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Assessing unmet need for family planning and contraceptive use among women of reproductive age in rural Burkina Faso.

Promotionsfach: Public Health

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Non-contraceptive use among women tends to widen the unmet need gap for decades. Unmet need for family planning has been a core concept in family planning discussions and still remains very relevant for recent family planning programmes than ever. Limited access and low contraceptive use is a common feature in many Low and middle income countries (LMICs) resulting in high unmet need for family planning among women. Unmet need has negative consequences for the woman and her family such as unsafe abortion, physical abuse and poor maternal health. In spite of the increase in contraceptive knowledge among women in sub Saharan Africa, contraceptive use is still problematic. Nearly one in three women who want to limit or delay child birth for at least two years are not using any form of contraceptive resulting in high unmet need for family planning.

This study provides a scientific assessment of unmet need and contraceptive use in rural Burkina Faso. We primarily sought to estimate unmet need and factors associated with it. The secondary objectives aimed at estimating contraceptive use prevalence, factors associated with contraceptive use, outline family planning methods in use and describe reasons for non-contraceptive use.

The study is built with baseline quantitative data collected within a health performance based financing project introduced by the World Bank in Burkina Faso. The household survey relied on a three-stage cluster sampling technique. First, clusters were defined to reflect the catchment areas of the 448 health facilities in the 24 districts. Second, one village was included in each of the 448 catchment areas. Third, fifteen (15) households were identified in each village. Households were included on the basis of whether a woman living in the household was currently pregnant or had a delivery in the prior twenty-four months. In total, 6,720 households and 10,001 women were included in the survey. The healthcare workers' survey targeted the staff working at all the 448 health facilities. Specifically, at each facility, the aim was to interview at least three healthcare workers. Information was collected through means of a structured, close-ended questionnaire with modules covering availability of contraceptives and their training with specific reference to family planning. Information from the two surveys was merged into one dataset (matched at the health facility level) to account for the fact that a mixture of demand-side

(women and their households) and supply-side (health system) factors were expected to influence unmet need. Data collection was carried out by trained interviewers recruited and supervised by Centre-MURAZ and University of Heidelberg. The household survey relied on digital data collection using Personal Digital Assistants (PDAs/mini computers) with data being sent to a central server on a weekly basis using mobile phone connection while the Health facility survey which was paper base were sent daily in sealed boxes to Center MURAZ for data entry.

Univariate and bivariate analysis were first carried out to assess non-adjusted associations between the single variables and unmet need. We used multivariate multilevel logistic regression to identify the associations that existed between the explanatory variables with unmet need and also contraceptive use, while controlling for potential confounders. Specifically, we used the Stata command xtlogit and the application of multilevel (random-effect) modeling was to account for the fact that women were clustered at the district level.

Key findings show that, almost two in five women experience unmet need, while one in ten women were modern contraceptive users. This study detected some of the highest levels of unmet need reported in LMICs with socio-demographic characteristics similar to those of Burkina Faso. Our finding pointed a need to expand family planning efforts, targeting specifically mothers with more than three children and those in their immediate post-partum period as well as women having a child younger than one year. Having a living son and having a child younger than one year were significant predictors for contraceptive use among non-pregnant women. Contraceptive use among women in poorest households was problematic and consistent efforts at reaching women in the poorest category should not be neglected in family planning interventions. Family/partner opposition and fear of side effects were reported as reasons for non-contraceptive use. Encouraging couple discussions on contraceptive use is seen as a significant motivator for contraceptive adoption among women. Health workers' training in family planning logistics management was a supply-side factor to bear a significant impact on unmet need.

In conclusion, given levels of unmet need and contraceptive use suggest the problem is of considerable magnitude and action is urgently needed to fill the obvious gap in contraceptive use. Extending contraceptive use to women with many children, women having a child younger than one year and women in poorest households in programmes will ultimately aim at reducing unmet need in LMICs. Also, a further qualitative enquiry is important to understand how health worker training in contraceptive logistics management translate into a reduced probability to experience unmet need which our study seeks to suggest.