



# PMA NIGER (NIAMEY)

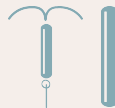
Results from Phase 1 baseline survey

December 2020 - April 2021

## OVERALL KEY FINDINGS



The modern contraceptive prevalence rate among married women went down from 32% in 2018 to 30.18% in 2021.



Short-acting methods are the most common contraceptive methods among women aged 15-49, and their use has remained stable over time, at around 14%.

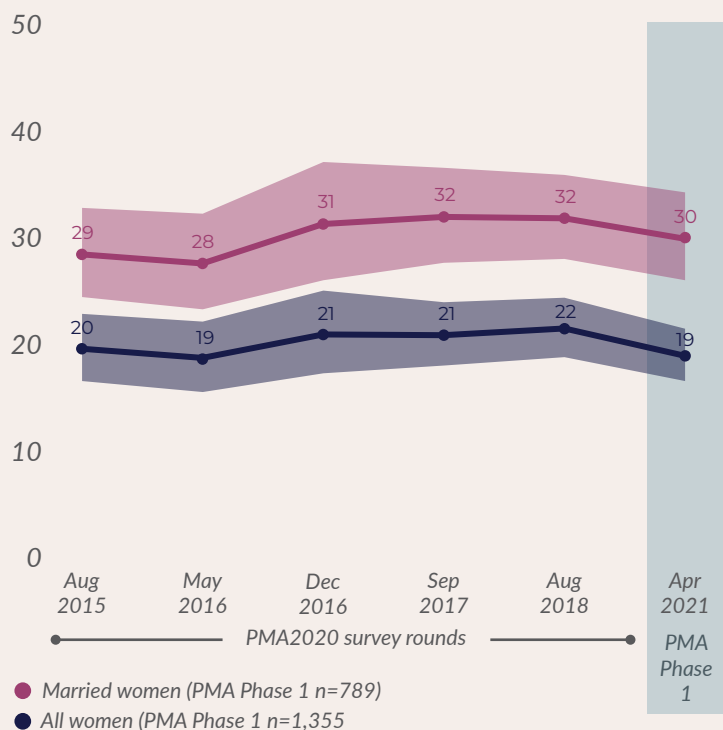


Slightly over four in ten women (41%) received advice on side effects, what to do in case of side effects, other methods, and the possibility to switch method (Method Information Index, MII+).

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

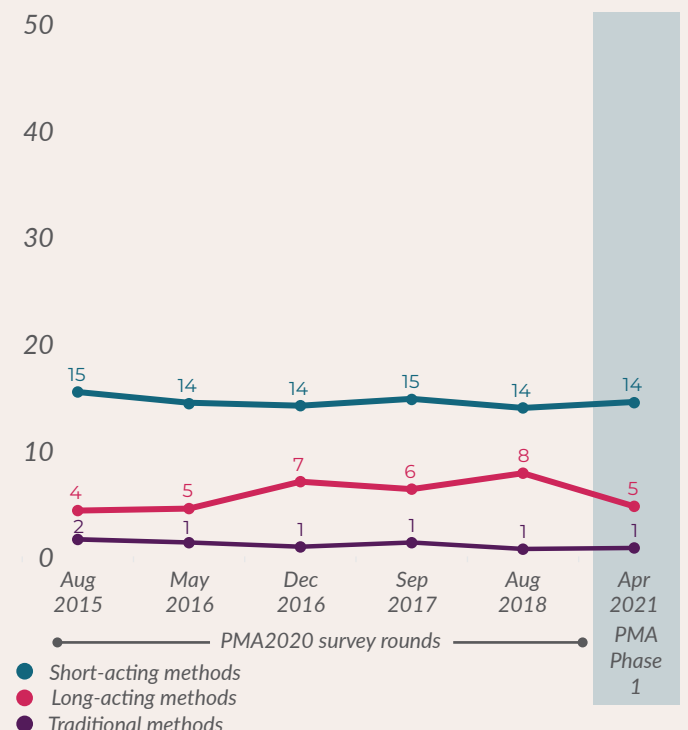
### MODERN CONTRACEPTIVE PREVALENCE

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



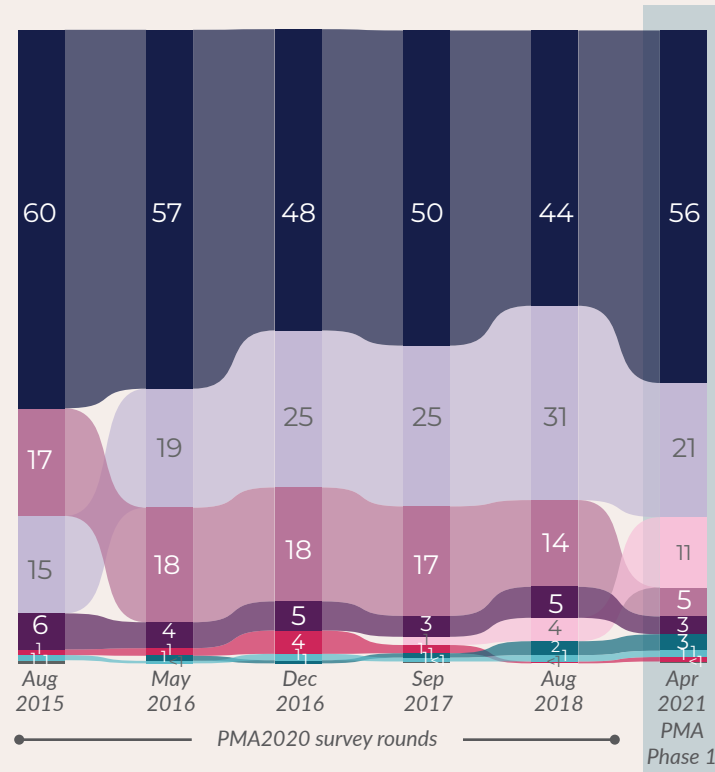
### CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (PMA Phase 1 n=1,355)



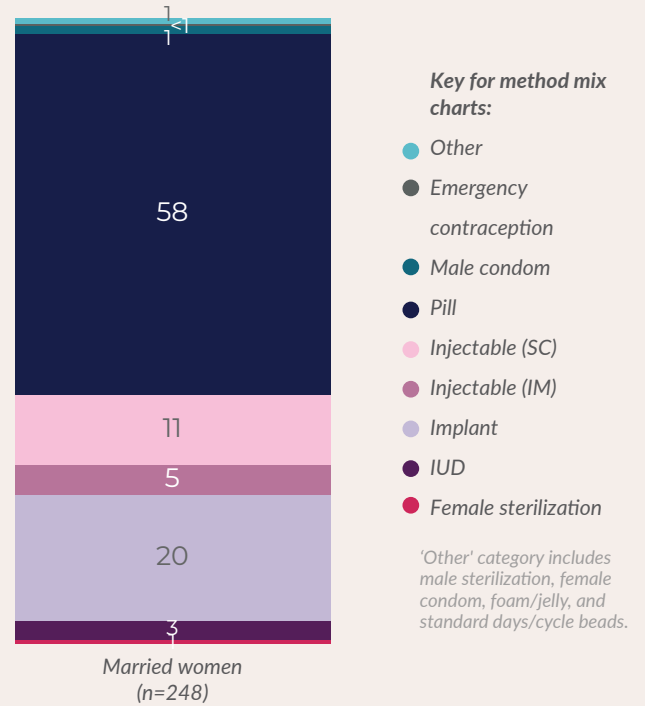
## TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (PMA Phase 1 n=262)



## MODERN CONTRACEPTIVE METHOD MIX

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



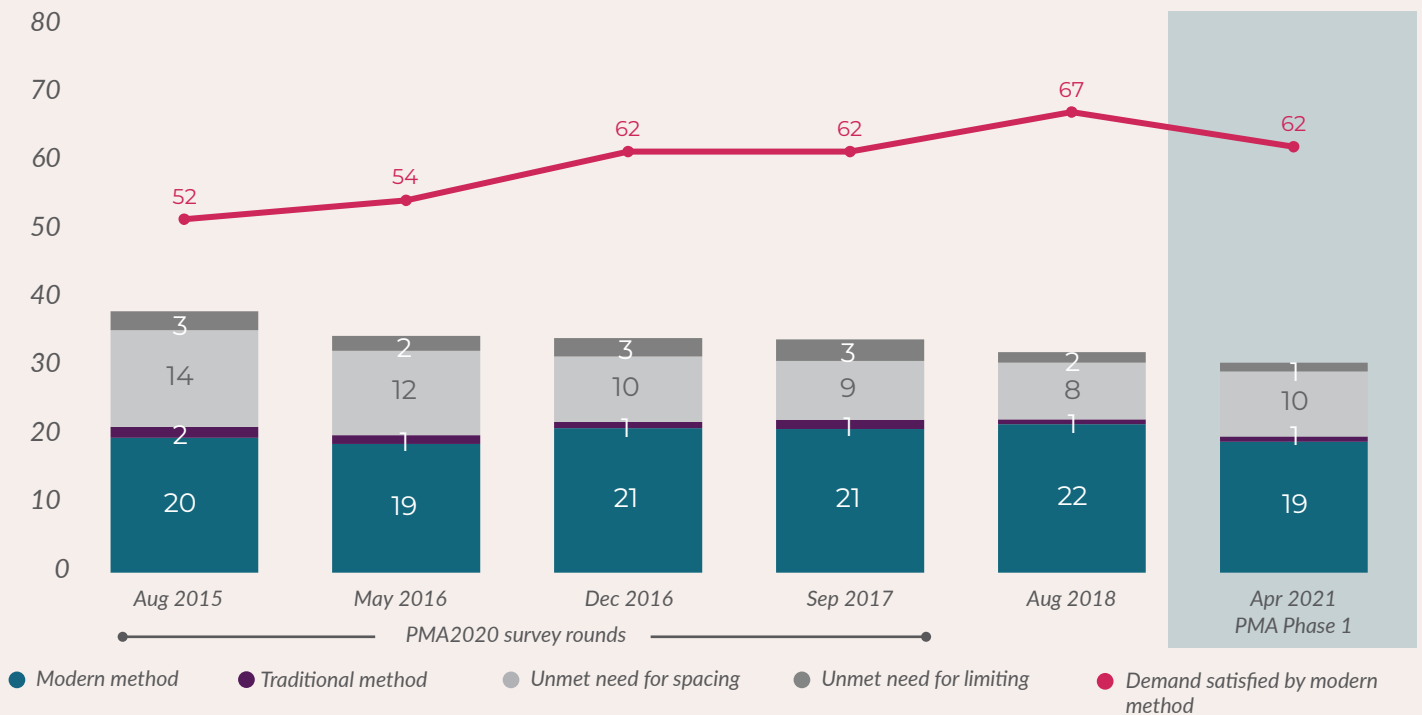
Key for method mix charts:

- 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

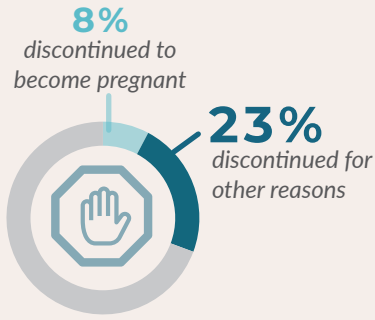
Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 1 n=1,355)



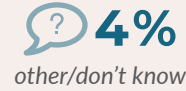
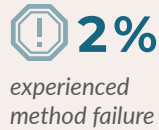
Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.

## 12-MONTH DISCONTINUATION RATE

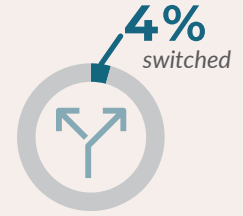
Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=331 episodes)



### Reasons for discontinuation:



### Discontinued but switched methods:

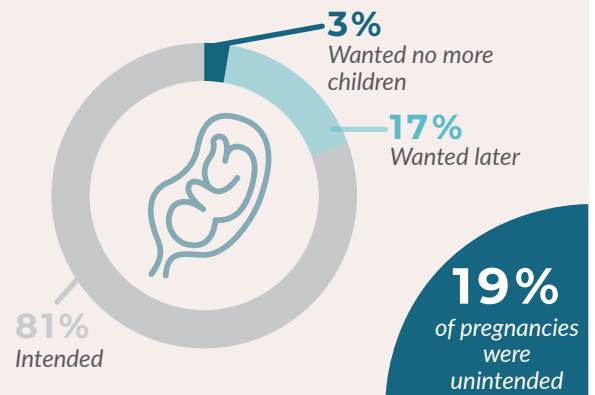


## KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Over the past 12 months, 4% of women in Niamey have changed their contraceptive methods.
- Nearly six in ten modern contraceptive users (58%) use oral contraceptive pills.
- Slightly over eight in ten women (81%) in Niamey reported that their most recent births/current pregnancies were planned.

## INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

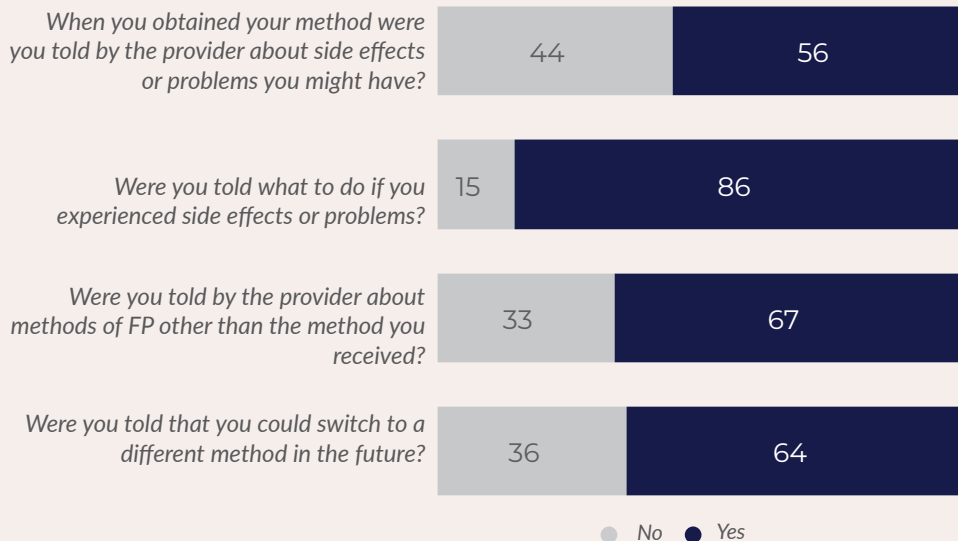
Percent of women by intention of their most recent birth or current pregnancy (n=677)



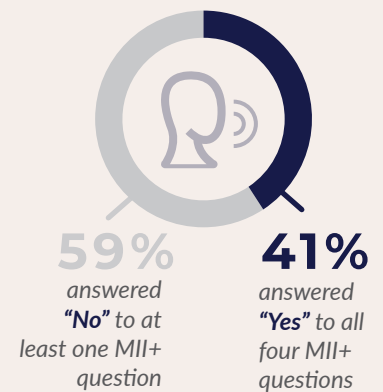
## SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

### 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=259)

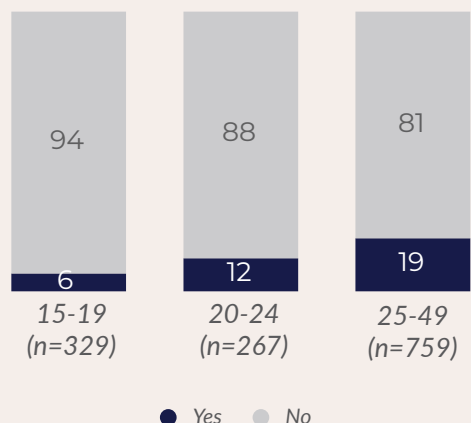


Percent of women who responded "Yes" to all four MII+ questions



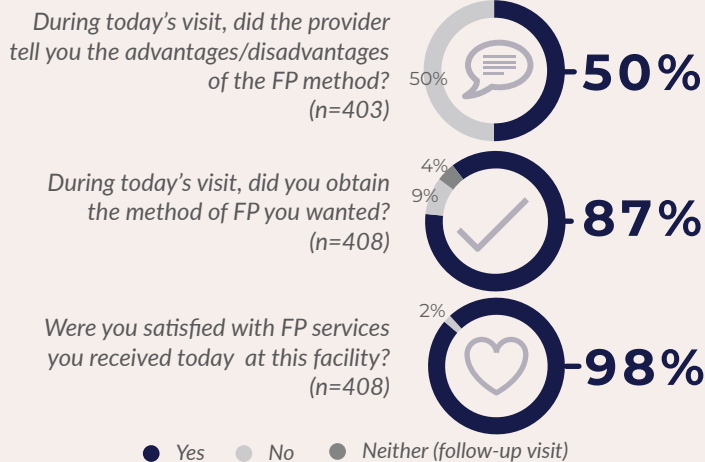
## DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

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



● 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

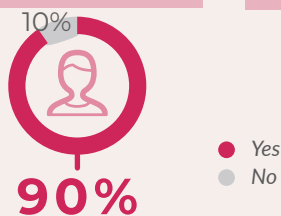
- Nearly two in ten (19%) women aged 25-49 have received information on FP from a health provider or a health worker over the past 12 months.
- Nearly all clients (98%) who completed a client exit interview reported they were satisfied with the FP services they received during their visit.
- Nearly nine in ten clients (87%) who completed the client exit interview reported they received the FP method of their choice during their visit.

## 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=262)

Does your partner know that you are using this method?

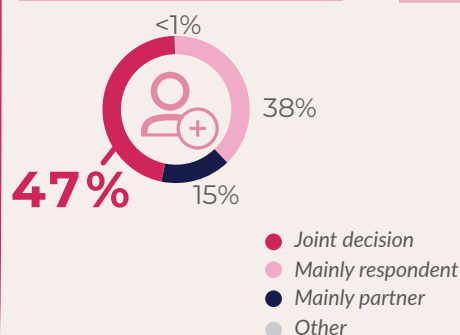


Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?



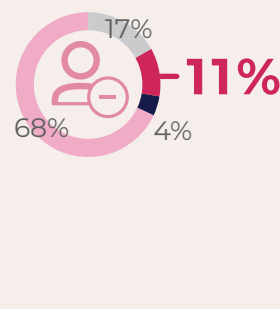
Percent of women who are currently using FP and agree with the following statements (n=274)

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=914)

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

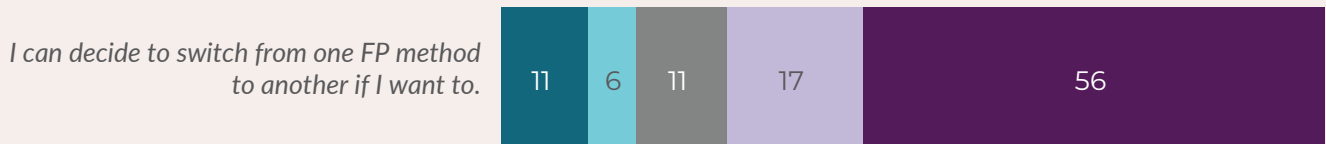
- Nine in ten women (90%) currently using a modern contraceptive method reported that their partners knew of their contraceptive use.
- 87% of these women reported that they discussed the decision to delay or avoid a pregnancy with their partners.
- Nearly five in ten women (47%) currently using a modern contraceptive method reported that the decision to use contraception was made jointly with their partners.

## SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

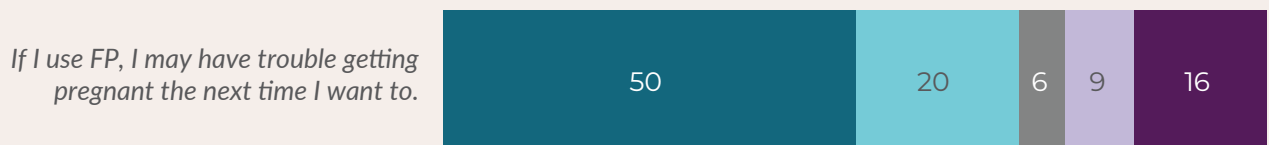
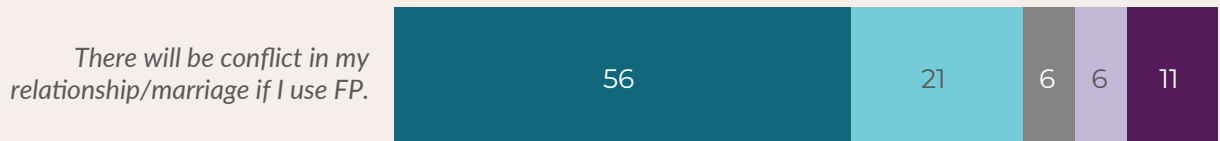
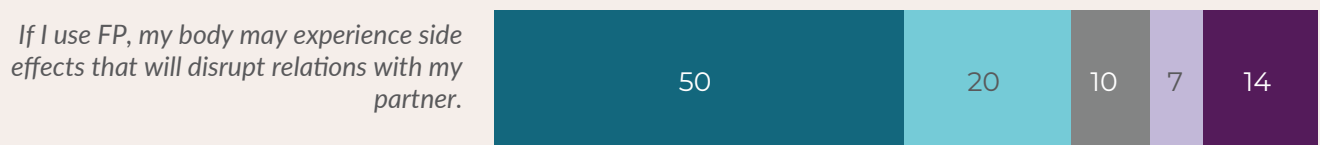
### AGREEMENT WITH CONTRACEPTIVE EMPOWERMENT STATEMENTS

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

#### Exercise of choice (self-efficacy, negotiation) for contraception (n=757)



#### Existence of choice (motivational autonomy) for contraception (n=715)



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

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

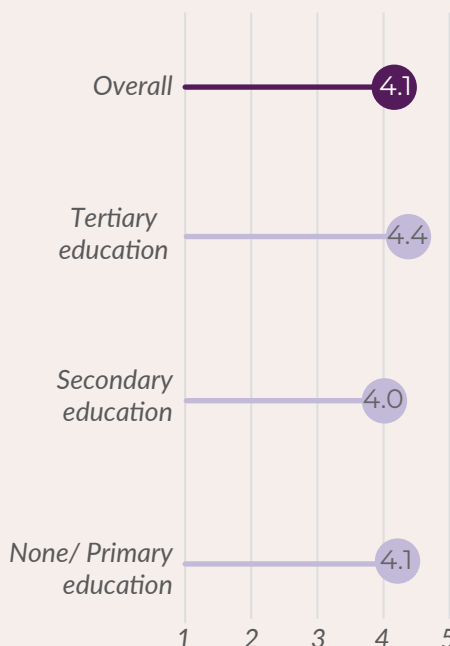
The Women and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, contraception, and sex outcomes in married/in union women.

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

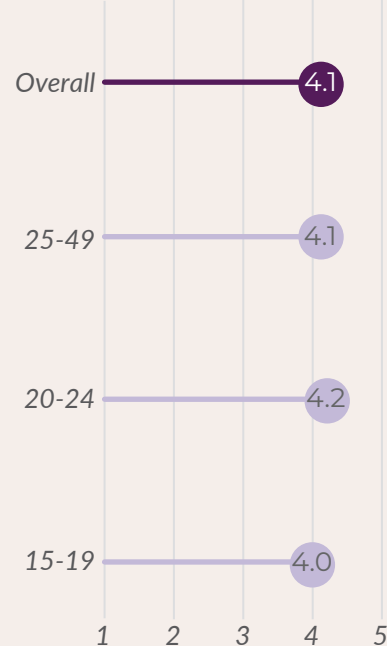
Scores from each contraceptive empowerment domain were summed and divided by number of items per domain (existence of choice=5 items; exercise of choice=3 items). Domains were then combined and equally weighted.

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

Mean WGE score, by education

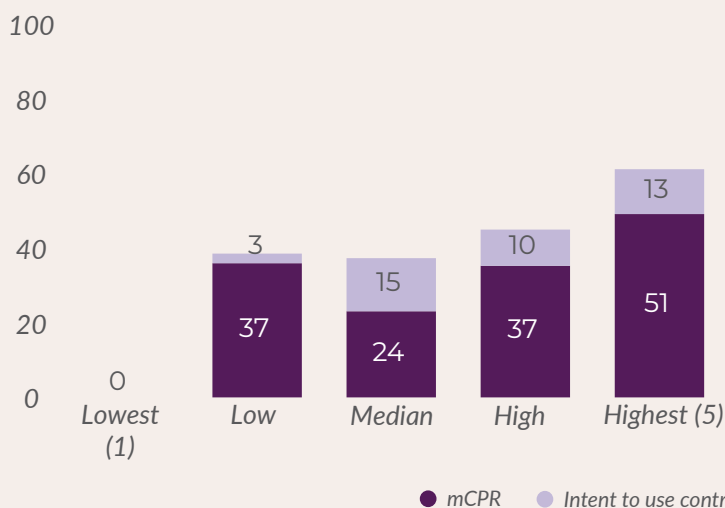


Mean WGE score, by age



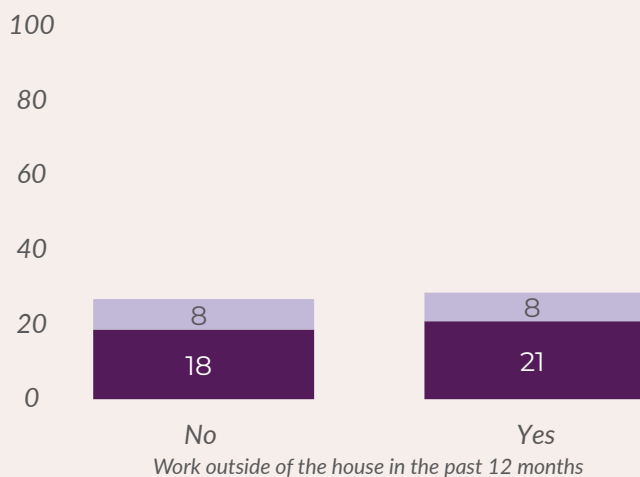
## mCPR and intent to use contraception, by categorical WGE score

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=632)



## 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=1,353)



## KEY FINDINGS FOR SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

- 56% of married women reported that they felt free to change their family planning method whenever they wanted.
- Seven in ten women (70%) disagree (including 50% who strongly disagree) that if they used a FP method, they would have trouble getting pregnant when they wanted to.
- The average empowerment index is practically the same regardless of age, at around 4.1.

## SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

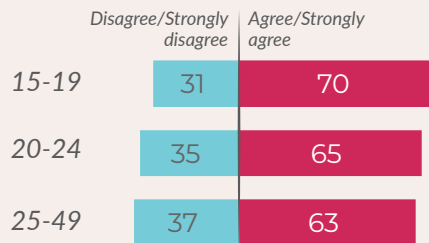
### PERSONAL ATTITUDES

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

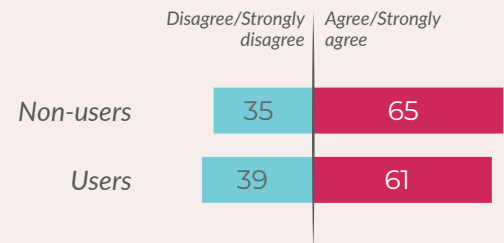
**Adolescents who use FP are promiscuous.**

(n=1,273)

#### By age



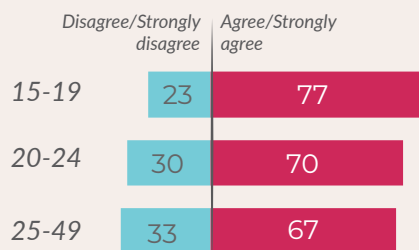
#### By contraceptive use status



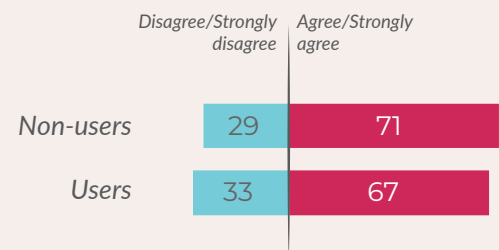
**FP is only for married women.**

(n=1,297)

#### By age



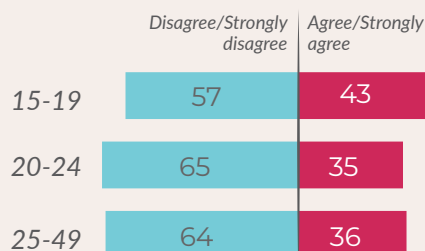
#### By contraceptive use status



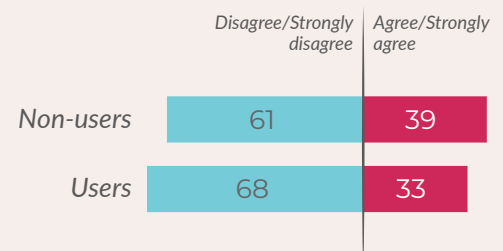
**FP is only for women who don't want any more children.**

(n=1,275)

#### By age



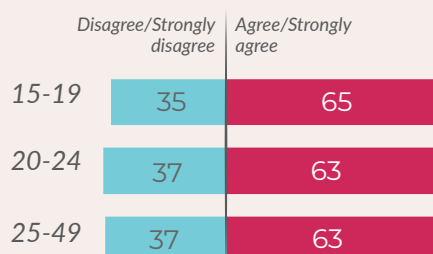
#### By contraceptive use status



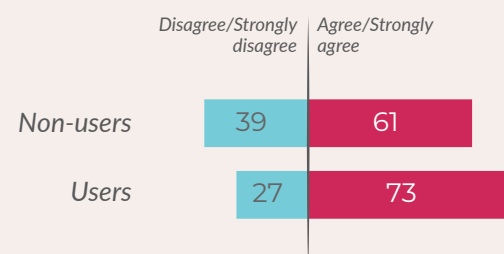
**People who use FP have a better quality of life.**

(n=1,266)

#### By age



#### By contraceptive use status



## KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- 61% of modern contraceptive users agree or strongly agree that adolescents who use family planning (FP) are promiscuous.
- Nearly eight in ten adolescents aged 15-19 (77%) believe that FP should only be for married women.
- 73% of FP users agree or strongly agree that people using FP have a better quality of life.

## SECTION 6: REPRODUCTIVE TIMELINE

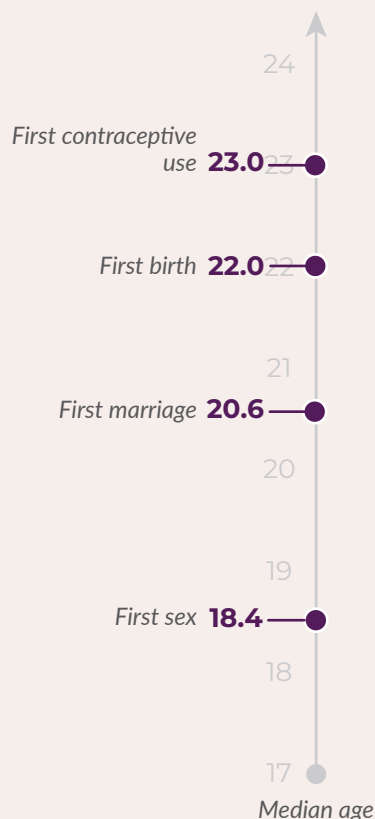
### REPRODUCTIVE TIMELINE

Median age at reproductive events

#### Women in Niamey



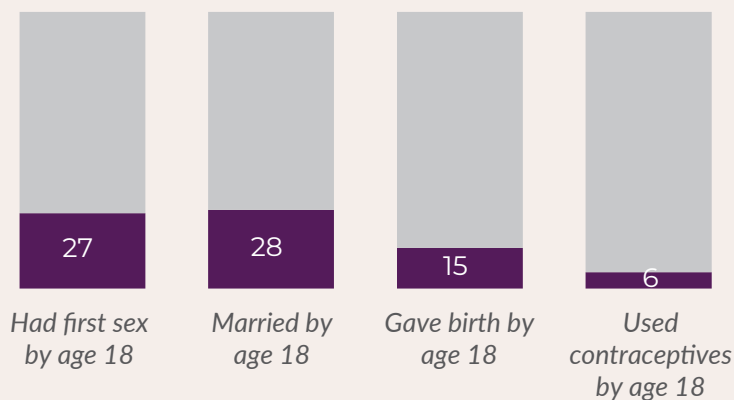
1.7 average children at first use



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=386)



### KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

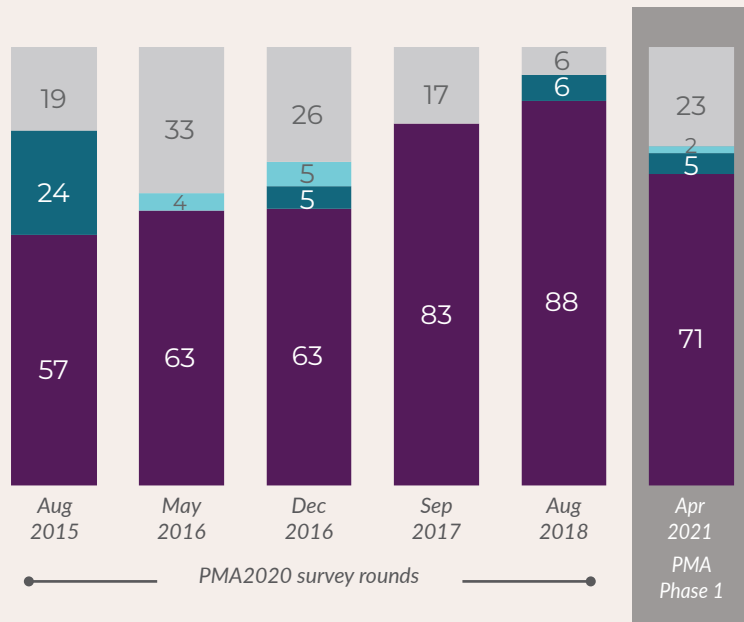
- In Niamey, women's median age at first sex is 18.4 years old.
- Nearly three in ten women (28%) aged 18-24 got married before they turned 18.
- 15% of women aged 18-24 in Niamey gave birth before they turned 18.



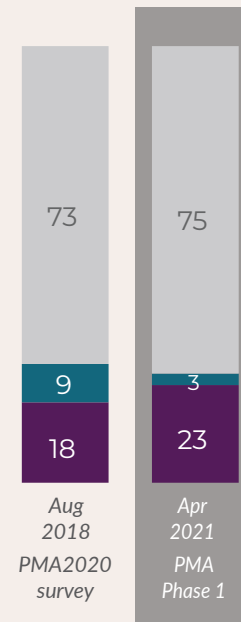
# SECTION 7: SERVICE DELIVERY POINTS

## TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 1 n=62)



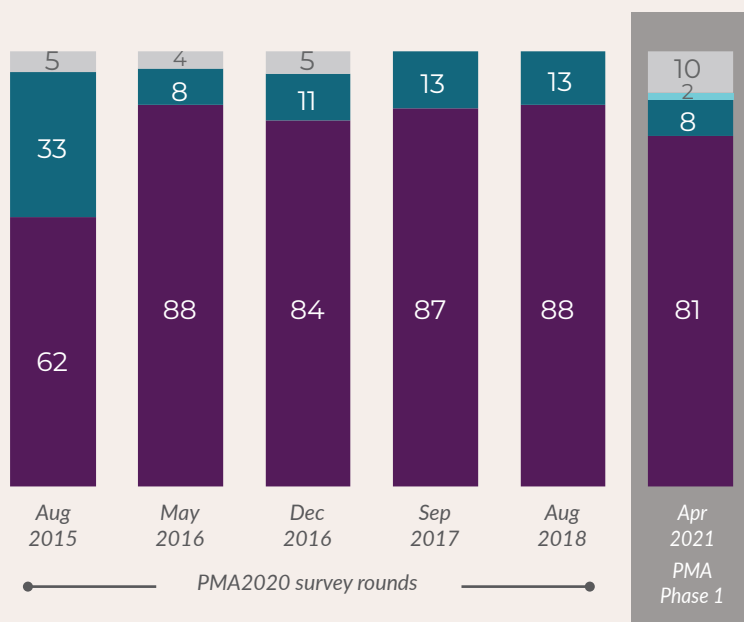
Private facilities (PMA Phase 1 n=40)



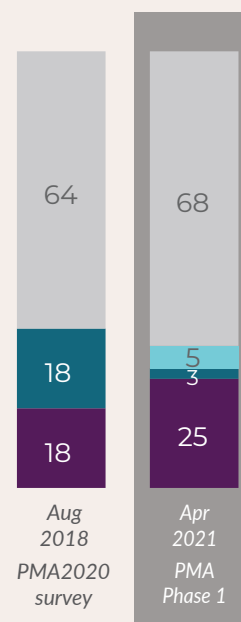
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

## TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 1 n=62)



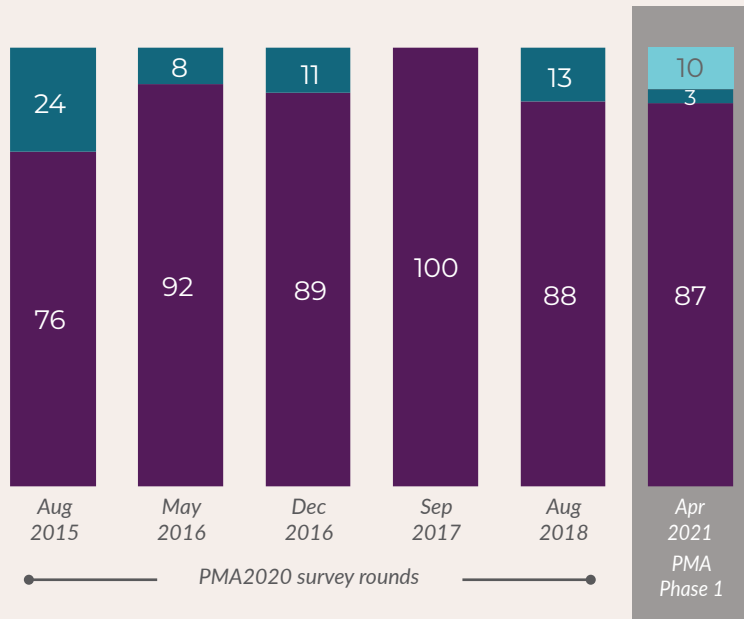
Private facilities (PMA Phase 1 n=40)



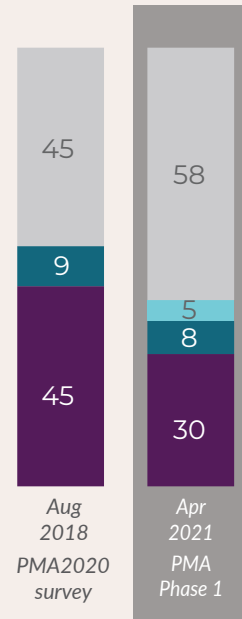
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

## TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 1 n=62)



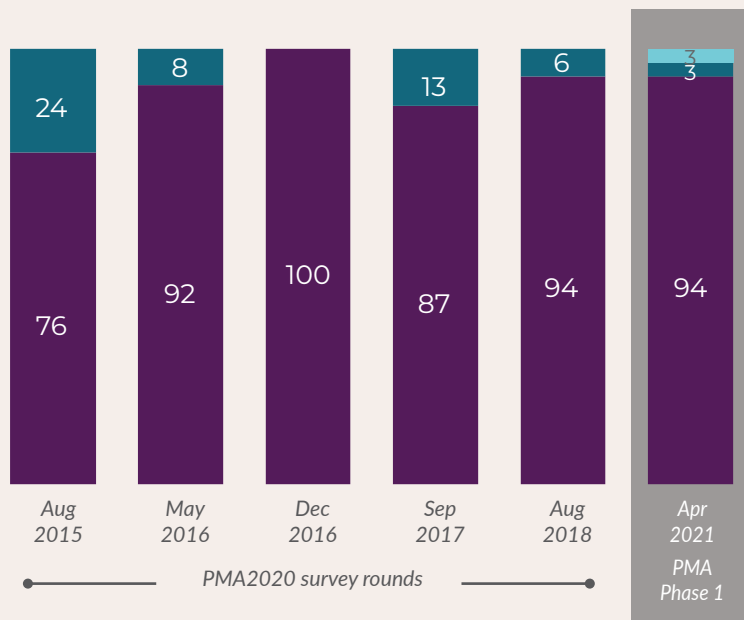
Private facilities (PMA Phase 1 n=40)



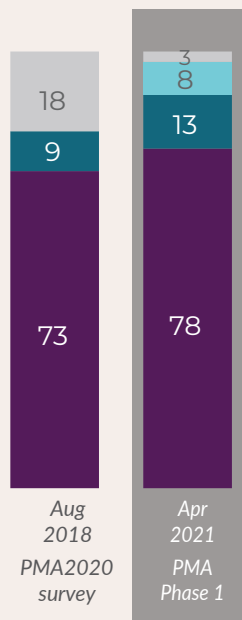
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

## TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 1 n=62)



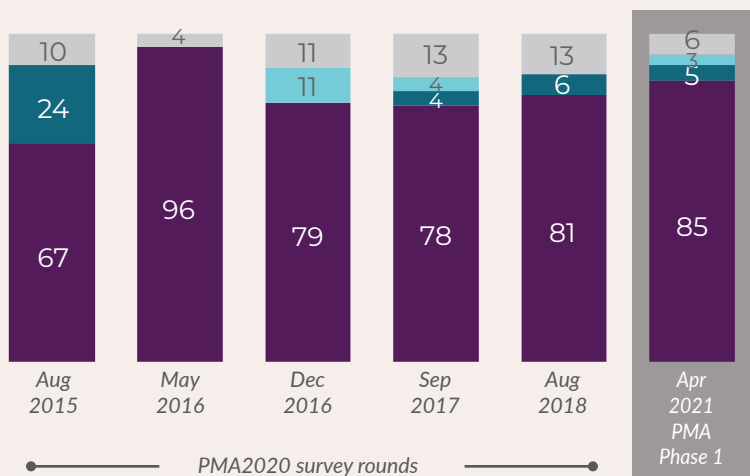
Private facilities (PMA Phase 1 n=40)



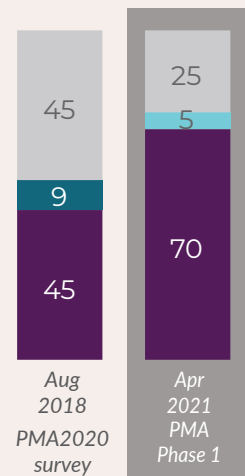
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

# TRENDS IN METHOD AVAILABILITY: MALE CONDOM

Public facilities (PMA Phase 1 n=62)



Private facilities (PMA Phase 1 n=40)

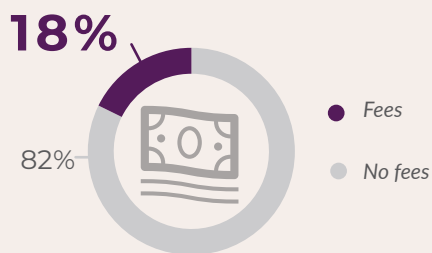


● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

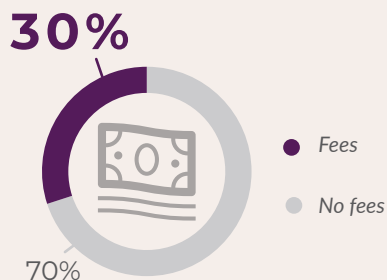
## FEES FOR SERVICES

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=62)

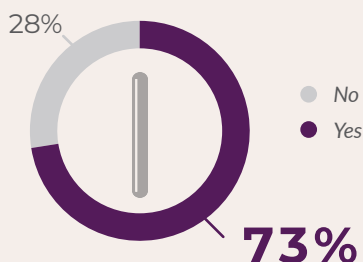


Private facilities (n=40)

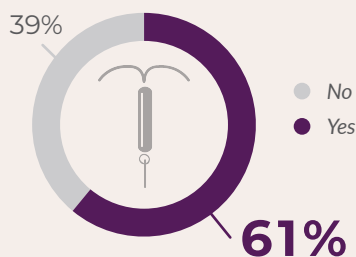


## FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=69)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=59)



**82%**

of women obtained their current modern method from a public facility (n=260)

## KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- Over seven in ten health facilities (73%) providing implants have a trained provider and the necessary equipment/supplies for implant insertion/removal.
- 61% of health facilities providing the IUD have a trained provider and the necessary equipment/supplies for IUD insertion/removal.
- Over eight in ten modern contraceptive users (82%) in Niamey received their method from a public health facility.

## 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          | Jul-Aug 2015       | 1,336         | 21.37 | 1.63 | 18.24  | 24.88 | 19.75 | 1.55 | 16.78  | 23.10 | 16.90                          | 1.70 | 13.70  | 20.66 |
| PMA 2020    | R2          | Fev-May 2016       | 1,276         | 20.09 | 1.60 | 17.03  | 23.54 | 18.82 | 1.62 | 15.75  | 22.33 | 14.48                          | 1.54 | 11.64  | 17.89 |
| PMA 2020    | R3          | Nov-Dec 2016       | 1,398         | 22.01 | 1.89 | 18.39  | 26.10 | 21.10 | 1.90 | 17.47  | 25.26 | 12.29                          | 1.18 | 10.08  | 14.90 |
| PMA 2020    | R4          | June-Sep 2017      | 1,341         | 22.31 | 1.46 | 19.48  | 25.42 | 21.02 | 1.46 | 18.20  | 24.14 | 11.86                          | 1.14 | 9.72   | 14.39 |
| PMA 2020    | R5          | Jul-Aug 2018       | 1,281         | 22.36 | 1.46 | 19.52  | 25.47 | 21.67 | 1.37 | 19.00  | 24.60 | 9.84                           | 1.18 | 7.68   | 12.52 |
| PMA         | Phase 1     | Dec 2020 -Apr 2021 | 1,355         | 19.95 | 1.30 | 17.43  | 22.74 | 19.12 | 1.21 | 16.78  | 21.70 | 10.80                          | 1.21 | 8.56   | 13.52 |

| 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          | Jul-Aug 2015       | 894           | 30.96 | 2.08 | 26.89  | 35.36 | 28.63 | 2.05 | 24.64  | 32.99 | 24.43                          | 2.33 | 19.99  | 29.49 |
| PMA 2020       | R2          | Fev-May 2016       | 812           | 29.77 | 2.22 | 25.45  | 34.47 | 27.77 | 2.21 | 23.51  | 32.47 | 21.20                          | 2.22 | 17.03  | 26.07 |
| PMA 2020       | R3          | Nov-Dec 2016       | 911           | 32.69 | 2.71 | 27.40  | 38.46 | 31.48 | 2.73 | 26.19  | 37.30 | 17.24                          | 1.74 | 13.96  | 21.09 |
| PMA 2020       | R4          | June-Sep 2017      | 828           | 34.20 | 2.09 | 30.08  | 38.57 | 32.14 | 2.18 | 27.87  | 36.73 | 18.26                          | 1.58 | 15.25  | 21.70 |
| PMA 2020       | R5          | Jul-Aug 2018       | 793           | 33.09 | 2.04 | 29.06  | 37.39 | 32.00 | 1.93 | 28.19  | 36.07 | 15.37                          | 1.75 | 12.14  | 19.29 |
| PMA            | Phase 1     | Dec 2020 -Apr 2021 | 789           | 31.57 | 2.24 | 27.19  | 36.30 | 30.18 | 2.04 | 26.20  | 34.47 | 17.46                          | 1.64 | 14.36  | 21.05 |

PMA Niger (Niamey) collects information on knowledge, practice, and coverage of family planning services in 33 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](http://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.