How conditional cash transfers to promote institutional delivery can also influence postpartum contraception: Evidence from Rajasthan, India

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Janani Suraksha Yojana in India

- Janani Suraksha Yojana (JSY) is a conditional cash transfer programme that aims to promote institutional delivery, provide access to care during pregnancy and in the postpartum period.

- Launched in 2005, JSY provides cash benefits of Rs.1400 ($30) in rural areas and Rs.1000 ($22) in urban areas to women who deliver in an eligible government/private facility.

- The Accredited Social Health Activists (ASHAs) responsibilities include, among others, facilitate obtaining care as well as promoting family planning services.

- Evaluations of JSY thus far had assessed the effects of JSY on the uptake of maternal health services and improving newborn health. Evidence, however, remains limited as to whether postpartum contraceptive use has improved with the introduction of JSY.
Objectives

Drawing on data obtained from a representative survey of some 5,000 women in Rajasthan, the objective is to present evidence on the association between the receipt of JSY benefits and postpartum contraceptive use. Specifically,

- Postpartum contraceptive use within 3 months of delivery
- Postpartum contraceptive use within 6 months of delivery
- Method choice among contraceptive users
Study location

- Rajasthan (purposively selected)
- Ranks third among the states of India in terms of maternal mortality ratio
- Utilisation of maternal health services is limited

- Alwar and Jodhpur districts (purposively selected, representing the state averages in socio-demographic indicators and reproductive health indicators)
  - Relatively high fertility
  - Low literacy

- Both rural and urban areas
  - 3 blocks each in rural areas and 2-3 blocks in urban areas\(^1\)
    - Alwar: 48 PSUs from 76 villages & 50 PSUs from 135 CEBs\(^2\)
    - Jodhpur: 48 PSUs from 61 villages & 50 PSUs from 187 CEBs\(^2\)

\(^1\)Selection of blocks based on female literacy and % of SC/ST population
\(^2\)Selection of villages/urban wards proportional to size
Study tools, participants and response rates

- House-listing to identify eligible women, i.e., women aged <35 years who had delivered in the one year preceding the interview

- All eligible women identified invited to participate; women successfully interviewed – 4,770; response rate 80%

- Interviews with family members of women who had died (4)

- In-depth interviews with selected survey respondents/family members (52)

- Interviews with providers: ASHAs (150), ANMs (96), Medical officers (38)

- Survey of facilities: sub-centres (52), PHC (43)

Findings presented draw on survey data from women
## Selected background characteristics of surveyed women

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Combined</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>24</td>
<td>25</td>
<td>23</td>
</tr>
<tr>
<td>Median years of schooling completed</td>
<td>2</td>
<td>7</td>
<td>NC</td>
</tr>
<tr>
<td>% Hindu</td>
<td>78</td>
<td>73</td>
<td>79</td>
</tr>
<tr>
<td>% Muslim</td>
<td>21</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td>% belonging to SC/ST</td>
<td>33</td>
<td>21</td>
<td>37</td>
</tr>
<tr>
<td>Mean SLI (0-56)</td>
<td>23</td>
<td>31</td>
<td>20</td>
</tr>
<tr>
<td>Mean age at marriage</td>
<td>16</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>Mean number of pregnancies</td>
<td>3.0</td>
<td>2.5</td>
<td>3.1</td>
</tr>
<tr>
<td>Mean number of children ever born</td>
<td>2.6</td>
<td>2.1</td>
<td>2.7</td>
</tr>
</tbody>
</table>
Association between the receipt of JSY benefits and postpartum contraception
Analytical approach

• Comparison of experiences during the most recent birth for a matched sample of JSY beneficiaries and non-beneficiaries who had given birth in the one year preceding the interview

• Matched sample arrived at propensity score matching (N=3434)

• Three indicators of postpartum contraception used:
  • Adoption of contraception
  • Adoption within 3 months of delivery (women delivered 4-12 months preceding survey)
  • Adoption within 6 months of delivery (women delivered 7-12 months preceding survey)

• Bi-variate and multivariate logistic regression analyses were conducted
Postpartum contraceptive counseling is limited (26%)

JSY beneficiaries are more likely to receive postpartum contraceptive counseling than non-beneficiaries (33% vs. 19%). This is more evident in rural areas.
Postpartum adoption of contraception is limited (17%)

- Beneficiaries are more likely than non-beneficiaries to have adopted postpartum contraception (20% versus 15%)

- Similar differences evident in rural areas, but not in urban areas
JSY beneficiaries are more likely to adopt contraception early.

Timing of postpartum contraceptive use

Women delivered 4-12 months preceding interview:
- JSY beneficiaries: 14%
- Non-beneficiaries: 9%
- Combined: 12%

Women delivered 7-12 months preceding interview:
- JSY beneficiaries: 22%
- Non-beneficiaries: 15%
- Combined: 19%
JSY beneficiaries were as likely as the non-beneficiaries to have used non-terminal methods (65% vs. 62%).

In rural areas, JSY beneficiaries are more likely than non-beneficiaries to adopt non-terminal methods.

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<table>
<thead>
<tr>
<th>Method choice</th>
<th>JSY beneficiary</th>
<th>Non-beneficiary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>82</td>
<td>83</td>
<td>82</td>
</tr>
<tr>
<td>Rural#</td>
<td>51</td>
<td>41</td>
<td>47</td>
</tr>
<tr>
<td>Combined</td>
<td>65</td>
<td>62</td>
<td>64</td>
</tr>
</tbody>
</table>

# p<=0.10
### Postpartum adoption of contraception: correlates (OR)

<table>
<thead>
<tr>
<th></th>
<th>Adopted PP contraception</th>
<th>Used within 3 months of delivery&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Used within 6 months of delivery&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban residence (rural=ref)</td>
<td>3.33***</td>
<td>3.03**</td>
<td>3.33***</td>
</tr>
<tr>
<td>Received any cash assistance (No=ref)</td>
<td>1.25*</td>
<td>1.33*</td>
<td>1.41**</td>
</tr>
<tr>
<td>Counseled for postpartum contraception during postpartum check-up (No=ref)</td>
<td>2.01***</td>
<td>1.93***</td>
<td>1.95***</td>
</tr>
<tr>
<td>Husband accompanied in one of the occasions during ANC, delivery or PP care (No=ref)</td>
<td>1.19</td>
<td>1.56**</td>
<td>0.99</td>
</tr>
<tr>
<td>Provider reminded about follow-up visit during ANC and/or PP care (No=ref)</td>
<td>1.30*</td>
<td>1.33@</td>
<td>1.503**</td>
</tr>
<tr>
<td>Provider asked about concerns, treated well, never shouted during ANC (no=ref)</td>
<td>1.16</td>
<td>1.08</td>
<td>1.14</td>
</tr>
<tr>
<td>Quality of the facility (clean, visual and auditory privacy) (No=ref)</td>
<td>1.27*</td>
<td>1.14</td>
<td>1.41**</td>
</tr>
</tbody>
</table>

@p<=0.10, *p<=0.05, **p<=0.01, ***p<=0.001; Controlled for place of district; Among those delivered: <sup>a</sup>4-12 months after delivery and <sup>b</sup>7-12 months of delivery.
Conclusions

- Postpartum contraception is limited
- JSY beneficiaries are more likely than non-beneficiaries to have adopted postpartum contraception
- They are also more likely to adopt postpartum contraception early
- However, differences were narrow with respect to method choice
- Findings make a case for special efforts to use the increased opportunity women get to interact with the health system as a result of JSY for promoting maternal and newborn health practices, including postpartum contraception
Acknowledgement

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THANKS YOU