

PMA AGILE-YRDSS/CÔTE D'IVOIRE

Key Results

Côte d'Ivoire has a burgeoning youth population, with over half of youth currently living in urban areas. Urban adolescents and youth have thus become a target group for reproductive health study and service delivery services given the population's growing size, limited data on their reproductive health behaviors, and reported low levels of contraceptive use. PMA Agile and the Association Ivoirienne pour le Bien-Etre Familial (AIBEF) conducted the Youth Respondent-Driven Sampling Study (YRDSS) among unmarried youth aged 15 to 24 years living in Abidjan, Côte d'Ivoire using respondent-driven sampling (RDS) methodology, a chain-based, peer-to-peer recruitment method. PMA Agile typically monitors contraception uptake via clinic-based surveys of providers and clients; however, it is expected that unmarried youth and adolescents may be procuring contraceptives via other means, making their use effectively "hidden" from clinic staff and compromising the accuracy of clinic-based survey measures. The study aimed to collect information about awareness, use, and procurement of contraception among unmarried adolescents and youth, both female and male, and enable reach into a population and topic that may be otherwise hidden. The study was conducted in August–November 2018 and enrolled 2,068 female and male participants.



STUDY METHODOLOGY: RESPONDENT-DRIVEN SAMPLING

YRDSS utilized RDS, a chain-based recruitment method, given feasibility concerns for household- and clinic-based sampling for this study population. Figures 1 and 2 illustrate RDS recruitment chains from weeks 2 and 12 of the study. Seeds (in red), who received coupons from study staff and started the recruitment chains, and subsequent recruits (in blue) were provided with up to three recruitment coupons each to recruit additional eligible adolescents into the study.

Figure 1. Recruitment chains: Week 2

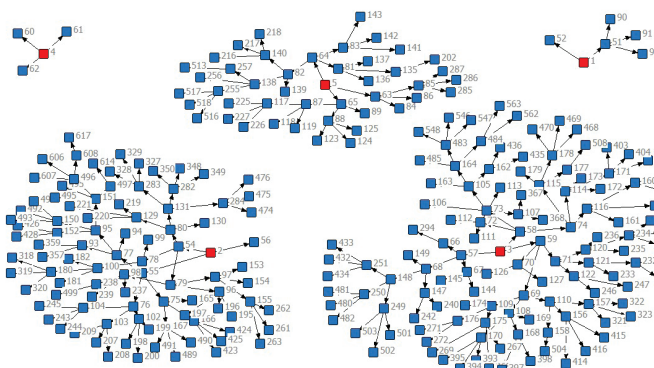
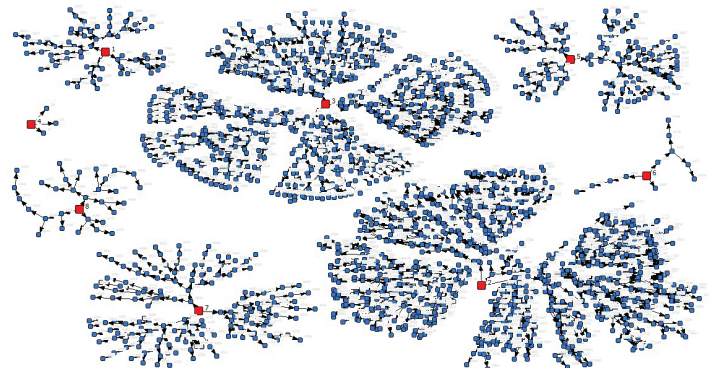


Figure 2. Recruitment chains: Week 12



DEMOGRAPHIC CHARACTERISTICS

TABLE 1. DEMOGRAPHIC CHARACTERISTICS				
	Males (N=1033)		Females (N=1035)	
	N	%^	N	%^
Age				
15-17 years	224	31.0%	288	35.1%
18-20 years	429	34.6%	422	32.0%
21-24 years	380	34.4%	325	32.9%
Municipality				
Abobo	193	18.2%	112	7.2%
Adjamé	25	1.4%	16	0.5%
Attécoubé	144	30.3%	90	7.0%
Bingerville	12	0.5%	13	0.3%
Cocody	112	2.4%	108	5.1%
Plateau	10	0.3%	4	0.3%
Yopougon	265	22.2%	275	19.2%
Treichville	48	4.7%	92	8.1%
Koumassi	106	7.1%	76	3.0%
Marcory	25	2.5%	37	5.3%
Port Bouet	88	9.8%	211	44.0%
No response	5	0.6%	1	0.0%
Highest level of education				
Never	2	4.8%	19	26.7%
Primary	8	13.9%	16	25.4%
Secondary	462	68.9%	475	40.0%
Higher	545	10.6%	518	7.1%
Quranic/Bible school only	3	0.2%	2	0.0%
No response	13	1.5%	5	0.7%

^W%: Weighted percent

CONTRACEPTIVE USE

41.5%

Ever use

34.3%

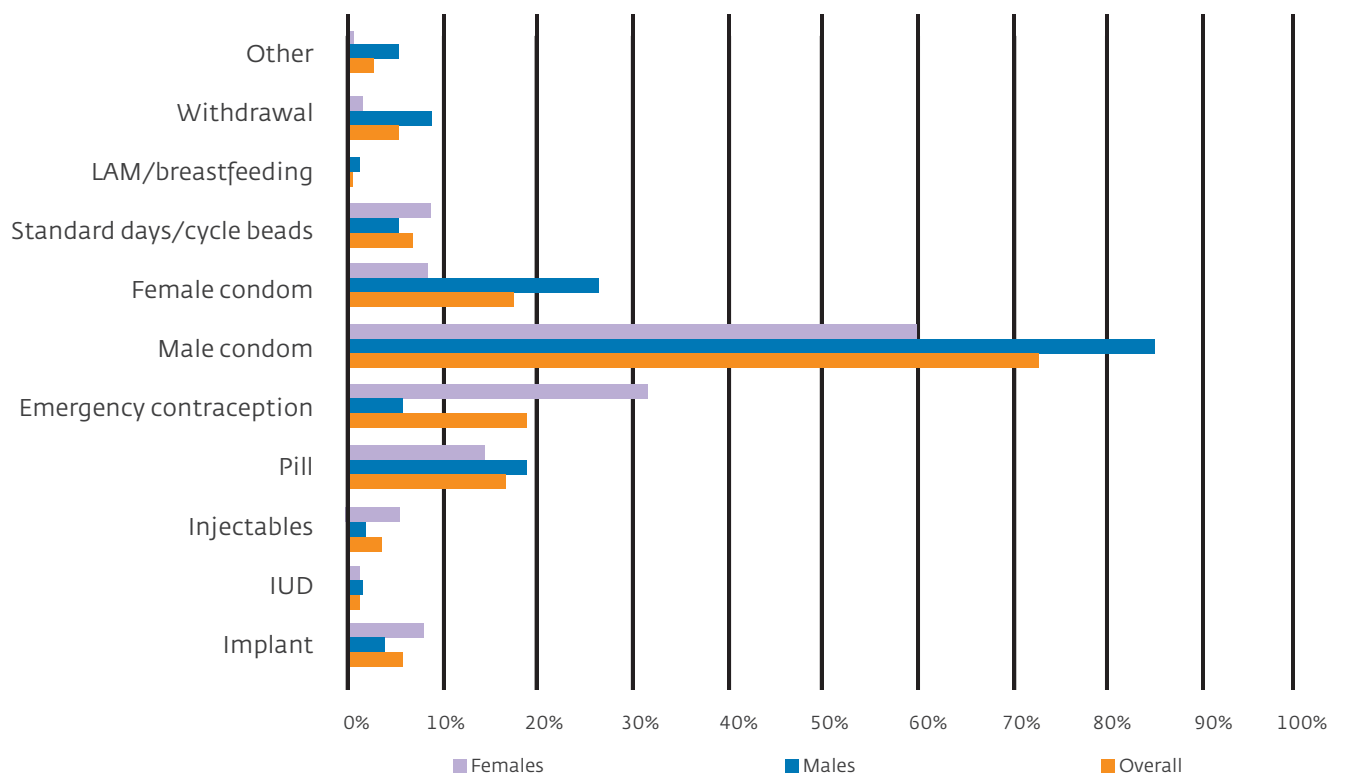
Current use

33.2%

Current use
(modern method)

Figure 3

Current reported method(s) among all contraceptive users



All respondents were asked about their **most informative source of contraception information.**

Mothers were the most informative source for females (18.5%) and **teachers** were the most informative source for males (30.2%).

TABLE 2. SOURCE OF CURRENT METHOD AMONG USERS

	Males (N = 442)		Females (N = 397)	
	N	%	N	%
University hospital (CHU)	21	1.4%	10	3.1%
General hospital	53	13.1%	49	9.8%
Urban health center	10	3.5%	13	4.6%
Family planning clinic	9	0.5%	15	0.7%
Mobile clinic	2	0.4%	2	1.4%
Community health worker	3	0.7%	2	0.4%
Private hospital/Clinic	12	1.7%	10	4.0%
Pharmacy	196	53.2%	205	57.5%
Private doctor/nurse	22	4.1%	9	1.1%
Shop/Store	30	3.4%	15	1.1%
Faith-based organization/Church	0	0.0%	0	0.0%
Friend/Relative	33	4.7%	30	2.8%
Non-profit organization	2	0.1%	1	0.0%
Market/Hawker	14	6.5%	1	0.7%
Other	8	0.4%	14	1.8%
Don't know/No response	27	6.4%	21	11.1%

DEPENDENCE ON OTHERS TO OBTAIN CONTRACEPTION

TABLE 3. DEPENDENCE ON OTHERS TO OBTAIN CONTRACEPTION AMONG CURRENT USERS

	Males		Females	
	N	%	N	%
	(N=442)		(N=442)	
Person who obtains current method				
Self	296	71.3%	196	53.4%
Partner	85	14.2%	164	38.3%
Other	20	4.3%	12	3.4%
Don't know/ no response	41	10.2%	25	4.9%
	(N=105)*		(N=176)*	
Level of dependence on others to obtain current method				
Entirely dependent	8	10.9%	20	28.7%
Somewhat dependent	44	45.5%	43	16.6%
Not dependent	47	28.7%	95	48.7%
No response	6	15.0%	18	6.1%

*Respondents who report that a partner or "other" person obtains their current method

Figure 5. Reasons for relying on others for method procurement among users of male-controlled methods* (N=51)

*Male-controlled methods include male condoms

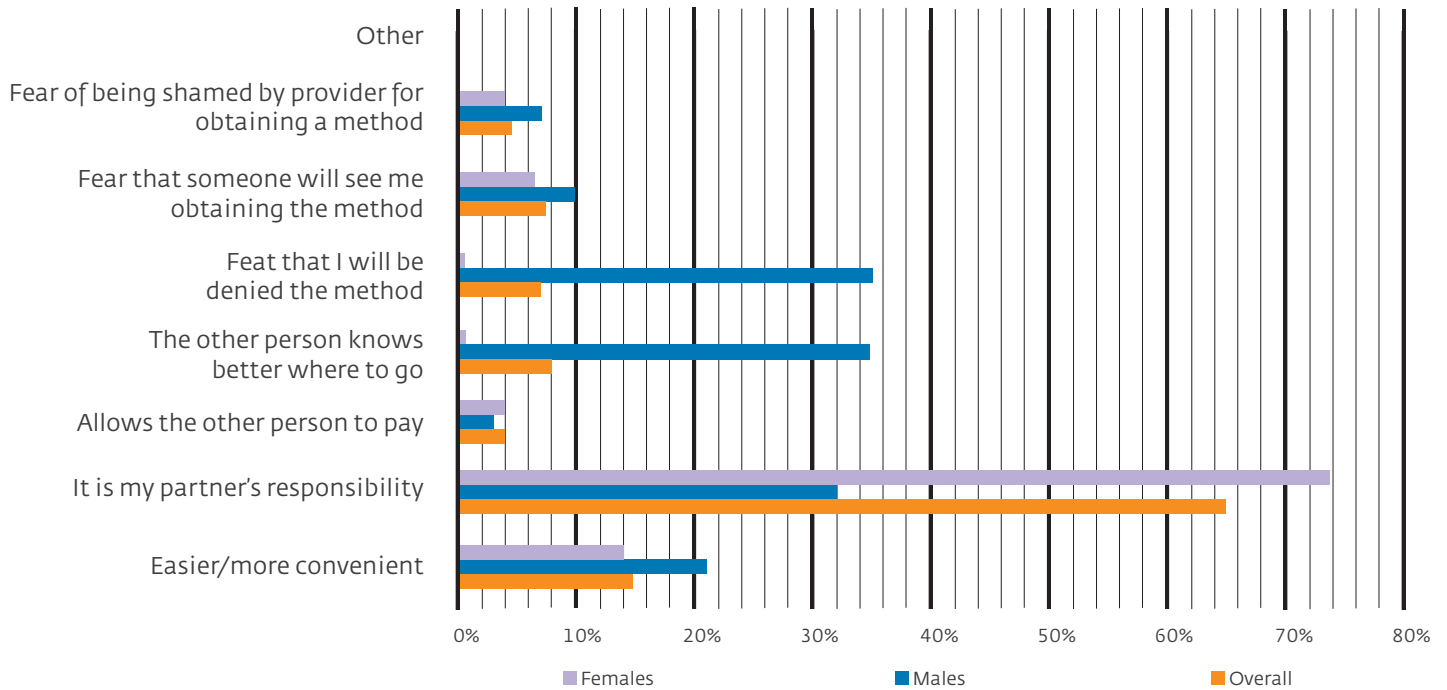
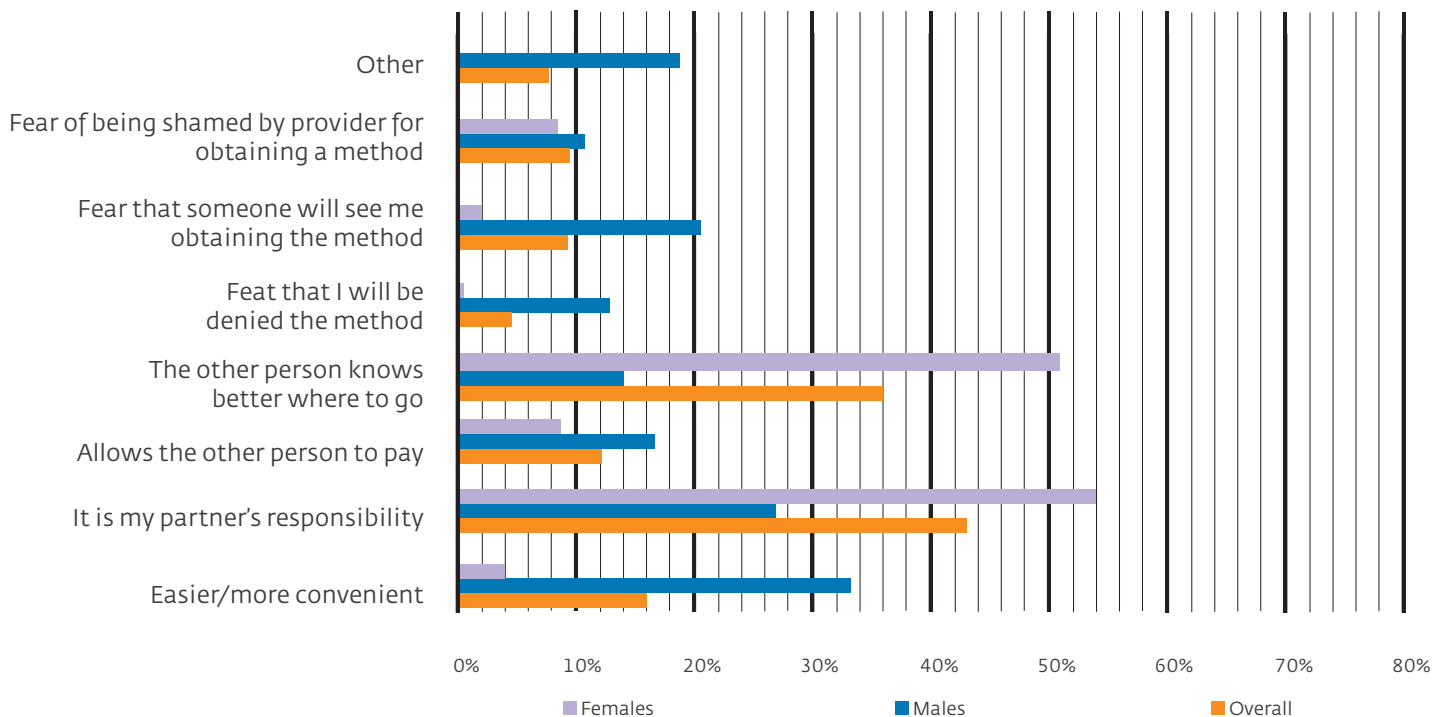


Figure 6. Reasons for relying on others for method procurement among users of female-controlled methods* (N=53)

*Female-controlled methods include pill, emergency contraception, female condoms, and cycle beads



DEMAND FOR CONTRACEPTION AND QUALITY OF SERVICES

Among all respondents:

55.5% reported favorable community attitudes towards contraception

90.6% report exposure to contraceptive messages on the radio, television, print, by text, or on social networks in the last few months

37.2% recommended any contraceptive method to friends and/or relatives in last 12 months

TABLE 4. QUALITY OF CONTRACEPTIVE SERVICES REPORTED BY CURRENT USERS

	Males		Females	
	N	%	N	%
	(N=296)*		(N=196)*	
Current users reporting they obtained their method of choice at visit	227	85.6%	155	65.2%
Current users reporting they were informed about side effects	132	52.1%	85	32.9%
	(N=132)**		(N=85)**	
Current users who were informed of what to do if they experienced side effects	85	62.9%	54	63.2%
	(N=233)***		(N=173)***	
Would recommend relative/friend to provider/facility where they obtained method	192	92.0%	140	71.5%

*Current users who reported that they obtain their contraceptive method themselves

**Current users who were told about side effects

***Current users who obtain their method themselves from a health facility/clinic/hospital



About PMA Agile-YRDSS/Côte d'Ivoire

PMA Agile is a project within Performance Monitoring and Accountability 2020 (PMA2020) suite implemented by the Gates Institute at Johns Hopkins University's Bloomberg School of Public Health, in collaboration with local research institutes and universities in PMA Agile geographies. PMA Agile seeks to establish an adaptable, replicable M&E platform for application at critical levels of program implementation, including the collection and use of routine and survey data sources that can provide rapid feedback and is cost-effective. The Youth Respondent-Driven Sampling Survey (YRDSS) was implemented in collaboration with the Association Ivoirienne pour le Bien-Etre Familial (AIBEF) in Abidjan with unmarried youth aged 15-24 years. YRDSS used respondent-driven sampling (RDS) methodology, a chain-based recruitment method in which study participants recruit their peers through numbered coupon distribution. Overall direction and support were provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. YRDSS was supported through funds provided by the Bill & Melinda Gates Foundation. The final sample included 2068 youth. Data collection was conducted between August and November 2018. All results are weighted for RDS design, with a post-estimation weight for comparability with the underlying population of youth ages 15-24 in the study area.

Suggested citation: PMA Agile & AIBEF. YRDSS/Cote d'Ivoire: Key Results. 2019. Baltimore, Maryland, USA: Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins University Bloomberg School of Public Health.