



Urban Community Mobilization: How Hairdressers, Barbers, Tailors and Motorcycle Drivers are helping poor Nigerians access family planning.

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Background:

Nigerian women average nearly six children over the course of their lifetime and the national population – already the largest in Africa – is expected to double within 25 years. In 2008, only 10% of married women used a modern contraceptive (NDHS 2009).

The Nigerian Urban Reproductive Health Initiative (NURHI) is a five-year project (2009–2014) to reduce barriers to childbirth spacing/family planning use and increase the modern contraceptive prevalence rate in six Nigerian cities, with a focus on the urban poor. The demand generation component includes radio-based entertainment education, social mobilization and advertising and branding, all linked by a theme of celebrating life events and making FP a social norm. Baseline findings revealed low family planning knowledge, mistrust of FP and a high level of myths and misconceptions. Results indicated a need for community-level mobilizers to strengthen community capacity to access correct information and enhance learning.

While rural communities are often defined by spatial boundaries, urban communities can form based on what jobs people have. For this reason, NURHI's 'Get it Together' campaign mobilizers are male and female artisans – hairdressers, barbers, tailors and okada

(motorcycle) drivers who live in the slums. They are volunteers, trained to create awareness and refer people for family planning services. Social mobilizers reach out to community members with family planning messages through door-to-door interaction, knowledge and visibility parades, radio drama program listening clubs and celebration of key life events such as weddings, baby naming and vocational training graduation ceremonies.

Results:

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

Lessons:

These findings show that a multi-channelled program with a robust urban community mobilization program can increase acceptance, access to and use of family planning. These findings have implications for future program planning in urban sites.