



PMA RAJASTHAN, INDIA

Results from Phase 1 baseline survey

August–October 2020

OVERALL KEY FINDINGS



There has been a gradual increase in mCPR from **52%** in 2016 to **59%** in 2020 among married women.



Urban women report **1.9** children and rural women report **2.4** children, on average, prior to first contraceptive use.



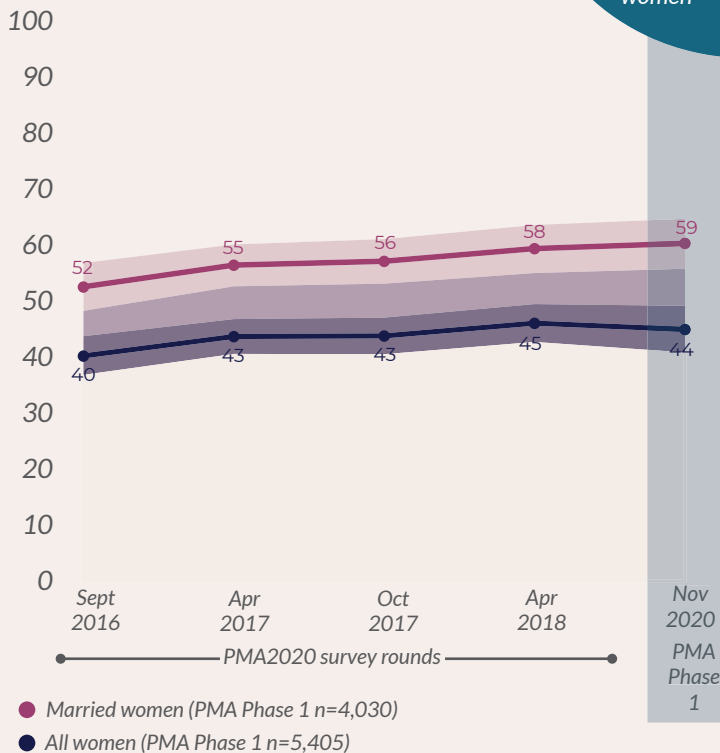
Stock availabilities of injectables is significantly improved over the past years in public facilities.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

MODERN CONTRACEPTIVE PREVALENCE

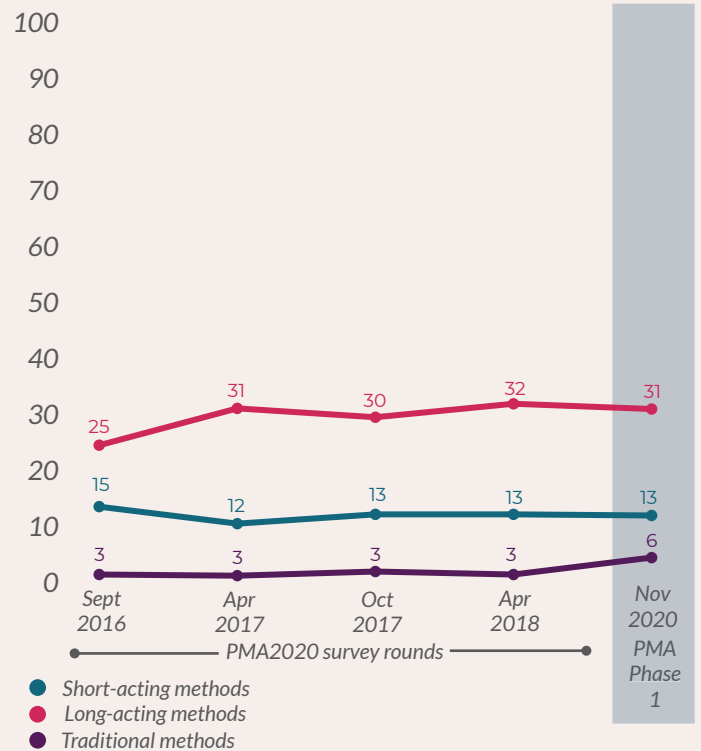
Percent of women age 15-49 currently using modern contraception (mCPR) by marital status

1.9%
average annual increase in mCPR for all women



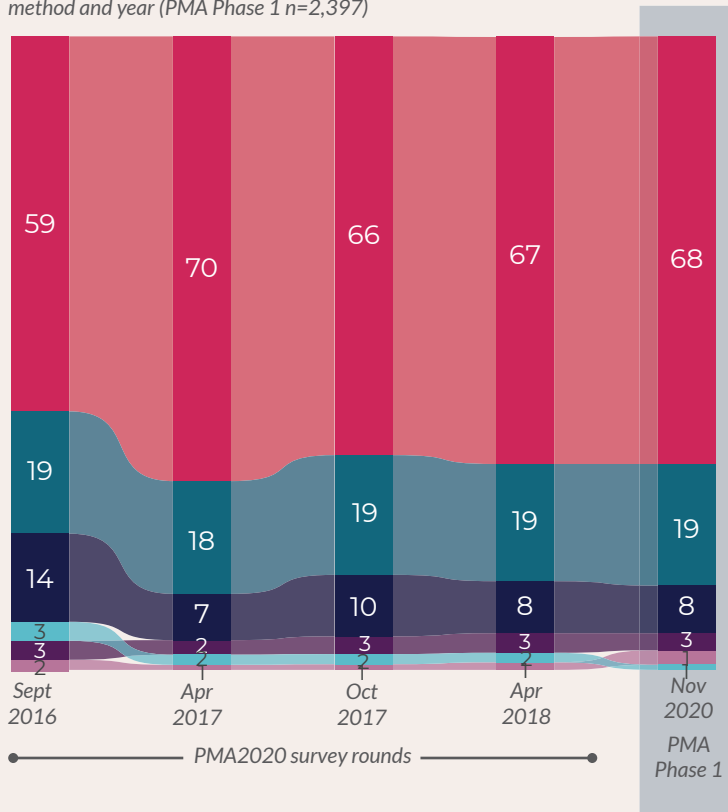
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 1 n=5,405)



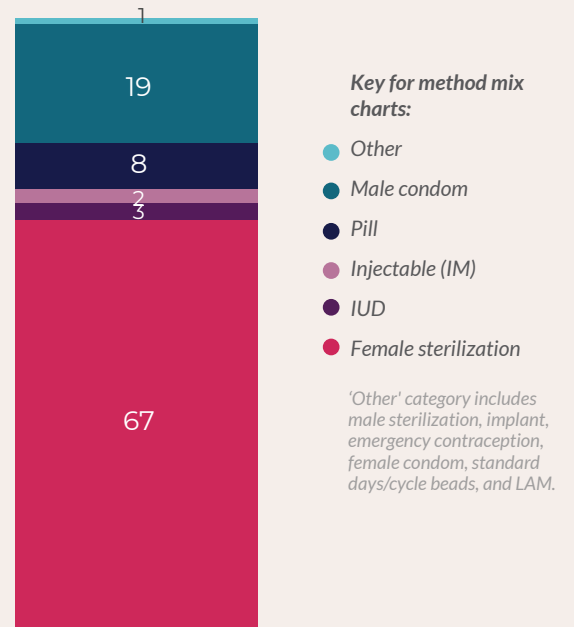
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users (all women) age 15-49 by method and year (PMA Phase 1 n=2,397)



MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of married/in union contraceptive users age 15-49 by method (n=2,346)



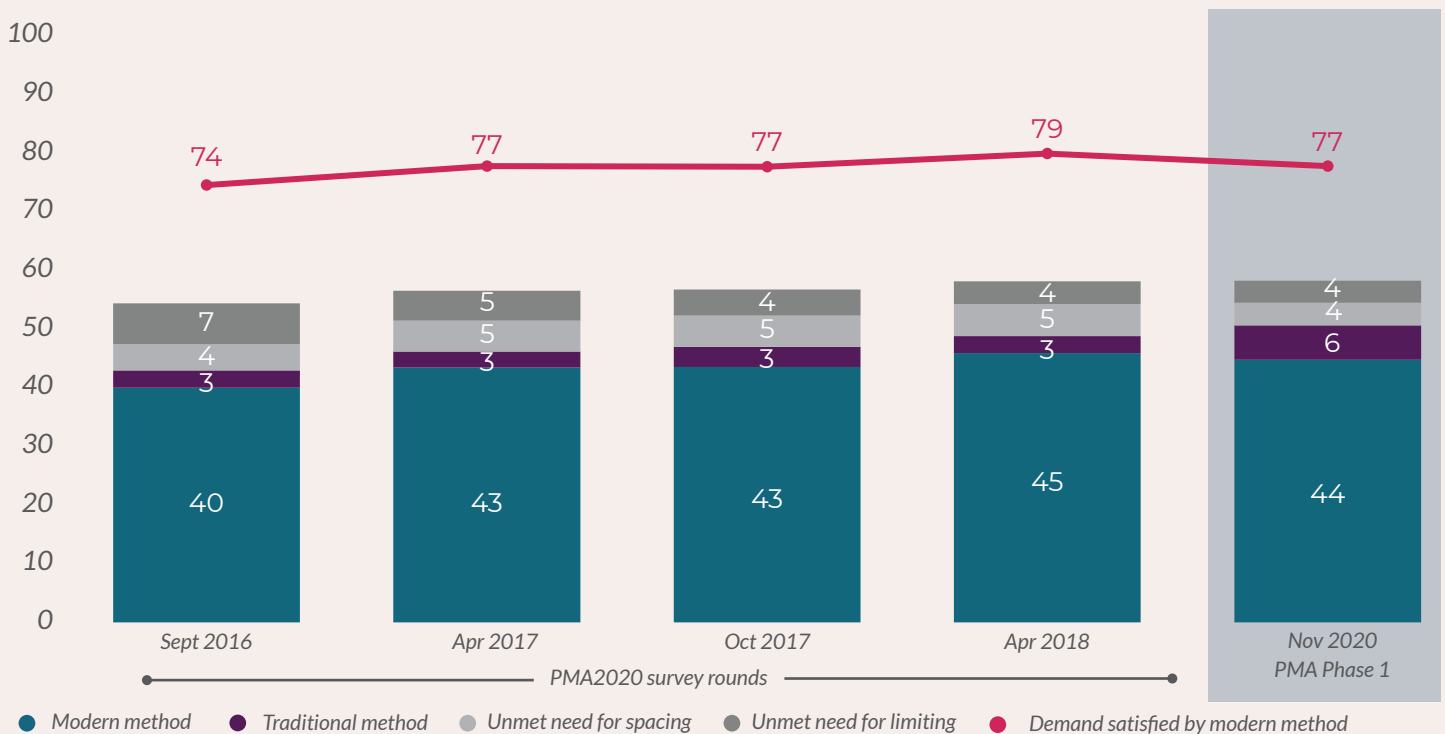
Key for method mix charts:

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

'Other' category includes male sterilization, implant, emergency contraception, female condom, standard days/cycle beads, and LAM.

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

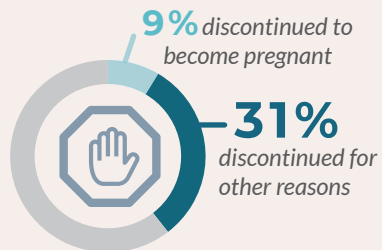
Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 1 n=5,405)



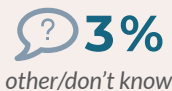
Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.

12-MONTH DISCONTINUATION RATE

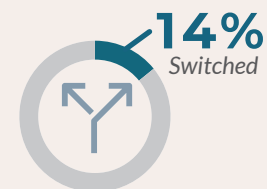
Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=975 episodes)



Reasons for discontinuation:

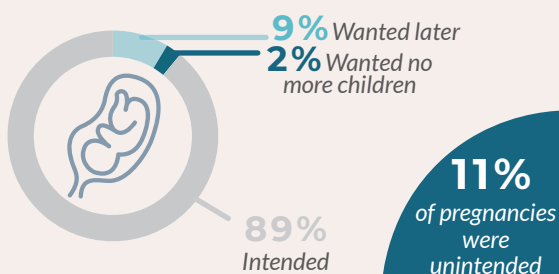


Discontinued but switched methods:



INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=3,034)



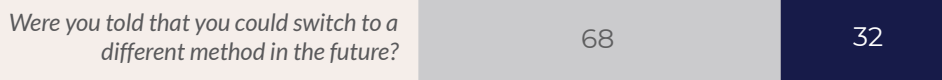
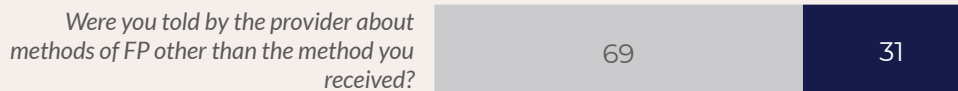
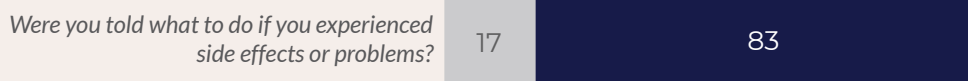
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Female sterilization continues to be the most prevalent contraceptive method used among women in Rajasthan.
- 40% of the time methods were discontinued within 12 months. 31% discontinued for other reasons while 9% did so to become pregnant.
- 14% of the time, women discontinued their current contraceptive method to switch to a different method.

SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

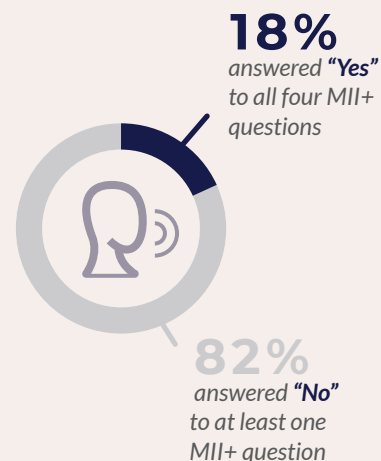
METHOD INFORMATION INDEX PLUS (MII+)

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=2,396)



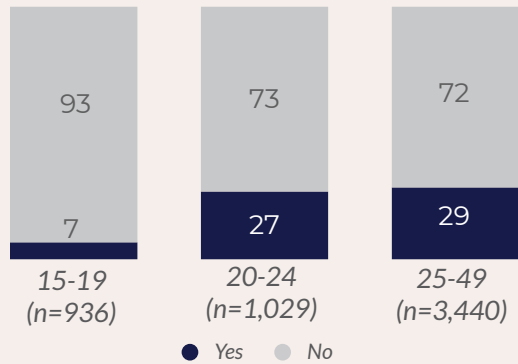
● No ● Yes

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



DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

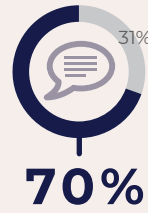
Percent of women who received FP information from a provider or community health worker (CHW), by age



CLIENT EXIT INTERVIEWS

Percent of female clients age 15-49 who said yes to the following questions (n=521)

During today's visit, did the provider tell you the advantages/disadvantages of the FP method?



During today's visit, did you obtain the method of FP you wanted?



Were you satisfied with FP services you received today at this facility?



● Yes ● No ● Neither (follow-up visit)

Clients were interviewed immediately following their health facility visit to obtain FP counseling or services.

KEY FINDINGS FOR SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

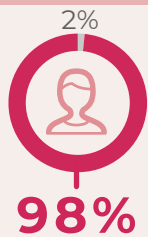
- Only 7% of adolescent women have discussed FP information with their health provider/CHW in the last year.
- 94% of female clients who visited the facility for FP services were satisfied with the services they received.
- Only 70% of female clients who availed FP services at their facility visit were told of the advantages and disadvantages of the FP 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 statements (n=2,397)

Does your partner know that you are using this method?



Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?

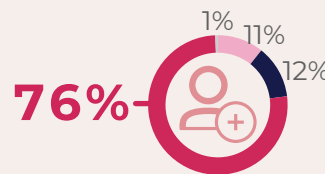


● Yes ● No

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

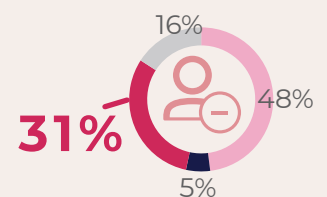
Percent of women who are currently using FP and agree with the following statements

Would you say that using FP is mainly your decision? (n=2,717)



Percent of women who are not currently using FP and agree with the following statements

Would you say that not using FP is mainly your decision? (n=2,366)



● Joint decision ● Mainly respondent ● Mainly partner ● Other

KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

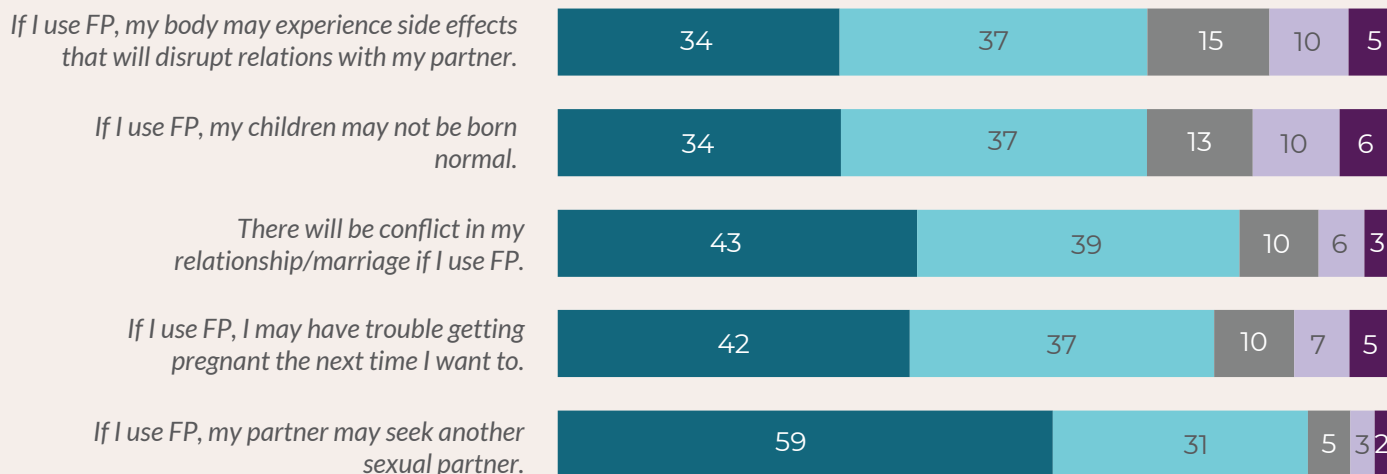
- 11% of the women using a female controlled family planning method did not discuss their decision to delay/avoid pregnancy prior to method adoption
- 12% of women reported that using FP was their partner's decision.
- 76% of women who were using a method and 31% of women who were not using a method said it was a joint decision.

SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

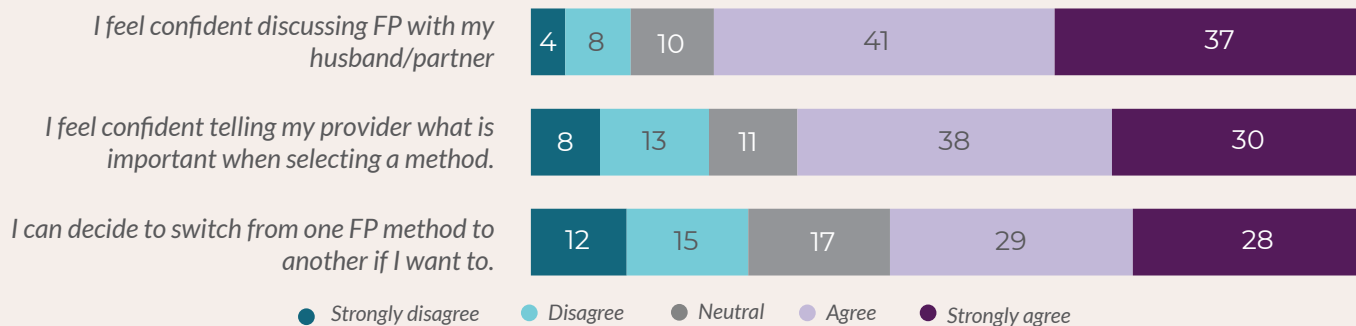
AGREEMENT WITH CONTRACEPTIVE EMPOWERMENT STATEMENTS

Percent of married/in union women who strongly agree to strongly disagree with each statement

Existence of choice (motivational autonomy) for contraception (n=4,015)



Exercise of choice (self-efficacy, negotiation) for contraception (n=4,017)



WOMEN AND GIRL'S EMPOWERMENT (WGE) SUB-SCALE FOR CONTRACEPTION

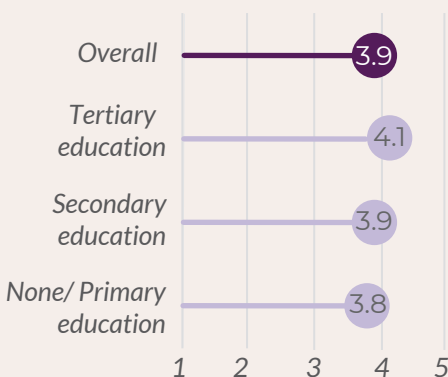
The Women and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, contraception, and sex outcomes in married/in union women.

Presented results are only for the existence of choice and exercise of choice domains for contraception.

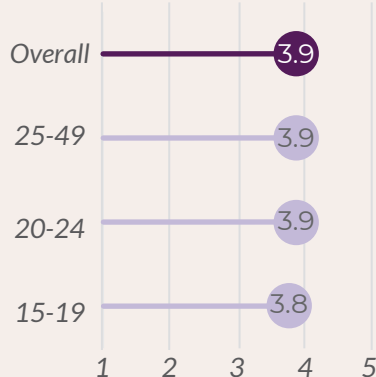
Scores from each contraceptive empowerment domain were summed and divided by number of items per domain (existence of choice=5 items; exercise of choice=3 items). Domains were then combined and equally weighted.

Range for the combined WGE contraception score is 1-5, with a score of 5 indicating highest empowerment.

Mean WGE score, by education

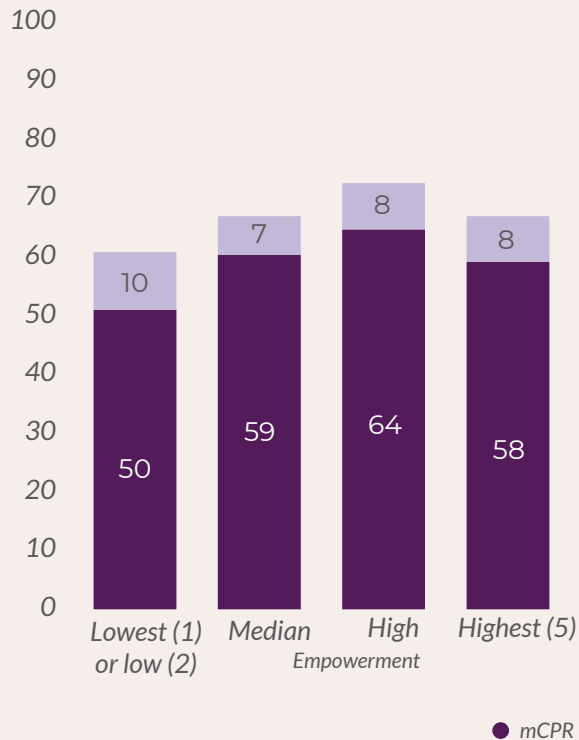


Mean WGE score, by age



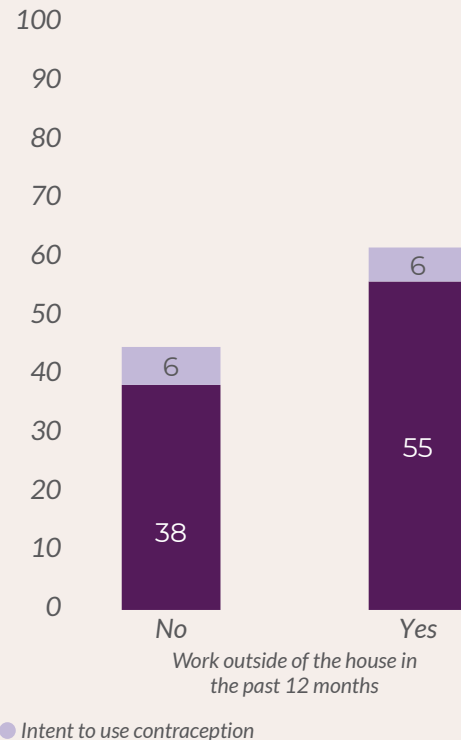
mCPR and intent to use contraception, by categorical WGE score

Percent of married/in union women using a modern method of contraception and percent of married/in union women who intend to use contraception in the next year by categorical WGE score (n=3,959)



mCPR and intent to use contraception, by employment status

Percent of all women using a modern method of contraception and percent of all women who intend to use contraception in the next year by employment status (n=5,405)



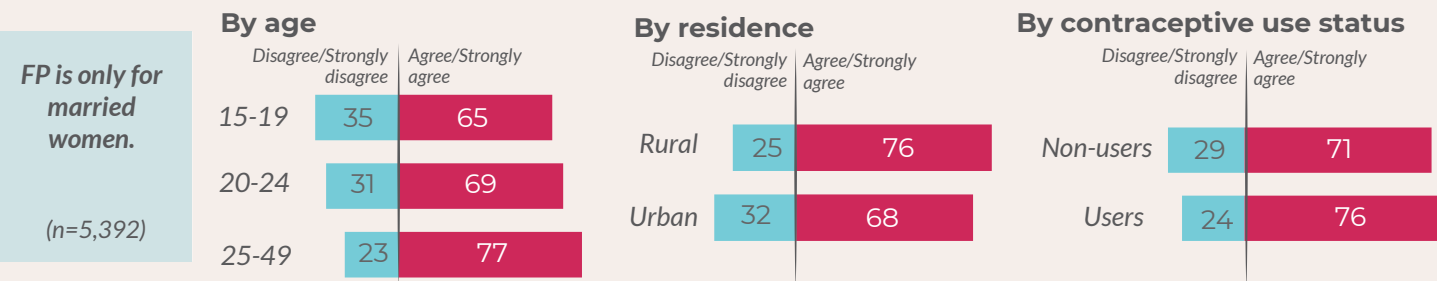
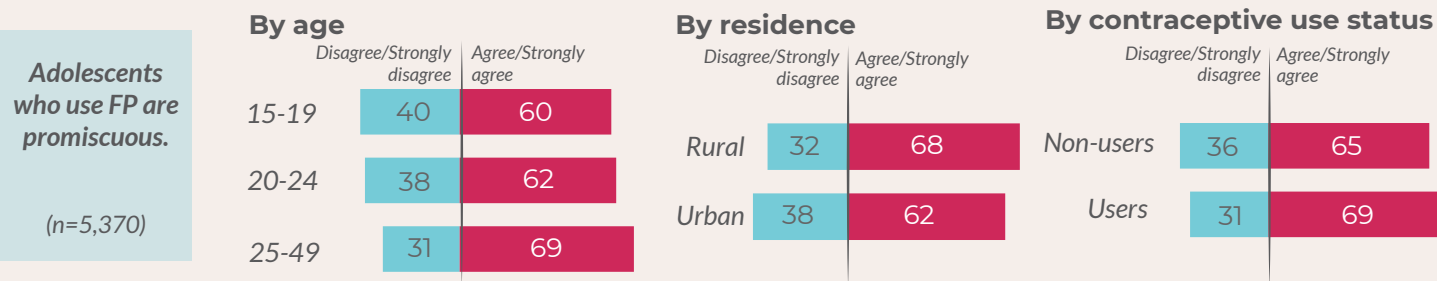
KEY FINDINGS FOR SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

- A higher proportion of women in union who scored lowest in the WGE index intend to use use contraception in the next year.
- Women who work outside of the house are more likely to use a modern method than those who are not.

SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

PERSONAL ATTITUDES

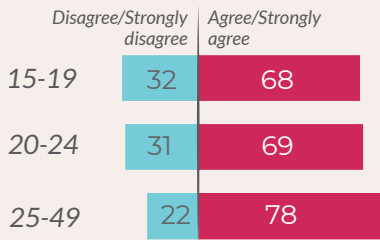
Percent of women who personally agree with statements made about contraceptive use, by age, residence, and contraceptive use status



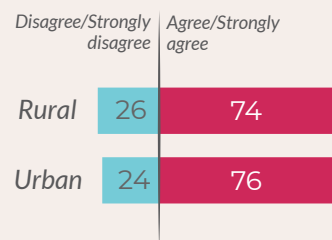
FP is only for women who don't want any more children.

(n=5,392)

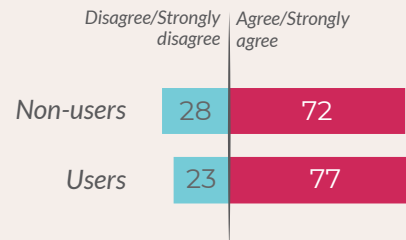
By age



By residence



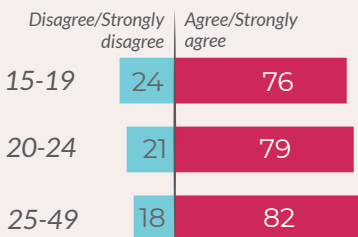
By contraceptive use status



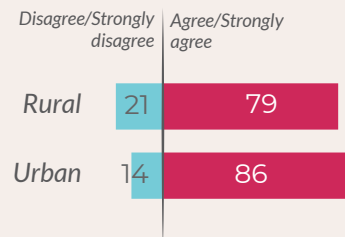
People who use FP have a better quality of life.

(n=5,383)

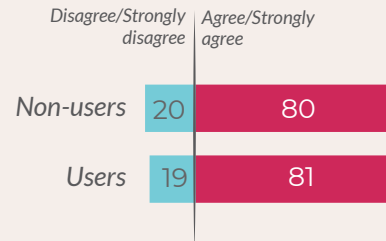
By age



By residence



By contraceptive use status



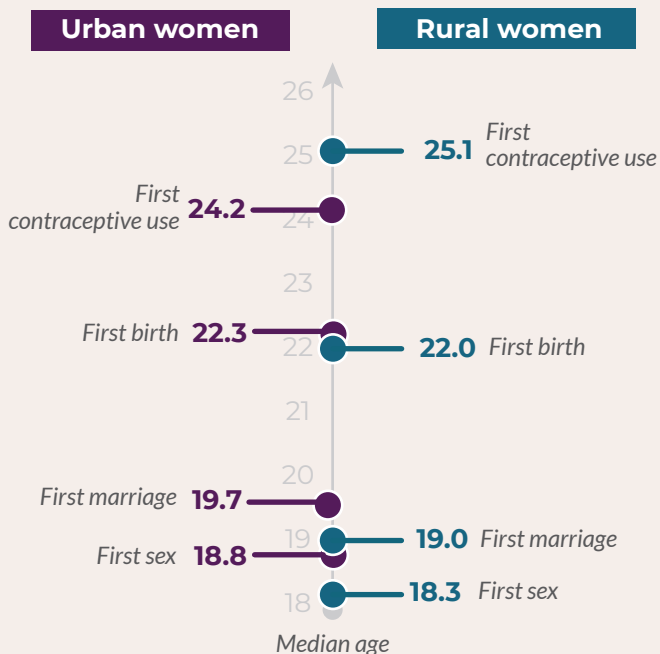
KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- Over 60% of women agreed or strongly agreed that the adolescents who use FP are promiscuous.
- 76% of rural and 68% of urban women agreed or strongly agreed that FP is only for married women.
- Around 80% of women agreed or strongly agreed that people who use FP have a better quality of life.

SECTION 6: REPRODUCTIVE TIMELINE

REPRODUCTIVE TIMELINE

Median age at reproductive events (n=1,471)

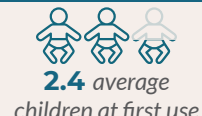


Note: median age at first sex and first contraceptive use calculated among women 15-49 years; median age at first marriage and first birth calculated among women 25-49 years.

Urban women

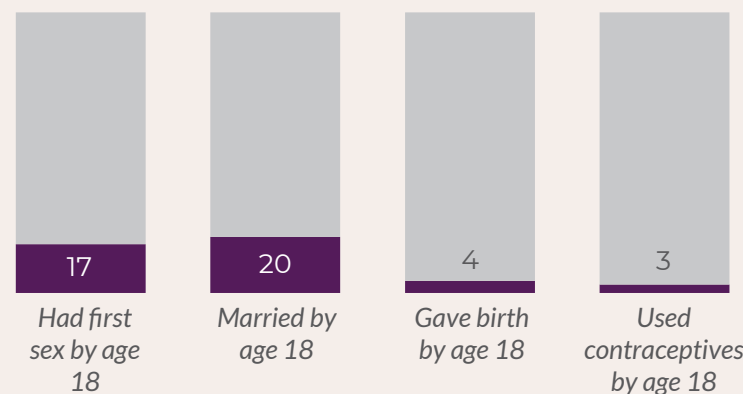


Rural women



REPRODUCTIVE EVENTS BY AGE 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=1,471)



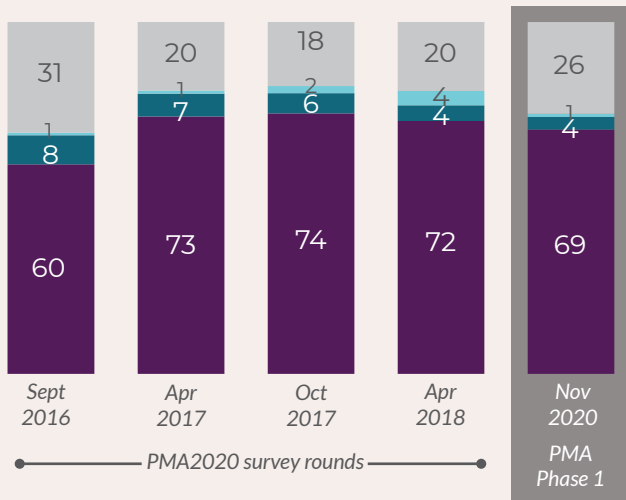
KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

- Rural women engaged in sexual activity earlier, married earlier, and gave birth earlier on average compared to urban women; however initiated contraception later.
- 20% of the young women were married by the age of 18; 4% had given birth and only 3% of women used a contraceptive by that age.

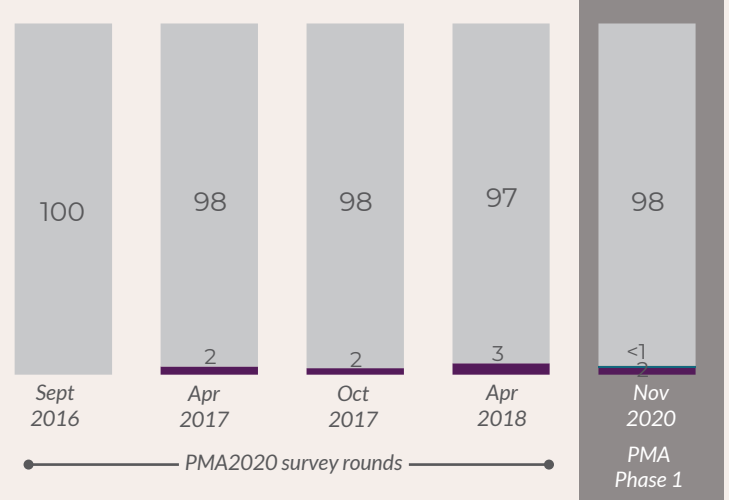
SECTION 7: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 1 n=226)



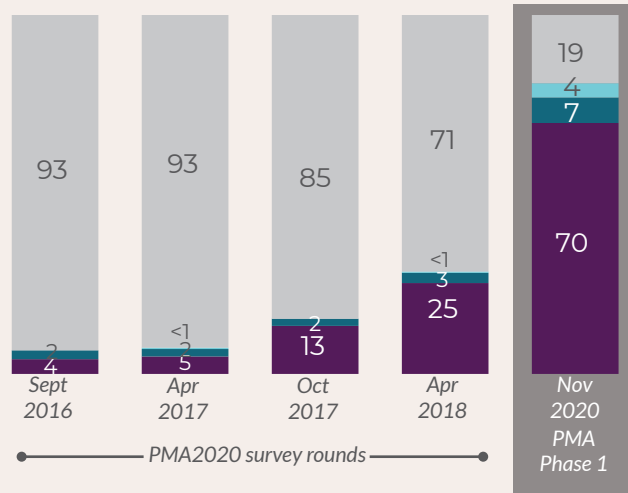
Private facilities (PMA Phase 1 n=282)



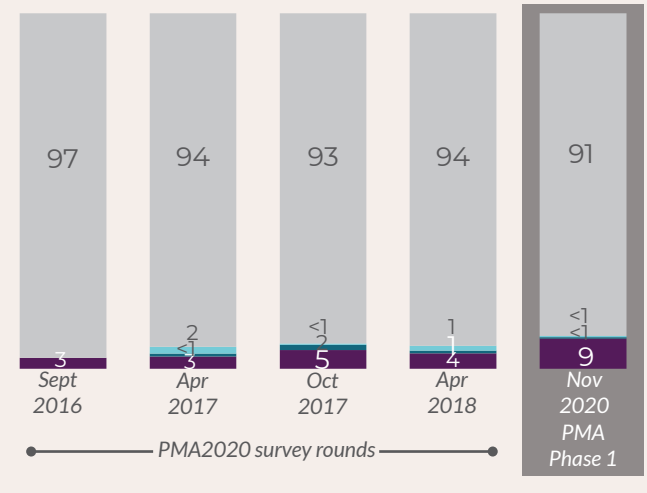
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 1 n=226)



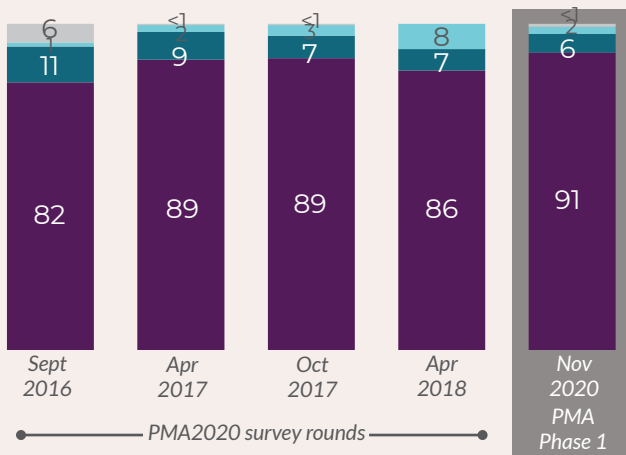
Private facilities (PMA Phase 1 n=282)



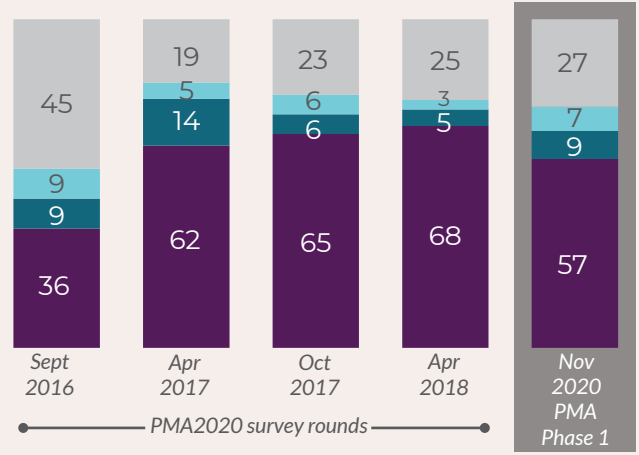
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 1 n=226)



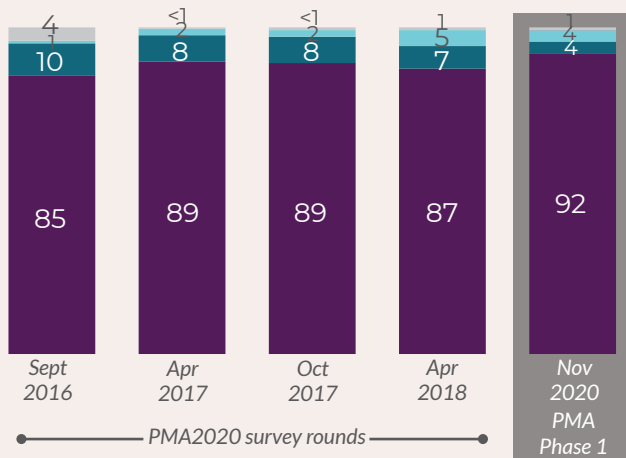
Private facilities (PMA Phase 1 n=282)



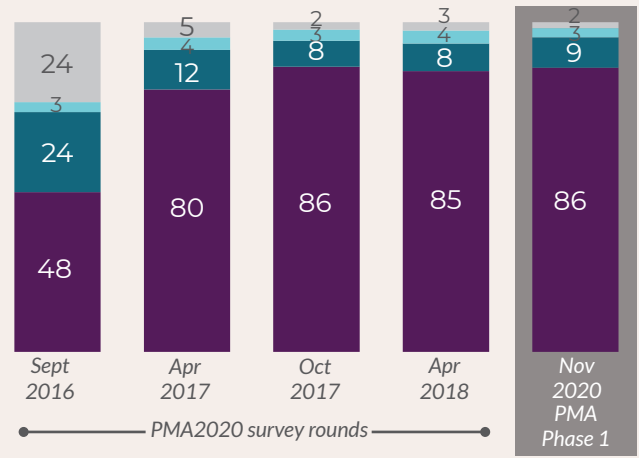
● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: MALE CONDOM

Public facilities (PMA Phase 1 n=226)



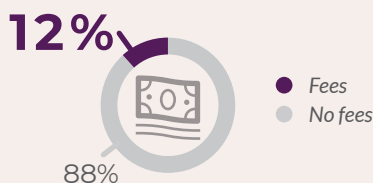
Private facilities (PMA Phase 1 n=282)



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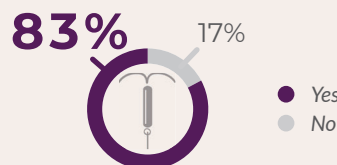
FEES FOR SERVICES

Percent of private facilities where FP clients have to pay fees to be seen by a provider even if they do not obtain FP (n=281)



FACILITY READINESS

Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=174)



KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- 70% of public facilities reported that they had injectables available in stock.
- Availability of pills and condoms in public facilities have steadily improved since 2016.

71%

of women obtained their current modern method from a public facility (n=2,397)

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN

Data source	Round/Phase	Data collection	Female sample	CPR				mCPR				Unmet need for family planning			
				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	Sep-Nov 2020	5,405	50.02	1.82	46.40	53.63	44.19	2.07	40.13	48.34	7.52	0.74	6.17	9.13

WOMEN IN UNION

Data source	Round/Phase	Data collection	Female sample	CPR				mCPR				Unmet need for family planning			
				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	Sep-Nov 2020	4,030	67.24	1.88	63.39	70.86	59.29	2.21	54.83	63.61	10.08	0.92	8.39	12.08

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 and region strata. The results are representative at the sub-national level and within urban/rural strata. Data were collected between August and November 2020 from 4,577 households (98.8% response rate), 5,405 females age 15-49 (98.1% response rate), 575 facilities (98.5% completion rate), and 521 client exit interviews. 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.