

PMA CÔTE D'IVOIRE

Results from Phase 4 cross-sectional survey

November 2023 - January 2024



OVERALL KEY FINDINGS

The modern contraceptive prevalence rate (mCPR) decreased among all women, from **27%** in 2022 to **24%** in 2024. This decline is most marked among unmarried, sexually active women: mCPR declined from **54%** in 2022 to **46%** in 2024.

Between 2022 and 2024, contraceptive demand satisfied by a modern method decreased from **53%** to **50%**.

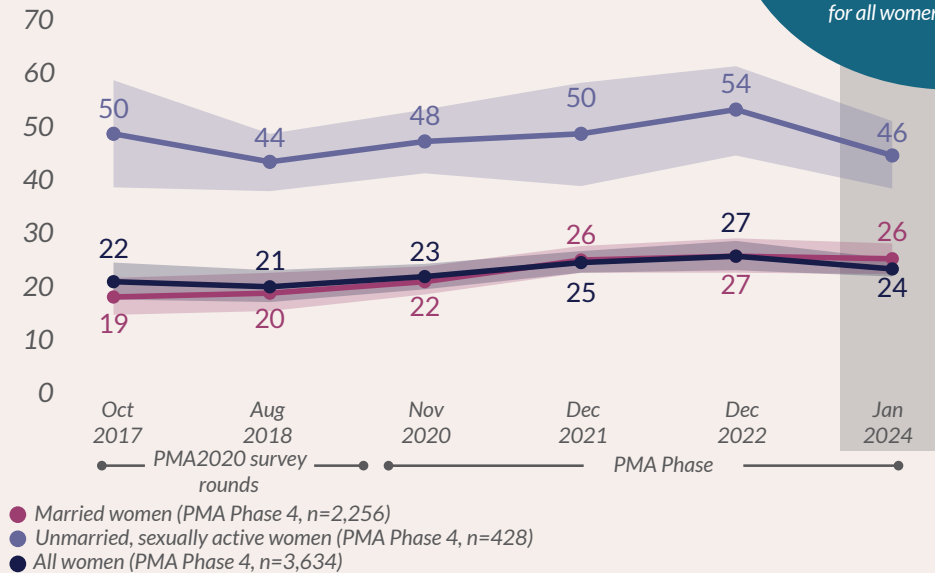
In health service sites offering implants, **61%** have a trained provider and the necessary instruments/materials for implant insertion and removal, a reduction of **11%** since 2022. The proportion of health service sites offering IUD removal services/supplies also decreased, from **48%** in 2022 to **43%** in 2024.

SECTION 1 : CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

MODERN CONTRACEPTIVE PREVALENCE

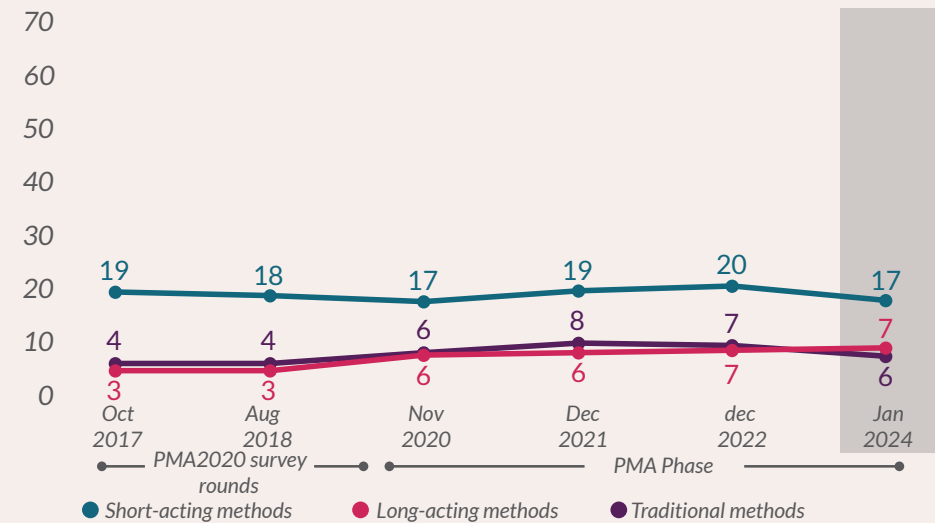
Percent of all women age 15-49 currently using modern contraception (mCPR) by marital status

0.8%
average annual increase in mCPR for all women



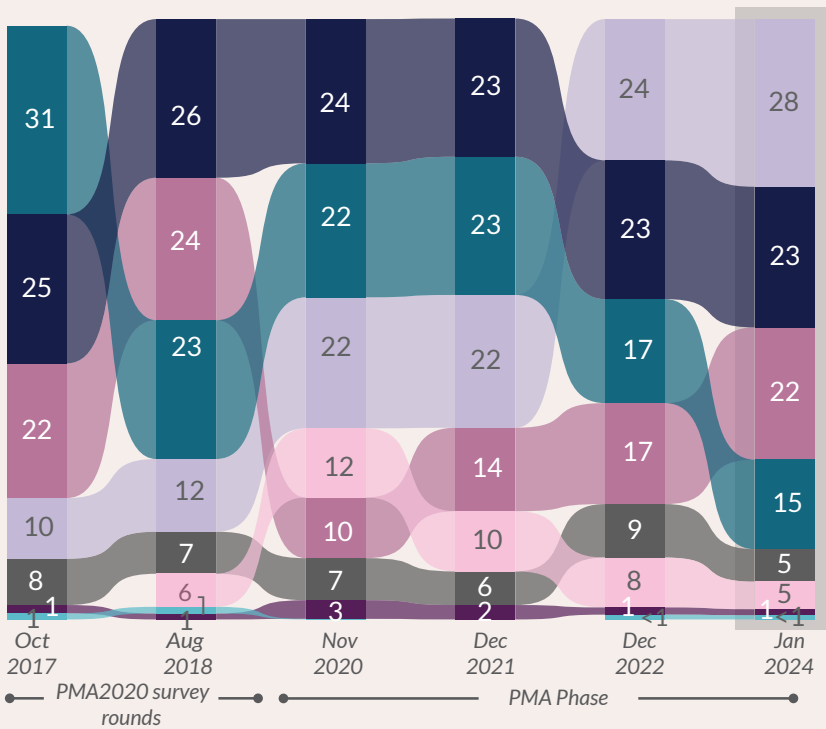
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 4, n=3,634)



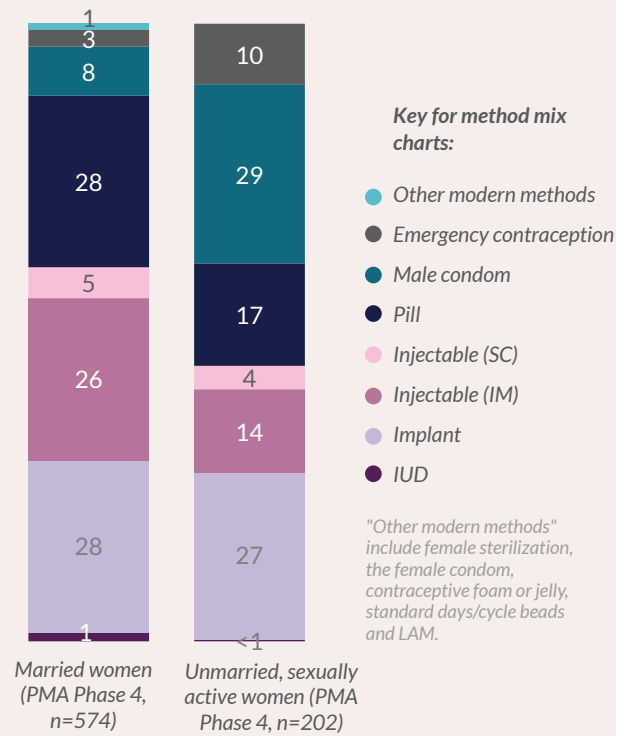
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 4, n=878)



MODERN CONTRACEPTIVE METHOD MIX

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



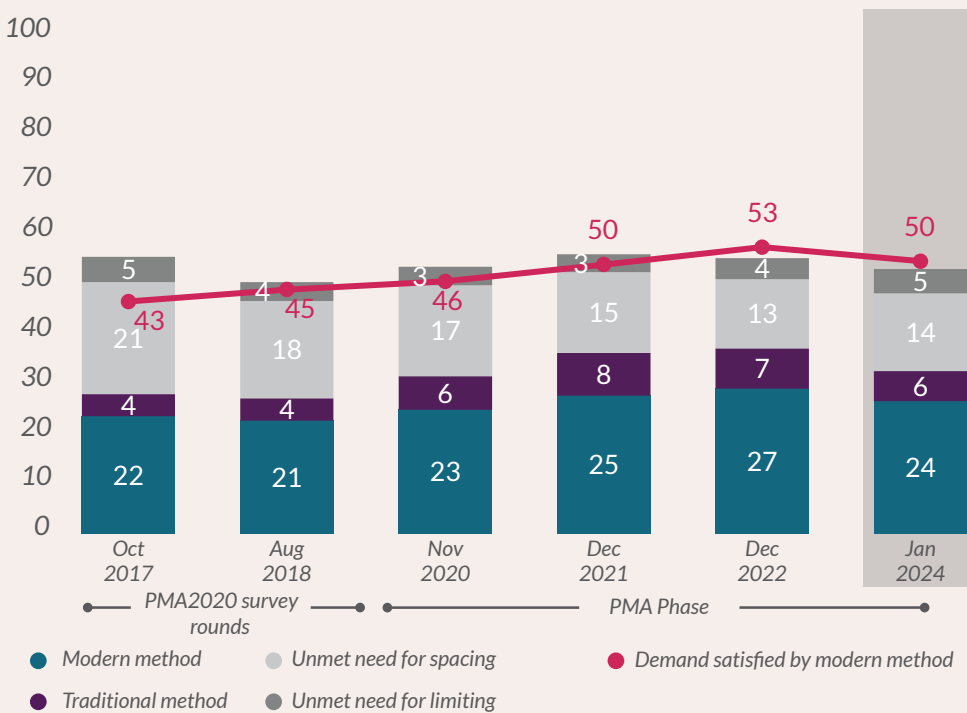
Key for method mix charts:

- Other modern methods
- Emergency contraception
- Male condom
- Pill
- Injectable (SC)
- Injectable (IM)
- Implant
- IUD

"Other modern methods" include female sterilization, the female condom, contraceptive foam or jelly, standard days/cycle beads and LAM.

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 4, n=3,634)



Demand satisfied by a modern method is total number of modern method users over the sum of contraceptive users and those with unmet need

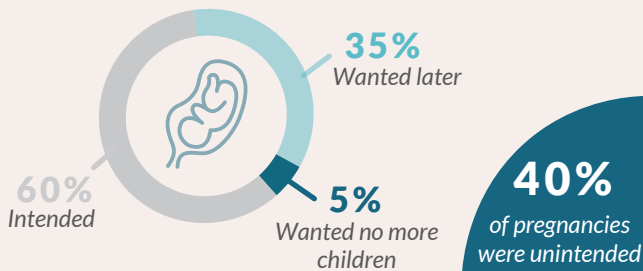
INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=2,261)



INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=1,717)



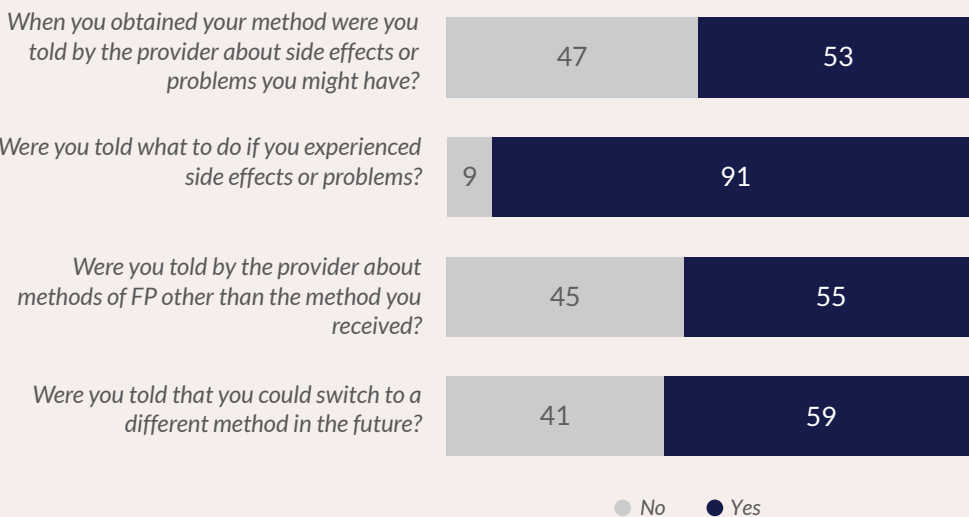
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Nearly one in five women (19%) said they had an unmet need for family planning in 2024, compared with 17% in 2022.
- The percentage of injectable (SC) users has been declining since 2020, from 12% to 5% in 2024.
- The implant and pill are the most common modern methods used in 2024. Additionally, the percentage of implant use has risen by 4% since 2022.

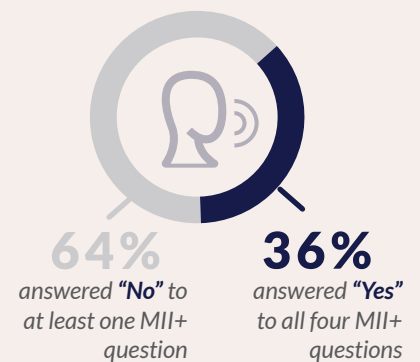
SECTION 2 : CONTRACEPTIVE USER COUNSELING AND OUTREACH

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=859)



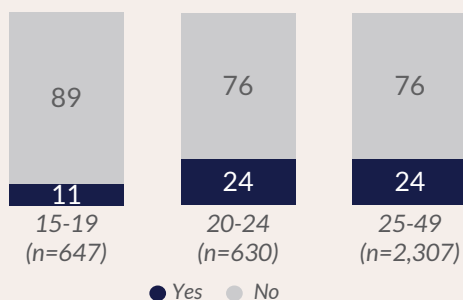
Percent of women who responded "Yes" to all four MII+ questions



Only women who said they were told about possible side effects were asked whether they were told about what to do in the event of side effects.

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



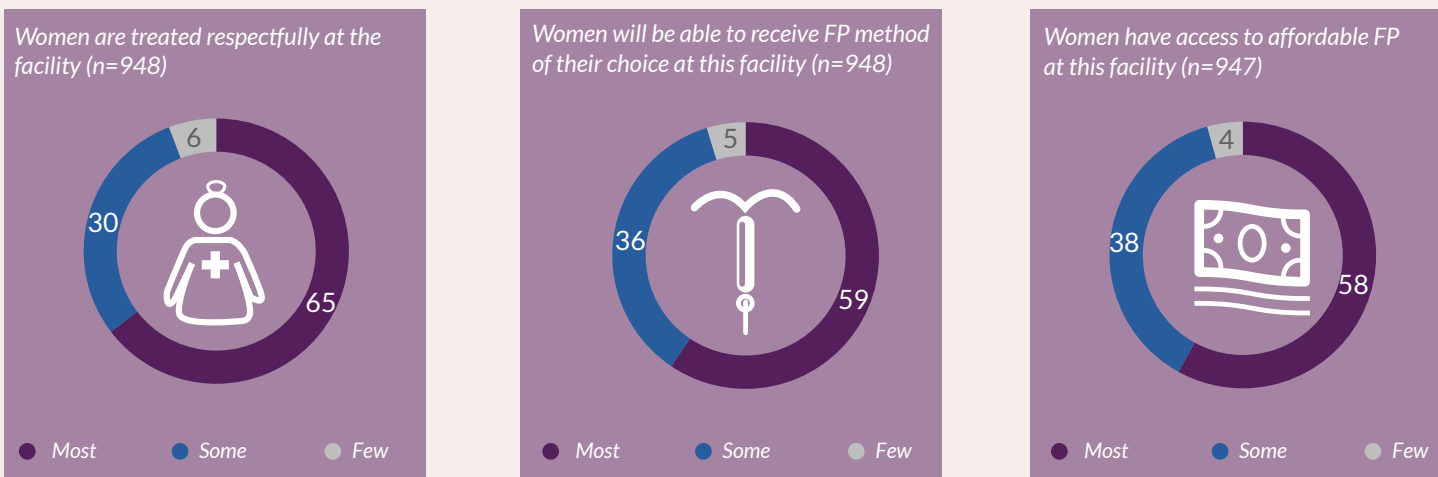
KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- In 2024, 36% of current users of modern contraceptive methods said they had received comprehensive counseling from providers, up from 23% in 2022.
- 47% of users reported that they had not been informed about method side effects.
- However, the percentage of modern method users who had been informed about side effects has risen sharply, from 38% in 2022 to 53% in 2024. In addition, 91% of modern users have been informed about what to do in the event of side effects.

SECTION 3 : QUALITY OF FP SERVICES

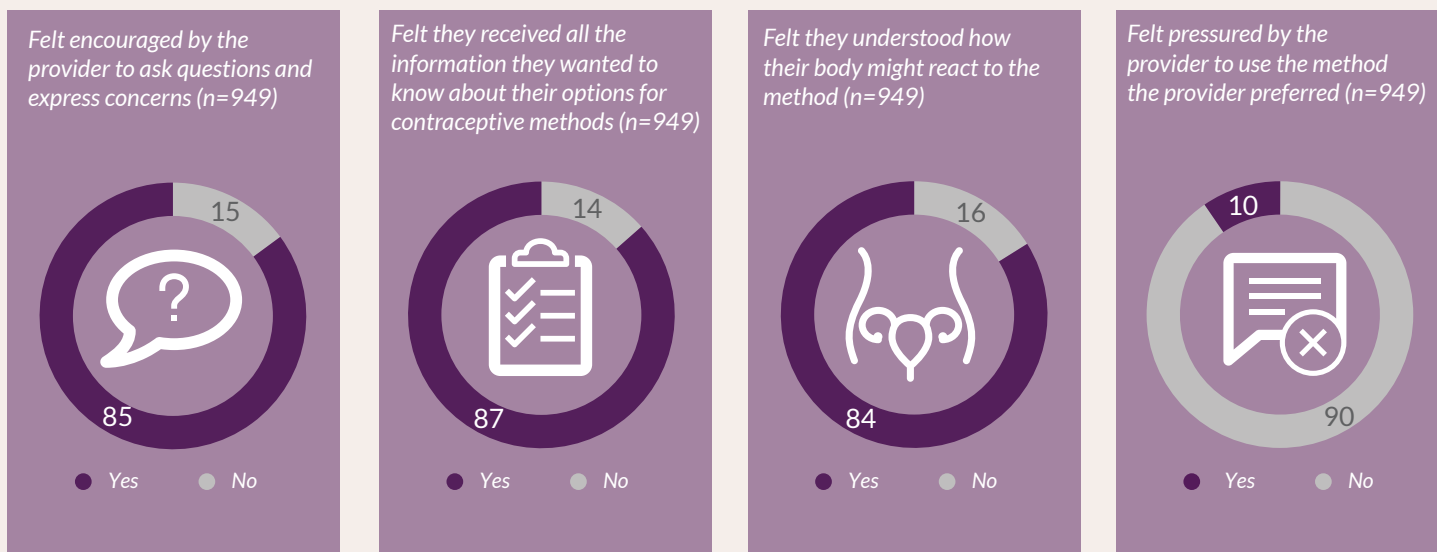
COMMUNITY PERCEPTION OF QUALITY OF CARE

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

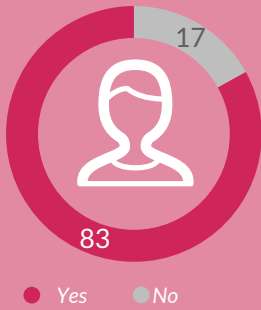
- Nearly two out of three clients (65%) say that most members of their community believe that women are treated with respect in health facilities.
- One out of ten clients (10%) said she had been pressured by the provider in her choice of FP methods. On the other hand, 87% of clients felt that they had received the desired information on contraceptive method options.
- 85% of clients felt encouraged by providers to ask questions or raise concerns.

SECTION 4: PARTNER DYNAMICS

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=698)

Does your partner know you are using this method?



By age



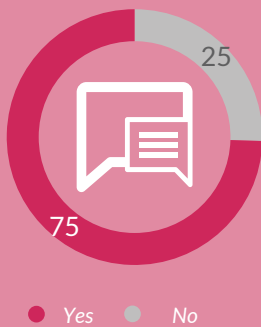
By education



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=698)

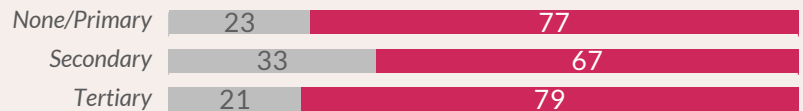
Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?



By age



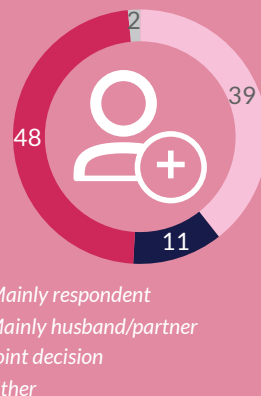
By education



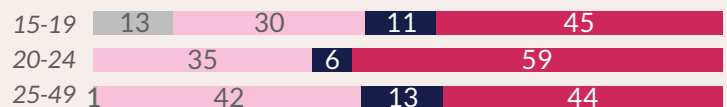
Modern, female controlled methods includes all modern methods except male sterilization and male condoms

Percent of women who are currently using FP and agree with the following statement, by age and education (n=1,048)

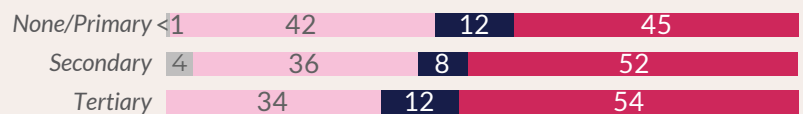
Would you say that using FP is mainly your decision?



By age

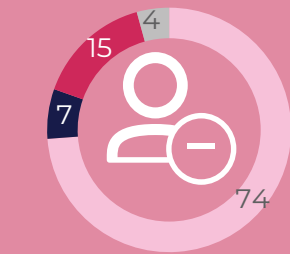


By education



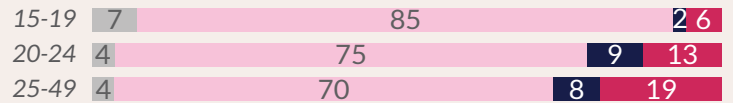
Percent of women who are not currently using FP and agree with the following statement, by age and education (n=2,255)

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

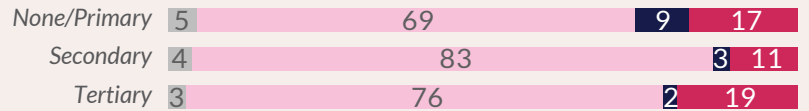


- Mainly respondent
- Mainly husband/partner
- Joint decision
- Other

By age

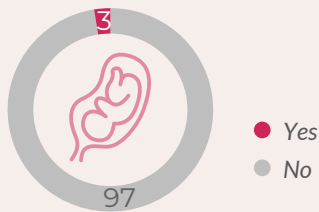


By education

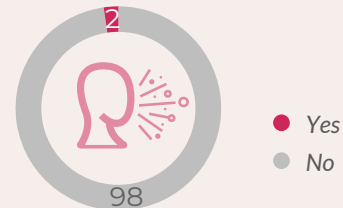


PREGNANCY COERCION

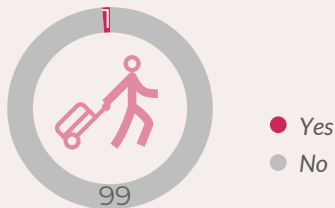
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=2,243)



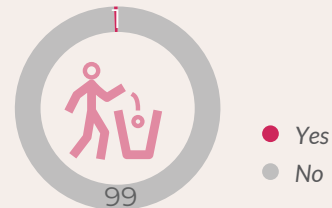
Percent of currently married women who report that their partner made them feel badly for wanting to use an FP method to delay or prevent pregnancy in the past 12 months (n=2,240)



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=2,242)



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=2,236)



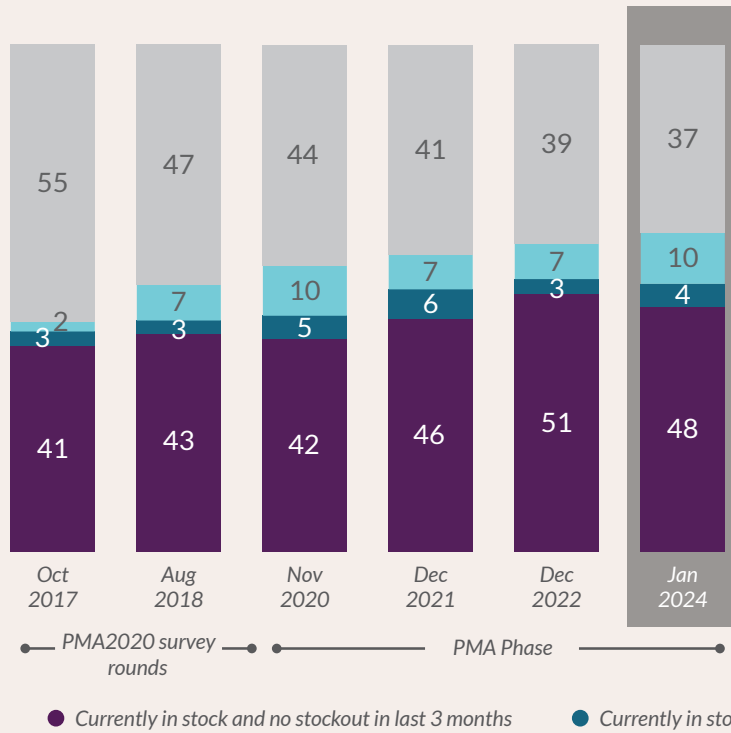
KEY FINDINGS FOR SECTION 4 : PARTNER DYNAMICS

- Among women using a female-controlled modern contraceptive method at the time of the survey, **83%** indicated that their partner knew they were using a method.
- Three out of four women (**75%**) using a female-controlled modern contraceptive method at the time of the survey had discussed the decision to delay or avoid pregnancy with their partners (vs. **79%** in 2022).
- Among women using a family planning method, **48%** made the decision to use contraception with their partner.
- **3%** of women in union reported that their partner had tried to force or pressure them to become pregnant in the 12 months preceding the survey.

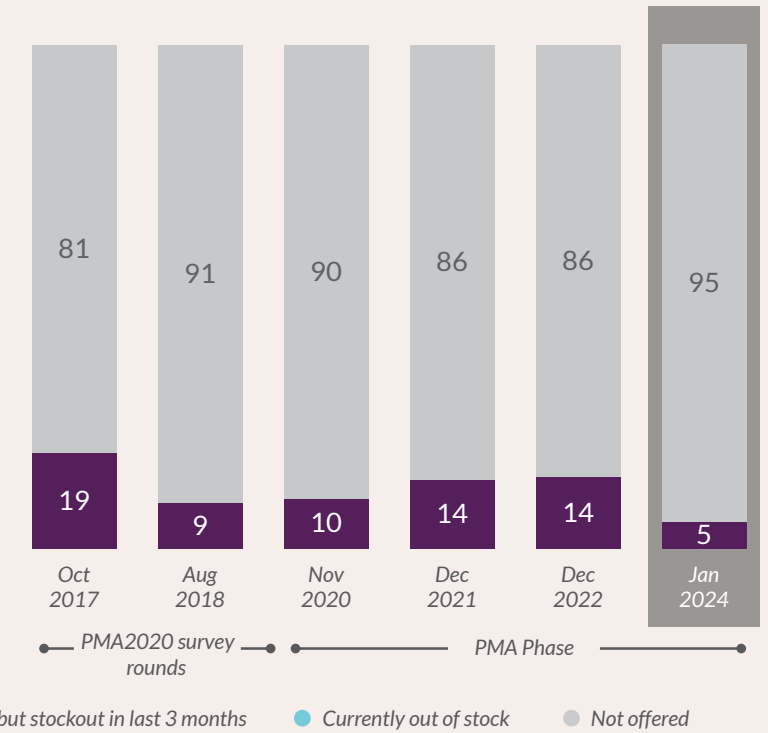
SECTION 5 : SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY : IUD

Public facilities (PMA Phase 4, n=178)

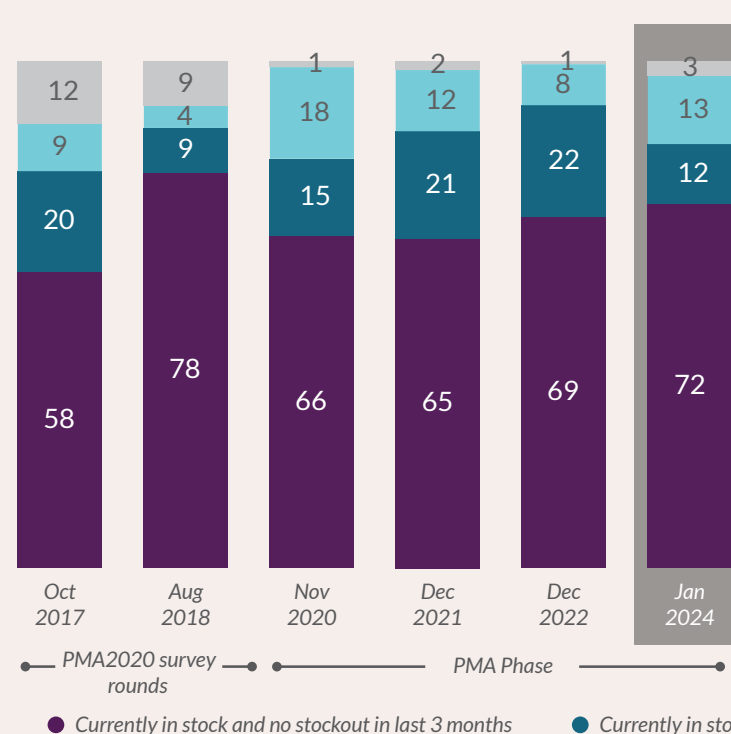


Private facilities (PMA Phase 4, n=19)

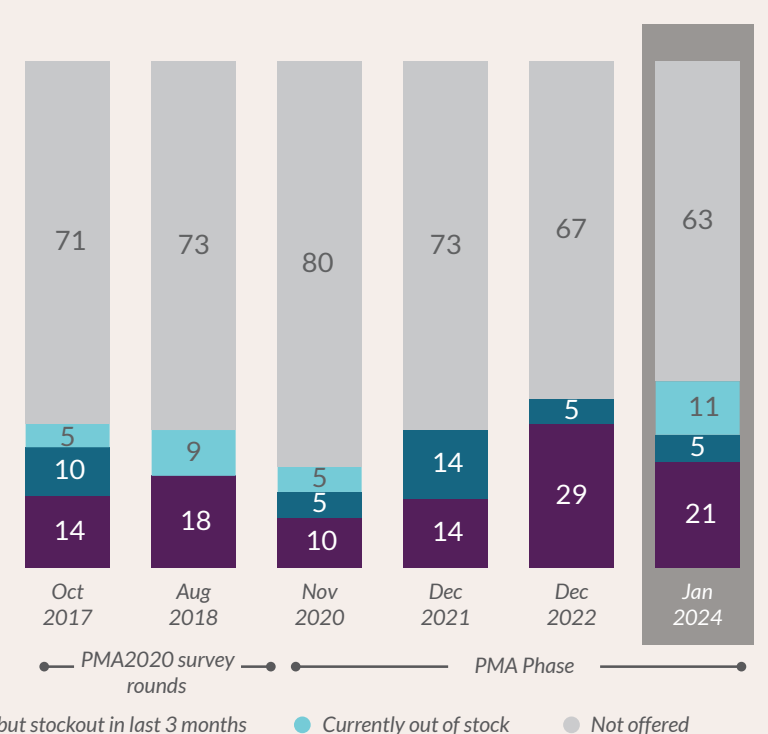


TRENDS IN METHOD AVAILABILITY : IMPLANT

Public facilities (PMA Phase 4, n=178)

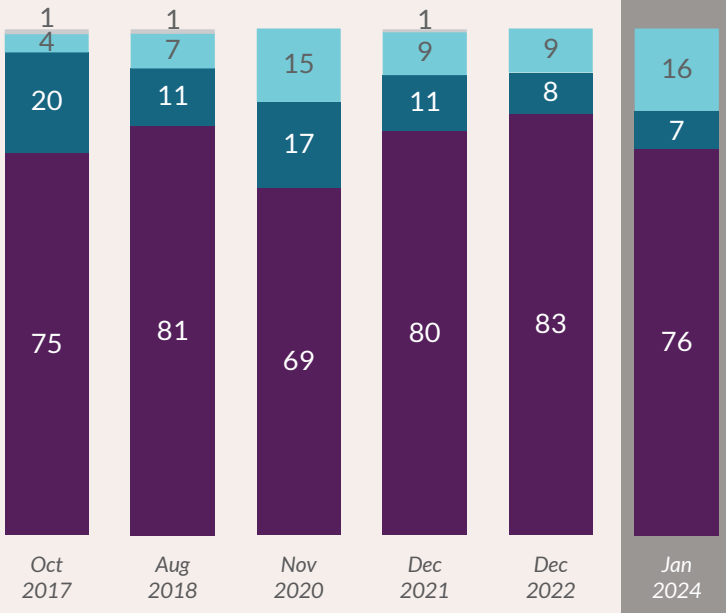


Private facilities (PMA Phase 4, n=19)

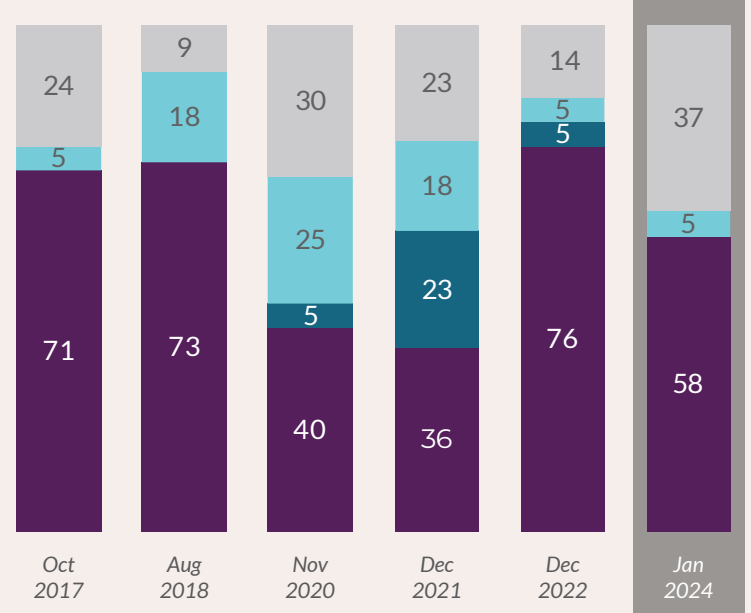


TRENDS IN METHOD AVAILABILITY : INJECTABLES

Publics facilities (PMA Phase 4, n=178)



Private facilities (PMA Phase 4, n=19)

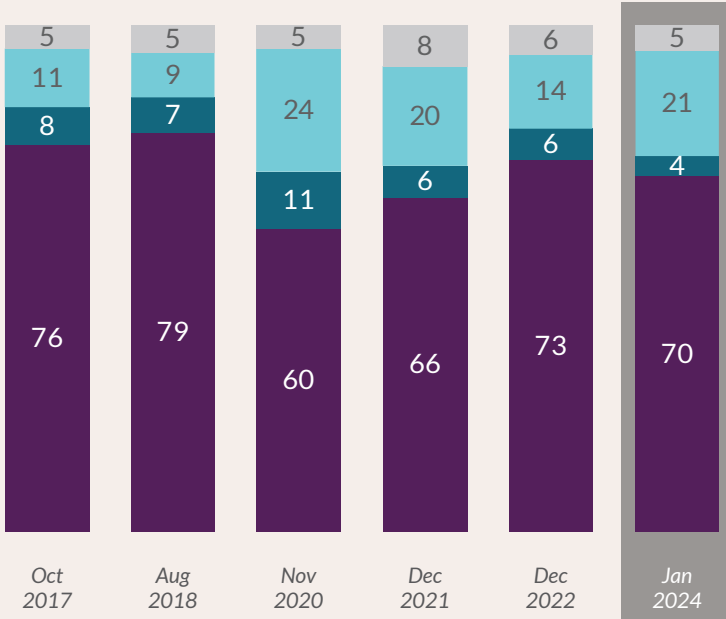


— PMA2020 survey rounds — PMA Phase —

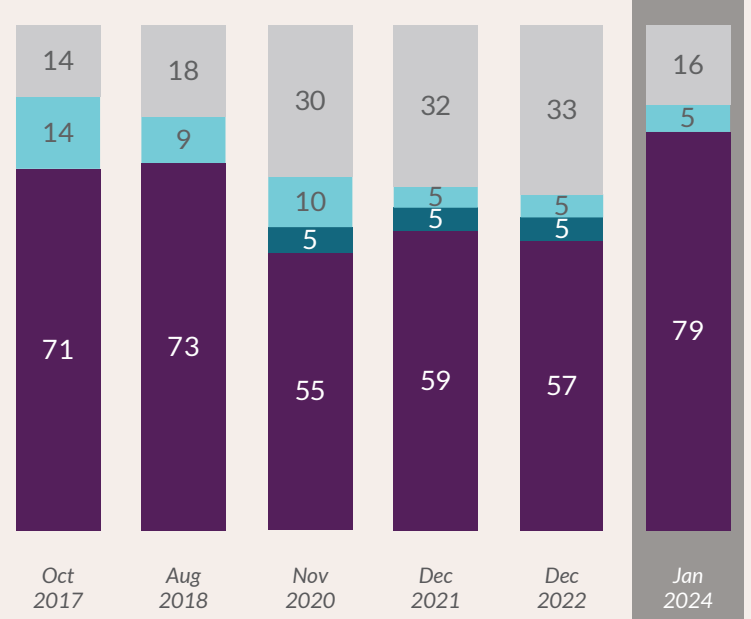
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY : PILLS

Publics facilities (PMA Phase 4, n=178)



Private facilities (PMA Phase 4, n=19)

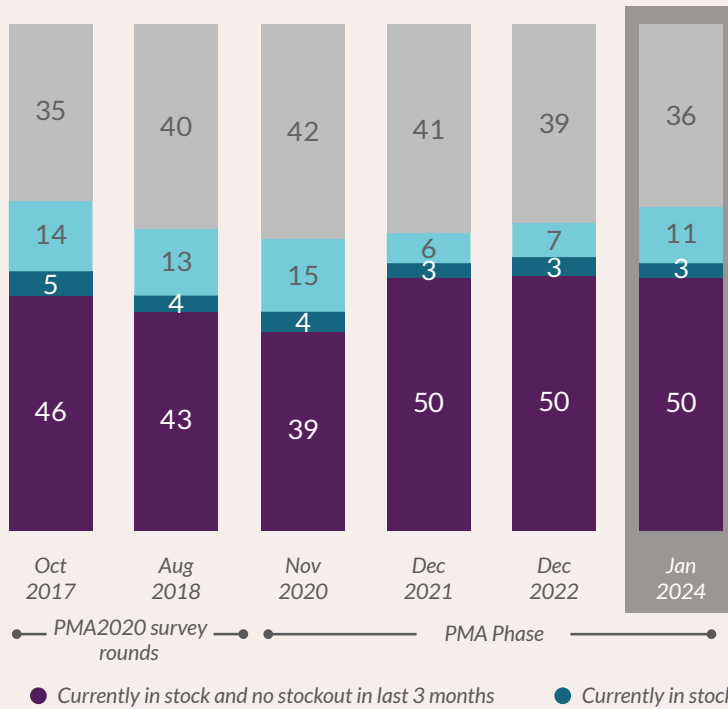


— PMA2020 survey rounds — PMA Phase —

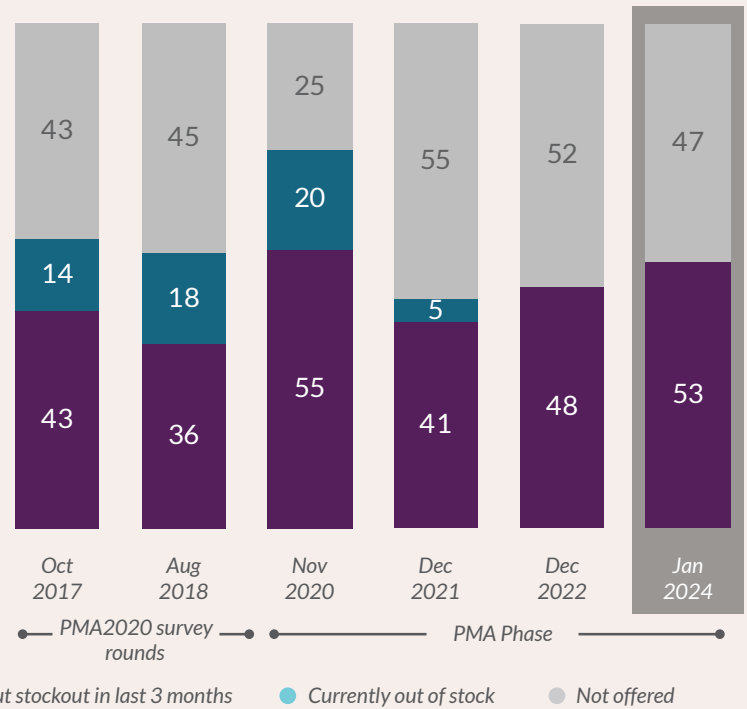
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY : MALE CONDOMS

Public facilities (PMA Phase 4, n=178)



Private facilities (PMA Phase 4, n=19)



MAIN REASON FOR EPISODES OF STOCKOUT OF ANY METHOD AT PUBLIC FACILITIES

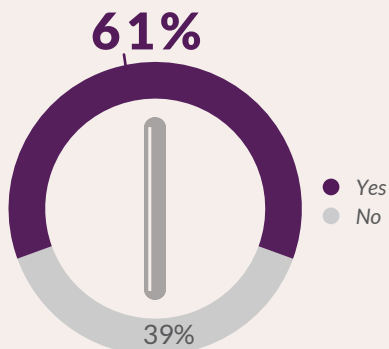
(n=232 episodes)



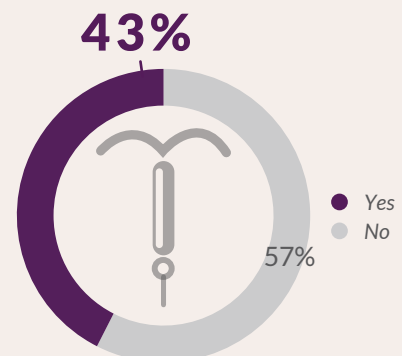
Possible answers were "Did not place order for shipment", "Ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", and "Other."

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=180)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=113)



61%

*of women
obtained
their current
modern method
from a public health
facility (n=863)*

KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS

- *Since 2020, the proportion of public service delivery points (SDP) that had implants in stock at the time of the survey and no stockouts in the three months preceding the survey has been rising steadily.*
- *The proportion of public SDPs that had injectables, IUD and the pill in stock at the time of the survey, and that experienced no stockouts in the three months preceding the survey, decreased between 2022 and 2024.*

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 | 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 |
| PMA 2020 | R2 | July-Aug 2018 | 2,738 | 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 | 3,948 | 33.29 | 1.31 | 30.75 | 35.93 | 25.43 | 1.03 | 23.44 | 27.53 | 18.13 | 1.32 | 15.65 | 20.89 |
| PMA | Phase 3 | Sept-Dec 2022 | 3,873 | 34.18 | 2.00 | 30.35 | 38.23 | 26.75 | 1.42 | 24.04 | 29.65 | 16.60 | 1.93 | 13.14 | 20.77 |
| PMA | Phase 4 | Nov 2023 - Jan 2024 | 3,634 | 29.84 | 1.11 | 27.69 | 32.09 | 24.36 | 0.84 | 22.74 | 26.06 | 18.75 | 1.02 | 16.82 | 20.85 |

| 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 | 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 |
| PMA 2020 | R2 | July-Aug 2018 | 1,767 | 23.29 | 1.99 | 19.58 | 27.48 | 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 | 2,496 | 33.37 | 1.66 | 30.17 | 36.73 | 25.87 | 1.28 | 23.42 | 28.48 | 23.68 | 1.74 | 20.40 | 27.29 |
| PMA | Phase 3 | Sept-Dec 2022 | 2,409 | 34.72 | 2.28 | 30.36 | 39.36 | 26.61 | 1.65 | 23.47 | 29.99 | 21.90 | 2.27 | 17.75 | 26.70 |
| PMA | Phase 4 | Nov 2023 - Jan 2024 | 2,256 | 32.31 | 1.49 | 29.45 | 35.32 | 26.08 | 1.40 | 23.40 | 28.95 | 24.67 | 1.15 | 22.47 | 27.01 |

PMA Côte d'Ivoire collects information on knowledge, practices and coverage of family planning services in 122 enumeration areas using a multi-stage stratified cluster design with urban-rural strata. The results are representative at the national level and within urban/rural strata. Data were collected in 73 enumeration areas during PMA2020 rounds 1 and 2 and 122 enumeration areas during PMA Phases 1 to 4. Data were collected between November 2023 and January 2024 from 3,679 households (95.5% response rate), 3,634 women aged 15 to 49 (response rate : 94.1%). Percentages in this brief may not add up to 100% due to rounding. For sampling information and full data sets, visit: <https://www.pmadata.org/countries/cote-divoire>.

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 l'Ecole Nationale Supérieure de Statistique et d'Economie Appliquée d'Abidjan (ENSEA). Overall direction and support are provided by the William H. Gates Sr. Institute for Population and Reproductive Health at the Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.