

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 replacement level by the year 2010. One of the 14 national sociodemographic 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 Kerala 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, male sterilization, rhythm or safe-period method, and withdrawal. In addition, the survey

Table 5.1 Knowledge of contraceptive methods			
Percentage of currently married women who know any contraceptive method by specific method and residence, Kerala, 1999			
Method	Urban	Rural	Total
Any method	99.5	99.7	99.7
Any modern method	99.5	99.7	99.7
Pill	94.1	89.3	90.4
IUD	91.0	88.7	89.2
Condom	95.7	90.2	91.5
Female sterilization	98.6	99.1	99.0
Male sterilization	94.0	94.0	94.0
Any traditional method	83.4	76.5	78.1
Rhythm/safe period	77.4	69.5	71.4
Withdrawal	66.7	59.8	61.4
Other method ¹	0.3	0.5	0.5
Number of women	628	2,048	2,675
¹ Includes both modern and traditional methods that are not listed separately			

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 virtually universal in Kerala, with 99.7 percent of currently married women recognizing at least one method of contraception and the same proportion recognizing at least one modern method of contraception.

Female sterilization is the most widely known method of contraception in Kerala, followed by male sterilization. Overall, 99 percent of currently married women know about female sterilization (unchanged since NFHS-1) and 94 percent know about male sterilization (up from 90 percent in NFHS-1). There is no difference by residence in knowledge of female sterilization and male sterilization. Knowledge of the officially-sponsored spacing methods (pill, IUD, and condom) is also widespread and is only marginally lower in rural areas than in urban areas. Overall 92 percent of women know about the condom, 90 percent know about the pill, and 89 percent know about the IUD. Knowledge of each of these spacing methods is either unchanged since NFHS-1 (as in the case of the IUD), or has increased only marginally by 2–4 percentage points (as in the case of pill and the condom).

In Kerala, a majority of currently married women know at least one traditional method (78 percent), up from 73 percent in NFHS-1. The rhythm/safe-period method is known more widely (71 percent) than withdrawal (61 percent). Knowledge of traditional methods is higher in urban areas (83 percent) than in rural areas (77 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.

While all currently married women know at least one method of contraception, 77 percent have ever used a method, up marginally from 75 percent at the time of NFHS-1. Sixty-six percent

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, Kerala, 1999												
Age	Any method	Any modern method	Pill	IUD	Condom	Female sterilization	Male sterilization	Any traditional method	Rhythm/safe period	Withdrawal	Other method ¹	Number of women
URBAN												
15-19	*	*	*	*	*	*	*	*	*	*	*	11
20-24	51.5	33.1	8.5	7.5	17.2	9.6	0.0	29.2	17.4	16.2	0.0	73
25-29	72.1	58.4	7.9	10.5	28.5	35.0	0.7	35.7	24.1	21.4	0.0	122
30-34	88.9	82.7	9.2	20.9	29.7	59.8	2.5	35.2	25.9	16.6	0.0	128
35-39	87.2	79.0	6.2	18.5	21.9	63.3	4.8	32.9	21.2	18.5	0.0	116
40-44	89.8	75.7	3.9	9.5	15.8	63.0	5.5	34.6	25.2	20.4	0.8	100
45-49	85.8	75.6	4.1	6.0	13.1	53.4	9.1	32.5	19.3	20.4	0.0	78
Total	79.4	68.2	6.7	12.8	21.9	48.5	3.5	33.2	22.4	18.7	0.1	628
RURAL												
15-19	21.0	16.7	7.0	1.4	12.6	0.0	0.0	8.4	4.2	5.6	0.0	77
20-24	52.5	34.3	5.3	7.1	17.3	12.8	0.0	31.7	17.1	20.5	0.0	290
25-29	73.4	59.0	9.3	13.2	18.3	37.6	0.5	34.7	23.1	22.9	0.8	411
30-34	83.8	75.0	8.3	16.0	14.9	58.9	2.1	29.5	21.7	16.8	0.0	383
35-39	88.4	80.5	5.5	10.9	9.8	69.7	4.0	29.1	20.4	16.3	0.0	357
40-44	87.2	78.0	6.5	6.5	8.0	66.3	5.2	32.0	23.0	18.6	0.0	298
45-49	84.8	72.2	4.3	5.2	7.1	56.4	9.6	28.2	19.7	14.6	0.5	231
Total	76.3	64.9	6.8	10.2	13.1	48.6	3.0	30.2	20.4	18.1	0.2	2,048
TOTAL												
15-19	20.1	15.5	6.2	1.2	11.9	0.0	0.0	8.2	4.5	5.8	0.0	89
20-24	52.3	34.0	5.9	7.2	17.2	12.2	0.0	31.2	17.2	19.6	0.0	363
25-29	73.1	58.9	9.0	12.6	20.6	37.0	0.6	34.9	23.3	22.6	0.6	533
30-34	85.1	77.0	8.5	17.3	18.6	59.1	2.2	31.0	22.8	16.7	0.0	511
35-39	88.1	80.1	5.7	12.8	12.8	68.2	4.2	30.1	20.6	16.9	0.0	473
40-44	87.9	77.4	5.9	7.3	10.0	65.5	5.3	32.6	23.6	19.0	0.2	399
45-49	85.1	73.1	4.2	5.4	8.6	55.7	9.5	29.3	19.6	16.0	0.3	309
Total	77.0	65.7	6.8	10.8	15.1	48.5	3.1	30.9	20.9	18.2	0.2	2,675
*Percentage not shown; based on fewer than 25 unweighted cases												
¹ Includes both modern and traditional methods that are not listed separately												

of currently married women have ever used a modern method and 31 percent have ever used a traditional method. Among modern methods, the most commonly used methods are female sterilization (49 percent), followed by the condom (15 percent), IUD (11 percent), and pill (7 percent). Only 3 percent have adopted male sterilization. Among traditional methods, the rhythm or safe-period method has been used by a slightly higher proportion of women (21 percent) than withdrawal (18 percent). Ever use of any method is only marginally higher in urban areas (79 percent) than in rural areas (76 percent), as is the ever use of each of the specific methods except the pill and female sterilization. The pill and female sterilization have ever been used equally frequently in rural and urban areas.

Ever use of any method first increases with women's age, peaking at 88 percent for women age 35–44, and then declines. The initial increase in contraceptive use with age reflects a life-cycle effect, with women increasingly adopting contraception as their fertility goals are met. The decline in ever use of modern methods by older women reflects, at least in part, larger family size norms and lower levels of contraceptive prevalence in the past. The pattern of ever use by age is similar for urban and rural areas, although ever use peaks for the age group 40–44 in urban areas and for the age group 35–39 in rural areas. Notably, urban and rural women in all age groups except 30–34 are about equally likely to have ever used contraception.

Current Use of Family Planning Methods

Table 5.3 provides information on current use of family planning methods for currently married women in Kerala by age and urban-rural residence. Current contraceptive prevalence in Kerala is relatively high, with 64 percent of currently married women age 15–49 using some method of contraception (compared with the national average of 48 percent). The NFHS-2 estimates of current use in Kerala, are close to those obtained by the Rapid Household Survey (RHS) 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 55 percent in NFHS-2 and 58 percent in the RHS, and the use of traditional methods was reported to be 8 percent in NFHS-2 and 11 percent in the RHS.

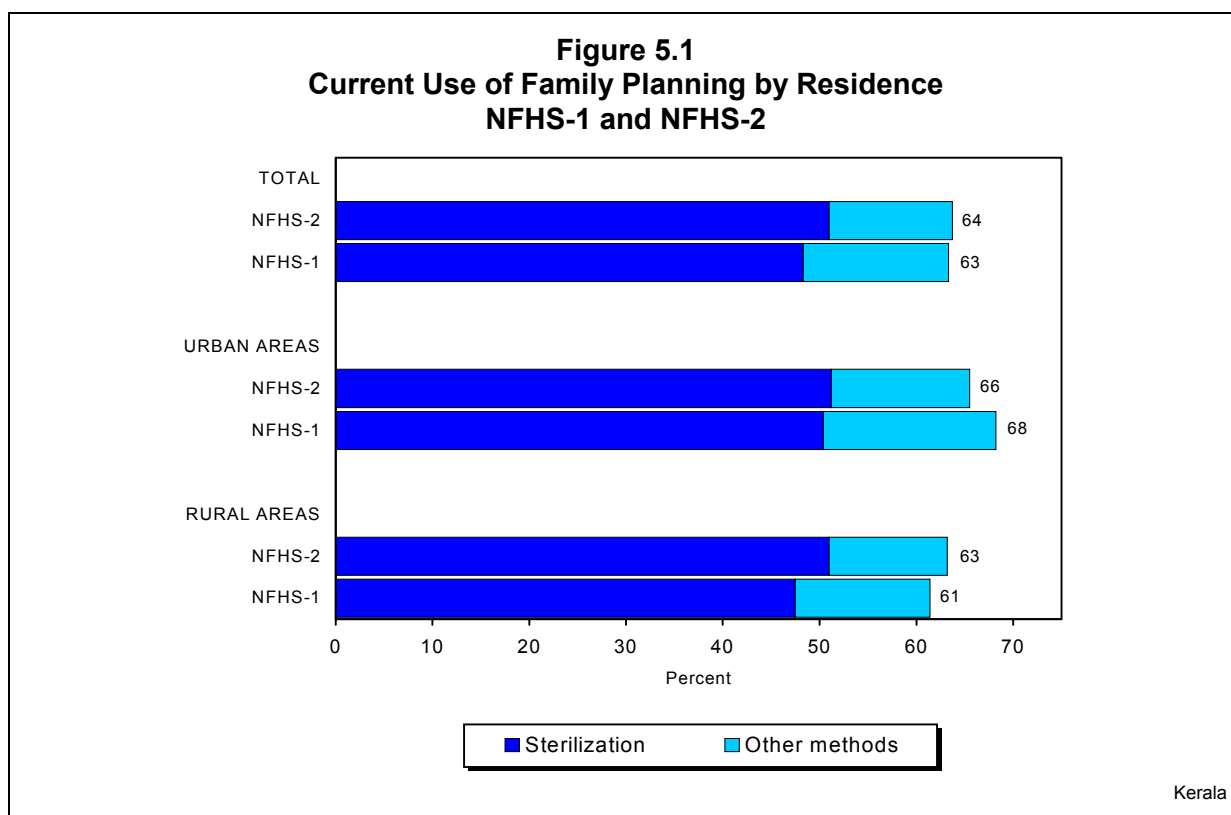
Tables 5.2 and 5.3 show that 83 percent of ever users of contraception are current users. Almost 9 out of 10 current contraceptive users (88 percent) are using a modern method. In Kerala, as in most of the states of India, sterilization dominates the contraceptive method mix. Forty-nine percent of currently married women are sterilized, and female sterilization accounts for 76 percent of current contraceptive prevalence. Three percent of women report male sterilization as their current method. In fact, female sterilizations outnumber male sterilizations by about 20 to 1. The three officially-sponsored spacing methods together account for only 8 percent of contraceptive prevalence. Specifically, condoms are used by 3 percent of women, IUDs by 2 percent, and pills by less than 1 percent. The two traditional methods, withdrawal and the rhythm or safe period method, are each used by 4 percent of women.

By age, current contraceptive use increases from 7 percent for women age 15–19 to 81 percent for women age 35–39 and decreases for older women. Female sterilization is the single most popular method at all ages above 19 and accounts for at least two-thirds of contraceptive use by women in each age group above 20–24. Specifically, the use of female sterilization increases from 0 percent among women age 15–19 and 12 percent among women age 20–24 to 68 percent

Table 5.3 Current use of contraception

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

Age	Any method	Any modern method	Pill	IUD	Condom	Female sterilization	Male sterilization	Any traditional method	Rhythm/safe period	Withdrawal	Not using any method	Number of women
URBAN												
15-19	*	*	*	*	*	*	*	*	*	*	*	11
20-24	29.1	17.1	1.1	0.0	6.4	9.6	0.0	12.0	2.2	9.8	70.9	73
25-29	52.6	44.1	0.0	2.6	5.8	35.0	0.7	8.5	6.5	2.0	47.4	122
30-34	79.1	71.6	0.6	3.1	7.5	59.8	0.6	7.4	3.7	3.7	20.9	128
35-39	77.0	69.5	0.0	1.4	2.0	63.3	2.8	7.5	2.7	4.8	23.0	116
40-44	80.4	71.7	0.0	1.6	2.4	63.0	4.8	8.6	5.5	3.1	19.6	100
45-49	69.6	63.5	0.0	0.0	1.0	53.4	9.1	6.1	1.0	5.1	30.4	78
Total	65.5	57.4	0.2	1.6	4.4	48.5	2.7	8.1	3.8	4.3	34.5	628
RURAL												
15-19	7.0	2.8	0.0	0.0	2.8	0.0	0.0	4.3	1.4	2.9	93.0	77
20-24	30.4	22.1	0.7	2.6	6.0	12.8	0.0	8.2	3.0	5.2	69.6	290
25-29	55.3	45.8	0.8	3.4	4.0	37.6	0.0	9.4	5.5	3.9	44.7	411
30-34	71.9	64.9	0.6	1.4	2.2	58.9	1.8	7.0	3.1	3.9	28.1	383
35-39	82.3	74.4	0.0	0.9	1.2	69.7	2.5	8.0	4.0	4.0	17.7	357
40-44	80.3	73.3	0.7	0.4	1.5	66.3	4.4	7.0	4.8	2.2	19.7	298
45-49	71.2	66.5	0.0	0.5	0.5	56.4	9.1	4.7	2.4	2.3	28.8	231
Total	63.2	55.7	0.5	1.6	2.6	48.6	2.4	7.5	3.8	3.6	36.8	2,048
TOTAL												
15-19	7.0	3.3	0.0	0.0	3.3	0.0	0.0	3.7	1.2	2.5	93.0	89
20-24	30.1	21.1	0.8	2.1	6.1	12.2	0.0	9.0	2.8	6.2	69.9	363
25-29	54.7	45.4	0.6	3.3	4.4	37.0	0.1	9.2	5.7	3.5	45.3	533
30-34	73.7	66.5	0.6	1.8	3.5	59.1	1.5	7.1	3.3	3.9	26.3	511
35-39	81.0	73.2	0.0	1.0	1.4	68.2	2.5	7.8	3.7	4.2	19.0	473
40-44	80.3	72.9	0.6	0.7	1.7	65.5	4.5	7.4	5.0	2.4	19.7	399
45-49	70.8	65.7	0.0	0.3	0.6	55.7	9.1	5.0	2.0	3.0	29.2	309
Total	63.7	56.1	0.4	1.6	3.1	48.5	2.5	7.6	3.8	3.8	36.3	2,675
*Percentage not shown; based on fewer than 25 unweighted cases												



among women age 35–39, and then declines. Modern spacing method use is limited at all ages, but is higher for the age group 20–29, at 8–9 percent, than for any other age group.

The urban contraceptive prevalence rate, at 66 percent, is only slightly higher than the rural contraceptive prevalence rate, at 63 percent, and the method-mix is similar in the two areas. The pattern of contraceptive use by age is also similar in urban and rural areas, except that contraceptive use peaks among women age 40–44 (at 80 percent) in urban areas but among women age 35–39 (at 82 percent) in rural areas. In addition, the urban-rural differentials in current contraceptive use are extremely low in Kerala for all age groups, except for the age groups 30–34 and 35–39. In the age group 30–34, contraceptive use is 10 percent higher among urban women than among rural women and in the age group 35–39, contraceptive use is 7 percent higher among rural women than among urban women.

The NFHS-2 contraceptive prevalence rate of 64 percent is almost unchanged from its level in NFHS-1 of 63 percent (Figure 5.1). Modern-method use has also increased only marginally, from 54 percent to 56 percent, between the two surveys. There has, however, been greater change in the use of some individual methods. Of particular note is the increased use of female sterilization from 42 percent in NFHS-1 to 49 percent in NFHS-2. Female sterilization that accounted for 66 percent of contraceptive use in NFHS-1 now accounts for 76 percent. The share of male sterilization in contraceptive use, by contrast, has declined from 10 percent in NFHS-1 to 4 percent in NFHS-2. The current use of each of the three officially-sponsored spacing methods has remained virtually unchanged between the two surveys. 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 widespread knowledge of modern spacing methods, female sterilization has increased its dominance in the

method mix in Kerala and modern spacing methods still account for only a small percentage of total contraceptive use in both urban and rural areas.

Socioeconomic Differentials in Current Use of Family Planning Methods

Table 5.4 shows differences in current contraceptive use by background characteristics. Current contraceptive use decreases steadily with education from 74 percent among illiterate women to 59 percent among women who have completed at least high school. The strong inverse relationship between education and contraceptive use in Kerala is largely a result of the fact that education is higher among younger women who are more likely to be still in the family formation process, and thus less likely to adopt sterilization, the dominant contraceptive method. Indeed, female sterilization dominates the method mix for women in each educational category, but its acceptance declines sharply with education. Modern spacing method use, though low, does increase with education. These methods account for a negligible share of contraceptive use by illiterate women, but for 14 percent of contraceptive use by women who have completed at least high school. Condom use increases with education, from 0 percent for illiterate women to 5 percent for women who have completed at least high school. The use of the IUD also generally increases with education, but remains low even among the more educated women. The use of the pill is never greater than 1 percent for any educational group. Also, the use of traditional methods is higher at 11 percent for women who have completed at least high school than among illiterate women and women in other educational groups (4–6 percent). Contraceptive use has increased since NFHS-1 for women in every educational category, with the largest increase being for illiterate women.

Contraceptive prevalence is higher among Hindus and Christians (72 percent, each) than Muslims (47 percent) in Kerala. Although the use of most methods is lower among Muslims than among women of other religions, Muslims are particularly less likely (36 percent) than Hindu or Christian women (52–55 percent) to be using sterilization. Notably, Christians in Kerala are about twice as likely (12 percent) as Hindus or Muslims (6–7 percent) to be using a traditional method. Contraceptive prevalence is higher among scheduled-caste women than among women in most other sub-groups of the population.

The use of contraception is negatively related to the standard of living index. Contraceptive prevalence decreases from 71 percent for women from households with a low standard of living to 59 percent for women from households with a high standard of living. Nonetheless, the use of modern spacing methods is higher among women from households with a high standard of living (9 percent) than among women from households with a medium (4 percent) or a low standard of living (2 percent). Traditional method use is also negatively related to household standard of living.

Table 5.4 also shows differences in current use by the number and sex of living children. Contraceptive use increases from 5 percent for women with no living children to 82 percent for women with three living children and then declines to 75 percent among women with four or more living children. The same pattern is evident for female sterilization, whereas the use of modern spacing methods is relatively high only among women with one living child (13 percent). Similarly, the use of traditional methods is also relatively high (17 percent) only among women with one living child.

Table 5.4 Current use by background characteristics

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

Background characteristic	Any method	Any modern method	Pill	IUD	Condom	Female sterilization	Male sterilization	Any traditional method	Rhythm/safe period	Withdrawal	Not using any method	Total percent	Number of women
Residence													
Urban	65.5	57.4	0.2	1.6	4.4	48.5	2.7	8.1	3.8	4.3	34.5	100.0	628
Rural	63.2	55.7	0.5	1.6	2.6	48.6	2.4	7.5	3.8	3.6	36.8	100.0	2,048
Education													
Illiterate	74.0	68.3	0.0	0.4	0.0	64.8	3.2	5.7	0.0	5.7	26.0	100.0	299
Literate, < middle school complete	67.0	61.4	0.6	0.6	0.4	55.3	4.5	5.6	1.6	3.9	33.0	100.0	781
Middle school complete	64.2	59.8	0.7	2.2	4.0	50.9	2.0	4.4	2.4	2.0	35.8	100.0	468
High school complete and above	58.5	47.6	0.3	2.4	5.3	38.6	1.1	10.9	6.9	3.9	41.5	100.0	1,127
Religion													
Hindu	71.6	64.5	0.3	2.0	3.5	55.3	3.4	7.1	4.2	2.9	28.4	100.0	1,367
Muslim	47.2	41.1	0.8	0.8	2.1	36.2	1.1	6.1	1.4	4.7	52.8	100.0	864
Christian	71.5	59.2	0.2	1.8	3.5	51.6	2.0	12.3	7.4	4.9	28.5	100.0	443
Caste/tribe													
Scheduled caste	75.5	69.4	0.7	0.5	2.1	61.4	4.8	6.1	4.1	2.0	24.5	100.0	232
Scheduled tribe	(62.4)	(58.4)	(0.0)	(0.0)	(7.5)	(50.9)	(0.0)	(4.0)	(0.0)	(4.0)	(37.6)	100.0	28
Other backward class	62.6	56.0	0.3	1.7	2.5	49.0	2.4	6.6	2.8	3.8	37.4	100.0	1,144
Other	62.6	53.7	0.5	1.7	3.6	45.7	2.2	8.9	4.8	4.1	37.4	100.0	1,271
Standard of living index													
Low	71.1	65.2	0.3	0.6	1.3	59.8	3.2	6.0	1.1	4.9	28.9	100.0	384
Medium	64.3	57.3	0.3	1.6	2.0	50.7	2.8	7.0	3.0	3.9	35.7	100.0	1,477
High	59.2	49.6	0.8	2.1	5.7	39.3	1.7	9.6	6.5	3.0	40.8	100.0	814

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, Kerala, 1999

Background characteristic	Any method	Any modern method	Pill	IUD	Condom	Female sterilization	Male sterilization	Any traditional method	Rhythm/safe period	Withdrawal	Not using any method	Total percent	Number of women
Number and sex of living children													
No children	5.3	1.8	0.0	0.0	1.4	0.0	0.4	3.5	1.4	2.1	94.7	100.0	269
1 child	34.4	17.8	0.2	5.2	7.5	2.8	2.0	16.6	10.2	6.4	65.6	100.0	490
1 son	33.3	14.8	0.0	5.5	6.2	1.9	1.3	18.5	11.0	7.5	66.7	100.0	257
No sons	35.6	21.0	0.3	4.9	9.1	3.9	2.8	14.5	9.2	5.3	64.4	100.0	233
2 children	79.8	72.4	0.7	1.3	3.8	62.9	3.7	7.4	3.8	3.6	20.2	100.0	1,009
2 sons	80.9	73.2	0.3	1.6	3.7	66.4	1.2	7.7	4.5	3.2	19.1	100.0	253
1 son	80.6	73.6	0.8	1.5	3.8	63.4	4.1	7.0	3.6	3.3	19.4	100.0	553
No sons	76.3	68.1	1.1	0.5	3.6	57.2	5.7	8.2	3.3	5.0	23.7	100.0	203
3 children	81.7	78.3	0.0	0.5	0.6	74.9	2.4	3.4	1.3	2.1	18.3	100.0	577
3 sons	84.6	81.4	0.0	1.1	1.5	74.6	4.3	3.1	3.1	0.0	15.4	100.0	71
2 sons	82.8	79.1	0.0	0.0	0.0	75.7	3.4	3.8	0.5	3.3	17.2	100.0	221
1 son	82.9	80.6	0.0	0.5	1.0	77.5	1.6	2.3	0.5	1.8	17.1	100.0	214
No sons	71.5	65.8	0.0	1.2	0.0	64.7	0.0	5.7	4.1	1.6	28.5	100.0	71
4+ children	74.5	68.8	1.0	0.3	0.0	66.1	1.4	5.7	0.9	4.7	25.5	100.0	330
2+ sons	73.2	68.5	0.9	0.0	0.0	66.7	0.9	4.7	0.3	4.3	26.8	100.0	243
1 son	76.2	65.1	1.6	1.6	0.0	60.2	1.7	11.1	3.4	7.7	23.8	100.0	66
Total	63.7	56.1	0.4	1.6	3.1	48.5	2.5	7.6	3.8	3.8	36.3	100.0	2,675

Note: Total includes 2 women belonging to other religions and 21 women with 4+ children who have no sons, who are not shown separately.

() Based on 25–49 unweighted cases

Contraceptive prevalence rates by sex composition of living children suggest almost no son preference, except among women at parity two or three. Among women with two or three living children, women with no sons are slightly less likely than women with one or more sons to be using contraception, particularly sterilization. For example, among women with three children, 72 percent with no sons are using contraception, compared with 83–85 percent with one or more sons. Notably, however, among women at parities above one, women who have one son are about as likely as women with more than one son to be using contraception.

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

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, Kerala, 1999								
Current age	Never used	Number of living children at the time of first use					Total percent	Number of women
		0	1	2	3	4+		
URBAN								
15–19	*	*	*	*	*	*	100.0	11
20–24	49.0	23.4	22.4	3.2	2.1	0.0	100.0	74
25–29	28.2	20.5	31.4	16.1	2.5	1.3	100.0	123
30–34	12.6	13.3	36.2	29.5	6.0	2.4	100.0	131
35–39	14.5	9.6	30.8	30.0	11.4	3.8	100.0	124
40–44	14.1	4.9	33.4	25.0	15.5	7.1	100.0	111
45–49	17.0	5.1	24.7	16.9	20.2	16.1	100.0	93
Total	22.0	12.5	30.1	21.2	9.4	4.8	100.0	667
RURAL								
15–19	79.0	15.4	5.6	0.0	0.0	0.0	100.0	77
20–24	47.6	17.1	24.5	8.9	1.5	0.4	100.0	296
25–29	27.9	13.4	34.3	16.1	5.4	2.8	100.0	430
30–34	17.6	7.4	33.2	23.9	11.9	6.0	100.0	396
35–39	17.6	3.6	25.8	21.7	19.2	12.1	100.0	396
40–44	16.0	3.3	22.6	21.8	20.8	15.4	100.0	334
45–49	22.4	2.6	18.9	14.8	18.8	22.4	100.0	287
Total	26.1	8.2	26.5	17.7	12.4	9.1	100.0	2,217
TOTAL								
15–19	79.9	15.2	4.9	0.0	0.0	0.0	100.0	89
20–24	47.9	18.4	24.1	7.7	1.6	0.3	100.0	370
25–29	28.0	15.0	33.7	16.1	4.8	2.5	100.0	553
30–34	16.4	8.9	34.0	25.2	10.4	5.1	100.0	527
35–39	16.8	5.0	27.0	23.7	17.4	10.1	100.0	520
40–44	15.5	3.7	25.3	22.6	19.5	13.3	100.0	445
45–49	21.1	3.2	20.3	15.3	19.2	20.8	100.0	381
Total	25.2	9.2	27.4	18.5	11.7	8.1	100.0	2,884
*Percentage not shown; based on fewer than 25 unweighted cases								

contraceptive use, according to current age and residence. Only 9 percent of ever-married women (12 percent of ever-married women who have ever used contraception) began using contraception when they did not have any living children and another 27 percent (37 percent of ever users) began using when they had one living child. Overall, 55 percent of ever-married women (the majority of ever users) began using when they had two or fewer living children. A similar pattern of use is observed among women in rural and urban areas, although the majority of urban users began using when they had one child or no children, compared with the majority of rural users who began using when they had two or fewer children.

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 methods other than sterilization may have stopped using contraception altogether, and these women are not represented in the table.

The analysis of method-specific problems reveals that 78 percent of sterilized women and 90 percent of women whose husbands are sterilized report having no problem with their method.

Problem	Contraceptive method						Total
	IUD	Condom	Female sterilization	Male sterilization	Rhythm/safe period	Withdrawal	
No problem	(88.3)	96.4	78.0	89.6	100.0	100.0	82.2
Weight gain	(2.6)	0.0	0.5	0.0	0.0	0.0	0.4
Weight loss	(0.0)	0.0	0.6	3.2	0.0	0.0	0.6
Too much bleeding	(0.0)	0.0	0.7	0.0	0.0	0.0	0.6
Headache/bodyache/backache	(7.3)	0.0	17.1	4.4	0.0	0.0	13.4
Nausea/vomiting	(0.0)	0.0	0.4	0.0	0.0	0.0	0.3
No menstruation	(0.0)	0.0	0.4	0.0	0.0	0.0	0.3
Weakness/tiredness	(6.8)	0.0	2.4	3.2	0.0	0.0	2.2
Fever	(0.0)	0.0	0.1	0.0	0.0	0.0	0.1
Cramps	(0.0)	0.0	0.1	0.0	0.0	0.0	0.0
Spotting	(0.0)	0.0	0.1	0.0	0.0	0.0	0.1
Abdominal pain	(0.0)	0.0	4.6	0.0	0.0	0.0	3.6
White discharge	(0.0)	1.3	0.6	0.0	0.0	0.0	0.6
Irregular periods	(1.8)	0.0	0.7	0.0	0.0	0.0	0.6
Breast tenderness	(0.0)	0.0	0.1	0.0	0.0	0.0	0.1
Allergy	(0.0)	1.3	0.4	0.0	0.0	0.0	0.4
Reduced sexual satisfaction	(0.0)	1.0	0.0	0.0	0.0	0.0	0.0
Other	(0.0)	0.0	0.9	1.2	0.0	0.0	0.7
Number of users	43	82	1,299	66	102	102	1,705

Note: Total includes 11 pill users, who are not shown separately. Percentages may add to more than 100.0 because multiple problems could be recorded.
() Based on 25–49 unweighted cases

The most common problems experienced by sterilized women are headache, bodyache, or backache (17 percent), abdominal pain (5 percent), and weakness or tiredness (2 percent). Among women whose husbands are sterilized, the most common complaint is headache, bodyache, or backache (4 percent), weight loss (3 percent), and weakness or tiredness (3 percent). Only 4 percent of women report problems using condoms. The problems reported are allergy, white discharge, and reduced sexual satisfaction. Among the small number of IUD users 12 percent report problems with this method. The most often mentioned method-related problems among IUD users were headache/bodyache/backache, weakness or tiredness, weight gain, and irregular periods. These results point to a continuing need to strengthen post-operative care for sterilization acceptors and counselling and support for all contraceptive acceptors.

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 1,365 sterilizations reported, 95 percent are female sterilizations. Thirty-two percent of the female sterilizations took place less than 6 years before the survey, another 20 percent took place 6–9 years before the survey, and 48 percent took place 10 or more years before the survey. By contrast, 91 percent of male sterilizations took place 10 or more years before the survey. (Duration since sterilization is not shown for wives of sterilized men due to the small number of male sterilizations.)

The median age of women at the time they or their husbands were sterilized was 26 years, about the same as the median for India as a whole. Seventy-eight percent of sterilized couples underwent sterilization before the wife was age 30. Ninety-five percent of sterilizations took place before the wife was age 35. Among sterilized couples, 58 percent of women said that they had not used any other method of contraception before the sterilization took place (data not shown). In fact, research suggests that Kerala is the only major state in India where the average age at sterilization is lower than the average age at which parity two is achieved (Rajan et al., 1993). The Kerala model of low fertility, with its low age and parity at sterilization and without the widespread use of spacing methods, may be used to conclude that the promotion of spacing methods is not important. This conclusion would be wrong, however, because spacing methods are desirable for reasons associated with the health of the mother and child and not just for controlling fertility.

The median age of women at the time of sterilization has increased by one year from age 26 in the period 8–9 years before the survey to age 27 in more recent 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 suggests that in Kerala, the median age at sterilization does not have a linear time trend. The median age at sterilization was 28 years in 1983–84 (about 8–9 years before NFHS-1), approximately 15–16 years before NFHS-2. This suggests that the recent slight rise in the median age at sterilization was preceded by a period in which the median age at sterilization was declining.

Table 5.7 Timing of sterilization										
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, Kerala, 1999										
Years since sterilization	Woman's age at the time of sterilization							Total percent	Number sterilized	Median age ¹
	< 20	20–24	25–29	30–34	35–39	40–44	45–49			
STERILIZED WOMEN										
< 2	0.0	30.2	39.8	18.2	9.7	2.1	0.0	100.0	158	27.3
2–3	1.0	26.5	44.3	20.3	8.0	0.0	0.0	100.0	111	27.1
4–5	0.7	28.8	48.0	17.6	4.2	0.7	0.0	100.0	149	26.6
6–7	1.4	32.9	43.8	15.8	6.1	0.0	U	100.0	134	26.4
8–9	3.6	33.6	40.0	16.8	5.4	0.6	U	100.0	126	26.1
10+	3.2	33.3	43.1	17.5	2.9	U	U	100.0	621	NC
Total	2.2	31.8	43.1	17.6	4.9	0.4	0.0	100.0	1,299	26.5
WIVES OF STERILIZED MEN										
Total	11.3	55.3	20.4	9.7	1.7	0.0	1.6	100.0	66	23.7
STERILIZED WOMEN AND WIVES OF STERILIZED MEN										
< 2	0.0	29.8	39.9	17.9	9.6	2.0	0.7	100.0	161	27.4
2–3	1.0	26.5	44.3	20.3	8.0	0.0	0.0	100.0	111	27.1
4–5	0.7	28.8	48.0	17.6	4.2	0.7	0.0	100.0	149	26.6
6–7	1.4	33.1	43.3	16.2	6.0	0.0	U	100.0	135	26.4
8–9	3.5	33.6	39.7	16.4	6.1	0.6	U	100.0	129	26.1
10+	4.0	35.5	41.0	16.8	2.6	U	U	100.0	680	NC
Total	2.6	33.0	42.0	17.2	4.7	0.4	0.1	100.0	1,365	26.4
NC: Not calculated due to censoring										
U: Not available										
¹ To avoid censoring, median age is calculated only for sterilizations that took place when the woman was less than 40 years old.										

5.4 Sources of Contraceptive Methods

Family planning methods and services in Kerala 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 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 66 percent of current users of modern methods, down from 75 percent in NFHS-1. The private medical sector, including private hospitals or clinics, private doctors, private

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, Kerala, 1999

Source	Contraceptive method				All modern methods
	IUD	Condom	Female sterilization	Male sterilization	
URBAN					
Public medical sector	*	(8.5)	68.1	*	63.4
Government/municipal hospital	*	(0.0)	63.5	*	57.1
UHC/UHP/UFWC	*	(0.0)	0.8	*	0.7
CHC/rural hospital/PHC	*	(8.5)	1.6	*	2.6
Sub-centre	*	(0.0)	0.0	*	0.0
Government mobile clinic	*	(0.0)	0.0	*	0.0
Camp	*	(0.0)	1.8	*	2.4
Other public medical sector	*	(0.0)	0.5	*	0.6
NGO or trust					
Hospital/clinic	*	(0.0)	1.8	*	1.6
Private medical sector	*	(25.7)	30.0	*	29.3
Private hospital/clinic	*	(2.8)	30.0	*	27.3
Private doctor	*	(0.0)	0.0	*	0.0
Private paramedic	*	(2.9)	0.0	*	0.2
Pharmacy/drugstore	*	(17.1)	0.0	*	1.3
Other private medical sector	*	(2.9)	0.0	*	0.4
Other source	*	(59.9)	0.0	*	5.2
Shop	*	(59.9)	0.0	*	5.0
Other	*	(0.0)	0.0	*	0.2
Don't know ¹	*	(5.8)	0.0	*	0.4
Total percent	100.0	100.0	100.0	100.0	100.0
Number of users	10	28	304	17	360
RURAL					
Public medical sector	(83.6)	12.0	69.5	(84.7)	67.4
Government/municipal hospital	(67.0)	1.9	59.8	(68.9)	57.2
UHC/UHP/UFWC	(0.0)	0.0	0.1	(0.0)	0.1
CHC/rural hospital/PHC	(13.3)	8.1	5.3	(9.1)	5.9
Sub-centre	(3.3)	0.0	0.0	(0.0)	0.1
Government mobile clinic	(0.0)	0.0	0.3	(0.0)	0.3
Camp	(0.0)	0.0	3.9	(6.8)	3.7
Other public medical sector	(0.0)	2.0	0.1	(0.0)	0.2
NGO or trust					
Hospital/clinic	(0.0)	0.0	0.5	(0.0)	0.5
Private medical sector	(16.4)	23.6	29.9	(6.4)	28.2
Private hospital/clinic	(13.1)	1.9	29.9	(6.4)	26.8
Private doctor	(3.3)	0.0	0.0	(0.0)	0.2
Private paramedic	(0.0)	5.9	0.0	(0.0)	0.3
Pharmacy/drugstore	(0.0)	15.8	0.0	(0.0)	0.8
Other private medical sector	(0.0)	0.0	0.0	(0.0)	0.1
Other source	(0.0)	54.4	0.0	(8.9)	3.3
Shop	(0.0)	52.3	0.0	(0.0)	2.8
Other	(0.0)	2.1	0.0	(8.9)	0.5
Don't know ¹	(0.0)	10.1	0.0	(0.0)	0.7
Total percent	100.0	100.0	100.0	100.0	100.0
Number of users	32	54	994	50	1,141

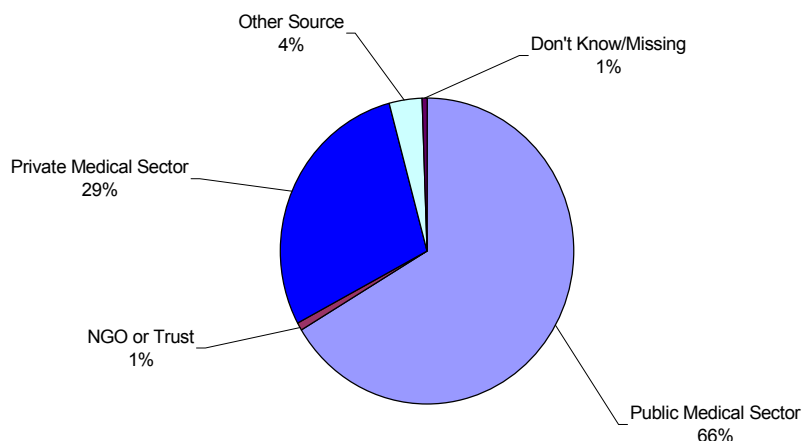
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Table 5.8 Source of modern contraceptive methods (contd.)					
Percent distribution of current users of modern contraceptive methods by most recent source, according to specific method and residence, Kerala, 1999					
Source	Contraceptive method				All modern methods
	IUD	Condom	Female sterilization	Male sterilization	
TOTAL					
Public medical sector	(76.3)	10.8	69.2	83.8	66.4
Government/municipal hospital	(60.2)	1.3	60.7	64.7	57.2
UHC/UHP/UFWC	(0.0)	0.0	0.3	0.0	0.2
CHC/rural hospital/PHC	(13.7)	8.2	4.4	8.0	5.1
Sub-centre	(2.5)	0.0	0.0	0.0	0.1
Government mobile clinic	(0.0)	0.0	0.3	0.0	0.2
Camp	(0.0)	0.0	3.4	9.9	3.4
Other public medical sector	(0.0)	1.3	0.2	1.2	0.3
NGO or trust					
Hospital/clinic	(0.0)	0.0	0.9	0.0	0.7
Private medical sector	(23.7)	24.3	29.9	8.4	28.5
Private hospital/clinic	(21.2)	2.2	29.9	7.1	26.9
Private doctor	(2.5)	0.0	0.0	0.0	0.1
Private paramedic	(0.0)	4.8	0.0	0.0	0.3
Pharmacy/drugstore	(0.0)	16.2	0.0	0.0	1.0
Other private medical sector	(0.0)	1.0	0.0	1.2	0.2
Other source	(0.0)	56.2	0.0	7.9	3.7
Shop	(0.0)	54.9	0.0	0.0	3.3
Other	(0.0)	1.4	0.0	7.9	0.4
Don't know ¹	(0.0)	8.7	0.0	0.0	0.6
Total percent	100.0	100.0	100.0	100.0	100.0
Number of users	43	82	1,299	66	1,501
Note: Total current users of all modern contraceptive methods include a small number of users of pills, who are not shown separately. 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 ¹ For 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.					

mobile clinics, private paramedics, pharmacies or drugstores, and traditional birth attendants, is the source for 29 percent of current users, up from 20 percent in NFHS-1. Research based on NFHS-1 data using multinomial regressions found that residential background and education were the only variables with consistent effects on the use of private sector family planning services in India (Nair et al., 1999). Four percent of current users obtain their methods from sources such as shops, friends, and relatives and 1 percent from NGO or trust sources.

Government/municipal hospitals are the main source (61 percent) for female sterilization, followed by private hospitals or clinics (30 percent). Community health centres, rural hospitals, or Primary Health Centres account for 4 percent of female sterilizations and camps account for another 3 percent. Similar sources are used for male sterilizations. By contrast, the main sources for condoms are shops (55 percent) and private pharmacies or drugstores (16 percent). Only 11 percent of current condom users obtain their supply from the public medical sector. The public medical sector is, however, the main source for IUDs (76 percent).

Figure 5.2
Sources of Family Planning Among Current Users of Modern Contraceptive Methods



Note: Percents add to more than 100.0 due to rounding

NFHS-2, Kerala, 1999

Sixty-seven percent of rural users obtain their contraceptives from the public medical sector, compared with 63 percent of urban users. Although the public medical sector is the main source for female sterilizations in both urban and rural areas, the private sector also plays a substantial role in both areas. Thirty percent of female sterilizations were performed in the private medical sector in both urban and rural areas. The sources for condoms also do not vary much by residence. Most users of condoms obtain their supply from private pharmacies, private drugstores, or shops in both urban and rural areas.

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 have 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 301 nonpregnant women who ever used family planning methods (15 percent of ever users) have discontinued use. Among the group that discontinued contraception, the most commonly mentioned reason for discontinuing is the absence of the husband (37 percent), followed by the desire for another child (23 percent). Other frequently cited reasons for discontinuing use are that the contraceptive created a health problem (12 percent) and that the respondent did not like the method (7 percent). Urban and rural women gave similar reasons for discontinuing use. However, women in rural areas discontinued use more often than women in urban areas because the husband was away and because they did not like the method.

Among women who have never used contraception, more than half of the women give fertility-related reasons for not using a method. The most frequently mentioned fertility-related reasons are that the couple wants more children (40 percent) and that the respondent is menopausal

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, Kerala, 1999

Reason	Urban	Rural	Total
REASON FOR STOPPING USE			
Method failed/got pregnant	1.1	0.0	0.3
Lack of sexual satisfaction	0.0	0.5	0.4
Created menstrual problem	3.4	1.4	1.8
Created health problem	12.3	12.1	12.2
Inconvenient to use	0.0	0.9	0.7
Hard to get the method	0.0	0.5	0.4
Did not like the method	11.1	5.1	6.5
Wanted to have a child	22.2	23.1	22.9
Husband away	28.4	39.4	36.8
Other	21.5	17.0	18.0
Total percent	100.0	100.0	100.0
Number of women	70	231	301
REASON FOR NOT CURRENTLY USING			
Husband away	19.6	19.0	19.2
Fertility-related reasons	50.9	52.2	51.9
Not having sex	1.4	1.6	1.6
Infrequent sex	1.4	0.0	0.3
Menopausal/had hysterectomy	4.2	5.6	5.3
Subfecund/infecund	9.7	2.2	3.8
Postpartum/breastfeeding	1.4	1.1	1.1
Wants more children	32.9	41.7	39.8
Opposition to use	16.2	10.4	11.7
Opposed to family planning	0.7	1.6	1.4
Husband opposed	7.0	4.5	5.0
Other people opposed	0.0	0.3	0.2
Against religion	8.5	4.0	5.0
Lack of knowledge	0.0	1.3	1.0
Knows no method	0.0	1.1	0.8
Knows no source	0.0	0.3	0.2
Method-related reasons	9.1	12.9	12.1
Health concerns	2.8	3.5	3.3
Worry about side effects	1.4	5.4	4.5
Costs too much	0.7	0.3	0.4
Inconvenient to use	0.7	0.3	0.4
Afraid of sterilization	1.4	0.5	0.7
Doesn't like existing methods	2.1	3.0	2.8
Other	3.5	2.2	2.5
Don't know/missing	0.7	1.9	1.6
Total percent	100.0	100.0	100.0
Number of women	113	408	520

or has had a hysterectomy (5 percent) or is infecund or subfecund (4 percent). Among the reasons not related to fertility, the most often mentioned reason is that the husband is away (19 percent). Another 12 percent mention opposition to use including 5 percent who say that the husband is opposed to contraceptive use and a similar percentage who say that religion is against contraceptive use. Almost one out of ten (8 percent) mention a health-related problem (health concerns or worry about side effects). There are few substantial urban-rural differences in reasons for not currently using contraception. Forty-two percent of rural women not using contraception say that it is because they want more children, compared with 33 percent of urban women. Also 10 percent of urban women give subfecundity/infecundity as the reason for not using a method, compared with only 2 percent of rural women.

These data show that an important reason for women not using contraception or discontinuing the use of contraception in Kerala is the absence of the husband. Kerala has been an exporter of labour to other countries, especially the Gulf States. Recent research on the social, economic, and demographic consequences of this largely male dominated phenomenon of emigration also documents a much lower use of contraception in emigrant families than in non-emigrant families (Zachariah et al., 2001).

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.

More than two out of five (44 percent) 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, 34 percent intend to use a method within the next 12 months. The proportion of women who intend to use contraception any time in the future first increases from 38 percent for women with no living children to 50 percent for women with one living child and 54 percent for women with 2 living children, and then declines to 18 percent for women with four or more living children. Seventy-two 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 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 33 percent among women with no children to 11 percent among those with four or more children. The proportion expressing an intention to use contraception within the next 12 months increases from 3 percent among those with no children to 26 percent among those with three or more living children and then declines with increasing numbers of children. The overall proportions of women who intend to use contraception at some time in the future are similar (44–45 percent) in rural and urban areas, as are the proportions that intend to use contraception in the next 12 months (15 percent in rural areas and 17 percent in urban areas). A higher proportion of urban than rural women with no children intend to use contraception some

Table 5.10 Future use of contraception						
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, Kerala, 1999						
Intention to use in the future	Number of living children ¹					Total
	0	1	2	3	4+	
URBAN						
Intends to use in next 12 months	3.4	17.2	27.7	*	*	16.7
Intends to use later	34.3	32.7	22.0	*	*	27.2
Intends to use, unsure when	3.4	0.9	0.0	*	*	1.1
Unsure as to intention	27.6	11.9	11.1	*	*	14.2
Does not intend to use	31.3	37.3	39.2	*	*	40.9
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	46	87	57	18	9	217
RURAL						
Intends to use in next 12 months	2.3	15.5	25.0	18.6	5.4	14.8
Intends to use later	32.8	31.1	27.3	12.9	10.8	26.1
Intends to use, unsure when	1.5	3.6	2.8	8.3	2.7	3.5
Unsure as to intention	23.4	16.7	11.2	8.2	10.7	14.8
Does not intend to use	39.9	33.1	33.6	52.1	70.4	40.8
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	140	246	195	93	80	754
TOTAL						
Intends to use in next 12 months	2.6	15.9	25.7	19.1	4.8	15.2
Intends to use later	33.2	31.5	26.1	12.2	10.6	26.3
Intends to use, unsure when	2.0	2.9	2.2	6.9	2.4	2.9
Unsure as to intention	24.4	15.5	11.2	7.6	10.4	14.7
Does not intend to use	37.8	34.2	34.9	54.2	71.8	40.8
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	185	333	252	111	90	971
*Percentage not shown; based on fewer than 25 unweighted cases						
¹ Includes current pregnancy, if any						

time in the future (41 percent, compared with 37 percent) and a similar proportion of urban and rural women with one child intend to do so (50–51 percent). However, a higher proportion of rural women with two children (55 percent) intend to use contraception, compared with urban women with two children (50 percent).

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 helps to better meet the contraceptive needs of women and to design more effective information programmes. Table 5.11 shows that 48 percent of women mention a fertility-related reason for not intending to use contraception in the future, 22 percent mention opposition to use, 20 percent mention a method-related reason, and 1 percent say that they do not know a method. The most frequently mentioned reason given for not intending to use contraception is the desire to have as many

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, Kerala, 1999			
Reason	Current age		Total
	15–29	30–49	
Fertility-related reasons	35.7	54.9	48.2
Not having sex	0.6	3.0	2.2
Infrequent sex	3.0	2.7	2.8
Menopausal/had hysterectomy	3.0	25.3	17.5
Subfecund/infecund	2.4	6.4	5.0
Wants as many children as possible	26.7	17.4	20.7
Opposition to use	31.1	17.8	22.4
Opposed to family planning	4.0	2.1	2.7
Husband opposed	10.6	6.4	7.9
Other people opposed	0.8	0.0	0.3
Against religion	15.7	9.3	11.5
Lack of knowledge			
Knows no method	0.7	0.9	0.8
Method-related reasons	19.3	19.9	19.7
Health concerns	3.9	7.8	6.4
Worry about side effects	9.9	6.2	7.5
Costs too much	0.0	0.3	0.2
Inconvenient to use	0.0	0.4	0.3
Afraid of sterilization	0.0	0.8	0.5
Doesn't like existing methods	5.5	4.4	4.8
Other	8.4	4.5	5.8
Don't know/missing	4.8	2.1	3.1
Total percent	100.0	100.0	100.0
Number of women	138	258	396

children as possible (21 percent). Other important fertility-related reasons are that the respondent is menopausal or has had a hysterectomy (18 percent) or is subfecund or infecund (5 percent). Twelve percent mention that religion opposes contraceptive use and 8 percent mention husband's opposition to use. Eight percent do not intend to use contraception because they are worried about side effects, 6 percent because they have other health concerns, and 5 percent because they do not like the existing methods.

Twenty-seven percent of young women (age less than 30) mention the desire to have as many children as possible as the main reason for not intending to use contraception, compared with 17 percent of women age 30–49. Younger women are also much more likely than older women to give reasons relating to opposition to use. For example, 16 percent of women age 15–29 say that they do not intend to use contraception because it is against their religion, compared with only 9 percent of women age 30–49. Similarly, 11 percent of younger women mention opposition by husband but only 6 percent of older women mention this reason. Thirty-two percent of older women mention menopause or hysterectomy and infecundity or subfecundity as reasons, compared with only 5 percent of younger women.

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, Kerala, 1999

Preferred method	Timing of intended use			Total
	Next 12 months	Later	Unsure about timing	
URBAN				
Pill	(15.2)	5.4	*	8.9
IUD	(6.6)	1.3	*	3.3
Condom	(15.1)	4.0	*	8.0
Female sterilization	(43.3)	76.0	*	63.6
Male sterilization	(0.0)	0.0	*	0.0
Rhythm/safe period	(4.4)	0.0	*	1.6
Withdrawal	(6.6)	0.0	*	2.5
Other	(0.0)	0.0	*	0.0
Unsure	(8.8)	13.2	*	12.1
Total percent	100.0	100.0	100.0	100.0
Number	36	59	2	97
RURAL				
Pill	8.7	5.5	*	6.8
IUD	10.5	2.8	*	5.1
Condom	9.7	3.9	*	5.9
Female sterilization	44.6	79.5	*	67.5
Male sterilization	2.9	0.0	*	1.0
Rhythm/safe period	4.8	0.5	*	2.2
Withdrawal	7.8	1.1	*	3.9
Other	2.0	0.0	*	0.7
Unsure	8.8	6.7	*	6.9
Total percent	100.0	100.0	100.0	100.0
Number	112	196	26	334
TOTAL				
Pill	10.3	5.5	(7.5)	7.3
IUD	9.6	2.4	(0.0)	4.7
Condom	11.0	3.9	(3.9)	6.4
Female sterilization	44.3	78.7	(75.0)	66.7
Male sterilization	2.2	0.0	(0.0)	0.8
Rhythm/safe period	4.7	0.4	(3.6)	2.1
Withdrawal	7.5	0.8	(7.2)	3.6
Other	1.5	0.0	(0.0)	0.5
Unsure	8.8	8.2	(2.7)	8.0
Total percent	100.0	100.0	100.0	100.0
Number	148	255	29	432
() Based on 25–49 unweighted cases *Percentage not shown; based on fewer than 25 unweighted cases				

Since women below age 30 account for 85 percent of total current fertility in Kerala, the reasons they give for not intending to use contraception are extremely important from a policy perspective. Among the 64 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 young women who do not intend to use contraception mention concerns about health and side effects (14 percent), opposition from their husbands (11 percent), and dislike of the existing methods (6 percent). This suggests that improved quality of services and information programmes could enhance the success of the family welfare programme in Kerala. 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, 67 percent say they would prefer to use female sterilization, 7 percent say they would prefer to use the pill, 6 percent say they would prefer to use condoms, 5 percent say they would prefer to use the IUD, and 8 percent are unsure about the method they would prefer to use. Only 1 percent would prefer that their husbands get sterilized. Six percent would prefer to use a traditional method. Although sterilization is the most preferred method irrespective of timing of intended use, it is notable that 44 percent of women who intend to use a method in the next 12 months prefer to use female sterilization, compared with 79 percent of women who intend to use later. Women intending to use contraception within the next 12 months show a greater preference for modern spacing methods (31 percent) and traditional methods (12 percent) than women who intend to use later (12 percent and 1 percent, respectively). Results are similar for urban and rural areas.

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. These results suggest a greater desire among future users to use the officially-sponsored spacing methods. While 31 percent of those who intend to use a method within 12 months and 12 percent of those who intend to use a method any time in the future say that they would prefer to use a modern spacing method, only 5 percent of current users are actually using a modern spacing method (Table 5.3). Further, among current users of spacing methods, the condom is the most popular method, whereas the pill and condom are almost equally preferred among those who intend to use contraception in the future. These results suggest that there is a significant short-term, as well as longer-term, potential demand for spacing methods.

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 for the effects of residence and education, exposure to electronic mass media has a substantial effect on contraceptive use (Ramesh et al., 1996). 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.

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, Kerala, 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		
Age								
15–24	55.5	45.3	21.2	55.6	60.3	7.1	82.1	459
25–34	61.7	49.7	20.3	55.9	64.1	6.1	84.3	1,080
35–49	56.6	41.6	15.8	44.1	53.8	4.4	77.2	1,346
Residence								
Urban	61.5	60.7	26.6	57.0	64.3	5.0	85.4	667
Rural	57.4	40.6	15.9	48.3	57.0	5.6	79.2	2,217
Education								
Illiterate	40.8	22.5	9.1	6.2	22.5	3.8	54.4	362
Literate, < middle school complete	55.2	31.5	10.2	38.5	56.7	5.0	77.5	871
Middle school complete	57.8	41.2	18.0	54.9	64.6	3.8	81.3	493
High school complete and above	66.4	64.4	27.6	71.1	69.0	7.0	90.9	1,158
Religion								
Hindu	63.1	52.7	22.9	53.2	62.2	7.2	83.7	1,478
Muslim	51.4	30.0	10.1	40.7	49.8	3.1	73.2	941
Christian	57.1	51.9	20.5	60.6	65.3	4.6	85.8	462
Caste/tribe								
Scheduled caste	50.9	41.7	16.0	37.8	54.8	4.3	76.4	252
Scheduled tribe	(51.5)	(48.0)	(22.6)	(32.1)	(44.8)	(3.5)	(72.2)	32
Other backward class	58.4	44.5	19.1	49.9	56.5	5.1	77.9	1,244
Other	59.8	46.5	18.0	53.5	61.7	6.0	84.1	1,356
Standard of living index								
Low	45.4	24.1	9.7	25.6	45.7	2.7	67.1	448
Medium	58.7	39.2	15.1	46.1	58.3	5.3	79.8	1,590
High	64.6	67.8	29.1	71.4	66.3	7.1	89.4	846
Use of contraception								
Ever used	60.7	48.0	19.2	53.1	61.5	5.7	82.9	2,158
Never used	51.4	36.9	16.1	42.0	50.3	4.6	73.8	726
Total	58.3	45.2	18.4	50.3	58.7	5.4	80.6	2,884

Note: Total includes 2 women belonging to other religions, who are not shown separately.
() Based on 25–49 unweighted cases

Messages disseminated through the mass media over the past few months have reached a vast majority (81 percent) of ever-married women in Kerala. The most common sources of recent exposure to family planning messages are wall paintings or hoardings and the radio. Fifty-nine percent of ever-married women report having seen a message on wall paintings or hoardings and 58 percent heard a family planning message on the radio. Other important sources of family planning messages are newspapers or magazines (50 percent), television (45 percent), and cinema/film shows (18 percent). Only 5 percent have been recently exposed to a family planning message through a drama, folk dance, or street play.

Ever-married women age 35–49 report lower exposure to family planning messages in general, and also lower exposure to messages from every form of mass media except the radio, than women age 15–34. Overall, exposure to mass media messages on family planning is higher in urban areas than in rural areas. Eighty-five percent of urban ever-married women report seeing or hearing a family planning message from at least one media source, compared with 79 percent of women in rural areas. Urban women are also much more likely than rural women to have been exposed to a message through each form of mass media, except dramas, folk dances, or street plays.

Exposure to family planning messages varies substantially by education. Ninety-one 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 54 percent of women who are illiterate. Exposure to family planning messages through most specific media sources varies similarly with education as does exposure in general. For example, 64 percent of women who have completed at least high school have seen a family planning message on television, compared with only 23 percent of women who are illiterate.

Exposure to family planning messages also differs by religion, with Hindu and Christian women more likely to be exposed to family planning messages in general, and from all media sources, than Muslim women. Eighty-six percent of Christian women and 84 percent of Hindu women say they have heard or seen a family planning message through the media, compared with 73 percent of Muslim women. Eighty-four percent of ever-married women not belonging to the scheduled castes, scheduled tribes, or other backward classes have seen or heard a family planning message, followed by 78 percent of women from other backward classes, 76 percent of women from the scheduled castes, and 72 percent of women from the scheduled tribes. Exposure to family planning messages rises with standard of living both by media in general and by each specific media source. Finally, women who have ever used contraception are much 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. Despite differentials, however, exposure to family planning messages through the media is consistently high for most subgroups of the population in Kerala.

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 husbands, 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 24 percent of currently married women in Kerala discussed family planning with their husbands, friends, neighbours, or other relatives in the past few months. Eighteen percent of women discussed family planning with their husbands and 8 percent discussed family planning with friends or neighbours. Discussions of family planning with relatives other than the husband are rare.

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, Kerala, 1999

Background characteristic	Person with whom discussed family planning								Any of these persons	Number of women
	Hus-band	Mother	Sister	Daugh-ter	Mother-in-law	Sister-in-law	Friend/ neighbour	Other relative		
Age										
15-24	32.6	1.9	2.7	0.0	0.5	1.9	9.5	0.9	38.8	451
25-34	23.8	0.7	1.6	0.0	0.3	1.9	9.9	0.8	30.2	1,044
35-49	6.7	0.1	1.3	0.4	0.1	1.0	5.4	0.2	12.5	1,180
Residence										
Urban	15.7	0.6	2.3	0.1	0.2	1.4	7.0	0.8	22.7	628
Rural	18.4	0.6	1.5	0.2	0.2	1.5	8.1	0.5	24.2	2,048
Education										
Illiterate	9.3	0.3	0.7	0.3	0.0	0.4	2.8	0.0	12.1	299
Literate, < middle school complete	12.7	0.3	0.6	0.4	0.1	1.1	6.2	0.6	16.9	781
Middle school complete	15.9	0.5	2.3	0.0	0.4	2.7	9.6	0.5	23.6	468
High school complete and above	24.3	1.0	2.4	0.1	0.3	1.6	9.7	0.7	31.8	1,127
Religion										
Hindu	17.0	0.6	1.6	0.3	0.1	0.9	8.0	0.6	23.6	1,367
Muslim	19.8	0.8	1.5	0.1	0.4	2.3	7.2	0.7	24.2	864
Christian	16.2	0.4	2.2	0.0	0.2	2.0	8.8	0.2	23.9	443
Caste/tribe										
Scheduled caste	15.6	0.5	0.9	0.8	0.0	0.5	5.6	0.0	20.4	232
Scheduled tribe	(10.3)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(2.8)	(0.0)	(13.0)	28
Other backward class	17.9	0.5	1.8	0.0	0.4	1.9	7.8	1.0	24.2	1,144
Other	18.2	0.8	1.7	0.3	0.1	1.4	8.4	0.3	24.3	1,271
Standard of living index										
Low	15.2	1.3	1.0	0.5	0.2	1.1	7.1	1.3	20.2	384
Medium	17.4	0.5	1.4	0.1	0.1	0.9	7.5	0.4	23.1	1,477
High	19.6	0.6	2.4	0.1	0.4	2.8	8.9	0.4	26.8	814
Use of contraception										
Ever used	17.4	0.6	2.0	0.2	0.1	1.6	8.8	0.4	24.3	2,061
Never used	19.0	0.7	0.6	0.0	0.5	1.2	4.7	0.9	22.1	614
Husband's education										
Illiterate	11.0	0.6	1.0	0.6	0.0	0.0	2.8	0.6	14.2	183
Literate, < middle school complete	13.9	0.2	1.0	0.3	0.1	1.4	7.0	0.5	18.3	964
Middle school complete	18.2	0.7	1.9	0.0	0.4	1.8	9.7	0.5	26.8	488
High school complete and above	22.3	1.0	2.2	0.1	0.3	1.7	8.7	0.6	29.3	1,038
Total	17.8	0.6	1.7	0.2	0.2	1.5	7.9	0.5	23.8	2,675

Note: Total includes 2 women belonging to other religions and 2 women with missing information on husband's education, who are not shown separately.

() Based on 25-49 unweighted cases

Women age 15–24 years are most likely to have discussed family planning with someone (39 percent), followed by women age 25–34 (30 percent); women age 35–49 are much less likely (13 percent) than younger women to have done so. The proportion of women reporting such discussions generally rises with women’s education, husband’s education, and the standard of living index. Such discussions vary little by residence, religion, caste/tribe status, and ever use of contraception. Discussions with the husband decrease sharply with age, increase with the women’s education, husbands’ education, and the standard of living, and vary only little by religion and caste/tribe status.

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 met the 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, 12 percent of currently married women in Kerala have an unmet need for family planning. The unmet need in Kerala is slightly higher for spacing births (7 percent) than 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 would increase from 64 percent to 76 percent in the state. Overall, current programmes are meeting a large share (84 percent) of the family planning need in Kerala (as shown in the last column of the Table 5.15). However, unmet need is unchanged since NFHS-1, when unmet need was also estimated to be 12 percent.

Unmet need declines slightly from 31 percent among women age 15–19 to 28 percent among women age 20–24 and then falls steadily to 4 percent among women age 45–49. Only 19 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 95 percent for women age 45–49. For the youngest women (age 15–29) unmet need is largely for spacing, rather than for limiting. By contrast, two-thirds of unmet need for women age 30–34 is for limiting and for women age 35 and above, unmet need and met need are all or almost all for limiting alone.

Unmet need for family planning is almost the same in rural and urban areas. Unmet need is higher among women who have completed at least middle school (13–14 percent) than among less educated and illiterate women (5–10 percent). Most unmet need among women who have completed at least middle school is for spacing, whereas all the unmet need among illiterate women is for limiting. The percentage of demand satisfied decreases with education from 94 percent among illiterate women to 80 percent among women who have completed at least high school.

Muslim women have higher unmet need for family planning (17 percent) than Christian women (10 percent) and Hindu women (9 percent). The percentage of total demand satisfied is higher for Hindu women (89 percent) and Christian women (87 percent) than for Muslim women (74 percent). Notably, although unmet need among Hindu and Christian women is about equally

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, Kerala, 1999

Background characteristic	Unmet need for FP ¹			Met need (currently using) ²			Total demand for FP			Percentage of demand satisfied
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total	
Age										
15–19	29.3	1.2	30.5	7.0	0.0	7.0	36.3	1.2	37.5	18.7
20–24	24.2	3.7	27.8	15.3	14.8	30.1	39.5	18.4	57.9	52.0
25–29	10.0	4.2	14.2	12.4	42.3	54.7	22.4	46.5	68.8	79.4
30–34	3.0	6.0	9.0	6.1	67.6	73.7	9.0	73.6	82.6	89.2
35–39	0.4	5.9	6.3	1.2	79.8	81.0	1.6	85.7	87.3	92.8
40–44	0.0	6.0	6.0	0.5	79.9	80.3	0.5	85.8	86.3	93.1
45–49	0.0	3.7	3.7	0.0	70.8	70.8	0.0	74.5	74.5	95.0
Residence										
Urban	6.3	4.9	11.1	6.2	59.3	65.5	12.5	64.2	76.6	85.5
Rural	7.1	4.9	11.9	6.2	57.0	63.2	13.3	61.8	75.1	84.1
Education										
Illiterate	0.0	4.6	4.6	1.6	72.4	74.0	1.6	77.0	78.7	94.1
Literate, < middle school complete	5.6	4.3	9.9	2.6	64.4	67.0	8.3	68.7	76.9	87.1
Middle school complete	9.2	4.1	13.3	6.6	57.6	64.2	15.8	61.7	77.5	82.8
High school complete and above	8.6	5.7	14.2	9.8	48.7	58.5	18.4	54.4	72.8	80.4
Religion										
Hindu	4.7	4.5	9.2	5.6	66.0	71.6	10.3	70.5	80.8	88.6
Muslim	11.4	5.2	16.6	6.5	40.7	47.2	17.9	45.8	63.7	74.0
Christian	4.8	5.5	10.3	7.6	63.9	71.5	12.4	69.4	81.8	87.4
Caste/tribe										
Scheduled caste	3.8	5.1	8.9	5.6	69.9	75.5	9.4	75.1	84.4	89.4
Scheduled tribe	(2.7)	(3.9)	(6.6)	(11.5)	(50.9)	(62.4)	(14.3)	(54.8)	(69.0)	(90.4)
Other backward class	5.7	4.5	10.2	5.5	57.0	62.6	11.3	61.5	72.8	86.0
Other	8.5	5.2	13.8	6.8	55.8	62.6	15.4	61.0	76.4	82.0
Standard of living index										
Low	5.8	4.2	9.9	4.6	66.6	71.1	10.3	70.8	81.1	87.7
Medium	6.3	3.9	10.2	5.6	58.7	64.3	11.9	62.5	74.4	86.4
High	8.4	7.1	15.5	8.1	51.1	59.2	16.5	58.2	74.7	79.3
Number of living children										
0	11.9	1.1	13.0	4.9	0.4	5.3	16.8	1.5	18.3	28.8
1	18.4	4.0	22.4	22.2	12.1	34.4	40.6	16.2	56.8	60.5
2	4.1	6.1	10.2	3.1	76.7	79.8	7.2	82.8	90.0	88.6
3	2.8	3.9	6.7	1.1	80.6	81.7	3.9	84.4	88.3	92.5
4	1.6	5.7	7.4	2.7	77.6	80.3	4.4	83.3	87.7	91.6
5	1.4	7.4	8.8	0.0	71.0	71.0	1.4	78.4	79.8	89.0
6+	0.0	11.2	11.2	1.8	57.3	59.2	1.8	68.5	70.3	84.1
Total	6.9	4.9	11.7	6.2	57.5	63.7	13.1	62.4	75.5	84.4

Note: Total includes women belonging to other religions, who are not shown separately.

() Based on 25–49 unweighted cases

¹Unmet 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 and 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.

²Met 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.

divided between unmet need for spacing and for limiting, 69 percent of unmet need among Muslim women is for spacing. The percentage of demand satisfied is highest for women who belong to the scheduled tribes and scheduled castes (89–90 percent), followed by women who belong to the other backward classes (86 percent). Women who do not belong to the scheduled castes, scheduled tribes, and other backward classes have a much higher unmet need, and a lower percentage of demand satisfied, than women in other castes or tribes. Unmet need is higher for women from households with a high standard of living than for women from households with a low or medium standard of living, whereas the percentage of demand satisfied decreases with the household standard of living.

Unmet need is highest, at 22 percent, for women with one living child. Women with no living children also have a relatively high level of unmet need (13 percent). Among women with two or more living children, unmet need declines from 10 percent for women with two living children to 7 percent for women with four living children and then rises again to 11 percent among women with six or more living children. Among women with no children or one child, unmet need is almost entirely for spacing; by contrast, unmet need for limiting is dominant for women with three or more children. For women with no living children, only 29 percent of the total demand for family planning is satisfied and for women with one child only 61 percent is satisfied. By contrast, for women with two or more living children, 84–93 percent of total demand is satisfied.

Despite relatively high contraceptive use in Kerala, these results reveal fairly high levels of unmet need among women in some subgroups and among women at low or very high parities. The findings suggest the need for promoting spacing methods in the method mix offered to women. A family planning programme with an emphasis only on sterilization fails to meet the needs of young women who are still in the process of family formation. In Kerala, many women have an unmet need for spacing, especially before their first birth and between their first and second births. At the same time, the family planning programme in Kerala needs to provide women who want to stop childbearing but who do not wish to adopt sterilization with methods and options that they find acceptable for long-term use.