Policy Brief

From Contraceptive Uptake to Continuity: Strengthening Family Planning for Adolescent Girls and Young Women

To Support Maternal Death Reduction in Nigeria



Executive Summary

Contraceptive initiation alone does not ensure continued protection from unintended pregnancy. Analysis of 2024 Nigeria DHS data found that about 9 in 10 adolescent girls and young women aged 15–24 stopped using their contraceptive method within the first year. Early discontinuation was 95.5% in Northern Nigeria compared with 74.2% in Southern Nigeria —a 21-percentage-point gap. Contraceptive use also generally lasted for shorter periods in northern geopolitical zones. Age, education, wealth, number of children, and marital status remained important after adjustment, while the relationship between religious affiliation and discontinuation differed between Northern and Southern Nigeria. For women who still wish to avoid or delay pregnancy, discontinuation without timely switching can leave gaps in contraceptive protection. This is particularly important as Nigeria continues to face a high burden of maternal deaths. The Department of Family Health should strengthen monitoring of contraceptive continuation, discontinuation, and timely method switching while preserving informed reproductive choice. An immediate next step is to review how existing family planning monitoring can better capture what happens after contraceptive initiation and use this information to guide programme priorities.

Key Message:

Family planning does not end at uptake: adolescent girls and young women who still want to avoid pregnancy need support to continue use or switch methods without losing contraceptive protection.

By Ogechi Vinaprisca Ikhuoria | August 2026

Problem Context

For adolescent girls and young women who wish to avoid or delay pregnancy, starting a contraceptive method is only the first step. Continued use, or timely switching to another suitable method is important for maintaining contraceptive protection. When women stop using contraception while they still want to prevent pregnancy and do not promptly switch methods, they may experience gaps in protection.
In Nigeria, this issue deserves attention within the country's broader efforts to prevent maternal deaths. Family planning helps prevent unintended pregnancies and the pregnancy-related risks that accompany them[2]. Yet Nigeria continues to face a high maternal death burden.

377.2
maternal deaths per 100,000 live births
Nigeria, facility-based data, 2024 [3]

National target: **288**
SDG 3.1 target: **<70**[4]

New evidence from adolescent girls and young women aged 15-24 shows that contraceptive use is frequently not sustained through the first year and that these patterns are not evenly distributed across the country. Strengthening attention to what happens after contraceptive initiation therefore offers an opportunity to reinforce family planning's contribution to preventing unintended pregnancy and supporting Nigeria's maternal health goals.

What the Evidence Shows

1. Early discontinuation is widespread and geographically unequal

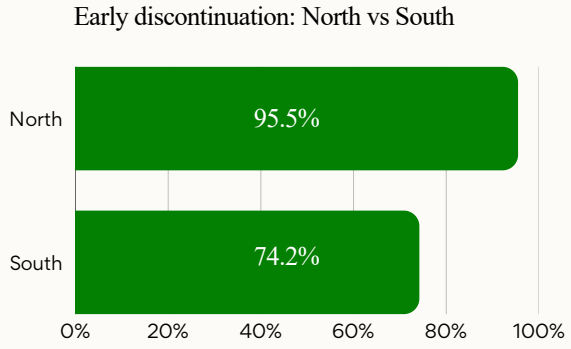
About 9 in 10 adolescent girls and young women in the study stopped using their contraceptive method within the first year. Early discontinuation was 95.5% in Northern Nigeria compared with 74.2% in Southern Nigeria.

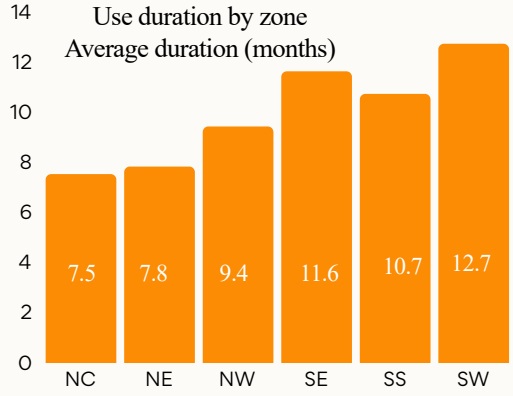
2. Contraceptive use generally lasts for shorter periods in northern regions

Contraceptive use generally lasted for shorter periods in northern geopolitical zones. Average duration was about 7.5 months in North Central and 7.8 months in North-East, compared with 12.7 months in South-West.

3. The North-South difference reflects wider social and demographic circumstances.

Early discontinuation also differed by social and demographic circumstances. Age, education, wealth, number of children and marital status remained associated after accountng for other factors, while the relationship between religious affiliation and discontinuation differed between Northern and Southern Nigeria. This suggests that the North-South gap reflects complex and differing social contexts rather than geography alone.





Early contraceptive discontinuation is higher in the North, while use generally lasts longer in southern zones.

Source: Author's analysis of the 2024 Nigeria DHS, n=5,821.

Recommendations

01 Strengthen monitoring after contraceptive initiation

Strengthen routine monitoring of contraceptive continuation, discontinuation and timely method switching among adolescent girls and young women aged 15–24, including whether pregnancy prevention remains desired.

02 Use continuation data to guide programme priorities

Use continuation and discontinuation data in family planning programme reviews to identify the groups and regions where early discontinuation is highest and prioritize continuation and switching support in those settings.

03 Protect informed reproductive choice

Define programme success around women's reproductive intentions. Continued contraceptive use or timely switching should be supported when pregnancy prevention remains desired; choosing to stop contraception because pregnancy is wanted or contraception is no longer needed should not be treated as programme failure.

Feasibility and Implementation

Build on existing systems

Use existing family planning monitoring and programme-review structures rather than creating a separate system.

Phase the implementation

First establish clear definitions and determine which measures can be reliably produced from routine data.

Protect informed choice

Use routine and periodic population-based data in ways that distinguish unwanted gaps in protection from intentional discontinuation.

References

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