



PMA RAJASTHAN, INDIA

Results from Phase 3 cross-sectional survey

September - December 2022

OVERALL KEY FINDINGS



The percentage of women using modern contraceptive methods has generally increased over time for both all women and married women, while the unmet need for contraception has decreased.



Over the years, the availability of injectables, male condoms, and pills has increased in public facilities.

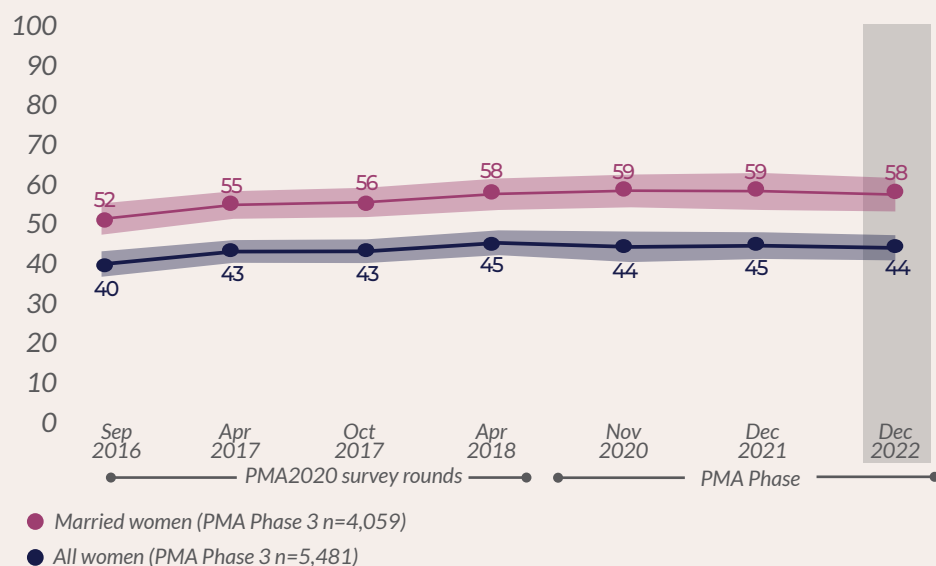


12% of women experienced unintended pregnancies, indicating a need for improved access to family planning services.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

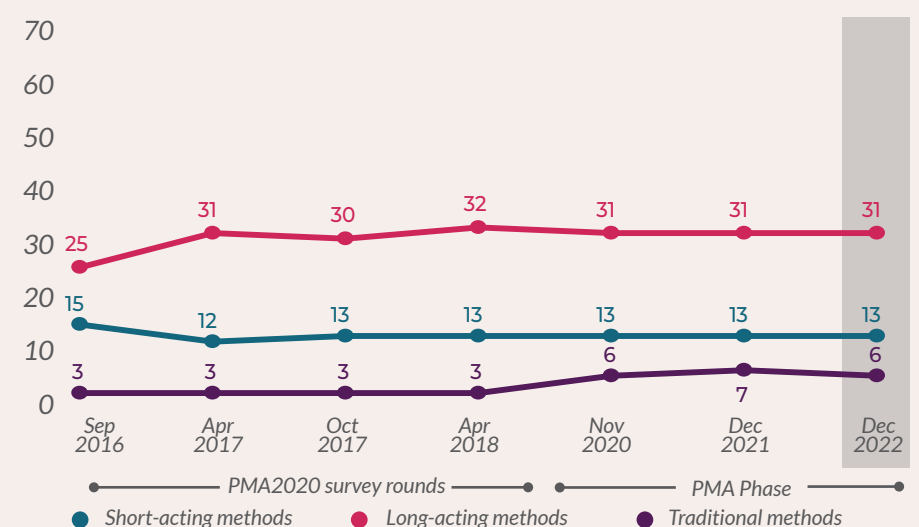
MODERN CONTRACEPTIVE PREVALENCE

Percent of all women age 15-49 currently using modern contraception (mCPR) by marital status



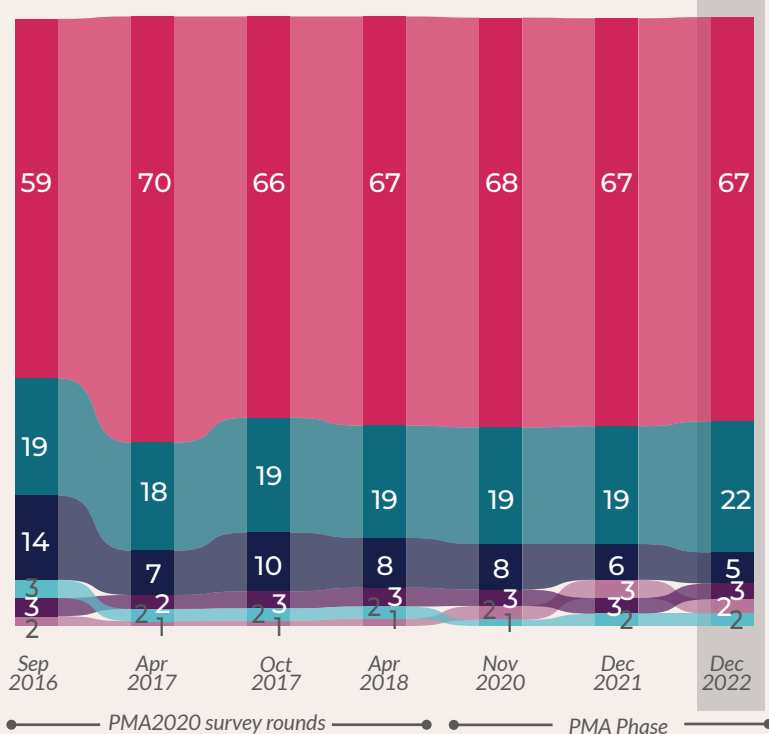
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 3 n=5,481)



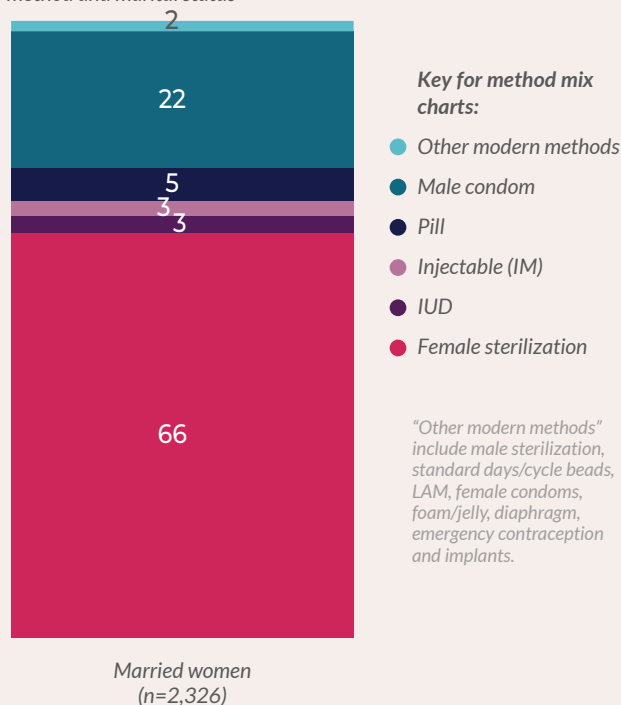
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 3 n=2,392)



MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of modern contraceptive users age 15-49 by method and marital status



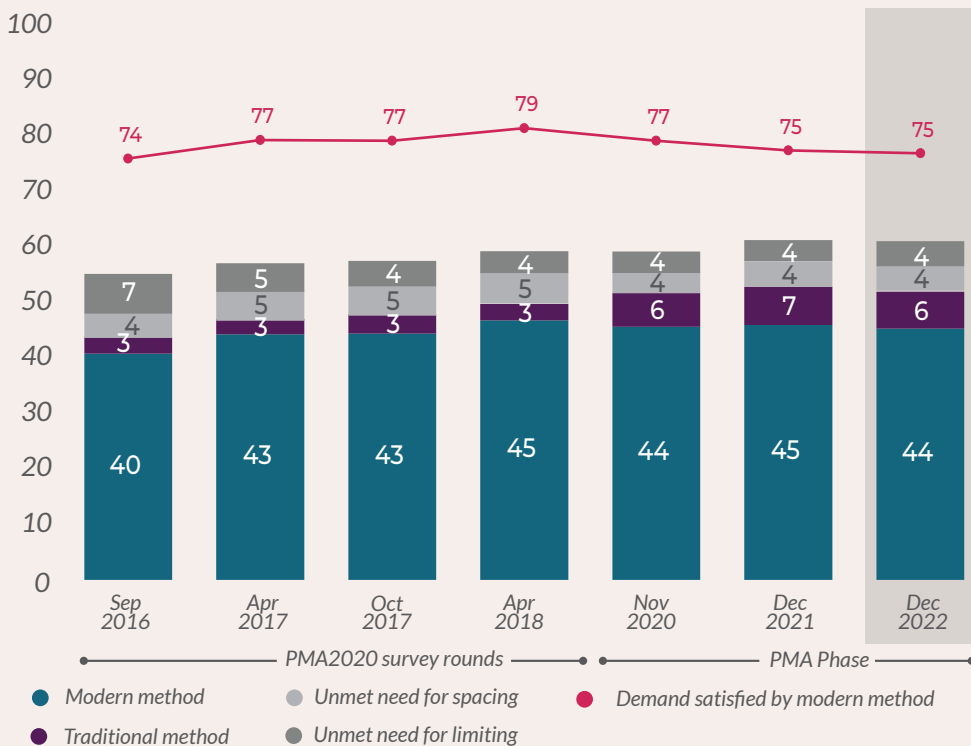
Key for method mix charts:

- Other modern methods
- Male condom
- Pill
- Injectable (IM)
- IUD
- Female sterilization

"Other modern methods" include male sterilization, standard days/cycle beads, LAM, female condoms, foam/jelly, diaphragm, emergency contraception and implants.

METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

Percent of all women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 3 n=5,481)



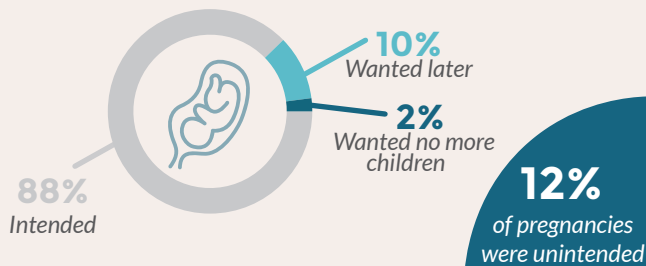
INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=2,474)



INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=1,474)



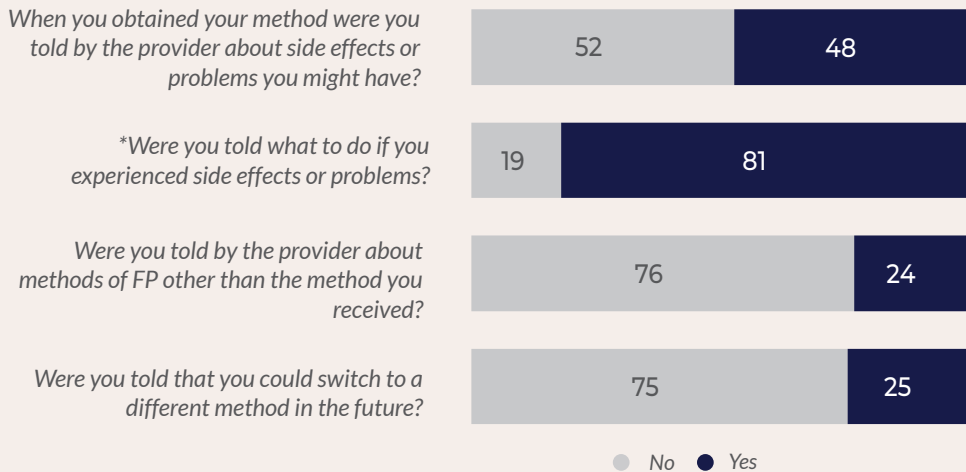
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Among married women aged 15-49, female sterilization is the most commonly used contraceptive method, accounting for 66% of users.
- 9% of women aged 15-49 who are not currently using contraception intend to use it in the future.
- 10% of women had a birth or current pregnancy that was wanted later, and 2% did not want to have any more children related to their most recent birth or current pregnancy.

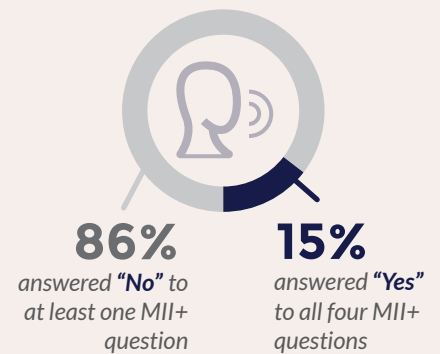
SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

METHOD INFORMATION INDEX PLUS (MII+)

Percent of women who were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods (n=2,378)



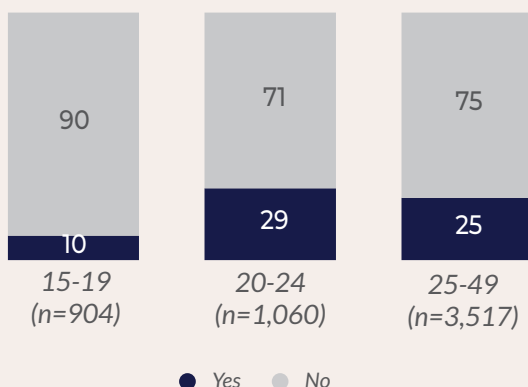
Percent of women who responded "Yes" to all four MII+ questions



*Only women who said they were told about possible side effects were asked whether they were told about what to do in the event of side effects.

DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

Percent of women who received FP information from a provider or community health worker (CHW), by age



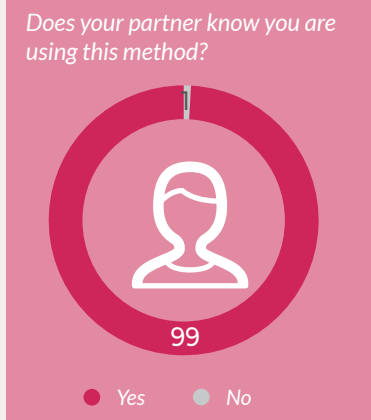
KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- Only 15% of women responded "yes" to all four MII+ questions, indicating a need for further improvement in the quality of contraceptive services.
- 48% of women were told by their providers about the side effects or problems they might experience when obtaining their contraceptive method.
- One in four women was told about other contraceptive methods by their provider and that they could switch to a different method.

SECTION 3: PARTNER DYNAMICS

PARTNER INVOLVEMENT IN FP DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=1,832)



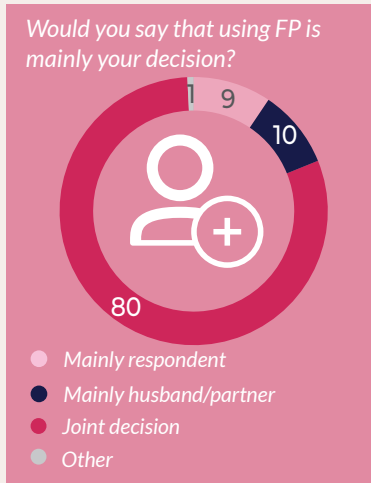
By age



By education



Modern, female controlled methods includes all modern methods except male sterilization and male condoms



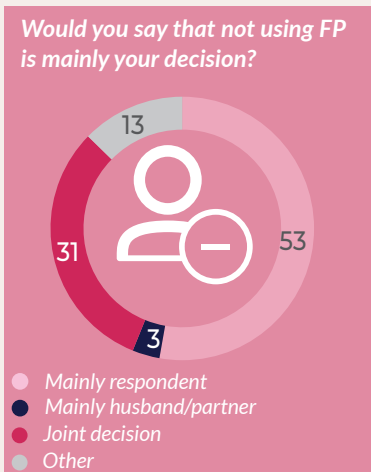
By age



By education



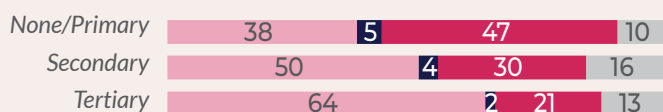
Percent of women who are not currently using FP and agree with the following statement, by age and education (n=2,400)



By age

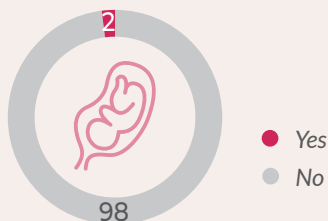


By education

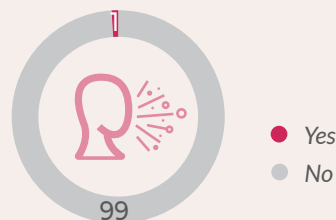


PREGNANCY COERCION

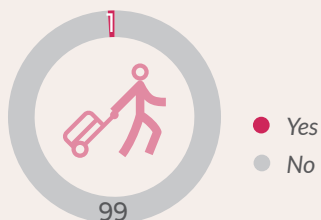
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=4,056)



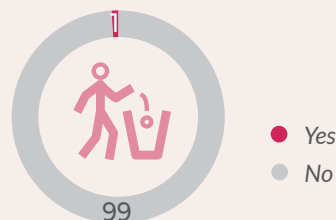
Percent of currently married women who report that their partner made them feel badly for wanting to use an FP method to delay or prevent pregnancy in the past 12 months (n=4,056)



Percent of currently married women who report that their partner said he would leave them if they did not get pregnant in the past 12 months (n=4,056)



Percent of currently married women who report that their partner took away their FP method or kept them from a clinic in the past 12 months (n=4,055)



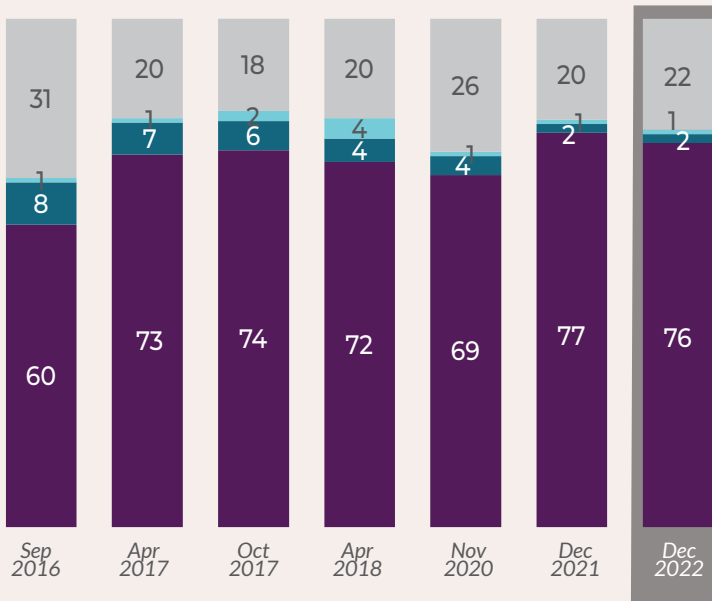
KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Nearly all women using modern, female-controlled family planning methods told their partners about it.
- The majority of women agree that the decision to use family planning is a joint decision with their partners.
- Women with tertiary education are most likely to agree that family planning decisions are to be made jointly with their partners.

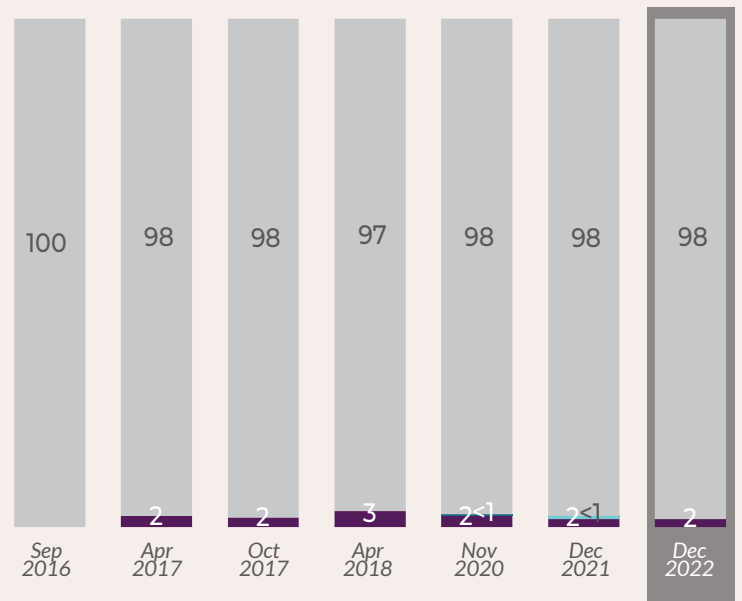
SECTION 4: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 3 n=230)



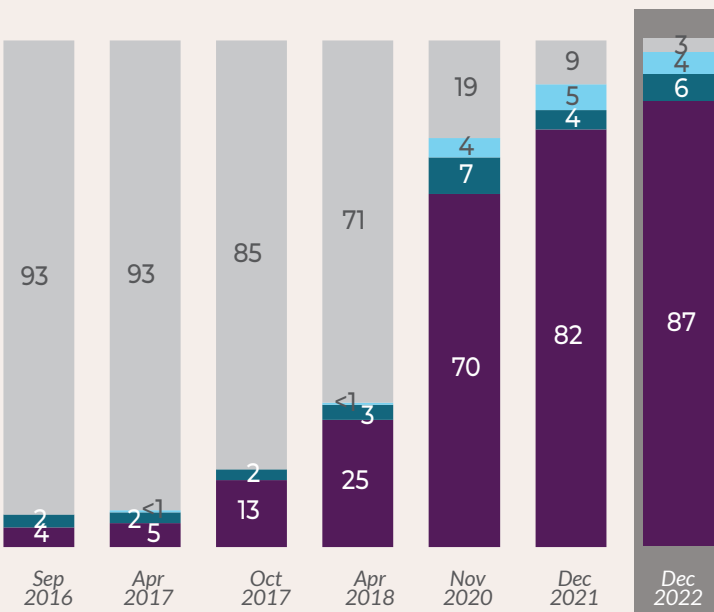
Private facilities (PMA Phase 3 n=318)



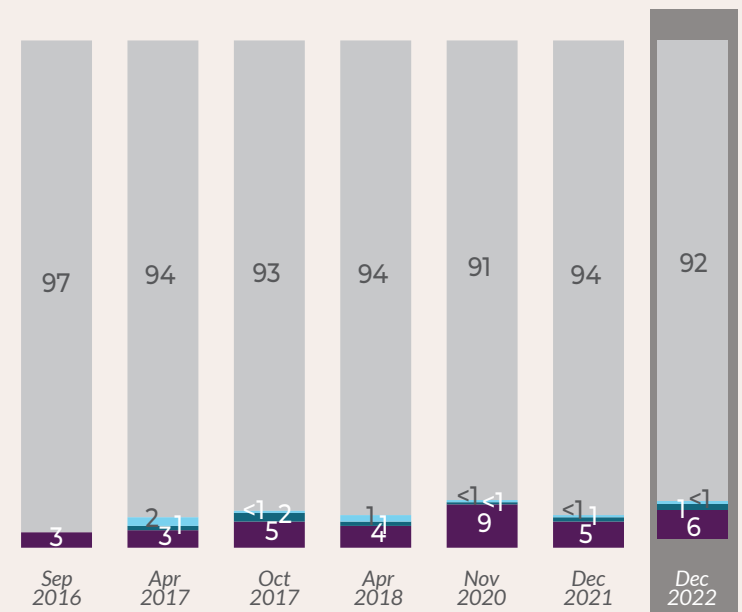
● Currently in stock and no stockout in last 3 months
 ● Currently in stock but stockout in last 3 months
 ● Currently out of stock
 ● Not offered

TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 3 n=230)



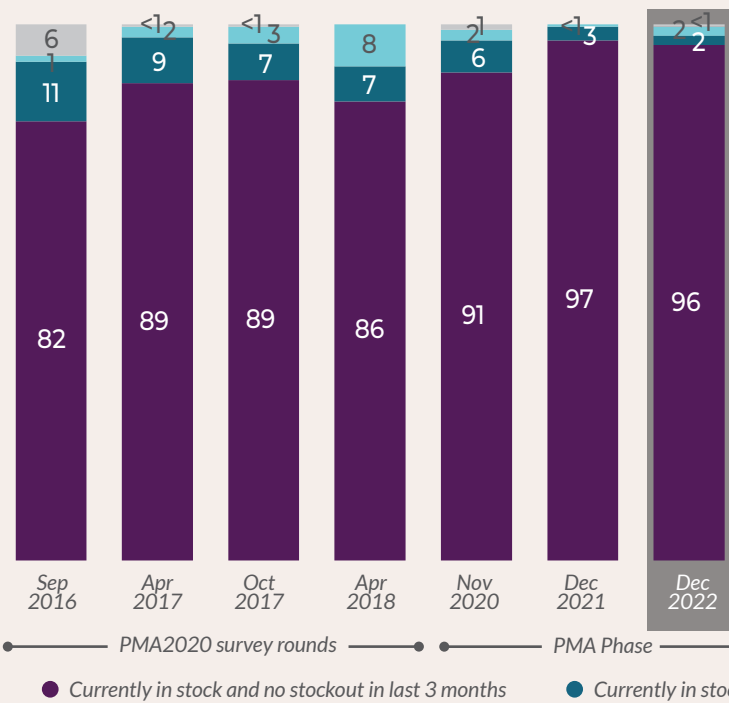
Private facilities (PMA Phase 3 n=318)



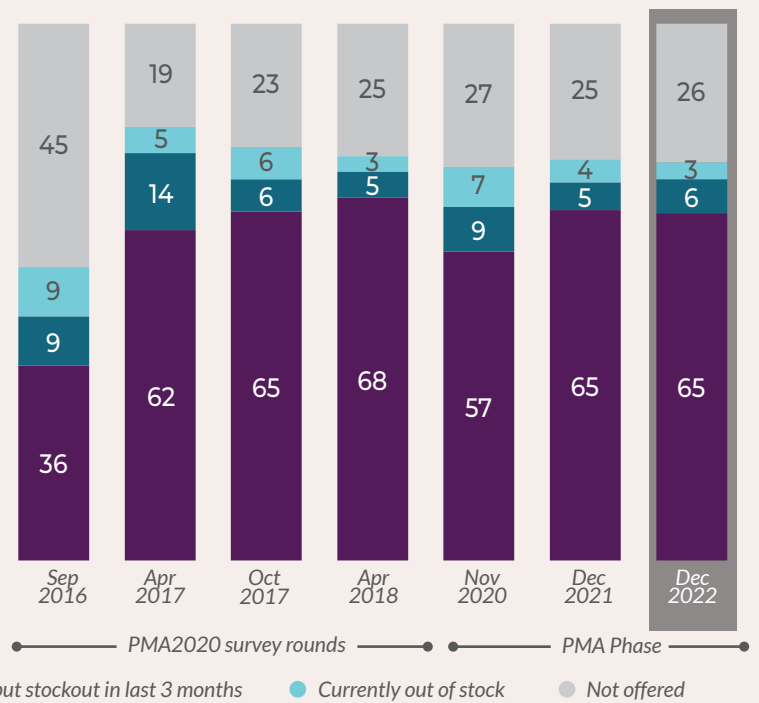
● Currently in stock and no stockout in last 3 months
 ● Currently in stock but stockout in last 3 months
 ● Currently out of stock
 ● Not offered

TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 3 n=230)

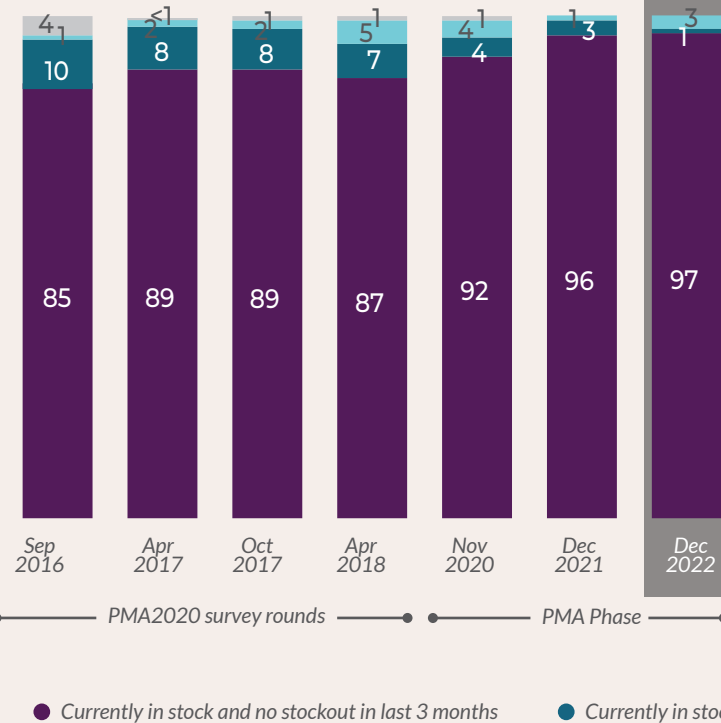


Private facilities (PMA Phase 3 n=318)

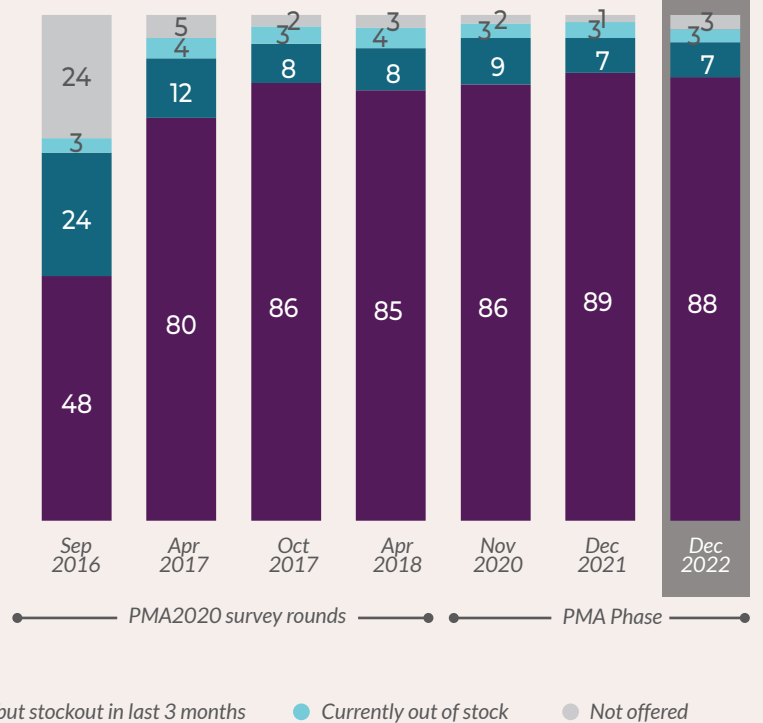


TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 3 n=230)



Private facilities (PMA Phase 3 n=318)



MAIN REASON FOR EPISODES OF STOCKOUT OF ANY METHOD BY TYPE OF FACILITY

Public facilities (n=31 episodes)

 **77%**
Ordered but did not receive shipment

 **16%**
Did not place order for shipment

Private facilities (n=28 episodes)

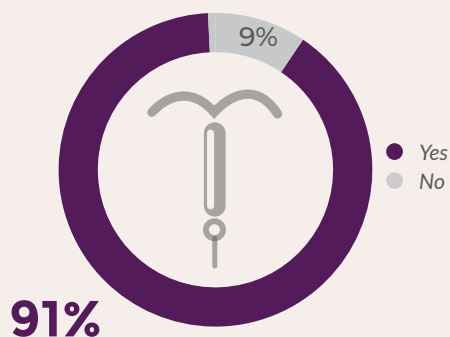
 **43%**
Ordered but did not receive shipment

 **29%**
Other reasons

Possible answers were "Did not place order for shipment", "Ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", "Stock out due to COVID-19 disruption", and "Other."

FACILITY READINESS

Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=185)



73% of women obtained their current modern method from a public health facility (n=2,378)

KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS

- 91% of the facilities that provide IUDs had a trained provider and the supplies needed for insertion or removal.
- More than 75% of the public facilities that reported stockout of any method stated that they had placed an order but did not receive the shipment.

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN				CPR			mCPR			Unmet need for family planning					
Data source	Round/Phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R1	May - Sept 2016	5,306	42.38	1.68	39.09	45.73	39.52	1.73	36.16	42.98	11.32	0.86	9.73	13.12
PMA 2020	R2	Feb-Apr 2017	6,034	45.65	1.58	42.55	48.79	42.92	1.55	39.88	46.01	10.24	0.77	8.81	11.88
PMA 2020	R3	Aug-Oct 2017	6,011	46.39	1.61	43.22	49.58	43.01	1.62	39.84	46.23	9.65	0.75	8.27	11.25
PMA 2020	R4	Feb-Apr 2018	5,832	48.18	1.71	44.82	51.55	45.27	1.69	41.97	48.62	9.23	0.70	7.94	10.70
PMA	Phase 1	Aug-Nov 2020	5,408	50.03	1.82	46.41	53.64	44.16	2.07	40.09	48.31	7.51	0.74	6.17	9.13
PMA	Phase 2	Sept-Dec 2021	5,428	51.21	1.69	47.85	54.56	44.50	1.81	40.93	48.12	8.13	1.10	6.20	10.59
PMA	Phase 3	Sept - Dec 2022	5,481	50.33	1.55	47.25	53.41	43.93	1.70	40.57	47.34	8.60	1.10	6.65	11.06

WOMEN IN UNION				CPR			mCPR			Unmet need for family planning					
Data source	Round/Phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R1	May - Sept 2016	3,996	55.46	2.06	51.36	59.48	51.66	2.12	47.46	55.84	14.40	1.02	12.50	16.54
PMA 2020	R2	Feb-Apr 2017	4,554	59.06	1.92	55.21	62.81	55.46	1.88	51.73	59.13	13.25	0.97	11.45	15.28
PMA 2020	R3	Aug-Oct 2017	4,486	60.64	1.96	56.70	64.44	56.16	1.99	52.19	60.06	12.84	0.99	11.01	14.94
PMA 2020	R4	Feb-Apr 2018	4,421	62.16	2.14	57.84	66.30	58.37	2.13	54.10	62.52	11.86	0.90	10.20	13.75
PMA	Phase 1	Aug-Nov 2020	4,032	67.25	1.88	63.41	70.88	59.25	2.21	54.79	63.56	10.08	0.92	8.39	12.07
PMA	Phase 2	Sept-Dec 2021	4,018	68.27	2.09	63.97	72.28	59.11	2.51	54.05	63.99	10.82	1.43	8.29	14.01
PMA	Phase 3	Sept - Dec 2022	4,059	66.94	1.99	62.87	70.77	58.23	2.25	53.70	62.63	11.41	1.45	8.84	14.62

PMA India collects information on knowledge, practice, and coverage of family planning services in 134 enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The results are representative at the state level and within urban/rural strata. Phase 3 data were collected between September and December 2022 from 4,364 households (97.9% response rate), 5,481 females age 15-49 (97.5% response rate), and 608 facilities (96.1% completion rate).

For sampling information and full data sets, visit www.pmadata.org/countries/india.

Percentages presented in this brief have been rounded and may not add up to 100%.

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key family planning and health indicators in Africa and Asia. PMA India is led by the Indian Institute of Health Management Research (IIHMR). Overall direction and support are provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at The Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.