# **PMA CÔTE D'IVOIRE** Results from Phase 2 cross-sectional

PERFORMANCE MONITORING FOR ACTION

September–December 2021

# **OVERALL KEY FINDINGS**

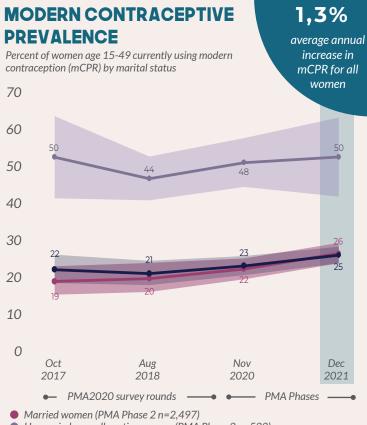
The modern contraceptive prevalence rate (mCPR) among married women increased from 19% in 2017 to 26% in 2021.

Unmet need continued to decline, from 26% in 2017 to **18%** in 2021.

The percentage of women reporting that their most recent pregnancies or births were not planned is increasing, from **38%** in 2020 to **43%** in 2021.

# SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

survey



Unmarried, sexually active women (PMA Phase 2 n=522)

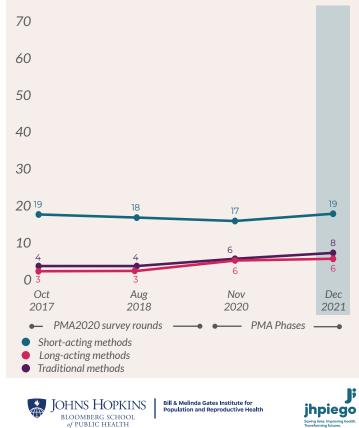
All women (PMA Phase 2 n=3,949)





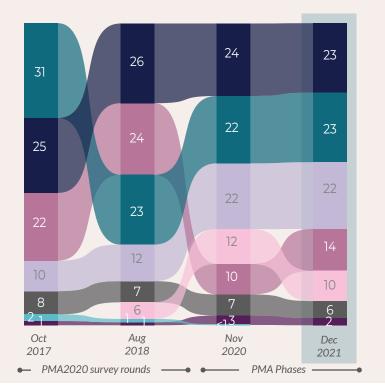
### CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 2 n=3949)



# TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year PMA Phase 2 n=978)





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

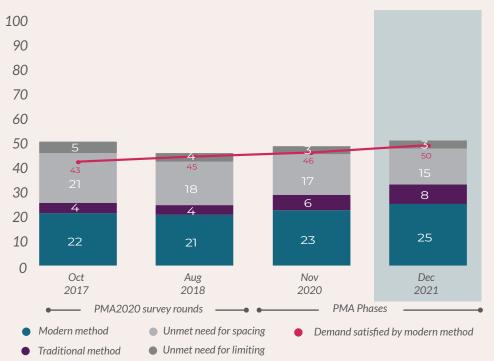


Unmarried, sexually active women (n=273)

(n=594)

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

Percent of all women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 2 n=3,949)



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

# INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

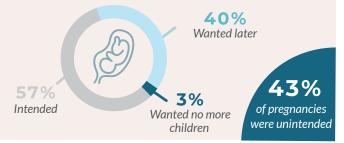
Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=2,347)



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# INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=2 000)



#### KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DVNAMICS, AND DEMAND

• Unmet need continued to decline, from **26%** in 2017 to **18%** in 2021. The majority of women with unmet need have an unmet need for spacing.

• There has been an increase in unplanned pregnancies or births, from **38%** in 2020 to **43%** in 2021.

• There has been a steady increase in contraceptive demand satisfied by a modern method, from **43%** in 2017 to **50%** in 2021.

# SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

# **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=967)



# 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



#### KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

• **One in five women** received the four key messages constituting quality family planning counseling.

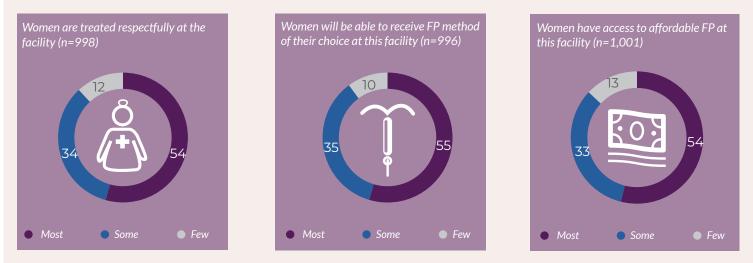
• While **79%** of women were informed of what to do in case of side effects, only one in four women received information on side effects or specific issues that they could face.

• Over two in five women 20 to 24 years old discussed family planning with a health provider in the past 12-months. However, adolescent girls were half as likely to have had these discussions.



# **COMMUNITY PERCEPTION OF QUALITY OF CARE**

Percent distribution of community agreement with the following statements, as reported by female FP clients



# PERSONAL PERCEPTION OF QUALITY OF CARE

Percent of female FP clients that agreed with the following statements



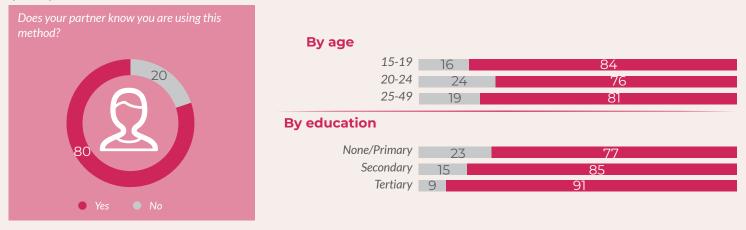
#### **KEY FINDINGS FOR SECTION 3: QUALITY OF FP SERVICES**

- **54%** of FP clients reported that most of their community members believed women are treated with respect at health facilities.
- 54% of FP clients reported that they could access FP services at an affordable price at health facilities.
- **82%** of FP clients felt encouraged by their health providers to ask questions or express concerns, and **81%** felt that they understood how their bodies might react to their contraceptive method.
- **86%** of FP clients felt that they had received all the information they needed about their contraceptive options, while **10%** reported that they felt pressured by their health providers to use a specific method.



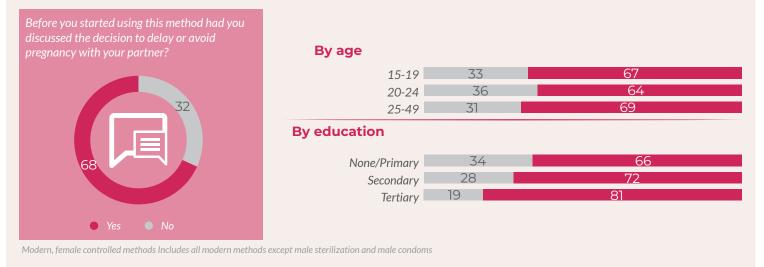
### **PARTNER INVOLVEMENT IN FP DECISIONS**

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=733)

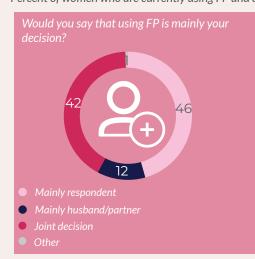


Modern, female controlled methods Includes all modern methods except male sterilization and male condoms

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=733)



Percent of women who are currently using FP and agree with the following statement, by age and education (n=1,252)

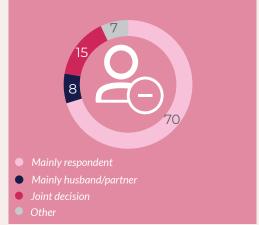


By age					
	15-19 2	38	12	48	
	20-24 1	49	11	40	
	25-49<1	46	13	40	
By education	า				
None/	Primary 1	49	12	38	
Se	condary 1	42	13	44	
Tertiary		34	6	60	

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Percent of women who are not currently using FP and agree with the following statement, by age and education (n=2,374)

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



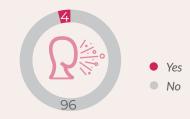
By age							
15-19	9 15	76	3 6 8 13				
20-2	4 4 9	75					
25-4	9 4	66	9 20				
By education							
None/Primary							
None/Prima	y 6	68	10 16				
Seconda	y 10	68 77	10 16 2 11				
	y 10		10 16 2 11 3 28				

# **PREGNANCY COERCION**

Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=2,488)



Percent of currently married women who report that their partner made them feel badly for wanting to use an FP method to delay or prevent pregnancy in the past 12 months (n=2,488)



Percent of currently married women who report that their partner said he would leave them if they did not get pregnant in the past 12 months (n=2,488)



Percent of currently married women who report that their partner took away their FP method or kept them from a clinic in the past 12 months (n=2,485)



#### **KEY FINDINGS FOR SECTION 4: PARTNER DYNAMICS**

• Among women currently using a female-controlled, modern contraceptive method, **68%** discussed the decision to delay or prevent a pregnancy with their partners. The occurrence of such discussions increased with women's level of education.

• Among women who were not using a method at the time of the survey, 70% reported that this decision was made by the woman herself.

• **4%** of married women reported that their partners had pressured or tried to force them to get pregnant in the last 12 months.



## **TRENDS IN METHOD AVAILABILITY: IUD**

Public facilities (PMA Phase 2 n=174)

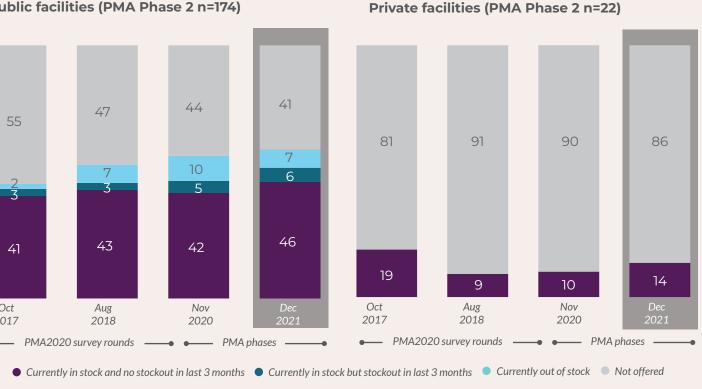
55

23

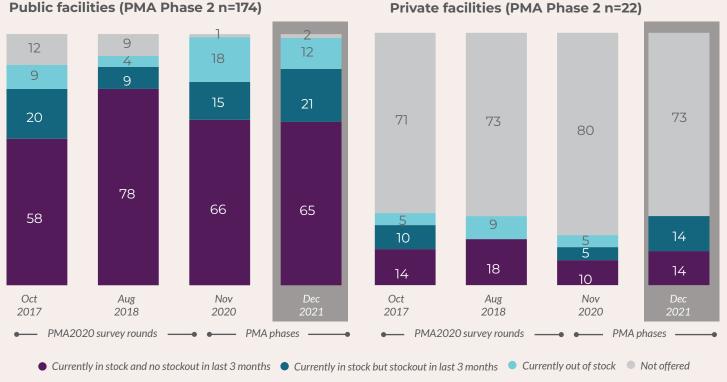
41

Oct

2017



# **TRENDS IN METHOD AVAILABILITY: IMPLANT**



Public facilities (PMA Phase 2 n=174)



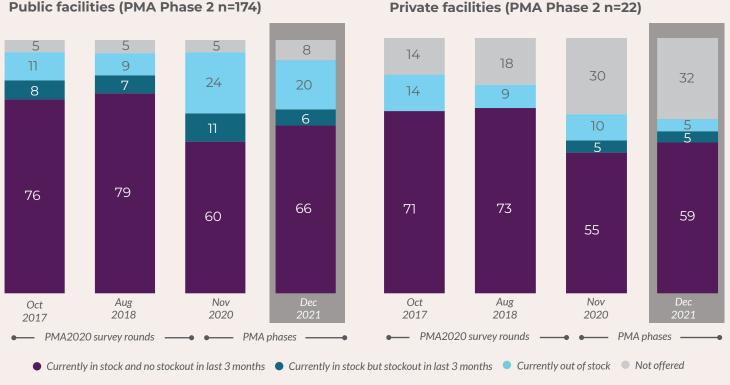
# **TRENDS IN METHOD AVAILABILITY: INJECTABLES**

Public facilities (PMA Phase 2 n=174)

Private facilities (PMA Phase 2 n=22)



# **TRENDS IN METHOD AVAILABILITY: PILLS**



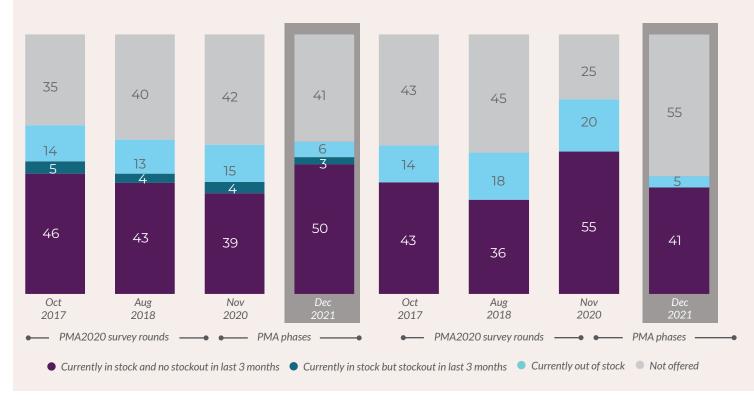
Public facilities (PMA Phase 2 n=174)

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# TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 2 n=174)

**Private facilities (PMA Phase 2 n=22)** 



# MAIN REASON FOR EPISODES OF STOCKOUT OF ANY METHOD BY TYPE OF FACILITY

#### Public facilities (n=255 episodes)





Private facilities (n=10 episodes)

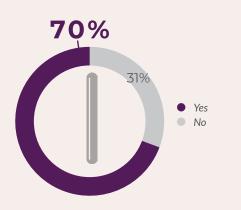


Possible answers were "Did not place order for shipment", "Ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", "Stock out due to COVID-19 disruption", and "Other."



# **FACILITY READINESS**

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



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=106)





#### **KEY FINDINGS FOR SECTION 5: SERVICE DELIVERY POINTS**

• The proportion of public service delivery points (SDP) that had pills, IUDs, injectables and male condoms in stock on the day of the survey, and that did not have any stockouts in the 3-month period preceding the survey, was higher than compared to Phase 1 (2020).

• The main reason for stockouts was that the order was placed but not delivered (54% in public SDPs, and 40% in private SDPs).

• At Service Delivery Points providing implants, **70%** had a trained provider and the supplies needed for implant insertion/removal; at Service Delivery Points providing IUDs, **63%** had a trained provider and the supplies need for IUD insertion/removal.



## **TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED**

	ALL W	OMEN		CPR					mC	CPR		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	
РМА 2020	V1	Sept-Oct 2017	2,738	25.96	1.92	22.32	29.97	21.85	1.77	18.54	25.57	25.14	1.49	22.29	28.23
РМА 2020	V2	July-Aug 2018	2,378	24.98	1.80	21.56	28.74	20.87	1.50	18.03	24.01	21.46	1.39	18.83	24.36
PMA	Phase 1	Sept-Nov 2020	4,135	28.93	1.40	26.23	31.78	22.78	1.19	20.50	25.22	20.13	1.36	17.57	22.95
PMA	Phase 2	Sept-Dec 2021	3,949	33.29	1.31	30.74	35.92	25.42	1.03	23.43	27.52	18.12	1.32	15.65	20.88
<b>WOMEN IN UNION</b>			CPR				mCPR				Unmet need for family planning				
Data source	Round/ Phase	Data collection	Female sample	CPR%	SF	959	% CI	mCPR%	SF	95	% CI	Unmet	SF	959	% CI

source	Phase	collection	sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI		
РМА 2020	V1	Sept-Oct 2017	1,775	23.53	1.94	19.89	27.60	18.93	1.76	15.67	22.68	32.67	1.48	29.79	35.68	
РМА 2020	V2	July-Aug 2018	1,767	23.29	1.99	19.58	227.48	19.65	1.81	16.29	23.51	26.46	1.62	23.35	29.81	
PMA	Phase 1	Sept-Nov 2020	2,614	28.30	1.78	24.92	31.94	21.96	1.30	19.50	24.64	25.79	1.67	22.62	29.22	
PMA	Phase 2	Sept-Dec 2021	2,497	33.36	1.66	30.15	36.72	25.86	1.28	23.42	28.47	23.68	1.74	20.40	27.27	

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'Economie 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.

