



PERFORMANCE MONITORING FOR ACTION

PMA ETHIOPIA

Oromiya Regional Brief, survey results from October-December 2019

OVERALL KEY FINDINGS



Modern contraceptive use among all women has significantly increased since 2014 with increase in both short-acting and long-acting methods. However, critical attention should be given to the quality of counseling and information being provided to users.



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



Both short term and long-term contraceptives were in stock in more than 75% of health centres and Hospitals in Oromiya region.

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 (SNNPR).

PMA Ethiopia is a five-year project implemented in collaboration with Addis Ababa University, Johns Hopkins University, and the Federal Ministry of Health. It is a nationally representative survey measuring key reproductive, maternal, and newborn health (RMNH) indicators, including:



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 data collected in **Oromiya** region from three different surveys:

Panel survey

All currently pregnant or recently postpartum (<8 weeks) were identified and enrolled in each data collection area. Field staff conduct interviews at **6 weeks, 6 months, and 1 year** postpartum and at **enrollment**. 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** to all women aged 15-49 in those households.

SDP survey

The Service Delivery Point 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**.

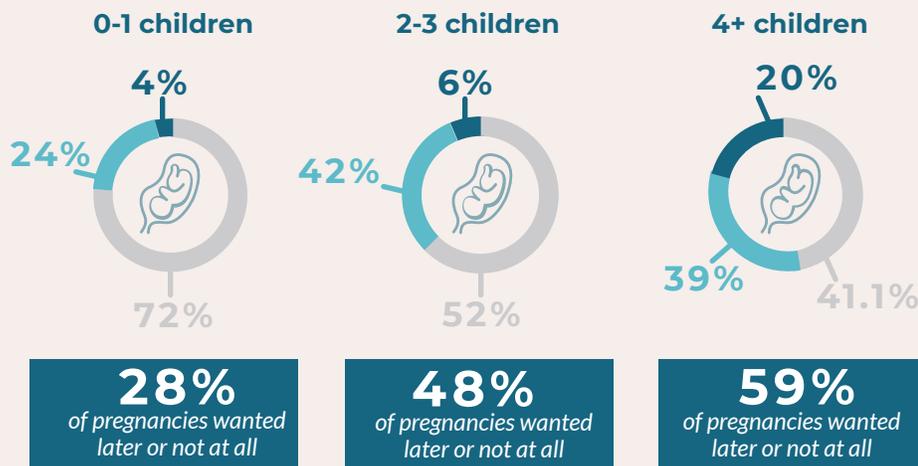
SECTION 2: PREGNANCY AND ANTENATAL CARE

From the enrollment in the panel survey

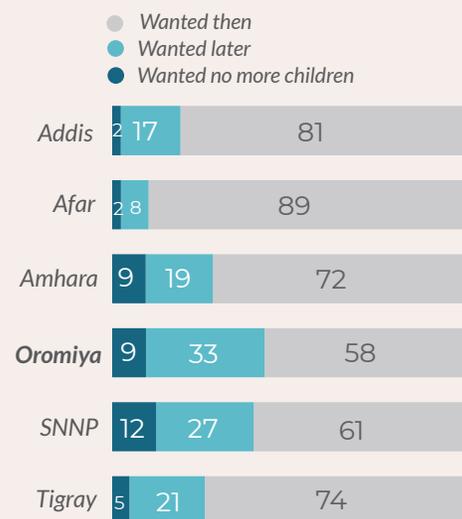
TIMING OF CURRENT PREGNANCY

Percent of currently pregnant women who report wanting their current pregnancy then, later, or not at all, by parity in Oromiya region (n=559)

● Wanted then ● Wanted later ● Wanted no more children

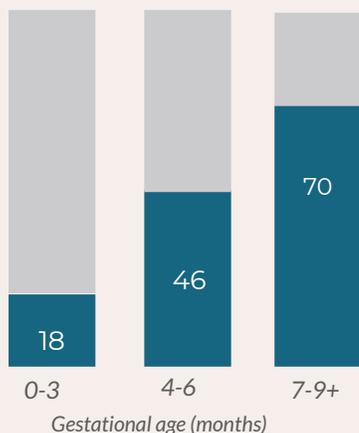


Percent of women by timing of their current pregnancy, by region (n=2,269)

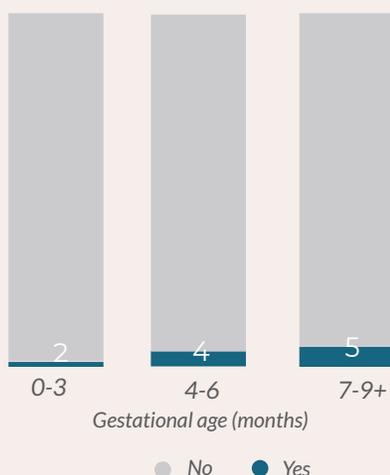


ANTENATAL CARE (ANC)

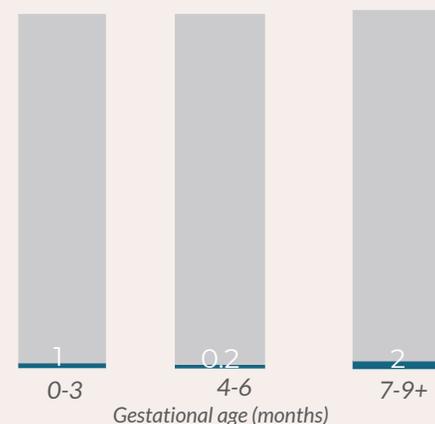
Percent of currently pregnant women who received ANC from any provider, including HEW, by gestational age (n=559)



Percent of currently pregnant women who received blood pressure, urine, and stool test, were tested for syphilis and HIV, and took iron, by self-reported gestational age (n=559)



Percent of currently pregnant women who discussed all 9* birth preparedness topics at ANC by gestational age (n=559)



*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

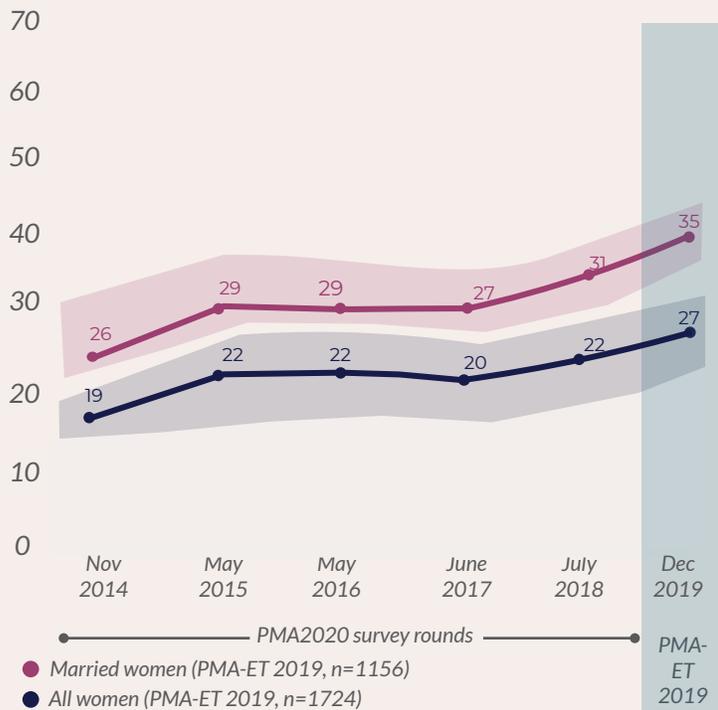
- A higher percentage of women in Oromiya region reported that the current pregnancy was mistimed or unwanted than women in other regions.
- Antenatal care utilization was low, even late in pregnancy. Over one quarter of women in their third trimester reported that they have not received any ANC.
- Fewer than 2% of currently pregnant women in Oromiya discussed all components of birth preparedness/ complication readiness topics with their provider.

SECTION 3: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

From the cross-sectional survey

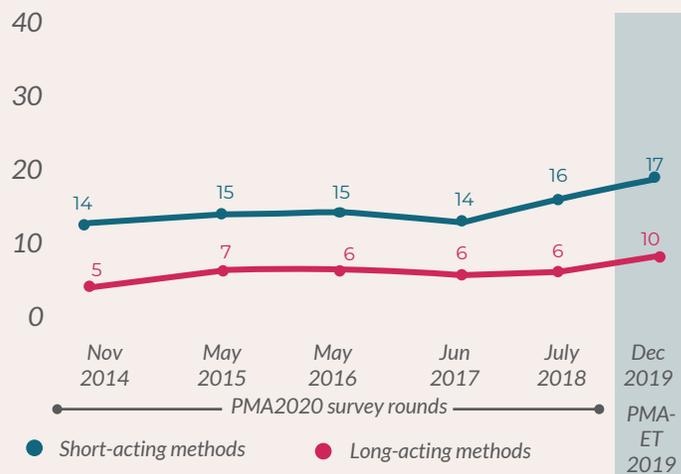
MODERN CONTRACEPTIVE PREVALENCE

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



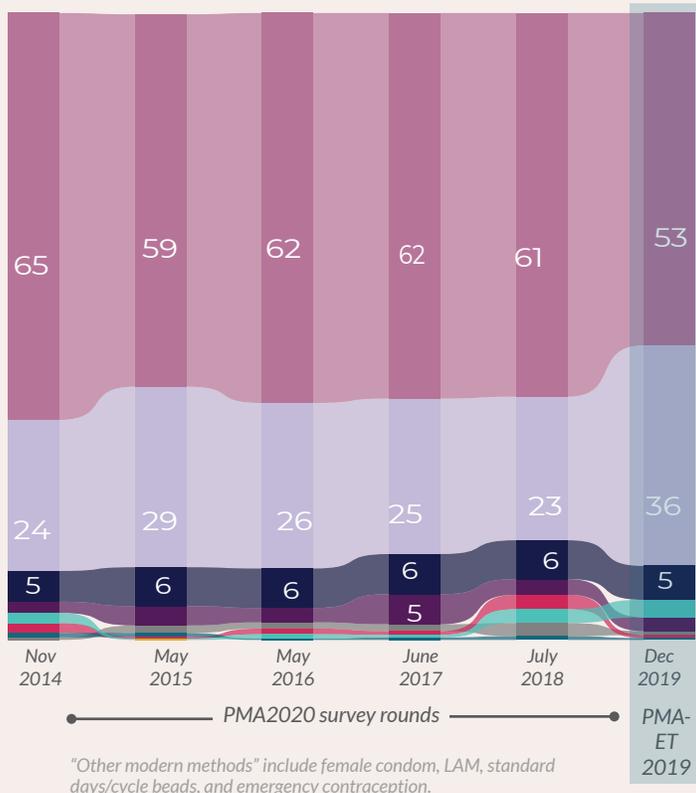
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using modern contraception by method type (n=1724)



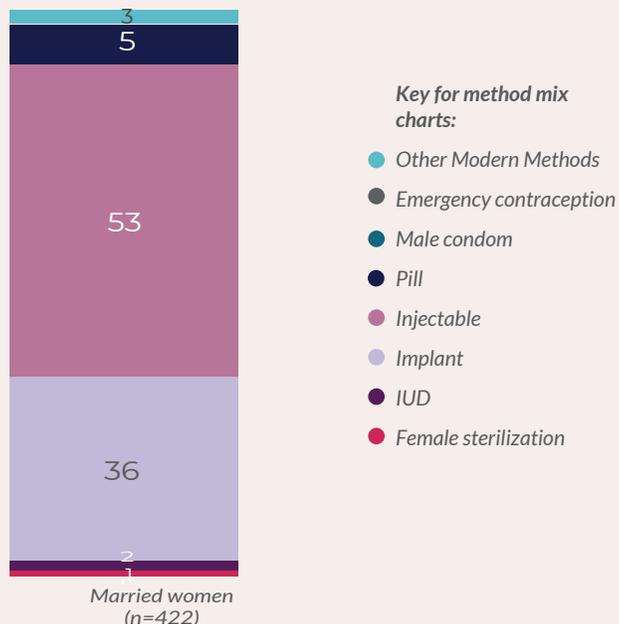
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method (n=466)



MODERN CONTRACEPTIVE METHOD MIX

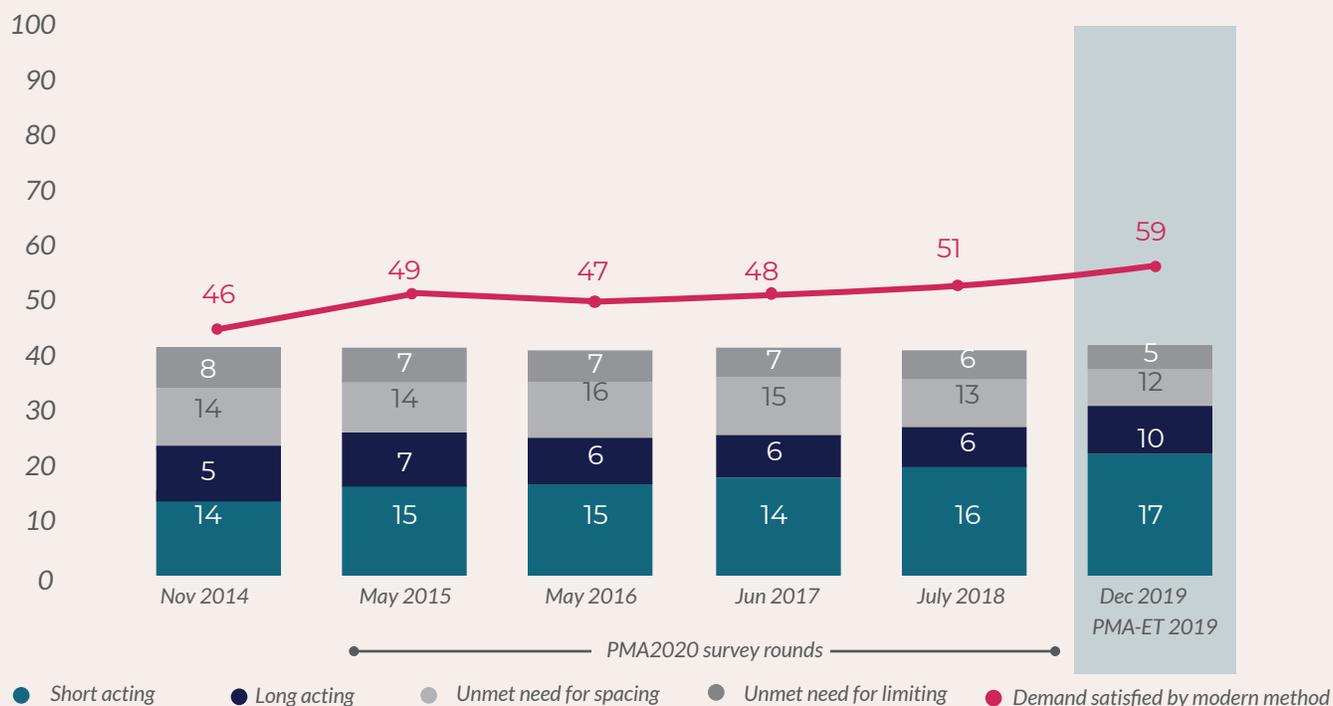
Percent distribution of modern contraceptive users age 15-49 by method, married women



"Other modern methods" include LAM, Female condoms 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=1724)



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=753 episodes)



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

- There was a steady increase of mCPR among married and all women from 2014 to 2019 in Oromiya.
- The percent of women using long acting methods has increased over the past 6 years.
- Three modern contraceptive methods (injectables, Implants and pills) made up more than 90% of the method mix among married women in Oromiya region.
- Unmet need has decreased by 22 percentage points over the past six years in Oromiya.

SECTION 4: REPRODUCTIVE TIMELINE

From the cross-sectional survey

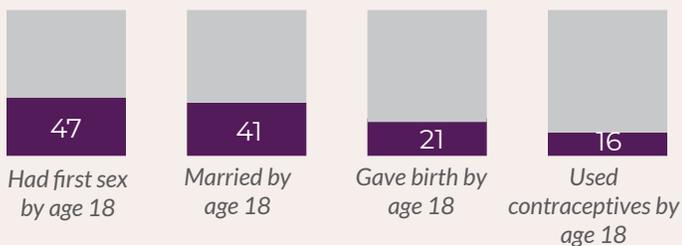
REPRODUCTIVE TIMELINE

Median age at reproductive events, by residence and age group, Oromiya region.



REPRODUCTIVE EVENTS BY AGE 18

Percent of women age 18-24 who experienced reproductive events by age 18, (n=475)



MEAN NUMBER OF CHILDREN AT FIRST CONTRACEPTIVE USE

Mean number of children at first contraceptive use among all women who have used contraception by residence (n=873)



KEY FINDINGS FOR SECTION 4: REPRODUCTIVE TIMELINE

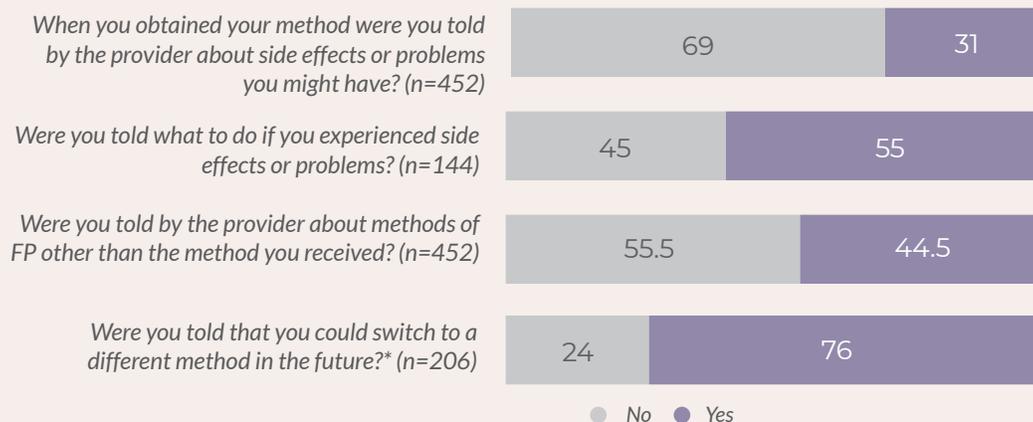
- Rural women in Oromiya start sex, get married and have their first child sooner than urban women. Urban women generally use family planning earlier than rural women in the region.
- In general, young women in the region tend to have get married, have sex and give birth later than older women. Younger women in Oromiya region tend to also start using contraceptives earlier than older women.
- On average, rural women in Oromiya region 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



Percent of women who responded "Yes" to all four MII+ questions (n=452)



*Asked only among women who were told about other methods and also side effects or problems

DISCUSSED FAMILY PLANNING IN THE PAST 12 MONTHS WITH PROVIDER

Percent of women who received FP information from a provider (n=1723)



KEY FINDINGS FOR SECTION 5: MII+

- Only 1 in 10 women in Oromiya receive counseling on other methods, side effects, and method switching.
- Fewer than 15% women in Oromiya received FP information from a provider in the past one year.

SECTION 6: PARTNER DYNAMICS

From the cross-section survey

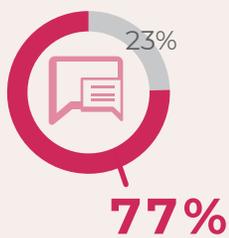
PARTNER INVOLVEMENT IN FAMILY PLANNING DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statements (n=464)

Does your partner know that you are using this method?



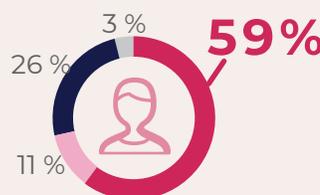
Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?



Percent of women in union reporting perceived partner attitudes towards family planning (n=1153)

How does your partner feel about family planning?

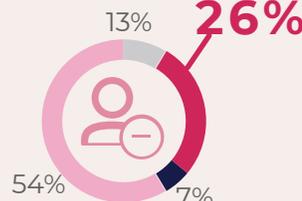
- He is ok with it
- He does not care
- He disapproves of it
- Do not know



Percent of women who are not currently using family planning and agree with the following statements (n=1003)

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 in Oromiya report that their partner knows they are using contraception.
- One in four women in Oromiya report that their partner does not support use of family planning.

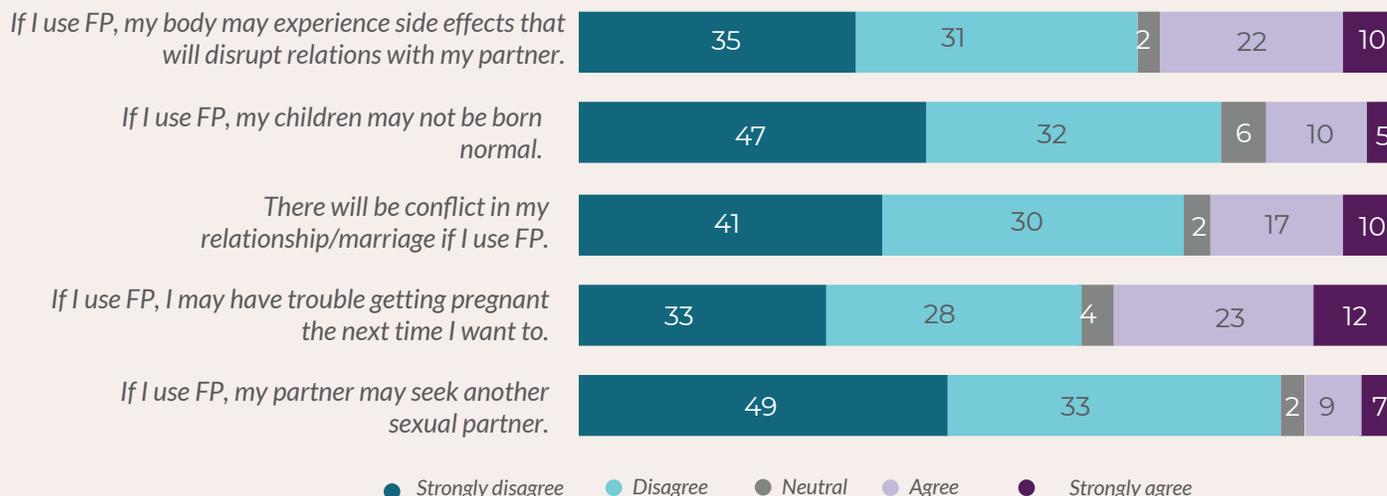
SECTION 7: WOMEN AND GIRLS' EMPOWERMENT

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

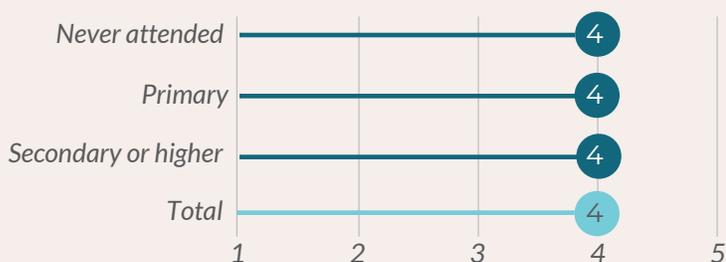
Existence of choice (motivational autonomy) for family planning (n= 1154)



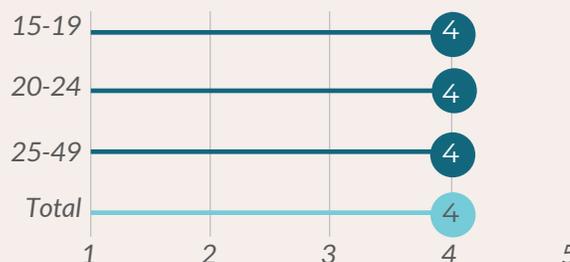
WOMEN'S AND GIRLS' EMPOWERMENT (WGE) FOR FAMILY PLANNING

The Family Planning Women's and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice related to contraceptive use among married/in union women. Scores from the 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

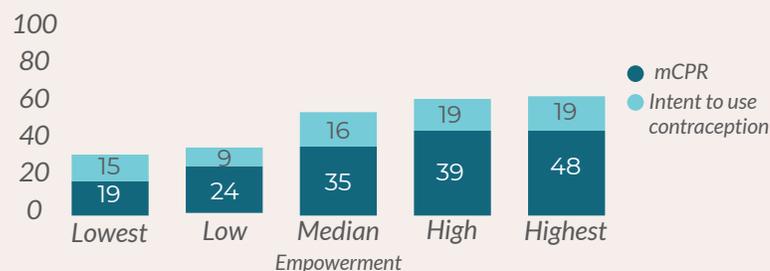


Mean WGE FP existence of choice, by age



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=1155)



KEY FINDINGS FOR SECTION 7: WOMEN'S AND GIRLS' EMPOWERMENT

- Educated women in Oromiya report higher levels of empowerment for family planning.
- Contraceptive use and intention to use contraception in the next year in Oromiya increase with heightened levels of empowerment among women and girls who are currently partnered.
- Three in ten women in Oromiya 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 agree with statements made about contraceptive use, by contraceptive use status,

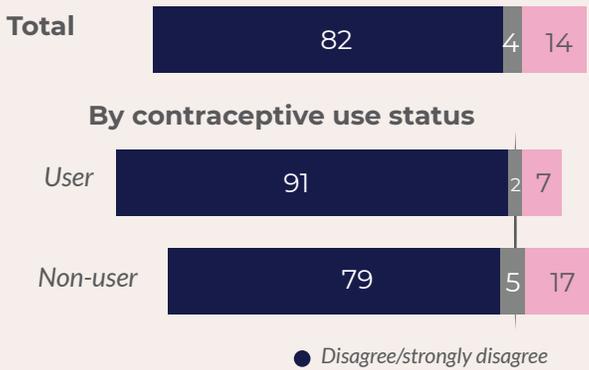
“It is acceptable for a woman to use FP before she has a child.” (n=1711)



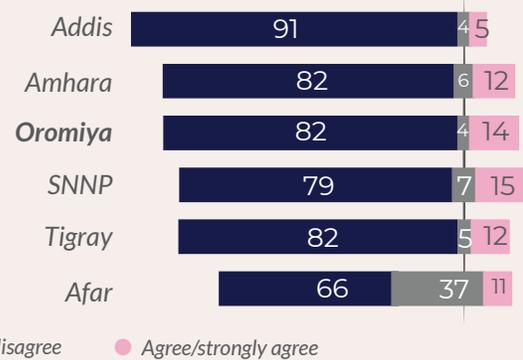
By region



“Women who use FP are considered promiscuous.” (n=1716)



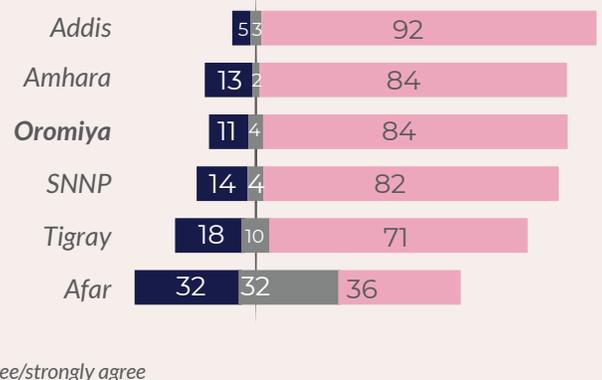
By region



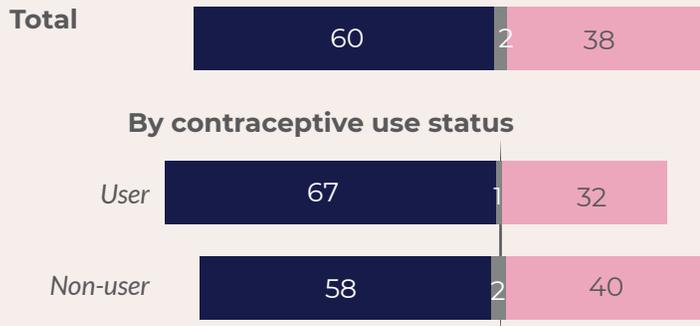
“Couples who use FP are financially responsible.” (n=1721)



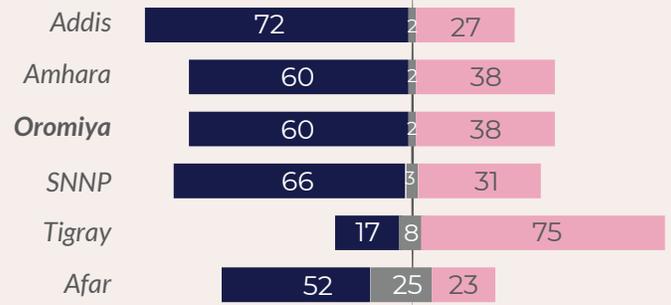
By region



“Women should be the ones to decide about FP.”
(n=1721)



By region



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

KEY FINDINGS FOR SECTION 8: ATTITUDES TOWARDS CONTRACEPTION

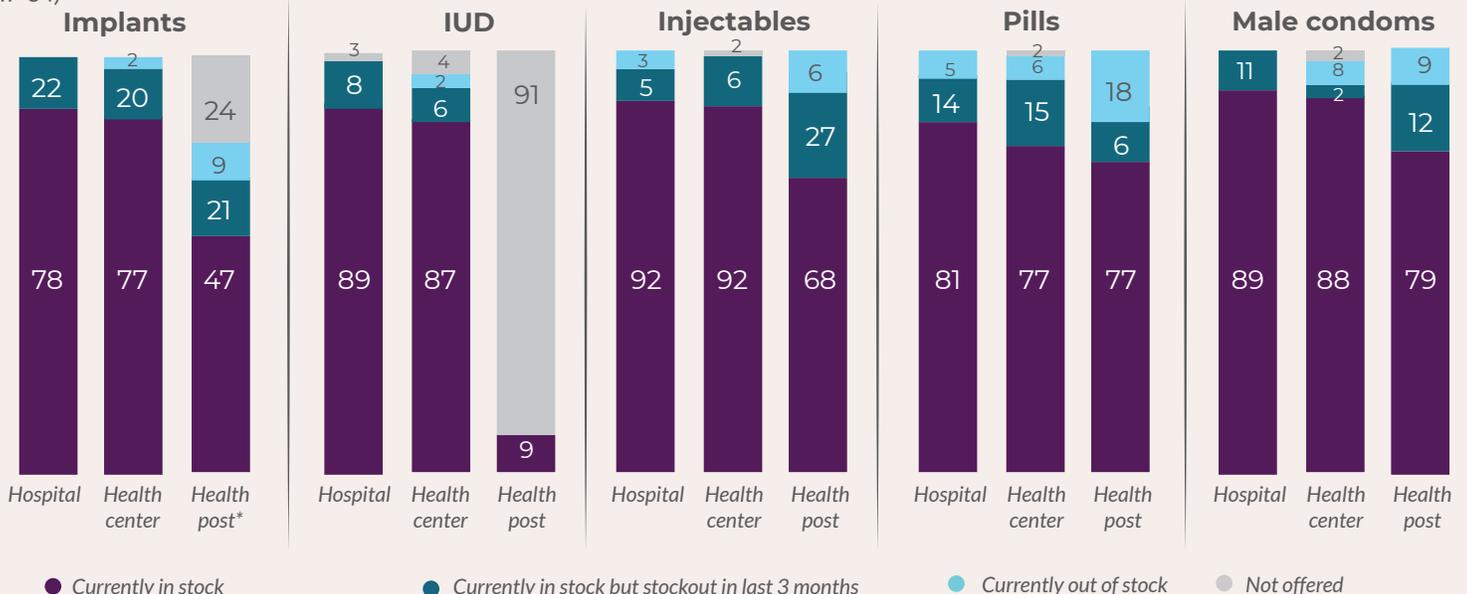
- Generally, women in Oromiya have positive attitudes towards contraception.
- More than 6 in 10 women in Oromiya disagree that it is acceptable for a woman to use FP before she has a child.
- 6 in 10 women in Oromiya disagree that women should be the ones to decide about family planning.

SECTION 9: SERVICE DELIVERY POINTS

From the service delivery point survey

METHOD AVAILABILITY AT SERVICE DELIVERY POINTS

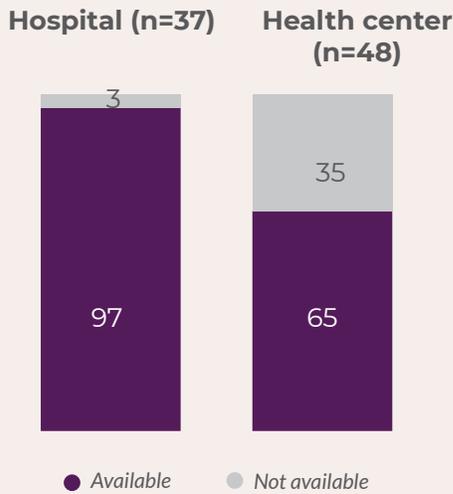
Percent of public service delivery points offering FP with method in stock on day of interview (hospitals: n=37), (health centers: n=48), (health posts: n=34)



*Health posts with level 4 HEW that offer any FP (n=34)

AVAILABILITY OF LIFESAVING MEDICINES

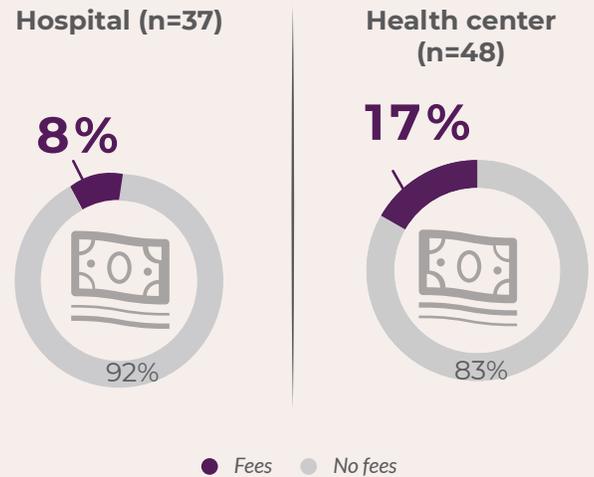
Percent of service delivery points with availability of oxytocin, magnesium sulfate, and any five other life-saving medicines*, by facility type, Oromiya region.



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

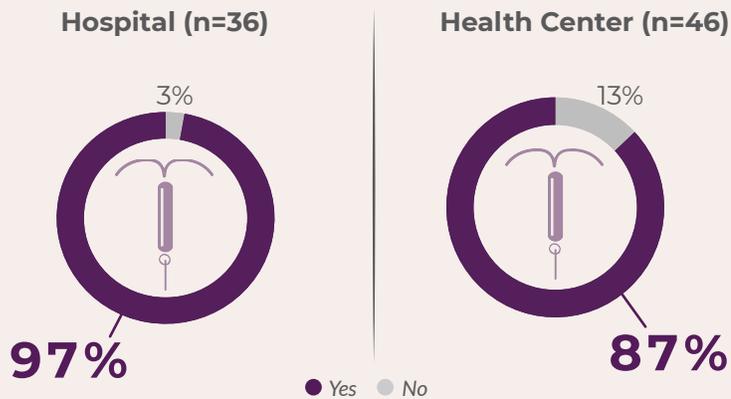
FEES FOR SERVICES

Percent of facilities where FP clients have to pay fees to be seen by a provider even if they do not obtain FP.

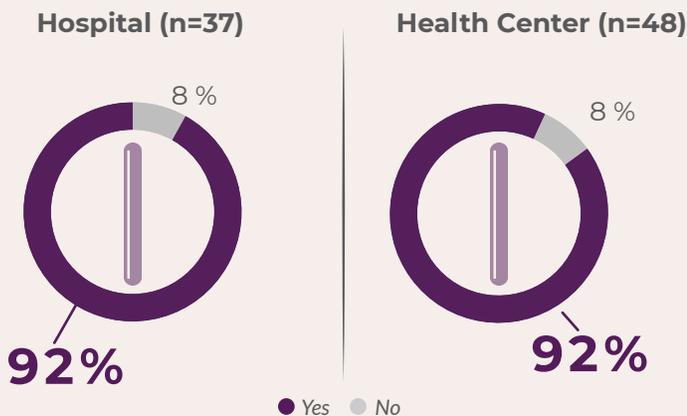


FACILITY READINESS

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



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



80% of women in Oromiya region obtained their current modern method from a public health facility. (n=452)

KEY FINDINGS FOR SECTION 9: SERVICE DELIVERY POINTS

- Both short term and long-term contraceptives were in stock in more than 75% of health centres and hospitals in Oromiya.
- Eight in ten current modern method users in Oromiya receive methods from public health facility.
- Nearly all hospitals and more than 6 in 10 health centres in Oromiya had 7 (including 2 essential) life-saving maternal and reproductive health medicines in stock.
- Majority of health facilities in Oromiya have trained personnel to provide removal services of long- acting contraceptive methods on the day of the survey.

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

OROMIYA-ALL

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& R2	Mar -Nov 2014	2009	19.38	2.02	15.6	23.82	18.97	2.06	15.12	23.53	22.01	2.54	17.28	27.61
PMA 2020	R3	Apr-May 2015	1,722	22.60	2.45	18.08	27.87	21.57	2.36	17.23	26.66	21.48	1.70	18.27	25.08
PMA 2020	R4	Mar-May 2016	1,736	23.55	2.28	19.29	28.41	21.65	2.34	17.33	26.69	22.39	2.34	18.05	27.42
PMA 2020	R5	May-Jun 2017	1,694	21.11	2.23	16.99	25.92	20.19	2.22	16.11	25.01	21.32	2.00	17.58	25.6
PMA 2020	R6	Jun-Jul 2018	1,764	24.15	2.24	19.95	28.91	21.86	2.23	17.71	26.65	18.7	2.03	14.97	23.1
PMA 2020	Phase 1	Sep-Dec 2019	1724	28.07	2.22	23.85	32.72	26.55	2.20	22.38	31.18	16.72	1.51	13.93	19.94

OROMIYA- MARRIED 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& R2	Mar -Nov 2014	1,295	26.80	3.58	20.18	34.65	26.21	3.62	19.54	34.18	30.97	2.90	25.4	37.15
PMA 2020	R3	Apr-May 2015	1,139	30.52	3.53	23.95	38	29.11	3.35	22.88	36.22	30.39	2.19	26.18	34.96
PMA 2020	R4	Mar-May 2016	1,135	31.58	3.25	25.46	38.41	28.98	3.27	22.88	35.93	31	2.87	25.57	37.02
PMA 2020	R5	May-Jun 2017	1,153	28.34	3.24	22.33	35.24	27.05	3.22	21.12	33.94	28.63	2.35	24.17	33.56
PMA 2020	R6	Jun-Jul 2018	1,131	33.75	3.21	27.65	40.44	30.51	3.22	24.46	37.31	26.52	2.61	21.63	32.08
PMA 2020	Phase 1	Sep-Dec 2019	1156	37.35	3.12	31.34	43.77	35.42	3.09	29.49	41.83	23.58	2.05	19.72	27.92

BY REGION -ALL WOMEN		CPR				mCPR				Unmet need for family planning			
Region	Female sample	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	16.72	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

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. In the Oromiya region, data for the cross-section were collected between October and December 2019 from 1,810 households (99.1% completion rate), 1,742 women enrolled in the cross-sectional survey (98.9% 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 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.