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Original Research Article

Assessing contraceptive knowledge and usage among currently married women in Mizoram

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ABSTRACT

Background: Limited research on the issue of contraception in Mizoram prompted this study to assess contraceptive knowledge and usage among currently married women aged 15-49 using data from the national family health survey (NFHS).
Methods: Univariate and bivariate analysis was performed using SPSS-25 to analyse the NFHS data from Mizoram, focussing on the levels and trends in contraceptive knowledge and usage among currently married women aged 15-49 in Mizoram with selected background characteristics.
Results: Findings reveal a notable disparity between contraceptive knowledge (99.5%) and its actual usage (31.2%) among currently married women aged 15-49 in Mizoram. The contraceptive usage among currently married women aged 15-49 has declined from 59.9 per cent in 2005-06 to 31.2 per cent in 2019-21. Modern contraceptive methods are preferred over traditional ones, with female sterilisation being the most common method. Male sterilisation (vasectomy) is almost non-existent. District-level disparities exist, with the Aizawl district at 21.6 per cent and the Champhai district at 50 per cent contraceptive usage, according to NFHS-5 (2019-21). Factors influencing contraceptive usage include place of residence, educational level, and number of children. Unmet needs for contraception decreased between 2015-16 and 2019-21.
Conclusions: The study highlights the urgent need for interventions to bridge the gap between contraceptive knowledge and usage among currently married women aged 15-49 in Mizoram. Efforts should focus on promoting modern contraceptive methods addressing district-level disparities. Additionally, initiatives to reduce unmet needs, particularly for spacing methods, are crucial for improving contraceptive usage among currently married women aged 15-49 in Mizoram.

Keywords: Mizoram, Contraceptives, Modern methods, Traditional methods, Unmet needs

INTRODUCTION

India officially became the first country to introduce a family planning programme in 1952. The government encourages couples to have fewer children by allowing them to choose the family planning method that is most suitable for them.[1] Promoting adequate birth spacing, with at least three years between each birth, was a key component of the family planning programme.[2] The national population policy 2000 further aimed to address unmet needs for contraception.[3] Improved family planning services have always been a top priority for India.

The health department of the government of Mizoram officially began family planning in 1966.[4] Initially, there was limited attention from the Mizo people, partly due to misconceptions about birth control. They are unaware that access to family planning services can significantly

enhance their quality of life.[5] Between 1977 and 1986, the government made concerted efforts, resulting in increased awareness and uptake of contraceptives among women. The introduction of reproductive and child health (RCH) in 1998 enhanced access to effective contraceptive services.

Contraception is an essential tool for population control, directly impacting fertility rates. High fertility rates often coincide with low contraceptive usage and vice versa.[6] For countries or states aiming to manage fertility and improve maternal and child health, promoting contraceptive use is imperative. Contraceptives stand out as the most effective intervention to reduce the incidence of unwanted pregnancies and promote healthy living among women.[7] Its widespread adoption reflects advancements in women's health, societal progress, and individual empowerment, serving as a crucial indicator of access to reproductive healthcare services.

While numerous studies have investigated contraceptive issues across various regions in India, relatively few have focussed on Mizoram.[8-12] National studies on the pattern and trend of contraceptive prevalence may fail to reflect regional differences, necessitating research at the local level, particularly in less-explored states like Mizoram.[13,14] Therefore, this paper analyses Mizoram's contraceptive knowledge, usage, and unmet needs.

METHODS

This is a descriptive study based on secondary sources of data. Data were obtained from the NFHS conducted in Mizoram from 1992-93, 1998-99, 2005-06, 2015-16, and 2019-21. NFHS is akin to the demographic health survey (DHS) undertaken in other developing countries.[15] The survey was conducted under the stewardship of the international institute for population sciences (IIPS), Mumbai. The survey involved structured interviews with participants, covering various aspects of contraceptive use, demographic information, and reasons for usage and non-usage.[16]

Mizoram has been part of the NFHS since its inception in 1992. In the first round of NFHS (1992-93), data was collected from 1,087 households and 1,045 women. Subsequently, in NFHS-2 (1998-99), 1373 households and 1,048 women were included. NFHS-3 (2005-06) surveyed 1,513 households, interviewing 1,791 women aged 15-49 and 665 men aged 15-54. NFHS-4 (2015-16) expanded its coverage to 12,279 women aged 15-49 and 1,749 men aged 15-54 from 11,397 households. In NFHS-5 (2019-21), data was collected from 7,257 households, with 7,297 women aged 15-49 and 1,105 men aged 15-54 participating.[17]

The study included currently married women aged 15-49 years residing in Mizoram, as contraceptives primarily concern these age groups. Unmarried women and men were excluded from the analysis. Ethical procedures were followed during the NFHS data collection. Confidentiality was assured, and informed consent was obtained from all participants. Since the study utilised secondary data, ethical approval is no longer required.

The study employed both univariate and bivariate analysis. The percentage of knowledge and usage of contraceptive methods (with the types of methods) among currently married women aged 15-49 has been calculated. The percentages of types of contraceptive knowledge and their current usage are also calculated. Moreover, the percentage of unmet needs for spacing and limiting is also calculated. These percentages were cross-tabulated with the district and socio-economic backgrounds of the women. The results were presented as figures and tables to illustrate the findings.

RESULTS

Knowledge of contraceptives in Mizoram

Figure 1 displays the percentage of currently married women aged 15-49 in Mizoram who know about contraceptive methods over different survey years. The data indicates a consistently high level of awareness of contraceptive methods among currently married women in Mizoram. While there were fluctuations over the years, overall, there was an increase in contraceptive knowledge. Specifically, awareness rose from 98.1% in 1992-93 to 99.5% in 2019-21, indicating the knowledge of contraceptives is nearly universal among currently married women in Mizoram.

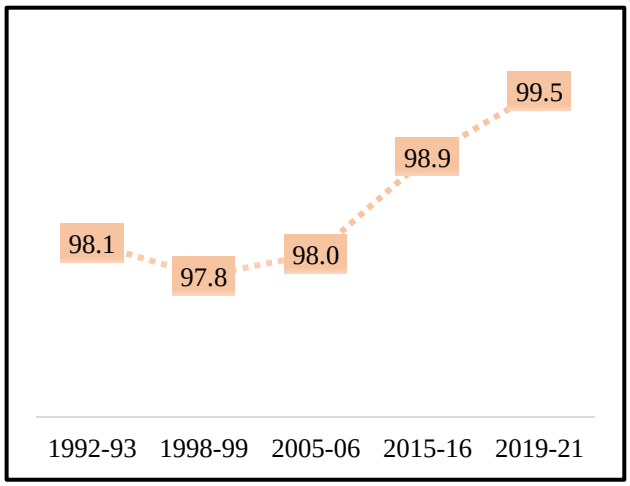

Figure 1: Percentage of currently-married women aged 15-49 in Mizoram, who knows any contraceptive methods.

Source: National family health survey, 1992-93 to 2019-21

Figure 2 presents the percentage of currently married women aged 15-49 in Mizoram who are knowledgeable about any modern contraceptive methods as well as any traditional contraceptive methods. The data suggests a consistently high level of awareness of any modern contraceptive methods among currently married women

aged 15-49 in Mizoram. Fluctuations were observed in awareness of any traditional contraceptive methods across the survey rounds but showed an overall increasing trend in the latest round of the survey. Overall, there has been an increase in awareness of both modern and traditional contraceptive methods, with the latest data indicating high levels of awareness for both categories.

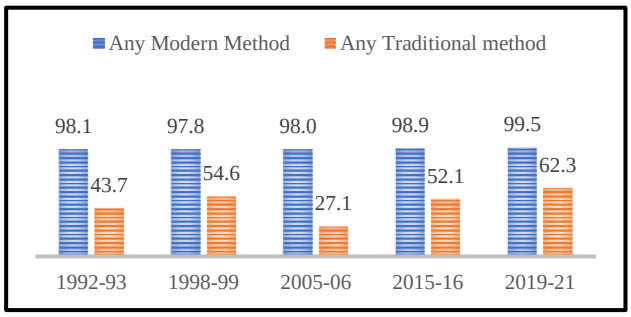

Figure 2: Percentage of currently-married women aged 15-49 in Mizoram, who knows any modern and traditional contraceptive methods.
Source: National family health survey, 1992-93 to 2019-21.

Figure 3 provides the percentage of currently married women aged 15-49 in Mizoram who are aware of specific modern contraceptive methods across different survey rounds. The data suggests a general trend of increasing awareness of modern contraceptive methods among currently married women aged 15-49 in Mizoram, with variations in the awareness levels of specific methods over time.

Pills

Oral contraceptive pills, commonly known as "pills," demonstrate high awareness among currently married women in Mizoram. The awareness of the pill increased steadily over the years, from 70.1 per cent in 1992-93 to 94.5 per cent in 2019-21. The pill's convenience and effectiveness make it a popular choice for contraception, contributing to its widespread recognition.

IUD

There is a relatively high level of awareness of IUD among currently married women in Mizoram. IUD awareness remained relatively high, fluctuating from 76.2 per cent in 1992-93 to 85.5 per cent in 2019-21. IUDs demonstrate a substantial level of awareness among currently married women in Mizoram.

Condom

Awareness of condoms showed a significant increase from 61 per cent in 1992-93 to 97.9 per cent in 2019-21. Based on 2019-21 data, condoms have emerged as the most known modern contraceptive method in Mizoram. Condoms are widely recognised and promoted for their dual benefits of preventing pregnancy and sexually transmitted infections (STIs). They are readily available and relatively easy to use, contributing to their widespread awareness.

Female sterilisation

Female sterilisation, a permanent contraceptive method, shows a substantial level of awareness among currently married women in Mizoram. Knowledge of female sterilisation was consistently high, with a slight decline from 98% in 1992-93 to 89.6% in 2019-21. Female sterilisation's long-term efficacy and availability likely contribute to its relatively high awareness.

Male sterilisation

Male sterilisation emerges as the least known modern contraceptive method among currently married women in Mizoram. Awareness of male sterilisation fluctuated over the years, with a notable decline from 71.3% in 1992-93 to 42.7% in 2019-21. This method involves surgical sterilisation of the male reproductive organs and may be less known due to cultural factors and misconceptions surrounding male sterilisation.

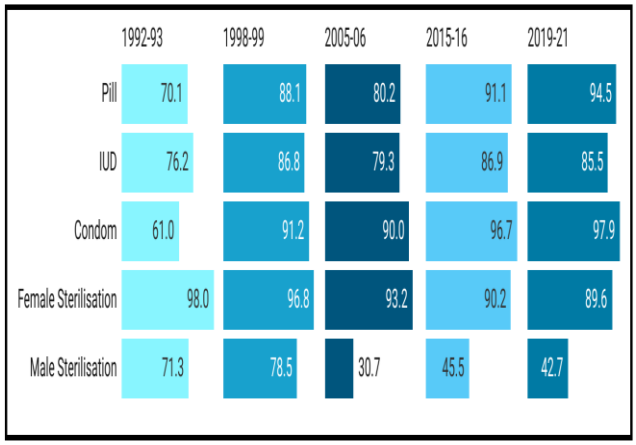

Figure 3: Percentage of currently-married women aged 15-49 in Mizoram, who knows any modern contraceptive methods by specific names.
Source: National family health survey, 1992-93 to 2019-21.

Figure 4 presents the percentage of currently married women aged 15-49 in Mizoram who are aware of specific traditional contraceptive methods, namely Rhythm/safe and withdrawal methods, across different survey rounds.

Rhythm/safe method

In 1992-93, 36.2 per cent of currently married women were aware of the rhythm/safe method as a traditional contraceptive method. Awareness increased to 52.2% in 1998-99 but declined to 17.2% in 2005-06. There was a slight increase to 25.7% in 2015-16 before decreasing again to 16.9% in 2019-21.

Withdrawal method

Awareness of the withdrawal method as a traditional contraceptive method was 30.7% in 1992-93. This awareness increased to 40.1% in 1998-99, declined to 22.1% in 2005-06, and substantially increased to 48.6% in 2015-16. In the most recent survey period (2019-21), awareness of the withdrawal method increased to 61.3%.

Most women in Mizoram are unfamiliar with traditional methods of contraception. The data indicates fluctuations in awareness levels of both traditional contraceptive methods over the years. Awareness of the rhythm/safe method shows inconsistency, with a decline observed in the recent survey round. Conversely, awareness of the withdrawal method shows a notable increase, with a significant rise observed in the most recent survey round.

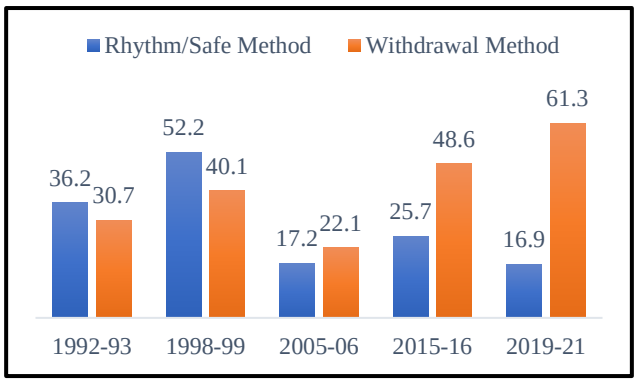

Figure 4: Percentage of currently-married women aged 15-49 in Mizoram, who knows any traditional contraceptive methods by specific names.
Source: National family health survey, 1992-93 to 2019-21.

Current use of contraceptives in Mizoram

Table 1 provides data on the percentage of currently married women aged 15-49 in Mizoram and the types of contraceptives used either by them or their husbands across different survey rounds. There has been a notable decrease in contraceptive use among currently married women aged 15-49 in Mizoram over the survey rounds, with both modern and traditional contraceptive methods showing a declining trend.

Overall contraceptive use

The percentage of currently married women aged 14-49 using any type of contraceptive methods has fluctuated over the years, with a peak of 59.9% in 2005-06 and a decline to 31.2% in 2019-21.

Modern contraceptive methods

The prevalence of modern contraceptive methods among currently married women aged 15-49 has followed a similar trend, reaching a high of 59.6% in 2005-06 and decreasing to 30.8% in 2019-21. Among modern methods, the pill, intrauterine device (IUD), and condom usage have shown varying levels, with slight declines observed in recent survey rounds. Female sterilisation has been the most prevalent modern contraceptive method, but its usage has decreased significantly over the years, from 42.9% in 2005-06 to 13.0% in 2019-21. Male sterilisation has not been reported since the third round of the survey.

Traditional contraceptive methods

Usage of traditional contraceptive methods, such as the rhythm/safe method and withdrawal method, has been minimal, with only 0.4% reporting any traditional method usage in 2019-21.

Inter-district variations in the current use of contraceptives

Table 2 provides data on the percentage of currently married women aged 15-49 in various districts of Mizoram who are using various types of contraceptive methods for the year 2015-16 and 2019-21. The data reveals variations in contraceptive usage among currently married women aged 15-49 across different districts of Mizoram.

Aizawl district

The district of Aizawl recorded the most disappointing improvement. In 2015-16, Aizawl district had the highest prevalence of contraceptive usage among currently married women aged 15-49, but this decreased substantially to the lowest level among all districts in Mizoram by 2019-21. Specifically, there was a notable decrease in the usage of any modern contraceptive methods, female sterilisation, and any modern spacing methods in the Aizawl district during this period.

Champhai district

The most considerable improvements in contraceptive prevalence have been recorded in the Champhai district. In 2015-16, the district had a relatively moderate prevalence of contraceptive usage, which surged to the highest level among all districts by 2019-21. Specifically, there was a notable rise in the usage of any modern contraceptive methods, female sterilisation, and any modern spacing methods in the Champhai district during this period.

Kolasib district

In Kolasib district, contraceptive usage among currently married women aged 15-49 was 33.8% in 2015-16 and slightly increased to 38.1% by 2019-21.

Lawngtlai district

Lawngtlai district witnessed a modest increase in contraceptive usage among currently married women aged 15-49 from 2015-16 to 2019-21. Although the overall prevalence of contraceptive usage slightly rose during this

period, the district exhibited the lowest percentage of any modern spacing method in 2019-21.

Lunglei district

Contraceptive usage among currently married women aged 15-49 in Lunglei district was 29.0% in 2015-16, which increased to 33.0% by 2019-21.

Mamit district

In Mamit district, contraceptive usage among currently married women aged 15-49 was 34.5% in 2015-16 and slightly increased to 41.6% by 2019-21.

Saiha district

Saiha district experienced a decline in contraceptive usage among currently married women aged 15-49 from 2015-16 to 2019-21. Despite having the lowest prevalence of any modern contraceptive method usage in 2015-16, the district showed the highest percentage of female sterilisation during the same period. In 2019-21, Saiha exhibited the highest percentage of currently married women aged 15-49 using a traditional contraceptive method.

Serchhip district

In Serchhip district, contraceptive usage among the currently married women aged 15-49 was 40.9% in both 2015-16 and 2019-21.

Socio-economic variations in the current use of contraceptives

Table 3 presents the percentage of currently married women aged 15-49 in Mizoram who are using any contraceptive methods categorised by selected background characteristics across various survey years.

Place of residence

Contraceptive use is heavily influenced by where a person lives. In both rural and urban areas, there was a decline in contraceptive usage from 1992-93 to 2019-21. However, rural areas consistently had lower contraceptive prevalence than urban areas across all survey rounds.

Age

Contraceptive usage varied across different age groups. In 2019-21, the highest contraceptive prevalence was among women aged 30-39, followed by those aged 25-29 and 20-24. Women aged 15-19 showed the lowest prevalence. The data shows that women utilise contraception less frequently when they are young. They are more likely to use contraception as they get older. As women age, they become more familiar with the various methods of contraception.

Years of schooling

Years of schooling play an essential and significant role in using contraception. There is a noticeable trend of increasing contraceptive usage with higher levels of education. Women with no schooling or less than five years of schooling showed lower contraceptive prevalence compared to women with more years of schooling. This may be because respondents with longer years of schooling were aware of family planning methods and felt competent to use them.

Religion

Contraceptive usage differs among religious groups. In 2019-21, Christians exhibited higher contraceptive prevalence compared to Hindus and Buddhists.

Caste

Caste is also associated with the current use of contraception, although not as strong as other indicators. Scheduled Tribe (ST) women showed higher contraceptive prevalence compared to scheduled caste and other backward classes women in 2019-21.

Number of living children

The number of living children and the current use of contraception have a curved relationship. The contraceptive prevalence rate is lowest among women who have no children. Contraceptive usage generally increased with the number of living children, with the highest prevalence among women with four or more children in 2019-21. This is perhaps due to women having more children closer to reaching their ideal family size.

Unmet needs for family planning in Mizoram

Figure 5 provides the percentage of unmet needs for contraception among currently married women in Mizoram, categorised into unmet needs for spacing, unmet needs for limiting, and total unmet needs across the different survey rounds.

Unmet need for spacing

This represents the percentage of currently married women who desire to postpone their next birth for two or more years but are not using any contraceptive methods. The unmet need for spacing has remained relatively stable over the years, ranging from 9.2% in 1992-93 to 12.8% in 2019-21.

Unmet need for limiting

This indicates the percentage of currently married women who wish to cease childbearing altogether but are not using any contraceptive method. There has been some fluctuation in the unmet need for limiting, with the highest

percentage recorded in 2015-16 at 7.5% and the lowest in 1992-93 at 2.7%.

Total unmet needs

This is the sum of the unmet need for spacing and the unmet need for limiting, providing an overall percentage of currently married women with unmet contraception needs. The total unmet needs, including spacing and limiting, ranged from 12.5% in 1992-93 to 18.9% in 2019-21.

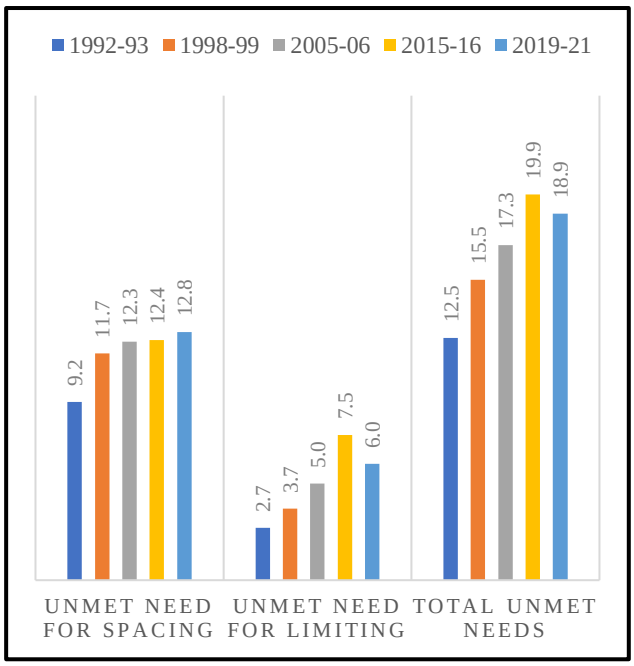

Figure 5: Percentage of unmet need for contraception among currently-married women aged 15-49 in Mizoram.

Source: National family health survey, 1992-93 to 2019-21.

Figure 6 presents the percentage of currently married women aged 15-49 having an unmet need for family planning in districts of Mizoram for the survey years 2015-16 and 2019-21.

In 2015-16, the Aizawl district had the highest percentage of currently married women with unmet needs for family planning at 18.5%, while Champhai had the lowest at 24%. However, there has been a notable decrease in unmet needs in the Champhai district from 24.3% in 2015-16 to 11.2% in 2019-21, indicating improved access to family planning services or changes in reproductive preferences. Similarly, other districts like Saiha and Lunglei also experienced reductions in unmet needs between the 2015-16 and 2019-21.

Table 4 provides the percentage of unmet needs for family planning among currently married women in Mizoram, categorised by selected background characteristics. There is a notable proportion of currently married women in Mizoram with unmet needs for family planning, indicating potential gaps in access to and usage of contraceptives.

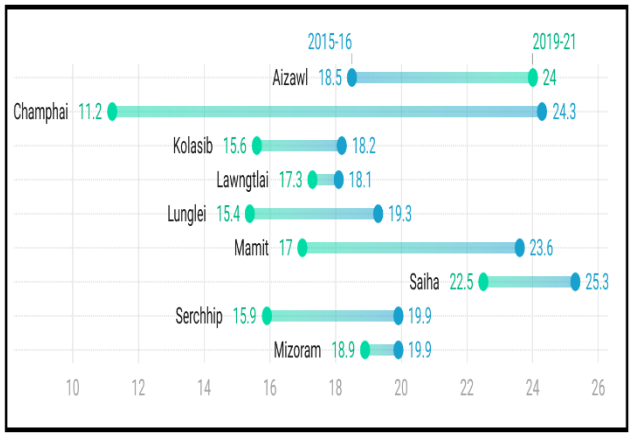

Figure 6: Percentage of currently-married women aged 15-49 in districts of Mizoram with an unmet need for family planning.

Source: National family health survey, 2015-16 to 2019-21.

Age

Unmet needs for family planning varies across different age groups. The highest percentage of unmet needs is observed among women aged 20-24 and 25-29, decreasing gradually with advancing age. Women in the youngest age group (15-19) exhibit a higher percentage of unmet spacing needs than limiting.

Residence

There is a difference in unmet needs between urban and rural areas, with urban areas showing a slightly higher percentage of unmet needs for both spacing and limiting.

Years of schooling

Level of education also influences unmet needs, with women with fewer years of schooling generally exhibiting lower unmet needs compared to those with higher levels of education.

Religion

There are variations in unmet needs among different religious groups, with Christians showing higher percentages of unmet needs compared to Hindus and Buddhists.

Caste

Scheduled tribes have a higher percentage of unmet needs compared to scheduled castes and other backward classes.

Table 1: Percentage of currently-married women aged 15-49 years in Mizoram who are currently using contraceptive methods by types and specific names.

Types of contraceptives	1992-1993	1998-1999	2005-2006	2015-2016	2019-2021
Any method	53.8	57.7	59.9	35.3	31.2
Any modern method	52.9	57.1	59.6	35.3	30.8
Pill	2.5	5.4	10.6	13.2	12.9
IUD	5.1	5.4	4.7	3.3	2.8
Condom	0.7	0.9	1.4	1.3	1.9
Female sterilisation	44.5	45.2	42.9	17.5	13.0
Male sterilisation	0.1	0.1	0.0	0.0	0.0
Any traditional method	0.9	0.7	0.3	0.0	0.4
Rhythm/safe method	0.7	0.7	0.0	0.0	0.0
Withdrawal method	0.2	0.0	0.3	0.0	0.4
All women	906	918	1,054	6,501	4,012

Source: National family health survey, 1992-93 to 2019-21.

Table 2: Percentage of currently-married women aged 15-49 years in the district of Mizoram who are currently by types and specific methods.

Types	Any methods		Any modern methods		Female sterilisation		Any spacing methods		Any traditional methods	
Districts	2015-2016	2019-2021	2015-2016	2019-2021	2015-2016	2019-2021	2015-2016	2019-2021	2015-2016	2019-2021
Aizawl	40.9	21.6	40.9	21.0	20.4	6.9	20.5	14.2	0.0	0.5
Champhai	32.5	50.0	32.4	49.6	12.7	22.5	19.7	27.1	0.2	0.4
Kolasib	33.8	38.1	33.6	37.9	15.3	16.7	18.2	21.2	0.2	0.2
Lawngtlai	27.1	29.7	27.1	29.1	16.0	12.2	11.1	16.8	0.0	0.6
Lunglei	29.0	33.0	29.0	33.0	13.0	18.8	16.0	12.2	0.0	0.0
Mamit	34.5	41.6	34.5	41.3	16.6	17.7	17.9	23.6	0.0	0.3
Saiha	33.9	22.6	33.9	21.7	26.1	7.9	7.9	13.8	0.0	1.0
Serchhip	40.9	40.0	40.8	39.4	16.7	15.6	24.1	23.9	0.0	0.5

Source: national family health survey, 2015-16 to 2019-21. **Note:** Any modern spacing methods include pills, IUD/PPIUD, injectables, male condoms, female condoms, emergency contraception, lactational amenorrhoea method (LAM), and other modern methods

Table 3: Percentage of currently-married women aged 15-49 years in Mizoram, who are currently using any contraceptives by selected background characteristics.

Background characteristics	1992-1993	1998-1999	2005-2006	2015-2016	2019-2021
Place of residence					
Rural	50.5	49.7	54.8	31.5	33.5
Urban	57.1	65.1	64.3	38.5	29.1
Age groups (in years)					
15-19	5.9	15.4	8.4	8.2	13.7
20-24	22.0	25.3	28.2	24.0	21.7
25-29	37.6	43.3	58.2	32.2	29.5
30-39	73.3	74.4	69.5	38.8	33.9
40-49	59.1	79.3	72.5	37.6	31.1
Years of schooling					
No schooling	35.4	35.2	37.8	19.5	27.5
<5 years complete	58.5	58.4	56.7	32.2	28.9
5-9 years complete	49.4	63.9	62.4	40.7	32.4
10-11 years complete	51.5	60.9	64.6	32.2	37.2
12 or more years complete	*	55.7	*	33.4	26.3
Religion					
Hindu	42.1	36.0	61.6	18.4	26.6
Christian	54.1	60.2	60.7	36.8	31.1
Buddhists	16.7	0.0	38.6	21.3	33.4

Continued.

Background characteristics	1992-1993	1998-1999	2005-2006	2015-2016	2019-2021
Caste					
Scheduled tribe (ST)	54.1	58.8	37.2	34.9	30.9
Scheduled caste (SC)	*	25.0	33.3	30.9	42.0
Other backward classes (OBC)	40.0	*	20.0	45.5	21.5
No. of living children					
No child	0.9	4.4	1.5	0.5	6.4
One child	25.2	26.8	33.3	21.3	21.1
Two children	48.9	47.4	62.0	36.3	31.4
Three children	67.0	72.3	76.8	43.8	41.2
Four or more children	74.3	78.8	76.8	43.9	38.3
No. of women	906	918	1,054	6,501	4,012

Source: National family health survey, 1992-93 to 2019-21. **Note**:*****indicates percentage not shown based on fewer than 25 cases.

Table 4: Percentage of unmet needs for family planning among currently-married women aged 15-49 years in Mizoram by selected background characteristics.

Background characteristics	Spacing	Limiting	Total	Number of women
Age groups (In years)				
15-19	19.2	0.0	19.2	48
20-24	29.2	3.0	32.2	253
25-29	19.7	5.8	25.5	660
30-34	14.9	7.7	22.6	817
35-39	13.6	6.6	20.2	848
40-44	6.9	6.8	13.8	773
45-49	1.7	4.1	5.8	612
Place of residence				
Urban	14.2	7.2	21.4	2,124
Rural	11.4	4.7	16.1	1,888
Years of schooling				
No schooling	14.1	3.2	17.3	312
<5 years complete	9.8	6.5	16.3	382
5-9 years complete	11.5	7.0	18.5	1,718
10-11 years complete	14.1	5.5	19.6	720
12 or more years complete	15.2	5.3	20.6	879
Religion				
Hindu	11.6	0.0	11.6	55
Christian	12.8	6.4	19.2	3,609
Buddhists	13.6	3.3	16.9	336
Caste				
Scheduled tribe	13.1	6.2	19.3	3,784
Scheduled caste	12.0	2.3	14.3	132
Other backward classes	3.6	6.9	10.5	64

Source: National family health survey, 2019-21.

DISCUSSION

The results of the present study concern the disparity between awareness and utilisation of contraceptives among currently married women in Mizoram. Despite high awareness levels, the utilisation remains disproportionately low, with modern contraceptive methods being preferred over traditional ones. This trend mirrors findings from previous studies in similar settings.[5] Furthermore, the present study highlights a notable reversal in contraceptive prevalence rates over time. Mizoram fell below the national average by 2015-16 and ranked notably low in NFHS-5 (2019-21). This contrasts with earlier periods where Mizoram demonstrated relatively higher contraceptive prevalence rates compared to the national average. Such temporal trends are consistent with findings reported in studies examining contraceptive use dynamics across different regions.[4]

Additionally, the analysis disaggregated data by district, revealing variations in contraceptive prevalence rates, with the Champhai district recording higher rates than the Aizawl district. Similar variations across districts have been observed in previous studies, indicating the influence of local factors and demographics on contraceptive

practices.[18,19] Socio-economic factors such as places of residence, educational level and parity influenced contraceptive usage in the present study, aligning with findings reported in the literature.[20] However, it is worth noting that the present study also uncovered some unique cultural and religious influences on contraceptive practices among Mizo women, which may not have been extensively explored in previous research.

Significant NGOs in the state often suggest that the Mizo population is relatively negligible compared to other communities, leading some individuals to believe that family planning is more suited to densely populated states. Additionally, there is a prevalent misconception among the Mizo population regarding the concept of family planning, with some assuming it simply means limiting family size to two children. Most of the Mizo people are Christians, and the church generally does not favour family planning programmes, especially permanent methods. Educating people about the advantages of birth spacing for the health of both mothers and children is imperative, emphasising that family planning services can significantly enhance their quality of life.

Limitations

While the study provides valuable insights into contraceptive utilisation patterns among currently married women in Mizoram, it is essential to acknowledge its limitations. While efforts were made to account for socio-economic factors, other contextual variables that could influence contraceptive practices, such as cultural norms and religious beliefs, were not fully explored.

CONCLUSION

The study sheds light on the nuanced dynamics of contraceptive utilisation among currently married women in Mizoram, highlighting a concerning disparity between awareness and actual use. Despite high awareness levels, the prevalence of contraceptive use remains disproportionately low, with modern methods being favoured over traditional ones. The results underscore the need for targeted interventions to address the identified challenges and improve access to the utilisation of contraceptives in the state. By providing updated insights into contraceptive practices in Mizoram and identifying key socio-economic and cultural factors influencing utilisation patterns, the present study contributes to advancing knowledge and understanding of reproductive health and family planning.

Recommendations

The reluctance to use contraceptives, despite adequate knowledge, indicates a significant challenge in translating awareness into action. To raise the contraceptive prevalence rate, it is imperative to educate and counsel community members on the perils of not using contraception. NGOs and churches significantly influence Mizo society. Collaboration with government, NGOs, and Churches can effectively raise contraceptive use.

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