



PMA CÔTE D'IVOIRE

Results from Phase 1 baseline survey

September - November 2020

OVERALL KEY FINDINGS

The modern contraceptive prevalence rate (mCPR) among married women was **22%** in 2020.

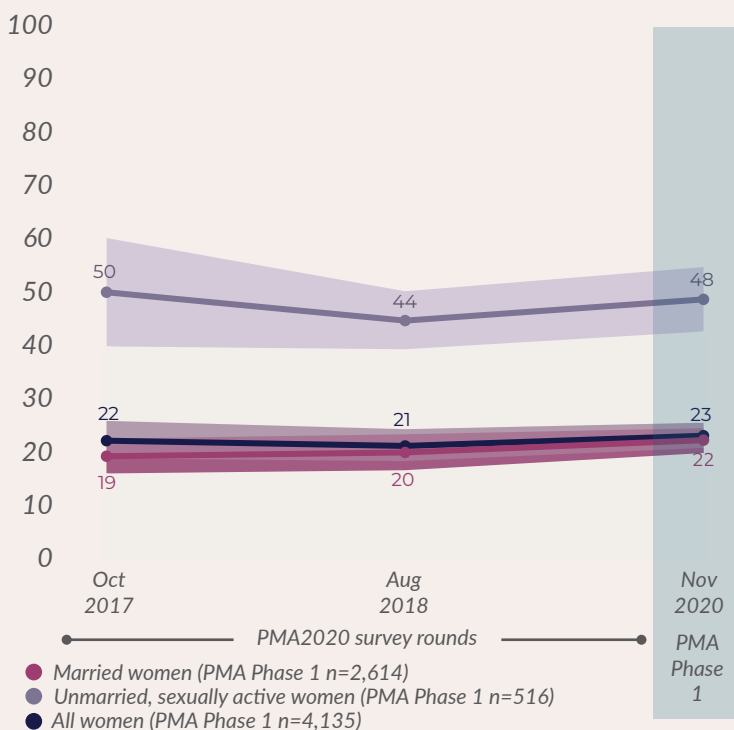
Six percent of women use long-acting methods, a relative increase compared to 2018.

Women with a high level of empowerment (based on the Women and Girl's Empowerment [WGE]'s Index) and those working outside of their homes are more likely to use a modern contraceptive method than those with a low level of empowerment and housewives, respectively.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

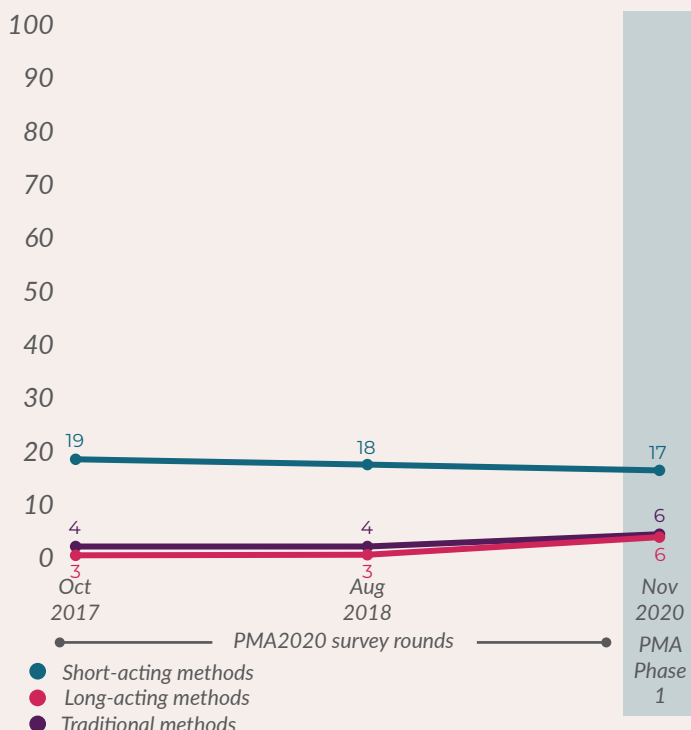
MODERN CONTRACEPTIVE PREVALENCE

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



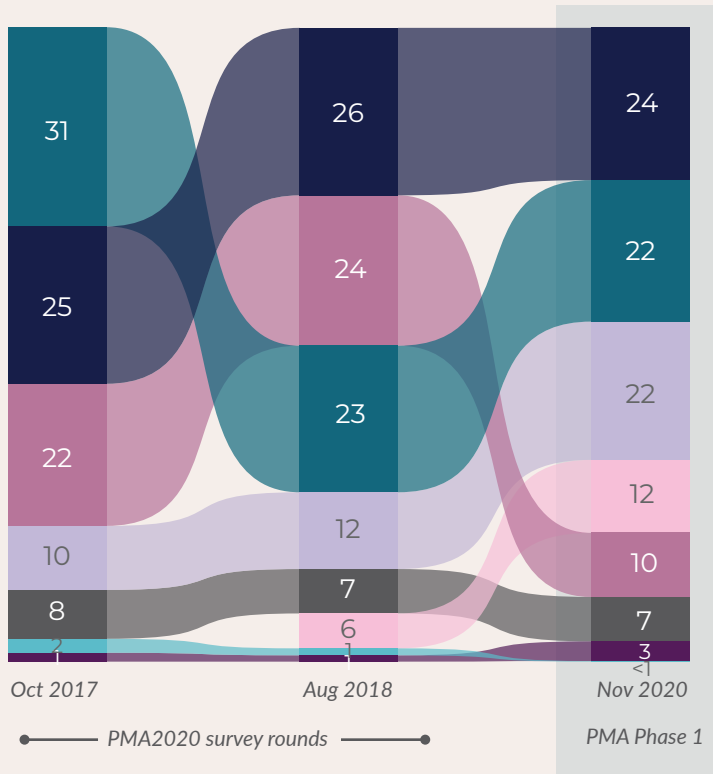
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (PMA Phase 1 n=4,135)



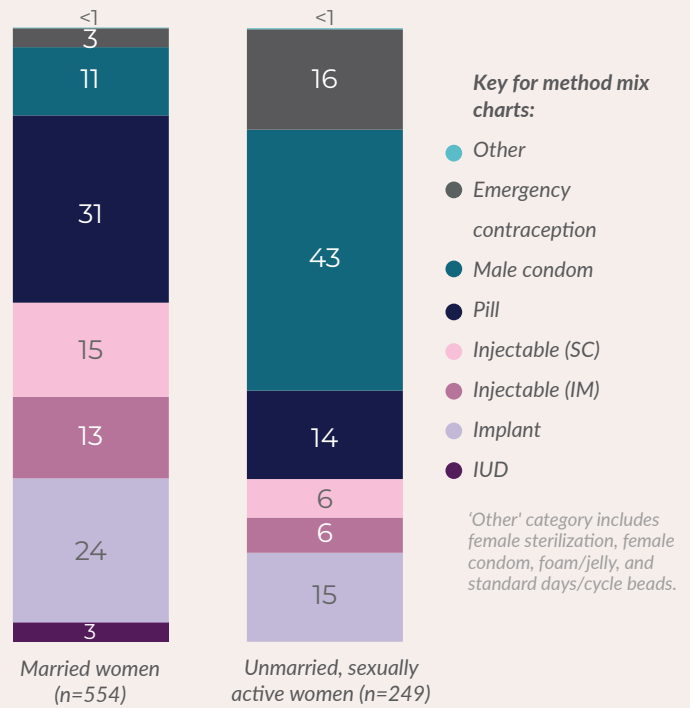
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (PMA Phase 1 n=913)



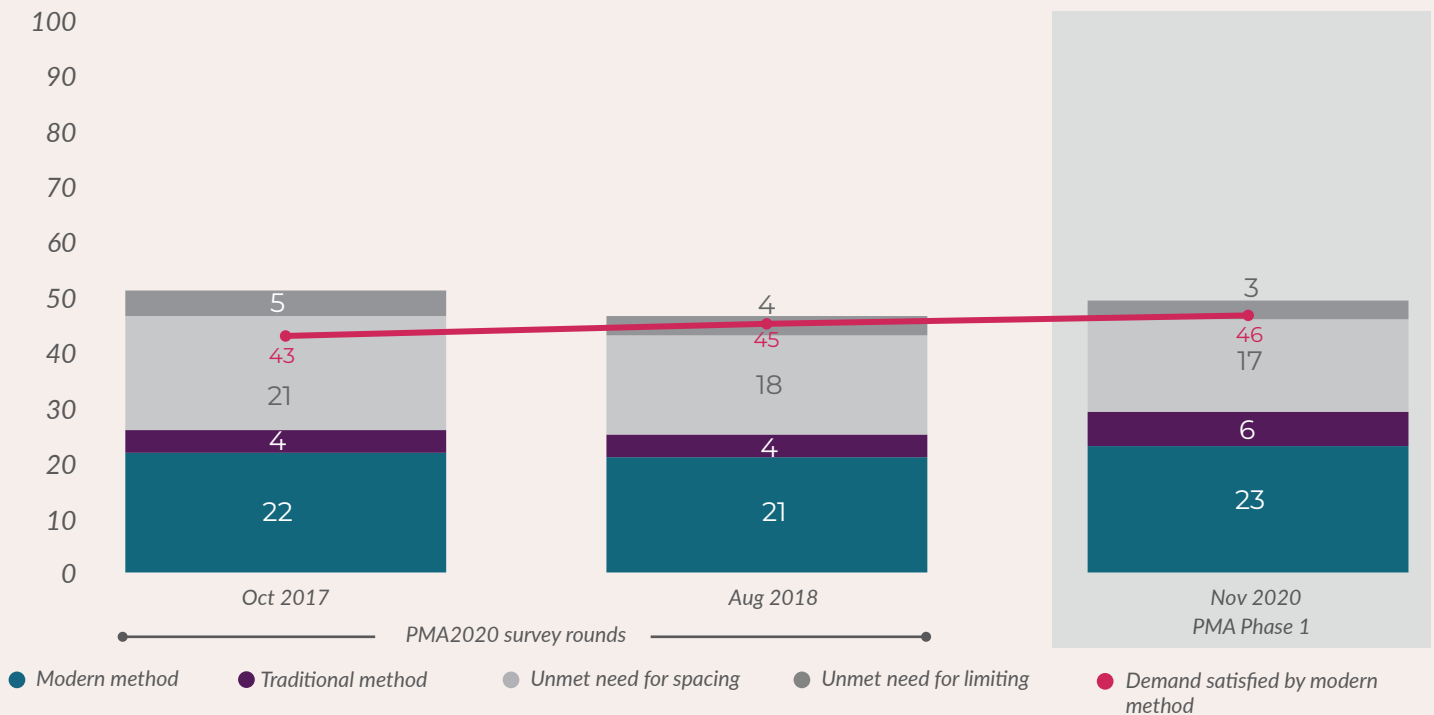
MODERN CONTRACEPTIVE METHOD MIX

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

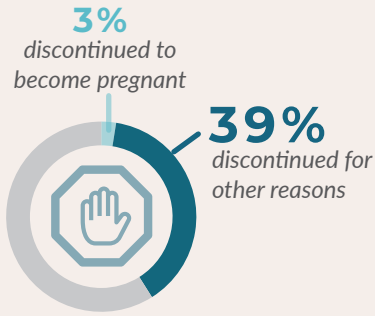
Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 1 n=4,135)



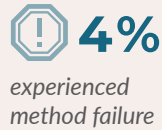
Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.

12-MONTH DISCONTINUATION RATE

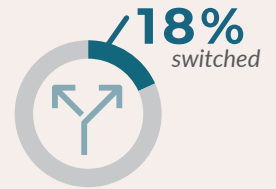
Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=1,195 episodes)



Reasons for discontinuation:



Discontinued but switched methods:

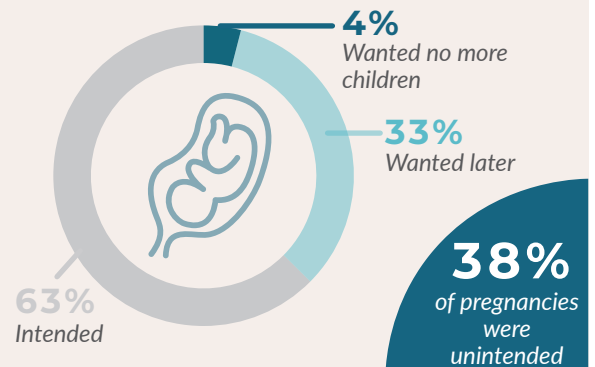


KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- The use of implants and sub-cutaneous injectables has increased since 2018, while the use of intra-muscular injectables has decreased. The pill and the implant are the most common contraceptive methods among women in union.
- A continued decrease in unmet needs, from 26% in 2017 to 20% in 2020. The majority of women with unmet needs have an unmet need for spacing.
- In 42% of cases, modern contraceptive use was discontinued in the 12 months following the start of use. Among those cases, 9% stopped using due to fear of side effects, and 7% due to a desire for a more effective method.
- 38% of recent births or current pregnancies were not wanted.

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

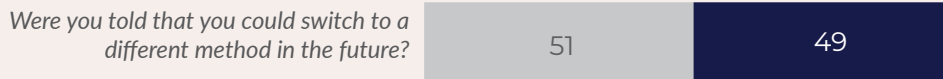
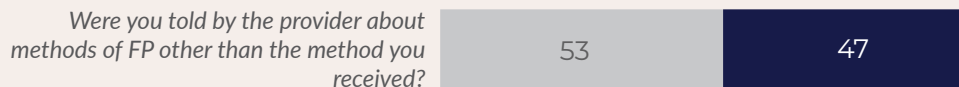
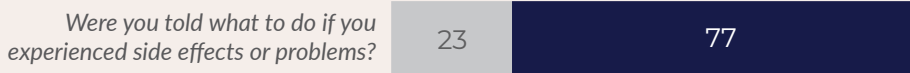
Percent of women by intention of their most recent birth or current pregnancy (n=2,427)



SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

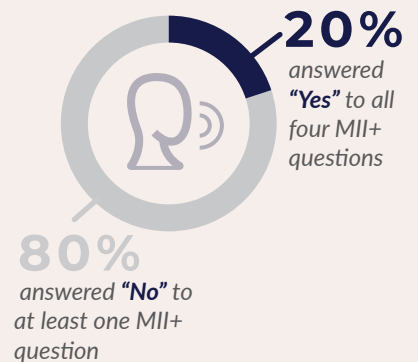
METHOD INFORMATION INDEX PLUS (MII+)

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=864)



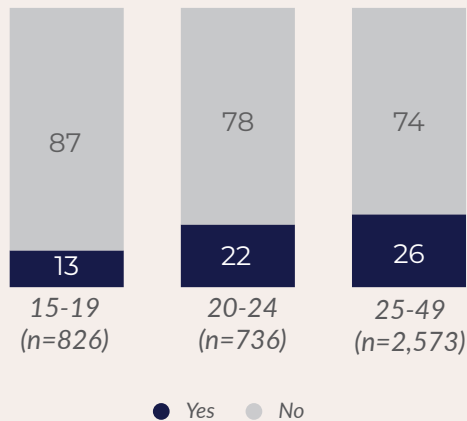
● No ● Yes

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



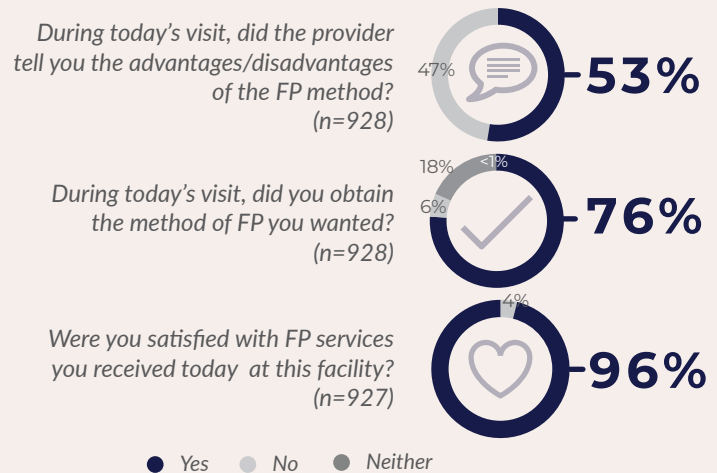
DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

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

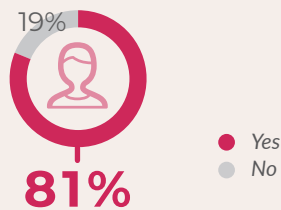
- Only one in five women received the four key messages constituting quality FP counseling.
- 23% of women between 25-49 years old discussed FP with a provider in the past 12 months. However, adolescent girls were half as likely to have had these conversations.
- 96% of FP clients reported that they were satisfied with the services they received. 76% obtained the method of their choice, while only 53% reported that they were informed by their providers about the benefits 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=900)

Does your partner know that you are using this method?

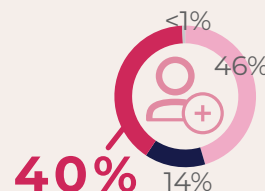


Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?



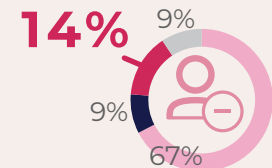
Percent of women who are currently using FP and agree with the following statements (n=1,118)

Would you say that using FP is mainly your decision?



Percent of women who are not currently using FP and agree with the following statements (n=2,572)

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



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

KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Among women using a female controlled modern contraceptive method, their partner was involved in the decision to delay or avoid a pregnancy in 75% of the cases.
- Among women using any method, two in five women made the decision to use a contraceptive method jointly with their partner, while 46% made this decision on their own.
- Among women who do not currently use any contraceptive method, 9% reported that this was mainly their partner's decision, while 67% reported that they made this decision themselves.

SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

AGREEMENT WITH CONTRACEPTIVE EMPOWERMENT STATEMENTS

Percent of married/in union women who strongly agree to strongly disagree with each statement

Exercise of choice (self-efficacy, negotiation) for contraception (n=2,565)

I feel confident telling my provider what is important when selecting a method.



I feel confident discussing FP with my husband/partner



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



Existence of choice (motivational autonomy) for contraception (n=2,434)

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



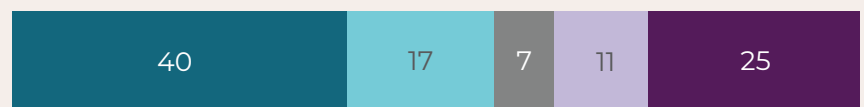
If I use FP, my children may not be born normal.



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 GIRL'S EMPOWERMENT (WGE) SUB-SCALE FOR CONTRACEPTION

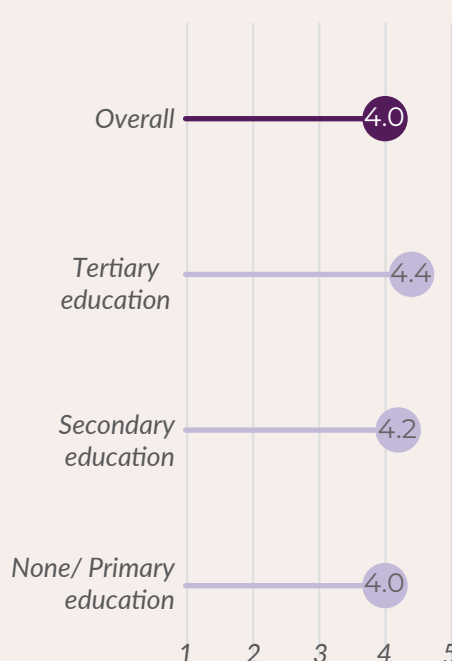
The Women and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, contraception, and sex outcomes in married/in union women.

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

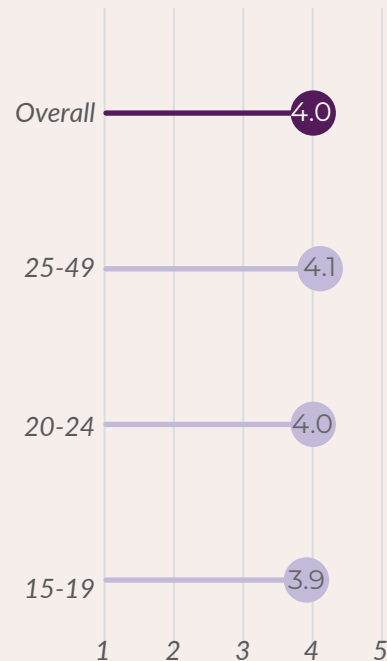
Scores from each contraceptive empowerment domain were summed and divided by number of items per domain (existence of choice=5 items; exercise of choice=3 items). Domains were then combined and equally weighted.

Range for the combined WGE contraception score is 1-5, with a score of 5 indicating highest empowerment.

Mean WGE score, by education

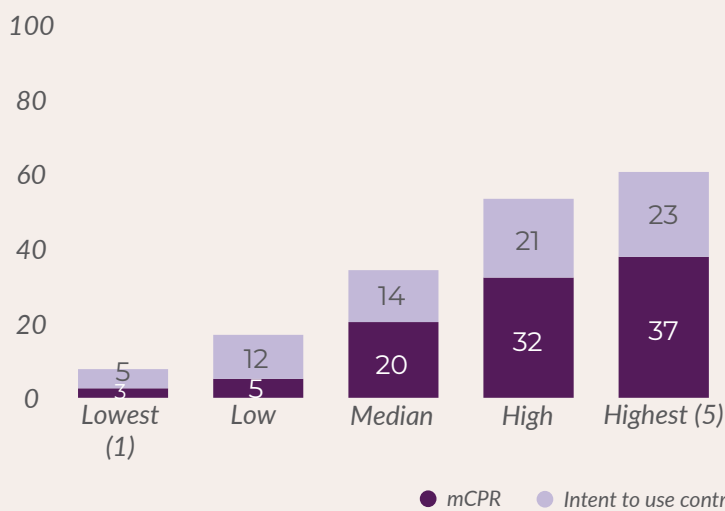


Mean WGE score, by age



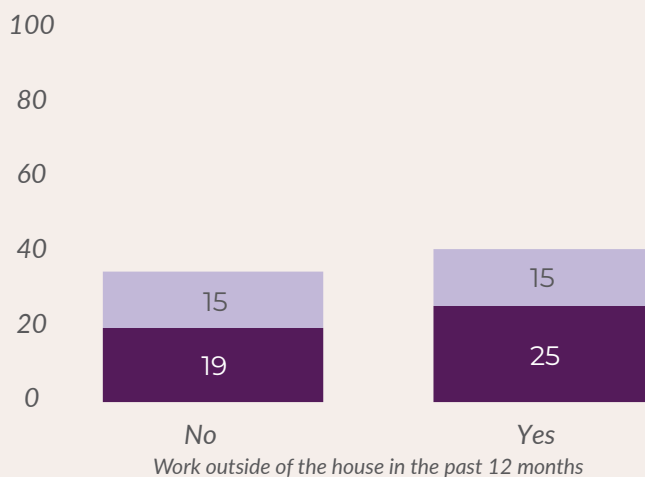
mCPR and intent to use contraception, by categorical WGE score

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=2,032)



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=4,135)



KEY FINDINGS FOR SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

- 80% of women agreed or completely agreed that they felt confident talking about FP with their partner.
- The higher a woman's degree of empowerment, the more likely she is to use modern contraception. This is also true in terms of her intention to use a contraceptive method in the future.
- Women who have access to employment use modern contraceptive methods more.

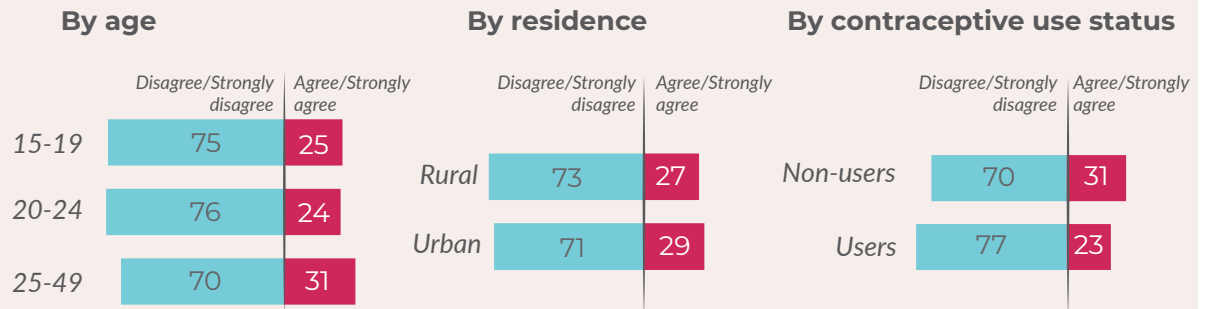
SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

PERSONAL ATTITUDES

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

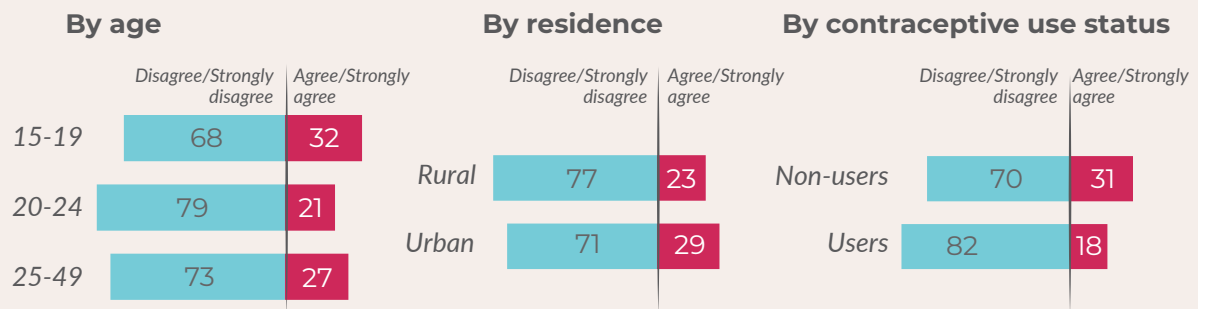
Adolescents who use FP are promiscuous.

(n=4,043)



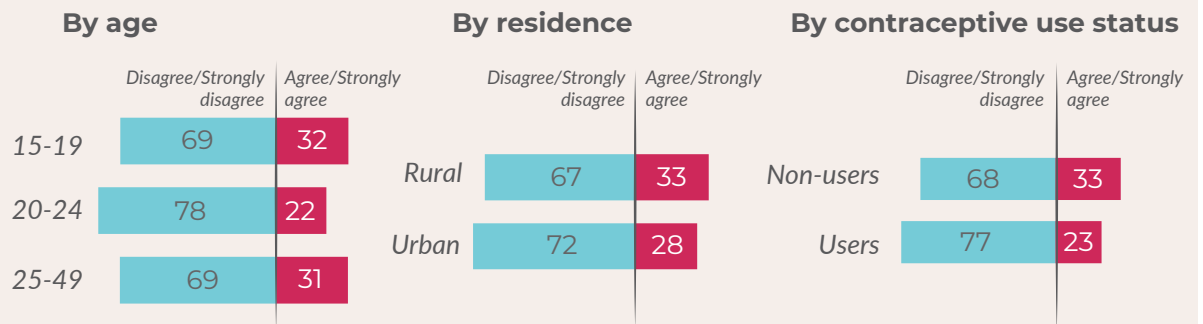
FP is only for married women.

(n=4,073)



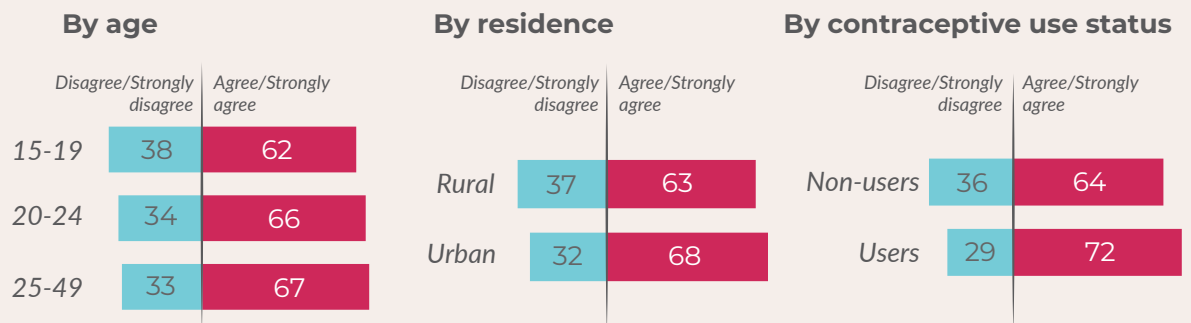
FP is only for women who don't want any more children.

(n=4,051)



People who use FP have a better quality of life.

(n=4,001)



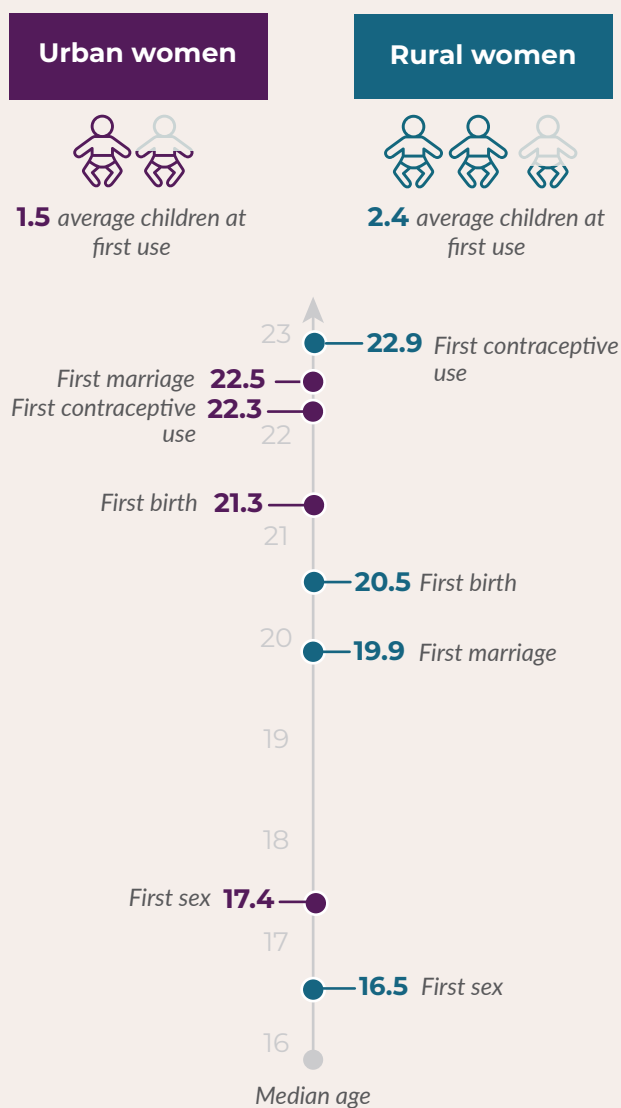
KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- One in five FP users personally agree with the idea that adolescent girls who use FP are promiscuous.
- More women living in urban areas believe that FP should only be for married women, compared to women living in rural areas.
- Nearly one in three adolescent girls has negative social views of FP use in young girls, believing that young girls who use FP are promiscuous or that FP should only be for women who do not want to have any more children.

SECTION 6: REPRODUCTIVE TIMELINE

REPRODUCTIVE TIMELINE

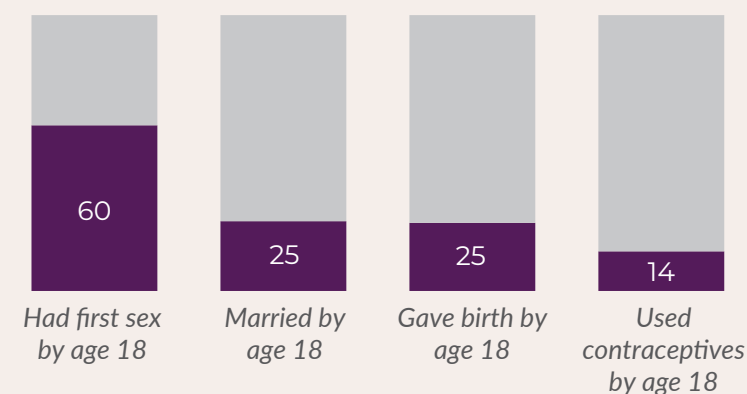
Median age at reproductive events, by residence (urban vs. rural) (n=1,101)



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.

REPRODUCTIVE EVENTS BY AGE 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=1,101)



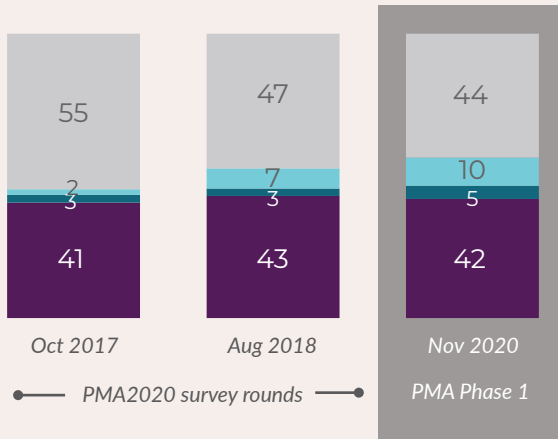
KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

- Compared to urban women, those living in rural areas start having sex at a younger age, get married at a younger age, and have their first child at a younger age; but they start using contraception later.
- First contraceptive use occurs after the second birth among rural women, while for urban women, it occurs after their first birth.
- 60% of women aged 18-24 began having sex before the age of 18, but only 14% of them used a contraceptive method before this age.

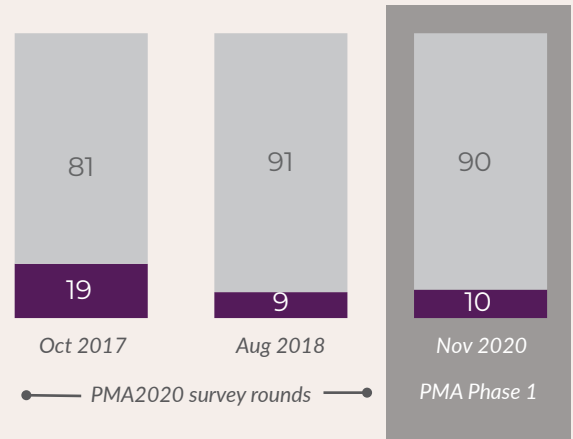
SECTION 7: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities(PMA Phase 1 n=172)



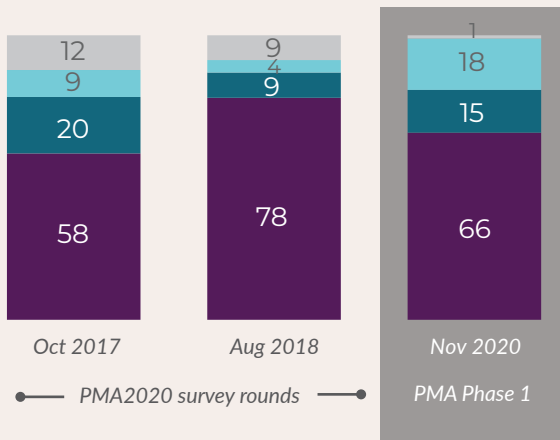
Private facilities(PMA Phase 1 n=20)



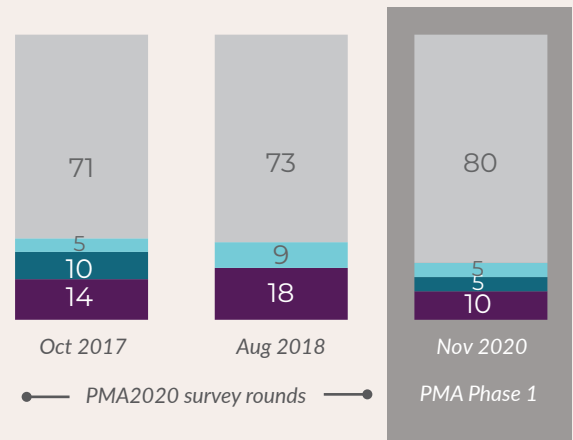
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities(PMA Phase 1 n=172)



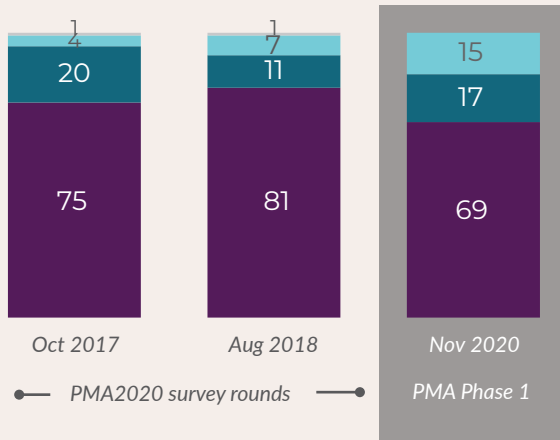
Private facilities (PMA Phase 1 n=20)



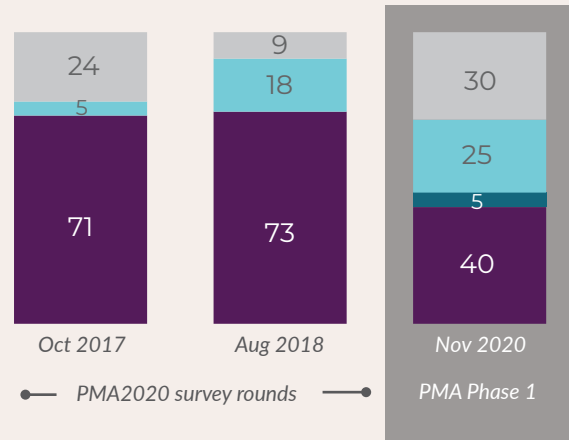
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 1 n=172)



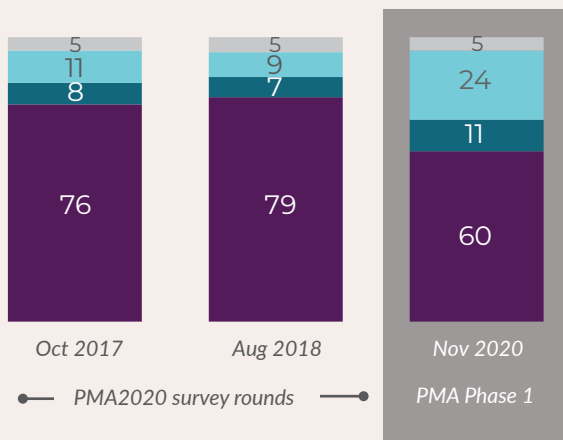
Private facilities (PMA Phase 1 n=20)



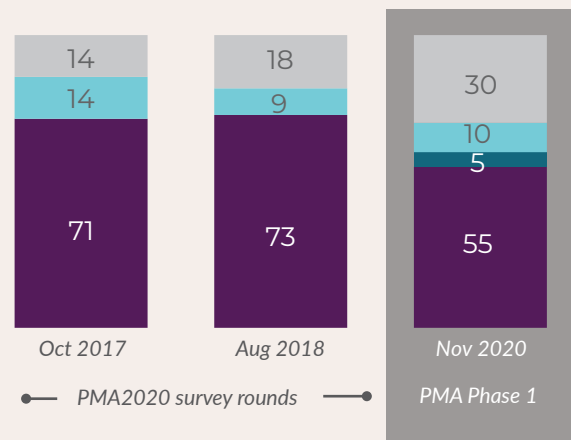
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 1 n=172)



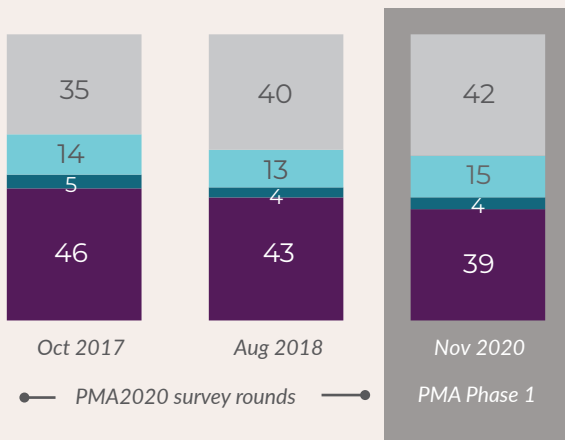
Private facilities (PMA Phase 1 n=20)



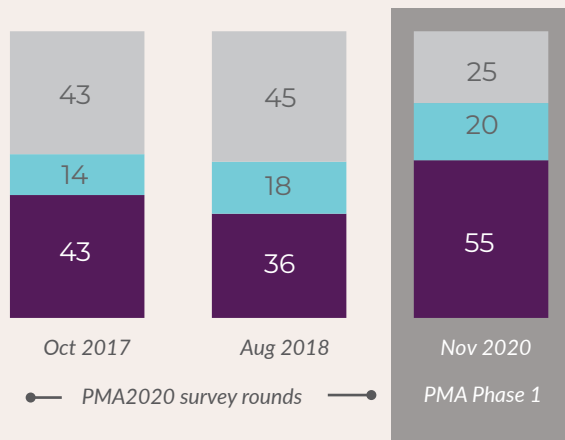
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: MALE CONDOM

Public facilities(PMA Phase 1 n=172)



Private facilities (PMA Phase 1 n=20)

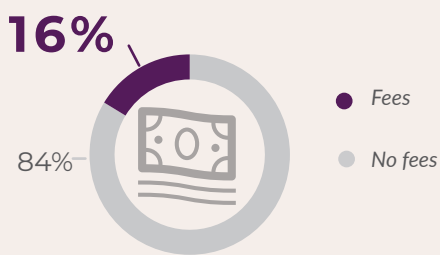


● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

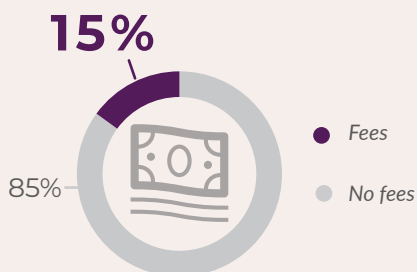
FEES FOR SERVICES

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=172)

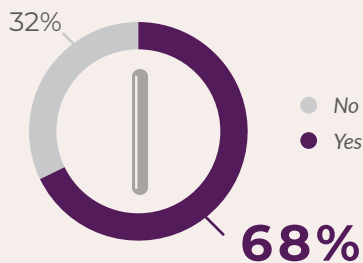


Private facilities (n=20)

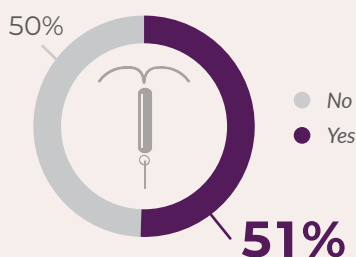


FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=174)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=99)



48%

of women obtained their current modern method from a public facility (n=901)

KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- In 2020, implants and injectables were the contraceptive methods most likely to be available in public service delivery points (SDPs).
- Public FP facilities have greater operational capacity to provide the implant compared to the IUD.
- In 16% of public SDPs, FP clients must pay a fee to be seen by a provider (even if they do not obtain a FP method).

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	Sep-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	Sep-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

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	Sep-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	Sep-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 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 and region strata. The results are representative at the national level and within urban/rural strata. Data were collected between September and November 2020 from 3,988 households (96.0% response rate), 4,135 females age 15-49 (97.0% response rate), 215 facilities (97.7% completion rate), and 928 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 École Nationale Supérieure de Statistique et d'Économie 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.