PERFORMANCE MONITORING FOR ACTION

PMA ETHIOPIA

Amhara Regional Brief, survey results from October-December 2019

OVERALL KEY FINDINGS

Modern contraceptive use among all and married women has declined over the past 6 years. Long-acting method use showed a steady increase while the share of short-acting methods decreased over the same period of time.

Few women report receiving comprehensive ANC counseling on birth complications and preparedness. The percentage of pregnancies that were mistimed or unwanted is highest among women with four or more children.

Close to a quarter of health centers and health posts did not have injectables either on the day of the survey or the 3-months preceding the survey.
The majority of health centers and hospitals provide life-saving essential maternal medicines (87% and 97% respectively).

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 **Amhara** 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

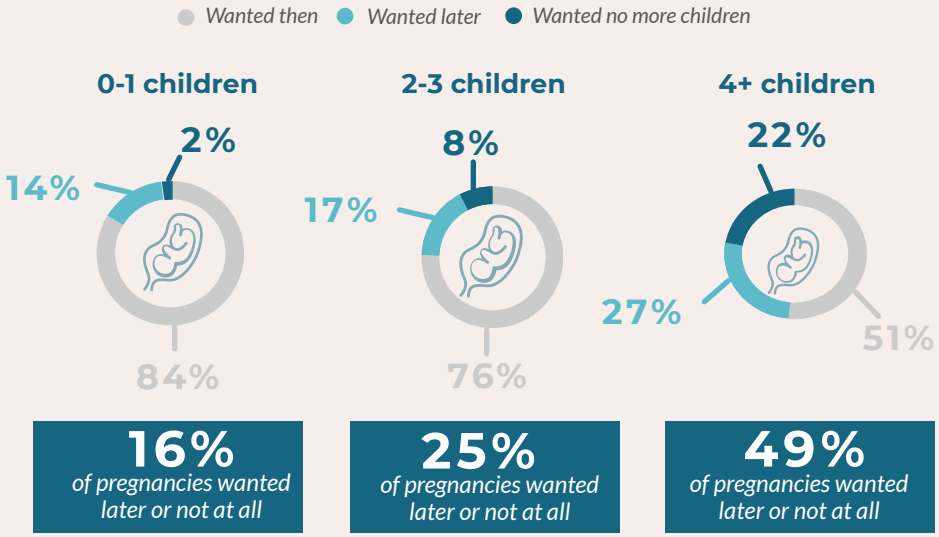
*The Service Delivery Point survey provides health system trends annually. It includes **all levels of public health facilities** that serve each data collection area, **in addition to up to 3 private health facilities within the kebele.***

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 Amhara region (n=374)

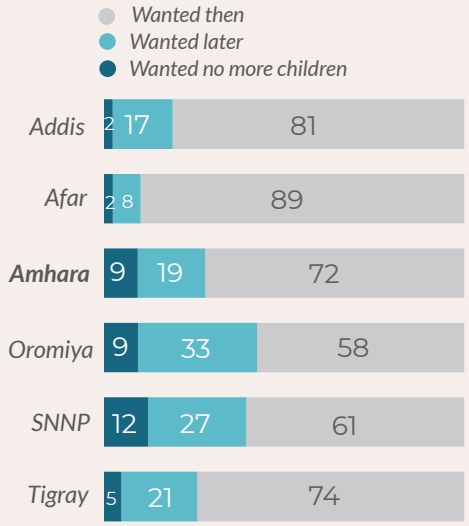


16% *of pregnancies wanted later or not at all*

25% *of pregnancies wanted later or not at all*

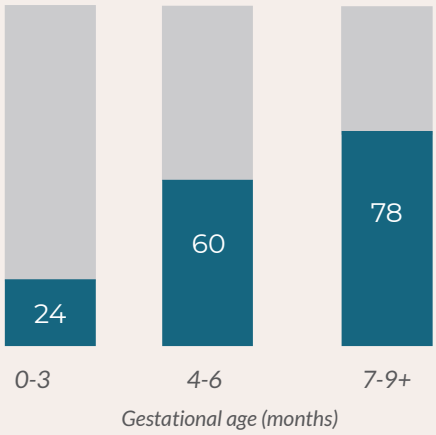
49% *of pregnancies wanted later or not at all*

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

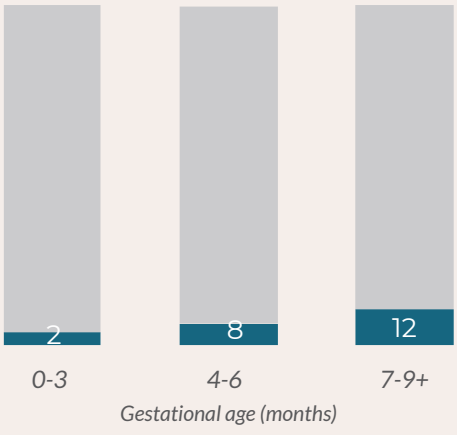


ANTENATAL CARE (ANC)

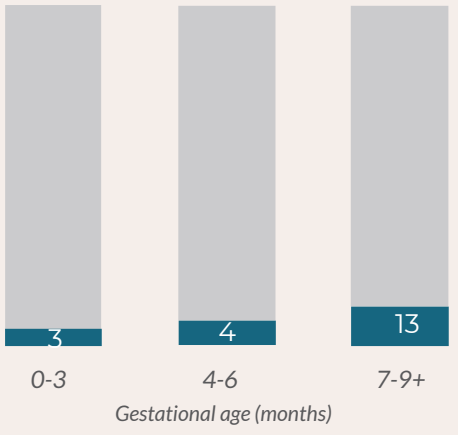
Percent of currently pregnant women who received ANC from any provider, including HEW by gestational age (n=374)



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=374)



Percent of currently pregnant women who discussed all 9 birth preparedness topics at ANC by gestational age (n=374)*



No Yes

*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

- *The percent of women who wanted their current pregnancy later or not at all increases with parity. Close to half of women having four or more children reported the pregnancy was wanted later or not at all.*
- *Few women have discussed birth preparedness and complication readiness during pregnancy with a health care provider.*

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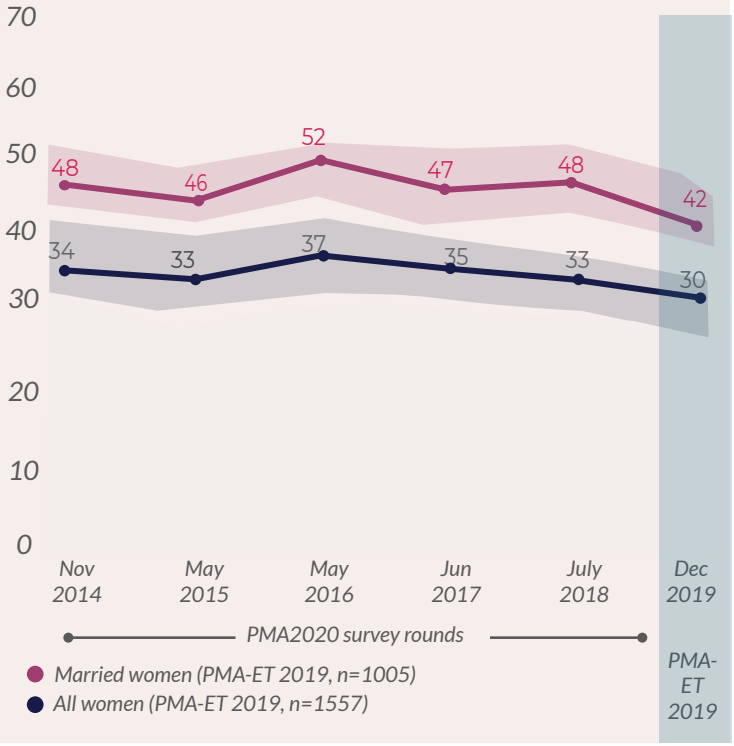
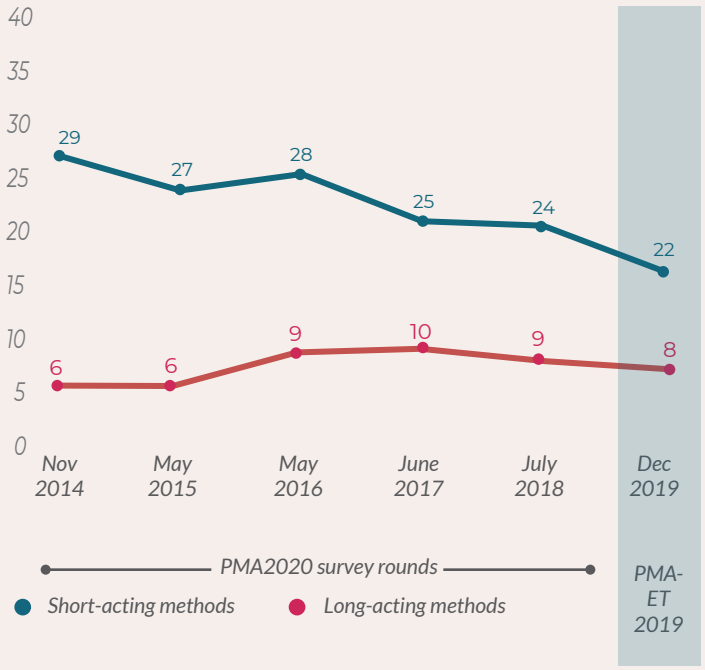
MODERN CONTRACEPTIVE PREVALENCE

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



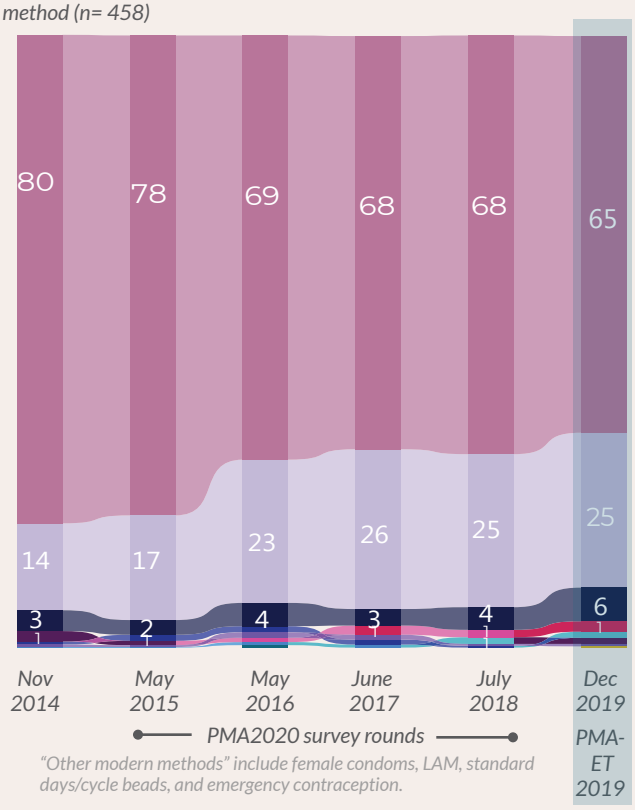
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women in Amhara region age 15-49 currently using modern contraception by method type (n=1560)



TRENDS IN MODERN CONTRACEPTIVE MIX

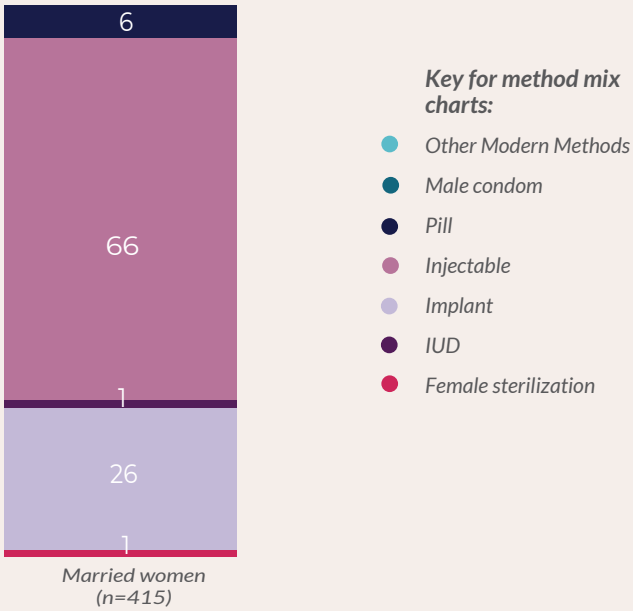
Percent distribution of modern contraceptive users in Amhara region age 15-49 by method (n= 458)



"Other modern methods" include female condoms, LAM, standard days/cycle beads, and emergency contraception.

MODERN CONTRACEPTIVE METHOD MIX

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



"Other modern methods" include LAM, and standard days/cycle beads.

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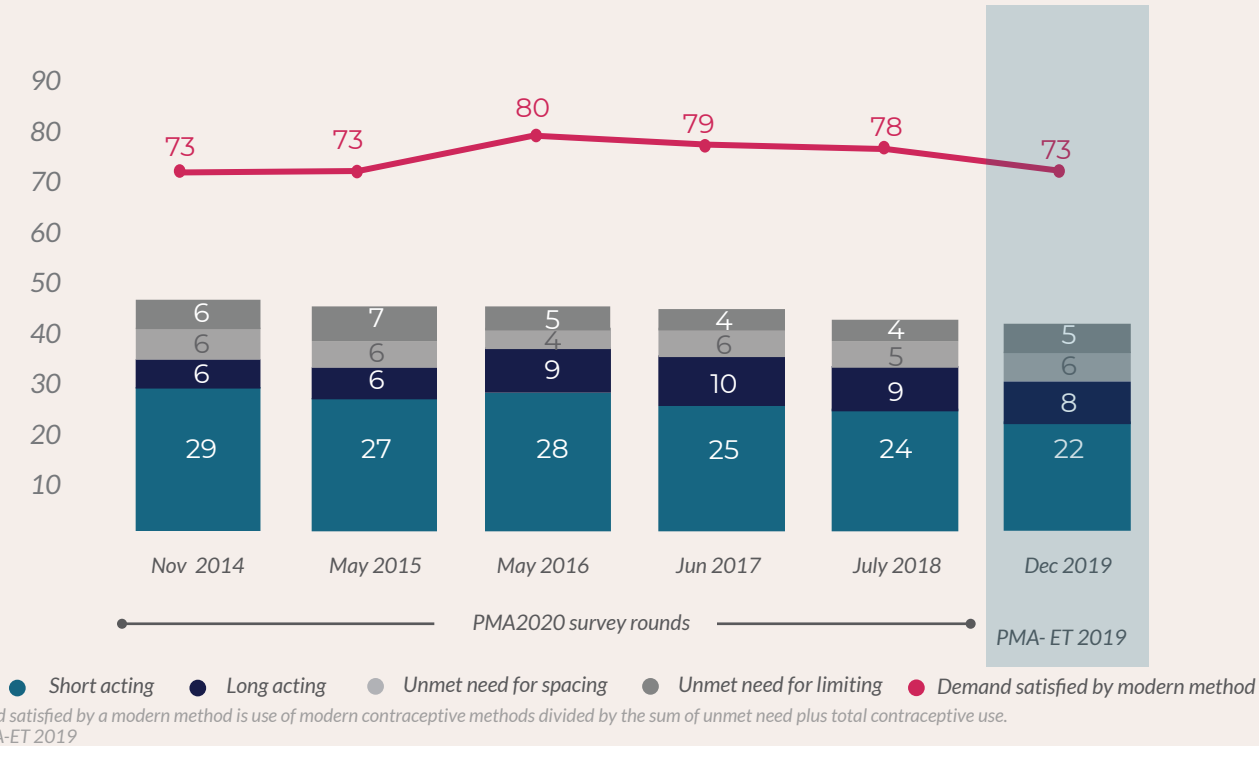
METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

Percent of women in Amhara region age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (n=1560)



Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.
n = PMA-ET 2019

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=569 episodes)

14% *discontinued to become pregnant*

27% *discontinued for other reasons*

Reasons for discontinuation:

1% *experienced method failure*

9% *were concerned over side effects or health*

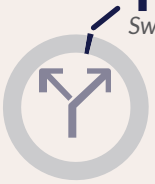
6% *had other fertility related reasons*

7% *other method-related reasons*

3% *wanted a more effective method*

1% *other/don't know*

Discontinued but switched methods:



1% *Switched*

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

- *Though there is no statistically significant difference in modern contraceptive use, the trend indicates a decline in use among all women and married women since 2014*
- *Among modern contraceptive users, there was a steady increase in the share of married and all women using long-acting methods, mainly the implant in which its share in the method mix increased from 14% in 2014 to 25% in 2019*
- *In nearly 1 in 10 instance of contraceptive discontinuation, the woman was concerned about side effects.*

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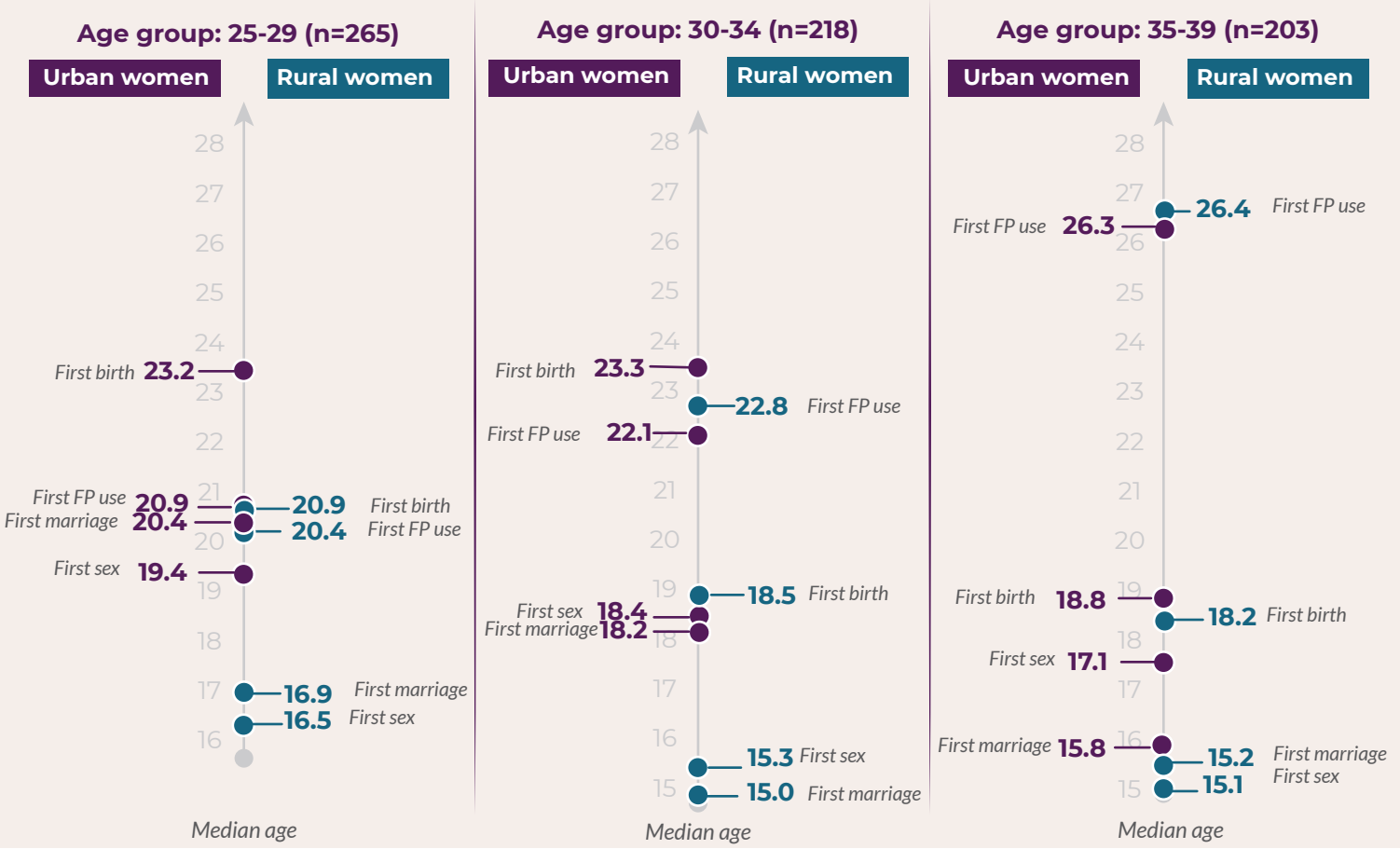
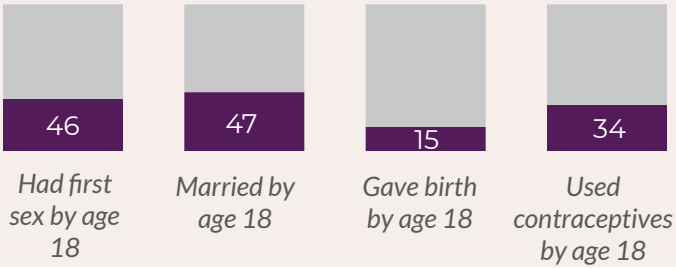
REPRODUCTIVE TIMELINE

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



REPRODUCTIVE EVENTS BY AGE 18

Percent of women in Amhara region, age 18-24 who experienced reproductive events by age 18. (n=344)



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=1044)

KEY FINDINGS FOR SECTION 4: REPRODUCTIVE TIMELINE

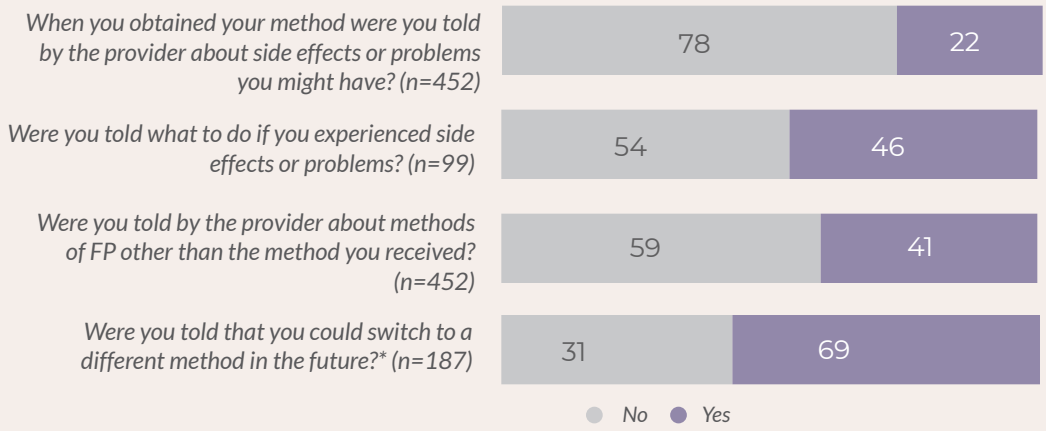
- *Almost half of women age 18-24 report they were married before their 18th birthday.*
- *On average, urban women start to use family planning before their first birth while rural women start using family planning after having their first child.*
- *Age at first marriage is increasing. Age at first marriage for rural women 35-39 years of age is 15.2 while it is 16.9 for women 25-29 years of age.*

SECTION 5: METHOD INFORMATION INDEX PLUS (MII+)

From the cross-section survey

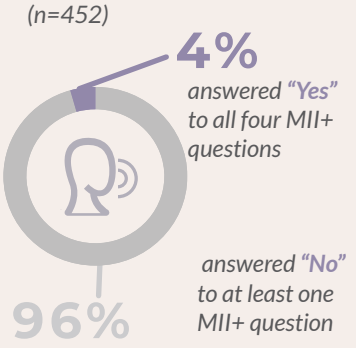
MII+

Percent of women in Amhara region who were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods

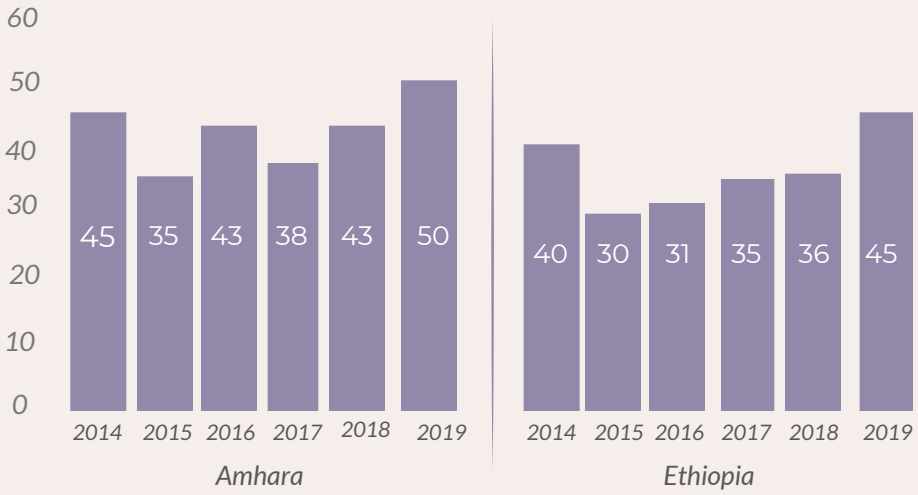


*Asked only among women who were told about other methods.

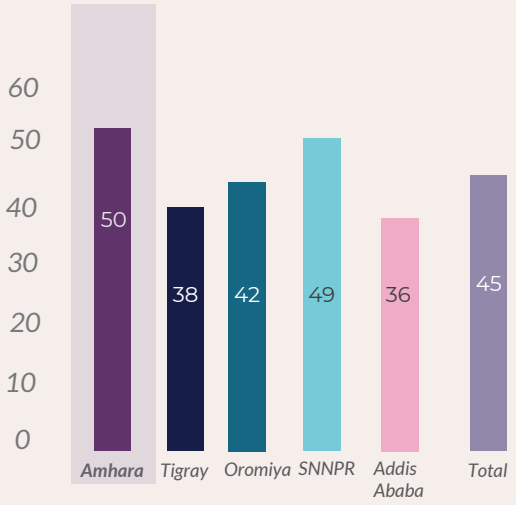
Percent of women who responded "Yes" to all four MII+ questions (n=452)



TREND IN PERCENTAGE OF WOMEN WHO RECEIVED NO COUNSELING ON OTHER METHODS AND SIDE EFFECTS IN AMHARA REGION AND ETHIOPIA

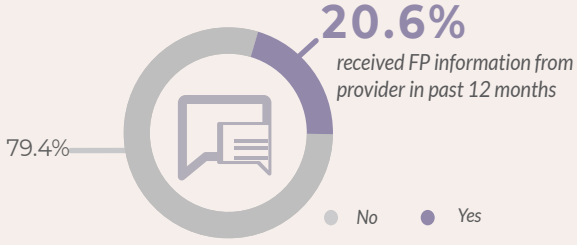


PERCENT OF WOMEN WHO WERE NOT COUNSELED ABOUT OTHER METHODS OR SIDE EFFECTS



DISCUSSED FAMILY PLANNING IN THE PAST 12 MONTHS WITH PROVIDER

Percent of women who received FP information from a provider (n=1557)



KEY FINDINGS FOR SECTION 5: MII+

- *Overall, 4% of modern contraceptive users receive counseling on other methods, side effects (including what to do if they encounter side effects), and method switching.*
- *The percent of women who reported that they did not receive any counseling on other methods and side effects have consistently increased since 2017.*
- *There appears to be a decline in the percentage of women receiving comprehensive counseling both nationally and in Amhara region.*
- *Amhara has the lowest percentage of women who were counseled on side effects or told about other methods in the country.*

SECTION 6: PARTNER DYNAMICS

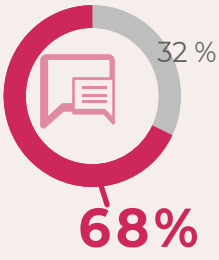
From the cross-section survey

PARTNER INVOLVEMENT IN FAMILY PLANNING DECISIONS

Percent of women in Amhara region who are currently using modern female controlled methods and agree with the following statements.

Does your partner know that you are using this method? (n=454)

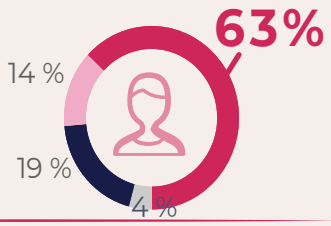
Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner? (n=456)



Yes No

Percent of women in union reporting perceived partner attitudes towards family planning, Amhara region. (n=1002)

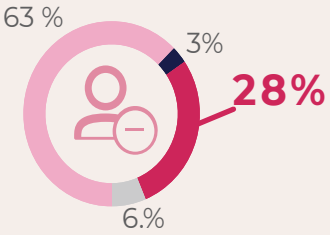
How does your partner feel about family planning?



- 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=938)

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 (89%) who are using a female controlled method report that their partner knows they are using contraception.*
- *The majority of women who are not using any method of family planning reported that they view the decision to use family planning as mainly their decision, while 28% say it was a joint decision.*

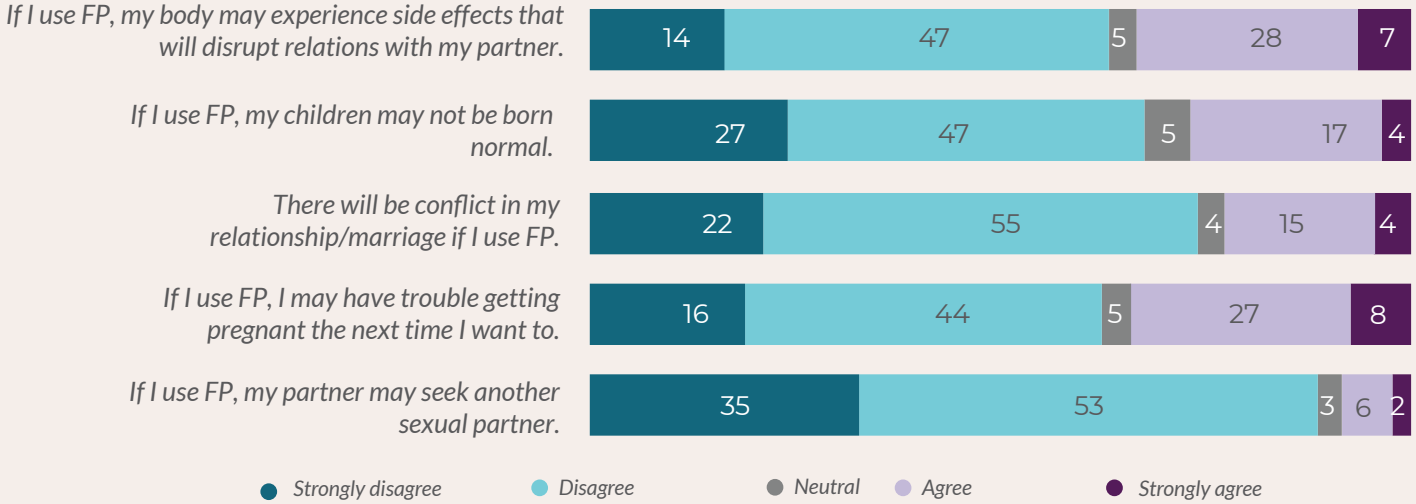
SECTION 7: WOMEN'S AND GIRLS' EMPOWERMENT

From the cross-section survey

AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS

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

Existence of choice (motivational autonomy) for family planning. (n=1000)



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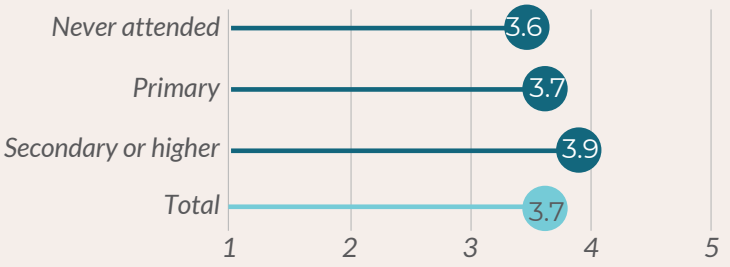
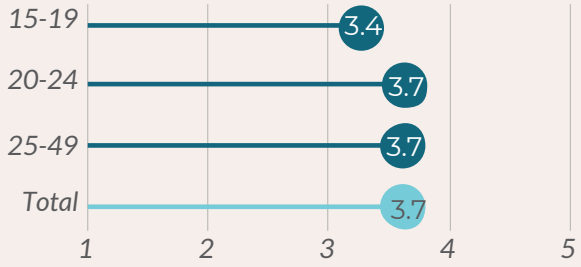
WOMEN'S AND GIRL'S EMPOWERMENT (WGE) FOR FAMILY PLANNING

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

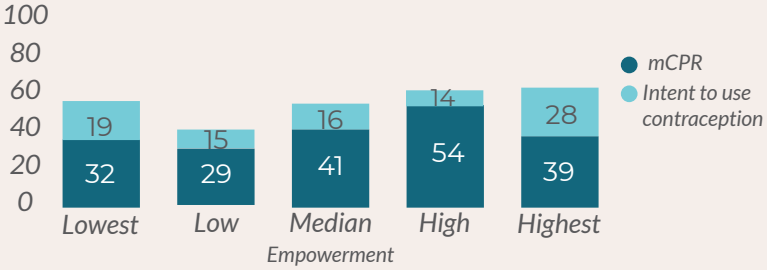


Mean WGE FP existence of choice, by age



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=1002)



KEY FINDINGS FOR SECTION 7: WOMEN AND GIRLS' EMPOWERMENT

- *Educated women report higher levels of empowerment for family planning.*
- *More than one in four women reported that their children may not be normal if they use family planning.*
- *One in three women report that their partner may seek another sexual partner if they use family planning.*

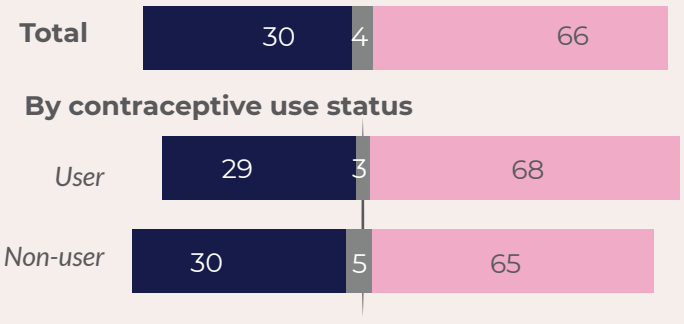
SECTION 8: ATTITUDES TOWARDS CONTRACEPTION

From the cross-section survey

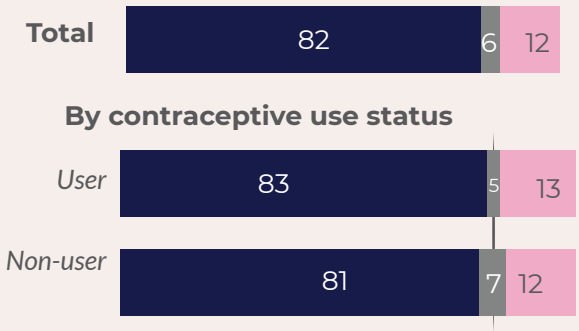
PERSONAL ATTITUDES

Percent of all women age 15-49 who agree with statements made about contraceptive use, by contraceptive use status, Amhara region.

"It is acceptable for a woman to use FP before she has a child." (n=1546)



"Women who use FP are considered promiscuous." (n=1546)



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

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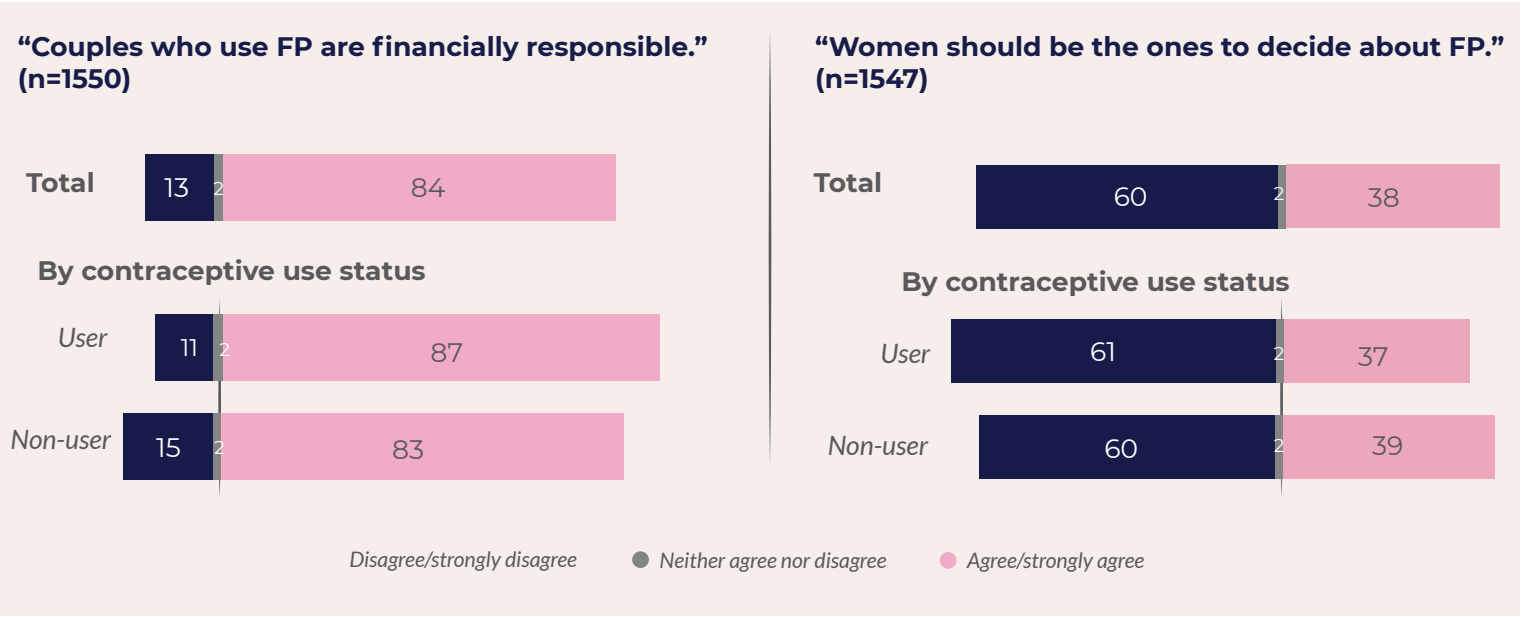


KEY FINDINGS FOR SECTION 8: ATTITUDES TOWARDS CONTRACEPTION

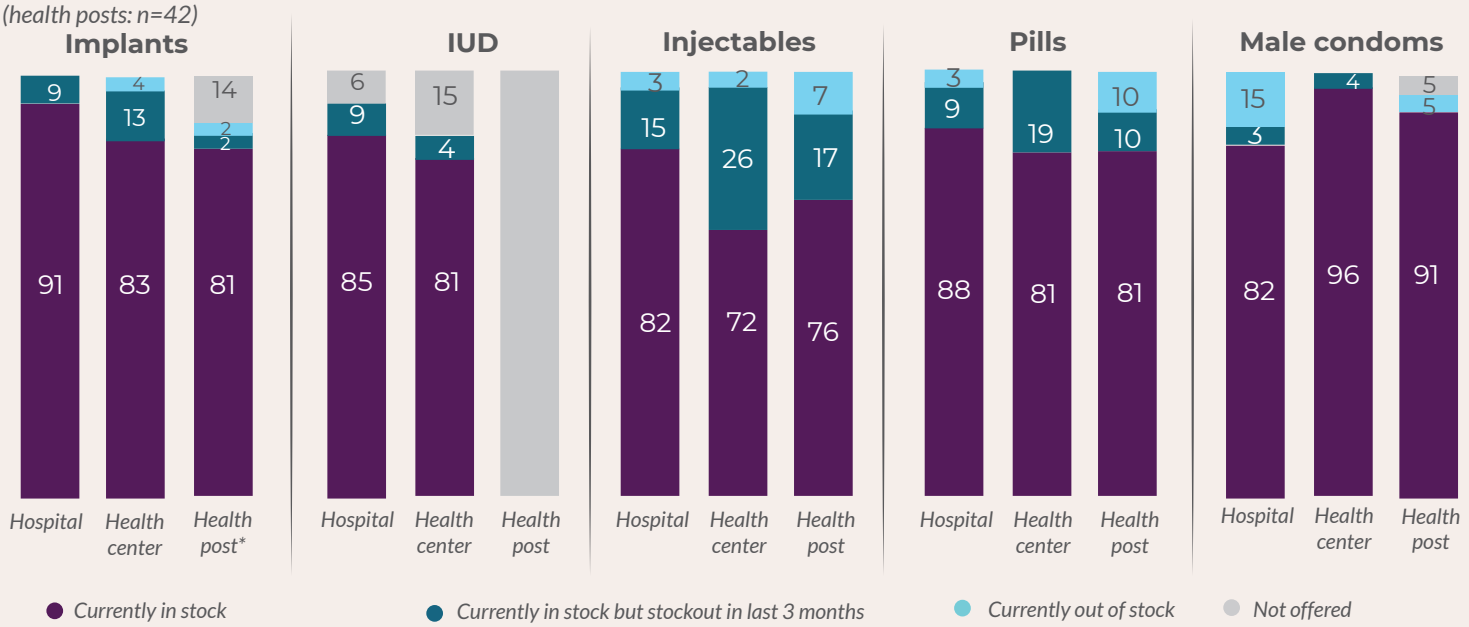
- *Slightly more than two out of three women agree that it is acceptable for a women to use FP before she has a child. This is higher than Oromiya, SNNP, and Tigray where one out of two women disagree.*
- *Majority of women agree that couples who use FP are financially responsible.*

SECTION 9: SERVICE DELIVERY POINTS

From the service delivery point survey

METHOD AVAILABILITY AT SERVICE DELIVERY POINTS

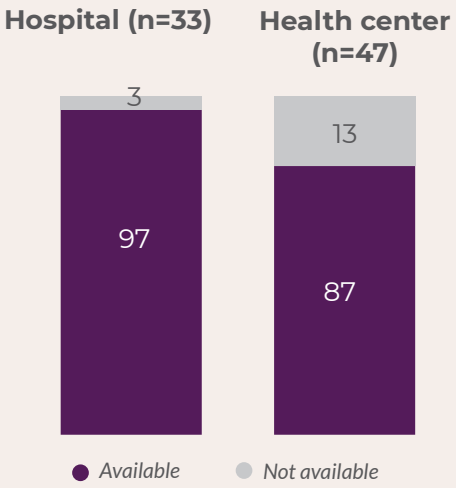
Percent of public service delivery points in Amhara offering FP with method in stock on day of interview (hospitals: n=33), (health centers: n=47), (health posts: n=42)



**Health posts with level 4 HEW that offer any FP (n=42)*

AVAILABILITY OF LIFESAVING MEDICINES

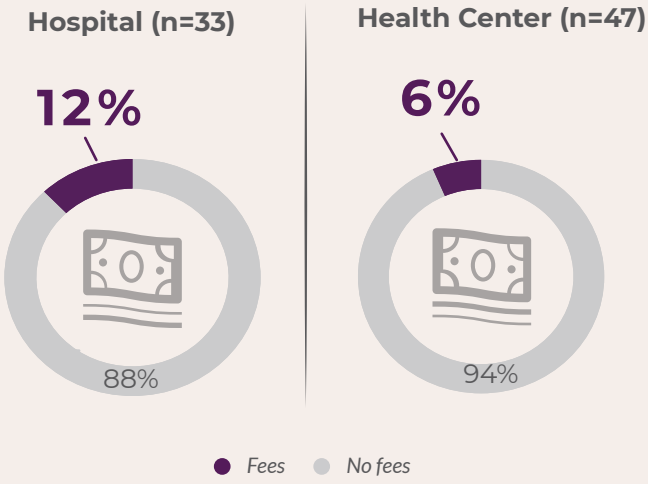
Percent of service delivery points with availability of oxytocin, magnesium sulfate, and any five other life-saving medicines, by facility type.*



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

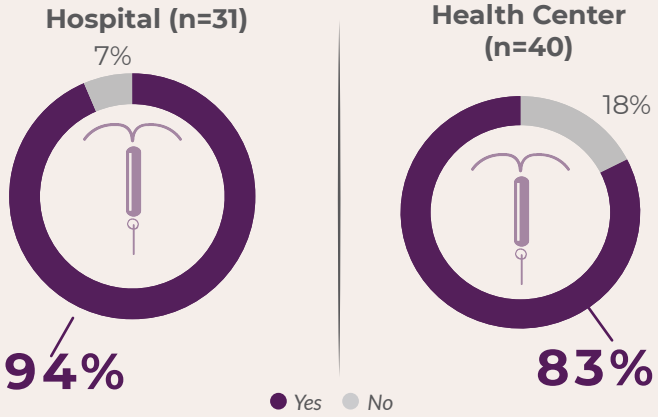
FEES FOR SERVICES

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

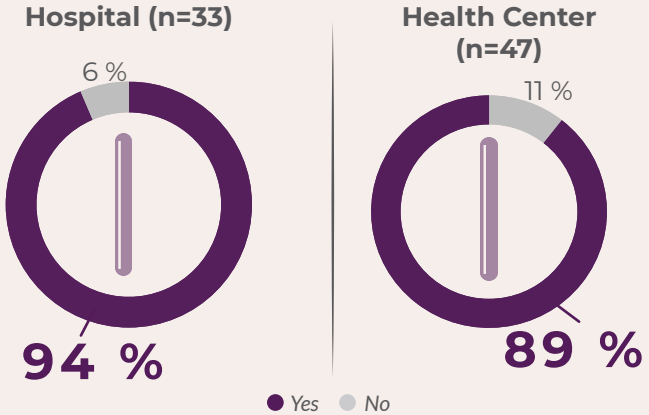


FACILITY READINESS

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.



86% *of modern contraceptive users in Amhara region who obtained their current method from a public health facility. (n=452)*

KEY FINDINGS FOR SECTION 9: SERVICE DELIVERY POINTS

- *The majority of modern contraceptive users (86%) get their method from public facilities.*
- *While majority of facilities have various contraceptives in-stock, stock-out of pills and injectables on the day of the survey was relatively higher at health posts.*
- *The majority of facilities have life-saving medicines.*
- *Three out of four facilities have personnel who are trained to remove implants on site on the day of the interview.*

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TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

AMHARA-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& R2	Mar -Nov 2014	2464	34.27	2.02	30.30	38.47	34.17	2.03	30.19	38.39	12.36	1.18	10.15	14.96
PMA 2020	R3	Apr-May 2015	1318	32.77	2.78	27.42	38.61	32.77	2.78	27.42	38.61	12.37	1.33	9.93	15.32
PMA 2020	R4	Mar-May 2016	1285	36.89	2.30	32.38	41.65	36.73	2.30	32.21	41.48	9.25	1.09	7.27	11.71
PMA 2020	R5	May-Jun 2017	1268	34.63	2.31	30.12	39.44	34.63	2.31	30.12	39.44	9.86	1.25	7.61	12.68
PMA 2020	R6	Jun-Jul 2018	1334	33.27	2.04	29.28	37.51	32.80	2.02	28.86	37.00	8.63	0.80	7.14	10.40
PMA	Phase 1	Oct-Dec 2019	1557	30.15	1.60	27.03	33.46	29.84	1.63	26.68	33.21	10.90	0.94	9.15	12.93

AMHARA-MARRIED 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& R2	Mar -Nov 2014	1,475	48.28	3.15	41.97	54.64	48.13	3.15	41.82	54.50	18.52	1.66	15.38	22.12
PMA 2020	R3	Apr-May 2015	807	45.55	4.01	37.65	53.68	45.55	4.01	37.65	53.68	17.47	1.99	13.81	21.85
PMA 2020	R4	Mar-May 2016	762	52.44	3.11	46.15	58.64	52.24	3.12	45.94	58.46	13.41	1.64	10.43	17.09
PMA 2020	R5	May-Jun 2017	759	47.40	3.32	40.78	54.12	47.40	3.32	40.78	54.12	13.39	1.93	9.96	17.78
PMA 2020	R6	Jun-Jul 2018	783	48.23	2.88	42.46	54.04	47.51	2.84	41.83	53.27	12.80	1.25	10.47	15.56
PMA 2020	Phase 1	Oct-Dec 2019	1002	41.88	2.32	37.30	46.60	41.59	2.34	36.99	46.34	15.89	1.34	13.38	18.77

BY REGION-ALL

Region	Female sample	CPR				mCPR				Unmet need for family planning			
		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	16.66	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 Amhara region, data for the cross-section were collected between October and December 2019 from 1,702 households (99.4 % completion rate), 1,586 women enrolled in the cross-sectional survey (98.2% 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.