

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, this new approach emphasizes the target-free promotion of contraceptive use among eligible couples, the provision to couples of a wider choice of various 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 socio-demographic goals identified for this purpose is to achieve universal access to information/counselling and services for fertility regulation and contraception with a wide range of choices (Ministry of Health and Family Welfare, 2000).

Information about the knowledge and use of contraceptive methods provided in this chapter is designed to be of practical relevance to programme administrators and policymakers responsible for monitoring existing programmes and formulating new strategies to meet the health and family planning needs of the population. The chapter begins with an appraisal of women’s knowledge of contraceptive methods and then discusses women’s past and present use of contraception, as well as the sources of supply of modern contraceptive methods. Special attention is focused on reasons for discontinuation and non-use 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 Haryana 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, Haryana, 1998–99			
Method	Urban	Rural	Total
Any method	100.0	99.8	99.9
Any modern method	100.0	99.8	99.8
Pill	98.7	91.9	93.9
IUD	98.6	86.9	90.3
Condom	98.5	89.5	92.1
Female sterilization	99.8	99.4	99.5
Male sterilization	99.1	96.2	97.1
Any traditional method	87.9	73.3	77.5
Rhythm/safe period	81.4	66.1	70.6
Withdrawal	76.1	61.2	65.5
Other methods ¹	3.5	2.5	2.8
Number of women	814	1,985	2,799
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 universal in Haryana, with almost all of the currently married women having heard of at least one modern method of contraception.

Female sterilization is the most widely known method of contraception in Haryana, followed by male sterilization. Overall, almost all currently married women know about female sterilization, and 97 percent know about male sterilization. There is little difference by residence in knowledge of female sterilization, but 99 percent of urban women know about male sterilization, compared with 96 percent of rural women. Knowledge of the officially-sponsored spacing methods (the pill, IUD, and condom) is also widespread (more than 90 percent in each case). As expected, knowledge of spacing methods is higher in urban areas than in rural areas. For example, 99 percent of urban women know about the IUD, compared with 87 percent of rural women. Although knowledge of spacing methods is lower than knowledge of sterilization, knowledge of spacing methods has increased substantially since NFHS-1. At the time of NFHS-1, only 76 percent of currently married women knew about pills, 80 percent knew about IUDs, and 76 percent knew about condoms.

In Haryana, traditional methods of contraception are less well known than modern methods. Seventy-eight percent of currently married women report knowledge of at least one traditional method, up from 59 percent in NFHS-1. The rhythm or safe-period method is known more widely (71 percent) than withdrawal (66 percent). Knowledge of traditional methods is much higher in urban areas (88 percent) than in rural areas (73 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 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.

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, Haryana, 1998–99												
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	(14.5)	(5.9)	(5.9)	(0.0)	(2.9)	(0.0)	(0.0)	(8.7)	(8.7)	(2.9)	(0.0)	34
20–24	46.4	39.0	7.5	11.0	23.3	6.5	0.0	15.8	10.3	9.3	1.0	108
25–29	78.1	67.9	12.1	11.2	36.1	20.4	0.0	19.4	7.4	13.1	1.1	178
30–34	89.2	77.9	13.1	16.2	31.2	36.1	2.4	26.8	15.5	16.9	0.0	162
35–39	92.3	84.7	12.5	23.4	31.1	40.5	2.0	24.2	18.6	11.1	2.8	148
40–44	86.0	71.8	6.1	12.2	24.2	39.4	6.0	32.6	12.1	23.5	1.0	100
45–49	90.2	70.0	3.7	12.1	31.5	31.2	8.5	33.5	13.3	23.9	0.0	84
Total	78.3	67.2	9.9	14.1	29.2	28.0	2.5	23.9	12.7	14.9	1.0	814
RURAL												
15–19	14.1	8.1	4.0	0.7	2.0	1.4	0.0	8.1	6.7	3.4	0.7	148
20–24	39.2	27.9	8.9	3.9	8.6	10.3	0.0	14.0	8.3	6.7	0.2	403
25–29	68.6	59.3	8.8	8.1	13.7	39.6	0.2	16.3	9.8	9.3	0.2	416
30–34	82.5	75.1	7.4	6.4	7.7	61.8	1.3	15.9	11.1	7.1	0.8	377
35–39	85.6	78.0	8.4	5.6	7.6	65.7	2.4	15.9	10.3	8.0	0.8	249
40–44	90.5	80.5	5.4	1.3	3.2	69.3	4.5	18.5	13.6	9.9	1.8	221
45–49	81.6	72.8	2.9	0.6	4.1	56.2	10.9	18.5	9.2	11.0	1.1	172
Total	66.9	58.0	7.3	4.7	7.9	43.0	2.1	15.5	10.0	8.0	0.7	1,985
TOTAL												
15–19	14.2	7.6	4.4	0.5	2.2	1.1	0.0	8.2	7.1	3.3	0.6	181
20–24	40.7	30.2	8.6	5.4	11.7	9.5	0.0	14.4	8.8	7.2	0.4	511
25–29	71.4	61.9	9.8	9.1	20.4	33.9	0.2	17.2	9.1	10.5	0.5	594
30–34	84.5	75.9	9.1	9.3	14.8	54.1	1.7	19.1	12.4	10.1	0.6	539
35–39	88.1	80.5	9.9	12.2	16.3	56.3	2.3	19.0	13.4	9.1	1.5	397
40–44	89.1	77.8	5.6	4.7	9.8	59.9	5.0	22.9	13.1	14.1	1.6	321
45–49	84.4	71.9	3.1	4.4	13.1	47.9	10.1	23.4	10.5	15.2	0.8	256
Total	70.2	60.7	8.0	7.4	14.1	38.7	2.2	18.0	10.8	10.0	0.8	2,799
() Based on 25–49 unweighted cases												
¹ Includes both modern and traditional methods that are not listed separately												

Although nearly all currently married women know at least one method of contraception, only 70 percent have ever used a method, which is a substantial increase from 58 percent at the time of NFHS-1. Sixty-one percent of currently married women have ever used a modern method and 18 percent have ever used a traditional method. The most commonly used method is female sterilization (39 percent), followed by condoms (14 percent), the rhythm or safe-period method (11 percent), withdrawal (10 percent), pills (8 percent), and IUDs (7 percent). Only 2 percent have adopted male sterilization. About 30 percent have ever used any of the modern spacing methods (the pill, IUD, or condom). Ever use of any method is higher in urban areas (78 percent) than in rural areas (67 percent), as is ever use of each specific modern and traditional method except female sterilization. Ever use of female sterilization is much higher in rural areas (43 percent) than in urban areas (28 percent).

Ever use of any method increases with women's age up to age 40–44 (peaking at 89 percent) and declines at older ages. This increase in contraceptive use with age reflects a life-cycle effect, with women increasingly adopting contraception as their fertility goals are met. On the other hand, lower use of contraception by older women reflects, at least in part, larger family size norms and lower availability and acceptability of modern contraceptive methods at the time when these women were having their children. The pattern of ever use by age is similar for urban and rural areas, although urban women are more likely than rural women to have used contraception at all ages except age 40–44.

Current Use of Family Planning Methods

Table 5.3 provides information on current use of family planning methods for currently married women in Haryana by age and urban-rural residence. Current contraceptive prevalence in Haryana is moderately high, with 62 percent of currently married women using some method of contraception (compared with the national average of 48 percent). As expected, current use of any method is higher in urban areas (67 percent) than in rural areas (60 percent). Most of the current users are using a modern method (85 percent), and most of the currently married women who have ever used contraception are current users (89 percent). This is because in Haryana, as in most other states of India, sterilization dominates the contraceptive method mix. Thirty-nine percent of currently married women are sterilized, and female sterilization accounts for 62 percent of the total current contraceptive prevalence. Another 2 percent of currently married women reported that their husbands are sterilized. Thus female sterilization and male sterilization together account for 65 percent of current contraceptive prevalence. Thirteen percent of currently married women are using one of the three officially-sponsored spacing methods. Specifically, 7 percent are using condoms, 4 percent are using IUDs, and 2 percent are using pills.

By residence, female and male sterilization together account for 45 percent of current contraceptive prevalence in urban areas and 75 percent in rural areas. Although current use of female sterilization is higher in rural areas (43 percent) compared with urban areas (28 percent), current use of all other modern methods is higher in urban areas than in rural areas. By age, current contraceptive use increases from 9 percent for women age 15–19 to 84 percent for women age 35–39 and decreases for older women. Condom use is highest (11 percent) among women age 25–29, whereas female sterilization is highest (60 percent) among women age 40–44. The majority of contraceptive users under age 25 currently use either a modern spacing

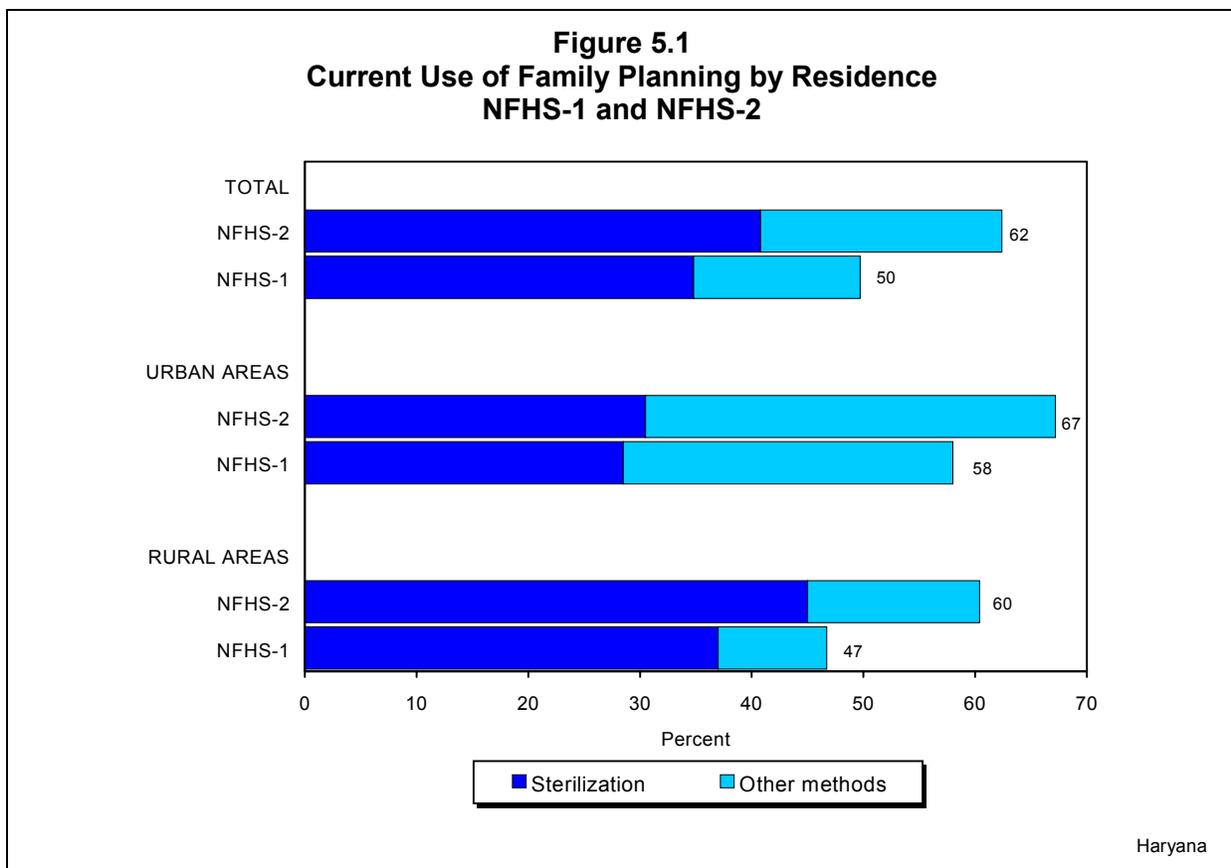
Table 5.3 Current use of contraception

Percent distribution of currently married women by contraceptive method currently used, according to age and residence, Haryana, 1998–99

Age	Any method	Any modern method	Pill	IUD	Condom	Female sterilization	Male sterilization	Any traditional method	Rhythm/safe period	Withdrawal	Other method ¹	Not using any method	Total percent	Number of women
URBAN														
15–19	(5.8)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(5.8)	(2.9)	(2.9)	(0.0)	(94.2)	100.0	34
20–24	32.4	25.0	2.9	6.4	9.3	6.5	0.0	7.4	2.8	4.6	0.0	67.6	100.0	108
25–29	63.7	51.8	4.1	6.1	21.3	20.4	0.0	10.8	5.1	5.7	1.1	36.3	100.0	178
30–34	86.0	70.3	3.2	9.4	19.2	36.1	2.4	15.6	7.4	8.2	0.0	14.0	100.0	162
35–39	86.2	69.5	1.4	8.9	16.7	40.5	2.0	16.7	10.3	6.4	0.0	13.8	100.0	148
40–44	76.9	56.4	1.0	0.0	9.9	39.4	6.0	20.5	6.1	14.4	0.0	23.1	100.0	100
45–49	62.6	50.5	0.0	2.5	8.4	31.2	8.5	12.1	2.4	9.7	0.0	37.4	100.0	84
Total	67.2	53.4	2.3	5.9	14.8	28.0	2.5	13.5	5.9	7.5	0.2	32.8	100.0	814
RURAL														
15–19	10.0	4.7	1.3	0.7	1.3	1.4	0.0	5.4	4.7	0.7	0.0	90.0	100.0	148
20–24	29.8	21.2	4.0	3.0	3.9	10.3	0.0	8.6	4.6	4.0	0.0	70.2	100.0	403
25–29	60.9	53.5	2.1	4.8	6.7	39.6	0.2	7.2	3.8	3.3	0.2	39.1	100.0	416
30–34	78.0	70.8	2.1	2.4	3.2	61.8	1.3	6.3	4.0	2.4	0.8	22.0	100.0	377
35–39	82.1	74.9	2.0	3.2	2.0	65.7	2.0	7.2	2.8	4.4	0.0	17.9	100.0	249
40–44	84.6	75.6	0.0	0.4	1.4	69.3	4.5	8.6	5.4	3.1	0.5	15.4	100.0	221
45–49	73.4	69.4	0.0	0.6	1.8	56.2	10.9	2.9	0.6	2.3	1.1	26.6	100.0	172
Total	60.4	53.1	2.0	2.6	3.4	43.0	2.0	7.0	3.9	3.1	0.4	39.6	100.0	1,985
TOTAL														
15–19	9.2	3.8	1.1	0.5	1.1	1.1	0.0	5.4	4.3	1.1	0.0	90.8	100.0	181
20–24	30.3	22.0	3.7	3.7	5.0	9.5	0.0	8.4	4.3	4.1	0.0	69.7	100.0	511
25–29	61.8	53.0	2.7	5.2	11.1	33.9	0.2	8.3	4.2	4.0	0.5	38.2	100.0	594
30–34	80.4	70.7	2.4	4.5	8.0	54.1	1.7	9.1	5.0	4.1	0.6	19.6	100.0	539
35–39	83.6	72.9	1.8	5.3	7.5	56.3	2.0	10.7	5.6	5.1	0.0	16.4	100.0	397
40–44	82.2	69.6	0.3	0.3	4.0	59.9	5.0	12.3	5.6	6.7	0.3	17.8	100.0	321
45–49	69.9	63.2	0.0	1.2	3.9	47.9	10.1	5.9	1.2	4.7	0.8	30.1	100.0	256
Total	62.4	53.2	2.1	3.6	6.8	38.7	2.1	8.9	4.5	4.4	0.3	37.6	100.0	2,799

() Based on 25–49 unweighted cases

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



method or a traditional method, whereas the majority of current users age 25 and above use female sterilization. The pattern of variation by age is slightly different in urban areas (peaking at 86 percent at age 30–39) than in rural areas (peaking at 85 percent at age 40–44).

The NFHS-2 contraceptive prevalence rate of 62 percent is substantially higher than the NFHS-1 rate of 50 percent (Figure 5.1). During this period, the use of modern methods has increased from 44 percent to 53 percent; however, traditional method use has increased even more rapidly, from 5 percent in NFHS-1 to 9 percent in NFHS-2. In NFHS-1, modern methods accounted for 89 percent of current contraceptive prevalence; in NFHS-2, modern methods account for only 85 percent of current contraceptive use.

Between the two surveys, the proportion using female sterilization has increased considerably, from 30 percent in NFHS-1 to 39 percent in NFHS-2, and the proportion using male sterilization has declined from 5 percent in NFHS-1 to 2 percent in NFHS-2. During the same period, the proportion of currently married women using the three officially-sponsored modern spacing methods has increased from 10 percent to 13 percent. These results suggest that despite increased emphasis on contraceptive choice and on modern spacing methods in the Reproductive and Child Health Programme, and despite women’s increasing knowledge of modern spacing methods, female sterilization continues to dominate the contraceptive method mix in Haryana and modern spacing methods still account for only about one-fifth of total 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 higher among illiterate women and among women who have completed high school or higher education than among women who are literate but have not completed high school. Female sterilization is most common among illiterate women (48 percent) and declines steadily with education to 17 percent among women who have at least completed high school. On the other hand, use of modern spacing methods (which are particularly appropriate for women who have not yet reached their desired family size) rises rapidly with the level of education. Modern spacing methods are used by only 5 percent of illiterate women, compared with 34 percent of women who have at least completed high school. Women who have at least completed high school are more likely to use condoms (22 percent) than female sterilization (17 percent). Female and male sterilization account for 80 percent of total contraceptive use among illiterate women, but only 29 percent of total contraceptive use among women who have at least completed high school. The use of traditional methods also tends to increase with education, but the differentials are relatively small. Contraceptive use has increased since NFHS-1 among women in every educational category. The percentage increase, however, has been much more rapid among illiterate women (33 percent) than among literate women (7–18 percent). Various studies based on NFHS-1 data have shown that even after controlling the effects of other factors, education is a key factor influencing contraceptive use in India (Ramesh et al., 1996).

Contraceptive prevalence is lower among Hindus (63 percent) than among Sikhs (71 percent), and lowest among Muslims (29 percent). Use of any modern method is the same among Hindus and Sikhs (55 percent), but use of modern spacing methods is much higher among Sikhs (22 percent) than among Hindus (12 percent). Use of modern spacing methods is only 4 percent among Muslims. Female sterilization is most common among Hindus (41 percent), followed by Sikhs (32 percent) and Muslims (12 percent). Use of male sterilization is reported much less frequently (in only 1–2 percent of cases in all religions). Use of traditional methods is highest among Sikhs (15 percent), followed by Muslims (11 percent) and Hindus (8 percent). Higher use of traditional methods among Sikhs is mainly due to their much greater reliance on the withdrawal method (13 percent) than among Hindus or Muslims (4 percent each). Muslims are more likely to use the rhythm or safe-period method (6 percent) than Hindus (5 percent) or Sikhs (2 percent).

Contraceptive prevalence is highest for women who do not belong to a scheduled caste or other backward class (66 percent), followed by women belonging to other backward classes (62 percent) and scheduled castes (53 percent). Higher contraceptive prevalence among women not belonging to scheduled castes or other backward classes is primarily due to their greater use of modern temporary methods. Use of the three modern spacing methods—the pill, condom, and IUD—ranges from only 5 percent for scheduled castes to 10 percent for other backward classes and 16 percent for other women.

Table 5.4 Current use by background characteristics

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

Background characteristic	Any method	Any modern method	Pill	IUD	Condom	Female sterilization	Male sterilization	Any traditional method	Rhythm/safe period	Withdrawal	Other method ¹	Not using any method	Total percent	Number of women
Residence														
Urban	67.2	53.4	2.3	5.9	14.8	28.0	2.5	13.5	5.9	7.5	0.2	32.8	100.0	814
Rural	60.4	53.1	2.0	2.6	3.4	43.0	2.0	7.0	3.9	3.1	0.4	39.6	100.0	1,985
Education														
Illiterate	63.4	55.6	1.3	1.6	1.7	48.2	2.7	7.5	4.1	3.3	0.4	36.6	100.0	1,519
Literate, < middle school complete	58.6	50.3	2.5	3.0	5.5	38.3	1.1	7.8	4.5	3.4	0.4	41.4	100.0	472
Middle school complete	56.4	46.1	3.0	5.5	6.0	30.0	1.7	10.3	4.2	6.1	0.0	43.6	100.0	234
High school complete and above	65.2	52.3	3.4	8.6	21.5	17.2	1.6	12.7	5.4	7.3	0.2	34.8	100.0	574
Religion														
Hindu	63.3	54.6	2.0	3.3	6.6	40.5	2.2	8.3	4.6	3.7	0.3	36.7	100.0	2,489
Muslim	28.7	18.2	1.8	1.7	0.8	12.1	1.7	10.5	6.1	4.4	0.0	71.3	100.0	116
Sikh	71.0	55.3	3.2	7.5	11.2	32.3	1.1	15.1	2.1	13.0	0.6	29.0	100.0	185
Caste/tribe														
Scheduled caste	52.9	45.2	1.0	0.9	2.6	39.3	1.4	7.7	4.2	3.5	0.0	47.1	100.0	571
Other backward class	62.0	52.2	2.6	2.6	4.6	40.6	1.8	9.3	4.7	4.6	0.5	38.0	100.0	612
Other ²	65.9	56.4	2.3	4.9	9.1	37.7	2.5	9.1	4.5	4.7	0.4	34.1	100.0	1,615
Standard of living index														
Low	45.7	39.3	0.4	0.7	1.9	35.2	1.1	6.0	3.4	2.6	0.4	54.3	100.0	265
Medium	61.0	52.6	2.1	2.2	2.5	43.8	2.0	8.1	5.0	3.0	0.3	39.0	100.0	1,272
High	67.1	56.5	2.4	5.6	12.1	33.9	2.4	10.3	4.1	6.2	0.3	32.9	100.0	1,245

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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, Haryana, 1998–99

Background characteristic	Any method	Any modern method	Pill	IUD	Condom	Female sterilization	Male sterilization	Any traditional method	Rhythm/safe period	Withdrawal	Other method ¹	Not using any method	Total percent	Number of women
Number and sex of living children														
No children	4.1	2.1	0.4	0.0	1.6	0.0	0.0	2.0	1.6	0.4	0.0	95.9	100.0	242
1 child	29.7	18.8	3.2	3.2	8.1	4.3	0.0	10.7	6.1	4.6	0.3	70.3	100.0	375
1 son	34.3	21.2	3.1	3.6	8.2	6.3	0.0	12.6	7.1	5.5	0.4	65.7	100.0	222
No sons	23.0	15.2	3.3	2.7	8.0	1.3	0.0	7.8	4.5	3.3	0.0	77.0	100.0	152
2 children	68.1	57.5	3.3	7.8	11.9	33.4	1.2	10.2	3.6	6.5	0.4	31.9	100.0	747
2 sons	81.0	73.1	2.0	5.6	8.7	54.4	2.3	7.7	3.0	4.7	0.3	19.0	100.0	303
1 son	66.1	52.7	4.0	9.9	15.3	23.0	0.6	12.8	4.6	8.3	0.6	33.9	100.0	355
No sons	31.8	23.8	4.6	6.7	9.1	3.4	0.0	8.0	2.3	5.7	0.0	68.2	100.0	89
3 children	79.5	68.8	1.9	2.6	6.1	55.2	2.9	10.1	5.6	4.5	0.6	20.5	100.0	676
3 sons	90.8	83.7	2.0	2.0	4.0	71.8	4.0	6.1	3.0	3.1	1.0	9.2	100.0	99
2 sons	88.7	80.1	1.5	2.1	3.0	70.0	3.5	8.1	6.0	2.1	0.6	11.3	100.0	337
1 son	68.3	52.4	2.9	4.3	13.1	30.2	1.9	15.4	6.7	8.7	0.5	31.7	100.0	207
No sons	(21.7)	(12.4)	(0.0)	(0.0)	(0.0)	(12.4)	(0.0)	(9.4)	(3.0)	(6.3)	(0.0)	(78.3)	100.0	33
4+ children	76.3	68.4	1.1	1.6	3.3	58.4	4.1	7.8	4.3	3.4	0.1	23.7	100.0	760
2+ sons	80.4	72.8	1.0	1.5	2.0	63.5	4.7	7.4	4.4	3.0	0.2	19.6	100.0	590
1 son	68.9	58.7	1.4	2.1	7.5	45.8	2.0	10.2	4.7	5.5	0.0	31.1	100.0	148
Total	62.4	53.2	2.1	3.6	6.8	38.7	2.1	8.9	4.5	4.4	0.3	37.6	100.0	2,799

Note: Total includes 7 women belonging to other religions, 2 women belonging to scheduled tribes, 22 women with 4+ living children but no sons, and 2 and 18 women with missing information on religion and the standard of living index, respectively, who are not shown separately.

() Based on 25–49 unweighted cases

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

²Not belonging to a scheduled caste, a scheduled tribe, or an other backward class

The use of any contraception, as well as the use of almost every specific contraceptive method (except female sterilization and the rhythm or safe-period method) is positively related to the standard of living index (SLI). Contraceptive prevalence increases from 46 percent for the poorest women (with a low SLI) to 67 percent for women with a high SLI. The use of modern spacing methods is much higher for women with a high SLI (20 percent) than for women with a medium SLI (7 percent) or low SLI (3 percent). The use of female sterilization is higher for women with a medium SLI (44 percent) than for low or high SLI women (34–35 percent). Traditional method use also increases with the standard of living index, from 6 percent for low SLI women to 10 percent for high SLI women.

Table 5.4 also shows differences in current use by the number and sex of living children. Contraceptive use increases sharply from only 4 percent for women with no living children to 80 percent for women with three living children and then falls to 76 percent for women with four or more living children. The use of female sterilization increases sharply and male sterilization increases steadily with the number of living children. The use of modern temporary methods is highest for women with two living children.

Prevalence rates by sex composition of living children indicate the existence of considerable son preference in Haryana. At each parity, current use of contraceptive methods is lower among women with no sons than among women with one or more sons. For example, among women with three living children, only 22 percent with no sons are using contraception, compared with at least 89 percent with two or more sons. In addition, women at parity two or above are more likely to use contraception if they have two or more sons than if they have only one son.

Number of Living Children at First Use of Contraception

In order to examine the timing of initial family planning use, NFHS-2 included a question on how many living children women had when they first used a method. Table 5.5 shows the distribution of ever-married women by the number of living children at the time of first contraceptive use, according to current age and residence. Less than 2 percent of ever-married women (2 percent of women who have ever used contraception) began using contraception when they did not have any living children and another 16 percent (22 percent of ever users) began using when they had only one living child. Although very early use of contraception is relatively rare, 50 percent of ever-married women (72 percent of ever users) began using when they had three or fewer living children. Urban women are more likely than rural women to begin using contraceptives when they have two or fewer living children.

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

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, Haryana, 1998–99								
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	(85.5)	(8.7)	(5.8)	(0.0)	(0.0)	(0.0)	100.0	34
20–24	54.4	1.8	31.0	9.1	3.6	0.0	100.0	110
25–29	21.9	4.7	34.3	16.4	17.6	5.1	100.0	178
30–34	12.9	0.6	29.0	24.2	23.0	10.3	100.0	167
35–39	8.7	1.4	27.2	26.1	18.2	18.4	100.0	154
40–44	18.7	0.0	21.8	21.0	14.2	24.4	100.0	107
45–49	9.4	0.0	16.3	22.3	24.3	27.7	100.0	87
Total	22.8	2.0	26.9	19.3	16.5	12.5	100.0	837
RURAL								
15–19	86.0	4.0	8.6	1.3	0.0	0.0	100.0	149
20–24	61.0	2.5	17.2	14.2	4.2	1.0	100.0	405
25–29	32.1	1.4	14.6	24.9	16.5	10.5	100.0	428
30–34	19.4	1.0	8.9	17.7	26.3	26.7	100.0	392
35–39	15.8	0.4	7.9	17.3	27.4	31.2	100.0	264
40–44	12.9	0.4	6.6	9.6	22.2	48.2	100.0	240
45–49	21.5	1.0	4.1	7.2	14.8	51.4	100.0	194
Total	33.9	1.4	10.9	15.3	16.7	21.8	100.0	2,071
TOTAL								
15–19	85.9	4.9	8.1	1.1	0.0	0.0	100.0	182
20–24	59.6	2.3	20.2	13.1	4.1	0.8	100.0	515
25–29	29.1	2.3	20.4	22.4	16.8	8.9	100.0	606
30–34	17.4	0.9	14.9	19.7	25.3	21.8	100.0	559
35–39	13.2	0.7	15.0	20.5	24.0	26.5	100.0	418
40–44	14.7	0.3	11.3	13.1	19.7	40.9	100.0	347
45–49	17.8	0.7	7.9	11.9	17.8	44.0	100.0	281
Total	30.7	1.6	15.5	16.5	16.6	19.1	100.0	2,908
() Based on 25–49 unweighted cases								

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 (90 percent) of current users report having no problems with their method. This may be an underestimate of the extent of problems, however, because women who have experienced problems with spacing methods may have stopped using contraception altogether, and these women are not represented in the table.

The analysis of method-specific problems reveals that 86 percent of sterilized women and 90 percent of women whose husbands are sterilized report having no problem with their method. The most common problems experienced by sterilized women are headache, bodyache, or backache (8 percent) and weakness or tiredness (3 percent). Among women whose husbands are sterilized and who report problems with the method, the most common complaints are again headache, bodyache, or backache (5 percent) and weakness or tiredness (5 percent). With regard

Table 5.6 Problems with current method								
Percentage of current users of specific contraceptive methods who have had problems in using the method, Haryana, 1998–99								
Problem	Contraceptive method							Total
	Pill	IUD	Condom	Female sterilization	Male sterilization	Rhythm/safe period	Withdrawal	
No problem	93.1	86.8	99.5	85.5	90.0	100.0	100.0	89.6
Weight gain	0.0	3.0	0.5	2.2	1.7	0.0	0.0	1.7
Weight loss	1.7	0.0	0.0	1.6	0.0	0.0	0.0	1.0
Too much bleeding	0.0	4.1	0.0	2.1	0.0	0.0	0.0	1.5
Hypertension	1.7	0.0	0.0	0.8	0.0	0.0	0.0	0.6
Headache/bodyache/backache	1.8	4.0	0.0	7.7	5.0	0.0	0.0	5.3
Nausea/vomiting	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.1
No menstruation	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.2
Weakness/tiredness	0.0	0.0	0.0	3.1	5.0	0.0	0.0	2.2
Dizziness	0.0	1.1	0.0	0.6	0.0	0.0	0.0	0.4
Fever	0.0	0.0	0.0	0.4	1.7	0.0	0.0	0.3
Cramps	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1
Spotting	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1
Abdominal pain	0.0	1.0	0.0	2.4	0.0	0.0	0.0	1.5
White discharge	0.0	0.0	0.0	1.8	0.0	0.0	0.0	1.1
Irregular periods	3.4	0.0	0.0	2.1	0.0	0.0	0.0	1.4
Breast tenderness	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1
Allergy	0.0	2.0	0.0	0.2	0.0	0.0	0.0	0.2
Other	0.0	1.0	0.0	0.1	0.0	0.0	0.0	0.1
Number of users	58	100	189	1,082	60	125	123	1,746

Note: Percentages may add to more than 100.0 because multiple problems could be recorded. Total includes 9 users of other contraceptive methods, who are not shown separately.

to spacing methods, 7 percent of women report problems in using pills, 13 percent report problems in using IUDs, and less than 1 percent report problems in using condoms. The most common problems for pills are irregular periods (3 percent), headache, bodyache, or backache (2 percent), weight loss (2 percent), and hypertension (2 percent). The most common problems for IUDs are too much bleeding (4 percent), headache, bodyache, or backache (4 percent), weight gain (3 percent), and allergy (2 percent). 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 1,142 sterilizations reported, 95 percent are female sterilizations. Thirty-eight percent of the female sterilizations took place less than 6 years before the survey, another 23 percent took place 6–9 years before the survey, and the remaining 40 percent took place 10 or more years before the survey. By contrast, 75 percent of male sterilizations took place 10 or more years before the survey (data not shown in the table). The median age of women at the time they or their husbands were sterilized was only 26.5 years, slightly higher than the median of 25.7 years for India as a whole. More than one-third (35 percent) of sterilizations took place before the wife was age 25, more than three-quarters (77 percent) took place before the wife was age 30, and less than 1 percent took place when the wife was in her forties.

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 women at the time of sterilization, according to the number of years since sterilization, Haryana, 1998–99									
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			
STERILIZED WOMEN									
< 2	5.3	31.6	41.1	18.5	1.7	1.8	100.0	113	26.4
2–3	4.1	42.6	35.4	14.4	3.5	0.0	100.0	145	25.4
4–5	1.4	34.4	43.8	14.4	6.1	0.0	100.0	148	26.4
6–7	2.8	31.9	37.6	17.2	8.4	2.1	100.0	143	26.3
8–9	0.9	31.1	37.8	21.5	6.7	2.0	100.0	103	26.5
10+	2.1	29.7	45.2	19.6	3.5	U	100.0	430	NC
Total	2.6	32.7	41.6	17.9	4.6	0.6	100.0	1,082	26.4
WIVES OF STERILIZED MEN									
Total	1.7	21.7	53.4	23.2	0.0	0.0	100.0	60	28.0
STERILIZED WOMEN AND WIVES OF STERILIZED MEN									
< 2	5.3	31.6	41.1	18.5	1.7	1.8	100.0	113	26.4
2–3	4.0	41.4	35.8	15.3	3.4	0.0	100.0	149	25.6
4–5	1.4	34.1	44.2	14.3	6.0	0.0	100.0	149	26.4
6–7	2.7	31.7	37.8	17.7	8.0	2.0	100.0	150	26.3
8–9	0.9	30.2	38.6	21.8	6.5	1.9	100.0	106	26.6
10+	2.1	29.2	46.0	19.6	3.1	U	100.0	474	NC
Total	2.5	32.1	42.2	18.2	4.4	0.6	100.0	1,142	26.5
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.									

The median age of women at the time of sterilization has not changed much during the last 10 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 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 there has been some decline in the median age at sterilization between the mid-1980s and the early 1990s. The median age at sterilization was about two years higher in 1984–85 (about 8–9 years before NFHS-1) than in the early 1990s (around the time of NFHS-1), and it has remained at that level since.

5.4 Sources of Contraceptive Methods

Family planning methods and services in Haryana 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.

Table 5.8 Source of modern contraceptive methods

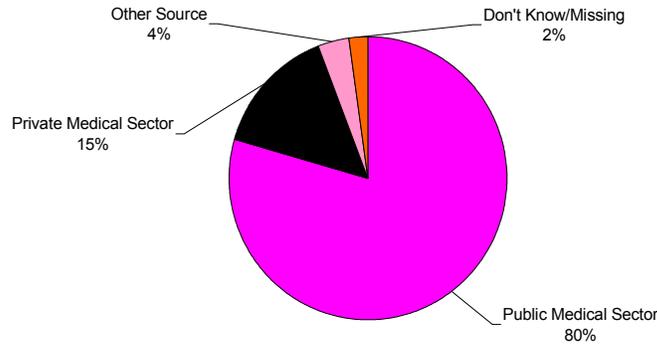
Percent distribution of current users of modern contraceptive methods by most recent source, according to specific method and residence, Haryana, 1998–99

Source	Contraceptive method					All modern methods ¹
	Pill	IUD	Condom	Female sterilization	Male sterilization	
URBAN						
Public medical sector	*	(45.7)	7.5	90.7	*	59.2
Government/municipal hospital	*	(43.5)	5.8	78.5	*	51.2
Government dispensary	*	(0.0)	1.7	0.0	*	0.7
UHC/UHP/UFWC	*	(0.0)	0.0	0.0	*	0.0
CHC/rural hospital/PHC	*	(2.2)	0.0	6.3	*	3.8
Sub-centre	*	(0.0)	0.0	0.0	*	0.0
Government mobile clinic	*	(0.0)	0.0	0.0	*	0.0
Camp	*	(0.0)	0.0	5.9	*	3.3
Other public medical sector	*	(0.0)	0.0	0.0	*	0.2
Private medical sector	*	(54.3)	61.2	9.3	*	31.7
Private hospital/clinic	*	(50.2)	2.5	9.3	*	12.5
Private doctor	*	(4.2)	5.1	0.0	*	2.1
Private paramedic	*	(0.0)	0.9	0.0	*	0.2
Vaidya/hakim/homeopath	*	(0.0)	0.8	0.0	*	0.2
Pharmacy/drugstore	*	(0.0)	51.2	0.0	*	16.4
Dai (TBA)	*	(0.0)	0.8	0.0	*	0.2
Shop	*	(0.0)	18.7	0.0	*	5.7
Don't know ¹	*	(0.0)	12.6	0.0	*	3.5
Missing	*	(0.0)	0.0	0.0	*	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	19	48	121	228	20	435
RURAL						
Public medical sector	(35.1)	63.5	21.6	96.6	(100.0)	87.9
Government/municipal hospital	(9.9)	40.5	7.2	73.8	(82.6)	65.7
Government dispensary	(17.7)	9.6	8.6	0.0	(0.0)	1.7
UHC/UHP/UFWC	(0.0)	0.0	1.5	0.1	(0.0)	0.2
CHC/rural hospital/PHC	(2.5)	11.5	1.5	14.2	(12.6)	12.7
Sub-centre	(5.0)	1.9	2.9	0.0	(0.0)	0.5
Government mobile clinic	(0.0)	0.0	0.0	0.2	(0.0)	0.2
Camp	(0.0)	0.0	0.0	8.3	(4.9)	6.9
Other public medical sector	(0.0)	0.0	0.0	0.0	(0.0)	0.0
Private medical sector	(32.3)	36.5	34.9	3.3	(0.0)	7.9
Private hospital/clinic	(2.5)	26.9	1.5	3.3	(0.0)	4.1
Private doctor	(2.5)	9.7	3.0	0.0	(0.0)	0.8
Private paramedic	(0.0)	0.0	1.4	0.0	(0.0)	0.1
Vaidya/hakim/homeopath	(0.0)	0.0	0.0	0.0	(0.0)	0.0
Pharmacy/drug store	(27.3)	0.0	29.0	0.0	(0.0)	2.9
Dai (TBA)	(0.0)	0.0	0.0	0.0	(0.0)	0.0
Shop	(20.2)	0.0	30.3	0.0	(0.0)	2.7
Don't know ¹	(12.4)	0.0	13.2	0.0	(0.0)	1.3
Missing	(0.0)	0.0	0.0	0.1	(0.0)	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	40	52	68	855	40	1,055

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, Haryana, 1998–99						
Source	Contraceptive method					All modern methods ¹
	Pill	IUD	Condom	Female sterilization	Male sterilization	
TOTAL						
Public medical sector	27.4	54.9	12.6	95.4	96.8	79.5
Government/municipal hospital	8.6	41.9	6.3	74.8	80.1	61.5
Government dispensary	13.7	5.0	4.2	0.0	0.0	1.4
UHC/UHP/UFWC	0.0	0.0	0.5	0.1	0.0	0.1
CHC/rural hospital/PHC	1.7	7.0	0.5	12.5	10.1	10.1
Sub-centre	3.4	1.0	1.1	0.0	0.0	0.3
Government mobile clinic	0.0	0.0	0.0	0.2	0.0	0.1
Camp	0.0	0.0	0.0	7.8	4.9	5.9
Other public medical sector	0.0	0.0	0.0	0.0	1.7	0.1
Private medical sector	46.8	45.1	51.7	4.5	3.2	14.8
Private hospital/clinic	8.6	38.1	2.1	4.5	3.2	6.6
Private doctor	3.5	7.0	4.3	0.0	0.0	1.2
Private paramedic	0.0	0.0	1.1	0.0	0.0	0.1
<i>Vaidya/hakim/homeopath</i>	0.0	0.0	0.5	0.0	0.0	0.1
Pharmacy/drugstore	34.8	0.0	43.2	0.0	0.0	6.9
<i>Dai</i> (TBA)	0.0	0.0	0.5	0.0	0.0	0.1
Shop	17.3	0.0	22.9	0.0	0.0	3.6
Don't know ¹	8.5	0.0	12.8	0.0	0.0	2.0
Missing	0.0	0.0	0.0	0.1	0.0	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	58	100	189	1,082	60	1,490
UHC: Urban health centre; UHP: Urban health post; UFWC: Urban family welfare centre; CHC: Community health centre; PHC: Primary Health Centre; TBA: Traditional birth attendant () Based on 25–49 unweighted cases *Percentage not shown; based on fewer than 25 unweighted cases ¹ For the pill and the condom, this category includes women who say their husband, a friend, or other relative obtained the method, but they do not know the original source of supply.						

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 contraceptive methods by the source from which they obtained their method most recently, according to specific method and residence. The public medical sector, consisting of government/municipal hospitals, government dispensaries, Primary Health Centres, and other governmental health infrastructure, is the source of contraception for 80 percent of current users of modern methods, down slightly from 83 percent in NFHS-1. The private medical sector, including private hospitals or clinics, private doctors, private paramedics, *vaidyas*, *hakims*, homeopaths, pharmacies or drugstores, and traditional birth attendants, is the source for 15 percent of current users, up from 11 percent in NFHS-1. Four percent of current users obtain their methods from other sources such as shops, friends, and relatives. Government/municipal hospitals are the main source (75 percent) for female sterilization, followed by community health centres, rural hospitals, or Primary Health Centres (13 percent), camps (8 percent), and private hospitals or clinics (5 percent). Similar sources are used for male sterilizations. By contrast, shops and private pharmacies and drugstores are the main source for condoms (66 percent) and pills (52 percent). Only 27 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, Haryana, 1998–99

of current pill users and 13 percent of current condom users obtain their supply from the public medical sector. The public medical sector is, however, the main source for IUDs (55 percent).

Eighty-eight percent of rural users obtain their contraceptives from the public medical sector, compared with 59 percent of urban users. Although the public medical sector is the main source for female sterilizations in both urban and rural areas, in urban areas the private sector also plays a considerable role. Nine percent of female sterilizations were performed in the private medical sector in urban areas, compared with only 3 percent in rural areas. For modern temporary methods, the private medical sector is also a more important source in urban areas than in rural areas. The private sector (private medical sector and shops) is the major source for condoms in both urban and rural areas. However, the majority of IUDs in rural areas (64 percent) are obtained from the public medical sector, whereas the majority of IUDs in urban areas (54 percent) are obtained from the private medical sector. It is difficult to compare the role of the public and private medical sector in the supply of pills in rural and urban areas because of the small sample size.

5.5 Reasons for Discontinuation/Non-Use of Contraception

Currently married, nonpregnant women who were not using a contraceptive method at the time of the survey fall into two categories with respect to their contraceptive experience: those who used contraception in the past and those who never used contraception. NFHS-2 asked women who had discontinued contraceptive use their main reason for discontinuing. The survey also asked women who had never used contraception the main reason they were not currently using a method. Table 5.9 shows that in the NFHS-2 Haryana sample only 171 nonpregnant women who ever used family planning methods (9 percent of ever users) have discontinued use. Among the group that discontinued contraception, the most commonly mentioned reason for discontinuing is that the couple wanted to have a child (19 percent). Other frequently cited reasons for discontinuing use are that the husband is away (9 percent) or contraceptive use created a health

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, Haryana, 1998–99

Reason	Urban	Rural	Total
REASON FOR STOPPING USE			
Created menstrual problem	3.0	1.0	1.8
Created health problem	0.0	5.9	3.5
Did not like the method	1.4	0.0	0.6
Wanted to have a child	17.3	19.9	18.8
Lack of privacy for use	0.0	1.0	0.6
Husband away	4.3	11.8	8.7
Other	74.0	59.4	65.4
Missing	0.0	1.0	0.6
Total percent	100.0	100.0	100.0
Number of women	70	101	171
REASON FOR NOT CURRENTLY USING			
Husband away	0.6	2.4	2.0
Fertility-related reasons	84.7	86.1	85.8
Not having sex	0.0	0.6	0.4
Infrequent sex	0.6	0.0	0.1
Menopausal/had hysterectomy	4.7	7.6	7.0
Subfecund/infecund	0.0	0.4	0.3
Postpartum/breastfeeding	31.6	25.9	27.1
Wants more children	47.7	51.6	50.8
Opposition to use	0.7	2.0	1.7
Opposed to family planning	0.0	0.2	0.1
Husband opposed	0.7	0.5	0.6
Other people opposed	0.0	0.4	0.3
Against religion	0.0	0.9	0.7
Knows no method	0.0	0.2	0.1
Method-related reasons	4.7	2.6	3.0
Health concerns	3.4	1.4	1.9
Worry about side effects	0.0	0.2	0.1
Costs too much	0.7	0.0	0.1
Inconvenient to use	0.0	0.2	0.1
Afraid of sterilization	0.0	0.2	0.1
Doesn't like existing methods	0.6	0.6	0.6
Other	8.6	6.4	6.9
Don't know/missing	0.7	0.4	0.4
Total percent	100.0	100.0	100.0
Number of women	153	546	699

problem or a menstrual problem (5 percent). However, the majority (65 percent) reported other reasons for discontinuing contraceptive use. Most of these women said they stopped using because they were menopausal, postpartum amenorrhoeic, or breastfeeding (data not shown). Urban and rural women gave similar reasons for discontinuing use, with both urban and rural women most frequently giving the desire for another child as the main reason for discontinuing

use. However, rural women discontinued use more often than urban women because the husband was away and because the method created a health problem.

Among women who never used contraception, the most commonly mentioned reason for not currently using a method is also the desire for more children (51 percent), followed by the fact that the woman is postpartum amenorrhoeic or breastfeeding (27 percent). Another 7 percent say they are not using contraception because they are menopausal or have had a hysterectomy. Two percent mention different types of opposition to family planning and another 2 percent mention health concerns as the main reason for not currently using contraception. There are no substantial urban-rural differences in reasons for not currently using contraception.

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.

Eighty 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 33 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 increases from 85 percent for women with no living children to 90 percent for women with one living child, and then steadily declines with increasing numbers of children to 57 percent for women with four or more living children. More than two out of five women with four or more living children (42 percent) say they have no intention of using contraception at any time in 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 85 percent among women with no living children to 24 percent among those with four or more living children. The proportion expressing an intention to use contraception within the next 12 months increases from 0 percent among those with no children to 39 percent among those with two living children, and then falls steadily to 33 percent among women with four or more living children. The overall proportion of women who intend to use contraception at some time in the future is somewhat higher in rural areas (82 percent) than in urban areas (75 percent). The intended use within the next 12 months is much higher among urban women than among rural women at parity one, but the intended use beyond one year is higher among rural women than among urban women at all parities except parity 0.

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 73 percent of women mention a fertility-related reason for not intending to use contraception in the future, 8 percent mention opposition to use, 5 percent mention a method-related reason, and less than 1 percent mention a reason related to lack of

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, Haryana, 1998–99						
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	(0.0)	34.7	38.8	(34.3)	(30.3)	28.7
Intends to use later	(85.6)	50.6	41.0	(23.7)	(22.8)	46.2
Intends to use, unsure when	(0.0)	0.0	0.0	(0.0)	(0.0)	0.0
Unsure as to intention	(2.1)	0.0	1.4	(0.0)	(0.0)	0.8
Does not intend to use	(12.3)	14.7	18.9	(42.0)	(46.8)	24.3
Missing	(0.0)	0.0	0.0	(0.0)	(0.0)	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	50	62	76	39	41	267
RURAL						
Intends to use in next 12 months	0.0	19.0	38.6	36.9	33.9	26.1
Intends to use later	84.2	72.2	48.9	45.3	23.8	55.1
Intends to use, unsure when	0.8	0.5	1.1	1.7	0.0	0.8
Unsure as to intention	4.8	0.5	1.1	2.5	1.3	1.8
Does not intend to use	10.3	7.8	9.8	12.8	41.0	16.0
Missing	0.0	0.0	0.5	0.8	0.0	0.3
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	126	204	183	116	156	786
TOTAL						
Intends to use in next 12 months	0.0	22.7	38.6	36.2	33.2	26.8
Intends to use later	84.6	67.1	46.6	39.9	23.6	52.8
Intends to use, unsure when	0.6	0.4	0.8	1.2	0.0	0.6
Unsure as to intention	4.0	0.4	1.2	1.9	1.0	1.5
Does not intend to use	10.8	9.4	12.5	20.1	42.2	18.1
Missing	0.0	0.0	0.4	0.6	0.0	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	176	266	259	155	197	1,053
() Based on 25–49 unweighted cases ¹ Includes current pregnancy, if any						

knowledge. The most frequently mentioned reason given for not intending to use contraception is that the woman is menopausal or she has undergone a hysterectomy (54 percent). Another important fertility-related reason for not intending to use contraception is the desire to have as many children as possible (15 percent). Six percent of women do not intend to use contraception because they believe it to be against their religion and 3 percent because they do not like the existing methods.

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, about two-thirds (64 percent) say they would prefer to use female sterilization.

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, Haryana, 1998–99	
Reason	Total
Fertility-related reasons	72.6
Not having sex	1.6
Infrequent sex	1.0
Menopausal/had hysterectomy	53.8
Subfecund/infecund	1.0
Wants as many children as possible	15.2
Opposition to use	7.9
Husband opposed	1.6
Against religion	6.3
Knows no method	0.5
Method-related reasons	4.7
Health concerns	2.1
Doesn't like existing methods	2.6
Other	14.2
Total percent	100.0
Number of women	191

The next preferred method is the pill, which is the preference of 12 percent of women who intend to use a contraceptive method in the future. Only 8 percent say they would prefer to use condoms, 4 percent would prefer to use the IUD, and less than 1 percent would prefer that their husbands get sterilized. Another 4 percent would prefer to use a traditional method, mostly the rhythm or safe-period method.

There are important differences in the choice of preferred methods by timing of intended use. Women who intend to use contraception within the next 12 months show a greater preference for spacing methods than women who plan to use contraception later. Specifically, 41 percent of women who intend to use contraception within the next 12 months would prefer to use a modern spacing method, compared with only 16 percent of women who intend to use later. By contrast, 71 percent of women who intend to use contraception after 12 months would prefer to use female sterilization, compared with 51 percent of women who want to use contraception within 12 months. Among the spacing methods mentioned by women intending to use contraception within the next 12 months, the pill is mentioned most often (18 percent), followed by condoms (14 percent) and IUDs (8 percent). Among all intended future users, the proportion wanting to use modern spacing methods is much higher in urban areas (34 percent) than in rural areas (21 percent). Among women intending to use contraception within the next 12 months, 52 percent in urban areas and 36 percent in rural areas would prefer to use one of the three modern spacing methods (the pill, IUD, and condom). This pattern is also evident among women who intend to use later.

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, Haryana, 1998–99

Preferred method	Timing of intended use		Total
	Next 12 months	Later	
URBAN			
Pill	18.8	9.9	13.3
IUD	12.2	4.0	7.2
Condom	21.2	8.2	13.2
Female sterilization	42.5	64.0	55.8
Male sterilization	0.0	0.0	0.0
Rhythm/safe period	0.0	0.8	0.5
Withdrawal	1.4	0.8	1.0
Other	0.0	0.9	0.5
Unsure	4.0	11.4	8.6
Total percent	100.0	100.0	100.0
Number	77	123	200
RURAL			
Pill	18.0	8.3	11.3
IUD	6.8	1.4	3.1
Condom	11.6	4.4	6.6
Female sterilization	53.4	72.9	66.8
Male sterilization	0.0	0.5	0.3
Rhythm/safe period	4.3	3.0	3.4
Withdrawal	1.9	0.7	1.1
Other	1.5	0.7	0.9
Unsure	2.5	8.1	6.4
Total percent	100.0	100.0	100.0
Number	205	433	644
TOTAL			
Pill	18.2	8.7	11.8
IUD	8.3	2.0	4.1
Condom	14.2	5.2	8.2
Female sterilization	50.5	70.9	64.2
Male sterilization	0.0	0.4	0.2
Rhythm/safe period	3.2	2.5	2.7
Withdrawal	1.8	0.7	1.1
Other	1.1	0.7	0.8
Unsure	2.9	8.9	6.9
Total percent	100.0	100.0	100.0
Number	282	556	844
<p>Note: Total includes a small number of women who are unsure about the timing of intended use, who are not shown separately.</p>			

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 heavy reliance on female sterilization. Yet, there is enough evidence to suggest a desire among intended users to shift away from female sterilization to the officially-sponsored spacing methods. While 41 percent of those who intend to use a method within the next 12 months say that they would prefer to use a modern spacing method, only 20 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 is the most preferred spacing method among those who intend to use contraception in the future. These results suggest that there is a significant potential demand for spacing methods, at least in the short run.

5.7 Exposure to Family Planning Messages

For many years, the family planning programme has been using electronic and other mass media to promote family planning. Studies have confirmed that even after controlling the effect of residence, education, and number of living children, exposure to electronic mass media has a substantial effect on both current use and intended future use of contraception (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. Messages disseminated through the mass media over the past few months have reached more than three-quarters (77 percent) of ever-married women in Haryana. The most common source of exposure to family planning messages is television. Sixty-three percent of ever-married women report having seen a family planning message on television. Other important sources of family planning messages are wall paintings or hoardings (37 percent), radio (36 percent), and newspapers or magazines (18 percent). Only 3 percent saw a family planning message in a cinema or film show and less than 1 percent in a drama, folk dance, or street play.

Ever-married women below age 35 years report greater exposure to family planning messages in general, and greater exposure through every form of mass media except cinema, 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. Ninety-three percent of urban ever-married women report seeing or hearing a family planning message from at least one media source, compared with only 70 percent of women in rural areas. Urban women are also much more likely than rural women to have been exposed to a family planning message through each form of mass media.

Exposure to family planning messages varies substantially by education. Ninety-eight percent of women who have at least completed high school have heard or seen a family planning message from at least one media source in the past few months, compared with only 63 percent of women who are illiterate. Exposure to family planning messages through most specific media sources is even more closely linked to education than is exposure in general. For example, 94 percent of women who have at least completed high school have seen a family planning message on television, compared with only 45 percent of women who are illiterate.

Table 5.13 Exposure to family planning messages

Percentage of ever-married women who have heard or seen any message about family planning in the past few months by specific media source and selected background characteristics, Haryana, 1998–99

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	40.7	66.4	3.3	18.9	40.9	0.1	80.1	697
25–34	36.9	62.9	3.2	17.4	41.2	0.7	78.5	1,165
35–49	31.1	60.1	3.8	17.7	30.3	0.4	72.3	1,046
Residence								
Urban	49.7	88.1	9.7	42.0	48.5	0.6	93.1	837
Rural	30.1	52.5	0.9	8.1	32.6	0.4	70.0	2,071
Education								
Illiterate	25.1	44.6	0.2	0.1	27.6	0.2	63.4	1,605
Literate, < middle school complete	39.6	75.6	1.0	11.2	41.7	0.4	87.1	486
Middle school complete	48.4	82.2	2.2	34.3	50.4	1.3	93.2	234
High school complete and above	56.7	94.0	14.9	65.7	54.8	0.9	97.6	583
Religion								
Hindu	37.0	63.1	3.4	17.9	37.5	0.5	77.4	2,590
Muslim	16.3	27.3	0.9	1.8	27.4	0.0	47.9	118
Sikh	30.1	78.6	4.3	25.3	39.9	0.0	84.3	190
Caste/tribe								
Scheduled caste	25.8	49.1	0.2	4.4	31.9	0.3	67.5	597
Other backward class	31.8	55.4	0.7	8.5	33.2	0.6	70.7	629
Other ¹	40.7	70.3	5.7	26.2	40.6	0.4	82.1	1,679
Standard of living index								
Low	15.3	19.3	0.0	0.7	25.9	0.0	43.1	280
Medium	27.0	48.9	0.4	4.3	31.0	0.2	68.3	1,331
High	49.4	86.7	7.4	35.7	46.1	0.8	92.8	1,279
Use of contraception								
Ever used	36.5	65.7	4.1	20.6	39.3	0.6	78.9	2,014
Never used	34.0	56.1	2.0	11.6	32.5	0.0	71.4	894
Total	35.7	62.7	3.4	17.9	37.2	0.4	76.6	2,908

Note: Total includes 7 women belonging to other religions, 2 women belonging to scheduled tribes, and 2 and 18 women with missing information on religion and the standard of living index, respectively, who are not shown separately.

¹Not belonging to a scheduled caste, a scheduled tribe, or an other backward class

Exposure to family planning messages also differs by religion, with Sikh women more likely to be exposed to family planning messages in general, and from all media sources except radio and dramas, than Hindu or Muslim women. Eighty-four percent of Sikh women say they have heard or seen a family planning message through the media, compared with 77 percent of Hindu women and only 48 percent of Muslim women. Muslim women are much less likely to have heard or seen a family planning message from each specific media source than Hindu or Sikh women.

Eighty-two percent of ever-married women not belonging to scheduled castes or other backward classes have seen or heard a family planning message, followed by 71 percent of women from other backward classes and 68 percent of women from scheduled castes. This

pattern of differential exposure by caste is also observed for most specific media sources. Exposure to family planning messages rises rapidly with an increasing standard of living, both for media in general and for each specific media source. Finally, women who have ever used contraception are somewhat more likely to report hearing or seeing a media message on family planning than are women who have never used contraception. All of these differentials are likely to reflect some combination of the greater access to broadcast signals in urban areas, the greater ownership of radios and televisions among higher-income households, and variations in attentiveness to media messages associated with differing levels of education, leisure, and interest.

5.8 Discussion of Family Planning

Irrespective of whether they had ever used contraception, all currently married women were asked whether they had discussed family planning with their husbands, friends, neighbours, or other relatives in the last 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 57 percent of currently married women in Haryana discussed family planning with their husbands, friends, neighbours, or other relatives in the past few months. Forty-seven percent of women discussed family planning with their husbands, and 26 percent with their friends or neighbours. Discussions of family planning with relatives other than the husband are less common.

Women age 15–24 years are most likely to have discussed family planning with someone (67 percent), followed by women age 25–34 (62 percent) and women age 35–49 (44 percent). Women age 15–24 are also more likely than older women to report discussing family planning with their husbands, mothers, mothers-in-law, sisters, or sisters-in-law. Urban women are more likely than rural women to have discussed family planning with someone in the past few months. The proportion of women reporting such discussions rises with women's education, husband's education, and the standard of living index. Muslim women are more likely to have discussed family planning than Hindu or Sikh women. The proportion reporting such discussions is somewhat lower for women belonging to scheduled castes or other backward classes than for other women. Women who have ever used contraception are slightly less likely to have discussed family planning (56 percent) than women who have never used contraception (59 percent).

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, only 8 percent of currently married women in Haryana have an unmet need for family planning. The unmet need is lower for spacing births (3 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 62

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, Haryana, 1998–99

Background characteristic	Person with whom discussed family planning								Any of these persons	Number of women
	Husband	Mother	Sister	Daughter	Mother-in-law	Sister-in-law	Friend/ neighbour	Other relative		
Age										
15–24	58.9	7.5	4.0	0.1	14.1	9.3	24.9	0.0	67.3	693
25–34	51.1	5.4	2.6	0.1	8.6	8.7	29.3	0.1	61.6	1,133
35–49	34.9	4.2	1.2	2.6	2.5	3.8	23.0	0.2	44.4	974
Residence										
Urban	55.5	7.3	3.2	1.5	6.5	9.1	30.0	0.0	64.9	814
Rural	44.1	4.8	2.1	0.7	8.4	6.4	24.4	0.1	53.8	1,985
Education										
Illiterate	40.7	3.2	1.7	1.2	6.6	5.3	24.7	0.2	50.8	1,519
Literate, < middle school complete	51.1	7.1	4.2	0.4	9.0	8.3	28.2	0.0	60.6	472
Middle school complete	55.5	6.8	2.6	0.8	11.5	10.6	27.8	0.0	64.0	234
High school complete and above	58.8	9.8	3.0	0.7	8.6	9.8	26.8	0.0	67.6	574
Religion										
Hindu	47.4	5.7	2.5	1.0	8.1	7.4	26.5	0.1	57.3	2,489
Muslim	57.5	2.6	0.9	1.8	8.7	5.2	29.6	0.0	61.0	116
Sikh	40.3	5.9	3.3	0.6	4.4	4.8	18.3	0.0	50.5	185
Caste/tribe										
Scheduled caste	43.1	3.7	1.2	0.7	6.7	5.1	24.5	0.0	51.7	571
Other backward class	45.9	5.8	2.1	0.8	10.3	7.7	25.7	0.2	56.3	612
Other ¹	49.5	6.1	3.0	1.1	7.3	7.8	26.6	0.1	59.2	1,615
Standard of living index										
Low	41.8	3.0	1.1	1.5	4.2	3.0	23.0	0.0	51.6	265
Medium	44.4	3.7	1.9	0.9	6.9	5.3	25.3	0.1	52.8	1,272
High	51.7	8.0	3.2	1.0	9.7	9.9	26.9	0.2	62.2	1,245
Use of contraception										
Ever used	46.3	6.1	2.5	1.3	6.0	7.4	26.4	0.2	56.1	1,966
Never used	50.1	4.2	2.4	0.2	12.3	6.7	25.1	0.0	59.1	834
Husband's education										
Illiterate	40.4	3.1	1.5	1.3	5.4	4.2	23.1	0.3	47.6	707
Literate, < middle school complete	44.4	4.3	3.5	1.8	7.1	6.7	25.7	0.0	55.2	463
Middle school complete	46.4	6.3	2.5	0.0	8.8	7.8	26.8	0.0	57.2	392
High school complete and above	52.8	7.1	2.6	0.8	9.2	8.9	27.6	0.1	63.0	1,235
Total	47.4	5.5	2.5	1.0	7.9	7.2	26.0	0.1	57.0	2,799

Note: Total includes 7 women belonging to other religions, 2 women belonging to scheduled tribes, and 2, 18, and 2 women with missing information on religion, the standard of living index, and husband's education, respectively, who are not shown separately.
¹Not belonging to a scheduled caste, a scheduled tribe, or an other backward class

percent to 70 percent in the state. This means that current programmes are meeting 89 percent of the family planning need (as shown in the last column of the Table 5.15). These results suggest that there has been a decline in unmet need during the period since NFHS-1 when unmet need in Haryana was estimated to be 16 percent. The proportion of demand satisfied increased during this period from 75 percent in NFHS-1 to 89 percent in NFHS-2.

Unmet need increases from 8 percent among women age 15–19 to 15 percent among women age 20–24 and then falls more or less steadily to 1 percent among women age 45–49. For the youngest women (age 15–24), unmet need is largely for spacing rather than for limiting. More than two-thirds (68 percent) of the unmet need for women age 25–29 is for limiting. The met and unmet need for contraception among women age 30 years and above is almost exclusively for limiting. Only 55 percent of the total demand for family planning is being met for currently married women age 15–19. This proportion rises more or less steadily with age to 98 percent for women age 45–49.

Neither the unmet need for family planning nor the percentage of total demand satisfied show much variation by residence. The differences in unmet need for family planning and percentage of demand satisfied are also small by educational levels. Unmet need is higher for women who have completed middle school education but not high school (12 percent) than for women in other educational groups (5–8 percent). Correspondingly, the percentage of total demand satisfied is lower for women in this educational group.

Muslim women have higher unmet need for family planning (13 percent) than either Hindu women (7 percent) or Sikh women (9 percent). The percentage of total demand satisfied is much higher for Hindu women (90 percent) and Sikh women (89 percent) than for Muslim women (69 percent). Unmet need is slightly higher for scheduled-caste women and for women belonging to other backward classes (9 percent each) than for other women (7 percent). Unmet need declines with the standard of living index, whereas the percentage of demand satisfied increases with the index.

Unmet need is higher for women with one living child (11 percent) than for women with no living children (5 percent) or for women with two or more children (6–9 percent). Among women with no children or one child, unmet need is almost exclusively for spacing; by contrast, unmet need for limiting is dominant among women with two or more living children. For women with no living children, only 45 percent of total demand for family planning is satisfied and for women with one living child, 73 percent of total demand is satisfied. For women with two or more living children, 89 percent or more of total demand is satisfied.

These results reveal considerable levels of unmet need among women in most subgroups and among women at all parities. The findings also suggest the need for further promoting spacing methods in the method mix offered to women, especially to younger and lower parity women. A family planning programme with an emphasis on sterilization fails to meet the needs of young women who are still in the process of family formation. In Haryana, many women have an unmet need for spacing, especially before their first birth and between their first and second births. However, considerable unmet need for limiting among older women suggests that many women who need permanent methods of contraception are also not being served well by current programmes. Thus, there is a need to strengthen sterilization services for couples who want to use sterilization. At the same time, the family planning programme in Haryana 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.

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, Haryana, 1998–99

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	7.1	0.5	7.7	6.5	2.8	9.2	13.6	3.3	16.9	54.6
20–24	9.0	5.7	14.7	10.9	19.5	30.3	19.9	25.2	45.0	67.4
25–29	2.9	6.3	9.2	6.9	54.9	61.8	9.7	61.2	70.9	87.1
30–34	0.5	6.9	7.5	1.3	79.1	80.4	1.9	86.0	87.8	91.5
35–39	0.5	2.5	3.0	0.0	83.6	83.6	0.5	86.1	86.6	96.5
40–44	0.0	4.0	4.0	0.0	82.2	82.2	0.0	86.2	86.2	95.3
45–49	0.0	1.2	1.2	0.0	69.9	69.9	0.0	71.0	71.0	98.4
Residence										
Urban	2.9	4.5	7.4	5.7	61.4	67.2	8.6	66.0	74.6	90.1
Rural	2.9	4.7	7.6	3.5	57.0	60.4	6.4	61.7	68.0	88.8
Education										
Illiterate	2.1	5.3	7.5	2.0	61.5	63.4	4.1	66.8	70.9	89.5
Literate, < middle school complete	3.6	4.7	8.3	3.2	55.4	58.6	6.8	60.1	66.8	87.6
Middle school complete	8.1	3.9	12.0	5.1	51.3	56.4	13.2	55.2	68.4	82.4
High school complete and above	2.3	3.2	5.4	10.2	55.0	65.2	12.4	58.2	70.6	92.3
Religion										
Hindu	2.8	4.4	7.2	4.1	59.1	63.3	7.0	63.5	70.5	89.7
Muslim	5.2	7.8	13.0	1.7	27.0	28.7	7.0	34.8	41.7	68.8
Sikh	2.2	6.5	8.7	4.8	66.1	71.0	7.0	72.7	79.6	89.1
Caste/tribe										
Scheduled caste	3.1	6.3	9.4	2.3	50.7	52.9	5.4	57.0	62.3	84.9
Other backward class	3.4	5.3	8.7	4.2	57.7	62.0	7.7	63.0	70.7	87.7
Other ³	2.6	3.9	6.5	4.7	61.2	65.9	7.3	65.0	72.4	91.1
Standard of living index										
Low	3.8	6.0	9.8	0.4	45.3	45.7	4.2	51.3	55.5	82.3
Medium	3.1	5.5	8.7	3.7	57.3	61.0	6.8	62.9	69.7	87.6
High	2.5	3.6	6.1	5.3	61.8	67.1	7.8	65.3	73.2	91.7
Number of living children										
0	5.0	0.0	5.0	3.3	0.8	4.1	8.3	0.8	9.1	45.4
1	8.3	2.7	11.0	19.2	10.5	29.7	27.5	13.2	40.7	73.0
2	3.2	4.5	7.7	3.8	64.3	68.1	7.0	68.7	75.7	89.9
3	1.3	5.6	7.0	1.0	78.5	79.5	2.4	84.1	86.5	92.0
4	0.2	5.9	6.2	0.0	80.8	80.8	0.2	86.7	86.9	92.9
5	1.0	6.9	7.9	0.0	74.9	74.9	1.0	81.8	82.8	90.5
6+	1.2	7.3	8.5	0.0	67.3	67.3	1.2	74.6	75.8	88.8
Total	2.9	4.7	7.6	4.1	58.3	62.4	7.0	62.9	69.9	89.2

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 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.

³Not belonging to a scheduled caste, a scheduled tribe, or an other backward class

