



PMA ETHIOPIA

Results from the 2019 surveys

September-December 2019

OVERALL KEY FINDINGS



Modern contraceptive use among all women has increased over the past 6 years, but critical attention should be paid to the quality of counseling and information being provided.



Receipt of antenatal care service in early pregnancy is very low. Very few women report receiving comprehensive information about all components of birth preparedness and complication readiness.



The availability of lifesaving and essential medicines is significantly lower in private facilities than in 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 (SNNP).

PMA Ethiopia is a five-year project implemented in collaboration with Addis Ababa University, Johns Hopkins University, and the Federal Ministry of Health. It measures key reproductive, maternal and newborn health (RMNH) indicators. This brief includes results from three surveys: The enrollment survey of a panel, a cross-sectional survey of women age 15-49, and an annual service delivery point (SDP) survey. Results from these surveys include:



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 three different surveys:

Panel survey

In panel regions, all currently pregnant or recently postpartum (<8 weeks) were identified and enrolled. Field staff conduct interviews at **enrollment** and at **6 weeks, 6 months, and 1 year** postpartum. 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** of 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.**

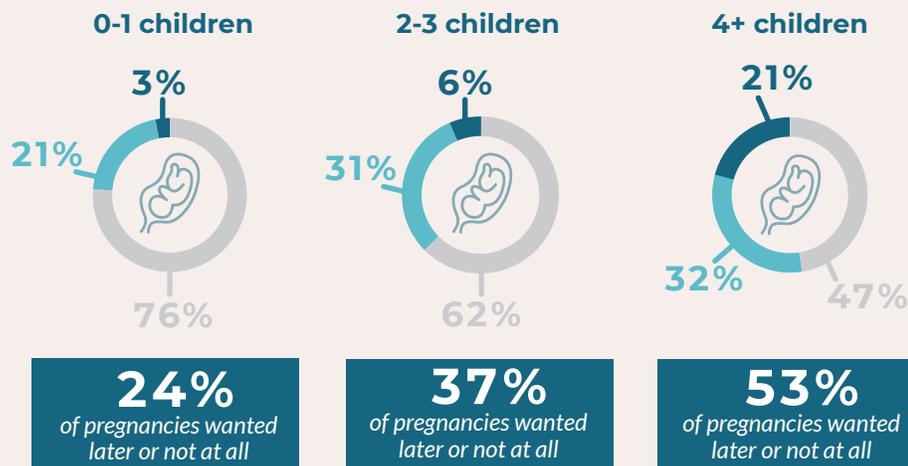
SECTION 2: PREGNANCY AND ANTENATAL CARE

From the enrollment survey of the panel survey

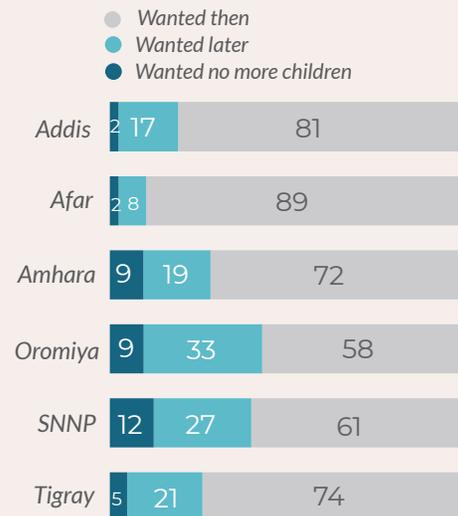
TIMING OF CURRENT PREGNANCY

Percent of currently pregnant women who report wanting their current pregnancy then, later, or not at all, by parity (n=2,268)

● Wanted then ● Wanted later ● Wanted no more children

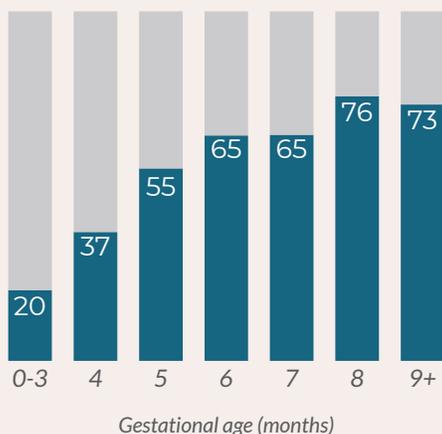


Percent of women by timing of their current pregnancy, by region (n=2,269)

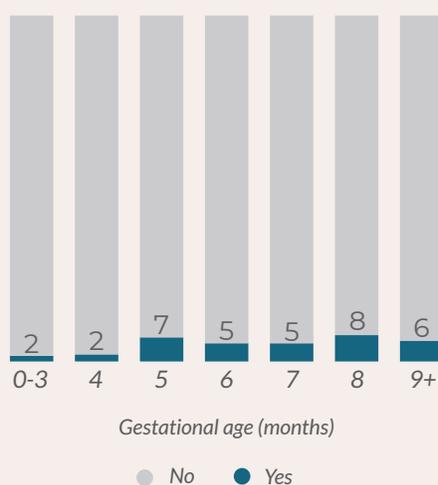


ANTENATAL CARE (ANC)

Percent of currently pregnant women who received ANC, by self-reported gestational age (n=2,269)



Percent of all currently pregnant women who received blood pressure, urine and stool test and were tested for syphilis and HIV, and took iron, by self-reported gestational age (n=2,269)



Percent of all currently pregnant women who discussed all birth/complication readiness topics, by self-reported gestational age (n=2,269)



*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

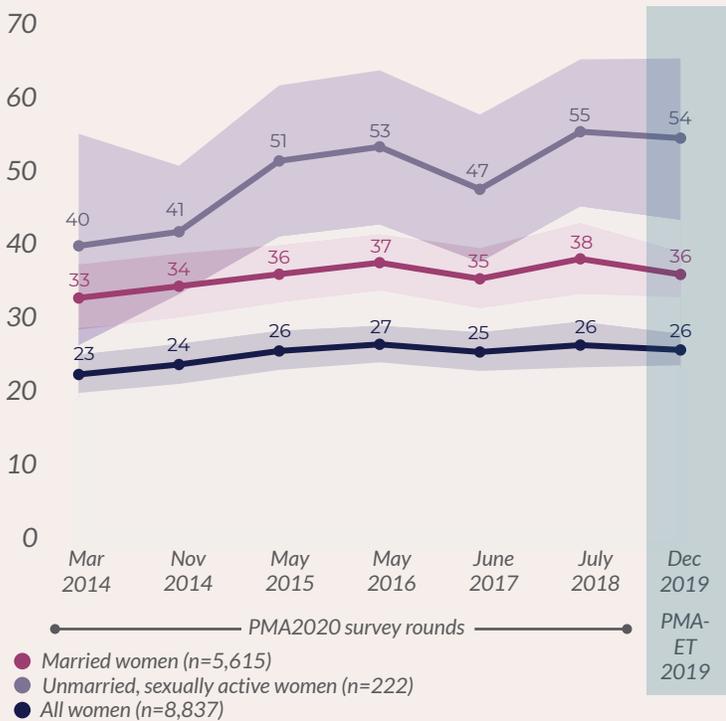
- The percent of women who wanted their current pregnancy later or not at all increases with parity. This represents a missed opportunity for family planning services.
- There is low receipt of ANC in the first few months of pregnancy but increases with gestational age.
- Fewer than 10% of currently pregnant women discussed all components of birth preparedness/complication readiness topics with their provider.

SECTION 3: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

From the cross-sectional survey

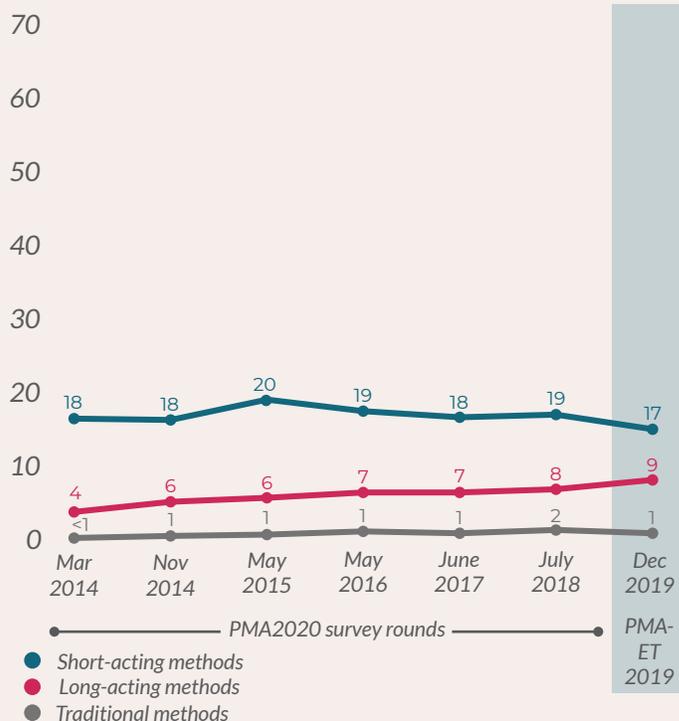
MODERN CONTRACEPTIVE PREVALENCE

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



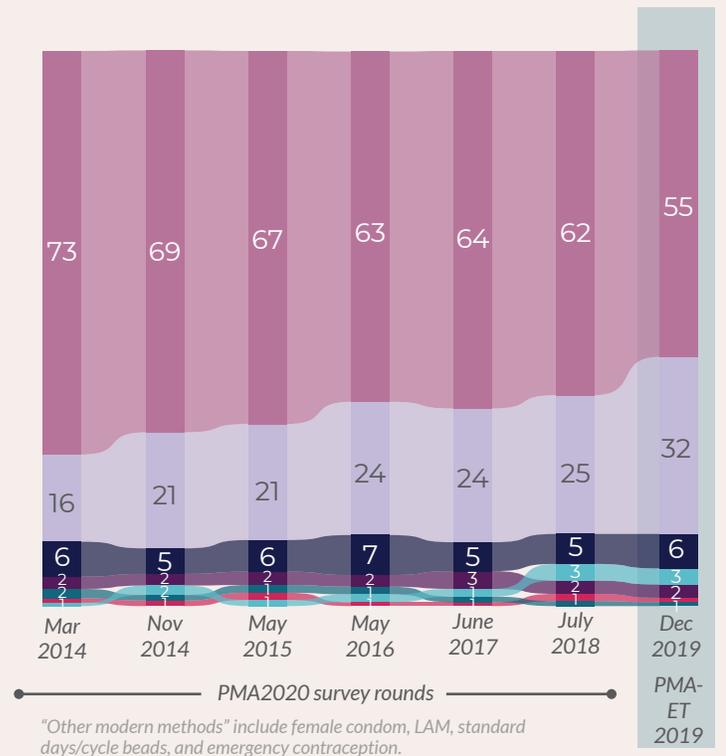
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (n=8,837)



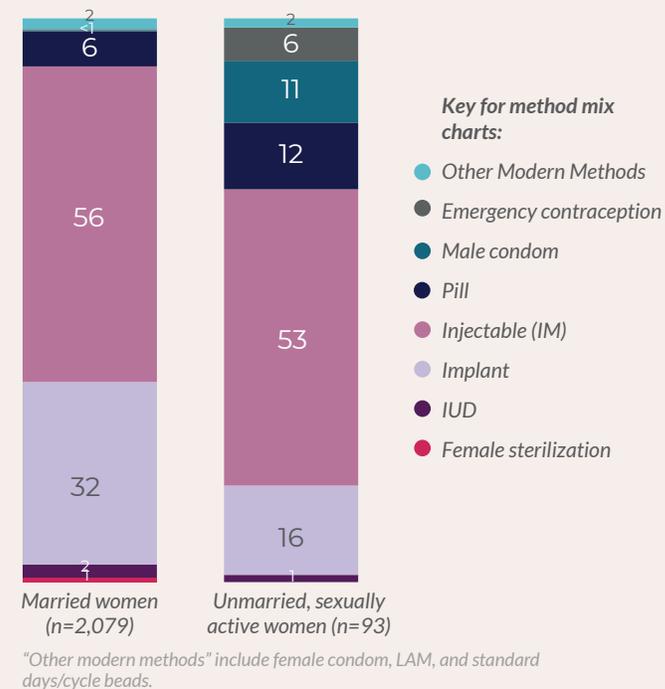
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (n=2,124)



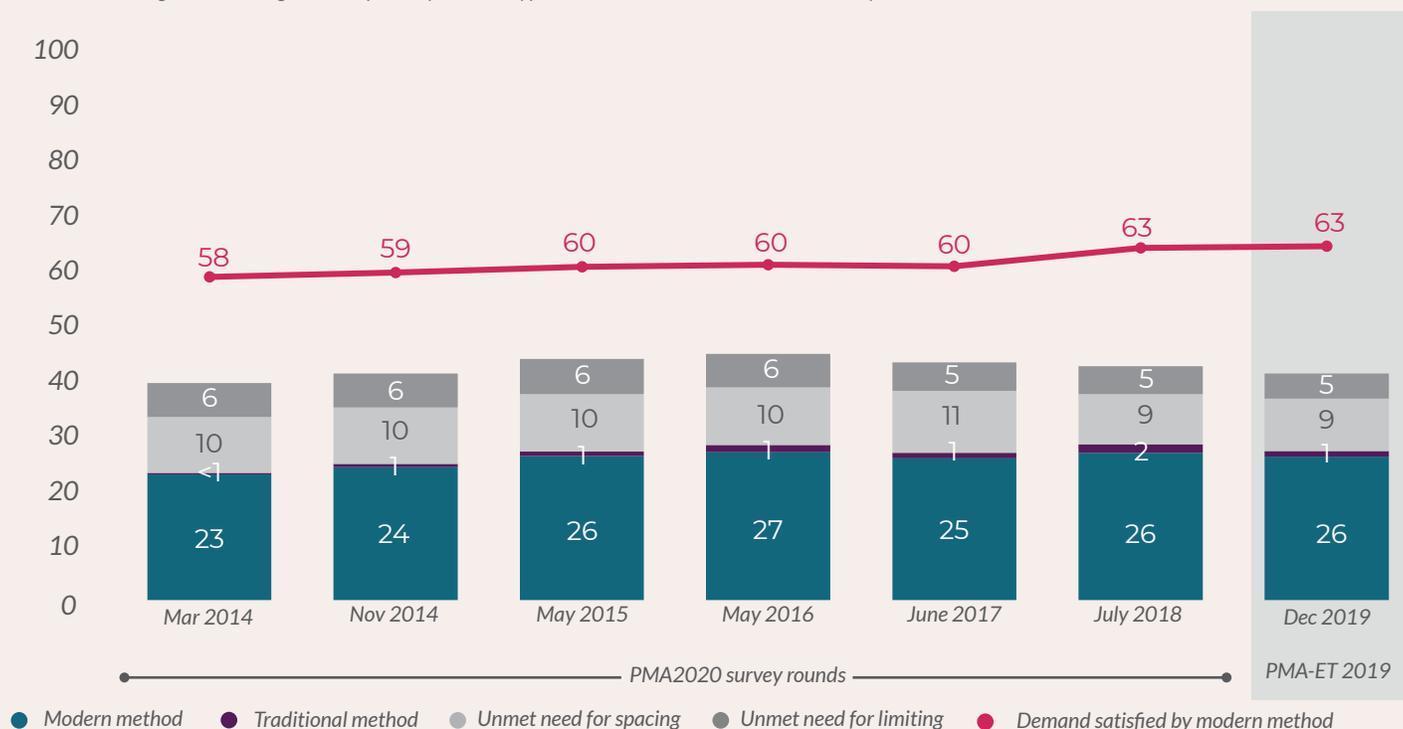
MODERN CONTRACEPTIVE METHOD MIX

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 (n=8,837)



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=1,998 episodes)



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

- Steady growth of mCPR among all women from 2014 to 2019
- The percent of women using long acting methods has increased over the past 6 years.
- Married women are more likely to use long-acting methods while unmarried sexually active women are more likely to use pills, male condoms and emergency contraception.

SECTION 4: REPRODUCTIVE TIMELINE

From the cross-sectional survey

REPRODUCTIVE TIMELINE

Median age at reproductive events, by residence and age group



MEAN NUMBER OF CHILDREN AT FIRST CONTRACEPTIVE USE

Mean number of children at first contraceptive use among all women who have used contraception, by urban vs. rural residence (n=4,485)

Urban women



Rural women



REPRODUCTIVE EVENTS BY AGE 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=2,366)



KEY FINDINGS FOR SECTION 4: REPRODUCTIVE TIMELINE

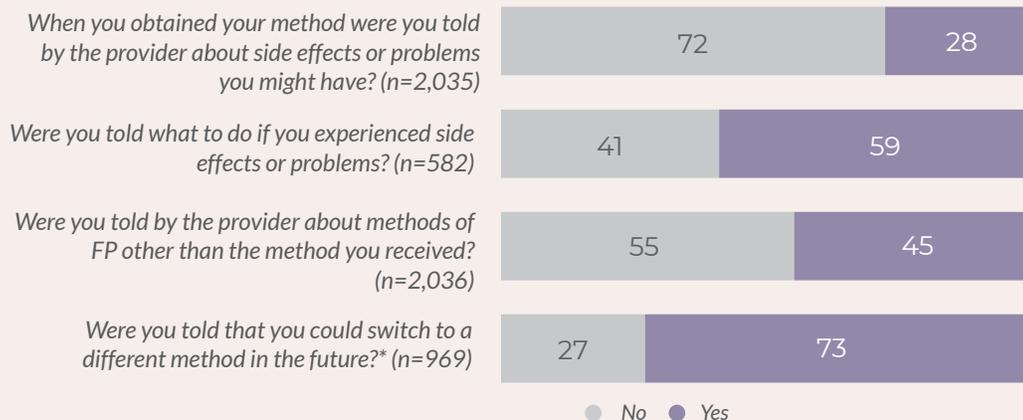
- Rural women start sex earlier, get married earlier and use family planning later than urban women.
- Women at younger ages are having sex later, getting married later, having births later and starting contraceptive use earlier than women of older ages.
- On average, rural women give birth to two children before starting contraception for the first time, while urban women start contraception after their first birth.

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



*Asked only among women who were told about other methods

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



DISCUSSED FAMILY PLANNING IN THE PAST YEAR WITH PROVIDER/HEW

Percent of women who received FP information from a provider or a health extension worker (HEW) (n=8,827)



KEY FINDINGS FOR SECTION 5: MII+

- Only about one in ten women receive counseling on other methods, side effects, and method switching.
- Fewer than one in five women received family planning information from a provider in the past one year.

SECTION 6: PARTNER DYNAMICS

From the cross-section survey

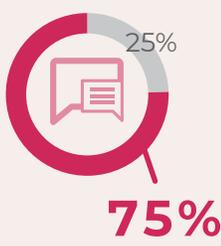
PARTNER INVOLVEMENT IN FAMILY PLANNING DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statements (n=2,102)

Does your partner know that you are using this method?



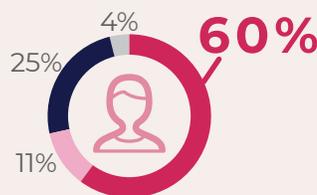
Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?



Percent of women in union reporting perceived partner attitudes towards family planning (n=5,597)

How does your partner feel about family planning?

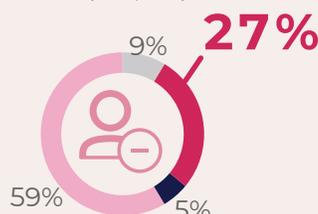
- He is ok with it
- He does not care
- He disapproves of it
- Do not know



Percent of women who are not currently using family planning and agree with the following statements (n=4,685)

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

- The majority of women who are using a method report that their partner knows they are using contraception
- One in four women report that their partner does not support use of family planning

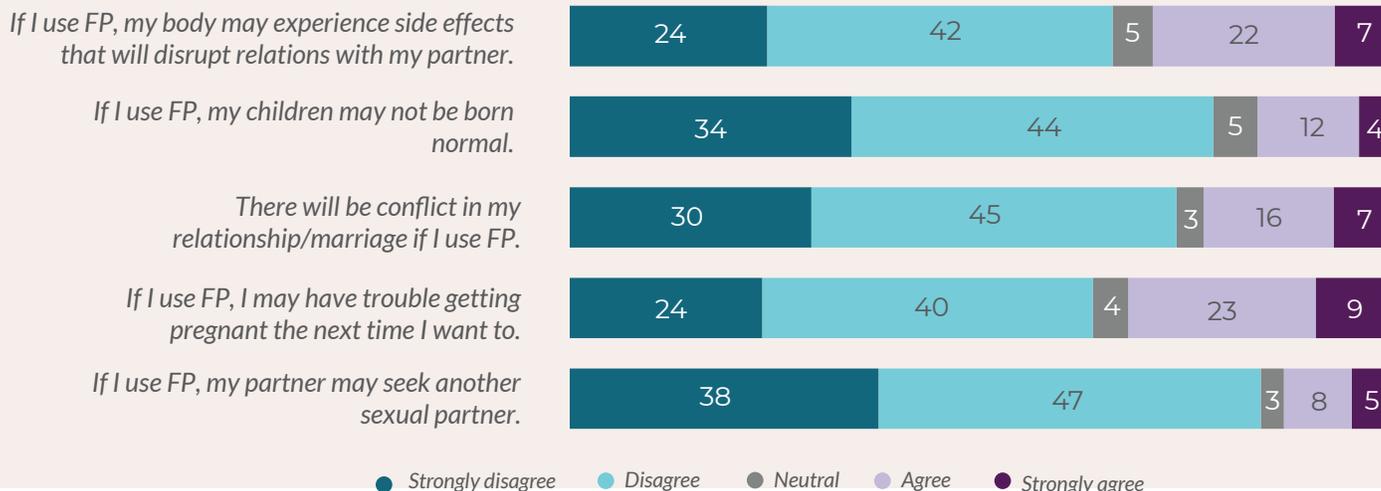
SECTION 7: WOMEN AND GIRLS' EMPOWERMENT

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

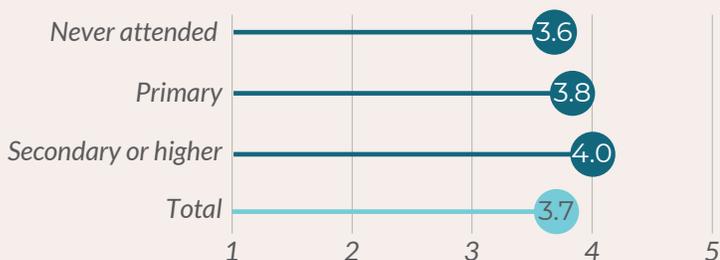
Existence of choice (motivational autonomy) for family planning (n=5,588)



WOMEN'S AND GIRL'S EMPOWERMENT (WGE) SUB-SCALE FOR FAMILY PLANNING

The Women's 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 domain for family planning. Scores from the family planning empowerment 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

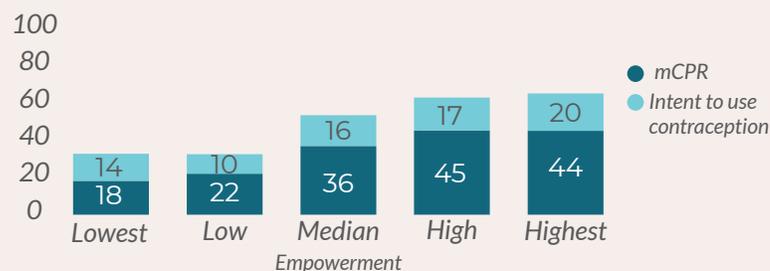


Mean WGE FP existence of Choice, by age



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=5,805)



KEY FINDINGS FOR SECTION 7: WOMEN AND GIRLS' EMPOWERMENT

- Educated women report higher levels of empowerment for family planning.
- Contraceptive use and intention to use contraception in the next year increase with heightened levels of empowerment among women and girls who are currently partnered.
- Over one-quarter of women agreed that use of family planning could lead to side effects disruptive to their relationships or difficulty getting pregnant.

SECTION 8: ATTITUDES TOWARDS CONTRACEPTION

From the cross-section survey

PERSONAL ATTITUDES

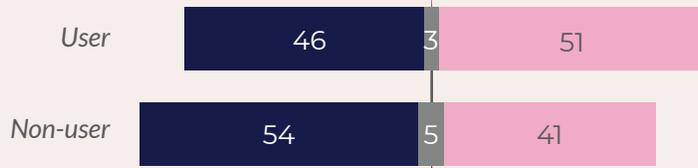
Percent of all women age 15-49 who personally agree with statements made about contraceptive use, by region and contraceptive use status

“It is acceptable for a women to use FP before she has a child.” (n=8,769)

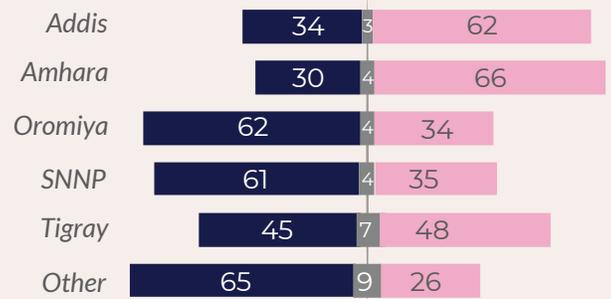
Total



By contraceptive use status



By region



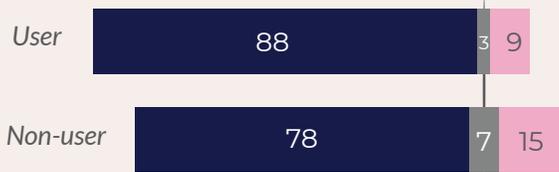
● Disagree/strongly disagree ● Neither agree nor disagree ● Agree/strongly agree

“Women who use FP are considered promiscuous.” (n=8,772)

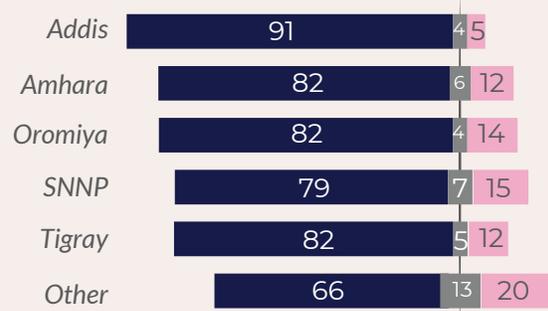
Total



By contraceptive use status



By region



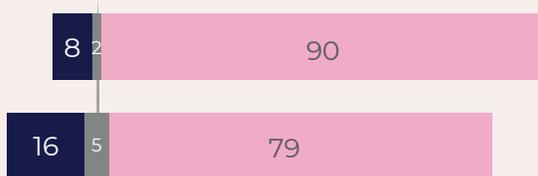
● Disagree/strongly disagree ● Neither agree nor disagree ● Agree/strongly agree

“Couples who use FP are financially responsible.” (n=8,787)

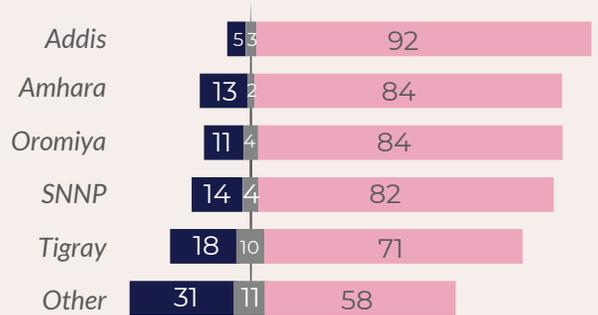
Total



By contraceptive use status

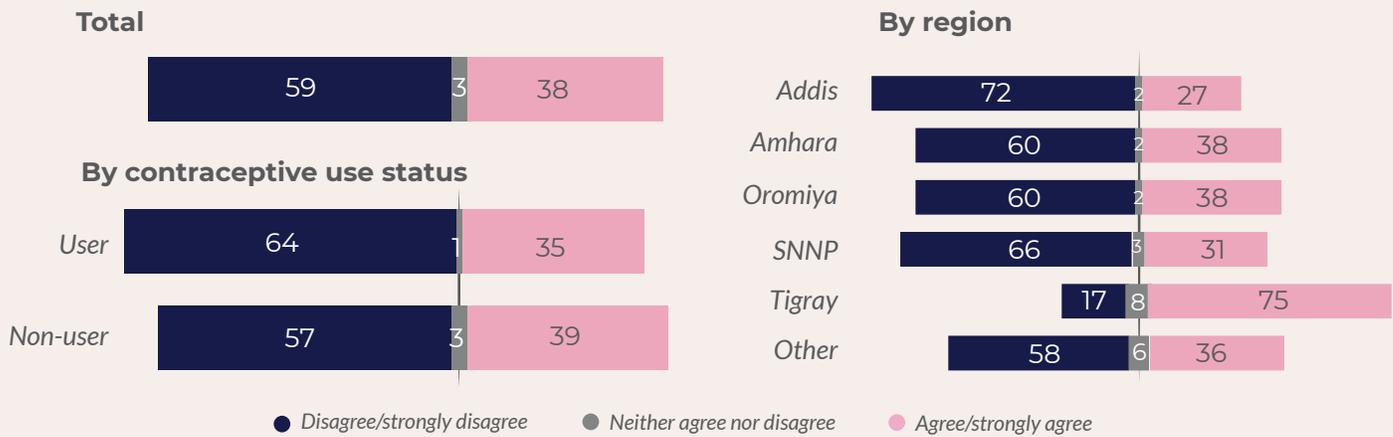


By region



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

“Women should be the ones to decide about FP.” (n=8,793)



KEY FINDINGS FOR SECTION 8: ATTITUDES TOWARDS CONTRACEPTION

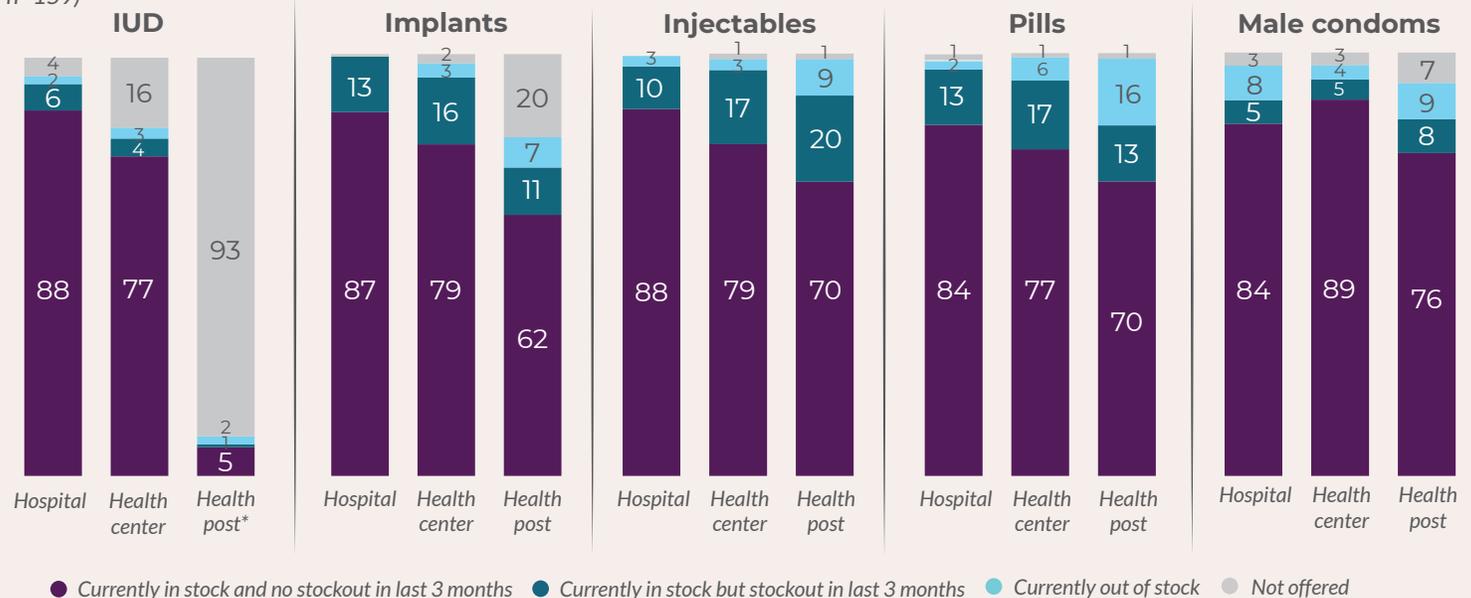
- Generally, women in Ethiopia have positive attitudes towards contraception.
- Compared to the other large regions, more women in Oromiya and SNNP disagree that it is acceptable for a woman to use FP before she has a child.
- 6 in 10 women disagree that women should be the ones to decide about family planning, however a high percentage of women in Tigray agree that women should be the decision-makers.

SECTION 9: SERVICE DELIVERY POINTS

From the service delivery point survey

METHOD AVAILABILITY AT SERVICE DELIVERY POINTS

Percent of public service delivery points offering FP with method in stock on day of interview (hospitals: n=154, health centers: n=231, health posts: n=159)

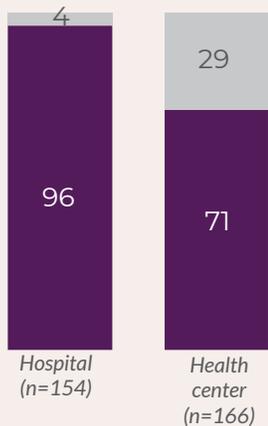


*Health posts with level 4 HEW that offer any FP (n=103)

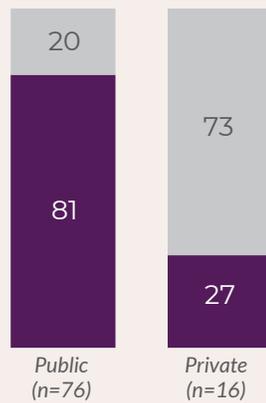
AVAILABILITY OF LIFESAVING MEDICINES

Percent of service delivery points with availability of oxytocin, magnesium sulfate, and any five other life saving medicines*, by facility type and sector

By facility type



By sector



● Available ● Not available

List of Life saving medicines can be found at:
https://apps.who.int/iris/bitstream/handle/10665/75154/WHO_EMP_MAR_2012.1_eng.pdf?jsessionid=4D5D213D62CB5E0F2AC319AB2216569D?sequence=1

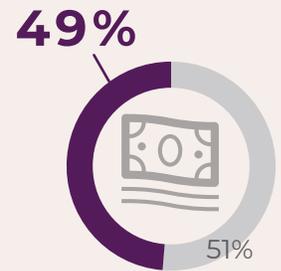
FEES FOR SERVICES

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=537)



Private facilities (n=228)



● Fees ● No fees

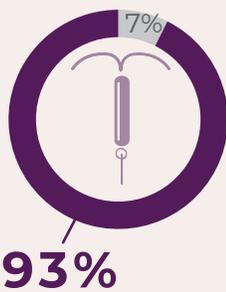
82%

of women obtained their current modern method from a public health facility (n=2,036)

FACILITY READINESS

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

Public facilities (n=352)



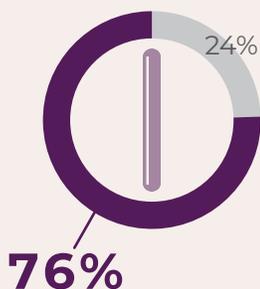
Private facilities (n=30)



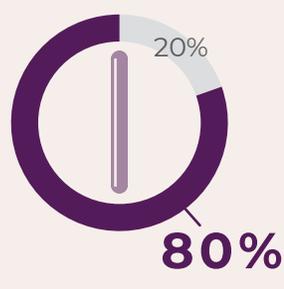
● Yes ● No

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

Public facilities (n=502)



Private facilities (n=51)



● Yes ● No

KEY FINDINGS FOR SECTION 9: SERVICE DELIVERY POINTS

- Short term contraceptives were in stock in more than 70% of SDPs.
- While 96% of hospitals and 70% of health centers had lifesaving and essential medicines in stock, less than a third of private facilities reported availability of these medicines.
- Majority of facilities have trained personnel to provide removal services of long acting contraceptive methods.

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN				CPR				mCPR				Unmet need for family planning			
Data source	Round/ Phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R1	Jan-Mar 2014	6,468	22.76	1.30	20.31	25.43	22.51	1.30	20.05	25.17	16.09	1.24	13.79	18.69
PMA 2020	R2	Oct-Nov 2014	6,648	24.40	1.36	21.82	27.19	23.82	1.36	21.25	26.60	16.18	0.99	14.31	18.23
PMA 2020	R3	Apr-May 2015	7,545	26.44	1.36	23.85	29.21	25.64	1.33	23.11	28.35	16.52	0.90	14.83	18.36
PMA 2020	R4	Mar-May 2016	7,481	27.84	1.21	25.51	30.29	26.50	1.25	24.12	29.03	16.24	1.10	14.18	18.53
PMA 2020	R5	May-June 2017	7,361	26.44	1.30	23.97	29.08	25.49	1.31	22.99	28.15	16.20	0.94	14.43	18.15
PMA 2020	R6	June-July 2018	7,429	27.91	1.53	25.00	31.01	26.39	1.55	23.45	29.55	13.94	1.09	11.93	16.22
PMA	Phase 1	Sep-Dec 2019	8,837	26.76	1.07	24.72	28.91	25.77	1.07	23.73	27.93	13.87	0.68	12.59	15.26

WOMEN IN UNION				CPR				mCPR				Unmet need for family planning			
Data source	Round/ Phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R1	Jan-Mar 2014	3,670	33.00	2.19	28.84	37.45	32.66	2.19	28.51	37.11	24.68	1.69	21.51	28.15
PMA 2020	R2	Oct-Nov 2014	3,769	35.03	2.16	30.90	39.40	34.20	2.15	30.09	38.55	24.12	1.40	21.47	26.98
PMA 2020	R3	Apr-May 2015	4,363	36.96	2.01	33.09	40.99	35.80	1.94	32.08	39.70	24.42	1.25	22.04	26.98
PMA 2020	R4	Mar-May 2016	4,346	39.25	1.88	35.61	43.00	37.34	1.90	33.68	41.15	23.96	1.52	21.09	27.08
PMA 2020	R5	May-June 2017	4,340	36.50	2.00	32.66	40.53	35.20	2.01	31.34	39.25	22.83	1.27	20.42	25.43
PMA 2020	R6	June-July 2018	4,304	40.08	2.36	35.54	44.81	37.84	2.40	33.24	42.67	20.64	1.55	17.76	23.84
PMA	Phase 1	Sep-Dec 2019	5,615	37.00	1.55	34.01	40.09	35.76	1.54	32.79	38.84	20.09	0.96	18.28	22.04

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 were collected between September and December 2019 from 9,108 households (99% completion rate), 8,827 women enrolled in the cross-sectional survey (98.4% completion rate), and 800 facilities (98% completion rate). For the longitudinal survey, a total of 32,791 women were screened for eligibility. The screening process identified 2,898 women as eligible to be enrolled in the panel survey and of these 2,893 consented to participate in the survey (99.8% enrollment 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.

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

BY REGION-IN UNION

Region	Female sample	CPR				mCPR				Unmet need for family planning			
		CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
Tigray	605	30.32	3.04	24.53	36.81	29.30	2.95	23.69	35.62	17.13	2.03	13.38	21.65
Afar	345	1.15	0.64	0.36	3.59	1.15	0.64	0.36	3.59	14.22	4.19	7.33	25.77
Amhara	1,005	41.88	2.32	37.30	46.60	41.59	2.34	36.99	46.34	15.89	1.34	13.38	18.77
Oromiya	1,156	37.35	3.12	31.34	43.77	35.42	3.09	29.49	41.83	23.58	2.04	19.72	27.81
Somali	152	0.92	0.89	0.10	7.86	0.92	0.89	0.10	7.86	22.61	1.85	17.90	28.14
Benishangul-Gumuz	186	42.67	7.81	26.24	60.89	41.49	7.98	24.92	60.24	18.69	3.03	12.59	26.84
SNNP	1,086	38.69	3.16	32.57	45.19	37.87	3.15	31.78	44.37	20.11	1.51	17.24	23.32
Gambella	253	39.45	8.61	22.75	59.05	39.45	8.61	22.75	59.05	20.75	3.55	13.90	29.80
Harari	231	27.17	4.56	18.21	38.46	23.06	3.61	15.96	32.10	29.26	5.66	18.37	43.20
Addis	386	54.21	3.15	47.65	60.63	50.61	3.24	43.92	57.27	13.92	1.71	10.74	17.84
Dire Dawa	210	28.14	3.48	21.01	36.57	27.21	3.65	19.81	36.13	19.40	3.39	12.89	28.13