

## **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 Delhi 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

<b>Table 5.1 Knowledge of contraceptive methods</b>			
Percentage of currently married women who know any contraceptive method by specific method and residence, Delhi, 1999			
Method	Urban	Rural	Total
Any method	99.8	98.9	99.7
<b>Any modern method</b>	99.8	98.9	99.7
Pill	98.8	97.4	98.7
IUD	95.5	93.1	95.3
Condom	97.6	95.3	97.4
Female sterilization	99.3	98.9	99.2
Male sterilization	99.1	98.9	99.1
<b>Any traditional method</b>	73.6	68.2	73.1
Rhythm/safe period	69.6	64.0	69.2
Withdrawal	54.3	52.9	54.2
Other method <sup>1</sup>	2.1	1.6	2.1
Number of women	2,178	194	2,372
<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 Delhi, with 99.7 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 Delhi, followed by male sterilization. Over 99 percent of currently married women know about female and male sterilization. Knowledge of the officially-sponsored spacing methods (pill, IUD, and condom) has also become virtually universal. The pill is known by 99 percent of the women, condom by 97 percent of women, and IUD by 95 percent of women. At the time of NFHS-1, 94 percent of currently married women knew about pills and condoms, and 93 percent knew about IUDs. Thus there has been a marginal increase in knowledge of spacing methods since 1993.

In Delhi, a majority of currently married women know at least one traditional method (73 percent), up from 59 percent in NFHS-1. The rhythm/safe-period method is known more widely (69 percent) than withdrawal (54 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, Delhi, 1999												
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
15–19	27.5	22.6	4.6	1.6	16.3	0.0	0.0	9.6	6.4	4.8	0.0	62
20–24	49.0	41.4	8.0	9.1	25.5	4.9	0.3	14.4	10.3	8.0	0.2	384
25–29	70.6	64.5	14.6	17.3	39.8	12.6	0.4	16.1	11.8	10.2	1.0	497
30–34	83.6	77.4	15.3	22.8	37.5	29.8	1.5	17.0	11.6	10.7	0.6	475
35–39	87.5	81.2	14.6	19.9	35.1	43.3	1.8	20.7	15.2	11.9	0.4	440
40–44	81.4	72.8	10.8	17.9	24.1	40.8	4.3	21.5	15.8	11.3	1.2	312
45–49	86.1	79.7	8.8	16.8	21.0	40.9	12.5	19.1	15.8	7.3	1.0	203
Total	74.5	67.7	12.4	17.2	31.9	26.3	2.4	17.7	12.9	10.0	0.7	2,372

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

Not only do nearly all currently married women know at least one method of contraception, but also 75 percent have ever used a method, up from 72 percent at the time of NFHS-1. Sixty-eight percent of currently married women have ever used a modern method, and 18 percent have ever used a traditional method. The most commonly used methods are condom (32 percent), female sterilization (26 percent), IUD (17 percent), rhythm or safe-period method (13 percent), pill (12 percent), and withdrawal (10 percent). Only 2 percent have adopted male sterilization.

Ever use of any method increases with woman's age up to age 35–39 (peaking at 88 percent) and declines marginally 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.

### Current Use of Family Planning Methods

Table 5.3 provides information on current use of family planning methods for currently married women in Delhi by age. Current contraceptive prevalence in Delhi is high, with 64 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 Delhi, for both overall use and use of modern methods, are lower than those obtained by the Rapid Household Survey 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 56 percent in NFHS-2 and 68 percent in the RCH Survey. On the other hand, use of traditional methods was reported by 7 percent of women in NFHS-2 and 2 percent of women in the Rapid Household Survey.

Tables 5.2 and 5.3 show that 86 percent of ever users of contraception are current users. Eighty-eight percent of current contraceptive users are using a modern method. Sterilization does not dominate the contraceptive method mix in Delhi as much as in rest of the states of India. Still, 26 percent of currently married women are sterilized, and female sterilization accounts for 41 percent of total current contraceptive prevalence. Only 2 percent of women report male sterilization as their

**Table 5.3 Current use of contraception**

Percent distribution of currently married women by contraceptive method currently used, according to age, Delhi, 1999

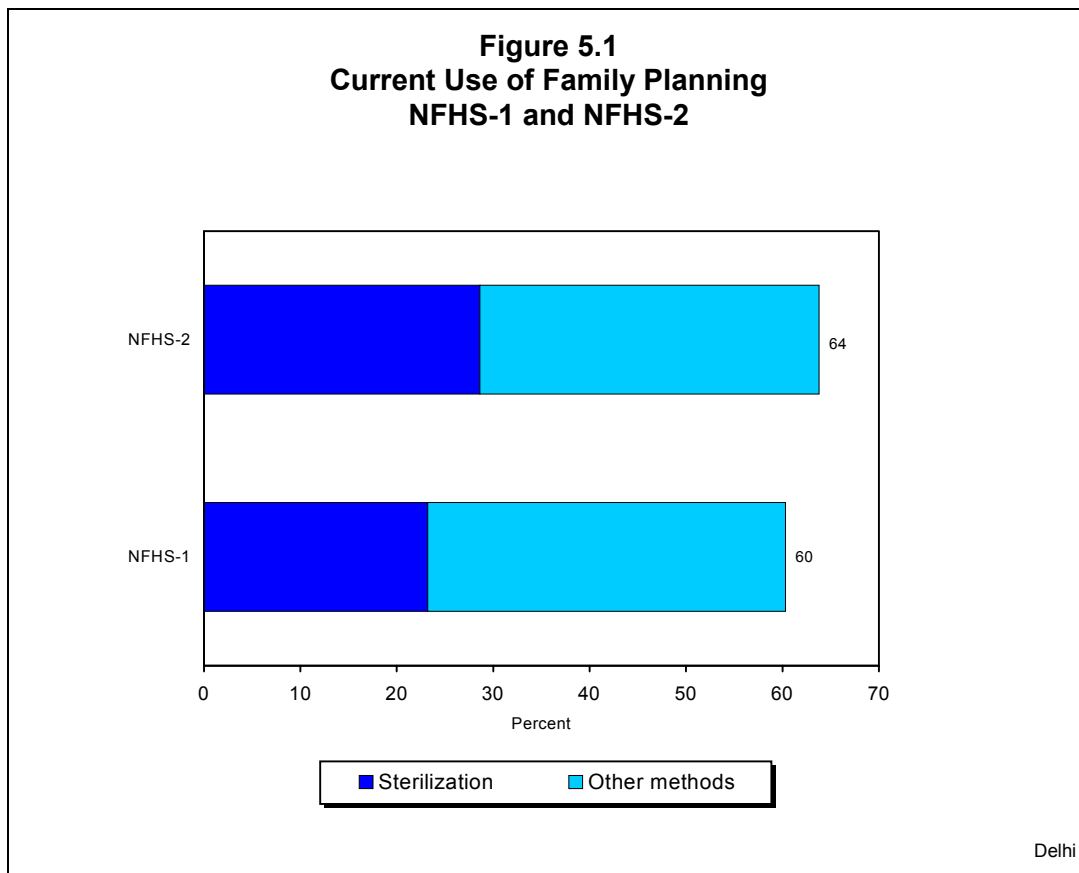
Age	Any method	Any modern method	Pill	IUD	Condom	Female sterilization	Male sterilization	Any traditional method	Rhythm/safe period	Withdrawal	Other method <sup>1</sup>	Not using any method	Total percent	Number of women
15–19	16.3	9.8	1.6	0.0	8.2	0.0	0.0	6.4	4.8	1.7	0.0	83.7	100.0	62
20–24	37.7	31.7	4.4	5.0	17.1	4.9	0.3	6.0	4.1	1.8	0.0	62.3	100.0	384
25–29	55.8	50.3	6.4	7.6	23.2	12.6	0.4	5.0	3.3	1.8	0.4	44.2	100.0	497
30–34	76.5	67.6	5.3	9.1	22.1	29.8	1.3	8.4	4.8	3.6	0.4	23.5	100.0	475
35–39	80.6	71.9	3.6	5.7	17.5	43.3	1.8	8.5	6.1	2.5	0.2	19.4	100.0	440
40–44	72.3	62.7	1.3	5.4	11.0	40.8	4.3	9.2	5.4	3.8	0.3	27.7	100.0	312
45–49	68.1	62.3	0.5	2.4	5.9	40.9	12.5	5.4	3.0	2.4	0.5	31.9	100.0	203
Total	63.8	56.3	4.0	6.2	17.5	26.3	2.3	7.1	4.5	2.6	0.3	36.2	100.0	2,372

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

current method, and in fact, female sterilizations outnumber male sterilizations by more than 10 to 1. Use of the three officially-sponsored spacing methods is quite widespread, accounting for 43 percent of contraceptive prevalence. Specifically, condoms are used by 18 percent of women, IUDs by 6 percent of women and pills by 4 percent of women.

By age, current contraceptive use increases from 16 percent among women age 15–19 to 81 percent among women age 35–39 and decreases for older women. Condom use is highest (23 percent) among women age 25–29, whereas female sterilization is highest (43 percent) among women age 35–39. The majority of contraceptive users under age 35 currently use either a modern spacing method or a traditional method, whereas the majority of current users age 35 or above use female sterilization.

The NFHS-2 contraceptive prevalence rate of 64 percent for Delhi is marginally higher than the NFHS-1 rate of 60 percent (Figure 5.1). During the period between the two surveys, the increase in use of modern methods (from 55 percent to 56 percent) was of the same magnitude as the increase in the use of traditional methods (from 6 percent to 7 percent). Among modern methods, current use of female sterilization rose from 20 percent in NFHS-1 to 26 percent in NFHS-2, but current use of any of the three officially sponsored spacing methods decreased from 31 percent to 28 percent. During the same period the use of male sterilization declined from three to two percent. These results suggest that in Delhi, despite increased emphasis on contraceptive choice and on modern spacing methods in the Reproductive and Child Health Programme, modern spacing methods became slightly less popular and female sterilization slightly more popular during the 1990s.



## Socioeconomic Differentials in Current Use of Family Planning Methods

Table 5.4 shows differences in current contraceptive use among currently married women by background characteristics. Current contraceptive use is somewhat lower among illiterate women (58 percent) than among literate women (63–67 percent). Among literate women, however, there is no strong relationship between level of education and contraceptive practice. Female sterilization is most common among women who are illiterate (36 percent) and least common among women who have completed at least high school (17 percent). On the other hand, condom use increases sharply with education, rising from 6 percent for illiterate women to 25 percent for women who have completed at least high school. The use of the pill and the IUD also tends to increase with education but remains rather low even among more educated women. Modern spacing methods account for 21 percent of all contraceptive use by illiterate women and 57 percent of all contraceptive use by women who have completed at least high school. The use of traditional methods is relatively high among the most educated women and illiterate women but lower among women with intermediate levels of education. Contraceptive use has increased since NFHS-1 among illiterate women by seven percentage points and among literate women who have not completed middle school by six percentage points. Among women of higher educational attainment, however, contraceptive levels changed little. Such a pattern of increase supports the innovation-diffusion model of fertility change, whereby the practice of contraception spreads from the more educated to the less educated (Retherford, 1985).

Contraceptive prevalence is higher among Hindus (66 percent) and Sikhs (62 percent) than among Muslims (49 percent). Female sterilization is more common among Hindus (28 percent) than among Muslims (13 percent) or Sikhs (10 percent). Condom use, by contrast, is highest among Sikhs (25 percent), followed by Muslims (19 percent) and Hindus (17 percent). The three modern spacing methods—the pill, condom, and IUD—together account for 70 percent of contraceptive use by Sikhs, but only 60 and 41 percent of contraceptive use by Muslims and Hindus, respectively. There is not much variation by religion in the use of traditional methods.

By caste/tribe, contraceptive prevalence is highest for women who do not belong to a scheduled caste, scheduled tribe, or other backward class (67 percent) and lower for women belonging to scheduled castes and other backward classes (56–57 percent). The use of any contraception, as well as the use of almost every specific contraceptive method, is positively related to the standard of living index (SLI). Contraceptive prevalence increases from 34 percent for women with a low SLI to 68 percent for women with a high SLI. The use of modern spacing methods is much higher among women with a high SLI (32 percent) than among women with a medium SLI (20 percent) or low SLI (9 percent). Use of traditional methods is slightly higher among women with a high SLI (8 percent) or a medium SLI (7 percent) than among women with a low SLI (3 percent).

Table 5.4 also shows differences in current use of contraception by the number and sex of living children. Contraceptive use increases sharply from 11 percent among women with no living children to 78 percent among women with three living children and then shows a slight decline. Use of female sterilization shows a rising trend even after three living children. Condom use is highest among women with two living children (26 percent). Use of traditional methods is highest among women with one living child (9 percent).

**Table 5.4 Current use by background characteristics**

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

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	64.0	56.4	4.0	6.2	18.2	25.7	2.3	7.3	4.8	2.5	0.3	36.0	100.0	2,178
Rural	60.8	55.5	4.8	5.8	9.6	32.7	2.6	5.2	1.6	3.7	0.0	39.2	100.0	194
<b>Education</b>														
Illiterate	57.6	51.3	3.7	2.3	6.1	35.5	3.7	6.1	4.3	1.8	0.1	42.4	100.0	678
Literate, < middle school complete	66.3	60.6	3.3	5.4	16.4	32.8	2.8	5.4	3.8	1.6	0.3	33.7	100.0	357
Middle school complete	63.0	60.5	5.8	3.6	18.7	31.5	0.7	2.6	2.6	0.0	0.0	37.0	100.0	273
High school complete and above	67.1	57.1	4.1	9.6	24.7	17.0	1.7	9.5	5.4	4.1	0.5	32.9	100.0	1,064
<b>Religion</b>														
Hindu	65.5	58.0	3.7	6.2	16.9	28.4	2.7	7.3	4.6	2.7	0.3	34.5	100.0	2,017
Muslim	48.5	42.3	5.3	4.8	19.0	12.6	0.5	6.2	4.1	2.1	0.0	51.5	100.0	191
Sikh	61.8	53.7	8.0	10.0	25.1	9.8	0.9	7.2	4.6	2.6	0.9	38.2	100.0	112
Other	(57.5)	(53.4)	(4.1)	(4.2)	(15.0)	(30.2)	(0.0)	(4.1)	(4.1)	(0.0)	(0.0)	(42.5)	100.0	47
<b>Caste/tribe</b>														
Scheduled caste	57.0	52.9	3.0	2.0	11.7	32.0	4.1	4.0	2.9	1.1	0.0	43.0	100.0	432
Other backward class	55.7	51.6	5.3	5.2	10.1	29.6	1.4	3.9	2.2	1.7	0.3	44.3	100.0	360
Other <sup>2</sup>	67.4	58.3	4.1	7.5	20.6	24.0	2.1	8.7	5.5	3.3	0.4	32.6	100.0	1,556
<b>Standard of living index</b>														
Low	33.5	30.2	1.7	3.5	3.3	20.1	1.6	3.3	3.3	0.0	0.0	66.5	100.0	58
Medium	56.9	50.2	5.2	3.1	11.3	27.7	2.9	6.5	4.9	1.6	0.1	43.1	100.0	660
High	68.1	60.1	3.6	7.7	20.6	26.1	2.2	7.6	4.5	3.2	0.4	31.9	100.0	1,577

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, Delhi, 1999

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>Number and sex of living children</b>														
No children	11.0	6.3	0.5	0.0	5.2	0.5	0.0	4.7	4.3	0.5	0.0	89.0	100.0	212
1 child	41.3	32.0	3.3	5.8	21.9	0.8	0.3	9.3	4.6	4.7	0.0	58.7	100.0	370
1 son	44.4	34.9	3.1	5.0	25.8	1.0	0.0	9.5	3.9	5.6	0.0	55.6	100.0	201
No sons	37.6	28.5	3.5	6.7	17.2	0.6	0.6	9.0	5.4	3.6	0.0	62.4	100.0	169
2 children	70.8	61.9	5.7	10.8	25.7	17.9	1.8	8.5	5.4	3.1	0.4	29.2	100.0	708
2 sons	75.5	64.9	4.2	9.3	23.9	25.1	2.3	9.7	5.5	4.2	0.9	24.5	100.0	217
1 son	71.7	62.6	5.7	13.1	25.1	16.9	1.8	9.1	6.0	3.1	0.0	28.3	100.0	405
No sons	54.8	51.3	9.2	3.4	32.8	4.7	1.1	2.4	2.4	0.0	1.2	45.2	100.0	86
3 children	78.4	72.2	3.1	5.3	16.1	43.3	4.4	5.8	4.0	1.8	0.4	21.6	100.0	538
3 sons	80.4	78.9	1.6	7.5	16.5	47.3	6.0	1.5	1.5	0.0	0.0	19.6	100.0	65
2 sons	80.6	75.1	2.8	3.6	11.4	53.2	4.1	4.7	3.1	1.6	0.8	19.4	100.0	248
1 son	77.2	70.0	4.0	7.6	22.2	32.0	4.2	7.1	4.6	2.5	0.0	22.8	100.0	195
No sons	(62.4)	(46.0)	(3.4)	(0.0)	(14.4)	(24.7)	(3.4)	(16.4)	(13.0)	(3.4)	(0.0)	(37.6)	100.0	29
4+ children	76.0	69.6	4.7	3.8	9.9	47.8	3.3	6.1	3.9	2.2	0.4	24.0	100.0	545
2+ sons	79.0	73.9	3.6	3.4	8.6	54.2	4.0	4.6	3.2	1.5	0.5	21.0	100.0	407
1 son	71.2	60.9	8.9	4.9	12.8	32.7	1.6	10.3	6.3	4.0	0.0	28.8	100.0	122
Total	63.8	56.3	4.0	6.2	17.5	26.3	2.3	7.1	4.5	2.6	0.3	36.2	100.0	2,372

Note: Total includes 22 scheduled-tribe women, 16 women with 4+ living children with no sons, and 1, 6, 3, and 78 women with missing information on education, religion, caste/tribe, and the standard of living index, respectively, who are not shown separately.

( ) Based on 25–49 unweighted cases

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

<sup>2</sup>Not belonging to a scheduled caste, scheduled tribe, or other backward class

Prevalence rates by sex composition of living children indicate considerable son preference. For each number of living children, women with no sons are much less likely than women with one or more sons to be using contraception. For example, among women with two children, only 55 percent with no sons are using contraception, compared with 76 percent with two sons. In addition, women with two or more children are somewhat more likely to use contraception if they have two or more sons than if they have only one son.

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

In order to examine the timing of initial family planning use, NFHS-2 included a question on how many living children women had when they first used a method. Table 5.5 shows the distribution of ever-married women by the number of living children at the time of first contraceptive use, according to current age and residence. Only 6 percent of ever-married women (8 percent of ever-married women who have ever used contraception) began using contraception when they did not have any living children. Although use of contraception before the birth of a child is relatively rare, 46 percent of ever-married women (63 percent of ever-users) began using when they had two or fewer living children. The table also shows that younger women have begun to use contraception at an earlier stage in the life cycle than older women. For example, among women age 20–24, 11 percent of ever-married women began using contraception when they had no child, and 25 percent began using when they had one child. In contrast, among women age 40–49, only 3 percent began using when they had no child, and 14 percent began using when they had one child.

The demographic impact of contraception depends on both the percentage of couples who use contraception and the parity at which they start using. Elsewhere in India a greater emphasis on sterilization in the contraceptive method mix has increased the likelihood of women using contraception only after achieving their desired family size. But in Delhi, as reflected in the more balanced contraceptive mix including substantial use of modern spacing methods, women appear to be more willing to use contraception when they have relatively few children. Clearly, spacing methods need to be promoted even more if a reduction is sought in the parity at which women first start using contraception.

Current age	Never used	Number of living children at the time of first use						Total percent	Number of women
		0	1	2	3	4+	Missing		
15–19	72.5	14.5	9.8	3.2	0.0	0.0	0.0	100.0	62
20–24	51.4	10.7	25.2	8.1	3.6	1.0	0.0	100.0	387
25–29	30.0	6.2	32.6	18.7	8.4	4.1	0.0	100.0	504
30–34	17.1	4.2	23.7	21.1	15.6	18.1	0.2	100.0	483
35–39	15.5	2.9	18.7	24.2	18.1	20.6	0.0	100.0	466
40–44	20.9	3.5	14.7	18.8	15.7	26.5	0.0	100.0	339
45–49	19.9	3.4	13.9	19.2	17.0	26.4	0.0	100.0	237
Total	27.0	5.5	22.3	18.2	12.5	14.5	0.0	100.0	2,477

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

The analysis of method-specific problems reveals that 81 percent of sterilized women and 98 percent of women whose husbands are sterilized report having no problem with their method. The most common problems experienced by sterilized women are weakness or tiredness (7 percent), headache, bodyache, or backache (5 percent), weight gain (5 percent), and abdominal pain (4 percent). With regard to spacing methods, 15 percent of women had problems using pills, 14 percent had problems using the IUD, and 2 percent had problems using condoms. The most common problems for pill and IUD users were weakness or tiredness, headache/bodyache/backache, irregular periods, weight gain, and (for IUDs) abdominal pain. These results point to a continuing need to strengthen post-operative care for sterilization acceptors and counselling and support for all contraceptive acceptors.

Table 5.6 Problems with current method								
Percentage of current users of specific contraceptive methods who have had problems in using the method, Delhi, 1999								
Problem	Contraceptive method							Total
	Pill	IUD	Condom	Female sterilization	Male sterilization	Rhythm/safe period	Withdrawal	
No problem	84.6	85.6	98.5	81.0	98.3	99.1	98.5	89.2
Weight gain	3.0	2.0	0.0	4.6	0.0	0.9	0.0	2.3
Weight loss	0.0	0.7	0.0	1.3	0.0	0.0	0.0	0.6
Too much bleeding	0.0	2.7	0.0	2.7	0.0	0.0	0.0	1.4
Hypertension	1.0	0.0	0.0	0.3	0.0	0.0	0.0	0.2
Headache/bodyache/backache	2.0	5.4	0.0	5.0	0.0	0.0	0.0	2.7
Nausea/vomiting	2.9	0.0	0.0	0.5	0.0	0.0	0.0	0.4
No menstruation	1.0	0.0	0.0	0.2	0.0	0.0	0.0	0.1
Weakness/tiredness	4.0	3.4	0.5	7.4	0.0	0.0	0.0	3.8
Dizziness	1.1	1.3	0.0	1.4	0.0	0.9	0.0	0.9
Fever	0.0	0.0	0.2	1.8	0.0	0.0	0.0	0.8
Spotting	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.1
Abdominal pain	1.0	3.5	0.0	4.3	0.0	0.0	0.0	2.2
White discharge	1.1	0.7	0.3	2.2	0.0	0.0	0.0	1.1
Irregular periods	4.3	2.1	0.0	2.2	0.0	0.0	0.0	1.4
Breast tenderness	2.0	0.0	0.0	0.9	0.0	0.0	0.0	0.5
Reduced sexual satisfaction	0.0	0.0	0.7	0.2	0.0	0.0	1.5	0.3
Other	1.0	0.0	0.0	1.1	1.7	0.0	0.0	0.6
Number of users	96	147	414	624	56	107	62	1,513

Note: Percentages may add to more than 100.0 because multiple problems could be recorded. Total includes 7 users of other contraceptive methods, who are not shown separately.

### 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 680 sterilizations reported, 92 percent are female sterilizations. Thirty-six percent of the female sterilizations took place less than 6 years before the survey, another 26 percent took place 6–9 years before the survey, and 39 percent took place 10 or more years before the survey. By contrast, most male sterilizations took place 10 or more years before the survey (data not shown). The median age of women at the time they or their husbands were sterilized was 27.8 years, two years older than the median of 25.7 years for India as a whole. Sixty-eight percent of sterilized couples underwent sterilization before the wife reached age 30. Ninety-two percent of sterilizations took place before the wife reached age 35, and only 1 percent took place when the wife was in her forties. Among sterilized couples, 62 percent 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 women at the time of sterilization has increased by 1.4 years from age 27.6 in the period 8–9 years before the survey to age 29.0 in the period 0–1 years before the survey. From NFHS-2 data it is not possible to assess the trend in the median age at sterilization for

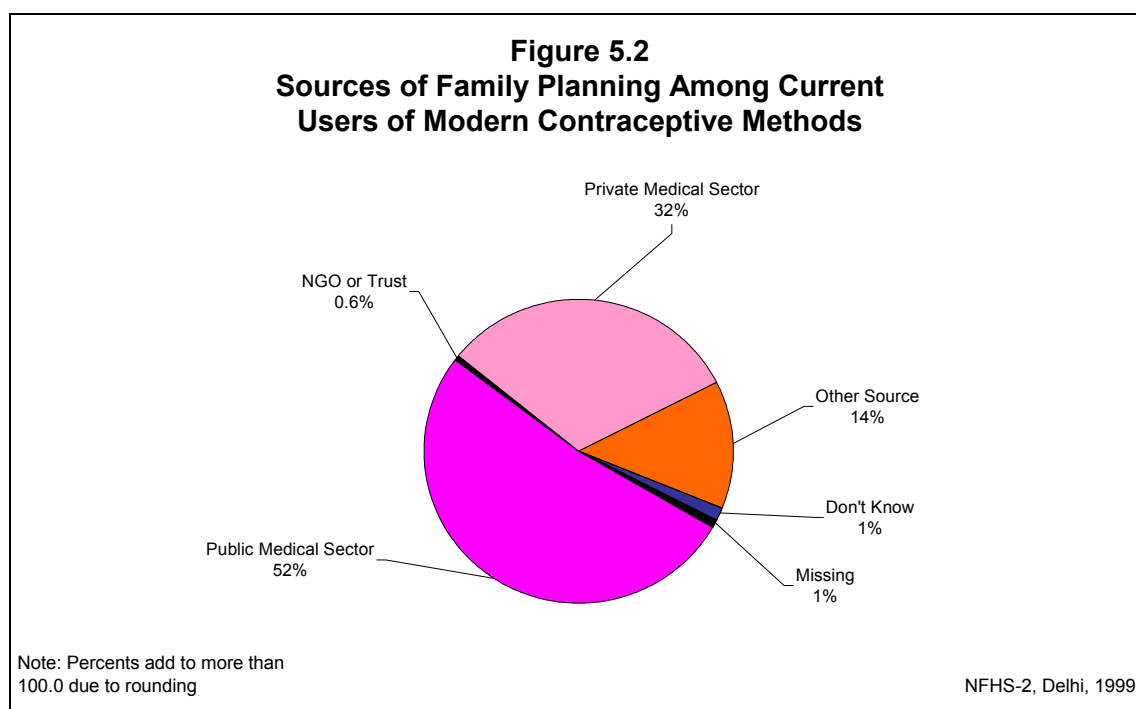
<u>Table 5.7 Timing of sterilization</u>										
Percent distribution of currently married, sterilized women and wives of sterilized men by age at the time of sterilization and median age of the woman at the time of sterilization, according to the number of years since sterilization, Delhi, 1999										
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	0.0	20.0	35.9	24.2	14.8	3.8	1.3	100.0	80	29.0
2–3	0.0	17.9	39.8	29.3	12.9	0.0	0.0	100.0	72	28.8
4–5	1.5	20.6	31.1	35.5	8.4	2.9	0.0	100.0	71	29.0
6–7	4.5	20.7	43.0	21.6	10.2	0.0	U	100.0	87	27.6
8–9	1.3	18.0	42.4	28.9	8.1	1.4	U	100.0	73	27.6
10+	2.6	24.7	52.4	18.2	2.0	U	U	100.0	241	NC
Total	2.0	21.5	43.9	24.0	7.5	1.0	0.2	100.0	624	27.9
<b>WIVES OF STERILIZED MEN</b>										
Total	5.1	30.7	34.9	25.6	3.7	0.0	0.0	100.0	56.0	26.9
<b>STERILIZED WOMEN AND WIVES OF STERILIZED MEN</b>										
< 2	0.0	20.7	35.0	25.0	14.4	3.7	1.3	100.0	82	29.0
2–3	0.0	18.6	38.3	29.5	13.6	0.0	0.0	100.0	75	28.9
4–5	1.4	21.1	31.3	35.4	8.1	2.7	0.0	100.0	73	29.1
6–7	4.4	20.0	43.7	22.0	9.9	0.0	U	100.0	90	27.7
8–9	1.2	17.8	41.7	28.5	9.4	1.4	U	100.0	74	27.7
10+	3.2	25.9	50.1	19.0	1.7	U	U	100.0	284	NC
Total	2.2	22.3	43.2	24.1	7.2	0.9	0.2	100.0	680	27.8
NC: Not calculated due to censoring										
U: Not available										
<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.										

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, suggests that the increase in women’s age at sterilization has been slower than indicated by the NFHS-2 data for age cohorts. The median age at sterilization was 27.4 years 8–9 years before NFHS-1, compared with 27.6 years 8–9 years before NFHS-2, some six years later, indicating an increase of only 0.2 year. A rising trend in the mean age at sterilization would indicate that young women are switching to non-terminal methods of contraception, but the data suggest that such a shift did not occur to any great extent in Delhi between NFHS-1 and NFHS-2.

#### 5.4 Sources of Contraceptive Methods

Family planning methods and services in Delhi are provided primarily through a network of government hospitals and urban family welfare centres in urban areas and Primary Health Centres (PHC) and sub-centres in rural areas. Family planning services are also provided by private hospitals and clinics, as well as nongovernmental organizations (NGOs). Sterilizations and IUD insertions are carried out mostly in government hospitals and PHCs. Sterilization camps, organized from time to time, also provide sterilization services. Modern spacing methods such as the IUD, pill, and condom are available through both the government and private sectors.

To assess the relative importance of various sources of contraceptive methods, NFHS-2 included a question on where current contraceptive users obtained their methods. Table 5.8 and Figure 5.2 show the percent distribution of current users of modern contraceptives by the source from which they obtained their method most recently, according to specific method. The public medical sector, consisting of government/municipal hospitals, government dispensaries, Primary



**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, Delhi, 1999

Source	Contraceptive method					All modern methods
	Pill	IUD	Condom	Female sterilization	Male sterilization	
<b>Public medical sector</b>	14.4	57.0	11.2	81.0	79.3	51.9
Government/municipal hospital	6.1	48.6	6.1	78.3	74.0	47.3
Government dispensary	5.1	6.2	3.9	0.0	0.0	2.2
UHC/UHP/UFWC	1.0	0.0	0.5	1.3	0.0	0.8
CHC/rural hospital/PHC	1.2	0.8	0.0	0.5	1.8	0.5
Sub-centre	1.0	1.4	0.2	0.0	0.0	0.3
Camp	0.0	0.0	0.2	0.8	3.5	0.6
Other public medical sector	0.0	0.0	0.3	0.2	0.0	0.2
<b>NGO or trust</b>	0.0	0.8	0.2	0.6	3.9	0.6
Hospital/clinic	0.0	0.8	0.0	0.6	3.9	0.5
NGO worker	0.0	0.0	0.2	0.0	0.0	0.1
<b>Private medical sector</b>	49.4	42.3	48.9	17.1	11.3	31.8
Private hospital/clinic	8.3	27.2	6.4	14.0	11.3	12.6
Private doctor	3.2	14.4	4.8	3.1	0.0	4.7
Private paramedic	4.3	0.0	4.8	0.0	0.0	1.8
Pharmacy/drugstore	32.6	0.0	32.1	0.0	0.0	12.3
<i>Dai</i> (TBA)	0.0	0.0	0.5	0.0	0.0	0.2
Other private medical sector	1.0	0.7	0.2	0.0	0.0	0.2
<b>Other source</b>	32.2	0.0	35.8	0.1	1.9	13.5
Shop	32.2	0.0	35.8	0.0	0.0	13.4
Other	0.0	0.0	0.0	0.1	1.9	0.1
Don't know <sup>1</sup>	3.1	0.0	3.7	0.0	0.0	1.4
Missing	1.0	0.0	0.2	1.2	3.7	0.8
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	96	147	414	624	56	1,337

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  
<sup>1</sup>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.

Health Centres, and other governmental health infrastructure, is the source of contraception for 52 percent of current users of modern methods. The private medical sector, including private hospitals or clinics, private doctors, private paramedics, pharmacies or drugstores, and traditional birth attendants, is the source for 32 percent of current users. Fourteen percent of current users obtain their methods from other sources including NGOs, trusts, shops, friends, and relatives.

Government/municipal hospitals are the main source (78 percent) for female sterilization, followed by private hospitals or clinics (14 percent). Similar sources are used for male sterilizations. By contrast, shops and private pharmacies or drugstores are the main source for condoms (68 percent) and for pills (65 percent). Only 14 percent of current pill users and 11 percent of current condom users obtain their supply from the public medical sector. The public medical sector is, however, the main source for IUDs (57 percent).

**Table 5.9 Reasons for discontinuation/non-use**

Percent distribution of nonpregnant, currently married women who stopped using contraception by main reason for stopping use and percent distribution of nonpregnant, currently married women who never used contraception by main reason for not currently using, according to residence, Delhi, 1999

Reason	Urban	Rural	Total
<b>REASON FOR STOPPING USE</b>			
Method failed/got pregnant	2.7	*	3.1
Lack of sexual satisfaction	5.5	*	5.6
Created menstrual problem	15.9	*	14.7
Created health problem	20.4	*	20.5
Inconvenient to use	1.6	*	1.5
Gained weight	0.5	*	0.5
Did not like the method	5.0	*	5.2
Wanted to have a child	23.0	*	23.4
Lack of privacy for use	1.1	*	1.6
Husband away	2.2	*	2.6
Costs too much	1.2	*	1.1
Other	18.6	*	17.7
Missing	2.3	*	2.7
Total percent	100.0	100.0	100.0
Number of women	181	14	196
<b>REASON FOR NOT CURRENTLY USING</b>			
Husband away	3.3	(6.9)	3.7
<b>Fertility-related reasons</b>	63.1	(50.1)	61.9
Not having sex	5.0	(4.6)	5.0
Infrequent sex	3.8	(2.2)	3.7
Menopausal/had hysterectomy	8.2	(4.5)	7.9
Subfecund/infecund	2.7	(2.3)	2.7
Postpartum/breastfeeding	2.5	(2.2)	2.5
Wants more children	40.7	(34.2)	40.2
<b>Opposition to use</b>	11.5	(22.8)	12.5
Opposed to family planning	1.5	(6.9)	2.0
Husband opposed	7.0	(11.4)	7.4
Other people opposed	0.2	(4.5)	0.6
Against religion	2.8	(0.0)	2.5
<b>Lack of knowledge</b>	1.3	(2.2)	1.4
Knows no method	1.1	(2.2)	1.2
Knows no source	0.2	(0.0)	0.2
<b>Method-related reasons</b>	10.8	(4.5)	10.2
Health concerns	2.6	(0.0)	2.4
Worry about side effects	3.4	(0.0)	3.1
Costs too much	0.4	(0.0)	0.4
Afraid of sterilization	0.2	(2.2)	0.4
Doesn't like existing methods	4.1	(2.3)	4.0
Other	7.7	(11.2)	8.0
Don't know/missing	2.4	(2.3)	2.4
Total percent	100.0	100.0	100.0
Number of women	463	45	509
( ) Based on 25–49 unweighted cases *Percentage not shown; based on fewer than 25 unweighted cases			

## **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 196 nonpregnant women who ever used family planning methods (11 percent of ever users) have discontinued use. Among the group that discontinued contraception, the most commonly mentioned reason for discontinuing is that the couple wanted to have a child (23 percent). Other frequently cited reasons for discontinuing use are that the contraceptive use created a health problem (21 percent) or a menstrual problem (15 percent).

Among women who never used contraception, the most commonly mentioned reason for not currently using a method is again the desire for more children (40 percent). Thirteen percent of women say they are not using contraception because they are menopausal, have had a hysterectomy, are infecund or subfecund, or are postpartum amenorrheic or breastfeeding. Another 9 percent say they are not using contraception because they are either not having sex or having it infrequently. Thirteen percent mention different types of opposition to family planning, such as their husband being opposed to contraception (7 percent) or contraceptive use being against their religion (3 percent). Six percent mention a health-related problem (health concerns or worry about side effects), 4 percent say they are not using contraception because they do not like the existing methods, and 4 percent say that their husband is away.

## **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 number of living children.

Sixty-two 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, 50 percent intend to use a method within the next 12 months. The proportion of women who intend to use contraception in the future is 60 percent for women with no living children and 75 percent for women with one living child; it then declines with increasing numbers of children to 48 percent for women with four or more living children.

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 47 percent among women with no children to 9 percent among women with four or more children. The proportion expressing an intention to use contraception within the next 12 months increases from 7 percent among women with no children to 40 percent among women with three children and then declines slightly to 37 percent among women with four or more children.

<u>Table 5.10 Future use of contraception</u>						
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, Delhi, 1999						
Intention to use in the future	Number of living children <sup>1</sup>					Total
	0	1	2	3	4+	
Intends to use in next 12 months	7.1	33.4	34.2	40.3	36.5	31.1
Intends to use later	47.2	35.3	25.0	18.4	9.4	27.5
Intends to use, unsure when	5.2	5.8	2.5	1.5	2.2	3.5
Unsure as to intention	19.2	5.2	2.4	4.4	3.6	6.3
Does not intend to use	20.4	20.3	35.3	34.7	47.5	31.1
Missing	0.8	0.0	0.5	0.7	0.8	0.5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	136	211	239	136	137	860

<sup>1</sup>Includes current pregnancy, if any

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 58 percent of women mention a fertility-related reason for not intending to use contraception in the future, 13 percent mention opposition to use, 15 percent mention a method-related reason, and 1 percent mention a reason related to lack of knowledge. The most frequently mentioned reason given for not intending to use contraception is that the woman is menopausal or she has undergone a hysterectomy (30 percent). Other important fertility-related reasons are the desire to have as many children as possible (11 percent), not having sex or infrequent sex (11 percent), and subfecundity or infecundity (5 percent). Five percent of women do not intend to use contraception because they believe it to be against their religion, another 5 percent because their husband is opposed to use of contraception, and 8 percent because they do not like the existing methods.

Twenty-three 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 9 percent of women age 30–49. Younger women are also much more likely than older women to give reasons relating to opposition to use and lack of knowledge. For example, 16 percent of women age 15–29 say that they do not intend to use contraception because it is against their religion, compared with only 4 percent of women age 30–49. Thirty-nine percent of older women mention reasons related to menopause, hysterectomy, infecundity or subfecundity, compared with 16 percent of younger women.

Since women below age 30 account for 84 percent of total current fertility in Delhi, the reasons they give for not intending to use contraception are important from a policy perspective. Among the 58 percent of younger women who give reasons not related to fertility, the reason given most often is that contraception is against their religion. However, a sizeable proportion of young women who do not intend to use contraception mention lack of knowledge (5 percent), not liking the existing methods (8 percent), health concerns or concerns about side effects (5 percent), and opposition from husband (11 percent). This suggests that improved quality of

<b>Table 5.11 Reasons for not intending to use contraception</b>			
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, Delhi, 1999			
Reason	Current age		Total
	15–29	30–49	
<b>Fertility-related reasons</b>	(41.9)	60.1	57.5
Not having sex	(2.5)	8.4	7.6
Infrequent sex	(0.0)	4.5	3.8
Menopausal/had hysterectomy	(10.7)	33.4	30.2
Subfecund/infecund	(5.5)	5.1	5.2
Wants as many children as possible	(23.1)	8.6	10.7
<b>Opposition to use</b>	(34.6)	9.4	13.0
Opposed to family planning	(7.5)	2.1	2.9
Husband opposed	(10.9)	3.8	4.8
Against religion	(16.3)	3.5	5.3
<b>Lack of knowledge</b>			
Knows no method	(5.4)	0.5	1.2
<b>Method-related reasons</b>	(12.8)	15.3	14.9
Health concerns	(0.0)	3.5	3.0
Worry about side effects	(5.1)	2.2	2.6
Costs too much	(0.0)	0.4	0.4
Inconvenient	(0.0)	0.4	0.4
Afraid of sterilization	(0.0)	0.5	0.4
Doesn't like existing methods	(7.7)	8.2	8.1
Other	(5.3)	11.3	10.4
Don't know/missing	(0.0)	3.5	3.0
Total percent	100.0	100.0	100.0
Number of women	38	230	267
( ) Based on 25–49 unweighted cases			

services and information could enhance the success of the family welfare programme in Delhi. 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. Fortunately, in Delhi, women who do not intend to use in the future are only 4 percent of all currently married women below age 30.

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, 54 percent say they prefer to use female sterilization, 15 percent prefer condoms, 14 percent prefer the pill, and 8 percent prefer the IUD. Two percent prefer a traditional method, less than 1 percent prefer that their husbands get sterilized, and 6 percent are unsure about which method they would use. There are important differences in the choice of preferred methods by timing of intended use. Women who intend to use contraception within the next 12 months show a greater preference for spacing methods, whereas women who plan to use contraception later are more likely to prefer female sterilization. Specifically, 46 percent of women who intend to use contraception within the next 12 months would prefer to use a modern spacing method,

**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, Delhi, 1999

Preferred method	Timing of intended use			Total
	Next 12 months	Later	Unsure about timing	
Pill	18.9	10.8	(3.4)	14.4
IUD	9.7	4.7	(9.8)	7.5
Condom	17.8	13.0	(13.7)	15.4
Female sterilization	43.2	63.9	(66.7)	53.7
Male sterilization	0.4	0.0	(0.0)	0.2
Rhythm/safe period	1.1	2.5	(0.0)	1.7
Other	1.1	1.2	(0.0)	1.1
Unsure	7.8	3.9	(6.5)	6.0
Total percent	100.0	100.0	100.0	100.0
Number	267	236	30	534

( ) Based on 25–49 unweighted cases

compared with 29 percent of women who intend to use later. By contrast, 64 percent of women who intend to use contraception after at least 12 months would prefer to use female sterilization, compared with 43 percent of women who want to use contraception within 12 months.

Overall, the mix of contraceptive methods that intended future users say they would prefer to use is not greatly different from the methods currently being used. However, the results suggest some shifting towards female sterilization from the officially-sponsored spacing methods. While 54 percent of those who intend to use contraception any time in the future say that they would prefer to use female sterilization, 41 percent of current users are actually using female sterilization (Table 5.3). Among current users of spacing methods, the condom is by far the most popular method, whereas the pill is almost as preferred as the condom among those who intend to use contraception in the future.

## 5.7 Exposure to Family Planning Messages

For many years, the family welfare programme has been using electronic and other mass media to promote family planning. Studies have confirmed that even after controlling for residence and education, exposure to electronic mass media has a substantial effect on fertility and contraceptive use (Bhat, 1996; 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 through the mass media over the past few months have reached 92 percent of ever-married women in Delhi. The most common source of recent exposure to family planning messages is television. Ninety percent of ever-married women report having

**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, Delhi, 1999

Background characteristic	Source of family planning message						Any source	Number of women
	Radio	Television	Cinema/ film show	News-paper/ magazine	Wall painting/ hoarding	Drama/ folk dance/ street play		
<b>Age</b>								
15–24	52.6	88.6	20.8	40.0	38.9	7.3	91.2	449
25–34	52.6	89.6	23.1	45.6	41.8	8.9	91.6	986
35–49	54.6	90.1	20.2	41.1	35.1	6.7	92.0	1,041
<b>Residence</b>								
Urban	54.3	90.6	22.5	44.8	40.1	8.2	92.6	2,282
Rural	42.6	78.8	9.5	17.9	19.9	1.1	81.5	195
<b>Education</b>								
Illiterate	36.4	78.4	8.1	2.2	10.1	4.0	81.8	721
Literate, < middle school complete	46.7	87.1	12.8	23.0	31.8	5.8	90.3	378
Middle school complete	52.7	91.6	18.7	45.9	41.7	7.8	94.0	284
High school complete and above	67.2	97.5	33.9	75.4	58.6	10.7	98.2	1,093
<b>Religion</b>								
Hindu	54.0	90.7	21.9	43.3	38.7	8.1	92.6	2,106
Muslim	44.2	72.6	11.6	19.0	23.5	4.5	78.0	199
Sikh	56.9	97.4	31.7	67.8	59.7	8.7	99.1	116
Other	57.8	93.7	19.7	57.8	43.7	0.0	93.7	50
<b>Caste/tribe</b>								
Scheduled caste	46.3	87.4	16.9	21.5	27.6	9.9	89.1	451
Other backward class	42.5	80.1	12.6	20.7	22.7	4.4	82.7	385
Other <sup>1</sup>	57.9	92.6	24.8	54.1	45.0	7.9	94.5	1,616
<b>Standard of living index</b>								
Low	30.8	47.9	1.6	1.5	4.6	1.5	52.4	63
Medium	39.3	82.8	9.7	16.7	20.7	5.3	86.7	695
High	59.9	94.0	26.8	54.6	46.5	8.7	95.3	1,638
<b>Use of contraception</b>								
Ever used	54.3	91.6	22.2	46.5	41.3	7.7	93.4	1,809
Never used	50.9	84.3	19.5	32.5	30.8	7.4	87.3	668
Total	53.4	89.6	21.4	42.7	38.5	7.7	91.7	2,477

Note: Total includes 22 scheduled-tribe women and 1, 6, 3, and 80 women with missing information on education, religion, caste/tribe, and the standard of living index, respectively, who are not shown separately.

<sup>1</sup>Not belonging to a scheduled caste, scheduled tribe, or other backward class

heard a family planning message on television. Other important sources of family planning messages are radio (53 percent), newspapers or magazines (43 percent), wall paintings and hoardings (39 percent), and cinema/film shows (21 percent). Eight percent have been recently exposed to a family planning message through a drama, folk dance, or street play.

Exposure to family planning messages varies little by woman's age. Exposure increases with education, from 82 percent among illiterate women to 98 percent among women who have

completed at least high school. Illiterate women's media exposure is almost entirely through television. Exposure to family planning messages also varies by religion, with Muslim women less likely to be exposed to family planning messages than Hindu or Sikh women. Seventy-eight percent of Muslim women say they have heard or seen a family planning message through the media, compared with 93 percent of Hindu women and 99 percent of Sikh women.

Ninety-five percent of ever-married women not belonging to scheduled castes, scheduled tribes, or other backward classes have seen or heard a family planning message, compared with 89 percent of scheduled-caste women and 83 percent of women from other backward classes. Exposure to family planning messages rises dramatically with standard of living, both for media in general and for each specific media source. Finally, women who have ever used contraception are slightly 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, 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 taste.

## **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 28 percent of currently married women in Delhi discussed family planning with their husband, friends, neighbours, or other relatives in the past few months. Twenty-four percent of women discussed family planning with their husbands, and 9 percent discussed family planning with friends or neighbours. Discussions of family planning with relatives other than the husband are rare.

Women age 15–24 years are most likely to have discussed family planning with someone (36 percent), followed by women age 25–34 (34 percent) and women age 35–49 (17 percent). The proportion who have discussed family planning with others varies hardly at all by urban-rural residence. The proportion of women reporting such discussions generally rises with women's education, husband's education, and the standard of living index, but not by much. Muslim women are somewhat more likely to have discussed family planning than Hindu or Sikh women. Discussions of family planning do not vary much by caste/tribe. Women who have ever used contraception are more likely to have discussed family planning (30 percent) than women who have never used contraception (19 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 met need and unmet need. Table 5.15 shows unmet need, met need, and total demand for family planning,

**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, Delhi, 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		
<b>Age</b>									
15–24	32.5	1.2	0.7	0.2	4.3	2.0	8.0	35.6	446
25–34	29.8	1.0	0.7	0.1	2.5	1.5	10.0	33.8	972
35–49	13.2	0.2	0.5	0.0	0.1	1.1	7.5	17.4	954
<b>Residence</b>									
Urban	23.3	0.7	0.6	0.1	1.8	1.5	8.7	27.3	2,178
Rural	27.7	0.5	0.5	0.0	2.7	1.0	7.9	29.8	194
<b>Education</b>									
Illiterate	20.2	0.7	0.3	0.0	1.3	0.6	6.7	23.8	678
Literate, < middle school complete	22.1	0.8	1.1	0.3	2.2	1.1	9.1	27.4	357
Middle school complete	25.1	0.7	0.4	0.0	0.4	1.4	10.3	29.2	273
High school complete and above	26.0	0.7	0.8	0.1	2.5	2.2	9.3	29.6	1,064
<b>Religion</b>									
Hindu	23.5	0.8	0.6	0.1	1.9	1.6	8.7	27.5	2,017
Muslim	29.7	0.0	1.1	0.0	1.0	1.0	7.4	33.4	191
Sikh	20.7	0.0	0.0	0.0	1.7	0.9	11.6	23.4	112
Other	(14.7)	(2.0)	(2.0)	(0.0)	(2.0)	(0.0)	(6.2)	(16.7)	47
<b>Caste/tribe</b>									
Scheduled caste	22.0	1.2	0.2	0.0	2.1	1.1	9.1	25.9	432
Other backward class	26.0	0.6	0.3	0.0	2.3	1.1	7.4	29.8	360
Other <sup>1</sup>	23.5	0.6	0.8	0.1	1.7	1.7	8.8	27.4	1,556
<b>Standard of living index</b>									
Low	23.5	0.0	0.0	0.0	0.0	0.0	4.9	25.0	58
Medium	22.4	0.5	0.3	0.0	1.4	0.9	9.1	27.3	660
High	24.4	0.9	0.8	0.1	2.1	1.8	8.6	28.0	1,577
<b>Use of contraception</b>									
Ever used	25.9	0.7	0.7	0.1	1.8	1.6	9.7	30.3	1,766
Never used	17.0	0.8	0.3	0.0	2.0	1.0	5.4	19.4	606
<b>Husband's education</b>									
Illiterate	18.7	0.4	0.0	0.0	0.4	0.4	5.2	22.6	230
Literate, < middle school complete	21.9	1.1	0.7	0.4	1.4	1.3	6.5	25.3	288
Middle school complete	24.9	1.3	1.0	0.0	2.9	1.0	11.0	30.2	300
High school complete and above	24.6	0.6	0.6	0.1	2.0	1.7	9.1	28.2	1,540
Total	23.6	0.7	0.6	0.1	1.9	1.5	8.6	27.5	2,372

Note: Total includes 22 scheduled-tribe women and 1, 6, 3, 78, and 14 women with missing information on education, religion, caste/tribe, the standard of living index, and husband's education, respectively, who are not shown separately.

( ) Based on 25–49 unweighted cases

<sup>1</sup>Not belonging to a scheduled caste, scheduled tribe, or other backward class

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 Delhi have an unmet need for family planning. The unmet need in Delhi is about equally divided between unmet need for spacing births (6 percent) and unmet need for limiting births (8 percent). If all of the women who say they want to space or limit their births were to use family planning, the contraceptive prevalence rate would increase from 64 percent to 77 percent in the state. This means that current programmes are meeting 83 percent of total family planning need (as shown in the last column of the Table 5.15). Overall, the results indicate that there has been little change in unmet need during the period since NFHS-1, when unmet need in Delhi was estimated to be 15 percent. There has likewise been little change in the proportion of demand satisfied, which increased slightly from 80 percent in NFHS-1 to 83 percent in NFHS-2.

Unmet need falls steadily from 29 percent among women age 15–19 to 7 percent among women age 35–49. For the youngest women (age 15–19), unmet need is wholly for spacing, but already by age 25–29, 61 percent of unmet need is for limiting. Both met need and unmet need for contraception among women age 30 years and above are almost exclusively for limiting. Only 36 percent of the total demand for family planning is being met for married women age 15–19. This proportion rises steadily with woman's age to 91 percent for women age 45–49.

Unmet need is somewhat lower among women who have completed at least high school (12 percent) than among illiterate women (17 percent). The percentage of unmet need that is due to unmet need for spacing increases with education. The percentage of demand satisfied also increases with education, from 77 percent among illiterate women to 85 percent among women who have completed at least high school.

Muslim women have higher unmet need for family planning (22 percent) than either Hindu women (13 percent) or Sikh women (12 percent). Also the percentage of total demand satisfied is higher for Sikh and Hindu women (both 84 percent) than for Muslim women (69 percent). Notably, although unmet need among Hindu and Sikh women is about equally divided between unmet need for spacing and unmet need for limiting, nearly three-fourths of the unmet need among Muslim women is for limiting. Unmet need is lower for women who do not belong to a scheduled caste, scheduled tribe, or other backward class (11 percent) than for women belonging to a scheduled caste or other backward class (17–18 percent). Also, the percentage of demand satisfied is higher among the former group (86 percent) than among the latter group (76 percent). Unmet need declines sharply with the standard of living index, and the percentage of demand satisfied increases with the index.

Unmet need varies irregularly by number of living children. Unmet need is especially high among women with one living child and among women with six or more living children. The percentage of demand satisfied is especially low among women with no living children, women with one living child, and women with six or more living children.

These results reveal that although the level of contraceptive practice is relatively high in Delhi, there still exists significant unmet need for contraception among most subgroups of the population and among women at all parities. Many women have an unmet need for spacing, especially before their first birth and between their first and second births. The relatively high

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, Delhi, 1999

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	29.1	0.0	29.1	12.8	3.4	16.3	42.0	3.4	45.4	35.8
20–24	19.1	5.4	24.5	18.0	19.6	37.7	37.2	25.0	62.2	60.6
25–29	7.5	11.6	19.1	14.0	41.8	55.8	21.5	53.4	74.9	74.4
30–34	1.4	8.2	9.7	5.8	70.7	76.5	7.2	78.9	86.1	88.8
35–39	0.9	5.9	6.8	2.1	78.5	80.6	3.0	84.4	87.4	92.2
40–44	0.0	6.7	6.7	0.3	72.0	72.3	0.3	78.6	78.9	91.6
45–49	0.0	6.6	6.6	0.0	68.1	68.1	0.0	74.7	74.7	91.2
<b>Residence</b>										
Urban	6.1	7.3	13.5	7.9	56.2	64.0	14.0	63.5	77.5	82.6
Rural	3.2	9.1	12.2	6.3	54.4	60.8	9.5	63.5	73.0	83.2
<b>Education</b>										
Illiterate	5.6	11.2	16.8	2.6	55.0	57.6	8.3	66.2	74.4	77.4
Literate, < middle school complete	5.8	7.3	13.1	7.5	58.8	66.3	13.3	66.1	79.4	83.5
Middle school complete	7.3	5.4	12.7	8.0	55.0	63.0	15.4	60.4	75.8	83.2
High school complete and above	5.7	5.7	11.5	11.0	56.0	67.1	16.8	61.8	78.5	85.4
<b>Religion</b>										
Hindu	6.0	6.6	12.6	7.5	58.0	65.5	13.5	64.6	78.1	83.9
Muslim	5.7	16.5	22.2	8.5	40.1	48.5	14.2	56.5	70.7	68.6
Sikh	5.3	6.3	11.7	11.1	50.7	61.8	16.4	57.1	73.5	84.1
Other	(4.1)	(8.3)	(12.4)	(6.4)	(51.1)	(57.5)	(10.5)	(59.4)	(69.9)	(82.2)
<b>Caste/tribe</b>										
Scheduled caste	8.9	8.9	17.8	6.2	50.8	57.0	15.1	59.7	74.8	76.2
Other backward class	8.8	8.6	17.4	4.7	51.0	55.7	13.5	59.6	73.2	76.2
Other <sup>3</sup>	4.4	6.9	11.3	8.9	58.5	67.4	13.2	65.4	78.7	85.6
<b>Standard of living index</b>										
Low	13.0	14.9	28.0	1.6	31.9	33.5	14.7	46.8	61.5	54.5
Medium	6.1	10.2	16.3	6.0	50.8	56.9	12.2	61.0	73.2	77.7
High	5.3	6.1	11.4	8.8	59.3	68.1	14.2	65.4	79.5	85.6
<b>Number of living children</b>										
0	11.9	0.0	11.9	10.0	1.0	11.0	21.9	1.0	23.0	48.0
1	19.8	1.8	21.6	27.6	13.7	41.3	47.4	15.5	62.9	65.6
2	3.8	8.4	12.2	5.7	65.1	70.8	9.4	73.5	83.0	85.3
3	1.2	10.0	11.3	2.7	75.6	78.4	4.0	85.7	89.7	87.4
4	1.0	8.0	9.0	1.6	77.6	79.2	2.5	85.6	88.1	89.8
5	2.9	10.4	13.3	0.8	75.5	76.3	3.7	85.9	89.5	85.2
6+	1.1	18.8	19.8	0.0	65.5	65.5	1.1	84.2	85.3	76.7
<b>Total</b>	<b>5.9</b>	<b>7.5</b>	<b>13.4</b>	<b>7.8</b>	<b>56.0</b>	<b>63.8</b>	<b>13.7</b>	<b>63.5</b>	<b>77.1</b>	<b>82.7</b>

Note: Total includes small numbers of scheduled-tribe women and women with missing information on education, religion, caste/tribe, and the standard of living index, who are not shown separately.

( ) Based on 25–49 unweighted cases

<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 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.

<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.

<sup>3</sup>Not belonging to a scheduled caste, scheduled tribe, or other backward class

unmet need for limiting among older women, among those who are poor and illiterate, and among Muslims suggests that many women who need permanent methods of contraception are also not being served adequately by current programmes.