RAPID

POPULATION AND DEVELOPMENT

Nigeria

High Unmet Need for Family Planning

CALL TO ACTION

- ▣ Make investing in family planning a health priority

- ▣ Establish a fully funded annual budget line to sustain the provision of free contraceptives

- ▣ Ensure adequate funding of family planning at the state and local levels

- ▣ Encourage public-private partnerships in family planning services
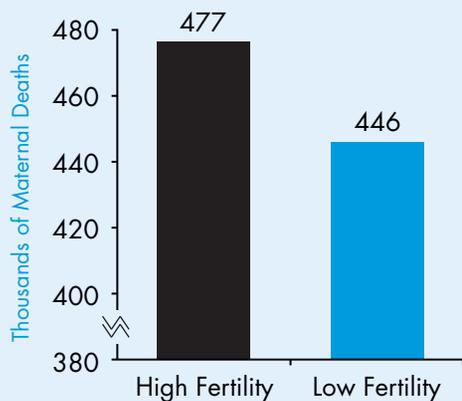
FEDERAL GOVERNMENT OF NIGERIA

Increasing family planning use will lead to healthier birth spacing, timing, and limiting—and therefore reduce high–risk births and contribute to the Millennium Development Goals of lowering maternal, under–five, and infant mortality.

If Nigeria's population grows more slowly, it will be easier to invest in people and businesses and to improve health and education.

At a lower fertility level, an estimated 31,000 mothers lives could be saved from 2011–2021.

Meeting Unmet Need Will Save Lives

Mothers' lives would also be saved (2011–2021)

Bar chart — y-axis: Thousands of Maternal Deaths (380 to 480)
- High Fertility: 477
- Low Fertility: 446

Source: Projections using the Spectrum System of Policy Models and MDG Model.

1 . . .

Status of Family Planning

Nigeria, the most populous country in Africa, has an estimated 170[1] million people as of 2012, and its rapid population growth is projected to continue. Only 10 percent of married women currently use a modern method of family planning, and unmet need is estimated to be 20 percent.[2]

The total fertility rate is 5.7 and is as high as 7.3 in the North.[3] This high fertility has contributed to a maternal mortality ratio of 545 per 100,000 live births, accounting for 14 percent of global maternal deaths.[4]

While Nigeria has made progress in family planning—through a supportive policy environment and the provision of free contraceptives—programmes remain under-funded, political will remains low, and social norms reduce demand.

2 . . .

Meeting Unmet Need

Addressing unmet need will help prevent unplanned pregnancies, which often result in high-risk births and sometimes maternal or child injuries or deaths. With lower average fertility, not only mothers' lives would be saved, but an estimated 1.5 million child deaths could be averted by 2021.[5] In addition, increased family planning use leads to healthier lives and reduced stress on health systems and resources, thereby freeing up more resources for the overall development of the country.

The total estimated cost of procuring contraceptives in Nigeria from 2011–2015 is about $50 million.[6] To reach the target contraceptive prevalence rate of 36 percent, the cost is expected to more than double in 2018. As such, a significant investment in family planning is needed.

3 . . .

What Can Be Done

- Increase funding for procurement, storage, and distribution of contraceptive commodities.
- Strengthen health systems, including the workforce and distribution of service delivery points.
- Ensure adequate support of family planning at the state, local, and community levels (e.g., by addressing social norms and decision-making practices).
- Encourage public-private partnerships in family planning services and commodity production.
- Support task shifting among health personnel to expand the distribution of FP commodities to underserved areas.

The Federal Government of Nigeria is committed to achieving the following goals:

- Reduce infant and under-five mortality by half by 2015
- Reduce the maternal mortality ratio by a third by 2015
- Increase contraceptive prevalence by 2 percentage points each year to meet all unmet need by 2018
- Reduce the total fertility rate by at least 0.6 children every five years
- Reduce the national population annual growth rate to 2 percent or lower by 2018

1 2012 World Population Data Sheet, Population Reference Bureau.

2 Nigeria Demographic and Health Survey (NDHS) 2008.

3 NDHS 2008.

4 World Health Organization. 2012. Trends in Maternal Mortality: 1990 to 2010.

5 Projections using the Spectrum System of Policy Models.

6 Projections using the Spectrum System of Policy Models.