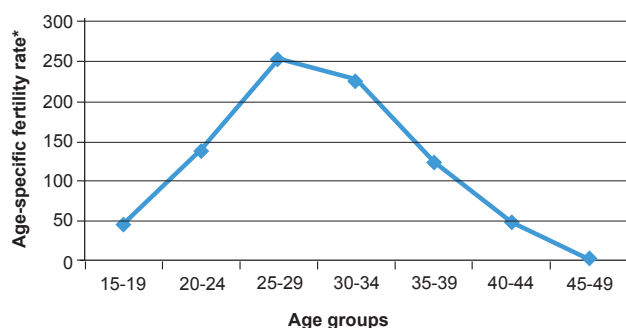


## THE NIGERIAN URBAN REPRODUCTIVE HEALTH INITIATIVE: BASELINE FINDINGS FOR ILORIN

This fact sheet presents key findings from a baseline survey of 2,449 women ages 15 to 49 in Ilorin, 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).<sup>1</sup>

### FERTILITY



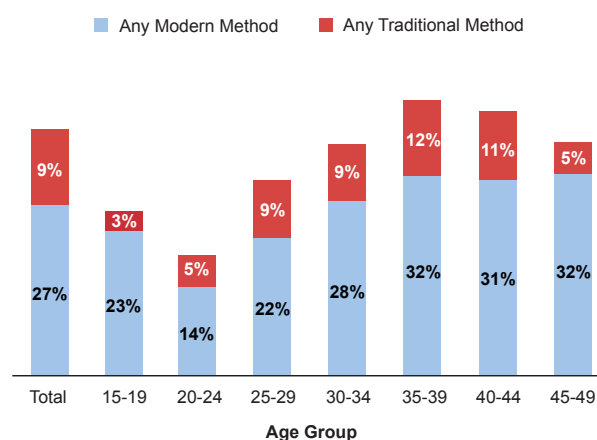
\*Age-specific fertility rate is the annual number of births to women in a particular age group per 1,000 women in that age group.

- The total fertility rate (TFR) in Ilorin is 4.2 children per woman.
- Fertility peaks at ages 25 to 29.
- Married women say their desired family size averages 4.7 children.



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### CURRENT CONTRACEPTIVE USE



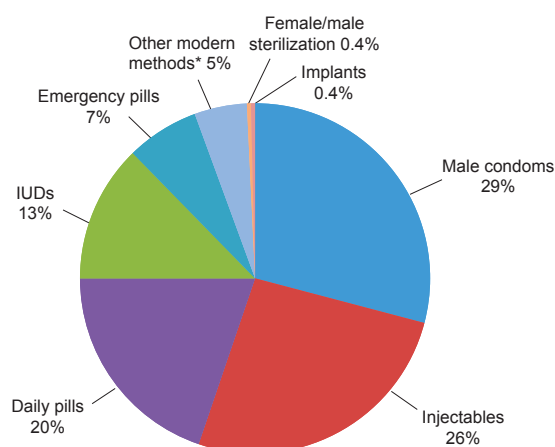
- 27% of women in union<sup>2</sup> currently use modern contraceptive methods.
- 9% of women in union use traditional methods such as periodic abstinence or withdrawal, which are less effective than modern methods.
- In Ilorin, modern contraceptive use among women in union is highest among those aged 35 to 39.

In Ilorin, a mother cradles her infant. Integration of family planning into maternal and child health services can help women start a contraceptive method at important times, such as after delivery or during childhood immunization visits.

<sup>1</sup> 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](http://www.nurhi.org/sites/nurhi.k4health.org/files/2011_Nigeria_Urban_Reproductive_Health_Survey_FINAL.pdf)

<sup>2</sup> 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).

- 87% of women in union who use modern methods rely on short-term methods such as injectables, pills and condoms, while 14% rely on long-acting and permanent methods (IUDs, implants and sterilization).

## SOURCE OF METHODS

- Patent medicine stores (PMSs) (34%) are the most common source of contraceptives for women currently using modern methods.
- Public health facilities (26%) are also common sources of contraceptives.

## UNMET NEED

- 23% 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.
- Women in union are almost as likely to have an unmet for limiting births (11%) as for spacing births (12%).

## BARRIERS TO USE

- 64% of women in union currently do not use any contraceptive method. More than 70% of these women<sup>3</sup> 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 (77%)—for example, they want more children (30%) or they are pregnant (12%).
- Frequently cited barriers to future use are method-related reasons (16%), such as fear of side effects, and opposition to use (9%).
- Fewer than 1% of women in union cited cost or lack of access as barriers to use.

<sup>3</sup> Data 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.
- Improving client counseling and including accurate information about specific contraceptive methods in communication strategies can dispel myths and misconceptions about side effects.
- Increasing referrals across service delivery types will encourage couples who rely on methods provided by PMSs and pharmacies (largely condoms, daily pills and emergency pills) to switch to methods that are not dependent on daily user action for maximum effectiveness. A more robust referral strategy can also ensure providers are addressing clients' concerns about side effects.

**For more information about urban reproductive health, please visit [www.urbanreproductivehealth.org](http://www.urbanreproductivehealth.org) and [www.nurhi.org](http://www.nurhi.org).**

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