

# Sources of Family Planning

## Nigeria



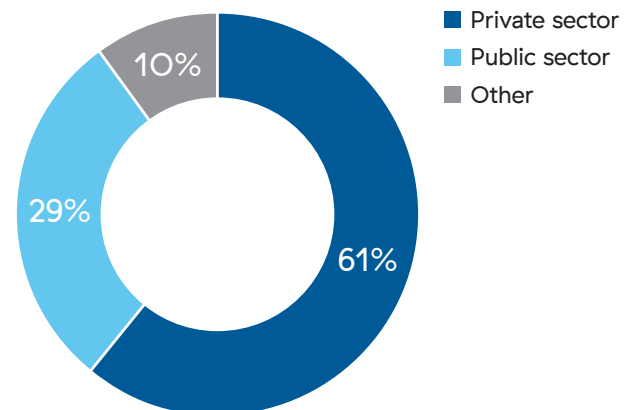
Photo: KC Nwakalor

Understanding where women obtain their family planning methods can help programs to better target their resources and increase overall access to modern contraception. This brief is one in a series of country briefs that examines where women obtain modern contraception by method, geography, age, and socioeconomic status. Through a secondary analysis of the 2013 Nigeria Demographic and Health Survey, the brief explains where modern contraceptive users obtain their method and examines the contribution of the private sector to family planning in Nigeria.

### Key Findings

- Six in ten modern contraceptive users rely on the private sector for their method.
- Nigeria has a low modern contraceptive prevalence rate (10%) and high inequities in use by wealth and urban versus rural residence.
- Despite inequities in use, reliance on private sector sources is similar in urban and rural areas and across wealth quintiles.
- Approximately three-fourths of condom and pill users rely on private sources.
- Approximately three-fourths of contraceptive users under age 25 rely on private sources.

### Source of modern contraceptives



This is one in a series of briefs that examines sources of family planning methods in USAID priority countries. View the data at [PrivateSectorCounts.org](https://PrivateSectorCounts.org).

## Modern contraceptive prevalence rate and method mix

Among all women of reproductive age in Nigeria, just one in ten use modern contraception. Among married women, the modern contraceptive prevalence rate (mCPR) is 9 percent. This brief focuses on all women, married and unmarried, to accurately portray contraceptive sources among all users. Nigeria's mCPR did not increase substantially from 2008 to 2013 (from 9 to 10 percent). More Nigerian women rely on short-acting methods (SAMs, 9 percent) compared with long-acting reversible contraceptives and permanent methods (LARCs and PMs, 1 percent).<sup>1</sup> Condoms represent half of all modern contraceptives used.

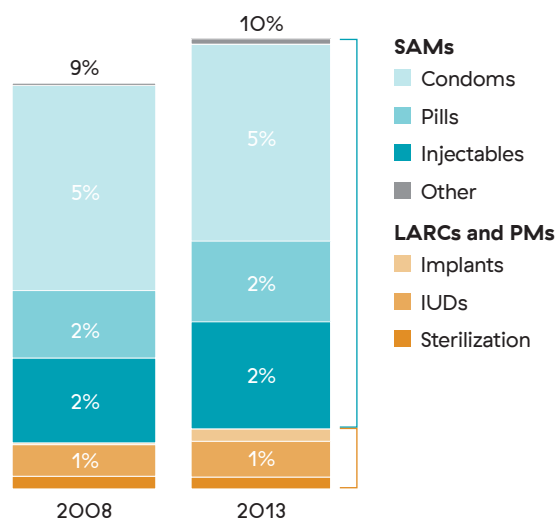
## Sources for family planning methods

The private sector is the primary source of modern contraceptives in Nigeria (61 percent). Twenty-nine percent of users rely on the public sector (an increase from 23 percent in 2008), and 10 percent use other sources (a decrease from 14 percent in 2008).<sup>2</sup> Since 2008, reliance on private sources has remained steady.

## Private sector's contribution to method mix

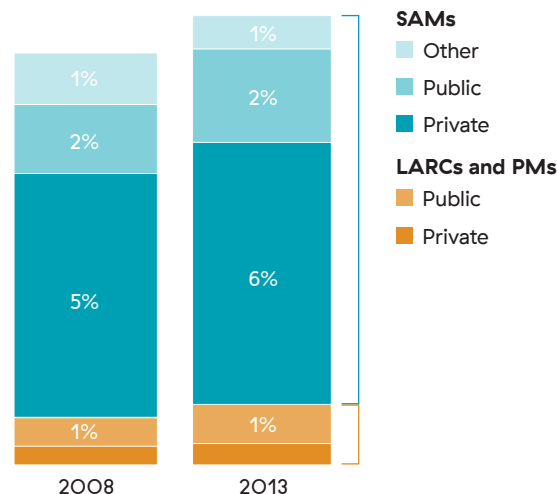
The private sector is the dominant source for SAM users. Just 2 percent of Nigerian women obtain SAMs from a public source, which is low compared with many neighboring countries. Among condom users, the large majority (78 percent) rely on the private sector, as is the case in many other sub-Saharan African countries. Among pill users, 73 percent obtain their method from a private source. Among injectable users, 40 percent use private sector sources which is unusually high compared to global patterns.

## Condoms remain the most common form of contraception in Nigeria



Note: Numbers may not add due to rounding.

## The private sector is the primary source for SAMs in Nigeria



<sup>1</sup> SAMs include injectables, contraceptive pills, male condoms, female condoms, diaphragms, and spermicides. LARCs and PMs include IUDs, implants, and male and female sterilization. The lactational amenorrhea method and "other modern" methods are excluded from this analysis, as the Demographic and Health Survey does not systematically ask women about sources for these methods. This analysis shows which methods women use. It does not reflect which methods women might choose if they had access to all methods.

<sup>2</sup> Public sector sources include hospitals, health centers, family planning clinics, mobile clinics, and field workers. Private sector sources include hospitals, clinics, and doctors; NGOs including mobile clinics and field workers; and pharmacies, chemists, patent medicine sellers, and shops. Other sources include friends, relatives, and women who did not know or report the source. This analysis shows where women obtained their most recent method. It does not reflect where women might choose to go if they had access to all sources of care.

## Private sector sources

Among private sector users, 81 percent rely on pharmacies, patent medicine sellers, or shops. Another 18 percent rely on hospitals or clinics, and 1 percent rely on NGOs. Nearly all private sector condom users (93 percent) and pill users (94 percent) obtain their method from a pharmacy or patent medicine seller, and the majority use brands promoted through social marketing.

## Rural and urban areas

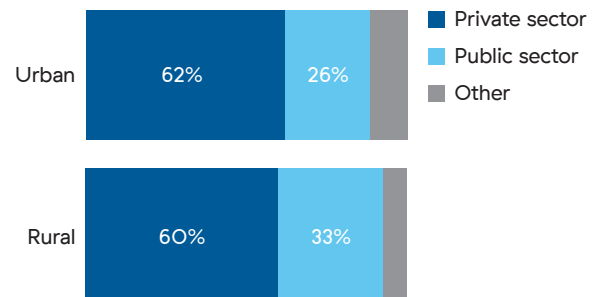
The mCPR is higher in urban (16 percent) than in rural (7 percent) areas. Nevertheless, urban and rural contraceptive users are almost equally likely to purchase their method from the private sector. Contraceptive source varies substantially by region. Private sector use is highest in the South South zone (72 percent) and lowest in the North West and North East zones (47 and 34 percent, respectively) of Nigeria.

## Contraceptive source by marital status and age

Unmarried contraceptive users are more likely than married users to rely on private sources (78 versus 52 percent) and are also much more likely to use condoms (78 versus 23 percent). Fifteen percent of unmarried contraceptive users obtain their method (primarily condoms) from a friend or relative.

There is a similar pattern across age groups, with users ages 15–19 and 20–24 most likely to rely on private sources (75 and 73 percent, respectively) compared to users 25 or older (56 percent). The method mix varies by age, as well. Condom use is highest in the youngest age group (85 percent versus 31 percent among those 25 or older), which helps explain the

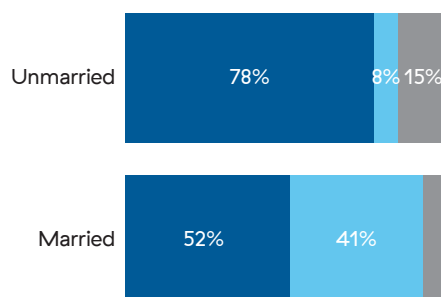
## Contraceptive sources are similar in urban and rural Nigeria



Percent of users in each group who obtain modern contraception from each source

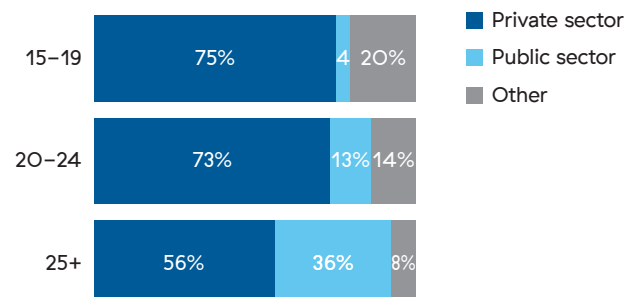
high reliance on friends and relatives (20 percent) among users ages 15–19. Injectables, a method more commonly sought from public sources in Nigeria, are more popular among users 25 and older (30 percent) compared with those ages 20–24 (10 percent) or 15–19 (2 percent).

## More than three-fourths of unmarried users rely on private sources



Percent of users in each group who obtain modern contraception from each source

## Reliance on private sources is highest among youth in Nigeria



Percent of users in each group who obtain modern contraception from each source

## Contraceptive source by socioeconomic status

The mCPR is more than seven times higher among Nigeria's wealthiest than poorest women (18 versus 2.4 percent). Among the poorest users, more than one-half (56 percent) rely on private sources while 35 percent use public sources. Similarly, nearly two-thirds (63 percent) of the wealthiest users rely on the private sector while just over one-quarter (28 percent) use the public sector.

Nearly 6 in 10 of the poorest contraceptive users in Nigeria rely on the private sector



Nearly 3 in 10 of the wealthiest contraceptive users rely on public sources, primarily for LARCs and PMs



## Implications

Nigeria has a low mCPR driven largely by use of SAMs as well as high inequities in use by residence and wealth. The private sector, mainly through social marketing programs, is the dominant source of modern contraception. The private sector is a particularly important source for condom and pill users, while the majority of injectable, LARC, and PM users obtain their method from public sources. High inequities and low use of LARCs and PMs suggest sub-optimal provision of products and services. The Federal Government of Nigeria (FGON) and donors should consider promoting norms supportive of birth spacing and smaller families, as well as strategies to improve contraceptive supply and access. The FGON has already taken important policy steps to increase family planning uptake and reduce inequities in use, including providing contraceptive commodities for free from public sources and allowing community health extension workers to provide injectables, implants, and IUDs. Nigeria's private sector is well positioned to increase its contributions to contraceptive uptake and complement FGON's efforts. Social marketing programs, by targeting their promotion and distribution of SAMs to rural areas and zones with lower mCPRs, could help reduce inequity and allow the FGON to focus its resources on provider-controlled methods. Scaling up social franchising and public-private partnership models that offer free LARC commodities to private practitioners could also reduce inequity and increase FGON contraceptive provision.

## References

Federal Government of Nigeria. 2014. "Nigeria Family Planning Blueprint (Scale-Up Plan)."

<sup>3</sup> The poorest women are those in the lowest two wealth quintiles as defined by the Demographic and Health Survey's asset-based wealth index. The wealthiest women are those in the top two wealth quintiles.



Find Us

[SHOPSPlusProject.org](https://shopsplusproject.org)



Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AID-OAA-A-15-00067) funded by the United States Agency for International Development (USAID). The project strategically engages the private sector to improve health outcomes in family planning, HIV, maternal and child health, and other health areas. Abt Associates implements SHOPS Plus in collaboration with the American College of Nurse-Midwives, Avenir Health, Broad Branch Associates, Banyan Global, Insight Health Advisors, Iris Group, Population Services International, and the William Davidson Institute at the University of Michigan. This brief is made possible by the generous support of the American people through USAID. The contents are the responsibility of Abt Associates and do not necessarily reflect the views of USAID or the United States government.