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Informed Choice and Use of Selected Contraceptive Methods in Scheduled Tribes Women in India

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Abstract

Family planning is one of the important public health initiatives implemented to stabilise population growth and reduce infant mortality. Though, since its inception, a greater level of differential among the social group has been observed in the utilization of family planning services. The present study tries to assess the level of informed choice of contraception use among the women from Scheduled tribe in India using the latest round of the National Family Health Survey (NFHS-5) data conducted during 2019-21. Bivariate and logistic regression technique has been used for the data analysis. Results demonstrated the dominance of female sterilization over other contraceptive methods among tribal women. The overall Method Information Index (MII) shows that only 54 per cent of the respondents were provided with the information related to methods they were currently using, and the MII value varied considerably by the background characteristics of the respondents. From a policy point of view, first and foremost, an important factor to improve the Contraceptive Prevalence Rate (CPR) is raising literacy rate among tribal couples. Secondly, constant efforts of health workers should be required to address the unmet need for contraception to ensure quality care to the receivers.

Introduction

India was the first country in the world to introduce official family planning programme in 1952 to control population growth. Since then, persistent efforts have been made to promote use of family planning methods not only to reduce fertility but also to improve maternal and child health. After the 1971 population census, the programme put a heavily focused on the use of permanent methods in the context of reducing fertility and curtailing rapid population growth which was characterised what was known as the target-based approach. This approach resulted in coercion and force in the implementation of the official family planning programme giving a bad name to family planning. In 1995, the target-based approach of implementation of the family planning programme in the country was replaced by the target-free or the community needs assessment-based approach of

implementation. The London Summit, 2012 rejuvenated the global commitment to family planning and set a goal of providing modern contraceptive methods to 120 million women and meeting the unmet need in 69 of the poorest countries by 2020 (Brown et al, 2014). In this context, India committed to providing modern contraceptive methods to 48 million additional women by 2020 and ensuring the quality of family planning services (Government of India, 2014). However, the vision FP2030 report of the Government of India acknowledged that the country could add up only about 24 million women during the period of 2012-2020 (Government of India, 2022a). The Government of India now aims at access to high quality comprehensive family planning services for all people of reproductive age group including those from marginalised groups by ensuring equitable, affordable, and appropriate choices and information till the last mile through improved health systems and community engagement within the framework of universal health coverage (Government of India, 2024).

The use of modern contraceptive methods in India remains low by international standards. According to the latest round of the National Family Health Survey (2019-2022), only 56 per cent currently married women of reproductive age or their husband were using a modern contraceptive method in the country and there is substantial within-country inequality in the use of modern contraceptive methods. For example, only 55 per cent currently married Scheduled Tribes women of reproductive age or their husband were using a family planning method compared to 57 per cent of currently married Scheduled Castes women of reproductive age or their husband. Among Other Backward Classes and Other Castes, more than 56 per cent currently married women of reproductive age or their husband were using a modern contraceptive method (Government of India, 2022b). In the rural areas of the country the prevalence of modern contraceptive methods in Scheduled Tribes population is even lower. In this context, the present study focuses on the concept of informed choice as measured through the Method Information Index (MII) and its correlates among Scheduled Tribes women in India. The Method Information Index (MII) is a measure used to assess the quality of information provided to women about family planning methods. It reflects whether women were informed about other methods, potential side effects, and what to do if they experienced side effects. One key reason for the low use of modern contraceptive methods in India, particularly among tribal women, may be the lack of informed choice regarding these methods.

There are many studies that have raised concerns about the quality of family planning services in India and have argued that there is scope for improving the quality of family planning services in the country (Mavlankar and Sharma, 1999; Srinivasan, 2006). There is also strong evidence to suggest that despite the progress in improving access to healthcare services and increase in the social and economic status of the people, gender and regional inequalities in the use of modern contraceptive methods continue to persist (Balarajan, 2011; Baru et al, 2010; Mishra et al, 2020: Jungari and Chauhan, 2017). A similar case has been observed for contraception use among women in general (Pradhan, 2019; Chauhan and Prasad, 2021) and Scheduled Tribes in particular (Das, 2022). One component of the quality of family planning services is related to increasing the knowledge and awareness about different contraceptive methods to facilitate the potential contraceptive users to choose the method that suits them the most or the informed choice.

The present paper analyses the use of modern contraceptive methods and the prevalence of informed choice among the currently married Scheduled Tribes women of reproductive age in India. By the informed choice, we mean that the user of a modern contraceptive method is informed, in advance, about the possible side effects of using the method, what to do if there are side effects in using the method and other contraceptive methods available to meet the contraceptive need of the user. India has the second largest tribal population (104 million) in the world, next to China (106 million) (Hall and Patrinos, 2012). Tribal people are those whose social, cultural, and economic conditions are different from the other sections of society and their living is regulated wholly or partly by their own customs or traditions or by special laws or regulations (Anderson et al, 2016). According to the 2011 population census in India, the tribal population accounts for at least 8.6 per cent population of the country.

In this paper, the term "tribal" refers specifically to Scheduled Tribes as recognised in the Constitution of India. Scheduled Tribes are socio-economically the most deprived social group in India, characterised by low level of literacy and poor economic and living conditions (Prusty, 2014). They have limited access to healthcare and education. Tribal women have unique needs and obstacles to family planning services including cultural barriers. Understanding the cultural barriers to contraceptive use is crucial for designing effective interventions. By examining the use of modern contraceptive methods and informed choice among tribal women, the study contributes to improving family planning services for marginalized populations in India.

The paper is restricted to the use of modern contraceptive methods only because the traditional contraceptive use methods are not supported under the official family planning programme of the country. Although, use of contraceptive methods is a personal matter, yet and it is not easy to break social and cultural barriers when it comes to the use of modern contraceptive method among the tribal communities (Das et al, 2015). There are only a few studies that have focussed on the use of modern contraceptive methods by tribal women (Ladusingh et al, 2006). The present paper attempts to fill up this gap in the knowledge. It examines levels and differentials in the use of modern contraceptive methods by tribal women in India and examines levels and differentials in information that users of different methods received including potential side effects, information about what to do in case of side effects, and knowledge about alternative methods available.

Data and Methods

The data for the present study have been extracted from the fifth round of the National Family Health Survey (NFHS-5) conducted during 2019-21. The current research is based on currently married women who started using any modern contraceptive method (pill, IUD, injectable or sterilisation) during the last five years from the date of the survey. The study is restricted to the last three years to reduce the effect of recall lapses and learnings over the period. NFHS is the nationally representative household survey that provides a wealth of information on fertility, mortality, sexual and reproductive health, and a wide range of monitoring and impact evaluation indicators in the areas of population and health at state and district levels.

The NFHS-5 was organised under the stewardship of the Government of India, Ministry of Health and Family Welfare and was conducted by the International Institute for Population Sciences, Mumbai as the nodal agency for the survey. The methodology of the survey has been discussed elsewhere (Government of India, 2022b). The data, during the survey, were collected from a statistically representative sample of households selected using a stratified, two-stage cluster sampling design. The village and municipal ward list of the 2011 population census served as the sampling frame for the selection of the primary sampling units in the rural and urban areas of the country using the probability proportional to size sampling procedure. In the second stage of sample selection, 22 households were selected through the systematic sampling procedure in every selected rural and urban cluster or primary sampling unit. The response rate in the survey was 98 per cent for the households, 97 per cent for the currently married women of reproductive age, and 92 per cent for men.

Informed choice of the modern contraceptive methods is the main outcome variable of the present study. The women were asked during the survey that, when they started using the contraceptive method, whether they were informed about the side-effects of the method, what to do if they experienced these side effects, and what were other contraceptive methods that they could have used. In addition, women who opted for sterilisation were also asked whether they were informed before sterilisation that sterilisation was a permanent method of contraception and could not be reversed. Although, these questions do not cover all features of contraceptives related knowledge transfer from service providers to the users of contraceptive methods, yet they do capture some significant features. Based on these questions, the method information index (MII) was constructed for specific contraceptive methods that the women were using at the time of the survey.

On the other hand, the independent variables used in the present analysis include the current age of women (15-24, 24-34 and 34-49 years), place of residence (urban or rural), level of education of women (no education, primary, secondary, and above secondary), religion (Hindu, Muslim and others), wealth quintile (poorest, poor, middle, rich and richest), exposure to media (yes and no), exposed to family planning messages (no and yes), and the total number of members in the household (<6, and 6 and more). The analysis has not included the source of the method as an independent variable in the analysis for the oral contraceptive pill because a substantial proportion of pill users have been found to have obtained their last supply from a commercial outlet in which case there was little scope for counselling. Moreover, the survey did not collect information about the initial supply for oral contraceptive pill to the user.

Bivariate and multivariate statistical techniques have been used for data analysis. The bivariate analysis was confined to the cross tabulation of the response of the women surveyed by their individual characteristics. On the other hand, multivariate logistic regression was carried out to estimate the adjusted effects of the independent variables on method information index (MII) for specific methods - female sterilisation, oral contraceptive pill and IUD/PPIUD as well as method information index of all the three methods combined. The state sample weight has been used in the analysis. The analysis was carried out using the STATA version 14 software.

Results

The prevalence of female sterilization, oral pill and IUD/PPIUD among the currently married Scheduled Tribes women of reproductive age who started using the method sometimes during the five years preceding the survey is presented in Table 1. The female sterilisation is found to be the most preferred of the three contraceptive methods. The prevalence of all the three methods has been found to vary by the individual characteristics of the women. For instance, the prevalence of female sterilisation is found to be higher in women aged 25-34 years but the prevalence of IUD/PPIUD is found to be higher in women aged 15-24 years. The urban-rural difference in the prevalence of the three contraceptive methods has not been found to be large but education of the woman has a definite impact on the use of the three methods. The prevalence of sterilisation is found to be higher in women with no formal education and in women having primary level education but the prevalence of IUD/PPIUD is found to be higher among women with at least secondary level education. Similarly, the prevalence of IUD/PPIUD is found to be higher in women belonging to higher wealth quintiles group whereas prevalence of sterilisation is found to be higher in women belonging to lower wealth quintiles groups. The prevalence of IUD/PPIUD is also found to be higher in women having exposure to mass media as compared to women having no exposure to mass media.

Table 2 presents the distribution of women using female sterilisation by the information they received at the time of sterilisation and the method information index (MII) by their background characteristics. It may be seen from the table that the MII varies by the place of residence, by the exposure to the mass media and by the exposure to family planning messages. The prevalence of sterilisation was higher in women exposed to family planning messages relative to women who were not exposed to family planning messages.

Table 2, 3 and 4 gives the method information index respectively for sterilisation, oral pill and IUD/PPIUD by the background characteristics of Scheduled Tribes women using the three methods. In case of the method information index of sterilisation, the variation across different characteristics of the users is not vary large except in case of exposure to mass media and exposure to family planning messages. Women having exposure to mass media or to family planning messages have been found to have higher method information index compared to women not having exposure to mass media and to family planning messages.

In case of oral pill users, on the other hand, there is a gap in the method information index (MII) by the source of obtaining oral pills. Those Scheduled Tribes women who obtained oral pills from public health facilities have higher method information index (64 per cent) compared to those who obtained oral pills from a private source (48 per cent). Similarly, the level of education has a direct effect on the method information index – the higher the level of education, the higher the index. The same is the case with the wealth quintiles. The method information index has also been found to be higher in Scheduled Tribes women following the Hindu religion as compared to Scheduled Tribes women following the Muslim religion. The method information index has been found to be higher in women exposed to family planning messages as compared to women who were not exposed to family planning messages.

Table 1: Prevalence (Per cent) of female sterilisation, oral pill and IUD/PPIUD) among currently married Scheduled Tribes women of reproductive age who started using the method sometimes during the five years before NFHS-5, India.

Background characteristics of Scheduled Tribes women	Female sterilisation	Oral pill	IUD/PPIUD	N
Age				
15-24	18.7	13.3	7.9	3445
25-34	42.2	12.6	6.1	7131
35-49	37.5	14.5	5.4	1982
Place of residence				
Urban	33.3	10.6	7.4	1603
Rural	35.2	13.4	6.4	10954
Education				
No education	41.5	12.9	4.2	3948
Primary	41.3	13.3	5.7	1884
Secondary	30.7	13.8	7.9	5845
Above secondary	21.0	8.6	8.8	880
Religion				
Hindu	37.6	12.0	5.9	10910
Muslim	24.1	17.8	6.5	270
Others	16.5	20.9	11.5	1377
Wealth quintiles				
Poorest	34.5	14.6	5.7	5939
Poor	35.9	12.9	7.2	3101
Middle	38.2	10.4	7.3	1798
Rich	34.1	11.7	6.4	1084
Richest	27.8	9.6	8.8	636
Exposure to media				
No	36.4	13.4	5.3	4551
Yes	34.2	12.9	7.1	8006
Exposure to family planning messages				
No	37.5	13.1	5.8	5778
Yes	32.9	13.1	7.1	6779
Number of family members				
Less than 6	31.4	15.4	6.9	6849
6 and more	39.3	10.3	6.0	5708
Total	35.0	13.1	6.5	12557

Source: Authors.
Note: Weighted estimates. Numbers may not be the same because of missing values.

Table 2: Method Information Index (MII) for sterilised Scheduled Tribes women.

Background characteristics	Informed about side effects	Informed about what to do if there are side effects	Informed about other methods	Method Information Index	N
Source of method use					
Public	62.9	56.2	66.2	50.6	4015
Private	62.6	56.7	65.2	49.8	423
Others	30.1	23.9	25.2	23.9	14
Age					
15-24	59.4	51.3	63.5	45.5	659
24-34	63.7	57.7	66.9	51.9	3037
35-49	60.0	52.8	63.0	47.6	775
Place of residence					
Urban	66.5	59.3	67.1	52.9	548
Rural	61.9	55.4	65.5	49.9	3923
Education					
No education	62.5	55.0	64.8	50.0	1673
Primary	61.2	56.8	66.1	51.1	793
Secondary	63.2	56.5	65.7	49.8	1819
Above secondary	59.6	54.1	72.3	52.6	186
Religion					
Hindu	62.4	55.9	65.6	50.1	4173
Muslim	67.7	63.0	68.8	59.7	67
Others	62.3	53.7	67.0	49.4	232
Wealth quintile					
Poorest	61.0	55.0	64.6	49.1	2094
Poor	62.6	55.3	64.8	50.0	1129
Middle	64.8	57.1	69.4	52.5	696
Rich	63.6	56.9	66.4	50.8	376
Richest	67.5	62.3	68.3	55.0	177
Exposure to mass media					
No	60.3	53.7	62.5	47.5	1696
Yes	63.8	57.2	67.7	51.9	2776
Exposure to family planning messages					
No	57.3	50.8	60.2	44.4	2211
Any exposed	67.5	60.8	71.1	56.0	2260
Number of family member					
Less than 6	62.8	56.8	65.5	50.8	2203
6 and more	62.1	55.0	65.9	49.7	2268
Total	62.4	55.9	65.7	50.2	4471

Source: Authors

Note: Percentages and numbers are weighted. Numbers in different categories may not be the same because of missing values.

Table 3: Method Information Index (MII) for Scheduled Tribes women using oral pill.

Background characteristics	Informed about side effects	Informed about what to do if there are side effects	Informed about other methods that can be used	Method Information Index	N
Source of method use					
Public	73.0	65.5	84.9	63.9	997
Private	59.1	50.3	69.1	48.5	535
Age					
15-24	67.1	58.2	77.8	56.3	472
24-34	67.5	60.1	79.0	58.6	908
35-49	64.6	55.1	73.6	52.5	289
Place of residence					
Urban	64.4	53.1	73.0	51.6	174
Rural	67.2	59.4	78.3	57.5	1495
Education					
No education	67.4	57.8	80.2	55.4	517
Primary	62.2	53.2	70.9	49.9	254
Secondary	67.1	60.1	78.2	59.1	820
Above secondary	76.1	68.0	79.3	65.4	78
Religion					
Hindu	68.6	61.2	79.7	59.4	1326
Muslim	58.6	40.9	74.3	39.8	51
Others	60.4	50.5	69.6	48.2	292
Wealth quintile					
Poorest	65.0	56.9	77.9	54.8	880
Poor	69.3	60.8	77.4	59.0	405
Middle	66.8	59.6	76.4	57.8	194
Rich	68.0	60.8	76.6	59.9	128
Richest	75.1	63.9	84.1	63.5	61
Exposure to mass media					
No	61.8	54.8	76.8	52.1	621
Yes	69.9	61.0	78.3	59.7	1047
Exposure to family planning message					
No	60.3	51.9	73.8	49.6	764
Yes	72.4	64.5	81.1	63.1	904
Number of family member					
Less than 6	65.8	57.6	77.3	55.9	1071
6 and more	68.7	60.8	78.5	58.7	598
Total	66.9	58.7	77.8	56.9	1669

Source: Authors

Note: Percentages and numbers are weighted. Numbers in different categories may not be the same because of missing values.

Table 4: Method Information Index (MII) for Scheduled Tribes women using IUD/PPIUD.

Background characteristics	Informed about side effects	Informed about what to do if there are side effects	Informed about other methods that can be used	Method Information Index	N
Source of method use					
Public	76.5	69.2	79.4	63.5	751
Private	78.5	71.3	78.4	64.7	67
Others	76.7	76.7	88.6	76.7	1
Age					
15-24	77.6	69.8	78.4	61.2	274
24-34	76.3	70.0	79.9	65.2	435
35-49	75.9	66.0	79.9	63.4	110
Place of residence					
Urban	82.7	72.8	86.6	69.8	120
Rural	75.6	68.8	78.1	62.5	699
Education					
No education	76.1	67.3	80.2	63.1	168
Primary	75.0	63.4	77.8	56.1	109
Secondary	76.3	71.0	78.3	64.9	465
Above secondary	82.3	72.7	86.5	67.3	77
Religion					
Hindu	77.9	71.8	81.0	65.8	642
Muslim	77.6	72.6	88.0	70.7	17
Others	71.4	59.2	71.9	54.1	160
Wealth quintile					
Poorest	75.1	67.3	74.6	61.0	339
Poor	79.6	72.0	83.0	65.6	223
Middle	72.3	66.4	82.8	60.9	132
Rich	77.4	74.2	84.2	73.6	69
Richest	83.2	72.6	79.5	65.1	56
Exposure to mass media					
No	70.6	62.1	72.2	54.9	245
Yes	79.2	72.5	82.4	67.3	574
Exposure to family planning message					
No	73.7	65.5	74.1	58.5	339
Yes	78.7	72.1	83.1	67.2	480
Number of family member					
Less than 6	79.2	72.7	81.1	67.6	476
6 and more	73.1	64.8	76.9	58.0	343
Total	76.7	69.4	79.4	63.6	819

Source: Authors

Note: Percentages and numbers are weighted. Numbers in different categories may not be the same because of missing values.

Table 5: Results of the logistic regression analysis.

Background characteristics	MII	N	Odds ratio	CI
Source of method use				
Public®	54.8	5916		
Private	50.9	1066	0.710***	[0.590,0.856]
Others	39.1	152	0.415***	[0.269,0.638]
Method using				
Female sterilization®	50.2	4471		
Oral contraceptive pill	56.9	1669	1.597***	[1.375,1.855]
IUD	63.6	819	1.803***	[1.499,2.169]
Age				
15-24®	52.0	1477		
25-34	55.1	4484	1.245**	[1.069,1.450]
35-49	50.6	1196	1.069	[0.875,1.307]
Place of residence				
Urban®	55.0	863		
Rural	53.5	6293	1.046	[0.809,1.353]
Education				
No education®	52.3	2410		
Primary	51.7	1181	0.878	[0.742,1.040]
Secondary	54.9	3206	0.89	[0.771,1.027]
Above secondary	59.3	359	0.94	[0.665,1.327]
Religion				
Hindu®	54.1	6292		
Muslim	55.4	150	0.873	[0.614,1.241]
Others	49.7	715	0.748***	[0.641,0.872]
Wealth quintile				
Poorest®	51.9	3401		
Poor	54.4	1808	0.99	[0.859,1.141]
Middle	55.3	1052	1.016	[0.844,1.222]
Rich	56.0	595	1.074	[0.826,1.395]
Richest	59.6	301	1.216	[0.759,1.949]
Media exposure				
No®	49.6	2625		
Yes	56.1	4532	1.064	[0.924,1.226]
Exposed to family planning message				
No®	47.2	3392		
Any exposed	59.6	3765	1.619***	[1.424,1.841]
Number of family members				
Less than 6®	54.6	3851		
6 and more	52.6	3306	0.97	[0.864,1.085]
Total	53.7	7157		

Note- ® Reference ; Level of significant: * $p<0.05$, ** $p<0.01$, ***$p<0.001$

Source: Authors

The variation in the method information index of IUD/PPIUD with the background characteristics of women is found to be different from the variation in the index of sterilisation and oral pills as may be seen from table 4. The Scheduled Tribes women living in the urban areas have higher method information index as compared to women living in the rural areas. However, the method information index of IUD/PPIUD also increases with the increase in the level of education of the women as well as with the increase in the wealth quintiles. On the other hand, the method information index of IUD/PPIUD is found to be higher in Scheduled Tribes women following the Muslim religion as compared to Scheduled Tribes women following the Hindu religion. The method information index of IUD/PPIUD is also found to be higher in women who were exposed to family planning messages as compared to women who were not exposed to family planning messages. Similarly, women having exposure to mass media have been found to having higher method information index compared to women not having exposure to mass media.

Results of the bivariate logistic regression analysis are presented in table 5. The dependent variable is a dichotomous variables which is give a value '1' if the women received information about the side effects of the method, management of side effects, alternative family planning methods available and '0' otherwise. Results indicate that the probability of getting the required information about the method used was significantly lower in private sector users compared to public sector users (OR=0.710, $p<0.001$). Similarly, the odds of receiving method information are found to be significantly higher in case oral pill (OR=1.597, $p<0.001$) and IUD/PPIUD (OR=1.803, $p<0.001$) compared to sterilisation. Women aged 25-34 years are found to be more likely to receive method information as compared to women aged below 25 years. Women having exposure to family planning messages have also been found to be having higher probability of receiving method information as compared to women who were not exposed to family planning messages.

Discussions and conclusions

The present study shows the dominance of female sterilization over the other contraceptive methods among the Scheduled Tribes women in India. Social vulnerabilities such as lower education, wealth and high fertility preferences are some of the reasons of lower prevalence of modern spacing contraceptives methods among Scheduled Tribes women in India. The present study finds that prevalence of sterilization is higher among the uneducated or less educated Scheduled Tribes women and the prevalence of female sterilisation decreases with the increase in education and improvement in living conditions as reflected by the wealth index. One reason for the relatively high prevalence of female sterilisation is that female sterilisation has actively been promoted under the official family planning programme to fulfil family planning targets as the sterilization requires only one-time motivation whereas the motivation for the use of modern spacing methods requires continuous efforts. As Scheduled Tribes women have less opportunity of receiving information related to different spacing methods of contraception and, therefore, sterilisation becomes the method of choice (Oliveira et al, 2014). The living status of Scheduled Tribes population is also generally lower than that of other social classes in the

population and, therefore, the compensatory benefits associated with sterilisation is also an important reason for adopting sterilisation (Pandey, 2002).

This study has also analysed the method specific information provided to the users of female sterilization, oral pills and IUD/PPIUCD regarding the side effects of the method, management of side effects and information about other methods that may be used in lieu of the method being used in terms of the method information index. The study finds that the method information index is generally low in Scheduled Tribes women and the index varies considerably by socio-economic and demographic characteristics of the respondents. The method information index value is found to be relatively higher among IUD/PPIUD users, but low among users of female sterilisation. An important factor that regulates the advice to be given to the users is the socio-economic status of the users as it has been reported that even public health workers are very selective in providing treatment and advice to the richer section of the society (Singh et al, 2012). In the present study also, the method information index is found to be the lowest among the users who belong to the lowest wealth quintiles group.

The present study also reveals that the method information index is higher when the source of the method being used is the public sector than when it is private sector. Similar findings have been obtained in an earlier study (Pradhan et al, 2020). The Scheduled Tribes mostly prefer the public health system and Scheduled Tribes women prefer to go for female sterilisation which results in higher chances of contact with public health workers. On the other hand, one reason of low method information index when the source of method is the private sector is that the source of the method is usually shop or pharmacy, especially in case of spacing methods and the provider in these shops and pharmacies has little or no knowledge about such aspects as side effects of the method and how to manage side effects. Women who prefer to obtain contraceptive methods such as pill from a shop or a pharmacy, have less chances to come in contact with the health care providers and to receive the method related information. Economic and related opportunity costs also exclude the poor and the uneducated women from valuing modern contraceptive methods (Oliveira et al, 2014).

The socio-demographic characteristics of the Scheduled Tribes women have also been found to affect the informed choice related to the use of different modern contraceptive methods. Scheduled Tribes population generally lives in the rural areas and are either uneducated or have low level of education. Their quality of life is also relatively poor. These women have limited exposure to mass median and to family planning messages so that they get only limited information about the contraceptive methods they use (Jain, 2017; Pradhan et al, 2020). The limited access to information, however, is a violation of the reproductive rights of women, especially young women and often results in unmet need for contraception, post-use health problems, unintended pregnancies, and induced abortions. It is, therefore, important that efforts are made to provide the information about the side effects of different contraceptive methods, management of the side effects and options of using other contraceptive methods so that Scheduled Tribes women can adopt the contraceptive method based on informed choice. This may include training of health/family planning workers about the reproductive rights and the technical aspects of different contraceptive methods.

The present study highlights the importance of informed choice in promoting the use of modern contraceptive methods among Scheduled Tribes women in India. Facilitating use of modern contraceptive methods among Scheduled Tribes women based on the informed choice is likely to improve the acceptance rate of these methods in Scheduled Tribes women. This is necessary for transiting family planning efforts from the population centric approach to reproductive rights-based approach. Such a transition is also necessary to realise the FP2020 vision of the country.

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