



NURHI

Nigerian Urban Reproductive Health Initiative

Family Planning Social Mapping in Ibadan and Kaduna, Nigeria

May 2011



Acknowledgements

This report was made possible by the generous support of the Bill and Melinda Gates Foundation. The contents are the responsibility of the Nigerian Urban Reproductive Health Initiative (NURHI) and do not necessarily reflect the views of the Bill and Melinda Gates Foundation.

The research was made possible by the leadership and staff of the NURHI project – Dr. Mojisola Odeku, Director; Bola Kusemiju, Deputy Director; and the entire NURHI team in Nigeria.

Abdulmumin Saad wrote this report. Valuable contributions were provided by Marc Boulay and Hilary Schwandt.

The Nigerian Urban Reproductive Health Initiative would like to thank the many people who have contributed to the research. They include the staff of our research partner in Nigeria, Population Reproductive Health Program (PRHP) of the Gates Institute, Obafemi Awolowo University in Ile-Ife, and the family planning provider research participants themselves in Ibadan and Kaduna.

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Executive Summary

Nigeria is the most populous country in Africa with a population of over 140 million and an annual growth rate of about 2.4 percent. The use of family planning in Nigeria is very low - only 10% of currently married women use a modern family planning method. The low utilization of modern family planning methods invariably factors into the high fertility, maternal, and child mortality rates in the country (NDHS, 2008).

To address the poor health and social consequences of high fertility and low utilization of family planning services in Nigeria, the Bill & Melinda Gates Foundation funded the Nigerian Urban Reproductive Health Initiative (NURHI). NURHI aims to increase the modern contraceptive prevalence rate (CPR) in selected urban areas by at least 20 percentage points through improved access to and utilization of reproductive health services. The results from this study are intended to inform the development of NURHI project activities.

The aim of this study was to assess urban community members' perception about their community boundaries, available health facilities and family planning services, as well as identify places of social interaction.

This study was qualitative in design and relied on participatory social mapping data collection activities. A total of 24 community mapping exercises were conducted between September and October 2010. The groups were stratified by sex, age, wealth, and location.

The findings suggest that most respondents were aware of most health facilities in their communities. Kaduna residents were more likely to know about the available family planning services in their communities than Ibadan residents. Men had a more expansive perception of community landmarks – potentially reflecting their greater mobility in the communities. There was little difference in identified places of social interaction when comparing the older and younger female groups. Social spaces identified included community leaders' palaces and homes, markets, sport grounds, schools, bars, and places of worship.

The study indicated a need to increase awareness about the locally available family planning service sites in Ibadan. Greater awareness of family planning service sites in Ibadan could potentially improve utilization of family planning services in this city, thereby increasing the contraceptive prevalence rate. Community leaders' compounds appear to be important social entry points into communities for both men and women, young and old.

1.0 Introduction

1.1 Background

The Nigerian Urban Reproductive Health Initiative (NURHI) is funded by the Bill & Melinda Gates Foundation. The John Hopkins Bloomberg School of Public Health Center for Communication Programs in Baltimore, Maryland is the lead implementing partner. NURHI aims to promote the health of women through improved access to and utilization of reproductive health services in four Nigerian cities - Abuja, Ibadan, Ilorin, and Kaduna in the first two years. The project will subsequently expand to Benin and Zaria in the third year of the project. To ensure effective programming, the data that are generated from community level research will inform the development of the project activities.

NURHI, through a nationally advertised and competitive process, selected and contracted the Population and Reproductive Health Program (PRHP) of Obafemi Awolowo University to conduct the formative mapping research in one southern city (Ibadan) and one northern city (Kaduna). The Institution Review Board at Johns Hopkins Bloomberg School of Public Health and the Obafemi Awolowo University Teaching Hospitals as well as the state authorities of the respective states approved the research.

1.2 Study objectives

The study has the following objectives:

1. Determine community boundaries as perceived by community members.
2. Identify health service centers in each community.
3. Identify family planning services available in each community.
4. Identify spaces of social interaction in each community as possible program entry points.

2.0 Methodology

2.1 Study design

Participatory social mapping was the qualitative data collection method applied in this study. Facilitators guided the participants through the exercise of drawing a map of their community and locating health care facilities, and identifying which health care facilities offer family planning services. Participants were also asked to identify spaces in their community where social interactions occur. The process involves verbal interactions among participants in the form of group discussion during the process of mapping.

Participatory social mapping data collection activities took place in Ibadan and Kaduna. In three neighborhoods in each city, four groups convened, stratified by sex and age. A total of 24 mapping exercises (12 in each city) were held with 219 participants, there was an average of nine respondents in each group.

2.2 Study locations

A. Ibadan city

Ibadan is the capital city of Oyo State and the third most populous metropolitan area in Nigeria, after Lagos and Kano, with a population of 1,338,659 (NPC, 2006). It is the largest in geographical area and has 11 Local Government Areas (LGA) (NURHI is present in 5 LGAs). It is located in southwestern Nigeria, 128 km inland northeast of Lagos and 530 km southwest of Abuja, the federal capital. The Yoruba people are the major inhabitants. It has a tropical wet (lengthy) and dry (short) climate and relatively constant temperatures throughout the course of the year.

The city is an important commercial centre. Nearly every street and corner in the core and the inner suburbs of the city is a market square or stall. Within the city there are two eight-day periodic markets—Ibuko (Bode) and Oje—and many daily markets. The largest daily market stretches in a belt from the railway station in the west to the centre of the city and is Ibadan's commercial core. Thus, a high proportion of the population is occupied as traders, but there are a sizable proportion of civil servants and other office workers as well. The city celebrates religious festivities and special events like Ibadan day and Okebadan festival.

The TFR in Oyo State is 5.1, which is slightly lower than the national rate of 5.7, intention to use family planning and unmet need are 53% and 18% respectively, and the contraceptive prevalence rate is 21.9, Maternal Mortality is 262/100,000 and Infant Mortality is 7/1000 (NDHS, 2008).

The survey was carried out in three selected communities, which were selected based on their economic status:

- (i) Foko - very low income (slum), very poor;
- (ii) Agbowo Community - low income, poor; and
- (iii) Oke-Ado Community - middle income.

B. Kaduna city

Kaduna is the state capital of Kaduna State located in north-central Nigeria. The city has population of over 760,000 (NPC, 2006). The city is located on the Kaduna River, a trade center, a major transportation hub for the surrounding agricultural areas, and home to many tertiary institutions of learning. Hausa/Fulani, Gbagi, Yoruba, and Igbo are the major inhabitants in the city- the city forms part of the country's cultural melting pot with multiple ethnic groups (Kaduna State, 2011). There are two marked seasons in Kaduna, the dry windy season and the rainy (wet) season. The rainy season, on average, lasts for about five months.

The total fertility rate, contraceptive prevalence rate, intention to use family planning, unmet need, maternal mortality ratio and infant mortality rate for the state were 6.9, 9.6%, 18%, 12%, 800/100,000 and 10/1000 respectively (NDHS, 2003; 2008).

The survey was carried out in three selected communities based on their economic status:

- (i) Nassarawa - very low income (slum), very poor;
- (ii) Tudun Wada Community - low income, poor; and
- (iii) Unguwar Rimi Community - middle income

Table 1: Demographic and Health Variables (NDHS, 2003; 2008)

Variables	Population	TFR (%)	CPR (%)	Unmet Need (%)	Intention to use (%)	MMR	IMR
Ibadan	1,338,659	5.1	21.9	18	53	262/100,000	7/1000
Kaduna	760,000	6.9	9.6	12	18	800/100,000	10/1000

2.3 Study population

Study participants were men and women of reproductive age from Ibadan or Kaduna. The participatory social mapping exercises were stratified by city, sex, age (18-24 years and 25-49), and wealth (very poor, poor, and middle income). There were a total of 24 social mapping exercises conducted in the two cities. Study participants were recruited from the community with support from the community leaders. Following recruitment, verbal informed consent was obtained from all study participants before proceeding. Refreshments and transport allowances were provided as incentives to the participants.

Table 2: Distribution of participants by city

S/No	Group	Ibadan			Kaduna			Total
		VP	P	M	VP	P	M	
1	Young females (age 18-24) married	8	10	9	7	9	8	51
2	Older females (age 25-49) married	12	8	11	12	10	8	61
3	Young males (age 18-24) married	8	9	9	12	9	8	55
4	Older males (age 25-59) married	8	8	10	8	8	10	52
	Total	36	35	39	39	36	34	219

VP = Very poor community

P = Poor community

M = Middle income community

2.4 Procedures

Ethical approval to conduct the study was obtained from the Institutional Review Board at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland, and the Obafemi Awolowo University, Ile Ife, Nigeria. In addition, written approvals to conduct the study were obtained from the Ministry of Health in the two states.

The lead researcher hired to carry out the research recruited and trained 24 qualified research assistants who had post-graduate training. The training focused on areas such as an overview of the NURHI project goals, qualitative research methods (especially social mapping and strategies to interact with the community members in order to understand the available health facilities and basic landmarks in the study location), fieldwork ethics, and teamwork. Mock mapping exercises were conducted with urban residents during the training and challenges were identified and solutions proffered, accordingly

2.5 Data analysis

The maps were visibly assessed to note their expansiveness, identify community boundaries, available health facilities, health facilities identified for family planning services, and places of social interaction. The data were manually sorted and analyzed. Microsoft Excel software was used to sort and generate comparisons among different variables and mapping groups. Thematic codes were developed based on the data from both the maps.

3.0 Results

Ibadan - Foko (very low income, very poor)

Young Females (18-24 years):

The map had well-delineated boundaries but had sparse and scanty features. Ten health facilities were shown on the map and all were identified as providing family planning (FP) services. Three places of social interaction (Foko palace, Adesor, and Omobaje houses) were indicated on the map. Foko palace is the most important meeting place while Foko primary health center (PHC) is the most patronized health facility. Government hospitals are perceived to be cheaper than private hospitals.

“We all patronize Foko PHC, because the cost of other hospitals (private) is too high for us.”
(Female, 21yrs, married, primary education, trader)

Older Females (25-49):

The older females drew a map with well-delineated boundaries, but highly sparse and scanty landmarks. Five health facilities were shown but none identified as providing FP services. Seven places were noted for social interaction, including one church, three mosques, a hotel, Foko palace, and a primary school. The Foko palace is a center of activities (both formal and informal meetings); various women groups/associations hold meetings at primary schools.

Foko PHC and King Eze patent medicine vendor (PMV) are the most frequently used health facilities. Poor amenities such as no electricity, judgmental staff attitude, inconvenient hours of operation (the PHC operates during the day only), and unavailability of drugs are the major barriers to using the PHC.

Comparison of Foko Females – young and old:

The young identified ten health facilities, five of which were identified by the older females. The young females had a better awareness of available health facilities in the community and those that provide family planning (FP) services than the older females, as the younger females identified 10 FP service deliver sites and the older females identified none. The older females seemed to be religiously inclined by identifying multiple places of worship as spaces for social interaction. The palace is an important place of social interaction for both young and old females.

Young Males (18-24 years):

The map had poorly delineated boundaries and sparse landmarks. Seven health facilities (HF) were indicated on the map, but none of those were identified as providing FP services. Market and bus stops were shown. Foko palace, bars and a hotel were the places of social interactions. Foko PHC and Premier Hospital are the most frequently used facilities. The respondents perceived private hospitals as expensive and beyond the reach of the poor. Poor electricity supply is a major barrier to seeking care at the public facility, PHC Foko.

Older Males (25-49):

The map had poor boundaries and sparse features including a few bars, bus stops, places of worship, and community leader's house and palace. None of the identified nine health facilities was recognized for family planning services. The Foko palace was the only place of social interaction noted.

Comparisons of Foko Males – young and old:

Neither group identified health facilities that provide family planning services. Both groups noted markets, bus stops, and bars (potential places of social interaction, though not consistently identified as such). Identification of places of worship by the older males group could suggest importance of religion to them. Bars and hotels are important places of social interactions for the young males, while the palace is the major place of social interaction for both groups.

Foko Males and Females:

Overall, the four groups in the very poor neighborhood in Ibadan identified 16 facilities with ten identified only by the young females as providing FP services, suggesting a low awareness of FP service availability among the male and older female groups in the Foko community. Eleven places of social interaction were identified with Foko palace as the major place of social interaction (identified by all four groups). Other places of interaction included places of worship, schools, hotels, and bars. Potential places of interaction shown on the map, but not identified as such, were markets and bus stops. All the groups noted four facilities (Foko PHC, Premier, Salam, and Ayo Tayo clinics). Other facilities that were frequently noted were King Eze PMV and Ayo Clinic.

Ibadan - Agbowo (low income, poor)

Young Females (18-24 years):

The map had sparse features, but well-demarcated boundaries. Ten health facilities were noted, two were noted as providing FP services. Two spaces for social interaction were noted (restaurant and bar). Other features include houses of community and opinion leaders, bus stop and few places of worship (mosque and churches).

Older Females (25-49):

The map had well-delineated boundaries but sparse landmarks. Eleven health facilities were identified out of which none was recognized as providing family planning services. Six places of social interaction (two restaurants, two football viewing centers, and a bar) were identified. Other features noted on the map were a shopping complex, market, school, and places of worship.

Comparisons of Agbowo Females:

Only the young females identified health facilities that as providing FP services; restaurants and bars are important places of interactions for both groups, while football viewing centers were additional social places for the older females. Other potential social places featured in the maps were a shopping complex, school, market, opinion leaders' homes, and places of worship.

Young Males (18-24 years):

The map had an expansive coverage with well-demarcated boundaries and many features and landmarks including multiple streets, churches and mosques, shopping complex, river and stream. Nine health facilities were identified out of which seven were recognized as providing family planning services. Vulcanizing joint, community leader's house, road junctions, shopping complex and a café were the places of social interactions noted on the map. Additional places of interaction include bars, newspaper vendors' stands, stadium, football viewing centers, and playgrounds.

Older Males (25-49):

The map had well-delineated boundaries with sparse and scanty features including a few churches and mosques, a shopping complex, river and a few bars. Five health facilities were identified with none identified for FP services. Landlords' and community leader's houses were the notable social places. Potential social places on the map were the shopping complex, places of worship, and bars.

Comparisons of Agbowo Males:

The younger males seemed to be more mobile and involved in social activities than the older males. The younger males were also aware of more health facilities and FP services while the older males lacked awareness about the available FP services in the community.

Agbowo Males and Females

The groups all drew similar maps with well-indicated boundaries (University of Ibadan road, Lagos-Ibadan Expressway, Secretariat-Bodija road, and Orogun River). There were many health facilities noted in the community (23 facilities, 9 FP sites). Overall, greatest awareness about the availability of FP services was among the young male group. Multiple places of interaction such as community leaders' homes, restaurants, bars, shopping complex, cafes, viewing centers and vulcanizing joints were identified. Other potential places for demand creation activities include markets and places of worships. The major health facilities identified in the community were Hosana, Hamdala, Rolling and Poly Hospitals.

Ibadan - Oke-Ado (middle income)

Young Females (18-24 years):

The map had poor boundaries with sparse landmarks and features including a few schools, churches, and mosques. Out of the four health facilities identified only two were noted to provide family planning services. The only identified place of social interaction on the map was the police station.

Older Females (25-49):

The map was poorly drawn and had sparse features including a few schools, places of worships, a stadium, and a shopping complex. There were seven health facilities, out of which two were noted as providing family planning services. Identified spaces for social interactions included the police officers' mess, tennis club, and the prince and princess hall.

Comparison of Oke-Ado Females:

The older women seemed to be more mobile than the young women due to the greater detail included in the older women's maps as compared to the younger women. Potential places of interaction include places of worship, schools, a stadium, and a shopping complex. The police officers mess was identified as an important place for social interaction for both young and old females. Mobolaji, Omoniyi Hospitals, and Iya Ibeji PMV, are facilities that were identified by both groups.

Young Males (18-24 years):

The map was expansive with well-delineated boundaries and many features including numerous churches, a stadium, bars, and opinion leaders' houses. Seven health facilities were identified out of which four were recognized as providing family planning services. The five places of social interaction that were identified include a stadium, hall, Jayifous House, school, and Areafa House.

Older Males (25-49):

The map was poorly drawn with sparse landmarks and without boundaries. Out of the seven health facilities identified, two were recognized as providing family planning services. A football viewing center and a school were noted as places of social interaction.

Comparison of Oke-Ado Males:

Young males appeared to be more mobile than the older males due to their more expansive and detailed maps. Football viewing centers seemed to be more attractive places for social interaction for older men as compared to younger men. The stadium is a main place of social interaction for young males. Generally, there is a low level of awareness of available FP services among the older males as compared to the younger males. Schools are places of social interaction for both older and younger males.

Oke-Ado Males and Females

Overall, the greatest awareness about the availability of FP services was among the young males. A total of 11 health facilities were identified in the community with overlaps between the male and female groups. The male group identified nine health facilities with six recognized as providing FP services; while the female group identified seven health facilities with three recognized as providing FP services. Important places of social interactions in the community include the police officers mess and tennis club for the young and old women and schools for the young and old men. The major health facilities identified in the community were Mobolaji, Omoniyi, PHC 7th Day road Hospital, and Iya Ibeji PMV.

Kaduna - Nassarawa (very low income, very poor)

Young Females (18-24 years):

The map had no boundaries and was haphazardly drawn with multiple unpaved roads and sparse landmarks including a few schools and places of worship. Six health facilities were noted with five noted as providing family planning services. Five places of interaction were identified, which included 4 community leaders' houses and a sports ground.

Older Females (25-49):

The map was poorly drawn with few landmarks identified. The seven health facilities on the map were all recognized for providing family planning services. Nassarawa PHC, community leader's house, and Farmers Association were the identified places of social interaction. Other features on the map include churches, schools, bus stops, and bars, though not identified as spaces for social interaction.

Comparison of Nassarawa Females:

Both groups recognized Nassarawa PHC and Salis Pharmacy as facilities that provide FP services. Overall there was a good perception about the available FP services by both older and younger females, but poor perceptions of the community boundaries. Community leader's house was identified as a major place of social interaction for both older and younger females.

Young Males (18-24 years):

The map was scanty and had sparse features including a few schools, church, police station, and a market. The four health facilities on the map were all noted as providing family planning services. A PMV store and street corner were identified as spots of social interaction.

Older Males (25-49):

The group drew an expansive map with poor boundaries. Twelve health facilities were identified out of which 10 were recognized as providing family planning services. Football viewing centers and political party offices were the major places of social interactions. Other features delineated were places of worships and a hotel.

Comparison of Nassarawa Males:

The older men in Nassarawa drew a more detailed map than the younger males. They also identified more health facilities and family planning service centers than the young males; however, both young and old males recognized all, or nearly all, health facilities identified as providing family planning services. There was no overlap in areas of social interaction identified by the young and old males but both identified places of worship on their maps.

Nassarawa Males and Females:

Overall, women and men, young and old, identified most, if not all, health facilities noted as providing family planning services. In other words, the males and females in Nassarawa seemed to have a good awareness of the available family planning services in the community. Both young and old women identified community leaders' homes as places of social interaction whereas the young and old men didn't identify overlapping places of social interaction.

Kaduna -Tudun Wada (low income, poor)

Young Females (18-24 years):

The young females in Tudun Wada community drew a sparse map with few landmarks and poorly delineated boundaries. The group identified four health facilities and noted three of them that provided family planning services, and two schools as places for social interactions. Other features include mosques, market, and bus stops.

Government hospitals are perceived to have better patronage than the private hospital. Cost determines patronage but clients recognize the trade off for cheaper services is inconsistent availability of services and equipment.

“... people patronize government facilities more than private because they are cheap, but services are not always available while the private health facilities are better equipped”
(Female, 18yrs, primary education, housewife, low SES).

Older Females (25-49):

The map had poor boundaries with sparse features including a few schools, mosques, a grocery store, and a community leader’s house. Two identified health facilities were recognized as providing family planning services. A primary school was identified as the space for social interaction. The older females seek care at government hospitals more than private hospitals, they perceived the private clinic as costly but better equipped. The major sources of health information were religious centers and friends.

Comparison of Tudun Wada Females:

Both groups (young and old females) seemed to have low awareness of the available health facilities in the community; however, they identified almost all, or all, as providing FP services. A, primary school was recognized as a location for social interaction by both groups. Potential points of entry into the community include the market, community leaders’ homes, mosques, bus stops, and the grocery store.

Young Males (18-24 years):

The map had expansive coverage with multiple features and landmarks, including markets, skill acquisition center, secondary and tertiary health facilities, hotel, motor parks, police stations, community and opinion leaders’ houses, places of worship, and bus stops. The group identified ten health facilities out of which seven were recognized as providing family planning services. Football fields, primary schools, and multipurpose halls were the identified places of social interaction. A majority of the young men go to government hospitals and PMVs for health services; cost and proximity were the determining factors. Yusuf Dantsoho General Hospital, Family Health Unit, Biba, Crystal and Salamat Hospitals were the major facilities mentioned.

Older Males (25-49):

The map had expansive coverage. Out of the identified eight health facilities, three were recognized as providing family planning services. An opinion leader’s house and a road junction

were identified as spaces for social interaction. Yusuf Dantsoho General Hospital and Shehu Idris Family Unit Clinic were identified as the main facilities providing comprehensive health services. The group identified Barau Dikko Specialist Hospital and Tim Unity Hospital (private) as facilities outside their community where people seek health services. Similar to the younger males, most of the older males go to government hospitals; as they perceived private hospitals as expensive but with higher quality services and better equipped.

“...those that need better quality services go to private hospitals”
(Male, 31yrs, NCE, Civil Servant, low SES).

Comparison of Tudun Wada Males:

The young males had greater awareness of health facilities (10 vs. 8) and family planning services within these facilities (7 vs. 3). Schools, community/opinion leaders' houses, a multipurpose hall, a football field, and a road junction were the main spaces for social interactions identified. Potential places for entry would include markets, skills acquisition center, motor parks, places of worship, and bus stops.

Tudun Wada Females and Males:

Males seemed to have a more expansive view of the community than the females. Males identified more health facilities and family planning service sites. The females only mentioned schools as places of social interaction while males noted a variety of locations for social interaction. Overall, both the male and female groups most often seek health care services at the government facilities and perceived private hospitals as expensive but having better facilities and providing quality services.

Kaduna - Unguwar Rimi (Middle Income)

Young Females (18-24 years):

The map had expansive coverage, well-delineated boundaries with few features and landmarks identified, including multiple streets, market, schools, and places of worships. Eight health facilities were identified and all were recognized as providing family planning services. The group identified no place of social interaction.

Older Females (25-49):

The map was poorly drawn and had sparse and scanty features and landmarks including few schools, a market, places of worships, and a police station. Six health facilities were identified out of which five were noted as providing FP services. Only one health facility (PHC Unguwar Rimi) was identified as a place for social interaction.

Comparison of Unguwar Rimi Females:

Young females seemed to have more expansive view of the community than the older females and a better perception of available health facilities, including those that provide family planning services. Both groups identified few to no places of social interactions.

Young Males (18-24 years):

The map had well delineated borders, but sparse and scanty features. The group identified four health facilities (all providing FP) and two places of social interaction comprising of a chemist and street corner.

Older Males (25-49):

The map had well delineated boundaries and many features and landmarks including schools, places of worship, and a hotel. Ten out of the twelve identified health facilities were recognized as providing family planning services. A football viewing center and political party offices were the major sites of social interaction identified.

Comparison of Unguwar Rimi Males:

The older men had a more expansive map with multiple features and higher number of identified health facilities and facilities providing family planning services. Political party offices and football viewing centers are the major places of social interaction for the older men while a chemist and street corner seemed to be an attractive place of social interaction for the young men.

Unguwar Rimi Females and Males:

The older male group had a more expansive map with well-delineated borders, multiple features and higher number of health facilities and facilities recognized for family planning services. All groups indicated that nearly all, if not all, of the health facilities identified offered family planning services. A hospital is the only place of social interactions for the older females while a street corner, football viewing center, chemist, and political offices were the major places of interactions for the males. The young females identified no area of social interaction on their map. PHC Unguwar Rimi, Rimi Clinic, and Zainab Memorial hospital are the main health centers in the community.

4.0 Summary of Key Themes

Four main themes emerged from analysis of the mapping exercise, the four themes are, (1) different perceptions of community features by sex, (2) high awareness of health facilities, (3) awareness of family planning services differs by city, and (4) little generational divide on places of social interaction among women. What follows is a brief discussion of each of the four themes.

Different perceptions of community features by sex

The maps drawn by men had a more expansive view of the community. The greater detail provided in the maps drawn by males possibly indicate that men tend to be more mobile in the community as compared to women. Most of the maps drawn by men include multiple features and landmarks – more so than in the maps drawn by the females.

High awareness of available health facilities

There was high awareness of the available health facilities in most of the communities (high awareness here is equated to identifying more than four health facilities in the community). Many health facilities including patent medicine vendors (PMV), clinics, and hospitals were identified. No clear gender or generational differences on the type of facility identified, except in Kaduna where males, as compared to females, identified mostly hospitals and clinics, and few PMVs. The mapping groups that identified fewer than five health facilities include: Oke-Ado young females, Nassarawa young males, young and old females in Tudun Wada, and young males in Rimi.

Awareness of available family planning services differs by city

Awareness of available family planning services in the community was much higher in Kaduna than in Ibadan. All groups in Kaduna identified at least two health facilities as providing family planning services. In comparison, five of the twelve mapping groups in Ibadan identified no family planning service providers. Low awareness about FP services could contribute to the low utilization of FP services in Ibadan – indicating that FP service utilization might increase with increased awareness about FP service availability in Ibadan.

Little generational divide on places of social interaction among women

There was overlap on places of social interactions between the young and old groups of females in both cities. Old and young females recognized schools, places of worships (churches and mosques), community leaders' palaces, and restaurants as places of social interaction.

Most young males identified shopping complexes, vulcanizing joints, sports grounds, leaders' homes, bars, football fields, schools, and street corners as spaces of social interactions. Old men were inclined to identify leaders' homes, political party offices, and places of worship. These places of social interaction could be points of entry into the community for demand creation activities.

5.0 Recommendations

- Increase awareness of family planning service sites in all intervention areas, especially in the southern cities.
- Use existing locations of social interaction to promote family planning through family planning posters, billboards, print materials, etc., as well as social mobilization activities.
- Both males and females identified community leaders' homes, or palaces, and schools as places of social interaction. At these locations that attract both males and females media and activities that promote family planning use, and in particular issues related to family planning use and gender, could capitalize on the mixed-sex audience.
- Many community members identified places of worship as areas of social interaction. If the religious leaders are open to family planning – places of worship could be an important entry point into communities for family planning social mobilization activities.

Bibliography

Encyclopedia Britannica <http://www.britannica.com/EBchecked/topic/280508/Ibadan> Retrieved on 7th January 2011.

Federal Republic of Nigeria Official Gazette (15 May 2007). National Population Commission, 2006: Nigeria Population Census 2006.

Kaduna State website available at www.kadunastate.gov.ng Retrieved on 7th January 2011

National Population Commission (NPC) [Nigeria] and ICF Macro. 2004. *Nigeria Demographic and Health Survey2003*. Abuja, Nigeria: National Population Commission and ICF Macro.

National Population Commission (NPC) [Nigeria] and ICF Macro. 2009. *Nigeria Demographic and Health Survey2008*. Abuja, Nigeria: National Population Commission and ICF Macro.

Appendix

Social Mapping Guide

Nigerian Urban Reproductive Health Initiative (NURHI)

Formative Research: Community Mapping Exercise

Topic Guide

Draft May 10, 2010

Background to the study:

The Nigerian Urban Reproductive Health Initiative (NURHI) aims to eliminate the supply and demand barriers to contraceptive use in order to increase the contraceptive prevalence rate by 20 percentage points in five years in selected urban areas of Nigeria. The project will be implemented in 6 Nigerian cities. During the first year of the project, several formative research activities are taking place to inform the design and implementation of program interventions. This community mapping exercise is one of those research activities.

Objectives of the study:

The objectives of this community mapping exercise are to:

- 1) Determine community boundaries as perceived by community members.
- 2) Identify health services available in each community.
- 3) Identify those services that offer family planning.
- 4) Identify spaces of social interaction in each community as possible entry points.

NOTE TO FACILITATOR:

Materials needed:

- Large flipchart paper**
- Colored markers**
- Sticky tape**
- VIPP cards (cut into circles and squares)**
- Scissors**

Instructions:

In this focus group, you will lead participants through a series of activities to draw a map of their community.

Make sure that the participants take the lead in designing and drawing the map – they should be up on their feet and moving around. Your role should be to ask questions and guide them in creating the map.

Focus Group Discussion Guidelines:

INTRODUCTION

Suggested time : About 15 minutes

- Thank the participants for coming.
- Explain the purpose of the group discussion:
We are from the “Nigerian Urban Reproductive Health Initiative” and we plan to be involved with your community over the coming months and years. We’d like to talk with you about the availability of health services in your community, including services for family planning. We will not ask you about your own behavior, just about your opinions. The information we gather from you and other community members will help us develop and improve the programs we will support in your community.
- Tell the amount of time the discussion is expected to last – about 1 hour and 30 minutes.
- Introduce the facilitator, the note taker and the assistant and explain what each one will be doing.
- Explain that a tape recorder will be used since the note taker can’t write down everything.
- Assure that the discussion will be kept confidential. Remind the participants that anything, which is said in the discussion, should not be talked about outside of the group.
- Explain that there are no right answers and it is okay to disagree. It is important to respect others’ opinions.
- Ask everyone to speak one at a time.
- Read out the consent script.
- Ask if there are any questions.
- Have participants introduce themselves. If they want they can choose a nickname or fictional name to use during the group discussion instead of their real name.

ACTIVITY 1: COMMUNITY BOUNDARIES AND LANDMARKS

Suggested time: About 15 minutes

- 1) Explain to participants that they are going to draw a map of their community and identify places they go for health services and also general places where community members get together to talk and socialize. In this first activity, the group will draw the outline of the community and identify major landmarks.
- 2) Ask participants to think about the boundaries of their community and draw an outline of the flipchart paper.

To help participants define their community boundary, probe with questions such as:

- Are there any physical features of the environment that define the community? For example, housing, waterways or road systems?

- Are there any social or cultural features that define the community?
 - What nearby areas are NOT part of this community?
 - Where do you conduct your everyday type of activities?
 - Where do you spend most of your time?
 - Are there any formal or informal leadership structures that define the community boundaries? Are these the boundaries you consider to be your community?
- 3) Once the boundaries are drawn, ask participants to mark on the map, using words or symbols, major features or landmarks in the community. These might include, for example:
- Roads and other transport (bus depots, etc)
 - Waterways
 - Schools
 - Religious centers
 - Police or security
 - Markets and shops
 - Bars
 - Sports grounds
 - Location of community leaders and other influential people
- 4) Draw a key on the side of the map that describes any symbols the group uses to mark features.

ACTIVITY 2: COMMUNITY HEALTH SERVICES

Suggested time: About 45 minutes

- 1) Ask participants to identify where people in this community go for health services and mark these spots on the map using card circles. On each card, write the name of the facility and what type of facility it is (clinic; hospital; etc.)
- Probe for:
- Hospitals
 - Clinics
 - Pharmacies
 - Patent Medicine Vendors (PMVs)
 - Other facilities
- 2) Ask participants if there are any health facilities that people want to use but are not available within the community. Mark these on the map *outside* of the community boundary.
- 3) Next, for each facility that is *within* the community, ask the following probes:
- Probe:
- What types of people use this facility?
 - Do people like yourself use this facility?
 - What services do they mainly use it for?
 - Are there any other barriers that discourage people like yourself from using this facility?

- Does this facility offer family planning services? Mark those that do in a distinct way – for example coloring the border with red. Add to the map key.
 - If yes, do people use family planning services at this facility? Why/why not?
- 4) Ask participants whether people travel outside of this community to access health services.
- Probe:
- Where/how far do they go?
 - What services do they go for?
 - What type of people uses these services?
 - Why don't they use facilities within the community?

ACTIVITY 3: COMMUNITY MEETING SPACES

Suggested time: About 20 minutes

- 1) Tell participants that they have finished looking at the health services in the community and will now think about general places in the community where people meet to talk with each other.

Ask participants to mark on the map places where people in the community gather to talk or share information. Mark these using square cards and label each card.

Use probes to guide the discussion, for example:

- Are there any formal meeting spaces that people use?
- What about formal and informal community groups? For example, mother's groups, women's groups, business associations etc.
- Where do women gather to talk? What about men?
- Where do young people spend time together?
- Where do people get their information on health issues?

Note to Facilitator:

After the discussion ends, keep the map in a safe place. It will be important to review as the data is analyzed.

CLOSING

- Thank people for their participation.
- Remind them that the discussion will be kept confidential. Anything said in the discussion should not be talked about outside of the group.
- Provide refreshments