

## **CHAPTER 5**

### **FAMILY PLANNING**

The National Family Welfare Programme in India has traditionally sought 'to promote responsible and planned parenthood through voluntary and free choice of family planning methods best suited to individual acceptors' (Ministry of Health and Family Welfare, 1998a). In April 1996, the programme was renamed the Reproductive and Child Health Programme and given a new orientation to meet the health needs of women and children more completely. The programme now aims to cover all aspects of women's reproductive health throughout their lives. With regard to family planning, the new approach emphasizes the target-free promotion of contraceptive use among eligible couples, the provision to couples of a choice of contraceptive methods (including condoms, oral pills, IUDs, and male and female sterilization), and the assurance of high-quality care. An important component of the programme is the encouragement of adequate spacing of births, with at least three years between births (Ministry of Health and Family Welfare, n.d.).

The new National Population Policy, 2000, adopted by the Government of India has set as its immediate objective the task of addressing unmet need for contraception in order to achieve the medium-term objective of bringing the total fertility rate down to the replacement level by the year 2010. One of the 14 national socio-demographic goals identified for this purpose is to achieve universal access to information/counselling and services for fertility regulation and contraception with a wide range of choices (Ministry of Health and Family Welfare, 2000).

Information about the knowledge and use of contraceptive methods provided in this chapter is designed to be of practical relevance to programme administrators and policymakers responsible for monitoring existing programmes and formulating new strategies to meet the health and family planning needs of the population. The chapter begins with an appraisal of women's knowledge of contraceptive methods and then discusses women's past and present use of contraception, as well as the sources of supply of modern contraceptive methods. Special attention is focused on reasons for discontinuation and nonuse of contraception and on intentions to use family planning methods in the future. The chapter also contains information on exposure to family planning messages through the media and on discussions about family planning with relatives and friends. It concludes with an assessment of the extent to which the need for family planning services in Maharashtra is being met effectively.

#### **5.1 Knowledge of Family Planning Methods**

Lack of knowledge of contraceptive methods can be a major obstacle to their use. In NFHS-2, interviewers obtained information on knowledge and ever use of contraceptive methods by asking each respondent the following question: 'Now I would like to talk about family planning—the various ways or methods that a couple can use to delay or avoid a pregnancy. For each method I mention, please tell me if you have ever heard of the method and whether you have ever used the method at any time in your life?' If a respondent did not recognize the name of a method, a short description was read. In this way, the survey assesses women's knowledge and ever use of seven contraceptive methods, namely the pill, condom, IUD, female sterilization,

<b>Table 5.1 Knowledge of contraceptive methods</b>			
Percentage of currently married women who know any contraceptive method by specific method and residence, Maharashtra, 1999			
Method	Urban	Rural	Total
Any method	99.6	99.2	99.4
<b>Any modern method</b>	99.6	99.2	99.4
Pill	92.5	78.3	84.1
IUD	87.7	74.4	79.9
Condom	85.8	61.8	71.7
Female sterilization	99.2	98.8	98.9
Male sterilization	89.3	86.5	87.6
<b>Any traditional method</b>	43.1	28.4	34.5
Rhythm/safe period	41.1	26.4	32.4
Withdrawal	23.2	15.3	18.6
Other method <sup>1</sup>	2.7	1.0	1.7
Number of women	2,044	2,919	4,963
<sup>1</sup> Includes both modern and traditional methods that are not listed separately			

male sterilization, rhythm or safe-period method, and withdrawal. In addition, the surveys collected information on respondents' knowledge and ever use of any other contraceptive methods (modern, traditional, or folkloric).

Table 5.1 shows the extent of knowledge of contraceptive methods among currently married women by specific method and urban-rural residence. Knowledge of contraceptive methods is nearly universal in Maharashtra, with 99 percent of currently married women recognizing at least one method of contraception and at least one modern method of contraception.

Female sterilization is the most widely known method of contraception in Maharashtra, followed by male sterilization. Overall, 99 percent of currently married women know about female sterilization and 88 percent know about male sterilization. There is little difference by residence in knowledge of female sterilization, but 89 percent of urban women know about male sterilization, compared with 87 percent of rural women. Knowledge of the officially-sponsored spacing methods (pill, IUD, and condom) is less widespread. The best-known spacing methods are the pill (84 percent) and the IUD (80 percent). The condom is known by only 72 percent of women. There are large differences in knowledge of spacing methods by residence. For example, only 62 percent of rural women know about the condom, compared with 86 percent of urban women. The pill and the IUD are known by 78 and 74 percent of rural women, respectively, but in urban areas they are known by 93 and 88 percent of women, respectively. Although knowledge of these spacing methods remains lower than knowledge of sterilization, knowledge of spacing methods has increased substantially since NFHS-1. At the time of NFHS-1, only 67 percent of currently married women knew about pills, 71 percent knew about IUDs, and 57 percent knew about condoms.

In Maharashtra, more than one-third of currently married women know at least one traditional method (35 percent), up from 23 percent in NFHS-1. The rhythm/safe-period method is

known more widely (32 percent) than withdrawal (19 percent). Knowledge of traditional methods is much higher in urban areas (43 percent) than in rural areas (28 percent).

## 5.2 Contraceptive Use

### Ever Use of Family Planning Methods

NFHS-2 asked respondents if they had ever used each of the methods they knew about. Women who said they had not used any of the methods were asked if they had 'ever used anything or tried in any way to delay or avoid getting pregnant'. Table 5.2 presents the pattern of ever use of family planning methods for currently married women by age and residence.

Table 5.2 Ever use of contraception												
Percentage of currently married women who have ever used any contraceptive method by specific method, according to age and residence, Maharashtra, 1999												
Age	Any method	Any modern method	Pill	IUD	Condom	Female sterilization	Male sterilization	Any traditional method	Rhythm/safe period	Withdrawal	Other method <sup>1</sup>	Number of women
<b>URBAN</b>												
15-19	13.4	13.4	7.7	1.0	6.7	0.0	0.0	1.2	1.2	0.3	0.0	132
20-24	42.9	41.0	13.2	9.1	19.4	9.6	0.0	4.6	3.7	1.4	0.1	385
25-29	69.1	67.8	12.7	13.7	18.9	42.3	0.3	5.1	4.1	1.5	0.2	417
30-34	81.1	79.3	13.5	17.9	21.0	57.0	0.8	7.6	6.9	1.4	0.8	365
35-39	80.3	78.6	12.9	12.3	13.5	63.4	1.2	7.7	7.6	1.7	0.1	322
40-44	79.3	78.0	10.5	12.6	13.0	60.6	6.1	6.9	6.7	2.1	0.0	273
45-49	85.0	83.4	13.3	8.6	13.6	66.4	5.2	3.8	3.6	1.6	0.0	151
Total	67.0	65.5	12.4	12.0	16.6	43.6	1.6	5.8	5.2	1.5	0.2	2,044
<b>RURAL</b>												
15-19	13.1	11.6	4.4	1.2	4.1	4.4	0.0	1.6	1.2	0.4	0.0	358
20-24	43.6	42.5	9.7	3.2	9.3	27.6	0.0	3.2	2.7	1.3	0.0	537
25-29	72.9	72.9	10.0	6.1	9.6	58.9	2.3	1.8	0.9	1.2	0.5	615
30-34	86.7	85.8	7.3	6.8	8.7	76.6	3.0	4.1	3.0	2.2	0.8	526
35-39	83.3	83.3	3.1	4.9	7.2	71.5	9.1	1.5	0.8	0.8	0.4	375
40-44	86.6	86.1	2.3	1.8	4.2	69.9	15.4	1.4	1.4	0.4	0.5	309
45-49	79.4	79.4	1.5	0.0	0.7	52.2	27.8	0.7	0.7	0.7	0.0	199
Total	65.9	65.3	6.5	4.1	7.2	52.0	5.7	2.3	1.7	1.1	0.3	2,919
<b>TOTAL</b>												
15-19	13.2	12.1	5.3	1.1	4.8	3.2	0.0	1.5	1.2	0.3	0.0	490
20-24	43.3	41.9	11.1	5.7	13.5	20.1	0.0	3.8	3.1	1.3	0.0	922
25-29	71.4	70.8	11.1	9.2	13.3	52.2	1.5	3.2	2.2	1.3	0.3	1,032
30-34	84.4	83.2	9.8	11.4	13.7	68.6	2.1	5.5	4.6	1.9	0.8	891
35-39	81.9	81.2	7.6	8.3	10.1	67.8	5.5	4.4	3.9	1.2	0.2	697
40-44	83.2	82.3	6.1	6.9	8.3	65.5	11.0	4.0	3.8	1.2	0.3	582
45-49	81.8	81.1	6.5	3.7	6.3	58.3	18.1	2.1	2.0	1.1	0.0	350
Total	66.4	65.4	8.9	7.4	11.1	48.5	4.0	3.7	3.1	1.3	0.3	4,963
<sup>1</sup> Includes both modern and traditional methods that are not listed separately												

Although nearly all currently married women know at least one method of contraception, 66 percent have ever used a method, an increase from 59 percent at the time of NFHS-1. Sixty-five percent of currently married women have ever used a modern method and only 4 percent have ever used a traditional method. The most commonly used method is female sterilization (49 percent), followed by the condom (11 percent), pill (9 percent), and IUD (7 percent). Four percent each have ever used male sterilization and traditional methods. Ever use of female and male sterilization is higher in rural areas (52 and 6 percent, respectively) than in urban areas (44 and 2 percent, respectively), but ever use of the three officially-sponsored spacing methods is much higher in urban areas than in rural areas. Ever use of any method increases with women's age up to age 30–34, and then levels out at older ages. The increase in contraceptive use up to age 30–34 reflects a life-cycle effect, with women increasingly adopting contraception as their fertility goals are met. The pattern of ever use by age is similar for urban and rural areas, although rural women are somewhat more likely than urban women to have ever used contraception at every age, except for the first and last age groups.

### **Current Use of Family Planning Methods**

Table 5.3 provides information on current use of family planning methods for currently married women in Maharashtra by age and urban-rural residence. Current contraceptive prevalence is quite high, with 61 percent of currently married women using some method of contraception (compared with the national average of 48 percent). The NFHS-2 estimates of current use in Maharashtra, for both overall use and use of specific methods, are close to those obtained by the Rapid Household Survey under the Reproductive and Child Health Project, which was carried out at about the same time as NFHS-2 (International Institute for Population Sciences, 2001). For women age 15–44, the use of modern methods was reported to be 59 percent in NFHS-2 and 58 percent in the Rapid Household Survey, and the use of traditional methods was reported to be 1 percent in NFHS-2 and 2 percent in the Rapid Household Survey.

Tables 5.2 and 5.3 show that 92 percent of ever users of contraception are current users. Ninety-eight percent of current contraceptive users are using a modern method. In Maharashtra, as in most of the states of India, sterilization dominates the contraceptive method mix. Only two states (Andhra Pradesh and Himachal Pradesh) have higher use of sterilization than Maharashtra. Forty-nine percent of currently married women are sterilized, and female sterilization accounts for 80 percent of total current contraceptive prevalence. Four percent of women report male sterilization as their current method, accounting for six percent of the total contraceptive use. The three officially-sponsored spacing methods together account for 12 percent of the total contraceptive prevalence. Specifically, use of condoms is reported by 4 percent of women while pills and IUDs each are used by only 2 percent of women.

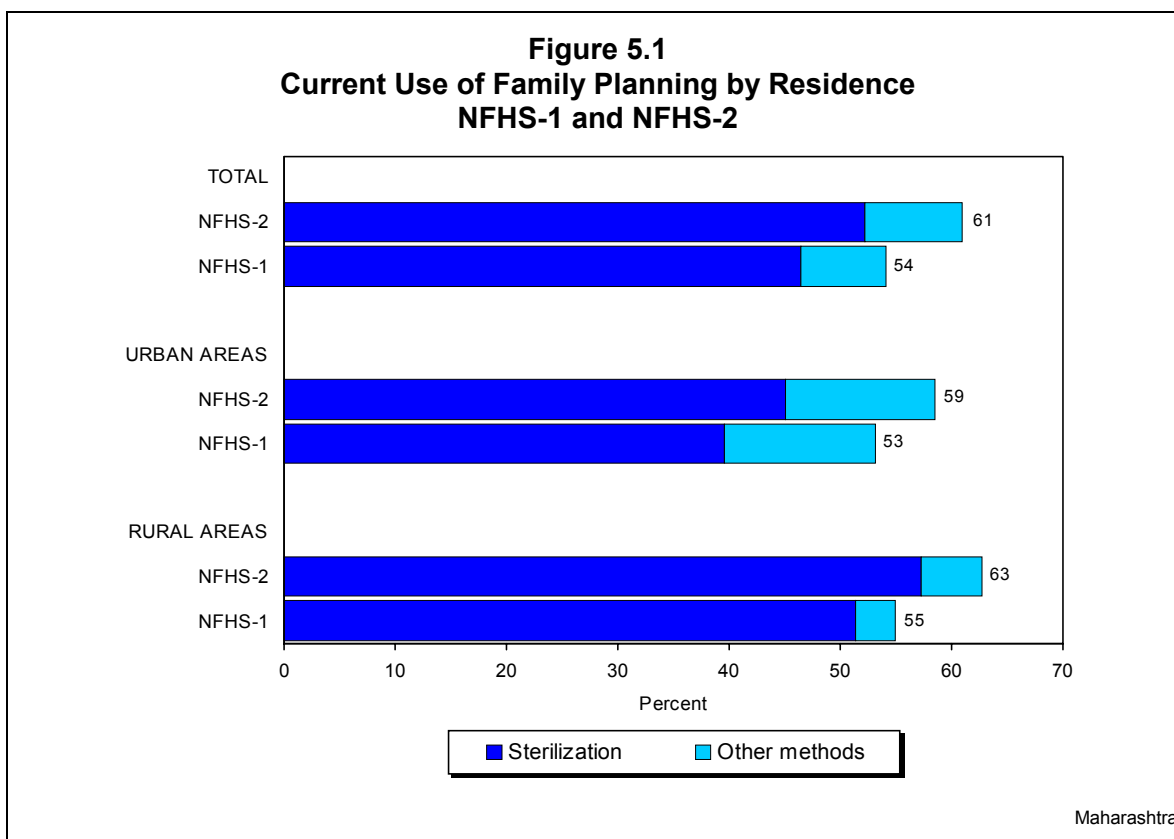
Current use of contraceptive methods is 4 percentage points higher in rural areas (63 percent) than in urban areas (59 percent). Current use of each of the spacing methods is higher in urban than in rural areas; however, use of sterilization is higher in rural areas both for female and male sterilization. Thus female sterilization is less prominent in the mix of methods used by women in urban areas (where it accounts for 75 percent of contraceptive prevalence) than in rural areas (where it accounts for 83 percent of contraceptive prevalence).

**Table 5.3 Current use of contraception**

Percent distribution of currently married women by contraceptive method currently used, according to age and residence, Maharashtra, 1999

Age	Any method	Any modern method	Pill	IUD	Condom	Female sterilization	Male sterilization	Any traditional method	Rhythm/safe period	Withdrawal	Other method <sup>1</sup>	Not using any method	Total percent	Number of women
<b>URBAN</b>														
15-19	4.7	4.7	2.5	1.0	1.3	0.0	0.0	0.0	0.0	0.0	0.0	95.3	100.0	132
20-24	28.9	26.5	4.1	4.6	8.2	9.6	0.0	2.4	1.9	0.5	0.0	71.1	100.0	385
25-29	60.3	59.6	4.0	5.8	7.1	42.3	0.3	0.7	0.5	0.2	0.0	39.7	100.0	417
30-34	74.6	72.7	1.5	5.5	8.0	57.0	0.8	1.5	1.4	0.1	0.4	25.4	100.0	365
35-39	74.7	71.8	2.1	1.6	3.4	63.4	1.2	2.9	2.5	0.3	0.0	25.3	100.0	322
40-44	73.7	71.2	0.9	1.1	3.1	60.6	5.7	2.5	1.7	0.7	0.0	26.3	100.0	273
45-49	75.0	73.8	0.0	0.0	2.2	66.4	5.2	1.1	0.9	0.2	0.0	25.0	100.0	151
Total	58.5	56.7	2.5	3.5	5.6	43.6	1.5	1.7	1.4	0.3	0.1	41.5	100.0	2,044
<b>RURAL</b>														
15-19	7.1	6.7	0.4	0.8	1.2	4.4	0.0	0.4	0.0	0.4	0.0	92.9	100.0	358
20-24	38.6	37.7	2.7	1.8	5.6	27.6	0.0	0.8	0.8	0.0	0.0	61.4	100.0	537
25-29	68.9	68.9	2.8	1.0	4.2	58.7	2.3	0.0	0.0	0.0	0.0	31.1	100.0	615
30-34	85.0	83.4	0.0	1.1	3.5	76.3	2.5	1.4	0.5	0.8	0.3	15.0	100.0	526
35-39	80.7	80.7	0.4	0.0	0.8	71.5	8.1	0.0	0.0	0.0	0.0	19.3	100.0	375
40-44	85.7	85.2	0.4	0.0	1.0	69.9	13.9	0.0	0.0	0.0	0.5	14.3	100.0	309
45-49	79.4	79.4	0.0	0.0	0.0	52.2	27.1	0.0	0.0	0.0	0.0	20.6	100.0	199
Total	62.7	62.1	1.2	0.8	2.9	51.9	5.3	0.4	0.2	0.2	0.1	37.3	100.0	2,919
<b>TOTAL</b>														
15-19	6.5	6.2	0.9	0.9	1.2	3.2	0.0	0.3	0.0	0.3	0.0	93.5	100.0	490
20-24	34.5	33.0	3.3	3.0	6.7	20.1	0.0	1.5	1.3	0.2	0.0	65.5	100.0	922
25-29	65.4	65.2	3.3	2.9	5.4	52.1	1.5	0.3	0.2	0.1	0.0	34.6	100.0	1,032
30-34	80.7	79.1	0.6	2.9	5.4	68.4	1.8	1.4	0.9	0.5	0.3	19.3	100.0	891
35-39	77.9	76.6	1.2	0.7	2.0	67.8	4.9	1.3	1.2	0.2	0.0	22.1	100.0	697
40-44	80.1	78.7	0.6	0.5	1.9	65.5	10.1	1.2	0.8	0.3	0.3	19.9	100.0	582
45-49	77.5	77.0	0.0	0.0	0.9	58.3	17.7	0.5	0.4	0.1	0.0	22.5	100.0	350
Total	60.9	59.9	1.7	1.9	4.0	48.5	3.7	1.0	0.7	0.3	0.1	39.1	100.0	4,963

<sup>1</sup>Includes both modern and traditional methods that are not listed separately



By age, current contraceptive use increases from 7 percent for women age 15–19 to 81 percent for women age 30–34 and oscillates for older women between 78 and 80 percent. Condom use is highest (7 percent) among women age 20–24, whereas acceptance of female sterilization is highest (68 percent) among women age 30–39. The majority of current users age 20 and above have accepted female sterilization. Use of female sterilization peaks at 68 percent at age 30–34 and declines thereafter, while use of male sterilization increases substantially in the older age groups. The pattern of variation by age in overall contraceptive use is similar in urban and rural areas. In both urban and rural areas, contraceptive use rate increases up to age 30–34 and then oscillates at older ages.

The NFHS-2 contraceptive prevalence rate of 61 percent is substantially higher than the NFHS-1 rate of 54 percent (Figure 5.1). During this period, there has also been an overall increase in the use of modern methods (from 53 percent to 60 percent), mainly due to an increase in the use of female sterilization. In NFHS-1, female sterilization accounted for 74 percent of current contraceptive prevalence; in NFHS-2, female sterilization accounts for 80 percent of current contraceptive prevalence. On the other hand, current use of male sterilization has fallen from 6 percent in NFHS-1 to 4 percent in NFHS-2. Among the three officially-sponsored spacing methods, the use of pills and condoms increased marginally between the two NFHS surveys (from 1.4 and 2.5 percent in NFHS-1 to 1.7 and 4.0 percent in NFHS-2, respectively), but the use of IUDs declined from 2.5 percent in NFHS-1 to 1.9 percent in NFHS-2. These results suggest that despite the increased emphasis on contraceptive choice and on modern spacing methods in the Reproductive and Child Health Programme, and despite women’s increasing knowledge of modern spacing methods, female sterilization not only continues to dominate the method mix in

Maharashtra but also its share in total contraceptive use has increased. Modern spacing methods still account for only a small percentage of total contraceptive use, particularly in rural areas.

### **Socioeconomic Differentials in Current Use of Family Planning Methods**

Table 5.4 shows differences in current contraceptive use by background characteristics. The contraceptive use rate in Mumbai is lower than in other parts of Maharashtra. Within Mumbai, the contraceptive use rate is much lower in slum areas (52 percent) than in non-slum areas (63 percent). The higher contraceptive prevalence rate in non-slum areas of Mumbai is mainly due to higher use rates of IUDs and condoms in non-slum areas (7 and 9 percent, respectively) than in slum areas (4 and 5 percent, respectively). Female sterilization accounts for 74 percent of total contraceptive use in slum areas of Mumbai, whereas in non-slum areas it accounts for 62 percent of total use. In rural Maharashtra, female sterilization accounts for 83 percent of total use.

Use of female sterilization decreases steadily with education, from 55 percent among illiterate women to 31 percent among women who have completed at least high school. On the other hand, use of the three modern spacing methods increases with education. Modern spacing methods account for only 2 percent of all contraceptive use by illiterate women but for 41 percent of all contraceptive use by women who have completed at least high school. The use of traditional methods also tends to increase with education, but the differentials are relatively small. Contraceptive use has increased since NFHS-1 among women in every educational category. The increase, however, has been much more rapid among women who are illiterate and those who are literate but have not completed middle school than among women who have completed at least middle school. Various studies based on NFHS-1 data have shown that even after controlling the effects of other factors, education is a key factor influencing contraceptive use in India (Retherford and Ramesh, 1996; Ramesh et al., 1996).

Contraceptive prevalence is higher among Hindus (62 percent) than Muslims (49 percent); however, it is the Buddhist/Neo-Buddhist women who, at 66 percent, have the highest rate of contraceptive use in Maharashtra. Female sterilization is most common among Buddhists/Neo-Buddhists (55 percent) and least common among Muslims (37 percent). Condom use, by contrast, is highest among Jains (10 percent), followed by Christians (5 percent) and Hindus (4 percent). Six percent of Buddhist/Neo-Buddhist women and 4 percent of Hindu women reported use of male sterilization, but use of male sterilization is negligible among women of other religions. The three modern spacing methods—the pill, condom, and IUD—together account for 24 percent of contraceptive use by Jains, 22 percent by Muslims, and 12–14 percent by Hindus and Christians, but only 8 percent by Buddhists/Neo-Buddhists. Four percent of Jains, 3 percent of Christians, and 1 percent each of Muslims and Hindus use a traditional method. Among the traditional methods, withdrawal is more popular among Jains and the rhythm or safe-period method is more popular among Christians.

Contraceptive prevalence is highest for women who belong to other backward classes (64 percent) and lowest for women belonging to a scheduled tribe (54 percent). The use of any method, as well as the use of every specific contraceptive method except female and male sterilization, is positively related to the household standard of living index (SLI). Contraceptive prevalence increases from 55 percent among women who have a low SLI to 66 percent among women with a high SLI. The use of the three modern spacing methods is much higher among women with a high SLI (17 percent) than among women with a medium SLI (7 percent) or a low SLI (1 percent). Use

Table 5.4 Current use by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics, Maharashtra, 1999

Background characteristic	Any method	Any modern method	Pill	IUD	Condom	Female sterilization	Male sterilization	Any traditional method	Rhythm/safe period	Withdrawal	Other method <sup>1</sup>	Not using any method	Total percent	Number of women
<b>Residence</b>														
Urban	58.5	56.7	2.5	3.5	5.6	43.6	1.5	1.7	1.4	0.3	0.1	41.5	100.0	2,044
Rural	62.7	62.1	1.2	0.8	2.9	51.9	5.3	0.4	0.2	0.2	0.1	37.3	100.0	2,919
<b>Mumbai</b>														
Slum	56.6	53.5	2.6	5.2	6.7	38.6	0.4	3.1	2.4	0.7	0.0	43.4	100.0	636
Non-slum	51.6	49.7	2.5	3.8	5.0	38.3	0.1	1.9	1.6	0.4	0.0	48.4	100.0	366
	63.4	58.7	2.6	7.1	9.1	39.0	0.9	4.7	3.6	1.1	0.0	36.6	100.0	270
<b>Education</b>														
Illiterate	62.5	62.2	0.5	0.2	0.3	55.0	6.2	0.2	0.2	0.1	0.1	37.5	100.0	2,173
Literate, < middle school complete	63.3	63.1	2.4	1.3	2.4	54.4	2.6	0.2	0.2	0.0	0.0	36.7	100.0	1,322
Middle school complete	50.7	48.2	2.2	3.1	4.8	37.0	1.0	2.3	1.7	0.6	0.2	49.3	100.0	553
High school complete and above	60.0	56.9	3.5	6.3	14.7	31.2	1.2	3.0	2.2	0.8	0.0	40.0	100.0	916
<b>Religion</b>														
Hindu	62.0	61.0	1.6	1.8	4.1	49.5	4.1	0.9	0.7	0.2	0.1	38.0	100.0	3,989
Muslim	49.1	47.9	3.9	3.1	3.7	37.0	0.3	1.2	0.7	0.4	0.0	50.9	100.0	491
Christian	53.2	49.8	1.1	1.7	4.6	41.8	0.6	3.4	3.4	0.0	0.0	46.8	100.0	59
Buddhist/Neo-Buddhist	66.3	65.8	1.3	1.2	2.6	55.2	5.5	0.5	0.1	0.4	0.0	33.7	100.0	326
Jain	65.3	61.1	0.5	5.3	9.6	45.7	0.0	4.2	1.1	3.1	0.0	34.7	100.0	64
Other	(57.5)	(57.5)	(0.0)	(4.8)	(0.0)	(48.4)	(4.3)	(0.0)	(0.0)	(0.0)	(0.0)	(42.5)	100.0	33
<b>Caste/tribe</b>														
Scheduled caste	62.2	62.0	1.4	0.9	2.6	52.4	4.7	0.2	0.1	0.1	0.0	37.8	100.0	648
Scheduled tribe	53.7	53.1	0.9	0.7	2.1	41.6	7.9	0.6	0.3	0.3	0.0	46.3	100.0	501
Other backward class	64.0	62.7	1.7	1.4	3.6	52.6	3.4	1.1	0.9	0.3	0.1	36.0	100.0	1,077
Other	60.7	59.4	2.0	2.6	4.9	47.1	2.8	1.2	0.9	0.3	0.1	39.3	100.0	2,716
<b>Standard of living index</b>														
Low	54.8	54.7	0.6	0.2	0.5	46.9	6.5	0.1	0.0	0.1	0.0	45.2	100.0	1,467
Medium	63.3	62.3	1.9	1.5	3.6	52.3	2.9	1.0	0.7	0.3	0.1	36.7	100.0	2,224
High	65.9	63.7	2.9	5.0	9.4	44.9	1.5	2.1	1.7	0.5	0.1	34.1	100.0	1,114

Contd...



Table 5.4 Current use by background characteristics (contd.)

Percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics, Maharashtra, 1999

Background characteristic	Any method	Any modern method	Pill	IUD	Condom	Female sterilization	Male sterilization	Any traditional method	Rhythm/safe period	Withdrawal	Other method <sup>1</sup>	Not using any method	Total percent	Number of women
<b>Number and sex of living children</b>														
No children	3.5	3.1	0.5	0.1	1.1	0.6	0.9	0.4	0.1	0.3	0.0	96.5	100.0	513
1 child	25.0	23.0	3.5	4.3	9.9	3.5	1.8	1.8	1.4	0.4	0.2	75.0	100.0	719
1 son	28.3	26.7	3.5	5.8	11.5	4.7	1.1	1.6	1.5	0.1	0.0	71.7	100.0	383
No sons	21.3	18.9	3.5	2.6	8.2	2.1	2.5	2.0	1.3	0.7	0.4	78.7	100.0	336
2 children	64.2	62.4	2.4	3.6	6.5	47.0	3.0	1.8	1.6	0.1	0.0	35.8	100.0	1,263
2 sons	78.6	77.3	2.4	3.4	2.8	64.0	4.6	1.3	1.3	0.1	0.0	21.4	100.0	438
1 son	62.7	60.8	2.4	4.4	7.2	44.5	2.3	1.9	1.7	0.2	0.0	37.3	100.0	641
No sons	34.8	32.5	2.3	1.2	12.7	14.8	1.5	2.3	2.1	0.2	0.0	65.2	100.0	184
3 children	82.0	81.4	1.2	1.1	2.2	72.2	4.7	0.5	0.2	0.3	0.0	18.0	100.0	1,343
3 sons	93.7	93.7	0.8	0.0	0.8	91.3	0.8	0.0	0.0	0.0	0.0	6.3	100.0	163
2 sons	90.8	90.7	0.8	0.4	1.5	82.0	6.1	0.1	0.0	0.1	0.0	9.2	100.0	645
1 son	73.1	71.7	1.4	2.6	3.3	59.8	4.7	1.4	0.6	0.7	0.0	26.9	100.0	464
No sons	33.5	33.0	4.1	0.9	5.3	20.7	2.0	0.5	0.5	0.0	0.0	66.5	100.0	72
4+ children	81.4	80.8	1.1	0.4	0.9	72.4	6.0	0.4	0.1	0.3	0.3	18.6	100.0	1,126
2+ sons	85.8	85.4	1.0	0.2	0.6	77.7	6.0	0.2	0.0	0.2	0.2	14.2	100.0	789
1 son	74.2	72.8	1.6	0.8	1.6	62.2	6.6	0.9	0.4	0.5	0.5	25.8	100.0	302
No sons	(44.6)	(44.6)	(0.9)	(0.0)	(4.0)	(38.8)	(0.9)	(0.0)	(0.0)	(0.0)	(0.0)	(55.4)	100.0	35
Total	60.9	59.9	1.7	1.9	4.0	48.5	3.7	1.0	0.7	0.3	0.1	39.1	100.0	4,963

Note: Total includes 21 and 157 women with missing information on caste/tribe and the standard of living index, respectively, who are not shown separately.

( ) Based on 25–49 unweighted cases

<sup>1</sup>Includes both modern and traditional methods that are not listed separately

of traditional methods is slightly higher among women with a high SLI (2 percent) than among women with a medium or low SLI (1 percent or less). Use of female sterilization is highest among women with a medium SLI (52 percent) and use of male sterilization decreases from 7 percent among women with a low SLI to 2 percent among women with a high SLI.

Table 5.4 also shows differences in current use by the number and sex of living children. Contraceptive use increases sharply from only 4 percent among women with no living children to 82 percent for women with three living children and 81 percent for women with four or more living children. Use of both female and male sterilization also increases with the number of living children. Use of each of the three modern spacing methods is highest for women with one living child and declines steadily for higher-parity women.

Prevalence rates by sex composition of living children indicate the existence of considerable son preference. At each parity, women with no sons are much less likely than women with one or more sons to be using contraception. For example, among women with two living children, only 35 percent with no sons (i.e. both daughters) use contraception, compared with 63 percent with one daughter and one son, and as high as 79 percent with both sons. In addition, women at parity two or above are more likely to use contraception if they have two or more sons than if they have only one son.

### **Number of Living Children at First Use of Contraception**

In order to examine the timing of initial family planning use, NFHS-2 included a question on how many living children women had when they first used a method. Table 5.5 shows the distribution of ever-married women by the number of living children at the time of first contraceptive use, according to current age and residence. Only 2 percent of ever-married women (3 percent of ever-married women who have ever used contraception) began using contraception when they did not have any living children and another 12 percent (18 percent of ever users) began using when they had one living child. Although very early use of contraception is relatively rare, 47 percent of ever-married women began using when they had three or fewer living children. A similar pattern of use is observed among women in rural areas, but urban women are more likely to begin using when they have two or fewer living children than when they have more than two living children.

The demographic impact of contraception depends on both the percentage of couples that use contraception and the parity at which they start using. An emphasis on sterilization in the contraceptive method mix, however, increases the likelihood that women will begin contraceptive use only after achieving their desired family size. Clearly, spacing methods need to be promoted more deliberately if a reduction is sought in the parity at which women first accept contraception.

### **Problems with Current Method**

Women who were using a contraceptive method were asked if they had experienced any problems with their current method. Table 5.6 shows the percentage of current contraceptive users who report specific problems. Overall, a large majority (82 percent) of current users report having no problems with their method. This may be an underestimate of the extent of problems, however, because women who have experienced problems with spacing methods may have stopped using contraception altogether, and these women are not represented in the table.

Table 5.5 Number of living children at first use

Percent distribution of ever-married women by number of living children at the time of first use of contraception, according to current age and residence, Maharashtra, 1999

Current age	Never used	Number of living children at the time of first use					Missing	Total percent	Number of women
		0	1	2	3	4+			
<b>URBAN</b>									
15-19	86.8	3.9	7.1	2.2	0.0	0.0	0.0	100.0	134
20-24	58.3	5.5	20.4	7.2	5.9	2.8	0.0	100.0	396
25-29	32.8	3.6	21.7	17.0	15.8	9.1	0.0	100.0	443
30-34	22.2	1.9	24.2	17.9	20.9	12.9	0.0	100.0	392
35-39	22.5	2.0	15.2	17.4	21.2	21.7	0.0	100.0	354
40-44	24.8	2.1	11.8	19.1	17.2	25.1	0.0	100.0	315
45-49	23.1	2.1	14.4	12.2	21.6	26.6	0.0	100.0	194
Total	35.1	3.1	18.0	14.5	15.5	13.9	0.0	100.0	2,229
<b>RURAL</b>									
15-19	86.7	3.8	4.4	4.3	0.4	0.0	0.4	100.0	365
20-24	57.5	1.8	10.8	15.7	11.1	3.2	0.0	100.0	558
25-29	29.3	0.7	10.2	22.6	24.0	13.2	0.0	100.0	648
30-34	16.6	1.0	8.1	17.9	33.1	23.3	0.0	100.0	564
35-39	20.9	0.7	5.4	12.8	29.3	31.0	0.0	100.0	424
40-44	19.2	1.2	2.0	9.5	24.8	43.4	0.0	100.0	374
45-49	23.1	0.7	1.9	5.0	28.9	40.4	0.0	100.0	230
Total	35.9	1.4	7.0	14.3	21.8	19.6	0.0	100.0	3,162
<b>TOTAL</b>									
15-19	86.8	3.9	5.1	3.7	0.3	0.0	0.3	100.0	499
20-24	57.8	3.3	14.8	12.2	8.9	3.0	0.0	100.0	954
25-29	30.7	1.9	14.9	20.3	20.7	11.5	0.0	100.0	1,092
30-34	18.9	1.4	14.7	17.9	28.1	19.0	0.0	100.0	956
35-39	21.6	1.3	9.9	14.9	25.6	26.8	0.0	100.0	778
40-44	21.7	1.6	6.4	13.9	21.3	35.0	0.0	100.0	688
45-49	23.1	1.3	7.6	8.3	25.6	34.1	0.0	100.0	424
Total	35.5	2.1	11.6	14.4	19.2	17.3	0.0	100.0	5,391

The analysis of method-specific problems reveals that 80 percent of sterilized women and 84 percent of women whose husbands are sterilized report having no problem with their method. The most common problems experienced by sterilized women are headache, bodyache, or backache (10 percent), weakness or tiredness (5 percent), abdominal pain (5 percent), too much bleeding (4 percent), cramps (3 percent), and white discharge (2 percent). Among women whose husbands are sterilized and who report problems with the method, the most common complaint is headache, bodyache, or backache (11 percent), followed by abdominal pain (4 percent). With regard to spacing methods, 15 percent of women had problems in using pills, 11 percent had problems using the IUD, and 1 percent had problems using condoms. The most common problems for pill and IUD users were excessive bleeding, cramps, irregular periods (for the IUD), weakness or tiredness, white discharge, dizziness, weight loss (for pills), and abdominal pain. These results point to a continuing need to strengthen post-operative care for sterilization acceptors and counselling and support for all contraceptive acceptors.

Table 5.6 Problems with current method							
Percentage of current users of specific contraceptive methods who have had problems in using the method, Maharashtra, 1999							
Problem	Contraceptive method						Total
	Pill	IUD	Condom	Female sterilization	Male sterilization	Rhythm/safe period	
No problem	84.6	88.9	98.7	80.2	84.4	100.0	82.4
Weight gain	1.6	0.4	0.0	0.5	0.0	0.0	0.4
Weight loss	1.9	0.0	0.0	0.8	0.0	0.0	0.7
Too much bleeding	5.3	8.3	0.0	3.5	0.0	0.0	3.2
Headache/bodyache/backache	0.0	1.4	0.0	10.0	11.1	0.0	8.7
Nausea/vomiting	1.5	0.0	0.0	0.8	0.0	0.0	0.7
No menstruation	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Weakness/tiredness	3.6	1.8	0.0	5.2	1.5	0.0	4.4
Dizziness	1.9	1.4	0.0	1.5	0.0	0.0	1.3
Fever	1.6	0.0	0.0	0.9	0.0	0.0	0.8
Cramps	4.7	4.0	0.0	2.8	0.0	0.0	2.5
Spotting	0.0	0.0	0.0	0.2	0.0	0.0	0.2
Inconvenient to use	0.0	0.0	0.7	0.1	0.0	0.0	0.1
Abdominal pain	1.7	1.5	0.3	4.6	3.8	0.0	4.0
White discharge	1.6	1.7	0.2	2.2	0.8	0.0	1.9
Irregular periods	0.4	2.0	0.0	1.1	0.0	0.0	0.9
Breast tenderness	0.0	1.3	0.0	0.2	0.0	0.0	0.2
Allergy	1.5	0.0	0.0	0.2	0.0	0.0	0.2
Reduced sexual satisfaction	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Other	1.9	0.0	0.2	3.3	2.3	0.0	2.9
Number of users	87	96	199	2,405	186	36	3,024

Note: Total includes 12 users of withdrawal and 4 users of other contraceptive methods, who are not shown separately. Percentages may add to more than 100.0 because multiple problems could be recorded.

### 5.3 Timing of Sterilization

Table 5.7 shows how many years before the survey women or their husbands were sterilized and how old the women were when the sterilization took place. Of 2,591 sterilizations reported, 93 percent are female sterilizations. Thirty-eight percent of the female sterilizations took place less than 6 years before the survey, another 22 percent took place 6–9 years before the survey, and 40 percent took place 10 or more years before the survey. By contrast, 78 percent of male sterilizations took place 10 or more years before the survey. The median age of the wife at the time of sterilization was 25 years, slightly lower than the median of 25.7 years for India as a whole. Eighty-five percent of sterilized couples underwent sterilization before the wife was age 30. Ninety-seven percent of sterilizations took place before the wife was age 35 and only 3 percent took place when the wife was above age 35.

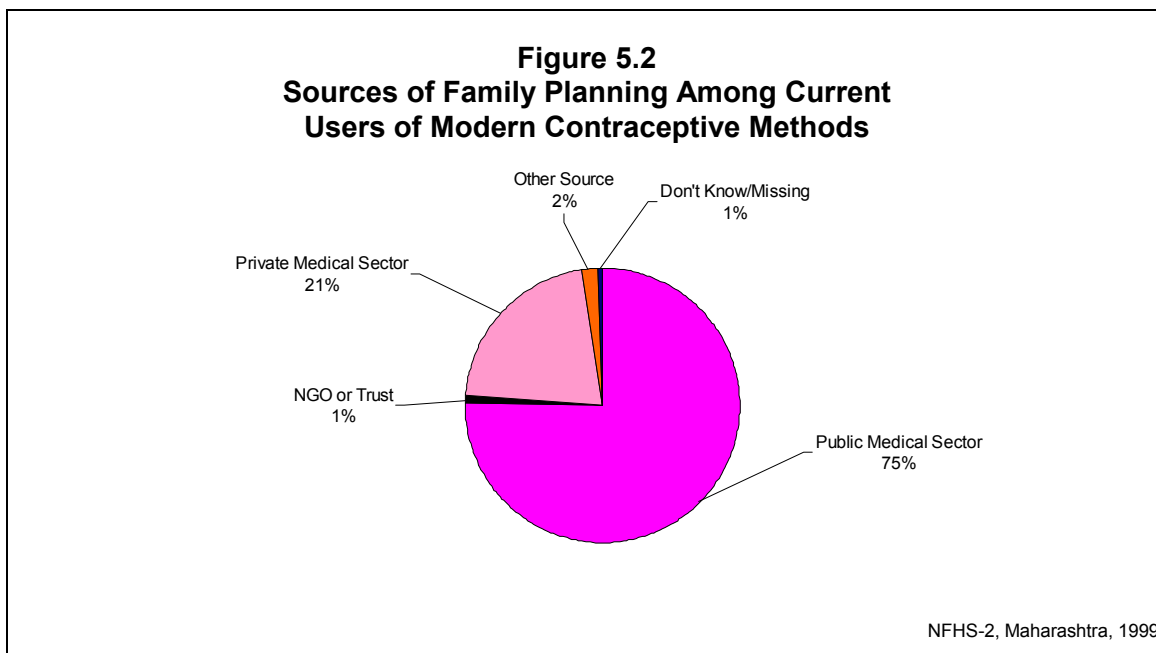
The median age of women at the time of sterilization has consistently increased during the last 10 years, from 24.6 years in the period 8–9 years before the survey to 25.3 years in the past two years. From NFHS-2 data it is not possible to assess the trend in the median age at sterilization for more than 10 years before the survey because only women age 15–49 years were interviewed. Women in their forties 10 or more years before the survey would have been age 50–59 years at the time of the survey and would, therefore, not have been interviewed. Examining NFHS-1 and NFHS-2 data together, however, suggests that women’s median age at sterilization declined from

<b>Table 5.7 Timing of sterilization</b>										
Percent distribution of currently married, sterilized women and wives of sterilized men by age at the time of sterilization and median age of the woman at the time of sterilization, according to the number of years since sterilization, Maharashtra, 1999										
Years since sterilization	Woman's age at the time of sterilization							Total percent	Number sterilized	Median age <sup>1</sup>
	< 20	20–24	25–29	30–34	35–39	40–44	45–49			
<b>STERILIZED WOMEN</b>										
< 2	8.8	38.5	34.0	14.4	3.6	0.2	0.4	100.0	307	25.3
2–3	6.6	42.4	34.6	13.3	2.8	0.3	0.0	100.0	288	25.1
4–5	9.6	41.7	32.9	12.1	3.1	0.6	0.0	100.0	310	24.8
6–7	8.8	44.9	31.6	9.8	4.8	0.0	U	100.0	249	24.7
8–9	10.3	42.7	28.9	15.1	2.5	0.5	U	100.0	283	24.6
10+	7.2	42.1	37.7	11.5	1.4	U	U	100.0	969	NC
Total	8.2	42.0	34.6	12.4	2.6	0.2	0.1	100.0	2,405	25.0
<b>WIVES OF STERILIZED MEN</b>										
< 10	(3.4)	(49.4)	(17.9)	(7.5)	(14.7)	(7.1)	U	100.0	39	(24.5)
10+	10.0	28.9	46.3	11.7	3.1	U	U	100.0	146	NC
Total	8.6	33.3	40.3	10.8	5.6	1.5	0.0	100.0	186	25.6
<b>STERILIZED WOMEN AND WIVES OF STERILIZED MEN</b>										
< 2	8.7	38.1	34.1	14.8	3.6	0.2	0.4	100.0	310	25.3
2–3	6.5	42.5	34.7	13.2	2.9	0.3	0.0	100.0	291	25.1
4–5	9.4	42.6	32.2	11.8	3.0	1.0	0.0	100.0	317	24.8
6–7	8.6	45.1	31.1	9.5	5.2	0.5	U	100.0	257	24.7
8–9	10.1	42.9	28.1	14.6	3.8	0.5	U	100.0	301	24.6
10+	7.6	40.4	38.9	11.5	1.6	U	U	100.0	1,115	NC
Total	8.2	41.4	35.0	12.3	2.8	0.3	0.1	100.0	2,591	25.0
NC: Not calculated due to censoring U: Not available ( ) Based on 25–49 unweighted cases <sup>1</sup> To avoid censoring, median age is calculated only for sterilizations that took place when the woman was less than 40 years old.										

26.1 years in 1984–85 (8–9 years before NFHS-1) to 24.6 years in 1990–91 and has since increased steadily to 25.3 years in recent years.

#### 5.4 Sources of Contraceptive Methods

Family planning methods and services in Maharashtra are provided primarily through a network of government hospitals and urban family welfare centres in urban areas and Primary Health Centres (PHC) and sub-centres in rural areas. Family planning services are also provided by private hospitals and clinics, as well as nongovernmental organizations (NGOs). Sterilizations and IUD insertions are carried out mostly in government hospitals and PHCs. Sterilization camps, organized from time to time, also provide sterilization services. Modern spacing methods such as the IUD, pill, and condom are available through both the government and private sectors.



To assess the relative importance of various sources of contraceptive methods, NFHS-2 included a question on where current contraceptive users obtained their methods. Table 5.8 and Figure 5.2 show the percent distribution of current users of modern contraceptives by the source from which they obtained their method most recently, according to specific method and residence. The public medical sector, consisting of government/municipal hospitals, government dispensaries, Primary Health Centres, and other governmental health infrastructure, is the source of contraception for 75 percent of current users of modern methods, virtually unchanged from the situation in NFHS-1. The private medical sector, including private hospitals or clinics, private doctors, private paramedics, and pharmacies or drugstores, is the source for 21 percent of current users, down slightly from 23 percent in NFHS-1. Two percent of current users obtain their methods from other sources such as shops, friends, and relatives, and 1 percent from NGO or trust facilities. Government/municipal hospitals are the main source (48 percent) for female sterilization, followed by community health centres, rural hospitals, or Primary Health Centres (31 percent) and private hospitals or clinics (15 percent). Similar sources are used for male sterilizations, the main source being community health centres, rural hospitals, or Primary Health Centres (49 percent). By contrast, 64 percent of current pill users, 63 percent of IUD users, and 58 percent of condom users obtain their supply from the private medical sector. Pharmacies or drugstores are the main source for pills (55 percent) and condoms (50 percent), while 45 percent of IUD users obtain the method from private hospitals or clinics.

Eighty-six percent of rural users obtain their contraceptives from the public medical sector, compared with 59 percent of urban users. Although the public medical sector is the main source for female sterilizations in both urban and rural areas, in urban areas the private sector also plays a substantial role. Twenty-eight percent of female sterilizations were performed in the private medical sector in urban areas, compared with only 9 percent in rural areas. For pills, the private medical sector is also a more important source in urban areas than in rural areas, while for condoms, the private medical sector is a more important source in rural areas than in urban areas. A large majority of users of pills and condoms obtain their supply from private pharmacies, drugstores, or shops in both urban and rural areas.

**Table 5.8 Source of modern contraceptive methods**

Percent distribution of current users of modern contraceptive methods by most recent source, according to specific method and residence, Maharashtra, 1999

Source	Contraceptive method					All modern methods
	Pill	IUD	Condom	Female sterilization	Male sterilization	
<b>URBAN</b>						
<b>Public medical sector</b>	10.6	28.1	14.4	69.4	(77.0)	59.1
Government/municipal hospital	9.2	25.3	9.8	59.5	(39.8)	49.8
Government dispensary	0.0	0.9	0.3	0.0	(0.0)	0.1
UHC/UHP/UFWC	0.0	0.0	0.0	0.9	(4.0)	0.8
CHC/rural hospital/PHC	0.0	1.9	1.1	8.2	(25.0)	7.2
Sub-centre	0.0	0.0	1.1	0.0	(0.0)	0.1
Government mobile clinic	0.0	0.0	0.0	0.0	(0.0)	0.0
Government paramedic	0.0	0.0	1.2	0.0	(0.0)	0.1
Camp	0.0	0.0	0.0	0.6	(4.0)	0.6
Other public medical sector	1.4	0.0	0.9	0.1	(4.1)	0.4
<b>NGO or trust</b>						
Hospital/clinic	0.0	9.2	0.0	1.5	(0.0)	1.7
<b>Private medical sector</b>	73.0	62.7	55.9	28.1	(23.0)	34.8
Private hospital/clinic	5.8	44.5	1.4	25.4	(21.8)	23.3
Private doctor	0.7	18.2	0.3	2.4	(1.2)	3.0
Private paramedic	3.8	0.0	5.7	0.0	(0.0)	0.7
Pharmacy/drugstore	60.2	0.0	46.1	0.0	(0.0)	7.2
Other private medical sector	2.5	0.0	2.3	0.3	(0.0)	0.6
<b>Other source</b>	15.8	0.0	23.4	0.9	(0.0)	3.7
Shop	15.1	0.0	21.4	0.0	(0.0)	2.8
Other	0.7	0.0	2.0	0.9	(0.0)	0.9
Don't know <sup>1</sup>	0.6	0.0	6.3	0.0	(0.0)	0.7
Missing	0.0	0.0	0.0	0.1	(0.0)	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	50	71	115	891	31	1,159
<b>RURAL</b>						
<b>Public medical sector</b>	(28.6)	*	27.3	89.9	96.4	85.5
Government/municipal hospital	(8.0)	*	5.2	41.6	38.1	38.6
Government dispensary	(0.0)	*	3.4	0.0	0.0	0.2
UHC/UHP/UFWC	(0.0)	*	0.0	0.3	0.0	0.2
CHC/rural hospital/PHC	(16.7)	*	13.6	45.1	53.6	43.4
Sub-centre	(3.9)	*	5.1	0.0	0.0	0.4
Government mobile clinic	(0.0)	*	0.0	0.0	0.9	0.1
Government paramedic	(0.0)	*	0.0	0.0	0.0	0.0
Camp	(0.0)	*	0.0	2.6	3.7	2.5
Other public medical sector	(0.0)	*	0.0	0.2	0.0	0.2
<b>NGO or trust</b>						
Hospital/clinic	(0.0)	*	0.0	0.5	0.9	0.5
<b>Private medical sector</b>	(51.4)	*	60.9	9.4	1.8	12.7
Private hospital/clinic	(0.0)	*	1.7	9.4	1.8	8.7
Private doctor	(3.8)	*	0.0	0.0	0.0	0.3
Private paramedic	(0.0)	*	3.3	0.0	0.0	0.2
Pharmacy/drugstore	(47.6)	*	55.9	0.0	0.0	3.6
Other private medical sector	(0.0)	*	0.0	0.0	0.0	0.0
<b>Other source</b>	(20.0)	*	6.8	0.1	0.9	0.9
Shop	(20.0)	*	5.2	0.0	0.0	0.6
Other	(0.0)	*	1.6	0.1	0.9	0.2
Don't know <sup>1</sup>	(0.0)	*	5.0	0.0	0.0	0.2
Missing	(0.0)	*	0.0	0.2	0.0	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	36	24	84	1,514	154	1,814

Table 5.8 Source of modern contraceptive methods (contd.)

Percent distribution of current users of modern contraceptive methods by most recent source, according to specific method and residence, Maharashtra, 1999

Source	Contraceptive method					All modern methods
	Pill	IUD	Condom	Female sterilization	Male sterilization	
<b>TOTAL</b>						
<b>Public medical sector</b>	18.1	29.8	19.9	82.3	93.1	75.2
Government/municipal hospital	8.7	23.2	7.8	48.2	38.4	43.0
Government dispensary	0.0	0.7	1.6	0.0	0.0	0.1
UHC/UHP/UFWC	0.0	0.0	0.0	0.5	0.7	0.5
CHC/rural hospital/PHC	7.0	4.4	6.4	31.4	48.8	29.3
Sub-centre	1.6	1.5	2.8	0.0	0.0	0.3
Government mobile clinic	0.0	0.0	0.0	0.0	0.8	0.0
Government paramedic	0.0	0.0	0.7	0.0	0.0	0.0
Camp	0.0	0.0	0.0	1.9	3.8	1.8
Other public medical sector	0.8	0.0	0.5	0.2	0.7	0.2
<b>NGO or trust</b>						
Hospital/clinic	0.0	6.8	0.0	0.9	0.7	1.0
<b>Private medical sector</b>	64.0	63.4	58.0	16.3	5.4	21.3
Private hospital/clinic	3.4	45.4	1.6	15.3	5.2	14.4
Private doctor	2.0	18.1	0.2	0.9	0.2	1.4
Private paramedic	2.2	0.0	4.7	0.0	0.0	0.4
Pharmacy/drugstore	54.9	0.0	50.3	0.0	0.0	5.0
Other private medical sector	1.5	0.0	1.3	0.1	0.0	0.2
<b>Other source</b>	17.5	0.0	16.4	0.4	0.7	2.0
Shop	17.2	0.0	14.5	0.0	0.0	1.5
Other	0.4	0.0	1.8	0.4	0.7	0.5
Don't know <sup>1</sup>	0.4	0.0	5.8	0.0	0.0	0.4
Missing	0.0	0.0	0.0	0.2	0.0	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	87	96	199	2,405	186	2,972

UHC: Urban health centre; UHP: Urban health post; UFWC: Urban family welfare centre; CHC: Community health centre; PHC: Primary Health Centre; NGO: Nongovernmental organization  
 ( ) Based on 25–49 unweighted cases  
 \*Percentage not shown; based on fewer than 25 unweighted cases  
<sup>1</sup>For the pill and the condom, this category includes women who say their husband or a friend or other relative obtained the method, but they don't know the original source of supply.

## 5.5 Reasons for Discontinuation/Non-Use of Contraception

Currently married, nonpregnant women who were not using a contraceptive method at the time of the survey fall into two categories with respect to their contraceptive experience: those who used contraception in the past and those who never used contraception. NFHS-2 asked women who had discontinued contraceptive use, their main reason for discontinuing. The survey also asked women who had never used contraception, the main reason they were not currently using a method. Table 5.9 shows that 197 non-pregnant women who ever used family planning methods (6 percent of ever users) have discontinued use. Among the group that discontinued contraception, the most commonly mentioned reason for discontinuing is that the couple wanted to have a child (42 percent). Other frequently cited reasons for discontinuing use are that contraceptive use created a health problem (17 percent), created a menstrual problem (5 percent),



**Table 5.9 Reasons for discontinuation/non-use**

Percent distribution of nonpregnant, currently married women who stopped using contraception by main reason for stopping use, and percent distribution of nonpregnant, currently married women who never used contraception by main reason for not currently using, according to residence, Maharashtra, 1999

Reason	Urban	Rural	Total
<b>REASON FOR STOPPING USE</b>			
Method failed/got pregnant	1.3	(4.3)	2.4
Lack of sexual satisfaction	0.5	(4.1)	1.8
Created menstrual problem	7.0	(2.0)	5.3
Created health problem	17.5	(16.6)	17.2
Inconvenient to use	2.3	(0.0)	1.5
Gained weight	0.8	(0.0)	0.5
Did not like the method	3.3	(2.0)	2.8
Wanted to have a child	36.7	(50.4)	41.5
Lack of privacy for use	0.3	(0.0)	0.2
Husband away	3.4	(2.2)	2.9
Costs too much	0.3	(2.2)	0.9
Other	26.8	(16.3)	23.1
Total percent	100.0	100.0	100.0
Number of women	129	68	197
<b>REASON FOR NOT CURRENTLY USING</b>			
Husband away	3.1	0.7	1.7
<b>Fertility-related reasons</b>	66.0	69.9	68.3
Not having sex	2.6	1.4	1.9
Infrequent sex	2.1	0.5	1.1
Menopausal/had hysterectomy	4.8	5.9	5.4
Subfecund/infecund	8.8	5.8	7.0
Postpartum/breastfeeding	6.4	8.6	7.7
Wants more children	41.3	47.8	45.2
<b>Opposition to use</b>	8.3	7.1	7.6
Opposed to family planning	0.9	0.5	0.7
Husband opposed	4.3	4.1	4.2
Other people opposed	1.2	1.7	1.5
Against religion	2.0	0.7	1.2
<b>Lack of knowledge</b>	1.2	2.7	2.1
Knows no method	0.9	1.8	1.4
Knows no source	0.3	0.9	0.7
<b>Method-related reasons</b>	14.2	8.6	10.9
Health concerns	2.2	1.9	2.1
Worry about side effects	4.4	2.8	3.5
Hard to get method	0.2	0.2	0.2
Costs too much	0.0	0.3	0.2
Inconvenient	0.0	0.2	0.1
Afraid of sterilization	1.5	1.8	1.7
Doesn't like existing methods	5.8	1.4	3.2
Other	6.8	9.8	8.6
Don't know/missing	0.4	1.2	0.9
Total percent	100.0	100.0	100.0
Number of women	544	807	1,351

( ) Based on 25–49 unweighted cases

the husband is away (3 percent), the woman did not like the method (3 percent), and the method failed and the woman got pregnant (2 percent). Urban and rural women gave similar reasons for discontinuing use, with both rural and urban women most frequently giving the desire for another child as the main reason for discontinuing use, followed by the reason that the method created a health problem. However, women in rural areas discontinued use more often than women in urban areas due to desire for another child.

Among women who never used contraception, the most commonly mentioned reason for not currently using a method is also the desire for more children (45 percent), followed by the fact that the woman is postpartum or breastfeeding (8 percent). Another 7 percent of women say they are not using contraception because they are subfecund or infecund and 5 percent are menopausal or have had a hysterectomy. Eight percent mention different types of opposition, such as that their husband is opposed to family planning (4 percent), other people are opposed (2 percent), or it is against their religion (1 percent). Only 6 percent mention a health-related problem (worry about side effects or health concerns). Another 2 percent mention not knowing a method or a source to obtain a method as the main reason for not currently using contraception. Three percent say they are not using contraception because they do not like the existing methods and 3 percent give not having sex or infrequent sex as their main reason for non-use. There are no substantial urban-rural differences in reasons for not currently using contraception; however, 6 percent of urban women give dislike of existing methods as their main reason, compared with 1 percent of rural women. Health concerns and worry about side effects are also mentioned more frequently in urban areas (7 percent) than in rural areas (5 percent).

## **5.6 Future Intentions Regarding Contraceptive Use**

Currently married women who were not using any contraceptive method at the time of the survey (including those who were pregnant at the time of the survey) were asked about their intentions to use a method in the future. If they intended to use a method, they were asked about their preferred method. This type of information can help managers of family welfare programmes to identify potential groups of contraceptive users and to provide the types of contraception that are likely to be in demand. Table 5.10 gives women's responses to the questions on future use according to residence and number of living children.

About three-quarters (74 percent) of currently married women who are not currently using any contraceptive method express an intention to use a method in the future. Among women who intend to use contraception, more than one-third (36 percent) intend to use a method within the next 12 months. The proportion of current non-users who intend to use contraception any time in the future increases from 71 percent for women with no living children to 82 percent for women with one living child, and declines slightly to 79 and 73 percent for women with two and three living children, respectively. Forty-one percent of women with four or more living children say they have no intention of using contraception at any time in the future.

The expressed timing of future use also varies by the number of living children. The proportion of women who say that they intend to use contraception after 12 or more months falls steadily with the number of living children from 64 percent among women with no children to 17 percent among those with four or more children. On the other hand, the proportion expressing an

<b>Table 5.10 Future use of contraception</b>						
Percent distribution of currently married women who are not currently using any contraceptive method by intention to use in the future, according to number of living children and residence, Maharashtra, 1999						
Intention to use in the future	Number of living children <sup>1</sup>					Total
	0	1	2	3	4+	
<b>URBAN</b>						
Intends to use in next 12 months	3.5	25.3	41.7	34.1	33.3	28.0
Intends to use later	59.2	54.0	26.7	29.0	17.8	39.9
Intends to use, unsure when	3.0	1.6	4.0	2.8	0.0	2.5
Unsure as to intention	12.9	2.7	2.8	3.6	0.7	4.5
Does not intend to use	21.4	16.4	24.7	30.4	48.1	25.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	151	255	227	117	99	849
<b>RURAL</b>						
Intends to use in next 12 months	4.6	20.7	34.7	37.8	37.9	26.1
Intends to use later	67.1	60.0	47.7	38.5	15.6	49.1
Intends to use, unsure when	2.8	1.6	1.0	1.6	7.3	2.4
Unsure as to intention	7.3	5.8	0.5	0.8	4.0	3.7
Does not intend to use	18.2	11.9	16.0	21.2	35.2	18.7
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	215	280	283	171	141	1,090
<b>TOTAL</b>						
Intends to use in next 12 months	4.1	22.9	37.8	36.3	36.0	26.9
Intends to use later	63.8	57.1	38.4	34.6	16.5	45.1
Intends to use, unsure when	2.9	1.6	2.3	2.1	4.3	2.4
Unsure as to intention	9.6	4.3	1.5	1.9	2.6	4.0
Does not intend to use	19.5	14.0	19.9	25.0	40.5	21.5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	366	535	510	288	239	1,939
<sup>1</sup> Includes current pregnancy, if any						

intention to use contraception within the next 12 months increases from 4 percent among those with no children to 38 percent among those with two living children and then declines slightly to 36 percent among those with three or more children. The overall proportion of women who intend to use contraception at some time in the future is higher in rural areas (78 percent) than in urban areas (70 percent). Intended future use is higher among rural women than among urban women at each parity. Seventy-five percent of rural women who have no living children and 61 percent of rural women who have four or more living children intend to use contraception sometime in the future, compared with 66 and 51 percent of urban women, respectively. In urban areas, the intention to use contraception within the next 12 months increases from 4 percent for women with no living children to 42 percent for women with two living children, and then falls to 33 percent for women with four or more living children. In rural areas, by contrast, the intention to use contraception in the next 12 months increases steadily with parity, from 5 percent for women with no living children to 38 percent for women with three or more living children.

Table 5.11 Reasons for not intending to use contraception			
Percent distribution of currently married women who are not using any contraceptive method and who do not intend to use any method in the future by main reason for not intending to use contraception, according to current age, Maharashtra, 1999			
Reason	Current age		Total
	15–29	30–49	
<b>Fertility-related reasons</b>	35.2	70.4	61.8
Not having sex	0.7	5.9	4.6
Infrequent sex	0.3	1.7	1.4
Menopausal/had hysterectomy	1.7	29.5	22.7
Subfecund/infecund	7.9	26.5	21.9
Wants as many children as possible	24.7	6.9	11.2
<b>Opposition to use</b>	25.4	6.1	10.8
Opposed to family planning	2.0	0.6	0.9
Husband opposed	5.4	1.9	2.8
Other people opposed	2.8	0.0	0.7
Against religion	15.2	3.6	6.5
<b>Lack of knowledge</b>	13.0	1.8	4.5
Knows no method	13.0	1.4	4.2
Knows no source	0.0	0.4	0.3
<b>Method-related reasons</b>	21.3	14.9	16.5
Health concerns	4.0	3.1	3.3
Worry about side effects	5.2	5.1	5.1
Costs too much	0.0	0.4	0.3
Afraid of sterilization	4.4	3.6	3.8
Doesn't like existing methods	7.7	2.8	4.0
Other	3.7	5.8	5.3
Don't know/missing	1.3	0.9	1.0
Total percent	100.0	100.0	100.0
Number of women	102	315	417

The survey asked currently married women who were not using any method of contraception and who said that they did not intend to use a method at any time in the future why they did not intend to use contraception. This type of information is crucial for understanding the obstacles to further increases in contraceptive use and for designing effective information programmes. Table 5.11 shows that 62 percent of women mention a fertility-related reason for not intending to use contraception in the future, 17 percent mention a method-related reason, 11 percent mention opposition to use, and 5 percent mention a reason related to lack of knowledge. The most frequently mentioned reason given for not intending to use contraception is that the woman is menopausal or she has undergone a hysterectomy (23 percent). Other important fertility-related reasons are subfecundity or infecundity (22 percent) and the desire to have as many children as possible (11 percent). Among method-related reasons, 5 percent mention worry about side effects, 4 percent do not like the existing methods, and another 4 percent are afraid of sterilization. Seven percent of women do not intend to use contraception because they believe it to be against their religion and 4 percent because of lack of knowledge of methods.

One out of every four women age 15–29 mention the desire to have as many children as possible as the main reason for not intending to use contraception, compared with only 7 percent of

women age 30–49. Younger women are also much more likely than older women to give reasons relating to opposition to use, method-related reasons, and lack of knowledge. For example, 15 percent of women age 15–29 say that they do not intend to use contraception because it is against their religion, compared with only 4 percent of women age 30–49. Fifty-six percent of older women mention reasons related to menopause, hysterectomy, subfecundity or infecundity, compared with only 10 percent of younger women.

Since women below age 30 account for 91 percent of total current fertility in Maharashtra, the reasons they give for not intending to use contraception are extremely important from a policy perspective. Among the 65 percent of younger women who give reasons not related to fertility, the reason given most often is that contraception is against their religion. However, a substantial proportion of younger women who do not intend to use contraception mention reasons such as lack of knowledge (13 percent), health concerns or concerns about side effects (9 percent), not liking the existing methods (8 percent), opposition from their husbands (5 percent), and fear of sterilization (4 percent). This suggests that improved quality of services and more innovative information, education, and communication programmes could further enhance the success of the family welfare programme in Maharashtra. Nevertheless, among younger women who are not using contraception, the desire to have as many children as possible remains the major reason for not intending to use contraception in the future.

NFHS-2 asked currently married women who were not using contraception but intended to use a method in the future which method of family planning they would prefer to use. Table 5.12 shows the results according to the timing of intended use. Among women who intend to use contraception, 81 percent say they would prefer to use female sterilization, 8 percent say they would prefer to use the pill, and 4 percent are unsure about the method they would prefer to use. Only 4 percent would prefer to use the IUD, 3 percent say they would prefer to use condoms, and less than 1 percent prefer that their husbands get sterilized. There are important differences in the choice of preferred methods by timing of intended use. Women who intend to use contraception within the next 12 months show a greater preference for spacing methods, whereas women who plan to use contraception later are more likely to prefer female sterilization. Specifically, 33 percent of women who intend to use contraception within the next 12 months would prefer to use a modern spacing method, compared with only 4 percent of women who intend to use later. By contrast, 91 percent of women who intend to use contraception after at least 12 months would prefer to use female sterilization, compared with 62 percent of women who want to use contraception within 12 months. Results are similar for urban and rural areas. As expected, intended use of each of the three modern temporary methods is higher and that of female sterilization is lower in urban areas than in rural areas, irrespective of timing of intended use.

Overall, the mix of contraceptive methods that intended future users say they would prefer to use is slightly different from the methods currently being used. The results suggest an increased desire among intended users for the officially-sponsored spacing methods. While 33 percent of those who intend to use a method within 12 months and 15 percent of those who intend to use contraception any time in the future say that they would prefer to use a modern spacing method, only 12 percent of current users are actually using a modern spacing method (Table 5.3). Further,

**Table 5.12 Preferred method**

Percent distribution of currently married women who are not currently using a contraceptive method but who intend to use a method in the future by preferred method, according to timing of intended use and residence, Maharashtra, 1999

Preferred method	Timing of intended use			Total
	Next 12 months	Later	Unsure about timing	
<b>URBAN</b>				
Pill	18.7	3.5	(0.0)	9.4
IUD	10.2	3.6	(0.0)	6.1
Condom	8.2	1.7	(0.0)	4.2
Female sterilization	58.4	84.5	(93.8)	74.4
Male sterilization	0.0	0.4	(0.0)	0.2
Rhythm/safe period	1.3	0.1	(0.0)	0.6
Other	1.1	1.0	(0.0)	1.0
Unsure	2.2	5.3	(6.2)	4.1
Total percent	100.0	100.0	100.0	100.0
Number	238	339	21	598
<b>RURAL</b>				
Pill	17.8	1.1	*	6.8
IUD	4.4	0.6	*	1.9
Condom	8.1	0.0	*	2.7
Female sterilization	64.6	94.9	*	84.7
Male sterilization	0.5	0.3	*	0.3
Rhythm/safe period	0.0	0.3	*	0.2
Other	0.5	0.3	*	0.3
Unsure	4.1	2.7	*	3.1
Total percent	100.0	100.0	100.0	100.0
Number	284	535	26	846
<b>TOTAL</b>				
Pill	18.2	2.0	(2.9)	7.9
IUD	7.1	1.7	(0.0)	3.6
Condom	8.1	0.7	(0.0)	3.3
Female sterilization	61.8	90.9	(94.4)	80.5
Male sterilization	0.3	0.3	(0.0)	0.3
Rhythm/safe period	0.6	0.2	(0.0)	0.3
Other	0.8	0.5	(0.0)	0.6
Unsure	3.2	3.7	(2.7)	3.5
Total percent	100.0	100.0	100.0	100.0
Number	522	874	47	1,443
( ) Based on 25–49 unweighted cases *Percentage not shown; based on fewer than 25 unweighted cases				

among current users of spacing methods, the condom is the most popular method, whereas the pill is the most preferred spacing method among those who intend to use contraception in the future. These results suggest that there is a significant short-term, as well as a longer term, potential demand for spacing methods, especially for the pill.

## **5.7 Exposure to Family Planning Messages**

For many years, the family planning programme has been using electronic and other mass media to promote family planning. Studies have confirmed that even after controlling the effect of residence, education, and number of living children, exposure to electronic mass media in general and exposure to family planning messages on media have substantial effects on both current and intended future contraceptive use (Retherford and Mishra, 1997). Exposure to mass media has also been found to strengthen women's motivation to prevent unwanted fertility (Kulkarni and Choe, 1998). In order to explore the reach of family planning messages through various mass media, NFHS-2 asked women whether they had heard or seen any message about family planning in the past few months. Table 5.13 shows the proportions of currently married women who report having heard or seen a family planning message in the past few months, according to various background characteristics. Messages disseminated through the mass media over the past few months have reached 62 percent of ever-married women in Maharashtra. The most common source of recent exposure to family planning messages is television. Fifty-two percent of ever-married women report having seen a family planning message on television. Other important sources of family planning messages are wall paintings or hoardings (38 percent), radio (31 percent), newspapers or magazines (24 percent), and cinema or film shows (13 percent). Only 4 percent have been recently exposed to a family planning message through a drama, folk dance, or street play.

Although there are no large variations by age, ever-married women age 25–34 report slightly greater exposure to family planning messages in general, and greater exposure to family planning messages on television than other women. Overall, exposure to mass media messages on family planning is much higher in urban areas (82 percent) than in rural areas (48 percent). Urban women are also much more likely than rural women to have been exposed to a message through each form of mass media. For example, 75 percent of ever-married women in urban areas report seeing or hearing a family planning message on television, as against only 37 percent in rural areas. Exposure to family planning messages from media is higher in non-slum areas of Mumbai (98 percent) than in slum areas (92 percent). Exposure is higher in non-slum areas than in slum areas for each specific media source, but the slum/non-slum differential is much smaller for television than for other media sources. Even in slum areas of Mumbai, 84 percent of women are exposed to family planning messages through television, which is higher than the percentage in the total urban area of the state (75 percent).

Exposure to family planning messages varies substantially by education. Ninety-five percent of women who have completed at least high school have heard or seen a family planning message from at least one media source in the past few months, compared with only 36 percent of women who are illiterate. Exposure to family planning messages through most specific media sources is similarly linked to education, as is exposure in general. For example, 89 percent of women who have completed at least high school have heard or seen a family planning message on television, compared with only 27 percent of women who are illiterate.

**Table 5.13 Exposure to family planning messages**

Percentage of ever-married women who have heard or seen any message about family planning in the past few months by specific media source and selected background characteristics, Maharashtra, 1999

Background characteristic	Source of family planning message						Any source	Number of women
	Radio	Television	Cinema/ film show	News-paper/ magazine	Wall painting/ hoarding	Drama/ folk dance/ street play		
<b>Age</b>								
15–24	28.8	51.4	13.1	21.7	39.5	3.2	62.3	1,453
25–34	31.9	53.7	12.3	24.0	39.9	4.3	63.7	2,048
35–49	32.4	51.5	12.3	25.2	35.7	4.5	60.4	1,890
<b>Residence</b>								
Urban	43.6	74.7	20.3	38.6	53.3	5.7	82.0	2,229
Rural	22.5	36.5	7.0	13.4	27.8	2.9	48.2	3,162
<b>Mumbai</b>								
Slum	58.3	88.6	19.6	48.2	62.3	3.3	94.4	682
Non-slum	50.8	84.4	10.5	33.4	56.6	2.0	92.2	397
	68.8	94.5	32.2	68.8	70.2	5.1	97.5	285
<b>Education</b>								
Illiterate	14.6	26.6	2.2	0.7	11.6	0.9	35.5	2,405
Literate, < middle school complete	35.7	60.5	11.2	21.7	45.5	4.0	74.7	1,448
Middle school complete	47.5	77.0	23.2	47.9	65.3	7.3	87.0	582
High school complete and above	56.5	89.4	33.8	70.4	78.3	10.1	95.1	956
<b>Religion</b>								
Hindu	30.2	49.3	11.7	22.7	36.8	3.9	59.2	4,318
Muslim	34.3	69.1	12.2	22.8	42.4	2.3	77.4	531
Christian	44.6	74.2	26.9	51.8	49.3	1.0	79.3	71
Buddhist/Neo-Buddhist	34.2	56.1	15.5	26.9	43.9	9.5	67.9	368
Jain	47.3	80.2	32.3	53.3	63.0	5.3	85.3	68
Other	(24.3)	(34.3)	(14.2)	(24.9)	(36.2)	(4.5)	(61.3)	36
<b>Caste/tribe</b>								
Scheduled caste	33.0	54.5	14.3	23.9	40.6	6.7	65.8	728
Scheduled tribe	22.9	28.4	5.8	10.0	21.8	3.0	39.3	552
Other backward class	28.3	51.9	11.6	24.1	38.8	3.4	62.2	1,162
Other	33.7	56.7	13.8	26.5	40.9	3.9	65.8	2,923
<b>Standard of living index</b>								
Low	13.2	18.4	2.0	3.3	15.0	1.1	29.8	1,639
Medium	32.3	57.7	11.3	21.0	39.4	3.9	69.2	2,409
High	52.5	86.5	29.2	56.3	67.0	8.1	91.2	1,176
<b>Use of contraception</b>								
Ever used	32.4	54.9	13.9	25.9	40.7	4.5	64.9	3,475
Never used	29.1	47.6	9.9	20.1	34.1	3.3	57.3	1,916
Total	31.2	52.3	12.5	23.8	38.3	4.1	62.2	5,391

Note: Total includes 25 and 167 women with missing information on caste/tribe and the standard of living index, respectively, who are not shown separately.

( ) Based on 25–49 unweighted cases



Exposure to family planning messages also differs by religion, with Jain women more likely to be exposed to family planning messages in general, and from almost all media sources, than other women. Eighty-five percent of Jain women say they have heard or seen a family planning message through the media, compared with 79 percent of Christian women and 77 percent of Muslim women. Hindu women are least likely (59 percent) to have heard or seen a family planning message through the media. Buddhist/Neo-Buddhist women are much more likely to report a drama, folk dance, or street play as their source of family planning messages (10 percent) than other women (1–5 percent).

Scheduled-tribe women are much less likely to have heard or seen a family planning message through the media (39 percent) than other women (62–66 percent). Exposure to family planning messages rises dramatically with an increasing standard of living, both for media in general and for each specific media source. Only 30 percent of women from low standard of living households are exposed, compared with 91 percent of women from high standard of living households. Finally, women who have ever used contraception are more likely to report hearing or seeing a media message on family planning than are women who have never used contraception. All of these differentials are likely to reflect some combination of the greater access to broadcast signals in urban areas, the greater ownership of radios and televisions among higher-income households, and variations in attentiveness to media messages associated with differing levels of education, leisure, and interest.

## **5.8 Discussion of Family Planning**

Irrespective of whether they had ever used contraception, all currently married women were asked whether they had discussed family planning with their husband, friends, neighbours, or other relatives in the past few months. Information on whether women talk about family planning at all, and with whom they discuss it, sheds light on their level of interest in family planning and their familial and other sources of family planning information. Table 5.14 shows that only 21 percent of currently married women in Maharashtra discussed family planning with their husband, friends, neighbours, or other relatives in the past few months. Eighteen percent of women discussed family planning with their husband and 5 percent discussed family planning with friends or neighbours. Two percent reported discussions with their mother-in-law and another 2 percent with their mother.

Women age 15–24 are most likely to have discussed family planning with someone (30 percent), followed by women age 25–34 (22 percent) and women age 35–49 (11 percent). Urban women are more likely to have discussed family planning (26 percent) than rural women (17 percent). There is not much difference between non-slum and slum areas of Mumbai and other urban areas in this respect. The proportion of women reporting such discussions rises consistently with women's education, husband's education, and the household standard of living index. Muslim women are most likely to have discussed family planning with someone (31 percent). Hindu and Jain women are less likely to have discussed family planning than Christian, Buddhist/Neo-Buddhist, and Muslim women. By caste/tribe, scheduled-tribe women are somewhat less likely to have discussed family planning (17 percent) than other women (20–23 percent). Women who have never used contraception are as likely to have discussed family planning (21 percent) as women who have ever used contraception (20 percent).

Table 5.14 Discussion of family planning

Percentage of currently married women who discussed family planning with their husbands, friends, neighbours, or other relatives in the past few months by selected background characteristics, Maharashtra, 1999

Background characteristic	Person with whom discussed family planning								Any of these persons	Number of women
	Husband	Mother	Sister	Daughter	Mother-in-law	Sister-in-law	Friend/ neighbour	Other relative		
<b>Age</b>										
15–24	27.0	3.4	0.7	0.0	3.8	1.8	5.7	1.0	29.5	1,412
25–34	18.8	1.8	0.9	0.0	1.8	0.7	5.8	0.9	22.2	1,923
35–49	7.6	0.3	0.3	0.3	0.5	0.3	3.9	0.6	10.6	1,628
<b>Residence</b>										
Urban	22.1	2.3	0.7	0.0	2.1	0.7	5.9	1.3	26.0	2,044
Rural	14.2	1.3	0.6	0.1	1.8	1.1	4.6	0.5	16.6	2,919
<b>Mumbai</b>										
Slum	21.7	2.0	0.7	0.0	2.0	0.4	3.2	3.3	23.6	366
Non-slum	23.3	1.5	1.3	0.0	1.3	0.9	3.2	3.2	25.4	270
<b>Education</b>										
Illiterate	9.8	1.0	0.4	0.1	0.9	0.5	2.0	0.4	11.4	2,173
Literate, < middle school complete	18.5	2.0	1.0	0.1	2.4	1.2	6.3	1.2	22.1	1,322
Middle school complete	24.5	2.2	0.4	0.0	3.9	0.9	7.5	1.2	28.2	553
High school complete and above	30.0	2.8	0.9	0.0	2.6	1.6	9.5	0.9	35.0	916
<b>Religion</b>										
Hindu	16.1	1.5	0.5	0.1	1.8	1.0	4.7	0.7	18.8	3,989
Muslim	25.3	3.3	1.7	0.0	2.6	0.7	7.7	1.6	30.8	491
Christian	20.3	2.9	0.0	0.0	2.3	2.3	5.1	1.1	21.4	59
Buddhist/Neo-Buddhist	21.7	1.9	0.8	0.0	2.6	0.4	7.4	1.4	25.4	326
Jain	16.1	0.0	1.7	0.0	2.8	0.0	2.6	1.1	18.1	64
Other	(26.0)	(4.8)	(0.0)	(0.0)	(3.8)	(0.0)	(1.0)	(0.0)	(27.0)	33
<b>Caste/tribe</b>										
Scheduled caste	20.2	2.3	0.4	0.0	2.0	1.0	5.0	0.8	22.9	648
Scheduled tribe	14.0	1.4	0.3	0.0	1.1	0.5	5.2	0.3	17.0	501
Other backward class	18.4	1.5	0.7	0.0	2.3	0.9	5.2	0.7	21.3	1,077
Other	17.2	1.8	0.8	0.2	2.0	1.0	5.2	0.9	20.3	2,716
<b>Standard of living index</b>										
Low	12.8	1.3	0.4	0.0	1.2	0.7	2.8	0.5	14.3	1,467
Medium	18.1	2.0	0.7	0.1	1.9	1.0	5.6	0.9	21.2	2,224
High	22.7	1.7	1.1	0.3	3.0	1.0	7.7	1.2	27.6	1,114
<b>Use of contraception</b>										
Ever used	16.5	1.6	0.8	0.1	1.7	0.8	6.0	0.8	20.2	3,293
Never used	19.4	2.1	0.4	0.0	2.5	1.1	3.5	0.9	21.0	1,670
<b>Husband's education</b>										
Illiterate	9.7	1.0	0.1	0.0	0.7	0.8	1.9	0.6	11.3	988
Literate, < middle school complete	15.1	1.3	0.6	0.2	2.1	0.6	4.6	0.8	17.3	1,445
Middle school complete	18.9	2.8	1.5	0.0	1.6	0.8	4.7	0.8	22.0	748
High school complete and above	23.2	2.0	0.6	0.1	2.7	1.2	7.6	0.9	27.7	1,767
Total	17.5	1.7	0.7	0.1	1.9	0.9	5.1	0.8	20.5	4,963

Note: Total includes 21, 157, and 15 women with missing information on caste/tribe, the standard of living index, and husband's education, respectively, who are not shown separately.

( ) Based on 25–49 unweighted cases

## 5.9 Need for Family Planning

Currently married women who are not using any method of contraception but who do not want any more children or want to wait two or more years before having another child are defined as having an unmet need for family planning. Current contraceptive users are said to have a met need for family planning. The total demand for family planning is the sum of the met need and the unmet need. Table 5.15 shows the unmet need, met need, and total demand for family planning, according to whether the need is for spacing or limiting births. The footnotes in the table provide detailed definitions of these concepts.

According to these definitions, 13 percent of currently married women in Maharashtra have an unmet need for family planning. The level of unmet need is lower in Maharashtra than that for India as a whole (16 percent). The unmet need for spacing births (8 percent) is higher than unmet need for limiting births (5 percent). If all of the women who say they want to space or limit their births were to use family planning, the contraceptive prevalence rate in Maharashtra would increase from 61 percent to 74 percent. This means that current programmes are meeting 82 percent of the family planning need (as shown in the last column of the Table 5.15). These results suggest that there has been a slight decline in unmet need during the period since NFHS-1 when unmet need in Maharashtra was estimated to be 14 percent. Unmet need for spacing has increased slightly from 7 percent in NFHS-1 to 8 percent in NFHS-2, but the unmet need for limiting declined from 7 percent to 5 percent between the two surveys. Overall, the proportion of demand satisfied has increased during this period from 79 percent in NFHS-1 to 82 percent in NFHS-2.

Unmet need is highest (31 percent) among women age 15–19 and then falls steadily with age to 2 percent among women age 45–49. For the youngest women (age 15–24) unmet need is largely for spacing rather than for limiting. More than 50 percent of the unmet need for women age 25–29 is for limiting. The met and unmet need for contraception among women age 30 years and above is almost exclusively for limiting. Only 17 percent of the total demand for family planning is being met for married women age 15–19. This proportion rises steadily with the age of women to 98 percent for women age 45–49.

Unmet need for family planning is higher in urban areas (16 percent) than in rural areas (11 percent) and the percentage of demand satisfied is higher in rural areas (85 percent) than in urban areas (79 percent). Unmet need is much higher in slum areas of Mumbai both for spacing and for limiting (13 and 8 percent, respectively) than in non-slum areas (6 percent each for spacing and limiting). The percentage of total demand satisfied is much lower in slum areas (71 percent) than in non-slum areas (85 percent). Unmet need is lowest among illiterate women (11 percent) and highest among women who have completed middle school education but not high school (19 percent). Unmet need for spacing is higher than unmet need for limiting at each level of education. The percentage of total demand satisfied is highest (85 percent) among illiterate women and lowest (73 percent) among women who have completed middle school but not high school.

Muslim women have the highest unmet need for family planning (22 percent) and Jain women have lowest unmet need (6 percent). Conversely, the percentage of total demand satisfied is highest for Jain women (92 percent) and lowest for Muslim women (69 percent). Notably, although unmet need among Muslim women is about equally divided between the unmet need for spacing and for limiting, only 19 percent of the unmet need among Christian women (2.4 percent out of

Table 5.15 Need for family planning services

Percentage of currently married women with unmet need, met need, and total demand for family planning (FP) services and percentage of total demand satisfied by selected background characteristics, Maharashtra, 1999

Background characteristic	Unmet need for FP <sup>1</sup>			Met need (currently using) <sup>2</sup>			Total demand for FP			Percentage of demand satisfied
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total	
<b>Age</b>										
15–19	29.8	1.5	31.2	2.4	4.0	6.5	32.2	5.5	37.7	17.1
20–24	18.3	7.1	25.4	9.0	25.5	34.5	27.2	32.7	59.9	57.6
25–29	6.4	7.1	13.4	3.6	61.9	65.4	9.9	68.9	78.9	83.0
30–34	1.7	4.9	6.6	2.1	78.6	80.7	3.8	83.5	87.4	92.4
35–39	1.1	4.7	5.8	0.3	77.6	77.9	1.4	82.3	83.7	93.0
40–44	0.3	2.6	2.9	0.2	79.8	80.1	0.5	82.5	83.0	96.5
45–49	0.0	1.5	1.5	0.0	77.5	77.5	0.0	79.0	79.0	98.1
<b>Residence</b>										
Urban	9.4	6.2	15.5	4.5	53.9	58.5	13.9	60.1	74.0	79.0
Rural	7.3	4.0	11.3	2.1	60.6	62.7	9.4	64.6	74.0	84.7
<b>Mumbai</b>										
Slum	9.7	7.3	17.0	5.4	51.3	56.6	15.1	58.5	73.6	76.9
Non-slum	12.8	8.4	21.2	5.2	46.5	51.6	18.0	54.9	72.9	70.9
<b>Education</b>										
Illiterate	6.8	4.0	10.8	0.4	62.1	62.5	7.2	66.1	73.3	85.3
Literate, < middle school complete	7.9	4.7	12.6	2.5	60.8	63.3	10.4	65.5	75.9	83.4
Middle school complete	12.2	6.7	19.0	5.1	45.5	50.7	17.3	52.3	69.6	72.8
High school complete and above	9.1	6.4	15.5	9.2	50.7	60.0	18.3	57.1	75.4	79.5
<b>Religion</b>										
Hindu	7.9	4.3	12.2	2.9	59.2	62.0	10.8	63.4	74.2	83.6
Muslim	11.6	10.3	21.9	4.9	44.2	49.1	16.5	54.5	71.1	69.1
Christian	10.4	2.4	12.8	6.8	46.4	53.2	17.1	48.8	66.0	80.6
Buddhist/Neo-Buddhist	6.5	4.9	11.4	2.2	64.1	66.3	8.7	69.0	77.7	85.3
Jain	4.4	1.6	6.0	6.4	59.0	65.3	10.7	60.6	71.3	91.6
Other	(2.0)	(13.3)	(15.3)	(0.0)	(57.5)	(57.5)	(2.0)	(70.8)	(72.8)	(79.0)
<b>Caste/tribe</b>										
Scheduled caste	9.2	4.7	13.9	2.3	59.9	62.2	11.4	64.6	76.1	81.7
Scheduled tribe	12.3	4.6	16.8	1.5	52.2	53.7	13.8	56.7	70.5	76.1
Other backward class	7.0	3.8	10.8	3.3	60.7	64.0	10.3	64.5	74.8	85.5
Other	7.6	5.5	13.1	3.6	57.1	60.7	11.2	62.6	73.8	82.2
<b>Standard of living index</b>										
Low	9.6	4.5	14.2	0.6	54.2	54.8	10.2	58.8	69.0	79.5
Medium	7.8	5.4	13.2	3.2	60.1	63.3	11.0	65.5	76.5	82.8
High	6.0	4.6	10.6	5.8	60.1	65.9	11.8	64.7	76.5	86.1
<b>Number of living children</b>										
0	20.1	0.0	20.1	2.0	1.5	3.5	22.1	1.5	23.6	14.7
1	23.6	3.0	26.6	13.0	12.0	25.0	36.6	15.0	51.6	48.5
2	6.5	7.3	13.9	2.7	61.4	64.2	9.3	68.8	78.0	82.2
3	2.4	4.4	6.8	0.9	81.1	82.0	3.3	85.5	88.7	92.4
4	1.3	4.7	6.0	0.4	85.6	86.0	1.6	90.3	91.9	93.5
5	2.2	6.9	9.1	0.0	80.1	80.1	2.2	87.0	89.2	89.8
6+	1.3	12.1	13.4	0.9	62.2	63.1	2.2	74.3	76.5	82.4
Total	8.1	4.9	13.0	3.1	57.8	60.9	11.2	62.7	74.0	82.4

Note: Total includes women with missing information on caste/tribe and the standard of living index, who are not shown separately.

( ) Based on 25–49 unweighted cases

<sup>1</sup>Unmet need for *spacing* includes pregnant women whose pregnancy was mistimed, amenorrhoeic women whose last birth was mistimed, and women who are neither pregnant nor amenorrhoeic who are not using any method of family planning and who say they want to wait two or more years for their next birth. Also included in unmet need for *spacing* are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for *limiting* refers to pregnant women whose pregnancy was unwanted, amenorrhoeic women whose last child was unwanted, and women who are neither pregnant nor amenorrhoeic who are not using any method of family planning and who want no more children.

<sup>2</sup>Met need for *spacing* refers to women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Met need for *limiting* refers to women who are using some method and who want no more children. Note that *spacing* and *limiting* refer to the reason for using contraception rather than to the particular method used.

12.8 percent) is for limiting. By caste/tribe, unmet need is highest for scheduled-tribe women (17 percent) and lowest for women from other backward classes (11 percent). Conversely, the percentage of total demand satisfied is highest for women from other backward classes (86 percent) and lowest for scheduled-tribe women (76 percent). Unmet need declines with the standard of living index, whereas the percentage of demand satisfied increases steadily with the index.

Unmet need is highest (27 percent) for women with one living child followed by women with no living children (20 percent). Unmet need declines steadily for women with two, three, and four living children and then rises for women with five or more living children. Among women with no living children or one living child, unmet need is primarily for spacing; by contrast, unmet need for limiting is dominant for women with two or more children. For women with no living children, only 15 percent of the total demand for family planning is satisfied, and for women with one child, only 49 percent of the total demand is satisfied. For women with two or more living children, 82–94 percent of the total demand is satisfied.

These results reveal that there is substantial unmet need for family planning among many subgroups of women, especially among younger and lower-parity women. The findings also suggest the need for further promoting spacing methods in the method mix offered to women. While maintaining its emphasis on sterilization for older women and women of two or higher parity, the family planning programme should also endeavour to meet the needs of younger women who are still in the process of family formation. In Maharashtra, many women have an unmet need for spacing, especially before their first birth and between their first and second births. Prevalence of unmet need for limiting among older women suggests that there is also a need to further strengthen sterilization services for couples who want to use sterilization. At the same time, the family planning programme in Maharashtra needs to give high priority to providing women who want to stop childbearing but who do not wish to adopt sterilization, methods and options that they find acceptable for long-term use.