PMA UGANDA
Results from Round 6 follow-up survey

May-July 2019

OVERALL KEY FINDINGS

Adoption of family planning methods was highest among young women **age 20-24**.

One in ten adolescents who were not using contraceptives reported this decision was primarily made by someone else.
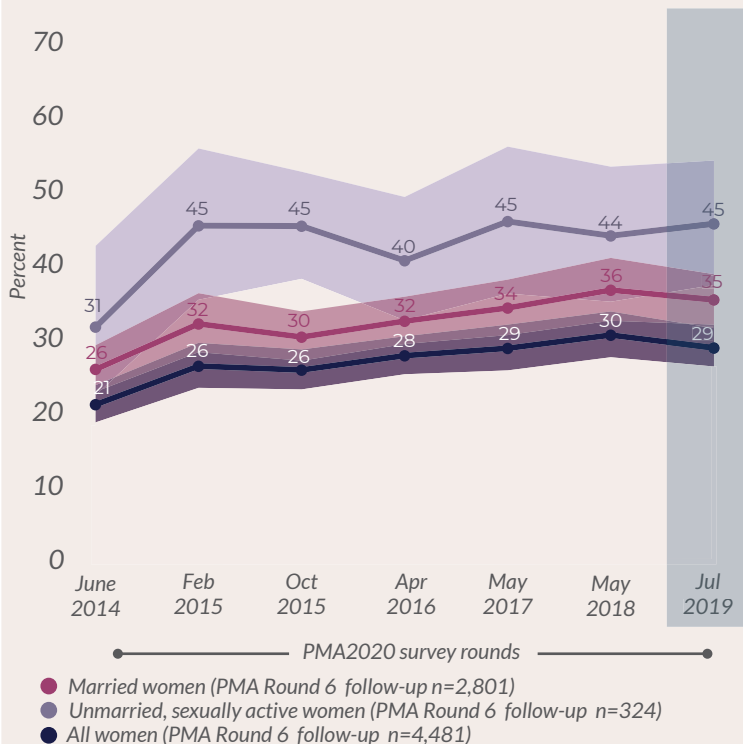
More than half of the women using contraception were not told about possible side effects.
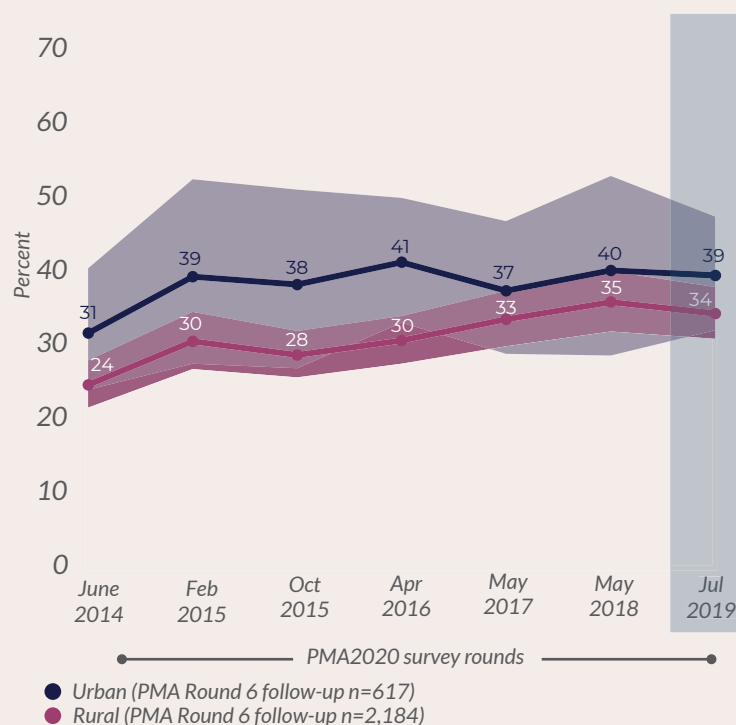
SECTION 1: CONTRACEPTIVE USE AND DYNAMICS
Estimates in section 1 are based on the Round 6 follow-up cross-sectional sample. See more details about the study design at the end.

MODERN CONTRACEPTIVE PREVALENCE

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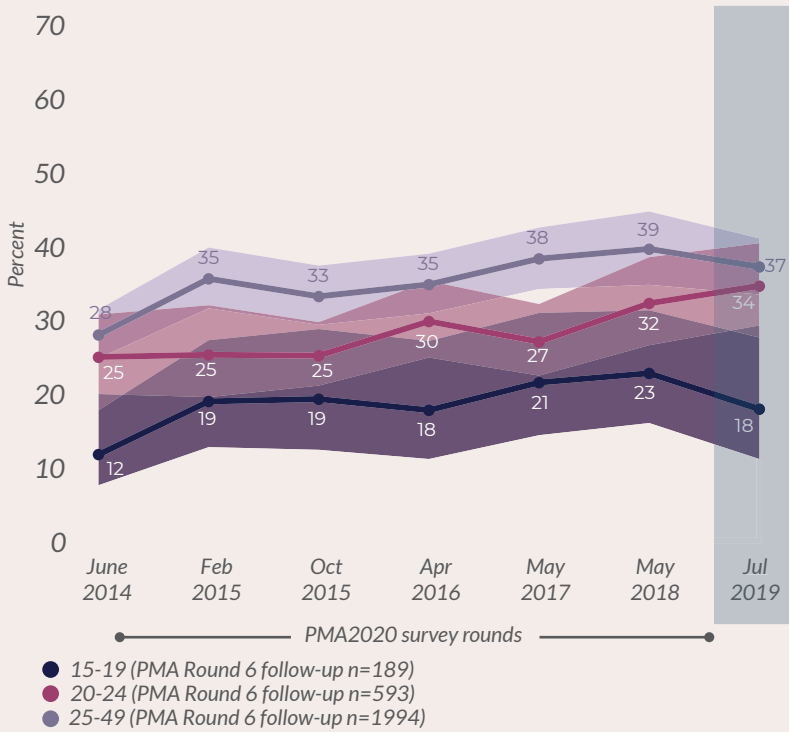

Percent of married women age 15-49 currently using modern contraception (mCPR) by residence

Left chart data (Percent vs June 2014, Feb 2015, Oct 2015, Apr 2016, May 2017, May 2018, Jul 2019):
- Unmarried, sexually active women: 31, 45, 45, 40, 45, 44, 45
- Married women: 26, 32, 30, 32, 34, 36, 35
- All women: 21, 26, 26, 28, 29, 30, 29

PMA2020 survey rounds

- Married women (PMA Round 6 follow-up n=2,801)
- Unmarried, sexually active women (PMA Round 6 follow-up n=324)
- All women (PMA Round 6 follow-up n=4,481)

Right chart data:
- Urban: 31, 39, 38, 41, 37, 40, 39
- Rural: 24, 30, 28, 30, 33, 35, 34

PMA2020 survey rounds

- Urban (PMA Round 6 follow-up n=617)
- Rural (PMA Round 6 follow-up n=2,184)

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MAKERERE UNIVERSITY

JOHNS HOPKINS
BLOOMBERG SCHOOL *of* PUBLIC HEALTH

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MODERN CONTRACEPTIVE PREVALENCE

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

Legend:
- 15-19 (PMA Round 6 follow-up n=189)
- 20-24 (PMA Round 6 follow-up n=593)
- 25-49 (PMA Round 6 follow-up n=1994)

PMA2020 survey rounds

## KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE AND DYNAMICS

- *mCPR has been marginally, but steadily, increasing among married and unmarried, sexually active women.*

- *There is a persistent inequity in mCPR disfavoring adolescents over the last 7 years.*

- *There are steady increases in long-acting methods, DPMA-SC, and traditional methods among married/in union women.*

CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of unmarried, sexually active women age 15-49 currently using contraception by method type (PMA Round 6 follow-up n=1,679)
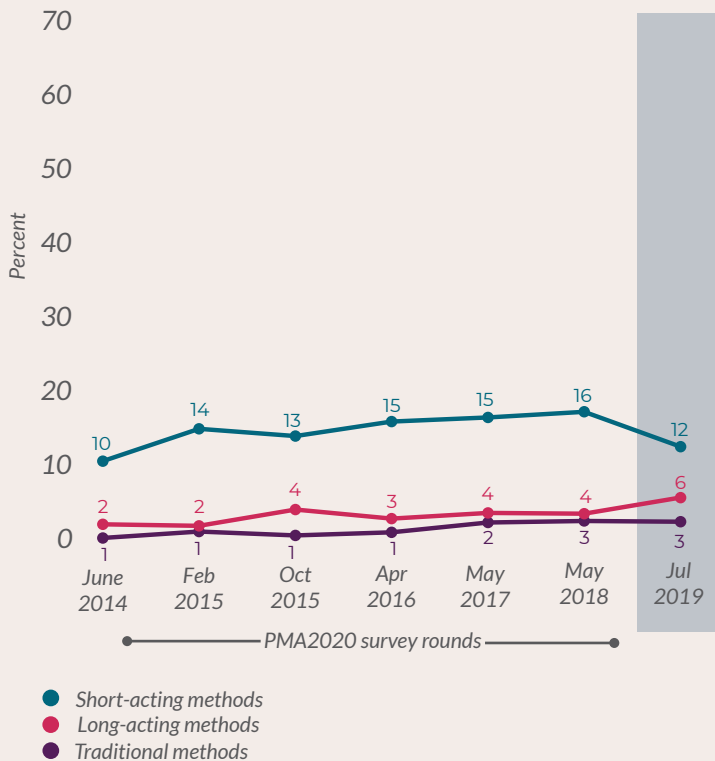


Percent of married/in union women age 15-49 currently using contraception by method type (PMA Round 6 follow-up n=2,801)

Legend:
- Short-acting methods
- Long-acting methods
- Traditional methods

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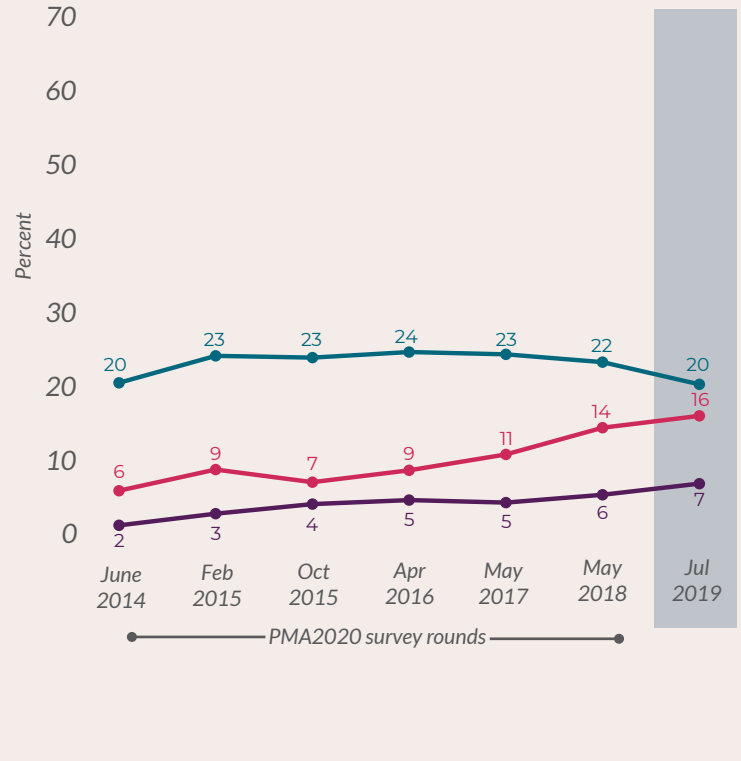
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of unmarried, sexually active modern contraceptive users age 15-49 by method and year (PMA Round 6 follow-up n=276)

Percent distribution of married/in union modern contraceptive users age 15-49 by method and year (PMA Round 6 follow-up n=933)
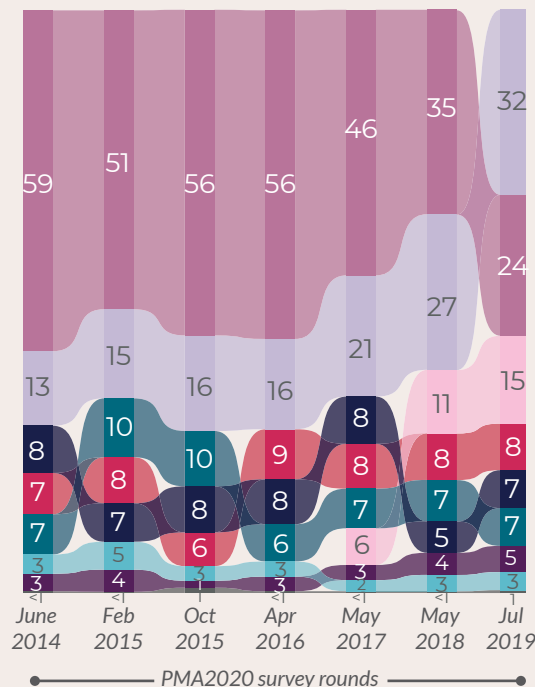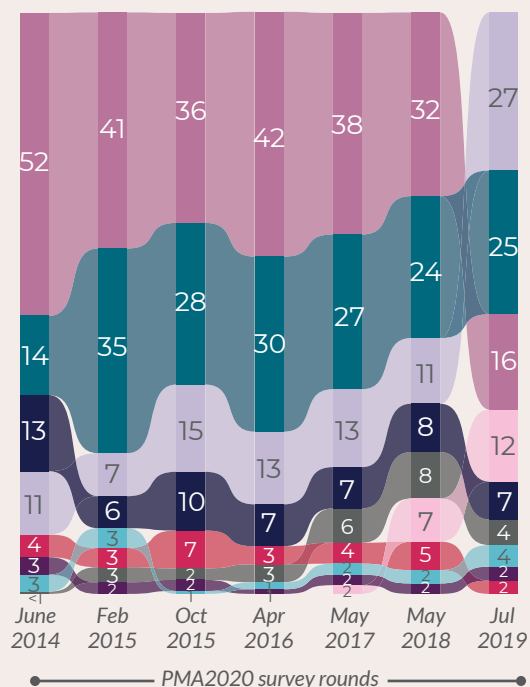
Key for method mix charts:

- ● Other modern methods
- ● Emergency contraception
- ● Male condom
- ● Pill
- ● Injectable- Subcutaneous (DMPA-SC)
- ● Injectable- Intramuscular (DMPA-IM)
- ● Implant
- ● IUD
- ● Female sterilization

"Other modern methods" include standard days/cycle beads, female condoms, contraceptive foam/jelly, diaphragm, male sterilization, and LAM. The PMA2020 Uganda survey began collecting data on Injectable- Subcutaneous (DMPA-SC) use in 2017, Round 5.

SECTION 2: CONTRACEPTIVE USE PANEL DYNAMICS
Estimates in section 2 are based on the Round 6 follow-up panel sample. See more details about the study design at the end.

CONTRACEPTIVE USE PANEL DYNAMICS

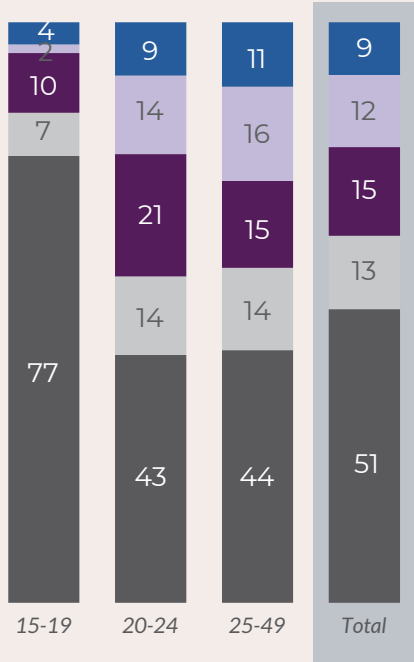*Percentage of all women who changed contraceptive use status (user to non-user or vice versa, or pregnant) between the Round 6 and Round 6 follow-up surveys (PMA Round 6 follow-up n=2,740)*
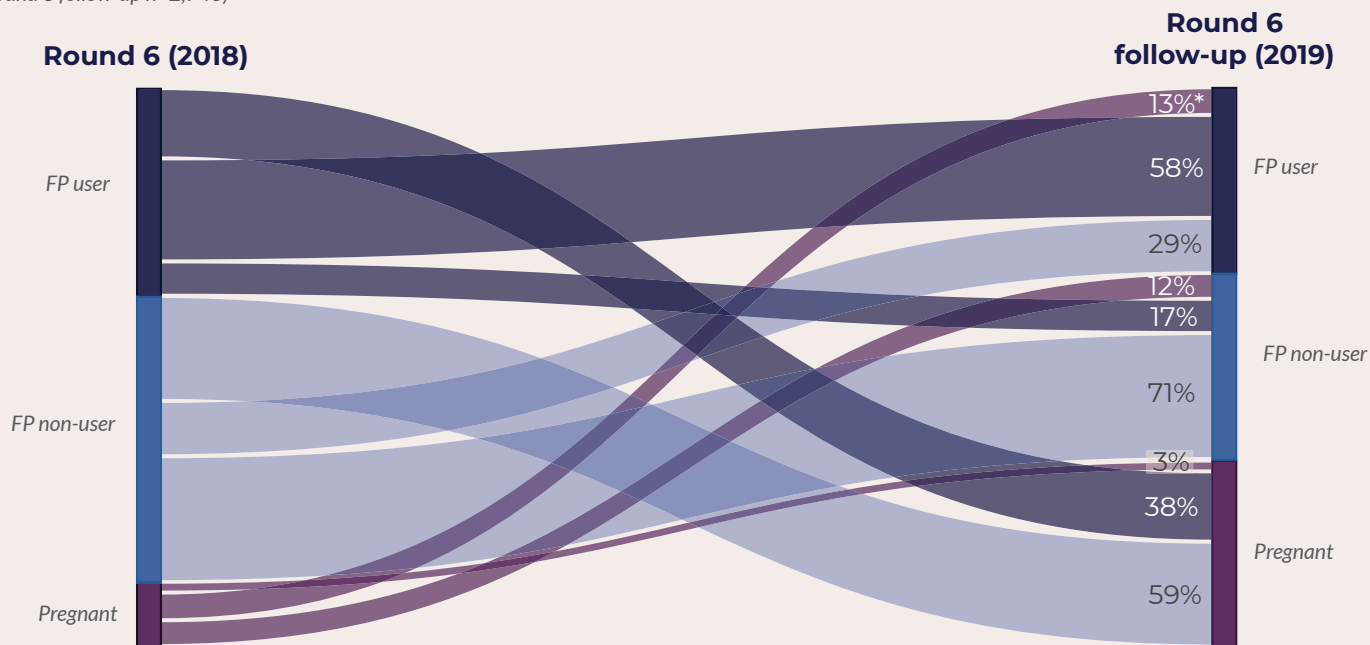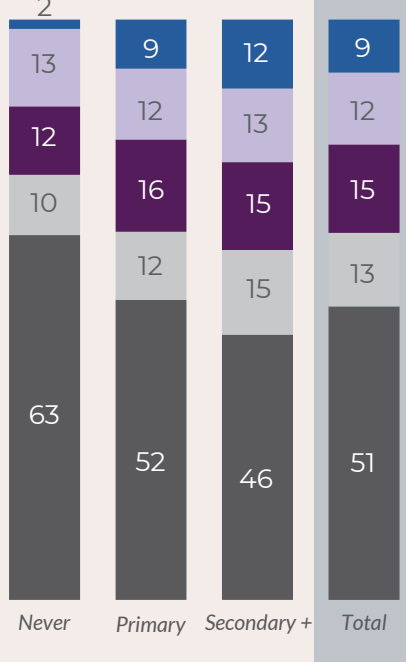

*Here is an example to interpret the estimates: 13% of family planning method users surveyed in Round 6 follow-up (2019) were pregnant back in Round 6 (2018).

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CONTRACEPTIVE USE PANEL DYNAMICS

Percentage of all women who changed contraceptive method type or use status between Round 6 and Round 6 follow-up surveys, by age (n=2,752)

	15-19	20-24	25-49	Total
Method switcher	4	9	11	9
Continued user	2	14	16	12
New adopters	10	21	15	15
Discontinuer	7	14	14	13
Continued non-user	77	43	44	51

Percentage of all women who changed contraceptive method type or use status between Round 6 and Round 6 follow-up surveys, by education (n=2,752)

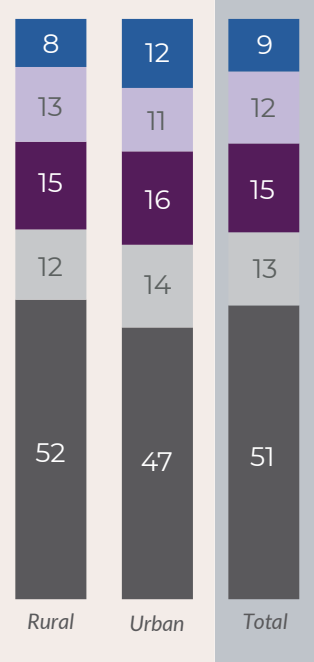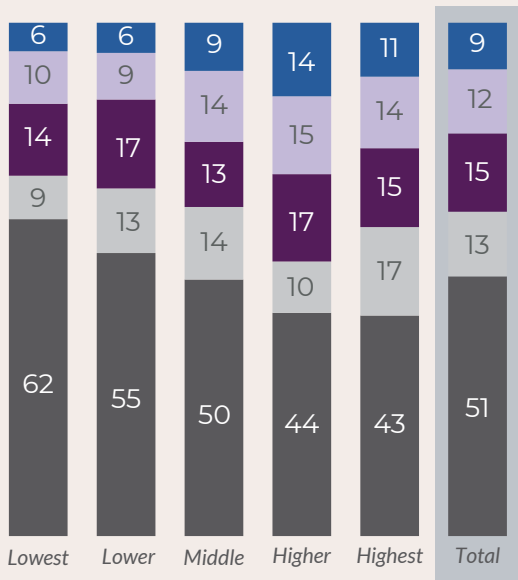|	Never	Primary	Secondary +	Total
Method switcher	2	9	12	9
Continued user	13	12	13	12
New adopters	12	16	15	15
Discontinuer	10	12	15	13
Continued non-user	63	52	46	51

Percentage of all women who changed contraceptive method type or use status between Round 6 and Round 6 follow-up surveys, by place of residence (n=2,752)
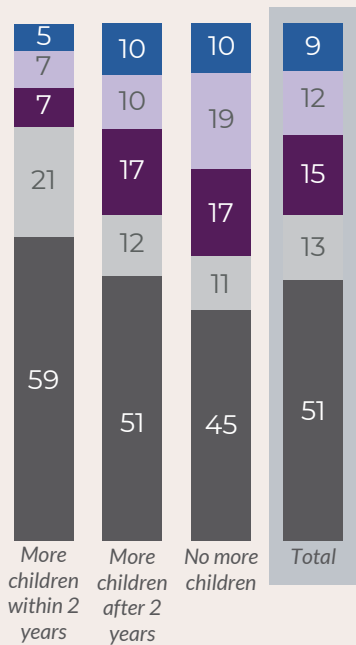
	Rural	Urban	Total
Method switcher	8	12	9
Continued user	13	11	12
New adopters	15	16	15
Discontinuer	12	14	13
Continued non-user	52	47	51

FP use status between Round 6 (2018) and Round 6 follow-up (2019):

● Continued non-user ● New adopters ● Method switcher ● Discontinuer ● Continued user

Percentage of all women who changed contraceptive method type or use status between Round 6 and Round 6 follow-up surveys, by wealth quintile (n=2,752)

	Lowest	Lower	Middle	Higher	Highest	Total
Method switcher	6	6	9	14	11	9
Continued user	10	9	14	15	14	12
New adopters	14	17	13	17	15	15
Discontinuer	9	13	14	10	17	13
Continued non-user	62	55	50	44	43	51

Percentage of all women who changed contraceptive method type or use status between Round 6 and Round 6 follow-up surveys, by fertility intention (n=2,749)

	More children within 2 years	More children after 2 years	No more children	Total
Method switcher	5	10	10	9
Continued user	7	10	19	12
New adopters	7	17	17	15
Discontinuer	21	12	11	13
Continued non-user	59	51	45	51

FP use status between Round 6 (2018) and Round 6 follow-up (2019):

● Continued non-user ● New adopters ● Method switcher ● Discontinuer ● Continued user

KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE USE PANEL DYNAMICS

• Only **15%** are new adopters and this varies by age, education and fertility intention.

• **One in 10** women were method switchers; more common in older (25+), more educated, urban and those wishing to postpone/stop childbearing.

• **Thirteen percent** of women discontinued FP use; this varied by wealth, education, and fertility intention.

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PARTNER INVOLVEMENT IN FP DECISIONS

Percent of all women who are currently using modern, female controlled methods* and agree with the following statements, by place of residence and age

*Modern, female controlled methods Includes all modern methods except male sterilization and male condoms
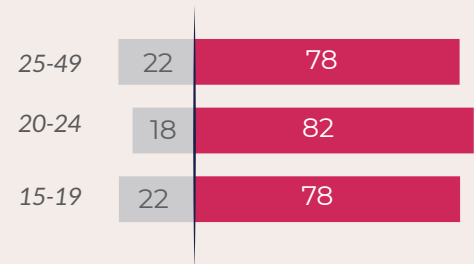
Does your partner know that you are using this method? (n=1,039)

By residence

	No	Yes
Urban	22	78
Rural	21	79

By age

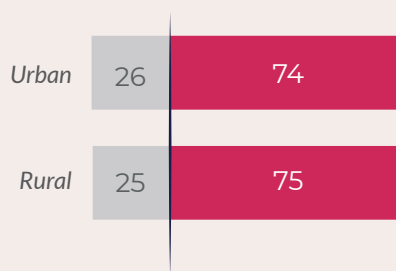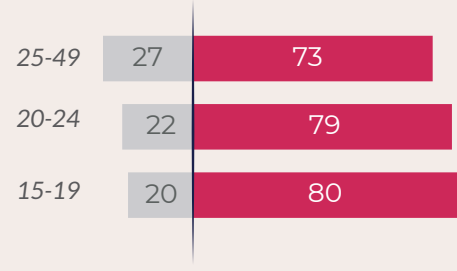|	No	Yes
25-49	22	78
20-24	18	82
15-19	22	78
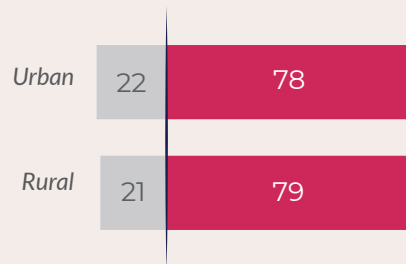
● Yes
● No

Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner? (n=1,188)

By residence

	No	Yes
Urban	26	74
Rural	25	75

By age

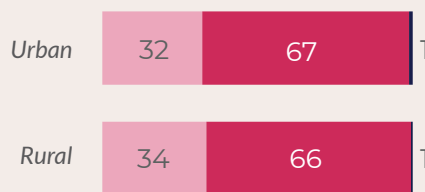|	No	Yes
25-49	27	73
20-24	22	79
15-19	20	80

● Yes
● No

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=1,353)

By residence

	Mainly respondent	Joint decision	Other
Urban	32	67	1
Rural	34	66	1

By age

	Mainly respondent	Joint decision	Other
25-49	36	63	1
20-24	29	71	
15-19	19	80	1
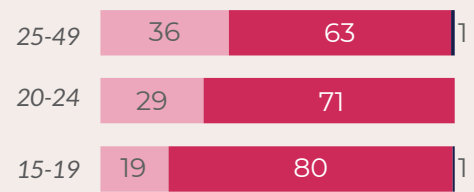
● Mainly respondent   ● Joint decision   ● Other

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=2,815)

By residence

	Mainly respondent	Joint decision	Other
Urban	68	25	7
Rural	61	32	8

By age

	Mainly respondent	Joint decision	Other
25-49	61	33	5
20-24	50	43	7
15-19	73	15	11

● Mainly respondent   ● Joint decision   ● Other

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SECTION 4: QUALITY OF CARE

Estimates in section 4 are based on the Round 6 follow-up cross-sectional sample. See more details about the study design at the end.

METHOD INFORMATION INDEX PLUS (MII+)

MII+ refers to whether women were told by providers about information on method choice, side effects, method switching, and what to do if side-effects occur.

Percent of women who responded "Yes" to all four MII+ questions (n=1,547)

By residence

	No	Yes
Urban	73	27
Rural	70	30

By age

	No	Yes
25-49	70	30
20-24	70	30
15-19	82	18

● Yes
○ No
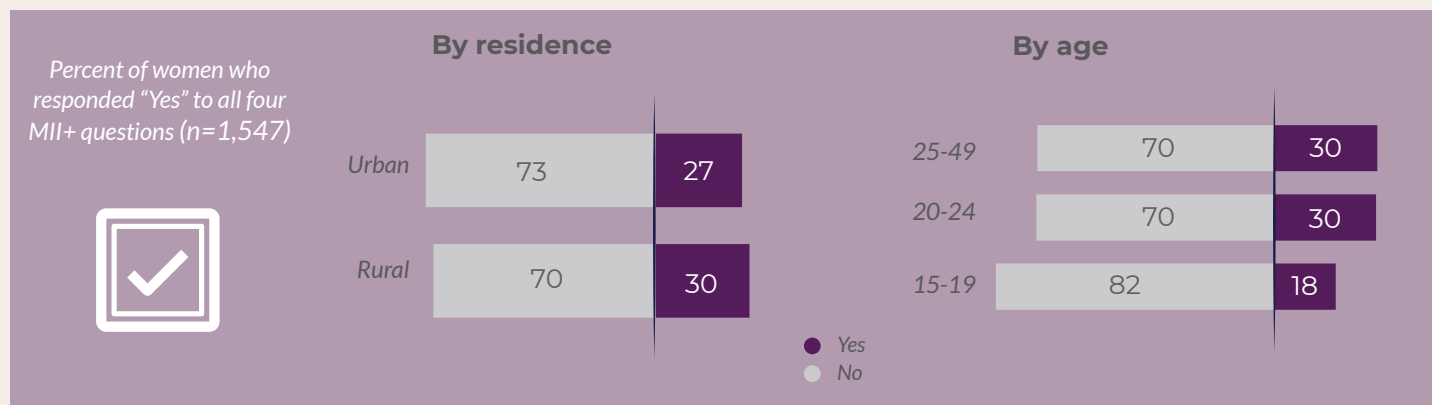
Percent of women who were told about each component of the MII+ index

Were you told by the provider about methods of FP other than the method you received? (n=1,504)

By residence

	No	Yes
Urban	50	50
Rural	39	61

By age

	No	Yes
25-49	39	61
20-24	41	59
15-19	58	42

● Yes
○ No

When you obtained your method were you told by the provider about side effects or problems you might have? (n=1,523)

By residence

	No	Yes
Urban	55	45
Rural	51	50

By age

	No	Yes
25-49	49	52
20-24	54	46
15-19	67	33

● Yes
○ No

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Were you told what to do if you experienced side effects or problems? (among women who were told about side effects, n=754)

By residence

	No	Yes
Urban	23	77
Rural	16	84

By age

	No	Yes
25-49	17	83
20-24	18	82
15-19	14	86

● Yes
● No

Were you told that you could switch to a different method in the future? (among women who were told of other methods and told about side effects, n=693)

By residence

	No	Yes
Urban	14	86
Rural	14	86

By age

	No	Yes
25-49	13	87
20-24	16	84
15-19	18	82

● Yes
● No
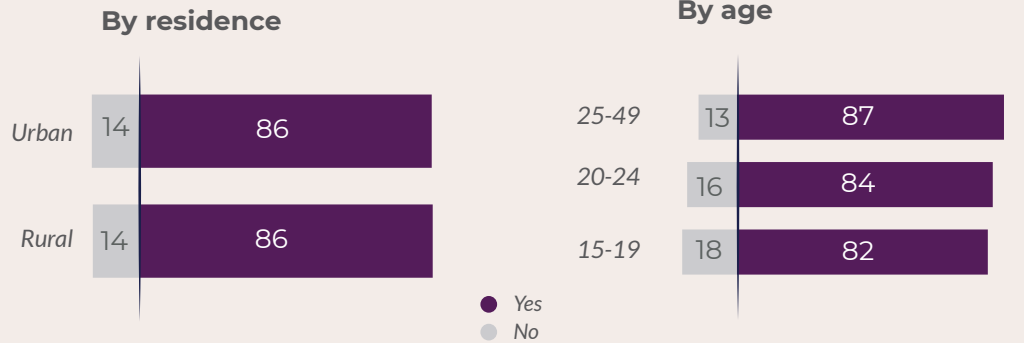
KEY FINDINGS FOR SECTION 4: QUALITY OF CARE

• Only 3 in 10 women aged 20-49 received complete information about method choice, side effects, method switching, and what to do if side-effects occur. This was even lower among adolescents aged 15-19.

• Information about FP method choices and side effects was more commonly received by the rural women between the ages of 20-49.

SECTION 5: ATTITUDES TOWARDS USE OF CONTRACEPTION

Estimates in section 5 are based on the Round 6 follow-up cross-sectional sample. See more details about the study design at the end.
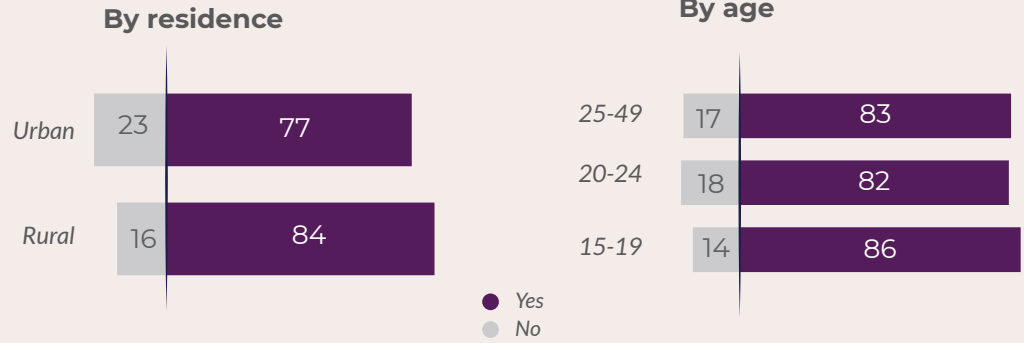
Percent of women who personally agree with statements made about contraceptive use, by contraceptive use status

If I use FP, I can have sex without worrying about pregnancy. (n=4,142)

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
User	5	3	12	81
Non-user	8	5	16	71

If they use FP, women will have a hard time getting pregnant when needed. (n=4,142)

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
User	22	12	18	48
Non-user	19	16	19	47
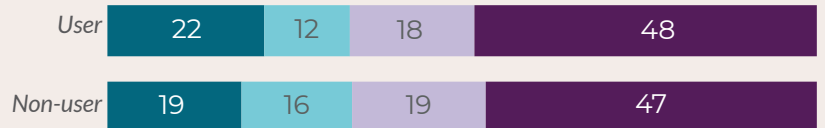
● Strongly disagree   ● Somewhat disagree   ● Somewhat agree   ● Strongly agree

Denominators differ due to "don't know" and non-response.

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It is unhealthy to not have periods when using FP. (n=4,117)

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
User	14	5	14	68
Non-user	13	6	15	66

Using FP creates conflict in couple. (n=4,146)

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
User	16	7	23	55
Non-user	12	6	23	59

If I use FP my beauty will last longer. (n=4,129)

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
User	21	10	17	52
Non-user	24	11	19	46

It is acceptable to use FP before having children. (n=4,182)

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
User	61	6	8	24
Non-user	59	9	8	24

● Strongly disagree   ● Somewhat disagree   ● Somewhat agree   ● Strongly agree

KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS USE OF CONTRACEPTION

• *Some FP users are worried about pregnancy even when using FP.*

• *Nearly half of women believe use of FP results in women having a hard time getting pregnant when desired.*

• *FP use prior to childbearing is strongly opposed.*

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TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN				MCPR				WOMEN IN UNION				MCPR			
Data source	Round/ Phase	Data collection	Female sample	mCPR%	SE	95% CI		Data source	Round/ Phase	Data collection	Female sample	mCPR%	SE	95% CI	
PMA 2020	R1	May-June 2014	3,716	20.98	1.26	18.59	23.60	PMA 2020	R1	May-June 2014	2,404	25.69	1.58	22.68	28.95
PMA 2020	R2	Jan-Feb 2015	3,631	26.12	1.52	23.23	29.24	PMA 2020	R2	Jan-Feb 2015	2,252	31.80	1.99	27.98	35.88
PMA 2020	R3	Sept-Oct 2015	3,690	25.59	1.35	23.00	28.37	PMA 2020	R3	Sept-Oct 2015	2,369	30.04	1.67	26.83	33.46
PMA 2020	R4	Mar-Apr 2016	3,793	27.51	1.29	25.03	30.14	PMA 2020	R4	Mar-Apr 2016	2,511	32.16	1.61	29.06	35.43
PMA 2020	R5	Apr-May 2017	4,119	28.51	1.54	25.55	31.66	PMA 2020	R5	Apr-May 2017	2,590	33.88	1.87	30.28	37.68
PMA 2020	R6	Apr-May 2018	4,227	30.28	1.54	27.31	33.43	PMA 2020	R6	Apr-May 2018	2,675	36.29	2.12	32.19	40.59
PMA	R6 follow-up	May-Jul 2019	4,481	28.58	1.30	26.08	31.22	PMA	R6 follow-up	May-Jul 2019	2,801	34.98	1.70	31.68	38.43

PMA Uganda collects information on knowledge, practice, and coverage of family planning services in 110 enumeration areas selected using a multi-stage stratified cluster design with urban-rural and region strata. The results are nationally and regionally representative.

PMA2019/Uganda Round 6 follow-up returned to the same set of 110 enumeration areas (EAs) as those that were selected in the previous round. The design is a mix of panel and cross-sectional. For the panel, females who completed Round 6 survey and consented for follow-up were contacted in Round 6 Follow-up. If they still resided in the EA, they were considered eligible and consented were re-interviewed. The final panel women sample included 2,755 women (64.2% response rate between Round 6 and Round 6 Follow-up). For the cross-section, each household structure that was originally selected for the PMA2018/Uganda Round 6 survey was contacted and enumerated. All women age 15-49 were eligible for the survey. If a woman age 15-49 had participated in the PMA2018/Uganda Round 6, her responses contribute to both the cross-section and panel estimates. If a woman was not enrolled in the panel, but resided in a selected household for the PMA2019/Uganda survey, her observations were included only in the cross-section. If a woman who participated in the 2018/Uganda survey still resided in the EA, but no longer lived in a household selected for the cross-section, her observations were only included in the panel. Data collection was conducted between May to July 2019.

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.

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