



# PMA NIGERIA (KANO)

Results from Phase 3 panel survey

December 2021-January 2022

## OVERALL KEY FINDINGS

**11%** of panel women interviewed in February 2021 and January 2022 were new users of family planning in 2022. Among women 25-49 years old, **14%** were new users, while **8%** and **5%** of women 20-24 and 15-19 years old, respectively, started using a method.

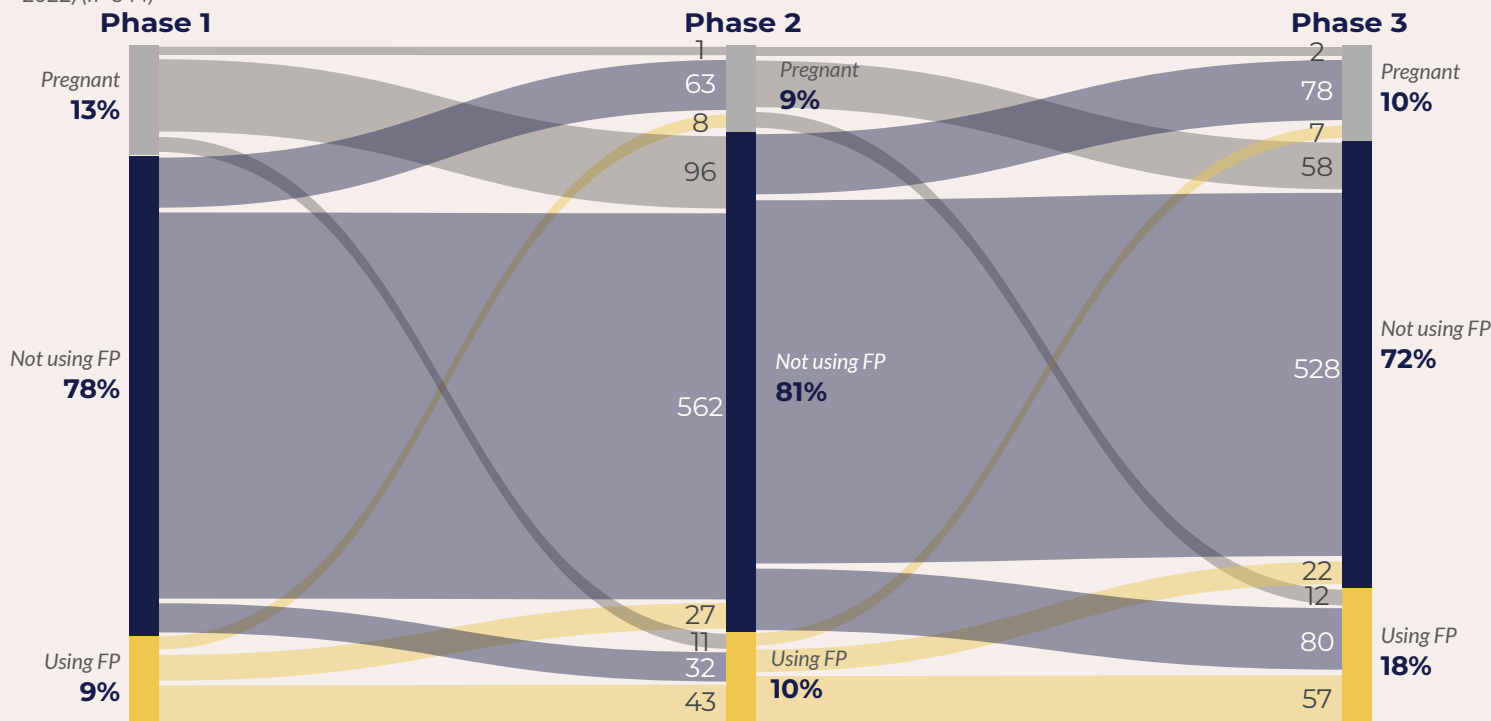
The proportion of women using short-acting methods of family planning increased from **5%** in January 2020 to **11%** in January 2022, while the use of long-acting methods of family planning increased from **3%** in January 2020 to **5%** in January 2022.

**41%** of women who were not using family planning in February 2021, but intend to use in the next year, adopted a method by January 2022.

## SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

### CHANGE IN CONTRACEPTIVE USE OR NON-USE

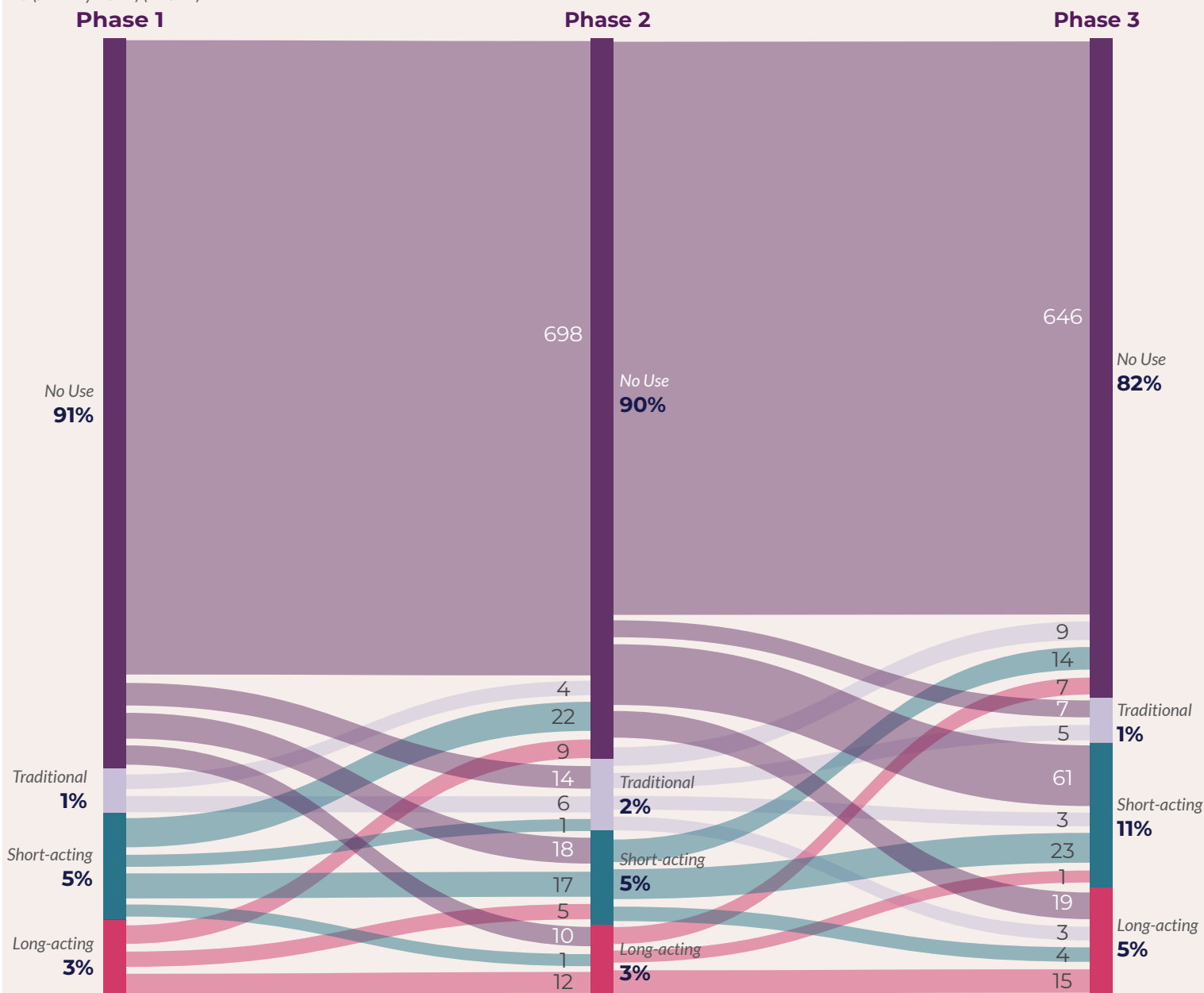
Percent of women age 15-49 who changed contraceptive use status between PMA Phase 1 (January 2020), PMA Phase 2 (February 2021), and PMA Phase 3 (January 2022) (n=844)



The ribbons of the Sankey represent the flow of women from one contraceptive use status to another among panel women who completed all three PMA Phases. The left side of the Sankey shows the flow between Phase 1 and Phase 2, and the right side between Phase 2 and Phase 3. The color of each ribbon represents the contraceptive use status at the initial Phase of the two Phases (e.g., a grey ribbon flowing from Phase 2 to Phase 3 represents women who were pregnant at Phase 2). The N on each ribbon is the weighted number of women who went from the contraceptive use status at the initial Phase to the use status at the next Phase. The width of the ribbon is proportional to the number of women represented.

## CHANGE IN CONTRACEPTIVE METHOD TYPE

Percent of women age 15-49 who changed contraceptive method or use status between PMA Phase 1 (January 2020), PMA Phase 2 (February 2021), and PMA Phase 3 (January 2022) (n=844)



The ribbons of the Sankey represent the flow of women from one contraceptive use status to another among panel women who completed all three PMA Phases. The left side of the Sankey shows the flow between Phase 1 and Phase 2, and the right side between Phase 2 and Phase 3. The color of each ribbon represents the contraceptive use status at the initial Phase of the two Phases (e.g., a blue ribbon flowing from Phase 2 to Phase 3 represents women who were using a short-acting method at Phase 2). The N on each ribbon is the weighted number of women who went from the contraceptive use status at the initial Phase to the use status at the next Phase. The width of the ribbon is proportional to the number of women represented.

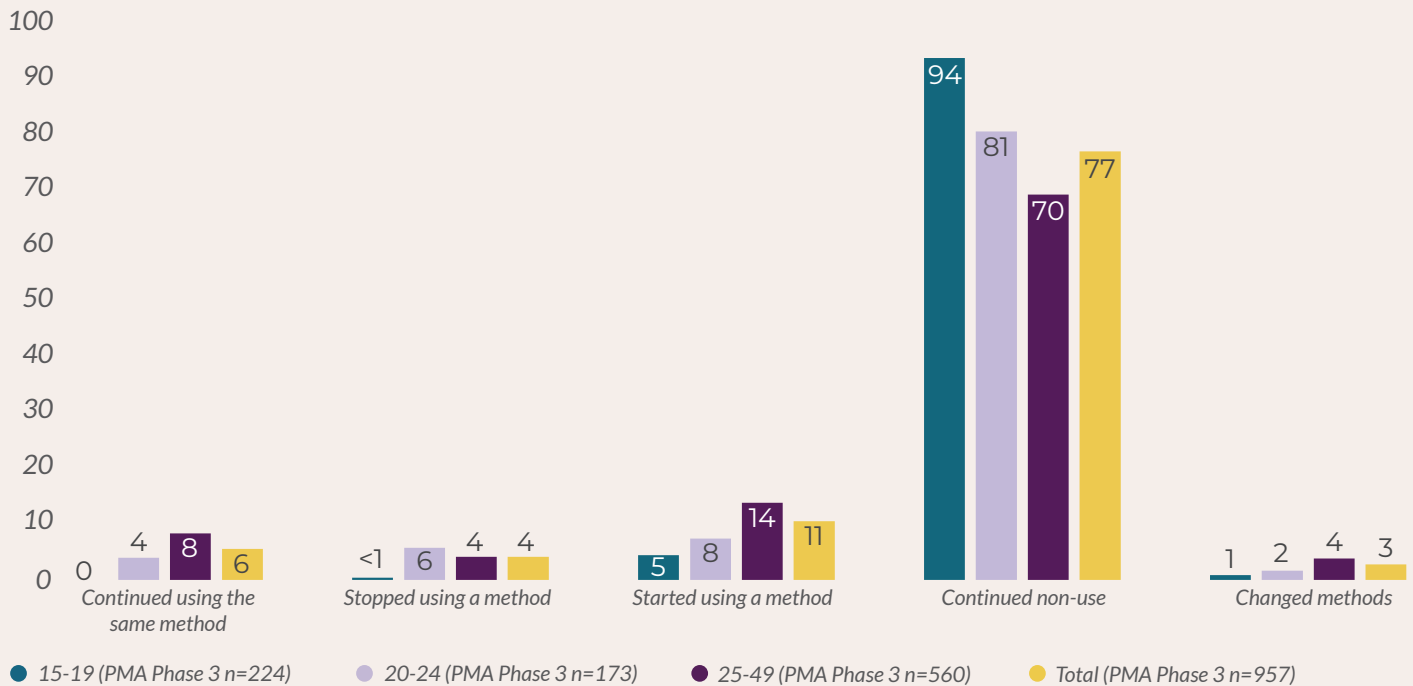
### KEY FINDINGS FOR SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

- There has been a decline in the proportion of panel women who were pregnant from 13% in January 2020 to 10% in January 2022.
- The proportion of panel women who were not using a method of family planning declined from 78% in January 2020 to 72% in January 2022.
- The proportion of panel women using short-acting methods of family planning increased from 5% in January 2020 to 11% in January 2022, while the use of long-acting methods of family planning increased from 3% in January 2020 to 5% in January 2022.

## SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

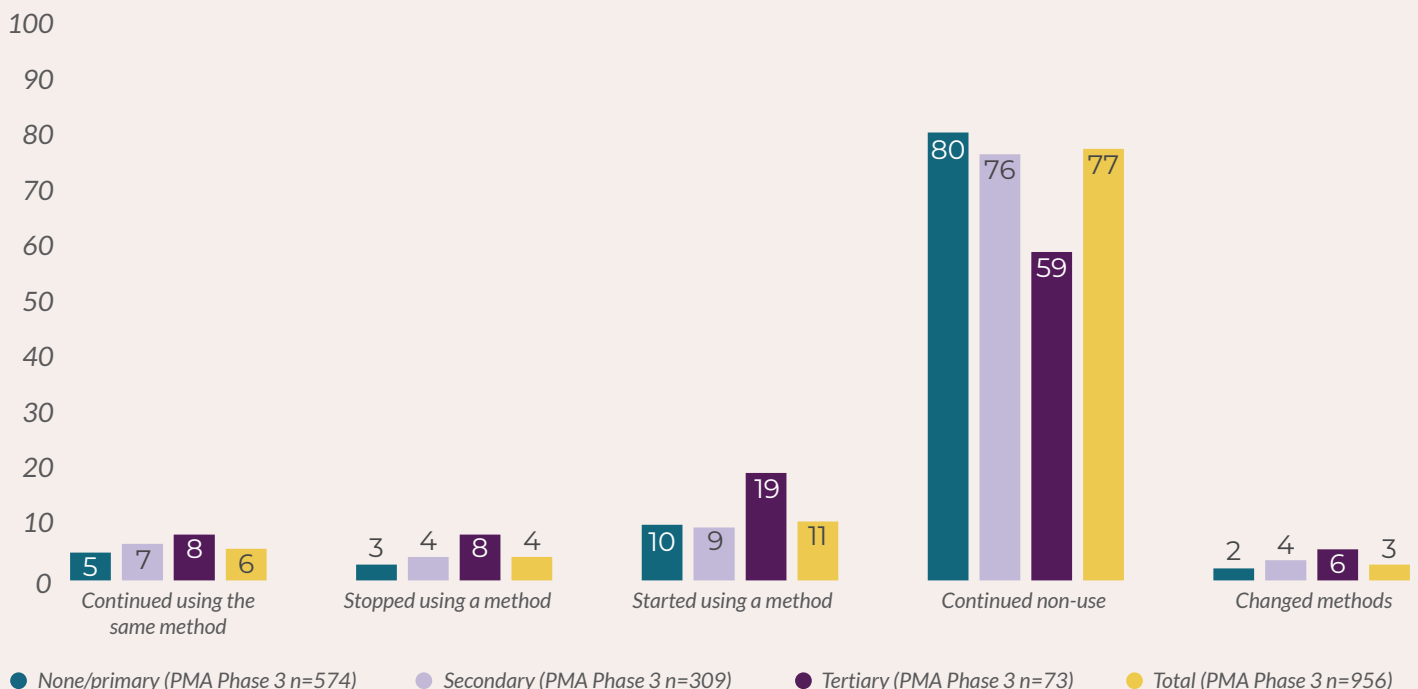
### CHANGE IN CONTRACEPTIVE USE STATUS, BY AGE

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 2 (February 2021) and PMA Phase 3 (January 2022), by age



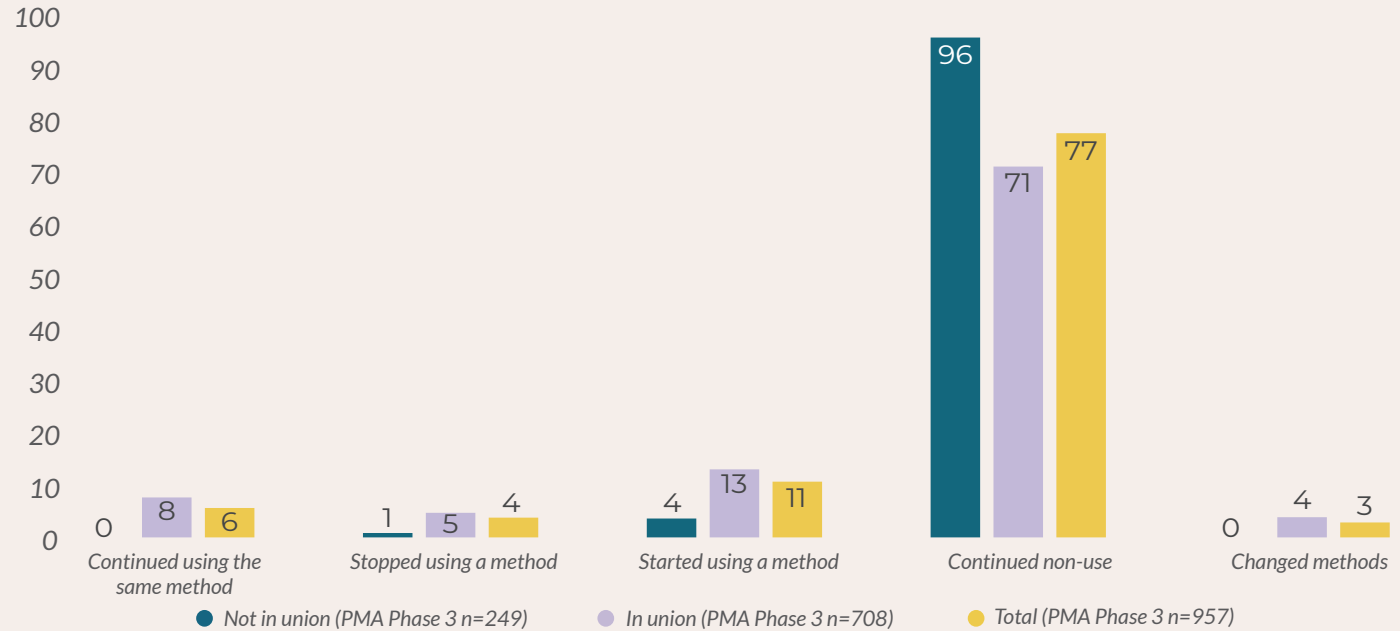
### CHANGE IN CONTRACEPTIVE USE STATUS, BY EDUCATION LEVEL

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 2 (February 2021) and PMA Phase 3 (January 2022), by education level



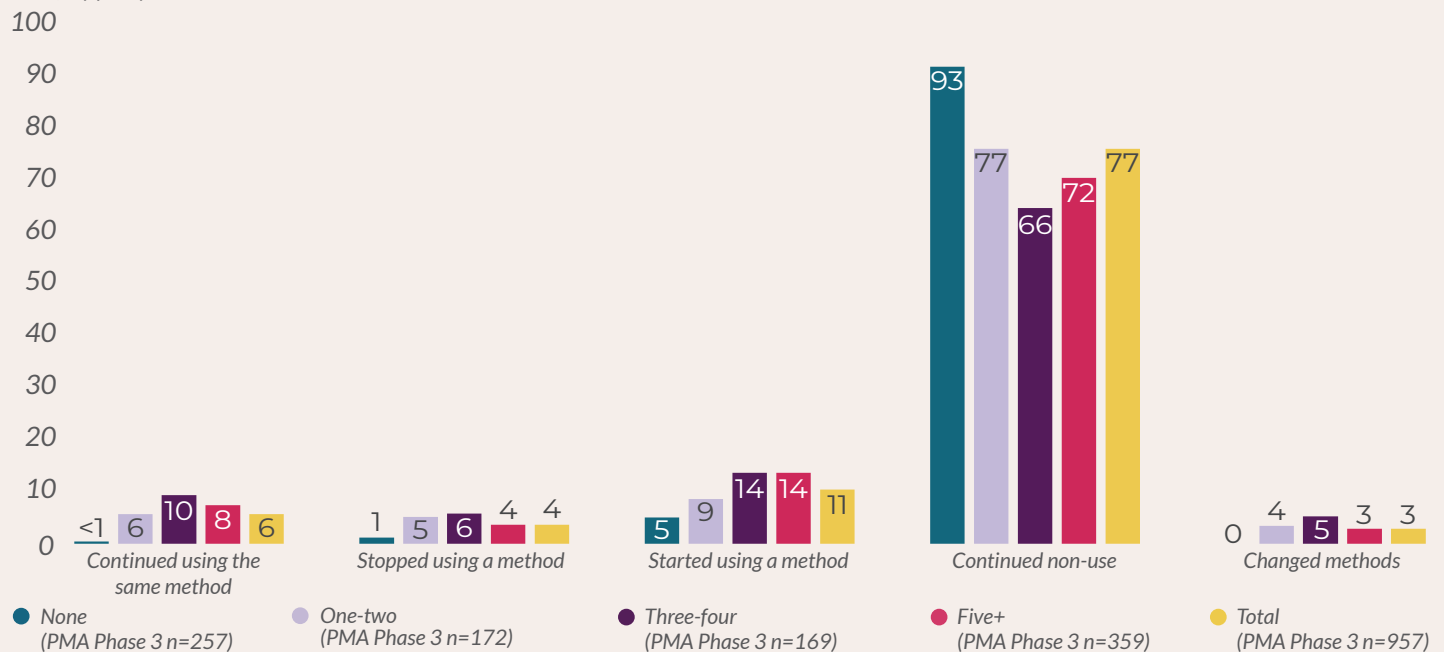
## CHANGE IN CONTRACEPTIVE USE STATUS, BY MARITAL STATUS

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 2 (February 2021) and PMA Phase 3 (January 2022), by marital status



## CHANGE IN CONTRACEPTIVE USE STATUS, BY PARITY

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 2 (February 2021) and PMA Phase 3 (January 2022), by parity



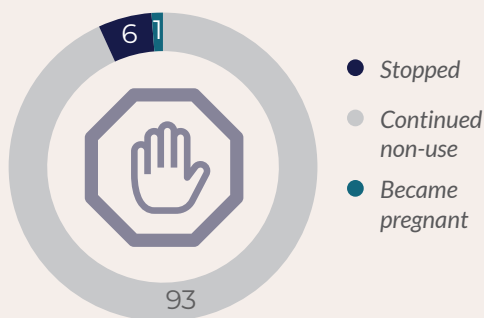
### KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

- 11% of panel women interviewed in February 2021 and January 2022 were new users of family planning in 2022. Among women 25-49 years old, 14% were new users, while 8% and 5% of women 20-24 and 15-19 years old, respectively, started using a method.
- 6% of panel women with tertiary education who were using family planning in February 2021 changed methods by January 2022, compared to 4% and 2% among women with secondary education and primary/no education respectively.
- 14% of panel women with three or more children have started using family planning between February 2021 and January 2022.

## SECTION 3: OTHER PANEL DYNAMICS

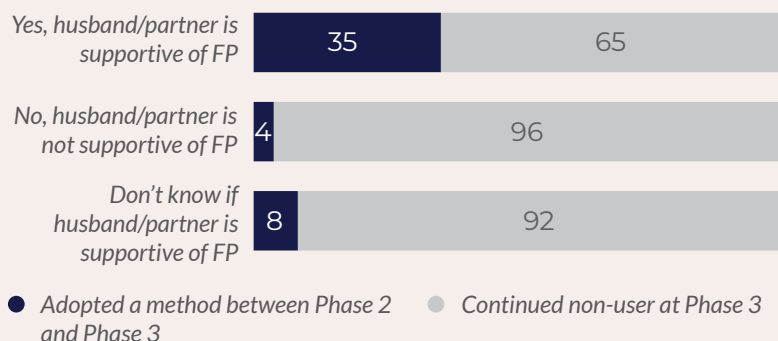
### METHOD DISCONTINUATION

Among women 15-49 with unmet need at Phase 3, the percentage that stopped using a contraceptive method or became pregnant since Phase 2 (n=161)



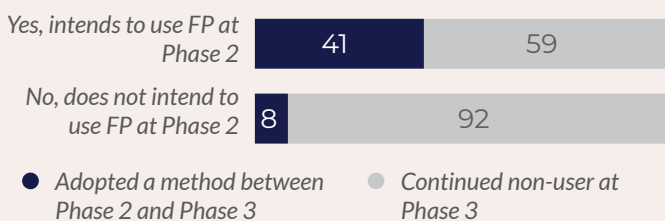
### PARTNER SUPPORT FOR FAMILY PLANNING

Percent of women in union age 15-49 who were not using an FP method at Phase 2 and who adopted an FP method between Phase 2 and Phase 3, by husband/partner's support for FP at Phase 2 (n=283)



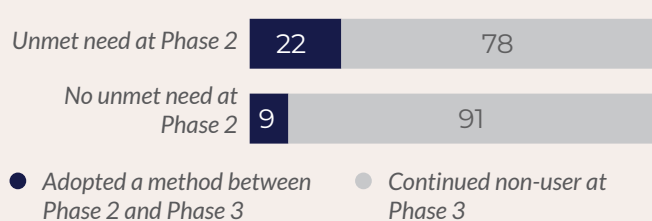
### INTENTION TO USE FAMILY PLANNING

Percent of women age 15-49 who were not using an FP method at Phase 2 and who adopted an FP method between Phase 2 and Phase 3, by their intention to use FP at Phase 2 (n=842)



### UNMET NEED FOR FAMILY PLANNING

Percent of women age 15-49 who were not using an FP method at Phase 2 and who adopted an FP method between Phase 2 and Phase 3, by their unmet need status at Phase 2 (n=842)



### KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

- 35% of panel women who were not using family planning but enjoyed their husband's/partner's support for family planning in February 2021 have adopted a method by January 2022.
- 41% of panel women who were not using family planning in February 2021, but intended to use in the next year, adopted a method by January 2022.
- 22% of panel women with unmet need for family planning in February 2021 adopted a method by January 2022, compared to 9% of women with no unmet need.

### SUMMARY TABLE

	Total	Completed Phase 1	Completed Phase 2	Completed Phase 3	Completed Phase 2 and Phase 3	Completed All Three Phases
Enrolled at Phase 1	1,081	1,081	998	859	884	844
Enrolled at Phase 2	142	N/A	142	112	112	N/A
<b>Total Panel Women</b>	<b>1,223</b>	<b>1,081</b>	<b>1,140</b>	<b>974</b>	<b>958</b>	<b>844</b>

PMA Nigeria (Kano) collects data 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. Phase 3 panel data were collected between December 2021 and January 2022 among 1102 women from Phase 1 and Phase 2 who consented to follow-up and aged 15-49y at Phase 3. 87% of women enrolled in the panel survey at Phase 1 between December 2019 and January 2020 and 13% of women enrolled in the panel survey at Phase 2 between December 2020 and February 2021. Of the 1102 eligible women, 11.1% of were not reached for follow-up at Phase 3. Of those reached, 978 (88.7% of the eligible respondents) completed the Phase 3 survey, for a response rate of 99.8% among contacted women. Survey results presented in this brief are among de facto women who completed the female panel surveys at each Phase. Survey results in section 1 of this brief are representative of the Phase 1 population. Estimates depicted in sections 2 and 3 are representative of the Phase 2 population. Sociodemographic data used for indicator disaggregation were collected at Phase 2. 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.