OVERALL KEY FINDINGS

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

27% 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)

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

27% of most recent birth/current pregnancy were unintended.

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

PMA2020 survey rounds

Married/in union women (PMA Phase 1 n=822)

All women (PMA Phase 1 n=1,122)

4 3 4 1 2 1 2 1 5

0 2 4 6 8 10 12 14 16 18 20

July 2016 May 2017 June 2018 Jan 2020

PMA2020 survey rounds

PMA Phase 1

Short-acting methods
Long-acting methods
Traditional methods

0 2 4 6 8 10 12 14 16 18

July 2016 May 2017 June 2018 Jan 2020

PMA2020 survey rounds

PMA Phase 1
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)

KEY FOR METHOD MIX CHARTS:
- Other
- Male condom
- Pill
- Injectable (SC)
- Injectable (IM)
- Implant
- IUD
- Female sterilization

‘Other’ category includes female condom, diaphragm, foam, standard days method, and LAM.

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

- Modern contraceptive use has increased from 6% to 11% among married/in union women between July 2016 and January 2020.
- The implant share of method mix has increased by 12 percentage points between June 2018 and January 2020.
- Demand satisfied by modern contraceptive methods has almost doubled to 26% over the past 3 years.

**SECTION 2: QUALITY OF FP SERVICES AND COUNSELING**

**METHOD INFORMATION INDEX PLUS (MII+)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you obtained your method were you told by the provider about side effects or problems you might have?</td>
<td>25</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>Were you told what to do if you experienced side effects or problems?</td>
<td>5</td>
<td>95</td>
<td>100</td>
</tr>
<tr>
<td>Were you told by the provider about methods of FP other than the method you received?</td>
<td>17</td>
<td>84</td>
<td>100</td>
</tr>
<tr>
<td>Were you told that you could switch to a different method in the future?</td>
<td>32</td>
<td>68</td>
<td>100</td>
</tr>
</tbody>
</table>

Percent of women who responded “Yes” to all four MII+ questions: 50%

50% answered “No” to at least one MII+ question

**DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW**

<table>
<thead>
<tr>
<th>Age</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19 (n=286)</td>
<td>90</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td>20-24 (n=196)</td>
<td>74</td>
<td>26</td>
<td>100</td>
</tr>
<tr>
<td>25-49 (n=640)</td>
<td>70</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

**CLIENT EXIT INTERVIEWS**

- During today’s visit, did the provider tell you the advantages/disadvantages of the FP method? 69%
- During today’s visit, did you obtain the method of FP you wanted? 89%
- Were you satisfied with FP services you received today at this facility? 100%

Clients were interviewed immediately following their health facility visit to obtain FP counseling or services.
**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)
  - Yes: 96%
  - No: 4%

- **Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?** (n=106)
  - Yes: 93%
  - No: 7%

**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)
  - Joint decision: 1%
  - Mainly respondent: 13%
  - Mainly partner: 70%

- **Would you say that not using FP is mainly your decision?** (n=839)
  - Joint decision: 17%
  - Mainly partner: 33%

**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 70% of women.
- It is a joint decision to not use FP for 33%, while the partner made the decision not to use FP for 12% 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.
  - Strongly disagree: 11
  - Disagree: 12
  - Neutral: 22
  - Agree: 26
  - Strongly agree: 30

- I can decide to switch from one FP method to another if I want to.
  - Strongly disagree: 8
  - Disagree: 13
  - Neutral: 19
  - Agree: 26
  - Strongly agree: 34
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.

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.

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, nearly 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.

<table>
<thead>
<tr>
<th>By age</th>
<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>19</td>
<td>81</td>
</tr>
<tr>
<td>20-24</td>
<td>25</td>
<td>75</td>
</tr>
<tr>
<td>25-49</td>
<td>21</td>
<td>79</td>
</tr>
</tbody>
</table>

- **Adolescents who use FP are promiscuous.**
  - (n=1,099)

<table>
<thead>
<tr>
<th>By age</th>
<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>13</td>
<td>87</td>
</tr>
<tr>
<td>20-24</td>
<td>13</td>
<td>87</td>
</tr>
<tr>
<td>25-49</td>
<td>13</td>
<td>87</td>
</tr>
</tbody>
</table>

- **FP is only for married women.**
  - (n=1,107)

<table>
<thead>
<tr>
<th>By age</th>
<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>32</td>
<td>68</td>
</tr>
<tr>
<td>20-24</td>
<td>43</td>
<td>57</td>
</tr>
<tr>
<td>25-49</td>
<td>36</td>
<td>64</td>
</tr>
</tbody>
</table>

- **FP is only for women who don’t want any more children.**
  - (n=1,101)

<table>
<thead>
<tr>
<th>By age</th>
<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>12</td>
<td>88</td>
</tr>
<tr>
<td>20-24</td>
<td>11</td>
<td>89</td>
</tr>
<tr>
<td>25-49</td>
<td>12</td>
<td>89</td>
</tr>
</tbody>
</table>

- **People who use FP have a better quality of life.**
  - (n=1,100)
### 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**

**Urban women**

- First contraceptive use: 26.6
- Average children at first use: 3.7

**Rural women**

- First contraceptive use: 28.2
- Average children at first use: 4.6

**Median age**

- First sex: 15.3
- First marriage: 17.0
- First birth: 20.0

#### Reproductive Events by Age 18

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

- Had first sex by age 18: 45
- Married by age 18: 55
- Gave birth by age 18: 67
- Used contraceptives by age 18: 100

#### Key Findings for Section 6: Reproductive Timeline

- Rural and urban women start to use FP after they had an average of 4.6 and 3.7 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.

---

*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=42)
- July 2016: 82, Not offered 7, Not offered
- May 2017: 39, Currently in stock and no stockout in last 3 months 4, Not offered 10
- June 2018: 43, Currently in stock and no stockout in last 3 months 4, Not offered 3
- Jan 2020: 36, Currently in stock and no stockout in last 3 months 2, Not offered 10

Private facilities (PMA Phase 1 n=12)
- July 2016: 94, Not offered 5
- May 2017: 95, Not offered 10
- June 2018: 95, Not offered 10
- Jan 2020: 100, Not offered 5

TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 1 n=42)
- July 2016: 47, Not offered 12, Not offered 12, Not offered 29
- May 2017: 18, Currently in stock and no stockout in last 3 months 15, Not offered 18
- June 2018: 15, Currently in stock and no stockout in last 3 months 10, Not offered 8
- Jan 2020: 17, Currently in stock and no stockout in last 3 months 19, Not offered 10

Private facilities (PMA Phase 1 n=12)
- July 2016: 94, Not offered 6
- May 2017: 95, Not offered 10
- June 2018: 95, Not offered 10
- Jan 2020: 83, Not offered 8

TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 1 n=42)
- July 2016: 6, Currently in stock but stockout in last 3 months 12, Not offered 18
- May 2017: 3, Not offered 13, Not offered 85, Currently in stock and no stockout in last 3 months 5
- June 2018: 5, Not offered 95, Currently in stock and no stockout in last 3 months 10, Not offered 10
- Jan 2020: 10, Not offered 53, Currently in stock and no stockout in last 3 months 12, Not offered 35

Private facilities (PMA Phase 1 n=12)
- July 2016: 26, Currently in stock but stockout in last 3 months 11, Not offered 53, Currently in stock and no stockout in last 3 months 12
- May 2017: 21, Not offered 42, Currently in stock and no stockout in last 3 months 21
- June 2018: 60, Not offered 5, Not offered 35
- Jan 2020: 25, Not offered 33, Not offered 33
TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 1 n=42)

- July 2016: 82
- May 2017: 80
- June 2018: 85
- Jan 2020: 86

Private facilities (PMA Phase 1 n=12)

- July 2016: 29
- May 2017: 11
- June 2018: 5
- Jan 2020: 25

TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 1 n=42)

- July 2016: 29
- May 2017: 15
- June 2018: 70
- Jan 2020: 86

Private facilities (PMA Phase 1 n=12)

- July 2016: 24
- May 2017: 32
- June 2018: 40
- Jan 2020: 42

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)
- Fees: 5%
- No fees: 95%

Private facilities (n=12)
- Fees: 17%
- No fees: 83%

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

- Yes: 70%
- No: 30%

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

- Yes: 74%
- No: 26%
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.

### Table: Contraceptive Prevalence and Unmet Need

#### All Women

<table>
<thead>
<tr>
<th>Data source</th>
<th>Round/Phase</th>
<th>Data collection</th>
<th>Female sample</th>
<th>CPR %</th>
<th>SE</th>
<th>95% CI</th>
<th>mCPR %</th>
<th>SE</th>
<th>95% CI</th>
<th>Unmet need (%)</th>
<th>SE</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMA 2020</td>
<td>R1</td>
<td>May-July 2016</td>
<td>1,684</td>
<td>5.62</td>
<td>0.99</td>
<td>3.93</td>
<td>8.00</td>
<td>4.85</td>
<td>0.88</td>
<td>3.35</td>
<td>6.98</td>
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<tr>
<td>PMA 2020</td>
<td>R2</td>
<td>Apr-May 2017</td>
<td>1,760</td>
<td>6.17</td>
<td>1.09</td>
<td>4.3</td>
<td>8.77</td>
<td>4.45</td>
<td>0.86</td>
<td>3.00</td>
<td>6.54</td>
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</tr>
<tr>
<td>PMA 2020</td>
<td>R3</td>
<td>Apr-June 2018</td>
<td>1,751</td>
<td>7.02</td>
<td>0.85</td>
<td>5.48</td>
<td>8.94</td>
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<tr>
<td>PMA Phase 1</td>
<td>Dec 2019-Jan 2020</td>
<td>1,122</td>
<td>9.38</td>
<td>2.00</td>
<td>6.01</td>
<td>14.35</td>
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<td>1.69</td>
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#### Women in Union

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<th>Data collection</th>
<th>Female sample</th>
<th>CPR %</th>
<th>SE</th>
<th>95% CI</th>
<th>mCPR %</th>
<th>SE</th>
<th>95% CI</th>
<th>Unmet need (%)</th>
<th>SE</th>
<th>95% CI</th>
</tr>
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<tr>
<td>PMA 2020</td>
<td>R1</td>
<td>May-July 2016</td>
<td>1,265</td>
<td>7.07</td>
<td>1.43</td>
<td>4.68</td>
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<tr>
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<td>1,280</td>
<td>7.96</td>
<td>1.68</td>
<td>5.17</td>
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<td>1.40</td>
<td>3.68</td>
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<tr>
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<td>Apr-June 2018</td>
<td>1,234</td>
<td>9.69</td>
<td>1.37</td>
<td>7.25</td>
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<tr>
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<td>Dec 2019-Jan 2020</td>
<td>822</td>
<td>12.28</td>
<td>2.70</td>
<td>7.73</td>
<td>18.95</td>
<td>10.57</td>
<td>2.25</td>
<td>6.77</td>
<td>16.14</td>
<td>27.74</td>
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</table>

**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

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.

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