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 Reproductive and Child Health Programme aims to cover all aspects of women's reproductive health throughout their lives. With regard to family planning, this new approach emphasizes the target-free promotion of contraceptive use among eligible couples, the provision to couples of a choice of various contraceptive methods (including condoms, oral pills, IUDs, and male and female sterilization), and the assurance of high-quality care. In addition, the programme encourages the spacing of births with at least three years between births (Ministry of Health and Family Welfare, n.d.(b)).

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 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 before moving on to the sources of supply of modern contraceptive methods. Special attention is focussed 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 methods. It concludes with an assessment of the extent to which the need for family planning services in Bihar is being met effectively.

5.1 Knowledge of Family Planning Methods

Lack of knowledge of contraceptive methods is 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, Bihar, 1998–99

Method	Urban	Rural	Total
Any method	99.7	99.2	99.2
Any modern method	99.7	99.1	99.2
Pill	90.5	73.2	74.9
IUD	82.8	56.0	58.7
Condom	85.9	61.8	64.3
Female sterilization	99.7	98.8	98.9
Male sterilization	98.1	97.2	97.3
Any traditional method	57.3	37.5	39.5
Rhythm/safe period	52.1	34.4	36.2
Withdrawal	41.4	22.5	24.4
Other method ¹	4.2	3.4	3.4
Number of women	677	5,984	6,661
¹ Includes both modern and tr	aditional method	s that are not listed	separately

collected information on respondents' knowledge and ever use of any other contraceptive method (modern, traditional, or folkloric).

Table 5.1 shows the extent of knowledge of contraceptive methods among currently married women by specific method and residence. Knowledge of contraceptive methods is nearly universal in Bihar, 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 Bihar, followed by male sterilization. Overall, 99 percent of currently married women know about female sterilization and 97 percent know about male sterilization. There is little difference by residence in knowledge of male and female sterilizations. Knowledge of the officially sponsored spacing methods (the pill, IUD, and condom) is less widespread. The best known spacing method is the pill, which is known by 75 percent of currently married women, followed by the condom (64 percent), and then the IUD (59 percent). There are large differences in knowledge of spacing methods by residence. For example, only 56 percent of rural women know about the IUD, compared with 83 percent of urban women. Although knowledge of these spacing methods is lower than knowledge of sterilization, these results suggest that knowledge of spacing methods has grown since NFHS-1. At the time of NFHS-1, only 57 percent of currently married women knew about pills, 44 percent knew about IUDs, and 55 percent knew about condoms (PRC, Patna and IIPS, 1995).

In Bihar, traditional methods of contraception are less well known than modern methods. Forty percent of currently married women report knowledge of a traditional method, with the rhythm or safe period method being better known (36 percent) than withdrawal (24 percent). Knowledge of traditional methods is much higher in urban areas (57 percent) than in rural areas (38 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, Bihar, 1998–99

Age	Any method	Any modern method	Pill	IUD	Con- dom	Female ster- ilization	Male ster- ilization	Any tradi- tional method	Rhythm/ safe period	With- drawal	Other method ¹	Number of women
						UR	BAN					
15–19	7.3	3.6	1.9	0.0	1.8	0.0	0.0	3.6	1.7	1.9	0.0	59
20–24	23.3	19.1	9.1	0.9	6.1	3.0	0.0	6.2	3.1	4.1	3.2	105
25–29	48.0	44.9	14.0	2.4	11.3	24.6	1.6	7.0	4.7	4.6	0.8	131
30–34	55.1	49.9	16.9	2.4	10.3	32.2	0.0	5.2	1.8	3.4	0.9	124
35–39	61.3	57.5	7.1	4.8	4.9	42.7	2.8	5.6	3.8	2.8	2.1	107
40–44	54.5	51.0	7.4	3.7	9.8	38.7	3.7	9.7	7.3	4.8	1.2	83
45–49	48.0	46.4	4.7	0.0	1.5	40.3	6.3	4.7	3.1	1.5	1.7	69
Total	44.8	41.1	9.9	2.3	7.3	26.6	1.8	6.1	3.7	3.5	1.5	677
						RL	JRAL					
15–19	4.2	2.4	1.3	0.0	0.8	0.3	0.0	2.0	1.1	1.3	0.0	743
20–24	11.2	7.6	2.5	0.4	1.0	4.0	0.2	4.0	2.7	1.9	0.3	1,274
25–29	25.0	22.2	4.4	1.2	2.1	15.9	0.7	4.4	3.1	2.4	1.0	1,242
30–34	35.6	34.1	4.8	1.4	1.2	27.5	0.4	3.2	2.3	1.9	1.6	903
35–39	40.1	38.9	3.2	0.8	0.9	33.4	1.5	3.3	2.6	1.3	1.5	753
40–44	41.9	40.0	3.4	0.3	0.8	33.8	2.6	2.9	2.7	0.5	1.6	615
45–49	37.9	36.9	1.8	0.9	0.7	30.8	3.4	2.2	1.8	1.1	1.3	454
Total	25.7	23.5	3.2	0.8	1.2	18.3	1.0	3.4	2.5	1.6	1.0	5,984
						тс	TAL					
15–19	4.4	2.5	1.4	0.0	0.9	0.2	0.0	2.1	1.2	1.3	0.0	802
20–24	12.1	8.5	3.0	0.5	1.4	3.9	0.2	4.1	2.7	2.1	0.5	1,379
25–29	27.2	24.4	5.3	1.3	3.0	16.7	0.7	4.6	3.3	2.6	1.0	1,373
30–34	37.9	36.0	6.2	1.6	2.3	28.0	0.4	3.4	2.2	2.0	1.5	1,027
35–39	42.7	41.2	3.7	1.3	1.4	34.6	1.6	3.6	2.8	1.5	1.6	859
40–44	43.4	41.3	3.9	0.7	1.9	34.4	2.7	3.7	3.3	1.0	1.6	698
45–49	39.3	38.1	2.2	0.8	0.8	32.0	3.8	2.5	1.9	1.2	1.4	522
Total	27.6	25.3	3.9	0.9	1.8	19.2	1.0	3.6	2.6	1.8	1.0	6,661
¹ Includes	both mode	rn and trad	itional r	nethod	s that are	e not listed s	eparately					

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 further 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.

Although nearly all currently married women know at least one method of contraception, only 28 percent have ever used a method, which is a slight increase from 26 percent at the time of NFHS-1. Twenty-five percent of currently married women have ever used modern methods, but

only 4 percent have ever used traditional methods. Ever use of any method is higher in urban areas (45 percent) than in rural areas (26 percent). Ever use of both modern methods and traditional methods is also higher in urban areas. The most commonly used method is female sterilization, which has been adopted by 19 percent of currently married women. Only 1 percent have adopted male sterilization, and only 1–4 percent have ever used each of the modern spacing methods (the pill, condom, or IUD). Ever use of every method of family planning is much higher in urban areas than in rural areas.

Ever use of any modern method increases with women's age, from 3 percent for women age 15–19 to a peak of 41 percent for women age 40–44, and decreases at older ages to 38 percent for women age 45–49. This increase in contraceptive use with age likely reflects a life-cycle effect, with women adopting contraception as their fertility goals are met. On the other hand, the lower level of ever use of modern methods by older women reflects, at least in part, the lower acceptability and availability of modern contraceptive methods at the time when these women were having their children. The pattern of ever use by age is the same for urban and rural areas, although urban women are more likely to have used contraception than rural women at every age.

Current Use of Family Planning Methods

Table 5.3 provides information on current use of family planning methods for currently married women in Bihar by age and residence. Current contraceptive prevalence in Bihar is low, with only 25 percent of currently married women using some method of contraception. Current use of any method is considerably higher in urban areas (39 percent) than in rural areas (23 percent). Almost all current users are using a modern method, and almost all currently married women who have ever used contraception are current users. This is because in Bihar, as in most of the other states of India, sterilization dominates the contraceptive method mix. Nineteen percent of currently married women are sterilized, and female sterilization accounts for 78 percent of the total current contraceptive prevalence. Another 1 percent of currently married women reported that their husbands are sterilized. Female sterilization and male sterilization together account for 82 percent of current contraceptive prevalence in Bihar. No other individual method of family planning is used by more than 1 percent of currently married women. By residence, female and male sterilization together account for 73 percent of contraceptive prevalence in urban areas and 84 percent in rural areas. Only two percent of currently married women in Bihar are currently using a modern spacing method. Current use of all modern methods is higher in urban areas than in rural areas. By age, current contraceptive use increases from 2 percent for women age 15-19 to a peak of 41 percent for women age 40-44, and decreases for older women. The pattern of variation by age is similar in both urban areas (peaking at 56 percent in 35-39 age group) and rural areas (peaking at 40 percent in 40–44 age group).

Age	Any method	Any modern method	Pill	IUD	Condom	Female ster- ilization	Male ster- ilization	Any traditional method	Rhythm/ safe period	Withdrawal	Other method ¹	Not using any method	Total percent	Number of women
							URI	BAN						
15–19	7.3	3.6	1.9	0.0	1.8	0.0	0.0	3.6	1.7	1.9	0.0	92.7	100.0	59
20–24	14.4	8.1	2.0	0.0	3.1	3.0	0.0	5.2	3.1	2.1	1.1	85.6	100.0	105
25–29	38.3	36.0	5.0	1.6	3.2	24.6	1.6	2.3	0.8	1.5	0.0	61.7	100.0	131
30–34	46.6	44.1	5.1	1.6	5.2	32.2	0.0	2.5	0.0	2.5	0.0	53.4	100.0	124
35–39	56.3	53.5	2.1	3.0	2.9	42.7	2.8	2.8	1.9	0.9	0.0	43.7	100.0	107
40–44	53.3	47.3	1.3	1.2	2.5	38.7	3.7	4.8	3.6	1.2	1.2	46.7	100.0	83
45–49	46.4	44.9	0.0	0.0	0.0	40.3	4.6	1.5	0.0	1.5	0.0	53.6	100.0	69
Total	38.9	35.4	2.9	1.2	3.0	26.6	1.7	3.2	1.5	1.7	0.3	61.1	100.0	677
							RU	RAL						
15_19	2.0	1 0	05	0.0	0.3	0.3	0.0	10	04	0.5	0.0	98.0	100.0	743
20-24	7.3	5.1	0.0	0.0	0.3	4.0	0.0	21	12	0.0	0.0	92.7	100.0	1 274
25-29	21.9	19.4	1.0	1.0	0.9	15.9	0.6	1.6	0.7	0.9	0.8	78.1	100.0	1.242
30–34	32.3	30.3	1.4	0.8	0.4	27.5	0.3	1.0	0.6	0.5	0.9	67.7	100.0	903
35–39	38.6	36.5	0.8	0.4	0.5	33.4	1.3	1.0	0.6	0.4	1.1	61.4	100.0	753
40-44	39.8	37.5	0.5	0.3	0.3	33.8	2.6	1.8	1.4	0.3	0.5	60.2	100.0	615
45–49	36.2	34.6	0.2	0.2	0.0	30.8	3.4	0.9	0.4	0.4	0.6	63.8	100.0	454
Total	22.9	20.9	0.8	0.4	0.4	18.3	0.9	1.4	0.8	0.6	0.6	77.1	100.0	5,984
							то	TAL						
15–19	2.4	1.2	0.6	0.0	0.4	0.2	0.0	1.1	0.5	0.6	0.0	97.6	100.0	802
20–24	7.8	5.3	0.7	0.1	0.5	3.9	0.1	2.3	1.3	1.0	0.2	92.2	100.0	1,379
25–29	23.4	21.0	1.4	1.1	1.1	16.7	0.7	1.7	0.7	1.0	0.8	76.6	100.0	1,373
30–34	34.0	32.0	1.8	0.9	1.0	28.0	0.3	1.2	0.5	0.7	0.8	66.0	100.0	1,027
35–39	40.8	38.6	0.9	0.7	0.8	34.6	1.5	1.3	0.8	0.5	1.0	59.2	100.0	859
40–44	41.4	38.7	0.6	0.4	0.6	34.4	2.7	2.1	1.7	0.4	0.6	58.6	100.0	698
45–49	37.5	36.0	0.2	0.2	0.0	32.0	3.6	1.0	0.4	0.6	0.6	62.5	100.0	522
Total	24.5	22.4	1.0	0.5	0.7	19.2	1.0	1.6	0.9	0.7	0.5	75.5	100.0	6,661

Table 5.3 Current use of contraception



Comparison of NFHS-2 results for current contraceptive use with those from NFHS-1 reveals a 2 percentage-point increase in contraceptive prevalence since NFHS-1, when the prevalence was 23 percent (Figure 5.1). The share of female sterilization in contraceptive prevalence has increased from 75 percent to 78 percent over the six-year period. Since the share of male sterilization has declined from 6 percent in NFHS-1 to 4 percent in NFHS-2, however, the share of female and male sterilization together in total contraceptive prevalence did not change much between the two surveys (81 percent in NFHS-1 compared with 82 percent in NFHS-2). The proportion of currently married women using the officially sponsored spacing methods declined from 3 percent in NFHS-1 to 2 percent in NFHS-2. These results suggest that despite the increased emphasis on contraceptive choice and on spacing methods in the Reproductive and Child Health Programme, female sterilization continues to dominate the method mix in Bihar, and spacing methods still account for only a negligible amount of contraceptive use.

Socioeconomic Differentials in Current Use of Family Planning Methods

Table 5.4 shows differences in current contraceptive use by background characteristics. Current use of contraceptive methods is considerably higher in urban areas (39 percent) than in rural areas (23 percent). This is true for each specific modern or traditional method. By geographic region, current contraceptive use is somewhat higher in the Jharkhand region (28 percent) than in the North Bihar Plain region (24 percent) and in the South Bihar Plain region (22 percent).

Current use of contraceptive methods is much lower among illiterate women (21 percent) than among literate women (36–40 percent). The differences by education are largely the result of two factors: the predominance of sterilization in the method mix and the fact that moreeducated women tend to be younger women who may not yet have reached their desired level of fertility. The use of spacing methods (which are particularly appropriate for women who have not yet reached their desired family size) generally rises with education. Use of traditional methods also rises with education. Modern spacing methods are used by 1 percent of illiterate women and 9 percent of women who have completed at least high school. Female and male sterilization account for 87 percent of contraceptive use by illiterate women and only 67 percent of contraceptive use by women who have completed at least high school. Contraceptive use has increased since NFHS-1 among illiterate women, but declined among literate women.

Contraceptive prevalence is much lower among Muslims (9 percent) than among Hindus (27 percent) and Christians (26 percent). Lower use of contraceptive methods among Muslims is mainly due to a much lower use of sterilization among Muslims than among Hindus and Christians. The use of modern temporary methods is about the same among Muslims and Hindus (2 percent each). Christians in Bihar are unique in that they are much less likely to use modern temporary methods but much more likely to use traditional methods than Hindus or Muslims.

Contraceptive prevalence is highest (34 percent) among women who do not belong to a scheduled caste, scheduled tribe, or other backward class, followed by women belonging to other backward classes (25 percent) and scheduled castes (20 percent). Contraceptive use is lowest among women belonging to scheduled tribes (14 percent). The use of male sterilization, however, is marginally higher for husbands of women from the 'other' caste/tribe category (2 percent) than for husbands of women from a scheduled caste, scheduled tribe, or other backward class (less than 1 percent each).

The use of any contraception as well as the use of each specific contraceptive method is positively related to the household standard of living index (SLI). Whereas contraceptive prevalence is only 17 percent among the poorest women (low SLI), it is 49 percent among women with a high SLI. The use of officially-sponsored spacing methods is also much higher among women with a high SLI (9 percent) than among women with a medium SLI (3 percent) or low SLI (1 percent).

Table 5.4 also shows differences in current use by the number and sex of living children. Contraceptive use increases sharply from only 2 percent for women with no living children to 37 percent for women with three living children and then falls to 35 percent for women with four or more living children. A similar pattern is evident for both male and female sterilization. Prevalence rates by sex composition of living children indicate the existence of some son preference. At each parity, current use of family planning is lower among women with no sons than among women with one or more sons. Son preference does not completely outweigh parity in determining contraceptive use, however, as is evident from the fact that a considerable proportion of higher-parity women with no sons use family planning, including permanent methods.

Table 5.4 Current use by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics, Bihar, 1998–99

Background characteristic	Any method	Any modern method	Pill	IUD	Condom	Female ster- ilization	Male ster- ilization	Any traditional method	Rhythm/ safe period	With- drawal	Other method ¹	Not using any method	Total percent	Number of women
									·					
Residence														
Urban	38.9	35.4	2.9	1.2	3.0	26.6	1.7	3.2	1.5	1.7	0.3	61.1	100.0	677
Rural	22.9	20.9	0.8	0.4	0.4	18.3	0.9	1.4	0.8	0.6	0.6	77.1	100.0	5,984
Region														
North Bihar Plain	24.4	22.8	0.7	0.6	0.6	19.9	1.0	1.6	1.0	0.6	0.1	75.6	100.0	2.974
South Bihar Plain	22.2	19.8	1.0	0.6	0.5	16.7	1.0	2.0	1.0	1.0	0.4	77.8	100.0	2.074
Jharkhand	27.6	24.9	1.5	0.3	1.1	21.1	0.9	1.1	0.5	0.7	1.6	72.4	100.0	1,613
Education														
Illiterate	20.5	18.7	0.6	0.2	0.2	17.0	0.8	1.2	0.8	0.4	0.6	79.5	100.0	5.083
Literate, < middle school														-,
complete	36.1	33.3	1.5	1.2	1.5	28.0	1.2	2.0	0.5	1.5	0.7	63.9	100.0	748
Middle school complete	36.3	33.4	3.9	0.8	3.1	24.3	1.2	2.9	0.8	2.1	0.0	63.7	100.0	256
High school complete														
and above	40.3	35.9	2.9	2.5	3.2	24.9	2.3	4.4	1.9	2.5	0.0	59.7	100.0	573
Religion														
Hindu	27.3	25.1	1.0	0.6	0.7	21.8	1.1	1.6	0.8	0.8	0.6	72.7	100.0	5,574
Muslim	9.1	7.5	1.3	0.2	0.5	5.0	0.5	1.4	0.9	0.4	0.2	90.9	100.0	982
Christian	25.8	14.9	0.0	0.0	0.0	13.0	1.9	7.3	3.6	3.7	3.7	74.2	100.0	57
Other	(15.5)	(13.1)	(0.0)	(0.0)	(2.0)	(11.1)	(0.0)	(0.0)	(0.0)	(0.0)	(2.4)	(84.5)	100.0	48
Caste/tribe														
Scheduled caste	19.5	17.7	0.7	0.2	0.5	15.8	0.6	1.4	1.0	0.4	0.4	80.5	100.0	1,383
Scheduled tribe	14.1	9.8	0.6	0.0	0.2	8.6	0.4	1.4	0.6	0.8	2.9	85.9	100.0	546
Other backward class	24.6	22.4	1.0	0.6	0.7	19.2	0.9	1.8	1.0	0.8	0.4	75.4	100.0	3,454
Other	34.3	32.8	1.6	0.9	1.2	27.3	1.7	1.5	0.6	0.9	0.0	65.7	100.0	1,277
Standard of living index														
Low	16.5	14.7	0.3	0.1	0.2	13.6	0.5	1.1	0.8	0.3	0.7	83.5	100.0	3,480
Medium	29.1	26.9	1.3	0.4	0.9	23.2	1.0	1.7	0.8	0.9	0.5	70.9	100.0	2,491
High	48.8	45.0	3.3	3.3	2.4	32.6	3.4	3.7	1.3	2.4	0.0	51.2	100.0	682
														Contd

Table 5.4 Current use by background characteristics (contd.)														
Percent distribution of curre	ently marrie	d women b	y contra	ceptive	method curr	ently used,	according t	o selected ba	ckground cha	racteristic	s, Bihar, 199	98–99		
Background characteristic	Any method	Any modern method	Pill	IUD	Condom	Female ster- ilization	Male ster- ilization	Any traditional method	Rhythm/ safe period	With- drawal	Other method ¹	Not using any method	Total percent	Number of women
Number and sex of living children														
No children	1.5	0.5	0.2	0.0	0.0	0.2	0.1	0.9	0.4	0.5	0.0	98.5	100.0	920
1 child	6.4	4.0	1.1	0.2	0.8	1.6	0.2	2.2	1.0	1.1	0.2	93.6	100.0	988
1 son	7.6	5.4	1.2	0.2	1.1	2.6	0.2	2.1	1.2	0.9	0.2	92.4	100.0	529
NO SONS	5.0	2.5	1.1	0.2	0.5	0.5	0.2	2.3	0.9	1.4	0.2	95.0	100.0	460
2 children	24.2	21.4	1.3	1.2	1.1	16.6	1.2	2.3	1.0	1.2	0.5	75.8	100.0	1,152
2 sons	37.5	34.1	0.6	0.8	1.1	29.2	2.4	2.8	0.8	2.0	0.6	62.5	100.0	359
1 SON	20.9	18.2	2.1	1.6	0.7	12.9	0.9	2.1	1.2	0.9	0.6	79.1 80.0	100.0	580 213
10 5015	11.0	0.7	0.0	1.0	2.4	5.5	0.0	1.0	0.9	0.9	0.4	09.0	100.0	215
3 children	37.3	35.4	1.1	0.8	1.4	30.8	1.4	1.1	0.6	0.5	0.8	62.7	100.0	1,188
3 sons	47.2	44.8	2.4	1.2	0.6	38.3	2.2	1.2	1.2	0.0	1.2	52.8	100.0	173
2 sons	48.6	46.0	0.2	0.2	1.2	43.2	1.2	1.8	1.0	0.8	0.8	51.4	100.0	520
1 son	25.0	24.2	1.7	1.5	2.0	17.5	1.5	0.5	0.0	0.5	0.2	75.0	100.0	403
No sons	9.9	7.7	1.2	0.0	1.1	5.3	0.0	0.0	0.0	0.0	2.2	90.1	100.0	93
4+ children	34.6	32.2	1.0	0.4	0.4	29.1	1.3	1.6	1.0	0.6	0.8	65.4	100.0	2,412
2+ sons	37.0	34.7	0.9	0.3	0.3	31.7	1.5	1.6	1.1	0.5	0.7	63.0	100.0	1,944
1 son	25.9	23.1	1.8	1.0	0.7	18.9	0.7	1.5	0.5	1.0	1.3	74.1	100.0	398
No sons	15.8	14.4	0.0	0.0	0.0	14.4	0.0	1.5	1.5	0.0	0.0	84.2	100.0	70
Total	24.5	22.4	1.0	0.5	0.7	19.2	1.0	1.6	0.9	0.7	0.5	75.5	100.0	6,661

Note: Total includes 8 women with missing information on the standard of living index, who are not shown separately. () Based on 25–49 unweighted cases ¹Includes both modern and traditional methods that are not listed separately

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, Bihar, 1998–99

Number of living children at the time of first use								Total	Number
age	used	0	1	2	3	4+	Missing	percent	women
				UR	BAN				
15–19	93.0	1.9	5.2	0.0	0.0	0.0	0.0	100.0	61
20–24	78.0	3.7	7.7	8.7	1.8	0.0	0.0	100.0	111
25–29	52.3	3.9	9.1	11.4	12.6	10.6	0.0	100.0	136
30–34	47.8	4.2	4.0	14.6	10.2	19.3	0.0	100.0	132
35–39	40.4	0.9	6.3	10.7	13.0	28.8	0.0	100.0	113
40–44	46.5	0.0	2.3	6.9	13.6	30.7	0.0	100.0	90
45–49	55.2	0.0	4.2	2.7	7.0	30.8	0.0	100.0	76
Total	56.6	2.4	5.8	9.0	9.0	17.2	0.0	100.0	718
				RU	RAL				
15–19	95.8	1.3	2.5	0.1	0.2	0.0	0.0	100.0	763
20–24	89.1	1.4	2.9	3.7	2.1	0.8	0.0	100.0	1,308
25–29	75.3	0.9	3.0	6.3	7.5	7.0	0.0	100.0	1,283
30–34	65.2	0.2	1.5	4.6	12.1	16.4	0.1	100.0	956
35–39	61.8	0.1	1.5	4.6	9.0	23.1	0.0	100.0	808
40–44	60.2	0.1	0.3	4.1	7.0	28.0	0.2	100.0	669
45–49	64.1	0.0	0.8	2.5	6.6	26.1	0.0	100.0	518
Total	74.8	0.7	2.0	4.0	6.3	12.2	0.0	100.0	6,306
				то	TAL				
15–19	95.6	1.4	2.7	0.1	0.2	0.0	0.0	100.0	825
20–24	88.2	1.6	3.3	4.0	2.1	0.8	0.0	100.0	1,419
25–29	73.1	1.2	3.6	6.8	8.0	7.4	0.0	100.0	1,419
30–34	63.1	0.7	1.8	5.8	11.9	16.7	0.1	100.0	1,088
35–39	59.2	0.2	2.1	5.3	9.4	23.8	0.0	100.0	921
40–44	58.6	0.1	0.5	4.4	7.8	28.3	0.1	100.0	759
45–49	62.9	0.0	1.2	2.5	6.6	26.7	0.0	100.0	593
Total	73.0	0.9	2.4	4.5	6.5	12.7	0.0	100.0	7,024

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 1 percent of ever-married women (3 percent of women who have ever used contraception) began using contraception when they did not have any children and another 2 percent (9 percent of ever users) began using when they had only one living child. Although early use of contraception is rare, 53 percent of ever users began when they had three or fewer living children. This pattern of first acceptance at low parities means that family planning has a larger demographic impact than it would if contraceptive use were initiated later. A similar age pattern is observed among women in urban and rural areas, but urban women are more likely to begin using when they have fewer than three living children. Given the near-exclusive emphasis on sterilization in the contraceptive method

				Contrace	eptive met	hod			
Problem	Pill	IUD	Condom	Female sterili- zation	Male sterili- zation	Rhythm/ safe period	With- drawal	Other method ¹	Tota
No problem	82.9	(85.3)	(93.6)	77.4	96.8	95.1	(95.8)	(100.0)	80.7
Weight gain	4.6	(0.0)	(0.0)	1.5	1.5	1.6	(0.0)	(0.0)	1.5
Weight loss	4.7	(0.0)	(0.0)	2.0	1.5	0.0	(0.0)	(0.0)	1.8
Too much bleeding	4.7	(8.7)	(0.0)	1.7	0.0	0.0	(0.0)	(0.0)	1.7
Hypertension	1.5	(0.0)	(2.1)	1.4	0.0	0.0	(4.2)	(0.0)	1.3
Headache/bodyache/backache	6.4	(0.0)	(4.1)	6.6	0.0	1.6	(4.2)	(0.0)	5.8
Nausea/vomiting	3.1	(3.2)	(0.0)	0.8	0.0	1.6	(2.0)	(0.0)	0.9
No menstruation	1.4	(0.0)	(0.0)	0.2	0.0	1.6	(0.0)	(0.0)	0.2
Weakness/tiredness	6.3	(0.0)	(0.0)	6.8	0.0	0.0	(2.0)	(0.0)	5.6
Dizziness	0.0	(0.0)	(0.0)	1.8	0.0	0.0	(0.0)	(0.0)	1.4
Fever	1.4	(0.0)	(0.0)	3.2	0.0	1.6	(0.0)	(0.0)	2.6
Cramps	0.0	(0.0)	(0.0)	1.3	0.0	0.0	(0.0)	(0.0)	1.0
Spotting	0.0	(0.0)	(0.0)	0.3	0.0	0.0	(0.0)	(0.0)	0.2
Inconvenient to use	0.0	(0.0)	(0.0)	0.2	0.0	1.6	(0.0)	(0.0)	0.2
Abdominal pain	3.2	(5.8)	(0.0)	8.2	0.0	0.0	(2.0)	(0.0)	6.7
White discharge	0.0	(2.8)	(2.0)	3.1	0.0	0.0	(2.0)	(0.0)	2.6
Irregular periods	0.0	(2.8)	(2.4)	0.5	1.5	0.0	(0.0)	(0.0)	0.6
Breast tenderness	0.0	(0.0)	(0.0)	0.6	1.5	0.0	(0.0)	(0.0)	0.5
Allergy	0.0	(0.0)	(0.0)	0.1	1.5	0.0	(0.0)	(0.0)	0.2
Reduced sexual satisfaction	0.0	(3.0)	(4.1)	0.1	0.0	0.0	(2.2)	(0.0)	0.3
Other	0.0	(0.0)	(0.0)	1.1	1.7	0.0	(0.0)	(0.0)	0.9
Number of users	66	35	47	1,277	65	58	49	36	1,633

entages may add to more than 100.0 because

() Based on 25-49 unweighted cases

¹Includes both modern and traditional methods that are not listed separately

mix, women usually begin contraceptive use only after achieving their desired family size. Clearly, spacing methods need to be promoted if further reductions are 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 problem with their current method. Table 5.6 presents the percentage of current contraceptive users who report specific problems. Overall, four-fifths (81 percent) of current users report having no problem 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.

The analysis of method-specific problems reveals that 77 percent of sterilized women and 97 percent of women whose husbands are sterilized report having no problem with their method. The most common problems experienced by sterilized women are abdominal pain (8 percent), weakness/tiredness (7 percent), headache/bodyache/backache (7 percent), fever (3 percent), and white discharge (3 percent). These results point to a continuing need to strengthen post-operative care and counselling for sterilization acceptors. It is not possible to assess the problems

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, Bihar, 1998–99

Veeneeinee	Woman's age at the time of sterilization								Niumahaw	Madian					
sterilization	< 20	20–24	25–29	30–34	35–39	40–44	45–49	percent	sterilized	age ¹					
	STERILIZED WOMEN														
< 2	1.3	25.1	44.7	20.3	6.7	2.0	0.0	100.0	150	27.6					
2–3	2.3	23.3	40.2	22.9	8.9	1.7	0.5	100.0	180	27.8					
4–5	3.8	27.2	37.6	19.2	8.9	2.8	0.4	100.0	212	26.9					
6–7	2.0	25.6	35.0	22.5	11.6	3.3	U	100.0	155	28.1					
8–9	0.0	27.8	39.0	27.0	6.2	0.0	U	100.0	132	28.2					
10+	2.5	24.4	42.1	26.2	4.7	U	U	100.0	449	NC					
Total	2.2	25.3	40.2	23.5	7.2	1.3	0.1	100.0	1,277	27.7					
				WIVES C	OF STERIL	IZED ME	N								
< 10	(3.2)	(13.7)	(42.1)	(13.6)	(20.8)	(0.0)	U	100.0	29	28.5					
10+	(2.7)	(25.3)	(47.4)	(19.0)	(5.6)	`U′	U	100.0	36	NC					
Total	2.9	20.0	45.0	16.6	12.4	0.0	3.0	100.0	65	27.7					
		ST	ERILIZED	WOMEN	AND WIVI	ES OF ST	ERILIZED	MEN							
< 2	1.2	25.1	44.9	19.3	7.0	1.9	0.6	100.0	158	27.5					
2–3	2.3	22.9	40.4	23.0	8.8	1.7	1.0	100.0	184	27.8					
4–5	3.7	26.9	37.1	19.6	9.6	2.7	0.4	100.0	218	27.0					
6–7	1.9	25.2	35.6	22.1	12.0	3.2	U	100.0	158	28.1					
8–9	0.7	26.9	39.0	26.2	7.2	0.0	U	100.0	140	28.3					
10+	2.5	24.5	42.5	25.7	4.8	U	U	100.0	484	NC					
Total	2.2	25.1	40.5	23.2	7.5	1.3	0.3	100.0	1,342	27.7					
NC: Not calcu U: Not availat () Based on 2 ¹ To avoid cen years old.	ulated due ble 25–49 un isoring, m	e to censor weighted c nedian age	ing ases is calculat	ed only for	- sterilizatio	ons that to	ok place w	hen the wom	ian was less	than 40					

experienced by women using spacing methods because the number of women using these methods is too small.

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 1,342 sterilizations reported, 95 percent are female sterilizations. Forty-two percent of female sterilizations took place less than 6 years before the survey, another 22 percent took place 6–9 years before the survey, and the remaining 35 percent took place 10 or more years before the survey. By contrast, 55 percent of male sterilizations took place 10 or more years before the survey. The median age of women at the time they or their husbands were sterilized was only 27.7 years, with 27 percent of sterilized couples undergoing sterilization before the wife was age 25. Two-thirds (68 percent) of

sterilizations took place before the wife was age 30 and less than 2 percent took place when wife was in her forties.

Male sterilization is not as common as it was 10 or more years ago. Only 3 percent of sterilizations during the 10 years preceding the survey were male sterilizations, compared with 7 percent of sterilizations 10 or more years before the survey.

The median age of women at the time of sterilization has declined marginally, from age 28.3 during the period 8–9 years before the survey to age 27.5 during the 2 years before the survey. 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 50–59 years at the time of the survey and would therefore not have been interviewed. A comparison with NFHS-1 data, however, suggests that the decline in women's age at sterilization began more than 10 years ago. Women's median age at sterilization declined by about one year between about 1984–85 (8–9 years before NFHS-1) and the mid-to-late 1990s.

5.4 Sources of Contraceptive Methods

Family planning methods and services in Bihar 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.

In order to assess the relative importance of various sources of contraceptive methods, NFHS-2 included a question about where current contraceptive users obtained their methods. Table 5.8 and Figure 5.2 show the percent distribution of current modern contraceptive users by the most recent source, according to specific method and residence. The public medical sector, consisting of government or municipal hospitals, government dispensaries, Primary Health Centres, and other governmental health infrastructure, is the source of contraception for over three-fourths (77 percent) of current users of modern methods. The private medical sector, including private hospitals or clinics, private doctors, private mobile clinics, private paramedics, vaidyas, hakims, homeopaths, traditional healers, and pharmacies or drugstores, is the source for 18 percent of current users. Four percent of current users obtain their methods from other sources such as shops, friends, and relatives, and less than 1 percent from NGOs. Government or municipal hospitals are the main source (70 percent) for female sterilization, followed by private hospitals or clinics (13 percent), camps (7 percent), and community health centres, rural hospitals, or Primary Health Centres (4 percent). Similar sources are used for male sterilizations. About one-half (49 percent) of IUD users obtain their IUD from the public medical sector and the other half (49 percent) from the private medical sector. Private shops are the major source for condoms and pills (55–56 percent).

Eighty-one percent of rural users obtain their contraceptives from the public medical sector compared with 56 percent of urban users. The role of the private medical sector in providing female sterilization services in urban areas is especially notable. In urban areas, 34 percent of female sterilizations are performed by the private medical sector, compared with 14 percent in 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, Bihar, 1998–99

			_			
Source	Pill	IUD	Condom	Female sterilization	Male sterilization	All modern methods
		URB	AN			
Public medical sector	*	*	*	65.6	*	56 0
Government/municipal hospital	*	*	*	59.8	*	50.3
Government dispensary	*	*	*	0.0	*	0.5
UHC/UHP/UFWC	*	*	*	0.0	*	0.0
CHC/rural hospital/PHC	*	*	*	1.7	*	1.3
Sub-centre	*	*	*	0.0	*	0.0
Government mobile clinic	*	*	*	0.0	*	0.0
Government paramedic	*	*	*	0.0	*	0.0
Camp	*	*	*	2.9	*	2.2
Other public medical sector	*	*	*	1.2	*	1.8
NGO or trust	*	*	*	0.6	*	0.4
Hospital/clinic	*	*	*	0.6	*	0.4
Private medical sector	*	*	*	33.8	*	33.9
Private hospital/clinic	*	*	*	25.8	*	23.3
Private doctor	*	*	*	7.5	*	6.9
Private mobile clinic	*	*	*	0.0	*	0.4
Private paramedic	*	*	*	0.0	*	0.9
Pharmacy/drugstore	*	*	*	0.0	*	1.4
Other private medical sector	*	*	*	0.6	*	0.9
Other source	*	*	*	0.0	*	8.2
Shop	*	*	*	0.0	*	7.8
Other	*	*	*	0.0	*	0.4
Don't know ¹	*	*	*	0.0	*	1.4
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	19	8	20	180	11	239

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, Bihar, 1998–99

Source	Pill	IUD	Condom	Female sterilization	Male sterilization	All modern methods
		RURA	L			
Public medical sector	(15. 9)	(55.6)	(11.6)	86.0	79.2	80.9
Government/municipal hospital	(9.0)	(33.4)	(11.6)	71.5	73.3	67.1
Government dispensary	(2.3)	(0.0)	(0.0)	0.0	0.0	0.1
UHC/UHP/UFWC	(0.0)	(7.1)	(0.0)	1.1	0.0	1.1
CHC/rural hospital/PHC	(2.3)	(11.6)	(0.0)	4.5	2.0	4.3
Sub-centre	(0.0)	(3.5)	(0.0)	0.0	0.0	0.1
Government mobile clinic	(0.0)	(0.0)	(0.0)	0.4	0.0	0.4
Government paramedic	(2.2)	(0.0)	(0.0)	0.0	0.0	0.1
Camp	(0.0)	(0.0)	(0.0)	8.1	3.9	7.3
Other public medical sector	(0.0)	(0.0)	(0.0)	0.5	0.0	0.4
NGO or trust	(0.0)	(0.0)	(0.0)	0.4	0.0	0.3
Hospital/clinic	(0.0)	(0.0)	(0.0)	0.4	0.0	0.3
Private medical sector	(18.8)	(44.4)	(11.6)	13.5	20.8	14.6
Private hospital/clinic	(2.3)	(33.4)	(0.0)	11.0	17.0	11.2
Private doctor	(8.0)	(11.1)	(7.6)	2.3	3.7	2.9
Private mobile clinic	(0.0)	(0.0)	(0.0)	0.0	0.0	0.0
Private paramedic	(2.1)	(0.0)	(0.0)	0.0	0.0	0.1
Pharmacy/drugstore	(6.4)	(0.0)	(3.9)	0.0	0.0	0.3
Other private medical sector	(0.0)	(0.0)	(0.0)	0.2	0.0	0.2
Other source	(59.0)	(0.0)	(62.0)	0.1	0.0	3.6
Shop	(59.0)	(0.0)	(62.0)	0.0	0.0	3.5
Other	(0.0)	(0.0)	90.0)	0.1	0.0	0.1
Don't know ¹	(6.3)	(0.0)	(14.8)	0.0	0.0	0.5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	47	27	26	1,097	53	1,250

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, Bihar, 1998–99

Source	Pill	IUD	Condom	Female sterilization	Male sterilization	All modern methods
		тот	AL			
Public medical sector	16.2	(48.5)	(11.1)	83.1	78.3	76.9
Government/municipal hospital	8.1	(31.6)	(11.1)	69.8	71.7	64.4
Government dispensary	3.3	(0.0)	(0.0)	0.0	0.0	0.1
UHC/UHP/UFWC	0.0	(5.4)	(0.0)	0.9	0.0	0.9
CHC/rural hospital/PHC	1.6	(8.8)	(0.0)	4.1	1.6	3.8
Sub-centre	0.0	(2.6)	(0.0)	0.0	0.0	0.1
Government mobile clinic	0.0	(0.0)	(0.0)	0.4	0.0	0.3
Government paramedic	1.6	(0.0)	(0.0)	0.0	0.0	0.1
Camp	0.0	(0.0)	(0.0)	7.4	3.2	6.5
Other public medical sector	1.6	(0.0)	(0.0)	0.6	1.7	0.6
NGO or trust	0.0	(0.0)	(0.0)	0.4	0.0	0.4
Hospital/clinic	0.0	(0.0)	(0.0)	0.4	0.0	0.4
Private medical sector	20.1	(48.7)	(23.0)	16.4	21.7	17.7
Private hospital/clinic	3.4	(34.0)	(7.0)	13.1	17.1	13.1
Private doctor	7.3	(11.5)	(4.3)	3.1	4.6	3.6
Private mobile clinic	0.0	(0.0)	(2.3)	0.0	0.0	0.1
Private paramedic	3.2	(0.0)	(2.3)	0.0	0.0	0.2
Pharmacy/drugstore	6.2	(0.0)	(7.1)	0.0	0.0	0.5
Other private medical sector	0.0	(3.1)	(0.0)	0.2	0.0	0.3
Other source	55.9	(2.8)	(55.2)	0.1	0.0	4.3
Shop	55.9	(0.0)	(55.2)	0.0	0.0	4.2
Other	0.0	(2.8)	(0.0)	0.1	0.0	0.1
Don't know ¹	7.9	(0.0)	(10.8)	0.0	0.0	0.7
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	66	35	47	1,277	65	1,490

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

¹For 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

All 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 only 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 asked women who had never used contraception the main reason for not currently using a method. Table 5.9 shows that in the NFHS-2 Bihar sample only 170 nonpregnant women who ever used family planning methods have discontinued use. Because 73 percent of ever users are sterilized, only a small percentage of ever users even have the option of discontinuing use. Among the small group who discontinued contraception, the most commonly mentioned reason for discontinuing is that the couple wanted to have a child (32 percent). Eleven percent of the users mentioned 'husband away' as their main reason for discontinuation, 10 percent reported that the method failed or they got pregnant, 9 percent reported that the method created a health problem, and 7 percent reported that the method created a menstrual problem. Another 7 percent discontinued contraception because they did not like the method.

Among women who never used contraception, the most commonly mentioned reason for never using a method is the desire for more children (43 percent). Another 13 percent of women say they are not using contraception because they are menopausal, have had a hysterectomy, or are infecund or subfecund. Only 4 percent mention a health-related problem (health concerns or worry about side effects), 9 percent mention any type of opposition to family planning, and 8 percent mention a lack of knowledge as reasons for not currently using contraception. Four percent say they are not using contraception because they are afraid of sterilization (thereby implicitly equating family planning with sterilization). There are no substantial urban-rural differences in reasons for non-use of contraception, except that the proportion reporting lack of knowledge is much greater in rural areas (8 percent) than in urban areas (4 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, Bihar, 1998–99

Reason	Urban	Rural	Total
REASON FO	OR STOPPING US	E	
Method failed/oot pregnant	(9.1)	9.9	9.7
Lack of sexual satisfaction	(0.0)	3.1	2.4
Created menstrual problem	(6.1)	7.5	7.2
Created health problem	(12.2)	8.3	9.1
Inconvenient to use	(2.9)	1.6	19
Hard to get method	(0.0)	1.0	1.0
Did not like the method	(9.5)	6.6	7.2
Wanted to have a child	(33.3)	31.7	32.1
Wanted to replace dead child	(0.0)	0.7	0.6
Lack of privacy for use	(0.0)	0.7	0.0
Husband away	(0.0)	11 7	10.5
	(0.0)	11.7	10.5
	(3.3)	0.1	0.0
Other	(17.9)	10.6	12.1
Total percent	100.0	100.0	100.0
Number of women	35	135	170
REASON FOR N	OT CURRENTLY I	JSING	
Husband away	3.7	2.5	2.6
Fortility-related reasons	70.4	64.6	65 1
Not having sex	0.4	04.0	0.1
Infroquent sox	0.0	1.5	17
Mananaunal/had hystoraatamy	17.7	1.5	1.7
Subfoound/infoound	17.7	9.0	10.2
Sublecting/Intecting	4.5	3.1	3.2
Postpartum/breastreeding	8.2	0.8	6.9
Wants more children	36.4	43.2	42.6
Opposition to use	8.7	9.3	9.2
Opposed to family planning	1.2	0.9	0.9
Husband opposed	3.8	3.9	3.9
Other people opposed	0.3	0.6	0.6
Against religion	3.4	3.9	3.9
Lack of knowledge	3.9	84	8 1
Knows no method	0.0	17	1.6
Knows no source	3.6	6.7	6.5
	0.0	0.7	0.0
Method-related reasons	10.0	13.2	12.9
Health concerns	3.4	1.9	2.0
Worry about side effects	2.8	2.1	2.2
Hard to get method	0.0	0.5	0.4
Costs too much	0.6	2.0	1.9
Inconvenient to use	0.0	0.1	0.1
Afraid of sterilization	1.6	4.5	4.3
Doesn't like existing methods	1.6	2.1	2.1
Other	2.3	1.2	1.3
Don't know/missing	0.9	0.8	0.8
-			
Total percent	100.0	100.0	100.0
Number of women	207	2 057	4 005
	337	3,957	4,295
() Based on 25–49 unweighted cases			

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 currently pregnant) 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 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.

Fifty-seven 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, only 28 percent intend to use a method within the next 12 months. About two-thirds (63–68 percent) of women with two or fewer living children intend to use contraception any time in the future, compared with 58 percent of women with three living children. By contrast, 55 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 59 percent among women with no living children to 22 percent among those with four or more children. The proportion expressing an intention to use contraception within the next 12 months increases from 4 percent among those with no children to 25 percent among those with three children and then falls to 20 percent among those with four or more children. The overall proportion of women who intend to use contraception at some time in the future does not differ greatly by residence, but the timing of intended future use is quite different for women in rural and urban areas. Fifteen percent of women in rural areas intend to use contraception at some time after 12 months, compared with 23 percent in urban areas. By contrast, 41 percent of women in rural areas intend to use contraception at some time after 12 months, compared with 33 percent in urban areas. The proportion intending to use contraception after 12 months is higher for women in rural areas than in urban areas at each parity.

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 47 percent of women mention a fertility-related reason for not intending to use contraception in the future, 24 percent mention a method-related reason, and 25 percent mention a reason related to opposition to use or lack of knowledge. The major single reason given for not intending to use contraception is that the woman is menopausal or she has undergone a hysterectomy (24 percent). Other important reasons are that the woman wants as many children as possible (15 percent) or that the couple is subfecund or infecund (7 percent). Thirty-one percent of younger 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 6 percent of women age 30–49. By contrast, 45 percent of older women mention reasons related to menopause, hysterectomy, infecundity, or subfecundity, compared with only 3 percent of younger women. Twenty-four percent of younger women mention that they do not intend to use family planning because it is

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, Bihar, 1998–99

	Number of living children ¹								
Intention to use in the future	0	1	2	3	4+	Total			
	U	RBAN							
Intends to use in next 12 months	(10.2)	23.9	38.2	31.5	17 6	23.4			
Intends to use later	(56.4)	53.4	26.5	22.0	17.9	32.8			
Intends to use, unsure when	(0.0)	0.0	0.0	0.0	0.8	0.3			
Unsure as to intention	(8.2)	3.3	1.5	3.5	2.9	3.5			
Does not intend to use	(25.2)	19.4	33.8	42.9	60.7	40.0			
Total percent	100.0	100.0	100.0	100.0	100.0	100.0			
Number of women	50	97	66	56	144	414			
RURAL									
Intends to use in next 12 months	3.5	8.7	14.8	24.6	20.4	15.3			
Intends to use later	58.7	57.2	49.4	33.3	22.5	41.0			
Intends to use, unsure when	0.7	1.4	1.5	0.4	0.3	0.8			
Unsure as to intention	8.6	4.7	3.8	3.2	2.8	4.3			
Does not intend to use	28.6	28.0	30.5	38.4	53.9	38.6			
Total percent	100.0	100.0	100.0	100.0	100.0	100.0			
Number of women	686	879	818	719	1,511	4,614			
	Т	OTAL							
Intends to use in next 12 months	3.9	10.2	16.5	25.1	20.2	16.0			
Intends to use later	58.5	56.8	47.7	32.5	22.1	40.3			
Intends to use, unsure when	0.6	1.3	1.4	0.4	0.4	0.8			
Unsure as to intention	8.6	4.6	3.7	3.2	2.9	4.2			
Does not intend to use	28.4	27.1	30.8	38.8	54.5	38.8			
Total percent	100.0	100.0	100.0	100.0	100.0	100.0			
Number of women	736	976	884	776	1,655	5,027			
() Based on 25–49 unweighted cases Includes current pregnancy, if any									

against their religion, compared with 12 percent of older women. The much greater proportion of younger women reporting 'want as many children as possible' and 'against religion' as main reasons for not intending to use family planning than older women suggests that younger women may not have thought enough about using family planning in the future, not that they really want more children or that they are more religious than older women.

Since younger women (age 15–29) account for 74 percent of total current fertility in Bihar, the reasons they give for not intending to use contraception are extremely important from a policy perspective. Of the 62 percent of younger women who give reasons not related to fertility, 51 percent report opposition to use of family planning, 16 percent mention that they are afraid of sterilization, 15 percent mention health concerns or concerns about side effects, and

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, Bihar, 1998–99

	Curre	nt age	
Reason	15–29	30–49	Total
Fertility-related reasons	34.6	54.3	47.1
Not having sex	0.2	1.2	0.8
Infrequent sex	0.6	1.4	1.1
Menopausal/had hysterectomy	1.4	36.1	23.5
Subfecund/infecund	1.7	9.3	6.5
Wants as many children as possible	30.7	6.2	15.2
Opposition to use	31.8	16.4	22.0
Opposed to family planning	1.0	1.6	1.3
Husband opposed	5.2	2.6	3.6
Other people opposed	1.4	0.3	0.7
Against religion	24.2	11.9	16.4
Lack of knowledge	4.5	2.4	3.2
Knows no method	2.8	1.0	1.7
Knows no source	1.7	1.4	1.5
Method-related reasons	26.0	23.0	24.1
Health concerns	2.9	2.1	2.3
Worry about side effects	6.3	3.0	4.2
Hard to get method	0.2	0.8	0.6
Costs too much	2.5	1.8	2.0
Inconvenient	0.1	0.2	0.2
Afraid of sterilization	9.9	11.2	10.7
Doesn't like existing methods	4.2	3.9	4.0
Other	0.7	3.4	2.5
Don't know/missing	2.4	0.5	1.2
Total percent	100.0	100.0	100.0
Number of women	709	1,239	1,948

another 7 percent mention lack of knowledge. This suggests that improved quality of services and information programmes could enhance the family welfare programme in Bihar. Nevertheless, among younger women who are not using contraception, the desire for high fertility 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. A large majority of women who intend to use contraception (68 percent) say they intend to use female sterilization. The next most preferred method is the pill, which is the preference of 25 percent of women. Only one percent of women prefer that their husbands get sterilized, and 1 percent prefer to use the IUD.

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, Bihar, 1998–99

	Timir									
Preferred method	Next 12 months	Later	Unsure about timing	Total						
URBAN										
Pill	31.6	21.2	*	25.4						
IUD	7.5	0.8	*	3.5						
Condom	3.1	1.5	*	2.1						
Female sterilization	50.0	69.5	*	61.1						
Male sterilization	1.2	0.8	*	0.9						
Rhythm/safe period	2.2	0.0	*	0.9						
Withdrawal	0.0	0.0	*	0.0						
Other	0.0	0.8	*	1.0						
Unsure/missing	4.4	5.5	*	5.0						
Total percent	100.0	100.0	100.0	100.0						
Number	97	136	1	234						
RURAL										
Dill	3/ 1	21.5	(10.8)	24.7						
	1 1	0.6	(10.0)	0.8						
Condom	0.7	0.3	(2.0)	0.0						
Female sterilization	56.3	73.0	(83.8)	68.7						
Male sterilization	1.3	1.1	(0.0)	1.1						
Rhythm/safe period	0.7	0.3	(0.0)	0.4						
Withdrawal	1.0	0.2	(0.0)	0.4						
Other	3.5	1.1	(0.0)	1.7						
Unsure/missing	1.3	2.0	(2.8)	1.8						
Total percent	100.0	100.0	100.0	100.0						
Number	707	1,890	37	2,633						
	тот	AL.								
Dill	33 0	21 /	(10 5)	24 0						
	33.0 1 0	21.4	(10.3)	24.0						
Condom	1.9	0.0	(2.4)	0.5						
Female sterilization	55 5	72.8	(81.3)	68.0						
Male sterilization	1.3	1.0	(0.0)	1 1						
Rhythm/safe period	0.9	0.3	(0.0)	0.5						
Withdrawal	0.9	0.2	(0.0)	0.4						
Other	3.0	1.1	(3.0)	1.7						
Unsure/missing	1.7	2.2	(2.8)	2.1						
Total percent	100.0	100.0	100.0	100.0						
Number	803	2,025	38	2,867						
() Based on 25-49 unweighted cases * Percentage not shown; based on fewer than 25 unweighted cases										

There are important differences in the choice of preferred methods by timing of intended use. Women who intend to use within the next 12 months show a much greater preference for spacing methods, whereas women who plan to use contraception later intend to rely primarily on female sterilization. Among the spacing methods mentioned by women intending to use contraception within the next 12 months, the pill is mentioned most often (34 percent), followed by the IUD (2 percent), and the condom (1 percent). Very few women (1 percent) mention male sterilization as their preferred method, both among women planning to use contraception within the next 12 months and among women planning to use contraception later. Results are similar for urban and rural areas with some exceptions. Among women who intend to use a method within the next 12 months, a higher proportion of rural women prefer the pill than urban women, whereas a higher proportion of urban women prefer the IUD and condom than rural women.

Overall, the mix of contraceptive methods that intended future users say they would prefer to use is not very different from the methods currently being used, with the heavy reliance on female sterilization. Yet, the fact that 37 percent of the women intending to use contraception within the next year prefer to use a spacing method suggests that there is a significant short-term potential demand for spacing methods that will need to be met.

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 and education, exposure to electronic mass media has a substantial effect on contraceptive use (Ramesh et al., 1996; 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 ever-married women who report having heard or seen a family planning message in the past few months, according to various background characteristics. Results indicate that messages disseminated through the mass media have reached 40 percent of ever-married women in Bihar. The most common source of exposure to family planning messages is radio. Twenty-six percent of ever-married women report having heard a family planning message on radio, followed by wall paintings or hoardings (22 percent) and television (21 percent). Only 8 percent were exposed to a message through a newspaper or magazine, 7 percent through cinema or film show, and 3 percent through a drama, folk dance, or street play.

Ever-married women below age 35 years report slightly greater exposure to family planning messages from mass media than women age 35 years and above. Overall exposure to mass media messages on family planning is much higher in urban areas than in rural areas. Seventy-two percent of urban ever-married women report seeing or hearing a family planning message from at least one media source, compared with only 36 percent of rural women. Urban women are much more likely than rural women to have been exposed to family planning messages through each form of mass media.

Exposure to mass media messages on family planning among ever-married women is lower in the Jharkhand region than in the North and South Bihar Plain regions. Exposure to family planning messages varies greatly by education. More than 65 percent of women who are literate have heard

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, Bihar, 1998–99

Background characteristic	Radio	Television	Cinema/ film show	News- paper/ magazine	Wall painting/ hoarding	Drama/ folk dance/ street play	Any source	Number of women			
Age											
	26.5	10 3	75	8.0	23.0	3.2	41 1	2 244			
25-34	26.9	22.0	7.3	8.1	21.0	24	40.3	2,244			
35–49	24.3	21.2	6.1	7.1	20.2	3.2	37.7	2,274			
Residence											
Urban	45 5	617	26.6	26.2	35.7	36	71 7	718			
Rural	23.7	16.2	4.8	5.7	20.1	2.9	36.1	6,306			
Region											
North Bibar Plain	26.2	18.4	59	79	26.9	34	40 4	3 133			
South Bihar Plain	27.1	22.9	77	7.7	20.0	2.6	40.8	2 199			
Jharkhand	23.9	22.9	8.1	7.5	13.5	2.5	37.2	1,692			
Education											
Illiterate	16.6	10.8	2.4	1.0	14.7	2.5	29.0	5.383			
Literate. < middle school								-,			
complete	45.6	39.2	11.0	13.5	35.2	3.1	65.1	779			
Middle school complete	57.3	55.4	24.2	30.1	41.6	3.8	78.7	267			
High school complete											
and above	70.3	72.8	35.3	51.2	58.3	6.3	86.1	595			
Religion											
Hindu	26.8	21.6	7.4	8.4	22.6	3.1	40.8	5,872			
Muslim	20.6	16.9	4.9	3.8	17.3	2.1	34.0	1,038			
Christian	42.6	23.3	9.2	16.2	19.7	1.9	46.4	59			
Other	17.6	17.4	3.6	5.7	11.7	5.8	29.0	55			
Caste/tribe											
Scheduled caste	17.4	12.5	4.6	3.2	16.1	1.8	30.6	1,452			
Scheduled tribe	15.7	8.0	2.0	1.7	10.5	3.9	25.6	582			
Other backward class	23.8	19.1	6.2	6.3	21.4	2.6	37.9	3,642			
Other	45.3	40.2	13.8	19.2	33.2	4.5	60.7	1,348			
Standard of living index											
Low	11.2	6.2	1.6	1.0	12.2	1.7	22.6	3,709			
Medium	35.2	26.1	8.6	8.4	26.7	4.3	51.5	2,595			
High	68.9	78.5	29.3	40.8	52.5	4.4	86.0	712			
Use of contraception							_				
Ever used	38.7	34.7	12.5	14.8	30.6	4.8	55.5	1,898			
Never used	21.2	15.8	5.0	5.1	18.4	2.2	33.9	5,126			
Total	25.9	20.9	7.0	7.8	21.7	2.9	39.7	7,024			
Note: Total includes 8 wome	Note: Total includes 8 women with missing information on the standard of living index, who are not shown separately.										

or seen a family planning message from at least one media source in the past few months, compared with only 29 percent of women who are illiterate. Exposure to family planning messages through specific media sources is even more closely linked to education than is exposure in general. For example, 73 percent of women who have completed at least high school

have heard or seen a family planning message on television, compared with only 11 percent of women who are illiterate.

Exposure to family planning messages also differs by religion. Forty-six percent of Christian women say they have heard or seen a family planning message through the media, followed by 41 percent of Hindu women, 34 percent of Muslim women, and 29 percent of women belonging to 'other' religions. Christian women also report more exposure through radio, television, cinema or film show, and newspapers or magazines than do women of other religions.

Sixty-one percent of ever-married women not belonging to scheduled castes/tribes or other backward classes have seen or heard a family planning message, followed by 38 percent of women from other backward classes, 31 percent of women from scheduled castes, and 26 percent of women from scheduled tribes. This pattern of differential exposure by caste/tribe/class status is also observed for most specific media sources. Exposure to family planning messages rises sharply with an increasing standard of living, both for media in general and for each specific media source. Finally, as expected, 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 ability of higher-income households to own radios and televisions, 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 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 20 percent of currently married women in Bihar discussed family planning with their husbands, friends, neighbours, or other relatives in the past few months. Only 14 percent of currently married women discussed family planning with their husbands, and 12 percent discussed family planning with their friends or neighbours. Discussions of family planning with relatives other than the husband are even less common.

Women age 25–34 years are more likely to have discussed family planning with someone (25 percent) than women age 15–24 (19 percent) or women age 35–49 (15 percent). Women in the South Bihar Plain region are more likely to have discussed family planning with someone (24 percent) than women in the North Bihar Plain region (19 percent) or women in the Jharkhand region (16 percent). In general, the proportion of women who have discussed family planning with other persons varies predictably by most other background characteristics. Urban women are more likely than rural women to have discussed family planning. The proportion of women reporting such discussions rises with women's education, husband's education, and the household standard of living index. Hindu women are more likely to have discussed family planning than Muslim or Christian women. Discussions of family planning are considerably lower for scheduled-caste and scheduled-tribe women than for other groups. As expected, women who have ever used contraception are much more likely to have discussed family planning (28 percent) than women who have never used contraception (17 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, Bihar, 1998–99

	Person with whom discussed family planning						A	Number		
Background characteristic	Husband	Mother	Sister	Daughter	Mother- in-law	Sister- in-law	Friend/ neighbour	Other relative	these	of women
A.m.o.										
	12.4	1 0	0.4	0.1	17	26	11.0	0.2	10 0	2 1 0 1
15-24	13.4	1.2	0.4	0.1	1.7	5.0	11.9	0.2	10.0	2,101
25-34	17.7	2.0	0.6	0.0	2.1	5.0	15.0	0.2	24.9	2,400
35-49	10.2	0.7	0.4	0.3	1.0	3.2	9.7	0.1	15.1	2,079
Residence										
Urban	16.6	1.9	0.9	0.6	1.4	5.1	12.2	0.0	23.2	677
Rural	13.6	1.3	0.4	0.1	1.6	3.8	12.4	0.2	19.5	5,984
Region										
North Bihar Plain	12.8	1.1	0.4	0.1	1.5	5.4	14.4	0.3	19.0	2.974
South Bihar Plain	16.6	17	0.9	0.2	21	4.5	14.0	0.2	24.0	2 074
Jharkhand	12.5	1.3	0.2	0.1	1.1	0.6	6.4	0.1	15.9	1,613
Education										
	11 0	1.0	0.2	0.1	1 0	20	11.0	0.1	17 1	E 002
	11.0	1.0	0.3	0.1	1.2	3.0	11.0	0.1	17.1	5,065
Literate, < middle school complete	15.9	2.0	0.4	0.1	2.1	4.0	12.5	0.1	22.7	748
Middle school complete	24.0	2.5	1.2	0.0	3.8	8.6	17.3	1.1	30.8	256
High school complete and above	25.4	2.7	1.9	0.0	3.3	9.6	21.8	0.7	35.4	573
Religion										
Hindu	14.7	1.4	0.5	0.1	1.7	4.2	13.0	0.2	20.8	5,574
Muslim	9.5	1.1	0.3	0.0	1.4	2.4	8.9	0.1	14.3	982
Christian	12.8	0.0	0.0	0.0	0.0	1.7	9.3	0.0	16.6	57
Other	(15.5)	(2.4)	(0.0)	(0.0)	(0.0)	(2.3)	(13.6)	(0.0)	(22.4)	48
Caste/tribe										
Scheduled caste	11.5	0.7	0.4	0.1	1.0	2.2	10.9	0.1	16.8	1.383
Scheduled tribe	94	1.8	0.0	0.0	0.6	0.4	5.1	0.0	11.9	546
Other backward class	15.1	1.3	0.4	0.1	17	4 1	12.6	0.2	20.8	3 454
Other	15.2	1.8	1.1	0.2	2.5	6.9	16.2	0.4	23.8	1,277
Standard of living index										
	11 /	07	0.2	0.1	10	23	11 5	0 1	16.0	3 / 80
Modium	15.3	1.0	0.2	0.1	2.1	4.2	11.0	0.1	21.1	2 /01
High	21.3	2.4	0.5 1.5	0.1	2.1	4.2 11.1	18.5	0.4	30.3	682
Use of contraception	10.0		0.0	0.0	2.4	7.0	47 5	0.0	20.0	4 0 4 0
Ever used	19.6	2.2	0.8	0.2	2.4	7.8	17.5	0.2	28.0	1,840
Never used	11.8	1.0	0.3	0.1	1.3	2.5	10.4	0.2	16.7	4,821
Husband's education										
Illiterate	10.2	0.7	0.3	0.1	0.8	2.1	10.3	0.1	15.3	2,783
Literate, < middle school complete	13.0	1.1	0.2	0.1	1.3	3.1	11.6	0.0	18.2	1,241
Middle school complete	15.0	1.7	0.7	0.2	1.8	3.8	11.1	0.3	20.9	621
High school complete and above	19.3	2.2	0.9	0.2	2.7	7.0	16.0	0.3	26.8	2,008
Total	13.9	1.3	0.5	0.1	1.6	3.9	12.3	0.2	19.8	6,661

Note: Total includes 8 women with missing information on the standard of living index and 8 women with missing information on husband's education, 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, 25 percent of currently married women in Bihar have an unmet need for family planning. The unmet need is about the same for spacing births (13 percent) as for limiting births (12 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 25 percent to 49 percent of currently married women. This means that current programmes are meeting only about one-half of the family planning need in the state (as shown in the last column of the Table 5.15). These results suggest that there has been no change in unmet need during the six-year period since NFHS-1 when unmet need for Bihar was also estimated to be 25 percent. The proportion of demand satisfied has also remained virtually unchanged during this period (48 percent in NFHS-1 and 50 percent in NFHS-2).

Unmet need generally declines with women's age. As expected, unmet need at younger ages is primarily for spacing and at older ages it is primarily for limiting. For women under age 20, the unmet need is almost entirely for spacing rather than for limiting. Unmet need is highest for women age 20–24 (33 percent), with 76 percent of the need being for spacing. Among women age 25–29, 31 percent have an unmet need, and 58 percent of this need is for limiting. Only 7 percent of the total demand for family planning is being met for currently married women age 15–19. This proportion rises sharply to 19 percent for women age 20–24, 43 percent for women age 25–29, 55 percent for women age 30–34, and 71 percent or more for women age 35–49. The met and unmet need for contraception among women age 30 years and above is almost exclusively for limiting.

The unmet need for family planning is slightly higher in rural areas (25 percent) than in urban areas (23 percent), whereas the percentage of demand satisfied is considerably lower in rural areas. The unmet need for family planning is higher in the South Bihar Plain region (28 percent) than in the North Bihar Plain region (24 percent) or in the Jharkhand region (21 percent). The total unmet need shows no relationship with women's level of education, but unmet need for spacing is greater among literates and unmet need for limiting is greater among illiterates. Because met need increases with women's education, the percentage of demand satisfied is lower among illiterate women (45 percent) than among literate women (58–62 percent).

Hindu women have somewhat lower unmet need for family planning (24 percent) than either Muslim women (29 percent) or Christian women (26 percent). Because met need is much lower among Muslim women (9 percent) compared with Hindu or Christian women (26–27 percent), the percentage of total demand satisfied is also much lower among Muslim women (24 percent) than among Hindu or Christian women (50–53 percent). Unmet need is higher for scheduled-caste women (27 percent) than for women in 'other' caste/tribe/class groups (21–25 percent). The percent of demand satisfied is lower for scheduled-caste and scheduled-tribe women

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, Bihar, 1998–99

	Unmet need for FP ¹			Met nee using) ²	Met need (currently using) ²			Total demand for FP			
Background characteristic	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total	of demand satisfied	
Δαρ											
15_10	20.7	17	31 /	10	05	24	31.6	22	33.8	7 1	
20.24	25.7	7.0	33.0	2.5	53	2. 4 7.9	27.7	12.2	40 Q	10.1	
20-24	12.1	17.0	30.6	2.5	21.1	7.0	15.0	30.0	40.0 54.0	13.1	
20-29	6.1	217	27.0	2.5	21.1	23.4	6.5	55.0	61.0	43.4	
35 30	1.0	21.7	16.4	0.4	40.4	40 Q	0.0	55.0	57.2	71.3	
35-39	1.9	14.0	10.4	0.4	40.4	40.0	2.3	40.0	57.Z	71.3	
40-44	0.4	0.0	9.3	0.5	41.1 27.5	41.4 27 F	0.7	49.9	50.7 40.6	01.7	
45-49	0.2	2.9	3.1	0.0	37.5	37.5	0.2	40.4	40.6	92.4	
Residence											
Urban	11.6	11.5	23.1	3.3	35.6	38.9	14.9	47.1	61.9	62.8	
Rural	12.8	11.9	24.7	1.2	21.7	22.9	13.9	33.7	47.6	48.1	
Region											
North Bihar Plain	11.6	12.2	23.8	10	23 5	24 4	12.6	35.7	48 2	50.7	
South Bihar Plain	15.4	13.0	28.4	17	20.6	22.2	17.0	33.5	50.6	43.9	
Jharkhand	11.1	9.9	21.0	1.7	25.9	27.6	12.8	35.9	48.7	56.8	
Education											
Illiterate	11 0	13.0	24.0	0.8	10.7	20.5	12 7	32.6	153	15 1	
Literate < middle school complete	12.4	8.5	24.3	2.0	22.0	20.5	15.7	12.0	4J.J 57 0	40.1	
Middle school complete	19.4	7.5	21.0	2.5	33.0	36.3	22.5	42.Z 30.7	62.2	02.3 58.3	
High school complete and above	15.6	7.5 8.9	23.9 24.5	4.1	36.1	40.3	19.7	45.0	64.7	62.2	
Religion											
Hindu	12.3	11.5	23.8	1.3	26.0	27.3	13.6	37.5	51.1	53.4	
Muslim	14.6	14.4	29.0	1.5	7.6	9.1	16.0	22.0	38.0	23.8	
Christian	16.8	9.5	26.3	3.5	22.4	25.8	20.3	31.8	52.2	49.5	
Other	(9.1)	(6.5)	(15.7)	(2.4)	(13.1)	(15.5)	(11.5)	(19.6)	(31.1)	(49.7)	
Caste/tribe											
Scheduled caste	13.6	13.6	27.2	1.3	18.2	19.5	14.8	31.8	46.7	41.8	
Scheduled tribe	9.7	10.9	20.6	1.4	12.7	14.1	11.1	23.7	34.7	40.6	
Other backward class	13.2	12.0	25.2	1.4	23.1	24.6	14.7	35.1	49.8	49.4	
Other	11.4	10.3	21.6	1.3	33.0	34.3	12.7	43.2	55.9	61.3	
Standard of living index											
low	13 1	13 8	26.9	0.6	15.8	16 5	13 7	29.7	43 3	38.0	
Medium	12.6	10.2	22.8	1.5	27.7	29.1	14 1	37.8	51.9	56 1	
High	10.6	8.4	19.0	4.7	44.1	48.8	15.3	52.5	67.8	72.0	
										Contd	

Table 5.15 Need for family planning services (contd.)

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, Bihar, 1998-99

	Unmet need for FP ¹			Met need (currently using) ²			Total demand for FP			Doroontago
Background characteristic	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total	of demand satisfied
Number of living children										
0	16.0	0.0	16.0	1.1	0.3	1.5	17.1	0.3	17.4	8.4
1	27.5	1.6	29.1	3.8	2.6	6.4	31.3	4.2	35.5	18.0
2	17.6	8.2	25.8	2.2	22.0	24.2	19.8	30.2	50.1	48.4
3	9.4	13.9	23.4	1.0	36.4	37.3	10.4	50.3	60.7	61.5
4	6.3	17.6	23.9	0.3	40.0	40.3	6.6	57.6	64.2	62.8
5	3.6	22.0	25.6	0.0	35.3	35.3	3.6	57.3	60.9	58.0
6+	2.7	26.4	29.1	0.4	24.9	25.4	3.1	51.3	54.5	46.6
Total	12.6	11.9	24.5	1.4	23.1	24.5	14.0	35.0	49.1	50.0

() 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 and 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 child. 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.

(41–42 percent) than for women in other groups (49–61 percent). Unmet need for family planning declines and the percentage of demand satisfied increases steadily with the standard of living index.

Unmet need for family planning is lower for women with no children (16 percent) than for women with one or more living children (23–29 percent). Among women with no children or one child, unmet need is almost exclusively for spacing, whereas for women with two children 32 percent of unmet need is for limiting, and for women with three or more children unmet need is almost exclusively for limiting. For women with no living children, only 8 percent of the total demand for family planning is satisfied, and for women with one child, only 18 percent of the demand is satisfied. The percentage of demand satisfied rises sharply to 48 percent for women with two children and 62–63 percent for women with 3–4 children. These results show that the almost exclusive emphasis of the family planning programme on sterilization fails to meet the needs of young women who are still in the process of family formation. Many of these women have an unmet need for spacing, especially before their first birth and between their first and second births.