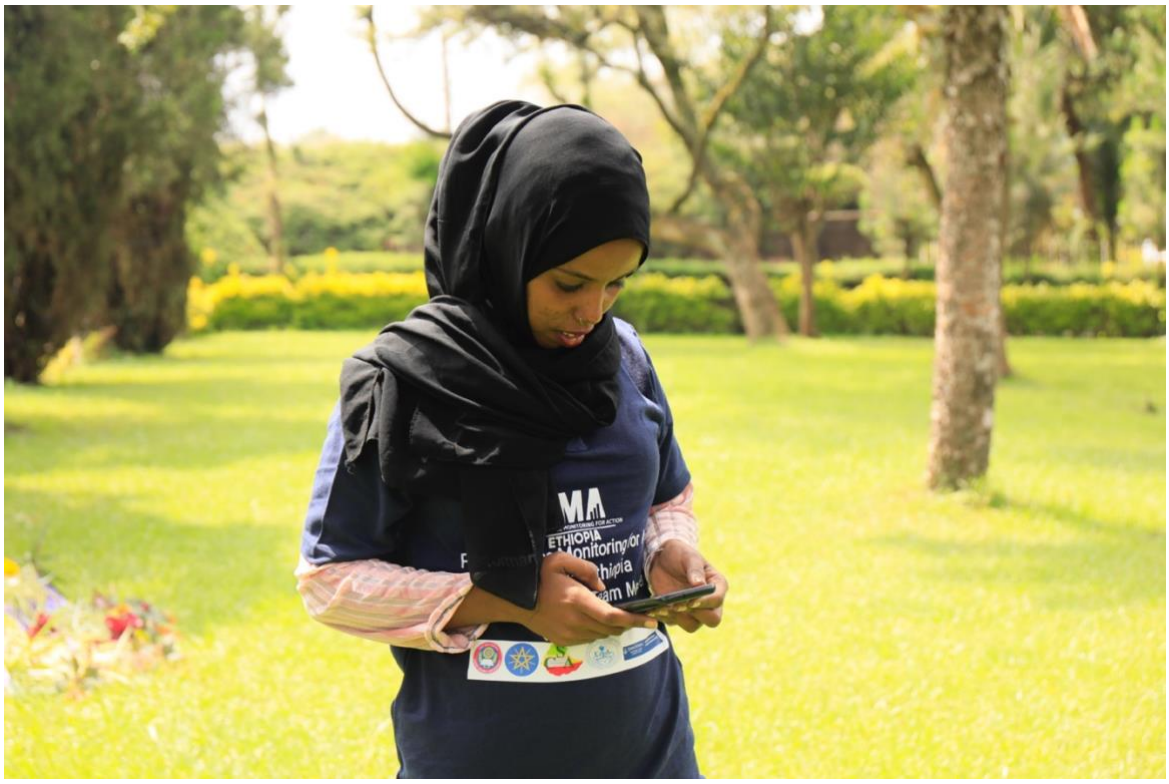
PMA Ethiopia Six-Month Postpartum Maternal and Newborn Health Technical Report, 2019-2021 Cohort



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PERFORMANCE MONITORING FOR ACTION

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Population and Reproductive Health

ADDIS ABABA UNIVERSITY

PMA Ethiopia Six Month Maternal and Newborn Health Technical Report, 2019-2021 Cohort

Title: Six Month Postpartum Data Collected on Women's Experiences Related to Delivery, and Postpartum, and Newborn Care

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Suggested Citation: Addis Ababa University School of Public Health and The Bill & Melinda Gates Institute for Population and Reproductive Health at The Johns Hopkins Bloomberg School of Public Health. Performance Monitoring for Action Ethiopia (PMA-ET) Six-Month Postpartum Maternal Newborn Health Technical Report. Ethiopia and Baltimore, Maryland, USA.

Executive Summary

Background and Objective:

The Performance Monitoring for Action Ethiopia (PMA Ethiopia) project, a partnership between Johns Hopkins University (JHU) and Addis Ababa University (AAU), implemented a longitudinal survey that enrolled and followed pregnant women throughout their pregnancy and the postpartum period. PMA Ethiopia interviewed women at six-weeks, six-months, and one-year postpartum to fill the data gap in priority maternal and newborn health (MNH) indicators in Ethiopia and assess factors associated with the initiation and continuation of care during this critical time for MNH health and development.

This report summarizes key findings from the six-month postpartum survey. During the six-month postpartum interview, resident enumerators collected information on key MNH services, including newborn nutrition, immunization, illness, and care-seeking, receipt and content of postnatal care (PNC), and utilization of sexual and reproductive health services. Data collection occurred between March 2020 and January 2021, with a pause due to COVID-19 lockdowns from April 2020 to late July 2020. Among 2,695 eligible women, 2,414 women completed interviews and comprised the analytic sample for woman-level analyses. Child-level analyses included all children still living (2,369 out of 2,460 live births) at the six-month follow-up.

Key Findings:

Child health

- Among children 5-7 months old, 7.5% were exclusively breastfed in the last 24 hours; the majority (77.3%) were partially breastfed.
- The majority (86.1%) of children received at least one vaccination, with about four in five receiving the first dose of polio (80.1%), pentavalent (78.7%) and PCV vaccines (76.7%). Nearly one-quarter (22.3%) received Vitamin A supplementation.
- Half of children (49.6%) suffered at least one illness in the past two weeks. The most common illnesses were cough (27.9%), fever (17.5%), and diarrhea (15.7%). The majority (~70%) of children with any illness did not receive any treatment.

Maternal health

- Less than one-third (28.4%) of women reported receiving any health check for herself or her child/children after delivery, excluding immediate PNC and immunization visits.
- Two-thirds of women (65.6%) received counseling on breastfeeding during PNC.
- Roughly one-quarter of women received information on family planning (FP) during non-immunization (26.9%) or immunization health checks (24.7%).

Sexual and reproductive health

- Three in ten (30.5%) women reported their menses had returned, while the large majority (91.1%) had resumed sexual activities.
- Over three in five (62.4%) women were not using any family planning at the time of the six-month interview. Among current users, the most common method was injectables (56.7%), followed by implants (22.2%), and contraceptive pills (8.9%).

- Among users of modern contraception other than lactational amenorrhea method, about three in ten (28.4%) were told about potential side effects.
- The majority (83.4%) of women discussed their decision to use FP with their partner before use. Among current users, 63.7% decided to use jointly with her partner; 28.8% decided mainly on her own. Among non-users, however, half (49.8%) decided not to use FP on mainly her own; 39.4% decided jointly with partner.
- Two-thirds (66.6%) of women who had not used FP since delivery reported that they planned to use FP in the future. Most women who intended to use indicated that they would start using a method within two years – either after menses returned (59.8%) or in one year (16.8%).
- Most women (72.2%) reported wanting to wait two or more years before having more children. One in five (20.8%) women indicated not wanting to have more children.

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Introduction and Survey Methodology

Performance Monitoring for Action Ethiopia (PMA Ethiopia) builds upon the previous success of the Performance Monitoring and Accountability 2020 (PMA2020)/Ethiopia survey, conducted between 2013 and 2018, and the PMA Maternal and Newborn Health (MNH) survey, conducted in the Southern Nations, Nationalities, and People' (SNNP) region between 2016 and 2017. PMA Ethiopia, a five-year project launched in 2018, features an enhanced topical scope, moving beyond the family planning indicators captured in the PMA2020 surveys to include MNH indicators, expands geographically to provide greater regional representation, and broadens its survey methodology to include both cross-sectional and longitudinal data collection.

This report summarizes **six-month** postpartum data collected from women who participated in the first cohort of PMA Ethiopia, summarizing their experiences related to postnatal care (PNC), newborn care, and postpartum sexual and reproductive health.

Research Objective

The PMA Ethiopia study:

- Monitors the use of proven, effective, and cost-effective interventions and the practice of healthy behaviors aimed at reducing maternal and newborn mortality in Ethiopia using priority indicators identified by the Ethiopian Federal Ministry of Health (FMoH) and the Bill and Melinda Gates Foundation (BMGF).
- Identifies factors associated with the use of Reproductive, Maternal and Newborn Health (RMNH) services, including individual, partner, and community influences.
- Develops and validates measures of reproductive empowerment, fertility intentions, and community norms that are hypothesized to be associated with the use of health services.
- Assesses whether key MNH outcomes have been affected by the COVID-19 pandemic, including healthcare-seeking behaviors related to antenatal, delivery, newborn postnatal care, and early infant vaccinations.

Methods

PMA Ethiopia features cross-sectional and longitudinal data collection in four large, predominantly agrarian regions (Tigray, Oromiya, Amhara, and SNNP), one pastoralist region (Afar) and one urban region (Addis Ababa) and annual cross-sectional data collection in the remaining five regions (B-Gumuz, Gambella, Somali, Harari, and Dire Dawa[*]). The three data collection activities featured by PMA Ethiopia include:

- A longitudinal survey that follows eligible women at six-weeks, six-months, and one-year postpartum after pregnancy screening and enrollment in panel regions.

[*] Data collection for the baseline survey occurred in 2019 prior to the ratification of regional statehood of Sidama.

- A cross-sectional survey administered to 35 randomly selected households in each enumeration area, annually
- The Service Delivery Point (SDP), or health facility survey, conducted at selected health facilities annually in both panel and cross-sectional regions.

This report presents results from the six-month postpartum survey of the PMA Ethiopia panel. Findings from the baseline, six-week, and SDP surveys have been previously published (https://www.pmadata.org/countries/ethiopia); findings from the one-year survey will be published in an upcoming report. Cross-sectional results can be found in various briefs (https://www.pmadata.org/countries/ethiopia) and on the PMA data visualization platform, DataLab (datalab.pmadata.org).

Sampling

PMA Ethiopia employed multistage stratified cluster sampling, where households were selected in sampled clusters or enumeration areas (EAs). EAs were selected with probability proportional to size within strata. For Afar, Amhara, Oromiya, Tigray, and SNNP, strata were defined by both region and urban/rural residence. For the remaining regions, regions served as the strata, without additional urban/rural stratification.

Within panel regions, a census of all households was conducted. From the census, resident enumerators (REs) identified all women who were aged 15-49 and regular members of the household. Women were screened and those who reported being pregnant or having given birth in the past six weeks were eligible for the survey. Those who were able and willing to give oral consent were enrolled into the study.

To arrive at the required sample size, PMA Ethiopia used previous data from PMA2020 surveys to estimate the point prevalence of modern Contraceptive Prevalence Rate (mCPR), design effect, and non-response. The 217 EAs required for the panel were sufficient to achieve regional estimates of mCPR in all panel regions and were distributed across the regions based on the anticipated mCPR. Across the remaining non-panel regions, we estimated that an additional 56 EAs were needed to estimate mCPR with a 5% margin of error. Based on anticipated fertility across the six panel regions, we estimated that we would enroll approximately 3,000 women into the panel. Additional information on the cross-section and SDP surveys, and additional information on sampling, including sample size calculations, is available from Zimmerman et al., 2020.[1]

Questionnaire

For the six-month postpartum interview, enumerators administered a survey that collected information on key MNH services, including receipt, timing, and specific components of postnatal care (PNC), newborn nutrition, immunization, illness, and care-seeking, and utilization of sexual

[1] Zimmerman L, Desta S, Yihdego M et al. (2020) "Protocol for PMA-Ethiopia: A new data source for cross-sectional and longitudinal data of reproductive, maternal, and newborn health" [version 1; peer review: awaiting peer review]. Gates Open Research, 4:126 https://doi.org/10.12688/gatesopenres.13161.1

and reproductive health services. Women's sociodemographic characteristics including age, education, region, parity, residence, household wealth, migration status, fertility preferences, and birth histories were matched from the baseline interview. To minimize recall bias, information on number of months postpartum/child age at interview was calculated using the date of delivery as reported in the six-week interview, and when unavailable, using reported delivery date in the six-month interview.

A State of Emergency in Ethiopia was declared in April 2020 in response to COVID-19 shortly after data collection for the six-month postpartum interview began. After COVID-19 emergency lockdown procedures eased in early June, the six-month questionnaire was modified to include questions related to women's knowledge of COVID-19 and the impact of COVID-19 on access to health services and care-seeking. Further information about how COVID-19 survey delays affected women's mean time to interview are provided below.

Survey Implementation and Participants

Training for data collection for the six-month interview took place in January 2020. Data collection occurred between March 2020 and January 2021, with a pause due to COVID-19 lockdowns from April 2020 to late July 2020; due to this delay, a large proportion of women were interviewed later than the planned six-month postpartum interview.

As shown in Figure 1, a total of 2,695 women who completed the six-week interview and consented to future follow-up were contacted for the six-month interview. Due to security concerns emerging in the country at this time, 79 expected interviews were not conducted, with 63.3% (50 interviews) being from Tigray. Other reasons for incomplete interviews included that the respondent or household moved (n=116), was not at home (n=37), was absent indefinitely (n=29), refused (n=5), or died (n=1). One partially completed interview and one interview completed by the caregiver were also excluded.

The analytic sample is comprised of 2,414 women aged 15-49 who provided complete six-month postpartum survey data. These women gave birth to a total of 2,460 live births – 2,369 (96.3%) of which were still living at time of the six-month interview. Children-level analyses included in this report were restricted to all children still living (2,369 out of 2,460 live births).

Response Rate and Mean Time to Interview

Table 1 shows the response rate from the six-month postpartum interview of the first PMA Ethiopia cohort. Among a total of 2,695 eligible women, 2,414 women completed the interview, yielding an overall response rate of 89.6%.

Also shown in Table 1 is the mean number of months postpartum at the time of interview. On average, before the pause in data collection due to COVID-19, women were approximately six months postpartum (mean=6.2) when they completed the six-month follow-up interview. The average time to interview was 7.4 months for women who were interviewed during the pandemic,

after data collection had resumed. Overall, women who completed the six-month interview were 7.3 months postpartum (about seven months and one week).

Interpretation of Sampling Weights

In the PMA Ethiopia panel survey, the sample was designed to represent all pregnant women ages 15-49 in the six regions in which the survey was conducted. To make results meaningful in less populated geographical areas, the sample also needed to be representative at regional levels, which required oversampling of the smaller regions. The rationale for this is that, as the population in Ethiopia is not evenly distributed, drawing random samples across the entire country would result in less-populated regions being less likely to be selected, and therefore, not having sufficient sample sizes for regional estimation of key MNH indicators. For detailed explanations comparing weighted and unweighted sample sizes, please refer to the PMA Ethiopia Baseline Maternal and Newborn Health Report.

The number of women needed to interview from each region was determined by statisticians at PMA Ethiopia. To generate statistics that are representative of Ethiopia's population, sample weights were introduced. Sample weights were constructed based on the selection probabilities of the EAs provided by the Central Statistics Agency (CSA). After data collection for the baseline survey was complete, two weights – household and female – were created to adjust for selection probability and non-response.

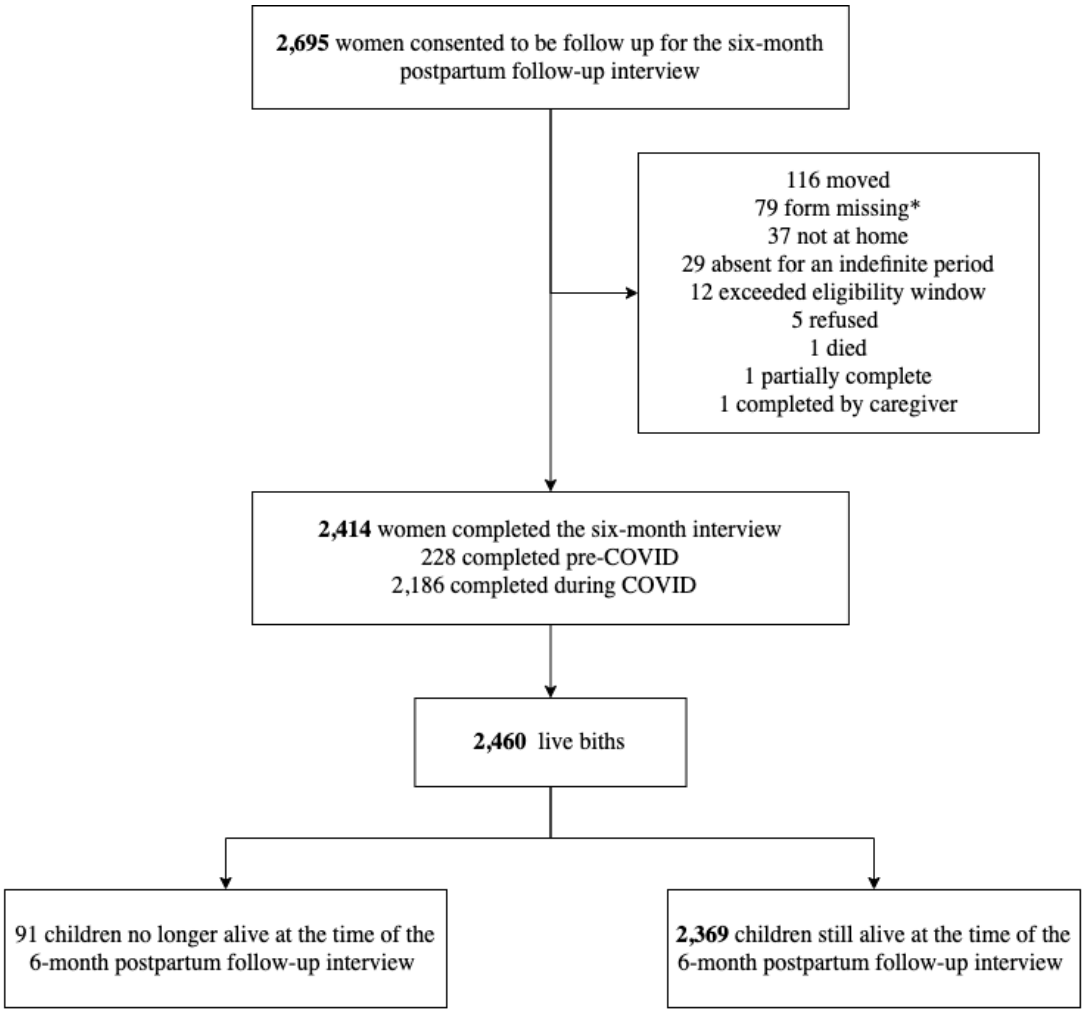
As all households were included in the census, there was no additional selection probability of households; thus, the household weight was the inverse of the EA selection probability and the response rate to the census within the EA. Female weights for women in the panel were adjusted for non-response within the EA, and six-week postpartum survey weight has adjusted for loss to follow-up from the baseline panel survey sample. Application of the PMA Ethiopia household and female survey weights for the panel survey would result in a sample that is representative of all households with pregnant or recently postpartum women and all pregnant or recently postpartum women ages 15–49 residing in the six regions included in the PMA Ethiopia panel, respectively.

Six-month postpartum weights were calculated using the unnormalized baseline weight, adjusted for the inverse probability of completing the six-month postpartum survey. The log odds of having completed the six-month postpartum survey was modeled as a linear combination of age, education, marital status, wealth, and residence at baseline.

With this sampling and weighting strategy, PMA Ethiopia was able to interview the minimum number of women per EA and achieve a sample that was representative on both national and regional levels. Because of this representativeness, only weighted results will be presented.[*]

[*] Weights used in this report will be available in version-2 of the PMA Ethiopia public release data, released in March 2022 (https://www.pmadata.org/data/request-access-datasets).

Figure 1. Six-month Postpartum Interview Enrollment Flowchart



Note: Forms were missing due to conflicts and security concerns. Among the 79 missing forms, 50 (63.3%) were from Tigray, 13 (16.5%) were from Oromiya, 6 (7.6%) were from Amhara and SNNP, 3 (3.9%) were from Afar, and 1 (1.3%) was from Addis.

Table 1. Response Rate and Mean Time to Interview

Response rate	
	Total
Number of eligible women who completed the interview	2,414
Number of eligible women	2,695
6-month interview response rate	89.6

Average follow-up time		
	Number of months postpartum	Number of women
Pre-COVID	6.2	228
During COVID	7.4	2,186
Overall	7.3	2,414

Characteristics of Respondents

The sociodemographic characteristics of the overall sample are presented in Table 2. These data were collected from women during the baseline survey and matched with their six-month survey responses. Of note, parity does not include the index pregnancy. Children's characteristics are presented in Table 3.

Age: On average, women who completed the six-month interview were 27 years old. Nearly one-third (30.0%) of respondents were between the ages of 25-29 and 10.4% were aged 15-19 years.

Education: More than forty percent (42.0%) of women had no formal education, and about an equal proportion had ever attended primary school (39.5%). Approximately one in ten (11.5%) women attended secondary education. Fewer than one in ten (7.0%) women attended any formal education beyond secondary education (technical & vocational or higher education).

Parity: About one in five (17.9%) women had no children prior to their participation in the panel survey. More than a third of respondents (36.9%) had 1-2 children; about equal proportions had 3-4 (22.8%) or 5+ children (22.4%), not including the index pregnancy.

Region: Respondents were enrolled from six regions in Ethiopia. The largest proportion of respondents lived in Oromiya (43.9%), followed by SNNP (22.9%) and Amhara (20.3%) regions, while smaller proportions of women were from Tigray (6.9%), Addis Ababa (3.8%), and Afar (2.0%).

Residence: The vast majority (77.6%) of women lived in rural areas, with fewer than one-quarter (22.4%) of respondents from urban areas.

Months Postpartum: Almost half of (44.7%) women were less or equal to 6.5 months postpartum at the time of the six-month interview; about equal proportions were 6.6-8 months (27.1%) and more than 8 months (28.2%) postpartum.

Table 2. Background Characteristics of Respondents

Percent distribution of respondents by selected background characteristics and months postpartum, PMA Ethiopia 2019-2021 Cohort

Background characteristics	Weighted percent	Weighted N	Unweighted N
Age			
15-19	10.4	251	208
20-24	24.0	580	596
25-29	30.0	724	788
30-34	18.7	451	449
35-39	12.8	310	300
40-49	4.1	99	73
Education			
No education	42.0	1,014	939
Primary	39.5	952	859
Secondary	11.5	279	361
More than secondary	7.0	169	255
Parity			
0 children	17.9	431	468
1-2 children	36.9	892	961
3-4 children	22.8	551	536
5+ children	22.4	540	449
Region			
Tigray	6.9	168	373
Afar	2.0	48	214
Amhara	20.3	491	431
Oromiya	43.9	1,061	599
SNNP	22.9	554	559
Addis Ababa	3.8	93	238
Residence			
Rural	77.6	1,873	1,488
Urban	22.4	541	926
Wealth			
Lowest quintile	20.4	493	433
Lower quintile	20.3	490	359
Middle quintile	19.8	478	383
Higher quintile	19.9	480	445
Highest quintile	19.6	473	794
Months Postpartum			
≤6.5 months	44.7	1,079	926
6.6-8 months	27.1	654	758
>8 months	28.2	680	730
Overall	100.0	2,414	2,414

Table 3. Children's Background Characteristics

Percent distribution of mother's selected background characteristics, among children still alive at time of the 6-month interview, PMA Ethiopia 2019-2021 Cohort

Background characteristics	Weighted percent	Weighted N	Unweighted N
Mother's Age			
15-19	10.4	247	202
20-24	23.8	565	581
25-29	30.5	722	781
30-34	18.8	444	445
35-39	12.6	298	292
40-49	3.9	93	68
Mother's Education			
No education	41.8	991	916
Primary	39.3	931	842
Secondary	11.7	277	357
More than secondary	7.2	170	254
Mother's Parity			
0 children	17.8	421	453
1-2 children	37.2	882	952
3-4 children	22.9	543	527
5+ children	22.1	523	437
Mother's Region			
Tigray	7.1	169	370
Afar	1.9	46	203
Amhara	20.5	485	425
Oromiya	43.5	1,030	581
SNNP	23.1	547	552
Addis Ababa	3.9	93	238
Mother's Residence			
Rural	77.2	1,828	1,449
Urban	22.8	541	920
Mother's Wealth			
Lowest quintile	20.5	486	421
Lower quintile	20.1	475	351
Middle quintile	19.3	458	369
Higher quintile	20.2	478	442
Highest quintile	19.9	471	786
Age			
≤6.5 months	44.7	1,059	1,051
6.6-8 months	27.2	645	653
>8 months	28.1	665	665
Overall	100.0	2,369	2,369

Child Health

Breastfeeding Patterns

Definition: During the six-month interview, respondents were asked whether they had breastfed and given any foods/liquids to their child in the last 24 hours. Women who had twins answered this question for each child separately. Figure 2 (page 11) shows the proportion of children 5-7 months old who were exclusively, partially, predominantly, and not breastfed in the last 24 hours, according to the following definitions. These estimates included children up to 7 months old rather than 6 months to accommodate interview delays and to have sufficient samples.

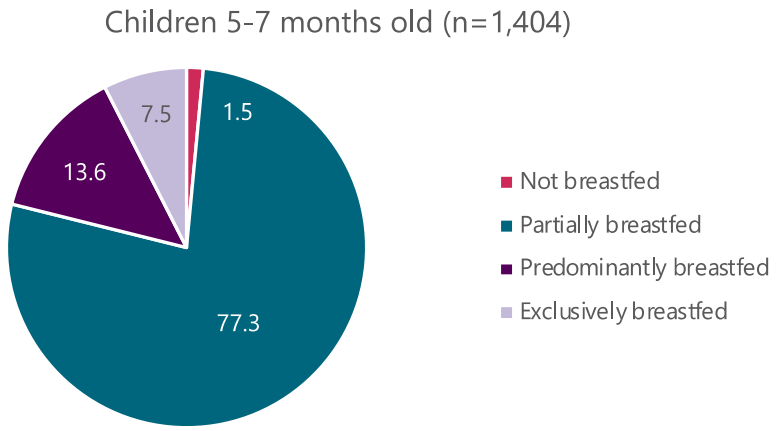
- Exclusively breastfed: children who consumed only breast milk (no water-based liquid, milk-based liquid, or food)
- Partially breastfed: children who consumed breast milk and water-based liquids but not milk-based liquids or any food
- Predominantly breastfed: children who consumed breast milk, milk-based liquids, and/or any semi-solid or soft foods
- Not breastfed: children who did not consume any breast milk

The categorization of water-based liquids, milk-based liquids, and semi-solid or soft foods is as follows:

- Water-based liquids: plain water, fresh juice or unsweetened juice drinks, clear broth, unsweetened tea, sugar-sweetened juice or soda, honey-sweetened juice, sugar-sweetened tea, and honey-sweetened tea, and other sweetened or unsweentened beverages (not specified)
- Milk-based liquids: powdered or fresh animal milk, infant formula, yogurt, unsweetened or sweetened gruel, unsweetened or sweetened fenugreek, and porridge
- Semi-solid or soft foods: commercial fortified baby food, grains, beans, dairy products, fruits and vegetables (e.g., pumpkin, white potatoes, leafy greens, mangoes), and animal products (e.g., meat, organ meat, egg, and fish)

Key findings: Overall, the majority (77.3%) of children five to seven months old were partially breastfed in the last 24 hours; 13.6% were predominantly breastfed; 7.5% were exclusively breastfed; 1.5% were not breastfed (Figure 2 and Table 4).

Figure 2. Breastfeeding Pattern



Breastfeeding patterns by background characteristics:

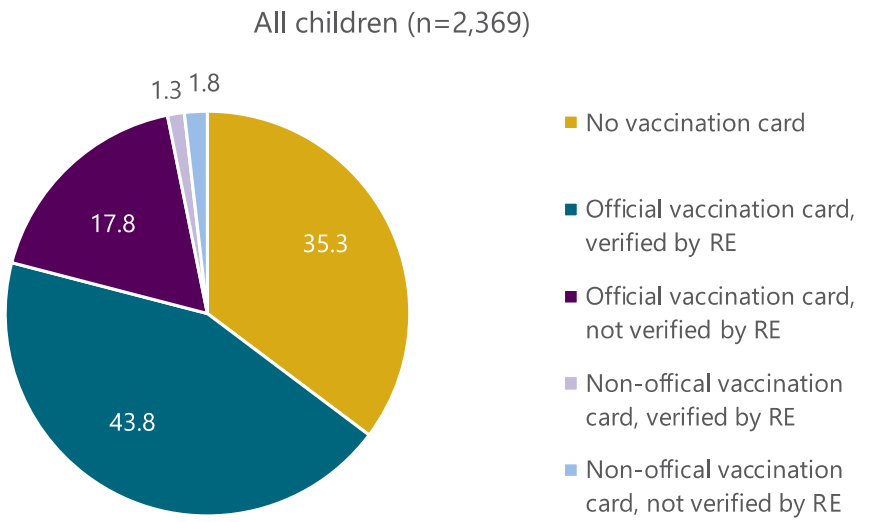
- **Mother's Age:** 4.3% of children whose mothers were 15-19 years old were exclusively breastfed, compared to 9.3% of children whose mothers were aged 20-24. Roughly one in ten (12.5%-15.4%) and eight in ten children (74.1%-80.4%) were predominantly and partially breastfed across mother's age groups, respectively.
- **Mother's Education:** The percentage of children exclusively breastfed was the highest among children whose mother had no education (9.3%) and lowest for children whose mother attended more than secondary education (1.5%). The reverse was observed for children who were not breastfed – 2.5% of children whose mother had more than secondary education versus 1.4% of children whose mother had no education were not breastfed.
- **Mother's Parity:** The proportion of children 5-7 months old who were exclusively breastfed ranged from 5.9% among firstborns to 9.9% among children whose mother had 5 or more prior children. Over one in six (17.5%) children whose mother had 5+ prior children were predominantly breastfed, compared to fewer than one in ten (8.0%) among firstborns.
- **Region:** The proportion of children exclusively breastfed was the highest in Amhara (9.9%) and lowest in Addis Ababa (1.4%).
- **Residence:** Children living in rural areas had a higher proportion of being predominantly (15.1%) and exclusively breastfed (8.1%) compared to children in urban areas (8.7% predominantly breastfed; 5.3% exclusively breastfed).
- **Wealth:** Breastfeeding patterns were similar across mother's wealth status except those in the highest wealth quintile, who had the highest proportions of children not being breastfed (3.7%) and partially breastfed (86.2%) and the lowest proportions being predominantly breastfed (7.4%) or exclusively breasted (2.7%).

Vaccination Documentation

Definition: During the six-month interview, all respondents with children still alive were asked whether they had a formal vaccination card with an official Ministry of Health logo where vaccinations were written down. Those who answered "yes" were asked if the card was available to be seen. If a woman answered "no", the RE then asked if they had any paper or card with vaccination information written down, which was not an official record but should include a list of vaccines and the dates of administration. Women who said they had this non-official record were asked if the paper/card could be seen. The type of vaccination documentation is presented in five mutually exclusive categories: 1) no vaccination card, 2) official vaccination card, verified by RE, 3) official vaccination card, not verified by RE, 4) non-official vaccination card, verified by RE, and 5) non-official vaccination card, not verified by RE (Figure 3).

Key findings: Overall, more than one-third (35.3%) of children had no vaccination card. Over two in five (43.8%) children had a verified official vaccination card; about one in six (17.8%) had an unverified official vaccination card; a small proportion had a non-official vaccination card (3.1% total).

Figure 3. Types of Vaccination Record



Immunization and Vitamin A Supplementation

Definition: Women answered questions about whether their child received the Bacillus Calmette–Guerin (BCG), polio (three doses), pentavalent (three doses), pneumococcal (PCV, three doses), rotavirus vaccines (two doses), and any Vitamin A supplementation. Receipt of vaccination and Vitamin A supplementation were either validated through vaccination cards (official or non-official) or relied on mother's reporting. Children were considered to have received a vaccination if 1) their vaccination cards provided proof, or 2) their mothers reported that they received the vaccination, despite no vaccination card being present at the time of interview.

We applied guidance from the World Health Organization and the 2016 Ethiopia Demographic Health Survey to identify age-appropriate vaccinations for infants six months of age.[2,3] Children were defined as having received all basic vaccination if they had one dose of BCG vaccine and all three doses of polio and pentavalent vaccine. Coverage of measles vaccine was also collected but will be presented in the one-year report as it is scheduled for older children.

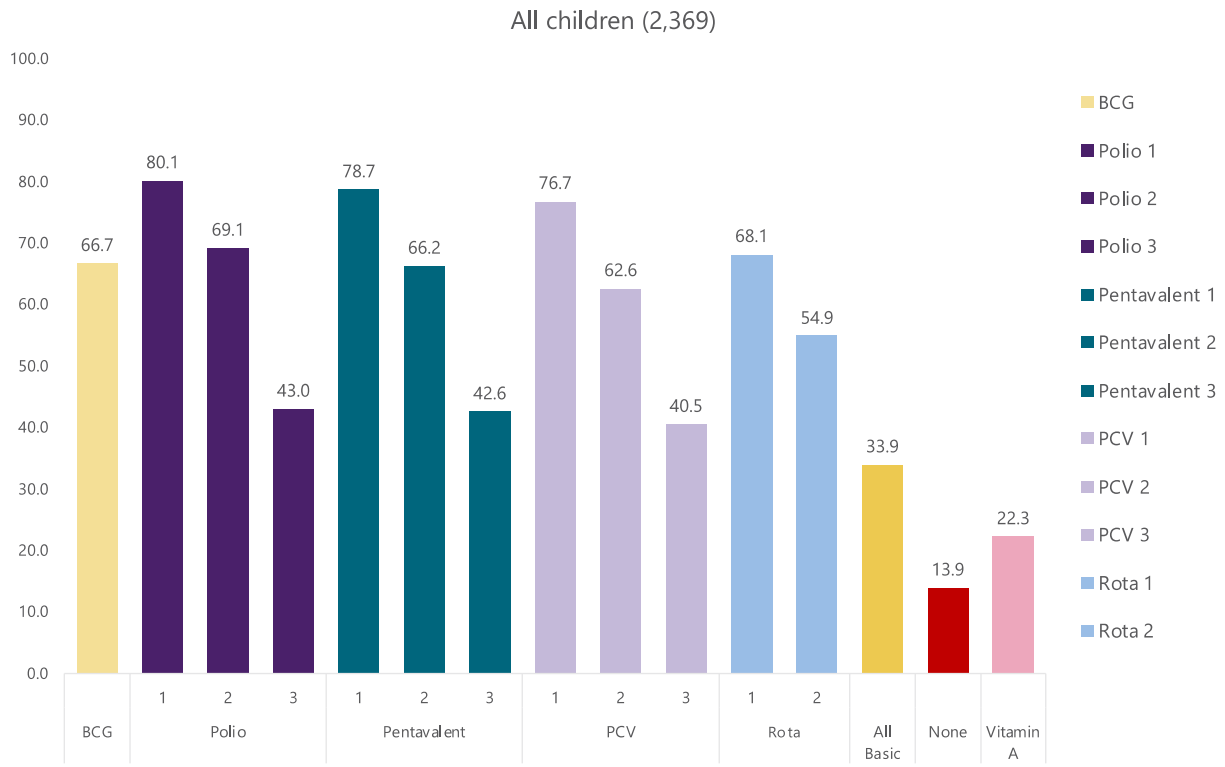
Key findings:

- As shown in Figure 4, about one in three (32.8%) children received all basic vaccines. More than one in ten (13.9%) children received no vaccination.
- Specifically, two-thirds (66.7%) received one dose of BCG; more than two in five received all three doses polio (43.0%) and pentavalent vaccine (42.6%).
- More than one in five children received Vitamin A supplementation (22.3%).

[2] Nour, T.Y., Farah, A.M., Ali, O.M. *et al.* Immunization coverage in Ethiopia among 12–23 month old children: systematic review and meta-analysis. *BMC Public Health* **20,** 1134 (2020). https://doi.org/10.1186/s12889-020-09118-1

[3] Central Statistical Agency (CSA) [Ethiopia] and ICF. 2016. *Ethiopia Demographic and Health Survey 2016*. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.

Figure 4. Vaccination and Vitamin A Supplementation Coverage



Vaccination patterns by background characteristics:

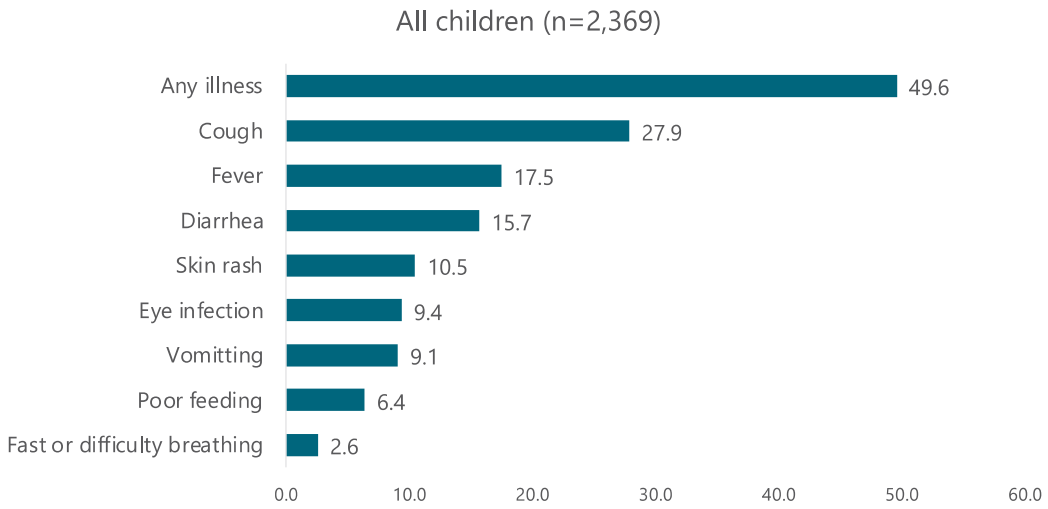
- **Child Age:** Approximately one-third of all children received all basic vaccines among children who were less or equal to 6.5 months, 6.6-8 months, and more than 8 months old (31.2%-34.2%).
- **Mother's Age:** The percentage of children receiving all basic vaccines ranged from about one in five (23.4%) among children of mothers aged 15-19 to more than one in three (37.4%) among children whose mothers were 25-29 years of age.
- **Mother's Education:** While one in five (20.0%) children whose mother had no education did not receive any vaccination, nearly all children whose mother had more than secondary education received at least one vaccination (99.9%).
- **Mother's Parity:** The proportion of children with no vaccination ranged from one in ten (10.6%) among children whose mother were nulliparous at enrollment to two in ten (21.7%) among children whose mother had five or more children at enrollment.
- **Region:** The percentage of children receiving all basic vaccines ranged from 11.3% in Afar to 88.7% in Addis Ababa.
- **Residence:** More than one in six (17.5%) children in rural areas and only 1.7% of children in urban areas received no vaccination.
- **Wealth:** Over two-thirds (68.6%) of children from the wealthiest families received all basic vaccines, compared to just over one in ten (14.5%) children from the poorest families.

Child Illness

Definition: During the six-month postpartum follow-up interview, women were asked whether their children had suffered any illness in the past two weeks, including difficulties/poor feeding, eye infection, skin rash/lesion, convulsion, lethargy, unconsciousness, fever, cold/cough, sore throat, fast or difficulty breathing, diarrhea, and vomiting. Suffering from any illness was defined as having an affirmative response for any illnesses listed. Percent distribution of illnesses with fewer than 100 children affected are not presented due to sample size limitations.

Key findings: As shown in Figure 5 and Table 6, about half of children (49.6%) suffered at least one illness in the past two weeks. The most common illnesses were cough (27.9%), fever (17.5%), and diarrhea (15.7%).

Figure 5. Proportion of Children Who Suffered Each Indicated Illness



Patterns of child illness by background characteristics:

- **Child Age:** Reports of illness in the previous two weeks did not vary substantially by child's age.
- **Mother's Age:** The proportion of children who suffered any illness was the highest among children born to mothers aged 40-49 (57.7%) and the lowest among children born to mothers aged 25-29 (47.0%).
- **Mother's Education:** More than half (54.3%) of children whose mother had no education suffered any illness, compared to two in five (39.6%) children whose mother attended more than secondary education.
- **Mother's Parity:** Across illness types, the percentage of children suffering the illness was the highest among women with five or more children. For example, while one in ten

(12.2%) children whose mothers had 1-2 children suffered diarrhea, nearly double the proportion (22.8%) of children whose mothers had 5+ children experienced diarrhea in the last two weeks.

- **Region:** The proportion of children who suffered any illness in the past two weeks was the highest in SNNP (55.0%) and lowest in Addis Ababa (29.9%).
- **Residence:** Over half (52.6%) of children living in rural areas were reported to suffer any illness, compared to two in five (39.3%) children living in urban areas.
- **Wealth:** The percentage of children suffering any illness was consistently lower among children from the wealthiest families. For example, about one in ten (11.1%) and one in five (21.2%) children in the highest and lowest wealth quintile suffered fever, respectively.

Treatment for Child Illness

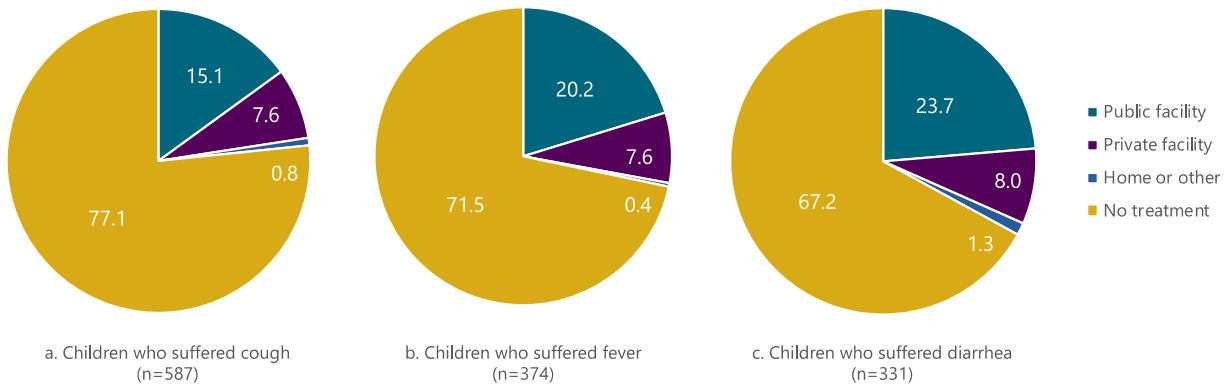
Definition: Women who reported that their children had suffered any illness in the past two weeks were asked whether and where they sought treatment for the illness, by illness type. Place of treatment was grouped into three categories: 1) treatment at public facilities (government hospital, government health center, government health post, and other public sectors), 2) treatment at private facilities (private hospital/clinic, NGO/faith-based facilities, and other private sectors), and 3) treatment at home or other facilities, including provider home visit, treatment at other homes, traditional healer/medicine, pharmacy/drug store, retail store, religious treatment, and others.

Figure 6 and Table 7 present the place of treatment among children who suffered cough, fever, and diarrhea. Care-seeking behaviors for other illnesses (e.g., eye infection, skin rash/lesion, convulsion, lethargy, unconsciousness, and vomiting) and stratified results by background characteristics are not presented due to small sample sizes.

Key findings:

- Among children who suffered cough, fever, and diarrhea, the majority (~70%) did not receive any treatment.
- Children were most commonly seen for care at public facilities (15.1%-23.7%).
- Fewer than one in ten (7.6%-8.0%) children who suffered cough, fever, or diarrhea received treatment at a private facility.

Figure 6. Place of Treatment for Child Illnesses



a. Children who suffered cough (n=587)

b. Children who suffered fever (n=374)

c. Children who suffered diarrhea (n=331)

Presence of Blood and Treatment for Diarrhea

Definition: Women who reported that their children had suffered diarrhea in the past two weeks were asked whether there was blood (stained or mixed) in diarrhea. Presence of bloody diarrhea was defined as having an affirmative response to this question.

Women who reported that they sought treatment for their child/ren experiencing diarrhea were asked what types of treatment they received, including stool examination, oral rehydration solution (ORS), zinc tablets, oral antibiotics, etc. The proportions of children who received zinc tablets and ORS either at the facility or to take home, among children who suffered diarrhea, are presented in Figure 7.

Key findings: Among children who suffered diarrhea, 8.0% were reported to have blood present in diarrhea. Less than one in ten (7.5%) and more than one in five (21.3%) children received zinc tablets and ORS as treatment for diarrhea, respectively.

Figure 7. Presence of Blood and Treatment for Diarrhea

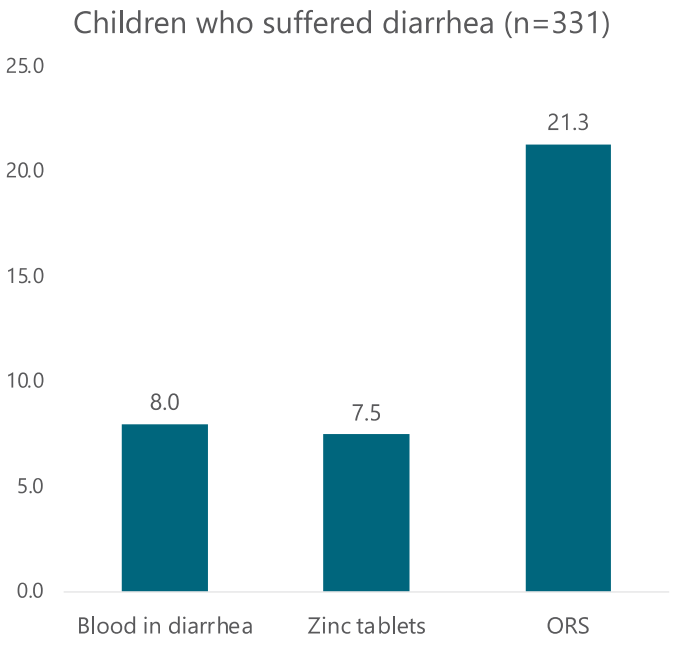


Table 4. Breastfeeding Pattern by Background Characteristics

Among children who were 5-7 months old, the percentage distribution of those who were not breastfed, breastfed partially, predominantly, and exclusively in the last 24 hours, by background characteristics, PMA Ethiopia 2019-2021 Cohort

Background characteristics	Not Breastfed	Partially Breastfed	Predominantly Breastfed	Exclusively Breastfed	Number of Children (weighted)
Overall	1.5	77.3	13.6	7.5	1,404
Mother's Age					
15-19	2.7	80.4	12.5	4.3	140
20-24	2.2	74.1	14.4	9.3	331
25-29	1.6	78.1	13.5	6.8	449
30-34	0.1	78.5	12.6	8.8	284
35-39	1.1	76.9	15.4	6.6	156
40-49	2.3	77.6	14.1	5.9	45
Mother's Education					
No education	1.4	72.4	16.9	9.3	581
Primary	0.8	77.8	13.6	7.8	550
Secondary	3.3	85.1	7.7	3.9	174
More than secondary	2.5	90.3	5.6	1.5	99
Mother's Parity					
0 children	3.9	82.2	8.0	5.9	264
1-2 children	1.2	79.3	13.9	5.6	519
3-4 children	1.0	75.1	14.3	9.6	324
5+ children	0.5	72.0	17.5	10.0	297
Mother's Region					
Tigray	2.9	75.8	12.6	8.7	83
Afar	4.0	60.0	30.1	5.8	30
Amhara	1.2	73.5	15.4	9.9	305
Oromiya	1.3	80.5	10.7	7.5	616
SNNP	0.9	75.0	18.0	6.1	316
Addis Ababa	5.7	87.7	5.1	1.4	55
Mother's Residence					
Rural	1.0	75.8	15.1	8.1	1,090
Urban	3.3	82.7	8.7	5.3	314
Mother's Wealth					
Lowest quintile	0.4	73.7	18.2	7.8	279
Lower quintile	2.1	76.5	11.9	9.6	282
Middle quintile	0.7	77.4	16.3	5.7	281
Higher quintile	0.7	73.2	14.4	11.7	285
Highest quintile	3.7	86.2	7.4	2.7	278

Note: Row percentages presented.

Table 5. Child Immunization by Background Characteristics

Percentage of children approximately six months old who received BCG, Polio1-3, Pentavalent1-3, PCV1-3, Rota1-2, Measles vaccinations, and Vitamin A supplement, by mother's background characteristics, PMA Ethiopia 2019-2021 Cohort

Background characteristics	BCG	Polio			Pentavalent			PCV			Rota		All Basic	None	Vitamin A	Number of Children (weighted)
		1	2	3	1	2	3	1	2	3	1	2				
Overall	66.7	80.1	69.1	43.0	78.7	66.2	42.6	76.7	62.6	40.5	68.1	54.9	33.9	13.9	22.3	2,369
Mother's Age																
15-19	63.4	80.3	66.6	34.2	77.0	63.9	38.2	71.3	58.3	32.4	61.9	48.7	24.2	17.1	21.8	247
20-24	66.6	81.0	69.4	46.4	79.7	64.3	44.2	78.2	63.0	42.9	67.7	54.8	36.2	12.5	21.6	565
25-29	69.2	83.1	73.8	45.2	81.3	70.9	46.1	80.1	66.4	44.6	72.1	59.8	37.7	12.1	23.8	722
30-34	65.3	79.0	66.6	40.5	78.7	65.0	40.9	76.0	61.0	38.3	68.1	55.0	32.4	13.0	22.8	444
35-39	67.7	75.9	67.3	45.9	74.6	65.3	40.9	74.5	63.4	38.3	67.0	54.0	33.0	16.1	22.6	298
40-49	58.5	69.2	56.4	29.8	70.0	54.9	31.4	66.9	47.4	33.4	59.6	36.0	25.7	23.7	13.0	93
Mother's Education																
No education	58.2	72.0	59.7	33.2	71.7	55.7	32.8	69.7	52.3	30.8	59.3	44.4	24.3	20.0	18.8	991
Primary	66.7	82.1	70.0	40.4	80.2	68.3	40.3	78.0	64.0	37.9	68.4	54.5	31.5	12.5	22.1	931
Secondary	80.9	91.8	84.3	64.5	88.6	79.5	62.6	86.0	76.9	61.0	82.2	72.9	54.4	4.8	27.1	277
More than secondary	92.0	97.1	95.1	78.4	94.9	93.9	80.0	95.7	91.9	77.8	94.8	88.8	69.2	0.0	35.6	170
Mother's Parity																
0 children	73.8	86.7	75.9	53.9	84.9	74.6	53.7	81.4	71.3	50.4	76.6	64.8	43.8	10.6	21.7	421
1-2 children	71.2	83.8	73.8	47.8	81.2	70.6	48.6	80.6	67.2	45.9	71.1	59.8	39.2	11.3	22.5	882
3-4 children	61.9	78.8	66.8	38.1	79.2	65.3	37.7	76.1	62.0	36.1	67.2	53.0	28.9	13.0	26.5	543
5+ children	58.1	69.9	58.3	31.1	68.9	53.0	28.7	67.1	48.5	27.9	57.2	40.6	22.1	21.7	18.0	523
Mother's Region																
Tigray	85.3	87.3	80.6	57.3	85.1	80.9	58.6	85.1	79.2	56.2	76.0	65.6	51.7	7.7	27.2	169
Afar	37.7	46.6	38.7	19.5	33.4	22.2	15.5	36.9	26.4	17.2	32.8	22.3	11.8	46.1	31.9	46
Amhara	78.5	85.9	80.1	54.7	87.2	80.4	56.7	85.7	78.0	53.8	81.2	70.3	43.7	7.9	24.7	485
Oromiya	58.3	79.1	66.6	38.2	76.6	62.0	37.4	74.3	57.6	34.9	63.3	49.8	29.2	14.8	18.9	1,030
SNNP	63.2	74.4	58.2	30.3	73.3	55.3	28.7	70.5	50.5	27.4	61.0	43.0	20.8	19.0	19.9	547
Addis Ababa	98.4	98.4	98.3	93.7	99.3	97.4	93.3	98.0	97.0	92.8	97.9	97.0	90.4	0.0	47.9	93
Mother's Residence																
Rural	59.2	75.7	62.6	33.0	74.5	59.4	32.7	71.8	55.4	30.9	61.7	46.5	23.7	17.5	20.4	1,828
Urban	91.9	95.0	91.3	76.4	92.9	89.1	76.3	93.2	87.2	72.9	89.7	83.3	68.2	1.5	28.8	541
Mother's Wealth																
Lowest quintile	51.4	68.2	55.9	24.9	64.9	51.0	26.9	64.3	48.9	25.0	54.3	39.1	14.8	24.1	21.2	486
Lower quintile	56.7	73.3	58.4	29.2	71.2	55.0	29.2	66.9	49.0	27.4	57.1	39.2	21.0	20.9	19.1	475
Middle quintile	62.9	79.8	68.0	36.2	81.6	67.1	36.0	79.4	64.3	34.8	66.8	54.8	26.2	12.3	21.8	458
Higher quintile	68.9	84.2	71.3	46.0	81.8	66.9	42.5	78.6	61.7	39.9	71.3	55.5	36.5	10.5	19.8	478
Highest quintile	93.8	95.3	92.5	79.0	94.5	91.5	79.0	95.0	89.8	75.8	91.6	86.5	71.5	1.0	29.6	471
Age																
≤6.5 months	65.1	79.9	69.4	42.2	78.8	66.6	42.2	75.8	62.5	39.1	67.5	55.6	33.9	14.4	17.4	1,059
6.6-8 months	64.9	78.6	64.6	40.0	79.3	62.8	41.1	77.9	59.4	40.7	69.8	52.9	32.0	15.0	23.4	645
>8 months	70.8	81.8	73.1	47.0	77.9	68.8	44.8	77.1	65.9	42.5	67.4	55.8	35.7	11.8	29.1	665

Note: Row percentages presented.

Table 6. Child Illness by Background Characteristics

Percentage of children approximately six months old who suffered each of the indicated illnesses in the past two weeks, by background characteristics, PMA Ethiopia 2019-2021 Cohort

Background characteristics	Cough	Fever	Diarrhea	Skin Rash	Eye Infection	Vomitting	Poor Feeding	Fast or Difficulty Breathing	Any Illness	Number of Children (weighted)
Overall	27.9	17.5	15.7	10.5	9.4	9.1	6.4	2.6	49.6	2,369
Mother's Age										
15-19	28.1	15.5	15.7	9.9	8.4	9.0	4.3	2.5	52.8	247
20-24	28.1	17.4	14.3	9.2	9.0	9.4	7.0	3.6	49.5	565
25-29	28.6	13.4	13.7	9.6	8.9	8.1	5.6	1.1	47.0	722
30-34	27.0	20.4	18.2	10.3	9.2	10.2	7.7	2.7	49.5	444
35-39	24.9	22.7	17.4	13.5	10.2	8.6	7.5	4.4	50.8	298
40-49	35.3	24.1	23.2	18.5	16.0	11.8	4.8	1.6	57.7	93
Mother's Education										
No education	29.8	21.8	18.7	12.6	12.5	9.0	7.2	2.8	54.3	991
Primary	28.8	16.1	16.3	9.3	7.8	10.6	6.3	3.2	48.6	931
Secondary	24.7	11.9	9.0	7.7	6.3	7.5	4.6	0.6	42.3	277
More than secondary	17.6	9.0	5.9	9.6	4.5	3.9	5.1	1.0	39.6	170
Mother's Parity										
0 children	25.9	15.7	13.6	8.8	5.0	9.1	6.1	3.7	48.6	421
1-2 children	26.9	13.6	12.2	8.6	9.2	6.9	5.3	1.8	46.2	882
3-4 children	27.6	18.4	16.2	12.7	9.8	9.1	5.9	1.6	50.4	543
5+ children	31.6	24.4	22.8	12.9	12.8	13.0	8.9	4.0	55.3	523
Mother's Region										
Tigray	8.2	16.1	19.5	8.4	7.9	9.9	8.0	1.2	40.3	169
Afar	27.4	17.2	14.4	2.6	2.6	4.8	4.9	1.5	45.9	46
Amhara	30.7	17.9	16.1	7.5	13.8	9.0	5.2	3.4	54.2	485
Oromiya	26.5	15.5	14.5	11.2	9.5	8.7	6.4	2.8	48.0	1,030
SNNP	37.0	23.1	18.5	13.4	7.6	11.0	7.8	2.2	55.0	547
Addis Ababa	12.2	6.8	4.5	9.6	0.8	4.3	2.1	0.9	29.9	93
Mother's Residence										
Rural	30.3	19.3	17.8	11.6	10.8	10.3	6.3	2.6	52.6	1,828
Urban	20.1	11.4	8.7	7.0	4.7	5.1	6.5	2.6	39.3	541
Mother's Wealth										
Lowest quintile	34.1	21.2	21.4	11.8	10.3	10.8	4.9	2.3	55.6	486
Lower quintile	28.5	20.5	19.1	12.6	9.2	10.1	6.3	3.4	51.2	475
Middle quintile	31.7	18.2	17.0	10.8	9.7	11.9	7.4	3.5	51.8	458
Higher quintile	26.2	16.3	13.0	9.6	14.7	7.4	7.3	2.1	51.5	478
Highest quintile	19.2	11.1	8.0	7.8	2.9	5.4	6.1	1.6	37.8	471
Age										
≤6.5 months	31.5	20.0	15.0	11.3	8.3	10.5	6.3	3.3	51.3	1,059
6.6-8 months	26.3	16.8	15.9	8.6	9.0	7.6	5.7	2.2	48.4	645
>8 months	23.8	14.0	16.7	11.2	11.5	8.4	7.2	1.8	48.1	665

Note: Row percentages presented.

Table 7. Place of Treatment for Child Illness

Among children approximately six months old who suffered from a cough, fever, or diarrhea in the past two weeks, the percentage who received treatment for the illness at a public facility, private facility, home/other, and no treatment, PMA Ethiopia 2019-2021 Cohort

	Cough	Fever	Diarrhea
Public facility	15.1	20.2	23.7
Private facility	7.6	7.6	8.0
Home or other	0.8	0.4	1.3
No treatment	77.1	71.5	67.2
Number of children	**587**	**374**	**331**

Note: Column percentages presented.

Maternal Health

Postnatal Care Coverage and Counseling

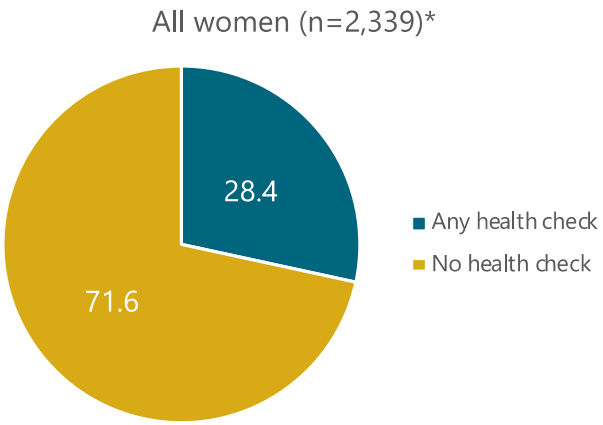
Definition: During the six-month postpartum interview, respondents who completed the six-week postpartum follow-up interview were asked whether they had any health checks either for themselves or their children since delivery from either a health extension worker or other professional healthcare providers. Those who answered "yes" to this question were considered to have received postnatal care (PNC). Respondents who did not complete the six-week interview (n=75) were excluded because they were asked about any health checks within 2 months of delivery only. This indicator does not include women who received only immediate PNC after delivery.

Among women who reported receiving any PNC after delivery, a series of questions on PNC content were asked, including counseling on breastfeeding, not feeding water or other liquids before six months, introducing food and liquids (other than breast milk) when the baby reaches six months of age, giving a variety of foods when the baby starts feeding after six months, giving animal source foods, how often to feed, and not feeding sugar-sweetened beverages (SSB). Receiving any PNC counseling was defined as answering "yes" to any of the PNC counseling content. The percentages of respondents who had any health checks and received counseling on each topic, by background characteristics, are presented in Table 8 on page 28.

Key findings:

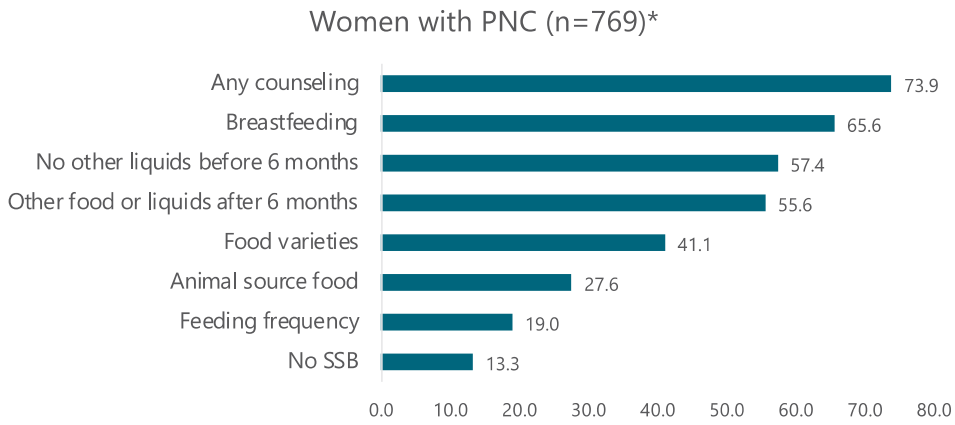
- Fewer than a third (28.4%) of women reported receiving any PNC after delivery, excluding immediate PNC (Figure 8).
- Among women with any PNC, the most common type of counseling received was breastfeeding (65.6%), followed by information about giving no other liquids before their infant reached six months of age (57.4%), and introducing other food or liquids after their infant reached six months of age (55.6%) (Figure 9).
- The majority of women received PNC counseling on at least one topic (73.9%).

Figure 8. Proportion of Women Receiving Any Health Checks After Delivery



**Excluded women who did not complete the six-week interview.*

Figure 9. Proportion of Women Receiving Each PNC Counseling



**Among unweighted sample size, to be distinguished from the weighted estimate in Figure 8.*

PNC counseling patterns by background characteristics:

- **Months Postpartum:** One in three (33.5%) women who were more than 8 months postpartum at the time of interview received any PNC, compared to one in four (25.6%) women who were less or equal to 6.5 months postpartum. Among those with any PNC, over half received counseling on breastfeeding (64.6%-67.1%) and timing of infant feeding (54.4%-62.3%).
- **Age:** The proportion of women with any PNC was the highest among those aged 25-29 (30.6%) and lowest among those aged 40-49 (21.3%). Roughly seven in ten (68.3%-69.1%) women in all age groups received counseling on breastfeeding except those who were 15-19, where less than two in five (37.8%) were counseled on breastfeeding during PNC.
- **Education:** While half (50.3%) of women who attended more than secondary education received any PNC, only one in five (21.8%) women with no education did. The proportion of women receiving counseling on breastfeeding was the highest among mothers who

attended more than secondary education (71.9%) and lowest among those with no education (59.0%).

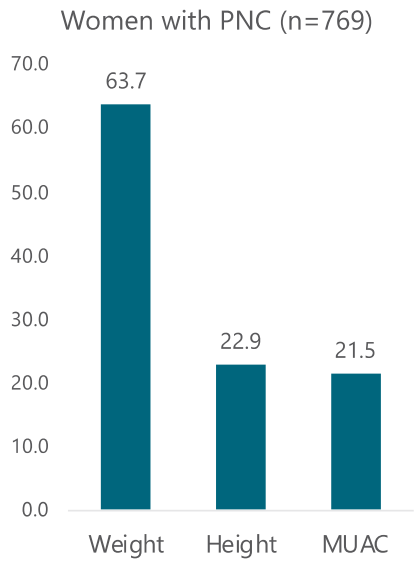
- **Parity:** Receipt of PNC declined with parity, from approximately one in three (36.8%) women who were nulliparous at enrollment receving PNC to one in five (23.2%) women with five or more children.
- **Region:** The proportion of women who reported receiving any PNC ranged from 17.6% in Afar to 63.4% in Addis Ababa.
- **Residence:** Fewer than half (46.1%) of women in urban areas and almost one-quarter (23.4%) of women in rural areas received any PNC after delivery. Compared to rural women, a higher proportion of urban women received counseling on breastfeeding, not introducing other liquids before six months, food varieties, and not feeding SSB.
- **Wealth:** Fewer than one in five (18.5%) women in the lowest wealth quintile received any PNC, compared to almost half (47.8%) of women in the highest wealth quintile. Proportions of women receiving any and each type of PNC counseling were highest among wealthier women.

Growth Monitoring and Screening for Malnutrition at PNC

Definition: Another aspect of PNC content that the six-month questionnaire assessed was growth monitoring and screening for malnutrition, including weight, height, and mid-upper arm circumference (MUAC) measurements. Women who reported having any PNC were asked whether their children received each measurement during PNC visit(s).

Key findings: About two-thirds (63.7%) of women reported that their children's weight was measured at PNC; approximately one in five reported their children had their height (22.9%) or their MUAC (21.5%) measured at PNC (Figure 10 and Table 9).

Figure 10. Growth Monitoring at PNC



Patterns of growth monitoring and screening by background characteristics:

- **Months Postpartum:** The proportion of women reporting that their children's weight and height were measured at PNC were similar regardless of postpartum status. Approximately one in four (27.3%) women who were more than 8 months postpartum and one in six (16.3%) women who were less or equal to 6.5 months postpartum reported that their children's MUAC was measured at PNC.
- **Age:** Over six in ten women in all age groups reported their children's weight being measured at PNC (62.2%-68.6%). Approximately two to three in ten women indicated that their PNC provider measured children's height (20.1%-31.9%) and MUAC (16.7%-28.9%) across age groups.

- **Education:** More than half (53.4%) of women with no education and the large majority (81.4%) of women with more than secondary education reported that their children's weight was measured at PNC, respectively. The reported prevalence of height and MUAC measurements was approximately one in five across education levels (19.3%-26.3%).
- **Parity:** Over seven in ten (71.8%) primiparous women reported that their children's weight was measured at PNC, compared to one in two (50.4%) women with 5+ children.
- **Region:** At least half (50.9%-91.4%) of women in all regions indicated that their PNC providers measured their children's weight, with the highest proportion in Addis Ababa where over ninety percent of women reported so.
- **Residence:** The percentage of women reporting affirmative on the measurement of their children's weight was 54.8% among rural women and 79.7% among urban women.
- **Wealth:** Over two in five (41.5%) women in the lowest wealth quintile indicated their children's weight was measured at PNC, while double the percentage of women in the highest wealth quintile did (82.5%).

Breastfeeding and Difficulty Breastfeeding

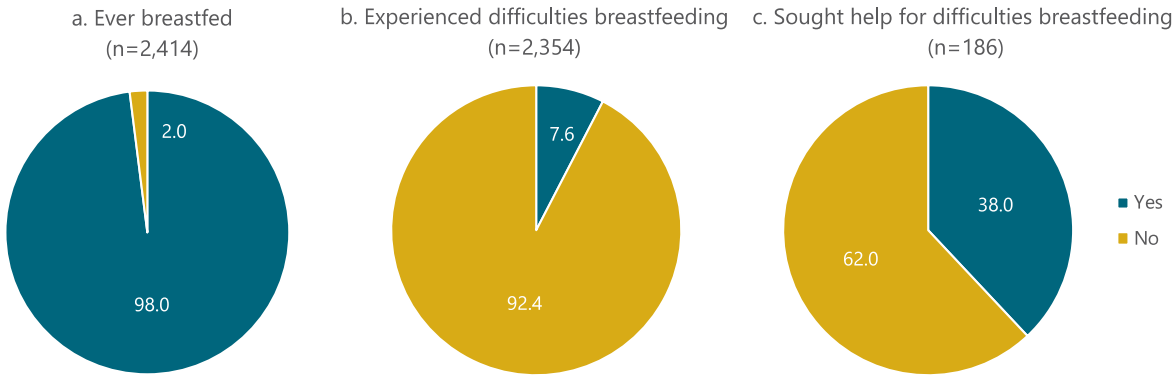
Definition: During the six-month postpartum interview, women were asked whether they had ever breastfed their children. Those with an affirmative response were asked if they experienced any difficulties breastfeeding. Women who reported that they experienced difficulties were asked whether they sought help for these difficulties. Figure 11 presents a) among all women, the proportion who had ever breastfed their children, b) among women who ever breastfed, the proportion who experienced any difficulties breastfeeding and c) among women who experienced difficulties, the proportion who sought help.

The percentages of women who ever breastfed their children and experienced any difficulties breastfeeding showed little variation by background characteristics. Therefore, stratified results are not presented. Similarly, care-seeking for difficulties breastfeeding, by background characteristics, are not presented due to small sample sizes.

Key findings:

- As shown in Figure 11, the vast majority (98.0%) of women have breastfed their children.
- Among those who had ever breasted, fewer than ten percent (7.6%) experienced difficulties breastfeeding.
- Fewer than two in five (38.0%) women who had difficulty breastfeeding sought help.

Figure 11. Breastfeeding, Difficulties Breastfeeding, and Care-seeking



Information about Family Planning and Health Checks

Definition: The six-month postpartum questionnaire asked women about their experiences receiving family planning (FP) information, referral and services during any health checks and immunization health visits specifically. Figure 12 presents a) among women with any health checks for herself or her baby, excluding immunization health visits, and b) among women with any immunization health visits, the proportion who received any FP information, referral, or services during those visits. Stratified results by background characteristics are not presented due to little variation by women's sociodemographic characteristics.

Key findings: Overall, approximately one-quarter of women received information on family planning during non-immunization (26.9%) or immunization health checks (24.7%), respectively.

Figure 12. FP Service Provisions at Non-immunization and Immunization Health Checks

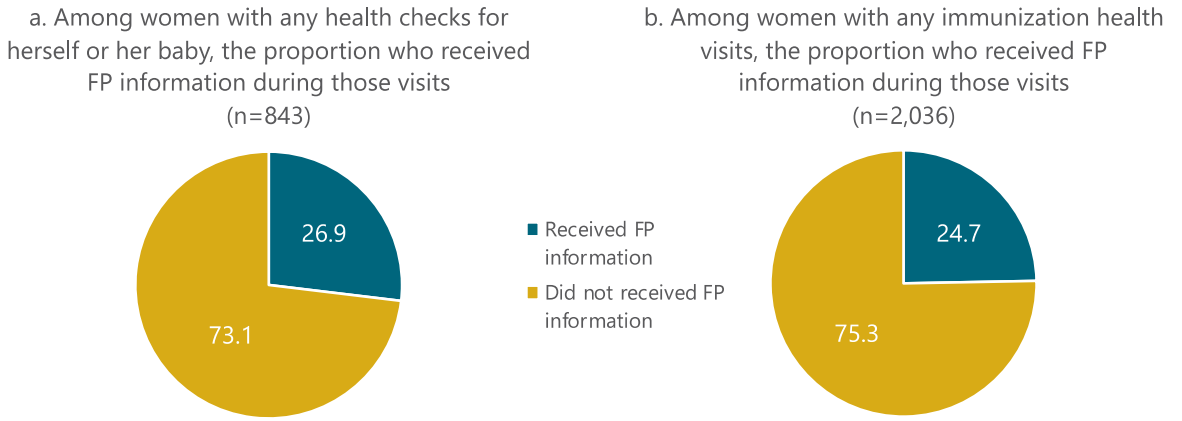


Table 8. Postnatal Care Coverage and Counseling

Percentage of women approximately six months postpartum who received any health checks since delivery, excluding immediate postnatal care (PNC), and among those who received any PNC, the percentage receiving each form of PNC counseling, by background characteristics, PMA Ethiopia 2019-2021 Cohort

Background characteristics	Any health checks	Number of women (weighted)*	Breastfeeding	No other liquids before 6 months	Other food or liquids after 6 months	Food varieties	Animal source food	Feeding frequency	No SSB	Any counseling	Number of women with PNC (weighted)
Overall	28.4	2,339	65.6	57.4	55.6	41.1	27.6	19.0	13.3	73.9	769
Age											
15-19	24.1	238	37.8	40.1	38.8	22.2	9.1	4.6	3.6	48.2	67
20-24	29.1	554	69.1	61.2	57.9	37.1	24.9	17.7	12.6	77.4	187
25-29	30.6	705	68.3	57.0	56.3	44.1	27.1	18.8	13.0	75.0	251
30-34	28.6	441	68.4	56.1	56.9	44.6	33.5	28.7	23.8	76.6	147
35-39	26.8	303	69.1	69.9	64.1	53.4	41.2	18.3	8.2	82.6	94
40-49	21.3	98	*	*	*	*	*	*	*	*	24
Education											
No education	21.8	989	59.0	49.6	48.3	37.4	26.4	19.0	9.1	67.8	250
Primary	29.1	926	67.8	59.4	58.8	40.8	29.5	20.6	14.6	76.5	312
Secondary	37.2	267	69.1	64.2	58.2	44.3	25.3	15.7	16.3	74.8	115
More than secondary	50.3	157	71.9	62.9	61.6	48.3	27.2	18.1	16.2	80.8	91
Parity											
0 children	36.8	399	61.5	54.7	52.6	33.6	18.9	11.3	8.1	70.8	170
1-2 children	30.0	872	71.7	62.7	60.0	44.0	28.2	20.5	14.3	78.2	303
3-4 children	24.5	540	64.3	53.5	53.9	47.4	39.6	29.4	21.9	70.7	153
5+ children	23.2	528	59.1	53.5	51.8	37.1	23.7	14.1	7.8	72.0	142
Region											
Tigray	46.1	162	61.3	62.7	59.1	60.1	47.9	42.3	30.6	71.9	87
Afar	17.6	45	(54.5)	(52.7)	(55.2)	(43.3)	(36.3)	(34.1)	(30.0)	(64.4)	9
Amhara	29.7	476	70.3	61.4	61.5	52.7	39.5	26.6	15.0	78.1	164
Oromiya	25.1	1,032	56.9	49.3	49.4	30.2	16.5	10.2	9.1	65.9	301
SNNP	23.0	534	74.5	61.6	56.7	39.0	29.1	18.5	10.8	82.0	142
Addis Ababa	63.4	89	82.2	68.3	62.6	41.2	17.4	9.1	8.2	86.8	66
Residence											
Rural	23.3	1,824	63.4	56.3	56.0	40.9	28.8	20.5	13.7	73.1	494
Urban	46.1	515	69.7	59.3	55.0	41.5	25.5	16.5	12.5	75.5	275
Wealth											
Lowest quintile	18.5	482	50.1	54.4	50.6	31.4	19.0	14.1	6.0	66.9	103
Lower quintile	21.9	480	64.3	52.6	57.1	42.1	35.2	20.3	18.6	70.8	122
Middle quintile	25.3	462	64.0	51.3	55.9	41.2	28.6	19.8	13.8	74.5	136
Higher quintile	29.5	466	73.8	62.8	55.2	42.2	28.3	25.1	14.9	79.1	160
Highest quintile	47.8	449	68.4	60.7	57.2	43.8	26.4	16.2	12.3	74.8	249
Months Postpartum											
≤6.5 months	25.6	1,040	65.6	54.4	53.0	36.3	21.9	12.5	10.1	72.7	309
6.6-8 months	27.5	631	67.1	55.5	55.0	41.6	29.2	26.6	13.1	75.2	201
>8 months	33.5	667	64.6	62.3	59.3	46.4	33.1	21.0	17.2	74.4	259

Note: Row percentages presented. Percentages with any health check were calculated among women who completed the six-week interview. Figures are placed in parentheses when they are based on 25-49 unweighted cases. An asterisk indicated that a figure is based on less than 25 unweighted cases and has been suppressed.

Table 9. Growth Monitoring and Screening for Malnutrition at Postnatal Care, by Background Characteristics

Among women approximately six months postpartum who received any postnatal care (PNC) within 2 months of delivery, the percentage of those whose children's weight, length of height, and mid-upper arm circumference (MUAC) were measured, by background characteristics, PMA Ethiopia 2019-2021 Cohort

Background characteristics	Weight	Height	MUAC	Number of women with PNC (weighted)
Overall	63.7	22.9	21.5	769
Age				
15-19	68.2	31.9	27.1	67
20-24	63.1	23.4	21.7	187
25-29	62.2	20.1	16.7	251
30-34	64.7	20.3	23.3	147
35-39	68.6	28.6	28.9	94
40-49	*	*	*	24
Education				
No education	53.4	20.5	19.3	250
Primary	64.0	24.1	22.3	312
Secondary	71.4	26.1	26.3	115
More than secondary	81.4	21.6	19.1	91
Parity				
0 children	71.8	24.4	19.5	170
1-2 children	66.4	25.8	22.7	303
3-4 children	61.6	16.1	22.3	153
5+ children	50.4	22.2	20.5	142
Region				
Tigray	66.2	22.5	36.8	87
Afar	(50.9)	(26.5)	(25.9)	9
Amhara	63.5	12.8	15.5	164
Oromiya	62.3	24.0	19.8	301
SNNP	53.5	26.9	22.7	142
Addis Ababa	91.4	34.8	21.5	66
Residence				
Rural	54.8	19.9	22.6	494
Urban	79.7	28.4	19.6	275
Wealth				
Lowest quintile	41.5	23.8	21.2	103
Lower quintile	53.7	15.4	21.3	122
Middle quintile	53.5	19.0	19.5	136
Higher quintile	65.1	25.8	26.3	160
Highest quintile	82.5	26.5	19.8	249
Months Postpartum				
≤6.5 months	63.4	19.5	16.3	309
6.6-8 months	65.3	25.1	22.1	201
>8 months	62.9	25.3	27.3	259

Note: percentages presented. Figures are placed in parentheses when they are based on 25-49 unweighted cases. An asterisk indicated that a figure is based on less than 25 unweighted cases and has been suppressed.

Sexual and Reproductive Health

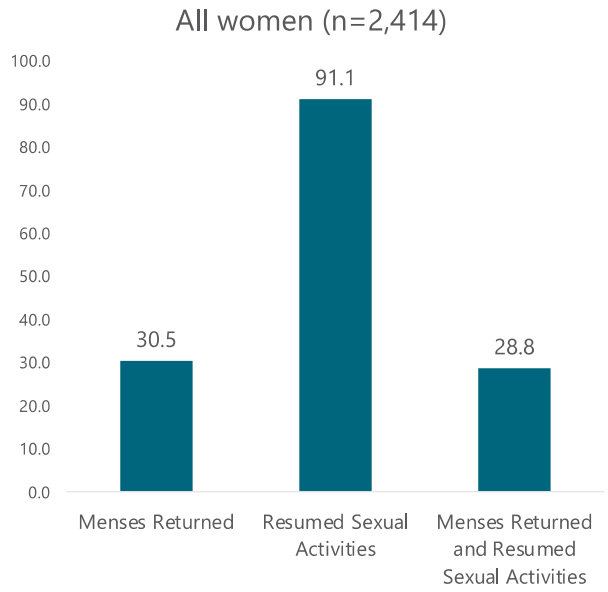
Return of Menses and Sexual Activity

Definition: Women were asked whether their menses had returned since their most recent pregnancy and whether they had resumed sexual activity. Women who reported being pregnant at the six-month postpartum interview were considered to have resumed sexual activities, even though they did not answer this question directly. Figure 13 and Table 10 present the proportion of women who reported that their menses had returned, resumed sexual activities, and both.

Key findings:

- Almost one-third (30.5%) of women reported that their menses have returned at time of the six-month postpartum interview (Figure 13 and Table 10).
- Over ninety percent (91.1%) of women had resumed sexual activity.
- Fewer than three in ten (28.8%) women reported that they had resumed sexual activity and that their menses returned.

Figure 13. Return of Menses and Resuming Sexual Activities



Reproductive patterns by background characteristics:

- **Months Postpartum:** Roughly one in three (30.8%-31.2%) women reported that their menses had returned. The vast majority of women (90.5%-92.5%) had resumed sexual activity.
- **Age:** The proportion of women indicating a return of menstruation ranged from fewer than one in five (16.8%) in those aged 40-49 to two in five (40.3%) in those aged 20-24.
- **Education:** Almost two-thirds (63.3%) of women who attended more than secondary education and almost one in five (18.0%) women with no education had resumed activity activities while menses returned, respectively.
- **Parity:** The proportions of women who resumed sexual activity were similar between women of different parity. Women who had no prior children had the highest percentage indicating the return of menstruation (49.4%), while women with five or more children had the lowest percentage of 12.7%.
- **Region:** Nearly two in three (64.0%) women in Addis Ababa, compared to fewer than one in four (23.0%) women in Tigray, indicated that they had resumed sexual activity in addition to their menses having returned.
- **Residence:** More than half (53.3%) of women in urban areas and more than one in five (21.7%) women in rural areas reported that their menses had returned and that they had resumed sexual activity since the most recent pregnancy.
- **Wealth:** While about the same proportions of women in all wealth quintiles reported resuming sexual activity (88.4%-94.1%), a higher proportion (32.8%-59.1%) of wealthier women indicated return of menses.

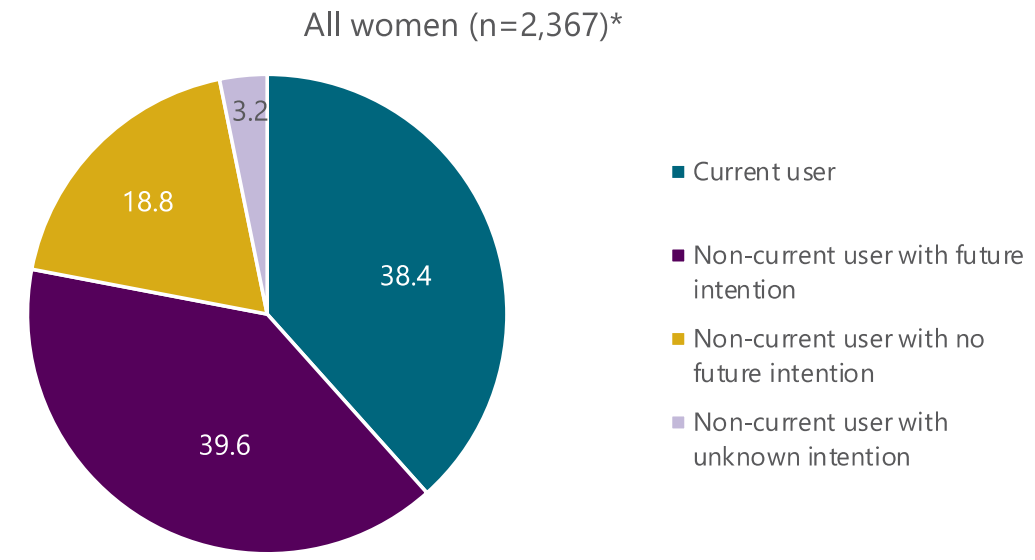
Family Planning Use and Future Intention

Definition: Women who were not pregnant at the six-month interview were asked whether they were using any FP method to delay or avoid getting pregnant. Women who were not currently using a method were asked whether they planned to use a contraceptive method in the future. We combined women's current use of contraception with their intentions to use to explore women's contraceptive needs and desires across four categories: current users; non-current users with future intentions to use; non-current users with no future intentions to use; and non-current users with unknown intentions. Women who answered "do not know" or did not respond to the future intention question were defined to have "unknown intention". Of note, 47 women reported being currently pregnant at the 6-month interview.

Key findings:

- Almost two in five women (38.4%) were using a family planning method at the time of the six-month postpartum interview (Figure 14 and Table 11).
- Among all (non-pregnant) women, two in five (39.6%) were not current users of FP but intended to use FP in the future; about one in five (18.8%) were not current users and did not intend to use FP in the future; 3.2% were non-users and were not sure about future intention.

Figure 14. FP Use and Future Intention



**47 pregnant women excluded*

Contraceptive use and intention patterns by background characteristics:

- **Months Postpartum:** The percent distribution of FP use and future intention was similar across women's postpartum timing/status, with roughly two in five women being current users (36.9%-41.2%) and non-users with a future intention to use (37.0%-42.3%); one in five being non-users with no intention to use (17.7%-21.5%); and fewer than 5.0% being non-users with unknown intention (3.1%-3.4%).
- **Age:** Almost half (47.4%) of women ages 20-24 were currently using FP at approximately six months postpartum, compared to fewer than one in five (17.3%) women ages 40-49.
- **Education:** The percentage of current FP users was more than three in four (77.3%) among women who attended more than secondary education and one in four (25.1%) in women with no education. Nearly thirty percent (29.3%) and fewer than five percent (4.4%) of women with no education and more than secondary education were non-users and did not intend to use FP in the future, respectively.
- **Parity:** More than half (55.0%) of women who were nulliparous at enrollment were current users of FP, compared to fewer than one in five (18.2%) women with five or more children at time of enrollment.
- **Region:** The majority (80.1%) of women in Addis Ababa were currenty using FP; a very small proportion were non-users with no or unknown intention (<5%). In constrast, in Afar, most women were non-users and did not intend to use FP in the future (88.4%).
- **Residence:** While the majority (69.7%) of women in urban areas were current users, almost half (45.8%) of rural women were non-current users but intended to use FP in the future.
- **Wealth:** The proportion of current users was the highest among women in the highest wealth quintile (72.3%) and the lowest among women in the lowest wealth quintile (19.3%). Three in ten (31.1%) women in the lowest wealth quintile were non-users with no future intention to use, compared to only 6.3% among the wealthiest women.

Family Planning Method Type

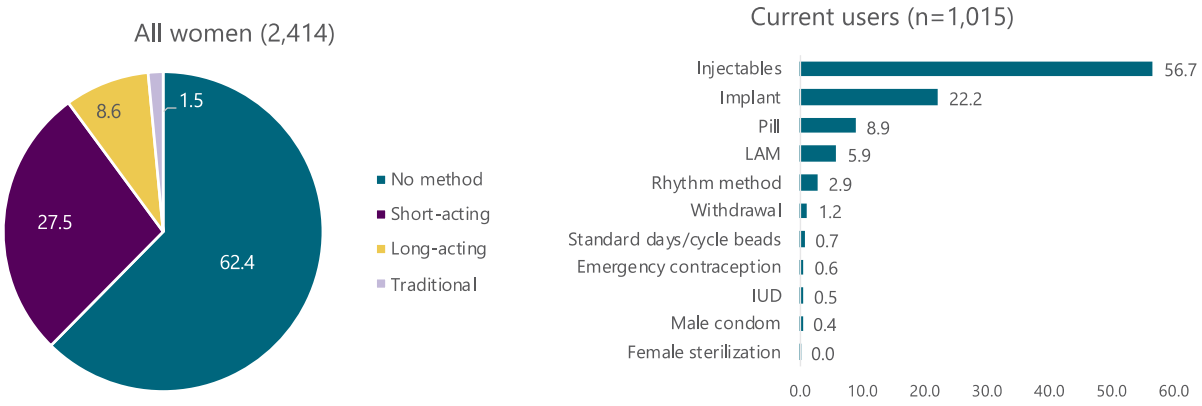
Definition: Women who were current FP users reported the type of method they were using. Women who were pregnant at time of the six-month interview were considered non-users (n=47). Figure 15 presents the method distribution (most effective) among all current users. Table 12 shows the percentage of women who were not using any method, using a short-acting method, long-acting method, and traditional method, by background characteristics.

- Shorting-acting methods: injectables, pills, emergency contraception, male condom, standard days/cycle beads, and lactational amenorrhea (LAM)
- Long-acting methods: female sterilization, implant, and IUD
- Traditional methods: rhythm method and withdrawal

Key findings:

- Fewer than one in ten (8.6%) women were using a long-acting FP method.
- Among all current users, the most common method of FP was injectables (56.7%), followed by implant (22.2%) and contraceptive pills (8.9%).

Figure 15. FP Method Types



Family planning method type patterns by background characteristics:

- **Months Postpartum:** Contraceptive use patterns did not vary substantially by months postpartum.
- **Age:** The percentage of women using a long-acting method declined with age. One in three women (35.6%) age 20-24 were using a short-acting method of contraception compared to 14.9% of women age 40-49.
- **Education:** The majority of women (74.5%) with more than secondary education were using a FP method, while only one in four women with no education were (24.8%). Fewer

than five percent (4.7%) of women with no education were using a long-acting method, compared to 19.3% of women with more than secondary education.

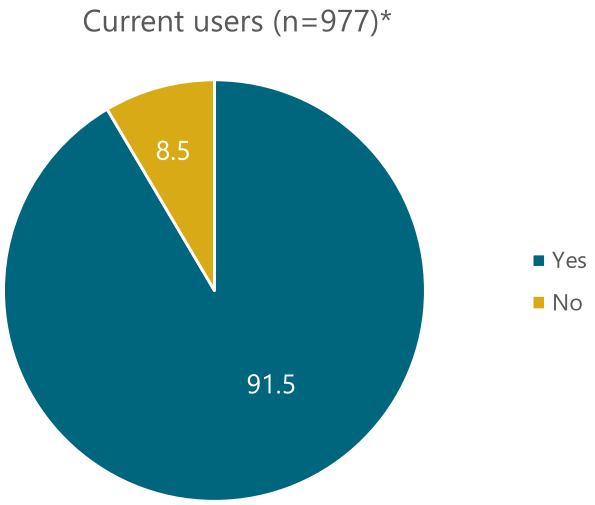
- **Parity:** Among primiparous women, almost half (46.7%) were not using any method; two in five (38.9%) were using a short-acting method; one in ten (11.9%) were using a long-acting method.
- **Region:** Most women in Addis Ababa were using a short-acting method (52.7%), while most women in Afar, Amhara, Oromiya, and SNNP were not using any method.
- **Residence:** About two in five rural women (21.5%) and half of all urban women (48.4%) were using a short-acting method, respectively; 6.0% of rural women and 17.3% of urban women were using a long-acting method.
- **Wealth:** The majority (62.7%-80.8%) of women in all wealth quintiles were not using any method except in the highest quintile where almost half (48.4%) of women were using a short-acting method.

Desired Family Planning Method Obtained

Definition: Current users of female sterilization, implant, IUD, pills, injectables, male condoms, emergency contraception, and standard days method were asked whether they obtained the method they desired to delay or avoid getting pregnant. The percent distribution of women obtained desired FP method, by background characteristics, is not presented due to lack of variation.

Key findings: Among women currently using a method of FP other than LAM and traditional methods, the vast majority (91.5%) obtained the method they desired (Figure 16).

Figure 16. Desired FP Method Obtained



**Current users of female sterilization, implant, IUD, pills, injectables, male condoms, emergency contraception, and standard days*

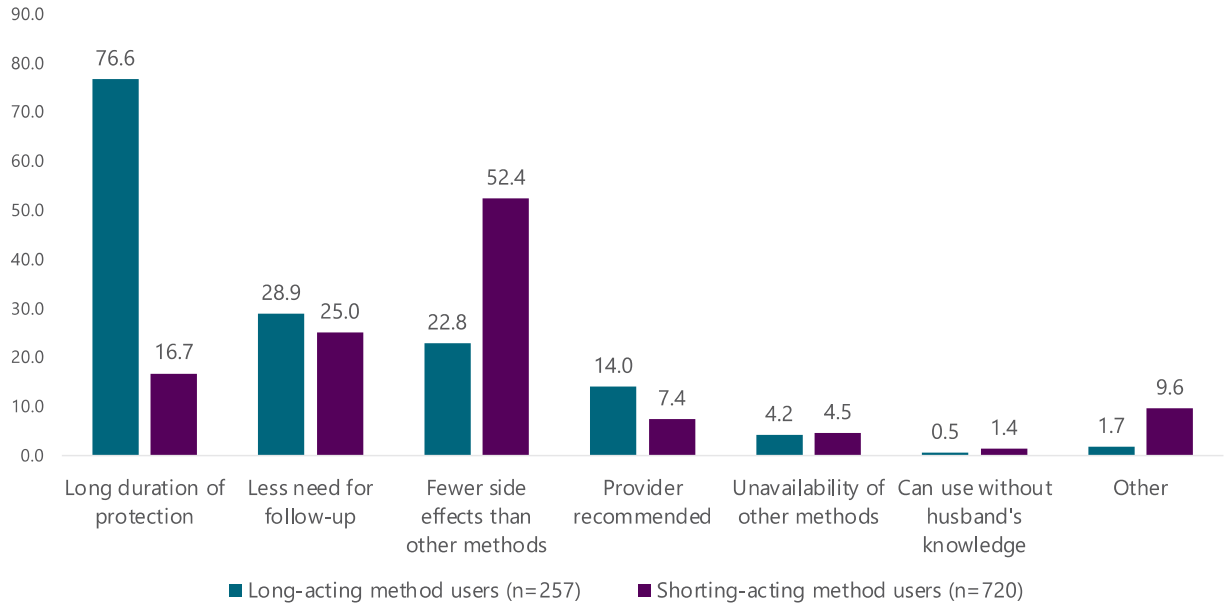
Reasons for Choosing Current Method

Definition: All women currently using FP were asked why they had chosen their current method. Respondents were able to list more than one reason; unprompted responses were coded into the following categories: long duration of protection, less need for follow-up, unavailability of other methods, provider recommended, fewer side effects, can use without partner's knowledge, and other. The percentages of women indicating each reason, by short and long-acting method users, are presented in Figure 17 and Table 14. Reasons for choosing the current method, by background characteristics, are not presented due to little variation.

Key findings:

- Among long-acting method users, the most common reason for choosing the method was long duration of protection (76.6%), followed by less need for follow-up (28.9%) and fewer side effects than other methods (22.8%).
- Users of a short-acting method most commonly reported fewer side effects compared to other methods as the reason for choosing their current method (52.4%), followed by less need for follow-up (25.0%) and long duration of protection (16.7%).

Figure 17. Reason for Choosing Current Method, by Method Type



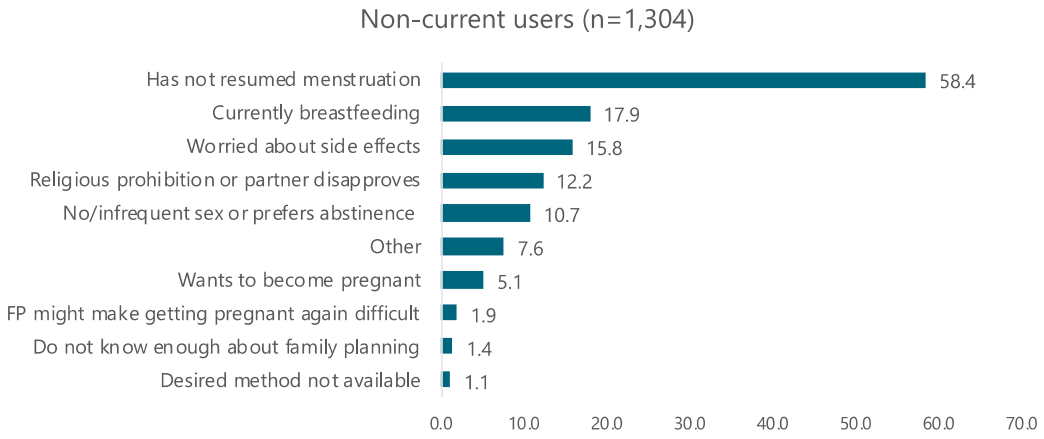
Reasons for Not Using Family Planning

Definition: Women who had not used a FP method since delivery were asked why they decided not to use contraception. Interviewers grouped unprompted responses into one or more of the following themes: worried about side effects, currently breastfeeding, FP might make getting pregnant again difficult, menstruation had not returned, infrequent/no sex or prefers abstinence, wants to become pregnant, religious prohibition, partner disapproved, desired method not available, and other. Women could select more than one reason for non-use of FP. The percent distribution of reasons is presented in Figure 18 and Table 13. Stratified results by background characteristics are not presented due to lack of variation.

Key findings:

- Over half of non-users reported that they had not used FP because their menstural cycle had not returned (58.4%).
- Fewer than one in five women had not used FP because they were breastfeeding (17.9%) or were worried about potential side effects (15.8%).
- More than one in ten women (12.2%) indicated that they had not used FP due to religious prohibitions or husbands' disapproval.

Figure 18. Reasons for Not Using Family Planning



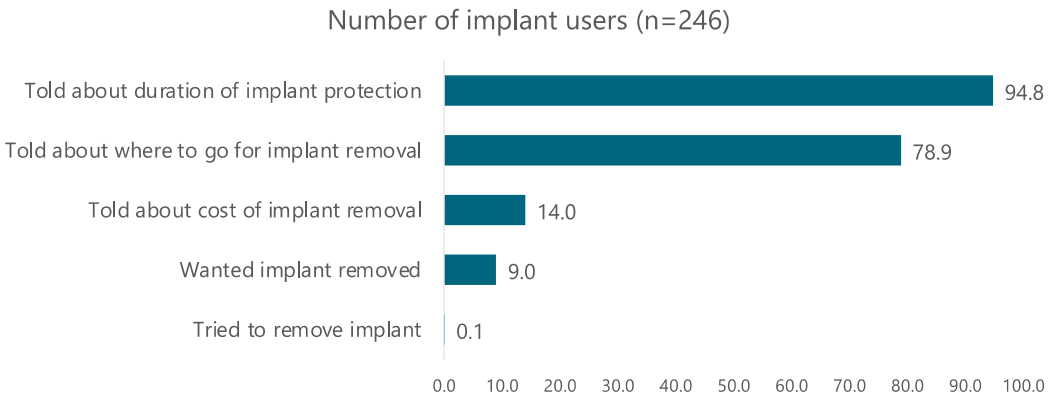
Counseling on Implant and Intention to Remove Implant

Definition: Women who were using implants were asked a series of questions about counseling they received when they obtained the implant and any intention to remove the implant. Figure 19 presents, among all implant users, the proportion who were told about the duration of implant protection, informed about where to go and the cost of implant removal, and the percentage who wanted and attempted to remove their implant.

Key findings:

- Almost all implant users (94.8%) were told how long the implant could protect them from being pregnant when they obtained the method.
- While the majority of implant users were told about where to go for implant removal (78.9%), just over one in ten were told about the cost of implant removal (14.0%).
- 9.0% of implant users reported wanting to have their implant removed; 0.1% had attempted to do so.

Figure 19. Implant Counseling and Intention to Remove Implant

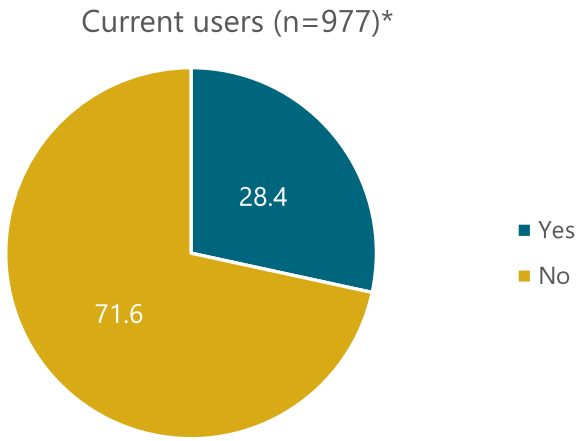


Counseling on Contraceptive Side Effects

Definition: Current users of female sterilization, implant, IUD, pills, injectables, male condoms, emergency contraception, and standard days were asked whether their provider told them about potential side effects of the method. Table 15 presents the percent distribution of respondents who were told about contraceptive side effects when obtaining the method, by background characteristics.

Key findings: About one-quarter (28.4%) women were told about the potential side effect of the FP method they obtained (Figure 20 and Table 15).

Figure 20. Proportion of Women Informed about FP Side Effects



**Current users of female sterilization, implant, IUD, pills, injectables, male condoms, emergency contraception, and standard day.*

Counseling on contraceptive side effect patterns by background characteristics:

- **Months Postpartum:** The proportion of women who were told about FP side effects did not differ by women's postpartum timing/status.
- **Age:** About one in five (22.4%) women aged 15-19 and almost one in three (32.1%) women aged 25-29 reported they their provider informed them about potential side effects of the FP method they obtained.
- **Education:** The percentage of women being informed about side effects ranged from 22.5% in those with no education to 36.1% in those with more than secondary education.
- **Parity:** Roughly the same percentages (26.6%-29.5%) of women across parity groups were told about potential side effects of their FP methods when obtaining the method.

- **Region:** The proportion of women who reported being informed about potential FP side effects was the lowest in Amhara (18.0%) and highest in Tigray (46.5%).
- **Residence:** Approximately 26.2% of rural women and 31.7% of urban women were told about the potential side effects of the FP method they obtained.
- **Wealth:** Nearly one in three (30.5%-31.8%) women in the highest two wealth quintiles reported being informed about side effects, compared to one in four to one in five women in the lower three quintiles (21.6%-27.9%).

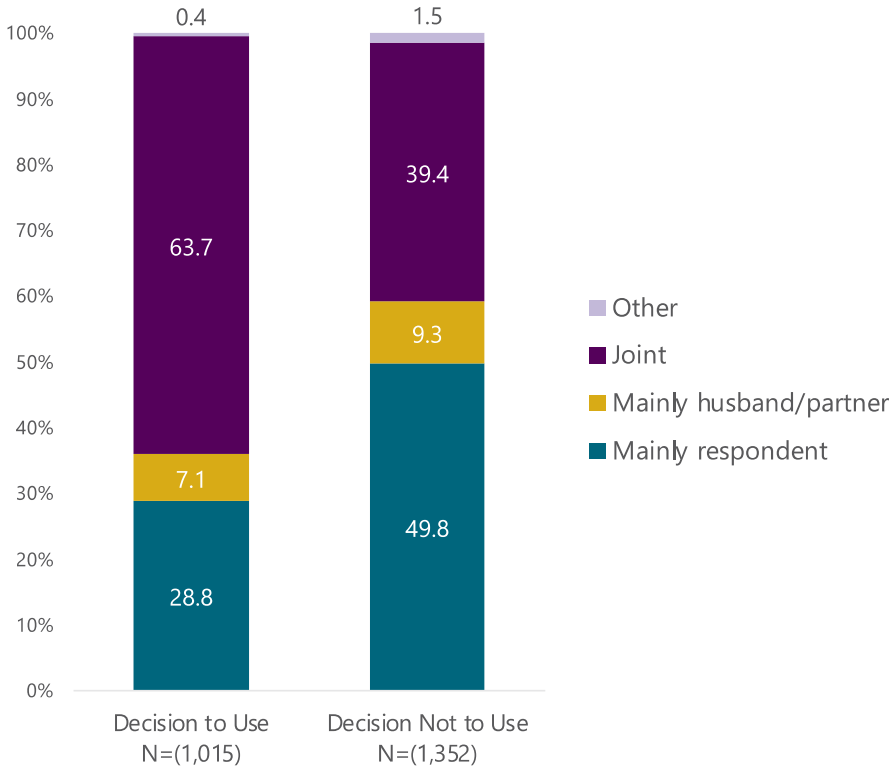
Decision-making for Family Planning

Definition: All women currently using FP were asked whether they had discussed their decision to use FP with their partner before use. The proportion of respondents indicating that they discussed their decision to use FP with their partner before use, by background characteristics, is presented in Table 16. Additionally, both current users and non-users were asked whether their decision to use/not to use FP was mainly hers, her partner's, a joint decision, or other. The distribution of FP decision types, by current and non-current users, is presented in Figure 21.

Key findings:

- The majority (83.4%) of respondents discussed their decision to use FP with their partner before use (Table 16).
- Among current users, the majority (63.7%) indicated that their decision to use FP was a joint decision; 7.1% reported the decision was mainly her partner's.
- Among non-current users, almost half (49.8%) of respondents decided not to use FP mainly by herself; one in four (39.4%) decided jointly with her partner; about one in ten (9.3%) decided mainly by her partner.

Figure 21. Types of FP Decision Among Current Users and Non-users



Decision-making for family planning patterns by background characteristics:

- **Months Postpartum:** More than eight in ten (82.3%-84.0%) women reported that they discussed their decision to use FP with their partner before use, with little variation by postpartum timing at the interview.
- **Age:** The proportion of respondents who discussed their FP decision with their partner before use was the highest in those aged 25-29 (86.4%) and lowest in those 35-39 years of age (74.9%).
- **Education:** Nine in ten women who attended secondary education (91.6%) or more than secondary education (90.0%) discussed their FP decision with their partner before use, compared to about seven in ten women who had no education (72.4%).
- **Parity:** Almost nine in ten (89.6%) primiparous women discussed with their partner about their FP decision, compared to seven in ten (70.7%) women who had 5 or more children.
- **Region:** More than eight in ten (80.8%-87.3%) women in all regions discussed their decision to use FP with their partner before use.
- **Residence:** Approximately 80.5% of rural women and 87.7% of urban women discussed their FP decision with their partners.
- **Wealth:** The proportion of women involving their partners in their FP decision/discussion ranged from 74.9% among the poorest women to 88.7% among the wealthiest women.

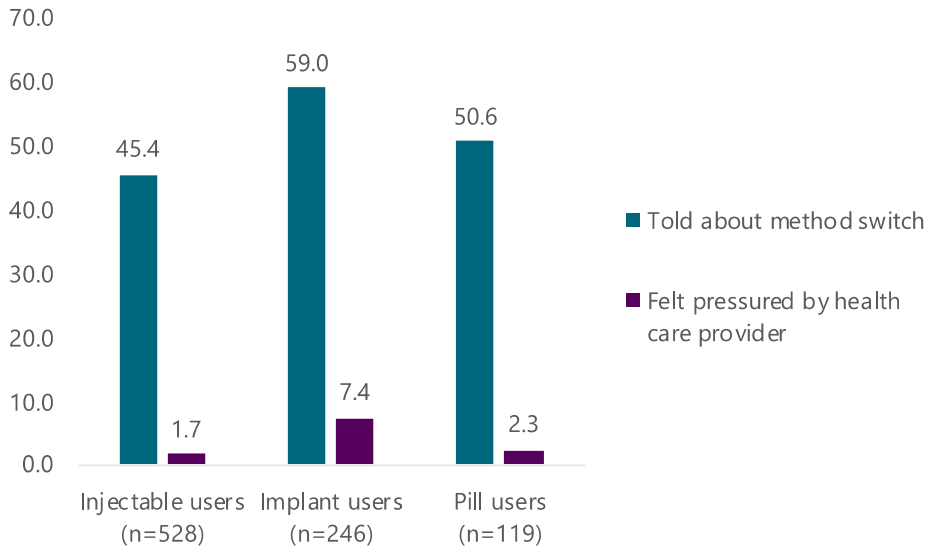
Provider Bias in Family Planning Counseling

Definition: All current users of FP were asked whether they were told that they could switch to a different method in the future and whether they felt pressured by any health service providers to accept the method. The proportions of women who responded "yes" to each of these two questions, among injectable, implant, and pill users, are shown in Figure 22. Estimates of provider bias in FP counseling among users of other FP methods are not presented due to limitations in sample size.

Key findings:

- Almost half of injectable users were told about method switching in the future (45.4%); 1.7% felt pressured by the health care provider to accept the method.
- The proportion of women who were told about method switching was the highest among implant users (59.0%) and lowest among injectable users (45.4%).
- The percentage of women who felt pressured by the health care provider to accept a method was low overall, ranging from 1.7% among injectable users to 7.4% among implant users.

Figure 22. Provider Bias in Family Planning Counseling among Injectable, Implant, and Pill Users



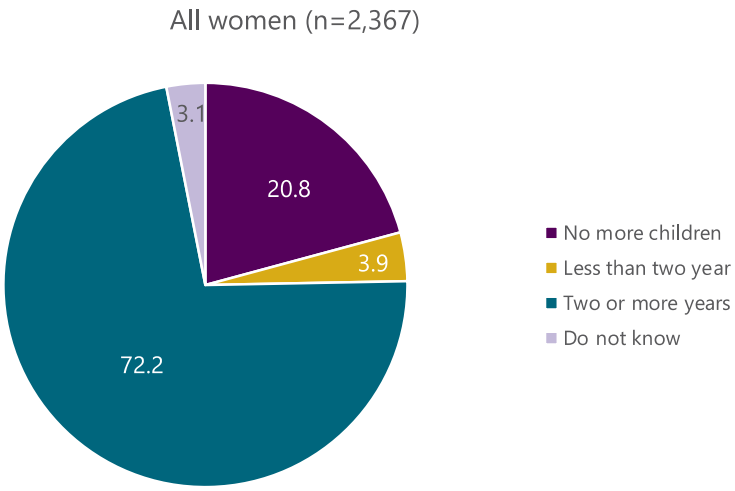
Future Pregnancy Intention

Definition: All women who were not pregnant at the time of the six-month postpartum follow-up interview were asked if they would like to have more children in the future. Those who indicated wanting to have more children were asked how long they would like to wait before having more children. The percentage of women reporting that they would like to have no more children, more children in less than two years, and more children in two or more years, by background characteristics, is shown in Table 17.

Key findings:

- Overall, the majority of women indicated wanting to have more children in two or more years (72.2%) (Figure 23).
- One in five women reported not wanting to have any more children (20.8%)

Figure 23. Future Pregnancy Intention



Future pregnancy by background characteristics:

- **Months Postpartum:** There was little variation in reported fertility intentions by months postpartum; roughly one in five (17.7%-25.2%) reported they would not like to have any more children.
- **Age:** The percentage of women who would like to have no more children ranged from 4.0% in women aged 15-19 to over half (54.8%) in women aged 40-49. Less than five percent (2.7%-4.5%) of women in all age groups indicated wanting to have more children in less than two years.

- **Education:** Approximately one in ten women who attended secondary education (9.9%) or more (10.7%) reported that they did not want any more children; three times the proportion of women with no education indicated so (29.3%).
- **Parity:** Almost nine in ten primiparous women (89.4%) reported wanting to have another child in two or more years, compared to half (49.6%) of women with 5+ children.
- **Region:** The distribution of pregnancy intention are similar in all regions except in Afar where nearly three in ten (28.1%) reported wanting more children in less than two years; more than half (55.8%) wanted to have more children in two or more years.
- **Residence:** Over seven in ten women in both rural (71.0%) and urban (76.1%) areas reported that they would like to wait two or more years before having another child. 22.3% of rural women and 15.6% of urban women reported that they did not want to have more children.
- **Wealth:** Pregnancy intention was similar across wealth statuses, with the proportion of women wanting to wait two or more years before having more children higher in wealthier women and the proportion of women wanting no more children higher in poorer women.

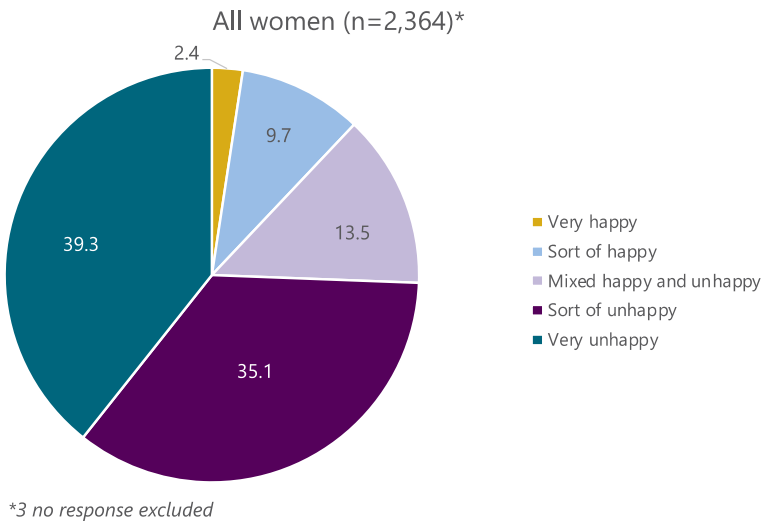
Emotional Response Toward Potential Pregnancy

Definition: All women who were not pregnant at the time of the six-month postpartum follow-up interview were asked how they would feel if they were pregnant now. Possible responses included "very happy", "sort of happy", "mixed happy and unhappy", "sort of unhappy", and "very unhappy", as presented in Figure 24. Women's emotional response to pregnancy, by background characteristics, is not presented because women's emotional responses showed little variation by sociodemographic characteristics.

Key findings:

- The majority of women would feel either very (39.3%) or sort of unhappy (35.1%) if they were pregnant at the time of the six-month interview.
- Approximately one in ten (9.7%) women would feel sort of happy if they were pregnant; 2.4% would feel very happy.

Figure 24. Emotional Response Toward Potential Pregnancy



**3 no response excluded*

Table 10. Return of Menses and Resuming Sexual Activities, by Background Characteristics

Percentage of women approximately six months postpartum whose menses returned, resumed sexual activities since delivery by the date of interview, by background characteristics, PMA Ethiopia 2019-2021 Cohort

Background characteristics	Menses returned	Resumed sexual activities	Menses returned and resumed sexual activities	Number of women (weighted)
Overall	30.5	91.1	28.8	2,414
Age				
15-19	39.1	86.3	34.1	251
20-24	40.3	89.7	37.6	580
25-29	30.6	93.0	29.1	724
30-34	24.6	91.8	24.2	451
35-39	18.2	91.3	17.6	310
40-49	16.8	93.9	16.6	99
Education				
No education	19.9	89.6	18.0	1,014
Primary	31.0	92.9	29.3	952
Secondary	46.7	88.2	45.2	279
More than secondary	65.1	95.3	63.3	169
Parity				
0 children	49.4	89.9	46.2	431
1-2 children	37.8	90.7	35.2	892
3-4 children	21.4	92.6	20.4	551
5+ children	12.7	91.3	12.6	540
Region				
Tigray	25.0	88.3	23.0	168
Afar	30.4	89.7	29.0	48
Amhara	31.8	95.0	31.4	491
Oromiya	30.7	89.2	28.0	1,061
SNNP	24.8	91.8	23.7	554
Addis Ababa	66.7	95.0	64.0	93
Residence				
Rural	23.0	90.8	21.7	1,873
Urban	56.7	92.1	53.3	541
Wealth				
Lowest quintile	18.4	88.4	16.1	493
Lower quintile	18.0	92.5	17.3	490
Middle quintile	25.3	92.2	25.3	478
Higher quintile	32.8	88.6	29.6	480
Highest quintile	59.1	94.1	56.4	473
Months Postpartum				
≤6.5 months	30.8	90.5	28.9	1,079
6.6-8 months	31.2	92.5	29.7	654
>8 months	29.5	90.9	27.6	680

Note: Row percentages presented.

Table 11. Current Family Planning Use and Future Intention, by Background Characteristics

Among women who were approximately six months postpartum and not pregnant, the percent distribution of those who were currently using family planning, not currently using with future intention to use, not currently using with no future intention to use, and not currently using and not sure about future intention at the time of the survey, by background characteristics, PMA Ethiopia 2019-2021 Cohort

Background characteristics	Current user	Non-current user with future intention	Non-current user with no future intention	Non-current user with unknown intention	Number of women (weighted)*
Overall	38.4	39.6	18.8	3.2	2,367
Age					
15-19	38.7	35.6	19.5	6.1	247
20-24	47.4	33.7	15.3	3.5	565
25-29	41.2	39.1	16.6	3.0	707
30-34	34.9	42.8	19.2	3.1	442
35-39	26.8	46.6	24.5	2.1	307
40-49	17.3	50.5	32.0	0.2	99
Education					
No education	25.1	43.1	29.3	2.6	1,002
Primary	40.6	42.3	12.9	4.2	928
Secondary	56.6	32.2	8.8	2.5	274
More than secondary	77.3	15.1	4.4	3.2	163
Parity					
0 children	55.0	27.5	11.4	6.1	418
1-2 children	47.5	35.7	14.6	2.2	881
3-4 children	30.6	45.3	20.8	3.3	538
5+ children	18.2	49.7	29.4	2.7	530
Region					
Tigray	36.0	43.2	17.2	3.6	165
Afar	3.5	5.6	88.4	2.5	47
Amhara	41.8	44.4	11.6	2.2	481
Oromiya	33.7	41.6	20.2	4.5	1,041
SNNP	41.0	38.0	19.3	1.6	541
Addis Ababa	80.1	12.2	3.6	4.1	92
Residence					
Rural	29.3	45.8	21.5	3.4	1,834
Urban	69.7	18.4	9.3	2.6	533
Wealth					
Lowest quintile	19.3	44.8	31.1	4.8	490
Lower quintile	27.3	52.4	17.0	3.3	470
Middle quintile	36.8	40.5	19.8	2.9	467
Higher quintile	37.6	41.5	18.8	2.0	478
Highest quintile	72.3	18.2	6.3	3.2	463
Months Postpartum					
≤6.5 months	36.9	42.3	17.7	3.1	1,061
6.6-8 months	41.2	37.8	17.7	3.4	641
>8 months	38.2	37.0	21.5	3.3	666

Note: 47 pregnant women excluded. Row percentages presented.

Table 12. Current Family Planning Type

Among women approximately six months postpartum, the percentage distribution of those using no method, short-acting, long-acting, and traditional mehtod as the most effective method, by background characteristics, PMA Ethiopia 2019-2021 Cohort

Background characteristics	No method	Short-acting	Long-acting	Traditional	Number of women (weighted)
Overall	62.4	27.5	8.6	1.5	2,414
Age					
15-19	61.9	25.4	10.5	2.1	251
20-24	53.7	35.6	10.0	0.7	580
25-29	59.7	28.9	9.5	1.9	724
30-34	65.8	26.1	6.8	1.3	451
35-39	73.4	17.4	6.6	2.6	310
40-49	82.7	14.9	2.4	0.0	99
Education					
No education	75.2	19.4	4.7	0.7	1,014
Primary	60.4	29.4	9.1	1.0	952
Secondary	44.4	39.4	14.3	1.8	279
More than secondary	25.5	46.1	19.3	9.1	169
Parity					
0 children	46.7	38.9	11.9	2.5	431
1-2 children	53.1	33.3	11.9	1.7	892
3-4 children	70.1	23.8	5.2	0.8	551
5+ children	82.2	12.9	3.8	1.1	540
Region					
Tigray	64.6	20.3	13.7	1.4	168
Afar	96.6	1.6	1.8	0.0	48
Amhara	59.1	36.6	4.0	0.3	491
Oromiya	66.9	23.3	8.1	1.7	1,061
SNNP	59.9	27.9	10.2	2.0	554
Addis Ababa	20.7	52.7	22.5	4.1	93
Residence					
Rural	71.3	21.5	6.0	1.2	1,873
Urban	31.4	48.4	17.3	2.9	541
Wealth					
Lowest quintile	80.8	15.6	2.9	0.6	493
Lower quintile	73.8	20.0	5.1	1.0	490
Middle quintile	64.0	26.0	8.4	1.5	478
Higher quintile	62.7	28.5	7.5	1.4	480
Highest quintile	29.3	48.4	19.2	3.1	473
Months Postpartum					
≤6.5 months	63.8	27.7	8.0	0.6	1,079
6.6-8 months	59.7	28.6	9.7	2.0	654
>8 months	62.7	26.3	8.3	2.7	680

Note: Row percentages presented. Pregnant women were considered non-users.

Table 13. Reasons for Choosing Current Method, by Method Type

Among women approximately six months postpartum who were currently using a family planning method other than traditional method at the time of the survey, the percentage distribution of reported reasons for choosing the method, by method type, PMA Ethiopia 2019-2021 Cohort

	Long-acting methods users	Shorting-acting methods users
Long duration of protection	76.6	16.7
Less need for follow-up	28.9	25.0
Fewer side effects than other methods	22.8	52.4
Provider recommended	14.0	7.4
Unavailability of other methods	4.2	4.5
Can use without husband's knowledge	0.5	1.4
Other	1.7	9.6
Number of women	257	720

Note: Row percentages presented. Multiple reasons were allowed.

Table 14. Reasons for Not Using Family Planning

Among women approximately six months postpartum who had not used family planning at the time of the survey, the percentage distribution of reported reasons for not using a method, PMA Ethiopia 2019-2021 Cohort

	Percent
Has not resumed menstruation	58.4
Currently breastfeeding	17.9
Worried about side effects	15.8
Religious prohibition or partner disapproves	12.2
No/infrequent sex or prefers abstinence	10.7
Other	7.6
Wants to become pregnant	5.1
FP might make getting pregnant again difficult	1.9
Do not know enough about family planning	1.4
Desired method not available	1.1
Number of non-current users	1,304

Note: Row percentages presented. Multiple reasons were allowed.

Table 15. Told about Family Planning Side Effects, by Background Characteristics

Among women approximately six months postpartum who were currently using a method of family planning other than LAM and traditional methods at the time of the survey, the percentage who were told about potential side effects when they obtained the method, by background characteristics, PMA Ethiopia 2019-2021 Cohort

Background characteristics	Percent	Number of women (weighted)
Overall	28.4	977
Age		
15-19	22.4	109
20-24	28.1	299
25-29	32.1	309
30-34	27.3	165
35-39	26.2	80
40-49	*	15
Education		
No education	22.5	259
Primary	27.4	425
Secondary	34.3	168
More than secondary	36.1	125
Parity		
0 children	26.8	257
1-2 children	29.5	455
3-4 children	28.9	179
5+ children	26.6	85
Region		
Tigray	46.5	66
Afar	*	2
Amhara	18.0	215
Oromiya	28.8	388
SNNP	32.0	232
Addis Ababa	28.8	75
Residence		
Rural	26.2	585
Urban	31.7	392
Wealth		
Lowest quintile	21.6	103
Lower quintile	27.9	142
Middle quintile	24.1	188
Higher quintile	30.5	190
Highest quintile	31.8	354
Months Postpartum		
≤6.5 months	29.1	422
6.6-8 months	26.2	289
>8 months	29.8	266

Note: Row percentages presented.
An asterisk indicated that a figure is based on less than 25 unweighted cases and has been suppressed.

Table 16. Discussion with Partner about Family Planning, by Background Characteristics

Among all women approximately six months postpartum who were using family planning (FP), the percentage distribution of those who discussed their decision to use FP with their partner before use, by background characteristics, PMA Ethiopia 2019-2021 Cohort

Background characteristics	Percent	Number of women (weighted)
Overall	83.4	1,015
Age		
15-19	81.8	107
20-24	85.0	299
25-29	86.4	326
30-34	83.3	172
35-39	74.9	92
40-49	*	19
Education		
No education	72.4	281
Primary	85.3	421
Secondary	91.6	173
More than secondary	90.0	141
Parity		
0 children	89.6	257
1-2 children	83.7	467
3-4 children	81.7	184
5+ children	70.7	108
Region		
Tigray	81.9	66
Afar	*	2
Amhara	87.3	224
Oromiya	80.8	392
SNNP	84.6	248
Addis Ababa	83.8	82
Residence		
Rural	80.5	600
Urban	87.7	415
Wealth		
Lowest quintile	74.9	105
Lower quintile	78.6	143
Middle quintile	82.7	192
Higher quintile	82.3	200
Highest quintile	88.7	374
Months Postpartum		
≤6.5 months	84.0	437
6.6-8 months	83.7	295
>8 months	82.3	284

Note: Row percentages presented.
An asterisk indicated that a figure is based on less than 25 unweighted cases and has been suppressed.

Table 17. Future Pregnancy Intention, by Background Characteristics

Among women approximately six months postpartum, the percentage of those who wanted no more child, would wait less than two year and two or more years before having another child, by background characteristics, PMA Ethiopia 2019-2021 Cohort

	No more children	Less than two year	Two or more years	Do not know	Number of women (weighted)*
Overall	20.8	3.9	72.2	3.1	2,367
Age					
15-19	4.0	4.0	90.2	1.8	206
20-24	10.8	4.4	82.5	2.3	580
25-29	11.7	4.5	80.9	2.9	772
30-34	33.8	2.7	59.5	4.0	440
35-39	44.3	3.6	47.7	4.4	297
40-49	54.8	3.6	37.4	4.3	72
Education					
No education	29.3	3.5	62.7	4.4	926
Primary	16.6	4.1	77.1	2.1	839
Secondary	9.9	3.9	84.1	2.1	356
More than secondary	10.7	5.5	81.7	2.2	246
Parity					
0 children	4.1	4.4	89.4	2.1	454
1-2 children	13.7	5.6	78.6	2.0	948
3-4 children	23.6	2.0	70.4	4.1	524
5+ children	42.9	2.8	49.6	4.7	441
Region					
Tigray	26.2	1.2	69.4	3.2	366
Afar	5.2	28.1	55.8	10.9	208
Amhara	26.4	2.7	67.6	3.3	421
Oromiya	18.6	4.1	73.4	3.9	590
SNNP	20.0	3.2	76.2	0.5	546
Addis Ababa	18.9	5.2	71.8	4.2	236
Residence					
Rural	22.3	4.1	71.0	2.6	1,455
Urban	15.6	3.6	76.1	4.7	912
Wealth					
Lowest quintile	21.0	3.3	70.9	4.8	428
Lower quintile	24.7	3.7	68.7	2.9	344
Middle quintile	26.6	7.1	64.8	1.4	375
Higher quintile	17.2	2.1	78.6	2.1	442
Highest quintile	14.5	3.5	77.8	4.3	778
Months Postpartum					
≤6.5 months	17.7	3.9	75.1	3.3	1,055
6.6-8 months	25.2	4.3	68.4	2.2	646
>8 months	21.5	3.8	71.0	3.7	666

Note: Row percentages presented.