

# **Factors associated with Contraceptive Practices and Unmet Need among Young Currently Married Women in the Rural Areas of Empowered Action Group (EAG) States of India**

By

Ranajit Sengupta<sup>1</sup> and H. Lhungdim<sup>2</sup>.

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## **Introduction**

India is the first country in the world to launch a national programme in 1952, which gave emphasis on family planning programme (NPP, 2000). Since then many approaches and strategies to improve the programme and to increase the prevalence of contraceptive rate had been adopted. But instead of that, total number of women, not practicing any form of contraception has hardly declined at all. Enormous increase in number of women in the reproductive age group was surely one major reason (UNFPA, 1990). Approximately 120 million fecund women in the world are not using contraception (Finger, 1994). According to Census of India (2001), **2,51,431,886** women (**51 percent** of total women) are in the reproductive age (15- 49 years) and **70 percent** of them reside in rural areas. Among the rural women in reproductive age group, **36 percent** are below 24 years and **18 percent are adolescents (below 20 years)**.

In order to facilitate area-specific population programmes, Uttaranchal, Rajasthan, Uttar Pradesh, Bihar, Jharkhand, Orissa, Chhattisgarh and Madhya Pradesh have been given special emphasis to contain the population growth to manageable limits. The Government of India has constituted an Empowered Action Group with these eight states (contributes 45% of the population of the country), in the Ministry of Health and Family Welfare w.e.f. 20<sup>th</sup> March 2001. 33 percent of the women aged 15-24 years are from EAG states.

The currently married young women (15-24 years) form one of the largest groups with an unmet need for reproductive health services (Westoff, 1988), (Pachauri and Santhya, 2002). Many of them want to postpone or limit childbirth but are not using any kind of contraceptives. The important reasons for non-use are lack of knowledge, (Nichols et. al., 1986) fear of side effects, and social and familial disapproval (Bongaarts and Bruce, 1995), (Zappella, 1997). In this regard, it is relevant to pay extra attention to contraceptive behavior of currently married rural women between 15-24 years of age, simply because proper knowledge and high prevalence of appropriate use of contraceptive methods may protect this sensitive age group (15-24) from unplanned pregnancy, early child bearing and high reproductive morbidity. But there is dearth of studies, which address the issue of contraceptive practice and unmet need for contraception among the young women especially residing in rural areas.

The present paper aims to *examine the differentials in the practice of various contraceptive methods*; to *study the reasons and differentials of unmet need for contraception* and to *find out the factors influencing unmet need for contraception for both spacing as well as limiting*.

## **Data and Method**

The data for the analysis is taken from District Level Household Survey (DLHS) under the Reproductive and Child Health Programme. The survey was conducted during the period 2002-2004 in 593 districts of India. A total of **6, 20,107** households were selected. Out of those, around two thirds were rural households.

For the purpose of the present analysis, data pertaining to 8 EAG states of DLHS has been used. The EAG states consist of total 2, 70,063 households. As the study concentrates only on the rural

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<sup>1</sup> Research Officer, International Institute for Population Sciences, Mumbai-400088

<sup>2</sup> Reader, Department of Public Health and Mortality Studies, , International Institute for Population Sciences, Mumbai-400088

currently married young women, thus, the urban women have been excluded and currently married women in the age group 15-24 have been selected for the study purpose.

**Table 1: Distribution of currently married young women in the EAG states, DLHS-2, 2002-04**

State	Frequency	Percent
Uttaranchal	1820	3.2
Rajasthan	8631	15.2
Uttar Pradesh	16054	28.2
Bihar	9704	17.1
Jharkhand	4043	7.1
Orissa	4915	8.6
Chhatisgarh	2764	4.9
Madhya Pradesh	8964	15.8
<b>Total</b>	<b>56895</b>	<b>100</b>

The household having radio/transistor and television are considered into “yes” categories as a proxy variable for exposure to electronic media.

To study differentials in practice of different contraceptive methods in EAG states, bi-variate analysis has been carried out according to different socio-economic characteristics and availability-accessibility of health facilities. Multi-variate analysis is done to quantify the variation in unmet need for different socio economic and background characteristics as well as availability-accessibility of health facilities.

Unmet need for spacing has been calculated by considering those currently married women, who are not pregnant, are menstruating, had not gone for hysterectomy, and who want more children after two years or more but currently not practicing any family planning methods. Women who are not sure about when to have (or whether to have) the next child have been included in the calculation of unmet need for spacing. Unmet need for limiting the child birth has been calculated by considering those currently married women, who are not pregnant, are menstruating, not gone for hysterectomy, and do not want any more children but currently not practicing any family planning methods. Total unmet need has been calculated as the sum of unmet need for spacing and unmet need for limiting (RCH-II).

GIS software was used to understand the spatial distribution of unmet need in 8 EAG states.

## **Analysis and Findings**

### ***1. Practice of different methods of contraception***

Different types of contraceptive methods are grouped into three major categories, namely sterilization (includes female sterilization, tubectomy, laparoscopy, male sterilization, vasectomy and non scalpel vasectomy), modern methods for spacing between two successive births (intra uterine devices-IUD, oral contraceptive pills-OCP, condom, sponge-Today, injectible) and traditional methods (rhythmic, withdrawal, and ‘other traditional methods’) of family planning.

Very less proportion of young couple among the ST population are sterilized in the states of Bihar (1 percent), Jharkhand (2 percent), Orissa (3 percent) and Rajasthan (5 percent). Sterilization practice is highest among those couple, where only husbands are literate. In most of the EAG states, the prevalence of sterilization remains more or less same or fluctuates little with availability of any health facility in the village. But in Jharkhand, it increases from 3 percent to 5 percent and in Chhattisgarh; it decreases from 9 percent to 6 percent with unavailability of health services. In Jharkhand, young women from ‘others’ religious groups show the least percentage (2 percent) for practicing any modern spacing method of contraception. On the other hand, the percentage is highest among Muslims of Orissa (16 percent). Scheduled Caste women in Bihar have the lowest prevalence of modern spacing methods (1 percent), followed by Scheduled Tribe women (2 percent).

## **2. Unmet need for contraception**

Total unmet need for contraception is found to be maximum among Muslim women in Bihar (42 percent), among ST women in Jharkhand; the total unmet need is the highest (43 percent). In most of the EAG states the highest percentage (40 percent) of total unmet need is concentrated among illiterate couples in Bihar.

## **3. Result of using GIS software**

The map shows the district wise spatial distribution of unmet need in eight EAG states of India. Jharkhand, Bihar, Uttar Pradesh and part of Rajasthan have more than 30 percent of unmet need.

## **4.Reasons for not using contraception**

In Bihar Jharkhand and M.P among all these reasons, opposition by husbands is reported as the most prominent reason for not using the contraception. Chhatisgarh, Uttaranchal and Uttar Pradesh are the first three states, where the women not practicing any contraceptives because of their health related problem. The women in Madhya Pradesh and Jharkhand reported that the lack of knowledge is one of the most prominent reasons for not using contraceptives.

## **5.Determinants of unmet need for contraception**

Wife's education (odds 1.301), son ever born (odds 2.886), and medium standard of living (odds 1.114) significantly increases unmet need for limiting. Electronic media (odds 0.894) significantly reduces unmet need. Among Muslims unmet need significantly increased (odds1.235)

## **Conclusion**

The analysis indicates that a large proportion of married women age 15-24 in the rural areas of EAG states are not using any kind of contraceptives. Among the EAG states, total unmet need is highest in Jharkhand, UP and Bihar (close to 40 percent).

Meeting a higher level of unmet felt needs and have a higher impact on fertility for any given level of contraceptive use is a challenge. The possible solution to be advocated in such an approach is to delay the age at marriage, identify all pregnant women in the population and offer them the basic maternal and child health services including methods of spacing and limiting that they desire. The group of women who are not likely to be covered by contraceptive services: women who are recently married and who have not yet become pregnant. The group of women should be covered with immediate attention. Quality of services should be given more emphasis and more number of women should be under the health care services. The coverage of home visit by health workers also needs to be enlarged. Informed option of different contraceptive methods, proper counseling on contraception and adequate supply of different contraceptives should be considered with prior attention.

**Table 2: Odds ratios of unmet need for contraception according to background characteristics from logistic regression model**

<i>Category</i>	<i>Unmet Need for Spacing Exp (B)</i>	<i>Unmet Need for Limiting Exp (B)</i>	<i>Category</i>	<i>Unmet Need for Spacing Exp (B)</i>	<i>Unmet Need for Limiting Exp (B)</i>
<b>Age</b>	1.736*	1.901*	<b>Exposure to Electronic Media</b>		
<b>Couple's education</b>			No <sup>@</sup>	1.000	1.000
Both Illiterate <sup>@</sup>	1.000	1.000	Yes	0.959	0.894**
Only Husband literate	0.936**	1.095**	<b>Availability of any Health Facility in Village</b>		
Only Wife literate	1.022	1.301**	No <sup>@</sup>	1.000	1.000
Both literate	0.975	1.263***	Yes	1.031	1.016
<b>Son Ever Born</b>	1.147*	2.886*	<b>Accessibility of Any Health Facility</b>		

<b>Child loss</b>			No <sup>@</sup>	1.000	1.000
No <sup>@</sup>	1.000	1.000	Yes	1.017	0.937
Yes	0.911*	0.516*	<b>Distance from Health Center</b>		
<b>Religion</b>			Within 3 k.m. <sup>@</sup>	1.000	1.000
Hindu <sup>@</sup>	1.000	1.000	More than 3 k.m	1.003	0.993
Muslim	1.235*	0.773***	<b>Visit by F.P. Worker</b>		
Others	0.714*	0.679*	No <sup>@</sup>	1.000	1.000
<b>Caste</b>			Yes	1.093**	1.056
Others <sup>@</sup>	1.000	1.000	<b>States</b>		
SC	0.999	0.914	Bihar <sup>@</sup>	1.000	1.000
ST	1.019	0.963	Uttaranchal	0.845**	0.744*
OBC	0.982	0.960	Rajasthan	0.634*	0.667*
<b>Standard of Living Index</b>			Uttar Pradesh	0.968*	0.743*
Low <sup>@</sup>	1.000	1.000	Jharkhand	1.114**	0.936
Medium	0.889*	1.114**	Orissa	0.499*	0.787*
High	0.835*	0.973	Chhattisgarh	0.673*	0.600*
			Madhya Pradesh	0.553*	0.731*

<sup>@</sup> Reference category

\*\*\* p < 0.01; \*\* p < 0.05; \* p < 0.10

Spacing

0= met need for spacing

1= unmet need for spacing

56895

Limiting

0= met need for limiting

1= unmet need for limiting

56895

Dependent variable

Unmet need or spacing and Unmet need for limiting.

No. of cases