

Prevalence of Contraception in Assam A Study Based on NFHS-III, in India

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Abstract

Prevalence of contraception use varies in the North-Eastern states of India. Where as the number of factors have been identified by scholars, which determine differential use of contraception. Some of the major variables are place of residence, educational level of women, caste, religion, and work status of women, standard of living, age of women, and age at marriage of women, infant mortality, total number of living children and number of living sons. These above mentioned variables can be grouped into five broad categories: Social, Economic, Demographic, Infant Mortality and Fertility. As per the NFHS-III, in Assam the knowledge of contraception is almost universal, with 99.5 percent among currently married women recognize at least one method of contraception but still the use of contraception is very low. So it becomes necessary to examine the prevalence of the use of contraception and also to assess the factors which influence the use of contraception in state.

Keywords: Contraception, Determine, Prevalence, Variables.

Introduction

India is second most Populated country at the globe. As per census of India (2001) it's population stands almost 1.027 billion while as per the Census of India 2011 enumeration of population were 1.21 Billion. From the independence India has been pioneer in taking care of the population growth concern in the developmental issues in policies and programmes. After independence a significant, first population policy was initiated in 1952, namely "National Population Policy-1952". From the beginning

of policy, the single most important factor has been the fertility as it is the most important factor of the India's population dynamics. From onwards India has initiated many population policies having various targets regarding the fertility. The recent population policy is known as "National Population Policy" which emphasis on the fertility level of 2.1 a kind of target.

First time Pyare Kishen Wattal advocated for family planning in his book, "The Population Problem in India". In 1935, the Indian National Congress set up a National Planning committee under the chairmanship of Jawaharlal Nehru which recommended the birth control and spreading of the knowledge of cheap and safe methods of the use of family planning measures. It also emphasised on the gradual raising of the marriage age and discouragement of polygamy. After that initiative there were many committees have been constituted for the various developmental issues like sanitation, famine, and medical. All expressed their concern about the population growth of India and stressed the requirement of the birth control. The motive behind all the policies and programmes were birth control and increase family planning.

As far as total fertility rate is concerned, it was 3.35 in 1998-99 (NFHS-II) which is much higher than the replacement level of 2.1. But India is still far behind the replacement level by Total Fertility Rate with 2.7 in NFHS-III, (2005-06). However, the value of total fertility rate in Assam is 2.3 (NFHS-II), and 2.4 (NFHS-III) which are less than the national average of 2.7. The contraceptive prevalence rate is low in Assam that is 57 (NFHS-III), which is equal in comparison of India average of about 56.3 percent. However, NFHS-II (1998- 99) estimates the contraceptive prevalence rate of Assam was 43 percent, which was lower in compare to the national average of 48.2 percent.

An interesting fact were found in NFHS-III, in the state that the knowledge of contraception is almost universal, with 99.5 percent of currently married women recognize at least one method of contraception. It was found that the Female sterilization in Assam is 13.0 percent only that means the female sterilisation is far behind. In terms the use of Pill is 10 percent in state. The use of traditional methods (rhythm, withdrawal, or folk methods) is quite high (21-30 percent). More than half of the CPR is due to traditional methods in Assam. A majority of the users of traditional methods practice the rhythm method. After all the pattern of the currently use of contraception in Assam, is increasing which Controls fertility. So this well documented study tried to assess the prevalence of contraception as family planning in Assam.

Objectives

- ❖ To examine the current pattern of contraception use in Assam (NFHS- 3)
- ❖ To analysis the socio-economic differentials in the use of contraceptive methods in Assam.

Data Source

This paper dealt with the secondary data related to the prevalence of contraception in Assam, Data has been collected from NFHS-III, (2005-06).

Methodology

The study of the prevalence of contraception use in Assam, first of all **Cross-Tabulation, Bar Diagram, Logistic Regression has been used for different purposes like Tabulation for Pattern, Bar Diagram for graphical presentation and Logistic Regression for the analysis the impact of other socio-economic attributes.**

To use the logistic regression, a dependent variable in dichotomous form. Independent variables in categorical or in interval scale. The figures which are explained by logistic regression are the odds ratio. For a categorical explanatory variables the odds ratio shows the probability of increasing or decreasing contraception for a given category relative to that for a reference category. An odds ratio of greater than one for a factor/category signifies its positive effect on contraception and a value less than one indicates its negative effect on contraception from reference category. Thus, the study is based on NFHS-III.

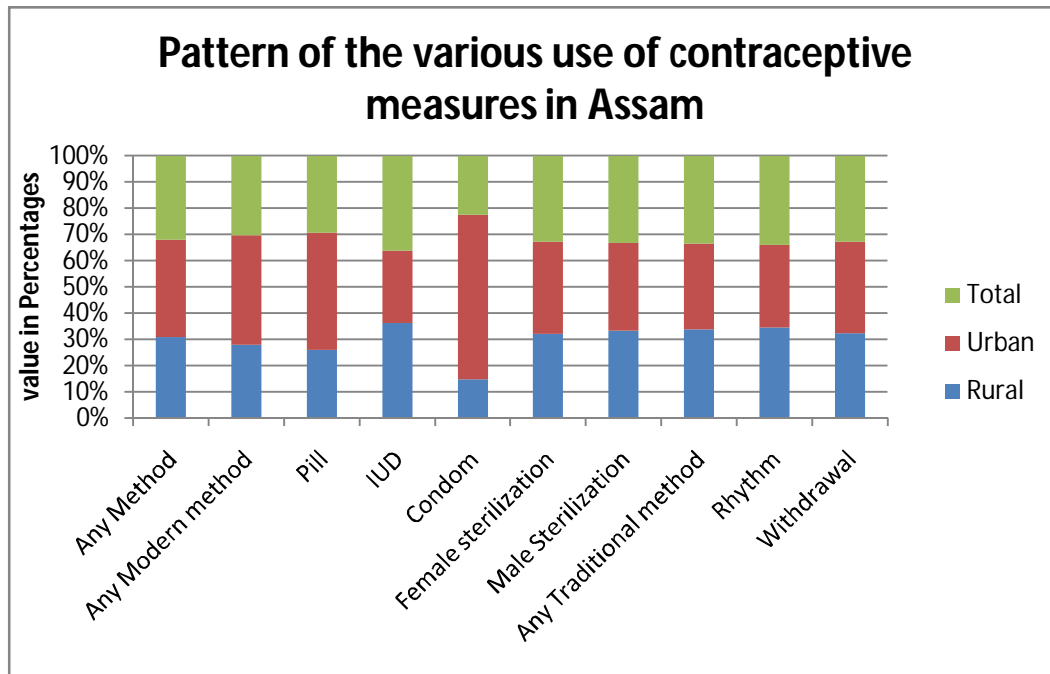
Analysis of the Findings

As per the NFHS-III, it was found that in Assam, current use of contraceptive method is still low with 56.5 percent which is equalent to national average of 56.3 percent. It is also observed that the current use of contraception method is almost twice in urban areas 66 percent, as compared to rural areas 43.3 percent. On the other hand the current use of any modern method is only 27 percent. Where as in the urban areas modern contraceptive methods are more widespread 37.2percent in comparison to rural area 24.8 percent. In practice the modern method of female sterilization were found quite popular.

Table:- 1 Pattern And Trend of Current Use of Different Contraceptives

| Method | Rural | Urban | Total |
|------------------------|-------|-------|-------|
| Any Method | 54.5 | 66 | 56.5 |
| Any Modern method | 24.8 | 37.2 | 27 |
| Pill | 9.1 | 15.6 | 10.3 |
| IUD | 1.3 | 1 | 1.3 |
| Condom | 1.5 | 6.4 | 2.3 |
| Female sterilization | 12.7 | 14.1 | 13 |
| Male Sterilization | 0.2 | 0.2 | 0.2 |
| Any Traditional method | 29.6 | 28.8 | 29.5 |
| Rhythm | 17.5 | 15.9 | 17.2 |
| Withdrawal | 11.5 | 12.5 | 11.7 |

Source:- NFHS-III, (2005 -06)



Figure; 1.Pattern of the use of various measures of contraception in Assam

Socio-Economic Differentials in Current use of Contraception

As per NFHS-III the residence of respondent, table below shows that in Assam 64.4 per cent currently married women use any type of contraceptive method in urban areas. It is found that the accessibility and availability of contraception, the use of these methods is higher in urban areas compare to the rural areas 55.2 percent, where as the use of any type of contraceptive method is below state level. In the religious communities Hindu women who are currently married are using contraception of 61.9 percent is the highest while Christian are at the lowest level with only 46.1 percent; Muslim women are also using to a some extent with 46.7 percent. Table shows that in the early age, women do not use contraception because of having great desire for children just after the marriage. Thus in the age group 15-19, only 26.8 percent currently married women use any type of method. This rate increases up to 58.7 percent in the age group of 20-34, after that age group once again use of contraception decline, because women cross through the end of her reproductive span. Standard of living index of the household also shows a positive effect on use of contraception.

Table 2 -Prevalence of Contraception by Socio-Economic Characteristics in Assam.

| <i>Background Characteristic</i> | <i>Use of Contraception</i> |
|----------------------------------|-----------------------------|
| <i>Residence</i> | <i>In Percentage</i> |
| Urban | 67.4 |
| Rural | 55.2 |
| Religion | |
| Hindu | 61.9 |
| Muslim | 46.7 |
| Christian | 46.1 |
| Others | 47.3 |
| Women's Age | |
| <20 | 26.8 |
| 20-34 | 58.7 |
| 35-49 | 55.4 |
| Standard Of Living | |
| Low | 47.6 |
| Medium | 63.2 |
| High | 66.5 |
| Caste | |
| Sc | 56.9 |
| St | 55.8 |
| Obc | 61.2 |
| Others | 55.3 |
| Mother's Education | |
| No Education | 48.8 |
| Primary | 53.4 |
| Secondary | 62 |
| Higher | 63.6 |
| No. Of Living Children | |
| 1 & 2 | 52.3 |
| 3 & 4 | 58.9 |
| 5 & Above | 54.2 |
| Occupation Of Mother | |
| Yes | 60.1 |
| No | 54.6 |

NFHS-III estimates that the standard of living of women is also determine the use of contraception in state it is found that only 47.6 percent use contraception who has low standard of living on the other hand higher standard of living of women constitutes 66.5 percent.

In social groups caste plays very important role for the use of any family planning measures, in terms of castes, it is found that the contraceptive prevalence rate is

highest 61.2 percent among who belongs to Other Backward Castes and is lowest amongst the others with 55.3 and Schedule Tribes with 55.8 percent in state. It is argued by various scholars that the education is key indicator for the dissemination of awareness in the each section of society. Female education is the key factor in determining the female autonomy in reproductive decision, because an educated woman takes her own decision about her reproductive behaviour. Thus the use of contraception is affected by level of education. Finding shows that, as education level is increasing the use of contraception is also increasing and it is highest in higher education group of mothers with 63.6 percent that means the education and the use of contraception is significantly correlates. Every eligible couple has a desire to have certain number of children, for that purpose they use contraception to limit the number of children. Table 2 shows that contraceptive prevalence rate is high from three to four children with 58.9 percent but it declines to 54.2 percent for who have five and above children in Assam. Participation of women in any working activity is also significantly correlated with the use of contraception. Women who work normally tends to use more contraception than women who does not work. As per the result in cross tabulation of contraceptive use and working mother, it is evident that women who work are using contraception at the rate of 60.1 per cent which is not so much different from not working women with 54.6 percent in Assam.

Analysis through Binary Logistic Regression

Results from logistic regression, reveal that currently married women from rural areas are 0.879 times less likely to use contraception than urban women, if other variables are constant. Women who completed primary, secondary and higher level of education are more likely to use contraception by 1.014, 1.759 and 1.903 times respectively then reference category of illiterate. Here, it show that .876 times are less likely to use contraception by women who are not working as her family source of income. Standard of living index of the household shows a positive effect on use of contraction. As per regression results, low standard of living index is reference category then women belonging to medium and higher standard of living are 1.542 and 1.857 times more likely to use contraception, if the other factors remaining constant. For caste classification, the logistic regression analysis is showing dissimilar results. Other Backwards Castes are more likely to use contraception by 1.179 times from the reference category of the Schedule Castes. But the results are not significant. The result of the religious groups it is observed that use of contraception is .832 times lower among Muslims compared with reference category Hindu. Besides Christians and others are also less like to use contraception with reference to Hindu by .798 and .939 times respectively. But all of the results are not significant. There are certain social and religious norms which affect the use of contraception in different religion. In Muslims, another factor works – low education level. The regression results reveals a positive relationship with women having three to four and five and above children are 2.387 and 2.324 times respectively are more likely to use contraception than reference category of having one to two children.

TABLE 3: Estimates of Odds Ratio of Current Use of Contraception Derived From Logistic Regression, Assam, Nfhs-III

| Background Variables | B (Regression Co-efficient) | Sig. | Exp(B)(Odds ratio) |
|-------------------------------|-----------------------------|-------|--------------------|
| PLACE OF RESIDENCE | | | |
| Urban# | | .000 | |
| Rural | 0.152 | 0.012 | .879** |
| MOTHER'S EDUCATION | | | |
| No education # | | .000 | |
| Primary | 0.014 | 0.902 | 1.014 |
| Secondary | 0.565 | .000 | 1.759* |
| Higher | 0.643 | .000 | 1.903* |
| OCCUPATION OF MOTHER | | | |
| Yes# | | .000 | |
| No | -0.133 | 0.021 | .876** |
| STANDARD OF LIVING | | | |
| Low # | | .000 | |
| Medium | 0.433 | .000 | 1.542* |
| High | 0.619 | .000 | 1.857* |
| CASTE | | | |
| SC # | | .000 | |
| ST | -.067 | .813 | .935 |
| OBC | .164 | .214 | 1.179 |
| Others | -.072 | .566 | .931 |
| RELIGION | | | |
| Hindu # | | .000 | |
| Muslim | -0.184 | .738 | .832 |
| Christian | -0.382 | 0.198 | .798 |
| Others | -0.063 | 0.508 | .939 |
| NO. OF LIVING CHILDREN | | | |
| 1 & 2 | | .000 | |
| 3 & 4 | 0.87 | .000 | 2.387* |
| 5 & above | 0.884 | .000 | 2.324* |

Reference category; Significant level: **5%, *1%.

Conclusion

In concluding remarks, results are not up to the expectations, the use of modern method of family planning is not satisfactory in Assam where as only 27 percent currently married women are using any modern method which is very less in comparison to national average of 48.5 percent, NFHS-III. The poor contraceptive prevalence rate is not due to lack of knowledge, because it is already stated that the knowledge of contraception is almost universal in Assam, with 99.1 percent among currently married women know at least one contraceptive method, even than they are

not using these spacing or permanent contraceptive method. The reason behind is that there are some socio-economic and demographic factors which determine the acceptance of various contraceptive methods. One interesting aspect is also institute, that more than half currently married women are not using contraceptive methods. Women in urban area using more contraceptives rather than the rural women.

There is influence of availability, accessibility and means of communication is also playing role because state situated in the Himalayan range. The contraceptives are more available and accessible to urban women that's why they use more. Some other factors also affect the prevalence rate i.e. education, religion, ethnicity and number of living children. As it is estimated that the level of education increases, percent of using contraceptive also increases. Thus, there is a need of the decentralisation of family planning policies for dissemination of the knowledge and uses of contraceptives methods at grass root level; so that the ultimate aim to reduce fertility can be achieved in Assam.

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