



PMA Ethiopia

Results from the 2023 cross section

November 2023- February 2024

Overall key findings



Family planning

- No significant change in mCPR coverage among married and all women, although there was increase in most regions, comparing 2023 with 2021, except Tigray where there was a decline.
- While unmet need for family planning among married women decreased demand satisfied by modern methods increased between 2014 and 2023.
- There are improvements to the quality of family planning counseling services since 2019, however level of counseling remains suboptimal.



HPV vaccination

- More than half (56%) of young women aged 15-16 reported receiving at least one dose of the HPV vaccination.
- More than six in ten (64%) young women aged 15-16 in urban areas are vaccinated against HPV which is higher compared to those from rural areas at 53%.



Health facilities

- Availability of two long acting and three short acting contraceptive methods at health centers showed a slight decline over the past five years.
- Availability of at least four contraceptive methods at health posts had regional variation but no clear pattern over the years. However in Amhara region it decreases from 2021 to 2023.

SECTION 1: ABOUT PMA ETHIOPIA

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 two surveys: A cross-sectional survey of women age 15-49, and an annual service delivery point (SDP) survey. Results from these surveys include:



Family Planning (FP)



Reproductive empowerment, fertility intention, and community norms



HPV Vaccination



Health facility quality of care

This brief includes results from two different surveys:

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

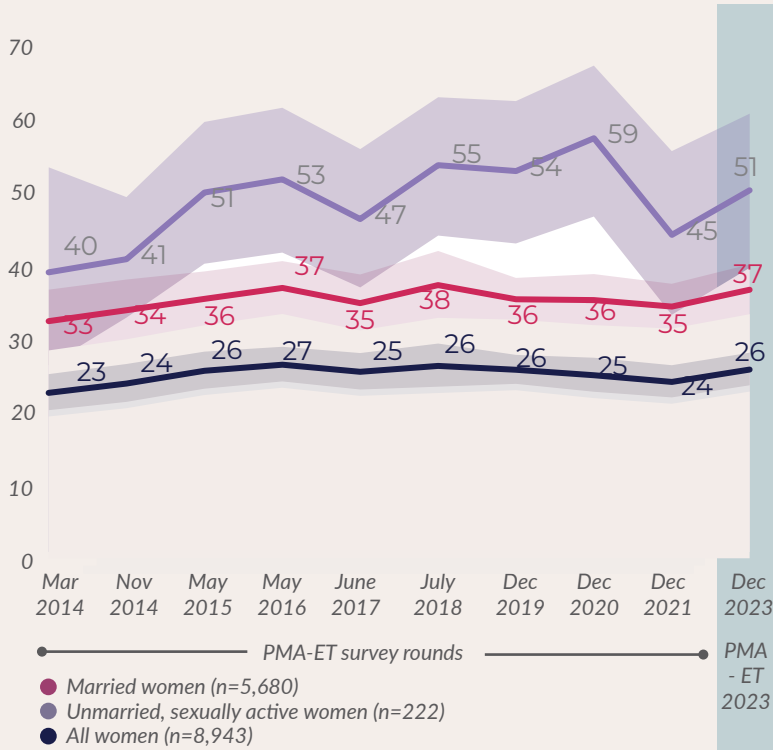
The SDP survey provides health system trends annually. It includes all levels of public health facilities that serve each data collection area, in addition to up to 3 private health facilities within the kebele.

SECTION 2: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

From the cross-sectional survey

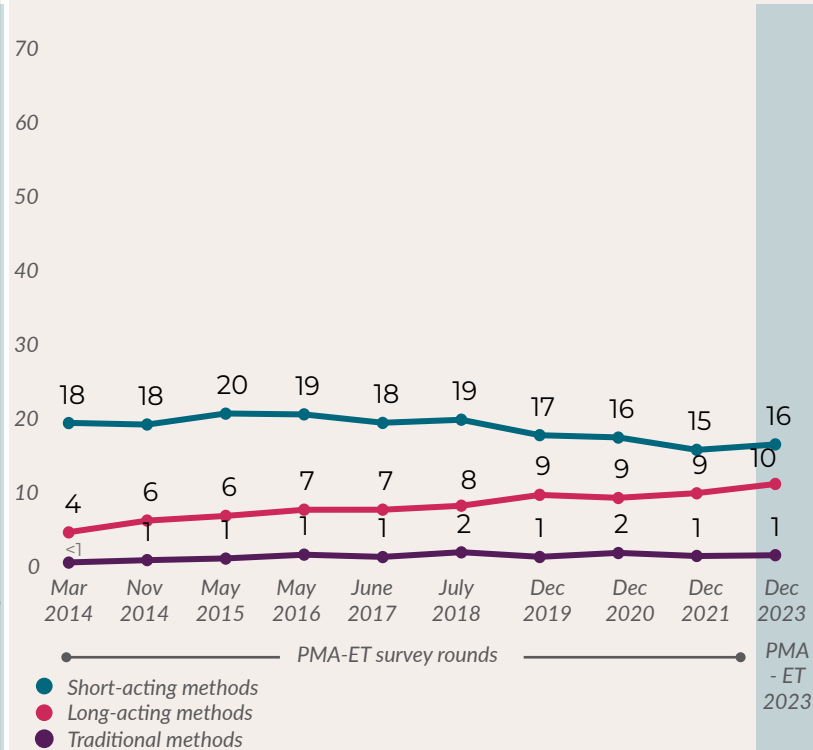
MODERN CONTRACEPTIVE PREVALENCE

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



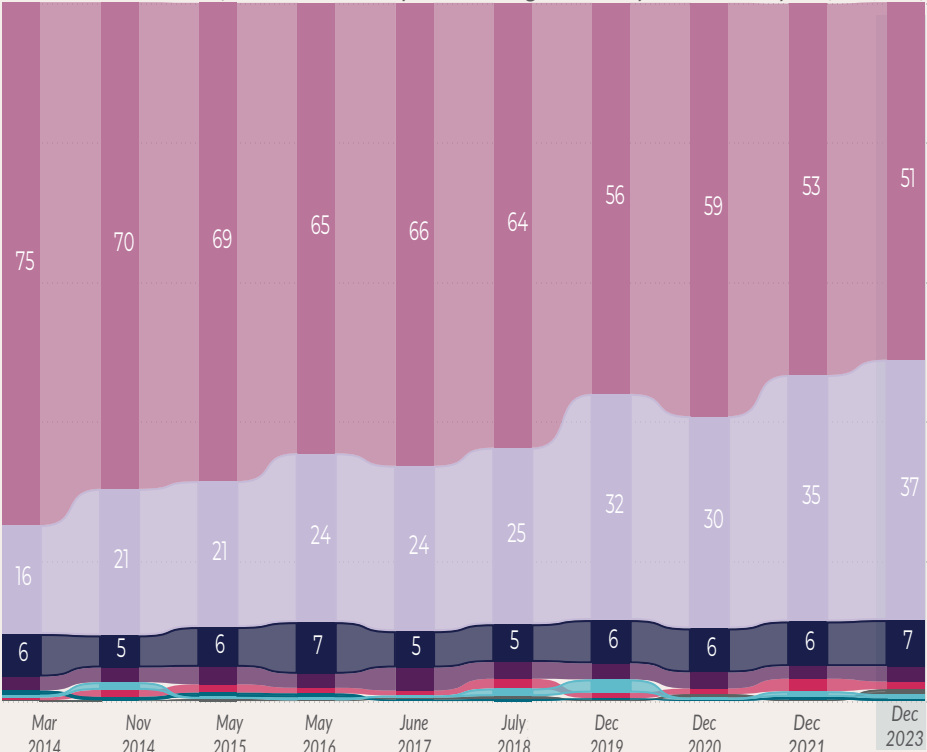
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (n=8,943)



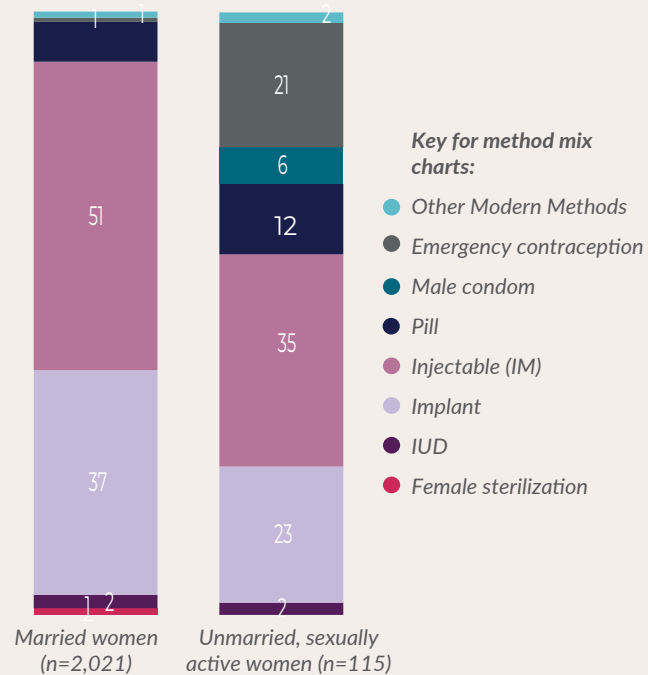
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (n=2,021)



MODERN CONTRACEPTIVE METHOD MIX

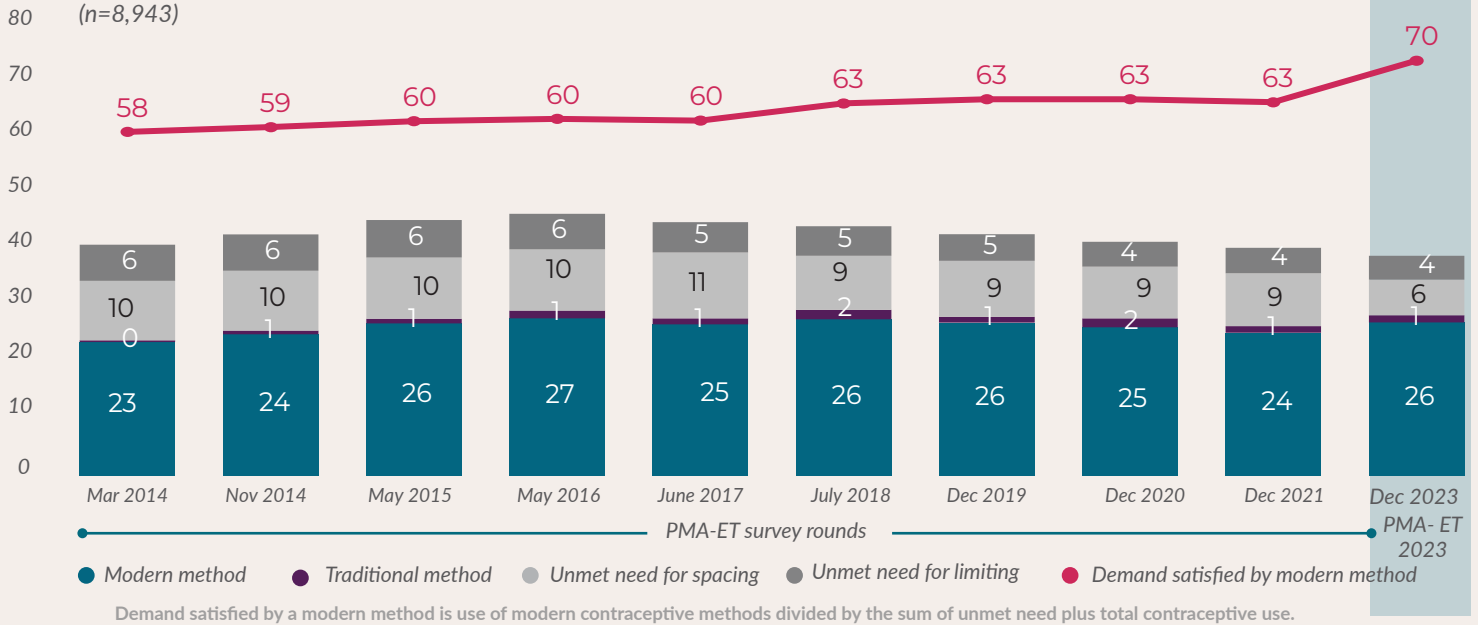
Percent distribution of modern contraceptive users age 15-49 by method and marital status



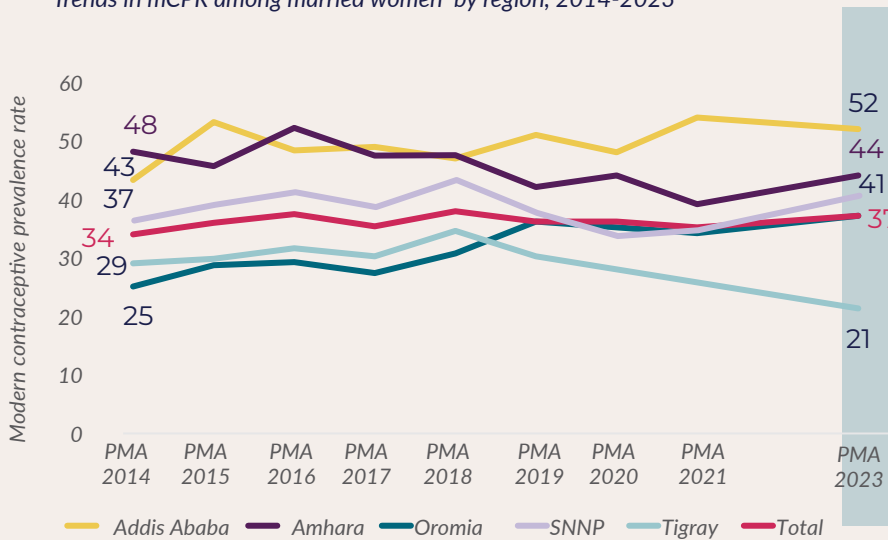
"Other modern methods" include female condom, LAM, and standard days/cycle beads.

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=8,943)



Trends in mCPR among married women by region, 2014-2023



* SNNP Includes Sidama, South West Ethiopia, Central Ethiopia, and South Ethiopia
PMA 2020 and PMA 2021 survey were not conducted in Tigray.

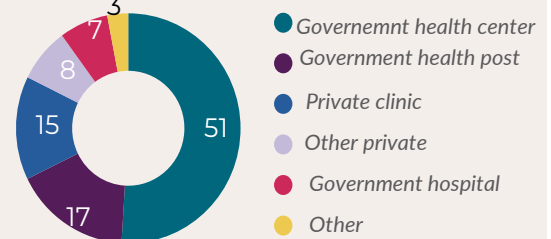
SOURCE OF FP METHOD

75%



Percentage of women obtained their current modern method from a public health facility (n=2,240)

Percentage of women who obtained their current modern method from the following facilities: (n=2,240)



KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

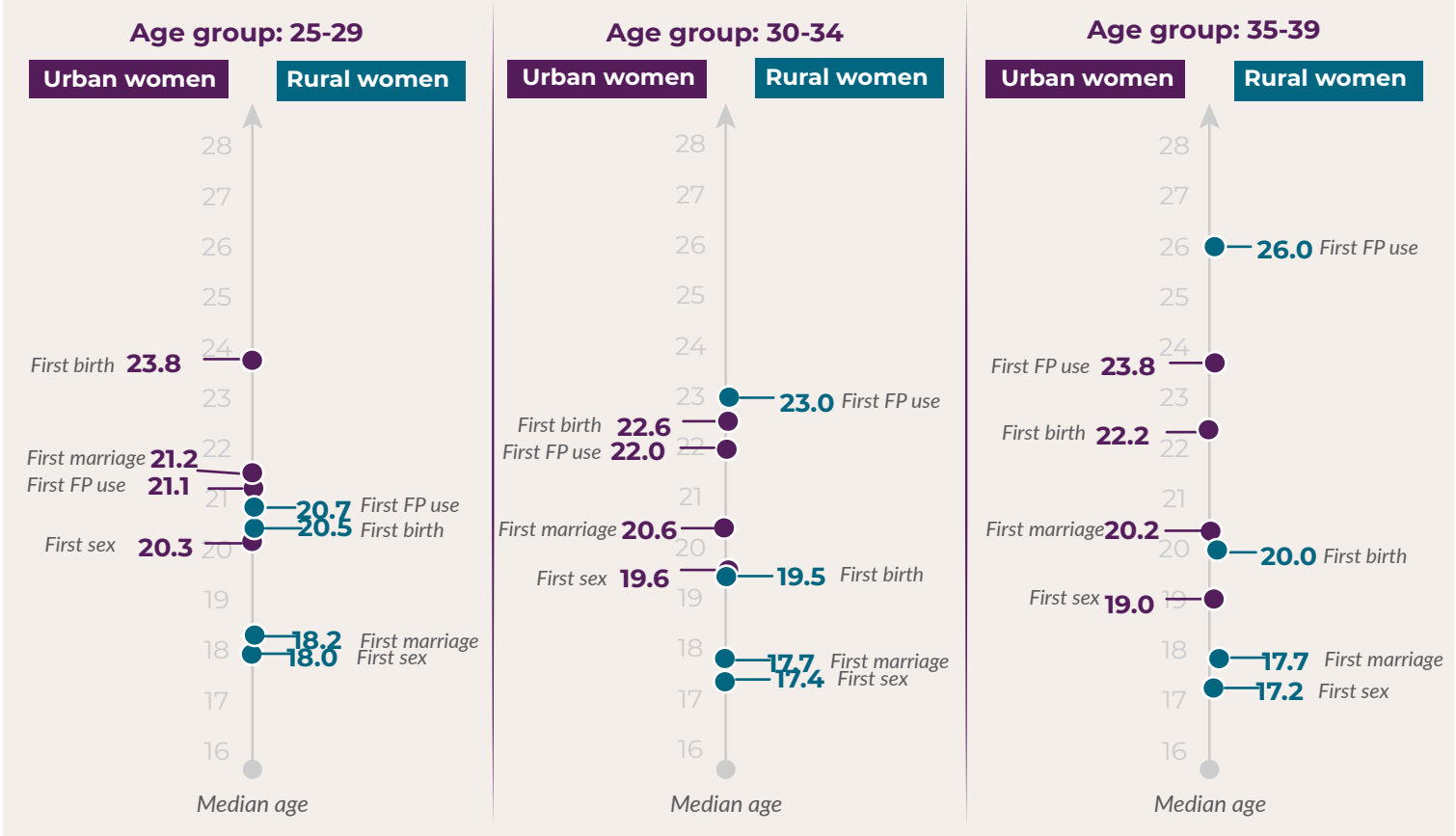
- Growth in mCPR among married women in all regions is not uniform; while Oromia and Addis Ababa showed an increase from the baseline (2014), the reverse is true in the Amhara region.
- Amongst married women using modern contraception, implant use increased from 35% to 37% while injectable use decreased from 53% to 51% between 2021 and 2023.
- A decreasing trend in unmet need among married women between 2014 and 2023 is observed.
- Approximately 50% of current or most recent contraceptive method users received their method from a government health center.

SECTION 3: REPRODUCTIVE TIMELINE

From the cross-sectional survey

REPRODUCTIVE TIMELINE

Median age at reproductive events, by residence and age group



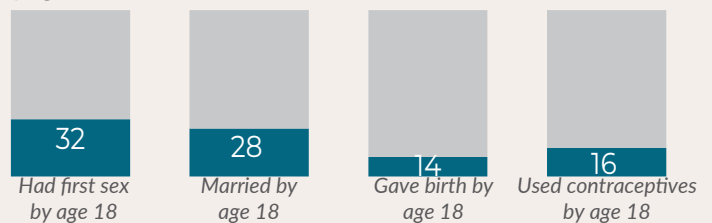
MEAN NUMBER OF CHILDREN AT FIRST CONTRACEPTIVE USE

Mean number of children at first contraceptive use among all women who have used contraception, by urban vs. rural residence (n=4,587)



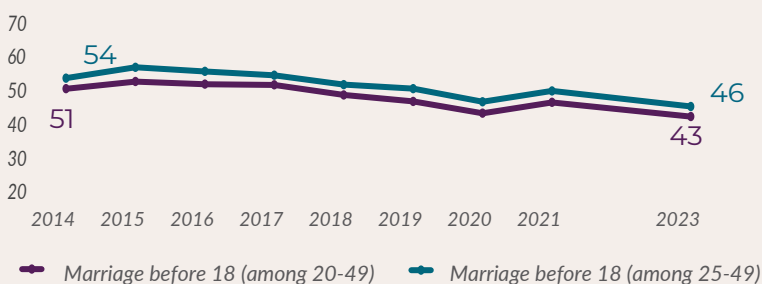
REPRODUCTIVE EVENTS BY AGE 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=2,313)



TREND FOR EARLY MARRIAGE

Percentage of women 20-49 and 25-49 who married before they were 18



KEY FINDINGS FOR SECTION 3 REPRODUCTIVE TIMELINE

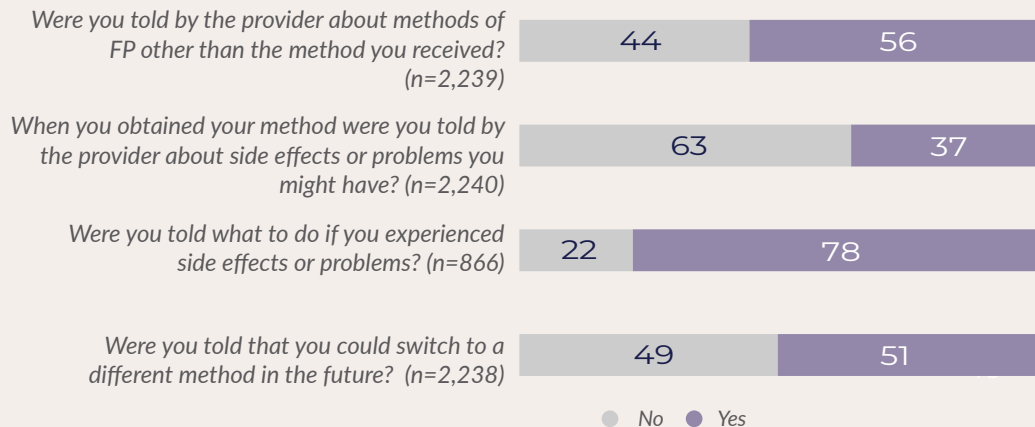
- Unlike women residing in urban areas, women living in rural areas generally start contraceptive use two years after their first birth.
- Urban women tend to start contraceptive use at younger ages and before first birth unlike their counterparts in rural areas.
- On average, rural women start using family planning for the first time after having two children.

SECTION 4: METHOD INFORMATION INDEX PLUS (MII+)

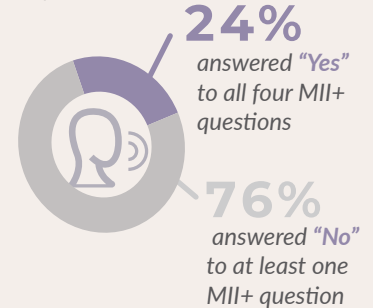
From the cross-section survey

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

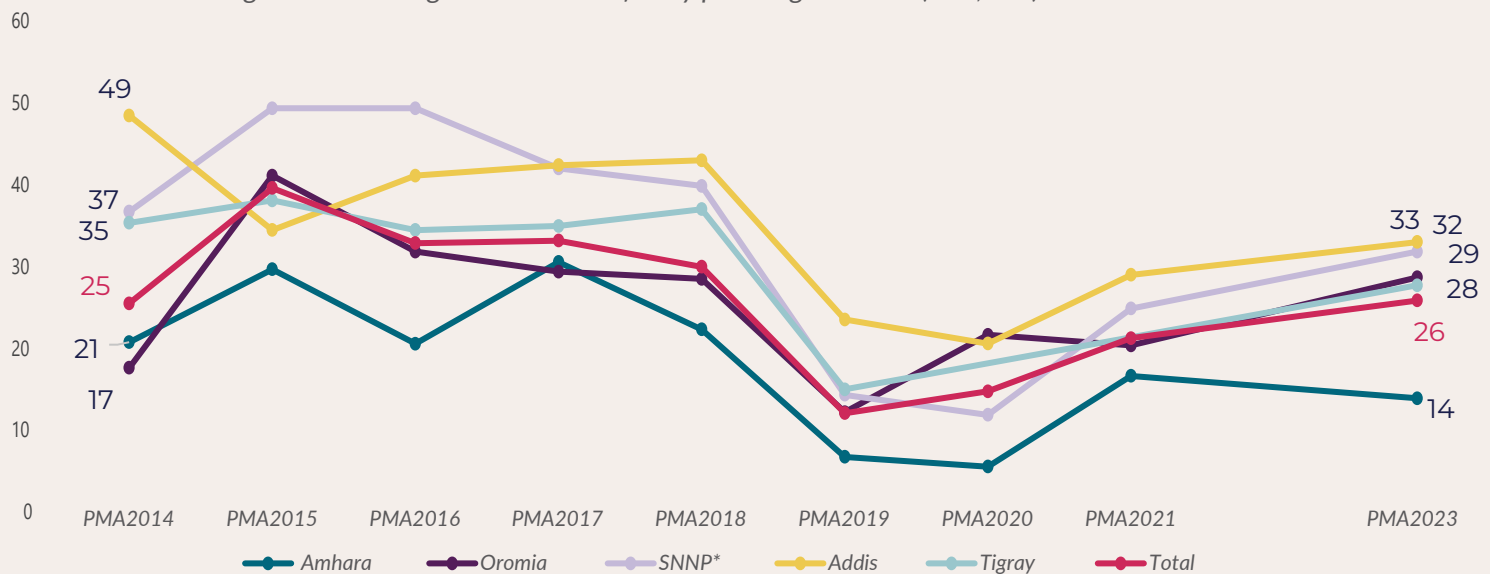


Percent of women who responded "Yes" to all four MII+ questions (n=2,240)



TREND IN GOOD COUNSELLING

Trends in good counselling about modern family planning methods (n=2,240)



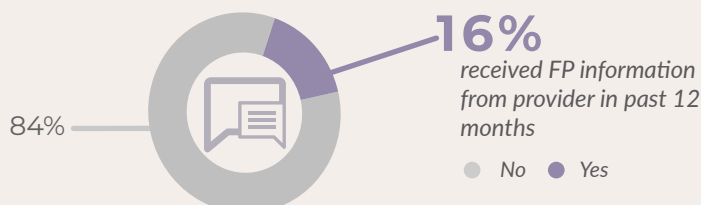
* SNNP Include Sidama, South west Ethiopia, central Ethiopia, and South Ethiopia

PMA 2020 and PMA 2021 survey were not conducted in Tigray.

**Good Counseling is inclusive of all three MII indicators, except method switching

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=8,943)



KEY FINDINGS FOR SECTION 4: MII+

- About 25% of women using contraception received comprehensive family planning counseling.
- Majority (84%) of women reported not receiving any FP information from a provider or HEW in the past year.
- There are improvements in the quality of family planning counselling since 2019 although the level of counselling is still suboptimal.

SECTION 5: PARTNER DYNAMICS

From the cross-section survey

PARTNER INVOLVEMENT IN FAMILY PLANNING DECISIONS

Percent of women who are currently using female controlled modern methods and agree with the following statements

Does your partner know that you are using this method?

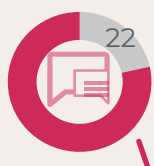


90

(n=2,227)

● Yes ● No

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



78

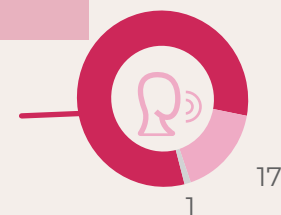
(n=2,226)

Discussion with a partner about when using modern method (n=2,003)

Did you talk with your partner about using your method before you started using it?

- Before use
- After use
- No discussion

82

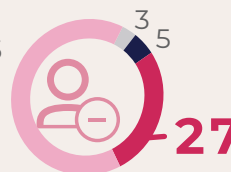


Percent of women who are not currently using family planning and agree with the following statements (n=5,891)

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

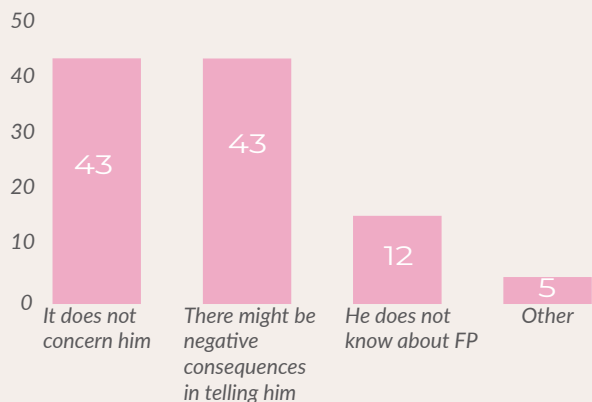
- Joint decision
- Mainly respondent
- Mainly partner
- Other

65



DISCUSSION WITH PARTNER ABOUT FAMILY PLANNING DECISIONS

Why have you not discussed your family planning use with your husband/partner? (n=238)



In the past 12 months your partner: (n=5,680)

Said he would leave you if you did not get pregnant

3

Told you he would have a baby with someone else if you did not get pregnant

3

Taken away your FP or kept you from going to the clinic to get FP

4

Made you feel bad for wanting to use a FP method to delay/prevent pregnancy

4

Tried to force or pressure you to become pregnant

6

KEY FINDINGS FOR SECTION 5: PARTNER DYNAMICS

- One in ten women report that their their husband/partner does/did not know they are using a family planning method.
- More than 4 in 10 women said they did not discuss their family planning use with their partner/husband because 'it does not concern him' or because 'there might be negative consequences in telling him'.
- Around 1 in 5 women discussed their contraceptive use decision with their partner after they started using.

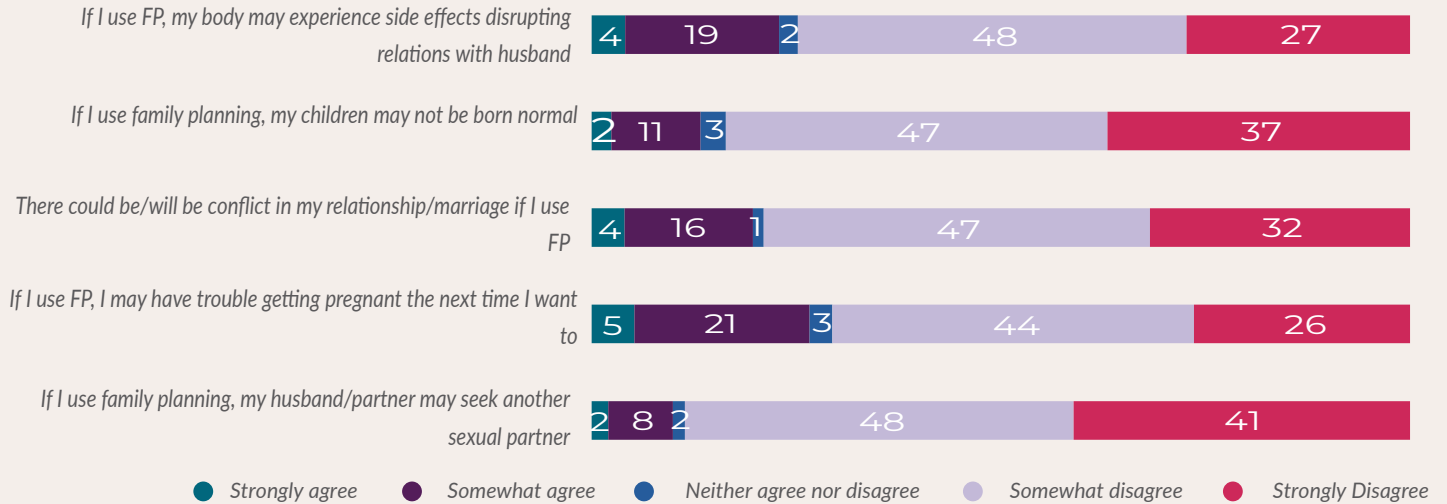
SECTION 6: WOMEN'S AND GIRLS' EMPOWERMENT

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= 5,680)



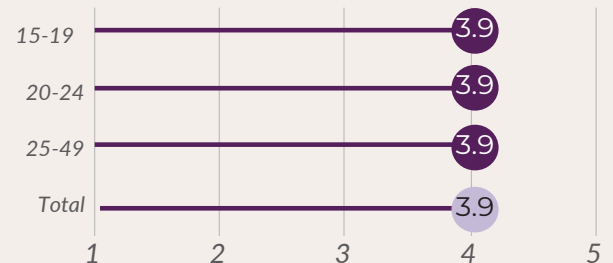
WOMEN'S AND GIRLS' EMPOWERMENT (WGE) SUB-SCALE FOR FAMILY PLANNING

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.

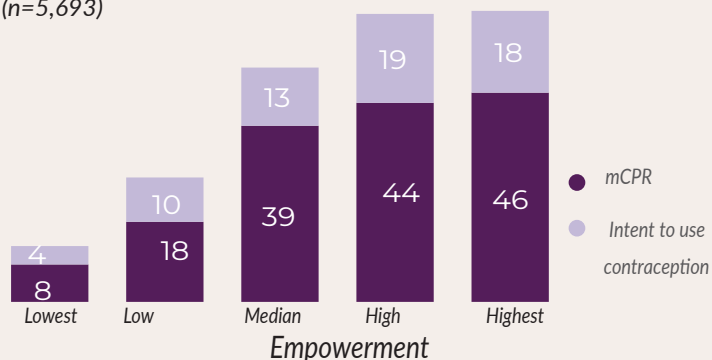
Mean WGE FP existence of choice, by education



Mean WGE FP existence of Choice, by age



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=5,693)



KEY FINDINGS FOR SECTION 6: WOMEN'S AND GIRLS' EMPOWERMENT

- Empowerment of women, as measured by existence of choice for FP, increases as educational status of women increases while there was no difference by age.
- Amongst women partnered/married, modern contraception use and intent to use contraception increased with increased empowerment score.

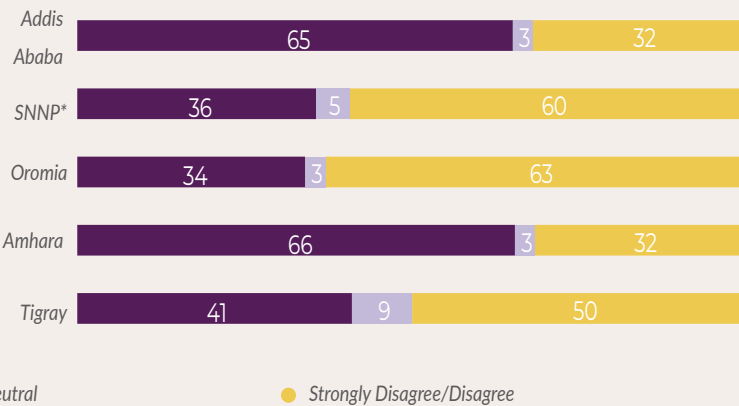
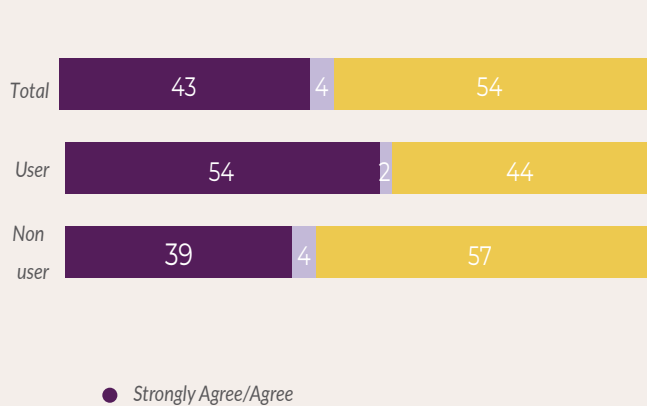
SECTION 7: ATTITUDES TOWARDS CONTRACEPTION

From the cross-section survey

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 woman to use FP before she has a child. (n=8,928)

Contraceptive use status

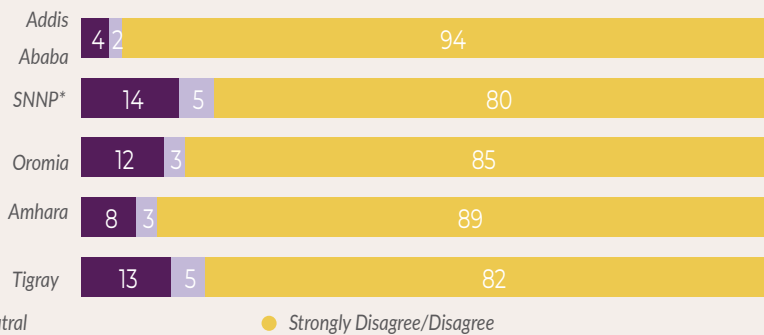
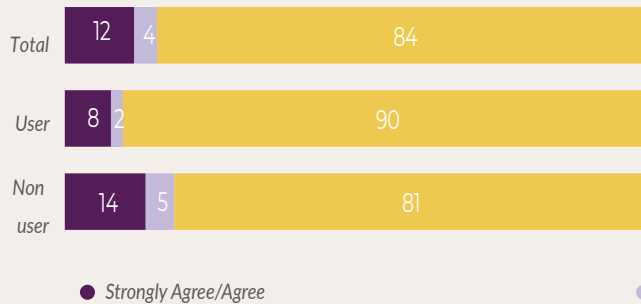


● Strongly Agree/Agree ● Neutral ● Strongly Disagree/Disagree

* SNNP Includes Sidama, South West Ethiopia, Central Ethiopia, and South Ethiopia

Women who use family planning are considered promiscuous (n=8,928)

Contraceptive use status

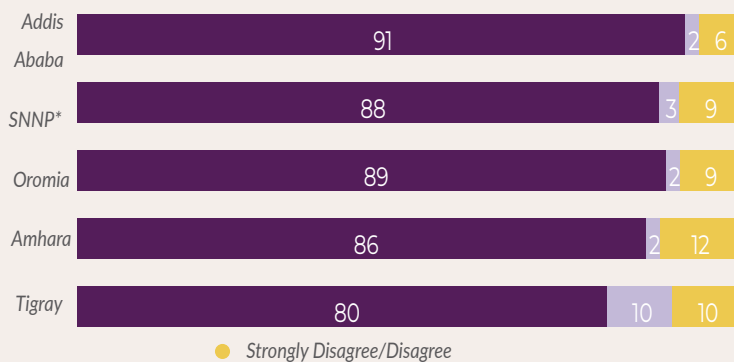
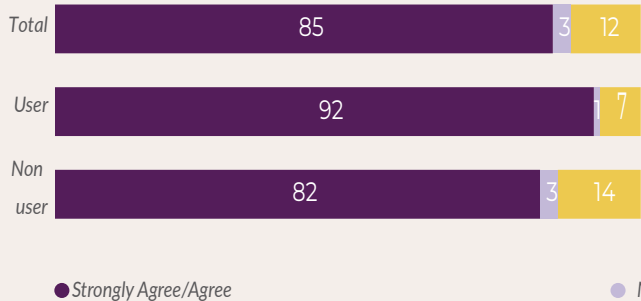


● Strongly Agree/Agree ● Neutral ● Strongly Disagree/Disagree

* SNNP Includes Sidama, South West Ethiopia, Central Ethiopia, and South Ethiopia

Couples who use family planning are financially responsible (n=8,930)

Contraceptive use status

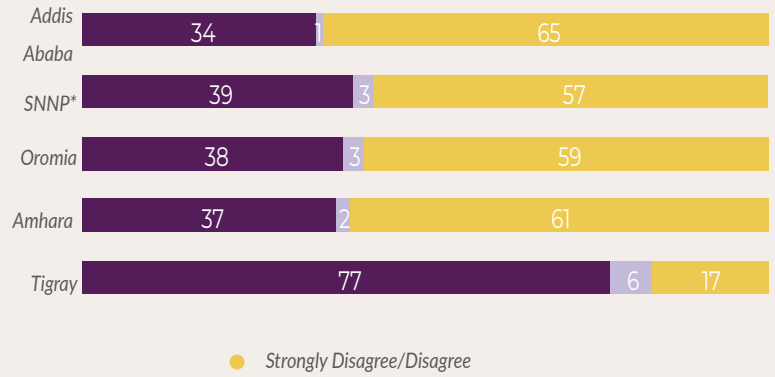
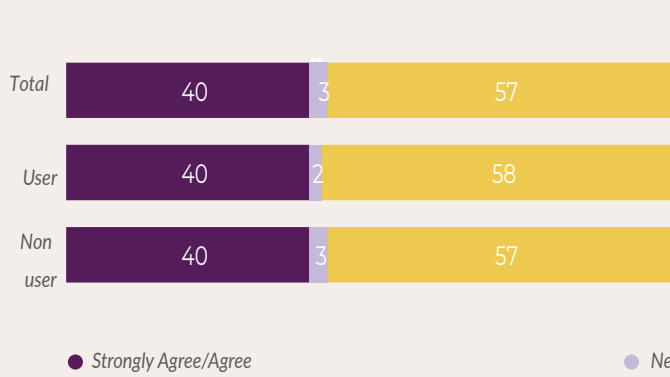


● Strongly Agree/Agree ● Neutral ● Strongly Disagree/Disagree

* SNNP Includes Sidama, South West Ethiopia, Central Ethiopia, and South Ethiopia

Women should be the ones to decide about family planning (n=8,932)

Contraceptive use status



* SNNP Includes Sidama, South West Ethiopia, Central Ethiopia, and South Ethiopia

KEY FINDINGS FOR SECTION 7: ATTITUDE TOWARDS CONTRACEPTION

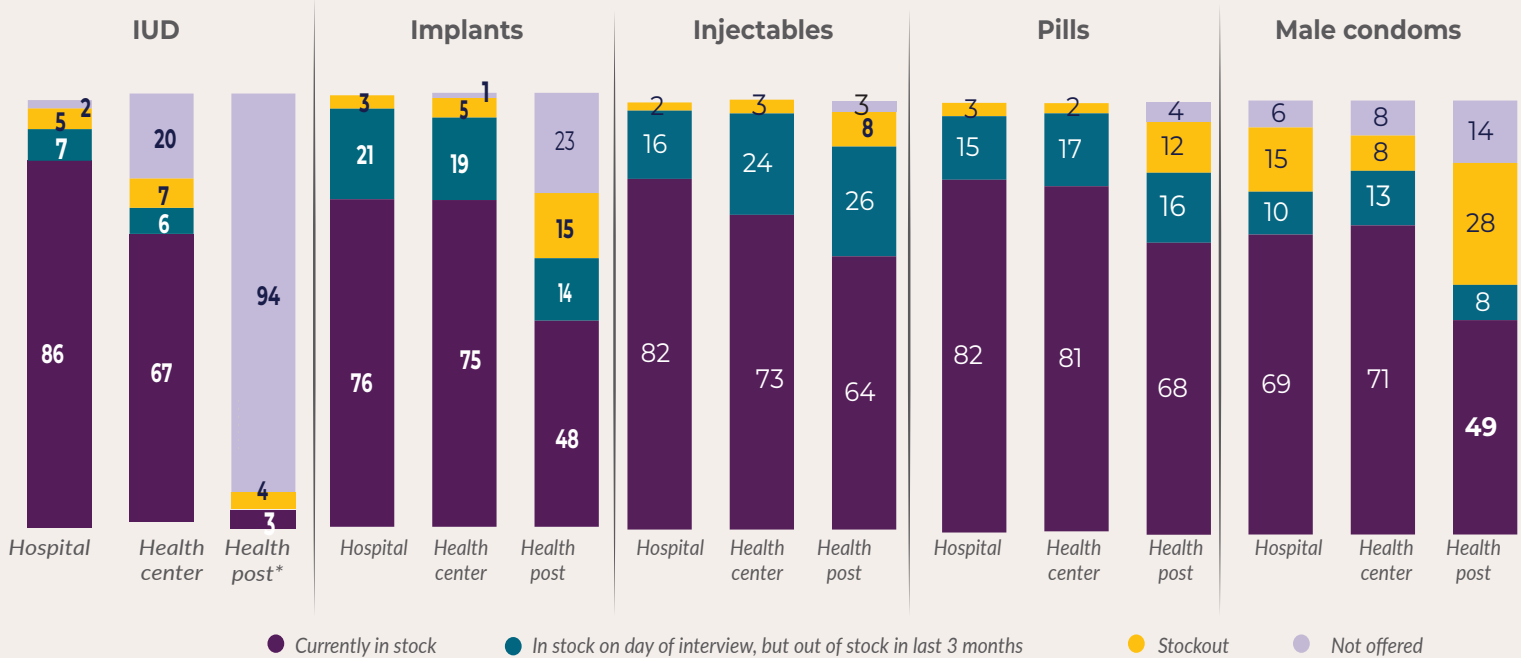
- A larger proportion of women in Oromia, SNNP, and Tigray disagree with the statement, "It is acceptable for a women to use FP before she has a child.", while women in other regions are more likely to agree with that same statement.
- Almost 4 in 10 women agree with the statement that "Women should be the ones to decide about family planning", regardless of contraception use status.

SECTION 8 : SERVICE DELIVERY POINTS

From the service delivery point survey

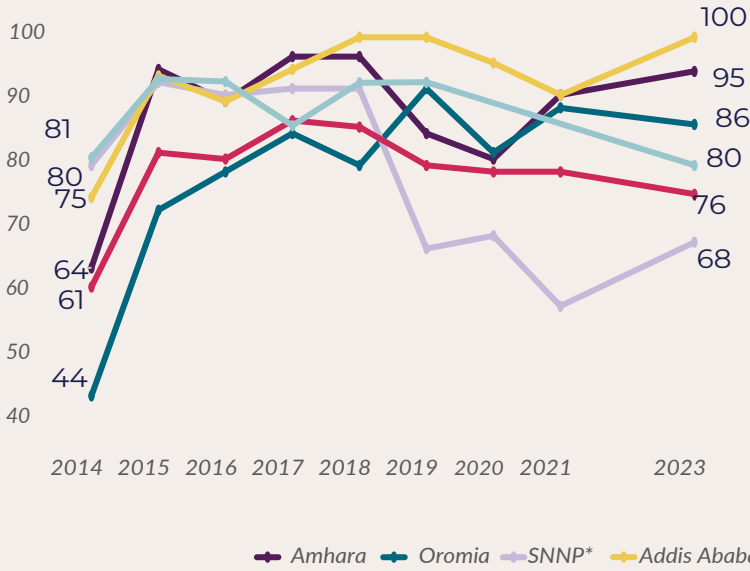
METHOD AVAILABILITY AT SERVICE DELIVERY POINTS

Percentage of public service delivery points offering FP with method in stock on day of interview (hospitals: n=162, health centers: n=247, health posts: n=160)



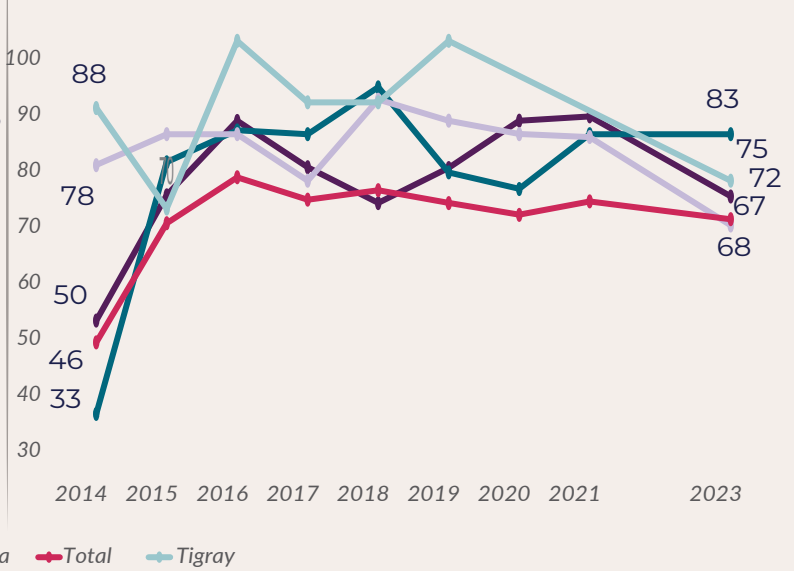
Health posts* reporting IUD availability are those with Level-IV health extension workers

Trend in health centers providing two long-acting methods (implants and IUDs), and three short-acting methods (injectable, male condom and pills of all types), By region



* SNNP Includes Sidama, South West Ethiopia, Central Ethiopia, and South Ethiopia
PMA 2020 and PMA 2021 survey were not conducted in Tigray.

Percentage of health posts which reported providing at least 4 FP methods (Injectable, Implant, Male condom and Pills of all types by region), by region



85%

Percentage of health centers that provide family planning and safe-abortion services



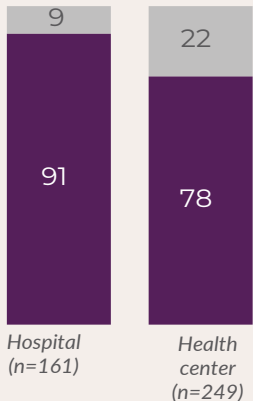
68%

Percentage of health post reported that they provide four methods of family planning on a regular basis

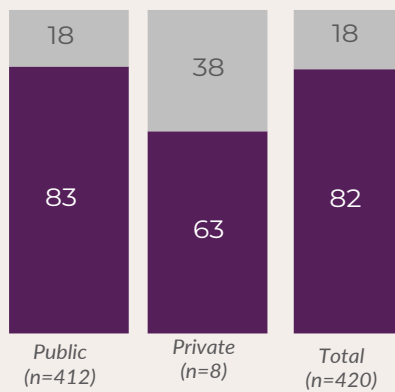
AVAILABILITY OF LIFESAVING MATERNAL AND REPRODUCTIVE HEALTH MEDICINES

Percentage of service delivery points with availability of oxytocin, magnesium sulfate, and any five of the 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?sessionid=4D5D213D62CB5E0F2AC319AB2216569D?sequence=1

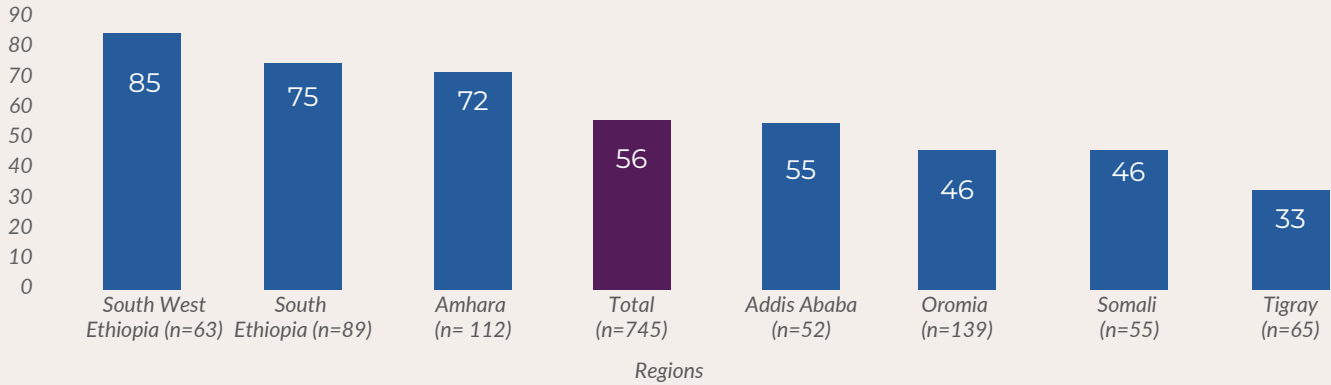
KEY FINDINGS FOR SECTION 8: SERVICE DELIVERY POINTS

- Percentage of health centers which reported providing two long-acting FP methods and three short-acting FP methods declined from 80% to 76% from 2019 to 2023.
- Availability of at least four contraceptive methods at health posts increased between 2014 and 2016 and then plateaued with regional variations especially in Amhara region decreases from 2021 to 2023.
- Stock availability of essential medicines for labor and delivery is lower in health centers and private sector.

SECTION 9: HPV VACCINATION

HPV VACCINATION

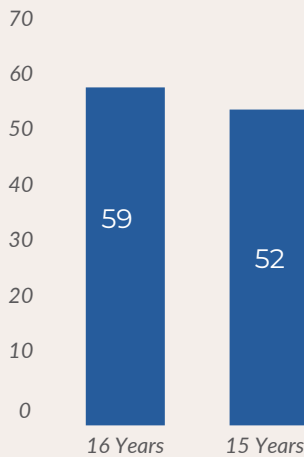
Percent of young women aged 15-16 who received a vaccination against HPV - an injection in the left upper arm to protect against cervical cancer, by region (n=745)



RECEIVED A HPV VACCINATION CARD BY AGE AND PLACE OF RESIDENCE

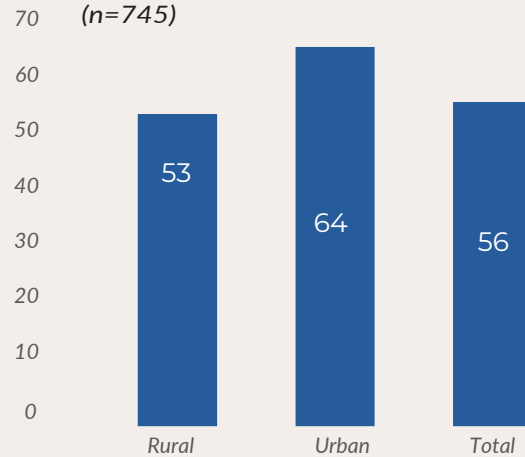
By age

Received a vaccination against HPV by age (n=745)

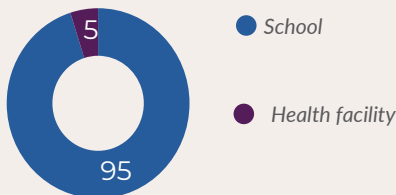


By Residence

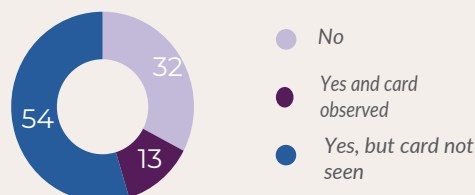
Received a vaccination against HPV by residence (n=745)



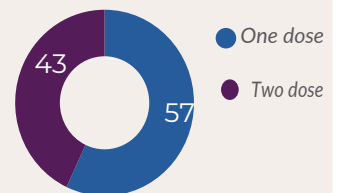
HPV vaccination by place of vaccination (n=433)



HPV vaccination card ownership (n=433)



Received one or two doses of HPV vaccine (n=433)



KEY FINDINGS FOR SECTION 9: HPV VACCINATION

- More than half of adolescent girls received HPV vaccination, majority (95%) at schools.
- Adolescent girls living in rural areas and Tigray region had lower HPV rates compared those in urban areas and other regions.
- Among adolescent girls who self-reported to have been vaccinated, only one in ten were able to show their vaccination cards.

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 ETH	R1	Jan-Mar 2014	5,325	23.0	1.4	20.3	25.8	22.7	1.4	20.1	25.6	16.6	1.4	14.1	19.4
PMA ETH	R2	Oct-Nov 2014	5,504	24.6	1.5	21.8	27.6	24.0	1.5	21.2	27.0	16.6	1.1	14.6	18.8
PMA ETH	R3	Apr-May 2015	6,372	26.7	1.5	24.0	29.7	25.9	1.4	23.2	28.8	16.7	1.0	14.9	18.7
PMA ETH	R4	Mar-May 2016	6,347	28.3	1.2	25.8	30.9	26.9	1.3	24.4	29.6	16.4	1.2	14.2	18.9
PMA ETH	R5	May-June 2017	6,213	26.8	1.4	24.2	29.6	25.8	1.4	23.2	28.7	16.5	1.0	14.6	18.5
PMA ETH	R6	June-July 2018	6,347	28.1	1.7	25.0	31.5	26.5	1.7	23.3	29.9	14.1	1.1	12.1	16.5
PMA ETH	R7	Sep-Dec 2019	7,674	27.1	1.1	25.0	29.4	26.1	1.1	24.0	28.3	14.1	0.7	12.8	15.6
PMA ETH	R8	Oct-Dec 2020	7,533	26.5	1.3	24.1	29.1	25.0	1.2	22.7	27.5	13.0	0.8	11.4	14.7
PMA ETH	R9	Oct-Dec 2021	7,988	25.1	1.2	22.9	27.5	24.1	1.2	21.9	26.4	13.2	0.8	11.8	14.7
PMA ETH	R10	Dec 2023-Jan 2024	8,943	27.0	1.2	24.8	29.4	25.8	1.2	23.6	28.2	9.9	0.6	8.8	11.1

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 ETH	R1	Jan-Mar 2014	3,118	33.3	2.3	28.8	38.0	32.9	2.3	28.5	37.7	25.2	1.8	21.8	28.9
PMA ETH	R2	Oct-Nov 2014	3,219	35.1	2.3	30.8	39.8	34.3	2.3	29.9	38.9	24.4	1.5	21.6	27.5
PMA ETH	R3	Apr-May 2015	3,784	37.3	2.1	33.2	41.6	36.2	2.1	32.2	40.3	24.5	1.3	21.9	27.1
PMA ETH	R4	Mar-May 2016	3,760	39.7	2.0	35.9	43.7	37.7	2.0	33.8	41.7	24.0	1.6	21.0	27.3
PMA ETH	R5	May-June 2017	3,756	36.8	2.1	32.8	41.1	35.5	2.1	31.4	39.8	22.9	1.3	20.4	25.7
PMA ETH	R6	June-July 2018	3,718	40.4	2.6	35.4	45.5	37.9	2.6	33.0	43.2	21.0	1.6	18.0	24.3
PMA ETH	R7	Sep-Dec 2019	5,010	37.4	1.6	34.3	40.6	36.1	1.6	33.1	39.3	20.3	1.0	18.4	22.3
PMA ETH	R8	Oct-Dec 2020	4,770	37.7	1.9	34.1	41.5	35.6	1.8	32.1	39.3	19.2	1.2	17.0	21.6
PMA ETH	R9	Oct-Dec 2021	5,088	36.2	1.6	33.0	39.4	34.7	1.6	31.6	38.0	19.1	1.1	17.0	21.4
PMA ETH	R10	Dec 2023-Jan 2024	5,680	38.7	1.8	35.1	40.2	37.1	1.8	33.6	40.7	14.7	0.8	13.3	16.3

Cross-sectional data, including a health facility based survey, are collected annually in all regions. Data for the cross-section were collected between November 2023-February 2024 from 9,763 households (98.9% completion rate), 8,943 women enrolled in the cross-sectional survey (98.0% completion rate), and 825 facilities (95.4% 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 reproductive 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 Ethiopian Statistical Service. Technical support is provided by the William H Gates Sr. 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). Funds from the Bill & Melinda Gates Foundation were used to cover costs related to all of the panel, CS and SDP survey.

By Region-All Women

Region	Female sample	CPR				mCPR				Unmet need for family planning			
		CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
Tigray	832	20.5	1.9	17.0	24.6	17.3	1.7	14.0	21.2	10.2	1.4	7.6	13.5
Afar	346	8.9	3.9	3.4	21.4	8.3	3.7	3.1	20.2	8.3	2.1	4.7	14.1
Amhara	1,396	30.9	1.7	27.7	34.4	30.2	1.6	27.1	33.5	7.3	0.9	5.8	9.2
Oromia	1,557	27.1	2.6	22.2	32.6	26.1	2.6	21.3	31.6	11.7	1.2	9.5	14.3
Somali	555	1.5	0.6	0.7	3.3	1.0	0.6	0.3	3.0	7.7	1.8	4.8	12.4
Benishangul-Gumuz	166	28.5	3.5	20.5	38.2	28.5	3.5	20.5	38.2	8.2	2.0	4.4	14.9
South Ethiopia	999	28.6	3.2	22.6	35.4	26.9	3.0	21.3	33.5	12.4	1.7	9.3	16.4
Gambella	572	35.5	5.3	25.2	47.2	33.6	5.2	23.7	45.1	11.3	3.0	6.4	19.3
Harari	87	14.5	6.7	2.3	55.5	12.2	6.2	1.7	52.7	19.7	9.9	2.6	69.1
Addis	812	33.1	2.2	28.7	37.8	29.8	2.2	25.6	34.5	5.3	0.7	4.1	6.8
Dire Dawa	143	16.5	4.1	7.3	33.0	16.5	4.1	7.3	33.0	9.8	3.5	3.3	26.1
Sidama	515	41.0	3.2	34.4	47.9	39.6	3.4	32.6	47.0	11.4	3.3	6.2	20.2
South West Ethiopia	626	38.3	1.4	35.4	41.3	38.1	1.5	35.1	41.3	8.2	1.3	6.0	11.3
Central Ethiopia	337	11.8	2.2	7.8	17.4	10.5	2.1	6.6	16.2	10.1	2.2	6.2	16.0

By Region- Women 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	478	26.1	2.7	21.0	31.9	20.8	2.0	16.9	25.2	17.2	2.4	12.8	22.7
Afar	279	10.5	4.7	3.8	25.4	9.7	4.5	3.5	24.0	7.9	1.8	4.7	13.0
Amhara	868	44.8	2.4	40.1	49.7	43.7	2.4	39.0	48.4	10.6	1.2	8.4	13.3
Oromia	999	37.8	3.9	30.3	45.9	36.8	3.9	29.5	44.8	17.2	1.5	14.3	20.4
Somali	399	2.0	0.8	0.9	4.5	1.4	0.8	0.4	4.1	10.6	2.3	6.7	16.5
Benishangul-Gumuz	100	39.2	3.9	29.8	49.6	39.2	3.9	29.8	49.6	12.6	2.4	7.6	20.2
South Ethiopia	668	41.1	4.5	32.4	50.4	38.7	4.3	30.4	47.7	17.9	2.5	13.5	23.4
Gambella	376	41.3	6.3	29.0	54.8	38.9	6.0	27.3	51.8	15.9	4.3	8.8	27.0
Harari	60	19.7	13.2	1.6	78.4	16.2	11.6	1.3	74.8	27.4	10.0	5.5	71.0
Addis	413	56.7	2.8	50.7	62.4	51.5	3.0	45.3	57.7	9.8	1.2	7.6	12.4
Dire Dawa	75	28.9	7.2	12.3	54.2	28.9	7.2	12.3	54.2	17.0	6.9	4.7	45.9
Sidama	364	57.1	3.6	49.3	64.5	55.3	3.6	47.5	62.8	12.2	1.9	8.8	16.8
South West Ethiopia	431	53.1	1.9	49.1	57.1	52.9	2.0	48.7	57.0	11.1	1.5	8.3	14.7
Central Ethiopia	170	20.7	4.6	12.4	32.4	19.2	4.2	11.7	29.9	19.4	3.2	13.3	27.5