REASONS OF NON-ACCEPTANCE AND FUTURE INTENTION TO USE CONTRACEPTIVE METHOD IN INDIA: INSIGHTS FROM NFHS DATA

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Non-acceptance of contraceptive method is of prime concern in the wake of family planning programme in India. So the paper works out the changes in the level of non-users of contraceptive methods among currently married women in India during the inter survey period of NFHS I and II and also explores various reasons of non-acceptance of contraception and finally it examines the influence of background factors on future intention to use of contraception. It is found that there is a sharp decline in the proportion of never users between the inter survey period. Fertility related reason is the prime one for the non-use of contraception. Multivariate regression analysis shows that age of women, ethnicity, religion, standard of living, number of living children, couple's literacy, exposure to mass media and place of residence are the significant predictors for future intention to use contraception.

Keywords: Contraceptive method, currently married women, future intention, India.

Introduction

The problem of over population is one of the bottlenecks to socio-economic development. Ever increasing numbers have shadowed the achievements that the nation has made on the economic front. Population explosion and its pressure had brought the urgency on family planning and population control. Family planning is being recognized as one of the most important issues in the developing world not only as a population "numbers" problem but as an issue which affects the health and lives of millions of women and children. Among the proximate determinants of fertility, contraceptive use has the greatest fertility inhabiting effect particularly in India. Socio-cultural context contributes a lot to the adoption of contraceptive behavior. So contraceptive behavior has been explained in terms of socio-cultural and economic characteristics not only at the individual but at the social level also.

With the objective of reducing birth rates and stabilizing population, family welfare programme was initiated in 1951 as a part of the first five-year plan. So the government of India was one of the first in the world to recognize family planning programme officially. In India during the first two decades of the family planning programme the programme was carried out independently through family planning clinics initially as clinic based programme followed by the extension approach, which entrusted the

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crucial task to identify, inform and motivate eligible couples for family planning. Though the Programme advocated a cafeteria approach, the main emphasis was on sterilization in 1966-69. During the fourth five-year plan (1969-74) additional emphasis was placed on the camp approach for carrying out sterilization. The fifth five-year plan (1974-78) witnessed a dramatic rise and fall of family planning acceptance. The health policy, 1983 stated about the replacement level of TFR by the year 2000. International Conference on Population and Development (ICPD), Cairo 1994 recommends to meet the needs of those who intend to use contraceptive use. The National Population Policy 2000 has underscored the objectives of improvement in quality of life to all by improving reproductive health care facilities, increase the contraceptive prevalence rate to reduce fertility. Though the government of India has taken important steps towards the promotion of family planning programme still there is a high variation in the use of family planning across states.

Mishra *et al.* (1994) examined the factors influencing the main reasons for not intending to use contraception. The proportion of non-users who do not intend to use contraception in future decreases till the middle reproductive age group as they almost completed their desired family size. Jain (1989) suggests that improvement in quality of family planning services by enhancing the choice of contraceptive methods available in a country would increase the overall practice of contraception and thus would result in fertility reduction. Men in India believe that sterilization causes physical weakness, thereby making them unfit to perform hard physical labor (Viswanathan, 1998). Such pretensions are not restricted to India. Nepalese women believe sterilization to result in weakness that can be neutralized by expensive diet (Stash, 1997). Women who are not using contraception often attribute social reasons for it. Women have unmet need for family planning because of the high social cost involved in challenging the spouse's opposition or that of other family members (Nag, 1984).

Need for the Study

Though India was the first country to launch family planning programme sponsored by national government in 1951, still it has not yet achieved a seemingly reasonable acceptance rate. It is therefore pertinent to study the reasons for why couples are not using any method of contraception and what are their future intention regarding contraceptive use. It is also very important to study what are the major obstacles in the use of contraception so that an appropriate programme can be chalked out. So the present study is an attempt to these directions.

Objectives

The specific objectives of the paper are as follows:

1. To investigate the change in the level of non-users of contraceptive methods among currently married women in India during the inter survey period of NFHS I and NFHS II.

- 2. To find out the reasons for not using a method among currently married women.
- 3. To examine the influence of socio-economic and demographic factors on future intentions of contraceptive use across number of living children.

Methods and Materials

Data for the present study has been utilized from NFHS I (1992-93) and NFHS II (1998-99). Total number of eligible women interviewed in NFHS I was 89777 and NFHS II was 90303. The relevant information confined to women who are currently married. But the major portion of the analysis is concentrated on currently married women who are currently not using any contraceptive method. Bi-variate analyses have been applied to look into the non-users of contraceptive methods in various states and future intentions of currently married women who are not currently using any method. To see the net effect of background characteristics on future intentions to use, multivariate statistical method have also been used in the analysis. For explanatory variables in a categorized form, a category is designated as "reference" and if B₁ is the logistic regression for category $_{k}$ then $\exp{(B_{k})}$ is the odds ratio, that is, the ratio of odds for the category k to the odds of reference category. Two sets of multivariate analysis have been carried out. In the first set, all currently married women (who are using and also not using any contraception) have been taken into consideration. So the response is categorized as "currently user", "non-user but intended" (Use in next 12 months, use later and unsure about timing) and "unsure or does not intend to use". Therefore the multinomial logistic model has been adopted to examine the influences of various factors on this. In this model, two sets of odds ratio are estimated:

- 1. For the probability of currently using vis-à-vis unsure and does not intend.
- 2. For the probability of non-user but intend vis-à-vis unsure and does not intend.

In the second set of analysis, only currently married women who are not using any contraception have been taken into account. The response on future intention has four categories, such as, "use in next 12 months", "use later and unsure about timing", "unsure about use", "does not intend to use". In this multinomial logistic regression model, three sets of odds ratios are estimated:

- 1. For probability of using in next 12 months vis-à-vis not intends to use.
- 2. For probability of use later and unsure about timing vis-à-vis not intends to use.
- 3. For probability of unsure about use in future vis-à-vis not intends to use.

The number of living children obviously influences the future intention to use contraception. Therefore separate regression have been carried out for currently married women who are not using any contraception and who have 0,1,2 and more than 2 living children. For currently pregnant women, one child has been added to the number of living children with the assumption that the women will have one more living children after the termination of the pregnancy.

Main Findings

Non-use of Contraception

Table 1 sets out the data on current use of contraceptive methods for currently married women for various states/UTs of India for both NFHS I & II. It is found that there is an improvement by eight percentage points in the level of contraceptive prevalence between the intersurvey period, most of the states/UTs showing the improvement level except Goa, Jammu, Meghalaya, and Mizoram where there is marginal fall in their proportion. Nagaland and Haryana show the greater performance level between the two survey periods. Though there is an overall improvement in the acceptance level of family planning method, but the acceptance level is not so satisfactory as more than half of the couple are still debarred from using it. There is a greater variation in the acceptance level across regions.

Table 1
Distribution of Currently Married Women Currently Using any Contraceptive in Various States/UTs in India, NFHS I &II

States/UTs	NFHS I	NFHS II
Andhra Pradesh	47.0	59.6
Assam	42.8	43.3
Bihar	23.1	24.5
Goa	47.8	47.5
Gujarat	49.3	59.1
Haryana	49.6	62.4
Himachal Pradesh	58.4	67.7
Jammu	49.3	49.1
Karnataka	49.1	58.3
Kerala	63.2	63.7
Madhya Pradesh	36.5	44.3
Maharashtra	53.7	60.9
Manipur	35.1	38.7
Meghalaya	20.7	20.3
Mizoram	53.8	58.2
Nagaland	13.3	30.1
Orissa	36.2	46.8
Punjab	58.7	66.7
Rajasthan	31.8	40.3
Sikkim (II)/Tripura (I)	44.0	54.1
Tamil Nadu	49.8	52.1
West Bengal	57.4	66.6
Uttar Pradesh	19.8	28.1
New Delhi	60.3	63.7
Arunachal Pradesh	23.6	35.0
India	40.6	48.2

Source: Computed from NFHS I and II data files .

Table 2 shows that four fifth of current contraceptive users (89 per cent) are using a modern method both in NFHS I and II. In India sterilization dominates the contraceptive method. 34 per cent of currently married women are sterilized and female sterilization accounts for 71 per cent of total current contraceptive prevalence in NFHS II while it was 27 per cent and 67 per cent respectively during NFHS I. Two per cent of women report male sterilization as their current method in NFHS II while it was 3.4 per cent in NFHS I. The other three officially sponsored spacing methods i.e. pill, condom and IUD together account for 14 per cent of contraceptive prevalence in India during NFHS II while it was 13.5 per cent in NFHS I. Specifically condoms are used by 3 per cent of women and pill is 2 per cent and IUD 1.6 per cent in NFHS II while it was 1.2, 2.4 and 2 per cent respectively in NFHS I. The results suggests that despite the increased emphasis on contraceptive choice and modern spacing methods in the Reproductive and Child Health programme female sterilization continues to dominate the method mix in India and modern spacing method still account for only a small percentage of total contraceptive use (IIPS, 2000).

Table 2
Distribution of Currently Married Women by Contraceptive Method Currently Used in India, NFHS I &II

	,	
Contraceptive Methods	NFHS I	NFHS II
Pill	1.2	2.1
Condon	2.4	3.1
IUD	1.9	1.6
Female Sterilization	27.3	34.2
Male Sterilization	3.4	1.9
Any modern method	36.3	42.9
Rhythm	2.6	3.0
Withdrawal	1.4	2.0
Other	0.2	0.3
Any Traditional Method	4.2	5.3
Any method	40.6	48.2

Source: Computed from NFHS I and II data files.

Table 3 provides the information on the non-users of contraceptive method by two broad categories i.e. those who stopped using family planning method and those who never used any method for both NFHS I and II. There is a marginal increase on the stopping of method over the period at national level while there is a sharp decline in the proportion of never users leading to the total fall of non-users from 59.4 per cent to 51.8 per cent from NFHS I to NFHS II respectively. There is a greater variation has been found over states. The proportions of stopped using family planning method have decreased substantially in Assam while Goa and Manipur show a remarkable increment in their proportion over the period. Concerning never users of family planning method, the proportion have decreased in all the states except Assam. So this shows that due to the family planning programme and socio-economic changes acceptance levels have increased over the period.

Table 3

Distribution of Currently Married Women Currently not Using any Contraceptive Method by their Category in Various States/UTs in India, NFHS I &II

	NFHS I			NFHS II		
States/UTs	Stopped	Never	Total	Stopped	Never	Total
,	using	User	Non-user	using	User	Non-user
Andhra Pradesh	2.3	50.7	53.0	1.3	39.1	40.4
Assam	19.7	37.5	57.2	11.4	45.4	56.8
Bihar	3.1	73.8	76.9	3.1	72.4	75.5
Goa	8.6	43.6	52.2	14.1	38.4	52.5
Gujarat	5.5	45.2	50.7	8.5	32.4	40.9
Haryana	8.4	42.0	50.4	7.8	29.8	37.6
Himachal Pradesh	9.2	32.4	41.6	9.7	22.6	32.3
Jammu	8.0	42.7	50.7	10.5	40.4	50.9
Karnatak	5.4	45.5	50.9	3.0	38.7	41.7
Kerala	11.8	25.0	36.8	13.3	22.9	36.2
Madhya Pradesh	5.3	58.2	63.5	5.4	50.3	55.7
Maharashtra	4.4	41.9	46.3	5.4	33.6	39.0
Manipur	8.5	56.4	64.9	18.7	42.7	61.4
Meghalaya	5.8	73.5	79.3	6.5	73.2	79.7
Mizoram	3.6	42.6	46.2	7.3	34.5	41.8
Nagaland	5.9	80.8	86.7	8.8	61.1	69.9
Orissa	4.1	59.7	63.8	6.4	46.8	53.2
Punjab	8.3	33.0	41.3	11.3	22.1	33.4
Rajasthan	3.1	65.1	68.2	6.7	53.0	59.7
Sikkim (II)/Tripura (I)	14.6	41.4	56.0	16.2	29.7	45.9
Tamil Nadu	6.3	43.9	50.2	4.7	43.2	47.9
West Bengal	13.0	29.6	42.6	12.3	21.1	33.4
Uttar Pradesh	6.3	73.9	80.2	9.5	62.4	71.9
New Delhi	11.9	27.8	39.7	10.7	25.6	36.3
Arunachal Pradesh	5.9	70.5	76.4	8.8	56.3	65.1
India	6.3	53.1	59.4	6.9	44.9	51.8

Source: Computed from NFHS I and II data files.

Reasons for not using of Contraception

Currently married, non-pregnant women who were not using a contraceptive method at the time of the survey may be categorized into two; those who used contraception in the past and who never used contraception. NFHS I and II have asked women who had discontinued contraceptive use their main reason for discontinuing (Table 4). The most commonly mentioned reason for discontinuing in both the surveys is that, the couple wanted to have a child. The other frequently cited reasons for discontinuing use in NFHS II are contraceptive use created a health problem (13.4%), the husband away (11.7%), menstrual problem (7.8%), did not like method (4.8%), the method failed and women got pregnant (4.4%). Method related reasons like health problem, menstrual problem, inconvenience to use and so on has decreased over time. Lack of privacy to use, to replace a dead child, put on weight are some of the reasons which do not make so much influence on the discontinuation of the method in NFHS II.

Table 4
Per cent Distribution of Non-pregnant, Currently Married Women who Stopped using Contraception by Main reason for Stopping use in India, NFHS I &II

NFHS I	NFHS II
5.5	4.4
1.9	1.8
6.7	7.8
15.0	13.4
2.7	1.7
1.0	1.5
0.4	0.2
4.1	4.8
29.0	29.6
0.5	0.5
1.5	0.7
-	11.7
-	1.8
31.8	20.1
100.0	100.0
	5.5 1.9 6.7 15.0 2.7 1.0 0.4 4.1 29.0 0.5 1.5

Source: Computed from NFHS I and II data files.

NFHS II had asked non-pregnant, currently married women who had never used contraception the main reason they are not currently using a method (Table 5). The most commonly mentioned reason for not currently using a method is the desire for more children (44.7%), followed by the women is in menopausal or hysterectomy (8.2%), post-partum or breastfeeding and sub fecund or infecund (11.7%). Seven per cent mentioned different type of opposition, such as that their husband is opposed to contraception (4%) or that contraceptive use is against religion (2%). Only four per cent mentioned about the lack of knowledge either knows no method (1.3%) or knows no source (2.6%). Seven per cent report a health-related problem (health concern or worry about side effects). Three per cent say they are not using contraception because they do not like existing methods and 3 per cent say their husband is away. Fertility related (67%) and method related (14.3%) are the common reason for not currently using a method among women who never used contraception.

Future Intention Regarding Contraceptive use

A substantial proportion of currently married women in India are not using any contraceptive method at the survey (Table 3). So these women (including those who were pregnant at the time of the survey) were asked about their future intentions to use a method. Table 6 shows that there is a substantial degree of increment in the future intention to use in NFHS II (60.4%) with compared to NFHS I (28.7%). Among women who intend to use contraception, 35 per cent intend to use a method within the next 12 months in NFHS II as compared to 48 per cent in NFHS I. The proportion of women who intend to use contraception any time in the future increases from 14.8 per cent in NFHS I to 39.5 per cent in NFHS II.

Table 5
Per cent Distribution of Non-pregnant, Currently Married Women who Never Used any Contraception by Main Reason for not Currently Using in India, NFHS II

Reason	No of women		Per cent	
Husband away	935		2.9	
Fertility related	21699		67.0	
Not having sex		428		1.3
Infrequent sex		358		1.1
Menopausal/Hysterectomy		2653		8.2
Subfecund/Infecund		1327		4.1
Postpartum/breast feeding		2463		7.6
Wants more children		14471		44.7
Opposition to use	2400		7.4	
Opposed to family Planning		280		0.9
Husband opposed		1230		3.8
Other people opposed		233		0.7
Against religion		657		2.0
Lack of knowledge	1287		4.0	
Knows no method		437		1.3
Knows no source		850		2.6
Method related reason	4646	14.3		
Health concerns		1092		3.4
Worry about side effects		1116		3.4
Hard to get method		140		0.4
Costs too much		322		1.0
Inconvenient		84		0.3
Afraid of sterilization		878		2.7
Do not like existing method		1014		3.1
Other	891		2.8	
Do not know	524		1.6	
Total	32382		100.0	

Source: Computed from NFHS II data files.

Table 6
Per cent Distribution of Currently Married Women who are not Currently Using any Contraceptive Method by their Intention to use in Future, India, NFHS I& II

Intention to use in future	NFHS I	NFHS II
Intends to use in next 12 months	13.9	20.9
Use later	13.5	38.0
Unsure about timing	1.3	1.5
Unsure about use	13.0	5.3
Does not intend to	58.2	34.4
Total	100.0	100.0
Intend to use	28.7	60.4

Source: Computed from NFHS I and II data files.

Table 7 provides information on reasons for not intending to use contraception in future among currently married women who are not using any contraceptive method. It is evident from the table that, 54 per cent of women in NFHS II mention a fertility

related reason for not intending to use contraception in the future with compared to 69.5 per cent in NFHS I. The reason of opposition to use and method related reason has increased over the period. This happened might be due to the variation in probing. But knowledge about family planning method has increased over the period. Hence, it is evident that fertility and method related reasons still dominates for not intending to use any method in future.

Table 7
Per cent Distribution of Currently Married Women who are not Using any Contraceptive Method and who do not Intend to use any Method in the Future by Main Reason for not Intending to use Contraception, India, NFHS I& II

Reason	NFHS I	NFHS II
Fertility related	69.5	54.0
Opposition to use	8.5	14.4
Lack of knowledge	4.3	3.8
Method related reason	14.7	21.9
Other	2.8	3.4
Do not know	0.2	2.5
Total	100.0	100.0

Source: Computed from NFHS I and II data files.

Socio-economic and Demographic Factors Influencing Future Intentions of Contraceptive Use

The results of multinomial logistic regression analysis for currently married women by their contraceptive behavior are shown in Table 8. After controlling other predictors, women belonging to SC, ST and OBC groups are less likely to be current users of contraceptive method compared to other caste women. But compared to other caste women, SC and OBC women show greater but ST women show lower intention to use contraception in future. This clearly reveals that ST women are neglected section with respect to the use of contraception. In case of religion, women from other and Muslim community are about one-third and two-third less likely to be current users of contraception compared to Hindu women. Similarly Muslim women are about fifty per cent less intending to use contraception in future than the Hindu women. Couples' literacy has a significant effect on the acceptance of contraception. Illiterate couples and couples with either one literate are 37 and 47 per cent less likely to be current users of contraception compared to their literate counterparts. Similar situation also follows with regard to the intention of contraception. This shows that the literate couples are more aware about the various family planning methods, thus influencing the use of contraception than illiterate couples. Urban women are 1.3 times more likely to use contraception. As the standard of living increases probability of using contraception also increases. Currently married women who have not been exposed to mass media are about 50 per cent less likely to use contraception than those who are exposed to mass media. Similarly women who are not exposed to mass media are 33 per cent less likely to use contraception in future than that of their counterparts. Thus women

Table 8
Results of the Multinomial Logistic Regression Analysis for Currently Married Women by their Contraceptive Behavior According to Selected Background Characteristics, India, NFHS II

Background	Users/Does not	Non-user but	Number of
Characteristics	intend and	intended/Does not	Women
	not sure	intend and not sure	
Caste			
SC	0.915**	1.167**	14163
ST	0.546**	0.888**	9906
OBC	0.903**	1.119**	24270
Others®			34835
Religion			
Hindu®			64810
Others	0.676**	0.676**	8452
Muslim	0.345**	0.520**	9912
Couples' literacy			
Both Illiterate	0.533**	0.702**	19355
Either one literate	0.633**	0.811**	24940
Both literate®			38879
Place of residence			
Urban	1.269**	0.952	25748
Rural®			57426
Standard of living			
Low	0.670**	0.929	22583
Medium	0.827**	0.991	40172
High®			20419
Exposed to mass media			
Not Exposed	0.459**	0.671**	30016
Exposed®			53158
Age group Women			
<20	0.426**	1.238**	6712
30 +	0.674**	0.139**	44115
20-29®			32347
No. of living children			
No	0.028**	0.591**	9255
1-2	0.502**	0.994	33583
2+®			40336
N			83174

^{*} Significant at 5%, ** Significant at 1%

exposed to mass media are more informed and aware about family planning measures. Women in the younger ages (<20) are 58% and women in the older ages (30+) are 33% less likely to be current users of contraception as compared to women in the peak age of child bearing (20-29). Similarly currently married younger age women are 1.2 times more intend to use contraception than the women in 20-29 age groups. Older age groups are hardly intending to use contraception. The reason being is that, either the older

age women do not feel the necessity of using contraception or they might have reached secondary sterility. Number of living children has also a significant effect on contraceptive behavior of women. Those who do not have any living children very negligible proportion of women are likely to be current users of contraception. Similarly those having 1-2 children are less likely to use contraception compared to those having more than two children. Similar situation is also found in case of intention to use contraception. Thus the number of living children makes a greater effect on the current use of contraception.

Table 9 shows the results of multinomial logistic regression analysis for currently married women who are not using any contraceptive method by future intention to use. Women belonging to ST and OBC group are 14 and 8 per cent less likely to use contraception in next 12 months compared to other caste group. Women from SC and OBC are 1.2 times more likely to use contraception later while ST women are more likely to be unsure about the use of contraception compared to other caste group. Thus women belonging to other caste have higher probability of using contraception in the next 12 months. With respect to religious group, women belonging to others and Muslim community are 10 and 40 per cent less likely to use contraception in next 12 months compared to Hindu women. Women belonging to other religious group are more (1.5 times) likely to be unsure about use of contraception in future than currently married Hindu women. Couples where both of them are illiterate and either one is literate are significantly less likely to be use of contraception in next 12 months and use later than literate couples. This reflects that literacy and educational status increases the level of awareness, thereby brings the idea of small family norm among couples. Urban women are less likely to use contraception later than their rural counterparts. The odds of women who are not exposed to mass media are significantly less likely to use contraception either in next 12 months or later than those women who are exposed to mass media. Those women who are not exposed to mass media are 1.15 times more likely to be unsure about the use of contraception than those who are exposed. Thus women exposed to mass media are more aware about family planning which leads to greater communication among couples thereby increasing the intention to use contraception. Older women (30+) are much less likely to use contraception either in next 12 months or in later while younger (age <20) women are 1.4 times and 1.2 times more likely to use contraception later and unsure to use respectively compared to women in the 20-29 age group. Women with 0 and 1-2 living children are significantly less likely to use contraception in the next 12 months compared to women having more than 2 living children. Women having 0 and 1-2 children are 1.3 times and 1.4 times more likely to use contraception later while 2.2 times and 1.2 times more likely to be unsure about use in future compared to women having more than 2 children.

To see the effect of predictor variables on the intention to use contraception in future among currently married women who are not using any contraception and having 0,1,2 and more than two (living children + currently pregnant) multinomial logistic regression have been carried out and the results are presented in the Tables 10,11,12 and 13.

Table 9
Results of the Multinomial Logistic Regression Analysis for Currently Married Women who are not Using any Contraception by Future Intention to use According to Selected Background Characteristics, India, NFHS II

Background	In next 12	Use later and	Unsure about	Number of
Characteristics	Months/Does	unsure about	use/Does not	Women
	not intend	timing/Does not	intend to use	
	to use	intend to use		
Caste				
SC	1.065	1.192**	1.068	7603
ST	0.860**	0.988	1.555**	6200
OBC	0.925*	1.247**	0.984	12697
Others®				15785
Religion				
Hindu®				31991
Others	0.900*	0.662**	1.523**	4180
Muslim	0.598**	0.461**	0.996	6114
Couples' literacy				
Both Illiterate	0.518**	0.768**	0.812**	11586
Either one literate	0.660**	0.847**	0.883*	13562
Both literate®				17137
Place of residence				
Urban	1.044	0.932*	0.915	10393
Rural®				31892
Standard of living				
Low	0.935	0.972	1.129	14070
Medium	0.991	1.011	1.170*	20500
High®				7715
Exposed to mass media				
Not Exposed	0.600**	0.694**	1.151**	18740
Exposed®				23545
Age group Women				
<20	1.108	1.385**	1.236**	6180
30+	0.114**	0.107**	0.262**	15879
20-29®				20226
No. of living children				
No	0.169**	1.335**	2.254*	8812
1-2	0.540**	1.397**	*1.195**	18291
2+				15182
®N				42285

Among currently married women who are not using any contraception and not having any living children (nor currently pregnant), those who belong to OBC are more likely to use contraception later than other caste women. Similar situation is also found in case of women who have one, two and more than two living children. (Note that, as mentioned earlier, for women pregnant at the time of survey one child has been added to the actual number for reckoning the number of living children). Women having more than two living children and belonging to SC and ST group show more

Table 10
Results of the Multinomial Logistic Regression Analysis for Currently Married
Women who are not Using any Contraception and who have Neither having any Living
Children nor Currently Pregnant by Intention to use in Future According to
Selected Background Characteristics, India, NFHS II

Background	In next 12	Use later and	Unsure about	Number of
Characteristics	Months/Does	unsure about	use/Does not	Women
	not intend	timing/Does not	intend to use	
	to use	intend to use		
Caste				
SC	0.72	1.111	1.088	1210
ST	10.660	0.996	1.070	767
OBC	0.766	1.201*	1.164	2142
Others®				2533
Religion				
Hindu®				5421
Others	0.915	0.723*	1.020	498
Muslim	0.332**	0.378**	0.690**	733
Couples' literacy				
Both Illiterate	0.418**	0.691**	0.647**	1386
Either one literate	0.526**	0.764**	0.847	1974
Both literate®				3292
Place of residence				
Urban	1.209	1.389**	1.481**	1805
Rural®				4847
Standard of living				
Low	0.580*	0.578**	0.842	1974
Medium	0.504**	0.699**	0.918	3251
High®				1427
Exposed to mass media				
Not Exposed	0.718*	0.629**	1.099	2552
Exposed®				4100
Age group Women				
<20	1.799**	1.720**	1.494**	2645
30+	0.090**	0.108**	0.283**	1184
20-29®				2823
N				6652

odds to use contraception later than other caste group. Interestingly ST women are about two times more likely to be not very sure about the use of contraception in future compared to other caste group. So it seems that ST women have not taken any decision with regard to fertility reduction even after having more than two children.

With respect to religion, it is evident that, Muslim women are less likely to use contraception in next 12 months than Hindu women. Interestingly among Muslim women as the number of living children increases, the probability of using contraception in the next 12 months also increases. Similarly women belonging to other and Muslim

Table 11
Results of the Multinomial Logistic Regression Analysis for Currently Married Women who are not using any Contraception and who have one (Living Children + Currently Pregnant) by Intention to use in Future According to Selected Background Characteristics, India, NFHS II

Background	In next 12	Use later and	Unsure about	Number of
Characteristics	Months/Does	unsure about	use/Does not	Women
	not intend	timing/Does not	intend to use	
	to use	intend to use		
Caste				
SC	0.865	0.960	0.962	1786
ST	0.678**	0.751**	1.302	1353
OBC	0.776**	1.212**	0.837	3178
Others®				3900
Religion				
Hindu®				7992
Others	0.908	0.703**	1.228	1044
Muslim	0.388**	0.299**	0.914	1181
Couples' literacy				
Both Illiterate	0.427**	0.786**	0.880	2113
Either one literate	0.612**	0.847*	0.808	2811
Both literate®				5293
Place of residence				
Urban	1.340**	1.014	0.936	2879
Rural®				7338
Standard of living				
Low	0.470**	0.818*	0.964	2986
Medium	0.710**	0.895	1.114	5008
High®				2223
Exposed to mass media				
Not Exposed	0.428**	0.524**	0.874	3616
Exposed®				6601
Age group Women				
<20	1.629**	1.462**	1.260*	2702
30+	0.054**	0.090**	0.226**	1714
20-29®				5801
N				10217

religious community shows significantly less probability of using contraception later than Hindu women, even in all the cases of living children and currently pregnant. Muslim women having 0 living children and currently pregnant are 31 per cent less likely to be unsure about use of contraception in future compared to Hindu women while those have two living children and currently pregnant (LC+CP) 41 per cent more likely to unsure about the use of contraception. In case of other religious group those having two and more than two (LC+CP) about two times more likely to unsure about the use of contraception in future compared to Hindu women.

Table 12

Results of the Multinomial Logistic Regression Analysis for Currently Married Women who are not Using any Contraception and who have two (Living Children + Currently Pregnant) by Intention to use in Future According to Selected Background Characteristics, India, NFHS II

Background	In next 12	Use later and	Unsure about	Number of
Characteristics	Months/Does	unsure about	use/Does not	Women
	not intend	timing/Does not	intend to use	
	to use	intend to use		
Caste				
SC	1.205	1.311**	1.318	1598
ST	0.734**	0.952	1.616**	1195
OBC	1.023	1.292**	1.099	2657
Others®				3638
Religion				
Hindu®				7104
Others	1.012	0.678**	1.861**	901
Muslim	0.500**	0.520**	1.411*	1083
Couples' literacy				
Both Illiterate	0.357**	0.686**	0.655*	2051
Either one literate	0.534**	0.853*	0.686*	2708
Both literate®				4329
Place of residence				
Urban	1.068	0.812**	0.732*	2536
Rural®				6552
Standard of living				
Low	0.803*	0.974	1.046	2773
Medium	1.023	1.110	1.165	4267
High®				2048
Exposed to mass media				
Not Exposed	0.495**	0.629**	1.080	3525
Exposed®				5563
Age group Women				
<20	1.494**	1.374*	1.165	734
30+	0.076**	0.089**	0.223**	2616
20-29®				5738
N				9088

^{*} Significant at 5%, ** Significant at 1%

Literate couples are generally more intend to use contraception in future. This is also true in case of India. Where both the couples are illiterate the intention to use is very low. When the couples are literate intention to use contraception is found to be higher irrespective of the number of living children.

With respect to place of residence, women living in urban areas are more likely to express intention to use contraception when they are having 0 and one children than rural women. But their intention is likely to be less than the rural women when they

Table 13
Results of the Multinomial Logistic Regression Analysis for Currently Married Women who are not Using any Contraception and who have more than two (Living Children + Currently Pregnant) by Intention to use in Future According to Selected Background

Characteristics, India, NFHS II

Background	In next 12	Use later and	Unsure about	Number of					
Characteristics	Months/Does not intend to use	unsure about timing/Does not intend to use	use/Does not intend to use	Women					
					Caste				
					SC	1.122	1.378**	0.917	3009
ST	0.989	1.220*	1.888**	2885					
OBC	0.947	1.277**	0.813	4720					
Others®				5714					
Religion									
Hindu®				11474					
Others	0.820*	0.543**	2.017**	1737					
Muslim	0.730**	0.581**	0.999	3117					
Couples' literacy									
Both Illiterate	0.619**	0.793**	1.100	6036					
Either one literate	0.797**	0.890	1.204	6069					
Both literate®				4223					
Place of residence									
Urban	0.863**	0.831**	0.751*	3173					
Rural®				13155					
Standard of living									
Low	1.514**	1.289**	1.126	6337					
Medium	1.353**	1.242**	1.109	7974					
High®				2017					
Exposed to mass media	1								
Not Exposed	0.668**	0.857**	1.304**	9047					
Exposed®				7281					
Age group Women									
<20	1.808*	1.823	1.184	99					
30+	0.138**	0.117**	0.265**	10365					
20-29®				5864					
N				16328					

^{*} Significant at 5%, ** Significant at 1%.

are having two and more children. The reason may be that the women start using contraceptive method currently after getting their desired family size. Similar situation is also found in case of unsure about the use of contraception in future. In rural areas there are some taboos attached to the use of contraception. Again the joint family system in rural areas regulates the reproductive behavior of couples and hence affects the use of contraception.

In case of standard of living, as the standard of living decrease the likelihood of using contraception in next 12 months also decreases. Compared to women living in high standard, women from low and medium standard are less likely to be use of contraception in next 12 month and also in later. This is true in case of women having 0 and 1 children. But in case of women having more than 2 children, the situation is reverse. Here women living in low and medium standard are 51 and 35 per cent respectively more likely to be use of contraception in next 12 months compared to high standard of living.

Odds of women who are not exposed to mass media are less to use contraception either in next 12 months or in later compared to women exposed to mass media. This is true in case of women having 0, one, two and above two (LC+CP). Thus it is evident that mass media has a positive impact on the acceptance of contraceptive method among women.

Younger women (<20) are more likely intend to be use of contraception in next 12 months or in later compared to women 20-29 age group while older women (30+) are much less likely to use contraception in future. As the younger women are generally more exposed to the changing world the intention to use is higher while this is not so in case of women aged 30 and above. The older age women either do not feel the necessity of using contraception or they might have reached secondary sterility. This is true in case of all the conditions whether women are having 0 or one or two or above two living children.

Conclusions

Though the contraceptive prevalence rate in India has increased from 40.6 to 48.2 from 1992-92 to 1998-99, still the achievement level is not so satisfactory as more than half a couple are debarred from using it. The popularity of female sterilization in India is reflected in NFHS II as it is the 71 per cent of the current contraceptive prevalence. There is an improvement in Pills and Condoms with marginal decline in IUD between the two survey periods. It was found that the prime reason for not using a contraceptive was fertility related reason (67 per cent), followed by method related reason (14.3%), opposition to use (7.4%), lack of knowledge (4 per cent). Among women who intend to use contraception, 35 per cent intend to use a method within 12 months and those who does not intend to use again fertility related reason (54%) is the prime one in NFHS II. One of the interesting finding is that Hindu women are more intend to use contraception in future. Multivariate analysis also revealed that age of women, ethnicity, religion, standard of living, number of living children, exposure to mass media, place of residence and couple's literacy has significant impact on the couples about their future intention to use of contraception. The main reason for low prevalence rate of contraception is the poor communication network, which makes the implementation of the programme difficult. Lack of follow up services and non-existing counseling services before and after the adoption of the method makes the problem further weaken. The side effects of contraceptive use should be lay stress for the programme to succeed.

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