

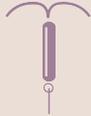


## PERFORMANCE MONITORING FOR ACTION

# PMA ETHIOPIA

*Addis Ababa* Brief, survey results from October-December 2019

### OVERALL KEY FINDINGS



Modern contraceptive use among all and married women showed stagnation over the past 6 years. Long-acting method use showed a steady increase over the same period of time.



The quality of care of ANC services is generally low, with very few women reporting comprehensive counseling or testing. The percentage of women who reported an unintended pregnancy is low relative to other regions



Almost 40% of women received their method from a private facility, however implants and injectables are limited in private facilities relative to public facilities.

### SECTION 1: About PMA Ethiopia

Performance Monitoring for Action Ethiopia (PMA Ethiopia) builds on the previous success of PMA2020/Ethiopia and PMA-Maternal and Newborn Health study in the Southern Nations, Nationalities and Peoples Region (SNNPR).

PMA Ethiopia is a five-year project implemented in collaboration with Addis Ababa University, Johns Hopkins University, and the Federal Ministry of Health. It is a nationally representative survey measuring key reproductive, maternal, and newborn health (RMNH) indicators, including:



**Antenatal Care (ANC)**



**Family Planning (FP)**



**Reproductive empowerment, fertility intention, and community norms**



**Health facility readiness and quality of care**

This brief includes results from data collected in **Addis Ababa** from three different surveys:

#### Panel survey

All currently pregnant or recently postpartum (<8 weeks) were identified and enrolled in each data collection area. Field staff conduct interviews at **6 weeks, 6 months, and 1 year** postpartum and at **enrollment**. Results in this brief are from currently pregnant women at enrollment.

#### Cross-section survey

Field staff select 35 households in each data collection area. In each of the 35 households, data collectors administer a **household questionnaire** and a **female questionnaire** to all women aged 15-49 in those households.

#### SDP survey

The SDP survey provides health system trends annually. It includes **all levels of public health facilities** that serve each data collection area, **in addition to up to 3 private health facilities within the kebele**.

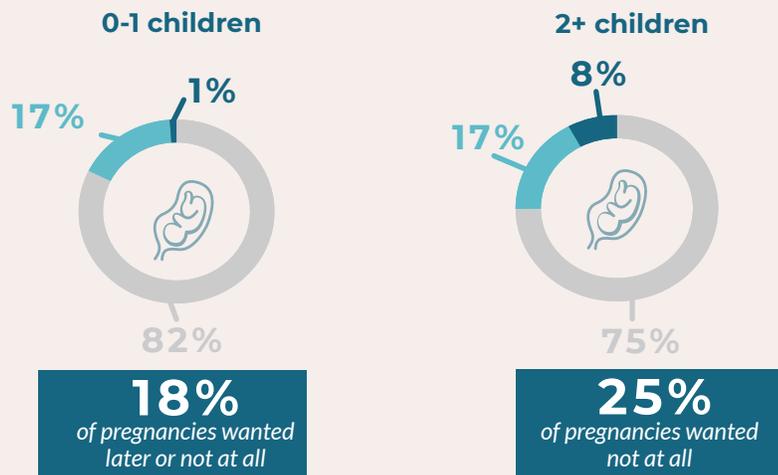
## SECTION 2: PREGNANCY AND ANTENATAL CARE

From the enrollment in the panel survey

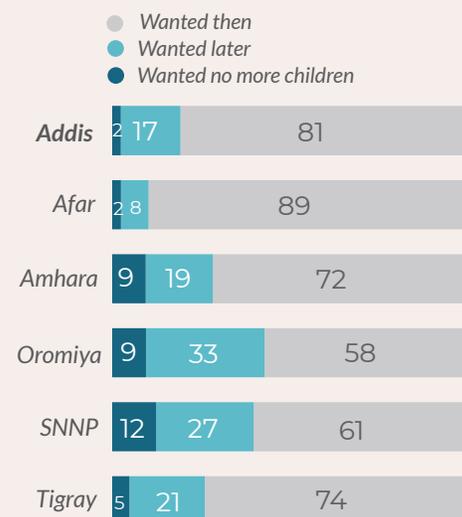
### TIMING OF CURRENT PREGNANCY

Percent of currently pregnant women who report wanting their current pregnancy then, later, or not at all, by parity in Addis Ababa (n=208)

● Wanted then ● Wanted later ● Wanted no more children

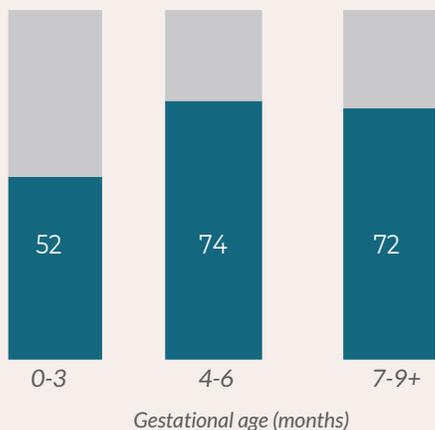


Percent of women by timing of their current pregnancy, by region (n=2,269)

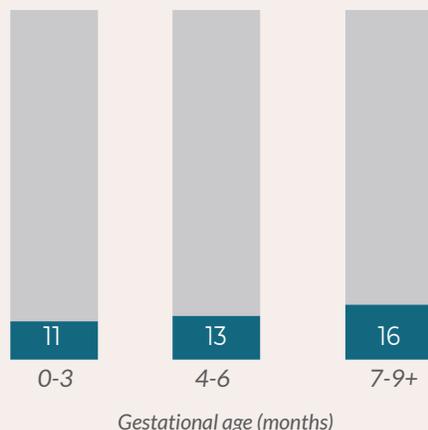


### ANTENATAL CARE (ANC)

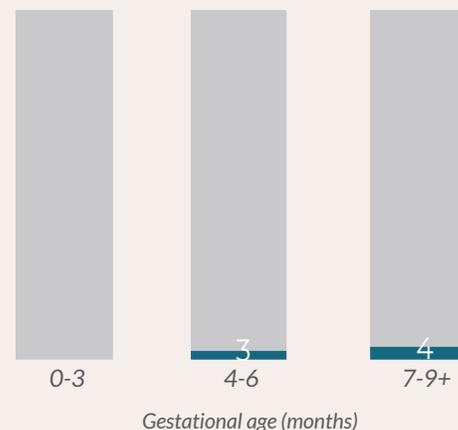
Percent of currently pregnant women who received ANC from any provider, including HEW, by gestational age (n=208)



Percent of currently pregnant women who received blood pressure, urine, and stool test, were tested for syphilis and HIV, and took iron, by self-reported gestational age (n=208)



Percent of currently pregnant women who discussed all 9\* birth preparedness topics at ANC by gestational age (n=208)



● No ● Yes

\*Topics include place of delivery, delivery by skilled birth attendant, arrangement for transport for delivery, where to go if pregnancy danger signs are experienced, and the following danger signs in pregnancy: severe headache with blurred vision, high blood pressure, edema/swelling, convulsions/fits, and bleeding before delivery.

### KEY FINDINGS FOR SECTION 2: PREGNANCY AND ANTENATAL CARE

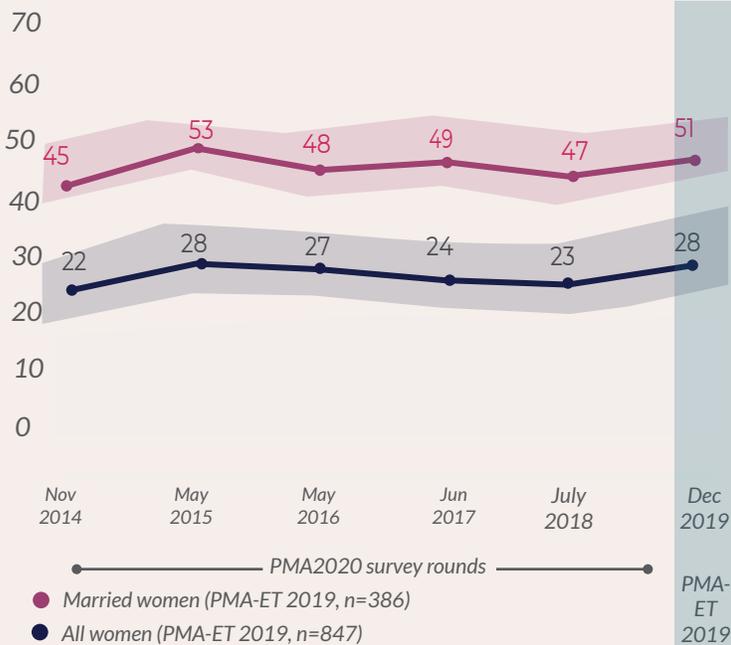
- The percent of women who reported their current pregnancy was wanted later or not at all is low relative to other regions.
- One in four women in their second or third trimester have not received any antenatal care service.
- Fewer than 5% of women of any gestational age report discussing all 9 priority birth preparedness topics during their pregnancy.

# SECTION 3: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

From the cross-sectional survey

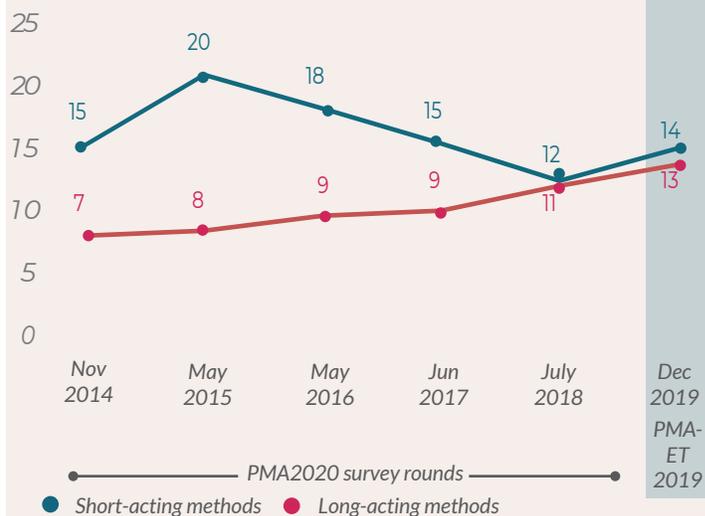
## MODERN CONTRACEPTIVE PREVALENCE

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



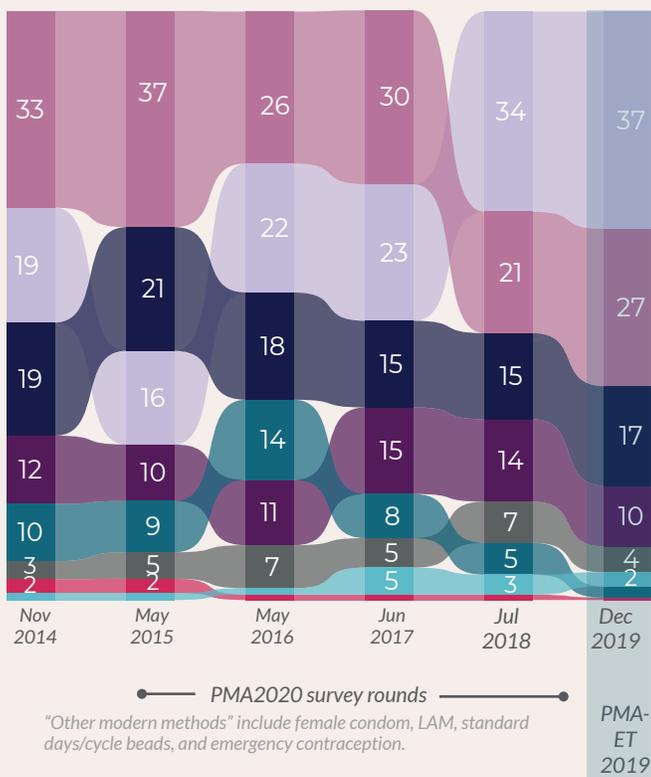
## CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (n=847)



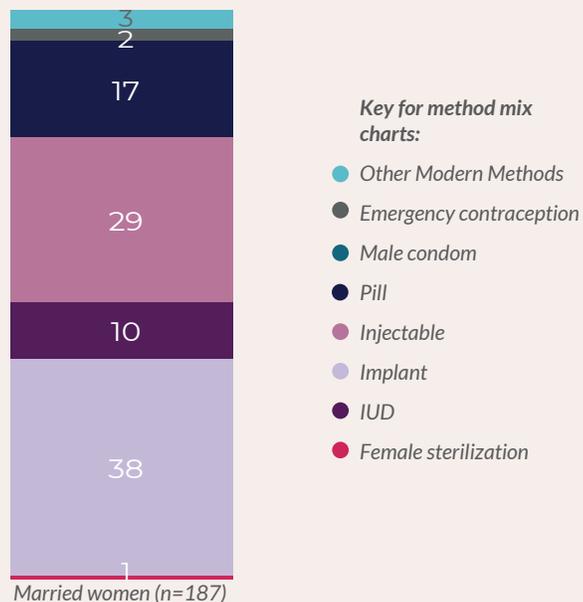
## TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users among all women age 15-49 by method (n=217)



## MODERN CONTRACEPTIVE METHOD MIX

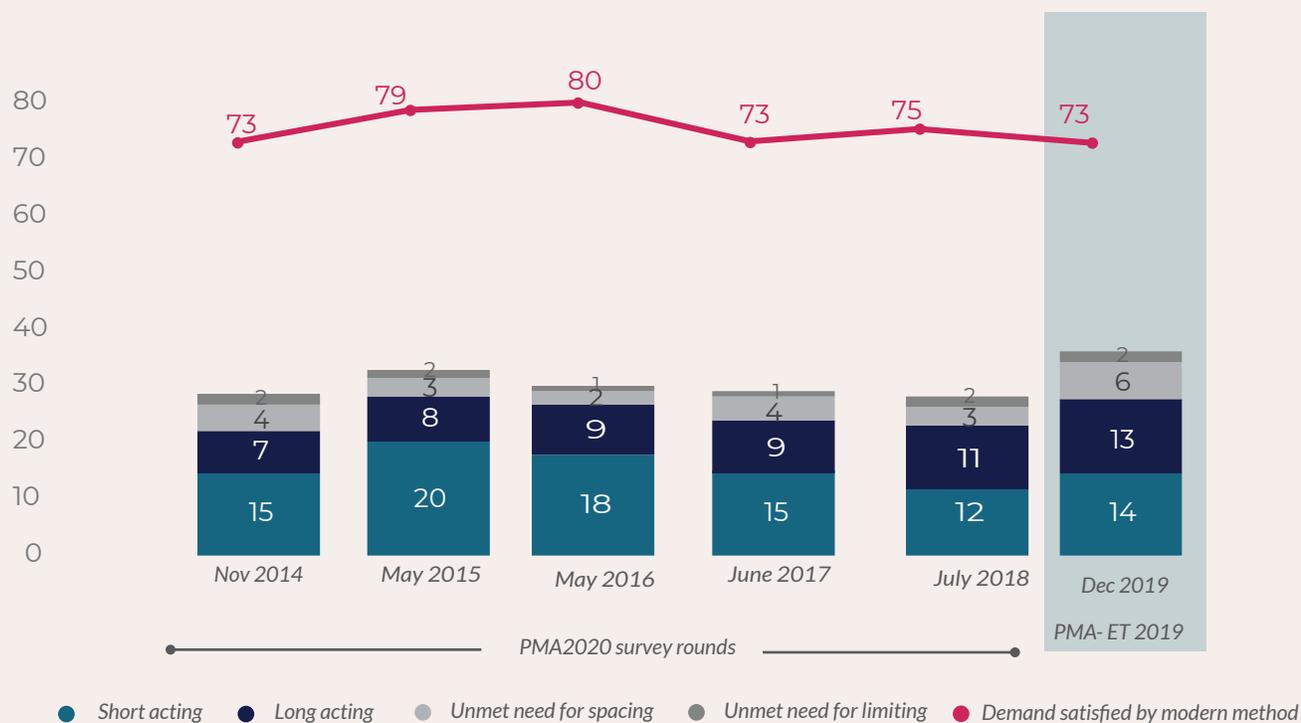
Percent distribution of modern contraceptive users age 15-49 by method, married women



"Other modern methods" include LAM and standard days/cycle beads.

## METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

Percent of women in Addis Ababa age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (n=847)



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

### KEY FINDINGS FOR SECTION 3: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- From 2016 to 2019, there has been no statistically significant change in modern contraceptive use among all women or married women.
- Despite the stagnation in mCPR, there has been a steady increase in long-acting method use, primarily the implant.
- The percentage of demand satisfied by a modern contraceptive method is high in Addis Ababa, though levels have not changed significantly since 2014.

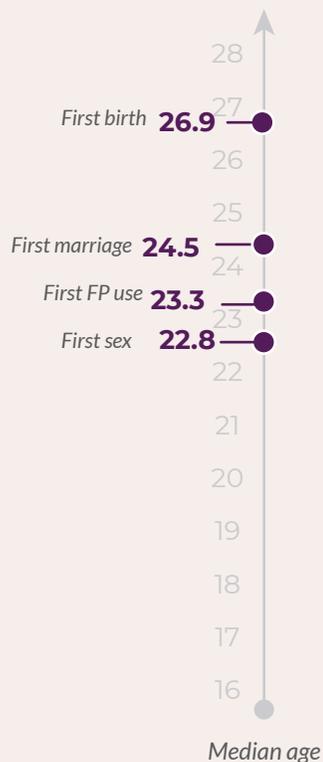
## SECTION 4: REPRODUCTIVE TIMELINE

From the cross-sectional survey

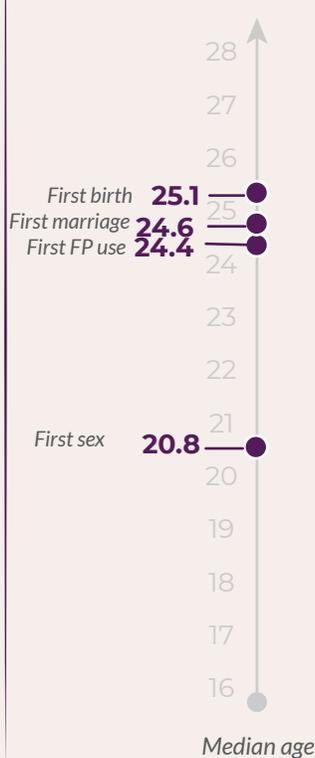
### REPRODUCTIVE TIMELINE

Median age at reproductive events, by age group, Addis Ababa

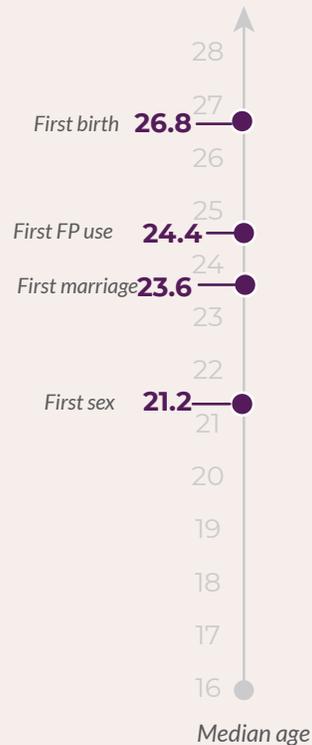
#### Age group: 25-29 (n=210)



#### Age group: 30-34 (n=122)

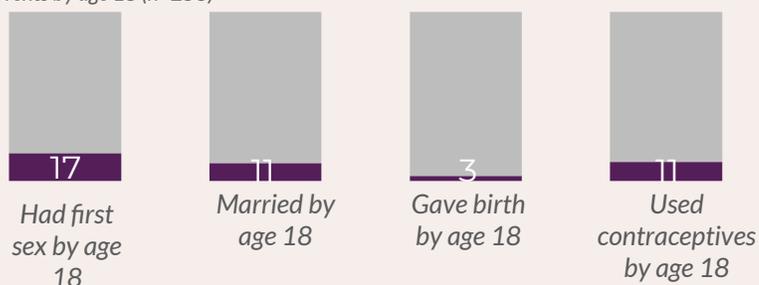


#### Age group: 35-39 (n=91)



### REPRODUCTIVE EVENTS BY AGE 18

Percent of women in Addis Ababa aged 18-24 who experienced reproductive events by age 18 (n=258)



### MEAN NUMBER OF CHILDREN AT FIRST CONTRACEPTIVE USE

Mean number of children at first contraceptive use among all women who have used contraception (n=465)



### KEY FINDINGS FOR SECTION 4: REPRODUCTIVE TIMELINE

- On average, women in Addis Ababa have less than one child at their first contraceptive use.
- Younger women report having sex later and starting contraception use earlier than older women.
- Only 2.9 percent of women gave birth by age 18 compared to the national average of 17 percent.

## SECTION 5: METHOD INFORMATION INDEX PLUS (MII+)

From the cross-section survey

### MII+

Percent of women who were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods

When you obtained your method were you told by the provider about side effects or problems you might have? (n=198)



Were you told what to do if you experienced side effects or problems? (n=72)



Were you told by the provider about methods of FP other than the method you received? (n=198)



Were you told that you could switch to a different method in the future?\* (n=117)



● No ● Yes

\*Asked only among women who were told about other methods

Percent of women who responded "Yes" to all four MII+ questions (n=198)



## DISCUSSED FAMILY PLANNING IN THE PAST 12 MONTHS WITH PROVIDER

Percent of women who received FP information from a provider (n=847)



### KEY FINDINGS FOR SECTION 5: MII+

- Only 35% of modern contraceptive users were told about side effects or problems they might have when they obtained their method.
- Similarly, only one out of five women (19 percent) received family planning information from a provider in the 12 months preceding the survey.
- Overall, 19% of women receive counseling on other methods, side effects (including what to do if they encounter side effects), and method switching.

## SECTION 6: PARTNER DYNAMICS

From the cross-section survey

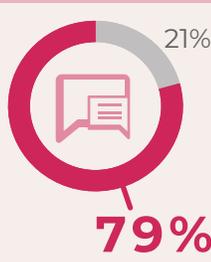
### PARTNER INVOLVEMENT IN FAMILY PLANNING DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statements (n=213)

Does your partner know that you are using this method?



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

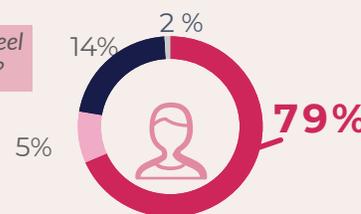


● Yes ● No

Percent of women in union reporting perceived partner attitudes towards family planning (n=385)

How does your partner feel about family planning?

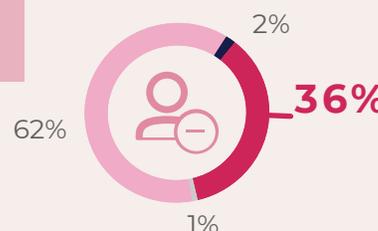
- He is ok with it
- He does not care
- He disapproves of it
- Do not know



Percent of women who are not currently using family planning and agree with the following statements (n=954)

Would you say that not using family planning is mainly your decision?

- Joint decision
- Mainly respondent
- Mainly partner
- Other



### KEY FINDINGS FOR SECTION 6: PARTNER DYNAMICS

- Over 90% of women who are using a method report that their partner knows they are using contraception.
- Majority of women reported that family planning is mainly their decision (62%) or joint decision (36%) with only 2% reporting its mainly their partners decision.
- When asked about how their partner feel about family planning, one in five women (14%) reported that their partner 'disapprove of it'.

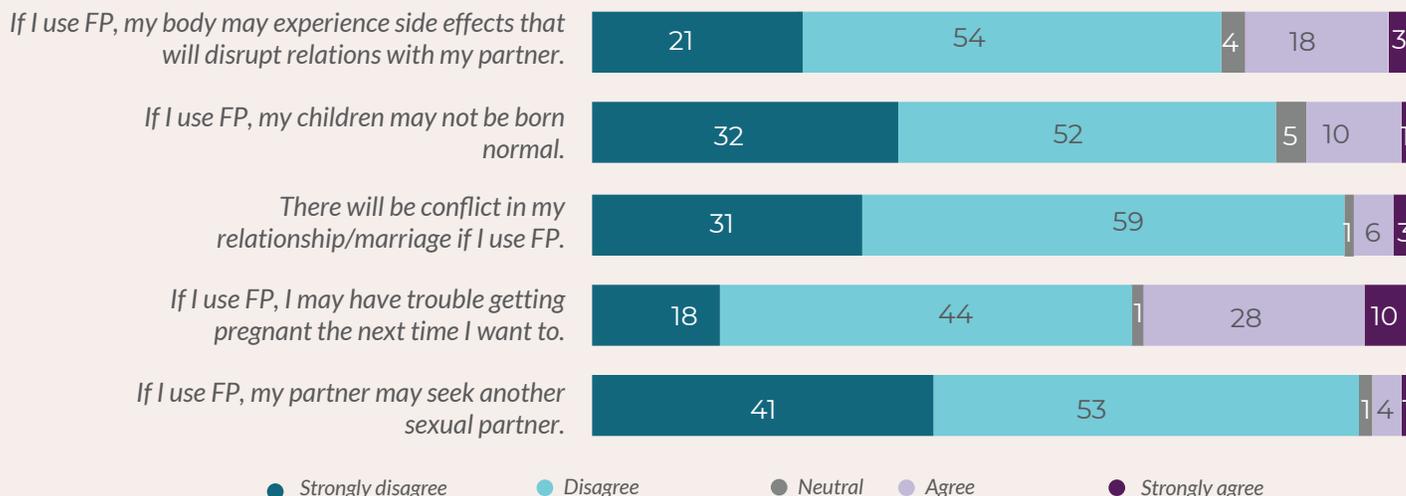
# SECTION 7: WOMEN AND GIRLS' EMPOWERMENT

From the cross-section survey

## AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS

Percent of married/in union women who strongly agree to strongly disagree with each statement

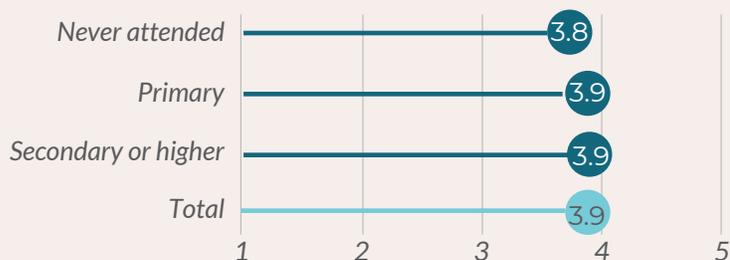
### Existence of choice (motivational autonomy) for family planning (n=386)



## WOMEN'S AND GIRLS' EMPOWERMENT (WGE) FOR FAMILY PLANNING

The Family Planning Women's and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice related to contraceptive use among married/in union women. Scores from the statements listed above were summed and divided by number of items (5) for average WGE family planning score. Range for the WGE family planning score is 1-5, with a score of 5 indicating highest empowerment.

### Mean WGE FP existence of choice, by education

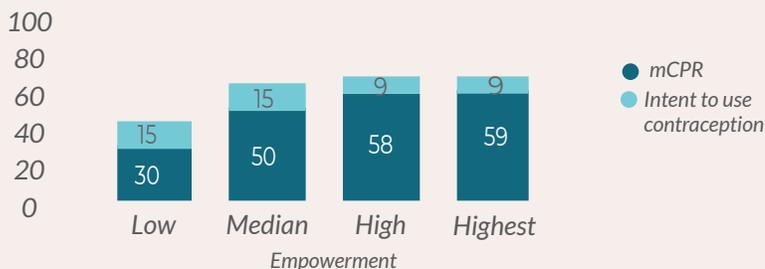


### Mean WGE FP existence of Choice, by age



## MCPR AND INTENT TO USE CONTRACEPTION, BY CATEGORICAL WGE SCORE

Percent of married/in union women using a modern method of contraception and percent of women who intend to use contraception in the next year by categorical WGE score (n=1002)



## KEY FINDINGS FOR SECTION 7: WOMEN AND GIRLS' EMPOWERMENT

- Close to one in three women (11%) reported that their children may not be normal if they use family planning.
- Four out of ten women (5%) reported that their partner may seek another sexual partner if they use family planning.
- Intention to use contraception in the next year is higher among women and girls with lower scores of empowerment, while actual use is highest among women with higher scores of empowerment.

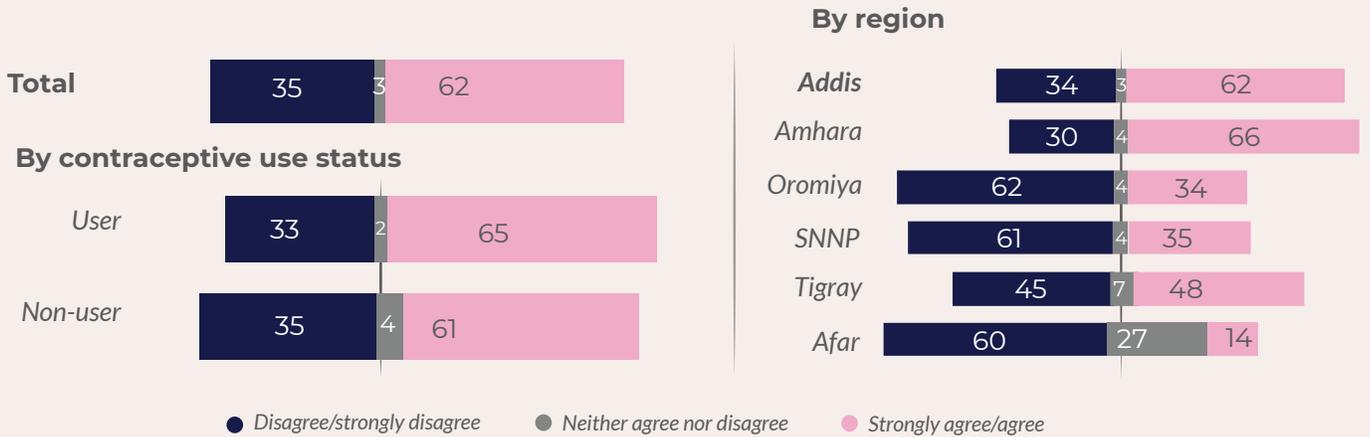
# SECTION 8: ATTITUDES TOWARDS CONTRACEPTION

From the cross-section survey

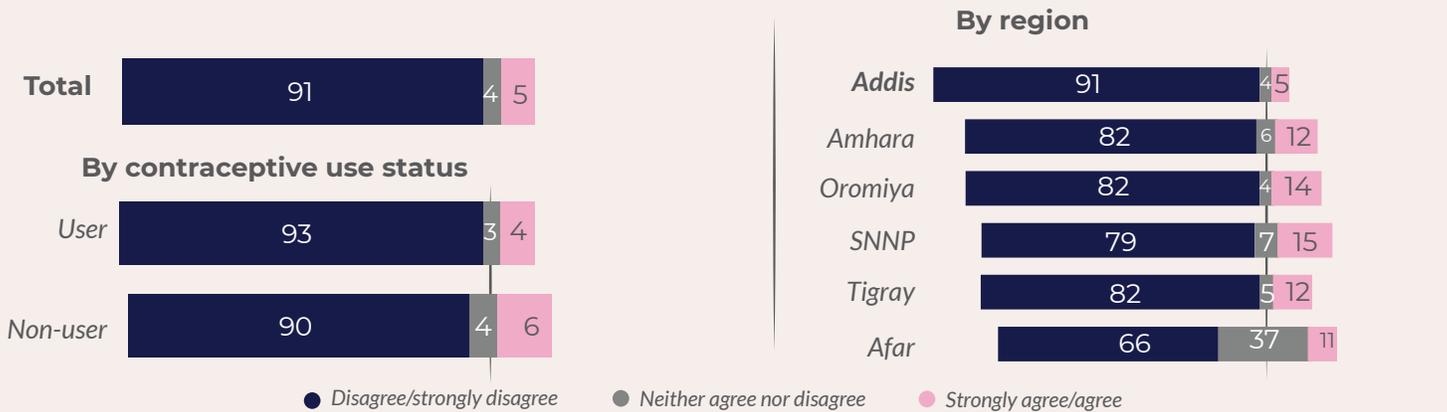
## PERSONAL ATTITUDES

Percent of all women age 15-49 who agree with statements made about contraceptive use, by contraceptive use status, Addis Ababa

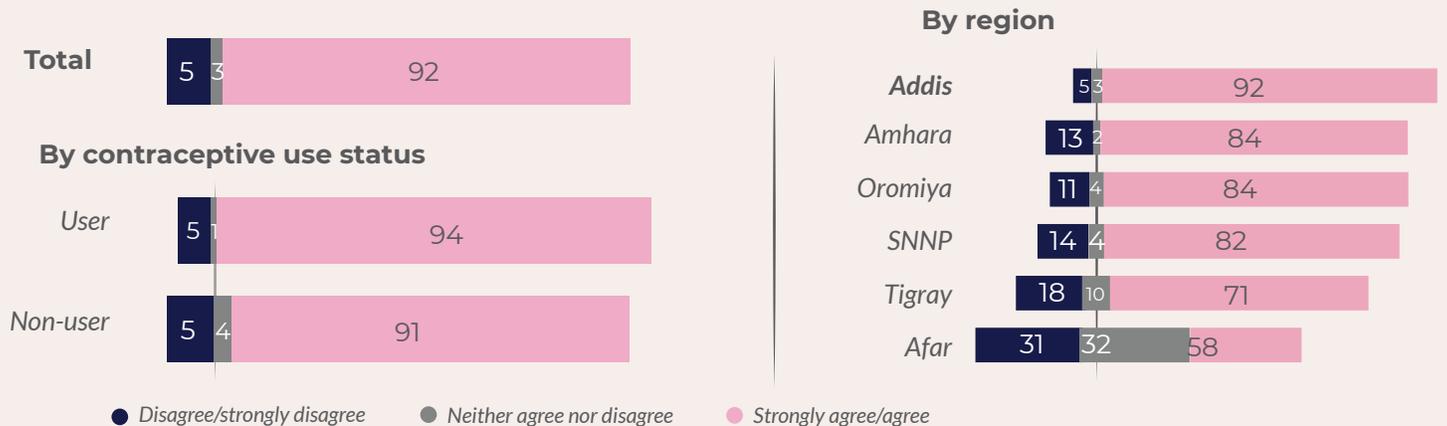
**“It is acceptable for a women to use FP before she has a child.” (n=842)**



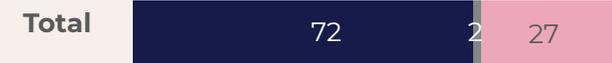
**“Women who use FP are considered promiscuous.” (n=843)**



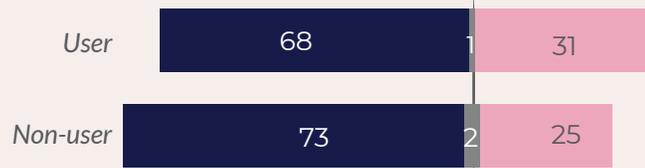
**“Couples who use FP are financially responsible.” (n=843)**



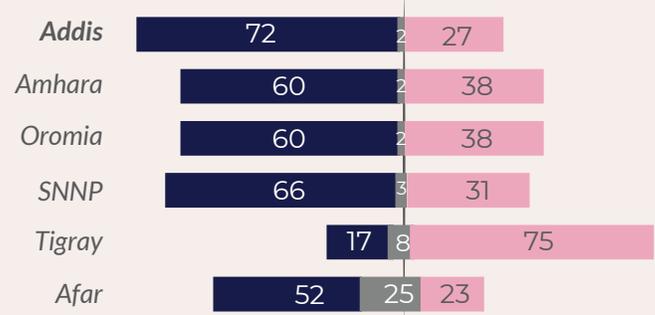
**“Women should be the ones to decide about FP.”  
(n=844)**



**By contraceptive use status**



**By region**



● Disagree/strongly disagree    ● Neither agree nor disagree    ● Strongly agree/agree

**KEY FINDINGS FOR SECTION 8: ATTITUDES TOWARDS CONTRACEPTION**

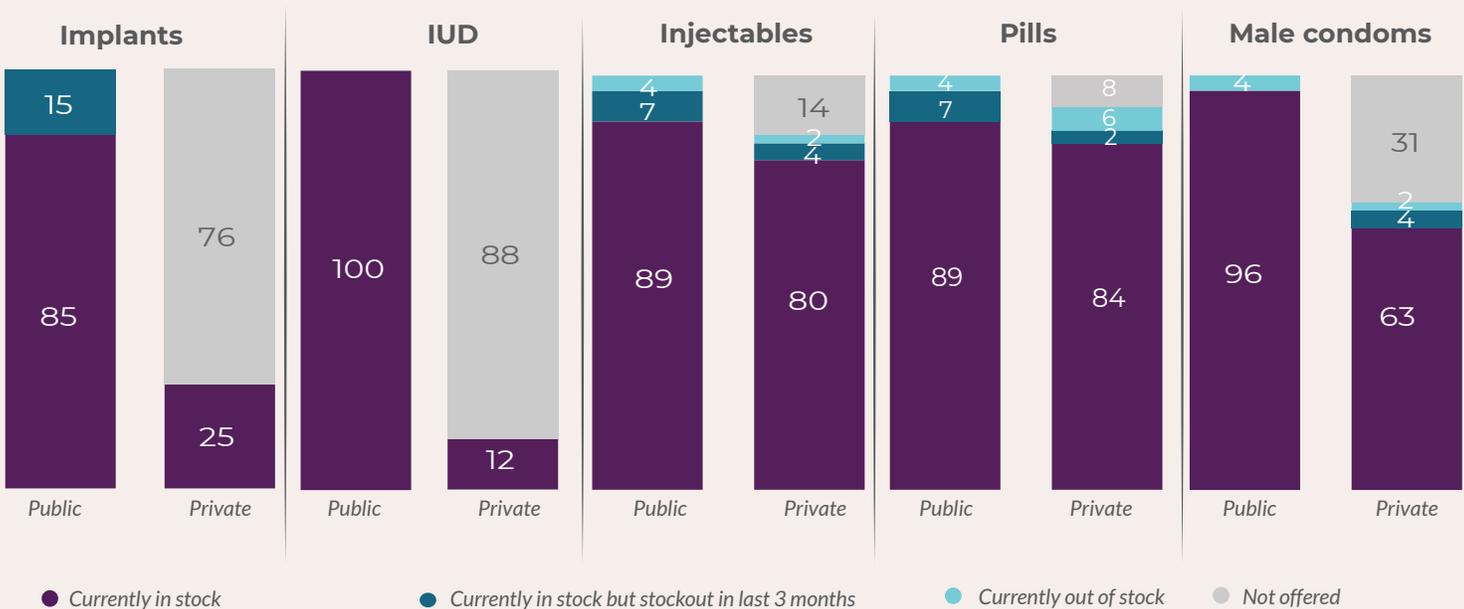
- About two out of three women (62%) agree that it is acceptable for a woman to use family planning before she has a child.
- Most women in Addis have favorable attitudes towards contraception.
- Majority of women (92%) agree that couples who use family planning are financially responsible.

**SECTION 9: SERVICE DELIVERY POINTS**

From the service delivery point survey

**METHOD AVAILABILITY AT SERVICE DELIVERY POINTS**

Percent of public service delivery points in Addis Ababa offering FP with method in stock on day of interview (Public: n=27), (Private: n=49)



● Currently in stock    ● Currently in stock but stockout in last 3 months    ● Currently out of stock    ● Not offered

## FEES FOR SERVICES

Percent of facilities where FP clients have to pay fees to be seen by a provider even if they do not obtain FP.



## FACILITY READINESS

Percent of facilities that provide IUDs and have a trained staff member for IUD removal.



Percent of facilities that provide implants and have a trained staff member for implant removal on site the day of interview.



62%

of women in Addis Ababa obtained their current modern method from a public health facility. (n=416)

## KEY FINDINGS FOR SECTION 9: SERVICE DELIVERY POINTS

- The majority of contraceptive users (62%) get their service from public facilities.
- Almost half of women who use private facilities pay fees for service even if they do not obtain FP.
- While majority of facilities have injectables, condoms and pills, availability of implants and IUD is limited in private facilities.
- Majority of facilities (more than 90%) have trained personnel who can removal service for implants on the day of the interview.

## TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

### ALL WOMEN

Data source	Round/ Phase	Data collection	Female sample	CPR			mCPR			Unmet need for family planning					
				CPR%	SE	95% CI	mCPR%	SE	95% CI	Unmet need (%)	SE	95% CI			
PMA 2020	R1& R2	Mar-Nov 2014	1726	23.91	1.12	21.73	26.23	22.05	1.15	19.81	24.46	6.24	0.87	4.71	8.23
PMA 2020	R3	Apr-May 2015	888	30.71	2.40	25.97	35.90	27.92	2.75	22.59	33.97	4.81	0.77	3.44	6.69
PMA 2020	R4	Mar-May 2016	891	30.01	2.00	26.03	34.31	26.61	1.80	23.04	30.52	3.30	0.47	2.46	4.42
PMA 2020	R5	May-Jun 2017	878	28.10	2.23	23.72	32.95	24.17	2.37	19.6	29.42	5.00	0.89	3.44	7.22
PMA 2020	R6	Jun-Jul 2018	943	25.87	1.35	23.17	28.78	23.20	1.16	20.88	25.69	4.98	0.76	3.62	6.81
PMA 2020	Phase 1	Oct-Dec 2019	847	29.61	2.52	24.67	35.09	27.53	2.6	24.248	33.24	8.22	1.22	6.02	11.14

### MARRIED WOMEN

Data source	Round/ Phase	Data collection	Female sample	CPR			mCPR			Unmet need for family planning					
				CPR%	SE	95% CI	mCPR%	SE	95% CI	Unmet need (%)	SE	95% CI			
PMA 2020	R1& R2	Mar-Nov 2014	705	48.13	1.82	44.48	51.80	45.07	1.82	41.44	48.75	13.22	1.77	10.06	17.19
PMA 2020	R3	Apr-May 2015	342	58.66	3.24	51.82	65.19	53.24	4.06	44.82	61.49	10.40	2.01	6.93	15.34
PMA 2020	R4	Mar-May 2016	353	54.87	3.38	47.81	61.74	48.33	3.35	41.45	55.27	6.89	0.94	5.18	9.12
PMA 2020	R5	May-Jun 2017	329	57.30	3.34	50.27	64.04	48.90	3.21	42.31	54.54	8.66	2.20	5.09	14.37
PMA 2020	R6	Jun-Jul 2018	377	52.01	3.14	45.50	58.46	46.86	2.54	41.64	52.15	8.45	1.26	6.18	11.46
PMA 2020	Phase 1	Oct-Dec 2019	386	54.21	3.15	47.65	60.63	50.61	3.24	43.92	55.27	13.92	1.871	10.74	17.84

## BY REGION-ALL

Region	Female sample	CPR			mCPR			Unmet need for family planning			
		CPR%	SE	95% CI	mCPR%	SE	95% CI	Unmet need (%)	SE	95% CI	
Tigray	1,163	21.45	2.12	17.46 26.07	20.89	2.06	17.01 25.38	10.26	1.22	8.03 13.02	
Afar	415	1.55	0.57	0.70 3.38	1.55	0.57	0.70 3.38	11.74	3.60	5.92 21.94	
Amhara	1,560	30.15	1.60	27.03 33.46	29.84	1.63	26.68 33.21	10.90	0.94	9.15 12.93	
Oromiya	1,724	28.07	2.22	23.85 32.72	26.55	2.20	22.38 31.18	16.66	1.49	13.93 19.94	
Somali	193	0.72	0.69	0.08 6.24	0.72	0.69	0.08 6.24	17.71	2.32	12.18 25.03	
Benishangul-Gumuz	284	30.45	3.56	22.79 39.38	29.69	3.67	21.83 38.96	13.66	2.55	8.71 20.77	
SNNP	1,612	27.11	2.23	22.87 31.82	26.33	2.28	22.01 31.16	14.28	1.14	12.14 16.73	
Gambella	347	30.48	5.12	20.35 42.94	30.48	5.12	20.35 42.94	16.80	2.52	11.88 23.23	
Harari	331	20.87	3.36	14.31 29.40	17.71	2.42	12.91 23.82	21.89	4.49	13.50 33.48	
Addis	847	29.61	2.52	24.67 35.09	27.53	2.60	22.48 33.24	8.22	1.22	6.02 11.14	
Dire Dawa	361	17.59	2.17	13.23 23.02	17.06	2.19	12.67 22.57	12.19	2.17	8.10 17.94	

Cross-sectional data, including a health facility based survey, are collected annually in all regions. Longitudinal data (following pregnant women through one year postpartum) are collected in two cohorts of women (2019-2021 and 2021-2023) in four large, predominantly agrarian regions: Tigray, Oromiya, Amhara, and Southern Nations, Nationalities, and Peoples' Region, and one urban region, Addis Ababa. Afar is included in the first cohort (2019-2021) of the longitudinal survey. In Addis Ababa, data for the cross-section were collected between October and December 2019 from 754 households (96.9 % completion rate), 871 women enrolled in the cross-sectional survey (97.2 % completion rate).

For sampling information and full data sets, visit [www.pmadata.org/countries/ethiopia](http://www.pmadata.org/countries/ethiopia).

PMA Ethiopia uses mobile technology and a network of trained female resident enumerators (data collectors) to collect data to identify gaps in maternal and newborn care. Survey implementation is managed by Addis Ababa University, School of Public Health (AAU) in collaboration with regional universities, the Federal Ministry of Health and the Central Statistics Agency. Technical support is provided by the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. The grant is managed by the Ethiopian Public Health Association (EPHA). Funding is provided by the Bill & Melinda Gates Foundation.