



Study on Influence of Women Status on Contraception Prevalence in EAG States

Mritunjay P. Singh, A. Bharti, K. K. Pandey and R. D. Singh
Department of Statistics, Banaras Hindu University.

ARTICLE INFO

Article history:

Received: 30 July 2016;

Received in revised form:
23 August 2016;

Accepted: 2 September 2016;

Keywords

Women status,
Control over fertility,
EAG states.

ABSTRACT

Social and physical status of a woman is always considered as very important factor for affecting the fertility. And it becomes more important when we talk about developing countries like India. Our study consists of fertility influenced by women status in EAG states of India. In consideration of that study we use the weighted data of EAG states reported in NFHS-III (2005-06). In that perspective we have approximately 54000 sampling units in which approx. 45000 females are considered as not pregnant and not in amenorrhea. For this we take women population in between age group 15-49 years. A multivariate model was fitted for living children for different socio-demographic variables taken as influencing factors. For background characters we consider 8 different variables on basis of socio- demographic status norms. There is significant association in between contraception use to the living children in light of background characters controlling. Within the range of 95% confidence interval the odds ratio for education and living children for those who ever used any contraception is 1.77 (1.71-1.82) and 6.65 (6.39-6.95) respectively. By which we can define a significant association between ever using contraception to education and living children based on women's socio-demographic status. This implies that if the strength of status of women make uplift then fertility condition will be better in population.

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1. Introduction

Population growth is become an important aspect to consider in now a days, many of the countries facing population explosion condition in the world. Some of the countries have such high amount of population growth that they are unable to feed their people properly, the condition becomes more severe when the population growth control programs does not give the significant results and doesn't show proper condition of implementation. Some countries of Asia such as India and other south Asian countries have proper amount of resources but not proper utilization to control the population in such manner that they can properly support and participate in the development of their country.

India is the second most populous country of the world but in case of development it is much far than China the most populous country of the world that condition must arise due to the problem of not proper participation in development in population. In India there are 624 million women at present but the empowerment and work participation is very low to help in support of development, that condition of women participation makes women status low in society and that can be consider an important factor to grow the population in any country in explosive manner such that control methods are not taken under consideration due to worst status of women.

Control over fertility is an important aspect to solution of most of the problems of world, and women status plays an important role in being successful of that kind of efforts because women status is multidimensional in structure to define and the affect and study in any demographic phenomenon discussed by Govindasamy and Malhotra(1996)

pursuing the study of Egypt, which can be defined in terms of several variables.

In study of Cairo Dixon- Muller (1998) shows the extension of some variables defined by Govindasamy and Malhotra that education, occupation status, legal and political rights should be the important aspect of study of fertility conditions in the population such as the educational and occupation level will help to be decisive and aware to the issues related to more births than a proper adjustment level. A women who have legally and politically empowered than have better scenario to see the condition of fertility in the population and have proper authority to deal with it.

According to Kawachi et. al (1999) women status can be described by 4 composite indices as political participation, economic autonomy, earning capacity and employment status and reproductive rights, which are as important determinant for addressing fertility of women as an implementation of study of balk (1994) in study of rural Bangladesh, Also shown that all dimensions of that also play a crucial role in influencing the fertility of women.

In his model of proposing the proximate determinants of fertility Bongaarts (1978) proposed eight variables which must consider most important factors to affect the fertility. In which 4 factors were considered as most important factor to influence fertility, one of them was contraception use by the female by which she could be able to control the fertility in such manner as her wish and also make space between the children to take care of her health. In developing countries like India and other south Asian countries contraception use and fertility is associated with several socioeconomic variables.

Tele:

E-mail address: amritunjay.singh@gmail.com

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Sather et al (1988) found in examination of the study of fertility influenced by women status termed through education, labor force participation and age at marriage in Pakistan, education level of women is most important factor in support of decrease fertility. In estimation method of similar study United Nations in (1993) found that this education effect is highly observable for the secondary and higher level of education, Chaturvedi et al (1998) shows that in India, mother's education give significantly large impact of decrease the fertility, and mother occupation have significantly high association with the living children.

In study of rural Bangladesh in 1994 Hashemi and Schuler found that control over important decisions regarding own self and own families are mostly attainable to the women who has economically more empowered shows positive association with contraception use. Shapiro and Tambashe (1994) founded that women employment have strong association with contraception use in Zaire.

Discussion for using family planning method education, skilled job and empowered status must play important role in family planning and contraception use to approach to the path of replacement level in population as the study based on contraception use in study of Bangladesh and other Muslim countries where unemployed and illiterate women show less level of acceptance of contraception use as per Kabir et al and Saleem and Bobak (2005).

In India in 2001 government make a group of states which are defined with the consideration that they have sufficient amount of resources and manpower but they didn't show the proper level of development and consists with low degree of constrain status of development indicators. That group was defined by the name of Empowered action group (EAG) such as steady action needed for this group, in this group eight states consists who had approximately 50% population of India and shows highest level of population growth in India.

Our study is consists of the knowledge about the fertility control and contraception prevalence in regards of EAG states. Since women empowerment status is an important consideration in affecting fertility. And contraception use is a important factor to make study in explicit manner so we must consists with the study to contraception use in consideration of women's basic status variables as education, occupation, and age at marriage, religion, cast, residence and present age but for women's acceptance affection regarding living and died children are considered for some most important aspect in EAG states of India. And that study will go with checking the condition of independency of the variables.

2. Data and Methodology

2.1 Model Specification

As the Bongaarts (1978) shown in his fertility model by proximate determinants there are four factor in defined eight factors such as:-

- (1) Age at marriage
- (2) Use or non use of contraception
- (3) Duration of postpartum infecundability
- (4) Induced abortion

Those are considered as most influencing factors to affect the fertility. Contraception use is considered as the one important aspect to show impact on fertility after given age at marriage. This study concerns about contraception prevalence in the women to get the exposure of fertility in the population based on women status. By which we must define two cases for study for population used to study using contraception currently and other women who ever used any method of

contraception in her reproductive period. On the behalf of that we must evaluate the fertility scenario of population.

The variables which are being used in to specification of model in ordinary regression model, logistic and ANOVA model for the study are as follows:

Outcome variable

Contraception use in population in ever used in model 1 and current use of contraception in model 2 of logistics and ANOVA model:-

And ordinary least square effect to consider the impulse on ever used and current us of contraception to the women status for consideration for significance.

Independent Variables

Maternal age, maternal education, occupation, wealth status, residence, religion and caste, living children, age at first marriage and died children are considered as independent variable for study.

Indian scenario is very different scenario from the world because it contains lot of differences in social status such as region, religion, caste each and every factor gives greater influence on contraception use and fertility, occupation of females also play a crucial role in contraception use. So the consideration of independent variables in model such as:-

Maternal age – 15-19 year, 20-29 year, 30-39year, 40-49year
 Maternal education (no education, primary, secondary and higher education)
 Residence (urban, rural)
 Occupation (no occupation, unskilled worker, skilled worker)
 Religion (Hindu, Muslims, others)
 Caste (schedule caste, schedule tribe, other backward caste, none of the above)

In this paper we study the impact on fertility by contraception prevalence basis of variables selected as independent variables discussed in context of EAG states of India and that variables were being tested on the relevance of dependency and freedom in regards of EAG states of India.

2.2 Source of Data

In this study we use the National Family Health Survey (NFHS- 2005-06) which is highly reliable in Indian context the data is based on 124385 women in between age of 15-49 years which was collected with the collaboration of International Institute of Population Studies (IIPS) and Demographic Health Survey (DHS), Which are the rich source of women and child status data that gives the sufficient no. of information in that category to ensure the reliability of data.

2.3 Methods

Female data file is being used constructed from women respondents in 2005-06 National Family Health Survey using statistical analysis software with using sampling weights. Logistic regression is performed to estimate the odds ratio of variables as the effect of several variable on fertility consideration on ever or current use of contraception. Simple linear regression is used in analysis of contraception effect on living children. In further analysis of independency of the variables we use the ANOVA method to describe it since the chi-square test become tedious and long job to test that for each and every variables. Significance level is being performed over $p < 0.001$, $p < 0.01$, $p < 0.05$ for the levels on contraceptive prevalence.

Logistic model for our wok of study for individual with the covariate x for contraception prevalence of the study is:-

Table 1. Absolute Values of Covariates in given Nfhs-2005-06 Women File Data

All married women(54058)		Married women excluding not pregnant and not in amenorrhea (45799)	
Ever used contraception		Current use any method of contraception	
Never use	30118	not user	27345
Ever use	23941	User	18454
Education		Educational level	
No education	29220	No education	23813
Primary	7217	Primary	6205
Secondary	14835	Secondary	13201
Occupation		Occupation	
not working	30881	not working	25735
Skilled	1591	Skilled	1480
Unskilled	21578	Unskilled	18576
Decision maker for using contraception		Decision making in contraception	
Mainly respondent	1877	Mainly respondent	1835
Mainly husband, partner	1129	Mainly husband, partner	1064
Joint decision	15335	Joint decision	14911
Other	35	Other	32
Respondent age		Respondent age	
15-24	22174	15-24	17805
25-34	16164	25-34	12871
35-49	15721	35-49	15124
Residence		Residence	
Urban	13023	Urban	11711
Rural	41035	Rural	34088
Religion		Religion	
Hindu	45950	Hindu	39092
Muslims	6977	Muslims	5725
Others	1057	Others	920
Caste		Caste	
Scheduled caste	10209	Scheduled caste	8355
Scheduled tribe	5269	Scheduled tribe	4302
Other backward class	25368	Other backward class	21351
None of above	13127	None of above	11717
Died children		Died children	
None	41076	None	34886
1 or more	12983	1 or more	10913
Age At first Marriage		Age At first Marriage	
married in between 1-10	3004	married in between 1-10	2530
married in between 11-20	20326	married in between 11-20	16680
married in between 21-30	364	married in between 21-30	307
married in between 31-40	29	married in between 31-40	24
Living children		Living children	
no children	15794	no children	14692
1 children	6349	1 children	4364
more than one children	31916	more than one children	26744

$$F(x) = \frac{1}{1 + e^{\sum \beta_i x_i}}$$

where i is no of covariates varies from 0,1,2,...,n,

Where x is the covariates variables and F(x) is defined as the prevalence level of contraception to show the effect of ever and current use.

Simple linear regression model is defined as for contraception use is

$F(x) = \alpha_i + \sum \beta_i x_i$ where I is numbers of covariates varies from 0, 1, 2, ..., n

Where x is the covariates variables considered for F(x) is defined for living children to study.

The null hypothesis which is defined to test the independency of variables is

$H_0: \beta_1 = \beta_2 = \beta_3 = \dots = \beta_n = 0$ against

$H_1: \beta_1 \neq \beta_2 \neq \beta_3 \neq \dots \neq \beta_n \neq 0$ where the β_i is the variables considered for the study.

The data is to be defined in such manner

There are 124385 women are investigated in NFHS-2005-06 shown in the variable file to consideration for study. After filtration of this data we get that there should 54058 women are in EAG states who are married to give the chance of ever use of contraception and there are 45799 women who are not pregnant and not in amenorrhea to show the condition of current use of contraception. In table- 1 for different

variables with frequencies for all married women and women who are not pregnant and not in amenorrhea in reference of contraception use the study is being considered.

Now for more we move our next step for results section after discussing methodology in wide sense.

3. Results

After fitting the simple linear regression model we get that the dependent variables which are taken as ever and never use of contraception method to each level considering the reference level having value 0 with explanation of better condition on positive value and negative value shows condition is not better or condition is tending to worst with reference level 0 in the analysis of variables is to be considered for the study for EAG states. In model – 1 for the simple linear regression ordinary least square estimates are defined for the dependent variable of contraception use condition ever in the reproduction span of the women. And model – 2 consists with the study of ordinary least square estimate to considered variables impact on dependent variable current use of contraception by the women.

In model – 1 going with the variables the respondent age as in increase as the contraception prevalence shows the increasing tendency as by the OLS estimate shows with reference level of age between 15- 24 years the increase of approximately 12% and 15% increase for the ages 25- 34 years and 35- 49 year age respectively. For similar conditions

of age groups we find that current use of contraception is showing high tendency to acceptance of the contraception in population as the reference level 25- 34 year and 35- 49 year age groups shows approx. 15% and 20% increase in use of contraception respectively.

Going with the education variables with both the models in contraception use we get that for model -1 that ever using of any method of contraception the relevance is grown high when the education level become high it must be 0.12 and 0.16 values higher for primary and other higher education level, and in model- 2 of current status of contraception use we get that increasing education level 0.08 and 0.11 points for the primary and other higher education level respectively. In occupation status we get that for skilled worker it becomes 0.04 and 0.08 points higher in model – 1 and model- 2 respectively for different contraception using status and it will show very less increase with reference level as 0.002 for ever used contraception method used in model – 1 and increase of 0.019 points for the unskilled workers in model -2 of current use of contraception.

The residential influence should be clearly seen in that OLS estimate table for both the models, that the acceptance of contraception method used in urban areas are much higher than rural areas such as for ever used methods of contraception method it is 0.10 points less than reference level and in status of current use of contraception method it shows 0.09 points less for rural areas than urban areas. Going with the religious condition with reference of highest populous religion of Hindus in EAG states the other religions are not show the proper acceptance of any contraception methods, such as the lowest acceptance shown by Muslims which is the second highest populous religion in EAG states it is lower with 0.16 points with the reference level of Hindus in case of ever used any method of contraception method and 0.09 points lower for current using of contraception method. And for other religions it is approximately 0.13 points less to its respective reference level. Moving to the another important aspect of social structure the caste will play a crucial role to get the proper implementation of contraception prevalence we get that for higher castes such that other backward caste 0.36 and 0.50 points for the ever used and current use of contraception methods respectively and for schedule tribes it go with not much higher but increase to reference level 0.0077 and 0.019 respective to its reference level to their respective models for contraception use.

Women who have any died children in her reproductive span that should give a proper impact on contraception use in that model we can see that if there is any died children then it makes the ever use of contraception use 0.033 points less to its reference level, and in same case the current use of contraception use 0.05 points less to its reference level. And in opposite manner for one or more living children the prevalence of contraception use becomes 0.17 high for one living children and 0.50 points high for more than one living children in case of ever used any method of contraception and in similar way for current using of contraception method it will 0.12 and 0.41 points high with its respective reference level. Age at first marriage will also be the important part in acceptance study of contraception method such as with respect to its reference level of first age at marriage in between 1- 10 year age 11-20 years shows 0.058 and 0.044 high points in ever used and current used method of contraception respectively, now going with 21-30 years we get that the acceptance of contraception use will higher at 0.070 points for

ever used any method of contraception and for current use of contraception in population it is 0.074 points higher than reference level but moving to higher ages we get that the high intention to decline in acceptance level of contraception use that women does not prefer the contraception methods when the married at higher ages such as for age group 31- 40 year age group of age at first marriage shows 0.034 and 0.032 points less to reference level to accepting the any contraception method.

In fitting of logistic regression model we get that the dependent variables which are taken as ever and never use of contraception method to each level considering the reference level having value 1.000 with explanation of better condition on higher odds ratio (more than 1) and lower odds ratio (less than 1) shows condition is not better or condition is tending to worst with reference level 1.000 in the analysis of variables is to be considered for the study for EAG states. In model – 1 for the logistic regression model odds ratio estimates are defined for the dependent variable of contraception use condition ever in the reproduction span of the women. And model – 2 consists with the study of odds ratio estimate to considered variables impact on dependent variable current use of contraception by the women.

Respondent age shows the proper effect to use of contraception such that for case of ever use and current use of contraception method such that with respect to reference age of 15-24 years in case of ever use of contraception 25-34 age shows 89% higher prevalence than reference level and ever used chances become 113% relatively higher than reference level of 15-24 year age for 34-49 year age group, in similar manner for the case of current use of contraception shows that 2.3 times higher than 15-24 year age for 25-35 year age and 2.87 times higher for 34-49 year age group. The analysis table shows that education level also as important factor to accepting the contraception use going with the reference level of no education in educational status we get that 86% and 50% approximately higher for the primary education than no education in ever used and current used case of contraception respectively. And for secondary and higher education case we get that it becomes 2.25 times and 1.64 times higher respectively for ever using and current using of contraception. Moving to occupation status we get that unskilled workers shows slightly high ratio of accepting contraception method than the persons not having any occupation such as 1.018 times for ever use any method of contraception and 1.1 times for current use. Skilled workers show high level of acceptance of contraception with reference to not working persons such as 25% higher for ever used any method of contraception and 48% high for current use of contraception.

Residential factor considered for reference level of urban status we get that ratio to accepting the contraception method is less 42% and 37% less than urban residential status for ever use and current use of contraception respectively. Very low level if contraception prevalence shown in other religions with respects to Hindus in analysis, Muslim and other religions shows 53% and 44% lower cases of ever use of contraception respectively in reference of Hindus. And in current use of contraception Muslims and other religions shows 65% and 47% lower acceptance than Hindus.

The cast factor will also show the correspondence of increase in the contraception use as per increase in caste status such as with respect to schedule castes in ever use case of contraception, schedule tribes shows 4% high, Other backward

Table 2. Ordinary Least Square Estimate of Covariates for given Dependent Variables

	Model- 1	Model – 2
	ever used any method of contraception	current use of any method of contraception
Respondent age		
15 - 24 years	0.000	0.000
25 - 34 years	.1273167	.1485998
35-49 years	.1538406	.1974833
Education		
No education	0.000	0.000
Primary	.1245994	.0852449
secondary and higher	.1566761	.1049898
Occupation		
not working	0.000	0.000
Skilled	.0432961	.0813623
Unskilled	.0027655	.0187661
Residence		
Urban	0.000	0.000
Rural	-.1089163	-.0991717
Religion		
Hindu	0.000	0.000
Muslims	-.1636503	-.0991717
Others	-.1261126	-.1294597
Caste		
schedule caste	0.000	0.000
schedule tribe	.0077699	.019273
other backward caste	.0369809	.0506879
none of the above	.0467197	.0621585
Died children		
None	0.000	0.000
1 or more	-.0338987	-.0507096
age at 1st marriage		
1-10 years	0.000	0.000
11-20 years	.0579079	.0438673
21-30 years	.0702178	.0745831
31-40 years	-.0342238	-.0327609
Living children		
no children	0.000	0.000
1 children	.1710761	.1216752
more than one children	.5002087	.4061303
Constant	.0044602	-.0432798

Table 3. Odds Ratio Estimate of Covariates for given Dependent Variables

	Model - 1	Model -2
	ever used any method of contraception	current use of any method of contraception
respondent age		
15 - 24 years	1.000	1.000
25 - 34 years	1.897	2.327
35-49 years	2.138	2.868
Education		
No education	1.000	1.000
Primary	1.859	1.498
secondary and higher	2.259	1.636
Occupation		
not working	1.000	1.000
Skilled	1.253	1.476
Unskilled	1.018	1.100
Residence		
Urban	1.000	1.000
Rural	.584	.627
Religion		
Hindu	1.000	1.000
Muslims	.474	.344
Others	.555	.537
Caste		
schedule caste	1.000	1.000
schedule tribe	1.045	1.113
other backward caste	1.187	1.260
none of the above	1.250	1.330
died children		
None	1.000	1.000
1 or more	.852	.790
age at 1st marriage		
1-10 years	1.000	1.000
11-20 years	1.301	1.221
21-30 years	1.436	1.474
31-40 years	.860	.869
Living children		
no children	1.000	1.000
1 children	5.573	10.667
more than one children	25.312	48.850
Constant	.314	.120

Table 4. ANOVA table for the ever used any of Contraception method with the help of other variables

ever used					
Source	Partial Sum of squares	degree of freedom	Mean sum of squares	F- values	Prob.> F
Model	300.1165	16	18.75728	82.34	0
respondent age	148.2027	2	74.10134	324.29	0
Occupation	3.367917	2	0.168396	0.74	0.4775
Education	40.77028	2	20.38514	89.49	0
Residence	21.74252	1	21.74252	95.45	0
religion	36.04444	2	18.02222	79.11	0
died children	1.483998	1	1.483998	6.51	0.0107
age at first marriage	5.961735	3	1.987245	8.72	0
caste	4.606285	3	1.535428	6.74	0.0002
residual vector	3323.391	14589	0.227801		
total	3623.507	14605	0.2481		

Table 5. ANOVA table for the current use of Contraception method due to other variables

Current use					
Source	Partial Sum of squares	degree of freedom	Mean sum of squares	F- values	Prob.> F
Model	315.7623	16	19.73515	88.18	0
respondent age	163.4685	2	81.73425	365.18	0
occupation	2.033751	2	1.016876	4.54	0.0107
education	18.66203	2	9.331017	41.69	0
residence	17.8728	1	17.8728	79.85	0
religion	69.11633	2	34.55817	154.4	0
died children	5.324855	1	5.324855	23.79	0
age at first marriage	3.278045	3	1.092682	4.88	0.0022
caste	6.982735	3	2.327578	10.4	0
residual vector	3265.27	14589	0.223817		
total	3581.032	14605	0.245192		

caste show 18% high and the population not in that kind of specialized caste 25% high level of contraception acceptance. In similar way current use of contraception shows for schedule tribes 11% high, other backward caste 26% high and none of the above 33% high acceptance with reference to schedule caste.

Women who are considered for having died children show low level of accepting the contraception method. For ever used condition of contraception the result shows women acceptance rate of contraception is 15% less to the women having no died children and 21% less case for current use of contraception for women have one or more died children than woman having no died children. In opposite of this women having one or more living children show high level of acceptance of contraception methods as if a women have 1 living children than 5.6 times and 10.7 times higher for ever used and current use of contraception respectively with reference to no living children, and for more than one living children women show 25.3 times and 48.9 times higher with reference of women having no living children for ever use and current use of contraception respectively. The analysis shows that for age at first marriage the respective ratio increase in case of ever used any method of contraception for 11-20 year age 1.3 times and 1.44 times high for 21-20 year age but show a decrease of 14% for age at marriage 31-40 year age with reference age at marriage 1-10 year, and for current use of contraception use 11 -20 year and 21-30 year shows 1.22 and 1.47 times higher and 13% lower for 31-40 years with respect to 1-10 year age group of age at first marriage.

Going to the ANOVA model for the getting the independence we take 2 analysis of variance tables such that one ANOVA table for the ever used method of contraception method and second for current use of contraception method

then for given table and values we find the F- values. If the f-values in such manner that we can reject our null hypothesis than we would explain that the factors are independent and if not then we would interpret the variability of factors are associated.

In ANOVA table of case of ever used any method of contraception use we get that most of variables have low level of degree of freedom and the residual vector have very high level of degree of freedom due to that if the consideration of mean square error of variables gives very less value due to low value of sum of square of residual vector the F- value becomes high in such amount that corresponding degree of freedom no such F- value can exceed to calculated value of F in given table.

Thus we can say that the hypothesis of independency of attributes considered in model is being rejected and all variables are associated with some degree to each other for dependent variable as ever use of any method of contraception.

Now moving to the analysis of variance table for the current use of contraception condition with similar variables we found that the analysis gives results in such a manner which is founded in the similar manner of previous analysis using dependent variables ever used any method of contraception.

So that we can figure out that the variables defining women status are associated in each case to consider for the study of contraception prevalence in EAG states.

Now for further explanation of results we move to the discussions and conclusion section.

4. Discussions and Conclusions

Conclusions drawn on the basis of results with the help of analysing the data firstly if we consider the values due to

analysis of Variance table we get that the independency of the variables is very rare to find in our study all variables which are considered in both models of contraception use condition in EAG states to utilize the information on proper significance level. This implies that all variables are certainly associated with each other with some degree of association, But not in such manner that the fitting become useless due to existence of multi co linearity.

In both models (logistics and Simple linear regression model) used in 2 manners of using contraception prevalence (Ever and Current use) with respective variables to analysis the fertility impact on the basis of contraception use defined by Bongaarts (1978) gives the result in very wide manner such that if we go to the consideration of women age to get the contraception prevalence then we get that as the age is grown high the use of contraception will be high with respect to its very first reference level, but that factor become highly effective in such manner if we go with the current use of contraception in the female population considered. Then moving to the education variable of women respondents we get that education is another greatly effective variable to effect the contraception use among female respondents. It shows high level of education have high effect in ever used contraception than current use of contraception to females have higher education. Moving to the occupation status we get that skilled workers show higher prevalence to use the contraception method than not working persons and unskilled workers, that implies as the work status is high the awareness of contraception use and fertility control is high.

Considering the age at marriage the results shows that as the age at first marriage is grown high the outcome of contraception use ever or current use grow high up to a certain age after that age it shows the tendency to decline that implies if the age at marriage exceeds to a certain age the contraception use is not preferable by females. The drastic effect shown by the living children consideration for contraception use in the population that is if the women have one or more than one living children then ratio of the contraception use shows rapid increase which implies that in case of living children contraception use becomes very high. In similar way the result shows that the women who have any died children did not prefer to use the contraception method is the part of fertility module in population.

In consideration of some social variables such as residence, religion and caste we have seen that some common results which can be seen in Indian society especially in EAG states which are responsible for high level of fertility in EAG states. As we consider the residential status shows the reach to recourses to the population we get that by analysis the ever use and current use of contraception method is at low level of acceptance in rural areas than urban areas. Religious fact which is a factor having high level of relevance in the society to affect the population growth, from the results we get that Muslim community does not relate with the contraception use in proper manner in EAG states and similar results go with the other religions showing the acceptance of contraception method with respect to Hindus. Considering the caste factor we get that as the level of caste is grown up the prevalence of contraception is tend to high values with respect to its lower caste reference level, as in common assumption the high caste population have much availability of resources so moving with that assumption we get that the caste which have much availability of resources than it have higher level of contraception prevalence in population.

From this study we conclude that for improving the condition of high level and uncertain fertility in EAG states we have to go with high level of women empowerment status such as to know about the proper consequences of high level of fertility. In that very first most consideration is education of the women as per result the high level of education the women will aware about her health and issues to make decisions by her own thought. Second thing is use and knowledge of resources make in reach of rural population and especially to the persons with lower caste with the help of government support. The knowledge of contraception use and fertility control should try to make compulsory for all the religions especially for those who are not give preference go with any contraception method. If we become successful in that we will surly control the fertility in the population in very short interval to get the proper participation of population in development and become the highest growing country with the help of highest part of population with sufficient amount of resources available.

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