

Women's Empowerment and Contraception Use across Regions of India

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INTRODUCTION

- India was the first country in the world to launch a National Program for Family Planning in 1952 (NHM)
- As of 2019, nearly half of India's 353 million women of reproductive age want to avoid pregnancy (Guttmacher Institute 2020)
 - While 134 million women use modern contraceptives, the majority (77%) rely on sterilization rather than reversible methods (Guttmacher Institute 2020)
- Data indicates that India is responsible for upwards 48% of the global number of women who use sterilization (UN 2022)
- In patriarchal societies such as India, much of the family-bearing and planning responsibilities falls on women (Mejía-Guevara 2021)
- The southern region of India dominates sterilization choices, whereas about one-half of women in the northeast region opt for traditional contraception methods (Pradhan 2009; Mejía-Guevara 2021; Oliveria 2014; Singh 2021)

THEORETICAL FRAMEWORK

- Proximate Determinants Framework:** Explains the relationship between biological and behavioral factors that directly impact fertility such as social, cultural, economic, and environmental elements (Bongaarts 1978)
 - Quantitatively and qualitatively used to examine how fertility can be affected by both primary and secondary characteristics
- Congruence Models:** Proposes that those who conform to standard gender attitudes impute traditional sex role attitudes (Bem 1974, 1977; Wilsnack and Wilsnack 1978, 1980)
 - Family planning and childrearing typically falls on women per traditional gender roles

RESULTS

- Rates of female sterilization were highest in the Southern region of India (Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, and Pondicherry)
 - Rates were lowest in the North Central region (Uttar Pradesh, and Bihar)
- Women of lower empowerment had lower probabilities of contraceptive usage
 - Median levels of empowerment had higher probabilities of contraceptive usage
 - Women of higher empowerment had lower probabilities of contraceptive usage
- Female sterilization rates typically increase as women's empowerment increases, but then decreases as women reaches highest empowerment
- Women of lowest empowerment are most likely to use other methods of contraception
- Women of lowest empowerment and highest empowerment are more likely to use no form of birth control, while women of median empowerment are likely to use birth control

METHODOLOGY

- Data are extracted from Wave 2 of the India Human Development Survey (IHDS) collected in 2011–2012
 - Nationally representative panel survey designed to complement
 - Carried out jointly by the University of Maryland and the National Council of Applied Economic Research
 - Interviews were conducted with ever-married women aged 15–49, if present, to elicit information regarding her health, education, fertility, marital history, and gender relations
 - Final sample size was 55,873 women
- Dependent Variables**
 - Use of any contraception type (yes=1; 67%)
 - Use of female sterilization (yes=1; 43%), another form of contraception (yes=1; 24%), or none (reference group; 33%)
- Key Independent Variables**
 - Women's empowerment index (0–13, 13=more empowered)
 - Region of residence (Hills, North, North Central, Central Plains, East, West, South)

Figure 1: Predicted Probability of Contraception Types for Indian Women in the India Human Development Survey, 2011–2012.

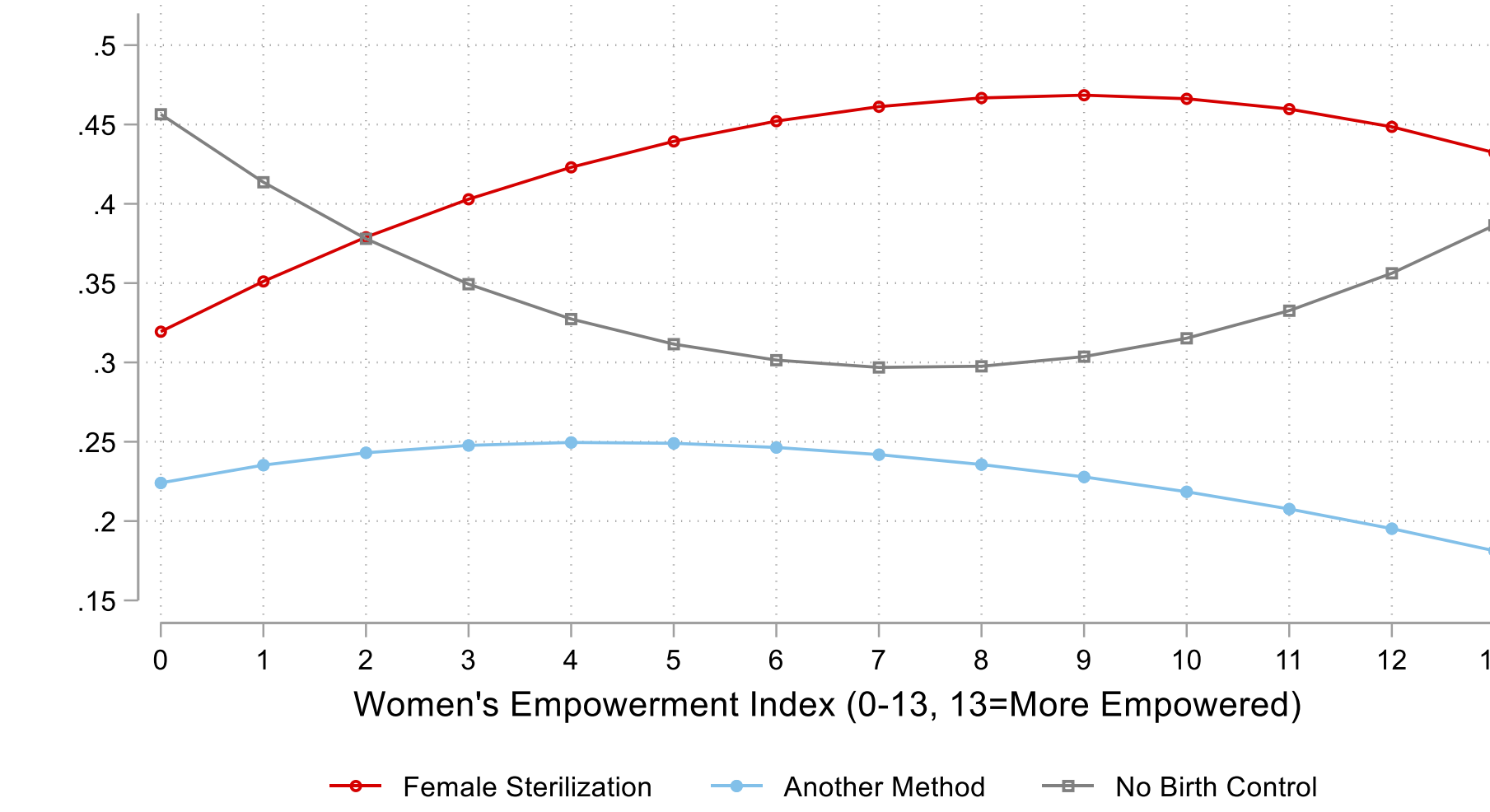


Figure 2: Predicted Probability of Using Any Contraception across Regions for Indian Women in the India Human Development Survey, 2011–2012.

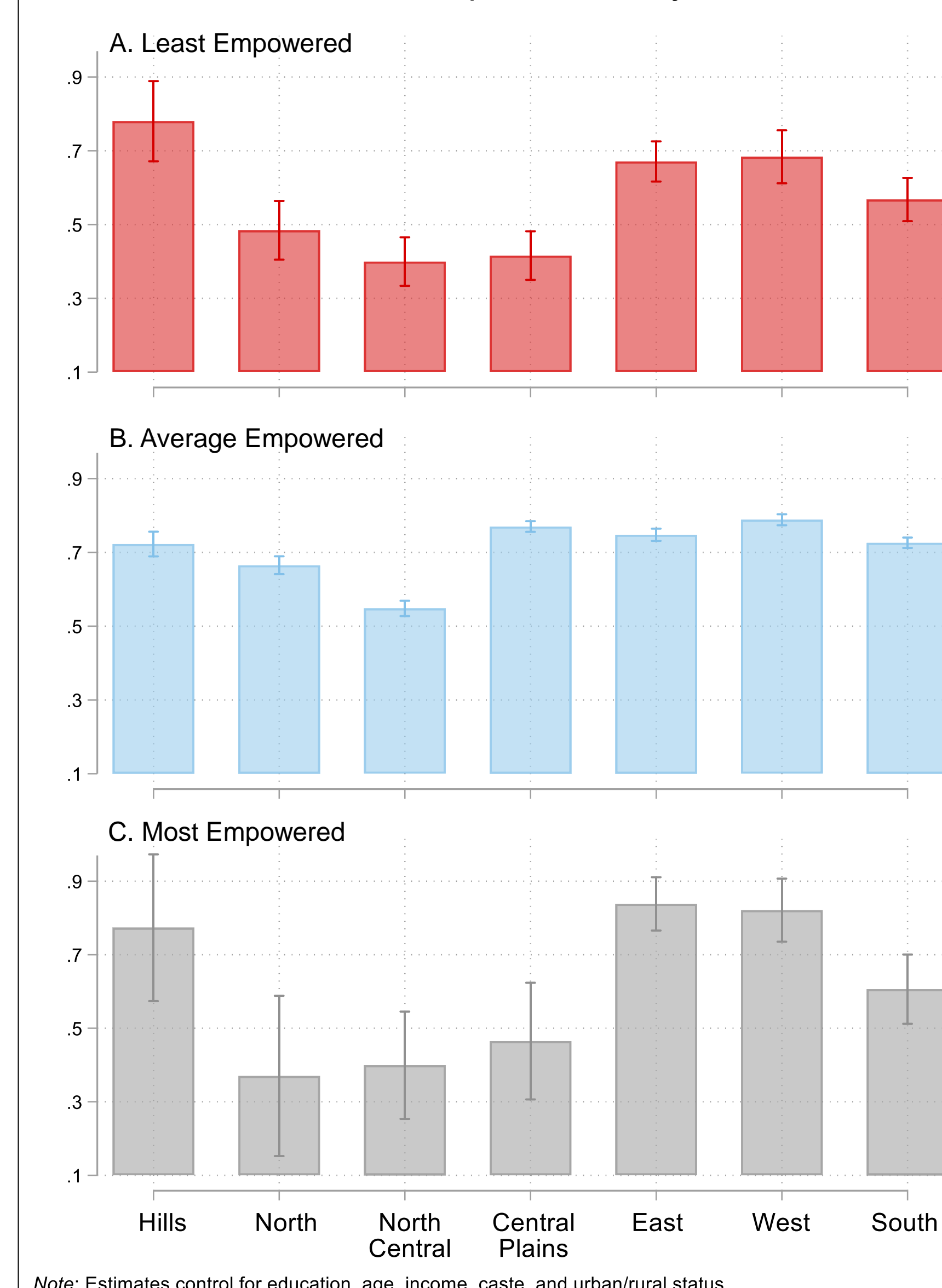
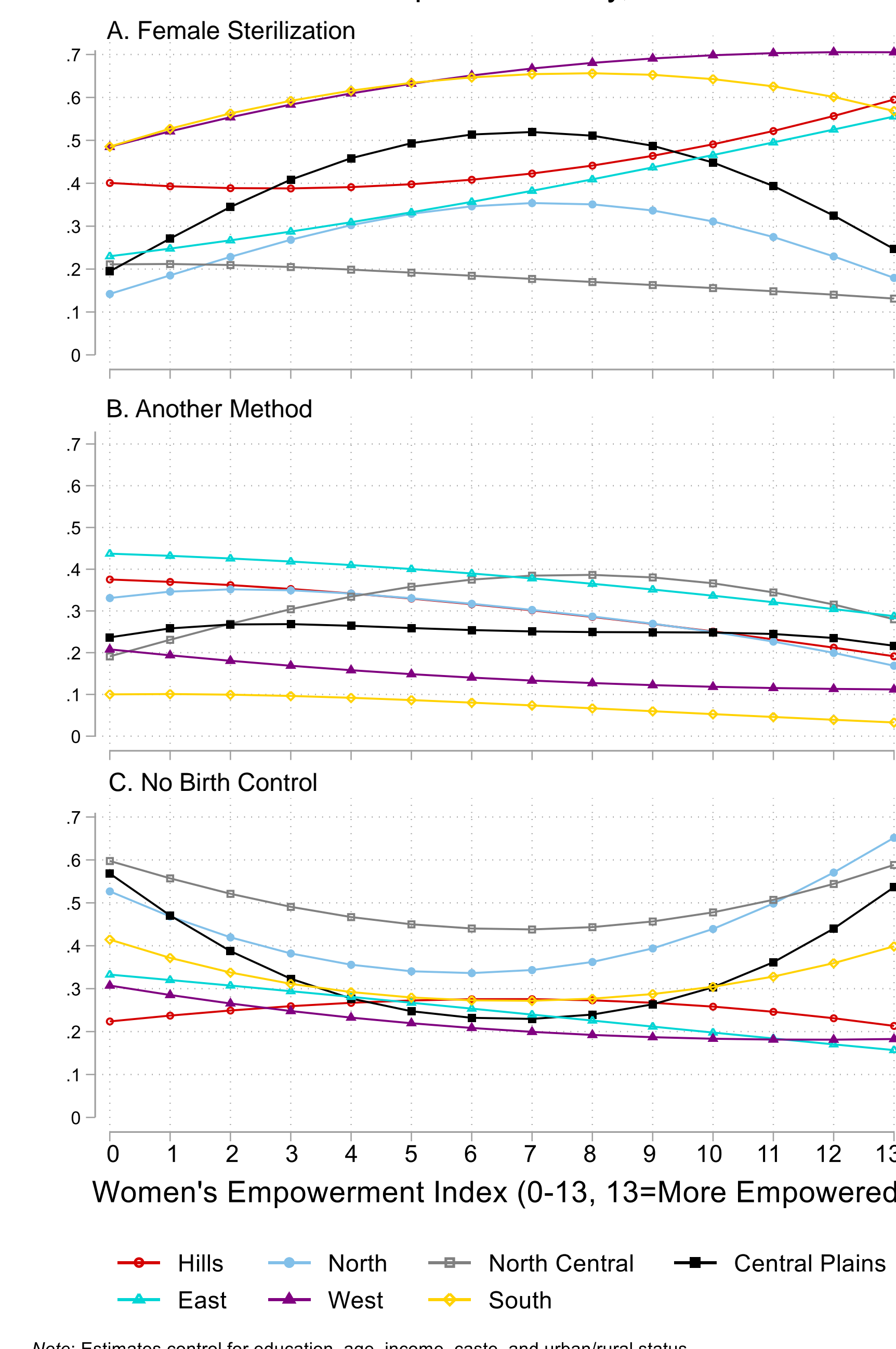


Figure 3: Predicted Probability of Contraception Types across Regions for Indian Women in the India Human Development Survey, 2011–2012.



DISCUSSION

- Women of median empowerment have greater socioeconomic resources than those less empowered
 - Thus, they likely have greater access to multiple contraceptive options (Bongaarts 1978)
- Women of highest empowerment may have the highest incomes and most access to health care, and likely have greater autonomy and authority over family planning
 - More empowered women thus may also have more access to pregnancy termination options (Wilsnack and Wilsnack 1978, 1980)
- Efforts should be made to ensure that women have access to multiple contraception methods
- Medical providers should fully advise women about all available contraception methods so that women can exercise informed choice over their reproductive health