# Contraceptive Use among the Marginalized Women in India: An Overview

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## Introduction

Over the decades, India has improved its public health status and health care system, but maternal deaths still create obstacles to growth and development. Still, there is yet to be an improvement in reproductive health matters. The World Health Organisation (WHO) estimates that "225 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method" (Carroll & Kapilashrami, 2020; WHO, 2018). Barriers to reproductive information and contraceptives disproportionately affect marginalized groups of populations, including women, adolescents, sex workers, and other indigenous populations (Carroll & Kapilashrami, 2020; World Health Organization, 2015). For a long time, the research on fertility behavior and population control policies has focused exclusively on the behavior of the female gender and often targets women for change while marginalizing the role of the male gender (Ushie et al., 2011). It can be seen that women, in general, are not only at the margins of mainstream development but also the target of marginalization in the so-called gender-balanced society. Marginalization creates disbalances in society and women are the victims of such a process. Therefore, gender inequity also contributes to the disadvantaged position of women (Yuan et al., 2013).

"Every day, approximately 810 women die from preventable causes related to pregnancy and childbirth" (WHO, 2019) and almost 99 percent of those maternal deaths occur in developing countries, including India (Singh et al., 2019). The risk of maternal death is 1.8 times higher in women without contraceptive use (Alkema et al., 2016; New et al., 2017).

The ICPD recognized that "the use of contraceptives, reproductive health, and rights, as well as women's empowerment and gender equality, are the cornerstone of population and development programs having bearing on women's right to life and health" (ICPD, 1995). The fourth goal of the ICPD, emphasizing access to reproductive and sexual health, including family planning, to all women, has not yet been reached. It is further emphasized in one of the sustainable development goals (SDGs) that all women should have universal access to sexual and reproductive health services, including family planning information and education rights, by 2030(British Council, 2016; Singh et al., 2019).

Maternal mortality has been a striking issue for India and it can be avoided by adopting family planning methods (International Institute for Population Sciences (IIPS) and Marco International, 2007). That is why family planning is required to avoid repeated pregnancy and above all, it helps to protect women from sexually transmitted and vulnerable diseases (Sethuraman et al., 2007).

The adverse effect on women's health due to the inferior status of women in the household is not unknown. It not only affects one region but women all over the world face such problems where

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there exists a patriarchal norm in society (Carroll & Kapilashrami, 2020; Mahmood & Ringheim, 1993). Women in South Asia are in a unique situation since they are nurtured in such a way that their husbands' and in-laws' interests and choices take precedence over their own. Muslim women are among the most educationally backward, economically vulnerable, and politically marginalized groups in the country (Government of India, 2006). Furthermore, as several studies have shown, Muslim women's health is abysmal and not obscure (Navaneetham & Dharmalingam, 2000). Women as marginalized groups have been undermined despite all of the policies in place, and Muslim women are no exception. They are already disproportionately affected by poverty and social marginalization (Basant, 2016; Shariff, 1995).

Education, poverty, and resources are the three key factors that contribute to fulfilling the goals of family planning in this study. Any discrepancy between these elements can affect the family planning outcomes. As a result, spouses must participate in the family planning decision-making process because they both contribute to the long-term sustainability of their family's well-being (Sultan, 2018).

An assessment of contraceptive use and factors that affect family planning uptake is pertinent and necessary, given the relatively low contraceptive use among women in India and the limited accessibility of family planning methods. Therefore, in this study, we aimed to examine the status of family planning methods' prevalence and marginalization in contraceptive use.

**Objective of the Study**

The goal of the study was to analyse the status of family planning among marginalized women in India, with a particular focus on Muslim women.

**Research Methodology**

This paper is based on secondary data, which includes *Census 2011, and post-MDGs achievements* and NFHS-3 (2005-06) & NFHS-4 (2015-16) & NFHS-5 (2019-20) and various govt. Reports. The design of the study is descriptive and quantitative in nature.

**Literature Review**

A review of family planning studies has been completed. In the reviewed articles, contraceptive variables that directly or indirectly impact contraceptive use among women from marginalized groups were identified and explored.

A study by (Sultan, 2018) revealed that family planning has a significant role in improving the health of the mother and the child by limiting the number of unintended pregnancies, thus reducing the maternal and child mortality rate. It was also revealed that in underdeveloped countries, knowledge, attitude, and practice of family planning are low due to a lack of education, resources, and poverty. Contraceptive use helps in reducing unintended pregnancies and abortions and facilitates family planning and spacing of births, which provide both health and social benefits to mothers and their children (Singh et al., 2019). In another study (Mbizvo & Phillips, 2014; Sultan, 2018), it was revealed that high fertility has also increased the chances of health-related risks for mother and child, leading to poor quality of life and reduced access to education, food, and employment.

Sinding(2008) has discussed the paradigm shift in the concept of family planning emphasized in Cairo, which is referred to as "Family planning is included in all definitions of reproductive health and rights. The sexual and reproductive health and rights (SRHR) concept is much

broader, encompassing not only other reproductive services such as emergency obstetrical care and sexually transmitted disease (STD) diagnosis and treatment but also the fundamental right to be free from coercion and to have access to the highest possible level of reproductive health care. What effectively ended in Cairo was the strong link between family planning services and efforts to reduce high birth rates. " It means that family planning has a vital role to play in reducing unintended pregnancies. Further, another study revealed that women are the major targets of FP studies, with both messages and methods designed especially for them. It may be understood that it is the felt contraception needs of these target women, who predominantly belong to the lower socio-economic status (Balasubrahmanyan, 1986).

In many societies, especially in patriarchal societies, men are considered as caretakers of the family. It is further believed that the role of women is only for childbearing and household chores. Moreover, there is evidence that deep-rooted socio-cultural values continue to affect gender equity and women's empowerment, thus affecting the dependency of women's decisions regarding their health, including the number of children to be given birth (Singh et al., 2019).

The marginalization of women in society is the basic reason for the deprivation of their ability to expand their ability to make planned life choices regarding their health (Khan & Mazhar, 2017). So, discrimination based on gender has a negative influence on women's health, particularly reproductive health. These forms of oppression can still be found in today's culture. In patriarchal societies such as those seen in Asia, particularly in India, men are believed to be the primary caregivers for women. Women are unable to make decisions without the approval of men, especially when it comes to family planning. For instance, a study mentioned that less empowered women are dependent on the approval of their husbands (Singh et al., 2019). In this context, a study by (Ndayishimiye, 2021) looked at how social and cultural norms influenced contraception use. Furthermore, it was discovered that societal standards disguised as religious beliefs, such as Christianity and Islam, opposed the adoption of modern methods.

A study conducted in Mewat revealed that women are often denied their health rights (Godyal & Makhija, 2012) and have faced problems with the inaccessibility of health services. Limited reproductive rights, coupled with poor reproductive healthcare facilities, lead to poor maternal health (Jadhav & Moradgholi, 2016). Hence, women need to have the right to assert their individuality, and proper reproductive health care facilities are of paramount importance for exercising their reproductive rights (Haslegave, 2013).

As per WHO's (2018) protocol, "access to high-quality, affordable sexual and reproductive health services and information, including a full range of contraceptive methods, is fundamental to realizing the rights and well-being of women and girls, men and boys. Universal access to effective contraception ensures that all adults and adolescents can avoid the adverse health and socioeconomic consequences of unintended pregnancy and have a satisfying sexual life. Key global initiatives, such as the Sustainable Development Goals and the Global Strategy for Women's, Children's, and Adolescents' Health, advocate for universal access to family planning services as a right of women and girls and a necessary component of living a healthy life."

These reviewed articles reflected the contributions to family planning concepts, dimensions, and determinants. The contributions to family planning concepts, dimensions, and factors are represented in these peer-reviewed works. Few research papers on sexual and reproductive health, including marginalization and gender inequities among women, particularly Muslim women, have been discovered.

**Discussion**

Women are the victims of gender bias and denial among socially disadvantaged populations. Despite the gender equality and women's empowerment programs in place, there is still a long way to go to ensure true gender equality. Gender equality and socio-cultural empowerment are prerequisites for all individuals to achieve long-term political and economic stability (Khan & Mazhar, 2017). The purpose of this study was to analyze women's marginalization and contraceptive use. The analysis of this study was based on three variables: education, poverty, and resources, which are mentioned further down.

**Education**

Women's quality of life would improve if attitudes were changed and resources for those in need were increased (Sultan, 2018). Studies undertaken in various parts of the world have demonstrated that education has a key influence on understanding family planning. Therefore, it is important to have an education for a better understanding of family planning and its practices. "Family planning also includes education regarding proper spacing and methods, the usage of contraceptive measures and other natural methods for proper spacing between pregnancies and to reduce the number of unintended pregnancies and abortions" (Singh et al., 2019; Sultan, 2018). It also provides both health and social benefits to mothers as well as their children. This analysis revealed that when family planning services are more available to women, it improves not only their health but also the health of their children (Sultan, 2018). It indicates that having used contraceptives, couples are better able to control their fertility, and thereby their monetary investment in child-rearing costs increases.

An analysis of the study revealed that 48 percent of currently married women aged 15–49 in India reported using any modern method of contraception, whereas among them, 36 percent reported using female sterilization and only 11 percent stated that they use the modern spacing method. It also revealed that higher-educated women reported using the modern spacing method, whereas women with no education or primary education reported using female sterilization (Singh et al., 2019). According to the study, more than 50 percent of women from other religious groups used any modern method, followed by nearly half of women from the Hindu religion and just under 40 percent of women from the Muslim religion. As a result, religious belief has been discovered to be a barrier to using family planning methods. As a result, either directly or indirectly, low contraceptive use led to the population growth rate. According to a recent national population census (IIPS, 2019), the total fertility rate (TFR) has declined from 2.9 in 2000 to 2.2 in 2008. It reflects that there has been a decline in the total fertility rate (TFR) in India. Overall, the replacement level of fertility was 2.1 in 19 of the 22 states and UTs, where only Manipur (2.2), Meghalaya (2.9), and Bihar (3.1) scored higher than the national average. The overall contraceptive prevalence rate (CPR) has increased significantly in the majority of states/UTs, with Himachal Pradesh and West Bengal having the highest rates of 74 percent and 73 percent, respectively (IIPS, 2019).

The analysis revealed further that though there are many contraceptive methods available, individuals and couples in most developing countries may still not be familiar with them. A similar study also revealed that individuals also have a hard time accessing them (Sultan, 2018). This analysis also reflected that the unavailability of resources and lack of education were the key hurdles that the rural population is unable to have access to this information. It is further analyzed that urban populations without education are also unable to access the correct information on contraceptives. Overall, the analysis revealed that the marginalized population without education has a low level of knowledge about contraceptive methods. According to a

study conducted in Jordan's rural southern region, most women learned about contraceptive methods from television (61.9 percent) and healthcare workers (60.3 percent), but fewer women learned about them from a newspaper, radio, family, relatives, and husband (Sultan, 2018; Tilahun et al., 2013). It is because of a low level of education or lack of proper information on it. Many couples are aware of the side effects, but they only know a few of the side effects of the contraceptive methods. Analysis of the study also showed that women had knowledge regarding the side effects of oral contraceptive pills (36.6 percent) and the IUD (33.2 percent) followed by injections (16.4 percent) respectively. Many women don't use contraceptives because of fear of side effects (Tilahun et al., 2013). This occurs due to a lack of education, knowledge, and awareness. It can be also seen that some women also discontinue the use of modern contraceptives due to these side effects. This shows their negative attitude towards family planning. The non-declining argument for female sterilization in some countries refers to a patriarchal system in which the male ego takes precedence over logic and practicality, by viewing vasectomy as a danger to their masculinity and preferring women to have surgery (Singh et al., 2019). In such a way, coercive sterilization is used against women, and their health rights are violated. In other words, women's health rights are being neglected and progressively marginalized.

**Poverty**

Poverty is a multifaceted socio-economic challenge in developing countries that persists despite numerous gains in education, health, and employment, among other things. This study revealed that rising family size is the primary cause of poverty. This analysis is also corroborated by the findings of (Sultan, 2018). The size of the family was found to have a positive link with poverty in this analysis. It is consistent with the study by (Orbeta, 2006). A larger family size demands more money spent on necessities and less money saved for the family welfare. According to the analysis, poverty would rise as more children require more money to fulfill their desires despite no change in family income. Families in this study believe that their children will become a source of income and financial support when they get older (Sultan, 2018; Tilahun et al., 2013). The reason for the increased number of children is that parents consider their children to be their insurance in old age. Furthermore, they also believe that more children will result in a greater household income. This increase in population growth will put a strain on resources as well as the family's finances, resulting in a drop in household savings and increasing poverty rates. However, an increase in the number of children would necessitate greater investment in essential sectors such as education and health, resulting in increased demand for resources such as food, which will necessitate higher expenditures (Sultan, 2018).

Considering these facts, it is important to implement a process of family planning in developing countries where parents, rather than investing in their children's education and health, find them as a source of labor or helping agent. Family planning will help them achieve the desired number of children, proper spacing between children, and help in improving the health of females of childbearing age. According to this analysis of the study, the lower a family's income, the less likely they are to be able to afford contraception to keep their family size low. The high expense of any contraceptive measure is cited by sexually active women in West and Middle Africa as a justification for not taking any contraceptive method(Sedgh et al., 2016; Sultan, 2018).

**Resources**

Despite the importance of family planning, it is critical to increase the accessibility and availability of contraceptive technologies in resource-constrained countries. Women in developing countries are engaging to adopt modern contraceptive methods, but they are slipping behind due to a lack of resources, according to this study. It is consistent with the findings of (Sultan, 2018). In impoverished countries, resources are proportionate to cost, and they have a direct impact on the availability of various contraceptive methods. Female and male sterilization, for example, necessitates surgery, which should be conducted by trained professionals. These operations are free of cost, but it was found that knowledge about them is low.

A study assessed that "women lack the access and full range of options for family planning methods. Lack of access is the major reason for their unmet needs. Unmet needs for family planning remain high in underdeveloped countries, including Asian and Sub-Saharan African countries, and many other low-income countries "(Sultan, 2018). In India, for example, approximately 13 percent of currently married women between the ages of 15 and 49 have an unmet contraceptive need. About 6 percent of the women with unmet needs in India have unmet needs for spacing methods, while 7 percent have unmet needs for limiting methods. India's unmet need for spacing is still an issue(IIPS & ICF, 2017). High unmet needs for family planning are the main reasons for unintended pregnancies, closely spaced births, abortions, and pregnancies at a young age. All of these causes are considered as major contributions to high rates of maternal and child mortalities. High unmet needs are also the reason for the high fertility rate, thereby increasing population growth (George et al., 2018).

Women's illiteracy, gender injustice, and poverty are all factors that are exacerbated by high unmet needs. This unmet family planning satisfaction has a detrimental impact on women's reproductive health, as well as preventing women from actively participating in economic and educational activities to improve poverty, health, and wealth. There are many reasons for these unmet needs. One of the reasons is also the lack of resources in developing countries. The scarcity of resources in poor countries includes long distances to a healthcare facility. Women have a harder time getting access to modern family planning methods, according to this study. For example, women have to travel for up to eight hours to reach a medical facility. Similar findings were reported in the (Mustafa et al., 2015) study, in which participants had to travel significant distances to see a female doctor and had to arrange extra money to do so. It's even worse in rural places, where women frequently have trouble getting to healthcare facilities. They are unable to afford expenses such as travel, desired healthcare, and contraceptive measures, according to the findings of this study. Contraceptive use, for example, is exceedingly low in states like Bihar, Meghalaya, and Manipur, among others. As a result of resource constraints, the TFR is also high in these states, preventing information from reaching them (Singh et al., 2019). This analysis revealed that unexpected births do significant harm to women in general and marginalized women in particular.

**Conclusion**

Women in general and marginalized women in particular, are less educated and knowledgeable about reproductive health, particularly family planning and contraception use. Poor usage of contraceptives has been resulted due to a lack of education and awareness on reproductive health and which resulted in unintended pregnancy and maternal mortality. Although maternal mortality has been a striking issue not only in India but also in other parts of the world, it can be avoidable by adopting family planning methods. Among the most vulnerable, marginalized women, including Muslim women, are having difficulty accessing family planning services. This analysis

also reflected that the unavailability of resources and lack of education were the key hurdles that the marginalized population is unable to have access to information and further mentioned that such populations without education are also unable to access the correct information on contraceptives.

The analysis of this study revealed that 48 percent of currently married women aged 15–49 in India reported using any modern method of contraception, whereas, among them, 36 percent reported using female sterilization, and only 11 percent reported using the modern spacing method. This study also revealed that more than 50 percent of women from other religious groups used any modern method, whereas less than 40 percent of women from the Muslim religion reported using any modern method. In India, approximately 13 percent of currently married women between the ages of 15 and 49 have an unmet contraceptive need. Where, about 6 percent of the women with unmet needs in India have unmet needs for spacing methods, while 7 percent have unmet needs for limiting methods. However, India's unmet need for space is still an issue (IIPS & ICF, 2017).

Education, poverty, and resources may be considered important factors explaining fertility differences across the religion in the country. It also examined whether religious views could be a barrier to using family planning methods. Besides, women have a harder time getting access to modern family planning methods, according to this study. For example, women have to travel for up to eight hours to reach a medical facility. It indicates that there are disproportionate infrastructure facilities in a particular community. The data above demonstrates that marginalized populations, notably Muslims, face health deprivation.

**Challenges and Opportunities**

- India has committed to increasing contraception access to an additional 48 million girls and women by 2020 as part of the Family Planning 2020 (FP2020) pledge, but, India is lagging behind its goal. Further, to reach 40 percent of the global target, India will need to increase its CPR significantly (Family Planning India, N.D.).Although past surveys have shown a slow but consistent increase in CPR, the rate of increase will need to be considerably accelerated if India is to fulfill the worldwide standards. More contraceptive products should be added to the public health sector's contraceptive basket, and a more inclusive approach should be used (Ministry of Health and Family Welfare, 2014).
- India has the world's highest teenage population (IIPS & ICF, 2017). Investing in adolescents necessitates adopting initiatives to minimize adolescent pregnancy rates so that these young women and girls can actively contribute to the nation's economic development (Muttreja & Singh, 2018). Aside from providing contraception to adolescent boys and girls, the country must also work on intersectoral connections to postpone marriage age (Pachauri, 2014). Investing in the education of girls is a well-known approach to delaying marriage. Adolescents will also require extensive sexual education to make informed contraception decisions (International Institute for Population Sciences (IIPS) and Marco International, 2007).
- While public health facilities provide a substantial part of sterilization services, women and couples can acquire reversible techniques through the private sector, according to survey data (Jeffery & Jeffery, 2000; Rao, 2004). As a result, partnerships with the private sector, whether through social marketing and social franchising or accreditation, will go a long way toward expanding access to services (Ali, 1997).

- The Government of India's program concentrates on service quality, particularly concerning clinical and surgical contraception methods, through training care providers and assuring infection prevention procedures, among other things (Muttreja & Singh, 2018; Samal & Dehury, 2015).To ensure that the program corresponds to the promises made under the ICPD program of action, a greater focus on crucial areas of quality is required, particularly providing informed choice through good quality counselling (Kongawad & Boodeppa, 2014; Visaria & Ved, 2016).

**Recommendations**

- Marginalized groups, including Muslim women, are excluded from the social development process. Regardless of culture or religion, the government should provide an opportunity for the marginalized group through appropriate development plans and interventions for the marginalized in the areas of education, gender equity, economic development, and access to family planning. Although there is a high level of awareness about family planning and contraceptive options, contraceptive uptake is low among them.
- To provide the relevant message and information on reproductive health, especially family planning services, during educational sessions, more tailored educational and counselling interventions for women should be implemented, as should more family planning messaging targeted towards men.
- Further research is needed into the many reasons for contraception non-use and how they might be addressed. In addition, future studies evaluating the cost-benefit and acceptability of modern contraceptive methods should be done. To have healthy women and children, reproductive health care, especially maternal care, should be given high priority in the healthcare system(Rao, 2004).
- Therefore, India must add more contraceptive products to the public health sector's contraceptive basket and adopt an inclusive strategy to achieve universal access for all the sections of the society(Ministry of Health and Family Welfare, 2014).

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