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## POSTER ABSTRACT

# Empowerment and intervention strategies to strengthen the use of sexual and reproductive health services by ensuring continuity of care for adolescent girls and internally displaced women in Burkina Faso

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**Background:** In Burkina Faso, a security crisis has displaced families within the country, fleeing high-risk areas. One of the major consequences of this displacement is the low use of sexual and reproductive health care and services, and the reduced empowerment of adolescent girls and internally displaced women (IDP). This research aims to analyze the situation and co-develop intervention strategies to strengthen the empowerment of these adolescent girls and IDP women for the use of these services by ensuring the continuity of this care.

**Methods:** This study is based on a mixed approach (quantitative and qualitative). The quantitative component is based on a survey of 1,474 randomly selected households in temporary IDP reception sites in the cities of Kaya and Kongoussi in Burkina Faso. Empowerment was analyzed in terms of motivational autonomy and exercise of choice in family planning. Descriptive analysis and multivariate logistic regression have allowed us to describe the empowerment of IDP women and adolescent girls and identify the determinants of the use of modern contraception among IDP adolescents and women. The qualitative component has enabled to co-construct intervention strategies to strengthen empowerment and also ensure continuity of care, using a participatory approach supported by a deliberative workshop.

**Results:** Out of a sample of 1,220, adolescent girls (12-19 years old) and women (20-49 years old) represented respectively 17.5% and 82.5%. The analysis showed that 42.5% of IDP adolescent girls and women were using a modern method of contraception at the time of the survey. The analysis also showed that 89.2% and 79.5% of adolescent girls and IDP women have low levels of motivational autonomy and exercise of choice in family planning, respectively. A poor perception of contraceptives side effects and possible difficulties with the partner or even the fear of having difficulties returning to fertility after contraception "damage" women's motivation to use contraception methods. In addition, the ability to discuss with the partner hinders the exercise of choice in contraception. Intervention strategies based on community dialogue and communication with IDPs and community members have emerged as those promoted to facilitate the use and continuity of health services.

**Recommendations:** Empowerment appears as a determining factor to enhance the contraceptive demand by adolescent girls and internally displaced women. Community dialogue and

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communication sessions on family planning for IDPs and the population must be well implemented.