Dynamics of Contraceptive Use in India: Apprehension versus Future Intention among Non-users and Traditional Method Users

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Abstract

This study examines the reasons for not using any method of contraception and reasons for not using modern methods of contraception; and factors associated with the future intention to use different types of contraceptives in India and its selected states, namely Uttar Pradesh, Assam, and West Bengal. Data from the third wave of District Level Household and Facility Survey, 2007-08 were used. Postpartum amenorrhea and breastfeeding practices were reported as the foremost causes for not using any method of contraception, whereas opposition to use, health concerns and fear of side effects were reported to be major hurdles in the way of using modern methods of contraception. Results from multivariate analysis suggest considerable variation in explaining the factors associated with future intention. Promotion of health education addressing the advantages of contraceptive methods and eliminating apprehension about the use of these methods is the need of the hour.

Introduction

The trysts on contraceptive use have received scholarly attention in family planning literature, but there have been few attempts to understand the reasons behind apprehension, and the context of future intention to use contraceptives in India. In 2000, the heads from 189 countries endorsed the Millennium Declaration [1] where universal access to contraceptive methods was reemphasized as the cost-effective way of reducing maternal mortality [2]. Family planning research and policy have efficiently reoriented the choice of avoiding pregnancy along with convenient and informed access to contraceptive methods to control fertility, especially unwanted/unintended or mistimed pregnancy [3-5], and to attain the desired family size [6]. As the proximate determinant of fertility, the Contraceptive Prevalence Rate (CPR) is considered one of the principal impact evaluation measurements of fertility control; as an impact measure, the 'unmet need' for family planning has been criticized as it fails to explain the reasons for not using contraceptive methods [6]. On the other hand, intention to use contraceptives has been considered a potential program indicator in family planning services [7, 8] even though the intention might not be translated into reality [9]. Thus, non-users of any method of contraception consistently raised potential concern implicit to fertility deceleration. With the advancement of social development, "modern" methods of contraception are believed to be effective over "traditional" ones [10, 11] for the fertility rate to reach replacement level (2.1 lifetime births per woman).

To understand the dynamics of contraceptive use, it is important to study current contraceptive use, preference and problems of different methods as well as their intention to use contraceptive methods in the future. Avoidance of any methods of contraception or use of traditional contraceptive methods are considered ineffective ways of fertility control. Some of the factors related to non use are - a couple feels that they will have little chance of conception or are apprehensive about the method or are opposed to use the method for physical, social and religious reasons. Users of traditional methods may have the same objections to the use of modern methods as non-users have. Additionally, it is important to know the reasons for discontinuation of any family planning method by ever users. Hence, this study attempts to examine the apprehensions about the use of contraceptives or modern contraceptives from the point of view of non-users, traditional methods users and ever users. Additionally, it will be useful to examine future intention of contraception by both non-users and traditional method users to understand the possible predictors for future use of any contraceptive method and

modern method of contraception respectively. In keeping with these dynamics of contraceptive use, we have analysed the data from three states namely Uttar Pradesh, West Bengal and Assam, and India separately in the present study. In these three focused states, overall contraceptive use was low and/or significant number of women reported the use of traditional contraceptive methods.

Materials and Methods

Data

To capture the study objective, the third wave of District Level Household and Facility Survey, 2007-08 (DLHS-3) [12] was used, where for the first time in an nationally representative survey, information on future intention to use contraceptives was collected separately for non users as well as for traditional method users; data on barriers to contraceptive use were collected under four subheadings, namely, fertility related reason, opposition to use, lack of knowledge and method related reason. Forty seven questions were posed to eligible respondents to understand the behavior related to contraceptive use under the 'Contraception' subheading of 'Contraception and Fertility Preferences: Section 4'. In DLHS-3, (during 2007-08) the sample covered a total of 643944 ever married women aged 15-49 years from 720320 households covering 34 states in India. A multi-stage stratified systematic sampling design was adopted for DLHS-3. The DLHS-3 was designed to collect data on various aspects of health care utilisation for Reproductive and Child Health (RCH) and accessibility of health facilities. In DLHS-3, the data were collected using different interview questionnaires, including household questionnaire, ever-married women questionnaire, unmarried women questionnaire, village questionnaire and facility questionnaire. The household response rate in DLHS-3 was 94 percent. A detailed description of sampling procedures is reported in the DLHS-3 report [12]. This survey was conducted by the International Institute for Population Sciences and regulated by the Ministry of Health and Family Welfare, Government of India and the data have been made available in the public domain.

Study Population and Outcome Events

In the ever-married questionnaire of DLHS-3, currently married women were asked, "Are you or your husband currently using any type of contraceptive method to delay or avoid getting pregnant?" Women who responded that they were not using any type of contraceptive method

were considered ‘non-users’. If their response to this question was positive, they were questioned about the type of method they were using. Those who were using the rhythm or withdrawal method of contraception were called ‘traditional method users’ in the present analysis. Subsequently, non-users (those do not want any [more] children or do not want [a/another] child soon) and traditional method users were asked about their reasons for not using any kind of contraceptive method (fertility related reasons/ opposition to use/ lack of knowledge/ method related reasons). Similarly, traditional method users, were asked why they were not using any kind of modern contraceptive method (fertility related reason/ opposition to use/ lack of knowledge/method related reasons). These questions were not posed to pregnant or sterilised women. Non-users as well as traditional method users were asked if they intended to use any contraceptive method and any modern method of contraception in the future respectively. Information on reasons of discontinuation (fertility related reason/side effect related reason/other reasons) as well as future intention to use contraceptives was also collected for non-users (who are ever users but currently non-users) and pregnant women, but this study did not analyse the factors associated with their agreement to use contraception methods in the future to avoid an arbitrary response. In brief, this study analyses the factors associated with future intention to use any method of contraception among non users and non pregnant women who do not want children or who want children after two years or more, as well as factors associated with future intention to use modern methods of contraception among traditional method users.

Predictor Variables

Demographics and socio-economic variables such as current age, marital status, educational attainment, place of residence, caste, religion and wealth quintile index (a relative index of household wealth as a proxy of economic status was assessed using Principal Component Analysis (PCA) based assets, ownership of consumer items and dwelling characteristics) were used in this paper as predictor variables. The sex composition of living children was computed. Additionally, the source from whom women received advice to use contraceptives and ever heard/seen/read message about family planning methods have been also considered among other predictors of future intention to use contraceptives.

Statistical Analysis

Fulfillment of overall analysis has been carried out with the use of descriptive as well as multivariate analysis. To assess the factors associated with the future intention of contraceptive use, the binary logistic regression analysis has been deployed. Instead of the linear probability model, the logistic regression function seems to fit some kind of sigmoid curve when the response variable is dichotomous (that is, binary or 0-1) and that reasonably portrays the reality about outcome events [13]. Appropriate sample weighting was supplemented to conduct the analysis. The statistical software, STATA version 10 [14] was used to execute the entire analysis.

Ethical Statement

This paper is based on secondary data available from the third round of District Level Household and Facility Survey-2007-08 (DLHS-3) conducted by the International Institute for Population Sciences (IIPS), Mumbai, India. The survey was approved by the IIPS ethical review board and the institutional review boards of the funding agencies, and also the Technical Advisory Committee of DLHS-3 appointed by the Ministry of Health and Family Welfare, Government of India [12]. All interviews in this survey were conducted with the informed consent of the respondents.

Results

Contraceptive use in India

The dynamics of contraceptive use in India and its selected states are represented in **Table 1.** The percentage of non-users out of total currently married women is around 45 percent in India, while it stands at 62 percent, 51 percent and 28 percent in Uttar Pradesh, Assam and West Bengal respectively. Among non pregnant women who did not want children or who wanted children after two years or more, 58 percent reported as non-users. Similarly, nearly 64 percent, 45 percent and 28 percent of women in Uttar Pradesh, Assam and West Bengal respectively belong to the same category. More than 90 percent of ever-users (but currently non-users) or pregnant women in India, Uttar Pradesh and Assam were not using any method of contraception. Around 6 percent of women were using traditional methods of contraception in India. This proportion was substantially high in West Bengal (18 percent) followed by Assam (18 percent) and Uttar Pradesh

(11 percent). Therefore, these three states were selected for further analysis of apprehension and future intention to use contraception.

Apprehension to use contraceptives

One of the best ways of assessing obstacles to family planning programs was to ask women why they were not using a contraceptive method; this was done in the DLHS. Reasons for not using contraceptives as well as not using modern methods of contraception were multiple. Based on these responses, the analyses are presented in Tables 2, 3 and 4 for non-users, traditional users and ever users respectively.

Fertility Related Reason

Fertility related reasons that have been addressed in the present analysis are the desire for not having sex, infrequent sex, living away from the husband, menopause, hysterectomy, sub-fecundity or infecundity, postpartum amenorrhea, breastfeeding and 'up to God.' The study revealed that postpartum amenorrhea and breastfeeding practices were mentioned as potential reasons for avoiding the use of contraceptives in India **(Table 2)**. The same reasons are applicable to Uttar Pradesh and West Bengal but not to Assam. In the case of traditional users, eight percent of women at the all India level reported that they had infrequent sex/did not have sex and around two percent of women reported breastfeeding and 'up to god' under the fertility related reason **(Table 3)**. The most common reason for discontinuing a method was the desire to become pregnant. A significant percentage of women among ever users gave the following reasons for discontinuation of contraceptive methods specifically in Uttar Pradesh (20 percent) and West Bengal (16 percent): Husband away/ infrequent sex/not having sex **(Table 4)**.

Opposition to Use and Lack of Knowledge

At the national level, around 16 percent of non-users reported that they themselves opposed the use of contraception. In the case of Assam, approximately 33 percent of women opposed the use of contraception and in Uttar Pradesh; the percentage of women who reported opposition to use was almost half of those in Assam **(Table 2)**. In the case of traditional method users, opposition to use modern methods from respondents is mainly from women, around 10 percent each in India, Uttar Pradesh and Assam. A similar percentage also reported their husband's

opposition/other opposed/religious prohibition for the use of modern methods of contraception **(Table 3).** Only a negligible percentage of non-users and traditional method users reported lack of knowledge about contraceptive methods **(Tables 2 and 3)**. In a separate section of DLHS-3, where knowledge of contraceptives was examined, it was found that knowledge about sterilisation was universal and more than 70 percent were aware about other modern methods (IUD and pills) [12].

Method Related Reason

To document method related reasons, the predictors taken into consideration in this study are health concerns, fear of side effects, lack of access or too far, costs too much, difficult or inconvenient to get method, inconvenient to use, interferes with body's normal processes, do not like existing methods, afraid of sterilization and cannot work after sterilization. Among non-users, health concerns were reported by 11 percent at the national level and around nine percent each in Uttar Pradesh and West Bengal as the reason for not using any method. Fear of side effects was reported by a small percentage of women (**Table 2)**. On the whole, method related reasons such as health concerns and fear of side effects were documented as the prime hurdles in the use of modern methods of contraception among traditional users and it was the highest in West Bengal (65 percent) followed by India, Assam and Uttar Pradesh **(Table 3)**.

Future intention to use contraceptives

Future intention to use contraceptives among non-users

Around 27 percent of women in India responded that they would like to use contraceptive methods in the future, whereas the state wise prevalence score was 31 percent for West Bengal, 27 percent for Uttar Pradesh, 14 percent for Assam (**Table 5)**. At the all India level, around one-third among those who reported fertility related reasons, and one-fourth among those who reported opposition to use, lack of knowledge, and method related apprehension, have shown interest in future use. A relatively high percentage of women in West Bengal and Uttar Pradesh reported future intention to use contraceptives in comparison to women in Assam. A very small proportion of women among those women who had not received any advice regarding contraception reported future intention to use contraceptives, especially in Assam. Age and education also play a role in the future intention to use contraceptives. Difference in the future

intention to use contraceptives was evident in the case of West Bengal where around 37 percent of poor women were ready to adopt the method and hardly13 percent of the richest agreed to do so.

Future intention to use modern contraceptives among traditional method users

Overall, around 21 percent of the women in Uttar Pradesh, 9 percent in Assam, 16 percent in West Bengal and 19 percent in India agreed to use modern methods of contraception in the future (**Table 6)**. Around one-fourth of those women who reported lack of knowledge for not using modern methods were inclined to use modern methods in West Bengal, Uttar Pradesh and at the all India level. At the all India level, those who reported opposition to use and method related reasons were less inclined to use modern methods of contraception in the future, especially among traditional family planning users. These percentages were very low in the case of Assam and West Bengal in comparison to Uttar Pradesh. Nearly 18 percent of the respondents in Uttar Pradesh mentioned fertility related reasons as a barrier to use modern methods of contraception, whereas 8 percent of women in Assam said that method related reason was a hurdle to the use of contraceptives and 9 percent of women in West Bengal faced opposition to use. All of them agreed to use modern methods in the future. Altogether there was considerable variation in the responses from the states regarding the dominant reason for using modern methods of contraception. The variation in agreement by education within categories was minimal. Additionally, there was no appreciable difference in the intention within the wealth index across India as well as its selected states.

Factors associated with future intention to use contraceptives

The results from logistic regression showing the factors associated with the agreement of intention to use any method of contraception among non users are represented in **Table 7**. The causes of apprehension were used as an independent variable. For this variable, fertility related reasons for not using contraceptives were considered the reference category. In comparison to the reference category, those women who reported lack of knowledge have higher chances of using contraceptives. Opposition to use as well as method related reasons have led to avoidance of contraception among women, while some attributed it to fertility related reasons. Those women who were aware (who seen/heard/read message related to family planning methods) about family

planning methods were more likely to confirm their use of contraception in the future compared to those who did not. Those women who received any advice to use contraceptives were more likely to adopt any method of contraception in the future in comparison to those who had not received any advice. At the all India level model, it was found that women belonging to Uttar Pradesh were more likely to use contraception in the future than those from Assam and West Bengal. On the other hand, compared to those women who mentioned fertility related reasons, women who mentioned opposition to use and method related reasons for not using any modern method of contraception were less likely to use modern methods in the future (**Table 8)**. It is encouraging to note that those who have received advice have higher chances of using modern contraceptive methods.

Discussion

This study examines the reasons for not using any method of contraception as well as reasons for not using modern methods of contraception, and factors associated with the future intention to types of contraceptive use in India and its selected states - Uttar Pradesh, Assam and West Bengal where family planning is low or a significant number of women are using traditional methods. To attain the study objective, the third wave of District Level Household and Facility Survey, 2007-08 (DLHS-3) was used. Intention to use contraception in the future provides a forecast of potential demand for family planning services and represents a summary indicator of attitudes towards contraception among current non users as well as traditional method users. Hence, this study, in the light of understanding the apprehension about contraceptive use among women, hopes to facilitate better implementation of the family planning program in India.

Discussion regarding the strength of motivation to avoid or terminate pregnancy was most effective in explaining the reasons for avoiding or abstaining from contraceptive use. The mismatch between willingness to avoid pregnancy and remaining unconcerned about becoming pregnant clearly indicates the adverse fertility outcome alongside the perception of low risk of conceiving. This reduces the possibility of practising effective methods of contraception [15]. This study has documented that a significant number of women are not using contraception as they are in postpartum amenorrhea or breastfeeding. Some groups of women who have infrequent sex are also not using any method of contraception. There is a likelihood that these women will have unplanned or unwanted children if they are not protected by a method which suits their

individual requirements. It has been widely perceived and accepted that the use of contraception is a matter of mutual agreement between the spouses, but there may possible opposition from the respondent or the husband or others or some religious prohibition as mentioned in the analysis. Although it has been suggested that information about family planning attitude and intentions must be collected both from the husband and the wife in a patriarchal society like India to infer a couple's agreement in the use of family planning methods, the study documented the husband's opposition as the dominant factor in practising contraception. A husband's disapproval of the use of contraceptives possibly indicates his fertility preference or adverse feelings about contraception. Fear of side effects also may cause disapproval of the husband [15]. The role of mother-in-law was documented as a predominant authority related to child bearing decisions, but these phenomena are complex and dynamic. This study documented that a good proportion of women themselves opposed the use of contraception. Moreover, religious conservatism was a strong negative correlate of some forms of contraceptive use and thus among Muslims, the practice of sterilisation may be negligible as some schools of Islam allow any means of contraception such as pill, condom, injections and intra-uterine devices that aim to achieve the same results [16]. Islam restricts fertility if it compromises the quality of life of the mother or the child or the ability of the parents to raise their children [16], although among Hindus, Muslims, Buddhists, Sikhs and Jains, husband wife communication, gender roles, access to contraceptives and traditional family norms and values have a more crucial effect on the use of family planning methods and fertility than theological or religious barriers.

This study has identified the characteristics of women who intend to use family planning methods. Women with lack of knowledge are positively oriented to use any method of contraception. One explanation could be that most of the women wanted to use contraception but were unaware about how to source it. In India, there is a substantial gap in information regarding the use of contraceptives [17,18]. A comprehensive measure to improve the use of contraceptives is to make women aware of the source and availability of contraceptives and how to choose the method effectively [15]. Only lack of knowledge could not be the reason for non-use as evident from this study. It is encouraging to note that in West Bengal and Uttar Pradesh, around one-third of non-users with lack of knowledge about contraceptives reported that they would like to use them in the future. Those who were exposed to family planning messages through mass media have a higher chance of contraceptive use in comparison to those who are not exposed.

Motivation and counseling for future use of contraception play an important role in change of attitude towards the use of family planning. Around half of the women in the selected states, whose mother-in law, mother, husband advised them to use a contraceptive method, reported that they would use contraception in the future. The role of health personnel and friends in influencing future intention to use contraception comes after mother-in-law, mother and husband. The mother-in-law seems to play a central role in motivating contraceptive use. Access remains a crucial problem in most developing societies, especially in rural areas where it is a problem to obtain lost cost, high quality family planning services.

The significance of state of residence after adjusting for individual socio-demographic characteristics encourages state-specific reproductive health outreach and implementation strategies. According to the study, there is a tendency among the respondents to agree to use any method of contraception with increasing number of living children. The indication is positive in a way that women wish to control their fertility by adopting the use of contraception to attain the desired family size. But the findings should be explained with precaution since the women might not use any method in the future. This study also suggests that women advised to use contraceptives (any method or traditional methods of contraception) were more likely to comply with future contraceptive use. This indicates that if proper counseling is administered in a community, the likelihood of adoption of contraception will increase. Thus the findings of this study suggest the need for a well designed and intense family planning program to avert maternal and child mortality and morbidity [19].

Now, under the new program being implemented by the Government of India in 19 states, pregnant women are counseled for the use of Intra-Uterine Contraceptive Devices (IUCDs) during the antenatal period itself and the IUCD is inserted soon after the woman delivers the baby, following proper consent [20]. It may be noted that many women in high focus states under the National Rural Health Mission (NRHM) program are opting for institutional delivery to avail themselves of the *Janani Suraksha Yojana (JSY)* [21]. It is worth mentioning that failure of the National Population Policy, 2000 and the National Health Policy, 2002 to reduce the maternal mortality ratio lead to the establishment of a National Rural Health Mission in 2005 [21]. Under the broad umbrella of NRHM, the Government of India launched the largest conditional cash transfer scheme called *Janani Suraksha Yojana* (JSY) in April 2005, to encourage women of low socioeconomic status to give birth in health facilities [21]. The scheme was guided by the

previous National Maternity Benefit Scheme [21]. Hence, there is high potential of increase in the use of contraceptives among women who are in postpartum amenorrhea or breastfeeding. Both non-users and traditional method users are wary of using modern methods of contraception because of an innate antipathy towards these methods, health concerns and fear of side effects. This calls for proper counseling by community health workers about the methods. With proper counseling and by offering appropriate information, those women who believe that they are unlikely to get pregnant for whatever reason, or who fear side effects of current (hormonal) methods will come forward to use contraception. The role of counseling is crucial because global literature fails to convince that educational intervention is a sufficient condition (although necessary) to promote contraceptive use. Educating the practice of Lactational Amenorrhea Method (LAM) as a method of contraception among women who exclusively breastfeed their children might prove fruitful [22] in Uttar Pradesh, Assam and West Bengal. Another consideration is the increasing availability of accurate information about the fertile time during the menstrual cycle - thus converting "rhythm method" users (and some non-users) to modern fertility awareness-based methods such as the Standard Days Method, which is available through a number of NGOs and social marketing in Uttar Pradesh [23].

In conclusion, this study documented varying degrees of concerns related to reasons behind the apprehension and future intention to use contraceptives. As previous studies have documented, the challenge becomes significant when opposition to use [24], unawareness [25-27], and low education [28] are the prime barriers to the use of contraceptives. The success of the National Rural Health Mission to enhance the level of contraceptive prevalence may be reoriented to provide informed choice [12] of modern methods of contraception. Promotion of health education [29] addressing the advantages of contraceptive methods and eliminating apprehension about the methods through effective communication by community level workers [30] is the need of the hour. The report by the High Level Expert Group on Universal Coverage submitted to the Planning Commission, India to introduce a comprehensive “package” will follow the design of “Continuum of Care” [31]. It is hoped that an effective protocol for family planning promotion will be designed by using some of the Gross Domestic Product (two percent) proposed to be spent on healthcare in the Twelfth Five Year (2012-2017) Plan in India.

Study Limitations

One of the limitations is that future intention reported by women will not completely into use of contraception. Respondents may have agreed to use the contraception in the future because it was known to them that the use of contraception is a socially desirable practice (technically called social desirability bias). Secondly, it is the opinion of the wife that has been taken into consideration and not that of the husband or partner. However, the use of representative sample data to represent the targeted population, and the deployment of appropriate analytical strategy to fulfill the study objective are the strengths of this research.

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Table 1. Percentage of (women) non-users and traditional method users in India and its selected states, 2007-08

	Non user[a]	Non users[b]	Non users[c]	Traditional method users
Uttar Pradesh	61.6	64.4	95.5	11.0
Assam	51.4	44.9	93.3	17.6
West Bengal	28.0	27.9	81.7	18.1
India	45.2	58.4	94.4	6.4

[a] Non users out of total currently married women.

[b] Non users among currently married non-pregnant women who don't want children or want children after two years or more.

[c] Non users among ever user currently married or pregnant women.

Table 2. Percentage of non-users by reasons of not using any contraceptive method in India and its selected states, 2007-08

Reasons	Uttar Pradesh	Assam	West Bengal	India
Fertility related reasons				
Infrequent sex /not having sex	9.8	8.3	3.6	8.4
Husband away	16.9	3.1	16.3	10.3
Menopause/Hysterectomy/ Subfecund/infecund	3.2	3.8	2.7	3.3
Postpartum amenorrheic	25.9	17.8	35.9	20.7
Breastfeeding	19.4	17.6	11.8	24.1
Up to God	13.3	5.6	2.3	14.3
Opposition to use				
Respondent opposed	17.3	33.0	1.0	16.0
Husband opposed/ Others opposed/ Religious prohibition	3.5	8.6	1.0	3.2
Lack of knowledge				
(Knows no method/ Knows no source of method)	1.7	1.2	0.3	1.3
Method related reason				
Health concerns	8.6	4.0	8.4	10.6
Fear of side effects	2.2	2.9	4.8	4.3
lack of access/ Too far/ Cost too much/ Difficult/inconvenient to get method	1.6	0.5	0.3	1.3
Inconvenient to use/ Interferes to body's normal processes/ Do not like existing methods	1.5	0.6	0.7	1.2
Afraid of sterilization/ Cannot work after sterilization	2.5	0.7	0.2	2.0
Don't Know/ Others	1.5	0.8	1.6	2.5
Number of cases[a]	28676	7479	2562	135936

Note: Table based on multiple responses

[a] Missing cases for Uttar Pradesh, Assam, West Bengal and India are 128, 139, 16 and 2909 respectively that is 3192 cases in total. Numbers of cases are unweighted.

Table 3. Percentage distribution of traditional method users by reasons of not using any modern method of contraception in India and its selected states, 2007-08

Reasons	Uttar Pradesh	Assam	West Bengal	India
Fertility related reasons				
Infrequent sex /not having sex	9.2	2.8	3.8	7.8
Husband away	1.1	0.8	0.5	1.4
Menopause/ Hysterectomy/ Subfecund/infecund	0.2	0.1	0.1	0.3
Postpartum amenorrheic	0.2	0.0	0.0	0.1
Breastfeeding	1.4	0.5	0.9	1.5
Up to God	1.5	1.5	0.6	1.6
Opposition to use				
Respondent opposed	11.0	10.7	2.9	10.2
Husband opposed/ Others opposed/ Religious prohibition	13.2	23.2	10.0	13.3
Lack of knowledge				
(Knows no method/ Knows no source of method)	3.5	4.8	1.4	2.4
Method related reason				
Health concerns	18.9	14.0	27.6	21.0
Fear of side effects	13.4	26.8	38.6	21.6
lack of access/ Too far/ Cost too much/ Difficult/inconvenient to get method	7.0	6.3	2.5	4.3
Inconvenient to use/ Interferes to body's normal processes/ Do not like existing methods	11.7	3.8	6.6	7.5
Afraid of sterilization/ Cannot work after sterilization	6.6	2.6	0.9	4.0
Don't Know/ Others	0.9	2.3	3.7	2.8
Total	100.0	100.0	100.0	100.0
Number of cases[a]	9063	4826	3692	38234

[a] All number of cases are unweighted.

Table 4. Percentage distribution of ever users (currently pregnant women or non-users) by reasons of discontinuation of method in India and its selected states, 2007-08

Reasons	Uttar Pradesh	Assam	West Bengal	India
Fertility related reason				
Wanted child	51.2	56.8	52.1	55.0
Method failed	12.0	7.8	12.5	8.7
Side effect related reason	7.0	13.1	8.3	10.5
Other reasons				
Not having sex/ infrequent sex/husband away	20.4	15.7	17.2	15.8
Others	9.4	6.6	9.9	9.9
Total	100.0	100.0	100.0	100.0
Number of cases[a]	13468	4509	2733	53104

[a] All number of cases are unweighted

Table 5. Percentage of non-users who intend to use any contraceptive method in the future in India and its selected states 2007-08

Background characteristics	Uttar Pradesh	Assam	West Bengal	India
Reasons of not using any contraceptive method				
Fertility related reason	29.0	15.3	33.1	28.9
Opposition to use	20.8	12.0	22.1	23.1
Lack of knowledge	31.2	9.9	37.5	26.5
Method related reason	24.5	15.0	23.6	24.4
Others	21.1	15.6	28.2	25.6
Current age				
Less than 18 years	27.7	22.9	43.6	30.3
18-24	38.2	23.5	46.4	39.4
25 and above	22.3	11.6	20.5	22.0
Sex composition of living children				
No children	22.0	13.0	10.8	18.5
One son	31.4	18.0	32.0	28.9
One daughter	31.9	15.1	33.3	29.3
Two children	32.3	15.6	38.2	31.1
Three or more children	24.2	12.2	25.7	24.2
Residence				
Rural	27.4	14.4	33.3	28.0
urban	22.1	11.2	19.8	23.9
Women's education				
Non-literate	23.4	11.6	28.1	24.3
less than 5 years	31.3	12.5	33.0	25.7
5-9 years	32.8	16.1	36.8	30.4
10 years or more	34.7	17.6	23.9	29.3
Religion				
Hindu	28.3	14.9	31.9	29.8
Muslim	20.1	12.4	29.8	19.8
Christian	0.0	12.4	33.3	15.4
Others	24.8	3.0	29.3	18.6
Castes/tribes				
Scheduled caste	28.5	18.0	36.1	31.2
Scheduled tribe	30.3	14.8	36.0	22.9
Other backward classes	25.4	14.4	30.6	27.9
Others	28.1	12.4	27.9	24.8
Person who advised use of contraceptives				
No advise received	20.1	8.8	20.7	19.0
Trained health personnel	36.1	27.5	40.4	38.3
Husband	47.6	28.6	44.2	48.7
Mother-in-law	57.7	20.7	50.0	57.2
Mother	53.7	38.1	60.0	52.3
Relative/friend	39.1	18.8	41.3	39.4
Ever seen/heard/read message related to family planning method				
No	18.2	8.0	25.1	17.5
Yes	27.4	16.3	32.1	28.1
Wealth Index				
Poorest	26.6	14.1	36.6	27.5
Poorer	26.2	15.4	34.2	28.6
Middle	26.6	13.0	31.5	28.0
Richer	28.3	15.7	28.4	28.6
Richest	25.1	10.7	13.3	22.2
Total	26.6	14.0	31.2	26.9
Number of cases [a]	28804	7618	2578	138845

Note: Total 3192 missing cases for reasons of not using any contraceptive method are not shown separately.

[a] All number of cases are unweighted

Table 6. Percentage of traditional method users who intend to use modern contraceptive methods in the future in India and its selected states 2007-08

Background characteristics	Uttar Pradesh	Assam	West Bengal	India
Reasons for not using any contraceptive method				
Fertility related reason	18.1	15.0	15.2	23.3
Opposition to use	20.0	8.9	9.0	18.1
Lack of knowledge	24.5	7.4	25.0	22.8
Method related reason	21.8	8.2	16.8	18.4
Don't know/others	22.9	18.2	21.5	23.4
Current age				
Less than 18 years	36.8	15.1	23.7	29.3
18-24	32.7	14.1	29.1	31.8
25 and above	17.9	8.0	11.0	16.1
Sex composition of living children				
No children	29.5	10.1	17.6	22.0
One son	29.4	11.2	17.5	22.3
One daughter	30.2	13.6	19.7	24.2
Two children	24.3	9.2	15.2	20.1
Three or more children	18.1	7.4	13.0	16.3
Residence				
Rural	21.5	9.1	18.0	19.9
Urban	18.4	8.6	10.6	17.7
Women's education				
Non-literate	18.3	7.1	15.8	17.5
less than 5 years	20.2	8.8	17.6	18.6
5-9 years	24.2	10.1	17.9	20.8
10 years or more	27.9	10.3	11.9	19.7
Religion				
Hindu	21.8	9.8	16.3	20.9
Muslim	16.0	7.5	14.8	14.0
Christian	33.3	8.3	16.7	14.7
Others	17.8	0.0	20.0	15.6
Castes/tribes				
Scheduled Caste	22.8	11.4	19.4	23.0
Scheduled Tribe	18.2	9.2	25.1	16.1
Other Backward Classes	19.6	9.5	13.5	21.5
Others	23.2	8.1	14.2	16.2
Person who advised use of contraceptives				
No advise received	16.7	6.6	10.1	13.5
Trained health personnel	24.7	14.2	21.1	24.4
Husband	27.9	10.6	30.1	27.3
Mother-in-law	33.3	5.6	25.9	31.0
Mother	20.9	3.8	17.6	29.7
Relative/friend	24.3	11.0	19.2	23.0
Ever seen/heard/read message related to family planning method				
No	17.1	6.1	15.3	13.3
Yes	21.1	9.5	16.1	19.5
Wealth Index				
Poorest	21.6	10.6	21.1	19.4
Poorer	20.4	8.6	19.4	18.9
Middle	20.0	9.3	17.1	19.8
Richer	21.5	8.8	14.4	21.2
Richest	21.4	8.2	9.7	17.4
Total	20.9	9.0	16.0	19.1
Number of cases [a]	9063	4826	3692	38234

[a] All number of cases are unweighted

Table 7. Odds ratio estimated from logistic regression showing the factors associated with future intention to use of any contraceptives by non-users, 2007-08

Covariate and Category	Odds ratio	95% CI (lower limit- upper limit)
Reasons for not using any contraceptive method		
Fertility related reason (Ref.)		
Opposition to use	0.85**	0.828-0.877
Lack of knowledge	1.19**	1.116-1.269
Method related reason	0.80**	0.779-0.820
Others	0.90**	0.860-0.934
Sex composition of living children		
No children (Ref.)		
One son	1.98**	1.858-2.102
One daughter	1.94**	1.819-2.063
Two children	2.76**	2.596-2.931
Three or more children	2.79**	2.619-2.969
Person who advised use of contraceptives		
No advise received (Ref.)		
Trained health personnel	2.63**	2.559-2.700
Husband	4.06**	3.913-4.219
Mother-in-law	4.97**	4.568-5.414
Mother	4.40**	4.050-4.777
Relative/friend	2.86**	2.786-2.942
Ever seen/heard/read message related to family planning method		
No (Ref.)		
Yes	1.36**	1.317-1.413
Region		
Uttar Pradesh (Ref.)		
Assam	0.45**	0.422-0.475
West Bengal	0.92*	0.851-0.987
Other regions	1.12**	1.090-1.147

Note: Other adjusted covariates are current age (Less than 18 years, 18-24, 25 and above), residence (rural, urban), women's education (non-literate, less than five years, 5-9 years, 10 years or more), religion (Hindu, Muslim, Christian and others), castes/tribes(Scheduled Caste, Scheduled Tribe, Other Backward Classes and Others), and wealth index (poorest, poorer, middle, richer and richest).
(Ref.), Reference category
Significance level, **p<0·01, *p<0·05

Table 8. Odds ratio estimated from logistic regression showing the factors associated with future intention to use modern methods of contraception by traditional method users, 2007-08

Covariate and Category	Odds ratio	95% CI (lower limit- upper limit)
Reasons for not using any contraceptive method		
Fertility related reason (Ref.)		
Opposition to use	0.83**	0.773-0.883
Lack of knowledge	1.27**	1.115-1.454
Method related reason	0.84**	0.791-0.889
Don't know /others	1.14*	1.005-1.284
Sex composition of living children		
No children (Ref.)		
One son	1.36**	1.210-1.518
One daughter	1.50**	1.332-1.683
Two children	1.50**	1.337-1.672
Three or more children	1.34**	1.189-1.504
Person who advised use of contraceptives		
No advise received (Ref.)		
Trained health personnel	2.15**	2.029-2.270
Husband	2.30**	2.165-2.454
Mother-in-law	2.52**	2.112-3.014
Mother	2.55**	2.131-3.045
Relative/friend	1.96**	1.863-2.061
Ever seen/heard/read message related to family planning method		
No (Ref.)		
Yes	1.23**	1.118-1.363
Region		
Uttar Pradesh (Ref.)		
Assam	0.39**	0.360-0.434
West Bengal	0.63**	0.581-0.692
Other regions	1.07**	1.019-1.131

Note: Other adjusted covariates are current age (Less than 18 years, 18-24, 25 and above), residence (rural, urban), women's education (non-literate, less than five years, 5-9 years, 10 years or more), religion (Hindu, Muslim, Christian and others), castes/tribes(Scheduled Caste, Scheduled Tribe, Other Backward Classes and Others), and wealth index (poorest, poorer, middle, richer and richest).
(Ref.), Reference category
Significance level, **p<0·01, *p<0·05