



PMA UGANDA

Results from Phase 3 panel survey

September-October 2022

OVERALL KEY FINDINGS



Postpartum FP remains low; only 46% of pregnant women at Phase 1 became users by Phase 2 and 47% of those pregnant at Phase 2 became users by Phase 3.



Long-acting reversible contraceptive discontinuation (to no use) was 19% at Phase 2 and 16% at Phase 3. However, short-acting methods discontinuation (to no use) was 35% at Phase 2 and increased to 40% at Phase 3.

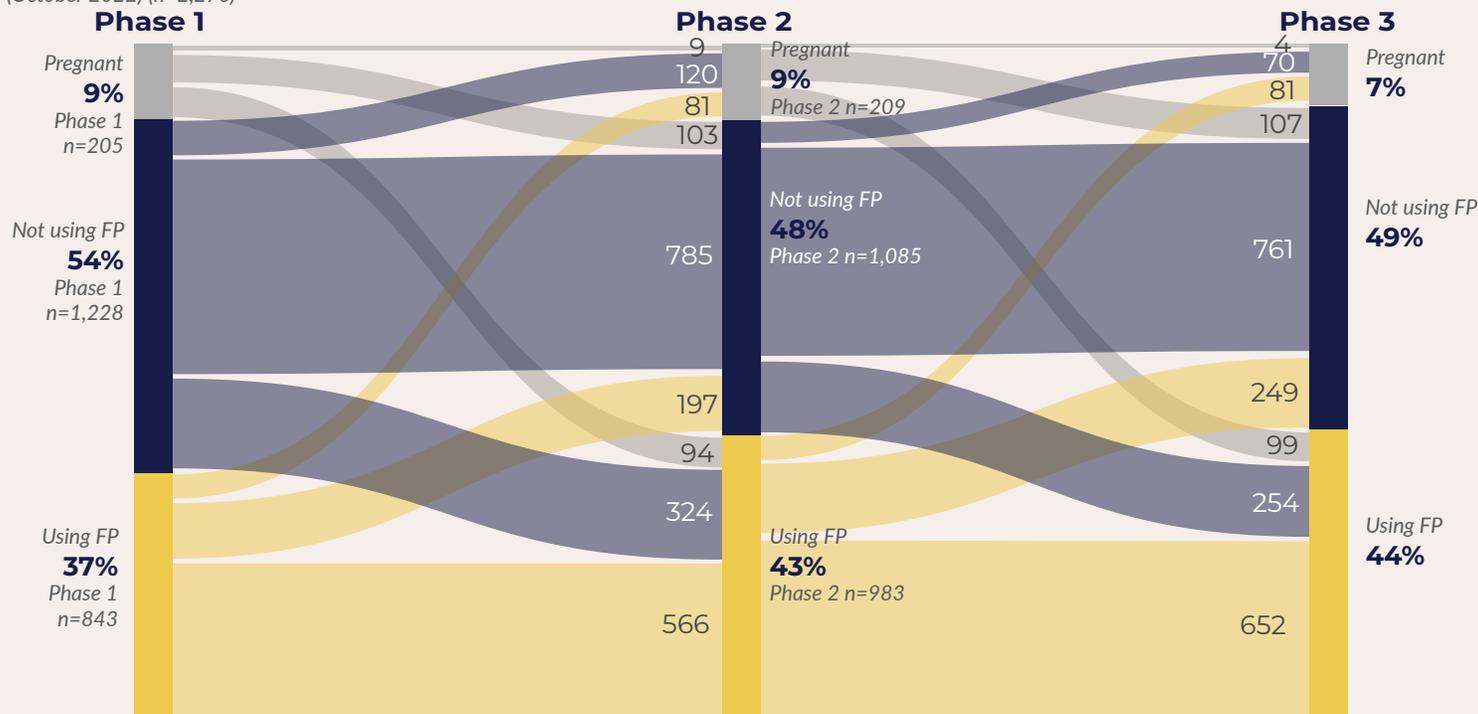


Adoption of a method of FP at Phase 3 was highest among women with tertiary education and those aged 20-24 years.

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 (October 2020), PMA Phase 2 (November 2021), and PMA Phase 3 (October 2022) (n=2,276)

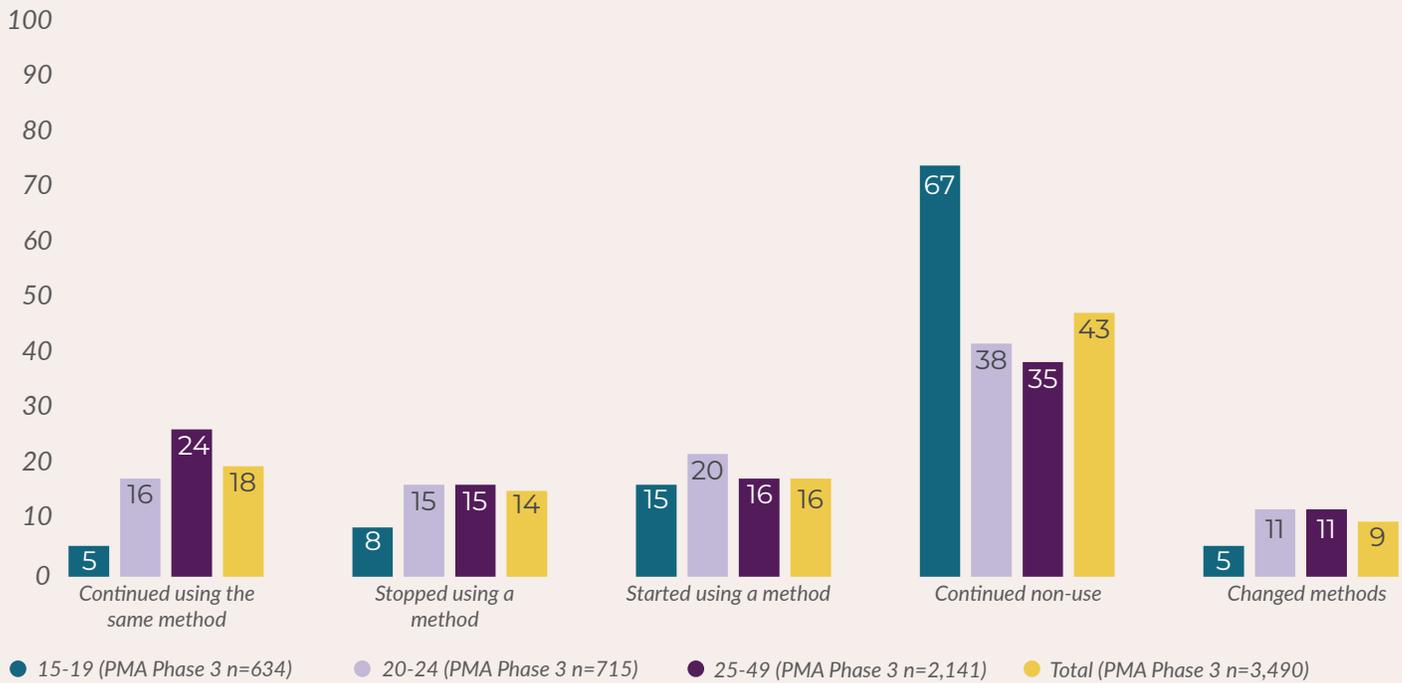


The ribbons of the Sankey represent the flow of women from one contraceptive use status to another among panel women who completed all three PMA Phases. The left side of the Sankey shows the flow between Phase 1 and Phase 2, and the right side between Phase 2 and Phase 3. The color of each ribbon represents 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.

SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

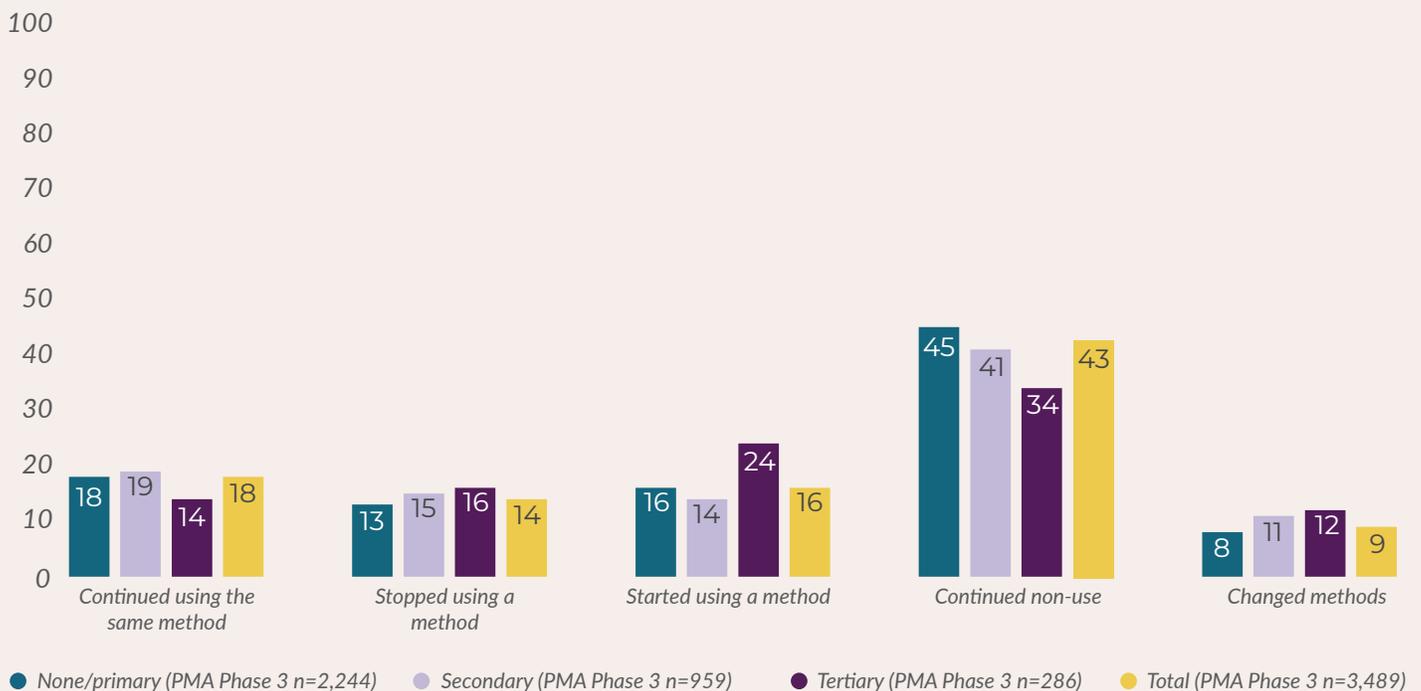
CHANGE IN CONTRACEPTIVE USE STATUS, BY AGE

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



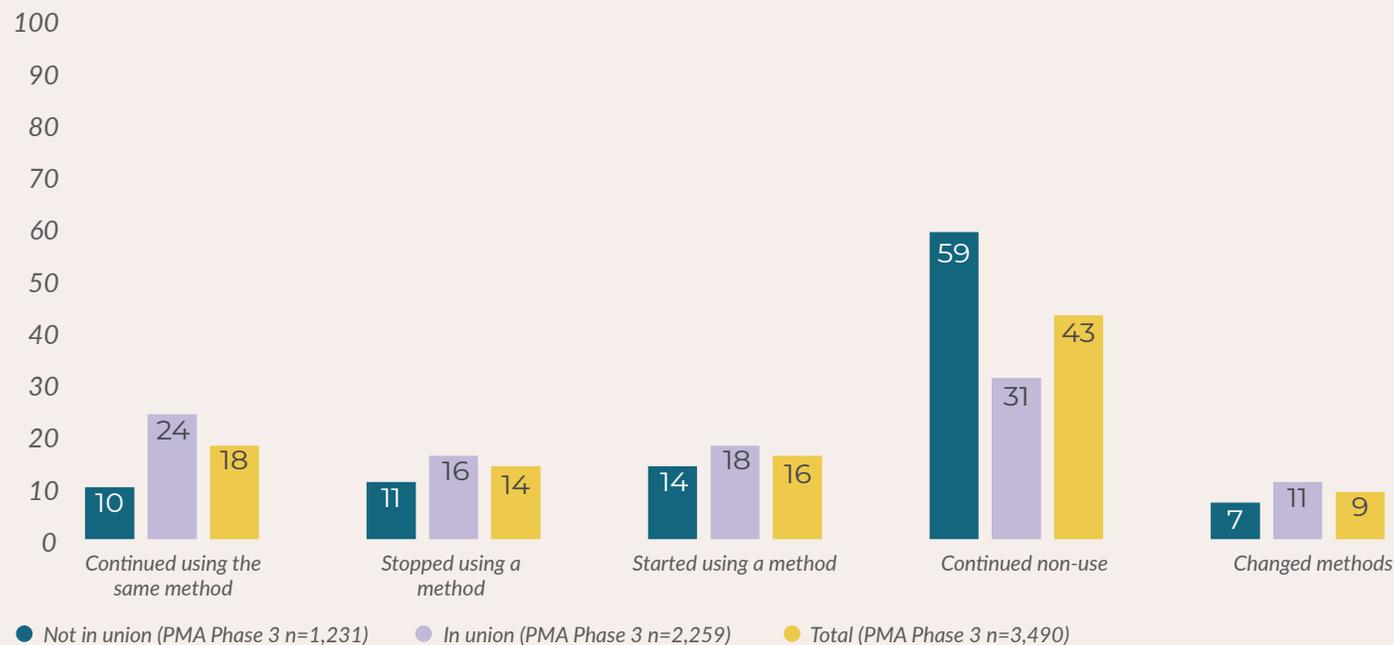
CHANGE IN CONTRACEPTIVE USE STATUS, BY EDUCATION LEVEL

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



CHANGE IN CONTRACEPTIVE USE STATUS, BY MARITAL STATUS

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



CHANGE IN CONTRACEPTIVE USE STATUS, BY PARITY

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



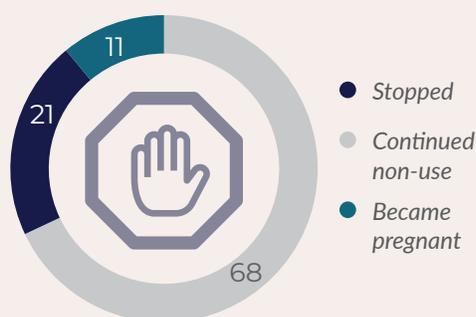
KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

- Continued non-use was highest for adolescents (ages 15-19), women with no or only primary education, and those not in union.
- Adoption of a FP method was highest among those with tertiary education and young women aged 20-24 years.
- Continued use of the same method was highest among women with 5+ children.

SECTION 3: OTHER PANEL DYNAMICS

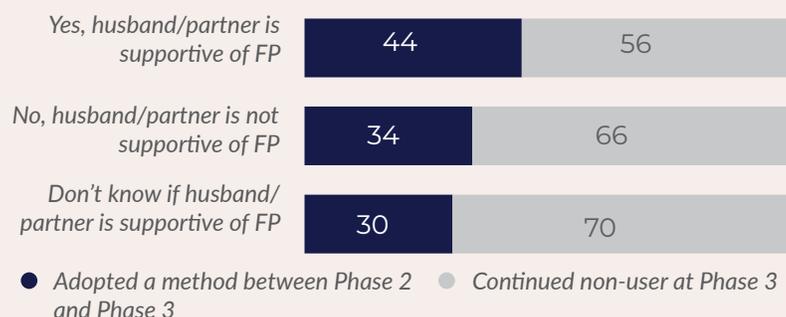
METHOD DISCONTINUATION

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=587)



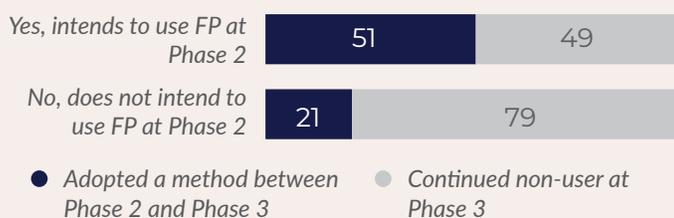
PARTNER SUPPORT FOR FAMILY PLANNING

Percent of women in union age 15-49 who were not using an FP method at Phase 2 and who adopted an FP method between Phase 2 and Phase 3, by husband/partner's support for FP at Phase 2 (n=1,017)



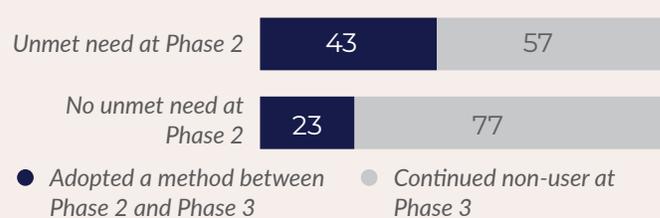
INTENTION TO USE FAMILY PLANNING

Percent of women age 15-49 who were not using an FP method at Phase 2 and who adopted an FP method between Phase 2 and Phase 3, by their intention to use FP at Phase 2 (n=2,004)



UNMET NEED FOR FAMILY PLANNING

Percent of women age 15-49 who were not using an FP method at Phase 2 and who adopted an FP method between Phase 2 and Phase 3, by their unmet need status at Phase 2 (n=2,004)



KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

- Just over half of those who intended to use an FP method at Phase 2 adopted a method by Phase 3, while 1 in 5 of those who did not intend to use FP at Phase 2 adopted a method by Phase 3.
- 44% of non-users who reported partner support at Phase 2 had also adopted a method at Phase 3, compared to 34% who reported no partner support at Phase 2 and adopted a method by Phase 3.
- 23% of women who did not have an unmet need at Phase 2, adopted a method of FP by Phase 3.

SUMMARY TABLE

	Total	Completed Phase 1	Completed Phase 2	Completed Phase 3	Completed Phase 2 and Phase 3	Completed All Three Phases
Enrolled at Phase 1	3,843	3,792	2,974	2,498	2,303	2,277
Enrolled at Phase 2	1,849	N/A	1,819	1,208	1,187	N/A
Total Panel Women	5,692*	3,792	4,793	3,706	3,490	2,277

*Inclusive of de jure women, and women who have since aged out of the study

PMA Uganda collects nationally representative data on knowledge, practice, and coverage of family planning services in 141 enumeration areas selected using a multi-stage stratified cluster design with urban-rural and region strata. The PMA panel survey was conducted in 15 regions among 5,245 women from Phase 1 and/or Phase 2 who consented to follow-up and aged 15-49y at Phase 3 (September and October 2022). 64.7% of women were enrolled in the panel survey at Phase 1 between September and October 2020, and 35.3% of women were enrolled in the panel survey at Phase 2 between September and November 2021. Of the 5,245 eligible, 26.9% were not reached for follow-up. Of those reached, 3,751 (71.5% of the eligible female respondents) completed the Phase 3 survey, for a response rate of 97.9% among contacted women. Survey results presented in this brief are among de facto women who completed the female panel surveys at each Phase. Survey results in section 1 of this brief are representative of the Phase 1 population. Estimates depicted in sections 2 and 3 are representative of the Phase 2 population. Sociodemographic data used for indicator disaggregation were collected at Phase 2. For sampling information and full data sets, visit <https://www.pmadata.org/countries/uganda>.

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

PMA Uganda is led by Makerere University School of Public Health at the College of Health Sciences (Mak/CHS/MakSPH), in collaboration with the Uganda Bureau of Statistics (UBOS) and the Ministry of Health. 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.