

Research and Evaluation WORKING PAPER

Extending Service Delivery—Family Planning Initiative (ESD-FPI): Baseline Report

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June 2013



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Table of Contents

Executive Summary	1
Background	3
Objectives of the Survey	3
Organization and Methodology of the Survey	4
Sample design.....	4
Survey instruments	5
Training of field staff.....	5
Fieldwork.....	5
Sources of error.....	6
Data processing	6
Analysis.....	6
Response Rates	6
Results	7
Household Population and Housing Characteristics.....	7
Characteristics of Respondents	11
Contraception.....	12
Knowledge of contraception.....	12
Ever use of contraception	12
Current use of contraception	15
Source of contraceptive method	16
Exposure to family planning messages by CHWs	17
Exposure to family planning messages in health service visits	19
Attitudes toward family planning.....	20
Maternal Health	22
Antenatal care	22
Place of delivery	26
Skilled birth attendance	27
Postpartum care.....	31
Partner Approval of Healthcare.....	35
Sexual Behavior	37
Fertility Preferences and Unmet Need for Family Planning.....	38
HIV/AIDS Counseling and Testing.....	42
Conclusion	44
Annex A: List of People Involved in the ESD—FPI Baseline Survey	48

Executive Summary

The Extending Service Delivery – Family Planning Initiative (ESD – FPI) baseline survey is a representative survey of 1,419 women age 15–49 from 1,519 households in the project area. The survey was conducted in 16 districts of the 4 provinces where the project works and included 73 sample points (clusters). It was designed to serve as a baseline, so that we can assess changes in key outcome indicators over the life of the project, as well as to provide information that can guide the project interventions.

The survey used a multistage cluster sample based on the 2007 Census of Population and Housing and was designed to produce overall estimates for the project area. It was not designed to provide separate estimates for each of the provinces.

Data collection took place during July 2011. The survey obtained information on the women's characteristics; their reproductive history; use of antenatal, delivery and postpartum care; knowledge and use of contraceptive methods; marriage and sexual activity; fertility preferences; and knowledge and perceptions of HIV/AIDS.

The survey was conducted by Pathfinder International in collaboration with the National Statistics Institute (INE) and was approved by the Bioethics Committee of the Ministry of Health. Financial support for the survey was provided by the U.S. Agency for International Development (USAID/Mozambique) through the ESD – FPI.

The results of the survey suggest that in the ESD – FPI areas, use of maternal health services is relatively high with 94% of women with a birth in the past 5 years having used ANC, 67% of them delivering in a facility, and 89% receiving postpartum care. However utilization varies by characteristic of the respondents and by province; notably, the youngest women, those who are married and those who are uneducated were less likely to use services. Coverage of HIV testing lags behind maternal health services but 60% of women of reproductive age had been tested. Despite high levels of service utilization, only 26% of women are using contraception and 31% of women have an unmet need for contraception. Again, the characteristics of women are related to their use of family planning. The proportion of women using contraception was three times higher among women with at least secondary education compared to women with no education. In addition, contraceptive use rates were lower among married women than among all women 15–49. Similarly, unmet need was twice as high among women with no education compared to those with at least secondary school. Unmet need was also notably higher among women aged 35 years and older. Because the survey was not designed to produce provincial estimates, the provincial data included in this report are not precise estimates for each province. They do, however, allow for a relative comparison of the provinces and they suggest that needs are lowest in Maputo and highest in Cabo Delgado, but there are women in all provinces who need increased access to services.

Helping these women to meet their reproductive goals is a priority for the ESD – FPI and the results reinforce the potential for integration as a means to increase use of contraception. Less than half of all women reported receiving family planning counseling at the time of other services and this highlights a missed opportunity. Of course other barriers to contraceptive use also need to be addressed. Although 60% of the household heads interviewed approved of family planning, partner approval was lower at 52%. This suggests a need for further work to improve attitudes toward family planning so that use will be more acceptable to all.

These results provide a baseline against which the project's achievements will be assessed but they also provide guidance on how to target the project, for example, it shows the importance of reaching women with less education and of reaching young women who have just begun their sexual lives but are not being reached by existing services. The project is already hard at work addressing many of these issues and we anticipate improvements in the key outcome indicators by the time that the project comes to a close.

Background

Mozambique is a low-income country located in south east Africa. After 16 years of civil war, ending in 1992, the country has seen rapid economic growth. For example, from 1997 to 2009, economic growth averaged 8.4% per year (GOM, 2010). However, the country is ranked 165th of 169 countries on the human development index (UNDP, 2010) and approximately three fourths of the population lives on less than US\$1 a day.

Mozambique has experienced rapid population growth with the total population increasing from 16.1 million in 1997 to an estimated 21.3 million in 2009. Just over one-third of the population lives in urban areas and 48% of the population is below the age of 15 (INE, 2011).

Though Mozambique has greatly improved some health indicators in recent years, including a 60% reduction in maternal mortality between 1997 and 2003, the maternal mortality rate remains high at 490 maternal deaths per 100,000 live births (UNICEF, 2010). Unmet need for family planning (FP) also remains high, as does the need for HIV services. Recent data suggest that the national prevalence of HIV is 11% but this varies from a low of 3.3% in Niassa province to a high of 29.9% in Gaza province (INS, 2010). At the same time, use of some maternal and child health services is high; 92% of women use antenatal care during pregnancy and 87% of children 12-23 months receive a BCG vaccination (UNICEF, 2010).

The ESD - FPI is a four-year project funded by the United States Agency for International Development to enhance the use of family planning and HIV services in four provinces (Cabo Delgado, Gaza, Inhambane, and Maputo Province). The project is implemented by Pathfinder International. To effectively address both the unmet need for family planning and the growing need for HIV prevention and care and treatment services, the ESD - FPI is working with facilities, communities and partners to integrate family planning services at all levels. By integrating family planning into primary care services such as antenatal and postnatal care, immunizations, and child wellness visits, the project expects to minimize costs and maximize opportunities to reach men and women with the services.

Objectives of the Survey

Data from the baseline and endline surveys conducted by ESD - FPI will enable the project to understand whether health outcomes have improved among the population in the intervention areas, and in concert with the monitoring data, will facilitate an understanding of the role of the program in changes that occur in health outcomes.

The specific objectives of this baseline survey are to:

- 1) Provide data to inform the process of decision-making regarding strategies and operations of the project to achieve better results and more efficient use of resources
- 2) Provide baseline data that can be used in setting targets for the project
- 3) Assess the use of facility-based services and the coverage of community-based services
- 4) Assess the level of knowledge, attitudes and practices about family planning
- 5) With the endline, document changes in key outcome indicators throughout the project
- 6) Identify the main communication channels used to disseminate information about family planning at the community level
- 7) Inform the project's communication strategy, including the development of information education and communication materials

- 8) Identify opportunities and obstacles to implementation of the intervention

Organization and Methodology of the Survey

Sample design

The baseline survey sample was a multi-stage stratified sample that was selected from the III database developed by the Instituto Nacional de Estatísticas (INE) for the Third General Census of Population and Housing which was conducted in August 2007. The first stage of sampling was the selection of a representative sample of Primary Sampling Units from the 2010 Master Sample of Mozambique, which was based on the data from the Third Census of Population and Housing.

The baseline study was conducted in 16 districts in the 4 provinces covered by the project (*Cabo Delgado*: Cidade de Pemba, Balama, Chiure, Montepuez, Namuno e Ancuabe; *Inhambane*: Cidade de Inhambane, Zavala e Massinga; *Gaza*: Cidade de Xai Xai, Bilene, Chibuto, Chokwe, Manjacaze e distrito de Xai Xai; *Maputo province*: Matola). The sample design took into account the urban and rural strata, so the sample is representative of the urban and rural strata in each province. Gaza province was oversampled in order to provide endline estimates for another project. The final weighted data for this baseline take that oversampling into account.

For this study the unit of analysis is the households and the women of reproductive age (15 to 49 years) who live in the households in the program districts. The households and the women were selected in the following three stages.

- Stage 1: 73 enumeration areas (PSUs) were selected using Probability Proportional to Size (PPS), in which the measure of size was the total number of households within each stratum. A sample of enumeration areas (primary sampling units) was allocated proportionally in each stratum.
- Stage 2: an exhaustive list of households was compiled in each sample enumeration area prior to selection of households. From this list of households, 22 households were randomly selected in each sample enumeration area in rural areas and 18 households were randomly sampled from households in urban areas, with equal probability of selection.
- Stage 3: one woman was selected from each sampled household. After listing all members of the sampled household, if more than one eligible woman (woman aged 15-49 years) lived in the household, one 15-49 year old was selected with equal probability using a Kish Table.

Following the above approach, a sample of 1,586 households and 1,429 women aged 15-49 years was selected, proportionally distributed in the urban and rural strata in each province in the 73 enumeration areas.

Survey instruments

Two questionnaires were developed for data collection. The first was a household questionnaire that included information about the residents of the household, indicators of wealth, and four questions on the household head's knowledge of family planning. This questionnaire was administered to the head of household or other adult member of the household.

The woman's questionnaire was used to collect information from women aged 15–49. Women were asked questions about their:

- Background characteristics
- Reproductive history
- Antenatal, delivery and postpartum care
- Knowledge and use of contraceptive methods
- Marriage and sexual activity
- Fertility preferences
- Knowledge and perception on HIV/AIDS

Training of field staff

The ESD—FP initiative recruited and trained field staff to serve as interviewers, field editors and supervisors. The potential interviewers were identified by the head of the Statistical Department in each province based on past survey experience and fluency in the local language. Thirty two people participated in the training held in Maputo from June 13th to June 24th, 2011. ESD-FP Initiative monitoring and evaluation staff and experienced trainers from INE conducted the training which included lectures, presentations, practical demonstrations, practice interviewing in small groups and field practice. The supervisors and field editors were selected based on an assessment administered on the last day of training and observations during the training. The participants selected as supervisors and field editors received an additional 2 days of training to increase their knowledge of their responsibilities and the team's role.

Fieldwork

Five teams of 4 interviewers, a field editor, a field supervisor and a driver began work on July 1st, 2011. Before field work began in any area, the local authorities were contacted. Permission was obtained from the National Bioethics Committee, the Minister of Health, the Vice-President of the National Statistics Institute, the Provincial Health Directorate and by the administrations of each district covered by the study, in that order.

Additional supervision was coordinated from the Pathfinder International office in Maputo with the ESD-FP initiative team visiting survey teams regularly during the field work. Throughout the data collection the ESD-FP initiative team maintained close contact with the field teams through daily phone calls. Field supervisors called the ESD - FPI team with questions and the Pathfinder supervisors checked in at least once each day with each team to assess progress and to discuss any challenges faced. Fieldwork was completed in the last week of July 2011.

Once data collection was complete in a cluster, data were sent to the appropriate Pathfinder International provincial office. Questionnaires were checked in on a log sheet. One randomly selected set of questionnaires from each cluster was reviewed and any problems identified were discussed with the field editors and supervisors. The questionnaires for the cluster were then packaged and shipped to Maputo for data entry.

Sources of error

The household and women's questionnaires were printed in Portuguese because most people who speak the local languages do not read that language as they are not written languages. Although translation into the local languages was addressed during the training, with interviewers discussing the correct translation of questions and responses, it was not possible to ensure the consistency of the translations across interviewers. This may have led to some bias if particular interviewers used translations that were markedly different.

Household listings were not available for the enumeration areas. Thus, when a team arrived in a new enumeration area, their first task was to list the households in the area. Interviewers were trained to include all households, regardless of how distant they were and of their socioeconomic status. However, it is possible that some households were excluded from the listing because interview teams were not comfortable accessing them.

In order to avoid selection bias in the field, a list of replacement households was provided to the supervisors to be used in case one of the original sampled households could not be interviewed. The supervisor first made a strong effort to complete the interview for the original sampled household before deciding to replace it.

Data processing

Data processing was overseen by a supervisor and assistant supervisor from INE. Data were entered by 20 data entry operators working in two shifts on 10 computers. All data were double entered in CsPRO version 4.0 using a data entry program developed by INE staff for the questionnaires. Any inconsistencies were reviewed against the questionnaire by a data editor and corrected. The data entry was completed in mid-August 2011.

Analysis

The analysis was conducted using SAS for Windows, Version 9.1.3 Service Pack 4. Copyright © 2002-2003 by SAS Institute Inc. We used the survey commands to take into account stratification and clustering. Data were weighted using the inverse of the probability of selection. Certain weighted analyses are not possible using SAS, particularly estimates of means and medians. Thus, some estimates (e.g., median age at first sex) were produced using unweighted data and do not take into account the clustered nature of the data.

Response Rates

Table 1-1 shows response rates for the ESD - FPI Baseline Survey. A total of 1,586 households were selected in the sample, of which 1,519 households completed the survey, yielding a household response rate of 95.8%. Primary reasons for non-response within selected households were because all occupants were away for long periods of time, or there were no competent individuals to respond to the survey.

Within the households selected for the survey, one woman aged 15-49 was asked to participate in the women's questionnaire. A total of 1,429 women were eligible, of which 1,419 (99.3%) completed the survey.

Table 1-1: Results of the household and individual interviews
 Number of households, number of completed interviews, and response rates (unweighted)

Household interviews	
Households selected	1,586
Households completed interviewed	1,519
Household response rate	95.8
Interviews with women age 15-49	
Number of eligible women	1,429
Number of women interviewed	1,419
Eligible women response rate	99.3

Results

Household Population and Housing Characteristics

Figure 2.1 shows the reported distribution of the household population in 5-year age groups, by sex. Here, a household is defined as a person or a group of persons, related or unrelated, who live together in the same house or compound, share the same housekeeping arrangements, and eat together as a unit.

The population under age 20 constitutes 57.6% of the total population, reflecting the young age structure. There is a significant drop in population above age 19; none of the 5-year age groups (both genders combined) above 20 years make up more than 10% of the total population. Females represent a larger proportion of the population. Out of the 7,737 household members, 4,163 (53.8%) are women.

Figure 2-1: Population Pyramid

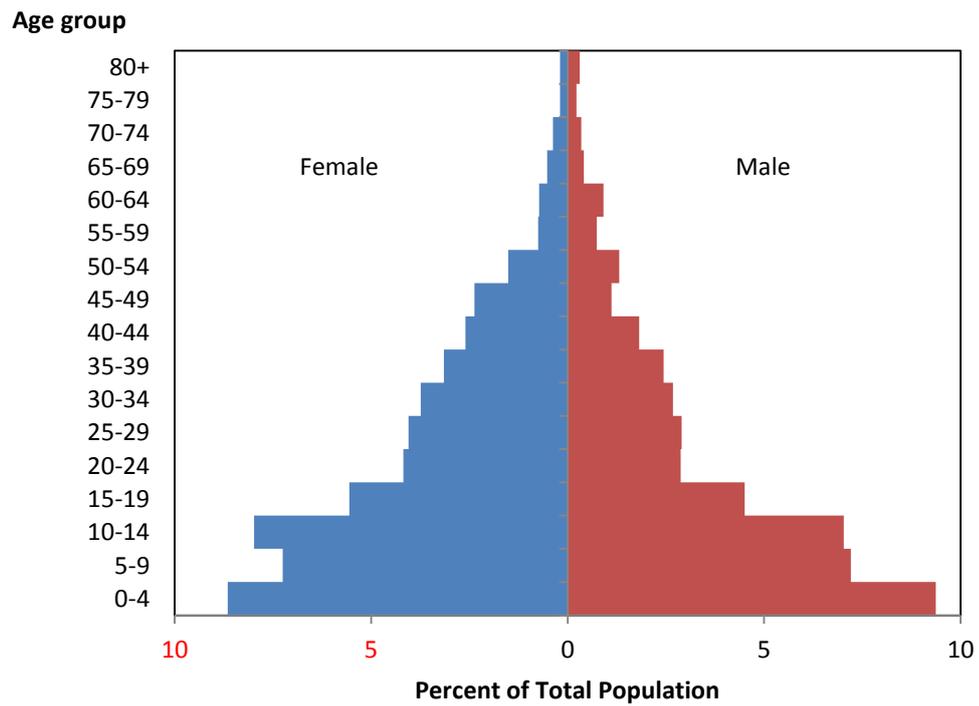


Table 2-1 shows the composition of the households that were included in the survey. The majority of households are headed by males (64.9%). However, female household heads are not rare; almost a third (35.1%) of the households had a female household head. The average household has 4.8 members, but over 34.8% of households have 6 or more members.

Table 2-1: Household composition	
Percent distribution of households by sex of head of household and by household size; mean size of household	
Characteristic	% of households
Household headship	
Male	64.9
Female	35.1
Total	100.0
Number of usual members	
1	4.4
2	14.1
3	14.9
4	14.8
5	16.9
6+	34.8
Total	100.0
Mean size of households	4.8 (4.6, 5.1)
Number of households	1,519

Table 2-2 provides information on characteristics of the houses in which the participants live. In all, only 19.5% of households have electricity. Housing features represent a spectrum from rudimentary to modern. For example, 60.6% of households have natural flooring, while the rest use other, more refined materials, such as cement. On average, 2.7 people sleep in a room.

Table 2-2: Household characteristics	
Percent distribution of households by housing characteristics	
Housing characteristic	% of households
Electricity	
Yes	19.5
No	80.2
Floor	
Natural	60.6
Other	39.4
Roof	
Natural	52.2
Other	47.8
Walls	
Natural	43.4
Rudimentary	26.7
Finished	28.6
Other	1.1
Mean number of rooms for sleeping	2.0 (1.9, 2.1)
Mean number of people per room for sleeping	2.7 (2.6, 2.8)
Number of households	1,519

Table 2-3 shows ownership of household goods. Less than half of the households own a radio. Almost half of households have access to telecommunication through mobile phones (44.4%). However, most households lack means of transportation, with only 29.9% having access to a bicycle and less than 10% of households having access to other means of transportation, such as animal drawn carts and motorbikes (results not shown).

Possession	% of households
Radio	42.9
Television	25.6
Mobile phone	44.4
Refrigerator	14.2
Candles/ lanterns	62.9
Clock	18.6
Bicycle	29.9
Number of households	1,519

Characteristics of Respondents

Table 2-4 summarizes the demographic characteristics of women who responded to the questionnaire. Nearly half of respondents were not married but living with a partner (48.6%), which is common in Mozambique. The majority of women had up to primary education (56.6%). The two most popular religions (Catholic and Protestant) make up the majority of the respondents.

Background characteristic	Weighted percent	Weighted	Unweighted
Age			
15-19	19.2	272	223
20-24	15.9	226	218
25-29	16.5	235	245
30-34	14.3	204	242
35-39	12.5	178	188
40-44	10.8	153	148
45-49	10.6	152	155
Marital status			
Never married	16.5	234	203
Married	16.8	238	192
Living together	48.6	689	753
Divorced/ Separated/ Widowed	18.1	257	271
Religion			
Catholic	29.1	413	332
Protestant	23.7	338	353
Zionist	18.4	260	355
Muslim	15.6	222	154
Other/None/Missing	13.2	188	225
Education Level			
No education/ Missing	28.3	402	384
Primary	56.6	804	830
Secondary or higher	15.1	214	205
Native Language			
Portuguese	5.0	71	45
Emakhuwa	32.6	463	266
Xichangana	42.3	601	701
Other/ Missing	20.0	286	407
Province			
Cabo Delgado	32.6	234	266
Inhambane	12.2	238	288
Gaza	34.8	689	701
Maputo Province	20.4	257	164
Total	100.0	1,419	1,419

In a generalized HIV epidemic, such as that seen in Mozambique, women who are married or in union are the most in need of family planning and HIV services. Table 2-5 breaks out the female

respondents according to their relationship status and their living arrangements. The majority of women (65.2%) are currently in union – either married or living with their partner.

	% of women 15–49
In Union	
Living with partner	58.0
Not living with partner	7.2
Not in union	34.6
Missing	0.2
Number of women 15–49	1,419

Contraception

Knowledge of contraception

Knowledge of contraception was high among women in the project areas. Table 2-6 shows that overall, 95.5.0% of all women interviewed had heard of at least one method of contraception, and 94.0% of women knew of at least one modern method. The most commonly known modern methods were male condoms (87.8%), pills (85.0%), and injectables (83.8%). All women who have secondary or higher education knew of at least one modern contraceptive method. Women in Inhambane province were least knowledgeable about contraceptive methods (82.0%).

Ever use of contraception

All women were asked if they had ever used a contraceptive method. In all, 64.0% of women responded that they had ever used a contraceptive method. When asked about specific methods used, about half of women had ever used a modern contraceptive method (53.2 %), and slightly less than one third of women had ever used a traditional method (28.6%).¹ Pills were the most commonly used method (28.2%), followed by male condoms (25.8%), and periodic abstinence (23.2%). Not surprisingly, women in the younger age groups had never used female sterilization, while this was a more popular method among women in their mid-to-late 30s.

Women who were divorced, separated, or widowed were most likely to have used some type of contraceptive method in the past (73.6 %). Women who have never married and are not living with their partner tended to have used male condoms (44.6%), as did women with secondary education or higher (65.5%). Women with no education have most commonly used periodic abstinence (25.4%) as a contraceptive method. As with the results for knowledge of contraception, women in Inhambane had the lowest rates of ever using a contraceptive method (50.4%) compared to over 59% in all other provinces. Interestingly, although knowledge of contraception was comparable among women in Cabo Delgado, Gaza, and Maputo Province, women in Maputo province had much higher rates of ever using a contraceptive method.

¹ Respondents could report more than one method that they had used in the past.

Table 2-6: Knowledge of contraceptive methods

Percentage of all respondents age 15-49 who know any contraceptive method and specific methods, by background characteristics

Background characteristic	Any Method	Any Modern Method	Modern Methods								Traditional Methods			Number of women	
			Female Sterilization	Male Sterilization	Pill	IUD*	Injectables	Male Condom	Female Condom	LAM**	Emergency Contraception	Any Traditional Method	Periodic Abstinence		Withdrawal
Age															
15-19	92.7	92.7	24.7	4.3	76.1	36.0	71.1	88.6	54.0	23.5	12.2	49.0	44.1	26.3	272
20-24	98.5	97.4	37.8	7.9	90.6	49.8	90.2	93.5	68.7	33.2	17.4	63.1	49.2	44.3	226
25-29	98.4	96.9	42.2	13.8	88.4	52.6	89.0	88.7	61.8	45.7	20.2	63.5	55.7	36.2	235
30-34	95.5	95.1	53.8	15.1	88.9	52.9	89.3	91.4	60.3	40.3	16.1	61.7	55.9	31.8	204
35-39	95.0	93.9	56.0	17.8	87.3	53.8	89.2	89.7	50.5	39.0	10.2	71.2	59.0	40.3	178
40-44	95.8	91.4	53.4	17.6	87.6	54.2	84.4	79.5	45.4	44.7	11.7	68.7	62.7	32.9	153
45-49	92.3	87.9	56.1	18.7	76.7	40.5	74.3	77.4	38.6	39.9	8.6	58.1	44.6	33.6	151
Marital status															
Never married	97.6	97.6	37.4	10.4	87.1	51.0	83.3	95.5	69.9	18.3	18.6	56.7	50.5	38.3	234
Married	91.8	91.3	39.4	23.0	74.4	31.2	74.2	82.5	41.9	17.0	6.0	53.0	45.8	26.9	239
Living together	95.7	94.1	45.4	10.7	86.3	50.2	85.6	86.7	55.1	46.7	15.5	64.5	54.4	36.1	689
Divorced/ Separated/ Widowed	96.6	92.8	51.9	10.3	89.4	55.1	88.1	88.6	56.3	47.1	14.5	64.8	55.2	35.8	257
Education Level															
No education/ Missing	90.7	87.8	37.5	14.7	73.0	24.7	74.4	76.8	38.2	28.1	4.4	55.0	48.3	22.5	401
Primary	96.7	95.5	46.7	9.8	87.6	53.7	85.6	90.2	55.5	43.8	13.9	61.8	51.1	36.4	803
Secondary or higher	100.0	100.0	47.5	19.7	97.7	70.3	94.6	99.3	87.9	28.8	33.9	71.6	65.4	52.0	214
Province															
Cabo Delgado	96.2	92.9	39.2	15.7	76.6	29.3	74.3	85.2	38.5	30.0	0.9	65.1	60.0	15.5	463
Inhambane	82.0	82.0	26.6	9.6	72.9	22.6	72.4	69.2	44.2	26.1	10.5	29.3	27.5	14.6	173
Gaza	98.1	97.3	53.0	9.7	91.7	55.4	90.7	92.2	62.2	51.7	21.9	65.2	51.9	51.0	494
Maputo Province	98.2	97.2	48.0	14.8	94.3	80.8	93.9	95.5	78.0	30.1	24.7	68.0	56.4	50.4	289
Total	95.5	94.0	44.2	12.7	85.0	48.0	83.8	87.8	55.5	37.1	14.2	61.3	52.5	34.8	1,419

* Intrauterine device (IUD) **Lactational amenorrhea method (LAM)

Table 2-7: Ever use of contraception

Percentage of all women 15-49 who have ever used any contraceptive method, by method, according to background characteristics

Background characteristic	Any Method	Any Modern Method	Modern Methods							Traditional Methods			Number of women	
			Female Sterilization	Pill	IUD	Injectables	Male Condom	Female Condom	LAM	Emergency Contraception	Any Traditional Method	Periodic Abstinence		Withdrawal
Age														
15-19	44.5	38.3	0.0	12.3	0.4	5.6	29.7	3.7	7.2	0.1	16.6	12.4	9.4	272
20-24	73.5	62.7	0.0	35.7	3.2	13.6	39.5	6.4	10.7	3.5	29.6	22.4	16.1	226
25-29	74.1	59.2	0.0	31.4	4.5	17.9	32.0	1.8	19.8	3.0	34.7	28.2	15.8	235
30-34	66.1	54.3	0.7	38.3	3.4	25.8	20.0	0.9	12.1	3.3	27.0	24.0	6.3	204
35-39	73.1	61.3	4.4	31.4	4.0	22.9	18.4	2.0	21.6	1.5	40.0	31.1	14.4	178
40-44	65.1	54.7	1.7	30.8	15.0	33.4	21.3	1.9	25.9	6.8	31.1	27.6	11.8	153
45-49	54.8	44.3	2.8	20.7	6.5	26.7	10.0	1.2	15.3	0.5	25.3	21.1	9.6	151
Marital status														
Never married	55.7	52.4	0.0	22.4	1.0	6.6	44.6	5.7	3.5	2.5	23.6	17.4	17.7	234
Married	52.2	34.7	0.1	22.5	7.2	16.4	16.6	3.0	6.4	0.4	30.8	27.9	9.4	239
Living together	67.3	57.1	1.3	30.3	3.7	21.7	22.9	1.7	20.3	3.4	26.9	21.2	10.7	689
Divorced/ Separated/ Widowed	73.6	60.7	2.9	33.2	8.2	26.6	25.1	2.5	20.5	2.2	35.7	29.6	12.7	257
Education Level														
No education/ Missing	48.6	31.1	2.3	13.4	0.7	9.9	7.9	0.9	13.5	0.4	27.0	25.4	3.1	401
Primary	67.7	58.1	0.9	31.9	5.6	24.0	24.2	2.0	18.0	1.7	27.3	21.1	11.9	803
Secondary or higher	79.3	76.7	0.0	42.1	8.3	18.9	65.5	8.9	8.0	9.6	36.3	27.1	29.1	214
Province														
Cabo Delgado	59.2	30.8	2.1	7.0	0.2	4.0	2.6	0.6	22.3	0.0	39.5	38.3	1.9	463
Inhambane	50.4	50.0	2.1	27.6	2.1	19.2	27.9	4.3	11.5	0.9	7.4	4.3	3.2	173
Gaza	60.2	57.9	0.0	37.2	1.7	24.1	26.0	1.9	11.0	2.0	16.8	10.2	10.6	494
Maputo Province	86.4	83.2	1.0	47.3	18.4	35.3	61.5	6.7	13.5	8.5	44.0	32.7	35.9	289
Total	64.0	53.2	1.1	28.2	4.6	19.2	25.8	2.7	15.2	2.5	28.6	23.2	12.0	1,419

Current use of contraception

In terms of current contraceptive practice by women, out of the 1,419 women interviewed, 28% reported currently using a contraceptive method (Table 2-8). Method use varied by age group; women in their teens primarily used male condoms, while women in other age groups primarily used pills. Women who were not currently in union had the highest rate of current contraceptive use (38.2% — data not shown). Nearly half of women in Maputo province reported using contraception (48.3%), versus only 12.5% of women in Cabo Delgado.

Table 2-8: Current contraceptive use by all women aged 15-49
Percent distribution of all women age 15-49 by contraceptive method currently used, according to background characteristics

Background characteristic	Any Method	Modern Method							Traditional Method				Not using a method	Number of women
		Any Modern Method	Fem Sterilization	Pill	IUD	Injectables	Condom	LAM	Any Traditional Method	Periodic Abstinence	Withdrawal	Other		
Age														
15-19	25.2	23.8	0.0	7.0	0.0	2.5	12.5	1.8	1.5	1.3	0.0	0.2	74.8	272
20-24	31.2	30.2	0.0	10.6	1.1	4.8	11.2	2.3	1.1	1.1	0.0	0.0	68.8	226
25-29	32.1	29.8	0.0	14.1	0.4	4.3	8.4	2.5	2.3	1.5	0.6	0.3	67.9	235
30-34	32.2	30.6	0.7	17.5	0.1	7.6	3.6	1.2	1.6	0.2	0.0	1.4	67.8	204
35-39	35.1	31.3	4.4	11.4	0.5	8.6	4.3	2.1	3.8	3.1	0.2	0.5	64.9	178
40-44	20.4	19.6	1.7	5.7	0.0	8.9	3.2	0.0	0.8	0.0	0.0	0.8	79.6	153
45-49	14.9	12.3	2.8	1.6	0.0	4.0	3.9	0.0	2.7	0.6	0.0	2.1	85.1	151
Education Level														
No education/														
Missing	14.4	12.4	2.3	3.5	0.0	4.4	1.2	1.0	1.9	1.7	0.0	0.2	85.6	401
Primary	29.5	27.1	0.9	11.4	0.3	6.6	5.8	2.2	2.4	1.1	0.2	1.0	70.5	803
Secondary or higher	47.8	47.6	0.0	17.8	0.9	3.5	25.1	0.2	0.2	0.2	0.0	0.0	52.2	214
Province														
Cabo Delgado	12.3	9.7	2.1	1.7	0.0	1.9	0.2	3.9	2.5	2.3	0.0	0.2	87.7	463
Inhambane	30.4	28.2	2.1	13.4	0.1	6.0	4.6	2.0	2.3	0.9	0.0	1.4	69.6	173
Gaza	29.8	28.1	0.0	13.8	0.0	7.2	7.0	0.1	1.7	0.8	0.4	0.6	70.2	494
Maputo Province	48.3	47.4	1.0	15.3	1.5	8.1	21.4	0.0	1.0	0.0	0.0	1.0	51.7	289
Total	28.0	26.0	1.1	10.1	0.3	5.5	7.4	1.6	1.9	1.1	0.1	0.6	72.0	1,419

Current use of contraception is highest among women in their twenties and thirties, with lower rates of use among adolescents and women aged 40+. Pills are most popular method (12.3%) overall. In general, women in their 20s and early 30s tended to primarily use pills, while older women in their 30s and 40s currently used injectables.

These patterns were similar among married women, although the overall use rates were lower (Table 2-9).

Table 2-9: Current contraceptive use by women currently in union
 Percent distribution of all currently married women age 15-49 by contraceptive method currently used, according to background characteristics

Background characteristic	Modern Method								Traditional Method				Number of Women	
	Any Method	Any Modern Method	Fem Sterilization	Pill	IUD	Injectables	Condom	LAM	Any Traditional Method	Periodic Abstinence	Withdrawal	Other		
Age														
15-19	16.9	16.5	0.0	3.5	0.0	4.4	4.3	4.3	0.4	0.0	0.0	0.4	83.1	117
20-24	24.6	23.0	0.0	9.7	1.7	4.8	5.6	1.2	1.6	1.6	0.0	0.0	75.4	151
25-29	29.2	26.8	0.0	11.4	0.5	5.8	5.6	3.4	2.5	1.3	0.8	0.3	70.8	178
30-34	32.6	30.6	1.0	17.8	0.1	7.7	2.5	1.5	2.1	0.3	0.0	1.8	67.4	161
35-39	31.0	29.1	0.4	11.7	0.7	10.5	3.0	2.8	1.9	0.9	0.3	0.6	69.0	134
40-44	26.7	26.7	2.5	8.3	0.0	11.5	4.3	0.0	0.0	0.0	0.0	0.0	73.3	105
45-49	13.7	9.8	4.4	1.1	0.0	3.9	0.4	0.0	3.9	0.9	0.0	3.0	86.3	99
Education Level														
No education/														
Missing	13.3	11.5	0.7	3.6	0.0	5.3	0.6	1.4	1.9	1.7	0.0	0.2	86.7	310
Primary	29.0	27.0	1.2	10.2	0.5	8.2	4.1	2.7	2.0	0.4	0.3	1.3	71.0	553
Secondary or higher	52.5	52.5	0.0	31.6	2.3	4.3	14.3	0.0	0.0	0.0	0.0	0.0	47.5	82
Province														
Cabo Delgado	11.5	9.6	0.7	1.6	0.0	2.4	0.0	4.9	1.9	1.6	0.0	0.3	88.5	377
Inhambane	27.5	26.3	3.1	12.9	0.2	6.1	4.0	0.0	1.3	0.4	0.0	0.9	72.5	109
Gaza	32.2	30.3	0.0	14.0	0.0	9.2	6.9	0.2	1.9	0.3	0.6	1.0	67.8	305
Maputo Province	47.4	45.5	2.0	19.6	2.9	14.0	7.1	0.0	1.8	0.0	0.0	1.8	52.6	154
Total	25.9	24.1	1.0	9.8	0.5	6.9	3.9	2.0	1.8	0.8	0.2	0.8	74.1	945

Source of contraceptive method

Women were asked where they obtained their FP method. As Table 2-10 shows, of the 365 women that currently use pills, injectables, and male condoms (the most popular contraceptive methods that require acquisition of medicine or health products), a vast majority acquired their method from a public sector medical facility like a district hospital or a health post (73.7%). Women sought pills and injectables almost exclusively through the public medical sector (91.2% and 99.0%, respectively), for example in a district hospital or health post. In contrast, male condoms were acquired through multiple sources. This may be a reflection of the diverse sources in which women can acquire condoms for free or for very minimal price.

Source of contraceptive method	Male			Total
	Pill	Injectable	Condom	
Public Medical Sector	91.2	99.0	31.0	73.7
Private Medical Sector	7.5	1.0	29.9	13.2
Other source	0.0	0.0	13.0	4.2
Do not remember/ Not Applicable	1.3	0.0	26.1	8.9
Number of Women	160	88	117	365

Exposure to family planning messages by CHWs

Community Health Workers (CHWs) could be a vital source of information for many women in Mozambique regarding family planning. The ESD - FPI aims to train CHWs to convey FP information and refer people for services. The survey asked all women aged 15-49 whether they had been visited by a CHW and consulted about family planning in the last 12 months. Table 2-11 shows that only 14.7% of women reported having talked with a CHW about family planning in the past 12 months. This did not vary much by age, marital status, or education level. However, it did vary somewhat by province: women in Inhambane were least likely to have had a family planning consultation from a CHW (9.9%) while those in Gaza were most likely to have had such a consultation (18.3%).

Table 2-11: Exposure to family planning messages by a CHW
 Percent distribution of women aged 15-49 who were visited by a
 CHW who told her about family planning in the last 12 months,
 according to background characteristics

Background characteristic	% of women 15-49	Number of Women 15-49
Age		
15-19	13.2	272
20-24	16.2	226
25-29	13.4	235
30-34	18.9	204
35-39	17.6	178
40-44	15.6	153
45-49	7.2	151
Marital status		
Never married	13.7	234
Married	14.3	239
Living together	16.4	689
Divorced/ Separated/ Widowed	11.3	257
Education Level		
No education/ Missing	15.0	401
Primary	17.4	803
Secondary or higher	12.7	214
Province		
Cabo Delgado	15.0	463
Inhambane	9.9	173
Gaza	18.3	494
Maputo	11.0	289
Total	14.7	1,419

Exposure to family planning messages in health service visits

Table 2-12 summarizes whether women aged 15–49 who had given birth in the last 5 years had health appointments for themselves or for their infant in the last 12 months, and if so, whether they had family planning consultations during the visit. Among the women surveyed, there were 739 women with births in the past 5 years. The majority of these women had health appointments (86.8%) for themselves or their infant, but less than half (48.4%) discussed family planning during their visit. Women aged 25–34 were most likely to have had an appointment in the past 12 months (>90%). Women who live in Inhambane have disproportionately less chance of having health appointments, and of having family planning consultations when they did have appointments.

Table 2-12: Family planning consultations during last health visit

Percent distribution of women aged 15–49 who had given birth in the last 5 years and had a health appointment for themselves or their child in the past 12 months by and whether they had a family planning consultation during the last visit, according to background characteristics

Background characteristic	Had health appointments in the last 12 months who:		% who did not have health appointments in the last 12 months	Number of women who have given birth in last 5 years
	% counseled on FP	% not counseled on FP		
Age				
15–19	45.4	34.1	20.6	95
20–24	45.4	41.0	13.6	158
25–29	49.2	41.6	9.2	166
30–34	49.5	43.0	7.6	137
35–39	53.3	26.8	20.0	113
40–44	50.8	38.0	11.2	49
45–49	40.6	46.9	12.6	21
Marital status				
Never married	44.6	46.7	8.7	44
Married	33.8	53.3	12.9	129
Living together	51.8	36.0	12.1	454
Divorced/ Separated/ Widowed	52.9	27.5	19.5	112
Education Level				
No education/ Missing	47.3	39.5	13.3	208
Primary	49.3	37.1	13.7	458
Secondary or higher	46.6	43.7	9.7	73
Province				
Cabo Delgado	58.2	31.0	10.8	269
Inhambane	27.2	40.5	32.3	64
Gaza	45.5	44.3	10.1	283
Maputo	44.7	39.8	15.5	123
Total	48.4	38.4	13.2	739

Attitudes toward family planning

Household heads' acceptance of contraception as a method to avoid pregnancy can influence women's willingness to use such methods. In general, the household heads surveyed were accepting of contraception (64.8%) (Table 2-13). A larger proportion of female household heads (75.1%) were accepting of contraception than were than male household heads (59.2%). Support for contraception increased with increasing levels of education.

Table 2-13: Acceptance of family planning methods by household heads

Percent distribution of household heads who accept family planning as a method to avoid pregnancy, according to background characteristics

Background characteristic	% who accept FP method to avoid pregnancy	Number of household heads
Age		
<25	49.8	136
25-34	67.5	415
35-44	69.9	413
45-54	69.8	269
55-64	53.4	162
65+	58.7	123
Gender		
Male	59.2	986
Female	75.1	533
Education Level		
No education	51.9	507
Primary	66.7	829
Secondary or higher	83.6	189
Other	55.0	3
Total	64.8	1,519

Approximately a third of household heads have ever had a family planning consultation with a health provider; with a higher percentage of female heads having had a consultation than male heads (47.6% vs. 28.7%, respectively). The percentage having a consultation increased with education level of the household head. Only about one third of household heads with no education had experienced a family planning consultation with a health provider, versus over 40% of those with secondary education or higher.

Table 2-14: Family planning consultation by health provider to household heads

Percent distribution of household heads who have spoken with a health provider about family planning, by background characteristic

Background characteristic	% who have spoken about FP with health provider	Number of household heads
Age		
<25	10.8	136
25-34	23.6	415
35-44	31.5	413
45-54	55.5	269
55-64	48.8	162
65+	53.3	123
Gender		
Male	28.7	986
Female	47.6	533
Education Level		
No education	29.6	507
Primary	36.7	829
Secondary or higher	41.5	189
Other	52.7	3
Total	35.3	1,519

Finally, only 20.9% of household heads surveyed had discussed family planning with someone in the last 6 months. Those who discussed family planning in the past 6 months primarily spoke with friends (11.1%), family members (8.2%) or health professionals (6.4%). Younger household heads were somewhat more likely to have discussed family planning with someone in the past 6 months. These findings indicate that in general, household heads have had some previous exposure to the concept of family planning and support it as a way to avoid pregnancy.

Table 2-15: Discussion of family planning by household heads

Percent distribution of household heads who discussed family planning in the last 6 months, by discussion partner, according to background characteristics

Background characteristic	Discussed FP in the last 6 months with:					Did not Discuss FP	Number of household heads
	Anyone	Family	Health Professional	Friends	Other		
Age							
<25	17.0	4.5	8.6	10.1	0.0	83.0	136
25-29	24.0	10.6	8.0	12.6	0.6	76.0	415
30-34	27.0	10.3	6.0	15.9	1.8	73.0	413
35-39	18.3	8.1	4.7	8.9	1.3	81.7	269
40-44	15.1	4.3	7.5	4.4	2.1	84.9	162
45-49	8.1	2.9	2.0	5.1	0.2	91.9	123
Gender							
Male	21.1	8.3	5.9	9.8	1.2	78.9	986
Female	20.7	8.1	7.4	13.5	0.9	79.3	533
Education Level							
No education	14.3	5.8	5.6	8.1	0.4	85.7	507
Primary	18.8	6.4	6.7	8.7	1.2	81.2	829
Secondary or	34.4	11.4	7.3	22.5	1.7	65.6	180

Table 2-15: Discussion of family planning by household heads

Percent distribution of household heads who discussed family planning in the last 6 months, by discussion partner, according to background characteristics

Background characteristic	Discussed FP in the last 6 months with:					Did not Discuss FP	Number of household heads
	Anyone	Family	Health Professional	Friends	Other		
Age higher							
Other	32.0	5.8	6.4	24.4	8.5	68.0	3
Total	20.9	8.2	6.4	11.1	1.1	79.1	1,519

Maternal Health

Antenatal care

There are several points of contact that healthcare facilities have with women before, during, and after pregnancy during which family planning and HIV counseling can take place. As Table 2-16 shows, the vast majority (93.9%) of women in the target community who had given birth in the last 5 years had received ANC care and most had at least two ANC consultations during their last pregnancy. ANC is therefore an opportune time for counseling on HIV and family planning, as women seeking ANC are clearly sexually active and will be at risk for pregnancy again.

Table 2-16: Number of ANC visits

Percent distribution of women age 15-49 who had given birth in the last 5 years by number of ANC visits for the most recent live birth, according to background characteristics

Background characteristic	# ANC consultations					Don't know/ Missing	Number of women age 15-49 who had given birth in the last 5 years
	None	1	2-3	4+			
Age							
15-19	7.2	13.5	16.7	59.1	3.4	95	
20-24	1.0	3.4	36.4	56.9	2.3	158	
25-29	1.5	3.3	28.1	61.4	5.4	166	
30-34	1.4	3.2	29.0	63.6	2.9	137	
35-39	0.2	0.4	38.0	57.1	4.3	113	
40-44	6.7	4.0	7.6	78.3	3.5	49	
45-49	7.8	0.0	17.3	74.8	0.0	21	
Marital status							
Never married	1.8	7.2	13.3	72.5	5.1	44	
Married	3.8	4.4	38.8	51.3	1.6	129	
Living together	2.3	3.0	26.6	63.7	4.2	454	
Divorced/ Separated/ Widowed	1.7	7.2	29.5	59.1	2.5	112	
Education Level							
No education/ Missing	3.0	5.1	36.3	51.2	4.2	208	
Primary	2.6	3.9	27.0	63.6	2.9	458	
Secondary or higher	0.0	2.8	14.6	76.7	5.9	73	
Province							
Cabo Delgado	5.5	5.7	39.2		0.0	269	

Table 2-16: Number of ANC visits

Percent distribution of women age 15-49 who had given birth in the last 5 years by number of ANC visits for the most recent live birth, according to background characteristics

Background characteristic	# ANC consultations					Don't know/ Missing	Number of women age 15-49 who had given birth in the last 5 years
	None	1	2-3	4+			
Inhambane	5.0	3.3	18.6	56.4	16.7	64	
Gaza	0.0	2.2	24.2	71.9	1.8	283	
Maputo Province	0.0	5.6	19.6	66.2	8.6	123	
Total	2.4	4.1	28.4	61.4	3.6	739	

Of the women who had given birth in the last 5 years and had ANC visits during that pregnancy, the majority were counseled on HIV and offered HIV testing at that time (82.1%) (Table 2-17).

Table 2-17: HIV testing and counseling during ANC visits

Percent distribution of women age 15-49 who had given birth in the last 5 years and had ANC visits by whether they were counseled about HIV and offered HIV testing, according to background characteristics

Background characteristic	% who were counseled on HIV and:		% who were not counseled on HIV during last pregnancy	Number of women who gave birth in the last 5 years and had ANC visits
	were offered HIV testing	were not offered HIV testing		
Age				
15-19	79.3	2.5	18.2	89
20-24	92.2	1.5	6.3	157
25-29	74.0	1.4	21.5	163
30-34	86.9	1.2	11.9	135
35-39	81.8	3.4	14.7	113
40-44	68.2	3.0	28.9	46
45-49	84.7	0.0	15.3	19
Marital status				
Never married	77.0	5.2	17.9	44
Married	89.0	3.7	7.2	124
Living together	79.6	1.4	17.9	444
Divorced/ Separated/ Widowed	86.7	0.6	12.7	110
Education Level				
No education/ Missing	76.9	1.6	21.5	202
Primary	83.3	1.6	14.0	447
Secondary or higher	89.4	4.9	5.7	73
Province				
Cabo Delgado	73.3	0.9	23.8	254
Inhambane	71.3	5.4	23.3	61
Gaza	87.5	1.4	11.1	284
Maputo Province	93.3	3.5	3.2	123
Total	82.1	1.9	15.3	722

Table 2-18 describes family planning consultations during antenatal care (ANC) visits, including the methods recommended to women. Of the 722 women who had given birth in the last 5 years and had ANC visits, the majority had a family planning consultation during their ANC visits (63.5%). Women who are married were least likely to have a family planning consultation during their ANC visit (44.4%). A specific method was recommended to 47.5% of all women seen for ANC. The pill was the most commonly recommended method (43.1%).

Table 2-18: Family planning counseling during ANC

Percent distribution of women aged 15-49 who had given birth in the last 5 years who made at least one ANC visits by whether they received FP counseling, and if so whether a method was recommended, by type of method, according to background characteristics

Background characteristics	% who received FP consultation during ANC visit and was recommended...*					% who received FP consultation during ANC visit but were not recommended specific method	% who did not receive FP consultation during ANC visit	Number of women who have given birth in last 5 years and had ANC visits
	Any Method	LTPM**	Pills	Injectables	Male condoms			
Age								
15-19	48.7	10.6	45.1	33.8	22.6	12.3	39.0	89
20-24	39.3	1.9	35.9	28.9	14.7	15.8	45.0	157
25-29	46.8	3.5	44.3	35.3	16.9	15.1	38.2	163
30-34	46.0	6.2	39.5	37.5	18.7	16.0	38.0	135
35-39	51.7	8.6	47.9	31.1	15.1	25.9	22.4	113
40-44	59.3	4.3	53.8	27.6	10.9	9.1	31.6	46
45-49	74.4	26.5	53.9	59.8	41.0	1.1	24.6	19
Marital status								
Never married	48.5	7.1	45.7	38.3	25.8	21.7	29.8	44
Married	23.5	2.1	21.5	12.4	2.7	20.9	55.6	124
Living together	54.4	7.2	49.6	38.2	21.8	13.0	32.6	444
Divorced/ Separated/ Widowed	46.4	5.0	40.2	37.4	12.8	20.3	33.3	110
Education Level								
No education/ Missing	44.2	1.4	40.6	29.7	14.0	14.7	41.1	202
Primary	50.1	7.3	45.8	36.0	18.2	16.2	33.7	447
Secondary or higher	40.8	11.0	33.4	30.5	22.1	18.4	40.8	73
Province								
Cabo Delgado	49.2	4.2	47.8	30.4	9.4	14.0	36.8	254
Inhambane	49.3	1.5	45.4	33.7	22.9	17.6	33.1	61
Gaza	53.8	6.5	49.3	44.6	24.8	14.7	31.4	284
Maputo Province	28.7	10.7	18.0	15.0	14.5	22.2	49.1	123
Total	47.5	6.0	43.1	33.7	17.4	16.0	36.5	722

* These do not total to 100% because some women had more than one method recommended to them ** Long term and permanent methods (LTPM)

Place of delivery

The majority of women surveyed (66.5%) who had given birth in the past 5 years had done so at a public health facility. However, as can be seen from Table 2-19, a third of women had given birth at home. Notably, 46.8% of women who had no education and 68.6% of those living in Cabo Delgado had given birth at home.

Table 2-19: Place of delivery

Among women age 15-49 with a birth in the five years preceding the survey, the percent distribution by place of delivery, according to background characteristics

Background characteristic	Public facility	Private facility	Home	Number of women with a birth in the past 5 years
Age				
15-19	60.9	0.0	39.1	95
20-24	73.8	0.0	26.2	158
25-29	60.9	1.4	37.2	166
30-34	63.6	0.7	35.7	137
35-39	68.9	1.4	29.8	113
40-44	73.7	0.0	26.3	49
45-49	69.0	0.0	31.0	21
Marital status				
Never married	78.7	0.0	21.3	44
Married	39.3	0.6	60.2	129
Living together	71.7	0.9	27.2	454
Divorced/ Separated/ Widowed	71.6	0.0	28.4	112
Education Level				
No education/ Missing	52.8	0.0	46.8	208
Primary	68.3	0.9	30.8	458
Secondary or higher	93.6	1.1	5.4	73
Province				
Cabo Delgado	30.0	1.2	68.6	269
Inhambane	75.1	0.0	24.5	64
Gaza	86.0	0.3	13.7	283
Maputo Province	96.5	0.6	2.9	123
Total	66.5	0.7	32.8	739

Skilled birth attendance

Table 2-20 shows the person providing assistance during delivery for women who had given birth in the last 5 years. Almost two thirds of women who had given birth in the last 5 years had skilled birth attendants assist with their most recent delivery (39.9% doctors, 25.4% auxiliary midwives). For those who did not have a skilled provider, most had either traditional birth attendants or family members in attendance at the delivery.

Table 2-20: Assistance during delivery

Among women age 15-49 with a birth in the five years preceding the survey, the percent distribution by persons providing assistance during last delivery and percentage delivered by a skilled provider, according to background characteristics

Background characteristic	Person providing assistance during delivery				Percentage delivered by a skilled provider	Number of women with a birth in the past 5 years
	Doctor/ Nurse	Auxiliary Midwife	Other	No one		
Age						
15-19	39.9	16.7	43.4	0.0	51.3	95
20-24	38.4	35.2	26.1	0.3	72.2	158
25-29	37.8	22.0	39.1	0.6	59.0	166
30-34	40.0	20.9	36.5	2.5	59.0	137
35-39	43.1	25.4	30.3	1.2	64.1	113
40-44	47.5	24.7	26.8	0.9	71.6	49
45-49	31.3	48.9	19.7	0.0	80.3	21
Marital status						
Never married	51.5	15.6	32.2	0.7	63.5	44
Married	20.0	18.7	61.3	0.0	37.5	129
Living together	45.3	26.0	27.5	1.1	68.6	454
Divorced/ Separated/ Widowed	36.2	34.8	27.8	1.3	69.9	112
Education Level						
No education/ Missing	26.5	26.5	45.8	0.8	52.0	208
Primary	42.2	24.7	32.0	1.0	65.8	458
Secondary or higher	63.3	26.3	9.6	0.8	77.4	73
Province						
Cabo Delgado	2.0	26.7	70.3	0.8	28.4	269
Inhambane	49.4	23.0	27.2	0.0	71.2	64
Gaza	57.6	27.4	13.3	1.6	82.0	283
Maputo Province	76.8	19.3	3.9	0.0	90.9	123
Total	39.9	25.4	33.7	0.9	63.1	739

Among women with a birth in the past 5 years, 613 women delivered in a health facility. These women were asked whether they received family planning counseling after delivery. Table 2-21 shows whether family planning counseling occurred after delivery but before discharge, and if so, who did the counseling. Slightly more than half of women who gave birth at a healthcare facility were counseled on family planning (52.1%). There is clear potential for increasing family planning counseling integration in healthcare provision immediately after delivery at a healthcare facility. Among women who did receive family planning counseling, most were counseled by a doctor or nurse (41.8%).

Table 2-21: Family planning counseling after delivery in healthcare facilities
 Percent distribution of women aged 15-49 who had given birth in the last 5 years at a health facility by whether they received FP counseling, and type of counselor, according to background characteristics

Background characteristics	Received FP counseling after delivery by:			Did not receive FP counseling after delivery	Number of women who have given birth in last 5 years at a health facility
	Doctor/Nurse	Auxiliary Midwife	Other		
Age					
15-19	35.1	2.8	2.7	59.4	66
20-24	36.0	6.6	6.3	51.0	134
25-29	38.1	5.6	0.7	53.3	127
30-34	55.0	7.5	0.0	36.6	107
35-39	36.7	16.8	0.9	44.7	105
40-44	42.4	9.7	0.0	47.9	51
45-49	75.3	2.7	0.0	22.0	23
Marital status					
Never married	35.7	0.0	0.0	64.3	40
Married	48.8	7.4	0.0	43.8	68
Living together	41.1	8.4	2.8	46.6	405
Divorced/ Separated/ Widowed	42.6	9.9	0.9	46.6	100
Education Level					
No education/ Missing	34.9	18.0	3.7	41.4	137
Primary	45.0	6.3	1.4	46.8	384
Secondary or higher	38.9	0.3	1.9	58.9	92
Province					
Cabo Delgado	18.0	31.4	0.7	50.0	98
Inhambane	60.1	4.4	0.0	34.2	68
Gaza	50.7	4.8	2.9	40.2	289
Maputo	32.7	0.8	1.9	64.7	158
Total	41.8	8.0	2.0	47.4	613

Two out of five women (40.2%) who had a delivery at a health facility received a FP consultation and were recommended a specific contraceptive method (Table 2-22). The pill was the most commonly recommended method, at 32.3%.

Table 2-22: Contraceptive methods recommended after delivery at health facilities
Percent distribution of women age 15-49 who had given birth in the last 5 years at a health facility, by whether a contraceptive method was recommended, by method, according to background characteristics

Background characteristics	Had FP consultation and was specifically recommended:*					Had FP consultation but was not recommended specific FP method	Did not receive FP consultation after delivery	Number of women who have given birth in last 5 years at a health facility
	Any Method	LTPM	Pill	Injectables	Male condom			
Age								
15-19	34.8	3.5	24.5	22.2	21.5	5.8	59.4	66
20-24	34.8	2.1	31.3	20.3	15.9	14.2	51.0	134
25-29	33.5	3.0	28.5	21.6	9.8	11.0	53.3	127
30-34	51.1	4.2	44.9	39.3	18.7	12.3	36.6	107
35-39	45.2	16.2	32.6	26.8	7.4	10.1	44.7	105
40-44	40.7	2.2	30.0	28.6	5.2	11.4	47.9	51
45-49	49.6	5.4	28.0	36.2	17.1	28.5	22.0	23
Marital status								
Never married	28.8	4.9	28.8	27.5	15.1	6.9	64.3	40
Married	32.3	6.6	26.9	16.4	2.9	23.9	43.8	68
Living together	42.6	3.6	35.2	29.6	14.0	10.2	46.6	405
Divorced/ Separated/ Widowed	40.5	11.8	26.0	20.2	17.7	13.0	46.6	100
Education Level								
No education/ Missing	47.8	7.9	35.4	23.0	12.5	8.7	41.4	137
Primary	39.0	4.5	32.9	29.8	12.3	14.2	46.8	384
Secondary or higher	34.1	5.1	25.7	17.7	19.6	7.0	58.9	92
Province								
Cabo Delgado	45.9	12.2	33.4	25.1	9.1	4.1	50.0	98
Inhambane	42.1	1.3	32.8	26.7	17.3	23.8	34.2	68
Gaza	45.6	4.1	41.8	35.9	16.5	13.2	40.2	289
Maputo Province	25.9	5.1	14.1	10.0	8.8	9.4	64.7	158
Total	40.2	5.3	32.3	26.5	13.4	11.9	47.4	613

Overall, just 17.8% of women who had a birth in the past five years at a health facility received an FP consultation after delivery and left the health facility with a contraceptive method (Table 2-23). Injectables were the most commonly received method, followed closely by pills. The proportion of women that was counseled was lowest among women with the highest levels of education

Table 2-23: Contraceptive methods used following delivery at a health facility
Percent distribution of women age 15-49 who had given birth in the last 5 years at a health facility, by type of contraceptive they left with, according to background characteristics

Background characteristics	% who left with following contraceptive methods:						Counseled but did not leave with FP method	Did not receive FP counseling	Number of women who have given birth in last 5 years at a health facility
	Any Modern Method	LTPM	Pill	Injectables	Male condom				
Age									
15-19	13.7	4.5	0.0	8.1	1.1	26.9	59.4	66	
20-24	12.7	0.0	4.7	6.9	1.1	36.3	51.0	134	
25-29	12.0	0.0	7.1	3.8	1.1	32.5	53.3	127	
30-34	24.8	0.6	13.6	9.1	1.4	38.6	36.6	107	
35-39	24.2	7.6	5.9	9.8	0.9	31.1	44.7	105	
40-44	17.9	0.0	5.0	12.9	0.0	34.2	47.9	51	
45-49	28.3	0.0	11.2	0.0	17.1	49.7	22.0	23	
Marital status									
Never married	10.2	0.0	2.8	7.4	0.0	25.5	64.3	40	
Married	14.0	0.0	8.2	5.4	0.4	42.2	43.8	68	
Living together	18.0	0.9	7.8	8.2	1.1	34.8	46.6	405	
Divorced/ Separated/ Widowed	22.6	7.9	3.0	6.2	5.5	30.9	46.6	100	
Education Level¹									
No education/ Missing	25.9	5.8	6.6	11.6	1.8	30.7	41.4	137	
Primary	15.6	0.2	7.2	6.5	1.8	37.6	46.8	384	
Secondary or higher	14.8	3.2	5.2	5.5	0.9	26.3	58.9	92	
Province									
Cabo Delgado	21.0	8.1	7.5	5.4	0.0	29.0	50.0	98	
Inhambane	8.0	0.0	1.3	5.9	0.8	57.8	34.2	68	
Gaza	18.6	0.0	6.5	10.7	1.5	40.2	40.2	289	
Maputo Province	18.5	2.3	9.0	3.8	3.4	16.8	64.7	158	
Total	17.8	1.9	6.7	7.5	1.7	34.3	47.4	613	

* These do not total to 100% because some women had more than one method recommended to them

Postpartum care

Of all the women who had given birth in the last 5 years, the majority (88.7%) received a postpartum visit. Table 2-24 shows when the visits were made. Women with no education were least likely to have received care. Women aged 30–39 were more likely to receive postpartum care than both older and younger women. Almost one quarter of married women did not receive postpartum care compared to less than 10% of women in each of the other groups. Very few postpartum visits take place during the first two days following delivery, as is recommended, though young and unmarried women were more likely to have received early postpartum care.

Table 2-24: Timing of postpartum visit

Among women age 15–49 with a birth in the five years preceding the survey, the percent distribution by timing of first postnatal checkup for the last birth, according to background characteristics

Background characteristic	Received postpartum visit on:				Did not receive PP care	Number of women with a birth in the past 5 years
	First day	1–2 days	3+ days	Don't know/missing		
Age						
15–19	4.8	7.7	69.9	0.7	16.8	95
20–24	0.7	8.1	71.0	4.8	15.4	158
25–29	0.0	10.2	77.1	2.2	10.5	166
30–34	1.1	12.1	79.4	1.9	5.5	137
35–39	0.0	15.7	79.3	0.2	4.9	113
40–44	0.0	6.5	81.5	0.0	11.9	49
45–49	0.0	27.3	40.5	0.0	32.2	21
Marital status						
Never married	9.2	5.6	78.9	0.0	6.3	44
Married	0.0	3.7	69.6	2.3	24.4	129
Living together	0.4	11.7	77.9	1.5	8.5	454
Divorced/ Separated/ Widowed	1.3	18.0	66.8	4.3	9.7	112
Education Level						
No education/ Missing	0.0	9.1	71.7	1.2	18.0	208
Primary	1.6	12.4	75.2	1.8	9.1	458
Secondary or higher	0.0	6.2	82.0	5.7	6.1	73
Province						
Cabo Delgado	0.0	15.6	64.9	0.2	19.3	269
Inhambane	0.0	2.2	89.7	0.9	7.2	64
Gaza	2.5	12.5	76.5	2.2	6.2	283
Maputo Province	0.0	1.3	85.2	5.9	7.6	123
Total	1.0	10.9	74.9	2.0	11.3	739

Out of the 739 women who have given birth in the last 5 years, a total of 662 (89.8%) reported at least one postpartum (PP) visit. About half of these women (52.5%) received family planning counseling during that postpartum visit (Table 2-25). The majority of the family planning counseling sessions during postpartum visits were conducted by providers other than doctors/nurses or auxiliary midwives—namely community health workers and traditional birth attendants.

Table 2-25: Family planning counseling during postpartum visits
 Percent distribution of women age 15–49 who had given birth in the past 5 years and had a postpartum visit, by whether they received family planning counseling and type of counselor, according to background characteristics

Background characteristics	Received FP counseling during PP visit by:			Did not receive FP counseling during PP visit	Number of women who had given birth in last 5 years and had PP visits
	Any Provider	Doctor/ Nurse	Auxiliary Midwife		
Age					
15–19	37.5	37.1	0.3	62.5	81
20–24	41.2	33.6	7.4	58.8	130
25–29	54.7	47.6	6.5	45.3	150
30–34	52.9	46.0	4.5	47.1	131
35–39	65.6	50.6	15.0	34.4	110
40–44	66.6	45.4	21.2	33.4	45
45–49	71.1	43.0	28.1	28.9	15
Marital status					
Never married	59.3	50.6	8.7	40.7	43
Married	42.5	34.2	8.3	57.5	98
Living together	53.8	45.4	7.4	46.2	422
Divorced/ Separated/ Widowed	54.3	41.5	12.8	45.7	99
Education Level					
No education/ Missing	48.9	35.3	13.5	51.1	174
Primary	53.9	45.7	7.2	46.1	421
Secondary or higher	53.3	50.5	2.8	46.7	67
Province					
Cabo Delgado	47.4	26.7	20.7	52.6	223
Inhambane	53.8	50.5	3.3	46.2	61
Gaza	59.5	55.1	2.8	40.5	268
Maputo Province	45.5	45.5	0.0	54.5	110
Total	52.5	43.5	8.4	47.5	662

Among women who had family planning consultations during their postpartum visits, 42.9% were recommended a specific contraceptive method. Similar to consultations at healthcare facilities after delivery, the pill was the most commonly recommended (32.3%) method. Married women were least likely to be recommended specific methods (28.7%).

Table 2-26: Contraceptive methods recommended during postpartum visits
Percent distribution of women age 15-49 who had given birth in the last 5 years and had a postpartum visit, by whether a specific method was recommended, by method, according to background characteristics

Background characteristics	Had FP consultation and was specifically recommended:					Had FP consultation but no specific FP method was recommended	Number of women who had given birth in last 5 years and had a PP visit
	Any Method	LTPM	Pill	Injectables	Male condom		
Age							
15-19	33.5	1.9	21.6	19.8	17.9	3.9	81
20-24	33.4	1.8	30.3	18.7	14.7	7.8	130
25-29	43.5	2.3	33.0	23.5	8.8	11.2	150
30-34	47.7	6.8	43.5	41.0	18.2	5.2	131
35-39	41.5	13.0	30.5	22.0	7.2	24.1	110
40-44	65.7	2.3	28.6	24.9	6.9	0.9	45
45-49	71.1	0.0	27.9	36.0	19.7	0.0	15
Marital status							
Never married	49.5	2.9	28.6	25.6	13.8	9.8	43
Married	28.7	6.7	21.1	13.8	1.8	13.8	98
Living together	46.6	3.2	36.9	30.0	14.3	7.2	422
Divorced/ Separated/ Widowed	38.2	10.5	25.2	19.0	16.7	16.1	99
Education Level							
No education/ Missing	36.9	8.3	36.5	26.1	11.2	12.0	174
Primary	44.9	3.2	31.0	26.3	11.3	9.1	421
Secondary or higher	46.1	5.6	30.2	21.1	26.0	7.2	67
Province							
Cabo Delgado	39.1	7.7	27.5	21.3	5.7	8.3	223
Inhambane	43.3	0.7	36.9	30.3	20.1	10.5	61
Gaza	50.0	3.5	42.1	36.1	17.5	9.5	268
Maputo Province	33.2	4.0	15.7	6.5	11.8	12.3	110
Total	42.9	4.8	32.3	25.7	12.8	9.6	662

Out of the women who had a postpartum visit and received an FP consultation during the visit, just 13.8% actually left the visit with a contraceptive method. Most of these women received injectables (Table 2-27). There is clearly an opportunity to improve integration of family planning in postpartum services, as this group of women is at risk for pregnancy.

Table 2-27: Contraceptive methods used following postpartum visits
Percent distribution of women age 15-49 who had given birth in the last 5 years and had a postpartum visit, by type of contraceptive they left the visit with, according to background characteristics

Background characteristics	% who left with following FP method:				Counseled but did not leave with FP method	Not counseled on FP	Number of women who had given birth in last 5 years and had PP visit
	Any Method	Pill	Injectables	Male condom			
Age							
15-19	7.0	0.5	5.6	0.8	30.5	62.5	81
20-24	11.8	2.4	9.4	0.0	29.3	58.8	130
25-29	10.7	2.8	4.6	3.2	44.1	45.3	150
30-34	18.7	7.1	9.8	1.3	34.2	47.1	131
35-39	15.7	2.3	12.7	0.7	49.9	34.4	110
40-44	16.6	4.2	9.3	3.1	50.0	33.4	45
45-49	36.3	16.6	0.0	19.7	34.8	28.9	15
Marital status							
Never married	7.6	2.3	5.3	0.0	51.7	40.7	43
Married	9.0	4.4	4.3	0.3	33.5	57.5	98
Living together	15.0	4.1	9.0	1.7	38.8	46.2	422
Divorced/ Separated/ Widowed	16.2	1.3	10.2	4.7	38.0	45.7	99
Education Level							
No education/ Missing	12.1	4.3	7.6	0.3	36.8	51.1	174
Primary	13.3	3.5	7.7	2.0	40.6	46.1	421
Secondary or higher	21.6	2.6	13.6	5.4	31.7	46.7	67
Province							
Cabo Delgado	8.3	4.3	4.0	0.0	39.1	52.6	223
Inhambane	9.9	1.8	7.6	0.4	43.9	46.2	61
Gaza	19.5	4.4	12.5	2.6	40.0	40.5	268
Maputo Province	13.5	1.3	6.9	4.7	32.0	54.5	110
Total	13.8	3.6	8.3	1.9	38.7	47.5	662

Partner Approval of Healthcare

Women's perception of whether their partners approve of accessing reproductive healthcare services can influence their healthcare decisions. As Table 2-28 shows, almost all women who gave birth in the last 5 years and had ANC visits felt that they had their partners' approval in accessing ANC care.

Table 2-28: Partner approval of ANC visits

Among women age 15-49 with a birth in the five years preceding the survey, the percent distribution by whether their partner approved of ANC visits, according to background characteristics

Background characteristic	Partner approves of ANC use				Number of women who gave birth in the last 5 years and had ANC visits
	Yes	No	Do not have partner	Do not know/missing	
Age					
15-19	90.0	3.2	3.9	2.9	89
20-24	91.4	1.7	4.2	2.7	157
25-29	89.2	3.7	4.1	3.1	163
30-34	97.1	1.6	0.7	0.6	135
35-39	98.5	1.5	0.0	0.0	113
40-44	91.8	0.0	8.2	0.0	46
45-49	92.2	0.0	0.0	7.8	19
Marital status					
Never married	80.6	6.0	7.6	5.8	44
Married	99.4	0.6	0.0	0.0	124
Living together	94.9	2.5	0.4	2.3	444
Divorced/ Separated/ Widowed	82.9	0.7	15.0	1.4	110
Education Level					
No education/ Missing	89.7	2.5	4.0	3.7	202
Primary	94.4	1.8	2.4	1.4	447
Secondary or higher	93.2	2.9	3.3	0.6	73
Province					
Cabo Delgado	93.7	0.0	5.3	0.9	254
Inhambane	74.7	2.4	8.5	14.4	61
Gaza	96.0	3.5	0.3	0.1	284
Maputo Province	93.4	3.1	1.5	2.0	123
Total	93.0	2.1	3.0	1.9	722

Women’s perceptions of their partner’s approval of contraceptive use were quite different. Out of all women who currently have a partner, 52.3% answered that they believed their partners approved of contraceptive methods (Table 2-29). Perceived approval varied by province, most notably, 42.2% of women in Cabo Delgado province did not believe that their partners supported use of contraceptive methods.

Background characteristic	Partner approves of contraceptive methods			Number of women currently in union
	Yes	No	Do not know/missing	
Age				
15-19	42.7	28.9	28.4	117
20-24	60.2	25.4	14.4	150
25-29	54.7	23.6	21.7	178
30-34	58.2	26.1	15.7	161
35-39	59.1	22.6	18.3	134
40-44	52.5	26.4	21.1	105
45-49	28.7	39.8	31.6	99
Marital status				
Married	39.1	46.2	14.7	242
Living together	56.9	20.1	23.0	702
Education Level				
No education/ Missing	36.8	37.8	25.4	310
Primary	56.3	23.6	20.1	552
Secondary or higher	84.8	6.7	8.6	82
Province				
Cabo Delgado	40.0	42.2	17.8	376
Inhambane	46.5	5.6	47.9	109
Gaza	55.1	24.1	20.8	305
Maputo Province	81.1	9.7	9.2	154
Total	52.3	26.8	20.8	944

Sexual Behavior

In countries like Mozambique, where women are likely to experience first sexual intercourse prior to marriage, age at first sexual intercourse is an important indicator of a woman's exposure to the risk of pregnancy. In this survey, women were asked about their age at first intercourse. Five percent of respondents did not report their age at first sex and were excluded from the analysis. As Table 2-30 shows, 40.4% of women experienced sexual intercourse by the age of 15 and the vast majority (86.1%) had experienced sexual intercourse by 18 years of age. Median age at first sexual intercourse was 15.5 years. Women who had never married and women who had attended at least secondary school were more likely to have delayed sexual intercourse. Although nearly all women reported having had sex by age 20, less than half (44%) of 15-19 year old women had ever used contraception. This indicates the need to increase access to family planning services among young adolescents, many of whom are at risk of pregnancy.

Table 2-30: Age at first sexual intercourse

Percentage of women age 15-49 who had first sexual intercourse by specific exact ages, percentage who never had intercourse, and median age at first intercourse, according to background characteristics

Background characteristic	Percentage who had first sexual intercourse by exact age					Percentage who never had intercourse	Number of women age 15-49	Median age at first intercourse
	15	18	20	22	25			
Age								
15-19	42.9	N/A	N/A	N/A	N/A	23.0	222	15.3
20-24	43.5	92.8	99.0	N/A	N/A	1.0	211	15.3
25-29	40.9	89.3	98.1	98.1	99.5	0.0	241	15.4
30-34	40.9	87.0	96.2	98.1	98.6	<1.0	230	15.7
35-39	38.6	81.0	96.2	98.7	99.4	<1.0	171	16.1
40-44	41.5	77.2	91.1	96.8	99.2	0.0	131	15.7
45-49	30.9	74.8	87.8	94.3	98.4	<1.0	138	16.3
Marital status								
Never married	25.7	79.6	95.1	96.4	98.2	26.1	203	16.1
Married	45.9	86.9	95.9	99.2	99.2	0.0	185	15.3
Living together	43.5	88.4	96.3	98.2	99.1	<1.0	719	15.4
Divorced/ Separated/ Widowed	41.4	83.5	95.4	98.3	100.0	0.0	237	15.7
Education Level								
Primary	39.2	86.8	96.9	99.1	99.7	3.6	797	15.6
Secondary or higher	26.0	85.2	93.6	96.4	98.1	10.8	204	16.1
No education/ Missing	53.5	85.2	94.7	96.8	98.6	1.5	343	14.9
Province								
Cabo Delgado	78.0	94.3	100.0	NA	NA	1.0	239	13.8
Inhambane	52.3	95.8	98.1	98.1	98.8	2.9	244	14.9
Gaza	34.1	83.8	95.3	98.1	99.2	5.2	698	15.9
Maputo Province	19.6	74.8	91.2	96.6	98.6	6.8	163	16.8
Total	40.4	86.1	95.8	98.1	99.2	4.2	1,344	15.5

Few respondents (n=37) reported risky sexual behavior (having multiple partners in the past year). Among those women, most of them did not report condom use at last sex (data not shown).

Fertility Preferences and Unmet Need for Family Planning

The ESD -FPI aims to increase access to family planning services to meet the needs of women in achieving their fertility intentions. . In particular, the project aims to serve women with unmet need for family planning. These are women who would like to delay a next birth for at least 2 years or do not want to have any more children, but are not currently using a contraceptive method. To determine women’s need for family planning, we asked a standard series of questions about their fertility intentions, pregnancy status, contraceptive use, and fecundity. In general, unmet need calculations include women who are currently pregnant. However, pregnant women were excluded from this analysis because the information required to assess whether the current pregnancy was wanted was not collected.

One third of all women interviewed did not want another child (Figure 2-2), and one quarter wanted to wait at least 2 years before getting pregnant. Others wanted to get pregnant at some point in the future but were not sure when, and others were undecided about future pregnancies. These women are classified as having a need for family planning. Almost one quarter of women wanted to get pregnant within the next two years so they do not have a need for family planning. .

Figure 2-2: Desired fertility

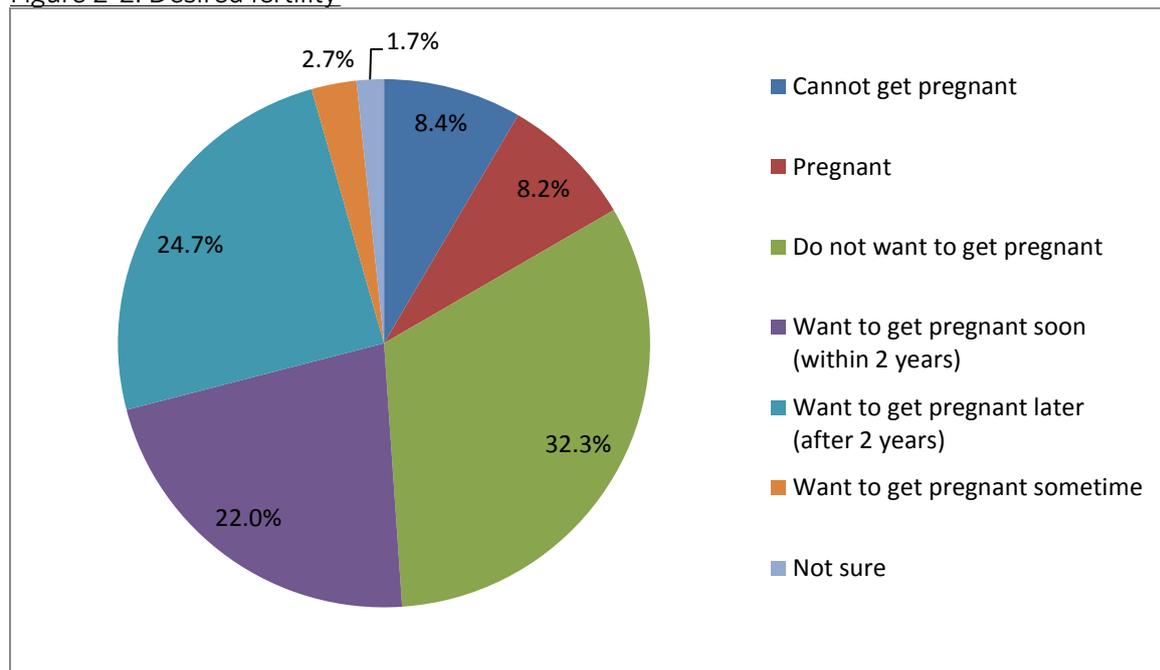


Table 2-31 summarizes unmet need for family planning among the survey population. Among women aged 15–49 who are currently in marital union (married or with partner) and not pregnant, 30.8% reported either that they did not want any more children or that they wanted to space their next birth but were not currently using a contraceptive method. Overall, less than half of the total demand for family planning is being met in the project areas. Unmet need is lower among women with secondary education, and was also lower in Cabo Delgado and Maputo than in the other provinces. In the case of Cabo Delgado, where unmet need is low, this likely reflects limited demand for family planning; 40.8% of respondents in Cabo Delgado reported that they wanted to become pregnant within the next two years (results not shown). In the case of Maputo, it likely reflects better access to family planning services.

The unmet need for limiting future births (18.2%) is higher than the unmet need for spacing births (12.6%). This is a trend that has increasingly been seen in other African countries, as women’s fertility preferences shift.

Table 2-31: Need for family planning
Percentage of currently married women age 15–49 with unmet need for family planning, percentage with met need for family planning, and total demand for family planning, by background characteristic

Background characteristic	Unmet need for family planning			Met need for family planning			Number of women currently married
	For spacing	For limiting	Total	For spacing	For limiting	Total	
Age							
15–19	21.3	0.0	21.3	12.4	4.6	16.9	95
20–24	19.7	7.8	27.5	21.0	3.6	24.6	150
25–29	14.6	12.7	27.3	18.4	10.8	29.2	195
30–34	11.1	11.7	22.8	17.4	15.3	32.6	187
35–39	11.5	27.3	38.8	6.8	24.2	31.0	134
40–44	4.2	31.8	36.1	4.2	22.4	26.7	94
45–49	0.5	49.1	49.6	0.0	13.7	13.7	90
Education Level							
No education/ Missing	11.8	25.1	36.9	8.0	5.4	13.3	273
Primary	13.1	16.2	29.3	11.8	17.2	29.0	570
Secondary or higher	11.4	5.5	16.9	37.3	15.2	52.5	102
Province							
Cabo Delgado	12.1	15.8	27.9	8.2	3.3	11.5	216
Inhambane	10.8	19.5	30.3	12.8	14.8	27.5	186
Gaza	16.0	21.9	37.9	14.6	17.6	32.2	445
Maputo Province	8.2	15.9	24.1	20.2	27.1	47.4	98
Total	12.6	18.2	30.8	12.7	13.1	25.9	945

Another measure of women’s need for family planning is whether a woman would consider an unplanned pregnancy to be a problem. Among women who were currently in marital union and not pregnant, a third reported that they would find an unwanted pregnancy a “big problem.” This percentage increased to nearly 50% among women in their late forties. . Having access to contraceptive methods would be a vital tool for women in avoiding unplanned pregnancies.

Table 2-32: Perception of unwanted pregnancy
Percent distribution of women age 15–49 who are in union and not pregnant, who would find an unplanned pregnancy a big, small, or not a problem, and who cannot get pregnant, according to background characteristics

Background characteristic	If you found yourself to be pregnant in the last few weeks, the unplanned pregnancy would be a...				Cannot get pregnant/ not sexually active	Wants a child soon	Missing	Number of women
	Big problem	Small problem	Not a problem	Don't know				
Age								
15–19	23.5	7.6	3.2	2.2	8.0	45.5	10.0	94
20–24	21.4	7.5	8.0	0.7	10.5	39.4	12.5	124
25–29	28.9	7.4	11.2	1.3	8.7	33.3	9.2	158
30–34	28.7	6.6	14.1	1.0	5.7	34.1	9.8	144
35–39	42.2	9.2	7.8	2.4	6.1	22.8	9.5	125
40–44	44.0	6.7	7.6	5.0	2.5	15.8	18.5	101
45–49	48.3	7.0	10.8	2.0	4.2	14.1	13.7	98
Education Level								
No education/ Missing	34.4	3.8	9.7	2.5	7.0	31.8	10.8	279
Primary	32.6	8.9	8.1	1.9	7.3	29.2	12.0	494
Secondary or higher	32.5	11.3	17.2	0.0	1.6	26.0	11.4	71
Province								
Cabo Delgado	22.8	5.2	2.9	0.7	10.2	45.6	12.5	331
Inhambane	41.7	16.7	8.7	2.6	0.0	19.4	10.9	99
Gaza	36.6	7.6	17.9	4.1	7.1	19.7	6.9	276
Maputo Province	45.2	5.7	8.3	0.0	2.4	19.6	18.8	138
Total	33.2	7.4	9.4	1.9	6.7	29.8	11.5	844

The survey asked married women aged 15–49 who were not pregnant and not using contraception, if they would consider using contraception in the future and if so, what contraceptive method they would prefer to use. Almost 40% of women not currently using contraception would consider using a method in the future. (Table 2-33). Among those who would use a method in the future, injectables and condoms were the most commonly mentioned methods.

Table 2-33: Preferred method of contraception

Percent distribution of currently married women age 15–49 who not pregnant and not currently using a contraceptive method, by preferred method and whether they would consider contraception, according to select background characteristics

Background characteristic	Women who are considering using FP in the future							Not sure	Missing	Number of women	
	Any method	LTPM	Injectables	Pills	Condoms	Other methods	Not considering sure				
Age											
15–19	37.1	0.0	18.6	17.4	1.1	0.0	1.1	27.0	27.1	7.6	65
20–24	55.6	4.8	26.2	22.3	2.3	0.0	1.8	22.1	15.5	5.0	80
25–29	42.3	0.3	14.5	22.6	2.3	2.6	0.8	28.8	17.4	10.7	96
30–34	38.0	0.0	24.1	13.4	0.5	0.0	0.9	33.8	14.6	12.7	83
35–39	48.8	4.8	20.7	19.1	0.5	3.7	1.8	30.3	11.1	8.1	79
40–44	31.0	0.0	23.3	6.7	0.3	0.7	0.0	39.7	7.2	22.1	64
45–49	13.8	0.0	4.7	9.1	0.0	0.0	0.0	60.2	15.4	10.5	81
Education Level											
No education/											
Missing	25.2	0.2	13.5	8.8	0.9	1.8	1.5	43.5	18.0	11.9	219
Primary	45.7	2.3	21.6	19.9	1.3	0.6	0.6	29.8	15.0	8.9	303
Secondary or higher	64.2	2.6	27.0	34.6	0.0	0.0	0.0	13.8	0.0	22.0	26
Province											
Cabo Delgado	20.5	1.3	13.5	5.7	0.0	0.0	0.0	46.6	19.6	13.3	252
Inhambane	39.6	0.6	24.5	11.8	2.7	0.0	5.1	11.3	36.2	7.9	66
Gaza	54.1	1.0	19.2	31.5	1.3	1.1	1.0	30.4	5.7	8.8	166
Maputo Province	67.2	3.9	31.5	22.8	2.8	6.2	0.0	21.0	3.3	8.5	64
Total	38.4	1.4	18.6	16.2	1.1	1.1	0.9	34.5	15.5	10.7	548

HIV/AIDS Counseling and Testing

HIV counseling and testing is an important reproductive health service. It allows women to better understand their personal risks of HIV, empower themselves with knowledge of how to prevent sexually transmitted diseases like HIV, and to get immediate care when they are infected. It also provides another opportunity for integrating family planning services. Knowledge of where to access HIV/AIDS counseling and testing services is the first step in accessing these services. Table 2-34 shows that the vast majority of women know where to access HIV/AIDS testing services. Among all women, 84.4% identified hospitals as a place to get HIV tests but only 1.0% mentioned one or more non-hospital locations. Again, women with more education had more information. Knowledge varied by province; a larger proportion of women in Inhambane and Cabo Delgado were not able to name a source for testing.

Background characteristic	% of women who know these locations are sites to get HIV test		Do not know where to get HIV test	Number of Women age 15-49
	Hospital	Other		
Age				
15-19	68.5	1.4	30.1	272
20-24	93.6	2.6	3.8	226
25-29	91.0	0.6	8.4	235
30-34	89.4	0.3	10.3	204
35-39	85.1	0.3	14.6	178
40-44	83.4	0.3	16.3	153
45-49	82.3	0.6	17.1	151
Marital status				
Never married	77.8	2.0	20.2	234
Married	82.8	0.0	17.2	239
Living together	86.9	1.1	12.0	689
Divorced/ Separated/ Widowed	85.1	0.6	14.3	257
Education Level				
No education/ Missing	77.7	1.1	21.2	401
Primary	85.8	0.7	13.5	803
Secondary or higher	91.5	1.8	6.7	214
Province				
Cabo Delgado	79.0	0.0	21.0	463
Inhambane	79.2	0.1	20.7	173
Gaza	86.0	2.4	11.6	494
Maputo Province	93.4	0.5	6.1	289
Total	84.4	1.0	14.6	1,419

The ESD - FPI aims to further integrate family planning services with already established healthcare services, such as HIV/AIDS counseling and testing services. Thus, it is important to note coverage of HIV/AIDS counseling and testing services in the provinces where the study will work, and the baseline integration of family planning services.

As Table 2-35 shows, out of all the female respondents who completed the survey, more than half (60.2%) had taken an HIV test at least once in their lives. However, only 40.4% of women age 15-19 had tested for HIV, highlighting a need for outreach and increased utilization of HIV/AIDS services within this age group that is going through sexual debut.

During HIV/AIDS testing, 50.4% of women were counseled on HIV/AIDS prevention but only 28.7% were counseled on family planning, showing the potential for greater integration of family planning within HIV/AIDS counseling and testing.

Table 2-35: Coverage of HIV testing

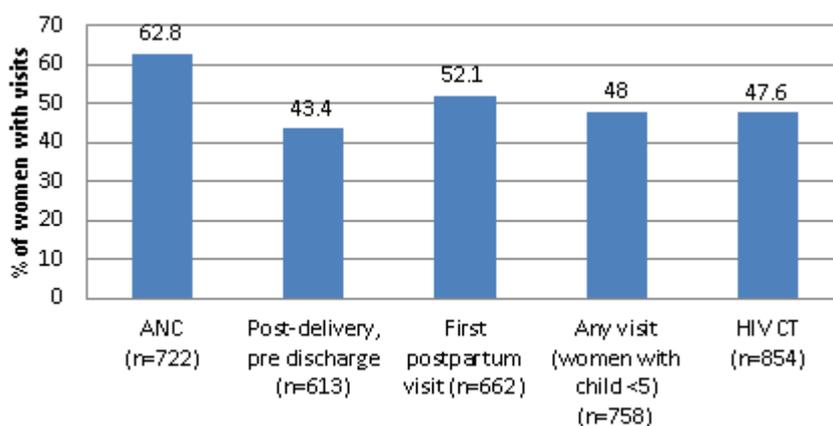
Percent distribution of women age 15-49 by timing of last test, whether they were counseled on HIV/AIDS prevention and family planning, and whether they received the results of the last test, according to background characteristics

Background characteristic	Have tested for HIV at least once and						Received results		Ever tested	Number of women
	Last test was:			During testing, was counseled on...		Yes	No			
	< 12 months	1-2 years	> 2 years	HIV/AIDS prevention	Family planning					
Age										
15-19	27.0	11.7	1.7	31.6	16.2	38.2	1.7	40.4	272	
20-24	47.2	20.4	9.1	63.4	31.3	71.8	3.7	77.3	226	
25-29	46.5	18.9	8.9	61.2	32.6	69.5	3.8	74.3	235	
30-34	44.6	10.3	18.5	67.4	38.3	70.7	2.7	73.7	204	
35-39	29.7	28.0	12.6	61.4	46.3	64.8	3.1	70.3	178	
40-44	18.7	13.9	10.9	36.3	21.8	39.7	1.7	43.4	153	
45-49	18.2	4.4	13.0	26.3	14.0	35.4	0.2	35.5	151	
Marital status										
Never married	27.5	13.0	3.3	34.2	19.2	43.6	0.3	44.3	234	
Married	36.7	12.2	11.4	50.9	23.9	58.9	0.5	60.6	239	
Living together	38.2	16.1	10.4	53.2	33.2	58.8	4.7	64.7	689	
Divorced/ Separated/ Widowed	28.9	19.7	13.8	57.2	29.7	60.6	0.5	62.4	257	
Education Level										
No education/ Missing	29.7	12.4	7.9	45.1	25.0	47.2	2.1	50.0	401	
Primary	35.1	16.1	11.5	52.3	30.0	58.7	3.1	62.9	803	
Secondary or higher	41.0	19.5	8.3	53.1	30.3	66.2	1.3	69.4	214	
Province										
Cabo Delgado	17.2	18.7	10.4	42.4	23.3	40.4	5.1	46.3	463	
Inhambane	32.3	11.4	5.3	43.6	28.9	48.4	0.3	49.1	173	
Gaza	45.1	14.4	7.9	60.4	32.8	65.5	0.8	67.5	494	
Maputo Province	45.4	15.2	15.8	50.1	30.1	72.3	2.7	76.8	289	
Total	34.5	15.6	10.0	50.4	28.7	56.6	2.5	60.2	1,419	

Conclusion

The results of this baseline survey suggest that in the ESD – FPI project areas, use of maternal health services is relatively high, although it varies by characteristic of the respondents and by province. Coverage of HIV testing lags behind maternal health services but HIV testing has reached 60% of the women of reproductive age. Despite this, only 26% of women are using contraception and 31% of women have an unmet need for contraception. Helping these women to meet their reproductive goals is a priority for the ESD – FPI and the results point to the potential for integration as a way to increase use of contraception. Less than half of all women reported receiving family planning counseling at the time of other services (Figure 3-1) and this highlights a missed opportunity. Of course other barriers to contraceptive use need to be addressed including partner disapproval in some areas but over 60% of the household heads interviewed approved of family planning which suggests that there is some support and this can be further developed.

Figure 3-1: Proportion of women counseled on family planning during health visits, by service



These results provide a baseline against which the project’s achievements will be assessed but they also provide guidance on how to target the project, for example, it shows the importance of reaching women with less education and of reaching young women who have just begun their sexual lives but are not being reached by existing services. The project is already hard at work addressing many of these issues and we anticipate improvements in the key outcome indicators by the time that the project comes to a close.

Annex A: List of People Involved in the ESD—FPI Baseline Survey

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