



PERFORMANCE MONITORING FOR ACTION

PMA ETHIOPIA

Afar Regional Brief, survey results from October-December 2019

OVERALL KEY FINDINGS



Nearly four out of ten women in Afar gave birth by age 18, however none reported ever using a contraception method by age 18. Additionally, more than half of the women (56%) are married by 18.



Receipt of ANC is low, with less than one in three women receiving care from any provider, including from a Health Extension Worker (HEW). Of the women who do report receiving ANC, few receive counseling on birth preparedness and testing for urine, stool and blood samples - demonstrating overall poor quality of ANC care. Afar region has the lowest rate of unintended pregnancy with one in ten women reporting wanting the pregnancy later or not at all.

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 **Afar** region 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**.

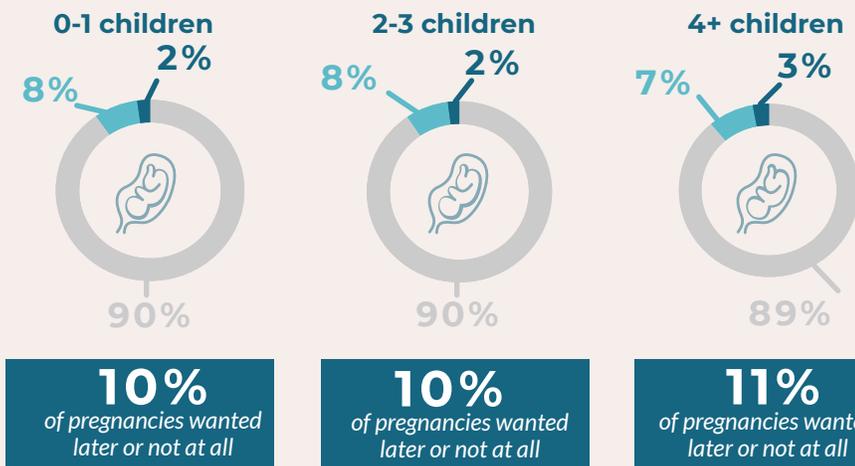
SECTION 2: PREGNANCY AND ANTENATAL CARE

From the enrollment in the panel survey

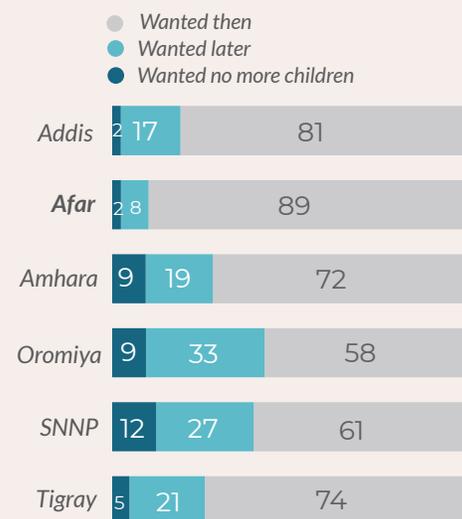
TIMING OF CURRENT PREGNANCY

Percent of currently pregnant women who report wanting their current pregnancy then, later, or not at all, by parity in Afar region (n=192)

● Wanted then ● Wanted later ● Wanted no more children



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

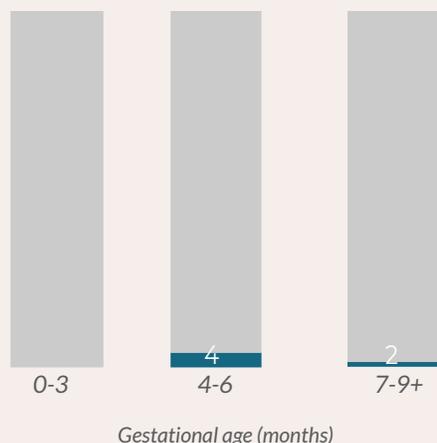


ANTENATAL CARE (ANC)

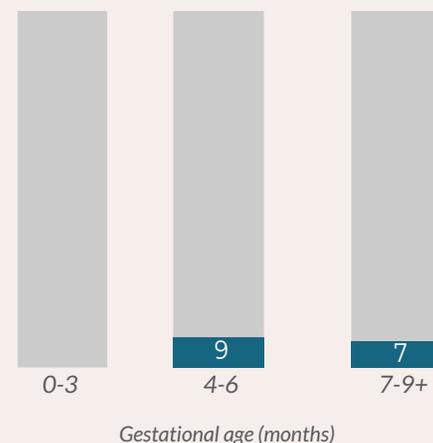
Percent of currently pregnant women in Afar region who received ANC from any provider including HEW by gestational age (n=195)



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=195)



Percent of currently pregnant women who discussed all 9* birth preparedness topics at ANC by gestational age (n=195)



● 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

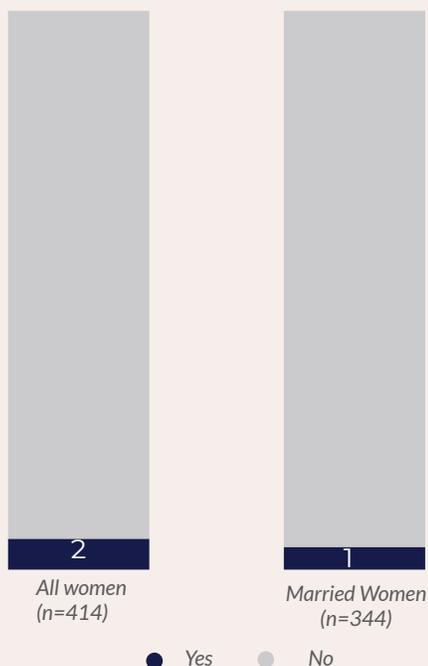
- Receipt of ANC is low with less than one in three currently pregnant women receiving care from any provider, including a Health Extension Worker.
- Quality of ANC care is low, with an extremely low level of counseling on birth preparedness and testing for urine, stool, and blood samples.
- Compared to the five large regions of Ethiopia, Afar has the lowest levels of unintended pregnancy.

SECTION 3: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

From the cross-sectional survey

MODERN CONTRACEPTIVE USE

Percent of women who are currently using modern contraception (mCPR), Afar region



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

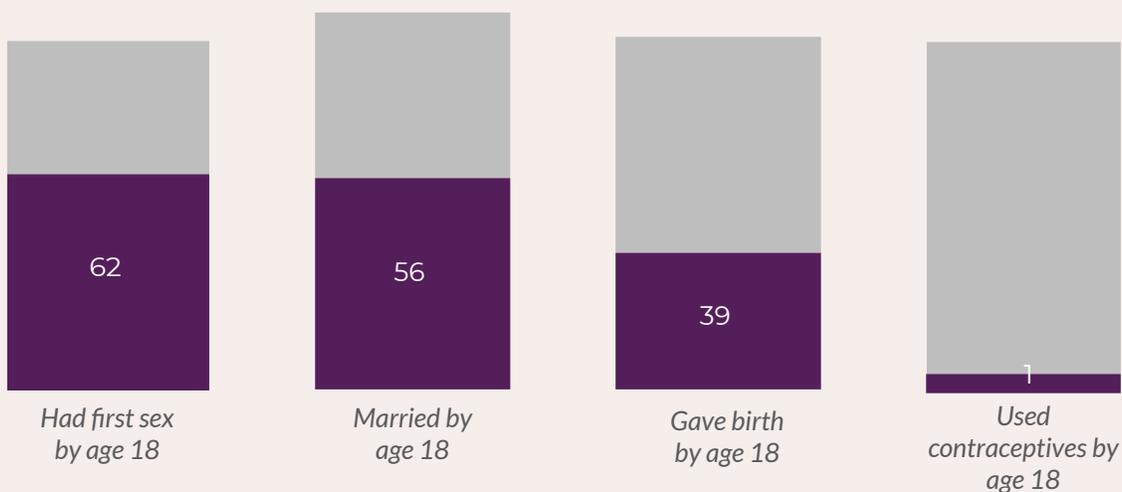
- Modern contraceptive use is low for married and all women age 15-49.

SECTION 4: REPRODUCTIVE TIMELINE

From the cross-sectional survey

REPRODUCTIVE EVENTS BY AGE 18

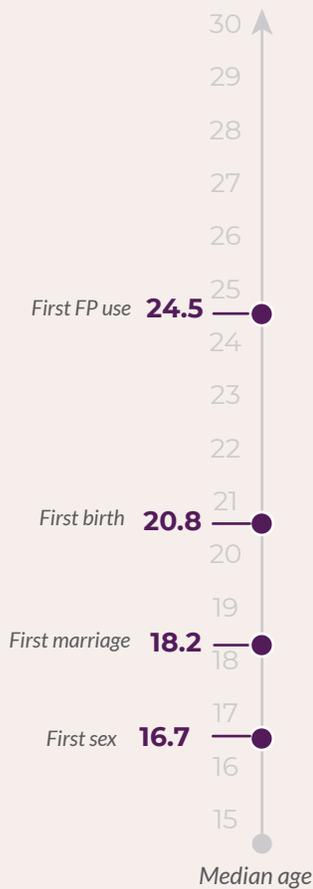
Percent of women aged 18-24 who experienced reproductive events by age 18 (n=100)



REPRODUCTIVE TIMELINE

Median age at reproductive events, by residence and age group, Afar region.

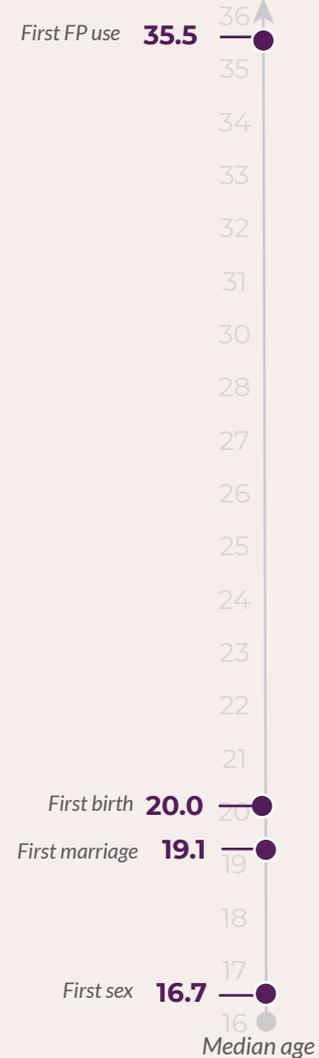
Age group: 25-29 (n=101)



Age group: 30-34 (n=60)



Age group: 35-39 (n=47)



KEY FINDINGS FOR SECTION 3: REPRODUCTIVE TIMELINE

- Approximately, four out of ten women (39%) gave birth by age 18.
- More than half of women (56%) are married by age 18, while age of first sex and first marriage is not significantly different across age cohorts, the average of first contraceptive use appears to be declining.
- Women did not report using contraceptive methods by age 18.

SECTION 5: PARTNER DYNAMICS

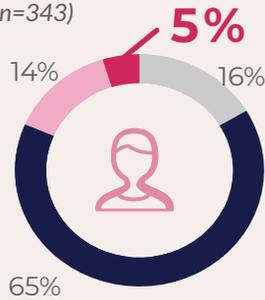
From the cross-section survey

PARTNER INVOLVEMENT IN FAMILY PLANNING DECISIONS

Percent of women in union reporting perceived partner attitudes towards family planning, Afar region (n=343)

How does your partner feel about family planning?

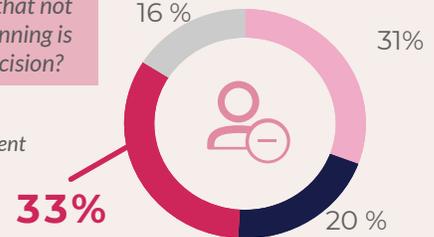
- He is ok with it
- He does not care
- He disapproves of it
- Do not know



Percent of women in Afar who are not currently using family planning and agree with the following statements (n=298)

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

- Joint decision
- Mainly respondent
- Mainly partner
- Other



KEY FINDINGS FOR SECTION 5: PARTNER DYNAMICS

- One in four women report that their partner does not support use of family planning.
- One in five women who are not currently using a family planning method believe that the decision to use family planning is mainly their partner's decision.

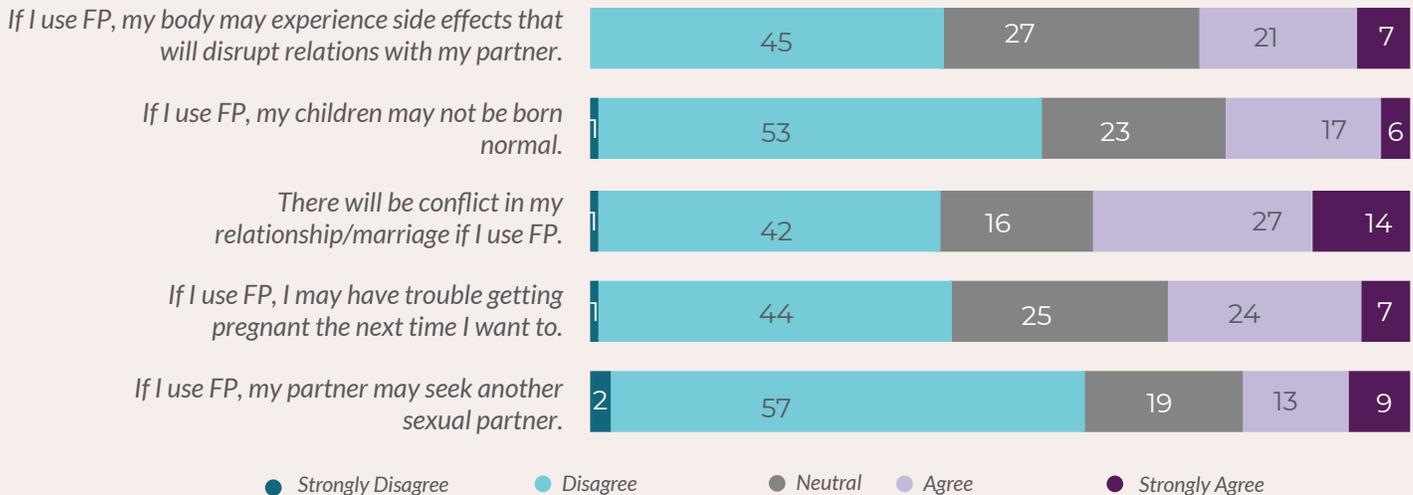
SECTION 6: WOMEN AND GIRLS' EMPOWERMENT

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, Afar region.

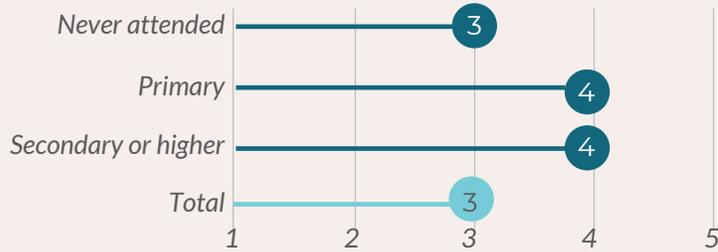
Existence of choice (motivational autonomy) for family planning (n=344)



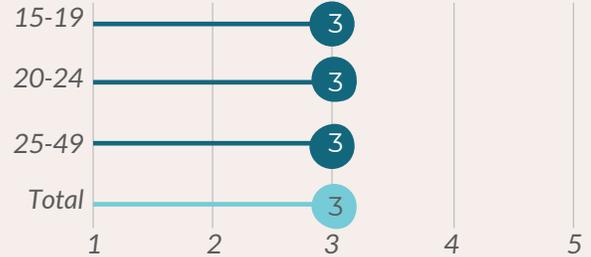
WOMEN'S AND GIRLS' EMPOWERMENT (WGE) FOR FAMILY PLANNING

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



KEY FINDINGS FOR SECTION 6: WOMEN AND GIRLS' EMPOWERMENT

- More women in Afar agree with negative statements about family planning than in other regions.
- While the figure is very low, intention to use contraception in the next year is higher among women and girls with higher level of empowerment.

SECTION 7: ATTITUDES TOWARDS CONTRACEPTION

From the cross-section survey

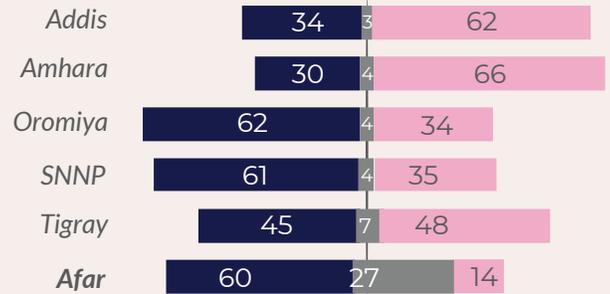
PERSONAL ATTITUDES

Percent of all women age 15-49 who agree with statements made about contraceptive use, by contraceptive use status, Afar region.

“It is acceptable for a women to use FP before she has a child.” (n=411)



By region



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

“Women who use FP are considered promiscuous.” (n=410)

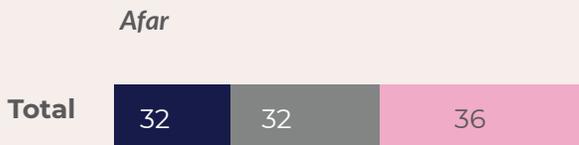


By region

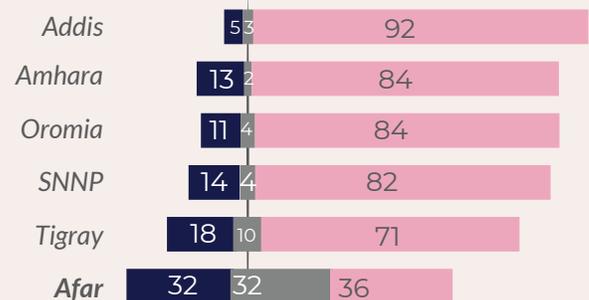


● Disagree/Strongly disagree ● Neither agree nor disagree ● Agree/Strongly agree

“Couples who use FP are financially responsible.” (n=413)

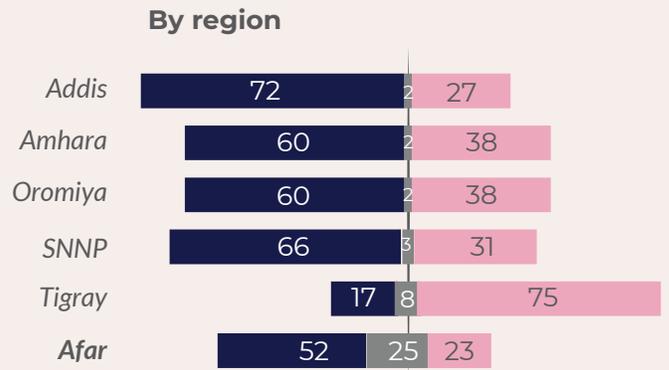
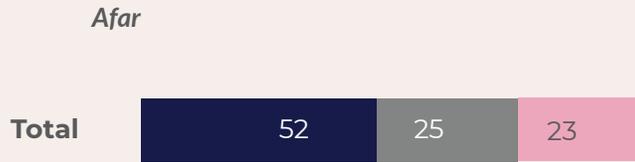


By region



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

“Women should be the ones to decide about FP.” (n=412)



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

KEY FINDINGS FOR SECTION 7: ATTITUDES TOWARDS CONTRACEPTION

- In general, women in Afar have more negative attitudes towards family planning use than women in other regions. The majority of women (60%) do not agree with the notion that it is acceptable for a woman to use FP before she has a child.
- One in three women (36%) agree that couples who use FP are financially responsible.

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. Data for the cross-section in Afar were collected between September and December 2019 from 453 households (99% completion rate), 417 women enrolled in the cross-sectional survey (99% completion rate). For sampling information and full data sets, visit 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.