Sterilisation Adoption and Socio-Demographic Factors : Some Evidence from NSS Data of Andhra Pradesh

- P. Satya Sekhar
- C. P. Nagi Reddy
- B. Kamaiah

This paper highlights primarily the role of socio-demographic factors in influencing sterilisation adoption in Andhra Pradesh and its regions. Since sterilisation adoption is defined to be a binary choice variable, three qualitative choice models viz., logit, probit and tobit are formulated and estimated. The evidences, based on the 42nd Round of NSS data, reveal that socio-demographic factors such as duration of marriage, number of children and presence of an educated adult female in the family, play an important role in sterilisation adoption in Andhra Pradesh.

India has a long history of family planning programme. During the past four decades, the Government has given high priority to the programme by allocating large amounts of money. Despite the best efforts, however, the programme has achieved only a limited success. Lack of adequate response from the eligible couples has been identified to be an important reason for this. Therefore, the success of this programme depends not only on the policies, programmes and their implementation but also on the motivation of the potential users. In this context, it is of interest to identify the factors that possibly influence adoption of family planning for designing and implementing a successful motivation strategy.

The NSS 42nd Round Survey on the Utilisation of Family Planning Services revealed that only about 25 per cent of the eligible rural couples and nearly 38 per cent of the same in urban areas were protected (either accepted sterilisation or currently practicing any one of the family planning methods) under the Family Planning Services at the all-India level (Government of India, 1989). Further, the district-wise couple protection rates during 1987 indicated wide variations not only across but also within the districts of a state (Government of India, 1988). In the case of Andhra Pradesh, a couple protection rate of 40 per cent for rural and 46 per cent for urban areas, along with wide inter-regional variations have been reported (Sekhar and Reddy, 1994).