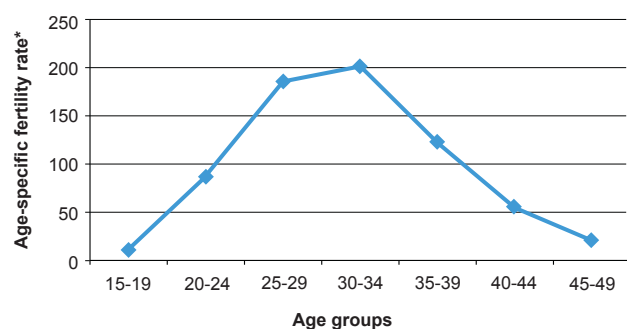


THE NIGERIAN URBAN REPRODUCTIVE HEALTH INITIATIVE: BASELINE FINDINGS FOR BENIN CITY

This fact sheet presents key findings from a baseline survey of 2,512 women ages 15 to 49 in Benin City, Nigeria, conducted between October 2010 and April 2011 by the National Population Commission, the Measurement, Learning & Evaluation (MLE) Project and the Nigerian Urban Reproductive Health Initiative (NURHI).¹

FERTILITY



*Age-specific fertility rate is the annual number of births to women in a particular age group per 1,000 women in that age group.

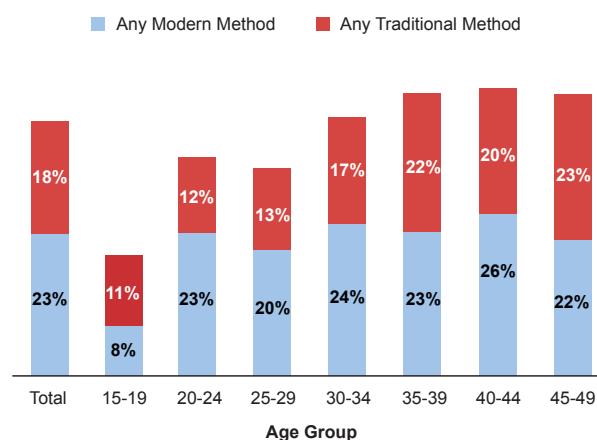
- The total fertility rate (TFR) in Benin City is 3.4 children per woman.
- Fertility peaks relatively late at ages 30 to 34 and then declines sharply.
- Married women say their desired family size averages 4.6 children.



2000 Liz Gilbert, Courtesy of Photoshare

In Nigeria, a couple sits with their two children. Women should wait at least 24 months after a live birth before becoming pregnant again to achieve the healthiest outcomes for themselves and their infants.

CURRENT CONTRACEPTIVE USE

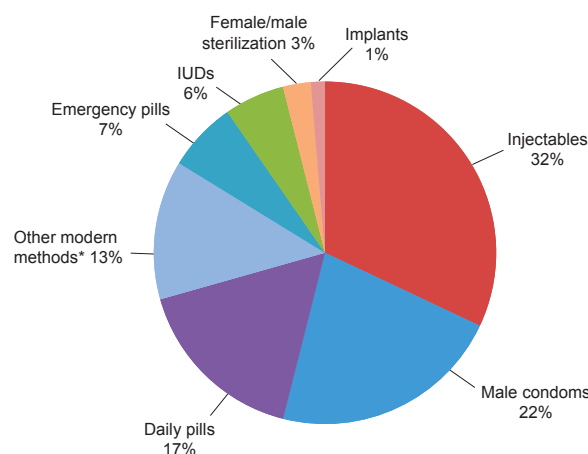


- 23% of women in union² currently use modern contraceptive methods.
- 18% of women in union use traditional methods such as periodic abstinence or withdrawal, which are less effective than modern methods.
- In Benin City, modern contraceptive use among women in union is highest among those aged 40 to 44.

¹ For the full report and more information about the study design, see “2010-2011 Nigeria Baseline Survey for the Urban Reproductive Health Initiative” (October 2011). http://www.nurhi.org/sites/nurhi.k4health.org/files/2011_Nigeria_Urban_Reproductive_Health_Survey_FINAL.pdf

² Women in union include both married women and women living with a partner.

MODERN METHOD MIX



*Other modern methods include female condoms, diaphragms, spermicide and the Lactational Amenorrhea Method (LAM).

- 90% of women in union who use modern methods rely on short-term methods such as injectables, pills and condoms, while 10% rely on long-acting and permanent methods (IUDs, implants and sterilization).

SOURCE OF METHODS

- Most modern method users (67%) get their contraceptives from patent medicine stores and pharmacies.
- Public health facilities (18%) are also a common source of contraceptives.

UNMET NEED

- 20% of women in union who are fecund and sexually active have an unmet need for family planning—that is, they want to limit childbearing or delay it for two or more years but are not using contraception.
- Unmet need is higher for spacing births (12%) than for limiting births (8%).

BARRIERS TO USE

- 59% of women in union currently do not use any contraceptive method. 80% of these women³ do not intend to use contraception in the future or are unsure.
- The most common reasons why women do not intend to use contraception in the future are fertility related (84%)—for example, they want more children (47%) or they are pregnant (11%).
- Frequently cited barriers to future use are opposition to use (31%) and method-related reasons (24%), such as fear of side effects, health concerns and dislike of existing methods.
- No women in union cited cost or lack of access as barriers to use.

³Data on intention to use contraception in the future and on reasons for not intending to use contraception in the future are among women in union who know of at least one contraceptive method. Women could report multiple reasons for not intending to use contraception.

Implications for Action

- A strong communication strategy that emphasizes the health benefits of child spacing can help address cultural preferences for more children.
- Including accurate information about specific contraceptive methods in communication strategies can dispel myths and misconceptions about side effects and health concerns.
- Considering men in program design will help improve partner communication about family planning and increase acceptance of using contraception.

For more information about urban reproductive health, please visit www.urbanreproductivehealth.org and www.nurhi.org.

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