

PMA UGANDA

Results from Phase 3 cross-sectional survey

September-October 2022



OVERALL KEY FINDINGS



The percentage of public facilities offering Long Acting Methods of Contraception has increased over time; but 23% of facilities offering implants do not have a trained provider and supplies to insert or remove implants.



Nearly half of women reported that their last pregnancy was unintended, of whom 27% did not want any more children.

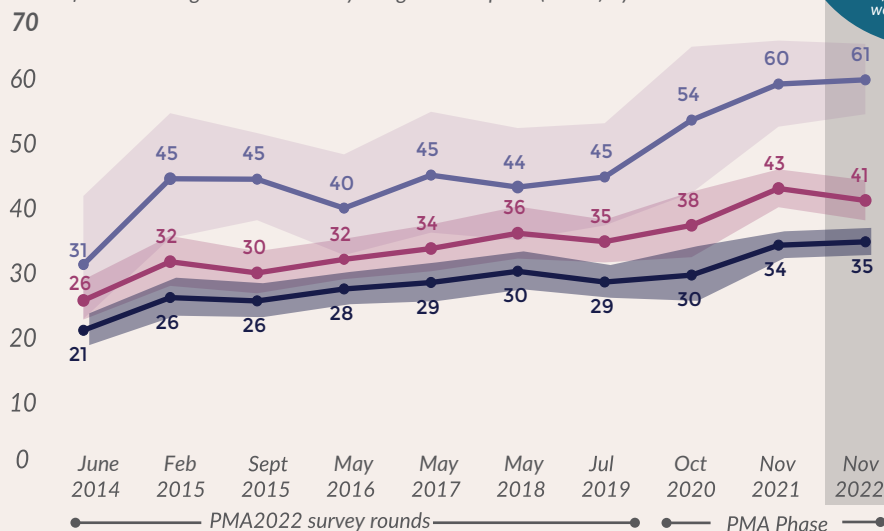


Modern contraceptive use had been increasing over time but has now plateaued in the last 2 surveys.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

MODERN CONTRACEPTIVE PREVALENCE

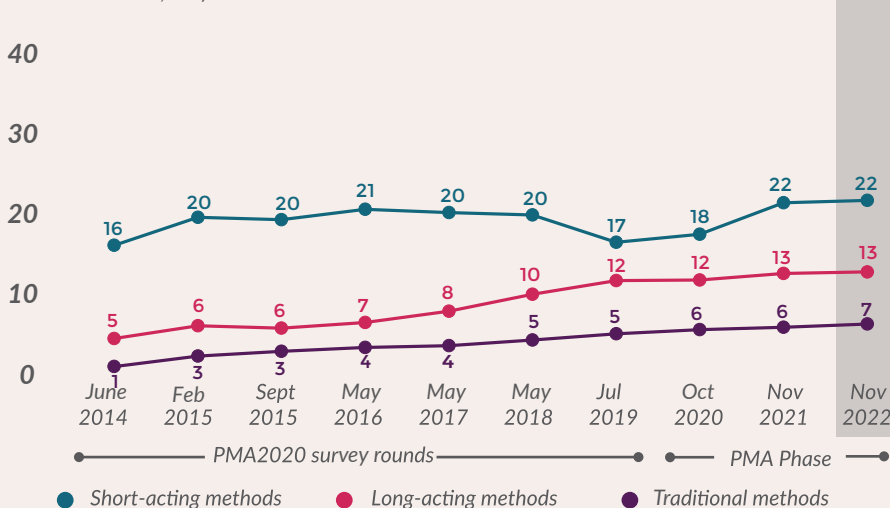
Percent of all women age 15-49 currently using contraception (mCPR) by marital status



1.3%
average annual increase in mCPR for all women

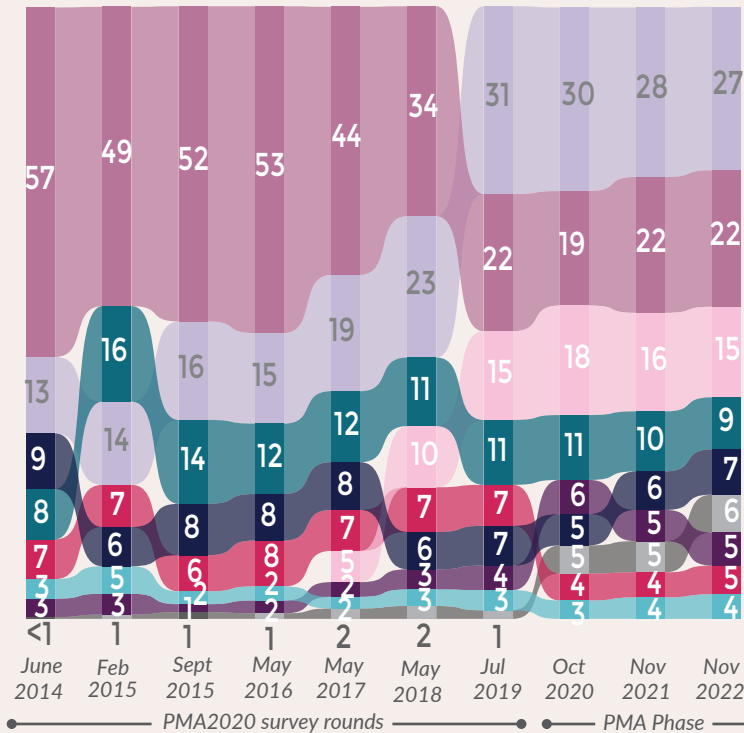
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 3 n=4,227)



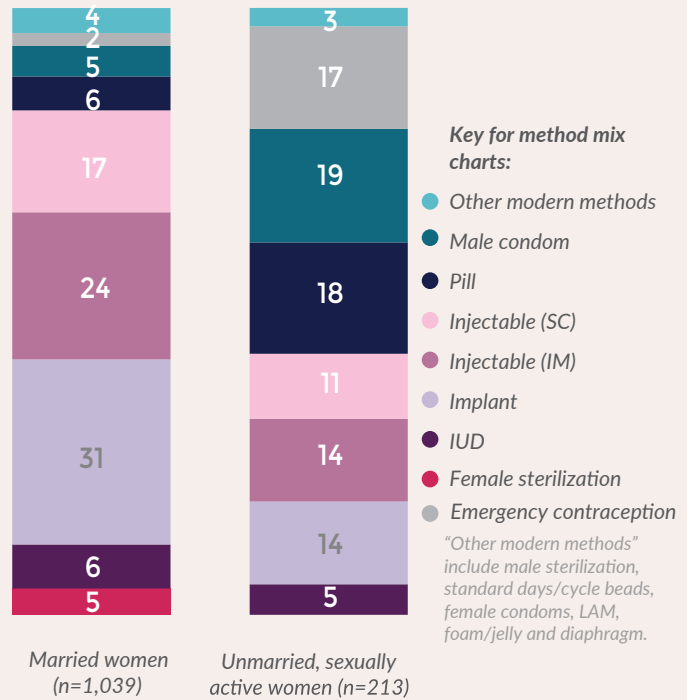
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 3 n=1,458)



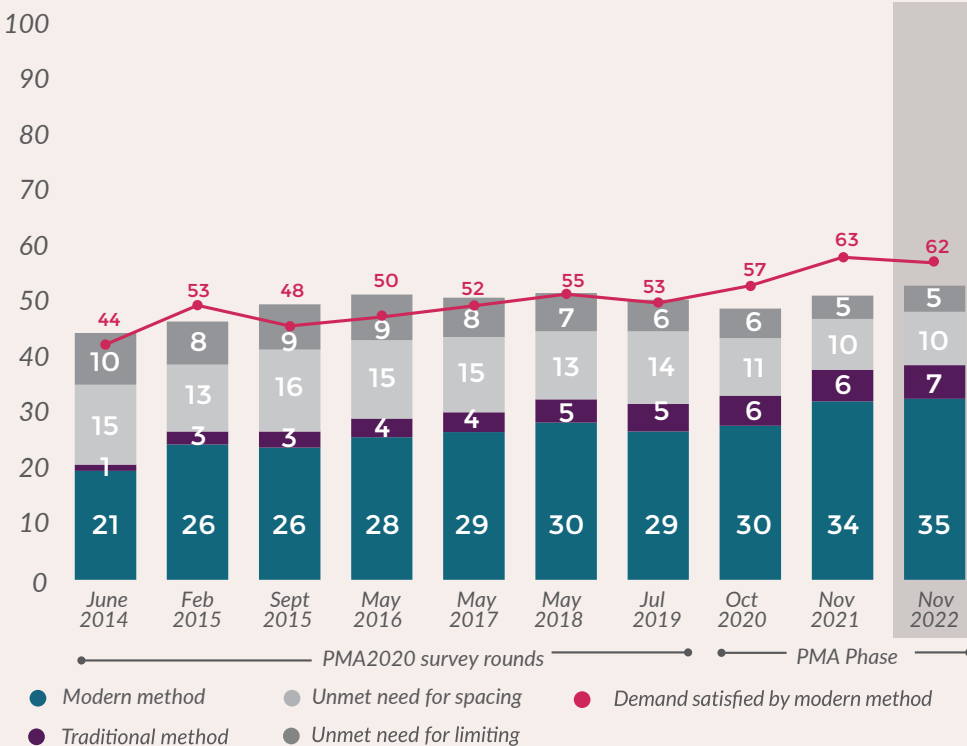
MODERN CONTRACEPTIVE METHOD MIX

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=4,227)



INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

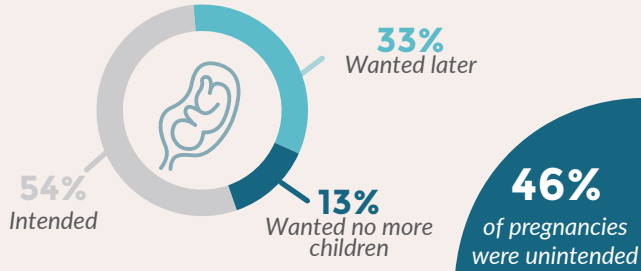
Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=2,098)



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 in the last five years or current pregnancy (n=2,237)



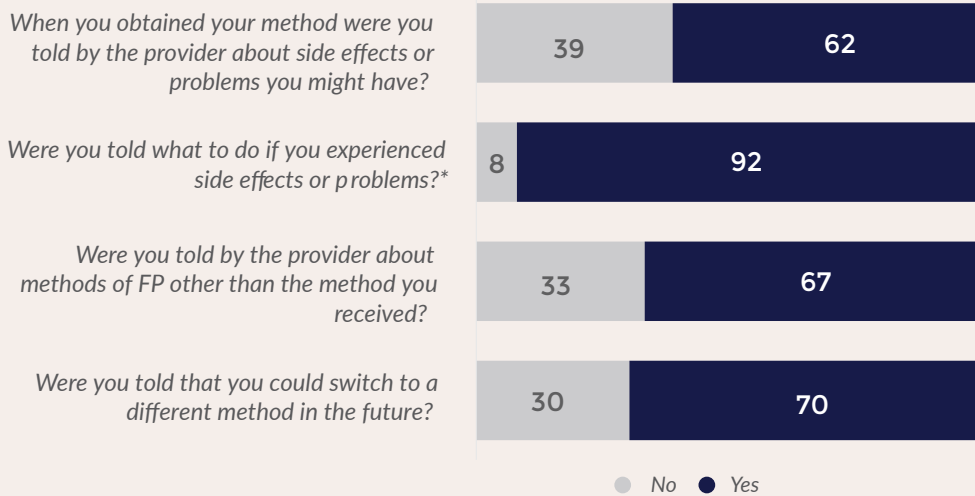
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- The method mix has not changed among all women, with injectables and implants taking the biggest share.
- A quarter of non-users of contraception intend to use in the next 12 months.
- 27% of the women with an unintended pregnancy did not want any more children.

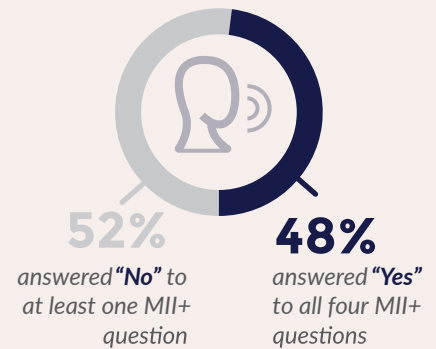
SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

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=1,435)



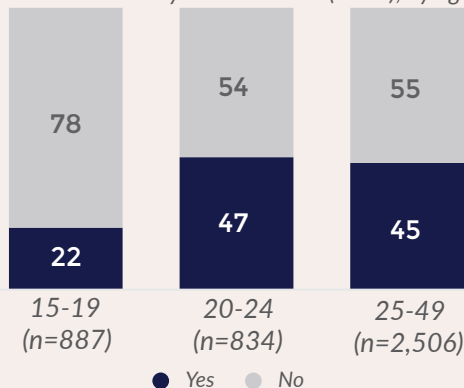
Percent of women who responded "Yes" to all four MII+ questions



*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



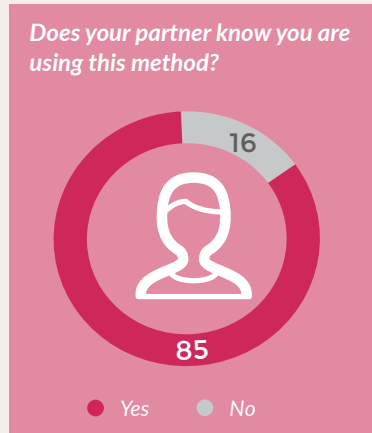
KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- Less than half (48%) of all current users reported that they received family planning counseling when they first started using a method.
- Only 22% of adolescents 15-19 years reported receiving FP information from a provider or community health worker.

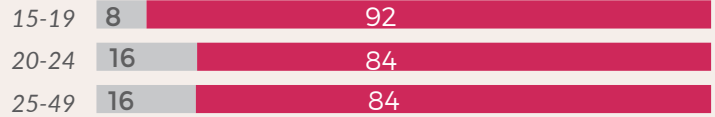
SECTION 3: PARTNER DYNAMICS

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=1,040)



By age

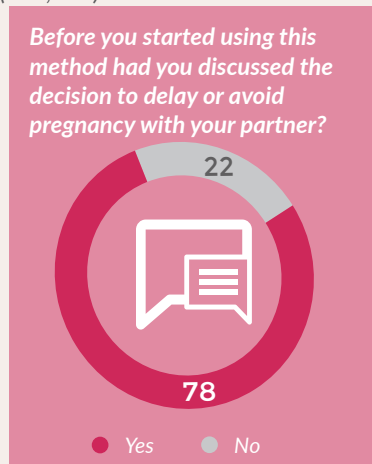


By education



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

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=1,040)



By age

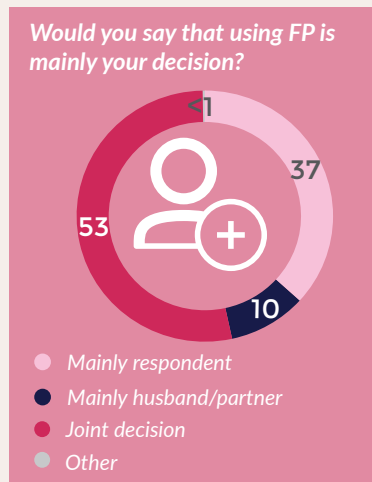


By education

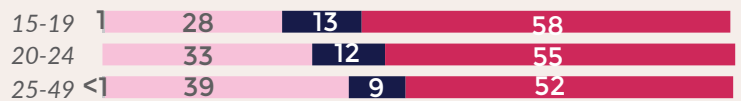


Modern, female controlled methods includes all modern methods except male sterilization and male condoms

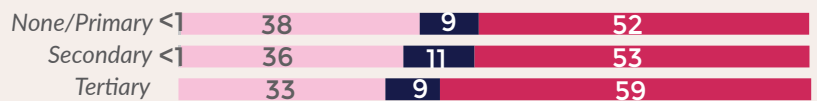
Percent of women who are currently using FP and agree with the following statement, by age and education (n=1,354)



By age

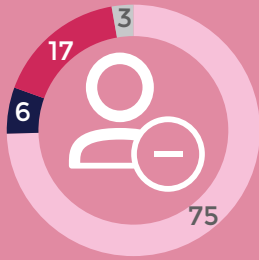


By education



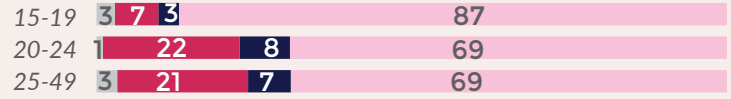
Percent of women who are not currently using FP and agree with the following statement, by age and education (n=2,121)

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

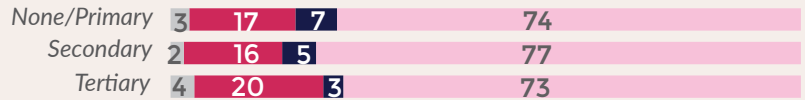


- Mainly respondent
- Mainly husband/partner
- Joint decision
- Other

By age

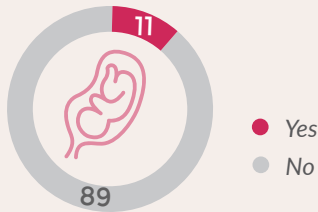


By education

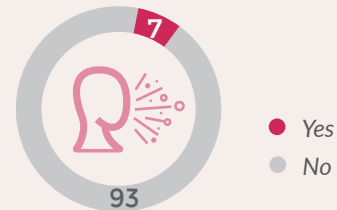


PREGNANCY COERCION

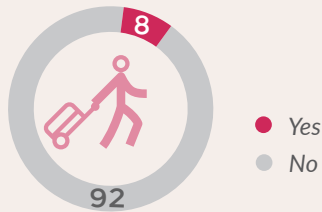
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=2,550)



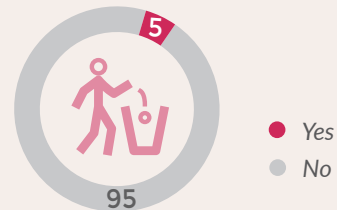
Percent of currently married women who report that their partner made them feel badly for wanting to use an FP method to delay or prevent pregnancy in the past 12 months (n=2,551)



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=2,551)



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=2,550)



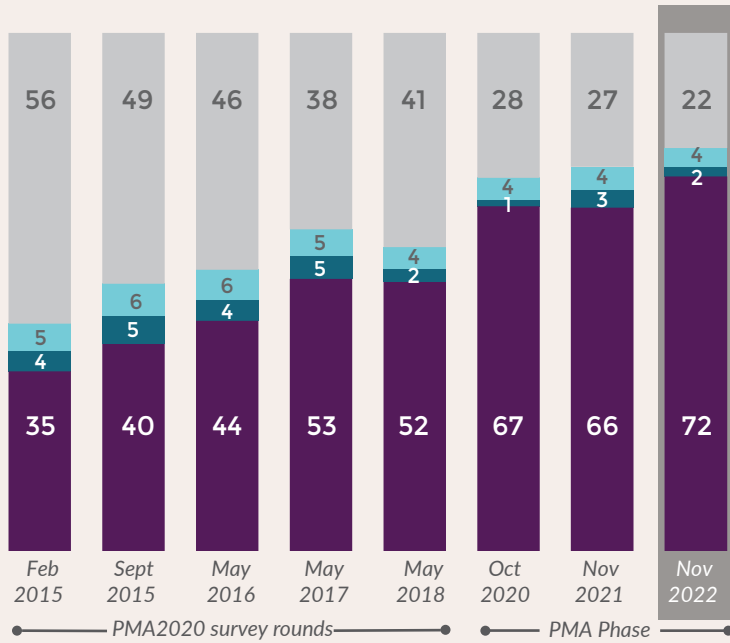
KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Just over three quarters (78%) of women using female controlled methods discussed decision to delay/avoid pregnancy with a partner.
- Nearly 1 in 10 women not using a method state that this decision to not use FP is mainly someone else's decision, particularly among older women and those with primary or no education.
- One in 20 married women had their method taken away or were prevented from accessing the health facility by their partner in the last 12 months.
- One in 10 married women reported pressure from their partner to become pregnant.

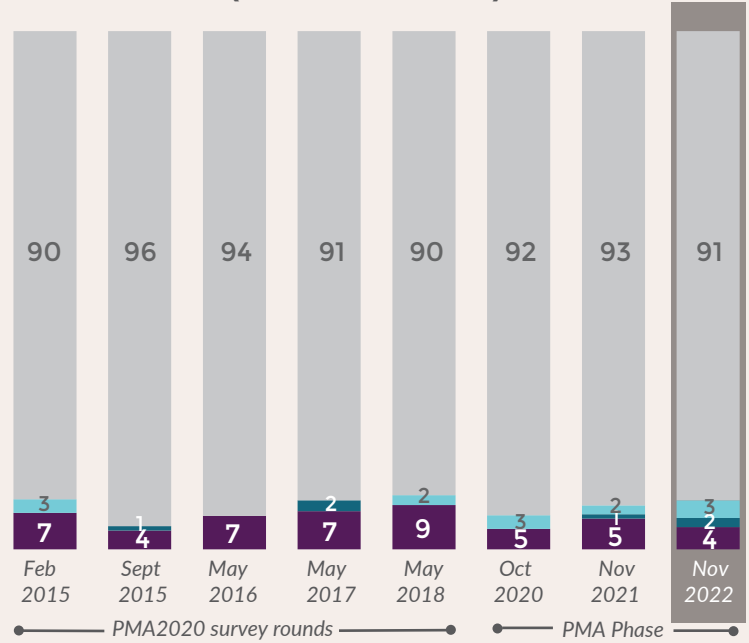
SECTION 4: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 3 n=256)



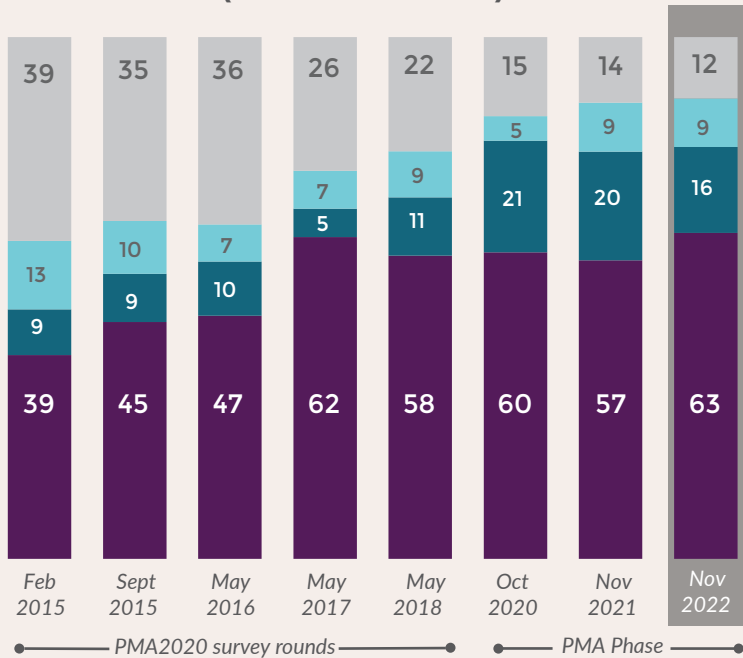
Private facilities (PMA Phase 3 n=116)



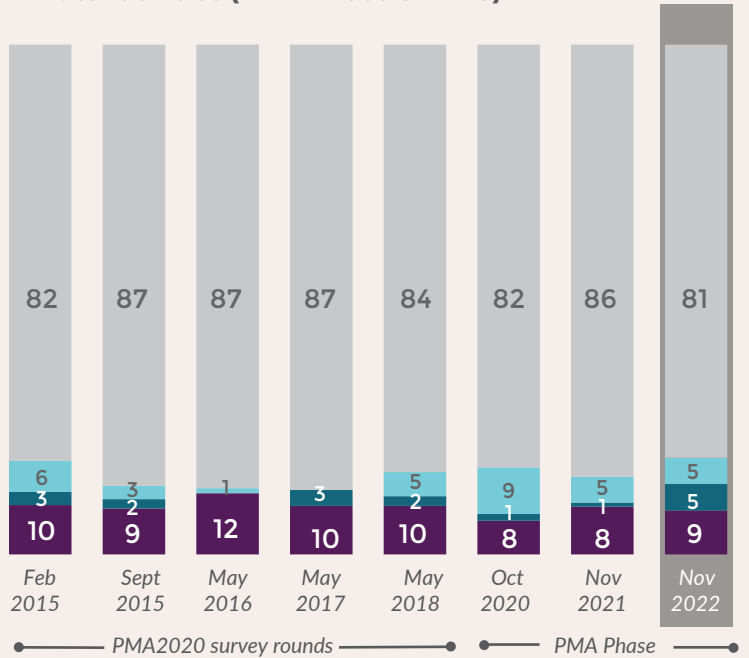
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 3 n=256)



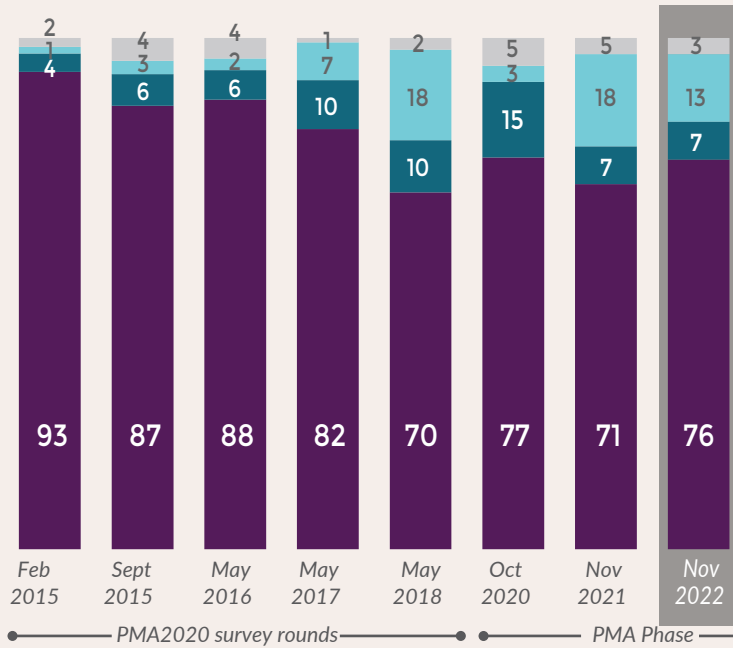
Private facilities (PMA Phase 3 n=116)



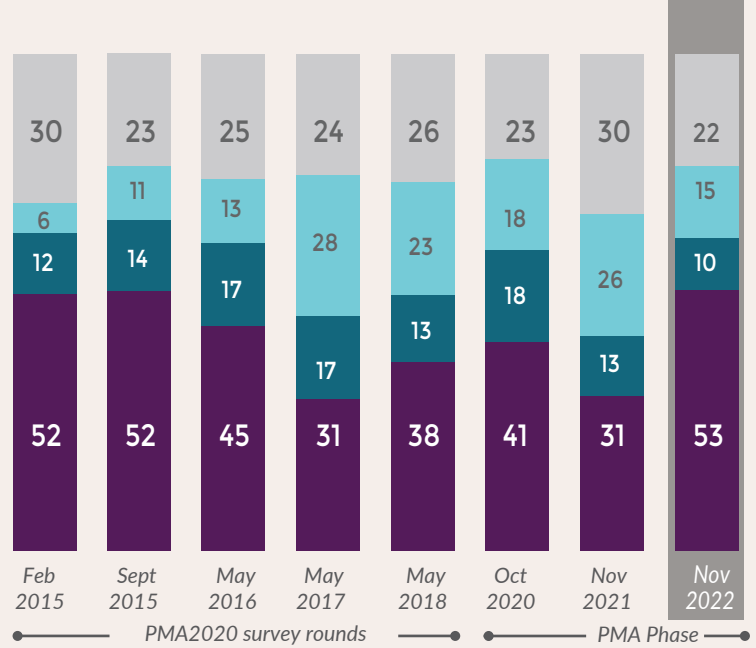
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 3 n=256)



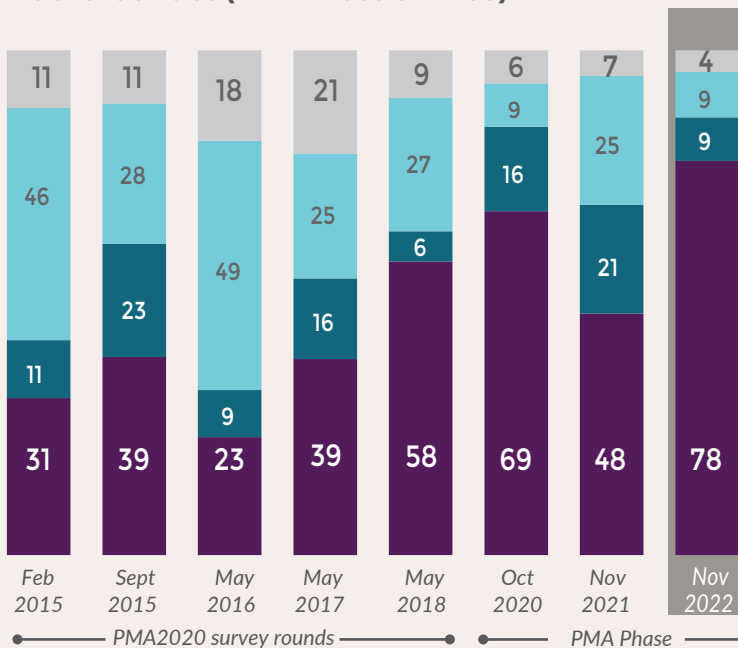
Private facilities (PMA Phase 3 n=116)



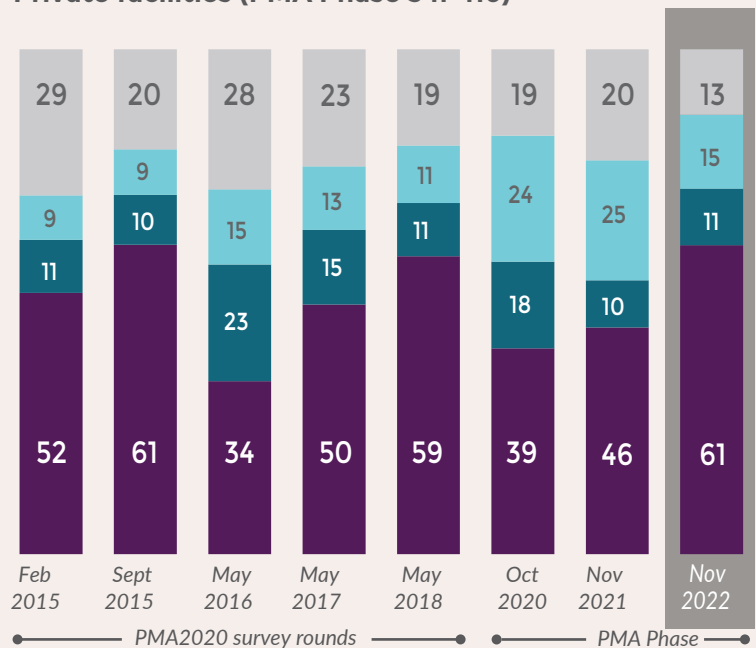
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 3 n=256)



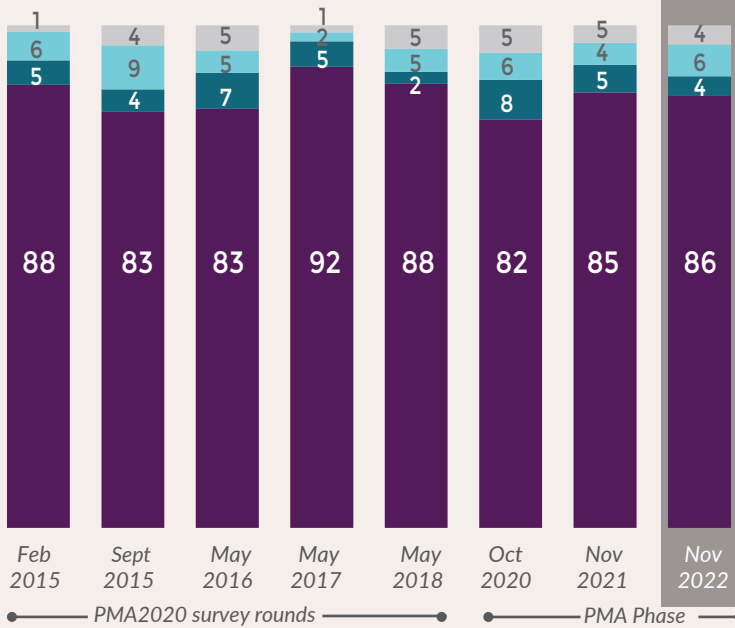
Private facilities (PMA Phase 3 n=116)



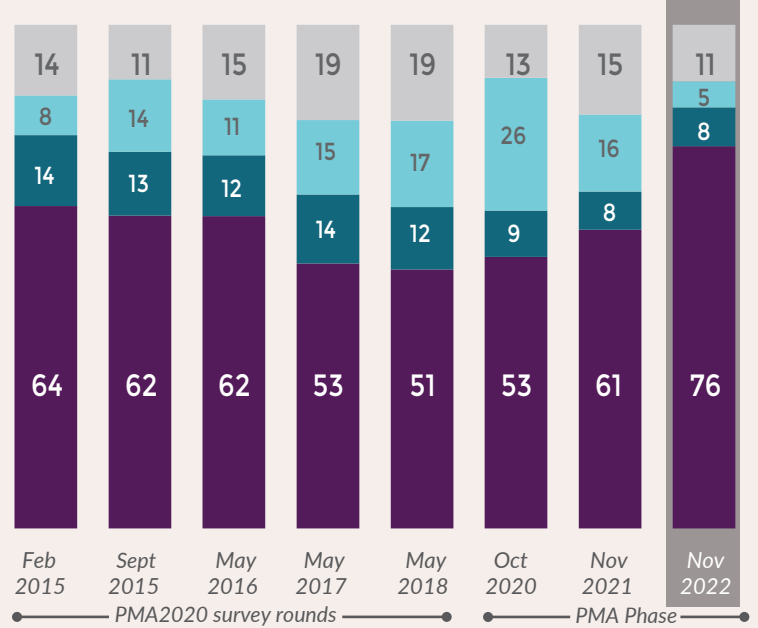
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 3 n=256)



Private facilities (PMA Phase 3 n=116)




● 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=478 episodes)

 **69%**
Ordered but did not receive shipment

 **13%**
Did not place order for shipment

Private facilities (n=123 episodes)

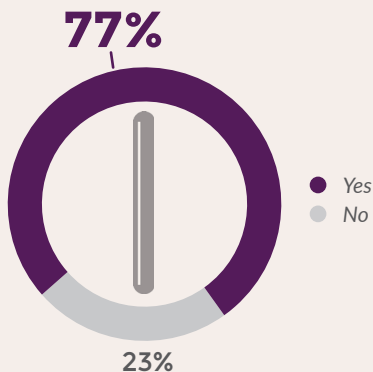
 **37%**
Did not place order for shipment

 **28%**
Other

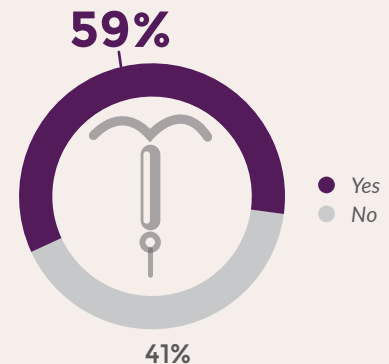
Possible answers were "Did not place order for shipment", "ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", "Stock out due to COVID-19 disruption", and "Other".

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=248)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=210)



64%

of women
obtained
their
current
modern method
from a public health
facility (n=1,435)

KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS

- The percentage of public facilities offering LARCs has increased over time.
- Implants and injectables, the most commonly used methods, also experienced the highest stockouts in public facilities over the past year.
- **23%** of facilities offering implants do not have a trained provider and supplies to insert or remove implants.

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 | May-June 2014 | 3,716 | 22.17 | 1.30 | 19.69 | 24.86 | 20.98 | 1.26 | 18.59 | 23.60 | 25.36 | 1.31 | 22.86 | 28.03 |
| PMA 2020 | R2 | Jan-Feb 2015 | 3,631 | 28.60 | 1.57 | 25.58 | 31.82 | 26.12 | 1.52 | 23.23 | 29.24 | 21.14 | 1.19 | 18.87 | 23.60 |
| PMA 2020 | R3 | Aug-Sept 2015 | 3,690 | 28.69 | 1.39 | 26.01 | 31.52 | 25.59 | 1.35 | 23.00 | 28.37 | 24.48 | 1.47 | 21.68 | 27.51 |
| PMA 2020 | R4 | April-May 2016 | 3,793 | 31.13 | 1.36 | 28.50 | 33.89 | 27.51 | 1.29 | 25.03 | 30.14 | 23.85 | 1.12 | 21.70 | 26.13 |
| PMA 2020 | R5 | April-May 2017 | 4,119 | 32.27 | 1.66 | 29.07 | 35.64 | 28.51 | 1.54 | 25.55 | 31.66 | 22.13 | 1.50 | 19.29 | 25.25 |
| PMA 2020 | R6 | April-May 2018 | 4,225 | 34.75 | 1.73 | 31.40 | 38.26 | 30.29 | 1.52 | 27.37 | 33.39 | 20.48 | 1.34 | 17.95 | 23.26 |
| PMA 2020 | R6FU | May-July 2019 | 4,481 | 33.90 | 1.36 | 31.26 | 36.64 | 30.29 | 1.52 | 26.08 | 31.22 | 20.01 | 1.21 | 17.72 | 22.51 |
| PMA | Phase 1 | Aug-Oct 2020 | 3,938 | 35.55 | 1.11 | 33.38 | 37.78 | 29.70 | 1.23 | 27.32 | 32.20 | 16.86 | 0.72 | 15.48 | 18.34 |
| PMA | Phase 2 | Sept-Nov 2021 | 4,346 | 40.49 | 1.13 | 38.27 | 42.75 | 34.40 | 1.07 | 32.32 | 36.55 | 14.31 | 0.76 | 12.87 | 15.88 |
| PMA | Phase 3 | Sept-Oct 2022 | 4,227 | 41.39 | 1.25 | 38.94 | 43.89 | 34.89 | 1.08 | 32.78 | 37.05 | 15.25 | 0.98 | 13.40 | 17.30 |

| 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 | May-June 2014 | 2,404 | 27.27 | 1.66 | 24.10 | 30.69 | 25.69 | 1.58 | 22.68 | 28.95 | 34.66 | 1.56 | 31.63 | 37.82 |
| PMA 2020 | R2 | Jan-Feb 2015 | 2,252 | 34.93 | 2.05 | 30.98 | 39.11 | 31.80 | 1.99 | 27.98 | 35.88 | 29.92 | 1.74 | 26.59 | 33.47 |
| PMA 2020 | R3 | Aug-Sept 2015 | 2,369 | 34.35 | 1.78 | 30.91 | 37.95 | 30.04 | 1.67 | 26.83 | 33.46 | 31.72 | 2.00 | 27.90 | 35.80 |
| PMA 2020 | R4 | April-May 2016 | 2,511 | 36.94 | 1.65 | 33.74 | 40.26 | 32.16 | 1.61 | 29.06 | 35.43 | 30.50 | 1.41 | 27.77 | 33.36 |
| PMA 2020 | R5 | April-May 2017 | 2,590 | 38.4 | 1.93 | 34.64 | 42.30 | 33.88 | 1.87 | 30.28 | 37.68 | 29.62 | 2.05 | 25.73 | 33.83 |
| PMA 2020 | R6 | April-May 2018 | 2,674 | 41.79 | 2.29 | 37.34 | 46.38 | 36.30 | 2.08 | 32.28 | 40.53 | 25.95 | 1.68 | 22.76 | 29.43 |
| PMA 2020 | R6FU | May-July 2019 | 2,801 | 41.92 | 1.77 | 38.45 | 45.47 | 34.98 | 1.70 | 31.68 | 38.43 | 26.21 | 1.56 | 23.23 | 29.43 |
| PMA | Phase 1 | Aug-Oct 2020 | 2,325 | 45.52 | 1.47 | 42.62 | 48.46 | 37.55 | 1.64 | 34.36 | 40.85 | 23.67 | 1.17 | 21.43 | 26.06 |
| PMA | Phase 2 | Sept-Nov 2021 | 2,530 | 51.06 | 1.48 | 48.14 | 53.98 | 43.35 | 1.51 | 40.39 | 46.37 | 20.05 | 1.17 | 17.84 | 22.45 |
| PMA | Phase 3 | Sept-Oct 2022 | 2,555 | 50.11 | 1.74 | 46.66 | 53.55 | 41.44 | 1.60 | 38.32 | 44.64 | 20.89 | 1.40 | 18.25 | 23.79 |

PMA Uganda collects information on knowledge, practice and coverage of family planning services in 141 enumeration areas selected using a multi-stage stratified cluster design with urban-rural and region strata. Of the 141 enumeration areas, 19 new enumeration areas were added for a CIFF (Children's Investment Fund Foundation) sponsored study in Phase 2 that are now part of the PMA Uganda cross-sectional sample. The results are representative at the national level and within urban/ rural strata. Data were collected between September and October 2022 from 4,430 households (96.4% response rate), 4,227 females age 15-49 (96.4% response rate), 382 facilities (92% completion rate) and 2,630 client exit interviews. For sampling information and full data sets, visit www.pmadata.org/countries/Uganda.

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

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/SPH), in collaboration with the Uganda National 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.