



# PMA NIGER (NIAMEY)

Results from Phase 2 cross-sectional survey

January-May 2022

## OVERALL KEY FINDINGS



The modern contraceptive prevalence rate (mCPR) among married women was 30% in Niamey in 2022. This proportion was practically the same as in 2021.



The proportion of women using long-acting reversible contraceptive (LARC) methods remained virtually the same, at 5%, between 2021 and 2022. Nearly the same result was found for short-acting contraceptive methods, with a proportion of approximately 13%.

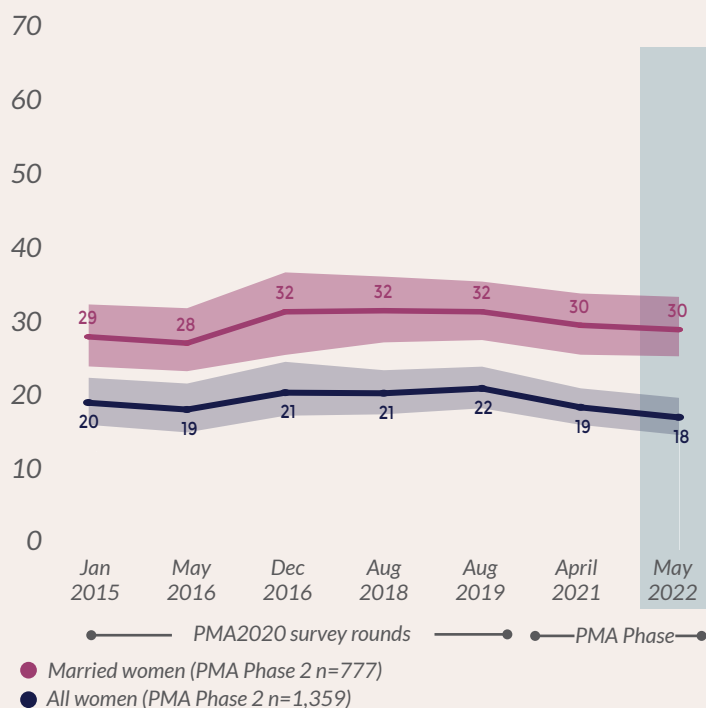


Over eight in ten women using a modern contraceptive method received it from a public health facility.

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

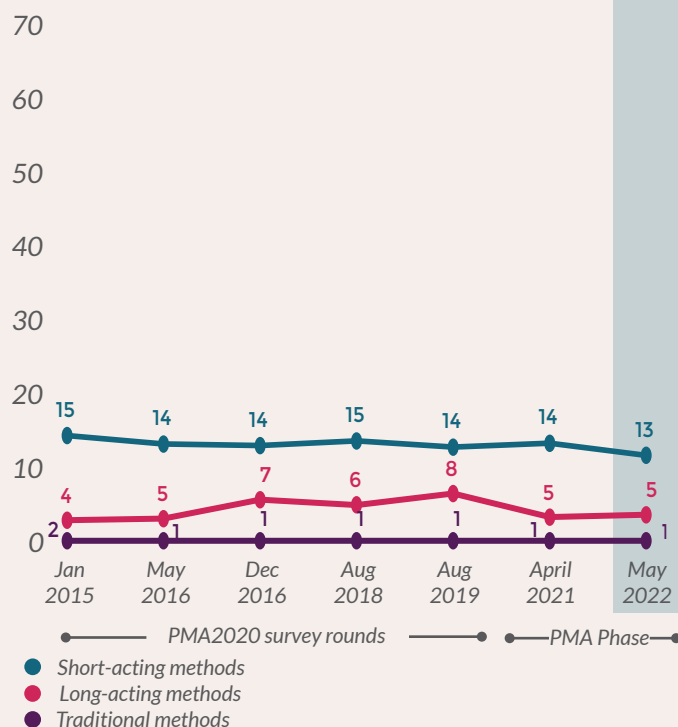
### MODERN CONTRACEPTIVE PREVALENCE

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



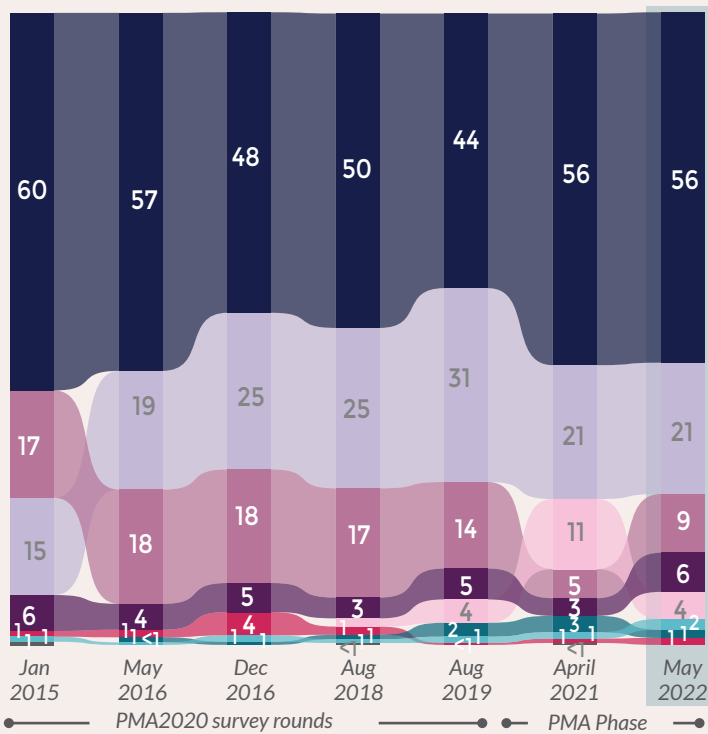
### CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 2 n=1,359)



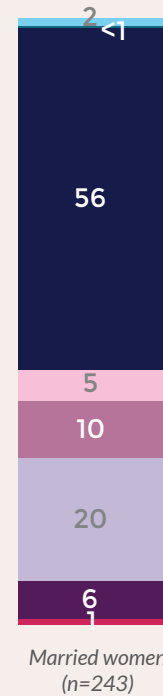
## TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 2 n=250)



## MODERN CONTRACEPTIVE METHOD MIX

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



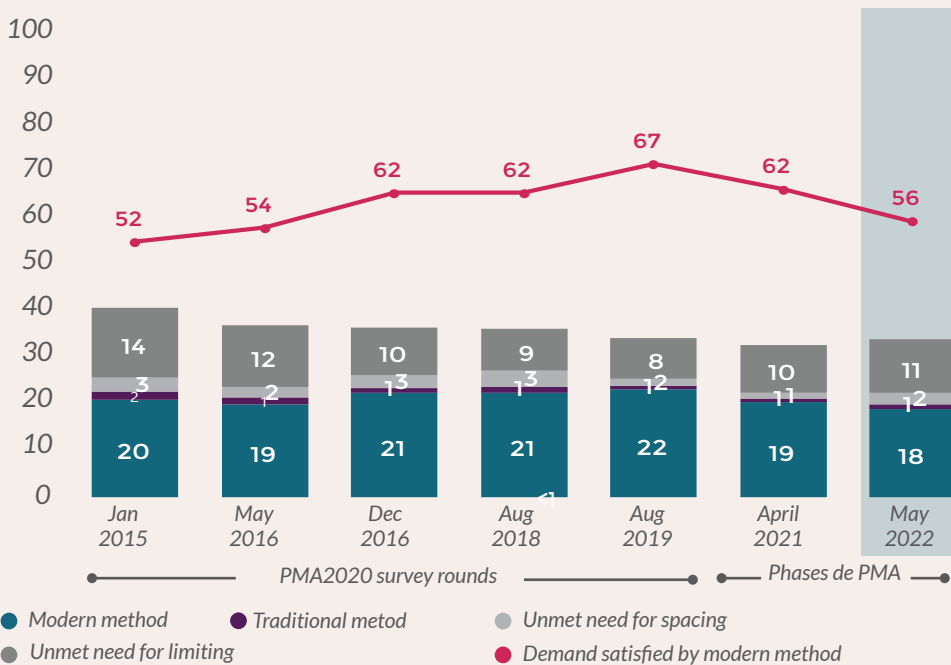
Key for method mix charts:

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

"Other modern methods" include male sterilization, female condom, contraceptive foam or jelly, cycle beads/standard days method, 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=1,359)



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

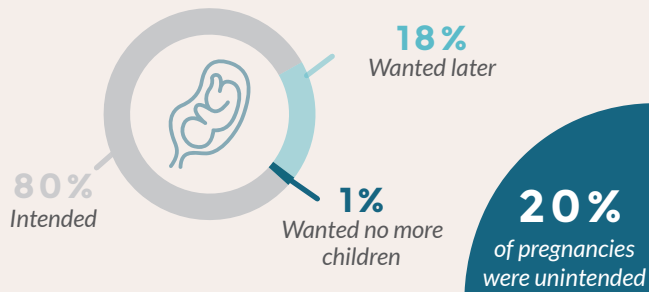
## INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=998)



## INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=581)



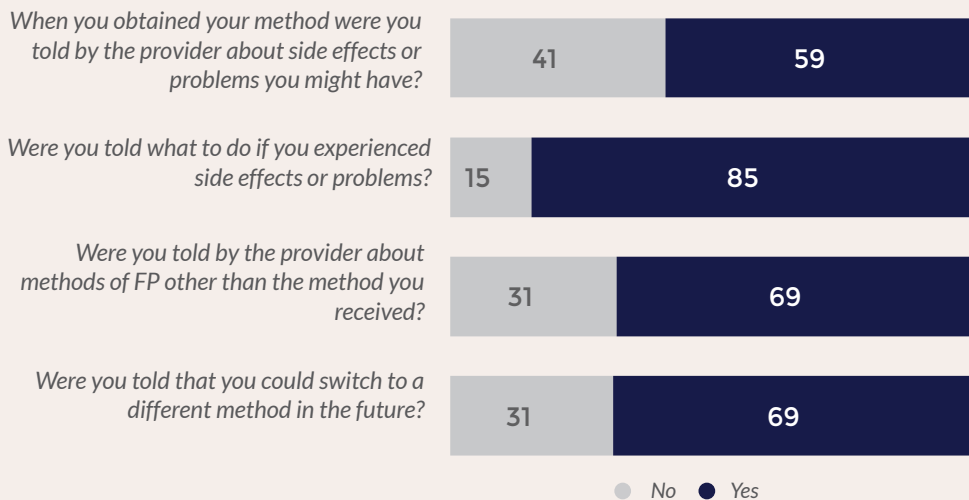
## KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Contraceptive demand met by a modern method among women living in Niamey decreased from 62% in 2021 to 56% in 2022.
- Among women 15-49 years old who did not use any contraceptive method at the time of the survey, only 9% intended to use one in the next 12 months.
- One in five women (20%) reported that their most recent their most recent birth or current pregnancy was unwanted; 18% would have preferred for the birth or pregnancy to happen later.

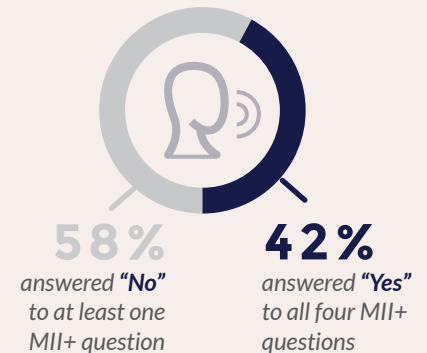
## SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

### 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=249)

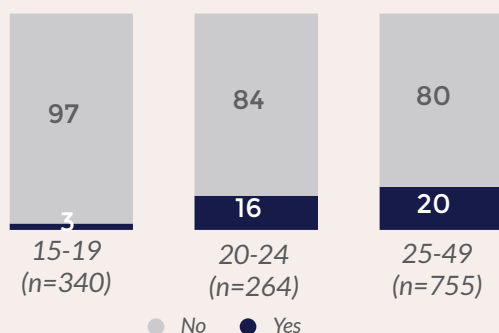


Pourcentage de femmes qui ont répondu « Oui » à toutes les quatre questions



### 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



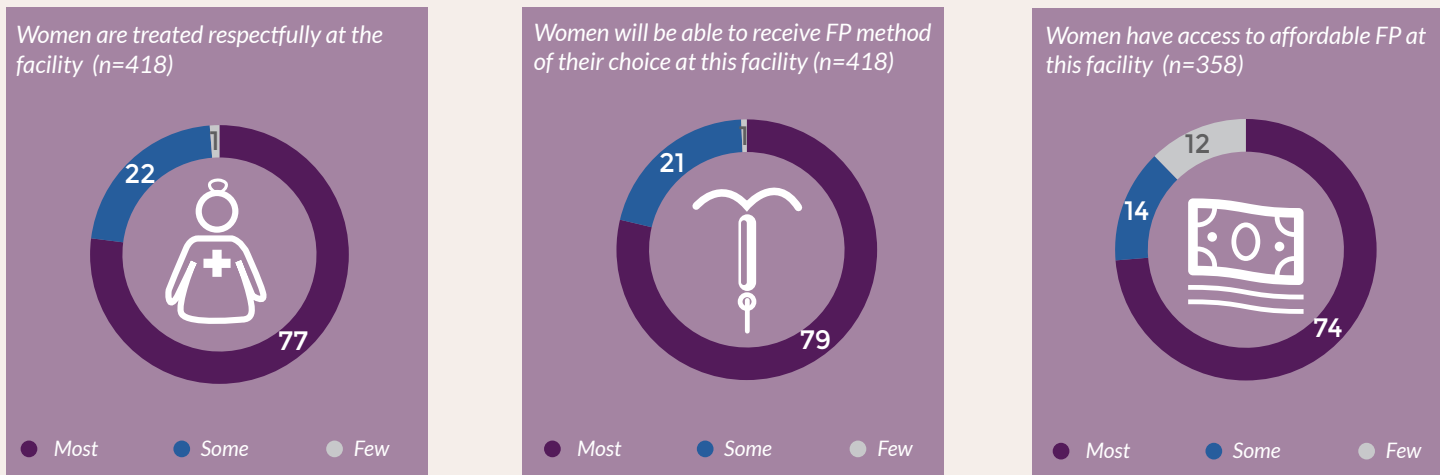
### KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- Over four in ten modern contraceptive users were not counseled on the possible side effects or issues related to their methods at the time of their visit.
- In the 12 months prior to the survey, adolescent girls received information on family planning from a health provider much less often than older women (3% vs. 20%).
- Over four in ten modern contraceptive users received the four key messages constituting quality counseling from a health provider.

## SECTION 3: QUALITY OF FP SERVICES

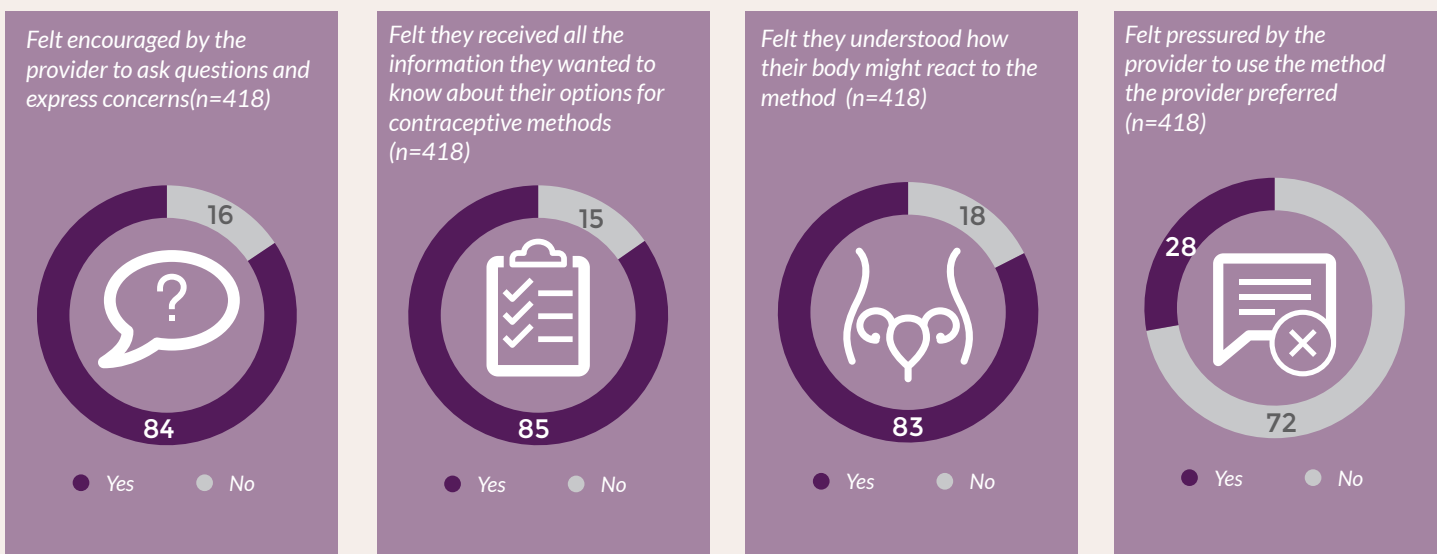
### COMMUNITY PERCEPTION OF QUALITY OF CARE

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



### PERSONAL PERCEPTION OF QUALITY OF CARE

Percent of female FP clients that agreed with the following statements



### KEY FINDINGS FOR SECTION 3: QUALITY OF FP SERVICES

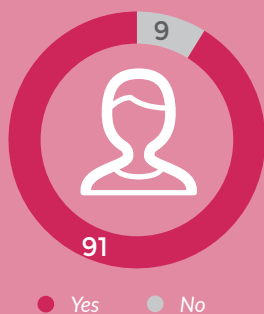
- Nearly eight in ten FP clients believe that most of their community members can receive the method of their choice at a health facility.
- Over eight in ten FP clients felt that they received all the information they needed on their contraceptive options.
- Nearly two in ten FP clients felt that they did not know how their bodies might react to their contraceptive methods after their visit.

## 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=246)

Does your partner know you are using this method?



#### By age



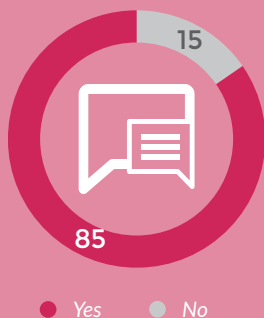
#### By education



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=246)

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



#### By age



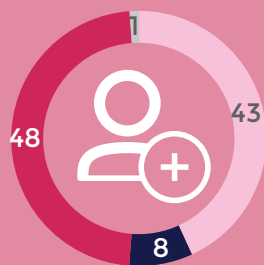
#### By education



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

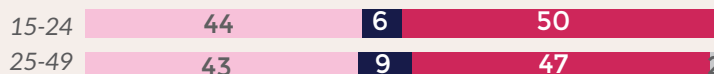
Percent of women who are currently using FP and agree with the following statement, by age and education (n=264)

Would you say that using FP is mainly your decision?

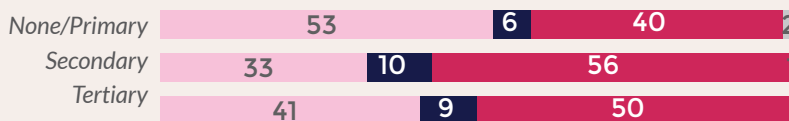


- Mainly respondent
- Mainly husband/partner
- Joint decision
- Other

#### By age

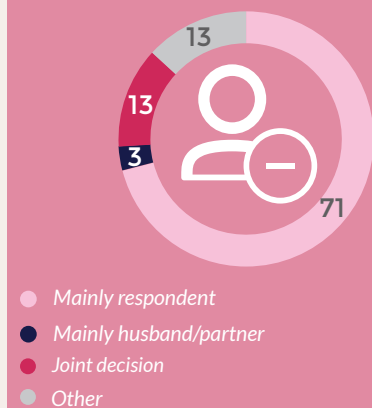


#### By education

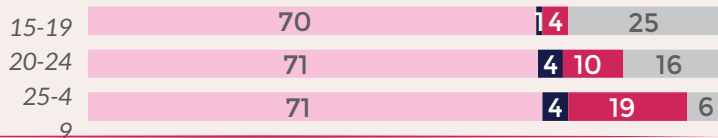


Percent of women who are not currently using FP and agree with the following statement, by age and education (n=915)

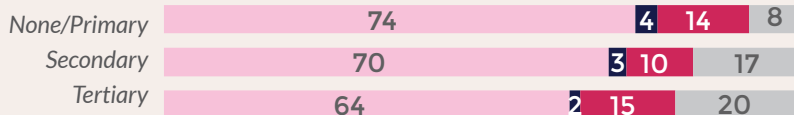
Would you say that not using FP is mainly your decision?



### By age

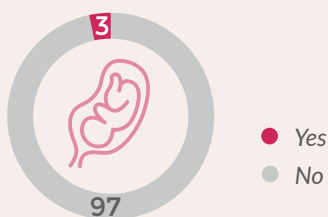


### By education

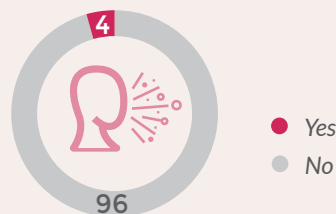


## PREGNANCY COERCION

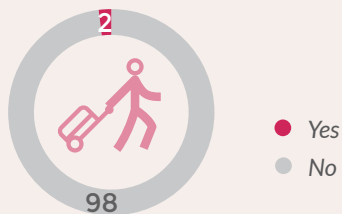
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=776)



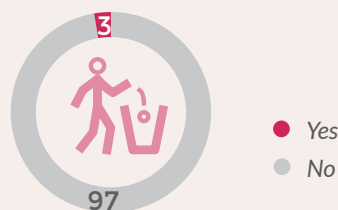
Percent of currently married women who report that their partner made them feel badly for wanting to use an FP method to delay or prevent pregnancy in the past 12 months (n=775)



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=775)



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=774)



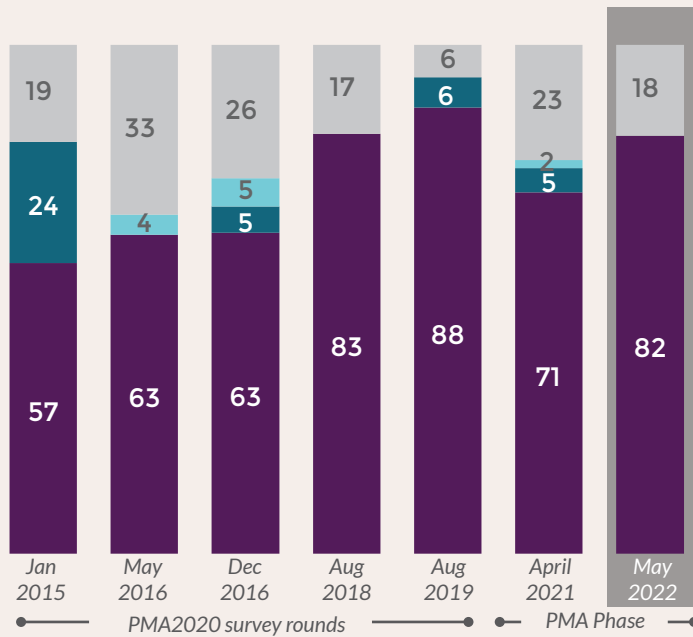
## KEY FINDINGS FOR SECTION 4: PARTNER DYNAMICS

- Nine percent of women using a female-controlled modern contraceptive method reported that their husbands/partners did not know about their contraceptive use.
- Fifteen 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 before using their current methods.
- Nearly five in ten current contraceptive users (48%) reported that the decision to use contraception was made jointly with their husbands/partners.

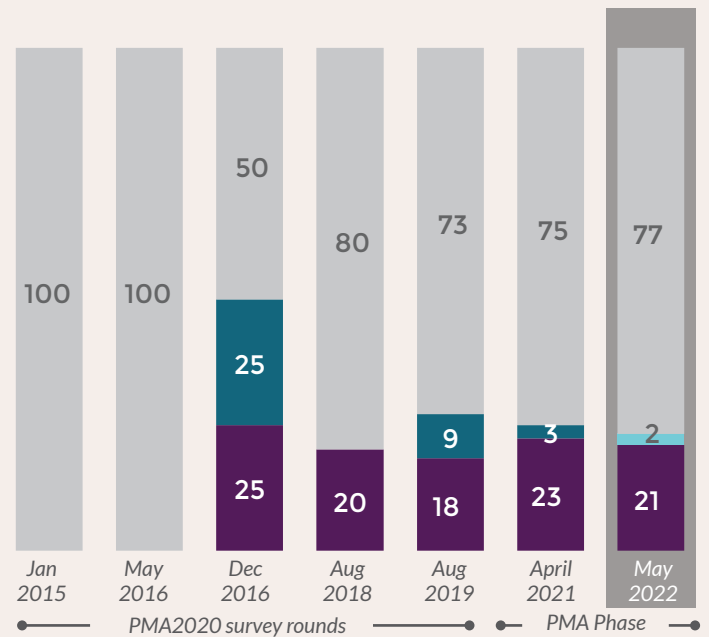
# SECTION 5: SERVICE DELIVERY POINTS

## TRENDS IN METHOD AVAILABILITY : IUD

Public facilities (PMA Phase 2 n=62)



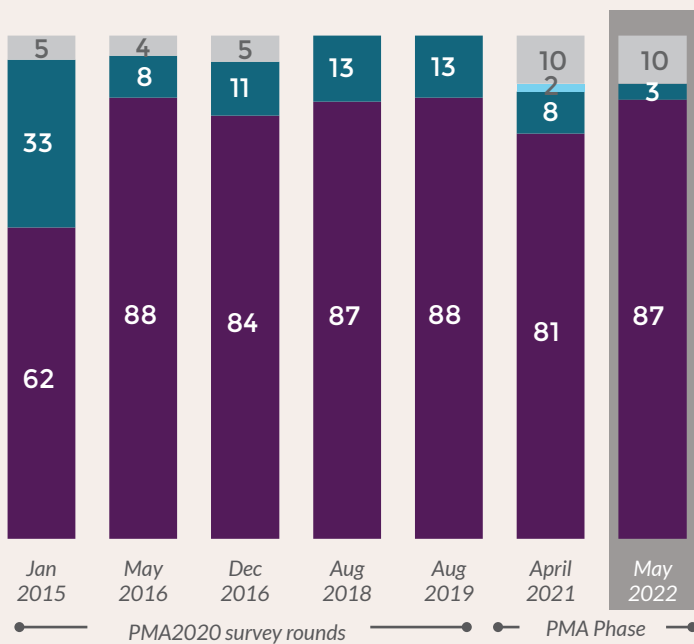
Private facilities (PMA Phase 2 n=43)



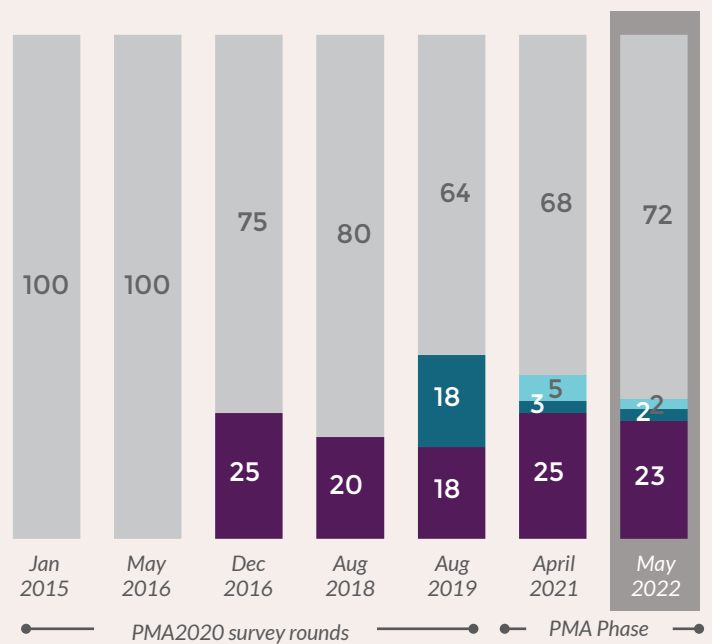
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

## TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 2 n=62)



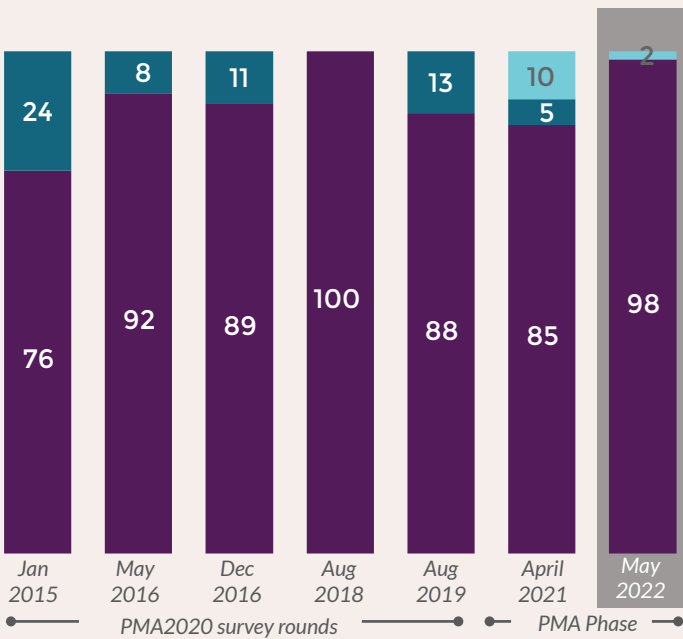
Private facilities (PMA Phase 2 n=43)



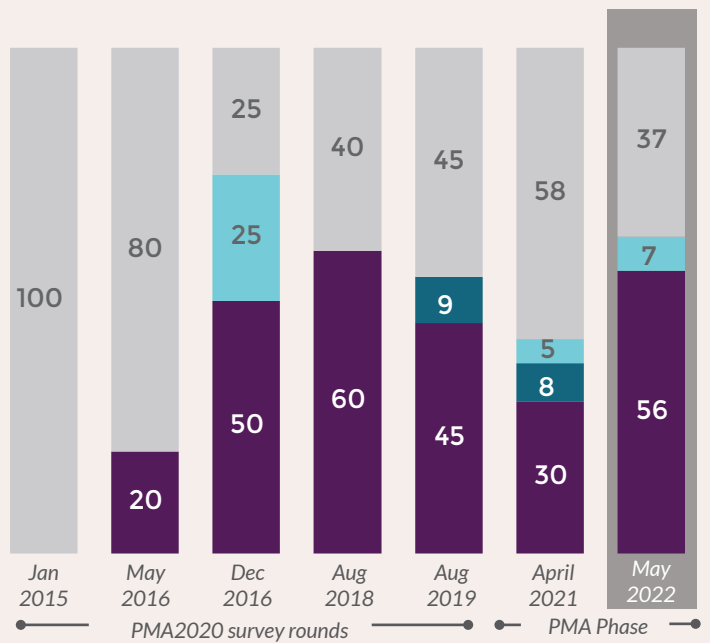
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

## TRENDS IN METHOD AVAILABILITY: INJECTABLE

Public facilities (PMA Phase 2 n=62)



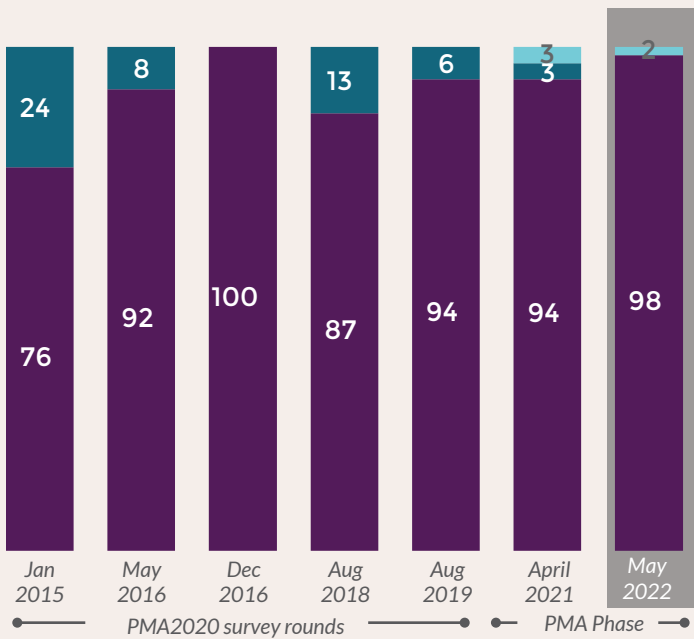
Private facilities (PMA Phase 2 n=43)



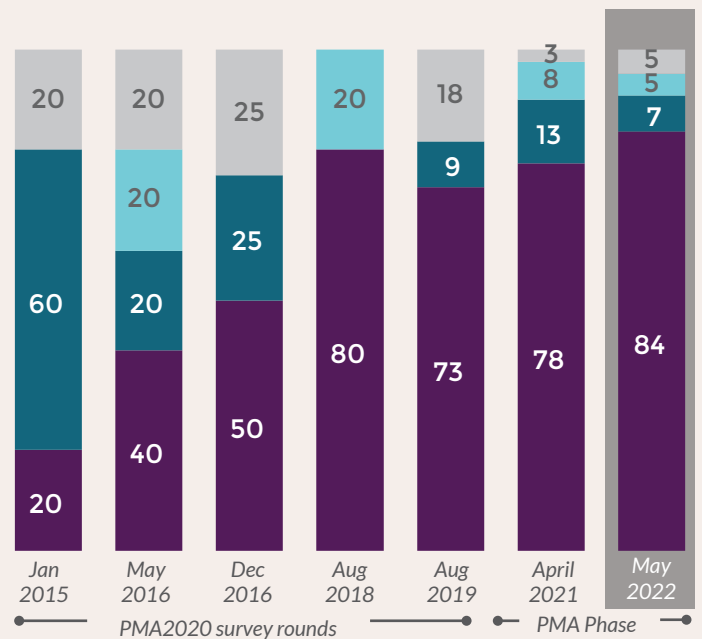
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

## TRENDS IN METHOD AVAILABILITY: PILL

Public facilities (PMA Phase 2 n=62)



Private facilities (PMA Phase 2 n=43)

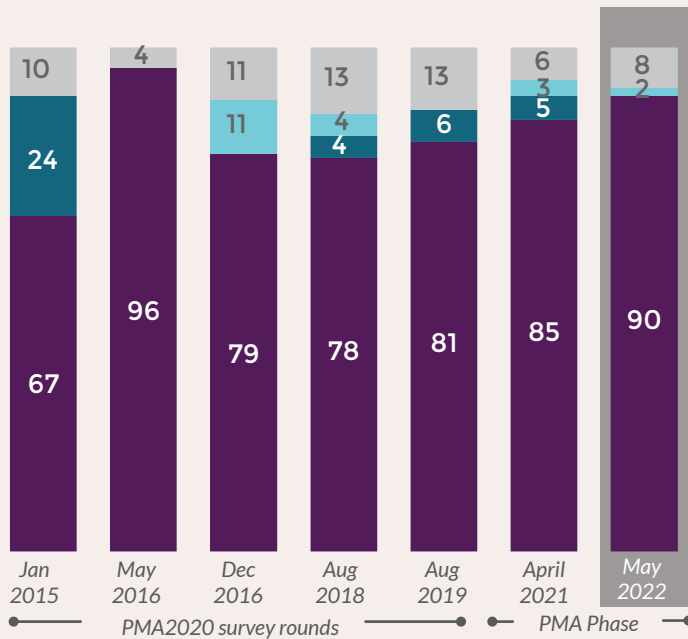


● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

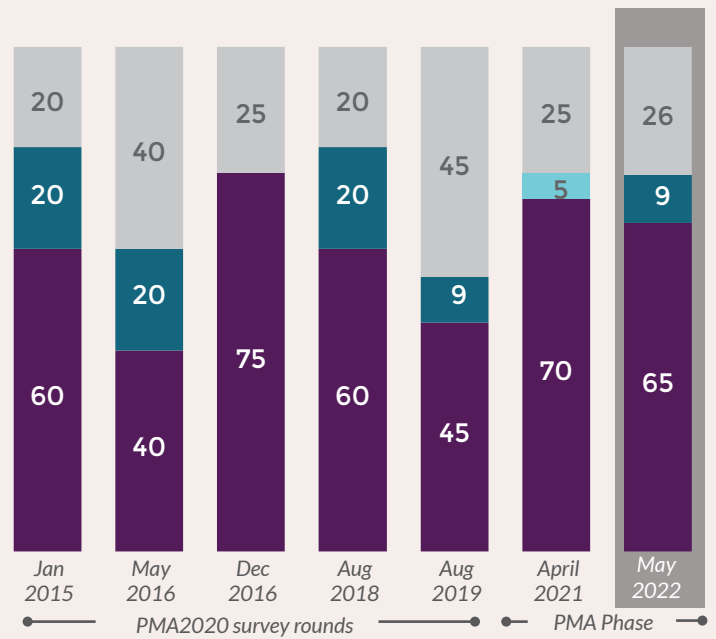


## TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 2 n=62)



Private facilities (PMA Phase 2 n=43)



● 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

Private facilities (n=12 episodes)



**67%**  
Ordered but did not receive shipment



**17%**  
Did not place order for shipment

Private facilities (n=16 episodes)



**19%**  
Ordered but did not receive shipment

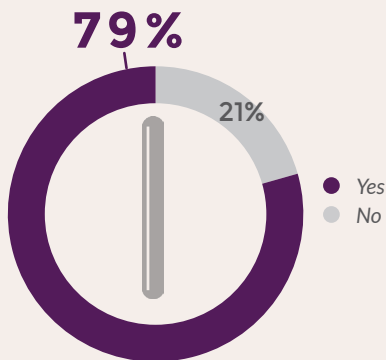


**38%**  
Did not place order for shipment

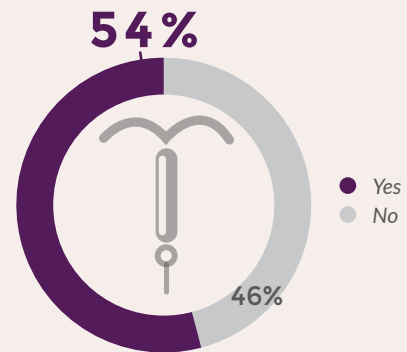
Possible answers were "Did not place order for shipment", "Ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", "Stock out due to COVID-19 disruption", and "Other."

## FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=68)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=61)



**82%**

of women obtained their current modern method from a public health facility (n=248)

### KEY FINDINGS FOR SECTION 5: SERVICE DELIVERY POINTS

- Over eight in ten public Service Delivery Points (SDPs) reported that they had all contraceptive methods (both short-acting and long-acting methods) in stock on the day of the survey, and that they did not experience any stockouts in the past three months.
- The main reason mentioned (67% of the cases) to explain stockouts of contraceptive methods at the public SDPs level was that the products had been ordered but not delivered.
- Seventy-nine percent of SDPs provided implants and had a trained health provider and the necessary equipment/supplies for implant insertion and removal, while this was the case of 54% 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	R1	Jul-Aug 2015	1,336	21.37	1.63	18.24	24.88	19.75	1.55	16.78	23.10	16.90	1.70	13.70	20.66
PMA 2020	R2	Feb-May 2016	1,276	20.09	1.60	17.03	23.54	18.82	1.62	15.75	22.33	14.48	1.54	11.64	17.89
PMA 2020	R3	Nov-Dec 2016	1,398	22.01	1.89	18.39	26.10	21.10	1.90	17.47	25.26	12.29	1.18	10.08	14.90
PMA 2020	R4	Jul-Aug 2018	1,341	22.31	1.46	19.48	25.42	21.02	1.46	18.20	24.14	11.86	1.14	9.72	14.39
PMA 2020	R5	Jul-Aug 2018	1,281	22.36	1.46	19.52	25.47	21.67	1.37	19.00	24.60	9.84	1.18	7.68	12.52
PMA	Phase 1	Dec 2020-April 2021	1,355	19.95	1.30	17.43	22.74	19.12	1.21	16.78	21.69	10.80	1.20	8.59	13.48
PMA	Phase 2	Jan-May 2022	1,359	18.82	1.24	16.43	21.47	17.77	1.23	15.41	20.41	13.07	1.66	10.06	16.83

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	R1	Jul-Aug 2015	894	30.96	2.08	26.89	35.36	28.63	2.05	24.64	32.99	24.43	2.33	19.99	29.49
PMA 2020	R2	Feb-May 2016	812	29.77	2.22	25.45	34.47	27.77	2.21	23.51	32.47	21.20	2.22	17.03	26.07
PMA 2020	R3	Nov-Dec 2016	911	32.69	2.71	27.40	38.46	31.48	2.73	26.19	37.30	17.24	1.74	13.96	21.09
PMA 2020	R4	Jul-Aug 2018	828	34.20	2.09	30.08	38.57	32.14	2.18	27.87	36.73	18.26	1.58	15.25	21.70
PMA 2020	R5	Jul-Aug 2018	793	33.09	2.04	29.06	37.39	32.00	1.93	28.19	36.07	15.27	1.75	12.14	19.29
PMA	Phase 1	Dec 2020-April 2021	789	31.57	2.24	27.20	36.30	30.18	2.03	26.21	34.46	17.46	1.66	14.33	21.10
PMA	Phase 2	Jan-May 2022	777	31.57	2.10	27.28	35.81	29.59	2.08	25.53	34.00	21.09	2.33	16.74	26.22

PMA Niger (Niamey) collects information on knowledge, practices, and coverage of family planning services in 33 enumeration areas using a two-stage stratified cluster design in urban and rural areas. The results are regionally representative. Data were collected between January and May 2022 from 1,093 households (with a 97.7% response rate), 1,359 women aged 15-49 (95.8% response rate), 132 health delivery sites (96.4% response rate), and 418 post-consultation client interviews (99.5% response rate). For more information on the sampling and complete databases, see: <https://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.