

PMA BURKINA FASO (OUAGADOUGOU)

Results from Phase 1 baseline survey

December 2019 - February 2020



OVERALL KEY FINDINGS

The mCPR among women in union is lower in Ouagadougou compared to all other urban areas in the country.

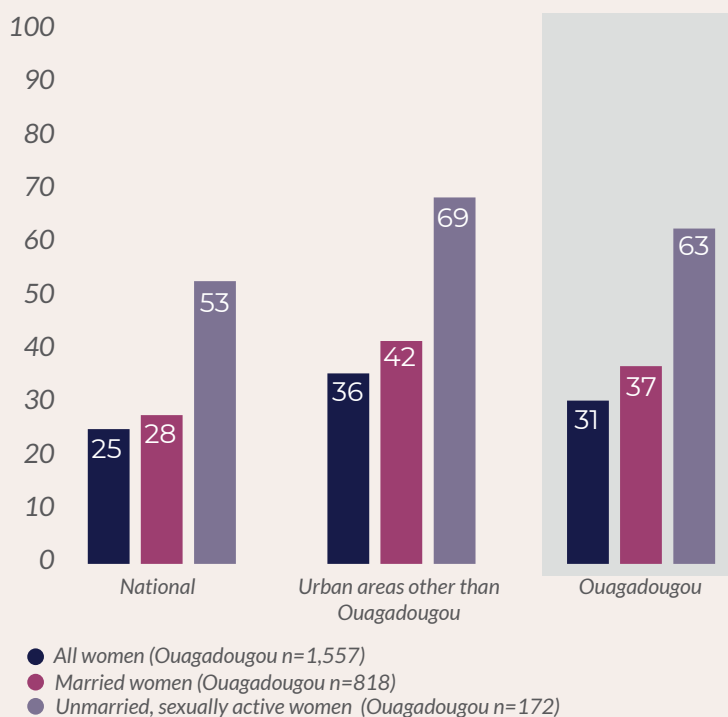
In **49%** of cases, contraceptive method use was stopped within 12 months of starting use. Among these cases, **22%** discontinued use due to concerns over side effects or method-related reasons.

There were fewer current or recent stock outs of the main modern contraceptive methods in Ouagadougou compared to all other urban areas in the country.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

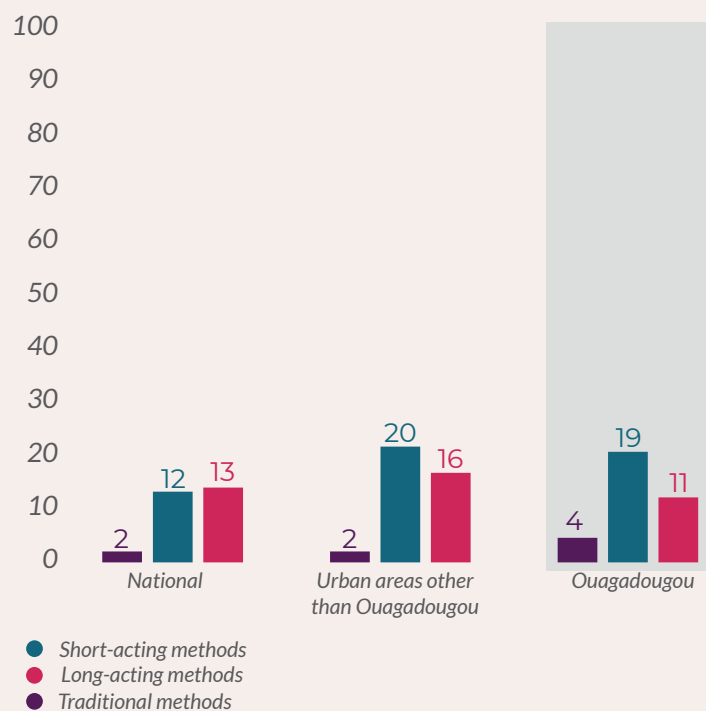
MODERN CONTRACEPTIVE PREVALENCE

Percent of women age 15-49 currently using modern contraception (mCPR) by marital status



CONTRACEPTIVE PREVALENCE BY METHOD TYPE

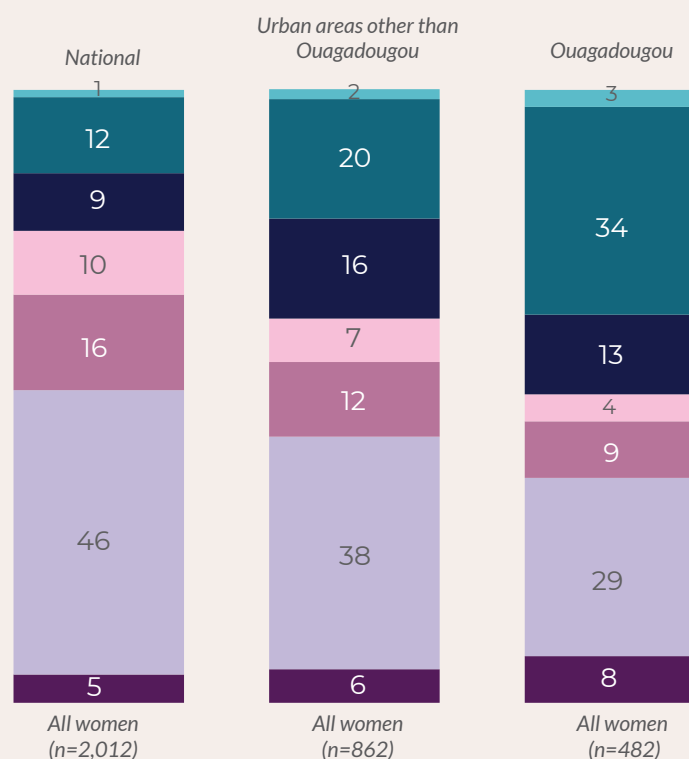
Percent of women age 15-49 currently using contraception by method type (Ouagadougou n=1,557)



These results are representative of urban areas in the Central region only, which includes the city of Ouagadougou.

MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of modern contraceptive users age 15-49 by method



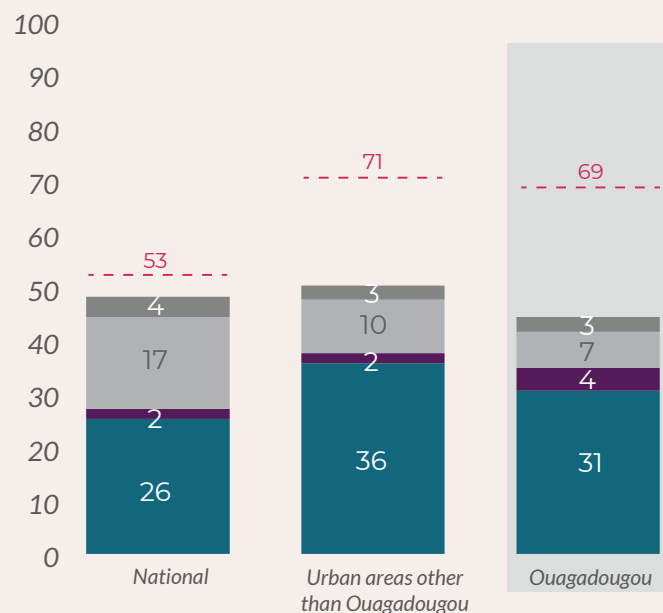
Contraceptive methods:

- Other
- Male condom
- Pill
- Injectable (SC)
- Injectable (IM)
- Implant
- IUD

'Other' category includes female condom, diaphragm, foam, standard days method, female sterilization, male sterilization, and LAM.

METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (Ouagadougou n=1,557)

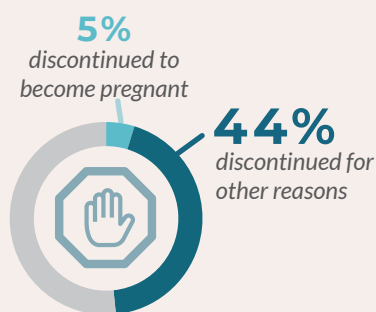


- Modern method
- Traditional method
- Unmet need for spacing
- Unmet need for limiting
- Demand satisfied by modern method

Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.

12-MONTH DISCONTINUATION RATE

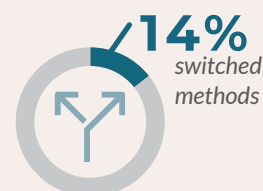
Among women in Ouagadougou who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=393 episodes)



Reasons for discontinuation:

- 2% experienced method failure
- 11% were concerned over side effects or health
- 15% had other fertility related reasons
- 2% other method-related reasons
- 7% wanted a more effective method
- 6% other/don't know

Discontinued but switched methods:

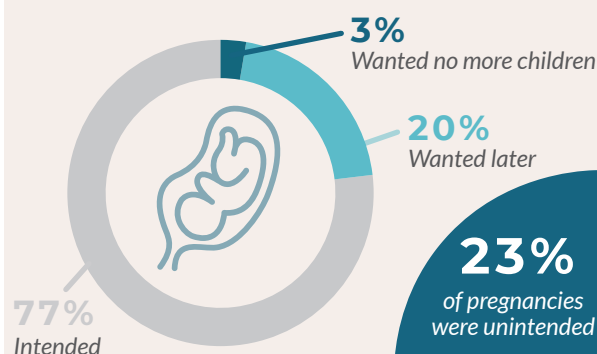


KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- The contraceptive demand met by modern methods among women residing in Ouagadougou is similar to that of women residing in all other urban centers in the country.
- Nearly one in four women (23%) report that their recent birth or current pregnancy is unintended, 20% of whom would have preferred it to happen later.

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

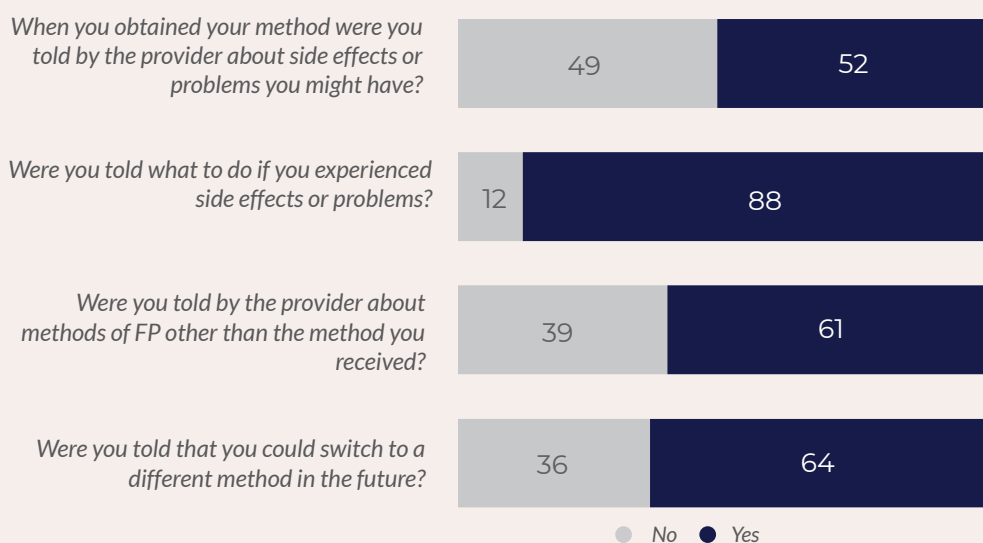
Percent of women in Ouagadougou by intention of their most recent birth or current pregnancy (n=726)



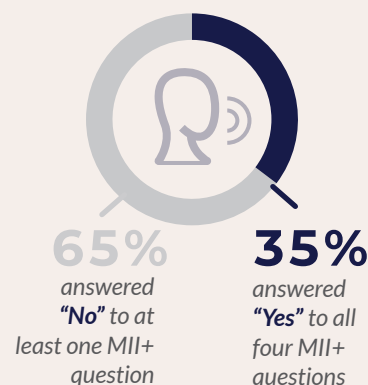
SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

METHOD INFORMATION INDEX PLUS (MII+)

Percent of women who were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods (n=444)

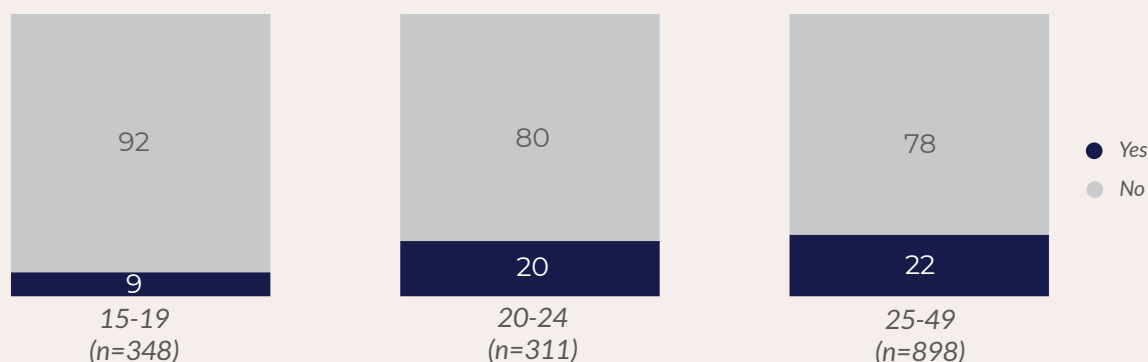


Percent of women who responded "Yes" to all four MII+ questions



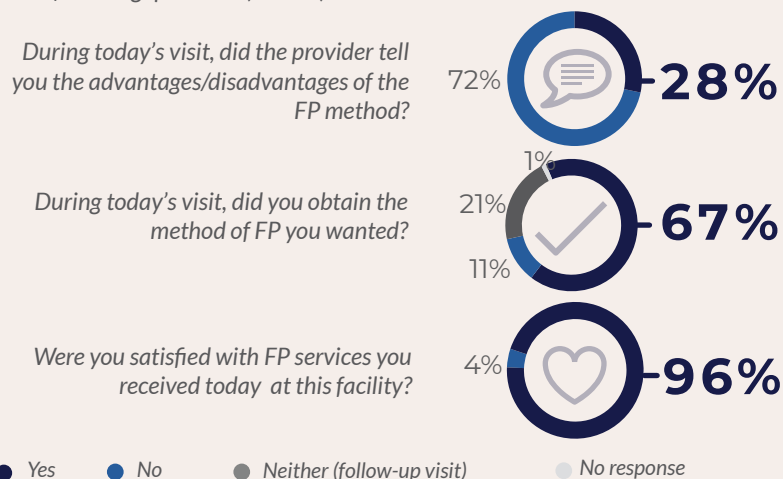
DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

Percent of women who received FP information from a provider or community health worker (CHW), by age



CLIENT EXIT INTERVIEWS

Percent of female clients in the Centre region age 15-49 who said yes to the following questions (n=321)



Clients were interviewed immediately following their health facility visit to obtain FP counseling or services.

KEY FINDINGS FOR SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

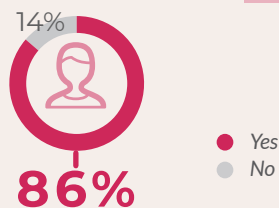
- Only 52% of women using a modern contraceptive method were advised about the possible side effects or problems of the chosen method.
- The percentage of adolescents who received FP information from health providers or community-based health workers is half that of older women.
- 96% of FP clients are satisfied with the services they received, but only 28% reported that the provider informed them of the advantages and disadvantages of the chosen method.

SECTION 3: PARTNER DYNAMICS

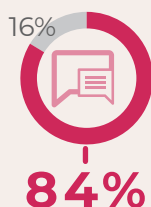
PARTNER INVOLVEMENT IN FP DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statements (n=479)

Does your partner know that you are using this method?



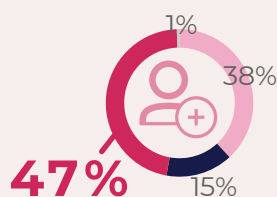
Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?



Modern, female controlled methods includes all modern methods except male sterilization and male condoms

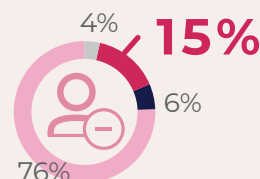
Percent of women who are currently using FP and agree with the following statements (n=550)

Would you say that using FP is mainly your decision?



Percent of women who are not currently using FP and agree with the following statements (n=910)

Would you say that not using FP is mainly your decision?



- Joint decision
- Mainly respondent
- Mainly partner
- Other

KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Among women using a modern, female controlled method, 14% report that their partner does not know that they are using a contraceptive method.
- 6% of women who are not currently using a contraceptive method report that this decision was made primarily by their husband/partner.

SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS

Percent of married/in union women who strongly agree to strongly disagree with each statement

Exercise of choice (self-efficacy, negotiation) for family planning (n=793)

I feel confident telling my provider what is important when selecting an FP method.

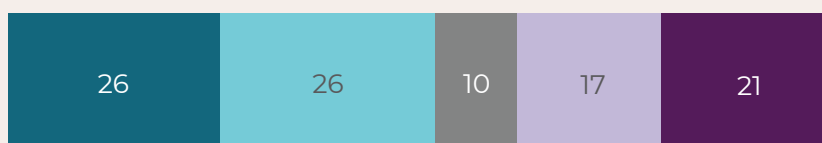


I can decide to switch from one FP method to another if I want to.



Existence of choice (motivational autonomy) for family planning (n=789)

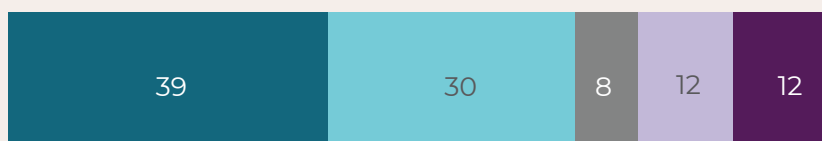
If I use FP, my body may experience side effects that will disrupt relations with my partner.



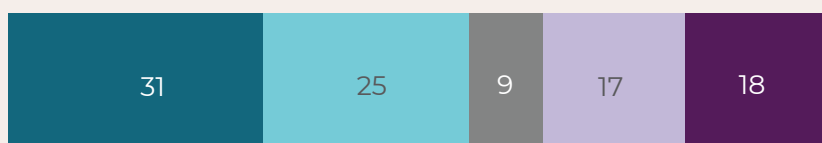
If I use FP, my children may not be born normal.



There will be conflict in my relationship/marriage if I use FP.



If I use FP, I may have trouble getting pregnant the next time I want to.



If I use FP, my partner may seek another sexual partner.



● Strongly disagree
 ● Disagree
 ● Neutral
 ● Agree
 ● Strongly agree

WOMEN AND GIRLS' EMPOWERMENT (WGE) SUB-SCALE FOR FAMILY PLANNING

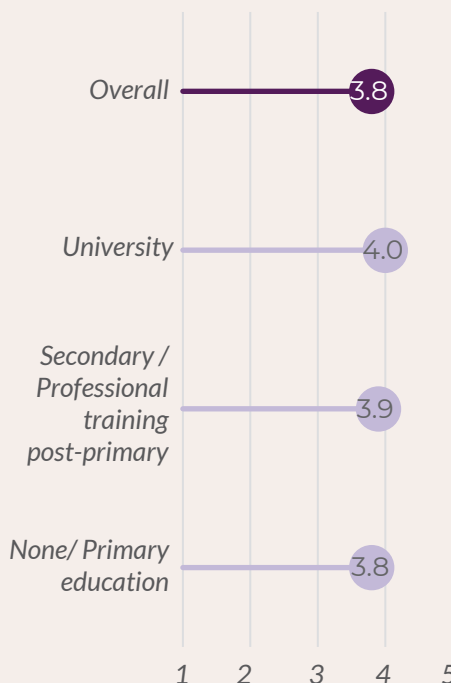
The Women and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, family planning, and sex outcomes in married/in union women.

Presented results are only for the existence of choice and exercise of choice domains for family planning.

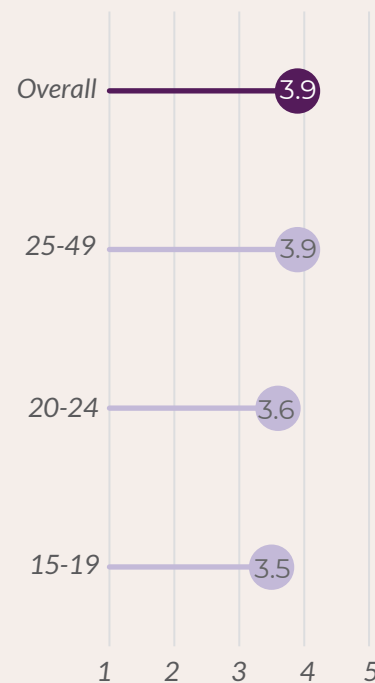
Scores from the above family planning empowerment statements were summed and divided by number of items (7) for average WGE family planning score across both domains.

Range for the combined WGE family planning score is 1-5, with a score of 5 indicating highest empowerment.

Mean WGE score, by education

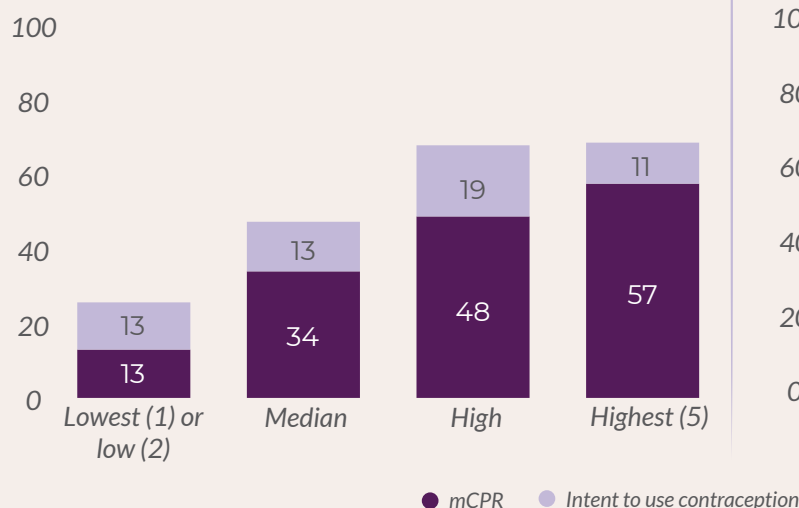


Mean WGE score, by age



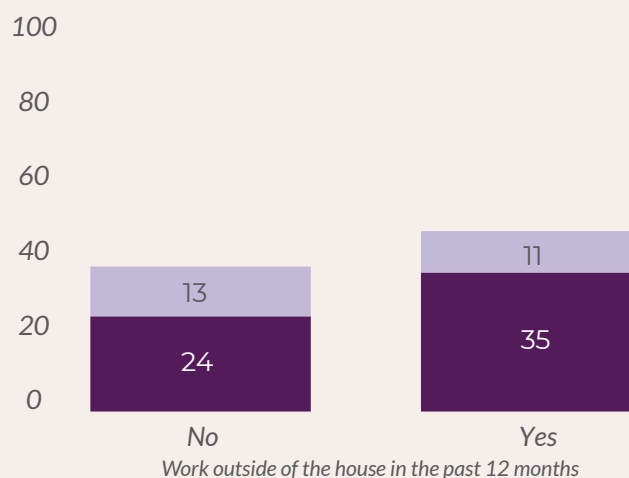
mCPR and intent to use contraception, by categorical WGE score

Percent of married/in union women using a modern method of contraception and percent of married/in union women who intend to use contraception in the next year by categorical WGE score (n=767)



mCPR and intent to use contraception, by employment status

Percent of all women using a modern method of contraception and percent of all women who intend to use contraception in the next year by employment status (n=1,432)



KEY FINDINGS FOR SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

- Among women in union, the modern contraceptive prevalence rate (mCPR) increases with the woman's degree of empowerment.
- Women who have a paying job use modern contraceptive methods more than those who do not have a paying job.

SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

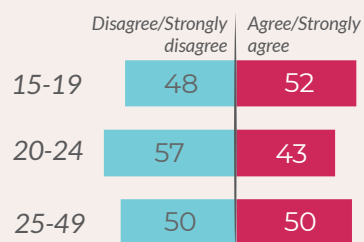
PERSONAL ATTITUDES

Percent of women who personally agree with statements made about contraceptive use, by age and contraceptive use status

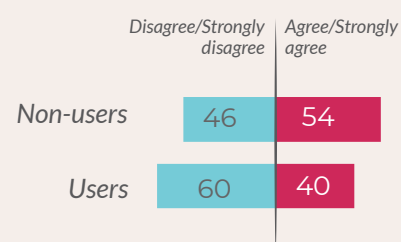
**Adolescents
who use FP are
promiscuous.**

(n=1,524)

By age



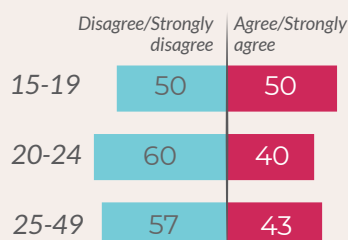
By contraceptive use status



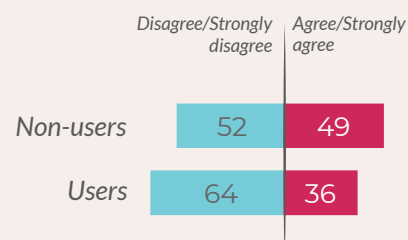
**FP is only for
married
women.**

(n=1,533)

By age



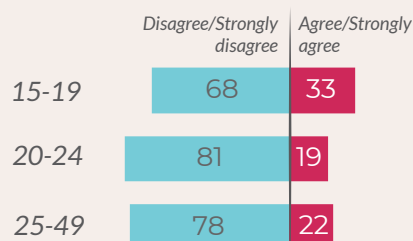
By contraceptive use status



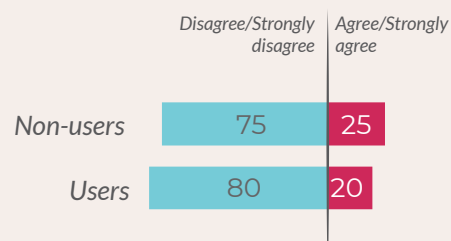
**FP is only for
women who
don't want any
more children.**

(n=1,523)

By age



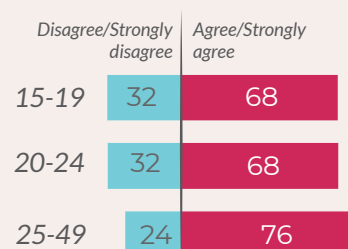
By contraceptive use status



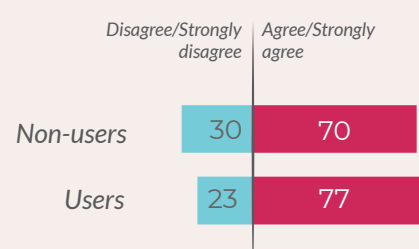
**People who
use FP have a
better quality
of life.**

(n=1,506)

By age



By contraceptive use status



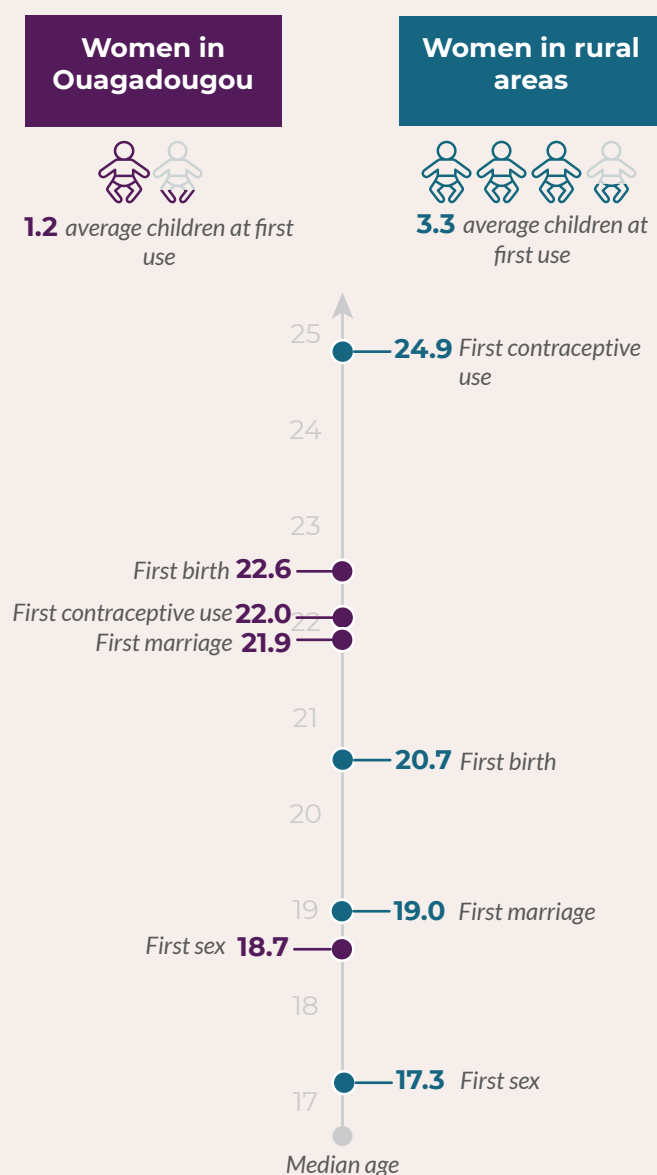
KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- More than 68% of women agree that people who use FP have a better quality of life. There are no differences by age or contraceptive use status.
- More than 40% of women think that adolescents who use FP are promiscuous.
- More than half of adolescents agree that adolescents who use FP are promiscuous.
- Half of the adolescent girls agree that FP is only for married women.

SECTION 6: REPRODUCTIVE TIMELINE

REPRODUCTIVE TIMELINE

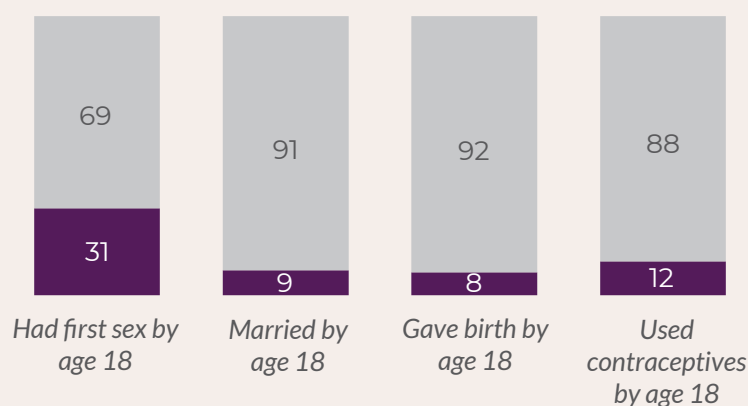
Median age at reproductive events



Note: median age at first sex and first contraceptive use calculated among women 15-49 years; median age at first marriage and first birth calculated among women 25-49 years.

REPRODUCTIVE EVENTS BY AGE 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=464)



KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

- Women living in Ouagadougou have on average 1.2 children at first contraceptive use, compared to an average of 3.3 children among rural women in Burkina Faso.
- While nearly one-third of young women aged 18-24 had sex for the first time before the age of 18, only 12% of these women had used a contraceptive method by that age.

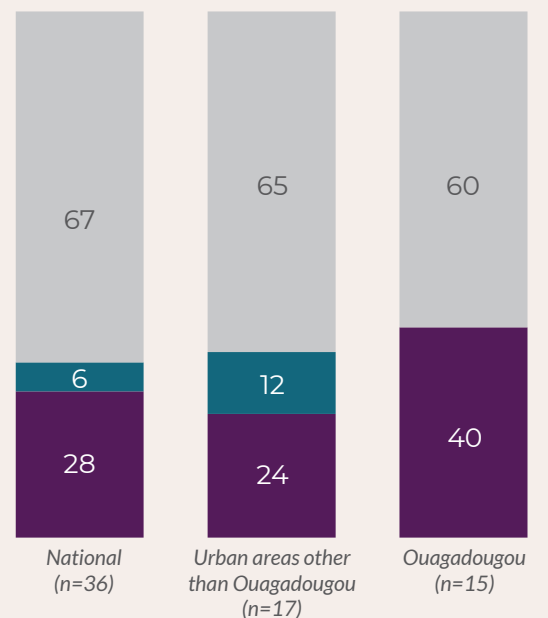
SECTION 7: SERVICE DELIVERY POINTS

METHOD AVAILABILITY: IUD

Public facilities



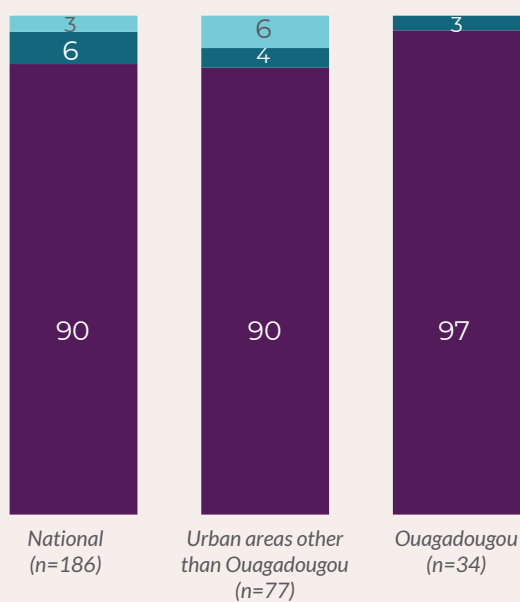
Private facilities



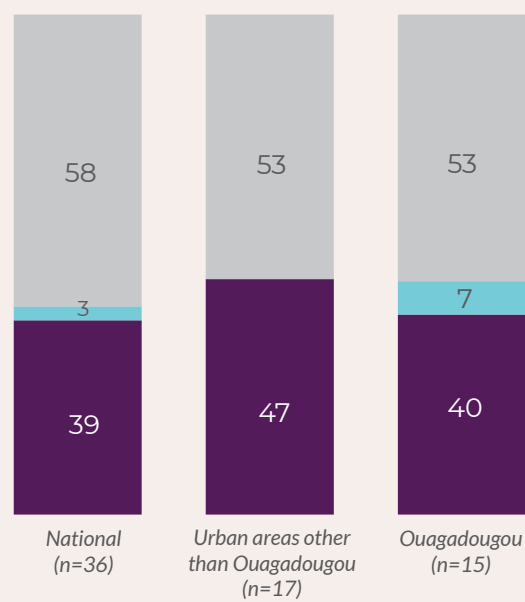
● Currently in stock and no stockout in last 3 months
 ● Currently in stock but stockout in last 3 months
 ● Currently out of stock
 ● Not offered

METHOD AVAILABILITY: IMPLANT

Public facilities



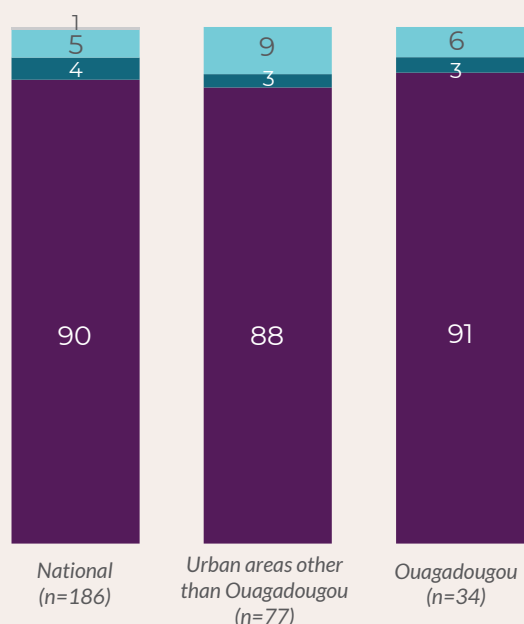
Private facilities



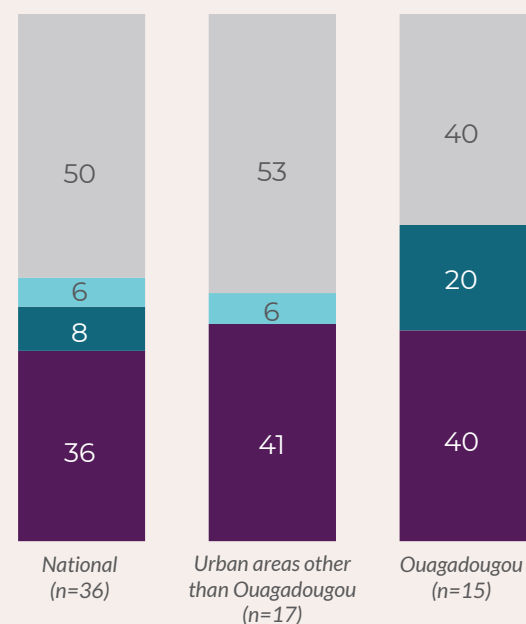
● Currently in stock and no stockout in last 3 months
 ● Currently in stock but stockout in last 3 months
 ● Currently out of stock
 ● Not offered

METHOD AVAILABILITY: INJECTABLES

Public facilities



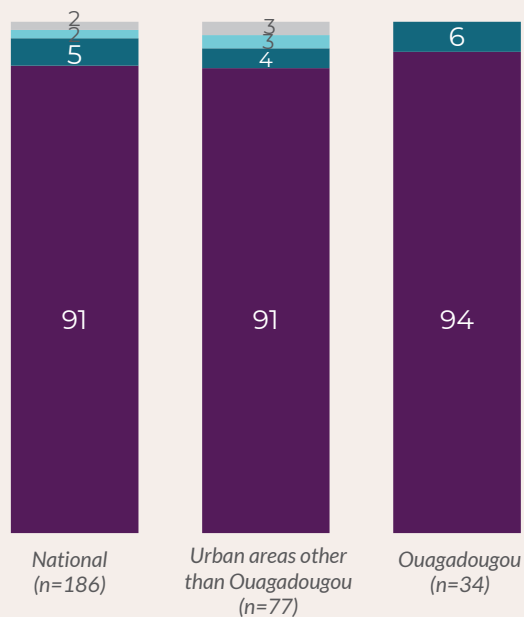
Private facilities



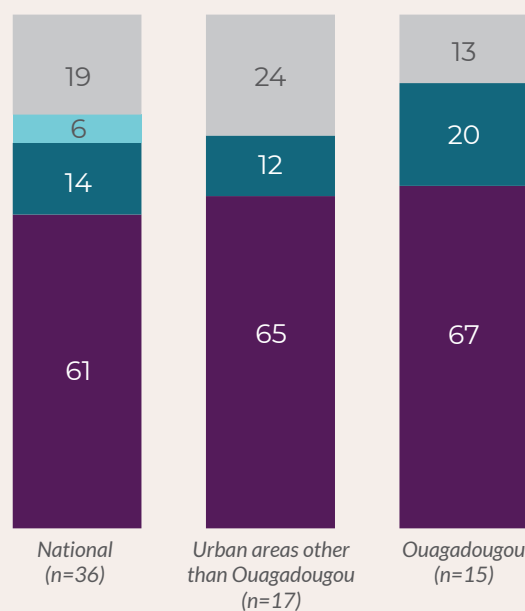
● Currently in stock and no stockout in last 3 months
 ● Currently in stock but stockout in last 3 months
 ● Currently out of stock
 ● Not offered

METHOD AVAILABILITY: PILLS

Public facilities



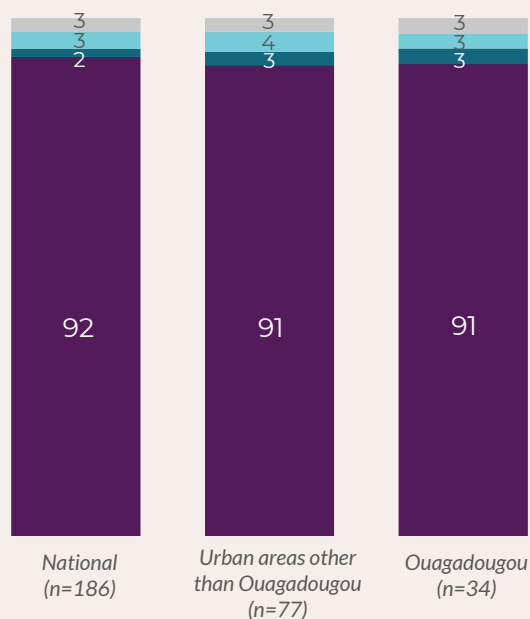
Private facilities



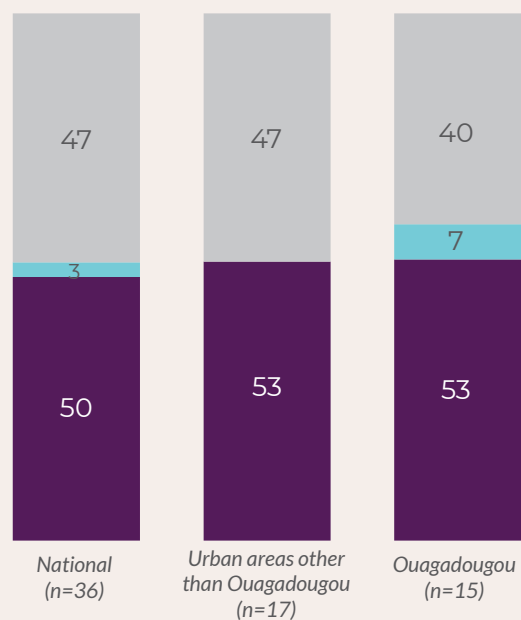
● Currently in stock and no stockout in last 3 months
 ● Currently in stock but stockout in last 3 months
 ● Currently out of stock
 ● Not offered

METHOD AVAILABILITY: MALE CONDOMS

Public facilities



Private facilities

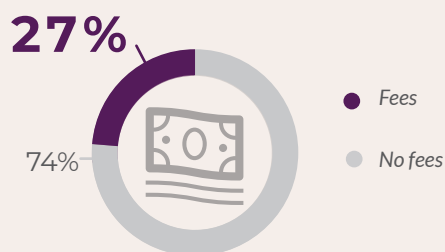


● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

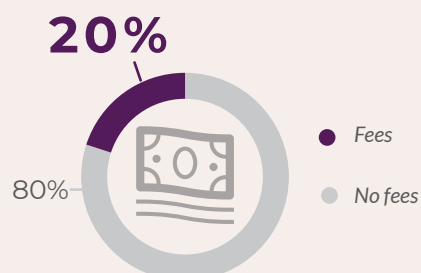
FEES FOR SERVICES

Percent of facilities where FP clients have to pay fees to be seen by a provider even if they do not obtain FP

Public facilities (n=34)

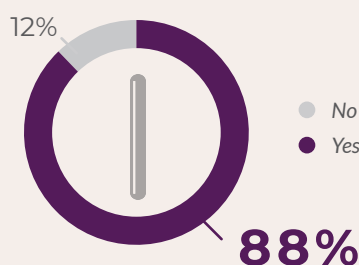


Private facilities (n=15)

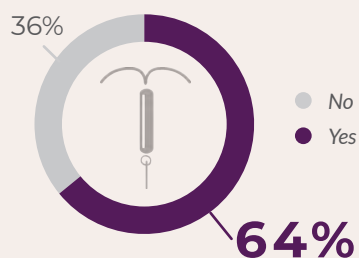


FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=41)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=39)



53%

of women obtained their current modern method from a public health facility (n=480)

KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- Short-acting contraceptive methods, including injectables and pills, are more available in Ouagadougou's private facilities compared to all other urban areas in the country.

- While 88% of the service delivery points offer the implant and have a trained provider and the instruments/materials needed for insertion or removal, this percentage is only 64% for IUDs.

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN

Geographical area	Phase	Data collection	Female sample	CPR				mCPR				Unmet need for family planning			
				CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
National	PMA Phase 1	Dec 2019-Feb 2020	6,590	27.35	1.42	24.64	30.24	25.47	1.38	22.84	28.29	21.10	1.33	18.59	23.85
Urban areas other than Ouagadougou	PMA Phase 1	Dec 2019-Feb 2020	2,426	37.92	1.87	34.26	41.72	36.01	1.88	32.35	39.84	12.74	1.11	10.69	15.12
Ouagadougou	PMA Phase 1	Dec 2019-Feb 2020	1,557	35.16	1.72	31.76	38.71	30.86	1.67	27.59	34.33	9.53	0.90	7.85	11.51

WOMEN IN UNION

Geographical area	Phase	Data collection	Female sample	TPC				TPCm				Unmet need for family planning			
				CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
National	PMA Phase 1	Dec 2019-Feb 2020	4,391	30.11	1.68	26.91	33.51	28.13	1.60	25.08	31.39	25.97	1.63	22.89	29.30
Urban areas other than Ouagadougou	PMA Phase 1	Dec 2019-Feb 2020	1,479	44.50	2.37	39.83	49.28	42.14	2.34	37.55	46.87	17.97	1.51	15.15	21.18
Ouagadougou	PMA Phase 1	Dec 2019-Feb 2020	818	43.06	2.48	38.13	48.13	37.39	2.31	32.85	42.17	14.71	1.33	12.22	17.60

In the Centre region, PMA Burkina Faso collects information on knowledge, practice, and coverage of family planning services in 44 enumeration areas selected using a multi-stage stratified cluster design stratified by urban or rural residence. These results are representative of urban areas only, which includes the city of Ouagadougou. As the client exit interviews were not stratified by place of residence, they are representative of the region. Data were collected between December 2019 and February 2020 from 1,339 households (97.2% response rate), 1,557 women age 15-49 (94.2% response rate), 56 service delivery points (98.2% completion rate), and 329 client exit interviews. For sampling information and full datasets, visit www.pmadata.org/countries/burkinafaso.

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.