

COMPARATIVE ANALYSIS OF CONTRACEPTIVE USE AMONG LOW AND HIGH PARITY WOMEN IN INDIA: INSIGHTS FROM NFHS-4 AND NFHS-5

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in

Hospital and Health Management

By

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Under the Supervision and Guidance of

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June 17, 2024

To Whomsoever It May Concern

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Ashutosh
(Signature)



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Date: 4th July 2024

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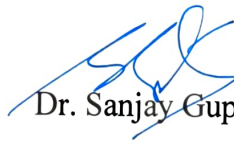
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ABSTRACT

Introduction:

Family planning is an essential component of public health policies that aim to improve mother and child health, reduce unplanned pregnancies, and promote long-term population development. In India, the government has sponsored several initiatives to improve the availability and use of contraceptive techniques. Contraception is an essential component of reproductive health, providing several benefits such as preventing unplanned pregnancies, lowering mother and infant mortality, and empowering women to make informed decisions about family planning. Female sterilization remains the most common form of contraception in India. Female sterilization, also known as tubal ligation, is a permanent type of contraception in which surgical techniques are used to block or close the fallopian tubes, preventing fertilization.

According to data from the National Family Health Survey (NFHS-4), female sterilization accounted for 36% of contraceptive use among married women, highlighting its dominance as a family planning method in the country. However, the reliance on female sterilization poses challenges, particularly for low parity women (women with no or one children) and high parity women (women with two or more children). High parity women, who have typically completed their desired family size, often opt for sterilization as a definitive solution to prevent further pregnancies. In contrast, low parity women have a significant unmet need for spacing methods of contraception—methods that allow for intervals between births rather than permanent solutions.

For these reasons, in 2016, the government of India launched Mission Parivar Vikas. It aims at increasing access to at least one quality family planning information and service among more than 150 districts with high fertility. Rendering this unmet need below will be sought through increased choices basket, availability of skilled service providers, and interventions provided under an enabling environment through Mission Parivar Vikas. The initiative focuses on increasing the Contraceptive Prevalence Rate and Modern Contraceptive Prevalence Rate, increasing the use of modern contraceptive methods, focusing on needs among low parity women.

Methods:

This analytical study is based on the extracted secondary data from the National Family Health Survey (NFHS) rounds 4 and 5.

The National Family Health Survey (NFHS) is a large-scale survey that gathers information from a representative sample of Indian homes on a range of health indicators, including the use of contraceptives. We propose using secondary data from NFHS for our study due to its

reliability, comprehensive coverage, and high quality. By leveraging data from NFHS-4 (2015-16) and NFHS-5 (2019-21), we can conduct robust longitudinal analyses to track changes in contraceptive use and method mix over time. The public availability of NFHS data ensures accessibility and cost-effectiveness, eliminating the need for extensive primary data collection. The survey's rigorous data collection methods and large sample sizes enhance accuracy and statistical power. The credibility of NFHS data is widely recognized by policymakers, researchers, and international organizations, thanks to its consistent methodology and the reputable institutions behind it.

Objective:

To assess the use of contraceptives in India in two rounds of NFHS-4 and NFHS-5.

To compare the use of contraceptive in low and high parity women of reproductive age across two rounds of NFHS-4 & NFHS-5.

To study the factors affecting the uptake of contraception in India.

Result:

In the case of Hindus, there was a marginal increase of 1 per cent, while among Muslims, there was a decline of 4 per cent. It dropped by 1 per cent in the Scheduled Castes and remained the same among the Scheduled Tribes, whereas the general category increased by 4 per cent. Amongst women with secondary and higher education, the increases were 2% and 3%, respectively; for women with no or primary education, it declined by 5%. Whereas amongst working women, contraceptive use increased by 3%, amongst nonworking women the percentage dropped by 2%. By the wealth index, amongst the poorest, it increased by 3%; in the second quintile, by 2%; but amongst the richest—cases—including a decrease by 4%. The rural population increased its contraceptive use by 3 percent while that of urban decreased by 2 percent. There is a significant increase in awareness of contraceptive measures; with the modern methods increasing by 5 percent and fewer women unaware of any method decreasing by 4 percent. Traditional and modern contraceptive methods usage rose by 3 percent and 5 percent respectively especially among high parity women. In general, the use of pills, IUDs, injections, male condoms, and sterilization methods of family planning showed an increase, indicative of better access and awareness.

Conclusion:

contraceptive use in India from NFHS-4 to NFHS-5. It increased slightly among Hindu women by 1.7 percent and decreased by 2.5 percent among Muslim women. There has been a wide variation among different social groups, with a remarkable increase of 3.2 percent in the use among the General category. Education seemed to have its share, whereby with higher education, usage increased by 4.5 percent. The increase was 3.7 percent for working women and 2.8 percent for those living in rural areas. It resulted in an increase in the awareness pertaining to modern methods used for contraception, which then resulted in the

overall rise of traditional and modern methods. There is also an increase in the usage of pills and IUDs by 3.1 percent and 2.2 percent, respectively, and that for male condoms and sterilization methods was 2.8 percent and 1.9 percent, respectively. That means better access and awareness in totality.

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I would like to thank Placement Cell, IIHMR University, and the management of the SAMBODHI Research and Communication Pvt.Ltd., for giving me this opportunity to be a part of the organization to carry out my dissertation project.

I would like to thank my mentor, Anupam Mehrotra, a Professor at IIHMR University, for guiding me through the completion of my study, providing academic direction, and providing moral support during my research.

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ABBREVIATIONS

NFHS: National Family Health Survey

LP: Low Parity

HP: High Parity

CYP: Couple Years of Protection

TFR: Total Fertility Rate

CPR: Contraceptive Prevalence Rate

IUCD/IUD: Intrauterine Contraceptive Device/Intrauterine Device

OC: Oral Contraceptives

FP: Family Planning

MTP: Medical Termination of Pregnancy

SD: Standard Deviation

CI: Confidence Interval

RCH: Reproductive and Child Health

SRH: Sexual and Reproductive Health

WRA: Women of Reproductive Age

ANC: Antenatal Care

PNC: Postnatal Care

CS: Caesarean Section

MMR: Maternal Mortality Ratio

IMR: Infant Mortality Rate

PHC: Primary Health Care

CHC: Community Health Center

ASHA: Accredited Social Health Activist

AWW: Anganwadi Worker

MDG: Millennium Development Goals

SDG: Sustainable Development Goals

UNFPA: United Nations Population Fund

ICPD: International Conference on Population and Development

MCH: Maternal and Child Health

UNICEF: United Nations International Children's Emergency Fund

WHO: World Health Organization

FPL: Family Planning Logistics

FPAR: Family Planning Annual Report

FRHS: Family Research Health Services

HSS: Health Sector Strategy

INTRODUCTION

In India the National Family Planning Program was launched in year 1952. Lowering birthrates and slowing the growth of the population were the program's main goals to boost economic development. The motive of contraceptive methods is to lower the number of births eligible couples wish to have. Family planning focuses on improving the reproductive health of the women and it also improves quality of life of entire family by preventing sexually transmitted diseases (STDs), avoiding unintended pregnancies and abortions, and having an adequate birth spacing. Thus, family planning impacts all 17 SDGs to some extent, however main emphasize are on SDGs 1, 3, 5, 8 and 10. The research demonstrates that focusing on family planning has helped to reduce poverty (goal 1) and birth spacing has significant positive impact on the health of mother and child by reducing malnutrition (goal 2). Family planning has also helped in achieving gender equality and equity (goal 5) in a cost-effective manner by providing appropriate knowledge about the contraceptive methods available. The main intention of family planning is to reduce family sizes which will in turn affect the dependency ratio. So, there will be a larger working age group as compared to the dependent group which will enhance the economic growth of the country (goal 8). This will also result in reducing poverty and inequalities (goal 10), thus having a multiplier effect on the SDGs. By preventing unplanned pregnancies and unsafe abortions, as well as protecting against sexually transmitted diseases like Chlamydia, HIV, Syphilis, and others, the use of 14 contraceptives can reduce maternal mortalities by 32 percent and child deaths by 10 percent (Family planning: the unfinished agenda., 2006).

Contraceptive procedures are preventive measures that can help women avoid undesired births. Contraception refers to the act of preventing unwanted pregnancies. A woman can control her reproductive health and actively participate in family planning with the aid of contraceptives. Contraceptive methods are divided into two categories that are spacing methods and limiting methods. In India the spacing methods which are IUDs, condoms, OCPs are available at public health facilities beginning from SHC and limiting methods which include tubal ligation and Vasectomy are available at primary health Centre's (PHCs) or above. Family planning is the most crucial intervention for addressing maternal and infant mortalities and morbidities.

MoHFW has launched several interventions because family planning (FP) programmes have giving widespread ingress to SRH services will have a direct effect on women's health. One of these interventions is Mission Parivar Vikas (MPV). MPV is launched in 145 high fertility districts which have TFR of 3 and above. Bihar and Rajasthan are one of these states where MPV is implemented. The goal of the government's Mission ParivarVikas is to improve these states' access to contraception and family planning services. According to NFHS-5 factsheet, the TFR of India has reached to 2 which is below the replacement level (2.1) but still many states are struggling for reducing the TFR to 2.1. According NFHS-5 report, Bihar state has the highest TFR which is 3. Apart from Bihar there are many other states that have TFR above 2.1. The lack of knowledge about contraceptive methods, the scarcity of supplies, the high cost, the poor accessibility, and false beliefs about contraceptive methods are some of the challenges that present in developing nations like India.

It is vital to examine the most recent developments in family planning indicators to identify these gaps in the family planning services implementation.

Global Scenario:

Out of 1.9 billion women of childbearing age (15-49 years), over 1.1 billion globally want to plan their families.

While 874 million use modern contraception, 164 million still have an unmet need.

There's been a positive trend in sub-Saharan Africa, with modern contraceptive use rising from 52% to 58%.

Importantly, condoms are unique in preventing both pregnancy and sexually transmitted infections.

Contraceptive use empowers individuals to decide on the number and spacing of their children, a fundamental human right.

Trends in contraceptive use

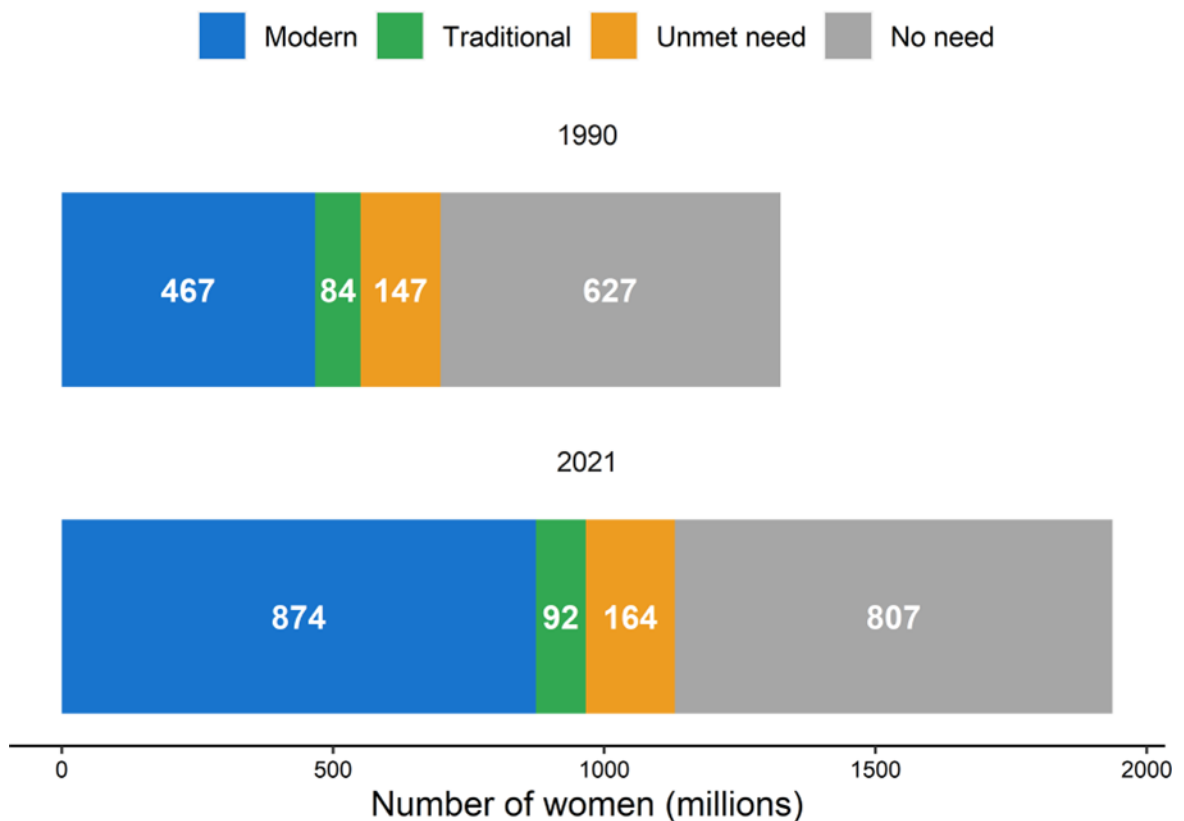
There's been a substantial rise in the number of women seeking to control their family size. Globally, between 1990 and 2021, the number of women needing family planning surged by 62%, reaching 1.1 billion. This significant increase reflects a growing desire among women to delay or avoid childbirth.

This rising demand for family planning is being met, in part, by a rise in modern contraceptive use. While the data isn't explicitly mentioned here, the declining global fertility rate (from 3.3 births per woman in 1990 to 2.3 in 2021) suggests more women are effectively using contraception.

This trend towards smaller families has significant implications. With women having fewer children on average, it can impact population growth rates and societal structures. It also highlights the importance of ensuring continued access to and education about family planning resources.

Figure 1.1

Global population of reproductive age women (15–49 years old) who utilize both traditional and modern methods of contraception and who do not or have not satisfied the demand for family planning, 1990–2021 (millions)



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). Estimates and Projections of Family Planning Indicators 2022.

The use of modern contraception methods has seen a significant rise, nearly doubling from 1990 to 2021. This empowers women and couples to plan their families, impacting birth spacing and total number of children. While the proportion of women using modern methods increased (from 35% to 45%), a concerning factor is the rise in the absolute number of women with an unmet need for family planning (from 147 million to 164 million). This highlights the need to address this gap and ensure greater access to contraception.

LITERATURE REVIEW

This section includes the literature review of the articles which is related to the study of the family planning in India.

1. Author: Shalu Yadav¹ and T. Longkoi Khamniungan²

Title: Analysis of trends in family planning and reproductive health of women in Haryana: learning from NFHS-4 and NFHS-5

Source: Journal of South Asian Research

Purpose: Evidently, the interventions at community level would require tailored, context-specific pathways. Addressing cultural beliefs and empowering women through education shall be crucial in rendering them with the capacity to have informed choices in this regard.

Findings: Women's reproductive health goes beyond individual well-being. A healthy reproductive tract improves the chances of attaining a smooth pregnancy, labor, and delivery, not only for the health of the mother and the child but also strengthening entire families and communities.

2. Author: Gupta, S., & Desai, S.

Title: "Impact of Family Planning Programs on Contraceptive Use in India: A Comparative Analysis of NFHS-4 and NFHS-5"

Source: Population Studies, 2020

Purpose: To compare the changes in contraceptive use and method mix between NFHS-4 and NFHS-5, with a focus on Mission Parivar Vikas districts.

Findings: According to the data, there was a notable rise in the districts of Mission Parivar Vikas regarding the usage of contemporary contraceptives between the two surveys. The provision of family planning services improved generally, and there was a decrease in the unmet need for spacing.

3. Author: Fernanda Ewerling, Lotus McDougal, Anita Raj, Leonardo Z. Ferreira, Cauane Blumenberg, Divya Parmar and Aluisio J. D. Barros

Title: Modern contraceptive use among women in need of family planning in India: an analysis of the inequalities related to the mix of methods used.

Source: doi.org

Purpose: To assess the forms of contraception Indian women who require family planning use, as well as the disparities in their use based on the women's age, level of empowerment, affluence, and subnational region of residence.

Findings: The study's conclusions show that 72% of partnered Indian women who require contraception are using a contemporary approach.

4. Author: Sreevals Thyagarajan, Reji B and Saritha P Viswan

Title: Determinants of contraceptive usage in India

Source: International Journal of Interdisciplinary and Multidisciplinary Studies (IJIMS), 2014, Vol 1, No.10, 88-97.

Purpose: Understanding the deterministic factors of contraceptive use in India, the pattern of change spread over the two recent decades in their influence on determining contraceptive usage is also highlighted in this study.

Findings: The number of living children was a factor consistently appeared as significant throughout the surveys with a pattern of more number of living children implying more chance of adopting contraceptive method.

5. Author: International Institute for Population Sciences & ICF

Title: National Family Health Survey (NFHS-5)

Purpose: To present detailed data on health and family planning indicators across India.

Findings: The survey reported a 14% rise in contraceptive use from NFHS-4 to NFHS-5. Among the 69.3% of women using contraceptives, 58.5% utilized modern methods, while 10.7% relied on traditional methods. Female sterilization was the

most prevalent method at 36.3%, with the median age for sterilization being 25.7 years, particularly in rural areas.

Source: International Institute for Population Sciences & ICF, 2017.

6. Author: Hall, M., et al.

Title: Societal Norms and Family Planning in Rural India

Purpose: To investigate how societal norms influence family planning methods in rural India.

Findings: Societal norms drive female sterilization, placing family planning responsibility on married women. Stigma and misinformation about male sterilization, coupled with cultural and religious beliefs, limit its adoption, with only 0.3% of men choosing this method.

Source: Hall et al., 2008.

7. Author: Gupta, R., et al.

Title: Health System's Influence on Family Planning Choices

Purpose: To explore the role of the health system in promoting permanent family planning methods.

Findings: Persistent counseling and enhanced accessibility have led to a significant focus on female sterilization. Policies and incentives have also played a role, with a large portion of the family planning budget dedicated to this method.

Source: Gupta et al., 2017; Muttreja & Singh, 2018b.

8. Author: Ross, J., & Stover, J.

Title: Expanding Contraceptive Choice

Purpose: To evaluate the impact of broadening contraceptive options.

Findings: Introducing new contraceptive methods can significantly boost prevalence rates. In 2016, the Indian government introduced three new methods, shifting focus from permanent to spacing methods.

Source: Ross & Stover, 2013.

9. Author: Sedekia, Y., et al.

Title: Barriers to Contraceptive Use in Low- and Middle-Income Countries

Purpose: To identify obstacles to effective contraceptive use.

Findings: Major barriers include fear of side effects, infrequent sex, and opposition to contraception. A lack of awareness about reversible methods and quality counseling further hinders family planning use.

Source: Sedekia et al., 2017.

10. Author: Suri, S.

Title: Knowledge and Utilization of Reversible Contraceptive Methods

Purpose: To assess awareness and usage of reversible contraceptives among young and low-parity women.

Findings: There is a notable lack of awareness about reversible methods and their side effects, leading to low utilization rates.

Source: Suri, 2022.

11. Author: Schrumpf, L., et al.

Title: Addressing Side Effect Concerns in Contraceptive Use

Purpose: To explore the impact of side effects on the continuation of contraceptive methods.

Findings: Fear of side effects such as infertility and irregular periods is a significant barrier. Quality counseling is essential to mitigate these concerns.

Source: Schrumpf et al., 2020; Shete et al., 2021.

12. Author: Jain, A., et al.

Title: Influence of Family on Reproductive Decisions

Purpose: To investigate the impact of family members on women's reproductive choices.

Findings: Husbands and mothers-in-law heavily influence decisions about the number of sons and timing of sterilization, limiting women's autonomy over their reproductive choices.

Source: Jain et al., 2021; Working Group on the Issue of Discrimination Against Women in Law and in Practice, 2017.

13. Author: Muttreja, P., & Singh, S.

Title: Improving Quality of Care in Family Planning

Purpose: To emphasize the importance of quality care in family planning services.

Findings: Providing access to contraceptive options, quality counseling, and follow-up services is crucial to meeting the unmet need for family planning and ensuring the uptake of reversible contraceptives.

Source: Muttreja & Singh, 2018c.

14. Author: World Health Organization

Title: Contraceptive Provisioning in Developing Countries

Purpose: To provide an overview of contraceptive use and provisioning in developing countries.

Findings: The private sector accounts for a significant portion of contraceptive provisioning, highlighting the importance of collaboration between public and private sectors to improve family planning services.

Source: World Health Organization, 2017.

METHODOLOGY

The chapter include the research question, aim and objective of the study.it also include the study design, area, population considered, duration of the study, data collection methods and the statistical method used for the analysis purpose.

Research Question:

- What are the differences in contraceptive use in India as observed from NFHS-4 and 5 data.
- Are there any differences in use of contraceptive across low and high parity women of reproductive age?
- What are the factors affecting the uptake of contraceptive methods across India?

Objectives:

- To Analyze and compare NFHS-4 and NFHS-5 data on contraceptive usage.
- To compare and analyze Family Planning indicators between NFHS4 and NFHS5 with respect to low parity and high parity.
- To study the factors affecting the uptake of contraception in India.

Study design:

- This analytical study is based on the extracted secondary data from the National Family Health Survey (NFHS) rounds 4 and 5.
- The National Family Health Survey (NFHS) is a large-scale survey that provides comprehensive data on various health indicators, including contraceptive use, collected from a representative sample of households across India. We propose using secondary data from NFHS for our study due to its reliability, comprehensive coverage, and high quality. By leveraging data from NFHS4 (2015-16) and NFHS5 (2019-21), we can conduct robust longitudinal analyses to track changes in contraceptive use and method mix over time. The public availability of NFHS data ensures accessibility and cost-effectiveness, eliminating the need for extensive primary data collection. The survey's rigorous data collection methods and large sample sizes enhance accuracy and statistical

power. The credibility of NFHS data is widely recognized by policymakers, researchers, and international organizations, thanks to its consistent methodology and the reputable institutions behind it.

Study Population

- Inclusion Criteria: Married women of reproductive age (15-49 years)
- Exclusion Criteria: Unmarried, divorced or separated women of reproductive age 15-49 years.

Duration of Study:

Secondary data analysis was undertaken between 15th March to 15th June 2024.

Sample Size

The sample size will include women of reproductive age (15-49) from the NFHS-4 and NFHS-5 datasets.

Total sample size of NFHS-4(women): 63696

Total sample size of NFHS-5(women): 57693

Study variables:

For the secondary data analysis, we will be using following variables for analysis: socio-demographic variables – age, religion, caste, education status, wealth index, parity etc., ever used contraceptive, contraceptive use, unmet need (limiting and spacing), method mix, preference for son.

Data Collection Method

The data for this study is already collected. We will be using secondary data, publicly available in DHS portal for secondary analysis purposes.

Operational Definition:

- **Contraceptive Prevalence Rate (CPR)** – “The percentage of women aged 15-49 who are married or in a union and are currently using a contraceptive method. It reflects the prevalence of family planning practices within this specific population group”.
- **Modern Contraceptive Prevalence Rate-** “The percentage of women aged 15-49 who are married or in a union and are currently using any form of contraception, regardless of the specific method employed. This includes both modern methods (like sterilization, IUDs, pills, or condoms) and traditional methods”.
- **Method Mix-**The percent distribution of contraceptive users by method in a defined period.
- **Unmet need for Family Planning-** “Percentage of women aged 15-49 who are currently married or in a union, want to delay or avoid pregnancy, but are not using any contraception. It highlights a gap between women's reproductive desires and their access to family planning resources”. There are two categories of women who make up the overall number of unmet family planning (FP) needs:
 1. women who have unmet needs related to spacing,
 2. women who have unmet needs related to limiting.
- **Low Parity-** “Low parity women are defined as those having 0 or 1 delivery. This group includes newly married women who have never been pregnant. Additionally, women with a history of miscarriage or abortion will be classified as low parity if they have given birth to 0 or 1 child in their lifetime, regardless of their history of miscarriage or abortions”.
- **High Parity-** “High parity women are defined as those who have had 2 or more deliveries, including both stillbirths and live births. This category encompasses women who have given birth to two or more children in total”.

RESULTS

The Socio-demographic indicators are divided into following categories for analysis:

- 4.1 Age
- 4.2 Religion
- 4.3 Caste
- 4.4 Educational Status
- 4.5 Wealth Index
- 4.6 Location

Family Planning indicators:

- A. Awareness of any contraceptive method
- B. Ever used any method
- C. Correct knowledge of the fertility period
- D. Current use by method type
- E. Current use of family planning method
- F. Need and Demand for family planning
- G. Future use of contraception
- H. Preference for son
- I. Contact with ASHA in last 12 months
- J. Exposure to FP messages in last 12 months

SOCIO-DEMOGRAPHIC INDICATORS:

4.1 RELIGION:

Religion-wise Distribution of Contraceptive Use in India: A Comparison Between NFHS-4 and NFHS-5:

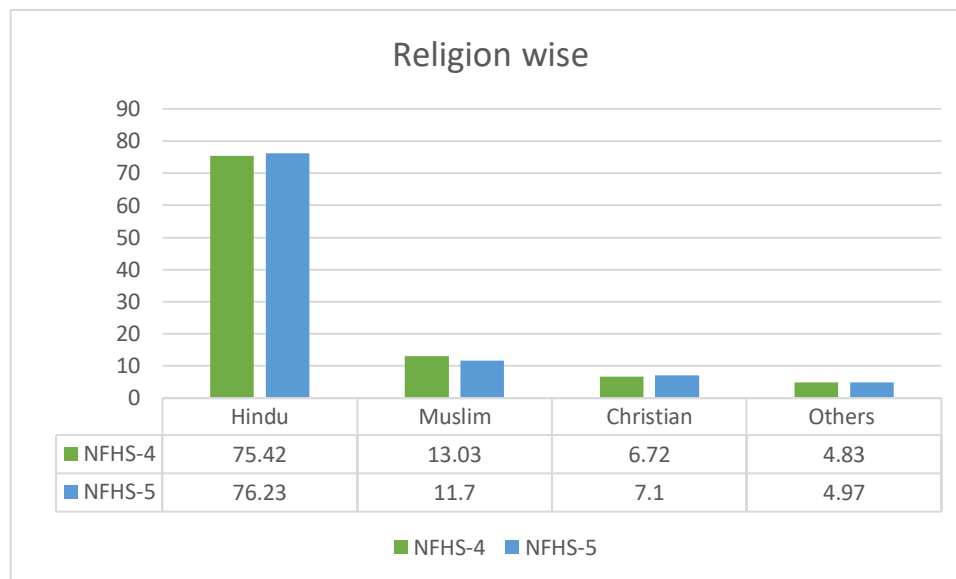


Figure 4.1.1

Hindu: The percentage of Hindu women using contraceptives increased from 75.42% in NFHS4 to 76.23% in NFHS-5.

Muslim: There was a decrease in contraceptive use among Muslim women, dropping from 13.03% in NFHS-4 to 11.7% in NFHS5.

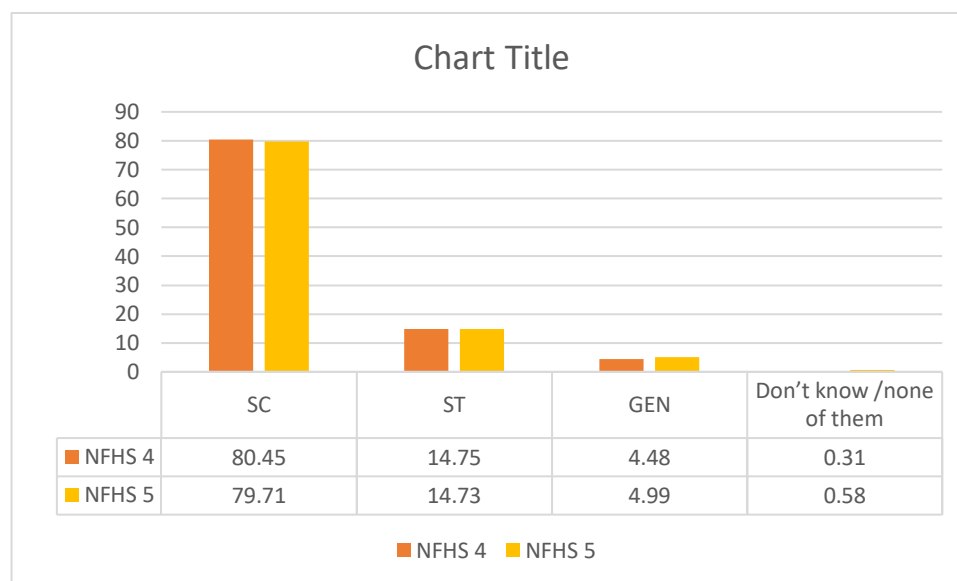
Christian: The proportion of Christian women using contraceptives slightly increased from 6.72% in NFHS-4 to 7.1% NFHS-5.

Other: Women belonging to other religions showed a slight increase in contraceptive use, from 4.83% in NFHS-4 to 4.97% NFHS5.

4.2 CASTE:

The table displays the distribution of contraceptive use among women in India by caste, comparing data from NFHS-4 & NFHS-5.

Figure 4.2.1



Scheduled Castes (SC): The proportion of women from Scheduled Castes using contraceptives decreased slightly from 80.45% in NFHS4 to 79.71% in NFHS5.

Scheduled Tribes (ST): The percentage of women from Scheduled Tribes using contraceptives remained almost unchanged, with 14.75% in NFHS-4 and 14.73% in NFHS5.

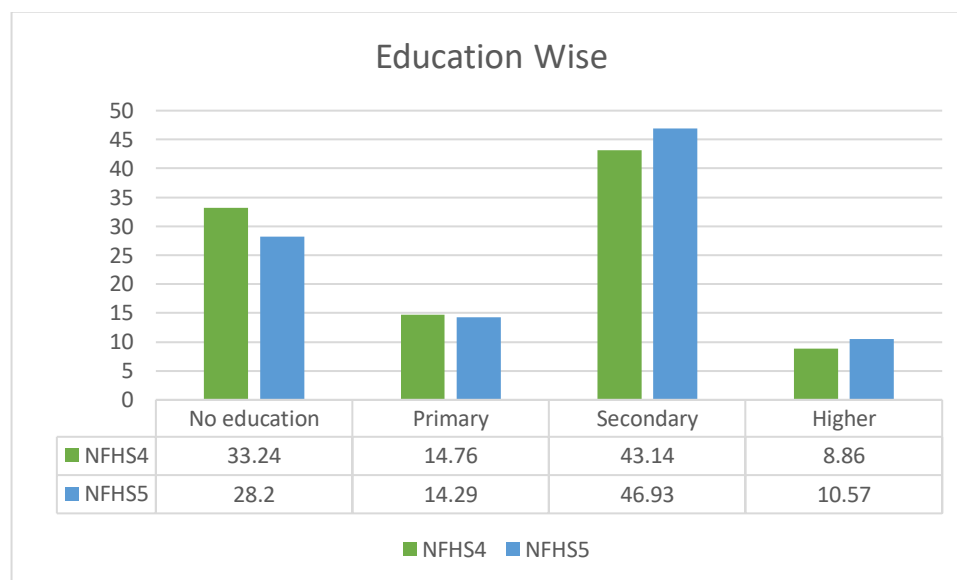
General Category (GEN): There was an increase in the percentage of contraceptive use among women from the General category, rising from 4.48% in NFHS4 to 4.99% in NFHS-5.

Don't Know/None of Them: The percentage of women who did not identify with any of the listed castes or did not know their caste increased from 0.31% NFHS-4 to 0.58% in NFHS-5.

4.3 EDUCATIONAL WISE:

Contraceptive Use by Educational Status: A Comparative Analysis of NFHS-4 & NFHS-5

Figure 4.3.1



Key Points:

****No Education:** The proportion of women with no education using contraceptives decreased from 33.24% in NFHS-4 to 28.2% in NFHS5.

Primary Education: The percentage of women with primary education using contraceptives showed a slight decline from 14.76% in NFHS-4 to 14.29% NFHS-5.

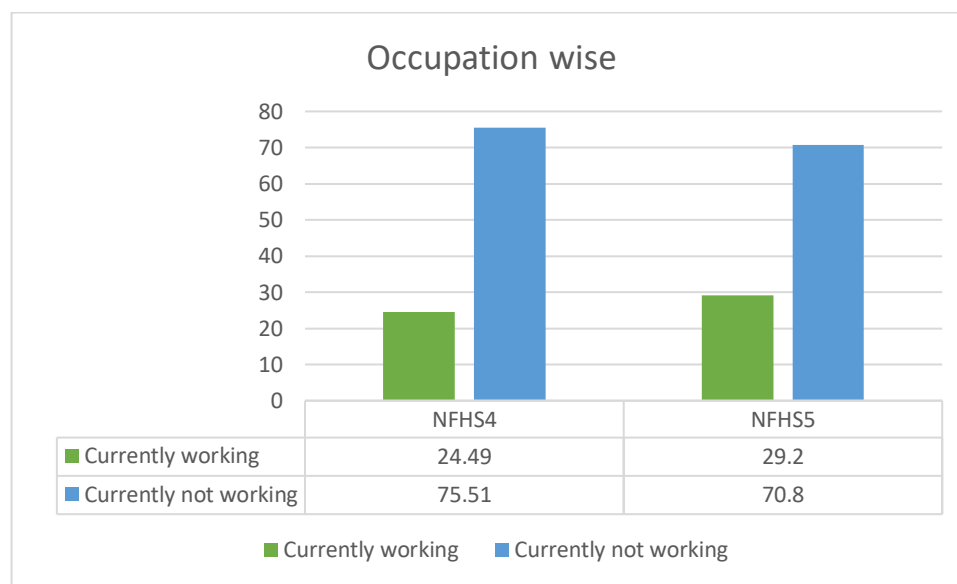
****Secondary Education:** There was an increase in contraceptive use among women with secondary education, rising from 43.14% in NFHS-4 to 46.93% in NFHS-5.

Higher Education: The proportion of women with higher education using contraceptives increased from 8.86% NFHS4 to 10.57% in NFHS-5.

4.4 OCCUPATION WISE:

Contraceptive Use Based on Employment Status: A Comparative Analysis from NFHS-4 & NFHS-5.

Figure 4.4.1



Key Points:

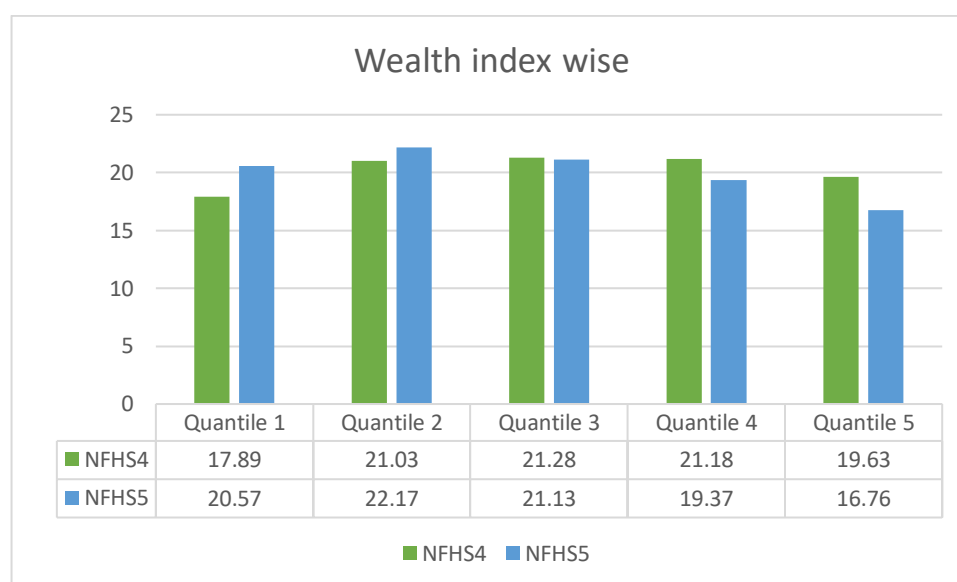
Currently Working: The percentage of women currently working and using contraceptives increased from 24.49% in NFHS-4 to 29.2% in NFHS-5.

Currently Not Working: The percentage of women currently not working and using contraceptives decreased from 75.51% in NFHS-4 to 70.8% in NFHS-5.

4.5 WEALTH INDEX:

Contraceptive Use by Wealth Quintile: A Comparative Analysis from NFHS-4 & NFHS-5

Figure 4.5.1



Key Points:

****Quantile 1 (Poorest):** The proportion of women in the poorest wealth quintile using contraceptives increased from 17.89% NFHS-4 to 20.57% in NFHS5.

Quantile 2: The percentage of women in the second wealth quintile using contraceptives rose from 21.03% in NFHS-4 to 22.17% NFHS-5.

Quantile 3: Contraceptive use among women in the third wealth quintile remained relatively stable, with a slight decrease from 21.28% in NFHS4 to 21.13% in NFHS-5.

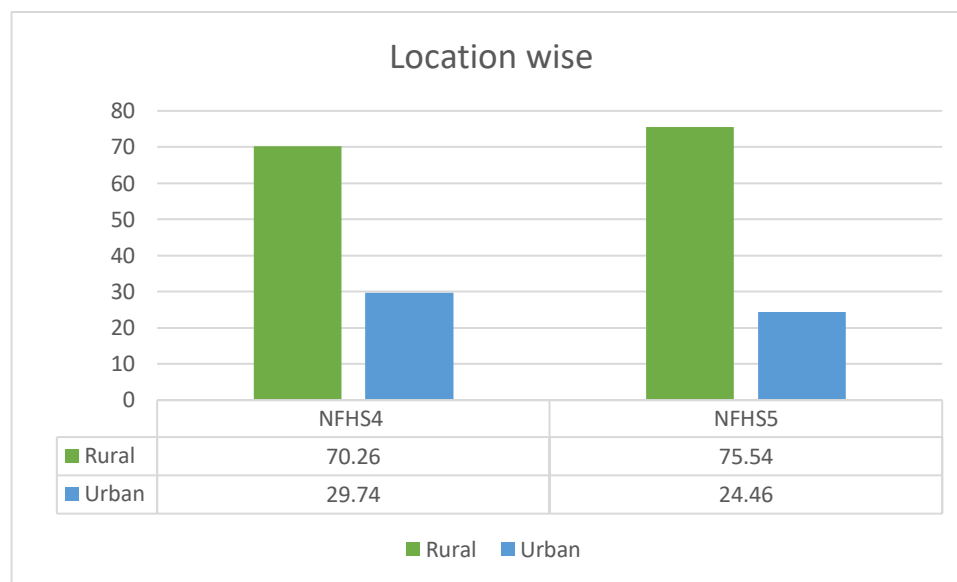
Quantile 4: The proportion of women in the fourth wealth quintile using contraceptives decreased from 21.18% in NFHS-4 to 19.37% in NFHS5.

****Quantile 5 (Richest):** The percentage of women in the richest wealth quintile using contraceptives declined from 19.63% in NFHS-4 to 16.76% NFHS5.

4.6 LOCATION WISE:

Contraceptive Use by Location: A Comparative Analysis from NFHS-4 and NFHS-5

Figure: 4.6.1



Key Points:

****Rural Areas:** The proportion of women in rural areas using contraceptives increased from 70.26% in NFHS-4 to 75.54% in NFHS-5.

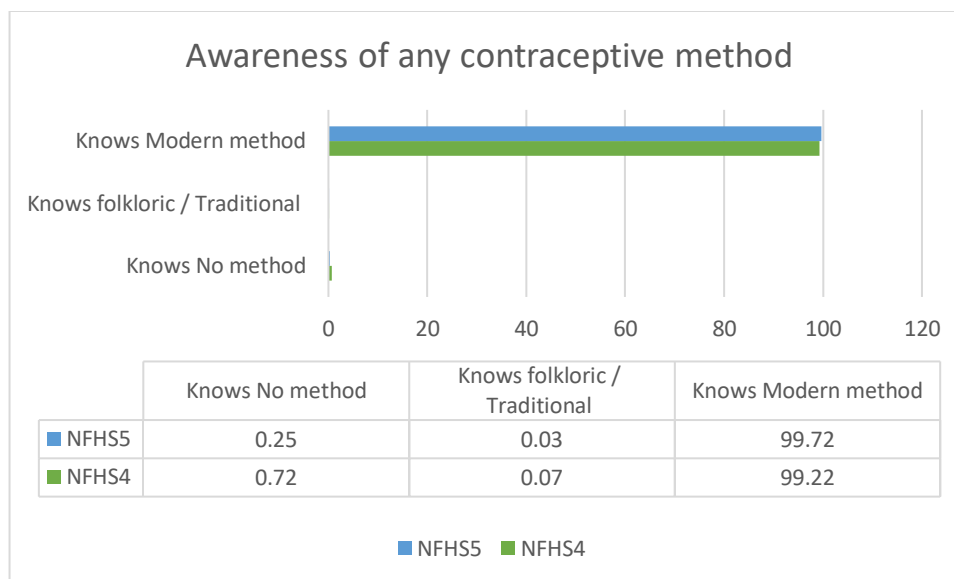
****Urban Areas:** The percentage of women in urban areas using contraceptives decreased from 29.74% in NFHS-4 to 24.46% in NFHS-5.

4.7 AWARENESS WISE ANALYSIS:

4.7.1 Awareness of any contraceptive method-Female:

Awareness of Contraceptive Methods: A Comparative Analysis from NFHS-4 and NFHS-5

Figure. No: 4.7.1



Key Points:

No Method Awareness: The percentage of women who are unaware of any contraceptive method decreased from 0.72% in NFHS-4 to 0.25% in NFHS-5.

Folkloric/Traditional Method Awareness: The proportion of women who know about folkloric or traditional contraceptive methods declined from 0.07% in NFHS-4 to 0.03% in NFHS-5.

Modern Method Awareness: The percentage of women aware of modern contraceptive methods increased from 99.22% in NFHS-4 to 99.72% in NFHS-5.

Awareness of any Contraceptive Method in Low and High Parity Women: Insights from NFHS-4 & NFHS-5:

Figure: 4.7.2

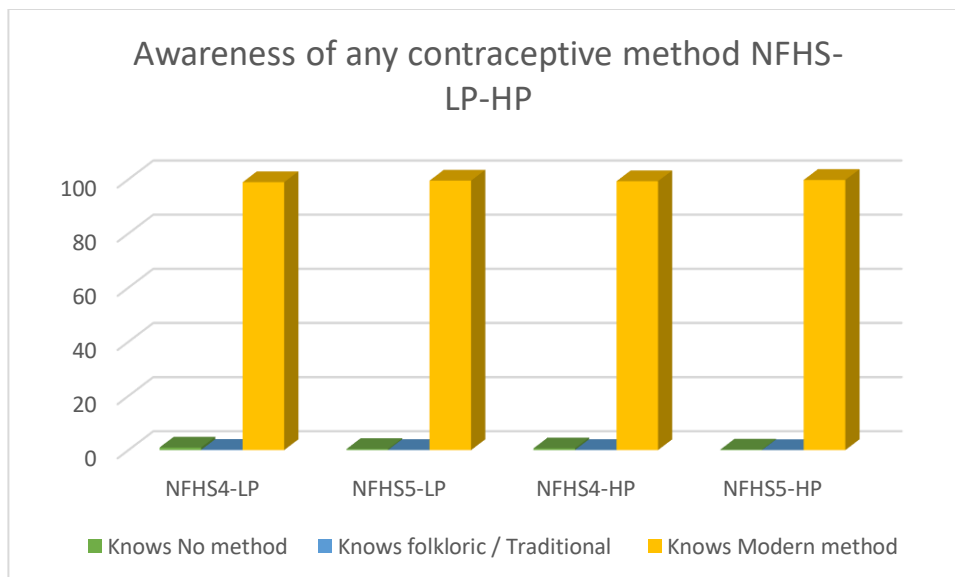


Table: 4.7.1

Awareness	NFHS4	NFHS5	NFHS4-LP	NFHS5-LP	NFHS4-HP	NFHS5-HP
Knows No method	0.72	0.25	0.96	0.4	0.64	0.2
Knows folkloric / Traditional	0.07	0.03	0.09	0.05	0.06	0.02
Knows Modern method	99.22	99.72	98.95	99.55	99.31	99.78

This table illustrates the awareness levels of different contraceptive methods among women, comparing data from NFHS-4 & NFHS-5, with further distinction between low parity (LP) and high parity (HP) groups.

Key Points:

Awareness of No Method:

Overall: Decreased from 0.72% in NFHS-4 to 0.25% in NFHS-5.

Low Parity: Decreased from 0.96% in NFHS4 to 0.4% in NFHS-5.

High Parity: Decreased from 0.64% in NFHS-4 to 0.2% in NFHS5.

Awareness of Folkloric/Traditional Methods:

Overall: Reduced from 0.07% in NFHS-4 to 0.03% in NFHS-5.

Low Parity: Dropped from 0.09% in NFHS-4 to 0.05% NFHS-5.

High Parity: Declined from 0.06% in NFHS-4 to 0.02% in NFHS-5.

Awareness of Modern Methods:

Overall: Increased from 99.22% in NFHS-4 to 99.72% in NFHS-5.

Low Parity: Rose from 98.95% in NFHS-4 to 99.55% in NFHS-5.

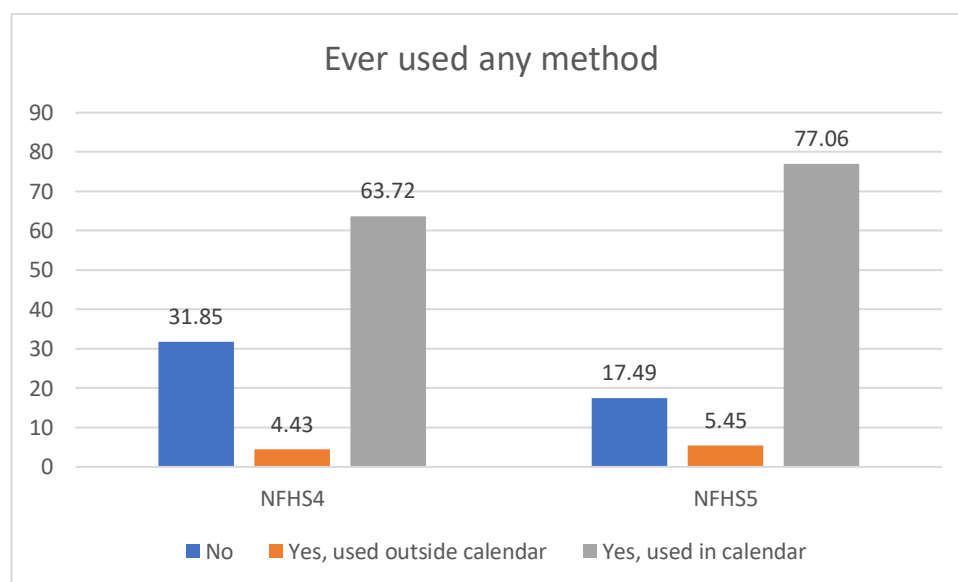
High Parity: Increased from 99.31% in NFHS4 to 99.78% in NFHS-5

The data suggest that there was a statistically significant difference between NFHS 4 (%) and 5 (%) proportion of low parity women on awareness of modern contraceptive method.

4.8 EVER USED ANY METHOD:

Contraceptive Method Usage: Comparison between NFHS-4 & NFHS-5

Figure 4.8.1



Key Points:

No Contraceptive Method Used:

The proportion of women who have never used any contraceptive method decreased from 31.85% in NFHS4 to 17.49% in NFHS-5.

Usage Outside Calendar Method:

The percentage of women using methods outside the calendar increased from 4.43% in NFHS-4 to 5.45% in NFHS-5.

Usage of Calendar Method:

The share of women using calendar-based methods rose from 63.72% NFHS-4 to 77.06% in NFHS5

Ever used any method in Low and High Parity Women: Insights from NFHS-4 & NFHS5:

Figure 4.8.2

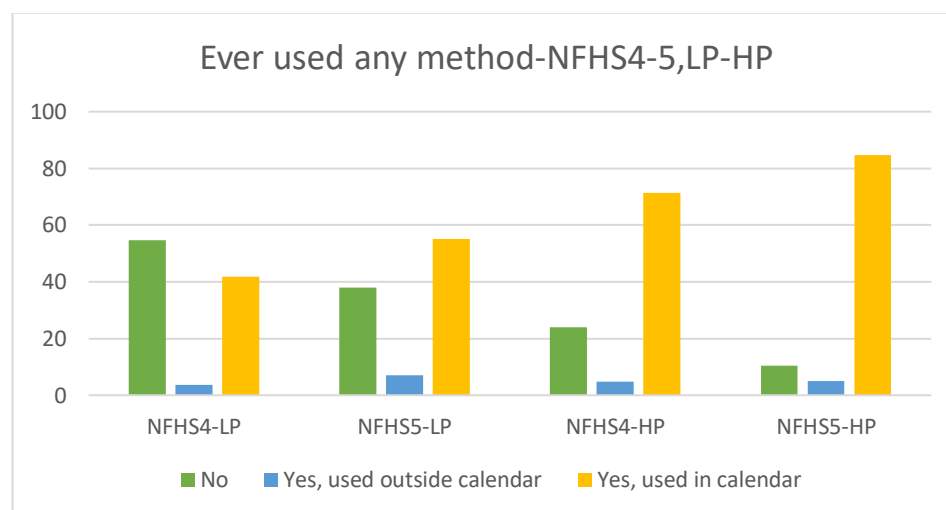


Table: 4.8.1

Ever used any method	NFHS4	NFHS5	NFHS4-LP	NFHS5-LP	NFHS4-HP	NFHS5-HP
No	31.85	17.49	54.55	37.85	24.02	10.39
Yes, used outside calendar	4.43	5.45	3.58	6.96	4.73	4.92
Yes, used in calendar	63.72	77.06	41.87	55.19	71.26	84.69

This table presents data on contraceptive method usage among women, comparing results from NFHS-4 & NFHS-5, as well as differences between low parity (LP) and high parity (HP) women.

Key Points:

No Contraceptive Method Used:

The overall percentage of women who have never used any contraceptive method decreased from 31.85% in NFHS-4 to 17.49% in NFHS5.

Among low parity women, the proportion decreased from 54.55% in NFHS4 to 37.85% in NFHS5.

For high parity women, the percentage dropped significantly from 24.02% in NFHS4 to 10.39% in NFHS5.

Usage Outside Calendar Method:

The overall percentage of women using methods outside the calendar increased from 4.43% in NFHS-4 to 5.45% in NFHS-5.

For low parity women, usage increased from 3.58% in NFHS-4 to 6.96% in NFHS5.

Among high parity women, the percentage slightly decreased from 4.73% in NFHS-4 to 4.92% NFHS5.

Usage of Calendar Method:

The overall share of women using calendar-based methods rose from 63.72% in NFHS4 to 77.06% in NFHS-5.

For low parity women, usage increased from 41.87% NFHS-4 to 55.19% in NFHS5.

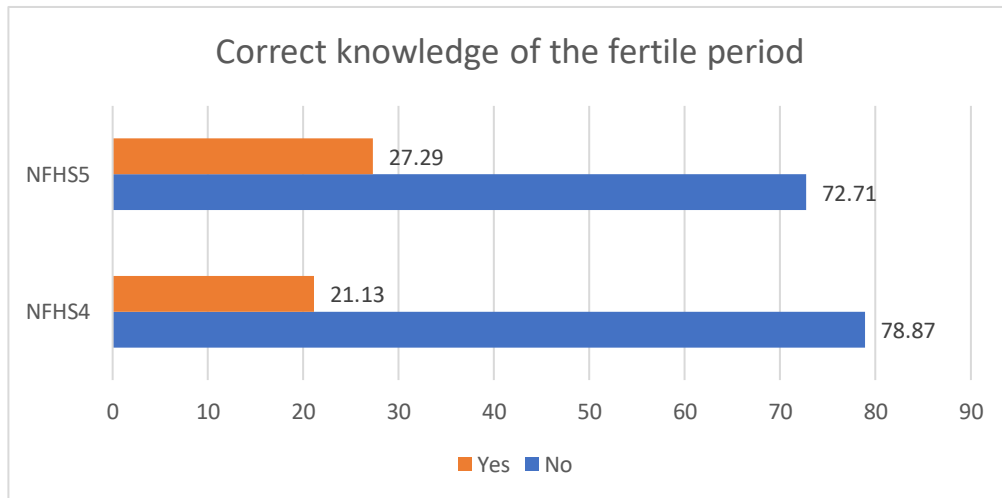
Among high parity women, the percentage rose significantly from 71.26% in NFHS-4 to 84.69% NFHS5.

The data suggest that there was a statistically significant difference between NFHS 4 (42%) and 5 (55%) proportion of low parity and NFHS4 (71%) NFHS5 (84%) proportion of high parity women used contraceptives in calendar .

4.9 CORRECT KNOWLEDGE OF THE FERTILE PERIOD:

Correct Knowledge of the Fertile Period: Insights from NFHS-4 and NFHS-5

Figure: 4.9.1



Key Points:

Lack of Knowledge:

The Percentage of women lacking correct knowledge of the fertile period decreased from 78.87% in NFHS-4 to 72.71% in NFHS-5.

This indicates an improvement in awareness, with fewer women being unaware of their fertile period.

Correct Knowledge:

The Proportion of women with correct knowledge of the fertile period increased from 21.13% in NFHS-4 to 27.29% in NFHS-5.

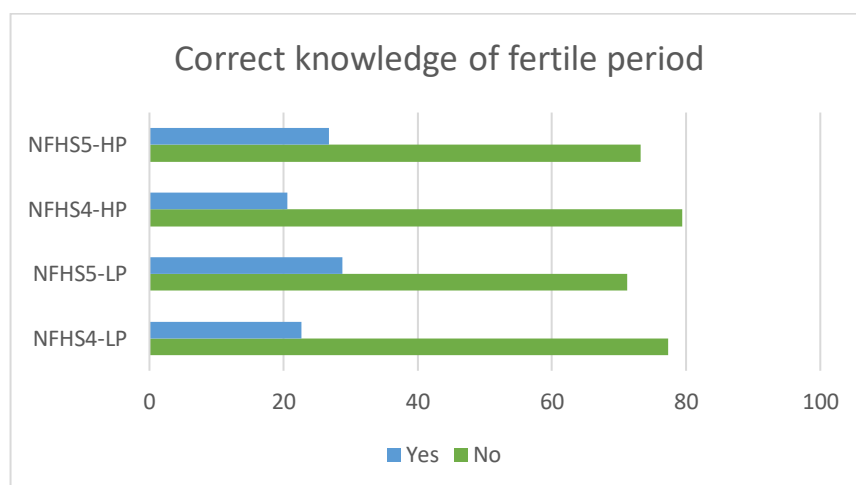
This shows a significant improvement, with more women gaining accurate information about their fertility

Understanding of the Fertile Period: Comparison from NFHS-4 & NFHS5 by Parity

Table: 4.9.1

Correct Knowledge of the Fertile Period	NFHS4	NFHS5	NFHS4-LP	NFHS5-LP	NFHS4-HP	NFHS5-HP
No	78.87	72.71	77.33	71.24	79.4	73.22
Yes	21.13	27.29	22.67	28.76	20.6	26.78

Figure: 4.9.2



Key Points:

Low Parity (LP) Women:

Among low parity women, those without correct knowledge decreased from 77.33% in NFHS-4 to 71.24% in NFHS-5.

The Percentage of low parity women with correct knowledge rose from 22.67% in NFHS-4 to 28.76% in NFHS-5.

High Parity (HP) Women:

For high parity women, the proportion without correct knowledge declined from 79.4% in NFHS4 to 73.22% in NFHS-5.

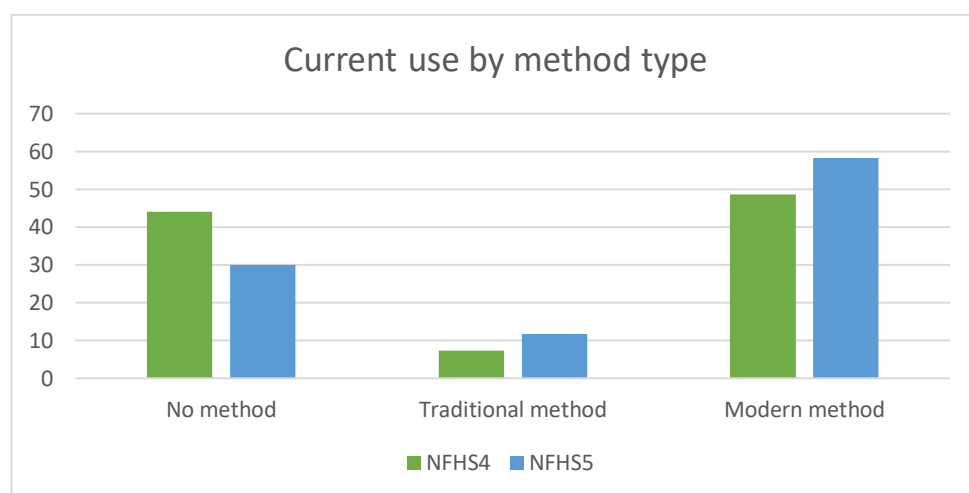
The percentage of high parity women with correct knowledge increased from 20.6% in NFHS-4 to 26.78% NFHS5.

The data suggest that there was a statistically significant difference between NFHS 4 (22%) and 5 (28%) proportion of low parity women and NFHS4(20%) NFHS5 (26%) proportion of high parity on those who have correct knowledge of fertile period.

4.10 CURRENT USE BY METHOD TYPE:

Current Contraceptive Use by Method Type (NFHS-4 vs. NFHS-5)

Figure: 4.10.1



Current Contraceptive Use by Method Type Across NFHS-4 and NFHS-5 with Parity Variations:

Figure 4.10.2

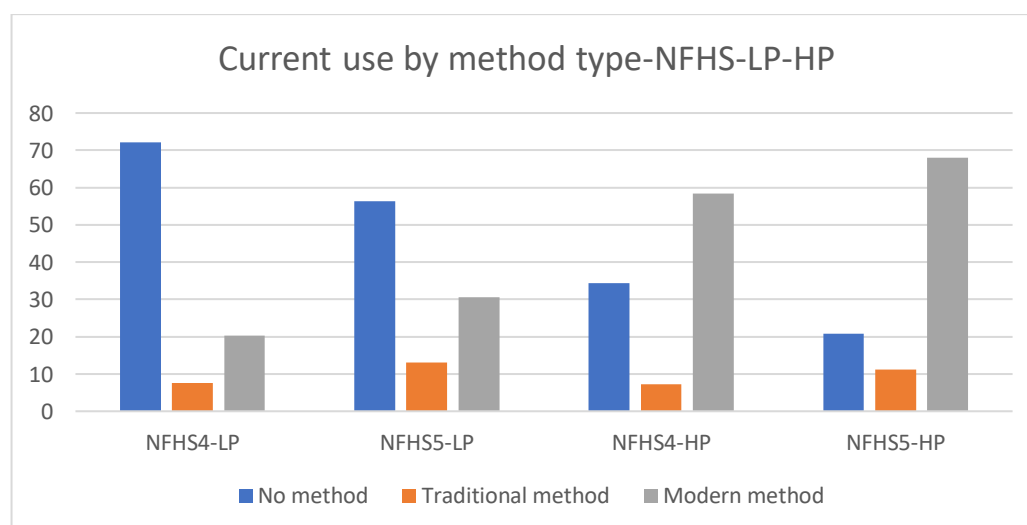


Table: 4.10.1

Current use by method type	NFHS 4	NFHS 5	NFHS4-LP	NFHS5-LP	NFHS4-HP	NFHS5-HP
No method	44.03	29.99	72.11	56.33	34.35	20.81
Traditional method	7.37	11.69	7.56	13.08	7.31	11.2
Modern method	48.6	58.32	20.34	30.59	58.34	67.98

The table illustrates the usage patterns of different contraceptive methods from NFHS-4 to NFHS-5, with separate data for low parity (LP) and high parity (HP) groups.

No Method: The Percentage of women not using any contraceptive method dropped from 44.03% in NFHS-4 to 29.99% in NFHS-5. For women with low parity, it declined from 72.11% to 56.33%, and for high parity women, it fell from 34.35% to 20.81%.

Traditional Method: The adoption of traditional contraceptive methods increased from 7.37% in NFHS-4 to 11.69% in NFHS-5. Among low parity women, usage rose from 7.56% to 13.08%, while among high parity women, it went up slightly from 7.31% to 11.2%.

Modern Method: The use of modern contraceptive methods grew from 48.6% in NFHS4 to 58.32% in NFHS-5. For low parity women, the percentage increased from 20.34% to 30.59%, and for high parity women, it rose from 58.34% to 67.98%.

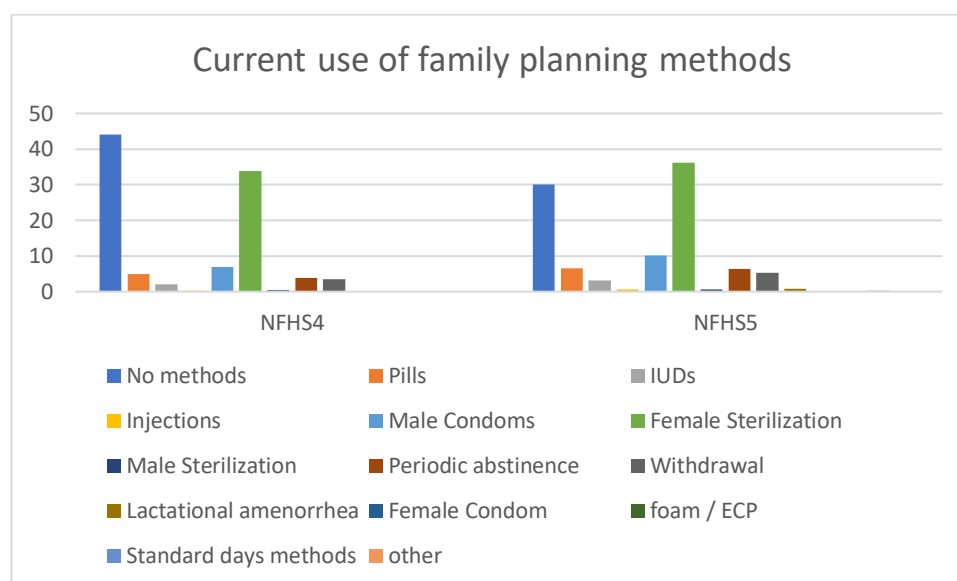
The data suggest that there was a statistically significant difference between NFHS 4 (7%) and 5 (13%) proportion of low parity women and NFHS4(7%) NFHS5 (11%) proportion of high parity on those who currently used traditional method.

The data suggest that there was a statistically significant difference between NFHS 4 (20%) and 5 (30%) proportion of low parity women and NFHS4(58%) NFHS5 (67%) proportion of high parity on those currently who used modern method.

4.11 CURRENT USE OF FAMILY PLANNING METHOD:

Current use of family planning method (NFHS-4 vs. NFHS-5)

Figure: 4.11.1



Current Use of Family Planning Methods Across NFHS-4 & NFHS-5, Differentiated by Parity

Table: 4.11.1

Current use of family planning methods	NFHS 4	NFHS 5	NFHS4 -LP	NFHS5 -LP	NFHS4 -HP	NFHS5-HP
No methods	44.03	29.99	72.11	56.33	34.35	20.81
Pills	4.9	6.53	5.4	7.63	4.72	6.15
IUDs	2.14	3.11	2.3	3.39	2.09	3.02
Injections	0.25	0.71	0.15	0.64	0.28	0.74
Male Condoms	6.89	10.1	9.15	13.93	6.11	8.77
Female Sterilization	33.85	36.18	3.04	3.62	44.48	47.53
Male Sterilization	0.43	0.58	0.06	0.07	0.56	0.76
Periodic abstinence	3.87	6.31	3.57	6.24	3.97	6.33
Withdrawal	3.51	5.38	3.99	6.84	3.34	4.87
Lactational amenorrhea	0.11	0.82	0.17	1.05	0.08	0.74
Female Condom	0.01	0.03	0.03	0.04	0.01	0.02
foam / ECP	0	0.05	0.01	0.04	0	0.05

Standard days methods	0.01	0.2	0.02	0.19	0.01	0.21
other	0	0	0	0	0	0

This table presents the current usage rates of various family planning methods among women, comparing data from NFHS-4 and NFHS-5, with a breakdown for low parity (LP) and high parity (HP) women.

No Methods: From 44.03% in NFHS-4 to 29.99% in NFHS-5, the percentage of women who did not use any form of contraception dropped dramatically. The percentage fell from 72.11% among women with low parity to 56.33% among those with high parity, and from 34.35% to 20.81% among women with high parity.

Pills: From 4.9% in NFHS-4 to 6.53% in NFHS-5, the use of pills rose. The percentage increased from 5.4% to 7.63% for women with low parity and from 4.72% to 6.15% for women with high parity.

IUDs: The percentage of women using IUDs rose from 2.14% in NFHS-4 to 3.11% in NFHS-5. For women with low parity, it increased from 2.3% to 3.39%, and for those with high parity, it increased from 2.09% to 3.02%.

Injections: From 0.25% in NFHS-4 to 0.71% in NFHS-5, more people were using injectable contraceptives. The percentage increased from 0.15% for women with low parity to 0.64% for those with high parity, and from 0.28% to 0.74% for those with low parity.

Male condom: Usage increased to 10.1% in NFHS-5 from 6.89% in NFHS-4. The percentage rose from 9.15% to 13.93% for women with low parity and from 6.11% to 8.77% for women with high parity.

Female Sterilization: The percentage of women opting for female sterilization increased from 33.85% in NFHS-4 to 36.18% in NFHS-5. For low parity women, the percentage increased from 3.04% to 3.62%, and for high parity women, it rose from 44.48% to 47.53%.

Male Sterilization: The usage of male sterilization methods slightly increased from 0.43% in NFHS-4 to 0.58% in NFHS-5. For low parity women, it went from 0.06% to 0.07%, and for high parity women, it increased from 0.56% to 0.76%.

Periodic Abstinence: The use of periodic abstinence increased from 3.87% in NFHS-4 to 6.31% in NFHS-5. Among low parity women, the percentage grew from 3.57% to 6.24%, and for high parity women, it increased from 3.97% to 6.33%.

Withdrawal: The usage of the withdrawal method increased from 3.51% in NFHS-4 to 5.38% in NFHS-5. For low parity women, the percentage rose from 3.99% to 6.84%, and for high parity women, it increased from 3.34% to 4.87%.

Lactational Amenorrhea: The practice of lactational amenorrhea increased from 0.11% in NFHS-4 to 0.82% in NFHS-5. For low parity women, the percentage went up from 0.17% to 1.05%, and for high parity women, it increased from 0.08% to 0.74%.

Female Condom: The usage of female condoms slightly increased from 0.01% in NFHS-4 to 0.03% in NFHS-5. For low parity women, the percentage grew from 0.03% to 0.04%, and for high parity women, it went from 0.01% to 0.02%.

Foam/ECP: The usage of foam or emergency contraceptive pills (ECP) slightly increased from 0% in NFHS-4 to 0.05% in NFHS-5. For low parity women, the percentage increased from 0.01% to 0.04%, and for high parity women, it rose from 0% to 0.05%.

Standard Days Method: The use of the standard days' method increased from 0.01% in NFHS-4 to 0.2% in NFHS-5. For low parity women, the percentage grew from 0.02% to 0.19%, and for high parity women, it increased from 0.01% to 0.21%.

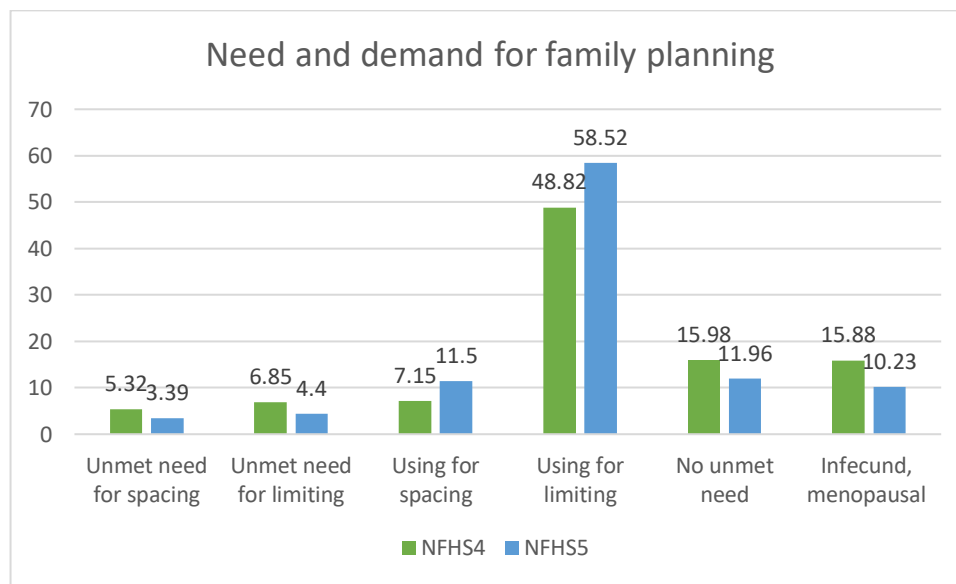
Other Methods: No significant changes were observed in the usage of other methods, which remained at 0% in both surveys.

The data suggest that there was a statistically significant difference between NFHS 4 (9%) and 5 (13%) proportion of low parity women and NFHS4(6%) NFHS5 (8%) proportion of high parity on those currently who are using male condom.

4.12 NEED AND DEMAND FOR FAMILY PLANNING:

Changes in Need and Demand for Family Planning from NFHS-4 to NFHS-5

Figure: 4.12.1



Shifts in Family Planning Needs and Demands by Parity from NFHS-4 to NFHS-5

Figure: 4.12.2

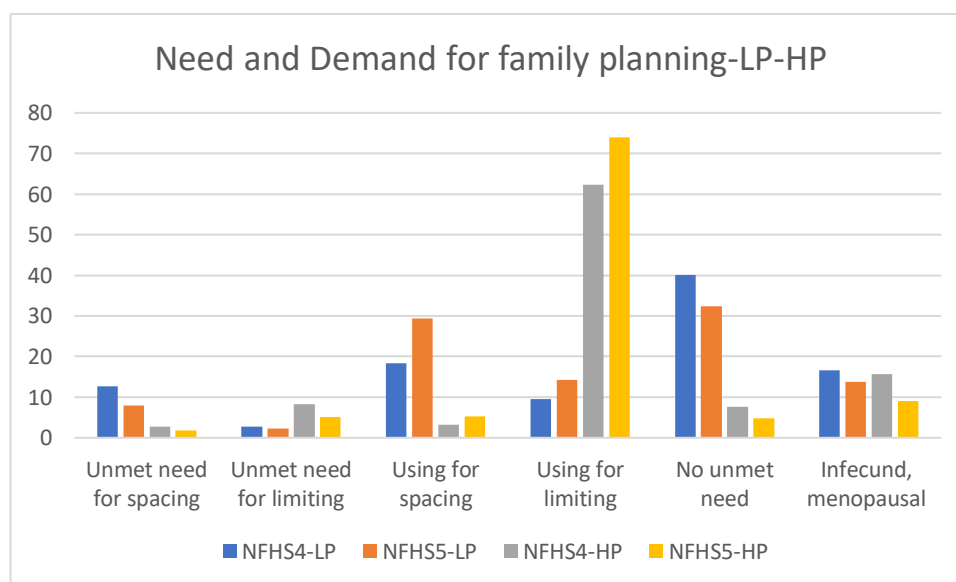


Table 4.12.1

Need and Demand for Family Planning	NFHS4	NFHS5	NFHS4-LP	NFHS5-LP	NFHS4-HP	NFHS5-HP
Unmet need for spacing	5.32	3.39	12.68	7.89	2.78	1.83
Unmet need for limiting	6.85	4.4	2.72	2.3	8.28	5.13
Using for spacing	7.15	11.5	18.4	29.35	3.27	5.27
Using for limiting	48.82	58.52	9.49	14.32	62.38	73.93
No unmet need	15.98	11.96	40.13	32.4	7.65	4.83
Infecund, menopausal	15.88	10.23	16.59	13.74	15.64	9.01

This table presents the changes in family planning needs and demands across different parities from NFHS-4 to NFHS-5. Key findings are as follows:

Unmet Need for Spacing:

Overall, the unmet need for spacing reduced from 5.32% in NFHS-4 to 3.39% in NFHS-5. Among low parity women, it decreased from 12.68% in NFHS-4 to 7.89% in NFHS-5. For high parity women, it dropped from 2.78% to 1.83%.

Unmet Need for Limiting:

The overall unmet need for limiting decreased from 6.85% in NFHS-4 to 4.4% in NFHS-5. For low parity women, it slightly decreased from 2.72% to 2.3%. For high parity women, it reduced from 8.28% to 5.13%.

Using for Spacing:

The overall use for spacing increased from 7.15% in NFHS-4 to 11.5% in NFHS-5. Among low parity women, it increased significantly from 18.4% to 29.35%. For high parity women, it rose from 3.27% to 5.27%.

Using for Limiting:

The overall use for limiting increased from 48.82% in NFHS-4 to 58.52% in NFHS-5. Among low parity women, it rose from 9.49% to 14.32%. For high parity women, it increased from 62.38% to 73.93%.

No Unmet Need:

The overall percentage of women with no unmet need decreased from 15.98% in NFHS-4 to 11.96% in NFHS-5. For low parity women, it reduced from 40.13% to 32.4%. For high parity women, it declined from 7.65% to 4.83%.

Infecund, Menopausal:

The overall percentage of infecund or menopausal women decreased from 15.88% in NFHS-4 to 10.23% in NFHS-5.

Among low parity women, it decreased from 16.59% to 13.74%.

For high parity women, it reduced from 15.64% to 9.01%.

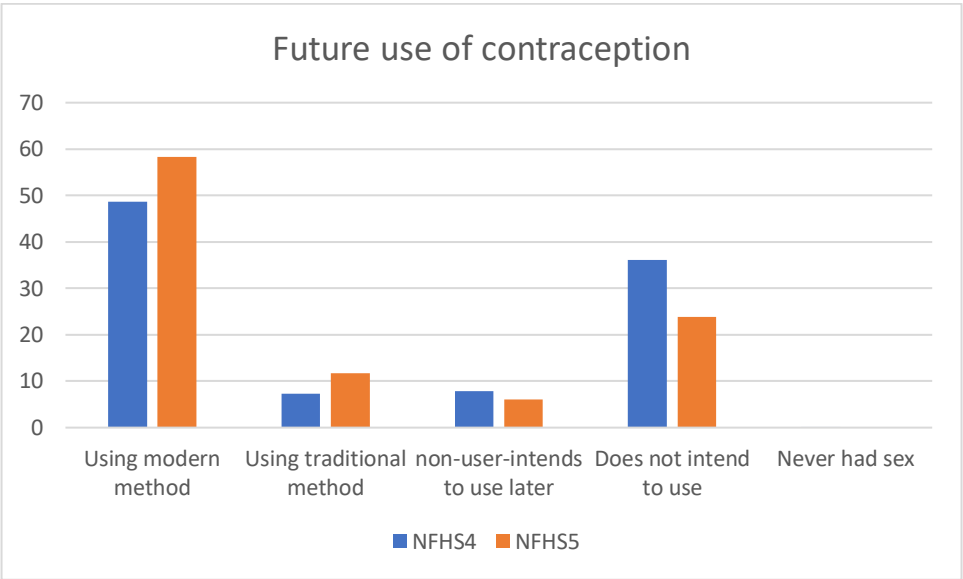
The data suggest that there was a statistically significant difference between NFHS 4 (12%) and 5 (7%) proportion of low parity women and NFHS4(2%) NFHS5 (1%) proportion of high parity of unmet need for spacing.

The data suggest that there was a statistically significant difference between NFHS 4 (20%) and 5 (30%) proportion of low parity women and NFHS4(58%) NFHS5 (67%) proportion of high parity on those currently who used modern method.

4.13 FUTURE USE OF CONTRACEPTION:

Future contraceptive use from NFHS-4 and NFHS-5

Figure: 4.13.1



Future Contraceptive Use from NFHS-4 to NFHS-5 by Parity

Figure: 4.13.2

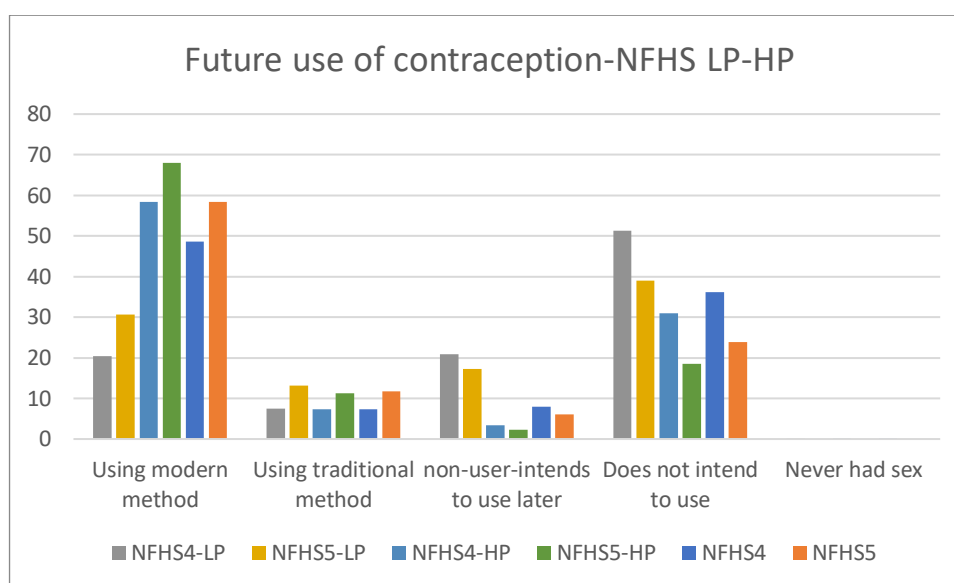


Table: 4.13.1

Future Use of Contraception	NFHS 4	NFHS 5	NFHS4 -LP	NFHS5 -LP	NFHS4 -HP	NFHS5-HP
Using modern method	48.6	58.32	20.34	30.59	58.34	67.98
Using traditional method	7.37	11.69	7.56	13.08	7.31	11.2
non-user-intends to use later	7.9	6.13	20.83	17.3	3.44	2.24
Does not intend to use	36.12	23.86	51.26	39.02	30.9	18.58
Never had sex	0.01	0	0.01	0	0.01	0

This table illustrates the anticipated contraceptive use patterns from NFHS-4 to NFHS-5, differentiated by low parity (LP) and high parity (HP) groups.

Key points:

The adoption of modern contraceptive methods has increased overall from 48.6% in NFHS-4 to 58.32% in NFHS-5. This increase is seen in both low parity (from 20.34% to 30.59%) and high parity (from 58.34% to 67.98%) groups.

Usage of traditional methods has also risen, from 7.37% to 11.69%, with low parity usage going up from 7.56% to 13.08% and high parity from 7.31% to 11.2%.

The percentage of non-users who plan to use contraception later has decreased from 7.9% to 6.13%. This trend is mirrored in low parity (from 20.83% to 17.3%) and high parity (from 3.44% to 2.24%) groups.

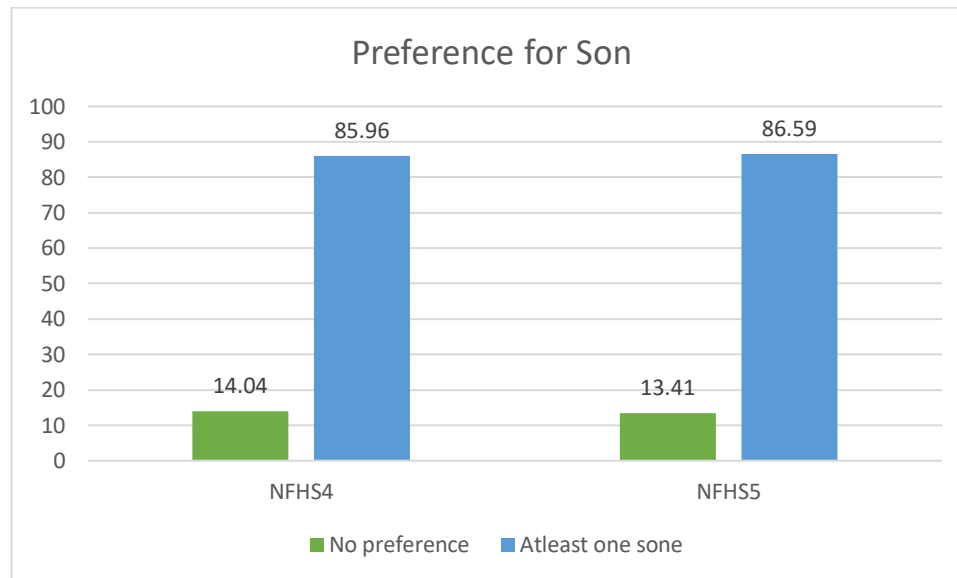
The proportion of women not intending to use contraception has significantly declined from 36.12% to 23.86%. For low parity women, this decreased from 51.26% to 39.02%, and for high parity women, from 30.9% to 18.58%.

The percentage of women who have never had sex remains negligible, with a decrease from 0.01% in NFHS-4 to 0% in NFHS-5 across all groups.

4.14 PREFERENCE FOR MALE CHILD:

Preference for son- NFHS4 and NFHS5:

Figure: 4.14.1



Son Preference from NFHS-4 to NFHS-5 by Parity

Figure: 4.14.2

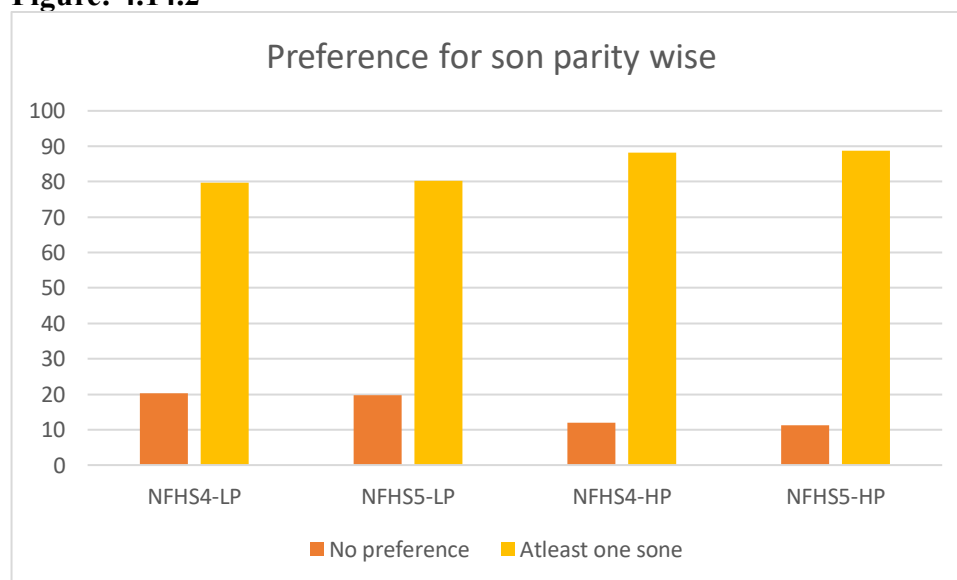


Table: 4.14.1

Preference for Son	NFHS4	NFHS5	NFHS4- LP	NFHS5- LP	NFHS4- HP	NFHS5- HP
No preference	14.04	13.41	20.3	19.78	11.88	11.19
At least one son	85.96	86.59	79.7	80.22	88.12	88.81

This table presents data on son preference trends between NFHS-4 and NFHS-5, broken down by low parity (LP) and high parity (HP) groups.

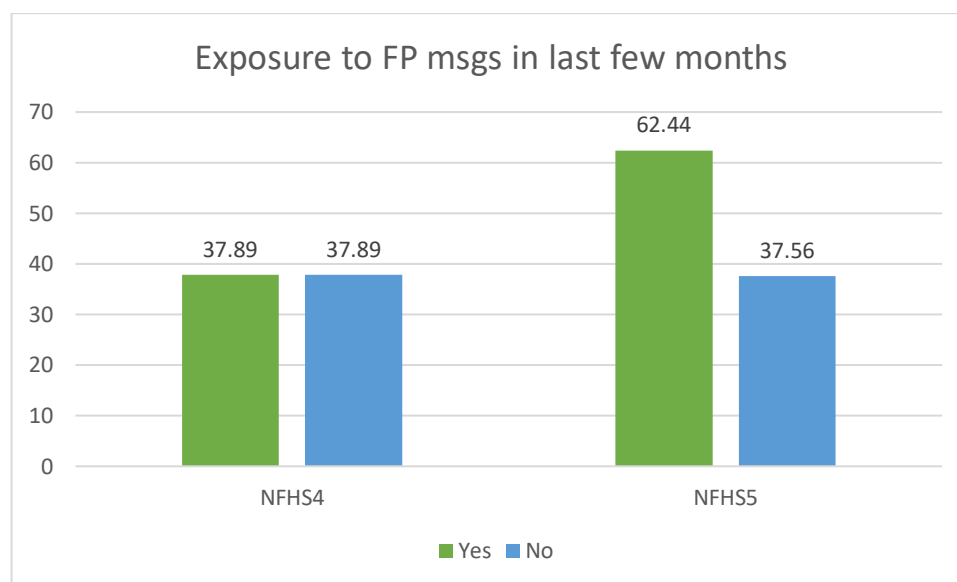
The percentage of respondents with no preference for sons has slightly decreased overall from 14.04% in NFHS-4 to 13.41% in NFHS-5. Among low parity respondents, this preference decreased from 20.3% to 19.78%, and among high parity respondents, it decreased from 11.88% to 11.19%.

Conversely, the proportion of respondents who prefer to have at least one son has increased from 85.96% in NFHS-4 to 86.59% in NFHS-5. For low parity respondents, this preference increased from 79.7% to 80.22%, and for high parity respondents, it increased from 88.12% to 88.81%.

4.15 EXPOSURE TO FAMILY PLANNING MESSAGES IN LAST FEW MONTHS:

Exposure to Family Planning Messages in the Last Few Months (NFHS-4 vs. NFHS-5)

Figure: 4.15.1



Exposure to Family Planning Messages in the Last Few Months by Parity: NFHS-4 vs. NFHS-5

Figure: 4.15.2

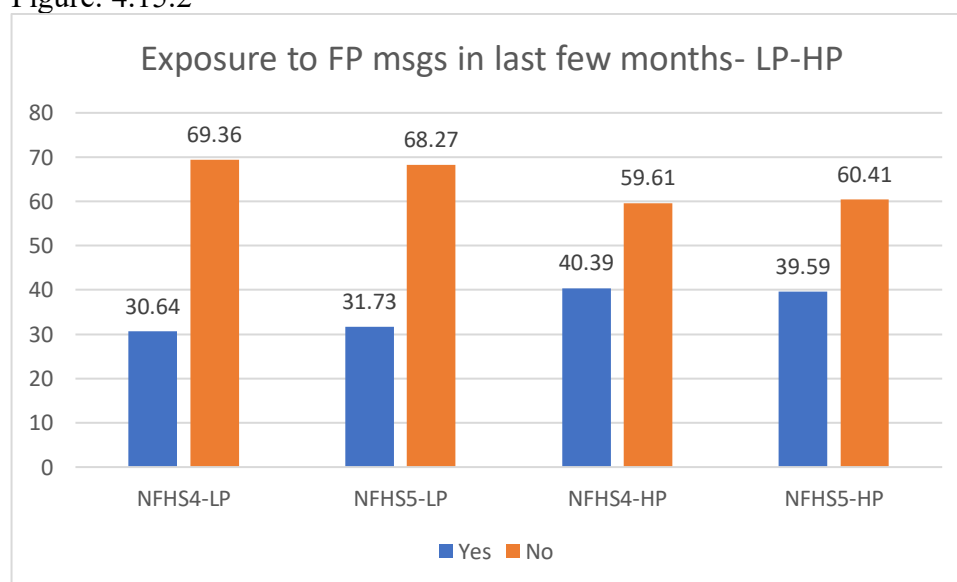


Table: 4.15.1

Exposure to family planning messages in last few months	NFHS4	NFHS5	NFHS4-LP	NFHS5-LP	NFHS4-HP	NFHS5-HP
Yes	37.89	62.44	30.64	31.73	40.39	39.59
No	37.89	37.56	69.36	68.27	59.61	60.41

The table compares the exposure to family planning messages among women in the last few months between the NFHS-4 and NFHS-5 surveys, further breaking down the data by low parity (LP) and high parity (HP).

Overall Exposure:

The overall exposure increased from 37.89% in NFHS-4 to 62.44% in NFHS-5. Conversely, those who did not receive messages decreased from 37.89% in NFHS-4 to 37.56% in NFHS-5.

Low Parity (LP):

Exposure among women with low parity slightly increased from 30.64% in NFHS-4 to 31.73% in NFHS-5.

Non-exposure among this group decreased from 69.36% in NFHS-4 to 68.27% in NFHS-5.

High Parity (HP):

Exposure among women with high parity increased from 40.39% in NFHS-4 to 39.59% in NFHS-5.

Non-exposure among this group increased slightly from 59.61% in NFHS-4 to 60.41% in NFHS-5.

DISCUSSION

The usage of family planning in India between the National Family Health Surveys (NFHS) 4 and 5 (2015–16) and (2019-2020) is examined in this chapter. The investigation looks at how sociodemographic variables including geography, wealth index, caste, education, employment, and awareness levels affect the usage of contraceptives. It also explores topics such as the necessity and demand for family planning, knowledge of the fertile period, the usage of various methods in the past, and the use of any approach currently.

Principal Results:

Overall Rise in Contraceptive usage: Between NFHS-4 and 5, there has been a general rise in the usage of contraceptives in most categories. This suggests that family planning is becoming more popular in India.

Religious Variations: Muslims and Christians saw a modest drop in the usage of contraceptives, whereas Hindus saw a slight increase. Further research is needed to understand the reasons behind these variations.

Socioeconomic Factors: Contraceptive use is higher among women with higher education, working women, and those from wealthier quintiles. This suggests a potential influence of socioeconomic status on family planning choices.

Urban-Rural Disparity: A decline in contraceptive use is observed in urban areas, whereas rural areas show an increase. This highlights the need for targeted interventions in urban settings.

Increased Awareness: Awareness of modern contraceptive methods has significantly improved, with a corresponding decrease in those unaware of any method. This signifies progress in family planning education.

Increased Ever Use: The proportion of women who have never used any contraceptive method has significantly decreased. This indicates a growing acceptance of family planning practices.

Improved Knowledge of Fertile Period: More women have gained correct knowledge about their fertile period, which can empower them to make informed choices about contraception.

Shifting Method Preferences: Modern methods like male condoms, pills, and IUDs are gaining popularity, while a slight increase is observed in traditional methods. Female sterilization remains the dominant method, particularly among high parity women.

Unmet Need: Despite the increase in use, there's still an unmet need for both spacing and limiting births. This necessitates continued efforts to address this gap.

Limitations:

This analysis relies on secondary data from NFHS, and causal relationships cannot be established from this data alone.

The reasons behind specific trends (e.g., religious variations) might require further investigation.

Future Research:

Explore the reasons behind the decline in contraceptive use among certain religious groups and urban women.

Investigate the factors influencing the choice of specific contraceptive methods.

Analyze the effectiveness of different family planning programs in reaching various populations.

CONCLUSION

India's family planning landscape, as depicted by NFHS-4 and 5 data, exhibits encouraging progress. An overall increase in contraceptive use signifies a growing acceptance of family planning as a tool for managing family size and improving reproductive health. However, disparities and unmet needs persist.

Education emerges as a key driver, with higher education levels correlating with increased contraceptive use. This underscores the importance of educational initiatives that empower women with reproductive health knowledge. Socioeconomic factors also play a role, with working women and those from wealthier backgrounds demonstrating higher contraceptive prevalence. Tailored interventions are crucial to bridge this gap and reach marginalized communities.

Interestingly, religious variations and an urban-rural divide were observed. Further research is needed to understand these disparities and tailor strategies accordingly. While rural areas saw a rise in contraceptive use, urban areas showed a decline, highlighting the need for improved service delivery and education approaches in urban settings.

Positive strides were made in awareness. A significant increase in knowledge about modern contraceptive methods and the fertile period empowers women to make informed choices. Additionally, a shift towards modern methods like condoms, pills, and IUDs indicates a growing openness to these options. However, female sterilization remains dominant, especially among women with multiple children. Expanding the range of contraceptive choices to cater to different needs throughout a woman's reproductive life cycle is crucial.

Despite the progress, a substantial unmet need for family planning services persists. Addressing this gap requires a multi-pronged approach, including ensuring easy access to a wider variety of methods, dismantling social and cultural barriers, and promoting male involvement in family planning decisions.

In conclusion, India's family planning journey is marked by both progress and challenges. By investing in education, expanding contraceptive choices, and addressing social barriers, India can empower women and families to make informed reproductive health decisions, paving the way for a healthier future for generations to come. Continued research is vital to understand the nuances of contraceptive use across different groups and inform the development of more effective strategies for achieving optimal reproductive health outcomes for all.

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