

Contraceptive use in East Africa: What do the numbers tell us?



Family planning is one of the most important health interventions of the 21st century. It enables women and couples to take control of their fertility, decide the number of children to have, and better space births. Promotion of family planning demands access to contraceptive methods and ensures the uptake of contraceptive by couples. Projections show that between 2015 and 2020, the total fertility rate in East Africa - a measure of the average number of children per woman - will remain steady at 4.5 children, which is slightly higher than average for sub-Saharan African and almost twice the current global average of 2.5 children.

With half the population in East Africa under 18 years of age, understanding the current patterns of contraceptive use is important for countries to better meet the needs of those entering reproductive age. Contraceptive use is crucial in reducing rapid population growth. 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). This fact sheet highlights evidence on contraceptive use among women in five selected countries in East Africa: Ethiopia, Kenya, Rwanda, Tanzania, and Uganda. Data are drawn largely from Demographic and Health Surveys (DHSs) conducted between 1990 and 2015.

Maternal deaths averted by contraceptive use

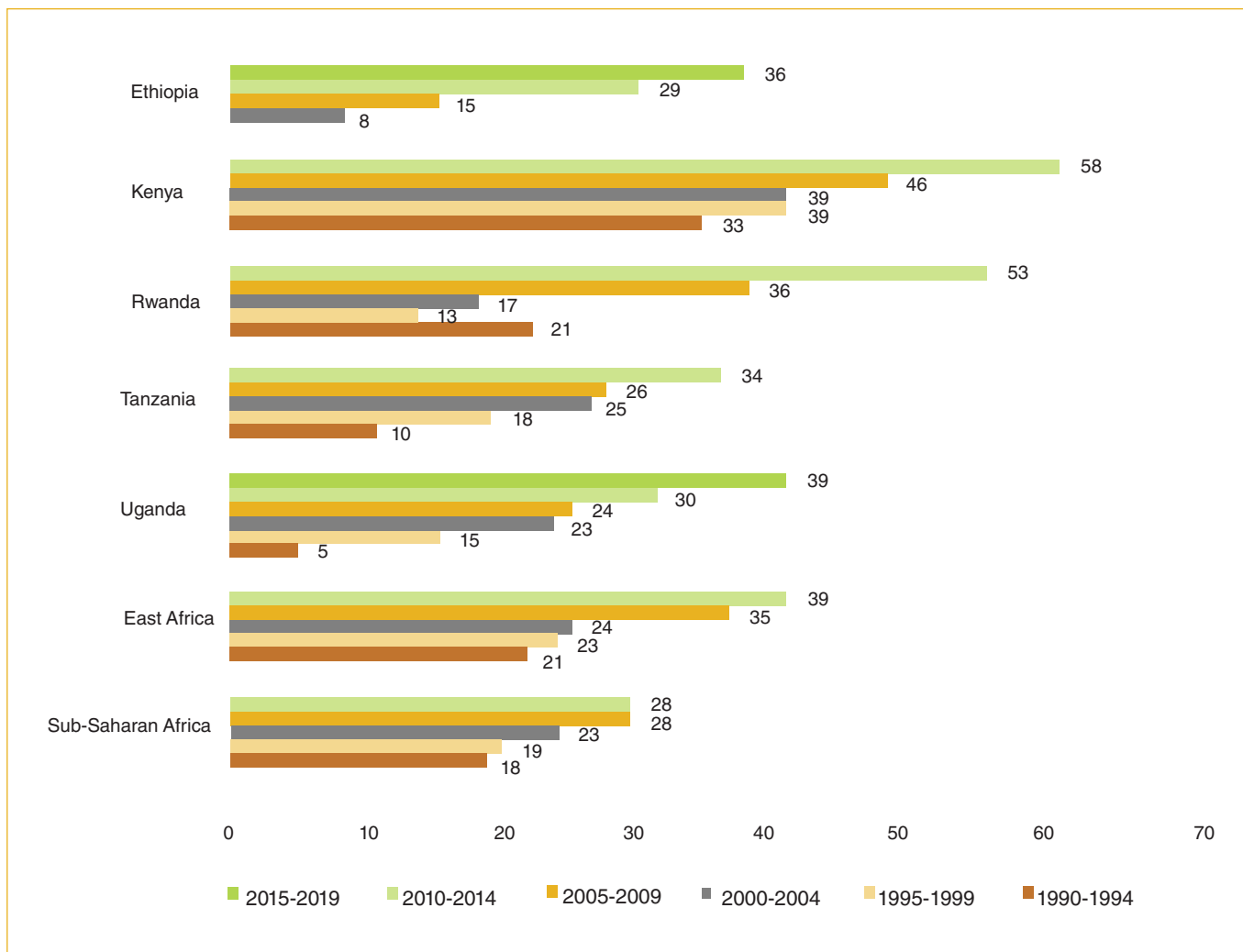
Using contraception minimizes the chance of an unintended or unwanted pregnancy which could result in maternal complications that may end in mortality. Combined estimates for these five countries based on 2012 data show that more than 22,000 maternal deaths are averted by contraceptive use (Table 1). Nearly 40% of averted maternal deaths are in Tanzania.

Table 1: Maternal deaths averted by contraceptive use, 2012

Country	Maternal mortality ratio	Observed maternal deaths	Expected death without contraceptives	Maternal deaths averted by use of contraceptives	% of maternal deaths averted by contraceptives
Ethiopia	410	12,660	16,923	4,262	25
Kenya	377	5,654	11,670	6,015	52
Rwanda	331	1,3339	2,247	914	41
Tanzania	674	11,929	21,040	9,110	43
Uganda	275	4,025	6,255	2,230	38

Source: Ahmed, S., et al., *Maternal deaths averted by contraceptive use: an analysis of 172 countries.*

Figure 1: Percentage of women using any contraceptive method, 1990-2016



Source: ICF International, Demographic and Health Surveys.

Contraceptive use, 1990-2014

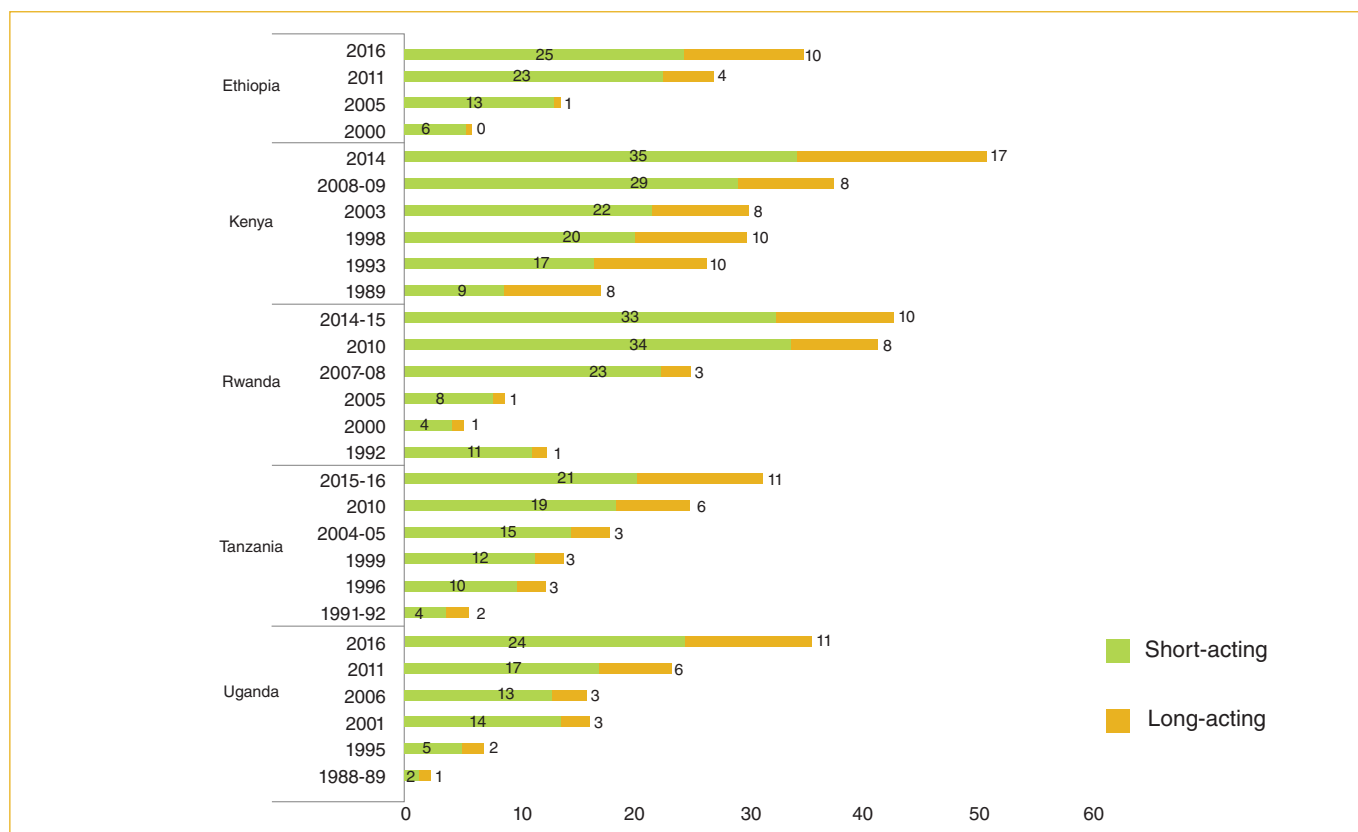
Contraceptive use among East African women has increased over the past two decades from 21% in ages 15-44, 1990-94 to 39% in 2010-14 (Figure 1). Ethiopia, Kenya, and Rwanda, in particular, have made great strides in terms of access to and use of contraceptives. They were able to accomplish this by implementing health extension workers program, universal health insurance schemes that enhance free access to family planning services, and involving religious leaders in family planning education and counseling to tackle perceived barriers to contraceptive use.

Contraceptive methods

A majority of contraceptive users depend on modern contraceptive methods (Figure 3). These include implants,

oral contraceptive pills, injectables, condoms, and intrauterine devices. Use of traditional or natural family planning methods (such as the rhythm/periodic abstinence or withdrawal) remains low in these countries. The highest percentage of women who use modern methods is in Kenya (53%) with Uganda recording the lowest use at 26%. Traditional birth control methods account for less than 5%, largely driven by increased access to modern contraceptives and adequate information on birth control methods. On average, a relatively stable proportion using traditional methods ranging from 1% in Ethiopia to 6% in Rwanda and Tanzania. Low use of traditional methods reflects increased access to modern contraceptives and adequate information on birth control methods.

Figure 2: Short and long acting contraceptive use among married women aged 15-49



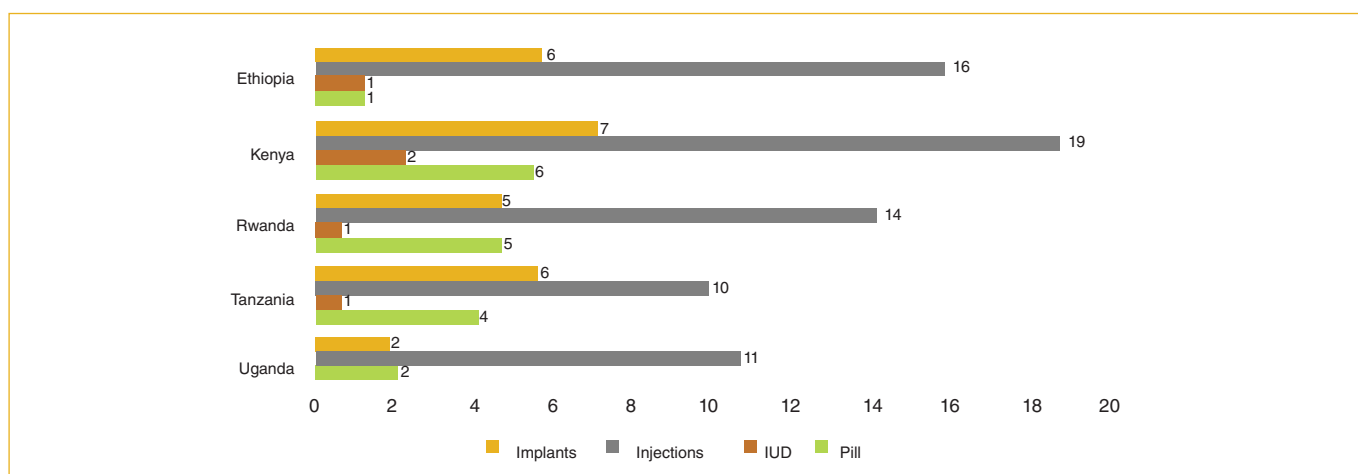
Source: ICF International, Demographic and Health Surveys.

Contraceptive use dynamics: discontinuation and switching

Most women in the region use short-term contraceptive methods (condoms, pills). However, each country witnessed a rise of at least 5% in the use of long-term contraceptive methods from 1989 to 2016 (including implants, intrauterine device, vasectomy, and tubal ligation) among couples. The proportion of women using long-term methods is relatively

high in Kenya (17%) and Tanzania (11%) whereas the lowest proportion is in Uganda (6%) (Figure 2). Injectables are among the most common contraceptive methods in the region, followed by implants (Figure 5). Kenya currently has the highest percentage of women who use injectables (19%) whereas in Uganda it is only 2% (Figure 3).

Figure 3: Contraceptives method mix among currently married women aged 15-49, %

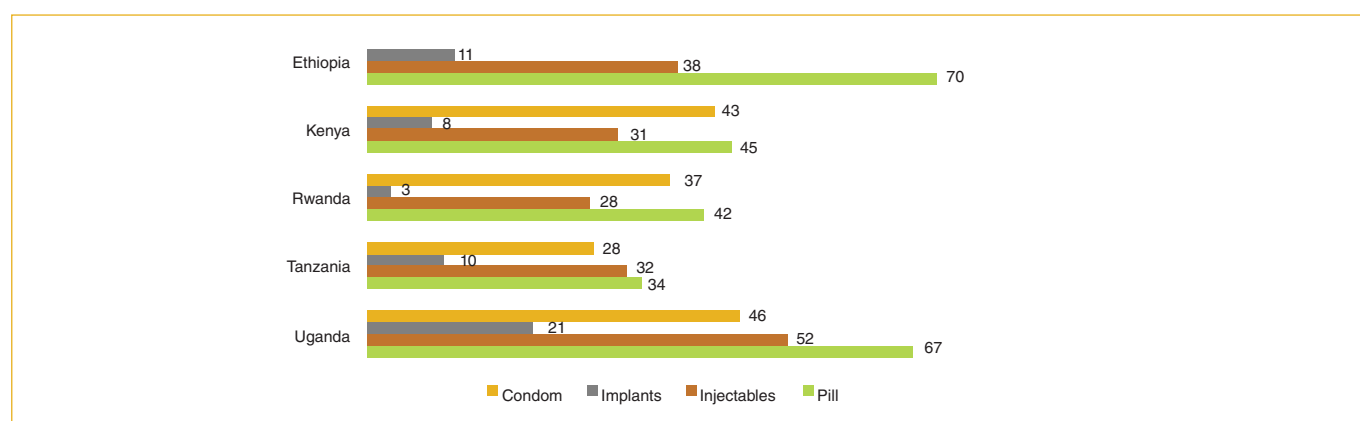


Source: ICF International, the most recent Demographic and Health Surveys.

Starting contraceptive use and then stopping for any reason while still at risk of an unintended pregnancy is called contraceptive discontinuation. The discontinuation rate is high among pill users in Ethiopia (70%) and injectable users

in Uganda (52%). The low discontinuation of long-acting methods suggests an opportunity for countries to promote these methods among women of reproductive age to reduce unintended pregnancies (Figure 4).

Figure 4: Contraceptive episodes discontinued within 12 months by method among women aged 15-49, %



Source: ICF International, the most recent Demographic and Health Surveys.

Data on the type of method a woman switched from are scarce, however, the proportion of method switching and the reason for method switching is mostly available. Method switching (e.g. switching from using condoms to an implant)

partly contributes to contraceptive discontinuation. For instance, 11% of Kenyan women and 10% of Rwandan women age 15-49 who used contraceptives five years prior to the survey had switched methods (Table 2).

Table 2: Reasons given for discontinuing contraceptive use among women aged 15-49, %

Country	To become pregnant	Side effects, health	Switching to another method	Wanting a more effective method	Method failure	Other method-related reasons	Other fertility-related reasons	Other reasons	*All reasons
Ethiopia	11	7	6	4	1	5	5	3	35
Kenya	5	11	11	3	3	1	4	4	31
Rwanda	4	11	10	5	3	1	2	2	28
Tanzania	5	10	6	3	3	1	2	2	26
Uganda	9	18	5	3	3	2	5	5	45

*excluding those who switched to another method

Source: ICF International, the most recent Demographic and Health Surveys.

Towards improving the use of contraceptives in East Africa

A three-pronged approach could help to further expand contraceptive use in the region:

- Meaningfully increase – and sustain - government investment in sexual and reproductive health services and commodities
- Improve the quality of care of family planning service delivery and options
- Strengthen implementation of family planning policies and programs

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