

## **CHAPTER 5**

### **FAMILY PLANNING**

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

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

Information about the knowledge and use of contraceptive methods provided in this chapter is designed to be of practical relevance to programme administrators and policymakers responsible for monitoring existing programmes and formulating new strategies to meet the health and family planning needs of the population. The chapter begins with an appraisal of women's knowledge of contraceptive methods and then discusses women's past and present use of contraception, as well as the sources of supply of modern contraceptive methods. Special attention is focused on reasons for discontinuation and nonuse of contraception and on intentions to use family planning methods in the future. The chapter also contains information on exposure to family planning messages through the media and on discussions about family planning with relatives and friends. It concludes with an assessment of the extent to which the need for family planning services in Madhya Pradesh 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, Madhya Pradesh, 1998–99			
Method	Urban	Rural	Total
Any method	99.6	97.2	97.8
<b>Any modern method</b>	99.6	97.2	97.8
Pill	89.1	59.6	67.0
IUD	79.3	40.2	50.1
Condom	82.5	46.4	55.5
Female sterilization	98.6	95.9	96.6
Male sterilization	89.5	77.7	80.6
<b>Any traditional method</b>	45.0	26.5	31.1
Rhythm/safe period	42.7	25.0	29.5
Withdrawal	23.7	10.3	13.6
Other method <sup>1</sup>	1.9	2.4	2.3
Number of women	1,653	4,919	6,572
<sup>1</sup> 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 nearly universal in Madhya Pradesh, with 98 percent of currently married women recognizing at least one method of contraception, as well as at least one modern method of contraception.

Female sterilization is the most widely known method of contraception in Madhya Pradesh, followed by male sterilization. Overall, 97 percent of currently married women know about female sterilization and 81 percent know about male sterilization. There is little difference by residence in knowledge of female sterilization, but 90 percent of urban women know about male sterilization, compared with 78 percent of rural women. Knowledge of the officially-sponsored spacing methods (the pill, IUD, and condom) is less widespread. The best known spacing method is the pill (67 percent), followed by the condom (56 percent), and the IUD (50 percent). There are large differences in knowledge of spacing methods by residence. For example, only 46 percent of rural women know about the condom, compared with 83 percent of urban women and 60 percent of rural women know about the pill compared with 89 percent of urban women. Although knowledge of these spacing methods remains much lower than knowledge of sterilization, these results suggest that knowledge of spacing methods has increased since NFHS-1. At the time of NFHS-1, only 51 percent of currently married women knew about pills, 42 percent knew about IUDs, and 42 percent knew about condoms. Knowledge of most methods has risen much faster in rural areas than in urban areas.

In Madhya Pradesh, traditional methods of contraception are less well known than modern methods. Only 31 percent of currently married women report knowledge of a traditional method, up considerably from 20 percent in NFHS-1. The rhythm/safe period method is better

known (30 percent) than withdrawal (14 percent). Knowledge of traditional methods is much higher in urban (45 percent) than in rural areas (27 percent).

## **5.2 Contraceptive Use**

### **Ever Use of Family Planning Methods**

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

Although nearly all currently married women know at least one method of contraception, only half have ever used a method, which is a moderate increase from 42 percent since NFHS-1. Forty-eight percent of currently married women have ever used a modern method and 5 percent have ever used a traditional method. The most commonly used methods are female sterilization (36 percent), followed by the condom and the pill which have each been used by 7 percent of women, and the IUD and the rhythm or safe period method which have each been used by 4 percent of women. Only 3 percent have adopted male sterilization and 2 percent have ever used withdrawal. Ever use of any method is higher in urban areas (62 percent) than in rural areas (46 percent), as is ever use of each specific modern method (with the exception of male sterilization), and of the traditional method, withdrawal. Ever use of the rhythm or safe period method and of male sterilization does not differ by residence. The urban-rural difference is greatest in the use of modern spacing methods, especially condoms. Condoms have ever been used by 18 percent of urban women but only 3 percent of rural women.

Ever use of any method increases with women’s age up to age 35–39 (peaking at 73 percent) and declines at older ages. The increase in contraceptive use up to age 35–39 likely reflects a life-cycle effect, with women increasingly adopting contraception as their fertility goals are being met. On the other hand, declining ever use of modern methods by older women reflects, at least in part, larger family-size norms and lower levels of contraceptive prevalence in the past. The pattern of ever use by age is similar for urban and rural areas, although urban women are more likely to have used contraception at every age than rural women.

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

Table 5.3 provides information on current use of family planning methods for currently married women in Madhya Pradesh, by age and residence. Current contraceptive prevalence in Madhya Pradesh is relatively low with only 44 percent of currently married women using some method of contraception (compared with the all-India contraceptive prevalence rate of 48 percent). The NFHS-2 estimates of current use in Madhya Pradesh, for both overall use and use of specific methods, are close to those obtained by the national Rapid Household Survey under the Reproductive and Child Health Project (RCH), which was carried out at about the same time as NFHS-2 (IIPS, 2000). For women age 15–44, the use of any method was reported to be 43 percent in NFHS-2 compared with 47 percent in the RHS, and the use of any modern method was reported to be 41 percent in NFHS-2 compared with 45 percent in the RHS.

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, Madhya Pradesh, 1998–99

Age	Any method	Any modern method	Pill	IUD	Condom	Female sterilization	Male sterilization	Any traditional method	Rhythm/safe period	Withdrawal	Other method <sup>1</sup>	Number of women
<b>URBAN</b>												
15–19	17.2	15.3	4.1	0.9	8.3	2.4	0.0	3.6	3.2	0.5	0.0	137
20–24	30.9	29.6	8.9	5.3	16.3	8.3	0.0	6.0	3.8	3.6	0.3	276
25–29	63.2	60.1	12.0	10.8	25.7	29.5	0.0	6.5	5.3	1.8	0.7	344
30–34	75.9	75.2	18.3	13.9	23.3	50.8	0.6	6.6	4.1	3.6	1.3	316
35–39	83.8	82.3	8.1	11.9	18.8	61.1	4.9	5.9	2.9	3.9	0.3	241
40–44	77.7	76.0	4.9	8.8	10.1	60.2	5.9	5.3	3.3	2.0	0.0	198
45–49	74.4	71.9	8.2	6.7	7.6	51.0	10.8	5.2	4.5	0.7	1.5	141
Total	62.1	60.3	10.3	9.2	17.8	37.9	2.5	5.9	4.0	2.6	0.6	1,653
<b>RURAL</b>												
15–19	7.8	5.6	2.3	0.4	2.7	0.9	0.0	2.9	2.4	1.4	0.0	731
20–24	26.5	23.7	7.3	1.7	4.2	14.3	0.0	5.0	4.5	1.3	0.7	978
25–29	49.3	46.8	7.0	3.2	4.5	38.0	1.1	5.8	4.9	1.8	1.1	971
30–34	60.8	59.4	7.1	2.3	4.3	52.6	1.7	5.8	5.3	1.7	2.0	795
35–39	69.0	65.6	5.8	3.3	3.0	57.5	2.7	6.8	6.5	0.8	1.8	663
40–44	66.2	65.6	4.5	1.3	1.4	55.8	8.8	4.1	3.9	1.2	1.4	453
45–49	62.5	62.5	3.4	1.0	1.2	47.1	12.7	2.8	1.6	1.2	1.7	327
Total	45.5	43.4	5.8	2.0	3.4	35.0	2.5	5.0	4.4	1.4	1.2	4,919
<b>TOTAL</b>												
15–19	9.3	7.2	2.6	0.4	3.6	1.2	0.0	3.0	2.5	1.2	0.0	868
20–24	27.4	25.0	7.7	2.5	6.8	13.0	0.0	5.3	4.4	1.8	0.6	1,254
25–29	52.9	50.3	8.3	5.2	10.0	35.8	0.8	6.0	5.0	1.8	1.0	1,315
30–34	65.1	63.9	10.3	5.6	9.7	52.1	1.4	6.0	4.9	2.2	1.8	1,110
35–39	72.9	70.0	6.4	5.6	7.2	58.5	3.3	6.5	5.5	1.7	1.4	904
40–44	69.7	68.8	4.6	3.6	4.0	57.1	7.9	4.5	3.7	1.5	1.0	651
45–49	66.1	65.3	4.8	2.7	3.1	48.3	12.2	3.5	2.5	1.0	1.7	469
Total	49.7	47.7	6.9	3.8	7.0	35.7	2.5	5.2	4.3	1.7	1.0	6,572

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

Tables 5.2 and 5.3 show that 89 percent of ever users of contraception are current users. Ninety-six percent of current contraceptive users are using a modern method. In Madhya Pradesh, as in most of the states of India, sterilization dominates the contraceptive method mix. Thirty-six percent of currently married women are sterilized, and female sterilization accounts for 81 percent of total current contraceptive prevalence. Only 2 percent of women report male sterilization as their current method. In fact, female sterilizations outnumber male sterilizations by more than 16 to 1. The three officially-sponsored spacing methods together account for only one-tenth (11 percent) of contraceptive prevalence. Specifically, condoms are used by 3 percent of women and pills and IUDs are each used by only 1 percent of women.

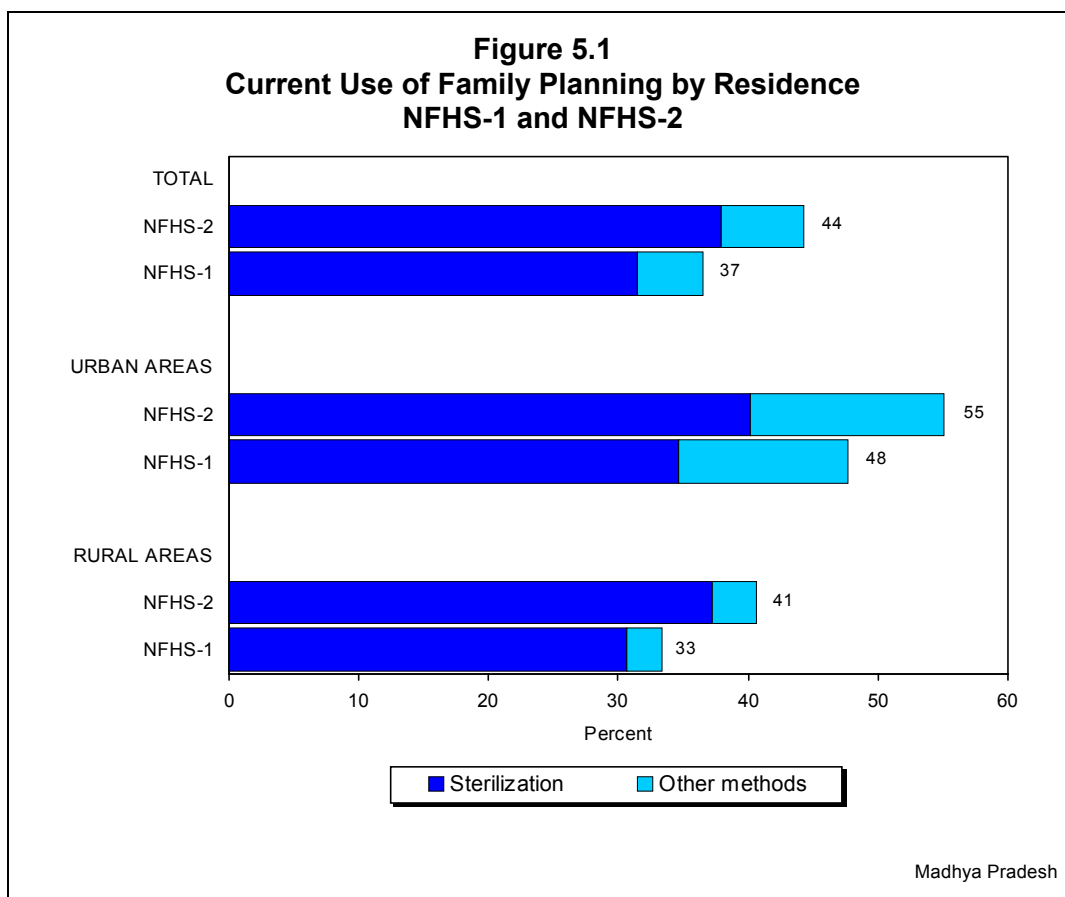
Current use of contraceptive methods is much higher in urban areas (55 percent) than in rural areas (41 percent). Current use of each of the modern methods is also higher in urban areas than in rural areas; however, the differential by residence is most pronounced for condoms. Eight

**Table 5.3 Current use of contraception**

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

Age	Any method	Any modern method	Pill	IUD	Con-dom	Female steriliza-tion	Male steriliza-tion	Any tradi-tional method	Rhythm/safe period	With-drawal	Other method <sup>1</sup>	Not using any method	Total percent	Number of women
<b>URBAN</b>														
15–19	13.9	13.4	1.8	0.9	8.3	2.4	0.0	0.5	0.0	0.5	0.0	86.1	100.0	137
20–24	22.8	20.8	2.7	2.7	7.0	8.3	0.0	1.7	0.4	1.3	0.3	77.2	100.0	276
25–29	52.3	47.6	2.9	3.1	12.1	29.5	0.0	4.1	2.8	1.3	0.5	47.7	100.0	344
30–34	70.8	69.1	3.2	3.5	11.0	50.8	0.6	1.5	0.2	1.3	0.2	29.2	100.0	316
35–39	77.1	73.8	0.5	1.5	5.8	61.1	4.9	3.0	1.5	1.5	0.3	22.9	100.0	241
40–44	74.4	71.6	0.6	0.4	5.4	60.2	4.9	2.8	1.7	1.1	0.0	25.6	100.0	198
45–49	66.3	63.6	0.8	0.0	1.0	51.0	10.8	2.7	2.7	0.0	0.0	33.7	100.0	141
Total	55.2	52.5	2.0	2.1	8.1	37.9	2.3	2.5	1.4	1.1	0.2	44.8	100.0	1,653
<b>RURAL</b>														
15–19	3.7	2.6	0.0	0.3	1.4	0.9	0.0	1.1	0.8	0.3	0.0	96.3	100.0	731
20–24	18.2	17.5	1.0	0.3	1.9	14.3	0.0	0.7	0.5	0.2	0.1	81.8	100.0	978
25–29	43.0	41.9	1.2	0.9	1.1	38.0	0.8	0.9	0.8	0.2	0.2	57.0	100.0	971
30–34	57.4	55.8	0.6	0.1	1.5	52.6	1.0	0.9	0.6	0.3	0.7	42.6	100.0	795
35–39	64.7	61.4	0.2	0.3	0.6	57.5	2.7	2.7	2.4	0.3	0.6	35.3	100.0	663
40–44	65.0	64.1	0.6	0.0	0.2	55.8	7.5	0.6	0.6	0.0	0.3	35.0	100.0	453
45–49	60.8	60.2	0.0	0.4	0.0	47.1	12.7	0.0	0.0	0.0	0.6	39.2	100.0	327
Total	40.7	39.3	0.6	0.4	1.1	35.0	2.2	1.0	0.8	0.2	0.3	59.3	100.0	4,919
<b>TOTAL</b>														
15–19	5.3	4.3	0.3	0.4	2.5	1.2	0.0	1.0	0.7	0.3	0.0	94.7	100.0	868
20–24	19.2	18.2	1.4	0.8	3.0	13.0	0.0	0.9	0.5	0.4	0.1	80.8	100.0	1,254
25–29	45.5	43.4	1.7	1.5	4.0	35.8	0.6	1.8	1.3	0.5	0.3	54.5	100.0	1,315
30–34	61.2	59.6	1.3	1.1	4.2	52.1	0.9	1.1	0.5	0.6	0.6	38.8	100.0	1,110
35–39	68.0	64.7	0.3	0.6	2.0	58.5	3.3	2.8	2.2	0.6	0.5	32.0	100.0	904
40–44	67.9	66.4	0.6	0.1	1.8	57.1	6.7	1.3	0.9	0.3	0.2	32.1	100.0	651
45–49	62.5	61.3	0.2	0.3	0.3	48.3	12.2	0.8	0.8	0.0	0.4	37.5	100.0	469
Total	44.3	42.6	1.0	0.8	2.9	35.7	2.2	1.4	1.0	0.4	0.3	55.7	100.0	6,572

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



percent of urban women report condom use compared with only 1 percent of rural women. Female sterilization is less prominent in the mix of methods in urban areas, where it accounts for 69 percent of contraceptive prevalence, than in rural areas where it accounts for 86 percent of contraceptive prevalence.

By age, current contraceptive use increases from 5 percent for women age 15–19 to a high of 68 percent for women age 35–44, and decreases for older women. Female sterilization is the method most commonly used by women in every age group except 15–19. Women age 15–19 are more likely to use the condom (3 percent) than female sterilization (1 percent). The pattern of variation by age in contraceptive use is similar in both urban and rural areas with some exceptions. Contraceptive use peaks in urban areas in the age group 35–39 (at 77 percent) and in rural areas in the age group 35–44 (at 65 percent). The majority of current users below age 25 in urban areas use either a modern spacing method or a traditional method rather than sterilization. In rural areas, by contrast, female sterilization accounts for more than half of contraceptive use in all age groups except 15–19.

The NFHS-2 contraceptive prevalence rate of 44 percent is substantially higher than the NFHS-1 rate of 37 percent (Figure 5.1). The share of female sterilization in contraceptive prevalence has increased from 72 percent in NFHS-1 to 81 percent in NFHS-2. The share of female sterilization has increased by 6 percentage points in urban areas and 10 percentage points in rural areas. Since the increase in the adoption of female sterilization was counterbalanced by a decrease in the adoption of male sterilization, female and male sterilization together account for 86 percent of total contraceptive prevalence in both NFHS-1 and NFHS-2. The share of spacing

methods in the contraceptive prevalence rate is also unchanged, at 11 percent, over the six and one-half year period between the two surveys. These results suggest that despite the increased emphasis on contraceptive choice and on modern spacing methods in the Reproductive and Child Health Programme, and despite women's increasing knowledge of modern spacing methods, female sterilization continues to dominate the method mix in Madhya Pradesh and modern spacing methods still account for only a small percentage of total contraceptive use, particularly in rural areas.

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

Table 5.4 shows differences in current contraceptive use by background characteristics. By region, contraceptive use is highest in the Malwa Plateau Region (53 percent) followed by the South Central Region (49 percent), and is lowest in the Northern and Vindhya Regions (36 percent). In the remaining regions contraceptive prevalence is 45–46 percent. The relatively high rate of contraceptive use in the Malwa Plateau and South Central Regions is largely due to a much higher rate of female sterilization (42–43 percent) in these regions. The Central Region has the highest use of modern spacing methods, mainly due to a much higher than average prevalence of condoms (7 percent). Current use of contraceptive methods is much higher among women who have completed at least high school (63 percent) than among women in other educational categories, but does not differ much between illiterate women (42 percent) and literate women who have at most completed middle school (44–46 percent). The current use of female sterilization, however, declines more or less steadily with education from 37–38 percent for illiterate women or women who have not completed middle school to 27 percent for women who have completed high school at least. The high contraceptive prevalence rate among women who have completed at least high school, despite a low rate of female sterilization, is due to the relatively high prevalence of modern spacing methods in this subgroup (28 percent). The pill, IUD, and condom together account for 45 percent of contraceptive use by women who have completed at least high school but for only 3 percent of contraceptive use by illiterate women. The condom is the most popular modern spacing method, but 18 percent of women who have completed at least high school currently use condoms, compared with 6 percent or less of women in the other education categories. Contraceptive use has increased since NFHS-1 for women in every educational category. The rate of increase, however, has been much greater for women who have completed at least high school (26 percent) and for illiterate women (24 percent), than for women who are literate but who have at most completed middle school (4–5 percent). Various studies based on NFHS-1 data have shown that even after controlling for the effects of other factors, education is a key factor influencing contraceptive use in India (Retherford and Ramesh, 1996; Ramesh et al., 1996).

Contraceptive prevalence is highest for Jains (63 percent), and relatively low for both Muslims (45 percent) and Hindus (44 percent). Although the contraceptive prevalence rate is similar, the method mix used by Hindu and Muslim women is very different. The Hindu contraceptive prevalence rate is dominated by sterilization, which accounts for 82 percent of current contraceptive use by Hindu women. Muslim contraceptive use is comprised by a mix of female sterilization (64 percent) and modern spacing methods (31 percent). Jain women have a similar rate of female sterilization as Hindu women (both 36 percent), but 17 percent of Jain women use condoms compared with 10 percent of Muslim women, 6 percent of women who belong to other religions, and 2 percent of Hindu women. Contraceptive prevalence is highest for women who do not belong to a scheduled caste, scheduled tribe, or other backward class (55

Table 5.4 Current use by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics, Madhya Pradesh, 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 <sup>1</sup>	Not using any method	Total percent	Number of women
<b>Residence</b>														
Urban	55.2	52.5	2.0	2.1	8.1	37.9	2.3	2.5	1.4	1.1	0.2	44.8	100.0	1,653
Rural	40.7	39.3	0.6	0.4	1.1	35.0	2.2	1.0	0.8	0.2	0.3	59.3	100.0	4,919
<b>Region</b>														
Chattisgarh	45.0	42.3	0.8	1.0	2.1	35.1	3.3	2.3	1.7	0.6	0.5	55.0	100.0	1,658
Vindhya	35.9	34.5	0.5	0.1	1.1	30.2	2.6	1.1	0.8	0.3	0.3	64.1	100.0	1,000
Central	45.1	43.2	1.6	1.3	6.9	31.6	1.8	1.8	0.9	0.9	0.1	54.9	100.0	638
Malwa Plateau	53.0	52.1	1.9	1.2	4.0	42.6	2.4	0.8	0.6	0.2	0.1	47.0	100.0	1,093
South Central	48.7	47.2	0.7	0.6	1.9	41.6	2.4	1.2	0.7	0.5	0.3	51.3	100.0	786
South Western	46.2	45.0	1.2	0.8	2.0	39.5	1.5	0.8	0.3	0.4	0.4	53.8	100.0	585
Northern	35.5	34.2	0.4	0.5	3.4	29.6	0.3	1.1	0.9	0.2	0.2	64.5	100.0	812
<b>Education</b>														
Illiterate	41.5	40.3	0.5	0.1	0.6	36.8	2.4	0.9	0.6	0.3	0.3	58.5	100.0	4,478
Literate, < middle school complete	45.5	43.6	0.7	0.5	2.6	37.8	2.0	1.7	1.4	0.2	0.2	54.5	100.0	1,078
Middle school complete	44.3	41.7	1.8	0.8	6.2	31.7	1.2	2.6	1.6	1.0	0.0	55.7	100.0	389
High school complete and above	62.5	58.1	4.2	6.2	17.8	27.3	2.5	4.0	2.7	1.3	0.4	37.5	100.0	627
<b>Religion</b>														
Hindu	44.0	42.4	0.8	0.7	2.3	36.2	2.3	1.3	0.9	0.4	0.3	56.0	100.0	6,058
Muslim	45.3	44.1	2.3	2.3	9.5	29.1	0.9	0.9	0.4	0.5	0.3	54.7	100.0	349
Jain	63.2	58.2	0.0	2.8	17.1	35.9	2.4	2.2	2.2	0.0	2.8	36.8	100.0	69
Other	50.1	44.2	7.4	0.8	5.9	28.2	1.9	5.9	5.9	0.0	0.0	49.9	100.0	96
<b>Caste/tribe</b>														
Scheduled caste	37.7	37.1	0.5	0.4	1.0	32.5	2.7	0.6	0.4	0.2	0.0	62.3	100.0	996
Scheduled tribe	32.9	31.1	0.6	0.0	0.4	27.9	2.1	1.4	1.1	0.3	0.3	67.1	100.0	1,471
Other backward class	47.7	46.0	0.8	0.6	2.6	40.0	2.0	1.3	0.7	0.6	0.4	52.3	100.0	2,719
Other	54.7	52.3	2.1	2.3	7.4	38.0	2.5	2.2	1.8	0.4	0.2	45.3	100.0	1,383

Contd...



**Table 5.4 Current use by background characteristics (contd.)**

Percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics, Madhya Pradesh, 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 <sup>1</sup>	Not using any method	Total percent	Number of women
<b>Standard of living index</b>														
Low	35.9	34.9	0.6	0.0	0.6	31.5	2.2	0.6	0.4	0.2	0.4	64.1	100.0	2,018
Medium	43.6	42.0	0.8	0.5	1.7	36.8	2.2	1.4	1.0	0.4	0.2	56.4	100.0	3,302
High	60.0	57.1	2.1	2.9	9.9	39.7	2.5	2.6	1.8	0.8	0.3	40.0	100.0	1,234
<b>Number and sex of living children</b>														
No children	3.4	2.6	0.0	0.0	1.7	0.2	0.7	0.7	0.5	0.2	0.0	96.6	100.0	837
1 child	14.7	11.8	1.3	2.5	5.3	2.4	0.4	2.6	1.7	0.9	0.3	85.3	100.0	931
1 son	16.2	13.3	1.8	3.2	4.9	2.8	0.6	2.4	1.1	1.3	0.4	83.8	100.0	485
No sons	13.1	10.2	0.7	1.7	5.7	1.9	0.2	2.7	2.3	0.4	0.2	86.9	100.0	446
2 children	42.4	40.7	2.0	1.7	5.5	29.0	2.5	1.5	0.8	0.7	0.2	57.6	100.0	1,287
2 sons	56.1	54.9	2.4	1.7	4.0	44.3	2.5	0.6	0.6	0.0	0.7	43.9	100.0	428
1 son	42.0	40.0	1.5	1.8	6.9	26.8	3.0	2.0	1.0	1.0	0.0	58.0	100.0	647
No sons	16.2	14.1	2.4	1.3	4.6	5.0	0.9	2.1	0.9	1.2	0.0	83.8	100.0	212
3 children	65.1	63.6	0.9	0.2	1.9	57.4	3.3	1.2	0.9	0.4	0.3	34.9	100.0	1,470
3 sons	73.0	71.0	0.0	0.0	0.6	66.7	3.7	2.0	1.6	0.4	0.0	27.0	100.0	212
2 sons	75.3	74.7	0.6	0.0	1.7	69.2	3.2	0.3	0.1	0.2	0.3	24.7	100.0	731
1 son	53.7	51.2	1.8	0.7	2.8	42.3	3.6	2.1	1.5	0.6	0.4	46.3	100.0	438
No sons	18.8	16.4	1.4	0.0	1.8	12.4	0.7	2.4	2.4	0.0	0.0	81.2	100.0	89
4+ children	60.8	59.2	0.7	0.2	1.3	54.2	2.9	1.2	1.0	0.2	0.5	39.2	100.0	2,046
2+ sons	64.8	63.4	0.7	0.2	0.8	58.8	2.9	0.8	0.7	0.1	0.5	35.2	100.0	1,604
1 son	52.3	49.7	0.6	0.4	3.6	41.8	3.3	2.5	2.1	0.4	0.2	47.7	100.0	380
No sons	12.0	10.3	0.0	0.0	0.0	10.3	0.0	1.6	1.6	0.0	0.0	88.0	100.0	63
Total	44.3	42.6	1.0	0.8	2.9	35.7	2.2	1.4	1.0	0.4	0.3	55.7	100.0	6,572

Note: Total includes 1, 3, and 18 women with missing information on education, caste/tribe, and the standard of living index, respectively, who are not shown separately.

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

percent) and lowest for scheduled-tribe women (33 percent). Modern spacing method use is almost negligible among scheduled-caste and scheduled-tribe women.

The use of any contraception as well as the use of almost every contraceptive method is positively related to the standard of living. Contraceptive prevalence increases from 36 percent for women living in households with a low standard of living to 60 percent for women living in households with a high standard of living. Women in households with a high standard of living (15 percent) are also much more likely than women in households with a lower standard of living (1–3 percent) to use modern spacing methods.

Table 5.4 also shows differences in current contraceptive use by the number and sex of living children. Contraceptive use increases sharply from only 3 percent for women with no living children to 65 percent for women with three living children, and then shows a slight decline. The same pattern is evident for female sterilization. Condom use is highest for women with two living children (6 percent). Women with one or two living children are more likely than women with higher or lower parity to use modern spacing methods (9 percent compared with 2–3 percent, respectively).

Prevalence rates by sex composition of living children indicate considerable son preference in Madhya Pradesh. At each parity, women with no sons are much less likely than women with one or more sons to be using contraception. For example, among women with four or more children only 12 percent with no sons are using contraception, compared with 65 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. Notably, no more than 19 percent of women with no sons at any parity above one, are using a contraceptive method compared with at least 42 percent for women with one son and 56 percent of women with two or more sons.

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

In order to examine the timing of initial family planning use, NFHS-2 included a question on how many living children women had when they first used a method. Table 5.5 shows the distribution of ever-married women by the number of living children at the time of first contraceptive use, according to current age and residence. Only 2 percent of ever-married women (4 percent of ever-married women who have ever used contraception) began using contraception before having any children and another 7 percent (14 percent of ever users) began using when they had one living child. Although very early use of contraception is rare, 30 percent of ever-married women (almost two-thirds of ever users) began using when they had three or fewer living children. Notably, urban women are twice as likely (27 percent) to have used contraception at parities below three than rural women (13 percent).

The demographic impact depends on both the percentage of couples that use contraception and the parity at which they start using contraception. 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, Madhya Pradesh, 1998–99									
Current age	Never used	Number of living children at the time of first use					Missing	Total percent	Number of women
		0	1	2	3	4+			
<b>URBAN</b>									
15–19	83.3	5.3	7.0	3.7	0.8	0.0	0.0	100.0	141
20–24	69.3	4.3	12.7	9.2	3.2	1.4	0.0	100.0	282
25–29	39.4	4.9	16.2	16.5	15.1	8.0	0.0	100.0	363
30–34	27.4	3.6	17.6	13.3	19.5	18.5	0.0	100.0	332
35–39	20.3	2.9	13.5	9.9	23.3	30.0	0.0	100.0	255
40–44	25.7	1.2	6.4	7.6	20.5	38.7	0.0	100.0	213
45–49	27.9	0.9	7.8	8.9	14.2	40.4	0.0	100.0	170
Total	39.9	3.5	12.8	10.9	14.6	18.4	0.0	100.0	1,756
<b>RURAL</b>									
15–19	92.4	3.6	2.9	0.9	0.2	0.0	0.0	100.0	753
20–24	74.2	1.6	7.4	8.3	5.8	2.6	0.0	100.0	1,016
25–29	52.5	1.9	5.6	9.3	17.7	13.0	0.0	100.0	1,014
30–34	41.1	0.7	4.9	8.3	19.1	25.6	0.2	100.0	835
35–39	33.1	1.1	3.7	10.3	19.4	32.3	0.1	100.0	705
40–44	35.7	0.4	2.1	6.7	16.0	39.1	0.0	100.0	493
45–49	42.3	0.2	1.2	5.0	11.7	39.6	0.0	100.0	369
Total	55.7	1.5	4.6	7.3	12.7	18.1	0.0	100.0	5,185
<b>TOTAL</b>									
15–19	91.0	3.9	3.6	1.3	0.3	0.0	0.0	100.0	894
20–24	73.1	2.2	8.6	8.5	5.2	2.4	0.0	100.0	1,297
25–29	49.1	2.7	8.4	11.2	17.0	11.7	0.0	100.0	1,377
30–34	37.2	1.5	8.5	9.7	19.2	23.6	0.2	100.0	1,167
35–39	29.7	1.6	6.3	10.2	20.4	31.7	0.1	100.0	960
40–44	32.7	0.6	3.4	7.0	17.4	38.9	0.0	100.0	707
45–49	37.7	0.4	3.3	6.2	12.4	39.9	0.0	100.0	539
Total	51.7	2.0	6.6	8.2	13.2	18.2	0.0	100.0	6,941

### Problems with Current Method

Women who were using a modern contraceptive method were asked if they had experienced any problem with their current method. Table 5.6 shows the percentage of current contraceptive users who report specific problems. Overall, more than three-fourths (77 percent) of current users reported 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 73 percent of sterilized women and 89 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 (13 percent), abdominal pain (10 percent), weakness or tiredness (8 percent), white discharge (4 percent), and too much bleeding (3 percent). Among women whose husbands are sterilized and who report problems with this method, the most common complaints are weakness or tiredness and headache, body-ache, or backache. With regard to spacing methods, 15 percent

Table 5.6 Problems with current method								
Percentage of current users of specific contraceptive methods who have had problems in using the method, Madhya Pradesh, 1998–99								
Problem	Contraceptive method							Total <sup>1</sup>
	Pill	IUD	Condom	Female sterilization	Male sterilization	Rhythm/safe period	Withdrawal	
No problem	84.7	(83.3)	96.4	72.9	88.9	100.0	(100.0)	76.7
Weight gain	0.0	(0.0)	0.0	0.8	0.0	0.0	(0.0)	0.7
Weight loss	0.0	(0.0)	0.0	1.2	0.5	0.0	(0.0)	1.0
Too much bleeding	0.0	(4.3)	0.0	2.9	1.3	0.0	(0.0)	2.5
Hypertension	0.0	(0.0)	0.0	0.1	0.0	0.0	(0.0)	0.1
Headache/bodyache/backache	0.0	(4.2)	0.7	12.6	2.6	0.0	(0.0)	10.4
Nausea/vomiting	0.0	(0.0)	0.0	0.6	0.0	0.0	(0.0)	0.5
No menstruation	0.0	(0.0)	0.0	0.4	0.0	0.0	(0.0)	0.3
Weakness/tiredness	2.3	(1.5)	1.0	7.5	7.3	0.0	(0.0)	6.6
Dizziness	0.0	(0.0)	0.0	1.2	1.3	0.0	(0.0)	1.0
Fever	1.1	(0.0)	0.0	2.4	0.0	0.0	(0.0)	1.9
Cramps	0.0	(0.0)	0.0	0.5	1.9	0.0	(0.0)	0.5
Spotting	0.0	(0.0)	0.0	0.3	0.0	0.0	(0.0)	0.2
Abdominal pain	2.0	(1.8)	0.0	9.9	1.1	0.0	(0.0)	8.1
White discharge	0.0	(6.4)	0.9	3.8	0.6	0.0	(0.0)	3.3
Irregular periods	6.9	(2.8)	1.0	1.9	0.0	0.0	(0.0)	1.8
Breast tenderness	0.0	(0.0)	0.0	0.5	0.0	0.0	(0.0)	0.4
Allergy	1.1	(0.0)	0.9	0.4	0.0	0.0	(0.0)	0.4
Other	3.0	(0.0)	0.5	1.7	2.5	0.0	(0.0)	1.6
Number of users	64	52	189	2,349	148	64	28	2,914

Note: Percentages may add to more than 100.0 because multiple problems could be recorded.  
 ( ) Based on 25–49 unweighted cases  
<sup>1</sup> Includes 19 users of other contraceptive methods, who are not shown separately.

of women had problems in using pills, 17 percent had problems using the IUD, and 4 percent had problems using condoms. The most common problems in the case of the pill are irregular periods (7 percent), weakness and tiredness (2 percent), and abdominal pain, and the most common problems in the case of the IUD are white discharge (6 percent), too much bleeding (4 percent), headache/bodyache/backache (4 percent), and irregular periods (3 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 2,497 sterilizations reported, 94 percent are female sterilizations. Forty-four percent of the female sterilizations took place less than 6 years before the survey, another 21 percent took place 6–9 years before the survey, and 36 percent took place 10 or more years before the survey. By contrast, 76 percent of male sterilizations were conducted 10 or more years before the survey. The median age of women at the time they or their husbands were sterilized is 26.4, almost the same as the median for India as a whole (25.7 years). Seventy-six percent of sterilized couples underwent sterilization before the wife was age 30. Nearly all (95 percent) sterilizations took place before the wife was age 35 and only 1 percent took place when the wife was in her forties. Among sterilized couples, 86 percent

**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, Madhya Pradesh, 1998–99

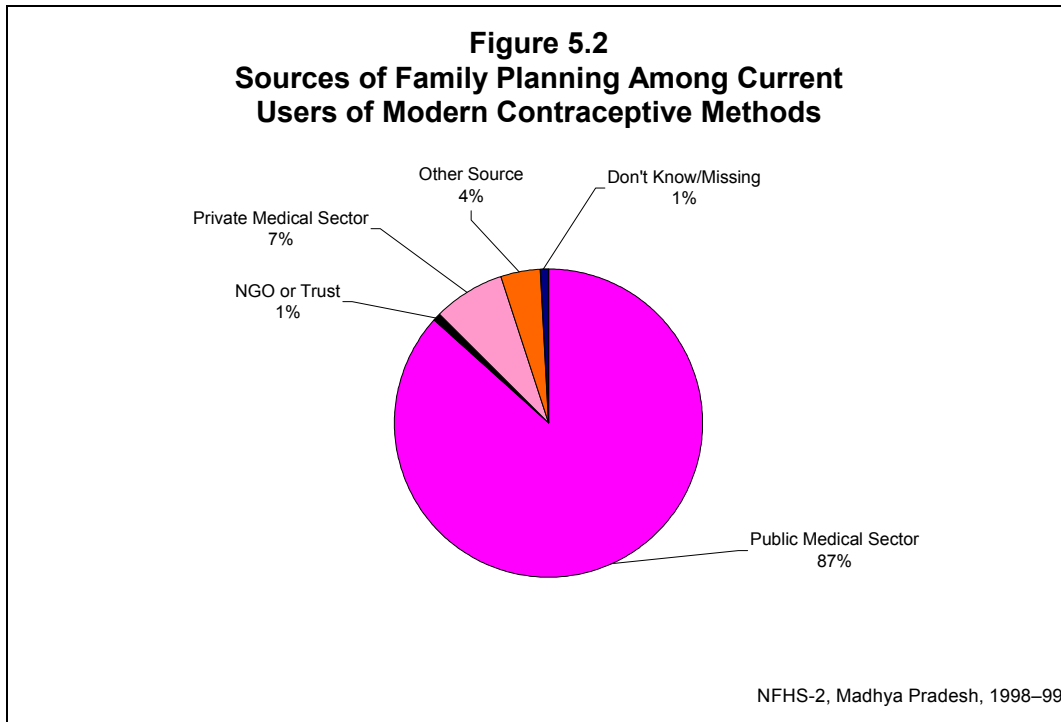
Years since sterilization	Woman's age at the time of sterilization							Total percent	Number sterilized	Median age <sup>1</sup>
	< 20	20–24	25–29	30–34	35–39	40–44	45–49			
<b>STERILIZED WOMEN</b>										
< 2	4.4	34.1	34.1	18.9	5.6	2.3	0.7	100.0	323	26.6
2–3	5.7	33.4	37.8	16.8	5.3	1.0	0.0	100.0	344	26.1
4–5	3.0	32.6	36.9	22.6	3.3	1.7	0.0	100.0	356	26.6
6–7	5.7	33.3	32.9	17.8	8.1	2.2	U	100.0	259	26.4
8–9	3.9	31.0	42.0	18.9	3.8	0.3	U	100.0	233	26.8
10+	5.3	34.4	39.8	17.9	2.6	U	U	100.0	834	NC
Total	4.8	33.5	37.8	18.7	4.2	1.0	0.1	100.0	2,349	26.4
<b>WIVES OF STERILIZED MEN</b>										
< 10	(0.0)	(20.3)	(28.7)	(22.9)	(26.4)	(1.8)	U	100.0	35	(30.0)
10+	13.8	32.8	40.5	12.1	0.8	U	U	100.0	113	NC
Total	10.5	29.8	37.7	14.6	6.9	0.4	0.0	100.0	148	26.1
<b>STERILIZED WOMEN AND WIVES OF STERILIZED MEN</b>										
< 2	4.4	33.7	34.0	18.7	6.1	2.5	0.7	100.0	327	26.6
2–3	5.6	33.1	37.6	16.7	6.1	1.0	0.0	100.0	353	26.2
4–5	2.9	32.8	36.2	23.2	3.3	1.6	0.0	100.0	363	26.7
6–7	5.6	33.1	32.9	17.7	8.6	2.1	U	100.0	265	26.4
8–9	3.8	30.2	42.3	18.9	4.5	0.3	U	100.0	243	26.9
10+	6.3	34.2	39.9	17.2	2.4	U	U	100.0	947	NC
Total	5.1	33.3	37.8	18.4	4.4	1.0	0.1	100.0	2,497	26.4
NC: Not calculated due to censoring U: Not available ( ) Based on 25–49 unweighted cases <sup>1</sup> To avoid censoring, median age is calculated only for sterilizations that took place when the woman was less than 40 years old.										

of women said that they had not used any other method of contraception before the sterilization took place (data not shown).

The median age of the wife at the time sterilization has been fluctuating between 26 and 27 years for at least the period 8–9 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. Examining NFHS-1 and NFHS-2 data together, however, suggests that despite fluctuations over time, there is a downward trend in the median age at sterilization at least since 1985–86 (6–7 years before NFHS-1), when women's age at sterilization was about 28 years.

#### 5.4 Sources of Contraceptive Methods

Family planning methods and services in Madhya Pradesh 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 non-governmental organizations (NGOs). Sterilizations and IUD insertions are carried out mostly in government hospitals and PHCs. Sterilization camps, organized from time to time, also provide sterilization services. Modern spacing methods such as the IUD, pill, and condom are available through both the government and private sectors.

To assess the relative importance of various sources of contraceptive methods, NFHS-2 included a question on where current contraceptive users obtained their methods. Table 5.8 and Figure 5.2 show the percent distribution of current users of modern contraceptives by the source from which they obtained their method most recently, according to specific method and residence.

The public medical sector, consisting of government/municipal hospitals, government dispensaries, Primary Health Centres and other governmental health infrastructure, is the source of contraception for almost nine out of ten (87 percent) current users of modern methods, down slightly from 89 percent in NFHS-1. The private medical sector, including private hospitals/clinics, private doctors, private mobile clinics, private paramedics, pharmacies or drugstores, and traditional birth attendants is the source for only 7 percent of current users, up from 5 percent in NFHS-1. Four percent of current users obtain their methods from other sources such as shops, and 1 percent from NGO sources. Government/municipal hospitals are the main source (60 percent) for female sterilization, followed by camps (20 percent) and community health centres, rural hospitals, and primary health centres (10 percent). Similar sources are used for male sterilization. Two-thirds of IUD users obtain their method from the public medical sector and almost one-third from the private medical sector. Users of pills obtain their supply from several different sources. The public medical sector and shops are each the source for about one-third of users and the private medical sector is the source for about one-fourth of users. Private shops are the major source for condoms (51 percent), followed by the private medical

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, Madhya Pradesh, 1998–99

Source	Contraceptive method					
	Pill	IUD	Condom	Female sterilization	Male sterilization	All modern methods
<b>URBAN</b>						
<b>Public medical sector</b>	(28.9)	(59.4)	8.9	84.7	(83.2)	69.8
Government/municipal hospital	(21.8)	(41.4)	6.6	61.1	(54.3)	50.1
Government dispensary	(0.0)	(0.0)	0.0	0.0	(0.0)	0.0
UHC/UHP/UFWC	(3.6)	(0.0)	0.0	1.1	(0.0)	0.9
CHC/rural hospital/PHC	(0.0)	(0.0)	0.6	5.3	(9.6)	4.4
Sub-centre	(0.0)	(0.0)	0.0	0.0	(0.0)	0.0
Government mobile clinic	(0.0)	(0.0)	0.0	0.4	(0.0)	0.3
Camp	(0.0)	(5.3)	0.9	9.5	(3.0)	7.3
Other public medical sector	(3.6)	(12.7)	0.9	7.2	(16.3)	6.7
<b>NGO or trust</b>	(0.0)	(0.0)	0.0	2.6	(0.0)	1.9
Hospital/clinic	(0.0)	(0.0)	0.0	2.6	(0.0)	1.9
NGO worker	(0.0)	(0.0)	0.0	0.0	(0.0)	0.0
<b>Private medical sector</b>	(30.7)	(37.2)	30.0	12.5	(16.8)	17.1
Private hospital/clinic	(3.6)	(29.2)	2.0	11.3	(11.9)	10.3
Private doctor	(4.9)	(8.1)	0.0	1.1	(1.9)	1.4
Pharmacy/drugstore	(22.2)	(0.0)	28.0	0.0	(0.0)	5.2
Other private medical sector	(0.0)	(0.0)	0.0	0.1	(3.0)	0.2
<b>Other source</b>	(36.8)	(3.3)	53.6	0.0	(0.0)	9.8
Shop	(36.8)	(0.0)	53.0	0.0	(0.0)	9.6
Other	(0.0)	(3.3)	0.6	0.0	(0.0)	0.2
Don't know <sup>1</sup>	(3.6)	(0.0)	7.0	0.0	(0.0)	1.2
Missing	(0.0)	(0.0)	0.5	0.2	(0.0)	0.3
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	34	35	133	627	39	867

sector (26 percent). Only 15 percent of condom users obtain their method from a public medical sector source.

Ninety-four percent of rural users obtain their contraceptives from the public medical sector compared with 70 percent of urban users. Although the public medical sector is the main source for female sterilizations in both the urban and rural areas, in urban areas the private sector also plays a substantial role as a source of sterilizations. Thirteen percent of female sterilizations and 17 percent of male sterilizations were performed by the private medical sector in urban areas compared with 2 percent of female sterilizations and 1 percent of male sterilizations in rural areas. For pills and condoms the private medical sector and shops are also a more important source in the urban areas than in the rural areas. Nevertheless, the majority of pill and condom users in both urban and rural areas, obtain their supply from private pharmacies, private drugstores, or shops.

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, Madhya Pradesh, 1998–99

Source	Contraceptive method					
	Pill	IUD	Condom	Female sterilization	Male sterilization	All modern methods
<b>RURAL</b>						
<b>Public medical sector</b>	(33.9)	*	28.5	97.2	98.9	94.2
Government/municipal hospital	(12.5)	*	7.8	59.2	59.6	56.8
Government dispensary	(6.2)	*	0.0	0.0	0.0	0.2
UHC/UHP/UFWC	(8.1)	*	1.4	1.0	1.8	1.2
CHC/rural hospital/PHC	(3.0)	*	13.6	11.3	10.1	11.4
Sub-centre	(0.0)	*	1.2	0.0	0.0	0.0
Government mobile clinic	(0.0)	*	0.0	0.6	0.0	0.5
Camp	(0.0)	*	0.0	24.1	27.5	23.0
Other public medical sector	(4.2)	*	4.6	1.0	0.0	1.1
<b>NGO or trust</b>	(12.6)	*	1.3	0.4	0.0	0.6
Hospital/clinic	(6.3)	*	1.3	0.4	0.0	0.5
NGO worker	(6.3)	*	0.0	0.0	0.0	0.1
<b>Private medical sector</b>	(15.2)	*	16.6	2.2	1.1	2.9
Private hospital/clinic	(3.8)	*	0.0	1.9	0.0	1.9
Private doctor	(2.3)	*	0.0	0.1	0.0	0.1
Pharmacy/drugstore	(9.0)	*	16.6	0.0	0.0	0.6
Other private medical sector	(0.0)	*	0.0	0.1	1.1	0.2
<b>Other source</b>	(32.9)	*	46.8	0.0	0.0	1.9
Shop	(32.9)	*	46.8	0.0	0.0	1.9
Other	(0.0)	*	0.0	0.0	0.0	0.0
Don't know <sup>1</sup>	(5.4)	*	6.7	0.0	0.0	0.3
Missing	(0.0)	*	0.0	0.3	0.0	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	30	17	56	1,723	109	1,935

## 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 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 269 nonpregnant women who ever used family planning methods have discontinued use (8 percent of ever users). Among the group that discontinued contraception, the most commonly mentioned reason for discontinuing is that the couple wanted to have a child (43 percent). The other frequently cited reasons for discontinuing are health (14 percent) and menstrual (8 percent) problems created by the method. Urban and rural women gave similar reasons for discontinuing use, with both rural and urban women most frequently giving the desire for another child as the main reason for discontinuing use. However, women in rural areas discontinued use more often than women in urban areas because the husband was away,



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, Madhya Pradesh, 1998–99

Source	Contraceptive method					All modern methods
	Pill	IUD	Condom	Female sterilization	Male sterilization	
	<b>TOTAL</b>					
<b>Public medical sector</b>	31.3	(66.5)	14.7	93.9	94.8	86.6
Government/municipal hospital	17.4	(40.5)	6.9	59.7	58.2	54.7
Government dispensary	2.9	(3.6)	0.0	0.0	0.0	0.1
UHC/UHP/UFWC	5.7	(0.0)	0.4	1.1	1.3	1.1
CHC/rural hospital/PHC	1.4	(10.2)	4.4	9.7	10.0	9.2
Sub-centre	0.0	(0.0)	0.4	0.0	0.0	0.0
Government mobile clinic	0.0	(0.0)	0.0	0.5	0.0	0.5
Camp	0.0	(3.6)	0.6	20.2	21.1	18.2
Other public medical sector	3.9	(8.5)	2.0	2.7	4.3	2.8
<b>NGO or trust</b>	6.0	(0.0)	0.4	1.0	0.0	1.0
Hospital/clinic	3.0	(0.0)	0.4	1.0	0.0	0.9
NGO worker	3.0	(0.0)	0.0	0.0	0.0	0.1
<b>Private medical sector</b>	23.3	(31.3)	26.0	4.9	5.2	7.3
Private hospital/clinic	3.7	(25.9)	1.4	4.4	3.1	4.5
Private doctor	3.7	(5.4)	0.0	0.4	0.5	0.5
Pharmacy/drugstore	16.0	(0.0)	24.6	0.0	0.0	2.0
Other private medical sector	0.0	(0.0)	0.0	0.1	1.6	0.2
<b>Other source</b>	34.9	(2.2)	51.6	0.0	0.0	4.3
Shop	34.9	(0.0)	51.2	0.0	0.0	4.3
Other	0.0	(2.2)	0.4	0.0	0.0	0.1
Don't know <sup>1</sup>	4.5	(0.0)	6.9	0.0	0.0	0.6
Missing	0.0	(0.0)	0.4	0.3	0.0	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	64	52	189	2,349	148	2,802

UHC: Urban health centre; UHP: Urban health post; UFWC: Urban family welfare centre; CHC: Community health centre; PHC: Primary Health Centre; NGO: Nongovernmental organization; TBA: Traditional birth attendant  
 ( ) Based on 25–49 unweighted cases  
 \*Percentage not shown; based on fewer than 25 unweighted cases  
<sup>1</sup>For the pill and 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.

and discontinued use much less often than women in urban areas because the method created a menstrual 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 (56 percent), followed by the fact that the woman is menopausal, has had a hysterectomy, or is infecund or subfecund (9 percent). Eight percent mention a health-related problem (health concerns or worry about side effects), 6 percent mention they are postpartum amenorrhoeic or breastfeeding, 4 percent mention opposition to family planning (especially from husbands), 2 percent mention lack of knowledge of a method, and 1 percent mention lack of knowledge of a source as reasons for not using contraception. Three percent say they are not using contraception because they are afraid of

**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, Madhya Pradesh, 1998–99

Reason	Urban	Rural	Total
<b>REASON FOR STOPPING USE</b>			
Method failed/got pregnant	1.6	2.9	2.5
Lack of sexual satisfaction	1.5	1.4	1.5
Created menstrual problem	14.0	4.3	7.5
Created health problem	12.6	14.5	13.9
Inconvenient to use	0.9	1.0	1.0
Hard to get method	1.7	2.7	2.4
Gained weight	0.8	0.4	0.5
Did not like the method	7.2	3.5	4.7
Wanted to have a child	29.6	49.5	42.9
Wanted to replace dead child	1.9	2.1	2.0
Lack of privacy for use	0.0	0.6	0.4
Husband away	4.3	8.5	7.1
Costs too much	0.0	2.1	1.4
Other	22.5	5.4	11.1
Missing	1.3	1.1	1.2
Total percent	100.0	100.0	100.0
Number of women	90	180	269
<b>REASON FOR NOT CURRENTLY USING</b>			
Husband away	0.9	0.6	0.6
<b>Fertility-related reasons</b>	70.6	72.4	72.1
Not having sex	2.3	0.8	1.1
Infrequent sex	0.4	0.5	0.5
Menopausal/had hysterectomy	6.0	5.0	5.1
Subfecund/infecund	3.8	3.3	3.4
Postpartum/breastfeeding	6.1	5.8	5.9
Wants more children	52.1	57.0	56.0
<b>Opposition to use</b>	7.0	3.5	4.2
Opposed to family planning	0.7	0.5	0.5
Husband opposed	4.5	2.6	3.0
Other people opposed	0.8	0.4	0.5
Against religion	0.9	0.1	0.2
<b>Lack of knowledge</b>	0.5	3.0	2.5
Knows no method	0.1	1.8	1.5
Knows no source	0.3	1.2	1.0
<b>Method-related reasons</b>	14.7	16.4	16.1
Health concerns	3.1	5.5	5.1
Worry about side effects	3.7	2.3	2.6
Hard to get method	0.1	0.4	0.4
Costs too much	1.4	1.1	1.2
Inconvenient to use	0.8	0.3	0.4
Afraid of sterilization	0.8	3.9	3.3
Doesn't like existing methods	4.8	2.9	3.2
Other	2.2	0.5	0.9
Don't know/missing	4.1	3.5	3.6
Total percent	100.0	100.0	100.0
Number of women	557	2,268	2,824

sterilization (implicitly equating family planning with sterilization, perhaps). Urban and rural women who have never used contraception do not differ greatly in their reasons for not currently using a family planning method. Urban women, however, are less likely than rural women to mention the desire for more children and lack of knowledge (of a method or of a source) as reasons for not currently using a method, but are slightly more likely than rural women to mention opposition to use, especially opposition by the husband.

## **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.

Seventy-three percent of currently married women who are not currently using any contraceptive method intend to use a method in the future. Among women who intend to use contraception, 29 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 79 percent for women with no living children to 86 percent for women with one living child and then declines steadily to 54 percent for women with four or more living children. Forty-three 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 months or more falls steadily with the number of living children from 72 percent among women with no living children to 23 percent among women with four or more living children. The proportion expressing an intention to use contraception within the next 12 months increases from 6 percent among those with no living children to 30 percent among those with four or more living children. The overall proportion of women who intend to use contraception sometime in the future does not differ greatly between urban (75 percent) and rural areas (73 percent), but the timing of intended use does vary by residence. Urban women (27 percent) are somewhat more likely to express the intention to use contraception in the next 12 months than rural women (20 percent).

NFHS-2 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 53 percent of women mention a fertility-related reason for not intending to use contraception in the future, 32 percent mention a method-related reason, 5 percent mention opposition to use and 4 percent mention lack of knowledge. The most frequently mentioned reason for not intending to use contraception is that the woman is menopausal or she has undergone a hysterectomy (20 percent). Other frequently mentioned reasons are the desire to have as many children as possible (16 percent), subfertility or infertility (12 percent), and fear of sterilization (11 percent). Health related reasons (health concerns and worry about side effects)

<b>Table 5.10 Future use of contraception</b>						
Percent distribution of currently married women who are not currently using any contraceptive method by intention to use in the future, according to number of living children and residence, Madhya Pradesh, 1998–99						
Intention to use in future	Number of living children <sup>1</sup>					Total
	0	1	2	3	4+	
<b>URBAN</b>						
Intends to use in next 12 months	9.3	24.5	31.7	38.5	33.6	27.0
Intends to use later	68.6	60.1	48.2	35.8	17.8	46.8
Intends to use, unsure when	2.1	1.9	1.6	1.0	1.4	1.6
Unsure as to intention	4.9	2.6	0.4	2.2	1.6	2.3
Does not intend to use	15.1	10.9	18.1	21.9	45.6	22.2
Missing	0.0	0.0	0.0	0.8	0.0	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	139	189	155	97	161	741
<b>RURAL</b>						
Intends to use in next 12 months	5.4	13.7	20.9	26.8	29.2	19.6
Intends to use later	72.4	70.2	58.9	41.2	23.7	52.2
Intends to use, unsure when	0.7	1.7	0.7	1.7	1.1	1.2
Unsure as to intention	7.4	2.2	1.3	3.0	3.3	3.3
Does not intend to use	14.1	12.2	18.1	27.4	42.7	23.6
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	512	620	612	457	716	2,918
<b>TOTAL</b>						
Intends to use in next 12 months	6.2	16.2	23.1	28.9	30.0	21.1
Intends to use later	71.5	67.8	56.8	40.2	22.6	51.1
Intends to use, unsure when	1.0	1.7	0.9	1.5	1.1	1.2
Unsure as to intention	6.9	2.3	1.1	2.8	3.0	3.1
Does not intend to use	14.3	11.9	18.1	26.4	43.2	23.3
Missing	0.0	0.0	0.0	0.1	0.0	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	651	809	767	555	876	3,659
<sup>1</sup> Includes current pregnancy, if any						

are mentioned by 12 percent of women. Thirty-two percent of women less than 30 years old mention the desire to have as many children as possible as the main reason for not intending to use contraception compared with only 9 percent of women age 30–49. The reasons most frequently mentioned by older women are that they are menopausal or have had a hysterectomy (28 percent), or are infecund or subfecund (16 percent).

Since women below age 30 contribute a significant proportion of total current fertility, the reasons they give for not intending to use contraception are extremely important from a policy perspective. Among the 60 percent of younger women who give reasons not related to fertility for not intending to use contraception, one-fourth mention a health related reason (health concerns or worry about side effects) and about one-fourth mention fear of sterilization. Lack of knowledge about a method and dislike of existing methods are also important reasons for not

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, Madhya Pradesh, 1998–99			
Reason	Current age		Total
	15–29	30–49	
<b>Fertility-related reasons</b>	40.3	58.7	53.4
Not having sex	1.0	4.9	3.7
Infrequent sex	0.7	1.2	1.1
Menopausal/had hysterectomy	1.8	27.8	20.4
Subfecund/infecund	4.5	15.5	12.4
Wants as many children as possible	32.4	9.3	15.9
<b>Opposition to use</b>	6.0	4.9	5.2
Opposed to family planning	1.5	1.0	1.2
Husband opposed	2.5	2.6	2.6
Other people opposed	1.4	0.1	0.5
Against religion	0.6	1.1	1.0
<b>Lack of knowledge</b>	8.4	2.6	4.2
Knows no method	8.0	2.2	3.8
Knows no source	0.4	0.4	0.4
<b>Method-related reasons</b>	37.4	29.3	31.6
Health concerns	8.5	8.1	8.2
Worry about side effects	6.5	2.7	3.8
Hard to get method	0.0	0.2	0.2
Costs too much	1.6	1.0	1.2
Inconvenient	0.3	0.4	0.4
Afraid of sterilization	13.9	10.4	11.4
Doesn't like existing methods	6.5	6.3	6.4
Other	2.0	1.7	1.8
Don't know/missing	5.9	3.0	3.8
Total percent	100.0	100.0	100.0
Number of women	244	610	854

intending to use contraception among younger women. This suggests that improved quality of services and information programmes could enhance the success of the family welfare programme in Madhya Pradesh. Nevertheless, among younger women who are not using contraception, the desire to have as many children as possible remains the major reason for not intending to use contraception in the future.

NFHS-2 asked currently married women who were not using contraception but intended to use a method in the future, which method of family planning they would prefer to use. Table 5.12 shows the results according to the timing of intended use. Among women who intend to use contraception, a large majority (78 percent) say they intend to use female sterilization followed by the pill (13 percent). Two percent of women would like to use the IUD, and 1 percent each would like to use male sterilization or condoms.

There are important differences in the choice of preferred methods by timing of intended use. Thirty-four percent of women who intend to use contraception within the next 12 months

**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, Madhya Pradesh, 1998–99

Preferred method	Timing of intended use			Total
	Next 12 months	Later	Unsure about timing	
<b>URBAN</b>				
Pill	26.5	7.0	*	14.0
IUD	7.7	0.8	*	3.2
Condom	6.5	1.0	*	2.9
Female sterilization	50.4	84.0	*	71.9
Male sterilization	0.0	0.6	*	0.4
Rhythm/safe period	1.2	0.5	*	0.7
Other	1.2	0.2	*	0.6
Unsure	6.6	5.8	*	6.2
Total percent	100.0	100.0	100.0	100.0
Number	200	347	12	559
<b>RURAL</b>				
Pill	25.1	7.6	(7.8)	12.3
IUD	3.2	0.3	(0.0)	1.1
Condom	3.0	0.1	(0.0)	0.9
Female sterilization	61.7	87.0	(79.6)	80.1
Male sterilization	1.4	1.1	(0.0)	1.1
Rhythm/safe period	1.3	0.2	(0.0)	0.5
Other	1.7	1.4	(0.0)	1.5
Unsure	2.6	2.4	(12.6)	2.6
Total percent	100.0	100.0	100.0	100.0
Number	572	1,524	34	2,130
<b>TOTAL</b>				
Pill	25.5	7.5	(7.8)	12.7
IUD	4.3	0.4	(0.0)	1.5
Condom	3.9	0.3	(0.0)	1.3
Female sterilization	58.8	86.5	(80.0)	78.4
Male sterilization	1.0	1.0	(0.0)	1.0
Rhythm/safe period	1.3	0.2	(0.0)	0.5
Other	1.6	1.2	(0.0)	1.3
Unsure	3.6	3.0	(12.2)	3.3
Total percent	100.0	100.0	100.0	100.0
Number	772	1,871	46	2,689
( ) Based on 25–49 unweighted cases				
*Percentage not shown; based on fewer than 25 unweighted cases				

would prefer to use a modern spacing method, compared with 8 percent of women who intend to use later. By contrast, 87 percent of women who intend to use contraception after at least 12 months would prefer to use female sterilization, but only 59 percent of women who want to use contraception within 12 months would prefer to use female sterilization. Among the spacing methods specified by women intending to use contraception within the next 12 months, the pill is mentioned most often (26 percent), followed by the IUD and the condom (each mentioned by 4

percent). The mix of modern spacing methods preferred by women who intend to use contraception within the next 12 months is very different from the mix of modern spacing methods used by current users. The modern spacing method most preferred by current users is the condom. Results are very similar for urban and rural areas, with a few exceptions. Among women who intend to use a method within the next 12 months, a higher proportion of rural women than urban women would prefer to use sterilization, and a higher proportion of urban women than rural women would prefer to use a modern spacing method.

Overall, the mix of contraceptive methods that intended future users say they would prefer to use also shows a heavy reliance on female sterilization. Yet, the fact that about one-third of rural women and two-fifths of urban women who intend to use contraception within the next 12 months are planning to use a spacing method suggests that there is a significant short term potential demand for spacing methods, especially the pill, 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). Exposure to mass media is also found to strengthen women's motivation to prevent unwanted fertility (Kulkarni and Choe, 1998). In order to explore the reach of family planning messages through various mass media, NFHS-2 asked women whether they had heard or seen any message about family planning in the past few months. Table 5.13 shows the proportions of currently married women who report having heard or seen a family planning message in the past few months, according to selected background characteristics. Results indicate that family planning messages disseminated through the mass media have reached only about half (49 percent) of ever-married women in Madhya Pradesh. The most common source of recent exposure to family planning messages is television. Forty percent of ever-married women report having seen a family planning message on television, 25 percent report exposure to family planning messages on the radio, 20 percent through wall paintings or hoardings, 14 percent through newspapers or magazines, and 9 percent through cinema or film shows. Dramas, folk dances, and street plays provided exposure to only 7 percent of women.

Exposure to family planning messages does not vary much in Madhya Pradesh by age, but does vary greatly by residence. Seventy-seven percent of ever-married women in urban areas report having heard or seen a family planning message in the past few months from at least one media source, compared with only 39 percent of women in rural areas. Urban women are also much more likely than rural women to have been exposed to a message through each of the different forms of mass media. Exposure to family planning messages from any media source varies even more by education than by residence. Ninety-four percent of women who have completed at least high school have heard or seen a family planning message from at least one media source in the past few months, compared with 35 percent of women who are illiterate. Exposure to family planning messages through most specific media sources is as closely linked to education as is exposure in general. For example, 89 percent of women who have completed at least high school have heard or seen a family planning message on television, compared with only 26 percent of women who are illiterate. Exposure to family planning messages through the media also varies by region. Exposure is highest in the Central, Chhatisgarh, and Malwa Plateau Regions (55–57 percent) and lowest in the Vindhya Region (32 percent). Exposure to family

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, Madhya Pradesh, 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		
<b>Age</b>								
15–24	24.6	39.7	8.8	13.8	19.6	7.9	48.6	2,191
25–34	26.6	40.9	9.3	16.3	21.2	7.8	50.6	2,544
35–49	23.7	38.7	7.1	12.7	19.0	6.0	47.2	2,206
<b>Residence</b>								
Urban	34.5	72.3	19.4	34.5	37.0	14.0	77.1	1,756
Rural	21.9	28.8	4.8	7.6	14.3	5.0	39.3	5,185
<b>Region</b>								
Chattisgarh	43.2	40.4	11.9	16.3	23.9	9.0	56.3	1,779
Vindhya	14.0	24.1	5.4	9.4	14.1	4.2	31.8	1,030
Central	29.8	51.8	14.7	22.4	28.7	12.2	57.1	667
Malwa Plateau	20.9	48.4	7.3	18.2	21.7	7.3	54.5	1,155
South Central	24.6	32.2	8.3	13.1	22.2	7.3	44.7	841
South Western	17.3	46.7	6.5	11.8	19.9	8.2	51.9	620
Northern	8.5	39.4	3.2	8.2	7.9	2.9	41.9	848
<b>Education</b>								
Illiterate	17.2	26.1	3.2	1.8	9.3	2.8	35.3	4,753
Literate, < middle school complete	35.8	56.2	11.0	21.7	28.6	10.8	68.0	1,133
Middle school complete	44.6	76.7	21.7	45.6	44.0	19.4	83.3	398
High school complete and above	51.9	89.1	34.4	73.7	68.6	26.3	93.6	656
<b>Religion</b>								
Hindu	24.6	37.8	8.2	13.6	19.1	7.0	47.0	6,396
Muslim	25.4	65.6	9.1	17.4	24.6	10.5	70.0	372
Jain	35.5	88.0	28.2	49.5	62.2	20.6	92.4	70
Other	46.9	44.0	10.5	29.3	31.8	6.9	57.8	103
<b>Caste/tribe</b>								
Scheduled caste	21.5	36.1	6.2	8.4	14.7	6.3	42.7	1,050
Scheduled tribe	20.5	18.1	3.9	4.7	12.7	2.8	32.8	1,571
Other backward class	25.9	41.7	7.8	12.6	19.0	7.1	50.5	2,863
Other	31.0	62.7	16.5	32.7	33.9	13.2	67.7	1,452
<b>Standard of living index</b>								
Low	15.5	17.4	3.0	3.6	10.5	3.0	27.8	2,149
Medium	24.9	39.0	6.9	9.9	17.1	6.3	49.3	3,491
High	41.6	79.5	21.7	44.6	43.7	17.0	82.8	1,283
<b>Use of contraception</b>								
Ever used	30.5	48.4	11.3	19.9	25.7	9.0	57.6	3,351
Never used	19.9	31.8	5.8	9.3	14.8	5.7	40.7	3,590
Total	25.1	39.8	8.5	14.4	20.0	7.3	48.9	6,941

Note: Total includes 1, 4, and 18 women with missing information on education, caste/tribe, and the standard of living index, respectively, who are not shown separately.



planning messages through the different forms of media also varies by region. For example, exposure to family planning messages on television is highest in the Central Region and lowest in the Vindhya Region, but exposure to family planning messages on the radio is highest in the Chattisgarh Region and lowest in the Northern Region. Chattisgarh is the only region where the radio is the most common source of media messages on family planning; in all other regions, the television is the most common source of exposure to family planning messages.

Exposure to family planning messages also differs by religion. Muslim women (70 percent) are much more likely than Hindu women (47 percent) to be exposed to family planning messages through the media. This difference in exposure is largely due to Muslim women having much greater exposure to family planning messages on television (66 percent) than Hindu women (38 percent). Almost all Jain women are exposed to family planning messages in general, and from all media sources. Sixty-eight percent of ever-married women not belonging to a scheduled caste, scheduled tribe, or other backward class have seen or heard a family planning message, followed by 51 percent of women from other backward classes, 43 percent of scheduled-caste women, and only 33 percent of scheduled-tribe women. These patterns of differential exposure by caste/tribe are also observed for all media sources. Media exposure to family planning messages rises dramatically 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 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 likelihood 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 husband, friends, neighbours, or other relatives in the past few months. Information on whether women talk about family planning at all, and with whom they discuss it, sheds light on their level of interest in family planning and their familial and other sources of family planning information. Table 5.14 shows that only 24 percent of currently married women in Madhya Pradesh discussed family planning with their husbands, friends, neighbours, or other relatives in the past few months. Only 16 percent discussed family planning with their husbands and 11 percent discussed family planning with friends or neighbours. Discussions of family planning with relatives other than the husband are rare.

Women age 15–34 are more likely (27–28 percent) than women age 35–49 (16 percent) to have discussed family planning with anyone. They are also more likely to have discussed family planning with husbands and mothers-in-law. Urban women are only slightly more likely than rural women to have discussed family planning with someone; by contrast, the likelihood of discussion varies sharply by region. Thirty-seven percent of currently married women in the South Western Region have discussed family planning with someone in the past few months compared with only 11 percent of women in the Northern Region and 23–26 percent in all other regions. Women in the South Western Region are also much more likely to have discussed family planning with their husbands, friends or neighbours, mothers-in-law, and sisters-in-law

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, Madhya Pradesh, 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		
<b>Age</b>										
15–24	20.7	1.0	1.6	0.1	3.9	2.2	10.0	0.1	26.6	2,122
25–34	19.8	1.1	2.4	0.2	2.4	2.4	12.9	0.3	27.5	2,426
35–49	7.7	0.3	1.3	0.3	0.5	1.6	10.3	0.1	16.2	2,024
<b>Residence</b>										
Urban	16.8	1.4	2.6	0.4	1.9	2.6	14.3	0.0	26.5	1,653
Rural	16.2	0.6	1.5	0.2	2.4	1.9	10.1	0.2	22.8	4,919
<b>Region</b>										
Chattisgarh	19.5	1.1	1.9	0.6	3.1	2.3	10.1	0.0	25.6	1,658
Vindhya	14.2	0.4	2.2	0.3	1.8	0.9	12.7	0.5	22.9	1,000
Central	14.2	1.1	1.7	0.0	1.4	1.1	12.2	0.6	22.6	638
Malwa Plateau	18.1	0.9	2.0	0.0	1.9	2.9	11.9	0.1	25.3	1,093
South Central	15.8	0.8	1.5	0.0	2.6	1.6	12.1	0.0	23.4	786
South Western	22.9	1.2	2.5	0.2	4.2	5.2	19.3	0.3	36.7	585
Northern	7.8	0.0	0.7	0.1	0.9	0.9	2.8	0.0	10.7	812
<b>Education</b>										
Illiterate	14.5	0.5	1.3	0.2	1.9	1.5	9.3	0.2	20.6	4,478
Literate, < middle school complete	19.2	1.7	3.5	0.1	3.3	3.7	15.2	0.1	30.5	1,078
Middle school complete	24.6	0.5	1.0	0.6	3.5	3.5	13.2	0.0	32.8	389
High school complete and above	19.2	1.5	2.8	0.1	2.6	2.8	16.0	0.0	29.0	627
<b>Religion</b>										
Hindu	16.1	0.8	1.6	0.2	2.3	1.8	10.8	0.1	23.2	6,058
Muslim	21.3	1.7	4.8	0.0	2.8	5.8	17.4	0.7	33.4	349
Jain	18.9	0.0	1.8	0.0	3.4	3.0	10.5	0.0	25.5	69
Other	14.4	1.0	1.0	0.0	2.0	2.0	9.0	0.0	20.5	96
<b>Caste/tribe</b>										
Scheduled caste	14.0	0.6	1.7	0.3	2.1	1.2	10.5	0.3	20.9	996
Scheduled tribe	18.9	0.6	0.8	0.3	1.9	1.5	9.3	0.2	24.0	1,471
Other backward class	16.7	0.8	2.2	0.1	2.5	2.5	11.7	0.2	24.5	2,719
Other	14.8	1.3	2.2	0.2	2.5	2.4	12.6	0.1	24.1	1,383
<b>Standard of living index</b>										
Low	15.2	0.7	1.3	0.2	1.6	1.1	8.8	0.3	20.9	2,018
Medium	16.1	0.7	1.7	0.2	2.7	2.0	11.4	0.1	23.7	3,302
High	18.8	1.2	2.9	0.3	2.5	3.8	14.5	0.1	28.5	1,234
<b>Use of contraception</b>										
Ever used	15.7	0.9	2.4	0.4	2.4	2.6	14.5	0.1	25.6	3,267
Never used	17.0	0.7	1.2	0.1	2.2	1.6	7.9	0.3	21.9	3,305
<b>Husband's education</b>										
Illiterate	14.3	0.7	1.2	0.2	1.5	1.4	9.6	0.3	20.5	2,072
Literate, < middle school complete	15.5	0.8	1.8	0.3	2.6	2.3	9.4	0.1	21.9	1,940
Middle school complete	17.9	0.6	2.6	0.0	2.7	1.7	11.7	0.1	25.4	887
High school complete and above	18.9	1.1	2.2	0.3	2.7	2.9	14.7	0.1	28.8	1,657
Total	16.4	0.8	1.8	0.2	2.3	2.1	11.2	0.2	23.7	6,572

Note: Total includes 1, 3, 18, and 16 women with missing information on education, caste/tribe, the standard of living index, and husband's education, respectively, who are not shown separately.

than women in other regions. Discussions with the husband are also relatively common among women in the Chattisgarh (20 percent) and Malwa Plateau (18 percent) Regions; however, in the Northern Region only 8 percent of women have discussed family planning with their husbands in the past few months.

The proportion of women reporting discussions about family planning is lower for illiterate women (21 percent) than for literate women (29–33 percent). Among literate women, however, women who have completed middle school are slightly more likely to report family planning discussions with someone, especially the husband than other literate women. The likelihood of discussions, however, increases steadily with the husband's education: 21 percent of women who have illiterate husbands discussed family planning with someone compared with 29 percent of women who have husbands who have completed at least high school. The likelihood of any discussions and discussions with husband, friends and neighbours, and most other relatives also increases steadily with the standard of living, although the variation in each case is limited.

Muslim women (33 percent) are more likely than women of all other religions (21–26 percent) to have discussed family planning with someone in the past 12 months. Muslims are also more likely to have discussed family planning with their husbands, friends and neighbours, and other relatives, especially mothers, sisters, and sisters-in-law, than women of other religions. Discussions of family planning are less common among women belonging to the scheduled castes than among women belonging to other castes or tribes. Scheduled-tribe women are somewhat more likely than other women to have discussed family planning with their husband. Women who have ever used contraception are slightly more likely to have discussed family planning with someone (26 percent) than women who have never used contraception (22 percent). Ever users are about twice as likely to discuss family planning with a friend or neighbour but are about equally likely to discuss family planning with their husbands as women who have never used contraception.

## **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 16 percent of currently married women in Madhya Pradesh have an unmet need for family planning. The level of unmet need in Madhya Pradesh is the same as the level for India as a whole. The level of unmet need is slightly greater for spacing births (9 percent) than for limiting births (7 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 44 percent to 61 percent of currently married women. This means that current programmes are meeting 73 percent of the family planning need (as shown in the last column of Table 5.15). Only 20 percent of the need for spacing is being met, however, compared with 85 percent of the need for limiting.

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, Madhya Pradesh, 1998–99

Background characteristic	Unmet need for FP <sup>1</sup>			Met need (currently using) <sup>2</sup>			Total demand for FP			Percentage of demand satisfied
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total	
<b>Age</b>										
15–19	26.0	0.9	26.9	3.7	1.5	5.3	29.7	2.4	32.2	16.4
20–24	17.7	5.0	22.7	3.9	15.3	19.2	21.6	20.3	41.9	45.8
25–29	7.4	11.3	18.7	3.5	41.9	45.5	11.0	53.2	64.2	70.8
30–34	2.7	11.0	13.7	1.2	60.0	61.2	3.9	71.0	74.9	81.7
35–39	1.1	8.6	9.8	0.2	67.8	68.0	1.3	76.4	77.7	87.5
40–44	0.3	6.3	6.6	0.3	67.6	67.9	0.6	73.9	74.5	91.1
45–49	0.0	3.8	3.8	0.0	62.5	62.5	0.0	66.3	66.3	94.3
<b>Residence</b>										
Urban	7.9	7.6	15.5	4.1	51.0	55.2	12.0	58.6	70.6	78.1
Rural	9.3	7.2	16.5	1.6	39.1	40.7	10.8	46.3	57.1	71.2
<b>Region</b>										
Chattisgarh	8.0	5.6	13.5	3.0	42.1	45.0	10.9	47.7	58.6	76.9
Vindhya	10.5	8.6	19.1	1.2	34.7	35.9	11.7	43.3	55.0	65.3
Central	9.6	8.5	18.1	3.2	42.0	45.1	12.8	50.4	63.2	71.4
Malwa Plateau	7.7	6.4	14.1	2.6	50.3	53.0	10.3	56.7	67.0	79.0
South Central	8.7	5.8	14.5	1.7	47.0	48.7	10.3	52.8	63.2	77.1
South Western	6.4	7.6	14.0	2.1	44.1	46.2	8.5	51.7	60.2	76.7
Northern	12.2	10.6	22.8	1.2	34.3	35.5	13.4	44.9	58.3	60.9
<b>Education</b>										
Illiterate	7.8	7.4	15.2	0.8	40.7	41.5	8.6	48.1	56.7	73.2
Literate, < middle school complete	10.9	7.0	17.9	2.5	43.0	45.5	13.4	50.0	63.4	71.7
Middle school complete	15.1	8.3	23.4	5.5	38.8	44.3	20.5	47.1	67.7	65.4
High school complete and above	9.6	6.2	15.7	9.7	52.8	62.5	19.3	59.0	78.2	79.9
<b>Religion</b>										
Hindu	9.0	7.1	16.1	1.9	42.1	44.0	10.9	49.2	60.0	73.2
Muslim	8.7	11.1	19.8	4.8	40.4	45.3	13.5	51.5	65.0	69.6
Jain	8.2	6.5	14.7	10.8	52.4	63.2	19.1	58.9	78.0	81.1
Other	5.9	6.7	12.6	6.8	43.2	50.1	12.7	50.0	62.7	79.9
<b>Caste/tribe</b>										
Scheduled caste	9.7	8.9	18.6	1.6	36.0	37.7	11.3	45.0	56.3	66.9
Scheduled tribe	7.7	6.8	14.5	1.3	31.6	32.9	9.0	38.4	47.4	69.4
Other backward class	9.6	6.2	15.8	1.7	46.0	47.7	11.3	52.2	63.5	75.2
Other	8.3	8.7	17.0	4.7	50.0	54.7	13.0	58.7	71.7	76.3

Contd...

Unmet need has declined since NFHS-1 when unmet need in Madhya Pradesh was 21 percent. The proportion of demand satisfied also increased during this period from 64 percent in NFHS-1 to 73 percent in NFHS-2. Unmet need is highest, at 27 percent, for women below age 20; the unmet need in this age group is almost entirely for spacing. Unmet need is also relatively high for women age 20–24 (23 percent), with 78 percent of the need being for spacing. Among women age 25–29, unmet need is 19 percent, and more than half (60 percent) of this need is for limiting. Among women above age 29, unmet need declines even further, and almost all of the unmet and met need among these women is for limiting. Only 16 percent of total demand is

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, Madhya Pradesh, 1998–99

Background characteristic	Unmet need for FP <sup>1</sup>			Met need (currently using) <sup>2</sup>			Total demand for FP			Percentage of demand satisfied
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total	
<b>Standard of living index</b>										
Low	8.6	8.2	16.8	0.8	35.1	35.9	9.4	43.3	52.7	68.2
Medium	9.2	6.9	16.1	1.7	41.8	43.6	10.9	48.7	59.6	73.1
High	9.0	6.8	15.8	5.8	54.3	60.0	14.7	61.1	75.8	79.2
<b>Number of living children</b>										
0	14.7	0.2	14.9	2.5	0.9	3.4	17.2	1.1	18.3	18.3
1	24.1	1.5	25.6	8.0	6.7	14.7	32.1	8.2	40.3	36.4
2	11.0	6.4	17.4	2.4	40.1	42.4	13.4	46.5	59.9	70.9
3	3.7	8.9	12.6	0.8	64.4	65.1	4.5	73.2	77.7	83.8
4	2.6	9.7	12.3	0.8	66.4	67.2	3.4	76.2	79.6	84.5
5	1.8	9.7	11.5	0.0	62.2	62.2	1.8	71.9	73.7	84.4
6+	1.1	20.5	21.6	0.2	45.9	46.1	1.3	66.4	67.7	68.1
Total	8.9	7.3	16.2	2.2	42.1	44.3	11.1	49.4	60.5	73.2

<sup>1</sup>Unmet need for *spacing* includes pregnant women whose pregnancy was mistimed, amenorrhoeic women whose last birth was mistimed, and women who are neither pregnant nor amenorrhoeic 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.

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

satisfied among women age 15–19. This proportion rises sharply to 46 percent for women age 20–24, 71 percent for women age 25–29, and 82 percent or more for women 30–49. While unmet need for family planning does not show much variation by urban-rural residence, the percentage of demand satisfied is lower in rural areas (71 percent) than in urban areas (78 percent). By region, unmet need is highest in the Northern Region (23 percent), followed by the Vindhya (19 percent) and Central (18 percent) Regions. These regions also have a relatively low level of demand satisfied (61–71 percent). Unmet need is 14–15 percent and demand satisfied 77–79 percent in the remaining regions. The majority of unmet need in all regions, with the exception of the South Western Region, is for spacing. The Northern Region has the highest total need for spacing births (13 percent), and almost all this need (91 percent) is unmet.

By education, unmet need is highest for women who have completed only middle school (23 percent). Illiterate women and women who have completed at least high school have a similar level of unmet need but the percentage of demand satisfied is lower for illiterate women. Notably, the unmet need for spacing is greater than the unmet need for limiting for women in all categories of education.

Muslim women have higher unmet need (20 percent) than Hindu women (16 percent), Jain women (15 percent), or women of other religions (13 percent). The percentage of total demand satisfied is highest for Jain women (81 percent) and least for Muslim women (70 percent), however. Unmet need and demand satisfied do not vary much by caste or tribe,

although scheduled-caste women have slightly higher unmet need (19 percent) and lower demand satisfied (67 percent) than women of other castes and tribes. Notably too, scheduled-tribe women have the lowest total demand but only 69 percent of their demand is satisfied. Unmet need for family planning does not vary with the standard of living, but the percentage of demand satisfied increases from 68 percent for women in households with a low standard of living to 79 percent for women in households with a high standard of living.

Unmet need does not vary consistently with the number of living children, being highest for women with one living child (26 percent) followed by women with 6 or more living children (22 percent) and relatively low for women with no living children (15 percent) and 3–5 living children (12–13 percent). Unmet need is almost exclusively for spacing births among women with no children or one child, whereas for women with two children, 37 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 children, only 18 percent of the total demand for family planning is satisfied and for women with one child only 36 percent of demand is satisfied. The percentage of demand satisfied rises sharply to 71 percent for women with two children, 84–85 percent for women with 3–5 children and then declines to 68 percent for higher parity women.

These results reveal high 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. In Madhya Pradesh, many women have an unmet need for spacing, especially before their first birth and between their first and second births. A family planning programme with an emphasis on sterilization alone will fail to meet the needs of these young women who are still in the process of family formation. Simultaneously, however, the high 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 Madhya Pradesh 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.