



# PMA NIGERIA (KANO)

Results from Phase 3 cross-sectional survey

December 2021-January 2022

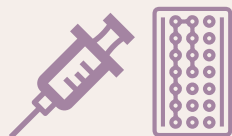
## OVERALL KEY FINDINGS



Modern contraceptive prevalence rate for all women has had an average increase of **1.4%** per year since 2016, while the largest increase was recorded between February 2021 and January 2022.



**13%** of all women aged 15-49 who are not currently using contraception intend to use a method in the next 12 months.



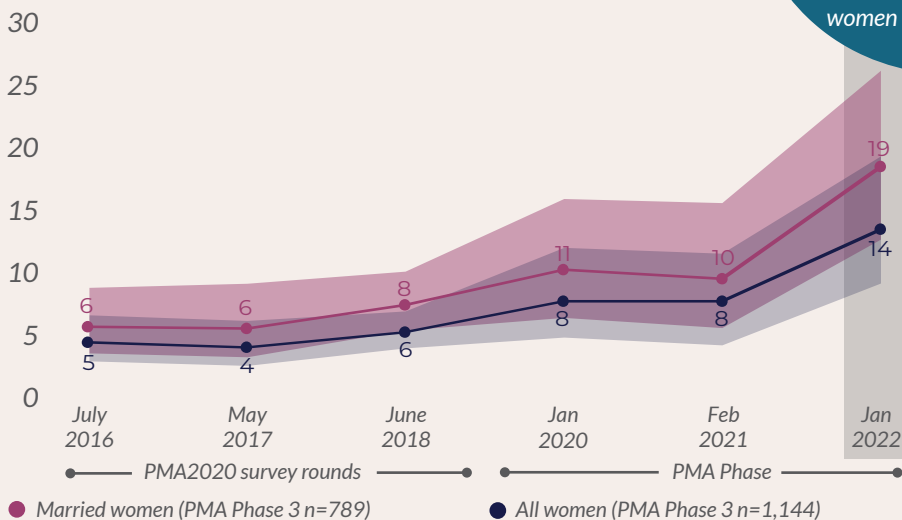
Availability of injectables and pills at private facilities sharply increased between January 2020 and January 2022 with more facilities reporting no stockout in the last 3 months.

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

### MODERN CONTRACEPTIVE PREVALENCE

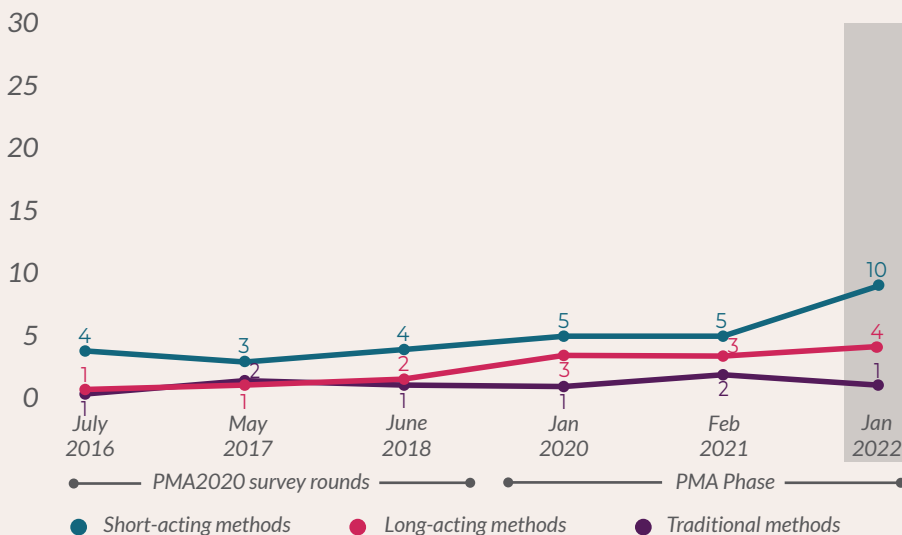
Percent of all women age 15-49 currently using modern contraception (mCPR) by marital status

**1.4%**  
average annual increase in mCPR for all women



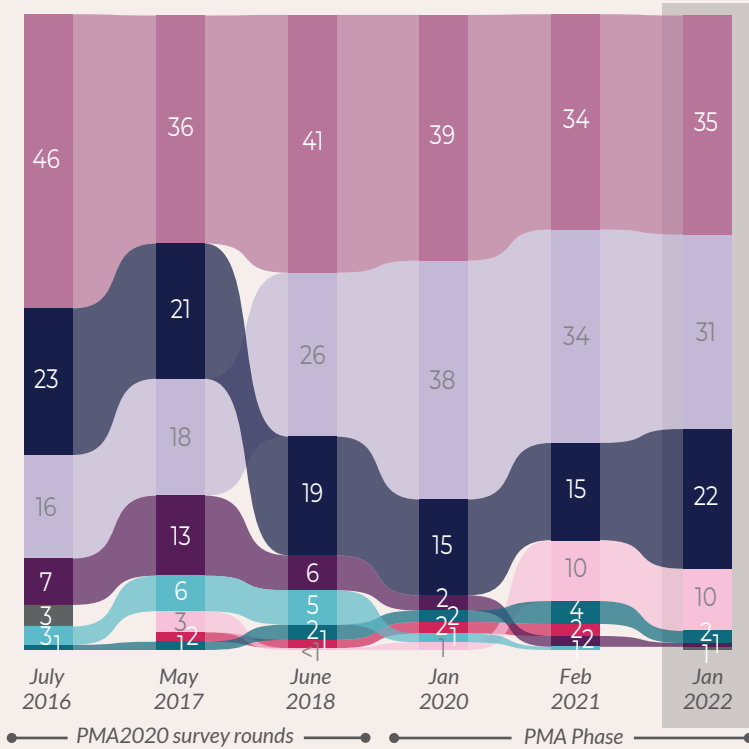
### CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 3 n=1,144)



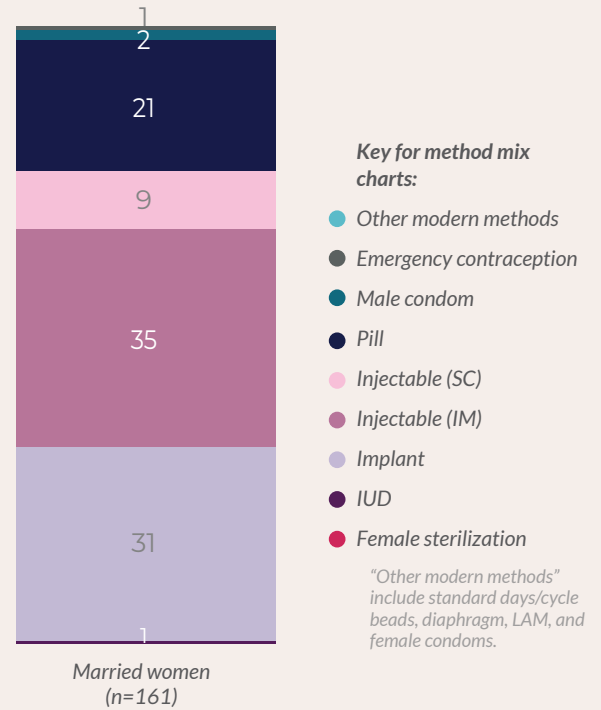
## TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 3 n=166)



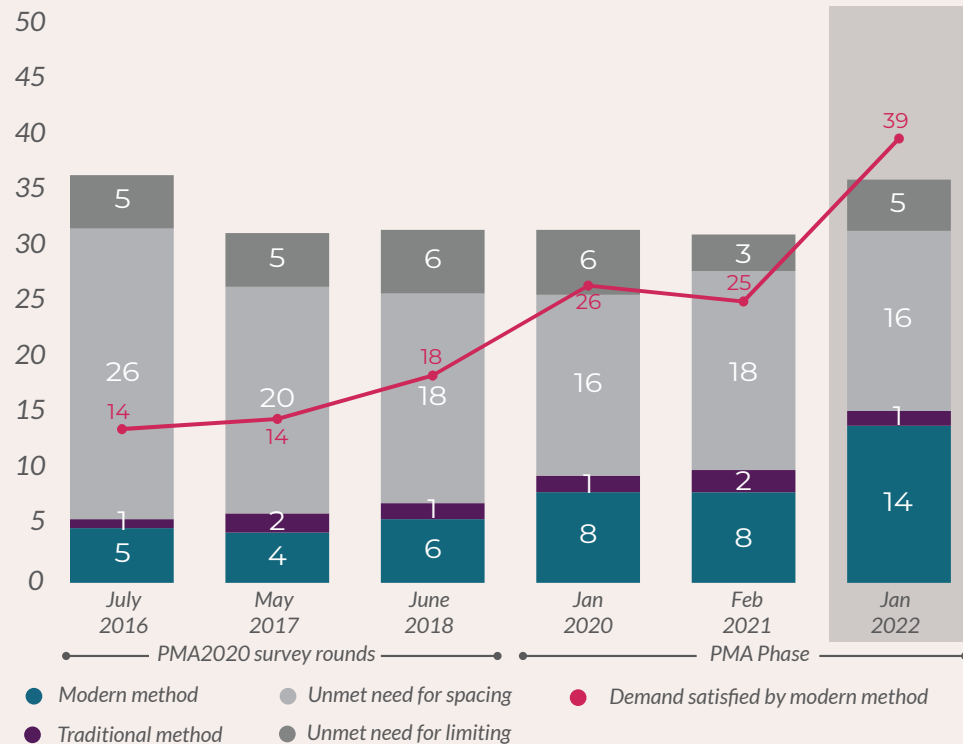
## MODERN CONTRACEPTIVE METHOD MIX

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



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

Percent of all women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 3 n=1,144)



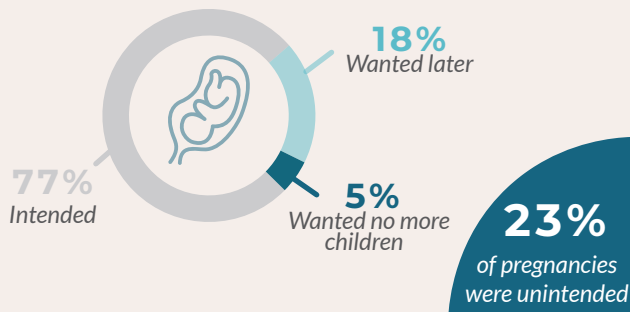
## INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=845)



## INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=638)



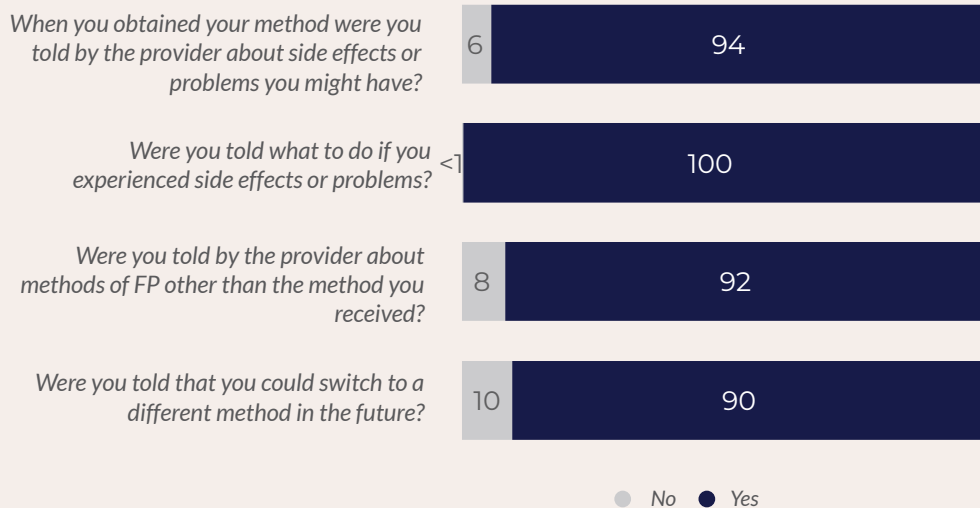
## KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Modern contraceptive prevalence rate for all women has had an average increase of 1.4% per year since 2016, while the largest increase was recorded between February 2021 and January 2022.
- 13% of all women aged 15-49 who are not currently using contraception intend to use a method in the next 12 months.
- 23% of women reported their most recent pregnancies were unintended, while 5% of women who gave birth in the last five years or who are currently pregnant wanted no more children.

## SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

### 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=166)

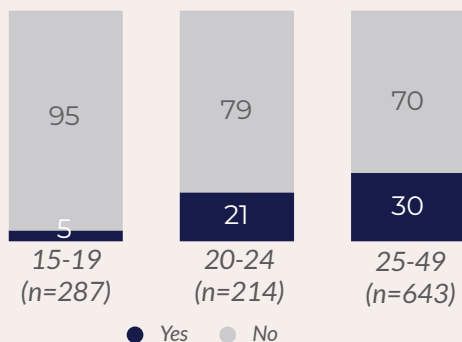


Percent of women who responded "Yes" to all four MII+ questions



### 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



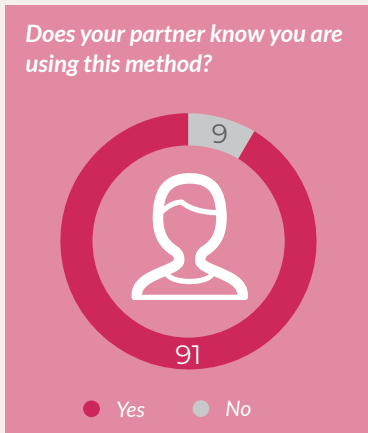
### KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- 6% of users were not told about side effects or problems they might have when they obtained a method; 8% were not told about methods of FP other than the method they received, while 10% were not told that they could switch to a different method in the future.
- Women aged 25-49 are 6 times more likely to have discussed FP with a provider or community health worker in the past year than adolescents 15-19.

## 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 statement, by age and education (n=158)



#### By age



#### By education



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

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=158)



#### By age

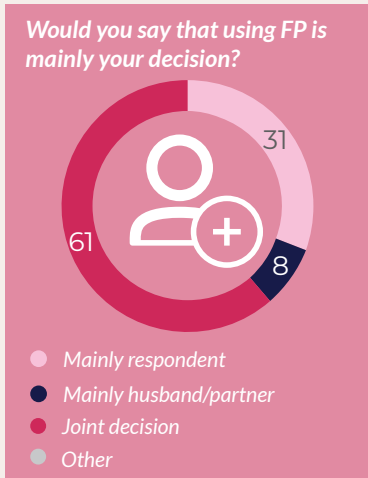


#### By education



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

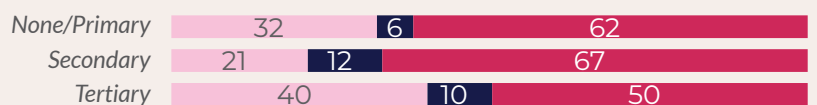
Percent of women who are currently using FP and agree with the following statement, by age and education (n=178)



#### By age

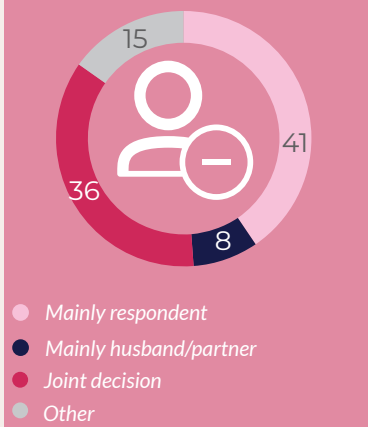


#### By education

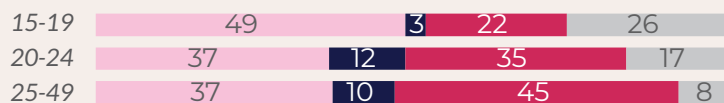


Percent of women who are not currently using FP and agree with the following statement, by age and education (n=841)

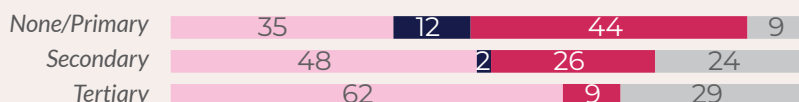
Would you say that not using FP is mainly your decision?



**By age**

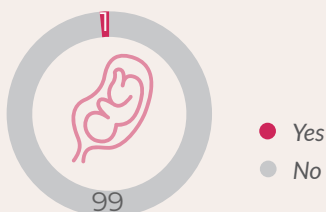


**By education**

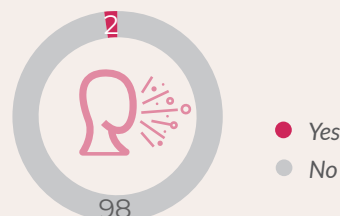


**PREGNANCY COERCION**

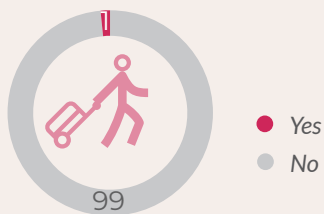
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=788)



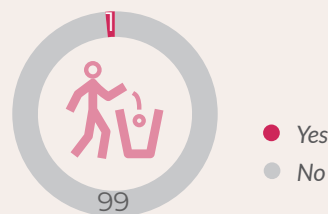
Percent of currently married women who report that their partner made them feel badly for wanting to use an FP method to delay or prevent pregnancy in the past 12 months (n=787)



Percent of currently married women who report that their partner said he would leave them if they did not get pregnant in the past 12 months (n=788)



Percent of currently married women who report that their partner took away their FP method or kept them from a clinic in the past 12 months (n=785)



**KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS**

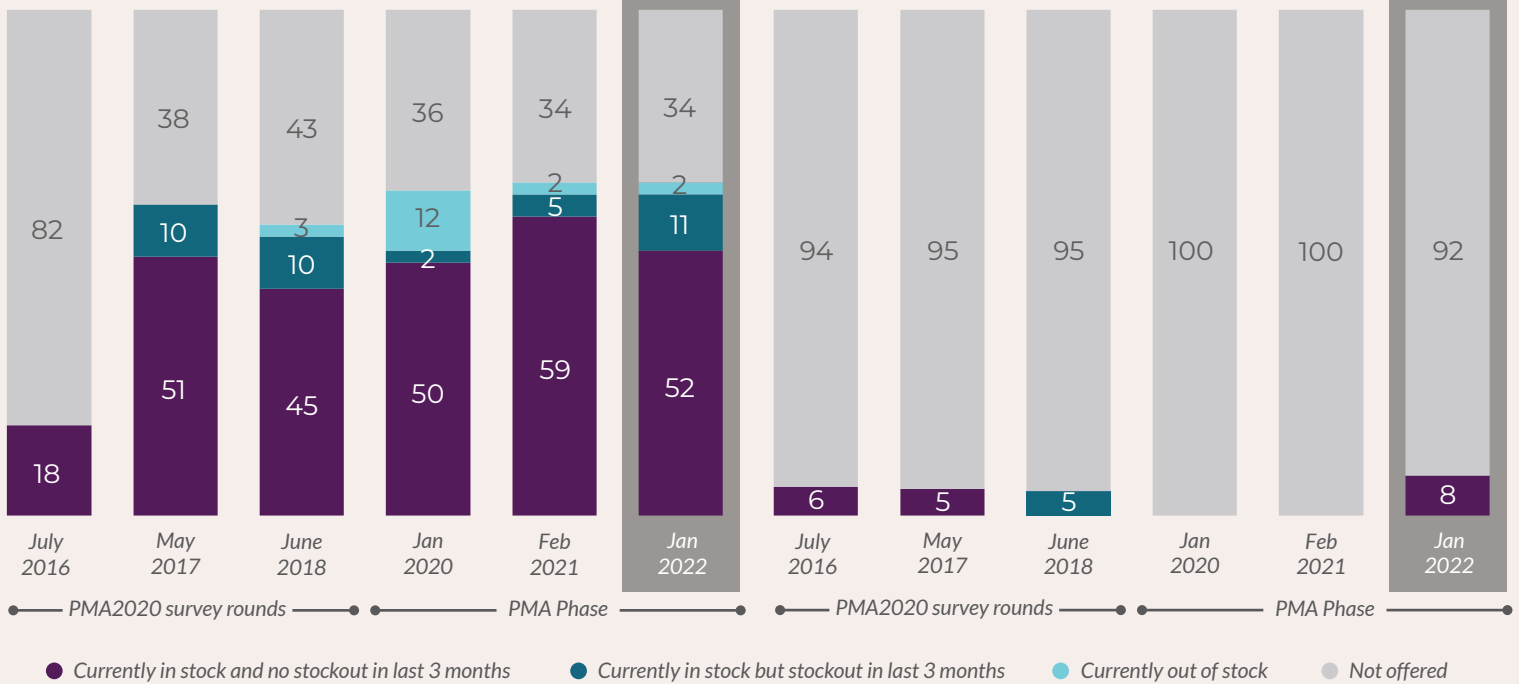
- 9% of women currently using modern, female controlled methods have not told their partner that they are using a method.
- 13% of women currently using modern, female controlled methods did not discuss the decision to delay or avoid pregnancy with their partner before they started using a method.
- The decision to use FP is a joint decision for 61% of women, while the decision not to use FP is a joint decision for 36% of women.

# SECTION 4: SERVICE DELIVERY POINTS

## TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 3 n=44)

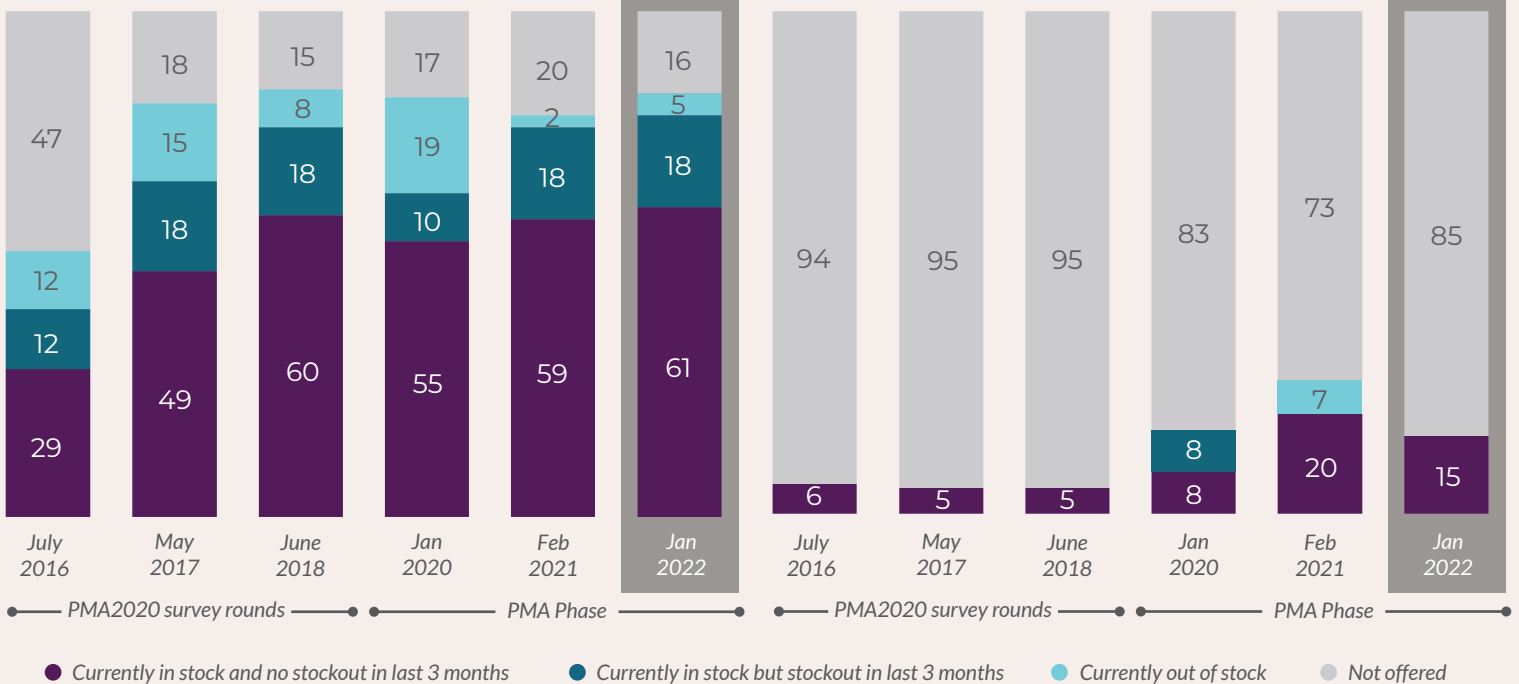
Private facilities (PMA Phase 3 n=13)



## TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 3 n=44)

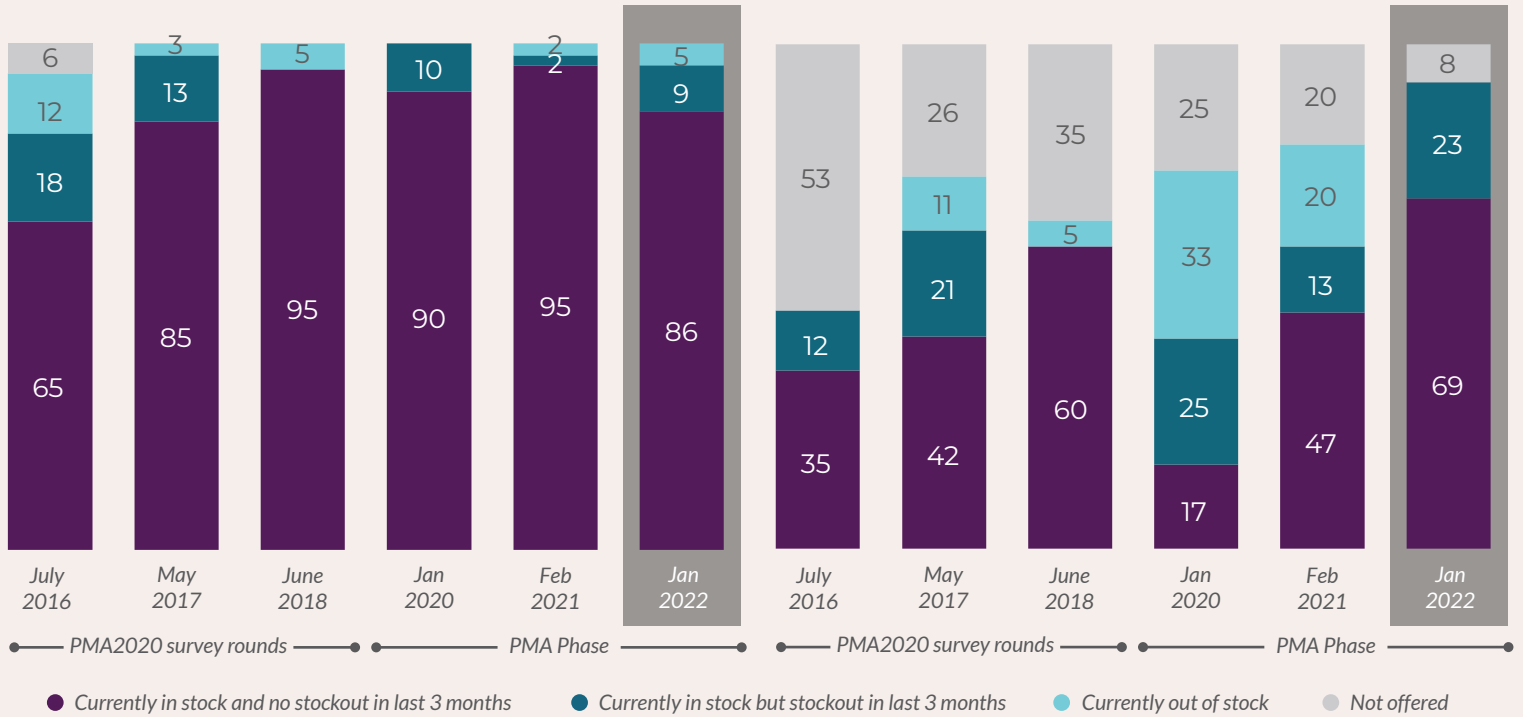
Private facilities (PMA Phase 3 n=13)



## TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 3 n=44)

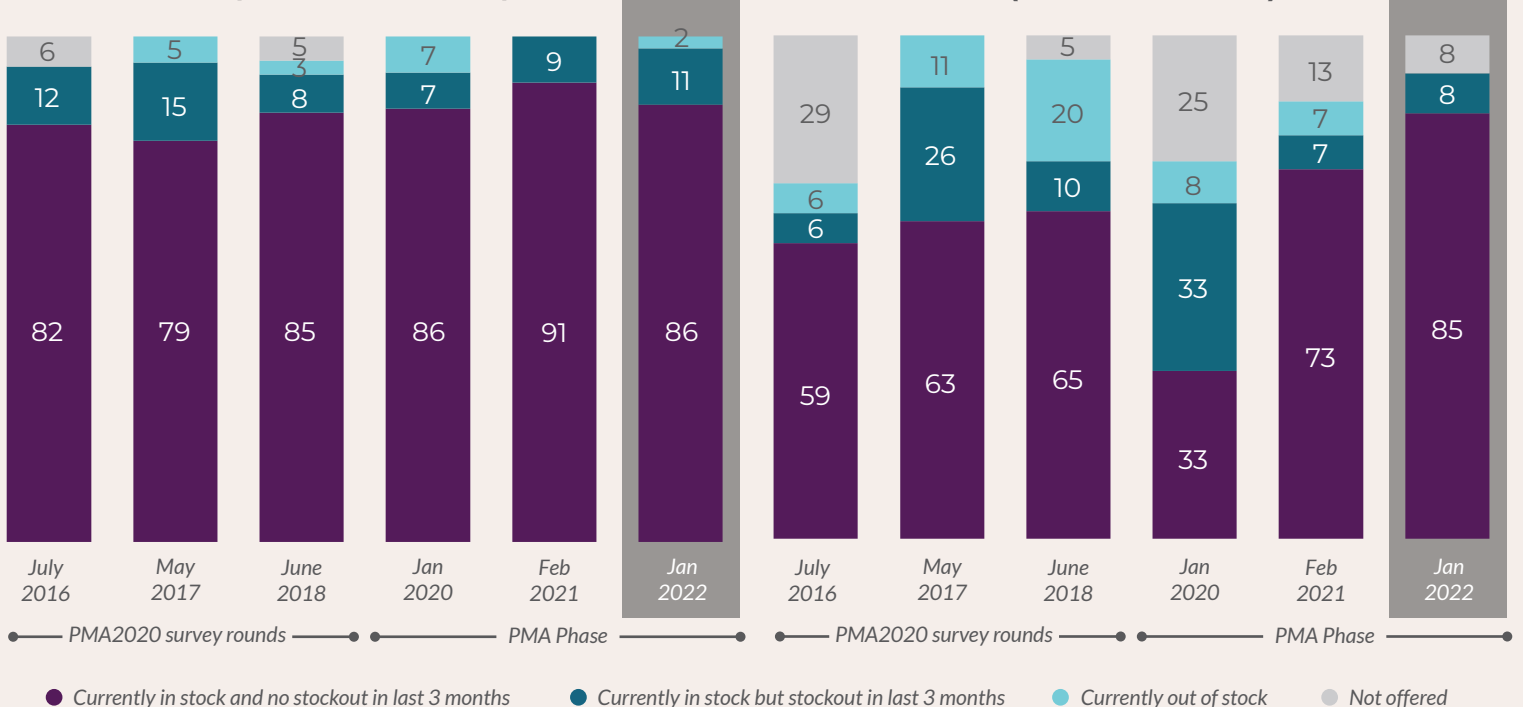
Private facilities (PMA Phase 3 n=13)



## TRENDS IN METHOD AVAILABILITY: PILLS

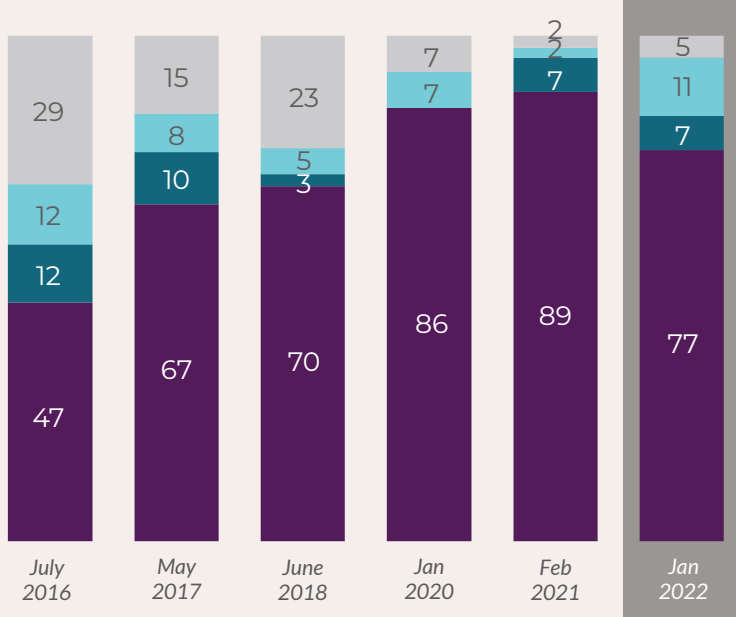
Public facilities (PMA Phase 3 n=44)

Private facilities (PMA Phase 3 n=13)

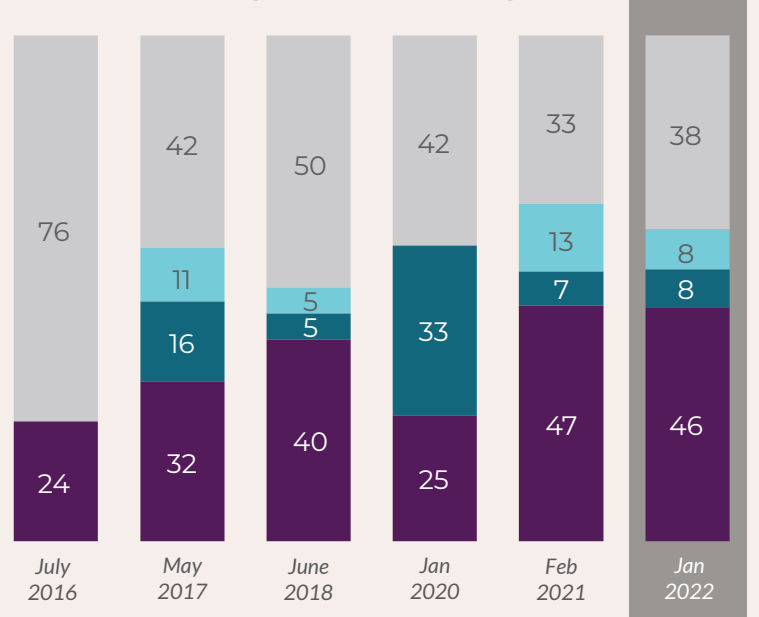


## TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 3 n=44)



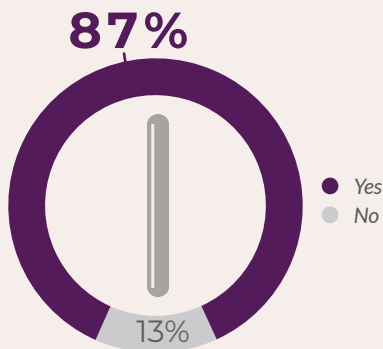
Private facilities (PMA Phase 3 n=13)



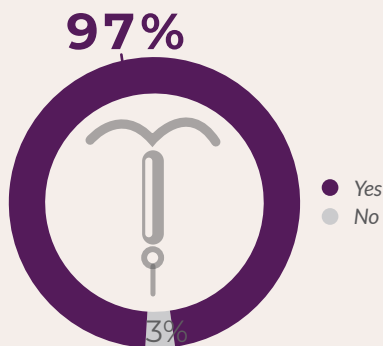
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

## FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=39)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=30)



## MAIN REASON FOR EPISODES OF STOCKOUT OF ANY METHOD

Public facilities (n=32 episodes)

 **50%**  
Ordered but did not receive shipment

 **34%**  
Did not place order for shipment

Possible answers were "Did not place order for shipment", "Ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", "Stock out due to COVID-19 disruption", and "Other."

**79%** of women obtained their current modern method from a public health facility (n=166)

## KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS

- Availability of injectables and pills at private facilities sharply increased between January 2020 and January 2022 with more facilities reporting no stockout in the last 3 months.
- 13% of facilities that provide implants and 3% that provide IUDs do not have trained providers and instruments/supplies needed for their insertion and removal.
- Placement of order without receiving shipment was the main reason for stockout for 50% of the episodes of stockout of any method in public facilities, while 34% of stockout episodes resulted from no order placed for shipment.



## 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	8.00	4.85	0.88	3.35	6.98	30.22	3.20	24.16	37.06
PMA 2020	R2	Apr-May 2017	1,760	6.17	1.09	4.30	8.77	4.45	0.86	3.00	6.54	24.63	2.40	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	19.80	28.79
PMA	Phase 1	Dec 2019-Jan 2020	1,122	9.38	2.00	6.01	14.35	8.08	1.69	5.22	12.30	21.60	2.96	16.13	28.31
PMA	Phase 2	Dec 2020-Feb 2021	1,136	9.56	2.15	5.97	14.96	7.45	1.72	4.61	11.83	20.66	3.86	13.84	29.67
PMA	Phase 3	Dec 2021-Jan 2022	1,144	15.01	2.49	10.57	20.86	13.75	2.42	9.49	19.51	20.24	4.26	12.89	30.33

### 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	1.40	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	12.28	2.70	7.73	18.95	10.57	2.25	6.77	16.14	27.74	3.71	20.78	35.97
PMA	Phase 2	Dec 2020-Feb 2021	818	12.68	2.96	7.76	20.05	9.86	2.35	5.98	15.82	27.28	5.24	17.94	39.16
PMA	Phase 3	Dec 2021-Jan 2022	789	20.45	3.40	14.34	28.30	18.70	3.24	12.94	26.25	28.06	5.88	17.71	41.40

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. Phase 3 data were collected between December 2021 and January 2022 from 834 households (99.5% response rate), 1144 females age 15-49 (98.9% response rate), and 64 facilities (94.1% completion rate). For sampling information and full data sets, visit [www.pmadata.org/countries/nigeria](http://www.pmadata.org/countries/nigeria).

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 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.