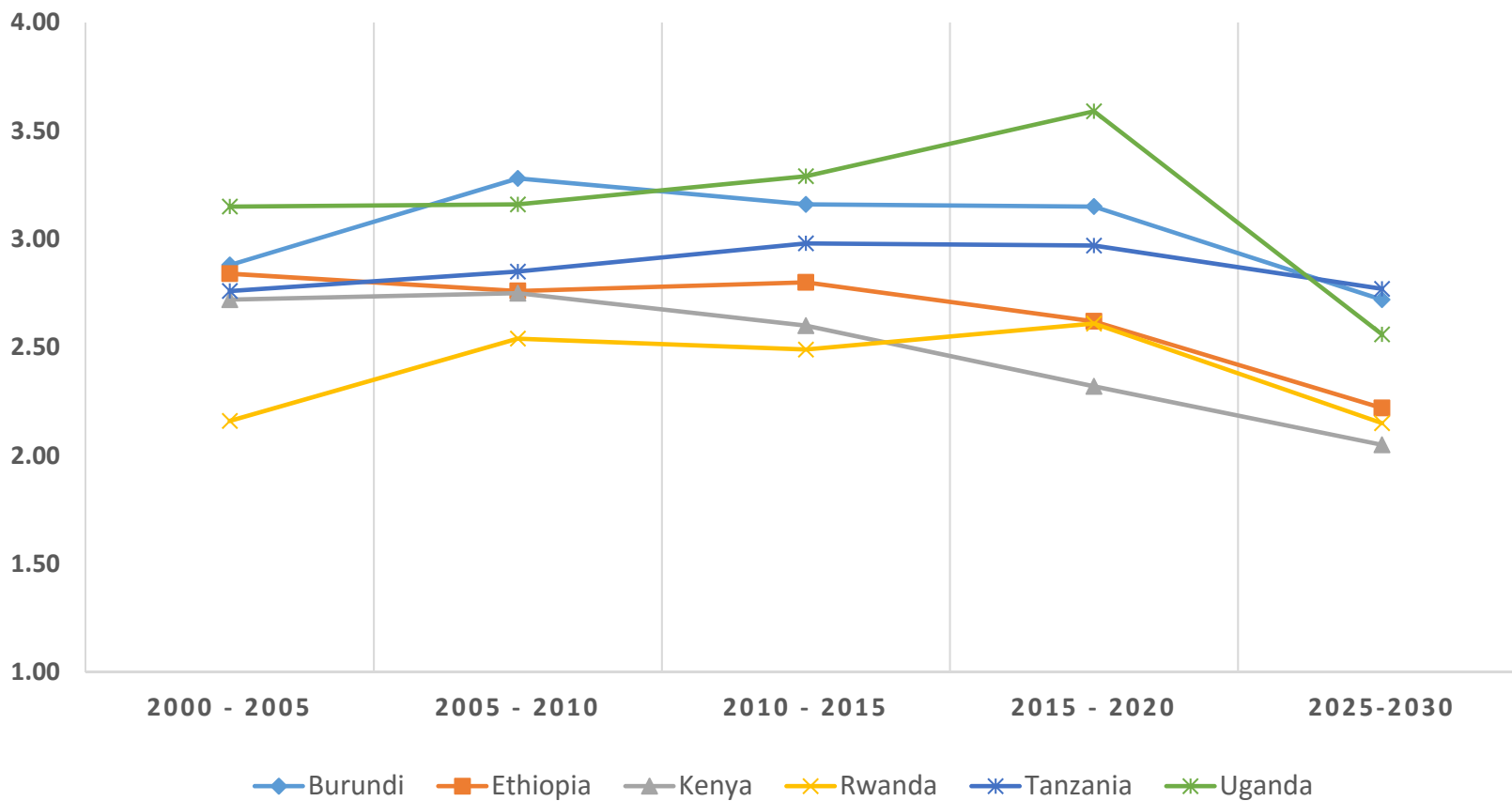




**African Population and
Health Research Center**

State of RH and FP in East Africa: Policy and programme implications

Average annual rate of population growth 2000-2030



Source: World Population prospects 2017 Revision




Population growth and structure

- East Africa continues to experience high dependency ratios, as small work force supports large young people and elderly
 - Annual population growth is high, and has been more or less constant over the years, although current estimates suggest an overall decline over the next decade
 - With half the population in East Africa below age 18 years, understanding the current patterns of contraceptive use is important for countries to better meet the needs of those entering reproductive age
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Importance of FP

- Growing evidence suggests that FP is one of most important health interventions ensure countries can derive economic benefits from this youth bulge
 - FP is crucial in reducing rapid population growth and thereby guarantees that countries derive this economic benefits
 - Expanding access to family planning is one aspect of the targets in the Sustainable Development Goals: ensuring universal access to sexual and reproductive health-care services and reproductive health rights, including family planning, information, and education (SDGs 3 and 5).
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Maternal deaths averted by FP in East Africa

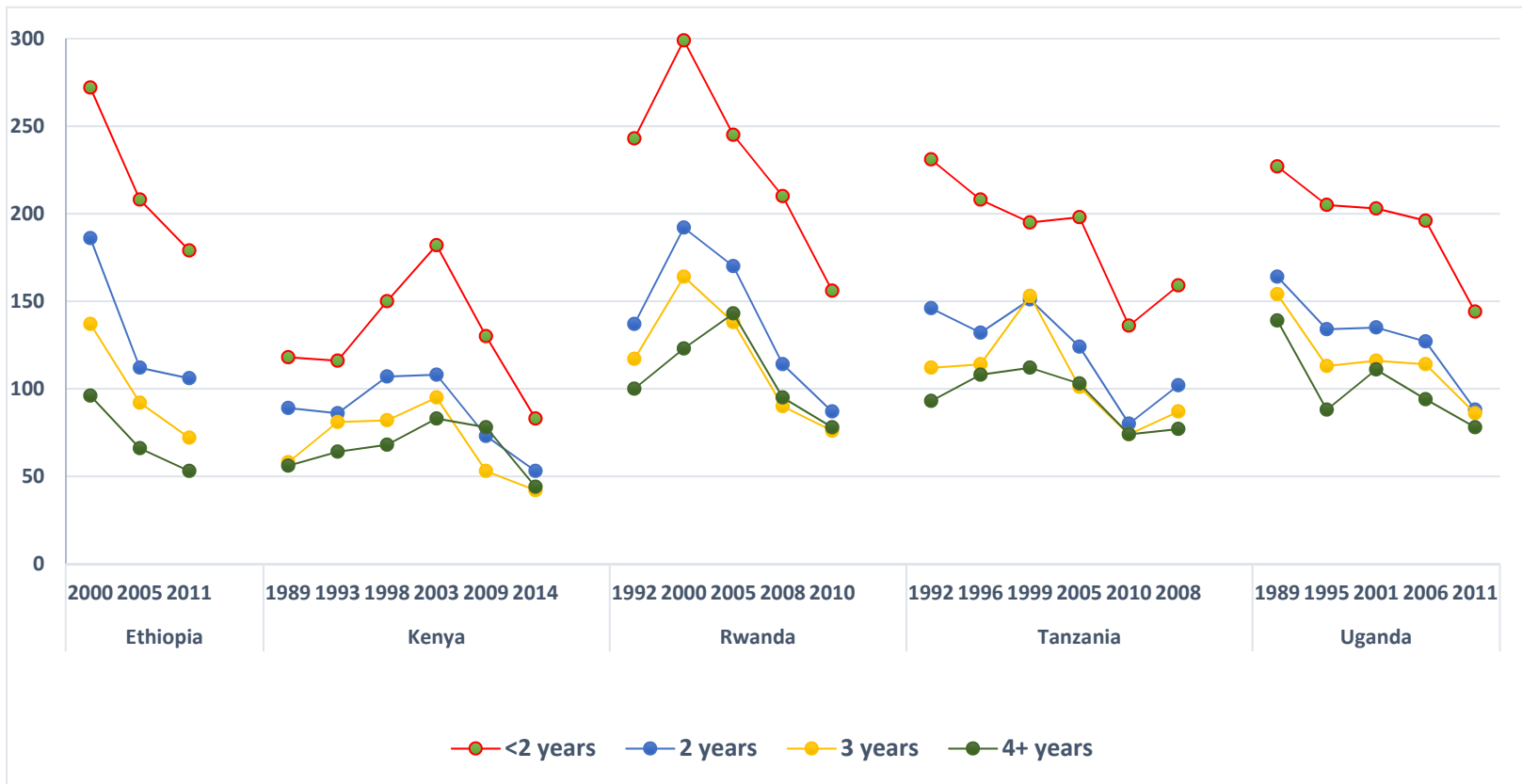
Country	Maternal mortality ratio	Observed maternal deaths	Expected death without FP	Maternal deaths averted by use of FP	% of maternal deaths averted by FP
Burundi	878	2,436	3,120	684	21.6
Ethiopia	410	12,660	16,923	4,262	25.2
Kenya	377	5,654	11,670	6,015	51.5
Rwanda	331	1,333	2,247	914	40.7
Tanzania	674	11,929	21,040	9,110	43.3
Uganda	275	4,025	6,255	2,230	35.7

Source: Ahmed et al. 2012

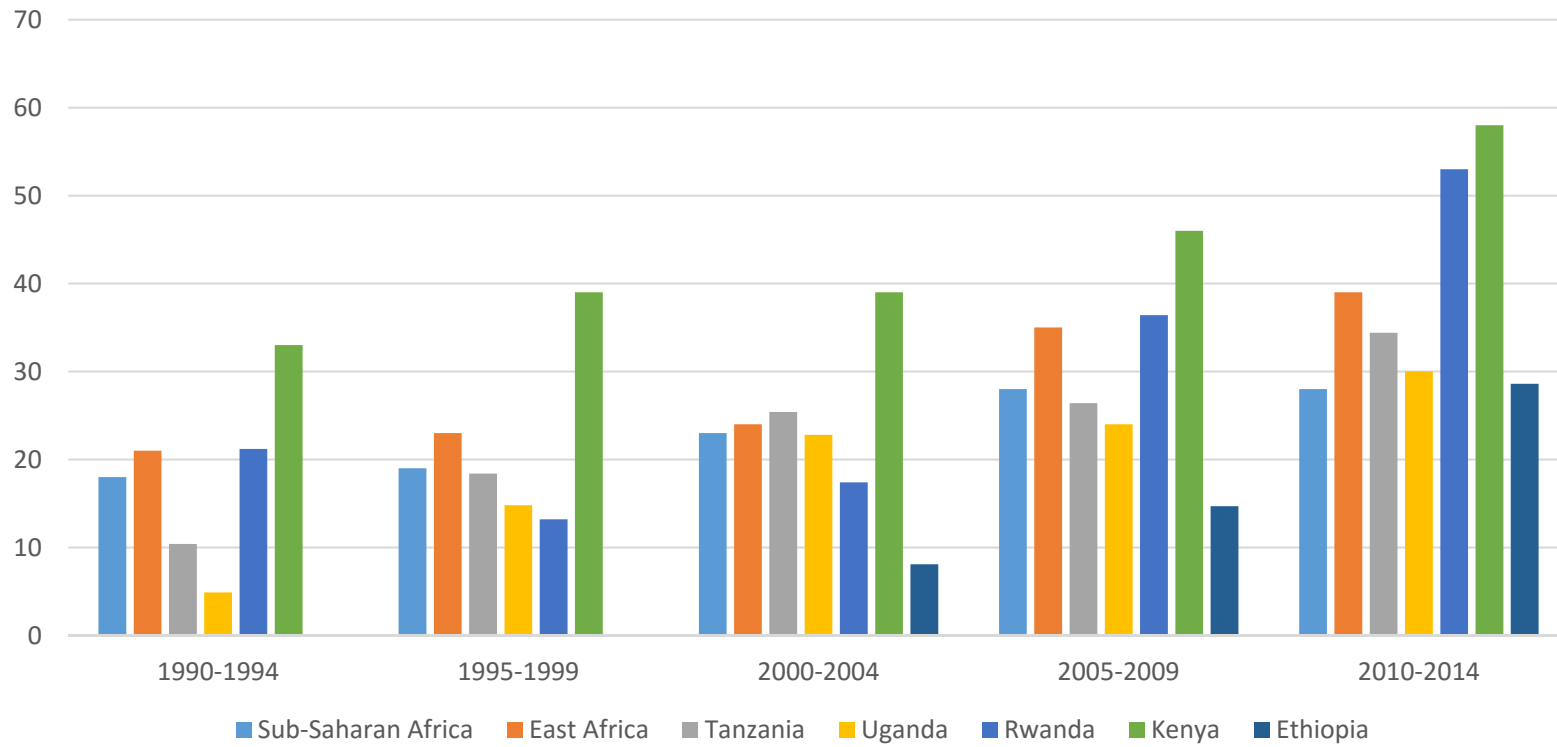
Birth spacing and survival chances

- Using contraception minimizes the chance of an unintended or unwanted pregnancy which could result in maternal complications that may end in death mortality
- For instance, research shows that FP use saved the lives of over 23,000 women in Burundi, Ethiopia, Kenya, Rwanda, Tanzania and Uganda
- Similarly, children born less than two years after a previous birth suffer substantially higher risks of death than children born in intervals of two or more years

Under 5 mortality rates by birth intervals




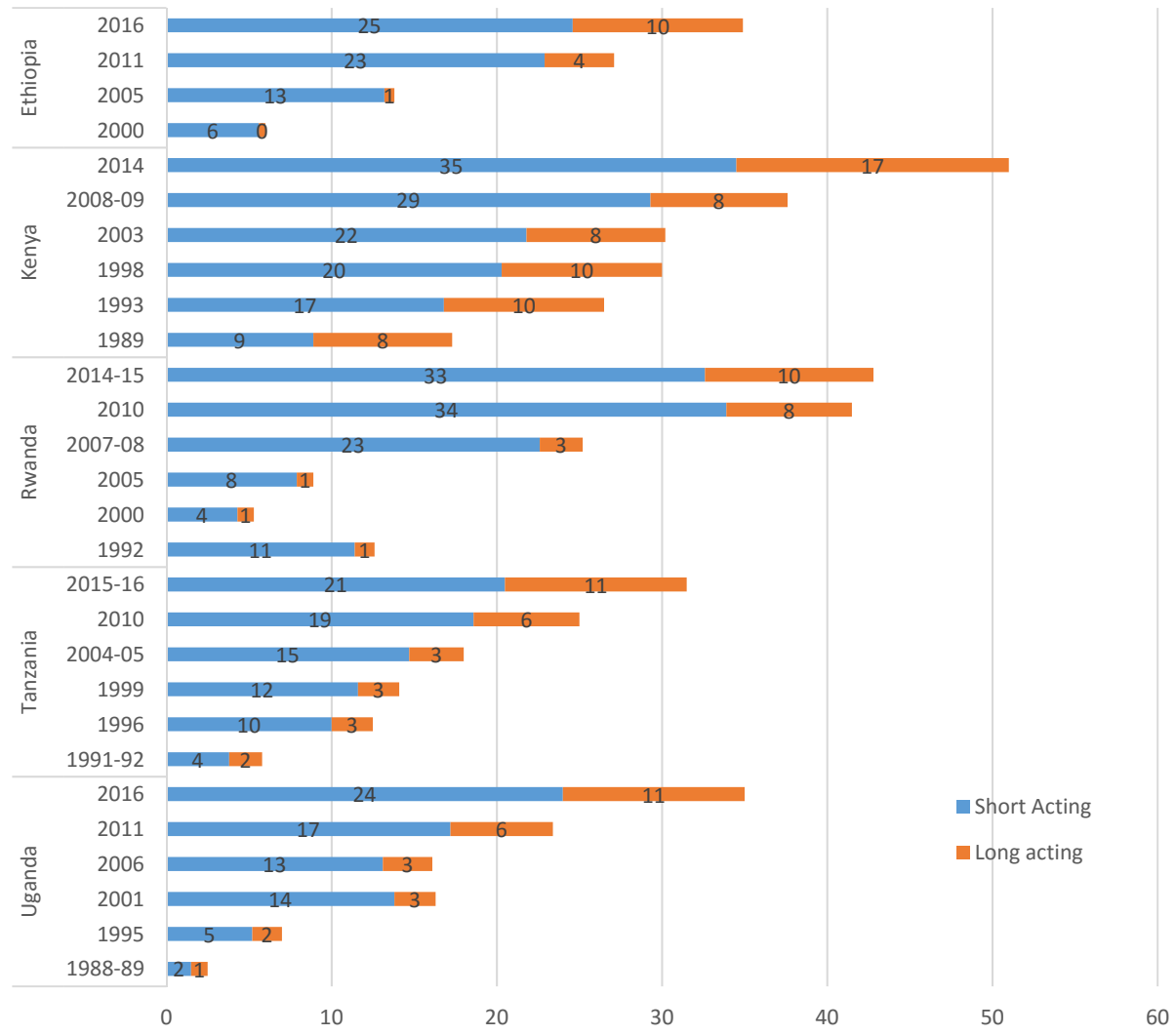
Contraceptive prevalence rate






Contraceptive method choice - 1

- Data show overall increase in the use of modern FP methods across East Africa, however there is a relatively stable proportion of women using traditional methods in Ethiopia, Rwanda and Uganda
 - Short term contraceptive methods are more widely used, though there are signs that long-acting FP methods are on the rise
 - It is Kenya and Rwanda where the proportion using long-acting methods is high while still low for Ethiopia, Tanzania and Uganda
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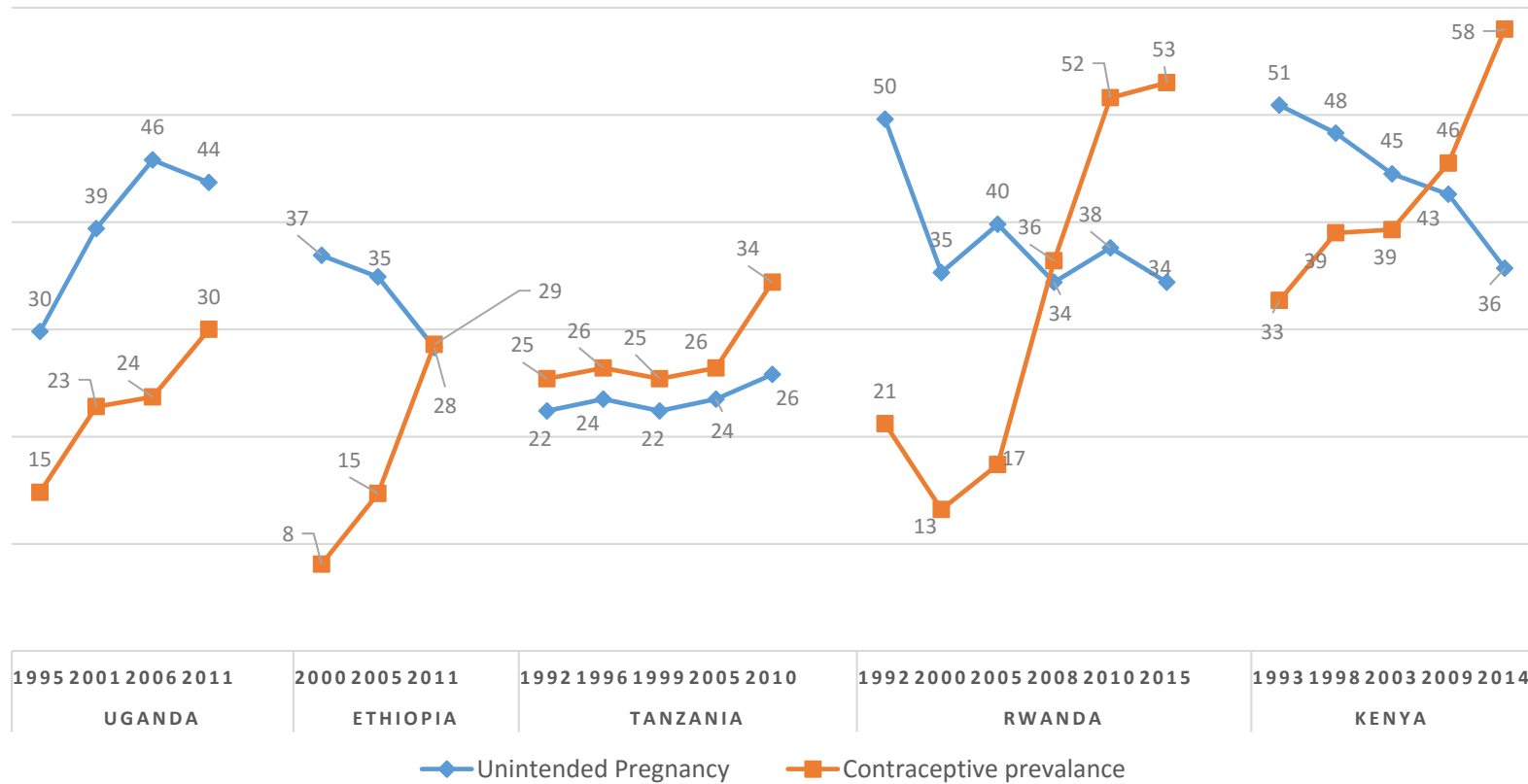




Contraceptive method choice - 2


- Discontinuation for reasons other than wanting to become pregnant contributes to unwanted pregnancies and can lead to unsafe abortions
 - In all, it is estimated that one out of every three couples is likely to discontinue contraceptive use within a year. Ethiopia and Uganda have the highest discontinuation rates. Dissatisfaction with the side effects of a given method is the most common reason
 - Method switching is relatively lower than the rate of method discontinuation
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CPR and unintended pregnancies

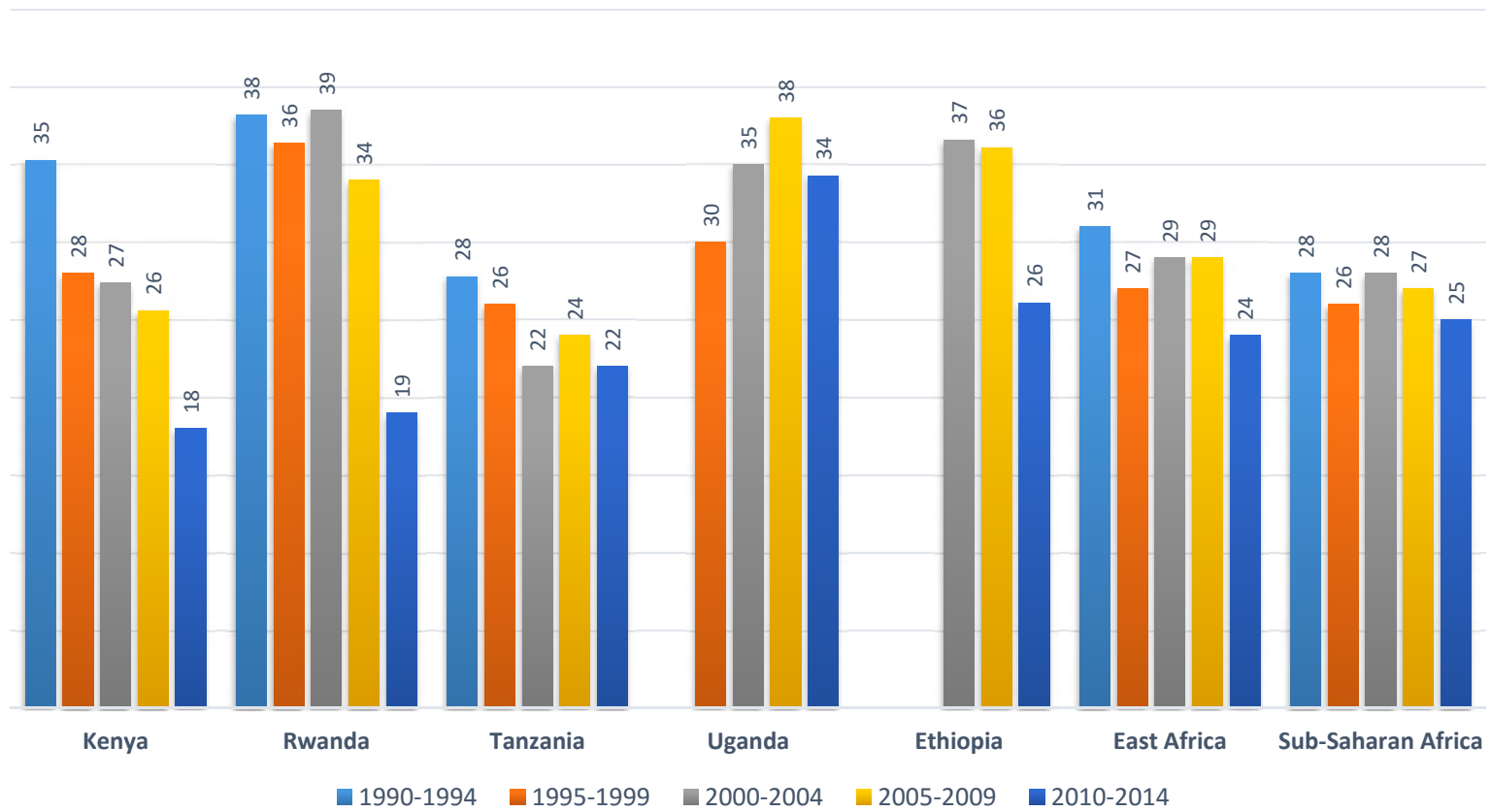




FP & Abortion


- Majority of women who decide to terminate unintended pregnancies might have no choice but to seek an unsafe abortion as access to safe abortion is limited across the sub-region and hence there are no consistent data available across countries
 - Indeed, it has been estimated that over 13,000 women in East Africa die annually from complications related to unsafe abortion
 - Complications from unsafe abortion is a driver of maternal mortality and maternal near-misses, legal abortion remains highly restricted in all the countries, especially for Burundi, Kenya, Rwanda and Tanzania where it is allowed on 3 grounds
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Unmet need for FP





Unmet need for FP


- Changes in unmet need for FP indicate gaps between demand and FP use. Between 1995 and 2006, unmet need for FP slowly declined in Kenya, Rwanda, Tanzania, and Ethiopia
 - In Uganda, on the other hand, unmet need increased in the face of a rising CPR, suggesting a significant gap between demand and supply of FP services
 - Across the countries/sub-region adolescents aged 15-19 bear a considerable burden of unmet need which highlight the unique barriers adolescents may face in relation to FP access and use
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Key fertility, FP and RH indicators 2000-16

Indicators	Burundi	Ethiopia	Kenya	Rwanda	Tanzania	Uganda
	2016-17	2016	2014	2014-15	2015-2016	2016
Total fertility rate (TFR)	5.5	4.6	3.9	4.2	5.2	5.4
CPR - any method (%)	28.5	35.9	58.0	53.2	38.4	39
CPR - modern methods %)	22.9	35.3	53.0	47.5	32	34.8
Unmet need for FP (%)	29.7	22.3	18.0	18.9	22.1	28.4
Demand for FP satisfied by modern methods (%)	39.4	60.6	71.0	65.8	52.9	51.6
Median age at first marriage - women 25-49	20.3	17.1	20.2	21.9	19.2	18.7
Median age at first sex - women 25-49	19.6	16.6	18.0	21.0	17.2	16.9
% 1st married by exact age 18 [Women 25-49]	23.7	58.3	28.7	13.7	36.1	42.7
% First intercourse by exact age 18 [Women 25-49]	27.7	62.3	50.3	18.7	61.1	64.4
% giving birth by age 18 [Women 25-49]	13.6	37.8	25.1	6.8	26.3	35.2
Unintended pregnancy (%)	30.6	28.0	36.0	36.0	27.0	44.0
Teenage pregnancy (%)	10.0	12.0	18.0	7.0	23.0	24.0
Desire to space births (%)	31.0	38.0	32.0	39.0	31.0	38.0
Desire to limit birth (%)	28.0	37.0	50.0	47.0	44.0	43.0



Key policy and programme implications -1

- Available evidence suggest that the median age at first birth has steadily increased to 19 years while teenage childbearing has equally declined
 - However, the FP situation in East African presents a mixed picture. Despite the increase in AFB and CPR, there is limited use of long-acting methods, high levels of teenage pregnancy, considerable unmet need for FP, and unintended pregnancies, striking disparity in FP access and use (based on age, wealth, literacy status, etc.), discontinuation rates...
 - Short term contraceptive methods are more widely used across the countries which implies limited protection against unintended pregnancies. This suggests the need to promote long-acting reversible methods
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Key policy and programme implications - 2

- Poor, rural uneducated use less FP: Increase FP accessibility and availability for the poor, young, rural and less privileged
- Side effects and discontinuation → improving QoC of FP delivery: couples need info on potential side effects of various methods and/or how to manage them
- Use of FP services can be improved by promoting women's empowerment and labor force participation
- Adolescent burden of unmet need (barriers) and lowest CPR → CSE, safe spaces and adolescent-friendly services





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