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AID/Office of Population
Family Planning Services Division

CSM FEASIBILITY STUDY

NIGERIA

May 18-25, 1981

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EDITOR'S NOTE

Contraceptive social marketing programs are also known as commercial retail sales (CRS) programs, contraceptive retail sales (CRS) programs, commercial distribution of contraceptives (CDC) programs, or sometimes simply social marketing programs. In these reports the term CSM is generally used, except when a specific project has adopted one of the above terms as, or as part of, its project name.

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EXECUTIVE SUMMARY

During the period May 18-25, 1981, ICSMP consultants Michael Thomas and Jake Obetsebi-Lampitey conducted a preliminary assessment of the need for and feasibility of a Contraceptive Social Marketing (CSM) project in Nigeria. The consultants were asked to assess:

- o the potential impact of a CSM program
- o the most appropriate organizational structure
- o the legal and financial requirements to establish a CSM program in Nigeria, and
- o existing infrastructures for advertising, distribution and packaging.

The well-established commercial orientation in the country would facilitate CSM program implementation in Nigeria in terms of communicating CSM concepts to the various participating elements, however, rising consumer prices, popularly held views against family planning, and the governmental attitude toward family planning are major obstacles to successful initiation and continuation of such a program.

The following unique conditions must be closely examined and considered before a CSM project can be successfully planned and implemented:

- o the magnitude of ethnic diversities in Nigeria
- o the reasons for the passive government attitude toward family planning
- o the high costs of all goods and services.

Time limitations prevented extensive travel in the country. Ibadan was the only city visited outside Lagos State.

I. BACKGROUND

With its abundant oil and mineral resources, Nigeria is the richest country in Black Africa. It is also the most populous and influential. Despite this, Nigeria's economic development has been impeded by the immense diversity of its people and recurring periods of political instability. The country is comprised of over 200 different ethnic groups, many of which have their own language, customs and history.

A. The Economic Setting

Approximately 90 percent of the export earnings of the Nigerian economy comes from oil. Forty-six percent of Nigeria's exported oil is shipped to the United States. This represents 40 percent of total export revenue for Nigeria.

Despite the heavy dependence on oil resources, 70 percent of the labor force is occupied in agriculture, fishing and forestry. Nigeria has long been one of the leading exporters of groundnuts and the second largest producer of cocoa. Export of these products has been depressed in recent years by underinvestment and recent droughts leading to low yields.

Once self-sufficient in food production, Nigeria has become a major food importer resulting in a 50 percent increase in food prices from 1970 to 1977. It is estimated that one-half of average household income is spent on food.

The inflation rate in Nigeria is reported to be 10 percent although unofficial estimates are much higher. Since the return of civilian government in 1979, wages have been rising, but not as rapidly as the price of goods and services. The GON has thus far resisted current pressure to treble the minimum wage of 100 naira for public sector workers in an effort to avoid the resultant inflation and unemployment spiral touched off in 1976.

Investment in Nigerian enterprises has stagnated somewhat due to the policy of indigenization and continuing political uncertainty. The policy of indigeni-

zation restricts economic participation in and control over any single company by a foreign investor.

Heavy dependence on oil exports and the recent world oil glut have combined to place Nigeria's Five-Year Plan (1981-1985) in jeopardy. The plan was based on more than double the current export volume of oil.

B. Political Considerations

The Nigerian political system is a multiparty structure operating under a federal, U.S.-style, constitution. It was designed to balance the need for a strong federal government against the political necessity of ceding as much power to the states as possible. Organized along tribal/ethnic lines, the 19 states operate administratively on the U.S. model with state agencies, including health, that mirror those at the federal level.

The three most populous of the 200 or more ethnic groups are the Hausa, Yoruba, and Ibo. Collectively they comprise approximately 60 percent of the population. Hausas have long dominated the country politically and are settled primarily in the northern part of the country (see Appendix A). The majority of Hausas are Muslim, tradition-bound, and very conservative.

Yorubas and Ibos are settled principally in the western and eastern sections of the country respectively, south of the Niger and Benue rivers. The Yoruba are traditionally urban dwellers unlike the Ibo and Hausa who are primarily rural. Both the Yoruba and Ibo are thought to be more progressive than the Hausa; their traditional socio-political values have been more adaptable to the process of modernization started by the British.

The southern part of the country is primarily Christian with the Ibos adhering principally to the Catholic religion and the Yoruba to several evangelical faiths such as Southern Baptist, Methodist, Church of God, etc.

C. Population

At present it is difficult to provide an accurate estimate of the total population of Nigeria. Estimates range from as low as 60 million up to 90 million inhabitants. The wide variance in the estimates is primarily attributed to the political and economic use of census data. Economic allocations to and political representation of each state are based on these population estimates. Thus it is likely that each of the four censuses (1952/53, 1962, 1963 and 1973) contain overcounts. The 1962 and 1973 censuses have been officially repudiated. Increasing numbers of immigrants are crossing the borders from surrounding countries into Nigeria, thus making an accurate count of the population even more difficult. Using figures from the accepted 1963 census, population projections are shown in Tables I and II.

Table I

PROJECTIONS OF TOTAL POPULATION* (1963-1978)

(Millions)

	High	Medium	Low
1963	45.0	45.0	45.0
1968	51.1	50.9	50.3
1973	58.3	57.4	55.7
1978	66.8	64.8	60.9

*Projections assume that the crude birth rate corresponding to high fertility remains unchanged (50 per 1,000), the medium birth rate decreases gradually from 50 to 46 per 1,000, and the low decreases from 50 to 38 per 1,000.

SOURCE: Angaye, G., Population and Economic Development in Nigeria, 1973.

Table II
PROJECTIONS OF 1978 TOTAL POPULATION BY AGE

Total 1978 Population (thousands)

Age	High	Medium	Low
0-4	12,004	10,782	8,490
5-9	9,506	8,910	7,694
10-14	7,961	7,790	7,408
15-19	7,041	7,041	7,041
20-24	5,958	5,958	5,958
25-29	5,029	5,029	5,029
30-34	4,227	4,227	4,227
35-39	3,534	3,534	3,534
40-44	2,929	2,929	2,929
45-49	2,402	2,402	2,402
50-54	1,936	1,936	1,936
55-59	1,517	1,517	1,517
60-64	1,130	1,130	1,130
65-59	778	778	778
over 70	<u>821</u>	<u>821</u>	<u>821</u>
Total	66,773	64,784	60,894

SOURCE: Angaye, G., Population and Economic Development in Nigeria, 1973.

D. Family Planning Policies and Programs

1. Policies and Attitudes

The Nigerian government supports the right of every couple to have the number of children they want. Population is not officially considered to be a problem, despite an estimated growth rate of 3 percent. Following debate on the issue of family planning at the Bucharest Conference in 1974, a National Population Council (NPC) was created to collect relevant information to formulate a family planning policy. To date no new policy has been articulated by the NPC. A new Population Council has recently been formed. Its principal duty will be to oversee the World Fertility Survey scheduled for initiation this year in Nigeria.

Because family planning is a volatile topic in Nigeria, the government promotes it as part of the overall health program of the country. The focus of most family planning efforts in the country is maternal and child health.

There is a feeling among most Nigerians that somehow the economy can absorb the current increases in population, and they perceive family size limitation as "anti-child." One Nigerian asked the consultants why Americans hate children. Other popular attitudes are illustrative of the problems that a CSM program will encounter. They include:

- o big families are happy families
- o if a woman interrupts childbearing with artificial means her womb will become conditioned not to have babies
- o contraception leads to promiscuity
- o the pill can have dangerous side effects
- o Nigeria has plenty of food and land
- o contraception is sinful.

2. Programs and Acceptance

Access to family planning assistance is considered a right, but there is little effort to establish programs that respond to specific needs of Nigerian couples. The Planned Parenthood Federation of Nigeria (PPFN) is the only family planning agency with a nationwide network of clinics. The bulk of the PPFN budget comes from IPPF; ten percent is donated by the Nigerian

government. The PPFN has staff representation in 100 government health clinics located throughout 14 of the 19 states. The states themselves contribute very little to the family planning effort. The PPFN presently sells contraceptives for approximately half the commercial suppliers' price. The PPFN promotion of family planning is described in a brochure they distribute on child spacing (see Appendix B).

Government family planning programs are carried out through both the Federal and State governments. Within the Federal government, responsibility for family planning programs rests with the Basic Health Services Scheme, a subdivision of the Ministry of Health. Only Plateau state has an established family planning division within its own Ministry of Health.

The United Nations Fund for Population Activities (UNFPA) is also active in promoting family planning through health programs in Nigeria. From 1975-1980 it sponsored the Calabar Maternal and Child Health project. There is disappointment with the low level of contraceptive acceptance and continuation achieved in this rural health/family planning program.

Currently the UNFPA is cooperating with the Basic Health Services Scheme to conduct a pilot project in three areas of the country to promote family planning through the private and public medical structure. Contraceptives and some medical equipment will be given to participating physicians with the expectation that it will be distributed free to their patients.* A final list of commodities will be developed by the end of this year.

*One government official close to the project conveyed his personal opinion that while physicians may agree to "give away" the contraceptives, he believes that they will increase their consultation fee.

II. FEASIBILITY ASSESSMENT

A. Program Prospects

Several factors point favorably toward the initiation of a CSM project in Nigeria. The key elements are in place. No country in which a CSM project has been undertaken is more commercially-oriented than Nigeria. There is a good money supply in the country and a well-developed product distribution system using Nigeria's excellent road network. Consumers are motivated to purchase a wide variety of goods through television, radio, newspapers and other print media.

The commercial infrastructure for contraceptive distribution includes pharmacies as well as large open-air markets that reach practically everyone in the country. The population is accustomed to paying for goods and services. The infrastructure has not been fully exploited to date for contraceptive distribution and a large part of the country does not have access to and/or cannot afford fertility control products currently available.

Despite the positive infrastructure elements, many factors would inhibit the development of a CSM program including social, political and economic problems that currently prevent a strong population policy in the country. For example, none of the various ethnic groups are inclined to reduce their levels of population growth as they feel this would come at the expense of short term political and economic benefits. Also due to the fragile nature of the current civilian government it is unlikely that political leaders will initiate a surely controversial affirmative family planning program. Recent political disturbances have weakened the confidence of many in President Shagiri's ability to lead the country. Elections, scheduled for 1983, portend increased political unrest; some observers are predicting a return to military government.

These problems will likely be exacerbated by the current world oil surplus which has reduced Nigeria's oil exports by over half and may require unpopular limitations on imported products.

B. Program Elements

1. Marketing Systems

a. Distribution. Numerous distribution/marketing/manufacturing companies operate in Nigeria. The companies to handle distribution range from marketing giants such as A. J. Seward, Lever Brothers and PZ to small ones handling a single product. For example, A. J. Seward, one of the largest distributing and marketing firms in the country sells from 23 depots throughout Nigeria. Salesmen working from these depots sell and deliver Seward toiletries, cosmetics, prescriptive drugs, etc., to over 900 distributors who in turn sell to other retailers and street hawkers. Seward also sells through Kingsway Stores, an established grocery and department store chain with major outlets in every major city in the country.

A single distributorship may be difficult to establish due to suspicions that socio-political reactions to a CSM program would affect other products of the distributor. This problem could be mitigated through a multi-distributor approach.

b. Advertising. Nigeria is well-served with advertising agencies, ranging from large firms such as Lintas, Ltd. to smaller ones such as Promoserve. Communications outlets are well-distributed and include a nationwide television network. Both radio and television are well-established advertising media. Newspapers are available in all parts of the country. Daily coverage is provided by numerous national and regional papers.

Representative advertising costs in the Nigerian media are shown in Table III.

Table III
ADVERTISING COSTS IN NIGERIA MEDIA (approximate)

Media Type	Cost (naira)	Cost (US\$)
Radio (Lagos) 30 seconds	33	52.80
Newspaper (Daily Times)		
one-half page	500	800.00
full page	800	1280.00
Magazine (Spear)		
one-half page	320	512.00
full page	605	968.00
one-half page (color)	800	1280.00
full page (color)	1205	1928.00

Radio/television advertising for drugs (which includes all contraceptives) is allowed only with the expressed approval from the Ministry of Health. Permission for each advertising message can be obtained, however, within a reasonable time period. For example, in 1978 Promoserve received clearance in one month for radio advertising of vaginal suppositories using a general theme of "Pleasure without fears."

There are no restrictions for print media advertising. Condoms, for example, are currently advertised in the press (see Spear magazine advertisement in Appendix C).

c. Packaging. Local packaging resources are well-developed. Materials for packaging range from polyethylene bags to shipping cartons.

d. Management. The commercial sector exhibits competent management resources; however, the CSM program will face stiff competition for program managers from the commercial sector.

In the private/government sector, an agency such as the Planned Parenthood Federation (PPFN) in cooperation with a government advisory panel from the Ministry of Health could provide oversight to the commercial aspects of the

program. The personnel involved in these agencies support CSM objectives and understand the operational procedures of the project. The ease with which the program could operate would be enhanced by arranging for a small percentage of sales revenue to accrue to the PPFN for their own use.

e. Marketing research. Experienced marketing research firms are available to assist in determination of the best method of marketing contraceptive products in Nigeria. The survey costs of one agency, Research Bureau (Nigeria) Ltd., were quoted at 20 naira per interview. An alternative is to place questions on their quarterly household survey of 2,500 families. This survey regularly includes questions from interested organizations at a cost of 500 naira per question.

In addition, the University College in Ibadan has been the focus of family planning research in Nigeria for almost a decade. It is the foremost research center in West Africa and is able to provide attitudinal information concerning the use of all forms of fertility control currently available in Nigeria.

f. Potential market. Economic growth in Nigeria has had an urban bias. Reliable up-to-date income distribution statistics are not readily available, but in 1979 it was estimated that urban dwellers represented 17 percent of the population but retained 36 percent of the national income. Rural incomes are estimated to be half, or less, of the national average. The depressed agricultural economy intensifies the urban drift, particularly among young people. With more than half of the population under the age of 18, this population shift from rural to urban areas will continue as young people search for new jobs.

From a population perspective, the rural population should be the target for a family planning program. From a commercial point of view, however, the preference for larger families in the rural sector would be very difficult and expensive to overcome.

Current contraceptive prevalence information indicates that the practice of modern methods of fertility control declines as distance from Lagos and the

coast increases. Within cities it declines with socioeconomic level. In rural areas there is evidence that use is associated with proximity to a village.

Additional market research is essential, but current indications are that urban, fertile-age couples would be the most appropriate target population for initial CSM activity in Nigeria.

2. Products

a. Selection. A wide variety of oral contraceptives, vaginal foams, injectables, condoms and foaming tablets are currently available through the commercial sector (see Table IV).

Table IV
CURRENT CONTRACEPTIVES AVAILABLE IN COMMERCIAL MARKET

Contraceptive	Costs* (naira)		
	Commercial	PPFN	CSM**
Orals			
Norlestrin, Ovral	1.5 to 2.7	1	1
Ovulen, Microgynon			
Condoms			
Durex (pkg. 3)	.60	-	.15
Tahiti	n/a	.60	.15
Foam			
Delfin	n/a	1	1
Diaphragm	n/a	1	.75
Injectibles	5.70	3	3

*Costs are representative of those found in the commercial market.

**Proposed CSM prices reflect one month of protection based on a 100 naira minimum income.

Injectibles and IUDs are also available through pharmacies. None of the contraceptives are packaged specifically for the wider West African market.

The law requires prescriptions for oral contraceptives, injectibles and IUDs, but in actuality they may be purchased without a prescription. This practice was confirmed by the Ministry of Health/Pharmaceutical Division. Distributors/retailers were unwilling to share their sales data on contraceptives. However, it is more than reasonable to assume that none of these products would be available in Nigeria if a consistent demand was not present. The consultants observed during their visits to several pharmacies that the products on the shelves were dust-free and fresh looking. Detailed marketing research should precede any CSM product selection, but it appears that all nonsurgical methods should be included.

b. Brand names. Branding does not present any problems. Names used in the Ghana CSM program (SSS, Panther, Floril, etc.) may even be acceptable. Care must be taken not to select vernacular names; e.g., a Yoruba name would not be accepted in Hausa or Ibo areas.

c. Pricing. Current contraceptive price samples are shown in Table IV with suggested prices for a CSM program. These prices are based on 1 percent of the current minimum wage. Proposed contraceptive prices would be 50 percent less than those currently available.

Two things must be considered in the Nigerian setting regarding prices. First, retailers expect a fairly high profit margin both in terms of percentage and actual cash. Second, equation of price with quality is no different in Nigeria than in any other country. Volume of supply, spread of outlets and the central distributor's own insistence of maintaining the declared value could combine to help resolve potential overcharging by retailers. Evaluation of the actual CSM market may suggest that a higher price would be more acceptable to consumers. Other factors that will affect CSM price-setting are the expense of working in Nigeria and conspicuous consumption.

d. Promotion. Intensive market research would need to precede any promotional activities. The prevalent pro-natal, large-family attitude and preference suggest that a family planning message per se would be highly ineffective and unacceptable. Most likely the program will need to focus on the health and economic aspects of family planning (it should be noted that

even Guinness Stout devotes part of its advertising budget to promote the idea the "Guinness is good for you").

e. Distribution. There are 250 registered pharmacists in the major urban area of Lagos State and 65 in Ibadan. These numbers do not represent the large number of unregistered pharmacies in these areas which are already recognized and accepted distribution points for all contraceptives. They should be the logical starting point for CSM distribution.

3. Project Costs (Minimum Estimates)*

a. Marketing

o	Consumer reasearch	\$40,000
o	Retail research	3,000
o	Brand testing	2,500
o	Package/copy testing	10,000
		<u>\$55,000</u>

b. Sales Expenses

o	Sales staff (1 year)	\$60,000
o	Expenses	10,000
		<u>\$70,000</u>

c. Advertising**

o	Introductory radio/newspaper for 3 months	\$100,000
o	Maintenance (1 year)	300,000
o	Production costs	15,000
o	Promotional materials	80,000
		<u>\$495,000</u>

d. Packaging

\$75,000

e. Program Management

o	Project Manager (1 yr)	\$85,000
o	Housing	40,000
o	Expenses	30,000
o	Local Manager (1 yr)	35,000
o	Secretary (1 yr)	17,500
o	Office and expenses (1 yr)	144,000
		<u>\$351,500</u>

TOTAL \$1,046,500

*Costs are conservative for nationwide launch. Advertising and project costs could be significantly reduced if the project were coordinated from outside Nigeria.

**Based on 6 spots/day on radio and 1 per day in newspaper.

4. Organizational Structure

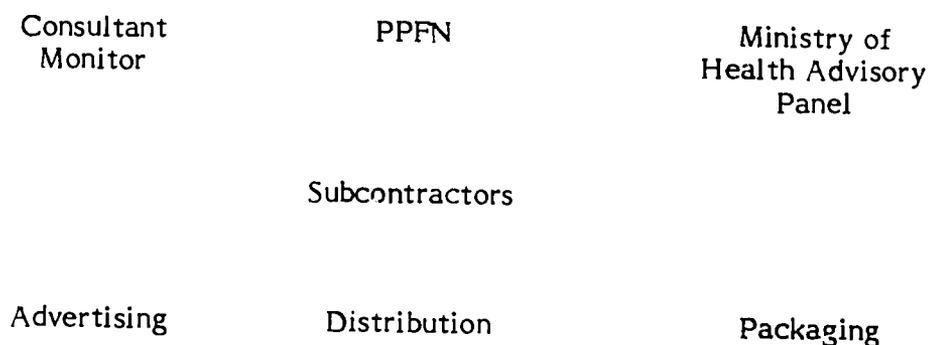
It is unlikely that the government would clearly identify with any major family planning effort in the country. However, oversight is needed for the commercial firms if nothing more than to control prices at the point of distribution.

The Planned Parenthood Federation of Nigeria (PPFN) is an agency that could supply such oversight. As there are sufficient resources for advertising and distribution in the private sector, it is unnecessary for the PPFN to undertake these roles. PPFN's role could be designed to act as the principal liaison between the government and the private sector, to maintain auditing functions and act as expert advisers to the advertising firm. With their nonprofit status, they could also import the products duty-free and distribute them to the commercial distributors.

In return for performing these duties, the PPFN could be given a percent of the profits from all sales and the increased visibility of their own facilities through referrals for IUD insertions and injectibles.

For a period of no less than one year, a resident consultant should be available to provide technical assistance on the project. A suggested project organizational structure is shown in Figure 1.

Figure 1. Suggested Organizational Structure for Nigeria CSM Program



5. Obstacles to Program Success

a. Financial. The cost of living in Nigeria represents a significant obstacle to the establishment of a CSM program with resident contractor in the country. Housing costs are prohibitive. Many landlords now require three to five year leases. Thus, to bring a project monitor to Nigeria for an extended period would require an enormous cash outlay at the outset of the project. One major commercial firm that relies on a number of expatriate personnel now finds it cheaper to base these employees in Kenya and allow them to commute on a weekly basis, arriving Monday morning and leaving Friday evening.

b. Personnel. Nigeria's expansion-minded economy is often limited by a shortage of management personnel to operate commercial services/projects. The potential difficulty of finding an appropriately trained Nigerian to serve as a counterpart to a contractor representative (in the usual CSM contract model) represents a potential concern for the ultimate success of the project.

c. Lack of Family Planning Commitment by Government. It is hard to imagine that without government acceptance of programs to change attitudes in Nigeria that a family planning effort would be well-accepted. It would be imperative to let the commercial sector develop the strategy to get the best sales results.

III. CONCLUSIONS

A. Review

In terms of need, Nigeria, with a 3 percent growth rate should be a high priority country for a CSM project. It is unlikely that the economy can keep abreast with the population increases in the next decade.

The impact of a CSM program is more difficult to assess. The prevailing attitudes in the country do not suggest that a well-conceived advertising campaign would effectively reach the persons most in need. Large families are a long-standing tradition and a political and economic weapon for the various ethnic factions. There is evidence that the traditional societal

structure is breaking down, however, and that certain parts of the country--especially the urban areas--would be receptive to more family planning services for economic reasons. It is unlikely that a country-wide program could be implemented immediately.

The key elements for a CSM program are in place, though the management structure would need careful definition and organization. The main inhibitor is the high cost of goods and services. Nigeria has a high cost-of-living base and an in-country management system would cost in excess of one million dollars for the first year.

B. CSM Alternatives

1. Take Nigeria off the list of CSM country possibilities.
Comment: In view of the many unknowns, the difficulty of working in the country, and the high cost for such a program, this would be a reasonable decision.
2. Initiate a country-wide program for a specified period of time.
Comment: At this point in time, a country-wide project would be too costly and most likely would fail.
3. Postpone CSM initiation until the World Fertility Survey results are available and the government adopts a position to respond to the need that the survey is likely to surface.
Comment: WFS results will not be available until 1983 or 1984. However, more complete information would be available to reassess the possibilities.
4. Modify the CSM scheme so that it would be purely commercial.
Comment: Since the government is uncommitted to an official policy, if demand can be assured, this may be acceptable to the commercial sector. However, it would be more costly to monitor, and the major CSM funding source (USAID) may not be able to work through such a scheme.
5. Introduce a limited program in an area receptive to family planning.
Comment: Available information suggests that CSM may work in urban areas. A limited program to conduct market surveys and tests should prove useful.

IV. RECOMMENDATIONS

Given AID resources, obvious costs, and other cultural/political considerations, it is clear that a CSM project cannot now be initiated in Nigeria. If AID resources (money, time, and program personnel) were not limited, a combination of alternatives No. 2 and No. 5 appear the most responsible and likely path for introducing CSM in Nigeria.

Initially, the project should be urban based. Lagos, Abeokuta and Ibadan are three logical target cities. Lagos is the commercial center of Nigeria. Ibadan has a clientele ready to support a commercial program. Abeokuta represents an area where the possible success of CSM in other Yoruba cities can be tested. The cities are each connected by a divided highway, thus making access simple for a program monitor.

The information on contraceptive use and attitudes available at the Universities of Ibadan and Ife should be combined with other relevant research data and carefully evaluated for use in development of an advertising program that would be suitable for various parts of the country.

Special attention must be given to development of instructional/promotional materials for contraceptives directed to basically nonliterate populations. Programs to educate pharmacists relative to contraceptive needs of Nigerian women and suitable methods for distribution should be developed.

Most mothers in the country breastfeed their children. Programs to reach and influence this potential market should be considered.

The possibility of involving the University of Ibadan Drama Department in "soap opera" type programs to promote smaller families should be explored. There is evidence that such a program could be organized and used on both local and national television networks.

The acceptability and applicability of materials currently used in the Ghanaian CSM program should be assessed.

V. PERSONS MET

Dr. Abdulkadir Babatunde Sulaiman
Director of National Health and Family Planning
Ministry of Health
Lagos

Dr. A. D. Kolawole
Director of Basic Health Services Scheme
Ministry of Health
Yaba

Dr. P. O. Efawa
Director of Pharmacy
Ministry of Health
Lagos

Dr. Abajomi Fajobi
Executive Director
Planned Parenthood Federation of Nigeria
Lagos

Mr. John McWilliam
Director of Family Planning Activities
UNFPA
Lagos

Mrs. O. A. Shitta
Population Officer
U.S. Embassy
Lagos

Dr. O. A. Ladipo
Department of Gynaecology and Obstetrics
University College Hospital
Ibadan

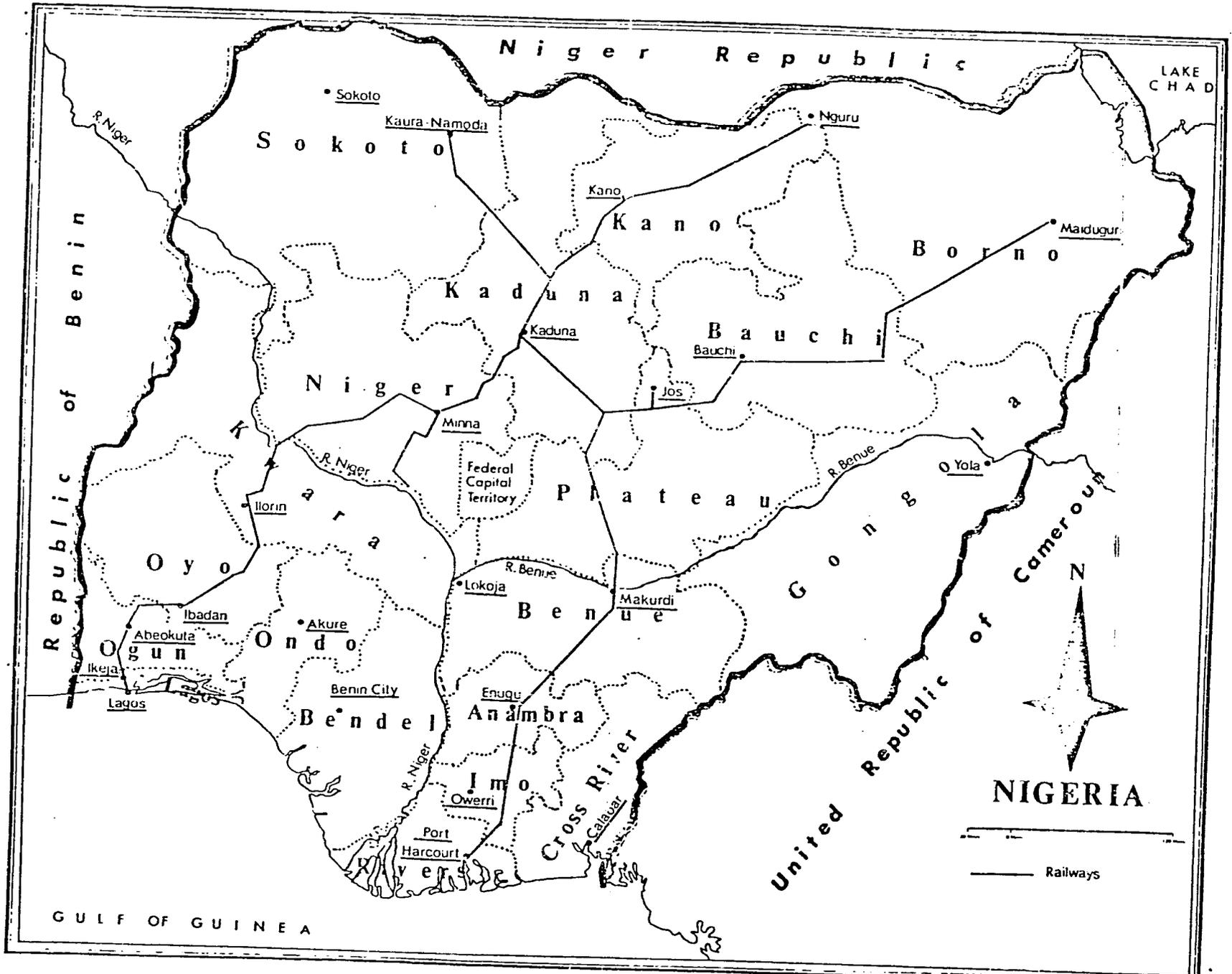
Mrs. Grace Delanop
President, Nigerian Midwifery Association
Department of Gynaecology and Obstetrics
University College Hospital
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Mr. Kehinde Adeosun
Promoserve Advertising Agency
Lagos

Mr. S. S. Solanke
Brands Manager
A. J. Seward
Lagos

Mr. David Kreling
Managing Director
Research Bureau Nigeria Limited

Dr. Eugene Weiss
Project Officer/Calabar Project
Consultant to AID/Ibadan
Univeristy College Hospital
Ibadan



WHY

Modern housewives today can make up their minds when they want to have their next child and how many they want, thanks to family planning. They can choose to have their children two or even three years apart if they wish. As the saying goes, "Babies by choice, not by chance."

But you might ask, "Why should anyone want to practice spacing their children? Are not children always welcomed, and the more the better?"

Of course, all women want to have children. But women who are really concerned about the welfare of their children will listen to doctors who tell them that their babies will be healthier if the mother's body has chance to rest before the next pregnancy. Women

SPACE CHILD

who get pregnant nearly every year are more likely to lose their babies or have sickly children, than those who wait a while between pregnancies. In this way, the mother, too, can gain her health and strength back.

Also, if the children are well spaced, the parents can afford to buy more food and better medical care for each child. With the cost of living rising so fast, it is difficult to feed a large family. Of course, a baby doesn't eat much, but babies do grow up and a mother must see to it that each child is well fed. If she has too many children all at once, it is difficult to feed each one well as they start to grow up.

The cost of education is rising, too. How many times have we heard the story of a clever young boy from a large family who had to leave school to start work because his parents cannot afford to send him to school? If only his parents had practiced family planning! Then it might have been possible for them to save enough money for him to get to university and later find a good job to help them all.

BIRTHS

When a family practices family planning, it is also good for the nation. Although we do not have too many people now, experts say that in only 20 years, the population will have doubled! In the cities, it is difficult enough to get inexpensive housing, to buy food cheaply, and to build enough schools for our children's education. If the population keeps growing so fast, it will become more and more difficult for the government to provide these services throughout the country.

That is why the government has said that it plans to build facilities to "protect mothers from repeated and unwanted pregnancies, as well as to enable parents to space their children for better feeding, clothing and education."

So there are many reasons why you should begin today to plan for better food, clothing, medical care, and education for all your children, and finally for the good of the nation. That is why we say "Plan your family for health, wealth and happiness!"

Spear Magazine Condom Advertisement

Relax...

Be confident—for cleanliness
hygiene
and safety
use
genuine



durex

GOSSAMER

Price 60¢ per pack of 3.

