



# Extending Service Delivery – Family Planning Initiative (ESD – FPI)

Endline Survey Report

October 2014

**esd**  
family planning initiative

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## List of Abbreviations

ANC	Antenatal care
CHW	Community health worker
EA	Enumeration area
ESD – FPI	Extending Service Delivery – Family Planning Initiative
FP	Family planning
INE	Instituto Nacional de Estadísticas (National Institute of Statistics)
IUD	Intrauterine device
LAM	Lactational amenorrhea method
LAPM	Long acting and permanent methods
PP	Postpartum
PPS	Probability proportional to size
PSU	Primary sampling unit

## Executive Summary

The Extending Service Delivery – Family Planning Initiative (ESD – FPI) conducted representative surveys of 1,419 women aged 15–49 at baseline (2011) and 1,578 women aged 15–49 at endline (2014), in the 16 districts of 4 provinces where the project worked. The surveys were designed to produce overall estimates for the project area for key outcome indicators (contraceptive prevalence, partner acceptance of RH practices, etc.), as well as provide information on exposure to project interventions, particularly integration of FP with primary health services including HIV. Data were collected on women’s characteristics; reproductive history; use of antenatal, delivery and postpartum care; knowledge and use of contraceptive methods; marriage and sexual activity; fertility preferences; knowledge and perceptions of HIV/AIDS; and exposure to project interventions. The surveys were conducted by Pathfinder International in collaboration with the National Statistics Institute (INE) and were approved by the Bioethics Committee of the Ministry of Health. Financial support for the surveys was provided by the U.S. Agency for International Development (USAID/Mozambique) through the ESD – FPI.

The results of the baseline and endline surveys reinforce the potential for integration as a means to increase awareness, acceptability and use of contraception. The proportion of women receiving family planning counseling in maternal and child health services increased across the board: at a health visit for themselves or their child (from 48.4% at baseline to 58.2% at endline,  $p=0.013$ ), within ANC services (from 63.5% at baseline to 72.8% at endline,  $p=0.016$ ), within maternity services (from 51.9% at baseline to 63.9% at endline,  $p=0.017$ ), and within postpartum services (from 52.5% at baseline to 62.8% at endline,  $p=0.016$ ). Uptake of family planning methods within delivery and postpartum services remained low, indicating a missed opportunity for immediate postpartum uptake of contraception. Overall use of maternal health services in ESD-FPI areas remained high at endline, with 97.7% of women with a birth in the past 5 years having used ANC, 75.7% delivering in a facility, and 93.4% receiving postpartum care. Coverage of HIV testing has improved, with 72.2% of women at endline having ever been tested and received their result compared to 56.6% at baseline ( $p<0.001$ ). The percent of women who received family planning counseling concurrently with HIV testing also increased from 28.7% at baseline to 44.0% at endline ( $p<0.001$ ).

The survey findings also indicate improved attitudes toward family planning and RH among partners and household members. The percent of women in union who believed their partners approved of contraception increased from 52.3% to 63.0% at endline ( $p=0.009$ ), and partner approval of ANC increased from 93.0% at baseline to 96.4% at endline ( $p=0.029$ ). The proportion of household heads that approve of family planning increased from 64.8% to 79.3% ( $p<0.001$ ), driven mostly by an increase among male household heads (from 59% at baseline to 77% at endline).

The ESD-FPI community strategy included household visits by community health workers (CHWs) as well as other community-based activities. The survey findings show that the percent of women having contact with a CHW in the past year who discussed family planning remained constant from baseline to endline at 14.7%. The endline survey results indicated some exposure to other community-level interventions, with 10.8% of women participating in mobile brigades in the past 6 months and 18.9% participating in community events in the last 12 months (exposure to these interventions was not assessed at baseline).

The ESD-FPI adolescent and youth strategy – geared towards young people 10-24 – aimed to strengthen high-quality integrated contraceptive and other SRH services for young people, increase demand for those services through community empowerment and mobilization, and foster linkages between the community system and the health system. The endline survey findings showed that 6.2% (n=37) of young women aged <25 went to a youth-friendly services center in the last 12 months. This may reflect the national government’s strategy to integrate youth-tailored services into existing health facilities (which are not specifically designated as YFS), while continuing to invest in a limited number of stand-alone YFS centers. ESD-FPI supported 1-2 standalone YFS per province to serve as a center of excellence and a reference point for young people within that province; Inhambane received the most support in this regard, which may have contributed to the higher uptake of YFS in that province (20.4%). Considering the large population of adolescents and youth in Mozambique, there remains a clear need to increase young people’s access to contraception and increase their ability to demand services that are respectful of their rights and unique needs.

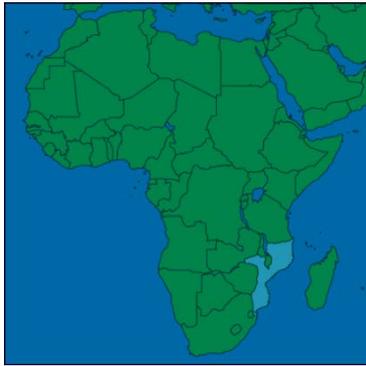
The survey findings indicate that ESD-FPI’s collective interventions have successfully contributed to increasing use of contraception among women in project areas. The proportion of women in union aged 15-49 who are using a modern contraceptive method increased from 24.1% at baseline to 35.1% at endline (p=0.004), and the proportion using any method of contraception increased from 25.9% at baseline to 41.5% at endline (p<0.001). The prevalence of implant use (2.5%) at endline is notable, as implants were only recently introduced in Mozambique (2012), and stock outs had been reported. Increases in modern contraceptive use were most notable among women in union with no education (from 11.5% at baseline to 27.8% at endline, p<0.001) and primary education (from 27.0% at baseline to 35.4% at endline, p=0.073). As the project supported increased access to FP services through public health facilities, it may have contributed to increasing access among women who are more socioeconomically vulnerable. The findings also indicate that unmet need for family planning has decreased from 30.8% at baseline to 24.1% at endline (p=0.031) and a greater proportion of the total demand for family planning is being met (from 45.7% at baseline to 63.4% at endline). This is an encouraging sign that demand for family planning is growing in project communities and is increasingly being met through provision of contraceptive services.

<b>Key ESD-FPI Indicators</b>	<b>Baseline 2011 % (sample size)</b>	<b>Endline 2014 % (sample size)</b>	<b>P value+</b>
<b>Contraception, unmet need and exposure to FP interventions</b>			
Percent of women in union (married or living with a partner) aged 15-49 who are currently using any contraceptive method	25.9 (n=945)	41.5 (n=1068)	<0.001
Percent of women in union age 15-49 who are currently using a modern contraceptive method	24.1 (n=945)	35.1 (n=1068)	0.004
Percent of women in union aged 15–49 with an unmet need for family planning	30.8 (n=945)	24.1 (n=1068)	0.031
Percent of women aged 15-49 with a birth in the last 5 years who had a health visit for themselves or their child in the past 12 months in which they received counseling on family planning	48.4 (n=741)	58.2 (n=853)	0.013
Percent of women aged 15-49 who were visited by CHWs that discussed family planning in the last 12 months	14.7 (n=1419)	14.7 (n=1575)	0.993
<b>Partner and household approval of FP/RH practices</b>			

Percent of women aged 15–49 with a birth in the last 5 years and at least one ANC visit who said their partner approved of ANC	93.0 (n=722)	96.4 (n=839)	0.029
Percent of women in union aged 15–49 who said their partner approves of using a contraceptive method	52.3 (n=945)	63.0 (n=1068)	0.009
Percent of household heads who accept family planning as a method to avoid pregnancy	64.8 (n=1519)	79.3 (n=1621)	<0.001
<b>Antenatal Care</b>			
Percent of women aged 15–49 with a birth in the last 5 years who had 4 or more ANC visits	61.4 (n=739)	68.6 (n=853)	0.048
Percent of women aged 15–49 with a birth in the last 5 years and at least one ANC visit who were counseled on HIV and offered testing during ANC	82.1 (n=722)	95.3 (n=839)	<0.001
Percent of women aged 15–49 with a birth in the last 5 years and at least one ANC visit who were counseled on FP during ANC	63.5 (n=722)	72.8 (n=839)	0.016
<b>Delivery and Postpartum</b>			
Percent of women aged 15–49 with a birth in the last 5 years who delivered in a health facility	67.1 (n=739)	75.7 (n=853)	0.195
Percent of women aged 15–49 with a birth in the last 5 years at a health facility who received FP counseling after delivery	51.9 (n=562)	63.9 (n=673)	0.017
Percent of women aged 15–49 with a birth in the last 5 years at a health facility who received a contraceptive method after delivery	18.0 (n=562)	6.2 (n=673)	<0.001
Percent of women age 15–49 with a birth in the past 5 years who had a postpartum visit	86.7 (n=741)	93.4 (n=853)	0.018
Percent of women age 15–49 with a birth in the past 5 years and at least one postpartum visit who were counseled on FP during PP care	52.5 (n=664)	62.8 (n=803)	0.016
Percent of women age 15–49 with a birth in the past 5 years and at least one postpartum visit who received a contraceptive method in the PP visit	13.8 (n=664)	5.1 (n=803)	<0.001
<b>HIV</b>			
Percent of women age 15–49 who ever had an HIV test and received their results	56.6 (n=1419)	72.2 (n=1575)	<0.001
Percent of women age 15–49 who received FP counseling during HIV test	28.7 (n=1419)	44.0 (n=1575)	<0.001
Percent of women age 15–49 with a non-regular (non-marital, non-cohabiting) partner who used a condom at last sex with that partner in the past 12 months	39.3 (n=196)	29.0 (n=234)	0.154

+ p values from regression using survey commands in STATA to account for clustered nature of data. p<0.05 is considered statistically significant.

## Section 1: Background



Mozambique is a low-income country located in south east Africa. After 16 years of civil war which ended in 1992, the country has seen rapid economic growth. For example, from 1997 to 2009, economic growth averaged 8.4% per year (GOM, 2010), and the annual GDP growth rate remained at 7% through 2012 (World Bank 2014). However, the country is ranked 185<sup>th</sup> of 187 countries on the human development index (UNDP, 2013) and as of 2008, approximately 60% of the population live on less than US\$1.25 a day (World Bank 2014). Mozambique has experienced rapid population growth, with the total population increasing from 16.1 million in 1997 to an estimated 25.0 million in 2014 (INE, 2014). 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). While antenatal care during pregnancy is nearly universal (90.6% of women attend at least one visit), only 54.8% of women deliver in a facility (INE 2012). The total fertility rate has increased from 5.2 births per woman in 1997 to 5.5 in 2003 and 5.9 in 2011. Years of national underinvestment in contraception and a paucity of donor-funded contraception programs have contributed to a low and declining national CPR (from 14% in 2003 to 12% in 2011), and growing unmet need for contraception (increasing from 18% in 2003 to 29% in 2011) (INE 2012). The need for HIV services is also high. Recent data suggest that the national prevalence of HIV is 11.1%, varying from a low of 3.3% in Niassa province to a high of 29.9% in Gaza province (INS, 2010).

The ESD Family Planning Initiative (ESD – FPI) was a four-year project funded by the United States Agency for International Development from 2010-2014 to enhance the use of family planning and HIV services in four provinces (Cabo Delgado, Gaza, Inhambane, and Maputo Province). The project was 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, ESD – FPI worked with health facilities, pre-service institutes, 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 aimed to minimize costs and maximize opportunities to reach men and women with family planning services.

### Objectives of the Survey

The baseline and endline surveys conducted by ESD – FPI in 2011 and 2014, respectively, will enable the project to understand whether health outcomes have improved among the target population of women of reproductive age 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 objective of the endline survey was to assess changes from baseline in the use of facility-based services, the coverage of community-based services, and knowledge, attitudes and practices about family planning among the target population.

## Organization and Methodology of the Survey

### Sample design

The baseline and endline surveys were conducted in 16 districts in the 4 provinces covered by the project (*Cabo Delgado*: Cidade de Pemba, Balama, Chiure, Montepuez, Namuno and Ancuabe; *Inhambane*: Cidade de Inhambane, Zavala, and Massinga; *Gaza*<sup>1</sup>: Cidade de Xai Xai, Bilene, Chibuto, Chokwe, Manjacaze, and distrito de Xai Xai; *Maputo province*: Matola). The unit of analysis for the baseline and endline surveys was the households and the women of reproductive age (15 to 49 years) who live in those households in the project districts. Following the sampling strategy described in Annex A, a baseline sample of 1,586 households and 1,429 women aged 15–49 years was selected, and an endline sample of 1,657 households and 1,588 women aged 15–49 years was selected. Each sample was proportionally distributed in the urban and rural strata of each province in the selected enumeration areas.

### Survey instruments

Two questionnaires were used for data collection at baseline and endline: a household questionnaire and woman's questionnaire. The household questionnaire included information about the residents of the household, indicators of wealth, and four questions on the household head's knowledge of family planning. It 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. The questionnaire was adapted slightly at endline to add questions on exposure to project interventions and calculate unmet need per the standard DHS definition. Women were asked about 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; and exposure to project interventions (endline only).

### Training of field staff

The ESD—FPI recruited and trained field staff to serve as interviewers, field editors and supervisors for the baseline and endline surveys. 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. The interviewer trainings were held in Maputo and consisted of 30 participants at baseline (June 13-24, 2011) and 25 participants at endline (February 24 - March 5, 2014). ESD—FPI monitoring and evaluation staff and experienced trainers from INE conducted the trainings which included lectures, presentations, practical demonstrations, practice interviewing in small groups and field practice. Supervisors and field editors were selected based on an assessment administered on the last day of training and observations during the training, and received an additional 2 days of training to increase their knowledge of their responsibilities and the team's role.

### Fieldwork

The baseline survey fieldwork was conducted from July 1-31, 2011 by five teams of 4 interviewers, a field editor, a field supervisor and a driver, and the endline survey fieldwork was conducted from March 13-April 7, 2014 by four teams of 4 interviewers, a field editor, a field supervisor and a driver.

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<sup>1</sup> Gaza province was oversampled in the 2011 baseline survey in order to provide endline estimates for another project; the final weighted baseline data accounted for that oversampling. Gaza province was not oversampled for the endline survey.

Before field work began in any area, the local authorities were contacted. Approvals were 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. Additional supervision of fieldwork was coordinated from the Pathfinder International office in Maputo, with the ESD–FP initiative team visiting survey teams regularly during the field work and maintaining close contact through daily phone calls to assess progress and to discuss any challenges faced. Once data collection was complete in a cluster, data were sent to the appropriate Pathfinder International provincial office and 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.

### **Data processing**

Data processing for the baseline and endline surveys 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 5.0 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. Baseline survey data entry was completed in August 2011, and endline survey data entry was completed in May 2014.

### **Analysis**

The baseline survey analysis was conducted using SAS for Windows, Version 9.1.3 Service Pack 4. Copyright © 2002–2003 by SAS Institute Inc., and the endline survey analysis was conducted using Stata, Release 11, Copyright © 2009 StataCorp LP. For both analyses, we used the survey commands to take into account stratification and clustering, and data were weighted using the inverse of the probability of selection. Regression analyses using the survey commands were conducted on a merged baseline-endline database to determine significant differences between baseline and endline values for key indicators. Certain weighted analyses are not possible using SAS or Stata; therefore some estimates (e.g., median age at first sex) were produced using un-weighted data and do not take into account the clustered nature of the data. Since the survey was not designed to produce provincial estimates, the provincial data included in this report are not precise estimates for each province but do allow for a relative comparison of the findings.

### **Sources of error**

The survey questionnaires were printed in Portuguese because most of the local languages 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, so the listings were done by the study teams. Interviewers were trained to include all households in the listing, 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.

## Section 2: Results

### Characteristics of Respondents

Table 2-1 summarizes the demographic characteristics of women interviewed in the baseline and endline surveys (see Annex B for response rates and household characteristics). Respondents were similar in the two surveys. Their mean ages were 29.9 years (95% CI: 29.0, 30.8) at baseline and 28.5 years (95% CI: 27.7, 29.3) at endline. The majority of women were married or living with a non-marital partner (65.4% at baseline, 68.1% at endline); the percent living with a partner was higher at endline ( $p < 0.05$ ). One third of women were Catholic and the remains were predominantly Protestant, Zionist or Muslim. The majority of women (nearly 60%) had primary schooling only; a greater proportion of women at endline had secondary education or higher ( $p < 0.05$ ).

Table 2-1: Background characteristics of respondents

Percent distribution of women age 15–49 by background characteristics, ESD-FPI baseline survey (2011) and endline survey (2014)

Background characteristic	Baseline % (weighted)	Baseline # (weighted)	Endline % (weighted)	Endline # (weighted)
<b>Age</b>				
15–19	19.2	272	23.6	301
20–24	16.0	226	17.9	270
25–29	16.5	235	14.7	247
30–34	14.3	204	15.4	264
35–39	12.6	178	11.2	207
40–44	10.8	153	9.1	144
45–49	10.6	152	8.2	142
<b>Marital status</b>				
Never married	16.5	234	17.0	252
Married	16.8	238	13.1	177
Living together	48.6	689	55.0*	891
Divorced/ Separated/ Widowed	18.1	257	14.9	255
<b>Religion</b>				
Catholic	29.1	413	29.8	449
Protestant	23.7	338	23.3	341
Zionist	18.4	260	19.8	384
Muslim	15.6	222	15.5	195
Other	8.4	119	6.2	127
None	4.7	67	5.2	74
<b>Education Level</b>				
No education	28.3	402	21.0	345
Primary	56.6	804	56.3	863
Secondary or higher	15.1	214	22.7*	366
<b>Native Language</b>				
Portuguese	5.0	71	4.6	85
Emakhuwa	32.6	463	34.6	409
Xichangana	42.3	601	41.4	592
Other/ Missing	20.0	286	19.4	489
<b>Province</b>				
Cabo Delgado	32.6	463	31.7	499
Inhambane	12.2	173	13.9	219
Gaza	34.8	494	36.2	570
Maputo Province	20.4	289	18.2	287
<b>Total</b>	<b>100.0</b>	<b>1,419</b>	<b>100.0</b>	<b>1,575</b>

P values from regression using survey commands to account for clustered nature of data; significance levels denoted by \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$

In a generalized HIV epidemic such as that in Mozambique, women who are in marital union (married or living with a partner) are the most in need of family planning and HIV services. Table 2-2 shows women’s relationship status and living arrangements. The majority of women (58.0% at baseline and 53.1% at endline) were currently in union – either married or living with their partner. At endline, the proportion of women in union but not living with their partner was twice as high.

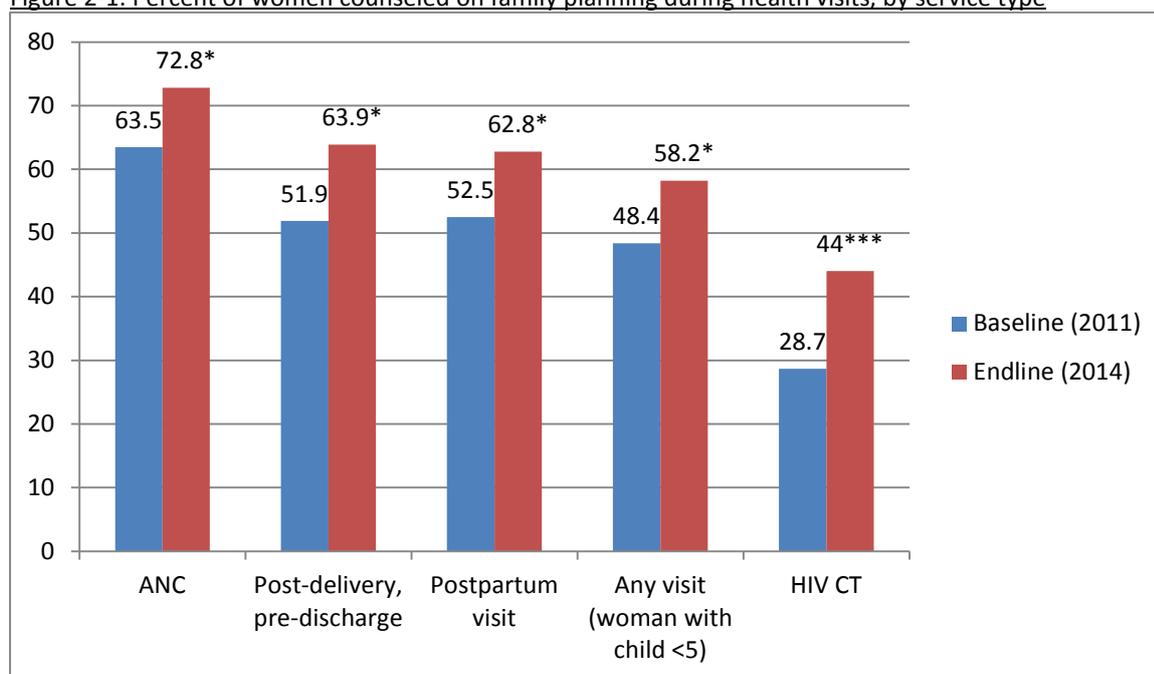
	Baseline % of women 15-49	Endline % of women 15–49
<b>In Union</b>		
Married or living with partner	58.0	53.1
Not living with partner	7.2	14.9
<b>Not in union</b>	34.6	31.9
<b>Missing</b>	0.2	0.1
Number of women 15–49	1,419	1,575

The following tables present results from the endline survey, with comparison to baseline values in the text. The full baseline survey tables are available in the ESD-FPI baseline survey report (<http://www.pathfinder.org/publications-tools/extending-service-delivery-family-planning-initiative-baseline-report.html>).

## Integration of Family Planning with General Health, Maternal Health, and HIV Counseling & Testing Services

The survey findings indicate that ESD-FPI has helped improve integration of family planning counseling/services in ANC, delivery, postpartum and HIV services (Figure 2-1), highlighting to the potential for integration as a way to increase use of contraception.

Figure 2-1: Percent of women counseled on family planning during health visits, by service type



\* p<0.05, \*\* p<0.01, \*\*\*p<0.001

## Exposure to family planning messages in general health service visits

Table 2-3 summarizes whether women aged 15–49 who gave birth in the last 5 years had health appointments for themselves or for their child in the last 12 months, and if so, whether they had family planning consultations during the visit. There were 853 survey respondents with a birth in the past 5 years, the large majority (84.5%) of whom had health appointments for themselves or their child. Almost three-fifths (58.2%) discussed family planning during their visit (compared to 48.4% at baseline,  $p=0.013$ ), indicating that family planning counseling was increasingly available across a range of services. Women aged 25–34 were most likely to have had an appointment in the past 12 months (>80%). Women who live in Maputo Province (Matola) had fewer health appointments and lower rates of family planning consultations when they did have appointments.

**Table 2-3: 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 gave birth in last 5 years
	% counseled on FP	% not counseled on FP		
<b>Age</b>				
15–19	37.9	36.8	25.4	110
20–24	56.7	28.2	15.2	206
25–29	67.5	22.4	10.1	184
30–34	63.5	25.1	11.4	190
35–39	64	18	18.0	104
40–44	68.1	18.4	13.5	50
45–49	*	*	*	9
<b>Marital status</b>				
Never married	62.2	22.2	15.6	71
Married	71.4	15.5	13.1	103
Living together	56.3	29.7	14	561
Divorced/ Separated/ Widowed	49.2	24	26.9	118
<b>Education Level</b>				
No education	61.2	24	14.8	173
Primary	58.3	27.3	14.4	505
Secondary or higher	54.5	25.3	20.2	175
<b>Province</b>				
Cabo Delgado	46	31.9	22	219
Inhambane	68.1	18	13.9	186
Gaza	73	18.7	8.3	349
Maputo Province	33.1	42.9	24	99
<b>Total</b>	<b>58.2</b>	<b>26.3</b>	<b>15.5</b>	<b>853</b>

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed.

## Antenatal care

There are several points of contact that health facilities have with women before, during, and after pregnancy during which family planning and HIV counseling can take place. As Table 2-4 shows, the vast majority (97.7%) of women who gave birth in the last 5 years received ANC care, and approximately two-thirds (68.6%) had four or more ANC consultations as commensurate with WHO standards, compared to 61.4% at baseline ( $p=0.048$ ).

**Table 2-4: 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 a birth in the last 5 years
	None	1	2–3	4+		
<b>Age</b>						
15–19	6.0	1.3	24.2	68.1	0.4	110
20–24	1.3	0.2	26.3	69.2	3.0	206
25–29	1.6	1.5	30.3	62.5	4.2	184
30–34	0.0	0.8	19.2	78.6	1.5	190
35–39	3.0	0.0	28.4	64.7	3.9	104
40–44	4.5	0.0	33.9	56.3	5.4	50
45–49	*	*	*	*	*	9
<b>Marital status</b>						
Never married	0.0	0.0	22.4	77.6	0.0	71
Married	1.8	1.8	24.3	70.7	1.5	103
Living together	2.0	0.4	27.4	67.3	2.9	561
Divorced/ Separated/ Widowed	5.7	1.9	20.6	67.0	4.9	118
<b>Education Level</b>						
No education	3.1	2.5	29.3	61.4	3.7	173
Primary	2.0	0.3	27.2	68.6	2.0	505
Secondary or higher	2.4	0.5	17.0	76.1	4.0	175
<b>Province</b>						
Cabo Delgado	5.4	1.2	40.7	52.8	0.0	219
Inhambane	0.4	2.4	11.8	74.4	11.2	186
Gaza	0.0	0.2	21.1	78.2	0.5	349
Maputo Province	3.3	0.0	13.4	72.6	10.6	99
<b>Total</b>	<b>2.3</b>	<b>0.7</b>	<b>25.7</b>	<b>68.6</b>	<b>2.7</b>	<b>853</b>

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed.

ANC is 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. Of the women who had given birth in the last 5 years and had ANC visits during that pregnancy, nearly all (95.3%) were counseled on HIV and offered HIV testing at that time (Table 2-5), compared to 82.1% at baseline ( $p < 0.001$ ).

**Table 2-5: 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		
<b>Age</b>				
15–19	94.0	3.9	1.8	106
20–24	97.2	0.2	2.6	204
25–29	94.8	2.0	3.2	181
30–34	95.0	1.3	3.7	190
35–39	97.0	0.0	2.3	101
40–44	(90.7)	(6.4)	(2.9)	48
45–49	*	*	*	9

<b>Marital status</b>					
Never married	99.6	0.0	0.4		71
Married	94.2	1.9	3.9		101
Living together	94.9	1.9	3.0		552
Divorced/ Separated/ Widowed	95.5	2.0	2.1		115
<b>Education Level</b>					
No education	92.0	2.1	5.7		167
Primary	95.0	2.1	2.7		498
Secondary or higher	99.6	0.4	0.0		174
<b>Province</b>					
Cabo Delgado	90.3	4.9	4.7		207
Inhambane	93.9	0.7	4.9		185
Gaza	98.2	0.0	1.7		349
Maputo Province	99.1	0.9	0.0		98
<b>Total</b>	<b>95.3</b>	<b>1.8</b>	<b>2.8</b>		<b>839</b>

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed. Values based on samples of 25-49 cases are shown in parentheses.

Table 2-6 describes family planning consultations during antenatal care (ANC) visits, including the methods recommended to women. Of the 839 women who gave birth in the last 5 years and had ANC visits, the majority (72.8%) received family planning counseling during their ANC visits, a significant increase from 63.5% at baseline ( $p=0.016$ ). This indicates that family planning is increasingly integrated in ANC consultations, a result to which the project contributed through training on integration of FP services in MCH, supporting necessary reorganization of services, and mentoring and supervision. Women who were living with their partner were least likely to have received family planning counseling during their ANC visit (49.3%). A specific method was recommended to 51.0% of all women seen for ANC. The pill was the most commonly recommended method (44.6%); no information was available on the type of pill recommended (i.e. progestin-only vs. combined oral contraceptives).

Table 2-6: 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 consult during ANC visit but were not recommended specific method	% who did not receive FP consult during ANC visit	Number of women who gave birth in last 5 years and had ANC visits
	Any Method	LAPM**	Pills	Injectables	Male condoms			
<b>Age</b>								
15–19	39.5	14.8	35.5	29.9	12.5	21.7	37.7	106
20–24	48.0	9.6	39.0	35.1	15.2	23.3	28.6	204
25–29	57.7	14.0	49.2	43.9	13.0	15.5	25.8	181
30–34	54.8	16.9	48.2	40.8	14.0	20.3	24.3	190
35–39	61.0	20.0	44.9	43.9	16.7	26.3	11.7	101
40–44	(60.2)	(13.1)	(51.4)	(53.4)	(13.9)	(20.1)	(19.8)	48
45–49	*	*	*	*	*	*	*	9
<b>Marital status</b>								
Never married	54.0	20.6	47.0	39.9	12.2	23.0	23.0	71
Married	54.8	11.2	34.5	26.2	6.1	19.0	26.1	101
Living together	51.0	15.2	45.3	41.9	10.0	20.6	27.5	552
Divorced/ Separated/ Widowed	50.1	9.0	39.9	38.6	6.8	25.2	24.6	115
<b>Education Level</b>								
No education	54.8	11.0	47.1	40.5	8.7	21.8	22.9	167
Primary	49.6	13.1	40.7	38.6	7.8	21.0	28.6	498
Secondary or higher	55.8	22.1	47.7	38.8	14.5	20.8	23.4	174
<b>Province</b>								
Cabo Delgado	37.1	10.7	25.8	21.9	8.1	17.7	44.7	207
Inhambane	61.8	30.4	57.1	55.4	23.3	32.1	6.1	185
Gaza	58.4	10.4	53.3	48.7	4.9	23.6	18.0	349
Maputo Province	57.7	24.3	41.6	36.1	15.8	12.7	26.2	98
<b>Total</b>	51.7	14.3	43.2	39.0	9.2	21.1	26.6	839

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

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed. Values based on samples of 25-49 cases are shown in parentheses.

## Place of delivery

Among women who gave birth in the past 5 years, the majority (75.7%) had done so at a public or private health facility (Table 2-7), compared 67.1% at baseline ( $p=0.195$ ). One quarter of women had given birth at home. Notably, almost half of women who had no education and half of those living in Cabo Delgado had given birth at home.

**Table 2-7: 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
<b>Age</b>				
15–19	75.2	0.0	24.8	110
20–24	82.7	1.4	15.9	206
25–29	79.4	0.0	20.6	184
30–34	71.9	1.5	26.7	190
35–39	61.6	0.0	38.4	104
40–44	62.5	0.0	37.5	50
45–49	*	*	*	9
<b>Marital status</b>				
Never married	95.8	0.0	4.2	71
Married	51.4	0.0	48.6	103
Living together	78.4	1.0	20.6	561
Divorced/ Separated/ Widowed	72.2	0.0	27.8	118
<b>Education Level</b>				
No education	54.7	0.0	45.3	173
Primary	76.6	1.0	22.5	505
Secondary or higher	90.9	0.2	8.8	175
<b>Province</b>				
Cabo Delgado	48.3	0.0	51.7	219
Inhambane	83.2	0.9	15.9	186
Gaza	89.0	0.0	11.0	349
Maputo Province	91.1	4.1	4.8	99
<b>Total</b>	<b>75.0</b>	<b>0.6</b>	<b>24.3</b>	<b>853</b>

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed.

## Skilled birth attendance

Table 2-8 shows the person providing assistance during delivery for women who had given birth in the last 5 years. Three-quarters (78.2%) of women who had given birth in the last 5 years had skilled birth attendants (doctor/nurse or auxiliary midwife) assist with their most recent delivery, compared to 65.3% at baseline ( $p=0.045$ ). The remainder of women (20.5%) had other attendants including family members and/or traditional birth attendants. This finding may reflect efforts from the government to reduce maternal mortality through a strategy of increasing institutional deliveries, which included increasing availability of trained providers, maternal waiting houses, and bike ambulances, among others.

**Table 2-8: 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

	Person providing assistance during delivery	Percentage	Number of
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Background characteristic	Doctor/ Nurse	Auxiliary Midwife	Other (Family/Friends, TBA)	No one	delivered by a skilled provider	women with a birth in the past 5 years
<b>Age</b>						
15–19	51.4	27.3	21.2	0.2	78.6	110
20–24	56.9	28.7	13.6	0.8	85.6	206
25–29	57.0	24.0	17.3	1.7	81	184
30–34	42.5	32.5	22.7	2.4	75	190
35–39	42.5	25.4	31.0	1.1	67.9	104
40–44	38.0	26.8	35.2	0.0	64.8	50
45–49	*	*	*	*	*	9
<b>Marital status</b>						
Never married	62.6	33.1	3.4	0.9	95.8	71
Married	40.5	14.0	44.9	0.6	54.5	103
Living together	51.7	29.5	17.0	1.8	81.1	561
Divorced/ Separated/ Widowed	46.0	33.8	20.2	0.0	79.8	118
<b>Education Level</b>						
No education	34.8	26.8	36.4	2.1	61.5	173
Primary	51.3	27.5	20.0	1.2	78.8	505
Secondary or higher	62.4	30.9	5.7	1.1	93.2	175
<b>Province</b>						
Cabo Delgado	28.9	24.4	45.7	1.0	53.2	219
Inhambane	41.2	44.3	13.6	0.9	85.5	186
Gaza	65.7	26.7	5.6	2.0	92.4	349
Maputo Province	60.0	29.2	10.2	0.5	89.2	99
<b>Total</b>	<b>50.2</b>	<b>28.0</b>	<b>20.5</b>	<b>1.4</b>	<b>78.2</b>	<b>853</b>

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed.

Among women with a birth in the past 5 years, 673 (75.0%) delivered in a health facility. These women were asked whether they received family planning counseling after delivery but before discharge, and if so, who did the counseling (Table 2-9). 63.9% of women who gave birth at a health facility in the past 5 years were counseled on family planning before discharge, compared to 51.9% at baseline ( $p=0.017$ ). Most were counseled by a doctor or nurse (56.3%).

**Table 2-9: 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 gave birth in last 5 years at a health facility
	Doctor/ Nurse	Auxiliary Midwife	Other		
<b>Age</b>					
15–19	30.7	7.4	0.0	61.9	81
20–24	59.4	5.5	0.2	34.9	177
25–29	64.9	4.2	1.4	29.5	151
30–34	60.3	11.4	0.0	28.4	148
35–39	60.4	7.2	0.0	32.4	76
40–44	(71.7)	(10.5)	(0.0)	(17.8)	35
45–49	*	*	*	*	5
<b>Marital status</b>					
Never married	51.3	10.0	0.0	38.7	67
Married	46.5	10.3	0.0	43.1	61
Living together	59.3	6.6	0.5	33.6	456
Divorced/ Separated/ Widowed	51.7	6.5	0.0	41.8	89
<b>Education Level</b>					

No education	60.7	16.3	1.8	21.2	109
Primary	56.2	5.1	0.1	38.5	403
Secondary or higher	53.8	8	0.0	38.1	161
<b>Province</b>					
Cabo Delgado	29.6	10.6	0.0	59.8	117
Inhambane	36.5	23.8	3.2	36.5	152
Gaza	79.8	1.9	0.0	18.3	308
Maputo	32.0	8.9	0.0	59.1	96
<b>Total</b>	<b>56.3</b>	<b>7.3</b>	<b>0.3</b>	<b>36.1</b>	<b>673</b>

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed. Values based on samples of 25-49 cases are shown in parentheses.

Slightly less than half of women (46.8%) who had a delivery at a health facility received a FP consultation and were recommended a specific contraceptive method (Table 2-10), compared to 40.2% at baseline. The pill was the most commonly recommended method, at 38.2%. Overall, 6.2% of women who had a birth in the past five years at a health facility left the health facility with a contraceptive method (Table 2-11), compared to 18.0% at baseline ( $p < 0.001$ ). Pills were the most commonly received method, followed by injectables. The proportion of women who received a method was lowest among women with no education.

**Table 2-10: 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 consult and was specifically recommended:*					Had FP consult but was not recommended specific FP method	Did not receive FP consult after delivery	Number of women who gave birth in last 5 years at a health facility
	Any Method	LAPM	Pill	Inject-ables	Male condom			
<b>Age</b>								
15–19	26.1	3	17.8	15.9	2.5	12	61.9	81
20–24	45.1	8.5	35.6	36.7	3.6	20	34.9	177
25–29	52.8	12.7	44.4	37.8	6.1	17.7	29.5	151
30–34	55.7	14.9	51.5	47.8	10.1	15.6	28.4	148
35–39	49.5	13.5	30.5	41.7	9.4	18.1	32.4	76
40–44	(66.4)	(9.7)	(60.7)	(48.4)	(3.9)	(15.9)	(17.8)	35
45–49	*	*	*	*	*	*	*	5
<b>Marital status</b>								
Never married	41.5	9.7	34.5	28.4	5.9	19.8	38.7	67
Married	41.4	6.5	15.6	25.2	0.6	15.4	43.1	61
Living together	49.7	11.5	42.8	39.5	6.9	16.6	33.6	456
Divorced/ Separated/ Widowed	39.2	5.9	34.9	33.1	3.8	19	41.8	89
<b>Education Level</b>								
No education	58.5	7.7	50.7	50.0	6.2	19.7	21.2	109
Primary	45.1	8.6	37.5	34.1	3.9	16.3	38.5	403
Secondary or higher	44.3	16.2	32.8	33.7	10.9	17.6	38.1	161
<b>Province</b>								
Cabo Delgado	27.3	3.6	15.3	17.2	2.4	12.9	59.8	117
Inhambane	45.4	24.5	42.6	39.6	19.7	18	36.5	152
Gaza	59.8	8.8	52.6	48.9	2.9	21.9	18.3	308
Maputo Province	33.1	13.2	21.1	19.5	9.7	7.2	59.1	96
<b>Total</b>	<b>46.8</b>	<b>10.2</b>	<b>38.3</b>	<b>36.2</b>	<b>5.8</b>	<b>17.1</b>	<b>36.1</b>	<b>673</b>

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed. Values based on samples of 25-49 cases are shown in parentheses.

**Table 2-11: 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 gave birth in last 5 years at a health facility
	Any Modern Method	LAPM	Pill	Injectables	Male condom			
<b>Age</b>								
15–19	3.1	0.0	1.8	0.7	0.5	35.0	61.9	81
20–24	4.3	1.1	1.2	0.8	1.2	60.8	34.9	177
25–29	9.0	1.2	2.2	3.8	1.7	61.5	29.5	151
30–34	2.5	0.9	1.1	0.5	0.0	69.2	28.4	148
35–39	21.1	1.3	12.9	0.5	3.4	46.5	32.4	76
40–44	(7.6)	(2.6)	(5.0)	(0.0)	(0.0)	(74.6)	(17.8)	35
45–49	*	*	*	*	*	*	*	5
<b>Marital status</b>								
Never married	2.7	0.0	1.0	1.6	0.0	58.7	38.7	67
Married	9.3	0.0	2.5	1.0	3.3	47.6	43.1	61
Living together	7.1	1.4	3.3	1.3	1.1	59.3	33.6	456
Divorced/ Separated/ Widowed	1.5	0.0	0.0	1.5	0.0	56.8	41.8	89
<b>Education Level</b>								
No education	3.6	0.0	2.7	0.9	0.0	75.2	21.2	109
Primary	5.4	1.2	2.1	1.2	0.6	56.1	38.5	403
Secondary or higher	10.2	1.0	4.2	1.8	3.2	51.7	38.1	161
<b>Province</b>								
Cabo Delgado	3.7	0.0	2.8	0.8	0.0	36.5	59.8	117
Inhambane	12.0	5.7	5.1	1.2	0.0	51.5	36.5	152
Gaza	5.8	0.7	2.9	1.6	0.2	75.8	18.3	308
Maputo Province	6.9	0.0	0.0	1.0	5.9	33.9	59.1	96
<b>Total</b>	<b>6.2</b>	<b>1.0</b>	<b>2.6</b>	<b>1.3</b>	<b>1.1</b>	<b>57.7</b>	<b>36.1</b>	<b>673</b>

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

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed. Values based on samples of 25-49 cases are shown in parentheses.

### Postpartum care

Of the 853 women who gave birth in the last 5 years, nearly all (93.4%) had a postpartum visit, increasing from 86.7% at baseline ( $p=0.018$ ). Table 2-12 shows that the majority (84.7%) of postpartum visits occurred 3 or more days after delivery.

**Table 2-12: 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 postpartum care	Number of women with a birth in the past 5 years
	First day	1–2 days	3+ days	Don't know/missing		
<b>Age</b>						
15–19	0.9	4.7	82.8	1.6	10.0	110
20–24	0.0	10.3	83.4	1.1	5.3	206
25–29	0.0	5.4	86.6	1.3	6.7	184
30–34	0.3	7.1	91.5	0.2	0.9	190

35–39	0.0	12.9	81.0	1.1	5.0	104
40–44	0.0	16.6	74.2	2.9	6.3	50
45–49	*	*	*	*	*	9
<b>Marital status</b>						
Never married	2.8	6.2	86.1	0.5	4.4	71
Married	0.0	5.2	86.7	0.0	8.1	103
Living together	0.0	8.1	85.3	1.7	5.0	561
Divorced/ Separated/Widowed	0.0	15.8	78.4	0.0	5.8	118
<b>Education Level</b>						
No education	0.0	11.2	83.0	0.8	5.0	173
Primary	0.1	8.0	85.5	0.8	5.6	505
Secondary or higher	0.9	7.1	83.9	2.5	5.6	175
<b>Province</b>						
Cabo Delgado	0.0	5.1	84.5	0.6	9.8	219
Inhambane	0.0	10.7	85.0	1.2	3.1	186
Gaza	0.5	11.7	82.7	1.7	3.4	349
Maputo Province	0.0	4.4	91.9	0.3	3.3	99
<b>Total</b>	<b>0.2</b>	<b>8.4</b>	<b>84.7</b>	<b>1.1</b>	<b>5.5</b>	<b>853</b>

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed.

Of the 803 women who gave birth in the last 5 years and had at least one postpartum (PP) visit, almost two-thirds (62.8%) received family planning counseling during that postpartum visit (Table 2-13), compared to 52.5% at baseline ( $p=0.016$ ). The majority of the family planning counseling sessions during postpartum visits were conducted by doctors and nurses (58.7%)

Table 2-13: 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 gave birth in last 5 years and had PP visit
	Any Provider	Doctor/ Nurse	Auxiliary Midwife		
<b>Age</b>					
15–19	43.7	40.4	2.9	56.3	98
20–24	63.9	61.7	1.9	36.1	194
25–29	63.6	60.3	1.2	36.4	173
30–34	75.3	69.2	6.1	24.7	186
35–39	61.7	55.0	6.7	38.3	98
40–44	(65.9)	(59.9)	(6.0)	(34.1)	45
45–49	*	*	*	*	9
<b>Marital status</b>					
Never married	72.8	68.0	4.9	27.2	66
Married	62.5	60.7	1.2	37.5	94
Living together	61.7	57.2	3.7	38.3	530
Divorced/ Separated/Widowed	62.2	57.8	4.5	37.8	113
<b>Education Level</b>					
No education	62.0	56.6	5.4	38.0	163
Primary	62.8	59.2	2.9	37.2	476
Secondary or higher	63.4	59.1	3.8	36.6	164
<b>Province</b>					
Cabo Delgado	43.6	39.4	4.2	56.4	193
Inhambane	71.8	50.8	20.1	28.2	179
Gaza	83.8	82.7	0.0	16.2	335

Maputo Province	33.7	32.5	1.2	66.3	96
Total	62.8	58.7	3.5	37.2	803

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed. Values based on samples of 25-49 cases are shown in parentheses.

Among women who had postpartum visits, 45.0% were recommended a specific contraceptive method (Table 2-14). Similar to consultations after delivery, the pill was the most commonly recommended (31.2%) method, followed by injectables (29.6%). Of the women who had a postpartum visit, 5.1% left the visit with a contraceptive method, compared to 13.8% at baseline ( $p < 0.001$ ) (Table 2-15). Most of these women received pills or injectables. There is clearly still opportunity to improve integration of family planning in postpartum services, as this group of women is at risk for pregnancy.

**Table 2-14: 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 consult and was specifically recommended:					Had FP consult but no specific FP method was recommended	Not counseled on FP	Number of women who gave birth in last 5 years and had PP visit
	Any Method	LAPM	Pill	Injectables	Male condom			
<b>Age</b>								
15–19	31.5	3.3	14.7	13.4	3.0	12.3	56.3	98
20–24	43.8	7.2	31.4	31.7	3.2	19.8	36.1	194
25–29	43.1	11.2	38.6	33.4	5.5	18.0	36.4	173
30–34	58.2	12.3	39.9	36.8	8.7	16.7	24.7	186
35–39	42.6	8.8	23.7	31.0	6.5	19.1	38.3	98
40–44	(53.8)	(6.7)	(34.0)	(29.6)	(2.7)	(12.1)	(34.1)	45
45–49	*	*	*	*	*	*	*	9
<b>Marital status</b>								
Never married	48.0	11.4	35.3	29.2	7.6	24.8	27.2	66
Married	41.1	3.6	8.8	14.1	0.3	21.4	37.5	94
Living together	46.1	10.2	36.4	33.8	6.5	14.8	38.3	530
Divorced/ Separated/ Widowed	41.8	4.1	27.7	26.4	2.4	19.4	37.8	113
<b>Education Level</b>								
No education	45.1	6.1	31.3	31.1	5.3	16.9	38.0	163
Primary	46.4	7.1	30.9	28.4	3.3	16.0	37.2	476
Secondary or higher	39.7	16.3	32.1	32.3	11.6	21.3	36.6	164
<b>Province</b>								
Cabo Delgado	30.1	2.3	8.9	10.2	2.0	13.2	56.4	193
Inhambane	42.5	22.4	36.6	34.9	18.7	26.8	28.2	179
Gaza	61.8	8.3	49.1	45.5	2.7	22.0	16.2	335
Maputo Province	27.7	14.0	21.8	20.3	10.6	3.6	66.3	96
Total	45.0	8.6	31.2	29.6	5.2	17.1	37.2	803

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed. Values based on samples of 25-49 cases are shown in parentheses.

**Table 2-15: 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 gave birth in last 5 years and had PP visit
	Any Method	LAPM	Pill	Inject-ables	Male condom			
<b>Age</b>								
15–19	2.0	0.0	0.5	1.6	0.0	38.0	56.3	98
20–24	3.4	0.4	1.2	1.7	0.0	56.5	36.1	194
25–29	7.0	0.1	4.2	2.3	0.3	51.4	36.4	173
30–34	8.0	0.0	4.6	3.4	0.0	61.1	24.7	186
35–39	7.1	0.1	1.5	2.8	0.7	49.5	38.3	98
40–44	(0.9)	(0.9)	(0.0)	(0.0)	(0.0)	(58.7)	(34.1)	45
45–49	*	*	*	*	*	*	*	9
<b>Marital status</b>								
Never married	1.1	0.0	0.0	1.1	0.0	61.7	27.2	66
Married	4.9	0.1	1.7	1.6	0.0	55.4	37.5	94
Living together	6.3	0.2	3.1	2.8	0.2	49.9	38.3	530
Divorced/ Separated/ Widowed	1.2	0.0	0.8	0.3	0.0	59.1	37.8	113
<b>Education Level</b>								
No education	7.0	0.0	5.3	1.7	0.0	52.5	38.0	163
Primary	4.6	0.2	2.1	1.9	0.1	54.1	37.2	476
Secondary or higher	4.5	0.1	0.2	3.8	0.4	48.8	36.6	164
<b>Province</b>								
Cabo Delgado	4.2	0.0	3.5	0.7	0.0	37.9	56.4	193
Inhambane	10.8	1.6	3.1	6.0	0.0	46.9	28.2	179
Gaza	5.6	0.0	2.1	2.8	0.3	77.3	16.2	335
Maputo Province	1.0	0.0	0.0	1.0	0.0	13.3	66.3	96
<b>Total</b>	5.1	0.2	2.4	2.2	0.1	52.8	37.2	803

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed. Values based on samples of 25-49 cases are shown in parentheses.

### 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 2-16 shows that the vast majority of women know where to access HIV/AIDS testing services. Among all women, 92.3% identified hospitals as a place to get HIV tests (compared to 84.4% at baseline) and 25.8% mentioned one or more non-hospital locations (compared to only 1.0% at baseline). Women with more education had higher rates of knowledge about availability of HIV testing services. Knowledge varied by province; a larger proportion of women in Cabo Delgado were not able to name a source for testing.

**Table 2-16: Knowledge of HIV testing sites**

Percent distribution of women age 15–49 who know where they can get HIV tests, by location, according to background characteristics

	% of women who know these	Do not know	Number of
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Background characteristic	locations are sites to get HIV test		where to get HIV test	Women age 15–49
	Hospital	Other		
<b>Age</b>				
15–19	88.4	22.3	11.0	301
20–24	97.1	35.7	2.1	270
25–29	93.5	27.9	4.9	247
30–34	96.7	21.6	0.6	264
35–39	90.6	29.1	6.5	207
40–44	92.3	28.4	7.7	144
45–49	84.4	11.2	14.9	142
<b>Marital status</b>				
Never married	88.1	30.4	11.5	252
Married	89.5	52.1	4.4	177
Living together	93.5	18.2	6.0	891
Divorced/ Separated/ Widowed	94.9	25.6	4.0	255
<b>Education Level</b>				
No education	86.4	19.2	10.2	345
Primary	92.3	22.4	6.9	863
Secondary or higher	97.6	40.4	1.7	366
<b>Province</b>				
Cabo Delgado	84.0	30.4	12.3	365
Inhambane	91.5	17.7	8.1	428
Gaza	97.1	20.9	2.8	538
Maputo Province	97.7	33.9	2.1	244
Total	92.3	25.8	6.4	1,575

The ESD – FPI aimed to integrate HIV/AIDS counseling and testing services with already established healthcare services, such as family planning services. Thus, it is important to assess baseline-endline changes in coverage of HIV/AIDS counseling and testing services in the provinces where the project works. As Table 2-17 shows, almost three-quarters (72.2%) of women had taken an HIV test at least once in their lives and received the result, compared to 56.6% at baseline ( $p < 0.001$ ). More than half (57.1%) of young women age 15–19 had tested for HIV compared to 40.4% at baseline, which indicates a promising increase and highlights the ongoing need for HIV/AIDS testing services within this age group that is going through sexual debut. Nearly half of women (44.1%) at endline had tested for HIV within the past 12 months, compared to only one third (34.5%) at baseline.

During HIV/AIDS testing, 67.9% of women were counseled on HIV prevention (compared to 50.4% at baseline,  $p < 0.001$ ) and 44.0% were counseled on family planning (compared to 28.7% at baseline,  $p < 0.001$ ), indicating the growing potential for integrating family planning in a variety of HIV/AIDS services. The ESD-FPI contributed to this by piloting the provision of FP counselling followed by method provision in HIV services such as counselling and testing, PMTCT and ARV treatment.

**Table 2-17: Coverage of HIV testing**

Percent distribution of women age 15–49 by timing of last test, whether they were counseled on HIV prevention and family planning, and whether they received their test results, 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 prevention	Family planning					
<b>Age</b>										
15–19	39.3	15.1	2.7	48.3	30.5	54.1	3.0	57.1	301	
20–24	60.2	12.1	16.7	85.8	57.8	87.0	2.0	89.0	270	

25–29	50.7	21.2	14.5	77.8	53.9	83.1	3.2	86.3	247
30–34	50.1	20.1	18.9	83.9	53.3	85.4	3.7	89.0	264
35–39	33.9	11.1	25.9	65.3	42.0	69.4	1.4	70.9	207
40–44	41.3	15.5	18.0	66.0	43.4	74.1	0.7	74.8	144
45–49	16.6	7.9	26.0	42.9	21.6	49.0	1.5	50.5	142
<b>Marital status</b>									
Never married	36.0	8.9	6.6	46.4	29.9	51.6	0.0	51.6	252
Married	43.7	14.4	14.2	67.8	56.4	69.3	3.1	72.4	177
Living together	47.1	17.5	16.8	74.1	45.7	78.2	3.3	81.4	891
Divorced/ Separated/ Widowed	42.3	14.8	20.5	69.6	43.0	76.0	1.6	77.7	255
<b>Education Level</b>									
No education	32.8	12.9	17.2	59.4	35.4	60.6	2.3	62.9	345
Primary	45.9	15.7	15.4	70.8	46.7	73.7	3.2	76.9	863
Secondary or higher	50.0	16.2	13.4	68.6	45.5	79.1	0.6	79.7	366
<b>Province</b>									
Cabo Delgado	35.8	10.6	9.5	50.0	36.2	49.4	6.6	56.0	365
Inhambane	27.5	16.6	27.9	64.4	56.4	71.5	0.4	72.0	428
Gaza	58.9	16.7	12.5	85.9	49.1	87.6	0.5	88.1	538
Maputo Province	41.8	19.2	21.3	65.8	38.3	81.8	0.6	82.3	244
<b>Total</b>	<b>44.1</b>	<b>15.2</b>	<b>15.3</b>	<b>67.9</b>	<b>44.0</b>	<b>72.2</b>	<b>2.4</b>	<b>74.6</b>	<b>1,575</b>

## Partner and Household Attitudes Regarding Family Planning

### Partner approval of health services

Women's perception of whether their partners approve of accessing reproductive healthcare services can influence their healthcare decisions. Among women who currently have a partner, 63.0% reported that they believed their partners approved of using contraceptive methods (Table 2-18), compared to 52.3% at baseline ( $p=0.009$ ). Perceived approval varied by province; only half (51.0%) of women in Cabo Delgado said that their partners approved of contraceptive methods, compared to more than two-thirds in other provinces.

**Table 2-18: Partner approval of contraceptive use**

Percent distribution of women age 15–49 who are currently in union by whether their partner approved of contraceptive methods, according to background characteristics

Background characteristic	Partner approves of contraceptive methods			Number of women currently in union
	Yes	No	Do not know/missing	
<b>Age</b>				
15–19	48.1	31.3	20.6	138
20–24	72.8	18.7	8.6	176
25–29	63.9	22.2	13.9	197
30–34	72.4	17.2	10.4	208
35–39	62.5	16.8	20.7	161
40–44	70.9	10.8	18.4	102
45–49	41.7	19.9	38.4	86
<b>Marital status</b>				
Married	72.6	16.3	11.1	177
Living together	60.8	21.2	18.1	891
<b>Education Level</b>				
No education	54.3	25.1	20.5	251
Primary	63.5	20.6	15.9	635
Secondary or higher	74.5	11.2	14.3	181

Province				
Cabo Delgado	51.0	31.6	17.4	283
Inhambane	70.1	7.4	22.5	269
Gaza	71.3	15.7	13.0	367
Maputo Province	66.2	13.8	20.0	149
Total	63.0	20.3	16.8	1,068

As Table 2-19 shows, almost all women (96.4%) who gave birth in the last 5 years and had ANC visits felt that they had their partners' approval in accessing ANC care. This percentage increased significantly from baseline value of 93.0% ( $p=0.029$ ).

**Table 2-19: 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	
<b>Age</b>					
15–19	92.5	5.6	0.3	1.7	106
20–24	97.2	0.3	2.0	0.5	204
25–29	97.4	2.0	0.0	0.7	181
30–34	97.1	0.5	1.7	0.6	190
35–39	97.1	0.4	1.1	1.3	101
40–44	(97.3)	(0.0)	(2.7)	(0.0)	48
45–49	*	*	*	*	9
<b>Marital status</b>					
Never married	94.7	0.0	3.3	2.0	71
Married	99.7	0.3	0.0	0.0	101
Living together	97.1	2.0	0.0	0.8	552
Divorced/ Separated/Widowed	89.6	1.7	7.7	1.1	115
<b>Education Level</b>					
No education	98.6	0.0	0.3	1.1	167
Primary	96.0	2.4	1.0	0.6	498
Secondary or higher	95.6	0.5	2.7	1.3	174
<b>Province</b>					
Cabo Delgado	95.0	3.8	1.2	0.0	207
Inhambane	94.4	2.7	1.3	1.6	185
Gaza	98.6	0.2	1.1	0.2	349
Maputo Province	94.3	0.0	1.3	4.4	98
Total	96.4	1.6	1.2	0.8	839

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed. Values based on samples of 25-49 cases are shown in parentheses.

### Household head 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, roughly four-fifths (79.3%) of household heads surveyed were accepting of contraception (Table 2-20), compared to 64.8% at baseline ( $p<0.001$ ). A larger proportion of female household heads (82.9%) were accepting of contraception than were than male household heads (77.3%). Support for contraception increased with increasing levels of education. These findings indicate that in general, household heads have had some exposure to the concept of family planning and support it as a way to avoid pregnancy.

**Table 2-20: 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
<b>Age</b>		
<25	71.9	174
25–34	84.2	379
35–44	81.0	457
45–54	77.4	343
55–64	77.2	169
65+	73.6	99
<b>Gender</b>		
Male	77.3	1004
Female	82.9	617
<b>Education Level</b>		
No education	71.2	424
Primary	80.0	884
Secondary or higher	88.2	254
Other	*	18
<b>Total</b>	<b>79.3</b>	<b>1,621</b>

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed.

Slightly more than a third (34.3%) of household heads ever had a family planning consultation with a health provider (Table 2-21), similar to the baseline value of 34.4%. A higher percentage of female household heads ever had a consultation (39.5%) than male heads (31.6%).

**Table 2-21: 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
<b>Age</b>		
<25	30.4	174
25–34	39.8	379
35–44	36.0	457
45–54	32.3	343
55–64	27.8	169
65+	26.5	99
<b>Gender</b>		
Male	31.6	1004
Female	39.5	617
<b>Education Level</b>		
No education	29.5	424
Primary	36.4	884
Secondary or higher	33.7	254
Other	*	18
<b>Total (Household Heads)</b>	<b>34.3</b>	<b>1,621</b>

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed.

Less than one quarter (22.4%) of household heads had discussed family planning with someone in the last 6 months (Table 2-22), similar to the baseline value of 21.5%. Those who discussed family planning primarily spoke with family members (12.7%), friends (9.1%), or health professionals (4.2%).

**Table 2-22: 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	Anyone	Discussed FP in the last 6 months with:				Other	Did not Discuss FP	Number of household heads
		Family	Health Professional	Friends				
<b>Age</b>								
<25	15.9	8.3	3.8	7.7	0.0	84.1	174	
25–29	27.1	15.8	4.8	11.8	2.2	72.9	379	
30–34	22.4	14.1	3.1	7.3	2.2	77.6	457	
35–39	20.8	11.2	6.1	8.2	3.1	79.2	343	
40–44	23.2	12.6	2.2	11.1	3.5	76.8	169	
45–49	19.9	6.4	4.7	9.7	4.3	80.1	99	
<b>Gender</b>								
Male	19.0	10.7	3.4	7.6	2.4	81.0	1004	
Female	28.7	16.4	5.8	12.0	2.3	71.3	617	
<b>Education Level</b>								
No education	16.0	7.9	4.6	7.2	0.1	84.0	424	
Primary	22.5	13.1	3.2	8.1	2.5	77.5	884	
Secondary or higher	33.3	20.9	6.6	15.0	4.0	66.7	254	
Other	*	*	*	*	*	*	18	
<b>Total</b>	<b>22.4</b>	<b>12.7</b>	<b>4.2</b>	<b>9.1</b>	<b>2.3</b>	<b>77.6</b>	<b>1,621</b>	

Note: An asterisk indicates that a value is based on a sample of less than 25 cases and has been suppressed.

## Exposure to Community-Level Family Planning Interventions and Youth-Friendly Services

The ESD – FPI trained Community Health Workers (CHWs) to convey family planning information and refer people for services and to provide pill refill in selected communities. Table 2-23 shows that 14.7% of women were visited by a CHW who discussed family planning in the past 12 months, the same as the baseline value of 14.7%. It is possible that CHWs helped stimulate demand for contraception by referring women for national health weeks/mobile brigades, but women did not interpret these referrals as ‘discussing family planning.’ Women who were married or had higher levels of education were more likely to receive family planning advice from a CHW. Only 3.9% of women in Inhambane and 7.2% in Maputo received family planning advice from a CHW, as compared to 20.1% in Cabo Delgado and 17.8% in Gaza province.

**Table 2-23: 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	Number of Women
	15–49	15–49
<b>Age</b>		
15–19	5.5	301
20–24	19.5	270
25–29	12.9	247
30–34	22.9	264
35–39	19.7	207

40–44	13.1	144
45–49	13.1	142
<b>Marital status</b>		
Never married	5.7	252
Married	29.8	177
Living together	13.7	891
Divorced/ Separated/ Widowed	15.4	255
<b>Education Level</b>		
No education	17.1	345
Primary	16.5	863
Secondary or higher	8.0	366
<b>Province</b>		
Cabo Delgado	20.1	365
Inhambane	3.9	428
Gaza	17.8	538
Maputo Province	7.2	244
<b>Total</b>	<b>14.7</b>	<b>1,575</b>

Community events are also a useful venue for conveying family planning messages. One-fifth (18.9%) of women reported participating in a community event in the past 12 months where family planning was discussed (Table 2-24). Participation was higher among women in their 30s and early 40s (nearly 30%), as well as women living with a partner (24%) and women with no education (24%).

<b>Table 2-24: Exposure to family planning messages at community events</b>		
Percent distribution of women aged 15–49 who participated in a community event at which FP was discussed, according to background characteristics		
Background characteristic	% of women 15–49	Number of Women 15–49
<b>Age</b>		
15–19	8.7	301
20–24	19.6	270
25–29	17.2	247
30–34	29.4	264
35–39	25.2	207
40–44	27.1	144
45–49	12.2	142
<b>Marital status</b>		
Never married	5.7	252
Married	16.3	177
Living together	23.5	891
Divorced/ Separated/ Widowed	19.3	255
<b>Education Level</b>		
No education	24.0	345
Primary	20.1	863
Secondary or higher	11.2	366
<b>Province</b>		
Cabo Delgado	20.6	365
Inhambane	8.7	428
Gaza	28.4	538
Maputo Province	4.9	244
<b>Total</b>	<b>18.9</b>	<b>1,575</b>

In the past 6 months, 10.8% of women reported having participated in a mobile brigade (where facility-based providers offer family planning services via outreach services in the community), as

shown in Table 2-25. Participation in mobile brigades was relatively consistent across age groups and education levels, and was noticeably higher in Cabo Delgado (19.1%).

Background characteristic	% of women 15–49	Number of Women 15–49
<b>Age</b>		
15–19	8.4	301
20–24	12.2	270
25–29	10.8	247
30–34	12.1	264
35–39	11.9	207
40–44	10.9	144
45–49	10.4	142
<b>Marital status</b>		
Never married	3.0	252
Married	13.8	177
Living together	12.5	891
Divorced/ Separated/ Widowed	10.6	255
<b>Education Level</b>		
No education	11.2	345
Primary	12.1	863
Secondary or higher	7.0	366
<b>Province</b>		
Cabo Delgado	19.1	365
Inhambane	5.7	428
Gaza	9.2	538
Maputo Province	3.2	244
<b>Total</b>	<b>10.8</b>	<b>1,575</b>

Considering the large population of adolescents and youth in Mozambique, there is a clear need to increase young people’s access to contraception and increase their ability to demand services that are respectful of their rights and unique needs. The ESD-FPI adolescent and youth strategy – geared towards young people 10-24 – was nested within the larger strategy of the project. The strategy aimed to strengthen high-quality integrated contraceptive and other SRH services for young people, increase demand for those services through community empowerment and mobilization, and foster linkages between the community system and the health system. At endline, young women aged 15-24 were asked about their uptake of youth-friendly services (YFS). In the last 12 months, 6.2% (n=37) of young women aged <25 went to a youth-friendly services center. This may reflect the national government’s strategy to integrate youth-tailored services into existing health facilities (which are not specifically designated as YFS), while continuing to invest in a limited number of stand-alone YFS centers (especially those that were functioning). ESD-FPI supported 1-2 standalone YFS per province to serve as a center of excellence and a reference point for young people within that province; Inhambane received the most support in this regard, which may have contributed to the higher uptake of YFS in that province (20.4%).

## Contraceptive Knowledge and Use

Collectively, ESD-FPI's interventions to integrate family planning into other health services were intended to contribute to increased use of contraception among women in project areas. The following section summarizes findings related to knowledge and use of contraception among survey respondents.

### Knowledge of contraception

Table 2-26 shows that 96.8% of all women interviewed at endline had heard of at least one contraceptive method (compared to 95.5% at baseline) and 96.6% knew of at least one modern method (compared to 94.0% at baseline). The most commonly known methods were pills (92.4%), male condoms (92.0%), and injectables (89.2%). Over 99% of women with secondary or higher education knew of at least one modern contraceptive method. The province with the lowest level of knowledge of contraceptive methods shifted from Inhambane at baseline (82.0%) to Cabo Delgado at endline (92.1%).

### Ever use of contraception

Nearly two-thirds (66.4%) of women reported that they had ever used a contraceptive method (Table 2-27), similar to baseline (64.0%). More than half of women had ever used a modern contraceptive method (59.2%), and one fifth had ever used a traditional method (18.9%).<sup>2</sup> Pills were the most common method ever used (35.9%), followed by injectables (26.2%), male condoms (25.7%) and periodic abstinence (14.4%). Women with at least secondary education had the highest rates of ever using contraception (80.8%), and women who had never married almost exclusively used modern methods (mostly male condoms). Women with no education had most commonly used the pill (29.1%), compared with baseline where periodic abstinence was the most common method ever used among this group (25.4%). Women in Cabo Delgado had the lowest rate of ever using a contraceptive method (42.5%) compared to over 60% in all other provinces. Less than half (45.8%) of 15–19 year old women had ever used a modern contraceptive method, yet the median age of first sexual intercourse among this age group was 14.6, and nearly all women reported having had sex by age 20 (see Annex C for full table on age at first sexual intercourse). This indicates the need to increase access to family planning services among young adolescents, many of whom are at risk of pregnancy.

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<sup>2</sup> Respondents could report more than one method that they had used in the past.

**Table 2-26: 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	Implant	Male Condom	Female Condom	LAM**	Emergency Contraception	Any Traditional Method	Periodic Abstinence		Withdrawal
<b>Age</b>																
15–19	93.6	28.8	10.3	84.6	54.9	79.6	45.9	88.9	63.6	11.7	8.0	34.7	28.8	21.2	93.6	301
20–24	99.6	52.7	15.9	98.6	72.9	94.5	71.0	97.7	82.7	31.2	19.6	57.4	43.0	48.0	99.6	270
25–29	97.7	56.8	22.2	94.6	70.0	90.6	59.8	94.9	85.0	38.4	17.1	59.6	44.0	43.4	97.7	247
30–34	98.7	62.9	23.6	97.2	71.6	96.0	64.0	94.0	79.2	44.9	14.0	62.4	41.2	49.8	98.7	264
35–39	96.9	54.8	23.4	95.4	69.1	91.8	60.5	89.5	77.5	37.5	17.5	62.4	49.8	43.3	96.9	207
40–44	98.2	73.0	26.8	92.9	72.0	93.2	59.0	93.5	75.1	48.1	16.1	62.6	46.9	45.0	98.2	144
45–49	90.4	58.2	18.5	83.1	56.4	81.8	44.2	81.4	63.2	31.5	13.7	54.7	41.8	35.9	90.4	142
<b>Marital Status</b>																
Never married	93.7	36.7	16.6	89.0	65.4	84.6	56.1	91.8	77.4	13.8	12.6	39.2	31.5	30.7	93.7	252
Married	97.9	64.6	40.4	94.1	75.6	90.9	71.8	93.2	87.4	35.8	24.4	74.1	69.4	37.0	97.9	177
Living together	96.7	50.5	13.2	91.9	62.0	89.0	53.9	91.4	71.1	34.3	12.4	52.8	35.5	42.2	96.7	891
Divorced/Separated/ Widowed	98.3	62.4	22.8	96.2	74.1	93.7	62.7	93.6	76.6	41.2	16.7	57.2	44.2	41.7	98.3	255
<b>Education Level</b>																
No education	93.9	44.5	15.7	87.6	49.5	86.1	42.4	83.4	65.0	30.8	10.4	51.5	37.4	35.9	93.9	345
Primary	96.5	51.7	17.0	92.3	65.9	88.8	57.1	93.1	73.8	35.7	13.8	52.9	38.8	37.6	96.5	863
Secondary or higher	99.4	58.5	26.0	96.8	82.2	93.0	74.2	97.2	87.7	24.2	20.5	58.8	47.6	47.6	99.4	366
<b>Province</b>																
Cabo Delgado	91.7	32.8	23.6	83.0	41.4	76.6	47.7	82.4	59.2	17.8	11.3	43.5	40.8	15.6	91.7	365
Inhambane	95.6	35.7	20.4	92.0	55.5	87.9	57.2	88.4	76.2	20.9	20.6	74.1	66.8	66.9	95.6	428
Gaza	99.7	73.0	13.6	98.8	82.0	98.3	57.0	98.5	84.5	52.8	14.5	62.5	35.9	57.8	99.7	538
Maputo Province	99.7	54.7	19.2	96.2	86.0	94.1	78.2	98.5	83.4	24.0	16.2	39.5	29.4	24.0	99.7	244
<b>Total</b>	96.6	32.8	18.8	92.4	66.2	89.2	57.9	92.0	75.1	32.0	14.6	53.9	40.5	39.5	96.6	1,575

\* Intrauterine device (IUD) \*\*Lactational amenorrhoea method (LAM)

**Table 2-27: Ever use of contraception**

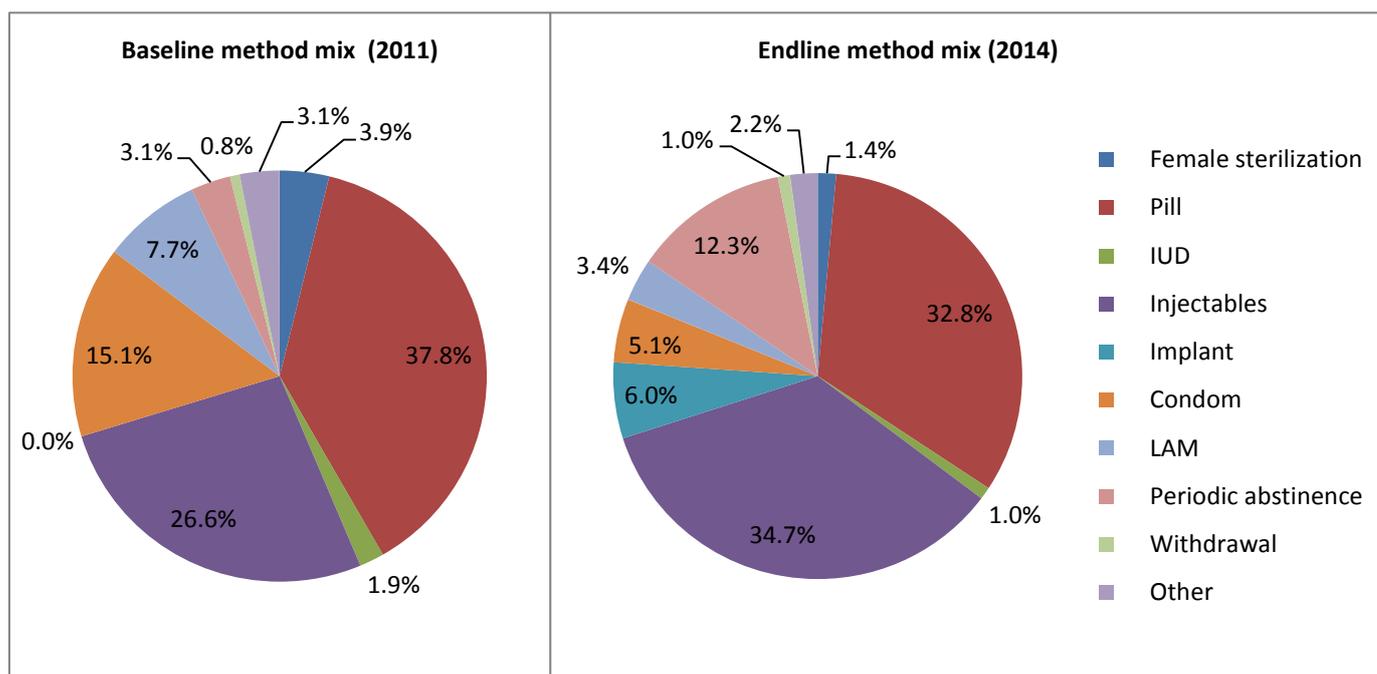
Percentage of all women 15–49 who have ever used any contraceptive method, by method, according to background characteristics

Background characteristic	Any Method	Any Modern Method	Modern Methods										Emergency Contraception	Any Traditional Method	Traditional Methods			Number of women	
			Female Sterilization	Male Sterilization	Pill	IUD	Injectables	Implant	Male Condom	Female Condom	LAM	Periodic Abstinence			Withdrawal	Other			
<b>Age</b>																			
15–19	50.2	45.8	0.0	0.4	16.9	0.6	10.0	1.9	31.9	3.3	2.1	0.3	9.3	7.3	3.9	1.1	3		
20–24	70.3	64.4	0.1	0.0	38.7	2.1	25.4	1.6	36.9	4.6	4.2	2.2	17.5	12.2	8.6	3.8	2		
25–29	82.8	72.9	0.1	0.6	51.0	5.5	30.2	3.4	30.4	4.3	10.9	1.6	26.8	21.4	8.6	0.4	2		
30–34	81.2	75.5	2.6	1.8	51.2	2.1	42.8	3.8	23.2	3.4	14.6	1.5	24.1	16.5	9.6	0.8	2		
35–39	65.0	52.9	2.8	0.0	37.2	3.6	24.2	2.3	17.4	3.3	4.7	0.0	23.4	21.3	3.1	0.3	2		
40–44	68.0	60.6	0.9	0.0	36.5	1.4	37.8	2.7	10.8	1.2	5.5	0.0	21.1	14.5	8.4	1.5	1		
45–49	47.4	38.1	1.4	0.0	26.0	6.6	26.0	2.8	7.1	1.0	6.1	0.0	17.3	13.4	4.8	2.3	1		
<b>Marital status</b>																			
Never married	56.6	55.5	0.0	0.0	17.8	2.0	11.5	3.0	41.1	5.6	2.3	1.8	11.1	7.8	7.1	2.2	2		
Married	67.9	38.2	0.5	0.0	25.2	3.7	19.8	1.4	9.6	3.2	6.6	0.7	42.0	39.4	6.2	1.8	1		
Living together	69.2	65.8	1.1	0.8	42.7	2.3	31.7	2.8	24.8	2.0	8.3	0.6	15.2	10.1	6.6	1.5	8		
Divorced/Separated/ Widowed	66.0	57.5	1.8	0.0	40.5	4.1	28.0	2.3	25.4	5.8	5.2	1.5	21.1	16.0	7.1	0.3	2		
<b>Education Level</b>																			
No education	54.2	45.8	1.1	1.1	29.1	1.5	22.5	0.4	8.9	2.8	7.1	0.3	19.0	15.3	4.2	1.2	3		
Primary	65.1	56.2	0.9	0.4	34.4	2.3	29.5	2.6	19.1	1.4	7.7	0.4	19.1	15.1	5.4	1.6	8		
Secondary or higher	80.8	79.0	0.9	0.0	45.8	5.0	21.2	4.5	57.3	8.5	3.6	2.9	18.3	11.8	12.2	1.2	3		
<b>Province</b>																			
Cabo Delgado	42.5	23.5	1.3	1.0	10.5	1.6	10.2	1.5	6.1	1.4	2.9	0.5	27.0	25.5	2.1	1.1	3		
Inhambane	61.9	56.5	0.9	1.0	28.5	3.3	27.5	2.8	23.0	7.2	2.6	1.2	23.5	20.7	11.8	2.3	4		
Gaza	81.0	79.8	0.1	0.0	54.2	2.7	35.1	1.0	27.9	1.8	12.1	0.8	14.7	7.6	8.3	1.2	5		
Maputo Province	82.4	82.4	2.0	0.0	49.3	4.2	35.3	7.4	57.5	6.6	5.4	1.9	9.6	3.8	7.5	2.1	2		
<b>Total</b>	66.4	59.2	0.9	0.5	35.9	2.7	26.2	2.6	25.7	3.3	6.6	0.9	18.9	14.4	6.7	1.5	1,5		

### Current use of contraception

Among the 1,068 women currently in marital union (married or living with a partner), the percent who reported currently using a contraceptive method increased from 25.9% at baseline to 41.5% at endline ( $p < 0.001$ ), and the percent using a modern contraceptive method increased from 24.1% at baseline to 35.1% at endline ( $p = 0.004$ ) (Table 2-28). Overall, the greatest increase was seen in injectable use (from 6.9% at baseline to 14.4% at endline,  $p = 0.002$ ). Pill use increased slightly from 9.8% at baseline to 13.6% at endline, IUD use remained relatively constant at less than 1%, and condom use decreased from 3.9% at baseline to 2.1% at endline. An encouraging finding is the 2.5% prevalence of implant use at endline, since implants were only recently introduced in Mozambique (mid-2012) and stock outs have been reported. No women reported that their partner had a vasectomy. Traditional method increased significantly among women in union from 1.8% at baseline to 6.4% at endline ( $p = 0.001$ ), largely driven by an increase in periodic abstinence. This may include use of other fertility awareness methods like the Standard Days Method, as the survey question on periodic abstinence used the standard DHS wording of “avoiding sexual intercourse on certain days of the month that have greatest risk for pregnancy.” Figure 2-2 shows the method mix among current contraceptive users at baseline and endline.

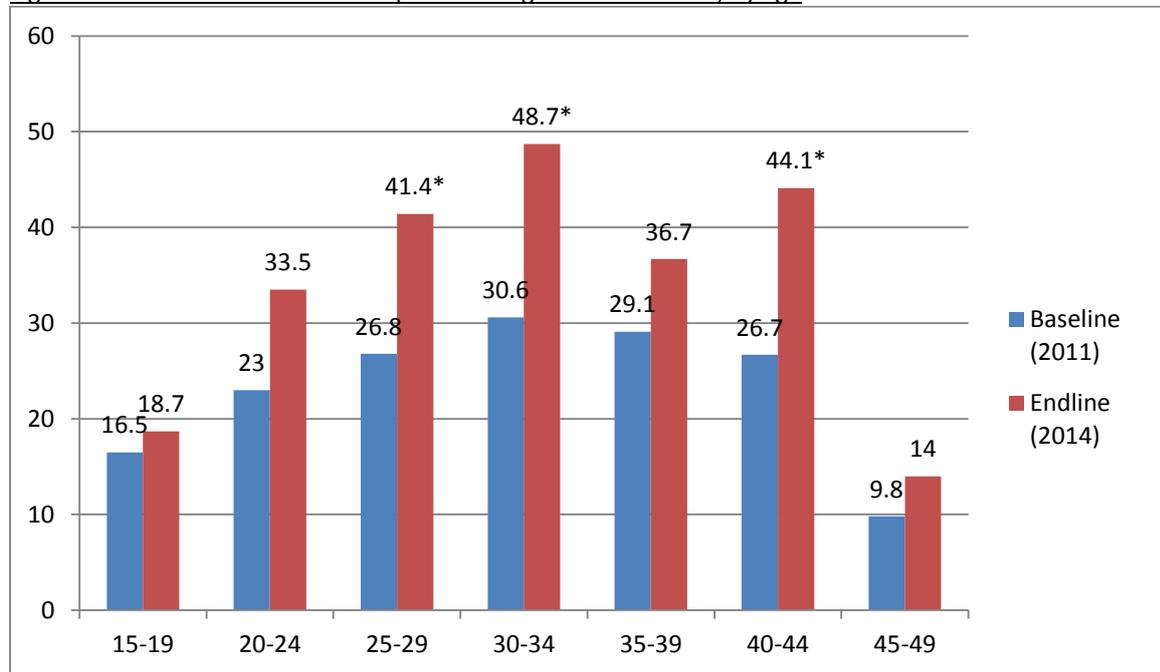
Figure 2-2: Contraceptive method mix among women in union who are current contraceptive users



Current use of modern contraceptive methods among women in union increased from baseline among all age groups, including young women (see Figure 2-3). Contraceptive use remained highest among married women in their twenties and thirties, with lower rates of use among adolescents and women in their mid-to-late 40s. With the exception of women in their late 20s (who preferred pills), all other age groups were relatively equally split between using pills and injectables. Increases in modern contraceptive use were most notable among women in union with no education (from 11.5% at baseline to 27.8% at endline,  $p < 0.001$ ) or primary education (from 27.0% at baseline to 35.4% at endline,  $p = 0.073$ ), indicating that the project may have helped to increase access among women who are more socioeconomically vulnerable. Approximately half of women reported using

contraception in Gaza, Inhambane and Maputo Provinces, while Cabo Delgado remained lower at 26%. When comparing each province with the baseline results, contraceptive use increased from 11.5% to 26.0% in Cabo Delgado, 27.5% to 50.3% in Inhambane, 32.2% to 51.4% in Gaza, and 47.4% to 47.8% in Maputo Province.

Figure 2-3: Use of modern contraception among women in union, by age



Significance levels denoted by \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$

Findings were similar among all 1,575 women interviewed: as shown in Table 2-29, 39.5% reported currently using any contraceptive method and 34.5% were using a modern method, compared to 28% and 26% at baseline, respectively. Method use varied by age group: adolescent women primarily used male condoms or pills, while women in other age groups primarily used pills or injectables. Method use also varied by province, with nearly half of women in Gaza, Inhambane and Maputo provinces using contraception compared to only one-quarter of women in Cabo Delgado.

Table 2-28: Current contraceptive use by women currently in union, by background characteristics

Percent distribution of all women currently in union age 15–49 by contraceptive method currently used, according to background characteristics

Background characteristic	Modern Method									Traditional Method				Number of women in union	
	Any Method	Any Modern Method	Fem Sterilization	Pill	IUD	Injectables	Implant	Condom	LAM	Any Traditional Method	Periodic Abstinence	Withdrawal	Other		Not using a method
<b>Age</b>															
15–19	21.6	18.7	0.0	4.0	0.0	11.1	1.2	2.3	0.0	3.0	3.0	0.0	0.0	78.4	138
20–24	41.7	33.5	0.0	10.6	1.2	13.1	0.7	2.7	5.3	8.2	7.5	0.0	0.7	58.3	176
25–29	52.2	41.4	0.2	22.1	0.7	11.5	3.2	3.7	0.0	10.7	8.6	2.1	0.1	47.8	197
30–34	55.2	48.7	1.5	18.3	0.2	20.9	4.0	1.0	2.9	6.4	4.3	0.4	1.8	44.8	208
35–39	43.0	36.7	1.8	16.6	0.3	14.2	2.3	1.6	0.0	6.2	4.0	0.0	2.2	57.0	161
40–44	49.5	44.1	0.4	14.8	0.4	22.9	3.9	1.7	0.0	5.5	4.8	0.0	0.6	50.5	102
45–49	15.5	14.0	1.2	4.1	0.0	5.6	2.7	0.4	0.0	1.6	0.5	0.0	1.1	84.5	86
<b>Education Level</b>															
No education	36.0	27.8	0.0	11.3	0.2	12.5	2.8	1.0	0.0	8.3	6.5	0.0	1.8	64.0	251
Primary	41.6	35.4	1.0	13.7	0.3	13.6	2.6	1.9	2.3	6.2	5.4	0.0	0.8	58.4	635
Secondary or higher	49.5	45.1	0.2	17.0	1.2	20.5	1.4	4.8	0.0	4.4	1.4	3.0	0.0	50.5	181
<b>Province</b>															
Cabo Delgado	26.0	14.0	0.6	3.0	0.0	5.3	2.6	0.0	2.4	12.1	11.2	0.0	0.9	74.0	283
Inhambane	50.3	43.6	1.2	17.0	1.3	18.9	3.0	2.0	0.2	6.7	3.0	3.1	0.7	49.7	269
Gaza	51.4	49.8	0.1	23.3	0.4	21.0	2.2	1.2	1.4	1.7	1.4	0.0	0.3	48.6	367
Maputo Province	47.8	43.7	1.6	12.4	0.8	16.5	2.5	9.9	0.0	4.1	0.9	0.5	2.7	52.2	149
<b>Total</b>	41.5	35.1	0.6	13.6	0.4	14.4	2.5	2.1	1.4	6.4	5.1	0.4	0.9	58.5	1,068

Table 2-29: 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	Modern Method									Traditional Method				Number of women	
	Any Method	Any Modern Method	Fem Sterilization	Pill	IUD	Injectables	Implant	Condom	LAM	Any Traditional Method	Periodic Abstinence	Withdrawal	Other		Not using a method
<b>Age</b>															
15–19	29.1	26.8	0.0	6.1	0.4	7.8	2.1	10.2	0.0	2.3	1.9	0.4	0.0	70.9	301
20–24	42.6	36.3	0.0	10.5	1.2	11.2	0.6	9.3	3.5	6.2	5.1	0.6	0.5	57.4	270
25–29	51.7	42.7	0.1	22.3	0.6	12.5	2.9	4.2	0.0	9.0	7.2	1.7	0.1	48.3	247
30–34	52.2	47.1	1.2	18.3	0.6	20.0	3.6	1.0	2.3	5.1	3.4	0.3	1.4	47.8	264
35–39	41.6	35.1	3.0	14.9	0.8	12.0	2.0	2.4	0.0	6.5	4.6	0.2	1.7	58.4	207
40–44	41.2	36.5	0.9	12.8	0.3	17.8	3.5	1.2	0.0	4.7	3.8	0.0	0.9	58.8	144
45–49	12.3	11.1	1.6	2.7	0.0	4.7	1.8	0.3	0.0	1.3	0.5	0.0	0.7	87.7	142
<b>Education Level</b>															
No education	31.1	24.6	0.1	10.0	0.4	11.0	2.3	0.8	0.0	6.4	4.9	0.0	1.5	68.9	345
Primary	39.1	33.9	0.9	13.0	0.4	13.0	2.2	2.6	1.7	5.3	4.5	0.1	0.6	60.9	863
Secondary or higher	48.4	45.3	0.9	13.4	1.3	10.9	2.6	16.1	0.1	3.1	1.1	2.0	0.0	51.6	366
<b>Province</b>															
Cabo Delgado	23.1	12.6	0.6	2.9	0.0	4.7	2.5	0.0	1.9	10.6	9.6	0.2	0.7	76.9	365
Inhambane	45.3	39.4	1.0	14.0	1.2	13.7	2.0	7.4	0.2	5.9	2.5	3.0	0.4	54.7	428
Gaza	50.4	49.1	0.1	21.0	1.1	18.9	2.0	5.0	1.0	1.3	1.0	0.0	0.3	49.6	538
Maputo Province	42.0	39.9	2.0	11.1	0.4	10.2	2.7	13.4	0.0	2.1	0.4	0.3	1.4	58.0	244
<b>Total</b>	39.5	34.5	0.7	12.5	0.6	12.1	2.3	5.3	1.0	5.0	3.8	0.5	0.6	60.5	1,575

### Source of contraceptive method

As shown in Table 2-30, of the women who currently use pills, injectables, or male condoms (the most popular contraceptive methods that require acquisition of medicine or health products), the vast majority (84.1%) acquired their method from a public sector medical facility like a district hospital or a health facility (compared to 73.7% at baseline). Women sought pills and injectables almost exclusively through the public sector (90.6% and 97.4%, respectively), while male condoms were acquired through multiple sources with the public sector representing 38.2% (compared to 31.0% at baseline). This may reflect the diverse sources in which women can acquire condoms for free or for very minimal price, including in the private sector.

**Table 2-30: Source of modern contraceptive methods**

Percent distribution of users of modern contraceptive methods age 15–49 by most recent source of method, according to method

Source of contraceptive method	Male			Total
	Pill	Injectable	Condom	
Public Sector	90.6	97.4	38.2	84.1
Private Sector	6.8	1.3	40.0	10.4
Other source	2.1	1.3	18.9	4.7
Missing	0.6	0.0	3.0	0.8
Total	100.0	100.0	100.0	100.0

### Discussion of contraception with others

Overall, 35.6% of women reported that they have talked with someone else about how to prevent pregnancy (Table 2-31). The majority talked with someone in their family (11.1%) or a friend (12.4%). Women aged 20-29 had the highest rates of talking with their spouse about family planning, compared to the other age groups.

**Table 2-31: Talked with someone about FP**

Percent distribution of women aged 15–49 who talked with someone about how to prevent pregnancy, according to background characteristics

Background characteristic	Talked with someone about FP information:				% who did not talk with anyone about FP	Number of women 15-49
	% who talked with spouse	% who talked with other family member	% who talked with friend	% who talked with health provider or other		
<b>Age</b>						
15–19	3.3	8.9	11.3	4.4	72.1	301
20–24	6.2	11.4	19.8	10.9	51.7	270
25–29	10.2	12.2	12.5	6.9	58.3	247
30–34	5.9	8.8	15.5	10.0	59.8	264
35–39	4.7	14.3	6.6	4.1	70.3	207
40–44	2.6	14.3	13.4	4.6	65.1	144
45–49	1.3	11.3	0.3	6.6	80.6	142

<b>Marital status</b>						
Never married	3.4	10.3	16.9	9.5	59.9	252
Married	5.5	15.5	6.4	4.1	68.5	177
Living together	6.9	10.3	12.2	7.0	63.6	891
Divorced/ Separated/ Widowed	0.4	11.1	13.3	6.6	68.7	255
<b>Education Level</b>						
No education	3.9	10.3	7.2	4.4	74.2	345
Primary	4.8	10.4	11.5	7.3	65.9	863
Secondary or higher	7.1	13.7	19.4	8.4	51.5	366
<b>Province</b>						
Cabo Delgado	3.4	10.3	1.6	0.8	83.9	365
Inhambane	15.6	8.3	9.5	7.7	58.9	428
Gaza	4.9	11.6	21.6	9.3	52.5	538
Maputo Province	0.6	13.5	15.2	12.4	58.3	244
<b>Total</b>	<b>5.1</b>	<b>11.1</b>	<b>12.4</b>	<b>7.0</b>	<b>64.4</b>	<b>1,575</b>

### **Condom use**

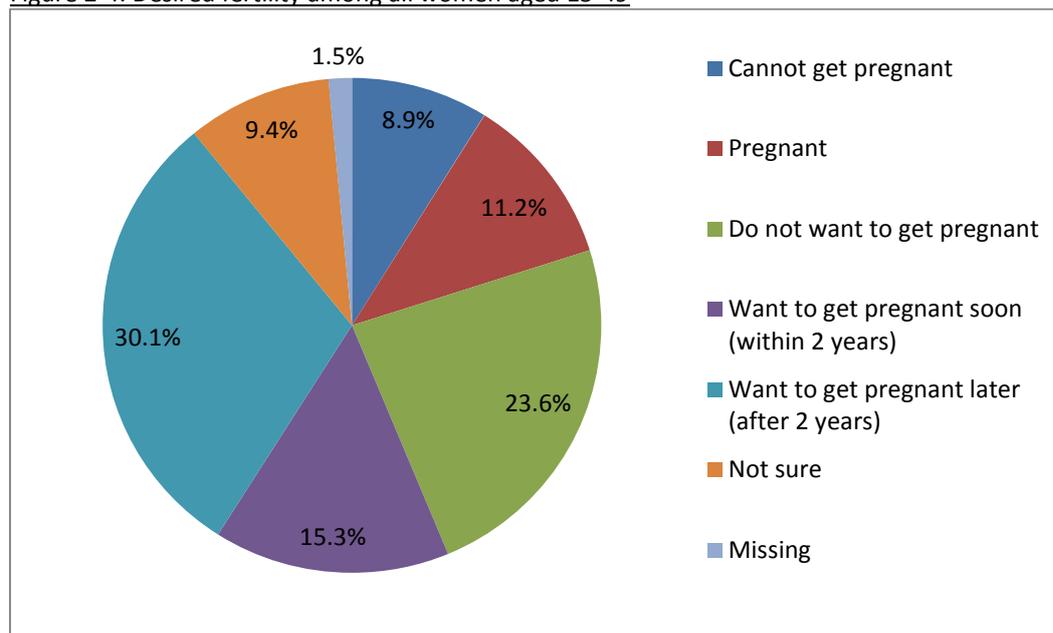
Condom use at last sex with a non-regular (non-marital, non-cohabiting) partner is an indicator of safer sexual practices as well as family planning. At baseline, of the 196 women who had sex with a non-regular partner in the past 12 months, 39.3% used a condom at last sex with that partner. At endline, of the 234 women who had sex with a non-regular in the past 12 months, 29.0% used a condom at last sex with that partner (not a statistically significant change from baseline:  $p=0.154$ ). Condom use at last sex could not be estimated among the sub-set of women who reported multiple partners in the past year, as the sample was too small ( $n=37$  at baseline,  $n=45$  at endline).

### **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.

Nearly one quarter (23.6%) of all women interviewed did not want another child (Figure 2-4), and nearly one third (30.1%) 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. 15.3% of women wanted to get pregnant within the next two years so they are not considered to have a need for family planning.

Figure 2-4: Desired fertility among all women aged 15-49

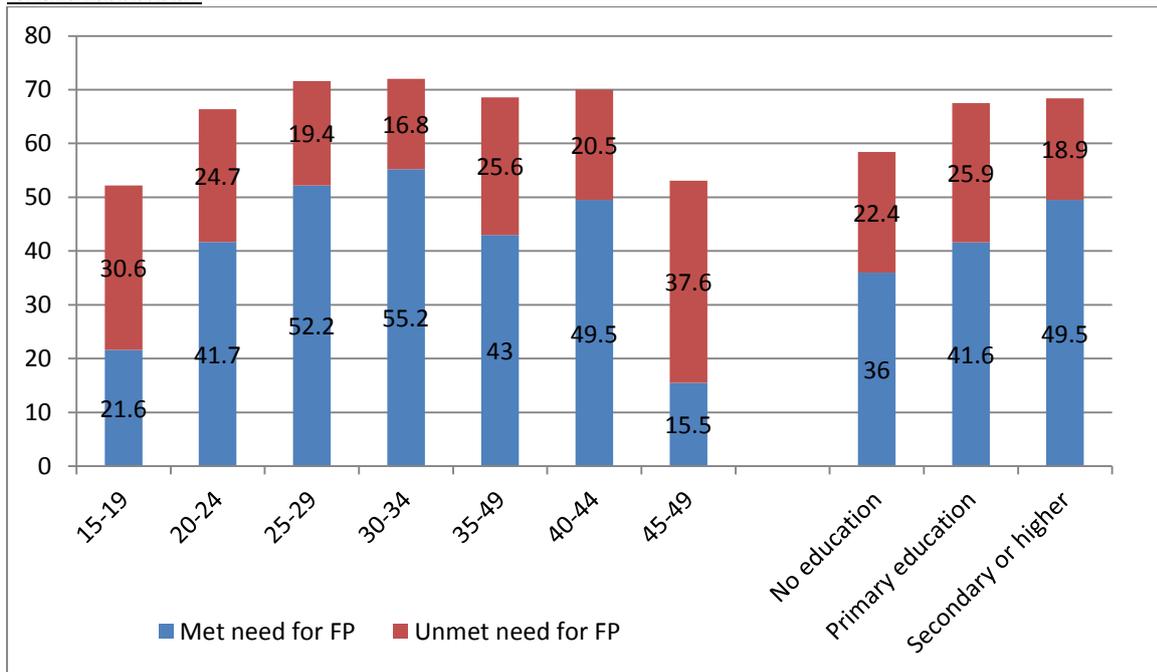


Unmet need for family planning was calculated for women in union, including women who were not pregnant (based on their current contraceptive use and future fertility intentions); pregnant women (based on whether they wanted their current pregnancy later or not at all); and postpartum amenorrheic women (based on whether their last birth was wanted later or not at all). Among women aged 15–49 who were currently in marital union, 24.1% had an unmet need for family planning at endline (Table 2-32) compared to 30.8% at baseline ( $p=0.031$ ).<sup>3</sup> Unmet need is highest among the youngest and oldest age groups. The unmet need for spacing future births (15.1%) is higher than the unmet need for limiting births (8.9%), and a greater proportion of women are using contraception to space (23.8%) than to limit (17.7%) births. This is a shift from baseline, when the unmet need for limiting (18.2%) was higher than for spacing (12.6%), and similar proportions of women were using contraception to limit (13.1%) and space (12.7%).

Overall, 63.4% of the total demand for family planning is being met in project areas (compared to 45.7% at baseline). Figure 2-5 shows the total demand for family planning (met need plus unmet need) by age group; dividing the met need by the total demand gives the percent of demand satisfied. The percent of demand satisfied for family planning is highest among women with secondary education, but is only slightly lower for women with no education or primary education. Overall, the findings indicate that demand for family planning is growing in project communities and is increasingly being met through provision of family planning services.

<sup>3</sup> The baseline calculation of unmet need used a non-standard approach: pregnant and postpartum amenorrheic women were excluded from the calculation because the information required to assess whether their current pregnancy/last birth was wanted was not collected. Since some pregnancies and recent births may have been mistimed or unwanted, it is likely that the baseline unmet need for family planning would have been even higher if wantedness of current pregnancy/last birth had been determined and factored into the baseline unmet need calculation.

Figure 2-5: Total demand (met need plus unmet need) for family planning among women in union, by age and level of education



**Table 2-32: Need for family planning**

Percentage of women in union 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			Demand for family planning			% of demand satisfied	Number of women in union
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
<b>Age</b>											
15–19	28.5	2.2	30.6	20.6	1.0	21.6	49.1	3.2	52.3	41.3	138
20–24	24.3	0.4	24.7	39.0	2.7	41.7	63.2	3.1	66.4	62.8	176
25–29	12.5	6.9	19.4	37.2	15.0	52.2	49.8	21.8	71.6	72.9	197
30–34	9.1	7.7	16.8	25.3	29.8	55.2	34.5	37.5	72.0	76.7	208
35–39	13.1	12.5	25.6	16.8	26.1	43.0	30.0	38.7	68.6	62.7	161
40–44	7.5	13.1	20.5	3.4	46.1	49.5	10.9	59.2	70.1	70.6	102
45–49	0.0	37.6	37.6	0.0	15.5	15.5	0.0	53.1	53.1	29.2	86
<b>Education Level</b>											
No education	12.0	10.4	22.4	17.6	18.4	36.0	29.6	28.8	58.4	61.6	251
Primary	17.1	8.8	25.9	23.2	18.4	41.6	40.3	27.2	67.5	61.6	635
Secondary or higher	12.0	6.9	18.9	35.7	13.8	49.5	47.7	20.7	68.4	72.4	181
<b>Province</b>											
Cabo Delgado	20.1	6.7	26.9	19.4	6.6	26.0	39.5	13.4	52.9	49.1	283
Inhambane	10.4	9.9	20.3	17.7	32.5	50.3	28.1	42.5	70.6	71.2	269
Gaza	13.4	6.1	19.6	29.7	21.7	51.4	43.2	27.9	71.0	72.4	367
Maputo Province	10.9	21.0	31.9	24.7	23.0	47.8	35.6	44.1	79.6	60.1	149
<b>Total</b>	15.1	8.9	24.1	23.8	17.7	41.5	38.9	26.6	65.5	63.4	1,068

The survey asked women aged 15–49 in marital union who were not pregnant and not using contraception, if they would consider using contraception in the future and if so, what method they would prefer to use. Almost half (44.9%) of women in union not currently using contraception would consider using a method in the future (compared to 40% at baseline), with younger women more inclined to do so (Table 2-33). Among those who would use a method in the future, injectables and pills were the most commonly mentioned methods.

**Table 2-33: Preferred method of contraception**

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

Background characteristic	Women who are considering using FP in the future prefer:							Number of women	
	Any method	LAPM	Injectables	Pills	Other methods	Not considering FP	Not sure		
<b>Age</b>									
15–19	53.3	1.6	19.8	27.8	4.2	36.4	5.7	4.6	66
20–24	77.1	2.8	23.8	42.7	7.8	10.5	5.9	6.5	67
25–29	50.8	2.4	13.5	35.0	0.0	32.1	10.3	6.8	70
30–34	55.0	4.2	33.3	16.4	1.1	26.8	8.6	9.7	67
35–39	29.5	2.0	13.6	8.6	5.3	40.7	12.2	17.7	70
40–44	(29.1)	(7.9)	(14.4)	(6.2)	(0.6)	(35.4)	(8.0)	(27.4)	48
45–49	16.3	0.0	6.2	7.0	3.1	40.3	2.8	40.7	65
<b>Education Level</b>									
No education	25.4	1.6	10.0	9.2	4.6	43.8	3.9	26.8	130
Primary	49.0	2.5	21.5	22.7	2.3	29.8	7.7	13.6	264
Secondary or higher	72.2	6.5	15.0	44.3	6.3	12.6	15.2	0.0	59
<b>Province</b>									
Cabo Delgado	29.0	3.4	15.2	7.3	3.1	44.6	4.7	21.7	161
Inhambane	37.2	0.6	19.8	12.5	4.3	27.6	5.8	29.4	122
Gaza	72.9	1.7	15.4	52.1	3.7	12.7	8.7	5.6	115
Maputo Province	51.2	4.3	28.4	15.9	2.6	29.6	16.1	3.1	55
<b>Total</b>	<b>44.9</b>	<b>2.7</b>	<b>17.6</b>	<b>21.3</b>	<b>3.4</b>	<b>31.8</b>	<b>7.4</b>	<b>15.8</b>	<b>453</b>

Note: Values based on samples of 25-49 cases are shown in parentheses.

### Section 3: Conclusion

The results of the ESD-FPI baseline and endline surveys indicate that the project has helped improve integration of family planning counseling/services in ANC, delivery, postpartum and HIV counseling and testing services, highlighting the potential for integration as a means to increase use of contraception. A small proportion of women at endline reported receiving a contraceptive method within delivery or postpartum services, which represents a missed opportunity to improve immediate postpartum contraceptive uptake. These findings are consistent with the project's strategic focus on integrating family planning counseling in maternal health care, with method provision (i.e. postpartum IUD) only introduced in the last year of project implementation, targeting a limited number of providers. It is possible that early effects of method introduction may be masked by the analysis of all births in the past 5 years, since several of these births occurred before the project began doing work on postpartum method provision.

The survey findings also suggest that ESD-FPI has successfully contributed to increasing use of modern contraception and decreasing unmet need for family planning among women of reproductive age in project areas. Contraceptive increases were most notable among women in union with no education or primary education. As the ESD-FPI supported increased access to family planning services in public health facilities, the project may have contributed to increasing access among women who are more socioeconomically vulnerable. Contraceptive uptake increased among youth but remains low, indicating that further work is needed to reach young women who have just begun their sexual lives but are not being reached by existing services. The high approval of family planning among household heads at endline suggests that the project has made progress in influencing attitudes toward contraception, particularly among male household heads. The endline survey results indicated some exposure to project interventions at the community level, including contact with CHWs who discussed family planning, and participation in mobile brigades and community events (exposure to these interventions was not assessed at baseline). The results also indicate that women have talked with someone else about how to prevent pregnancy, an important step toward changing behaviors.

Because the surveys were not designed to produce provincial estimates, the provincial data included in this report are not precise estimates for each province but do allow for a relative comparison. The endline findings indicate that Cabo Delgado continues to lag behind other provinces, with the lowest rates of contraceptive use (only a quarter of women using a contraceptive method compared to nearly half of women in the other provinces) and the highest unmet need for family planning. These findings are consistent with the Mozambique 2011 DHS, in which Cabo Delgado had the lowest rate of contraceptive use. It is possible that differing demographic characteristics may have contributed to these findings: endline survey respondents from Cabo Delgado were younger, had higher rates of formal marriage (vs. living together), had lower levels of education, and were more likely to report religious affiliation (Catholic or Muslim) than respondents in the other provinces.

## Annex A: Sampling Strategy

The baseline and endline household survey samples were calculated to be able to detect a baseline-endline change of 10% in key indicators (contraceptive prevalence, partner approval of RH practices, etc.), using the standard sample size calculation formula to detect the difference in two proportions:

$$n = D [(Z\alpha + Z\beta)^2 * (P1 (1 - P1) + P2 (1 - P2)) / (P2 - P1)^2]$$

We assumed alpha = 0.05, Beta = 0.8 and a design effect of 2. We assumed a refusal rate of 10%, and used 2007 census data to estimate the proportion of the population represented by women of reproductive age as well as average household size. Estimates for key indicators were taken from the 2008 MICS and other sources available at the time of the sample calculations.

The baseline and endline surveys used multi-stage stratified samples 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 sample design took into account the urban and rural strata so the samples are representative of these strata in each province, and the endline sample was designed to be comparable with the baseline sample. The sample was selected in three stages, including selection of a representative sample of Primary Sampling Units from the 2010 Master Sample of Mozambique ( based on the data from the Third Census of Population and Housing in 2007), followed by selection of households and women.

- Stage 1: A random sample of enumeration areas (73 at baseline, 79 at endline) were selected in each stratum (urban/rural) 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. The number of households selected varied by rural and urban areas due to a difference in the mean number of women of reproductive age per household (per 2007 census).

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.

## Annex B: Response Rates and Household Characteristics

Table B-1 shows response rates for the ESD – FPI baseline and endline surveys. At baseline, a total of 1,586 households were selected in the sample, of which 1,519 households (95.8%) completed the survey. At endline, a total of 1,657 households were selected in the sample, of which 1,621 households completed the survey, yielding a household response rate of 97.8%. 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. At baseline, a total of 1,429 women were eligible, of which 1,419 (99.3%) completed the survey. At endline, a total of 1,588 women were eligible, of which 1,578 (99.4%) completed the survey and 1,575 women were included in the endline analysis (three women who completed the survey were excluded because they were outside the 15-49 age range).

	Baseline	Endline
<b>Household interviews</b>		
Households selected	1,586	1,657
Households completed interview	1,519	1,621
Household response rate	95.8%	97.8%
<b>Interviews with women age 15–49</b>		
Number of eligible women	1,429	1,588
Number of women interviewed	1,419	1,578
Eligible women response rate	99.3%	99.4%

Figure B-1 shows the reported endline distribution of the household population in 5-year age groups, by sex. 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 58.5% of the total population, reflecting the young age structure. There is a significant drop in population above this age; none of the 5-year age groups (both sexes combined) above 20 years make up more than 10% of the total population. Of the 8,335 household members, 4,561 (54.2%) are women. The household population structure was similar in the baseline survey (data not shown).

Figure B-1: Population Pyramid

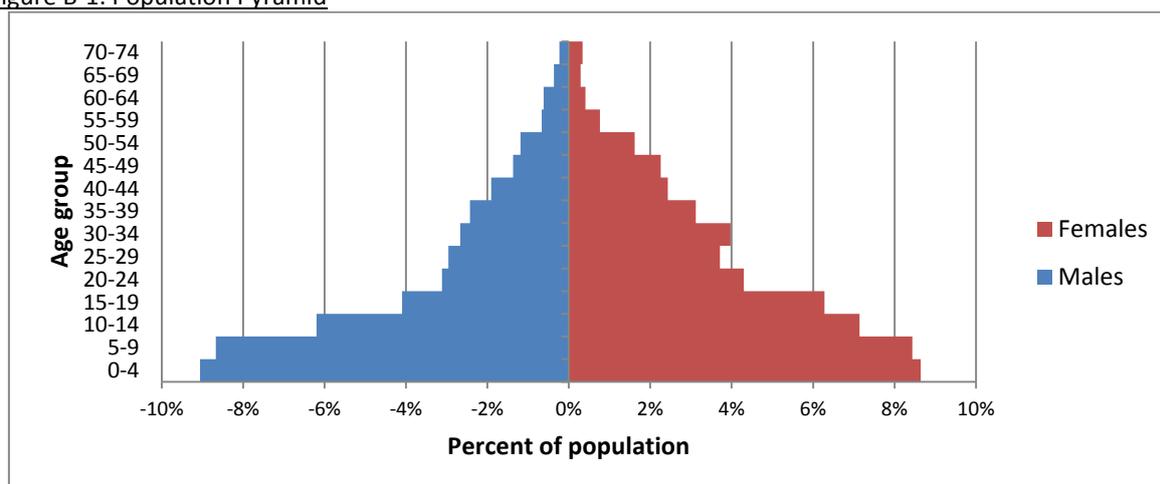


Table B-2 shows the composition of the households included in the baseline and endline surveys. The majority of households (64.9% at baseline, 65.3% at endline) were headed by males. The average household had about 5 members, but nearly 35% of households had 6 or more members.

Characteristic	Baseline % of households	Endline % of households
<b>Household headship</b>		
Male	64.9	65.3
Female	35.1	34.7
Total	100.0	100.0
<b>Number of usual members</b>		
1	4.4	2.7
2	14.1	11.4
3	14.9	17.4
4	14.8	16.0
5	16.9	15.7
6+	34.8	36.8
Total	100.0	100.0
<b>Mean size of households</b>	4.8 (4.6, 5.1)	5.0 (4.8, 5.2)
Number of households	1,519	1,621

Table B-3 provides information on characteristics of the houses in which the baseline and endline survey participants live. In all, the endline survey participants were slightly better off with a higher proportion of households having electricity and modern housing features (i.e. floor, roof and walls made of more refined materials such as cement). On average, 2.7 people at baseline and 2.5 people at endline sleep in a room.

Housing characteristic	Baseline % of households	Endline % of households
<b>Electricity</b>		
Yes	19.5	33.8
No	80.2	66.2

<b>Floor</b>		
Natural	60.6	49.4
Other more refined materials	39.4	50.6
<b>Roof</b>		
Natural	52.2	42.3
Other more refined materials	47.8	57.7
<b>Walls</b>		
Natural	43.4	37.3
Rudimentary	26.7	22.5
Finished	28.6	39.0
Other	1.1	1.2
<b>Mean number of rooms for sleeping</b>	2.0 (1.9, 2.1)	2.3 (2.2, 2.4)
<b>Mean number of people per room for sleeping</b>	2.7 (2.6, 2.8)	2.5 (2.3, 2.6)
Number of households	1,519	1,621

Table B-4 shows ownership of household goods, which was slightly higher among the endline sample than the baseline sample for most items. Several households (44.4% at baseline, 67.3% at endline) had access to telecommunication through mobile phones. Most households lacked means of transportation, with only 30% having access to a bicycle and less than 10% having access to other means of transportation such as animal drawn carts and motorbikes (results not shown).

<u>Table B-4: Household durable goods</u>		
Percentage of households possessing various household effects and means of transportation		
Possession	Baseline % of households	Endline % of households
Radio	42.9	52.2
Television	25.6	37.3
Mobile phone	44.4	67.3
Refrigerator	14.2	20.5
Candles/ lanterns	62.9	54.6
Clock	18.6	22.6
Bicycle	29.9	28.7
Number of households	1,519	1,621

## Annex C: Age of First Sexual Intercourse

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. Roughly three percent of respondents did not report their age at first sex and were excluded from the analysis. As shown in Table C-1, 51.9% of women experienced sexual intercourse by age 15 and 88.5% by age 18. Median age at first sexual intercourse was 14.9 years. Women who had never married and women who had attended at least secondary school were more likely to have delayed sexual intercourse.

**Table C-1: 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			
<b>Age</b>								
15–19	61.6	N/A	N/A	N/A	N/A	15.8	298	14.6
20–24	48.3	89.1	97.8	N/A	N/A	0.4	267	15.1
25–29	48.4	86.6	95.9	98.4	99.6	0.0	246	15.1
30–34	48.1	88.5	95.4	96.2	98.5	0.0	260	15.1
35–39	53.0	87.5	96.5	97.5	99.5	0.0	200	14.9
40–44	51.1	82.0	94.0	98.5	99.3	0.0	133	14.9
45–49	50.8	83.3	96.0	97.6	97.6	0.0	126	14.9
<b>Marital status</b>								
Never married	45.6	89.2	98.5	98.5	100.0	19.1	251	15.3
Married	65.9	90.9	96.0	97.7	98.3	0.0	176	14.3
Living together	52.4	88.3	96.3	98.3	99.3	0.0	855	14.9
Divorced/ Separated/ Widowed	46.4	87.5	97.2	98.4	99.6	0.0	248	15.2
<b>Education Level</b>								
No education	61.0	89.6	97.8	99.1	100.0	0.0	318	14.5
Primary	53.6	88.8	96.2	98.0	99.0	3.2	849	14.8
Secondary or higher	39.7	86.9	96.4	98.0	99.3	5.8	362	15.6
<b>Province</b>								
Cabo Delgado	87.0	98.2	99.1	99.6	99.6	1.1	362	13.5
Inhambane	62.2	93.1	98.0	99.7	99.7	4.1	393	14.5
Gaza	30.9	80.4	93.3	96.5	98.6	2.4	533	16.0
Maputo Province	28.6	84.7	98.0	98.0	99.5	6.2	242	16.2
<b>Total</b>	<b>51.9</b>	<b>88.5</b>	<b>96.6</b>	<b>98.3</b>	<b>99.3</b>	<b>3.1</b>	<b>1,530</b>	<b>14.9</b>

## Annex D: List of People Involved in the ESD—FPI Endline Survey

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