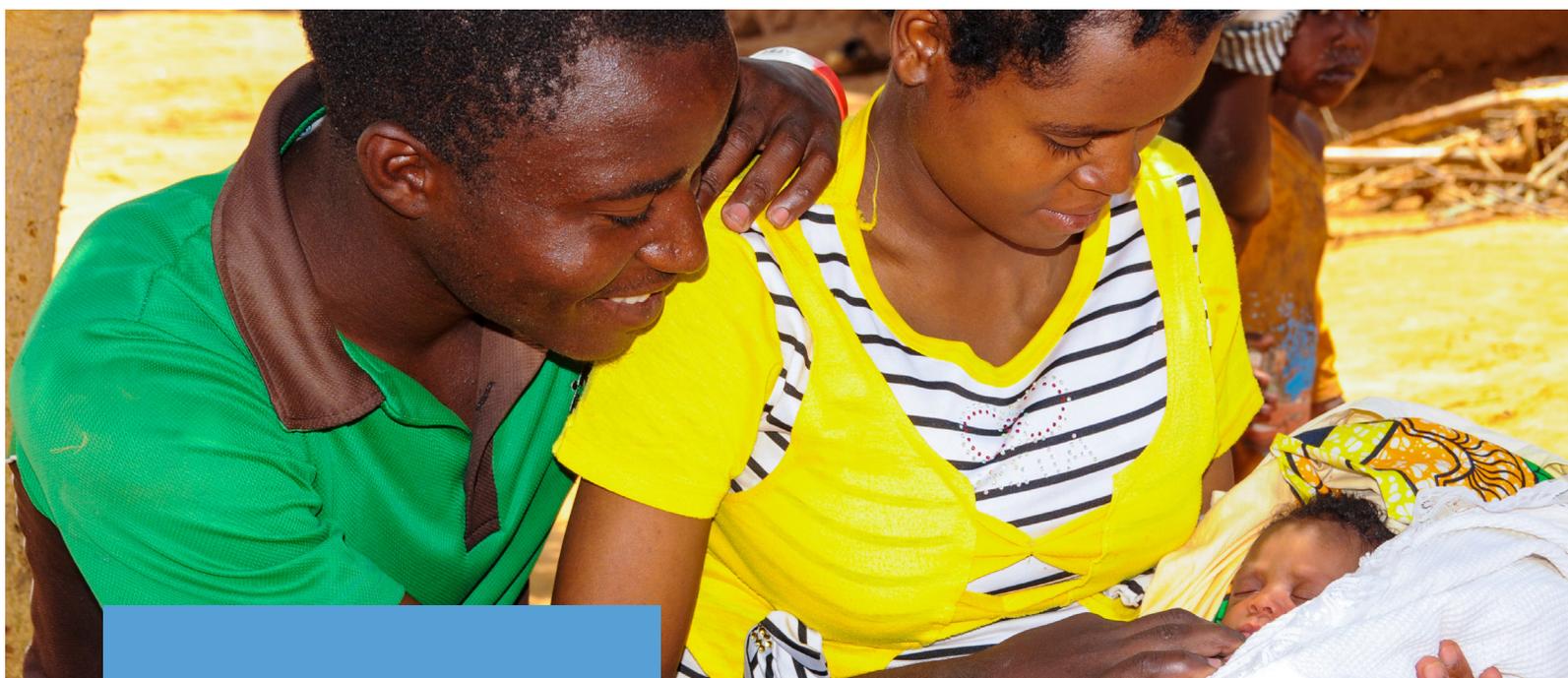


## Unmasking Inequalities: Going Beyond National Averages - Family Planning Atlas



Total Fertility Rate ranges from as low as 3.5 children per woman in Kampala region to a high of 7.9 children per woman in Karamoja region.



Uganda has one of the most youthful populations in the world, with slightly more than half of its population under age 15.



There exists huge regional variation with some regions such as Karamoja registering a single digit CPR of 6.5% against the highest region of Bugisu and Kigezi at 43%



Unmet need for family planning among currently married women is highest in the West Nile sub-region at 43.2% and lowest in the Karamoja at 19.7%.

### Background

The right of all persons to decide freely and responsibly on the number and spacing of their children, to make informed choices in reproductive health matters and to have access to a full range of safe and effective contraceptive methods was enshrined in the Programme of Action of the International Conference on Population and Development, held in Cairo in 1994.<sup>1</sup>

Family planning is one of the high impact public health interventions. Studies have shown that access to family planning services in countries with high fertility rates has the potential to significantly reduce poverty and hunger, as well as avert maternal mortality by 32% and childhood deaths by 10%.<sup>2</sup> However, many women who would like to delay their next birth or stop childbearing altogether cannot access family planning services. Moreover, studies have demonstrated that investing in family planning is a development “best buy.” Studies have shown that meeting the contraceptive needs of all women in developing countries more than pays for itself; for every single dollar spent on contraceptives four dollars are saved.<sup>3</sup>

- 1 International Conference on Population and Development (ICPD) Programme of Action.
- 2 Cleland J, Conde-Agudelo A, Peterson H, Ross J, Tsui A. Contraception and health. *Lancet*. 2012; 380(9837):149–56.
- 3 Starbird E, Norton M and Marcus R. Investing in Family Planning: Key to achieving the Sustainable Development Goals, *Global Health: Science and Practice*, 2016, 4(2): 191–210. Available at: <http://www.ghsjournal.org/content/4/2/191.full.pdf>

The global community has increased commitment and effort to improve access to quality family planning services. The 2030 Agenda for Sustainable Development has two relevant targets on family planning under the broader goals of health and wellbeing (SGD 3) and on gender equality and the empowerment of women and girls (Goal 5).

### Uganda Context

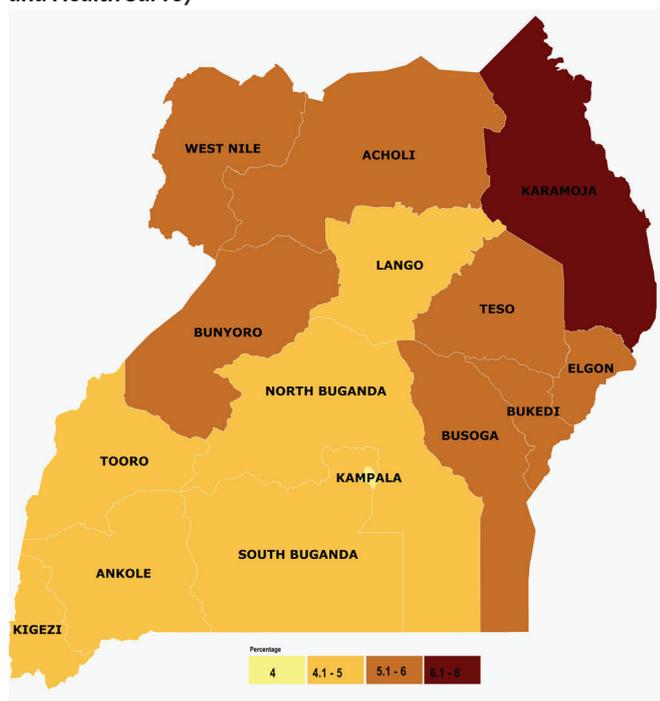
One of the key interventions in the National Development Plan (NDP) III towards harnessing Uganda's human capital is to increase access to family planning services in order to improve population health, safety and management. Uganda has made progress in terms of improving access to family planning services, Contraceptive Prevalence Rate (CPR) among currently married women increased from 14% in 2000-01 to 35% in 2016. The Total Fertility Rate (TFR) in Uganda is 5.4 children per woman (UDHS 2016). Although there has been progress in the CPR, the unmet need is still high at 28% of currently married women aged 15-49 and 32% of sexually active unmarried women (UDHS 2016).

### Why Family Planning Atlas

The idea of family planning Atlas is to visually demonstrate the regional variations and go beyond national averages that usually mask inequities. Further, the information gathered can be used to identify gaps thus informing targeted programming and prioritization of increased family planning use and will hence harness the demographic dividend.

### Total Fertility Rate (TFR)

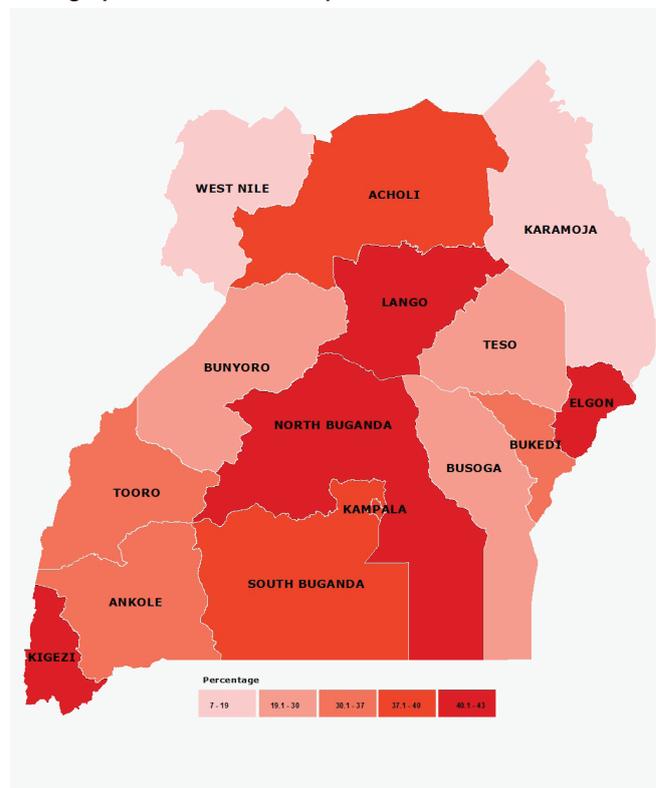
Figure 1. Total fertility rate- Source: 2016 Uganda Demographic and Health Survey



The TFR at national level stands at 5.4 children per woman (UDHS 2016). However, as shown in Figure 1, there is a huge disparity between the regions with TFR ranging from as low as 3.5 children per woman in Kampala region to as high as 7.9 children per woman in the Karamoja region. It is worth noting that the region with the highest TFR also has the highest poverty levels. To accelerate the use of family planning, there is need to understand the key drivers of high fertility rate and design culturally appropriate family planning messages. Due to the country's high fertility rate, Uganda has one of the most youthful populations in the world, with slightly more than half of its population under age 15. A large average family size makes it difficult for families and the government to make the requisite investments in education and health that are needed to develop high-quality human capital and achieve a higher level of socioeconomic development.

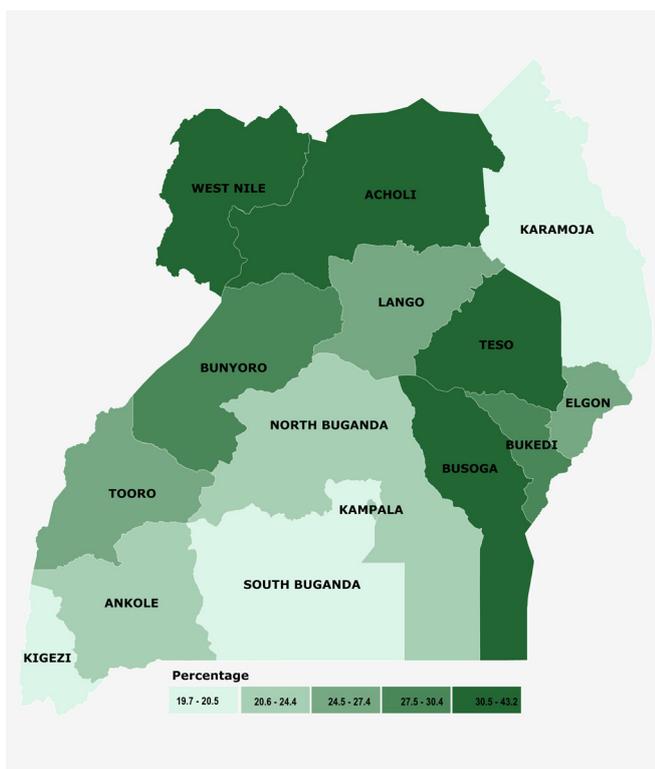
### Contraceptive Uptake

Figure 2: Contraceptive Prevalence Rate: Source. 2016 Uganda Demographic and Health Survey



The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behavior.

Contraceptive Prevalence Rate (CPR) is a critical indicator to gauge utilization of family planning services. Progress has been made over the years to improve uptake of family planning, with current modern CPR of 35% among currently married women age 15 to 49 (UDHS 2016). There exists huge regional variation with some regions such as Karamoja registering a single digit CPR of 6.5% against the highest region of Bugisu and Kigezi at 43% each (see Figure 2).



### Unmet need for family planning

Figure 3: unmet need for Family Planning Source: 2016 Uganda Demographic and Health Survey

Unmet need for family planning is defined as those women who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behavior. Twenty-eight percent of currently married women and 32% of sexually active unmarried women have an unmet need for family planning.

Fig 3 shows the disparities in unmet need for family planning among sexually active unmarried women in West Nile sub-region at 29.8% and the lowest unmet need in Kigezi sub-region at 13.5%. Unmet need among currently married women is highest in West Nile sub-region at 43.2% and lowest in the Karamoja at 19.7% and Kigezi sub-regions at 19.9% .





### Use of Long acting and Reversible contraceptives (LARC)

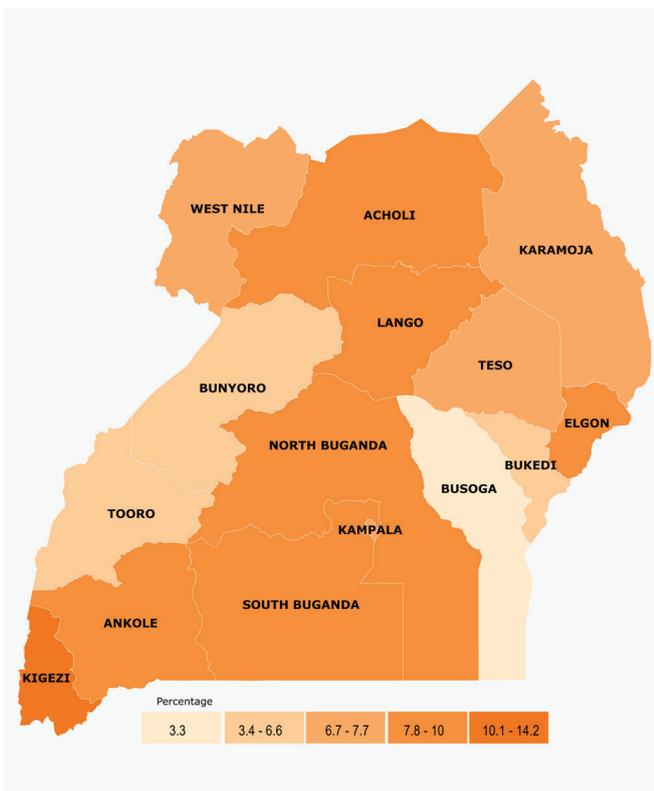


Fig 4 long-acting reversible contraceptives (LARC) use: Source: 2016 Uganda Demographic and Health Survey

Figure 4 shows the percent of users of long-acting reversible contraceptives (LARC) such as intra uterine device (IUD) and implant which are effective methods of contraception and last for an extended period without requiring user action. Women living in Kigezi sub-region have the highest proportion of LARC use at 14.2% while women in Karamoja and Busoga have the lowest at 3.7% and 3.3% respectively. The assumption is that women in Kampala have easier access to health facilities to have LARCs compared to women living in rural areas, however the proportion remains relatively low at 7.7%, Kampala is followed by West Nile sub-region at 7.6%, then Teso at 7%, Bukedi at 6.6%, Bunyoro at 6%, and Tooro at 5.5% (DHIS).

### Policy Implications

1. There is need for targeted programming that is context specific to address sub-regional inequities in accessing quality family planning information and services, focusing on regions with low CPR, high TFR and high unmet need.
2. Conduct an in-depth analysis of key drivers of low uptake of family planning, high TFR and high unmet to inform evidence based programming.
3. Develop culturally appropriate social behavior change communication that addresses the barriers to uptake and challenge negative social norms.
4. Put in place functional multisectoral structures to support advocacy at district level.

See full Family Planning Atlas Report here: <https://uganda.unfpa.org/en/publications/uganda-family-planning-atlas-0>



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