

PMA DEMOCRATIC REPUBLIC OF CONGO (KONGO CENTRAL)

Results from Phase 3 cross-sectional survey

December 2021-April 2022



OVERALL KEY FINDINGS



The implant remained the most common method among married women, while emergency contraception (30%) and male condoms (22%) were the most common methods among unmarried women who were sexually active.



Overall, no more than one in five women reported having discussed FP with a health provider or a community-based worker in the past twelve months.



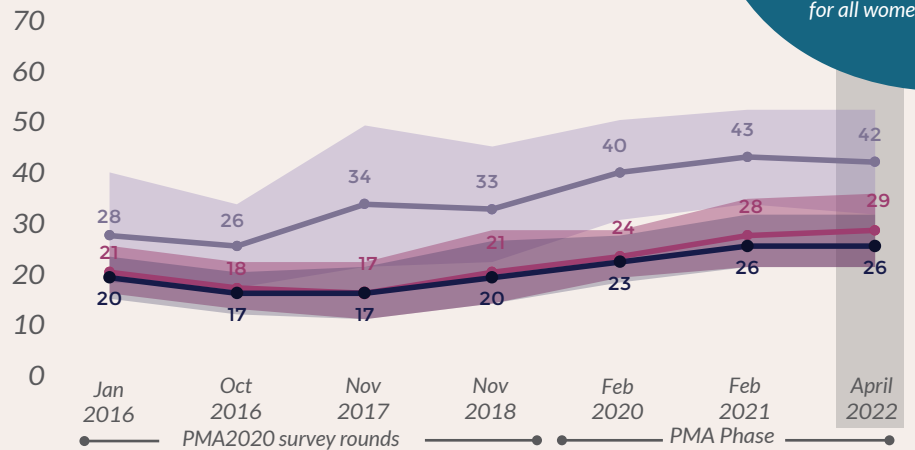
In 2022, stockouts in private Service Delivery Points (SDP) were 10 percentage points lower than in public SDPs for IUDs, implants, injectables, pills, and male condoms.

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

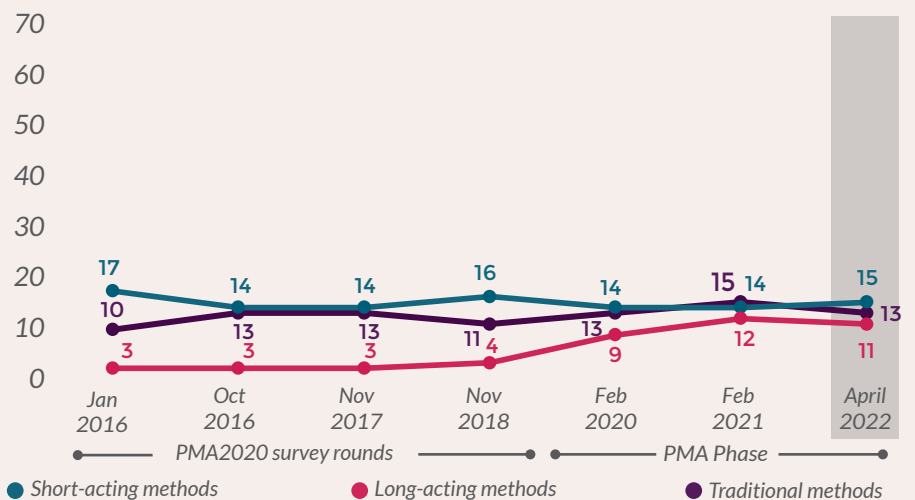
1.7%
average annual increase in mCPR for all women



- Married women (PMA Phase 3, n=1,069)
- Unmarried, sexually active women (PMA Phase 3, n=305)
- Toutes les femmes (PMA Phase 3, n=1,856)

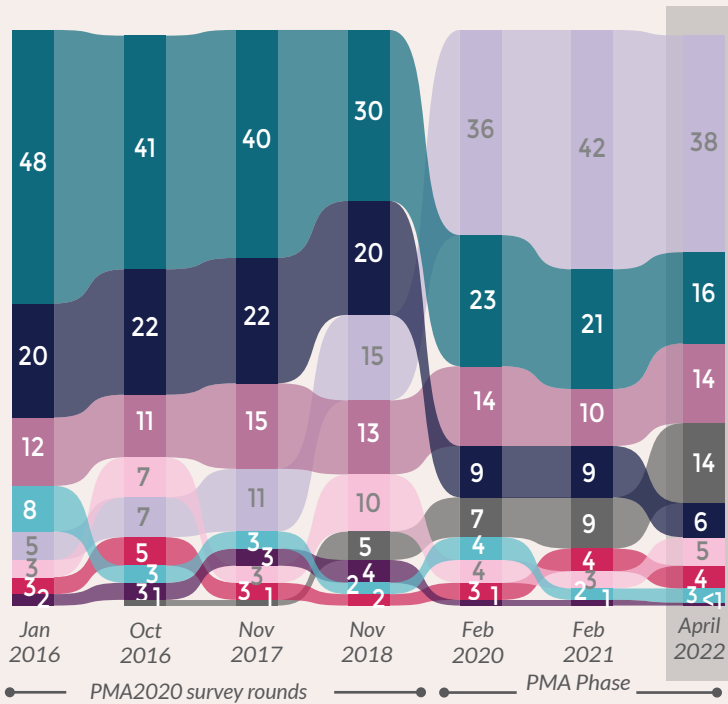
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 3, n=1,856)



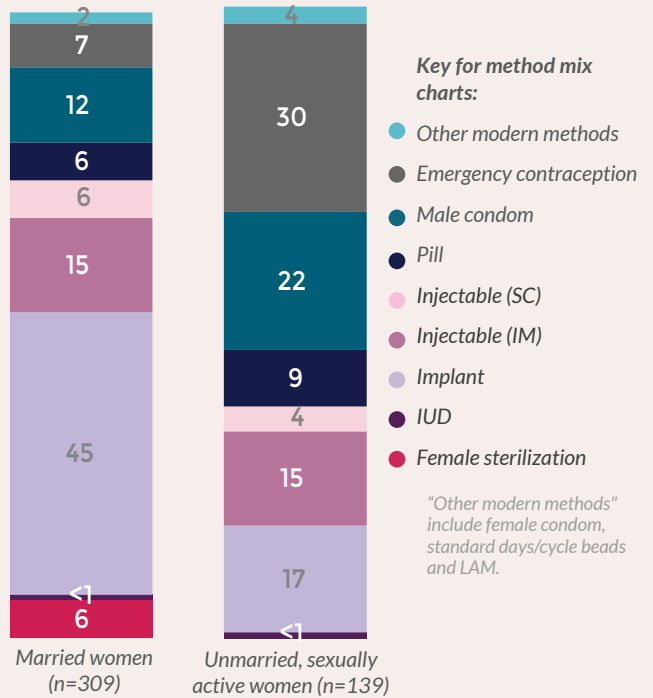
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 3, n=499)



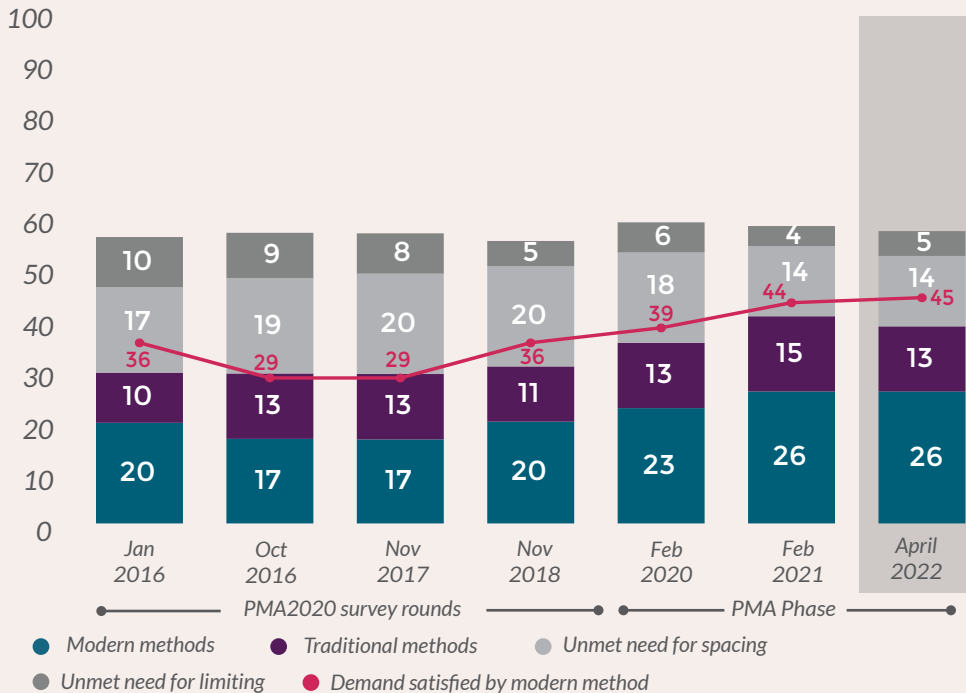
MODERN CONTRACEPTIVE METHOD MIX

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=1 856)



INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

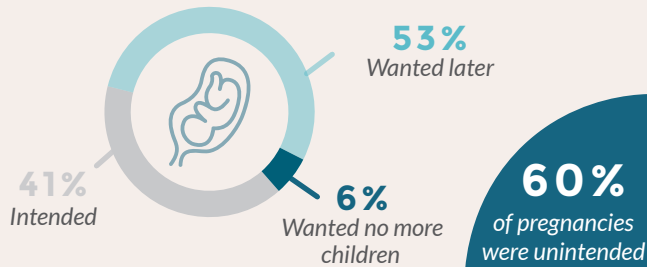
Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=955)



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=843)



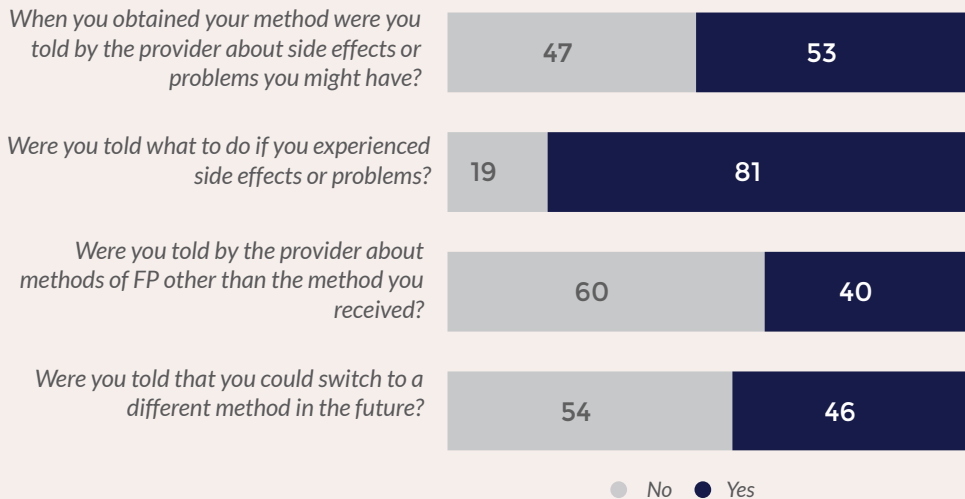
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Between 2020 and 2022, modern contraceptive use increased from 24% to 29% among married women.
- The implant remained the most common method among married women (45%) followed by injectables (15%), while unmarried women who were sexually active mainly used emergency contraception (30%), condoms (22%), and implants (17%).
- Six in ten (60%) most recent births or pregnancies were unwanted.

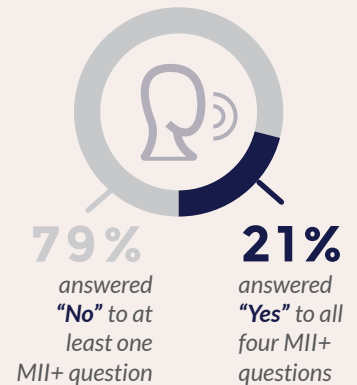
SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

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=491)



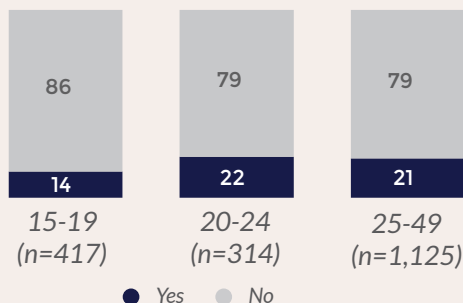
Percent of women who responded "Yes" to all four MII+ questions



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



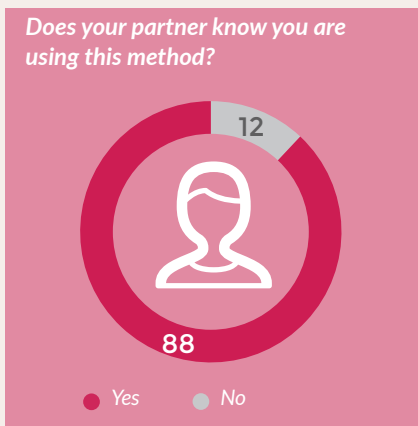
KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- Only one in five (21%) women using a contraceptive method received the four key component of complete counseling from a health provider.
- Nearly one in two women (47%) reported that they were not informed of the side effects of their methods at the time of their visits.
- Slightly more than one in ten adolescent girls (14%) reported that they discussed FP with a health provider or a community-based worker in the past twelve months. This proportion was 22% among women 20-24 years old, and 21% among women 25-49 years old.

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=312)



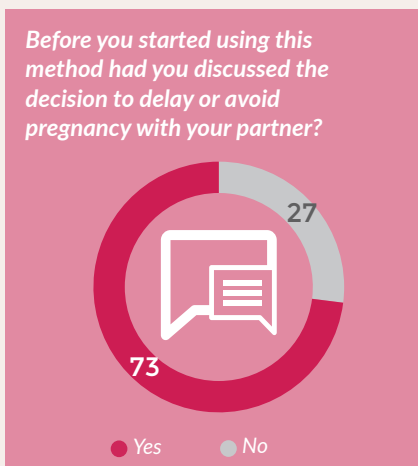
By age



By education



Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=312)



By age

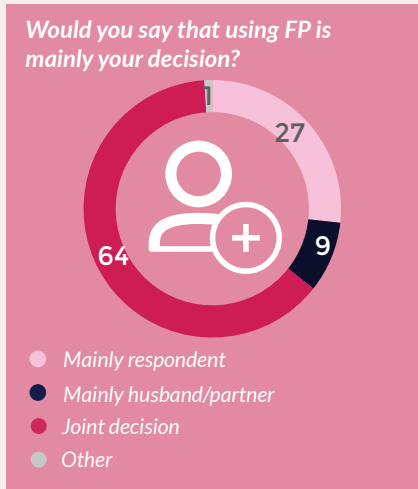


By education

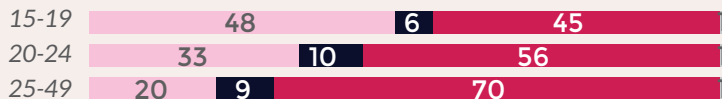


Modern, female controlled methods includes all modern methods except male sterilization and male condoms

Percent of women who are currently using FP and agree with the following statement, by age and education (n=567)



By age

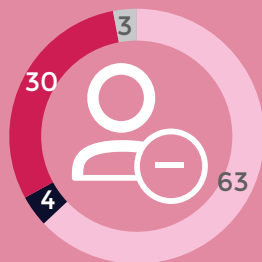


By education



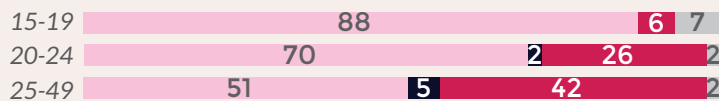
Percent of women who are not currently using FP and agree with the following statement, by age and education (n=950)

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

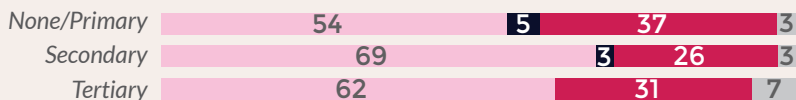


- Mainly respondent
- Mainly husband/partner
- Joint decision
- Other

By age

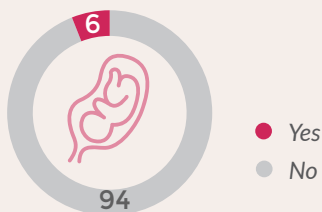


By education

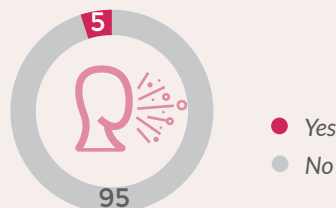


PREGNANCY COERCION

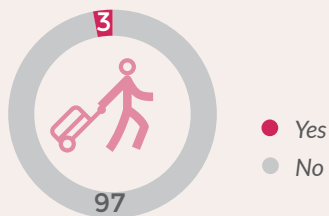
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=1,051)



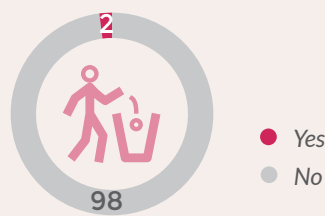
Percent of currently married women who report that their partner made them feel badly for wanting to use an FP method to delay or prevent pregnancy in the past 12 months (n=1,051)



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=1,051)



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=1,049)



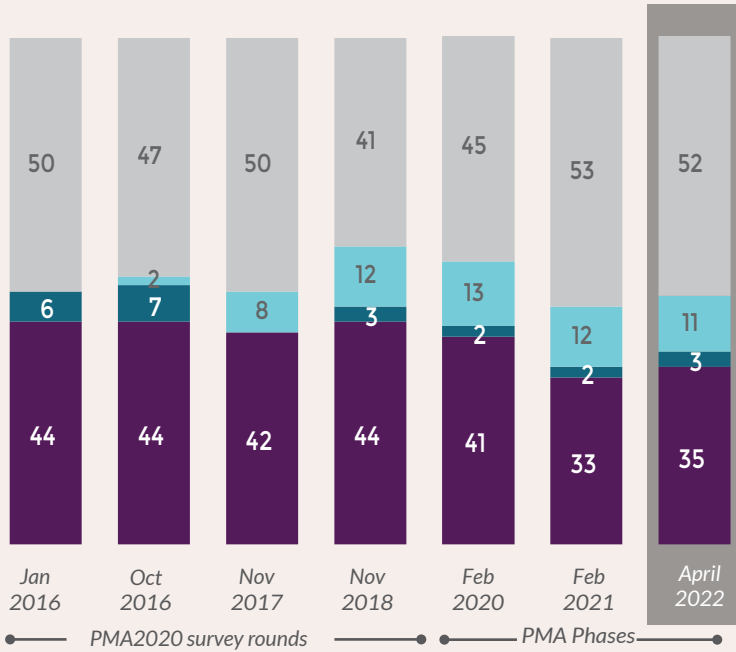
KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Nearly 9 in ten women using a female-controlled modern contraceptive method reported that their partners knew about it.
- Nearly 73% 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 using their current method. This proportion was lower among adolescents, at 55%.
- More than six in ten (64%) women using a family planning method reported that the decision to use contraception was made jointly with their husbands/partners, while 9% reported that it was mainly their husbands/partners' decision.

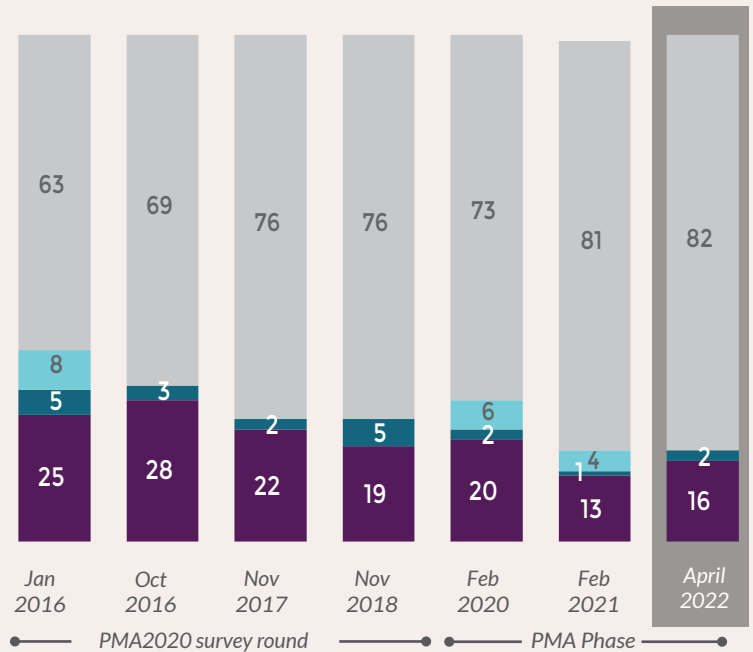
SECTION 4: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 3, n=66)



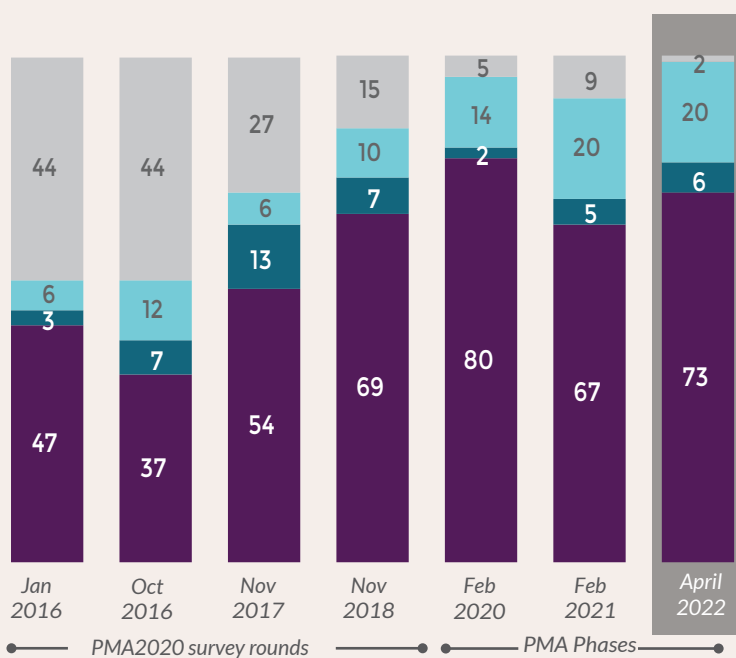
Private facilities (PMA Phase 3, n=82)



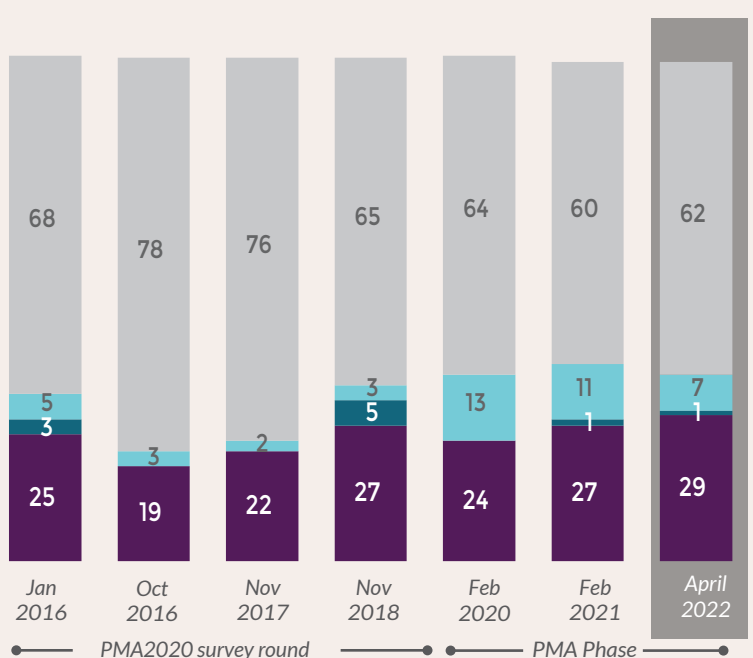
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 3, n=66)



Private facilities (PMA Phase 3, n=82)

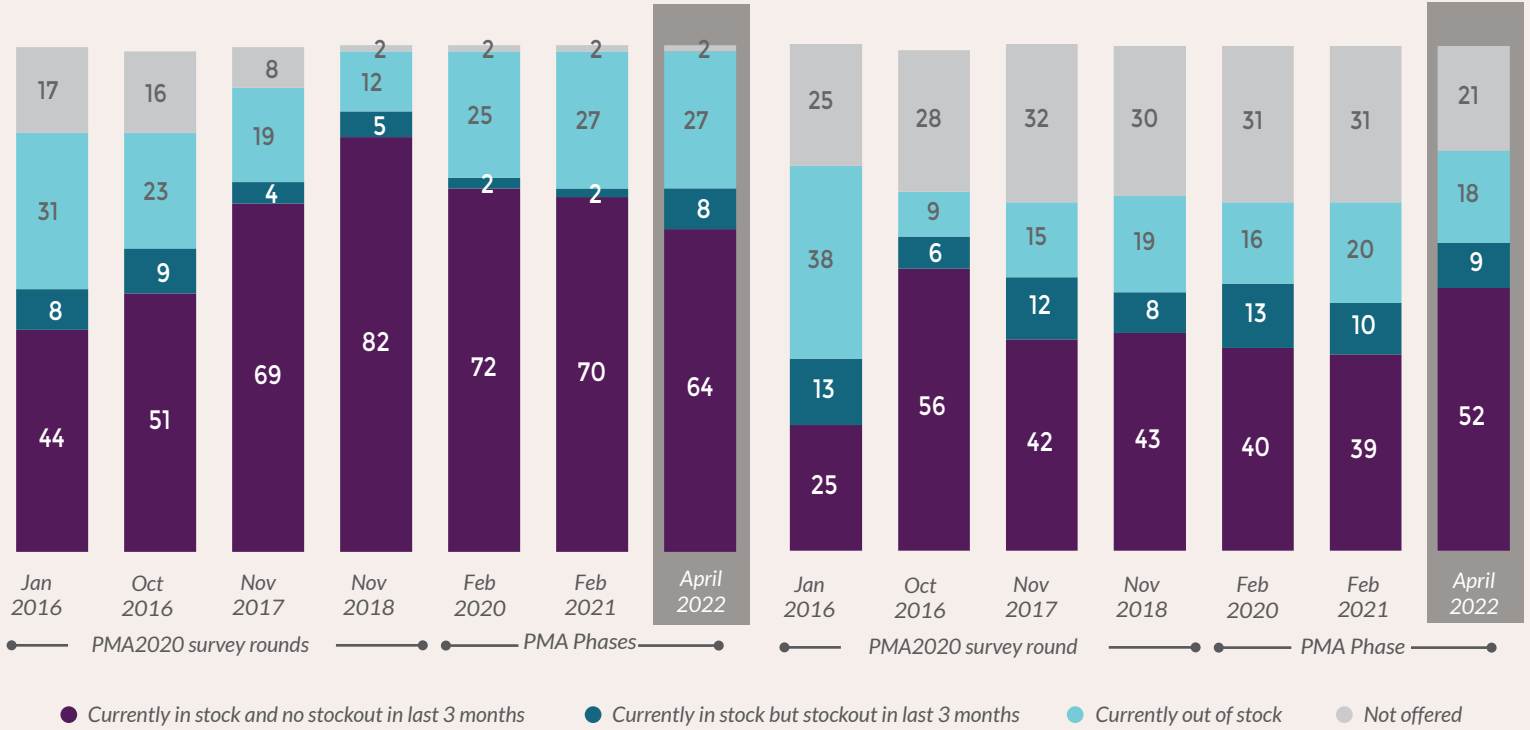


● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 3, n=66)

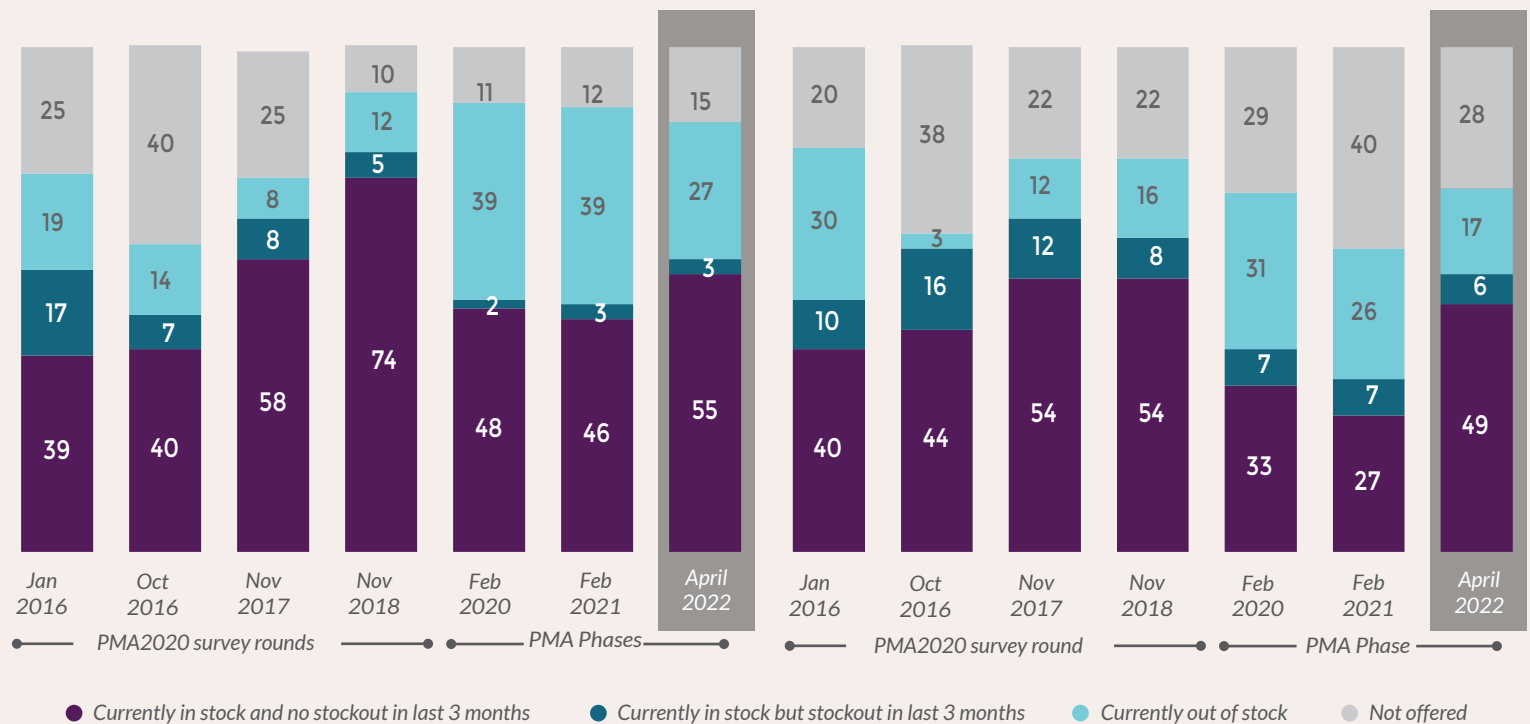
Private facilities (PMA Phase 3, n=82)



TRENDS IN METHOD AVAILABILITY: PILLS

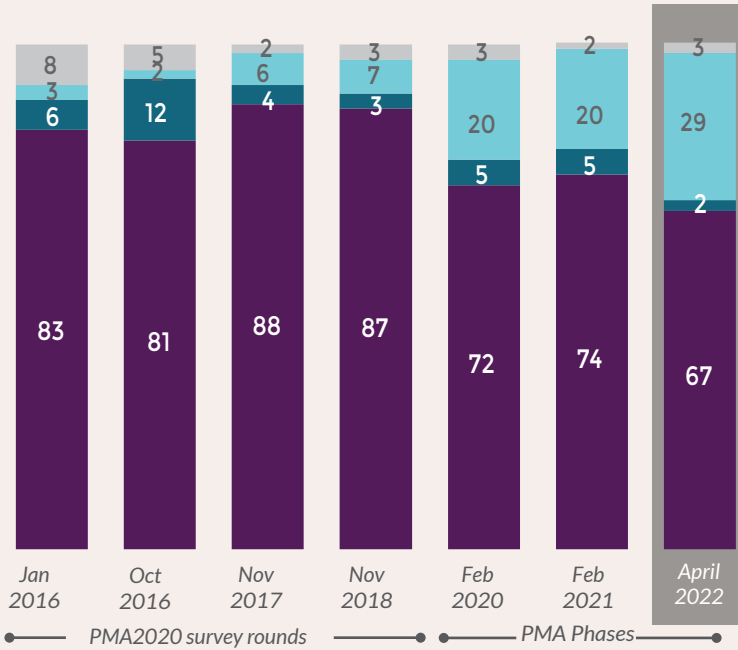
Public facilities (PMA Phase 3, n=66)

Private facilities (PMA Phase 3, n=82)

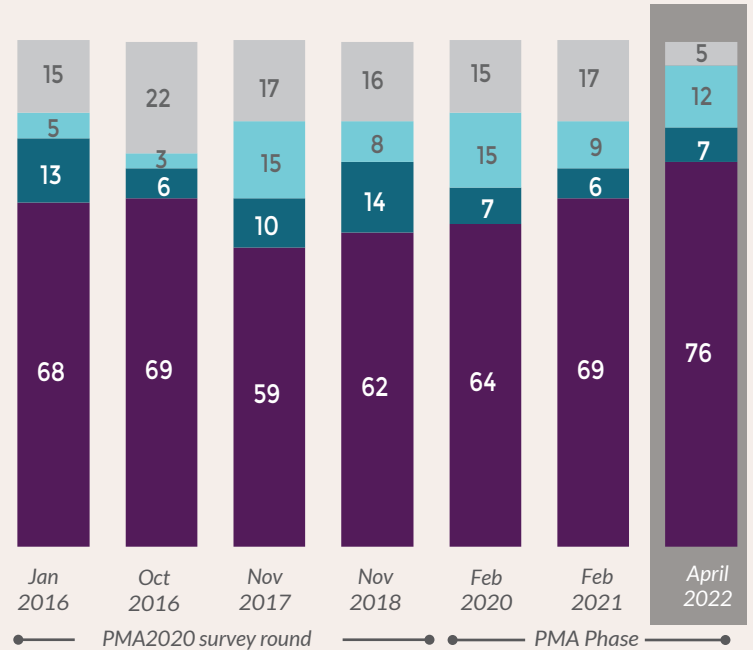


TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 3, n=66)



Private facilities (PMA Phase 3, n=82)



● 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=180 episodes)



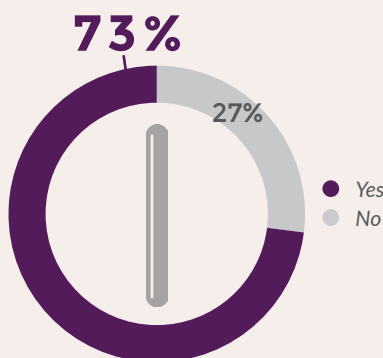
Private facilities (n=102 episodes)



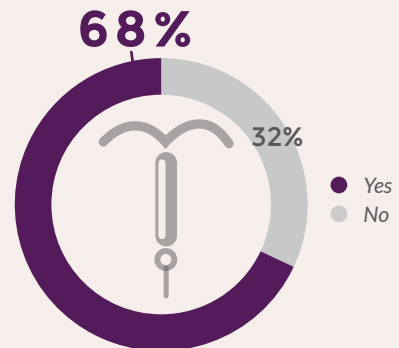
Possible answers were "Did not place order for shipment", "Ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", "Stock out due to COVID-19 disruption", and "Other."

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=96)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=47)



48%

of women
obtained
their current
modern method
from a public health
facility (n=491)

KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS

- *In 2022, stockouts in private Service Delivery Points (SDPs) were 10 percentage points lower than in public SDPs for IUDs, implants, injectables, pills, and male condoms.*
- *Two percent of public SDPs did not provide implants, and 27% of all SDPs who provide the implant did not have a trained provider and the necessary equipment/supplies for implant insertion and removal.*
- *The main reason mentioned to explain stockouts was that the order was placed but the shipment to public and private SDPs was delayed.*

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	Nov 2015-Jan 2016	1,565	29.82	2.85	24.45	35.82	20.00	2.00	16.30	24.29	26.46	2.15	22.38	30.99
PMA 2020	R2	Aug-Sept 2016	1,668	30.02	3.70	23.19	37.88	16.60	1.99	13.00	20.96	27.46	2.30	23.11	32.30
PMA 2020	R3	Sept-Nov 2017	1,689	29.84	3.96	22.57	38.29	16.79	2.46	12.43	22.29	27.87	1.99	24.06	32.03
PMA 2020	R4	Oct-Nov 2018	1,744	31.61	3.77	24.60	39.58	20.35	3.11	14.84	27.25	24.81	2.55	20.06	30.26
PMA	Phase 1	Dec 2019-Feb 2020	1,950	36.09	2.87	30.58	41.99	22.77	2.06	18.91	27.14	23.54	2.12	19.57	28.03
PMA	Phase 2	Nov 2020-Feb 2021	1,929	40.93	2.95	35.19	46.93	26.28	2.47	21.65	31.49	18.44	2.08	14.64	22.96
PMA	Phase 3	Dec 2021-April 2022	1,856	39.15	2.64	34.01	44.54	26.26	2.46	21.66	31.45	19.32	2.06	15.54	23.76

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	Nov 2015-Jan 2016	1,013	32.48	3.71	25.54	40.28	20.99	2.45	16.50	26.31	31.90	2.72	26.72	37.56
PMA 2020	R2	Aug-Sept 2016	978	32.97	4.28	25.04	41.99	18.11	2.34	13.89	23.27	33.16	3.26	26.99	39.97
PMA 2020	R3	Sept-Nov 2017	1,094	31.90	4.30	23.99	41.00	16.91	2.56	12.40	22.64	33.09	2.38	28.51	38.01
PMA 2020	R4	Oct-Nov 2018	1,098	34.33	4.61	25.80	44.01	20.89	3.41	14.90	28.50	28.30	2.63	23.34	33.84
PMA	Phase 1	Dec 2019-Feb 2020	1,188	40.28	3.47	33.58	47.36	23.83	2.32	19.51	28.76	27.67	2.40	23.14	32.71
PMA	Phase 2	Nov 2020-Feb 2021	1,117	46.94	3.94	39.22	54.82	27.82	3.22	21.86	34.68	22.21	2.71	17.28	28.07
PMA	Phase 3	Dec 2021-April 2022	1,069	43.40	3.69	36.24	50.85	28.61	3.36	22.41	35.73	24.48	2.69	19.51	30.24

In the province of Central Kongo, PMA Democratic Republic of Congo collects information on knowledge, practices and coverage of family planning services in 57 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 2021 and April 2022 from 1,861 households (with a response rate of 98.6%), 1,856 women aged 15-49 years (response rate: 97.8%). 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.