

AT A GLANCE

An estimated 4.4 million Burkinabè women will be of reproductive age in 2015.

Burkina Faso's total fertility rate is 6.2 lifetime births per woman.

17.4% of women of reproductive age who are married or in a union currently use some form of contraception.

13.3% use a modern FP method.

31.1% of married women of reproductive age have an unmet need for contraception.

Addressing unmet need could avert more than 8,000 maternal deaths and over 165,000 child deaths by 2015.¹

Less than 5% of the total demand for FP is met by use of the most effective methods.

23% of all pregnancies are unintended.

MEETING PEOPLE'S NEEDS WITH LA/PMs

CURRENT TRENDS WILL NOT MEET DEMAND

Nearly half of currently married Burkinabè women of reproductive age have expressed a desire to delay, space, or limit the number of children they have. Meeting this demand is fundamental to slowing the nation's population growth, meeting national development goals, and helping its citizens achieve their reproductive health (RH) intentions.

Burkina Faso faces a daunting family planning (FP) challenge. While the use of any modern contraceptive method more than tripled between 1993 and 2006, the unmet need for FP remains high, at 31.1% among married women. Meanwhile, the population continues to grow; by 2015, Burkina Faso will have approximately 626,000 more women of reproductive age than it has today, a 17% increase in just five years. To meet the 2006 level of demand within five years, more than 1.6 million women will

need to be served in 2015, an increase of 880,000 over the number of users currently being served.

Yet if the trend from 2003 to 2006 were to continue, by 2015 Burkina Faso would reach a total contraceptive prevalence of 28.2%, with only 1.1 million FP users—less than 60% of what it will take to meet demand. (See Figure 1, below.)

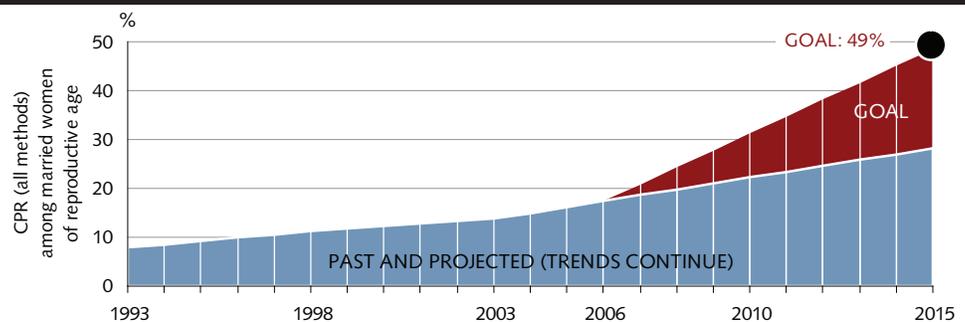
LA/PMs—A SMART PROGRAMMATIC INVESTMENT

Long-acting methods (IUDs and implants) and permanent methods (female sterilization and vasectomy) are the most effective of all FP methods. However, use of long-acting and permanent methods of contraception (LA/PMs) in Burkina Faso remains low, at 13% of the overall method mix.

If only 15% of current oral contraceptive users (20,000 women) were to switch to the IUD or implant, approximately 5,000 unintended pregnancies could be averted over a five-year period.²

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FIGURE 1: MEETING DEMAND IN BURKINA FASO³



¹ Calculation based on methodology described in Moreland, S., and Talbird, S. 2006. *Achieving the Millennium Development Goals: The contribution of fulfilling unmet need for family planning*. Washington, DC: U.S. Agency for International Development.

² Calculation based on methodology described in Hubacher, D., et al. 2007. Contraceptive implants in Kenya: Current status and future prospects. *Contraception* 75(6):468–473.

³ Sources: 1993, 1998, and 2003 Demographic and Health Surveys, 2006 Multiple Indicator Cluster Survey, and Reality √ projections for intervening and future years.

**FOR INQUIRIES,
PLEASE CONTACT:**

Lynn Bakamjian
Project Director, RESPOND
EngenderHealth
212-561-8000
lbakamjian@engenderhealth.org

Carolyn Curtis
AOTR, RESPOND
USAID/W/GH/PRH/SDI
202-712-4982
ccurtis@usaid.gov

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The RESPOND Project
at EngenderHealth
440 Ninth Avenue
New York, NY 10001
212-561-8000
info@respond-project.org
www.respond-project.org

Managing Partner:
EngenderHealth
Associated Partners:
Cicatelli Associates Inc.
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Public Health Center for
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February 2, 2010

**HELP PEOPLE ACHIEVE THEIR
REPRODUCTIVE INTENTIONS**

Long-acting methods are suitable for all categories of women and can enable them to securely and conveniently fulfill any reproductive intention, whether delaying a first birth or spacing or limiting subsequent births; permanent methods are appropriate for those who have reached their desired fertility.

Though IUDs and hormonal implants are the most effective methods for women who want to space births, spacers in Burkina Faso are more than four times more likely to be using traditional methods than they are to use long-acting methods. (See Figure 2, below.) Among limiters (women and couples who do not want any more children), nearly as many are using traditional methods as rely on short-acting methods, and the smallest proportion (less than 1%) use long-acting methods. The gap between couples' intentions and their FP use could be closed by increasing awareness of LA/PMs, correcting misinformation about them, and increasing their availability, to expand method choice.

**RESPOND TO BURKINA FASO'S
NEEDS**

The RESPOND Project can help the Ministry of Health and the U.S. Agency for International Development Mission's implementing partners to improve reproductive health in Burkina Faso by adopt-

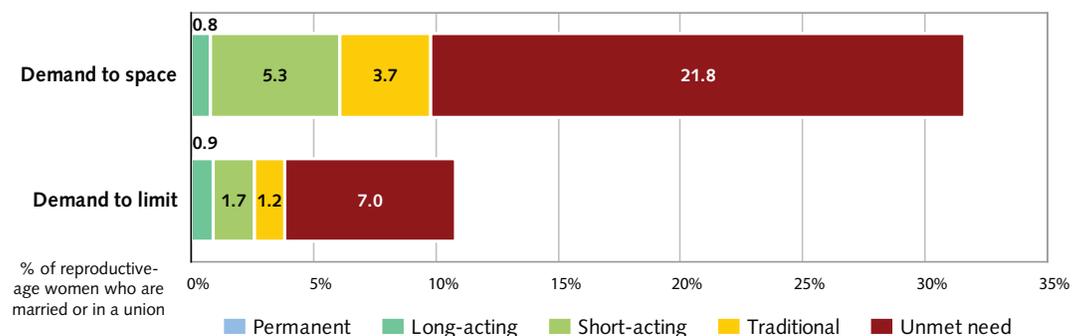
ing a holistic programmatic approach that results in:

- Skilled, motivated, well-supported LA/PM service providers
- Engaged communities and accurate information about LA/PMs, not only to increase knowledge, but also to improve the image of LA/PM services and users
- An improved policy and program environment for FP services

Some possible interventions include technical assistance to:

- Develop strategies to support the use of female sterilization, IUDs, and implants, including the introduction of Sino-implant (II), to expand method choice and address reproductive intentions
- Develop strategies to expand FP access to rural areas (e.g., community-based approaches and mobile services)
- Improve FP program planning by training staff in Reality $\sqrt{}$, a cutting-edge forecasting, planning, and advocacy tool
- Support interventions to strengthen the FP component of postabortion and postpartum care services
- Conduct formative research to determine the barriers to FP use, including a male involvement component

FIGURE 2: BURKINA FASO'S DEMAND FOR CONTRACEPTION (MET AND UNMET NEED)⁴



⁴ Source: 2003 Demographic and Health Survey.