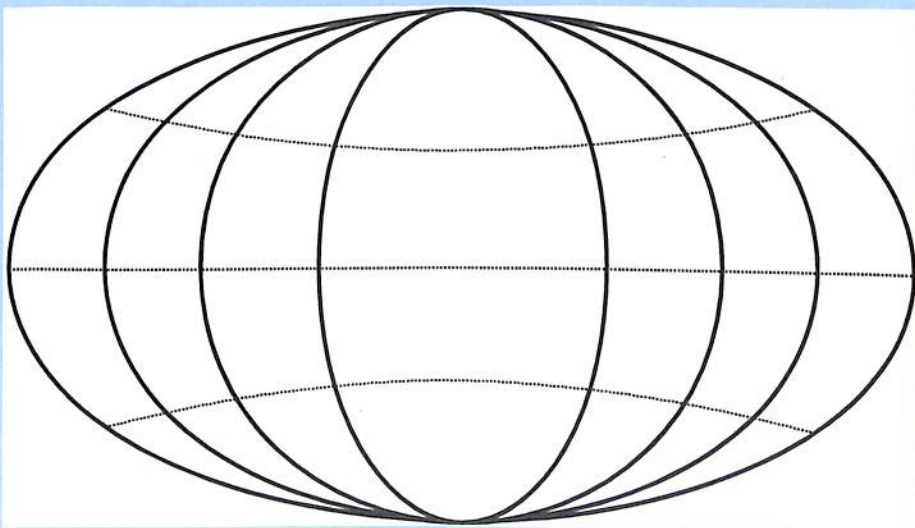


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Journal
of the Marginalized People



NISWASS

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Journal of the Marginalized People

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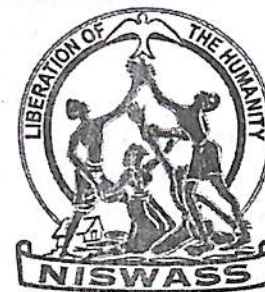
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VISION

**Establishment of a humane, just, equal, inclusive
and ideal social order.**

MISSION

**Focus on the liberation of the oppressed and
transformation of the society guided by humanism
and compassion through pragmatic voluntarism.**

The **FOURTH WORLD**
Journal of the Marginalized People

The Fourth World, Journal of the Marginalized People, aims at highlighting the worldly plight, problems and prospects of the marginalised people in India and elsewhere. These people constitute the Fourth World, the World within the Third World and even within the Second and the First World.

The people of the Fourth World do not form a compact territorial community. They are forced to live wretchedly, enduring exploitation, oppression, violence and numerous indignities. They inhabit all the worlds, no matter how these worlds are conceived and defined. The people of the Fourth World, voiceless as they are, support and sustain the other worlds by sacrificing their own identity, sustenance and solidarity.

The Fourth World, Journal of the Marginalized People seeks to give voice to the people of the Fourth World.

Aims and objectives

- ★ To promote understanding and appreciation of the cultural, social, economic and political reality in the Fourth World;
- ★ To encourage serious debates among the academicians, intellectuals, political leaders, administrators and activists about, and appreciation of the problems faced by the people of the Fourth World;
- ★ To analyse the factors that help or hinder the uplift and progress of the people of the Fourth World;
- ★ To report experiments in India and elsewhere undertaken to help the people of the Fourth World overcome their disabilities; and
- ★ To encourage self-analysis and self-understanding among the intellectuals and activists among others of the Fourth World.

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FROM EDITOR'S DESK

Concerning the historically disadvantaged society called the Fourth World, the National Institute of Social Work and Social Sciences (NISWASS) determined to produce policy oriented documents. The institution is looking for the most effective ways to foster critical social change. It associates with theoretical as well practical. The articles presented here in this volume reflect all about the author's society where they belong. Dr. Ambedkar dreamed for an ideal society. The society where citizen would avail all triple objectives namely establishing socialistic pattern of society, having a parliamentary democracy and a just society with full of liberty, equality and fraternity. Since ages the caste system in India describes the social hierarchy and exclusionary practices. In a caste based society, social classes are defined by thousands of endogamous hereditary groups, often termed as *Jatis* or castes. Within a *Jati* there exist exogamous groups known as *gotras*, the lineage or clan of an individual. The Indian constitution has outlawed caste based discrimination, in keeping with the secular, democratic republic principles that founded the nation. The situation of human life and human rights in India is a complex one. The caste hierarchy, gender division and class status demines rights of the people because certain sections of society have complete domination over social, political and economic in this country. India was formerly ruled by colonial power. The divide and rule method has successful in this country because of the huge number of sub-castes. The division of labourers is another factor by which majority of people fall under the trap of poverty and exclusion. Everyday phenomenon of the Fourth World that is suffering with, caste atrocities and untouchability practices, labour exploitation, gender discrimination and racial intolerance.

Prof. S.S. Jodhka's article "*Caste and Power: Emerging Patterns and Perspectives*" resonates the idea that how the caste become a colonial connotation. Reality of caste has always been regionally diverse and dynamic. The three central categories through which colonial rulers had tried to make sense of India were those of the village, caste, and religious communities. Sociologists and social anthropologists universally assumed that the caste system was a peculiarly Indian reality, and an aspect of Hindu religion. Caste was not merely an institution that characterized the structure of social stratification; it represented the core of India. It was both an institution and an ideology. Institutionally, 'caste' provided a framework for arranging and organizing social groups in terms of their statuses and positions in the social and economic system. As an ideology, caste was a system of values and ideas that legitimized and reinforced the existing structures of social inequality.

Mr. Hari Jaisingh's article "*Linking Education to life Importance of Academic Freedom*" stated that academic freedom and responsibility has to be viewed on a larger canvas of educating students and advancing their knowledge. The idea is to create a congenial atmosphere which should enable faculty members to conduct their research activity freely and guide and equip students with the skills in learning so that they are able to contribute to society. The author cited example of historical movement and student-teacher relationship. He says, a vibrant liberal tradition was seen even during the freedom struggle between student and teacher. It is important that the students should be nurture the way so that they may able to raise meaningful questions as a result they may engage in critical thinking and can create productive human resource for the nation. Building such intellectual and persona capacities is the right way to warn students of the inappropriateness and dangers of introduction, help them see through the distortions of propaganda, and enable them to assess judiciously the persuasiveness of powerful emotional appeals.

"*Development Induced Displacement Impacts: An Overview on Thermal Power and Coal-Mining Projects in India*", by Rabindra Garada depicts the Development agenda and how it uproots people from their hearth and home pushing them into the risks of landlessness, joblessness, homelessness and so on as examined by M.M. Cernea in his impoverishment risks and reconstruction model and E. Downing in his mining-induced displacement and resettlement model. However, because of late inception of these models the risks

investigation on coal-fired thermal power and mining operation could not be applied in more detail in India. Further, the displacement caused impoverishment risks examined by a few analysts like Balaji Pandey and D. Agarwal are few and far between in India. In this review paper, the author critically analyses Thermal Power and Coal-mining projects caused impacts on people and their socio-economic and cultural structures in project affected areas. The land acquisition and its subsequent impacts on project affected people's cropping pattern, food security, traditional occupations, employments and income, dwelling structure, livestock and common property resources and consequent effects of marginalization, health hazard, dependency syndrome, security problems, etc, are critically comprehended in detail.

"*Trends, Regional Variations and Differentials of Unmet Need for Family Planning in India*" by Manoranjan Mohapatra focused on unmet need for family planning was one of the major immediate objectives of India's population policy 2000 (MoHFW, 2000). The author raises some important questions on unmet need, and interrogated them, that are the different background factors affecting the level of unmet need for family planning in India. Being the paper is an empirical one so the author quantified the different socio-economic and demographic background variables of women have causal relation with unmet need for family planning, especially the scheduled caste, scheduled tribe, uneducated, Muslim and rural women have more chance of unmet need. The basic question here is to check the unwanted live births because the currently married women already have a demand for the family planning services. He also suggested some fundamental policies for the family planning, namely, needs immediate action by our family planning administrations of both Center and State level and mainly at the *panchayat* level for effective implementation of family planning programme. There is a need for proper coordination among different layer of administration is essential to bring down fertility to replacement level (TFR = 2.1).

"*How the developmental programmes breakdown among the marginalised tribal community: a case of Lodhas in West Bengal*" an article by Santanu Panda, critically examine the life and livelihood of the Lodas. Putting into the historical and anthropological approach and field experiences, the author develop that the Lodhas designated as a 'criminal tribe' by the British colonial administration. The author also critically analysed the government schemes and programmes, he finds some loophole. Through his paper he has made some

Saksena, H.S. and Chandra Sen (1999), *Putting People Last: Tribal Displacement and Rehabilitation*, New Delhi: Inter-India Publication.

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Trends, Regional Variations and Differentialsof Unmet Need for Family Planning in India

Dr. Manoranjan Mohapatra

Abstract

Addressing unmet need for family planning is one of the major immediate objectives of India's population policy 2000 (MoHFW, 2000). Before addressing unmet need, the important question is to know the different background factors affecting the level of unmet need for family planning in India. With the help of quantitative methods, the different socio-economic and demographic background variables of women have causal relation with unmet need for family planning, especially the scheduled caste, scheduled tribe, uneducated, Muslim and rural women have more chance of unmet need. The basic question here is to check the unwanted live births because the currently married women already have a demand for the family planning services. So it needs immediate action by our family planning administrations of both center and state level and mainly at the panchayat level for effective implementation of family planning programme. There is a need for proper coordination among different layer of administration is essential to bring down fertility to replacement level (TFR = 2.1).

Introduction

India launched the national program on population in 1952, giving importance to family planning with the view to stabilize the population at a level consistent with the requirement of national economy. India adopted many population policies with different strategies as per the requirement of the time. The latest population policy 2000, which reiterates the voluntary and informed choices and the consent of citizens, should be taken in account while using the reproductive health care services and maintaining the target free approach with continued family planning services. The one of

the major immediate objective of population policy, 2000, is to address the unmet need for family planning. The empirical studies show the usage of contraception has increased in a rapid manner both in educated and non-educated masses, both in urban areas and rural areas and both poor and rich couples due to the availability of family planning methods but simultaneously there is a visible gap between demand and supply of contraception among women. In general pariances the women are interested to use contraception but due to some circumstances they are not getting these opportunities. This demand-supply mis-match has given us a concept called the "Unmet Need for Family Planning".

The National Family and Health Surveys of India, which were part of the Demographic and Health Surveys, also measured unmet need for family planning. According to the definition of National Family and Health Survey-3, currently married women who are not using any method of family planning but who do not want any more children are defined as having an unmet need for limiting and those who are not using any method of family planning but want to wait two or more years before having another child are defined as having an unmet need for spacing. The sum of the unmet need for limiting and unmet need for spacing is the unmet need for family planning. Current contraceptive users are said to have a met need for family planning. The total demand for family planning is the sum of unmet need and met need (NFHS-3, 2005-06).

According to the third round of the National Family Health Survey (NFHS-3), the unmet need for family planning in India was 12.8 percent and the unmet need for spacing and limiting were 6.2 percent and 6.6 percent respectively in 2005-06. The contraceptive prevalence (met need) of India was 56.3 percent. The total demand for family planning was 69.1 percent. A large section of currently married women were in the category of unmet need for family planning in India.

The causes of unmet need are complex in nature. Different empirical studies and surveys reveal a range of constraints which affect the risk of woman's childbearing process. The causes of unmet need are mainly related to poor access to services, lack of correct information, social opposition to use and concerns (whether warranted or not) about side effects (Casterline and Sinding, 2000).

Objectives

The overall objective of the study is to examine the factors influencing unmet need for family planning. The specific objectives are:

1. To examine the trends and regional variations of unmet need for family planning of India.

2. To assess the differentials in the unmet need for family planning by different background characteristics.
3. To know the percentage distribution and causal relationship between unmet need for family planning and background characteristics.

Data Sources

The data used in this analysis are based on first, second and third round of national family health survey (NFHS). The National Family Health Survey (NFHS) follows the Demographic and Health Surveys (DHS) of United States Agency International Development (USAID). The National Family Health Survey (NFHS-3) coordinated by the International Institute for Population Science (IIPS) under the aegis of the Government of India, was conducted in 2005-06. NFHS-3 interviewed men age 15-54 and never married women age 15-49, as well as ever-married women.

Methodology

To assess the influences of background factors on unmet need, Bivariate analysis is organized followed by Binary Logistic Regression Analysis that provide estimates of net influences of different background characteristics on unmet need for family planning.

Trends of Unmet Need for Family Planning in India

The unmet need for family planning was 19.5 percent, 15.8 percent and 12.8 percent in the year NFHS-1 (1992-93), NFHS-2 (1998-99) and NFHS-3 (2005-06) respectively in India. The percentage of decline occurred between the NFHS-1 to NFHS-2 and NFHS-2 to NFHS-3 is an average of near about 19 percent and the difference between the NFHS-1 to NFHS-3 is 34 percent. The data collected for NFHS-1, comprise only Jammu region of the state of Jammu and Kashmir and the percentage of unmet need was not collected for Sikkim in the year 1992-93. The data for Tripura was not available in NFHS-2 (1998-99). The three newly formed states like Uttaranchal, Jharkhand and Chhattisgarh in 2000 are not listed separately in the first and second NFHS as these were carved out from Uttar Pradesh, Bihar, and Madhya Pradesh later. For states like Punjab and Haryana, the trend show that the percentage of unmet need decreased between the year 1992-93 and 1998-99 and then increased in 2005-06 from the year 1998-99. The percentage of unmet need increased in the year 1998-99 from the year 1992-93 then decreased in 2005-06 than 1998-99, in states like Jammu & Kashmir, Arunachal Pradesh, Nagaland, Manipur, and Goa. Though Meghalaya follows this trend (first increase then decrease) the percentage of unmet need was high

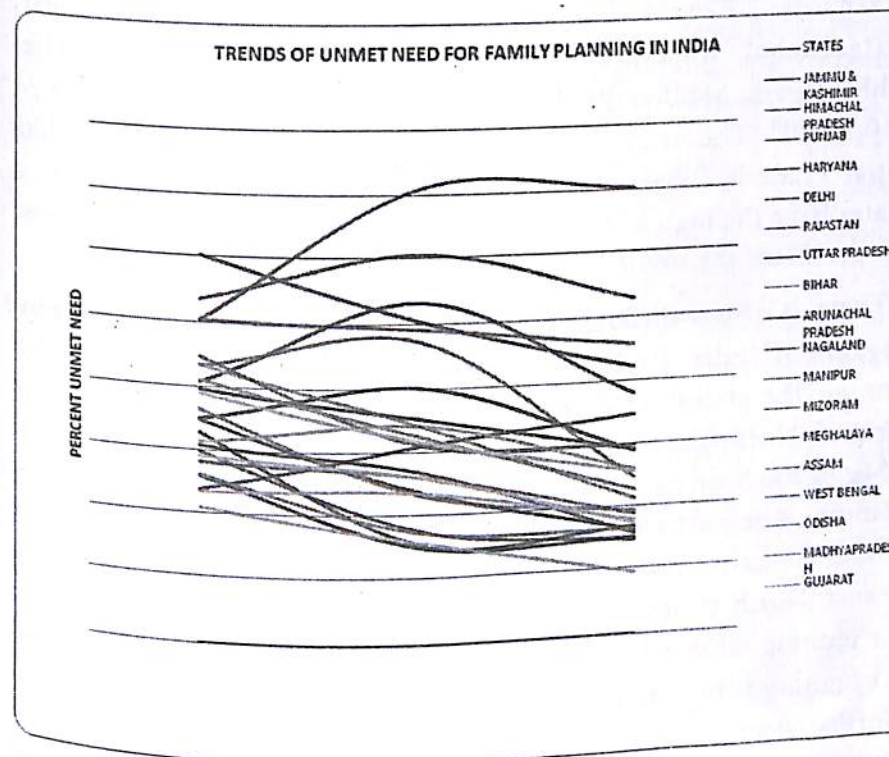
in the year 2005-06 compared to the year 1992-93. The percentage of unmet need was increasing compared to the previous years in Mizoram. Besides these states all other states including India, there is a decreasing trend in the percentage of unmet need from NFHS-1 to NFHS-2 and then to NFHS-3.

Table 1.1: Trends of Unmet Need for Family Planning in National Level

	UNMET NEED (PERCENT)		
	NFHS-1 (1992-93)	NFHS-2 (1998-99)	NFHS-3 (2005-06)
JAMMU & KASHMIR	17.5	20	14.5
HIMACHAL PRADESH	14.9	8.6	7.2
PUNJAB	13	7.3	7.4
UTTARANCHAL			10.9
HARYANA	16.4	7.6	8.4
DELHI	15.4	13.4	7.8
RAJASTAN	19.8	17.6	14.6
UTTAR PRADESH	30.1	25.1	21.1
BIHAR	25.1	24.5	22.8
SIKKIM		23.1	17
ARUNACHAL PRADESH	20.4	26.5	19
NAGALAND	26.7	30.2	26.3
MANIPUR	21.7	23.6	12.4
MIZORAM	11.9	15.5	17.3
TRIPURA	13.5		10.3
MEGHALAYA	25.1	35.5	35.1
ASSAM	21.7	17	10.6
WEST BENGAL	17.4	11.8	8.1
JHARAKHANDA			23.2
ODISHA	22.4	15.5	14.9
CHHATTISGARH			10.1
MADHYAPRADESH	20.5	16.2	11.4
GUJARAT	13.1	8.5	8.1
MAHARASTRA	14.1	13	9.3
ANDRA PRADESH	10.4	7.7	4.7
KARNATAKA	18.2	11.5	9.6
GOA	15.7	17.1	13
KERALA	11.7	11.7	8.9
TAMIL NADU	14.6	13	8.6
INDIA	19.5	15.8	12.8

Source: National Family and Health Survey NFHS-1(1992-93), NFHS-2(1998-99), NFHS-3(2005-06)

Figure 1.1: Trends in Unmet Need for Family Planning from NFHS-1 to NFHS-3, India



Source: National Family and Health Survey NFHS-1(1992-93), NFHS-2 (1998-99), NFHS-3(2005-06).

The Regional Variations in Unmet Need of India

The current contraceptive prevalence of India is 56.2 percent. The Indian family planning program started very beginning but still we are not able to satisfy all our demand for family planning. It shows a large amount of unmet need for family planning. Including unmet need and met need, 69 percent of currently married women in India have a demand for family planning, of which 82 percent is satisfied.

The percentage of total unmet need for India is 12.8 whereas unmet need for spacing and limiting are 6 and 6.8 percent respectively. Meghalaya occupies the highest rank in unmet need and unmet need for spacing but Nagaland ranks the highest position in unmet need for limiting. Andhra Pradesh has the lowest level of unmet need and unmet need for limiting also but Himachal Pradesh has the least unmet need for spacing. For a proper understanding, we categorize the percentages of unmet need into three "less than

10", "10 to 20" and "20 and above". The states belonging to the range of "less than 10" are Himachal Pradesh, Punjab, Haryana, Delhi, West Bengal, Gujarat, Maharashtra, Andhra Pradesh, Karnataka, Kerala and Tamil Nadu. Jammu and Kashmir, Uttaranchal, Rajasthan, Mizoram, Tripura, Assam, Odisha, Chhattisgarh, Madhya Pradesh and Goa are between the ranges of "10 to 20". The category "20 and above" includes the states like Uttar Pradesh, Bihar, Nagaland, Meghalaya and Jharkhand. These states have the high level of unmet need for contraception. In most of the states the unmet need for limiting is high than spacing.

There is also a difference observed in unmet need in different regions of India. Basically according to National Family Health Survey, the states are divided into five regions named as North, Central, North-East, East, West and South. The North-Eastern part of India has been experiencing a high level of unmet need for family planning whereas in Southern part it is the lowest. In case of spacing, North-East also is at the highest position and Northern part is the lowest. North-Eastern part has also the highest level of unmet need for limiting whereas South is in the lowest rank. The unmet need for limiting is high in all regions except the Southern India. Beside North-Eastern part, Central and Eastern parts of India also have a huge percentage of unmet need. Another interesting observation about North-Eastern part is that the difference between the spacing and limiting is very low compared to other parts of India.

Table 1.2: Unmet Need for Spacing, Limiting, Unmet Need for Family Planning and Met Need of India and All States.

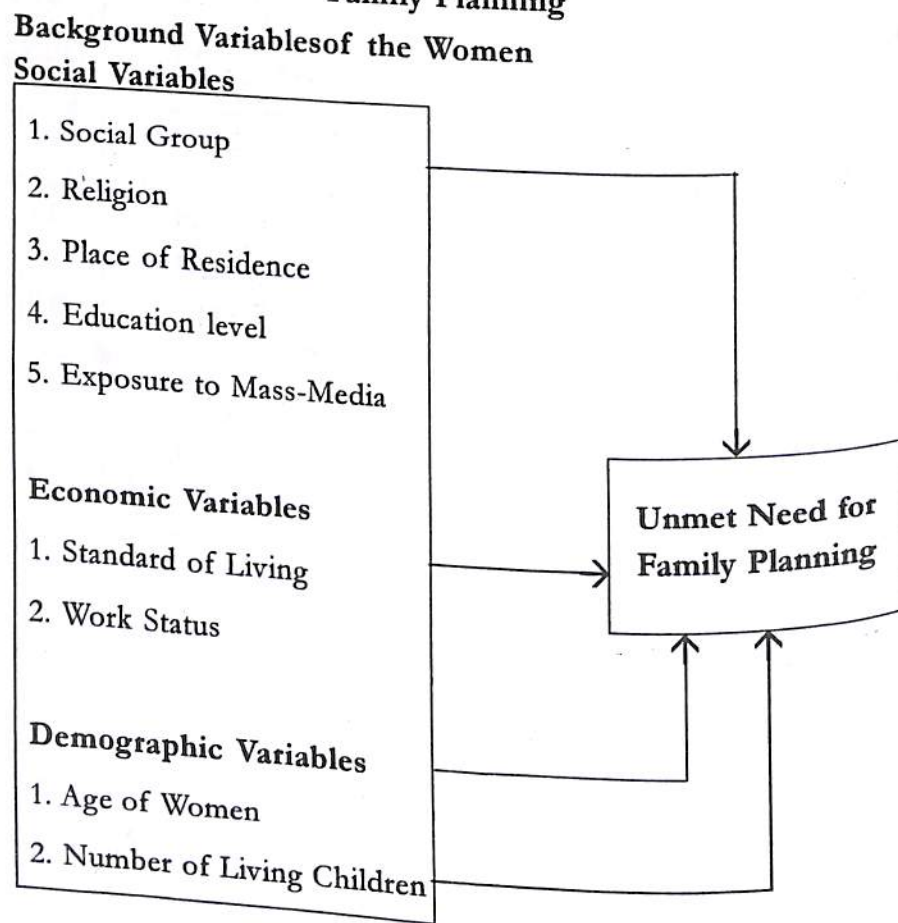
STATES	Unmet Need for Spacing Percent	Unmet Need for Limiting Percent	Unmet Need for Contraception Percent	Met Need Percent
JAMMU & KASHMIR	5.7	8.8	14.5	52.6
HIMACHAL PRADESH	2.3	4.9	7.2	72.6
PUNJAB	2.7	4.7	7.4	63.2
UTTARANCHAL	4.4	6.5	10.9	59.3
HARYANA	3.1	5.3	8.4	63.4
DELHI	3.2	4.6	7.8	66.9
RAJASTAN	7.3	7.3	14.6	47.2
UTTAR PRADESH	8.9	12.2	21.1	43.6
BIHAR	10.3	12.5	22.8	34.1
SIKKIM	5.6	11.4	17	57.6
ARUNACHAL PRADESH	8.1	10.9	19	43.2
NAGALAND	9.9	16.4	26.3	29.7
MANIPUR	5	7.4	12.4	48.7
MIZORAM	12.1	5.2	17.3	59.9
TRIPURA	3.7	6.6	10.3	65.7
MEGHALAYA	23.1	12	35.1	24.3
ASSAM	3.4	7.2	10.6	56.5
WEST BENGAL	4	4.1	8.1	71.2
JHARAKHANDA	11	12.2	23.2	35.7
ODISHA	6.8	8.1	14.9	50.7
CHHATTISGARH	5.3	4.8	10.1	53.2
MADHYA PRADESH	5.3	6.1	11.4	55.9
GUJARAT	4.2	3.9	8.1	66.6
MAHARASTRA	5.3	4	9.3	66.9
ANDRA PRADESH	2.8	1.9	4.7	67.6
KARNATAKA	5.6	4	9.6	63.6
GOA	7.2	5.8	13	48.2
KERALA	6	2.9	8.9	68.6
TAMIL NADU	4	4.6	8.6	61.4
INDIA	6	6.8	12.8	56.2

Source: National Family and Health Survey (NFHS-3), 2005-06

Differentials in Unmet Need

The acceptance of family planning methods is affected by the demand factors. These demand factors are social, economic and demographic in nature. The social variables include caste/tribe, religion, educational level, exposure to mass media and place of residence of the woman. The economic variables included are standard of living and the work status of woman. The demographic variables in this framework include age and the number of living children of the woman. The nature of the relationship between the dependent and independent variables is described below.

Figure 1.2: A Framework for Analysis of Unmet Need in Family Planning



Social Groups

The acceptance of family planning methods possibly varies across different social groups. Diffusion of fertility preferences,

contraceptive knowledge and adoption is likely to be faster within a social group than across social groups which may, in turn, lead to differentials in fertility desires and unmet need by social groups. Caste has a predominant role in the Indian society. In the social hierarchy in India, the Scheduled Castes (SCs) and Scheduled Tribes (STs) are found to be the most disadvantaged section of society and they are historically marginalized. After that the Other Backward Castes (OBCs), which are economically well compared to scheduled castes and scheduled tribes, are the prominent group in India. Still there is a substantial debate over the exact number of OBCs in India. The Mandal Commission covered more than 3000 castes under the OBC category and stated that the OBCs form around 52 percent of the Indian population. However the National Sample Survey (NSS) puts the figure at 32 percent. Except SCs, STs, and OBCs, the rest of the castes are considered as 'others' population. Generally upper caste people such as Brahmans and Kshatriyas from ancient India come under 'others' (general) caste population.

Religion

Religious affiliation has a considerable impact on family planning acceptance. Hinduism, Muslim, Sikhism, Christianity, Buddhism and Jainism are the prominent religions in India. There are substantial differentials in the socio-economic and demographic profiles among different religious communities in India. The moral attitudes of religions affect the practice of contraceptives and unmet need. Since some perceive that their religion prohibits the artificial interference in the natural process of child-bearing, a woman who does not want to have any more children or wants to delay child bearing might not use contraception. Thus she would be having higher chances of having unmet need than a woman belonging to a religion which is less stringent towards the use of contraception.

Educational Level

The educated woman enjoys a high status in society and also in her family. Female schooling is considered as one of the key determinants of autonomy in reproductive decisions. Education increases the women's ability to communicate about reproductive matters and participate in reproductive decisions. When a woman participates in the decision making process, she is better able to bring up and discuss family planning and sexual relations with her partner. Spousal communication has a very important effect on unmet need. Highly educated women are better informed, better

able to get information from newspapers and other media and usually more articulate. Education also increases a woman's motivation to improve her standard of living thereby increasing her urge to control fertility. Greater information about family planning methods motivate to control fertility and the ability to do so may help in reducing unmet need for contraception.

Exposure to Mass Media

Exposure to mass media, particularly the family planning messages, has a favorable effect on contraceptive use and unmet need. The electronic and print mass media play an important role in educating women on the benefits of small families and providing them information on family planning methods. Radio and television are particularly important where majority of currently married women are illiterate. Thus mass media play an important role in educating and informing people about family planning methods and birth control and motivating couple to adopt small family norms thereby reducing unmet need for family planning services.

Place of Residence

Place of residence is categorized as rural and urban. Urban areas are characterized by lower unmet need for family planning services than rural areas (Westoff and Bankole, 1995). Women in the urban areas have better opportunities of education, health, contraceptive information and greater media exposure compared to rural areas. This sharpens a woman's knowledge about a variety of family planning methods and their sources which helps her to select the best one suited to her requirements. She would be more motivated and less ambivalent to control her fertility. Better status of women in urban areas results in better communication with husband regarding reproductive decisions. Also, the concept of greater cost and lesser economic utility of children lead men to control fertility in urban areas.

Standard of Living/Wealth Index

The prominent measures used to calculate the standard of living are mean income or expenditure per person. The idea of a 'standard' may be contrasted with the quality of life, which takes into account not only the material standard of living, but also other more intangible aspects that make up human life, such as leisure, safety, cultural resources, social life, physical health, environmental quality issues etc. Income is different to measure

in surveys and hence expenditure is often used. However, this measurement is also quite tedious and hence some surveys obtain an index called 'Wealth Index' based on housing conditions and ownership of assets. This is now the standard practice in Demographic and Health Surveys (DHS).

In order to know the living standard of the population, NFHS-3 collected information on housing conditions, ownership of 19 different types of durable goods, and four different means of transportation, possession of a bank account and coverage by a health scheme. Households were also asked if they had a Below Poverty Line (BPL) card which is issued by the government and identifies households below the official poverty line. Information was also sought on whether households have a mosquito net that is used at the time of sleeping. These durable goods are Mattress, Pressure cooker, Chair, Cot or bed, Table, Electric fan, Radio or Transistor, Television (black and white), Television (color), Sewing machine, Mobile telephone, Any other type of telephone, Computer, Refrigerator, Watch or Clock, Water pump, Thresher and Tractor. On the basis of this information the NFHS-3 constructed a composite index called the Wealth Index. Households were categorized into five classes (quintals) as: Richest, Richer, Middle, Poor and Poorest. Besides, a standard of living index was also constructed and the households were divided into three categories as low, medium and high.

Work Status

A working woman enjoys better autonomy in her society than a non-working woman. Along with economic independence, she is likely to have a better exposure both inside and outside resulting in her being able to gather information about different contraceptives from a variety of sources. Work also increases women's motivation to control fertility and increases the opportunity cost of being pregnant and having unwanted children. A woman having economic power is also more likely to discuss family planning and reproductive matters with her husband and therefore obtain contraceptive services as required thereby reducing unmet need.

Age of Woman

Women's age and the level of unmet need for family planning (spacing and limiting) has a clear cut relationship. There is a low level of unmet need for limiting among younger women because younger women still want to have more children and also high

among older women because older women have had as many children as they want and would like to stop bearing children. On the other hand, younger women would desire spacing of births. Unmet need for limiting typically peaks among women in their late thirties or early forties and then declines in the age group 45-49. This pattern is observed in India. Many women in their forties have become infecund and have no need for family planning and hence are no longer included in the unmet need category.

Number of Living Children

There is a lower level of unmet need among childless married women; this is obviously because there is not much need itself. After the first and second child, the unmet need for spacing generally moves upward because women want to delay the next birth and not necessarily stop further having children. After the third child, the unmet need for spacing falls sharply with corresponding increase in the unmet need for limiting. Overall, the trend for limiting and spacing cancel each other out. As a result, there is no obvious relationship between the number of children and the overall level of unmet need.

The number of living sons is a better indicator in comparison to the total number of children because the number of living sons affects unmet need for family planning in societies like India where son preference is strong. Parents prefer sons for family work, supporting them in their old age, continuing the family line and also from religious point of view in the case of Hindus. Where son preference is strong, women prefer a minimum number of sons irrespective of desired family size and hence do not accept contraception until they have these. In spite of not wanting more children, women will not accept family planning methods unless they have the analyses show the unmet need at different levels of predictor variables that influence it (see Table 1.3). The levels of unmet need vary substantially by the women's social, economic and demographic characteristics. The place of residence shows a difference in the level of unmet need for family planning of women. In terms of age groups of currently married women, the level of unmet need declines as age increases, which shows that when desired fertility is achieved, the women go for either spacing or the permanent method of sterilization. The last reproductive age group of women shows a very low level of unmet need i.e. 5 percent. Muslim women have the highest percentage of unmet need among

all religions, 8 percentage points more than other religions. In social group we find, there is not much difference visualized among the scheduled tribes, scheduled castes and other backward castes. The general women have a low percentage of unmet need as compared to castes and tribes. Standard of living has shown a clear-cut difference in the prevalence of unmet need. As standard of living of the woman increases, the unmet need for contraception declines. Education level has shown a clear division in the prevalence of unmet need for contraception. As educational level increases, the unmet need for family planning decreases. A 5 percentage point of difference is observed in unmet need between women having no education and those who have a high level of education. Exposure to mass media of woman has an indirect effect on the unmet need for family planning. Women with exposure to mass media have a difference of 6 points of unmet need than women who do not. The work status of the women also shows a 5 percentage of more unmet need for women those are not working than working. It is observed that the unmet need has a difference according to women's number of living children but the difference is less i.e. 2 percent between women having "two or less than two" living children and "at least three children or more".

Table.1.3: Percentage of Currently Married Women Having Unmet Need for Family Planning, India.

Women's Background Characteristics	Percentage of Women Having Unmet Need India-NFHS-3 (2005-06)	Frequency
Place of Residence		
Rural	14.2	64485
Urban	9.7	28604
Education		
No Education	13.7	43932
Primary	11.9	14312
Secondary	12.6	29316
Higher secondary	9.5	5528
Religion		
Hindu	11.9	75799
Muslim	18.9	12289
Others	10.7	5002
Social Groups		
SC		
ST	13.4	17498
OBC	14	7590
Others	13.5	37528
Standard of Living	11.3	30474
Low		
Medium	16.3	21863
High	12.6	28742
Work Status	11.1	42484
Not Working		
Working	14.6	59483
Mass Media Exposure	9.5	33481
No Exposure		
Exposure	16.6	24399
Mother's Age	11.4	68690
<25 yrs		
25-35 yrs	22.8	23508
>35 yrs	13.7	35000
Number of Living Children	5.1	34581
<=2 Children		
>=3 Children	13.7	51054
	11.7	42035

Source: Calculated from National Family and Health Survey (NFHS-3), 2005-06

Logistic Regression Analysis

Though bi-variate analysis throws light on the relationship between unmet need and a predictor variable, it does not control for the influence of other predictor variables. Moreover as mentioned in previous chapter unmet need is not continuous and normally distributed. Hence, the technique of logistic regression has been adopted here so that the net influences of various factors can be assessed.

The results of the logistic regression analysis for unmet need for family planning are given in Table 1.4. The exponential parameter in the table, $\exp(\beta)$ is the odds ratio. It represents proportional increase (if greater than 1.0) or decrease (if less than 1.0) for odds of having unmet need for a unit change in the corresponding predictor variable.

As for methodology we have taken nine independent variables, i.e. place of residence, education level, religion, social groups, standard of living, work status, exposure to mass media, mother's age at birth and number of living children to know the net effect of the unmet need for family planning. The $\exp(\beta)$ of the logit analysis for unmet need, shown in the table reveals all the variables are significant. In case of place of residence, more proportionate of women belonging to rural areas have unmet need for contraception compared to women belonging to urban areas. Women belonging to others or general caste have very less chance of unmet need than women belongs to scheduled caste. The scheduled tribe women have more chance of unmet need compared to women belonging to scheduled castes. But the unmet need of women belonging to other backward castes is not significantly different from women belonging to scheduled castes. Muslim women have more chance of unmet need in comparison with Hindu women. Similarly the women belonging to Other religion (Christian/Sikh/Jain/Budhist/Jewish/Paris, etc) have more chance of unmet need for contraception than women belonging to Hindu religion.

Table.1.4: Binary Logistic Regression for Unmet Need for Family Planning, India.

Women's Background Characteristics	Exp.(B)
Place of Residence	
Urban®	
Rural	1.419***
Education	
No Education®	
Primary	0.730***
Secondary	0.771***
Higher secondary	0.912
Religion	
Hindu®	
Muslim	1.886***
Others	1.103*
Social Groups	
SC®	
ST	1.185***
OBC	1.046
Others	0.728***
Standard of Living	
Low®	
Medium	0.817***
High	0.812***
Work Status	
Not Working®	
Working	0.565***
Mass Media Exposure	
No Exposure®	
Exposure	0.578***
Mother's Age at Birth	
<25 yrs®	
25-34 yrs	0.280***
>35 yrs	0.097***
Number of living Children	
<=2 children®	
>=3 Children	0.920***
Constant	0.393
-2 Log Likelihood	51930.2
Nagelkerke R ²	0.227
n	64486

Notes: 0=No Unmet Need, 1=Unmet Need, ® = Reference group, * 10% level of significance, ** 5% level of significance, *** 1% level of significance

Source: Calculated from National Family and Health Survey (NFHS-3), 2005-06

Level of women's education has significant impact on the unmet need for family planning. With increasing women's education, the level of unmet need declined. Women's work status has a direct impact on the unmet need for contraception. Working women have less chance of unmet need with reference to non-working women. With increasing mother's age at birth unmet need tend to decline. Women aged between 25-35 years and above 35 years have very less unmet need as compared to women less than 25 years. Women exposed to mass media have less chance of unmet need in comparison to women not exposed to mass media. The living children of women have just a small impact on the unmet need. Women having three and more living children have less chance of unmet need compare to women with two or less living children. As standard of living of women increases, the unmet need for family planning decreases. Women belonging to higher standard of living and medium standard of living have a less chance of unmet need compared to women belonging to low standard of living.

All the independent variables are significantly affect the unmet need for family planning. The highest proportionate of women belonging to Muslim religion have unmet need as compared to women belonging to Hindu and other religion.

Conclusion

There are large variations in unmet need for family planning among women in states. Meghalaya has the highest level of unmet need whereas Andhra Pradesh shows the lowest. There is also difference in unmet need for spacing and unmet need for limiting among states. Unmet need also varies regionally. The North-Eastern part of India has the highest prevalence of unmet need. Besides South India other parts of India has a significant level of unmet need. In case of unmet need for spacing and limiting the results show the levels to be about the same. The trends show that unmet need is gradually declining still there is large amount of unmet need visible in the country.

The percentage of unmet need in rural areas is more acute than the urban India. Women having no education have seen more percentage of the unmet need and increase in education level has shown a reduction in the unmet need. Unmet need also varies by religion where Muslims are more vulnerable to unmet need compared to other religions. The scheduled tribes, scheduled castes

and other backward castes have more unmet need compared to the general castes. Unmet need is the highest for the women having low standard of living and gradually minimizes with a rise in standard of living. In case of work status of women, the unmet need is more for working women. The impact of exposure to mass media by any means like radio, television, cinema and newspapers etc. has an indirect effect on the prevalence of unmet need. The unmet need is high in the first part of reproductive years i.e. up to 25 years and gradually it declines after this age and finally reduces to a minimum level in last part of reproductive years of women. Most of these background factors have a significant level of causal relationship with the existing level of unmet need as revealed by the logistic regression analysis. Unmet need clearly challenges the entire family planning program personnel to quickly address the root causes and take necessary action to speed up the implementation strategy.

The policy implications seem clear from our analysis. Sections of the society like scheduled tribes and scheduled castes, basically in rural areas, have a mis-match of demand and supply of family planning program. Besides these people, the uneducated women are more vulnerable to unmet need for family planning methods. There is also ongoing debate on the high fertility rate of Muslim women which could be possible to reduce to a maximum extent by satisfying the unmet need. The basic question here is to check the unwanted live births because the currently married women already have a demand for the family planning services. In simple terms they are not interested to continue childbearing for long. So it needs immediate action by our family planning administrations of both center and state level and mainly at the panchayat level for effective implementation of family planning programme. There is a need for proper coordination among different layer of administration is essential to bring down fertility to replacement level (TFR = 2.1).

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