PERFORMANCE MONITORING FOR ACTION

PMA NIGERIA (LAGOS)

Results from Phase 1 baseline survey

December 2019–January 2020

FAMILY PLANNING

OVERALL KEY FINDINGS

Modern contraceptive method use among all women and married women has increased by 9 percentage points, but doubled among unmarried sexually active women between 2014 and 2020.

The largest increases are in the use of implants followed by EC, together growing from 8 to 34% of the method mix.

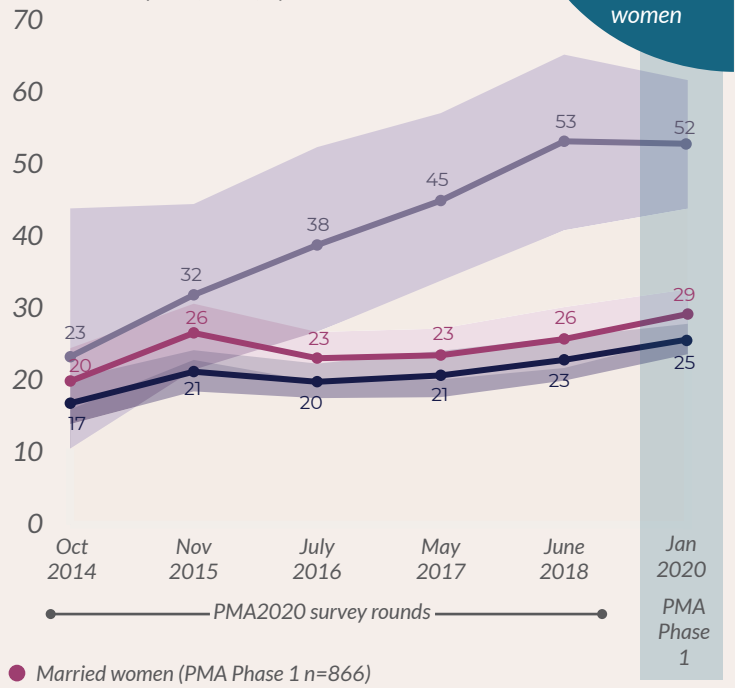
Unmet need for FP has fallen from 19% in 2014 to 12% in 2020.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

MODERN CONTRACEPTIVE PREVALENCE

1.36% *average annual increase in mCPR for all women*

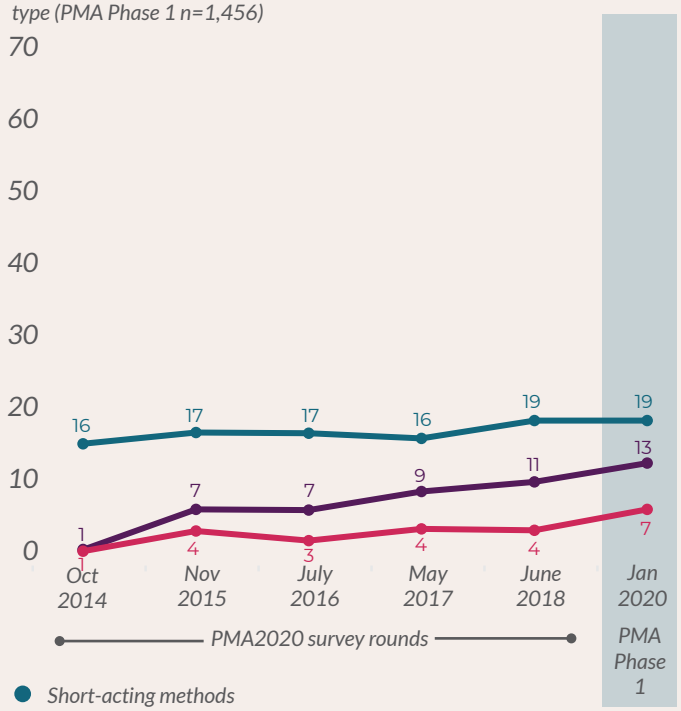
Percent of women age 15-49 currently using modern contraception (mCPR) by marital status



- *Married women (PMA Phase 1 n=866)*
- *Unmarried, sexually active women (PMA Phase 1 n=126)*
- *All women (PMA Phase 1 n=1,456)*

CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (PMA Phase 1 n=1,456)



- *Short-acting methods*
- *Long-acting methods*
- *Traditional methods*

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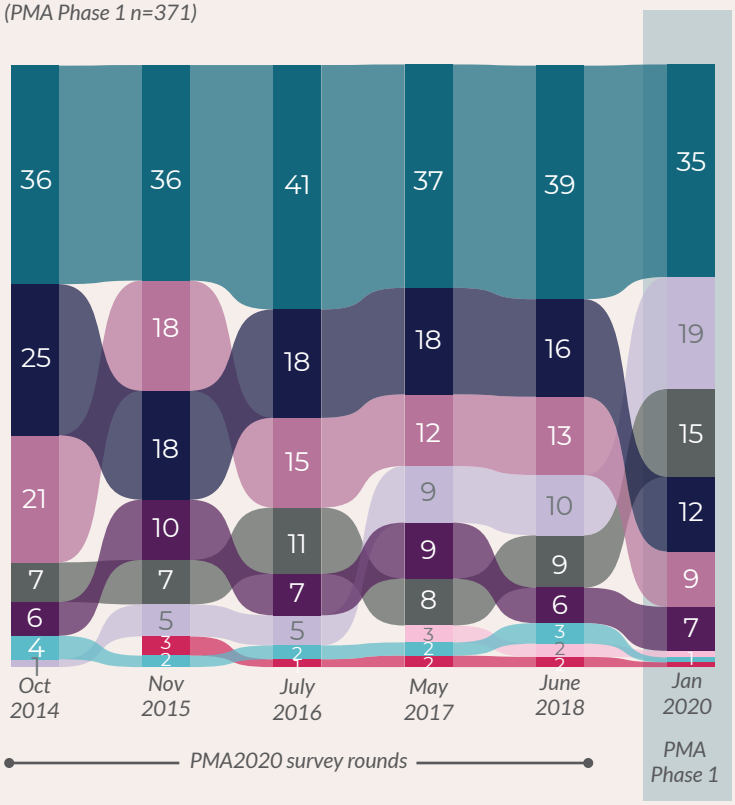
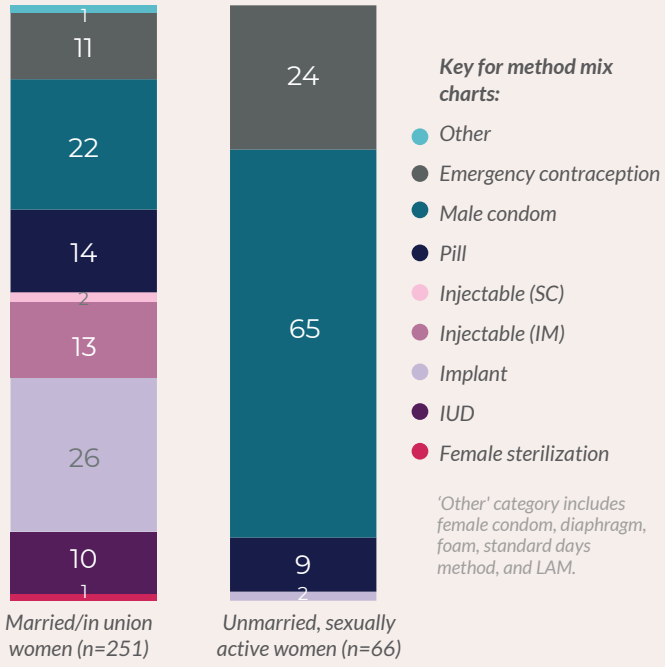
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (PMA Phase 1 n=371)



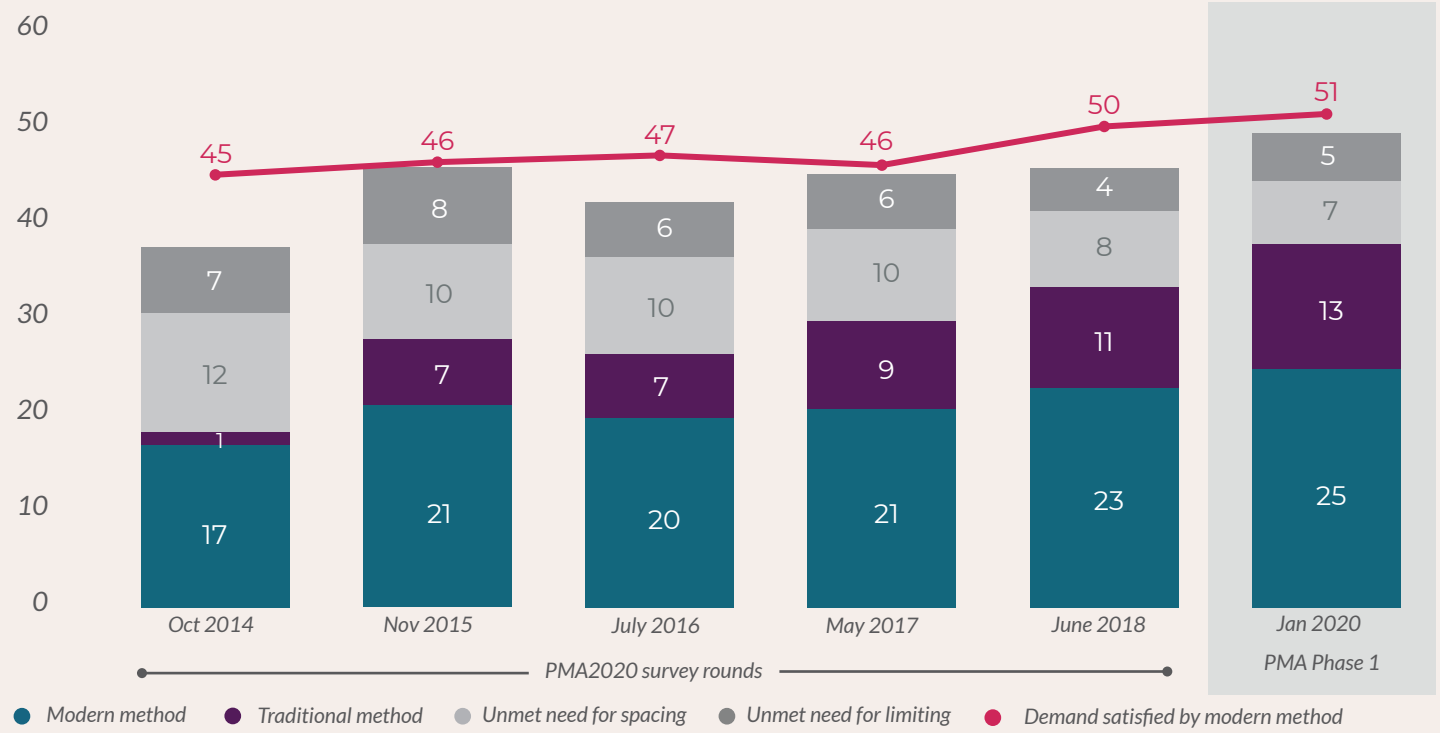
MODERN CONTRACEPTIVE METHOD MIX

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



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=1,456)



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

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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=546 episodes)

5% *discontinued to become pregnant*

40% *discontinued for other reasons*

Reasons for discontinuation:

2% *experienced method failure*

5% *were concerned over side effects or health*

17% *had other fertility related reasons*

2% *other method-related reasons*

7% *wanted a more effective method*

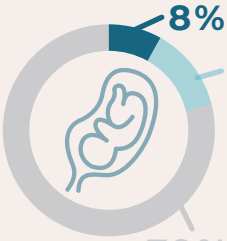
7% *other/don't know*

Discontinued but switched methods:

14% *Switched*

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=706)



8% *Wanted no more children*

13% *Wanted later*

79% *Intended*

21% *of pregnancies were unintended*

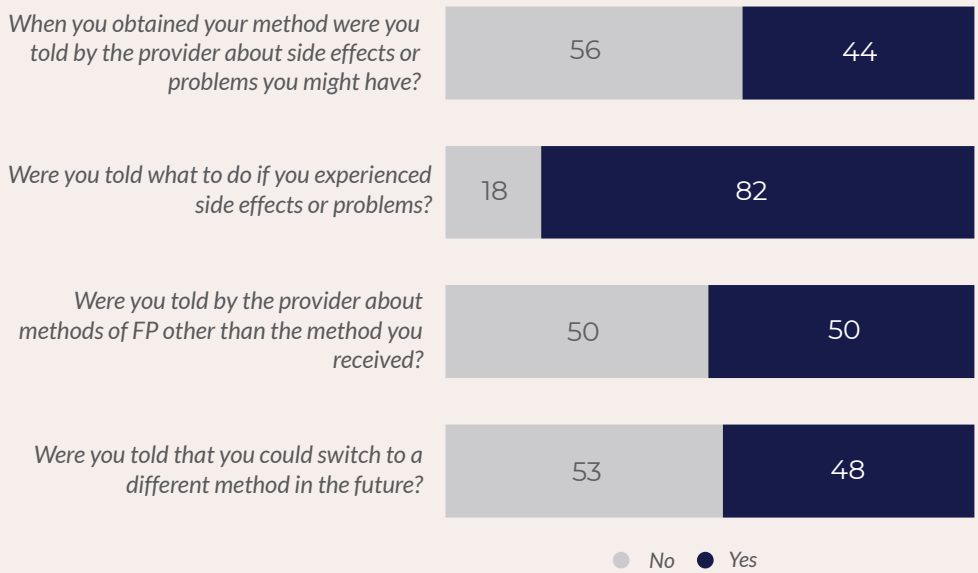
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- *Implants, male condoms, injectables and pills are the most common methods used by married women, while male condoms and emergency contraception are most common among unmarried sexually active women.*
- *Demand satisfied by a modern method increased by **6** percentage points, while both unmet need for spacing and limiting have decreased between 2014 and 2020.*
- ***45%** of the time, methods were discontinued within 12 months, largely for fertility-related reasons, while **14%** switched to another method.*

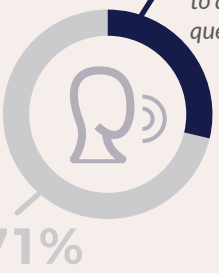
SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

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=341)



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



29% *answered **"Yes"** to all four MII+ questions*

71% *answered **"No"** to at least one MII+ question*

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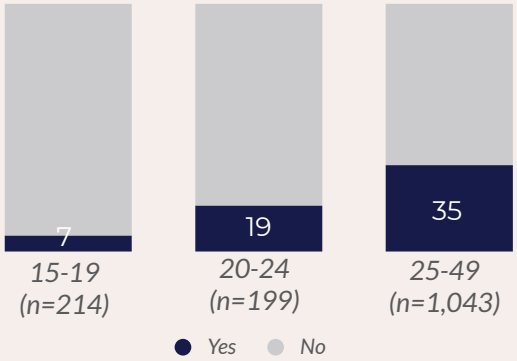
DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

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



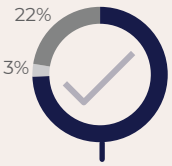
CLIENT EXIT INTERVIEWS

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

During today's visit, did the provider tell you the advantages/disadvantages of the FP method? (n=449)

66%

During today's visit, did you obtain the method of FP you wanted? (n=460)



74%

Were you satisfied with FP services you received today at this facility? (n=460)

100%

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

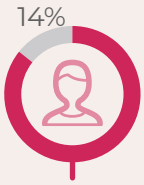
- *Only **29%** of women were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods.*
- *Women ages 25-49 years were more likely than their younger counterparts to report that they discussed FP with a provider or CHW in the past year.*
- *All female exiting clients interviewed reported they were satisfied with the FP services they received on that day.*

SECTION 3: PARTNER DYNAMICS

PARTNER INVOLVEMENT IN FP DECISIONS

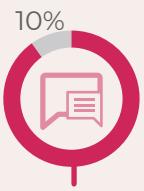
Percent of women who are currently using modern, female controlled methods and agree with the following statements

Does your partner know that you are using this method? (n=355)



86%

Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner? (n=355)



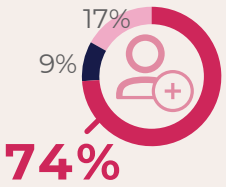
90%

Yes *No*

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

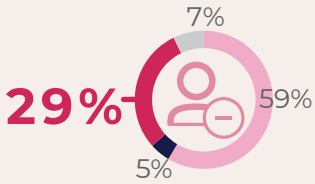
Would you say that using FP is mainly your decision? (n=543)



74%

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=778)



Joint decision
Mainly respondent
Mainly partner
Other

KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- *Among women using a female-controlled method, **90%** had discussed the decision to delay pregnancy with their partners prior to using the method, while **14%** reported that their partner was unaware that they were using a method.*
- *Among FP users, **74%** reported that the choice to use a method was a joint decision with their partner.*
- *Among women not using a FP method, **29%** reported this decision was jointly made with their partner, while **59%** said they mainly decided on their own not to use a method.*

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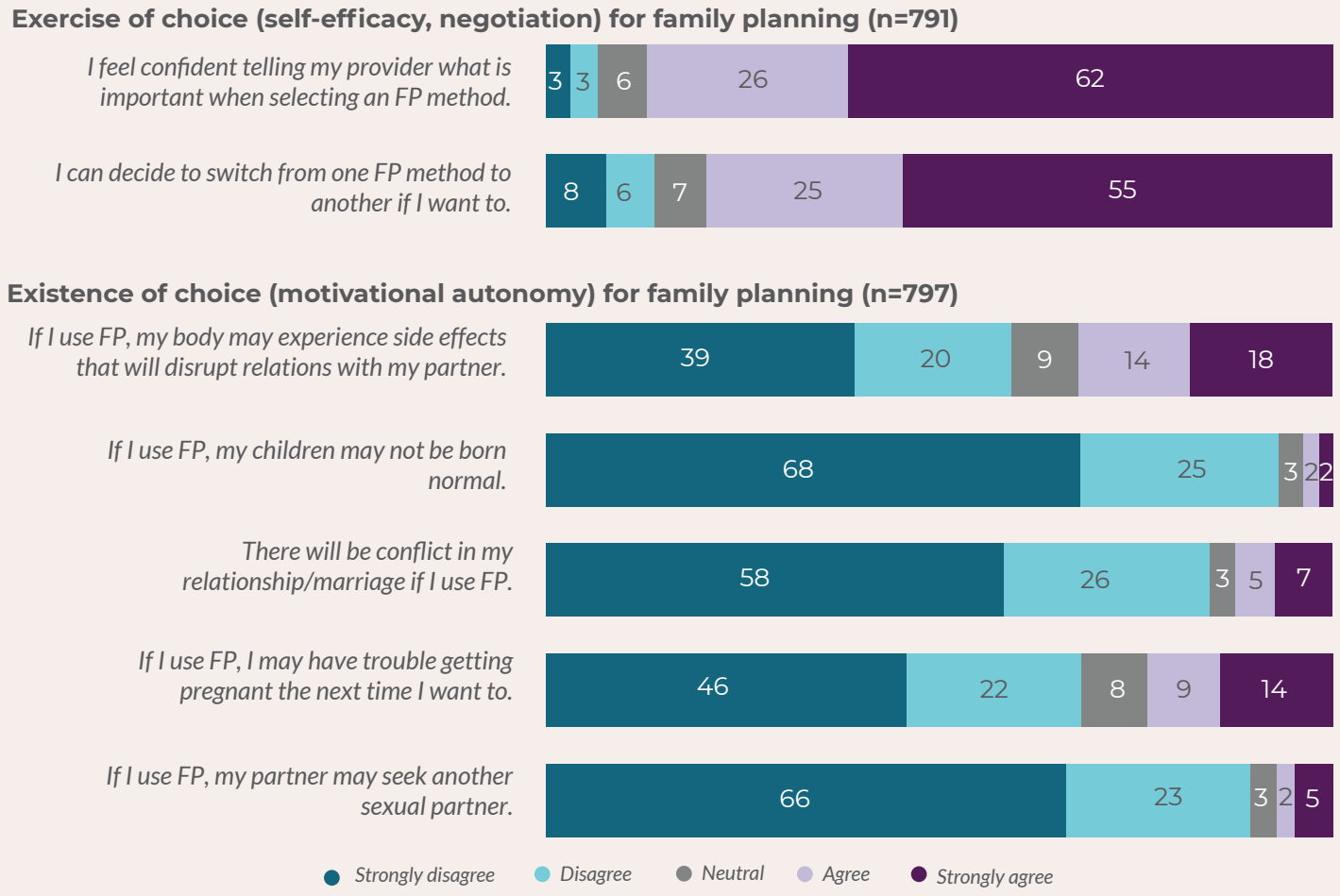
AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS

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



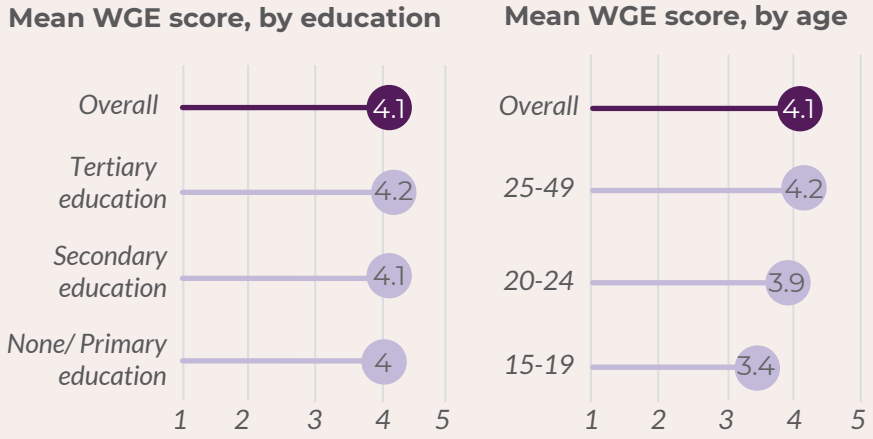
WOMEN'S AND GIRL'S EMPOWERMENT (WGE) SUB-SCALE FOR FAMILY PLANNING

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.



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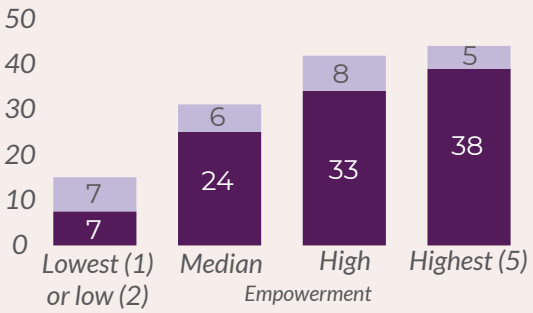
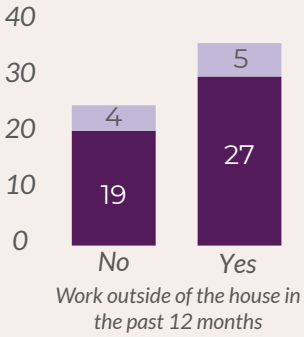
mCPR and intent to use contraception, by categorical WGE score

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=866)



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=1,456)



mCPR Intent to use contraception

KEY FINDINGS FOR SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

- *Married women 25-49 years have higher empowerment scores than their younger counterparts.*
- *Women who have higher scores on the empowerment scale and those who work outside the home are more likely to be using modern contraception.*

SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

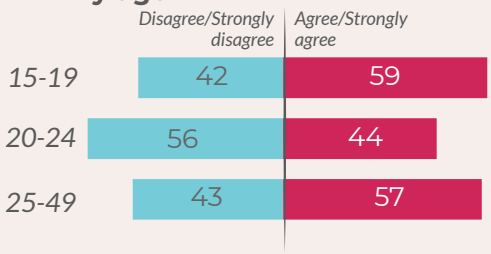
PERSONAL ATTITUDES

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

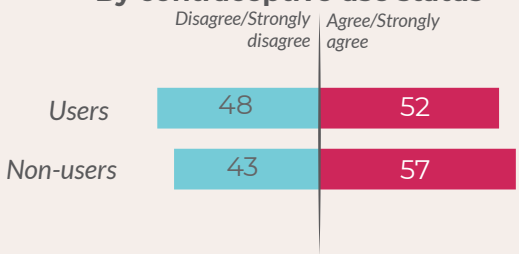
Adolescents who use FP are promiscuous.

(n=1,419)

By age



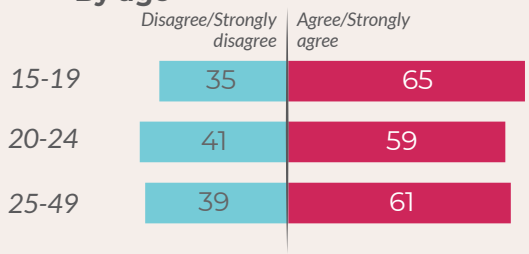
By contraceptive use status



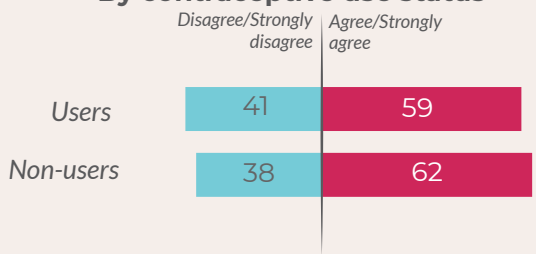
FP is only for married women.

(n=1,428)

By age



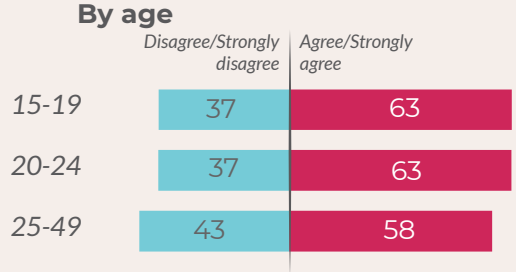
By contraceptive use status



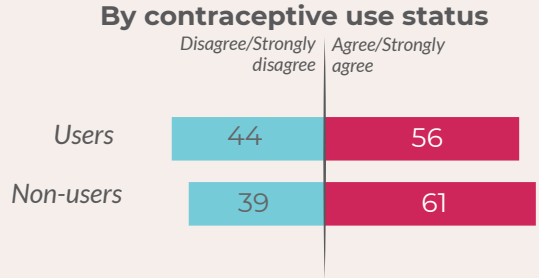
FP is only for women who don't want any more children.

(n=1,425)

By age



By contraceptive use status



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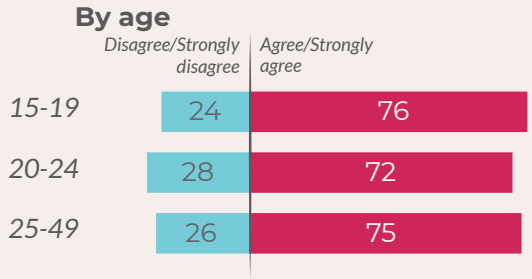
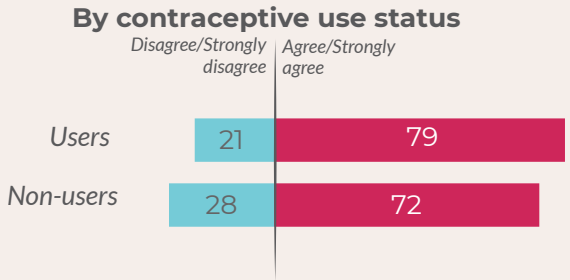
People who use FP have a better quality of life.

(n=1,390)





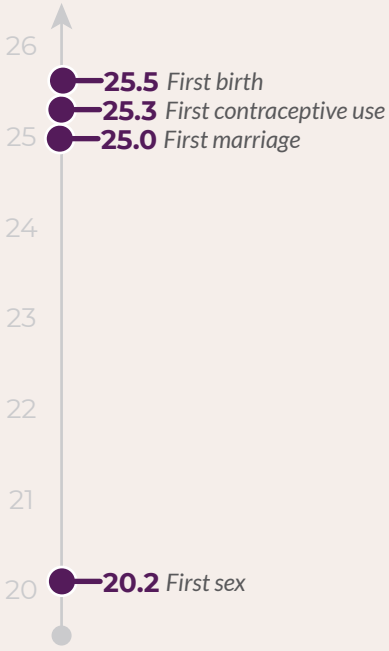
KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- *Six in 10 women agreed that FP is only for married women or women who don't want any more children.*
- *About 3 in 4 women agreed that people who used FP have a better quality of life; those using a modern method are more likely to agree than non-users.*

SECTION 6: REPRODUCTIVE TIMELINE

REPRODUCTIVE TIMELINE

Median age at reproductive events

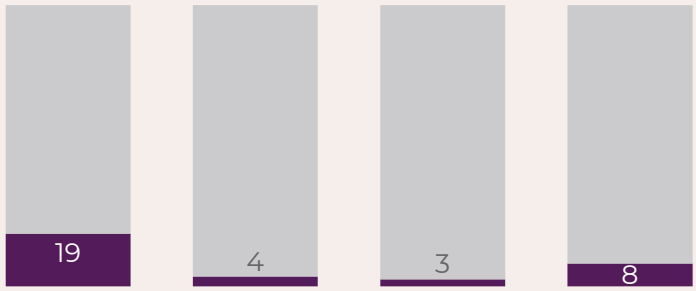


1.3 *average children at first use*

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=283)



KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

- *There is a 5-year gap between when young women have their first sexual experience and when they get married, use contraception for the first time, and have their first birth.*
- *By age 18, **19%** of women age 18-24 have had their first sexual experience, but only **8%** have used contraception.*

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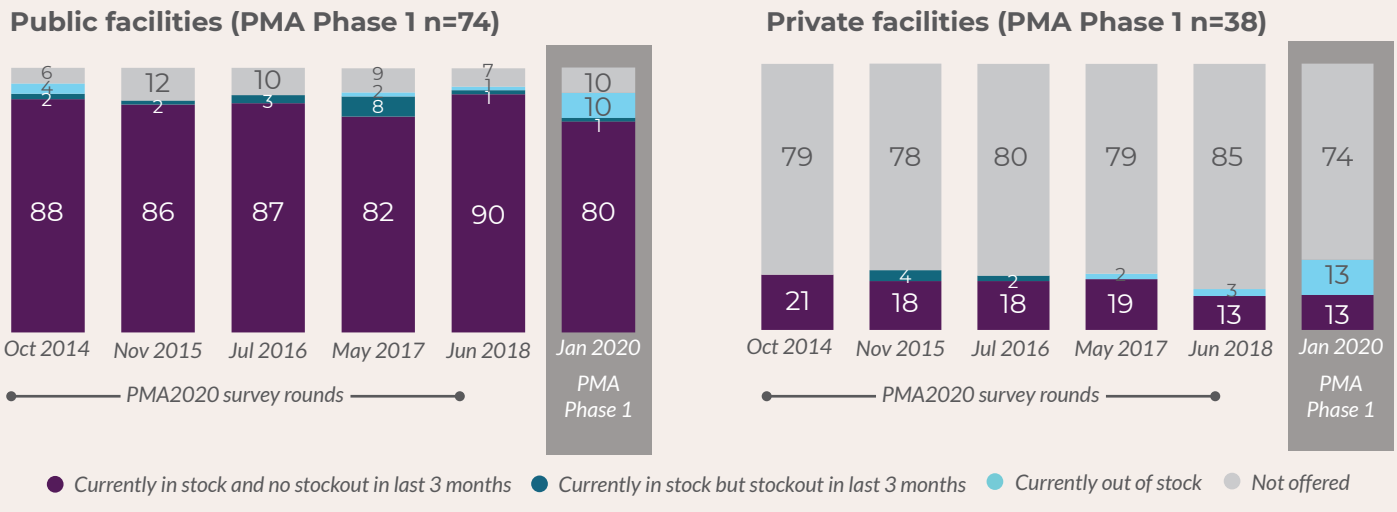
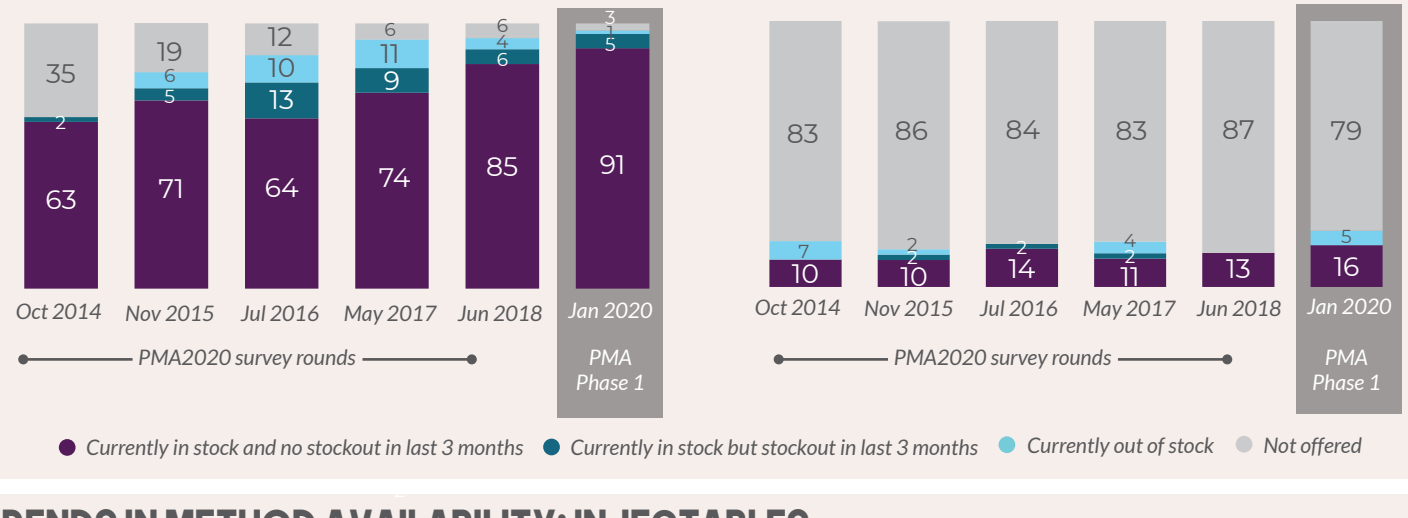
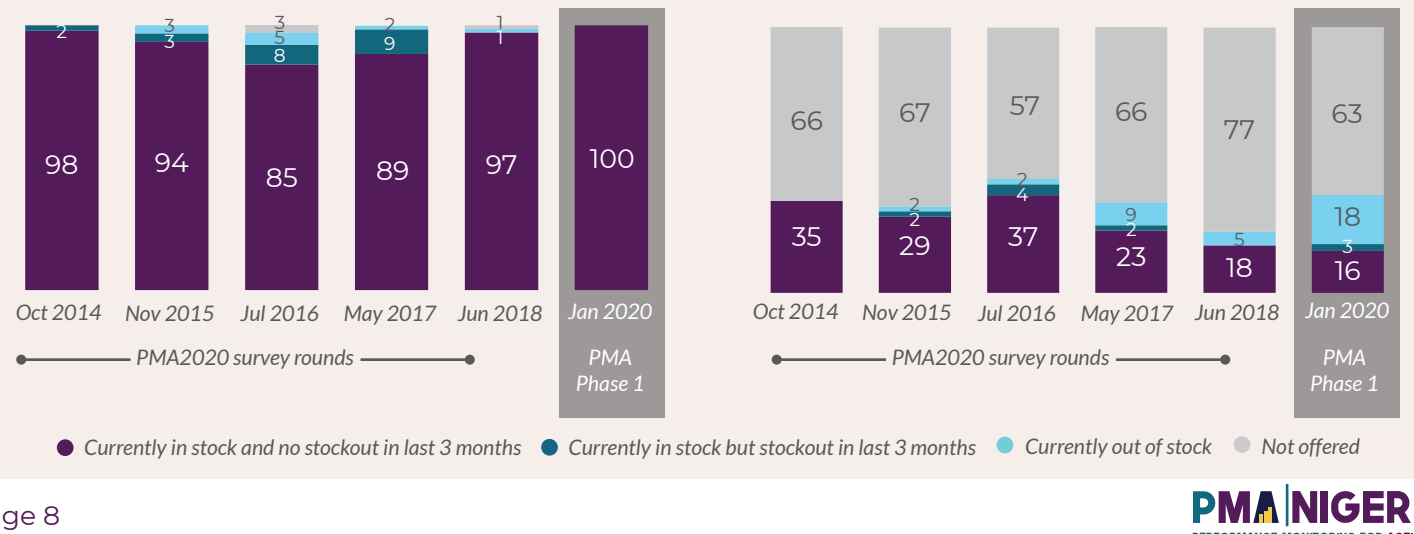
TRENDS IN METHOD AVAILABILITY: IUD



TRENDS IN METHOD AVAILABILITY: IMPLANT



TRENDS IN METHOD AVAILABILITY: INJECTABLES



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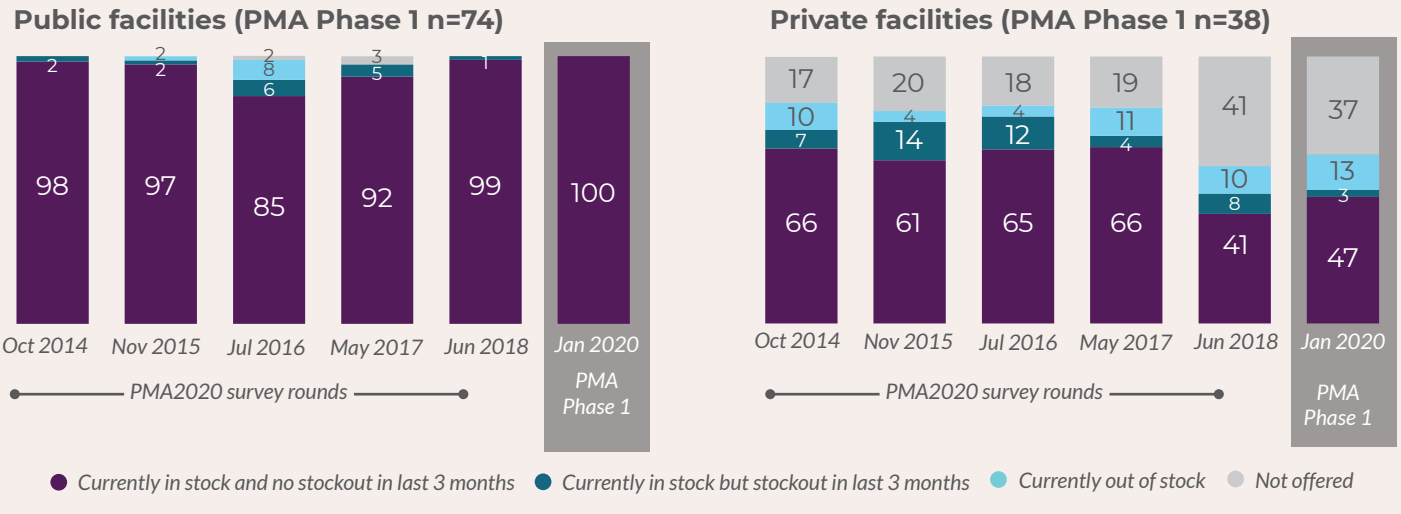
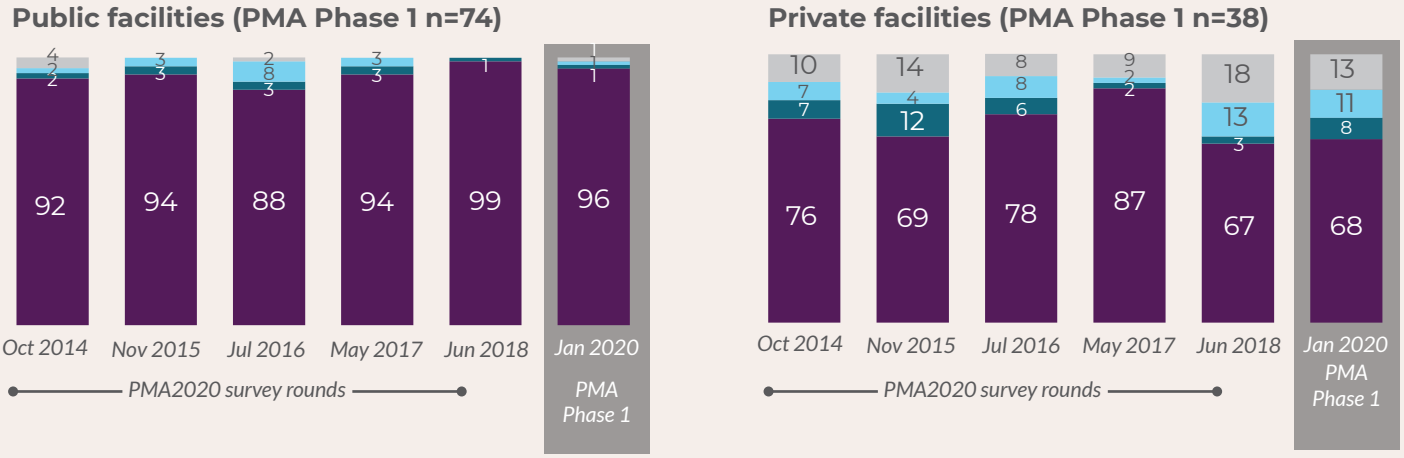
TRENDS IN METHOD AVAILABILITY: PILLS

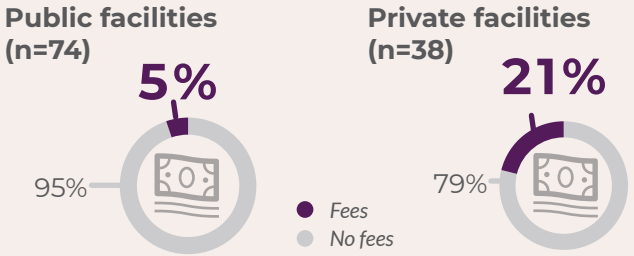


TRENDS IN METHOD AVAILABILITY: MALE CONDOMS



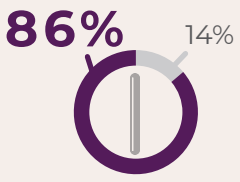
FEES FOR SERVICES

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

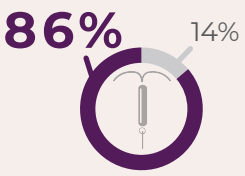


FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=80)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=77)



Yes
No

31% *of women obtained their current modern method from a public health facility (n=355)*

KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- *IUDs and implants have been offered by **60%** or more of public facilities over time, but **20%** or less of private facilities.*
- *In the most recent survey in 2020, **100%** of public facilities had injectables and pills in stock on the day of the survey, and **96%** had male condoms.*
- *Private facilities reported stockouts in double digits for injectables, pills and male condoms on the day of the most recent survey in 2020.*

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TABLES: 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	R1	Sept-Oct 2014	764	18.11	1.64	15.03	21.67	16.72	1.54	13.83	20.07	19.18	1.58	16.18	22.58
PMA 2020	R2	Oct-Nov 2015	1,429	27.78	1.87	24.19	31.68	21.03	1.42	18.33	24.01	17.83	1.44	15.13	20.90
PMA 2020	R3	May-July 2016	1,432	26.42	1.86	22.87	30.30	19.68	1.19	17.41	22.18	15.60	1.43	12.95	18.68
PMA 2020	R4	Apr-May 2017	1,535	29.72	2.22	25.47	34.36	20.55	1.59	17.55	23.93	15.17	1.19	12.94	17.71
PMA 2020	R5	Apr-June 2018	1,590	33.14	1.85	29.54	36.94	22.66	1.50	19.80	25.80	12.32	0.95	10.54	14.36
PMA	Phase 1	Dec 2019-Jan 2020	1,456	38.46	1.43	35.64	41.37	25.48	1.05	23.44	27.64	11.40	1.02	9.51	13.61

WOMEN IN UNION

				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	R1	Sept-Oct 2014	490	21.26	2.16	17.22	25.97	19.74	2.08	15.87	24.28	26.76	2.06	22.81	31.13
PMA 2020	R2	Oct-Nov 2015	951	34.63	2.54	29.72	39.89	26.36	1.93	22.67	30.41	23.70	1.73	20.41	27.33
PMA 2020	R3	May-July 2016	883	32.50	2.39	27.90	37.47	22.92	1.71	19.68	26.53	21.47	1.88	17.95	25.47
PMA 2020	R4	Apr-May 2017	1,001	35.88	2.53	30.97	41.10	23.31	1.75	20.00	26.99	20.86	1.64	17.76	24.35
PMA 2020	R5	Apr-June 2018	978	40.29	2.68	35.06	45.76	25.53	2.09	21.57	29.94	17.72	1.29	15.28	20.46
PMA	Phase 1	Dec 2019-Jan 2020	866	47.34	2.13	43.11	51.62	28.98	1.65	25.79	32.40	16.51	1.46	13.79	19.65

PMA Nigeria (Lagos) collects information on knowledge, practice, and coverage of family planning services in 52 enumeration areas selected using a multi-stage stratified cluster design. The results are representative at the state-level. Data were collected between December 2019 and January 2020 from 1,599 households (93.2% response rate), 1,456 females age 15-49 (96.6% response rate), 127 facilities (96.9% completion rate), and 460 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.