



PMA BURKINA FASO

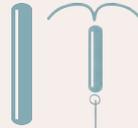
Results from Phase 1 baseline survey

December 2019 - February 2020

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.



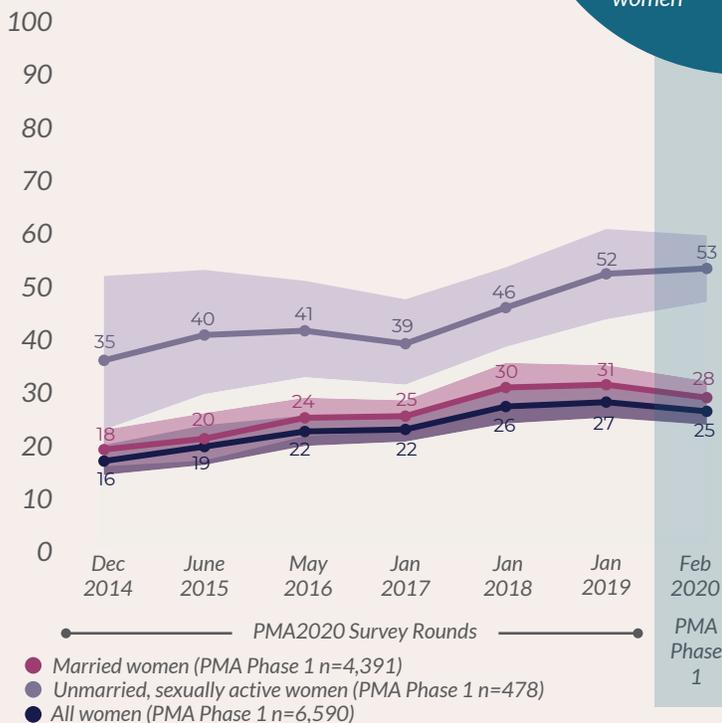
Current or recent stock outs of the main modern contraceptive methods have increased slightly in public facilities.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

MODERN CONTRACEPTIVE PREVALENCE

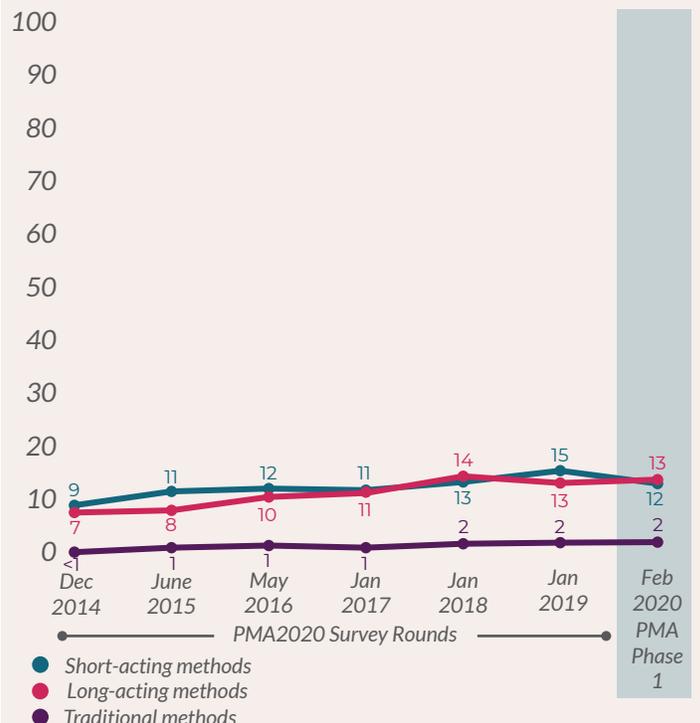
Percent of women age 15-49 currently using modern contraception (mCPR) by marital status

1.7%
average annual increase in mCPR for all women



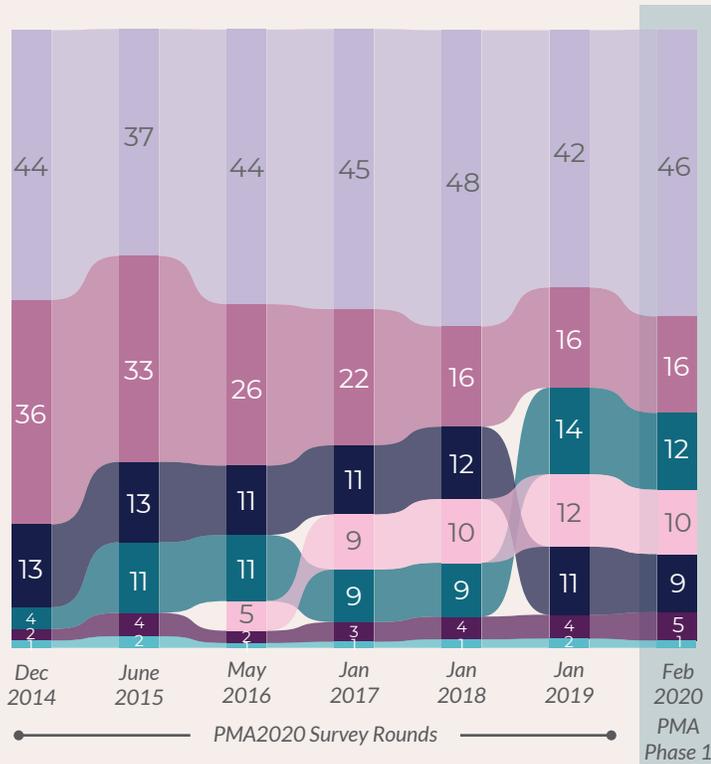
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (PMA Phase 1 n=6,590)



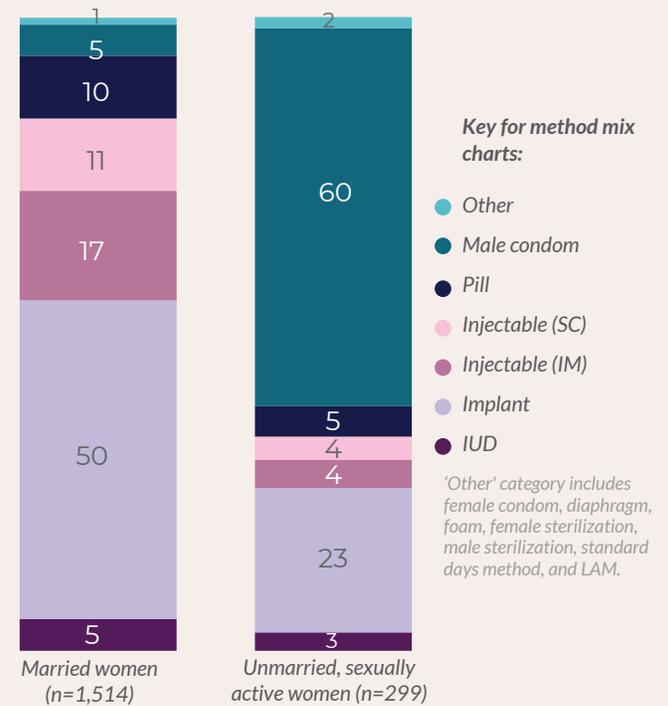
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (PMA Phase 1 n=2,012)



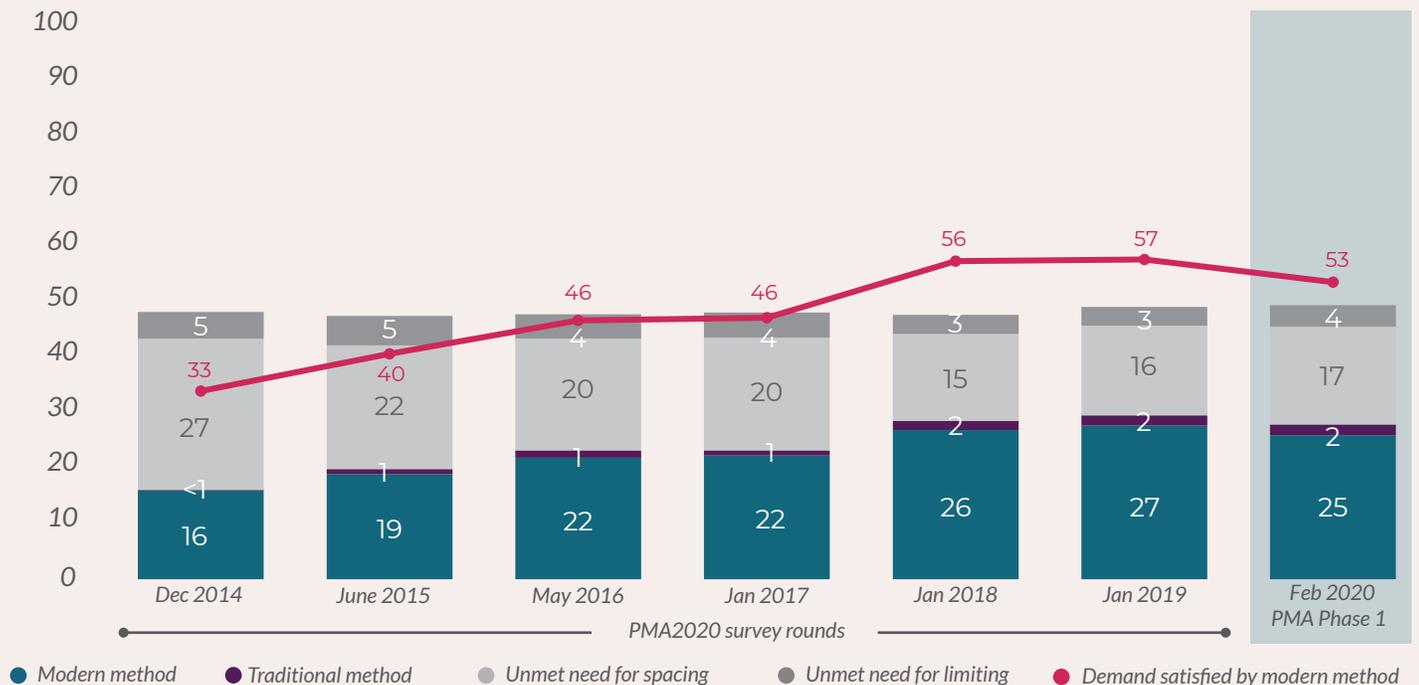
MODERN CONTRACEPTIVE METHOD MIX

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



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

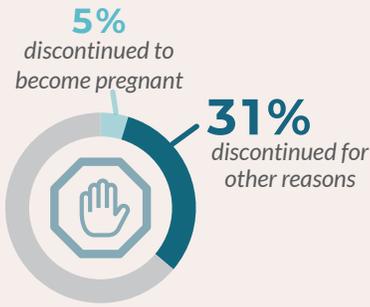
Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 1 n=6,590)



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

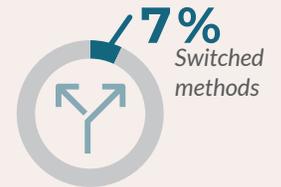
Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=1,459 episodes)



Reasons for discontinuation:



Discontinued but switched methods:

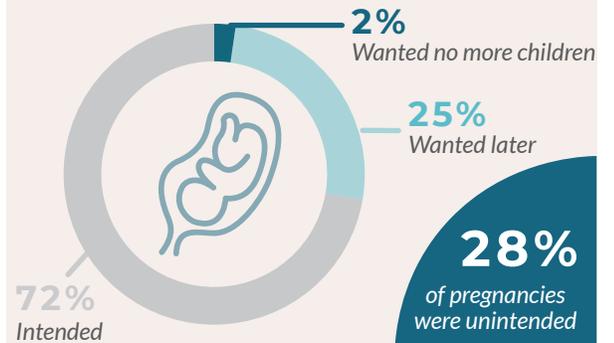


KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- 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

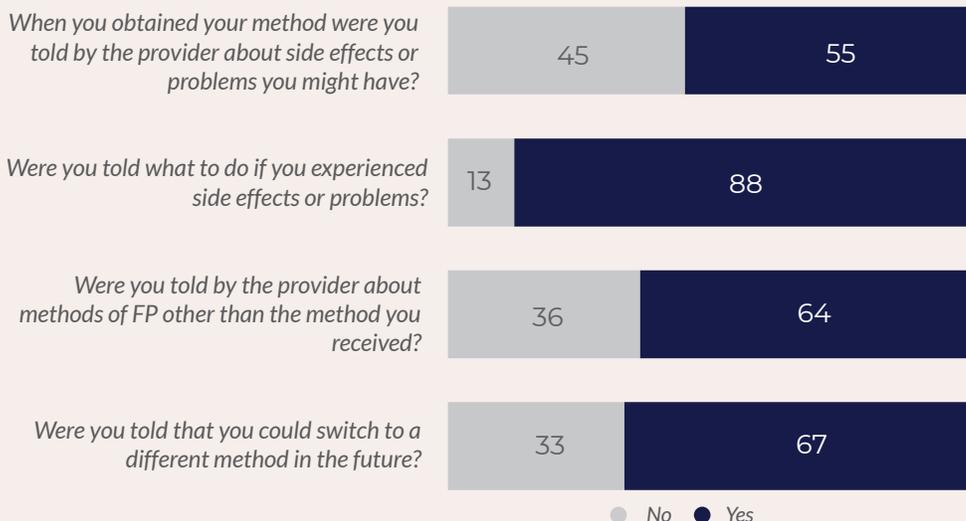
Percent of women by intention of their most recent birth or current pregnancy (n=3,710)



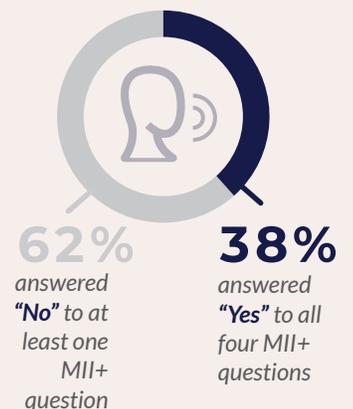
SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

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)

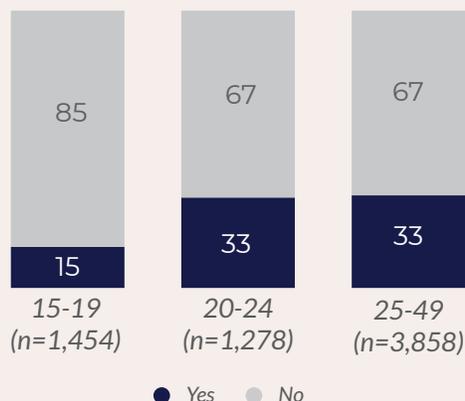


Percent of women who responded "Yes" to all four MII+ questions



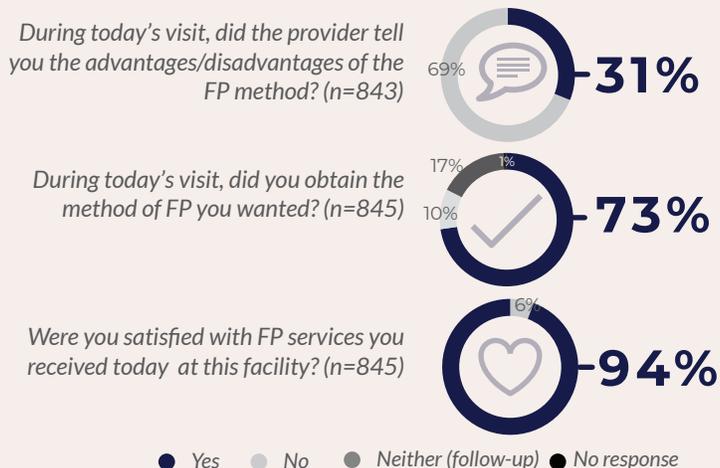
DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

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



CLIENT EXIT INTERVIEWS

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



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 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?



81%

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

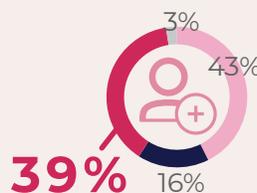


78%

● Yes
● No

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?

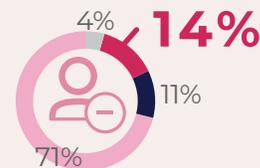


39%

● Joint decision
● Mainly respondent
● Mainly partner
● Other

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?



14%

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

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.

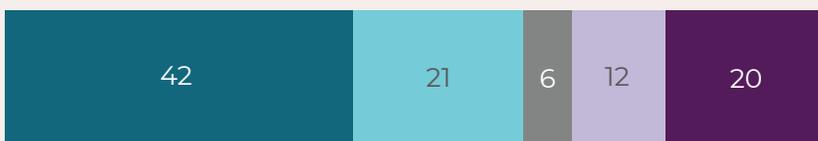


I can decide to switch from one FP method to another if I want to.

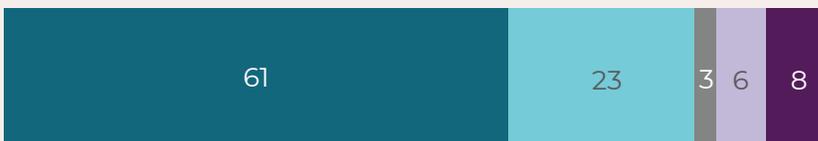


Existence of choice (motivational autonomy) for family planning (n=4,227)

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



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

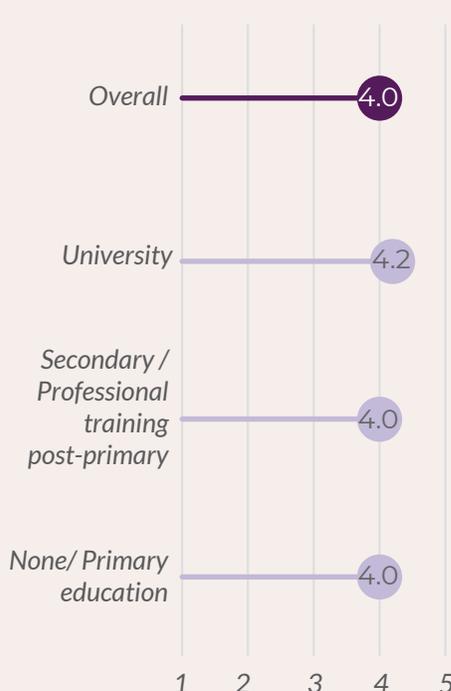
The Women and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, family planning, and sex outcomes in married/in union women.

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

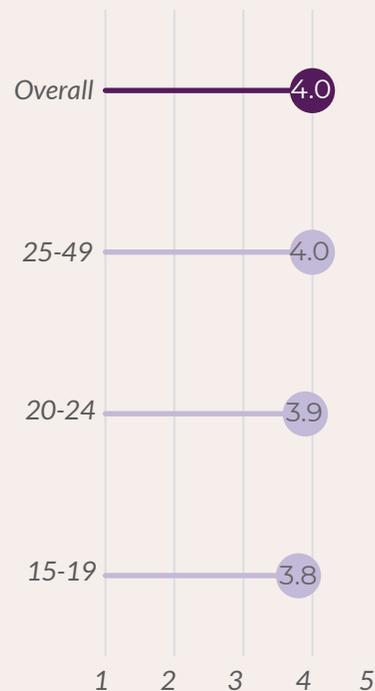
Scores from the above family planning empowerment statements were summed and divided by number of items (7) for average WGE family planning score across both domains.

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



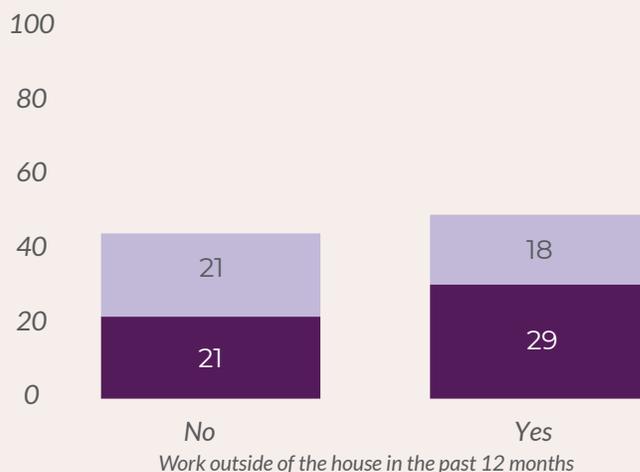
mCPR and intent to use contraception, by categorical WGE score

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=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.

SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

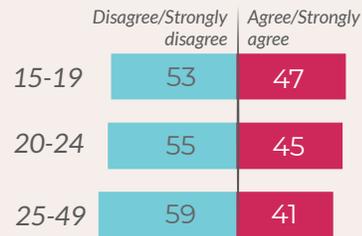
PERSONAL ATTITUDES

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

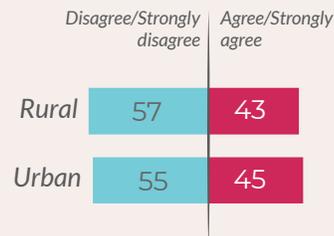
Adolescents who use FP are promiscuous.

(n=6,491)

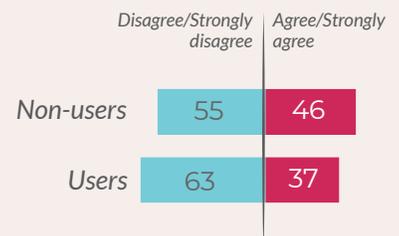
By age



By residence



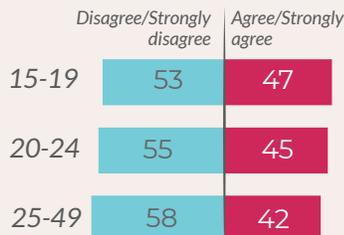
By contraceptive use status



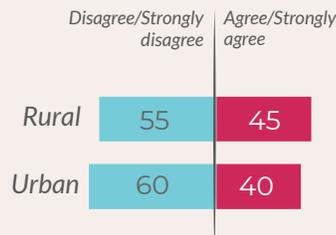
FP is only for married women.

(n=6,527)

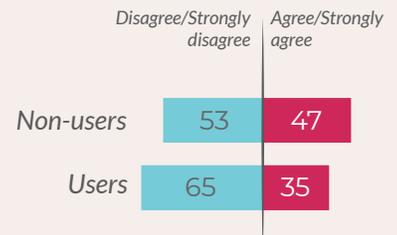
By age



By residence



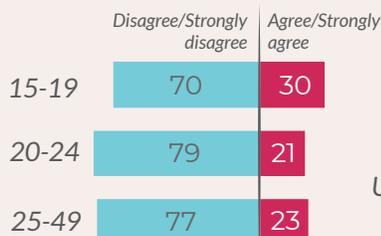
By contraceptive use status



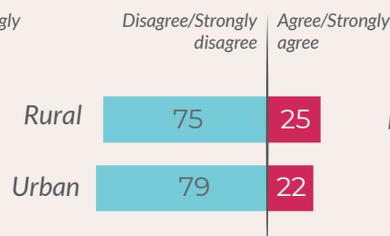
FP is only for women who don't want any more children.

(n=6,480)

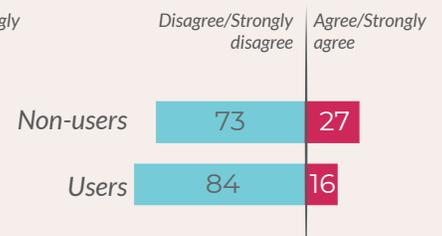
By age



By residence



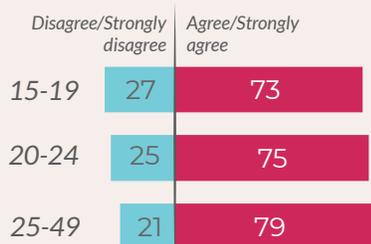
By contraceptive use status



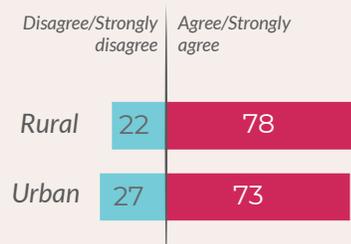
People who use FP have a better quality of life.

(n=6,425)

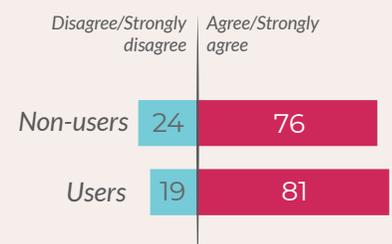
By age



By residence



By contraceptive use status



KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- Over 73% of women agreed or strongly agreed that people who use FP have a better quality of life. There is no difference according to age, place of residence, or contraceptive use status.
- More than 35% of women have misconceptions about those who use FP, including that adolescent girls who use FP are promiscuous and that FP only concerns married women.
- Nearly half of adolescent girls have negative views of FP use among young women, including young women who use FP to be "promiscuous" or that FP is only for married women.

SECTION 6: REPRODUCTIVE TIMELINE

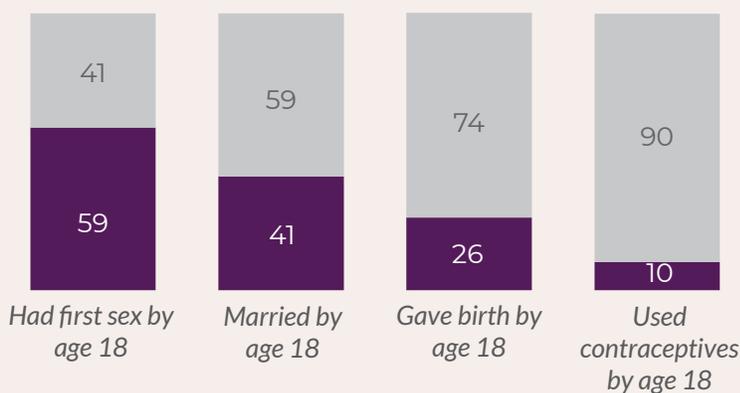
REPRODUCTIVE TIMELINE

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



REPRODUCTIVE EVENTS BY AGE 18

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



KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

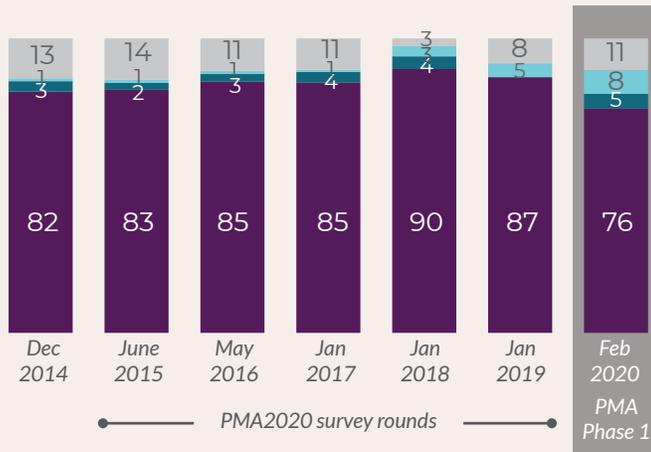
- Compared to urban women, rural women have sex for the first time earlier, marry earlier, and have their first child earlier. They use contraception later in life.
- The average number of children at first contraceptive use is twice as high among rural women compared to urban women.
- While more than 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.

SECTION 7: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 1 n=186)



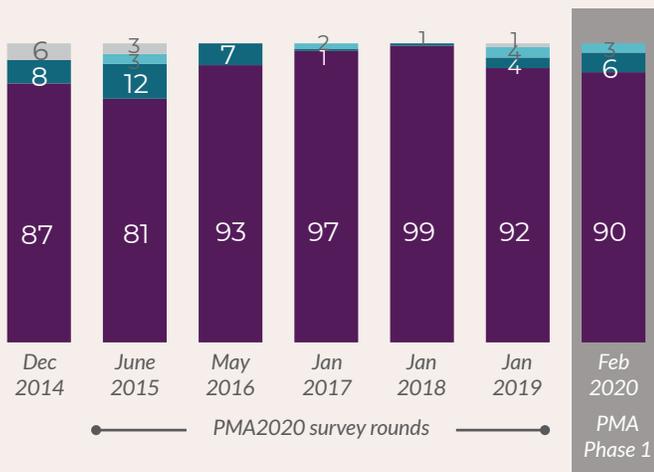
Private facilities (PMA Phase 1 n=36)



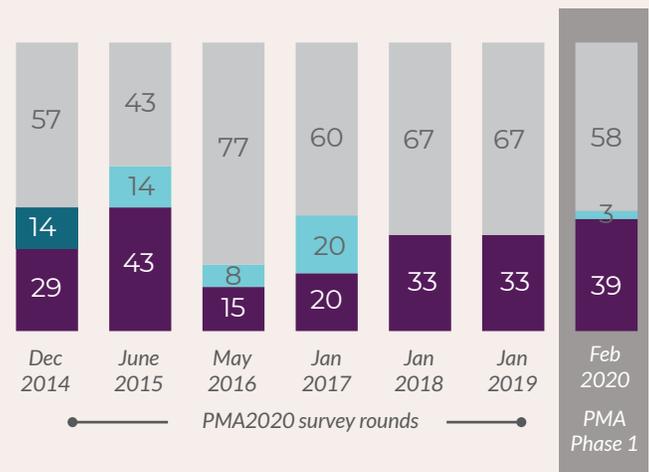
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 1 n=186)



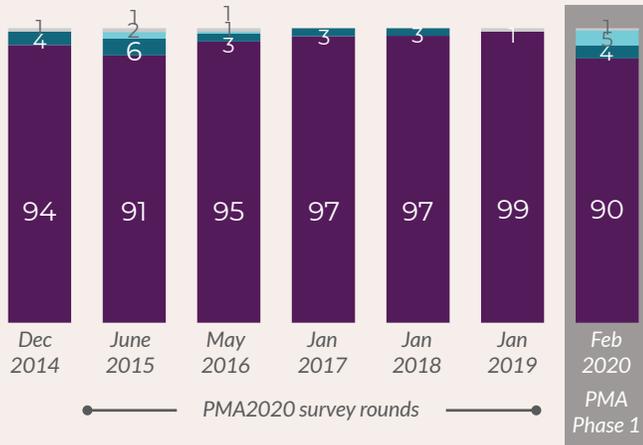
Private facilities (PMA Phase 1 n=36)



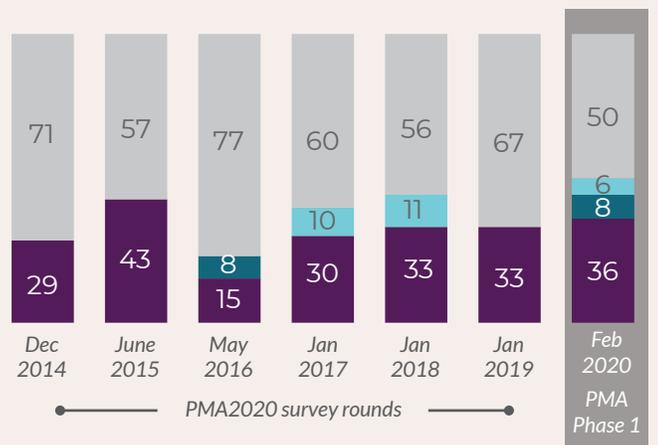
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 1 n=186)



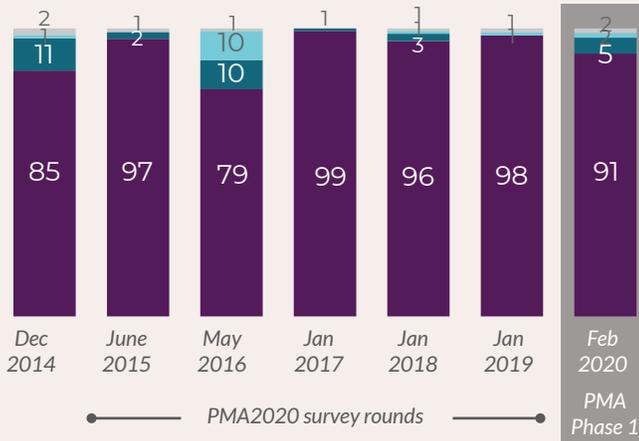
Private facilities (PMA Phase 1 n=36)



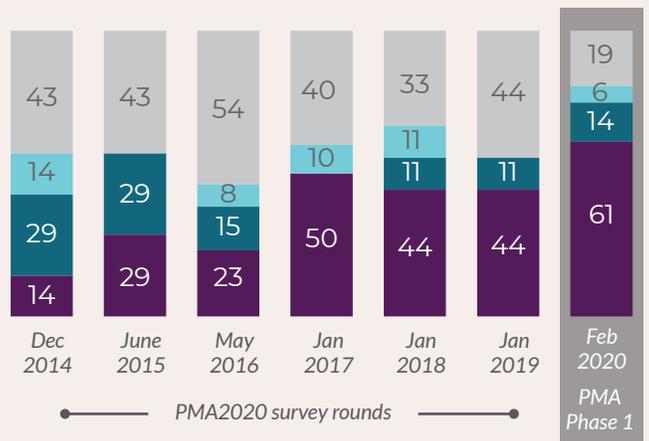
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 1 n=186)



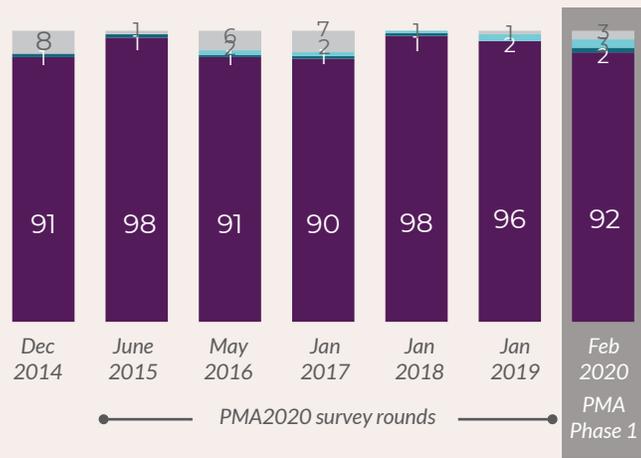
Private facilities (PMA Phase 1 n=36)



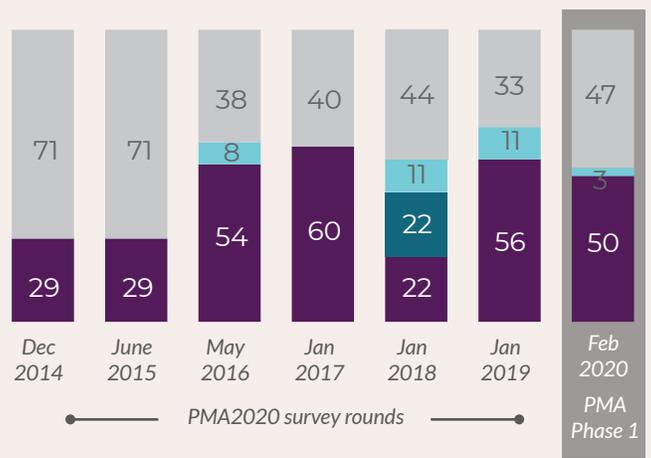
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 1 n=186)



Private facilities (PMA Phase 1 n=36)



● 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

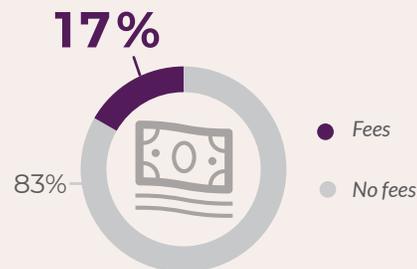
FEES FOR SERVICES

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=186)

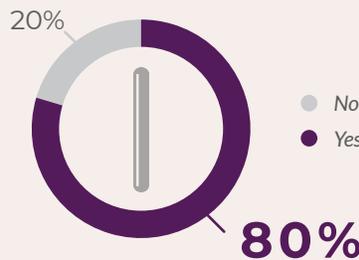


Private facilities (n=36)

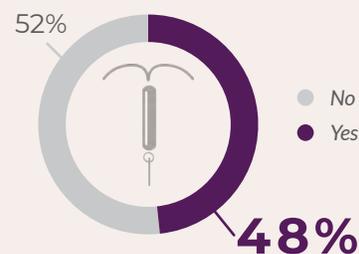


FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=201)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=178)



79%

of women obtained their current modern method from a public health facility (n=2,006)

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 48% offer IUDs and have a trained provider and the instruments/materials needed for insertion or removal.

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN				CPR				mCPR				Unmet need for family planning			
Data source	Round/ phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R1	Nov-Dec 2014	2,064	15.82	1.45	13.12	18.95	15.74	1.45	13.05	18.88	31.50	2.37	26.96	36.42
PMA 2020	R2	May-June 2015	2,102	19.47	1.95	15.85	23.68	18.55	1.94	14.98	22.76	27.09	2.11	23.07	31.51
PMA 2020	R3	Mar-May 2016	3,261	22.81	1.52	19.92	25.98	21.53	1.49	18.71	24.63	24.16	1.46	21.38	27.17
PMA 2020	R4	Nov 2016-Jan 2017	3,203	22.86	1.30	20.37	25.55	21.91	1.24	19.54	24.47	24.44	1.51	21.57	27.55
PMA 2020	R5	Nov 2017-Jan 2018	3,512	28.00	1.77	24.62	31.65	26.39	1.75	23.07	30.00	18.83	1.43	16.14	21.85
PMA 2020	R6	Dec 2018-Jan 2019	3,329	29.01	1.61	25.92	32.31	27.26	1.58	24.24	30.50	19.11	1.30	16.66	21.83
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

WOMEN IN UNION				CPR				mCPR				Unmet need for family planning			
Data source	Round/ phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R1	Nov-Dec 2014	1,502	18.09	1.78	14.80	21.93	18.00	1.78	14.71	21.84	38.11	2.87	32.55	44.00
PMA 2020	R2	May-June 2015	1,440	20.85	2.33	16.57	25.89	20.11	2.32	15.86	25.15	32.96	2.77	27.65	38.73
PMA 2020	R3	Mar-May 2016	2,239	25.50	1.94	21.83	29.54	24.19	1.89	20.63	28.15	29.29	1.67	26.08	32.73
PMA 2020	R4	Nov 2016-Jan 2017	2,224	25.42	1.55	22.46	28.63	24.52	1.51	21.65	27.64	28.85	1.85	25.31	32.66
PMA 2020	R5	Nov 2017-Jan 2018	2,413	31.67	2.36	27.17	36.54	30.14	2.33	25.73	34.96	22.74	1.85	19.28	26.61
PMA 2020	R6	Dec 2018-Jan 2019	2,228	32.48	1.90	28.82	36.37	30.68	1.86	27.11	34.49	23.30	1.57	20.33	26.55
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

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.