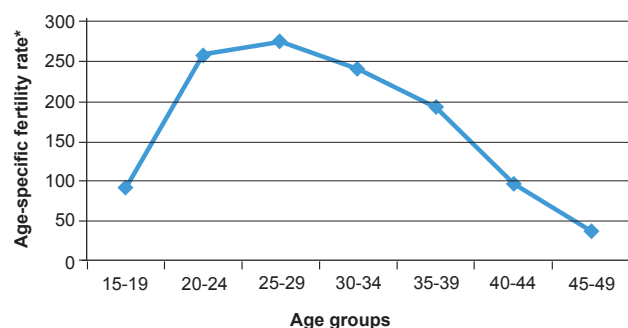


THE NIGERIAN URBAN REPRODUCTIVE HEALTH INITIATIVE: BASELINE FINDINGS FOR ZARIA

This fact sheet presents key findings from a baseline survey of 3,279 women ages 15 to 49 in Zaria, 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

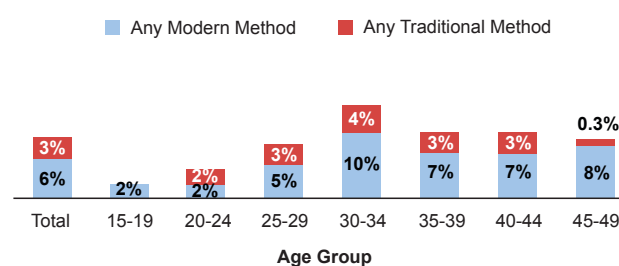
FERTILITY



*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 Zaria is 6 children per woman.
- Fertility remains high in Zaria for a long period over the course of women's lives.
- Married women say their desired family size averages 6.2 children.

CURRENT CONTRACEPTIVE USE



- Only 9% of women in union² currently use a contraceptive method—6% use a modern method and 3% a traditional one.
- In Zaria, modern contraceptive use among women in union is highest among those aged 30 to 34.



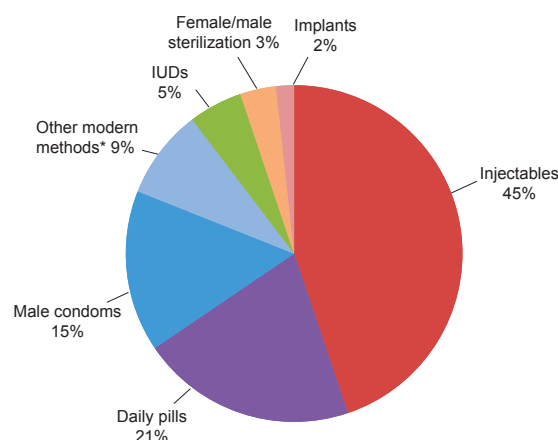
2000 Liz Gilbert. Courtesy of Proshare

Clients crowd a women's health clinic in northern Nigeria as a doctor counsels them about family planning. In Zaria, where fertility is high and contraceptive use is remarkably low, fostering discussions about and public approval of family planning can help create demand for it.

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

- 43% of modern method users get their contraceptives from public health facilities.
- Patent medicine stores are the source for one-quarter of modern method users while private medical facilities serve another 15%.

UNMET NEED

- 22% 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 2.5 times higher than unmet need for limiting births.

BARRIERS TO USE

- 92% of women in union currently do not use any contraceptive method. Nearly 90% 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 related to religious prohibition or their own or their partners' opposition to contraceptive use (51%).
- Other frequently cited reasons are fertility-related (48%)—for example, they want more children or they are pregnant—and method-related (25%), such as health concerns or fear of side effects.
- Fewer than 1% of women in union cited cost or lack of access as barriers to use.

³ 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 leaders will help create 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 and health concerns.
- Considering men in program design will help increase partner communication about, and acceptance of, family planning.

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

This fact sheet was made possible by support from the Bill & Melinda Gates Foundation under terms of the Measurement, Learning & Evaluation Project for the Urban Reproductive Health Initiative and Nigerian Urban Reproductive Health Initiative. The authors' views expressed in this publication do not necessarily reflect the views of the donor.