



PMA NIGERIA (LAGOS) Results from Phase 3 panel survey

December 2021-January 2022

OVERALL KEY FINDINGS

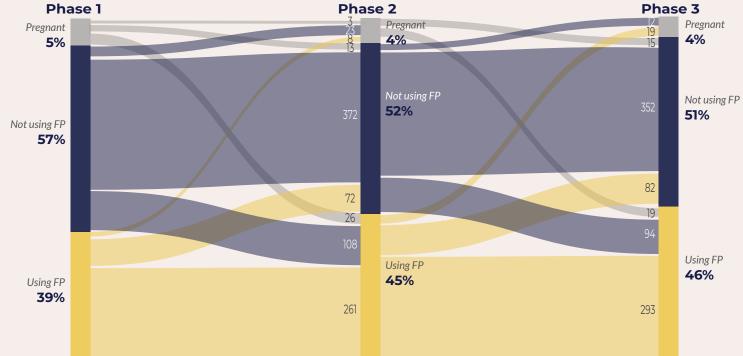
Use of short-acting methods increased by two percentage points, while use of long-acting methods increased by one percentage point between Phases 2 & 3. Women who started using a method between Phases 2 & 3 were most likely to be 20-24 years of age, while women who stopped using a method between Phases 2 & 3 were most likely to be 25-49 years of age.

1 in 2 women who said they intended to adopt a method when interviewed in Phase 2 did so before Phase 3.

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=885)



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.





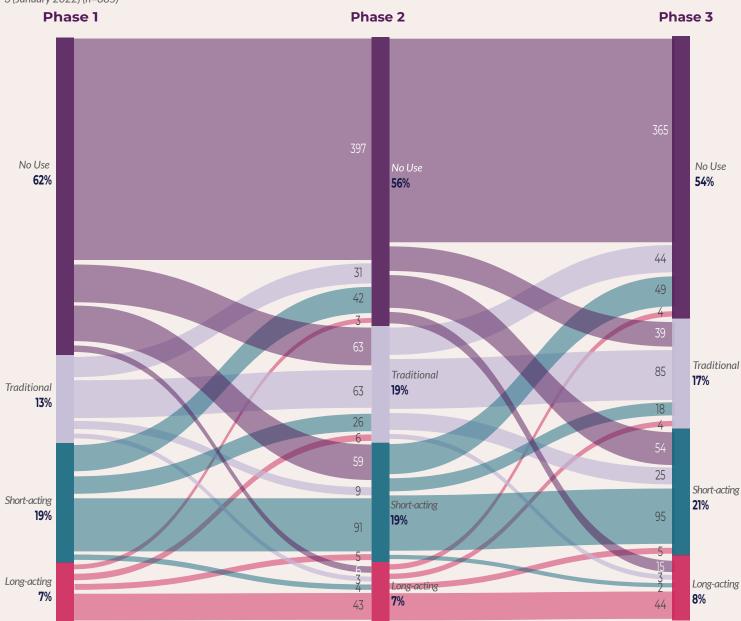


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CHANGE IN CONTRACEPTIVE METHOD TYPE

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=885)



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

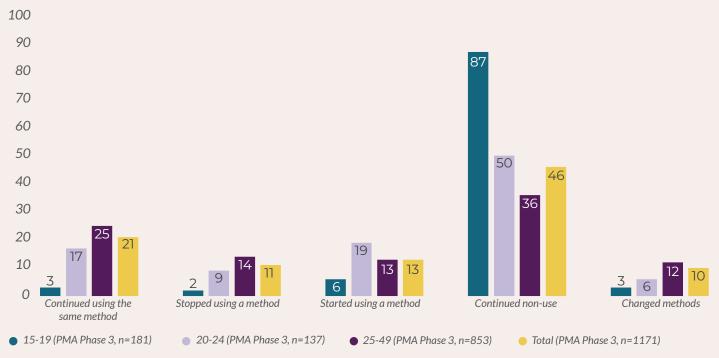
• Among women interviewed in all three Phases, contraceptive use increased from 39% in Phase 1 to 45% in Phase 2 and 46% in Phase 3.

- This increase is largely accounted for by the women who were not using an FP method in the previous Phase, but had started using a method before the next annual survey.
- Proportion of women using modern methods did not change between Phases 1 and 2, but a three percentage point increase was observed in Phase 3.



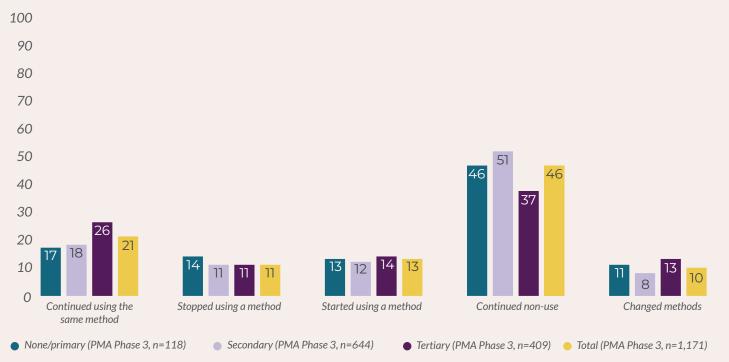
CHANGE IN CONTRACEPTIVE USE STATUS, BY AGE

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 100 90 80 70 60 50 46 40 35 30 32 37 20 21 19 18 10 13 4 10 9 6 0 Continued using the Stopped using a method Started using a method Continued non-use Changed methods same method None One-two Three-four Five+ Total (PMA Phase 3, n=387) (PMA Phase 3, n=346) (PMA Phase 3, n=349) (PMA Phase 3, n=89)(PMA Phase 3, n=1, 171)

KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DVNAMICS BY KEY MEASURES

• Women who reported continued use of the same method or who changed methods between Phases 2 & 3 were more likely to be 25-49 years of age, have tertiary education, be married or living with a man, and have 5 or more children.

• Women who started using a method between Phases 2 & 3 were most likely to be 20-24 years of age, while women who stopped using a method between Phases 2 & 3 were most likely to be 25-49 years of age.

• Among women who were married/living with a man and women with 1-2 children, almost an equal proportion started using a method as stopped using a method.



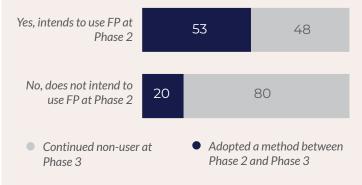
METHOD DISCONTINUATION

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=108)



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=681)



KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

• Among women with an unmet need in Phase 2, 42% adopted a contraceptive method between Phases 2 & 3, while among women with an unmet need in Phase 3, 38% stopped using a contraceptive method since Phase 2.

• 53% of women who said they intended to adopt a method when interviewed in Phase 2 did so before Phase 3.

• 80% of those who said they did not intend to use an FP method when interviewed in Phase 2 continued to be non-users when re-interviewed in Phase 3.

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=681)



- Continued non-user at Phase 3
- Adopted a method between Phase 2 and Phase 3

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	1,370	1,370	1,089	938	885	885
Enrolled at Phase 2	396	N/A	396	274	274	N/A
Total Panel Women	1,766	1,370	1,485	1,228	1,171	885

PMA Nigeria (Lagos) collects data on knowledge, practice, and coverage of family planning services in 52 enumeration areas selected using a multi-stage stratified cluster design.

Phase 3 panel data were collected between December 2021 and January 2022 among 1656 women from Phase 1 and Phase 2 who consented to follow-up and aged 15-49y at Phase 3; 75.8% of women enrolled in the panel survey at Phase 1 between December 2019 and January 2020 and 24.2% of women enrolled in the panel survey at Phase 2 between December 2020 and February 2021. Of the 1656 eligible women, 21.7% were not reached for follow-up at Phase 3. Of those reached, 1258 (76% of the eligible respondents) completed the Phase 3 survey, for a response rate of 97.1% 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

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.

