



PMA NIGERIA (KANO)

Results from Phase 1 baseline survey

December 2019–January 2020

OVERALL KEY FINDINGS



Modern contraceptive prevalence rate among all women and married/in union women has doubled between July 2016 and January 2020.



22% of most recent birth/current pregnancy were unintended.

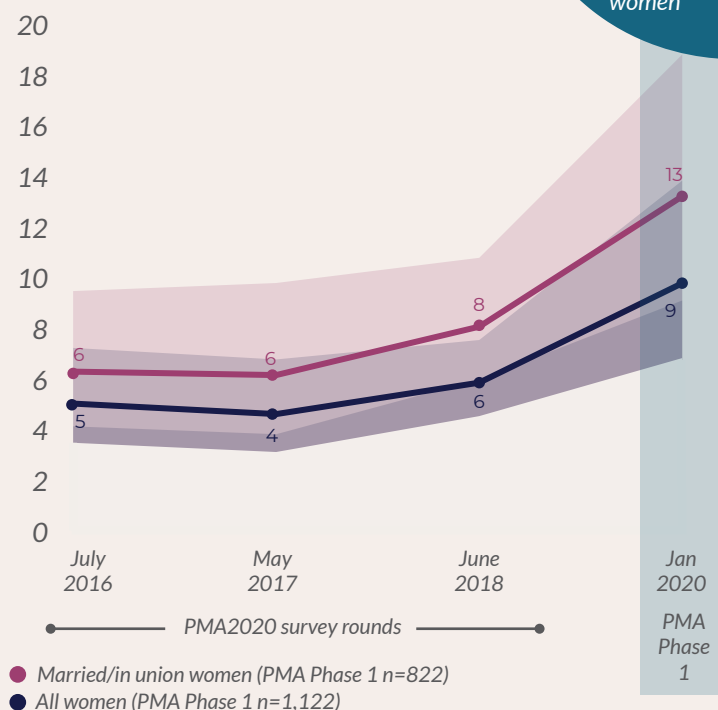


The implant is the fastest growing method and also the most likely to be stocked out.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

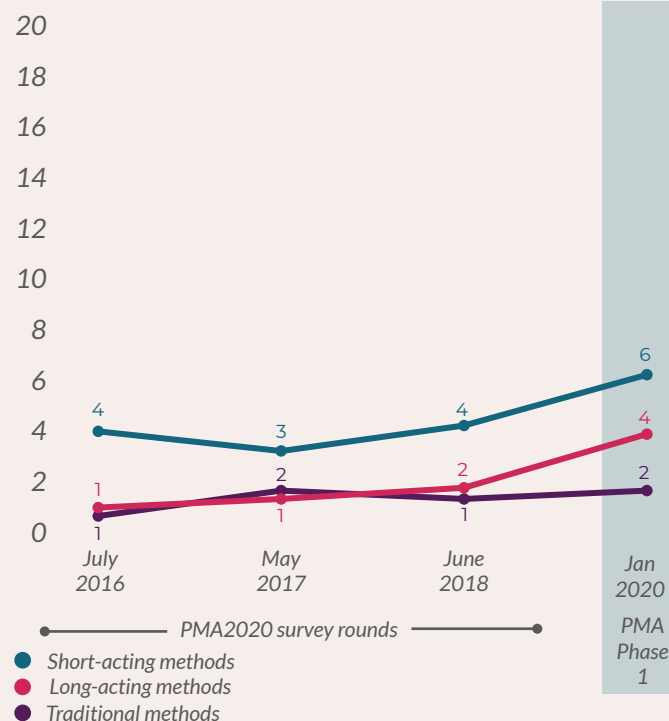
MODERN CONTRACEPTIVE PREVALENCE

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



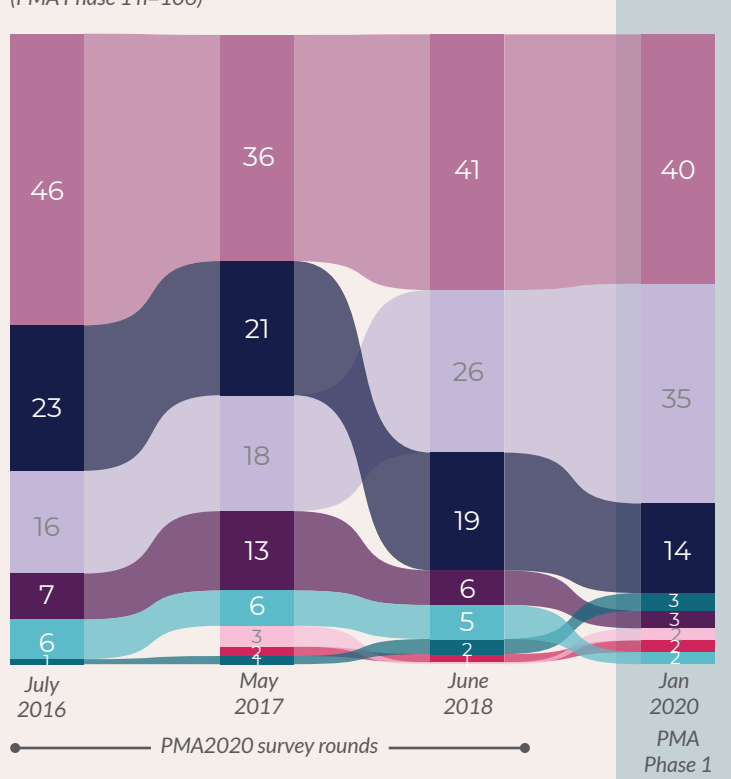
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (PMA Phase 1 n=1,122)



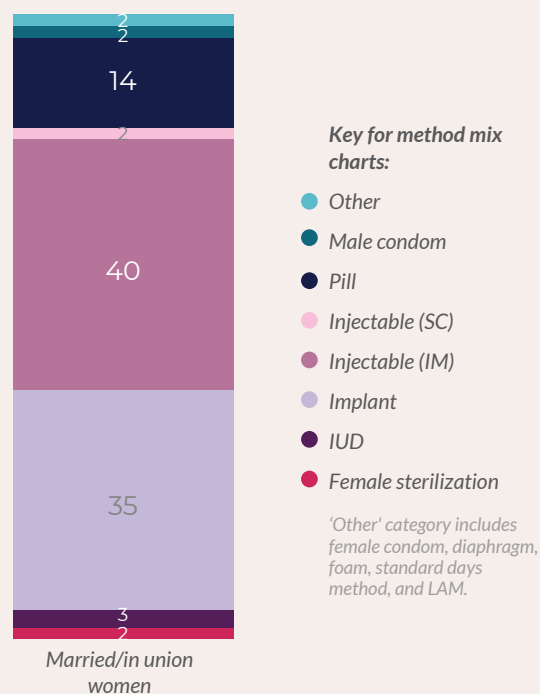
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (PMA Phase 1 n=106)



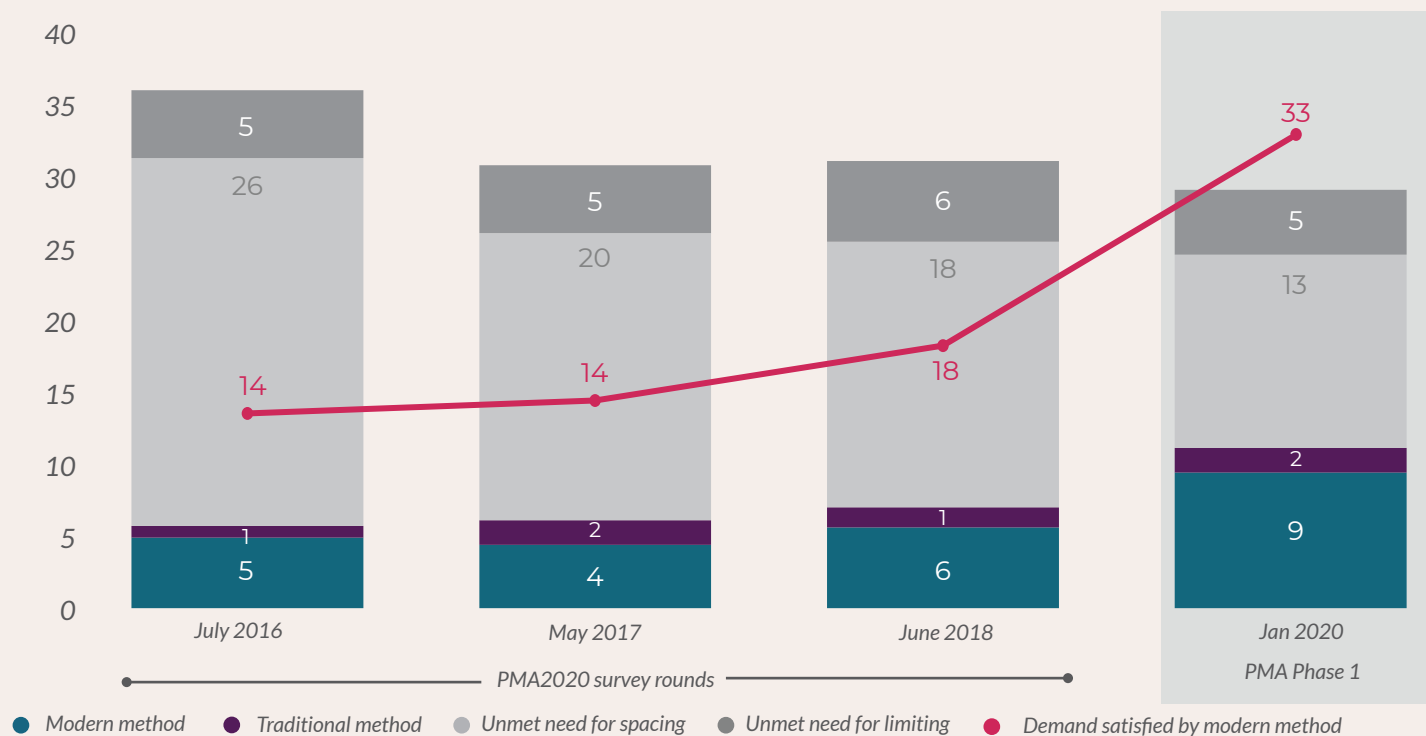
MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of married/in union modern contraceptive users age 15-49 by method (n=105)



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

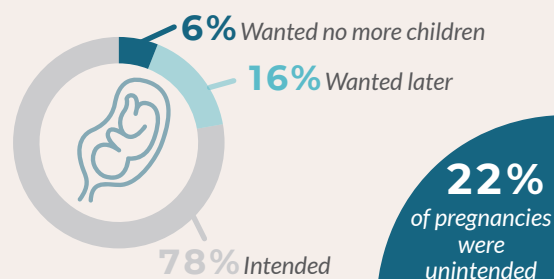
Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 1 n=1,122)



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

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=671)



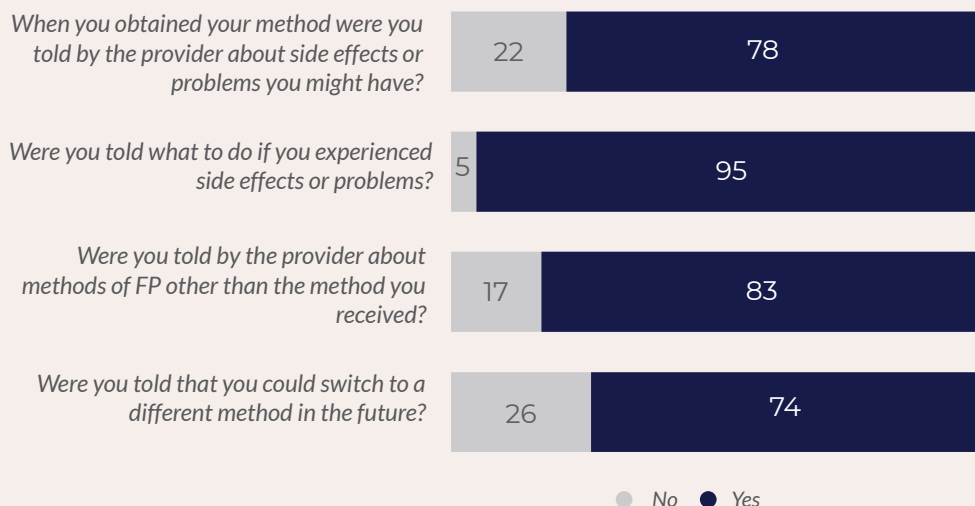
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Modern contraceptive use has increased from 6% to 13% among married/in union women between July 2016 and January 2020
- The implant share of method mix has increased by 9 percentage points between June 2018 and January 2020
- Demand satisfied by modern contraceptive methods has more than doubled to 31% over the past 3 years

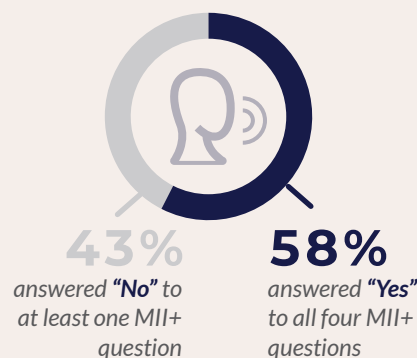
SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

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=106)

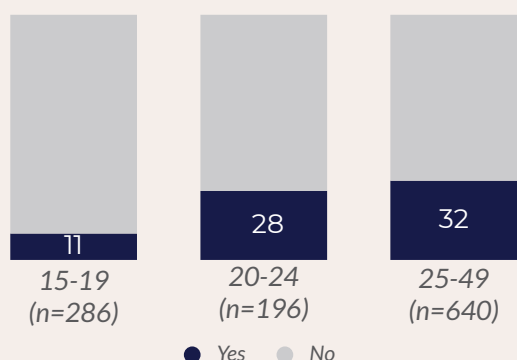


Percent of women who responded "Yes" to all four MII+ questions



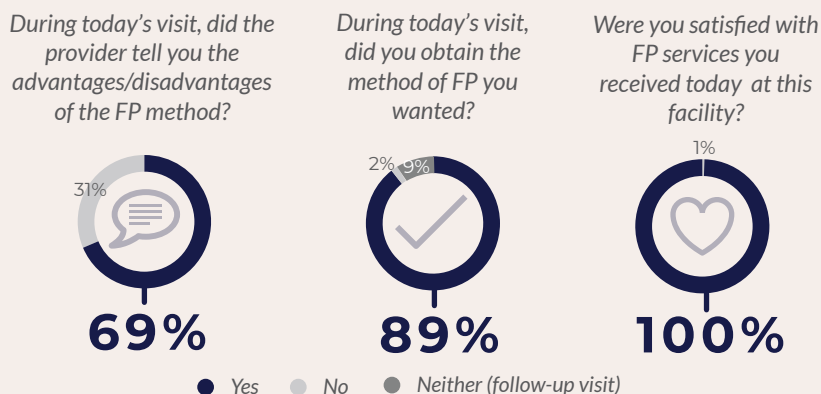
DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

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 (n=548)



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

- 22% of users were not told about side effects or problems they might have when they obtained a method and 26% were not told that they could switch to a different method in the future
- 100% of clients were satisfied with FP services they received on the day of facility visit, even though 31% were not told of the advantages and disadvantages of the method they received
- Adolescents 15-19 are the least likely to have discussed FP with a provider or CHW in the past year

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

Does your partner know that you are using this method? (n=100)



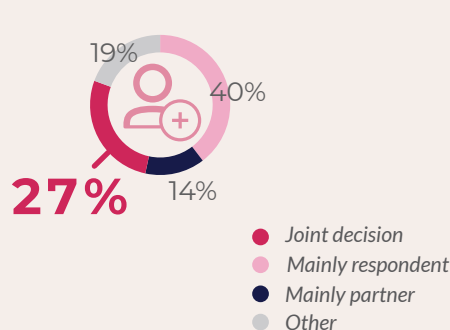
Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner? (n=106)



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

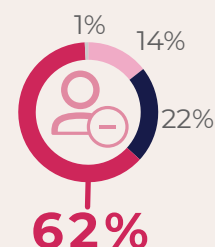
Percent of women who are currently using FP and agree with the following statements

Would you say that using FP is mainly your decision? (n=125)



Percent of women who are not currently using FP and agree with the following statements

Would you say that not using FP is mainly your decision? (n=839)



KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- 4% of partners of women who are currently using modern, female controlled methods are unaware that they are using a method
- The decision to use FP is a joint decision for 27% of women.
- It is a joint decision to not use FP for 62%, while the partner made the decision not to use FP for 22% of non-users.

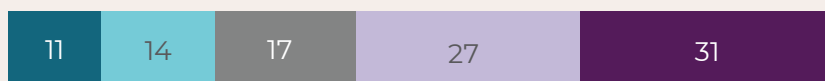
SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS

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

Exercise of choice (self-efficacy, negotiation) for family planning (n=779)

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



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



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

Existence of choice (motivational autonomy) for family planning (n=774)

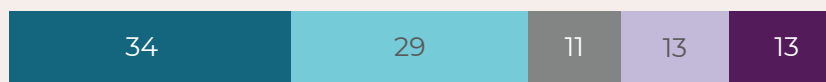
If I use FP, my body may experience side effects that will disrupt relations with my partner.



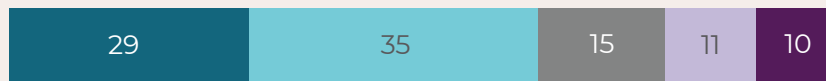
If I use FP, my children may not be born normal.



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'S AND GIRL'S EMPOWERMENT (WGE) SUB-SCALE FOR FAMILY PLANNING

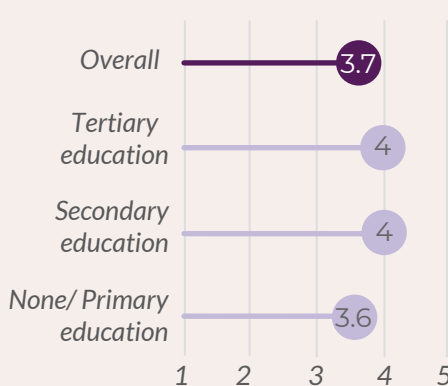
The Women's and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, family planning, and sex outcomes in married/in union women.

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

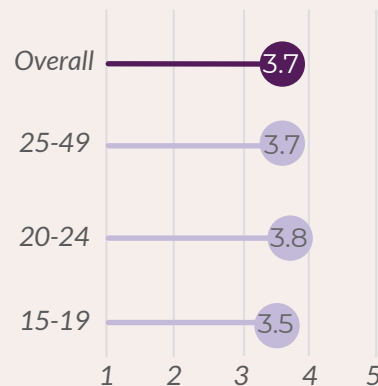
Scores from the above family planning empowerment statements were summed and divided by number of items (7) for average WGE family planning score across both domains.

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

Mean WGE score, by education

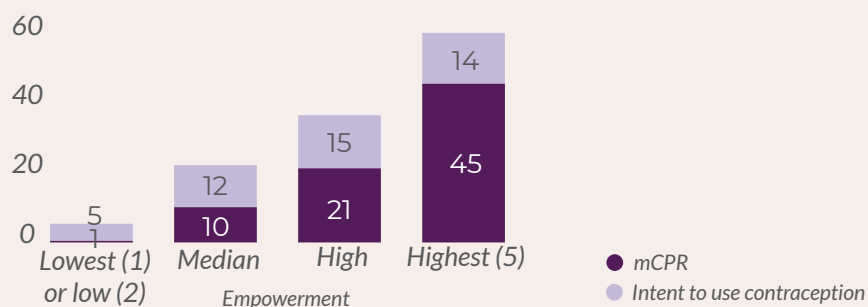


Mean WGE score, by age



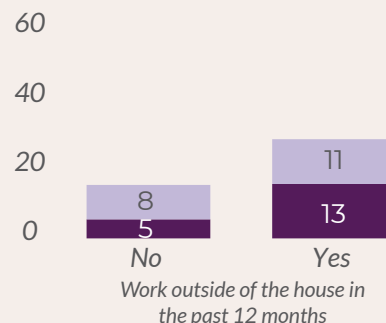
mCPR and intent to use contraception, by categorical WGE score

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=822)



mCPR and intent to use contraception, by employment status

Percent of all women using a modern method of contraception and percent of women who intend to use contraception in the next year by employment status (n=1,122)



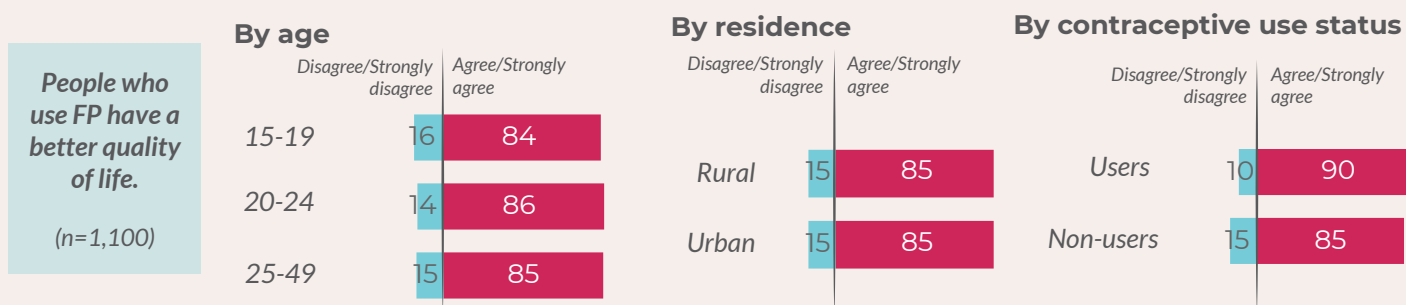
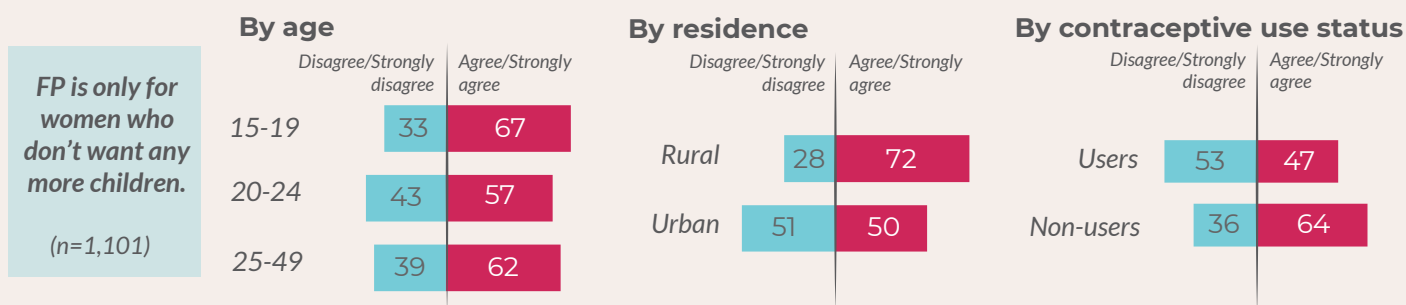
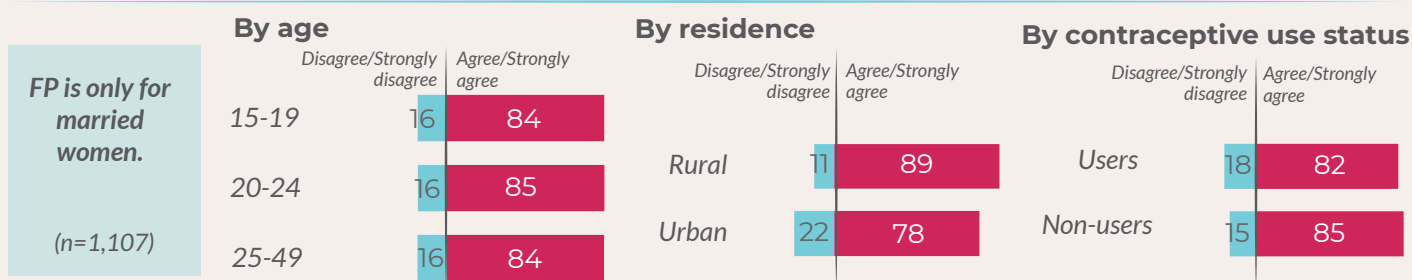
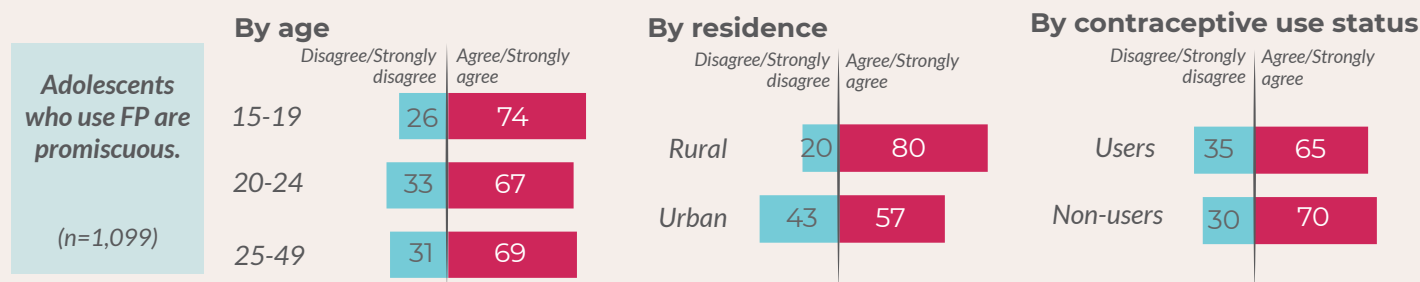
KEY FINDINGS FOR SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

- Among married women, 1 in every 4 is not confident to tell a provider what is important when selecting an FP method and cannot decide to switch from one FP method to another if she wants to
- Married women who score higher on the empowerment scale are much more likely to be using a modern FP method or intend to use in the future
- Women who are employed are more likely to be using or intending to use an FP method

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



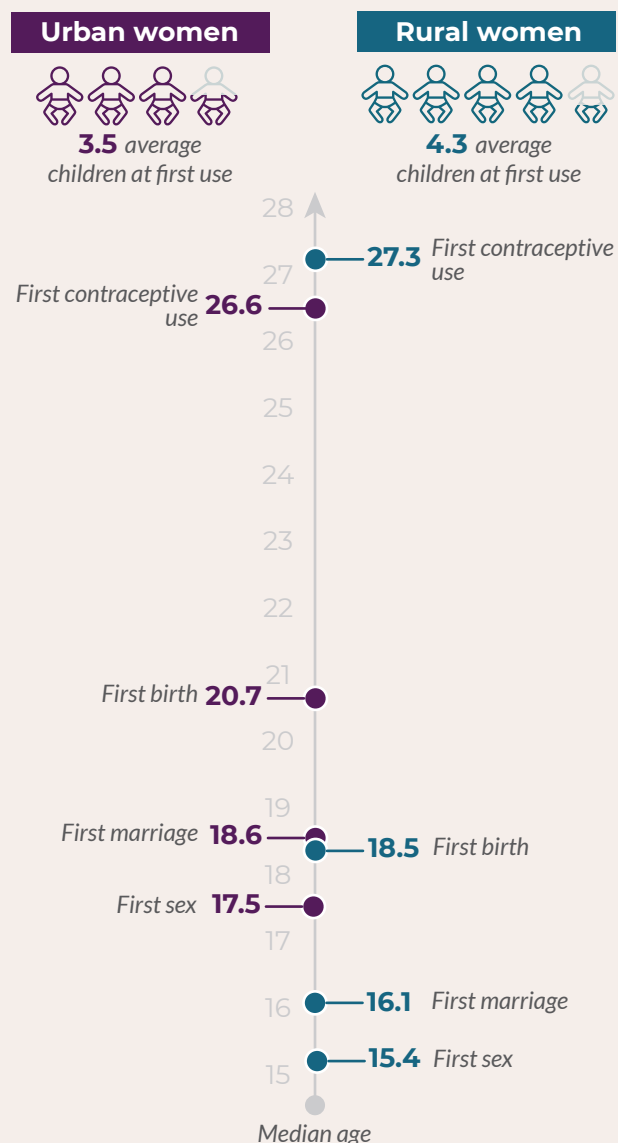
KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- Most women agree that people who use FP have a better quality of life
- Majority of women agree that adolescents who use FP are promiscuous, especially among rural women
- An overwhelming proportion of women feel that FP is only for married women

SECTION 6: REPRODUCTIVE TIMELINE

REPRODUCTIVE TIMELINE

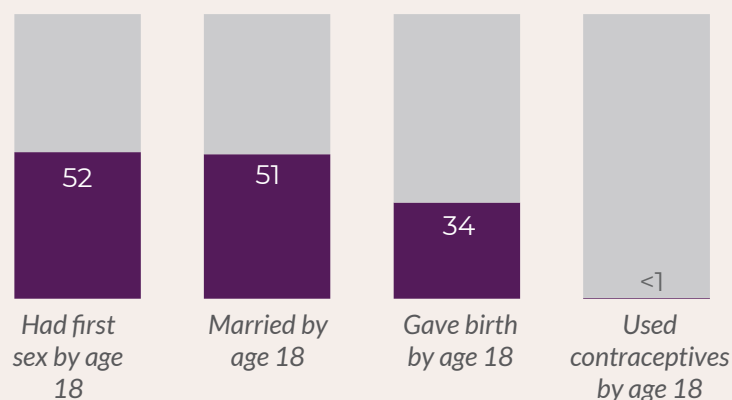
Median age at reproductive events, by urban vs. rural residence



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.

REPRODUCTIVE EVENTS BY AGE 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=305)



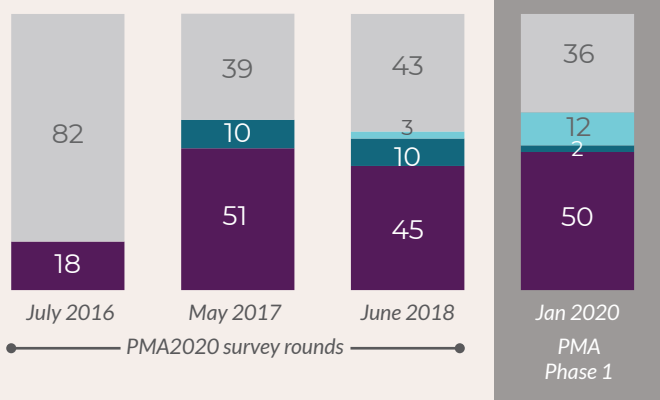
KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

- Rural and urban women start to use FP after they had an average of 4.3 and 3.5 children respectively
- Urban women start to use FP slightly earlier than rural women
- Half of women aged 18 – 24 had first sex, and were married by age 18

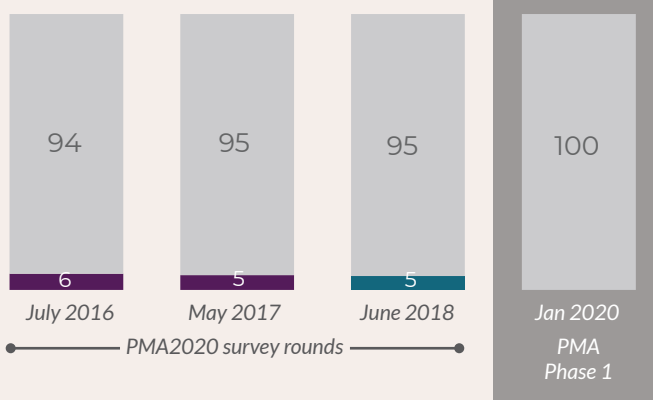
SECTION 7: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 1 n=42)



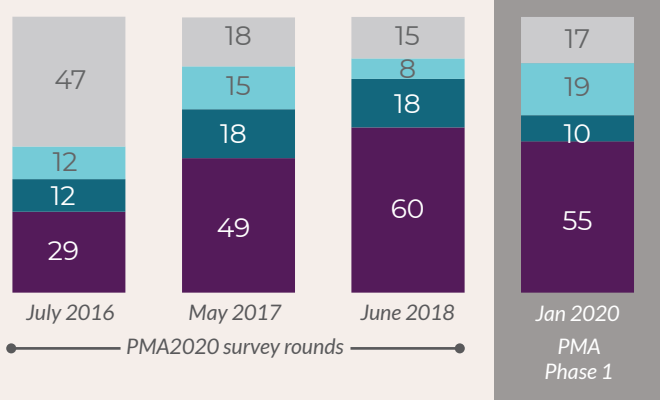
Private facilities (PMA Phase 1 n=12)



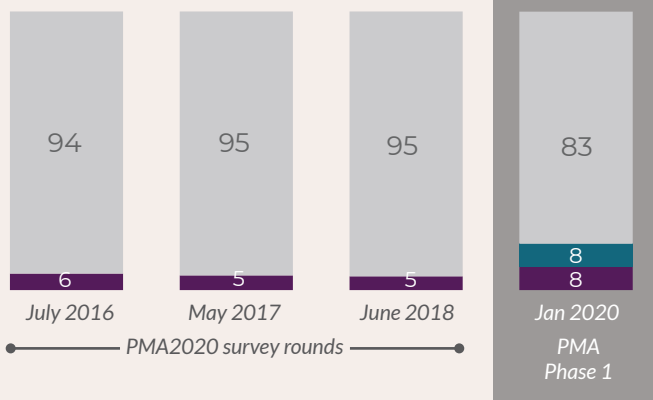
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 1 n=42)



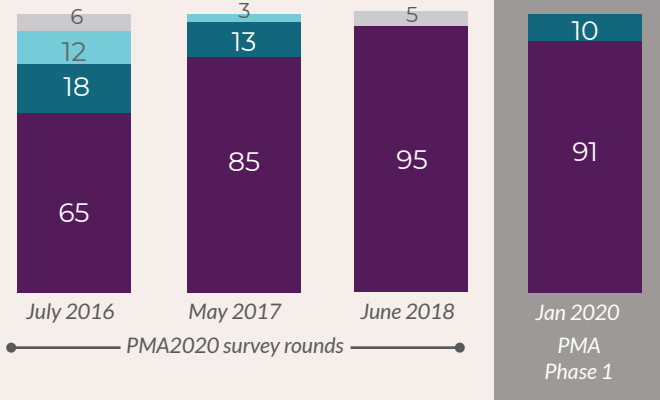
Private facilities (PMA Phase 1 n=12)



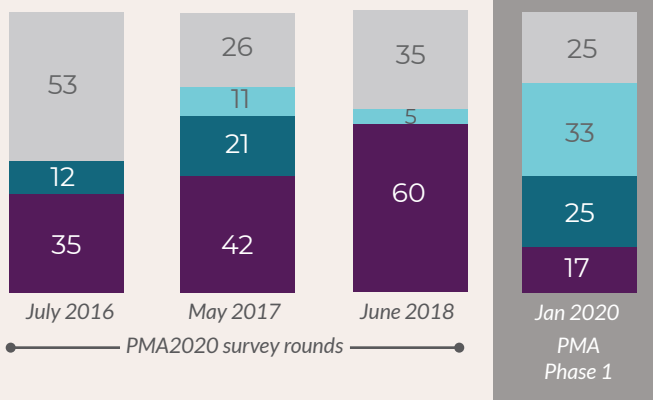
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 1 n=42)



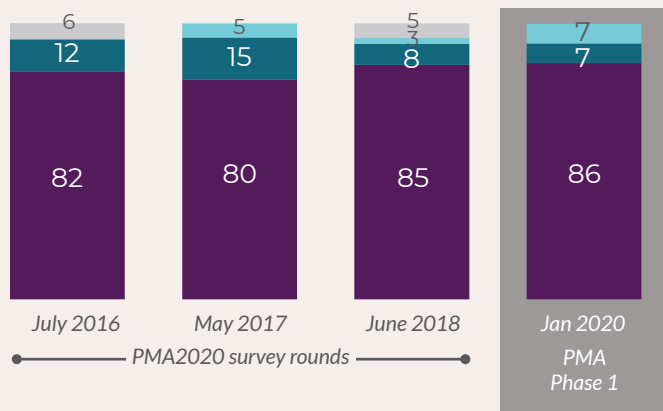
Private facilities (PMA Phase 1 n=12)



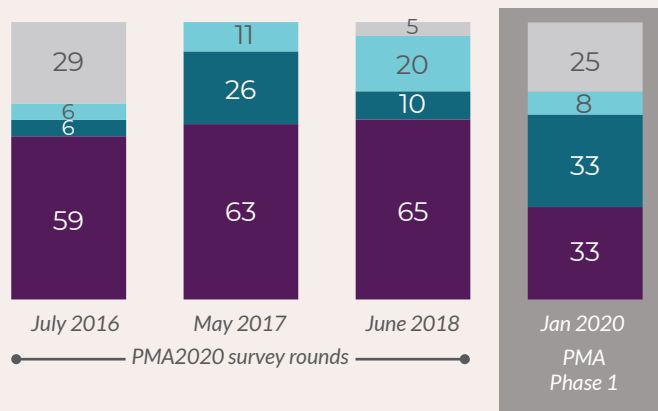
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 1 n=42)



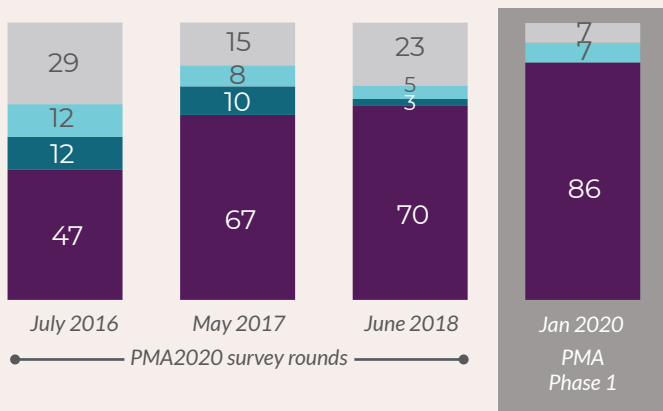
Private facilities (PMA Phase 1 n=12)



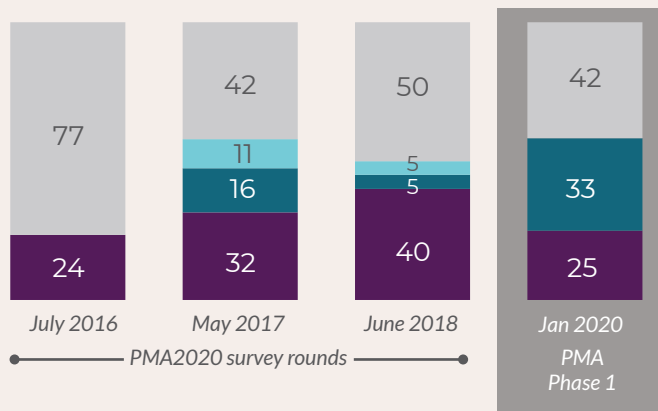
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 1 n=42)



Private facilities (PMA Phase 1 n=12)

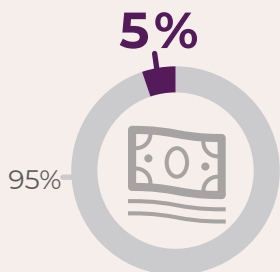


● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

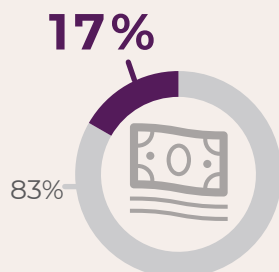
FEES FOR SERVICES

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=42)



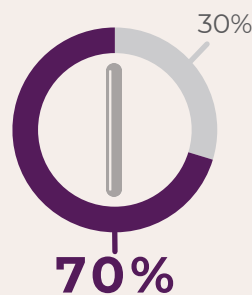
Private facilities (n=12)



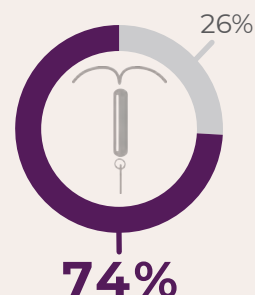
● Fees
● No fees

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=37)



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



● Yes
● No

80%

of women obtained their current modern method from a public health facility (n=106)

KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- Few private facilities are offering IUD and implants and well over half are currently or recently stocked-out of short-acting methods
- Implants have become more available in public facilities since 2016, but current/recent stock-outs of this method has increased over time
- 3 out of every 10 facilities that provide implants and IUDs don't have trained providers and instruments/supplies needed for their insertion and removal

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	R1	May-July 2016	1,684	5.62	0.99	3.93	8	4.85	0.88	3.35	6.98	30.22	3.2	24.16	37.06
PMA 2020	R2	Apr-May 2017	1,760	6.17	1.09	4.3	8.77	4.45	0.86	3	6.54	24.63	2.4	20.09	29.82
PMA 2020	R3	Apr-June 2018	1,751	7.02	0.85	5.48	8.94	5.65	0.71	4.37	7.28	24.01	2.22	19.8	28.79
PMA	Phase 1	Dec 2019-Jan 2020	1,122	11.14	2.04	7.59	16.06	9.45	1.63	6.59	13.37	17.83	1.81	14.38	21.88

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	R1	May-July 2016	1,265	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	R2	Apr-May 2017	1,280	7.96	1.68	5.17	12.06	5.94	1.4	3.68	9.46	31.91	2.71	26.68	37.63
PMA 2020	R3	Apr-June 2018	1,234	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	Dec 2019-Jan 2020	822	15.09	2.85	10.12	21.89	12.77	2.27	8.79	18.19	23.72	2.31	19.29	28.81

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 with urban-rural strata. The results are representative at the state-level. Data were collected between December 2019 and January 2020 from 864 households (99.2% response rate), 1128 females age 15-49 (99.5% response rate), 65 facilities (100% completion rate), and 548 client exit interviews. For sampling information and full data sets, visit www.pmadata.org/countries/nigeria.

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.