

PMA NIGERIA (LAGOS)

Results from Phase 4 Cross-sectional Survey

December 2023 - February 2024

OVERALL KEY FINDINGS



Contraceptive use among all women has increased by 9 percentage points over the 8 year period of observation, from 17% in 2015 to 26% in 2024.



While condoms have consistently been the most frequently used method, the percentage of women reporting use of implants has increased from 1% in 2015 (R1) to 20% in 2024 (P4), becoming the second most frequently reported modern method.

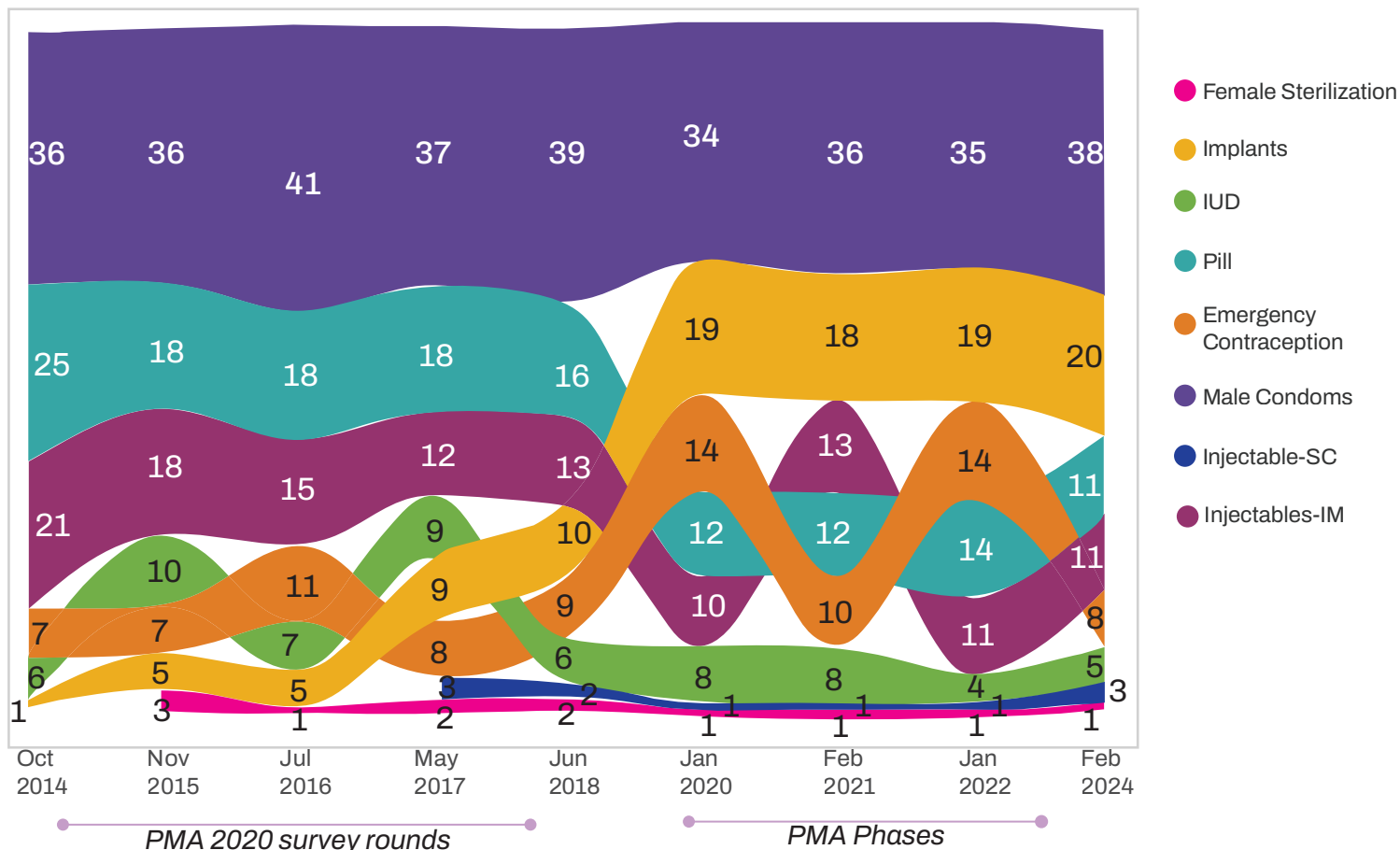


Stockouts of implants in public facilities were reported to be in the double digits on the day of the most recent survey.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

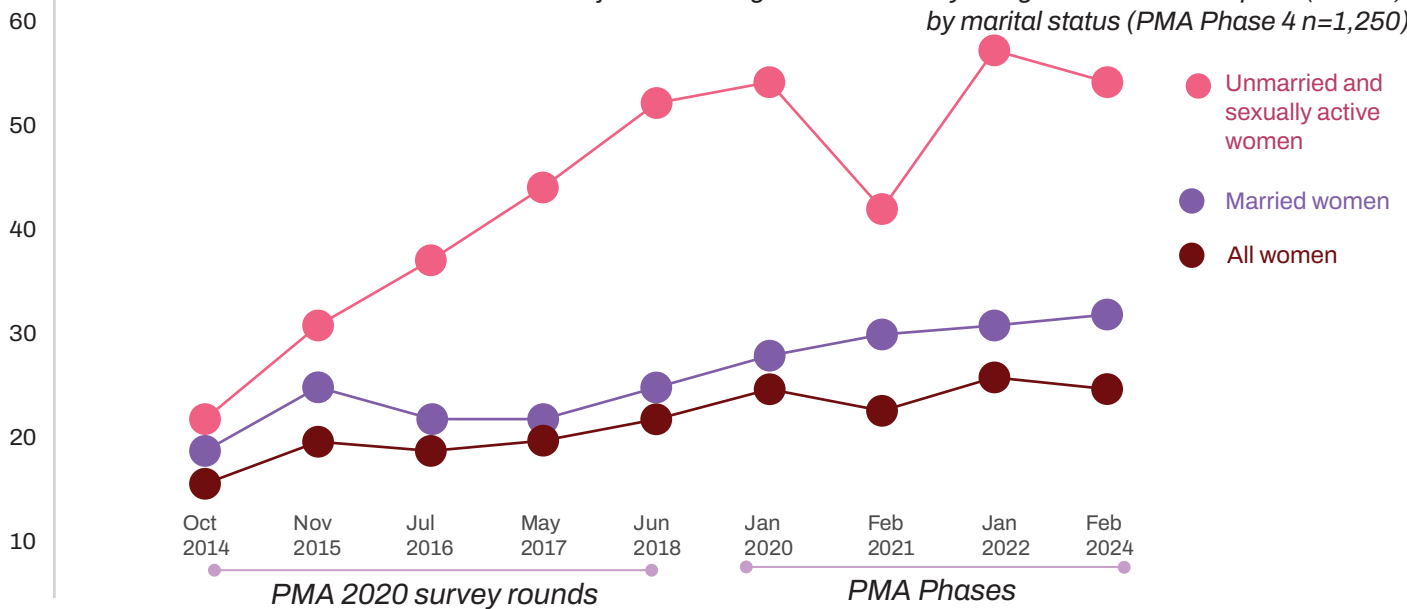
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 4 n=331)



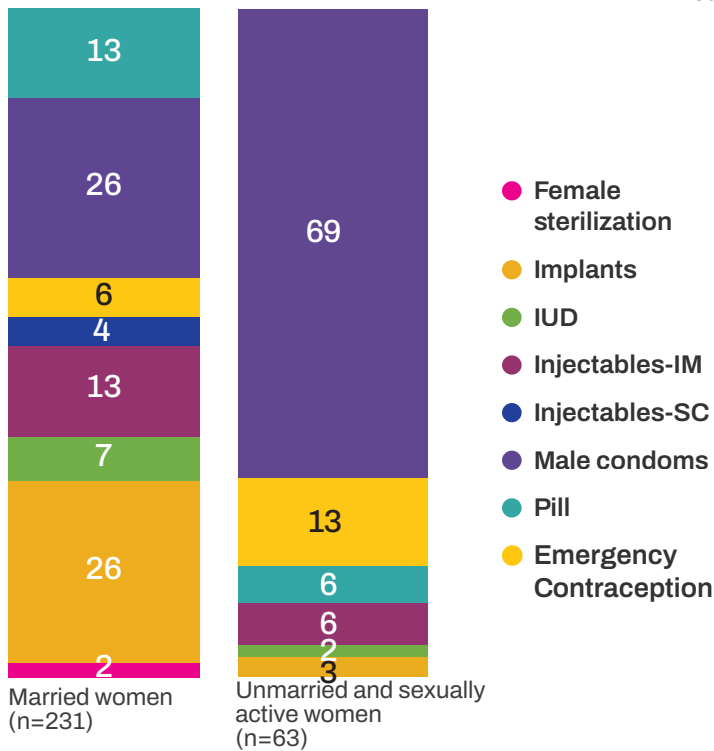
MODERN CONTRACEPTIVE PREVALENCE

Percent of all women age 15-49 currently using modern contraception (mCPR) by marital status (PMA Phase 4 n=1,250)



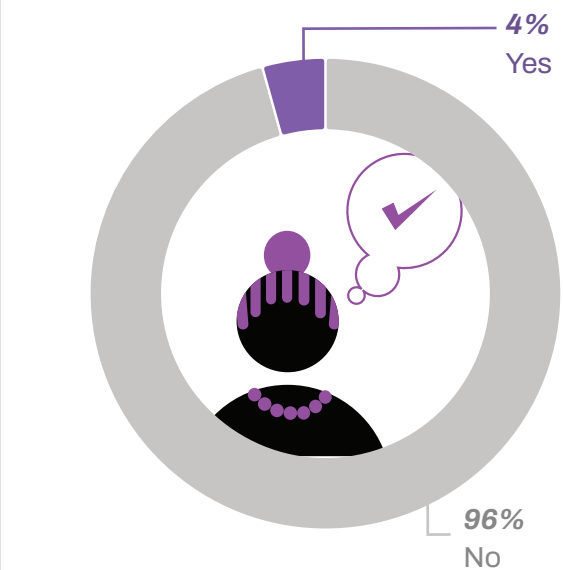
MODERN CONTRACEPTIVE METHOD MIX

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



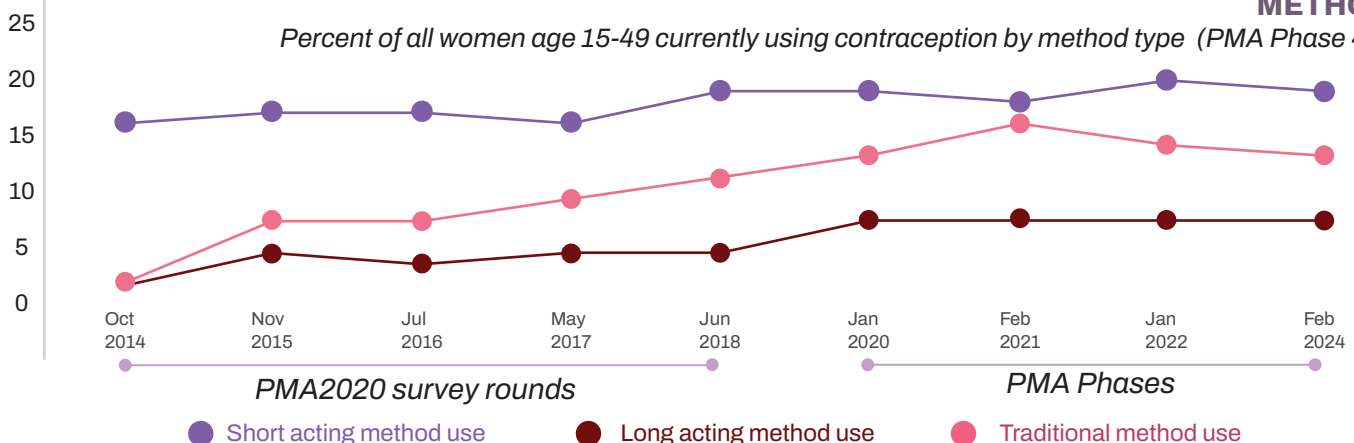
INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=694)



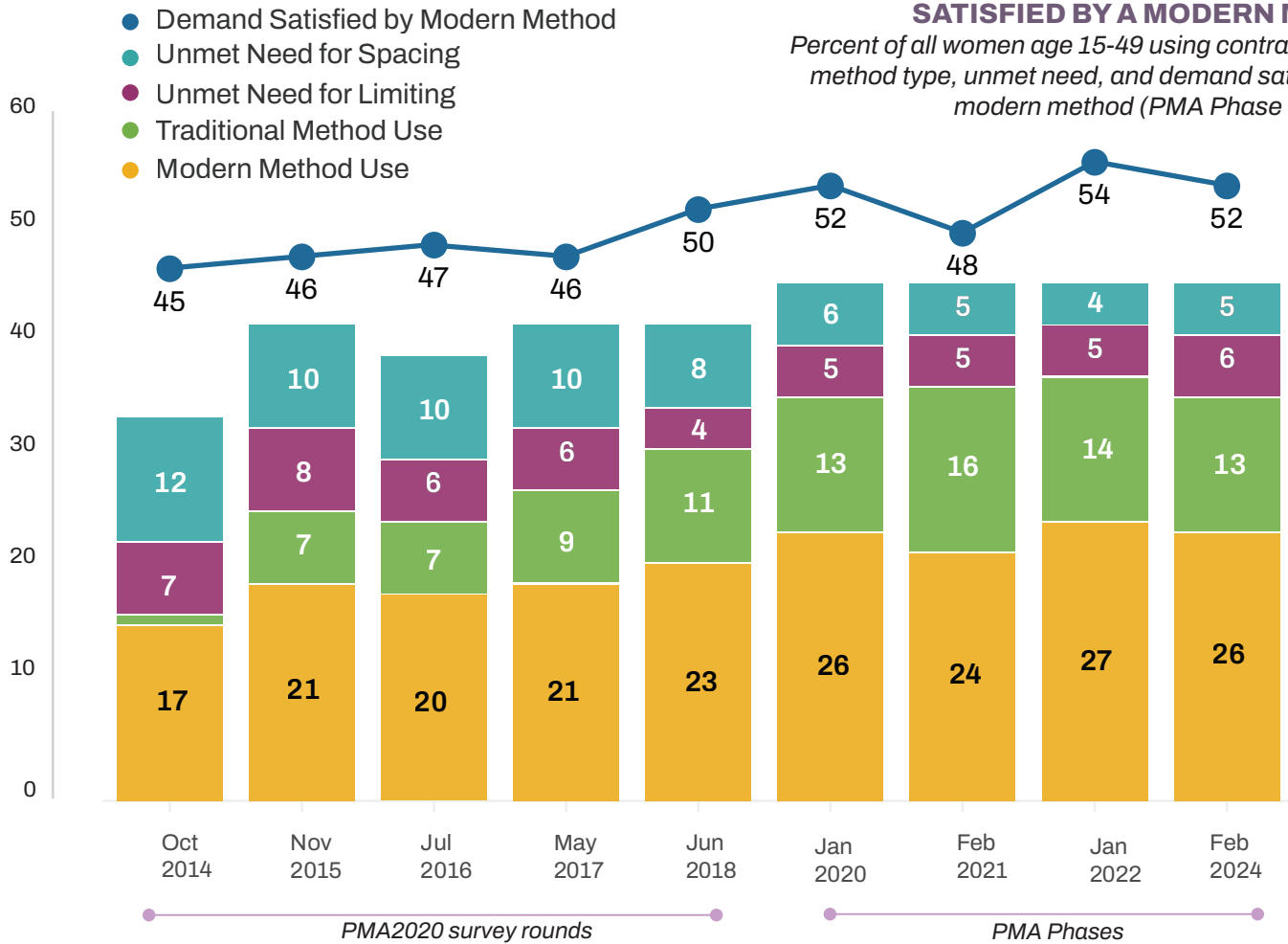
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 4 n=1,250)



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

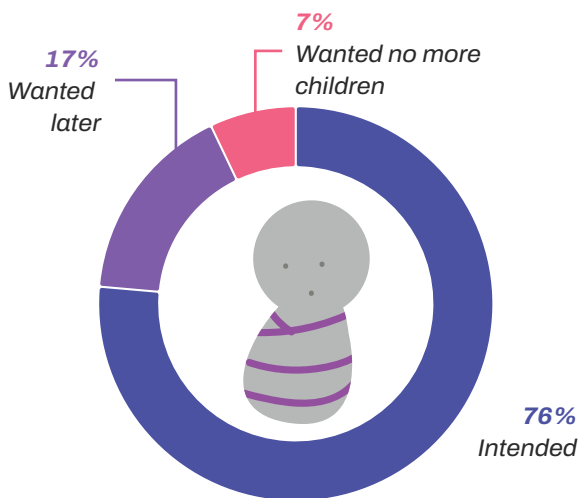
Percent of all women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 4 n=1,250)



24%
of pregnancies were unintended

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=353)



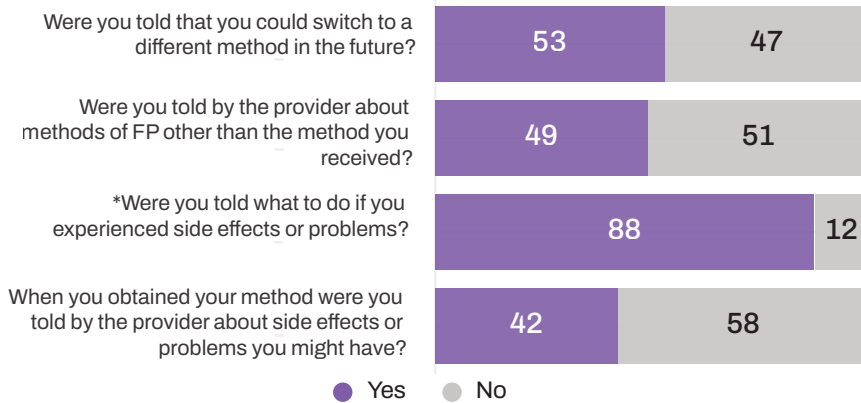
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- In the 2024 (P4) survey, 26% of all women ages 15-49 years reported using a modern method, and 52% of demand was satisfied by a modern method.
- Following the steady rise in modern contraceptive use among all women observed between R3 and P1, the curve appears to have flattened.
- Traditional method use appeared to increase steadily from R1 until P2, but now appears to be on a downward trend.
- The most reported method among all women since R1 was the male condom. Implant use has risen steadily and is now the second most reported method.
- Among all women who were not currently using contraception, 4% said they intend to use a method in the 12-month period following the survey.
- 24% of pregnancies were reported as unintended.

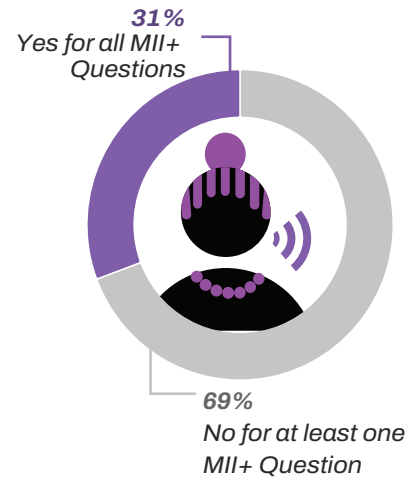
SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

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=323)

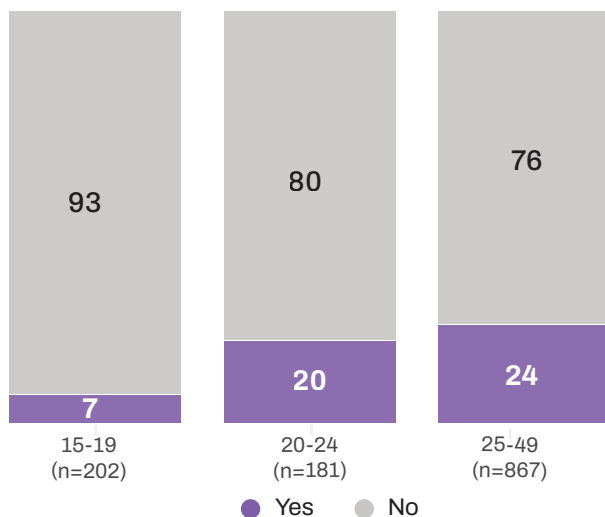


Percent of women who responded "Yes" to all four MII+ questions



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: CONTRACEPTIVE USER COUNSELING AND OUTREACH

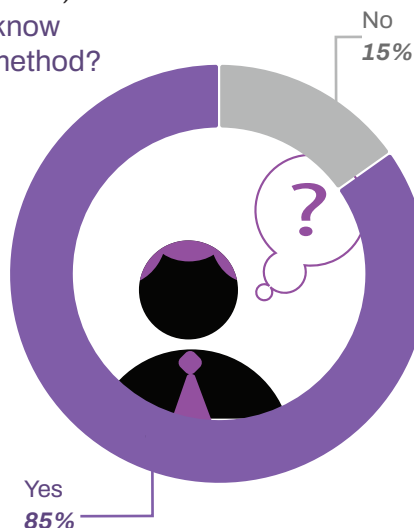
- Only 31% of women who were currently using a contraceptive method were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods.
- 9 in 10 women were told what to do if they experienced side effects, yet only 4 in 10 women were told about side effects they may experience.
- 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.

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=189)

Does your partner know you are using this method?

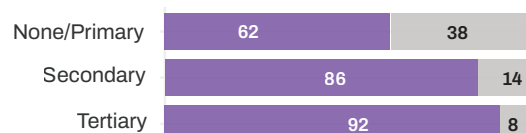


● Yes
● No

By Age

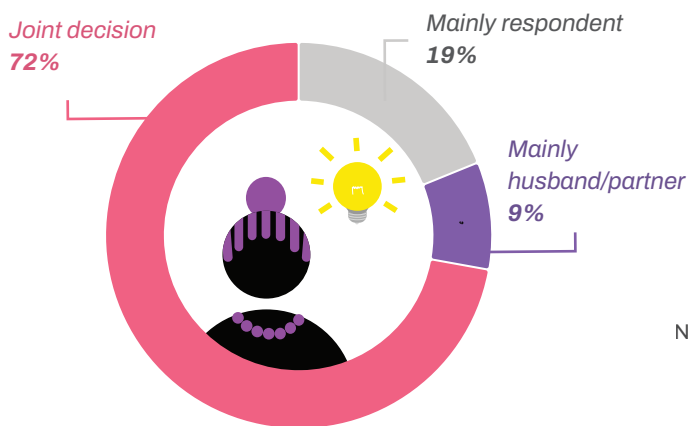


By Education



Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=483)

Would you say that using FP is mainly your decision?



- Mainly respondent
- Mainly husband/partner
- Joint decision
- Other

By Age

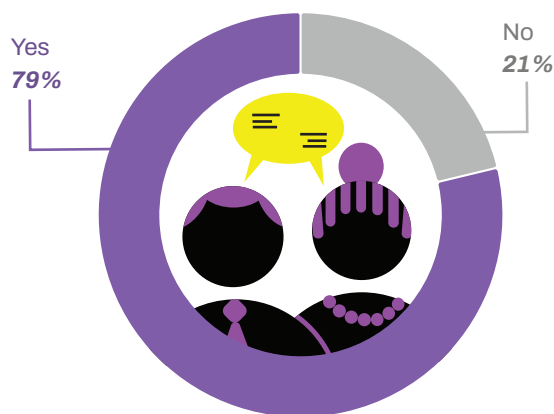
15-24	72	18	10
25-49	72	19	9

By Education

None/Primary	63	32	5
Secondary	70	20	10
Tertiary	76	15	9

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=188)

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



- Yes
- No

By Age

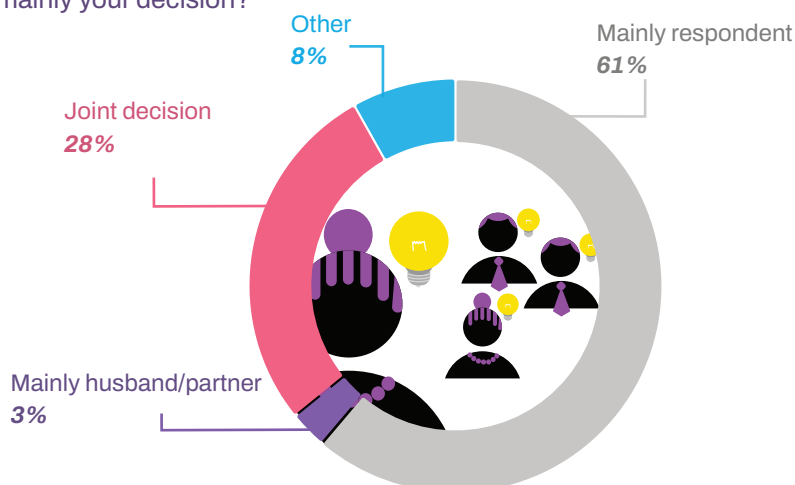
15-24	62	38
25-49	80	20

By Education

None/Primary	63	37
Secondary	79	21
Tertiary	84	16

Percent of women who are not currently using modern, female controlled methods and agree with the following statement, by age and education (n=673)

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



- Mainly respondent
- Mainly husband/partner
- Joint decision
- Other

By Age

15-24	78	10	10	2
25-49	51	39	7	3

By Education

None/Primary	74	20	3	3
Secondary	61	25	11	3
Tertiary	57	36	5	1

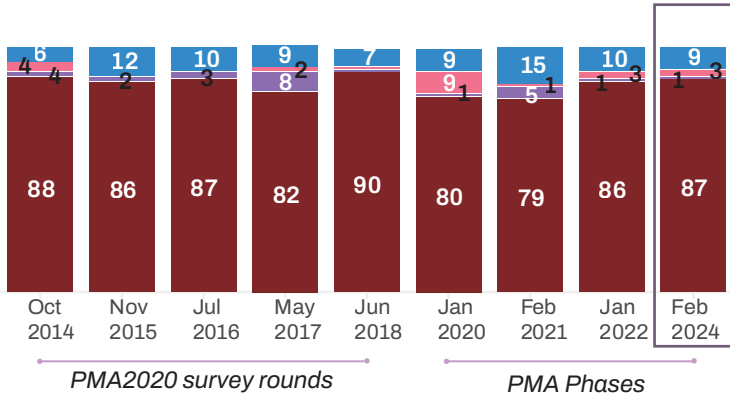
KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Among women using a modern, female controlled method, 15% reported that their partners were unaware that they were using a method, with variations by age and educational level.
- Among women using a modern, female controlled method, 72% reported that using family planning was mainly a joint decision.
- Among women using a modern, female controlled method, 28% reported that not using family planning was mainly a joint decision.
- 21% of women using modern, female controlled methods reported that they had not discussed the decision to delay or avoid pregnancy with their partner prior to using their current method, with variations by age and level of education.

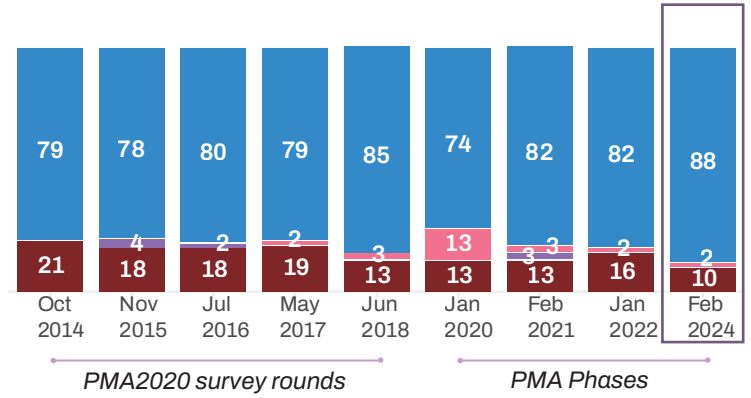
SECTION 4: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public Facilities (PMA Phase 4 n=77)



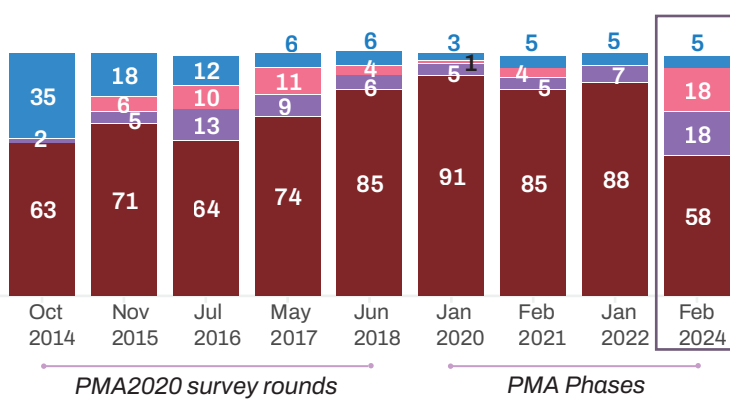
Private Facilities (PMA Phase 4 n=48)



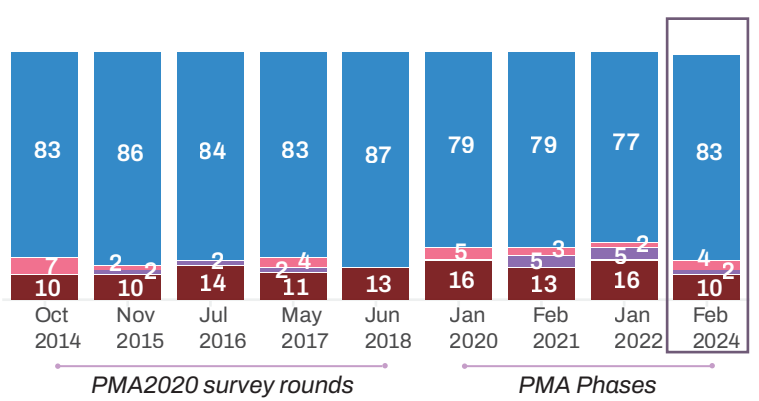
● In Stock ● In Stock, but stockout in last 3 months ● Out of Stock ● Don't offer method

TRENDS IN METHOD AVAILABILITY: IMPLANT

Public Facilities (PMA Phase 4 n=77)



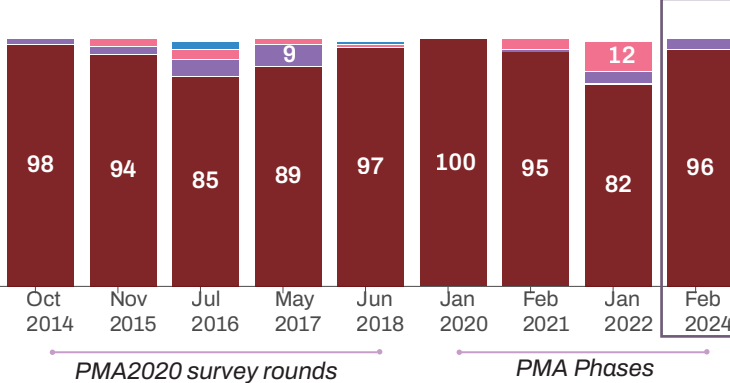
Private Facilities (PMA Phase 4 n=48)



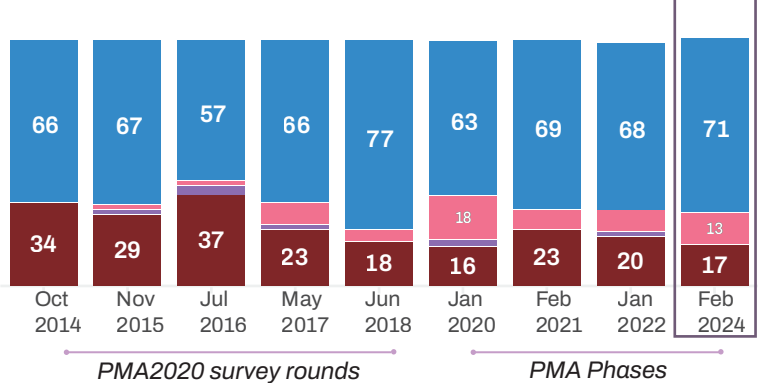
● In Stock ● In Stock, but stockout in last 3 months ● Out of Stock ● Don't offer method

TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public Facilities (PMA Phase 4 n=77)



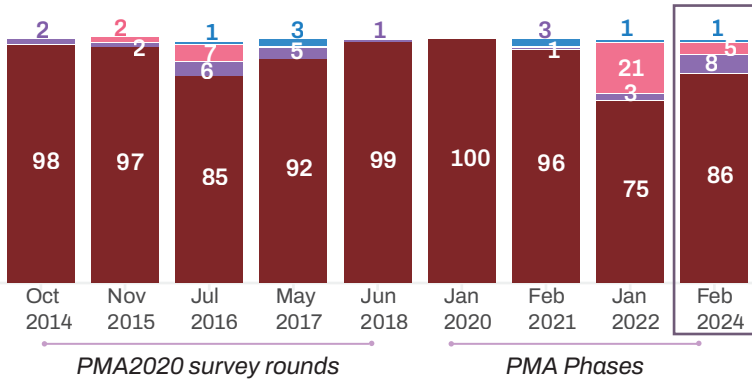
Private Facilities (PMA Phase 4 n=48)



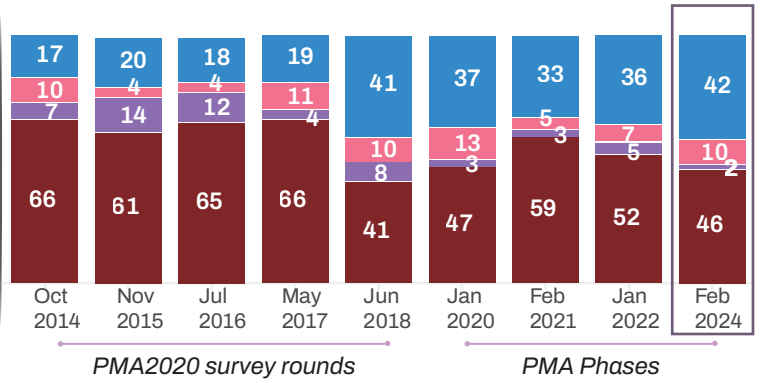
● In Stock ● In Stock, but stockout in last 3 months ● Out of Stock ● Don't offer method

TRENDS IN METHOD AVAILABILITY: PILLS

Public Facilities (PMA Phase 4 n=77)



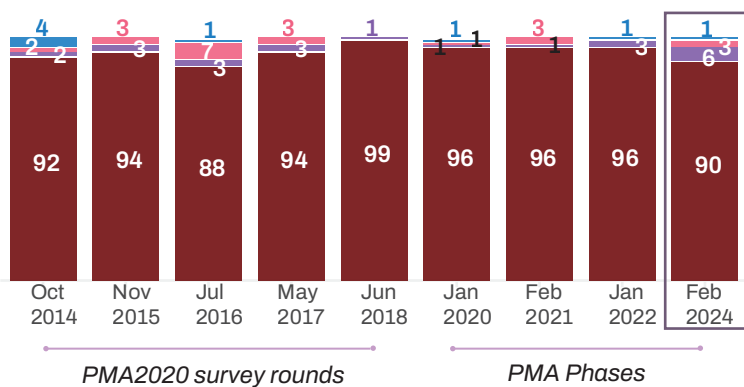
Private Facilities (PMA Phase 4 n=48)



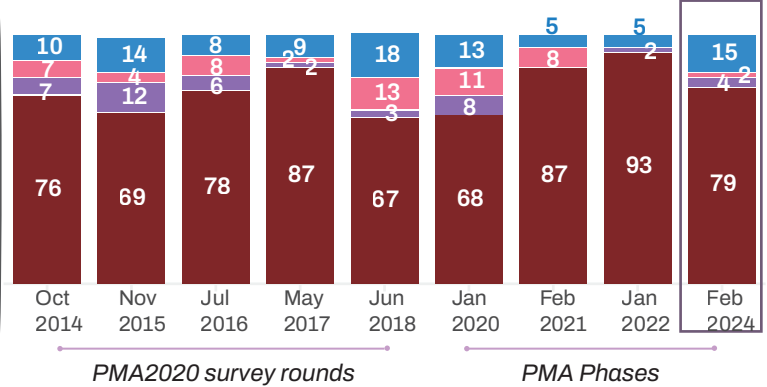
● In Stock ● In Stock, but stockout in last 3 months ● Out of Stock ● Don't offer method

TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public Facilities (PMA Phase 4 n=77)



Private Facilities (PMA Phase 4 n=48)



● In Stock ● In Stock, but stockout in last 3 months ● Out of Stock ● Don't offer method

MAIN REASONS FOR EPISODES OF STOCKOUT OF ANY METHOD BY TYPE OF FACILITY

Public Facilities (n=44 episodes)

32% Unexpected increase in consumption

30% Ordered but did not receive shipment

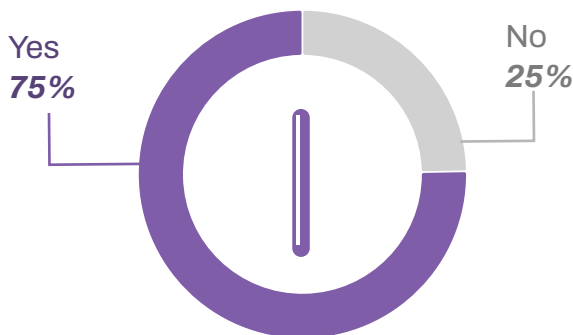
Private Facilities (n=33 episodes)

58% Did not place order for shipment

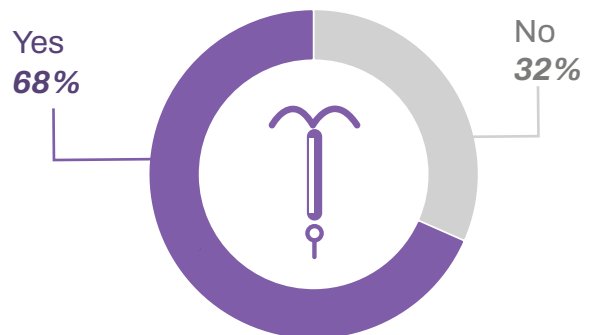
● ● ● 30% Other Reasons

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=81)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=76)



35%

of women
obtained their
current
modern method from a
public health facility
(n=323)

KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS

- IUDs have been reported to be offered and in stock on the day of the survey by 79% or more of public facilities, but only 21% or less of private facilities across all the annual surveys.
- Implants, the second most reported contraceptive method were out-of-stock in 18% of public facilities during the most recent phase of data collection (P4). Furthermore, while in stock on the day of the survey, implants had been stocked out in another 18% of public facilities in the 3-month period preceding the survey. Implants were offered and in-stock in only 1 in 10 private facilities visited in the most recent survey (P4).
- Injectables and oral pills were stocked out in 13% and 10% of private facilities respectively on the day of the most recent survey in 2023. The main reason given for episodes of stockout of any method in private facilities was that they did not place an order for shipment.
- 75% and 68% of facilities showed readiness for provision and removal of implants and IUDs respectively.

TABLE: 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	Round 1	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	Round 2	Oct-Nov 2015	1429	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	Round 3	May-Jul 2016	1432	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	Round 4	Apr-May 2017	1535	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	Round 5	Apr-Jun 2018	1590	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	Nov-Jan 2020	1469	38.17	1.48	35.25	41.17	25.63	1.16	23.38	28.02	10.77	1.12	8.72	13.23
PMA	Phase 2	Dec-Feb 2021	1483	40.12	1.87	36.44	43.93	24.23	1.23	21.85	26.79	10.57	1.15	8.47	13.11
PMA	Phase 3	Dec-Jan 2022	1426	41.03	1.94	37.21	44.96	26.72	1.57	23.69	29.98	8.44	0.86	6.86	10.33
PMA	Phase 4	Dec-Feb 2024	1250	38.82	2.37	34.20	43.66	25.62	1.68	22.41	29.13	10.75	1.20	8.58	13.4

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	Round 1	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	Round 2	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	Round 3	May-Jul 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	Round 4	Apr-May 2017	1001	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	Round 5	Apr-Jun 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	Nov-Jan 2020	877	46.53	2.22	42.12	50.99	28.82	1.81	25.33	32.59	15.38	1.67	12.32	19.02
PMA	Phase 2	Dec-Feb 2021	855	52.66	2.61	47.42	57.83	30.80	1.96	27.02	34.87	15.00	1.58	12.10	18.45
PMA	Phase 3	Dec-Jan 2022	805	53.33	2.49	48.33	58.27	32.06	1.97	28.24	36.12	13.44	1.55	10.62	16.85
PMA	Phase 4	Dec-Feb 2024	701	52.93	3.02	46.87	58.89	32.79	2.06	28.80	37.05	16.82	2.31	12.70	21.94

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. Phase 4 data were collected between December 2023 and January 2024 from 1495 households (92.5% response rate), 1250 females age 15-49 (95.3% response rate), and 135 facilities (83.9% completion rate). For sampling information and full data sets, visit 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.