

# PMA DEMOCRATIC REPUBLIC OF CONGO (KONGO CENTRAL)

Results from Phase 1 baseline survey

December 2019 - February 2020



## OVERALL KEY FINDINGS

The percentage of women in union using modern contraception remains unchanged and low in Kongo Central. Between 2015 and 2020, this percentage hovered around **20%**.

According to the Women and Girls' Autonomy Index, women in union with a high level of autonomy are more likely to use a modern method than those with a lower level of autonomy.

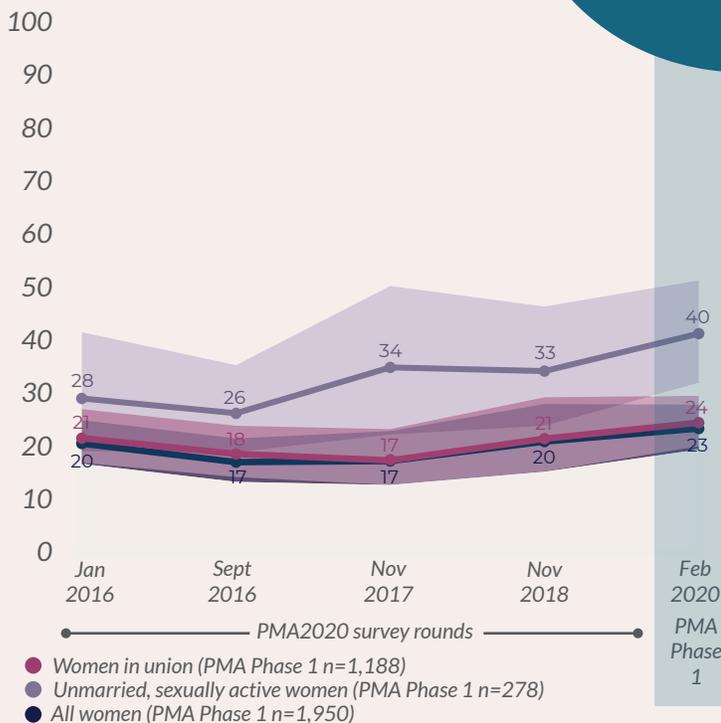
While implant availability has increased at public service delivery points, the male condom remains the most widely available method at both public and private service delivery points.

## SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

### MODERN CONTRACEPTIVE PREVALENCE

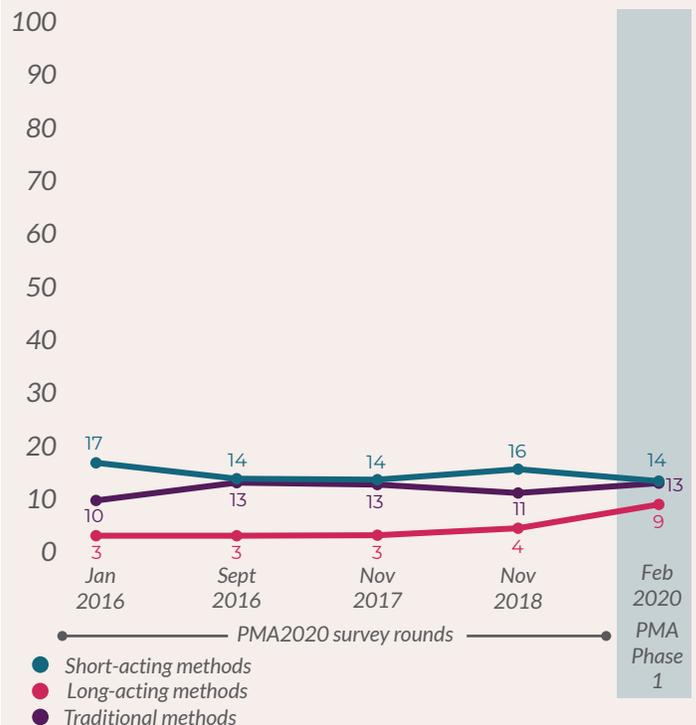
Percent of women age 15-49 currently using modern contraception (mCPR) by marital status

**1.3%**  
average annual increase in mCPR for all women



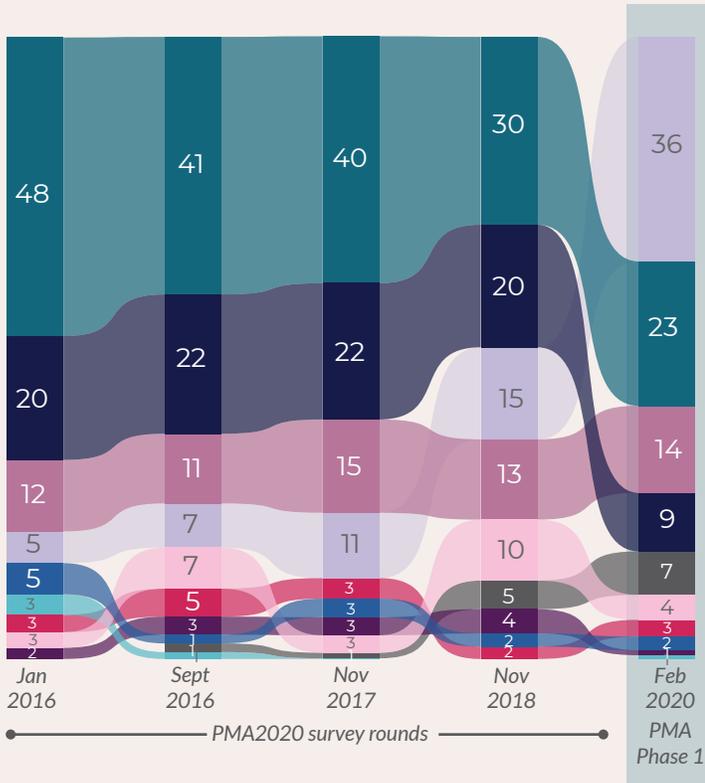
### CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (PMA Phase 1 n=1,950)



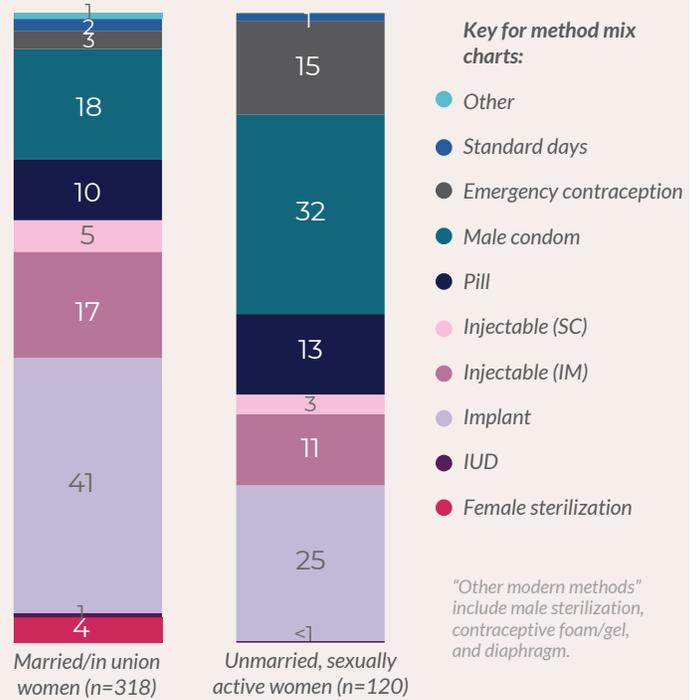
## TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (PMA Phase 1 n=495)



## MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of modern contraceptive users age 15-49 by method and marital status



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

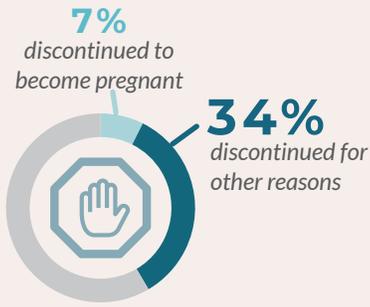
Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 1 n=1,950)



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

## 12-MONTH DISCONTINUATION RATE

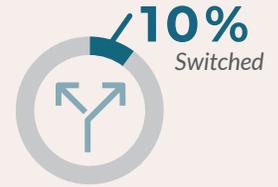
Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=849 episodes)



### Reasons for discontinuation:



### Discontinued but switched methods:

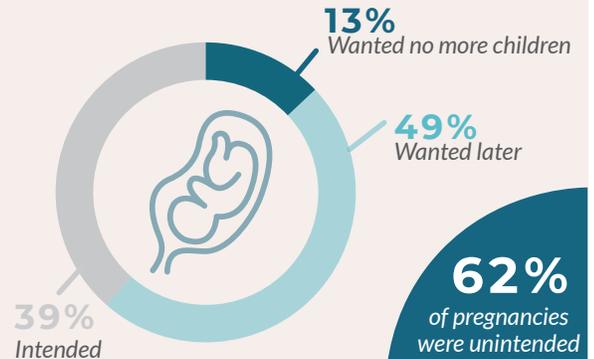


## KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- The modern contraceptive prevalence rate (mCPR) increased by an average of 1.3% per year among all women. Use of modern methods is higher among unmarried, sexually active women than among women in unions.
- Since 2017, there has been a steady increase in implant use and a decrease in male condom use among women aged 15-49 years.
- In 34% of cases, contraceptive method use was stopped within 12 months of starting. In 10% of cases, contraceptive use was stopped and the user switched to another method within 12 months of starting.
- Approximately one in four women have an unmet need for contraception. Unmet need for spacing is higher compared to unmet need for limiting.

## INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

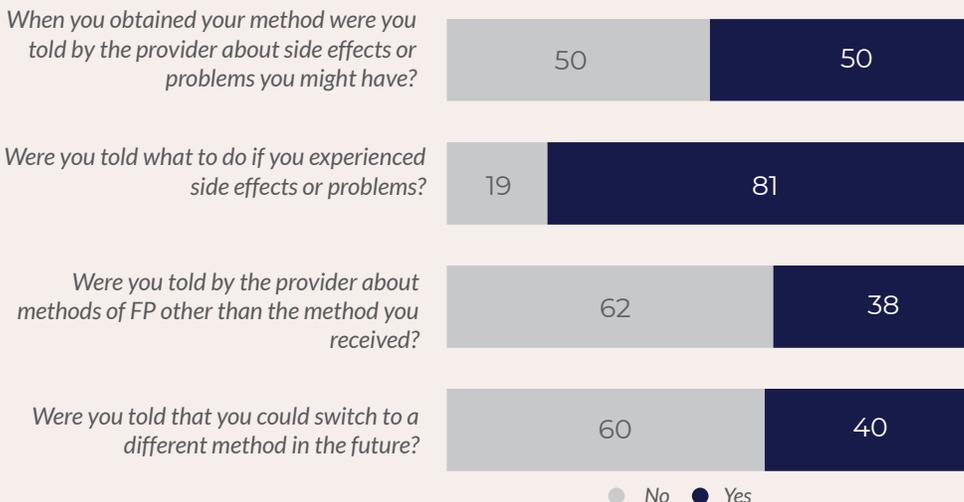
Percent of women by intention of their most recent birth or current pregnancy (n=1,131)



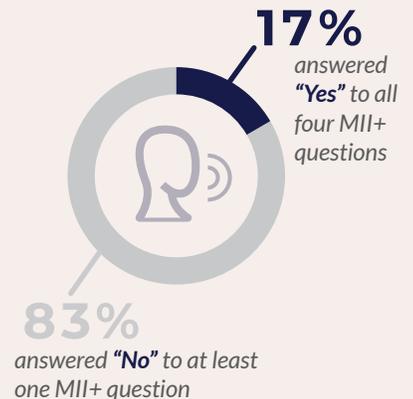
## SECTION 2 : QUALITY OF FP SERVICES AND COUNSELING

### METHOD INFORMATION INDEX PLUS (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 (n=485)

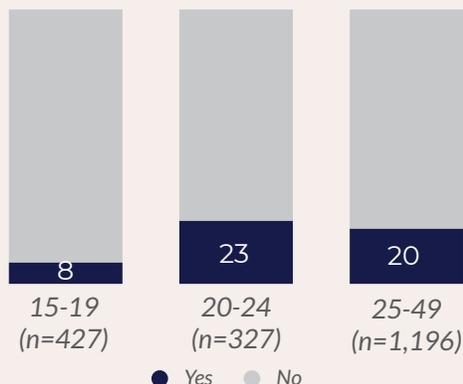


Percent of women who responded "Yes" to all four MII+ questions



## DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

Percent of women who received FP information from a provider or community health worker (CHW), by age



## CLIENT EXIT INTERVIEWS

Percent of female clients in Kongo Central and Kinshasa age 15-49 who said yes to the following questions (n=172)



Legend: ● Yes ● No ● Neither (follow-up visit)  
Clients were interviewed immediately following their health facility visit to obtain FP counseling or services.

## KEY FINDINGS FOR SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

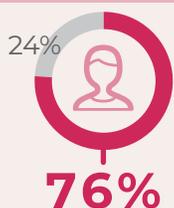
- Interviews conducted directly after clients left the FP service (client exit interview) revealed that most (78%) of women obtained the method they wanted and 97% reported being satisfied with the services they received.
- Fewer than one in five women obtained the four key pieces of information that constitute quality FP counseling, and less than half were counseled about other methods or the possibility of changing methods.
- About one in five women had discussed FP with a provider in the past 12 months. Adolescent women are less likely than older women to have had these discussions.

## SECTION 3: PARTNER DYNAMICS

### PARTNER INVOLVEMENT IN FP DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statements (n=485)

Does your partner know that you are using this method?



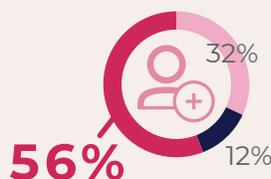
Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?



Modern, female controlled methods Includes all modern methods except male sterilization and male condoms

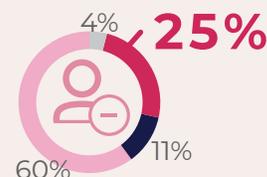
Percent of women who are currently using FP and agree with the following statements (n=769)

Would you say that using FP is mainly your decision?



Percent of women who are not currently using FP and agree with the following statements (n=1,002)

Would you say that not using FP is mainly your decision?



Legend: ● Joint decision ● Mainly respondent ● Mainly partner ● Other

## KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- One in four users reported that her husband/partner was not aware of her FP use and she had not consulted him before starting to use a modern contraceptive method.
- Slightly more than half of women made the decision to use contraception jointly with their partner (56%), while one-third made the decision alone.
- Among women not using FP, one-quarter said it was a joint decision, while 60% made the decision themselves, without partner involvement.

## SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

### AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS

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

#### Exercise of choice (self-efficacy, negotiation) for family planning (n=1,174)

*I feel confident telling my provider what is important when selecting an FP method.*

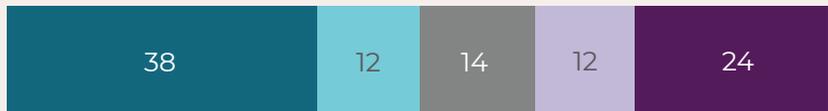


*I can decide to switch from one FP method to another if I want to.*



#### Existence of choice (motivational autonomy) for family planning (n=1,144)

*If I use FP, my body may experience side effects that will disrupt relations with my partner.*



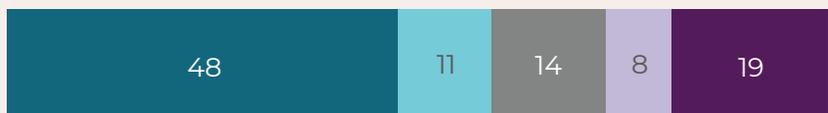
*If I use FP, my children may not be born normal.*



*There will be conflict in my relationship/marriage if I use FP.*



*If I use FP, I may have trouble getting pregnant the next time I want to.*



*If I use FP, my partner may seek another sexual partner.*



● Strongly disagree   ● Disagree   ● Neutral   ● Agree   ● Strongly agree

## WOMEN AND GIRLS' EMPOWERMENT (WGE) SUB-SCALE FOR FAMILY PLANNING

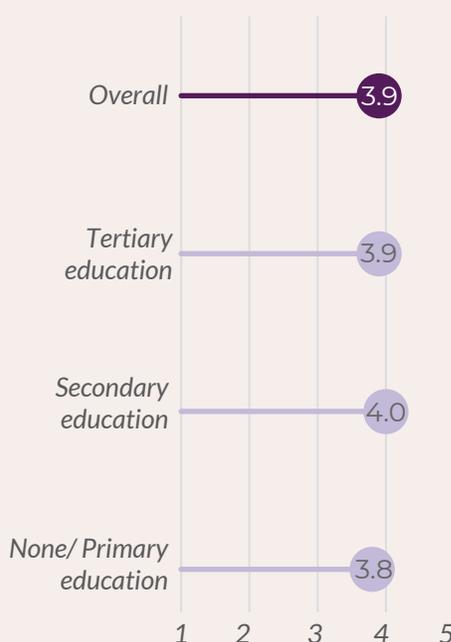
The Women and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, family planning, and sex outcomes in married/in union women.

Presented results are only for the existence of choice and exercise of choice domains for family planning.

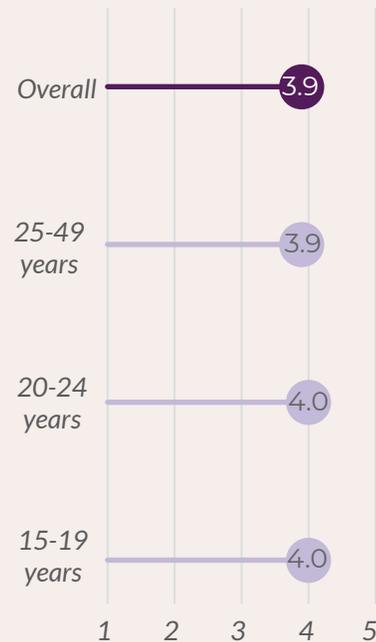
Scores from the above family planning empowerment statements were summed and divided by number of items (7) for average WGE family planning score across both domains.

Range for the combined WGE family planning score is 1-5, with a score of 5 indicating highest empowerment.

Mean WGE score, by education



Mean WGE score, by age



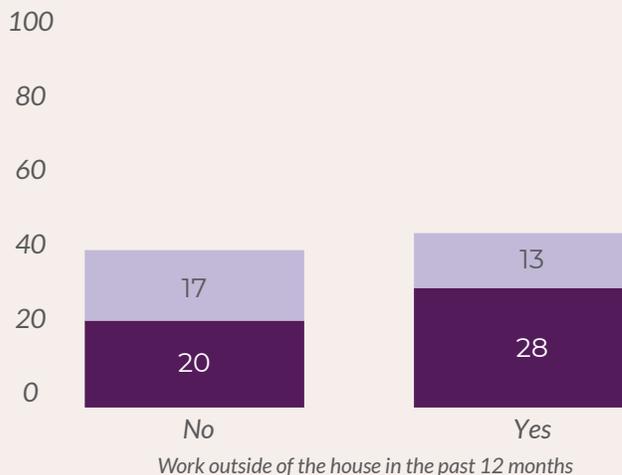
### mCPR and intent to use contraception, by categorical WGE score

Percent of married/in union women using a modern method of contraception and percent of married/in union women who intend to use contraception in the next year by categorical WGE score (n=1,241)



### mCPR and intent to use contraception, by employment status

Percent of all women using a modern method of contraception and percent of all women who intend to use contraception in the next year by employment status (n=1,950)



## KEY FINDINGS FOR SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

- Two-thirds of women in union felt that they could express their preferences about a FP method to a health provider and could change methods if they wanted.
- One-third of women in union continued to fear side effects that could affect their relationship with their husbands/partners. Other concerns less frequently expressed include difficulties getting pregnant after using contraception and marital disputes about contraceptive use.
- Modern method use is more common among women who work outside the home compared to those who do not work outside the home.

## SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

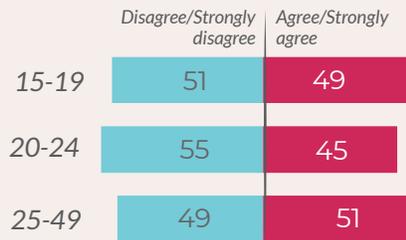
### PERSONAL ATTITUDES

Percent of women who personally agree with statements made about contraceptive use, by age and contraceptive use status

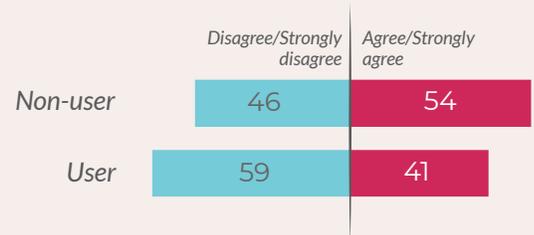
Adolescents who use FP are promiscuous.

(n=1,924)

#### By age



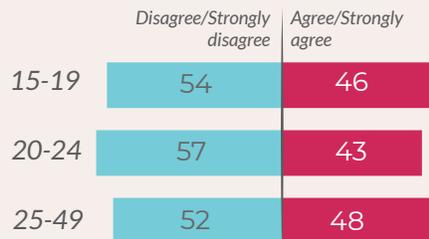
#### By contraceptive use status



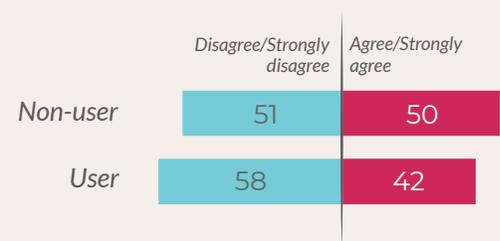
FP is only for married women.

(n=1,927)

#### By age



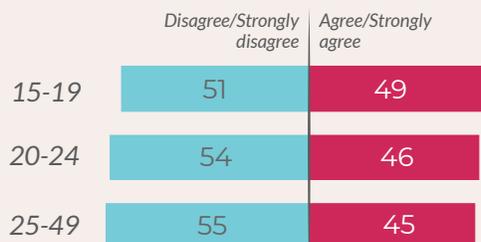
#### By contraceptive use status



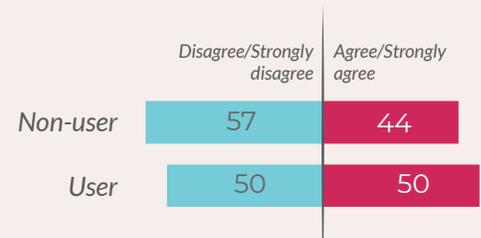
FP is only for women who don't want any more children.

(n=1,918)

#### By age



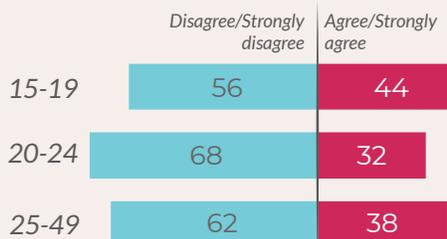
#### By contraceptive use status



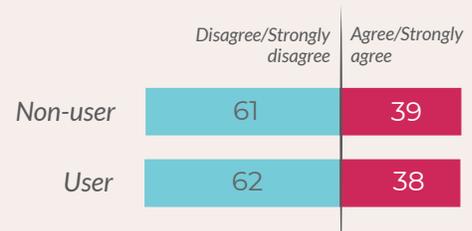
People who use FP have a better quality of life.

(n=1,866)

#### By age



#### By contraceptive use status



## KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- Nearly half of women believe that adolescent women who use contraception are promiscuous. The same percentage of women also believe that FP is reserved for married women and those who no longer wish to have children.
- Less than half of women believe that people who use FP have a better quality of life.

## SECTION 6: REPRODUCTIVE TIMELINE

### REPRODUCTIVE TIMELINE

Median age at reproductive life events

#### Women in Kongo Central



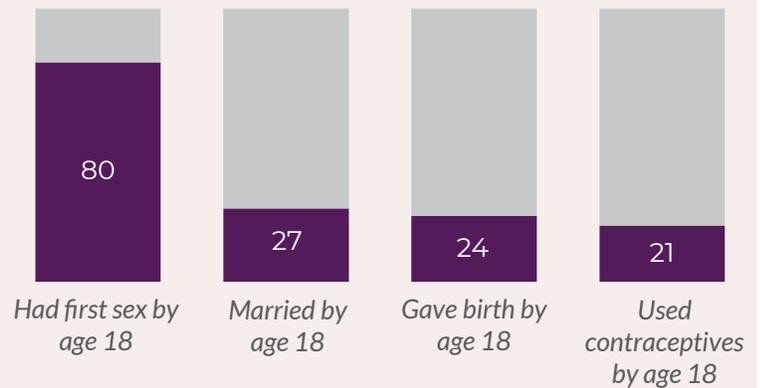
2.0 average children at first use



Note: median age at first sex and first contraceptive use calculated among women 15-49 years; median age at first marriage and first birth calculated among women 25-49 years.

### REPRODUCTIVE EVENTS BY AGE 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=495)



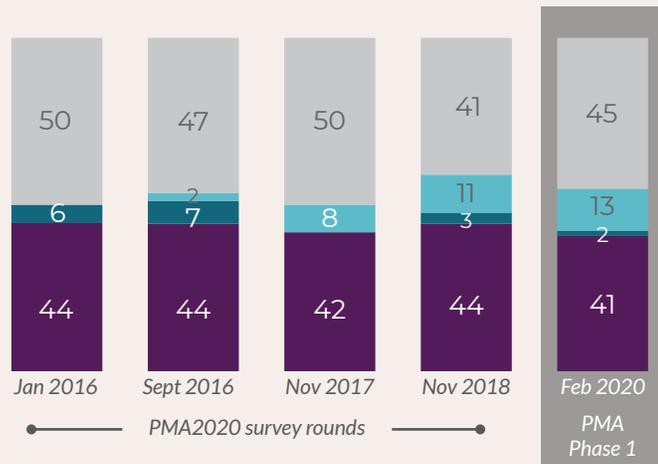
### KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

- Half of women have sex for the first time before the age of 16 and marry five years later.
- On average, women start using contraception 6 years after sexual debut, and have two children on average when they start using.
- Four out of five women age 18-24 have sex for the first time before the age of 18 and only one out of five have used contraception before the age of 18.

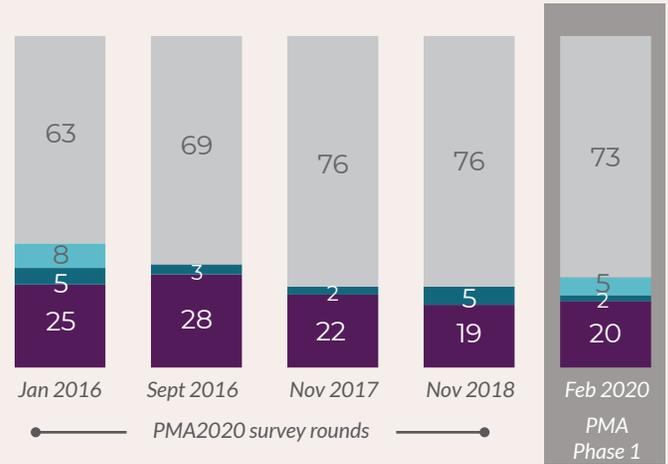
# SECTION 7: SERVICE DELIVERY POINTS

## TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 1 n=64)



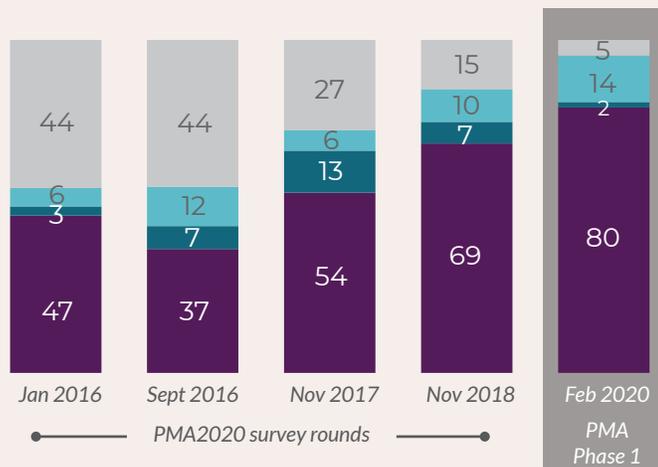
Private facilities (PMA Phase 1 n=55)



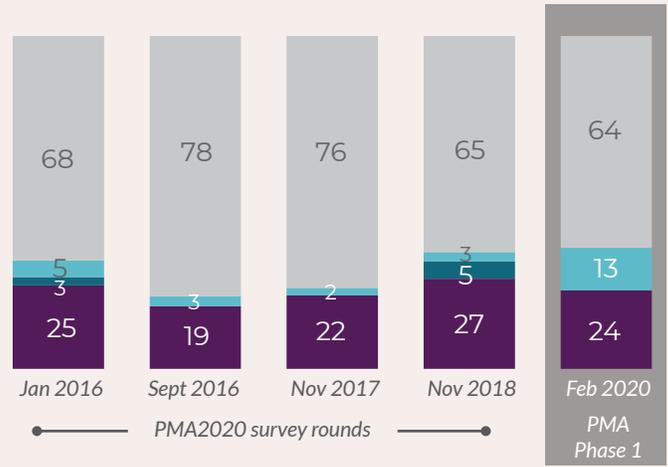
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

## TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 1 n=64)



Private facilities (PMA Phase 1 n=55)

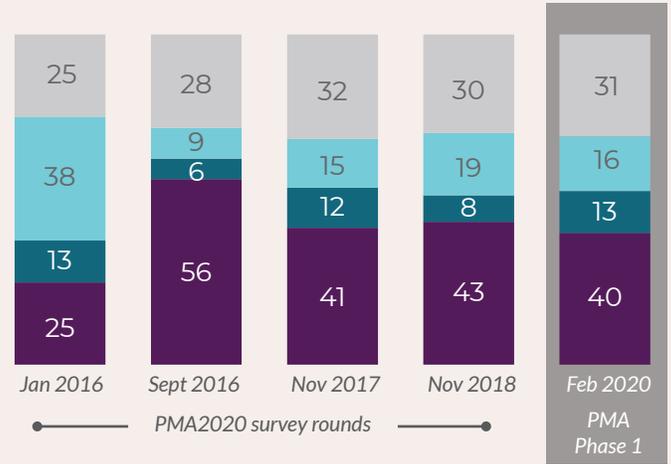
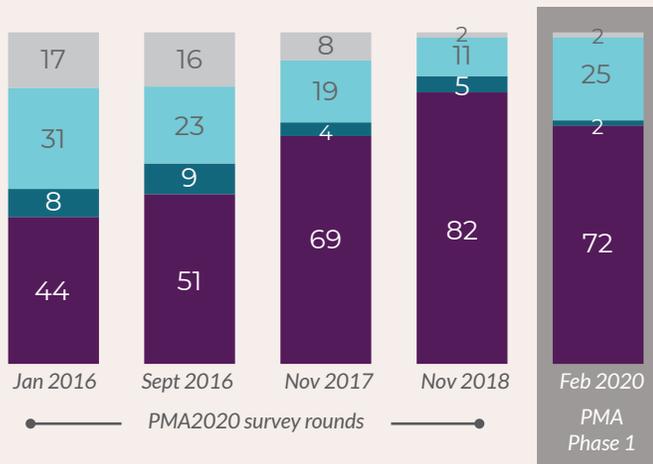


● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

## TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 1 n=64)

Private facilities (PMA Phase 1 n=55)

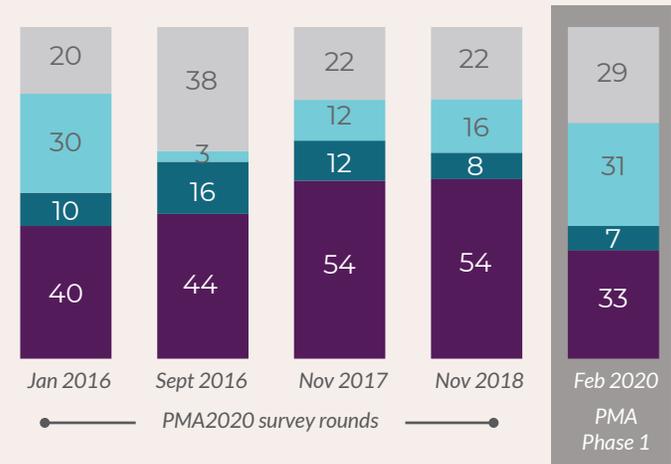
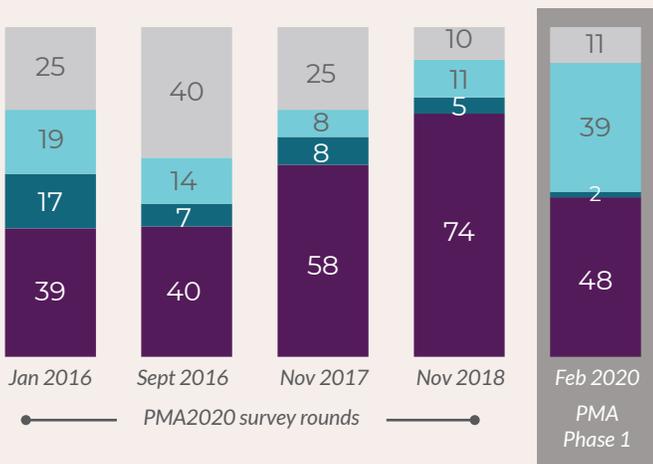


● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

## TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 1 n=64)

Private facilities (PMA Phase 1 n=55)

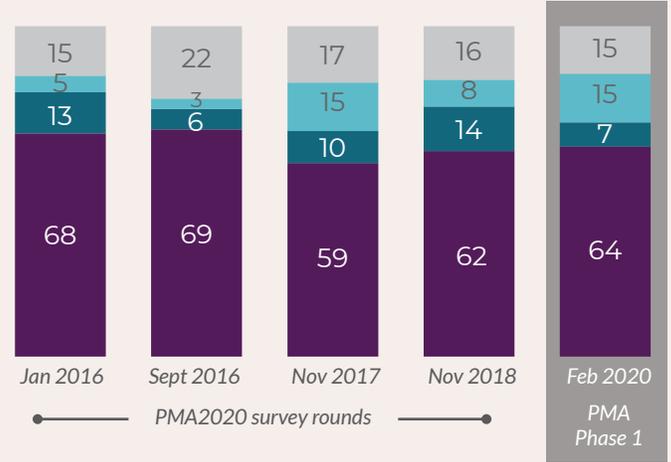
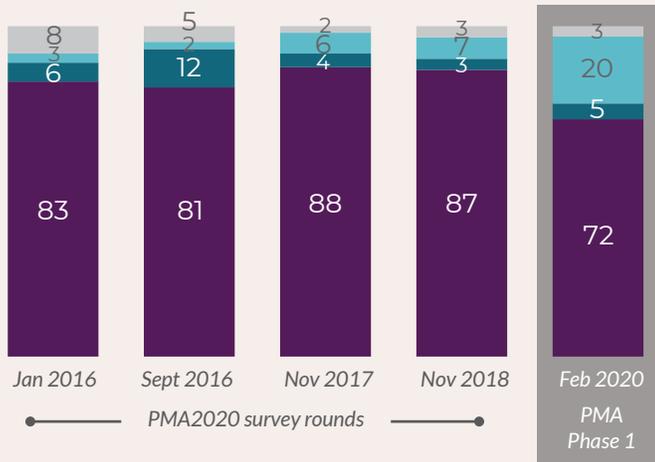


● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

# TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 1 n=64)

Private facilities (PMA Phase 1 n=55)



● Currently in stock and no stockout in last 3 months ● 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

Public facilities (n=64)

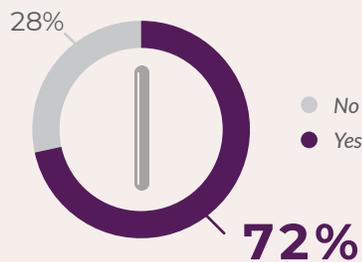


Private facilities (n=55)

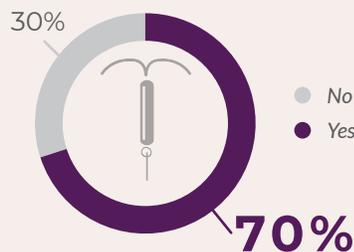


## FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=81)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=50)



**50%**

of women obtained their current modern method from a public health facility (n=485)

## KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- Public service delivery points are more likely to have contraceptive methods in stock compared to private service delivery points.
- In 2020, implants, injectables, and male condoms are the methods most likely to be available at service delivery points.
- Approximately two out of ten private service delivery points and three out of ten public service delivery points reported that FP clients have to pay something for an appointment with a provider.
- At least 70% of service delivery points that offer implants or IUDs are equipped to insert and remove implants and IUDs.

## 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	Nov 2015-Jan 2016	1,565	29.82	2.85	24.45 35.82	20.00	2.00	16.30 24.29	26.46	2.15	22.38 30.99
PMA 2020	R2	Aug-Sept 2016	1,668	30.02	3.70	23.19 37.88	16.60	1.99	13.00 20.96	27.46	2.30	23.11 32.30
PMA 2020	R3	Sept-Nov 2017	1,689	29.84	3.96	22.57 38.29	16.79	2.46	12.43 22.29	27.87	1.99	24.06 32.03
PMA 2020	R4	Oct-Nov 2018	1,744	31.61	3.77	24.60 39.58	20.35	3.11	14.84 27.25	24.81	2.55	20.06 30.26
PMA	Phase 1	Dec 2019-Feb 2020	1,950	36.09	2.87	30.58 41.99	22.77	2.06	18.91 27.14	23.54	2.12	19.57 28.03

### WOMEN IN UNION

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	Nov 2015-Jan 2016	1,013	32.48	3.71	25.54 40.28	20.99	2.45	16.50 26.31	31.90	2.72	26.72 37.56
PMA 2020	R2	Aug-Sept 2016	978	32.97	4.28	25.04 41.99	18.11	2.34	13.89 23.27	33.16	3.26	26.99 39.97
PMA 2020	R3	Sept-Nov 2017	1,094	31.9	4.30	23.99 41.00	16.91	2.56	12.40 22.64	33.09	2.38	28.51 38.01
PMA 2020	R4	Oct-Nov 2018	1,098	34.33	4.61	25.80 44.01	20.89	3.41	14.90 28.50	28.30	2.63	23.34 33.84
PMA	Phase 1	Dec 2019-Feb 2020	1,188	40.28	3.47	33.58 47.36	23.83	2.32	19.51 28.76	27.67	2.40	23.14 32.71

In the province of Kongo Central, PMA République Démocratique du Congo collects information on knowledge, practices, and coverage of family planning services in 52 enumeration areas. The results are representative at the provincial level. Data from the PMA Phase 1 survey were collected between December 2019 and February 2020 from 1,965 households (with a response rate of 98.9%), 1,950 women aged 15-49 years (response rate: 98.7%), 153 service delivery points (response rate: 97.5%), and 76 client exit interviews. Given the small sample size, the results of the client exit interviews presented here include data from both Kinshasa and Kongo Central (n=172). For more information on sampling and complete datasets, please visit: [www.pmadata.org/countries/democratic-republic-congo](http://www.pmadata.org/countries/democratic-republic-congo).

PMA uses mobile technology and female resident data collectors to conduct rapid follow-up surveys of key family planning and health indicators in Africa and Asia. PMA République Démocratique du Congo is led by l'École de Santé Publique de l'Université de Kinshasa. Overall strategy and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the University of Johns Hopkins and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.