FAMILY NETWORK AND CONTRACEPTIVE BEHAVIOUR AMONG INDIAN WOMEN

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Introduction:

Couples' decision regarding use of contraceptive methods is influenced by a host of factors that have been researched extensively both in context of developed and developing countries. While most of these factors relate to individual characteristics, program impact, community influence and other macro or micro variables, very little work on influence of family networks have been done. This is especially ture in case of South Asia, particularly, India for which virtually no research exists till date..Indian women live in bigger households, often with other daughter-in-laws or sister-in-laws under the same roof. They have limited mobility outside the neighborhoods, and little decision making power in the household. These women are influenced by behaviour of other elder household members more often than not. We hypothesize that their decision on use of contraceptives is highly influence by the network of family members they live with and follow.

Lack of proper data is the main reason for almost no research in this area. However, we feel that it is possible to derive required data from DHS data structure to facilitate this type of analysis. This paper specifically tries to examine the hypothesis that the decision of younger women on using contraception or type of method they should use is greatly influenced by the contraceptive use status of a coresident elder member in the same familial network.

Data and methods:

Data have been 'synthesized' from the high quality India-DHS 1998-99 individual flat files to suit this piece of research. We restricted our domain to those households where exactly two women were eligible for interview and were interviewed, and they were both usual residents of the household.

The two dependent variables of our study are use of contraception and contraceptive method being used – the first one being dichotomous and the second one is multi-category. The India DHS 1998-99 data is also hierarchical in nature and we took advantage of that by considering a multilevel model. In effect, for the first dependent variable (model -1) we use a multi level random effects logit model and the second one (model – 2) we consider a multilevel random effects multinomial model to estimate the effect of familial network.

Some preliminary results:

Results suggest that the contraceptive use status of an elder co-resident does have a big influence on younger co-resident's contraceptive behaviour. The influence however reduces with increasing age-gap between the two members. As for example, if the age gap is less than 6 years, when the elder woman in the family is not using contraceptive, 23 percent of the younger women are using, but that increases sharply to 47 percent when the elder woman is also using. Similar estimates when the age-gap is 6-10 years are 23 and 42, and for more than 10 years are 15 and 20 percents. Looking at the nature of network, the influence is the most when both women are daughter-in-laws of the head of the household and in such cases even the age-gap between these women does not matter much. The influence is much less when the relation is of mother-daughter or mother-in-law-daughter-in-law. Logit regression results confirm these results and shows that when the elder daughter-in-law is using a method the chance that the younger daughter-in-law also uses increases by 2.5 times. When we look at the methods, huge influence is observed. For example, if the elder woman is sterilized, only 7 percent of younger women were using modern spacing method and 14 percent were using sterilization, however, when the elder women used modern spacing method 30 percent of younger women adopted that while only 10 percent adopted sterilization.