## PMA NIGERIA (LAGOS)

Results from COVID-19 phone survey

July 2020

## OVERALL KEY FINDINGS

- More educated women were more likely than their less educated counterparts to report that they knew the phone number for the COVID-19 call center.
- Preventive measures were widely practiced, but $\mathbf{8}$ in $\mathbf{1 0}$ women were very concerned about getting COVID-19.
- One in $\mathbf{3}$ women reported complete loss of household income since COVID-19 restrictions took effect, and 9 in $\mathbf{1 0}$ currently married women said they had become more economically reliant on their husbands since the onset of the COVID-19 restrictions.
- Among those who needed to visit a health facility, $\mathbf{4 5 \%}$ had difficulty accessing due to COVID-19 related restrictions.


## SECTION 1: KNOWLEDGE AND USE OF COVID-19 CALL CENTERS

## HEARD OF COVID-19 CALL CENTER

Percentage of women who have heard of a COVID-19-related call center, by education $(n=954)$


## TRUST THE COVID-19 CALL CENTER

Percent of respondents who trust the emergency/call center number ( $n=799$ )


KEY FINDINGS FOR SECTION 1: KNOWLEDGE AND USE OF COVID-19 CALL CENTERS

- Women with tertiary education were more likely than their less educated counterparts to have heard of a COVID-19 related call centre, and to know the phone number.
- One in four women did not trust the COVID-19 call centre for accurate information. - Only 3\% of all women who had heard of the call centre tried calling the number, and this did not appear to vary by age.


## HAVE TRIED TO CALL THE COVID-19 CALL CENTER

Among the women who have heard of the COVID-19 call center, percentage who tried calling the number, by age $(n=825)$



CONCERN ABOUT COVID-19
Percentage of women who are concerned about getting COVID-19, by education ( $n=952$ )


- Not concerned
Concerned
A little concerned
- Very concerned
Currently/previously infected with coronavirus


## SOCIAL DISTANCING

Percentage of women who are able to avoid contact outside of the household, by age $(n=952)$


## ACTIONS TAKEN TO AVOID COVID-19

Among the percentage of women who have taken preventative action to avoid COVID-19, the percentage taking each action (multiple responses allowed) ( $n=945$ )


## UNABLE TO SOCIAL DISTANCE

Among the percentage of women who are unable to avoid contact with people outside their household, the percentage reporting each reason (multiple responses allowed) ( $n=393$ )


## KEV FINDINGS FOR SECTION 2: CONCERN ABOUT COVID-19 AND PREVENTION MEASURES

- Eight in 10 women were very concerned about getting COVID-19, but practice of at least one recommended preventive measure was universally reported.
- Older women were less likely than their younger counterparts to say they were able to practice social distancing. The most common reason was the need to go to the market.


## SECTION 3: PREGNANCY ATTITUDES

PREGNANCY ATTITUDES
Percentage of non-pregnant women who changed their attitude toward pregnancy between Phase 1 and the COVID-19 phone survey ( $n=817$ )


Percentage of non-pregnant women who have changed their mind about wanting to become pregnant because of COVID-19 concerns, by age $(n=911)$


## KEY FINDINGS FOR SECTION 3: PREGNANCY ATTITUDES

- There was a 3\% increase in women who said they would be happy if they found out they were pregnant at that time, comparing before and after the onset of the COVID-19 pandemic.
- Eight percent of non-pregnant women 25-34 years, compared with 6\% of all non-pregnant women 15-49 years reported they had changed their minds regarding pregnancy as a result of COVID-19.

FERTILITY INTENTIONS
Percentage of women whose desire for more children changed between Phase 1 and the COVID-19 phone survey ( $n=924$ )


Percentage of women whose desire for more children changed between Phase 1 and the COVID-19 phone survey, by age ( $n=924$ )


## KEY FINDINGS FOR SECTION 4: FERTILITY INTENTIONS

- There was a $2 \%$ increase in women who said they wanted more children within 2 years, comparing after the onset of the COVID-19 pandemic to baseline interviews 6 months earlier.
- Twenty six percent of women reported a change in desire for more children. This was most common among women 25-34 years, compared to those 35-49 and 15-24 years.


## CHANGE IN CONTRACEPTIVE USE STATUS

Percentage of women who changed contraceptive method type or use status between the Phase 1 and the COVID-19 phone survey ( $n=894$ )


Percentage of women who changed contraceptive use status (user to non-user or vice versa) between the Phase 1 and the COVID-19 phone survey, by age ( $n=894$ )

|  |  | Yes |
| :---: | :---: | :---: |
| Total | 69 | 31 |
| 35-49 | 65 | 36 |
| 25-34 | 64 | 36 |
| 15-24 | 80 | 20 |
| rentage <br> status b <br> ( $n=894$ ) | d contrace d the COV | hod type one surv |



## KEY FINDINGS FOR SECTION 5: CONTRACEPTIVE USE STATUS

- Thirty six percent of women 25-49 years reported a change in their contraceptive use status since the onset of the pandemic.
- Sixty seven percent of women 15-24 years continued to be non-users of contraception and 15\% of women 25-34 years became new adopters of contraception between when they were first interviewed before the pandemic and the follow up interview 6 months later, during the pandemic.


## HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income since COVID-19 restrictions, by wealth $(n=952)$


## PERSONAL INCOME LOSS

Among women living in a household that lost partial income, the percent distribution of personal income loss magnitude, by wealth ( $n=501$ )

## FREOUENCY OF FOOD INSECURITY

Among women whose households experienced food insecurity during COVID-19 restrictions, percent distribution of the number of times food insecurity was reported since the start of restrictions, by wealth ( $n=183$ )


## ECONOMIC RELIANCE ONPARTNER

Percentage of currently married women who are economically reliant on their husband, by wealth $(n=604)$

|  |  | No |
| :---: | :---: | :---: |
| Total | Yes |  |
| Highest quintile | 57 | 43 |
| Higher quintile | 63 | 45 |
| Middle quintile | 59 | 38 |
| Lower quintile | 52 | 42 |
| Lowest quintile | 55 | 48 |

## FINANCIAL WORRY

Percentage of women who are worried about the impact of COVID-19 on their household's future finances, by wealth ( $n=940$ )

| No |  |  |
| ---: | :---: | :---: |
| Total | 8 | Yes |
| Highest quintile | 17 | 92 |
| Higher quintile | 10 | 89 |
| Middle quintile | 4 | 90 |
| Lower quintile | 6 | 96 |
| Lowest quintile | 7 | 94 |
|  |  | 93 |

CHANGE IN ECONOMIC RELIANCE ON PARTNER
Among currently married women who report being economically reliant on their husband, the percentage who say they are more reliant now compared to before the COVID-19 restrictions, by wealth ( $n=270$ )

|  | No | Yes |
| ---: | ---: | ---: |
| Total | 13 | 87 |
| Highest quintile | 8 | 92 |
| Higher quintile | 10 | 90 |
| Middle quintile | 18 | 82 |
| Lower quintile | 18 | 82 |
| Lowest quintile | 11 | 89 |

## KEV FINDINGS FOR SECTION 6: ECONOMIC IMPACT OF COVID-19

- One in 3 women reported complete loss of their household's income since COVID-19 restrictions took effect. However, there were wealth disparities with poorer women being most affected.
- Food insecurity since restrictions were imposed was worse among women's households classified as being in the lower two wealth quintiles. Three in 4 women who reported recent food insecurity within their household said this is more common since the COVID-19 restrictions took effect.
- Four in 10 currently married women said they were economically reliant on their partners, but 9 in 10 of these said they had become more reliant since the onset of the COVID-19 restrictions. Across all wealth quintiles, 9 in 10 women were worried about the impact of the pandemic on their household's future finances.

SECTION 7: HEALTH SERVICE ACCESS BARRIERS
NOTE: Indicators with an unweighted denominator <25 cases are not shown.

## NEED TO VISIT HEALTH FACILITY

Percent of women who needed to visit a health facility since COVID-19 restrictions were imposed, by age ( $n=955$ )


## DIFFICULTY ACCESSING HEALTH FACILITY

Among women who needed to visit a health facility since the COVID-19 restrictions were imposed, the percentage who reported any difficulties in access, by age ( $n=200$ )


## SUCCESS IN ACCESSING HEALTH SERVICES

Among women who needed to visit a health facility since the COVID-19 restrictions were imposed, the percentage who were able to access those services, by age ( $n=200$ )


KEY FINDINGS FOR SECTION 7: HEALTH SERVICE ACCESS BARRIERS

- Women 25-34 years were more likely than both older and younger women to have needed to visit a health facility since COVID-19 restrictions took effect.
- Among those who needed to visit a health facility, 45\% had difficulty accessing due to COVID-19 related restrictions, and $88 \%$ were able to access health services.

Performance Monitoring for Action (PMA) Nigeria in Lagos state collects state-level representative data on knowledge, practice, and coverage of family planning services in 52 clusters of enumeration areas selected using a multi-stage stratified cluster design. The COVID-19 phone survey (July 2020) was conducted among females age 15-49 at the time of the COVID-19 survey who were interviewed at the baseline survey between December 2019 and January 2020, consented to follow-up, and own or had access to a phone ( $82.6 \%$ of the baseline population). Of the 1174 eligible respondents, $15.6 \%$ were not reached. Of those reached, $96.6 \%$ completed the survey for a response rate of $81.5 \%$ among contacted women.

COVID-19 survey weights were generated for women aged 15-49 at the time of the COVID-19 survey, who completed the baseline survey, consented to follow-up, provided a valid phone number, and completed the COVID-19 survey. These weights were calculated using the female weight from baseline, adjusting for loss-to-follow-up weight, that is, the inverse of predicted probability of having a completed COVID-19 survey. The log odds of having completed the COVID-19 survey was modeled as a linear combination of age, education, marital status, and wealth at baseline. The COVID-19 survey weight was further adjusted for selectivity due to phone number ownership using a similar inverse probability weighting approach.

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Link to questionnaire and PMA COVID-19 website: https://www.pmadata.org/technical-areas/covid-19

