## OVERALL KEY FINDINGS



Almost all women reported having taken an action to avoid contracting COVID-19.


Three-quarters of women reported that their household experienced a partial or total loss of income since COVID-19 restrictions were imposed.


Three out of five women reported that their household experienced increased food insecurity since COVID-19 restrictions were imposed.

## SECTION 1: KNOWLEDGE AND USE OF COVID-19 CALL CENTERS

## HEARD OF COVID-19 CALL CENTER

Percentage of women who have heard of $a$
COVID-19-related call center, by education ( $n=3,515$ )


- Yes, but does not know the number
- Yes, and knows the number
- No


## TRUST THE COVID-19 CALL CENTER

Percent of respondents who trust the emergency/call center number ( $n=2,809$ )


## KEY FINDINGS FOR SECTION 1: KNOWLEDGE AND USE OF COVID-19 CALL CENTERS <br> - About two-thirds of women reported having heard of a COVID-19 call center. However, only 28\% of them knew the call center number. <br> - Awareness of the call center's number varied from $17 \%$ among women with no education or with a primary school education, to 66\% among those with a secondary school education, reaching 78\% among those with a university education.

## HAVE TRIED TO CALL THE COVID-19 CALL CENTER

Among the women who have heard of the COVID-19 call center, percentage who tried calling the number, by age ( $n=2,849$ )


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## SECTION 2: CONCERN ABOUT COVID-19 AND PREVENTION MEASURES

## CONCERN ABOUT

 COVID-19Percentage of women who are concerned about getting COVID-19, by education ( $n=3,513$ )


## SOCIAL DISTANCING

Percentage of women who are able to avoid contact outside of the household, by age $(n=3,515)$


## ACTIONS TAKEN TO AVOID COVID-19

Among women who have taken preventative action to avoid COVID-19, the percentage taking each action (multiple responses allowed) $(n=3,408)$

95\%
of women have taken an action to avoid COVID-19 $(n=3,515)$


## UNABLE TO SOCIAL DISTANCE

Among women who are unable to avoid contact with people outside their household, the percentage reporting each reason (multiple responses allowed) $(n=1,217)$


## KEV FINDINGS FOR SECTION 2: CONCERN ABOUT COVID-19 AND PREVENTION MEASURES

- More than two-thirds of women were very concerned about contracting COVID-19. Women with no education or with primary school education were twice as likely to be very concerned as women with a university education.
- Almost all women reported having taken an action to avoid contracting COVID-19.
- Although nearly three-quarters of women reported being able to maintain social distancing outside the home, some women were unable to do so for a variety of reasons, including needing to go to the market, collecting water, working, visiting relatives, and seeking health care.


## SECTION 3: PREGNANCY ATTITUDES

## PREGNANCY ATTITUDES

Percentage of non-pregnant women who changed their attitude toward pregnancy between Phase 1 (Feb 2020) and the COVID-19 phone survey (July 2020) ( $n=3,034$ )


FERTILITY INTENTIONS
Percentage of women whose desire for more children changed between Phase 1 (February 2020) and the COVID-19 phone survey (July 2020) ( $n=3,419$ )


Percentage of women whose desire for more children changed between Phase 1 (February 2020) and the COVID-19 phone survey (July 2020), by age $(n=3,419)$


## KEY FINDINGS FOR SECTION 4: FERTILITY INTENTIONS

- Overall, for about two out of five women, the desire to have more children changed between the baseline survey and the COVID-19 phone survey.
- The proportion of women who wanted a child after two years increased from 48\% in the baseline survey to 51\% in the COVID-19 phone survey, while the proportion of women who wanted a child within two years remained nearly stable between these two surveys.
- The proportion of women who do not want any more children decreased from 14\% in the baseline survey to $11 \%$ in the COVID-19 phone survey.


## CHANGE IN CONTRACEPTIVE USE STATUS

Percentage of women who changed contraceptive method type or use status between Phase 1 (February 2020) and the COVID-19 phone survey (July 2020) ( $n=3,153$ )

Phase 1
(February 2020)


72\%


## COVID-19 survey

(July 2020)
o use
62\%

Traditional
$1 \%$


Long-acting 17\%

Percentage of women who changed contraceptive use status (user to non-user or vice versa) between Phase 1 (February 2020) and the COVID-19 phone survey (July 2020), by age ( $n=3,153$ )


Percentage of women who changed contraceptive method type or use status between Phase 1 (February 2020) and the COVID-19 phone survey (July 2020), by age ( $n=3,153$ )


## KEY FINDINGS FOR SECTION 5: CONTRACEPTIVE USE STATUS

- Nearly three out of ten women changed their contraceptive use status (from user to non-user or vice versa) between the baseline survey and the COVID-19 phone survey.
- Sixteen percent of women continued using their contraceptive method between the baseline survey and the COVID-19 phone survey, while 4\% of women switched methods between the two surveys.
- Eight percent of women stopped using contraception between the baseline survey and the COVID-19 phone survey.
- Eighteen percent of women started using a contraceptive method between the baseline survey and the COVID-19 phone survey.


## HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income since COVID-19 restrictions, by wealth ( $n=3,512$ )


## FOOD INSECURITY

Percentage of women who reported that at least one member of their household went without food since COVID-19 restrictions were imposed, by wealth ( $n=3,512$ )


## CHANGE IN FOOD INSECURITY

Among women who reported recent food insecurity, the percentage who said that it was more common now compared to before the COVID-19 restrictions were imposed, by wealth ( $n=426$ )

|  | No | Yes |
| :---: | :---: | :---: |
| Total | 40 | 60 |
| Highest quintile | 43 | 57 |
| Middle quintile | 47 | 53 |
| Lowest quintile | 30 | 70 |

## PERSONAL INCOME LOSS

Among women living in a household that lost partial income, the percent distribution of personal income loss magnitude, by wealth ( $n=1,911$ )


## FREQUENCY OF FOOD INSECURITY

Among women whose households experienced food insecurity during COVID-19 restrictions, percent distribution of the number of times food insecurity was reported since the start of restrictions, by wealth ( $n=424$ )


## ECONOMIC RELIANCE ONPARTNER

Percentage of currently married women who are economically reliant on their husband, by wealth ( $n=2,437$ )

|  |  | No |
| ---: | :---: | :---: |
| Total | 45 | 55 |
| Highest quintile | 47 | 53 |
| Middle quintile | 38 | 62 |
| Lowest quintile | 52 | 48 |

## FINANCIAL WORRY

Percentage of women who are worried about the impact of COVID-19 on their household's future finances, by wealth $(n=3,507)$

|  | No | Yes |
| ---: | :---: | :---: | :---: |
| Total | 12 | 88 |
| Highest quintile | 13 | 87 |
| Middle quintile | 13 | 87 |
| Lowest quintile | 17 | 89 |

CHANGE IN ECONOMIC RELIANCE ON PARTNER

Among currently married women who report being economically reliant on their husband, the percentage who say they are more reliant now compared to before the COVID-19 restrictions, by wealth $(n=1,239)$

|  | No |  |
| :---: | :---: | :---: |
| Total | 50 | 50 |
| Highest quintile | 41 | 59 |
| Middle quintile | 52 | 48 |
| Lowest quintile | 54 | 46 |

KEV FINDINGS FOR SECTION 6: ECONOMIC IMPACT OF COVID-19

- Overall, three out of four women reported that their household experienced a partial or total loss of income since COVID-19 restrictions were imposed, with $16 \%$ reporting a total loss of income.
- In households that experienced a partial loss of income, more than one-third of women said they experienced significant personal income loss.
- Seventeen percent of women reported that at least one member of their household had gone a day and a night without eating since COVID-19 restrictions were imposed. Of these women, $60 \%$ reported that food insecurity was more common during the COVID-19 restrictions than before.

SECTION 7: HEALTH SERVICE ACCESS BARRIERS

## NEED TO VISIT HEALTH FACILITY

Percent of women who needed to visit a health facility since COVID-19 restrictions were imposed, by age $(n=3,517)$


## DIFFICULTY ACCESSING HEALTH FACILITY

Among women who needed to visit a health facility since the COVID-19 restrictions were imposed, the percentage who reported any difficulties in access, by age ( $n=1,481$ )


## success IN AcCESSING HEALTH SERVICES

Among women who needed to visit a health facility since the COVID-19 restrictions were imposed, the percentage who were able to access those services, by age ( $n=1,481$ )


## DIFFICULTY ACCESSING HEALTH SERVICES DUE TO COVID-19 RESTRICTIONS

Among women who needed to visit a health facility since the COVID-19 restrictions were imposed and experienced difficulties because of government restrictions, the percentage who were able to access those services, by age ( $n=173$ )


## DIFFICULTY ACCESSING HEALTH SERVICES DUE TO FEAR OF COVID-19

Among women who needed to visit a health facility since the COVID-19 restrictions were imposed and were afraid of COVID-19 at facility, the percentage who were able to access those services, by age $(n=659)$


## KEY FINDINGS FOR SECTION 7:HEALTH SERVICE ACCESS BARRIERS

- Almost half of women reported that they needed to go to a health care facility during the time COVID-19 restrictions were imposed.
- Almost all women who needed to go to a health facility were able to do so despite COVID-19 restrictions imposed by COVID-19.
- Of the women who needed to visit a health facility, 57\% reported experiencing difficulties in accessing services due to COVID-19 restrictions. Nevertheless, among those who encountered difficulties, 88\% managed to access services.

PMA Burkina Faso collects information on knowledge, practices, and coverage of family planning services in 167 enumeration areas using a cluster survey design stratified by residence (urban/rural). The results are representative at the national level and at the urban/rural level. The results from the Central Region are representative of the urban setting only, and those from the Hauts-Bassins Region are representative at the regional level and at the urban/rural level. The COVID-19 survey was conducted by telephone with a representative sample of women aged 15-49 years who were interviewed in the baseline survey between December 2019 and February 2020, consented to follow-up, and owned or had access to a telephone (57.6\% of the baseline survey population). Of the 4,691 eligible respondents, 21.5\% were not reached. Of those who were reached, $95.8 \%$ completed the survey for a response rate of $75.2 \%$ among eligible women. Percentages presented in this brief have been rounded and may not add up to $100 \%$.

COVID-19 survey weights were generated for women aged 15-49 at the time of the COVID-19 survey, who completed the baseline survey, consented to follow-up, provided a valid phone number, and completed the COVID-19 survey. These weights were calculated using the female weight from baseline, adjusting for loss-to-follow-up weight, that is, the inverse of predicted probability of having a completed COVID-19 survey. The log odds of having completed the COVID-19 survey was modeled as a linear combination of age, education, marital status, wealth, and residence at baseline. The COVID-19 survey weight was further adjusted for selectivity due to phone number ownership using a similar inverse probability weighting approach.

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Link to questionnaire and PMA COVID-19 website : https://www.pmadata.org/technical-areas/covid-19

