

Title: Reconceptualizing Measurement of Emergency Contraceptive Use: Comparison of Approaches to Estimate the use of Emergency Contraception

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Abstract

Estimated use of emergency contraception (EC) remains low, and one reason is measurement challenges. The study aims to compare EC use estimates using five approaches. Data come from Performance Monitoring and Accountability 2020 from ten countries, representative sample surveys of women ages 15-49 years. We explore EC use employing the five definitions and calculate absolute differences between a reference definition (percent of women currently using EC as the most effective method) and each of the subsequent four, including the most inclusive (percent of women having used EC in the past year). Across the 17 geographies, estimated use varies greatly by definition and EC use employing the most inclusive definition is statistically significantly higher than the reference estimate. Impact of using various definitions is most pronounced among unmarried sexually active women. The conventional definition of EC use likely underestimates the magnitude of EC use, which has unique programmatic implications.

Background

There are an estimated 89 million unwanted pregnancies each year in low- and middle-income countries, of which 211,000 end in maternal deaths (Guttmacher Institute, 2017). Contraceptive use has been identified as one of the four pillars of the safe motherhood program, of which Emergency Contraception (EC) is a highly effective method (WHO, 1996, Guttmacher Institute, 2017). The most well-known form of EC is the pill, although copper intrauterine device insertion is also recognized. Contrary to other modern contraceptive methods, EC helps women prevent pregnancy after sexual intercourse in cases of forced sex, contraceptive failure, lack of use, or incorrect use (Westley et al., 2013). EC prevents or delays the egg from releasing from the ovary, however, it does not disrupt a pregnancy if the egg had already been fertilized (WHO and CCP, 2018). The method is 95% effective if taken within 24 hours of sexual intercourse and prevents at least 50% of pregnancies within three days (Glasier et al., 2011, WHO, 2018). EC represents a particularly appealing method for many subgroups of women, especially unmarried sexually active women. The UN Commission on Life-Saving Commodities for Women and Children listed EC as one of its thirteen “overlooked life-saving commodities” that could save the lives of 6 million women and children (UNICEF, 2012).

Despite EC’s capacity for preventing unintended pregnancies and saving lives, it often remains inaccessible to women around the world, specifically those in low- and middle-income countries. In many countries, ECs are available through private sector pharmacies, but due to

limited consumer knowledge, potential users are not aware that post-coital methods are available (UNICEF, 2012). Further, there are often policy-level barriers to access EC. Some countries require a prescription and/or pharmacies to have a special license to import EC, and opposition to ECs, often due to conflation with medical abortion, has made the product totally unavailable in others (Westley et al., 2013).

Unmarried sexually active women and women in their early twenties represent the two populations that exhibit the greatest use of EC (Morgan et al., 2014a, Palermo et al., 2014). The existing bias held by health workers against providing contraceptive methods to these two groups in many countries intensifies the difficulties in accessing EC (Bankole and Malarcher, 2010, Sidze et al., 2014). Even in countries where there are no government- or provider-imposed obstacles to procurement, stock outs are common (Dawson et al., 2015). The issue is further exacerbated by lack of guidance on how to improve commodity security and logistics for this important contraceptive method (Dawson et al., 2014).

Finally, the measurement and monitoring of EC use remains challenging. Contraceptive method use is typically measured using population-based surveys, which typically leave interpretation of “current” open. Women may not report using EC currently since it is used neither during intercourse nor regularly. Previous research has identified similar challenges in accurately measuring coital-dependent contraceptive use, such as rhythm, withdrawal, and condom use (Barden-O’Fallon et al., 2014, Rossier et al., 2014, Fabic and Becker, 2017). Additionally, a conventional approach to measure EC use is based on application of hierarchical method effectiveness during data analysis (ICF, 2019). Thus, it can underestimate its prevalence when a woman uses EC in conjunction with more effective methods. The limited data or analyses to measure EC use negatively affects the potential for improved understanding of fertility timing, relationship context of fertility, birth and pregnancy rates, unintended pregnancy, and, programmatically, how to improve access to EC (Daniels et al., 2015).

To improve our understanding of EC use, this study aims to compare estimates of use based on five approaches, detailed below. Using nationally or sub-nationally representative population-based survey data from ten countries, we examine different estimates of EC use across the five approaches, among all women and among select subgroups of women. Based on study findings, we recommend an additional survey question to measure EC use and programmatic implications for family planning as well as STI prevention.

Methods

Data

Data come from the latest Performance Monitoring and Accountability 2020 (PMA2020) surveys. PMA2020 household and female surveys use a two-stage cluster sample approach. Sampling clusters are selected using probability proportional to size within each strata, and a fixed number of households are selected randomly within each cluster. All women aged 15-49 years in sampled households are eligible and interviewed for female surveys, and, thus, the survey data are representative for a population. The female surveys collect data primarily on family planning and reproductive health, including contraceptive use, and have been conducted in 11 countries/geographies that have made commitment to achieve the FP2020 initiative. Most countries have national geographic coverage, but some countries conduct the surveys in only select geographies. Sample size varies by country, largely depending on the level of modern contraceptive prevalence rate (an indicator used for sample size calculation) and the number of strata in the country/geography.

Further information about PMA2020 survey methods and survey countries is available elsewhere (Zimmerman et al., 2017). This study includes the latest survey data from 7 countries in which data are nationally representative: Burkina Faso, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Niger, and Uganda and from 3 countries in which data are representative at a sub-regional (e.g. state) level: Democratic Republic of Congo (DRC), Nigeria, and India. Table 1 shows the list of surveys, dates of data collection and samples sizes, by 17 geographic units used in this study.

PMA2020 collects information on women's awareness, current use, and use of the method in the last 12 months as the most effective method (hereinafter referred to as recent use). For awareness of various contraceptive methods, respondents are probed with a description for each method. Probe for EC refers to the pill ("As an emergency measure after unprotected sexual intercourse women can take special pills at any time within three to five days to prevent pregnancy", and, thus, EC in this study refers to the emergency contraception pill. Then, information regarding EC use is obtained through various questions as presented in Table 2 (Gates Institute, 2018). In terms of measuring current EC use, most population-based surveys use two questions (302a and 302b in Table 2). Among women who report that they or their partner are currently using a method, interviewers ask what the current method is and probe to determine if they use any other methods. Interviewers record all methods that respondents report (302b in Table 2).

The recent use questions (306a and 306b in Table 2), uniquely available in PMA2020, are designed to understand contraceptive dynamics among women who are not current users but have used in the past 12 months. The interviewer records the most recent method used, and in the event that two methods were used simultaneously, records only the most effective method. Therefore, if a woman reports that she recently used both injectables and EC, she is recorded as an injectable, but not EC, user.

Questions for both current and recent use, however, result in an underestimation of EC use since women may forget to report the method because it is not used regularly or during sex. Additionally, data that only collect information on the most effective contraceptive method will underestimate EC use if the method is used in conjunction with more effective methods. Additionally, the hierarchical recording of recent use response even when respondents reported multiple methods (q306b in Table 2) limits potential analytical approaches that are available for current use responses – described further below. Therefore, since late 2017, to overcome these limitations, an additional question has been introduced to ask about ever using EC in the last 12 month - with an explanation about EC to probe (322a in Table 2): “Have you used emergency contraception at any time in the last 12 months?” At the time of writing this paper, three surveys included in this report included the question: Burkina Faso 2017, Kenya 2017, and Uganda 2018.

Measurement

We employed five definitions to measure EC use for the study, employing data from various questions regarding EC use described above. First is the commonly used conventional definition in most population-based surveys: a woman is categorized as an EC user if EC is the most effective method that she reported using currently (Definition 1). This definition is used in the context of assessing method mix, and questions 302a and 302b provide the data. Although information on multiple method use is available for further data analysis (302b), the most effective method is reported in method mix as a key survey result. Largely following the user effectiveness the methods hierarchy for analysis is: implant, vasectomy, female sterilization, IUD, injectable, pill, patch, ring, diaphragm, male condom, emergency contraceptive pill, female condom, withdrawal, standard days method, rhythm, no method (WHO and CCP, 2018). In other words, if a woman reported using injectables and EC, she is counted as an injectable user, not an EC user in the method mix. This is the most restrictive but widely used definition of EC use, and it is referred to as the conventional and reference definition in this report.

The second definition relaxes the method effectiveness hierarchy and disregards any other methods jointly used with EC: a woman is categorized as an EC user if she reported EC as a current method (Definition 2). Again, data for this measure come from responses to questions 302a and 302b. This definition does not affect the overall modern contraceptive prevalence rate (mCPR) but can be considered a current method specific use rate in the population.

The third and fourth definitions includes a woman who recently used EC (i.e., in the past 12 months) as her most effective method – even if she is not currently using any method – to the first and second definitions, respectively (Table 3). Data for the recent EC use come from questions 306a and 306b. In definition 3, a woman is considered as an EC user if she reported

EC as the most effective method that either she currently uses, or she used in the past 12 months. In definition 4, a woman is classified as an EC user if she reported EC as a current method, regardless of other method use, or as the most effective method that she used in the past 12 months.

The final definition employs additional data from the new question, 322a. The question is asked to anyone who had not reported using EC in previous questions, 302b or 306b. A woman is categorized as an EC user: if she reported EC as a current method regardless of any other methods reported as well (from 302b); if she reported EC as the most effective method that she used in the past 12 months (from 306b); or if she reported ever using EC in the past 12 months (from 322a) Definition 5 is the most inclusive among the five measures, and intends to capture all women who ever used EC in the past 12 months. Table 3 summarizes differences across the definitions.

Analysis

Analyses are conducted for each of the 17 national or sib-national geographies that have representative data for female population (Table 1). Using each definition, we calculate the percent of women using EC, or the method specific use rate, and the 95% confidence interval, adjusted for sample design. The Wilson method was used to estimate the confidence interval, as the estimates are extremely low and it is the preferred method for asymmetrical confidence intervals for very high or low point estimates (Dean and Pagano, 2015). Analyses are conducted among all *de facto* women 15-49 years of age.

Then, using Definition 1 as a reference, absolute differences in percentage point are calculated with each subsequent definition. Comparison between the reference and Definition 5 is available from the three countries where a survey with the new question has been completed: Burkina Faso, Kenya, and Uganda; whereas comparison between the reference and the first four definitions is available in all countries/geographies. Increases and decreases in EC use are considered significant if the 95% confidence intervals of results do not overlap (Gardner and Altman, 1986).

Considering age and marital patterns of EC use, further analyses are conducted in four selected subgroups by marital status or age: women who are currently in union (i.e., married or living with a partner), women who are sexually active and currently not in union, women 15-19 years of age, and women 15-24 years of age (Morgan et al., 2014b).

Results

Across the 17 geographies, the majority of women are in union (range: 48.7% to 82.5%) or between the ages of 15 and 24 (range: 27.2% to 44.8%) (Appendix 1). The percentage of unmarried sexually active women ranges from 0.7% to 24.1%.

EC use among all women

Using the conventional definition, the state of Rivers, Nigeria has the greatest percentage of EC users, with 2.2% of women (95% CI: 1.4, 3.6) (Figure 1 & Appendix 2). The two Nigerian states of Kano and Taraba have the lowest percentage, each having 0.0% of women using EC. Similar to Definition 1, the Rivers state of Nigeria has the greatest percentage of women using EC as measured by Definition 2 (D2: 2.2%, 95% CI: 1.4, 3.6). Additionally, Definition 2 picks up additional EC users in neither Kano nor Taraba, Nigeria, which both remain at 0.0% EC use.

Definitions 3 and 4 estimate higher percentage of women using EC (Figure 1), as they are more inclusive than Definitions 1 and 2. The geography with the greatest percentage of women using EC under Definition 3 is Rivers, Nigeria, with 2.8% (95% CI: 1.7, 4.6) of women using EC. Again, no women (0.0%) in Kano and Taraba, Nigeria use EC under Definition 3. Consistent with Definitions 1, 2 and 3, the state of Rivers, Nigeria has the greatest percentage of EC use with 2.8% (95% CI: 1.7, 4.6) and the states of Kano and Taraba have no women (0.0%) using EC.

Figure 2 focuses on the percent estimates for Definitions 1, 2, 3, and 4 for Burkina Faso, Kenya, and Uganda, the three countries where data for Definition 5 exist. Among the three countries, Burkina Faso has the lowest percent estimates for each of the definitions. Kenya has the highest percent estimates for each of the definitions, and the percentage of EC users increases significantly when comparing Definition 4 to Definition 1 (D1: 0.7%, 95% CI: 0.4, 1.1; D4: 1.6, 95% CI: 1.2, 2.2). Finally, the percent estimates for Uganda are between those for Burkina Faso and Kenya. Each geography shows a similar trend when comparing across Definitions; Definition 1 and 2 are similar, with Definition 2 being higher – though not substantially, and Definition 3 and 4 are both higher than Definition 1 and 2, with Definition 4 being the greatest percent estimate of use.

Figure 3 depicts the distribution of percentage point increases between Definitions 1 and 2, Definitions 1 and 3, and Definitions 1 and 4 across all geographies. No comparison in any geography shows a difference exceeding 1 percentage point. The percentage point increase between Definitions 1 and 2 ranged from 0 in 12 geographies to 0.2 percentage points in Ghana and the Anambra State of Nigeria (Appendix 3). The percentage point increase between Definition 1 and 3 ranged from 0 in eight geographies to 0.9 in Kenya. Finally, the percentage point increase between Definitions 1 and 4 ranged from 0 in five geographies to 0.9 in Kenya.

EC use among women in subgroups

When disaggregated by union status, unmarried sexually active women are most likely to use EC under all definitions (Appendix 4). Figure 4 shows the distribution of percentage point increases between Definitions 1 and 2, Definitions 1 and 3 and Definitions 1 and 4 for each subgroup across all surveys. Among the four subgroups, unmarried sexually active women represent the group most sensitive to changes in measurement definitions. The percentage point increase between Definitions 1 and 2 ranged from 0 in ten geographies to 0.9 in the Anambra State of Nigeria (Appendix 5). Additionally, the percentage point increase between Definitions 1 and 3 in EC use ranged from 0 in seven geographies to 3.8 in Kenya. Finally, the greatest percentage point increase between Definitions 1 and 4 for unmarried sexually active women was 4.0 in Kenya, a statistically significant change. Six geographies experienced no change between Definitions 1 and 4.

The married, under 20 and under 25 subgroups follow the same pattern as the unmarried sexually active subgroup, with the greatest percentage point increase being between Definitions 1 and 4, and the smallest increase being between Definitions 1 and 2 (Figure 4). For married women, the highest percentage point increase between Definitions 1 and 4 was 0.4 in both Ghana and the Rivers state of Nigeria (Appendix 5). The Nigerian state of Lagos had the greatest percentage point increase (1.5) between Definitions 1 and 4 for women under 20. Additionally, there was a statistically significant increase for this subgroup between Definition 1 and Definitions 3 and 4, where there was a 0.1 percentage point increase. Finally, the greatest percentage point increase between Definitions 1 and 4 in the under 25 subgroup of women was 1.6 in Kenya.

EC use incorporating 12-month ever-use data

Table 4 presents percent estimates of EC use among all women and by subgroup, using all five definitions, in Burkina Faso, Kenya, and Uganda. Across all three countries, Definition 1 provides the lowest percent estimate of EC use, while Definition 5 provides the highest percent estimate. Among the first four definitions for each of the three countries, as expected, removing method effectiveness hierarchy (Definitions 3 vs. 1, and 4 vs. 2) generally produces higher estimates than definitions with the hierarchy applied. However, the differences are generally small and not statistically significant. Including the recent most effective method to current methods (Definitions 2 vs. 1, and 4 vs. 3) resulted in minimal differences.

Among the three countries, Kenya has the highest percent estimates of EC use for Definition 5 (Table 4). 6.5% (95% CI: 5.2, 8.2) of all women report ever using EC in the past 12 months, which is a statistically significant increase over each of the other Definitions. The percentage

point increase between Definition 1 and Definition 5 in Burkina Faso is much smaller, however it is still a statistically significant increase over Definitions 1 through 4 (D1: 0.0%, 95% CI: 0.0, 0.1; D5: 1.2%, 95% CI: 0.8, 1.7). Finally, under Definition 1, 0.4% (95% CI: 0.2, 1.0) of all women in Uganda use EC. The percent of users increases to 3.8% when using Definition 5 (95% CI: 3.0, 4.8). Similar to Burkina Faso and Kenya, Definition 5 is a statistically significant increase over each Definition.

Among the four subgroups, unmarried sexually active women report the highest use of EC in all three countries, followed by women under 25. EC use across all definitions is lowest among women currently in union. In addition, the impact of using various definitions has similar patterns though with different magnitude across subgroups. In Kenya, for example, using Definition 1, 2.6% (95% CI: 1.4, 4.6) of unmarried sexually active women use EC (Table 4). The level, however, increases to 6.5% (95% CI: 4.7, 9.0) when using Definition 4, and 13.6% (95% CI: 10.8, 16.9) using Definition 5. Among women in union, although the EC use is much lower than that among sexually active unmarried women, there is still a statistically significant difference when comparing Definition 5 (D5: 5.9%, 95% CI: 4.2, 8.4) to Definition 1 (D1: 0.1%, 95% CI: 0.1, 0.3), though with a smaller magnitude. For women under 20 and women under 25, 0.8% (95% CI: 0.4, 1.7) and 1.1% (95% CI: 0.6, 2.0) reported using EC under Definition 1, respectively. Similar to the pattern observed among married and unmarried sexually active women, there is a statistically significant change between Definitions 1 and 5, with 4.3% (95% CI: 3.2, 5.9) of women under 20, and 6.1% (95% CI: 4.9, 7.6) of women under 25 reporting EC use. Burkina Faso and Uganda exhibited similar pattern across the subgroups.

Discussion

The purpose of this study is to compare the level of EC use using five different approaches. We find that the conventional approach to measure EC use, which only includes women who use EC as their most effective current method, does not adequately capture all EC users. In each country case, as the definition of EC use broadens, the percent of EC users increases. The inclusion of all current EC users (Definition 2), and those who cite EC as their most effective recent method (Definitions 3 and 4) also misses a substantial percentage of women who use EC. Rather, the data support the conclusion that women often do not cite use of EC as a currently used contraceptive method, when generally asked about methods they are using. Instead, as is demonstrated in Burkina Faso, Kenya, and Uganda, asking a woman directly about EC use in the last 12 months will result in a significant increase in the EC use, and provides an estimate that potentially reflect the accurate EC use in a country.

Furthermore, the results support that the population with the greatest prevalence of EC use is unmarried sexually active women. When looking at EC use among this subgroup in all countries/geographies, the impact of using different definitions on the estimated level is magnified. In other words, asking an unmarried sexually active woman directly about her EC use in the past 12 months is much more effective at capturing EC use than the current conventional approach. The same is true in countries that have a higher estimate of EC use under the conventional definition, demonstrating that the effect of a targeted questions on EC use is amplified in populations that have a high level of EC use in the conventional method mix.

The PMA2020 survey uses a primer question on awareness of all contraceptive methods before reporting use or non-use of a method. The survey asks women whether they have heard of each specific method and provides a short probe to describe the method. The use of this series of questions reduces the likelihood that women are not reporting EC use because they do not remember that EC exists or do not consider EC to be a contraceptive method. Rather, the series of questions strengthens the conclusion that women do not often cite EC as a current contraceptive method.

Even though the results point towards an under-estimation of the number of current EC users, they also support the notion that in many geographies, EC use remains extremely low (Dawson et al., 2015, Westley et al., 2013). In both the Kano and Taraba states of Nigeria, no EC users were identified, and EC use was estimated to be at 0.0% (greater than zero, but almost no users) in Niger under the most inclusive definition. Although this may indicate that EC use remains too low to measure in some geographies, Burkina Faso data suggest that asking more direct questions around EC use may be useful even in very low use settings, especially for certain subgroups. Similar to the three previously identified countries, almost no women reported using EC under the first four Definitions in Burkina Faso. However, when women were asked directly about their EC use, there was a significant increase in the proportion of users, indicating that EC may not actually be as low as is currently thought in many of these geographies.

This study is not without limitations. At this time, PMA2020 does not collect data on all recent contraceptive use, only the most effective current method. Therefore, this paper is unable to conclude whether the level of EC use would have been comparable between Definitions 4 and 5, if women are given the opportunity to report on all recent methods. However, the PMA2020 survey is currently the only large-scale study that includes a separate question on EC in the past 12 months and therefore represents a key resource for future EC research.

These results have important implications for both policy and programming. First, the findings show that EC is a significant resource, especially for unmarried sexually active women and adolescent girls, to cope with unplanned pregnancies that could otherwise lead to unsafe abortions or unwanted birth. Therefore, the findings demonstrate the need for countries and programs to re-evaluate their definition of EC use. Without accurate data on EC use, countries are unable to provide an adequate supply of EC to areas where there is a demand and decrease the number of unintended pregnancies (Westley et al., 2013, Guttmacher Institute, 2017). In addition, provision of EC can be an opportunity to advocate for dual method use for preventing sexually transmitted infections.

On a programmatic level, a more accurate definition will ensure that programs serve the populations most in need of EC, especially unmarried sexually active women. This is in line with current trends in family planning policy and programming, which in recent years have moved away from married women and towards those who are younger who practice sex outside of marriage (Williamson et al., 2009). The demand for EC, which is demonstrated by the results and was previously underestimated, shows the importance of increasing focus on EC delivery and the recognition of its use as an acceptable and highly effective contraceptive method.

Conclusion

The conventional definition of EC use likely underestimates the magnitude of EC use in the population and is potentially inadequate for programmatic purposes. Alternative definitions and approaches to reporting should be considered, with the addition of a survey question on ever-using EC in the past 12 months.

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Table 1: Latest PMA2020 Surveys included in the study

Country/Geography	Survey round*	Survey fieldwork (Year/month)	Number of households sampled	Number of female interviews completed
Burkina Faso	5	November – December, 2017	2906	3556
Côte d'Ivoire	1	August – October, 2017	2548	2785
Democratic Republic of Congo: Kinshasa	6	September – November, 2017	1914	2590
Democratic Republic of Congo: Kongo Central	6	September – November, 2017	1716	1703
Ethiopia	5	April – May 2017	7730	7464
Ghana	5	August – November 2016	4182	3746
India: Rajasthan	3	February – April 2017	5136	6095
Kenya	6	November – December 2017	6342	5913
Niger	4	May – September 2017	2904	3034
Nigeria: Anambra	4	March – April 2017	1321	1416
Nigeria: Kaduna	4	March – April 2017	2278	2860
Nigeria: Kano	4	March – April 2017	1221	1763
Nigeria: Lagos	4	March – April 2017	1844	1548
Nigeria: Nasarawa	4	March – April 2017	1319	1855
Nigeria: Rivers	4	March – April 2017	1436	1180
Nigeria: Taraba	4	March – April 2017	644	827
Uganda	6	April – May 2018	4840	4161

*A series of cross-sectional surveys have been conducted, and it notes the survey round in each country.

Table 2: PMA2020 survey questions regarding emergency contraception

302a	[among women who are not pregnant] Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?
302b	[among women who answered yes to 302a] Which method or methods are you using? Probe: Anything else? <i>Select all methods mentioned. Be sure to scroll to bottom to see all choices.</i>
306a	[among women who did not answer yes to 302a] In the last 12 months, have you ever done something or used a method to delay or avoid getting pregnant?
306b	[among women who answered yes to 3062a] Which method did you use most recently? Probe: Anything else? <i>Select most effective method (highest method on list). Scroll to bottom to see all choices.</i>
322a	[among women who answered EC in neither 302b nor 306b] Have you used emergency contraception at any time in the last 12 months? PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within three to five days to prevent pregnancy.
Full female questionnaire is available at: https://www.pma2020.org/sites/default/files/FQ-English-2017-11-15.pdf	

Table 3: Women considered as Emergency Contraceptive users by definition

	Definition				
	1	2	3	4	5
Currently using Emergency Contraception (EC) as the most effective method	X	X	X	X	X
Currently using EC but not as the most effective method		X		X	X
Currently not using any methods but used EC as the most effective recent method in the past 12 months			X	X	X
Neither currently using EC nor having used EC as the most effective recent method in the past 12 months, but used EC in the past 12 months					X

Figure 1

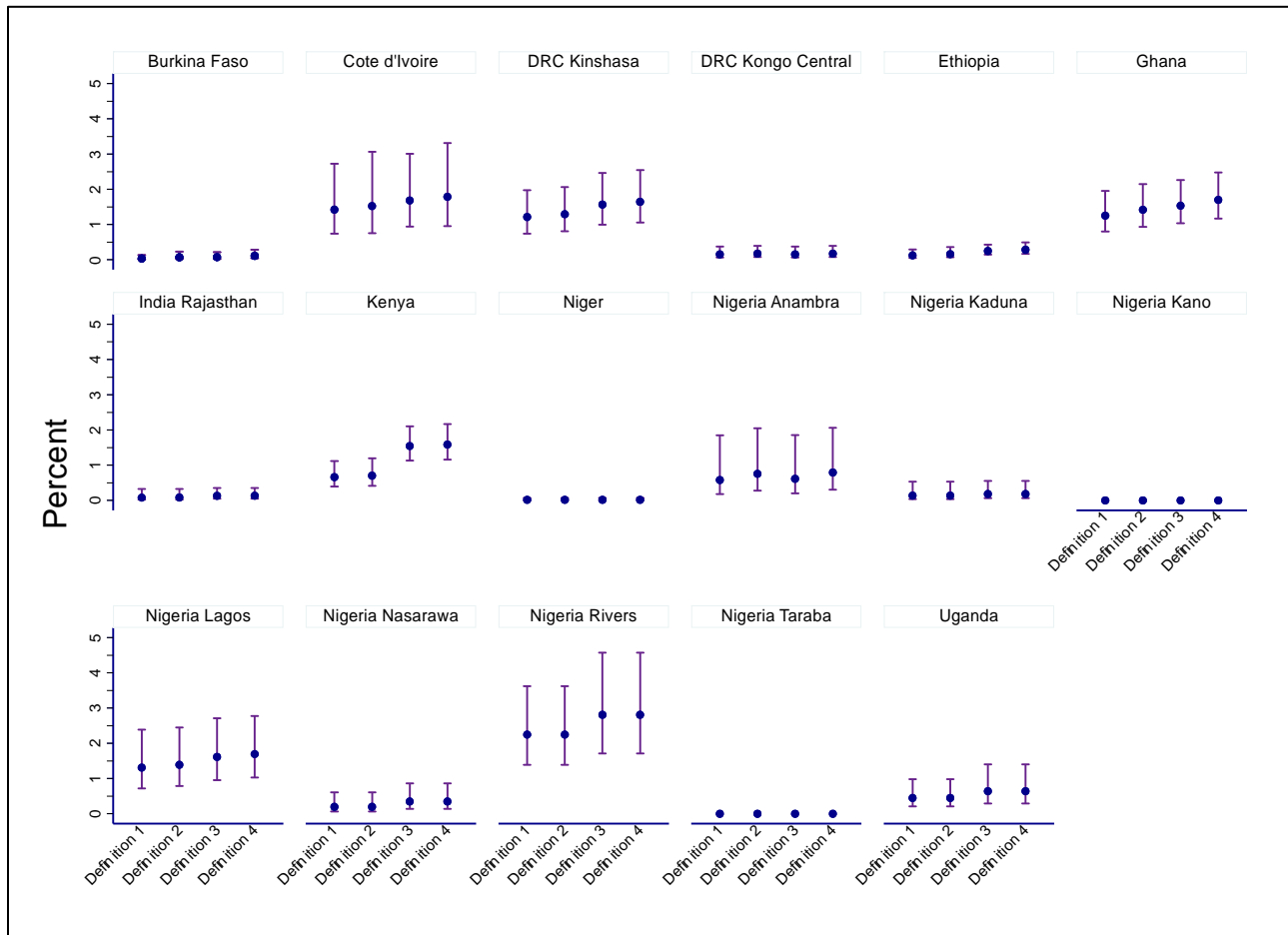


Figure 1: Percent of all women using emergency contraception as estimated by Definitions 1, 2, 3 and 4 by geography. Vertical lines are the 95% confidence Interval and calculated using the Wilson Method.

Figure 2

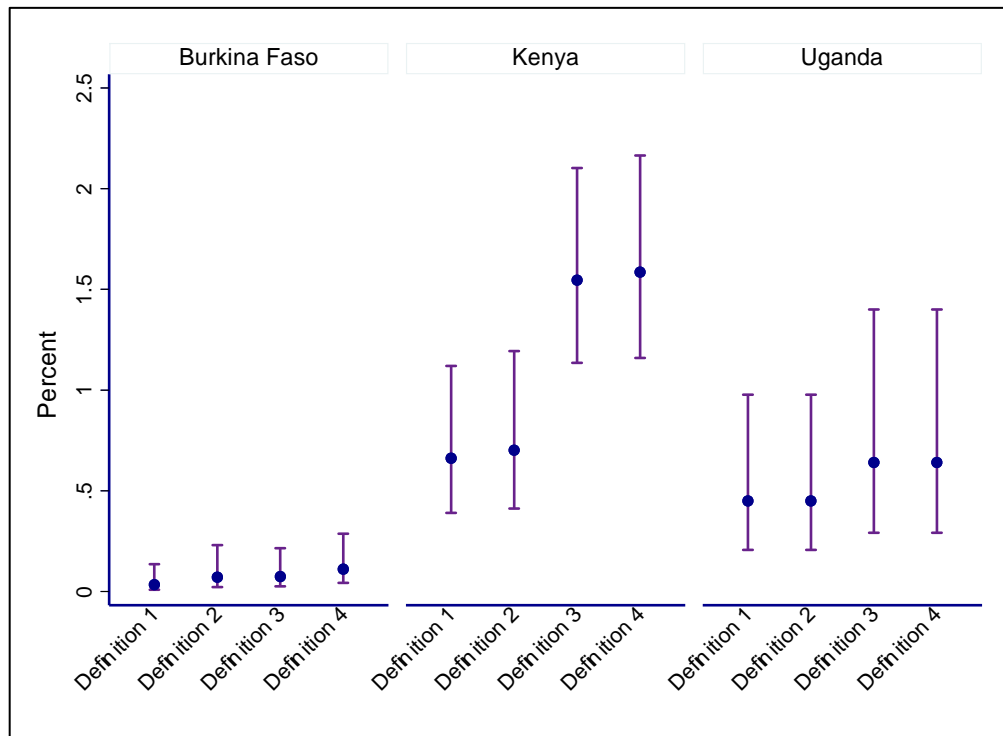


Figure 2: Comparison of the percentage of all women using emergency contraception as estimated by Definitions 1, 2, 3 and 4: Illustrative examples in Burkina Faso, Kenya and Uganda. Vertical lines are the 95% confidence Interval and calculated using the Wilson Method.

Figure 3

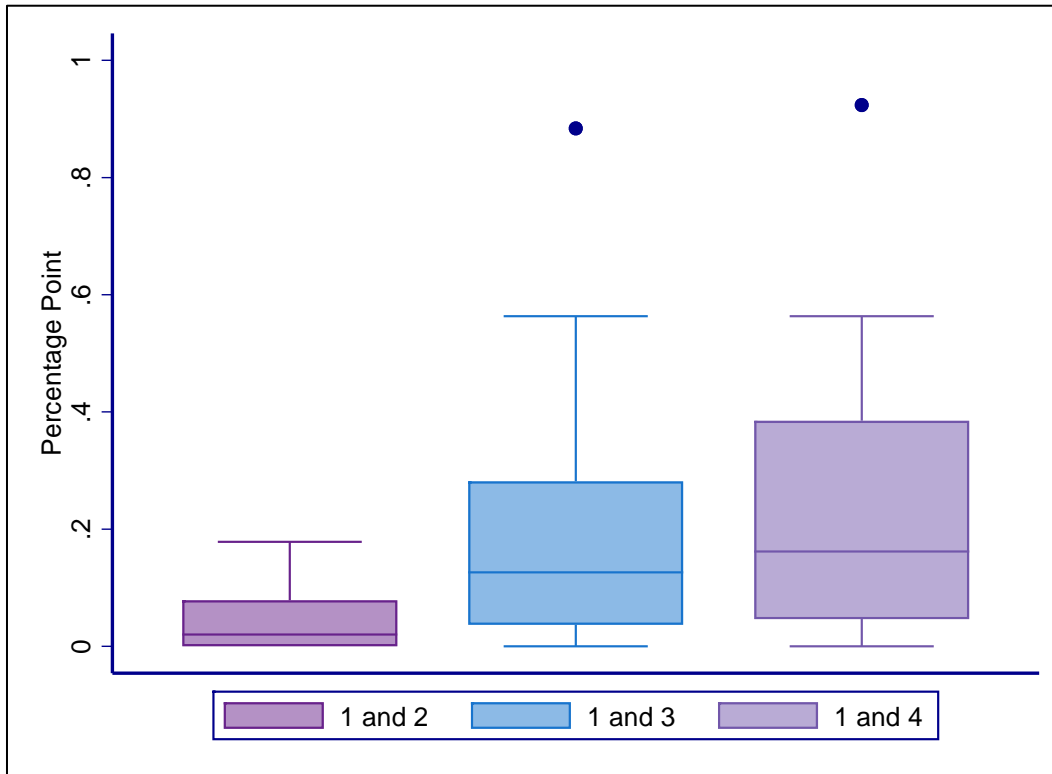


Figure 3: Distribution of percentage point difference in the percent of all women using emergency contraception across 17 geographies: based on different definitions between the reference (Definition 1) and Definitions 2, 3, and 4. Box represents an interquartile range, the horizontal line in the center of the box is the median value, and whiskers represent interquartile range.

Figure 4

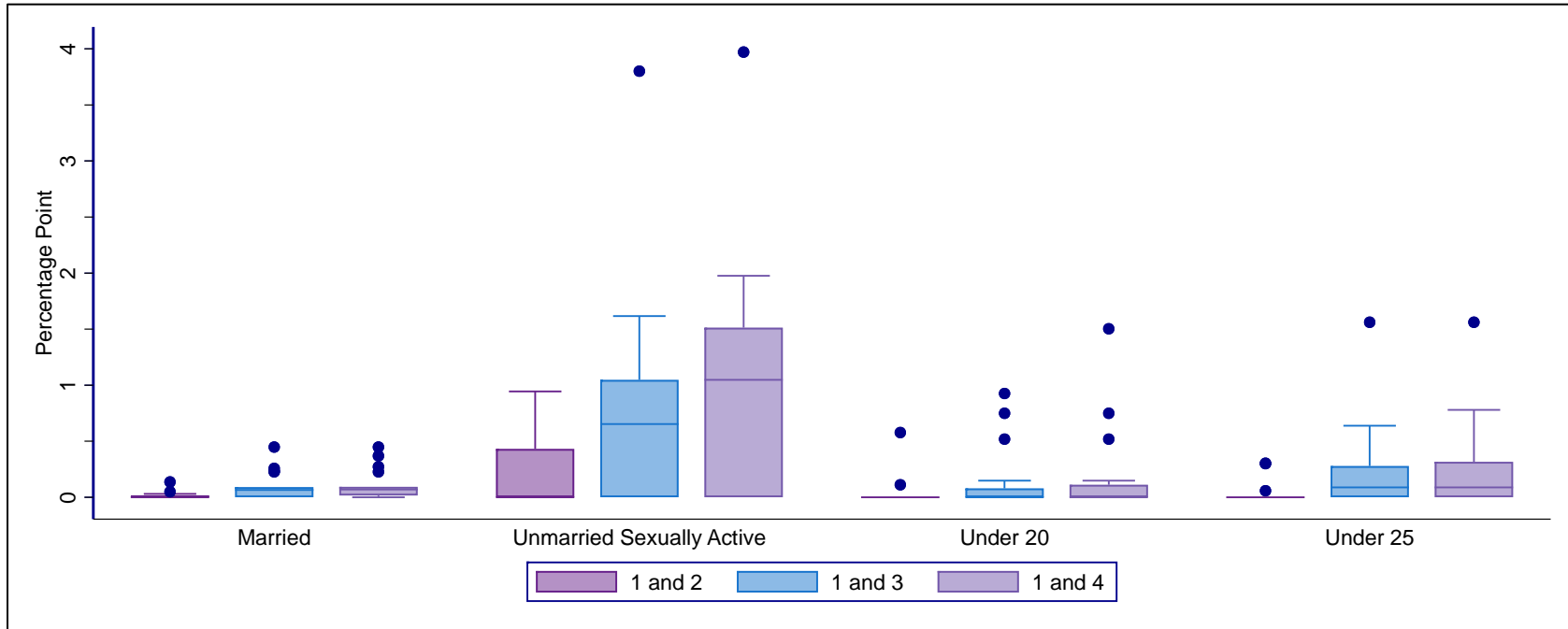


Figure 4: Distribution of percentage point difference in the percent of married and unmarried sexually active women, and women under 20 and under 25 using emergency contraception across 17 geographies: based on different definitions between the reference (Definition 1) and Definitions 2, 3, and 4. Box represents an interquartile range, and the center line is median value.

Table 4: Emergency contraception use based on Definitions 1-5, among all women and by subgroup: Burkina Faso, Kenya, and Uganda

Country	Definition 1		Definition 2	Definition 3	Definition 4	Definition 5	
	Estimate (%)	Confidence Interval	Estimate (%)	Estimate (%)	Estimate (%)	Estimate (%)	Confidence Interval
Burkina Faso							
<i>All</i>	0.0	0.0, 0.1	0.1	0.1	0.1	1.2	0.8, 1.7
<i>Married</i>	0.0	0.0, 0.1	0.1	0.0	0.1	0.9	0.6, 1.5
<i>Unmarried Sexually Active</i>	0.3	0.0, 1.5	0.3	0.5	0.5	5.1	3.2, 8.0
<i>Under 20</i>	0.0	0.0, 0.3	0.0	0.0	0.0	0.8	0.4, 1.6
<i>Under 25</i>	0.1	0.0, 0.3	0.1	0.1	0.1	1.2	0.7, 1.9
Kenya							
<i>All</i>	0.7	0.4, 1.1	0.7	1.5	1.6	6.5	5.2, 8.2
<i>Married</i>	0.1	0.1, 0.3	0.2	0.4	0.4	5.9	4.2, 8.4
<i>Unmarried Sexually Active</i>	2.6	1.4, 4.6	2.7	6.4	6.5	13.6	10.8, 16.9
<i>Under 20</i>	0.8	0.4, 1.7	0.8	1.6	1.6	4.3	3.2, 5.9
<i>Under 25</i>	1.1	0.6, 2.0	1.1	2.7	2.7	6.1	4.9, 7.6
Uganda							
<i>All</i>	0.4	0.2, 1.0	0.4	0.6	0.6	3.8	3.0, 4.8
<i>Married</i>	0.1	0.0, 0.3	0.1	0.1	0.1	3.4	2.5, 4.6
<i>Unmarried Sexually Active</i>	2.4	1.1, 5.2	2.4	3.4	3.4	8.8	6.4, 12.2
<i>Under 20</i>	0.4	0.1, 2.0	0.4	0.5	0.5	1.7	0.9, 3.4
<i>Under 25</i>	0.7	0.3, 1.5	0.7	1.0	1.0	3.5	2.6, 4.6

Table 1: Percent estimates for Definitions 1, 2, 3, 4 and 5, and confidence intervals for Definition 1 and 5, by for all women and by subgroup for Burkina Faso, Kenya and Uganda. Bolded values are statistically significant.

Appendix 1: Background Characteristics of female sample by geography

	Burkina Faso	Côte d'Ivoire	Democratic Republic of Congo		Ethiopia	Ghana	India Rajasthan	Kenya	Niger	Nigeria							Uganda
			Kinshasa	Kongo Central						Anambra	Kaduna	Kano	Lagos	Nasarawa	Rivers	Taraba	
	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %
All Women	3556 -	2785 -	2590 -	1703 -	7464 -	3746 -	6095 -	5913 -	3034 -	1416 -	2860 -	1763 -	1548 -	1855 -	1180 -	827 -	4161 -
Marital Status																	
Married	2629 74.9	1760 64.3	1252 48.8	1143 67.7	4857 66.0	2132 57.9	4551 75.4	3400 57.9	2491 82.5	683 48.7	2242 78.5	1304 74.1	1009 65.7	1201 65.0	691 59.4	557 68.1	2697 63.8
Unmarried Sexually Active	303 8.6	558 20.4	619 24.1	295 17.5	373 5.1	702 19.1	43 0.7	1091 18.6	71 2.4	265 18.9	117 4.1	38 2.1	167 10.9	253 13.7	214 18.4	130 15.9	700 16.6
Age																	
15-19	792 22.4	574 21.4	566 24.2	373 21.6	1768 23.7	708 18.9	1173 19.0	1255 21.6	679 21.5	303 22.3	700 23.1	419 23.5	218 14.1	422 20.7	194 16.6	171 21.0	919 21.7
20-24	638 17.0	529 19.8	513 20.6	262 15.4	1333 16.5	678 18.5	1164 19.8	1117 19.0	553 19.7	221 16.1	551 20.2	325 18.8	203 13.1	341 17.9	209 17.5	149 18.4	894 21.5
25-29	612 17.0	511 19.2	455 16.7	263 15.2	1410 18.9	627 17.2	1003 16.4	1057 18.1	523 18.2	220 14.5	509 18.1	283 16.2	257 16.7	355 20.2	192 18.3	175 21.3	747 17.7
30-34	505 14.4	416 15.1	351 12.3	264 16.0	1040 14.7	567 15.5	910 14.7	891 14.9	413 13.1	223 15.8	431 15.6	262 14.7	306 20.3	289 16.6	209 19.0	116 13.6	578 13.8
35-39	393 11.7	312 10.8	274 10.7	223 12.4	880 12.8	459 12.2	725 12.2	639 10.5	385 12.2	166 12.9	272 9.1	195 11.1	280 17.6	200 11.6	190 14.8	98 12.1	485 11.8
40-44	340 10.6	230 8.2	245 9.2	162 10.0	541 7.9	364 10.0	576 9.9	540 9.4	297 10.2	147 10.2	208 7.8	158 9.1	162 10.8	122 6.6	106 8.5	62 7.4	321 7.4
45-49	232 6.9	166 5.5	164 6.4	142 9.3	389 5.5	280 7.6	483 8.0	377 6.4	170 5.0	123 8.3	184 6.2	118 6.7	109 7.3	117 6.3	63 5.3	47 6.3	281 6.1

Appendix 2: Percent estimate of emergency contraception use among all women by definition and geography, bolded values are statistically significant

Country/ Geography	N	Definition 1		Definition 2		Definition 3		Definition 4	
		Percent	CI	Percent	CI	Percent	CI	Percent	CI
Burkina Faso	3512	0.0	0.0, 0.1	0.1	0.0, 0.2	0.1	0.0, 0.2	0.1	0.0, 0.3
Côte d'Ivoire	2738	1.4	0.7, 2.7	1.5	0.8, 3.1	1.7	0.9, 3.0	1.8	1.0, 3.3
DRC: Kinshasa	2568	1.2	0.7, 2.0	1.3	0.8, 2.1	1.6	1.0, 2.5	1.6	1.1, 2.5
DRC: Kongo Central	1689	0.2	0.1, 0.4	0.2	0.1, 0.4	0.2	0.1, 0.4	0.2	0.1, 0.4
Ethiopia	7361	0.1	0.1, 0.3	0.2	0.1, 0.4	0.3	0.1, 0.4	0.3	0.2, 0.5
Ghana	3683	1.3	0.8, 2.0	1.4	0.9, 2.1	1.5	1.0, 2.3	1.7	1.2, 2.5
India: Rajasthan	6034	0.1	0.0, 0.3	0.1	0.0, 0.3	0.1	0.0, 0.4	0.1	0.1, 0.4
Kenya	5876	0.7	0.4, 1.1	0.7	0.4, 1.2	1.5	1.1, 2.1	1.6	1.2, 2.2
Niger	3020	0.0	0.0, 0.1	0.0	0.0, 0.1	0.0	0.0, 0.1	0.0	0.0, 0.1
Nigeria: Anambra	1403	0.6	0.2, 1.9	0.8	0.3, 2.0	0.6	0.2, 1.9	0.8	0.3, 2.1
Nigeria: Kaduna	2855	0.1	0.0, 0.5	0.1	0.0, 0.5	0.2	0.1, 0.6	0.2	0.1, 0.6
Nigeria: Kano	1760	0	--	0	--	0	--	0	--
Nigeria: Lagos	1535	1.3	0.7, 2.4	1.4	0.8, 2.4	1.6	1.0, 2.7	1.7	1.0, 2.8
Nigeria: Nasarawa	1846	0.2	0.1, 0.6	0.2	0.1, 0.6	0.3	0.1, 0.9	0.3	0.1, 0.9
Nigeria: Rivers	1163	2.2	1.4, 3.6	2.2	1.4, 3.6	2.8	1.7, 4.6	2.8	1.7, 4.6
Nigeria: Taraba	818	0	--	0	--	0	--	0	--
Uganda	4225	0.4	0.2, 1.0	0.4	0.2, 1.0	0.6	0.3, 1.4	0.6	0.3, 1.4

Appendix 3: Emergency contraception use among all women based on Definition 1 and percentage point difference in the estimates using Definitions 2-4, by geography, bolded values are statistically significant

Country/ Geography	Emergency contraception use among all women, Definition 1 (%)	Percent point difference in estimates, compared to that based on Definition 1		
		Definition 2	Definition 3	Definition 4
Burkina Faso	0.0	0.0	0.0	0.1
Côte d'Ivoire	1.2	0.1	0.4	0.4
DRC: Kinshasa	0.2	0.0	0.0	0.0
DRC: Kongo Central	1.4	0.1	0.3	0.4
Ethiopia	0.1	0.0	0.1	0.2
Ghana	1.3	0.2	0.3	0.4
India: Rajasthan	0.1	0.0	0.0	0.1
Kenya	0.7	0.0	0.9	0.9
Niger	0.0	0.0	0.0	0.0
Nigeria: Anambra	0.6	0.2	0.0	0.2
Nigeria: Kaduna	0.1	0.0	0.0	0.0
Nigeria: Kano	0.0	0.0	0.0	0.0
Nigeria: Lagos	1.3	0.1	0.3	0.4
Nigeria: Nasarawa	0.2	0.0	0.2	0.2
Nigeria: Rivers	2.2	0.0	0.6	0.6
Nigeria: Taraba	0.0	0.0	0.0	0.0
Uganda	0.4	0.0	0.2	0.2

Appendix 4: Emergency contraception use based on Definitions 1-4, by subgroup and geography (%), bolded values are statistically significant

Country/ Geography	Subgroup	N	Definition 1		Definition 2		Definition 3		Definition 4	
			Percent	Confidence Interval	Percent	Confidence Interval	Percent	Confidence Interval	Percent	Confidence Interval
Burkina Faso	<i>Married</i>	2413	0.0	0.0, 0.1	0.1	0.0, 0.3	0.0	0.0, 0.1	0.1	0.0, 0.3
	<i>Unmarried</i>									
	<i>Sexually Active</i>	429	0.3	0.0, 1.5	0.3	0.0, 1.5	0.5	0.1, 2.2	0.5	0.1, 2.2
	<i>Under 20</i>	792	0.0	0.0, 0.3	0.0	0.0, 0.3	0.0	0.0, 0.3	0.0	0.0, 0.3
	<i>Under 25</i>	1430	0.1	0.0, 0.3	0.1	0.0, 0.3	0.1	0.0, 0.3	0.1	0.0, 0.3
Côte d'Ivoire	<i>Married</i>	1775	0.7	0.3, 1.5	0.7	0.3, 1.5	0.8	0.4, 1.6	0.8	0.4, 1.6
	<i>Unmarried</i>									
	<i>Sexually Active</i>	545	4.8	2.6, 8.8	5.3	2.7, 10.3	5.8	3.5, 9.6	6.3	3.6, 11.0
	<i>Under 20</i>	574	1.5	0.6, 3.5	1.5	0.6, 3.5	1.5	0.6, 3.5	1.5	0.6, 3.5
	<i>Under 25</i>	1103	1.8	0.9, 3.5	1.8	0.9, 3.5	1.9	1.0, 3.7	1.9	1.0, 3.7
DRC: Kinshasa	<i>Married</i>	1166	0.4	0.2, 0.9	0.4	0.2, 0.9	0.6	0.3, 1.3	0.6	0.3, 1.3
	<i>Unmarried</i>									
	<i>Sexually Active</i>	680	3.8	2.3, 6.1	4.1	2.6, 6.5	4.8	3.0, 7.5	5.1	3.3, 7.8
	<i>Under 20</i>	566	0.7	0.3, 1.9	0.7	0.3, 1.9	0.8	0.3, 2.1	0.8	0.3, 2.1
	<i>Under 25</i>	1079	1.5	0.8, 2.9	1.5	0.8, 2.9	1.7	0.9, 3.2	1.7	0.9, 3.2
DRC: Kongo Central	<i>Married</i>	1094	0.1	0.0, 0.4	0.2	0.1, 0.4	0.1	0.0, 0.4	0.2	0.1, 0.4
	<i>Unmarried</i>									
	<i>Sexually Active</i>	337	0.4	0.1, 1.5	0.4	0.1, 1.5	0.4	0.1, 1.5	0.4	0.1, 1.5
	<i>Under 20</i>	373	0.0	0.0, 0.1	0.0	0.0, 0.1	0.0	0.0, 0.1	0.0	0.0, 0.1
	<i>Under 25</i>	635	0.1	0.0, 0.4	0.1	0.0, 0.4	0.1	0.0, 0.4	0.1	0.0, 0.4
Ethiopia	<i>Married</i>	4340	0.0	0.0, 0.1	0.0	0.0, 0.1	0.1	0.0, 0.2	0.1	0.1, 0.2
	<i>Unmarried</i>									
	<i>Sexually Active</i>	493	2.1	0.8, 5.2	2.5	1.0, 6.3	3.6	1.9, 6.7	4.1	2.1, 7.6
	<i>Under 20</i>	1768	0.2	0.1, 0.5	0.2	0.1, 0.5	0.2	0.1, 0.6	0.2	0.1, 0.6
	<i>Under 25</i>	3101	0.2	0.1, 0.4	0.2	0.1, 0.7	0.4	0.2, 0.7	0.4	0.2, 0.8
			Measure 1	Measure 2	Measure 3	Measure 4				

Country/ Geography	Subgroup	N	Percent	Confidence Interval	Percent	Confidence Interval	Percent	Confidence Interval	Percent	Confidence Interval
Ghana	<i>Married</i>	2107	1.1	0.6, 2.0	1.3	0.7, 2.1	1.3	0.8, 2.2	1.5	0.9, 2.4
	<i>Unmarried Sexually Active</i>	709	3.1	1.8, 5.2	3.5	2.1, 5.8	3.7	2.3, 5.9	4.2	2.7, 6.5
	<i>Under 20</i>	708	1.1	0.5, 2.4	1.2	0.6, 2.5	1.1	0.5, 2.4	1.2	0.6, 2.5
	<i>Under 25</i>	1386	1.5	0.9, 2.5	1.8	1.1, 2.9	1.7	1.0, 2.8	2.0	1.2, 3.2
India: Rajasthan	<i>Married</i>	4554	0.1	0.0, 0.4	0.1	0.0, 0.4	0.2	0.1, 0.5	0.2	0.1, 0.5
	<i>Unmarried Sexually Active</i>	52	0	—	0	—	0	—	0	—
	<i>Under 20</i>	1173	0	—	0	—	0	—	0	—
	<i>Under 25</i>	2337	0.2	0.0, 0.9	0.2	0.0, 0.9	0.2	0.0, 0.8	0.2	0.0, 0.8
Kenya	<i>Married</i>	3404	0.1	0.1, 0.3	0.2	0.1, 0.3	0.4	0.2, 0.7	0.4	0.2, 0.7
	<i>Unmarried Sexually Active</i>	1065	2.6	1.4, 4.6	2.7	1.5, 5.0	6.4	4.6, 8.7	6.5	4.7, 9.0
	<i>Under 20</i>	1255	0.8	0.4, 1.7	0.8	0.4, 1.7	1.6	0.9, 2.7	1.6	0.9, 2.7
	<i>Under 25</i>	2372	1.1	0.6, 2.0	1.1	0.6, 2.0	2.7	1.9, 3.8	2.7	1.9, 3.8
Niger	<i>Married</i>	2161	0.0	0.0, 0.1	0.0	0.0, 0.1	0.0	0.0, 0.1	0.0	0.0, 0.1
	<i>Unmarried Sexually Active</i>	99	0	—	0	—	0	—	0	—
	<i>Under 20</i>	679	0	—	0	—	0	—	0	—
	<i>Under 25</i>	1232	0.0	0.0, 0.2	0.0	0.0, 0.2	0.0	0.0, 0.2	0.0	0.0, 0.2
Nigeria: Anambra	<i>Married</i>	703	1.0	0.3, 3.7	1.0	0.3, 3.7	1.1	0.3, 3.7	1.1	0.3, 3.7
	<i>Unmarried Sexually Active</i>	230	0.5	0.1, 3.1	1.5	0.3, 6.0	0.5	0.1, 3.1	1.5	0.3, 6.0
	<i>Under 20</i>	303								
	<i>Under 25</i>	524	0.3	0.0, 1.6	0.3	0.0, 1.6	0.3	0.0, 1.6	0.3	0.0, 1.6

Country/ Geography	Subgroup	N	Measure 1		Measure 2		Measure 3		Measure 4	
			Percent	Confidence Interval	Percent	Confidence Interval	Percent	Confidence Interval	Percent	Confidence Interval

Nigeria: Kaduna	<i>Married</i>	2217	0.1	0.0, 0.3	0.1	0.0, 0.3	0.1	0.0, 0.3	0.1	0.0, 0.3
	<i>Unmarried Sexually Active</i>	132	2.3	0.6, 8.1	2.3	0.6, 8.1	2.3	0.6, 8.1	2.3	0.6, 8.1
	<i>Under 20</i>	700	0	—	0	—	0.1	0.0, 0.9	0.1	0.0, 0.9
	<i>Under 25</i>	1251	0.1	0.0, 0.6	0.1	0.0, 0.6	0.2	0.0, 0.7	0.2	0.0, 0.7
Nigeria: Kano	<i>Married</i>	1280	0	—	0	—	0	—	0	—
	<i>Unmarried Sexually Active</i>	40	0	—	0	—	0	—	0	—
	<i>Under 20</i>	419	0	—	0	—	0	—	0	—
	<i>Under 25</i>	744	0	—	0	—	0	—	0	—
Nigeria: Lagos	<i>Married</i>	1001	0.8	0.4, 1.9	0.8	0.4, 1.9	0.9	0.4, 2.0	0.9	0.4, 2.0
	<i>Unmarried Sexually Active</i>	181	4.9	2.2, 10.4	5.7	2.8, 11.1	5.9	3.0, 11.4	6.7	3.6, 12.1
	<i>Under 20</i>	218	0.8	0.2, 3.2	1.4	0.5, 4.1	1.8	0.6, 5.3	2.3	0.9, 5.8
	<i>Under 25</i>	421	2.6	1.3, 5.3	2.9	1.5, 5.5	3.1	1.6, 5.8	3.4	1.9, 6.0
Nigeria: Nasarawa	<i>Married</i>	1187	0.0	0.0, 0.1	0.0	0.0, 0.1	0.0	0.0, 0.1	0.0	0.0, 0.1
	<i>Unmarried Sexually Active</i>	244	1.3	0.4, 4.3	1.3	0.4, 4.3	2.5	1.0, 6.1	2.5	1.0, 6.1
	<i>Under 20</i>	422	0.2	0.0, 0.9	0.2	0.0, 0.9	0.7	0.2, 2.7	0.7	0.2, 2.7
	<i>Under 25</i>	763	0.2	0.1, 0.8	0.2	0.1, 0.8	0.5	0.2, 1.5	0.5	0.2, 1.5
Nigeria: Rivers	<i>Married</i>	670	1.5	0.7, 3.0	1.5	0.7, 3.0	1.9	1.0, 3.7	1.9	1.0, 3.7
	<i>Unmarried Sexually Active</i>	249	6.5	3.7, 11.3	6.5	3.7, 11.3	8.1	4.7, 13.7	8.1	4.7, 13.7
	<i>Under 20</i>	194	1.9	0.5, 6.6	1.9	0.5, 6.6	1.9	0.5, 6.6	1.9	0.5, 6.6
	<i>Under 25</i>	403	2.7	1.4, 5.1	2.7	1.4, 5.1	3.3	1.6, 6.5	3.3	1.6, 6.5

Country/ Geography	Subgroup	N	Measure 1		Measure 2		Measure 3		Measure 4	
			Percent	Confidence Interval	Percent	Confidence Interval	Percent	Confidence Interval	Percent	Confidence Interval
	<i>Married</i>	569	0	—	0	—	0	—	0	—

Nigeria: Taraba	<i>Unmarried Sexually Active</i>	113	0	—	0	—	0	—	0	—
	<i>Under 20</i>	171	0	—	0	—	0	—	0	—
	<i>Under 25</i>	320	0	—	0	—	0	—	0	—
Uganda	<i>Married</i>	2674	0.1	0.0, 0.3	0.1	0.0, 0.3	0.1	0.0, 0.3	0.1	0.0, 0.3
	<i>Unmarried Sexually Active</i>	655	2.4	1.1, 5.2	2.4	1.1, 5.2	3.4	1.6, 7.3	3.4	1.6, 7.3
	<i>Under 20</i>	919	0.4	0.1, 2.0	0.4	0.1, 2.0	0.5	0.1, 2.0	0.5	0.1, 2.0
	<i>Under 25</i>	1813	0.7	0.3, 1.5	0.7	0.3, 1.5	1.0	0.4, 2.3	1.0	0.4, 2.3

Appendix 5: Emergency contraception use based on Definition 1 and percentage point difference in the estimates using Definitions 2-4, by subgroup and geography

Country/ Geography	Emergency contraception use among all women, Definition 1 (%)	Percent point difference in estimates, compared to that based on Definition 1		
		Definition 2	Definition 3	Definition 4
Subgroup				
Burkina Faso				
Married	0.0	0.0	0.0	0.1
Unmarried Sexually Active	0.3	0.0	0.3	0.3
Under 20	0.0	0.0	0.0	0.0
Under25	0.1	0.0	0.0	0.0
Côte d'Ivoire				
Married	0.7	0.0	0.1	0.1
Unmarried Sexually Active	4.8	0.5	1.0	1.5
Under 20	1.5	0.0	0.0	0.0
Under25	1.8	0.0	0.1	0.1
DRC – Kinshasa				
Married	0.4	0.0	0.2	0.2
Unmarried Sexually Active	3.8	0.3	1.0	1.3
Under 20	0.7	0.0	0.1	0.1
Under25	1.5	0.0	0.2	0.2
DRC – Kongo Central				
Married	0.1	0.0	0.0	0.0
Unmarried Sexually Active	0.4	0.0	0.0	0.0
Under 20	0.0	0.0	0.0	0.0
Under25	0.1	0.0	0.0	0.0
Ethiopia				
Married	0.0	0.0	0.1	0.1
Unmarried Sexually Active	2.1	0.4	1.5	2.0
Under 20	0.2	0.0	0.0	0.0
Under25	0.2	0.1	0.2	0.3
Ghana				
Married	1.1	0.1	0.2	0.4
Unmarried Sexually Active	3.1	0.5	0.7	1.1
Under 20	1.1	0.1	0.0	0.1
Under25	1.5	0.3	0.2	0.5

Rajasthan				
Married	0.1	0.0	0.1	0.1
Unmarried Sexually Active	0.0	0.0	0.0	0.0
Under 20	0.0	0.0	0.0	0.0
Under25	0.2	0.0	0.0	0.0
Kenya				
Married	0.1	0.0	0.3	0.3
Unmarried Sexually Active	2.6	0.2	3.8	4.0
Under 20	0.8	0.0	0.7	0.7
Under25	1.1	0.0	1.6	1.6
Niger				
Married	0.0	0.0	0.0	0.0
Unmarried Sexually Active	0.0	0.0	0.0	0.0
Under 20	0.0	0.0	0.0	0.0
Under25	0.0	0.0	0.0	0.0
Nigeria: Anambra				
Married	1.0	0.0	0.1	0.1
Unmarried Sexually Active	0.5	0.9	0.0	0.9
Under 20	0.0	0.0	0.0	0.0
Under25	0.3	0.0	0.0	0.0
Nigeria: Kaduna				
Married	0.1	0.0	0.0	0.0
Unmarried Sexually Active	2.3	0.0	0.0	0.0
Under 20	0.0	0.0	0.1	0.1
Under25	0.1	0.0	0.1	0.1
Nigeria: Kano				
Married	0.0	0.0	0.0	0.0
Unmarried Sexually Active	0.0	0.0	0.0	0.0
Under 20	0.0	0.0	0.0	0.0
Under25	0.0	0.0	0.0	0.0
Nigeria: Lagos				
Married	0.8	0.0	0.1	0.1
Unmarried Sexually Active	4.9	0.7	1.0	1.8
Under 20	0.8	0.6	0.9	1.5
Under25	2.6	0.3	0.5	0.8
Nigeria: Nasarawa				
Married	0.0	0.0	0.0	0.0
Unmarried Sexually Active	1.3	0.0	1.1	1.1

Under 20	0.2	0.0	0.5	0.5
Under25	0.2	0.0	0.3	0.3
Nigeria: Rivers				
Married	1.5	0.0	0.4	0.4
Unmarried Sexually Active	6.5	0.0	1.6	1.6
Under 20	1.9	0.0	0.0	0.0
Under25	2.7	0.0	0.6	0.6
Nigeria: Taraba				
Married	0.0	0.0	0.0	0.0
Unmarried Sexually Active	0.0	0.0	0.0	0.0
Under 20	0.0	0.0	0.0	0.0
Under25	0.0	0.0	0.0	0.0
Uganda				
Married	0.1	0.0	0.0	0.0
Unmarried Sexually Active	2.4	0.0	1.0	1.0
Under 20	0.4	0.0	0.0	0.0
Under25	0.7	0.0	0.3	0.3