

PMA NIGERIA (KANO)

Results from Phase 4 Cross-sectional Survey

January 2024

**OVERALL KEY FINDINGS** 



Modern contraceptive prevalence rate among all women increased from 5% in July 2016 to 14% in January 2024, while the largest increase was recorded between February 2021 and January 2022.



9% of all women aged 15-49 who are not currently using contraception intend to use a method in the next 12 months.

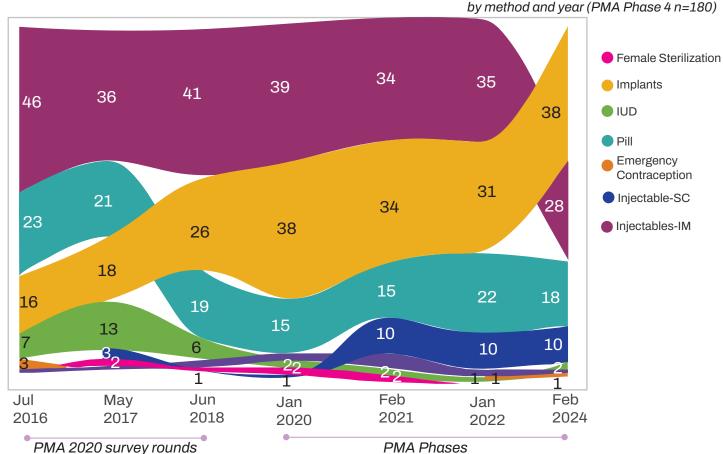


There were declines in the availability of family planning commodities at both public and private facilities between January 2022 and January 2024 with more facilities reporting stockout in the last 3 months except for condom and pills.

### **SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND**

### TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 4 n=180)

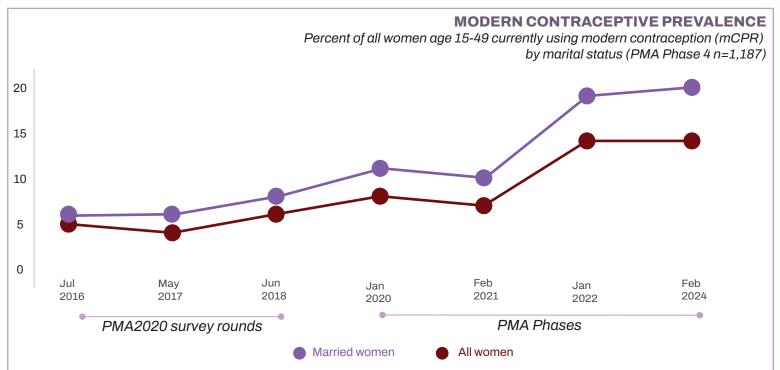


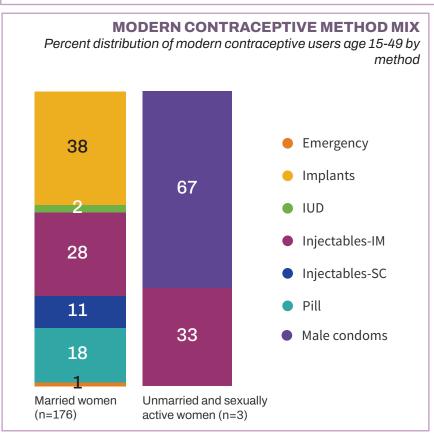


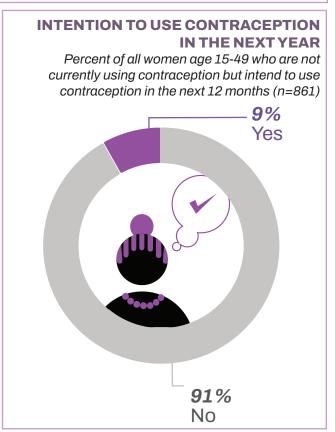


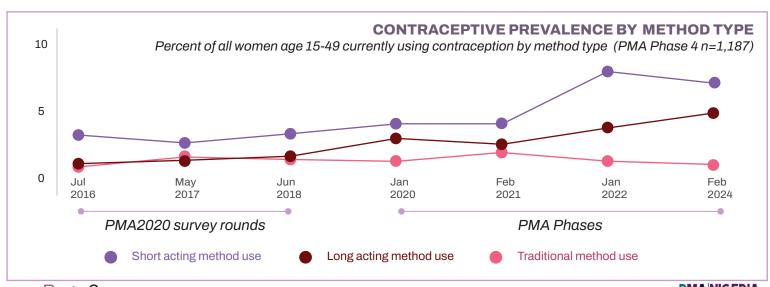


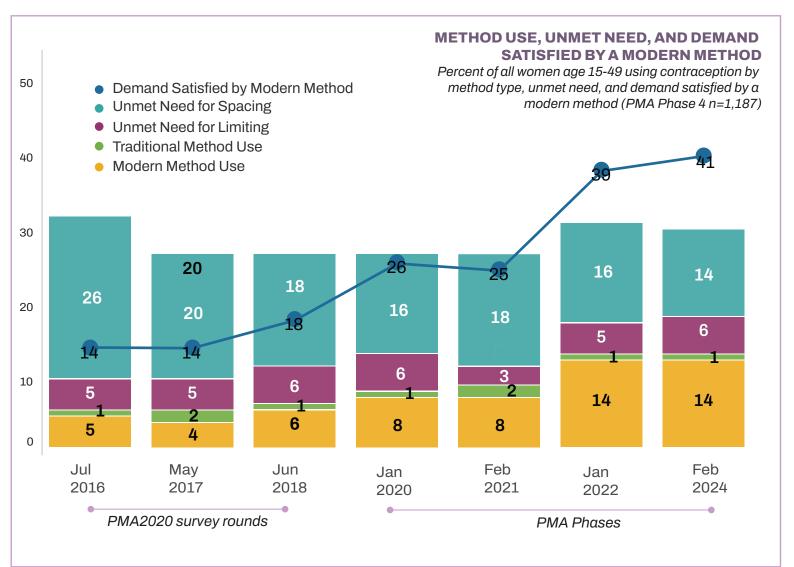


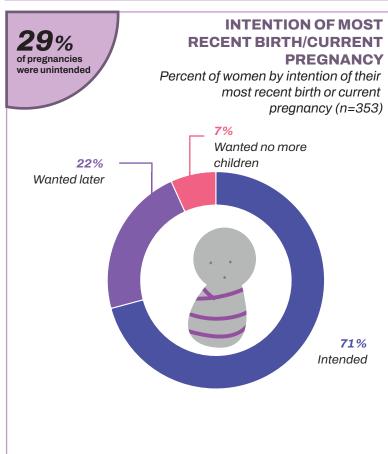








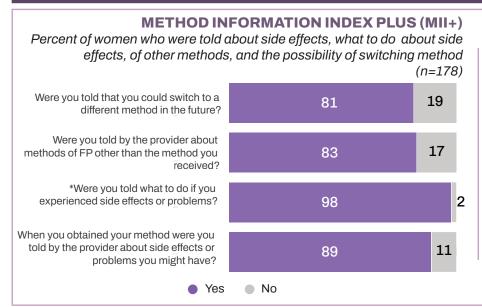


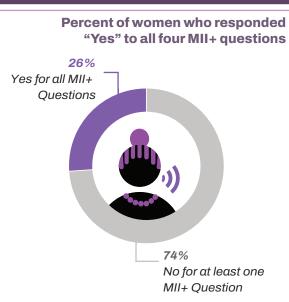


#### KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Modern contraceptive prevalence rate among all women increased from 5% in July 2016 to 14% in January 2024, while the largest increase was recorded between February 2021 and January 2022.
- 9% of all women aged 15-49 who are not currently using contraception intend to use α method in the next 12 months.
- 22% of women reported their most recent pregnancies were unintended, while 7% of women who gave birth in the last five years or whom are currently pregnant wanted no more children.

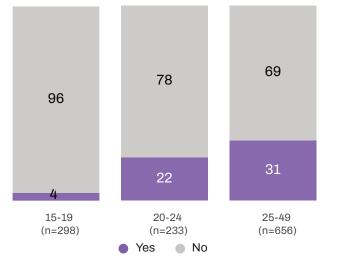
#### SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH





# DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW Percent of women who received FP information from a

Percent of women who received FP information from a provider or community health worker (CHW), by age



#### KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

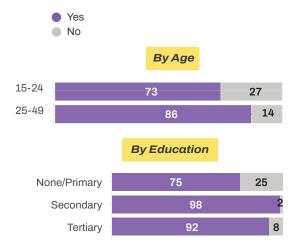
- 19% of users were not told that they could switch to a different method in the future, 17% were not told about methods of FP other than the method they received, while 2% were not told about side effects or problems they might have when they obtained a method.
- Women aged 25-49 were 8 times more likely to have discussed FP with aprovider or community health worker in the past year than adolescents 15-19.

#### **SECTION 3: PARTNER DYNAMICS**

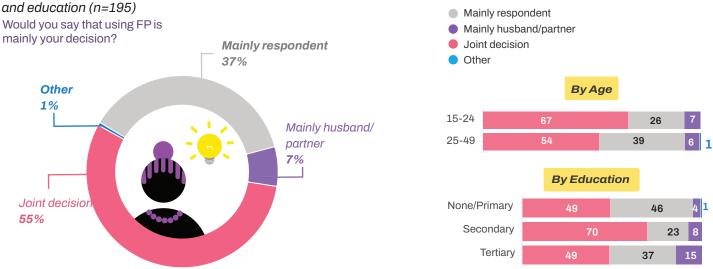
#### PARTNER INVOLVEMENT IN FP DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=175)

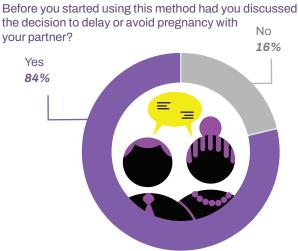


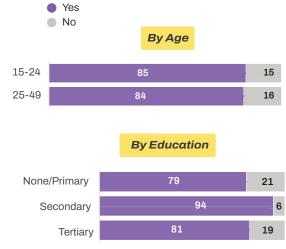


Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n-1.05)

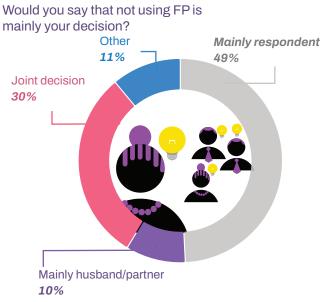


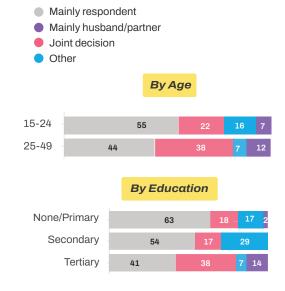
Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=174)





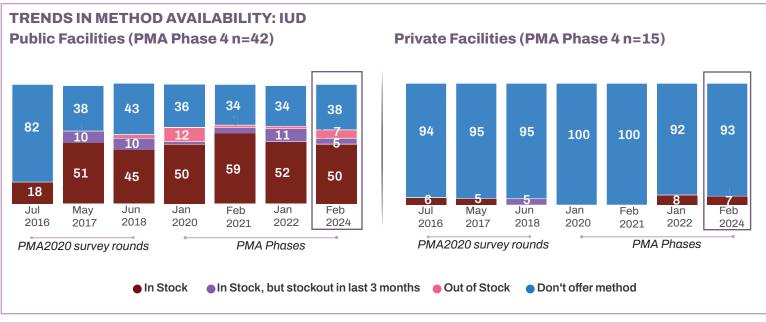
Percent of women who are not currently using modern, female controlled methods and agree with the following statement, by age and education (n=844)

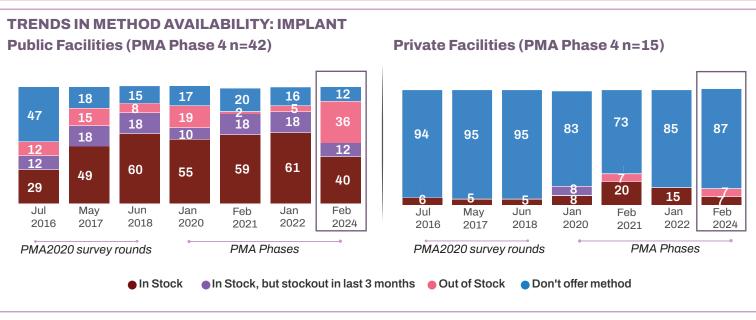


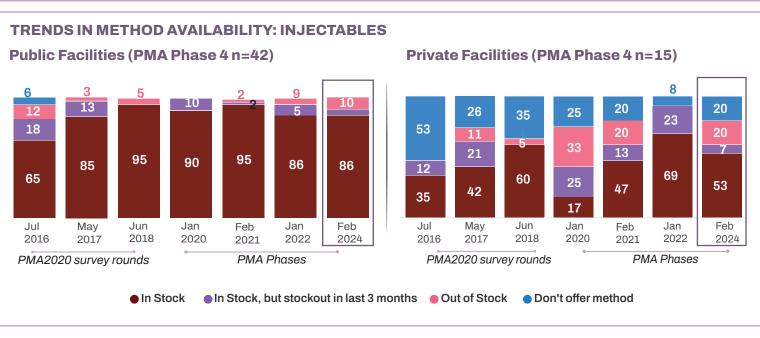


#### **KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS**

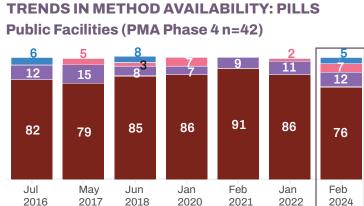
- 16% of women currently using modern, female controlled methods have not told their partner that they are using a method.
- 16% of women currently using modern, female controlled methods didn't discuss the decision to delay or avoid pregnancy with their partner before they started using a method.
- The decision not to use FP is a joint decision for 30% of women, while thedecision not to use FP is a decision mainly for 49% of women.







#### TRENDS IN METHOD AVAILABILITY: MALE CONDOMS **Public Facilities (PMA Phase 4 n=42)** Private Facilities (PMA Phase 4 n=15) 23 29 14 33 38 42 42 40 10 50 76 13 12 13 89 5 5 86 77 16 33 70 71 67 47 47 46 47 40 32 24 25 Jul May Jun Feb Feb Jul May Jun Feb Jan Jan Jan Jan Feb 2016 2017 2018 2020 2021 2024 2016 2017 2018 2020 2021 2022 2022 2024 PMA Phases PMA2020 survey rounds PMA Phases PMA2020 survey rounds In Stock In Stock, but stockout in last 3 months Out of Stock Don't offer method



#### **Private Facilities (PMA Phase 4 n=15)** 13 25 29 20 26 10 33 85 80 73 65 63 59 33 Мау Jul Jun Jan Feb Jan Feb

2020

● In Stock ● In Stock, but stockout in last 3 months ● Out of Stock ● Don't offer method

2016

2017

PMA2020 survey rounds

## MAIN REASONS FOR EPISODES OF STOCKOUT OF ANY METHOD BY TYPE OF FACILITY Public Facilities (n=88 episodes) Private Facilities (n=13 episodes)

57% Ordered but did not receive shipment

PMA2020 survey rounds



PMA Phases

25% Did not place order for shipment



77% Ordered but did not receive shipment

2018



2021

PMA Phases

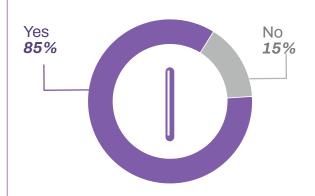
2022

2024

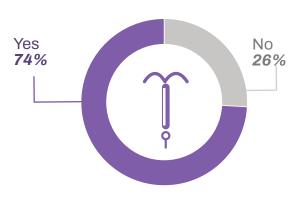
23% Did not place order for shipment

#### **FACILITY READINESS**

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=39)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=27)



84%

of women obtained their current modern method from a public health facility (n=178)

## **KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS**

- There were slight declines in the availability of family planning commodities at both public and private facilities between January 2022 and January 2024 with more facilities reporting stockout in the last 3 months except for condom and pills.
- 15% of facilities that provide implants and 26% that provide IUDs do not have trained providers and instruments/supplies needed or their insertion and removal.
- Placement of order without receiving shipment was the main reason for stockout for 57% of the episodes of stockout of any method in public facilities, while 25% of stockout episodes resulted from no order placed for shipment.



#### TABLE: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN				CPR				mCPR				Unmet need for family planning			
Data source	Round/ Phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	Round 3	May-Jul 2016	1684	5.62	0.99	3.93	8.00	4.85	0.88	3.35	6.98	30.22	3.20	24.16	37.06
PMA 2020	Round 4	Apr-May 2017	1760	6.17	1.09	4.30	8.77	4.45	0.86	3.00	6.54	24.63	2.40	20.09	29.82
PMA 2020	Round 5	Apr-Jun 2018	1751	7.02	0.85	5.48	8.94	5.65	0.71	4.37	7.28	24.01	2.22	19.80	28.79
PMA	Phase 1	Nov-Dec 2019	1122	9.38	2.00	6.01	14.35	8.08	1.69	5.22	12.3	21.60	2.96	16.13	28.31
PMA	Phase 2	Dec-Jan 2020	1136	9.56	2.15	5.97	14.96	7.45	1.72	4.61	11.83	20.66	3.86	13.84	29.67
PMA	Phase 3	Dec-Jan 2022	1144	15.01	2.49	10.57	20.86	13.75	2.42	9.49	19.51	20.24	4.26	12.89	30.33
PMA	Phase 4	Dec-Feb 2024	1187	15.11	2.29	10.98	20.44	14.13	2.34	9.96	19.65	19.59	3.80	12.95	28.54

WOMEN IN UNION				CPR				mCPR				Unmet need for family planning			
Data source		Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	Round 3	May-Jul 2016	1265	7.07	1.43	4.68	10.54	6.07	1.26	3.98	9.15	38.17	3.48	31.42	45.41
PMA 2020	Round 4	Apr-May 2017	1280	7.96	1.68	5.17	12.06	5.94	1.40	3.68	9.46	31.91	2.71	26.68	37.63
PMA 2020	Round 5	Apr-Jun 2018	1234	9.69	1.37	7.25	12.84	7.79	1.14	5.78	10.42	32.64	2.74	27.35	38.41
PMA	Phase 1	Nov-Dec 2019	822	12.28	2.70	7.73	18.95	10.57	2.25	6.77	16.14	27.74	3.71	20.78	35.97
PMA	Phase 2	Dec-Jan 2020	818	12.68	2.96	7.76	20.05	9.86	2.35	5.98	15.82	27.28	5.24	17.94	39.16
PMA	Phase 3	Dec-Jan 2022	789	20.45	3.40	14.34	28.30	18.70	3.24	12.94	26.25	28.06	5.88	17.71	41.40
PMA	Phase 4	Dec-Feb 2024	784	21.59	3.37	15.47	29.29	20.22	3.39	14.13	28.07	28.23	5.22	18.85	39.99

PMA Nigeria (Kano) collects information on knowledge, practice, and coverage of family planning services in **25** enumeration areas selected using a multi-stage stratified cluster design. The results are representative at the state-level. Phase 4 data were collected between December 2023 and February 2024 from 834 households (99.6% response rate), 1187 females age 15-49 (99.2% response rate), and 63 facilities (87.5% completion rate). For sampling information and full data sets, visit www.pmadata.org/countries/nigeria

Percentages presented in this brief have been rounded and may not add up to 100%.

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key family planning and health indicators in Africa and Asia. PMA Nigeria is led by the Centre for Research, Evaluation Resources and Development (CRERD). Overall direction and support are provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at The Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.