OVERALL KEY FINDINGS

- Among women with an unmet need in 2022, 84% continued to be non-users and 12% had discontinued their contraceptive use.
- Between 2020 and 2022, the proportion of long-acting and reversible contraceptive (LARC) methods increased by three percentage points, from 10% to 13%.
- Nearly one third (31%) of women who reported in 2021 that they intended to use FP adopted a contraceptive method between Phase 2 and Phase 3. This proportion was 24% among women who did not intend to use contraception at Phase 2.

SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

CHANGE IN CONTRACEPTIVE USE OR NON-USE

Percent of women age 15-49 who changed contraceptive use status between PMA Phase 1 (February 2020), PMA Phase 2 (February 2021), and PMA Phase 3 (April 2022) (n=1 086)

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Not Using FP</td>
<td>52%</td>
<td>46%</td>
</tr>
<tr>
<td>Using FP</td>
<td>39%</td>
<td>47%</td>
</tr>
</tbody>
</table>

The ribbons of the Sankey represent the flow of women from one contraceptive use status to another among panel women who completed all three PMA Phases. The left side of the Sankey shows the flow between Phase 1 and Phase 2, and the right side between Phase 2 and Phase 3. The color of each ribbon represents the contraceptive use status at the initial Phase of the two Phases (e.g., a grey ribbon flowing from Phase 2 to Phase 3 represents women who were pregnant at Phase 2). The N on each ribbon is the weighted number of women who went from the contraceptive use status at the initial Phase to the use status at the next Phase. The width of the ribbon is proportional to the number of women represented.
### Key Findings for Section 1: Overall Contraceptive Dynamics

- Between 2020 and 2022, the proportion of contraceptive users increased from 39% to 43%.
- Twenty-eight percent of users in 2021 were non-users in 2020 and 23% of users in 2022 were non-users in 2021. Nearly one in three users of short-acting contraceptive methods discontinued their modern contraceptive use between Phase 2 and Phase 3.
- Between 2020 and 2022, the proportion of long-acting and reversible contraceptive (LARC) users increased by three percentage points, from 10% to 13%. However, this proportion stagnated between 2021 and 2022.
CHANGE IN CONTRACEPTIVE USE STATUS, BY AGE

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 2 (February 2021) and PMA Phase 3 (April 2022), by age

- Continued using the same method
- Stopped using a method
- Started using a method
- Continued non-use
- Changed methods

CHANGE IN CONTRACEPTIVE USE STATUS, BY EDUCATION LEVEL

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 2 (February 2021) and PMA Phase 3 (April 2022), by education

- None/primary (PMA Phase 3 n=486)
- Secondary (PMA Phase 3 n=922)
- Tertiary (PMA Phase 3 n=62)
- Total (PMA Phase 3 n=1,470)
### Key Findings for Section 2: Contraceptive Dynamics by Key Measures

- **Between February 2021 and April 2022,** a very small percentage of women (15%) continued using the same method.
- **Among users of a higher education level,** 37% switched methods between 2021 and 2022, while 21% continued using the same method.
- **Between 2021 and 2022,** 18% of married women continued using the same method while half of unmarried women continued to be non-users.
Among women 15-49 with unmet need at Phase 3, the percentage that stopped using a contraceptive method or became pregnant since Phase 2 (n=1,470):

- Among women with an unmet need in 2022, 84% continued to be non-users and 12% had discontinued their contraceptive use.
- Thirty one percent of women who reported in 2021 that their partners were favorable to FP adopted a contraceptive method in 2022. This proportion was 38% among women whose partners were not favorable to FP in 2021.
- Nearly one third (31%) of women who reported in 2021 that they intended using FP adopted a contraceptive method between Phase 2 and Phase 3. This proportion was 24% among women who did not intend to use contraception at Phase 2.

### Summary Table

<table>
<thead>
<tr>
<th>Enrolled at Phase 1</th>
<th>Completed Phase 1</th>
<th>Completed Phase 2</th>
<th>Completed Phase 3</th>
<th>Completed Phase 2 and Phase 3</th>
<th>Completed All Three Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,902</td>
<td>1,882</td>
<td>1,527</td>
<td>1,150</td>
<td>1,096</td>
</tr>
<tr>
<td>540</td>
<td>N/A</td>
<td>539</td>
<td>374</td>
<td>374</td>
<td>374</td>
</tr>
<tr>
<td>Total Panel Women</td>
<td>2,442</td>
<td>1,882</td>
<td>2,066</td>
<td>1,524</td>
<td>1,470</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,084</td>
</tr>
</tbody>
</table>

In the province of Central Kongo, PMA Democratic Republic of Congo collects provincially representative data on knowledge, use, and coverage of family planning services in 57 enumeration areas using a two-stage stratified urban cluster design. The PMA Panel survey was conducted among 2,086 women interviewed in the Phase 1 and Phase 2 surveys, who had consented to follow-up, and who were between the ages of 15 and 49 at the time of the Phase 3 survey (December 2021 to April 2022). 74.1% of women were enrolled in Phase 1 between December 2019 and February 2020, and 25.9% of women were enrolled in Phase 2 between November 2020 and February 2021. Of the 2,086 eligible respondents, 26% were not reached for follow-up. Of those reached, 1,529 (73.3%) completed the survey, for a response rate of 98.3% among the women contacted. The survey results presented in this report are for de facto women who completed the panel surveys in each Phase. The results presented in Section 1 of the report are representative of the Phase 1 population. The estimates presented in Sections 2 and 3 are representative of the Phase 2 population. The sociodemographic data used for disaggregating the indicators were collected in Phase 2. For sampling information and complete data sets, visit https://www.pmadata.org/countries/democratic-republic-congo.

Percentages presented in this brief have been rounded and may not add up to 100%.

PMA Democratic Republic of Congo is led by l’École de Santé Publique de l’Université de Kinshasa. Overall direction and support are provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.