

PMA DEMOCRATIC REPUBLIC OF CONGO (KINSHASA)

Results from Phase 3 cross-sectional survey

December 2021-April 2022



OVERALL KEY FINDINGS

Among married women, modern contraceptive use in the province of Kinshasa has remained unchanged between 2020 and 2022, stagnating around 30%.



The implant remained the prevailing contraceptive method (42%) among married women, and emergency contraception was the most common method (42%) among unmarried women who were sexually active.



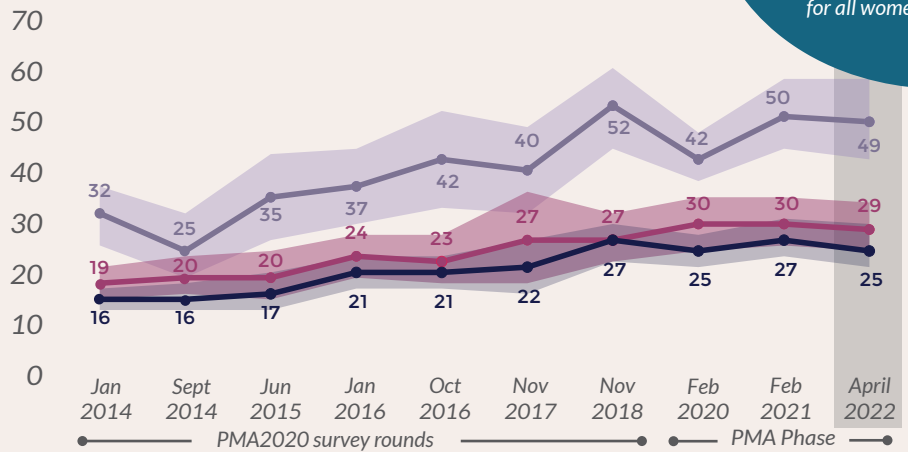
Among all modern contraceptive methods that were out of stock in public Service Delivery Points (SDPs), the implant remains the second least likely method to be out of stock (10%) after the IUD (5%).

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

MODERN CONTRACEPTIVE PREVALENCE

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

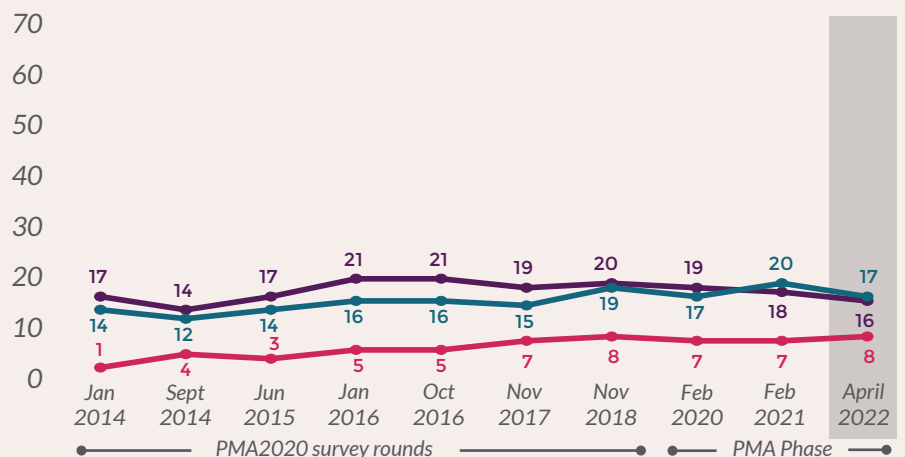
1.5%
average annual increase in mCPR for all women



- Married women (PMA Phase 3, n=973)
- Femmes non mariées, sexuellement actives (PMA Phase 3, n=465)
- All women (PMA Phase 3, n=2,326)

CONTRACEPTIVE PREVALENCE BY METHOD TYPE

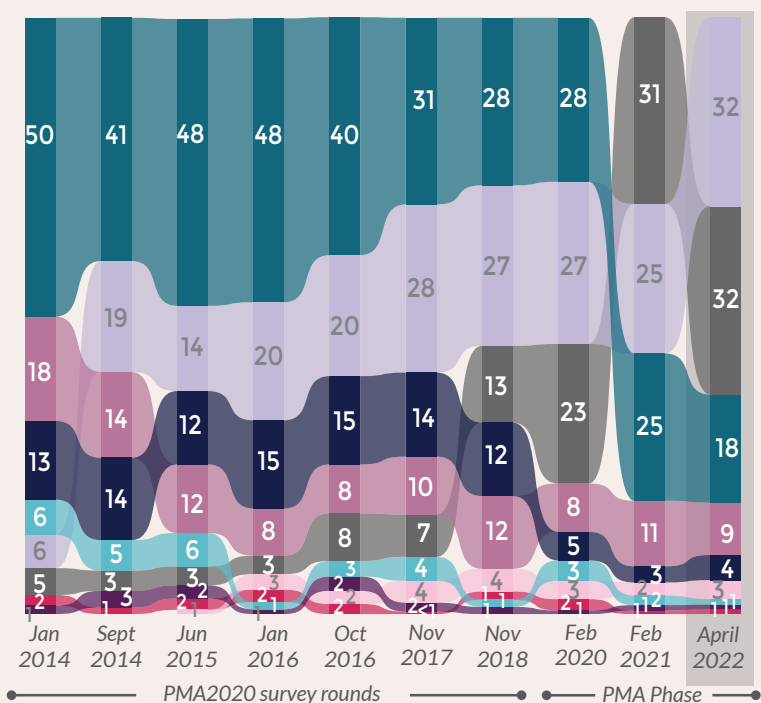
Percent of all women age 15-49 currently using contraception by method type (PMA Phase 3, n=2,326)



- Short-acting methods
- Long-acting methods
- Traditional methods

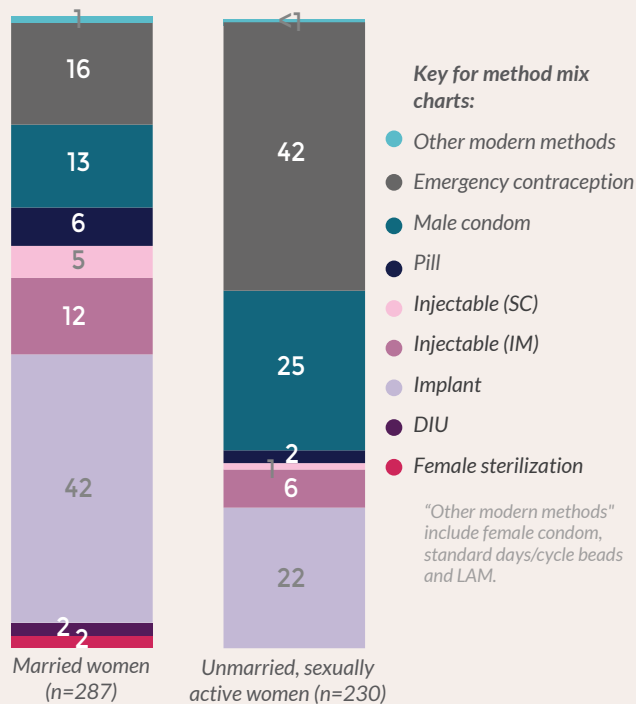
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 3, n=589)



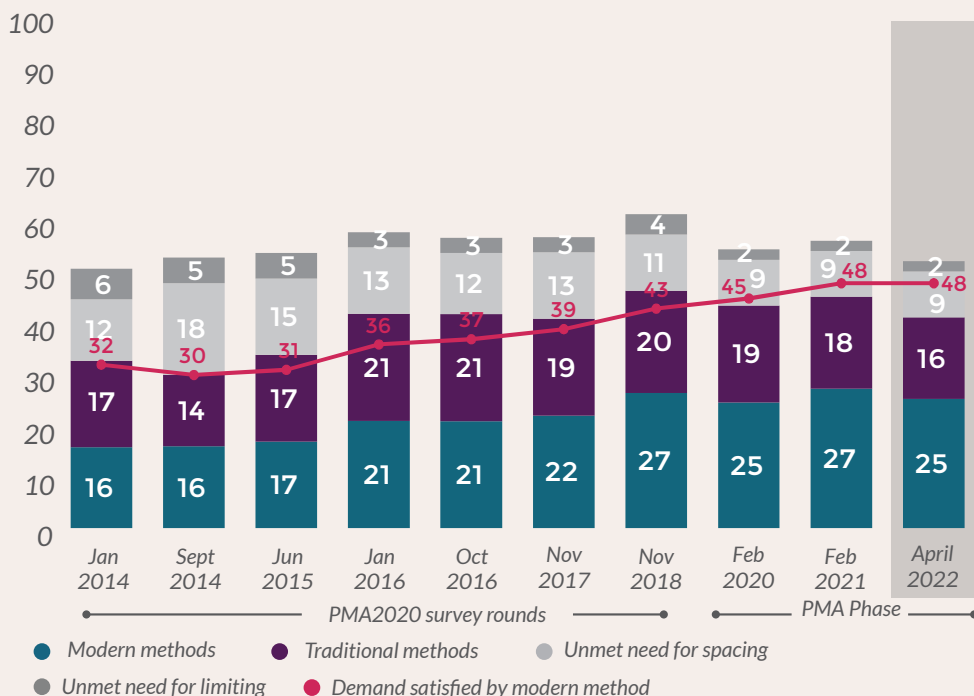
MODERN CONTRACEPTIVE METHOD MIX

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



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

Percent of all women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 3, n=2,326)



INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

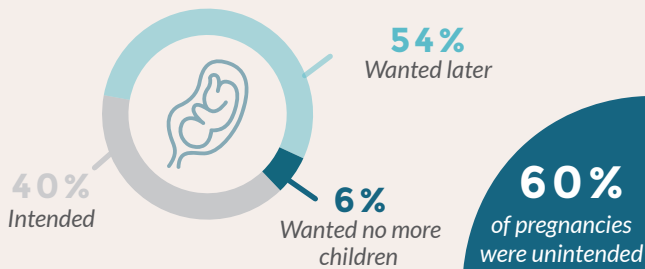
Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=1,270)



Demand satisfied by a modern method is total number of modern method users over the sum of contraceptive users and those with unmet need.

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=781)



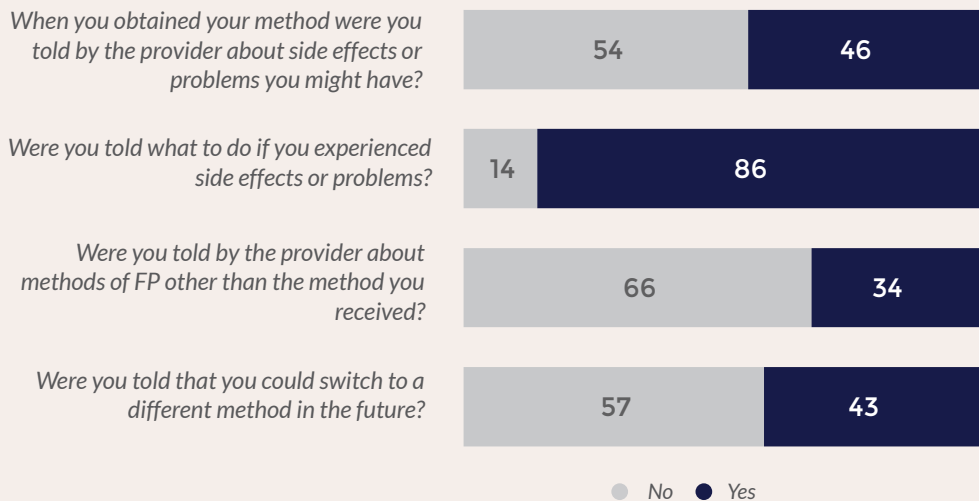
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Modern contraceptive use has stagnated around 25% for all women and at around 30% for married women since 2020, while steadily increasing among unmarried, sexually active women.
- The implant remained the most common contraceptive method among married women (42%) followed by emergency contraception (16%), while unmarried and sexually active women mainly used emergency contraception (42%), condoms (25%), and implants (22%).
- Sixty percent (60%) of current/recent births/pregnancies were unwanted.

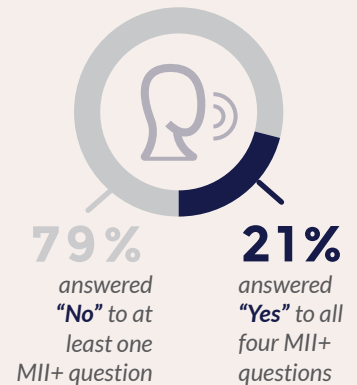
SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

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=530)



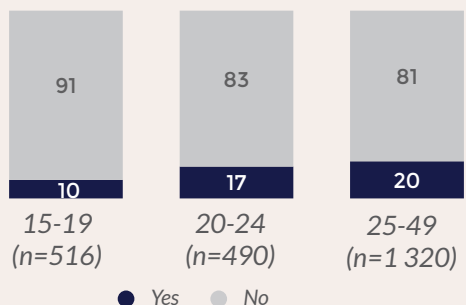
Percent of women who responded "Yes" to all four MII+ questions



Only women who said they were told about possible side effects were asked whether they were told about what to do in the event of side effects.

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



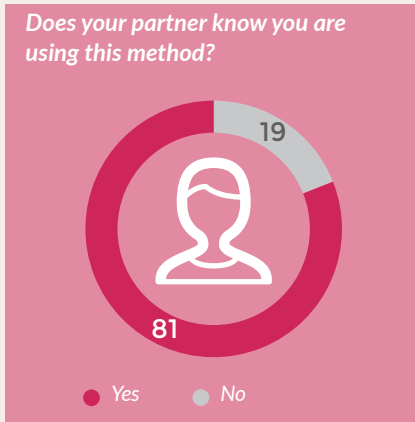
KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- Only one in five (21%) women who used a contraceptive method received the four key components of complete counseling by a health provider.
- More than half of women (54%) reported that they were not informed of the side effects of their methods at the time of their visits.
- Only one in ten adolescent girls reported that they discussed FP with a health provider or a community-based worker in the past twelve months.

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 statement, by age and education (n=283)



By age

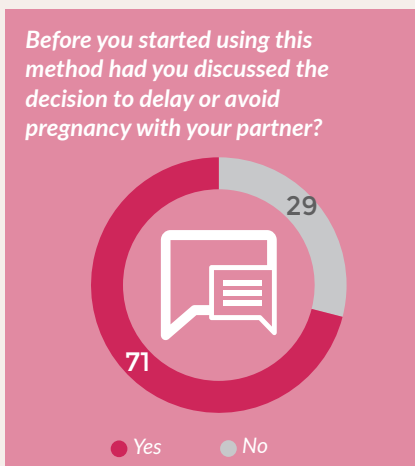


By education

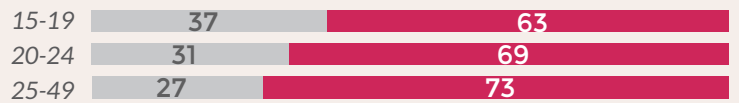


Modern, female controlled methods includes all modern methods except male sterilization and male condoms

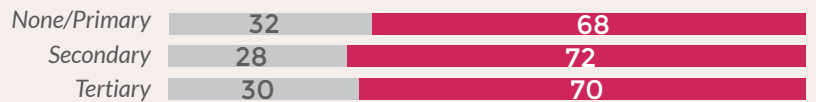
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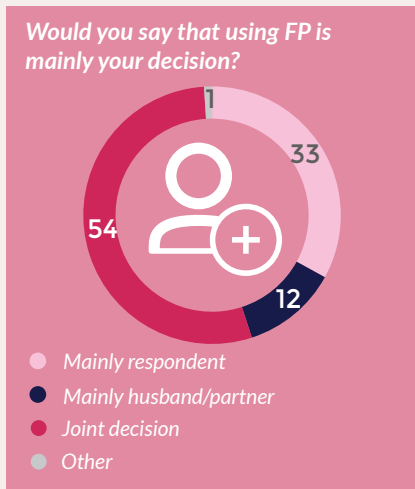


By education

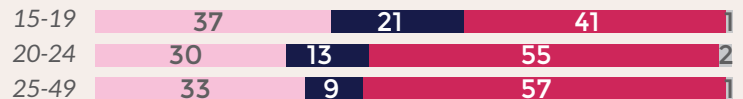


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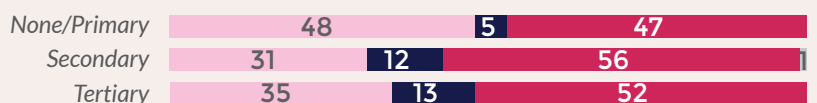
Percent of women who are currently using FP and agree with the following statement, by age and education (n=583)



By age

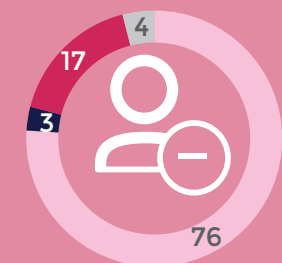


By education



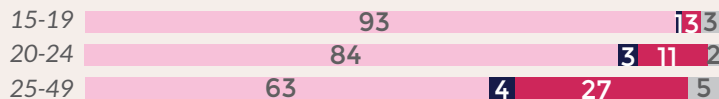
Percent of women who are not currently using FP and agree with the following statement, by age and education (n=1,300)

Would you say that not using FP is mainly your decision?

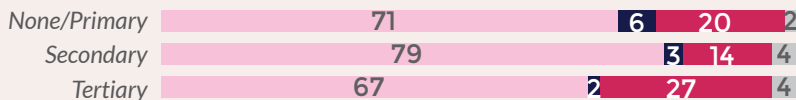


- Mainly respondent
- Mainly husband/partner
- Joint decision
- Other

By age

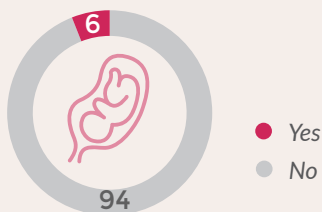


By education

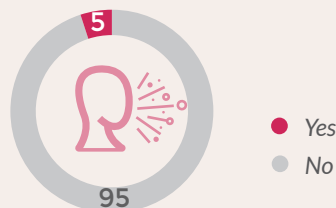


PREGNANCY COERCION

Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=967)



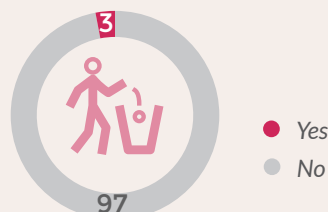
Percent of currently married women who report that their partner made them feel badly for wanting to use an FP method to delay or prevent pregnancy in the past 12 months (n=966)



Percent of currently married women who report that their partner said he would leave them if they did not get pregnant in the past 12 months (n=967)



Percent of currently married women who report that their partner took away their FP method or kept them from a clinic in the past 12 months (n=966)



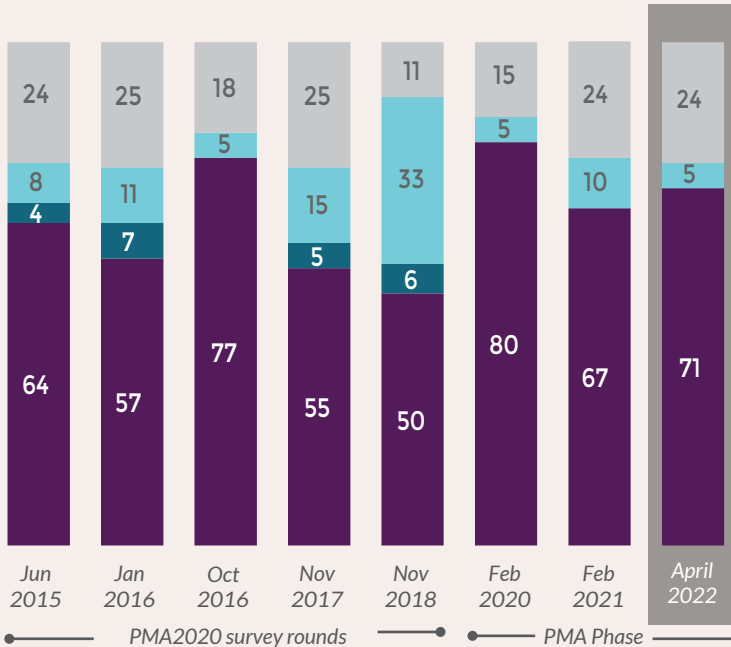
KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Among women using a female-controlled modern contraceptive method, more than 80% reported that their partners were aware of their using this contraceptive method.
- About 71% of women using a female-controlled modern contraceptive method reported that they discussed the decision to delay or avoid a pregnancy with their partners before starting to use their current methods. This proportion was lower among adolescents (63%).
- Over half (54%) of women currently using a family planning method reported that the decision to use contraception was made jointly with their husbands/partners, while 12% reported that it was mainly the decision of their husbands/partners'.

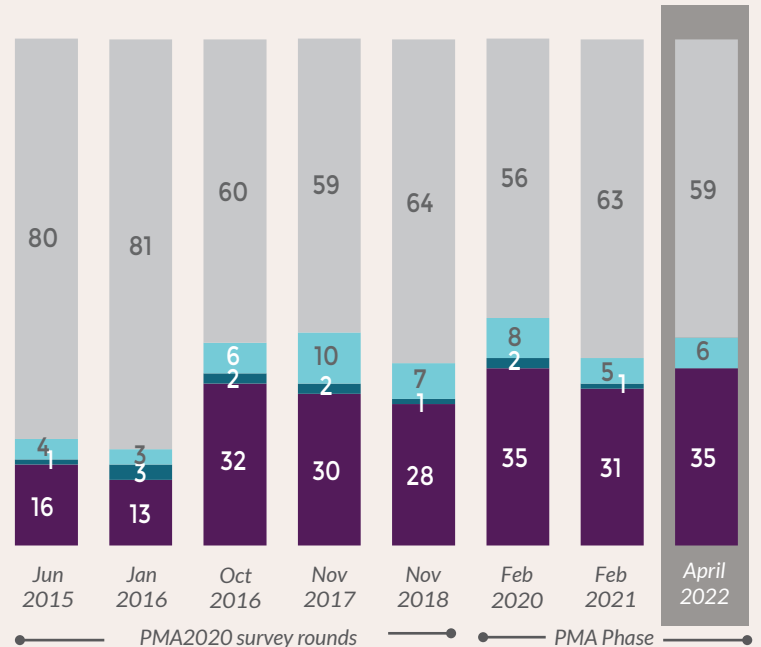
SECTION 4: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 3, n=21)



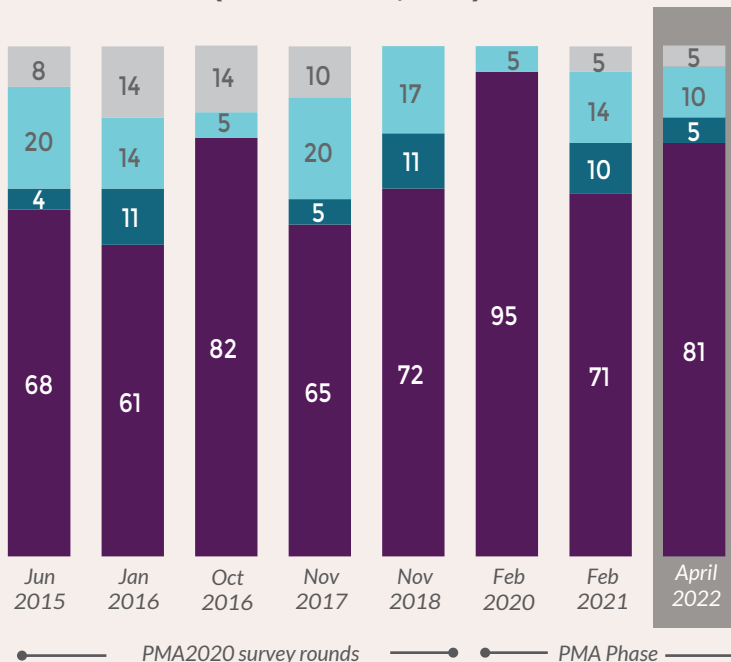
Private facilities (PMA Phase 3, n=102)



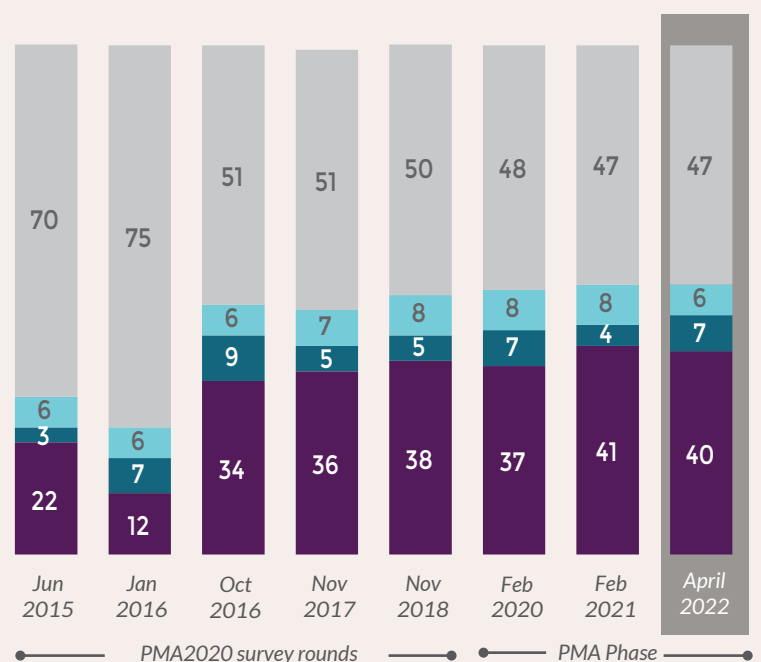
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 3, n=21)



Private facilities (PMA Phase 3, n=102)

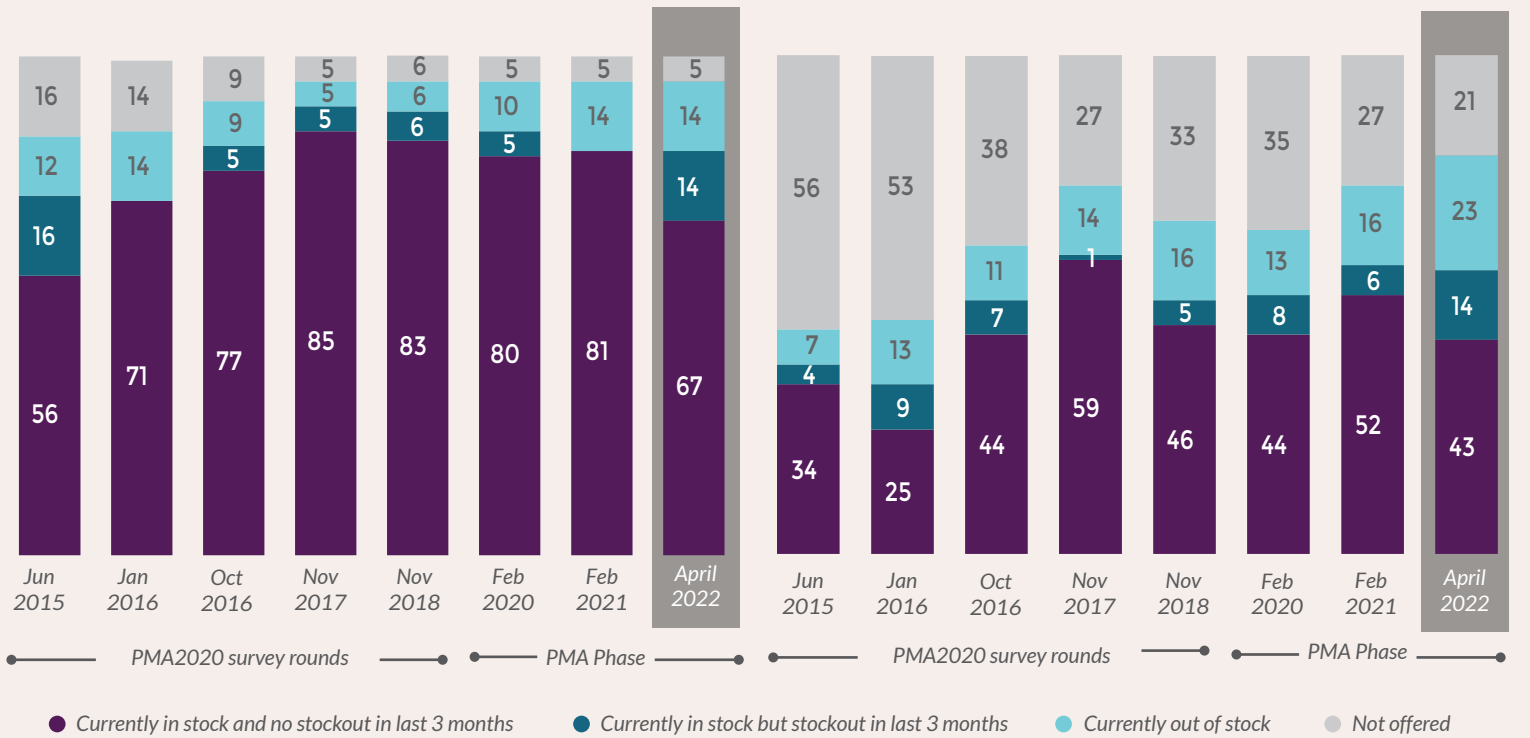


● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 3, n=21)

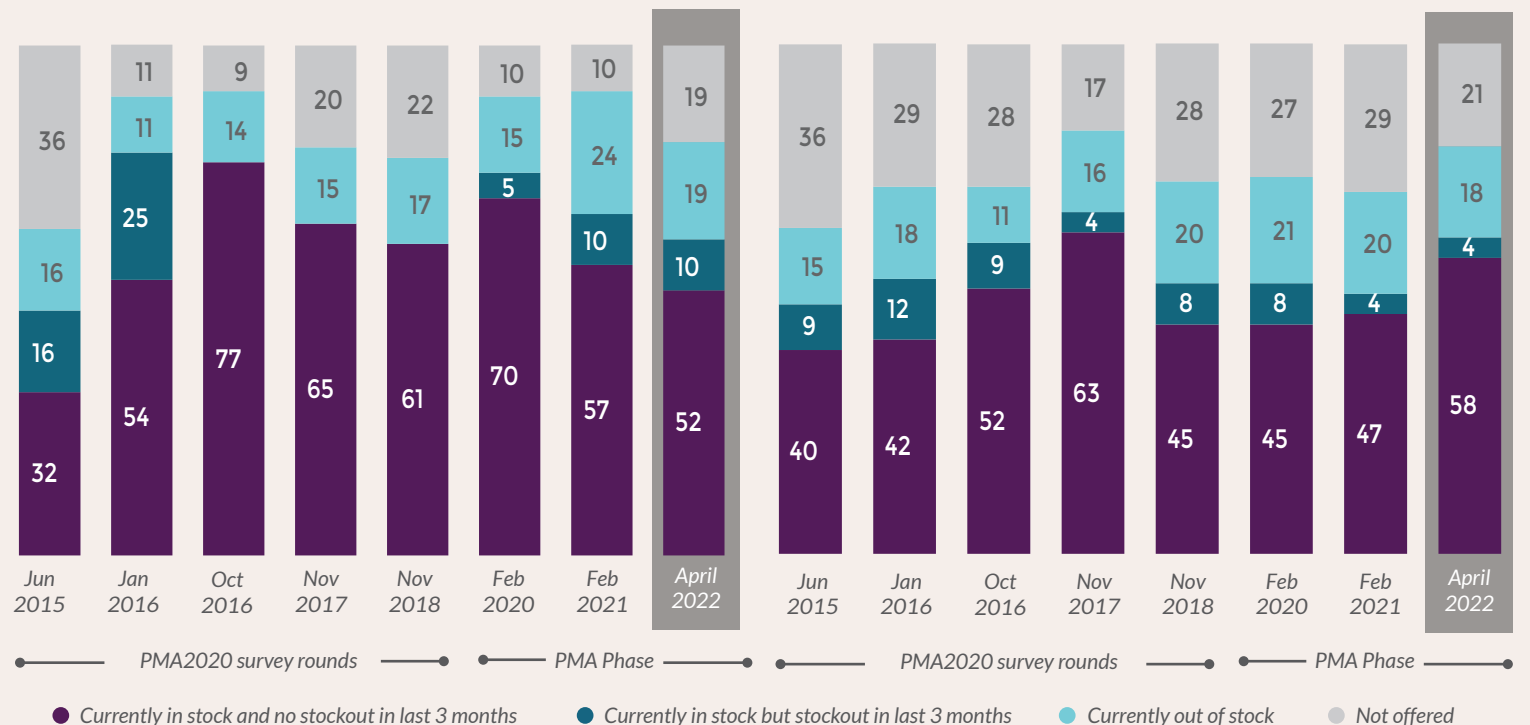
Private facilities (PMA Phase 3, n=102)



TRENDS IN METHOD AVAILABILITY: PILLS

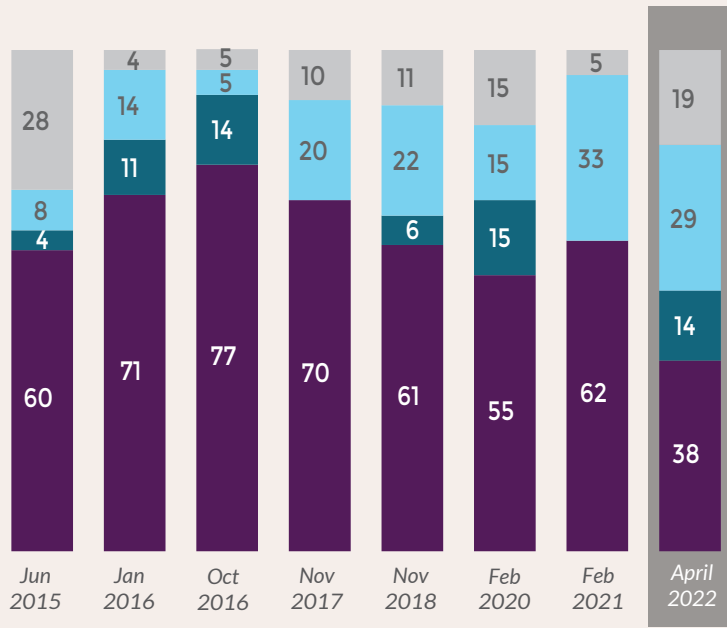
Public facilities (PMA Phase 3, n=21)

Private facilities (PMA Phase 3, n=102)

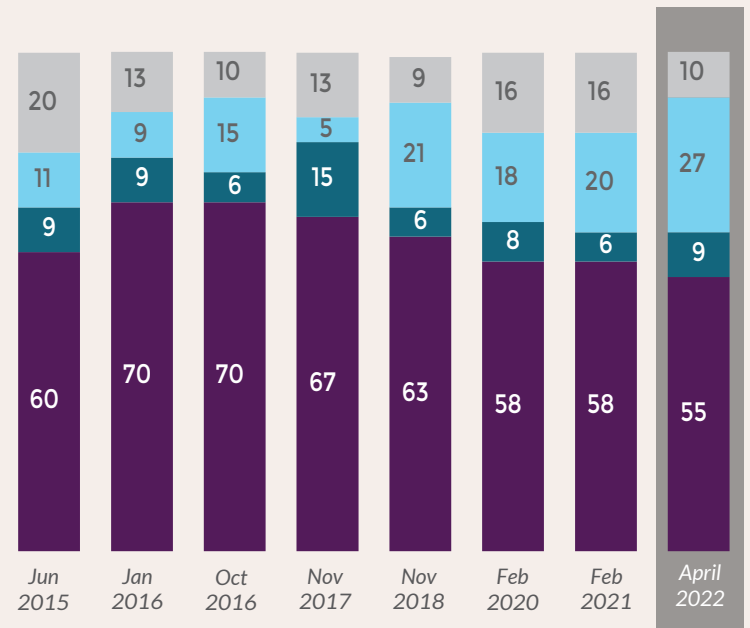


TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 3, n=21)



Private facilities (PMA Phase 3, n=102)



● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

MAIN REASON FOR EPISODES OF STOCKOUT OF ANY METHOD BY TYPE OF FACILITY

Public facilities (n=58 episodes)

 **62%**
Products were ordered but not delivered

 **31%**
Other

Private facilities (n=220 episodes)

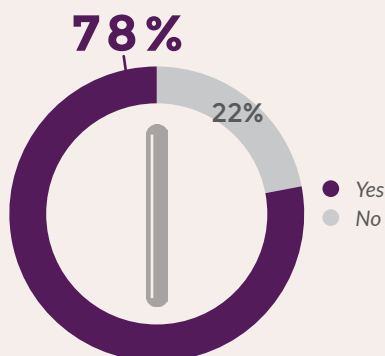
 **70%**
Products were ordered but not delivered

 **12%**
Other

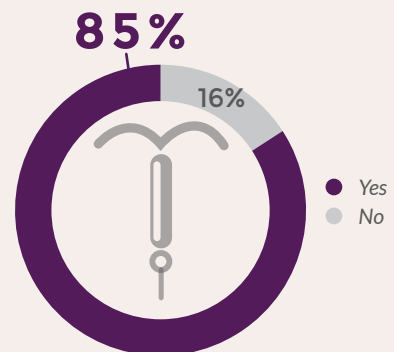
Possible answers were "Did not place order for shipment", "Ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", "Stock out due to COVID-19 disruption", and "Other."

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=74)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=58)



25%

of women
obtained their
current modern
method from a public
health facility (n=533)

KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS

- Among all modern contraceptive methods that were out of stock in public Service Delivery Points (SDPs), the implant remained the second method least likely to be out of stock (10%) after the IUD (5%).
- Five percent of public SDPs did not provide the implant, and 22% of all SDPs who provide the implant did not have a trained provider or the necessary equipment/supplies for implant insertion and removal.
- Over 62% of stockout episodes in public and private SDPs were related to orders that were not delivered.

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

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	Oct-Jan 2014	2,129	33.22	1.26	30.75	35.79	16.24	0.95	14.42	18.24	17.65	0.92	15.89	19.56
PMA 2020	R2	Aug-Sept 2014	2,860	30.35	2.14	26.24	34.80	15.98	1.30	13.55	18.74	22.36	1.41	19.67	25.29
PMA 2020	R3	May-June 2015	2,665	34.20	2.33	29.71	38.99	16.92	1.72	13.75	20.64	20.08	1.50	17.25	23.25
PMA 2020	R4	Oct-Jan 2016	2,733	42.32	1.86	38.65	46.09	20.94	1.53	18.04	24.17	16.00	1.52	13.20	19.27
PMA 2020	R5	Aug-Oct 2016	2,582	42.28	2.29	37.79	46.90	20.89	1.31	18.39	23.63	14.57	1.77	11.38	18.47
PMA 2020	R6	Aug-Nov 2017	2,568	40.50	2.18	36.23	44.91	22.01	2.52	17.40	27.43	15.75	1.74	12.59	19.54
PMA 2020	R7	Oct-Nov 2018	2,583	46.62	2.10	42.44	50.84	26.54	1.86	22.98	30.43	14.95	2.59	10.49	20.85
PMA	Phase 1	Dec-Feb 2020	2,611	43.61	1.58	40.47	46.80	24.56	1.40	21.86	27.47	10.67	0.93	8.94	12.69
PMA	Phase 2	Nov-Feb 2021	2,369	45.26	2.08	41.14	49.45	27.29	1.74	23.96	30.91	11.39	1.24	9.14	14.11
PMA	Phase 3	Nov-Apr 2022	2,326	41.51	1.99	37.60	45.53	25.29	2.03	21.45	29.54	11.78	1.23	9.54	14.56

WOMEN IN UNION				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	Oct-Jan 2014	1,073	38.83	1.98	34.95	42.85	18.86	1.62	15.83	22.32	31.07	1.43	28.28	34.01
PMA 2020	R2	Aug-Sept 2014	1,396	35.64	2.52	30.77	40.83	20.26	1.76	16.97	23.99	33.34	2.05	29.38	37.55
PMA 2020	R3	May-June 2015	1,200	42.24	2.99	36.41	48.29	20.39	2.27	16.22	25.30	31.37	2.24	27.07	36.02
PMA 2020	R4	Oct-Jan 2016	1,173	50.22	2.59	45.06	55.37	23.78	1.83	20.31	27.63	25.60	2.34	21.22	30.54
PMA 2020	R5	Aug-Oct 2016	1,190	49.90	3.38	43.20	56.61	23.40	2.18	19.34	28.03	22.58	2.90	17.33	28.88
PMA 2020	R6	Aug-Nov 2017	1,166	47.33	2.83	41.75	52.99	26.70	4.12	19.34	35.63	24.77	2.07	20.87	29.13
PMA 2020	R7	Oct-Nov 2018	1,197	51.26	3.22	44.85	57.63	27.37	2.21	23.19	32.00	23.52	3.78	16.84	31.83
PMA	Phase 1	Dec-Feb 2020	1,159	54.65	2.20	50.24	59.00	29.82	2.40	25.26	34.81	15.60	1.21	13.33	18.18
PMA	Phase 2	Nov-Feb 2021	1,044	54.93	1.96	50.98	58.82	30.33	2.11	26.29	34.69	17.62	1.66	14.55	21.18
PMA	Phase 3	Nov-Apr 2022	973	50.23	2.01	46.21	54.25	29.17	2.21	24.95	33.78	19.45	1.63	16.39	22.92

In the province of Kinshasa, PMA Democratic Republic of Congo collects information on knowledge, practices, and coverage of family planning services in 58 enumeration areas using a two-stage stratified cluster sampling approach at the urban level. The results are representative at the provincial level. Data were collected between December and April 2022 from 1,828 households (with a response rate of 95.2%), 2,326 women aged 15-49 years (response rate: 94.0%). For more information on the sampling and complete databases, see : <https://www.pmadata.org/countries/democratic-republic-congo>.

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

PMA uses mobile technology and resident interviewers for data collection to rapidly conduct monitoring surveys of key family planning and health indicators in Africa and Asia. PMA Democratic Republic of Congo is led by the l'École de Santé Publique de l'Université de Kinshasa. Strategy and overall support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.