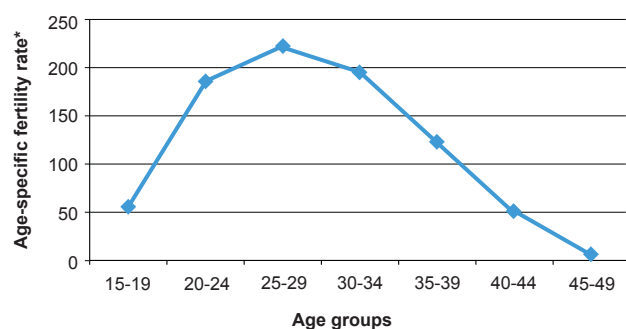


## THE NIGERIAN URBAN REPRODUCTIVE HEALTH INITIATIVE: BASELINE FINDINGS FOR KADUNA

This fact sheet presents key findings from a baseline survey of 2,850 women ages 15 to 49 in Kaduna, 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>

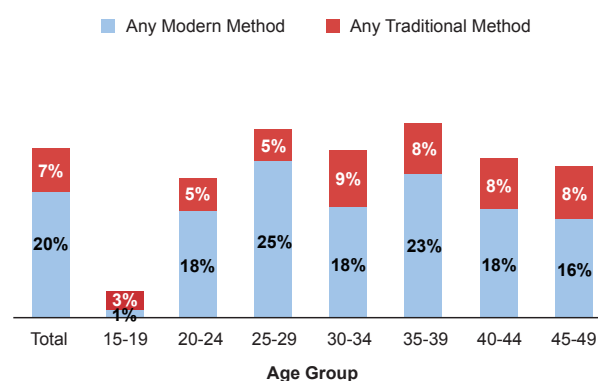
### FERTILITY



\*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 Kaduna is 4.2 children per woman.
- Fertility peaks at ages 25 to 29.
- Married women say their desired family size averages 5.4 children.

### CURRENT CONTRACEPTIVE USE



- 20% of women in union<sup>2</sup> are currently using modern contraceptive methods.
- 7% of women use traditional methods such as periodic abstinence or withdrawal, which are less effective than modern methods.
- In Kaduna, modern contraceptive use among women in union is highest among those aged 25 to 29.



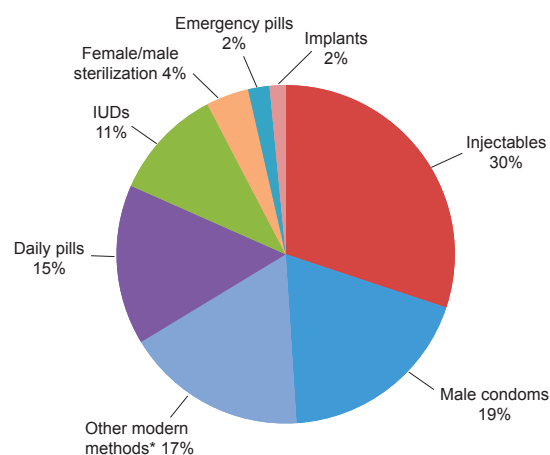
2011 Bonnie Gillespie

In Kaduna, a service provider counsels a group of women from the community. Integration of family planning into other health services is key to increasing access to contraception.

<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).

- 83% of women in union who use modern methods rely on short-term methods such as injectables, pills and condoms, while 17% rely on long-acting and permanent methods (IUDs, implants and sterilization).

## SOURCE OF METHODS

- 32% of modern method users get their contraceptives from patent medicine stores.
- Public health facilities (29%), pharmacies (20%) and private medical facilities (15%) are also common sources of contraceptives.

## UNMET NEED

- 26% 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 for spacing births is more than two times higher than unmet need for limiting births.

## BARRIERS TO USE

- 73% of women in union currently do not use any contraceptive method. Three-quarters 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 (62%)—for example, they want more children (31%) or they are pregnant (10%).
- Frequently cited barriers to future use are opposition to use (32%) and method-related reasons (28%), such as fear of side effects.
- 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.
- Fostering public approval of family planning by religious and traditional leaders will help generate demand for contraception among non-users and their partners.
- Improving client counseling and including accurate information about specific contraceptive methods in communication strategies can dispel myths and misconceptions 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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