PMA BURKINA FASO

Results from Phase 2
Gender-Based Violence Module

PERFORMANCE MONITORING FOR ACTION

KEY MESSAGES

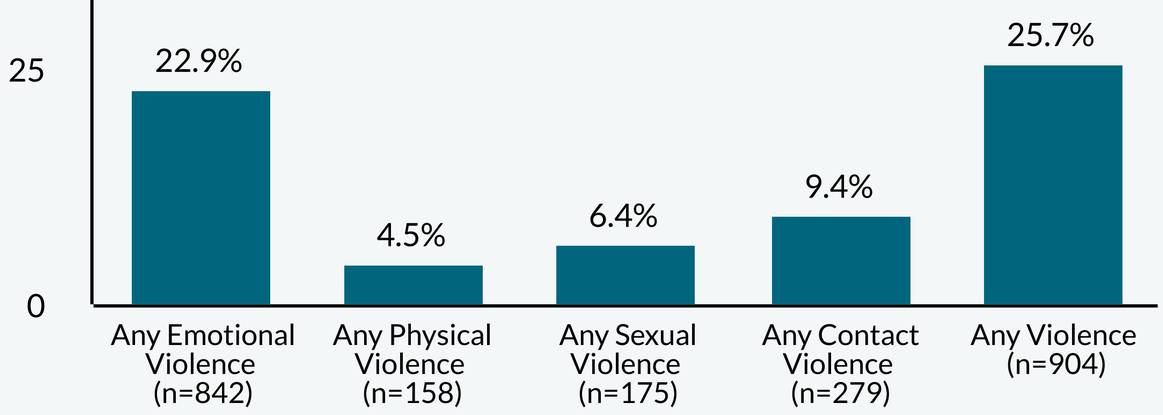
- **Intimate partner violence (IPV) is prevalent in Burkina Faso;** nearly one in ten women have experienced physical or sexual IPV in the past year.
- **Many women experiencing household violence are also experiencing IPV;** 58% of the married or partnered women experiencing household violence from a non-partner household member are also experiencing IPV.
- **Help-seeking is low among those reporting experiences of IPV and household violence;** less than 3% of survivors reported seeking help from formal support services.

PMA IN BURKINA FASO

PMA administers annual population-based questionnaires to nationally or regionally representative cross-sections of women ages 15-49. The questionnaire with an embedded Gender-Based Violence (GBV) module was administered in Burkina Faso from December 2020-March 2021. Survey items related to household violence were asked among all women (n=4,065), while the IPV items were only asked among married or partnered women (n=3,048). Full survey methodology is available at www.pmadata.org.

INTIMATE PARTNER VIOLENCE

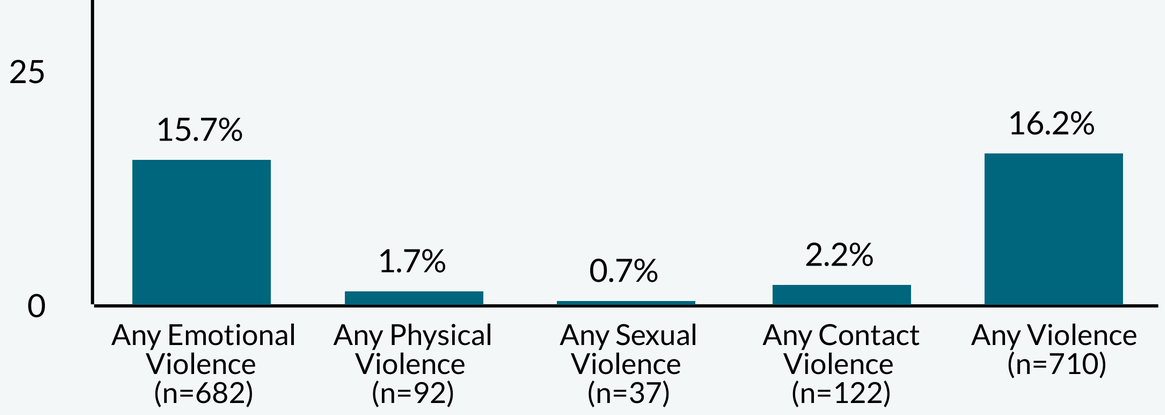
Past-Year Prevalence of IPV by Type



Contact violence includes physical or sexual violence
Categories are not mutually exclusive
Among married or partnered women (n=3,048)

HOUSEHOLD VIOLENCE

Past-Year Prevalence of Household Violence by Type

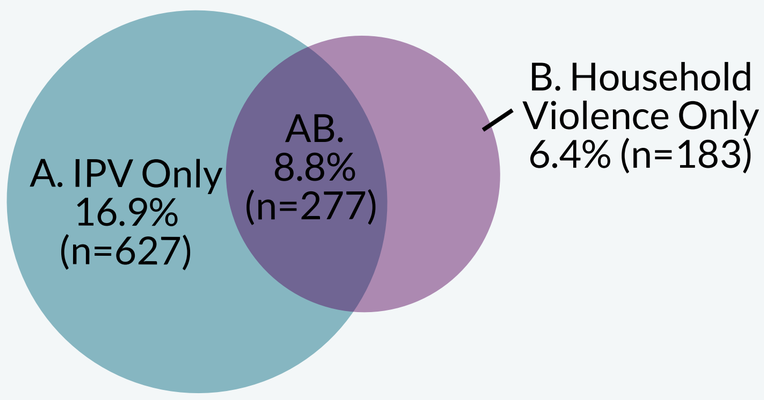


Contact violence includes physical or sexual violence
Categories are not mutually exclusive
Among all women (n=4,065)

CONCURRENT EXPERIENCES OF VIOLENCE

Among married or partnered women (n=3,048), 25.7% reported past-year IPV and 15.2% reported past-year household violence. Among those experiencing household violence, 8.8% reported concurrent experiences of IPV, revealing that 58% of women experiencing violence from a non-partner household member are also experiencing violence from an intimate partner.

Overlap of IPV and Household Violence

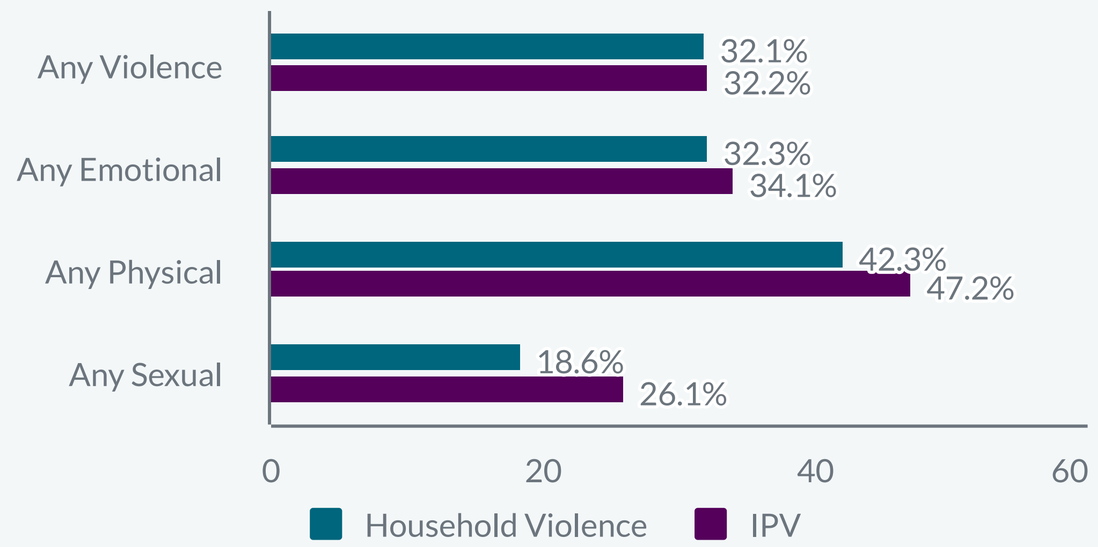


A. Any IPV : 25.7% (n=904)
B. Any Household Violence : 15.2% (n=460)
Among married or partnered women (n=3,048)

HELP-SEEKING

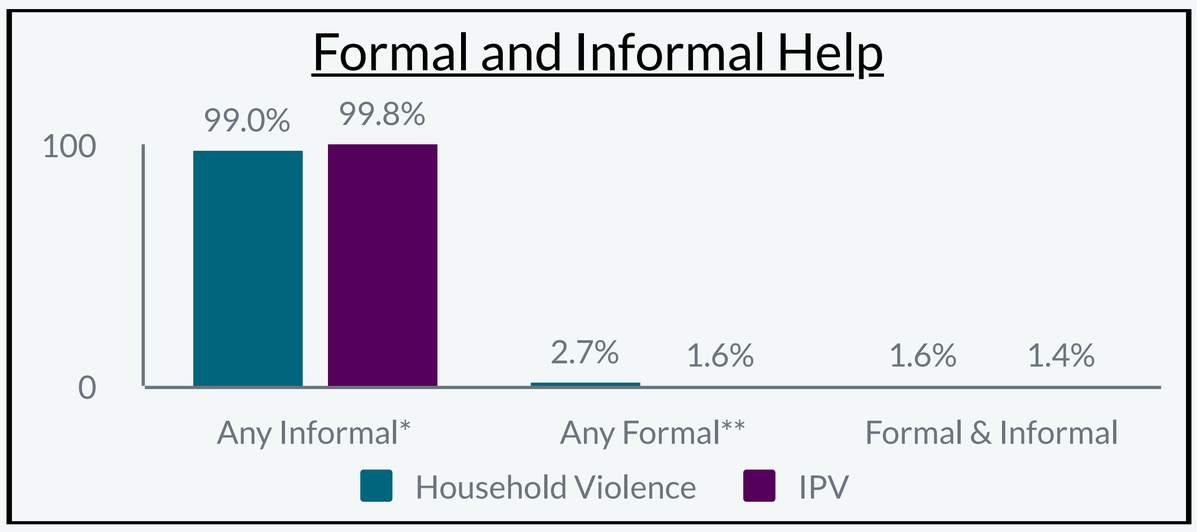
Help-seeking was most prevalent among those who reported any physical violence and least prevalent among those who reported any sexual violence. Help-seeking was relatively consistent among survivors of household violence and IPV for each type of violence.

Help-seeking by Violence Type



Reported experiencing household violence (n=710)
Reported experiencing IPV (n=904)

HELP-SEEKING AND VIOLENCE EXPERIENCES: FORMAL AND INFORMAL HELP



Among women who experienced violence and reported seeking help, almost all used informal supports such as family, friends, and neighbors.

Formal help, which includes resources such as doctors, police, and violence support programs, was rare among survivors of both IPV and household violence.

Very few women reported reaching out to both informal and formal help services.

*Informal help includes own family, husband or partner's family, current or former partner or husband, current or former boyfriend, friend, neighbor, religious leader
**Formal help includes doctor or medical personnel, police, lawyer, social service organization, violence support program or hotline
Among those who reported experiences of violence and reported seeking help (n=203, household violence sample; n=269, IPV sample)

CONCLUSIONS

- Among women of reproductive age in Burkina Faso, 25.7% experienced IPV and 16.2% experienced household violence in the past year.
  - 9.4% experienced any physical/sexual IPV and 2.2% experienced any physical/sexual household violence.
- Most married or partnered women who reported past-year household violence from a non-partner household member also experienced past-year IPV.
- Help-seeking was similar among IPV and household violence survivors. Prevalence was highest among those reporting physical violence and lowest among those reporting sexual violence.
- Formal help resources such as police, doctors, lawyers, violence support programs, and social service organizations were not utilized by most women.

RECOMMENDATIONS

- Expand policies that prevent and respond effectively to GBV, including both IPV and household violence.
- Raise community awareness about women-centered strategies to respond to GBV, including supports for safely reporting GBV.
- Integrate IPV screening into routine services--including reproductive, maternal, and child health services--which can provide women the opportunity to disclose their experiences and access further care.
  - Services must focus on minimizing shame and blame, both of which can prevent women from disclosing and seeking continued help.
  - Provider job aids, including the World Health Organization's *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*,[1] can serve as useful tools to standardize screening and referrals.
- Interventions are needed to help women improve their safety when they're unable to leave harmful relationships.

1. World Health Organization. *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines.* Geneva, Switzerland: WHO;2013.

What is PMA?
PMA Burkina Faso collects information on knowledge, practice, and coverage of family planning services in 167 enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The results are representative at the national level and in the urban/rural areas. Phase 2 data were collected between December 2020 and March 2021 from 5,522 households (97.9% response rate), 6,388 women 15-49 years old (93.4% response rate), 241 service delivery points (97.6% response rate), and 966 client exit interviews. For sampling information and full datasets, visit www.pmadata.org/countries/burkina-faso.

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key family planning and health indicators in Africa and Asia. PMA Burkina Faso is led by l'Institut Supérieur des Sciences de la Population at l'Université Joseph Ki-Zerbo, Ouagadougou, Burkina Faso. Overall direction and support are provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.

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