

# Increasing traditional contraceptive methods users in India: Insights from study in Bihar and Uttar Pradesh



## 1 Background

The increasing use of traditional family planning (FP) methods by couples is one of the critical areas of debate in FP programming. As per the National Family Health Survey (NFHS), the use of traditional methods (TM) has doubled in the last five years at the national level (from 5.7% in NFHS-4, 2015-16 to 10.2% in NFHS-5, 2019-21), and 21 out of 37 states show an increase in the use of TM. Although the Ministry of Health's family planning program has taken steps to provide modern contraceptive methods to eligible couples across all public health facilities, traditional methods still contributes significantly to the overall contraceptive use in the community.

The systematic efforts and investments in reproductive health are providing dividends in form of improved modern contraceptive use. Though sterilization remains a dominant method across the country, the share



**21**  
out of  
**37**  
States

See a rise in the use of Traditional Methods

of modern spacing methods is increasing, as evident from the shift in the method mix in select states. For instance, in UP, there has been an increasing preference toward spacing methods. Over the time, the contribution of condoms, pills, and injectables has more than doubled, while sterilization has marginally reduced. In Bihar, female sterilization is still the most prominent FP method, with an increase from 20.7% (NFHS-4) to 34.8% (NFHS-5), along with a low use of spacing methods (Table 1). Additionally, the use of TM has also increased from 13.8% (NFHS-4) to

**Table 1: Current use of FP among currently married women aged 15–49 years (NFHS)**

Current FP method	UP		Bihar			India	
	NFHS 4	NFHS 5	MWRA 2016*	NFHS 4	NFHS 5	NFHS 4	NFHS 5
Any method	45.5	62.4	43.8	24.1	55.8	53.5	66.7
Any modern method	31.7	44.5	37.0	23.3	44.4	47.8	56.5
Female sterilization	17.3	16.9	32.6	20.7	34.8	36.0	37.9
Male sterilization	0.1	0.1	0.3	0.0	0.1	0.3	0.3
Intrauterine contraceptive device (IUCD)/ post-partum IUCD (PPIUCD)	1.2	1.5	0.6	0.5	0.8	1.5	2.1
Pills	1.9	4.4	0.9	0.8	2.0	4.1	5.1
Condoms	10.8	19.1	1.1	1.0	4.0	5.6	9.5
Injectables/Antara	0.4	1.2	0.4	0.3	1.1	0.2	0.6
TM	13.8	17.9	6.6	0.8	11.4	5.7	10.2

Note: \* In the MWRA 2016 for Bihar, around 1.4% of respondents were users of other modern methods, so the total mix of methods will not equate to the CPR or mCPR.

## 2 What is happening?

17.9% (NFHS-5) in UP and from 0.8% (NFHS-4) to 11.4% in Bihar (NFHS-5) (Table 1). The magnitude of change from NFHS-4 to NFHS-5 data in Bihar may be impacted by abnormally low reporting of contraceptive use figures during NFHS-4, as compared to other available survey data viz. MWRA, 2016 (6.6% TM use in Bihar), but the trends appear similar. Over the last five years, the increase in TM use has been more than the increase in new modern spacing methods (pills and injectables).

The evidence from state surveys also reflect that about 23.7% women in UP and 8.0% women in Bihar were using TM at the time of survey. These findings suggest that it is crucial to understand why TM use is increasing despite the continued focus on expanding the use of modern methods, especially new spacing methods. Thus, we need a systematic assessment to understand the reasons for increased TM use, including users' profile, continued use of current method, intention to continue, and other implications of TM use. While existing national representative surveys help understand contraceptive use behavior across the state, they do not provide an opportunity to explore these questions due to data limitations. To overcome this limitation, we use state representative cross-sectional integrated (households with women in the reproductive age group linked to public health facilities, care providers and community-level front line workers (FLWs)) quantitative survey data from UP and Bihar collected by the state-level Technical Support Units between December 2020 and April 2021. This brief further explores whether the increased use of TM is by choice or whether it is an alternative method in the absence of adequate FP services.

### i. TM users differ by socio-demographic characteristics in Bihar, but this is not the case in UP

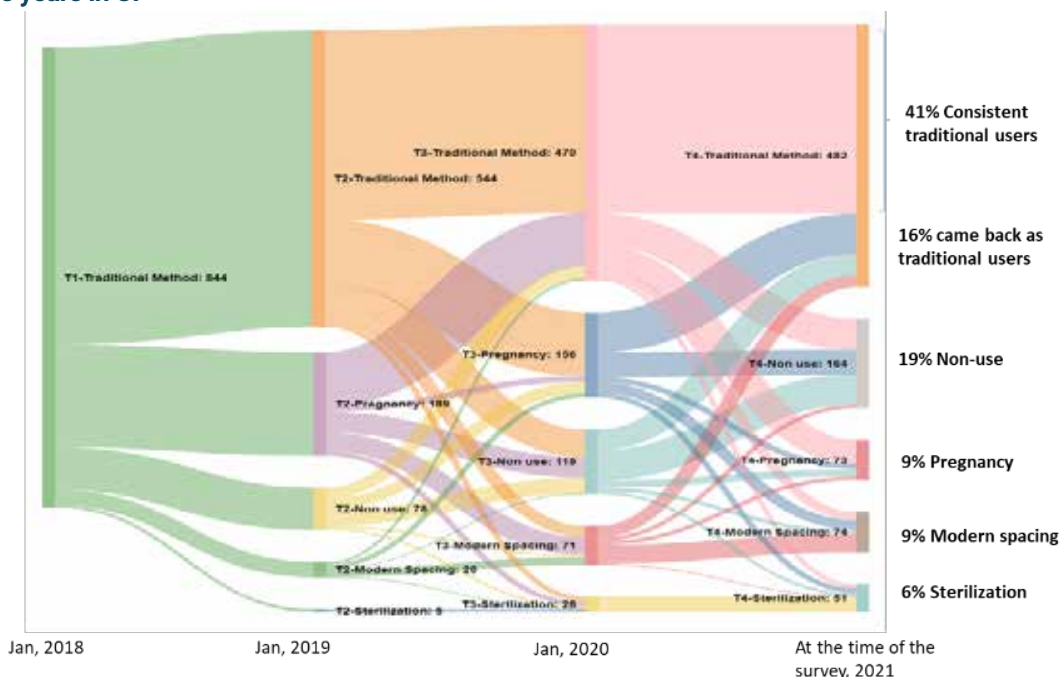
The findings from state-level survey data show that TM use or the intention to use TM does not vary across socio-demographic groups. However, in Bihar, even though overall TM use was low according to our surveys, it varied by education and place of residence, with significantly increased use of TM among women with higher levels of literacy (11.0%) compared to women with no education (5.4%). Similarly, TM use was higher in urban areas (11.4%) than in rural areas (7.1%) in Bihar.

### ii. The continued use of TM and future intentions to use reflect that it is the users' choice to a large extent

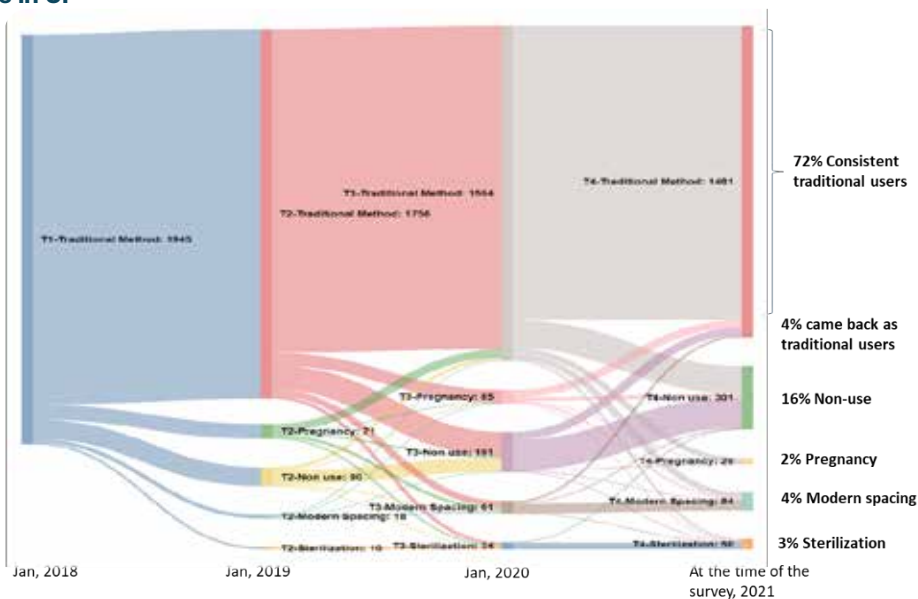
Of the 23.7% current TM users in UP, 71% have either used it consistently over the last three years or switched to another method/got pregnant and then returned to TM despite having correct knowledge of where to access the modern methods, reinforcing their preference toward TM. Among the young current TM users (15-29 years), 57.1% either used TM consistently or returned to TM, while 14.8% opted for any modern method (8.8% spacing and 6.0% limiting) (Figure 1A). Among the older current TM users (30-49 years), 76.1% were either consistently used TM or switched back to TM, while 6.9% switched to any modern method (4.3% spacing and 2.6% limiting) (Figure 1B).

Data also show that 78% of current TM users in UP and 86.8% of current TM users in Bihar want to

**Figure 1A: Prospective contraceptive use journey among the cohort of TM users aged 15-29 years in the last three years in UP**



**Figure 1B: Prospective contraceptive use journey among the cohort of TM users aged 30-49 years in the last three years in UP**



Source: Integrated Family Planning Survey 2021, Uttar Pradesh

continue using it in future. In UP, 9.7% current TM users wanted to switch to a modern method, while 12% were still undecided. Future intention to use TM did not differ much by background characteristics in UP, except for women's current age and their level of education. Higher proportion of older women consistently used TM or switched back to TM as compared to younger women.

Ease of use, having minimal side-effects, and availability were the major reasons for continuing TM in future in both UP and Bihar. In UP, another reason for intending to use TM in future could be because of concerns women expressed regarding modern methods such as IUCD/PPIUCD (50.6%) and female sterilization (44.3%).

**iii. Choice of method at first use is important**

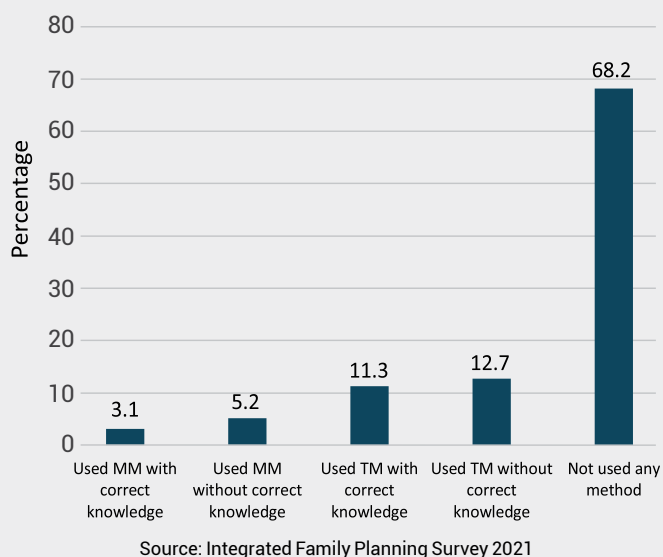
As many as 80.7% of current TM users had opted for TM when they first used FP, and 70.0% of TM users had never used a modern FP method. The adoption of TM as the first ever method, longer continuity of use without much switching to another method, and the intention to continue using the same method indicates that selection of first FP method is deterministic of continuity and future choice of the same method to some extent.

**iv. TM users had a higher risk of unwanted pregnancy compared to users of modern methods**

Literature suggest that TM are mostly considered less effective due to the higher risk of failure associated with them (Polis et al., 2016; Sully et al., 2020). The findings from UP suggest that, among the women reporting unwanted pregnancy, apart from those who did not use any method of contraception (68.2%),

24.0% women had used TM, while only 8.3% had used a modern method (Figure 2). Only half of the TM users (50.2%) had correct knowledge of ovulation cycles, which contributes to higher risks for unintended pregnancy when using TM. Most of women's knowledge of contraception is gained from their peers and, since a lower share of women receive knowledge

**Figure 2: Pre-pregnancy contraceptive use and unwanted current pregnancy in UP (%)**



Source: Integrated Family Planning Survey 2021

on the correct use of TM from service providers, this may lead to incorrect knowledge about the use of TM.

The findings from UP corroborated this, 78.4% of TM users had gained knowledge about the use of TM through their peers (husbands/friends/neighbors), while only 2.7% had gained knowledge about TM from a public/private health facility.

Polis, C.B., et al., 2016. [https://www.contraceptionjournal.org/article/S0010-7824\(16\)00103-7/fulltext](https://www.contraceptionjournal.org/article/S0010-7824(16)00103-7/fulltext)

Sully, E.A., et al., 2020. [https://www.guttmacher.org/sites/default/files/report\\_pdf/adding-it-up-investing-in-sexual-reproductive-health-2019.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/adding-it-up-investing-in-sexual-reproductive-health-2019.pdf)

### 3 What can get better?

While couples are increasingly opting for TM, TM users with incorrect knowledge are still at a greater risk of unwanted pregnancies. The findings from UP and Bihar show that couples using TM wish to continue using the same method, not necessarily because they are satisfied with it, but because it is convenient to them since they are using the method for long, which is true for other FP methods as well. However, FLWs should clearly articulate the probability of failure and the other risks involved with TM as part of their outreach.

**The government, donors, and civil society organizations should:**

i. focus on new users (especially young and low parity couples) and encourage them to adopt modern FP methods. Evidence from UP suggests that the first

method a couple decides to use determines their future choice. Therefore, ensuring that they use a more efficacious method from the beginning may increase their use of modern methods to protect them from unwanted pregnancy and abortions. Policymakers should pay attention to young and low-parity couples to reach them early and inform them about various FP methods, to encourage them to use modern reversible FP methods, and providing this group with non-hormonal contraceptives.

- ii. identify and prioritize couples who are non-users or who are undecided regarding their future intention to use methods, and increase the outreach of FLWs to convert them into users of modern methods.
- iii. capacitate FLWs to inform couples, specifically the young and low parity couples on associated risks with TM use, and the correct ways to use TM if that is their only considered option.



We thank the National Health Mission - Uttar Pradesh and the State Health Society - Bihar for their support in conducting the study.

Prakash, R., Mahapatra, T., Singh, S., Mishra, A. K., Saggurti, N., Singhal, S., Isac, S., Achyut, P., Dehury, B., and FP-MLE Consortium. (2022). Increasing traditional contraceptive methods users in India: Insights from study in Bihar and Uttar Pradesh. Research/ Program Brief #1. New Delhi: FP-MLE Consortium.

*The Family Planning Monitoring, Learning and Evaluation (FP-MLE) consortium is constituted to provide grounded evidence on efforts to improve family planning in India, with particular reference to Bihar and Uttar Pradesh. The consortium, led by the Population Council, brings together technical support units led by CARE India Solutions for Sustainable Development (CISSD) in Bihar and the India Health Action Trust (IHAT) in Uttar Pradesh, the International Center for Research on Women (ICRW) and the Center on Gender Equity and Health (GEH), UC San Diego, to collectively support the family planning program with data/evidence. This brief is based on research carried out by researchers of the consortium using multiple sources of data. The work of the consortium is funded by the Bill & Melinda Gates Foundation. The findings and conclusions contained within are those of the authors and do not necessarily reflect positions or policies of the Bill & Melinda Gates Foundation.*

For more information, contact [ravi.prakash@ihat.in](mailto:ravi.prakash@ihat.in)