

# Family Planning Demand & Service Delivery during COVID-19 in Burkina Faso & Togo: Results from a Qualitative Study

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## Background: FP in Togo & Burkina Faso

- Contraceptive prevalence among married women in both countries remains low & unmet need remains high
  - Burkina Faso<sup>1</sup>: mCPR= 30.1%; unmet need= 20.2%
  - Togo<sup>1</sup>: mCPR=17.3%; unmet need= 33.6%
- While some barriers to care have been addressed<sup>2</sup>, substantial social norms and gender inequalities remain



<sup>1</sup>2019 FP Data Sheet, PRB; <sup>2</sup> Beaujoin et al, 2018

# Background: West Africa Breakthrough Action Project

- USAID funded program- uses strategic communication to increase family planning use in Burkina Faso, Côte d'Ivoire, Niger, & Togo using a package of activities including:
  - Interpersonal communication: Community Dialogues, Site Walkthroughs, & youth-focused dialogue activities (*Merci Mon Héros*)
  - Mass media activities: Radio spots and programs (*Confiance Totale* and *Merci Mon Héros*)
  - Social media promotional activities: Facebook (including Facebook Live), Instagram, & Twitter

RDV sur la page **Merci Mon Héros**

**JOURNÉE MONDIALE DE LA CONTRACEPTION**

**COVID 19 CERTES, J'ACCÈDE À MA CONTRACEPTION AVEC CONFIANCE TOTALE**

**THEME**

**f LIVE 15H SAM 26 SEPT**

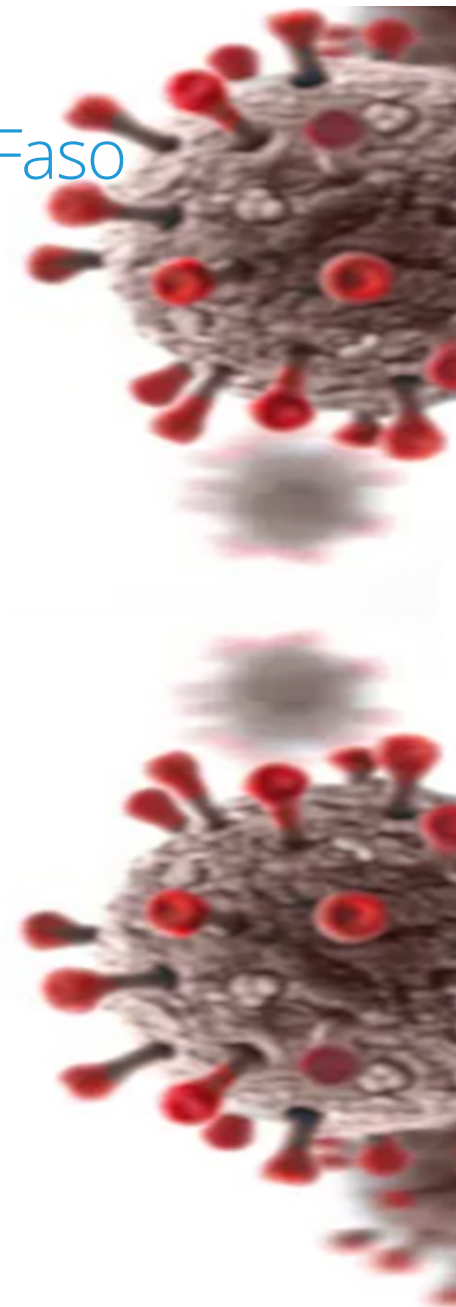
**Kristel ACHI**  
OASIS DE LA MATERNITÉ

#BrisezLesTabous #MerciMonHéros



## Background: COVID-19 in Togo & Burkina Faso

- COVID-19 identified in the Francophone West African region in March 2020
- Policies to control COVID-19 included:
  - Declaration of state of health emergency;
  - Recommended barrier measures;
  - Closure of borders;
  - Prohibition of public gatherings
- WABA shifted activities to radio and social media modalities in an attempt to promote demand for and access to services
- Unclear how COVID-19 may have affected family planning need, demand, access, and use



## Background: Research Question

To understand the effects of the COVID-19 pandemic on *fertility decisions, family planning demand, family planning access, & family planning uptake.*





## Methodology: Approach

- Per country: 16 in-depth interviews among men (n=8) and women (n=8) following WABA community activities in each of two phases.
- Eligible participants:
  - Age 18 to 49,
  - Sexually active in the last 12 months,
  - No reported COVID-19 symptoms nor known exposure to COVID-19,
  - Not employed by the health facility,
  - Half reported currently using family planning and half self-reported not currently using family planning
- Recruited eligible and interested individuals



## Methodology: Sample Size & Characteristics

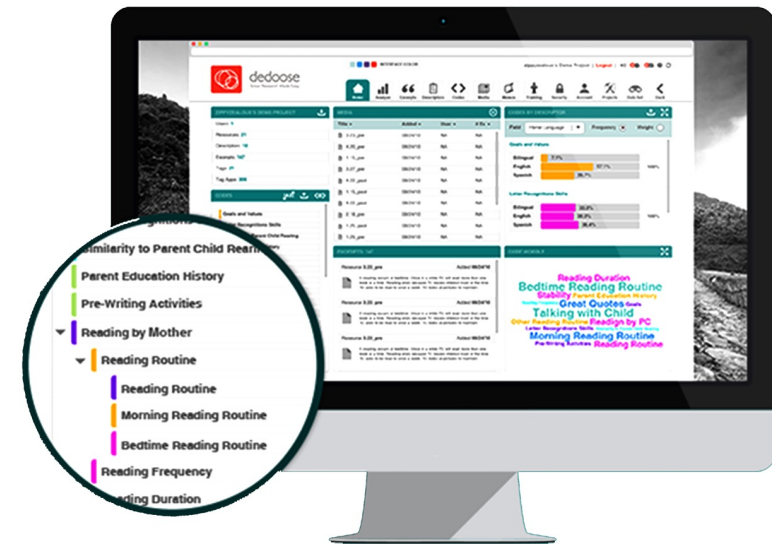
	Burkina Faso				Togo			
	FP user		FP non-user		FP user		FP non-user	
	Male	Female	Male	Female	Male	Female	Male	Female
Phase 1	4	4	4	4	4	4	4	4
Site 1	2	2	2	2	2	2	2	2
Site 2	2	2	2	2	2	2	2	2
Phase 2	4	4	4	4	4	4	4	4
Site 3	2	2	2	2	2	2	2	2
Site 4	2	2	2	2	2	2	2	2
	8	8	8	8	8	8	8	8

16 semi-structured interviews per phase per country: 4 male users, 4 male non-users, 4 female users, 4 female non-users

Total of 64 interviews: 16 male users, 16 male non-users, 16 female users, 16 female non-users

# Analysis

- Developed codebook using inductive and deductive approaches
- Coding conducted in Dedoose platform among team of three coders
- Used the “test” space to compare coding approaches for original codebook
- Met regularly to discuss coding discrepancies and refine codebook as needed.





## Results: Fertility Intentions & Decisions

- Many participants (particularly those who already had children) mentioned not wanting to have additional children at the time of the interview
- Most mentioned making decisions about fertility and family planning use together with their partner and without the influence of others
- Respondents mentioned the following considerations when making decisions about fertility and family planning:
  - Economic means for raising children
  - Effects of additional children on the well-being of existing children
  - Need to avoid “Kpedevi” (close spacing of children)
    - Concerns about maternal health and well-being

## Results: Fertility Intentions & Decisions

*Participant: "To tell you the truth, when I was still giving birth, to have more children, we didn't base it on anything. The pregnancy just came on its own. But when we got to 4 children, that's when he thought it was okay. And also in view of the economic situation."*

*Interviewer: "So tell me why you decided not to have any more children?"*

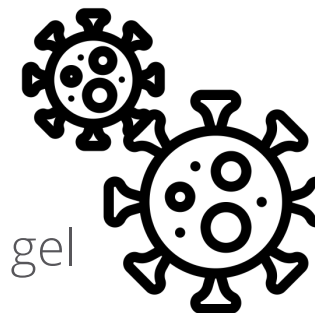
*Participant: "It's because of the expenses and the costs. When the children grow up, you have to pay for school, food, health care and many other things."*



Phase 1; Golfe, Togo; Female contraceptive non-user

## Results: Effects of COVID-19

- When asked generally about COVID-19, most respondents mentioned the economic impacts of the disease on their well-being
- Other commonly mentioned effects included:
  - Travel restrictions
  - Requirements to use masks, gloves, and anti-bacterial hand gel
  - Cessation of religious and social gatherings
  - Lack of school for children
- Participants rarely mentioned that COVID-19 affected their family planning access or use



## Results: Effects of COVID-19

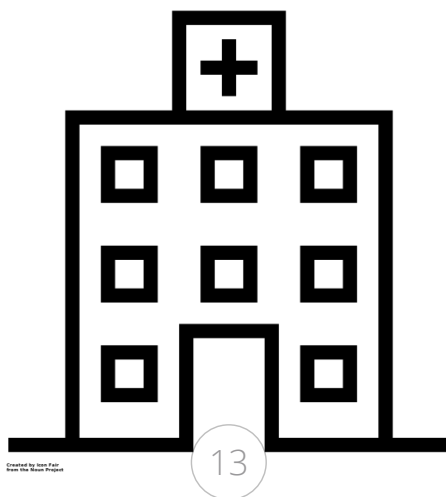
*“Not to lie, this disease has spoiled many things. This means that there are no sales like before. There is no money. We can’t manage the children’s expenses as we should. For work too, it doesn’t happen for my husband as before.”*



Phase 1; Golfe, Togo; Female contraceptive non-user

## Results: Accessing Health Services During COVID-19

- Many of the respondents reported that they had gone to the health facility since the start of the COVID-19 epidemic in order to seek services for themselves or their family member.
- They described many precautions that were in place to limit the transmission of COVID-19 including wearing masks, handwashing, use of gel, physical distancing, etc.
- They generally felt that these precautions were sufficient and they felt comfortable accessing care.



## Results: Accessing Health Services During COVID-19

*Participant: “The health workers did not like it when we gathered together. When they ask you to bring something for the baby, they take the thing at a certain distance. So there is a difference between the time when there was no COVID. There is one who said that it is not us who would come to contaminate them but that it is them who are with the sick so it is they who are at risk and who can transmit the COVID. So it's important to respect the barrier measures.”*



Phase 1; Golfe, Togo; Female contraceptive non-user



## Results: Accessing Health Services During COVID-19

- A minority of the respondents mentioned that there were times during the pandemic that they wanted to go to the health facility but did not do so due to fears of getting sick or of having a positive test for COVID-19 that would cause them to have to isolate.



## Results: Accessing Health Services During COVID-19

*Interviewer: "But there were times when you wanted to go to a health center since COVID started but you decided not to?"*

*Participant: "Yes, yes."*

*Interviewer: "Why?"*

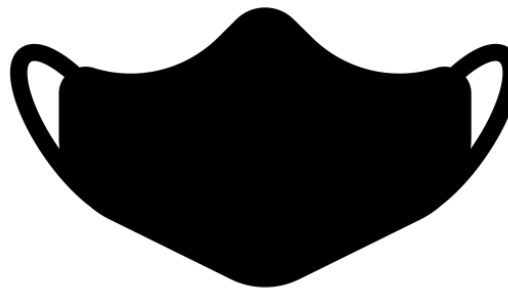
*Participant: "Well, there was already fear. Because I, I, you tell yourself that if you leave and if you are tested positive, what do you say? You're going to go and tell the household? How? All of that. There was fear, fear of all of that."*



Phase 2; Boulmiougou, Burkina Faso; Male contraceptive non-user

## Results: Effects of COVID-19 on FP Fertility & FP

- When asked whether and how COVID-19 had affected their use of family planning methods, participants generally did not make an explicit link between COVID-19 and family planning
  - Some participants mentioned the economic downturn due to COVID as a reason to avoid childbearing
- A few respondents mentioned that they had stopped having sexual relationships during the pandemic



## Results: Effects of COVID-19 on Fertility & FP

*“COVID-19 has affected, even strengthened, our FP decision because it was during this period that we opted for the 3-month injection so as not to be surprised by a new pregnancy. Life is getting expensive and there is not enough money to support a second child.”*



Phase 1; Golfe, Togo, Male contraceptive user

## Results: Effects of COVID-19 on Fertility & FP

*“In terms of decision-making, I made the decision, since Corona arrives, I made the decision not to have children yet because there is famine. There is the shortage of products which made it so that I made the decision not to have children yet. I hope that this disease will pass first so that we can have children again.”*



Phase 2; Avé, Togo; Male contraceptive user

## Summary

- Most respondents didn't explicitly link COVID to fertility intentions and FP use, but instead talked about the economic effects of COVID-19 and separately talked about economic and family well-being shaping fertility intentions
  - Appears that COVID-19 may have increased need for family planning services (Met need?)
- Due to the systematic use of preventive measures (handwashing, masking, physical distancing, etc.) respondents generally felt comfortable going to clinics and regularly went to the clinics to access services throughout the pandemic



# Implications

## Programmatic implications

- Microloans and other programs for economic development should also include components related to family planning and birth spacing.
- Continue promoting joint FP decision making with focus on economic benefits of spacing and limiting<sup>3</sup>
- While families remain economically disadvantaged due to the pandemic, adequate supply of family planning commodities will be critical to avoid unwanted pregnancy
- Ensure continued compliance to COVID-19 precautions to ensure continued comfort accessing health services at the facilities
- Explore FP referrals from other services

<sup>3</sup>Koffi et al, 2018

# Limitations

- Development of study versus timing of implementation
- Lack of in person support from HQ placed more burden on the in-country team to train and supervise data collection teams
- Limitations in external validity of findings given the qualitative nature of the data
- Pending phase 3 & comparative/stratified analyses

# Thank You

- USAID
- Co-authors
- Brooke Huffman
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- Djibril Ouro-Gnao
- Erin Portillo
- Data Collection Consultants
- Participants



# Thank You

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# References

<sup>1</sup> 2019 Family Planning Data Sheet. (n.d.). Retrieved November 1, 2022, from <https://www.prb.org/wp-content/uploads/2019/09/fp-data-sheet-2019.pdf>

<sup>2</sup> Beaujoin, C., Bila, A., Bicaba, F., Plouffe, V., Bicaba, A., & Druetz, T. (2021). Women's decision-making power in a context of free reproductive healthcare and family planning in rural Burkina Faso. *BMC Women's Health*, 21(1). <https://doi.org/10.1186/s12905-021-01411-4>

<sup>3</sup> Koffi, T. B., Weidert, K., Ouro Bitasse, E., Mensah, M. A., Emina, J., Mensah, S., Bongiovanni, A., & Prata, N. (2018). Engaging men in family planning: Perspectives from married men in Lomé, Togo. *Global Health: Science and Practice*, 6(2), 317–329. <https://doi.org/10.9745/ghsp-d-17-00471>

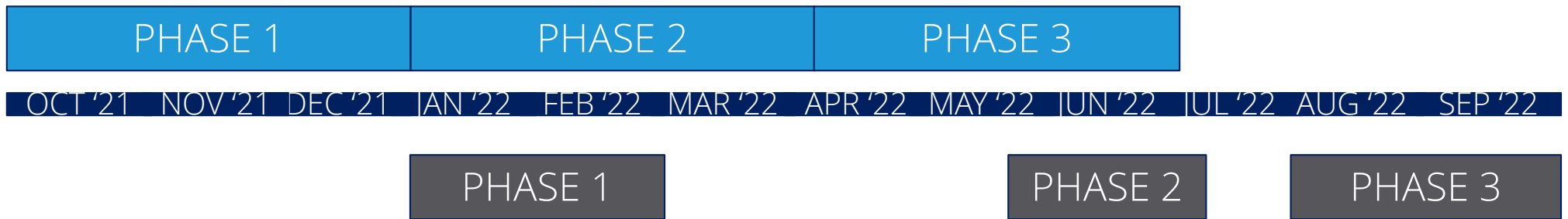
# Timing of Data Collection Phases

	Togo	Burkina Faso
Q1	Phase 1: October to December 2021	None
Q2	Phase 2: January to March 2022	Phase 1: January & February 2022
Q3	Phase 3: April to June 2022	Phase 2: June 2022
Q4	None	Phase 3: August & Sept 2022



# Data Collection Phases

TOGO



BURKINA FASO