

The Senegal Urban Health Initiative (ISSU) Mid-Term Findings for Mbao

This fact sheet presents key findings from a mid-term survey of 883 women aged 15 - 49 at baseline in Mbao, Senegal, conducted by the Measurement, Learning & Evaluation (MLE) Project. The mid-term survey was implemented by the Agency for the Promotion of Population Activities-Senegal (APAPS) with technical assistance from MLE.¹ The Senegal Urban Health Initiative (ISSU) is implemented by a consortium of eight partner organizations led by IntraHealth International. Trends between the 2011 baseline survey² and the 2013 mid-term survey are compared.

CONTRACEPTIVE USE

- Current use of modern family planning (FP) methods among women in union increased from 20% to 27%. The proportion of women in union not using a FP method declined (78% to 72%) and those relying on a traditional method remained essentially unchanged (data not shown).
- Modern method use among all women increased in four of the five wealth quintiles, from a low of 2 percentage points (14% to 16%) in the poor wealth quintile to a high of 10 percentage points (11% to 21%) in the poorest wealth quintile.

¹ Mid-term survey (French):

https://www.urbanreproductivehealth.org/sites/mle/files/note_technique_de_mle_-_les_resultats_de_levaluation_a_mi-parcours_du_projet_issu.pdf

² Baseline household survey (English):

https://www.urbanreproductivehealth.org/sites/mle/files/Final_Household_Baseline_Report_ISSU_April%2026%202012%20F.pdf

Baseline household survey (French):

https://www.urbanreproductivehealth.org/sites/mle/files/rapport_menages_revises_final_10_22_12.pdf

Baseline service delivery point survey (English):

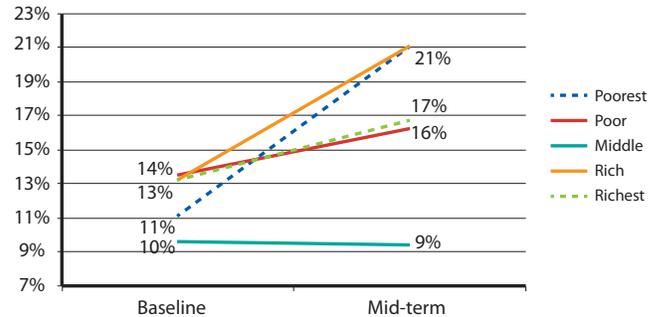
https://www.urbanreproductivehealth.org/sites/mle/files/issu_service_delivery_site_baseline_survey_english.pdf

Baseline service delivery point survey (French):

https://www.urbanreproductivehealth.org/sites/mle/files/rapport_final_pps_revises_final_10_22_12.pdf

Use of Any Modern Contraceptive Method* by Wealth Quintile

Percent distribution of women using any modern contraceptive method by wealth quintile Mbao, Senegal, 2011 and 2013



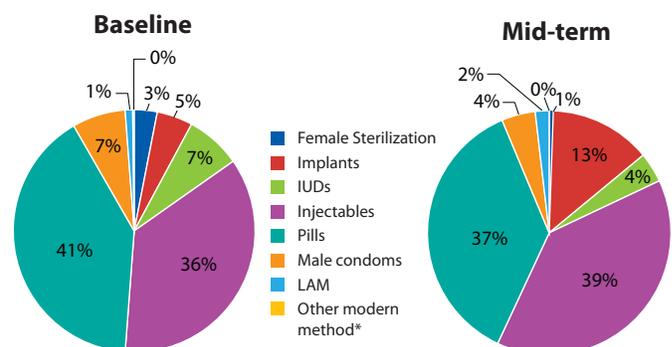
* Male and female sterilization, pill, IUD, injectables, implants, emergency contraception, lactation amenorrhea method, male and female condoms.

MODERN METHOD MIX

Injectables and pills remain the most popular modern methods, although the share for pills declined at mid-term, from 41% to 37%. The share increased for injectables (36% to 39%) and for implants (5% to 13%). The contribution of the lactational amenorrhea method (LAM) also increased, by 1 percentage point. The shares declined for female sterilization (3% to 1%), for IUDs (7% to 4%) and for male condoms (7% to 4%). The trends indicate mixed results: a shift toward some longer-acting, more effective methods (increases in the shares of injectables and implants and declines in pills and male condoms) and away from some effective, longer-acting methods (decreases in the shares for IUDs and female sterilization).

Trends in the Method Mix among Modern Method Users

Percent distribution of women in union by modern method currently used, Mbao, Senegal, 2011 and 2013



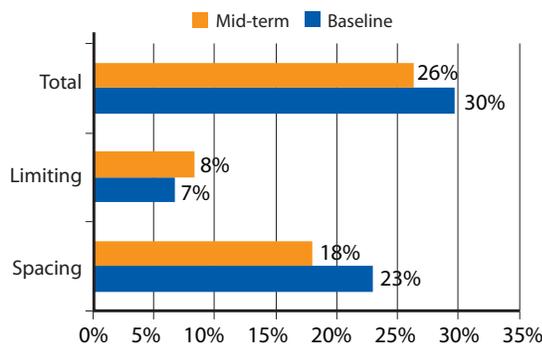
* Including the female condom.

UNMET NEED

Total unmet need among women in union decreased by 4 percentage points between the study periods (30% to 26%). Unmet need among women seeking to space births declined from 23% to 18%, but increased from 7% to 8% among women seeking to limit births. The greatest change was seen in the rich wealth quintile, with unmet need declining from 29% to 17% (data not shown).

Trends in Unmet Need for Family Planning

Percent distribution of women in union with unmet need,*
Mbao, Senegal, 2011 and 2013



*The figures in this graph are based on the revised definition of unmet need described in Bradley et al. 2012.

SOURCE OF MODERN CONTRACEPTIVE METHODS

The public sector remained the primary source for all modern methods: its share had increased by 4 percentage points (78% to 82%) as of 2013. Use of the private sector remained the same. Reliance on pharmacies and other sources declined slightly.

REASONS FOR NON-USE

The primary reason for non-use of FP among women at mid-term was unmarried status/lack of a partner; these data were not available in 2011. The second most frequent reason was no/infrequent sexual intercourse, although the proportion of women citing this reason declined significantly, from 49% at baseline to 29% at mid-term. Reasons related to opposition to FP by the interviewee, her partner and religious interdiction declined between 2011 and 2013. A similar result was found among the men interviewed, with the greatest decline seen in the interviewees' own opposition to FP. Unlike the women, the main reason for non-use of FP among men continued to be no/infrequent sexual

intercourse, followed by unmarried status/lack of a partner.

QUALITY OF FP SERVICES

Opinions on and perceptions of the quality of FP services among the women interviewed improved between 2011 and 2013. For example, the distribution of women who agreed with the negative statement "FP providers make women uncomfortable when they come to obtain contraceptive products" decreased 9 percentage points (22% to 13%) between the two survey periods.

PROGRAM IMPLICATIONS

The significant increase in contraceptive use in the poorest wealth quintile is likely the result of "Consultation Foraines Municipales Gratuites." These large municipal-level gatherings provide FP methods for free or at very low cost. Similarly, the mobile clinic sponsored by the ISSU consortium partner, EndaSanté, has a strong presence in Mbao and provides reduced and no-cost services. In 2013, the mobile clinic made 618 community visits and provided FP methods to 1,819 users. Finally, quality assurance committees allow opportunities for residents to talk about barriers and obstacles to accessing quality FP services.

For more information about urban reproductive health, please visit www.urbanreproductivehealth.org

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