is the primary goal. Visualizations can be used to create a clear understanding of a complex situation. Data visualization the representation of information in the form of a chart, diagram, picture, etc.

#### Different ways of reporting data

Data can be reported using charts, graphs, tables (as shown below).



### Sources of Family planning data

In the era of technological advancement where data can be found almost everywhere, media practitioners should be knowledgeable about sources recognised globally where accurate evidence-based family planning data/information can be retrieved. Finding the best sources takes vetting so don't just take the first numbers you come across.

- Emphasize the need to report accurate data and get the right source. Accurate FP data can be acquired from databases and reports like World Health Organisation, National Demographics Health Survey, National Bureau of Statistics, United Nations Population Fund (UNFPA), World Bank and FP2020

### Conclusion

In today's world, media and media professionals are playing an outstanding role in creating and shaping public opinion and strengthening of society through the various mediums used to spread and disseminate information. Therefore, building the capacity of media professionals to understand the importance of data and data visualization methods will go a long way to ensuring their audience understands key messages as related to family planning thus transforming perceptions, spurring better decisions and ultimately producing behaviour change.

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