# pma république démocratioue DU CONGO (KINSHASA) 

## OVERALL KEV FINDINGS

Since the beginning of COVID-19 restrictions, four out of ten women lived in households experiencing food insecurity. Of these women, seven out of ten reported an increase in food security due to COVID-19.

One in ten women who were not pregnant changed their mind about wanting a pregnancy because of COVID-19.

Of the women who had needed to visit a health facility since the beginning of the COVID-19 restrictions, 54\% reported difficulties in access.

## SECTION 1: KNOWLEDGE AND USE OF COVID-19 CALL CENTERS

## HEARD OF COVID-19 CALL CENTER

Percentage of women who have heard of a COVID-19-related call center, by education ( $n=1,283$ )


## TRUST THE COVID-19 CALL CENTER

Percent of respondents who trust the emergency/call center number ( $n=945$ )


KEY FINDINGSFOR SECTION 1: KNOWLEDGE AND USE OF COVID-19 CALL CENTERS

- Less than half of women knew the number of the call center for information on COVID-19.
- Four out of ten women who had heard of the call center did not trust it and less than one out of ten women tried to call this number.

SECTION 2: CONCERN ABOUT COVID-19 AND PREVENTION MEASURES

## CONCERN ABOUT COVID-19

Percentage of women who are concerned about getting COVID-19, by education ( $n=1,279$ )


## SOCIAL DISTANCING

Percentage of women who are able to avoid contact outside of the household, by age ( $n=1,279$ )


ACTIONS TAKEN TO AVOID
COVID-19 COVID-19

Among women who have taken preventative action to avoid COVID-19, the percentage taking each action (multiple responses allowed) $(n=1,249)$


At the time of the survey, there was no vaccine available for COVID-19.

## UNABLE TO SOCIAL DISTANCE

Among women who are unable to avoid contact with people outside their household, the percentage reporting each reason (multiple responses allowed) $(n=291)$


## KEY FINDINGS FOR SECTION 2: CONCERN ABOUT COVID-19 AND PREVENTION MEASURES

- Seven out of ten women were either very concerned or worried about contracting COVID-19.
- One in four women reported not being able to avoid physical contact with people outside their household.
- Among women who were unable to avoid physical contact with people outside the household, the following reasons were most often reported: the need to go to the market, the need to work outside the home, and the need to visit friends/family.


## SECTION 3: PREGNANCY ATTITUDES

## PREGNANCY ATTITUDES

Percentage of non-pregnant women who changed their attitude toward pregnancy between Phase 1 and the COVID-19 phone survey ( $n=1,110$ )


Percentage of non-pregnant women who have changed their mind about wanting to become pregnant because of COVID-19 concerns, by age ( $n=1,207$ )


KEY FINDINGS FOR SECTION 3: PRECNANCY ATTITUDES

- In the four to six months between the baseline survey and the COVID-19 survey, the percentage of women who would be happy to become pregnant increased from $25 \%$ to $33 \%$, and the percentage of women who would be unhappy decreased from 67\% to 60\%.
- One in ten women who were not pregnant changed their mind about wanting a pregnancy because of COVID-19.


## SECTION 4: FERTILITY INTENTIONS

FERTILITY INTENTIONS
Percentage of women whose desire for more children changed between Phase 1 and the COVID-19 phone survey ( $n=1,231$ )


Percentage of women whose desire for more children changed between Phase 1 and the COVID-19 phone survey, by age ( $n=1,231$ )


KEY FINDINGS FOR SECTION 4: FERTILITY INTENTIONS

- The percentage of women wishing to have more children changed very little between the baseline survey and the COVID-19 survey.
- One in three women who wanted to have more children changed their minds between February and June 2020.


## CHANGE IN CONTRACEPTIVE USE STATUS

Percentage of women who changed contraceptive method type or use status between the Phase 1 and the COVID-19 phone survey $(n=1,201)$


Percentage of women who changed contraceptive use status (user to non-user or vice versa) between the Phase 1 and the COVID-19 phone survey, by age ( $n=1,201$ )


Percentage of women who changed contraceptive method type or use status between the Phase 1 and the COVID-19 phone survey, by age $(n=1,201)$


## KEY FINDINGS FOR SECTION 5: CONTRACEPTIVEUSE STATUS

- The percentage of women who changed their contraceptive method type or use status changed very little between the baseline survey and the COVID-19 survey.
- Nearly 4 out of 10 women changed their use status (user to non-user or vice versa) between the two surveys.
- At the follow-up interview in June 2020, 17\% of women were still using the contraceptive method they reported using in the baseline survey in February 2020, while 14\% had changed methods and 14\% had stopped using contraception.
- Thirteen percent of women had started using a contraceptive method and $41 \%$ were still not using contraception at the time of the follow-up survey.


## HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income since COVID-19 restrictions, by wealth ( $n=1,280$ )


PERSONAL INCOME LOSS
Among women living in a household that lost partial income, the percent distribution of personal income loss magnitude, by wealth ( $n=428$ )


Percentage of women who reported that at least one member of their household went without food since COVID-19 restrictions were imposed, by wealth ( $n=1,279$ )


## CHANGE IN FOOD INSECURITY

Among women who reported recent food insecurity, the percentage who said that it was more common now compared to before the COVID-19 restrictions were imposed, by wealth ( $n=472$ )


Lowest quintile

## FOOD INSECURITY

## FREOUENCY OF FOOD INSECURITY

Among women whose households experienced food insecurity during COVID-19 restrictions, percent distribution of the number of times food insecurity was reported since the start of restrictions, by wealth ( $n=472$ )


## ECONOMIC RELIANCE ON PARTNER

Percentage of currently married women who are economically reliant on their husband, by wealth ( $n=600$ )

|  | No |  |
| :---: | :---: | :---: |
| Total | Yes |  |
| Highest quintile | 38 | 62 |
| Higher quintile | 34 | 64 |
| Middle quintile | 37 | 66 |
| Lower quintile | 35 | 63 |
| Lowest quintile | 57 | 65 |

## FINANCIAL WORRY

Percentage of women who are worried about the impact of COVID-19 on their household's future finances, by wealth ( $n=1,270$ )

|  | No | Yes |
| ---: | ---: | ---: |
| Total | 11 | 89 |
| Highest | 9 | 91 |
| Higher | 10 | 90 |
| Median | 11 | 89 |
| Lower | 13 | 87 |
| Lowest | 13 | 87 |

## CHANGE IN ECONOMIC RELIANCE ON PARTNER

Among currently married women who report being economically reliant on their husband, the percentage who say they are more reliant now compared to before the COVID-19 restrictions, by wealth ( $n=388$ )

|  | No |  |
| :---: | :---: | :---: |
| Total | 26 |  |
| Yes | 74 |  |
| Highest quintile | 19 | 81 |
| Higher quintile | 26 | 74 |
| Middle quintile | 22 | 78 |
| Lower quintile | 36 | 64 |
| Lowest quintile | 32 | 68 |

## KEY FINDINGS FOR SECTION 6: ECONOMIC IMPACT

 OF COVID-19- Six out of 10 women reported that their household lost all income and three out of 10 reported that their household lost partial income since the COVID-19 restrictions were imposed.
- Since the beginning of COVID-19 restrictions, four out of ten women live in a household experiencing food insecurity. Of these women, seven out of ten reported increased food insecurity since the COVID-19 restrictions were imposed.
- Six out of ten women in union reported being economically dependent on their spouses. Among those dependent on their spouse, seven out of ten were more dependent since the COVID-19 restrictions were imposed.


## SECTION 7: HEALTH SERVICE ACCESS BARRIERS

## NEED TO VISIT HEALTH FACILITY

Percent of women who needed to visit a health facility since COVID-19 restrictions were imposed, by age ( $n=1,282$ )


## DIFFICULTY ACCESSING HEALTH FACILITY

Among women who needed to visit a health facility since the COVID-19 restrictions were imposed, the percentage who reported any difficulties in access, by age ( $n=394$ )


## SUCCESS IN ACCESSING HEALTH SERVICES

Among women who needed to visit a health facility since the COVID-19 restrictions were imposed, the percentage who were able to access those services, by age ( $n=394$ )


## KEV FINDINGS FOR SECTION 7:HEALTH SERVICE ACCESS BARRIERS

- Nearly one-third of women reported that they had needed to go to a health facility since the onset of COVID-19 restrictions.
- Of the women who needed to visit a health facility since the beginning of the COVID-19 restrictions, more than half reported difficulties in access.

In Kinshasa province, PMA Democratic Republic of Congo collects information on knowledge, practices, and coverage of family planning services in 58 enumeration areas selected using a stratified, multi-stage cluster survey design. The results are representative at the provincial level. The COVID-19 survey was conducted by telephone in June 2020 with a representative sample of women aged 15-49 who were interviewed in the baseline survey between December 2019 and February 2020 , consented to follow-up, and owned or had access to a telephone ( $69.5 \%$ of the baseline survey population). Of the 1,773 eligible respondents, $22.4 \%$ were not reached. Of those who were reached, $96.3 \%$ completed the survey for a response rate of $74.7 \%$ among eligible women.

COVID-19 survey sample weights were generated for women aged 15-49 years at the time of the COVID-19 survey, who completed the baseline survey, consented to follow-up, provided a valid telephone number, and completed the COVID-19 survey. These weights were calculated from the weights for women surveyed at baseline, adjusted for lost to follow-up weights, i.e., the inverse of the predicted probability of having completed the COVID-19 survey. The probability of having completed the COVID-19 survey was modeled as a linear combination of age, education, marital status, and economic well-being at baseline. Survey weights for the COVID-19 survey were also adjusted to account for selectivity due to telephone number ownership, using a similar inverse probability weighting approach.

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Link to the questionnaire and the PMA COVID-19 website: https://www.pmadata.org/technical-areas/covid-19

