

RESEARCH BRIEF

Economic disparity in modern contraceptive prevalence in India

Family planning (FP) services in India are primarily provided by the public sector; however India has seen recent increases in the number of private sector health facilities offering FP services. Indian evidence shows that increased use of the private sector can result in economic inequality in FP access. This study examined trends in the modern contraceptive prevalence rate (mCPR) by wealth and public versus private sector provision, among married women aged 15-49 between 1992 and 2015.



Photo Credit: Population Council

RECOMMENDATIONS



While trends suggest an overall increase in mCPR, and a narrowing of the wealth gap in contraceptive use, more needs to be done to decrease economic disparities.



While the public sector has an increasing share of FP services, the main source of FP for poorer women is the public sector. Both the public and private sector need to develop strategies to reach the poorest women to meet the sustainable development goal of universal FP access.



Photo Credit: Population Council

Increasing the involvement of the private sector in the provision of FP services is assumed to increase uptake. However, increased reliance on the private sector may contribute to inequality in access if it only caters to higher socioeconomic status groups.

FINDINGS

- Overall, the mCPR increased between 1992 and 2015, primarily due to higher accessing of methods from the private sector.
- Wealthier women were more likely to use contraception compared with poorer women, but the wealth gap in mCPR decreased over time.
- A higher proportion of poorer women obtained FP services from the public sector, and a higher proportion of wealthier women accessed private sector services.
- The economic disparity in the mCPR declined over time and across sectors; however, both the public and private sectors have more to meet the needs of poorer women.

METHOD

Concentration index was calculated and pooled binary regression analysis was conducted using data on married women (aged 15-49 years) from NFHS-1 (1992-93), 2 (1998-99), 3 (2005-06) and 4 (2015-16), to assess disparity in modern contraceptive use between public and private health sectors.

RASTA

RASTA (Research and Analyses for Scientific Transformation and Advancement) is a multi-institutional research utilization initiative led by Population Council. For more information please contact rasta@popcouncil.org

EVIDENCE

The Evidence Project uses implementation science—the strategic generation, translation, and use of evidence—to strengthen and scale up family planning and reproductive health programs to reduce unintended pregnancies worldwide. The Evidence Project is led by the Population Council.

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