

**AT A GLANCE**

An estimated 37.3 million Nigerian women will be of reproductive age in 2010.

Nigeria's total fertility rate is 5.7 lifetime births per woman.

14.6% of women of reproductive age who are married or in a union currently use some form of contraception.

9.7% of women who are married or in a union use a modern FP method.

20% of married women have an unmet need for contraception.

Addressing unmet need for FP can avert nearly 22,000 maternal deaths and nearly 230,000 child deaths by 2015.

Only 4% of the total demand for FP is met by use of the most effective methods.

11% of all pregnancies are unintended.

**MEETING NATIONAL GOALS AND PEOPLE'S NEEDS WITH LA/PMs**

**CURRENT TRENDS WILL NOT MEET NATIONAL GOALS**

For the Government of Nigeria to fulfill its population's unmet need for family planning (FP) services in support of the fifth Millennium Development Goal (MDG), it would need to reach a contraceptive prevalence rate (CPR) of 35% by 2015. Achieving this goal is fundamental to slowing the nation's population growth, meeting national development goals, and helping its citizens achieve their reproductive health (RH) intentions.

However, Nigeria faces a daunting FP challenge. The unmet need for FP is now 20% among married women, and the population continues to grow. By 2015, there will be 5.1 million more women of reproductive age than there are today. To meet the CPR in support of the fifth MDG, more than 10 million women will need to be served in 2015.

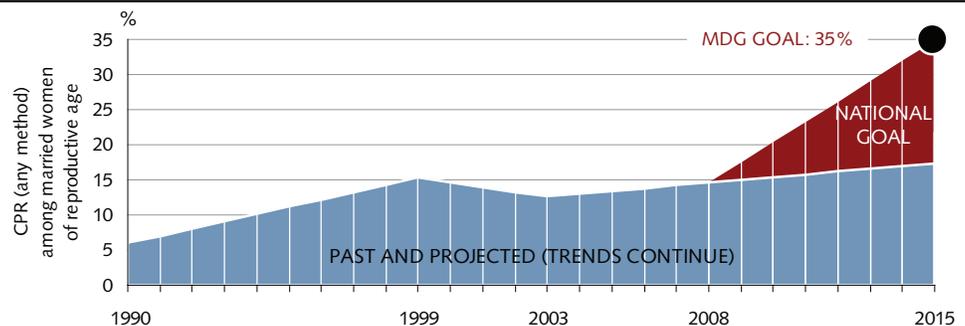
Yet if the trend from 2003 to 2008 were to continue, by 2015 Nigeria would achieve a prevalence of 17.4%, with just over 5 million FP users—only half of what it would take to fulfill the fifth MDG. (See Figure 1, below.)

**LA/PMs—A SMART PROGRAMMATIC INVESTMENT**

Long-acting methods (IUDs and implants) and permanent methods (female sterilization and vasectomy) are the most effective of all FP methods. However, use of long-acting and permanent methods of contraception (LA/PMs) in Nigeria remains low, at 10% of the overall method mix. **If only 12% of current oral contraceptive users (50,000 women) were to switch to the IUD or implant, more than 12,500 unintended pregnancies could be averted over a five-year period.**<sup>1</sup>

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**FIGURE 1: MEETING NIGERIA'S NATIONAL GOALS<sup>2</sup>**



<sup>1</sup> Calculation based on methodology described in Hubacher, D., et al. 2007. Contraceptive implants in Kenya: Current status and future prospects. *Contraception* 75(6):468–473.

<sup>2</sup> Sources: 1998, 2000, 2003, and 2008 Demographic and Health Surveys, Reality √ projections for intervening and future years.

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**HELP PEOPLE ACHIEVE THEIR  
REPRODUCTIVE INTENTIONS**

Long-acting methods are suitable for all categories of women and can enable them to securely and conveniently fulfill any reproductive intention, whether delaying a first birth or spacing or limiting subsequent births; permanent methods are appropriate for those who have reached their desired fertility.

In Nigeria, nearly twice as many women have an unmet need to space births as the number who are using contraceptive methods to space. (See Figure 2, below.) Of those that are using FP to space, very few are using a long-acting method. With increased programmatic attention to healthy timing and spacing of pregnancies, there is potential for addressing unmet need via the expansion of IUD and implant services. Though more than half of the need to limit future births is being met, only one out of five limiters are using the most effective methods of family planning.

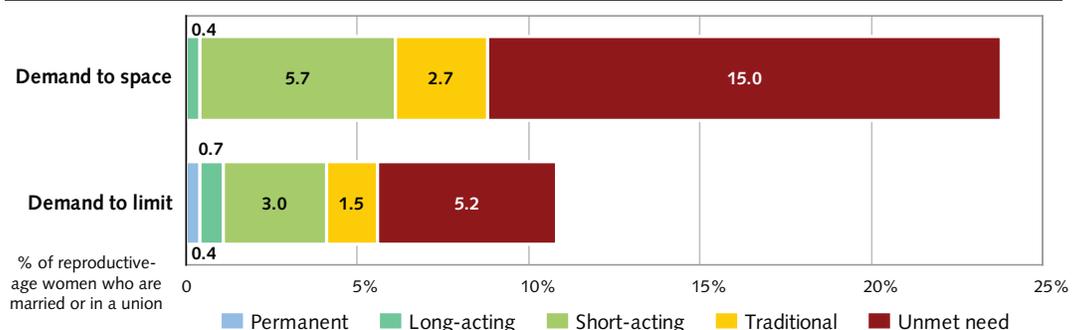
**RESPOND TO NIGERIA'S NEEDS**

The RESPOND Project can assist the Ministry of Health and the USAID Mis-

sion's implementing partners to improve RH in Nigeria by taking a holistic programmatic approach that addresses the essential components of supply, demand, and advocacy. Possible interventions include:

- *Reality √*, a cutting-edge forecasting and planning tool that generates data for realistic, evidence-based service, training, and commodity projections
- Strategies for the introduction of Sino-implant (II) (the lower-cost generic version of the contraceptive implant Jadelle), registration of which is currently in progress in Nigeria
- Proven programmatic models to improve and scale up access to FP/RH services by integrating LA/PMs into other services (community postabortion care, FP/HIV/maternal and child health services, private practitioner networks, and mobile outreach for the underserved urban and rural poor)
- Technical assistance to improve men's constructive engagement in RH and FP programs at the community, service, and policy levels

**FIGURE 2: NIGERIA'S DEMAND FOR CONTRACEPTION (MET AND UNMET NEED)<sup>3</sup>**



<sup>3</sup> Source: 2008 Demographic and Health Survey.