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 Tamil Nadu 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, Tamil Nadu, 1999

Method	Urban	Rural	Total
Any method	100.0	99.9	99.9
Any modern method	100.0	99.9	99.9
Pill	91.1	78.3	82.8
IUD	94.4	82.2	86.5
Condom	90.8	73.2	79.4
Female sterilization	100.0	99.7	99.8
Male sterilization	96.3	92.3	93.7
Any traditional method	64.0	44.4	51.3
Rhythm/safe period	61.9	40.7	48.1
Withdrawal	46.7	29.1	35.3
Other method[1]	4.4	3.2	3.6
Number of women	1,497	2,748	4,245

[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 Tamil Nadu, with 100 percent of currently married women recognizing at least one method of contraception and at least one modern method of contraception.

Female sterilization is the most widely known method of contraception in Tamil Nadu, followed by male sterilization. Almost all currently married women know about female sterilization and 94 percent know about male sterilization. There is very little difference by residence in knowledge of female sterilization, but 96 percent of urban women know about male sterilization, compared with 92 percent of rural women. Knowledge of the officially-sponsored spacing methods (pill, IUD, and condom) is also widespread among currently married women. The best-known spacing method is the IUD (87 percent), followed by the pill (83 percent) and the condom (79 percent). There is considerable difference in knowledge of spacing methods by residence. For example, only 73 percent of rural women have heard about the condom, compared with 91 percent of urban women. Although knowledge of these spacing methods remains lower than knowledge of sterilization, knowledge of spacing methods has increased substantially since NFHS-1. At the time of NFHS-1, only 61 percent of currently married women knew about condoms, 75 percent knew about pills, and 78 percent knew about IUDs. Knowledge of condoms in particular has increased substantially among currently married women—by 18 percentage points since NFHS-1. This may be at least partly due to the widespread publicity campaigns about "safe sex" carried out by AIDS prevention projects in Tamil Nadu.

In Tamil Nadu, almost half of currently married women (51 percent) know at least one traditional method, up from 46 percent in NFHS-1. The rhythm/safe-period method is known more widely (48 percent) than withdrawal (35 percent). Knowledge of traditional methods is much higher in urban areas (64 percent) than in rural areas (44 percent).

5.2 Contraceptive Use

Ever Use of Family Planning Methods

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

Table 5.2 Ever use of contraception

Percentage of currently married women who have ever used any contraceptive method by specific method, according to age and residence, Tamil Nadu, 1999

Age	Any method	Any modern method	Pill	IUD	Condom	Female sterilization	Male sterilization	Any traditional method	Rhythm/ safe period	Withdrawal	Other method[1]	Number of women
URBAN												
15–19	8.8	6.4	0.5	4.1	1.8	1.8	0.0	4.1	2.3	2.3	0.5	62
20–24	38.0	36.4	2.8	14.2	7.0	17.0	0.0	2.7	1.6	2.4	0.5	245
25–29	68.7	65.0	4.4	20.6	8.6	45.9	0.1	5.8	4.9	2.3	3.1	333
30–34	78.0	75.1	5.5	21.7	8.2	56.9	0.1	7.7	4.7	4.6	3.1	291
35–39	79.1	77.2	5.8	17.7	7.5	62.1	1.5	5.1	4.2	1.8	3.5	245
40–44	73.2	69.6	3.5	11.3	5.8	58.6	0.6	6.0	3.9	2.3	0.2	178
45–49	63.3	60.8	3.8	7.1	4.1	50.1	3.2	3.4	3.2	0.4	1.6	144
Total	64.7	62.0	4.3	16.2	7.0	46.1	0.7	5.3	3.8	2.5	2.1	1,497
RURAL												
15–19	7.3	6.6	0.7	1.3	0.7	4.0	0.0	0.7	0.0	0.7	0.7	180
20–24	28.3	27.1	2.8	7.4	2.1	17.2	0.0	1.6	0.9	0.9	1.4	514
25–29	54.4	52.7	4.1	5.2	2.1	44.9	0.0	2.5	2.1	1.4	1.9	577
30–34	70.3	69.0	4.6	7.8	2.5	62.7	0.5	2.8	2.3	1.5	2.0	473
35–39	69.3	68.1	3.4	4.9	1.2	63.8	0.6	1.5	1.5	0.9	2.8	392
40–44	64.1	63.0	5.3	1.8	0.0	58.4	2.5	1.4	0.7	0.7	4.3	338
45–49	54.6	53.3	4.4	1.3	0.4	48.5	4.4	1.7	0.9	1.3	3.5	273
Total	52.5	51.2	3.8	4.9	1.5	44.8	0.9	1.9	1.4	1.1	2.3	2,748
TOTAL												
15–19	7.7	6.6	0.6	2.0	1.0	3.4	0.0	1.6	0.6	1.1	0.6	242
20–24	31.4	30.1	2.8	9.6	3.7	17.1	0.0	2.0	1.2	1.4	1.1	759
25–29	59.6	57.2	4.2	10.8	4.5	45.3	0.0	3.7	3.1	1.8	2.3	910
30–34	73.2	71.3	4.9	13.1	4.7	60.5	0.4	4.6	3.2	2.7	2.4	764
35–39	73.1	71.6	4.3	9.8	3.6	63.2	1.0	2.9	2.6	1.3	3.0	637
40–44	67.2	65.3	4.7	5.1	2.0	58.5	1.8	3.0	1.8	1.2	2.9	516
45–49	57.6	55.9	4.2	3.3	1.7	49.0	4.0	2.3	1.7	1.0	2.8	417
Total	56.8	55.0	4.0	8.9	3.5	45.2	0.8	3.1	2.2	1.6	2.3	4,245

[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 57 percent have ever used a method, which is only a slight increase from 56 percent at the time of NFHS-1. Use of modern methods far outweighs use of traditional methods; 55 percent of currently married women have ever used a modern method and only 3 percent have ever used a

traditional method. The most commonly used method is female sterilization (45 percent), followed by the IUD (9 percent), the pill (4 percent), and the condom (4 percent). Only one percent have adopted male sterilization. Reported use of traditional methods among currently married women has declined from 12 percent in NFHS-1 to 3 percent in NFHS-2. Among traditional methods, the rhythm or safe-period method and withdrawal have been almost equally used. Ever use of any method of contraception is higher in urban areas (65 percent) than in rural areas (53 percent). Modern spacing methods—especially IUDs and condoms—have more often been used by urban women than rural women.

Ever use of any method increases with women's age, peaking at 73 percent among women in their 30s, and declines at older ages. The increase in contraceptive use up to age 35–39 reflects a life-cycle effect, with women increasingly adopting contraception as their fertility goals are met. 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 of contraception by age is similar for urban and rural areas, although urban women are more likely than rural women to have used contraception at every age.

Current Use of Family Planning Methods

Table 5.3 provides information on current use of family planning methods for currently married women in Tamil Nadu by age and urban-rural residence. Current contraceptive prevalence in Tamil Nadu is comparatively high, with 52 percent of currently married women using some method of contraception, compared with the national average of 48 percent. The NFHS-2 estimates of current use in Tamil Nadu, for both overall use and use of specific methods, are exactly the same those obtained by the Rapid Household Survey (RHS) under the Reproductive and Child Health Project, which was carried out at about the same time as NFHS-2 (International Institute for Population Sciences, 2001). For women age 15–44, the use of modern methods was reported to be 50 percent in both NFHS-2 and RHS, and the use of traditional methods was reported by 2 percent of women in both NFHS-2 and RHS.

Tables 5.2 and 5.3 show that 92 percent of ever users of contraception are current users. Ninety-seven percent of current users are using a modern method. In Tamil Nadu, as in most of the states of India, sterilization dominates the contraceptive method mix. Forty-five percent of currently married women are sterilized, and female sterilization accounts for 87 percent of total current contraceptive prevalence. Less than 1 percent of women report male sterilization as their current method. The three officially-sponsored spacing methods together account for only 8 percent of contraceptive prevalence. Specifically, less than 3 percent of currently married women use IUDs, less than 2 percent rely on condoms, and a negligible percent use oral pills.

Current use of contraceptive methods is higher in urban areas (58 percent) than in rural areas (49 percent). Current use is higher in urban areas than in rural areas for each method except male sterilization. The differential by residence is most pronounced for IUDs and condoms, with 5 percent of urban women using IUDs compared with 1 percent of rural women, and 3 percent of urban women reporting condom use, compared with 1 percent of rural women. The use of traditional methods is also higher in urban (3 percent) than in rural areas (1 percent).

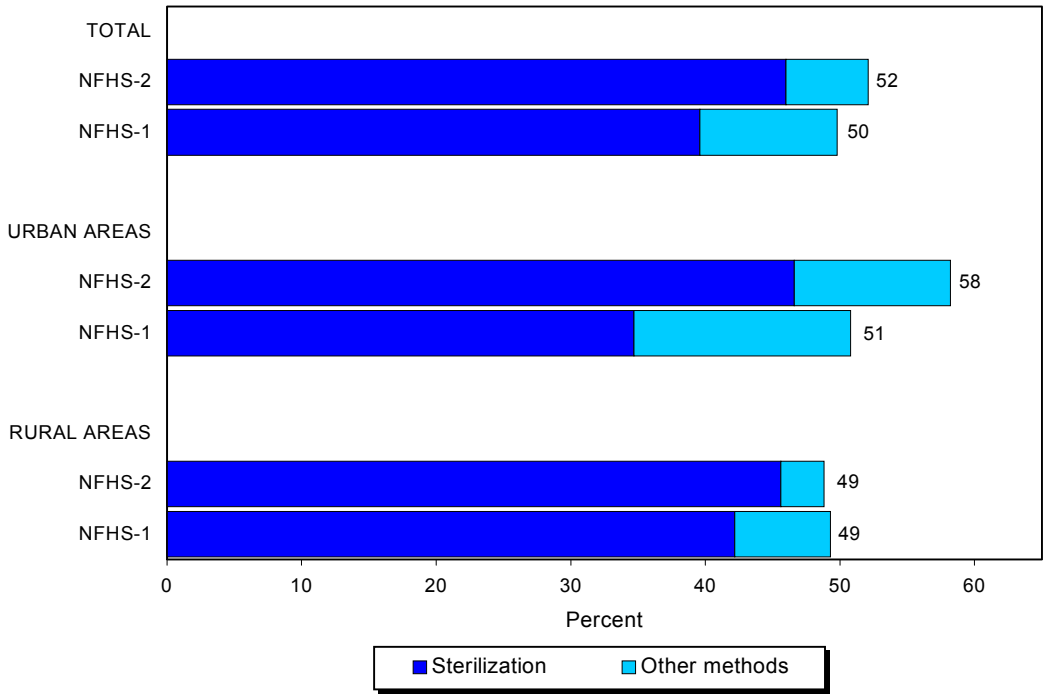
Table 5.3 Current use of contraception

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

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	4.6	4.1	0.0	2.3	0.0	1.8	0.0	0.5	0.5	0.0	0.0	95.4	100.0	62
20–24	32.8	30.7	0.9	8.2	4.6	17.0	0.0	2.1	0.6	1.5	0.0	67.2	100.0	245
25–29	60.4	57.0	0.2	6.9	3.9	45.9	0.0	3.4	2.6	0.8	0.0	39.6	100.0	333
30–34	70.3	66.4	0.1	5.9	3.4	56.9	0.1	3.8	2.7	1.1	0.0	29.7	100.0	291
35–39	73.4	70.4	0.5	3.8	3.0	62.1	1.0	2.9	2.0	0.9	0.0	26.6	100.0	245
40–44	69.1	65.0	1.3	2.1	2.4	58.6	0.6	4.0	3.2	0.8	0.0	30.9	100.0	178
45–49	55.6	53.1	0.0	0.0	0.0	49.9	3.2	2.4	2.2	0.2	0.0	44.4	100.0	144
Total	58.2	55.1	0.4	5.0	3.1	46.0	0.6	3.0	2.2	0.9	0.0	41.8	100.0	1,497
RURAL														
15–19	6.0	5.3	0.0	0.7	0.7	4.0	0.0	0.7	0.0	0.7	0.0	94.0	100.0	180
20–24	22.0	21.1	0.2	3.0	0.7	17.2	0.0	0.9	0.5	0.5	0.0	78.0	100.0	514
25–29	50.6	48.6	0.8	1.4	1.5	44.9	0.0	1.6	1.4	0.2	0.4	49.4	100.0	577
30–34	66.2	65.2	0.3	1.0	0.8	62.7	0.5	1.0	0.8	0.3	0.0	33.8	100.0	473
35–39	66.9	65.1	0.0	0.0	0.6	63.8	0.6	1.5	1.2	0.3	0.3	33.1	100.0	392
40–44	61.3	60.9	0.0	0.0	0.0	58.4	2.5	0.4	0.4	0.0	0.0	38.7	100.0	338
45–49	52.4	51.5	0.0	0.0	0.0	47.6	3.9	0.9	0.4	0.4	0.0	47.6	100.0	273
Total	48.8	47.6	0.3	1.1	0.7	44.7	0.9	1.1	0.8	0.3	0.1	51.2	100.0	2,748
TOTAL														
15–19	5.6	5.0	0.0	1.1	0.5	3.4	0.0	0.6	0.1	0.5	0.0	94.4	100.0	242
20–24	25.5	24.2	0.5	4.7	1.9	17.1	0.0	1.3	0.5	0.8	0.0	74.5	100.0	759
25–29	54.2	51.7	0.6	3.4	2.4	45.3	0.0	2.3	1.9	0.4	0.3	45.8	100.0	910
30–34	67.7	65.7	0.2	2.9	1.8	60.5	0.4	2.1	1.5	0.6	0.0	32.3	100.0	764
35–39	69.4	67.1	0.2	1.5	1.5	63.2	0.8	2.1	1.5	0.5	0.2	30.6	100.0	637
40–44	64.0	62.3	0.4	0.7	0.8	58.5	1.8	1.6	1.3	0.3	0.0	36.0	100.0	516
45–49	53.5	52.1	0.0	0.0	0.0	48.4	3.7	1.4	1.1	0.4	0.0	46.5	100.0	417
Total	52.1	50.3	0.3	2.5	1.5	45.2	0.8	1.8	1.3	0.5	0.1	47.9	100.0	4,245

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

Figure 5.1
Current Use of Family Planning by Residence
NFHS-1 and NFHS-2



Tamil Nadu

By age, current contraceptive use increases from 6 percent for women age 15–19 to 69 percent for women age 35–39 and decreases for older women. IUD use is highest (5 percent) among women age 20–24, whereas condom use peaks at age 25–29 (2 percent). Use of female sterilization is highest (63 percent) among women age 35–39. The majority of contraceptive users in each age group use female sterilization. The pattern of contraceptive use by age is similar in urban areas (peaking at 73 percent) and rural areas (peaking at 67 percent). An interesting finding is that 4 percent of rural women and 2 percent of urban women below age 20 have been sterilized.

The NFHS-2 contraceptive prevalence rate of 52 percent is higher than the NFHS-1 rate of 50 percent (Figure 5.1). During this period, there has also been a substantial increase in the use of modern methods (from 45 percent to 50 percent); however, traditional-method use has fallen from 5 percent to 2 percent. In NFHS-2, modern-method use accounts for 97 percent of current contraceptive prevalence, compared with 91 percent in NFHS-1. Among the modern methods, current use of female sterilization has risen from 38 percent in NFHS-1 to 45 percent in NFHS-2, but current use of each of the three officially-sponsored spacing methods decreased between the two surveys (from 6 percent to 4 percent), and the use of male sterilization also declined from 2 percent to 1 percent. 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 Tamil Nadu 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. Not only is contraceptive use higher in urban areas than in rural areas, but it is particularly high in Chennai (65 percent). The proportions of women using both modern methods and traditional methods are higher in Chennai than in urban areas as a whole and in rural areas.

There is no clear relationship between level of education and current contraceptive use. There is small difference between the use rate for illiterate women (52 percent) and the use rate for women who have completed at least high school (51 percent). Female sterilization is by far the most popular method among women at all educational levels; however, its use declines with increasing education, probably because better educated women tend to be younger than less educated women and thus less likely to want a permanent method of contraception. No doubt for the same reason, IUDs, condoms, and traditional methods are more popular among women with at least a middle school education than among those with less education. Use of any contraceptive method has increased since NFHS-1 among illiterate women and women with only some middle school, but it has declined among women who have completed at least middle school. Use of female sterilization has increased substantially in every educational category since NFHS-1. Various studies based on NFHS-1 data have shown that even after controlling the effects of other factors, education is a key factor influencing contraceptive use in India (Retherford and Ramesh, 1996; Ramesh et al., 1996).

Contraceptive prevalence is slightly higher among Hindus and Christians (52–53 percent) than among Muslims (49 percent). Hindu women are more likely to use modern methods than Muslim or Christian women, whereas Christian women are more likely to use traditional methods—especially the rhythm or safe-period method—than Hindu or Muslim women. Female sterilization is more common among Hindus (46 percent) than among Muslims (38 percent) or Christians (37 percent). In contrast, IUD use is highest among Muslim women (5 percent). Condom use is more popular among Muslims and Christians (4 percent each) than among Hindus.

By caste/tribe, contraceptive prevalence is highest among women who do not belong to a scheduled caste, scheduled tribe, or other backward class (56 percent) and lowest for women belonging to a scheduled caste (49 percent). The use of any contraception, as well as the use of most specific contraceptive methods is positively related to the standard of living index (SLI). Contraceptive prevalence increases from 49 percent for the women with low SLI to 56 percent for women with a high SLI. The use of modern spacing methods is higher among women with a high SLI (10 percent) than among women with a medium SLI (5 percent) or a low SLI (1 percent). Use of female and male sterilization is generally negatively related to the SLI. For example, only 41 percent of women with a high SLI have been sterilized, compared with 46 percent of women with either a low or medium SLI. It is noteworthy that at least 49 percent of women in all of the subgroups discussed above are currently using contraception.

Table 5.4 also shows differences in current use by the number and sex of living children. Contraceptive use increases sharply from only 2 percent for women with no living children to 76 percent for women with three living children and then falls to 66 percent for women with four or more living children. The same pattern is evident for female sterilization. However, the use of IUDs and condoms declines steadily from women with one living child to those with four or more children.

Table 5.4 Current use by background characteristics

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

Background characteristic	Any method	Any modern method	Pill	IUD	Condom	Female ster-ilization	Male ster-ilization	Any traditional method	Rhythm/ safe period	With-drawal	Other method[1]	Not using any method	Total percent	Number of women
Residence														
Urban	58.2	55.1	0.4	5.0	3.1	46.0	0.6	3.0	2.2	0.9	0.0	41.8	100.0	1,497
Rural	48.8	47.6	0.3	1.1	0.7	44.7	0.9	1.1	0.8	0.3	0.1	51.2	100.0	2,748
Chennai	64.6	59.8	0.3	5.3	2.9	50.6	0.7	4.8	4.0	0.8	0.0	35.4	100.0	271
Education														
Illiterate	51.8	51.4	0.4	0.3	0.4	49.1	1.2	0.3	0.3	0.1	0.1	48.2	100.0	1,943
Literate, < middle school complete	55.1	53.5	0.3	2.6	1.1	49.0	0.6	1.5	0.9	0.6	0.1	44.9	100.0	993
Middle school complete	49.9	48.1	0.4	4.2	2.7	40.5	0.2	1.8	0.9	0.9	0.0	50.1	100.0	598
High school complete and above	50.7	44.5	0.2	6.8	4.3	32.9	0.3	6.2	4.9	1.3	0.0	49.3	100.0	711
Religion														
Hindu	52.3	50.9	0.3	2.2	1.2	46.3	0.9	1.4	1.0	0.4	0.1	47.7	100.0	3,759
Muslim	48.9	48.0	1.4	5.3	3.7	37.6	0.0	0.9	0.5	0.4	0.0	51.1	100.0	252
Christian	52.9	44.2	0.0	3.4	3.7	37.1	0.0	8.7	7.0	1.7	0.0	47.1	100.0	223
Caste/tribe														
Scheduled caste	48.6	47.6	0.4	0.6	0.5	44.8	1.3	1.0	0.9	0.1	0.0	51.4	100.0	977
Scheduled tribe	(54.4)	(54.4)	(0.0)	(0.9)	(0.0)	(47.0)	(6.6)	(0.0)	(0.0)	(0.0)	(0.0)	(45.6)	100.0	36
Other backward class	53.1	51.1	0.3	3.0	1.8	45.5	0.6	1.9	1.3	0.6	0.1	46.9	100.0	3,157
Other	55.8	46.9	0.0	4.7	4.8	37.4	0.0	8.9	6.6	2.3	0.0	44.2	100.0	75
Standard of living index														
Low	48.9	48.5	0.2	0.8	0.4	45.8	1.3	0.3	0.2	0.1	0.2	51.1	100.0	1,494
Medium	52.8	51.1	0.5	2.6	1.5	46.1	0.4	1.7	1.1	0.6	0.1	47.2	100.0	2,033
High	56.4	51.1	0.2	5.8	4.0	40.7	0.4	5.3	4.2	1.1	0.0	43.6	100.0	676

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, Tamil Nadu, 1999

Background characteristic	Any method	Any modern method	Pill	IUD	Condom	Female ster-ilization	Male ster-ilization	Any traditional method	Rhythm/ safe period	With-drawal	Other method[1]	Not using any method	Total percent	Number of women
Number and sex of living children														
No children	2.4	2.4	0.1	0.0	0.1	1.3	0.9	0.0	0.0	0.0	0.0	97.6	100.0	447
1 child	20.6	17.7	0.2	5.5	3.1	8.8	0.2	2.9	2.2	0.7	0.0	79.4	100.0	908
1 son	23.0	19.7	0.1	6.0	3.6	9.7	0.4	3.2	2.1	1.2	0.0	77.0	100.0	483
No sons	18.0	15.5	0.3	4.8	2.5	7.8	0.0	2.5	2.4	0.1	0.0	82.0	100.0	426
2 children	67.4	64.9	0.3	2.6	2.0	59.2	0.9	2.4	1.6	0.7	0.1	32.6	100.0	1,389
2 sons	75.2	72.8	0.3	1.5	1.3	68.1	1.6	2.4	1.8	0.7	0.0	24.8	100.0	384
1 son	68.0	66.0	0.2	2.6	1.9	60.5	0.8	1.8	1.2	0.6	0.2	32.0	100.0	739
No sons	54.5	50.7	0.4	4.3	3.3	42.7	0.0	3.7	2.4	1.3	0.0	45.5	100.0	267
3 children	75.7	73.8	0.5	1.5	0.7	70.0	1.1	1.8	1.3	0.6	0.1	24.3	100.0	897
3 sons	80.8	77.1	0.0	1.4	0.0	75.7	0.0	3.7	2.6	1.1	0.0	19.2	100.0	104
2 sons	78.0	76.8	1.0	1.1	1.1	72.7	1.0	1.1	0.8	0.3	0.0	22.0	100.0	352
1 son	75.2	73.9	0.0	1.0	0.4	71.1	1.4	0.9	0.6	0.3	0.3	24.8	100.0	344
No sons	64.3	59.1	1.2	5.3	1.2	50.2	1.2	5.2	3.7	1.6	0.0	35.7	100.0	97
4+ children	66.1	65.9	0.6	0.8	0.4	63.3	0.9	0.0	0.0	0.0	0.2	33.9	100.0	603
2+ sons	65.6	65.6	0.8	0.9	0.4	62.6	1.0	0.0	0.0	0.0	0.0	34.4	100.0	420
1 son	71.4	70.6	0.0	0.8	0.8	68.3	0.8	0.0	0.0	0.0	0.8	28.6	100.0	148
No sons	(50.8)	(50.8)	(0.0)	(0.0)	(0.0)	(50.8)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(49.2)	100.0	36
Total	52.1	50.3	0.3	2.5	1.5	45.2	0.8	1.8	1.3	0.5	0.1	47.9	100.0	4,245

Note: Total includes 7 women belonging to other religions and 5, 1, and 43 women with missing information on religion, caste/tribe, and the standard of living index, respectively, who are not shown separately.
( ) Based on 25–49 unweighted cases
[1]Includes both modern and traditional methods that are not listed separately

Prevalence rates by sex composition of living children indicate some preference for sons. At each parity, current use of family planning methods is lower among women with no sons than among women with one or more sons. For example, among women with two living children, 55 percent with no sons are using contraception, compared with 75 percent of those with two sons. However, the level of son preference is modest, as evidenced by the fact that 64 percent of women with three daughters and no sons are using contraception. It is interesting to note that among women with two children, 60 percent are using either female or male sterilization, which tallies with the performance statistics reported for 1998–1999 (Directorate of Family Welfare, 1999).

Number of Living Children at First Use of Contraception

In order to examine the timing of initial family planning use, NFHS-2 included a question on how many living children women had when they first used a method. Table 5.5 shows the distribution of ever-married women by the number of living children at the time of first

Table 5.5 Number of living children at first use

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

Current age	Never used	Number of living children at the time of first use					Total percent	Number of women
		0	1	2	3	4+		
URBAN								
15–19	91.2	2.3	6.5	0.0	0.0	0.0	100.0	62
20–24	61.8	1.1	16.2	17.4	3.0	0.6	100.0	250
25–29	32.1	1.5	24.5	28.7	11.9	1.3	100.0	345
30–34	23.2	0.8	21.6	29.8	20.0	4.7	100.0	306
35–39	24.9	0.5	15.5	31.7	16.7	10.7	100.0	268
40–44	30.6	0.0	7.5	23.4	19.3	19.1	100.0	209
45–49	43.1	0.2	4.1	17.1	15.7	19.9	100.0	180
Total	37.1	0.9	16.0	24.6	13.8	7.7	100.0	1,620
RURAL								
15–19	92.8	0.7	2.6	2.6	1.3	0.0	100.0	183
20–24	72.0	0.2	10.5	12.1	4.6	0.7	100.0	523
25–29	47.9	0.4	9.5	21.9	16.1	4.3	100.0	615
30–34	33.4	0.7	11.2	24.9	21.7	8.2	100.0	522
35–39	35.1	0.0	4.9	21.2	22.5	16.3	100.0	461
40–44	40.2	0.6	2.4	12.3	22.0	22.6	100.0	406
45–49	48.1	0.3	3.1	7.6	14.9	25.9	100.0	345
Total	49.3	0.4	7.2	16.6	15.8	10.8	100.0	3,056
TOTAL								
15–19	92.4	1.1	3.6	2.0	1.0	0.0	100.0	245
20–24	68.7	0.5	12.3	13.8	4.0	0.7	100.0	774
25–29	42.2	0.8	14.9	24.3	14.6	3.2	100.0	960
30–34	29.6	0.7	15.0	26.7	21.0	6.9	100.0	828
35–39	31.4	0.2	8.8	25.1	20.4	14.2	100.0	729
40–44	36.9	0.4	4.1	16.1	21.1	21.4	100.0	616
45–49	46.4	0.3	3.5	10.9	15.2	23.8	100.0	525
Total	45.1	0.6	10.2	19.3	15.1	9.7	100.0	4,676

contraceptive use, according to current age and residence. Less than 1 percent of ever-married women began using contraception when they did not have any living children and another 10 percent (19 percent of ever-married women who have ever used contraception) began using when they had one living child. Although very early use of contraception is rare, 30 percent of ever-married women (the majority of ever users) began using when they had two or fewer living children. A similar pattern of use is observed among women in urban and rural areas of Tamil Nadu, but urban women are nearly twice as likely as rural women to have started using contraception when they had fewer than two living children.

The demographic impact of contraception depends on both the percentage of couples that use contraception and the parity at which they start using. As mentioned earlier, the dominant method in Tamil Nadu is sterilization, which women tend to accept 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 use contraception.

Problems with Current Method

Women who were using a modern 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 (72 percent) of current users report having no problems with their method. This may be an underestimate of the extent of problems,

Table 5.6 Problems with current method

Percentage of current users of specific contraceptive methods who have had problems in using the method, Tamil Nadu, 1999

	Contraceptive method					
Problem	IUD	Condom	Female sterilization	Male sterilization	Rhythm/ safe period	Total
No problem	64.3	94.1	70.8	(80.9)	100.0	72.4
Weight gain	3.6	0.0	2.0	(0.0)	0.0	1.9
Weight loss	5.5	0.0	1.4	(0.0)	0.0	1.5
Too much bleeding	7.9	0.0	0.6	(0.0)	0.0	0.9
Hypertension	0.0	0.0	0.1	(0.0)	0.0	0.1
Headache/bodyache/backache	5.0	0.0	17.4	(11.0)	0.0	15.5
Nausea/vomiting	0.0	0.0	0.7	(0.0)	0.0	0.6
No menstruation	1.1	0.0	0.0	(0.0)	0.0	0.1
Weakness/tiredness	4.1	1.7	5.5	(3.5)	0.0	5.1
Dizziness	0.0	0.0	2.2	(0.0)	0.0	1.9
Fever	0.0	0.0	0.7	(1.0)	0.0	0.7
Cramps	0.0	0.0	0.4	(0.0)	0.0	0.3
Inconvenient to use	0.3	0.0	0.1	(0.0)	0.0	0.1
Abdominal pain	13.3	0.0	10.0	(4.7)	0.0	9.4
White discharge	6.9	5.4	3.9	(0.0)	0.0	3.9
Irregular periods	9.8	0.0	4.2	(0.0)	0.0	4.2
Breast tenderness	0.0	0.0	0.1	(0.0)	0.0	0.1
Allergy	1.1	1.7	0.8	(0.0)	0.0	0.8
Reduced sexual satisfaction	0.0	0.0	0.1	(0.0)	0.0	0.1
Other	0.0	0.5	2.6	(0.0)	0.0	2.3
Number of users	105	65	1,918	32	54	2,213

Note: Percentages may add to more than 100.0 because multiple problems could be recorded. Total includes 14 users of pills, 22 users of withdrawal, and 4 users of other contraceptive methods, who are not shown separately.
( ) Based on 25–49 unweighted cases

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 71 percent of sterilized women report having no problem with their method. The most common problems experienced by sterilized women are headache, bodyache, or backache (17 percent), abdominal pain (10 percent), weakness or tiredness (6 percent), irregular periods or white discharge (4 percent each), and dizziness or weight gain (2 percent each). With regard to spacing methods, 36 percent of women had problems using the IUD, and only 6 percent of women had problems using condoms. The most common problems mentioned by IUD users were abdominal pain, irregular periods, excessive bleeding, and white discharge. 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 1,951 sterilizations reported, 98 percent are female sterilizations. Thirty-six 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 41 percent took place 10 or more years before the survey. The median age of women at the time they or their husbands were sterilized was 25.3 years, slightly lower than the median of 25.7 for India as a whole. Forty-seven percent of sterilized couples underwent sterilization before the wife was age 25. Eighty-four percent of sterilizations took place before the wife was age 30, and only 3 percent took place when the wife was 35 or older.

The median age of women at the time of sterilization has not changed over time in the period 8–9 years before the survey, remaining at about 25 years regardless of number of years since sterilization. From NFHS-2 data it is not possible to assess the trend in the median age at sterilization for more than 10 years before the survey because only women age 15–49 years were interviewed. Women in their forties 10 or more years before the survey would have been age 50–59 years at the time of the survey and would, therefore, not have been interviewed. Examining NFHS-1 and NFHS-2 data together, however, shows an overall decline in the age at sterilization from 26.2 to 25.3. An examination of the two sets of data on timing of sterilization suggests that women's age at sterilization fell from 27 in 1983–84 (about 8–9 years before NFHS-1) to 25 in 1990–91 (roughly two years before NFHS-1 or 8–9 years before NFHS-2) and has remained unchanged since then.

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, Tamil Nadu, 1999

Years since sterilization	Woman's age at the time of sterilization						Total percent	Number sterilized	Median age[1]
	< 20	20–24	25–29	30–34	35–39	40–44			
STERILIZED WOMEN									
< 2	5.6	40.8	40.6	8.0	3.4	1.5	100.0	234	25.3
2–3	3.4	39.1	37.7	16.5	2.4	0.9	100.0	239	25.8
4–5	6.1	46.4	34.3	9.6	3.1	0.6	100.0	212	24.8
6–7	7.0	41.3	28.8	19.0	3.4	0.5	100.0	232	25.3
8–9	8.7	42.2	35.0	12.3	1.8	0.0	100.0	212	24.9
10+	8.9	37.9	38.2	12.6	2.3	U	100.0	790	NC
Total	7.3	40.2	36.5	12.9	2.6	0.4	100.0	1,918	25.3
WIVES OF STERILIZED MEN									
Total	(10.8)	(32.3)	(39.6)	(11.7)	(3.7)	(1.9)	100.0	32	(25.8)
STERILIZED WOMEN AND WIVES OF STERILIZED MEN									
< 2	5.6	40.8	40.6	8.0	3.4	1.5	100.0	234	25.3
2–3	3.4	38.9	37.6	17.0	2.4	0.9	100.0	241	25.8
4–5	6.1	46.3	34.2	9.6	3.1	0.7	100.0	212	24.8
6–7	7.0	41.2	28.8	19.0	3.4	0.6	100.0	232	25.3
8–9	8.7	41.9	35.4	12.2	1.8	0.0	100.0	213	24.9
10+	9.0	37.9	38.3	12.5	2.4	U	100.0	819	NC
Total	7.3	40.1	36.6	12.9	2.6	0.4	100.0	1,951	25.3

NC: Not calculated due to censoring
U: Not available
( ) Based on 25–49 unweighted cases
[1]To avoid censoring, median age is calculated only for sterilizations that took place when the woman was less than 40 years old.

5.4 Sources of Contraceptive Methods

Family planning methods and services in Tamil Nadu are provided primarily through a network of government hospitals and urban family welfare centres in urban areas and Primary Health Centres (PHCs) 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 and in private hospitals. 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, Primary Health Centres, urban health centres, urban health posts, urban family welfare centres, and other governmental health infrastructure, is the source of contraception for 74 percent of current users of modern methods, down from 78 percent in NFHS-1. The private medical sector, including private hospitals

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, Tamil Nadu, 1999

Source	Contraceptive method				All modern methods
	IUD	Condom	Female sterilization	Male sterilization	
			URBAN		
Public medical sector	43.7	15.6	70.8	*	65.0
Government/municipal hospital	25.2	11.1	67.7	*	60.2
UHC/UHP/UFWC	14.0	2.0	1.8	*	3.1
CHC/rural hospital/PHC	4.5	2.4	0.5	*	1.0
Sub-centre	0.0	0.0	0.0	*	0.0
Camp	0.0	0.0	0.2	*	0.1
Other public medical sector	0.0	0.0	0.7	*	0.6
NGO or trust					
Hospital/clinic	1.5	0.0	1.8	*	1.7
Private medical sector	54.8	50.1	27.0	*	31.1
Private hospital/clinic	49.4	0.0	27.0	*	27.2
Private doctor	5.5	0.7	0.1	*	0.7
Private paramedic	0.0	12.2	0.0	*	0.8
Pharmacy/drugstore	0.0	37.2	0.0	*	2.3
Other source	0.0	33.6	0.0	*	1.9
Shop	0.0	32.9	0.0	*	1.9
Other	0.0	0.7	0.0	*	0.0
Don't know[1]	0.0	0.7	0.0	*	0.0
Missing	0.0	0.0	0.3	*	0.3
Total percent	100.0	100.0	100.0	100.0	100.0
Number of users	75	46	689	9	825
			RURAL		
Public medical sector	(32.0)	*	81.0	*	78.9
Government/municipal hospital	(16.0)	*	77.2	*	74.1
UHC/UHP/UFWC	(0.0)	*	0.8	*	0.7
CHC/rural hospital/PHC	(12.0)	*	2.1	*	3.1
Sub-centre	(4.0)	*	0.0	*	0.1
Camp	(0.0)	*	0.7	*	0.7
Other public medical sector	(0.0)	*	0.2	*	0.2
NGO or trust					
Hospital/clinic	(4.0)	*	3.3	*	3.2
Private medical sector	(59.9)	*	15.5	*	17.1
Private hospital/clinic	(56.0)	*	15.3	*	15.9
Private doctor	(4.0)	*	0.2	*	0.3
Private paramedic	(0.0)	*	0.0	*	0.0
Pharmacy/drugstore	(0.0)	*	0.0	*	1.0
Other source	(4.0)	*	0.0	*	0.5
Shop	(0.0)	*	0.0	*	0.5
Other	(4.0)	*	0.0	*	0.1
Don't know[1]	(0.0)	*	0.0	*	0.0
Missing	(0.0)	*	0.2	*	0.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of users	30	19	1,229	24	1,309

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, Tamil Nadu, 1999

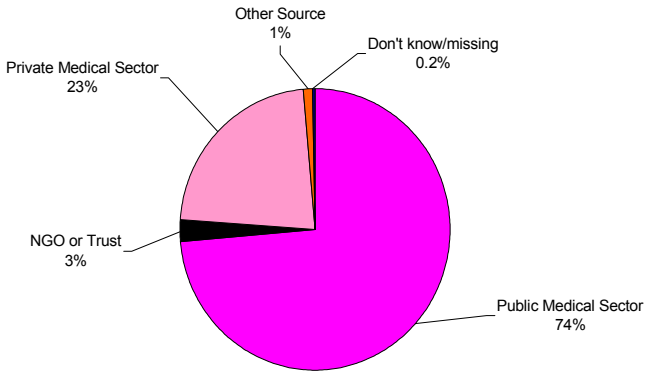
Source	Contraceptive method				All modern methods
	IUD	Condom	Female sterilization	Male sterilization	
	TOTAL				
Public medical sector	40.3	14.7	77.3	(95.5)	73.5
Government/municipal hospital	22.6	7.9	73.8	(71.6)	68.7
UHC/UHP/UFWC	10.0	1.4	1.1	(1.9)	1.7
CHC/rural hospital/PHC	6.6	5.4	1.5	(18.3)	2.3
Sub-centre	1.1	0.0	0.0	(0.0)	0.1
Camp	0.0	0.0	0.5	(3.7)	0.5
Other public medical sector	0.0	0.0	0.4	(0.0)	0.3
NGO or trust					
Hospital/clinic	2.2	0.0	2.8	(0.0)	2.6
Private medical sector	56.3	53.7	19.7	(4.5)	22.5
Private hospital/clinic	51.3	1.8	19.5	(4.5)	20.2
Private doctor	5.0	0.5	0.2	(0.0)	0.5
Private paramedic	0.0	8.6	0.0	(0.0)	0.3
Pharmacy/drugstore	0.0	42.8	0.0	(0.0)	1.5
Other source	1.1	31.1	0.0	(0.0)	1.1
Shop	0.0	30.6	0.0	(0.0)	1.0
Other	1.1	0.5	0.0	(0.0)	0.1
Don't know[1]	0.0	0.5	0.0	(0.0)	0.0
Missing	0.0	0.0	0.2	(0.0)	0.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of users	105	65	1,918	32	2,134

Note: Total current users of all modern contraceptive methods include a small number of users of pills, who are not shown separately.
UHC: Urban health centre; UHP: Urban health post; UFWC: Urban family welfare centre; CHC: Community health centre; PHC: Primary Health Centre; NGO: Nongovernmental organization
( ) Based on 25–49 unweighted cases
*Percentage not shown; based on fewer than 25 unweighted cases
[1]For the pill and the condom, this category includes women who say their husband or a friend or other relative obtained the method, but they don't know the original source of supply.

or clinics, private doctors, private paramedics, and pharmacies or drugstores, is the source for 23 percent of current users, up from 19 percent in NFHS-1. Only 3 percent of current users obtain their methods from NGO or trust sources, and 1 percent from other sources such as shops, friends, or relatives. Government/municipal hospitals are the main source (74 percent) for female sterilization, followed by private hospitals or clinics (20 percent). By contrast, shops and private pharmacies or drugstores are the main source for condoms (73 percent). A majority of IUD users obtain their method from private hospitals or clinics, with almost one-quarter relying on government/municipal hospitals and 10 percent using urban health centres, urban health posts and urban family welfare centres.

Seventy-nine percent of rural users obtain their contraceptives from the public medical sector, compared with 65 percent of urban users. Although the public medical sector is by far the main source for female sterilizations in both urban and rural areas, the private sector plays more

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, Tamil Nadu, 1999

of a role in urban areas than in rural areas. Twenty-seven percent of female sterilizations were performed in the private hospitals or clinics urban areas, compared with 16 percent in rural areas.

5.5 Reasons for Discontinuation/Non-Use of Contraception

Currently married, nonpregnant women who were not using a contraceptive method at the time of the survey fall into two categories with respect to their contraceptive experience: those who used contraception in the past and those who 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 160 nonpregnant women who ever used family planning methods (7 percent of ever users) have discontinued use. Discontinuation is low in Tamil Nadu because 81 percent of ever users are sterilized.

Among the group that discontinued contraception, the most commonly mentioned reason for discontinuing is that contraceptive use created a health problem (30 percent). Other frequently cited reasons for discontinuing use are that the couple wanted to have a child (22 percent) and that contraceptive use created a menstrual problem (15 percent). Urban and rural women gave similar reasons for discontinuing use. However, women in rural areas discontinued use more often than women in urban areas because the husband was away or the method created a health problem and less often because the method was inconvenient to use or the method caused a menstrual problem.

Among women who never used contraception, the most commonly mentioned reason for not currently using a method is the desire for more children (47 percent), followed by health concerns or worry about side effects (22 percent). Another 12 percent of women say they are not using contraception because they are menopausal, have had a hysterectomy, or are infecund or subfecund. Six percent mention some type of opposition to family planning as the main reason for not currently using contraception. Four percent of women say they are not using contraception because they are postpartum or breastfeeding, while 3 percent do not like the existing methods and 2

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, Tamil Nadu, 1999

Reason	Urban	Rural	Total
REASON FOR STOPPING USE			
Method failed/got pregnant	2.8	3.0	2.9
Created menstrual problem	19.4	10.6	15.0
Created health problem	27.7	33.3	30.4
Inconvenient to use	8.2	1.5	4.9
Hard to get the method	0.4	1.5	0.9
Put on weight	1.4	1.5	1.4
Did not like the method	1.4	1.5	1.5
Wanted to have a child	23.3	19.7	21.5
Husband away	2.2	7.5	4.8
Other	12.0	18.3	15.1
Missing	1.4	1.5	1.5
Total percent	100.0	100.0	100.0
Number of women	81	79	160
REASON FOR NOT CURRENTLY USING			
Husband away	0.9	1.2	1.1
Fertility-related reasons	66.5	62.9	64.0
Not having sex	1.4	0.5	0.8
Infrequent sex	1.8	1.2	1.3
Menopausal/had hysterectomy	8.4	9.6	9.3
Subfecund/infecund	2.4	2.1	2.2
Postpartum/breastfeeding	3.6	3.5	3.5
Wants more children	48.9	46.0	46.8
Opposition to use	6.9	5.3	5.8
Opposed to family planning	0.3	0.2	0.2
Husband opposed	4.1	4.6	4.5
Other people opposed	1.1	0.5	0.7
Against religion	1.4	0.0	0.4
Lack of knowledge			
Knows no method	0.1	0.4	0.3
Method-related reasons	23.4	28.7	27.2
Health concerns	8.1	10.1	9.6
Worry about side effects	11.3	13.1	12.6
Costs too much	0.0	0.1	0.1
Inconvenient to use	0.3	0.6	0.6
Afraid of sterilization	1.4	2.1	1.9
Doesn't like existing methods	2.3	2.6	2.5
Other	1.8	1.2	1.3
Don't know/missing	0.5	0.2	0.3
Total percent	100.0	100.0	100.0
Number of women	441	1,117	1,558

percent are afraid of sterilization. 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.

More than half (55 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, 26 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 48 percent for women with no living children to 68 percent for women with one living child, and then steadily declines with increasing numbers of children to 19 percent for women with four or more living children. Eighty-two percent of women with four or more living children say they have no intention of using contraception at any time in the future.

The expressed timing of future use also varies by number of living children. The proportion of women who say that they intend to use contraception after 12 or more months falls steadily with the number of living children from 61 percent among women with one living child to 6 percent among those with four or more children. The proportion expressing an intention to use contraception within the next 12 months increases from almost zero among those with no child to 29 percent among those with two children and then falls to 13 percent among those with four or more living children. The proportion of women who intend to use contraception at some time in the future differs little by residence.

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 48 percent of women mention a fertility-related reason for not intending to use contraception in the future, 11 percent mention opposition to use, 38 percent mention a method-related reason, and 2 percent mention other reasons. The most frequently mentioned reason given for not intending to use contraception is that the woman is menopausal or she has undergone a hysterectomy (21 percent). Other important fertility-related reasons are the desire to have as many children as possible (17 percent) and subfecundity or infecundity (6 percent). Eighteen percent of women do not intend to use contraception because they are worried about side effects, and 12 percent because of health concerns. Other reasons for not intending to use are opposition from the husband (8 percent) and not liking the existing methods (5 percent).

Forty-seven percent of young women (age less than 30) mention the desire to have as many children as possible as the main reason for not intending to use contraception, compared with only 7 percent of women age 30–49. Younger women (19 percent) are also more likely than older women (8 percent) to give reasons relating to opposition to use. In contrast, 35 percent of older women mention reasons related to menopause, hysterectomy, infecundity or subfecundity, compared with only 2 percent of younger women.

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, Tamil Nadu, 1999

Intention to use in the future	Number of living children[1]					Total
	0	1	2	3	4+	
URBAN						
Intends to use in next 12 months	0.3	6.7	33.4	22.0	11.5	14.5
Intends to use later	51.2	55.8	31.3	13.3	0.0	39.3
Intends to use, unsure when	0.0	2.3	0.2	0.0	0.0	0.9
Unsure as to intention	15.6	5.5	0.6	0.0	0.0	5.0
Does not intend to use	32.0	29.6	34.5	64.7	88.5	40.0
Missing	1.0	0.1	0.0	0.0	0.0	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	118	225	165	64	54	626
RURAL						
Intends to use in next 12 months	0.0	5.8	27.1	26.0	13.4	14.2
Intends to use later	45.0	62.9	33.9	13.3	7.5	39.8
Intends to use, unsure when	0.0	0.7	1.6	0.0	0.0	0.7
Unsure as to intention	8.0	2.4	1.9	0.0	0.0	2.5
Does not intend to use	47.0	27.4	35.5	60.8	79.1	42.6
Missing	0.0	0.7	0.0	0.0	0.0	0.3
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	193	491	373	189	160	1,406
TOTAL						
Intends to use in next 12 months	0.1	6.1	29.1	25.0	12.9	14.3
Intends to use later	47.4	60.7	33.1	13.3	5.6	39.6
Intends to use, unsure when	0.0	1.2	1.2	0.0	0.0	0.7
Unsure as to intention	10.9	3.4	1.5	0.0	0.0	3.3
Does not intend to use	41.3	28.1	35.2	61.8	81.5	41.8
Missing	0.4	0.5	0.0	0.0	0.0	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	311	716	539	252	214	2,032

[1]Includes current pregnancy, if any

Since women below age 30 account for 90 percent of total current fertility in Tamil Nadu, the reasons they give for not intending to use contraception are extremely important from a policy perspective. Among the 50 percent of younger women who give reasons not related to fertility, a large proportion mention worry about side effects or health concerns. Fifteen percent of young women who do not intend to use contraception mention that their husbands are opposed to family planning. This suggests that improved quality of services and information programmes could further enhance the success of the family welfare programme in Tamil Nadu. 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.

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, Tamil Nadu, 1999

Reason	Current age 15–29	Current age 30–49	Total
Fertility-related reasons	49.5	48.0	48.4
Not having sex	0.0	2.2	1.7
Infrequent sex	0.0	3.6	2.7
Menopausal/had hysterectomy	1.1	27.6	21.1
Subfecund/infecund	1.1	7.1	5.7
Wants as many children as possible	47.3	7.4	17.2
Opposition to use	19.3	8.3	11.0
Opposed to family planning	0.6	0.6	0.6
Husband opposed	15.4	6.1	8.4
Other people opposed	1.7	0.7	1.0
Against religion	1.6	0.9	1.1
Lack of knowledge			
Knows no method	1.2	0.0	0.3
Method-related reasons	29.2	41.2	38.3
Health concerns	4.1	14.1	11.6
Worry about side effects	17.4	18.3	18.0
Inconvenient to use	0.6	1.2	1.0
Afraid of sterilization	2.4	2.6	2.6
Doesn't like existing methods	4.7	5.0	5.0
Other	0.2	2.2	1.7
Don't know/missing	0.7	0.2	0.3
Total percent	100.0	100.0	100.0
Number of women	209	640	849

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. The vast majority of women who intend to use contraception say they would prefer to use female sterilization (92 percent), with the IUD following far behind (5 percent). One percent each would prefer to use condoms and pills.

There are some differences in the choice of preferred methods by timing of intended use. Women who intend to use contraception within the next 12 months show somewhat greater preference for spacing methods (14 percent) than women who intend to use later (4 percent). However, the majority of women in both groups would prefer female sterilization. Results are 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 urban women (16 percent) than rural women (7 percent) prefer the IUD, whereas a higher proportion of rural women (88 percent) than urban women (75 percent) prefer female sterilization.

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, Tamil Nadu, 1999

Preferred method	Timing of intended use: Next 12 months	Timing of intended use: Later	Total
URBAN			
Pill	1.6	0.9	1.1
IUD	16.3	2.9	6.4
Condom	3.2	2.0	2.2
Female sterilization	75.4	92.4	87.8
Male sterilization	1.2	0.0	0.3
Rhythm/safe period	1.6	0.3	0.6
Other	0.0	0.5	0.3
Unsure	0.7	1.2	1.2
Total percent	100.0	100.0	100.0
Number	91	246	343
RURAL			
Pill	1.2	0.2	0.5
IUD	6.6	3.0	3.9
Condom	3.0	0.0	0.8
Female sterilization	87.5	96.2	94.0
Male sterilization	0.6	0.2	0.3
Rhythm/safe period	0.0	0.0	0.0
Other	0.6	0.2	0.3
Unsure	0.6	0.2	0.3
Total percent	100.0	100.0	100.0
Number	200	559	769
TOTAL			
Pill	1.3	0.4	0.7
IUD	9.6	3.0	4.7
Condom	3.0	0.6	1.2
Female sterilization	83.7	95.0	92.1
Male sterilization	0.8	0.1	0.3
Rhythm/safe period	0.5	0.1	0.2
Other	0.4	0.3	0.3
Unsure	0.6	0.5	0.6
Total percent	100.0	100.0	100.0
Number	291	805	1,112

Note: Total Includes a small number of women who are not sure about the timing of intended use, who are not shown separately

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 almost exclusive reliance on female sterilization. Nevertheless, 14 percent of those who intend to use a method within 12 months and 7 percent of those who intend to use contraception anytime in the future say that they would prefer to use a modern spacing method, whereas only 4 percent of current users are actually using a

modern spacing method (Table 5.3). These results suggest that there is a significant short-term, as well as longer term, potential demand for spacing methods, especially for IUDs.

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 has also been found to strengthen women's motivation to prevent unwanted fertility (Kulkarni and Choe, 1998). In order to explore the reach of family planning messages through various mass media, NFHS-2 asked women whether they had heard or seen any message about family planning in the past few months. Table 5.13 shows the proportions of currently married women who report having heard or seen a family planning message in the past few months, according to various background characteristics. Messages disseminated on family planning through the mass media have succeeded in reaching 76 percent of ever-married women in Tamil Nadu. The most common sources of recent exposure to family planning messages are the television and the radio. Fifty-eight percent of ever-married women report having seen a family planning message on the television and 52 percent have heard a message on the radio. Other important sources of family planning messages are wall paintings or hoardings (49 percent), cinema/film shows (27 percent), and newspapers or magazines (24 percent). Only 3 percent have been exposed to a family planning message through a drama, folk dance, or street play.

Ever-married women below age 35 report slightly greater exposure to family planning messages in general, and greater exposure to every form of mass media, than women age 35 years and above. Overall, exposure to mass media messages on family planning is substantially higher in urban areas than in rural areas. Eighty-eight percent of urban ever-married women report seeing or hearing a family planning message from at least one media source, compared with 69 percent of women in rural areas. Urban women are also much more likely than rural women to have been exposed to a message through each form of mass media except drama, folk dances, and street plays.

Exposure to family planning messages varies substantially by education. Ninety-three percent of women who have completed at least high school have heard or seen a family planning message from at least one media source in the past few months, compared with only 61 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, 85 percent of women who have completed at least high school have seen a family planning message on television, compared with only 39 percent of women who are illiterate.

Exposure to family planning messages also differs by religion. Eighty-five percent of Christian women say they have heard or seen a family planning message through the media, compared with 81 percent of Muslim women and 75 percent of Hindu women. Muslim women have had more exposure to family planning messages on television than Christian or Hindu women. Christian women are more likely than Hindu or Muslim women to be exposed to such messages through the radio, cinema or film shows, dramas, folk dances, or street plays, and especially through newspapers or magazines and wall paintings or hoardings.

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, Tamil Nadu, 1999

Background characteristic	Source of family planning message							
	Radio	Television	Cinema/ film show	News-paper/ magazine	Wall painting/ hoarding	Drama/ folk dance/ street play	Any source	Number of women
Age								
15–24	55.6	60.6	28.7	26.1	52.1	2.7	79.9	1,018
25–34	54.6	61.3	28.8	26.3	52.1	4.0	78.3	1,789
35–49	48.2	52.7	23.3	19.9	44.9	3.1	71.0	1,869
Residence								
Urban	63.3	77.0	37.9	39.5	62.9	1.7	88.4	1,620
Rural	46.4	47.5	20.6	15.3	41.9	4.2	69.0	3,056
Chennai	63.5	86.0	33.1	41.2	78.4	1.7	93.4	289
Education								
Illiterate	37.7	39.1	15.0	0.4	25.9	2.5	61.0	2,221
Literate, < middle school complete	60.6	67.0	29.3	27.2	63.2	3.7	85.9	1,085
Middle school complete	63.9	75.0	37.5	46.0	71.9	4.6	89.2	629
High school complete and above	73.8	85.3	47.9	69.4	79.1	4.0	93.4	741
Religion								
Hindu	51.8	56.8	26.6	22.5	47.8	3.3	74.8	4,145
Muslim	50.3	66.6	23.6	24.3	54.8	2.5	81.2	277
Christian	62.6	62.3	29.2	43.9	68.1	4.8	85.4	242
Caste/tribe								
Scheduled caste	47.9	47.9	21.0	12.9	41.8	4.0	68.1	1,089
Scheduled tribe	(53.2)	(47.1)	(6.9)	(6.9)	(17.7)	(0.0)	(60.2)	39
Other backward class	53.1	60.3	28.1	26.3	51.4	3.2	78.0	3,469
Other	72.9	84.4	47.7	66.6	70.2	2.2	88.8	79
Standard of living index								
Low	37.2	38.2	17.5	7.3	36.3	3.2	62.5	1,756
Medium	58.1	63.3	28.3	25.4	52.7	3.6	80.8	2,168
High	72.5	89.5	45.1	60.3	71.7	3.1	93.8	704
Use of contraception								
Ever used	55.0	62.1	29.6	27.1	53.6	3.5	78.9	2,569
Never used	48.9	52.4	22.9	19.6	43.9	3.1	71.8	2,107
Total	52.3	57.7	26.6	23.7	49.2	3.3	75.7	4,676

Note: Total includes 7 women belonging to other religions and 6, 1, and 48 women with missing information on religion, caste/tribe, and the standard of living index, respectively, who are not shown separately.
( ) Based on 25–49 unweighted cases

Eighty–nine percent of ever-married women not belonging to scheduled castes, scheduled tribes, or other backward classes have seen or heard a family planning message, followed by 78 percent of women from other backward classes and 68 percent of women from scheduled castes. Exposure to family planning messages rises dramatically with an increasing standard of living, both for media in general and for each specific media source except drama/folk dance/street play. Finally, as expected, women who have ever used contraception are more likely to report hearing or seeing a media message on family planning than are women who have never used contraception. All of these differentials are likely to reflect some combination of the greater access to broadcast signals in

urban areas, the greater ownership of radios and televisions among higher income households, and variations in attentiveness to media messages associated with differing levels of education, leisure, and interest.

5.8 Discussion of Family Planning

Irrespective of whether they had ever used contraception, all currently married women were asked whether they had discussed family planning with their husband, friends, neighbours, or other relatives in the past few months. Information on whether women talk about family planning at all, and with whom they discuss it, sheds light on their level of interest in family planning and their familial and other sources of family planning information. Table 5.14 shows that only 24 percent of currently married women in Tamil Nadu discussed family planning with their husband, friends, neighbours, or other relatives in the past few months. Only 13 percent of women discussed family planning with their husbands and 14 percent discussed family planning with friends or neighbours. Discussions of family planning with relatives other than the husband are even less common.

Women age 15–24 years are most likely to have discussed family planning with someone (30 percent), followed by women age 25–34 (29 percent) and women age 35–49 (15 percent). Younger women are more likely to have discussed family planning with their husbands and to a lesser extent, with their mothers than older women. Urban women are more likely than rural women to have discussed family planning. The proportion of women reporting such discussions rises with women's education, husband's education and the standard of living index. Christian women are more likely to have discussed family planning than Hindu or Muslim women. Discussions of family planning do not vary much by caste or tribe status. Women who have ever used contraception are more likely to have discussed family planning (26 percent) than women who have never used contraception (21 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, 13 percent of currently married women in Tamil Nadu have an unmet need for family planning. The unmet need for spacing methods (7 percent) and for limiting births (6 percent) is almost equal. If all of the women who say they want to space or limit their births were to use family planning, the contraceptive prevalence rate in Tamil Nadu would increase from 52 percent to 65 percent. This means that current programmes are meeting 80 percent of the family planning need (as shown in the last column of the Table 5.15). These results suggest that there has been a slight decline in unmet need during the period since NFHS-1 when unmet need in Tamil Nadu was estimated to be 15 percent. The proportion of demand satisfied increased during this period from 77 percent in NFHS-1 to 80 percent in NFHS-2.

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, Tamil Nadu, 1999

Background characteristic	Person with whom discussed family planning								Any of these persons	Number of women
	Husband	Mother	Sister	Daughter	Mother-in-law	Sister-in-law	Friend/ neighbour	Other relative		
Age										
15–24	21.4	7.1	2.3	0.2	3.9	0.8	13.7	0.4	30.0	1,001
25–34	16.6	3.4	3.2	0.1	2.1	0.7	16.9	0.3	28.6	1,675
35-49	4.1	0.8	1.8	2.6	0.4	0.4	10.6	0.1	14.9	1,570
Residence										
Urban	16.7	3.8	3.1	0.6	2.1	0.8	15.9	0.2	27.8	1,497
Rural	11.1	3.0	2.1	1.4	1.8	0.5	12.7	0.3	21.7	2,748
Chennai	14.7	2.9	1.0	0.0	2.6	1.1	7.3	0.1	21.0	271
Education										
Illiterate	8.4	2.2	1.5	1.0	1.2	0.5	10.5	0.2	17.2	1,943
Literate, < middle school complete	14.1	3.5	2.6	2.0	2.3	0.8	15.8	0.1	27.3	993
Middle school complete	17.6	5.2	3.8	0.4	3.4	0.5	16.4	0.4	29.5	598
High school complete and above	20.6	4.4	3.9	0.5	2.0	0.7	18.0	0.4	32.3	711
Religion										
Hindu	12.8	3.3	2.6	1.1	2.0	0.6	13.9	0.2	23.7	3,759
Muslim	15.1	4.1	1.3	0.9	1.7	0.0	11.0	0.0	23.0	252
Christian	16.0	2.8	2.1	0.5	1.3	1.0	15.9	0.5	28.1	223
Caste/tribe										
Scheduled caste	13.3	3.8	1.7	2.1	2.4	0.6	13.7	0.2	24.5	977
Scheduled tribe	(10.6)	(0.0)	(0.0)	(0.0)	(0.0)	(3.3)	(13.0)	(0.0)	(17.2)	36
Other backward class	13.0	3.2	2.7	0.8	1.8	0.6	13.7	0.3	23.6	3,157
Other	15.7	4.9	4.5	0.0	1.7	0.4	19.1	0.0	27.1	75
Standard of living index										
Low	11.5	3.4	1.6	1.4	1.5	0.7	12.2	0.2	21.0	1,494
Medium	13.1	3.1	2.3	1.0	2.2	0.6	14.4	0.2	24.8	2,033
High	16.6	3.6	4.7	0.5	2.0	0.5	16.3	0.4	27.6	676
Use of contraception										
Ever used	12.2	2.3	3.4	1.6	1.6	0.7	16.9	0.2	25.9	2,412
Never used	14.3	4.7	1.2	0.5	2.2	0.5	9.8	0.4	21.1	1,833
Husband's education										
Illiterate	9.3	2.1	1.8	1.6	1.1	0.5	12.0	0.0	19.7	1,134
Literate, < middle school complete	10.9	3.3	2.0	1.2	1.7	0.7	12.5	0.4	21.1	1,242
Middle school complete	14.7	4.5	2.3	0.9	2.4	1.0	16.0	0.2	26.7	661
High school complete and above	18.1	3.9	3.7	0.6	2.6	0.4	15.6	0.4	28.9	1,201
Total	13.1	3.3	2.5	1.1	1.9	0.6	13.8	0.3	23.8	4,245

Note: Total includes 7 women belonging to other religions and 5, 1, 43, and 7 women with missing information on religion, caste/tribe, the standard of living index, and husband's education, respectively, who are not shown separately.
( ) Based on 25–49 unweighted cases

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, Tamil Nadu, 1999

Background characteristic	Unmet need for FP[1]			Met need (currently using)[2]			Total demand for FP			Percentage of demand satisfied
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total	
Age										
15–19	18.8	1.6	20.4	2.1	3.6	5.6	20.9	5.1	26.0	21.6
20–24	19.6	7.9	27.5	5.5	20.0	25.5	25.1	27.9	53.0	48.1
25–29	7.3	9.1	16.4	3.7	50.5	54.2	11.0	59.6	70.6	76.8
30–34	2.4	7.6	10.0	1.2	66.6	67.7	3.6	74.1	77.7	87.1
35–39	0.2	6.3	6.5	0.6	68.8	69.4	0.8	75.1	75.9	91.4
40–44	0.0	3.5	3.5	0.0	64.0	64.0	0.0	67.5	67.5	94.8
45–49	0.0	2.0	2.0	0.0	53.5	53.5	0.0	55.5	55.5	96.4
Residence										
Urban	5.7	6.0	11.6	3.2	55.0	58.2	8.9	60.9	69.8	83.3
Rural	7.1	6.6	13.7	1.6	47.2	48.8	8.8	53.8	62.6	78.1
Chennai	5.3	3.4	8.7	4.8	59.8	64.6	10.1	63.2	73.3	88.1
Education										
Illiterate	4.8	5.7	10.5	0.3	51.5	51.8	5.1	57.2	62.3	83.2
Literate, < middle school complete	6.7	6.5	13.2	1.4	53.6	55.1	8.1	60.1	68.2	80.7
Middle school complete	9.9	7.4	17.3	3.3	46.5	49.9	13.2	53.9	67.2	74.2
High school complete and above	8.8	7.2	16.0	7.4	43.3	50.7	16.1	50.6	66.7	76.0
Religion										
Hindu	6.5	6.3	12.8	1.8	50.5	52.3	8.4	56.8	65.1	80.4
Muslim	8.9	7.0	16.0	3.1	45.8	48.9	12.0	52.9	64.9	75.4
Christian	6.1	6.4	12.5	6.4	46.5	52.9	12.4	52.9	65.3	80.9
Caste/tribe										
Scheduled caste	7.7	7.1	14.8	0.8	47.7	48.6	8.5	54.8	63.4	76.7
Scheduled tribe	(6.6)	(0.0)	(6.6)	(0.0)	(54.4)	(54.4)	(6.6)	(54.4)	(61.1)	(89.2)
Other backward class	6.4	6.2	12.6	2.6	50.5	53.1	9.0	56.8	65.7	80.8
Other	2.3	6.2	8.6	4.4	51.4	55.8	6.7	57.7	64.4	86.7
Standard of living index										
Low	7.2	6.6	13.8	0.5	48.4	48.9	7.7	55.0	62.7	78.0
Medium	6.0	5.9	11.9	2.1	50.7	52.8	8.1	56.6	64.7	81.6
High	7.1	7.0	14.1	6.1	50.3	56.4	13.2	57.3	70.5	80.0
Number of living children										
0	4.9	0.0	4.9	0.1	2.2	2.4	5.0	2.2	7.3	32.7
1	20.0	4.1	24.1	8.2	12.4	20.6	28.2	16.5	44.8	46.1
2	4.7	9.2	13.9	1.0	66.4	67.4	5.7	75.6	81.3	82.9
3	0.9	6.3	7.1	0.4	75.3	75.7	1.3	81.6	82.9	91.4
4	1.2	7.2	8.5	0.0	73.3	73.3	1.2	80.5	81.7	89.6
5	0.0	7.8	7.8	0.0	56.2	56.2	0.0	64.1	64.1	87.8
6+	0.0	13.8	13.8	0.0	46.3	46.3	0.0	60.0	60.0	77.1
Total	6.6	6.4	13.0	2.2	49.9	52.1	8.8	56.3	65.1	80.1

Note: Total includes women belonging to other religions and women with missing information on religion, caste/tribe, and the standard of living index, who are not shown separately.
( ) Based on 25–49 unweighted cases
[1]Unmet need for *spacing* includes pregnant women whose pregnancy was mistimed, amenorrhoeic women whose last birth was mistimed, and women who are neither pregnant nor amenorrhoeic who are not using any method of family planning and who say they want to wait two or more years for their next birth. Also included in unmet need for *spacing* are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for *limiting* refers to pregnant women whose pregnancy was unwanted, amenorrhoeic women whose last child was unwanted, and women who are neither pregnant nor amenorrhoeic who are not using any method of family planning and who want no more children.
[2]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.

Unmet need increases from 20 percent among women age 15–19 to 28 percent among women age 20–24 and then falls steadily to 2 percent among women age 45–49. For the youngest women (age 15–24) unmet need is largely for spacing rather than for limiting. Among women age 25–29, the unmet need for limiting is higher than for spacing. The unmet and met need for contraception among women age 30 years and above is almost exclusively for limiting. Only 22 percent of the total demand for family planning is being met for married women age 15–19. This proportion rises steadily with the age of women to 96 percent for women age 45–49.

Unmet need for family planning is only slightly higher in rural areas (14 percent) than in urban areas (12 percent) and the percentage of demand satisfied is higher in urban areas (83 percent) than in rural areas (78 percent). Unmet need is slightly higher (16–17 percent) among women who have completed middle school or higher education than among illiterate and less educated women (11–13 percent). The percentage of demand satisfied is lowest for women who have completed only middle school (74 percent) and is highest for illiterate women (83 percent).

Muslim women have higher unmet need for family planning (16 percent) than Christian or Hindu women (13 percent each). The percentage of total demand satisfied is almost equal for Hindu and Christian women (80–81 percent) and is lower for Muslim women (75 percent). Unmet need for family planning is highest for scheduled-caste women (15 percent) and is lowest for women who do not belong to a scheduled caste, a scheduled tribe, or an other backward class (9 percent). Unmet need and the percentage of demand satisfied vary little by the standard of living index.

Unmet need is higher for women with one living child than for women with no living children. However, among women with living children, unmet need generally declines with an increasing number of children, but it increases among women with six or more children. Among women with no children or one child, unmet need is almost exclusively for spacing. By contrast, unmet need for limiting is dominant for women with two or more children. Surprisingly, 14 percent of women with six or more living children have an unmet need for limiting. For women with no living children, only 33 percent of the total demand for family planning is satisfied and for women with one child, less than half (46 percent) of the demand is satisfied. The percentage of demand satisfied rises sharply to 83 percent for women with two children and 88–91 percent for women with 3–5 children.

These results suggest that there is need for further promoting spacing methods in Tamil Nadu in the method mix offerred to 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. Many of these young women have an unmet need for spacing, especially before their first birth and between their first and second births. However, the high unmet need (14 percent) for limiting among women with six or more children indicates that there is further need to strengthen sterilization services and 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.