



# PMA BURKINA FASO

Results from Phase 3 cross-sectional survey

December 2021–February 2022

## OVERALL KEY FINDINGS



The modern contraceptive prevalence rate (mCPR) among married women remained quasi-stable between March 2021 and February 2022.



14% of women use long-acting methods. This figure has remained stable since January 2018.



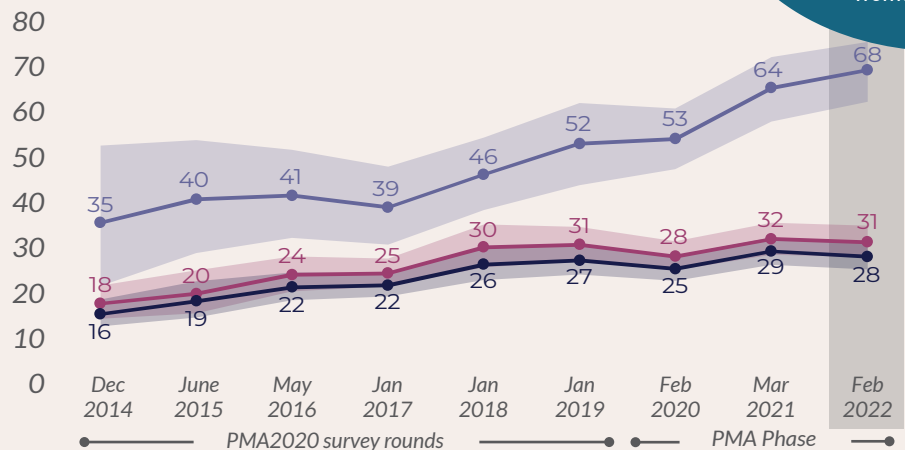
While current or recent stockouts of the IUD increased between March 2021 and February 2022 in public health facilities, stockouts of the pill, implant, and male condoms significantly decreased. Current or recent stockouts of injectables remained quasi-stable.

## SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

### MODERN CONTRACEPTIVE PREVALENCE

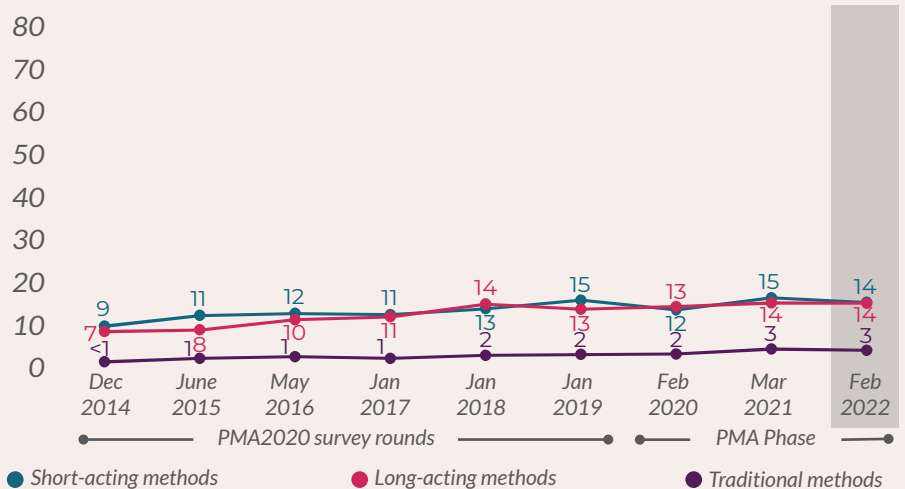
Percentage of women aged 15-49 currently using a modern contraceptive method (mCPR) by marital status

**1.2%**  
average annual increase in mCPR for all women women



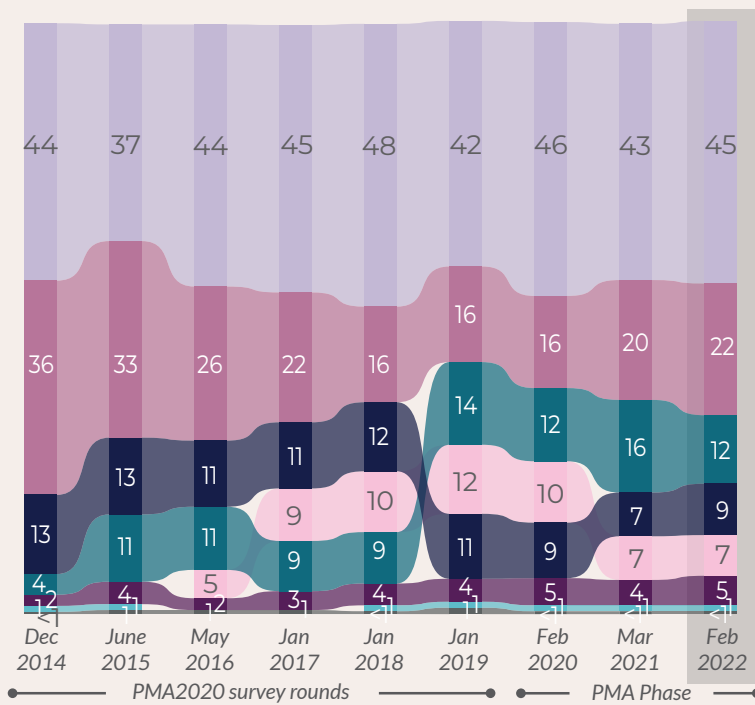
### CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 3, n=6,078)



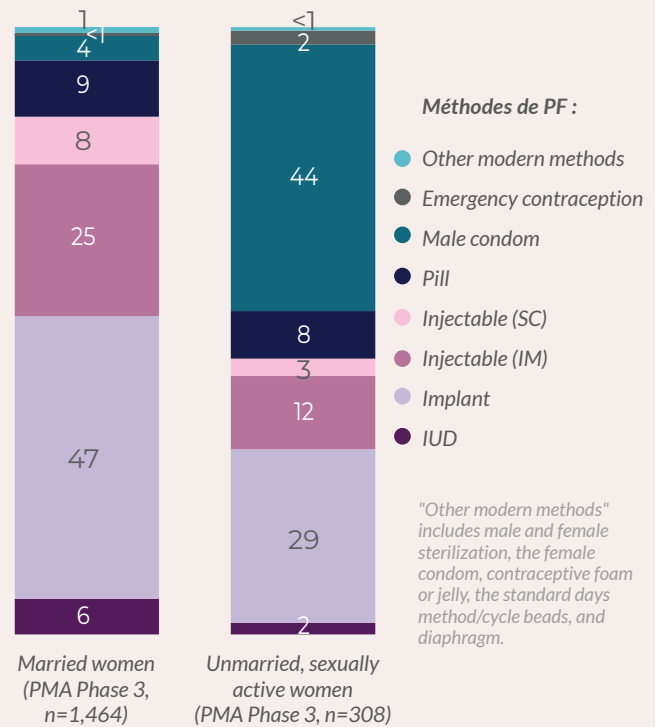
## TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 3, n=1,970)



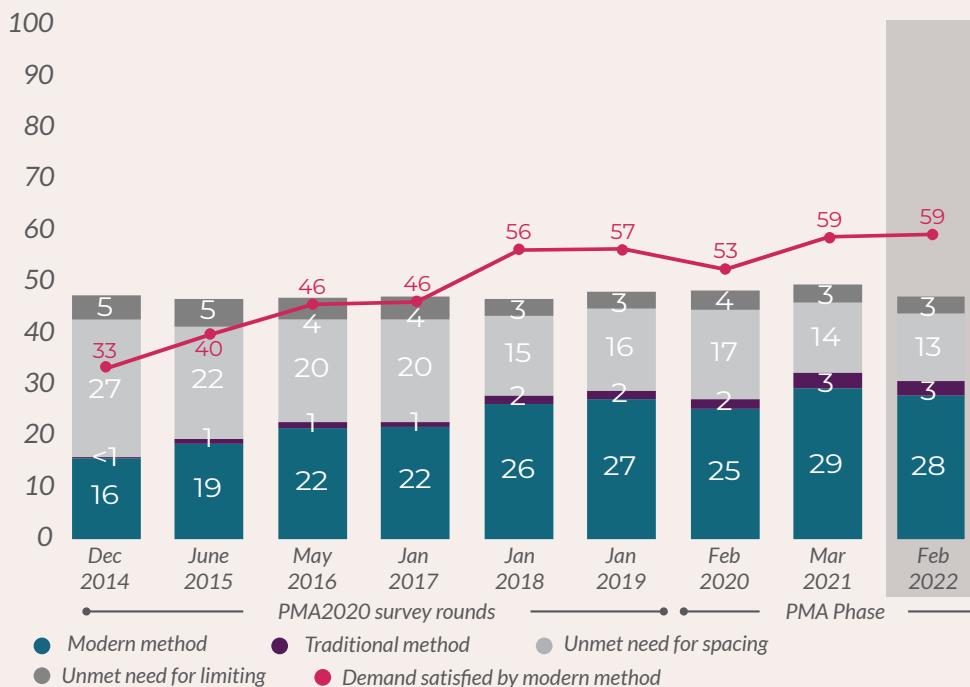
## MODERN CONTRACEPTIVE METHOD MIX

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 all women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 3, n=6,078)



## INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

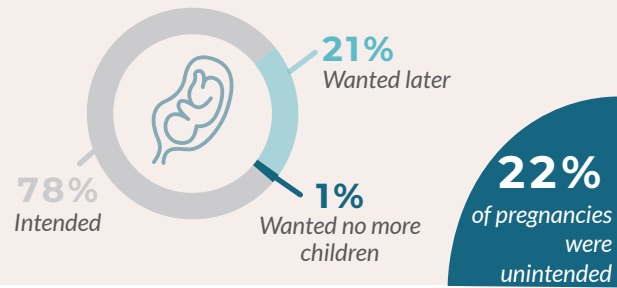
Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=3,488)



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 OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=3,086)



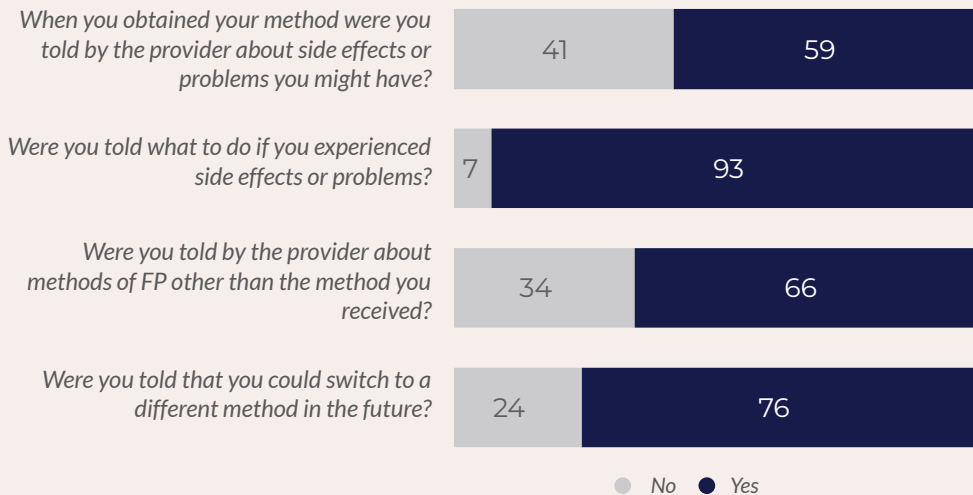
## KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Unmet need for family planning decreased from **32%** in December 2014 to **16%** in 2022.
- The proportion of sub-cutaneous injectable users has been decreasing since January 2019, falling from **12%** to **7%** in February 2022. In the meantime, the percentage of intra-muscular injectable users has increased from **16%** in January 2019 to **22%** in February 2022.
- More than one in five women (**22%**) reported that their recent birth or current pregnancy was unintended with **21%** reporting that they would have preferred to have it later and **1%** reporting that they did not want the pregnancy at all.

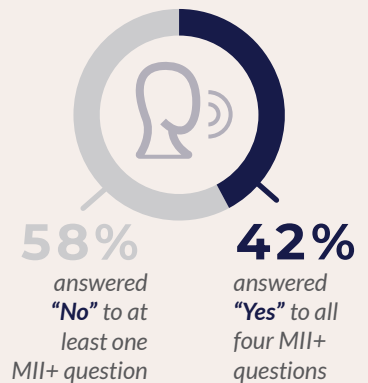
## SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

### 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=1,965)



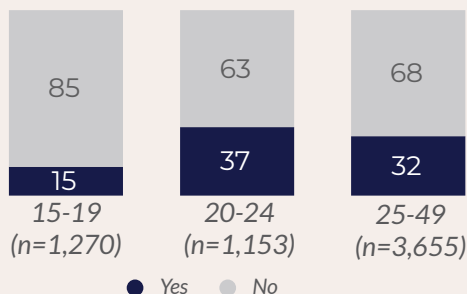
Percent of women who responded "Yes" to all four MII+ questions



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

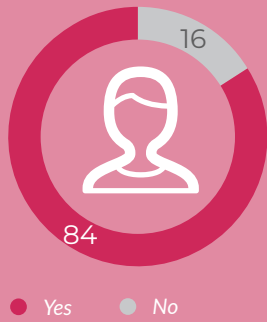
- **Forty-one percent** of current modern contraceptive method users were not counseled on possible side effects or issues related to the method they selected at their visit.
- In the past 12 months, adolescents received information on family planning from health providers **half as often** as older women.
- Only **42%** of all current contraceptive users received comprehensive counseling from healthcare providers.

## 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 statement, by age and education (n=1,456)

Does your partner know you are using this method?



#### By age



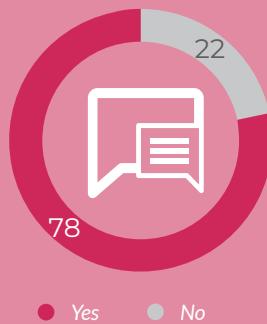
#### by education



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=1,455)

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



#### By age



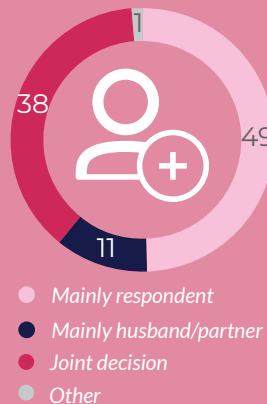
#### By education



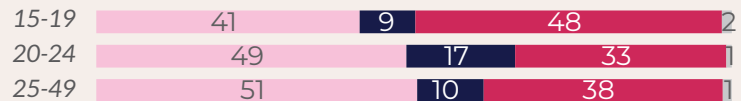
Modern, female controlled methods includes all modern methods except male sterilization and male condoms

Percent of women who are currently using FP and agree with the following statement, by age and education (n=1,801)

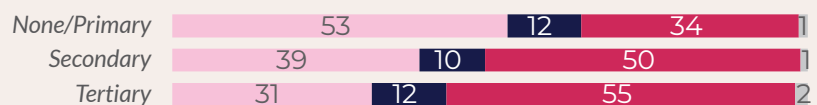
Would you say that using FP is mainly your decision?



#### By age

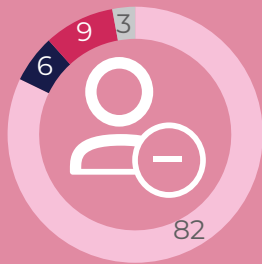


#### By education



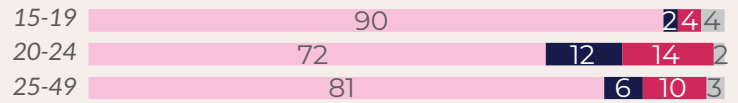
Percent of women who are not currently using FP and agree with the following statement, by age and education (n=3,507)

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

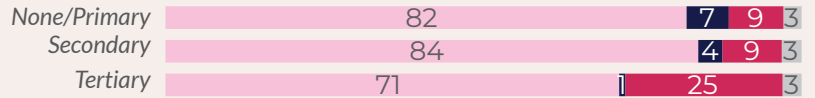


- Mainly respondent
- Mainly husband/partner
- Joint decision
- Other

### By age

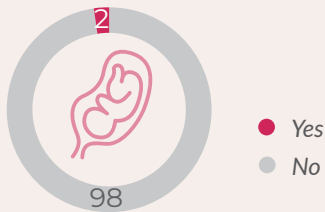


### By education

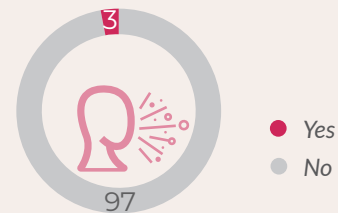


## PREGNANCY COERCION

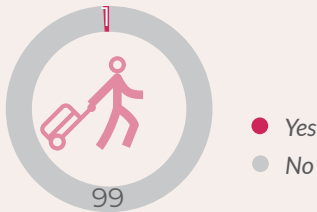
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=4,028)



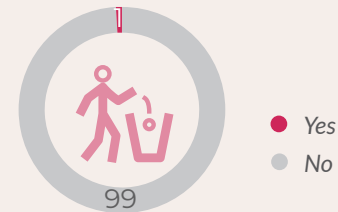
Percent of currently married women who report that their partner made them feel badly for wanting to use an FP method to delay or prevent pregnancy in the past 12 months (n=4,030)



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=4,031)



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=4,027)



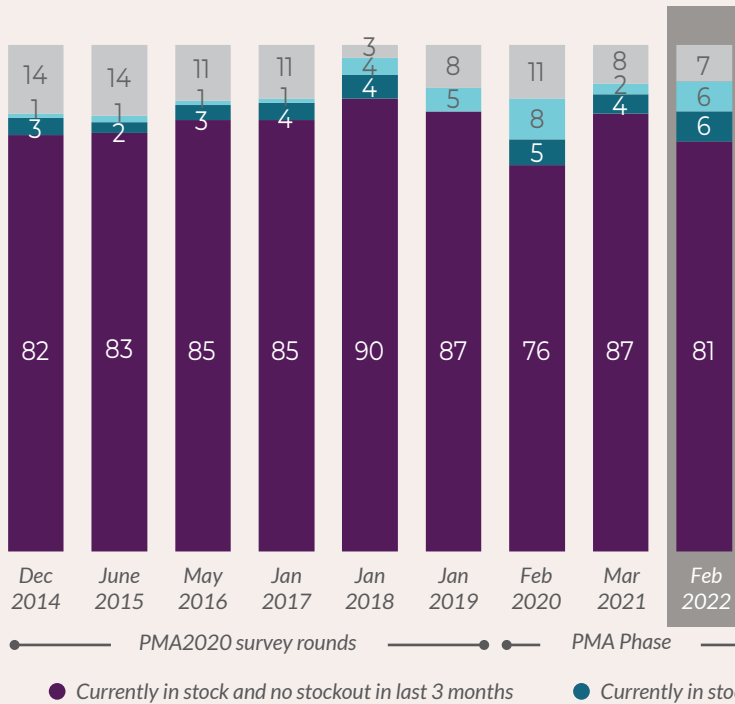
## KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Among women using a female controlled modern contraceptive method, **16%** reported that their husband/partner did not know that they were using a contraceptive method, with higher proportions of adolescents and women with less education reporting that their husband/partner did not know.
- Nearly one in five women (**22%**) who use a female controlled contraceptive method reported that they did not discuss with their partner/husband the decision to delay or prevent a pregnancy before starting using their current method. This proportion is higher among adolescents and women with less education.
- Only **38%** of current users reported that the decision to use a contraceptive method was jointly made with their partner/husband.

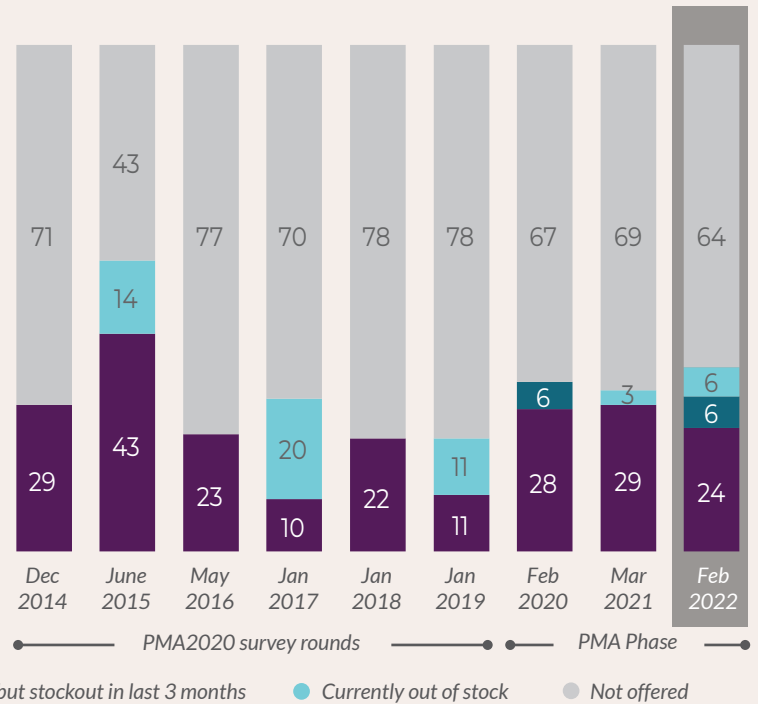
# SECTION 4: SERVICE DELIVERY POINTS

## TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 3, n=189)

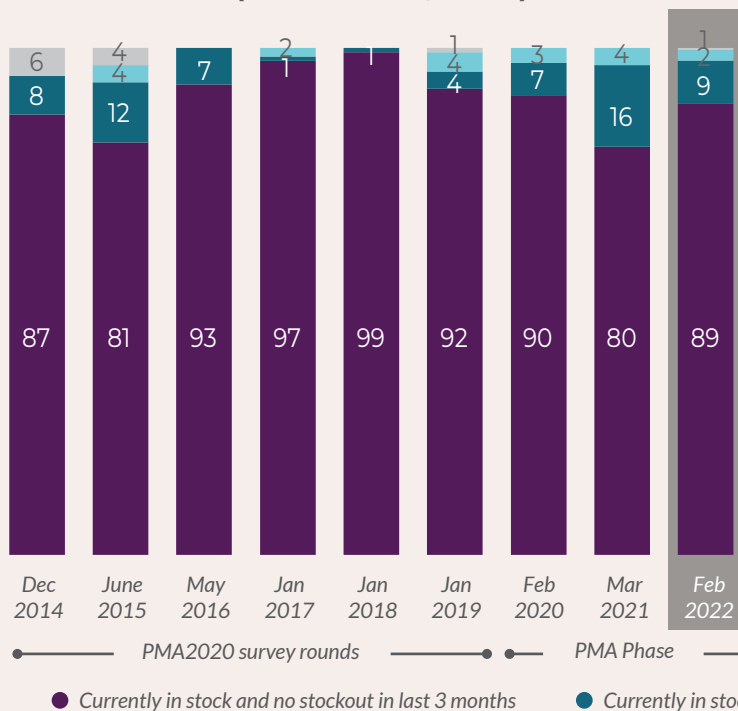


Private facilities (PMA Phase 3, n=33)

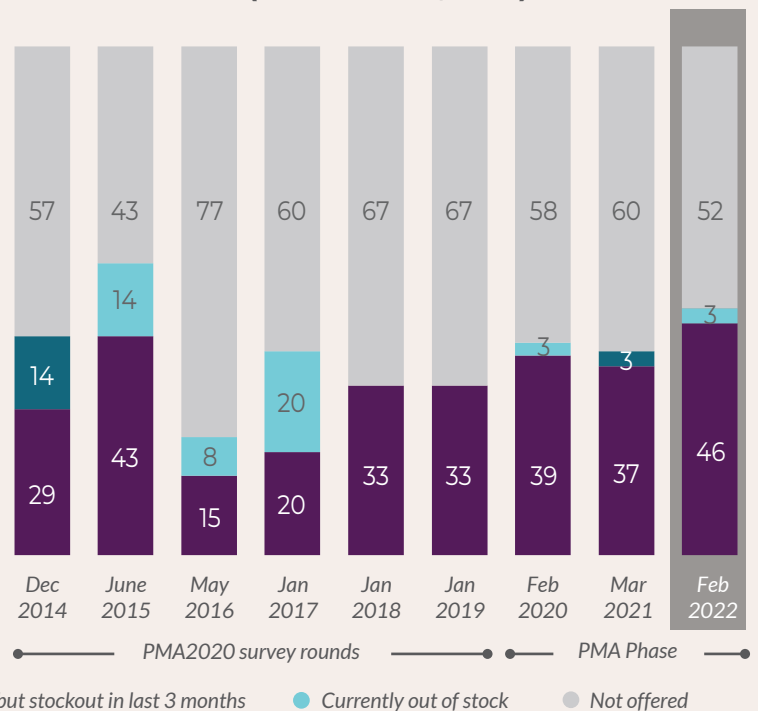


## TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 3, n=189)

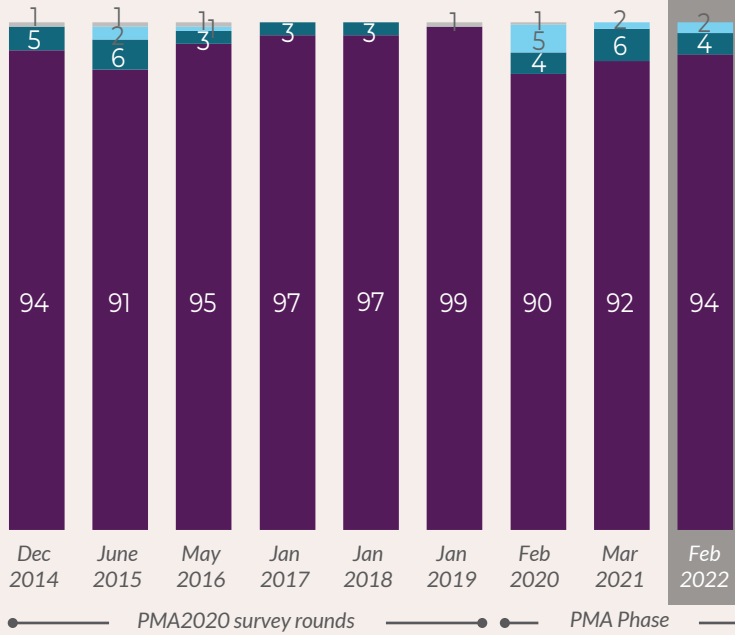


Private facilities (PMA Phase 3, n=33)

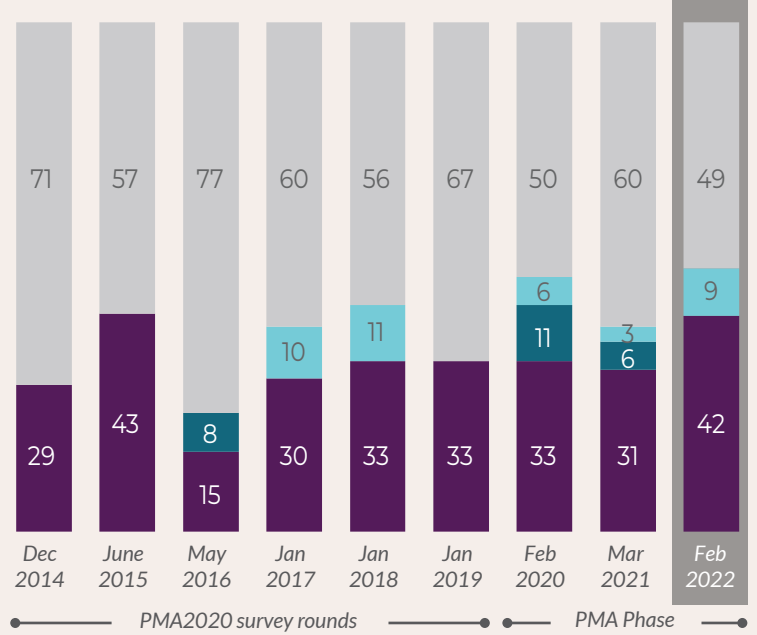


## TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 3, n=189)



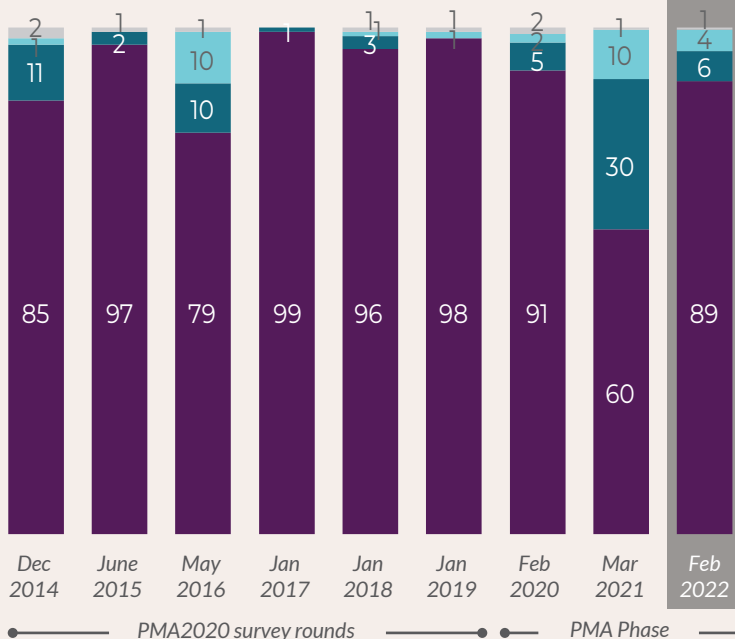
Private facilities (PMA Phase 3, n=33)



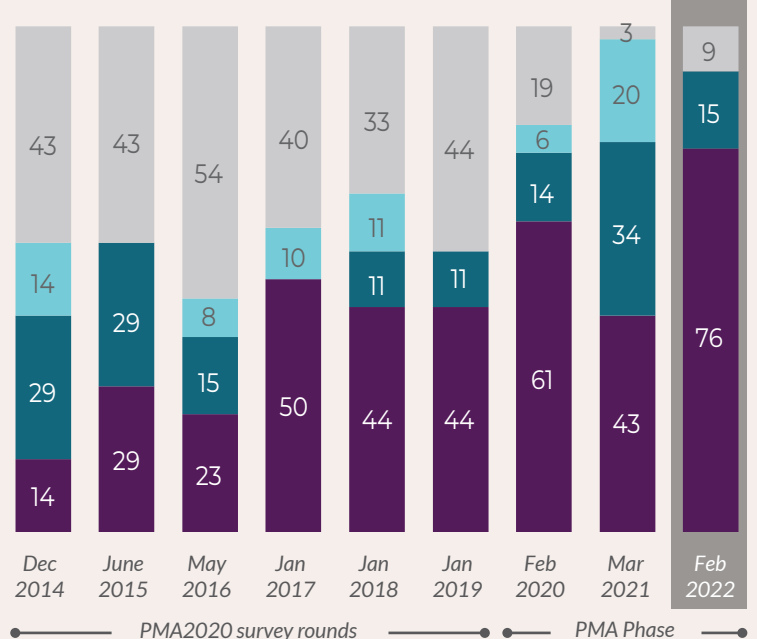
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

## TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 3, n=189)



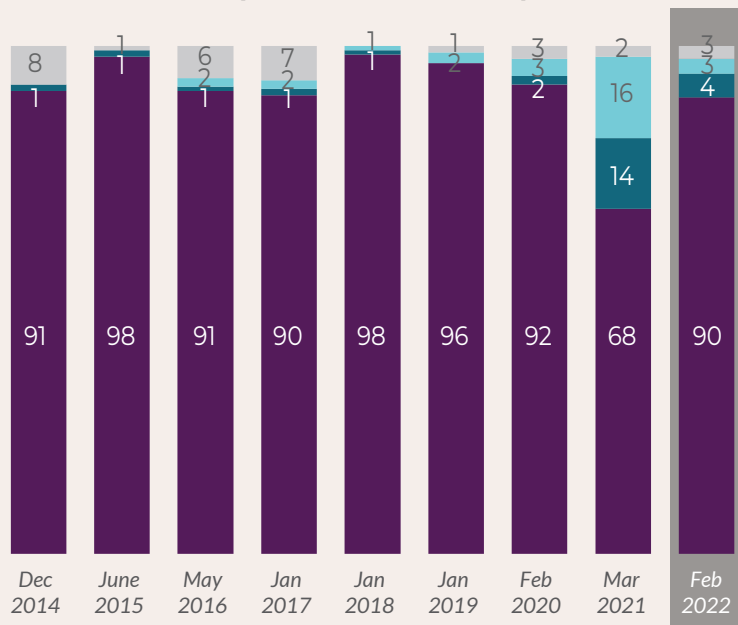
Private facilities (PMA Phase 3, n=33)



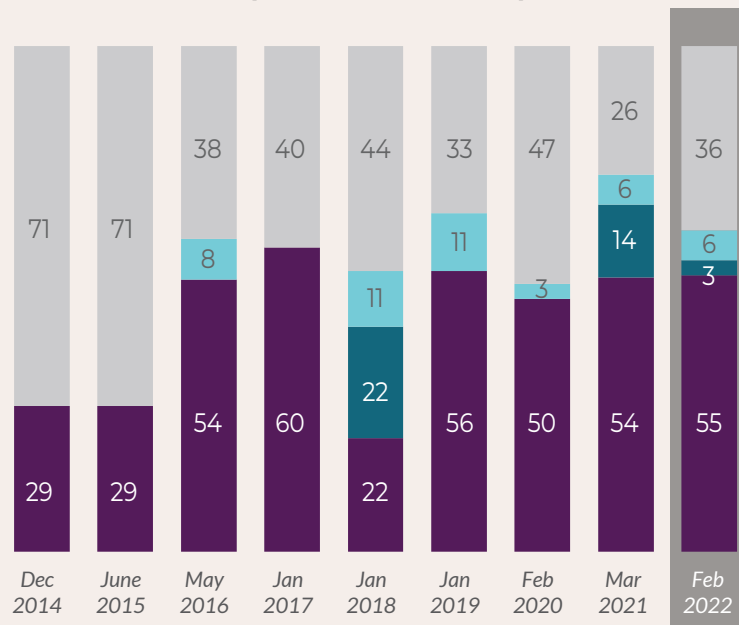
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

## TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

### Public facilities (PMA Phase 3, n=189)



### Private facilities (PMA Phase 3, n=33)



● 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

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

### Public facilities (n=101 episodes)



**40%**  
Products were ordered but not delivered



**39%**  
Products were not ordered



**44%**  
Products were ordered but not delivered

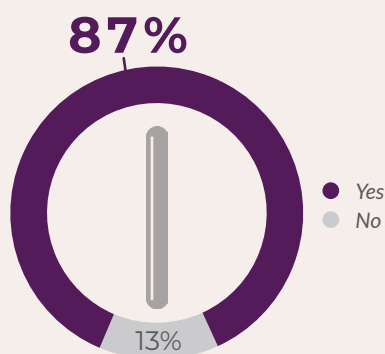


**35%**  
The products were not ordered in sufficient quantity

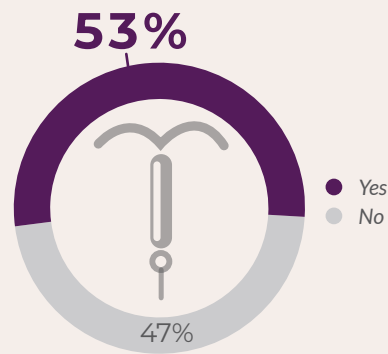
Possible answers were "Did not place order for shipment", "Ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", "Stock out due to COVID-19 disruption", and "Other."

## FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=204)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=187)





**84%**

of women obtained their current modern method from a public health facility (n=1,965)

#### KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS

- In public health facilities, the pill, implant, and IUD were more likely to be currently or to have recently been out of stock.
- The two most frequently reported reasons for contraceptive stockouts in public health facilities included orders not being delivered and products not being ordered.
- While **87%** of health facilities provide the implant and have at least one trained provider and the instruments/supplies needed for insertion/withdrawal, only **53%** offer the IUD and have at least one trained provider and the instruments/supplies needed for insertion/withdrawal.

## 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	Nov-Dec 2014	2,064	15.82	1.45	13.12	18.95	15.74	1.45	13.05	18.88	31.50	2.37	26.96	36.42
PMA 2020	R2	May-June 2015	2,102	19.47	1.95	15.85	23.68	18.55	1.94	14.98	22.76	27.09	2.11	23.07	31.51
PMA 2020	R3	Mar-May 2016	3,261	22.81	1.52	19.92	25.98	21.53	1.49	18.71	24.63	24.16	1.46	21.38	27.17
PMA 2020	R4	Nov 2016-Jan 2017	3,203	22.86	1.30	20.37	25.55	21.91	1.24	19.54	24.47	24.44	1.51	21.57	27.55
PMA 2020	R5	Nov 2017-Jan 2018	3,512	28.00	1.77	24.62	31.65	26.39	1.75	23.07	30.00	18.83	1.43	16.14	21.85
PMA 2020	R6	Dec 2018-Jan 2019	3,329	29.01	1.61	25.92	32.31	27.26	1.58	24.24	30.50	19.11	1.30	16.66	21.83
PMA	Phase 1	Dec 2019-Feb 2020	6,590	27.35	1.42	24.64	30.24	25.47	1.38	22.84	28.29	21.10	1.33	18.59	23.85
PMA	Phase 2	Dec 2020-Mar 2021	6,388	32.34	1.62	29.22	35.63	29.22	1.49	26.37	32.24	17.21	1.12	15.12	19.53
PMA	Phase 3	Dec 2021-Feb 2022	6,078	30.91	1.50	28.04	33.95	28.08	1.45	25.31	31.03	16.40	0.87	14.76	18.19

MARRIED 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	Nov-Dec 2014	1,502	18.09	1.78	14.80	21.93	18.00	1.78	14.71	21.84	38.11	2.87	32.55	44.00
PMA 2020	R2	May-June 2015	1,440	20.85	2.33	16.57	25.89	20.11	2.32	15.86	25.15	32.96	2.77	27.65	38.73
PMA 2020	R3	Mar-May 2016	2,239	25.50	1.94	21.83	29.54	24.19	1.89	20.63	28.15	29.29	1.67	26.08	32.73
PMA 2020	R4	Nov 2016-Jan 2017	2,224	25.42	1.55	22.46	28.63	24.52	1.51	21.65	27.64	28.85	1.85	25.31	32.66
PMA 2020	R5	Nov 2017-Jan 2018	2,413	31.67	2.36	27.17	36.54	30.14	2.33	25.73	34.96	22.74	1.85	19.28	26.61
PMA 2020	R6	Dec 2018-Jan 2019	2,228	32.48	1.90	28.82	36.37	30.68	1.86	27.11	34.49	23.30	1.57	20.33	26.55
PMA	Phase 1	Dec 2019-Feb 2020	4,391	30.11	1.68	26.91	33.51	28.13	1.60	25.08	31.39	25.97	1.63	22.89	29.30
PMA	Phase 2	Dec 2020-Mar 2021	4,265	35.25	1.89	31.63	39.06	31.89	1.75	28.55	35.44	21.29	1.32	18.81	24.01
PMA	Phase 3	Dec 2021-Feb 2022	4,037	34.24	1.79	30.81	37.85	31.23	1.71	27.96	34.70	20.93	1.11	18.82	23.22

PMA Burkina Faso collects information on knowledge, practice, and coverage of family planning services in 167 enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The results are representative at the national level and at the urban and rural levels. The data were collected in 13 regions in PMA2020 R1-6 and PMA Phase 1 and 2. Data were collected between Decemebr 2021 and February 2022 from 5,377 households (97.13 % response rate), 6,078 females age 15-49 (93% response rate), and 239 health facilities (95.2% response rate). For sampling information and full data sets, visit: [www.pmadata.org/countries/burkina-faso](http://www.pmadata.org/countries/burkina-faso).

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 Burkina Faso is led by the l'Institut Supérieur des Sciences de la Population de l'Université Joseph Ki-Zerbo, Ouagadougou, Burkina Faso. 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.