

# PMA DEMOCRATICA REPUBLIC OF CONGO (KINSHASA)

Results from Phase 3 panel survey

December 2021 - April 2022



## OVERALL KEY FINDINGS



Among women with an unmet need in 2022, 85% continued to be non-users and 13% had discontinued their contraceptive use.



Nearly half of the women who intended to use family planning (FP) adopted a contraceptive method the following year.

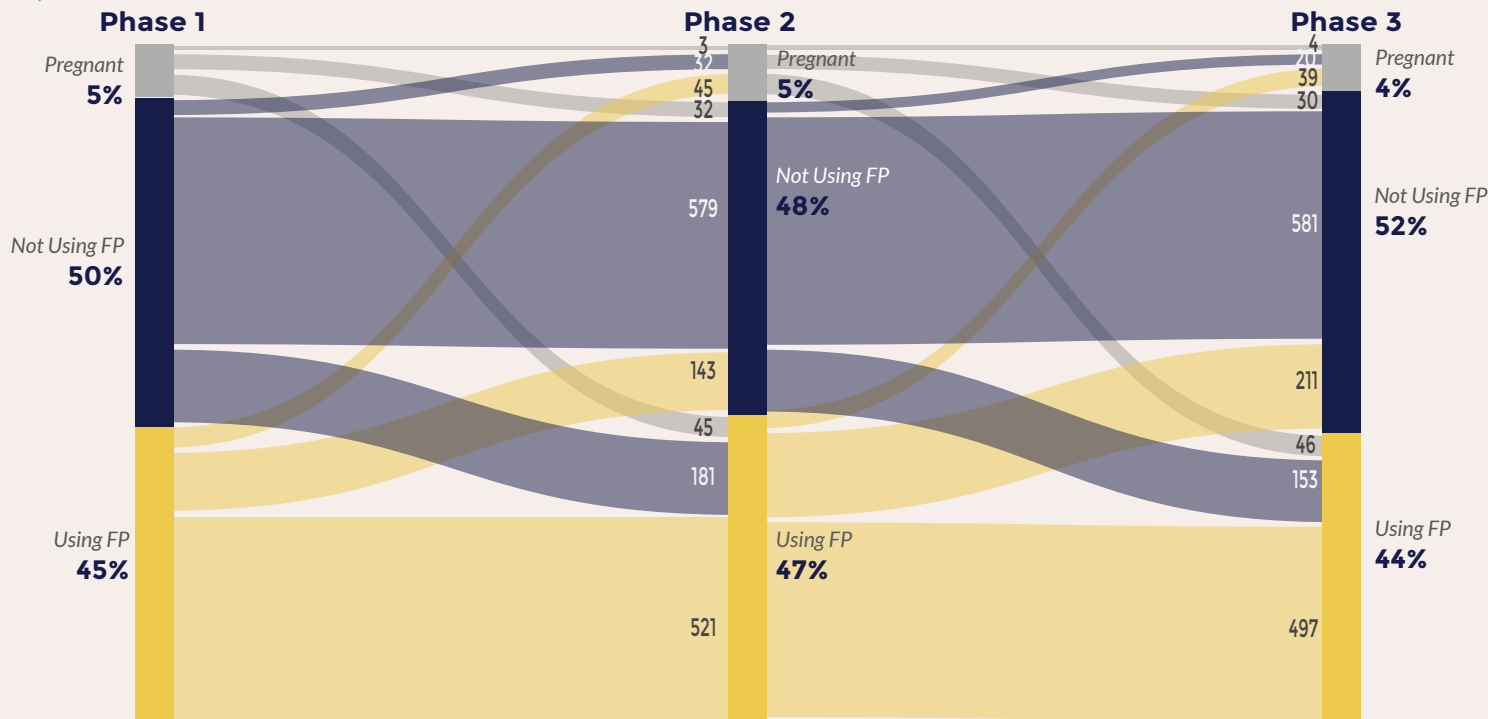


The more children a woman had, the more likely she was to continue her contraceptive use between Phase 2 and Phase 3. Twenty nine percent of women who had 5 children or more at Phase 2 continued using the same method at Phase 3, while only 13% of women without any previous birth continued using their contraceptive method.

## SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

### CHANGE IN CONTRACEPTIVE USE OR NON-USE

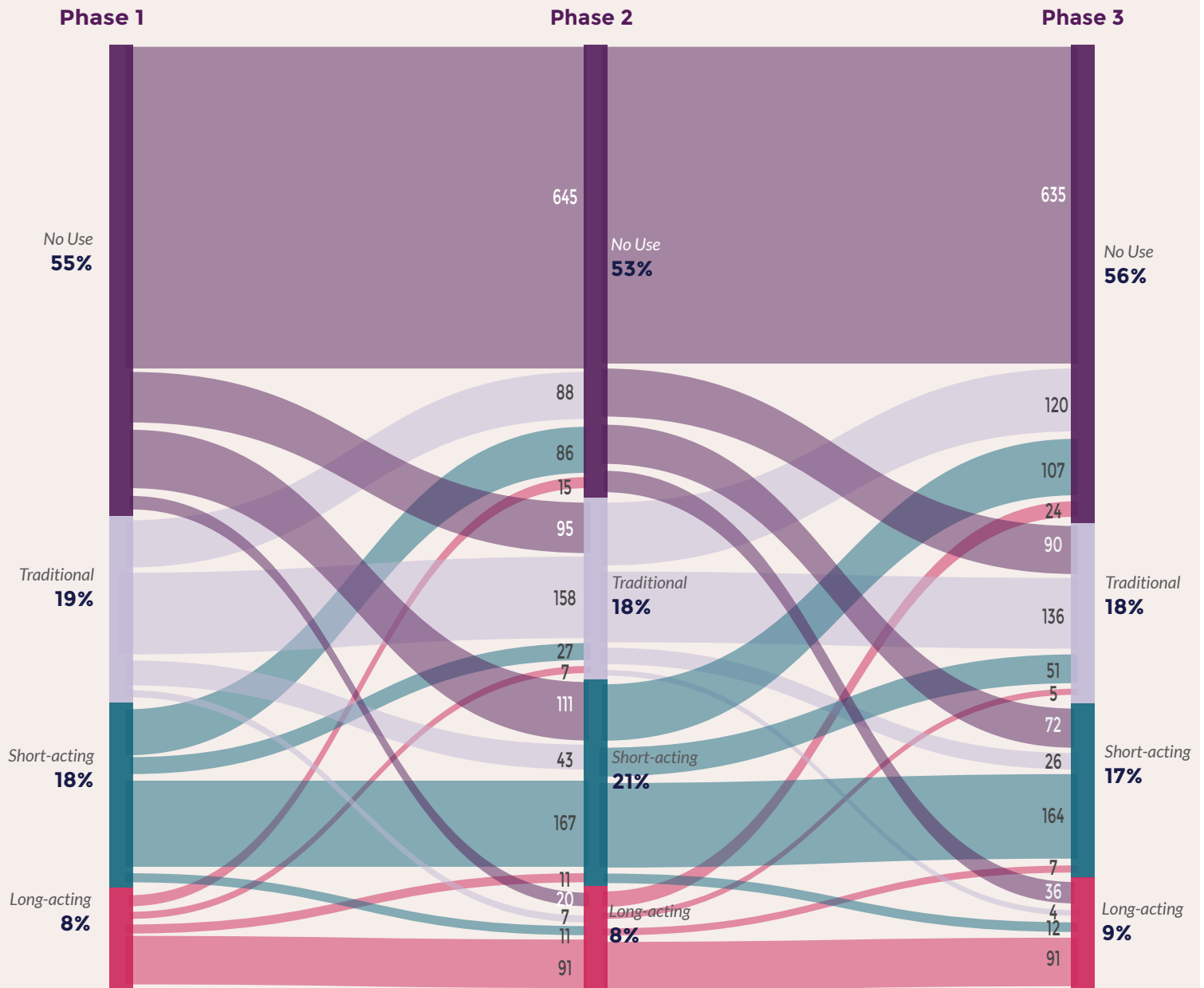
Percent of women age 15-49 who changed contraceptive use status between PMA Phase 1 (February 2020), PMA Phase 2 (February 2021), and PMA Phase 3 (April 2022) (n=1,581)



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.

# CHANGE IN CONTRACEPTIVE METHOD TYPE

Percent of women age 15-49 who changed contraceptive method or use status between PMA Phase 1 (February 2020), PMA Phase 2 (February 2021), and PMA Phase 3 (April 2022) (n=1,581)



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 blue ribbon flowing from Phase 2 to Phase 3 represents women who were using a short-acting method 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.

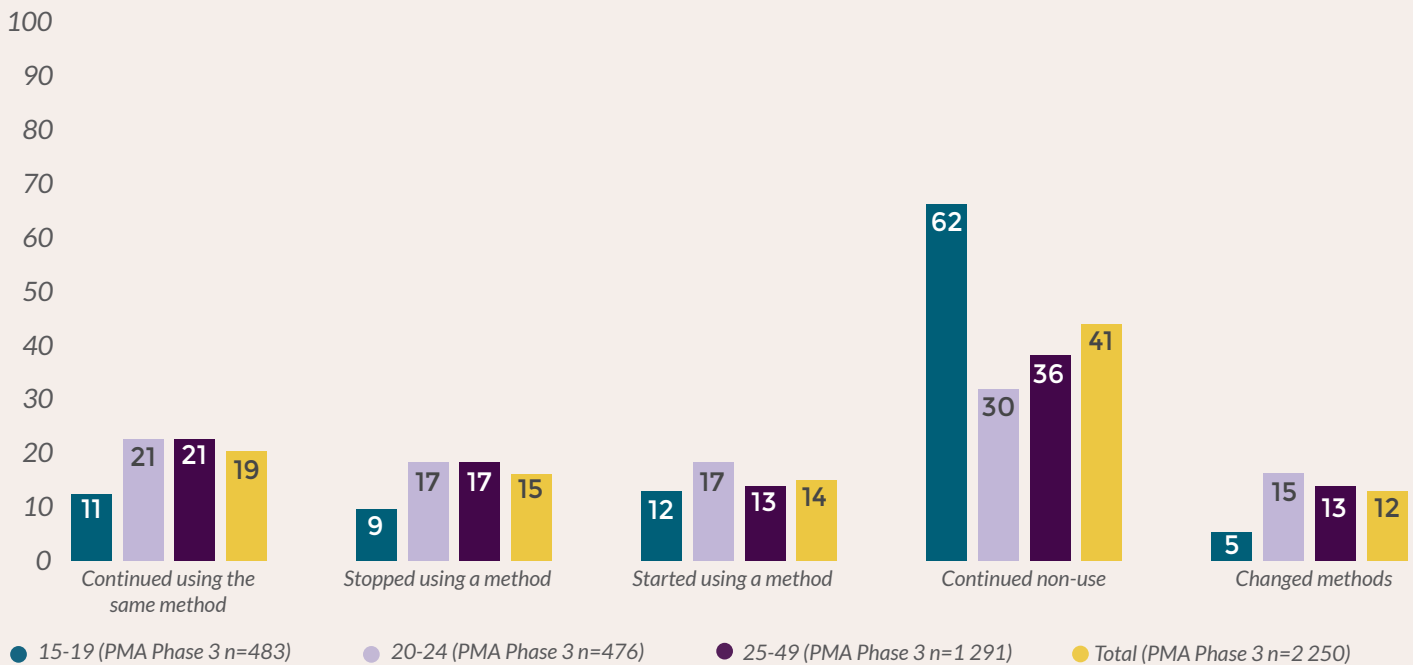
## KEY FINDINGS FOR SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

- Between 2020 and 2022, no significant change was observed in contraceptive use, which remained at around 45%.
- Twenty percent of women who used contraception at Phase 1 discontinued their contraceptive use between Phase 1 and Phase 2. This proportion increased to 28% between Phase 2 and Phase 3.
- Between 2021 and 2022, the proportion of long-acting and reversible contraceptive (LARC) method users increased by one percentage point, from 8% to 9%. Nearly one in ten short-acting contraceptive method users in 2021 discontinued their modern contraceptive use in 2022.

## SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

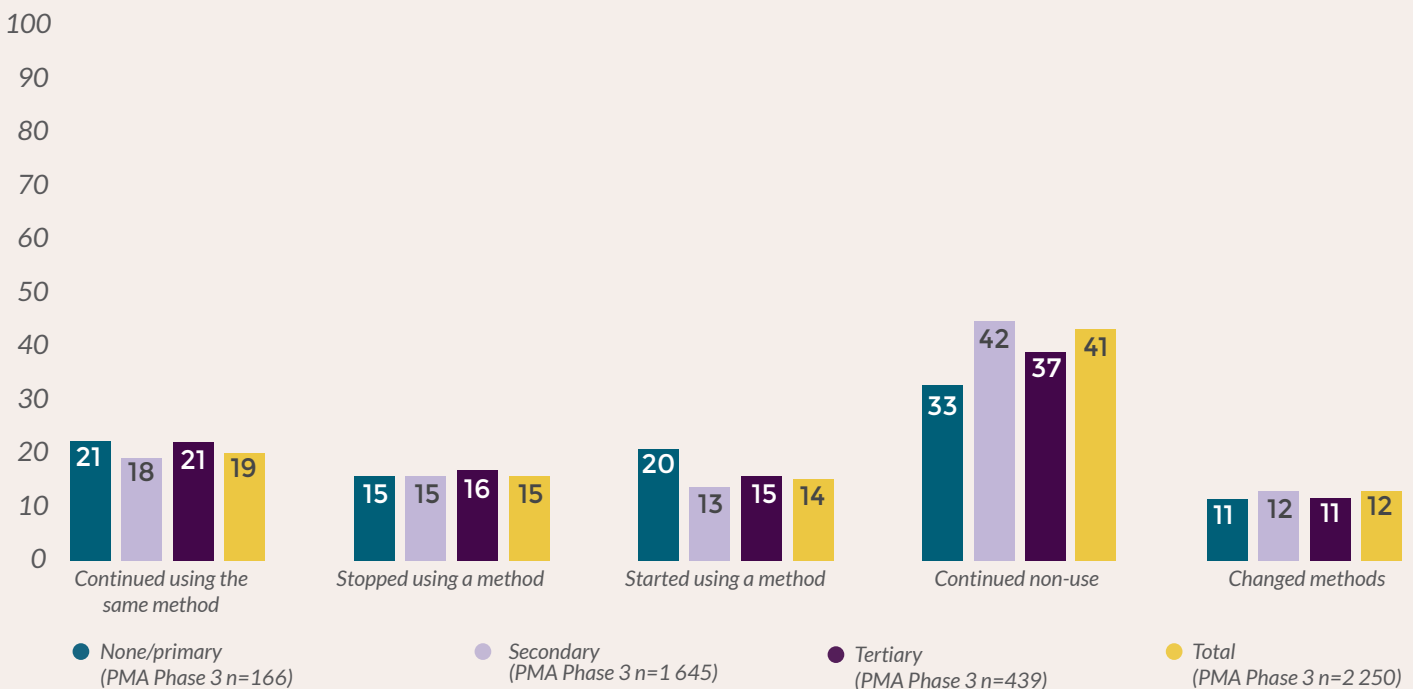
### CHANGE IN CONTRACEPTIVE USE STATUS, BY AGE

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



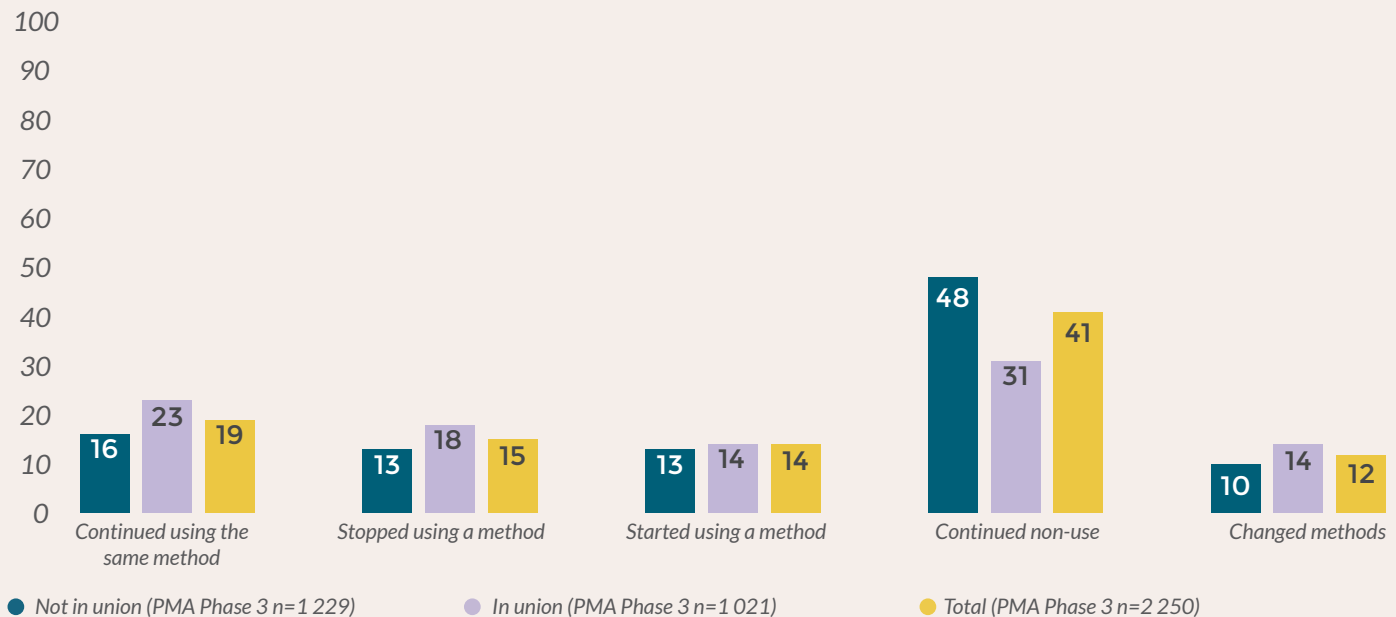
### CHANGE IN CONTRACEPTIVE USE STATUS, BY EDUCATION LEVEL

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



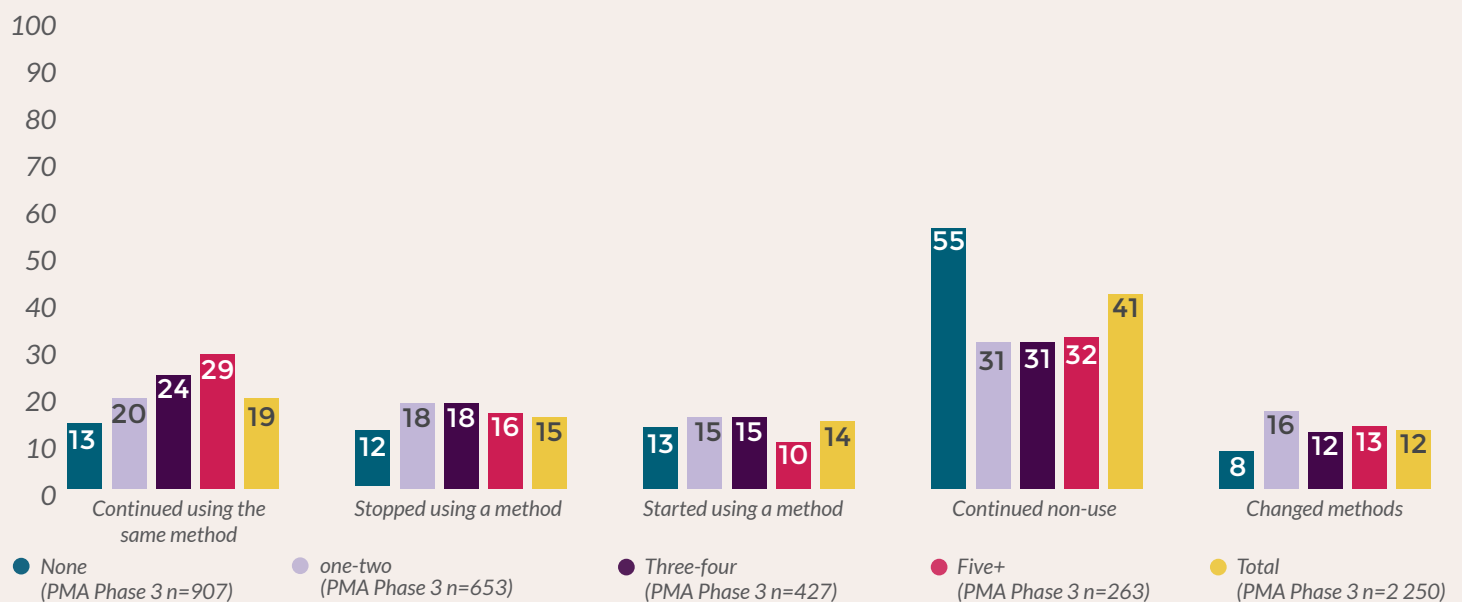
## CHANGE IN CONTRACEPTIVE USE STATUS, BY MARITAL STATUS

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



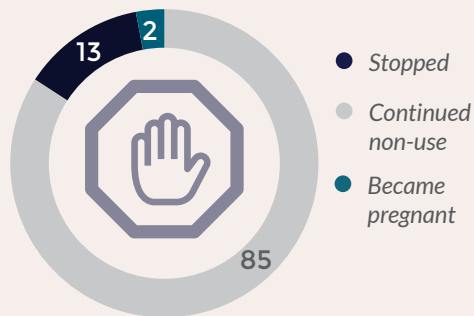
### KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

- Between 2021 and 2022, one in five women continued using the same contraceptive method.
- Between 2021 and 2022, nearly one in four married women reported using the same contraceptive method, while nearly half of unmarried women continued to be non-users.
- The more children a woman had at Phase 2, the more likely she was to continue using her contraceptive method at Phase 3. For example, 29% of women with five children or more continued using the same method between Phase 2 and Phase 3, while only 13% of women without any previous birth continued using their contraceptive method.

## SECTION 3: OTHER PANEL DYNAMICS

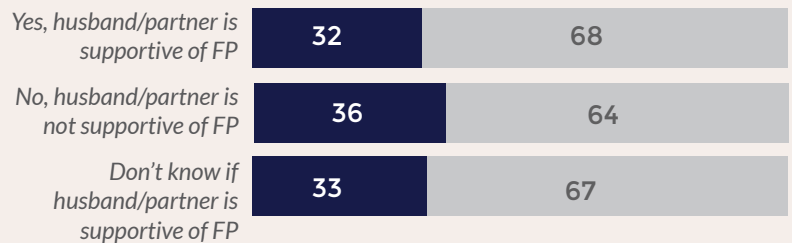
### METHOD DISCONTINUATION

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=2,250)



### PARTNER SUPPORT FOR FAMILY PLANNING

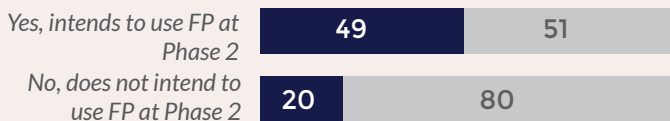
Percent of women in union age 15-49 who were not using an FP method at Phase 2 and who adopted an FP method between Phase 2 and Phase 3, by husband/partner's support for FP at Phase 2 (n=806)



● Adopted a method between Phase 2 and Phase 3    ● Continued non-user at Phase 3 and Phase 2

### INTENTION TO USE FAMILY PLANNING

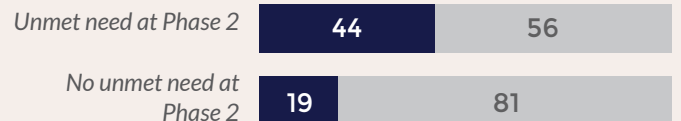
Percent of women age 15-49 who were not using an FP method at Phase 2 and who adopted an FP method between Phase 2 and Phase 3, by their intention to use FP at Phase 2 (n=1,227)



● Adopted a method between Phase 2 and Phase 3    ● Continued non-user at Phase 3

### 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=1,227)



● Adopted a method between Phase 2 and Phase 3    ● Continued non-user at Phase 3

### KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

- Among women with an unmet need in April 2022, 85% continued to be non-users of contraception and 13% had discontinued their use of family planning.
- Thirty-two percent of women who reported that their partners were favorable to FP in 2021 adopted a contraceptive method in 2022. This proportion was 36% among women whose partners were not favorable to FP in 2021.
- Forty-nine percent of women who reported that they intended to use FP in 2021 adopted a contraceptive method in 2022. Only one in five women who reported that they did not intend to use FP in 2021 adopted a contraceptive method in 2022.

### 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	2,549	2,529	1,989	1,703	1,604	1,589
Enrolled at Phase 2	838	N/A	831	651	646	N/A
<b>Total Panel Women</b>	<b>3,387</b>	<b>2,529</b>	<b>2,820</b>	<b>2,354</b>	<b>2,250</b>	<b>1,589</b>

In the province of Kinshasa, PMA Democratic Republic of Congo collects representative data at the provincial level on knowledge, practice and coverage of family planning services in 58 enumeration areas using a two-stage stratified cluster sampling approach at the urban level. The PMA panel survey was conducted among 2,990 women interviewed in Phase 1 and Phase 2 surveys, who consented to follow-up, and who were aged 15-49 at the time of the Phase 3 survey (December 2021 to April 2022). 72% of women were enrolled in Phase 1 between December 2019 and February 2020, and 28% of women were enrolled in Phase 2 between November 2020 and February 2021. Of the 2,990 eligible female respondents, 18.5% were not contacted at follow-up. Of those reached, 2,366 (79.1%) responded to the survey, for a response rate of 97% among the women contacted. The survey results presented in this report are for de facto women who completed the panel surveys in each Phase. The results presented in Section 1 of the report are representative of the Phase 1 population. The estimates presented in Sections 2 and 3 are representative of the Phase 2 population. The sociodemographic data used to disaggregate the indicators were collected in Phase 2. For more information on sampling and to access the full datasets, visit [www.pmadata.org/countries/democratic-republic-congo](http://www.pmadata.org/countries/democratic-republic-congo).

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

PMA Democratic Republic of Congo is led by l'École de Santé Publique de l'Université de Kinshasa. 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.