PERFORMANCE MONITORING FOR ACTION

PMA UGANDA

Results from Phase 1 baseline survey

September–October 2020

OVERALL KEY FINDINGS

Quality of FP counseling remains low/poor with only 2 in 5 current FP users reporting receipt of comprehensive information on contraceptive methods (MII+).

There is inequitable receipt of FP information from health care workers, disfavoring adolescents.

A quarter of facilities that offer implants, and 43% of those offering IUDs do not have a trained provider and instrument/supplies for insertion/removal.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

MODERN CONTRACEPTIVE PREVALENCE

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

1.2% 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=3,938)

- Married women (PMA Phase 1 n=2,325)
- Unmarried, sexually active women (PMA Phase 1 n=296)
- All women (PMA Phase 1 n=3,938)
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users (all women) age 15-49 by method and year (PMA Phase 1 n=1,175)

- June 2014
- Feb 2015
- Sept 2015
- Apr 2016
- May 2017
- May 2018
- Jul 2019
- Oct 2020

PMA2020 survey rounds

MODERN CONTRACEPTIVE METHOD MIX

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

Married/in union women (n=875)
- Other
- Emergency contraception
- Male condom
- Pill
- Injectable (SC)
- Injectable (IM)
- Implant
- IUD
- Female sterilization

Unmarried, sexually active women (n=160)

Key for method mix charts:

- Other
- Emergency contraception
- Male condom
- Pill
- Injectable (SC)
- Injectable (IM)
- Implant
- IUD
- Female sterilization

‘Other’ category includes male sterilization, female condom, diaphragm, foam/jelly, standard days/cycle beads, and LAM.

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=3,938)

- Modern method
- Traditional method
- Unmet need for spacing
- Unmet need for limiting
- Demand satisfied by modern method

Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- There is a consistent increase in LARC and use of traditional methods.
- There is a consistent rise of DMPA-SC as method of injectable administration.
- Unintended pregnancies are still very high, with nearly 2 out of 5 of last pregnancies wanted later or not wanted.

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=2,266)

- 30% Wanted later
- 57% Intended
- 13% Wanted no more children
- 43% of pregnancies were unintended

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=1,786 episodes)

- 5% discontinued to become pregnant
- 54% discontinued for other reasons

Reasons for discontinuation:

- 4% experienced method failure
- 17% were concerned over side effects or health
- 3% other method-related reasons
- 4% wanted a more effective method
- 17% had other fertility related reasons
- 8% other/don’t know

Discontinued but switched methods:

- 12% Switched

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=1,131)

- 56% answered “Yes” to at least one MII+ question
- 44% answered “Yes” to all four MII+ questions

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<tr>
<th>Question</th>
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<td>When you obtained your method were you told by the provider about side effects or problems you might have?</td>
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<tr>
<td>Were you told what to do if you experienced side effects or problems?</td>
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<tr>
<td>Were you told by the provider about methods of FP other than the method you received?</td>
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<tr>
<td>Were you told that you could switch to a different method in the future?</td>
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**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

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<tr>
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<td>25-49</td>
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**CLIENT EXIT INTERVIEWS**

Percent of female clients age 15-49 who said yes to the following questions

- During today's visit, did you obtain the method of FP you wanted? (n=2,397)
  - Yes: 54%
  - No: 87%
  - Neither (follow-up visit): 95%

- During today's visit, did the provider tell you the advantages/disadvantages of the FP method? (n=2,389)
  - Yes: 46%
  - No: 49%
  - Neither (follow-up visit): 4%

- Were you satisfied with FP services you received today at this facility? (n=2,397)
  - Yes: 95%
  - No: 5%

Clients were interviewed immediately following their health facility visit to obtain FP counseling or services.

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**KEY FINDINGS FOR SECTION 2: QUALITY OF FP SERVICES AND COUNSELING**

- Only 2 in 5 current FP users reported receipt of comprehensive information on contraceptive methods (MII+).
- Adolescents girls are least likely to have received FP information from a health provider/CHW in the past year.
- Nearly half of women exiting health facilities were not told of the advantages/disadvantages of the FP method received.

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**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=1,147)

- Does your partner know that you are using this method? 79%
  - Yes: 21%
  - No: 78%

- Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner? 75%
  - Yes: 25%
  - No: 75%

Percent of women who are currently using FP and agree with the following statements

- Would you say that using FP is mainly your decision? (n=1,347)
  - Yes: 48%
  - No: 38%
  - Joint decision: 13%
  - Mainly respondent: 9%
  - Mainly partner: 5%
  - Other: 70%

Percent of women who are not currently using FP and agree with the following statements

- Would you say that not using FP is mainly your decision? (n=2,223)
  - Yes: 16%
  - No: 5%
  - Joint decision: 13%
  - Mainly respondent: 9%
  - Mainly partner: 5%
  - Other: 70%

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

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**KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS**

- Among women using a modern method that can be concealed, 21% report that their partner does not know that they are using contraception.
- Discussion of fertility decisions among couples are still sub-optimal.
- Fourteen percent of current users reported that decision to use FP was mainly by their partner or someone else.
### AGREEMENT WITH CONTRACEPTIVE EMPOWERMENT STATEMENTS

Percent of married/in union women who strongly agree to strongly disagree with each statement.

#### Existence of choice (motivational autonomy) for contraception (n=2,275)

- If I use FP, my body may experience side effects that will disrupt relations with my partner.
  - 12 strongly disagree, 28 disagree, 5 neutral, 37 agree, 18 strongly agree
- If I use FP, my children may not be born normal.
  - 21 strongly disagree, 40 disagree, 8 neutral, 21 agree, 10 strongly agree
- There will be conflict in my relationship/marriage if I use FP.
  - 21 strongly disagree, 37 disagree, 4 neutral, 24 agree, 15 strongly agree
- If I use FP, I may have trouble getting pregnant the next time I want to.
  - 20 strongly disagree, 39 disagree, 6 neutral, 24 agree, 11 strongly agree
- If I use FP, my partner may seek another sexual partner.
  - 28 strongly disagree, 43 disagree, 4 neutral, 16 agree, 10 strongly agree

#### Exercise of choice (self-efficacy, negotiation) for contraception (n=2,314)

- I feel confident discussing FP with my husband/partner.
  - 8 strongly disagree, 9 disagree, 2 neutral, 46 agree, 36 strongly agree
- I feel confident telling my provider what is important when selecting a method.
  - 2 strongly disagree, 5 disagree, 2 neutral, 52 agree, 39 strongly agree
- I can decide to switch from one FP method to another if I want to.
  - 2 strongly disagree, 10 disagree, 3 neutral, 50 agree, 35 strongly agree

### WOMEN AND GIRL’S EMPOWERMENT (WGE) SUB-SCALE FOR CONTRACEPTION

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

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

Scores from each contraceptive empowerment domain were summed and divided by number of items per domain (existence of choice=5 items; exercise of choice=3 items). Domains were then combined and equally weighted.

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

#### Mean WGE score, by education

- Overall: 3.7
- Tertiary education: 3.8
- Secondary education: 3.7
- None/Primary education: 3.6

#### Mean WGE score, by age

- Overall: 3.7
- 25-49: 3.7
- 20-24: 3.6
- 15-19: 3.6
**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

**By age**

- **Disagree/Strongly disagree**
  - Adolescents who use FP are promiscuous: 47, 57, 49
  - FP is only for married women: 56, 66, 64
  - FP is only for women who don’t want any more children: 58, 69, 63

- **Agree/Strongly agree**
  - Adolescents who use FP are promiscuous: 53, 43, 51
  - FP is only for married women: 44, 34, 36
  - FP is only for women who don’t want any more children: 43, 31, 37

**By residence**

- **Disagree/Strongly disagree**
  - Rural: 62, 63
  - Urban: 51, 63

- **Agree/Strongly agree**
  - Rural: 38, 37
  - Urban: 50, 51

**By contraceptive use status**

- **Disagree/Strongly disagree**
  - Non-users: 59, 68
  - Users: 47, 68

- **Agree/Strongly agree**
  - Non-users: 41, 32
  - Users: 53, 32

**KEY FINDINGS FOR SECTION 4: WOMEN AND GIRLS’ EMPOWERMENT**

- Women who score higher on the empowerment scale are more likely to be using a modern contraceptive method.
- Women and girls’ sexual and reproductive health empowerment remains sub-optimal, and does not vary by age or education levels.
SECTION 6: REPRODUCTIVE TIMELINE

**Median age at reproductive events (n=1,168)**

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<th>Rural women</th>
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<td>First sex</td>
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**Reproductive events by age 18**

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=1,168)

- Had first sex by age 18: 57%
- Married by age 18: 26%
- Gave birth by age 18: 22%
- Used contraceptives by age 18: 19%

**Key Findings for Section 6: Reproductive Timeline**

- The gap between median age at first sex and first contraceptive use among rural women is 5.6 years.
- Fifty-seven percent of young women have had sex for the first time by age 18, however only 19% used contraceptives.

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**KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION**

- Attitudes towards contraceptive use are largely poor regarding adolescent use of methods, use for only married women and for only those who want to limit childbearing.
- More than 60% of the women agreed or strongly agreed that people who use FP have a better quality of life. There is no difference by age, residence or use of FP.
SECTION 7: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 1 n=252)

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Private facilities (PMA Phase 1 n=78)

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TRENDS IN METHOD AVAILABILITY: IMPLANT

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Private facilities (PMA Phase 1 n=78)

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TRENDS IN METHOD AVAILABILITY: INJECTABLES

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Private facilities (PMA Phase 1 n=78)

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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=251)
1% Fees
99% No fees

Private facilities (n=77)
3% Fees
97% No fees

FACILITY READINESS
Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=229)

76% Yes
24% No

Fees
No fees

58% of women obtained their current modern method from a public facility (n=1,145)

KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS
• The percent of facilities offering and currently stocked with LARC (IUD/implant) is increasing.
• There is an increase in current stock of injectables, with nearly 9 in 10 public facilities stocked compared to 2 years ago where approximately 8 in 10 were stocked.
• A quarter of facilities that offer implants, and 43% of those offering IUD, do not have a trained provider and instrument/supplies for insertion/removal.
### Tables: Contraceptive Prevalence and Unmet Need

#### All Women

<table>
<thead>
<tr>
<th>Data source</th>
<th>Round/Phase</th>
<th>Data collection</th>
<th>Female sample</th>
<th>CPR%</th>
<th>SE</th>
<th>95% CI</th>
<th>mCPR%</th>
<th>SE</th>
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<th>Unmet need (%)</th>
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#### Women in Union

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<td>1.66</td>
<td>24.10 30.69</td>
<td>25.69</td>
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<td>22.68 28.95</td>
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<td>31.63 37.82</td>
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<td>PMA 2020</td>
<td>R2</td>
<td>Jan-Feb 2015</td>
<td>2,252</td>
<td>34.93</td>
<td>2.05</td>
<td>30.98 39.11</td>
<td>31.80</td>
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<td>27.98 35.88</td>
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<td>26.59 33.47</td>
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<td>2,369</td>
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<td>Apr-May 2017</td>
<td>2,590</td>
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<td>Apr-May 2018</td>
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<td>41.79</td>
<td>2.29</td>
<td>37.34 46.38</td>
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<td>38.45 45.47</td>
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<td>42.62 48.46</td>
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<td>34.36 40.85</td>
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<td>21.43 26.06</td>
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</table>

PMA Uganda collects information on knowledge, practice, and coverage of family planning services in 122 enumeration areas selected using a multi-stage stratified cluster design with urban-rural and region strata. The results are representative at the national level and within urban/rural strata. Data were collected between September and October 2020 from 4,023 households (97% response rate), 3,938 females age 15-49 (96.8% response rate), 346 facilities (98% completion rate), and 2,397 client exit interviews. For sampling information and full data sets, visit www.pmadata.org/countries/uganda.

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key family planning and health indicators in Africa and Asia. PMA Uganda is led by the 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.