



PMA CÔTE D'IVOIRE

Results from Phase 3 cross-sectional survey

September-December 2022

OVERALL KEY FINDINGS

The modern contraceptive prevalence rate (mCPR) among married women increased significantly from **19%** in 2017 to **27%** in 2022.

Unmet need has steadily decreased from **26%** in 2017 to **17%** in 2022.

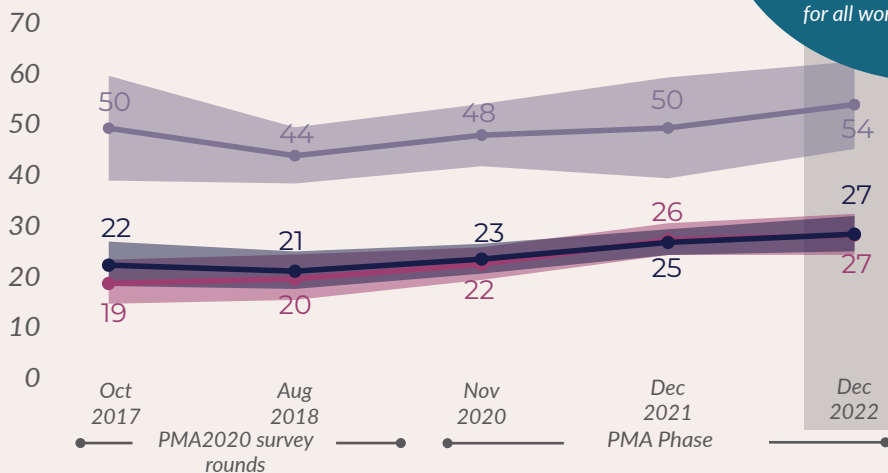
The use of long-acting contraceptive methods has increased from **3%** in 2017 to **7%** in 2022.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

MODERN CONTRACEPTIVE PREVALENCE

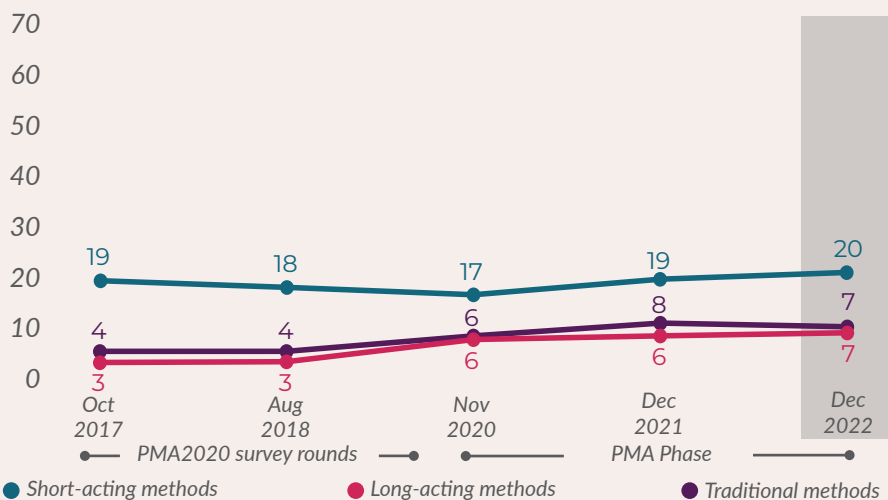
Percent of all women age 15-49 currently using modern contraception (mCPR) by marital status

1.4%
average annual increase in mCPR for all women



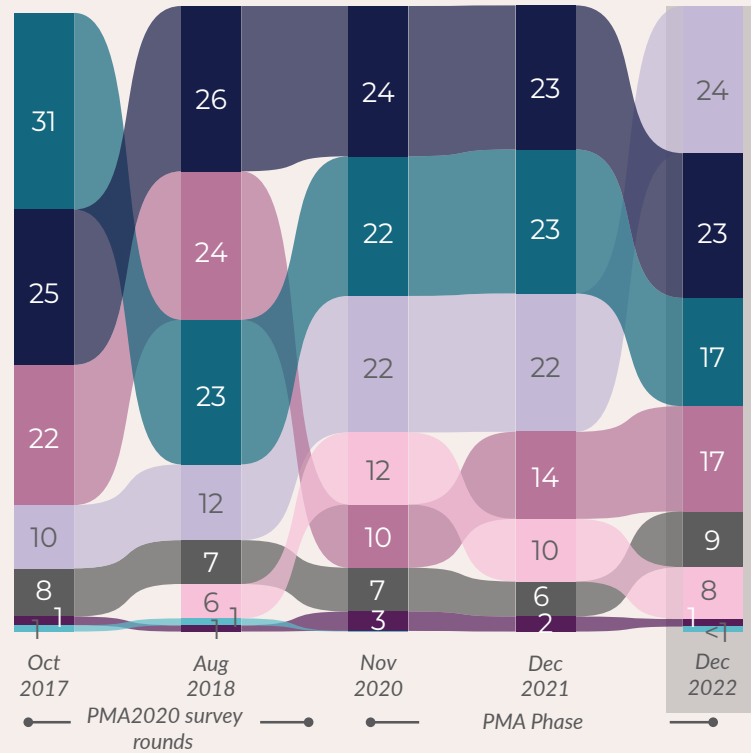
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 3, n=3,873)



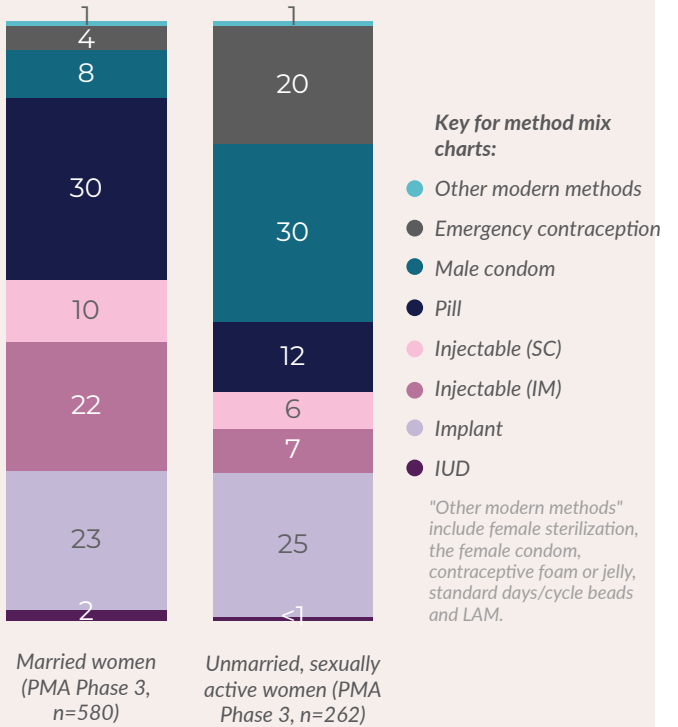
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 3, n=968)



MODERN CONTRACEPTIVE METHOD MIX

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



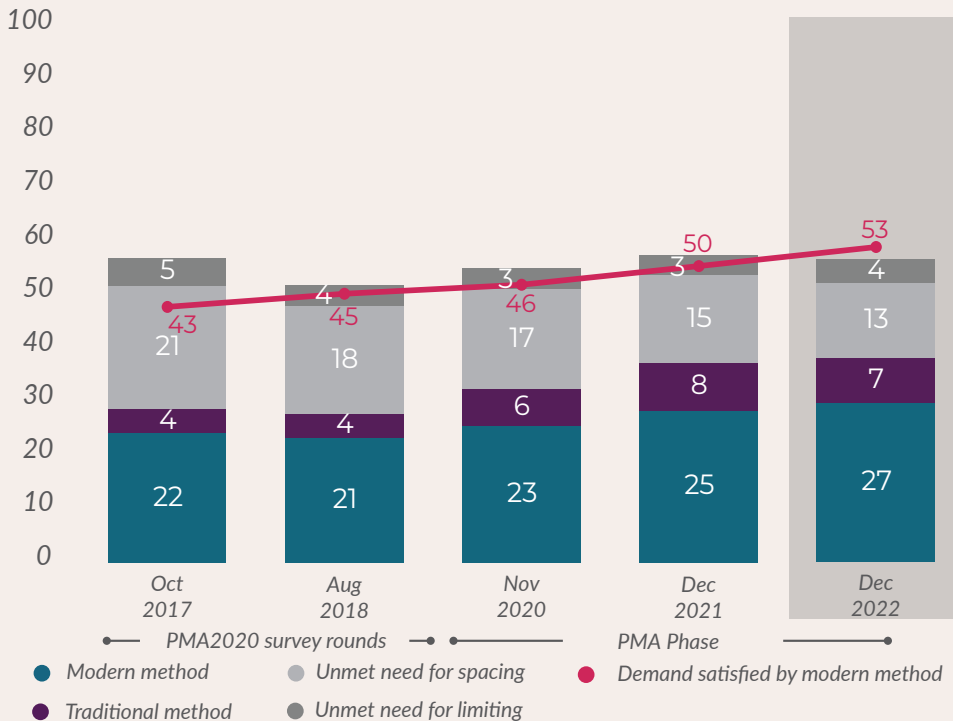
Key for method mix charts:

- 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 3, n=3,873)



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

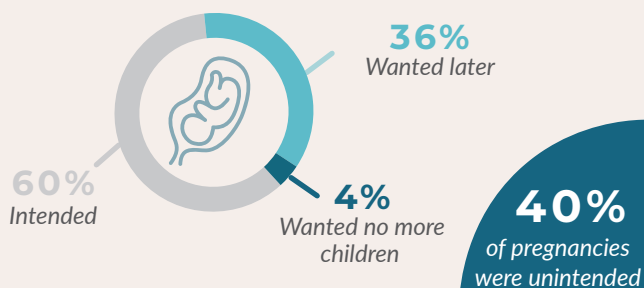
INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=2,342)



INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=1,903)



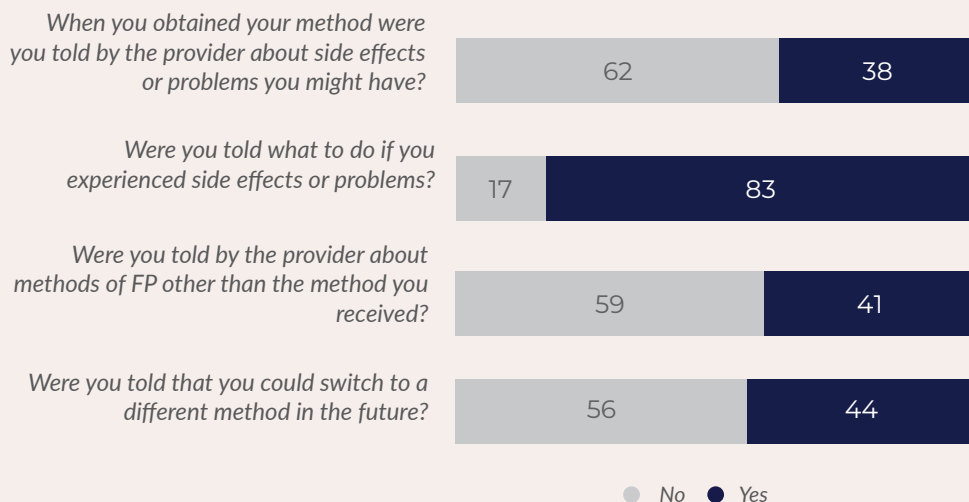
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- The pill (30%) and implant (23%) were the most common methods used among married women. Unmarried women who were sexually active primarily reporting using male condoms (30%) and emergency contraception (20%).
- About one in five non-users (21%) reported intending to use contraception within the next twelve months.
- Contraceptive demand met by a modern method has increased from 43% in 2017 to 53% in 2022.

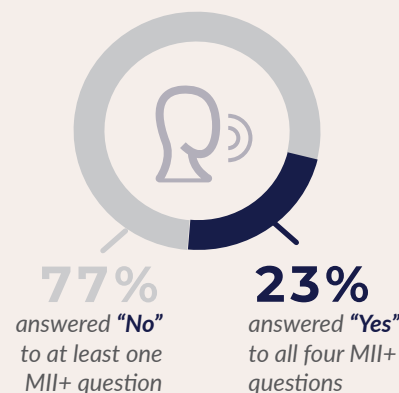
SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

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=951)



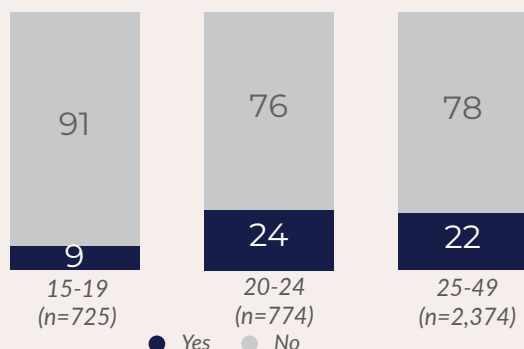
Percent of women who responded "Yes" to all four MII+ questions



Only those women who said they had been informed of possible side effects were asked whether they had been informed of 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



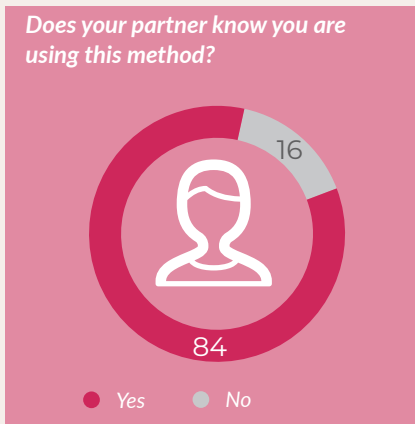
KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- Over six in ten (62%) current modern contraceptive users were not informed of the possible side effects of their method at the time of their visit.
- Although over one in five women between 25 and 49 years old (22%) discussed family planning with a health provider in the past twelve months, adolescent girls between 15 and 19 years old were half as likely (9%) to have had these discussions.
- Only 23% of current modern contraceptive users reported having received comprehensive counseling from a provider.

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=608)



By age

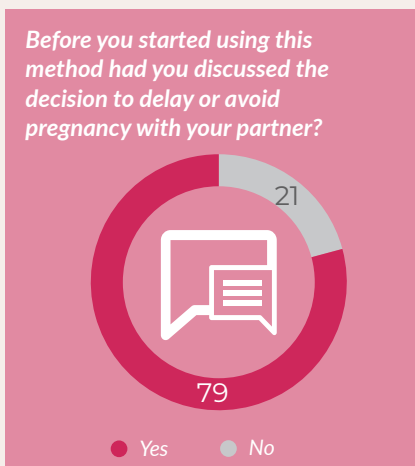


By education



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=608)



By age

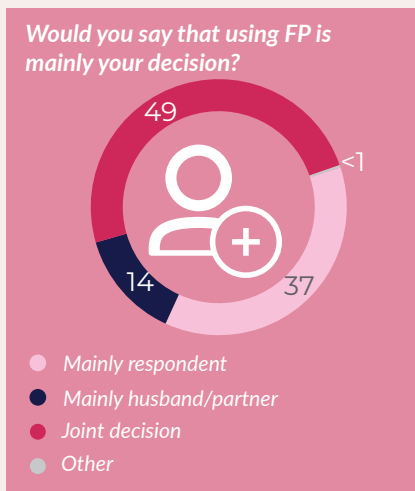


By education

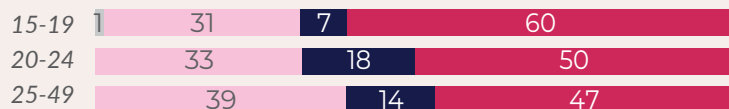


Modern, female controlled methods includes all modern methods except male sterilization and male condoms

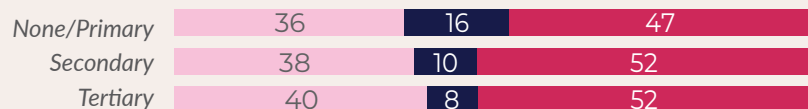
Percent of women who are currently using FP and agree with the following statement, by age and education (n=902)



By age

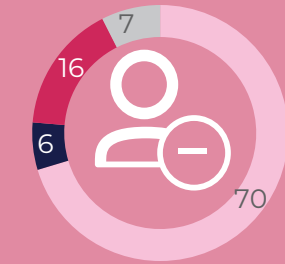


By education



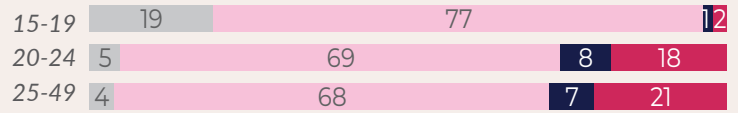
Percent of women who are not currently using FP and agree with the following statement, by age and education (n=2,329)

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

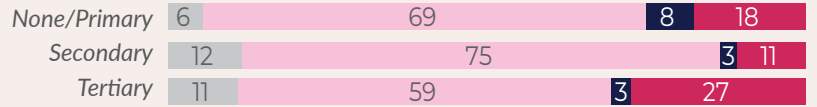


- Mainly respondent
- Mainly husband/partner
- Joint decision
- Other

By age

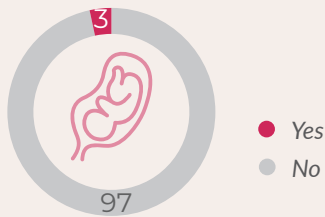


By education

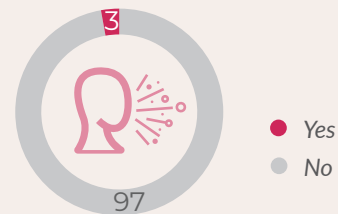


PREGNANCY COERCION

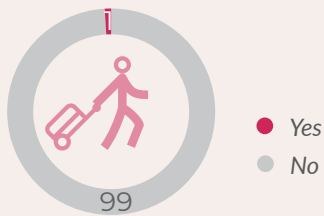
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=2,395)



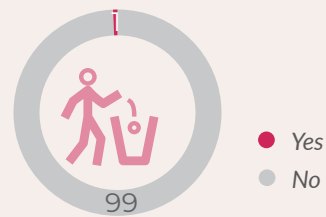
Percent of currently married women who report that their partner made them feel badly for wanting to use an FP method to delay or prevent pregnancy in the past 12 months (n=2,388)



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=2,394)



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=2,389)



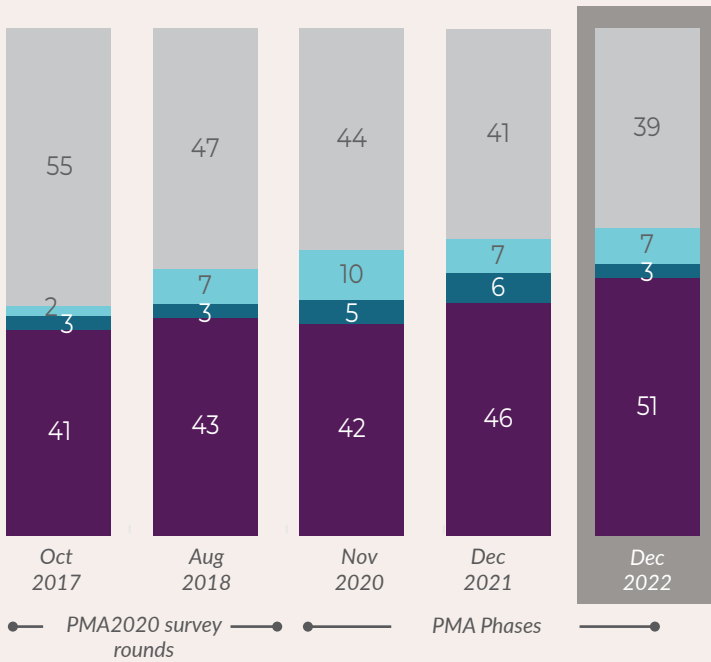
KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Among women using a female-controlled modern contraceptive method at the time of the survey, 79% had discussed the decision to delay or avoid a pregnancy with their partners (vs. 68% in 2021).
- Among women who were not using any contraceptive method at the time of the survey, in 70% of the cases, the decision to not use family planning was made by the woman herself.
- 3% of married women reported that their partner had tried to force or pressure them to get pregnant in the past 12 months.

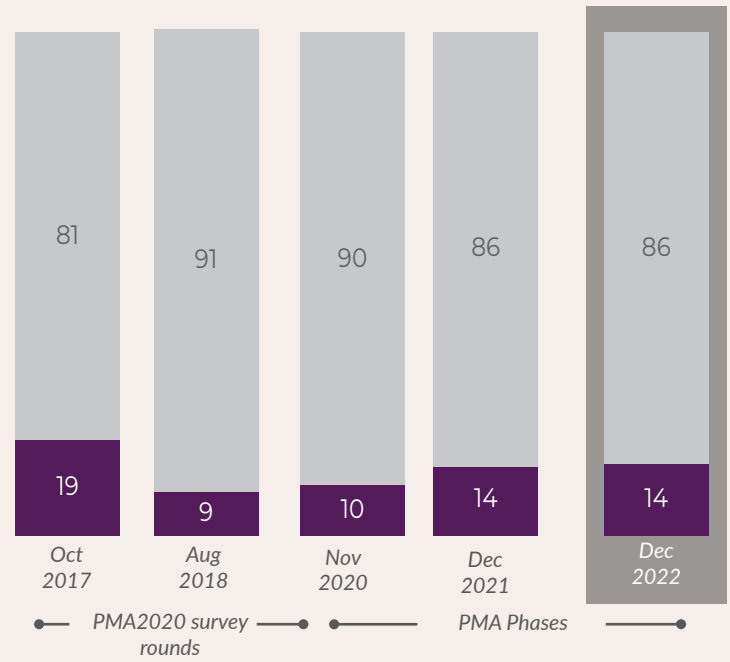
SECTION 4: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 3, n=173)



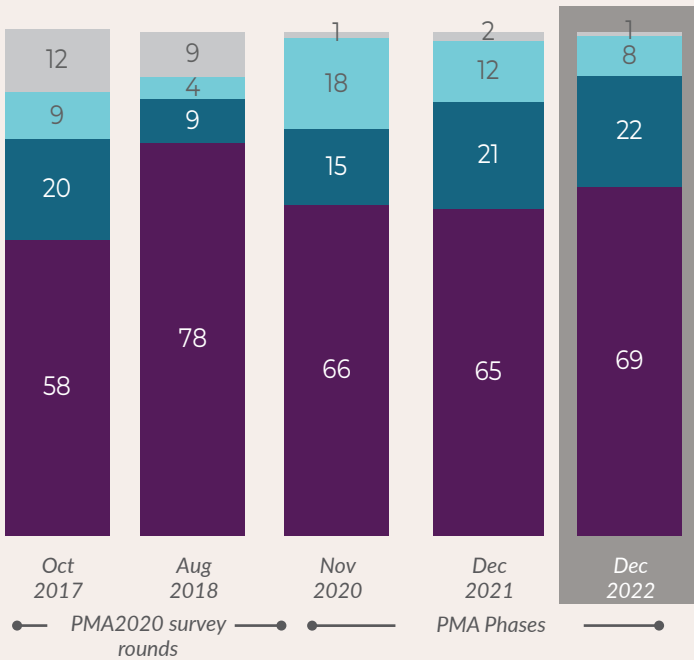
Private facilities (PMA Phase 3, n=21)



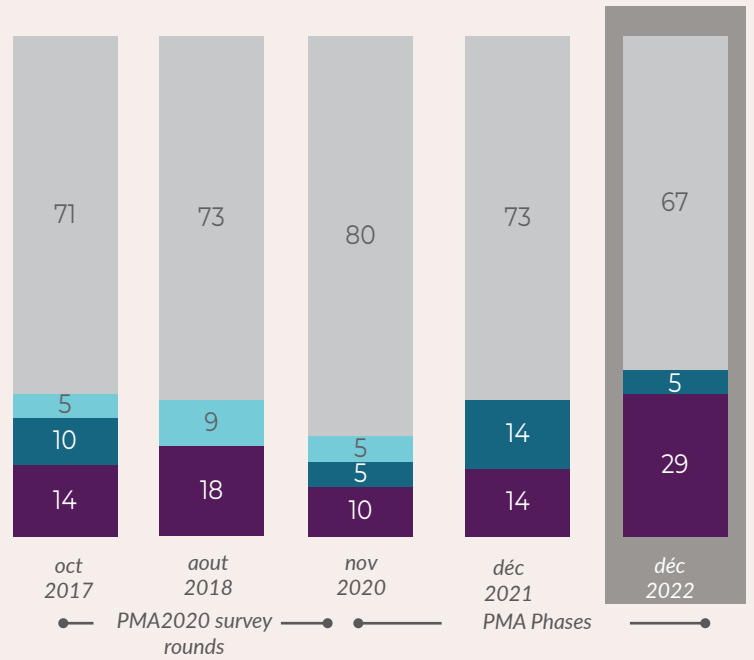
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 3, n=173)



Private facilities (PMA Phase 3, n=21)

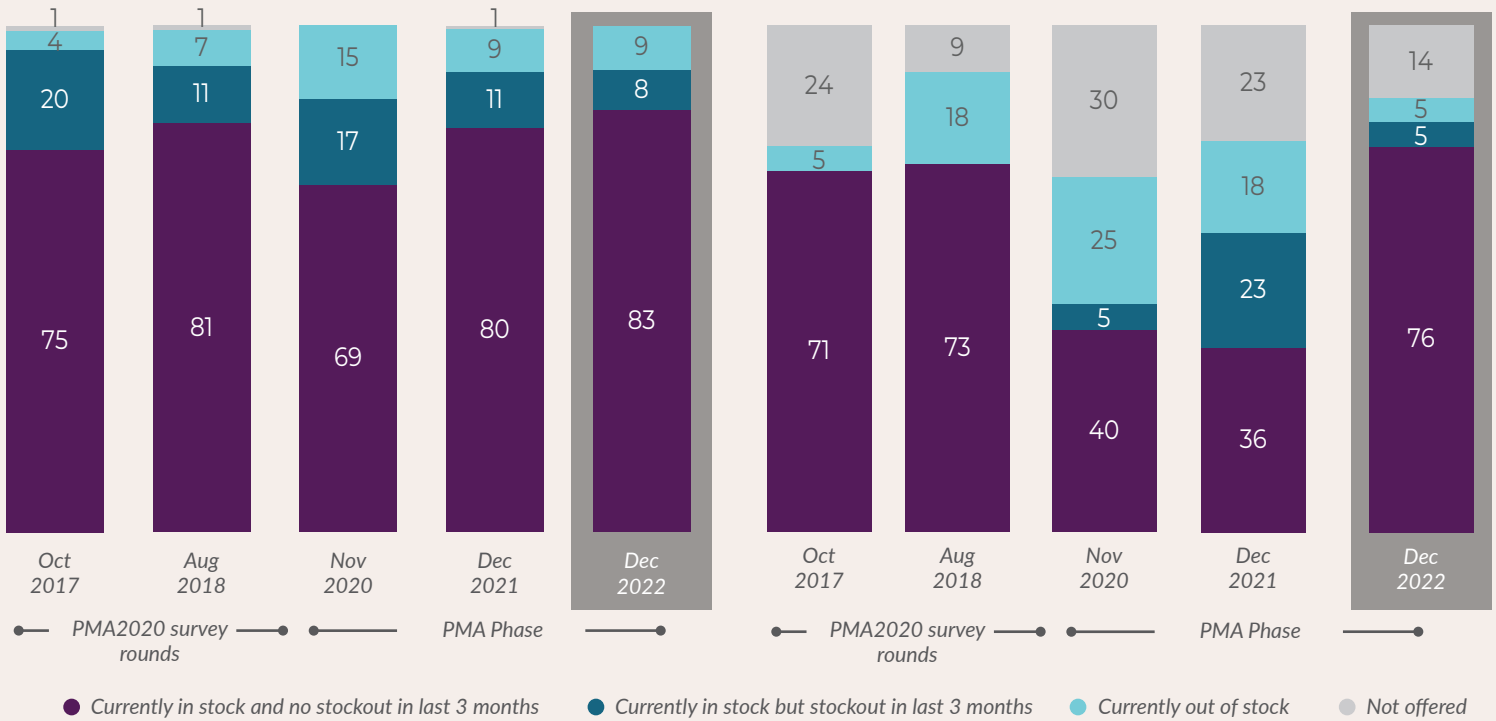


● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 3, n=173)

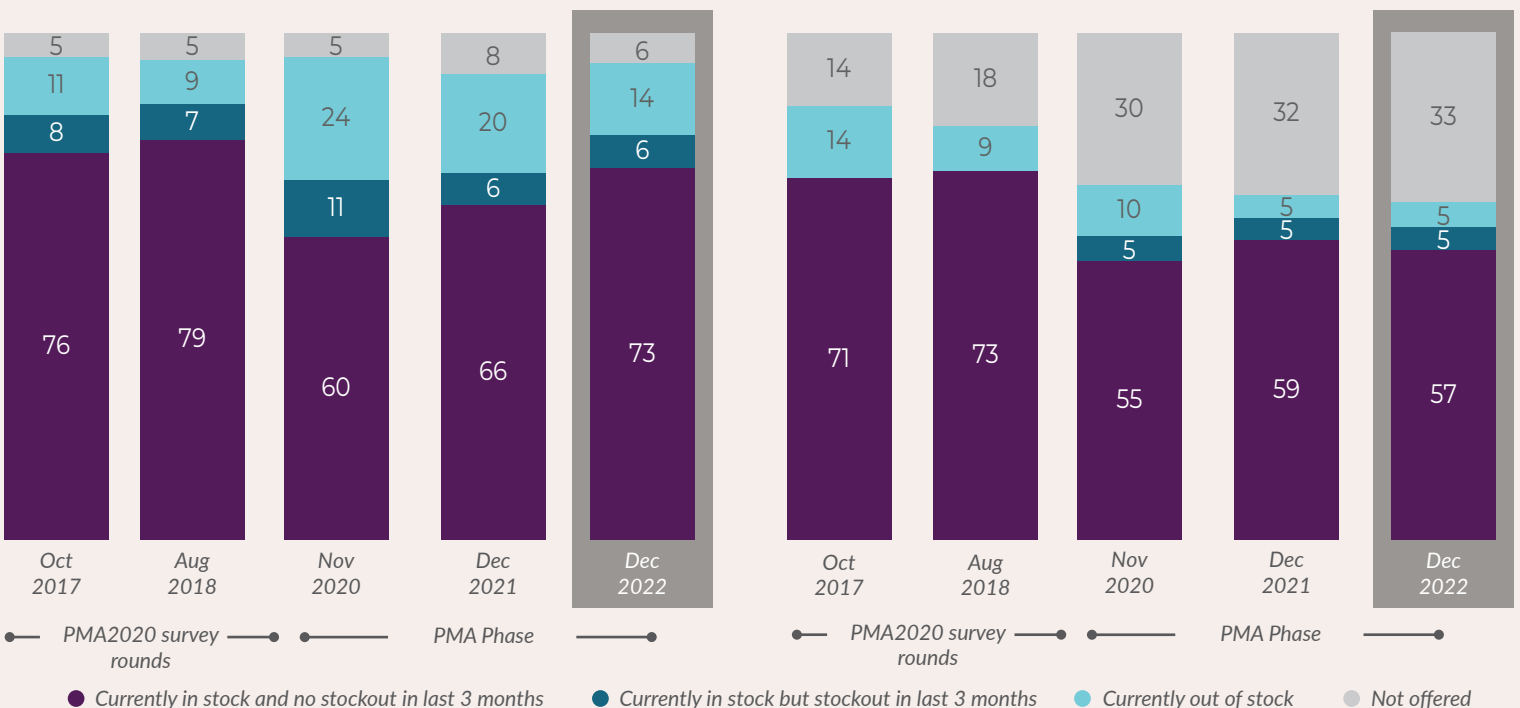
Private facilities (PMA Phase 3, n=21)



TRENDS IN METHOD AVAILABILITY: PILLS

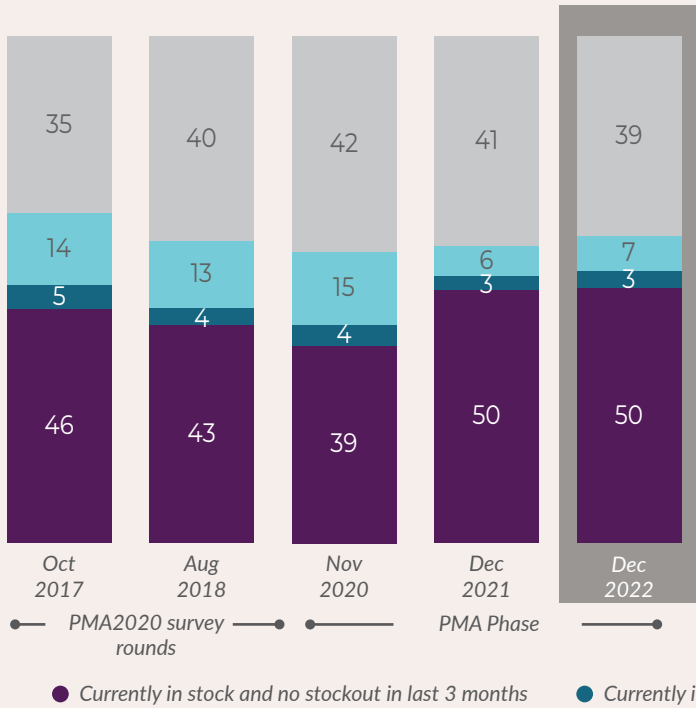
Public facilities (PMA Phase 3, n=173)

Private facilities (PMA Phase 3, n=21)

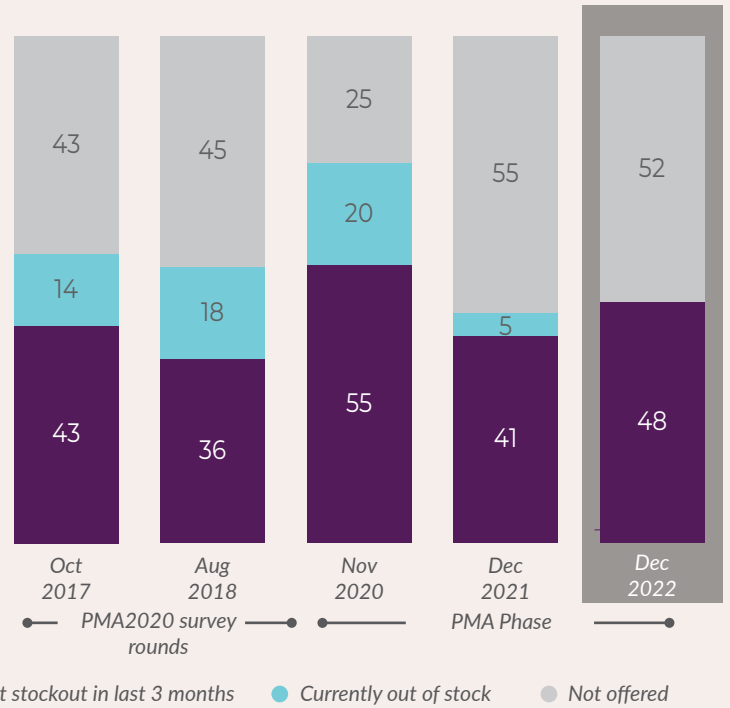


TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 3, n=173)



Private facilities (PMA Phase 3, n=21)



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

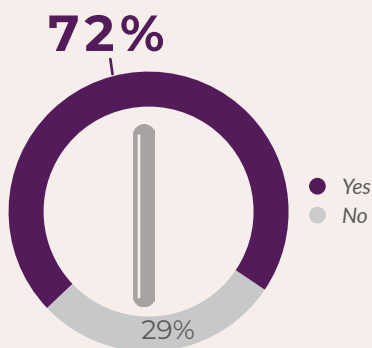
n=233 episodes



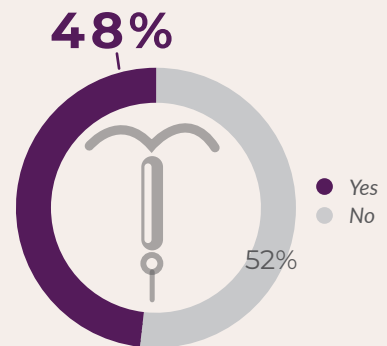
Possible answers were "Did not place order for shipment", "Ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", "Stock out due to COVID-19 disruption", and "Other."

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=179)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=110)



48%

of women obtained their current modern method from a public health facility (n=957)

KEY FINDINGS FOR SECTION 4 : SERVICE DELIVERY POINTS

- The proportion of public service delivery points (SDP) that had the pill, IUD, and injectable in stock at the time of the survey, and that had not experienced any stockouts in the three months prior to the survey, has been steadily increasing since 2020.
- Among SDPs providing implants, 72% had a trained provider and the necessary instruments and supplies to provide implant insertion and removal.
- The main reason for stockouts at public SDPs was that the order was never delivered (76%).

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN

Data source	Round/Phase	Data collection	Female sample	CPR			mCPR			Unmet need for family planning		
				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	3,949	33.28	1.31	30.74 35.92	25.42	1.03	23.43 27.52	18.12	1.32	15.65 20.88
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

WOMEN IN UNION

Data source	Round/Phase	Data collection	Female sample	CPR			mCPR			Unmet need for family planning		
				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	2,497	33.36	1.66	30.15 36.72	25.86	1.28	23.40 28.47	23.66	1.74	20.40 27.27
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 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 between September and December 2022 from 3,774 households (96.0% response rate), 3,873 women aged 15 to 49 (95.3% response rate) and 216 health service sites. For sampling information and full data sets, visit: <https://www.pmadata.org/countries/cote-divoire>.

Percentages in this brief may not add up to 100% due to rounding.

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 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.