

# PMA DEMOCRATIC REPUBLIC OF KONGO (KINSHASA)

Results from Phase 1 baseline survey

December 2019 - February 2020



## OVERALL KEY FINDINGS

The use of modern contraception among women in union has steadily increased from **19%** in 2014 to **30%** in 2020.

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.

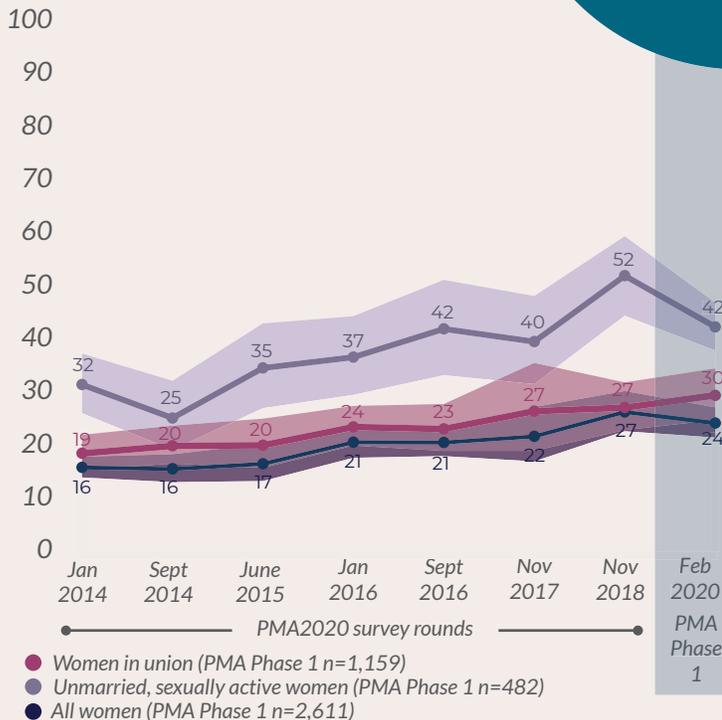
The availability of implants in service delivery points has steadily improved from 2015 to date. Public service delivery points are more likely to have implants in stock than private service delivery points.

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

### MODERN CONTRACEPTIVE PREVALENCE

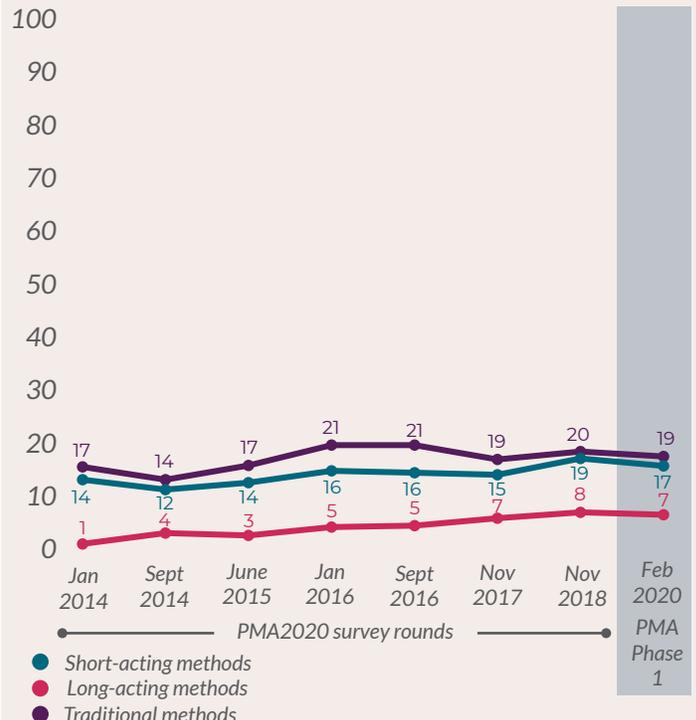
Percent of women age 15-49 currently using modern contraception (mCPR) by marital status

**1.8%**  
average annual increase in mCPR for all women



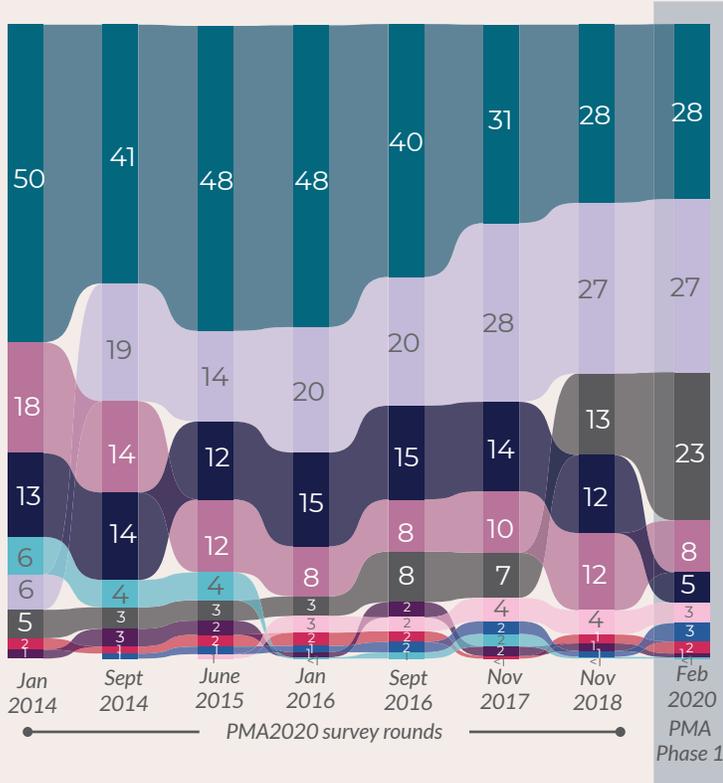
### CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (PMA Phase 1 n=2,611)



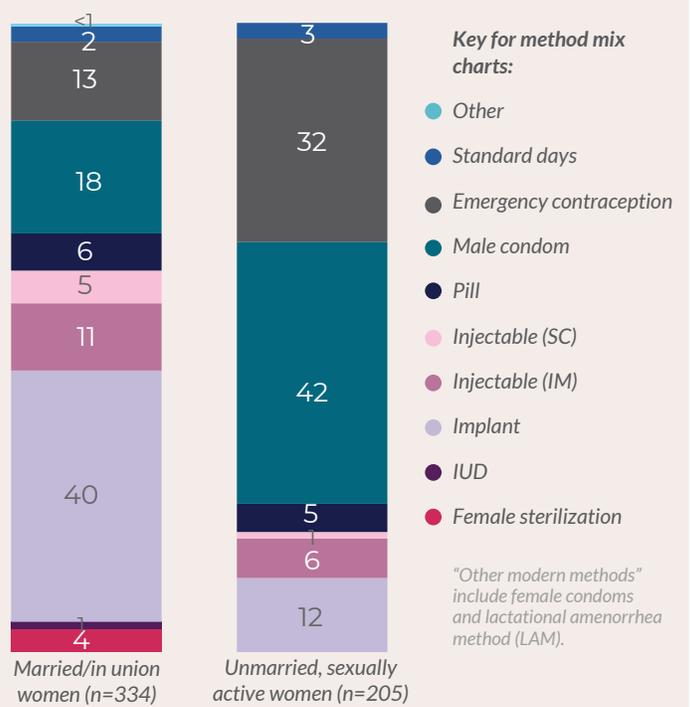
## TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (PMA Phase 1 n=629)



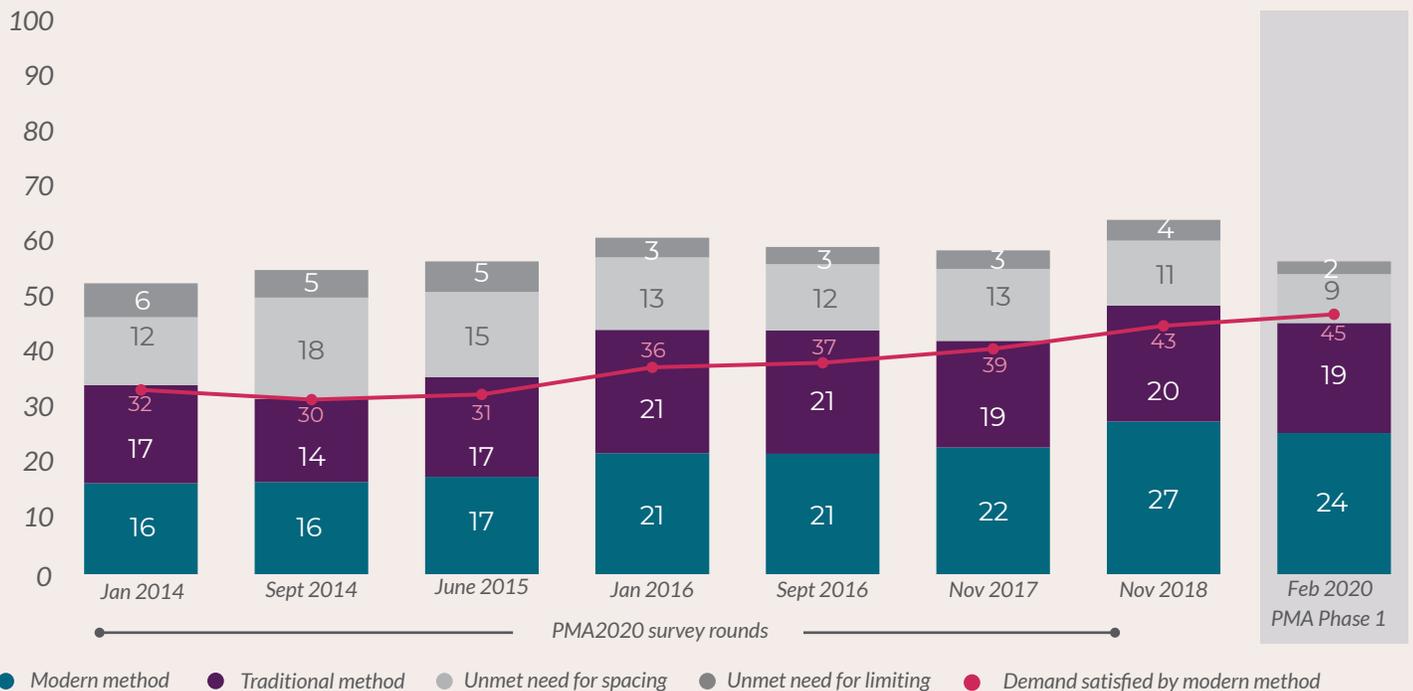
## MODERN CONTRACEPTIVE METHOD MIX

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=2,611)



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

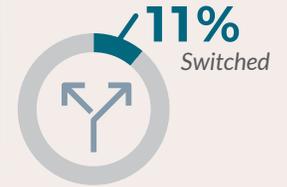
Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=1,197 episodes)



### Reasons for discontinuation:



### Discontinued but switched methods:

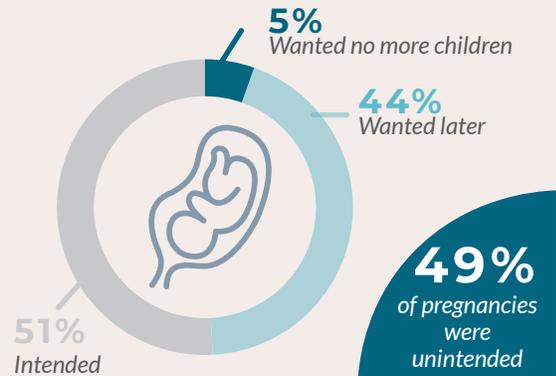


## KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Implant use increased steadily between 2014 and 2020. It is the most common method among women in union.
- The use of emergency contraception has increased over time. It is more common among unmarried and sexually active women.
- In 45% of cases, contraceptive method use was stopped within 12 months of starting. In 11% of cases, the use of contraceptive methods was stopped and the user switched to another method within 12 months of starting.
- Unmet need for limiting decreased from 6% in 2014 to 2% in 2020. Unmet need for birth spacing decreased from 12% to 9% over the same period.

## INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

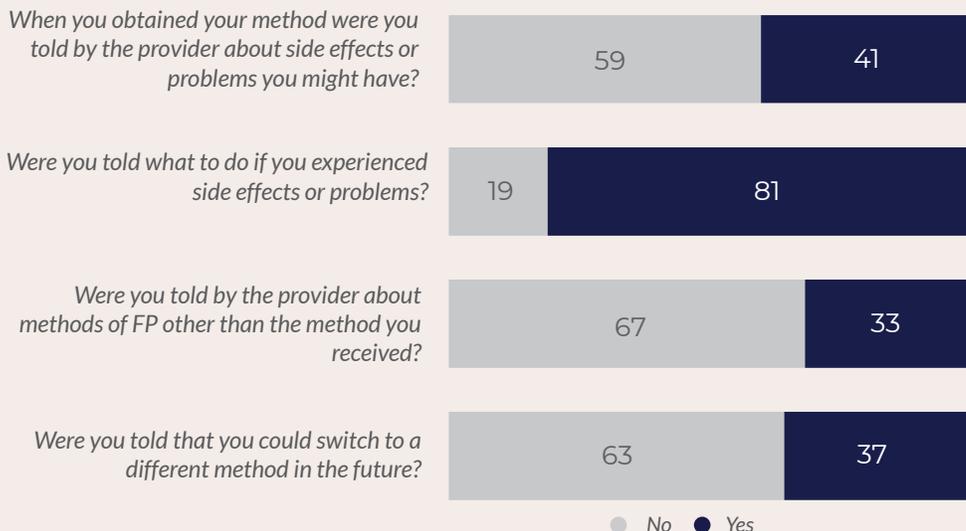
Percent of women by intention of their most recent birth or current pregnancy (n=1,226)



## 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=584)

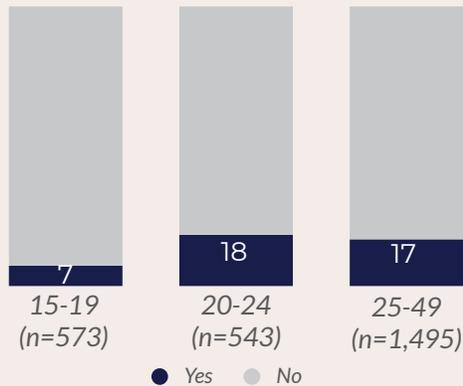


Percent of women who responded "Yes" to all four MII+ questions



## 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)

During today's visit, did the provider tell you the advantages/disadvantages of the FP method?



During today's visit, did you obtain the method of FP you wanted?



Were you satisfied with FP services you received today at this facility?



● 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

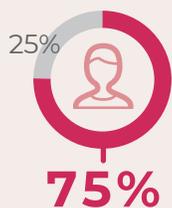
- Fewer than one in five women had discussed FP with a provider in the past 12 months. Adolescent women are even less likely than older women to have had these discussions.
- Fewer than one in five women have obtained the four key pieces of information that constitute quality FP counseling.
- When obtaining their method, one in three women were counseled about other methods. About two out of five women were counseled about possible side effects and the possibility of changing methods later. More than four out of five women were informed about what to do in case of side effects or problems.
- The survey of FP clients (client exit interview) revealed that half of the women were informed about the advantages and disadvantages of the FP method and that most (78%) obtained the method they wanted.

## SECTION 3: PARTNER DYNAMICS

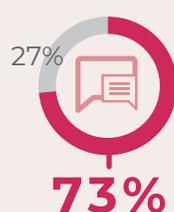
### PARTNER INVOLVEMENT IN FP DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statements (n=587)

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?

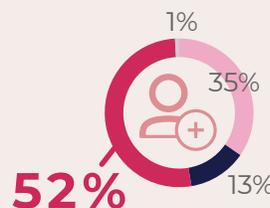


● Oui ● Non

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

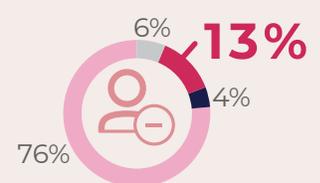
Percent of women who are currently using FP and agree with the following statements (n=1,089)

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=1,350)

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



● Joint decision ● Mainly respondent ● Mainly partner ● Other

## KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Of women using a modern, female controlled method, 75% have a partner who is aware of it, and 73% have discussed it with their partner before using it.
- Slightly more than half of the women made the decision to use contraception jointly with their partner, while one-third made the decision alone.
- Among women not using FP, one in ten said it was a joint decision, while eight out of ten women 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=1,148)

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

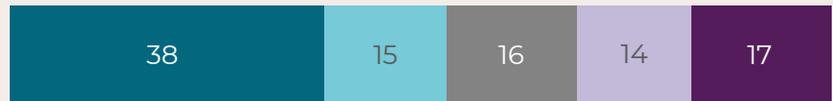


*I can decide to switch from one FP method to another if I want to.*



#### Existence of choice (motivational autonomy) for family planning (n=1,135)

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



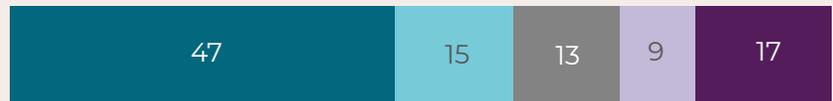
*If I use FP, my children may not be born normal.*



*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

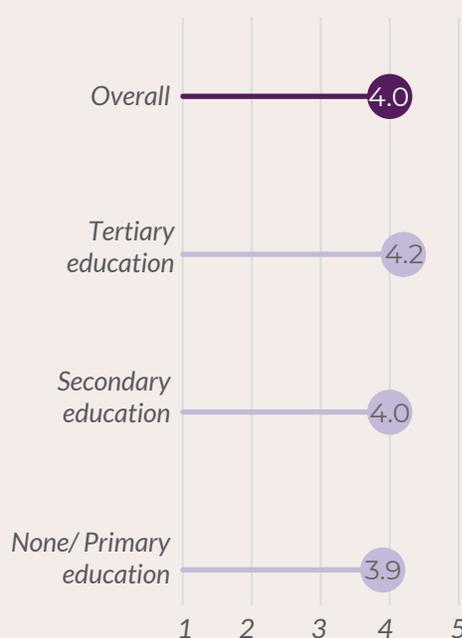
The Women and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, family planning, and sex outcomes in married/in union women.

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

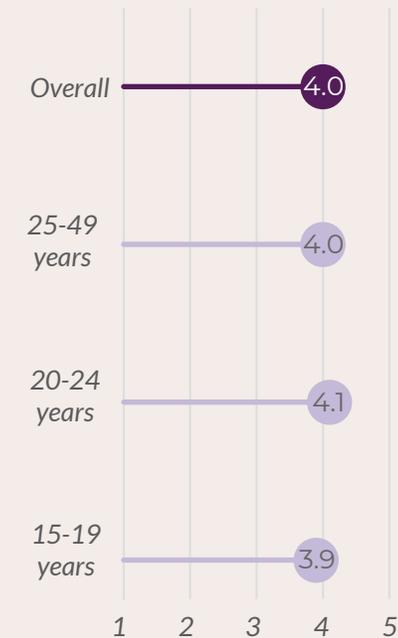
Scores from the above family planning empowerment statements were summed and divided by number of items (7) for average WGE family planning score across both domains.

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

Mean WGE score, by education

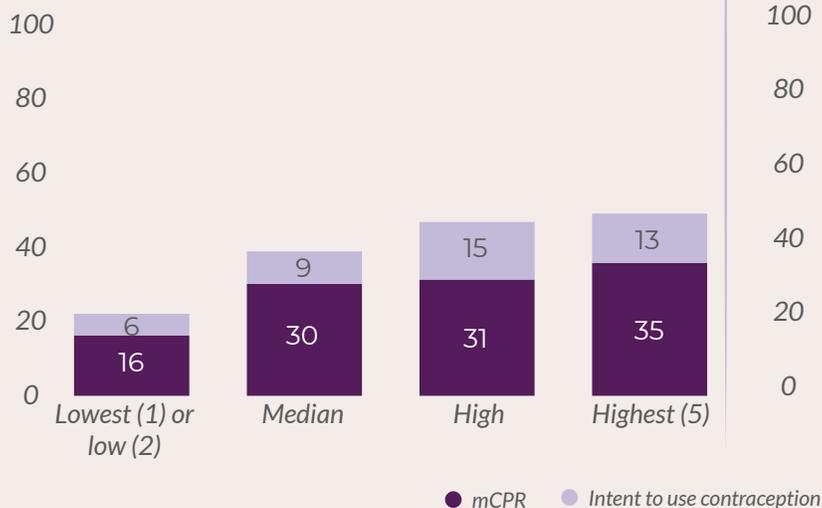


Mean WGE score, by age



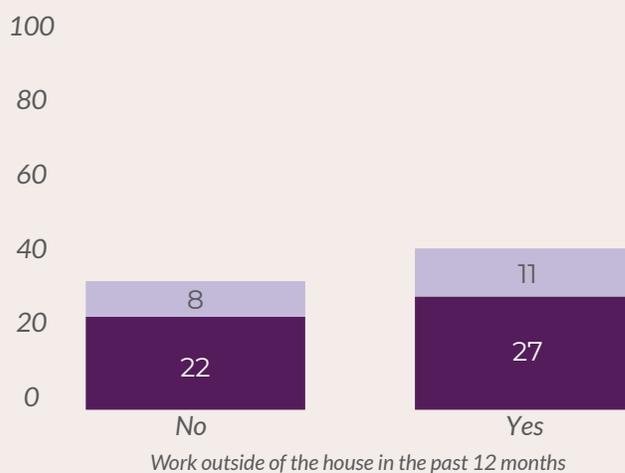
### mCPR and intent to use contraception, by categorical WGE score

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=1,114)



### 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=2,611)



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

- Three out of four 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.
- The use of modern methods is more common among women working outside the home compared to women who do not work outside the home.

## SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

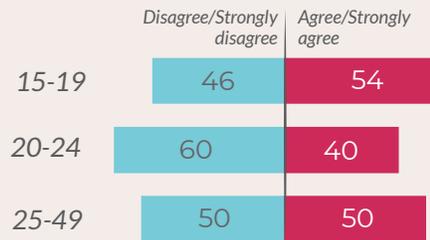
### PERSONAL ATTITUDES

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

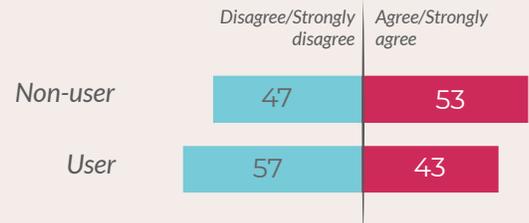
**Adolescents who use FP are promiscuous.**

(n=2,593)

#### By age



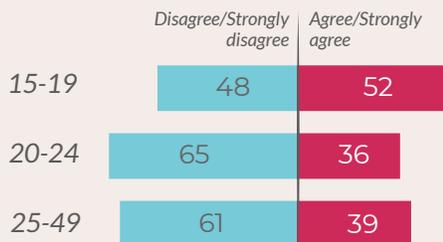
#### By contraceptive use status



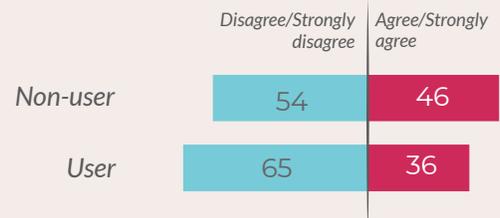
**FP is only for married women.**

(n=2,592)

#### By age



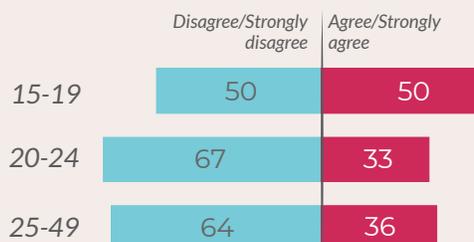
#### By contraceptive use status



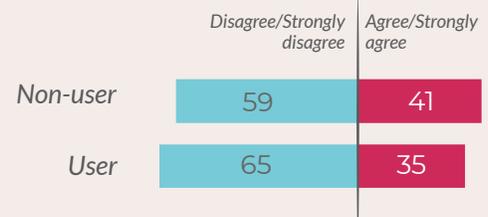
**FP is only for women who don't want any more children.**

(n=2,579)

#### By age



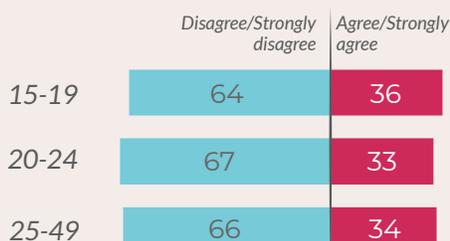
#### By contraceptive use status



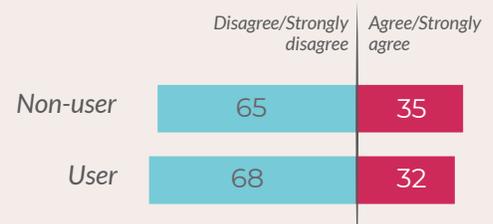
**People who use FP have a better quality of life.**

(n=2,573)

#### By age



#### By contraceptive use status



## KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- Nearly half of the women aged 15-19 years support the idea that adolescent women who use FP are promiscuous, that FP is only for married women, or those who no longer want to have children. Older women are less likely to support these ideas.
- About one-third of women think that people who use FP have a better quality of life.

## SECTION 6: REPRODUCTIVE TIMELINE

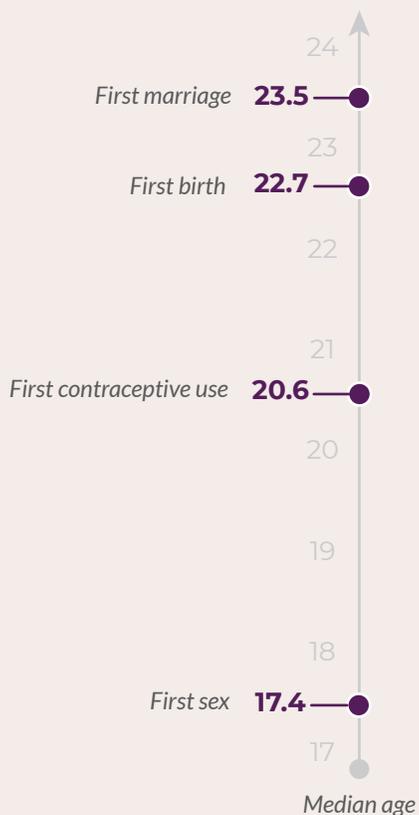
### REPRODUCTIVE TIMELINE

Median age at reproductive life events

#### Women in Kinshasa



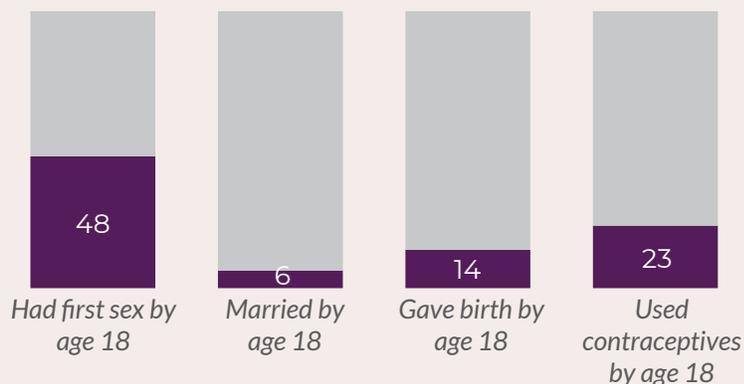
1.1 average children at first use



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=778)



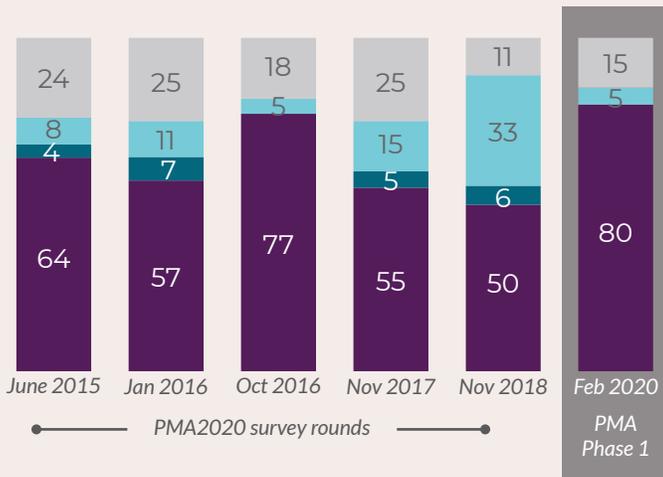
### KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

- Half of women have sex for the first time before the age of 17 and marry six years later.
- On average, women start using contraception 3 years after they become sexually active.
- About one in five women aged 18 to 24 have used a contraceptive method before the age of 18. Fourteen percent of women aged 18-24 gave birth before the age of 18.

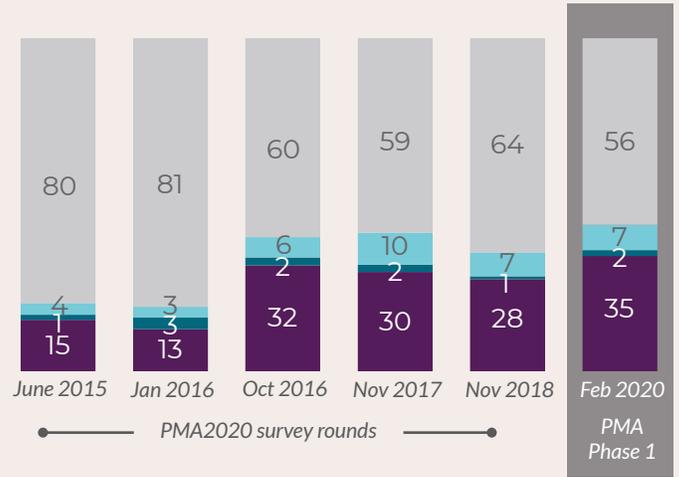
# SECTION 7: SERVICE DELIVERY POINTS

## TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 1 n=20)



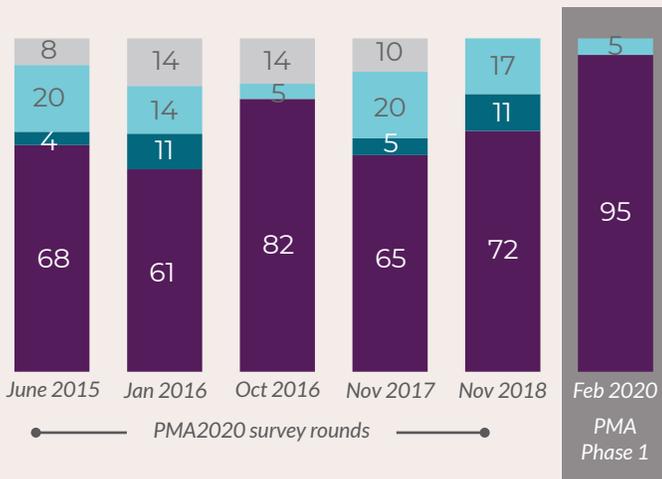
Private facilities (PMA Phase 1 n=107)



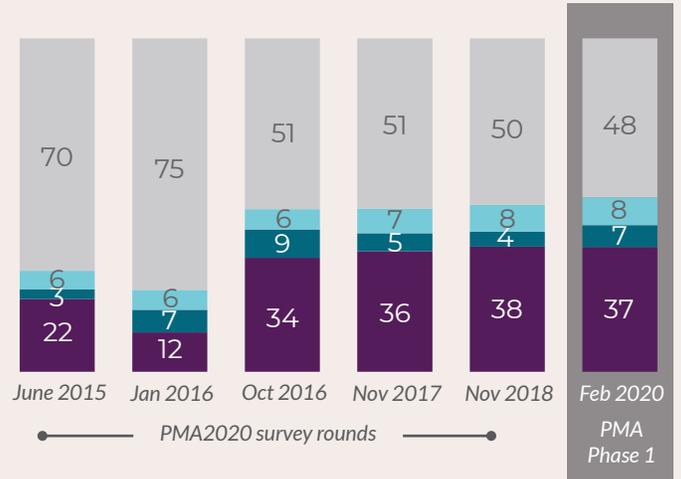
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

## TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 1 n=20)



Private facilities (PMA Phase 1 n=107)

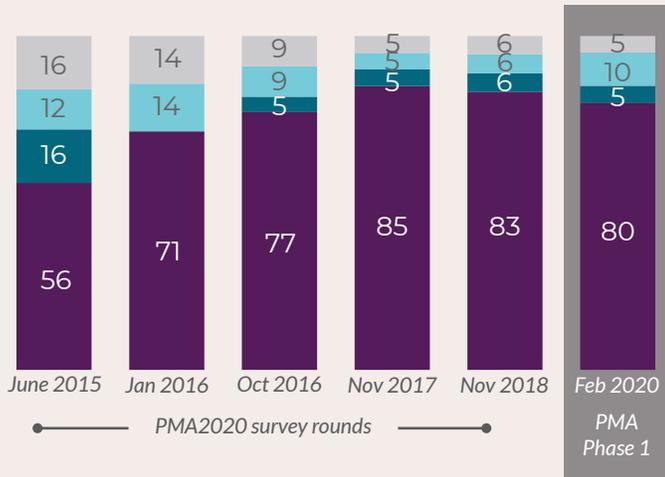


● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

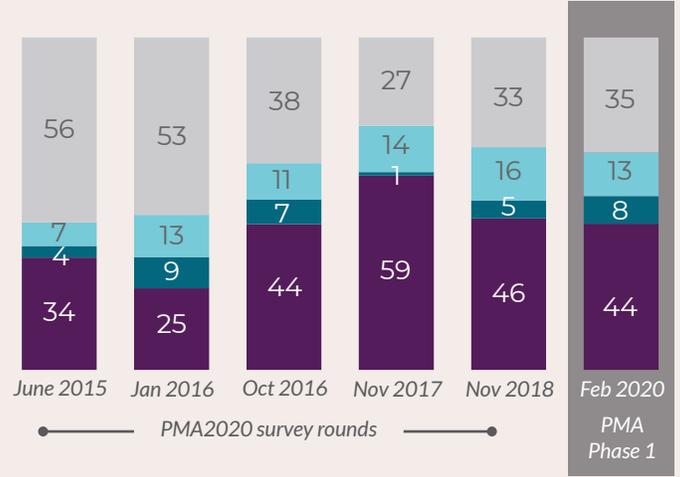
PMA République Démocratique du Congo began collecting data on contraceptive stock-outs at health delivery sites during the third round (June 2015).

## TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 1 n=20)



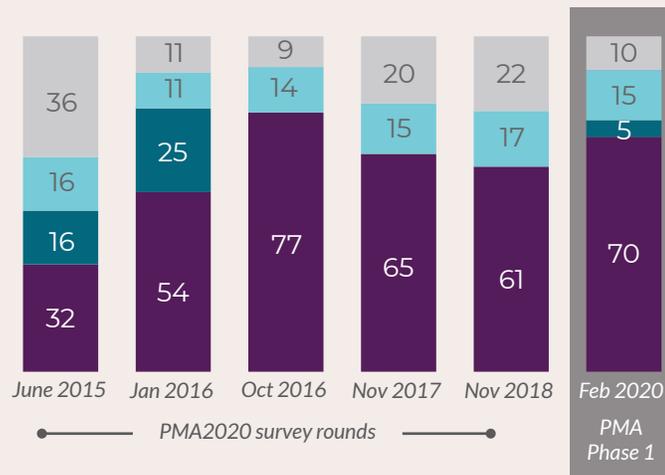
Private facilities (PMA Phase 1 n=107)



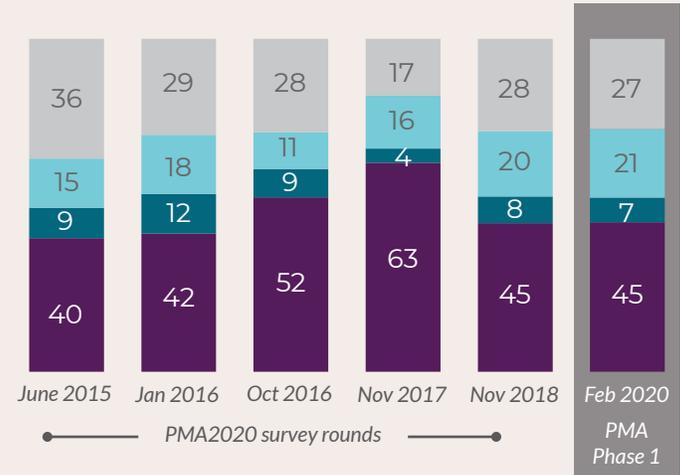
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

## TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 1 n=20)



Private facilities (PMA Phase 1 n=107)

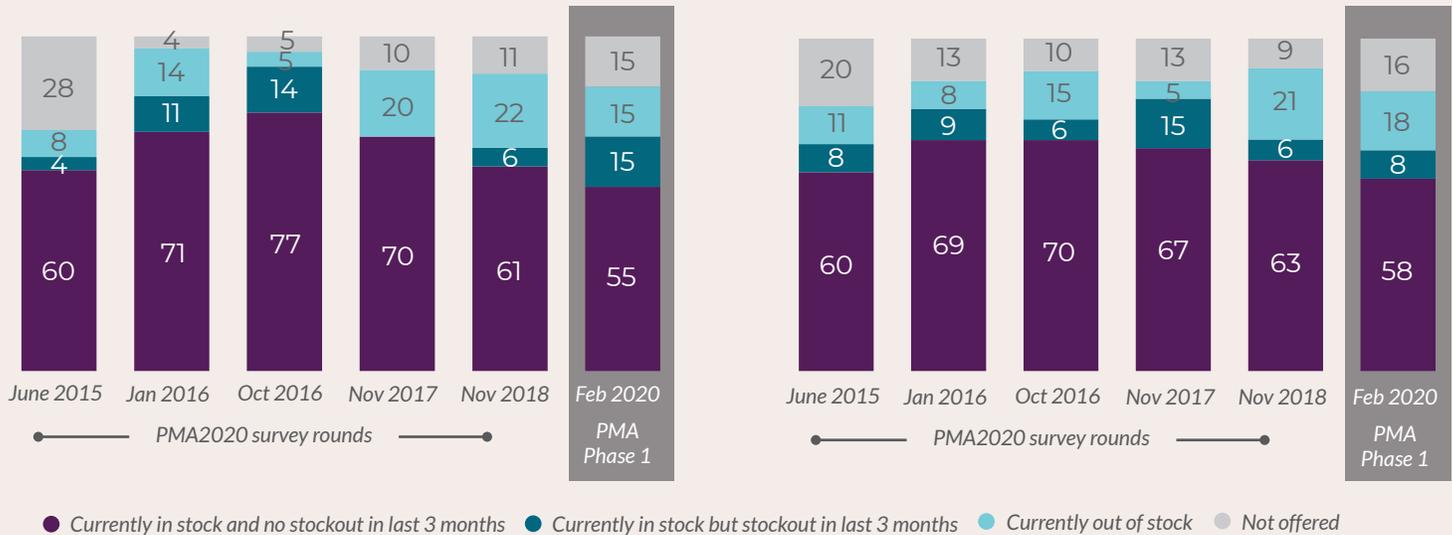


● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

# TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 1 n=20)

Private facilities (PMA Phase 1 n=107)



## 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=20)

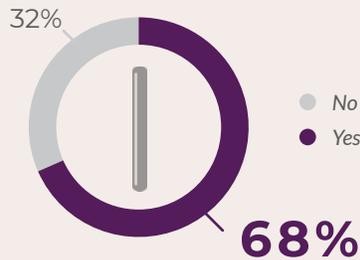


Private service delivery points (n=107)

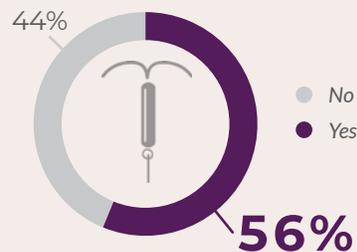


## FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=76)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=64)



**27%**

of women obtained their current modern method from a public health facility (n=587)

## KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- Implant availability at service delivery points has steadily improved since 2015. Public service delivery points are more likely to have implants in stock than private service delivery points.
- Seven out of ten service delivery points that offer implants have a trained provider and are equipped to insert and remove them.
- About one in four modern contraceptive users obtained their method from a public service delivery point.

## 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	Oct 2013-Jan 2014	2,129	33.22	1.26	30.75	35.79	16.24	0.95	14.42	18.24	17.65	0.92	15.89	19.56
PMA 2020	R2	Aug-Sept 2014	2,860	30.35	2.14	26.24	34.80	15.98	1.30	13.55	18.74	22.36	1.41	19.67	25.29
PMA 2020	R3	May-June 2015	2,665	34.20	2.33	29.71	38.99	16.92	1.72	13.75	20.64	20.08	1.50	17.25	23.25
PMA 2020	R4	Oct 2015-Jan 2016	2,733	42.32	1.86	38.65	46.09	20.94	1.53	18.04	24.17	16.00	1.52	13.20	19.27
PMA 2020	R5	Sept-Oct 2016	2,582	42.28	2.29	37.79	46.90	20.89	1.31	18.39	23.63	14.57	1.77	11.38	18.47
PMA 2020	R6	Sept-Nov 2017	2,568	40.50	2.18	36.23	44.91	22.01	2.52	17.40	27.43	15.75	1.74	12.59	19.54
PMA 2020	R7	Oct-Nov 2018	2,583	46.62	2.10	42.44	50.84	26.54	1.86	22.98	30.43	14.95	2.59	10.49	20.85
PMA	Phase 1	Dec 2019-Feb 2020	2,611	43.61	1.58	40.47	46.80	24.48	1.40	21.78	27.40	10.67	0.93	8.94	12.69

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	Oct 2013-Jan 2014	1,073	38.83	1.98	34.95	42.85	18.86	1.62	15.83	22.32	31.07	1.43	28.28	34.01
PMA 2020	R2	Aug-Sept 2014	1,396	35.64	2.52	30.77	40.83	20.26	1.76	16.97	23.99	33.34	2.05	29.38	37.55
PMA 2020	R3	May-June 2015	1,200	42.24	2.99	36.41	48.29	20.39	2.27	16.22	25.30	31.37	2.24	27.07	36.02
PMA 2020	R4	Oct 2015-Jan 2016	1,173	50.22	2.59	45.06	55.37	23.78	1.83	20.31	27.63	25.60	2.34	21.22	30.54
PMA 2020	R5	Sept-Oct 2016	1,190	49.90	3.38	43.20	56.61	23.40	2.18	19.34	28.03	22.58	2.90	17.33	28.88
PMA 2020	R6	Sept-Nov 2017	1,166	47.33	2.83	41.75	52.99	26.70	4.12	19.34	35.63	24.77	2.07	20.87	29.13
PMA 2020	R7	Cct-Nov 2018	1,197	51.26	3.22	44.85	57.63	27.37	2.21	23.19	32.00	23.52	3.78	16.84	31.83
PMA	Phase 1	Dec 2019-Feb 2020	1,159	54.65	2.20	50.24	59.00	29.63	2.40	25.07	34.63	15.60	1.21	13.33	18.18

In Kinshasa province, PMA République Démocratique du Congo collects information on knowledge, practices, and coverage of family planning services in 58 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 1,968 households (98% response rate), 2,611 women aged 15-49 years (95.3% response rate), 203 service delivery points (99% response rate), and 172 client exit interviews. PMA République Démocratique du Congo began collecting data on contraceptive stock-outs at service delivery points during the third round (June 2015). Due to 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 the 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.