Federal Ministry of Health

African Population and Health Research Center

Countdown to 2030
Women's Children's & Adolescent's Health

CONTRACEPTIVE DISCONTINUATION IN NIGERIA

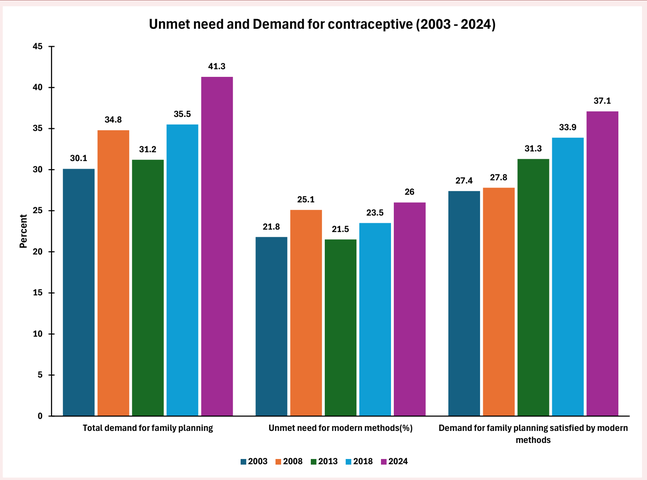
BACKGROUND

- Contraceptive use changing patterns are captured through two key measures:
  - Method discontinuation – stopping a method for any reason.
  - Switching – transitioning from one method to another.
- Monitoring these dynamics is essential for understanding use patterns and ensuring that family planning programs effectively meet individuals' reproductive health needs.
- Monitoring discontinuation offers critical insights into which methods are more frequently stopped and the underlying reasons

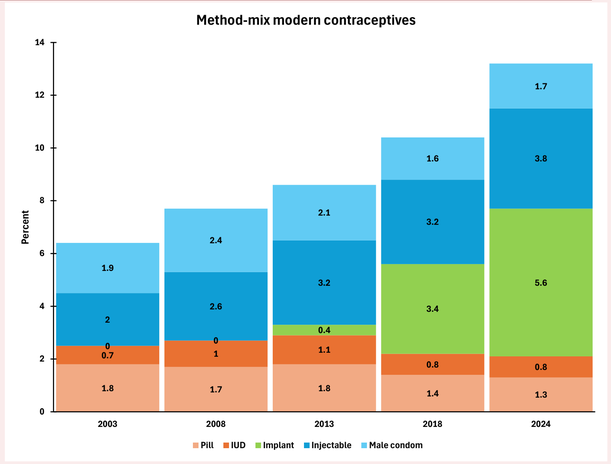
OBJECTIVES

The objectives of this analysis are to:

1. Measure and interpret contraceptive discontinuation patterns across diverse West and Central African contexts to identify which methods are most often discontinued and why.
2. Examine how discontinuation patterns relate to national method mix and program performance, highlighting opportunities to strengthen counseling, method choice, and quality of care.



- The proportion of total demand for FP met by modern methods rose from 27.4% in 2003 to 37.1% in 2024.
- Unmet need fluctuated slightly, ranging from 21.8% in 2003 to 26% in 2024, with a low of 21.5% in 2013.
- Overall, there is a slow progress in meeting the demand for FP and reducing the unmet need for FP.

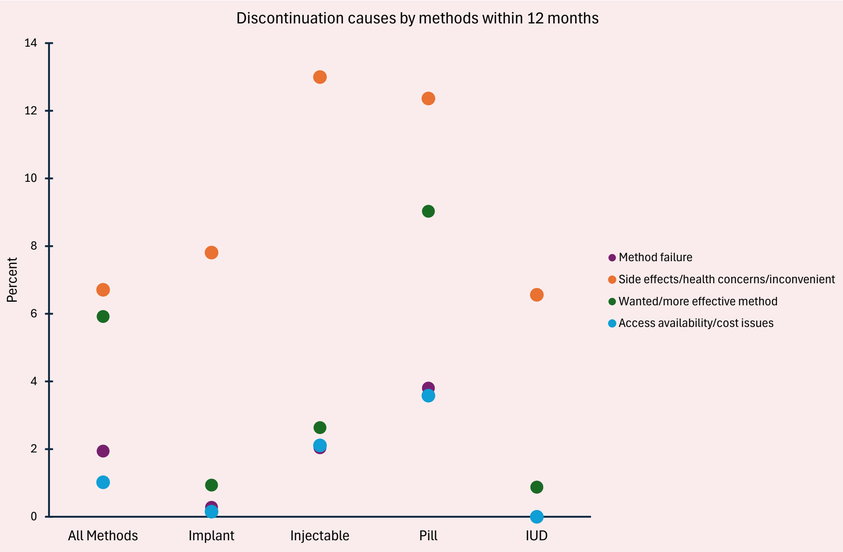


- The figure shows trends in the contraceptive method mix from 2003 to 2024. The method mix has changed over time from a more symmetric to a skewed method mix.
- In 2003, Injectables, Pills, and male condoms were the methods mostly used by women and their partners. By 2024, Implants were the dominant method, contributing to over half of all methods used by women. This was closely followed by injectables.

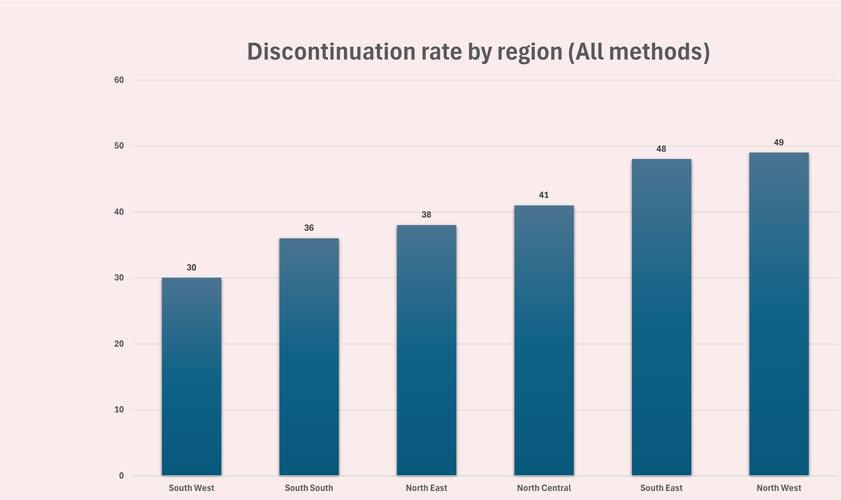
Policy context information related to family planning

- Nigeria's population is growing rapidly, with high fertility rates (5.3) and over 40% of the population under 15 years old
- The main goal is to increase the modern contraceptive prevalence rate (mCPR) among all women of reproductive age, contributing to reduced maternal mortality and improved reproductive health outcomes.
- Targets: The plan aims to add millions of new contraceptive users, reduce unmet need for FP, and avert thousands of maternal deaths and unsafe abortions.
- Strategies: Key strategies include strengthening primary health care service delivery, expanding method mix (including self-injectables), improving supply chain systems, promoting demand through communication campaigns, supporting adolescent/youth access, and increasing domestic financing for FP.

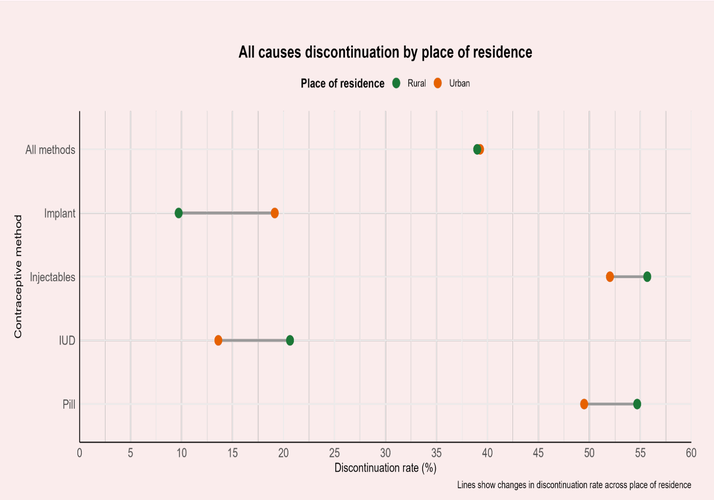
Modern contraceptive discontinuation



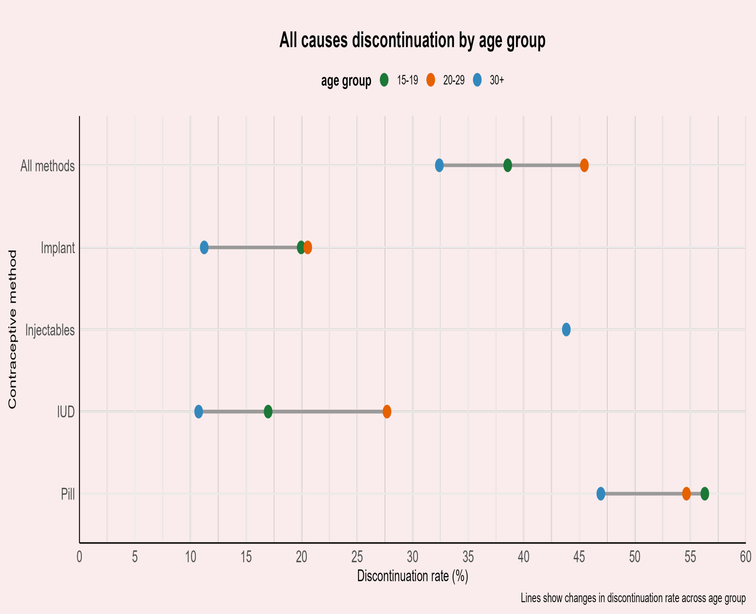
- Overall, the causes of discontinuation were due to side effect or methods inconveniences.
- Injectable was the most method discontinued due to side effects, followed by pills.
- Furthermore, 1 in 13 women discontinued implant due to side effect or method inconveniences.
- Access or availability and cost issues were never the reasons for discontinuation



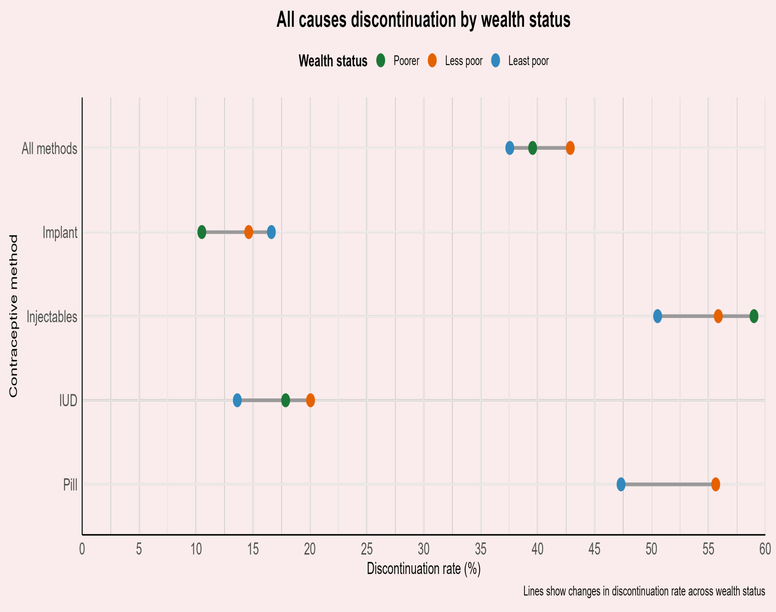
- The charts show an inverse relationship between 12-month discontinuation rates and median FP exposure duration across Nigerian regions.
- Highest Discontinuation Rate: North West (49.3%)
- Lowest Discontinuation Rate: South West(30.0%)



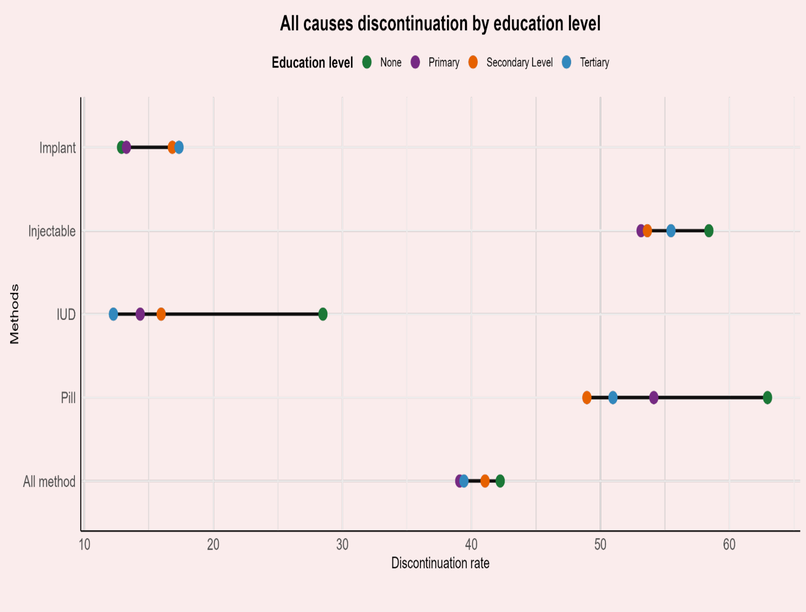
- The discontinuation rate is higher in urban areas (around 40%) compared to rural areas (around 38%).
- Pill has the highest discontinuation gap between rural and urban areas, with approximately 50% and 55% respectively



- The discontinuation rate is highest for the 30+ age group (approximately 45%), the largest gap is between the 20-29 and 30+ age groups.
- The Pill method shows the largest discontinuation gap, with the 30+ age group having a discontinuation rate of around 57%, while the 20-29 and 15-19 age groups are around 55%.



- Overall discontinuation rates for "All methods" by wealth show a slight gap, with "Least Poor" and "Less Poor" are similar (between 40% and 43%), while "Poorer" is slightly lower (approximately 38%).
- The Pill method has the largest discontinuation gap between wealth groups, with the "Least Poor" and "Less Poor" having higher discontinuation rates (57% and 55% respectively).



- Women with no education show consistently higher discontinuation rates across all methods
- The pill shows the widest gap in discontinuation rates between women with and without education.

RECOMMENDATIONS

- Enhance counseling, access to information, and addressing side effects and misconceptions to ensure method continuation for all those in need regardless of socio-economic status, place of residence, education and age
- Improving the availability of long-acting reversable methods to diversify contraceptive method mix
- Enhancing the quality of FP programs, providing comprehensive counseling on methods, and ensuring access to a variety of options.
- Provide training for healthcare providers on counseling techniques, side effect management, and method switching
- Engage communities and address potential barriers to access and continuation of FP