Understanding the Issue of Unwanted Pregnancy in India: An Insight from Calendar Data"

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Introduction:

Concept of unintended pregnancy has been essential to demographers in seeking to understand fertility, to public health practitioners in preventing unwanted childbearing and to both group in promoting a women's ability to determine whether and when to have children. Pregnancy is one of the most profound psychological events in a human life. People says that a woman is complete after she is a mother, but at the same time those women who are facing unwanted pregnancy, it is like a curse to them and they have two choices either they abort there pregnancy or give birth.

Demography incidence of unintended pregnancy has long been used as a primary indicator of the state of reproductive health (Trussell et al., 1995). The socio-economic development and family planning programme efforts are expected to contribute to fertility decline. However, most of the Indian women are forced to give unwanted birth; consequently unwanted fertility rate is very high in India. There is also a need to focus on the unwanted births because the level of unwanted births are stagnant over the period of time, as National Family Health Survey (NFHS) data reports that around one fourth births are unwanted in all three round of survey (NFHS, 1992-93; NFHS, 1998-99 and NFHS, 2005-06).

Many women around the world still do not have the resources available to them to limit the number of children they give birth to. Another reason for this is simply the lack of information about the methods of contraception and family planning. Having unprotected sex and poorly manufactured birth control pill could also result in unwanted pregnancies.

Pregnancy intention is determined by the mother's response to the question "Thinking back to just before you got pregnant, how did you feel about becoming pregnant?" If women reported that she wanted to be pregnant, then was considered to have had an intended pregnancy. A woman who reported that she wanted to be pregnant later was considered to have had a mistimed pregnancy and women who didn't want to be pregnant then or at any time in the futures, was considered to have had an unwanted pregnancy.

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Unintended pregnancies can have serious health, social, and economic consequences. The consequences of unintended pregnancies are of major public health concern. Each year, 80 million women worldwide have unwanted or unintended pregnancies (Barden- O'Fallon, J L. 2008). It can have negative economic, educational and social consequences for family and for nations. Children born as the result of unplanned or unwanted pregnancy start life at a disadvantage and face numerous health and social problems throughout childhood. Unplanned children, especially girls, have lower education levels and poorer socioeconomic conditions, and appear to suffer social problems due to parental neglect (Kader and Maklouf, 1998). Kaur, 2006 found that woman with unwanted pregnancy experiences more anxiety than wanted pregnancy. Reduction in the level of unwanted birth has important social, health and demographic consequence. At the individual level preventing unwanted birth enhances the well being of women and their children. At the societal level, eliminating unwanted births leads to substantial reduction in fertility and rates of population growth (Bongaarts, 1997).

In today's scenario fertility control is the most important way to check high growth of population. However, in many developing countries birth that women have but do not want constitute a substantial proportion of all births (Blance, 1982; Bongaarts, 1990, 1997; Lightbourn 1985; United Nation 1987 and Westoff 1981). In India total wanted fertility rate of 1.9 is lower by 0.8 children (i.e. by 30 percent) than the total fertility rate of 2.7. This means that if we control total unwanted birth then total fertility rate (TFR) would be drop to below the replacement level of fertility (1.9 children per women) (NFHS, 2005-06). In larger states of India like Uttar Pradesh, Bihar, Madhya Pradesh, and Rajasthan, unwanted fertility is high as compared to more socially advanced states of Kerala, Maharashtra, Himachal Pradesh, and Punjab. (Kulkarni and Choe, 1998).

Literature suggests that use of contraceptive method is one of the significant ways to avert unwanted pregnancies/births, at the same time continues use of method is also important. Particular, long-term contraceptive use is usually significantly higher if family planning services offer a choice-not just in the first instance, but over time-rather than promoting any one particular method. A study revealed that most of women who had not received the contraceptive of their choice had dropped out of the programme within one year; of those who were using the method of their choice, only few had dropped out. In other words, it is clear that a range of

methods, competently provided, will attract more users and permit the switching between methods that is the foundation of satisfied and sustained use of contraceptives.

The most commonly cited reasons for contraceptive discontinuation and nonuse in India and other developing countries include: quality, accessibility, and cost of family planning services; side effects (either experienced by a woman herself or by other women she knows); fear of a particular method or health reasons for not using a method; opposition and religious objections to family planning and of family planning are few reasons of contraceptive discontinuation. Misconceptions about contraceptive use and a negative image of the family planning programme are also sometimes mentioned as reasons for discontinuation and non-use.

Until the 1992-93, an average woman in India had four children in her lifetime, which was higher than the average for most other region in the world. There are indications that fertility has started to fall. Rise in contraception and changes in other proximate variables are mentioned as reasons for the ongoing fertility decline (NFHS 2005-06; Bongaarts 1997). Unfortunately, despite increases in contraceptive use, many couples still do not achieve their fertility goals, and as a consequence, the number of undesired reproductive events is substantial (Westoff 1981).

The level of unwanted fertility tends to be particularly high in countries that are in the middle stages of the transition to lower fertility. As a society develops, desired family size declines, resulting in a corresponding rise in the proportion of women who want to stop childbearing (Bongaarts 1997). In such societies, unless effective birth control is practiced, women can have several unwanted pregnancies during their childbearing ages. In more developed societies, couples may have better knowledge of contraception and better access to contraceptive services and hence lower levels of unwanted pregnancies (Kulkarni and Choe 1998).

One of the most important factors in reducing the fertility of India is to reduce the unwanted births/pregnancies, and therefore, reasons associated in the unwanted births/pregnancies are crucial for any study. Some previous studies have found the evidence of high level of unwanted pregnancy among ever married women in India (Stanley K. H. et al, 1999). The relationship between unwanted pregnancy and contraceptive practice has been addressed in several studies.

Although there has been considerable amount of work has been done on the factor associated with unwanted pregnancy in the developing countries but the issue of reason of unwanted

pregnancy in context of socio demographic factor is still little understood. For family planning program and population policy, it is also very important to know the reasons of unwanted pregnancy (Steinhoff et. al., 1975). Therefore, it is proposed to identify the possible reasons associated to unwanted pregnancy. This paper attempts to identify the effects of some selective demographic factors and types of method which is responsible for contraceptive discontinuation, in Indian context. More over this study deals the last family planning method of discontinuation and its relation with selected background variables. Lastly this study focuses on inconsistency of reporting of status of current pregnancy.

Methods and Materials:

The Nationwide data from India's latest National Family Health Survey-3 (NFHS-3) conducted during 2005-06 was use for this study. This survey covered a representative sample of 1, 24,385 women in the age group of 15-49 years. Sampling method used under NFHS-3 was multistage systematic random sampling. NFHS-3 collected information of status of last birth which occurred in five year preceding the survey, and also they collected information about the status of current pregnancy (IIPS, 2000). To fulfill the objective of the study, we consider only those women who reported their current pregnancy was unwanted (n=513) or mistimed (n=902). After that we select those women who had been using contraceptive since last birth. Therefore total sample size is restricted to 427 women only. Analysis of data has been carried out after assigning weights.

The dependent variable for the present study is the unintended pregnancy to the ever-married women at the time of survey. A large number of explanatory variable were initially considered for analysis, but only a few meaningful ones were included owing to the lack of association with the outcome variable. The independent variables for the present study are: region to which selected woman belongs (central/north/east/northeast/west/south); place of residence (rural/urban); religion of head of the household (Hindu/Muslim/others (it includes other than Hindu and Muslim religion)); caste of head of the household (others (it includes other than scheduled caste and scheduled tribe)/scheduled caste/scheduled tribe); age of the women (less than 19/20-24/25-29/above than 30); educational status of woman and partner (illiterate/literate but below primary level/primary school completed but below middle level/middle school

completed but below high school/high school and above). The first category of these independent variables is considered as reference category in the multivariate analysis (in multivariate analysis categories of women age, women and partner's education variable has been changed).

Northern part includes Delhi, Haryana, Himachal Pradesh, Jammu and Kashmir, Punjab Rajasthan and Uttaranchal; Central part consists of Chhattisgarh, Madhya Pradesh and Uttar Pradesh; Bihar, Jharkhand, Orissa and West Bengal come under Eastern region; Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura come under Northeastern wing, Western region includes Goa, Gujarat and Maharashtra while Southern region included Andhra Pradesh, Karnataka, Kerala and Tamil Nadu.

The present form of variables was found to be most appropriate. It was finalized by taking into account theoretical considerations as well as the results of the series of preliminary analysis with alternatives groupings.

In NFHS-3 the question has been also asked to the currently pregnant women: At the time you become pregnant did you want to become pregnant then , did you want to wait until later, or did you not want to have any (more) children at all?

Contraceptive calendar was available in NFHS-III questionnaire. It was also known as retrospective reproduction calendar. The study takes advantage of calendar data gathered in conjunction with the individual questionnaire in which female survey respondents were asked to report retrospectively their pregnancy status, pregnancy outcomes, and contraceptive use as well as reasons for discontinuation on a month-by- month basis for a period covering 67 to 69 month from January 2001 to what-ever month the interview took place in 2006. A five-year contraceptive history (January 2001 to January 2006) was collected for each woman who, or whose husband, was not sterilized at the calendar's start. The data were recorded in a calendar matrix, consisting of rows and columns. Each row of the calendar represents a particular month. For every discontinuation of a method, the reasons for discontinuation was also recorded in corresponding column in the last month, the method was used during an episode of continuous use.

Here we were not interested for each and every reasons of discontinuation, our interest was only that particular reason of discontinuation when women got pregnant and reported their current pregnancy was unwanted and mistimed. We want to find out the reasons of unwanted pregnancy by recent calendar. It was also known as retrospective reproduction calendar. Using contraceptive calendar, we study the determinants of contraceptive discontinuation by reasons and methods.

In order to understand the probability of the consistent, inconsistent response and probability of those women who reported that their current pregnancy was unwanted/ mistimed but she never used contraceptive or never used contraceptive since last birth, a two step choice model has employed. At the first step of this two-step model, we consider only those women who were reported their currently pregnancy is unwanted (n=513) or mistimed (n=902). The observed value of the response variable is to be one if woman has given responses for reason of contraceptive discontinuation otherwise zero. 'P' denotes the probability of reason of discontinuation. So, (1-P) is the probability that women has not given response for reason of discontinuation of contraceptive use (because those women have come in this category either they were never used contraceptive or they had not been using it since last birth).

If woman has given response for reason of contraceptive discontinuation, the second step involves the choice of a type of response. The second binary logit model is fitted to that subset of women who have already given response for reason of contraceptive discontinuation in the first step. We defined the observed value of the response variable to be one if the woman response is inconsistent and zero if a response is consistent. Defined P' which is the conditional probability that response is inconsistent given that woman has given response irrespective of type of response. So, PP' is the probability that a woman in the original sample has eligibility of giving response and then her response is inconsistent and P (1-P') is the probability that a woman reported response and then her response is consistent .

Hypothesized relationship between response variable and possible factors

Region: One of the explanatory variables is region, to which selected woman belongs (central/north/east/northeast/west/south). A characteristic of some Indian region is a strong desire for large family size. This has often been attributed to deeply-seated immutable social

organization and to high gender-stratified cultures which encourage high fertility through the separate roles they assign to men and women. However, this claim is no longer valid in many contemporary others regions like southern region where fertility has begun to decline the results suggest that although the level and trends of fertility intentions vary by region, so unwanted fertility also (Kulkarni, S. and Choe , M.K., 1998).

Place of residence: Place of residence has two category (rural/urban). In developing countries like India in rural area socio economic condition are generally very poor, and health care facilities are less readily available and tend to be of poorer quality. The differences usually result in higher unwanted pregnancy/birth in rural areas than in urban areas. Urban areas in many developing countries are often associated with higher education, better access to health facility and family planning and other social services. And also geographical location is important: rural areas provide lower levels of services, information and opportunities than urban areas. Consequently, unwanted fertility rate are expected to be lower in urban than in rural areas.

Religion: Three categories of religion have been made (Hindu/Muslim/others (it includes other than Hindu and Muslim religion)); Religion becomes the natural choice to start with as religious affiliation and conviction determines, to some extent, the wantedness of a pregnancy and its mode of termination.

Various religious doctrines are expected to differ considerably with respect to their pro-natalist slant and acceptability of contraception and abortion. Values and practices placed on a list of demographic parameters could have intended and unintended effects on the demographic performances of a particular religious community. Within social demography, religion is frequently cited as an important factor forming the basis of one's identity and hence being an indispensable part of the culture, religion often finds central place in the study of population dynamics. In the present setting it is expected that the pure religion effect will be much stronger in the Muslim as compare to Hindu and others religion, therefore fertility is high in Muslims so unwanted fertility also.

Caste of the respondent: In caste also three categories of religion have been made (others (it includes other than scheduled caste and scheduled tribe)/scheduled caste/scheduled tribe).

Ethnicity based on caste has been one of the important considerations in analyzing any attitude or practice indicators in the field of development as well as population.

Age of the respondent: For explanation of unwanted pregnancy/birth age of the respondent stands out as an important variable. The research has generally shown that women are more likely to experience mistimed pregnancies if they are younger. The same is true for women experiencing unwanted pregnancies, with the exception that they tend to be older (Adetunji ,J .A., 1998). Bivariate analysis of demography health survey from a number of countries indicates that unintended pregnancy closely related to age and parity. Adolescent are more likely to not to use or misuse contraceptive then are older women (Islam and Rashid, 2004).

Education of the women: Unwanted fertility has the expected association with education of the women in every where. Study based on six developing countries the rate of unwanted fertility declines systematically with increasing levels of education (Westoff, 1981). It is expected that women's education exerts an influence on unwanted birth as education is expected to increase the respectively to "new technologies" including awareness and the use of contraception to prevent unwanted births. Educated women may desire fewer children than their less education counterparts because of the incompatibility between formal sector employment and child care (Oppong, 1983). High level of literacy may contribute to an assumption that women have considerable control over their fertility. The received wisdom relating to reproductive intent suggests that most women are pregnant because they planned their pregnancy. (Najman, J. M. et. al. 1984).

Partner's Education: Unwanted pregnancy/birth can also be related to partner's education. There exists a concept of parallelism between women's and partner's education .This means that in the northern region of India, when men are more educated, there is a greater chance that their wives will be educated or vice versa. So without controlling partner's education, one cannot examine the effect of wife's education on unwanted births.

Results

Table 1.1 presents the percent distribution of discontinuation of last method of use of contraceptive. It clearly shows that among last method of discontinuation, proportion of pill

users were highest (about 30 percent) followed by condom (26 percent) and periodic abstinence (25 percent). Approximately 11 percent women's last method of discontinuation was withdrawal. All these methods are reversible. User-dependent contraceptive methods, such as the pill, injections, condoms, and withdrawal, are more likely to discontinue than are those using non-user-dependent methods, such as the intrauterine device (IUD) and implants.

Table 1.1: Percent Distribution of Discontinuation of Last Method of Contraceptive Used, National Family Health Survey, India, 2005-06

Method Name	Percent	Sample Size
Pill	29.46	127
IUD	5.20	22
Injections	1.36	5
Condom	26.41	130
Female Sterilization	0.51	2
Periodic Abstinence	25.18	79
Withdrawal	10.67	59
Other	1.21	3
Total	**100.00**	**427**

Table 1.2 explores the linkages between the last method of discontinuation and some selective background characteristics of women. These characteristics are region, place of residence, religion, caste, age and educational level of the women. Discontinuation of pill was reported highest among those women who were residing in northeastern region followed by eastern (40.30 percent) and western region (37.5 percent).It was reported lowest in central region of India.

The utilization of pill before unwanted pregnancy was high in urban areas in comparison of rural area. In other religion discontinuation of pill was high as compared to Hindu and Muslims. Women belong to non scheduled casts and non schedule tribe mainly pill was the last method of discontinuation. The last method of discontinuation was pill for those women who attained the age of more than 30 years. In literate but below primary category discontinuation of pill was considerably high before unwanted pregnancy.

Among all region, 22 percent women, who were residing in southern region reported that their last method of discontinued was IUD, which was the reversible method of a birth control. Most

of the Hindu, SC/ST and above than 30 years age women reported their last method of discontinuation was IUD. IUD was one of the most important last methods of discontinuation for highly educated women.

Table 1.2: Percent Distribution of Discontinuation of Last Method of Contraceptive Used by Different Background Characteristics, National Family Health Survey, India, 2005-06

Background Characteristics	Last Method of Discontinuation						
	Pill	IUD	Condom	Periodic Abstinence	Withdrawal	Others	Total
Region							
Central	16.56	6.13	41.72	32.52	2.45	0.61	**128**
North	23.08	10.26	46.15	15.38	5.13	0.0	**56**
East	40.3	3.73	13.43	20.9	17.91	3.73	**87**
Northeast	46.67	0.0	3.33	23.33	23.33	3.33	**97**
West	37.5	6.25	15.63	31.25	9.38	0.0	**24**
South	30.56	22.22	11.11	16.67	16.67	2.78	**35**
Residence							
Rural	28.33	6.83	20.82	28.67	12.97	2.39	**218**
Urban	31.91	6.38	37.59	17.73	5.67	0.71	**209**
Religion							
Hindu	27.8	8.31	26.2	25.56	9.9	2.24	**279**
Muslim	32.38	1.9	27.62	23.81	13.33	0.95	**101**
Others	42.86	0.0	21.43	28.57	7.14	0.0	**47**
Caste							
Others	33.33	6.03	26.67	22.22	11.11	0.63	**303**
Scheduled Castes	15.96	7.45	28.72	35.11	8.51	4.26	**79**
Scheduled Tribes	30.77	7.69	15.38	26.92	15.38	3.85	**45**
Age							
Less than 19	26.92	7.69	21.15	30.77	13.46	0.0	**43**
20-24	27.91	4.65	30.81	22.09	13.95	0.58	**160**
25 -29	31.11	5.93	28.15	28.15	4.44	2.22	**141**
Above than 30	32.43	12.16	16.22	22.97	12.16	4.05	**83**
Women's Education							
Illiterate	24.5	5.3	18.54	35.76	11.26	4.64	**132**
Literate but below Primary	55.88	8.82	5.88	23.53	5.88	0.0	**29**
Primary but below Middle	27.85	6.33	32.91	18.99	13.92	0.0	**81**
Middle but below High School	31.43	4.29	31.43	18.57	14.29	0.0	**85**
High School and above	27.08	10.42	36.46	18.75	7.29	0.0	**100**
Total	**29.4**	**6.48**	**26.39**	**25.23**	**10.65**	**1.85**	**427**

46 percent in north and 42 percent women in central region reported condom was the last method of discontinuation. Discontinuation of condom was high in urban areas, Muslims and those women who belonged to scheduled caste. In younger age (less than 30 years), and highly educated women reported, condom was the main method of last discontinuation.

In Central 33 percent and in Western region 31 percent of women's were having periodic abstinence as a last method of discontinuation Periodic abstinence was last method for those women who were residing in rural area , belong to other religions or scheduled caste and it was also in those who were under 19 years and illiterate. In spite of all advance science, still women were relying traditional method of contraceptive like withdrawal. In northeast region, living in rural areas, Muslims, and below 25 years women reported their last method of discontinuation was withdrawal.

The table 1.3 gives the idea about those particular reasons which is responsible for discontinuation. The result indicates that 40 percent of ever married women aged 15–49 who discontinued using contraception because of method failure. More than one fourth women had given inconsistent response. It means that at the time of survey they reported their current pregnancy was unwanted or mistimed but again for the same pregnancy they reported (in reproductive calendar) that they wanted to become pregnant. Seven percent women reported husband's disapproval as a main reason of discontinuation of contraceptives. Another key factor for the discontinuation or non-use of contraception was fear of experiencing side effects which contribute approximately six percent. Three percent women reported their discontinuation due to health concern and same proportion of women did not know the reason. Four percent women mentioned due to problem in access to availability, for discontinued the use of contraceptives. Few women also reported marital dissolution, inconvenient to use, infrequent sex and did not like method as a reason for discontinuation of contraceptive use.

Table 1.3: Percent Distribution of Main Reason of Discontinuation of Contraceptive Used, National Family Health Survey, India, 2005-06

Main Reason of Discontinuation	Percent	Frequency
Became pregnant while using	39.60	152
Wanted to become pregnant	26.42	127
Husband disapproved	6.92	22
Side effects	5.81	23
Health concerns	3.10	23
Access availability	3.67	13
Wanted more effective method	0.05	3
Inconvenient to use	1.76	4
Infrequent sex, husband away	1.75	5
Cost	0.28	4
Fatalistic	0.80	1
Marital dissolution	0.01	1
Other	3.10	19
Lack of sexual satisfaction	0.93	5
Created menstrual problem	0.45	1
Gained weight	0.04	1
Did not like method	1.61	8
Lack of privacy for use	0.47	2
Don't know	3.24	13
Total	**100.00**	**427**

Table 1.4 presents the reasons of discontinuation in use of contraceptive by selected background characteristics.

In eastern and central part of India 'become pregnant while using 'was the main reason of unwanted pregnancy. In central region, 11 percent women reported that husband disapproved to use any method, followed by the western and eastern regions while for southern and eastern regions health problem (16 percent) was main reason of discontinuation. 'Become pregnant while using 'was the main reason of unwanted pregnancy in rural areas in comparison to urban areas. Disapproval of husband and health related problems were reported more in urban area as compared to rural areas.

Table 1.4 : Percent Distribution of Discontinuation of Contraceptive Used by Background Characteristic National Family Health Survey, India, 2005-06

Background characteristic	Main Reason of Discontinuation					
	Become Pregnant while using	Inconsistency of Reporting	Husband Disapproves	Health Related Problem	Other	Total
Regions						
Central	43.48	16.77	10.56	11.18	18.01	**127**
North	36.84	47.37	5.26	2.63	7.89	**56**
East	51.18	14.17	5.51	15.75	13.39	**83**
Northeast	27.59	37.93	0.00	13.79	20.69	**97**
West	21.21	63.64	9.09	0.00	6.06	**23**
South	19.35	61.29	0.00	16.13	3.23	**31**
Residence						
Rural	44.72	24.30	6.69	9.51	14.79	**214**
Urban	32.59	33.33	7.41	15.56	11.11	**203**
Religion						
Hindu	37.34	30.84	7.14	11.04	13.64	**275**
Muslim	52.00	14.00	8.00	13.00	13.00	**97**
Others	33.33	41.67	0.00	8.33	16.67	**45**
Caste						
Others	39.67	28.20	7.87	11.15	13.11	**294**
Scheduled Castes	47.83	19.57	6.52	14.13	11.96	**79**
Scheduled Tribes	26.92	42.31	0.00	3.85	26.92	**44**
Age						
Less than 19	41.18	25.49	21.57	9.80	1.96	**42**
20-24	37.87	28.99	5.33	13.02	14.79	**158**
25 -29	36.92	30.00	6.15	10.77	16.15	**138**
Above than 30	53.52	18.31	2.82	9.86	15.49	**79**
Women's Education						
Illiterate	48.32	18.79	6.71	5.00	15.44	**130**
Literate but below Primary	45.71	14.29	0.00	22.00	14.29	**29**
Primary but below Middle	37.18	30.77	3.85	18.00	19.23	**78**
Middle but below High School	31.43	25.71	12.86	9.00	12.86	**84**
High School and above	36.36	44.32	9.09	54.00	5.68	**96**
Total	**40.71**	**27.14**	**7.14**	**11.43**	**13.57**	**417**

The proportion of women who became pregnant while using method was higher among Muslims (52 percent) than Hindus (38 percent). Husband disapproval and health related problem were also higher among Muslims than Hindus and others. Method failure was more in scheduled caste women (48 percent) followed by other caste. Health related problem also shows the similar pattern.

In younger cohort (less than 19 year) and older cohort (30 through highest) method failure was comparatively high from other middle aged women. The proportion of women who reported that husbands disapprove to use any method was decreases as age increases. The proportion of method failure was highest among those women who had never attended schools, and it declines steadily up to middle but below high school category (from 48 percent to 31 percent).

The reason-specific continuation rates differ significantly by method. There are evidences that type of contraceptive method also relates to the rate of discontinuation.

Therefore the relationship between method of discontinuation and reasons for contraceptive discontinuation is presented in table 1.5. Around two third women become pregnant while using the withdrawal method followed by periodic abstinence (61.8 percent). It means that method failure was more among those women who used the tradition method. The main reasons of discontinuation due to husband disapproval is highest for condom (16.8 percent) followed by pill

Table 1.5: Percent Distribution of Reason of Discontinuation of Contraceptive Use By the type of Method, National Family Health Survey, India, 2005-06

Method of Last Discontinuation	Reason of Discontinuation of Contraceptive Use					
	Become Pregnant while Using	Inconsistency of Reporting	Husband Disapprove	Health Related Problem	Others	Total
Pill	24.80	20.80	5.60	27.20	21.60	**125**
IUD	26.09	30.43	0.00	43.48	0.00	**25**
Condom	30.09	31.86	16.81	2.65	18.58	**127**
Periodic Abstinence	61.32	31.13	3.77	0.00	3.77	**77**
Withdrawal	64.44	26.67	0.00	2.22	6.67	**58**
Others	85.71	0.00	0.00	0.00	14.29	**5**
Total	**40.81**	**27.21**	**7.16**	**11.46**	**13.37**	**417**

and then periodic abstinence (3.7 percent). Health related problem as a reason of discontinuation was observed highest among IUD users (43.48 percent) followed by pill (27.20 percent).

Finding of Table 1.3 also supported the previous finding of this study is that there may be chance of inconsistency in the reporting of status of birth. The overridden question was that why there was so much inconsistency in response.

Table 1.6 summarizes the adjusted odds ratio of inconsistent reporting. As compared to central region in all other regions inconsistent reporting was significantly high (except eastern region). Inconsistency was also high in others religion as compare to Hindu category. Scheduled tribe women give less inconsistent response than other caste.

Table 1.6: Adjusted Odds Ratio (With 95 % CI) of Inconsistent Reporting Using Logistic Regression Analysis, National Family Health Survey, India, 2005-06

	Exp(B)	**95.0% C.I. for EXP(B)**	
Explanatory Variables		**Lower**	**Upper**
Constant	0.44		
Regions			
Central			
North	3.82	1.87	7.80
East	0.60	0.28	1.32
Northeast	2.05	1.04	4.02
West	3.86	1.47	10.14
South	4.29	1.84	10.00
Residence			
Rural			
Urban	0.97	0.60	1.55
Caste			
Others			
Scheduled caste	0.42	0.22	0.80
Scheduled tribe	0.40	0.16	0.98
Religion			
Hindu			
Muslim	0.60	0.32	1.14
Others	2.51	1.00	6.31
Age			
Less than 24			
25 and above	0.66	0.41	1.05
Education			
Illiterate			
literate	0.95	0.53	1.71
Partner education			
Illiterate			

literate	1.60	0.77	3.31

Table 1.7 demonstrates that net effect of each of selected covariates on the inconsistent reporting and never used contraceptive or never used since last birth, after controlling the effects of all the other factors at their mean value. Probability of inconsistency was high in north and northeast regions while consistency was high in the eastern region. Urban residents were reported consistent response. Seventy one percent women in rural areas either never used contraceptive or after last birth they were not using any methods. 81 percent scheduled tribe women were not eligible for providing the response and among those who had given response; inconsistency was high (8.5 percent), after controlling the other important factors. Among younger women's (less than 24 years) inconsistency was more, while consistency was more among older women (27.7 percent). Educated women gave more consistent response and also most of them were experiencing ever used contraceptives. Similar pattern also observed in case of partner's education.

Table 1.7: Combined Probabilities (In Percent) of Inconsistency, Consistency Never Used Contraceptive or Never Used Since Last Birth (1-P), by Selected Background Characteristics, National Family Health Survey, India, 2005-06

Explanatory Variables	P*P' Probability of Inconsistency	P*(1-P') Probability of Consistency	1-P Probability
Regions			
Central	6.92	28.78	64.30
North	16.04	17.47	66.49
East	4.47	30.75	64.79
Northeast	13.74	27.93	58.33
West	10.02	10.81	79.16
South	7.20	6.98	85.82
Residence			
Rural	6.79	21.93	71.27
Urban	8.78	29.37	61.85
Caste			
Others	7.76	24.05	68.20
Scheduled caste	5.50	28.33	66.17
Scheduled tribe	8.53	10.52	80.95
Religion			
Hindu	8.36	21.43	70.21
Muslim	5.10	31.24	63.67

Others	3.19	20.54	76.28
Explanatory Variables	**P*P' Probability of Inconsistency**	**P*(1-P') Probability of Consistency**	**1-P Probability**
Age			
Less than 24	7.72	20.56	71.72
25 and above	6.84	27.74	65.42
Education			
Illiterate	5.95	18.86	75.19
literate	8.52	28.30	63.18
Partner education			
Illiterate	4.79	22.56	72.65
literate	8.23	24.25	67.52

Conclusion: The quality of family planning method was an important determinant of contraceptive use because it is likely to be affected by contraceptive continuation. From the above analysis it may be concluded that among family planning method users, discontinuation of pill, condom and periodic abstinence contributes more than 80 percent in unwanted pregnancy.

The main findings of this chapter indicate that 40 percent of ever married women who had discontinued using contraception because they 'become pregnant while using'. As expected, compare to urban, in rural area method failure was high. It stems from the fact that rural women had less knowledge about how to use properly modern methods like IUD and pills. Twenty percent women reported inconsistent response, of reason of last method of discontinuation Most of the women reported that main reasons of contraceptive discontinuation were 'become pregnant while using' and health related problem when they were use pill as a last method of discontinuation. Findings clearly indicate that use of IUD was responsible for health related problems. One of the most common reasons for IUD discontinuation may be its side-effects. One of the findings of this objective was that twenty seven percent responses were inconsistent.

Some limitations of this study is that analysis is based on very small sample size due to this role of covariates is not clear. One of the findings of this study is that twenty seven percent response was inconsistent, and we assume that the respondent were responsible for these inconsistencies but there is a possibility that response was correct but investigator reported

erroneously. Recall bias may also be an issue with regard to measurements in the survey (for example misreporting of timing or sequences of events).

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