

KEY MESSAGES

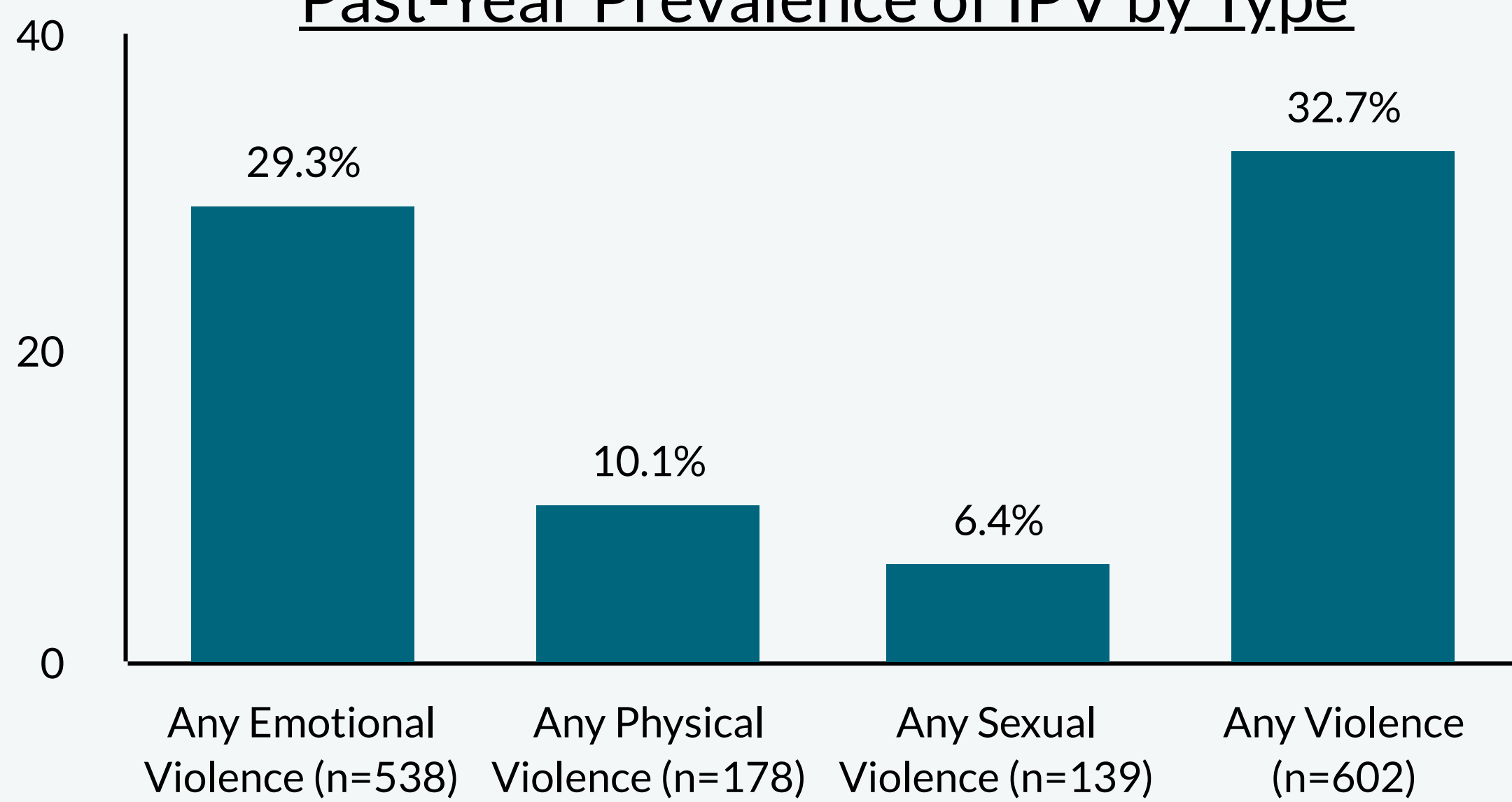
- Intimate partner violence (IPV) is prevalent in Côte d'Ivoire; more than one in ten women have experienced physical or sexual IPV in the past year.
- Most women experiencing household violence are also experiencing IPV; 71% of the married or partnered women experiencing household violence from a non-partner family member are also experiencing IPV.
- Help-seeking is low among those reporting experiences of IPV and household violence; less than 2% reported seeking help from formal support services after IPV or household violence.

PMA IN CÔTE D'IVOIRE

PMA administers annual population-based questionnaires to nationally representative cross-sections of women ages 15-49. The questionnaire with an embedded GBV module was administered in Côte d'Ivoire from October-December 2021 (n=2,609). Survey items related to household violence were asked among the total sample of women, while the IPV items were only asked among married or partnered women (n=1,852). Full survey methodology is available at www.pmadata.org.

INTIMATE PARTNER VIOLENCE

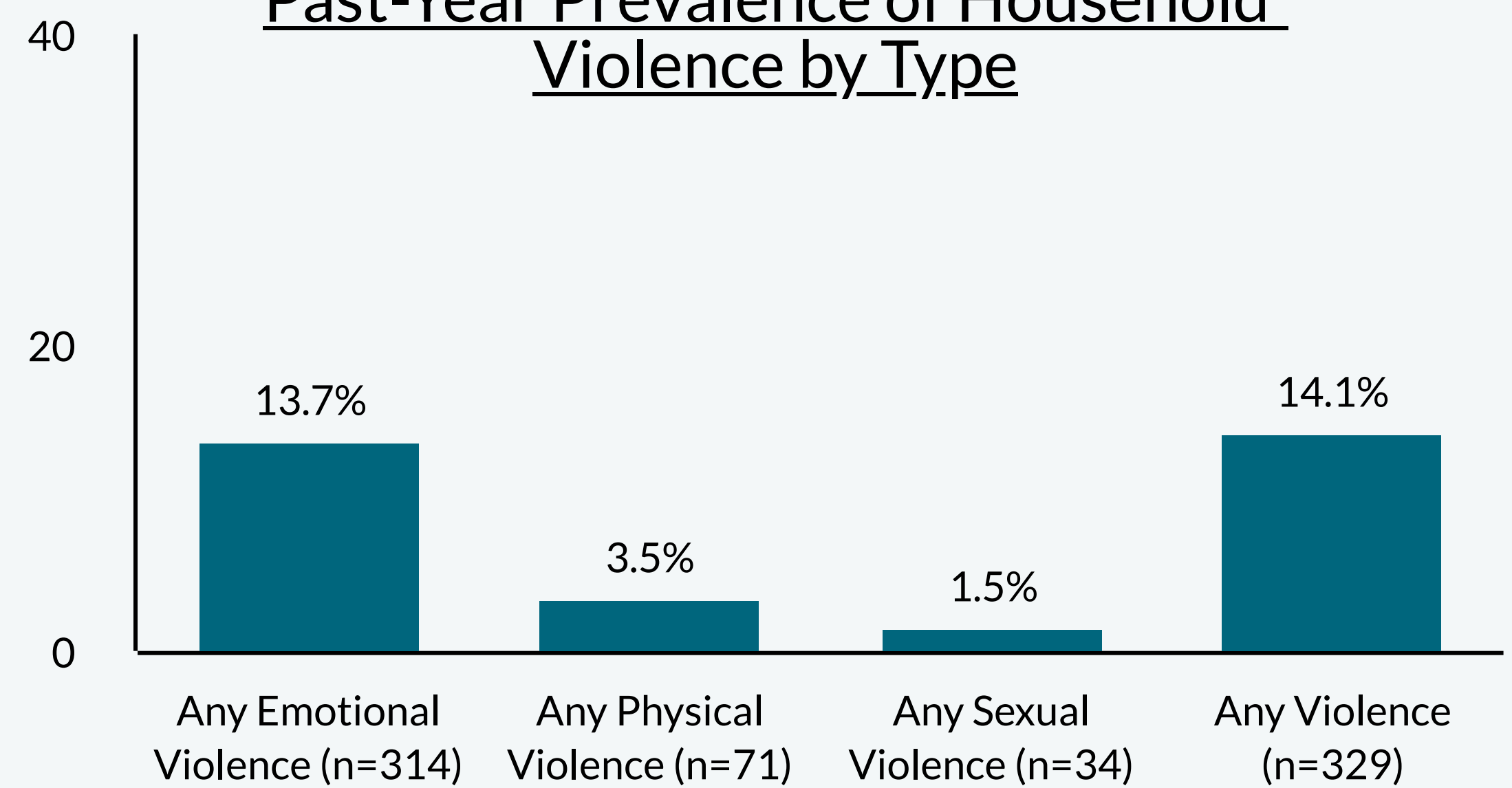
Past-Year Prevalence of IPV by Type



Categories are not mutually exclusive
Among married or partnered women (n=1,852)

HOUSEHOLD VIOLENCE

Past-Year Prevalence of Household Violence by Type

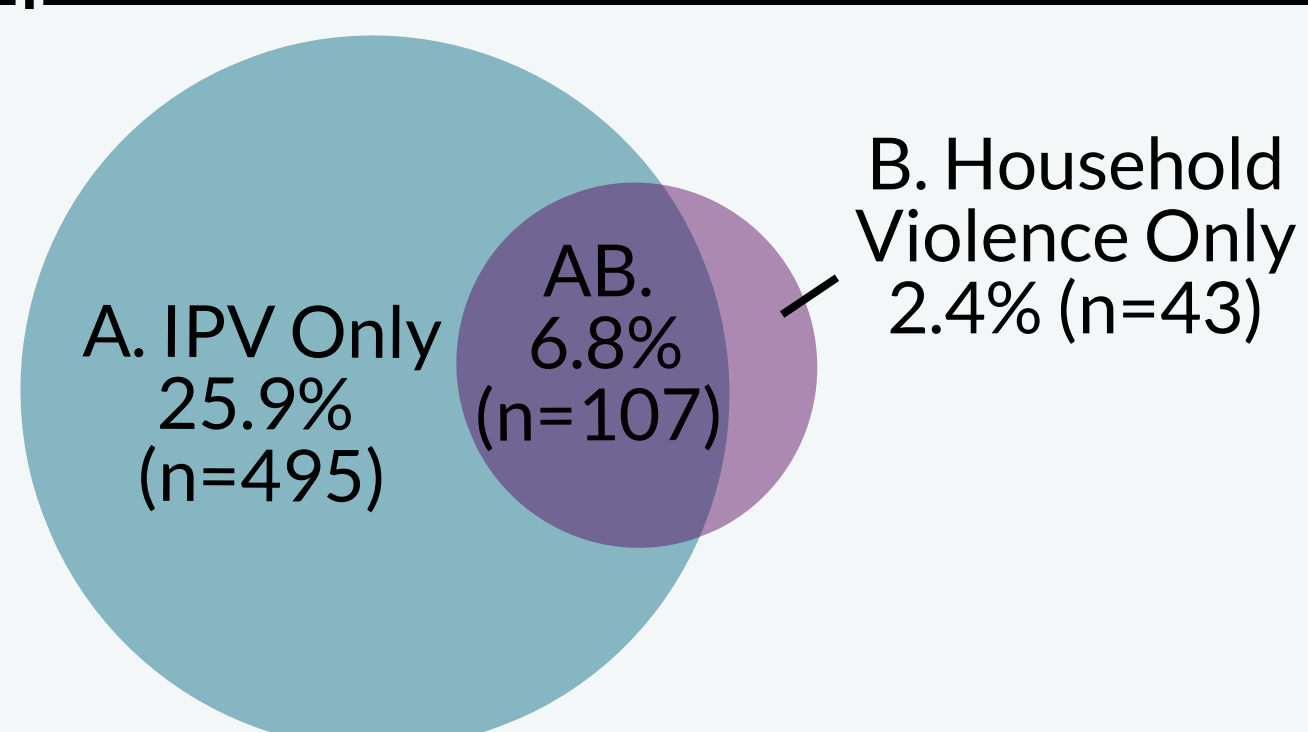


Categories are not mutually exclusive
Among all women (n=2,609)

CONCURRENT EXPERIENCES OF VIOLENCE

Among married or partnered women (n=1,852), 32.7% reported past-year IPV and 9.2% reported past-year household violence. Among those experiencing household violence, 6.8% reported concurrent experiences of IPV, revealing that 71% of women experiencing violence from a non-partner household member are also experiencing violence from an intimate partner.

Overlap of IPV and Household Violence

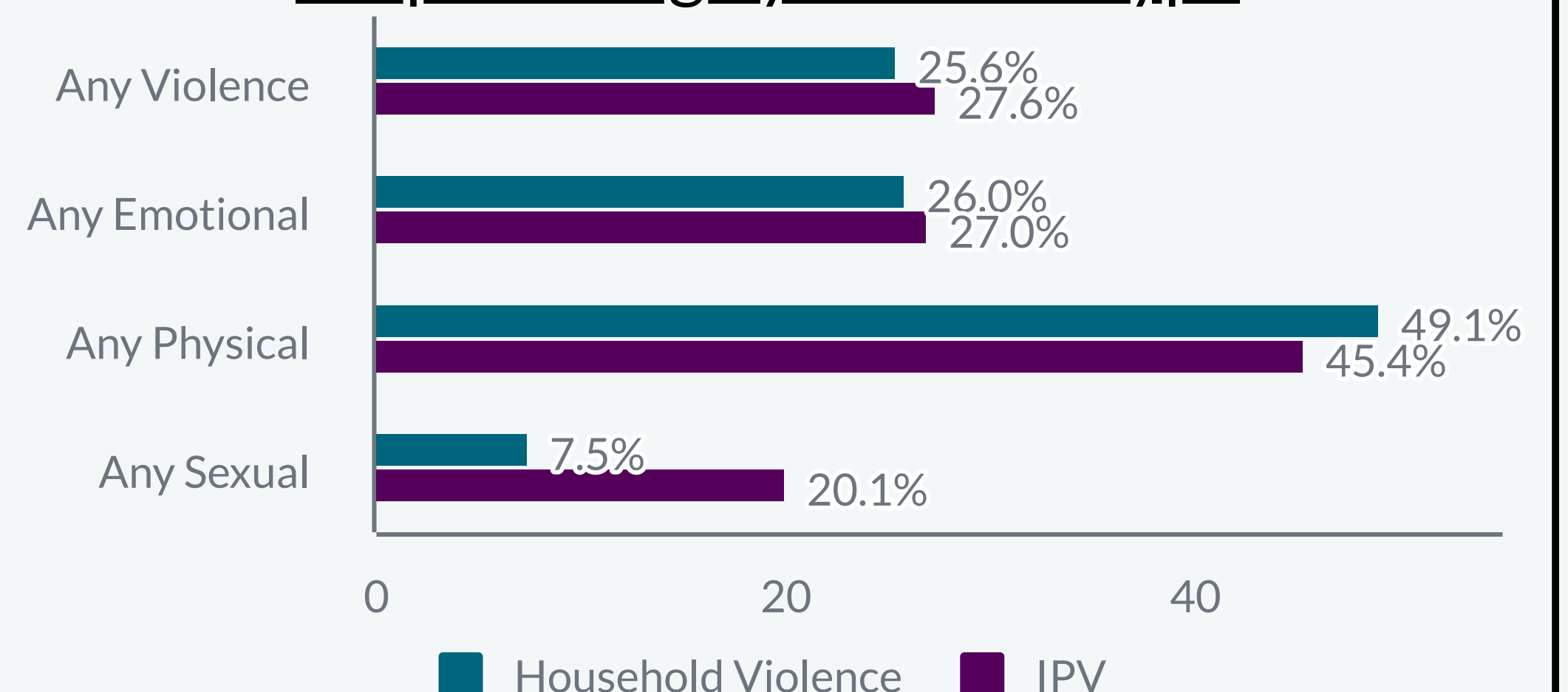


A. Any IPV : 32.7% (n=602)
B. Any Household Violence : 9.2% (n=151)

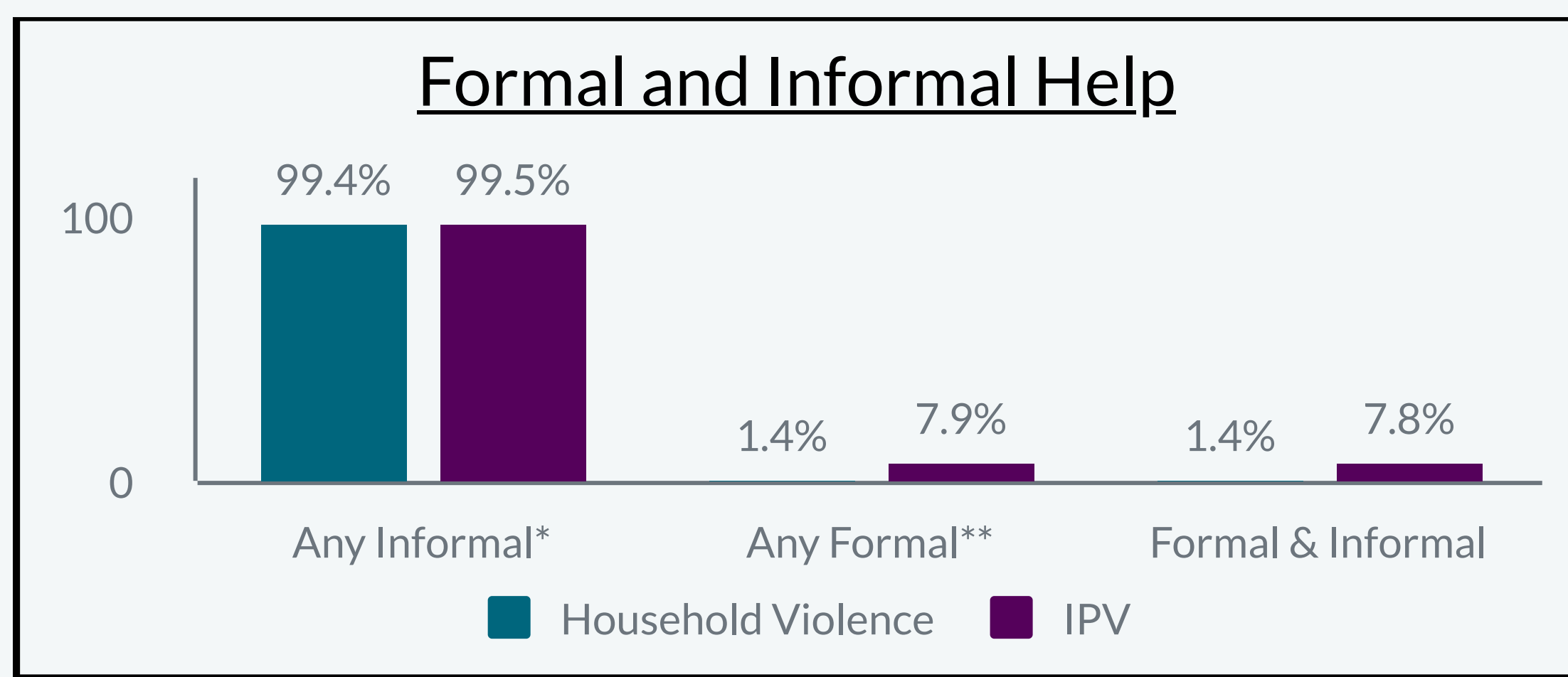
HELP-SEEKING

Higher proportions of women who experienced physical violence sought help when compared to women who experienced emotional or sexual violence, and help-seeking was more common among those who experienced physical household violence as compared to physical IPV. Among those who experienced sexual violence, help-seeking was more common with IPV as compared to household violence.

Help-seeking by Violence Type



HELP-SEEKING AND VIOLENCE EXPERIENCES: FORMAL AND INFORMAL HELP



Among women who reported experiences of violence and reported seeking help, most used informal supports such as family, friends, and neighbors.

Formal help includes resources such as doctors, police, and violence support programs. Seeking help from formal support services was rare among survivors of both IPV and household violence, but it was slightly more prevalent among survivors of IPV when compared to survivors of household violence. Very few women reported reaching out to both informal and formal help services.

*Informal help includes own family, husband or partner's family, current or former partner or husband, current or former boyfriend, friend, neighbor, religious leader
 **Formal help includes doctor or medical personnel, police, lawyer, social service organization, violence support program or hotline

CONCLUSIONS

- Among women of reproductive age in Côte d'Ivoire, 32.7% experienced IPV in the past year.
 - 10.1% experienced physical IPV and 6.4% experienced sexual IPV.
- Most married or partnered women who experienced household violence from a non-partner in the past year also experienced IPV.
- More women who experienced physical violence sought help compared to those who experienced emotional or sexual violence.
- Help-seeking was low, especially from formal help resources such as police, doctors, lawyers, violence support programs, and social service organizations.

RECOMMENDATIONS

- Expand policies that prevent and respond effectively to GBV.
- Raise community awareness about women-centered strategies to prevent and respond to GBV, including supports for safely reporting GBV.
- Integrate IPV screening into routine services--including reproductive, maternal, and child health services--which can provide women the opportunity to disclose their experiences and access further care.
 - Services must focus on minimizing shame and blame, both of which can prevent women from disclosing and seeking continued help.
 - Provider job aids, including the World Health Organization's *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*,¹ can serve as useful tools to standardize screening and referrals.
- Interventions are needed to help women improve their safety when they're unable to leave harmful relationships.

1. World Health Organization. *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*. Geneva, Switzerland: WHO;2013.

What is PMA?

PMA Côte d'Ivoire collects information 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 results are representative at the national level and within urban/rural strata. PMA Phase 2 were collected between September and December 2021 from 3,830 household (95.7% response rate), 3,949 females age 15-49 (96.0% response rate), 216 facilities, and 1,012 client exit interviews. 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 the École Nationale Supérieure de Statistique et d'Économie Appliquée d'Abidjan (ENSEA). Overall strategy and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.

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