THE 2014Contraceptive Prevalence Survey

Preliminary Report

Republic of Mauritius
September 2015

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Ministry of Health and Quality of Life

Mauritius Institute of Health

United Nations Population Fund

September 2015

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1. ABOUT THE 2014CONTRACEPTIVE PREVALENCE SURVEY (2014CPS)

The 2014 Contraceptive Prevalence Survey (2014 CPS) is the fourth survey of its kind to be carried out in the Republic of Mauritius following the 1985, 1991 and 2002 CPSs. This survey is an important evaluation tool for identifying the strengths and weaknesses of the family planning programme.

The 2014 CPS was based on 1,680 respondents for the Island of Mauritius and 400 respondents for the Island of Rodrigues. The principal aim of the survey was to provide up-to-date information on the use of contraceptive methods for Islands of Mauritius and Rodrigues.

The 2014 CPS was designed to meet the following objectives:

1. To measure the change in contraceptive prevalence rate;
2. To identify the reasons for use and non-use of contraceptives;
3. To identify future intentions of contraceptive use; and
4. To formulate recommendations.

The sample was a multistage probability sample of women age 15-49 years. From the Enumeration Areas (EAs)[1]identified by Statistics Mauritius for the 2011 National Housing and Population Census, 48 EAs for Island of Mauritius and 20 EAs for Island of Rodrigues were randomly selected for the 2014 CPS. Statistics Mauritius provided maps of the selected EAs.

A listing questionnaire was used to list all the women in the age group 15-49 years in the selected enumeration areas.From this list, ever-married women and never-married women were randomly selected. An individual questionnaire was used to carry out a face-to-face interview with the selected respondents. A pretest of the individual questionnaire was carried out inJuly 2014.

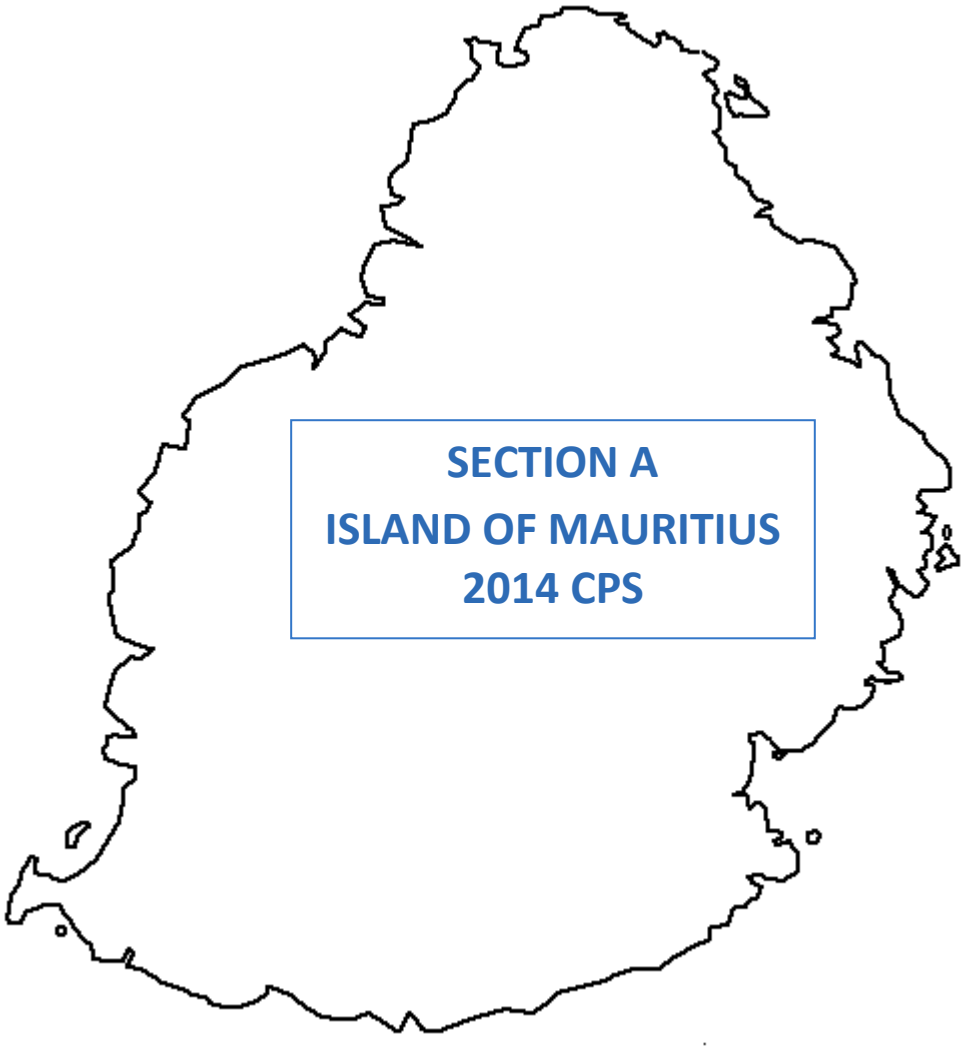
Overall, 68 female interviewers (48 in Mauritius and 20 in Rodrigues) were trained in interview techniques, survey procedures, and questionnaire content.The interviewers were supervised by 2 investigators and 5 supervisors. The survey was carried out from July 2014 to September 2014.

The 2014 CPS included questions on background characteristics; contraceptive knowledge and use; fertility preferences; breastfeeding practices; and HIV/AIDS awareness.The 2014 CPS was quite similar to the 2002 CPS in design and content, except that it included modules on infertility; reproductive health perceptions and behaviours; sexuality education; and smoking and alcohol consumption during pregnancy.

The findings of the 2014 CPSshouldbeuseful topolicy makersand programme managersto make evidence-baseddecisions. The results[2]of the 2014CPS for Islands of Mauritius and Rodrigues are given in SectionsA and B respectively.

[1]3,921 EAs for Island of Mauritius and 97 EAs for Island of Rodrigues.

[2]The results presented in this report have been weighted and due to rounding, the total percentage might not add up to 100%.



SECTION A
ISLAND OF MAURITIUS
2014 CPS

2. Socio-demographic characteristics of respondents

Table 1 shows the percent distribution of all women and currently married women age 15-49 yearswho have been interviewed in the 2014 Contraceptive Prevalence Survey by various background characteristics. Overall, young women age 15-24 years comprise29.1%of the survey population.

Data on level of educationalattainment has been categorized into three groups: less than completed primary schooling; completed primary schooling; and more than completed primary schooling. The first group includes those who did not have formal education as well as those who had some primary schooling and the second group, as its name suggests, includes those who have completed primary schooling. The third group includes those who have some secondary schooling, pre-vocational education, completed secondary schooling and tertiary or vocational education. The 2014 CPS reveals that the majority of respondents have received education beyond primary level (79.9%).

Chart 1 shows that 53.6%of respondents are Hindus and 57.6% are rural dwellers. The household socio-economic status (SES)is a composite measure andis calculated by assigning weights to reported ownership of household durable goods and household characteristics of respondents. These weights are then scored for each respondent and categorized by low, middle and high status according to the respondent's total score.The 2014 CPS results reveal that 63.0% of respondents are living in middle-SES households.

Overall, 61.9% of respondents are currently married [3](57.9% are married legally/religiously and 4.0% are in consensual union), 2.3% are widowed, 4.5% are divorced or separated, and 31.3% havenever been married.

Data on occupation was categorized into four groups: professional/technical[4]; service worker[5]; manual worker[6]; and homemaker/student. The CPS findings reveal that the majority of respondents are homemakers/students (50.7%).

[3] Currently married women are women who have beenlegally/religiously married and are not either divorced, widowed or separated. Women living in consensual unions are also included in this category. The terms 'currently married' and 'currently in union' have been used interchangeably in this report.

[4]Includes managers, professionals and technicians (teachers,accountants, nurses, clerks and police officers etc.). It should be pointed out that the term "professionals" has been used in this report and it refers to the "professional/technical" group.

[5]Includes sales and craft and related trade workers (hairdressers and counter cashiers etc.).

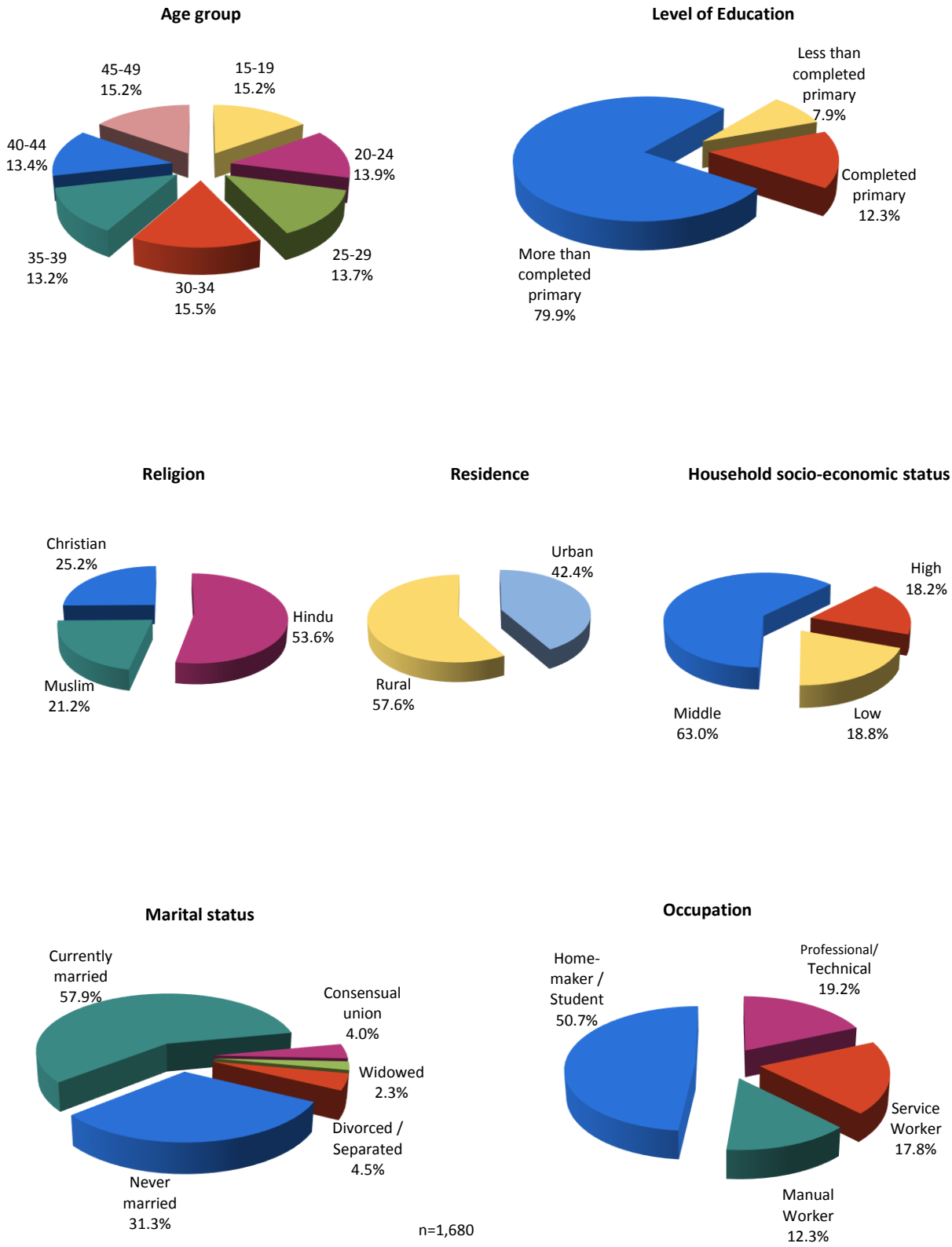
[6]Includes skilled agricultural workers and export oriented enterprise manual workers (machine operators and assemblers etc.).

Table 1: Percent distribution of women age 15-49 years by selected background characteristics

Background characteristics	All women age 15-49			Currently married women age 15-49		
	Weighted percentage	Weighted number	Unweighted number	Weighted percentage	Weighted number	Unweighted number
Age group						
15-19	15.2	255	132	1.5	16	22
20-24	13.9	233	193	7.7	80	94
25-29	13.7	230	213	14.6	152	172
30-34	15.5	260	297	20.5	214	278
35-39	13.2	221	301	18.1	188	280
40-44	13.4	226	262	18.1	188	235
45-49	15.2	255	282	19.4	202	242
Occupation						
Professional/Technical	19.2	322	311	18.8	196	250
Service worker	17.8	299	319	20.0	208	266
Manual worker	12.3	207	235	14.4	150	191
Homemaker/Student	50.7	852	815	46.8	486	616
Religion						
Hindu	53.6	900	895	53.4	556	708
Muslim	21.2	356	362	21.7	226	289
Christian	25.2	424	423	24.9	258	326
Education						
Less than completed primary	7.9	132	141	9.1	95	120
Completed primary	12.3	206	249	16.6	172	223
More than completed primary	79.9	1,342	1,290	74.3	773	980
Residence						
Urban	42.4	712	700	41.2	429	546
Rural	57.6	968	980	58.8	611	777
Household socio-economic status						
Low	18.8	316	332	19.6	203	258
Middle	63.0	1,059	1,043	61.6	640	814
High	18.2	305	305	18.9	197	251
Marital status						
Currently married (legal/religious)	57.9	972	1,240	93.5	972	1,240
Consensual union	4.0	68	83	6.5	68	83
Widowed	2.3	38	38	N.A	N.A	N.A
Divorced/Separated	4.5	76	76	N.A	N.A	N.A
Never married	31.3	526	243	N.A	N.A	N.A
Total	**100.0**	**1,680**	**1,680**	**100.0**	**1,040**	**1,323**

2014 CPS, Mauritius

Chart 1: Percent distribution of respondents age 15-49 years by background characteristics



2014 CPS, Mauritius

3. Determinants of fertility

Age of menarche marks the onset of the reproductive capability of a woman. Unlike previous CPSs, respondents were asked about their age of menarche in the 2014 CPS.

Table 2 shows that the median age of menarche of women age 15-49 years is 11.7 years. It is noted that the median age of menarche has slightly declined over time: from 11.9 years among women age 45-49 yearsto 11.4 years among women age 15-19 years.

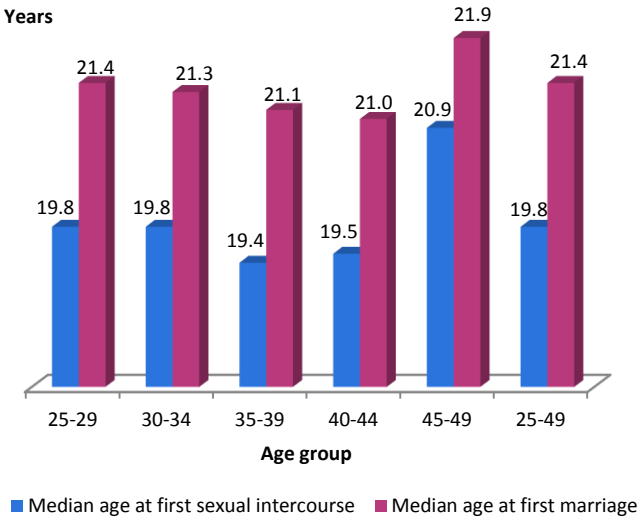
Table 2: Median age of menarche among women age 15 – 49 years

Age group	Median age at menarche (years)	n
15-19	11.4	255
20-24	11.7	232
25-29	11.6	227
30-34	11.7	259
35-39	11.7	219
40-44	11.9	223
45-49	11.9	257
15-49	*11.7*	*1,672*[*]

[*]8 respondents did not report their age of menarche

2014 CPS, Mauritius

Chart 2: Median age at first sexual intercourse andmedian age at first marriage among women age 25-49 years



2014 CPS, Mauritius

Chart 2 shows that the median age at first sexualintercourse is 19.8 years and the median age at first marriage is 21.4 years among women age 25-49 years.

It should be noted that younger cohorts (women age 15-24 years) are excluded from the analysis in order to avoid a bias since less than 50% of respondents in the age groups 15-19 and 20-24 did not have sexual intercourse or did not get married by age 15 or 20 respectively.

4. Fertility trends and differentials

Mauritius has witnessed a rapid fertility decline within a short period of time: from 6 births per woman in the 60s to less than 2 births per woman at present. The total fertility rate (TFR)represents the number of children that would be born to a woman if she were to live to the end of her childbearing years and bear children in accordance with current age-specific fertility rates.

Table 3 shows that the TFR for Mauritius for the three-year period preceding the 2014 CPS is 1.38 children per woman, which islowerthan the TFR measured for the three-year period preceding the 2002 CPS (1.97 children per woman).

Moreover, it is noted thatthe TFR measured from the vital statistics has decreased from1.93 for the period 2000-2002 to 1.45 for the period 2012-2014. Hence, the TFRs measured from the two different sources, i.e. from the CPS and vital statistics, are showing not only a downward trend in fertilitybut also that the fertility level is well below the replacement level[7] of 2.1 children per woman.

Fertility is known to vary by background characteristics. Table 3 shows that urban women have slightly more children than rural women (1.44 versus 1.33). Moreover, the data reveals that Christians have more children (1.94) than Muslims (1.40) and Hindus (1.15).

Examining the total fertility rate by household socio-economic statusshows that women living in high-SEShouseholds have fewer children (1.28) than women living in low-SEShouseholds (2.03).

Table 3: Total fertility rate for the three years preceding the survey by selected background characteristics, 2014 CPS

Background characteristics	Total Fertility Rate*
Residence	
Urban	1.44
Rural	1.33
Religion	
Hindu	1.15
Muslim	1.40
Christian	1.94
Household socio-economic status	
Low	2.03
Middle	1.23
High	1.28
Total	**1.38**

*Rate is for women 15-49 years

2014 CPS, Mauritius

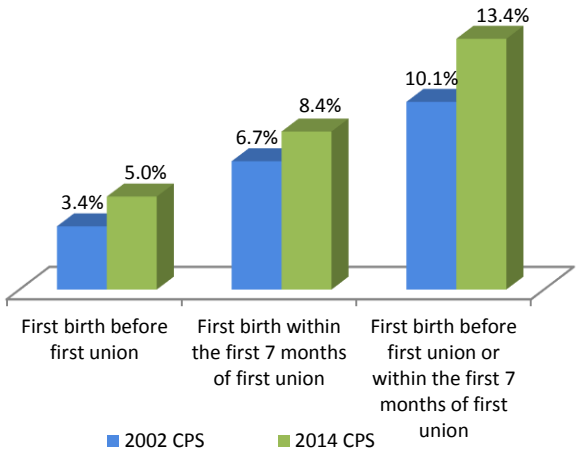
[7]Replacement level fertility is the total fertility rateat which a population exactly replaces itself from one generation to the next, without migration.

5. Premarital conception

The results of the 2014 CPS indicate that premarital conception[8] has slightly increased from 10.1% in 2002 to 13.4% in 2014 among currently and formerly married womenage 15-49 years (as shown inChart 3).

The proportion of first born babies born before first union has increased from 3.4% in 2002 to 5.0% in 2014 and the proportion of first born babies born within the first 7 months of first union has increased from 6.7% in 2002 to 8.4% in 2014.

Chart 3: Percent distribution of respondents whose first birth occurred before first union or within the first 7 months of first union among ever-married women age 15-49 years



2014 CPS, Mauritius

Table 4 shows the percent distribution of ever-married women age 15-49 years whose first birth occurred before first union or within the first 7 months of first union, by selected demographic characteristics, and the findings are as follows:

- The proportions of first birth before first union for rural and urbanwomenarealmost the same (5.0%).

- Overall, 27.2% of Christians have given a first birth before first union or within the first 7 months of first union compared with 10.2% for Hindus and 5.8% for Muslims.

- The proportion of first birth within the first 7 months of first union is higher among women who have not completed primary education (9.8%) compared with women who have received educationbeyondprimarylevel(8.2%).

[8]Women who have had a first birth before first union or within the first 7 months of first union.

Table 4: Percent distribution of ever-married women age 15-49 years whose first birth occurred before first union or within the first 7 months of first union by selected backgroundcharacteristics

Background characteristics	First birth before first union	First birth within the first 7 months of first union	First birth before first union or within the first7 months of first union	No. of women
Residence				
Urban	5.1	8.2	13.3	406
Rural	5.0	8.6	13.6	563
Religion				
Hindu	2.9	7.3	10.2	518
Muslim	2.3	3.5	5.8	212
Christian	12.0	15.2	27.2	239
Level of education				
Less than completed primary	5.3	9.8	15.1	88
Completed primary	7.5	8.8	16.3	174
More than completed primary	4.4	8.2	12.6	707
Total	**5.0**	**8.4**	**13.4**	**969**

2014 CPS, Mauritius

6. Teenage pregnancy and motherhood

It is well documented that teenage mothers are at risk for long-term problems in many areas of life, including school failure, poverty and physical illness.

Chart4shows the percent distribution of women age 15-19 years (teenagers) who are mothers or pregnant with their first child at the time of the 2014 CPS. Overall, 12.1% of teenagers havealready begun childbearing[9]: 10.6% are already mothers and 1.5% arepregnant with their first child. This proportion has increased from 10.9% in 2002 to 12.1% in 2014.

Chart 4: Percent distribution of teenagers age 15-19 years who are mothers or pregnant with their first child by residence

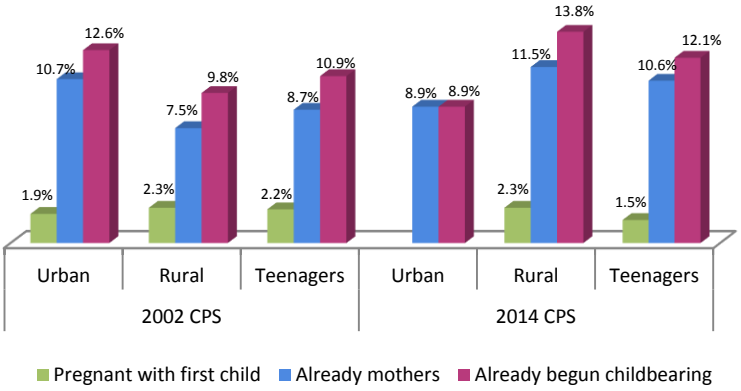


Chart 4 also shows that 13.8% of teenagers in rural areas have already begun childbearing (i.e. already mothers or pregnant with their first child) compared with 8.9% of teenagers in urban areas[10] in 2014.

2014 CPS, Mauritius

[9]All these teenagers (who have already begun childbearing) are currently in union.

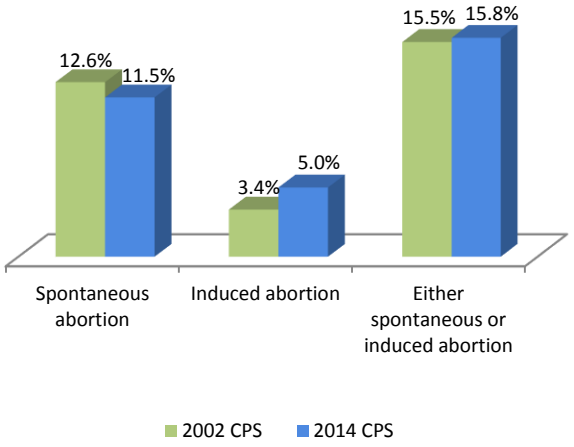
[10]There were no reported cases of teenagers living in urban areas who were pregnant with their first child at the time of the 2014 CPS.

7. Abortion

Chart5showsthat the proportion of women age 15-49 years who reported having had at least one abortion(either spontaneous or induced abortion) has increased slightlyfrom 15.5% in 2002 to 15.8% in 2014. Moreover,it is notedthat the proportion of women age 15-49 years who reported having had at least one induced abortion has increased from 3.4% in 2002 to 5.0% in 2014.

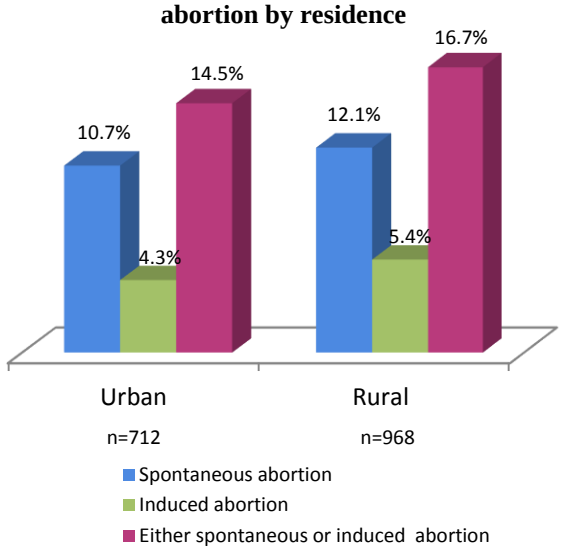
However, like many surveys from other countrieswhere abortion is illegal or restricted, the data on abortion may not be reliable. The CPS resultsare liable to under-reporting for induced abortion and over-reporting for spontaneous abortion since abortion in Mauritius was not permitted under any circumstancesuntil recently[11].

Chart 5: Percent distribution of respondents age 15-49 years who reported having had at least one abortion



2014 CPS, Mauritius

Chart 6: Percent distribution of respondents age 15-49 years who reported having had at least one abortion by residence



2014 CPS, Mauritius

Chart 6showsthat theproportion of women who have had at least one abortion (either spontaneous or induced abortion) is higher among rural women than among urban women (16.7% versus 14.5%).

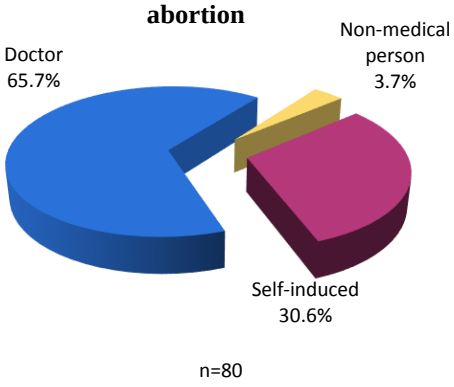
[11]In 2012, the law was amended and abortion is allowed under four specific circumstances: (1) the continued pregnancy will endanger the pregnant person's life (2) the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman (3) there is a substantial risk that the continued pregnancy will result in a severe malformation of the foetus (4) the pregnancy has not exceeded its fourteenth weeks and results from a case of rape, sexual intercourse with a female under the age of 16 or sexual intercourse with a specified person, which has been reported to the police or medical practitioner.

Respondents age 15-49 years who have had at least oneinduced abortion

Among those who have had at least one induced abortion, 60.0% of them had one abortion, 31.9% had 2 abortions and the remainder had 3 or more abortions at the time of the interview.

The majority of respondents said that their last induced abortion[12] (65.7%) was carried out by a doctor as shown in Chart 7.

Chart 7: Percent distribution of respondents who have had at least one induced abortion by the person who carried out the last abortion



n=80

2014 CPS, Mauritius

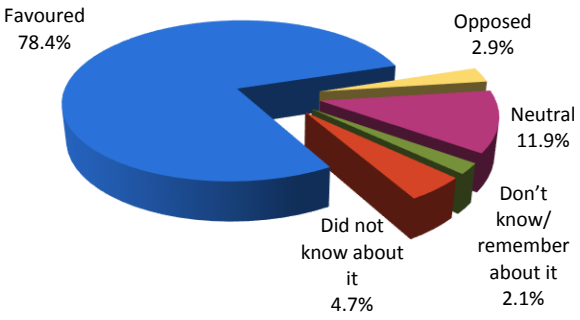
Table 5: Percent distribution of respondents who have had at least one induced abortion by most important reason cited for having had the last abortion

Most important reason	Percentage
Pregnancy was life/health threatening	7.9
Risk of birth defects	10.3
Financial problems	21.4
Respondent did not want (anymore) children	21.4
Spacing next pregnancy	21.3
Partner did not want (any) children	13.8
Did not have a partner	2.1
Other	1.9
Total	**100.0**

Table 5 shows that an equal proportion of respondents citedeither "financial problems"(21.4%), "did not want (anymore) children" (21.4%),or "spacing next pregnancy" (21.3%) as the most important reason for having had this last induced abortion.

Respondents were then asked: "What was the attitude of the father towards you havingthis last abortion?".Overall, 78.4% of respondents stated that "the father did not oppose that I was having this last abortion" (refer to Chart 8).

Chart 8: Percent distribution of respondents who have had an induced abortion by the attitude of the father towards respondent having this last abortion



2014 CPS, Mauritius

[12]Only 96.4% of respondents age 15-49 years who reported having had at least one induced abortion answered questions about their last induced abortion.

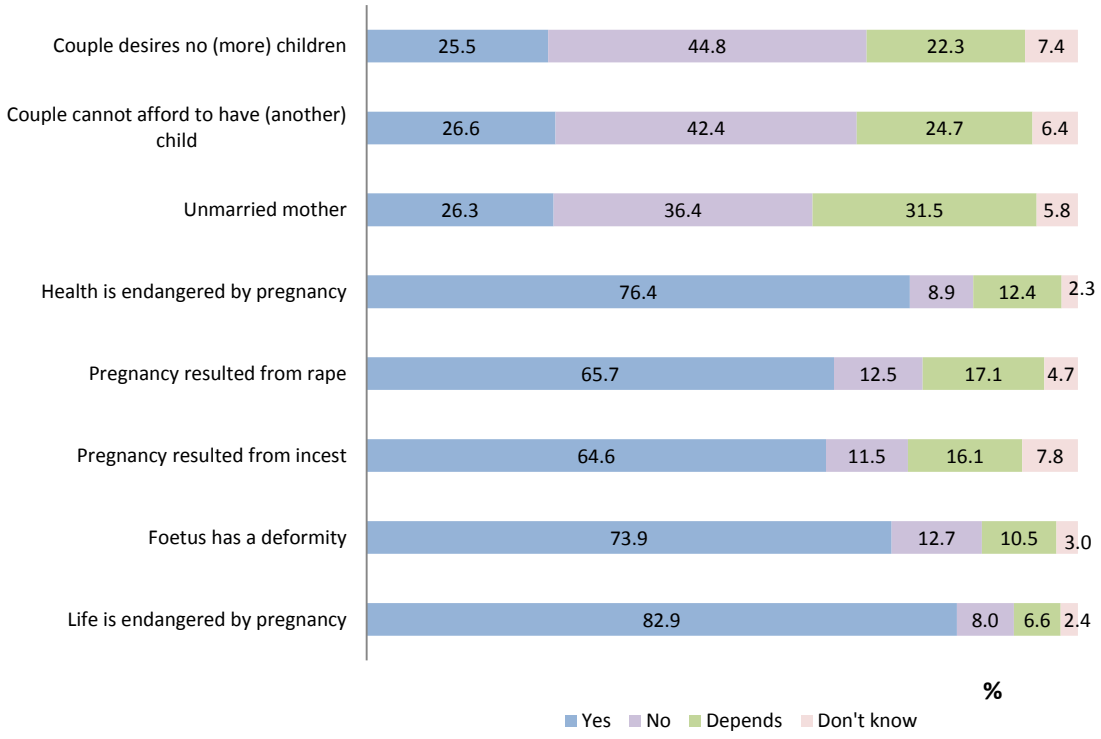
Opinions on induced abortion among all respondents age 15-49 years

Respondents were asked: "If a woman has an unwanted pregnancy, what should she do?". Overall, 64.2% of respondents age 15-49 years thought that she should not have an induced abortion (since 38.0% said that she should give the baby up for adoption and 26.2% said that she should keep the baby) and 18.6% said that she should have an induced abortion. The remainder (17.2%) did not know what the woman should do.

However, when asked if a woman should have an induced abortion under certain circumstances, a significant proportion of respondents age 15-49 years (as shown in Chart 9)were in favour ofthe womanhaving an induced abortion when:

- Her life is endangered by the pregnancy (82.9%);
- Her health is endangered by the pregnancy(76.4%);
- The foetus has a deformity (73.9%);
- The pregnancy has resulted from rape (65.7%); and
- The pregnancy has resulted from incest (64.6%).

Chart 9 : Percent distribution of respondents age 15-49 years about their opinion on induced abortion



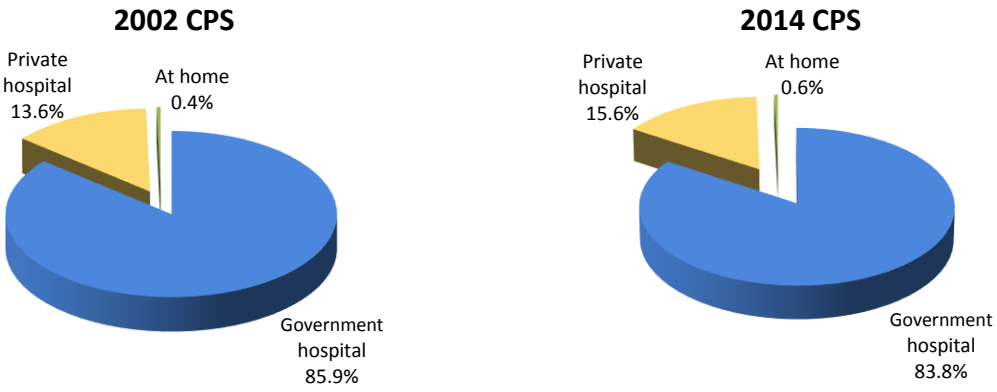
2014 CPS, Mauritius

8.Place and type of delivery

Place of delivery is an important factor in reducing mortality and morbidity of mothers and their newborns. Respondents were asked to report the place of delivery of their last liveborn child. Overall, the majority of currently married women age 15-49 years delivered their last liveborn child in a government hospital (83.8%) in 2014.

Chart 10 shows that the proportion of deliveries in private hospitals has slightly increased from 13.6% in 2002 to 15.6% in 2014 among currently married women age 15-49 years. Moreover, the proportion of home deliveries has slightly increased from 0.4% in 2002 to 0.6% in 2014.

Chart 10: Percent distribution of currently married women age 15-49 years by place of delivery of their last liveborn child



2014 CPS, Mauritius

Table 6: Percent distribution of currently marriedwomen age 15-49 years bybackground characteristics,according toplace of delivery of their last liveborn child

Background characteristics	Government hospital	Private hospital	At home	Number of women
Residence				
Urban	73.8	26.1	0.2	374
Rural	90.8	8.4	0.9	540
Level of education				
Less than completed primary	94.7	3.7	1.6	88
Completed primary	98.0	1.5	0.5	160
More than completed primary	79.0	20.6	0.5	666
Total	**83.8**	**15.6**	**0.6**	**914***

* Excludes 3 cases that were born abroad

2014 CPS, Mauritius

Table 6 shows that 26.1% of urban women have delivered in private hospitals compared with 8.4% of rural women.

Moreover, the datashows that the proportion of women who have delivered in private hospitals by level of education varies greatly - ranging from 1.5% among women who have completed their primary schooling only to 20.6% among womenwho have received education beyond primary level.

Type of Delivery

Overall, 67.4% of currently married women age 15-49 years had a normal delivery, 31.9% had a caesarean section delivery and 0.8% had a forceps/ventouse delivery for their last liveborn child. It is also noted that the proportion of caesarean section delivery is higher in private hospitals than in government hospitals (42.2% versus 30.2%).

9. Risk factors associated with poor pregnancy outcomes

Tobacco and alcohol consumption during pregnancy are major risk factors for poor pregnancy outcomes. Smoking during pregnancyis linked to low birth-weight babies, pre-term deliveries, miscarriages, sudden infant death syndrome, and infant respiratory problemswhilstalcohol consumption during pregnancyis linked to miscarriages, stillbirth and premature delivery.

The 2014 CPS data reveals that 1.9% of women age 15-49 years who have had a livebirth[13]were smokingduring their pregnancy for their last liveborn child. Further analysis reveals that 73.6% of them[14]were smoking daily.

It is also noted that3.4% of women age 15-49 years who have had a livebirth were drinking alcohol during their pregnancy for their last liveborn child. Moreover, the data reveals that7.0% of them[15]were drinking daily.

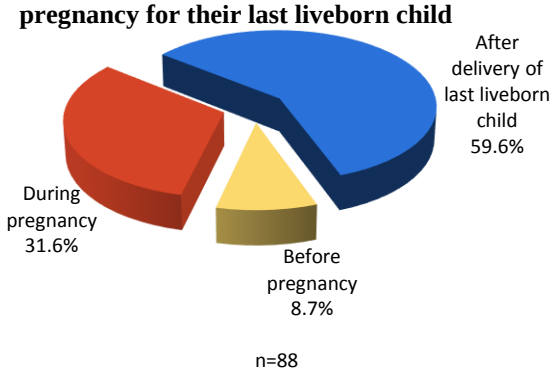
Diabetes and Hypertension during Pregnancy

Women who have had aliveborn child were asked if they have been medically diagnosed for diabetes and hypertension. The results show that 8.8% of them have beendiagnosed for diabetes and 14.5%for hypertension. Moreover, 3.6% of them have been diagnosedfor both diabetes and hypertension.

The median age at which the respondents have been diagnosed for diabetes was 34.3 years.

Chart11 shows that 31.6% have been diagnosed for diabetesduring their pregnancy for their last liveborn child.

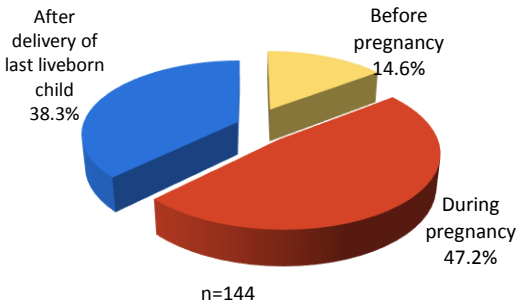
Chart 11: Percent distribution of women age 15-49 years who have been diagnosed for diabetes before, during or after their pregnancy for their last liveborn child



n=88

2014 CPS, Mauritius

Chart 12: Percent distribution of women age 15-49 years who have been diagnosed for hypertension before, during or after their pregnancy for their last liveborn child



n=144

2014 CPS, Mauritius

The median age at which the respondents have been diagnosed forhypertension was 28.2 years.

Chart12 shows that 47.2% have been diagnosed for hypertensionduring their pregnancy for their last liveborn child.

[13]Overall, 1,019 women age 15-49 years have had a live birth.

[14]Among women who were smoking during their pregnancy for their last liveborn child.

[15]Among women who were drinking during their pregnancy for their last liveborn child.

10. Knowledge of contraceptive methods

Knowledge of contraceptive methods is linked to the utilization of family planning services among women of reproductive age. However, misperceptions about contraceptive methods and their side effects, and general mistrust of modern contraception are important barriers to utilization of the family planning services.

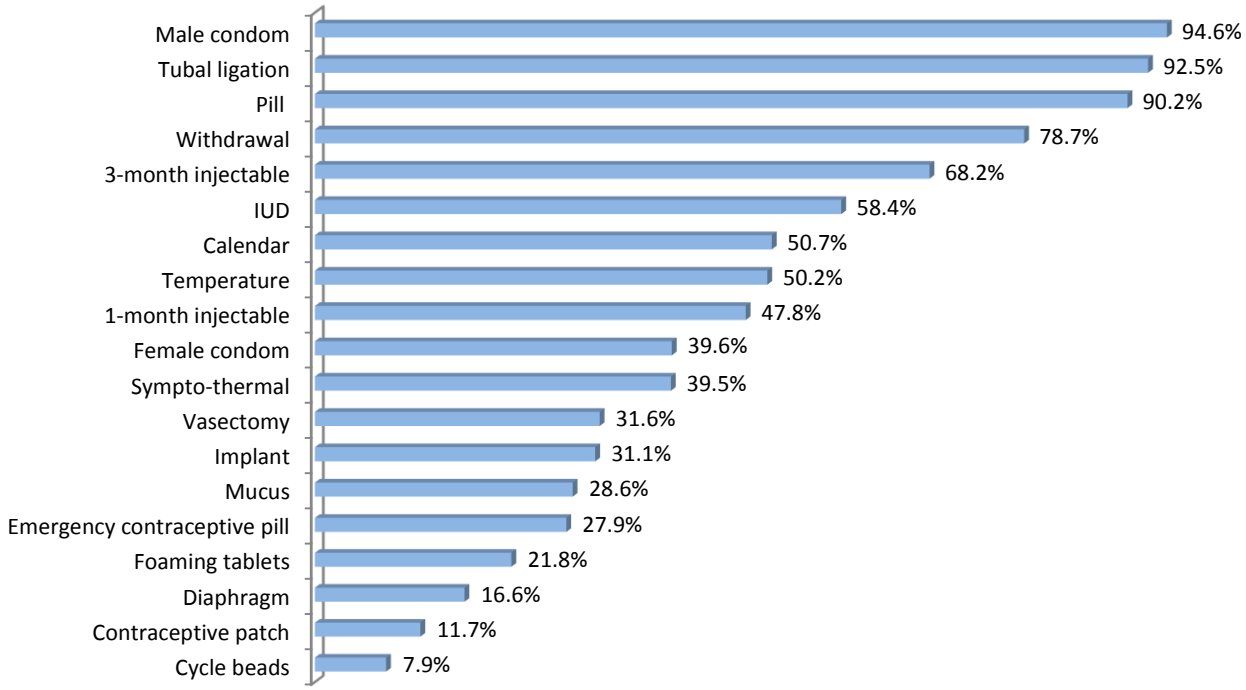
Knowledge of any contraceptive method among currently married women age 15-49 years is 99.6%.

2014 CPS, Mauritius

The 2014 CPS included questions to assess awareness of specific contraceptive methods. Overall, 99.6% of currently married women age 15-49 years knew at least one method of contraception in 2014.

Chart 13 shows that male condom (94.6%), tubal ligation (92.5%) and pill (90.2%)are the most commonly known supplied methods[16],and that calendar(50.7%), temperature(50.2%)and sympto-thermal(39.5%) are the most commonly knownnatural family planning (NFP)[17]methodsamong currently married women age 15-49 years.

Chart13: Percent distribution of currently married women age 15-49 years who know a family planning methodby specific method



2014 CPS, Mauritius

[16]Supplied methods: Tubal ligation; vasectomy; pill; 1-month injectable; 3-month injectable; IUD; male condom; female condom; diaphragm; foaming tablet; implant; contraceptive patch; and emergency contraceptive pill.

[17]NFP methods: Sympto-thermal; mucus; temperature; calendar; and cycle beads.

Table 7shows that knowledge of contraceptive methods has declined over years for almost all methods. For instance, knowledge of pill has declined from 99.0% in 2002 to 90.2% in 2014 among currently married women age 15-49 years. However, knowledge of methods, such as female condom has increasedfrom 17.1% in 2002 to 39.6% in 2014among currently married women age 15-49 years.

Like previous CPSs, the contraceptive methods have been classified into three categories (i.e. by supplied methods, natural family planning (NFP) methodsand withdrawal method) but in order to compare the data with other countries, the contraceptive methods have also been classified into two categories (i.e. bymodern methods[18] and traditional methods[19]) in the 2014 CPS.

The mean number of methods known is indicative of the extent of knowledge of family planning methods. Overall, currently married women age 15-49 years know an average of 8.9 contraceptive methods[20].

The 2014 CPS findings also reveal that knowledge of any contraceptive method is 94.0% among teenagers (15-19 years) and likewise for any modern contraceptive method.

[18]Modern methods: Tubal ligation; vasectomy; pill; 1-month injectable; 3-month injectable; IUD; male condom; female condom; diaphragm; foaming tablet; implant;contraceptive patch; emergency contraceptive pill;sympto-thermal; mucus and temperature.

[19]Traditional methods: Withdrawal; calendar; and cycle beads.

[20]Out of the 19 methods reported by respondents.

Table 7: Percent distribution of women who know a family planning method by specific method

Contraceptive method	All women age	Currently married women age	Currently married women age	All women age	Currently married women age	Currently married women age	Currently married women age
	15-49	**15-49**	**15-44**	**15-49**	**15-49**	**15-44**	**15-44**
	2014 CPS			**2002 CPS**			**1991 CPS**
Any method	98.4	99.6	99.7	99.0	99.9	99.9	99.7
Any supplied	98.1	99.2	99.2	-	-	-	-
Tubal ligation	85.6	92.5	92.0	88.1	93.3	93.2	92.3
Vasectomy	33.3	31.6	32.1	27.2	28.1	27.8	23.9
Pill	88.6	90.2	90.3	97.5	99.0	99.1	99.3
3-month injectable	58.7	68.2	68.2	79.8	86.6	86.1	94.1
1-month injectable	40.2	47.8	48.9	-	-	-	-
IUD (Intrauterine device)	48.6	58.4	58.3	70.5	79.3	78.2	88.2
Male condom	92.0	94.6	95.2	92.1	94.4	94.4	95.0
Female condom	41.4	39.6	42.1	18.2	17.1	17.7	-
Diaphragm	17.0	16.6	17.9	16.2	16.5	16.9	9.5
Foaming tablets	20.8	21.8	22.4	27.9	31.1	30.4	23.3
Implant	26.6	31.1	32.5	28.7	33.1	34.8	5.3
Emergency contraceptive pill	27.7	27.9	29.4	-	-	-	-
Contraceptive patch	12.4	11.7	12.7	-	-	-	-
Any NFP method	58.2	64.5	65.6				
Sympto-thermal	33.7	39.5	39.7	47.0	52.4	52.7	36.4
Mucus	22.9	28.6	29.2	29.4	33.5	33.0	23.6
Calendar	46.8	50.7	51.8	58.3	64.0	65.1	54.5
Temperature	42.7	50.2	50.9	65.2	72.0	71.6	78.9
Cycle Beads	8.0	7.9	8.4	-	-	-	-
Withdrawal	65.6	78.7	79.0	75.6	85.7	86.3	74.8
Number of women	1,680	1,040	838	2,698	2,002	1,692	3,508
Any modern method	98.2	99.3	99.3	-	-	-	-
Any traditional method	72.1	81.9	82.1	-	-	-	-
Mean number of methodsknown	8.3	8.9	9.0	-	-	-	-
Mean number of modern methods known	7.1	7.6	7.7	-	-	-	-

– : Not available

2014 CPS, Mauritius

11. Current use of contraceptive methods

The level of current use of contraceptive methods is the aspect of contraceptive practice that is of greatest interest to family planning policymakers as it measures the coverage of family planning programmes.

Table 8 shows that the contraceptive prevalence rate for currently married women age 15-49 years has decreased from 75.9% in 2002 to 63.8% in 2014.

The contraceptive prevalence rate among currently married women age 15-49 years is ***63.8%.***

2014 CPS, Mauritius

The 2014 CPS findings show that withdrawal (28.5%) is the most commonlyusedmethodamong currently married women age 15-49 years followed bymale condom (10.6%), pill (8.9%) and tubal ligation (7.3%).Calendar(3.2%) is the most commonlyusedNFP method.

As already mentioned in the previous section (p. 19), the contraceptive methods have also been classified by modern and traditional methods. The lower panel of Table 8 shows that an almost equal proportion of currently married women age 15-49 years are usingmodern methods(32.0%) and traditional methods (31.8%).

Fertility decline is often associated with an increase in contraception and abortion. However, paradoxically,although the contraceptive prevalence rate among currently married women age 15-49 years has declined significantly in Mauritius from 75.9% in 2002 to 63.8% in 2014, the total fertility rate measured from the vital statistics has declined to well below replacement level during the same period.At this point, it is very difficult to interpret the relationship between contraceptive use, fertility level and abortion since, as already mentioned, there is no reliable data on abortion.It can only be said that one of the main reasons for non-contraceptive use among women who have an unmet need for family planning is “health concerns”(refer toTable 14- p.35).

Current use of short term contraceptive methods (except condoms) has declined over the years among currently married women age 15-49 years;for instance, the proportion of pill users has declined from 15.8% in 2002 to 8.9% in 2014. However, current use of long term methods (except sterilization) has slightly increased;for instance, the proportion of implant users has increased from 0.1% in 2002 to 0.9% in 2014.

In 2014, current use of female condom and one-month injectable was 0.1% and 0.3% respectively among currently married women age 15-49 years whilst in 2002, no respondentsreported use of these methods since female condom and one-month injectable were not available in Mauritius untilaround 2006. It should also be noted thatnorespondentsreported current use of these available methods, namely, cycle beads, vasectomyand emergency contraceptive pill (which is a back-up method) at the time of the 2014 CPS. Incidentally, contraceptive patch is not availablein Mauritius.

Table 8: Percent distribution of women who are currently using a method of contraception

Contraceptive method	All women age	Currently married women age	Currently married women age	All women age	Currently married women age	Currently married women age	Currently married women age
	15-49	**15-49**	**15-44**	**15-49**	**15-49**	**15-44**	**15-44**
		2014 CPS			**2002 CPS**		**1991 CPS**
Tubal ligation	4.7	7.3	6.0	6.8	8.9	7.2	7.2
Vasectomy	0.0	0.0	0.0	0.1	0.1	0.1	0.2
Pill	5.8	8.9	10.2	12.0	15.8	17.7	20.9
3- month injectable	0.8	1.3	1.5	2.3	3.1	3.1	4.1
1- month injectable	0.2	0.3	0.4	-	-	-	-
IUD	1.1	1.6	1.6	1.0	1.3	1.4	2.8
Male condom	6.8	10.6	11.5	7.0	9.1	9.9	13.3
Female condom	0.06	0.1	0.1	-	-	-	-
Foaming tablets	0.06	0.1	0.1	0.2	0.2	0.2	0.4
Implant	0.6	0.9	1.1	0.1	0.1	0.1	0.0
Contraceptive patch	-	-	-	-	-	-	-
Total supplied methods	**20.2**	**31.1**	**32.5**	29.5	38.6	39.7	48.9
Sympto-thermal	0.2	0.4	0.5	0.9	1.2	1.2	1.5
Mucus	0.1	0.1	0.2	0.3	0.3	0.4	0.5
Calendar	2.1	3.2	3.8	6.0	8.1	8.2	5.5
Temperature	0.3	0.5	0.4	0.4	0.6	0.7	1.7
Cycle beads	0.0	0.0	0.0	-	-	-	-
Total NFP methods	**2.7**	**4.2**	**4.8**	7.6	10.2	10.5	9.2
Withdrawal	**18.0**	**28.5**	**29.4**	20.3	27.1	28.3	16.1
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.4
Currently using any method	40.9	***63.8***	66.7	57.2	***75.9***	78.5	74.7
Not using any method	59.1	36.2	33.3	42.8	24.1	21.5	25.3
Number of women	1,680	1,040	838	2,698	2,002	1,692	3,508
Modern Method	20.8	32.0	33.5	31.1	40.7	42.0	52.6
Traditional Method	20.2	31.8	33.2	26.3	35.2	36.5	21.6

–:Not available

2014 CPS, Mauritius

Chart 15 shows the percent distribution of*currently married women age 15-49 years* who are currently using a contraceptive method by type of method they are using according to some selected background characteristics. The figures in italics in the chart show the contraceptive prevalence rateforthe different categories.

Occupation

Overall, the proportion of contraceptive use by occupation slightly differs- rangingfrom 62.8% among homemakers/students to 66.1% among manual workers. Use of withdrawal is higher among homemakers/students (30.3%) than among the other three groups whilst use of NFP methods is higher among professionals (9.2%) than among service workers (5.3%) and homemakers/students (3.0%).

Religion

The proportions of contraceptive use among Hindusand Muslims are almost similar(62.6% and 62.4% respectively) whilst that of Christiansis 67.8%. However, contraceptive use by type of method differs between Hindus and Muslims: 29.8% of Muslims are using supplied methods compared with24.6% of Hindus.

Number of living children

The data shows that there is a direct relationship between contraceptive use and the number of living children:contraceptive use is lowest among current users who have no children (22.9%) and highest among current users who have 4 children or more (79.9%). Moreover, current use of supplied methods ishigher among women who have 4 children or more (52.1%) than among women who have less than 4 children.

Level of educational attainment

Overall, contraceptive use by level of educational attainment does not vary much - ranging from 62.4% among women who have completed their primary schooling only to 66.9% among women who have not completed their primary schooling. Use of NFP methods is more popular among women who have received education beyond primary level (5.3%) than among the other groups.

Age group

The contraceptive prevalence rate by age group shows that contraceptive use rises with increasing age among current users age 20-39 years (from 45.7% for the age group 20-24 to 72.9% for the age group 35-39) followed by a decrease among current users age 40-49 years (from 69.0% for the age group 40-44 to 52.1% for the age group 45-49). However, although contraceptive use is higher in the age group 35-39 than among the other age groups, a significant proportion of current users in this age groupare using withdrawal method(31.8%), which is a less effective method.

Residence

There is a marked difference in contraceptive use between urban and rural dwellers: 67.9% of rural dwellers are using contraceptives compared with 57.9% of urban dwellers. It is noted that withdrawal methodis more commonly used among rural dwellers than amongurban dwellers (34.0% versus 20.7%), and thatan almost equal proportion of rural and urban dwellers are using supplied methods (about 31%). At this point, it should be noted that, unlike in many

otherAfrican countries, there is universal access to family planning services in Mauritius. There is an extensive network of government family planning service pointsin the rural areas as well as in the urban areas and these services are offered free of user cost.

Household socio-economic status

Contraceptive use varies slightly by household socio-economic status -ranging from 63.1% among women living inmiddle-SES householdsto 65.4% amongwomen living in low-SES households. It is noted that supplied methods are more commonly used among current users living in low-SES households (36.0%) than among the other groups, and that NFP methodsare more commonlyused among current users living in high-SES households (7.0%) than among the other groups.

Withdrawal method (a traditional method)

A special mention should be made about withdrawal method sinceit is the most commonly used method among currently married women age 15-49 years.

Table9:Percent distribution of currently married women age 15-49 years who are currently using withdrawal method by most important reason cited for using this method

Most important reason	Percentage
Very effective	13.8
Very safe (few or no side effects)	31.2
Easy to use	22.8
Partner prefers it	23.3
Allows spontaneity during intercourse	0.5
Religious belief	0.6
No cost involved	3.5
No preparation or supplies	0.5
Allows man to remain in complete control	1.3
Other	1.9
Don't know/Don't remember	0.7
Total	**100.0**
Total number of respondents	297

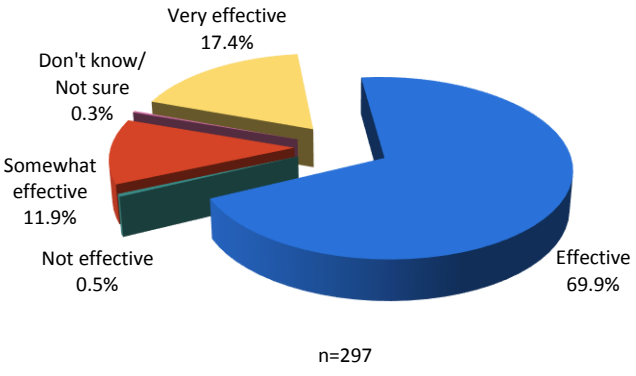
2014 CPS, Mauritius

Table 9 shows the percent distribution of currently married women age 15-49 years who are currently using withdrawal method by most important reason cited for using this method. Almost one in three stated that "withdrawal method is very safe to use" (31.2%) and almost one in four (23.3%)stated that "their partner prefers it".

Chart 14 shows that the majority ofcurrently married women age 15-49 years who are currently using withdrawal method (99.2%) find that this method is "effective" to some varying extent (somewhat effective, 11.9%; effective, 69.9%; very effective, 17.4%).

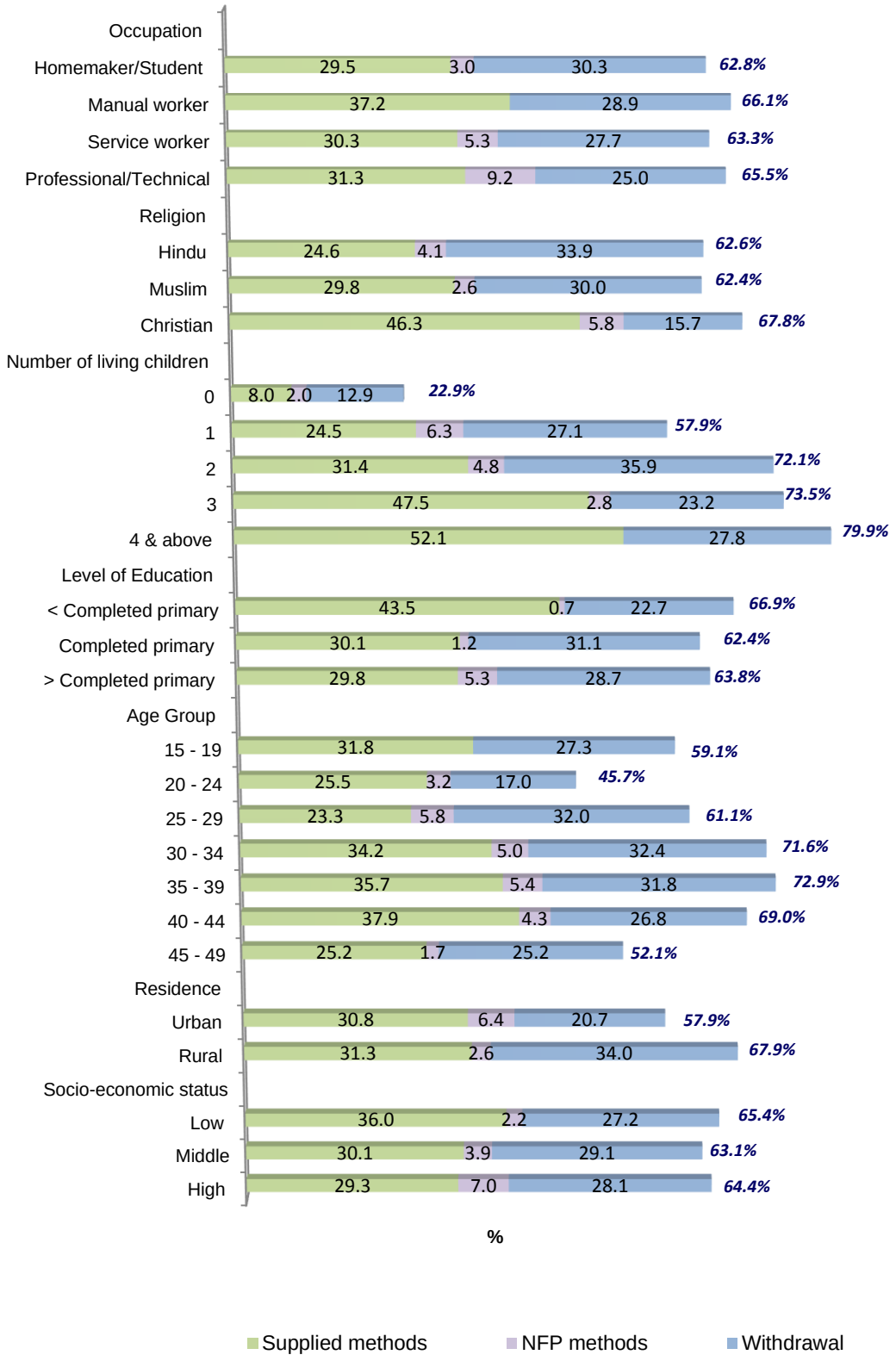
Moreover, the majority of current users of withdrawal method (92.6%), which has not been charted here, are not willing to shift method.

Chart 14: Percent distribution of currently married women age 15-49 years who are currently using withdrawal method by their perceived level of effectiveness of this method



2014 CPS, Mauritius

Chart 15: Percent distribution of currently married women age 15 - 49 years who are currently using a contraceptive method by type ofmethod, according to selected background characteristics

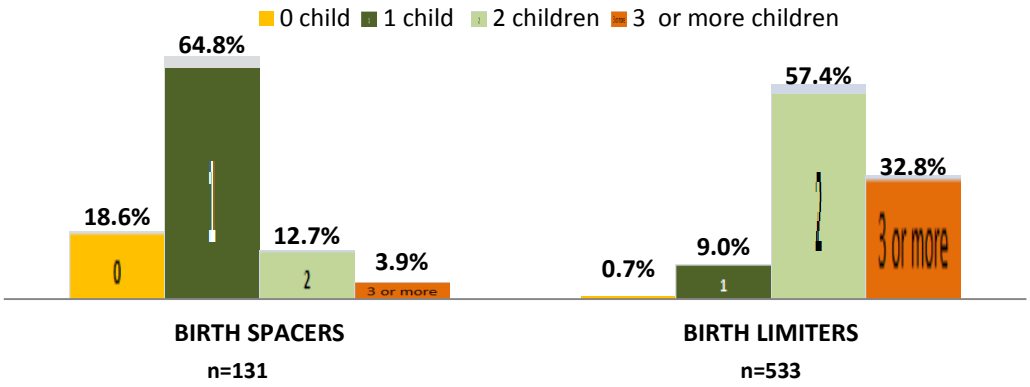


2014 CPS, Mauritius

12.Purpose of contraceptive use: birth spacers versus birth limiters

The distinction between birth spacers andlimiters[21] has important programmatic implications for family planning services. Contraceptive use differs between spacers and limiters: spacers tend to use short term methods and tend to be childless or with one child, whereas limiters tend to use long term or permanent methods and tend to have 2 children or more. The results of the 2014 CPS show that contraceptive use[22] for limiting births predominates: 80.3% are limiters and 19.7% are spacers. Chart 16 shows that 18.6% ofspacers and 0.7% of limiters do not have a child.

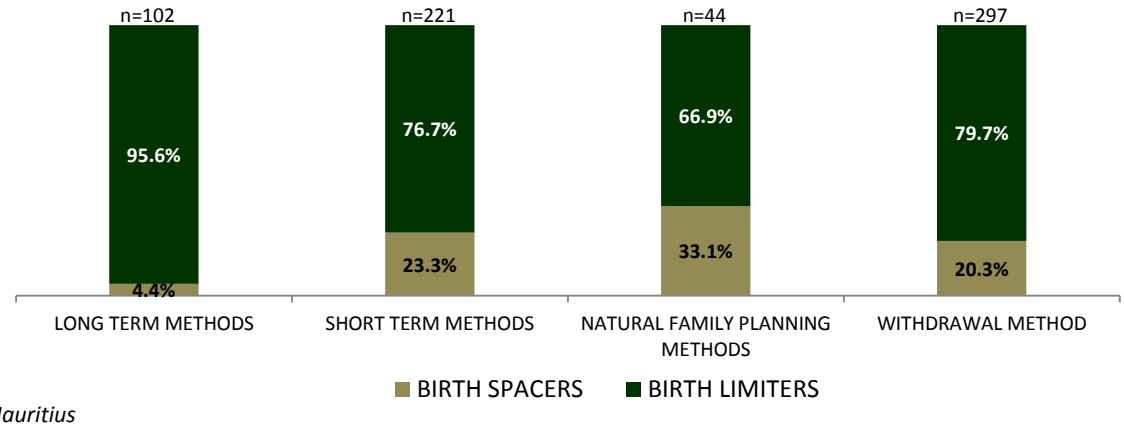
Chart 16: Percent distribution of currently married women age 15-49 years who are currently using a contraceptive method by purpose of use, according to thenumber of living children



2014 CPS, Mauritius

Chart 17 shows that the majority of current users of long term methods (tubal ligation, IUD and implant), short term methods and natural family planning methods (sympto-thermal, mucus, temperature and calendar) are birth limiters. Moreover, surprisingly, the majority of current usersof withdrawal method,which isa less effective method,are using this method in order to limit childbearing.

Chart 17: Percent distribution of currently married womenage 15-49 years who are currently using a contraceptive methodby purpose of use, according to type of method



2014 CPS, Mauritius

[21]In this section birth spacers and limiters are current users of a contraceptive method. The purpose of contraceptive use differs for a birth spacer and for a birth limiter: For the former, the client wants a/another child later whereas for the latter, the client does not want a/another child.

[22]In this section, the data refer to current users age 15-49 years and who are currently married.

Table 10 shows thatthe most common reasongiven by limiters for using a contraceptive method is "having enough children"(61.0%)followed by"financial implications in raising more children"(18.7%). As for spacers, the most common reason cited is"for the family's benefit" (32.8%) followed by"financial implications in raising more children"(24.4%).

Table 10: Percent distribution of currently married women age 15-49 years who are currently using a contraceptive method by most important reason cited for limiting or spacing birth

Most important reason	Limiter	Spacer	Total
Have enough children	61.0	-	49.0
To recover health	-	12.4	2.4
Financial implications in raising more children	18.7	24.4	19.8
To devote more time to family	5.2	-	4.2
Want to work outside the house	0.6	-	0.5
For the family's benefit	-	32.8	6.4
House is too small	0.2	-	0.1
Want to study	0.2	0.5	0.2
Family pressure	0.1	-	0.1
Respondent is working	0.8	20.9	4.8
Too difficult to raise another child	4.4	-	3.5
Husband does not want any more children	2.2	-	1.8
Health concerns	5.3	-	4.3
Age factor(tooyoung/too old)	0.7	1.3	0.9
Other	0.6	7.7	2.0
Total	**100.0**	**100.0**	**100.0**

- : Nil

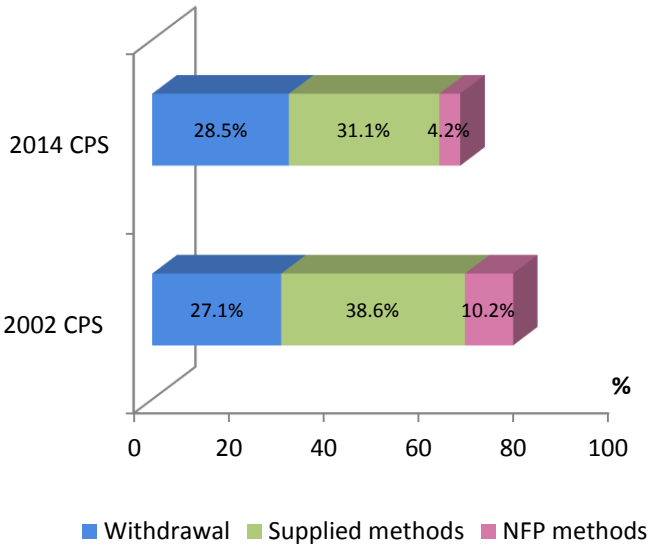
2014 CPS, Mauritius

13. Trends in contraceptive use

The contraceptive methods have been classifiedby supplied methods, natural family planning (NFP) methods and withdrawal method[23] as well asbymodern methodsand traditional methods.

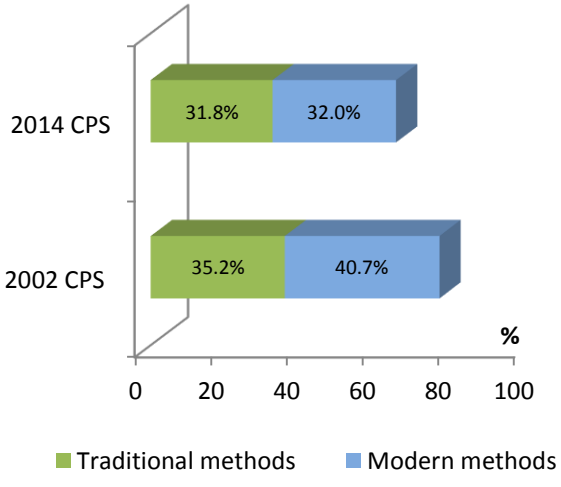
Chart 18 shows that use of supplied methods has decreased from 38.6% in 2002 to 31.1% in 2014 among currently married women age 15-49 years. Likewise, use of NFP methods has decreased from 10.2% in 2002 to 4.2% in 2014 whilst use of withdrawal method has increased slightly from 27.1% in 2002 to 28.5% in 2014.

Chart 18: Percent distribution of currently married women age 15 - 49 years who are currently using a contraceptive method by type of method



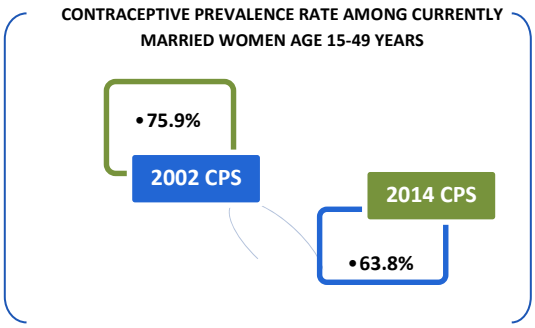
2014 CPS, Mauritius

Chart 19: Trends in contraceptive use among currently married women age 15-49 years



2014 CPS, Mauritius

Chart 19 shows that use of modern methods has decreasedfrom 40.7% in 2002 to 32.0% in 2014 among currently married women age 15-49 years. Concomitantly, use of traditional methods has decreased from 35.2% in 2002 to 31.8% in 2014.



[23]See second paragraph on p.19 for further explanation.

14. Contraceptive source

Information on most recent contraceptive source is useful for family planning managers to evaluate their programme and to forecast procurement needs. The results of the 2014 CPS show that government is the leading source for contraceptives (54.8%) followed by the private sector (34.7%), Action Familiale (6.6%) and MFPWA (3.8%)among current users of any contraceptive method (except withdrawal method)who are currently married and of age 15-49 years (refer to Table 11). It should be pointed out thatthe private sector has become an increasingly important provider of contraceptives over the years as the corresponding proportion was23.7% in 2002.

Table 11: Percent distribution of current users of any contraceptive method (except withdrawal method) by most recent contraceptive source

Recent contraceptive source	All women age	Currently married women age	Currently married women age	All women age	Currently married women age	Currently married women age	Currently married women age
	15 - 49	**15 - 49**	**15 - 44**	**15 - 49**	**15 - 49**	**15 - 44**	**15 - 44**
		2014 CPS			**2002 CPS**		**1991 CPS**
Government[24]	54.6	54.8	53.7	58.1	58.4	58.3	68.0
MFPWA[25]	3.7	3.8	4.0	7.4	7.4	6.7	15.3
Action Familiale[26]	6.6	6.6	7.5	10.3	10.5	10.7	7.5
Private Sector*	35.2	34.7	34.8	24.2	23.7	24.2	9.3

* Includes pharmacy, private hospital, private doctor and supermarket

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[24]Government has an extensive network of family planning service points(165 family planning service points)and the services are offered free of user cost.

[25]Mauritius Family Planning and Welfare Association (MFPWA) is a non-governmental organization that delivers reproductive health services, such as family planning; the prevention and management of HIV and AIDS through voluntary counselling and testing (VCT); screening for cancers of the reproductive systems; counselling; and family life education at both primary and secondary school level. MFPWA provides family planning services,which are not free of user cost, at 2 static service points.

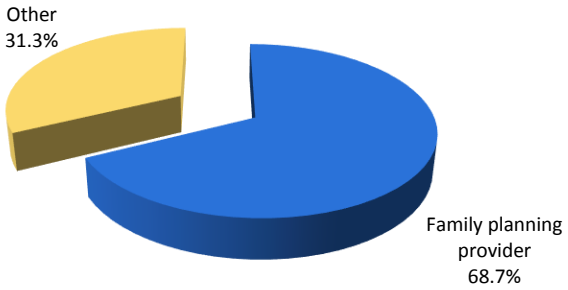
[26]Action Familiale (AF) is a non-governmental organization that promotes sympto-thermal method, which is a natural family planning method (NFP). In addition to its NFP programme, Action Familiale conducts a human and family life education program in secondary schools and youth clubs; and a marriage counselling and psychotherapy service for those with conjugal and marital problems. AF provides family planning services at 39 static service points.

15.Contraceptive counselling

Contraceptive counselling is an important component in family planning service delivery. Researchshows that counselling has a positive impact on contraceptive knowledge and use as well as on its continuation.Overall, 48.7% of current users of a contraceptive method, who are currently married and of age 15-49 years, are using a supplied method[27]of contraception.

Chart 20 shows that68.7% of those who are currently using a supplied method were advised on how to use this methodby a family planning provider.

Chart 20: Percent distribution ofcurrently married women age 15-49 years who are currently using a suppliedmethod of contraception by who advised them on how to use this method



n=323

2014 CPS, Mauritius

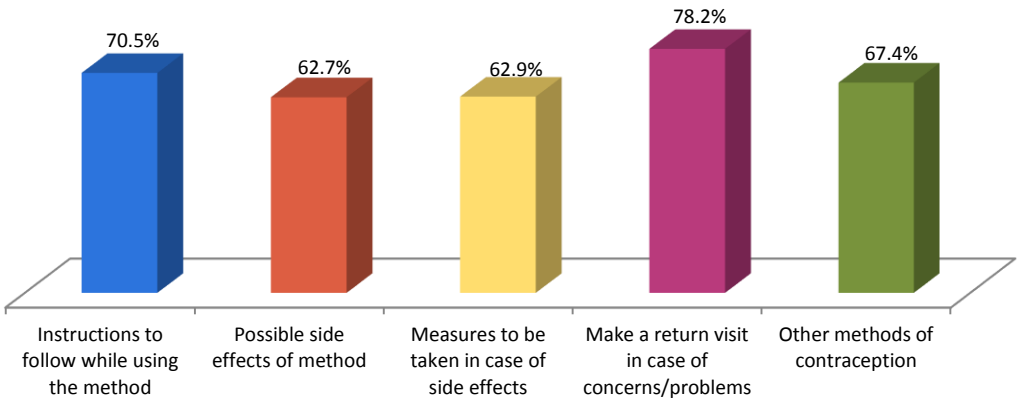
Respondents, who were advisedby a family planning provider[28] on how to use the supplied method that they are currently using, were asked if the following issues were discussed with them by the provider:

- Instructions to follow while using their contraceptive method;
- The possible side effects that they might experience while using their contraceptive method;
- Measures to be taken in case of side effects;
- To make a return visit in case of problems/concerns with their contraceptive method; and
- Other methods of contraception.

Chart21showsthata significant proportion of these respondents received advice on theabove-mentioned topics.For instance, 62.7% were advised about the possible side effects that they might experience while using their method.

[27]Refer to the footnote on p.18 for the list of supplied methods. Overall, 60.0% of current users of supplied methods, who are currently married and of age 15-49 years, obtained their recent source of supply from the government, 37.2% from the private sector and 2.8% from MFPWA.
[28]Doctor, nurse, midwife and Community Health Care Officer/Family Planning Officer.

Chart 21: Percent distribution of currently married women age 15-49 years who are currently using a supplied method of contraception by specific issues discussed with the family planning provider who had advised them on how to use this method



2014 CPS, Mauritius

IUD users[29]

Since IUD users might not make a return visit to the same family planning provider who inserted their IUD, it was important to ascertain if the IUD users knewthe maximum length of time that they can keep an IUD after insertion. Overall, 80.8% of IUD users reported that the family planning provider who had inserted their IUD had informed them about the maximum length of time that they can keep an IUD after its insertion, but when these users were asked to state the maximum number of years, only 44.6% of all IUD users could give the correct answer (i.e. 10 years after insertion). Hence, this finding is subject to a recall bias.

[29]Current users of IUD among currently married women age 15-49 years.

16.Fertility planning

Births resulting from unplanned pregnancies are linked to adverse maternal and child health outcomes and to various social and economic challenges.

Respondents who have had a livebirth in the five years preceding the survey and who were not pregnant at the time of the interviewwere asked whether their most recent pregnancy was wanted *then* (planned), wanted *later* (mistimed), or *not* wanted (not wanted at all). The same question was asked to respondents who have had a livebirth in the five years preceding the survey about their current pregnancyif they were pregnant at the time of the interview.

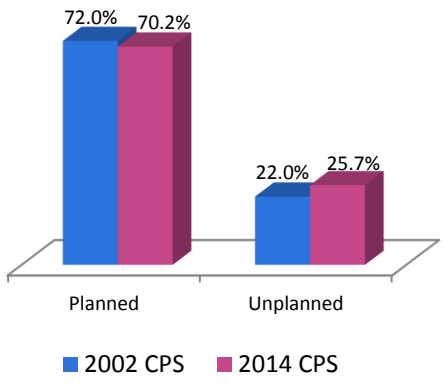
Table 12 shows the percent distribution ofcurrently married women age 15-49 years who have had a livebirth in the five years preceding the surveyby the planning status of their most recent pregnancy.The results of the 2014 CPS show that70.2% of them stated that theirmost recent pregnancywas planned (wanted) and 25.7% stated that it was unplanned (mistimed and unwanted).

Table 12: Percent distribution of currently married womenage 15-49 years who have had a livebirth in the five years preceding the survey by theplanning status of their most recent pregnancy

Planning status	Currently married women age 15-49 years	
	2002 CPS	2014 CPS
Wanted	72.0	70.2
Mistimed	13.5	16.2
Unwanted	8.5	9.5
Not sure	6.0	4.1

2014 CPS, Mauritius

Chart22: Percent distribution of currently married women age 15-49 years who have had a livebirth in the five years preceding the survey by planning status of their most recent pregnancy



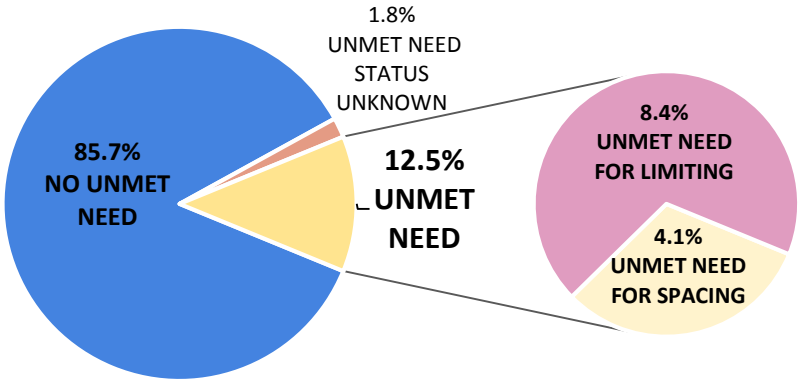
2014 CPS, Mauritius

Chart22 shows that the proportion of unplanned pregnancies has increased from 22.0% in 2002 to 25.7% in 2014 among currently married women age 15-49 years who have had a livebirth in the five years preceding the survey. Hence, this finding underscores the need to target women in need of more effective contraceptive methods.

17. Women in need of family planning services

One of the aims of the family planning programmes is to meet the demand for contraception and thereby reduce or eliminate the unmet need. Unmet need for family planning refers to the condition of wanting to avoid or postpone childbearing but not using any method of contraception. Unmet need joins together contraceptive behaviour and fertility preferences: it measures the gap between the desired fertility and contraceptive practices.

Chart 23: Unmet need status for family planning among currentlymarried women age 15-49 years



The 2014 CPS results reveal that unmet need for family planning in Mauritius is 12.5% among currently married women age 15-49 years (4.1% unmet need for spacing; 8.4% unmet need for limiting) as shown in Chart23.

2014 CPS, Mauritius

For the 2014 CPS, the revised estimates from Bradley et al. (2012)[30] were used in the computation of the unmet needfor family planning. According to this definition, women of reproductive age (15-49 years)who are in union have an unmet need if they are fecund, do not want a child in the next two years or at all, and are not using any method of contraception, either modern or traditional. Pregnant women and women experiencing post-partum amenorrhea (and who gave birth within two years prior to the survey) are classified as having an unmet need if they indicated that their current pregnancy or recent pregnancy was unintended.

Table 13 shows the results of the unmet need status for family planning among currently married women age 15-49 years by selected characteristics. For instance, unmet need for family planning among currently married women living in low-SES households is 13.5% compared with 10.1% for those living in high-SES households.

Table 13: Unmet need status for family planning among currently married women age 15-49 years by selected background characteristics

[30]http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2014/Metadata/WCU2014_UNMET_NEED_metadata.pdf

Background characteristics	No unmet need	Percent distribution of currently married women with an unmet need for family planning			Unknown unmet need status	Number of currently married women age 15-49
		For spacing	For limiting	Unmet need (total)		
Religion						
Hindu	85.3	3.1	9.5	12.6	2.0	556
Muslim	87.9	2.4	7.8	10.2	1.9	226
Christian	84.5	7.8	6.4	14.2	1.3	258
Socio-economic status						
Low	82.5	6.1	7.4	13.5	4.0	203
Middle	85.8	3.8	9.1	12.9	1.3	640
High	88.7	3.0	7.1	10.1	1.3	197
Level of education						
<Completed primary*	85.8	3.4	7.3	10.7	3.5	95
Completed primary	85.5	0.8	11.9	12.7	1.7	172
>Completed primary	85.7	4.9	7.7	12.6	1.6	773
Residence						
Urban	83.8	4.9	9.4	14.3	1.9	429
Rural	87.0	3.5	7.7	11.2	1.7	611
TOTAL	**85.7**	**4.1**	**8.4**	**12.5**	**1.8**	**1,040**

* Includes 8 cases of no schooling

2014 CPS, Mauritius

Table 14 shows the percent distribution of currently married women age 15-49 years with unmet need for family planning by the most important reason for not currently using contraceptive methods. Policy declarations typically assume that lack of access to services is the root cause of unmet needfor family planning; however, this is not the case in Mauritius since only 0.6% of currently married women age 15-49 with unmet needfor family planning stated that the facility is too far away to obtain a method of contraception. Moreover, as already mentioned[31], Mauritius has an extensive network of family planning service points.

The most important reasons for non-use of contraceptives identified by currently married women with unmet needfor family planning are health concerns (21.7%) and opposition to contraception by husband/partner (14.4%).

[31]Refer to the footnotes on p.29.

Table 14: Percent distribution of currently married women age 15-49 years with unmet need for family planning by most important reason for not currently using a contraceptive method

Most important reason for not using a contraceptive method	Unmet need		
	For spacing	For limiting	Total
Fertility-related reasons	**49.7**	**21.5**	**30.7**
Infrequent sex	7.9	17.3	14.2
Trying to get pregnant	10.6	-	3.5
Currently breastfeeding/postpartum	19.6	1.7	7.5
I got pregnant while using that method	-	2.5	1.7
Currently pregnant	11.6	-	3.8
Method-related reasons	**19.6**	**56.3**	**44.1**
Contraception is not (very) effective	-	2.7	1.8
Experienced side effects	9.5	5.6	6.9
Fear of side effects	0.0	5.3	3.5
Inconvenient to use	4.0	13.3	10.2
Health concerns	6.1	29.4	21.7
Opposition to use	**17.0**	**18.6**	**18.1**
Husband/partner objects to using method	13.2	15.0	14.4
Moral/religious objection	0.0	2.6	1.8
Don't want to use a method	3.8	1.0	1.9
Access-related reasons	**1.8**	-	**0.6**
Facility/source of method too far away	1.8	-	0.6
Other	**11.9**	**3.7**	**6.4**
Total	**100.0**	**100.0**	**100.0**
Total number	43	87	130

2014 CPS, Mauritius

Currently married women (age 15-49 years) with unmet need for family planning were asked whether they intended to use any method in the future. Overall, 62.4% of women with unmet needfor family planning do not intend to use a contraceptive method sometime in the future (as shown in Table 15).

Table 15: Percent distribution of currently married women age 15-49 years who have an unmet need for family planning by future intention to use a contraceptive method

Intention for nonuse	Unmet need		
	For spacing	For limiting	Total
Future Intention			
Intend to use	43.0	8.4	18.7
Do not intend to use	23.0	79.0	62.4
Unsure about use	34.1	12.6	19.0
Total	**100.0**	**100.0**	**100.0**
Total number	35	83	118*
*Excludes 12 missing cases			

2014CPS,Mauritius

Combining the estimate of unmet needfor family planning with data on current contraceptive use provides a picture of the total potential demand for family planning in a country- that is what the demand would be if all currently married women acted on their stated preferences. For family planning programme, the estimate is useful because it helps in revealing the size and characteristics of the potential market for contraceptives.

Another related indicator is the proportion of demand satisfied for family planning: it is useful in assessing overall levels of coverage for family planning programmes. As levels of contraceptive use increase, the proportion of demand satisfied increases. This indicator has been modified to focus on modern contraceptive methods and is known as the proportion of demand satisfied by modern methods; it considers women who are using a traditional method as having an unmet need for better (modern) contraceptive method.

As already mentioned,the contraceptive prevalence rate is 63.8% (12.5%, for spacing; 51.3% for limiting) and the unmet need for family planning is 12.5% (4.1%, for spacing; 8.4%, for limiting) among currently married women age 15-49 years.

The estimates of the total demand for family planning, the proportion of demand satisfied by any method and the proportion of demand satisfied by modern methods are shown in Box 1.

BOX 1

TOTAL DEMAND FOR FAMILY PLANNING =

UNMET NEED FOR FAMILY PLANNING + CURRENT CONTRACEPTIVE USE (ANY METHOD) =
12.5% + 63.8%=76.3%
(16.6%, TOTAL DEMAND FOR SPACING; 59.7%, TOTAL DEMAND FOR LIMITING)

PROPORTION OF DEMAND SATISFIED BY ANY METHOD = CURRENT CONTRACEPTIVE USE (ANY METHOD) / TOTAL DEMAND FOR FAMILY PLANNING= 63.8% /76.3% = 83.6%

PROPORTION OF DEMAND SATISFIED BY MODERN METHODS = CURRENT CONTRACEPTIVE USE (MODERN METHODS) / DEMAND FOR FAMILY PLANNING = 32.0% / 76.3% = 41.9%

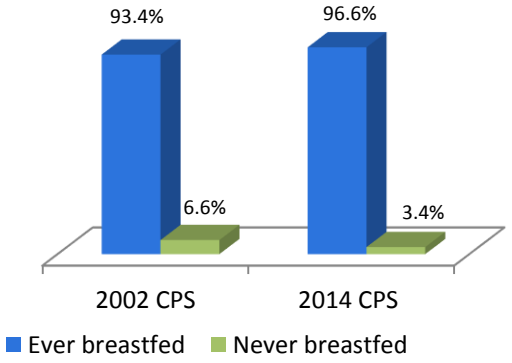
2014 CPS, Mauritius

18.Breastfeeding

Breastfeeding is the best way to provide infants with the nutrients they need. Exclusive breastfeeding[32] is recommended up to six months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.

The 2014 CPS asked mothers who reported having had a livebirth in *the two years preceding the survey* whether they ever breastfed their last liveborn child. The results show that 96.6% of their last liveborn child born two years preceding the survey were breastfed. This proportion has increased by 3.2percentage points between 2002 and 2014 (as shown in Chart 24).

Chart 24: Percent distribution of respondents who have ever breastfed their last liveborn child bornin the two years preceding the survey



2014 CPS, Mauritius

The 2014 CPS data indicates that among the last liveborn children born in *the five years preceding the survey* who were ever breastfed, 32.8%of them were breastfed within one hour of birth compared with 21.4% in 2002.

Table 16: Breastfeeding Indicators

Percent distribution of last liveborn children born in the *two years preceding the survey* who were ever breastfed and the mean duration of any breastfeeding and exclusive breastfeeding of last liveborn children born in the *five years preceding the survey*

		Mean duration (in months) of:	
CPS	% ever breastfed	Any Breastfeeding	Exclusive Breastfeeding
1991	71.9	13.6	1.1
2002	93.4	13.6	2.0
2014	96.6	12.6	4.4

2014 CPS, Mauritius

The results of the 2014CPS also show that the mean duration of any breastfeeding is 12.6 months and the mean duration of exclusive breastfeeding is 4.4 months among last liveborn children born in the five years preceding the survey (Table 16). Care should be taken in interpreting these figures since there might be a recall bias.[33]

[32]Exclusive breastfeeding is defined as no other food or drink, not even water, except breast milk (including milk expressed or from a wet nurse) for the first 6 months of life, but allows the infant to receive oral rehydrating salt (ORS), drops and syrups (vitamins, minerals and medicines).

[33]It should be noted that the indicator for exclusive breastfeeding among last liveborn children born in the six months preceding the survey could not be calculated because of the small number of cases.

19.Reproductive health perception and behaviour

Source of information on sexual matters

Respondents[34] were asked to cite the most important source of information on sexual matters. Table 17shows that 22.7% of respondents citedteachers and 19.7% cited parents as the most important source of information on sexual matters. Moreover, media (mass, printed and electronic) was cited by 15.5% of respondents (as shown in the bottom portion of Table 17).

Table 17: Percent distribution of respondents by most important source of information on sexual matters

Most important source of information	Percentage
Mother/Father	19.7
Partner/Husband/Boyfriend	10.3
Other family member/Relative	10.5
Friend/Colleague	15.7
Doctor/Nurse/Midwife	5.7
Teacher	22.7
Books/Newspaper/Magazines/Brochures/Flyers	8.3
Internet/Social media/ Radio/ TV	7.2
Total	**100.0**
Total number of respondents	1,680

2014 CPS, Mauritius

Family Life Education in schools

In the past few years, there has been an ongoing debate about school-based sexuality education in Mauritius. Although the process of introducing sexuality education in the school curriculum has been set in motion since long ago, it is still not included in the formal curriculum at schools in Mauritius.

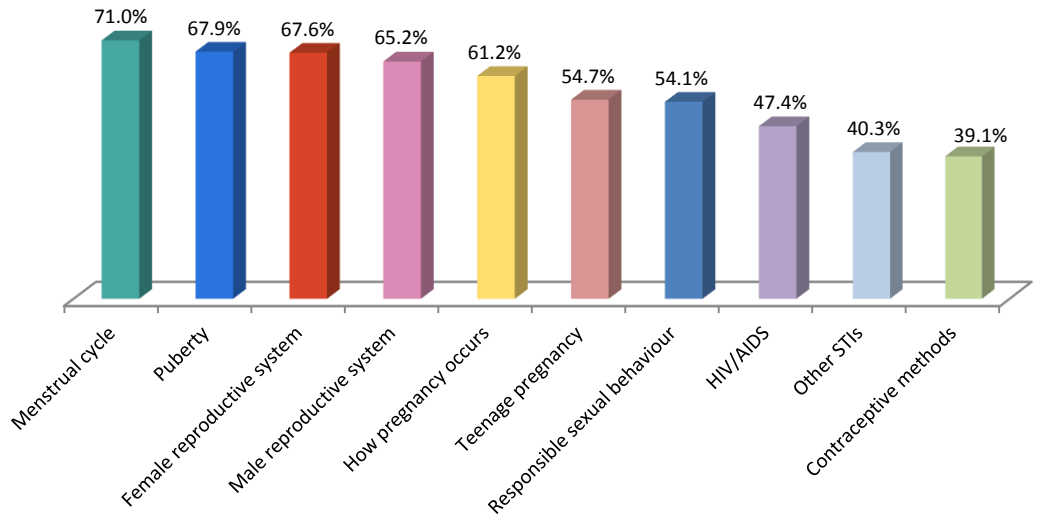
Students are sensitized on healthy lifestyles and sexual and reproductive health issues through the Family Life Education programme, which is conducted on an adhoc basis in schools by governmental and non-governmental organizations.

The 2014 CPS asked respondents[35] if topics, such as responsible sexual behavior, contraceptive methods and HIV/AIDS were ever discussed with them at school. Chart 25 shows that menstrual cycle (71.0%) and puberty (67.9%) were the two most common topics that were cited by respondents. It is noted that slightly less than two in five respondents were given talks on contraceptive methods (39.1%).Further analysis of the data shows that24.3% of respondents were not given talks on any of these topics at school.

[34]Throughout this section, respondents refer to all womenage 15-49 years unless stated otherwise.

[35]Excluding 8 respondents who had no schooling.

Chart 25: Percent distribution of respondents who have been given talks on sexual and reproductive health issues at schools by specific topic



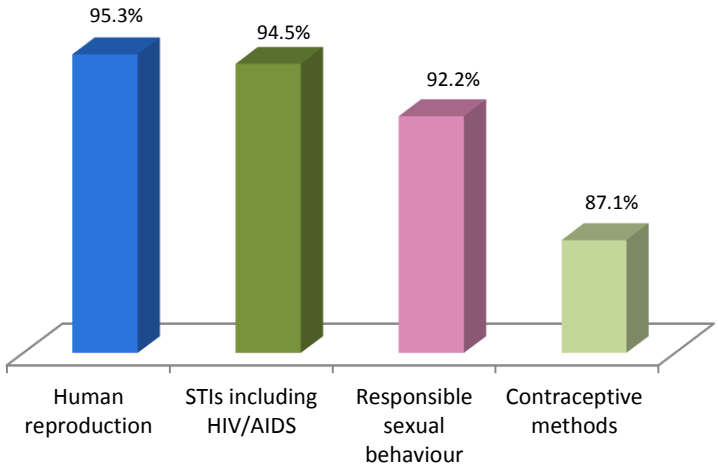
2014 CPS, Mauritius

School-based sexuality education

School-based sexuality education can be an important and effective way of reducing risky sexual behaviour among young people. Since there is a lack of information on the opinions of people on this matter, respondents were asked if the following components of sexuality education should be taught at school: human reproduction, contraceptive methods, STIs including HIV/AIDS, and responsible sexual behaviour.

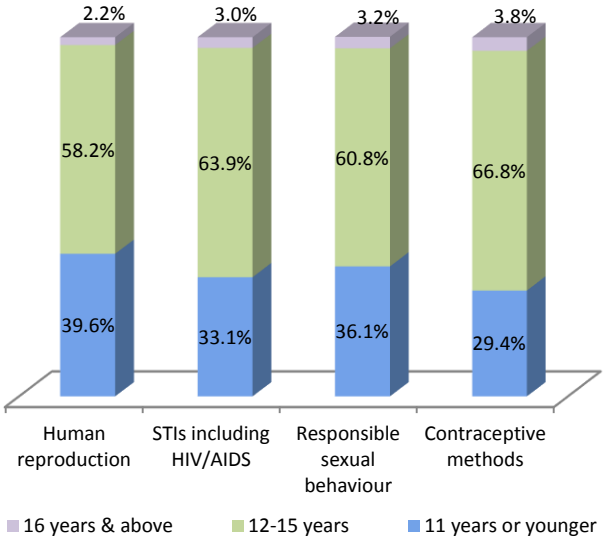
Chart 26shows that the majority of respondents agree that the above-mentioned components should be taught at schools. For instance, 92.2% of respondents stated that "responsible sexual behaviour" should be taught at school. However, a minority of respondents (1.4%) said that none of these components, i.e. human reproduction; contraceptive methods; STIs including HIV/AIDS; and responsible sexual behaviour,shouldbe taught at school.

Chart 26: Percent distribution of respondents who agree that sexuality education should be taught at school by specific component



2014 CPS, Mauritius

Chart 27: Percent distribution of respondents who stated the best age at which students should be taught sexuality education at school by specific component



2014 CPS, Mauritius

Respondents, who agreed that specific componentsof sexuality educationshould be taught at school, were then asked the best age at which students should be taughtthese components at school.

Chart 27 reveals that a significant proportion of respondents said that these components should be taught at ages 12 to 15. For instance, 66.8% of respondents said that contraceptive methods should be taught atages12 to15 years.

Some of the arguments that opponents of school-based sexuality educationputforward in their discussions are listed in Table 18.Respondents were asked if they agree with these arguments.

Table 18: Percent distribution of respondents about their opinions on the arguments that opponents of school-based sexuality education put forward in their discussions

Argument against sexuality education	Agree (%)	Disagree (%)	Don't know/ No response (%)
School-based sexuality education may lead to early onset of sexual activities among youngpeople.	33.0	59.7	7.4
Sexuality education should be taught only at home.	4.4	92.7	3.0
Sexuality education is against my religious belief.	5.1	88.0	6.9
Teachers do not have enough training to teach sexuality education.	50.9	33.9	15.2

2014 CPS, Mauritius

Overall 59.7% of respondents disagree that school-based sexuality educationmay lead to early sexual initiation among young people; 92.7% of them disagree that sexuality education should be taught only at home; and 88.0% of them disagree that sexuality education is against their religious belief. However, 50.9% of respondents agree that teachers do not have enough training to teach sexuality education.

Table 19: Percent distribution of respondents about their opinion onwho is the best person to teach sexuality education at school

Best person to teach sexuality education	Percentage
Teacher with special training in sexuality education	72.5
Biology teacher	16.4
Form teacher	4.8
Other teacher	1.8
Doctor/Psychologist	0.7
Family Planning Health Provider	1.3
Don't know	2.4
Total	**100.0**

2014 CPS, Mauritius

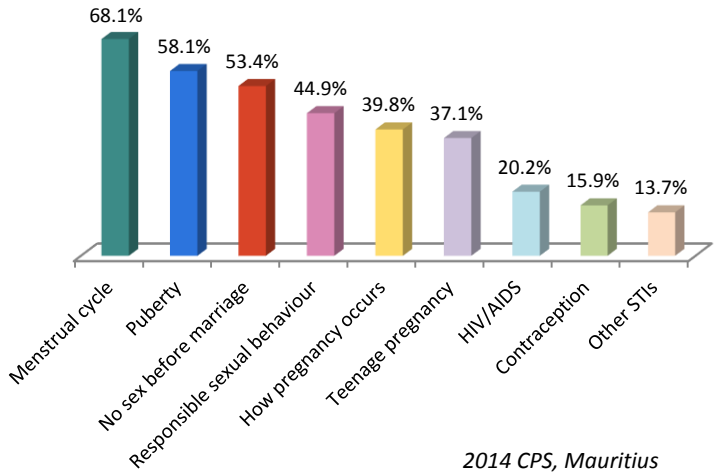
Respondents were then asked:"Who would be the most suitable person to teach sexuality education at school if sexuality education is includedin the formal curriculum at schools in Mauritius?".

Table 19shows that almost 3 in 4 respondents stated that a teacher with special training in sexuality education (72.5%) would be the most suitable person to teach sexuality education.

Parental involvement in sexuality education

Since sexuality education is an ongoing process, parental involvement is also important in promoting healthy lifestyles among adolescents. Respondents who were 19 years old and above at the time of the interview were asked if their parents had ever talked to them on some components of sexuality education before they reached age 18 and the same question was asked to respondents who were below 18 years old.

Chart 28: Percent distribution of respondents who discussed reproductive health topics with their parents before reachingage 18 by specific topic



2014 CPS, Mauritius

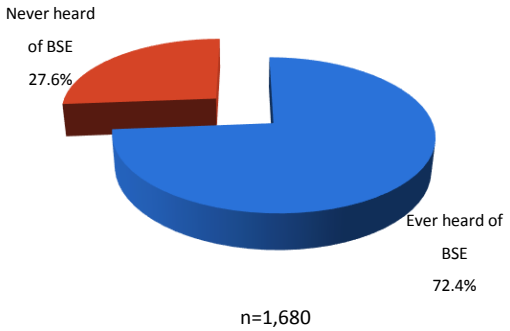
Chart 28shows that 68.1% of respondents said that their parents talked about menstrual cycle to them before reaching age 18. Less than half of the respondents (44.9%) reported that they have had talks on responsible sexual behaviour with their parents before reaching age 18.

Overall, the mean number of topicsthat respondents reported discussing with their parents before reaching age 18 was 4.6topics.

At this point, it should be mentioned that 22.5%of respondents stated that they never had talks with their parents before reaching age 18 on any of these nine components of sexuality education. Hence, the results reveal that parents should be sensitized about their key role in the sexuality education of their children.

Breast Self-Examination

Chart 29: Percent distribution of respondents who have heard/readabout breast self-examination



n=1,680

2014 CPS, Mauritius

Breast self-examination (BSE) is a screening methodused for early detection of any anomalies that could be linked to breast cancer[36].

Respondents were asked if they have heard/read about breast self-examination (BSE). Chart 29shows that72.4%of respondentshave heard/read about this examination.

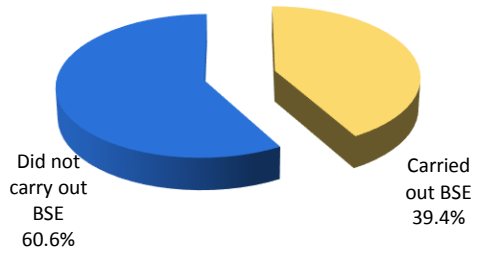
Table20 : Percent distribution of respondentswho have heard/read about breast self-examination by first source of information

First source of information	Percentage
Private doctor	6.2
Government health centrepersonnel	26.2
Family member	10.9
Friend/Colleague	12.9
Newspaper/Radio/TV	32.7
Books/Magazines/Brochures	6.6
MFPWA	1.7
Internet/Social media	2.7
Total	**100.0**
Total number of respondents	1,216

2014 CPS, Mauritius

Respondents whohave heard/read about BSE were then asked abouttheirfirst source of information on BSE.Table 20 showsthat 32.7%of respondentsobtained their information on BSE for the first time from the newspaper/radio/TV.

Chart 30: Percent distribution of respondents who have carried out breast self-examination



n=1,216

2014 CPS, Mauritius

Chart30shows that60.6% of respondents have not carried out BSE despite having heard/read about this examination.

[36] Breast cancer is the most common cancer among women in the Republic of Mauritius - 471 new cases of breast cancer was diagnosed among women in 2013. Overall, 37.9% of all new cases of cancer among women were due to breast cancer in the Republic of Mauritius in 2013 whilst worldwide, it was 56.0%.Moreover, 166 women died of breast cancer in 2013 in the Republic of Mauritius.

Table21:Percent distribution of respondents by the mostimportant reason cited for not carrying outbreast self-examination

Most important reason	Percentage
Don't know how to do BSE	46.6
Don't think that BSE is important	26.0
Don't believe in the efficacy of the test	1.0
Don't have any symptoms	24.5
Scared of being diagnosed with breast cancer	2.0
Total	**100.0**
Total number of respondents	737

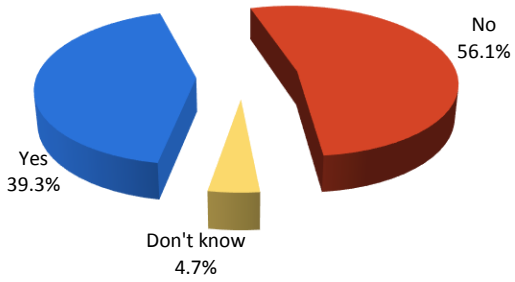
2014 CPS, Mauritius

Table 21shows that the most important reason cited by respondents for not carrying out BSEis "don't know how to do BSE" (46.6%) followed by "don't think that BSE is important" (26.0%).

Pap smear

Pap smear is a screening test to detect abnormal cervical cells and cervical cancers[37]. Respondents were asked if they have heard/read about Pap smear. Chart31 shows that 39.3% of respondents age 15-49 years have heard/read about Pap smear.

Chart 31: Percent distribution of respondents age 15-49 years who have heard/read about Pap smear



n=1,680

2014 CPS, Mauritius

Table22: Percent distribution of respondents who have heard/read about Pap smear examination by first source of information

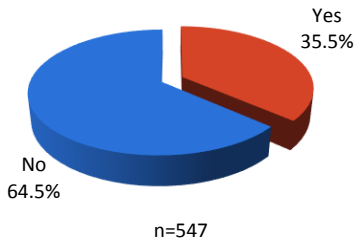
First source of information	Percentage
Private doctor	7.5
Government health centre personnel	31.3
Action Familiale	2.0
Family member	9.5
Friend /Colleague	13.4
Newspaper/Radio/ TV	29.0
Books/Magazines/ Brochures	3.0
MFPWA	1.0
Private clinic	0.6
Pharmacy/Pharmacist	0.1
Internet /Social media	2.4
Total	**100.0**
Total number of respondents	660

2014 CPS, Mauritius

Respondents who have heard/read about Pap smear were asked: "Where did you hear/read about Pap smear for the first time?". Table 22shows that an almost equal proportion of respondents have heard/readaboutPapsmear for the first time from thegovernment health centre personnel (31.3%) and the newspaper/radio/television (29.0%).

[37]Cervical cancer is the second most common cancer among women in the Republic of Mauritius - 95 new cases of cervical cancer were diagnosed in 2013. Overall, 7.6% of all new cases of cancer among women were due to cervical cancer in the Republic of Mauritius in 2013 whilst worldwide, it was 12.0%.Moreover, 36 women died of cervical cancer in 2013 in the Republic of Mauritius.

Chart 32: Percent distribution of respondents who have had a Pap smear among those who have heard/read about Pap smear and who have had sexual intercourse



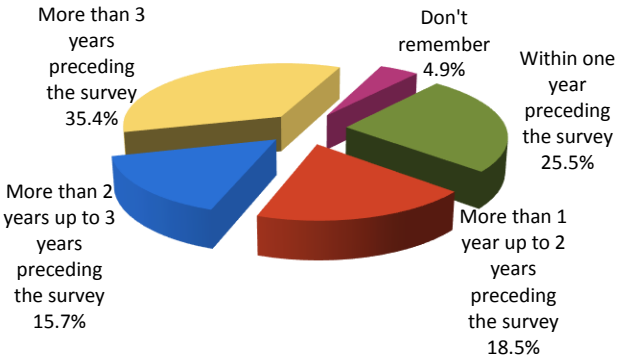
n=547

2014 CPS, Mauritius

Respondents who have heard/read about Pap smear and who have had sexual intercourse were asked if they have had a Pap smear. Chart 32 shows that 35.5% of them have had a Pap smear.

Since the 2014 CPS did not capture the exact age at which the respondents[38] have had their last Pap smear, it can only be said that 35.4% of them have had a Pap smear more than 3 years preceding the survey and 25.5% of them have had it within a year preceding the survey (see Chart 33).

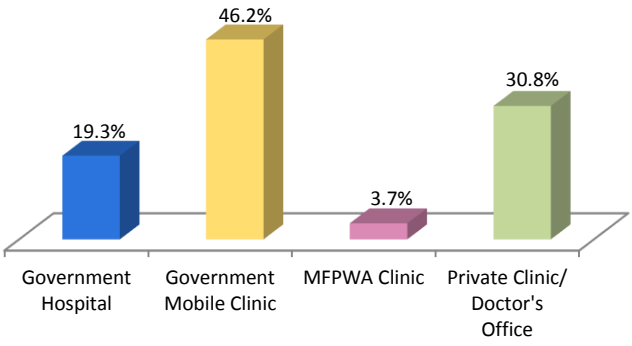
Chart 33: Percent distribution of respondents who have had a Pap smear by the number of years preceding the survey when their last Pap smear was carried out



n=194

2014 CPS, Mauritius

Chart 34: Percent distribution of respondents who reported having had a Pap smear by the facility where their last Pap smear was carried out



2014 CPS, Mauritius

Chart 34shows that 65.5% of respondents have had their lastPap smear at a government-run facility (government mobile clinic, 46.2%; government hospital, 19.3%), 30.8% at a privately-run health facility (private hospital/doctor's office) and 3.7% at MFPWA clinic.

[38]It should be noted that Charts 33 & 34 refer to respondents who have heard/read about Pap smear and who have had sexual intercourse.

Table 23 : Percent distribution of respondents by the most important reason cited for not having had a Pap smear

Most important reason	Percentage
Doctor has not recommended it	5.0
Healthy and has no gynaecological problems	11.9
Does not feel test is necessary	14.0
Does not have time to go for a test	6.0
Never thought of having a Pap smear	36.0
Is afraid of the results	3.7
Is afraid thatPap smear could be painful	5.8
Too embarrassed to get the test or a pelvic exam	1.5
Has no partner/Not sexually active	2.6
Too young	1.1
Don't know where to do the test	0.9
Heard test is done at a particular age	1.1
Other	1.8
Don't know/Refused to answer	8.6
Total	**100.0**
Total number of respondents	353

2014 CPS, Mauritius

Respondentswho never have had aPap smear despite having heard/read about Pap smear and havinghad sexual intercourse were asked for the most important reason for not having had a Pap smear.

Table 23shows that 36.0% of them never thought of having one and 14.0% did not feel that the test was necessary.

20. HIV/AIDS - relatedknowledge and attitudes

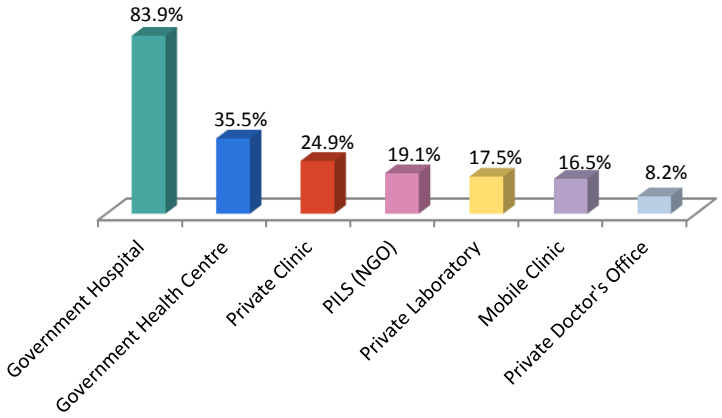
HIV/AIDS is a public health concern, with both immediate and long-term health, social and economic consequences. The first HIV case was reported in 1987 in Mauritius[39] and a National AIDS Control Programme was then established for primary prevention[40].

HIV awareness

Overall, 98.3% of all respondents[41] have heard about AIDS in 2014 (1,652)and74.7%of themknew where they can get an HIV test.

Respondents who knew where they can get an HIV test were asked to name the variousplacesthat provide HIV testing. The most common cited place is government hospital (83.9%) followed by government health centre (35.5%), private clinic (24.9%), PILS[42](19.1%), private laboratory (17.5%),mobile clinic (16.5%),and private doctor's office (8.2%) as shown in Chart 35.

Chart 35: Percent distribution of respondents who cited different places where they can get an HIV test by specific place



2014 CPS, Mauritius

Knowledge of HIV/AIDS Prevention

Respondents who have heard about HIV/AIDSwere asked whether there are any measures that can be taken to avoid getting HIV/AIDS. Chart 36 shows thatthe proportion of respondentswho knew that something can be done to avoid getting HIV/AIDS has increased from 73.3% in 2002to 88.8% in 2014.

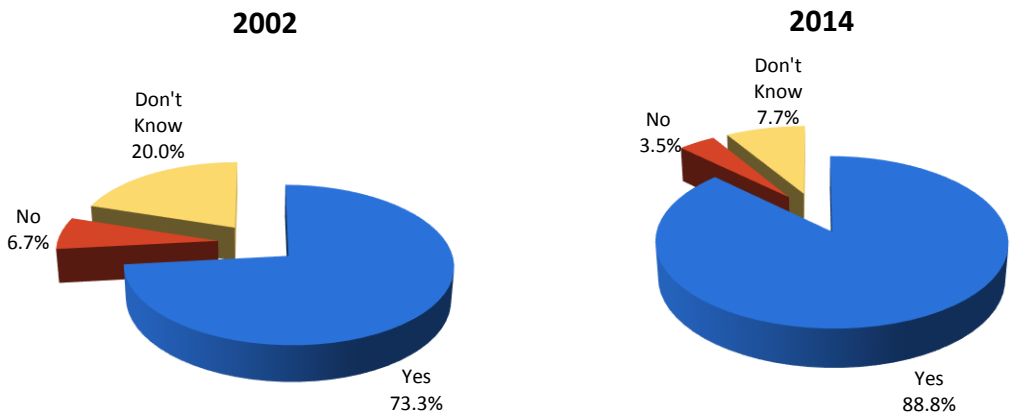
[39]The HIV prevalence rate (for both men and women age 15-49 years) was 0.92% in 2014 and 1.08% in 2002. The cumulative total of HIV cases since October 1987 to December 2014 stood at 6,090 (4,716 males and 1,374 females) in the Republic of Mauritius. During the same period,the number of AIDS-related deaths was 953.

[40]Primary prevention: Information; education; blood transfusion safety; and voluntary counselling and testing.

[41]Throughout this section, respondents refer to all women age 15-49 years who have heard about HIV/AIDS unless stated otherwise.

[42]PILS (Prévention Information Lutte contre le Sida) is an NGO that is engaged in the national response against AIDS.

Chart 36: Percent distribution of respondents who knewabout ways to avoid getting HIV/AIDS

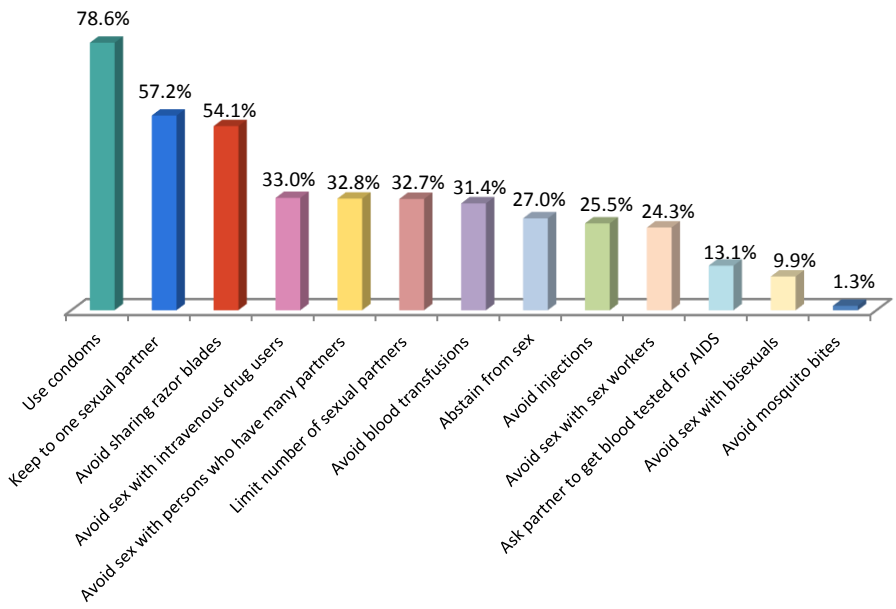


2014 CPS, Mauritius

Unprompted knowledge of ways to avoid getting HIV/AIDS

Respondents who knew about the different ways to avoid getting HIV/AIDS were asked, without being prompted, to mention all the ways that they knew of to avoid getting HIV/AIDS. Chart 37 shows that use of condoms (78.6%) and having only one sexual partner (57.2%) are the two most common wayscited by respondents.

Chart 37: Percent distribution of respondents who stated without being prompted about ways to avoid getting HIV/AIDS by specific way

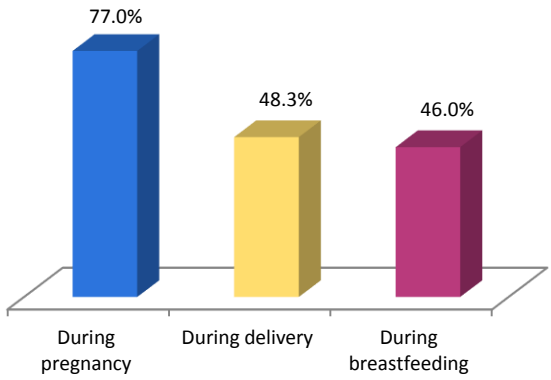


2014 CPS, Mauritius

Knowledge of mother to child transmission of HIV

Knowledge of mother to child transmission of HIV during pregnancy, during delivery and during breastfeeding is an essential component ofInformation, Education and Communication (IEC)preventive efforts.

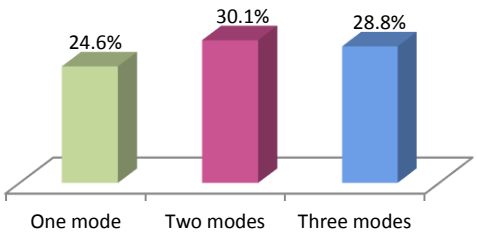
Chart 38: Percent distribution of respondents who knew about the modes of HIV transmission from mother to child by specific mode



2014 CPS, Mauritius

Respondents who have heard about HIV/AIDS were asked whether HIV can be transmitted from mother to child during pregnancy,during delivery and during breastfeeding. Chart 38shows that 77.0% of respondents know that HIV can be transmitted from mother to child during pregnancy.

Chart 39 : Percent distribution of respondents who stated accurately the number of modes that HIV can be transmitted from mother to child



2014 CPS, Mauritius

Three modes of HIV transmission from mother to child:

during pregnancy, during delivery and during breastfeeding

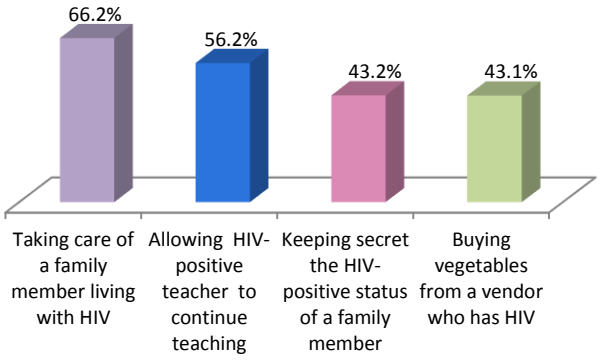
Chart 39shows that 83.5% of respondents[43] know at *least one* mode of HIV transmission from mother to child (1 mode, 24.6%; 2 modes, 30.1%; 3 modes,28.8%). The remainder stated either "no" or "don't know" to all three modes including a minority of respondents who said "no" to all three modes (2.1%).

[43]Among those who have heard about HIV/AIDS.

Stigma and Discrimination

Respondents were asked if they would be willing to take care of a family member living with HIV in their household; to buy vegetables from a vendorwho has HIV; if HIV-positive teachersshould continue to teach; and if theywould want to keep secret the HIV-positive status of a family member. Chart40 shows that for instance,66.2% of respondents are willing to take care of a family member living with HIV.

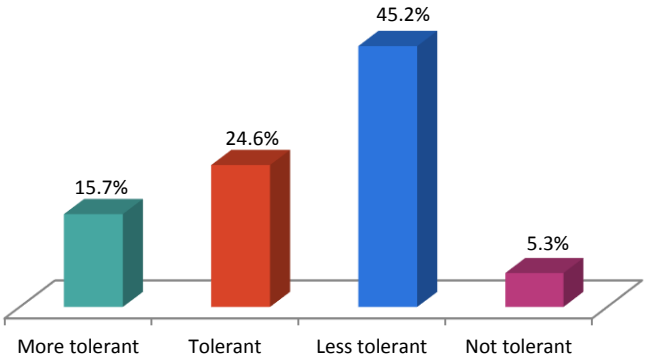
Chart 40: Percent distribution of respondents on their attitudes towards HIV-infected persons



2014 CPS, Mauritius

As an indicator of acceptance towards people living with HIV/AIDS, the response for each above-mentioned item was summed up for each respondent. Each tolerant (or positive) response had a score of 1. An intolerant (or negative) response had a score of 0. The total scores were categorized by more tolerant (with a score of 4); tolerant (with a score of 3); less tolerant (with a score of 1 or 2); and no tolerance (with a score of 0).

Chart 41: Percent distribution of respondents by their level of tolerance towards HIV-infected persons



2014 CPS, Mauritius

Chart 41 reveals that 15.7% of respondents are more tolerant towards any of the four items listed above, 24.6% are tolerant, 45.2% are less tolerant and 5.3% are not tolerant.The remainder (which has not been charted here) stated either "no" or "don't know" to allfour items.

However, it should be pointed out that one limitation of this indicator is that it is restricted to only four items, and this could limit a fair examination of the true level of tolerance towards HIV-infected people. Moreover, there may be a bias since respondents may be reticent to express negative attitudes towards HIV-infected people.

21. Infertility

Infertility is a health problem that affects men, women, and couples and depending on its underlying causes, infertility can be treated by a range of medical options. The 2014 CPS results reveal that 10.0% of currently married women age 15-49 years (104) reported having fertility problems[44]; however, when asked about their fertility problems, only 80.7% of them answered.

Table24: Percent distribution of currently married women age 15-49 years who have fertility problemsby age group and marriage duration, according to the number ofliving children

Background characteristics	No child	One living child or more	Total
Age group			
15-19	2.5	-	1.7
20-24	14.6	6.7	12.2
25-29	28.8	17.3	25.3
30-34	19.8	36.2	24.7
35-39	16.1	23.7	18.4
40-44	9.6	6.3	8.6
45-49	8.6	9.8	9.0
Marriage duration			
Less than 1 year	6.9	-	4.8
1 year up to 2 years	11.2	-	7.8
2 years up to 5 years	17.5	6.0	14.0
5 years or more	64.4	94.0	73.4
Total	**100.0**	**100.0**	**100.0**
Total number of respondents	58	26	84

2014 CPS, Mauritius

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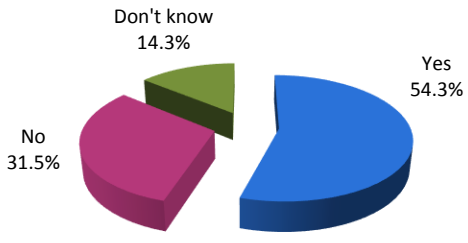
Table 24 shows the percent distribution of currently married women age 15-49 years who reported their fertility problems by selected background characteristics. The results reveal that most of themdo not have a child (refer to the last row of the table).

It is noted that amongcurrently married women age 15-49 years who have fertility problems,50.0% are in the age group 25-34 and73.4%have been married for five years or more.

The data also reveals that 2.0% of them have been treated for pelvic inflammatory disease (PID). PID is an infection of a woman's reproductive organs that may lead to infertility.

Chart 42shows that 54.3%of currently married women age 15-49 years who have fertility problems said that they do intend to seek medical help to get pregnant in the future.

Chart 42: Percent distribution of currently married women age 15-49 years with fertility problems who intend to seek medical help to get pregnant in the future



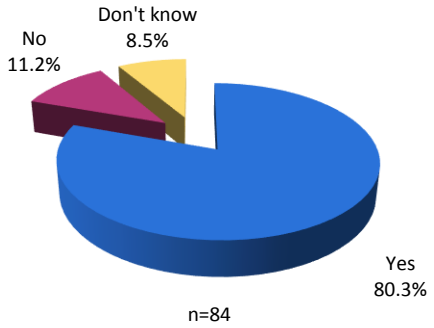
n=84

2014 CPS, Mauritius

[44]Including those who reported the fertility problems of their partner.

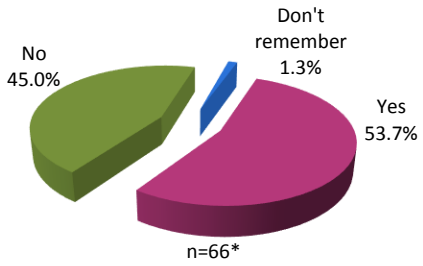
These respondents were then asked if they knew a place where they can seekmedical help to get pregnant. Chart 43 shows that 80.3% of themknew where to seek medical help to get pregnant.

Chart 43: Percent distribution of currently married women age 15-49 years with fertility problems who knew where to seek medical help to get pregnant



2014 CPS, Mauritius

Chart 44: Percent distribution of currently married women age 15-49 years with fertility problems who have sought medical help to get pregnant among those who knew where such medical services are offered



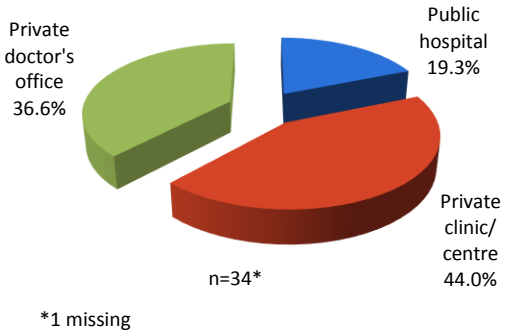
*1 missing

2014 CPS, Mauritius

Among those who knew where medical services to get pregnant are offered,53.7% have sought medical help to get pregnantas shown in Chart 44.

Further analysis shows that 80.6% of currently married women age 15-49 years who have sought medical helpto get pregnanthave been mostly to a private clinic or to a private doctor for their treatment as shown in Chart 45.

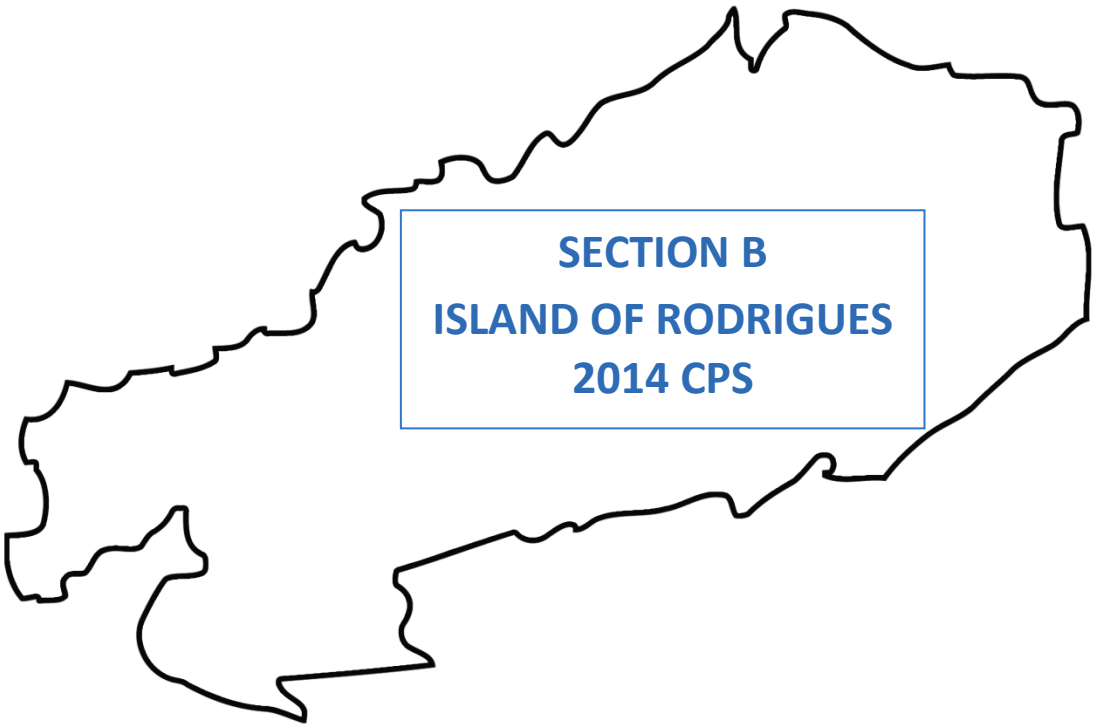
Chart 45: Percent distribution of currently married women age 15-49 years with fertility problems who have sought medical help to get pregnant by the facility they went mostly to for treatment



*1 missing

2014 CPS, Mauritius

Moreover, 44.1% of currently married women age 15-49 years who havesought medical help to get pregnant saidthat their fertility problems (or that of their partner's) have beendiagnosed. However, dueto the small sample size, the causes of infertility have not been given out.



SECTION B
ISLAND OF RODRIGUES
2014 CPS

22. Socio-demographic characteristics of respondents

Table 25 shows the percent distribution of all women and currently married women age 15-49 years who have been interviewed in the 2014 Contraceptive Prevalence Survey by various background characteristics. Overall, young women age 15-24 years comprise 30.7% of the survey population.

Data on level of educational attainment has been categorized into three groups: less than completed primary schooling; completed primary schooling; and more than completed primary schooling. The first group includes those who did not have formal education as well as those who had some primary schooling and the second group, as its name suggests, includes those who have completed primary schooling. The third group includes those who have some secondary schooling, pre-vocational education, completed secondary schooling and tertiary or vocational education. The 2014 CPS reveals that a large majority of respondents have received education beyond primary level (55.9%).

The household socio-economic status (SES) is a composite measure andis calculated by assigning weights to reported ownership of household durable goods and household characteristics of respondents. These weights are then scored for each respondent and categorized by low, middle and high index according to the respondent's total score. The results reveal that 52.4% of respondents are livingin low-SES households.

Overall, 55.2% of respondents are currently married[45](35.9% are married legally/religiously and 19.3% are in consensual union), 1.5% are widowed, 7.8% are divorced or separated, and 35.5% have never been married as shown in Chart 46.

Data on occupation was categorized into four groups: professional/technical[46]; service worker[47]; manual worker[48]; and homemaker/student. The CPS findings reveal that the majority of respondents are homemakers/students (66.5%).

It should be noted that the majority of people living in Rodrigues are Christians and that the sample population comprises of 99.7% of Christians.

[45] Currently married women are women who have beenlegally/religiously married and are not either divorced, widowed or separated. Women living in consensual unions are also included in this category. The terms 'currently married' and 'currently in union' have been used interchangeably in this report.

[46]Includes managers, professionals and technicians (teachers,accountants, nurses, clerks and police officers etc.). It should be pointed out that the term "professionals" has been used in this report and it refers to the "professional/technical" group.

[47]Includes sales and craft and related trade workers (hairdressers and counter cashiers etc.).

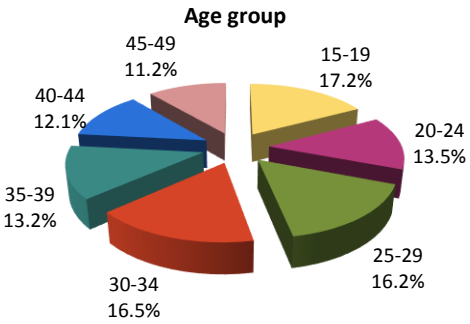
[48]Includes skilled agricultural workers and export oriented enterprise manual workers (machine operators and assemblers etc.).

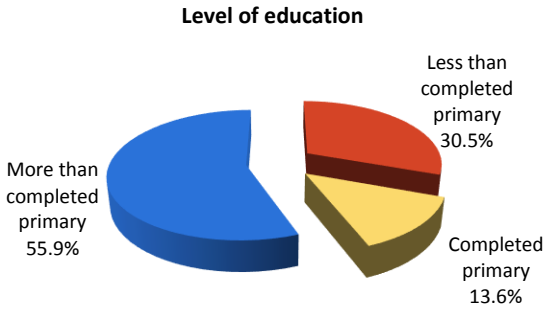
Table 25: Percent distribution of women age 15-49 years by selected background characteristic

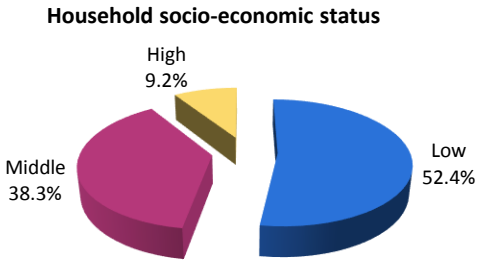
Background characteristics	All women age 15-49			Currently married women age 15-49		
	Weighted percentage	Weighted number	Unweighted number	Weighted percentage	Weighted number	Unweighted number
Age group						
15-19	17.2	69	44	3.4	8	9
20-24	13.5	54	39	10.4	23	29
25-29	16.2	65	58	17.7	39	43
30-34	16.5	66	96	21.2	47	75
35-39	13.2	53	59	16.9	37	47
40-44	12.1	48	57	15.8	35	49
45-49	11.2	45	47	14.5	32	36
Occupation						
Professional/Technical	9.0	36	40	11.3	25	32
Service worker	13.7	55	47	10.9	24	31
Manual worker	10.8	43	48	11.7	26	34
Homemaker/Student	66.5	266	265	66.0	146	191
Education						
Less than completed primary	30.5	122	138	36.7	81	108
Completed primary	13.6	54	61	16.7	37	48
More than completed primary	55.9	224	201	46.5	103	132
Household socio-economic status						
Low	52.4	210	204	50.2	111	145
Middle	38.3	153	156	38.4	85	111
High	9.2	37	40	11.4	25	32
Marital status						
Currently married (legal/religious)	35.9	144	187	65.0	144	187
Consensual union	19.3	77	101	35.0	77	101
Widowed	1.5	6	9	NA	0	NA
Divorced/Separated	7.8	31	29	NA	0	NA
Never married	35.5	142	74	NA	0	NA
Total	100.0	400	400	100.0	221	288

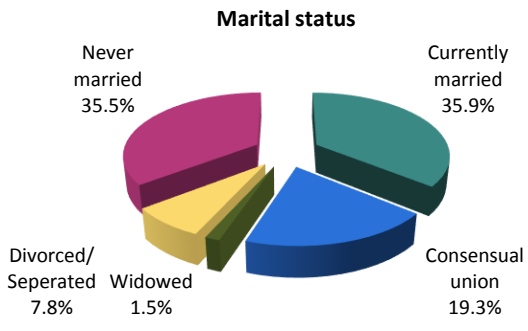
2014 CPS, Rodrigues

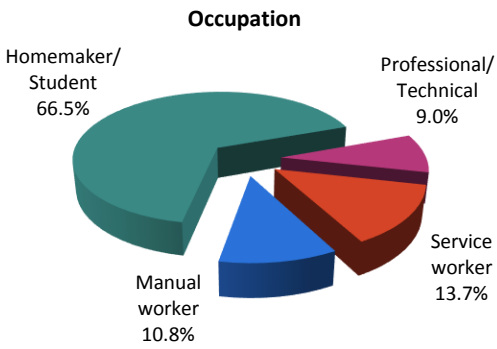
Chart46: Percent distribution of respondents age 15-49 years by background characteristics











n=400

2014 CPS, Rodrigues

23. Determinants of fertility

Age of menarche marks the onset of the reproductive capability of a woman. Unlike previous CPSs, respondents were asked about their age of menarche in the 2014 CPS.

Table 26 shows that the median age of menarche of women age 15-49 years is 12.3 years. It is noted that the median age of menarche has declined over time: from13.0 years among women age 45-49 yearsto 11.7 years among women age 15-19 years.

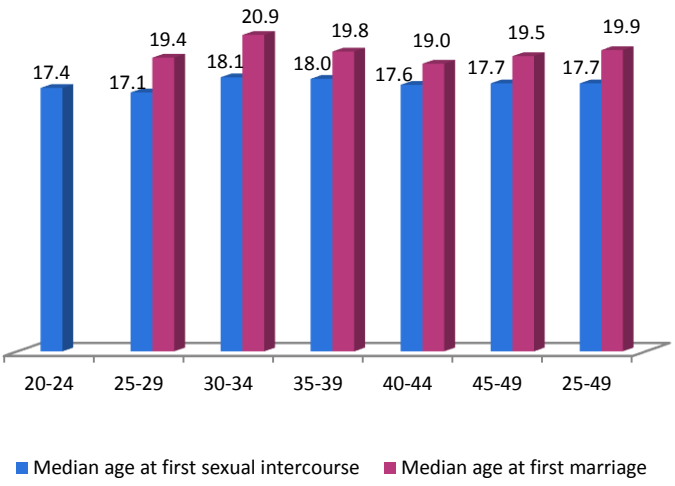
Table 26: Median age of menarche among women age 15-49 years

Age group	Median age at menarche (years)	n
15-19	11.7	67
20-24	12.1	54
25-29	12.5	65
30-34	12.2	66
35-39	12.5	53
40-44	12.6	48
45-49	13.0	45
15-49	*12.3*	*398*[*]

[*]2 respondents aged 16 reported "not yet"

2014 CPS, Rodrigues

Chart47: Median age at first sexual intercourse andmedian age at first marriage among women age 20-49 years



2014 CPS, Rodrigues

Chart 47 shows that the median age at first sexual intercourse is 17.7 years and the median age at first marriage is 19.9 years among women age 25-49 years.

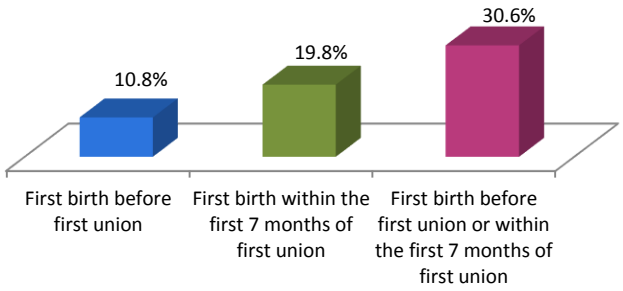
It should be noted that younger cohorts (women age 15-24 years) are excluded from the analysis for median age at first marriage in order to avoid a bias since less than 50% of respondents in the age groups 15-19 and 20-24 did not get married by age 15 or 20 respectively whilst women age 15-19 has been excluded in the calculation for age at first sexual intercourse since 50% of the respondents age 15-19 did not have sexual intercourse[49].

[49]The median age at first sexual intercourse for respondents *age 20-49years* is 17.6 years (which has not been charted).

24.Premarital conception

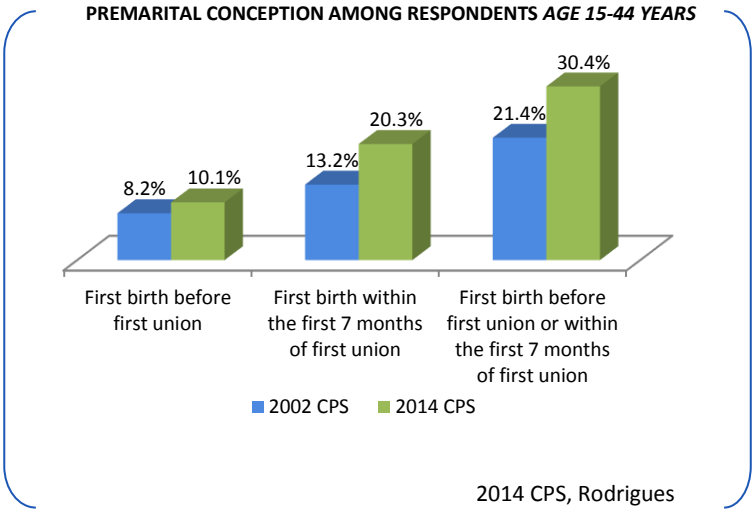
Chart 48 shows the percent distribution of ever-married women age 15-49 years whose first birth occurred before first union or within the first 7 months of first union. Overall, 30.6% of first born babies were born before first union or within the first 7 months of first union among ever-married women age 15-49 years.

Chart 48: Percent distribution of respondents whose first birth occurred before first union or within the first 7 months of first union among ever-married women age 15-49 years



2014 CPS, Rodrigues

AN INCREASE IN THE TREND OF PREMARITAL CONCEPTION [50]



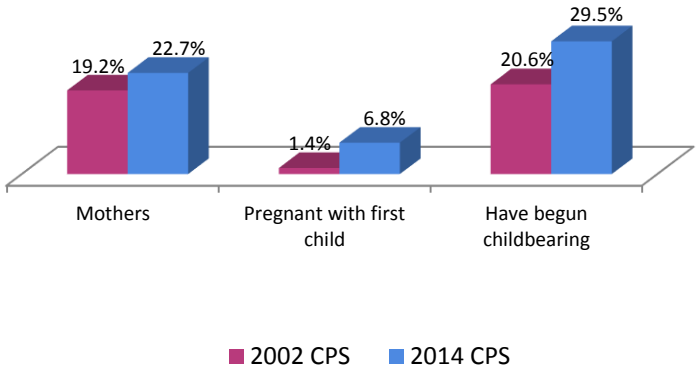
[50]Women age 45-49 years have been excluded from the analysis since the data are not available for the 2002 CPS.

25. Teenage pregnancy and motherhood

Teenage pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teenage parents and their children.

Chart 49 shows that 29.5% of teenagers (15-19 years) have already begun childbearing[51]: 22.7% are already mothers and 6.8% are pregnant with their first child. This proportion hasincreasedsignificantly from 20.6% in 2002 to 29.5% in 2014.

Chart 49: Percent distribution of teenagers age 15-19 years who are mothers or pregnant with their first child



2014 CPS, Rodrigues

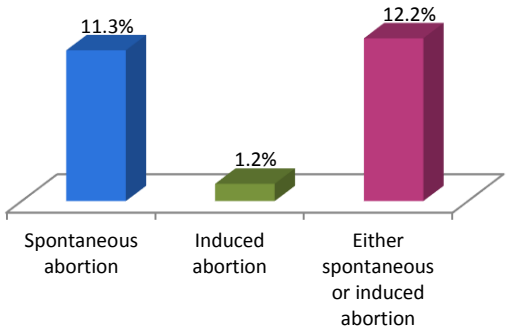
[51]Overall, 61.9% of teenagers who had already begun childbearing were marriedand 38.1% had never been married at the time of the 2014 CPS.

26. Abortion

Chart 50 shows that 12.2% ofwomen age 15-49 years had at least one abortion. It is also noted that11.3% of respondents age 15-49 yearshadat least one spontaneous abortion and 1.2% had at least one induced abortion.

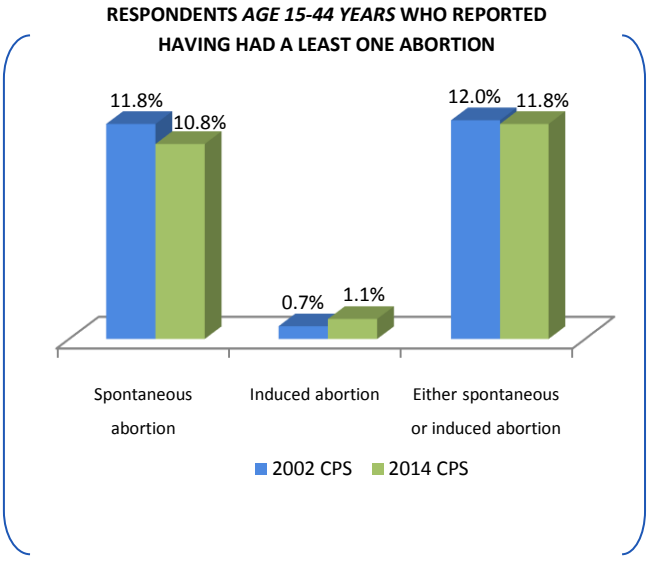
However, like many surveys from other countries where abortion is illegal or restricted, the data on abortion may not be reliable. The CPS results are liable to under-reporting for induced abortion and over-reporting for spontaneous abortion since abortion in Rodrigues was not permitted under any circumstances until recently[52].

Chart 50: Percent distribution of respondents age 15-49 years who reported having had at least one abortion



2014 CPS, Rodrigues

A SLIGHT DECREASE IN THE TREND OF EITHER SPONTANEOUS OR INDUCED ABORTION [53]



2014 CPS, Rodrigues

[52]In 2012, the law was amended and abortion is allowed under four specific circumstances: (1) the continued pregnancy will endanger the pregnant person's life (2) the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman (3) there is a substantial risk that the continued pregnancy will result in a severe malformation of the foetus (4) the pregnancy has not exceeded its fourteenth weeks and results from a case of rape, sexual intercourse with a female under the age of 16 or sexual intercourse with a specified person, which has been reported to the police or medical practitioner.

[53] Women age 45-49 years have been excluded from the analysis since the data are not available for the 2002 CPS.

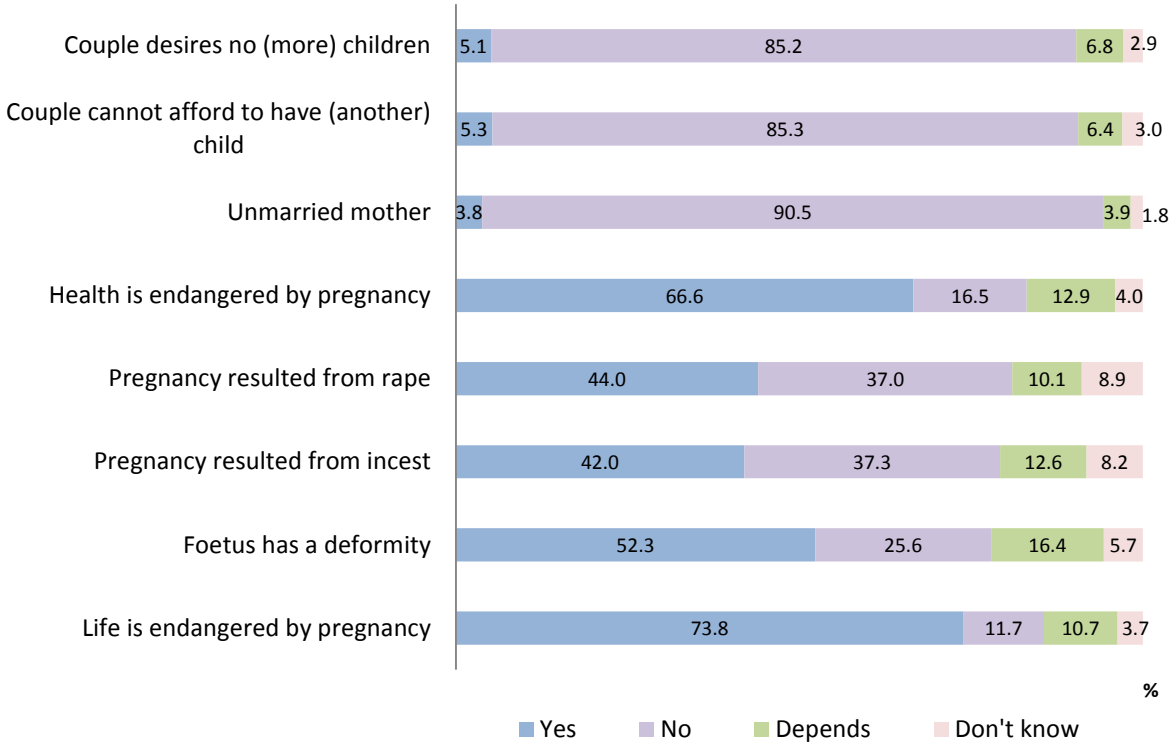
Opinions on induced abortion among all respondents age 15-49 years

Respondents were asked: "If a woman has an unwanted pregnancy, what should she do?". Overall, 92.2% of respondents age 15-49 years thought that the woman should not have an induced abortion (since 49.8% said that she should give the baby up for adoption and 42.4% said that she should keep the baby) and 4.5% stated that she should have an induced abortion. The remainder (3.3%) did not know what the woman should do.

However, when asked if a woman should have an induced abortion under certain circumstances, a significant proportion of respondents age 15-49 years (as shown in Chart 51) were in favourofthe woman having an induced abortion when:

- Her life is endangered by the pregnancy (73.8%);
- Her health is endangered by pregnancy(66.6%) and;
- The foetus has a deformity (52.3%).

Chart 51: Percent distribution of respondents age 15-49 years about their opinion on induced abortion



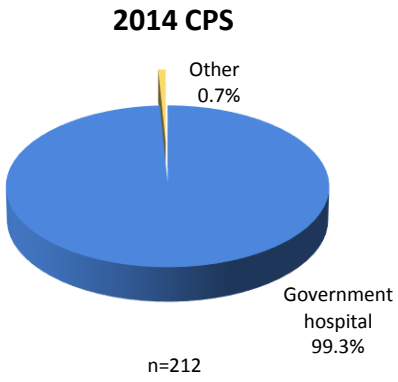
2014 CPS, Rodrigues

It is also noted that a significant proportion of respondents age 15-49 years stated that unmarried mothers (90.5%) as well as couples who cannot afford a/another child (85.3%) or who do not desire the child (85.2%) should not have an induced abortion.

27. Place and type of delivery

Respondents were asked to report the place of delivery of their last liveborn child. Chart 52 shows that the majority of currently married women age 15-49 years delivered their last liveborn child in the government hospital (99.3%) in 2014, which is not surprising since there is no private hospital in Rodrigues. The remainder delivered either at home or in the ambulance (0.7%).

Chart 52: Percent distribution of currently married women age 15-49years by place of delivery of their last liveborn child



2014 CPS, Rodrigues

A CONSTANT TREND IN THE PLACE OF DELIVERY[54]

PLACE OF DELIVERY AMONG CURRENTLY MARRIED WOMEN *AGE 15-44 YEARS*

	Government Hospital	Other
2014 CPS	99.2%	0.8%
2002 CPS	99.5%	0.5%

2014 CPS, Rodrigues

Type of Delivery

Overall, 70.1% of currently married women age 15-49 years had a normal delivery, 29.2% had a caesarean section, and 0.7% had a forceps/ventouse delivery for their last liveborn child.

[54]Women age 45-49 years have been excluded from the analysis since the data are not available for the 2002 CPS. In 2002, 0.5% of respondents age 15-44 yearshad delivered at home whereas in 2014,0.8% had delivered either at home orin an ambulance.

28. Risk factors associated with poor pregnancy outcomes

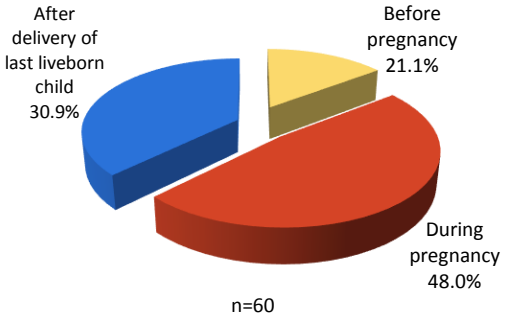
Tobacco and alcohol consumption during pregnancy are major risk factors for poor pregnancy outcomes. The 2014 CPS data reveals that 3.2% of women age 15-49years were smoking during their pregnancy for their last liveborn child[55]. Further analysis reveals that 34.4% of them[56] were smoking daily.

It is also noted that 1.4% of women age 15-49 years who have had a livebirth were drinking alcohol during their pregnancy for their last liveborn child.

Diabetes and Hypertension during Pregnancy

Women who have had a liveborn child were asked if they have been medically diagnosed for diabetes and hypertension. The results show that 4.3% of them have been diagnosed for diabetes[57] and 20.2% for hypertension. Moreover, 1.9 % of them have been diagnosed for both diabetes and hypertension.

Chart 53: Percent distribution of women age 15-49 years who have been diagnosed for hypertension before, during or after their pregnancy for their last liveborn child



2014 CPS, Rodrigues

The median age at which the respondents have been diagnosed for hypertension was 27.8 years.

Chart53 shows that 48.0% have been diagnosed for hypertension during their pregnancy for their last liveborn child.

[55]Overall, 298 women age 15-49 years have had a live birth.

[56]Among women who were smoking during their pregnancy for their last liveborn child.

[57]Due to small number of cases, the median age at which respondents have been diagnosed for diabetes has not been calculated.

29.Knowledge of contraceptive methods

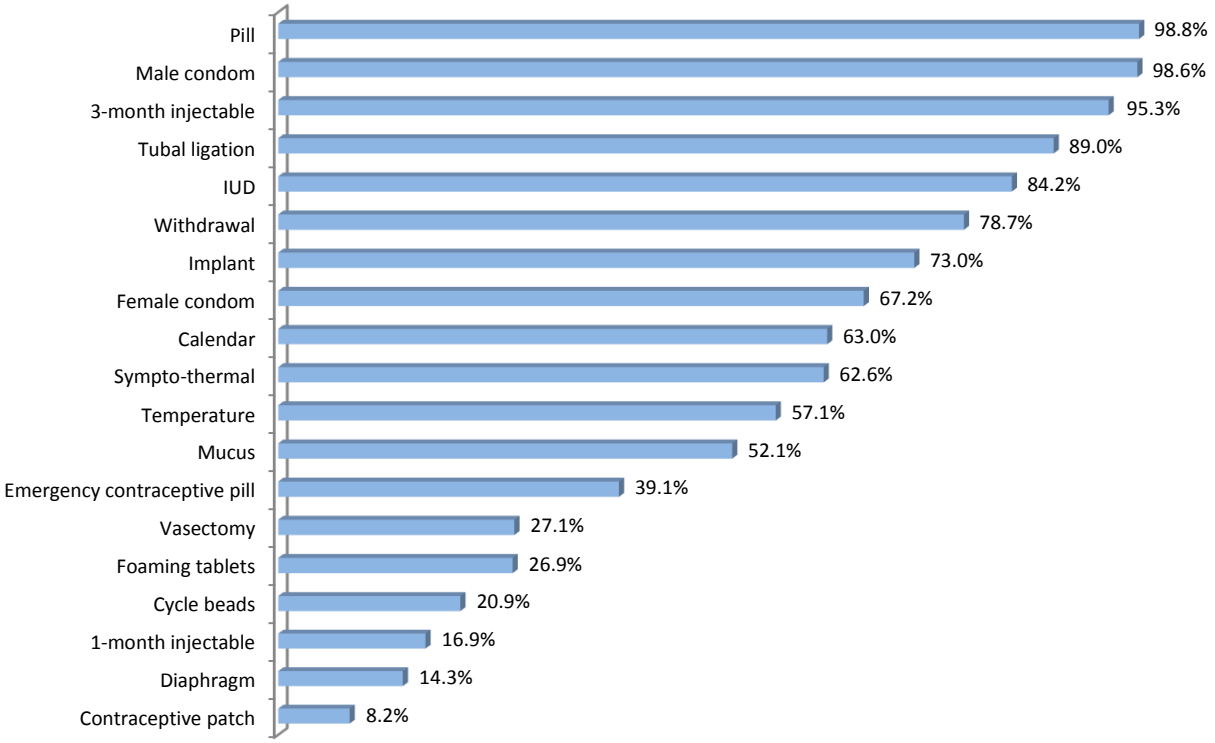
Knowledge of any contraceptive method is universal among women in the reproductive age group (15-49 years) in Rodrigues.

Knowledge of any contraceptive method among currently married women age 15-49 years is 100%.

2014 CPS, Rodrigues

Chart 54 shows that pill (98.8%),male condom (98.6%), 3-month injectable (95.3%) and tubal ligation (89.0%) are the most commonly known supplied methods[58], and that calendar(63.0%),sympto-thermal(62.6%) and temperature (57.1%)are the most commonly knownnatural family planning (NFP)[59]methodsamong currently married women age 15-49 years.

Chart 54: Percent distribution of currently married women age 15 - 49 years who know a family planning method by specific method



2014 CPS, Rodrigues

[58]Supplied methods: Tubal ligation; vasectomy; pill; 1-month injectable; 3-month injectable; IUD; male condom; female condom; diaphragm; foaming tablet; implant; contraceptive patch; and emergency contraceptive pill.

[59]NFP methods: Sympto-thermal; mucus; temperature; calendar; and cycle beads.

Table 27shows that knowledge of methods, such as implant has increased significantlyfrom 31.8% in 2002 to 73.0% in 2014 among currently married women age 15-49 years.

Like previous CPSs, the contraceptive methods have been classified into three categories (i.e. by supplied methods, natural family planning (NFP) methods and withdrawal method) but in order to compare the data with other countries, the contraceptive methods have also been classified into two categories (i.e. by modern methods[60] and traditional methods[61]) in the 2014 CPS.

The mean number of methods known is indicative of the extent of knowledge of family planning methods. The 2014 CPS results reveal that currently married women age 15-49 years know an average of 10.7 contraceptive methods[62].

[60]Modern methods: Tubal ligation; vasectomy; pill; 1-month injectable; 3-month injectable; IUD; male condom; female condom; diaphragm; foaming tablet; implant;contraceptive patch; emergency contraceptive pill;sympto-thermal; mucus and temperature.

[61]Traditional methods: Withdrawal; calendar; and cycle beads.

[62]Out of the 19 methods reported by respondents.

Table 27: Percent distribution of women who know a family planning method by specific method

Contraceptive method	All women age	Currently married women age	Currently married women age	All women age	Currently married women age	Currently married women age	Currently married women age
	15-49	**15-49**	**15-44**	**15-49**	**15-49**	**15-44**	**15-44**
		2014 CPS			**2002 CPS**		**1991 CPS**
Any method	100.0	100.0	100.0	100.0	100.0	100.0	99.1
Any supplied	100.0	100.0	100.0	-	-	-	-
Tubal ligation	82.6	89.0	89.0	75.4	81.4	81.2	89.3
Vasectomy	30.1	27.1	27.5	33.2	32.9	31.6	32.8
Pill	98.6	98.8	99.6	98.4	99.5	99.7	98.6
3-month injectable	89.7	95.3	95.5	91.4	94.1	94.0	98.6
1-month injectable	12.3	16.9	16.9	-	-	-	-
IUD (Intrauterine device)	73.2	84.2	84.3	84.6	90.8	91.3	93.0
Male condom	98.6	98.6	98.8	94.4	96.8	97.0	93.6
Female condom	68.7	67.2	70.1	26.8	27.5	27.5	-
Diaphragm	14.7	14.3	15.7	17.8	15.6	15.5	14.2
Foaming tablets	20.1	26.9	26.7	41.8	45.0	45.1	20.3
Implant	68.9	73.0	75.5	28.8	31.8	32.2	4.1
Emergency contraceptive pill	39.9	39.1	42.9	-	-	-	-
Contraceptive patch	7.6	8.2	8.7	-	-	-	-
Any NFP method	75.1	79.7	79.0				
Sympto-thermal	51.6	62.6	62.4	78.2	82.2	82.7	87.3
Mucus	44.7	52.1	49.2	57.8	62.8	61.8	64.6
Calendar	58.3	63.0	63.3	61.2	63.6	64.5	61.2
Temperature	50.5	57.1	55.0	77.8	80.1	80.0	86.4
Cycle Beads	17.1	20.9	24.4	-	-	-	-
Withdrawal	71.7	78.7	79.8	63.6	69.3	69.9	64.1
Number of women	400	221	189	500	371	335	345
Any modern method	100.0	100.0	100.0	-	-	-	-
Any traditional method	81.4	87.3	89.0	-	-	-	-
Mean number of methods known	10.0	10.7	10.9	-	-	-	-
Mean number of modern methods known	8.5	9.1	9.2	-	-	-	-
-: Not available							

2014 CPS, Rodrigues

30.Current use of contraceptive methods

The level of current use of contraceptive methods is an indicator that is used to evaluate family planning programmes and is a major determinant of fertility.

Table 28 shows that the contraceptive prevalence rate for currently married women age 15-49 years has slightlydecreasedfrom 74.1% in 2002 to 73.6% in 2014.

The contraceptive prevalence rate among currently married women age 15-49 years is ***73.6%.***

2014 CPS, Rodrigues

The 2014 CPS findings show that pill (31.9%) is the most commonly usedsupplied method[63]among currently married women age 15-49 years followed by 3-month injectable (11.3%)and tubal ligation (10.6%), and thatcalendar (5.5%) is the most commonly used NFP method.

As already mentioned in the previous section (p. 66), the contraceptive methods have also been classified by modern and traditional methods. The lower panel of Table 28 showsthat use of modern methodsis more common than use oftraditional methodsamong currently married women age 15-49 years (66.5% versus 7.1%).

Current use of 3-month injectable, which is a short term contraceptive method, has declined over the yearsamong currently married women age 15-49 years:from 25.1% in 2002 to 11.3% in 2014. However, current use of tubal ligation method, which is along term method,has slightly increasedamong currently married women age 15-49 years:from 7.3% in 2002 to 10.6% in 2014.

In 2014, current use of female condom and implant was 0.3% and 5.4% respectively among currently married women age 15-49 years whilst in 2002,no respondents reported use of these methods sincefemale condom and implant were not available at that time. It should also be noted that no respondents reported current use of these available methods, namely, cycle beads, vasectomy,and emergency contraceptive pill (which is a back-up method)at the time of the 2014 CPS in Rodrigues.Incidentally,contraceptive patch and 1-month injectable are not availablein Rodrigues.

[63]Refer to the footnotes on p.65 for the lists of suppliedand NFP methods.

Table 28: Percent distribution of women who are currently using a method of contraception

Contraceptive method	All women age	Currently married women age	Currently married women age	All women age	Currently married women age	Currently married women age	Currently married women age
	15-49	**15-49**	**15-44**	**15-49**	**15-49**	**15-44**	**15-44**
		2014 CPS			**2002 CPS**		**1991 CPS**
Tubal ligation	8.4	10.6	8.6	5.8	7.3	6.6	4.6
Vasectomy	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pill	25.3	31.9	35.4	18.0	23.4	24.8	22.9
3-month injectable	9.9	11.3	12.8	19.4	25.1	26.9	22.0
1-month injectable	-	-	-	-	-	-	-
IUD	0.9	1.7	1.9	4.6	5.7	5.1	3.2
Male condom	3.4	3.1	2.3	2.0	2.7	2.4	5.5
Female condom	0.2	0.3	0.4	-	-	-	-
Foaming tablets	0.0	0.0	0.0	1.0	1.1	1.2	0.3
Implant	3.4	5.4	6.3	-	-	-	-
Contraceptive patch	-	-	-	-	-	-	-
Total supplied methods	51.5	64.4	67.8	50.8	65.3	67.0	58.5
Sympto-thermal	0.2	0.4	0.4	2.6	3.5	3.9	4.4
Mucus	0.8	1.5	1.7	0.8	1.1	0.6	3.8
Calendar	3.1	5.5	5.5	1.6	2.2	2.4	0.9
Temperature	0.2	0.3	0.3	0.4	0.5	0.6	0.3
Cycle beads	0.0	0.0	0.0	-	-	-	-
Total NFP methods	4.2	7.7	8.0	5.4	7.3	7.5	9.4
Withdrawal	0.9	1.6	1.4	1.6	1.6	1.8	2.0
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.3
Currently using any method	56.6	***73.6***	77.2	57.8	***74.1***	76.1	70.1
Not using any method	43.4	26.4	22.8	42.2	25.9	23.9	29.9
Number of women	400	221	189	500	371	335	345
Modern Method	52.7	66.5	70.3	54.6	70.4	72.1	67.0
Traditional Method	3.9	7.1	6.9	3.2	3.8	4.2	2.9

– : Not available

2014 CPS, Rodrigues

Chart 55 shows the percent distribution of*currently married women age 15-49 years* who are currently using a contraceptive method by type of method they are using according to some

selected background characteristics. The figures in italics in the chart show the contraceptive prevalence rateforthe different categories.

Occupation

Overall, the proportion of contraceptive use by occupation differs- rangingfrom 58.1% among service workers to 84.9% among professionals. Use ofsupplied methods is higher among manual workers (68.3%) than among the other three groups whilst use of NFP methods is higher among professionals (29.8%) than among the other groups.

Number of living children

Contraceptive use is lowest among current users who have no children (21.2%) and highestamong current users who have 1 child (79.7%). Moreover, current use of NFP methods ishigher among women who have no children (10.6%) than among women who have children.

Level of educational attainment

Overall, contraceptive use by level of educational attainmentvaries - ranging from 67.3% among women who have completed their primary schooling only to 75.7% among women who have received education beyond primary level.

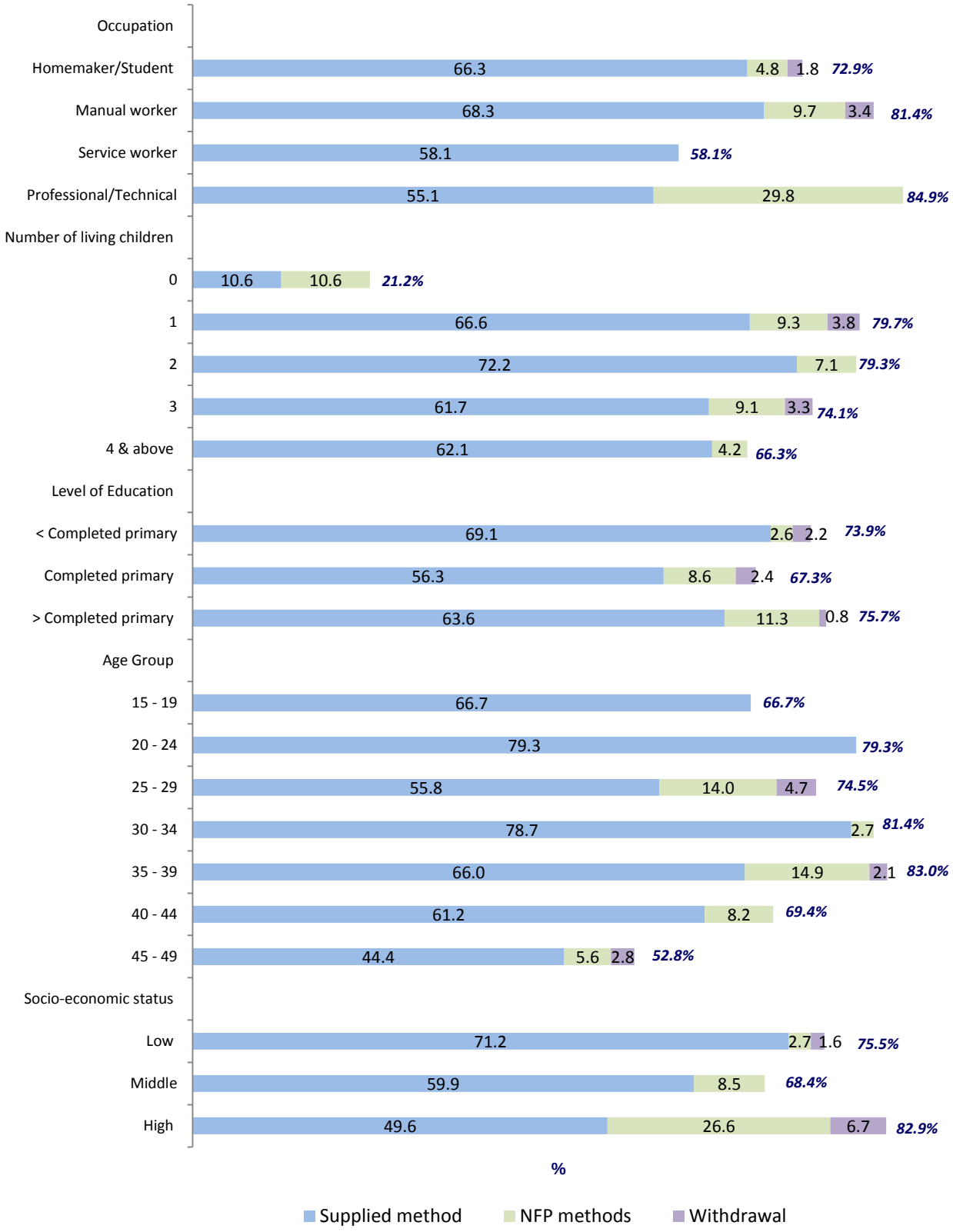
Age group

The contraceptive prevalence rate by age group shows that contraceptive use rises with increasing age among current users age 25-39 years (from 74.5% for the age group 25-29 to 83.0% for the age group 35-39) followed by a decrease among current users age 40-49 years (from 69.4% for the age group 40-44 to 52.8% for the age group 45-49). Hence, contraceptive use is higher among currently married women in the age group 35-39,and it isnoted that a higher proportion of current users in this age groupare using NFP methods(14.9%)than the other age groups.

Household socio-economic status

Contraceptive use is higher among women living in high-SES households (82.9%). Moreover, use of NFP methods is more common among them(26.6%) than among the other groups.

Chart 55: Percent distribution of currently married women age 15 - 49 years who are currently using a contraceptive method by type ofmethod, according to selected background characteristics

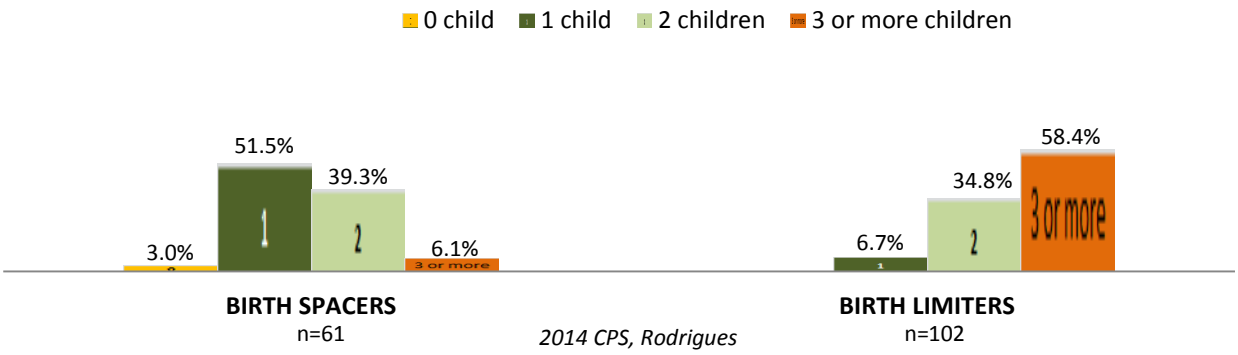


2014 CPS, Rodrigues

31.Purpose of contraceptive use: birth spacers versus birth limiters

The distinction between birth spacers and limiters[64] has important programmatic implications for family planning services. Contraceptive use differs between spacers and limiters: spacers tend to use short term methods and tend to be childless or with one child, whereas limiters tend to use long term or permanent methods and tend to have 2 children or more. The results of the 2014 CPS show that contraceptive use[65] for limiting births predominates: 62.6% are limiters and 37.4% are spacers. Chart 56 shows that 3.0% of spacers do not have a child.

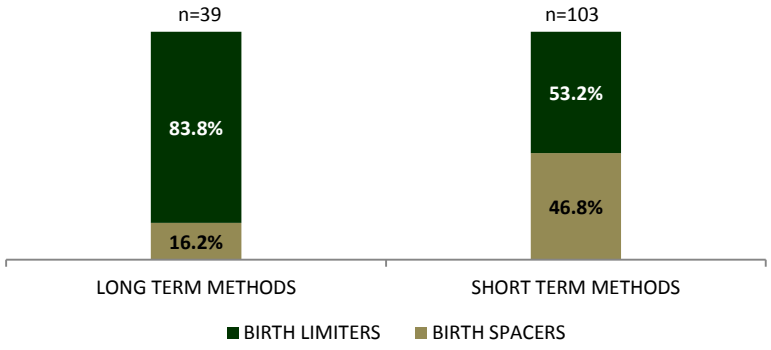
Chart 56: Percent distribution of currently married women age 15-49 years who are currently using a contraceptive method by purpose of use, according to the number of living children



2014 CPS, Rodrigues

Chart57 shows that the majority of current users of long term methods (tubal ligation, IUD and implant) and short term methods are using these methods to limit their births[66].

Chart 57: Percent distribution of currently married women age 15-49 years who are currently using a contraceptive method by purpose of use, according to type of method



2014 CPS, Rodrigues

[64] In this section birth spacers and limiters are current users of a contraceptive method. The purpose of contraceptive use differs for a birth spacer and for a birth limiter: For the former, the client wants a/another child later whereas for the latter, the client does not want a/another child.

[65] In this section, the data refer to current users age 15-49 years and who are currently married.

[66] Due to small number of cases, current users of natural family planning methods and withdrawal method have not been charted.

Table 29 shows that the most common reason given by limiters for using a contraceptive method is "financial implications in raising more children"(42.3%) followed by "having enough children" (40.6%). As for spacers, the most common reason cited is "for the family's benefit" (46.5%) followed by "financial implications in raising more children"(37.9%).

Table 29: Percent distribution of currently married women age 15-49 years who are currently using a contraceptive method by most important reason cited for limiting or spacing birth

Most important reason	Limiter	Spacer	Total
Have enough children	40.6	-	25.4
To recover health	-	9.9	3.7
Financial implications in raising more children	42.3	37.9	40.6
To devote more time to family	2.2	-	1.4
Want to work outside the house	0.8	-	0.5
For the family's benefit	-	46.5	17.4
Respondent is working	1.5	5.7	3.1
Too difficult to raise another child	1.7	-	1.1
Husband does not want any more children	0.6	-	0.4
Health concerns	10.4	-	6.5
Total	**100.0**	**100.0**	**100.0**

- : Nil

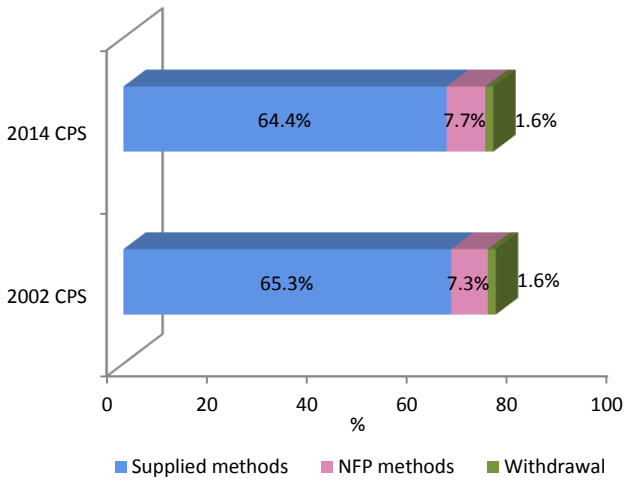
2014 CPS, Rodrigues

32. Trends in contraceptive use

The contraceptive methods have been classified by supplied methods, natural family planning (NFP) methods and withdrawal method[67]as well as by modern methods and traditional methods.

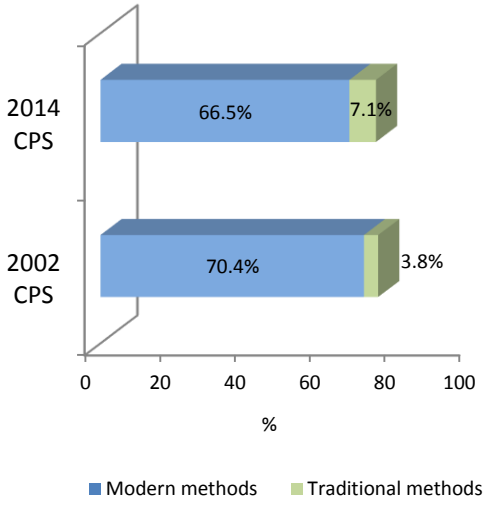
Chart58 shows that use of supplied methods has slightly decreased from 65.3% in 2002 to 64.4% in 2014 among currently married women age 15-49 years. However, use of NFP methods has slightly increased from 7.3% in 2002 to 7.7% in 2014 whilst use of withdrawal method has remained constant at 1.6%. The results clearly showthat couples favour use of supplied methods.

Chart58: Percent distribution of currently married women age 15 - 49 years who are currently using a contraceptive method by type of method



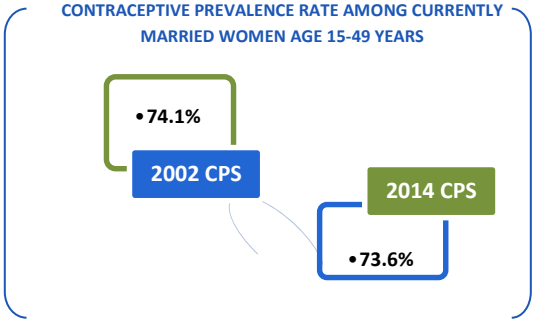
2014 CPS, Rodrigues

Chart 59: Trends in contraceptive use among currently married women age 15 - 49 years



2014 CPS, Rodrigues

Chart59 shows that use of modern methods has decreasedfrom 70.4% in 2002 to 66.5% in 2014 among currently married women age 15-49 years. However, use of traditional methods has increased from 3.8% in 2002 to 7.1% in 2014.



[67]See second paragraph on p. 66 for further explanation.

33. Contraceptive source

The results of the 2014 CPS show that government is the leading source for contraceptives(88.8%) followed by Action Familiale (6.8%),MFPWA (2.5%), and the private sector (2.0%)among current users of any contraceptive method (except withdrawal method) who are currently married and of age 15-49 years (refer to Table 30). It should also be pointed out that government has become an increasingly important provider of contraceptivesover the yearssince the corresponding proportionwas 57.8% in 2002.

Table 30: Percent distribution of current users of any contraceptive method (except withdrawal method) by most recent contraceptive source

Recent contraceptive source	All women age	Currently married women age	Currently married women age	All women age	Currently married women age	Currently married women age	Currently married women age
	15 - 49	**15 - 49**	**15 - 44**	**15 - 49**	**15 - 49**	**15 - 44**	**15 - 44**
		2014 CPS			**2002 CPS**		**1991 CPS**
Government[68]	89.9	88.8	87.6	58.6	57.8	58.5	62.2
MFPWA[69]	1.7	2.5	2.7	31.1	31.3	30.2	20.2
Action Familiale[70]	4.8	6.8	7.4	7.9	8.2	8.5	16.7
Private Sector*	3.6	2.0	2.2	2.5	2.6	2.8	0.9

* Includes pharmacy, private hospital, private doctor and supermarket

2014 CPS, Rodrigues

34. Contraceptive counselling

[68]Government has an extensive network of family planning service points (17 family planning service points) and the services are offered free of user cost.

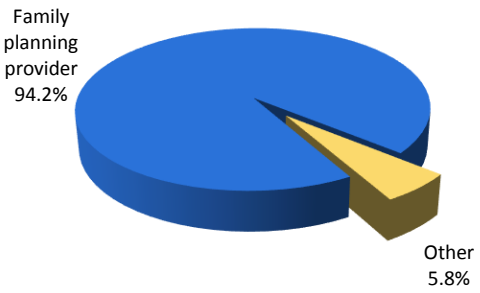
[69] Mauritius Family Planning and Welfare Association (MFPWA) is a non-governmental organization that delivers reproductive health services, such as family planning; the prevention and management of HIV and AIDS through voluntary counselling and testing (VCT); screening for cancers of the reproductive systems; counselling; and family life education at both primary and secondary school level.MFPWA provides family planning services, which are not free of user cost, at 2 static service points.

[70]Action Familiale is a non-governmental organization that promotes sympto-thermal method, which is a natural family planning method (NFP). In addition to its NFP programme, Action Familiale conducts a human and family life education program in secondary schools and youth clubs, and a marriage counselling and psychotherapy service for those with conjugal and marital problems.Action Familiale provides family planning services at 2 static service points.

Contraceptive counselling is an important component in family planning service delivery. Research shows that counselling has a positive impact on contraceptive knowledge and use as well as on its continuation. Overall, 87.4% of current users of a contraceptive method, who are currently married and of age 15-49 years, are using a supplied method[71] of contraception.

Chart 60 shows that 94.2% of those who are currently using a supplied method were advised on how to use this method by a family planning provider.

Chart 60: Percent distribution ofcurrently married women age 15-49 years who are currently using a suppliedmethod of contraception by who advised them on how to use this method



n= 142

2014 CPS, Rodrigues

Respondents, who were advised by a family planning provider[72] on how to use the supplied method that they are currently using, were asked if the following issues were discussed with them by the provider:

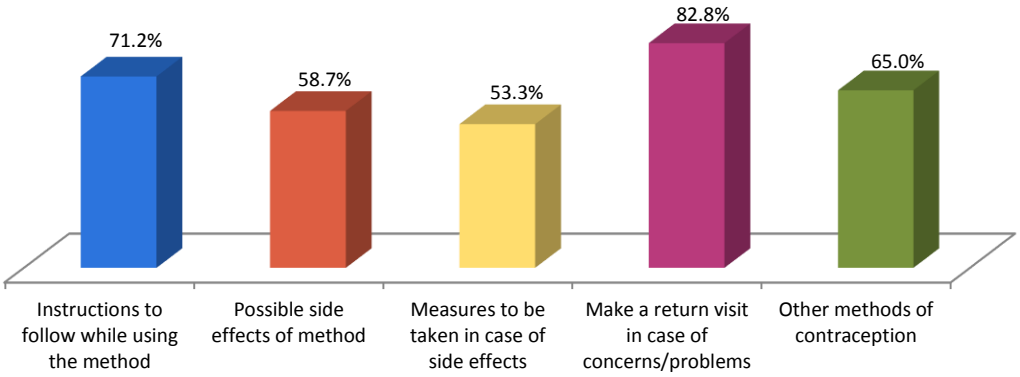
- Instructions to follow while using their contraceptive method;
- The possible side effects that they might experience while using their contraceptive method;
- Measures to be taken in case of side effects;
- To make a return visit in case of problems/concerns with their contraceptive method; and
- Other methods of contraception.

Chart 61 shows that a significantproportion ofthese respondents received advice on the above-mentioned topics. For instance, 58.7% were advised about the possible side effects that they might experience while during their contraceptive method.

[71]Refer to the footnote on p. 65 for the list of supplied methods. Overall, 95.2% of current users of supplied methods, who are currently married and of age 15-49 years, obtained their recent source of supply from the government, 2.6% from MFPWA and 2.1% from the private sector.

[72]Doctor, nurse, midwife and Community Health Care Officer/Family Planning Officer.

Chart 61: Percent distribution of currently married women age 15-49 years who are currently using a supplied method of contraception by specific issues discussed with the family planning provider who had advised them on how to use this method



2014 CPS, Rodrigues

35.Fertility planning

Births resulting from unplanned pregnancies are linked to adverse maternal and child health outcomes and to various social and economic challenges.

Respondents who have had a livebirth in the five years preceding the survey and who were not pregnant at the time of the interviewwere asked whether their most recent pregnancy was wanted *then* (planned), wanted *later* (mistimed), or *not* wanted (not wanted at all). The same question was asked to respondents who have had a livebirth in the five years preceding the survey about their current pregnancy if they were pregnant at the time of the interview.

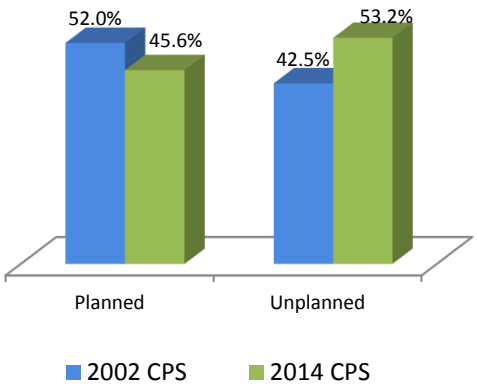
Table 31 shows the percent distribution of currently married women age 15-49 years who have had a livebirth in the five years preceding the survey by the planning status of their most recent pregnancy.The results of the 2014 CPS show that45.6% of them stated that their most recent pregnancywas planned (wanted) and 53.2% stated that it was unplanned (mistimed and unwanted).

Table 31: Percent distribution of currently married women age 15-49 years who have had a livebirth in the five years preceding the survey by the planning status of their most recent pregnancy

Planning status	Currently married women age 15-49 years	
	2002 CPS	2014 CPS
Wanted	52.0	45.6
Mistimed	25.8	32.5
Unwanted	16.7	20.7
Not sure	5.6	1.2

2014 CPS, Rodrigues

Chart62: Percent distribution of currently married women age 15-49 years who have had a livebirth in the five years preceding the survey by planning status of their most recent pregnancy



2014 CPS, Rodrigues

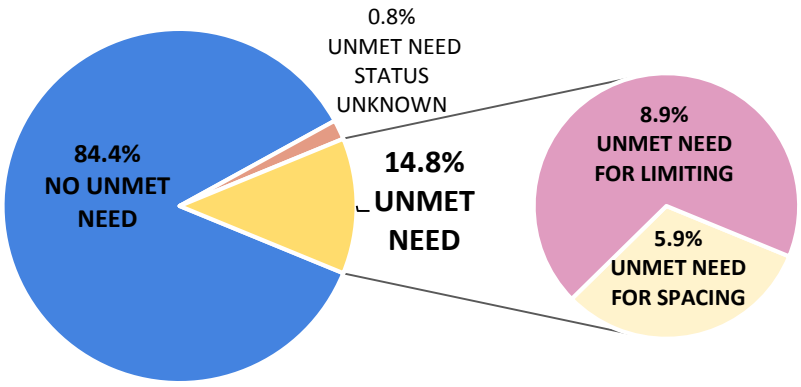
Chart62 shows that the proportion of unplanned pregnancies has increased from 42.5% in 2002 to 53.2% in 2014 among currently married women age 15-49 years who have had a livebirth in the five years preceding the survey. Hence, this finding underscores the need to target women in need of more effective contraceptive methods.

36.Women in need of family planning services

One of the aims of the family planning programmes is to meet the demand for contraception and thereby reduce or eliminate the unmet need. Unmet need for family planning refers to the condition of wanting to avoid or postpone childbearing but not using any method of contraception. Unmet need joins together contraceptive behaviour and fertility preferences: it measures the gap between the desired fertility and contraceptive practices.

Chart 63: Unmet need status for family planning among currentlymarried women age 15-49 years

The 2014 CPS results reveal that unmet need for family planning in Rodriguesis 14.8% among currently married women age 15-49 years (5.9% unmet need for spacing; 8.9% unmet need for limiting) as shown in Chart63.



2014 CPS, Rodrigues

For the 2014 CPS, the revised estimates from Bradley et al. (2012)[73] were used in the computation of the unmet need for family planning. According to this definition, women of reproductive age (15-49 years)who are in union have an unmet need if they are fecund, do not want a child in the next two years or at all, and are not using any method of contraception, either modern or traditional. Pregnant women and women experiencing post-partum amenorrhea (and who gave birth within two years prior to the survey) are classified as having an unmet need if they indicated that their current pregnancy or recent pregnancy was unintended.

Table 32 shows the results of the unmet need status for family planning among currently married women age 15-49 years by selected characteristics. For instance, unmet need for family planning among currently married women living in middle-SES households is 21.6% compared with 10.2% for those living in low-SES households.

[73]http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2014/Metadata/WCU2014_UNMET_NEED_metadata.pdf

Table 32: Unmet need status for family planning among currently married women age 15-49 years by selected background characteristics

Background characteristics	No unmet need	Percent distribution of currently married women with an unmet need for family planning: For spacing	For limiting	Unmet need (total)	Unknown unmet need status	Number of currently married women age 15-49
Socio-economic status						
Low	88.2	4.4	5.8	10.2	1.6	111
Middle	78.4	9.6	12.0	21.6	0.0	85
High	88.2	0.0	11.8	11.8	0.0	25
Level of education						
<Completed primary*	83.3	4.5	11.1	15.6	1.1	81
Completed primary	85.1	1.9	10.6	12.5	2.4	37
>Completed primary	85.1	8.4	6.5	14.9	0.0	103
TOTAL	**84.4**	**5.9**	**8.9**	**14.8**	**0.8**	**221**

* Includes 7 cases of no schooling

2014 CPS, Rodrigues

Table 33 shows the percent distribution of currently married women age 15-49 years with unmet need for family planning by the most important reason for not currently using contraceptive methods. The most important reason for non-use of contraceptives identified by currently married women with unmet need for family planningis health concerns (50.3%).

Table 33: Percent distribution of currently married women age 15-49 years with unmet need for family planning by most important reason for not currently using a contraceptive method

Most important reason for not using a contraceptive method	Unmet need		
	For spacing	For limiting	Total
Fertility-related reasons	**60.7**	**22.6**	**37.8**
Infrequent sex	11.8	-	4.7
Trying to get pregnant	10.9	-	4.4
Currently breastfeeding/postpartum	0.0	7.7	4.6
I got pregnant while using that method	7.0	0.0	2.8
Currently pregnant	31.0	14.9	21.3
Method-related reasons	**39.2**	**73.7**	**60.0**
Experienced side effects	-	16.1	9.7
Health concerns	39.2	57.6	50.3
Opposition to use	**0.0**	**3.6**	**2.2**
Husband/partner objects to using method	-	3.6	2.2

2014 CPS, Rodrigues

Currently married women age 15-49 years with unmet need for family planning were asked whether they intended to use any method in the future. Overall, 39.3% of women with unmet need for family planningare not sure to use a contraceptive method sometime in the future (as shown in Table 34).

Table 34: Percent distribution of currently married women age 15-49 years who have an unmet need for family planning by future intention to use a contraceptive method

Intention for nonuse	Unmet need		
	For spacing	For limiting	Total
Future Intention			
Intend to use	35.4	26.4	30.0
Do not intend to use	17.5	39.5	30.7
Unsure about use	47.1	34.2	39.3
Total	**100.0**	**100.0**	**100.0**

2014 CPS, Rodrigues

Combining the estimate of unmet need for family planningwith data on current contraceptive use provides a picture of the total potential demand for family planning in a country- that is what the demand would be if all currently married women acted on their stated preferences. For family planning programme, the estimate is useful because it helps in revealing the size and characteristics of the potential market for contraceptives.

Another related indicator is the proportion of demand satisfied for family planning: it is useful in assessing overall levels of coverage for family planning programmes. As levels of contraceptive use increase, the proportion of demand satisfied increases. This indicator has been modified to focus on modern contraceptive methods and is known as the proportion of demand satisfied by modern methods; it considers women who are using a traditional method as having an unmet need for better (modern) contraceptive method.

As already mentioned,the contraceptive prevalence rate is 73.6% (27.5%, for spacing; 46.1% for limiting) and the unmet need for family planning is 14.8% (5.9%, for spacing; 8.9%, for limiting) for currently married women age 15-49 years.

The estimates of the total demand for family planning, the proportion of demand satisfied by any method and the proportion of demand satisfied by modern methods are shown in Box 2.

BOX 2

TOTAL DEMAND FOR FAMILY PLANNING =

UNMET NEED FOR FAMILY PLANNING + CURRENT CONTRACEPTIVE USE (ANY METHOD) =
14.8% + 73.6%= 88.4%
(33.4%, TOTAL DEMAND FOR SPACING; 55.0%, TOTAL DEMAND FOR LIMITING)

PROPORTION OF DEMAND SATISFIED BY ANY METHOD = CURRENT CONTRACEPTIVE USE (ANY METHOD) / TOTAL DEMAND FOR FAMILY PLANNING= 73.6% /88.4% = 83.3%

PROPORTION OF DEMAND SATISFIED BY MODERN METHODS = CURRENT CONTRACEPTIVE USE (MODERN METHODS) / TOTAL DEMAND FOR FAMILY PLANNING = 66.5% / 88.4% = 75.2%

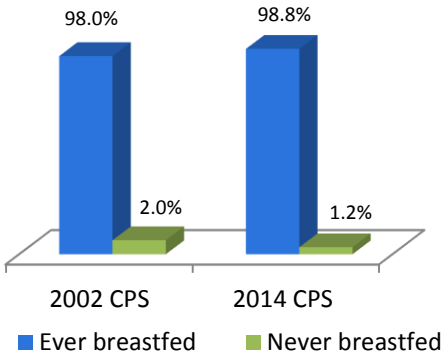
2014 CPS, Rodrigues

37. Breastfeeding

Breastfeeding is the best way to provide infants with the nutrients they need. Exclusive breastfeeding[74] is recommended up to six months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.

The 2014 CPS asked mothers who reported having had a livebirth in *the two years preceding the survey* whether they ever breastfed their last liveborn child. Chart 64 shows that 98.8% of their last liveborn child born two years preceding the survey were breastfed.

Chart 64: Percent distribution of respondents who have ever breastfed their last liveborn child born in the two years preceding the survey



2014 CPS, Rodrigues

The 2014 CPS data indicates that among the last liveborn children born in *the five years preceding the survey* who were ever breastfed, 24.0% of themwere breastfed within one hour of birth compared with 40.1% in 2002.

Table 35: Breastfeeding Indicators

Percent distribution of last liveborn children born in the *two years preceding the survey* who were ever breastfed and the mean duration of any breastfeeding and exclusive breastfeeding of last liveborn children born in the *five years preceding the survey*

		Mean duration (in months) of:	
CPS	% ever breastfed	Any Breastfeeding	Exclusive Breastfeeding
1991	92.0	16.0	-
2002	98.0	11.6	1.8
2014	98.8	14.9	5.9

2014 CPS, Rodrigues

The results of the 2014CPS also show that the mean duration of any breastfeeding is 14.9 months and the mean duration of exclusive breastfeeding is 5.9 months among last liveborn children born in the five years preceding the survey (Table 35). Care should be taken in interpreting these figures since there might be a recall bias.[75]

[74]Exclusive breastfeeding is defined as no other food or drink, not even water, except breast milk (including milk expressed or from a wet nurse) for the first 6 months of life, but allows the infant to receive oral rehydrating salt (ORS), drops and syrups (vitamins, minerals and medicines).

[75]It should be noted that the indicator for exclusive breastfeeding among last liveborn children born in the six months preceding the survey could not be calculated because of the small number of cases.

38. Reproductive health perception and behaviour

Source of information on sexual matters

Respondents[76] were asked to cite the most important source of information on sexual matters. Table 36 shows that 20.0% of respondents citedteachers and 17.0% cited friends/colleaguesas the most important source of information on sexual matters.

Table36: Percent distribution of respondents by most important source of information on sexual matters

Most important source of information	Percentage
Mother/Father	13.6
Partner/Husband/Boyfriend	2.1
Other family member/Relative	8.6
Friend/Colleague	17.0
Doctor/Nurse/Midwife	11.7
Teacher	20.0
Books/Newspaper/Magazines/Brochures/Flyers	5.4
Internet/Social media/ Radio/ TV	10.0
Action Familiale	6.6
Other	5.1
Total	**100.0**
Total number of respondents	400

2014 CPS, Rodrigues

Family Life Education in schools

In the past few years, there has been an ongoing debate about school-based sexuality education in Rodrigues. Although the process of introducing sexuality education in the school curriculum has been set in motion since long ago, it is still not included in the formal curriculum at schools.

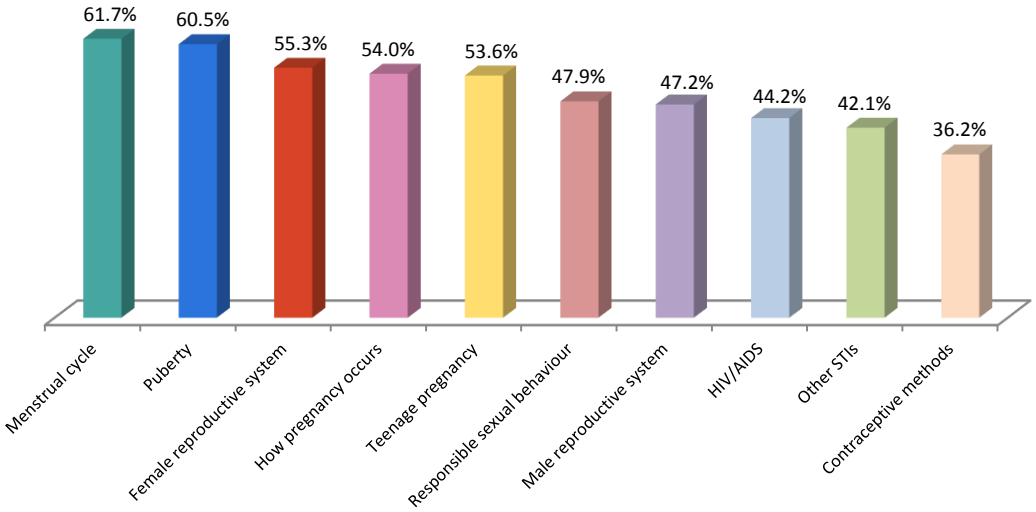
Students are sensitized on healthy lifestyles and sexual and reproductive health issues through the Family Life Education programme, which is conducted on an adhoc basis in schools by governmental and non-governmental organizations.

The 2014 CPS asked respondents[77] if topics, such as responsible sexual behavior, contraceptive methods, and HIV/AIDS were ever discussed with them at school. Chart 65 shows that menstrual cycle (61.7%) and puberty (60.5%) were the two most common topics that were cited by respondents. It is noted that slightly more than one in three respondents were given talks on contraceptive methods (36.2%).Further analysis of the data reveals that34.1% of respondents were not given talks on any of these topics at school.

[76]Throughout this section, respondents refer to all womenage 15-49 years unless stated otherwise.

[77]Excluding 7 respondents who had no schooling.

Chart 65: Percent distribution of respondents who have been given talks on sexual and reproductive health issues at schools by specific topic



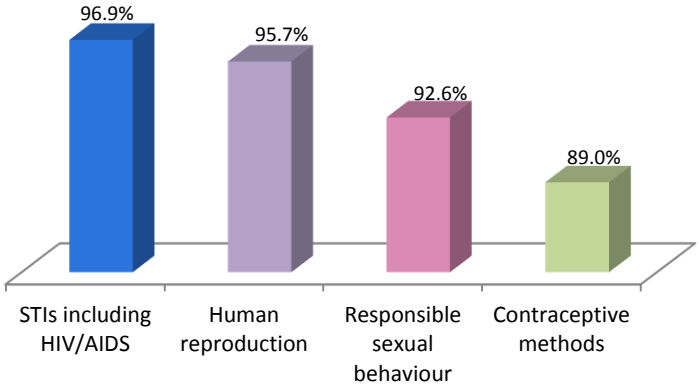
2014 CPS, Rodrigues

School-based sexuality education

School-based sexuality education can be an important and effective way of reducing risky sexual behaviour among young people. Since there is a lack of information on the opinions of people on this matter, respondents were asked if the following components of sexuality education should be taught at school: human reproduction, contraceptive methods, STIs including HIV/AIDS, and responsible sexual behaviour.

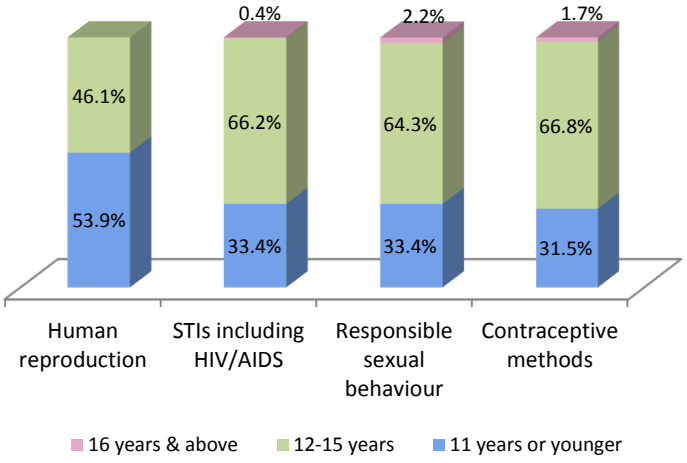
Chart 66 shows that the majority of respondents agree that the above-mentioned components should be taught at schools. For instance,92.6% of respondents stated that "responsible sexual behaviour" should be taught at school. However, a minority of respondents (2.1%)said that none of these components, i.e. human reproduction; contraceptive methods; STIs including HIV/AIDS; and responsible sexual behaviour,shouldbe taught at school.

Chart 66: Percent distribution of respondents who agree that sexuality education should be taught at school by specific component



2014 CPS, Rodrigues

Chart 67: Percent distribution of respondents who stated the best age at which students should be taught sexuality education at school by specific component



2014 CPS, Rodrigues

Respondents, who agreed that specific componentsof sexuality educationshould be taught at school, were then asked to state the best age at whichstudents should be taught these components at school.

Chart 67 reveals that a significant proportion of respondents said that these components should be taught at ages 12 to 15. For instance, 66.8% of respondents said that contraceptive methods should be taught atages12 to15 years.

An equal proportion of respondents (33.4%) thought that "STIs including HIV/AIDS" and "responsible sexual behaviour"should be taught at age 11 years or younger, and slightly more than half of the respondents(53.9%) stated that "human reproduction" should be taught at age 11 years or younger.

Some of the arguments that opponents of school-based sexuality education put forward in their discussions are listed in Table 37. Respondents were asked if they agree with these arguments.

Table 37: Percent distribution of respondents about their opinions on the arguments that opponents of school-based sexuality education put forward in their discussions

Argument against sexuality education	Agree (%)	Disagree (%)	Don't know/ No response (%)
School-based sexuality education may lead to early onset of sexual activities among young people.	16.3	79.2	4.6
Sexuality education should be taught only at home.	2.8	95.8	1.4
Sexuality education is against my religious belief.	3.0	89.6	7.4
Teachers do not have enough training to teach sexuality education.	39.8	47.3	12.9

2014 CPS, Rodrigues

Overall 79.2% of respondents disagree that school-based sexuality educationmay lead to early sexual initiation among young people; 95.8% of them disagree that sexuality education should be taught only at home; 89.6% of them disagree that sexuality education is against their religious belief; and47.3% of respondents disagree that teachers do not have enough training to teach sexuality education.

Table 38: Percent distribution of respondents about their opinion on who is the best person to teach sexuality education at school

Best person to teach sexuality education	Percentage
Teacher with special training in sexuality education	77.7
Biology teacher	7.0
Form teacher	1.4
Other teacher	1.0
Doctor	0.6
Family Planning Health Provider	8.1
Other	1.0
Don't know	3.1
Total	**100.0**

2014 CPS, Rodrigues

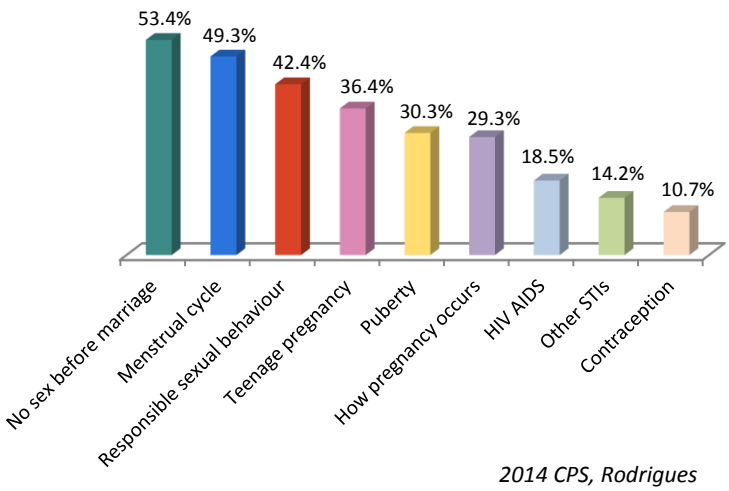
Respondents were then asked:"Who would be the most suitable person to teach sexuality education at school if sexuality education is included in the formal curriculum at schools in Rodrigues?".

Table 38shows that slightly more than 3 in 4 respondents stated that a teacher with special training in sexuality education (77.7%) would be the most suitable person to teach sexuality education.

Parental involvement in sexuality education

Since sexuality education is an ongoing process, parental involvement is also important in promoting healthy lifestyles among adolescents. Respondents who were 19 years old and above at the time of the interview were asked if their parents had ever talked to them on some components of sexuality education before they reached age 18 and the same question was asked to respondents who were below 18 years old.

Chart68: Percent distribution of respondents who discussed reproductive health topics with their parents before reachingage 18 by specific topic



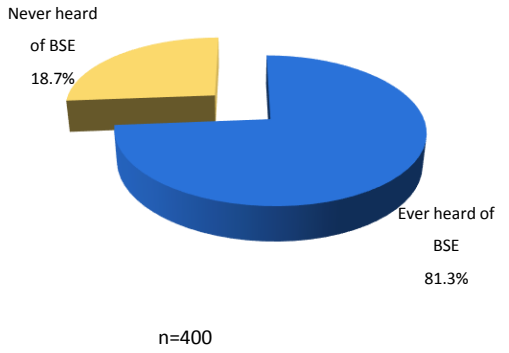
2014 CPS, Rodrigues

Chart 68shows that 53.4% of respondents said that they have had talks with their parents before reaching age 18 on not having sex before marriage. Less than half of the respondents (42.4%) reported that they have had talks on responsible sexual behaviour with their parents before reaching age 18.Overall, the mean number of topics that respondents reported discussing with their parents before reaching age 18 was 4.2topics.

At this point, it should be mentioned that 31.4%of respondents stated that they never had talks with their parents before reaching age 18 on any of these nine components of sexuality education. Hence, the results reveal that parents should be sensitized about their key role in the sexuality education of their children.

Breast Self-Examination

Chart 69: Percent distribution of respondents who have heard/readabout breast self-examination



n=400

2014 CPS, Rodrigues

Breast self-examination (BSE) is a screening method used for early detection of any anomalies that could be linked to breast cancer.

Respondents were asked if they have heard/read about breast self-examination (BSE). Chart 69 shows that 81.3% of respondents have heard/read about this examination.

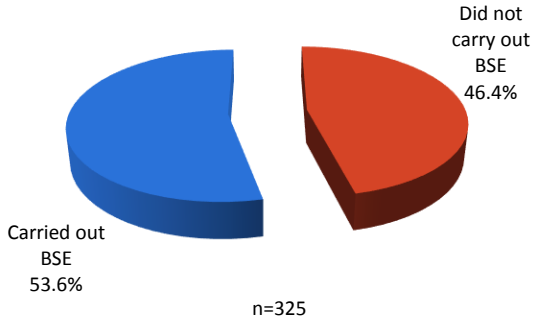
Table39: Percent distribution of respondents who have heard/read about breast self-examination by first source of information

First source of information	Percentage
Private doctor	0.2
Government health centrepersonnel	20.8
Family member	10.0
Friend/Colleague	6.2
Newspaper/Radio/TV	56.5
Books/Magazines/Brochures	4.4
MFPWA	1.9
Total	**100.0**
Total number of respondents	325

2014 CPS, Rodrigues

Respondents who have heard/read about BSE were then asked about their first source of information on BSE. Table 39 shows that 56.5% of respondents obtained their information on BSE for the first time from the newspaper/radio/TV.

Chart 70: Percent distribution of respondents who have carried out breast self-examination



n=325

2014 CPS, Rodrigues

Chart 70 shows that46.4% of respondents have not carried out BSE despite having heard/read about this examination.

Table 40: Percent distribution of respondents by the most important reason cited for not carrying out breast self-examination

Most important reason	Percentage
Don't know how to do BSE	61.2
Don't think that BSE is important	3.8
Don't believe in the efficacy of the test	2.4
Don't have any symptoms	25.5
Scared of being diagnosed with breast cancer	2.4
Never thought of it	3.7
Don't have time	1.0
Total	**100.0**
Total number of respondents	151

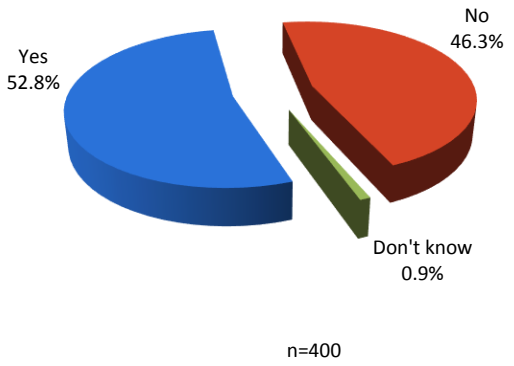
2014 CPS, Rodrigues

Table 40 shows that the most important reason cited by respondents for not carrying out BSE is "don't know how to do BSE" (61.2%) followed by "don't have any symptoms" (25.5%).

Pap smear

Pap smear is a screening test to detect abnormal cervical cells and cervical cancers. Respondents were asked if they have heard/read about Pap smear. Chart 71 shows that 52.8% of respondents age 15-49 years have heard about Pap smear.

Chart 71: Percent distribution of respondents age 15-49 years who have heard/read about Pap smear



2014 CPS, Rodrigues

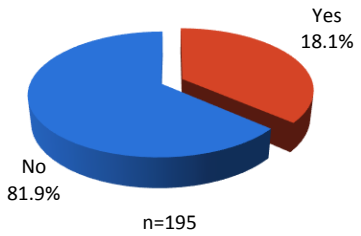
Table41: Percent distribution of respondents who have heard/read about Pap smear examination by first source of information

First source of information	Percentage
Government health centre personnel	22.7
Family member	5.5
Friend /Colleague	6.9
Newspaper/Radio/TV	58.8
Books/Magazines/Brochures	1.5
MFPWA	4.0
Internet /Social media	0.8
Total	**100.0**
Total number of respondents	211

2014 CPS, Rodrigues

Respondents who have heard/read about Pap smear were asked: "Where did you hear/read about Pap smear for thefirsttime?". Table 41shows that 58.8% of them heard/read about Pap smear for the first time from the newspaper/radio/television.

Chart 72: Percent distribution of respondents who have had a Pap smear among those who have heard/read about Pap smear and who have had sexual intercourse

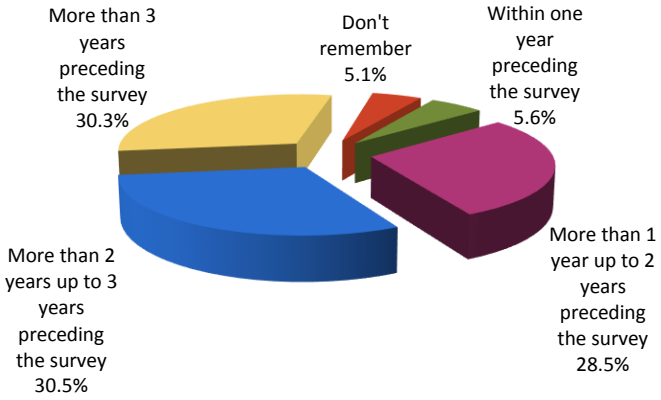


2014 CPS, Rodrigues

Respondents who have heard/read about Pap smear and who have had sexual intercourse were asked if they have had a Pap smear. Chart 72 shows that 18.1% of them have had a Pap smear.

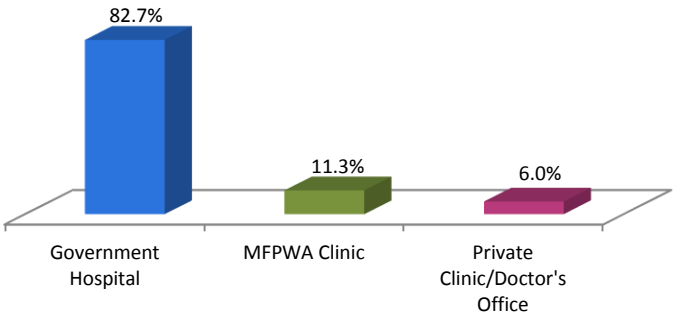
Since the 2014 CPS did not capture the exact age at which the respondents[78] have had their last Pap smear, it can only be said that 30.3% of them have had a Pap smear more than 3 years preceding the survey and 5.6% of them have had it within a year preceding the survey (see Chart 73).

Chart 73: Percent distribution of respondents who have had a Pap smear by the number of years preceding the survey when their last Pap smear was carried out



n=35 *2014 CPS, Rodrigues*

Chart 74: Percent distribution of respondents who reported having had a Pap smear by the facility where their last Pap smear was carried out



2014 CPS, Rodrigues

Chart 74 shows that 82.7% of respondents have had their last Pap smear at the government hospital,11.3% at MFPWA clinic and 6.0% at a private clinic/doctor's office[79].

[78]It should be noted that Charts 73 & 74 refer to respondents who have heard/read about Pap smear and who have had sexual intercourse.

[79]These respondents must have had their test outside Rodrigues as there are no privately-run health facilities in Rodrigues.

Table 42 : Percent distribution of respondents by the most important reason cited for not having had a Pap smear

Most important reason	Percentage
Doctor has not recommended it	4.1
Healthy and has no gynaecological problems	7.1
Does not feel test is necessary	16.1
Does not have time to go for a test	6.2
Never thought of having a Pap smear	44.6
Is afraid of the results	7.2
Is afraid Pap smear could be painful	3.9
Too embarrassed to get the test or a pelvic exam	2.0
Has no partner/Not sexually active	0.8
Don't know/Refused to answer	8.0
Total	**100.0**
Total number of respondents	160

2014 CPS, Rodrigues

Respondents who never have had aPap smear despite having heard/read about Pap smear and having had sexual intercourse were asked for the most important reason for not having had a Pap smear.

Table 42 shows that 44.6% of them never thought of having one and 16.1% did not feel that the test was necessary.

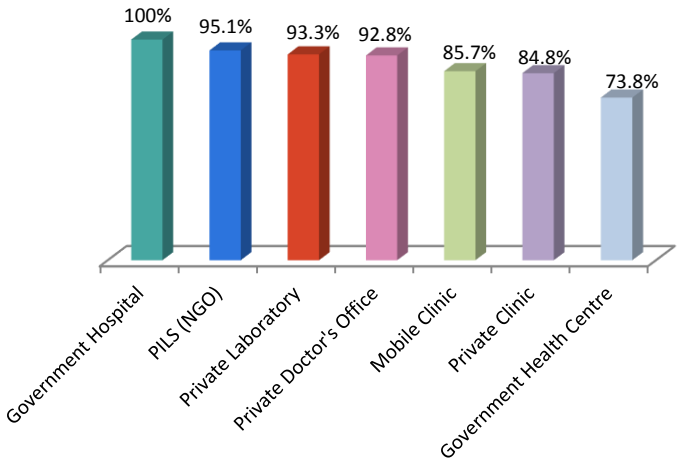
39.HIV/AIDS - related knowledge and attitudes

The 2014 CPS included questions to assess the level of knowledge of respondents about HIV/AIDS and their attitudes towards people living with HIV.

HIV awareness

Overall, 99.3% of all respondents[80] have heard about AIDS in 2014 (397) and 87.8% of themknew where they can get an HIV test.

Chart 75: Percent distribution of respondents who cited different places where they can get an HIV test by specific place



2014 CPS, Rodrigues

Respondents who knew where they can get an HIV test were asked to name the variousplacesthat provide HIV testing. The most common cited place is government hospital (100%) followed by PILS[81](95.1%) and private laboratory (93.3%) as shown in Chart 75. Although there are no private clinics in Rodrigues, it is noted that 84.8% said that they can get an HIV test at a private clinic.

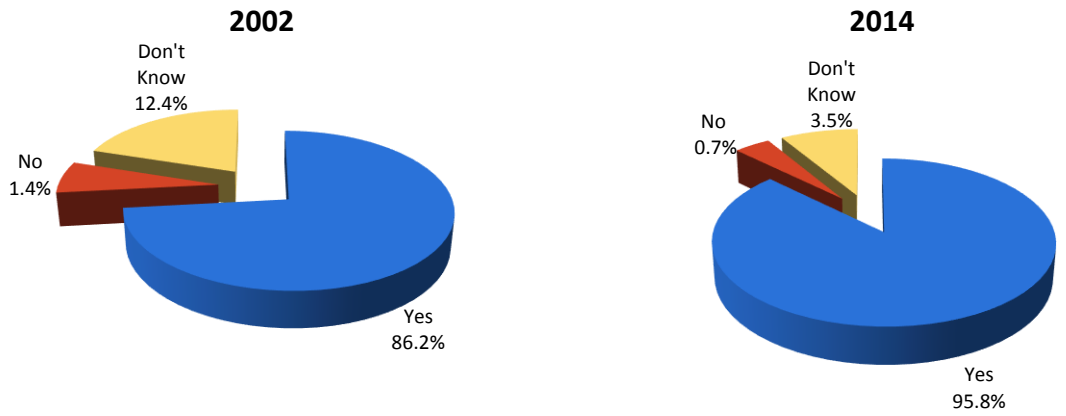
Knowledge of HIV/AIDS Prevention

Respondents who have heard about HIV/AIDSwere asked whether there are any measures that can be taken to avoid getting HIV/AIDS. Chart 76 shows that the proportion of respondents who knew that something can be done to avoid getting HIV/AIDS has increased from86.2% in 2002 to 95.8% in 2014.

[80]Throughout this section, respondents refer to all women age 15-49 years who have heard about HIV/AIDS unless stated otherwise.

[81]PILS (Prévention Information Lutte contre le Sida) is an NGO that is engaged in the national response against AIDS.

Chart 76: Percent distribution of respondents who knew about ways to avoid getting HIV/AIDS

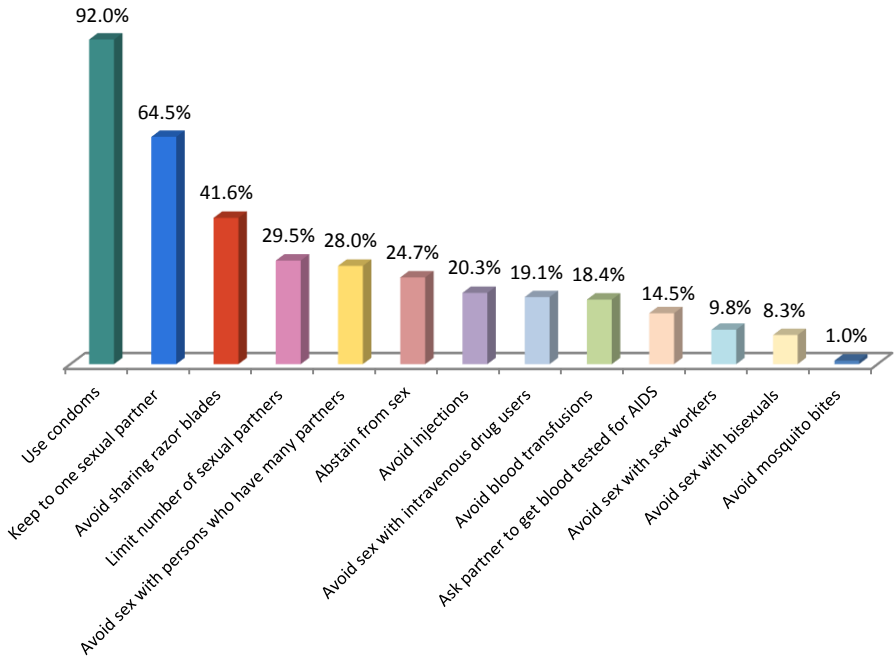


2014 CPS, Rodrigues

Unprompted knowledge of ways to avoid getting HIV/AIDS

Respondentswho knew about ways to avoid getting HIV/AIDS were asked, without being prompted, to mention all the ways that they knew of to avoid getting HIV/AIDS. Chart 77 shows that use of condoms (92.0%) and having only one sexual partner (64.5%) are the two most common ways cited by respondents.

Chart 77: Percent distribution of respondents who stated without being prompted about ways to avoid getting HIV/AIDS by specific way

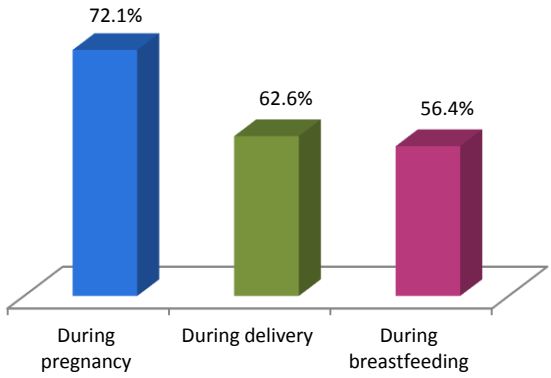


2014 CPS, Rodrigues

Knowledge of mother to child transmission of HIV

Knowledge of mother to child transmission of HIV during pregnancy, during deliveryand during breastfeeding is an essential component of Information, Education and Communication (IEC)preventive efforts.

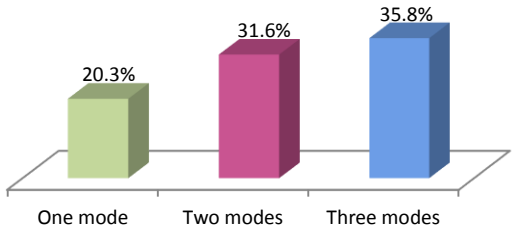
Chart 78: Percent distribution of respondents who knew about the modes of HIV transmission from mother to child by specific mode



2014 CPS, Rodrigues

Respondents who have heard about HIV/AIDS were asked whether HIV can be transmitted from mother to child during pregnancy, during delivery and during breastfeeding. Chart 78shows that 72.1% of respondents know that HIV can be transmitted from mother to child during pregnancy.

Chart 79 : Percent distribution of respondents who stated accurately the number of modes that HIV can be transmitted from mother to child



2014 CPS, Rodrigues

Three modes of HIV transmission from mother to child:

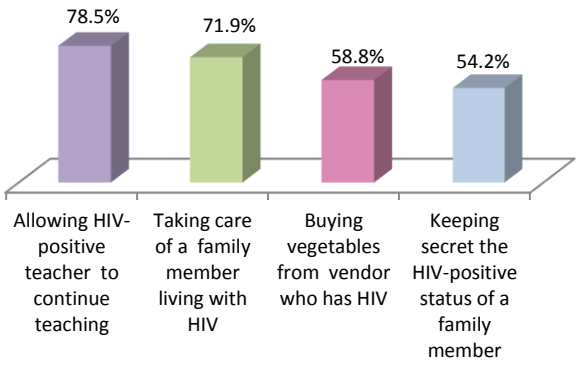
during pregnancy, during delivery and during breastfeeding

Chart 79 shows that 87.7% of respondents[82] know at *least one* mode of HIV transmission from mother tochild (1 mode, 20.3%; 2 modes, 31.6%; 3 modes,35.8%). The remainder stated either "no" or "don't know" to all three modes including a minority of respondents who said "no" to all three modes (1.9%).

[82]Among those who have heard about HIV/AIDS.

Stigma and Discrimination

Chart 80: Percent distribution of respondents on their attitudes towards HIV-infected persons

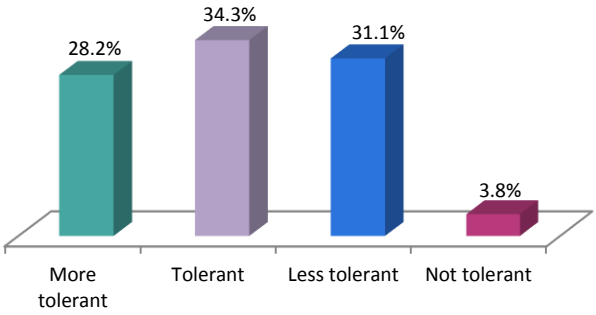


2014 CPS, Rodrigues

Respondents were asked if they would be willing to take care of a family member living with HIV in their household; to buy vegetables from avendor who has HIV; if HIV-positive teachers should continue to teach; and if they would want to keep secret the HIV-positive status of a family member. Chart 80 shows that for instance, 71.9% of respondents are willing to take care of a family memberliving with HIV.

As an indicator of acceptance towards people living with HIV/AIDS, the response for each above-mentioned item was summed up for each respondent. Each tolerant (or positive) response had a score of 1. An intolerant (or negative) response had a score of 0. The total scores were categorized by more tolerant (with a score of 4); tolerant (with a score of 3); less tolerant (with a score of 1 or 2); and no tolerance (with a score of 0).

Chart 81: Percent distribution of respondents by their level of tolerance towards HIV-infected persons



2014 CPS, Rodrigues

Chart 81 reveals that 28.2% of respondents aremore tolerant towards any of the four items listed above, 34.3% are tolerant, 31.1% are less tolerant and 3.8% are not tolerant. The remainder (which has not been charted here) stated either "no" or "don't know" to allfour items.

However, it should be pointed out that one limitation of this indicator is that it is restricted to only four items, and this could limit a fair examination of the true level of tolerance towards HIV-infected people. Moreover, there may be a bias since respondents may be reticent to express negative attitudes towards HIV-infected people.

APPENDICES

Island of Mauritius

Island of Rodrigues

Island of Mauritius

Island of Rodrigues