

## Contraceptive choices: How is it affecting sexual and reproductive lives of young adults in India?

Usha Ram, Ph.D.<sup>1</sup> and Shreeparna Ghosh<sup>2</sup>

### Abstract:

Early onset of sexual activity (largely within marriage) and desperate demand to have child immediately after marriage, promoting contraception is single most important intervention to promote healthy reproductive lives of young adults and is likely to yield unmatched dividend in India where prevailing socio-cultural-politico settings limit access to or promotion of contraception among them. In past 15 years, modern spacing methods use has doubled, sterilization at early stage of life seem to have stagnated. However, there has been tremendous increase in the reliance on traditional methods (periodic abstinence and withdrawal) as well, especially in a few states. The rise in traditional methods use is an indication of increased demand and need for making program socially accessible to young adults. The present paper explores contraceptive use dynamics among young adults in India Assam, West Bengal, Kerala, Andhra Pradesh, Karnataka and Tamil Nadu over time and its association with sexual and reproductive health outcomes.

---

<sup>1</sup> Associate Professor, Dept. of Public health & Mortality Studies, International Institute for Population Sciences, Govandi Station Road, Deonar, MUMBAI– 400 088  
Phone: +91 22 2558 9045 (office); +91 22 – 2556 3254/5/6 (Ext. 127); Mobile: 98694 40201 (Mumbai)  
E-mail: [usharam@iips.net](mailto:usharam@iips.net); [usharam.2008@rediffmail.com](mailto:usharam.2008@rediffmail.com)

<sup>2</sup> Research Scholar International Institute for Population Sciences, Govandi Station Road, Deonar, MUMBAI– 400 088  
E-mail: [smilyshri@gmail.com](mailto:smilyshri@gmail.com)

**Background:**

The unprecedented population growth of the world in the last century has been the major concern at the international level (Sen 1996) and is seen as major impediment to contemporary efforts to alleviate poverty of billions of the people in the Third World (Donald 1985). It took the world population millions of years to reach the first billion, then 123 years to get to the second, 33 years to the third, 14 years to the fourth, and 13 years to the fifth billion, with an estimate of the United Nations that the sixth billion will materialize in only 11 years (United Nations 1994). Concern about overpopulation thus led to a variety of responses in the form of public policies and programmes involving coercive control measures (forced sterilization, for example) that have been contemplated as vehicles for reducing aggregate fertility and thereby population growth in the countries including China and India where these issues are of paramount importance.

In India, couples effectively protected with modern contraceptive methods increased by 50% during emergency with number of sterilizations going over 1.7 million. However, when the intensive family planning drive came to an end, the program went in total disarray and collapsed as millions had suffered from it. India's experience indicate that the political will is a capricious beast, as capable of creating chaos when inadequately constrained as of promoting good when wisely and skillfully used (Gwatkin 1979).

In India, women (particularly, young women) virtually have no role to play or are allowed to play very limited in the making of reproductive decisions. There can be a clash of interests here between male and female members of the family, particularly given their typically asymmetric roles in child care, and the outcomes of family decisions may therefore not be independent of who governs those decisions. Sometimes the primary tension may be between women of different age groups and status. For example, in the Indian subcontinent, mothers-in-law often are much keener on having a large number of grandchildren than the daughters-in-law who bear these children (Basu 1996). She further notes that in South Asia, the important comparison is often "not between the decision-making powers of women versus the husband or male patriarch, but between the younger wives versus the older woman, usually the mother-in-law.

Promoting contraception use has been the single most important intervention to reduce burden of unwanted pregnancy as well as to promote healthy living among the young adults in India. An early onset of sexual activity (largely within marriage) and desperate demand on young adults to have child soon after marriage, such interventions are likely to fetch unmatched dividend particularly in case of India.

The contraception knowledge as well as its use is tremendously low among young adults in India. Aside from lack of focus of the program, availability and accessibility issues play an important role in influencing the demand for contraception among young adults. In addition to this, a number of social and cultural factors continue to work as major hindrance among young adults to use contraception. As a result, contraception use among young adults, even in the socio-economically developed states, continues to be noticeably low. Further, the choice of contraceptive method made by the young adolescent is an important aspect of the contraceptive dynamics.

**Research questions addressed:** For assessing the performance of the programme, as users of family planning are taken as indicator of met demand for the family planning in the population ; which may be misleading as not all current users are effectively protected against risk of pregnancy or sexually transmitted infections including HIV. If large part of the users depend on the traditional methods of family planning it may reflect on poor reach of the programme to those who need the services. Further, in the wake of STI and HIV prevention, it is very important to ensure that the necessary efforts are made to promote modern methods, particularly condom for curtailing the prevention of STIs including HIV and of more effective methods of family planning in order to minimize reproductive burden on population arising out of unwanted/unplanned pregnancy. It would be thus useful to understand the dynamics of contraceptive choices by the young adults and what is its impact on the various sexual and reproductive health outcomes. The paper attempts to answer some of the questions as given below:

1. Whether choice of contraceptive methods affects the sexual and reproductive health outcomes of the young adults in India?
2. Whether dependence on traditional methods yields poor sexual and reproductive health outcomes for young adults in India?

3. Whether those currently using traditional methods have intention to use modern methods of family planning in future?
4. And if so, what are the underlying factors for these? What makes young adults choose traditional methods over modern methods?
5. Is it limited access to programme which is making young adults choose traditional methods or is it social-cultural preferences which make young adults go for traditional methods?

**Hypotheses:**

1. Lack of access to services forces young adults to choose traditional methods over modern methods
2. Higher dependence on traditional methods lead to poor reproductive health outcomes among married young adults

**Data:** The data from the various rounds of National family Health Surveys and District Levels Household Survey- 3 (recent round) for young married adults would be used for the analysis.

**Methodology:** Use of simple bi-variate and advance statistical tools as per the need would be made

The indicators used in the analysis for assessing the sexual and reproductive health outcomes of the young adults are:

1. Knowledge of Contraception (modern spacing methods)
2. Exposure to FP messages
3. Discussion on FP with husband or anyone
4. Comprehensive knowledge of HIV
5. Knowledge of condom source and condom use
6. Experience of STIs
7. Abortion
8. Unwanted fertility

The users of the family planning have been classified in two sub-groups – those using modern methods of family planning (referred as ones using effective method users) and others using traditional methods of family planning (referred as ones using ineffective/less effective method users). A host of programmatic factors, community factors, household and

individual characteristics would be used to understand the correlates of family planning use behavior of the young adults in India.

### **Findings:**

The latest data available on contraceptive use dynamics for India although indicates towards wider penetration of both reach as well as acceptability of the family planning services compared to past, yet its access and/or promotion among young adult is extremely limited. Fewer than one in six (16%) married young adult women aged 15-24 years in India reported using any contraceptive in 1992-93, about half of which were sterilized. By the year 2005-06, over one in four (28%) of them reported using any contraceptive. An encouraging finding from the analysis emerging is that while use of modern spacing methods – predominantly condom – has more than doubled during this period (1992-06), the use of sterilization at early stage of life has remained somewhat unchanged. At the same time, there is an increase in the reliance on traditional methods (periodic abstinence and withdrawal); the percentage of married adults reported using traditional methods has risen from less than 4% in 1992-93 to almost 7% in 2005-06. This increase is nothing but an indication of the demand and need for making modern spacing methods socially accessible to young adults.

The analysis by a few selected socio-economic characteristics also indicate that dependence on sterilization (mainly female sterilization) is more among married young adults belonging to poorer sections of the society. For example, over half of the users of family planning among illiterate and those less than five years of schooling had used sterilization method. In contrast, among those married adults with high school or higher education, less than one-third had reported using sterilization. At the same time more illiterate and less educated young adults reporting using traditional methods such as withdrawal and safe period compared to those who have completed high school or more. This clearly indicates the increasing demand of contraception among young married and lack of program services to meet this demand leaving the young adult to rely on the less efficient contraceptive methods. Condom use on the other hand was relatively more common among those with higher education as compared those either illiterate or with very little education.

The analysis further shows great deal of variations in changing dynamics of the contraception use among married young adults across different states in the country. Among the states with high HIV prevalence (such as Andhra Pradesh, Tamil Nadu, and Karnataka), condom use among married young adults has not changed much over the past 15 years period.

The preliminary analysis indicates that although sterilization continues to be the single most important method among married young adults in India, there are variation across states with respect to use of other methods of family planning including modern spacing methods and traditional methods. A noticeably larger proportion of young adults in a few states such as Assam, West Bengal, Kerala and Gujarat depends on traditional methods of family planning whereas in states of Tamil Nadu, Andhra Pradesh and Karnataka where HIV prevalence is high, substantial proportion of young adults use only sterilization and use of condom or any other method (either modern or traditional) is extremely low. For example, in 2005-06, over 21-22% of married young adults in Assam and West Bengal rely on traditional methods (and this has risen from less than 8% in Assam 1998-99 and 11% in West Bengal in 1992-93). In contrast, in Assam, only about 5% of them used modern methods while percentage of modern method users was about 14-15% in West Bengal (condom use was reported by negligible – by fewer than 1%). In case of Andhra Pradesh and Tamil Nadu, fewer adults rely on traditional methods (less than 2%) most of the users were using only sterilization and very few have reported using condom; 0.5% in Andhra Pradesh and about 3% in Tamil Nadu.

The analysis further indicates that large part of the met demand for family planning in number of states comes from ineffective/less effective methods (traditional). For example, over 58% of total met demand for family planning among young adults in Assam was met by traditional methods while the corresponding figure for West Bengal was 42%.

The analysis further indicates that the adverse sexual and reproductive health outcomes are more commonly prevalent among those young adults who use ineffective/less effective (traditional) methods compared to those who use effective methods (modern) of family planning. Percentage of women reporting unwanted/mistimed births was higher in states where young adults relied more on traditional methods. For example, the extent of unwanted/mistimed births among young adults was about 27% in west Bengal while it was about 15% in Andhra Pradesh and Tamil Nadu. Substantially larger proportion of young

women in Assam and West Bengal (25% and 14%, respectively) reported experience of sexually transmitted infections compared to Andhra Pradesh and Tamil Nadu (3-4%). Relatively fewer young women in Assam and West Bengal had comprehensive knowledge of HIV (5-7%) compared to Andhra Pradesh and Tamil Nadu (12-14%). More young women in Assam reported ever terminating a pregnancy (17%) while share of such women in Andhra Pradesh and Tamil Nadu was relatively low (12-15%). In Assam, about 55% of users of traditional methods were exposed to family planning message while their share among users of modern methods was over 66%. Likewise, among users of traditional methods, fewer young women reported that they were aware that condom can prevent HIV infection (53%) compared to those who used modern methods (56%).

Basu Alaka, 1996. Female Schooling, Autonomy and Fertility Change: What Do These Words Mean In South Asia?, in Roger Jeffery and Alaka Basu, eds, Girls' Schooling, Women's Autonomy and Fertility Change in South Asia. Sage Publications.

Berelson Bernanrd, 1977. Path to fertility reduction: the policy cube. Family Planning Perspectives. Vol. 9. No. 5: 213-219

Donald J. Hernandez. 1985. Fertility Reduction Policies and Poverty in Third World Countries: Ethical Issues. Studies in Family Planning, Vol. 16, No. 2, pp. 76-87.

Gwatkin Davidson R. 1979. Political Will and Family Planning: The Implications of India's Emergency Experience. Population and Development Review, Vol. 5, No. 1, pp. 29-59

Sen A. 1996. Fertility and Coercion. The University of Chicago Law Review, Vol. 63, No. 3, pp. 1035-1061 Published by the University of Chicago Law Review

United Nations, 1994. Report of the International Conference on Population and Development, Cairo 5-13 September 1994. (A/CONF.171/13).