OVERALL KEY FINDINGS

28% modern contraceptive prevalence rate (mCPR) among women in union, a decline after years of steady increase.

13% of all women use long-acting methods, a near stabilization after years of steady increase.

Current or recent stock outs of the main modern contraceptive methods have increased slightly in public facilities.

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 (PMA Phase 1 n=6,590)
TRENDS IN MODERN CONTRACEPTIVE MIX
Percent distribution of modern contraceptive users age 15-49 by method and year (PMA Phase 1 n=2,012)

MODERN CONTRACEPTIVE METHOD MIX
Percent distribution of modern contraceptive users age 15-49 by method and marital status

Key for method mix charts:
- Other
- Male condom
- Pill
- Injectable (SC)
- Injectable (IM)
- Implant
- IUD

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

Married women (n=1,514)
- 5
- 10
- 11
- 11
- 14
- 12
- 50

Unmarried, sexually active women (n=299)
- 23
- 4
- 4
- 5

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 (PMA Phase 1 n=6,590)

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 who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=1,459 episodes)

- 5% discontinued to become pregnant
- 31% discontinued for other reasons

Reasons for discontinuation:
- 3% experienced method failure
- 8% were concerned over side effects or health
- 8% had other fertility related reasons
- 3% other method-related reasons
- 4% wanted a more effective method
- 6% other/don't know
- 7% Switched methods

Discontinued but switched methods:

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

- 53% of women have their contraceptive demand satisfied by a modern method, a slight decrease after consecutive years of growth.
- In 36% of cases, contraceptive method use was discontinued within 12 months of starting. Of these cases, 16% discontinued out of concern over side effects or method-related reasons.
- Nearly three out of ten recent births or current pregnancies were unintended.

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=3,710)

- 72% Intended
- 25% Wanted later
- 2% Wanted no more children

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=1,916)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you obtained your method were you told by the provider about side effects or problems you might have?</td>
<td>45</td>
<td>55</td>
</tr>
<tr>
<td>Were you told what to do if you experienced side effects or problems?</td>
<td>13</td>
<td>88</td>
</tr>
<tr>
<td>Were you told by the provider about methods of FP other than the method you received?</td>
<td>36</td>
<td>64</td>
</tr>
<tr>
<td>Were you told that you could switch to a different method in the future?</td>
<td>33</td>
<td>67</td>
</tr>
</tbody>
</table>

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

- 62% answered "No" to at least one MII+ question
- 38% answered "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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>85</td>
<td>15</td>
</tr>
<tr>
<td>20-24</td>
<td>67</td>
<td>33</td>
</tr>
<tr>
<td>25-49</td>
<td>67</td>
<td>33</td>
</tr>
</tbody>
</table>

CLIENT EXIT INTERVIEWS
Percent of female clients age 15-49 who said yes to the following questions

- During today’s visit, did the provider tell you the advantages/disadvantages of the FP method? (n=843)
  - Yes: 31%
  - No: 69%

- During today’s visit, did you obtain the method of FP you wanted? (n=845)
  - Yes: 73%
  - No: 27%

- Were you satisfied with FP services you received today at this facility? (n=845)
  - Yes: 94%
  - No: 6%
  - Neither (follow-up): 2%

KEY FINDINGS FOR SECTION 2: QUALITY OF FP SERVICES AND COUNSELING
- Only 55% of modern contraceptive method users were advised about the possible side effects or problems of the chosen method.
- Adolescents are two times less likely than older women to receive FP information from providers.
- 94% of FP clients were satisfied with the services they received, but only 31% 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=2,004)

- Does your partner know that you are using this method?
  - Yes: 81%
  - No: 19%

- Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?
  - Joint decision: 39%
  - Mainly respondent: 16%
  - Mainly partner: 43%
  - Other: 2%

Percent of women who are currently using FP and agree with the following statements (n=2,168)

- Would you say that using FP is mainly your decision?
  - Yes: 71%
  - No: 29%

Percent of women who are not currently using FP and agree with the following statements (n=3,911)

- Would you say that not using FP is mainly your decision?
  - Yes: 71%
  - No: 29%

KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS
- Among women using a modern, female controlled contraceptive method, 19% report that their partner does not know they are using a contraceptive method.
- 11% 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=4,274)

- I feel confident telling my provider what is important when selecting an FP method.
  - Strongly disagree: 5
  - Disagree: 5
  - Neutral: 4
  - Agree: 18
  - Strongly agree: 68

- I can decide to switch from one FP method to another if I want to.
  - Strongly disagree: 6
  - Disagree: 4
  - Neutral: 4
  - Agree: 20
  - Strongly agree: 67

Existence of choice (motivational autonomy) for family planning (n=4,227)

- If I use FP, my body may experience side effects that will disrupt relations with my partner.
  - Strongly disagree: 42
  - Disagree: 21
  - Neutral: 6
  - Agree: 12
  - Strongly agree: 20

- If I use FP, my children may not be born normal.
  - Strongly disagree: 61
  - Disagree: 23
  - Neutral: 3
  - Agree: 6
  - Strongly agree: 8

- There will be conflict in my relationship/marriage if I use FP.
  - Strongly disagree: 49
  - Disagree: 21
  - Neutral: 3
  - Agree: 9
  - Strongly agree: 17

- If I use FP, I may have trouble getting pregnant the next time I want to.
  - Strongly disagree: 48
  - Disagree: 22
  - Neutral: 5
  - Agree: 10
  - Strongly agree: 15

- If I use FP, my partner may seek another sexual partner.
  - Strongly disagree: 59
  - Disagree: 22
  - Neutral: 3
  - Agree: 6
  - Strongly agree: 11
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.

**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=4,998)

**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=4,998)

**Key Findings for Section 4: Women and Girls’ Empowerment**

- Married women who are more empowered (according to the WGE Index) are more likely to use a modern contraceptive method or intend to use one in the future.
- Women who are employed are more likely to use a modern contraceptive method.
### PERSONAL ATTITUDES

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

#### Adolescents who use FP are promiscuous.

<table>
<thead>
<tr>
<th>Age</th>
<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>53</td>
<td>47</td>
</tr>
<tr>
<td>20-24</td>
<td>55</td>
<td>45</td>
</tr>
<tr>
<td>25-49</td>
<td>59</td>
<td>41</td>
</tr>
</tbody>
</table>

(n=6,491)

#### FP is only for married women.

<table>
<thead>
<tr>
<th>Age</th>
<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>53</td>
<td>47</td>
</tr>
<tr>
<td>20-24</td>
<td>55</td>
<td>45</td>
</tr>
<tr>
<td>25-49</td>
<td>58</td>
<td>42</td>
</tr>
</tbody>
</table>

(n=6,527)

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

<table>
<thead>
<tr>
<th>Age</th>
<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>70</td>
<td>30</td>
</tr>
<tr>
<td>20-24</td>
<td>79</td>
<td>21</td>
</tr>
<tr>
<td>25-49</td>
<td>77</td>
<td>23</td>
</tr>
</tbody>
</table>

(n=6,480)

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

<table>
<thead>
<tr>
<th>Age</th>
<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>27</td>
<td>73</td>
</tr>
<tr>
<td>20-24</td>
<td>25</td>
<td>75</td>
</tr>
<tr>
<td>25-49</td>
<td>21</td>
<td>79</td>
</tr>
</tbody>
</table>

(n=6,425)
SECTION 6: REPRODUCTIVE TIMELINE

Reproductive Timeline

Median age at reproductive events, by urban vs. rural residence

Urban women

- 1.5 average children at first use
- First contraceptive use: 21.9
- First marriage: 21.0
- First sex: 18.2
- Median age: 17.3

Rural women

- 3.3 average children at first use
- First contraceptive use: 24.9
- First marriage: 20.7
- First sex: 18.0
- Median age: 19.0

Reproductive Events by Age 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=1,871)

- Had first sex by age 18: 41%
- Married by age 18: 59%
- Gave birth by age 18: 74%
- Used contraceptives by age 18: 90%

Key Findings for Section 6: Reproductive Timeline

- Compared to urban women, rural women have sex for the first time earlier, marry earlier, and have their first child earlier. They use contraception later in life.
- The average number of children at first contraceptive use is twice as high among rural women compared to urban women.
- While more than half of young women aged 18-24 had sex for the first time before the age of 18, only 10% used a contraceptive method at that age.

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.
TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 1 n=185)

<table>
<thead>
<tr>
<th>Month</th>
<th>PMA2020 survey rounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2014</td>
<td>13</td>
</tr>
<tr>
<td>Jan 2015</td>
<td>14</td>
</tr>
<tr>
<td>May 2016</td>
<td>11</td>
</tr>
<tr>
<td>Jan 2017</td>
<td>11</td>
</tr>
<tr>
<td>Jan 2018</td>
<td>3</td>
</tr>
<tr>
<td>Jan 2019</td>
<td>4</td>
</tr>
<tr>
<td>Feb 2020</td>
<td>8</td>
</tr>
</tbody>
</table>

Private facilities (PMA Phase 1 n=36)

<table>
<thead>
<tr>
<th>Month</th>
<th>PMA2020 survey rounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2014</td>
<td>71</td>
</tr>
<tr>
<td>Jan 2015</td>
<td>43</td>
</tr>
<tr>
<td>May 2016</td>
<td>14</td>
</tr>
<tr>
<td>Jan 2017</td>
<td>23</td>
</tr>
<tr>
<td>Jan 2018</td>
<td>20</td>
</tr>
<tr>
<td>Jan 2019</td>
<td>11</td>
</tr>
<tr>
<td>Feb 2020</td>
<td>67</td>
</tr>
</tbody>
</table>

TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 1 n=185)

<table>
<thead>
<tr>
<th>Month</th>
<th>PMA2020 survey rounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2014</td>
<td>6</td>
</tr>
<tr>
<td>Jan 2015</td>
<td>3</td>
</tr>
<tr>
<td>May 2016</td>
<td>12</td>
</tr>
<tr>
<td>Jan 2017</td>
<td>7</td>
</tr>
<tr>
<td>Jan 2018</td>
<td>1</td>
</tr>
<tr>
<td>Jan 2019</td>
<td>1</td>
</tr>
<tr>
<td>Feb 2020</td>
<td>6</td>
</tr>
</tbody>
</table>

Private facilities (PMA Phase 1 n=36)

<table>
<thead>
<tr>
<th>Month</th>
<th>PMA2020 survey rounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2014</td>
<td>57</td>
</tr>
<tr>
<td>Jan 2015</td>
<td>43</td>
</tr>
<tr>
<td>May 2016</td>
<td>14</td>
</tr>
<tr>
<td>Jan 2017</td>
<td>29</td>
</tr>
<tr>
<td>Jan 2018</td>
<td>20</td>
</tr>
<tr>
<td>Jan 2019</td>
<td>11</td>
</tr>
<tr>
<td>Feb 2020</td>
<td>58</td>
</tr>
</tbody>
</table>
TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 1 n=185)

- December 2014: 94
- June 2015: 91
- May 2016: 95
- January 2017: 97
- January 2018: 97
- January 2019: 99
- February 2020: 90

Private facilities (PMA Phase 1 n=36)

- December 2014: 71
- June 2015: 57
- May 2016: 77
- January 2017: 60
- January 2018: 56
- January 2019: 67
- February 2020: 50

Key:
- ● Current in stock and no stockout in last 3 months
- ○ Current in stock but stockout in last 3 months
- • Currently out of stock
- □ Not offered

TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 1 n=185)

- December 2014: 85
- June 2015: 97
- May 2016: 79
- January 2017: 99
- January 2018: 96
- January 2019: 98
- February 2020: 91

Private facilities (PMA Phase 1 n=36)

- December 2014: 43
- June 2015: 43
- May 2016: 54
- January 2017: 40
- January 2018: 33
- January 2019: 44
- February 2020: 19

Key:
- ● Current in stock and no stockout in last 3 months
- ○ Current 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=185)**

- 15% Fees
- 85% No fees

**Private facilities (n=36)**

- 17% Fees
- 83% No fees

---

**Facility Readiness**

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=200)

- 21% No
- 79% Yes

Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=177)

- 51% No
- 49% Yes

---

**Key Findings for Section 7: Service Delivery Points**

- In private facilities, pills and injectables are the contraceptive methods most likely to be currently or recently out of stock.

- While 80% of facilities offer implants and have a trained provider and the instruments/materials needed for insertion or removal, only 49% offer IUDs and have a trained provider and the instruments/materials needed for insertion or removal.
### TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

#### ALL WOMEN

<table>
<thead>
<tr>
<th>Data source</th>
<th>Round/phase</th>
<th>Data collection</th>
<th>Female sample</th>
<th>CPR</th>
<th>mCPR</th>
<th>Unmet need for family planning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CPR%</td>
<td>SE</td>
<td>95% CI</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R1</td>
<td>Nov-Dec 2014</td>
<td>2,064</td>
<td>15.82</td>
<td>1.45</td>
<td>13.12 - 18.95</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R2</td>
<td>May-June 2015</td>
<td>2,102</td>
<td>19.47</td>
<td>1.95</td>
<td>15.62 - 23.89</td>
</tr>
<tr>
<td>PMA Phase 1</td>
<td>Dec 2019-1Feb 2020</td>
<td>6,590</td>
<td>27.35</td>
<td>1.42</td>
<td>24.46 - 30.43</td>
<td>25.47</td>
</tr>
</tbody>
</table>

#### WOMEN IN UNION

<table>
<thead>
<tr>
<th>Data source</th>
<th>Round/phase</th>
<th>Data collection</th>
<th>Female sample</th>
<th>CPR</th>
<th>mCPR</th>
<th>Unmet need for family planning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CPR%</td>
<td>SE</td>
<td>95% CI</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R1</td>
<td>Nov-Dec 2014</td>
<td>1,502</td>
<td>18.09</td>
<td>1.78</td>
<td>14.60 - 21.59</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R2</td>
<td>May-June 2015</td>
<td>1,440</td>
<td>20.85</td>
<td>2.33</td>
<td>17.15 - 25.05</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R3</td>
<td>Mar-May 2016</td>
<td>2,239</td>
<td>25.50</td>
<td>1.94</td>
<td>22.72 - 28.29</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R5</td>
<td>Nov 2017-1Jan 2018</td>
<td>2,413</td>
<td>31.67</td>
<td>2.36</td>
<td>27.97 - 35.37</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R6</td>
<td>Dec 2018-1Jan 2019</td>
<td>2,228</td>
<td>32.48</td>
<td>1.90</td>
<td>28.72 - 36.33</td>
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<tr>
<td>PMA Phase 1</td>
<td>Dec 2019-1Feb 2020</td>
<td>4,391</td>
<td>30.11</td>
<td>1.68</td>
<td>26.91 - 33.31</td>
<td>28.13</td>
</tr>
</tbody>
</table>

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 stratified by urban or rural residence. The results are representative at the national level and in the urban/rural areas. Results from the Centre region are representative of the urban environment only and results from the Hauts-Bassins region are representative of the region and the urban/rural areas. The data collected during the 7 rounds of PMA2020 and Phase 1 are nationally representative. Phase 1 Data were collected between December 2019 and February 2020 from 5,695 households (98.8% response rate), 6,590 women age 15-49 (95.8% response rate), 234 service delivery points, and 938 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.