



PMA NIGER

Results from Phase 2 cross-sectional survey

January-May 2022

OVERALL KEY FINDINGS



The modern contraceptive prevalence rate (mCPR) among married women remained practically the same during both phases, around 13% (12.7% at Phase 1 and 13.1% at Phase 2).



Twenty-five percent of women reported that they had not been informed of the possibility to switch contraceptive methods later.

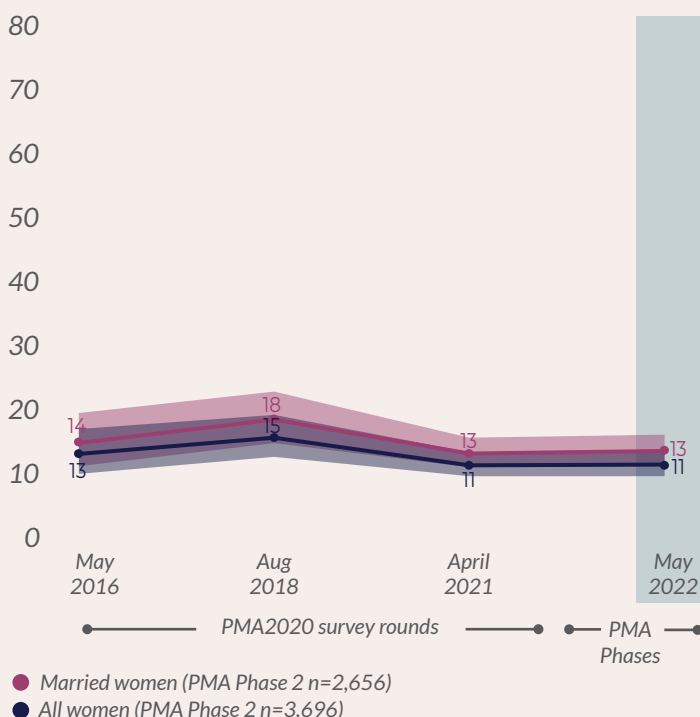


Over nine in ten modern contraceptive users (94%) received their contraceptive methods from a public health facility.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

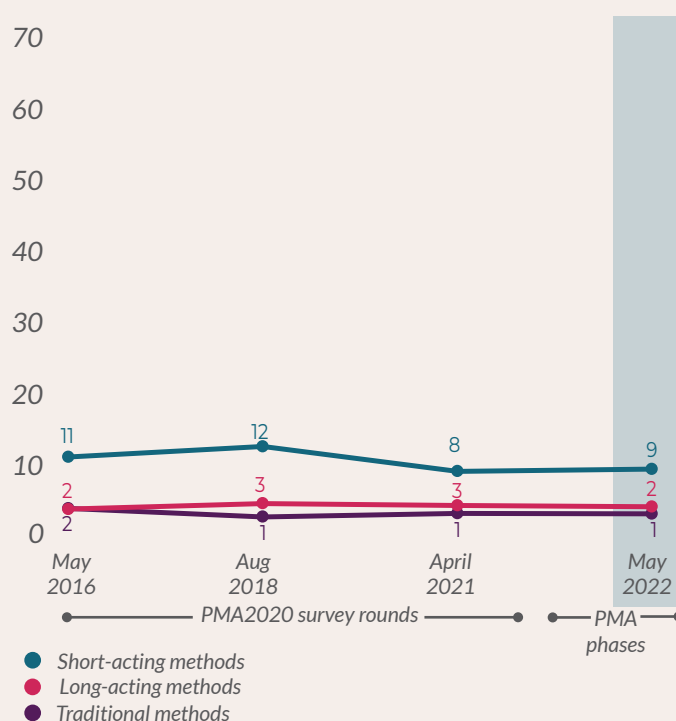
MODERN CONTRACEPTIVE PREVALENCE

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



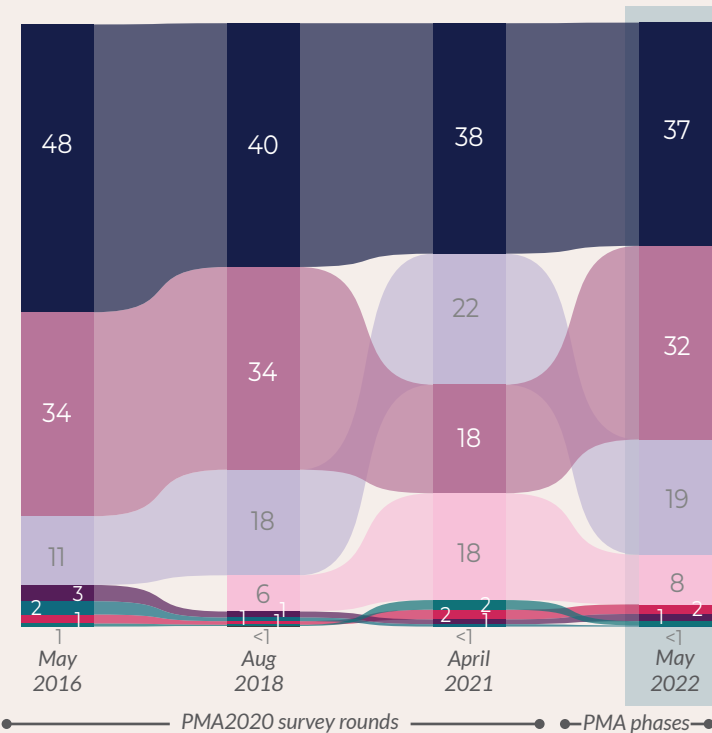
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 2 n=3,696)



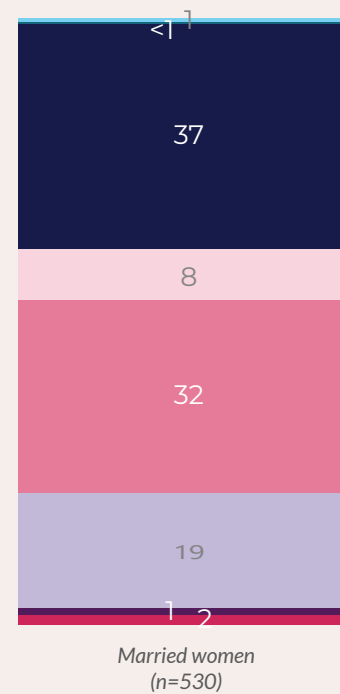
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 2 n=539)



MODERN CONTRACEPTIVE METHOD MIX

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



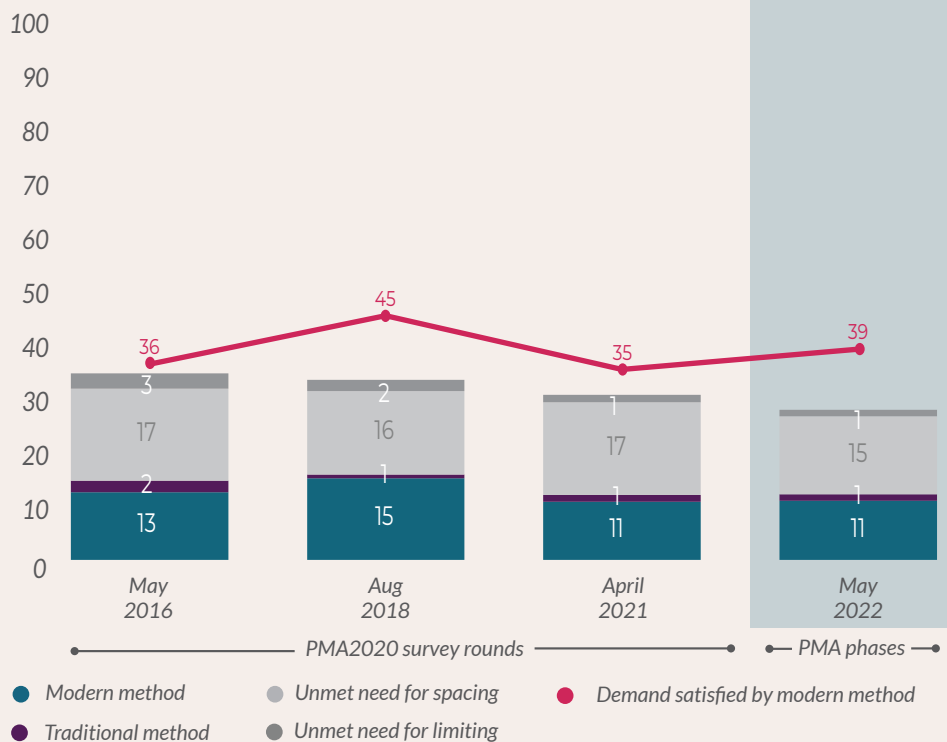
Key for method mix charts:

- Other modern methods
- Male condom
- Pill
- Injectable (SC)
- Injectable (IM)
- Implant
- IUD
- Female sterilization

"Other modern methods" include male sterilization, female condoms, mousse or gel, standard days/cycle beads, emergency contraception, and diaphragm.

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 2 n=3,696)



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

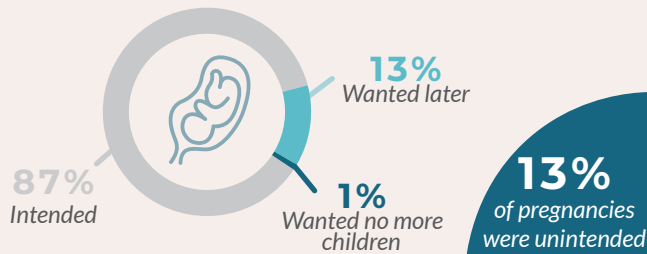
INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=2,733)



INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=2,050)



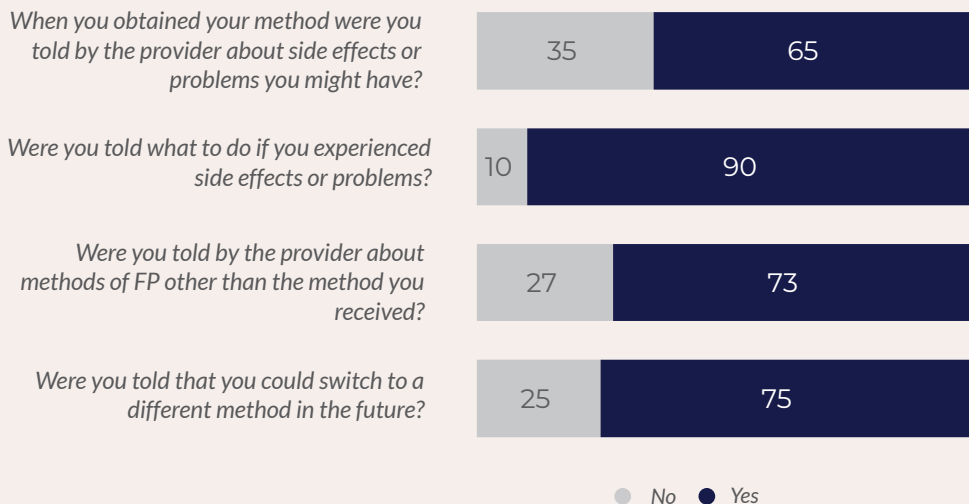
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Unmet needs for family planning decreased from 20% to 16% between May 2016 and May 2022.
- The percentage of contraceptive pill users decreased from 48% in May 2016 to 37% in May 2022. In the meantime, the percentage of implant users went up from 11% in May 2016 to 19% in May 2022.
- Contraceptive demand met by a modern method increased from 35% to 39% between Phase 1 and Phase 2.

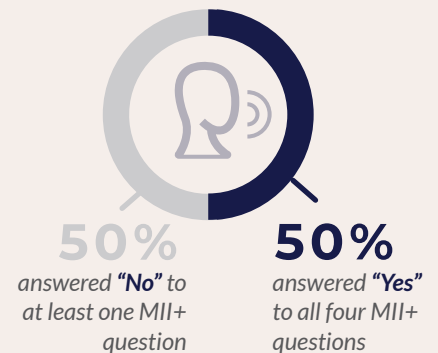
SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

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=536)

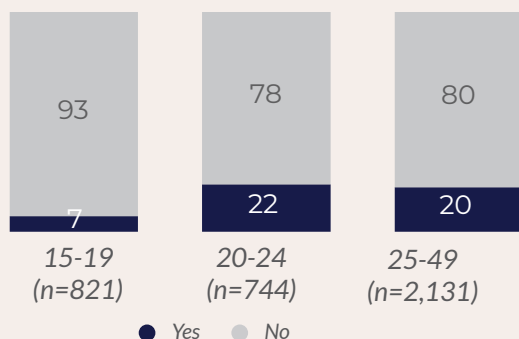


Percent of women who responded "Yes" to all four MII+ questions



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

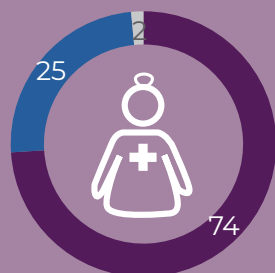
- Nearly two in three current modern contraceptive users (65%) were counseled at the time of their visits on the possible side effects or issues related to their methods.
- In the 12 months prior to the survey, adolescent girls received three times less information on FP from a health provider compared to older women.
- Fifty percent of all current contraceptive users received the four key messages constituting quality counseling from a health provider.

SECTION 3: QUALITY OF FP SERVICES

COMMUNITY PERCEPTION OF QUALITY OF CARE

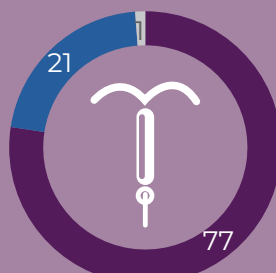
Percent distribution of community agreement with the following statements, as reported by female FP clients

Women are treated respectfully at the facility (n=742)



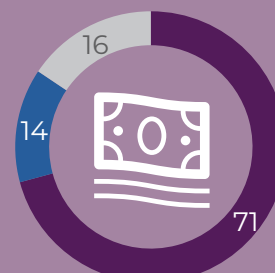
● Most ● Some ● Few

Women will be able to receive FP method of their choice at this facility (n=743)



● Most ● Some ● Few

Women have access to affordable FP at this facility (n=655)

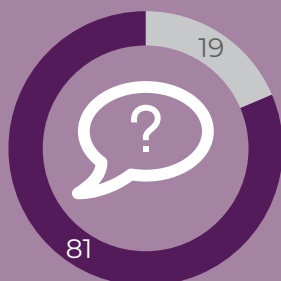


● Most ● Some ● Few

PERSONAL PERCEPTION OF QUALITY OF CARE

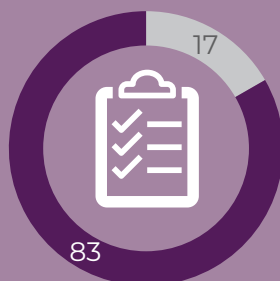
Percent of female FP clients that agreed with the following statements

Felt encouraged by the provider to ask questions and express concerns (n=743)



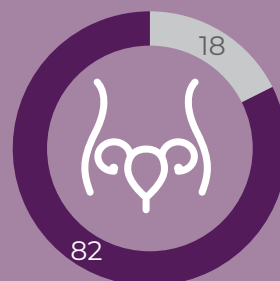
● Yes ● No

Felt they received all the information they wanted to know about their options for contraceptive methods (n=743)



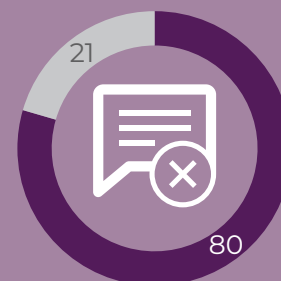
● Yes ● No

Felt they understood how their body might react to the method (n=743)



● Yes ● No

Felt pressured by the provider to use the method the provider preferred (n=743)



● Yes ● No

KEY FINDINGS FOR SECTION 3: QUALITY OF FP SERVICES

- Over seven in ten FP clients (74%) agreed that most members of their communities believed that women were treated with respect at health facilities.
- Nearly two in ten FP clients (19%) believed that they were not encouraged by their health providers to ask questions or express their concerns during their visits.
- Eighteen percent of FP clients did not feel that they understood how their bodies might react to their contraceptive methods after their visits.

SECTION 4: 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=535)

Does your partner know you are using this method?



By age



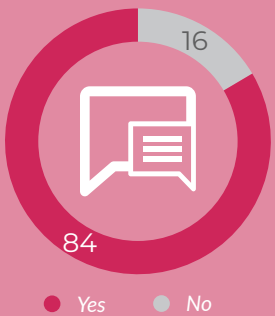
By education



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=535)

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



By age



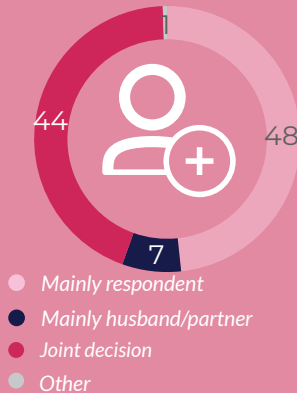
By education



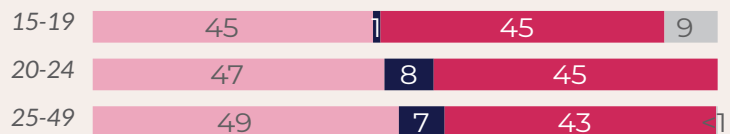
Modern, female controlled methods Includes all modern methods except male sterilization and male condoms

Percent of women who are currently using FP and agree with the following statement, by age and education (n=581)

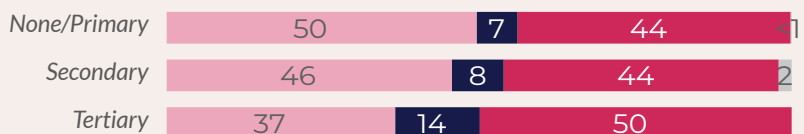
Would you say that using FP is mainly your decision?



By age

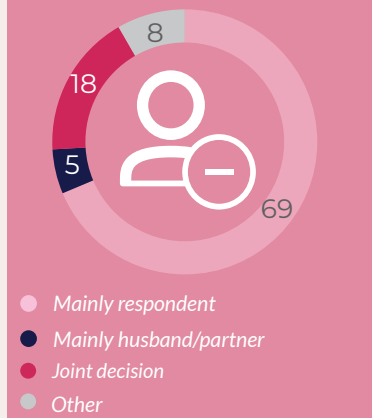


By education

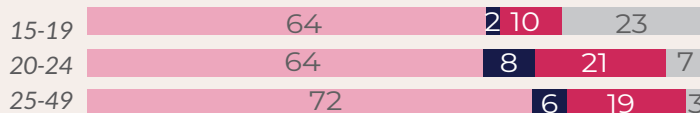


Percent of women who are not currently using FP and agree with the following statement, by age and education (n=2,651)

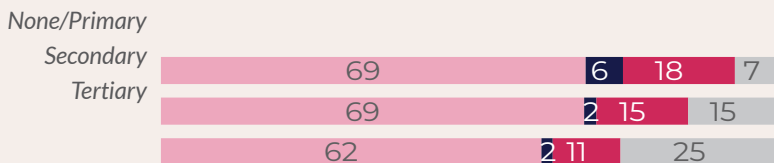
Would you say that not using FP is mainly your decision?



By age

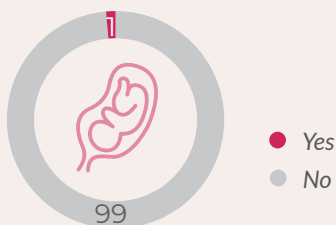


By education

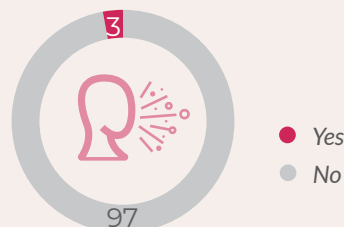


PREGNANCY COERCION

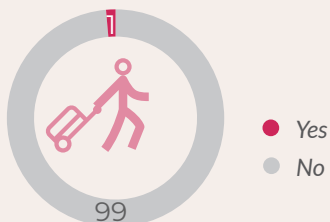
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=2,649)



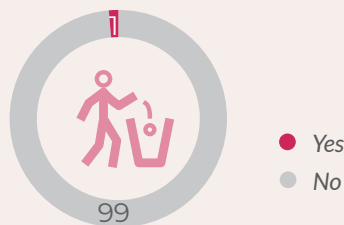
Percent of currently married women who report that their partner made them feel badly for wanting to use an FP method to delay or prevent pregnancy in the past 12 months (n=2,650)



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=2,644)



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=2,643)



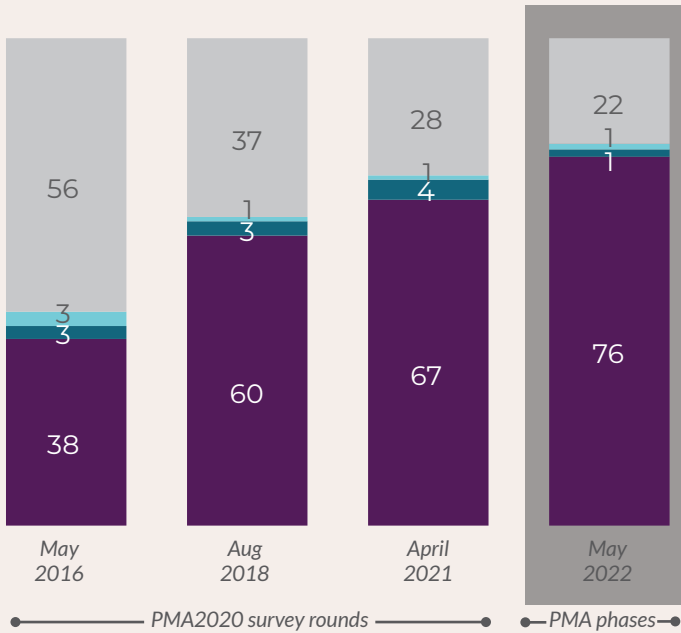
KEY FINDINGS FOR SECTION 4: PARTNER DYNAMICS

- Among women using a female-controlled modern contraceptive method, only 8% reported that their husbands/partners did not know about their contraceptive use. This proportion was higher among women with a secondary education level (16%).
- Sixteen percent of women using a female-controlled modern contraceptive method reported that they did not discuss the decision to delay or avoid a pregnancy with their partners prior to using their current methods. This proportion was lower among adolescents (10%) and women with a higher education level (8%).
- Forty-four percent of current contraceptive users reported that the decision to use contraception was made jointly with their husbands/partners.

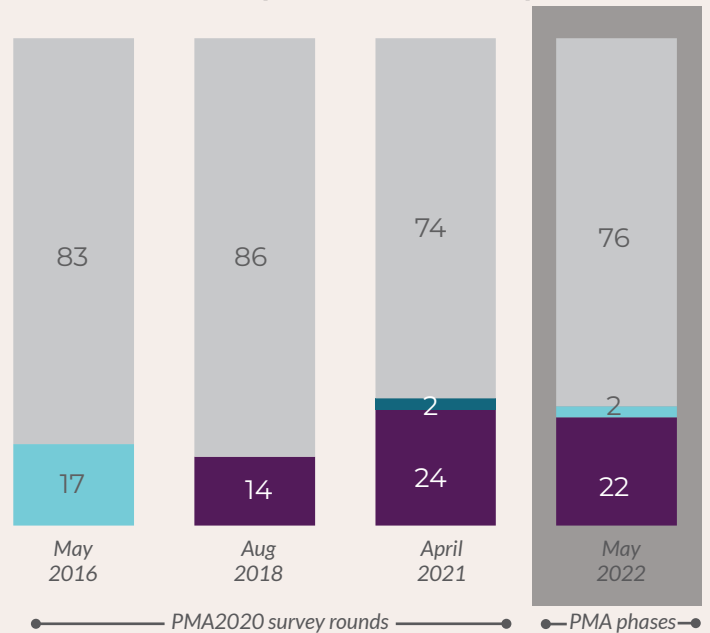
SECTION 5: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 2 n=202)



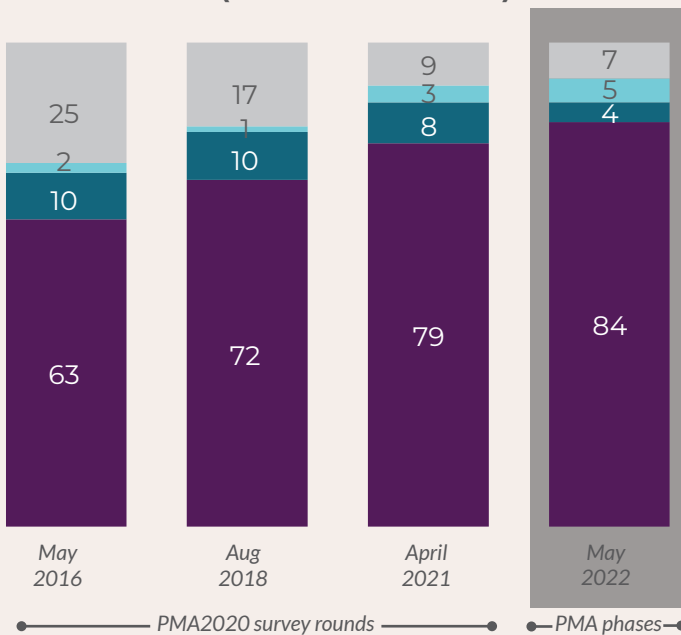
Private facilities (PMA Phase 2 n=45)



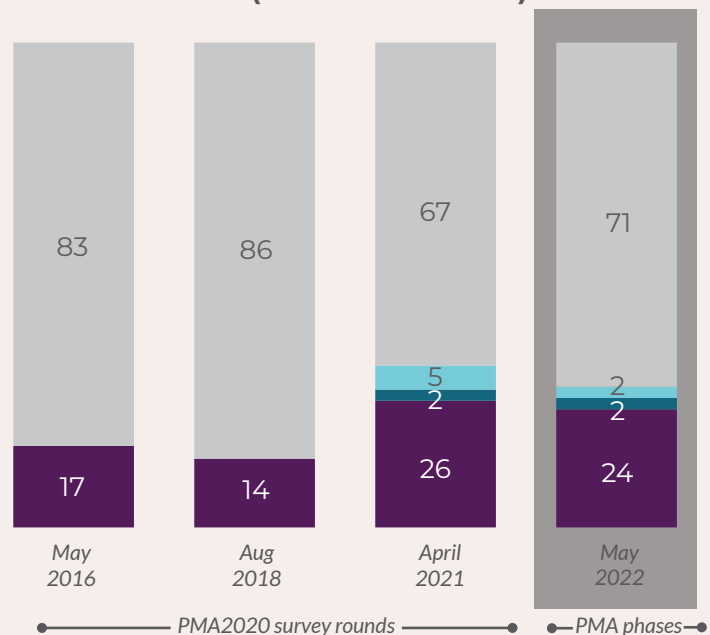
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 2 n=202)



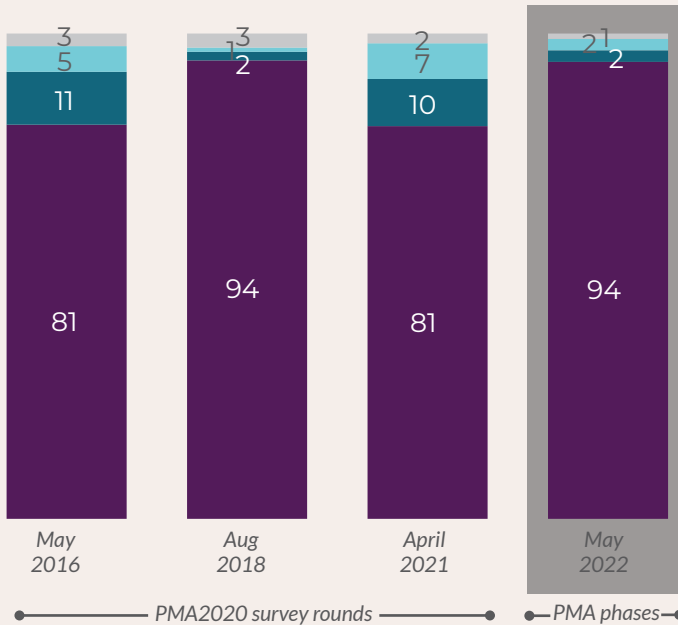
Private facilities (PMA Phase 2 n=45)



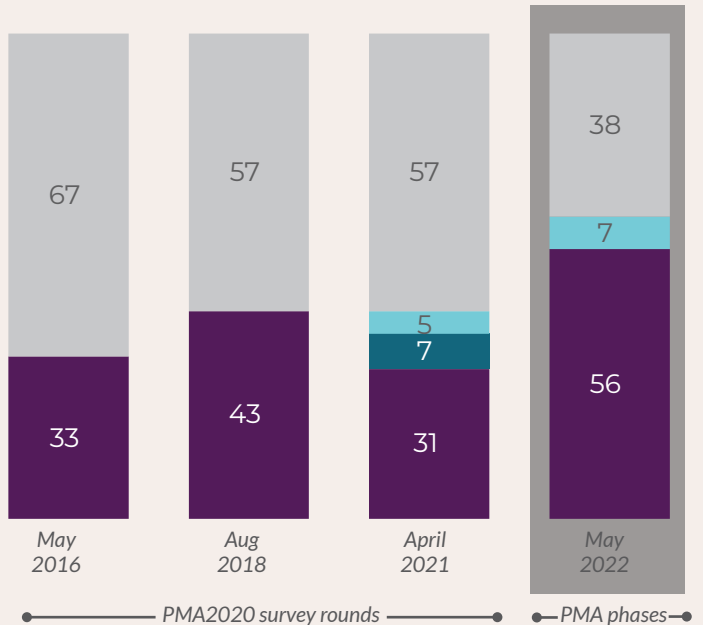
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 2 n=202)



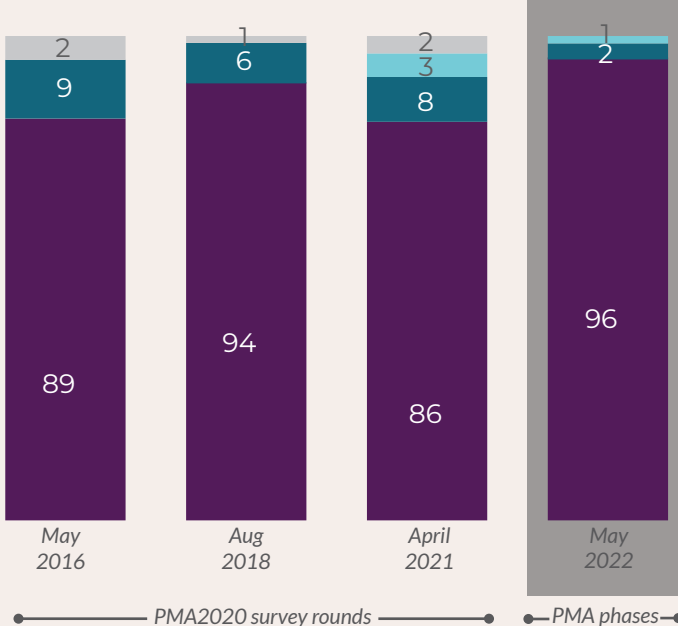
Private facilities (PMA Phase 2 n=45)



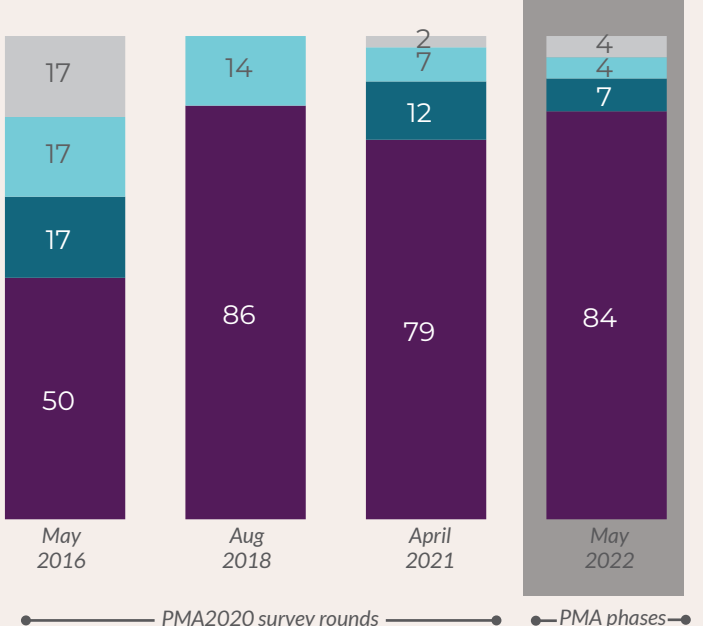
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 2 n=202)



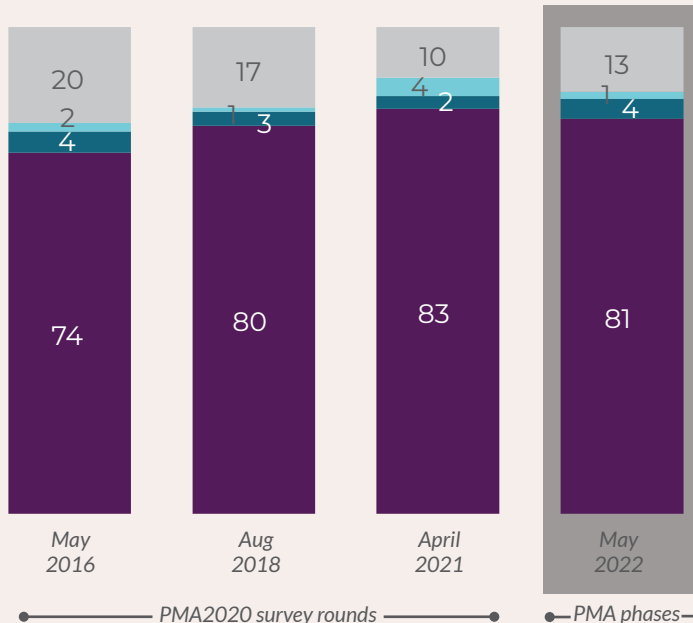
Private facilities (PMA Phase 2 n=45)



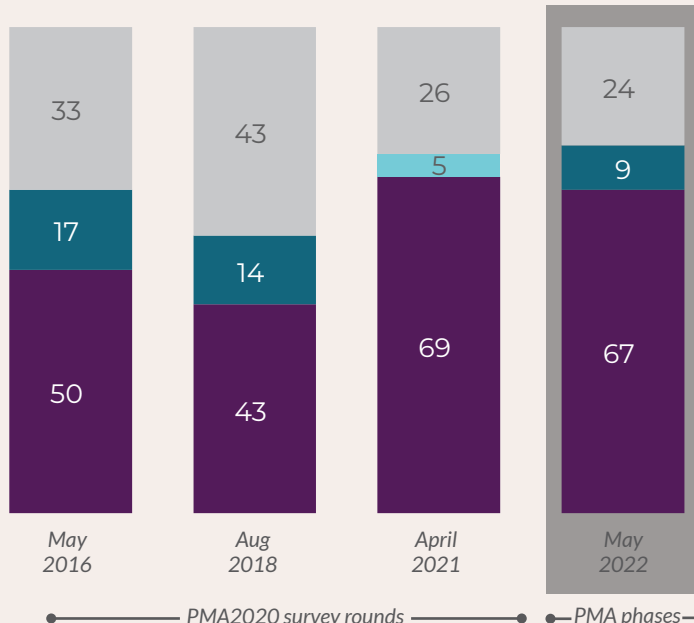
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 2 n=202)



Private facilities (PMA Phase 2 n=45)



● 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

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

Public facilities (n=77 episodes)

57%
Ordered but did not receive shipment

27%
Did not place order for shipment

Private facilities (n=16 episodes)

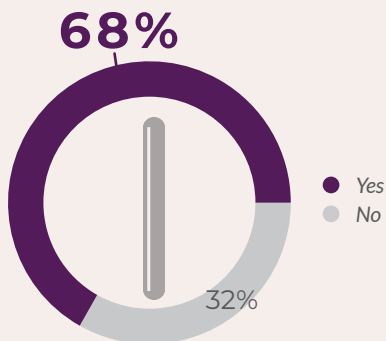
19%
Ordered but did not receive shipment

38%
Did not place order for shipment

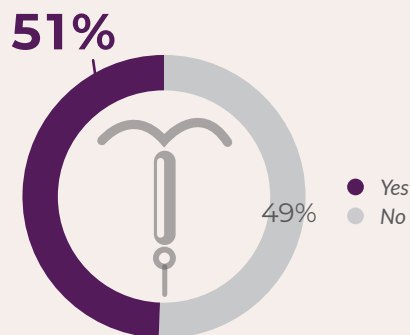
Possible answers were "Did not place order for shipment", "Ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", "Stock out due to COVID-19 disruption", and "Other."

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=187)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=158)



94%

of women
obtained
their
current
modern method
from a public health
facility (n=535)

KEY FINDINGS FOR SECTION 5: SERVICE DELIVERY POINTS

- Among public Service Delivery Points (SDPs), implants were the most likely to be out of stock (5%) at the time of the survey.
- Delays in deliveries were the reason most frequently mentioned (57%) to explain stockouts of contraceptive methods at the public SDP level.
- **Sixty-eight percent** of SDPs provided implants and had a trained provider and the necessary equipment/supplies for implant insertion and removal, while this was the case of 51% of SDPs for the IUD.

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	R2	Feb-May 2016	3,031	14.69	1.86	11.37	18.76	12.63	1.78	9.50	16.60	20.02	1.55	17.11	23.28
PMA 2020	R4	July-Aug 2018	3,020	15.93	1.69	12.86	19.57	15.21	1.67	12.19	18.82	17.60	1.55	14.72	20.90
PMA	Phase 1	Dec 2020 - Apr 2021	3,633	12.16	1.02	10.27	14.34	10.85	0.96	9.10	12.90	18.53	1.09	16.46	20.80
PMA	Phase 2	Jan-May 2022	3,696	12.18	1.07	10.23	14.46	10.95	0.98	9.15	13.06	15.74	0.87	14.09	17.55

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	R2	Feb-May 2016	2,214	16.87	2.25	12.86	21.81	14.39	2.11	10.69	19.10	23.92	1.96	20.24	28.03
PMA 2020	R4	July-Aug 2018	2,161	18.88	2.06	15.14	23.30	18.08	2.05	14.36	22.50	21.02	1.84	17.60	24.90
PMA	Phase 1	Dec 2020 - Apr 2021	2,631	14.27	1.26	11.94	16.95	12.71	1.17	10.57	15.21	21.58	1.26	19.18	24.19
PMA	Phase 2	Jan-May 2022	2,656	14.57	1.32	12.15	17.38	13.11	1.22	10.88	15.71	18.75	0.96	16.92	20.72

PMA Niger collects information on knowledge, practice, and coverage of family planning services in 103 enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The results are nationally representative. Data were collected in 8 regions for PMA2020 Round 2 and 4 and for PMA Phase 1. Data were collected between January and May 2022 from 3,428 households (98.8% response rate), 3,696 females age 15-49 (96.3% response rate), 288 facilities (97.6% completion rate), and 743 client exit interviews (99.7% response rate). For sampling information and full data sets, visit www.pmadata.org/countries/niger.

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 l'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.