

## Contraception in Rural Maharashtra

Tara Kanitkar and Smita Kulkarni\*

*The paper uses data from the National Family Health Survey, 1992-93 (NFHS-1), NFHS-2 in 1998-99 and one Baseline Sample Survey conducted by the Institute of Health Management, Pachod in 1998 to find out the level and trend in contraception in rural Maharashtra over the six year period. Use of contraceptives by married women measured by the Contraceptive Prevalence Rate (CPR) stood at 61 for the state, and 63 and 59 for rural and urban areas respectively in 1998-99. Above average rate of contraception in rural areas was explained by the higher acceptance of sterilization among women as against other methods. Despite higher incidence of contraception, Total Fertility Rate (TFR) for the state in general and rural areas in particular proved to be on the higher side being 2.52 and 2.74 respectively. The relatively low age at marriage was found to be principally responsible for higher TFR in Maharashtra.*

### Introduction

With the introduction of target free approach (later designated as Community Needs Assessment.- CNA) on April 1, 1996, a paradigm shift in the implementation of the Family Welfare Programme in India was initiated. The earlier target driven, top-down, population control programme with demographic goals implemented since 1966, is being replaced by a need-based, client-centered, demand-driven, gender-sensitive high quality (Government of India, 1997) Reproductive and Child Health (RCH) Programme. With introduction of RCH, the scope of the programme is also widened, so as to include, some new services such as, nutritional services for vulnerable groups, prevention and treatment of reproductive tract infections and sexually transmitted infections including HIV, reproductive health, sexuality and gender information, education and counseling (Saroj Pachauri, 1995).

Major new emphases of the RCH programme are:

- Gender sensitivity
- Informed choice and safety
- A comprehensive view of sexuality
- Multisectoral efforts
- Quality of care (Population Council, 1996).

In the present paper, the family planning programme and its achievements in rural Maharashtra are reviewed taking into consideration the developments in the approach and scope of the Family Welfare Programme in Maharashtra.

### Family Welfare Programme in Maharashtra

Maharashtra is the second largest state in India with a population of 96.7 million in 2001. The state is considered as one of the more developed states in India. With 38 per cent of the population living in urban areas (according to 1991 census), it is the most urbanized state in India. The state has been a leading force in the family planning movement in

---

\* Consultant, Institute for Health Management, Pachod and Statistical Asstt., Research Wing, KEM Hospital, Pune respectively.