Family Planning Use in Urban Areas

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“Health in Urban Settings: Past Trends and Foresight into the Future”
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FP/RH Key to Achieving MDGs

• Family planning offers numerous health benefits through the reduction in unintended (mistimed and unwanted) pregnancies
  – Reduced spread of HIV to newborns
  – Reduced maternal mortality and morbidity
  – Reduced neonatal, infant, and child mortality
  – Reduced recourse to often unsafe abortion
  – Improved education and employment opportunities for women and men
FP and RH in Urban Areas

• Aggregate advantage in urban areas
• Advantage not equally distributed among poor
  – Higher fertility
  – Lower family planning use
  – Lower prenatal care attendance
  – Fewer institutional deliveries (skilled attendance)
• Other urban tensions
  – Urban youth:
    • Premarital sex, multiple partnerships, contraceptive use
Total Fertility Rates by Wealth in Six Cities of Uttar Pradesh, India

MLE Baseline data, 2010
Ibadan, Nigeria
Total Fertility Rates by Wealth in Six Cities of Nigeria

MLE Baseline data, 2010/2011

- Abuja (TFR=3.81)
- Benin City (TFR=3.40)
- Ibadan (TFR=3.71)
- Ilorin (TFR=4.18)
- Kaduna (TFR=4.21)
- Zaria (TFR=5.98)
Modern Method Use in Six Cities of Uttar Pradesh, India among Women in Union
Modern Method Use in Six Cities in Nigeria among Women in Union

MLE Baseline data, 2010/2011
Percent of Urban 15-19 Year Olds Who Have Ever Been Pregnant by Wealth Group and Country

- **Kenya***: 48% (Poorest: 12%, Richest: 16%)
- **Nigeria***: 16% (Poorest: 2%, Richest: 2%)
- **Senegal**: 18% (Poorest: 5%, Richest: 5%)

**Chi-square p ≤ 0.01**

***Chi-square p ≤ 0.001**
Urban Reproductive Health Initiative

- Funded by the Bill & Melinda Gates Foundation from 2009-2014
- Four country initiatives: Kenya, Nigeria, Senegal, and Uttar Pradesh, India
- Consortium of partners in each countries
- Projects initiated in an initial 4 cities with the plan for 2 scale-up cities after midterm
- Currently all projects in scale-up phase
Urban Reproductive Health Initiative
Objectives

- **Integration**: Integrate FP services with maternal and newborn health services and HIV/AIDS services
- **Quality**: Improve quality of FP services
- **Private Sector**: Increase FP access through public-private partnerships
- **Demand Creation**: Create sustained demand for FP services among the urban poor
- **Advocacy**: Increase funding and financial mechanisms for FP supplies and services for the urban poor
Urban Reproductive Health Initiative

Nigeria

Kenya

Uttar Pradesh, India

Senegal

Measurement, Learning & Evaluation
Measurement, Learning & Evaluation (MLE) Project

Objectives:
1. Monitor and evaluate the impact of the Urban RH Initiative
2. Build country and regional research and evaluation capacity
3. Facilitate knowledge sharing, document and disseminate best practices

• Funded in 2009 – baseline data collected in 2010/2011; midterm 2012/2013; endline 2014
MLE Study Design Summary

• Large representative sample of women in each city; follow longitudinally at 2-year intervals
• Cross-sectional survey of men at 2-year intervals
• Facility-level survey including high volume, preferred providers, pharmacies, retail outlets
Percent of Women Currently using FP by Wealth and City, India

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Percent of Women Currently using FP by Wealth and City, Nigeria

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Legend:
- Traditional
- Modern
THANK YOU

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