PERFORMANCE MONITORING FOR ACTION



PMA RAJASTHAN, INDIA

Results from Phase 2 cross-sectional survey

September-December 2021

OVERALL KEY FINDINGS



75% of the demand for family planning is being satisfied by modern contraceptive methods.

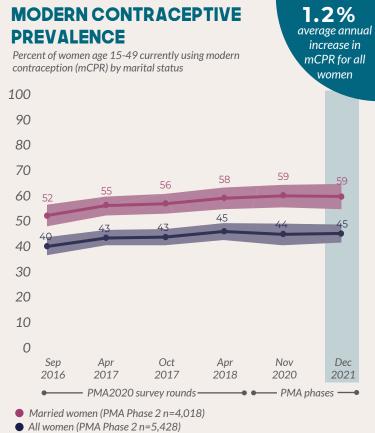


About 70% of the female clients at health facilities reported that they had access to affordable FP method of their choice.



Family planning method availability in public facilities has improved for all FP methods improved since 2020.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND



CONTRACEPTIVE PREVALENCE BY **METHOD TYPE**

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 2 n=5,428)



- - Long-acting methods
 - Traditional methods



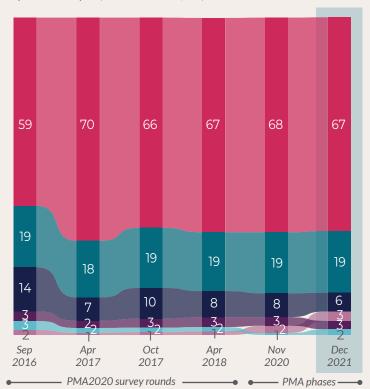






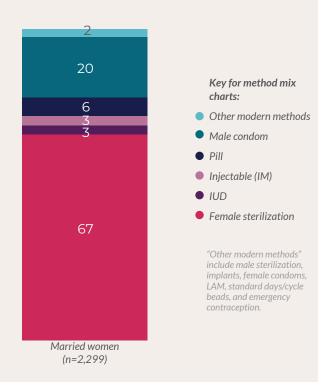
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 2 n=2,375)



MODERN CONTRACEPTIVE METHOD

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



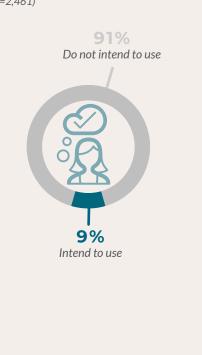
METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

Percent of all women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 2 n=5,428)



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=2,461)





contraceptive use.

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY Percent of women by intention of their most recent birth or current pregnancy (n=1,490) 12% Wanted later 2% Wanted no more children of pregnancies were unintended

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

- The modern contraceptive prevalence rate remains consistent since 2020, at **59%** among married women, while there is a slight increase in the use of traditional methods among all women.
- Use of injectables has been rising steadily, while female sterilization remains the most prevalent method in Rajasthan.
- 14% of women reported their current or previous pregnancy was unintended, the majority of these women wanted to delay their pregnancy.
- 9% of all women currently not using any method intend to use in the next year.

SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

49

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=2,404)

When you obtained your method were you told by the provider about side effects or problems you might have?

19 82

51

Were you told what to do if you experienced side effects or problems?

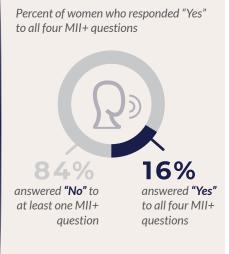
72 28

Were you told by the provider about methods of FP other than the method you received?

71 29

No Yes

Were you told that you could switch to a different method in the future?



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

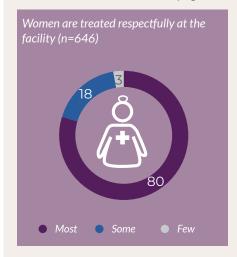
- Approximately **51**% of women reported having received information on method-related side effects, while **28**% of women received information about the choice of methods they can opt for.
- 16% of women reported that they received comprehensive family planning information from their provider as measured by Method Information Index Plus.
- About 11% of adolescents reported that they had received FP-related information from a health provider or a community health worker in the past year.

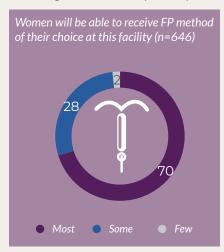


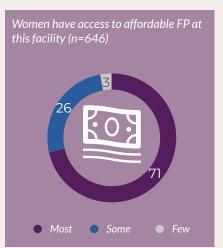
SECTION 3: QUALITY OF FP SERVICES

COMMUNITY PERCEPTION OF QUALITY OF CARE

Percent distribution of community agreement with the following statements, as reported by female FP clients

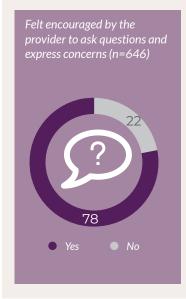


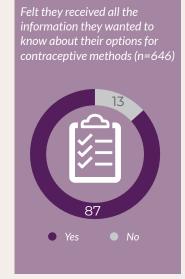


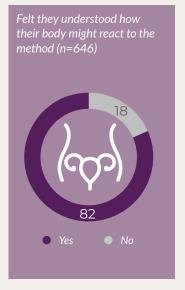


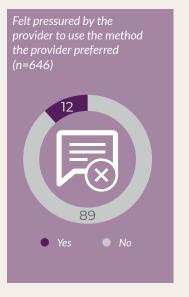
PERSONAL PERCEPTION OF QUALITY OF CARE

Percent of female FP clients that agreed with the following statements









KEY FINDINGS FOR SECTION 3: QUALITY OF FP SERVICES

- 80% of female clients interviewed at health facilities reported being treated respectfully at the facility where they were seeking health care.
- More than **70**% of female clients interviewed at health facilities reported affordable access to the FP method of their choice.
- 89% of female clients reported that they did not feel pressured by the provider to use an FP method that was preferred by the provider.

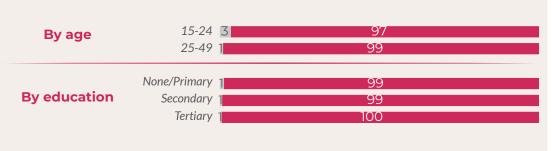


SECTION 4: PARTNER DYNAMICS

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=1.918)





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

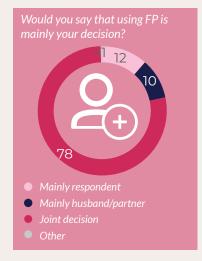
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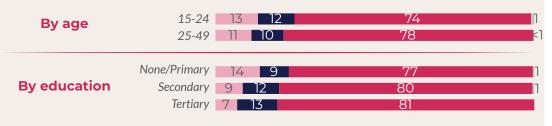




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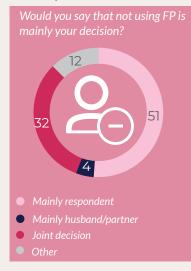
Percent of women who are currently using FP and agree with the following statement, by age and education (n=2,750)

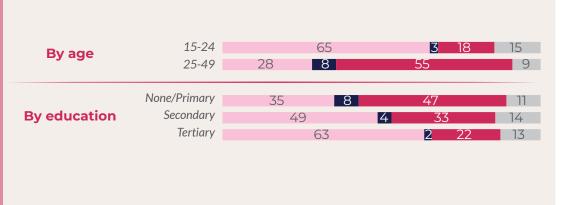






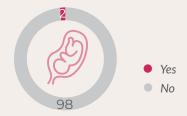
Percent of women who are not currently using FP and agree with the following statement, by age and education (n=2,396)





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=4,016)



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=4,015)



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=4,014)



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=4,009)



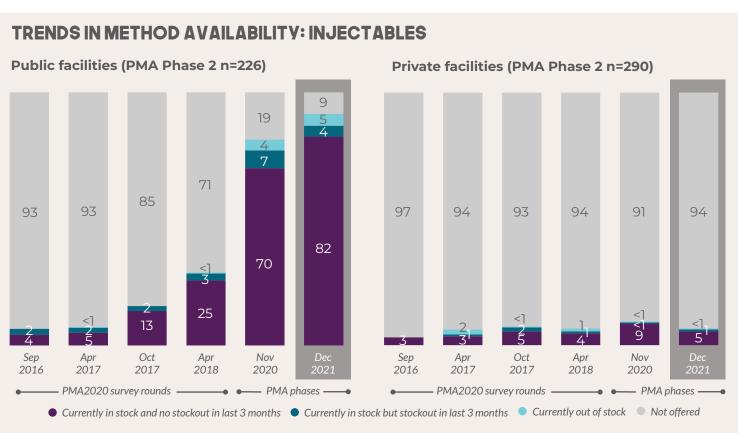
KEY FINDINGS FOR SECTION 4: PARTNER DYNAMICS

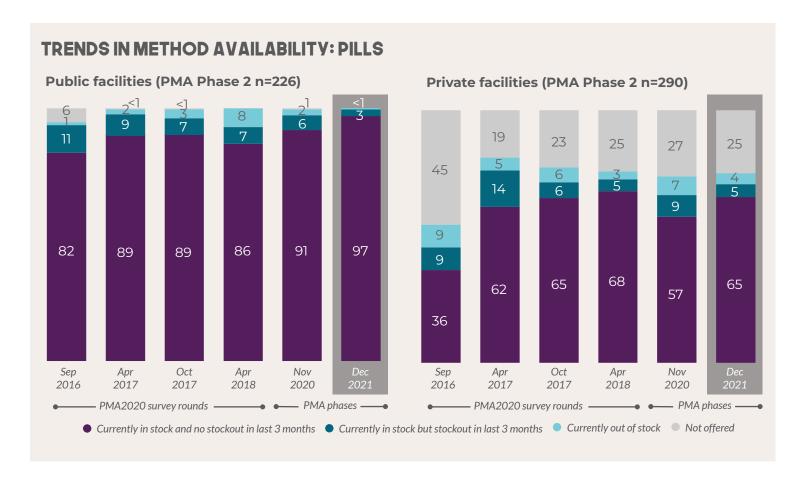
- Nearly all (90%) women reported that the decision to use FP was either a joint decision with her partner (78%) or a decision made on her own (12%).
- More than half of the women who are not using FP reported that the non-use was their own decision, while 32% reported it to be a joint decision made with their partner.
- 91% of women currently using any method had discussed to delay or avoid pregnancy with their partners.

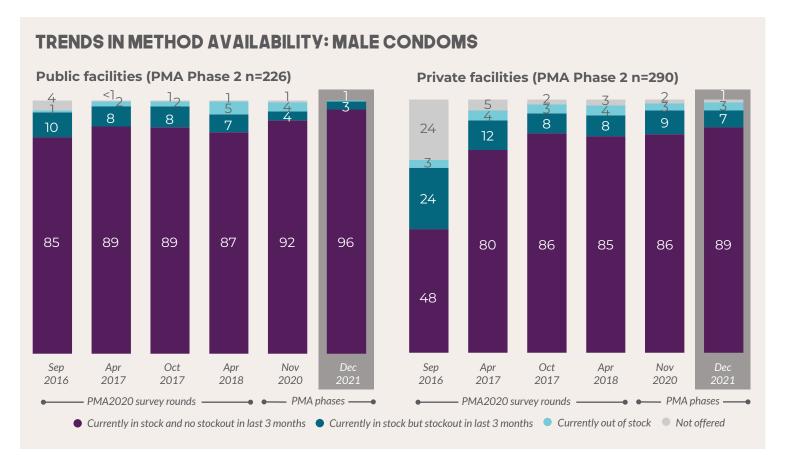


SECTION 5: SERVICE DELIVERY POINTS











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

Public facilities (n=21 episodes)

67% Ordered but did not receive shipment



Private facilities (n=36 episodes)





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=187)





KEY FINDINGS FOR SECTION 5: SERVICE DELIVERY POINTS

- Availability of nearly all family planning methods at public facilities has increased since 2020.
- Availability of injectables in public facilities has increased consistently since 2016.
- 88% of the facilities that provide IUDs had both a trained provider and all required instruments/supplies needed for IUD insertion/removal.



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	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	5,408	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	Sep-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

WO	MENIN	UNION	ı	CPR				mCPR				Unmet need for family planning			
				CPK				IIICPR				Onlinet need for family planning			
Data source	Round/ Phase	Data collection	Female sample	CPR%	SE	95%	S 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	4,032	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	Sep-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 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 2 data were collected between September and December 2021 from 4,421 households (98.2% response rate), 5,428 females age 15-49 (97.9% response rate), and 577 facilities (92.2% completion rate) and 646 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.

