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Original Research Article

Navigating family planning: unveiling rural-urban disparities among women in India: insights from Indian demographic health survey-5

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ABSTRACT

Background: Over the past few years, there has been an increase in the usage of family planning methods. Female sterilization remains the most commonly used method of contraception. However, there are still disparities in the use of family planning methods between urban and rural areas in India, which can be attributed to differences in education levels, cultural factors, and socio-economic factors. The study aimed to evaluate contraceptive prevalence and urban-rural disparities among married women in India.

Methods: The study was based on the data collected under the National family health survey 2019-21. The NFHS-5 covered 5,12,408 currently married women (women in the age group 15-49). Descriptive and analytical analyses were used. The chi-square test and Bivariate logistic regression model were used to find the association between background characteristics and contraception use.

Results: The study showed that 65.7% of the participants were using contraception, with female contraception being the most common method of contraception. The use of contraception in urban and rural settings was 67.9% and 65% respectively.

Conclusions: The use of contraception has increased, with woman's age, religion, caste, educational level, wealth index, place of residence and other factors such as total children living, total children ever born, exposure to mass media, son preference and ideal number of children being significant determinants.

Keywords: Contraception, Urban, Rural, Female sterilisation, NFHS-5

INTRODUCTION

In 1952, India became the first nation in the world to introduce a national programme for family planning. To slow down population growth and reduce poverty, a family planning program has been developed within the framework of the country's population policy.¹ The initiative has evolved throughout the years in terms of policy and actual programme execution, and it is currently being repositioned to meet goals for population stabilisation as well as reproductive health promotion and a decrease in maternal, newborn, and child mortality and morbidity.² Family planning is about helping individuals

or couples achieve specific goals, such as preventing unwanted pregnancies, achieving desired pregnancies, controlling birth spacing, adjusting the time of pregnancy depending on the age of the parents and deciding the number of children in the family.³

The availability of a wide choice of safe, efficient, and cost-effective contraceptive techniques is crucial to addressing women's demand for family planning. The variety of techniques must take into account the demands and preferences of women. It is also crucial to remember that each contraceptive method has benefits and drawbacks. Therefore, it is crucial that women are

thoroughly informed about them so they may decide which approach is most suitable for their particular scenario.⁴ In addition to empowering women, lowering the risk of maternal and infant mortality, and fostering economic growth, contraception is an essential part of sustainable development.⁵ It is commonly known that states with a high prevalence of contraception have lower rates of mother and newborn mortality.⁶

In India, sterilisation is the predominant method of family planning, however, in many states, traditional birth spacing methods are preferred over modern ones. In Assam, West Bengal, and Manipur, about a quarter of the currently married, non-pregnant women aged 15 to 49 years use traditional contraceptive methods. The average prevalence for traditional contraceptives is 6.7%, which is not particularly high. Traditional methods of contraception frequently fail, which leads to unintended pregnancies, unsafe abortions, and maternal morbidity and mortality. It increases the risk of both men and women contracting STDs as well as psychological and sexual disorders and dissatisfaction.⁷

Female sterilisation is the most used technique of contraception in India. According to reports, acceptance of female sterilisation was correlated with women's occupation, education, and religion. Women's decision to undergo female sterilisation is also influenced by the lack of knowledge or disinformation about temporary procedures and the decreased possibility to favour modern temporary methods due to affordability and accessibility concerns. According to a qualitative study conducted on women in low-income communities in Mumbai, poor women perceive sterilisation as an effective way to control their fertility, which results in better sexual relationships and emotional health after the procedure. The majority of them have little post-sterilization regret because of this satisfying sense.¹ In 2009, Female sterilisation, was the most popular birth-control strategy in India, being used by almost three-fourths of those people. The next most popular option was using condoms, but only by a slim margin (3%).⁸ The use of contraceptive methods among Indian women is influenced by a number of variables, including those that are personal, interpersonal, partner-, service-, and/or method-related; household and community resources; sociocultural institutions that influence autonomy; behaviour; and lifestyle; and lastly, access to healthcare services.³ Due to its role in lowering fertility and enhancing mother and child health, the use of contraceptive methods and their correlates remains a topic of scientific interest in developing countries, particularly India.⁹ By providing recent information from the 2019-21 Indian demographic health Survey, this study advances our understanding. It provides insightful information on family planning methods, rural-urban dynamics, and the health of Indian women. It specifically draws attention to variations between rural and urban settings, highlighting discrepancies in family planning. Policymakers who want to guarantee that family planning services are available to all people in all regions need to know this information. The

study offers advice for more efficient and culturally considerate policies by looking at the elements affecting family planning practises. and ultimately enable women to make healthier and more meaningful reproductive decisions. The study aims to analyse the rural-urban differences in contraceptive usage among currently married women in India, while also identifying the factors that influence its use.

METHODS

Study design, location and duration

A cross-sectional study design was used. India's NFHS-5 fieldwork was divided into two phases: Phase I, which covered 17 states and 5 UTs from June 17, 2019, to January 30, 2020; and Phase II, which covered 11 states and 3 UTs from January 2, 2020 to April 30, 2021. The study was conducted all over India, covering both urban and rural areas.

Selection criteria of the sample

The NFHS-5 gathered information from 724,115 women aged 15-49 years. Of these women, only those women who were currently married were taken into consideration, accounting for 512,408.

Study procedure

The NFHS respondents went through an informed consent process to take part in the survey. Given that this study solely relied on secondary data and the NFHS-5 is an openly available source of data, no ethical clearance was necessary for this research. We made use of information from the fifth iteration of India's National Family and Health Survey (NFHS-5). Multistage sampling was used to carry out this survey. With a selection probability proportional to PSU size, 30,456 primary sampling units (PSU) were chosen in the first step. The households in the chosen PSUs were enumerated and mapped. The second stage involved the careful selection of 22 households from each PSU. The sample consisted of a total of 664,972 households, of which 653,144 were occupied. A total of 636,699 occupied households were successfully interviewed, yielding a 98 percent response rate. The survey was open to all females between the ages of 15 and 49 who spent the previous night sleeping in the chosen homes. 724,115 women in total were questioned about a range of subjects. An enhanced version of the questionnaire was used.

Dependent variables

The outcome variable was the use of contraceptive methods by married women falling in the reproductive age group 15-49 years. It was categorised into two types of categories. The first category is 'not using any contraceptive method' and 'using contraceptive method'

and second category is 'not using contraceptive method', 'modern methods' and 'traditional methods'.

Independent variables

Independent variables were categorized into various parts like age (15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49), place of residence (urban, rural), education (no education, primary, secondary, higher), religion (Hindu, Muslim, Others: in others category Christian, Sikh, Jain, Buddhist/Neo-Buddhist, etc. are included), Caste (Others, OBC, Schedule Caste, Schedule Tribe), total children alive (0-1, 2-3, 4+), total children ever born (0, 1, 2, 3+), ideal no. of children (0-2, 3+, non-numeric), son preference (No child, 1 child as son, 2 children with at least 1 son, 3 or more children with at least 1 son, children but no son), mass media exposure (yes, no) and wealth index or SES (poorest, poorer, middle, richer, richest).

Statistical analysis

SPSS version 27 was used to conduct the analysis. Statistics that are descriptive and analytical were employed. Variables with a categorical character were reported as percentages and proportions. An association between the use of contraceptives and other parameters was discovered using the chi-square test. Binomial logistic regression and odds ratios with corresponding 95% confidence intervals were used for risk analysis to identify factors that affect the use of contraception.

RESULTS

The study included a total of 512,408 currently married women in India, who were distributed across urban and rural areas, with 122,046 (23.8%) residing in urban settings and 390,362 (76.2%) living in rural areas. The (Figure 1) shows the overall prevalence of contraceptive use as well as its distribution between urban and rural areas.

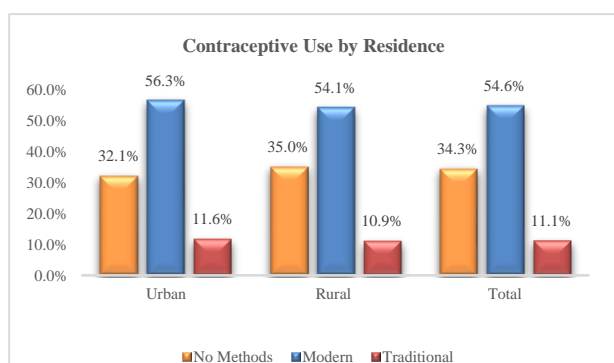


Figure 1: Prevalence of contraceptive use among currently married women by place of residence in India, 2019-21.

Notably, the overall percentage of 34.3% included a sizeable portion of the population in both urban (32.1%) and rural (35.0%) areas who did not use any form of contraception. Modern contraceptive techniques were nevertheless widely used, with 56.3% of urban and 54.1% of rural populations choosing them, resulting in a 54.6% usage rate overall. This shows that effective, contemporary contraception, which can aid in family planning and population control initiatives, is generally well accepted. Traditional methods were utilised by a smaller but still significant percentage of people, with 11.6% in urban regions and 10.9% in rural areas, for a rate of 11.1% overall. These conventional family planning techniques still matter, despite their decreasing efficacy.

Table 1 gave a thorough description of the many contraceptive techniques now being used by both urban and rural populations, along with the overall proportion.

Table 1: Percent distribution of currently married women by contraceptive method mix in Urban and Rural settings in India, 2019-21.

Current contraceptive method			
Contraceptive methods	Urban	Rural	Total
Not using	32.1	35.0	34.3
Modern methods	56.3	54.1	54.6
Pill	04.7	06.1	05.8
IUD	03.3	02.5	02.7
Injections	00.5	00.7	00.6
Male condom	13.9	07.6	09.1
Female sterilization	32.6	35.4	34.8
Male sterilization	00.3	00.5	00.5
Traditional methods	11.6	10.9	11.1
Periodic abstinence	06.2	06.2	06.2
Withdrawal	05.4	04.7	04.9
Lactational amenorrhea (LAM)	00.6	00.9	00.9
Emergency contraception	00.1	00.1	00.1
Standard days method (SDM)	00.2	00.2	00.2

Notably, the overall percentage of 34.3% included a sizeable portion of the population in both urban (32.1%) and rural (35.0%) areas who did not use any form of contraception. With 56.3% of urban and 54.1% of rural inhabitants choosing modern ways, there was a 54.6% total utilisation rate for these techniques. The male condom (9.1%) was the most used contemporary method, followed by the pill (5.8%) and female sterilisation (34.8%). A sizeable fraction of the population also used traditional methods, with periodic abstinence being the most popular (6.2%) and withdrawal coming in second (4.9%). These findings showed the variety of contraceptive options, with both modern and traditional techniques still having a big impact on family planning practises despite the popularity of modern methods.

Table 2: Prevalence of contraceptive use among currently married women by background characteristics in India, 2019-21.

Background characteristics	Place of residence			P value
	Urban	Rural	Total	
Age (years)				
15-19	30.3	27.4	27.8	0.000
20-24	44.6	41.7	42.2	
25-29	59.4	59.9	59.8	
30-34	71.7	72.4	72.2	
35-39	77.6	77.2	77.3	
40-44	76.6	75.5	75.8	
45-49	71	69.6	69.9	
Educational status				
No education	71.5	68.8	69.2	<0.001
Primary	72.7	69.1	69.7	
Secondary	67.8	62.7	64	
Higher	63.4	54.3	58.7	
Religion				
Hindu	70.4	67.4	68.1	<0.001
Muslim	62	56.8	58.5	
Others	59	56.8	57.2	
Caste				
SC	69.4	66.0	66.8	<0.001
ST	56.9	60.6	60.2	
OBC	68.4	66.6	67.1	
Others	69.6	65.6	66.9	
Total children alive				
0-1	44.6	38.1	39.8	0.000
2-3	79.5	76.4	77.2	
4+	75	71.9	72.4	
Total children ever born				
0	19.1	16.2	16.9	0.000
1	54.5	48.2	50	
2	78.7	74.7	75.8	
3+	78.2	75	75.6	
Ideal no. of children				
0-2 child	68.4	65.4	66.2	<0.001
3+ children	66.7	64.9	65.2	
Non-numeric	53.3	41.5	43.8	
Son preference				
No child	19	16.2	16.9	0.000
1 Child as a son	57.8	52.3	53.8	
2 Children with at least 1 son	80.5	77.8	78.5	
3 or more children with at least 1 son	79.1	76.3	76.8	
Children but No son	60.8	53.1	55.2	
Mass media exposure				
No	68.1	65.2	65.9	<0.001
Yes	66.1	61.6	63.4	
Wealth index				
Poorest	62.8	61.3	61.4	<0.001
Poorer	65.7	65.1	65.2	
Middle	66.3	66.9	66.8	
Richer	66.7	67.2	67.0	
Richest	70.1	67.7	69.2	

Table 3: BLA of risk factors of contraceptive use among currently married women of India, 2019-2021.

Independent variables	Exp (β)	Confidence Interval		P value
		Lower	Upper	
Place of residence				
Urban®	1.000			
Rural	1.038	1.020	1.056	0.000
Age (years)				
15-19®	1.000			
20-24	1.008	0.961	1.058	0.731
25-29	0.802	0.781	0.824	0.000
30-34	0.977	0.954	1.000	0.048
35-39	1.340	1.309	1.371	0.000
40-44	1.584	1.547	1.622	0.000
45-49	1.377	1.344	1.411	0.000
Educational status				
No education®	1.000			
Primary	1.030	1.002	1.058	0.038
Secondary	1.103	1.072	1.136	0.000
Higher	1.062	1.038	1.087	0.000
Religion				
Hindu®	1.000			
Muslim	1.599	1.565	1.635	0.000
Others	1.008	0.980	1.037	0.580
Caste				
SC®	1.000			
ST	0.954	0.934	0.974	0.000
OBC	0.912	0.891	0.933	0.000
Others	0.951	0.934	0.967	0.000
Total children alive				
0-1®	1.000			
2-3	0.711	0.672	0.752	0.000
4+	1.222	1.195	1.250	0.000
Total children ever born				
0®	1.000			
1	0.948	0.838	1.072	0.395
2	0.880	0.834	0.929	0.000
3+	1.004	0.974	1.035	0.781
Ideal no. of children				
0-2 child®	1.000			
3+ children	3.292	3.070	3.531	0.000
Non-numeric	2.157	2.012	2.312	0.000
Son preference				
No child®	1.000			
1 child as a son	0.217	0.194	0.243	0.000
2 children with at least 1 son	1.239	1.207	1.271	0.000
3 or more children with at least 1 son	1.809	1.762	1.857	0.000
Children but No son	2.355	2.281	2.430	0.000
Mass media exposure				
No®	1.000			
Yes	1.053	1.026	1.082	0.000
Wealth index				
Poorest®	1.000			
Poorer	0.669	0.651	0.687	0.000
Middle	0.804	0.785	0.825	0.000
Richer	0.861	0.840	0.882	0.000
Richest	0.884	0.864	0.905	0.000
Constant	0.348			0.000

Table 2 presented bivariate findings for total, urban, and rural samples on the association between contraceptive use and the selected background characteristics of the respondents. Women in the age group of 35-39 were found to use contraception in substantial numbers (77.3%), followed by those in the 40-44 age group (75.8%), and then women in the 30-34 age group (72.2%). Women between the ages of 15 and 19 were found to use contraception the least (27.8%). Overall, the population's age distribution regarding the usage of contraception was fairly balanced between urban and rural areas, with a little tendency towards urban areas. Compared to rural areas, urban settlements often have a higher proportion of people with all levels of education. This suggests that metropolitan areas have easier access to educational possibilities. Women with only a primary school education used contraceptives more frequently (69.7%) than women without any formal education (69.2%). Muslim women (58.5%) and other women (57.2%) reported using contraception less often than Hindu women (68.1%). For all types of religion, the use of contraception was more prevalent in urban areas. Contraception was used more frequently in urban than rural areas, with the exception of ST caste, with OBC casting having the greatest rate of use (67.1%), followed by others (66.9%), and ST casting having the lowest rate (60.2%). Women with 4+ living children were the most likely to use contraception (77.3%), followed by women with 2-3 living children (77.2%), and women with 0-1 children (39.8%). For these women, urban centres had a higher prevalence of contraceptive use than rural areas did.

Contraception was used the least by women with no children ever born (CEB) compared to other categories of CEB, as was expected. Women with 2 CEB exhibited the highest utilisation (75.6%). More women in urban regions are using contraception, which is consistent with the pattern indicated above for the other variables. Women who responded that the ideal number of children should be 0-2 (66.2%) have higher contraceptive use, followed by those who responded to 3+ children (65.2%), and least use in non-numeric response (43.8%). More use of contraception was observed in urban settings than in rural for the above variable. It was learned that women (78.5%) who desired 2 children with at least 1 son used contraception more frequently. Women without children used contraception the least (16.9%). Contraception use was less common in rural than urban settings. Surprisingly, women who had less exposure to the media (65.9%) used contraception more frequently than those who were more exposed (63.4%). Women who were richer (67.0%) were more likely to use higher contraception than middle-class (66.8%) and poorer (65.2%) women. The majority of women who utilise contraception (69.2%) are from the richest socioeconomic group. Women who live in urban use contraception at higher rates. Overall, it is evident that for every variable, women who live in urban areas use contraception more frequently than women who live in rural areas. Age, educational level, religion, caste, total children ever born, total children alive, ideal number of

children, preference for sons, exposure to the media, and wealth index were all found to be significantly associated with contraceptive use ($p < 0.05$).

Table 3 binary logistic analysis (BLA) of risk factors of contraceptive use among currently married women of India, 2019-2021. It has been discovered that a strong predictor of contraceptive use is a woman's age. When compared to women in the 15-19 age group, women in the 40-44 age group were 1.6 times more likely (OR=1.58, $p=0.01$) to use contraception. Contraception use was 1.59 times more prevalent among Muslim women (OR=1.59, $p=0.00$) than among Hindu women. Women who preferred having 3 or more children with at least one son or children without a son were respectively 1.80 (OR=1.80, $p=0.00$) and 2.35 (OR=2.35, $p=0.00$) times more likely to use contraception than women who preferred having no children. However, compared to women who had no preference for children, those who chose one child as a son were 78% (OR=0.217, $p=0.00$) more reluctant to take contraception. Women who believed that 3+ or non-numeric was the ideal number of children were 3.29 (OR=3.29, $p=0.00$) and 2 (OR=2.15, $p=0.00$) times, respectively, tend to use contraception. Compared to women from the poorest sector of society, women from the poorer section of society were 33% (OR=0.66, $p=0.00$) less likely to make use of contraception.

DISCUSSION

This study examined the discrepancies in contraceptive usage between urban and rural Indian married women as well as the influence of various socio-demographic and cultural factors that affect its use. The study aimed to enhance comprehension of contraceptive use and its determinants among Indian women residing in urban and rural areas through a nationally representative survey. The findings of the study revealed that the percentage of women using any kind of contraception is 65.7%, with modern methods being more prevalent (54.6%) in both urban (56.3%) and rural (54.1%) areas than traditional methods (11.1%). According to NFHS-4, 56% of Indian women used contraceptives in 2015-16. Of these, 49% used modern methods, 7% used traditional methods, and 44% did not use any method.¹⁰ Female sterilization was the most commonly used modern method of contraception followed by male condoms and then pills, with a higher prevalence in rural areas than in urban areas except for male condoms. Similar results were found in a study which was conducted using data from NFHS-4, the majority of women were using tubectomy as the main method of contraception, followed by condoms and then contraceptive pills.⁴ This trend can be attributed to the fact that people believe that vasectomy causes a reduction in masculinity and sexual pleasure. Men seem to have very little responsibility for family planning, as seen by the low rate of condom use and male sterilisation. In this study, age was found to be significantly related to contraceptive use. Women in the age group of 30 or more years were more likely to use contraception. In contrast, a study in

Maharashtra found that age was not significantly associated with the utilisation of contraceptives.¹¹

Hindu women tend to use family planning methods more frequently than women of other religions, including Muslims. Contraceptive use was found higher among other backward class (OBC) women than the other women of different castes. Caste and religion were found significantly associated with contraceptive use. Similar to the present study, others also explained that more Hindu women used contraceptive methods.¹² The prevalence of contraceptive use in rural areas was found to be 65%. Contraceptive pills were found more in use than IUDs. Whereas a study conducted in a rural area of Coimbatore; South India observed that the contraceptive prevalence rate among eligible couples was 75%. IUDs were found to be more prevalent than the contraceptive pills.¹³ It can be seen that the use of contraception has been more in women who have 2 or more children. This can be because the women with 2 or more children want to limit childbearing or they want to limit the family size by having only 2 or 3 children. Similar results can be seen in a study where the use of contraception increased with the number of living children. Women with 2 or more living children were more likely to use contraception.¹⁴ When we closely examine the wealth index, it can be observed that the women with socioeconomic status above average or rich were more likely to use contraception than the women of the poorer section. It can be explained by the fact that poor women are not educated, which leads to the lack of information regarding contraceptives. They believe that the more the number of children, the more the income. So, they refrain from using much contraception.

Age of the woman, educational status, religion, caste, the total number of children alive, the total number of children ever born, the ideal number of children, son preference, mass media exposure and wealth index of the women were found all to be significantly associated with the use of contraception. Similarly, level of education, women's parity, son preference and religion were found significant determinants of utilising modern spacing and permanent methods.^{13,15} The study has a few limitations as well. The data are prone to recall bias because they were obtained through a self-reported survey. The supervision and training of fieldworkers affect the quality of the data gathered during surveys. The accuracy of the findings may be impacted by mistakes or irregularities in the data collection and recording processes.

CONCLUSION

From the study findings, we can conclude that woman's age, religion, caste, educational level, wealth index, place of residence and other factors such as total children living, total children ever born, exposure to mass media, son preference and ideal number of children are significant determinants and displays strong association with contraceptive use both in urban and rural areas. Women in urban and rural areas use family planning differently. This

study suggests steps to be taken to make women more aware of contraceptive methods. Sex education should be an important part of the education system. Men are advised to start using condoms every time not only to control unwanted pregnancies but to have safe sex. People should be made aware that vasectomy is far more efficient and safer than tubectomy. Family planning practices will not only help in the control of the population but will also help in the reduction of STIs, other infectious diseases and unwanted pregnancies. In addition to increasing awareness about modern contraceptive methods, door-to-door and free services for these methods should be strengthened and made more available.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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