

FERTILITY AND FAMILY PLANNING TRENDS IN URBAN NIGERIA: A RESEARCH BRIEF



NURHI is implementing interventions in four cities across Nigeria, including in Kaduna—one of the largest cities in northern Nigeria.

Key Findings

- Urban fertility remains high in Nigeria, with women bearing an average of 4.7 children, due in part to early childbearing and short birth intervals.
- Modern contraceptive use is low among urban women, especially among the poor and uneducated.
- A large proportion of the urban population is young, resulting from and contributing to high fertility.
- Gaps in fertility levels and contraceptive use between the rich and poor, and the most and least educated, are growing.
- Men want large families, and many do not talk to their wives about family planning.
- The mass media have limited reach among some key audiences, such as poor urban women.
- Women increasingly rely on the private sector for modern contraceptives.
- Sharp regional differences in fertility levels and family planning attitudes and practices persist.

BACKGROUND

Rapid urbanization in Nigeria is putting pressure on infrastructure and eroding the quality of life.

Nigeria's urban population grew from about 7 million in 1960 to nearly 79 million in 2010. Half of all Nigerians were living in cities by 2010, and that proportion is projected to grow to three-quarters by 2050.¹ Urban planning and infrastructure have not kept pace with this rapid growth, leaving many city dwellers without adequate housing, sanitation, safe water or other services. In 2005, an estimated two-thirds of Nigeria's urban population lived in slums.²

The Nigeria Urban Reproductive Health Initiative (NURHI) seeks to increase use of modern contraceptives by the urban poor.

NURHI's objective is to increase significantly the contraceptive prevalence rate over five years in four cities across Nigeria. To achieve this, NURHI is designing and implementing interventions to:

- Integrate family planning with other health services;
- Improve the quality of family planning services for the urban poor;
- Partner with the private sector;
- Generate demand for contraceptives among marginalized urban populations; and
- Improve funding and the policy environment.

A reanalysis of Demographic and Health Survey data sheds light on fertility and family planning trends among the urban poor.

To expand the knowledge base on urban reproductive health and help NURHI design effective interventions for Nigeria, the Measurement, Learning & Evaluation (MLE) Project undertook a secondary analysis of urban

¹ United Nations Department of Economic and Social Affairs, *World Urbanization Prospects: The 2009 Revision*, <http://esa.un.org/unpd/wup/index.htm>, accessed 6/29/2011.

² Population Reference Bureau, DataFinder, <http://www.prb.org/DataFinder.aspx>, accessed 6/29/2011.

data from the 1990, 1999³, 2003 and 2008 rounds of the Nigeria Demographic and Health Survey (NDHS).⁴ Data from urban survey respondents were recoded and reanalyzed to describe levels and trends in key fertility, family planning and reproductive health indicators. The analysis also examines differentials by region, household wealth and education, although these variables are inter-related. There is considerable overlap between the wealthy and better educated groups.



In Ibadan, Nigeria, young people comprise a large proportion of the city's population.

HOW HIGH IS FERTILITY IN NIGERIAN CITIES?

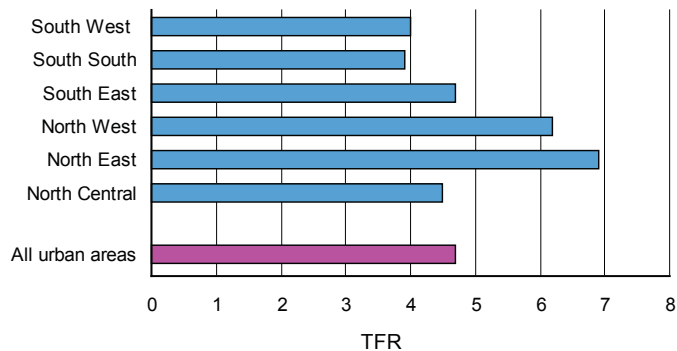
Fertility remains high in urban Nigeria, especially in the north.

Over the past two decades, fertility levels have changed little, declining only from 5.1 children in 1990 to 4.7 children in 2008. Women in the North East and North West have 2 more children, on average, than women in other regions of the country (Figure 1).

³ Because the 1999 survey was collected with limited technical assistance from the DHS program, data from 1999 may not be directly comparable to data from other years.

⁴ This research brief summarizes family planning and fertility data from the MLE's reanalysis of NDHS data. For the full paper, see Jean Christophe Fotso et al., "Family Planning and Reproductive Health in Urban Nigeria: Levels, Trends and Differentials," *MLE Technical Working Paper 2-2010* (January 2011). <http://www.urbanreproductivehealth.org/system/files/Final%20nigeria%20twp%201-27-11.pdf>

Figure 1. TFR in urban areas, by region, 2008



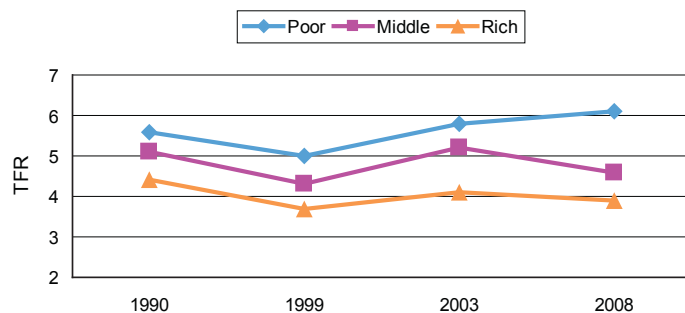
A large proportion of the urban population is young.

Over 40 percent of the urban population in Nigeria is less than 15 years old, while only 4 percent is aged 65 or older. This young population structure results from and contributes to continued high fertility. The high ratio of dependents to workers strains the ability of cities to meet residents' essential needs, including health, education, food and shelter.

There is a widening gap between the rich and poor, and the more and less educated.

The burden of high fertility and its associated health risks falls more heavily on the poor and less educated. From 1990 to 2008, fertility rose in poor urban households by over 9 percent, while falling by about 10 percent in rich and middle-income households (Figure 2).⁵ Trends by education followed a similar pattern. By 2008, the urban poor had 2.2 more children, on average, than the rich; women with no education had 3.1 more children than those with secondary or higher education.

Figure 2. Trend in urban TFR, by household wealth



⁵ The analysis divided the population into three equal groups (or tertiles) by household wealth. All data on the urban poor describe the bottom tertile, while data on the rich describe the top tertile.

Early childbearing, particularly among the urban poor, and short birth intervals contribute to high fertility.

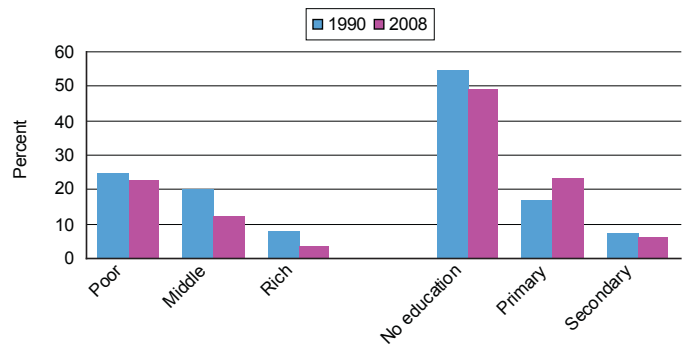
Adolescent childbearing and short birth intervals increase health risks for mothers and children. The proportion of urban teenagers who were pregnant or mothers declined from 17.4 percent in 1990 to 12.0 percent in 2008, but teen pregnancy rates remain high among the poor and uneducated (Figure 3). In 2008, 23% of poor urban teenagers were pregnant or mothers compared with 4% of rich urban teenagers. Teenagers with no education are 7.8 times more likely to become mothers than those with secondary or higher education.



In Ilorin, Nigeria, young mothers and their babies wait to receive health services.

Almost one in four births in Nigerian cities is preceded by a short birth interval (less than two years), and there has been little change over the past two decades.

Figure 3. Percent of urban teenagers who were pregnant or mothers, by wealth and education



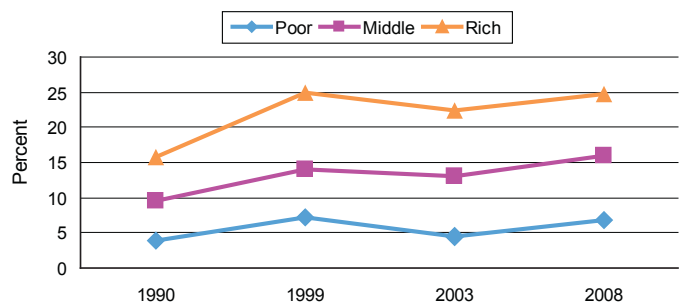
HOW COMMON IS USE OF MODERN CONTRACEPTIVE METHODS?

Modern contraceptive use is especially low among poor and uneducated women and in parts of the north.

Overall, modern contraceptive use⁶ rose from 9.6 percent of urban women in 1990 to 16.7 percent in 2008. However, gains were much smaller among poor households (Figure 4) and women with no education. Only 7 percent of poor women and 5 percent of uneducated women used a modern method in 2008. Rich women are 3.5 times more likely to use a modern method than poor women.

Less than 7 percent of women in the North East and North West use modern contraception. Women elsewhere are two to four times more likely to use a modern method.

Figure 4. Percent of urban women currently using modern contraception, by household wealth



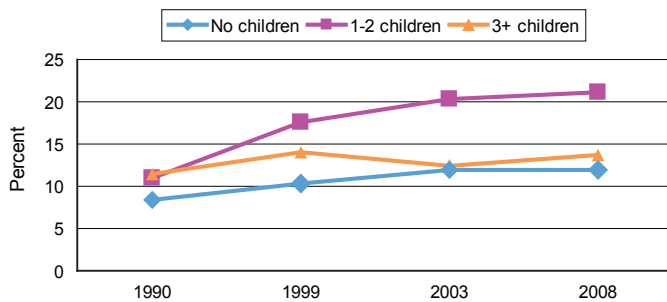
⁶ In all four surveys, modern contraceptives included the following methods: female and male sterilization, oral contraceptive pills, intrauterine devices (IUDs), injectables, implants, male condoms, diaphragms, foam and jelly. The 2003 and 2008 surveys added three additional modern methods: female condoms, Lactational Amenorrhea Method (LAM) and emergency contraception.

Urban women increasingly use contraceptive methods to space births.

The percentage of married urban women who adopt contraception when they have just one or two children doubled from 1990 to 2008 (Figure 5), which suggests that they are using contraception to space births.

Women are two to four times more likely to adopt contraceptive methods at lower parities if they come from rich rather than poor households, have secondary or higher education rather than no education or live in the south rather than the north.

Figure 5. Percent distribution of currently married urban women, by parity at first contraceptive use

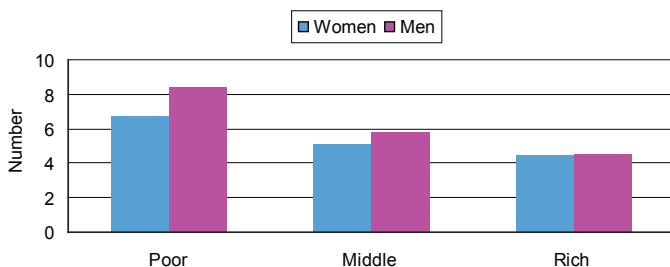


WHAT ARE CURRENT ATTITUDES TOWARD FERTILITY AND FAMILY PLANNING?

Urban women and men, especially the poor and less educated, still want large families.

In 2008, urban women preferred to have 5.2 children, on average, while men preferred 5.8 children. This is a decrease from 6.0 and 6.6 children, respectively, in 2003. Desired family size decreases with wealth and education. Poor urban women and men want 2.3 and 3.9 more children, respectively, than the rich (Figure 6).

Figure 6. Ideal number of children for urban women and men, by household wealth, 2008



Because couples want large families, few births are considered mistimed or unwanted. In 2008, urban women reported that 4.9 percent of births in the preceding five years were not wanted, while 6.8 percent were mistimed. As a result, there is little perceived need for family planning.

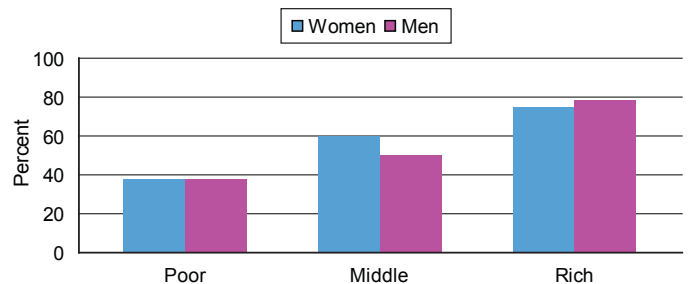


A service provider counsels a client about reproductive health issues

Less than two-fifths of the urban poor approve of using contraceptive methods.

Widespread disapproval of family planning can act as a barrier to contraceptive use. The percentage of urban residents who approve of couples using contraception has been declining in Nigeria: from 77.5 percent in 1990 to 60.3 percent in 2003 among women, and from 66.9 percent in 1999 to 58.1 percent in 2003 among men.⁷ The urban rich were twice as likely to approve of contraceptive use as the poor in 2003, the last year for which there is DHS data (Figure 7). Differentials were even greater by education and region.

Figure 7. Percent of urban women and men who approve of contraceptive use, by household wealth, 2003



⁷ The 2008 NDHS did not ask respondents whether they approved of using contraceptive methods, so the data from 2003 is the most recent available.

Many urban women, especially the poor and uneducated, do not intend to use contraceptives in the future.

Among urban women who are *not* currently using a contraceptive method, the proportion who do *not* intend to use contraception in the future rose from 53.3 percent in 1990 to 60.5 percent in 2003, before declining to 46.8 percent in 2008. From half to two-thirds of poor women, uneducated women, and women living in the North East and North West do *not* intend to use contraception in the future.

WHERE DO WOMEN OBTAIN CONTRACEPTIVE SUPPLIES?

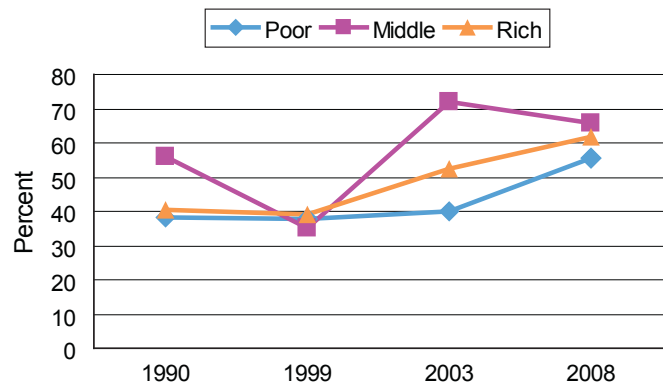
Women, including the urban poor, increasingly rely on the private sector for modern contraceptives.

The private sector has the potential to increase coverage of reproductive health services, especially for women who cannot or choose not to access government services. The proportion of urban women obtaining modern contraceptives from the private sector, including private hospitals/clinics, pharmacies, patent medical stores, and doctors, rose from 45.5 percent in 1990 to 60.7 percent in 2008. Although private-sector sources are more important for middle-income and rich women, over half of the urban poor obtain contraceptives from the private sector (Figure 8).



A family planning poster in a health care facility in the city of Kaduna illustrates the need for new communication strategies.

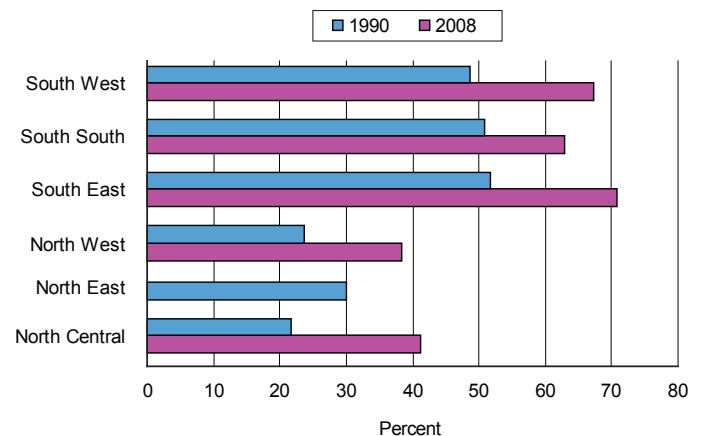
Figure 8. Percent of urban women obtaining modern contraceptives from the private sector, by household wealth



Women in the south are twice as likely as those in the north to obtain modern contraceptives from the private sector.

Reliance on the private sector has increased in every region since 1990 (Figure 9). In 2008, about 6 or 7 family planning users in 10 relied on the private sector for contraceptive supplies in the south, compared with just 3 or 4 family planning users in 10 in the north.

Figure 9. Percent of urban women obtaining modern contraceptives from the private sector

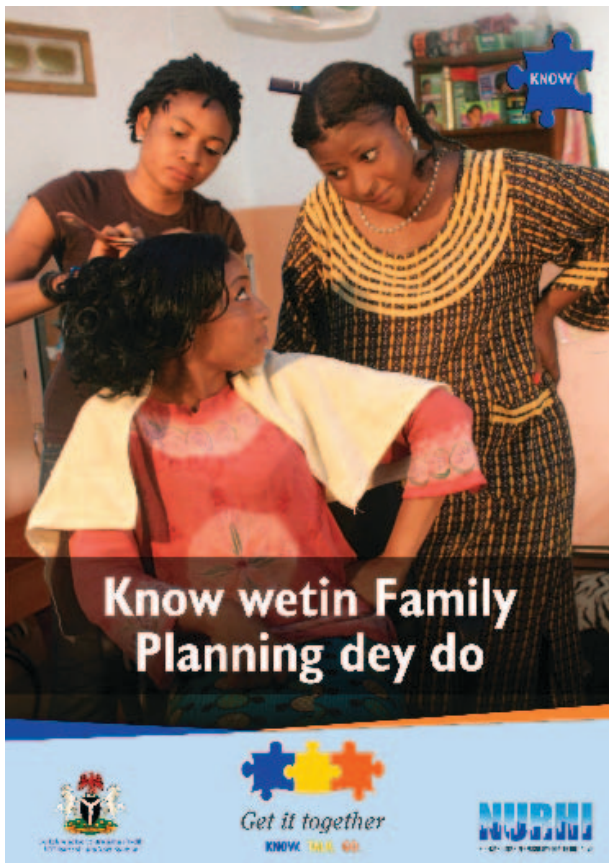


HOW WIDELY DO THE MASS MEDIA SPREAD FAMILY PLANNING MESSAGES?

Radio and television are the two most common media sources of family planning messages.

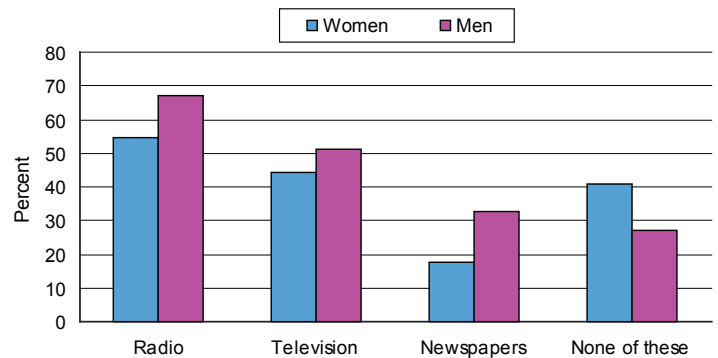
The mass media are a powerful way to convey family planning messages to the public and can help change social norms and facilitate behavior change. While radio ownership has remained stable at about four-fifths of urban households, television ownership grew from 57.1 percent in 1990 to 69.0 percent in 2008. Televisions are primarily located in the south; radios have even geographic distribution.

Radio and television are the most common media sources of family planning messages for urban residents in Nigeria, regardless of sex, age, education, household wealth and region (see Figure 10 for data by sex).



The new “Get it Together” family planning campaign from NURHI encourages people to get information, have conversations, and get a method.

Figure 10. Percent of urban women and men exposed to family planning messages in the mass media, 2008



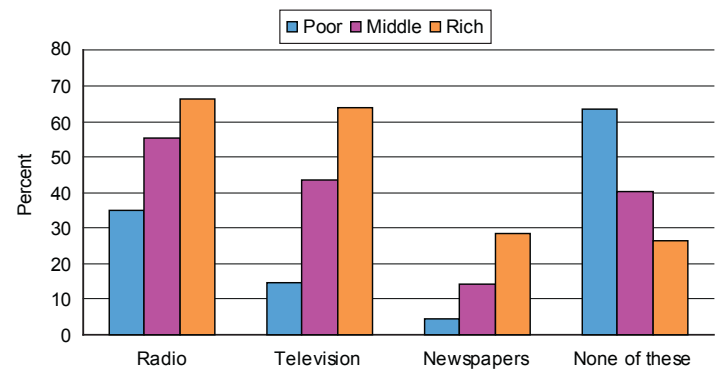
Men have greater exposure to the mass media than women.

Men are more likely than women to have heard or seen a family planning message on radio, television and newspapers (Figure 10). Women are 1.5 times more likely than men to have no exposure at all to family planning messages in any of these media.

Exposure to mass media increases with wealth and education.

Rich urban women are more likely than the poor to have heard or seen family planning messages on radio, television and newspapers (Figure 11). Exposure to family planning messages in the mass media also increases with education. Radio reached 2.4 times as many poor households as television and 7.8 times as many households as newspapers in 2008.

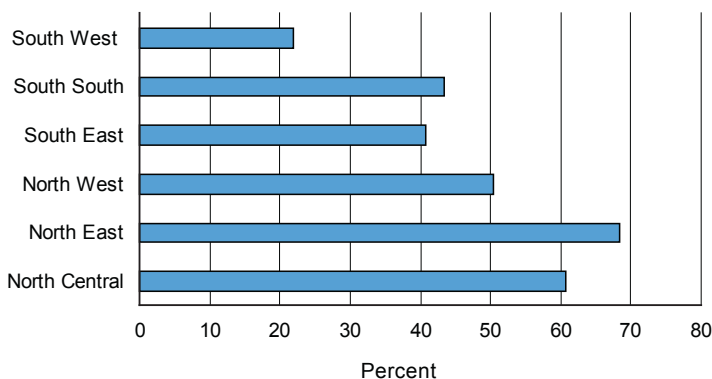
Figure 11. Percent of urban women exposed to family planning messages in the mass media, by household wealth, 2008



Most of the urban poor and most women who live in northern cities are not exposed to family planning messages in the mass media.

In urban areas, almost two-thirds of poor women did not hear, see or read family planning messages in any of the mass media (Figure 11). Similarly, most urban women in the north were not exposed to family planning messages in any media (Figure 12).

Figure 12. Percent of urban women who were NOT exposed to any family planning messages in radio, television or newspapers, by region, 2008



HOW LIKELY ARE COUPLES TO DISCUSS FAMILY PLANNING?

Discussion of family planning among urban couples declined from 1990 to 2003, the period for which data are available.

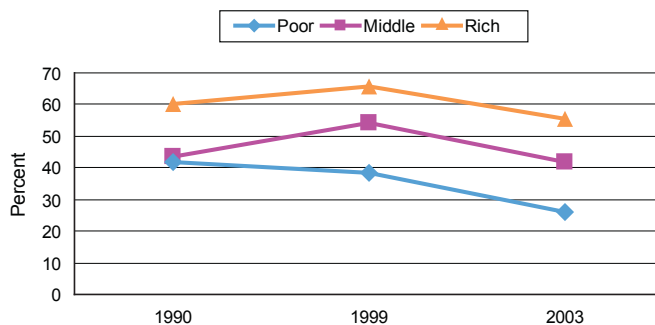
Couple communication about family planning is an important step on the path to adopting a contraceptive method. In urban areas, the proportion of married women who had discussed family planning with their husbands in the past year rose from 49.5 percent in 1990 to 54.5 percent in 1999, but then declined to 43.3 percent in 2003, the last year for which there is DHS data.

Poor, uneducated and teenaged women are less likely than others to discuss family planning with their husbands.

In 2003, only one in four poor or uneducated urban women reported discussing family planning with their husbands. More than twice as many rich women (Figure 13) and highly educated women had done so.

Less than 30 percent of married teenaged women in urban areas reported discussing family planning with their husbands in 2003, compared with about 45 percent of older women.

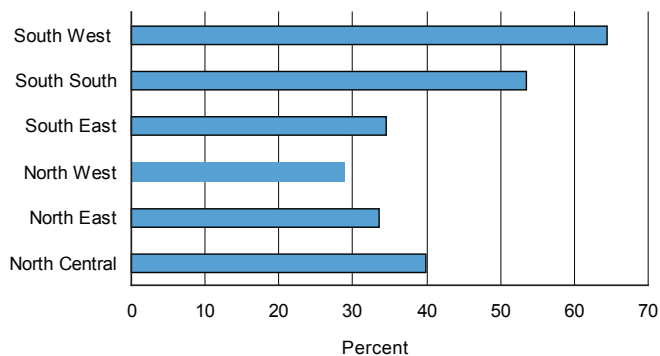
Figure 13. Percent of married urban women who discussed family planning with their spouse in the past year, by household wealth



Couple communication regarding family planning is more common in parts of the south.

Married urban women were considerably more likely to discuss family planning with their husbands in the South West and South South than in other regions (Figure 14).

Figure 14. Percent of married urban women who discussed family planning with their spouse, by region, 2003



SUMMARY

Urban fertility remains high, due in part to early childbearing and short birth intervals.

Fertility in urban Nigeria has declined slightly since 1990, but women still bear an average of 4.7 children. Teen pregnancies remain common among the poor and uneducated, despite a drop in overall teen pregnancy rates. There has been little change in birth spacing: almost one in four births follows an interval of less than two years.

Because desired family size is high, contraceptive use remains low.

There has been a small rise in modern contraceptive use since 1990, but less than 7 percent of poor and uneducated women use a modern method. A traditional preference for large families is the leading reason women do not use contraception. Most poor and uneducated women do not intend to use contraception in the future. However, there is growing interest in using modern methods to space births among wealthy and more educated women.

A large proportion of the urban population is young, resulting from and contributing to high fertility.

Over 40 percent of the urban population in Nigeria is less than 15 years old, while only 4 percent is aged 65 or older. The high ratio of dependents to workers strains the ability of cities to meet residents' essential needs, including health, education, food and shelter.

Gaps in fertility and contraceptive use between the rich and poor, and the most and least educated, are growing.

Over the last two decades, wealthy and well educated city dwellers have become more supportive of family planning, and their fertility rate has dropped. Trends have moved in the opposite direction for the urban poor and those with no education.

Male involvement in family planning is limited.

Men are more likely than women to see or hear family planning messages in the mass media. However, urban men—especially poor men—want even larger families than women do. Most poor and uneducated couples have not discussed family planning in the past year.

The mass media have limited reach among some key audiences.

Radio is the most common media source of family planning messages in urban Nigeria. However, it reaches less than two-fifths of poor urban women and less than half of urban women in the north.

Women, including the urban poor, increasingly rely on the private sector for modern contraceptives.

Over the past two decades, the proportion of women who obtain modern contraceptives from the private sector has increased in every region of the country. Today the majority of urban women—including poor women—rely on the private sector for contraceptive supplies.

Sharp regional differences in attitudes and practices about family planning and contraceptive use persist.

There is a substantial gap between north and south on most indicators. Fertility rates are markedly higher in some areas of the north, while approval and use of family planning methods are lower. Women in the north are also less likely to rely on private sector sources for modern contraceptives or to see or hear family planning messages in the mass media.

For more detailed information about the NURHI study cities, see the “2010-2011 Nigeria Baseline Survey for the Urban Reproductive Health Initiative” report at www.nurhi.org/sites/nurhi.k4health.org/files/2011_Nigeria_Urban_Reproductive_Health_Survey_FINAL.pdf.

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

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