

Factors associated with contraceptive choice (short/long acting methods) among women in Burkina Faso

Guiella Georges¹, Zan L. Moussa¹

¹Institut Supérieur des Sciences de la Population (ISSP), University of Ouagadougou, Burkina Faso

Background

Despite extensive investment in improving access to services, there has been no significant improvement in contraceptive use in Burkina Faso, which has one of the fastest growing populations in sub-Saharan Africa. On average, women have 6 births during their lifetime and are also confronted with unwanted pregnancies which often lead to unsafe abortions.

Studies of contraceptive behaviors in Burkina Faso consistently show that modern contraceptive use is low. According to the DHS-Burkina, 9% of married women were using a modern method in 2003 and 15% in 2010.

This situation is partly explained by the fact that in Burkinabè society, lineal values and norms exert considerable influence on fertility behavior. Despite the influence of lineage, women seem to start shifting contraceptive behaviors. Recent findings suggest greater use of longer term methods among married women who are current users of contraception.

Using data collected in 2015 from a nationally representative survey on family planning performance, this study aims to determine the influence of individual background characteristics, contextual factors as well as social networks on contraceptive choice (short/long acting methods) among women in Burkina Faso.

Methodology

Data come from the Performance Monitoring and Accountability 2020 (PMA2020) project in Burkina Faso. PMA2020 is a five-year project that uses innovative mobile technology to support low-cost, rapid-turnaround, nationally-representative surveys to monitor key indicators of family planning. The project deploys a cadre of female resident enumerators trained in mobile-assisted data collection.

PMA2020/Burkina Faso used a two-stage cluster design with urban-rural strata. A sample of 53 enumeration areas (EAs) was drawn from the National Institute of Statistics master sampling frame. In each EA, 35 households were randomly selected. All eligible females of reproductive age (15-49) from the selected households were contacted and consented for interviews. Data collection was conducted between May and June, 2015. The sample included 2,198 females aged 15 to 49.

We analyzed the factors associated with the choice of a modern contraceptive method by using a multivariate trinomial logistic regression model. Short and long acting methods represent two “competing risks” for contraceptive choice and are thus modeled

simultaneously. The independent variables included socio-demographic characteristics such as age; highest level of education completed; parity; age at first use of FP; marital status; type of union; residence (urban, rural); and wealth quintile.

Results

Modern contraceptive prevalence rate among women in union has slightly progressed since the 2010 Demographic and Health Survey (DHS), from 15% in 2010 to 20% in 2015.

Among women in union using modern contraception, data point to a greater proportion of current users relying on long acting over short-term methods among women in union. Whereas in 2010, implants accounted for 21% of the method mix, PMA2020 data indicate that implants currently represent 46% of the method mix. Pills accounted for 20% of the method mix in 2010, and now make up only 12% of the method mix. Paradoxically, unmet need for limiting births among women in union has declined from 6.5% in 2010 to 5.3% in 2015.

Table 1 : Trends in long-acting methods use among all women in Burkina Faso

Characteristics	DHS2010				PMABF2015			
	Not using	Short-acting	Long-acting	Total	Not using	Short-acting	Long-acting	Total
Marital status								
Single	88.2	11.5	0.3	100	94.8	3.8	1.4	100
Married	83.8	12.3	3.9	100	80	11.5	8.5	100
Widow/Divorced	87.8	8.7	3.5	100	94.9	0.8	4.3	100
Total	84.7	12	3.2	100	82.3	10.2	7.5	100
Education								
No education	89.1	8.2	2.7	100	82.8	10.5	6.6	100
Primary	77.9	17.1	5	100	80.8	8.7	10.4	100
Secondary and +	66.2	29.5	4.3	100	79.1	10.2	10.6	100
Total	84.7	12	3.2	100	82.2	10.2	7.5	100
Wealth quintiles								
Poorest	93.3	4.8	1.9	100	90.9	6.1	3	100
Poorer	91.7	6.1	2.2	100	83	8.2	8.8	100
Middle	90.7	7.2	2.2	100	84	7.5	8.5	100
Richer	84	12.6	3.4	100	81.1	12.5	6.5	100
Richest	69.5	24.8	5.6	100	72.1	16.7	11.2	100
Total	84.7	12	3.2	100	82.2	10.2	7.5	100
Residence								
Urban	71.6	23.1	5.2	100	74.1	16	9.9	100
Rural	89.6	7.9	2.5	100	82.9	9.7	7.3	100
Total	84.7	12	3.2	100	82.2	10.2	7.5	100

Knowledge contribution

In the framework of “repositioning family planning”, these findings have several policy and programmatic implications. When access to health services is limited by a severe shortage of health professionals, strategies to address increasing demand of long lasting methods may include delegating some FP tasks to lower-level health workers, strengthening community-based services, and developing mobile unit strategies in rural areas. Understanding of individual and contextual factors associated

with the choice of long lasting methods could help better calibrate programs and policies addressing constraints on supply and demand for family planning among Burkinabè women.