

Rural-Urban Differential of Contraceptive Knowledge among Unmarried Women in India

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Abstract

A large number of girls get marriage at very young age and immediately are exposed to the risk of bearing children in India. Many marriages in India are celebrated well before the legal age has pointed out as 34 percent of the adolescent girls aged 15-19 years. The objective of this is to examine the rural urban differential and determinant of knowledge of family planning methods in India. This study utilize data obtained from third round of the District Level Household Survey which is conducted in 2007-08 in 601 districts from 34 states and union territories of India. DLHS-3 was conducted by the International Institute for Population Sciences Mumbai under the stewardship of the Ministry of Health and Family Welfare, Government of India. The study uses bivariate absolute difference, relative difference and multivariate techniques to understand the knowledge of family planning methods among unmarried youth women living in rural as well as urban area of India.

Keywords: Contraception; Knowledge; Unmarried Women; Rural, Urban

Introduction

In India very high proportion of girls gets married at very young age and immediately are exposed to the risk of bearing children. Many marriages in India are celebrated well before the legal age. Jejeebhoy has pointed out as 34 percent of the adolescent girls aged 15-19 years in India are already married and presumably sexually active, while fewer than 10 percent of unmarried girls are reported to be sexually experienced. Further, current scenario suggest that stopping marriages before legal age has no easy solution. However, certain maladies arising out of early marriages can be minimized to certain extent by providing proper knowledge of family planning methods [1].

Review of Literature

The youth population in the age group 15-24 years constituted almost 189 million, representing 18% of the Indian population in 2001 and this number is projected to increase to 238 million by 2016. Not only does this group represent India's

future in the socio-economic and political realms, but also its experiences will largely determine India's achievement of its goal of population stabilisation and the extent to which the nation will be able to harness its demographic dividend. In the course of transition to adulthood, young people face significant risks related to sexual and reproductive health, and many lack the knowledge and power to make informed sexual and reproductive choices [2,3].

Young women are particularly at risks related to sexual and reproductive health. Adolescent women in countries most affected by HIV/AIDS are two to six times more likely to become infected with HIV than their male counterparts. Some estimates exposed that 50 to 75 percent of women in India are married during adolescence and thus require knowledge about contraception. In addition, young women experience high rates of unintended pregnancy with about 15 million teenage women giving birth each year.

Many studies have shown that the knowledge about contraception among ever-married women is almost universal in India. However, there is no evidence on knowledge of contraception among unmarried young women. Given fact that unmarried young women also have opportunities to mix and to get engaged in premarital sexual activities, I cannot ignore the importance of knowledge and awareness about contraception among this group of women. Moreover, knowledge about contraception would facilitate use of appropriate method to delay, space, or limit children within marriage.

Methods

This study utilize data obtained from third round of the District Level Household Survey which is conducted in 2007-08 in 601 districts from 34 states and union territories of India. DLHS-3 was conducted by the International Institute for Population Sciences Mumbai under the stewardship of the Ministry of Health and Family Welfare, Government of India. The DLHS-3 was designed to provide estimates on maternal and child health, family planning and other reproductive health indicators at the district level. DLHS-3 also provides information related to the programmes under the National Rural Health Mission (NRHM) [4]. The main instrument for collection of data in DLHS-3 was a set of structured questionnaires, namely, household, ever married women, unmarried women and village

Determinant of knowledge of family planning methods

To understand the correlates of knowledge of family planning methods among unmarried youth women, a multinomial logistic regression model has been used considering that dependent variable is categorical having more than two categories. The dependent variable has been categorized into three categories, namely, not know any method, modern methods and traditional methods. Not know using methods is coded as '0', modern method is coded as '1' and traditional method is coded as '2'. This may be happen due to advertisement of family planning methods through Television or Radio. On the other hand awareness about traditional method was significantly low among who had no family life education. Knowledge of traditional method found to be 22 percent among schedule tribe unmarried youth which is higher as compared to schedule caste (17%) and others caste (19%). Rich unmarried women had significantly more knowledge of modern and traditional methods compared to poor women in the study area [5,6].

Discussion

A large number of girls get marriage at very young age and immediately are exposed to the risk of bearing children in India. Many marriages in India are celebrated well before the legal age has pointed out as 34 percent of the adolescent girls aged 15-19 years. In present study, most of the women were from the age group of 15-19 years i.e. youngest unmarried women. Most of these women had primary and above education. More than seventy percent unmarried women were aware about in family life education/sex education. This proportion was higher in urban area compared to rural area. A large number of women belonged to Hindu followed by Muslim and others religion. The proportion of Scheduled Caste and Scheduled Tribe were lower compared to others caste women. Knowledge of modern, traditional and any methods of contraceptive found to be higher in urban area compared to rural area.

Conclusion

Knowledge of contraceptive use is very essential especially young unmarried women in India. Health care providers have to ensure the spread of information regarding all the modes of contraception available these days. Motivation of the males towards the knowledge of both temporary and permanent male contraceptive measures is very necessary. Permanent contraception should be encouraged to know in both male and female to ensure better maternal and child health. Correct Knowledge of Contraceptive use will help to reduce unwanted pregnancies as well as abortions, maternal and neonatal morbidity and mortality.

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