OVERALL KEY FINDINGS

Among women who did not use any contraceptive method at Phase 1 but started using one by Phase 2, seven in ten used a modern method.

21% of non-users at Phase 1 started using a contraceptive method between Phase 1 and Phase 2, while 31% of contraceptive users at Phase 1 discontinued their contraceptive use between Phase 1 and Phase 2. Among women who stopped using contraception, 27% did so because they got pregnant.

30% of women who had an unmet need for contraception at Phase 1 started using a method between Phase 1 and Phase 2.

SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

CHANGE IN CONTRACEPTIVE USE OR NON-USE
Percent of women age 15-49 who changed contraceptive use status between PMA Phase 1 (November 2020) and PMA Phase 2 (December 2021) (n=2,963)

Among women who did not use any contraceptive method at Phase 1 but started using one by Phase 2, seven in ten used a modern method.

21% of non-users at Phase 1 started using a contraceptive method between Phase 1 and Phase 2, while 31% of contraceptive users at Phase 1 discontinued their contraceptive use between Phase 1 and Phase 2. Among women who stopped using contraception, 27% did so because they got pregnant.

30% of women who had an unmet need for contraception at Phase 1 started using a method between Phase 1 and Phase 2.
KEY FINDINGS FOR SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

• 21% of women who were not using any contraceptive method at Phase 1 started using one between Phase 1 and Phase 2.
• 31% of women who were using a contraceptive method at Phase 1 discontinued their contraceptive use between Phase 1 and Phase 2.
• Among non-users at Phase 1, 13% started using short-acting methods, 3% long-acting methods, and 7% traditional methods between Phase 1 and Phase 2.
SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

CHANGE IN CONTRACEPTIVE USE STATUS, BY AGE

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 1 (November 2020) and PMA Phase 2 (December 2021), by age

- Continued using the same method
- Stopped using a method
- Started using a method
- Continued non-use
- Changed methods

CHANGE IN CONTRACEPTIVE USE STATUS, BY EDUCATION LEVEL

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 1 (November 2020) and PMA Phase 2 (December 2021), by education level

- None/primary (PMA Phase 2 n=2,094)
- Secondary (PMA Phase 2 n=736)
- Tertiary (PMA Phase 2 n=127)
- Total (PMA Phase 2 n=2,957)
KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

- 19% of women between 15 and 19 years old, and 19% of women between 20 and 24 years old started using a contraceptive method between Phase 1 and Phase 2.
- One in ten women with secondary education or higher switched their contraceptive methods.
- 13% of women continued using the same method, and 55% remained non-users.
SECTION 3: OTHER PANEL DYNAMICS

METHOD DISCONTINUATION
Among women 15-49 with unmet need at Phase 2, the percentage that stopped using a contraceptive method or became pregnant between the two surveys (n=595)

- Stopped 13%
- Continued non-use 6%
- Got pregnant 82%

PARTNER SUPPORT FOR FAMILY PLANNING
Percent of women in union age 15-49 who were not using an FP method at Phase 1 and who adopted an FP method, by husband/partner’s support for FP at Phase 1 (n=1,072)

- Yes, husband/partner is supportive of FP: 32%
- No, husband/partner is not supportive of FP: 31%
- Don’t know if husband/partner is supportive of FP: 22%

INTENTION TO USE FAMILY PLANNING
Percent of women age 15-49 who were not using an FP method at Phase 1 and who adopted an FP method, by their intention to use FP at Phase 1 (n=2,132)

- Yes, intends to use FP at Phase 1: 43%
- No, does not intend to use FP at Phase 1: 17%

- Adopted a method between Phase 1 and Phase 2
- Continued non-user at Phase 2

UNMET NEED FOR FAMILY PLANNING
Percent of women age 15-49 who were not using an FP method at Phase 1 and who adopted an FP method, by their unmet need status at Phase 1 (n=2,132)

- Unmet need at Phase 1: 30%
- No unmet need at Phase 1: 70%

- Adopted a method between Phase 1 and Phase 2
- Continued non-user at Phase 2

KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

- A similar percentage of women who were not using any contraceptive method at Phase 1 adopted a method at Phase 2, whether or not they had partner support.
- Most women with an unmet need for family planning at Phase 2 were not using contraception at Phase 1.
- Among non-users of family planning at Phase 1, 43% of those who intended to use contraception at Phase 1 started using a method between Phase 1 and Phase 2, while 17% of women who did not intend to use a contraceptive method at Phase 1 started using one.
- Among women who had an unmet need for contraception at Phase 1, 30% adopted a method at Phase 2.

PMA Côte d’Ivoire collects nationally and urban/rural representative data on knowledge, practice, and coverage of family planning services in 122 enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The PMA panel survey was conducted among eligible females aged 15-49 at the time of the Phase 2 survey (September-December 2021), who were interviewed at the Phase 1 survey between September and November 2020 and consented to follow-up (95.5% of Phase 1 population). Of the 4,074 eligible respondents, 21.1% were not reached for follow-up. Of those reached, 3,117 (76.5%) completed the survey, for a response rate of 96.9% among contacted women. For sampling information and full data sets, visit www.pmadata.org/countries/cote-divoire.

Percentages presented in this brief have been rounded and may not add up to 100%.

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 Côte d’Ivoire is led by Ecole Nationale Supérieure de Statistique et d’Economie Appliquée d’Abidjan (ENSEA). 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.