

Research brief:

Inclusive family planning (IFPLAN) project in Nigeria

PENDA (Programme for Evidence to Inform Disability Action) is a consortium led by the International Centre for Evidence in Disability. Funded by the UK's Foreign Commonwealth and Development Office (FCDO), PENDA creates evidence to achieve long-term improved wellbeing and inclusion of people with disabilities in low- and middle-income countries, by developing knowledge, people and tools.

INCLUSIVE FAMILY PLANNING

Globally, women with disabilities are less likely to have access to family planning services compared to their peers without disabilities. However, evidence of effective interventions for promoting their sexual and reproductive health and rights remains limited, particularly in low- and middle-income settings.

Access to family planning in Nigeria varies by state, with the lowest service coverage in the northern states [1]. DHS data from Kaduna, a northern state with over 9 million people, has shown that just 13.7% of women report currently using a modern method of family planning [1]. Low uptake in Kaduna has been reportedly due to lack of empowerment amongst women to make decisions on contraception; requirement for husband's permission to access services; provider insistence on spousal consent; promotion of traditional methods by religious leaders; and high out of pocket expenses—both real and perceived [2]. Furthermore, analysis of the 2018 DHS data in Nigeria shows that the met need for family planning was almost 10 percentage

points higher amongst women without disabilities (28%) than for women with disabilities (19%). Identified barriers to accessing reproductive health services amongst women with disabilities in Nigeria, include significantly lower awareness of family planning [3], as well as impairment-specific barriers. To help address disparities, an inclusive sexual and reproductive health project was developed to increase access to modern contraceptive methods and reduce unmet need for family planning for women of reproductive age with disabilities in Kaduna city, Nigeria.

THE IFPLAN PROJECT

The IFPLAN project aims to address multiple barriers to inclusion in family-planning services. The project comprises a range of national, state, and community and facility-based interventions of which this trial will only evaluate the community and facility-based interventions. However, this section describes the whole of IFPLAN so that the community and facility-based interventions can be understood within the entirety of the project. The IFPLAN project consortium has developed a full theory of change for how the intervention package is anticipated to work. The theory of change has three pathways. These are, broadly: (1) Supporting the demand-side by increasing awareness, motivation, support from families/communities, and confidence to access family planning amongst women with disabilities; (2) Supporting the supply-side by changing the service-provision to be more inclusive of persons with disabilities; and (3) Supporting structural change by increasing engagement of organizations of persons with disabilities (OPDs) in various aspects of the policy structure. For each of the three pathways of the theory of change, a range of activities will be conducted to uphold people with disabilities' rights to have control over their own bodies, fertility and sexuality.

Pathway 1 is focused on demand-side changes, informed by a social and behaviour change (SBC) strategy to support people with disabilities to feel able, confident, motivated and supported if and when they choose to use modern contraceptives and practice family planning/child spacing. The SBC activities include a weekly Hausa language radio

drama, complemented by accessible digital and social media content, as well as interpersonal communication activities at the community level. These community-level activities will build on the characters and stories of the radio show, and digital and social media content, and include structured peer-to-peer sessions for people with disabilities to increase knowledge on sexual and reproductive health and rights and confidence in overcoming barriers to use services, if and when they need them, based on their own informed choices and bodily autonomy; household visits to people with disabilities and structured sessions with family members where needed; structured sessions with Majalisas, existing community assemblies of male heads of households in Northern Nigeria to gain their engagement and support; town hall meetings to gain engagement and support from local leaders; and community plays to educate on SRHR and build on the stories from the radio drama.

The community-level activities will be led by inclusive community-based champions who are trained by Sightsavers and supported by local OPDs. Activities in the structured sessions and town hall meetings will be aided by facilitation guides and content will include (a) the use of an audio device for group listening to radio stories and discussion sessions; (b) the use of a board game to engage young people in the messages, myths and benefits of family planning (adapted from MSI Reproductive Choices to be disability inclusive and suitable for the Nigerian context); and (c) printed materials to aid discussions, such as flip charts and information booklets for young girls, women and men. Prior to implementation, pre-testing of all the materials used in these sessions was conducted with people in two different communities in Kaduna representing a range of impairment types, and focused on the acceptability of the materials.

For supply-side changes under pathway 2, these will be targeted predominantly at primary public health facilities offering family planning services (although secondary and tertiary health facilities, as well as private providers will be included), and focus on three key areas: (1) accessibility audits of and improvements to family planning facilities; (2) disability inclusive training of service providers based on training needs

assessments for each health worker cadre, with training conducted by representatives from local OPDs; and (3) participatory scorecard assessments developed by people with disabilities, service providers and decision-makers based on Sightsavers' Disability Inclusive Scorecard (DISC) tool [4]. DISC is a rights-based tool, aligned with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), and brings together people with disabilities, service providers, and local administration to develop and assess indicators to determine the quality of services provided to people with disabilities, collaboratively identifying key gaps and actions required to improve access to family planning for people with disabilities at facility level.

Finally, for structural changes under pathway 3, activities will be focused around capacity building of OPDs, advocacy for inclusive SRHR, and representation of OPDs in healthcare committees. Interventions under pathway 1 and pathway 2 should increase demand and supply, respectively, and as such increase access to family planning. Pathway 3 is expected to facilitate an increase in access by changing the structures in which demand and supply are met. Pathways 1 and 2 will include activities targeted at the health facilities and health facility catchment areas in the intervention clusters, whereas the activities under pathway 3, as well as some of the activities under pathway 1 (radio, digital, and social media content) will have a broader geographical focus, operating at the state or regional levels. Consequently, the cluster randomized controlled trial evaluating the IFPLAN project will only focus on community and facility-based activities under pathways 1 and 2. Although state- and regional-level activities will be part of the implementation of the IFPLAN project, these will not be part of the evaluation as there will be no means of preventing people in the control clusters in Kaduna city from accessing these interventions.

THE IFPLAN TRIAL

A pragmatic cluster-randomized controlled trial design with surveys at baseline and endline will be used to evaluate interventions delivered for at least 1 year at health facility and community levels in Kaduna city in comparison to 'standard' state provision of family planning services, in

the context of state-wide and national broadcast media and advocacy. Randomization will be conducted based on the health facility catchment area, with 19 clusters in the intervention arm and 18 in the control arm. The primary outcome measure will be access to family planning. It was calculated that at least 950 women aged 18 to 49 years with disabilities (475 in each arm) will be recruited to detect a 50% increase in access compared to the control arm. For each woman with disabilities enrolled, a neighbouring woman without disabilities in the same cluster and age group will be recruited to assess whether the intervention has a specific effect amongst women with disabilities. The trial will be complemented by an integrated process evaluation. The trial will conclude in December 2025, with finding available in 2026.

CONCLUSION

It is hoped that the evidence generated by this trial strengthens the evidence base on how to improve inclusive family planning for women with disabilities in Nigeria and other low- and middle-income country settings.

FURTHER INFORMATION

For further information about the trial, see:

Marks, S., Arogundade, E., Carew, M.T. *et al.* Improving access to family planning for women with disabilities in Kaduna city, Nigeria: study protocol for a pragmatic cluster-randomized controlled trial with integrated process evaluation. *Trials* 25, 28 (2024). <https://doi.org/10.1186/s13063-023-07892-y>

For further information about PENDA, visit:

<https://www.lshtm.ac.uk/research/centres-projects-groups/penda>

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