

Trends in Contraceptive Use in Manipur, India: A Review

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Abstract

Introduction: The present study analyses trends in contraceptive use among married women in Manipur. Contraceptive use occupies a substantial niche in delving with reproductive health and population studies. This paper traces into the insights of socio-demographic determinants of contraceptive use and the challenges associated with it.

Materials and Methods: This work is based on the report of the National Family Health Survey (NFHS) conducted by the International Institute for Population Science (IIPS), United Nation, unpublished theses from Shodhganga-Inflibnet, JSTOR, dash.Harvard.edu, EThOs (e-theses online service).

Conclusion: The review points out that there is a giant gap between the knowledge and the practice of contraception and fluctuation in preference of methods of contraceptive with an underlying varied reason for not adopting contraceptive methods. Manipur, being inhabited by diverse communities shows inconformity in using contraceptives. One analogous deterrent which seems to be common is a male-oriented patriarchal society.

Keywords: Contraception, National Family Health Survey (NFHS), Modern Contraceptive Methods, Traditional Contraceptive Methods, Manipur

Introduction

Declaiming around reproductive health, contraception is an inescapable theme. It is an unnatural way of averting pregnancy as a consequence of sexual intercourse through a multifarious process like female sterilization, male sterilization, pills, Injection, condoms, withdrawal, periodic abstinence, intrauterine contraceptive device (IUD) and other traditional indigenous methods. In consonance with the report of United Nations, Department of Economic and Social Affairs, Population Division, the trends of contraceptive use almost doubled between 1970 to 2015 from 36 percent in 1970 to 64 percent in 2015,¹ thus resulting in a decrease of unmet needs of the family

planning in worldwide. One contributing factor could be the International Conference on Population and Development in 1994. The governments have agreed to link sustainable Development Goal and Family Planning 2020 to project the growth of contraceptive use in particular regions where less than half of married or in-union women of reproductive age currently use a contraceptive device.

India is one of the subcontinents experiencing the fastest growing population in the world, ranking second in the overall ranking of the world, just next to the Republic of China. Though India is presently experiencing a decline in the growth rate because of declining crude birth rate and total fertility rate, the overall population size is increasing from decade to decade as a result of a too large base population which finally results in a major hindrance towards the development of the nation. To combat the increasing population, India launched family planning programmed in 1951 with the major objective to balance the population with resources available.² Under the Ministry of Health and Family Welfare,

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Government of India conducted National Family Health Survey (NFHS) to access the knowledge and use of contraception so far the country had conducted Four-Nation Family Health Survey (NFHS), first, in 1992-1993, second in 1999-2000, third in 2005-2006 and the fourth in 2015-2016.

Manipur, a small State located in the north-eastern region of India bordered with Myanmar is at a latitude of 23° 83'N to 25° 68'N and longitude of 93° 03'E to 94° 78'E covering an area of 22,327 square kilometres. The State is a home for different ethnic groups: the Meiteis who mainly occupied the valley, the Kukis and the Nagas occupied the surrounding hills with a total population of 2,721,756 (male-1,369,764) and (female 1,351,992) according to 2011 census.⁴ As suggested by Hodson,³ 'Meitshei' is a combined appellation of Siamese 'Tai' and Kochin Chinese 'Moy' (Moy+Tai=Moytai=Moitai=Meitei) and the 'Meiteis' belonged to the 'Moi' section of the great 'Tai' race. The word Kuki is a generic term, which includes several tribes and clans. 'Kuki' refers to an ethnic entity spread out in a contiguous region in Northeast India, Northwest Burma, and the Chittagong hill tracts in Bangladesh. The origin of the word 'Kuki', is not known but it first appears in Bengal in the writing of Rawlins entitled "CuCis or mountaineers of Tipra" in Asiatic researches in 1792 as cited in Shaw.⁵ The origin of the word 'Naga' is unknown, but it is supposed to have been derived from the word Sanskrit *Nanga* and applied in derision to the people for their paucity of clothing. The British came to know for their famous headhunting practice.⁶ Other than the about mention communities different ethnic communities, from various part of the country resides in the State following kaleidoscopic religion and cultures.

Materials and Methods

Research articles, unpublished theses, Report of International and National Governments related to Contraceptive use were rummaged using JSTOR,

Shodhganga-Inflibnet, Google and Books available at University library. The search words include knowledge, Attitudes and Practices of Contraceptive use, Reproductive Health, Tribal Communities, Meiteis, Modern methods of contraception, Traditional methods of Contraception, religious beliefs, Manipur, etc. The review covers information available since 1992 to the present.

Results and Discussion

Knowledge on contraceptives: A comprehensive knowledge of the use of contraceptives is essential for healthy reproduction in order to avoid the negative effects of health. The provision of contraceptive information is fundamental to the ability of women and men (including adolescents) to make informed choices about reproductive health decisions.⁷ Contraceptive methods are broadly classified into modern methods and traditional methods. Modern methods include- male and female sterilization, injectables, intrauterine devices (IUDs/PPIUDs), contraceptive pills, implants, female and male condoms, diaphragm, foam/jelly, the standard day's method, the lactational amenorrhoea method, and emergency contraception, on the other hand, traditional methods comprise of rhythm, withdrawal, and other folk methods. In the case of Manipur, according to Devi,⁸ (2015), the *leikai mou* (locally married women) serve as major source of information for each other. There are good friendships and rapport among older *leikai mou* (local married women) compared to newly married women. The older married couple in the locality had overcome their initial inhibitions and hesitation in discussing sexuality and reproductive health matters with each other. They often used the local terms in communicating about birth control. It also holds true in the works of Devi⁹ and Vashum¹⁰ among the Aimol tribe and Tangkhul tribe respectively that as many as more than 35% received information about birth control measures from their group and neighbour.

Table 1: State- wise Percent Distribution of knowledge of Any Modern Method of Contraceptive Device according to Four NFHS Phase^{7,11-23,26}

State	India	Manipur	Arunachal Pradesh	Assam	Meghalaya	Mizoram	Nagaland	Tripura	Sikkim
NFHS 1	95.5	93	77.7	96.9	76.9	98.1	44.3	99.7	na
NFHS 2	98.9	94.9	98.1	98.3	87.9	97.8	87.5	97.6	99.4
NFHS 3	99.2	98.9	94.3	98.8	88.2	98	83.2	99.3	99.5
NFHS 4	99	98.5	94.2	99.4	95.9	98.9	96.2	99.9	99.7

Table 2: State -wise Percent Distribution of knowledge of Female Sterilization Method of Contraceptive Device according to Four NFHS Phase^{7,11-23,26}

State	India	Manipur	Arunachal Pradesh	Assam	Meghalaya	Mizoram	Nagaland	Tripura	Sikkim
NFHS 1	94.6	87.7	75.1	96.2	71.9	98	30.4	99.4	na
NFHS 2	98.2	93.4	96.9	96.3	78.6	96.8	83	94.8	98.4
NFHS 3	98.4	92.2	87.7	95.2	78	93.2	69.1	97.6	96.6
NFHS 4	97.7	77.6	82.3	95.4	75.4	90.2	77.1	98.3	94.6

Tailing on the report of National Family Health Survey from the year 1992-93 to 2015-16 along with published articles and unpublished theses, the knowledge of any modern contraceptive method among currently married women is almost universal (90 percent or more) in all northeastern states except Meghalaya and Nagaland in the first survey (1992-93), second survey (1998-99) and third survey (2005-06) albeit, there is an upward trend in the knowledge of any modern contraceptive method (Table No.1). Female sterilization is the most widely known method as compared to male sterilization in Manipur, which also holds true in other parts of the country. Injectables are the least known modern method. Traditional contraceptive knowledge seems to

be minimal. Periodic abstinence is a well-known method among other traditional methods. Based on Devi,⁸ all married adolescent girls have some idea about birth control, but only some (17.6) of them has sufficient knowledge about birth control. Notwithstanding, the educational status of the married adolescent girls seems to have no significant effect on their level of knowledge of birth control, the geographical location makes a difference in their level of knowledge about contraception as the urban respondents are more aware of it. In the works of Devi,⁹ 2013 among the Aimol tribe of Manipur, it reveals that as many as 35.69 percent of the informants acquired information about Birth Control Measures from peer groups which also hold true among

the Muslim adolescent girls.

Use of Contraceptive: Women's ability to choose when to become pregnant has a direct impact on her health and well-being. Family planning allows spacing

of pregnancies and can delay pregnancies in young women at increased risk of health problems and death from early childbearing, and can prevent pregnancies among older women who also faced increased risks as stated by Devi.²⁴

Table 3: State- wise Percent Distribution of Use of Any Method of Contraceptive Device according to Four NFHS Phase^{7,11-23,26}

State	India	Manipur	Arunachal Pradesh	Assam	Meghalaya	Mizoram	Nagaland	Tripura	Sikkim
NFHS 1	40.6	34.9	23.6	42.8	20.7	53.8	13	56.1	na
NFHS 2	48.2	38.7	35.4	43.3	20.2	57.7	30.3	55.5	53.8
NFHS 3	56.3	48.7	41.6	54.5	18.4	54.8	24.8	65.5	56.4
NFHS 4	53.5	23.6	31.6	52.4	24.3	35.3	26.5	64.1	46.7

Table 4: State- wise Percent Distribution of Use of Any Modern Method of Contraceptive Device according to Four NFHS Phase^{7,11-23,26}

State	India	Manipur	Arunachal Pradesh	Assam	Meghalaya	Mizoram	Nagaland	Tripura	Sikkim
NFHS 1	36.3	24.1	19.3	19.8	15.1	52.9	13	28.6	na
NFHS 2	42.8	25.9	32.8	26.6	15.5	57.1	24.2	43.5	41.4
NFHS 3	48.5	23.6	36.4	24.8	13	54.6	18.8	45	48
NFHS 4	47.7	12.7	26.6	37	21.9	35.2	21.2	42.8	45.9

Table 5: State- wise Percent Distribution of Any Traditional Method of Contraceptive Device according to Four NFHS Phase^{7,11-23,26}

State	India	Manipur	Arunachal Pradesh	Assam	Meghalaya	Mizoram	Nagaland	Tripura	Sikkim
NFHS 1	4.3	10.8	4.3	22.9	5.6	0.9	0	27.5	na
NFHS 2	5	12.7	2.4	15.8	4.2	0.7	5.9	11.8	12.3
NFHS 3	7.8	25.1	5.2	29.6	5.3	0.2	6	20.5	8.4
NFHS 4	5.8	10.9	5	15.4	2.4	0	5.3	21.3	0.8

Mapping the prevalence of particular methods has changed slowly at the global and regional levels. The prevalence of female sterilization worldwide has declined from 13.7 percent in 1994 to 11.5 percent in 2019.²⁵ The comparison of the use of different contraceptive methods in India from NFHS-1, NFHS-2, NFHS-3, and NFHS-4 and northeastern states level differentials in contraceptive use are shown in the tables. Over more than two decades in India there has been a steady increase in the use of contraceptive from 41 percent in NFHS-1(1992-93) to 48 percent in NFHS-2 (1998-99) and further to 56 percent in NFHS-3 and the figure dipped to 54 percent in NFHS-4¹⁷. Slightly lower than the previous survey. A similar curve pattern also conforms to one of the northeastern states that is, Manipur. In the first NFHS, 45 percent used contraceptives, and the figure rose to 49 percent in the second NFHS. Further, the increment reached a greater height in NFHS-3 to 54 percent and then leaps down to 24 percent in NFHS-4.²⁶ The average rate of modern contraceptive use in Manipur since NFHS-1(1992-93) to NFHS-4 (2015-16) is way lesser than the national average. In the first survey, 24.1 percent in Manipur used a modern contraceptive method which shows a difference in more than 10 percent with the national percent i.e. 36.2 percent. Likewise, 25.9 percent of the married women in Manipur resort to modern contraceptive method in the second survey and then reduced to 23.6 percent and 12.7 percent in NFHS-

3 and NFHS-4 respectively. While comparing with other northeastern states, the use of modern contraceptive methods in Manipur reduced sharply from NFHS-2 (1998-99). Traditional contraceptive methods occupy a pivotal role in meeting the unmet needs of family planning in Manipur since Manipur women choose traditional methods in high percent in relation to the national level and other northeastern states (Table, 5).

Reasons for not adopting contraceptive methods:

It is essential to trace reasons for not using contraceptive methods as this information is critical for understanding obstacles so that a suitable programme can be designed according to the needs of the individuals. As described by Devi²⁴ among the Meitei women in Phaknung, lack of awareness is not the sole reason for not adopting contraceptive rather due to fear of side effects of using it as 19.13 percent of the women reported about infertility problems. Glancing at the national report in the NFHS-3 nearly two-thirds of women who do not intend to use contraception in the future cited fertility-related reasons. As many as 52.63 percent of the Aimol tribe did not accept birth control measures with the attitude that childbirth is “after all nature”. The rural-urban location made a major difference in awareness, accessibility, attitude, and practices of family planning notwithstanding they belong to the same faith as stated by Devi,⁸ in her studies among Muslim adolescent girls

in Manipur. In one notable work, Heo et.²⁷ finds that—net of individual-level characteristics—the experience of unmet needs was higher in regions with the highest level of private hospital beds per 1,000 residents which is in contrast with Manipur condition. In the paper entitled “National demographic goals and fertility dynamics of Kuki tribes of Manipur” low level of education are detected to be the major cause of failure in national fertility goal.²⁹ Several factors contribute to the low rate of contraceptive use in Manipur. Sex preference (or son preference) is also one of the important factors as the rate of contraceptive use for the sex composition of children dominated by daughter and the high rate of its use for the sex composition of children dominated by sons at any parity confirm the presence of sex preference.³⁰ Patriarchal social-setting has an immense role in utilizing the available contraceptive measures (NFHS-1, NFHS-2, NFHS-3, and NFHS-4).

Conclusion

Notwithstanding, there is a decrease in population growth rate with the implementation of family planning, after analyzing the National Family Health Survey report from 1992-93 to 2014-15 we dredge out that there is a wide gap between knowledge and contraceptive use in Manipur. The trends in contraceptive use shows fluctuated curve despite accretion in awareness. Albeit, Manipur is a small state in the northeastern part of India, “one size fits all” designed would give minimal output due to its non-identical hurdles in adopting birth control measures. One common hindrance which seems to be common is a male-oriented patriarchal society. Owing to this social-setting women have a little role in deciding what, when, where, and how to family planning. Nevertheless, it is the sole responsibility of the women to avoid getting pregnant which is in symmetry with the finding of Scott et.al; On the other hand, it is the women who bear the burden of side effects of using various contraceptives. It also holds true in other parts of India. In Madhya Pradesh, only minuscule numbers of men opted for sterilization for fear of losing virility and working capacity.³¹ In the meantime, Beed, the drought-stricken district of Maharashtra reported a high rate of hysterectomies among sugarcane cutters due to early marriages and childbirth, fear of cancer, and loss of wages during menstruation.³²

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