

# **COMMUNITY SURVEY REPORT**

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**Cacuaco and Viana Municipalities  
Luanda, Angola**

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**2012**

**Bixby Center**

for Population, Health & Sustainability

UNIVERSITY OF CALIFORNIA, BERKELEY

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# Angola community level assessment report

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## 1. Introduction

This community-level survey was conducted in conjunction with a census of public health facilities to better understand the reproductive health and family planning needs of women living in the municipalities of Cacuaco and Viana, in Luanda Province, Angola. This survey provides baseline data for an intervention designed to provide comprehensive family planning and post-abortion services to these municipalities. The specific aims of the intervention are: (1) to increase awareness and use of modern contraceptive methods; (2) to reduce the number of unwanted pregnancies and abortion-related morbidity and mortality; and (3) to assess the cost effectiveness of the intervention. The project relies on several strategies to accomplish these aims, including expanding the distribution of contraceptives through private sources, improving the scope and quality of family planning and post-abortion care (PAC) services in public health facilities, and extending access to these services and commodities into hard to reach communities using a network of community-based health workers.

This survey was designed to capture women's knowledge, attitudes, and practices as well as opportunities, ability, and motivation related to childbearing and family planning. The survey also collected information regarding women's experiences with reproductive health services and their preferences related to the delivery of family planning services. To our knowledge, the only other recently collected socio-demographic data were collected by the Angolan National Institute of Statistics (INE) for the IBEP living standards measurement survey in 2009, which contained UNICEF multiple indicators cluster survey (MICS) modules (Instituto Nacional de Estatística (INE) 2011).

Our survey had the targeted goal of providing baseline information before the development and implementation of our intervention, but the information contained in it could be used for a variety of purposes, including a clearer understanding of the health needs and preferences of Angolan women.

For these reasons, and for the purpose of supporting their reproductive health programs, the Bixby Center's local partner, PSI Angola, chose to collect data from a population of women that was representative of all of Luanda Province. However, the Bixby Center's efforts are focused on the municipalities of Cacuaco and Viana, so we report here only on the data collected from these two municipalities.

### 1.1 Data Collection Instrument

The design of our survey instrument was modeled on the Women's Questionnaire of the Demographic and Health Surveys (DHS) (ICF International 2011). Only the DHS topics considered pertinent to this study were utilized: background characteristics, reproductive behavior and intentions, contraception knowledge and use, and attitudes and beliefs regarding contraception and abortion. Because a full DHS has never been conducted in Angola, the Bixby team adapted sections of Angola's Malaria Indicator Survey and sections of the Women's Questionnaires from neighboring countries to suit the needs of this project.

After reviewing similar reproductive health surveys, including a baseline community survey from the Measurement, Learning and Evaluation Project of the Urban Reproductive Health Initiative in Kenya, as well as the most current academic literature, the Bixby team included additional questions to the survey that explored access to and use of reproductive health services, preferences for how services and information should be delivered, contraceptive method preferences, and additional questions to better assess women's unmet need for contraception. Additionally, a series of Likert scale questions were added to our survey instrument by PSI Angola. These questions, which have been standardized across PSI's data collection instruments, address ability, motivation, and opportunities related to contraceptive use and childbearing.

All items and response options in our survey instrument were initially developed in English and later translated into Portuguese by the Bixby team. The research team at PSI Angola then provided additional feedback on vocabulary and response options. Once the Bixby and PSI teams had agreed on a version of the instrument, members of both teams pilot tested the instrument among women of reproductive age living in Luanda. The goal of this pilot test was to review and integrate feedback from respondents and interviewers related to the following topics: ease of implementation, comprehension of questions and response options, respondents' comfort with questions, and interviewers' perception of response accuracy. Members of the PSI and Bixby teams acted as interviewers and completed the full survey instrument with respondents, then solicited respondents' feedback with regard to the aforementioned topics. All interviewers then held a meeting to review this feedback and provide feedback of their own. Each question and response option in the survey instrument was reviewed and modified as necessary. A finalized version of the survey instrument was thus created, and it was then back translated into English to ensure accuracy.

## **1.2 Implementation**

To ensure high quality data collection and to minimize the amount of time required to obtain the data, PSI Angola hired a research company specializing in fieldwork to implement the survey. After soliciting bids from several agencies, PSI Angola decided to work with SINFIC, a company that has been working in Angola, Portugal, and Mozambique since 1990. SINFIC is regarded as a leader in information technologies in these markets, including in the implementation of population-based surveys. PSI Angola's research team worked directly with SINFIC to ensure that the survey instrument was correctly implemented in the research areas of interest. SINFIC completed all of the data collection and initial data entry, and PSI Angola and the Bixby team performed additional cleaning and refinement of the completed database.

## **1.3 Sampling**

We utilized a multi-stage random sampling design to ensure that we captured a representative sample of women of reproductive age from all municipalities in Luanda Province. The size of the entire population of Luanda was estimated to be 4,901,919, according to the National Institute of

Statistics. We first distributed the sample size proportionally to the size of each municipality. Then we randomly selected a number of “sampling points” (churches, hospitals, gas stations, etc.) in each municipality from a list created for that purpose. The number of sampling points chosen per municipality varied according to the total population size in each of the municipalities. A fixed number of participants were then randomly selected

**Table 1: Number of potential respondents and response rates by municipality (N=1825)**

	%				N
	Complete	Refused	Incomplete	Other*	
Maianga	79.3	11.3	(7.9)	(1.5)	203
Cacuaco	93.6	(0.5)	(5.3)	(0.5)	187
Cazenga	83.9	(5.8)	(7.6)	(2.7)	330
Ingombota	61.9	(14.2)	(12.4)	(11.5)	113
Kilamba Kiaxi	87.3	(6.9)	(4.9)	(1.0)	306
Rangel	79.3	(3.7)	(16.3)	(0.7)	135
Samba	94.1	(1.0)	(4.9)	(0.0)	102
Sambizanga	91.5	(2.1)	(5.7)	(0.7)	141
Viana	85.4	(6.2)	(7.8)	(0.6)	308
<b>Total</b>	<b>84.7</b>	<b>5.9</b>	<b>7.6</b>	<b>1.8</b>	<b>1825</b>

\*Includes "not a resident", "does not exist", and "other"

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

from each sampling point. One woman from each household was interviewed, if present. In total, 1825 women of reproductive age living in Luanda were randomly selected to participate in the survey between October and November of 2012 (Table 1). Eighty-five percent completed the survey, 8% started but did not complete the survey, 6% refused to participate, and 2% did not participate due to other reasons (Table 1). In Cacuaco, 187 women were selected and 94% (176) completed the survey. In Viana, 308 women were selected and 85% (263) participated (Table 1). The data included in this report is from the 85% of women who complete the questionnaire.

Ethical approval for this study was provided by the University of California, Berkeley Center for Protection of Human Subjects (CPHS # 2011-08-3521). Approval was also provided by the Ethical Committee at the Instituto de Saude Publica in Luanda, Angola.

## 2. Population Characteristics

This section summarizes the sociodemographic and household characteristics of the sample population in Luanda, Angola. These statistics provide a representative overview of the characteristics of the population in this province, highlighting those in the Cacuaco and Viana municipalities.

### 2.1 Sociodemographic characteristics and use of media

Sociodemographic characteristics are important statistics that provide researchers and service providers with a good summary of the populations they serve and what their health needs may be. Table 2 contains the background characteristics of all women surveyed. In Cacuaco, 58% of respondents are under the age of 25; in Viana, it is 49%. The proportion of women in each age group declines as age increases, illustrating the young age structure of Angola, a result of high fertility in the past. The majority of women are not currently in a relationship, with 63% and 59% of respondents in Cacuaco and Viana, respectively, indicating that they are currently single. The population is rather educated, with 41% and 38% of women attaining education through grades 10 to 13 in Cacuaco and Viana, respectively. In addition, 9% in Cacuaco and 15% in Viana have completed university or higher. Distribution of wealth is skewed toward the poorer quintiles in both Cacuaco and Viana, with 23% of respondents in the poorest or second poorest quintile in Cacuaco, and 29% in the poorest in Viana. Fourteen percent of women in Cacuaco are in the highest wealth quintile, and 18% are in Viana.

Exposure to information in the media can increase knowledge and can affect individuals' perceptions of new ideas and social changes, including issues around reproductive health. The survey asked respondents about exposure to media and the frequency of exposure. The television is the most commonly utilized media outlet, with 94% and 90% of respondents in Cacuaco and Viana, respectively, indicating that they watch it almost every day. Radio is the second most frequently used media source with 46% in Cacuaco and Viana listening to it nearly daily. Based on these statistics, it is not surprising that respondents are most likely to have heard about family planning on the television in the last few months, as opposed to the radio or in a newspaper/magazine; 41% in Cacuaco and 48% in Viana indicate they heard about family planning on the television. As to be expected, most women would prefer to hear about family planning on the television – 72% in Cacuaco and 64% in Viana.

**Table 2: Background characteristics among all women of reproductive age by municipality\***

	Cacuaco		Viana		Luanda	
	%	N=175	%	N=263	%	N=1545
<b>Age</b>						
15-19	28.0	49	25.5	67	29.2	451
20-24	29.7	52	23.2	61	23.4	361
25-29	14.9	26	15.2	40	16.7	258
30-34	(11.4)	20	16.0	42	13.4	207
35-39	(6.9)	12	9.5	25	8.7	135
40-44	(5.7)	10	(5.7)	15	5.1	79
45-49	(2.3)	4	(4.6)	12	3.2	50
<b>Current marital status</b>						
Single	62.9	110	58.9	155	64.7	1,000
Married/cohabiting	35.4	62	36.9	97	31.4	485
Divorced/widowed	(1.7)	3	(4.2)	11	3.9	60
<b>Education</b>						
No education	(2.3)	4	(1.9)	5	2.6	40
Grades 1-6	(10.9)	19	17.1	45	9.8	151
Grades 7-9	37.7	66	28.1	74	32.1	496
Grades 10-13	40.6	71	37.6	99	41.2	637
University or higher	(8.6)	15	15.2	40	14.3	221
<b>Wealth quintile</b>						
1st (poorest)	23.4	41	28.9	76	19.9	308
2nd	22.9	40	19.0	50	19.9	308
3rd	17.1	30	14.4	38	19.9	307
4th	22.3	39	19.4	51	20.0	309
5th (wealthiest)	14.3	25	17.9	47	19.8	306
<b>Frequency with which read newspaper</b>						
Almost every day	15.4	27	29.7	78	26.4	408
At least once a week	36.6	64	22.1	58	32.6	503
Less than once a week	28.0	49	31.6	83	26.5	409
Not at all	16.0	28	10.6	28	10.0	154
<b>Frequency with which listen to radio</b>						
Almost every day	45.7	80	46.0	121	53.1	821
At least once a week	33.1	58	33.1	87	28.0	432
Less than once a week	17.7	31	19.0	50	15.8	244
Not at all	(3.4)	6	(1.9)	5	3.1	48
<b>Frequency with which watch television</b>						
Almost every day	93.7	164	90.1	237	93.1	1438
At least once a week	(5.7)	10	(7.2)	19	5.8	89
Less than once a week	(0.0)	0	(2.7)	7	(0.9)	14
Not at all	(0.6)	1	(0.0)	0	(0.3)	4
<b>In last few months have hear about family planning on/in the:</b>						
Radio	28.6	50	36.1	95	33.6	519
Television	41.1	72	47.5	121	42.9	663
Newspaper/magazine	15.4	27	19.0	50	23.3	360
<b>Source would prefer to hear about family planning</b>						
Radio	(8.0)	14	(6.1)	16	9.2	142
Television	72.0	126	64.3	169	68.5	1058
Newspaper/magazine	(6.3)	11	(5.3)	14	6.7	103
Clinician/in health facility	(5.7)	10	(5.3)	14	4.5	70
CHW/At home/door-to-door	(1.1)	2	(6.1)	16	2.8	43
School	(1.1)	2	(1.9)	5	(1.3)	20
Internet	(0.6)	1	(1.9)	5	(0.6)	9
Other	(5.1)	9	(2.7)	7	1.8	28

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases



## 2.2 Household characteristics

Physical characteristics and possessions of the household provide good indicators of the socioeconomic and health status of a household. This survey asked a number of questions regarding household characteristics, including distance to the nearest health facility, source of drinking water, type of toilet facility, type of fuel used for cooking, and questions about possessions in the household.

Table 3 presents the household characteristics by municipality. Respondents in Cacucaco are on average 30 minutes from the nearest health facility, whereas the travel time is closer to 45 minutes in Viana. In Cacucaco, the main source of drinking water is public taps/standpipes (34%) while a protected spring (28%) is the main source of drinking water in Viana. In terms of toilet facilities, almost everyone in Cacucaco and Viana uses a bathroom – 95% and 99%, respectively.

The vast majority of households in Cacucaco and Viana have electricity, a radio, a television, a mobile phone, a refrigerator, a table, a chair, a sofa, a bed, and an armoire. In addition, 74% and 76% of households in Cacucaco and Viana, respectively, have a member of the household who has a watch, and 47% and 48% have a member of the household with a car or truck.

<b>Table 3: Household characteristics by municipality*</b>						
	Cacuaco		Viana		Luanda	
	%	N=175	%	N=263	%	N=1545
Average distance to facility in hours, avg (min-max)	0.5 (0.1, 2.0)		0.7 (0.0, 12.0)		0.8 (0.0, 20.0)	
Distance to facility in hours						
<0.5	41.7	73	48.7	128	40.3	623
0.5-1.0	56.6	99	39.2	103	50.6	782
>1.0	(1.1)	2	11.8	31	8.9	138
Main source of drink water						
Piped into dwelling	(8.0)	14	15.2	40	22.1	341
Piped into yard/plot	25.7	45	19.4	51	27.2	421
Public taps/standpipe	34.3	60	12.5	33	24.0	371
Protected spring	22.9	40	28.1	74	11.3	175
Tanker truck	(7.4)	13	15.2	40	9.2	142
Other	(1.7)	3	9.5	25	6.1	95
Type of toilet facility						
Bathroom	95.4	167	98.9	260	95.2	1471
Public toilet	(1.1)	2	(0.4)	1	(1.4)	21
Private latrine	(3.4)	6	(0.8)	2	3.2	50
Other	(0.0)	0	(0.0)	0	(0.2)	3
Household has:						
Electricity	99.4	174	88.2	232	95.9	1482
Radio	89.7	157	87.8	231	91.7	1416
Television	98.9	173	99.2	261	99.0	1529
Mobile phone	93.1	163	96.6	254	95.9	1481
Non-mobile phone	(11.4)	20	15.6	41	22.4	346
Refrigerator	93.7	164	90.9	239	92.3	1426
Table	97.7	171	99.2	261	98.1	1516
Chair	98.3	172	98.1	258	97.5	1507
Sofa	85.1	149	80.2	211	85.3	1318
Bed	98.3	172	97.7	257	97.8	1511
Armoire	76.6	134	77.6	204	84.0	1298
Does any member of the household own:						
Watch	73.7	129	76.4	201	82.0	1267
Bicycle	36.0	63	29.7	78	35.4	547
Motorcycle/scooter	23.4	41	24.3	64	25.7	397
Wagon	(5.1)	9	(9.1)	24	5.1	79
Horse/donkey	(1.1)	2	(1.5)	4	(1.4)	21
Car/truck	47.4	83	47.5	125	51.1	789
Boat with motor	(2.9)	5	(1.9)	5	3.0	47
Type of fuel used for cooking						
Electricity	(0.0)	0	(1.1)	3	1.1	17.00
LPG	97.7	171	97.7	257	95.3	1473
Natural gas	(0.6)	1	(0.8)	2	(1.4)	22
Coal	(1.7)	3	(0.0)	0	1.9	30
Other	(0.0)	0	(0.4)	1	(0.2)	3
Member of the household owns agriculture land	29.7	52	26.6	70	25.2	390

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

## 2.3 Occupation

The survey asked about respondents' current occupations, if any, and the type of payment they receive. As seen in Table 4, occupation data indicates the 43% and 32% of women are students, and

	Cacuaco		Viana		Luanda	
	%	N=175	%	N=263	%	N=1545
Occupation						
Government worker	(9.1)	16	11.4	30	11.8	183
Student	43.4	76	31.9	84	38.1	589
Working students	(8.0)	14	12.9	34	12.9	200
Domestic	(7.4)	13	(8.7)	23	8.8	136
Merchant/vendor	21.1	37	22.1	58	17.2	265
Does not work	(10.9)	19	12.9	34	11.1	171
Other	(0.0)	0	(0.0)	0	0.1	1
Compensation						
Cash only	22.9	40	23.2	61	27.1	419
Cash and kind	(4.0)	7	(3.4)	9	4.7	73
In kind only	(0.6)	1	(1.1)	3	(1.2)	18
Not paid	52.6	92	50.6	133	50.8	785

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

8% and 13% are working students in Cacuaco and Viana, respectively. This is rather high, but it is important to consider the large proportion of the sample that is under 25 years old. The next most common occupation is merchant or vendor; 21% and 22% indicate this to be their current occupation in Cacuaco and Viana, respectively. Similar proportions of respondents are not currently working in Cacuaco (11%) and Viana (13%).

The majority of respondents in Cacuaco (53%) and Viana (51%) are not paid in their current occupation. Among those who are paid, most are paid in cash only.

## 2.4 Marriage and sexual activity

Age at marriage, age at first intercourse, and age at first pregnancy provide a quick indication of the gender dynamics and women's risk of becoming pregnant. Table 5 presents the marriage and sexual activity among respondents. Currently 63% and 59% of women in Cacuaco and Viana are single, and 35% and 37% are married or cohabiting, respectively. Age at marriage is important because marriage is often when women begin childbearing, thus it affects the length of the exposure period during which women are at risk of pregnancy. Earlier marriage means longer exposure and typically a greater number of children over the lifecourse. Among women who have been married, the average age at marriage is 23 in Cacuaco and Viana, with a range of 18 to 31. The average age of the current husband/partner is 36 in Cacuaco and 37 in Viana, and the average age of the woman is 31 and 32 respectively, thus the husbands are on average 5 years older.

The average age at first intercourse is 17 in both Cacuaco and Viana, and the average at first pregnancy is two years later at 19. It is important to note that the average age at first pregnancy is actually lower than the average age at marriage, thus women are either having children out of wedlock or resorting to abortion to terminate unwanted pregnancies.

**Table 5: Marriage and sexual activity among respondents by municipality\***

	Cacuaco		Viana		Luanda	
	%	N=175	%	N=263	%	N=1545
Current marital status						
Single	62.9	110	58.9	155	64.7	1,000
Married/cohabiting	35.4	62	36.9	97	31.4	485
Divorced/widowed	(1.7)	3	(4.2)	11	3.9	60
Average age at marriage (among women who have been married), avg (min-max)						
	23.0 (18-31)		22.8 (18-30)		24.1 (14-41)	
Age at marriage						
Never married	62.9	110	58.9	155	64.7	1,000
15-19	(1.1)	2	(1.5)	4	1.9	29
20-24	(8.6)	15	(6.5)	17	7.8	120
25-29	(3.4)	6	(3.4)	9	5.5	85
30+	(0.6)	1	(0.4)	1	1.7	26
No response/don't know/missing	23.4	41	29.3	77	18.4	285
Average age of current husband/partner (among married/cohabiting), avg (min-max)						
	36.0 (24-56)		37.0 (22-57)		36.7 (20-60)	
Average age at first intercourse (among women who have had sex), avg (min-max)						
	17.2 (11-41)		16.8 (11-23)		17.1 (11-41)	
Age at first intercourse						
Has never had sex	(7.4)	13	(7.6)	20	7.8	120
<16 years	20.0	35	23.2	61	20.7	320
16-17 years	32.6	57	28.5	75	28.7	443
>18 years	30.3	53	30.8	81	31.2	482
No response/don't know/missing	(9.7)	17	9.9	26	11.7	180
Average age at first pregnancy (among women who have ever been pregnant), avg (min-max)						
	19.7 (14-31)		19.3 (13-39)		20.2 (13-39)	
Age at first pregnancy						
Never been pregnant	44.6	78	37.3	98	42.1	651
<16 years	(4.0)	7	(6.1)	16	3.6	55
16-17 years	(8.6)	15	15.2	40	9.5	147
18-19 years	(13.1)	23	16.3	43	13.9	215
20+ years	16.6	29	10.3	27	12.2	189
No response/don't know/missing	(13.1)	23	14.8	39	18.6	288

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

### 3. Fertility

This section looks at a number of fertility indicators, ranging from pregnancy history to knowledge of the fertile window. Indicators on current and cumulative fertility provide essential information for monitoring population growth. Fertility indicators are not only relevant for population policies and programs, but these metrics also inform policies and programs related to maternal and child health. For instance, maternal death rates are closely linked with high fertility rates. Meanwhile, the age at which childbearing begins can also have a major impact on the health and wellbeing of both the mother and the child. Understanding trends and patterns in fertility are crucial to reducing maternal and infant mortality.

#### 3.1. Pregnancy History

A complete history of all pregnancies was obtained for each woman surveyed, including current pregnancies, those carried to term, and those interrupted. As shown in Table 6, 9% of women are currently pregnant in each municipality. Approximately 55% and 63% of respondents have ever been pregnant in Cacucaco and Viana, respectively. Ten percent and 14% of respondents in Cacucaco and Viana, respectively have ever deliberately interrupted a pregnancy, though both estimates are lower than the provincial estimate of 17%.

<b>Table 6: Pregnancy and pregnancy loss characteristics of respondents by municipality*</b>						
	Cacuaco		Viana		Luanda	
<b>Pregnancy (among all women)</b>	%	N=175	%	N=263	%	N=1545
Has ever been pregnant	55.4	97	62.7	165	57.9	894
Has ever given birth	49.1	86	55.1	145	50.1	774
Currently pregnant	(9.1)	16	9.5	25	8.0	124
<b>Wantedness and family planning experience (among ever pregnant)</b>	%	N=97	%	N=165	%	N=894
Wantedness of last pregnancy						
Wanted then	57.7	56	58.2	96	49.4	442
Wanted later	29.9	29	26.1	43	35.1	314
Did not want at all	(12.4)	12	15.8	26	15.4	138
Ever received family planning counseling during pregnancy or after	33.0	32	39.4	65	40.8	365
Ever received family planning method during pregnancy or after	(6.2)	6	(9.1)	15	8.5	76
<b>Pregnancy loss (among ever pregnant)</b>	%	N=97	%	N=165	%	N=894
Ever not carried pregnancy to term	26.8	26	31.5	52	33.6	300
Interrupted pregnancy deliberately	(10.3)	10	(13.9)	23	17.0	152
Number interrupted						
0	88.7	86	86.1	142	82.8	740
1	(9.3)	9	(8.5)	14	11.1	99
2+	(1.0)	1	(5.5)	9	5.9	53
Average number of months pregnant at time pregnancy ended, avg (min-max)		1.6 (1-3)		2.5 (1-6)		2.1 (0-6)

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

Pregnancy intentions and the family planning experience of a woman during and after a pregnancy were also assessed. Both municipalities had similar findings for intentions surrounding the last pregnancy. Among ever-pregnant women in Cacucaco and Viana, 58% wanted the last pregnancy then, while 30% and 26%, respectively, wanted it later, and 12% and 16%, respectively, did not want it at all. Thus 42% of pregnancies were mistimed or unwanted in each municipality. With a large proportion of respondents' most recent pregnancy mistimed or unwanted, pregnancy, or shortly thereafter, is a critical period for family planning interventions in Luanda. Yet only 41% of women received family planning counseling during or after pregnancy, with even less (9%) receiving a family planning method.

### 3.2. Fertility Characteristics

As displayed in Table 7, the average number of living children among women in our sample population is slightly lower in Cacucaco (1.3) than Viana (1.7). A large portion of the total sample has no children (50%), while 23% of women have 3 or more living children. The average age at first birth in both municipalities is 20 years old, which is slightly lower than the provincial estimate of 21.

**Table 7: Fertility characteristics among all women of reproductive age by municipality\***

	Cacuaco		Viana		Luanda	
	%	N=175	%	N=263	%	N=1545
Average number of children ever born, avg (min-max)		1.4 (0-8)		1.9 (0-14)		1.5 (0-14)
Total number of children ever born						
0	50.9	89	44.9	118	50.0	772
1-2	25.1	44	25.1	66	25.6	396
3-4	16.6	29	13.3	35	14.4	223
5+	(7.4)	13	16.7	44	10.0	154
Average number of living children, avg (min-max)		1.3 (0-8)		1.7 (0-8)		1.4 (0-10)
Total number of living children						
0	50.9	89	44.9	118	50.0	772
1-2	25.1	44	26.6	70	26.7	413
3-4	16.6	29	14.4	38	14.3	221
5+	(6.3)	11	13.7	36	8.4	130
Average age at first birth among women who have given birth and reported an age at first birth (N=748), avg (min-max)		20.3 (14-33)		19.9 (13-39)		20.7 (13-39)
Age at first birth						
Never given birth	50.9	89	44.9	118	49.9	771
<15	(0.6)	1	(3.0)	8	(1.0)	16
15-19	21.7	38	26.6	70	20.3	313
20-24	20.6	36	16.3	43	19.5	301
>25	(5.1)	9	(8.0)	21	7.6	118

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

### 3.3. Age-Specific Fertility

The age-specific fertility estimates in Table 8 and Figures 1A, 1B, and 1C show the age pattern of fertility in Cacuo, Viana, and Luanda, respectively. The age-specific total fertility represented in these three figures indicates the total number of children ever born per 1,000 women. This measure is based on the birth history data and is calculated as the total number of children born by age group of the respondents, divided by the total number of women in that age group, and then multiplied by 1000. As shown in Figure 1A, the average number of children ever born per 1000 women increases with age; women in age group 15-19 have had on average 20 children per 1000 women, whereas women in age group 45-49 have had on average 5750 children per 1000 women in Cacuo. Though following a similar pattern of increasing fertility with age, the age-specific average total fertility in Viana is considerably larger for all age groups, ranging from 119 children per 1000 women in age group 15-19 to 6970 children per 1000 women in age group 45-49 (Figure 1B).

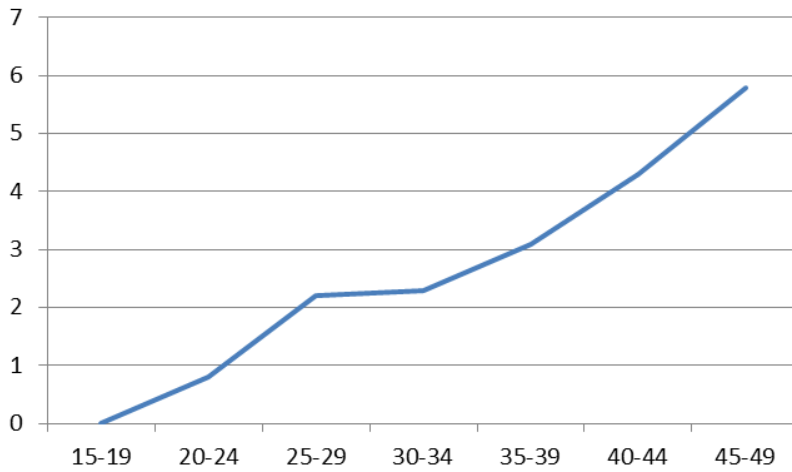
**Table 8: Age-specific number of children ever born by municipality**

Average number of children ever born*	Number of children ever born							Total	N	
	0	1	2	3	4	5	6+			
<b>Cacuaco (N=175)</b>										
Age										
15-19	0.0	98.0	(2.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	100.0	49
20-24	0.8	53.8	(26.9)	(13.5)	(3.8)	(1.9)	(0.0)	(0.0)	100.0	52
25-29	2.2	(23.1)	(15.4)	(34.6)	(7.7)	(11.5)	(3.8)	(3.8)	100.0	26
30-34	2.3	(25.0)	(10.0)	(30.0)	(10.0)	(20.0)	(5.0)	(0.0)	100.0	20
35-39	3.1	(16.7)	(8.3)	(0.0)	(16.7)	(50.0)	(8.3)	(0.0)	100.0	12
40-44	4.3	(20.0)	(0.0)	(0.0)	(20.0)	(20.0)	(10.0)	(30.0)	100.0	10
45-49	5.8	(0.0)	(0.0)	(0.0)	(0.0)	(25.0)	(25.0)	(50.0)	100.0	4
<b>Viana (N=263)</b>										
Age										
15-19	0.1	89.6	(9.0)	(1.5)	(0.0)	(0.0)	(0.0)	(0.0)	100.0	67
20-24	0.8	55.7	(27.9)	(8.2)	(8.2)	(0.0)	(0.0)	(0.0)	100.0	61
25-29	1.8	(22.5)	(27.5)	(32.5)	(10.0)	(0.0)	(7.5)	(0.0)	100.0	40
30-34	2.9	(26.2)	(4.8)	(14.3)	(26.2)	(9.5)	(14.3)	(4.8)	100.0	42
35-39	3.8	(12.0)	(4.0)	(24.0)	(12.0)	(16.0)	(12.0)	(20.0)	100.0	25
40-44	4.2	(6.7)	(13.3)	(0.0)	(13.3)	(20.0)	(26.7)	(20.0)	100.0	15
45-49	6.9	(0.0)	(0.0)	(0.0)	(0.0)	(16.7)	(33.3)	(50.0)	100.0	12
<b>Luanda (N=1545)</b>										
Age										
15-19	0.1	94.5	(4.4)	(0.9)	(0.2)	(0.0)	(0.0)	(0.0)	100.0	451
20-24	0.6	64.5	23.3	8.0	(2.8)	(1.4)	(0.0)	(0.0)	100.0	361
25-29	1.6	24.8	32.6	23.3	12.0	(3.9)	(2.7)	(0.8)	100.0	258
30-34	2.6	17.4	14.0	24.2	19.3	12.1	(9.2)	(3.9)	100.0	207
35-39	3.5	(7.4)	(5.9)	23.7	20.0	25.2	(8.9)	(8.9)	100.0	135
40-44	4.4	(10.1)	(5.1)	(7.6)	(15.2)	(16.5)	(21.5)	(24.1)	100.0	79
45-49	5.5	(6.0)	(4.0)	(2.0)	(0.0)	(20.0)	(32.0)	(36.0)	100.0	50

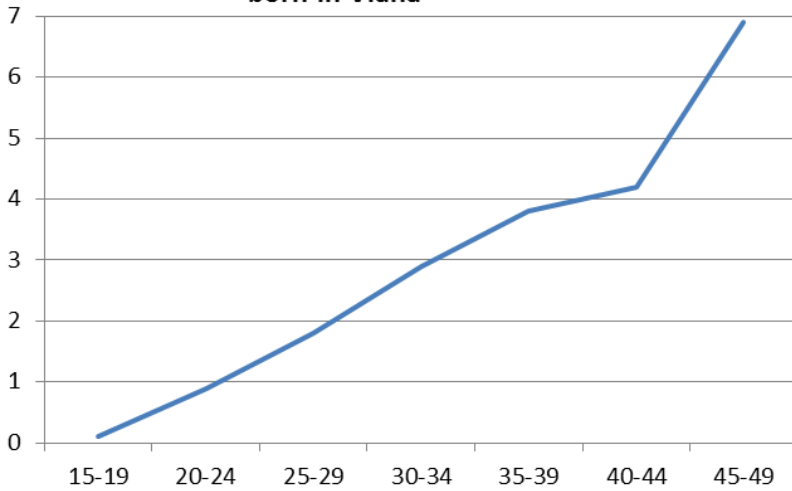
\*Calculated as the total number of children born to each age group, divided by the total number of women in each age group

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

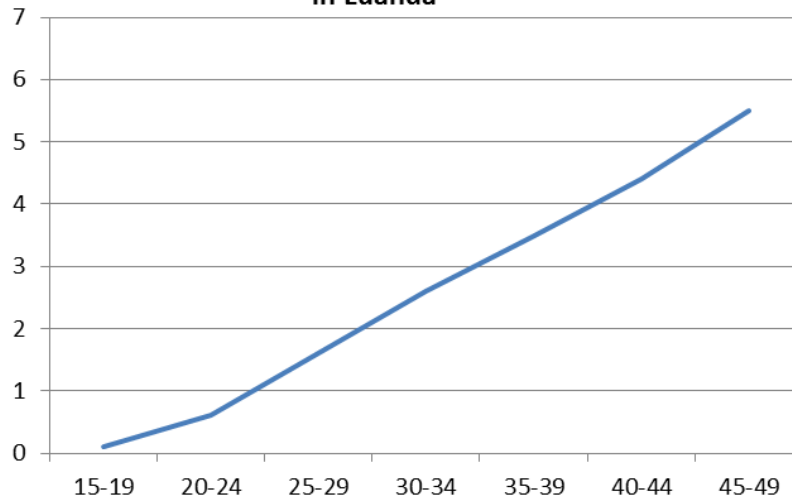
**Figure 1A: Age-specific average number of children ever born in Cacucaco**



**Figure 1B: Age-specific average number of children ever born in Viana**



**Figure 1C: Age-specific average number of children ever born in Luanda**



### 3.4. Knowledge of fertile window and breastfeeding

Fertility awareness was assessed by asking women specific questions about their knowledge of a “fertile window”, or the days of their menstrual cycle when intercourse is most likely to result in a pregnancy, and their knowledge surrounding breastfeeding as a natural method of protection against pregnancy. As indicated in Table 9, an overwhelming number of women are aware that there are certain days when they are more likely to become pregnant in Cacucaco and Viana, with 89% and 84% knowledgeable, respectively. However, less than 25% in both municipalities are able to correctly identify their fertile window. Similarly, while approximately 90% of women in the two municipalities think breastfeeding does not fully protect against pregnancy, many women are unclear what criteria are necessary for breastfeeding to be an effective method. Of the criteria required for breastfeeding to be an effective means of preventing pregnancy, 10% and 9% in Cacucaco and Viana, respectively, identified that you must exclusively



breastfeed without supplements, 45% and 36% identified that you must exclusively breastfeed for no longer than 6 months, and 31% and 42% identified that your menstrual period cannot have returned.

**Table 9: Knowledge about fertile window and breastfeeding among women who have ever been pregnant by municipality\***

	Cacuaco		Viana		Luanda	
	%	N=97	%	N=165	%	N=894
Knows whether there are certain days when more likely to become pregnant	88.7	86	84.2	139	85.1	761
Knowledge of when a woman is most fertile						
Correct	(23.7)	23	24.8	41	19.4	173
Incorrect	67.0	65	63.6	105	70.6	631
Doesn't know	(9.3)	9	(11.5)	19	10.1	90
Thinks women who is breastfeeding can become pregnant	91.8	89	88.5	146	87.5	782
Criteria for which breastfeeding is effective among women who thought it was possible for a women to get pregnant while breastfeeding						
Exclusive breastfeeding, no supplements	(10.3)	10	(9.1)	15	12.6	113
Exclusive breastfeeding for up to 6 months	45.4	44	36.4	60	34.9	312
Menstrual period hasn't returned	30.9	30	42.4	70	34.7	310
When woman is menstruating	(1.0)	1	(0.0)	0	(0.8)	7
Others	(1.0)	1	(4.2)	7	(2.7)	24
None	(3.1)	3	(5.5)	9	3.4	30
Don't know	(20.6)	20	15.2	25	20.4	182

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

## 4. Family Planning

Family planning use is linked to a number of positive health and life outcomes, which is why efforts are constantly being made to increase the contraceptive prevalence rate (CPR). This section covers a number of factors related to family planning, including but not limited to knowledge, utilization, interactions with the health care system, preferences, intention to use, and attitudes about contraception and abortion.

### 4.1 Knowledge and use of family planning

A prerequisite to effectively obtaining and using an appropriate family planning method is knowledge of that, and other methods. Table 10 presents the knowledge of contraceptive methods among all respondents. The method that most women know of is condoms, with 95% and 94% of respondents in Cacucaco and Viana, respectively, reporting they have heard of them. The pill is the second most commonly reported method that women have heard of, at 77% and 81% in Cacucaco and Viana, respectively. The least commonly heard of method is male sterilization at 10% in Cacucaco and 17% in Viana.

**Table 10: Knowledge of contraceptive methods among all women of reproductive age by municipality\***

	Cacuaco		Viana		Luanda	
	%	N=175	%	N=263	%	N=1545
Female sterilization	30.3	53	34.6	91	29.1	449
Male sterilization	(10.3)	18	16.7	44	15.0	232
Pill	76.6	134	80.6	212	79.7	1231
IUD	40.0	70	58.2	153	39.7	613
Injectables	70.9	124	73.4	193	68.9	1065
Implants	39.4	69	45.6	120	39.1	604
Condom	94.9	166	94.3	248	95.0	1468
Female condom	48.6	85	46.4	122	45.6	705
Lactational amenorrhea method	(12.0)	21	19.0	50	13.1	202
Rhythm method	50.9	89	45.6	120	45.4	702
Withdrawal	28.6	50	41.1	108	28.5	441
Emergency contraception	22.3	39	31.6	83	23.5	363
Other	(0.6)	1	(0.8)	2	(0.6)	10

\*Missing responses included in percent calculations

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

Table 11 presents the percent of respondents who have ever used each method. No one in Cacucaco and Viana has ever had a partner use male sterilization, and only 1 (0.4%) woman has been sterilized in Viana. Similarly low percentages of women have ever used lactational amenorrhea method in Cacucaco (0.6%) and Viana (0.4%). The most commonly ever used contraceptive method is condoms, with 53% and 50% having used them in Cacucaco and Viana, respectively. The second most commonly used method is injectables and then pills; 21% and 22% have ever used injectables and 17% and 21% have ever use pills in Cacucaco and Viana, respectively.

**Table 11: Ever use of contraceptive methods among all women of reproductive age by municipality\***

	Cacuaco		Viana		Luanda	
	%	N=175	%	N=263	%	N=1545
Female sterilization	(0.0)	0	(0.4)	1	(0.3)	4
Male sterilization	(0.0)	0	(0.0)	0	(0.1)	1
Pill	16.6	29	20.9	55	21.9	339
IUD	(1.7)	3	(3.0)	8	2.3	35
Injectables	21.1	37	22.1	58	18.0	278
Implants	(2.3)	4	(2.3)	6	2.4	37
Condom	52.6	92	50.2	132	54.6	844
Female condom	(1.1)	2	(0.8)	2	(1.6)	24
Lactational amenorrhea method	(0.6)	1	(0.4)	1	(0.6)	9
Rhythm method	14.3	25	(8.0)	21	9.0	139
Withdrawal	(6.9)	12	(7.6)	20	5.7	88
Emergency contraception	(5.1)	9	(3.8)	10	4.5	70
Other	(0.0)	0	(0.0)	0	(0.0)	0

\*Missing responses included in percent calculations

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

Having correct knowledge about commonly used methods is even more important than simply having heard of the methods. Table 12 contains the percent of respondents who have correct knowledge about condoms, injectables, and pills. Only 67% and 66% of women in Cacuaco and Viana know that condoms do not require a prescription and only 53% and 42% know there are minimal side effects. Regarding injectables, only 6% and 7% of women in Cacuaco and Viana know that injectables must be taken every 3 months and only about half know that injectables do not protect against STIs and that women can become pregnant again after the last injections wears off. Approximately 40% of women in Cacuaco and Viana do not know that the pill has to be taken every day, and only 47% and 43%, respectively, know that women do not need to go to the clinic for re-supply after the initial visit.

The survey asked additional questions about family planning, including whether the respondent knows a place where she can obtain a method of contraception and whether she has ever recommended family planning to friends or family. Most women in Cacuaco (65%) and Viana (64%) know a place to obtain a contraceptive method (Table 13). Only 32% and 37% of women in Cacuaco and Viana, respectively, have recommended a method to someone, the most commonly recommended methods being condoms, injectables, and pills (Table 13).

**Table 12: Percent who have correct knowledge about specific family planning methods among all women of reproductive age by municipality\***

	Cacuaco		Viana		Luanda	
	%	N=175	%	N=263	%	N=1545
<b>Condoms</b>						
Do not need a prescription or medical examination to obtain condoms	67.4	118	65.8	173	71.2	1,100
There are minimal side effects to using condoms	53.1	93	41.8	110	47.5	734
Condoms should be used throughout intercourse to be most effective	78.9	138	75.3	198	75.1	1160
<b>Injectables</b>						
Injectables must be taken either every 1, 2 or 3 months	(6.3)	11	(6.8)	18	5.8	89
Injectables contraceptives do not protect women from STIs	54.3	95	49.4	130	52.2	807
The most common side effect is irregular bleeding for first few months	46.3	81	43.7	115	44.3	685
Women can become pregnant again after the last injection wears off	56.6	99	51.7	136	52.6	812
<b>Pill</b>						
The pill has to be taken every day	61.7	108	62.4	164	61.6	952
Fertility normally returns within three months after stopping use	42.3	74	38.4	101	43.4	671
After the initial visit to the doctor, women can re-supply their pills from their local store without having to go back to the clinic every month	46.9	82	43.3	114	43.4	670
The pill does not protect women from STIs	56.6	99	50.2	132	58.4	902

\*Missing responses included in percent calculations

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

**Table 13: Additional family planning information by municipality\***

	Cacuaco		Viana		Luanda	
	%	N=175	%	N=263	%	N=1545
<b>Among all women</b>						
Knows a place where can obtain a method	65.1	114	64.3	169	69.1	1068
Have recommended any family planning method to friends or relatives	32.0	56	37.3	98	39.5	610
<b>Among women who have recommended a method</b>						
	%	N=56	%	N=98	%	N=610
Methods recommended						
Female sterilization	(0.0)	0	(0.0)	0	(0.5)	3
Pill	(17.9)	10	26.5	26	33.8	206
IUD	(0.0)	0	(9.2)	9	4.3	26
Injectables	(32.1)	18	(23.5)	23	27.9	170
Implants	(12.5)	7	(2.0)	2	5.4	33
Condom	66.1	37	60.2	59	64.9	396
Female condom	(0.0)	0	(0.0)	0	(2.0)	12
Male sterilization	(0.0)	0	(0.0)	0	(0.2)	1
LAM	(1.8)	1	(0.0)	0	(0.3)	2
Rhythm method	(8.9)	5	(6.1)	6	5.4	33
Withdrawal	(3.6)	2	(0.0)	0	(1.3)	8
No specific method	(3.6)	2	(11.2)	11	5.1	31
Emergency contraception	(1.8)	1	(0.0)	0	(0.5)	3

\*Missing responses included in percent calculations

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

## 4.2 Interactions with and attitudes toward health care system

Interactions with the health care system are important in shaping attitudes towards health care and service utilization. Table 14 displays results from survey questions regarding interactions with fieldworkers, health facilities, and pharmacists in the last 12 months, in addition to the respondent's preferred source of family planning information. A small minority of women in Cacuaco (13%) and Viana (8%) have been visited by a field worker who discussed family planning in the last 12 months, indicating that community outreach in these areas is limited. There is an indication that these providers could improve contraceptive utilization in their communities because 51% of women in Cacuaco and 41% of women in Viana say they would accept contraception from a fieldworker. The most commonly reported method that women say they would accept from a fieldworker is condoms at 33% and 24% in Cacuaco and Viana, respectively; 13% and 11% say they would accept pills.

The majority of women in Cacuaco (73%) and Viana (64%) have visited a health facility for any reason in the last 12 months, so there are definitely opportunities for providers to discuss family planning during these interactions. Only 18% of women in Cacuaco and 14% of women in Viana have received information on family planning from a pharmacist, which again could be an opportunity to provide family planning counseling. Respondents indicate that most of them (69% in Cacuaco and 57% in Viana) would prefer to get information about family planning at a government

**Table 14: Interactions with and attitudes towards the health care system among all women of reproductive age by municipality\***

	Cacuaco		Viana		Luanda	
	%	N=175	%	N=263	%	N=1545
In last 12 months was visited by a fieldworker who talked about family planning	(13.1)	23	(7.6)	20	14.0	217
Would accept any type of contraception from this type of fieldworker	50.9	89	41.1	108	49.1	758
Types of methods would accept						
Female sterilization	(0.6)	1	(0.0)	0	(0.3)	5
Pill	(12.6)	22	11.4	30	17.2	265
IUD	(2.9)	5	(0.4)	1	(1.4)	22
Injectables	14.9	26	(9.1)	24	12.5	193
Implants	(3.4)	6	(1.5)	4	4.9	76
Condom	32.6	57	24.0	63	30.1	465
Female condom	(0.6)	1	(1.1)	3	2.2	34
Male sterilization	(0.0)	0	(0.0)	0	(0.1)	2
LAM	(0.0)	0	(0.0)	0	(0.5)	7
Rhythm method	(5.1)	9	(1.5)	4	4.7	72
Withdrawal	(1.7)	3	(0.0)	0	(0.6)	9
In last 12 months visited health facility for any reason	72.6	127	63.9	168	66.0	1020
In last 12 months received any information or counseling on family planning while visiting a pharmacy	17.7	31	14.4	38	18.2	281
Would prefer to get information about family planning at:						
Government health center	69.1	121	57.0	150	62.5	965
Private or NGO clinic	18.3	32	18.6	49	21.4	330
Pharmacy	24.0	42	14.8	39	21.6	334
Community health worker	(11.4)	20	11.8	31	10.4	161
Friend/family member	(6.9)	12	(3.4)	9	7.6	117
School/community leaders/church	(13.1)	23	9.5	25	14.8	229
Magazine/newspaper	(5.7)	10	(4.9)	13	5.8	89
Radio	(11.4)	20	(6.8)	18	12.2	189
Television	21.1	37	21.7	57	24.4	377

\*Missing responses included in percent calculations

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

health center. The second most preferred source of family planning information is a pharmacy in Cacuaco (24%) and a private/non-governmental clinic in Viana (19%).

### 4.3 Current contraceptive use

The level of contraceptive use is an indicator commonly used to assess family planning programs. Commonly reported as the contraceptive prevalence rate (CPR), the percentage of women of reproductive age currently using a contraceptive method measures how well the government and other health care providers are doing at increasing knowledge of and demand for contraception in order to allow women to control their fertility. This section presents overall contraceptive

prevalence and breaks it down by method, and looks at background characteristics by current contraceptive use. It also presents additional information that can be used to assess how well providers are counseling women on contraceptive methods and side effects.

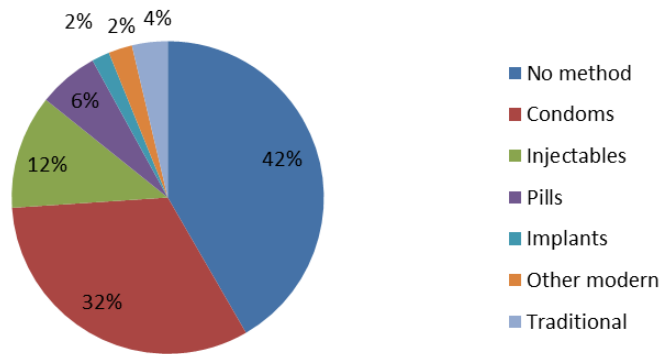
<b>Table 15: Current use of contraception by municipality*</b>						
	Cacuaco		Viana		Luanda	
<b>Among all women</b>	%	N=175	%	N=263	%	N=1545
Currently using method	50.3	88	57.0	150	51.8	801
<b>Among current users</b>	%	N=88	%	N=150	%	N=801
<b>Current method</b>						
Female sterilization	(2.3)	2	(1.3)	2	(0.9)	7
Pill	(11.4)	10	22.0	33	19.5	156
IUD	(2.3)	2	(0.7)	1	(1.4)	11
Injectables	(21.6)	19	22.7	34	20.8	167
Implants	(3.4)	3	(3.3)	5	3.2	26
Condom	59.1	52	60.0	90	61.7	494
Female condom	(0.0)	0	(0.0)	0	(1.4)	11
Male sterilization	(0.0)	0	(0.0)	0	(0.0)	0
LAM	(0.0)	0	(0.7)	1	(0.5)	4
Rhythm method	(3.4)	3	(2.0)	3	(2.5)	24
Withdrawal	(3.4)	3	(0.7)	1	(1.9)	15
<b>Reason using method</b>						
Spacing	58.0	51	60.0	90	58.9	472
Completed family size	(8.0)	7	(8.7)	13	9.6	77
Economic reasons	18.2	16	32.0	48	23.0	184
Medical reasons	(10.2)	9	(14.7)	22	13.2	106
Provider choice	(4.5)	4	(4.7)	7	6.0	48
Friend/neighbor said best	(11.4)	10	(4.0)	7	10.1	81

\*Missing responses included in percent calculations but omitted from tables

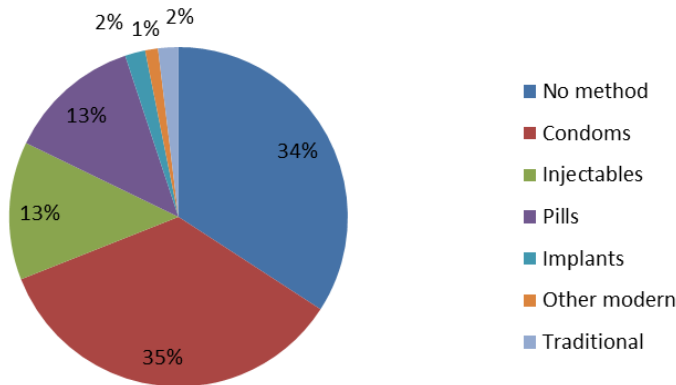
( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

Table 15 provides an overview of the current contraceptive use in Cacuaco and Viana, and Luanda as a whole. Among women of reproductive age in Cacuaco and Viana, 50% and 57%, respectively, are currently using any contraception; a slightly lower percentage in both municipalities is using a modern method. Among current users, 59% and 60% in Cacuaco and Viana, respectively, are using condoms. The next most common method is injectables at 22% and 23%, followed by the pill at 11% and 22% in Cacuaco and Viana, respectively. Use of traditional methods is not very common, nor is use of long acting reversible methods or permanent methods. The majority of women in Cacuaco (58%) and Viana (60%) report that spacing is the reason for their contraceptive use; the second most common response is economic reasons at 18% and 32% in Cacuaco and Viana, respectively. As seen in Figures 2A, 2B, and 2C, among all women, 32% and 35% are using condoms, 12% and 13% are using injectables, and 6% and 13% are using pills in Cacuaco and Viana, but a large proportion are using nothing.

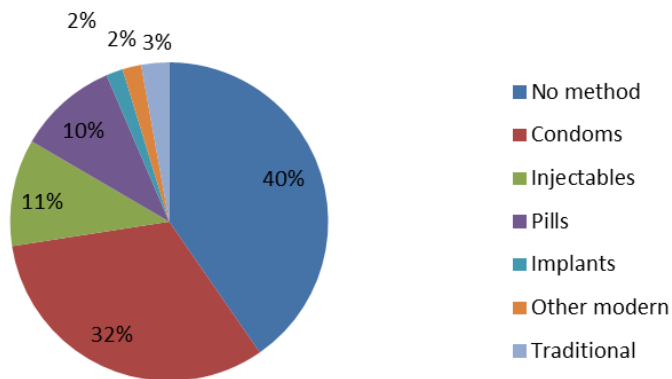
**Figure 2A: Current contraceptive use among all women of reproductive age in Cacuo**



**Figure 2B: Current contraceptive use among all women of reproductive age in Viana**



**Figure 2C: Current contraceptive use among all women of reproductive age in Luanda**



Tables 16a through 16c contain the current contraceptive method by background characteristics among all women of reproductive age in Cacuo, Viana, and all of Luanda. In Cacuo (Table 16a), we see that women age 35-39 have the highest use of any method (75%) or any modern method (67%). Women age 20-24 are next with 58% and 54%, respectively. In Viana (Table 16b), women age 40-44 have the highest proportion of current users of any method (80%) or any modern method (80%), followed by women age 35-39 (76% and 72%, respectively). In both municipalities, divorced/widowed women have the highest proportion of contraceptive users, followed by married/cohabiting women, and then single women.

By level of education, we see more variation in level of contraceptive use in Cacuo than in Viana. In Cacuo, women who have completed 10-13 years of schooling have the highest use of any method or any modern method (62% and 59%, respectively) and women with 1-6 years education have the lowest use (16%). A quarter of women with no education use any method/any modern method. In Viana, equal proportions of women with university education and no education use any method or any modern method (60%). Similar to

Cacuo, women with 1-6 years of education have the lowest levels of contraceptive or modern contraceptive use at 40%. By wealth quintile, we see a positive correlation between wealth and contraceptive use; this pattern is less pronounced in Viana. And with regard to number of living children in Cacuo, women with 3 to 4 children have the highest level of contraceptive use (62%) and women with 5 or more children have the least (36%). In Viana, women with 5 or more children



**Table 16a: Current contraceptive method by background characteristics among all women of reproductive age in Cacuaco (N=175)\***

	Any method	Any modern method	Any traditional method	Pill	Injectables	Implants	Condom	Other modern	Not currently using	Total
<b>Age</b>										
15-19	(44.9)	(44.9)	(0.0)	(2.0)	(0.0)	(0.0)	(42.9)	(2.0)	55.1	100.0
20-24	57.7	53.8	(5.8)	(5.8)	(9.6)	(0.0)	(42.3)	(0.0)	(32.7)	100.0
25-29	(46.2)	(42.3)	(3.8)	(3.8)	(15.4)	(0.0)	(19.2)	(3.8)	(23.1)	100.0
30-34	(45.0)	(45.0)	(5.0)	15.0	(20.0)	(0.0)	(10.0)	(0.0)	(45.0)	100.0
35-39	75.0	(66.7)	(8.3)	(8.3)	(25.0)	(25.0)	(8.3)	(8.3)	(25.0)	100.0
40-44	40.0	(40.0)	(0.0)	(0.0)	(30.0)	(0.0)	(0.0)	(10.0)	(50.0)	100.0
45-49	25.0	(25.0)	(0.0)	(25.0)	(0.0)	(0.0)	(0.0)	(0.0)	(75.0)	100.0
<b>Current marital status</b>										
Single	48.2	45.5	(2.7)	(1.8)	(4.5)	(0.0)	39.1	(2.7)	46.4	100.0
Married/cohabiting	53.2	51.6	(4.8)	(12.9)	(21.0)	(3.2)	(14.5)	(1.6)	(30.6)	100.0
Divorced/widowed	(66.7)	(66.7)	(0.0)	(0.0)	(33.3)	(33.3)	(0.0)	(0.0)	(33.3)	100.0
<b>Education</b>										
No education	(25.0)	(25.0)	(0.0)	(0.0)	(0.0)	(0.0)	(25.0)	(0.0)	(75.0)	100.0
Grades 1-6	(15.8)	(15.8)	(5.3)	(0.0)	(5.3)	(0.0)	(10.5)	(0.0)	(57.9)	100.0
Grades 7-9	50.0	47.0	(3.0)	(6.1)	16.7	(1.5)	(22.7)	(1.5)	42.4	100.0
Grades 10-13	62.0	59.2	(4.2)	(5.6)	(7.0)	(2.8)	45.1	(2.8)	(32.4)	100.0
University or higher	(46.7)	(46.7)	(0.0)	(13.3)	(13.3)	(0.0)	(13.3)	(6.7)	(40.0)	100.0
<b>Wealth quintile</b>										
1st (poorest)	(34.1)	(31.7)	(4.9)	(2.4)	(7.3)	(0.0)	(19.5)	(4.9)	(56.1)	100.0
2nd	(55.0)	(52.5)	(5.0)	(15.0)	(10.0)	(0.0)	(30.0)	(0.0)	(40.0)	100.0
3rd	(53.3)	(53.3)	(0.0)	(3.3)	(16.7)	(3.3)	(33.3)	(0.0)	(40.0)	100.0
4th	(56.4)	(51.3)	(5.1)	(0.0)	(10.3)	(5.1)	(35.9)	(0.0)	(28.2)	100.0
5th (wealthiest)	(56.0)	(56.0)	(0.0)	(8.0)	(12.0)	(0.0)	(32.0)	(8.0)	(36.0)	100.0
Average number of living children	2.9	2.9	2.2	3.1	3.0	3.3	2.0	4.3	3.2	2.9
<b>Total number of living children</b>										
0	48.3	47.2	(1.1)	(3.4)	(0.0)	(0.0)	43.8	(1.1)	48.3	100.0
1-2	(52.3)	(47.7)	(9.1)	(9.1)	(20.5)	(0.0)	(22.7)	(0.0)	(29.5)	100.0
3-4	(62.1)	(62.1)	(0.0)	(6.9)	(31.0)	(10.3)	(10.3)	(6.9)	(24.1)	100.0
5+	(36.4)	(27.3)	(9.1)	(9.1)	(9.1)	(0.0)	(0.0)	(9.1)	(54.5)	100.0
<b>Total</b>	<b>50.3</b>	<b>48.0</b>	<b>(3.4)</b>	<b>(5.7)</b>	<b>(10.9)</b>	<b>(1.7)</b>	<b>29.7</b>	<b>(2.3)</b>	<b>40.6</b>	<b>100.0</b>

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

**Table 16b: Current contraceptive method by background characteristics among all women of reproductive age in Viana (N=263)\***

	Any method	Any modern method	Any traditiona l method	Pill	Injectables	Implants	Condom	Other modern	Not currently using	Total
<b>Age</b>										
15-19	(35.8)	(35.8)	(0.0)	(3.0)	(3.0)	(0.0)	(32.8)	(0.0)	58.2	100.0
20-24	63.9	63.9	(3.3)	(9.8)	(4.9)	(1.6)	54.1	(0.0)	(31.1)	100.0
25-29	(60.0)	(60.0)	(0.0)	(20.0)	(7.5)	(2.5)	(35.0)	(0.0)	(25.0)	100.0
30-34	(57.1)	(54.8)	(4.8)	(19.0)	(11.9)	(4.8)	(33.3)	(0.0)	(16.7)	100.0
35-39	(76.0)	(72.0)	(4.0)	(16.0)	(40.0)	(0.0)	(16.0)	(0.0)	(20.0)	100.0
40-44	(80.0)	(80.0)	(0.0)	(13.3)	(46.7)	(0.0)	(20.0)	(13.3)	(20.0)	100.0
45-49	(66.7)	(66.7)	(0.0)	(25.0)	(33.3)	(8.3)	(0.0)	(8.3)	(33.3)	100.0
<b>Current marital status</b>										
Single	54.2	53.5	(1.3)	(12.9)	(5.8)	(0.0)	43.2	(0.6)	41.9	100.0
Married/cohabiting	59.8	58.8	(3.1)	(12.4)	(20.6)	(5.2)	(21.6)	(2.1)	(20.6)	100.0
Divorced/widowed	(72.7)	(72.7)	(0.0)	(9.1)	(45.5)	(0.0)	(18.2)	(0.0)	(27.3)	100.0
<b>Education</b>										
No education	(60.0)	(60.0)	(0.0)	(0.0)	(40.0)	(0.0)	(0.0)	(20.0)	(40.0)	100.0
Grades 1-6	(40.0)	(40.0)	(0.0)	(13.3)	(15.6)	(0.0)	(11.1)	(0.0)	(46.7)	100.0
Grades 7-9	55.4	55.4	(1.4)	(10.8)	(20.3)	(1.4)	(23.0)	(2.7)	37.8	100.0
Grades 10-13	64.6	62.6	(3.0)	(13.1)	(8.1)	(2.0)	50.5	(0.0)	27.3	100.0
University or higher	(60.0)	(60.0)	(2.5)	(15.0)	(5.0)	(5.0)	(45.0)	(0.0)	(25.0)	100.0
<b>Wealth quintile</b>										
1st (poorest)	56.6	55.3	(1.3)	(19.7)	(15.8)	(1.3)	(23.7)	(1.3)	32.9	100.0
2nd	52.0	50.0	(4.0)	(14.0)	(14.0)	(2.0)	(26.0)	(0.0)	(36.0)	100.0
3rd	(52.6)	(52.6)	(0.0)	(13.2)	(18.4)	(0.0)	(23.7)	(2.6)	(42.1)	100.0
4th	60.8	60.8	(2.0)	(5.9)	(13.7)	(2.0)	49.0	(0.0)	(29.4)	100.0
5th (wealthiest)	61.7	61.7	(2.1)	(6.4)	(2.1)	(4.3)	(51.1)	(2.1)	(29.8)	100.0
Average number of living children	3.4	3.4	2.0	3.5	4.7	2.8	2.3	4.0	3.6	3.6
<b>Total number of living children</b>										
0	43.2	42.4	(0.8)	(3.4)	(1.7)	(0.0)	41.5	(0.0)	50.0	100.0
1-2	67.1	67.1	(2.9)	(21.4)	(10.0)	(2.9)	37.1	(1.4)	(18.6)	100.0
3-4	68.4	65.8	(5.3)	(15.8)	(31.6)	(5.3)	(26.3)	(0.0)	(18.4)	100.0
5+	72.2	72.2	(0.0)	(22.2)	(36.1)	(2.8)	(13.9)	(5.6)	(22.2)	100.0
<b>Total</b>	<b>57.0</b>	<b>56.3</b>	<b>(1.9)</b>	<b>12.5</b>	<b>12.9</b>	<b>(1.9)</b>	<b>34.2</b>	<b>(1.1)</b>	<b>33.5</b>	<b>100.0</b>

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

**Table 16c: Current contraceptive method by background characteristics among all women of reproductive age in Luanda (N=1545)\***

	%									
	Any method	Any modern method	Any traditional method	Pill	Injectables	Implants	Condom	Other modern	Not currently using	Total
<b>Age</b>										
15-19	34.1	33.7	(0.9)	(2.9)	(1.1)	(0.2)	31.0	(0.9)	63.9	100.0
20-24	60.9	60.1	(2.8)	10.0	(5.5)	(1.7)	48.5	(0.6)	30.7	100.0
25-29	58.9	57.0	(2.7)	15.1	11.2	(1.6)	35.3	(1.6)	24.0	100.0
30-34	55.6	53.1	(3.9)	16.4	18.4	(1.4)	22.2	(1.4)	32.9	100.0
35-39	63.7	60.7	(3.7)	(14.1)	28.1	(5.2)	17.0	(3.7)	27.4	100.0
40-44	59.5	58.2	(1.3)	(10.1)	31.6	(3.8)	15.2	(10.1)	35.4	100.0
45-49	52.0	(48.0)	(6.0)	(14.0)	(24.0)	(4.0)	12.0	(4.0)	(46.0)	100.0
<b>Current marital status</b>										
Single	48.1	46.9	(2.3)	8.0	4.3	(0.5)	38.4	(1.7)	47.4	100.0
Married/cohabiting	58.8	56.7	(3.1)	13.8	22.7	(3.7)	20.4	(1.6)	25.4	100.0
Divorced/widowed	58.3	58.3	(0.0)	(15.0)	(23.3)	(5.0)	18.3	(5.0)	(38.3)	100.0
<b>Education</b>										
No education	(37.5)	(37.5)	(0.0)	(5.0)	(20.0)	(0.0)	10.0	(2.5)	62.5	100.0
Grades 1-6	35.1	34.4	(1.3)	(8.6)	(13.9)	(1.3)	9.9	(1.3)	50.3	100.0
Grades 7-9	47.0	45.6	(2.0)	9.1	12.5	(1.4)	25.0	(1.8)	45.8	100.0
Grades 10-13	56.8	55.3	(3.0)	10.7	8.2	(1.9)	40.3	(1.6)	35.9	100.0
University or higher	62.4	60.6	(3.2)	12.7	(10.9)	(2.3)	42.5	(2.7)	28.5	100.0
<b>Wealth quintile</b>										
1st (poorest)	44.5	43.2	(2.9)	12.7	10.7	(1.3)	22.1	(2.3)	46.1	100.0
2nd	46.1	44.8	(2.3)	11.7	9.4	(1.3)	25.0	(1.0)	45.5	100.0
3rd	54.1	52.1	(3.3)	8.8	12.4	(2.3)	33.2	(1.0)	38.1	100.0
4th	54.0	52.1	(2.3)	7.8	11.0	(2.6)	35.6	(1.9)	37.9	100.0
5th (wealthiest)	59.8	59.2	(1.6)	9.5	10.5	(1.0)	43.5	(2.9)	33.7	100.0
Average number of living children	3.1	3.1	(2.8)	2.9	3.8	3.4	2.4	3.7	2.9	3.0
<b>Total number of living children</b>										
0	44.3	43.3	(1.9)	4.5	(1.3)	(0.3)	40.5	(0.8)	51.7	100.0
1-2	56.2	54.5	(3.1)	17.2	13.8	(2.2)	27.1	(1.9)	29.8	100.0
3-4	64.3	62.9	(2.7)	14.0	28.5	(5.0)	22.6	(2.3)	23.1	100.0
5+	65.4	62.3	(3.1)	14.6	28.5	(3.1)	14.6	(6.9)	30.0	100.0
<b>Total</b>	51.8	50.4	(2.5)	10.1	10.8	1.7	32.0	1.8	40.1	100.0

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

have the greatest level of contraceptive use (72%) and women with no children have the lowest (43%).

**Table 17: Additional family planning information by municipality\***

	Cacuaco		Viana		Luanda	
	%	N=88	%	N=150	%	N=801
<b>Among those currently using contraception</b>						
Told about side effects when obtained current method	39.8	35	39.3	59	40.7	326
Told what to do if experience side effects	43.2	38	44.0	66	42.7	342
Told about other methods when received current method	55.7	49	56.0	84	57.6	461
Current method is method used most frequently in last 6 months	75.0	66	75.3	113	78.0	625
<b>Among all women</b>	%	N=175	%	N=263	%	N=1545
Have done something in the last 6 months to delay or avoid pregnancy (among all women)	54.9	96	57.4	151	53.8	831

\*Missing responses included in percent calculations

In both municipalities, only around 40% of women currently using contraception were told about side effects when they obtained their current method (Table 17). Forty-three percent and 44% of women currently using a method in Cacuaco and Viana, respectively, were told what to do if they experience side effects. There is a lot of room for improvement in terms of contraceptive counseling. Better counseling could help to ensure women are using a method that is well suited for their contraceptive needs and could decrease discontinuation rates. This could increase the percentage of women who report their current method is the method most frequently used in the last 6 months, which is currently 75% in both Cacuaco and Viana.

#### 4.4 Family planning preferences

Information regarding preferred method and source of contraception is important for family planning program planners and implementers, both public and private. It provides an indicator of the demand for specific family planning methods and can be compared to women's current method to determine the proportion of women who have an unmet need for their preferred contraceptive method.

As seen in Table 18, 61% and 70% of current contraceptive users in Cacuaco and Viana, respectively, are using their preferred method. Among fecund women using a non-preferred method or non-users who indicate they would use in the future, most prefer condoms – 23% in Cacuaco and 20% in Viana. The next most preferred methods among these women in Cacuaco are injectables (22%), the pill (14%), or no method (13%). In Viana, the next most preferred methods are implants (19%), injectables (15%), and the pill (11%).

Among fecund users of their non-preferred method and non-users, the primary reason for not using their preferred method in both Cacuaco (20%) and Viana (32%) is “not currently having sex”. The second most common reason for non-use of their preferred method is “never had sex” – 16% in Cacuaco and 19% in Viana. In Cacuaco, “too difficult to obtain” was another common response, with

**Table 18: Family planning preferences by municipality\***

	Cacuaco		Viana		Luanda	
<b>Among fecund, current contraceptive users</b>	%	N=86	%	N=141	%	N=771
Current method is preferred method	60.5	52	69.5	98	71.1	551
<b>Among fecund users of non-preferred method and non-users who may use in the future<sup>1</sup></b>	%	N=78	%	N=85	%	N=627
<b>Preferred future method</b>						
Female sterilization	(0.0)	0	(1.2)	1	(1.1)	7
Pill	(14.1)	11	(10.6)	9	14.8	93
IUD	(0.0)	0	(0.0)	0	(1.4)	9
Injectables	(21.8)	17	(15.3)	13	16.6	104
Implants	(7.7)	6	(18.8)	16	10.5	66
Condom	(23.1)	18	(20.0)	17	21.7	136
Female condom	(1.3)	1	(0.0)	0	(1.0)	6
Male sterilization	(0.0)	0	(1.2)	1	(0.2)	1
LAM	(1.3)	1	(0.0)	0	(0.5)	3
Rhythm method	(1.3)	1	(2.4)	2	(3.8)	24
Withdrawal	(2.6)	2	(0.0)	0	(0.3)	2
Other	(3.8)	3	(4.7)	4	(2.7)	17
None	(12.8)	10	(8.2)	7	13.1	82
Don't know	(10.3)	8	(16.5)	14	9.6	60
<b>Among fecund users of non-preferred method and non-users</b>	%	N=89	%	N=103	%	N=719
<b>Primary reason not using preferred method</b>						
Too expensive	(7.9)	7	(3.9)	4	5.4	39
Not available where received family planning	(3.4)	3	(2.9)	3	4.6	33
Too difficult to obtain	(12.4)	11	(3.9)	4	7.6	55
Provider's choice	(2.2)	2	(1.9)	2	4.5	32
Never had sex	(15.7)	14	(19.4)	20	16.7	120
Not currently having sex	(20.2)	18	32.0	33	27.1	195
Cannot get pregnant	(7.9)	7	(6.8)	7	4.9	35
Breastfeeding	(5.6)	5	(6.8)	7	5.8	42
Wants to have children	(1.1)	1	(1.0)	1	(2.6)	19
Side effects	(4.5)	4	(3.9)	4	(1.9)	14
Not right moment	(2.2)	2	(1.9)	2	(2.4)	17
Don't know	(7.9)	7	(5.8)	6	4.9	35
Other	(7.9)	7	(6.8)	7	8.1	58
<b>Qualities looking for in a method</b>						
Easy to use	57.3	51	48.5	50	56.2	404
Don't need to remember to use each time have sex	(11.2)	10	(7.8)	8	10.6	76
Easy to get	(18.0)	16	(23.3)	24	24.3	175
Affordable	(18.0)	16	(14.6)	15	18.5	133
Few or no side effects	(11.2)	10	(17.5)	18	12.8	92
Very effective at preventing pregnancy	(12.4)	11	(12.6)	13	12.9	93
Is a safe method	(20.2)	18	28.2	29	19.6	141
Other <sup>2</sup>	34.8	31	31.1	32	30.5	219
<b>Among fecund users and non-users who may use in the future<sup>3</sup></b>	%	N=153	%	N=227	%	N=1376
<b>Reason prefer method (could choose multiple)</b>						
More convenient	60.1	92	59.0	134	61.8	851
Fewer side effects	19.0	29	14.1	32	19.5	268
Tried before	(7.2)	11	(4.4)	10	7.7	106
The only method I know	(5.6)	9	(3.3)	8	7.4	107
Partner allows it	(5.6)	9	(6.6)	16	7.5	109
Privacy	(6.8)	11	(8.2)	20	8.2	118
Long-acting preferred	(14.2)	23	13.6	33	11.8	171
Short acting-preferred	(3.1)	5	(4.9)	12	4.7	68
Provider said it is best	(5.2)	8	(7.0)	16	5.8	80
Neighbor/friend said it is best	(6.5)	10	(5.7)	13	4.4	60
Safer/More natural/good for me	(2.6)	4	(2.2)	5	(1.5)	20
Other	(1.3)	2	(1.8)	4	(1.5)	20
Don't use	(1.3)	2	(5.3)	12	3.3	46
Don't know	(3.3)	5	(5.7)	13	4.6	63

\*Missing responses included in percent calculations

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

<sup>1</sup> 92 excluded because they were not current users who would not use in the future

<sup>2</sup> Other qualities include (in decreasing order of frequency mentioned in Luanda Province): does not change period, won't make me sick, protects against STIs, discreet, can get without clinic visit, I am responsible as opposed to partner, I control when method is used, would be able to become pregnant again if child dies

<sup>3</sup> 121 reasons excluded from respondents who were not current users who would not use in the future

12% indicating this is the reason for non-use. Based on these responses, it is clear that many women are not using their preferred method because they are not at risk of becoming pregnant. Among the reasons that could be intervened upon by program planners and providers, “too difficult to obtain” is a substantial concern in Cacucaco. These women stated many qualities that they are looking for in a method, among which “easy to use” is the most common quality reported – 57% in Cacucaco and 49% in Viana. “Is a safe method”, “easy to get”, “affordable”, “few or no side effects”, and “very effective at preventing pregnancy” are the other commonly cited qualities they are looking for in a method.

Among fecund users and non-users who plan to use contraception in the future, the most commonly cited reason for preferring a certain method is that it is convenient. Other common reasons for preference include “fewer side effects” and “long-acting preferred”.

In Table 19, we see that the majority of respondents in both Cacucaco and Viana would prefer to obtain contraceptives from a government hospital, followed by a government health center, a pharmacy/chemist, and then health post or private hospital/clinic. Most women would prefer to hear about family planning on the television, with 76% of women in Cacucaco and 68% of women in Viana indicating so. The radio is a distant second preferred source of family planning information at 9% and 7% in Cacucaco and Viana, respectively. These data illustrate where women would prefer to receive family planning and hear about family planning, which can be used to plan contraceptive programs, ensure method availability at preferred locations, and allocate resources for appropriate IEC campaigns.

**Table 19: Additional family planning preferences regarding source of method and information among all fecund women by municipality\***

	Cacuaco		Viana		Luanda	
	%	N=166	%	N=247	%	N=1477
Would prefer to obtain contraceptives from:						
Government hospital	77.1	128	73.3	181	71.1	1,050
Government health center	39.2	65	46.2	114	42.2	624
Government health post	24.1	40	21.5	53	24.9	368
NGO facility	(6.6)	11	(6.9)	17	7.4	109
Mission hospital/clinic	(9.0)	15	(6.1)	15	12.1	178
Private hospital/clinic	21.1	35	21.5	53	20.0	296
Pharmacy/chemist	32.5	54	47.0	116	41.5	613
Other <sup>1</sup>	19.9	33	19.4	48	20.4	302
Would prefer to hear about family planning from:						
Radio	(9.0)	15	(7.3)	18	10.2	150
Television	75.9	126	68.0	168	71.4	1,055
Newspaper/magazine	(7.2)	12	(5.7)	14	7.1	105
Door to door/talks in the community	(0.6)	1	(5.3)	13	2.6	38
Hospital	(4.8)	8	(3.2)	8	2.9	43
Other	(2.4)	4	10.1	25	5.6	82

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

<sup>1</sup> Other locations include (in decreasing order of frequency mentioned in Luanda Province): shop, friends/relative, school, meetings, don't know, anywhere, home, community health worker

Table 20 illustrates the proportion of women currently using their preferred method, currently using a non-preferred method, and currently using nothing, by preferred method. Overall, 40% of women in Cacucaco are currently using their preferred method, 19% are using a non-preferred method, and 41% are using no method. Among the most commonly preferred methods (condoms, injectables, pills, and implants), there is a lot of variation in terms of current use of the preferred method. In Cacucaco, 63% of women who prefer condoms are using them, 43% of women who prefer injectable contraceptives are using them, 21% of women who prefer pills are using them, and 14% who prefer implants are using them. In Viana, these numbers are 76%, 62%, 71%, and 6% for condoms, injectables, pills, and implants, respectively. More could be done to meet the demand for women's preferred method of contraception.

**Table 20: Preferred future method of contraception among fecund women by whether currently using preferred/non preferred or not using but would in the future and municipality**

Preferred method	Cacuaco				N=130	Viana				N=183	Luanda				N=1178
	% currently using preferred	% currently using non-preferred	% not currently using	Total %		% currently using preferred	% currently using non-preferred	% not currently using	Total %		% currently using preferred	% currently using non-preferred	% not currently using	Total %	
Female sterilization	(0.0)	(0.0)	(0.0)	(0.0)	1	(0.0)	(0.0)	(100.0)	(100.0)	1	(30.0)	(10.0)	(60.0)	(100.0)	10
Pill	(21.4)	(14.3)	(64.3)	(100.0)	14	(71.0)	(6.5)	(22.6)	100.0	31	49.7	(8.6)	41.6	100.0	185
IUD	(100.0)	(0.0)	(0.0)	(100.0)	1	(100.0)	(0.0)	(0.0)	(100.0)	1	(30.8)	(0.0)	(69.2)	(100.0)	13
Injectables	(43.3)	(23.3)	(33.3)	100.0	30	(61.8)	(20.6)	(17.6)	100.0	34	52.5	16.9	30.6	100.0	219
Implants	(14.3)	(71.4)	(14.3)	(100.0)	7	(5.9)	(47.1)	(47.1)	(100.0)	17	(17.5)	43.8	38.8	100.0	80
Condom	(63.3)	(6.1)	(30.6)	100.0	49	(75.7)	(4.3)	(20.0)	100.0	70	69.2	(5.0)	25.8	100.0	442
Female condom	(0.0)	(100.0)	(0.0)	(100.0)	1	(0.0)	(0.0)	(0.0)	(0.0)	0	(40.0)	(10.0)	(50.0)	(100.0)	10
Male sterilization	(0.0)	(0.0)	(0.0)	(0.0)	0	(0.0)	(0.0)	(100.0)	(100.0)	1	(0.0)	(0.0)	(100.0)	(100.0)	1
LAM	(0.0)	(0.0)	(100.0)	(100.0)	1	(0.0)	(0.0)	(0.0)	(0.0)	0	(0.0)	(33.3)	(66.7)	(100.0)	3
Rhythm method	(75.0)	(25.0)	(0.0)	(100.0)	4	(0.0)	(0.0)	(100.0)	(100.0)	2	(29.4)	(5.9)	(64.7)	100.0	34
Withdrawal	(0.0)	(0.0)	(100.0)	(100.0)	2	(0.0)	(0.0)	(0.0)	(0.0)	0	(60.0)	(0.0)	(40.0)	(100.0)	5
Other	(0.0)	(0.0)	(100.0)	(100.0)	3	(0.0)	(0.0)	(100.0)	(100.0)	4	(0.0)	(5.9)	(94.1)	(100.0)	17
None	(0.0)	(50.0)	(50.0)	(100.0)	10	(0.0)	(14.3)	(85.7)	(100.0)	7	(0.0)	(15.9)	84.1	100.0	82
Don't know	(0.0)	(12.5)	(87.5)	(100.0)	8	(0.0)	(0.0)	(100.0)	(100.0)	14	(0.0)	(6.7)	93.3	100.0	60
<b>Total</b>	<b>40.0</b>	<b>19.2</b>	<b>40.8</b>	<b>100.0</b>	<b>130</b>	<b>53.6</b>	<b>(11.5)</b>	<b>35.0</b>	<b>100.0</b>	<b>183</b>	<b>46.8</b>	<b>11.3</b>	<b>41.9</b>	<b>100.0</b>	<b>1178</b>

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases



## 4.5 Intention to use

Overall, 45% and 44% of respondents currently not using contraception in Cacuaco and Viana, respectively, intend to use contraception at some time in the future. These data offer a good indication of future demand for contraceptives in these municipalities. Table 21 breaks down this intention to use by background characteristics, providing insight into the sociodemographics of the non-users who plan to use contraception in the future. The numbers in this table are small, so read the findings with caution.

**Table 21: Intention to use contraception at any time in the future by background characteristics and municipality among women who are currently not using contraception and who are fecund\***

	Cacuaco		Viana		Luanda	
	%	N=64	%	N=82	%	N=586
<b>Age</b>						
15-19	(40.7)	11	(41.0)	16	38.9	112
20-24	(64.7)	11	(44.4)	8	53.2	58
25-29	(50.0)	3	(77.8)	7	71.7	43
30-34	(42.9)	3	(50.0)	3	43.5	27
35-39	(0.0)	0	(25.0)	1	(37.5)	12
40-44	(0.0)	0	(50.0)	1	(27.8)	5
45-49	(0.0)	0	(0.0)	0	(7.1)	1
<b>Current marital status</b>						
Single	(44.0)	22	44.4	28	44.3	204
Married/cohabiting	(50.0)	7	(43.8)	7	47.7	51
Divorced/widowed	(0.0)	0	(33.3)	1	(21.1)	4
<b>Education</b>						
No education	(50.0)	1	(50.0)	1	(28.6)	6
Grades 1-6	(40.0)	4	(52.6)	10	50.0	33
Grades 7-9	(37.5)	9	(33.3)	9	42.7	93
Grades 10-13	(59.1)	13	(48.0)	12	45.2	100
University or higher	(33.3)	2	(44.4)	4	45.0	27
<b>Wealth quintile</b>						
1st (poorest)	(35.0)	7	(37.5)	9	36.6	48
2nd	(53.3)	8	(52.9)	9	50.4	66
3rd	(36.4)	4	(42.9)	6	40.5	45
4th	(66.7)	6	(42.9)	6	45.5	50
5th (wealthiest)	(44.4)	4	(46.2)	6	48.0	49
<b>Average number of living children</b>						
		2.6		2.8		2.3
<b>Total number of living children</b>						
0	(40.5)	17	(39.7)	23	40.2	159
1-2	(61.5)	8	(63.6)	7	57.5	65
3-4	(75.0)	3	(60.0)	3	62.5	25
5+	(25.0)	1	(42.9)	3	(26.7)	8
<b>Total</b>	<b>45.3</b>	<b>29</b>	<b>43.9</b>	<b>36</b>	<b>44.2</b>	<b>259</b>

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

By age, women 20-24 years old in Cacucaco have the highest proportion of non-users who intend to use contraception in the future (65%), whereas it is women 25-29 years old in Viana who are most likely to use in the future (78%). Fifty percent and 44% of married/cohabiting non-contracepting women in Cacucaco and Viana, respectively, indicate they plan to use a method in the future. Forty-four percent of single non-users in both municipalities intend to use contraception in the future. By education, women who have attained 10-13 years of schooling in Cacucaco (59%) and 1-6 years of schooling in Viana (53%) have the greatest proportion of respondents indicating they would use contraception in the future. Fifty percent of non-users with no education in both municipalities plan to use contraception in the future. Looking at wealth, we see that intention to use is not linearly associated with wealth quintile. Women in the poorest wealth quintile are the least likely to plan to use contraception in the future (35% and 38% in Cacucaco and Viana, respectively), but women in the 4<sup>th</sup> quintile and the 2<sup>nd</sup> quintile in Cacucaco (67%) and Viana (53%), respectively, are the most likely to use contraception in the future. By number of living children, approximately 40% of those with zero children who are not using contraception in both municipalities plan to use contraception in the future. Those with 1-4 living children in both municipalities have the greatest proportions of women who intended to use family planning in the future.

#### **4.6 Beliefs and attitudes towards family planning and abortion**

Beliefs and attitudes towards family planning and abortion greatly impact women's utilization of these services. More positive attitudes or perceptions regarding contraception and abortion increase the likelihood that a woman will use family planning to effectively achieve her desired family size with adequate spacing in between births.

In Tables 22a through 22c, we see that the attitudes towards various aspects of family planning, family planning providers, and family planning products is generally positive, but there is a lot of indifference regarding these factors as well. To highlight some findings, we see in Cacucaco that 60% of women agree or completely agree that healthcare providers advise women on how to deal with side effects of birth spacing methods and that 63% agree or completely agree that healthcare providers give women enough information to choose a family planning method (Table 22a). Unfortunately, 47% of women agree or completely agree that vendors make women feel uncomfortable when they are buying contraceptives and only 38% think family planning methods found in kiosks/shops are of high quality (Table 22a). In Viana, 62% agree or completely agree that providers can be trusted to keep their information confidential and 53% agree or completely agree that family planning staff in their community is friendly and helpful (Table 22b). Only 44% agree or completely agree that family planning services around them are as good as those obtained from other places (Table 22b).

**Table 22a: Agreement/disagreement about various messages related to family planning in Cacucaco (N=175)\***

	%					Total
	Completely disagree	Disagree	Indifferent	Agree	Completely agree	
<b>Ability - Social Support</b>						
The family planning staff in my community are friendly and helpful	(2.3)	(9.1)	34.3	46.9	(7.4)	100.0
Family planning services around here are as good as those obtained from other places	(2.3)	(6.9)	37.7	41.7	(11.4)	100.0
Healthcare providers give women enough information to choose a family planning method.	(0.6)	(4.6)	32.0	53.7	(9.1)	100.0
Healthcare providers advise women on how to deal with side effect of birth spacing methods	(0.6)	(6.3)	33.1	53.1	(6.9)	100.0
Providers can be trusted to keep my information confidential	(0.0)	(8.6)	29.1	54.9	(7.4)	100.0
Vendors make women feel uncomfortable when they are buying contraceptives	(6.3)	(12.0)	34.9	44.0	(2.9)	100.0
<b>Opportunities - Attributes</b>						
Family planning methods found in kiosks/shops are of high quality	(6.9)	17.7	37.1	34.3	(4.0)	100.0
Family planning methods in clinics are of high quality	(1.1)	(6.9)	33.7	49.1	(9.1)	100.0

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

**Table 22b: Agreement/disagreement about various messages related to family planning in Viana (N=263)\***

	%					Total
	Completely disagree	Disagree	Indifferent	Agree	Completely agree	
<b>Ability - Social Support</b>						
The family planning staff in my community are friendly and helpful	(2.3)	(8.4)	36.1	42.2	10.6	100.0
Family planning services around here are as good as those obtained from other places	(1.9)	10.3	43.0	32.3	12.2	100.0
Healthcare providers give women enough information to choose a family planning method.	(1.1)	11.4	24.7	47.9	14.8	100.0
Healthcare providers advise women on how to deal with side effect of birth spacing methods	(1.1)	11.8	28.1	45.6	13.3	100.0
Providers can be trusted to keep my information confidential	(1.9)	(7.6)	28.1	49.4	12.9	100.0
Vendors make women feel uncomfortable when they are buying contraceptives	(4.9)	14.1	36.5	33.1	11.4	100.0
<b>Opportunities - Attributes</b>						
Family planning methods found in kiosks/shops are of high quality	(8.0)	18.6	36.1	33.5	(3.8)	100.0
Family planning methods in clinics are of high quality	(0.4)	(6.8)	26.2	48.7	17.9	100.0

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

**Table 22c: Agreement/disagreement about various messages related to family planning in Luanda (N=1545)\***

	%					Total
	Completely disagree	Disagree	Indifferent	Agree	Completely agree	
<b>Ability - Social Support</b>						
The family planning staff in my community are friendly and helpful	3.6	10.9	32.9	44.7	7.6	100.0
Family planning services around here are as good as those obtained from other places	2.9	11.9	35.1	41.6	8.2	100.0
Healthcare providers give women enough information to choose a family planning method.	2.0	8.9	24.3	55.2	9.6	100.0
Healthcare providers advise women on how to deal with side effect of birth spacing methods	2.1	8.8	26.9	54.1	8.0	100.0
Providers can be trusted to keep my information confidential	1.5	8.8	25.0	55.7	9.0	100.0
Vendors make women feel uncomfortable when they are buying contraceptives	4.3	13.4	29.6	45.8	7.0	100.0
<b>Opportunities - Attributes</b>						
Family planning methods found in kiosks/shops are of high quality	6.5	17.4	34.3	37.5	4.3	100.0
Family planning methods in clinics are of high quality	(0.9)	5.2	29.6	51.7	12.6	100.0

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

Table 23 presents the husband's or partner's attitudes towards family planning as perceived by the woman. Among women who are currently using contraception, 68% in Cacucaco and 67% in Viana have husband's/partner's that are aware of their contraceptive use. In terms of contraceptive decision-making, most women in Cacucaco and Viana say it is either a joint decision between the respondent and their partner, or that it is their own decision. Approximately 50% of respondents in both municipalities say their husband/partner approves of couples using family planning to avoid pregnancy, but about 38% have not spoken with their husband/partner about family planning in the past year.

Table 24 reveals the respondent's opinions about pregnancy termination. The vast majority of women in Cacucaco (87%) and Viana (89%) think that a woman should keep a pregnancy even if she does not want to be pregnant. Just over 60% of women in both municipalities think a woman should not be allowed to end her pregnancy, and only about a quarter support a woman's choice to terminate. Among the reasons under which termination of pregnancy should be allowed, the most common reasons are if a woman's life is in danger, if a woman's health is in danger, or if the pregnancy is a result of rape or incest. A discouraging 60% and 63% of respondents in Cacucaco and Viana, respectively, said they would do nothing to help a friend or relative who needed to have a pregnancy terminated, but nearly 80% said they would take a friend or relative to a health provider if she still felt ill after terminating a pregnancy. And the high level of stigma surrounding abortion

**Table 23: Husband's/partner's beliefs about contraceptive use and abortion\***

	Cacuaco		Viana		Luanda	
<b>Among women who are currently using contraception</b>	%	N=88	%	N=150	%	N=801
Husband/partner knows that respondent is using family planning						
Yes	92.0	81	96.0	144	94.4	823
No	(5.7)	5	(3.3)	5	3.9	71
Don' know	(2.3)	2	(0.7)	1	(1.7)	28
<b>Among all women of reproductive age</b>	%	N=175	%	N=263	%	N=1545
Using contraception is mainly decision of:						
Respondent	41.7	73	33.1	87	40.3	622
Husband/partner	(5.1)	9	5.7	15	5.0	78
Joint	41.7	73	52.9	139	47.2	730
Family	(0.0)	0	(0.0)	0	(0.4)	6
Don't know	(7.4)	13	6.8	18	5.1	79
Other	(4.0)	7	(1.5)	4	1.9	30
Husband's/partner's opinion of couples using family planning to avoid pregnancy						
Approves	50.3	88	51.3	135	52.8	816
Disapproved	14.3	25	9.9	26	8.8	136
Doesn't know	35.4	62	38.8	102	38.4	593
Number of times have talked to husband/partner about family planning in the past year						
Never	38.3	67	38.4	101	42.3	654
Once or twice	25.7	45	30.0	79	27.4	424
More often	36.0	63	31.6	83	30.2	467
<b>Total</b>	<b>100.0</b>	<b>175</b>	<b>100.0</b>	<b>263</b>	<b>100.0</b>	<b>1545</b>

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

and its illegality is apparent in the fact that 53% and 52% of respondents in Cacuaco and Viana, respectively, said they would avoid telling people if a friend or relative terminated a pregnancy.

Social norms about family planning, as perceived by the respondent, are presented in Tables 25a through 25c. For many of the questions, the majority of respondents is indifferent and does not have strong perceptions of social norms in agreement or disagreement with a given statement. In Cacuaco, 51% of women indicate that they neither agree nor disagree as to whether men in their community do not like their wives to use family planning (Table 25a). Similarly, 55% of women do not agree or disagree that elders in their community encourage women to space their births or support family planning use. Some statements elicited much more agreement from respondents. There are some statements where the majority of women have strong positive feelings. Sixty-seven percent of women agree or completely agree that it is normal for a husband and wife to discuss family planning, which is an encouraging finding (Table 25a). In Viana, there are fewer respondents who are indifferent, but high proportions of women still neither agree nor disagree as to whether elders in their community support contraceptive use for spacing or support contraceptive use

**Table 24: Respondent's opinions about pregnancy termination by municipality\***

	Cacuaco		Viana		Luanda	
	%	N=175	%	N=263	%	N=1545
If a woman becomes pregnant and does not want to be, respondent thinks she should:						
End the pregnancy	(11.4)	20	(7.6)	20	13.1	203
Keep the pregnancy	86.9	152	88.6	233	83.7	1293
Depends on circumstances	(0.0)	0	(0.8)	2	(0.7)	11
Don't know	(1.7)	3	(3.0)	8	2.4	37
Other	(0.0)	0	(0.0)	0	(0.1)	1
Do you think a woman should be allowed to end her pregnancy?						
Yes	24.0	42	24.3	64	25.2	390
No	62.9	110	61.6	162	64.0	989
Don't know	(13.1)	23	14.1	37	10.7	166
Circumstances under which a woman should be allowed to terminate a pregnancy:						
Woman's health in danger	44.6	78	43.0	113	43.2	667
Woman's life in danger	64.6	113	63.1	166	60.3	931
Rape or incest	46.3	81	37.3	98	43.2	667
Woman is too young	(12.0)	21	10.3	27	14.4	223
Woman is not married	(0.6)	1	(0.8)	2	1.7	26
Woman has too many children	(4.0)	7	(5.3)	14	5.6	86
Woman is too poor	(7.4)	13	9.5	25	8.8	136
No circumstances	15.4	27	15.6	41	16.1	248
Social/economic reasons	(1.1)	2	(1.5)	4	(1.4)	21
Don't know	(2.3)	4	(1.5)	4	(0.9)	14
Other	(0.0)	0	(0.0)	0	(4.0)	4
Would respondent do anything to help a friend or family member who needed to have a pregnancy terminated?						
Take her to health provider	30.9	54	22.1	58	32.2	497
Take her to pharmacist	(1.7)	3	(1.5)	4	2.1	32
Nothing	59.4	104	63.1	166	58.4	902
Ask her not to terminate	5.7	10	10.6	28	5.1	79
Depends on circumstances	(1.7)	3	(0.8)	2	(0.8)	12
Don't know	(0.6)	1	(1.1)	3	(1.0)	16
Other	(0.0)	0	(0.8)	2	(0.5)	7
Anything respondent would do to help a friend or family member who terminated a pregnancy but still felt sick:						
Take her to health provider	79.4	139	78.3	206	80.3	1241
Take her to pharmacist	(1.1)	2	(1.5)	4	1.7	26
Nothing	16.0	28	13.7	36	13.5	208
Inform family/partner	(0.6)	1	(2.7)	7	2.1	33
Don't know	(2.9)	5	(3.4)	9	2.0	31
Other	(0.0)	0	(0.4)	1	(0.4)	6
If respondent, a friend, or a family member terminated a pregnancy, would respondent avoid telling people?						
Yes	53.1	93	52.1	137	49.9	771
No	34.3	60	35.7	94	36.2	559
Don't know	(12.6)	22	12.2	32	13.9	215
<b>Total</b>	<b>100.0</b>	<b>175</b>	<b>100.0</b>	<b>263</b>	<b>100.0</b>	<b>1545</b>

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

**Table 25a: Social norms around contraceptive use in Cacuaço (N=175)\***

	%					Total
	Completely disagree	Disagree	Indifferent	Agree	Completely agree	
<b>Community-level norms</b>						
In my community, using contraception to prevent a pregnancy is accepted	(3.4)	(9.1)	35.4	47.4	(4.6)	100.0
In my community, many women use contraceptives to limit the number of births	(1.1)	(10.3)	43.4	41.1	(4.0)	100.0
In my community, many women use contraceptives to space births	(1.1)	(8.0)	46.3	41.1	(3.4)	100.0
Women in my community only use contraception after having their first child	(3.4)	(7.4)	39.4	41.1	(8.6)	100.0
In my community, men do not like their wives to use family planning	(1.7)	(10.9)	50.9	32.6	(4.0)	100.0
In my community, religious leaders do not support the use of family planning	(2.3)	16.0	45.1	33.1	(3.4)	100.0
In my community, unmarried women use modern methods of contraception	(2.3)	(8.6)	40.6	45.1	(3.4)	100.0
In my community, a woman who uses modern methods of contraception is seen as an unfaithful wife	(5.7)	29.1	38.3	24.0	(2.9)	100.0
In my community, the in-laws have a great influence on whether a woman uses family planning	(4.6)	21.1	40.6	30.3	(3.4)	100.0
In my community, having many children gives a women/her family more importance	(4.6)	22.9	38.3	33.1	(1.1)	100.0
Elders in my community support women using family planning	(5.7)	(11.4)	54.9	26.3	(1.7)	100.0
Elders in my community encourage women to space their births	(4.0)	(10.9)	55.4	28.6	(1.1)	100.0
Health workers in my community support my family planning decisions	(0.6)	(8.0)	40.0	46.3	(5.1)	100.0
If I had a problem with my family planning method, health workers in my community would help me	(0.6)	(2.3)	38.3	54.3	(4.6)	100.0
<b>Husband, friend, and family level norms</b>						
It is normal for a husband and wife to discuss family planning with their friends	(0.6)	(7.4)	25.1	51.4	15.4	100.0
My husband encourages me to use family planning	(3.4)	20.6	28.6	38.9	(8.6)	100.0
My husband and I discuss family planning	(1.7)	14.3	33.7	42.9	(7.4)	100.0
My husband gives me money for family planning	(5.7)	23.4	34.9	30.3	(5.7)	100.0
If I had any problems with my family planning method, my husband would help me	(2.3)	(9.7)	37.1	42.3	(8.6)	100.0
It is normal for a husband and wife to decide together which family planning method to use	(2.3)	(6.9)	26.3	53.7	(10.9)	100.0
Women discuss family planning with their friends	(2.3)	(5.1)	33.7	46.9	(12.0)	100.0
My friends encourage me to space my births	(1.7)	17.7	32.6	40.6	(7.4)	100.0
My friends encourage me to use family planning	(1.7)	15.4	30.3	42.9	(9.7)	100.0
My friends would help me if I encountered a problem (side effect) while using family planning	(2.9)	(10.9)	29.7	47.4	(9.1)	100.0
My in-laws would support my decision to use family planning	(5.1)	16.6	49.7	26.3	(2.3)	100.0
My in-laws encourage me to space my births	(7.4)	15.4	50.3	24.6	(2.3)	100.0

\*Missing responses included in percent calculations

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

**Table 25b: Social norms around contraceptive use in Viana (N=263)\***

	%					Total
	Completely disagree	Disagree	Indifferent	Agree	Completely agree	
<b>Community-level norms</b>						
In my community, using contraception to prevent a pregnancy is accepted	(2.3)	(6.5)	24.3	52.5	14.4	100.0
In my community, many women use contraceptives to limit the number of births	(1.9)	(7.2)	27.4	48.3	15.2	100.0
In my community, many women use contraceptives to space births	(1.5)	9.9	33.1	43.0	12.5	100.0
Women in my community only use contraception after having their first child	(1.9)	14.8	27.8	38.0	17.5	100.0
In my community, men do not like their wives to use family planning	(2.7)	13.7	37.3	32.7	13.7	100.0
In my community, religious leaders do not support the use of family planning	(3.0)	18.6	34.2	32.7	11.4	100.0
In my community, unmarried women use modern methods of contraception	(1.5)	15.2	27.4	41.4	14.4	100.0
In my community, a woman who uses modern methods of contraception is seen as an unfaithful wife	11.4	29.7	30.8	20.5	(7.6)	100.0
In my community, the in-laws have a great influence on whether a woman uses family planning	(5.3)	22.8	33.5	28.5	9.9	100.0
In my community, having many children gives a women/her family more importance	(7.2)	33.8	27.0	25.9	(6.1)	100.0
Elders in my community support women using family planning	(3.0)	16.0	47.1	25.1	(8.7)	100.0
Elders in my community encourage women to space their births	(4.6)	17.1	48.7	22.1	(7.6)	100.0
Health workers in my community support my family planning decisions	(1.1)	11.0	35.0	38.4	14.4	100.0
If I had a problem with my family planning method, health workers in my community would help me	(0.8)	(8.4)	26.6	47.1	17.1	100.0
<b>Husband, friend, and family level norms</b>						
It is normal for a husband and wife to discuss family planning with their friends	(2.7)	(8.7)	16.3	53.2	19.0	100.0
My husband encourages me to use family planning	(4.6)	17.5	27.4	35.4	15.2	100.0
My husband and I discuss family planning	(4.2)	15.2	30.0	34.6	16.0	100.0
My husband gives me money for family planning	(5.3)	20.5	31.6	28.9	13.7	100.0
If I had any problems with my family planning method, my husband would help me	(4.2)	12.2	28.9	37.6	17.1	100.0
It is normal for a husband and wife to decide together which family planning method to use	(1.1)	(8.4)	18.3	48.7	23.6	100.0
Women discuss family planning with their friends	(2.7)	9.9	17.9	49.8	19.8	100.0
My friends encourage me to space my births	(4.6)	19.0	31.9	31.9	12.5	100.0
My friends encourage me to use family planning	(4.9)	16.0	26.2	38.0	14.8	100.0
My friends would help me if I encountered a problem (side effect) while using family planning	(5.3)	11.1	26.2	43.7	13.7	100.0
My in-laws would support my decision to use family planning	(6.1)	25.5	38.0	20.5	9.9	100.0
My in-laws encourage me to space my births	(7.6)	25.9	38.0	20.5	(8.0)	100.0

\*Missing responses included in percent calculations

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases



**Table 25c: Social norms around contraceptive use in Luanda (N=1545)\***

	%					Total
	Completely disagree	Disagree	Indifferent	Agree	Completely agree	
<b>Community-level norms</b>						
In my community, using contraception to prevent a pregnancy is accepted	2.0	8.0	22.2	59.0	8.9	100.0
In my community, many women use contraceptives to limit the number of births	(1.2)	8.4	25.7	55.1	9.6	100.0
In my community, many women use contraceptives to space births	(1.4)	9.1	29.1	52.0	8.4	100.0
Women in my community only use contraception after having their first child	2.0	11.9	27.0	47.2	11.9	100.0
In my community, men do not like their wives to use family planning	2.9	16.7	34.4	37.5	8.5	100.0
In my community, religious leaders do not support the use of family planning	3.3	18.2	33.3	37.9	7.3	100.0
In my community, unmarried women use modern methods of contraception	1.9	11.2	27.8	50.1	9.0	100.0
In my community, a woman who uses modern methods of contraception is seen as an unfaithful wife	8.1	28.6	28.8	29.4	5.1	100.0
In my community, the in-laws have a great influence on whether a woman uses family planning	6.6	21.7	31.5	33.3	6.8	100.0
In my community, having many children gives a women/her family more importance	7.2	26.6	27.2	34.0	5.0	100.0
Elders in my community support women using family planning	3.7	16.0	40.8	34.0	5.4	100.0
Elders in my community encourage women to space their births	4.5	17.5	43.7	29.7	4.7	100.0
Health workers in my community support my family planning decisions	1.6	10.0	31.2	48.9	8.3	100.0
If I had a problem with my family planning method, health workers in my community would help me	(1.5)	5.6	27.9	54.9	10.1	100.0
<b>Husband, friend, and family level norms</b>						
It is normal for a husband and wife to discuss family planning with their friends	1.6	6.7	18.9	59.9	12.9	100.0
My husband encourages me to use family planning	4.0	16.6	27.0	41.7	10.7	100.0
My husband and I discuss family planning	3.2	14.4	28.7	43.1	10.6	100.0
My husband gives me money for family planning	4.4	20.1	29.3	36.8	9.4	100.0
If I had any problems with my family planning method, my husband would help me	2.7	9.8	29.0	46.7	11.8	100.0
It is normal for a husband and wife to decide together which family planning method to use	1.6	7.1	20.0	57.3	14.0	100.0
Women discuss family planning with their friends	2.3	9.1	21.3	56.2	11.1	100.0
My friends encourage me to space my births	4.2	17.1	30.6	41.1	7.1	100.0
My friends encourage me to use family planning	3.8	14.2	27.0	44.9	10.2	100.0
My friends would help me if I encountered a problem (side effect) while using family planning	3.3	10.6	27.8	48.3	10.0	100.0
My in-laws would support my decision to use family planning	5.9	21.4	38.1	28.8	5.9	100.0
My in-laws encourage me to space my births	7.3	22.5	38.8	26.3	5.2	100.0

\*Missing responses included in percent calculations

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

generally. Social norms in Viana seem to strongly support discussing family planning. Seventy-two percent of women agree or completely agree that it is normal for husband and wife to discuss which family planning method to use, and 70% agree or completely agree that women discuss family planning with their friends.

Beyond social norms, feelings of self-efficacy and motivation are important in shaping a woman's ability and willingness to act with regards to controlling her fertility. To highlight some of the findings, 63% of women in Cacucaco and 68% of women in Viana feel they are capable of using a modern contraceptive method to prevent pregnancy (Tables 26a and 26b). By method, the largest proportion of women in Cacucaco (66%) and Viana (64%) agree or completely agree that they are able to correctly use condoms, followed by the pill (45% and 43%) and injectable contraceptives (43% and 40%) (Tables 26a and 26b). Other indicators illustrate that women in these municipalities have fairly high levels of self-efficacy. Regarding motivation, 64% and 63% of women in Cacucaco and Viana, respectively, agree or completely agree that only God decides when a woman becomes pregnant. These beliefs would seemingly decrease a woman's inclination to use contraception to control her fertility. But knowledge around pregnancy risk and contraceptive use demonstrate that woman may still feel capable of influencing their fertility; 69% and 68% of women in Cacucaco and Viana, respectively, agree or completely agree that they are more likely to get pregnant if they don't use contraceptives. These findings illustrate women's complex attitudes and feelings around pregnancy and fertility control.

**Table 26a: Respondents' feelings of self-efficacy and control, and their knowledge and beliefs regarding pregnancy and contraceptive use in Cacuaco (N=175)\***

	%					Total
	Completel y disagree	Disagree	Indifferen t	Agree	Completel y agree	
<b>Motivation - Locus of Control</b>						
I am embarrassed to buy [blank] method at the shop	14.3	39.4	21.7	21.7	(2.9)	100.0
I am embarrassed to ask my healthcare provider about family planning/[blank] method	14.9	41.1	22.3	20.0	(1.7)	100.0
<b>Ability - Self-Efficacy</b>						
I am capable of using a modern contraceptive method to prevent pregnancy	(2.9)	(6.3)	27.4	53.1	(10.3)	100.0
I am able to correctly use:						
The oral contraceptive pill	(5.1)	20.6	29.1	38.3	6.9	100.0
Injectables	(5.7)	21.1	30.3	37.1	(5.7)	100.0
Condom	(5.1)	(5.1)	23.4	52.0	14.3	100.0
Female condom	(8.0)	25.7	36.0	26.3	(4.0)	100.0
Emergency contraception	(8.0)	20.0	29.7	32.6	(9.7)	100.0
Medical abortion	(13.1)	32.0	31.4	21.1	(2.3)	100.0
I am able to consistently use [method of interest]	(2.3)	(10.3)	26.3	51.4	(9.7)	100.0
I feel confident that I can obtain an effective birth spacing method	(0.6)	(10.3)	27.4	52.0	(9.7)	100.0
I can talk to my partner about using modern contraceptives to prevent pregnancy	(1.7)	(10.9)	26.9	50.9	(9.7)	100.0
I feel comfortable talking with a health care provider about birth space methods	(0.6)	(8.0)	25.7	55.4	(10.3)	100.0
I am capable of convincing my partner to use family planning	(5.7)	(10.3)	28.0	49.7	(6.3)	100.0
I am capable of using family planning even if my partner disagrees	(2.9)	(13.1)	24.0	49.7	(10.3)	100.0
<b>Motivation - Beliefs</b>						
Only God decides when a woman becomes pregnant	(3.4)	(13.7)	18.9	49.1	14.9	100.0
Whether or not I get pregnant is up to fate	(8.0)	21.1	28.6	34.9	(7.4)	100.0
I could get pregnant even if I do my best to prevent it	(4.0)	17.7	26.9	41.1	(10.3)	100.0
<b>Ability - Knowledge</b>						
Using modern contraceptives is the best way for me to avoid unwanted pregnancies	(2.3)	(8.0)	30.9	51.4	(7.4)	100.0
I am more likely to get pregnant if I don't use contraceptives	(0.0)	(8.6)	22.3	54.9	14.3	100.0
Using modern contraceptives is effective for spacing births	(1.7)	(8.6)	28.0	52.0	(9.7)	100.0
The use of modern contraceptives allows me to limit my number of children	(1.1)	(8.0)	25.7	57.1	(8.0)	100.0
Using modern contraceptives is safe for my health	(2.3)	(9.1)	30.3	46.3	(12.0)	100.0
I would be able to have another baby if I stopped using modern contraceptives	(1.1)	(7.4)	28.6	51.4	(11.4)	100.0

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

**Table 26b: Respondents' feelings of self-efficacy and control, and their knowledge and beliefs regarding pregnancy and contraceptive use in Viana (N=263)\***

	%					Total
	Completel y disagree	Disagree	Indifferen t	Agree	Completel y agree	
<b>Motivation - Locus of Control</b>						
I am embarrassed to buy [blank] method at the shop	17.1	33.8	21.3	20.9	(6.8)	100.0
I am embarrassed to ask my healthcare provider about family planning/[blank] method	19.0	34.6	18.3	19.4	(8.7)	100.0
<b>Ability - Self-Efficacy</b>						
I am capable of using a modern contraceptive method to prevent pregnancy	(2.3)	9.9	20.2	48.7	19.0	100.0
I am able to correctly use:						
The oral contraceptive pill	11.8	20.5	25.1	28.9	13.7	100.0
Injectables	9.9	20.9	29.7	24.3	15.2	100.0
Condom	(6.1)	(8.4)	21.7	43.0	20.9	100.0
Female condom	11.0	69.7	34.6	14.1	10.7	100.0
Emergency contraception	10.3	25.5	33.1	20.5	10.7	100.0
Medical abortion	24.0	35.0	31.6	(7.6)	(1.9)	100.0
I am able to consistently use [method of interest]	(2.7)	(9.1)	25.9	45.6	16.7	100.0
I feel confident that I can obtain an effective birth spacing method	(2.7)	(7.6)	28.1	43.0	18.6	100.0
I can talk to my partner about using modern contraceptives to prevent pregnancy	(1.1)	(8.7)	28.9	40.3	20.9	100.0
I feel comfortable talking with a health care provider about birth space methods	(1.5)	(6.1)	26.6	43.7	22.1	100.0
I am capable of convincing my partner to use family planning	(5.3)	10.3	26.2	41.1	17.1	100.0
I am capable of using family planning even if my partner disagrees	(5.7)	21.7	22.8	31.9	17.9	100.0
<b>Motivation - Beliefs</b>						
Only God decides when a woman becomes pregnant	(5.3)	17.9	11.8	46.0	19.0	100.0
Whether or not I get pregnant is up to fate	10.6	24.3	24.3	29.7	11.0	100.0
I could get pregnant even if I do my best to prevent it	(4.6)	26.2	21.7	31.6	16.0	100.0
<b>Ability - Knowledge</b>						
Using modern contraceptives is the best way for me to avoid unwanted pregnancies	(2.3)	(8.4)	26.6	46.8	16.0	100.0
I am more likely to get pregnant if I don't use contraceptives	(1.9)	(6.1)	24.3	44.5	23.2	100.0
Using modern contraceptives is effective for spacing births	(1.5)	(6.1)	28.5	46.4	17.5	100.0
The use of modern contraceptives allows me to limit my number of children	(1.1)	(6.5)	28.5	47.5	16.3	100.0
Using modern contraceptives is safe for my health	(2.3)	(6.5)	36.5	35.4	19.4	100.0
I would be able to have another baby if I stopped using modern contraceptives	(3.0)	9.9	24.0	41.8	21.3	100.0

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

**Table 26c: Respondents' feelings of self-efficacy and control, and their knowledge and beliefs regarding pregnancy and contraceptive use in Luanda (N=1545)\***

	%					Total
	Completely disagree	Disagree	Indifferent	Agree	Completely agree	
<b>Motivation - Locus of Control</b>						
I am embarrassed to buy [blank] method at the shop	11.4	36.3	23.0	26.1	3.3	100.0
I am embarrassed to ask my healthcare provider about family planning/[blank] method	12.7	37.2	22.9	23.1	4.1	100.0
<b>Ability - Self-Efficacy</b>						
I am capable of using a modern contraceptive method to prevent pregnancy	2.0	7.1	21.6	56.8	12.5	100.0
I am able to correctly use:						
The oral contraceptive pill	6.0	18.5	25.1	41.9	8.5	100.0
Injectables	6.4	19.6	27.1	38.8	8.1	100.0
Condom	3.5	7.3	20.2	55.7	13.4	100.0
Female condom	6.8	23.5	32.0	30.7	6.9	100.0
Emergency contraception	6.9	21.8	30.5	33.1	7.8	100.0
Medical abortion	16.1	33.1	31.3	17.0	2.5	100.0
I am able to consistently use [method of interest]	2.3	8.1	24.5	55.5	9.6	100.0
I feel confident that I can obtain an effective birth spacing method	2.0	7.7	23.6	57.2	9.6	100.0
I can talk to my partner about using modern contraceptives to prevent pregnancy	1.9	7.6	26.0	53.4	11.0	100.0
I feel comfortable talking with a health care provider about birth space methods	1.7	6.9	24.7	54.3	12.3	100.0
I am capable of convincing my partner to use family planning	2.9	8.5	25.5	53.0	10.2	100.0
I am capable of using family planning even if my partner disagrees	3.0	15.9	25.0	45.0	11.1	100.0
<b>Motivation - Beliefs</b>						
Only God decides when a woman becomes pregnant	5.4	14.0	17.3	49.7	13.5	100.0
Whether or not I get pregnant is up to fate	8.2	22.1	25.7	36.9	7.2	100.0
I could get pregnant even if I do my best to prevent it	5.0	21.0	24.3	40.1	9.6	100.0
<b>Ability - Knowledge</b>						
Using modern contraceptives is the best way for me to avoid unwanted pregnancies	(1.4)	7.5	24.7	56.2	10.2	100.0
I am more likely to get pregnant if I don't use contraceptives	(1.2)	6.9	20.6	55.3	16.1	100.0
Using modern contraceptives is effective for spacing births	1.6	6.4	27.2	54.0	10.7	100.0
The use of modern contraceptives allows me to limit my number of children	(1.0)	6.3	24.2	57.2	11.3	100.0
Using modern contraceptives is safe for my health	1.7	7.7	28.3	50.1	12.2	100.0
I would be able to have another baby if I stopped using modern contraceptives	1.9	9.4	22.9	52.3	13.6	100.0

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

## 4.7 Contraceptive affordability

Contraceptive affordability from the perspective of the user is very important. If a woman does not think contraception is affordable, this likely means she is unable or unwilling to pay for her preferred method of contraception at its current cost and perhaps will settle for a non-preferred, cheaper method, or no method. Ensuring contraceptive affordability is a key aspect of ensuring real access.

In Cacuaco and Viana, only 57% and 66% of women not currently sterilized, respectively, think that contraceptives are affordable, and only 56% and 54% are willing to pay for their method of choice, respectively (Table 27). Women in Cacuaco are willing to pay on average 511 kwanza for their method of choice, and women in Viana are willing to pay 418 kwanza. When asked directly if they would use their preferred method (or a method that meets all their preferences) at their preferred price at a time when they did not want to get pregnant, 69% in Cacuaco and 70% in Viana said yes. This is much higher than the current contraceptive rate in either municipality, thus more can be done to increase CPR, perhaps by adjusting the price of contraception.

**Table 27: Contraceptive affordability and willingness to pay among all not sterilized women by municipality\***

	Cacuaco		Viana		Luanda	
	%	N=173	%	N=261	%	N=1538
Contraceptives are affordable	56.6	98	66.3	173	66.8	1,027
Willing to pay for method of choice	56.1	97	53.6	140	60.6	932
Average amount willing to pay, avg (min-max) <sup>1</sup>	511 (10-10000)		418 (50-3000)		619 (10-10000)	
Amount willing to pay						
10-100	(16.5)	16	(13.6)	19	13.1	122
101-400	(19.6)	19	(11.4)	16	13.2	123
401-500	(9.3)	9	(14.3)	20	11.8	110
501-1000	(11.3)	11	(7.9)	11	9.2	86
Above 1001	(3.1)	3	(0.7)	1	5.0	47
Don't know	40.2	39	52.1	73	47.6	444
If offered preferred method (or method that meets all preferences) at preferred price at a time when did not want to get pregnant, would use it	68.8	119	69.7	182	70.3	1,081

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

<sup>1</sup> Among those who indicated that they would be willing to pay, and who gave a numeric amount

## 5. Fertility Preferences

Reducing high fertility in Luanda is critical to reducing high maternal and infant mortality and improving overall health and development. The goal can be achieved with an emphasis on voluntary acceptance of family planning methods within a human rights framework, such that all women and couples decide freely and responsibly on timing, number, and spacing of their children. At the same time, policy makers and program planners have the responsibility to help women and couples make informed decisions and to create an enabling environment. Data on fertility preferences and ideal family size provide essential information for assessing contraceptive needs.

### 5.1. Fertility Preferences

Ever pregnant women were asked about their desire for more children. This information is important in understanding future reproductive behavior. As seen in Table 28, 53% and 47% of women in Cacucaco and Viana, respectively, indicate a desire to have a child or another child. The vast majority prefers to wait two or more years. Both municipalities have similar findings to that of Luanda as a whole, where 44% of ever-pregnant women who are not sterile and not pregnant responded that if they discovered they were pregnant in the next few weeks that it would be a “big problem”.

<b>Table 28: Fertility preferences and decision making by municipality*</b>						
	Cacuaco		Viana		Luanda	
<b>Among ever pregnant, not sterilized</b>	%	N=96	%	N=163	%	N=889
Desire for children (among ever pregnant)						
Have a/another child	53.1	51	46.6	76	50.7	451
No more/none	(20.8)	20	20.2	33	20.6	183
Says can't get pregnant	(8.3)	8	(9.2)	15	7.4	66
Undecided	(17.7)	17	23.9	39	20.9	186
<b>Among women who want a/another child</b>	%	N=51	%	N=76	%	N=451
Length of time would like to wait until next child (among those who want a/another child)						
Now	(7.8)	4	(6.6)	5	8.6	39
<2 years	(15.7)	8	(18.4)	14	18.2	82
≥2 years	54.9	28	59.2	45	54.8	247
Says can't get pregnant	(2.0)	1	(1.3)	1	(1.3)	6
After marriage	(5.9)	3	(5.3)	4	6.9	31
Other	(5.9)	3	(2.6)	2	(2.0)	9
Don't know	(7.8)	4	(6.6)	5	8.2	37
<b>Among ever pregnant, not sterilized, not pregnant</b>	%	N=157	%	N=236	%	N=1414
If discovered were pregnant in next few weeks, it would be a:						
Big problem	43.9	69	40.7	96	44.3	626
Small problem	(10.8)	17	(9.7)	23	13.2	187
No problem	22.3	35	25.0	59	22.6	320
Can't get pregnant/not having sex	16.6	26	16.5	39	13.0	184
Did not respond/did not know/missing	(6.4)	10	(8.1)	19	6.9	97
Person who makes decisions about how many children to have (responses not mutually exclusive):						
Respondent	57.3	90	54.7	129	52.0	735
Partner	(14.6)	23	14.4	34	13.1	185
In-laws	(0.0)	0	(0.0)	0	(0.1)	1
Other family members	(8.9)	14	(5.5)	13	9.8	138
Other community members	(0.0)	0	(0.4)	1	(0.4)	5
Both respondent and partner	34.4	54	37.7	89	38.3	541

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

## 5.2. Ideal Family Size

Respondents who already had living children were asked about their ideal family size. As shown in Table 29, the average ideal number of children is slightly higher in Cacucaco (4.5) than Viana (4.2). The majority of respondents indicate they did/will use family planning methods to obtain the ideal size in both municipalities. Of the respondents who do not intend to use family planning to achieve their desired family size, 42% in Cacucaco and 50% in Viana state “don’t know” as a reason (Figure 3A and 3B). “Health concerns/fear of side effects” is also a substantial concern in Cacucaco at 25%. Among provincial estimates, “don’t know” and “opposition by partner, respondent, others, religion” are notable reasons at 38% and 17%, respectively.

**Table 29: Ideal family size among respondents who have had children and use of family planning by municipality\***

	Cacuaco		Viana		Luanda	
	%	N	%	N	%	N
Average ideal number of children, avg (min-max)	4.5 (1-10)		4.2 (1-9)		4.2 (1-12)	
Ideal number of children						
1-2	(5.1)	9	10.3	27	9.9	153
3-4	20.6	36	20.9	55	17.7	274
5-6	14.3	25	12.9	34	11.5	177
7+	(3.4)	6	(4.9)	13	4.1	64
Did/will use family planning methods to obtain ideal family size	69.7	122	75.7	199	75.0	1159
Husband/partner wants/wanted same number of children as respondent						
Same number	34.3	60	29.3	77	27.4	423
More children	(12.6)	22	16.7	44	13.7	211
Fewer children	(7.4)	13	(7.2)	19	10.3	159
Don't know	45.7	80	46.8	123	48.7	752
Total	100.0	175	100.0	263	100.0	1545

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

**Figure 3A: Reasons why did/will not use family planning to obtain ideal family size in Cacucaco**

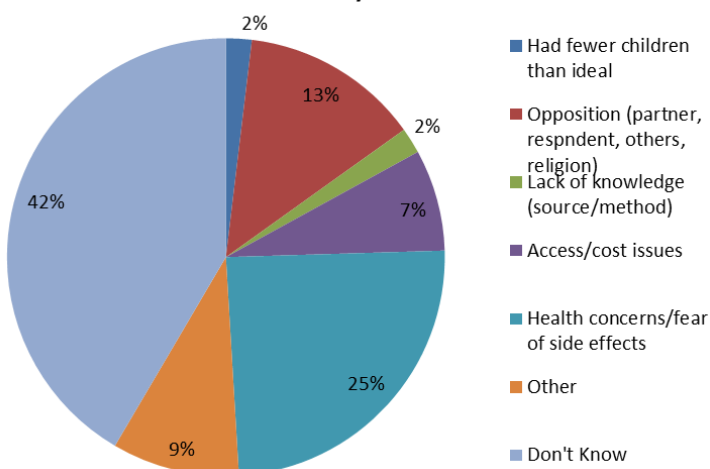
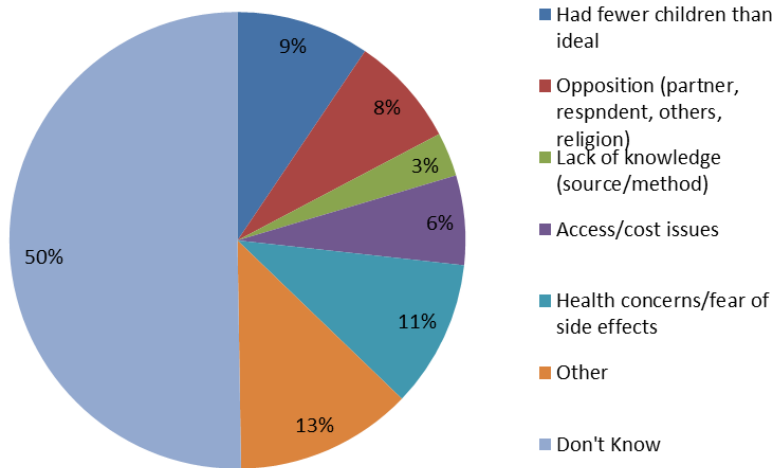


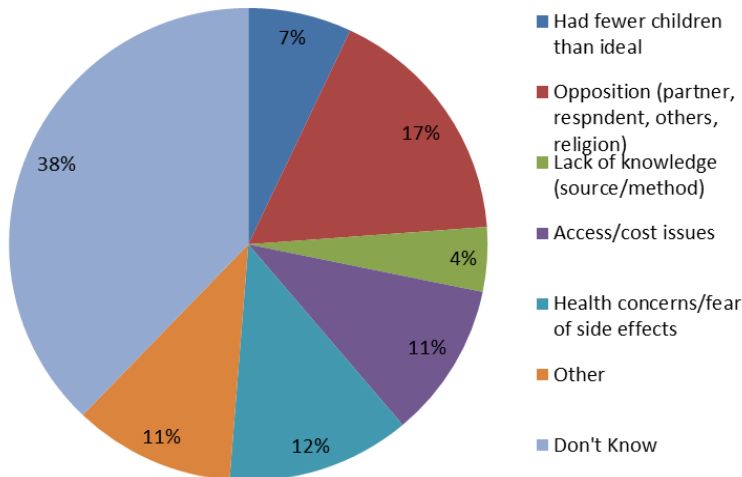
Table 30 shows the average ideal number of children among respondents with living children by background characteristics. Given the small sizes, we recognize it is difficult to make definitive statements from these data. However, trends are as expected, with younger women wanting fewer children than older women in both municipalities. Across the board, the higher ideal family size among divorced/widowed women may suggest the role of childbearing in the



**Figure 3B: Reasons why did/will not use family planning to obtain ideal family size in Viana**



**Figure 3C: Reasons why did/will not use family planning to obtain ideal family size in Luanda**



future plans of Angolan women as they form new relationships after divorce or the death of a partner. The mean ideal number of children desired decreases as women's level of education and wealth status increase. Women with no education in Cacucaco and Viana want 5.0 children and 6.7 children, respectively, while those with more than secondary education want only 2.9 and 3.8 children, respectively. Women in the lowest wealth quintile in Cacucaco and Viana want 5.2 and 4.4 children, respectively, while women in the highest wealth quintile want 4.4 and 2.8 children, respectively. A positive association between total number of living children and ideal size is found in both municipalities.

**Table 30: Average ideal number of children among respondents with children by background characteristics and municipality\***

	Cacuaco		Viana		Luanda	
	Average	N=76	Average	N=129	Average	N=668
<b>Age</b>						
15-19	(4.0)	1	(3.2)	6	(3.8)	20
20-24	(3.7)	19	(3.5)	22	3.7	101
25-29	(4.8)	20	3.5	30	3.8	172
30-34	(4.3)	14	4.6	29	4.2	151
35-39	(4.8)	9	(5.3)	19	4.7	113
40-44	(5.4)	8	(4.4)	12	4.7	64
45-49	(5.0)	4	(5.4)	11	5.1	45
<b>Current marital status</b>						
Single	(3.8)	23	4.0	33	3.7	205
Married/cohabiting	4.8	51	4.2	85	4.4	413
Divorced/widowed	(5.5)	2	(5.5)	11	4.8	50
<b>Education</b>						
No education	(5.0)	2	(6.7)	3	(5.0)	24
Grades 1-6	(4.8)	12	4.9	36	4.9	109
Grades 7-9	4.8	35	4.1	37	4.3	212
Grades 10-13	(4.3)	20	3.7	35	4.1	214
University or higher	(2.9)	7	(3.8)	18	3.6	109
<b>Wealth quintile</b>						
1st (poorest)	(5.2)	19	4.4	48	4.4	157
2nd	(4.4)	18	(4.7)	22	4.4	130
3rd	(3.8)	12	(4.6)	20	4.0	131
4th	(4.4)	15	(4.1)	21	4.0	125
5th (wealthiest)	(4.4)	12	(2.8)	18	4.2	123
<b>Total number of living children</b>						
1-2	4.1	38	3.5	59	3.8	347
3-4	4.6	27	4.6	34	4.3	200
5+	(5.8)	11	5.1	36	5.2	121
<b>Total</b>	<b>4.5</b>	<b>76</b>	<b>4.2</b>	<b>129</b>	<b>4.2</b>	<b>668</b>

\*Missing responses included in percent calculations but omitted from tables

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

## 6. Unmet Need

According to the traditional DHS definition, women have an unmet need for family planning if they are married, fecund, report not wanting a/another child or report wanting to wait at least 2 years before becoming pregnant, and are not currently using contraception. Women also have an unmet need if they are currently pregnant and report that the pregnancy is unwanted or mistimed. Unmet need is typically expressed as a percentage of all married, fecund women. Because we did not collect detailed data on women’s post-partum infecundability, our measure of fecundity is limited; women were only classified as infecund if they reported sterilization, hysterectomy, or menopause, or if they were not using contraception and had not become pregnant in 5 or more years. Women who were post-partum amenorrheic were thus not counted as “infecund,” even though the traditional DHS measure does classify them as such.

We also calculated two alternative measures of unmet need. The first is a measure of unmet need for a preferred method of contraception, which assesses the percentage of married, fecund women who are currently using a method of contraception but report that it is not their preferred method. The second is self-reported

**Table 31: Traditional unmet need, unmet need for preferred contraceptive, and self-reported unmet need by municipality**

	%		
	Cacuaco	Viana	Luanda
<b>Among fecund, married women</b>	N=55	N=81	N=425
Traditional unmet need	(20.0)	(12.3)	17.4
Unmet need for preferred contraceptive (% who are using a method AND say it is not their preferred method)	16.4	13.6	9.6
<b>Among all women</b>	N=175	N=263	N=1545
Self-reported unmet need	15.4	19.0	20.9

( ) Percentage in parentheses indicates that estimate was based on less than 25 cases

unmet need, which simply asks all women if they feel they have an unmet need for family planning. As Table 31 indicates, these three different measures yield varying estimates of unmet need in Viana and Cacuaco municipalities as well as Luanda as a whole, with estimates for the whole province ranging between 10% and 21%.

Tables 32a, 32b, and 32c describe the three measures of unmet need by select sociodemographic characteristics in Cacuaco, Viana, and all of Luanda, respectively. Although no clear patterns emerge from the municipality-specific tables, perhaps due to small sample sizes, Table 32c demonstrates that across all of Luanda Province, traditional unmet need tends to decrease with increasing age, education, and wealth. Similar, though less consistent, trends can be seen in the measure of unmet need for preferred method. Self-reported unmet need does not follow these patterns, though it is important to note that the denominator for self-reported unmet need (all women) is different from the denominator for the other two measures (married, fecund women), so this measure may not truly be comparable to the others.

Table 33 demonstrates that relying on women’s self-reports gives a very different picture of unmet need than the traditional DHS calculation. In Luanda Province overall, only 22% of women with a traditional unmet need self-report having an unmet need, 23% of those who do not have a

**Table 32a: Traditional unmet need, unmet need for preferred contraceptive, and self-reported unmet need in Cucuaco by background characteristics\***

	%		
	Traditional unmet need N=55	Unmet need for preferred method N=55	Self-reported unmet need N=175
<b>Age</b>			
15-19	(0.0)	(0.0)	(10.2)
20-24	(14.3)	(28.6)	(23.1)
25-29	(38.5)	(15.4)	(3.8)
30-34	(23.1)	(0.0)	(25.0)
35-39	(0.0)	(0.0)	(16.7)
40-44	(0.0)	(25.0)	(10.0)
45-49	(50.0)	(50.0)	(0.0)
<b>Current marital status</b>			
Single	n/a	n/a	(12.7)
Married/cohabiting	(20.0)	(16.4)	(21.0)
Divorced/widowed	n/a	n/a	(0.0)
<b>Education</b>			
No education	(0.0)	(50.0)	(50.0)
Grades 1-6	(33.3)	(33.3)	(0.0)
Grades 7-9	(23.8)	(23.8)	(13.6)
Grades 10-13	(21.1)	(5.3)	(22.5)
University or higher	(0.0)	(0.0)	(0.0)
<b>Wealth quintile</b>			
1st (poorest)	(36.4)	(27.3)	(17.1)
2nd	(8.3)	(25.0)	(12.5)
3rd	(36.4)	(9.1)	(10.0)
4th	(0.0)	(12.5)	(12.8)
5th (wealthiest)	(15.4)	(7.7)	(28.0)
<b>Total number of living children</b>			
0	(0.0)	(0.0)	(12.4)
1-2	(26.9)	(15.4)	(15.9)
3-4	(11.8)	(17.6)	(31.0)
5+	(33.3)	(33.3)	(0.0)
<b>Total</b>	<b>(20.0)</b>	<b>(16.4)</b>	<b>15.4</b>

\* Denominators for "self-reported unmet need" column are ALL women; denominators for other columns are married, fecund women

traditional unmet need self-report having one, and 20% of those not in the traditional denominator self-report having an unmet need. This last group is largely comprised of unmarried women, who are not counted in the traditional calculation but nonetheless have significant family planning needs. The discrepancies described in this table highlight the important programmatic implications of asking women directly what they might want or need, rather than relying solely on traditional measures of family planning need.

**Table 32b: Traditional unmet need, unmet need for preferred contraceptive, and self-reported unmet need in Viana by background characteristics\***

	%		
	Traditional unmet need N=81	Unmet need for preferred method N=81	Self- reported unmet need N=263
<b>Age</b>			
15-19	(0.0)	(0.0)	(4.5)
20-24	(20.0)	(6.7)	(21.3)
25-29	(27.8)	(16.7)	(27.5)
30-34	(8.7)	(13.0)	(28.6)
35-39	(0.0)	(25.0)	(24.0)
40-44	(0.0)	(0.0)	(20.0)
45-49	(0.0)	(20.0)	(16.7)
<b>Current marital status</b>			
Single	n/a	n/a	(11.6)
Married/cohabiting	(12.3)	(13.6)	(30.9)
Divorced/widowed	n/a	n/a	(18.2)
<b>Education</b>			
No education	(0.0)	(0.0)	(0.0)
Grades 1-6	(29.2)	(12.5)	(17.8)
Grades 7-9	(5.0)	(5.0)	(14.9)
Grades 10-13	(4.5)	(18.2)	(23.2)
University or higher	(7.1)	(21.4)	(20.0)
<b>Wealth quintile</b>			
1st (poorest)	(20.7)	(20.7)	(17.1)
2nd	(11.8)	(5.9)	(16.0)
3rd	(0.0)	(20.0)	(10.5)
4th	(22.2)	(0.0)	(21.6)
5th (wealthiest)	(0.0)	(12.5)	(29.8)
<b>Total number of living children</b>			
0	(14.3)	(14.3)	(9.3)
1-2	(8.8)	(17.6)	(27.1)
3-4	(14.3)	(9.5)	(31.6)
5+	(16.7)	(11.1)	(22.2)
<b>Total</b>	<b>(12.3)</b>	<b>(13.6)</b>	<b>19.0</b>

\* Denominators for "self-reported unmet need" column are ALL women; denominators for other columns are married, fecund women

**Table 32c: Traditional unmet need, unmet need for preferred contraceptive, and self-reported unmet need in Luanda by background characteristics\***

	%		
	Traditional unmet need N=425	Unmet need for preferred method N=425	Self- reported unmet need N=1545
<b>Age</b>			
15-19	(25.0)	(0.0)	14.4
20-24	(23.0)	(14.8)	22.2
25-29	(19.0)	(10.5)	25.6
30-34	(20.4)	(6.2)	26.1
35-39	(13.4)	(11.0)	26.7
40-44	(5.9)	(2.9)	(20.3)
45-49	(5.3)	(15.8)	(10.0)
<b>Current marital status</b>			
Single	n/a	n/a	19.2
Married/cohabiting	17.4	9.6	23.5
Divorced/widowed	n/a	n/a	(28.3)
<b>Education</b>			
No education	(43.8)	(6.3)	(20.0)
Grades 1-6	(27.3)	(10.9)	17.2
Grades 7-9	(14.8)	(10.9)	19.4
Grades 10-13	(15.2)	(8.6)	22.6
University or higher	(13.3)	(9.3)	21.3
<b>Wealth quintile</b>			
1st (poorest)	(25.6)	(16.7)	21.1
2nd	(15.9)	(9.8)	19.5
3rd	(18.2)	(9.1)	15.3
4th	(14.5)	(4.3)	20.1
5th (wealthiest)	(12.6)	(6.3)	28.4
<b>Total number of living children</b>			
0	(6.1)	(3.0)	16.6
1-2	(19.7)	(10.1)	25.4
3-4	(17.3)	(10.8)	30.3
5+	(17.5)	(9.5)	17.7
<b>Total</b>	17.4	9.6	20.9

\* Denominators for "self-reported unmet need" column are ALL women; denominators for other columns are married, fecund women

**Table 33: Comparison of traditional vs. self-reported unmet need**

	Self-reported unmet need			
	Yes		No	
	%	N	%	N
<b>Cacuaco</b>				
Traditional unmet need				
Yes	(0.0)	0	(100.0)	11
No	(22.5)	9	77.5	31
Not in denominator	(14.17)	17	85.8	103
Missing	(25.0)	1	(75.0)	3
<b>Viana</b>				
Traditional unmet need				
Yes	(30.0)	3	(70.0)	7
No	(24.3)	17	75.7	53
Not in denominator	16.5	30	83.5	152
Missing	(0.0)	0	(100.0)	1
<b>Luanda</b>				
Traditional unmet need				
Yes	(21.6)	16	78.4	58
No	22.6	77	77.4	264
Not in denominator	20.4	229	79.6	891
Missing	(10.0)	1	(90.0)	9

## 7. Key Findings

Results from the representative community survey provide insight into the sociodemographic and reproductive health characteristics of women living in Luanda, Angola; we focused on the results from the municipalities of Cacuaco and Viana. These findings are important to understand so as to better serve this population, for which little is known and for whom the government would like to improve reproductive healthcare provision. Below are some of the key findings from the survey:

- The population is young, largely unmarried, and relatively highly educated.
- Television is the most widely utilized media outlet and is the most common current and most preferred source of family planning information.
- Most women are less than an hour to a health facility.
- Most respondents are students or are not working. The next most common occupation is government worker. Most women are not paid.
- Nearly 60% of respondents have ever been pregnant and approximately 50% have ever given birth.
- Women in Luanda have had, on average, 1.5 children.
- Knowledge of condoms is high in Luanda (95%), and knowledge of pills (80%) and injectables (69%) is fairly high, but knowledge of other methods, particularly long-acting and permanent methods, is low.
- Condoms are the most commonly ever used method (55%) followed by pills (22%) and injectables (18%). Other method use is low.
- Correct knowledge about the most common methods is not very strong.
- Only 69% of respondents know of a place to obtain a method of family planning.
- Fourteen percent of women in Luanda were visited by a fieldworker who talked about family planning in the last 12 months, but nearly 50% said they would accept contraception from this type of provider.
- Fifty-two percent of women in Luanda are currently using contraception. The most commonly used method is condoms, followed by injectables and pills. Most women are using family planning for spacing.
- Family planning counseling on side effects and other methods needs improvement.
- Seventy-one percent of current contraceptive users in Luanda are using their preferred method of contraception; 61% in Cacuaco and 70% in Viana.
- The most common reason for not using the preferred method of contraception is not being at risk of an unwanted pregnancy (i.e. not having sex).
- Most women in Luanda (71%) would prefer to obtain contraceptives from a government hospital, followed by a government health center, a pharmacy/chemist, and a government health post.
- Overall, 47% of respondents in Luanda are currently using their preferred method, 11% are using a non-preferred method, and 42% are using no method.
- Forty-four percent of respondents not currently using contraception indicate they intend to use contraception in the future.



- Respondents have generally positive or indifferent attitudes towards family planning but negative attitudes towards pregnancy termination.
- Only 67% of women in Luanda feel that contraceptive are affordable and only 61% are willing to pay for their method of choice.
- The ideal family size for women who have had children is just over 4 children.
- Seventeen percent of women in Luanda have a traditional unmet need for contraception, and additional 10% have an unmet need for their preferred method, and 21% have a self-reported unmet need. In many instances, these types of unmet need do not overlap, thus it is important to think about unmarried women, method preference, and women's own opinion of whether their needs are being met when determining whether contraceptive services are meeting women's needs.

These findings should be used by the Angolan government and the private sector to strategize ways to improve access to and information about modern family planning. Combining public and private sector efforts, vast improvements in reproductive health are feasible, specifically with regards to increased contraceptive prevalence rate and decreased total fertility rate and maternal mortality. With the necessary resources and commitment, Luanda can be a model in terms of reproductive health.

## 8. Appendix

**Angola Community FP Survey  
Questionnaire June 7, 2012**

	Question	Response	Code				
A	Questionnaire ID #		/_/_/_/_/_				
B	Province	Luanda	1				
C	Municipality:		/_				
D	Comune	_____	/_/_				
E	Bairro	_____	/_/_				
F	Level of urbanization	Urban Peri-urban Rural	1 2 3				
G	Other identification	_____					
Researcher visit		1	2	3			
H	Date	_/_/_/_	_/_/_/_	_/_/_/_			
I	Researcher code	[ ][ ]	[ ][ ]	[ ][ ]			
J	Result	[ ]	[ ]	[ ]			
<b>Result codes:</b> 1=Completed 2=Refused 3=Postponed 4=Incomplete 5=Non residential 6=Non existent 7=Other							
RECORD THE TIME: START OF INTERVIEW		HOUR.....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
		MINUTES .....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
RECORD THE TIME: END OF INTERVIEW		HOUR.....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
		MINUTES .....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				

***INTERVIEWER: READ THE FOLLOWING SCRIPT. IF PARTICIPANT AGREES TO PARTICIPATE, CONTINUE WITH SURVEY. IF PARTICIPANT DECLINES PARTICIPATION, THANK THEM FOR THEIR TIME AND LEAVE IMMEDIATELY.***

“Hi my name is [IDENTIFY SELF] and I would like to invite you to take part in a research study with the Bixby Center at University of California, Berkeley. We are conducting research to find out more about women’s use, knowledge, and opinions of sexual and reproductive health services, family planning, and contraception. The goal of the research is to find out how to make women safe and healthy by improving the health services. Women ages 15-49 from Viana and Cacucaco municipalities will be asked to join this study. We will ask them about their use of sexual and reproductive health services, their knowledge and comfort with these services, particularly related to family planning, and their opinions about their pregnancies and the size of their families. We would appreciate your participation in such an interview; however, your participation is completely voluntary. There is no direct benefit to you from taking part in this study. It is hoped that the research will provide important information and your participation will help us understand how to improve services for women in this area. If you choose to participate, we will not tell other people that you are in this research and we won’t share information about you to anyone who does not work in the research study. To minimize the risks to confidentiality, we will conduct the interviews in private and information that can identify you as a person will not be collected. Information about you that will be collected from the research will be put away and no-one but the researchers will be able to see it. Any information about you will have a number on it instead of your name. You are free to decline to answer any questions you don't wish to, or to stop the interview at any time. It does not cost you anything to participate in this research and you will not be paid for taking part in this study. If you choose to participate, we would like to conduct the interview now, but could also schedule for a more convenient date, time, and location in the future. The interview will take about 45 minutes. Would you like to participate?”

Number	Question	Coding Categories	Skip
101	How long have you been living continuously in Luanda? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS..... MONTHS..... ALWAYS.....95	→103
102	Just before you moved here, in which province did you live before?	Bengo.....1 Benguela.....2 Bie.....3 Cabinda.....4 Cunene.....5 Huambo.....6 Huila.....7 Kwando Kubango.....8 Kwanza Norte.....9 Kwanza Sul.....10 Luanda.....11 Lunda Norte.....12 Lunda Sul.....13 Malanje.....14 Moxico.....15 Namibe.....16 Uije.....17 Zaire.....18 Estrangeiro/a.....95	
103	How long does it take you to get to the nearest health facility?	HOUR..... MINUTES.....	
104	How would you travel to the nearest health facility?	WALKING.....1 BICYCLE.....2 MOTORCYCLE.....3 CAR.....4 BUS.....5 TAXI.....6 OTHER (SPECIFY).....77	
105	How old were you at your last birthday?	YEARS..... DON'T KNOW.....88	
106	Are you currently attending school?	YES.....1 NO.....2	→108
107	Have you ever attended school?	YES.....1 NO.....2	→109
108	What is the highest grade you have completed? IF NONE, WRITE '00'.	BASIC ED (1ST-6TH GRADE).....12 PRIMARY SCHOOL (7TH-9TH GRADE).....13 SECONDARY SCHOOL, MID (10TH-13TH GRADE).....14 UNIVERSITY.....15 HIGHER THAN UNIVERSITY DIPLOMA.....16	
109	Can you read?	YES.....1 NO.....2	→111
110	How frequently do you read a newspaper or magazine?	ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 LESS THAN ONCE A WEEK.....3 NOT AT ALL.....4	
111	How frequently do you listen to the radio?	ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 LESS THAN ONCE A WEEK.....3	

		NOT AT ALL ..... 4	
112	How frequently do you watch television?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
113	What is your occupation, that is, what kind of work do you mainly do?	GOVT WORKER.....1 STUDENT.....2 WORKING STUDENT.....3 DOMESTIC.....4 MERCHANT/VENDOR.....5 I DO NOT WORK.....6 OTHER ..... 77 (SPECIFY)	IF 5 → 115
114	How are you compensated?	CASH ONLY.....1 CASH AND KIND.....2 IN KIND ONLY.....3 NOT PAID.....4	
115	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING.....1 PIPED INTO YARD/PLOT.....2 PUBLIC TAP/STANDPIPE.....3 TUBE WELL OR BOREHOLE.....4 DUG WELL PROTECTED WELL.....5 UNPROTECTED WELL.....6 WATER FROM SPRING PROTECTED SPRING.....7 UNPROTECTED SPRING.....8 RAINWATER.....9 TANKER TRUCK.....10 CART WITH SMALL TANK.....11 SURFACE WATER(RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL.....12 BOTTLED WATER.....13 OTHER ..... 77 (SPECIFY)	
116	What kind of toilet facility do members of your household usually use?	BATHROOM.....1 PUBLIC TOILET.....2 PRIVATE LATRINE.....3 COMMUNITY LATRINE.....4 TOILET.....5 TRASH.....6 OTHER ..... 77 (SPECIFY)	
117	Does your household have:  READ OPTIONS.	YES NO ELECTRICITY..... 1 2 RADIO..... 1 2 TELEVISION..... 1 2 MOBILE TELEPHONE..... 1 2 NON-MOBILE TELEPHONE.. 1 2 REFRIGERATOR..... 1 2 TABLE ..... 1 2 CHAIR..... 1 2 SOFA..... 1 2 BED..... 1 2 ARMOIRE..... 1 2	

118	Does any member of this household own:  READ OPTIONS.	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>WATCH.....</td><td>1</td><td>2</td></tr> <tr><td>BICYCLE.....</td><td>1</td><td>2</td></tr> <tr><td>MOTORCYCLE/SCOOTER...</td><td>1</td><td>2</td></tr> <tr><td>WAGON.....</td><td>1</td><td>2</td></tr> <tr><td>HORSE/DONKEY.....</td><td>1</td><td>2</td></tr> <tr><td>CAR/TRUCK.....</td><td>1</td><td>2</td></tr> <tr><td>Boat w/motor.....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	WATCH.....	1	2	BICYCLE.....	1	2	MOTORCYCLE/SCOOTER...	1	2	WAGON.....	1	2	HORSE/DONKEY.....	1	2	CAR/TRUCK.....	1	2	Boat w/motor.....	1	2				
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119	What type of fuel does your household mainly use for cooking?	<table border="1"> <tbody> <tr><td>ELECTRICITY.....</td><td>1</td></tr> <tr><td>LPG.....</td><td>2</td></tr> <tr><td>NATURAL GAS.....</td><td>3</td></tr> <tr><td>COAL.....</td><td>4</td></tr> <tr><td>WOOD.....</td><td>5</td></tr> <tr><td>STRAW.....</td><td>6</td></tr> <tr><td>ANIMAL DUNG.....</td><td>7</td></tr> <tr><td>NO FOOD COOKED IN HOUSEHOLD.....</td><td>8</td></tr> <tr><td>OTHER.....</td><td>77</td></tr> <tr><td>(SPECIFY)</td><td></td></tr> </tbody> </table>	ELECTRICITY.....	1	LPG.....	2	NATURAL GAS.....	3	COAL.....	4	WOOD.....	5	STRAW.....	6	ANIMAL DUNG.....	7	NO FOOD COOKED IN HOUSEHOLD.....	8	OTHER.....	77	(SPECIFY)									
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122	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	<table border="1"> <tbody> <tr><td>RUDIMENTARY WALLS</td><td></td></tr> <tr><td>STRAW/MATS.....</td><td>1</td></tr> <tr><td>CARDBOARD/PLASTIC.....</td><td>2</td></tr> <tr><td>STICKS AND CLAY.....</td><td>3</td></tr> <tr><td>CLAY BLOCKS.....</td><td>4</td></tr> <tr><td>BRANCHES/PALM/TRUNKS.....</td><td>5</td></tr> <tr><td>REUSED WOOD.....</td><td>6</td></tr> <tr><td>FINISHED WALLS</td><td></td></tr> <tr><td>CEMENT OR STONE BLOCKS.....</td><td>7</td></tr> <tr><td>BRICKS.....</td><td>8</td></tr> <tr><td>WOOD PLANKS.....</td><td>9</td></tr> <tr><td>OTHER.....</td><td>77</td></tr> <tr><td>(SPECIFY)</td><td></td></tr> </tbody> </table>	RUDIMENTARY WALLS		STRAW/MATS.....	1	CARDBOARD/PLASTIC.....	2	STICKS AND CLAY.....	3	CLAY BLOCKS.....	4	BRANCHES/PALM/TRUNKS.....	5	REUSED WOOD.....	6	FINISHED WALLS		CEMENT OR STONE BLOCKS.....	7	BRICKS.....	8	WOOD PLANKS.....	9	OTHER.....	77	(SPECIFY)			
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123	How many rooms in this household are used for sleeping?	<table border="1"> <tbody> <tr> <td>NUMBER.....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	NUMBER.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
NUMBER.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																										
124	Does any member of this household own agricultural land?	<table border="1"> <tbody> <tr><td>YES.....</td><td>1</td></tr> <tr><td>NO.....</td><td>2</td></tr> </tbody> </table>	YES.....	1	NO.....	2																								
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## SECTION 2. REPRODUCTION

Number	Question	Coding Categories	Skip					
201	Now I would like to ask about all the live births and pregnancies you have had during your life. Have you ever been pregnant?	<table border="1"> <tbody> <tr><td>YES.....</td><td>1</td></tr> <tr><td>NO.....</td><td>2</td></tr> </tbody> </table>	YES.....	1	NO.....	2	→301	
YES.....	1							
NO.....	2							
202	Have you ever given birth?	<table border="1"> <tbody> <tr><td>YES.....</td><td>1</td></tr> <tr><td>NO.....</td><td>2</td></tr> </tbody> </table>	YES.....	1	NO.....	2	→211	
YES.....	1							
NO.....	2							
203	How old were you at the birth of your first child?	<table border="1"> <tbody> <tr> <td>YEARS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr><td>DON'T KNOW.....</td><td>88</td></tr> </tbody> </table>	YEARS .....	<input type="text"/>	<input type="text"/>	DON'T KNOW.....	88	
YEARS .....	<input type="text"/>	<input type="text"/>						
DON'T KNOW.....	88							
204	Do you have any sons or daughters to whom you have given birth who are still alive?	<table border="1"> <tbody> <tr><td>YES.....</td><td>1</td></tr> <tr><td>NO.....</td><td>2</td></tr> </tbody> </table>	YES.....	1	NO.....	2	→206	
YES.....	1							
NO.....	2							

205	How many sons are alive? And how many daughters are alive? IF NONE, RECORD '00'.	SONS DAUGHTERS	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
206	Sometimes it happens that children die. It may be painful to talk about and I am sorry to ask you about painful memories, but it is important to get correct information. Have you ever given birth to a son or daughter who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES.....1 NO.....2	→208				
207	How many boys have died? How many girls have died? IF NONE, RECORD '00'.	BOYS DIED GIRLS DIED	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
208	SUM TOTALS FROM 205 AND 207 AND RECORD THE TOTAL. IF NONE, RECORD '00'.	TOTAL.....	<table border="1"><tr><td></td><td></td></tr></table>				
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?	YES.....1 NO.....2	PROBE AND CORRECT 205-207 AS NECESSARY				
210	What is the age of your youngest child?	YEARS..... MONTHS (If less than 1 year).....  Write "00" if less than 1 month	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
211	Are you pregnant now?	YES.....1 NO.....2 DON'T KNOW.....88	→213 →213				
212	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS..... LESS THAN 1 MONTH RECORD "00"	<table border="1"><tr><td></td><td></td></tr></table>				
213	At the time of your last pregnancy, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	→215 →215				
214	How long did you want to wait to become pregnant?	YEARS..... MONTHS.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
215	Have you ever had a pregnancy that was not carried to term?	YES.....1 NO.....2	→221a				
216	How many pregnancies have not been carried to term?	NUMBER.....	<table border="1"><tr><td></td><td></td></tr></table>				
217	Did you or someone else interrupt any of these pregnancies deliberately?	YES.....1 NO.....2	→221				
218	How many pregnancies were interrupted deliberately?	NUMBER.....	<table border="1"><tr><td></td><td></td></tr></table>				
219	In what year did the last deliberate interruption end?	YEAR					



220	How many months pregnant were you when the pregnancy ended?	MONTHS.....			
		LESS THAN 1 MO.....00			
		DON'T KNOW.....88			
221a	Did you receive any counseling related to family planning or contraception from a health worker after you gave birth, during a pregnancy or after your pregnancy ended?	YES.....1			
		NO.....2			
		DON'T KNOW.....88			
221b	Did you receive a method of contraception from a health worker after you gave birth, during a pregnancy or after your pregnancy ended?	YES.....1			
		NO.....2			
		DON'T KNOW.....88			
222	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES.....1			→224
		NO.....2			→224
		DON'T KNOW.....88			
223	When does this happen?	JUST BEFORE PERIOD.....1			
		DURING PERIOD.....2			
		RIGHT AFTER PERIOD ENDS.....3			
		HALFWAY BETWEEN TWO PERIODS.....4			
		OTHER.....77			
		(SPECIFY)			
		DON'T KNOW.....88			
224	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES.....1			
		NO.....2			
		DEPENDS.....3			
		DON'T KNOW.....88			→301
225	What are the criteria in which breastfeeding is effective as a contraceptive method?  Anything else?  CIRCLE ALL THAT APPLY	EXCLUSIVE BREASTFEEDING (NO SUPPLEMENTS).....1			
		EXCLUSIVE BREASTFEEDING FOR UP TO 6 MONTHS.....2			
		MENSTRUAL PERIOD HASN'T RETURNED.....3			
		OTHERS (SPECIFY).....4			
		_____			
		NONE.....5			
		DON'T KNOW.....88			

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which forms or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301, ASK 302.</p>	302 Have you ever used (METHOD)?
-----	--	----------------------------------

**SECTION 3.  
CONTRAC  
EPTION**

01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES, MENTIONED SPONTANEOUSLY.....1 YES, WHEN PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES .....1 NO .....2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES, MENTIONED SPONTANEOUSLY.....1 YES, WHEN PROBED.....2 NO.....3	Have you ever had a partner who had an operation to avoid having any more children? YES .....1 NO .....2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES, MENTIONED SPONTANEOUSLY.....1 YES, WHEN PROBED.....2 NO.....3	YES .....1 NO .....2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES, MENTIONED SPONTANEOUSLY.....1 YES, WHEN PROBED.....2 NO.....3	YES .....1 NO .....2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES, MENTIONED SPONTANEOUSLY.....1 YES, WHEN PROBED.....2 NO.....3	YES .....1 NO .....2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES, MENTIONED SPONTANEOUSLY.....1 YES, WHEN PROBED.....2 NO.....3	YES .....1 NO .....2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES, MENTIONED SPONTANEOUSLY.....1 YES, WHEN PROBED.....2 NO.....3	YES .....1 NO .....2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES, MENTIONED SPONTANEOUSLY.....1 YES, WHEN PROBED.....2 NO.....3	YES .....1 NO .....2
09	LACTATIONAL AMENORRHEA METHOD (LAM): Up to 6 months after childbirth, a woman can use a method that requires that she feed the baby with only breastmilk (no other formula, water, or other food) and that her menstrual period has not returned.	YES, MENTIONED SPONTANEOUSLY.....1 YES, WHEN PROBED.....2 NO.....3	YES .....1 NO .....2
10	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES, MENTIONED SPONTANEOUSLY.....1 YES, WHEN PROBED.....2 NO.....3	YES .....1 NO .....2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES, MENTIONED SPONTANEOUSLY.....1 YES, WHEN PROBED.....2 NO.....3	YES .....1 NO .....2
12	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES, MENTIONED SPONTANEOUSLY.....1 YES, WHEN PROBED.....2 NO.....3	YES .....1 NO .....2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES .....1  (SPECIFY)  (SPECIFY) NO .....2	YES .....1 NO .....2  YES .....1 NO .....2

303	CHECK 301 (07) AND 301 (08):		
	OPTION 1 OR 2 CIRCLED FOR EITHER QUESTION		→304
	OPTION 3 CIRCLED FOR BOTH QUESTIONS		→307
304	You do not need a prescription or medical examination to obtain condoms.	TRUE.....1 FALSE.....2 DON'T KNOW.....3	
305	There are rare minimal side effects to using condoms.	TRUE.....1 FALSE.....2 DON'T KNOW.....3	
306	Condoms should be used throughout intercourse to be most effective.	TRUE.....1 FALSE.....2 DON'T KNOW.....3	
307	CHECK 301 (05):		
	OPTION 1 OR 2 CIRCLED		→ 308
	OPTION 3 CIRCLED		→ 312
308	Injectable contraceptives must be taken either every 1, 2, or 3 months.	TRUE.....1 FALSE.....2 DON'T KNOW.....3	
309	Injectable contraceptives do not protect women from STIs.	TRUE.....1 FALSE.....2 DON'T KNOW.....3	
310	The most common side effect is irregular bleeding for the first few months.	TRUE.....1 FALSE.....2 DON'T KNOW.....3	
311	Women can become pregnant again after the last injection wears off.	TRUE.....1 FALSE.....2 DON'T KNOW.....3	
312	CHECK 301 (03):		
	OPTION 1 OR 2 CIRCLED		→ 313
	OPTION 3 CIRCLED		→ 317
313	The pill has to be taken every day.	TRUE.....1 FALSE.....2 DON'T KNOW.....3	
314	Fertility normally returns within three months after stopping use.	TRUE.....1 FALSE.....2 DON'T KNOW.....3	
315	After the initial visit to the doctor, women can re-supply their pills from their local store without having to go back to the clinic every month.	TRUE.....1 FALSE.....2 DON'T KNOW.....3	

316	The pill does not protect women from STIs.	TRUE.....1 FALSE.....2 DON'T KNOW.....3	
317	CHECK 302 (01):  WOMAN NOT STERILIZED  WOMAN STERILIZED		→318  →331
318	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	→320
319	Where is that?  Any other place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  WRITE THE NAME OF THE PLACE IF MENTIONED  _____ (NAME OF PLACE(S))  <b>DO NOT READ LIST. CIRCLE ALL THAT ARE MENTIONED.</b>	PUBLIC SECTOR GOV'T HOSPITAL.....1  GOV'T HEALTH CENTER.....2  GOV'T HEALTH POST.....3  NON GOVERNMENT (NGO) NGO FACILITY.....4  MISSION HOSPITAL/CLINIC.....5  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....6  PHARMACY/CHEMIST.....7  OTHER SOURCE SHOP.....8  FRIEND/RELATIVE.....9  OTHER: _____77 (SPECIFY)	
320	Have you ever recommended any family planning methods to your friends or relatives?	YES.....1 NO.....2	
321	Which methods have you recommended?  CIRCLE ALL MENTIONED.	FEMALE STERILIZATION.....1  PILL.....2  IUD.....3  INJECTABLES.....4  IMPLANTS.....5  CONDOM.....6  FEMALE CONDOM.....7  MALE STERILIZATION.....8  LACTATIONAL AMENORREA.....9  RHYTHM METHOD.....10  WITHDRAWAL.....11  NO SPECIFIC METHOD.....12  OTHER _____77 (SPECIFY)	

322	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES.....1 NO.....2	
323	Would you accept any type of contraception from this type of fieldworker?	YES.....1 NO.....2	→325
324	What types of methods would you accept? <b>CIRCLE ALL THAT APPLY.</b>	FEMALE STERILIZATION.....1 PILL.....2 IUD.....3 INJECTABLES.....4 IMPLANTS.....5 CONDOM.....6 FEMALE CONDOM.....7 MALE STERILIZATION.....8 LACTATIONAL AMENORREA.....9 RHYTHM METHOD.....10 WITHDRAWAL.....11 OTHER_____77 (SPECIFY)	
325	In the last 12 months, did you visit a health facility for any reason?	YES.....1 NO.....2	→327
326	Did you receive information about family planning when you visited the health facility?	YES.....1 NO.....2	
327	In the last 12 months, have you received any information or counseling on family planning/contraception while visiting a pharmacy?	YES.....1 NO.....2	
328	Where would you prefer to get information about family planning? <b>DON'T READ LIST. CIRCLE ALL THAT ARE MENTIONED.</b>	GOVT HEALTH CENTER.....1 PRIVATE/NGO CLINIC.....2 PHARMACY.....3 COMMUNITY HEALTH WORKER.....4 FRIEND/FAMILY MEMBER.....5 SCHOOL/TEACHER.....6 MAGAZINE/NEWSPAPER.....7 RADIO.....8 TELEVISION.....9 SCHOOL/TEACHER.....10 COMMUNITY LEADERS.....11 OTHER_____77 (SPECIFY)	

329	CHECK 211:	NOT PREGNANT OR DON'T KNOW PREGNANT	→330 →342
330	Are you currently doing something or using something to delay or avoid getting pregnant?	YES.....1 NO.....2	→ 341
331	Which method are you currently using?  CIRCLE ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.  <b>IF WOMAN IS STERILIZED:</b>  Circle "1" for sterilization.	FEMALE STERILIZATION.....1 PILL.....2 IUD.....3 INJECTABLES.....4 IMPLANTS.....5 CONDOM.....6 FEMALE CONDOM.....7 MALE STERILIZATION.....8 LACTATIONAL AMENORREA.....9 RHYTHM METHOD.....10 WITHDRAWAL.....11 OTHER _____ 77 (SPECIFY)	→335b →332 →335 →335 →335 →333 →333 →401 →335a →335a →335a →335
332	May I see the package of pills you are using?  RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN.....1 BRAND NAME: (SPECIFY) _____ PACKAGE NOT SEEN.....2	→321  →334
333	May I see the package of condoms you are using?  RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN.....1 BRAND NAME: (SPECIFY) _____ PACKAGE NOT SEEN.....2	→335
334	Do you know the brand name of the (pills/condoms) you are using?	BRAND NAME: (SPECIFY) _____ DON'T KNOW.....88	
335  335a	Where did you obtain (CURRENT/LAST METHOD) when you started using it?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  WRITE THE NAME OF THE PLACE IF MENTIONED  _____ (NAME OF PLACE(S))  <b>FOR WOMEN WHO USE RHYTHM/LACTATIONAL AMENORRHEA/WITHDRAWAL:</b>  Where did you learn how to use the rhythm/lactational amenorrhea/withdrawal method?	PUBLIC SECTOR GOV'T HOSPITAL.....1 GOV'T HEALTH CENTER.....2 GOV'T HEALTH POST.....3 NON GOVERNMENT (NGO) NGO FACILITY.....4 MISSION HOSPITAL/CLINIC.....5  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....6 PHARMACY/CHEMIST.....7  OTHER SOURCE	

335b	<b>IF WOMAN IS STERILIZED:</b>  Where did the sterilization take place?	SHOP.....8 FRIEND/RELATIVE.....9  OTHER: _____77 (SPECIFY)					
336	Why are you using this (these) method(s)?  <b>CIRCLE ALL MENTIONED.</b>	SPACING.....1 COMPLETED FAMILY SIZE.....2 ECONOMIC REASONS.....3 MEDICAL REASONS.....4 PROVIDER CHOICE.....5 FRIEND/NEIGHBOR SAID IT IS BEST.....6 OTHER (SPECIFY)_____77					
337	How much did you pay in total, including the cost of the method and any consultation for this method?	COST... <table border="1" data-bbox="987 730 1179 789" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> FREE.....9995 DON'T KNOW.....9998					
338	At the time you obtained this method, were you told about side effects or problems you might have with the method?	YES.....1 NO.....2					
339	Were you told what to do if you experienced side effects or problems?	YES.....1 NO.....2					
340	At that time you obtained this method, were you told about other methods of family planning that you could use?	YES.....1 NO.....2					
341	In the past 6 months, have you done something or used any method to delay or avoid pregnancy?	YES.....1 NO.....2	→346				
342	CHECK 330:	CURRENTLY USING CONTRACEPTION  NOT CURRENTLY USING CONTRACEPTION	→343  →345				
343	Is (HIGHEST METHOD FROM 331) the method you used the most frequently in the past 6 months?	YES.....1 NO.....2	→346				
344	What method have you used the most frequently in the past 6 months?  <b>CIRCLE ONLY ONE RESPONSE. PROBE IF NECESSARY.</b>	FEMALE STERILIZATION.....1 PILL.....2 IUD.....3 INJECTABLES.....4 IMPLANTS.....5 CONDOM.....6 FEMALE CONDOM.....7 MALE STERILIZATION.....8 LACTATIONAL AMENORREA.....9 RHYTHM METHOD.....10 WITHDRAWAL.....11					

		OTHER _____ 77 (SPECIFY)	
345	CHECK 330: CURRENTLY USING CONTRACEPTION: Why did you switch from (METHOD IN 331) to (HIGHEST METHOD FROM 344)?  NOT CURRENTLY USING CONTRACEPTION: Why did you stop using (METHOD IN 331)?  CIRCLE ALL MENTIONED.	METHOD FAILED/GOT PREGNANT.....1 LACK OF SEXUAL URGE.....2 MORE FREQUENT SEX.....3 CREATED MENSTRUAL PROBLEM.....4 CREATED HEALTH PROBLEM.....5 INFREQUENT SEX/NO SEX.....6 STOPPED BREASTFEEDING.....7 WANTED MORE EFFECTIVE METHOD.....8 WANTED TO TRY THE METHOD.....9 INCONVENIENT TO USE.....10 HARD TO GET.....11 CURRENT METHOD MORE AVAILABLE.....12 GAINED WEIGHT.....13 LOST WEIGHT.....14 COSTS TOO MUCH.....15 DID NOT LIKE METHOD.....16 LACK OF PRIVACY.....17 HEALTH PROVIDER RECOMMENDED.....18 FAMILY/FRIENDS RECOMMENDED.....19 SPOUSE/PARTNER DID NOT APPROVE.....20 MENOPAUSE/HYSTERECTOMY.....21  OTHER _____ 22 (SPECIFY)	
346	Do you think you have a need for contraception that is not being met?	YES.....1 NO.....2	

**SECTION 4: MARRIAGE AND SEXUAL ACTIVITY**

NUMBER	QUESTION	CODING CATEGORIES	
401	What is your current marital status?	NEVER MARRIED.....1 MARRIED/COHABITING .....2 DIVORCED/WIDOWED.....3	→403  →403
402	What is the age of your husband or partner?	AGE..... <input type="text"/> <input type="text"/> DON'T KNOW.....88	
403	How old were you when you first had sexual intercourse?	AGE..... <input type="text"/> <input type="text"/> NEVER HAD SEXUAL INTERCOURSE "00"	
404	How old were you when you became pregnant for the first time?	AGE..... <input type="text"/> <input type="text"/> NEVER BEEN PREGNANT "00"	
405	How old were you when you got married for the first time?	AGE..... <input type="text"/> <input type="text"/> NEVER BEEN MARRIED "00"	



SECTION 5: CONTRACEPTION AND FAMILY PLANNING PREFERENCES

NUMBER	QUESTION	CODING CATEGORIES	SKIP								
501	CHECK 317:	NOT STERILIZED  STERILIZED	→502  →523								
502	CHECK 211:  NOT PREGNANT/UNSURE: Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?  PREGNANT: Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED/DON'T KNOW AND PREGNANT.....4 UNDECIDED/DON'T KNOW AND NOT PREGNANT/UNSURE.....5	→504 →508 →508 →507								
503	CHECK 211:  NOT PREGNANT/UNSURE: How long would you like to wait from now before becoming pregnant?  PREGNANT: After the birth of the child you are expecting now, how long would you like to wait before becoming pregnant again?	MONTHS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NOW.....993 SAYS CAN'T GET PREGNANT.....994 AFTER MARRIAGE.....995 OTHER (SPECIFY)_____ 996 DON'T KNOW.....998									→504 →504 →508 →507 →504 →507 →507
504	CHECK 211:	NOT PREGNANT OR UNSURE  PREGNANT	→505 →509								
505	CHECK 330: USING A CONTRACEPTIVE METHOD?	NOT CURRENTLY USING  CURRENTLY USING	→506 →507								

NUMBER	QUESTION	CODING CATEGORIES	SKIP
506	CHECK 502:  WANTS TO HAVE ANOTHER CHILD: You have said that you do not want (a/another) child now, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason?  WANTS NO MORE/NONE: You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason?  <b>CIRCLE ALL RESPONSES MENTIONED.</b>	NOT MARRIED.....1 FERTILITY-RELATED: NOT HAVING SEX.....2 INFREQUENT SEX.....3 MENOPAUSAL/HYSTERECTOMY....4 SUBFECUND/INFECUND.....5 POSTPARTUM AMENORRHEIC.....6 BREASTFEEDING.....7 FATALISTIC.....8 OPPOSITION TO USE: RESPONDENT OPPOSED.....9	

		HUSBAND/PARTNER OPPOSED.....10 OTHERS OPPOSED.....11 RELIGIOUS PROHIBITION.....12 LACK OF KNOWLEDGE: KNOWS NO METHOD.....13 KNOWS NO SOURCE.....14 METHOD-RELATED REASONS: HEALTH CONCERNS.....15 FEAR OF SIDE EFFECTS.....16 LACK OF ACCESS/TOO FAR.....17 COSTS TOO MUCH.....18 INCONVENIENT TO USE.....19 INTERFERES WITH BODY'S NORMAL PROCESSES.....20 OTHER (SPECIFY).....21 DON'T KNOW.....22	
507	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	BIG PROBLEM.....1 SMALL PROBLEM.....2 NO PROBLEM.....3 SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX.....4	
508	In your family, who makes decisions about how many children you should have?  <b>CIRCLE ALL MENTIONED</b>	RESPONDENT.....1 PARTNER .....2 IN-LAWS.....3 OTHER FAMILY MEMBERS.....4 OTHER COMMUNITY MEMBERS.....5	
509	CHECK 502:	SAYS SHE CAN'T GET PREGNANT ALL OTHER ANSWERS	→523 →510
510	CHECK 330: USING A CONTRACEPTIVE METHOD?	NOT CURRENTLY USING CURRENTLY USING	→511 →513
511	Do you think you will use a contraceptive method at any time in the future?	YES.....1 NO.....2 DON'T KNOW.....8	→514 →514
512	What is the main reason that you think you will not use a contraceptive method at any time in the future?  <b>CIRCLE ONLY ONE RESPONSE. PROBE IF NECESSARY.</b>	NOT MARRIED.....1 FERTILITY-RELATED: NOT HAVING SEX.....2 INFREQUENT SEX.....3 MENOPAUSAL/HYSTERECTOMY....4 SUBFECUND/INFECUND.....5	ALL RESPONSE OPTIONS: SKIP TO 514

		POSTPARTUM AMENORRHEIC.....6 BREASTFEEDING.....7 FATALISTIC.....8 OPPOSITION TO USE: RESPONDENT OPPOSED.....9 HUSBAND/PARTNER OPPOSED.....10 OTHERS OPPOSED.....11 RELIGIOUS PROHIBITION.....12 LACK OF KNOWLEDGE: KNOWS NO METHOD.....13 KNOWS NO SOURCE.....14 METHOD-RELATED REASONS: HEALTH CONCERNS.....15 FEAR OF SIDE EFFECTS.....16 LACK OF ACCESS/TOO FAR.....17 COSTS TOO MUCH.....18 INCONVENIENT TO USE.....19 INTERFERES WITH BODY'S NORMAL PROCESSES.....20 OTHER _____ 77 (SPECIFY) DON'T KNOW.....88	
513	Is (CURRENT METHOD FROM 331) your preferred method of contraception?	YES.....1 NO.....2	→517
514	What method would you prefer MOST to use in the future? <b>CIRCLE ONLY ONE RESPONSE.</b>	FEMALE STERILIZATION.....1 PILL.....2 IUD.....3 INJECTABLES.....4 IMPLANTS.....5 CONDOM.....6 FEMALE CONDOM.....7 MALE STERILIZATION.....8 LACTATIONAL AMENORRHEA.....9 RHYTHM METHOD.....10 WITHDRAWAL.....11 OTHER _____ 77 (SPECIFY)	
515	What qualities are you looking for in a method of contraception?  DO NOT PROMPT; CIRCLE ALL THAT ARE SPONTANEOUSLY NAMED.	EASY TO USE.....1 DON'T HAVE TO REMEMBER TO USE EACH TIME I HAVE SEX.....2 EASY TO GET.....3 AFFORDABLE.....4	

		<p>CAN GET WITHOUT SEEING DOCTOR OR GOING TO CLINIC.....5</p> <p>FEW OR NO SIDE EFFECTS.....6</p> <p>PROTECTS AGAINST SEXUALLY TRANSMITTED INFECTIONS.....7</p> <p>VERY EFFECTIVE AT PREVENTING PREGNANCY.....8</p> <p>DOES NOT CHANGE MY PERIOD.....9</p> <p>I AM RESPONSIBLE FOR USING THE METHOD, NOT MY PARTNER.....10</p> <p>I HAVE CONTROL OVER WHEN WHETHER THE METHOD IS USED.....11</p> <p>NO ONE CAN TELL THAT I AM USING THE METHOD.....12</p> <p>IS A SAFE METHOD.....13</p> <p>WON'T MAKE ME SICK.....14</p> <p>WOULD BE ABLE TO BECOME PREGNANT AGAIN IF A CHILD DIES.....15</p>	
516	<p>Why are you not using your preferred method of contraception?</p> <p><b>CIRCLE ONLY ONE RESPONSE. PROBE IF NECESSARY.</b></p>	<p>TOO EXPENSIVE.....1</p> <p>NOT AVAILABLE WHERE I RECEIVE FAMILY PLANNING.....2</p> <p>TOO DIFFICULT TO OBTAIN.....3</p> <p>PROVIDER'S CHOICE.....4</p> <p>NEVER HAD SEX.....5</p> <p>NOT HAVING SEX AT THIS TIME.....6</p> <p>I CANNOT GET PREGNANT.....7</p> <p>I AM BREASTFEEDING.....8</p> <p>OTHER _____ 77 (SPECIFY)</p>	
517	<p>Why do you prefer this method?</p> <p><b>CIRCLE ALL MENTIONED.</b></p>	<p>MORE CONVENIENT.....1</p> <p>FEWER SIDE EFFECTS.....2</p> <p>TRIED BEFORE.....3</p> <p>THE ONLY METHOD I KNOW.....4</p> <p>PARTNER ALLOWS IT.....5</p> <p>PRIVACY.....6</p> <p>LONG-ACTING PREFERRED.....7</p> <p>SHORT-ACTING PREFERRED.....8</p> <p>PROVIDER SAID IT IS BEST.....9</p> <p>NEIGHBOR/FRIEND SAID IT IS BEST.....10</p> <p>OTHER _____ 77 (SPECIFY)</p>	
518	<p>From where would you prefer to obtain contraceptives?</p> <p><b>CIRCLE ALL MENTIONED.</b></p>	<p>PUBLIC SECTOR</p> <p>GOV'T HOSPITAL.....1</p> <p>GOV'T HEALTH CENTER.....2</p> <p>GOV'T HEALTH POST.....3</p> <p>NON GOVERNMENT (NGO)</p>	

		NGO FACILITY.....4 MISSION HOSPITAL/CLINIC.....5 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....6 PHARMACY/CHEMIST.....7 OTHER SOURCE SHOP.....8 FRIEND/RELATIVE.....9 SCHOOL.....10 MEETINGS.....11 OTHER: _____77 (SPECIFY)				
519	In the last few months have you heard about family planning on the radio?	YES.....1 NO.....2				
520	In the last few months have you seen something about family planning on the television?	YES.....1 NO.....2				
521	In the last few months have you read about family planning in a newspaper or magazine?	YES.....1 NO.....2				
522	From what sources would you prefer to hear about family planning?	RADIO.....1 TELEVISION.....2 NEWSPAPER/ MAGAZINE.....3 OTHER (SPECIFY) _____4				
ABILITY – SOCIAL SUPPORT						
523	The family planning staff in my community are friendly and helpful.	COMPLETELY DISAGREE 1	DISAGREE 2	INDIFFERENT 3	AGREE 4	COMPLETELY AGREE 5
524	Family planning services around here are as good as those obtained from other places.	1	2	3	4	5
525	Healthcare providers give women enough information to choose a family planning method.	1	2	3	4	5
526	Healthcare providers advise women on how to deal with side effects of birth spacing methods.	1	2	3	4	5
527	Providers can be trusted to keep my information confidential.	1	2	3	4	5
528	Vendors make women feel uncomfortable when they are buying contraceptives.	1	2	3	4	5
OPPORTUNITIES - ATTRIBUTES						
529	Family planning methods found in kiosks/shops are of high quality.	1	2	3	4	5
530	Family planning methods provided in clinics are of high quality.	1	2	3	4	5
531	CHECK 331:	NOT STERILIZED STERILIZED				→532 →536

532	Are contraceptives affordable for you?	YES.....1 NO.....2							
533	Are you willing to pay for your contraceptive method of choice?	YES.....1 NO.....2	→535						
534	How much would you be willing to pay for your contraceptive method of choice?	COST... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> DON'T KNOW.....9998							
535	If you were offered your preferred method (or the method that meets all of your preferences) at your preferred price at a time when you did not want to get pregnant, would you use it?	YES.....1 NO.....2							
536	CHECK 204:  HAS LIVING CHILDREN: If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?  NO LIVING CHILDREN: If you could choose exactly the number of children to have in your whole life, how many would that be?  <b>PROBE FOR A NUMERIC RESPONSE.</b>	NONE.....00  NUMBER..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			→538				
537	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> GIRLS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> EITHER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>							
538	Did you/will you use any family planning methods to help you obtain your ideal family size?	YES.....1 NO.....2	→540						
539	Why did you not/will you not use any family planning methods to help you obtain your ideal family size?  <b>CIRCLE ONE RESPONSE. PROBE IF NECESSARY.</b>	HAD FEWER CHILDREN THAN IDEAL.....1 TOO EXPENSIVE.....2 NOT AVAILABLE.....3 PARTNER OPPOSED.....4 RESPONDENT OPPOSED.....5 OTHERS OPPOSED.....6 RELIGIOUS PROHIBITION.....7 KNOWS NO METHOD.....8 KNOWS NO SOURCE.....9 HEALTH CONCERNS.....10 FEAR OF SIDE EFFECTS.....11 COSTS TOO MUCH.....12 INCONVENIENT TO USE.....13 INTERFERES WITH BODY'S NORMAL PROCESSES.....14 OTHER _____77 (SPECIFY) DON'T KNOW.....88							

540	Does/did your husband/partner want the same number of children that you want, or does/did he want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DON'T KNOW.....88	
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**SECTION 6: PERSONAL, FAMILY, AND COMMUNITY BELIEFS ABOUT CONTRACEPTIVE USE**

NUMBER	QUESTION	CODING CATEGORIES	SKIP
601	CHECK 330: USING A CONTRACEPTIVE METHOD?	NOT CURRENTLY USING CURRENTLY USING	→604 →602
602	CHECK 331:	OPTION 6, 7, OR 11 CIRCLED OTHER	→604 →603
603	Does your husband/partner/boyfriend know that you are using a method of family planning?	YES.....1 NO.....2 DON'T KNOW.....88	
604	Would you say that using contraception is mainly your decision, mainly your husband's/partner's/boyfriend's decision, or did you both decide together?	MAINLY RESPONDENT.....1 MAINLY HUSBAND/PARTNER.....2 JOINT DECISION.....3 OTHER.....77 (SPECIFY)	
605	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner/boyfriend approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DOESN'T KNOW.....88	
606	How often have you talked to your husband/partner/boyfriend about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	
607	If a woman becomes pregnant when she does not want to be, what do you think she should do?	END THE PREGNANCY.....1 KEEP THE PREGNANCY.....2 OTHER.....77 (SPECIFY)	
608	Do you think a woman should be allowed to end her pregnancy?	YES.....1 NO.....2 DON'T KNOW.....88	
609	Are there any circumstances under which a woman should be allowed to terminate a pregnancy? Which?  <b>CIRCLE ALL MENTIONED.</b>	WOMAN'S HEALTH IN DANGER.....1 WOMAN'S LIFE IN DANGER.....2 RAPE OR INCEST.....3 WOMAN IS TOO YOUNG.....4 WOMAN IS NOT MARRIED.....5 WOMAN HAS TOO MANY CHILDREN.....6 WOMAN IS TOO POOR.....7 NO CIRCUMSTANCES.....8 OTHER.....77 (SPECIFY)	

610	Would you do anything to help a friend or family member needed to have a pregnancy terminated? What?	TAKE HER TO HEALTH PROVIDER.....1 TAKE HER TO PHARMACIST.....2 I WOULD DO NOTHING.....3 OTHER.....77 (SPECIFY)	
611	Is there anything you would do to help a friend or family member who terminated a pregnancy and still felt sick? What?	TAKE HER TO HEALTH PROVIDER.....1 TAKE HER TO PHARMACIST.....2 I WOULD DO NOTHING.....3 OTHER.....77 (SPECIFY)	
612	If you, a friend, or a family member terminated a pregnancy, would you avoid telling other people?	YES.....1 NO.....2 DON'T KNOW.....88	

NUMBER	QUESTION	CODING CATEGORIES				
		COMPLETELY DISAGREE	DISAGREE	INDIFFERENT	AGREE	COMPLETELY AGREE
Opportunities – Social Norms						

613	In my community, using contraception to prevent a pregnancy is accepted.	1	2	3	4	5
614	In my community, many women use contraceptives to limit the number of births.	1	2	3	4	5
615	In my community, many women use contraceptives to space births.	1	2	3	4	5
616	It is normal for a husband and wife to discuss family planning methods.	1	2	3	4	5
617	Women discuss family planning with their friends.	1	2	3	4	5
618	In my community, men do not like their wives to use family planning.	1	2	3	4	5
619	In my community, religious leaders do not support the use of family planning.	1	2	3	4	5
620	In my community, unmarried women use modern methods of contraception.	1	2	3	4	5
621	In my community, a woman who uses modern methods of contraception is seen as an unfaithful wife.	1	2	3	4	5
622	It is normal for a husband and wife to decide together which family planning method to use.	1	2	3	4	5
623	In my community, the in-laws have a great influence on whether a woman uses family planning.	1	2	3	4	5
624	In my community, having many children gives a woman/her family more importance.	1	2	3	4	5
625	My friends encourage me to space my births.	1	2	3	4	5
626	My friends encourage me to use family planning.	1	2	3	4	5
627	My friends would help me if I encountered a problem (side effect) while using family planning.	1	2	3	4	5
628	My husband encourages me to use family planning.	1	2	3	4	5
629	My husband and I discuss family planning.	1	2	3	4	5
630	My husband gives me money for family planning.	1	2	3	4	5
631	If I had any problems with my family planning method, my husband would help me.	1	2	3	4	5



632	Elders in my community support women using family planning.	1	2	3	4	5
633	My in-laws would support my decision to use family planning.	1	2	3	4	5
634	Elders in my community encourage women to space their births.	1	2	3	4	5
635	My in-laws encourage me to space my births.	1	2	3	4	5
636	Healthworkers in my community support my family planning decisions.	1	2	3	4	5
637	If I had a problem with my family planning method, healthworkers in my community would help me.	1	2	3	4	5
Ability – Self-efficacy						
638	I am capable of using a modern contraceptive method to prevent pregnancy.	1	2	3	4	5
Motivation – Locus of Control						
639	I am embarrassed to buy _____ method at the shop.	1	2	3	4	5
640	I am embarrassed to ask my healthcare provider about family planning/_____ method.	1	2	3	4	5
Ability – Self-efficacy						
641	I am able to correctly use [INSERT METHOD FROM LIST BELOW].					
	The OC pill	1	2	3	4	5
	Injectables	1	2	3	4	5
	Condom	1	2	3	4	5
	Female condom	1	2	3	4	5
	Emergency contraception	1	2	3	4	5
	Medical abortion	1	2	3	4	5
642	I am able to consistently use [INSERT METHOD OF INTEREST]	1	2	3	4	5
643	I feel confident that I can obtain an effective birth spacing method.	1	2	3	4	5
644	I can talk to my partner about using modern contraceptives to prevent pregnancy.	1	2	3	4	5
645	I feel comfortable talking with a health care provider about birth spacing methods.	1	2	3	4	5
646	I am capable of convincing my partner to use family planning.	1	2	3	4	5
647	I am capable of using family planning even if my partner disagrees.	1	2	3	4	5
Motivation - Beliefs						
648	Only God decides when a woman becomes pregnant.	1	2	3	4	5
649	Whether or not I get pregnant is up to fate.	1	2	3	4	5
650	I could get pregnant even if I do my best to prevent it.	1	2	3	4	5
Ability – Knowledge						
651	Using modern contraceptives is the best way for me to avoid unwanted pregnancies.	1	2	3	4	5
652	I am more likely to get pregnant if I don't use contraceptives.	1	2	3	4	5
653	Using modern contraceptives is effective for spacing births.	1	2	3	4	5
654	The use of modern contraceptives allows me to limit my number of children.	1	2	3	4	5
655	Using modern contraceptives is safe for my health.	1	2	3	4	5
656	I would be able to have another baby if I stopped using modern contraceptives.	1	2	3	4	5

## References

- ICF International (2011). Demographic and Health Surveys Methodology - Questionnaires: Household, Woman's, and Man's. Calverton, Maryland, USA, MEASURE DHS Phase III.
- Instituto Nacional de Estatística (INE) (2011). Integrated Survey on the Welfare of Population, Volume 1. Lunada, Angola, INE.