PMA2020 ADOLESCENT GIRLS HEALTH SURVEY RESULTS: RAJASTHAN

May–July 2018

The "Triple Dividend" of Investing in Adolescent Sexual and Reproductive Health

India is home to more than 228 million youth between the ages of 15 and 24 years, who account for more than a quarter of the country's population.[1] Among this growing population, adolescents aged 15 to 19 years represent the largest generation of individuals transitioning into adulthood in India. Improving adolescent health is uniquely important, as emphasized with the "triple dividend of benefits," because it not only addresses the immediate health needs of the larger youth population but also fosters their future health trajectories and promotes "the welfare of the next generation."[2]

Understanding and monitoring what informs girls' sexual health trajectories over the course of adolescence is an important step in informing educational needs and predicting demand for sexual and reproductive health services during this critical stage of life.

In 2018, Performance Monitoring and Accountability 2020 (PMA2020) conducted a survey (N=1,134) with adolescent girls aged 15 to 19 years in Rajasthan, India, to generate information on adolescents' knowledge, attitudes, and behaviors with respect to marriage, childbearing, and family planning.

KEY FINDINGS

- 19% of adolescent girls 15–19 years old reported they have had their first sexual experience. Only 37% indicate this was an autonomous decision.
- 83% of adolescent girls were aware of methods to space or delay pregnancy, but 57% feared social stigma and felt too shy to seek services.
- 21% of sexually active adolescent girls had ever used contraception and 68% of those with current need for contraception were not using a method.
- A minority of adolescent girls reported having ever been pregnant (7%), or ever given birth (4%).
- While child marriage is still a reality in Rajasthan, it was rarely reported. Only 6% of girls aged 15 to 17 years reported being married.

KEY FINDINGS

- The majority of adolescent girls in Rajasthan live in rural areas.
- 39% of adolescent girls in rural communities live in the poorest households (lowest tertile) relative to 4% of adolescent girls in urban communities.
- Almost three quarters (70%) of adolescent girls have attended some secondary school or higher.

Distribution of Female Adolescent Population (%)

AGE		15–17 (n=665)	18–19 (n=469)	All (n=1134)
Residence	Urban	30.6	32.5	31.4
	Rural	69.4	67.5	68.6
Wealth tertile	Lowest	29.2	26.7	28.2
	Intermediate	35.6	35.7	35.6
	Highest	35.3	37.6	36.2
Highest level of education attended	Never attended	7.5	7.8	7.7
	Primary	23.2	21.6	22.5
	Secondary	41.7	23.1	34.0
	Higher secondary	23.8	24.5	24.1
	Graduate or above	3.7	23.0	11.8

Marriage

Child marriage is rarely reported in Rajasthan; only 6% of girls aged 15 to 17 years reported being married. Among young girls aged 18 to 19 years, marriage was more common—nearly a third (32%) reported being married. Adolescent marriage was more common in rural communities while no differences were observed across caste and wealth tertile.

The majority (71%) of those who were married had very little involvement in the decision to get married.

More than **8 out of 10** adolescent girls knew that the legal age at marriage is 18 years, and **67%** had heard messages about preventing child marriage.

80% of unmarried adolescent girls hoped to complete their education before marrying.

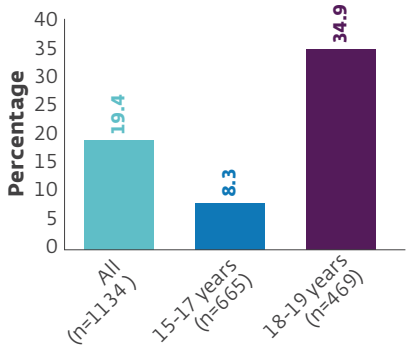
[1] *India Demographics Profile, 2018* [2] *Lancet commission, 2016*

Sexual Initiation

KEY FINDINGS

- 19% of adolescent girls 15–19 years old reported that they had ever had sex. Among 18-19-year-olds, this proportion rises to 35%.
- 30% used contraception at first sex when they did not intend a pregnancy.

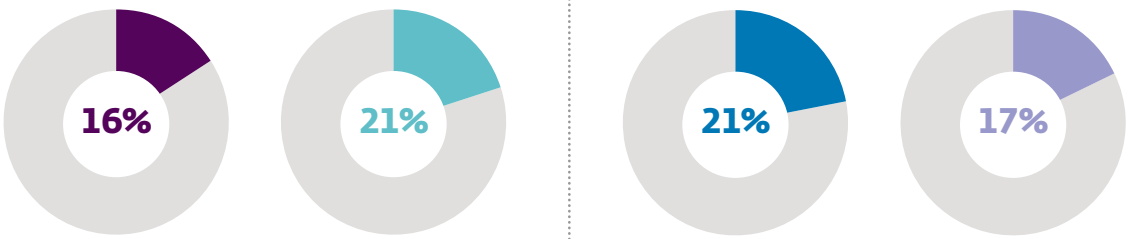
Sexually active adolescent girls (n=226)



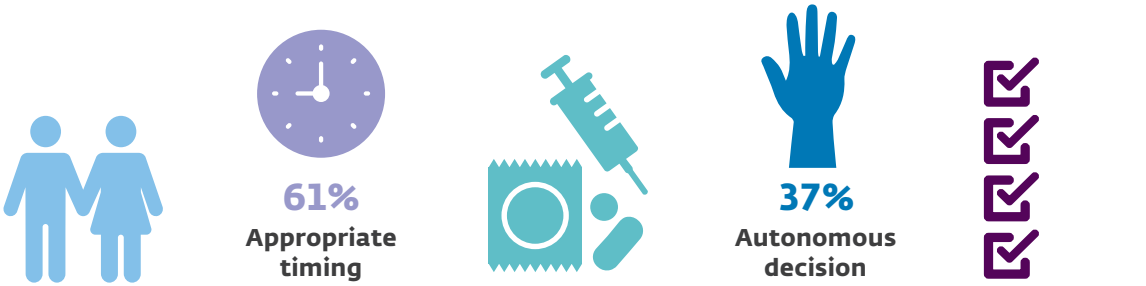
Among adolescent girls in a union (married or cohabitating) (n=190), sexual initiation was rarely an autonomous decision (37%). Only half of adolescent girls in union (52%) indicated that their sexual debut occurred at the right time. Ten percent would have preferred it to occur sooner and 36% wanted it to occur later.

Only 30% of adolescent girls in union used contraception at first sex when they did not intend a pregnancy.

Sexual initiation among adolescent girls (n=226)



Sexual debut, among adolescents in union* (n=190)



** adolescents who were not in union were not asked the sexual competency questions*

SEXUAL COMPETENCY AT SEXUAL DEBUT:

Sexual competency at sexual debut is defined by meeting the following criteria: appropriate timing, autonomous decision, partner's equal willingness to engage in sex, and use of contraceptive protection, if pregnancy is not intended.

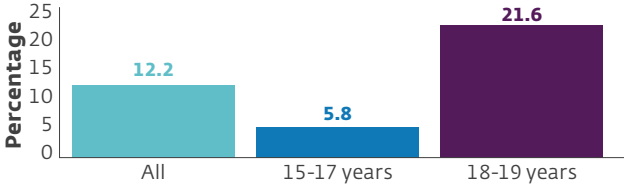
Altogether, only 16% of adolescent girls in union met all criteria for sexual competency at sexual debut.[2]

Childbearing

A minority of all adolescent girls reported having ever been pregnant (7%) or giving birth (4%).

Nearly two-thirds (62%) of adolescent mothers (n=79) indicated that they had wanted their first child as soon as possible. **Among adolescents who have never given birth, only 19% wanted a child as soon as possible and 64% wanted to complete their education before giving birth. However, education was less of a priority in rural settings (59%) and among poorer adolescents (44%).**

Non pregnant adolescents who want a child in next 2 years (n=1,101)



[2] *Palmer MJ et al. Is "Sexual Competence" at First Heterosexual Intercourse Associated With Subsequent Sexual Health Status?, The Journal of Sex Research, DOI: 10.1080/00224499.2015.1134424*

Knowledge, Attitudes, Access, and Use of Family Planning

KEY FINDINGS

- Knowledge on contraceptives varied widely for different methods and increased with age.
- Adolescent girls from the poorest families were less knowledgeable than more affluent adolescent girls.
- Negative attitudes and misperceptions toward contraception were widespread.

About half (49%) of all adolescent girls believe contraception is only suitable to limit childbearing, rather than for birth spacing. 40% strongly agree that using contraception can be seen as promiscuous.

12% of adolescent girls received counseling about contraception within the last year.

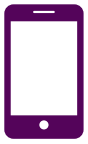
Women aged 15-19 who have heard of a contraceptive method, %

Method	All women (n=1,134)	Women who ever had sex (n=226)	Women who were at risk of unintended pregnancy (n=106)
Female sterilization	92.7	95.5	98.6
Implant	10.6	11.7	19.6
IUD	52.2	70.3	70.9
Injectable	46.6	65.1	71.4
Pill	71.4	84.8	89.0
Male condom	66.8	87.7	91.3
Male sterilization	56.6	67.0	71.3
Female condom	7.3	7.7	8.7
Emergency contraception	29.6	42.5	47.1

Family planning attitudes among all adolescent girls (n=1,134), %

16.1	Disagreed with *"Using contraception allows young women to prepare for a family"*
10.9	Disagreed with *"Using contraception, a young couple can love each other with peace of mind"*
30.4	Agreed with *"Contraception is only for married women"*
49.4	Agreed with *"Contraception is only for women who don't want any more children"*
42.5	Agreed with *"Using contraception can cause infertility or harm a woman's health"*
40.3	Agreed with *"Adolescents or young women who use contraception are seen as promiscuous"*
57.3	Agreed with *"I would feel too shy or embarrassed to get contraception at a clinic or elsewhere"*

Adolescent girls heard family planning messages via:



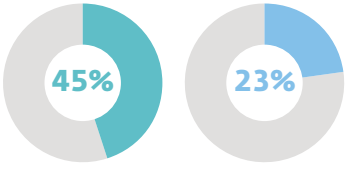
25% Voice and text messages

42% Newspapers

58% Television

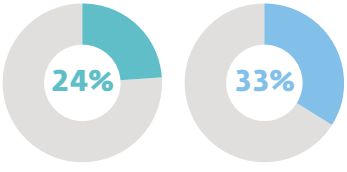
While many adolescent girls were concerned about the social and health consequences of using contraception, many were interested in expanded access to self-care contraception options

Non-prescription pills in pharmacies



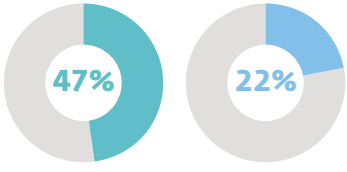
Interested | Maybe interested

Self-injectable contraception



Interested | Maybe interested

Non-prescription drugs to bring back a period

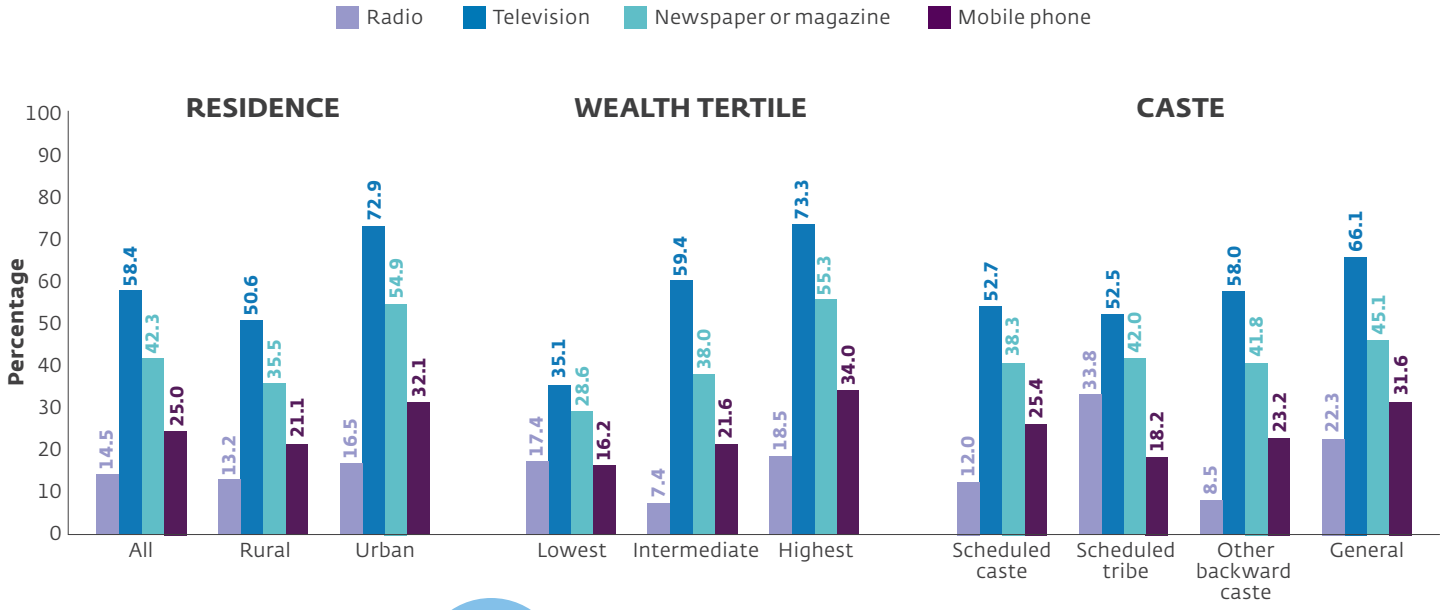


Interested | Maybe interested

Although **more than half (56%)** of adolescent girls knew where to obtain contraception, **57%** indicated they would be too shy to seek such services.

Methods of learning about family planning among adolescent girls (n=1,134)

Television and newspapers/magazines are primary sources of information on family planning.



Only 4% of all adolescent girls had ever used contraception and 4% were currently using contraception; **these proportions rise to 22% for both indicators among those who ever had sexual intercourse.**

At the time of the survey, only **3%** of girls aged 15 to 17 years and **15%** of girls aged 18 to 19 years old had a current need for contraception (sexually active, non-pregnant, and not trying to conceive).

The percentage of adolescent girls in current need of contraception was higher in rural areas (10%) than in urban areas (5%) but did not differ by wealth quintile or caste. Among the minority of adolescent girls with current need for contraception, 32% were using a method at the time of the survey while 68% were not, suggesting high levels of current unmet need for contraception among sexually active adolescent girls.

Adolescent girls using contraception at the time of the survey relied on (n=41)

61% Condoms

17% Pills

2% Long-acting reversible contraception methods

2% Injectables

SAMPLE DESIGN

The PMA2018/Rajasthan adolescent survey used a two-stage cluster design that included a total of 147 enumeration areas (EAs). In each EA, 35 households were randomly selected from the list of all households in the EA. A total of 1,134 adolescent girls aged 15 to 19 years were interviewed, representing 19% of the total sample of women of reproductive age (15 to 49 years). A majority (69%) of adolescents lived in rural areas, with greater representation of scheduled and other backward castes in rural environments. About two-fifths (39%) of adolescents in rural communities lived in the poorest households relative to 4% of urban adolescents. Most girls aged 15 to 17 years were still in school at the time of the survey; this proportion dropped to 35% among girls aged 18 to 19 years. Data collection was conducted from May to July 2018.

PMA2020 uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local universities and research organizations in 11 countries, deploying a cadre of female resident interviewers trained in mobile-assisted data collection. PMA2020/Rajasthan is implemented by the Indian Institute of Health Management Research University in Jaipur. Overall direction and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. Funding for this research was provided by the Children's Investment Fund Foundation.