PERFORMANCE MONITORING FOR ACTION

PMA ETHIOPIA

SNNP Regional Brief, survey results from October-December 2019

OVERALL KEY FINDINGS

Modern contraceptive use has stagnated in SNNP despite increases in the percentage of women using long-acting and reversible contraception. Critical attention should be given to the quality of counseling and information being provided to users

Receipt of antenatal care service in early pregnancy is extremely low. Very few women report receiving comprehensive information about all components of birth preparedness and complication readiness.

Majority of public health facilities provide life-saving essential maternal medicines.

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 **SNNP** region from three different surveys:

Panel survey

*In panel regions, all currently pregnant or recently postpartum (<8 weeks) were identified and enrolled. Field staff conduct interviews at enrollment and at **6 weeks, 6 months**, and **1 year** postpartum. 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 SDP 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.***

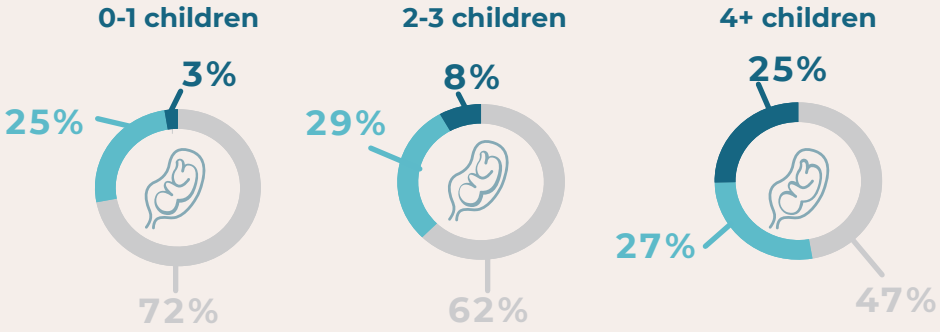
SECTION 2: PREGNANCY AND ANTENATAL CARE

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 (n=547)

Wanted then · Wanted later · Wanted no more children

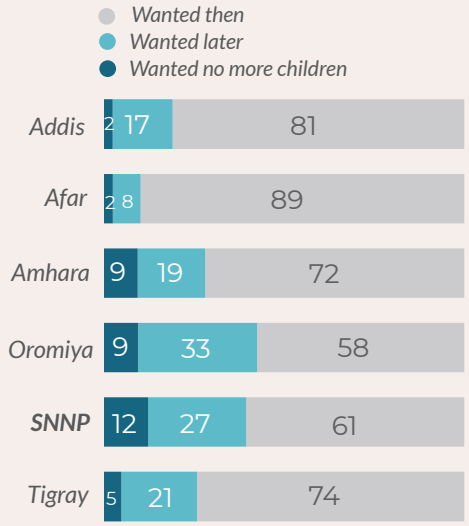


28% of pregnancies wanted later or not at all

37% of pregnancies wanted later or not at all

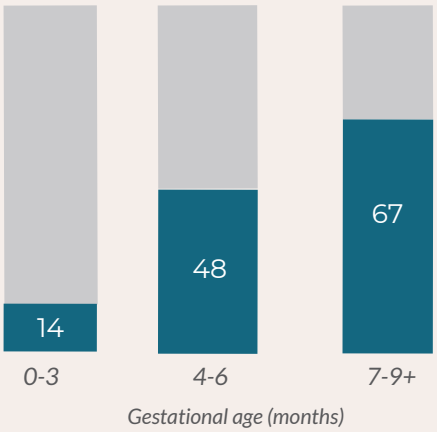
52% of pregnancies wanted later or not at all

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

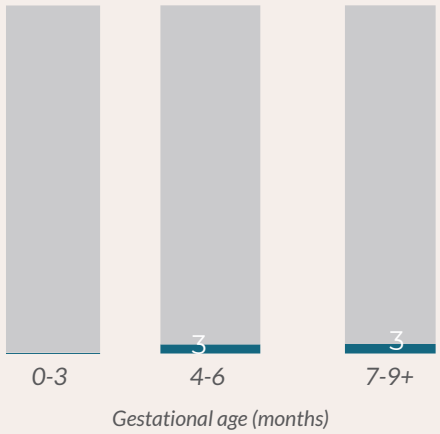


ANTENATAL CARE (ANC)

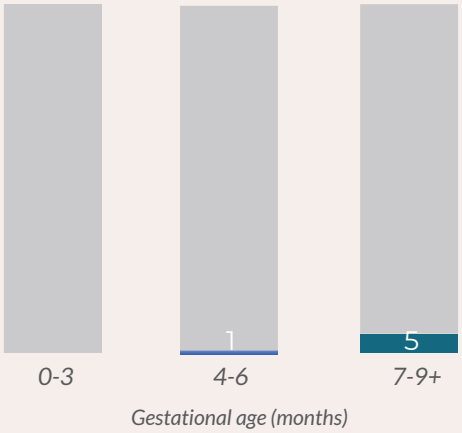
Percent of currently pregnant women who received ANC from any provider, including HEW, by gestational age (n=547)



Percent of currently pregnant women in who received blood pressure, urine and stool test and were tested for syphilis and HIV, and took iron, by gestational age (n=547)



Percent of currently pregnant women who discussed all 9 birth preparedness topics at ANC by gestational age (n=547)*



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. This represents a missed opportunity for family planning services.*
- *There is low receipt of ANC in the first few months of pregnancy. While it increases with gestations age, one third of women in their third trimester have not received any ANC.*
- *Only 5% of currently pregnant women discussed all components of birth preparedness/ complication readiness topics with their provider.*

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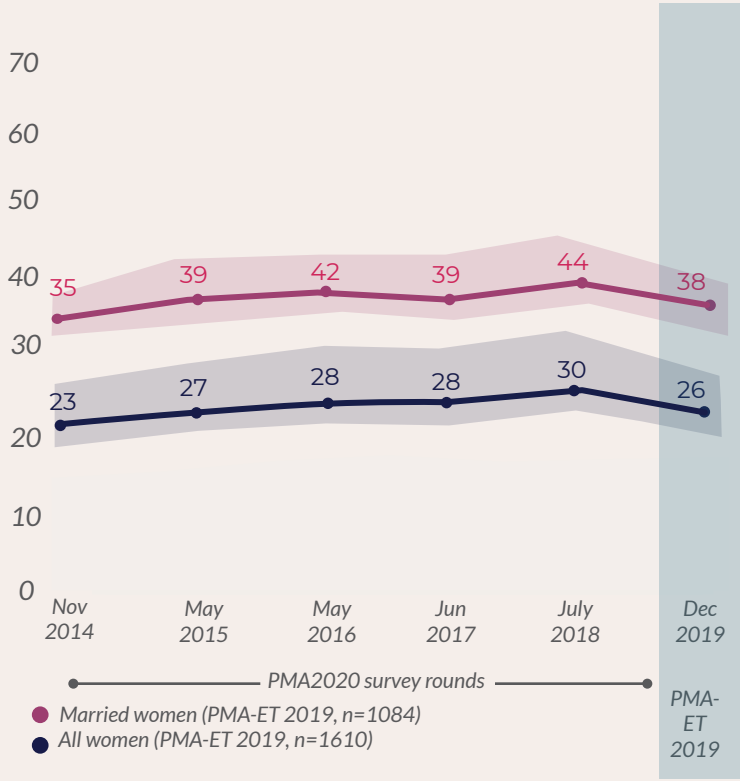
SECTION 3: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

From the cross-sectional survey

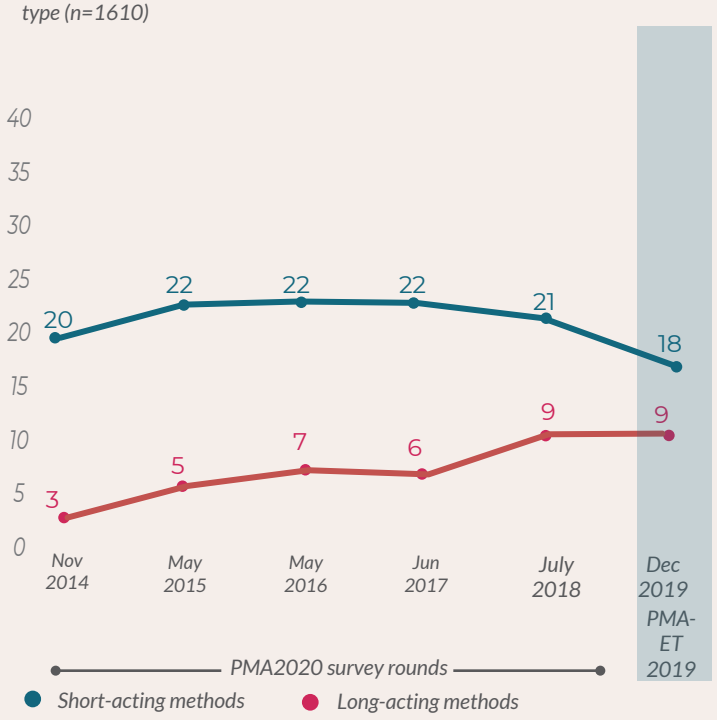
MODERN CONTRACEPTIVE PREVALENCE

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



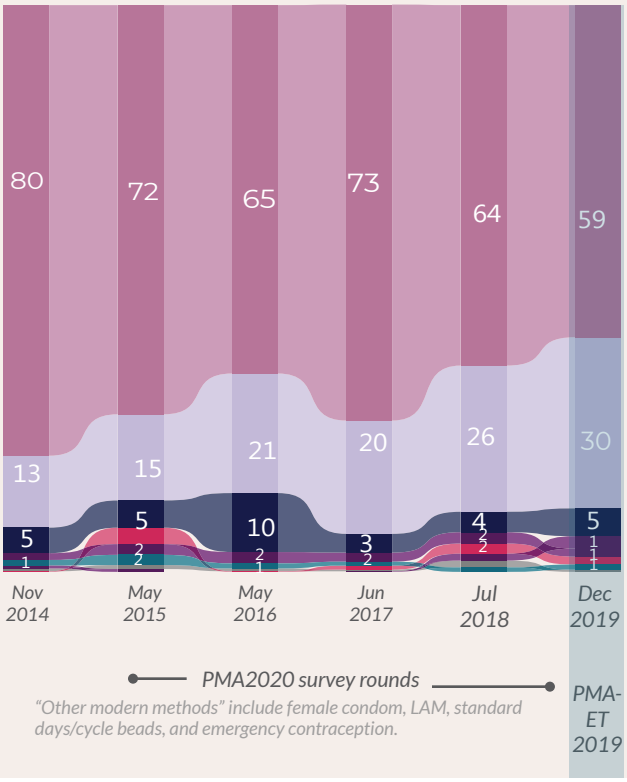
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (n=1610)



TRENDS IN MODERN CONTRACEPTIVE MIX

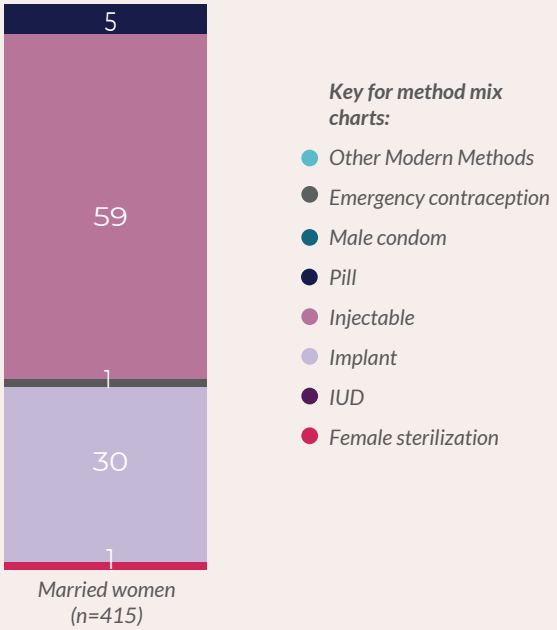
Percent distribution of modern contraceptive users among all women age 15-49 by method (n=427)



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

MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of married modern contraceptive users age 15-49



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

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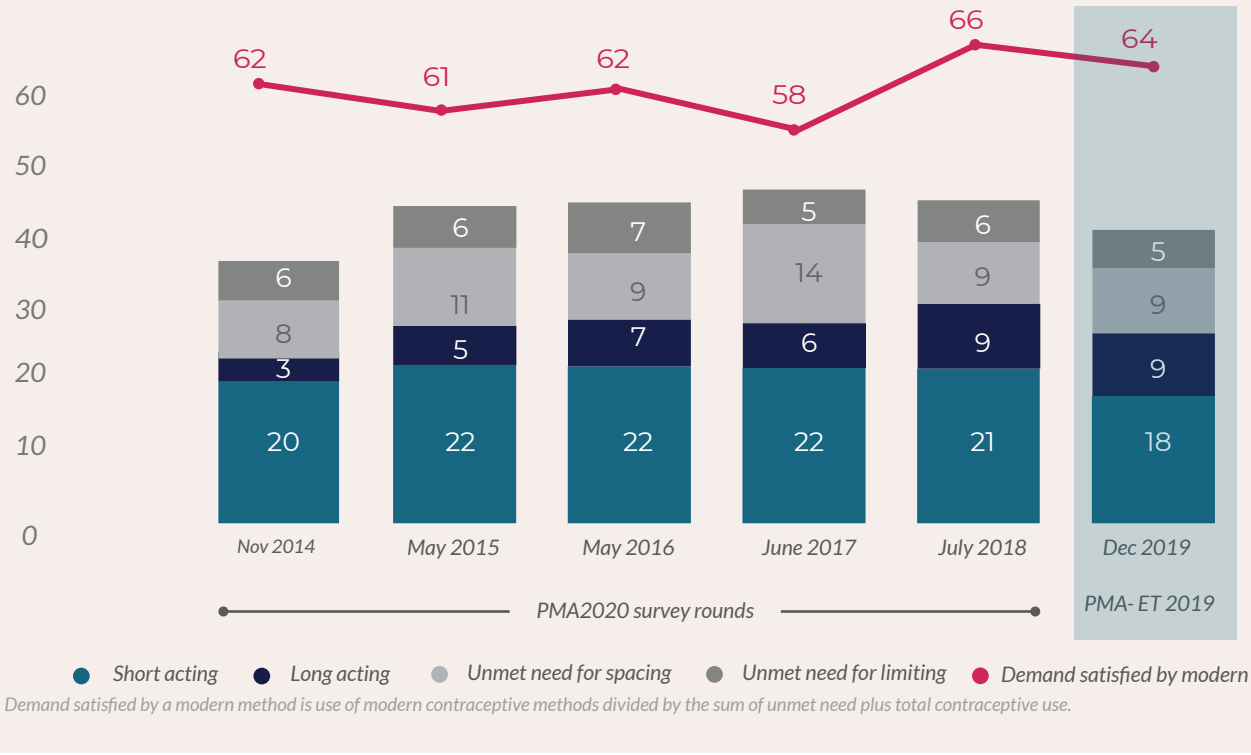
METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

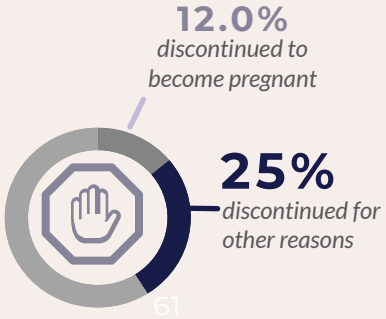
Percent of women in SNNPR age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (n=1612)



Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.

12-MONTH DISCONTINUATION RATE

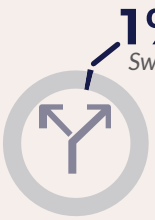
Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=753 episodes)



Reasons for discontinuation:

- **2%** experienced method failure
- **10%** were concerned over side effects or health
- **1%** had other fertility related reasons
- **9%** other method-related reasons
- **3%** wanted a more effective method
- **1%** other/don't know

Discontinued but switched methods:



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

- *Modern contraceptive use has stagnated among all women and married women, showing little change since 2014.*
- *The percent of women using long acting methods has increased over the past 6 years.*
- *Unmet need has increased by 5.6% age points over the past six years in SNNP.*
- *Three modern contraceptive methods (injectables, Implants and pills) made more than 90% of the method mix among married women in SNNP.*

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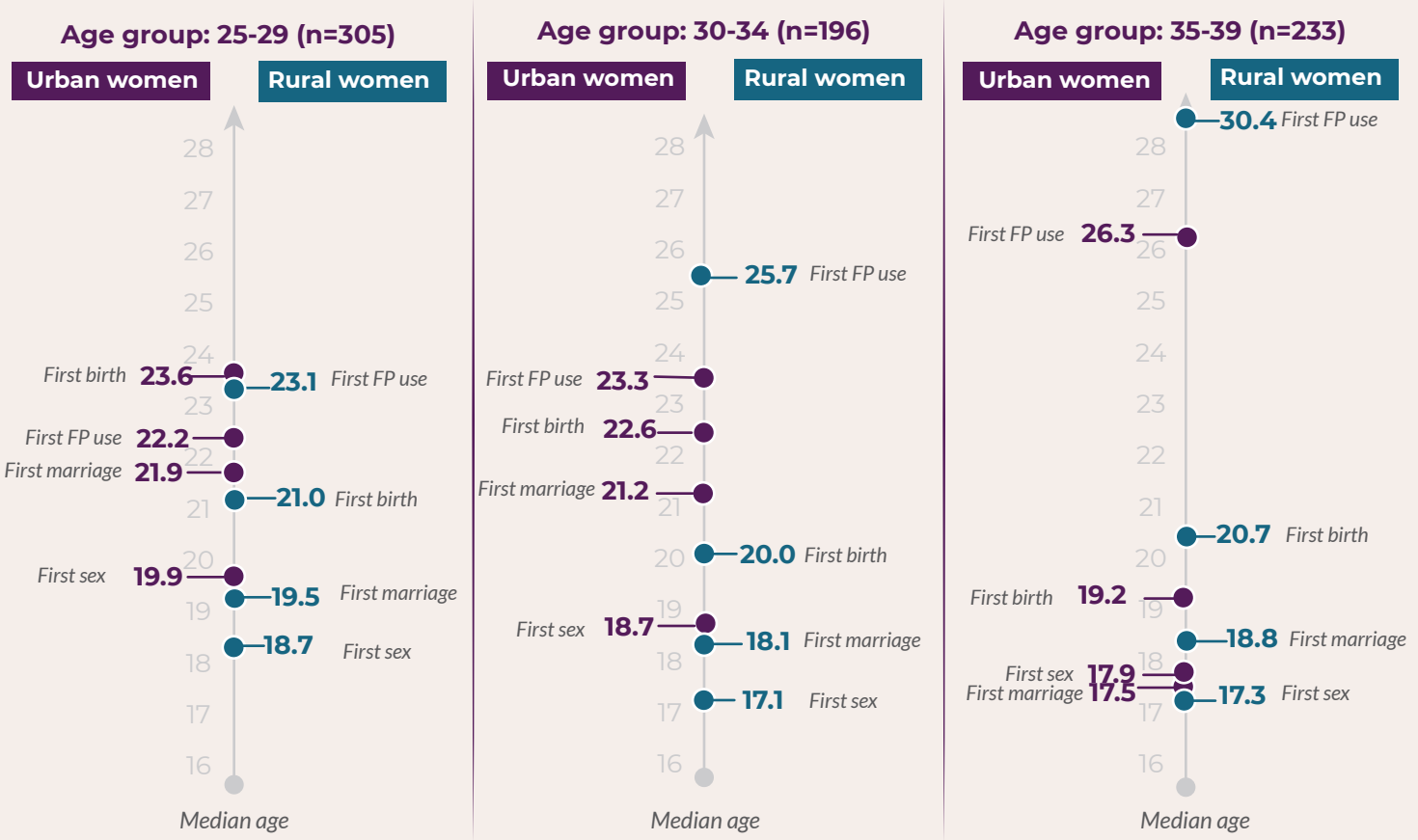
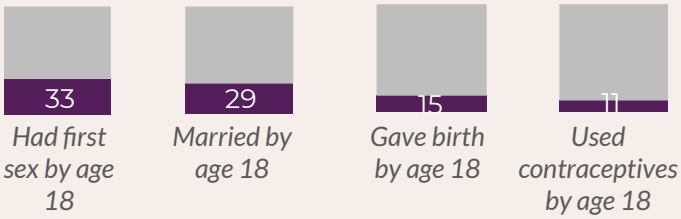
REPRODUCTIVE TIMELINE

Median age at reproductive events, by residence and age group, SNNP region



REPRODUCTIVE EVENTS BY AGE 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=423)



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=813)

KEY FINDINGS FOR SECTION 4: REPRODUCTIVE TIMELINE

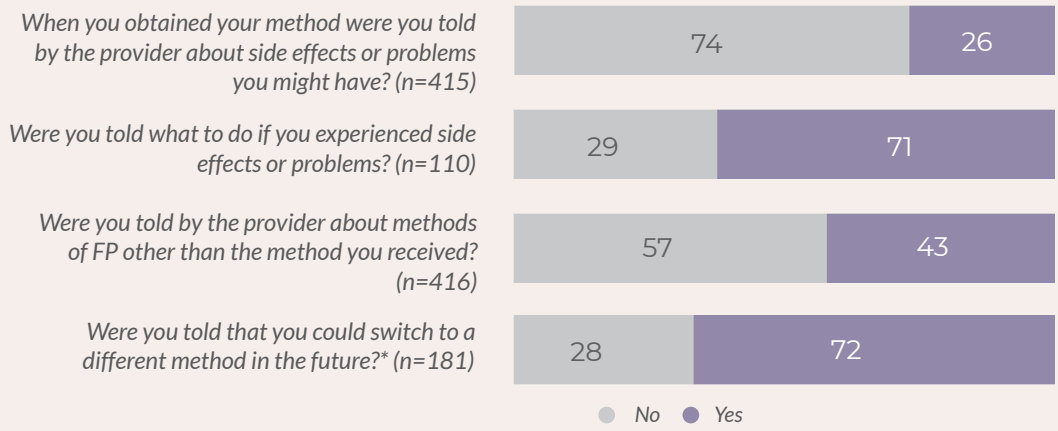
- *Rural women in SNNP start sex, get married, and give birth earlier than urban women. Urban women, however, use family planning earlier than rural women.*
- *Young women tend to have get married, have sex and give birth later than older women. Younger women in SNNP tend to also start using contraceptives earlier than older women.*
- *On average, rural women give birth to three children before starting contraception for the first time, while urban women start contraception after their first birth.*

SECTION 5: METHOD INFORMATION INDEX PLUS (MII+)

From the cross-section survey

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

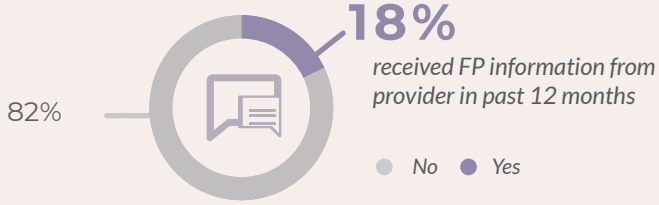


*Asked only among women who were told about other methods and also side effects or problems.

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

DISCUSSED FAMILY PLANNING IN THE PAST 12 MONTHS WITH PROVIDER

Percent of women who received FP information from a provider (n=1610)



KEY FINDINGS FOR SECTION 5: MII+

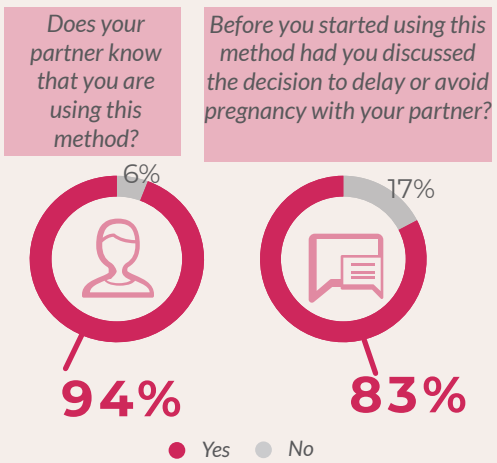
- *Only about one in ten women received counseling on other methods, side effects, and method switching.*
- *Fewer than 1 in 5 women received family planning information from a provider in the past one year.*

SECTION 6: PARTNER DYNAMICS

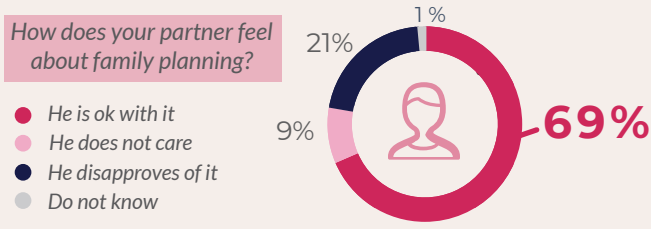
From the cross-section survey

PARTNER INVOLVEMENT IN FAMILY PLANNING DECISIONS

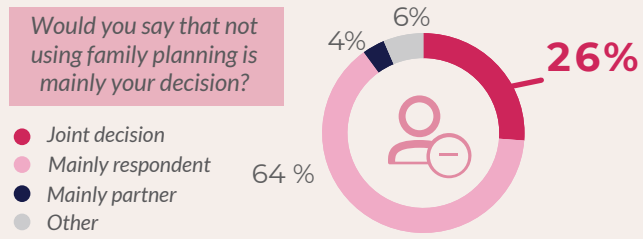
Percent of women who are currently using modern, female controlled methods and agree with the following statements (n=423)



Percent of women in union reporting perceived partner attitudes towards family planning (n=1084)



Percent of women in who are not currently using family planning and agree with the following statements (n=954)



KEY FINDINGS FOR SECTION 6: PARTNER DYNAMICS

- *Majority of women who are using a method in SNNP report that their partner knows they are using contraception.*
- *One in five women in SNNP report that their partner does not support use of family planning.*

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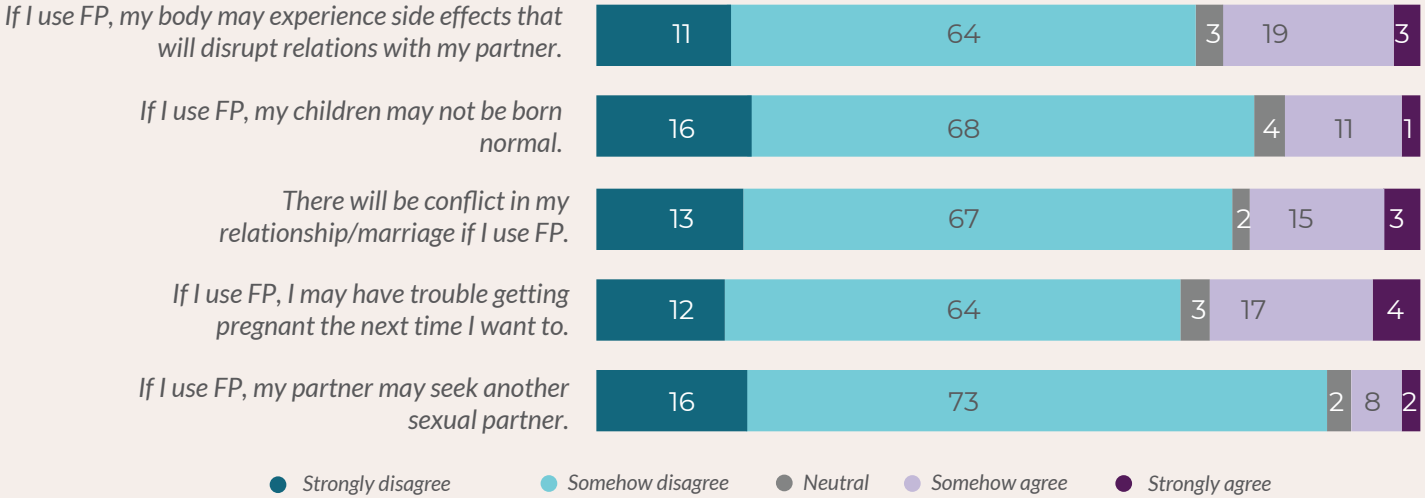
AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS

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

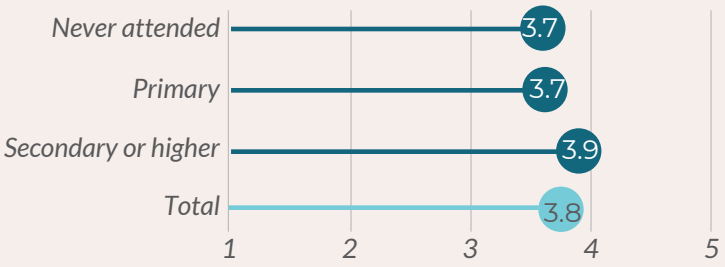
Existence of choice (motivational autonomy) for family planning (n=1084)



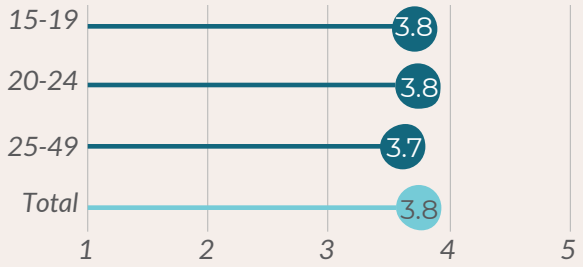
WOMEN'S AND GIRLS' EMPOWERMENT (WGE) FOR FAMILY PLANNING

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

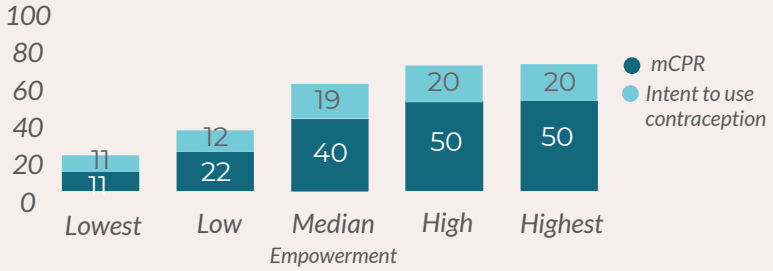


Mean WGE FP existence of Choice, by age



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)



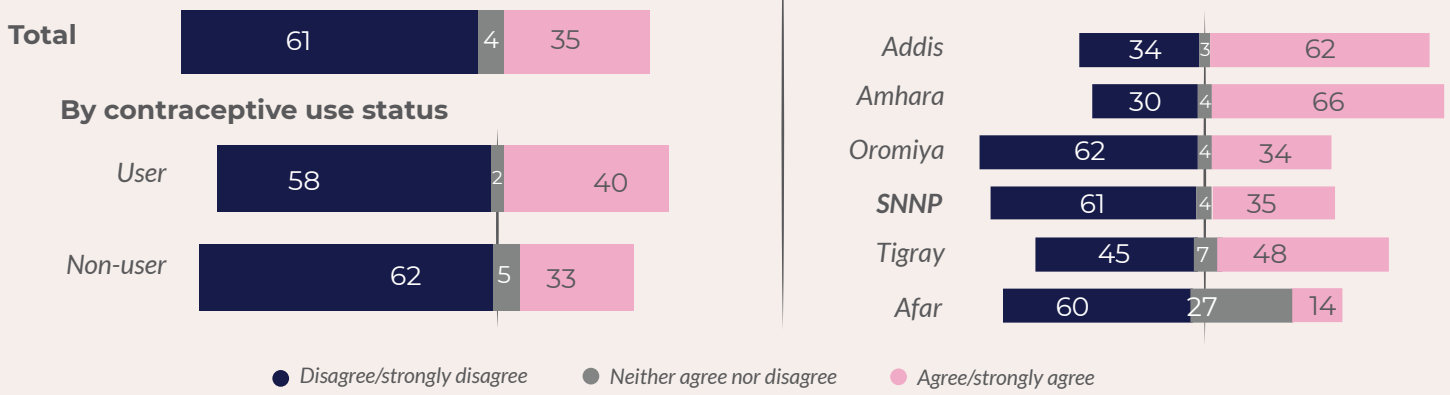
KEY FINDINGS FOR SECTION 7: WOMEN AND GIRLS' EMPOWERMENT

- *Women who have attended secondary school or higher report higher levels of empowerment for family planning.*
- *Contraceptive use and intention to use contraception in the next year increase with heightened levels of empowerment among women and girls who are currently partnered.*
- *More than 1 in 5 women agreed that use of family planning could lead to side effects disruptive to their relationships or difficulty getting pregnant.*

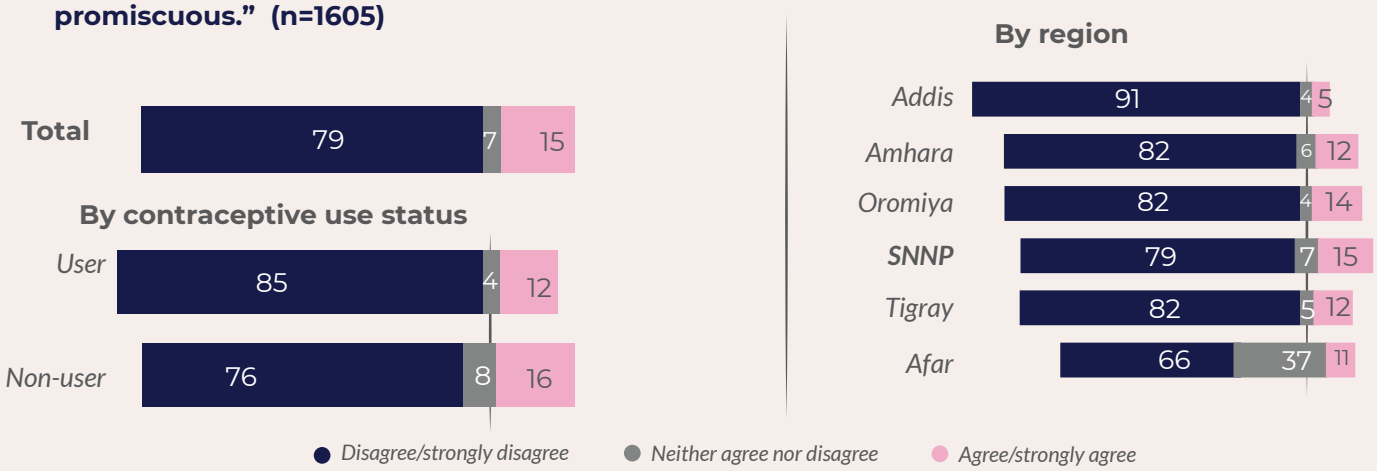
PERSONAL ATTITUDES

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

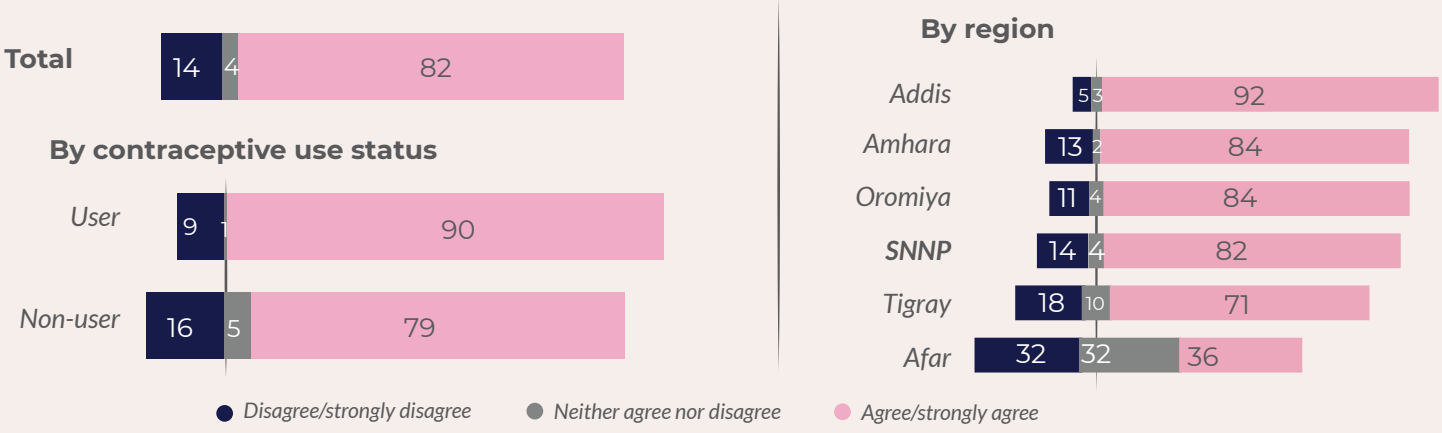
"It is acceptable for a women to use FP before she has a child." (n=1607)



"Women who use FP are considered promiscuous." (n=1605)



"Couples who use FP are financially responsible." (n=1605)



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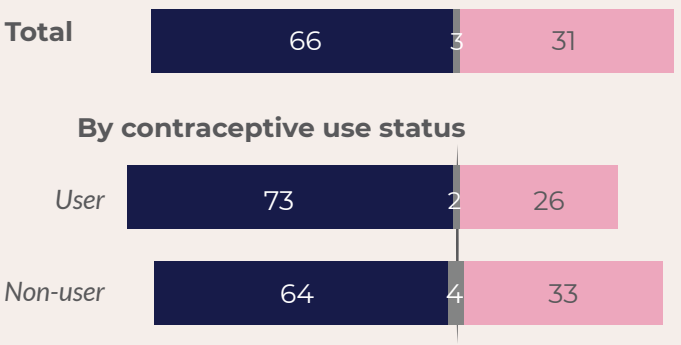
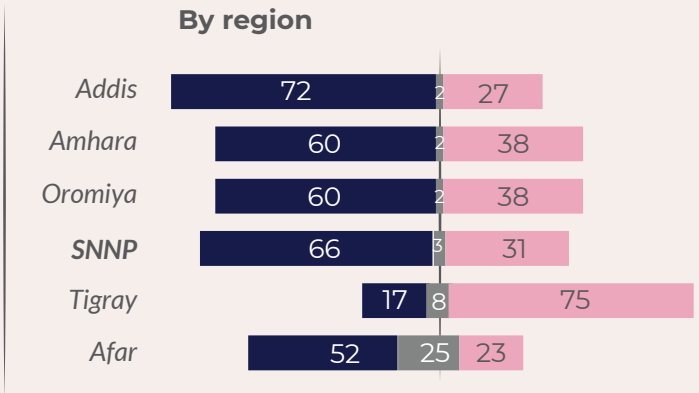
"Women should be the ones to decide about FP." (n=1607)





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

KEY FINDINGS FOR SECTION 8: ATTITUDES TOWARDS CONTRACEPTION

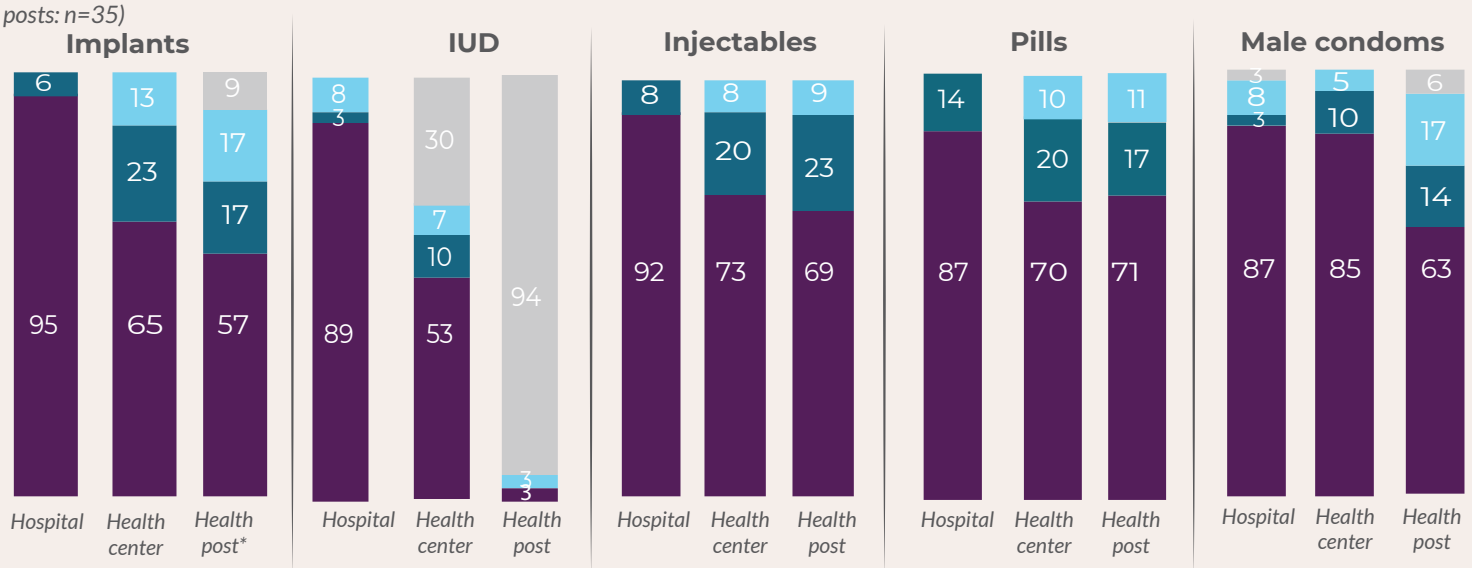
- *Generally, women in SNNP have positive attitudes towards contraception.*
- *More than 6 in 10 women in SNNP disagree that it is acceptable for a woman to use FP before she has a child.*
- *Two thirds of women in SNNP disagree that women should be the ones to decide about family planning.*

SECTION 9: SERVICE DELIVERY POINTS

From the service delivery point survey

METHOD AVAILABILITY AT SERVICE DELIVERY POINTS

Percent of public service delivery points in SNNP offering FP with method in stock on day of interview (hospitals: n=37), (health centers: n=40, health posts: n=35)



Currently in stock | Currently in stock but stockout in last 3 months | Currently out of stock | Not offered

*Health posts with level 4 HEW that offer any FP (n=35)

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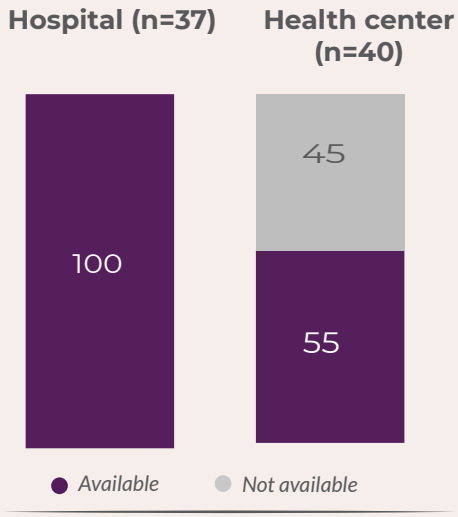
AVAILABILITY OF LIFESAVING MEDICINES

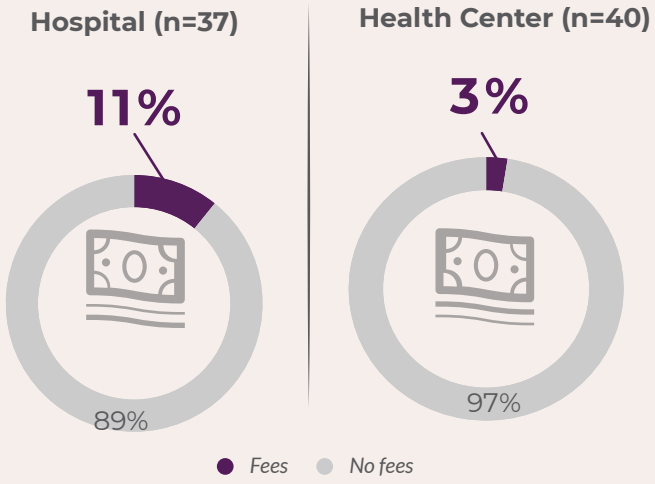
*Percent of service delivery points in SNNP with availability of oxytocin, magnesium sulfate, and any five other life-saving medicines**



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

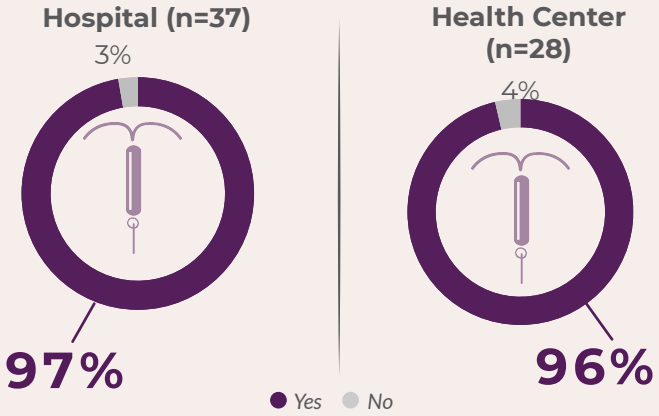
FEES FOR SERVICES

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

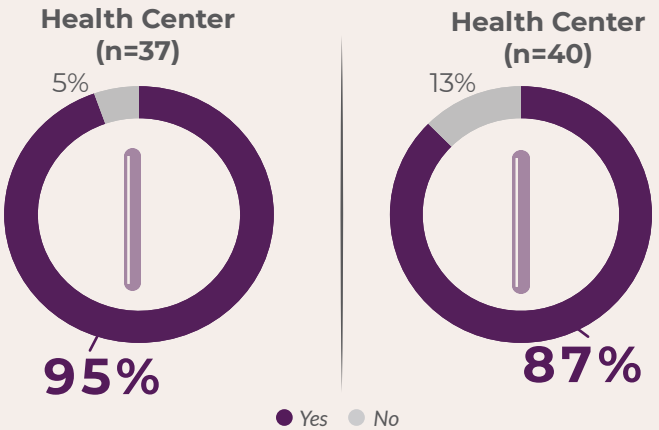


FACILITY READINESS

Percent of facilities in SNNPR that provide IUDs and have a trained staff member for IUD removal



Percent of facilities that provide implants, have implants in-stock, and have a trained staff member for implant removal on site on the day of interview



85% *of women in SNNP obtained their current modern method from a public health facility. (n=416)*

KEY FINDINGS FOR SECTION 9: SERVICE DELIVERY POINTS

- *Short term contraceptives were in stock in more than 70% of health centers and hospitals, however stock outs were more common in health posts.*
- *Method availability of long-acting methods at health posts and health centers is limited, relative to short-acting methods.*
- *More than 8 in 10 current modern method users in SNNP receive methods from Public Health facility.*

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TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

SNNPR-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	3059	23.32	3.60	16.86	31.32	22.78	3.51	16.49	30.61	13.49	1.39	10.93	16.55
PMA 2020	R3	Apr-May 2015	1632	28.07	3.32	21.89	35.21	27.13	3.26	21.09	34.16	16.55	2.46	12.16	22.11
PMA 2020	R4	Mar-May 2016	1594	28.07	2.72	24.49	35.43	28.2	2.91	22.73	34.4	16.18	2.38	11.94	21.56
PMA 2020	R5	May-Jun 2017	1545	29.44	3.41	23.07	36.73	27.69	3.56	21.11	35.4	18.53	1.93	14.96	22.73
PMA 2020	R6	Jun-Jul 2018	1542	29.44	3.20	25.94	38.77	30.46	3.38	24.1	37.65	14.37	1.39	11.8	17.39
PMA	Phase 1	Oct-Dec 2019	1612	27.11	2.23	22.86	31.83	26.33	2.28	22.0	31.17	14.28	1.14	12.14	16.74

SNNP-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	1712	36.19	4.74	27.28	46.17	35.33	4.6	26.69	45.05	20.99	2.31	16.72	26.02
PMA 2020	R3	Apr-May 2015	925	40.88	4.63	31.98	50.41	39.44	4.43	30.96	48.61	24.56	3.3	18.53	31.78
PMA 2020	R4	Mar-May 2016	931	43.85	4.30	35.46	52.6	41.65	4.45	33.05	50.78	24.01	3.27	18.04	31.17
PMA 2020	R5	May-Jun 2017	923	41.35	5.25	31.32	52.15	38.98	5.38	28.83	50.18	25.29	2.65	20.33	31
PMA 2020	R6	Jun-Jul 2018	884	45.98	5.2	35.84	56.47	43.67	5.38	33.29	54.63	21.33	2.23	17.18	26.17
PMA 2020	Phase 1	Oct-Dec 2019	1086	38.69	3.16	32.56	45.21	37.87	3.15	31.76	44.39	20.11	1.51	17.24	23.33

BY REGION-ALL

		CPR				mCPR				Unmet need for family planning			
Region	Female sample	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 SNNP, data for the cross-section were collected between October and December 2019 from 1,633 households (99.1 % completion rate), 1,634 women enrolled in the cross-sectional survey (98.5% 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.