



PMA NIGER

Results from Phase 1 baseline survey

December 2020 - April 2021

OVERALL KEY FINDINGS



Over three in ten women (35%) have their contraceptive demand satisfied by a modern method.



Only 39% of contraceptive users were prepared to deal with side effects and informed on their choice to switch method.

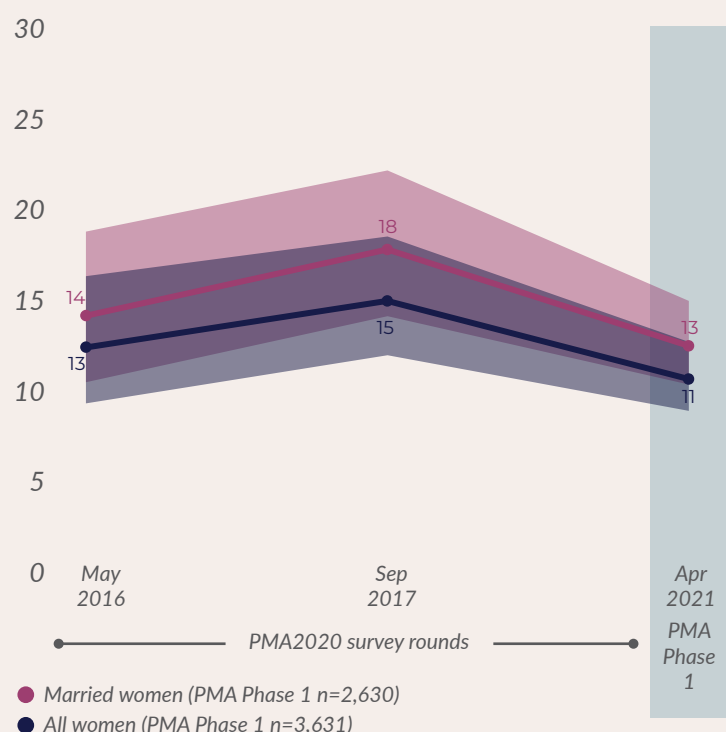


The median age at first contraceptive use is practically the same regardless of residence (23.2 in urban areas, and 23.5 in rural areas).

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

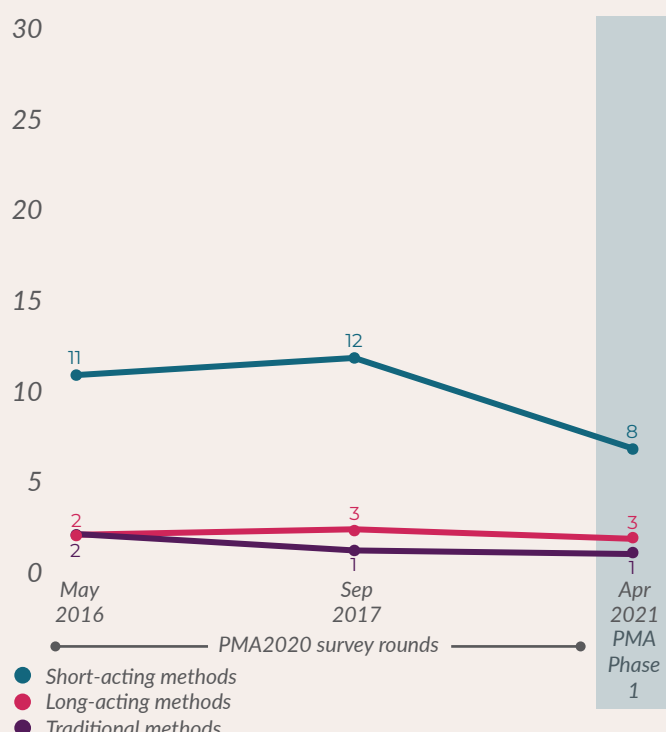
MODERN CONTRACEPTIVE PREVALENCE

Percent of women age 15-49 currently using modern contraception (mCPR) by marital status



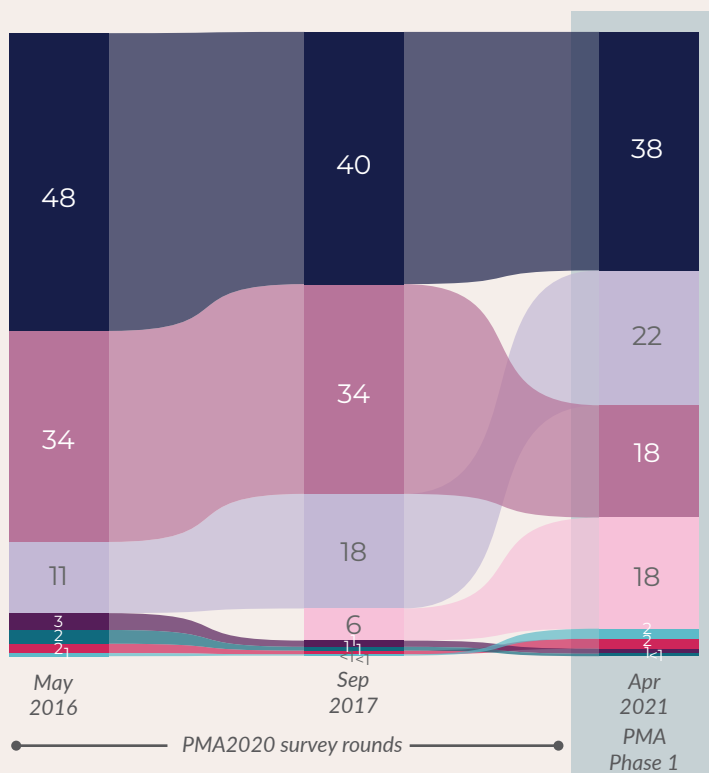
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (PMA Phase 1 n=3,631)



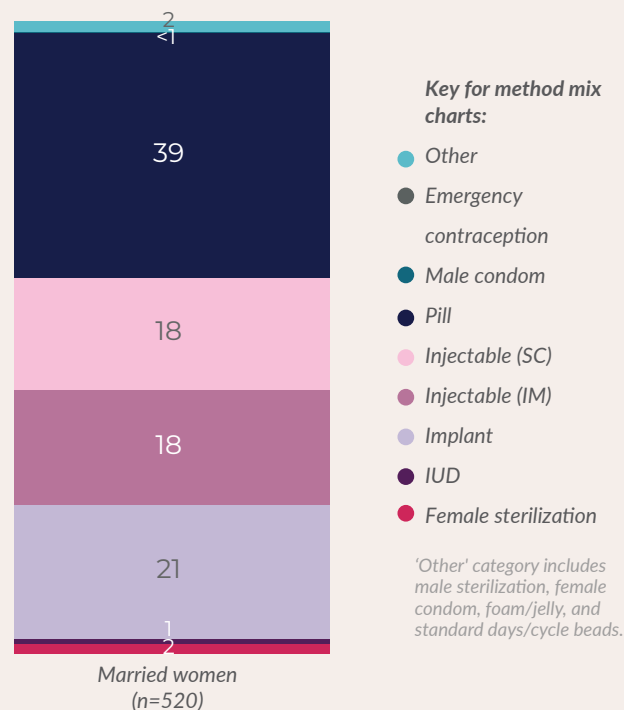
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (PMA Phase 1 n=537)



MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of modern contraceptive users age 15-49 by method and marital status



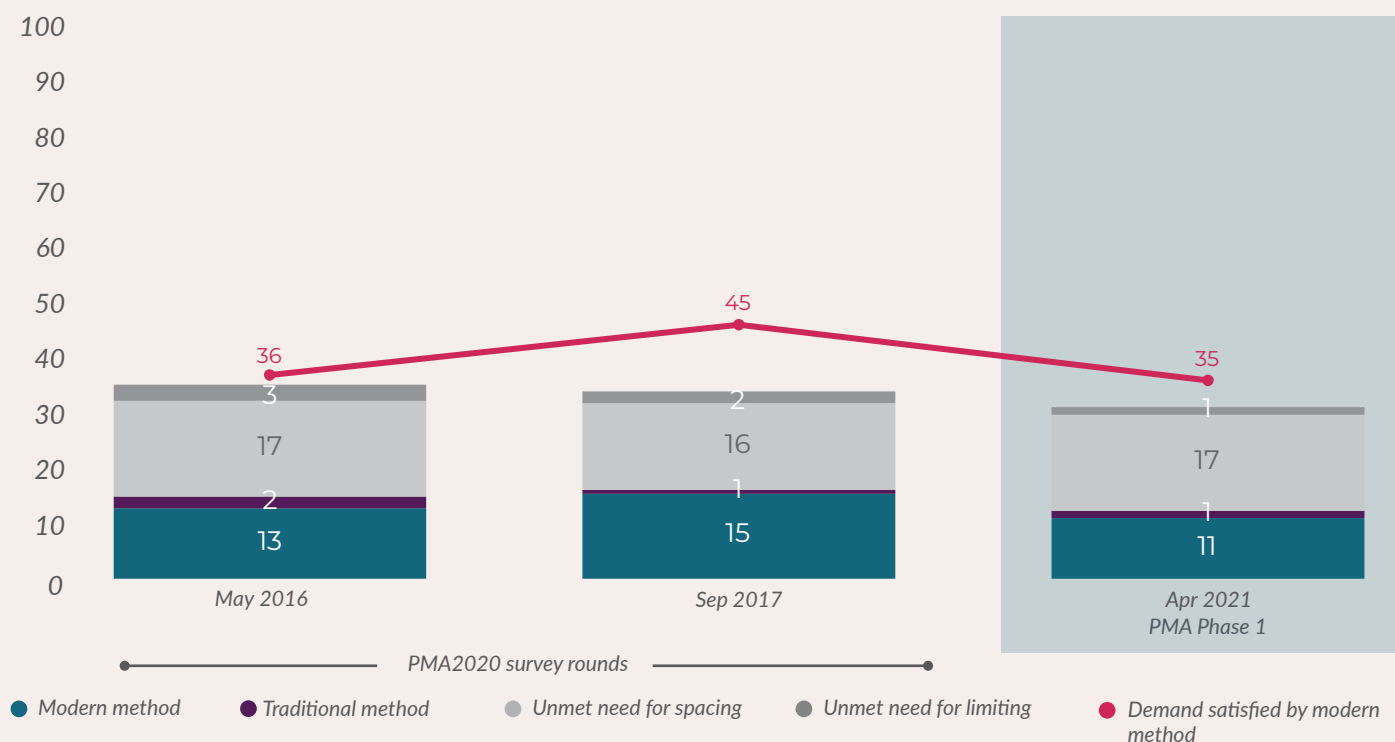
Key for method mix charts:

- Other
- Emergency contraception
- Male condom
- Pill
- Injectable (SC)
- Injectable (IM)
- Implant
- IUD
- Female sterilization

'Other' category includes male sterilization, female condom, foam/jelly, and standard days/cycle beads.

METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

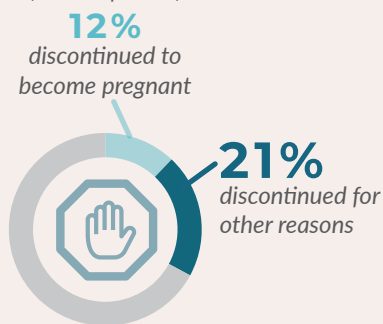
Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 1 n=3,631)



Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.

12-MONTH DISCONTINUATION RATE

Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=535 episodes)



Reasons for discontinuation:



experienced method failure



were concerned over side effects or health



had other fertility related reasons



other method-related reasons

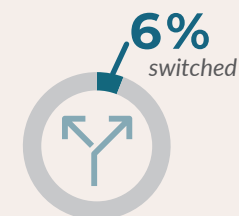


wanted a more effective method



other/don't know

Discontinued but switched methods:

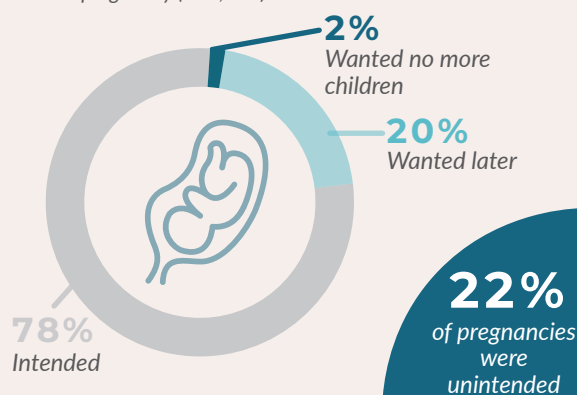


KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- The vast majority (78%) of recent births or current pregnancies were intended.
- Among modern contraceptive methods, the use of the pill and the intramuscular injectable (IM) has decreased, while the use of subcutaneous injectables (SC) and implants has increased from September 2017 to April 2021.
- The pill remains the most commonly used modern contraceptive method among married women (39%), followed by the implant (21%).

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

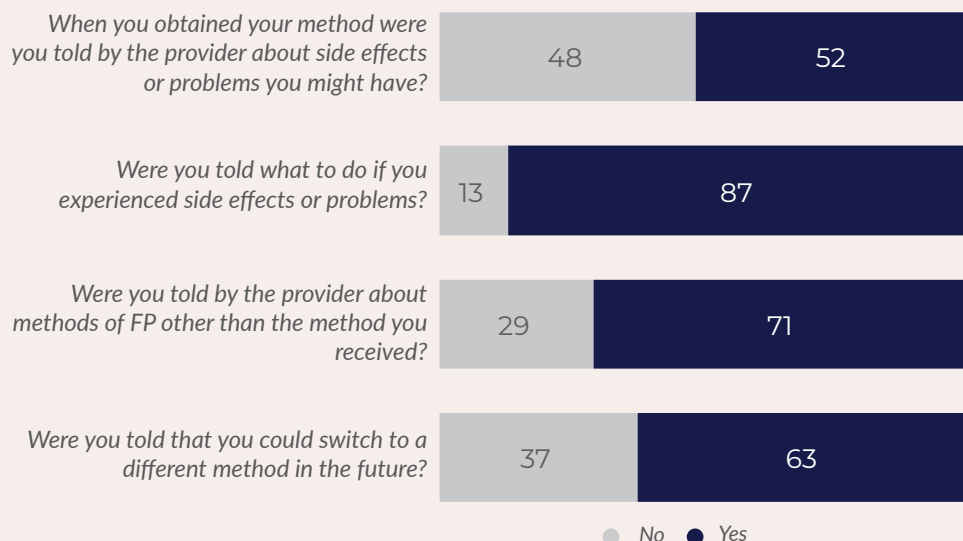
Percent of women by intention of their most recent birth or current pregnancy (n=2,115)



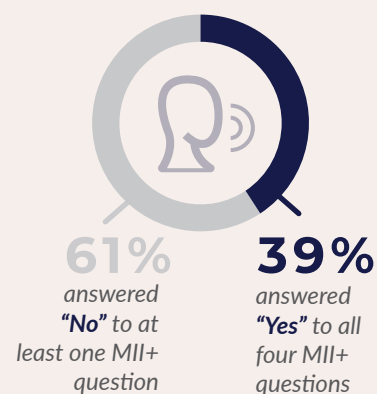
SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

METHOD INFORMATION INDEX PLUS (MII+)

Percent of women who were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods (n=531)

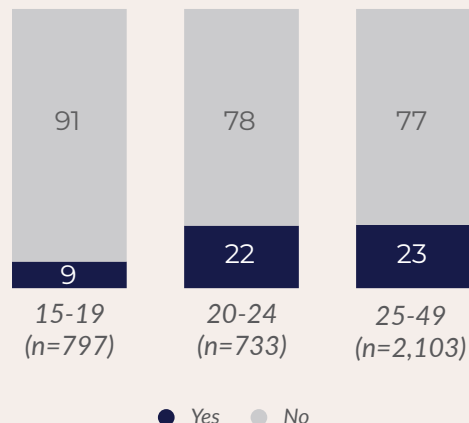


Percent of women who responded "Yes" to all four MII+ questions



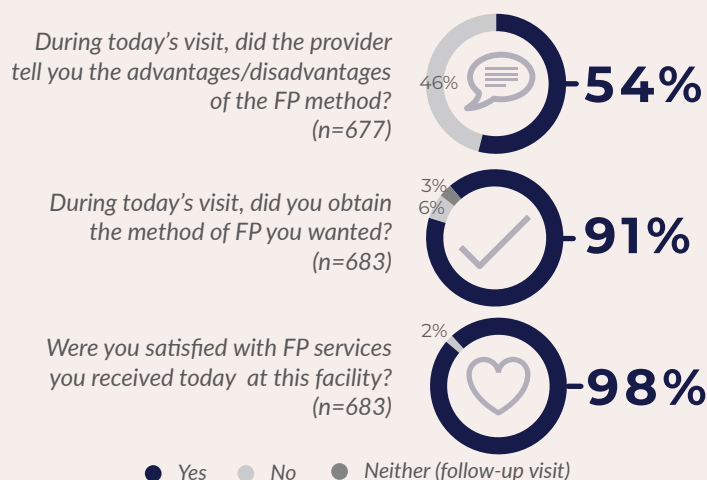
DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

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



CLIENT EXIT INTERVIEWS

Percent of female clients age 15-49 who said yes to the following questions



Legend: ● Yes ● No ● Neither (follow-up visit)
Clients were interviewed immediately following their health facility visit to obtain FP counseling or services.

KEY FINDINGS FOR SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

- Over half (52%) of women received advice on the side effects of contraception.
- The majority (98%) of women who were seen by a provider on the day of the survey were satisfied with the family planning (FP) services they received on that day.
- Younger women talk about FP with their providers at a much lower rate than older women (9% of women aged 15-19 vs. 23% of women aged 25-49).

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 statements (n=537)

Does your partner know that you are using this method?

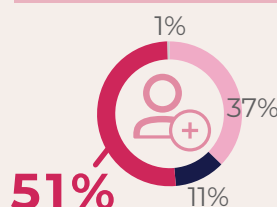


Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?



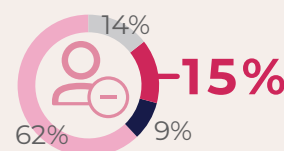
Percent of women who are currently using FP and agree with the following statements (n=577)

Would you say that using FP is mainly your decision?



Percent of women who are not currently using FP and agree with the following statements (n=2,518)

Would you say that not using FP is mainly your decision?



Modern, female controlled methods Includes all modern methods except male sterilization and male condoms

KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Among women who did not use any contraceptive method at the time of the survey, 62% had made this decision alone.
- Among women using a contraceptive method at the time of the survey, 51% had made this decision jointly with their partners.
- Among women using a contraceptive method at the time of the survey, 83% had talked with their partners about the decision to delay or avoid a pregnancy.

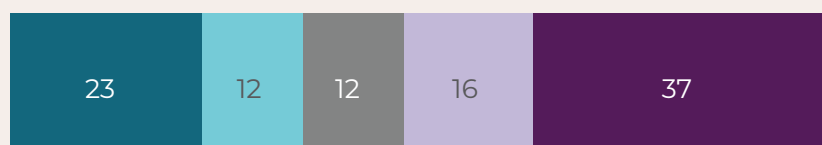
SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

AGREEMENT WITH CONTRACEPTIVE EMPOWERMENT STATEMENTS

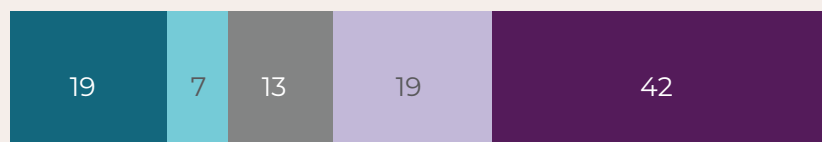
Percent of married/in union women who strongly agree to strongly disagree with each statement

Exercise of choice (self-efficacy, negotiation) for contraception (n=2,515)

I feel confident telling my provider what is important when selecting a method.



I can decide to switch from one FP method to another if I want to.



Existence of choice (motivational autonomy) for contraception (n=2,367)

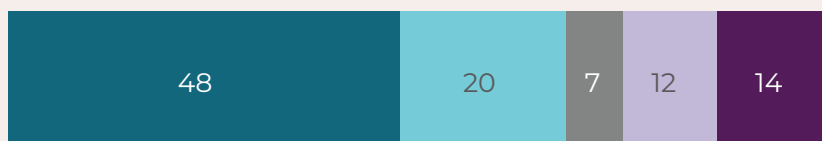
If I use FP, my body may experience side effects that will disrupt relations with my partner.



If I use FP, my children may not be born normal.



There will be conflict in my relationship/marriage if I use FP.



If I use FP, I may have trouble getting pregnant the next time I want to.



If I use FP, my partner may seek another sexual partner.



● Strongly disagree
 ● Disagree
 ● Neutral
 ● Agree
 ● Strongly agree

WOMEN AND GIRL'S EMPOWERMENT (WGE) SUB-SCALE FOR CONTRACEPTION

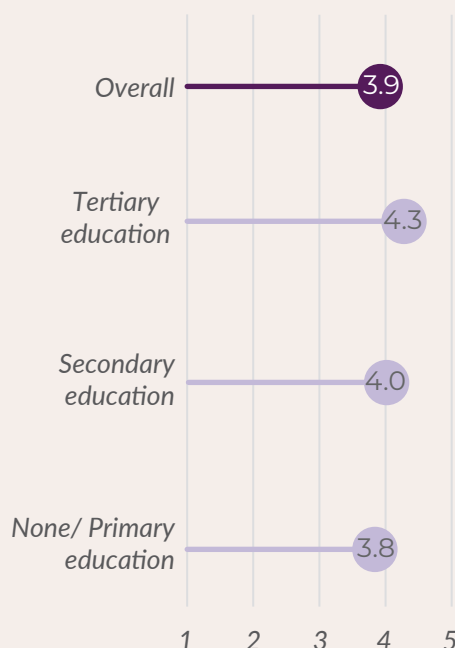
The Women and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, contraception, and sex outcomes in married/in union women.

Presented results are only for the existence of choice and exercise of choice domains for contraception.

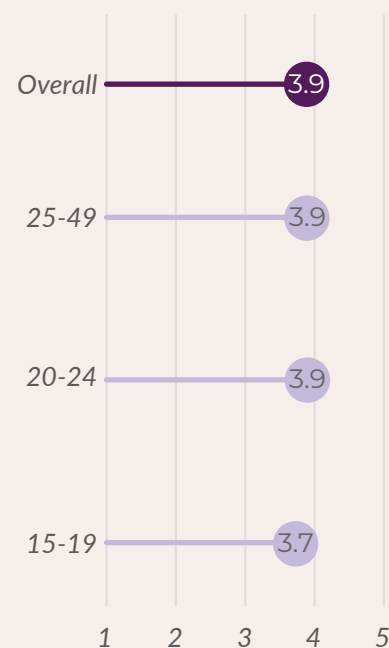
Scores from each contraceptive empowerment domain were summed and divided by number of items per domain (existence of choice=5 items; exercise of choice=3 items). Domains were then combined and equally weighted.

Range for the combined WGE contraception score is 1-5, with a score of 5 indicating highest empowerment.

Mean WGE score, by education

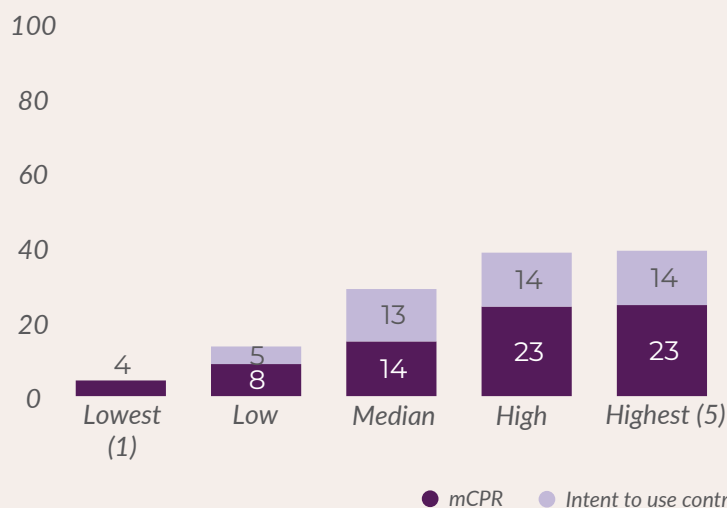


Mean WGE score, by age



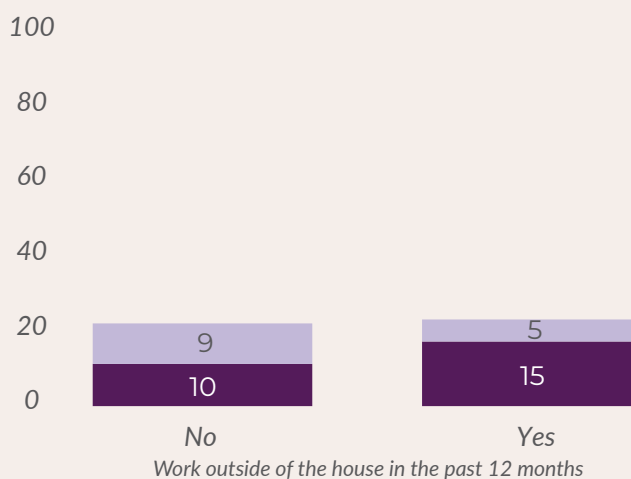
mCPR and intent to use contraception, by categorical WGE score

Percent of married/in union women using a modern method of contraception and percent of married/in union women who intend to use contraception in the next year by categorical WGE score (n=2,069)



mCPR and intent to use contraception, by employment status

Percent of all women using a modern method of contraception and percent of all women who intend to use contraception in the next year by employment status (n=3,228)



KEY FINDINGS FOR SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

- 42% of women of reproductive age reported that they could switch their contraceptive methods whenever they wanted.
- 62% of women strongly disagree with the fact that their partners could look for another sexual partner if they use a contraceptive method.
- The higher women and girls' education level, the higher their average empowerment index (4.3 for women with higher education vs. 3.8 for women without education).

SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

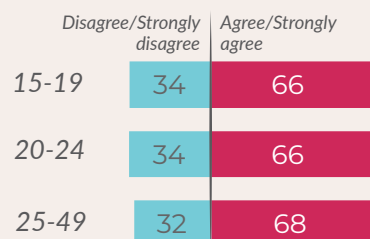
PERSONAL ATTITUDES

Percent of women who personally agree with statements made about contraceptive use, by age, residence, and contraceptive use status

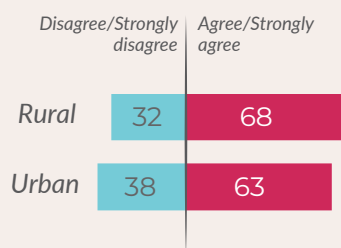
Adolescents who use FP are promiscuous.

(n=3,452)

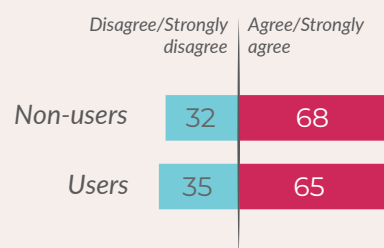
By age



By residence



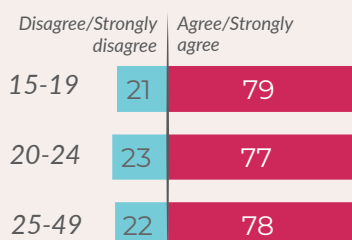
By contraceptive use status



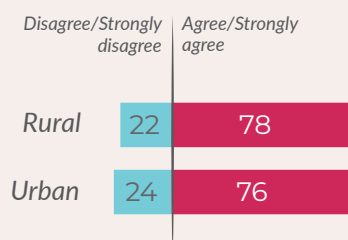
FP is only for married women.

(n=3,511)

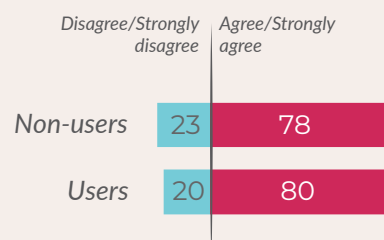
By age



By residence



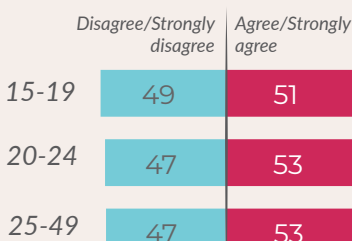
By contraceptive use status



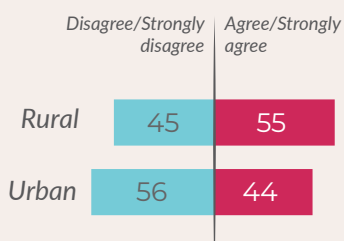
FP is only for women who don't want any more children.

(n=3,474)

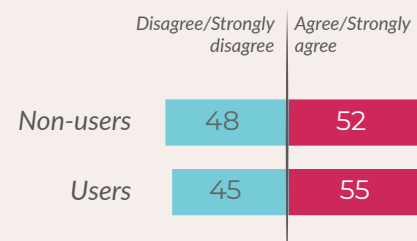
By age



By residence



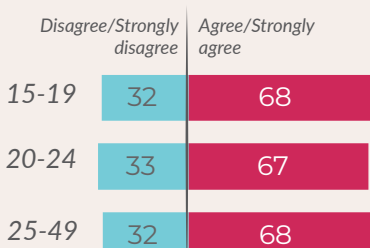
By contraceptive use status



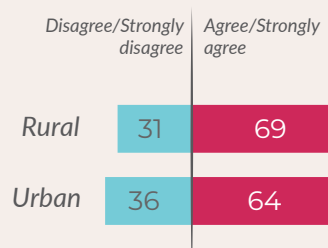
People who use FP have a better quality of life.

(n=3,441)

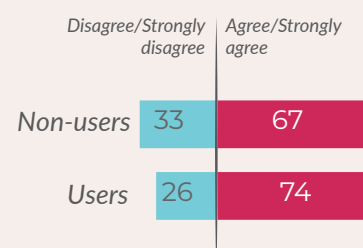
By age



By residence



By contraceptive use status



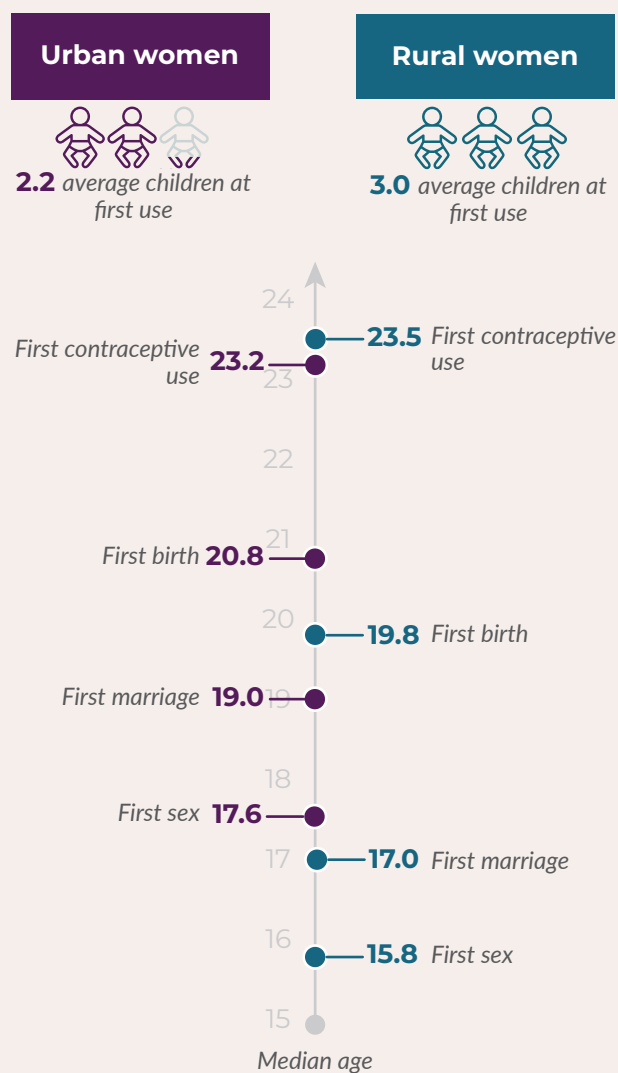
KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- Among women who use a contraceptive method, **65%** agree or strongly agree that adolescents using FP are promiscuous.
- Over half (**55%**) of women in rural areas believe that FP should only be for women who do not wish to have any more children.
- Regardless of age, residence, or status of contraceptive use, over **76%** of women believe that FP should only be for married women.

SECTION 6: REPRODUCTIVE TIMELINE

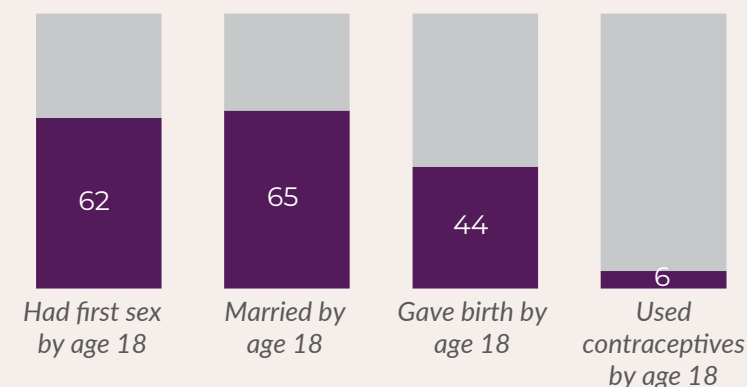
REPRODUCTIVE TIMELINE

Median age at reproductive events, by residence (urban vs. rural)



REPRODUCTIVE EVENTS BY AGE 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=1,047)



KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

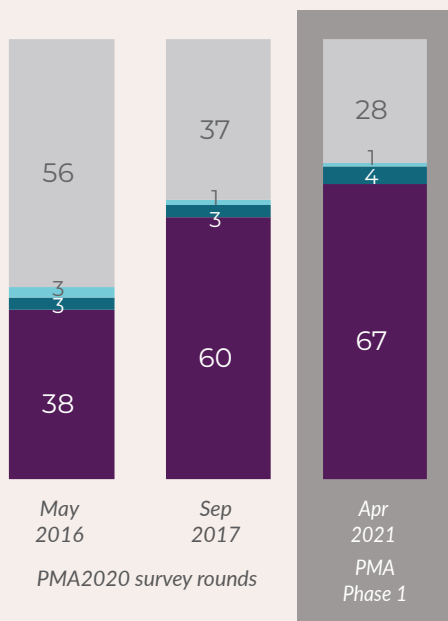
- Median age at first sex is **15.8 years** in rural areas and **17.6 years** in urban areas.
- Over six in ten women (**65%**) are married before the age of 18.
- Women in rural areas have three (**3**) children on average when they first start using a contraceptive method.

Note: median age at first sex and first contraceptive use calculated among women 15-49 years; median age at first marriage and first birth calculated among women 25-49 years.

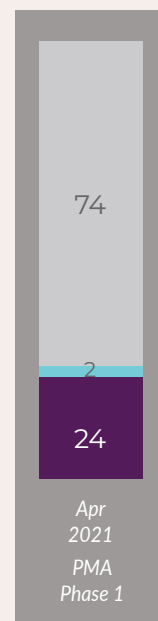
SECTION 7: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 1 n=203)



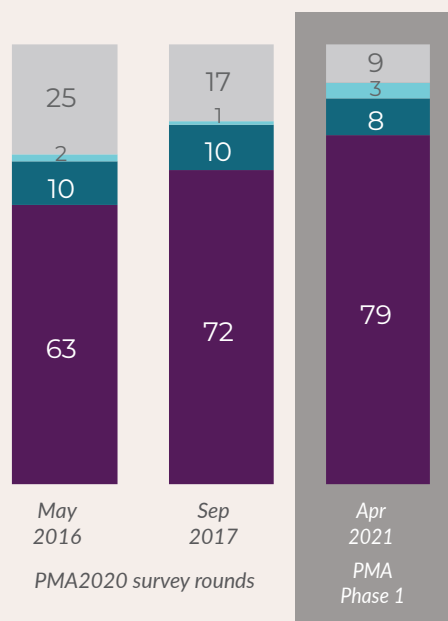
Private facilities (PMA Phase 1 n=42)



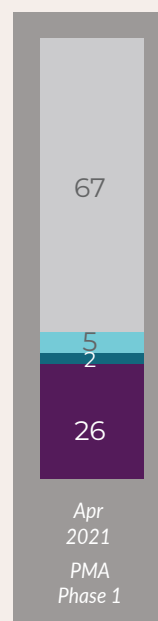
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 1 n=203)



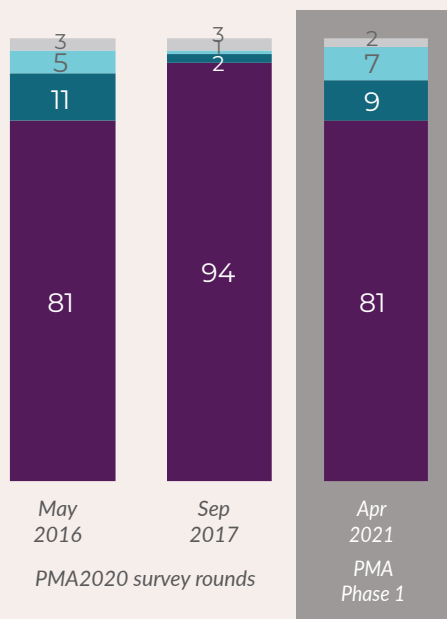
Private facilities (PMA Phase 1 n=42)



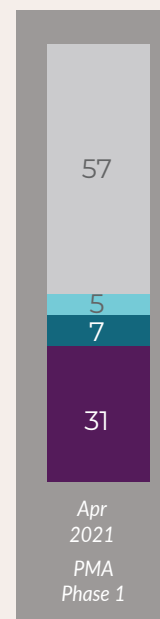
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 1 n=203)



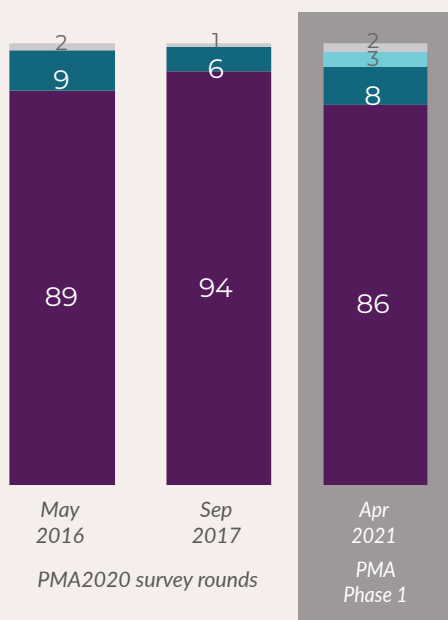
Private facilities (PMA Phase 1 n=42)



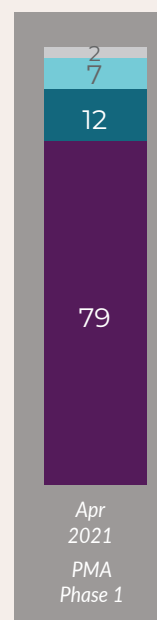
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 1 n=203)



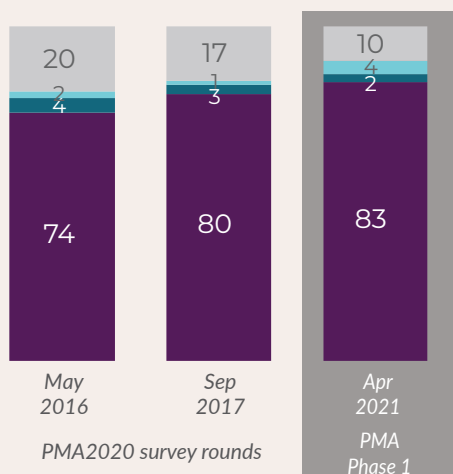
Private facilities (PMA Phase 1 n=42)



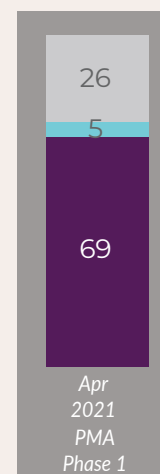
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: MALE CONDOM

Public facilities (PMA Phase 1 n=203)



Private facilities (PMA Phase 1 n=42)

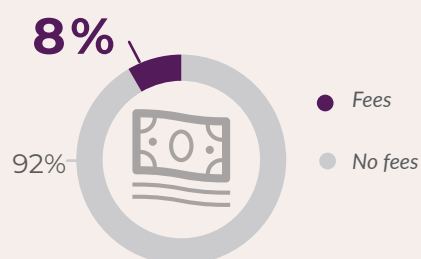


● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

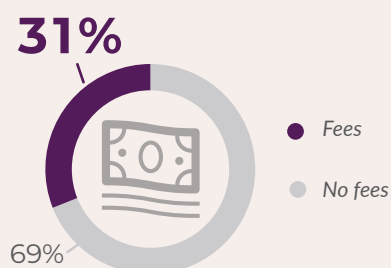
FEES FOR SERVICES

Percent of facilities where FP clients have to pay fees to be seen by a provider even if they do not obtain FP

Public facilities (n=203)

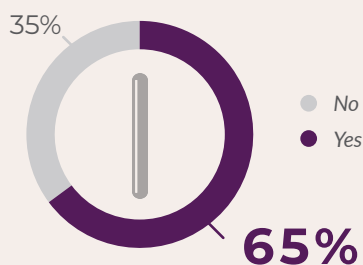


Private facilities (n=36)

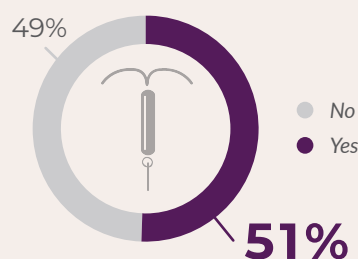


FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=199)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=158)



95%

of women obtained their current modern method from a public facility (n=533)

KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- Over six in ten public health facilities (67%) had the IUD in stock without any stockouts.
- 65% of health facilities provided implants had a trained provider and the necessary instruments/supplies needed for implant insertion/removal.
- Over nine in ten modern contraceptive users (95%) received their method from a public health facility.

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN

Data source	Round/ Phase	Data collection	Female sample	CPR				mCPR				Unmet need for family planning			
				CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R2	Feb-May 2016	3,031	14.69	1.86	11.37	18.76	12.63	1.78	9.50	16.60	20.02	1.55	17.11	23.28
PMA 2020	R4	June-Sep 2017	3,020	15.93	1.69	12.86	19.57	15.21	1.67	12.19	18.82	17.60	1.55	14.72	20.90
PMA	Phase 1	Dec 2020-Apr 2021	3,631	12.17	1.04	10.26	14.37	10.86	0.97	9.09	12.93	18.55	1.10	16.47	20.83

WOMEN IN UNION

Data source	Round/ Phase	Data collection	Female sample	CPR				mCPR				Unmet need for family planning			
				CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R2	Feb-May 2016	2,214	16.87	2.25	12.86	21.81	14.39	2.11	10.69	19.10	23.92	1.96	20.24	28.03
PMA 2020	R4	June-Sep 2017	2,161	18.88	2.06	15.14	23.30	18.08	2.05	14.36	22.50	21.02	1.84	17.60	24.90
PMA	Phase 1	Dec 2020-Apr 2021	2,630	14.27	1.28	11.92	16.99	12.71	1.18	10.55	15.23	21.59	1.26	19.19	24.20

PMA Niger (Niamey) collects information on knowledge, practice, and coverage of family planning services in 103 enumeration areas selected using a multi-stage stratified cluster design. The results are representative at the regional level. Data were collected between December 2020 and April 2021 from 1,105 households (97.8% response rate), 1,355 females age 15-49 (97.3% response rate), 133 facilities, and 409 client exit interviews. For sampling information and full data sets, visit www.pmadata.org/countries/niger.

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 Niger is led by Institut National de la Statistique du Niger. 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.