

Contraceptive Use in India, 1992–93

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India's National Family Health Survey (NFHS) was conducted in 1992–93 under the auspices of the Ministry of Health and Family Welfare. The survey provides national and state-level estimates of fertility, infant and child mortality, family planning practice, maternal and child health care, and the utilization of services available to mothers and children. The International Institute for Population Sciences, Mumbai, coordinated the project in cooperation with 18 population research centres throughout India, the East-West Center Program on Population in Honolulu, Hawaii, and Macro International in Calverton, Maryland. The United States Agency for International Development provided funding for the project.

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Contraceptive Use in India, 1992–93

Abstract. India's 1992–93 National Family Health Survey (NFHS) collected detailed information on contraceptive use among currently married women between the ages of 13 and 49. The survey showed that knowledge of contraception is almost universal among these Indian women, but only 41 percent are actually using contraception. The mean number of children at first use of contraception is 2.8. Three-quarters of couples who use contraception rely on sterilization, mainly female sterilization. Among these couples, the median age of the wife when she or her husband was sterilized is 26.6 years.

Seventy-nine percent of current users of modern contraceptive methods obtain contraception from government sources. Although only 6 percent of women currently using contraception are using modern temporary methods, nearly one-third of women who are not currently using contraception but intend to do so in the future expressed a preference for such methods.

This report focuses primarily on the determinants of contraceptive use. The effects of various predictor variables are analyzed first without and then with statistical controls for women's level of education and rural or urban residence. The analysis results in several major findings. Contraceptive use is higher in urban than in rural areas in part because urban women are more educated than rural women. Son preference has a strong effect on contraceptive use up to the point at which women have two living sons, but not beyond. Religion has a substantial effect on contraceptive use, even after residence and education are controlled: in almost all states, Muslims have lower use rates than Hindus.

Although there is considerable variability among states in the effect of caste and tribe on contraceptive use, there is a strong tendency for women from scheduled castes or scheduled tribes to have lower contraceptive use rates than other women. Exposure to the electronic mass media (radio, television, and cinema) has a large, positive effect on contraceptive use. This effect persists after residence and education are controlled. Utilization of health services for antenatal care or delivery tends to have a positive effect on contraceptive use, even after residence and education are controlled, but this effect varies considerably by state.

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Contents

Figures	vii
Tables	ix
Foreword	xv
1 Introduction	1
2 Data and methods	3
3 Knowledge of contraception	8
4 Ever-use of contraception	17
5 Current use of contraception	21
6 Sources of modern contraceptive methods	43
7 Intended future use of contraception	50
8 Exposure to electronic mass media	57
9 Interspousal communication on family planning	69
10 Attitudes of couples toward family planning	73
11 Multivariate analysis of contraceptive use	77
12 Conclusion	102
References	105

Figures

3.1	Knowledge of modern temporary methods	12
5.1	Current use of any contraceptive method	25
5.2	Current contraceptive use by residence	26
5.3	Current contraceptive use by method	30
5.4	Current contraceptive use by literacy	36
5.5	Current contraceptive use among Hindus and Muslims	37
11.1	Adjusted contraceptive use rates for women with three living children and either no sons or two sons	85
11.2	Adjusted contraceptive use rates for women with three living children by exposure to mass media	93

Tables

2.1	Overview of NFHS field work	4
	Month and year of field work and unweighted numbers of ever-married women interviewed, by urban-rural residence and state, NFHS, 1992–93	
2.2	Background characteristics of currently married women age 13–49	5
	Percentage distribution of currently married women age 13–49, by selected background characteristics and state, NFHS, 1992–93	
3.1	Knowledge of contraceptive methods	9
	Percentage of currently married women age 13–49 knowing of specific contraceptive methods, by state, NFHS, 1992–93	
3.2	Differentials in knowledge of modern temporary methods of contraception	13
	Percentage of currently married women age 13–49 knowing of any modern temporary method, by selected background characteristics and state, NFHS, 1992–93	
3.3	Knowledge of source of modern contraceptive methods	15
	Percentage of currently married women age 13–49 knowing of a source of any modern contraceptive method, by state, NFHS, 1992–93	
3.4	Differentials in knowledge of source of modern temporary methods	16
	Percentage of currently married women age 13–49 knowing of a source of any modern temporary method, by selected background characteristics and state, NFHS, 1992–93	
4.1	Ever-use of contraception	18
	Percentage of currently married women age 13–49 having ever used any contraceptive method, by specific method and state, NFHS, 1992–93	
4.2	Ever-use of contraception by background characteristics	20
	Percentage of currently married women age 13–49 having ever used any contraceptive method, by selected background characteristics and state, NFHS, 1992–93	
5.1	Current use of contraception	22
	Percentage of currently married women age 13–49 currently using any contraceptive method, by specific method, state, and urban-rural residence, NFHS, 1992–93	

5.2	Distribution of current users by method used	27
	Percentage distribution of currently married women age 13–49 currently using contraception, by specific method, state, and urban-rural residence, NFHS, 1992–93	
5.3	Current use by age	31
	Percentage of currently married women age 15–49 currently using any contraceptive method, by age and state, NFHS, 1992–93	
5.4	Current use by number of living children	32
	Percentage of currently married women age 13–49 currently using any contraceptive method, by number of living children and state, NFHS, 1992–93	
5.5	Current use by number and sex of living children	33
	Percentage of currently married women age 13–49 currently using any contraceptive method, by number and sex of living children and state, NFHS, 1992–93	
5.6	Current use by background characteristics	35
	Percentage of currently married women age 13–49 currently using any contraceptive method, by selected background characteristics and state, NFHS, 1992–93	
5.7	Timing of sterilization	39
	Median age at sterilization of currently married sterilized women or wives of sterilized men, by number of years since the operation and by state, NFHS, 1992–93	
5.8	Reason for discontinuation	40
	Percentage distribution of nonpregnant, currently married ever-users not currently using a contraceptive method, by main reason for stopping use and state, NFHS, 1992–93	
5.9	Number of living children at first use	42
	Percentage distribution of ever-users of contraception, by number of living children at the time of first use and, among ever-users, mean number of children at the time of first use, NFHS, 1992–93	
6.1	Source of supply of modern contraceptive methods	44
	Percentage distribution of current users of modern contraceptive methods, by most recent source of supply and state, NFHS, 1992–93	
6.2	Public sector as source of modern contraceptives	47
	Percentage of current users of modern contraceptive methods reporting the public sector as their source of supply, by specific method, state, and urban-rural residence, NFHS, 1992–93	
7.1	Intention to use contraception in the future	51
	Percentage of currently married women age 13–49 not currently using contraception who intend to use contraception at any time in the future, by number of living children and state, NFHS, 1992–93	

- 7.2 Reason for not intending to use contraception in the future 52**
 Percentage distribution of currently married women age 13–49 not using any contraceptive method and not intending to use contraception at any time in the future, by main reason for not intending to use contraception and by state, NFHS, 1992–93
- 7.3 Preferred future method of contraception 55**
 Percentage distribution of currently married women age 13–49 not currently using any contraceptive method but intending to use contraception in the future, by preferred method and state, NFHS, 1992–93
- 8.1 Exposure to electronic mass media 58**
 Percentage of currently married women age 13–49 watching television or listening to radio at least once a week or visiting a cinema at least once a month, by state, NFHS, 1992–93
- 8.2 Exposure to electronic mass media by selected background characteristics 59**
 Percentage of currently married women age 13–49 watching television or listening to radio at least once a week or visiting a cinema at least once a month, by selected background characteristics and state, NFHS, 1992–93
- 8.3 Contraceptive use by exposure to electronic mass media 61**
 Percentage of currently married women age 13–49 currently using contraception, by whether they are regularly exposed to electronic mass media and by urban-rural residence and state, NFHS, 1992–93
- 8.4 Exposure to family planning messages on radio or television ... 62**
 Percentage distribution of currently married women age 13–49, by whether they heard a radio or television message about family planning in the month prior to the interview and by urban-rural residence and state, NFHS, 1992–93
- 8.5 Exposure to family planning messages on radio or television by selected background characteristics 63**
 Percentage of currently married women age 13–49 who heard a radio or television message on family planning in the month prior to the interview, by selected background characteristics and state, NFHS, 1992–93
- 8.6 Contraceptive use by exposure to family planning messages on radio or television 64**
 Percentage of currently married women age 13–49 currently using any contraceptive method, by whether they heard a radio or television message about family planning in the month prior to the interview and by urban-rural residence and state, NFHS, 1992–93
- 8.7 Exposure to family planning messages among regular radio listeners and television viewers 65**
 Among currently married women age 13–49 who regularly listen to radio or watch television, the percentage hearing a message about family planning in the month prior to the interview, by state, NFHS, 1992–93

8.8	Acceptability of media messages on family planning	66
	Percentage distribution of currently married women age 13–49, by whether they regard media messages on family planning as acceptable and by state, NFHS, 1992–93	
8.9	Acceptability of media messages on family planning by selected background characteristics	67
	Percentage of currently married women age 13–49 regarding media messages on family planning as acceptable, by selected background characteristics and state, NFHS, 1992–93	
9.1	Discussion of family planning with husband	70
	Percentage distribution of currently married, nonsterilized women age 13–49 knowing of a contraceptive method, by the number of times they discussed family planning with their husbands in the past year and by state, NFHS, 1992–93	
9.2	Discussion of family planning with husband by selected background characteristics	71
	Among currently married, nonsterilized women age 13–49 knowing of a contraceptive method, the percentage who discussed family planning with their husbands at least once in the past year, by selected background characteristics and state, NFHS, 1992–93	
9.3	Contraceptive use by whether family planning was discussed with husband	72
	Among currently married, nonsterilized women age 13–49 knowing of a contraceptive method, the percentage currently using contraception, by whether they discussed family planning with their husbands at least once in the past year and by urban-rural residence and state, NFHS, 1992–93	
10.1	Attitude of couple toward family planning	74
	Among currently married, nonsterilized women age 13–49 knowing of a contraceptive method, the percentage approving or disapproving of family planning, by their perception of their husband’s attitude and by state, NFHS, 1992–93	
10.2	Attitude of couple toward family planning by selected background characteristics	75
	Among currently married, nonsterilized women age 13–49 knowing of a contraceptive method, the percentage who approve and whose husbands approve of family planning, by selected background characteristics and state, NFHS, 1992–93	
10.3	Contraceptive use by attitude of couple toward family planning	76
	Among currently married, nonsterilized women age 13–49 knowing of a contraceptive method, the percentage currently using contraception, by attitude of the couple toward family planning and by state, NFHS, 1992–93	

- 11.1 Background characteristics of currently married women with three living children 79**
 Percentage distribution of currently married, nonpregnant women with three living children, by selected background characteristics and state, NFHS, 1992–93
- 11.2 Unadjusted and adjusted contraceptive prevalence rates by age 83**
 Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by age and state, NFHS, 1992–93
- 11.3 Unadjusted and adjusted contraceptive prevalence rates by number of living sons 84**
 Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by number of living sons and by state, NFHS, 1992–93
- 11.4 Unadjusted and adjusted contraceptive prevalence rates by residence 86**
 Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by urban-rural residence and state, NFHS, 1992–93
- 11.5 Unadjusted and adjusted contraceptive prevalence rates by education 87**
 Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by education and state, NFHS, 1992–93
- 11.6 Unadjusted and adjusted contraceptive prevalence rates by husband’s education 88**
 Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by husband’s education and state, NFHS, 1992–93
- 11.7 Unadjusted and adjusted contraceptive prevalence rates by religion 90**
 Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by religion and state, NFHS, 1992–93
- 11.8 Unadjusted and adjusted contraceptive prevalence rates by caste/tribe 91**
 Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by caste/tribe and state, NFHS, 1992–93

- 11.9 Unadjusted and adjusted contraceptive prevalence rates by exposure to mass media 92**
Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by extent of media exposure and by state, NFHS, 1992–93
- 11.10 Unadjusted and adjusted contraceptive prevalence rates by exposure to family planning messages on radio or television 94**
Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by exposure to family planning messages on radio or television and by state, NFHS, 1992–93
- 11.11 Unadjusted and adjusted contraceptive prevalence rates by extent of discussion of family planning with husband 95**
Among currently married, nonpregnant, nonsterilized women age 13–49 with three living children, the percentage currently using any contraceptive method, by extent of discussion of family planning with husband and by state, NFHS, 1992–93
- 11.12 Unadjusted and adjusted contraceptive prevalence rates by husband’s attitude toward family planning 97**
Among currently married, nonpregnant, nonsterilized women age 13–49 with three living children, the percentage currently using any contraceptive method, by husband’s attitude toward family planning and by state, NFHS, 1992–93
- 11.13 Unadjusted and adjusted contraceptive prevalence rates by utilization of antenatal care services for last birth 99**
Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by utilization of antenatal care services for last birth and by state, NFHS, 1992–93
- 11.14 Unadjusted and adjusted contraceptive prevalence rates by place of delivery of last birth 100**
Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by place of delivery of last birth and by state, NFHS, 1992–93

Foreword

This subject report is a product of the Project to Strengthen the Survey Research Capabilities of the Population Research Centres in India (more commonly known as the PRC project). A major component of this project is the 1992–93 National Family Health Survey (NFHS). Findings from the NFHS form the basis for this report.

The PRC/NFHS project was launched by the Ministry of Health and Family Welfare (MOHFW) in 1991. The MOHFW designated the International Institute for Population Sciences (IIPS), Mumbai, as the nodal agency to provide coordination and technical guidance to the NFHS. Various consulting organizations collected the data during 1992–93 in collaboration with Population Research Centres (PRCs) in each state. Basic survey reports and summary reports for India as a whole and for 25 states (including Delhi, which recently attained statehood) were published during 1994–95. The East-West Center (Honolulu, Hawaii, U.S.A.) and Macro International (Calverton, Maryland, U.S.A.) provided technical assistance for all survey operations. Funding for the PRC/NFHS project has been provided by the United States Agency for International Development (USAID).

Upon completion of the basic survey reports and summary reports in December 1995, the NFHS data were released to the scientific community for further study. As a part of this further research and as a continuation of the PRC/NFHS project, a Subject Reports series has been established. The present Subject Report on contraceptive use in India is the second in this series.

This Subject Report is a direct outcome of the Workshop on Determinants of Contraceptive Use in India, held 4–22 October 1993 in Honolulu, Hawaii, U.S.A. The participants were I. A. Bhat (Population Research Centre, University of Kashmir, Srinagar), V. Subhadra Devi (Population Research Centre, University of Kerala, Thiruvananthapuram), B. C. Goswami (Population Research Centre, Gauhati University, Guwahati), S. C. Gulati (Population Research Centre, Institute of Economic Growth, Delhi), Dilip Kumar (Population Research Centre, Patna University, Patna), D. K. Makwana (Ministry of Health and Family Welfare, New Delhi), M. Johnson Samuel (Population Research Centre, Institute for Social and Economic Change, Banga-

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1 Introduction

India's 1992–93 National Family Health Survey (NFHS) collected information on fertility, family planning, and maternal and child health. Results have been published in a national report and 20 state reports, one of which is a combined report for six small northeastern states (see references).

The national report contains not only tables for the whole country but also tables that compare states. However, the number of comparative tables on contraceptive use is necessarily limited because family planning is only one of several major topics examined. Although more-detailed information about contraceptive use is included in the state reports than in the national report, this additional information is spread over 20 separate documents. Accordingly, one purpose of the present report, which focuses on contraceptive use, is to gather some of this more detailed state-level information in a format that facilitates comparisons among states. Thus some of the material in this report is duplicated from the national and state reports, but in a more readily accessible form.

A second purpose of this report is to analyze the demographic and socioeconomic determinants of contraceptive use. Logistic regression is used to measure the influence of selected demographic and socioeconomic predictor variables on contraceptive use, controlling for certain background variables. For the convenience of readers not familiar with logistic regression, these regression results are transformed into simple cross-tabulations using the technique of multiple classification analysis. The underlying logistic regression coefficients are not presented.

State-level findings are emphasized throughout the report, partly because states differ in their levels of contraceptive use and in the relative importance of the various determinants of contraceptive use, and partly because health and family planning programmes in India are implemented largely at the state level. The state departments of health and family welfare, which are the operational units, require data at the state level or below for evaluation purposes.

The remainder of this report is organized into the following sections: data and methods; knowledge of contraception; ever-use of contraception;

current use of contraception; sources of modern contraceptive methods; intended future use of contraception; exposure to electronic mass media; interspousal communication on family planning; attitudes of couples toward family planning; and multivariate analysis of contraceptive use.

2 Data and Methods

Data for the NFHS were collected in 1992–93. As shown in Table 2.1, information was collected from a probability sample of 89,777 ever-married women of reproductive age. This number is unweighted, as are the other numbers in the table.

Subsequent tables make use of weighted numbers. Although the sample design for some states is self-weighting, in other states certain categories of respondents (e.g., those from urban areas) are oversampled, so that weights are needed in subsequent tables to restore the correct proportions. These weights are designed to preserve the total number of ever-married women interviewed in the state, so that the weighted state total equals the unweighted state total. For tabulations at the national level, a different set of weights is required because sampling fractions vary from state to state. The all-India weights are designed to preserve the total number of 89,777 ever-married women interviewed. Thus each woman has two weights, one that is used when the unit for tabulation is the state and another when the unit is the whole country. A typical table in this report contains results both for India as a whole and for individual states. In such a table, the all-India results use the national weights, and the individual-state results use the state-level weights. The sample design for the survey is discussed in more detail in the NFHS basic reports for states and for India as a whole.

At the all-India level, the weighted sample contains 84,678 currently married women. This report focuses mainly on this group because questions on current use of contraception were asked only of currently married women.

Regarding methodology, the basic approach in the first part of the report is simply to tabulate measures of knowledge and use of contraception by demographic and socioeconomic characteristics. Any given table contains results for both the whole country and individual states. Some tables are further elaborated by residence, with separate panels for urban, rural, and total.

An attempt is also made to measure the effects of selected demographic and socioeconomic characteristics on contraceptive use, while controlling for other variables by holding them constant. The multivariate method used is

Table 2.1 Overview of NFHS fieldwork

Month and year of field work and unweighted numbers of ever-married women interviewed, by urban-rural residence and state, NFHS, 1992–93

State	Month and year of field work		Number of ever-married women interviewed		
	From	To	Urban	Rural	Total
India	4/92	9/93	27,534	62,243	89,777
North					
Delhi	2/93	5/93	3,189	268	3,457
Haryana	1/93	4/93	1,002	1,844	2,846
Himachal Pradesh	6/92	10/92	930	2,032	2,962
Jammu region of J & K	5/93	7/93	945	1,821	2,766
Punjab	7/93	9/93	836	2,159	2,995
Rajasthan	12/92	5/93	1,019	4,192	5,211
Central					
Madhya Pradesh	4/92	8/92	1,476	4,778	6,254
Uttar Pradesh	10/92	2/93	2,337	9,101	11,438
East					
Bihar	3/93	6/93	1,267	4,682	5,949
Orissa	3/93	6/93	1,143	3,114	4,257
West Bengal	4/92	7/92	898	3,424	4,322
Northeast					
Arunachal Pradesh	5/93	6/93	130	752	882
Assam	12/92	3/93	1,107	1,899	3,006
Manipur	3/93	5/93	307	646	953
Meghalaya	4/93	6/93	221	916	1,137
Mizoram	5/93	6/93	517	528	1,045
Nagaland	5/93	6/93	240	909	1,149
Tripura	2/93	4/93	221	879	1,100
West					
Goa	12/92	2/93	1,559	1,582	3,141
Gujarat	2/93	6/93	1,344	2,488	3,832
Maharashtra	11/92	3/93	1,699	2,407	4,106
South					
Andhra Pradesh	4/92	7/92	1,116	3,160	4,276
Karnataka	11/92	2/93	1,442	2,971	4,413
Kerala	10/92	2/93	1,218	3,114	4,332
Tamil Nadu	4/92	7/92	1,371	2,577	3,948

Note: This table is based on the number of *de facto* women with completed interviews. In the NFHS, the *de facto* population refers to all usual residents and visitors who slept in the sample household the night before the interview.

logistic (or logit) regression, as mentioned earlier. A more detailed discussion of this method is deferred to the section that deals with this analysis.

Table 2.2 shows selected background characteristics of currently married women. The numbers in this table and in all subsequent tables are based on the weighted samples described above. Table 2.2 shows the percentage distribution of currently married women for each of six basic demographic and socioeconomic characteristics—current age, number of living children, residence, education, religion, and caste/tribe. (Scheduled castes and scheduled tribes are groups that the Indian Government identifies as socially and economically backward and in need of special protection from social injus-

Table 2.2 Background characteristics of currently married women age 13–49

Percentage distribution of currently married women age 13–49, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic									
	Current age			Number of living children						
	13–24	25–34	35–49	No children	1 child	2 children	3 children	4 children	5 children	6+ children
India	32	36	32	13	16	21	20	14	8	8
North										
Delhi	23	43	34	11	16	27	21	13	7	6
Haryana	34	38	29	11	15	20	23	16	8	8
Himachal Pradesh	27	38	35	11	13	23	26	15	7	5
Jammu region of J & K	26	41	34	12	14	20	21	14	10	10
Punjab	23	40	38	10	12	24	27	14	8	5
Rajasthan	30	37	33	15	15	16	20	16	9	9
Central										
Madhya Pradesh	36	35	29	15	16	18	20	14	8	8
Uttar Pradesh	33	35	32	14	16	17	18	14	10	11
East										
Bihar	35	36	30	16	15	18	18	14	10	10
Orissa	30	41	29	14	18	22	20	14	7	6
West Bengal	33	36	31	13	20	23	18	12	7	8
Northeast										
Arunachal Pradesh	32	41	27	12	20	18	17	13	10	10
Assam	32	40	29	11	16	17	19	15	10	13
Manipur	18	43	40	9	16	15	18	16	11	14
Meghalaya	30	37	33	12	18	18	16	12	10	14
Mizoram	17	38	45	12	13	15	21	19	11	9
Nagaland	21	36	43	8	17	18	16	14	12	14
Tripura	27	37	36	10	17	21	20	14	9	9
West										
Goa	11	38	51	10	18	25	21	13	7	5
Gujarat	28	38	35	12	16	24	22	14	8	5
Maharashtra	33	35	33	11	16	22	25	15	6	5
South										
Andhra Pradesh	36	34	30	16	17	23	22	13	6	4
Karnataka	32	37	31	11	16	23	22	13	8	7
Kerala	20	40	40	10	18	33	22	8	4	5
Tamil Nadu	26	37	37	12	19	26	22	11	6	4

(continued)

tice and exploitation.) The last column of this table also shows numbers of currently married women. These are weighted numbers, with state weights used for states and national weights used for all India.

For India as a whole, the sample is seen to be almost evenly split between age groups 13–24, 25–34, and 35–49. The sample is distributed less evenly by number of living children, with 21 percent falling in the modal category of two children. One-fourth of the women live in urban areas and three-fourths in rural areas. A substantial majority, 63 percent, are illiterate; only 12 percent have at least a high-school education. Eighty-two percent are Hindu, 12 percent are Muslim, and 6 percent belong to other religions—mainly

Table 2.2 (continued) Background characteristics of currently married women age 13–49

Percentage distribution of currently married women age 13–49, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic												Number of women
	Residence		Education			Religion			Caste/tribe				
	Urban	Rural	Illiterate	Literate, <middle complete	Middle complete	High school complete	Hindu	Muslim	Other	Sched. caste	Sched. tribe	Non-SC/ST	
India	26	74	63	18	7	12	82	12	6	12	9	79	84,678
North													
Delhi	92	8	37	15	11	38	82	10	8	6	1	94	3,310
Haryana	26	74	64	16	6	15	89	4	7	26	0	74	2,743
Himachal Pradesh	10	90	49	28	9	14	97	1	2	23	5	73	2,819
Jammu region of J & K	18	83	56	13	11	19	77	17	6	29	1	70	2,647
Punjab	28	72	52	20	9	19	38	1	61	26	0	74	2,878
Rajasthan	19	81	82	9	4	5	92	6	2	20	17	63	5,058
Central													
Madhya Pradesh	22	78	74	13	5	7	93	5	2	7	26	67	5,969
Uttar Pradesh	20	80	75	10	6	9	83	16	1	17	1	82	11,014
East													
Bihar	15	85	78	11	3	8	83	16	2	10	8	82	5,687
Orissa	15	85	67	24	4	6	97	1	2	9	21	69	4,025
West Bengal	27	73	49	30	11	10	76	22	2	9	5	86	4,004
Northeast													
Arunachal Pradesh	15	85	69	15	8	8	35	1	65	0	77	23	835
Assam	12	88	59	24	10	8	67	29	4	4	16	80	2,741
Manipur	33	67	47	19	11	23	63	6	31	0	26	74	891
Meghalaya	19	81	52	29	9	10	9	3	88	0	89	11	1,002
Mizoram	49	51	9	58	19	15	2	0	98	0	98	2	906
Nagaland	21	79	43	29	13	16	6	1	94	0	96	4	1,026
Tripura	20	80	40	35	16	9	88	8	5	1	15	85	1,003
West													
Goa	50	50	31	29	10	29	68	5	27	2	2	95	2,913
Gujarat	35	65	55	21	7	17	90	9	2	5	15	80	3,636
Maharashtra	41	59	49	27	8	16	77	12	11	6	10	84	3,818
South													
Andhra Pradesh	26	74	68	14	8	11	88	8	4	15	5	80	3,970
Karnataka	33	67	60	20	6	14	86	11	3	11	6	83	4,076
Kerala	28	72	14	37	26	23	54	26	20	3	3	94	3,978
Tamil Nadu	35	65	49	24	11	16	88	6	6	18	0	81	3,636

Note: In this table and subsequent tables, percentages may not add exactly to 100 percent because of rounding. Weighted samples are used in this table and in all subsequent tables. In tables with religion and caste/tribe breakdowns, there are occasional small discrepancies between this report and earlier-published reports for states and all-India. The reason for the occasional discrepancies has to do with the method of ascertaining religion and caste/tribe of visitors in the interviewed households. In this report we ascertained religion and caste/tribe of visitors from their own statements about the religion and caste/tribe of the head of the household in which they normally reside. The earlier reports ascertained religion and caste/tribe of visitors by assigning to them the religion and caste/tribe of the head of the household they were visiting at the time of the interview.

Sikhs, Buddhists, Jains, and Christians. Twelve percent are from scheduled castes (SC), 9 percent are from scheduled tribes (ST), and 79 percent do not belong to a scheduled caste or a scheduled tribe (non-SC/ST).

The distributions of currently married women with these characteristics vary considerably by state, especially the distributions by education, religion, and caste/tribe. In the distribution by age, the proportion age 13–24 is com-

paratively low in Delhi, Punjab, Manipur, Mizoram, Nagaland, Goa, and Kerala, mainly because of comparatively late age at marriage in these states. By number of living children, states with lower fertility, such as Kerala and Tamil Nadu, have higher proportions with 2 or 3 children and lower proportions with larger numbers of children. The proportion urban is comparatively high in Delhi (92 percent), Goa (50 percent), Mizoram (49 percent), and Maharashtra (41 percent), which contains Mumbai (previously called Bombay). The proportion with at least a high-school education exceeds 20 percent in Delhi, Manipur, Goa, and Kerala, and is below 10 percent in Rajasthan, Madhya Pradesh, Uttar Pradesh, Bihar, Orissa, Arunachal Pradesh, Assam, and Tripura. The proportion Muslim is greater than 15 percent in Jammu, Uttar Pradesh, Bihar, West Bengal, Assam, and Kerala and less than 5 percent in Haryana, Himachal Pradesh, Punjab, Orissa, Arunachal Pradesh, Meghalaya, Mizoram, and Nagaland. The proportion of women of 'other religions' is especially high in Punjab (61 percent), where Sikhs are a majority, and in the northeastern states of Arunachal Pradesh, Meghalaya, Mizoram, and Nagaland, where Christians are relatively numerous. Manipur, Goa, and Kerala also have large Christian minorities. (For specific percentages Christian, see the basic NFHS survey reports.)

The greatest variation is by caste/tribe. For example, the proportion from scheduled tribes ranges from 0 percent in Haryana, Punjab, and Tamil Nadu to 98 percent in Mizoram. The proportion from scheduled tribes is comparatively high in Rajasthan in the western desert, Madhya Pradesh in central India, and Orissa in the east, and very high in the northeastern states of Arunachal Pradesh, Mizoram, Nagaland, and Meghalaya. The proportion from scheduled castes ranges from 0 percent in five northeastern states to 29 percent in Jammu. Scheduled-caste women are relatively more numerous in the northern region than in other regions. In all northern states except Delhi, the proportion from scheduled castes is at least 20 percent.

3 Knowledge of Contraception

Each respondent in the NFHS was asked the following question about her knowledge of family planning: ‘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. Which ways or methods have you heard about?’ The respondent was first asked to name all the methods she knew or had heard of, without any prompting. Then the interviewer read out the name and a short description of each method not mentioned, and asked if she knew the method. Thus the woman’s knowledge of contraception is measured at three levels: (1) methods the woman thinks of on her own (she can name them spontaneously without probing), (2) methods she knows when asked specifically about them (she recognizes the method after probing), and (3) methods that she has not heard of. Six modern methods (pills, IUDs, injections, condoms, female sterilization, and male sterilization) were included, as well as two traditional methods, periodic abstinence (the rhythm method) and withdrawal.

Table 3.1 shows the percentage of currently married women age 13–49, by state, who know specific contraceptive methods. In this table, knowledge includes both independent knowledge and recognition of a method after probing. Recognition of family planning methods is nearly universal in India: 96 percent of currently married women recognized at least one modern method after probing. However, independent knowledge of family planning methods is lower: only 69 percent of currently married women in the country as a whole reported knowledge of any modern method spontaneously (IIPS 1995b).

Sterilization is the most widely known method. In India as a whole, 95 percent of currently married women know of female sterilization, and 85 percent know of male sterilization. In contrast, knowledge of the three officially sponsored temporary methods—namely pills, IUDs, and condoms—is much less widespread. In the country as a whole, one-fourth of the women do not know of any modern temporary method. The most well known among the modern temporary methods is the pill (reported by 66 percent), followed by

Table 3.1 Knowledge of contraceptive methods

Percentage of currently married women age 13–49 knowing of specific contraceptive methods, by state, NFHS, 1992–93

State	Any method	Any modern		Pill	IUD	Injection	Condom	Female sterilization	Male sterilization	Any traditional method	Periodic abstinence	Withdrawal	Other methods
		method	temporary method										
India	96	96	76	66	61	19	58	95	85	39	35	20	4
North													
Delhi	99	99	97	94	93	35	94	98	95	59	55	31	6
Haryana	99	99	91	76	80	46	76	99	98	59	47	42	4
Himachal Pradesh	99	99	88	70	74	46	74	98	96	61	49	37	10
Jammu region of J & K	100	100	89	77	74	51	75	99	98	72	60	54	2
Punjab	100	100	94	84	88	47	82	100	99	64	56	42	2
Rajasthan	88	87	59	53	46	23	38	85	71	28	24	15	1
Central													
Madhya Pradesh	88	88	57	51	42	13	42	85	77	20	18	5	3
Uttar Pradesh	96	95	80	65	56	25	67	94	88	37	34	13	3
East													
Bihar	95	95	68	57	44	4	55	95	88	29	26	9	2
Orissa	93	93	61	52	48	7	35	92	72	34	27	10	7
West Bengal	99	99	91	86	68	43	68	98	85	73	62	55	5
Northeast													
Arunachal Pradesh	78	78	63	55	53	29	40	75	48	27	25	18	1
Assam	98	97	82	73	61	39	59	96	84	79	71	61	10
Manipur	94	93	88	78	81	6	60	88	87	72	71	44	4
Meghalaya	78	77	65	59	49	10	48	72	47	44	36	18	16
Mizoram	98	98	86	70	76	2	61	98	71	44	36	31	0
Nagaland	44	44	37	25	24	16	29	30	21	11	10	9	1
Tripura	100	100	95	94	65	42	68	99	89	86	76	69	8
West													
Goa	99	99	90	81	76	21	73	98	73	46	42	24	3
Gujarat	97	96	77	66	71	23	63	96	79	46	43	24	2
Maharashtra	98	98	77	67	71	8	57	97	84	23	21	8	2
South													
Andhra Pradesh	97	97	61	54	44	13	42	96	90	15	11	3	4
Karnataka	99	99	84	75	78	5	50	99	81	41	39	15	6
Kerala	100	100	97	87	90	13	91	99	90	73	66	51	3
Tamil Nadu	99	99	86	75	78	13	61	99	86	46	39	24	7

the IUD (61 percent) and condoms (58 percent). Injections, which are not included in the official family welfare programme, are the least-known modern method (19 percent). Traditional methods of contraception are generally less well known than modern methods. Thirty-nine percent of currently married women report knowledge of these methods, with periodic abstinence better known (35 percent) than withdrawal (20 percent).

The finding that 19 percent of currently married women know of contraceptive injections is somewhat puzzling, inasmuch as this method is hardly used in India. The proportion of currently married women who have ever used injections is generally less than 1 percent and never more than 2 percent. One possible explanation for the unexpectedly high reported knowledge of

contraceptive injections, at least in north India, is that the Hindi word for injection (*sui*) is also often used in reference to IUDs, which are inserted with an injection-type device.

The Third All India Survey on Family Planning Practices in India, conducted in 1988–89 (Operations Research Group 1990), which studied currently married women age 15–44, reached broadly similar conclusions about women’s awareness of specific methods. It is useful to compare results of the two surveys, recognizing that the NFHS was done almost three years after the Third All India Survey and covered the age range 13–49. The proportions of women with knowledge of condoms and male sterilization are slightly lower in the NFHS (58 and 85 percent, respectively) than in the Third All India Survey (66 and 89 percent). The proportion with knowledge of female sterilization is exactly the same in both surveys. NFHS estimates of the proportion of women with knowledge of the other major methods (IUDs, pills, periodic abstinence, and withdrawal) are slightly higher (61, 66, 35, and 20 percent, respectively) than estimates from the Third All India Survey (55, 60, 27, and 17 percent).

Table 3.1 also allows comparisons among the states. Knowledge of any modern method is widespread in all states except Nagaland, where only 44 percent of women know of any modern method. Knowledge of any modern method is also comparatively low in two other northeastern states, Arunachal Pradesh and Meghalaya. Among larger states, with a population of more than 5 million, the proportion of women knowing at least one modern method ranges from a low of 87 percent in Rajasthan to 100 percent in Jammu, Punjab, and Kerala. The situation is similar for knowledge of female sterilization. More than 90 percent of women know of female sterilization in all the larger states except Rajasthan and Madhya Pradesh, where the proportion is only 85 percent.

Variations in knowledge of contraception are more pronounced for modern temporary methods. Fewer than two-thirds of women know of any modern temporary method in Rajasthan, Madhya Pradesh, Orissa, Arunachal Pradesh, Meghalaya, Nagaland, and Andhra Pradesh, compared with more than 90 percent in Delhi, Haryana, Punjab, West Bengal, Tripura, and Kerala. The pill is somewhat better known than other modern temporary methods, although the IUD is better known in 10 states. In West Bengal and Tripura, knowledge of the pill is much higher than knowledge of either IUDs or condoms. In Rajasthan, Madhya Pradesh, Bihar, Orissa, Meghalaya, Nagaland, and Andhra Pradesh, more than half of women report that they have not heard of the IUD. Knowledge of condoms is especially low in Rajasthan, Orissa, Arunachal Pradesh, and Nagaland. Injections are the least known modern method in every state.

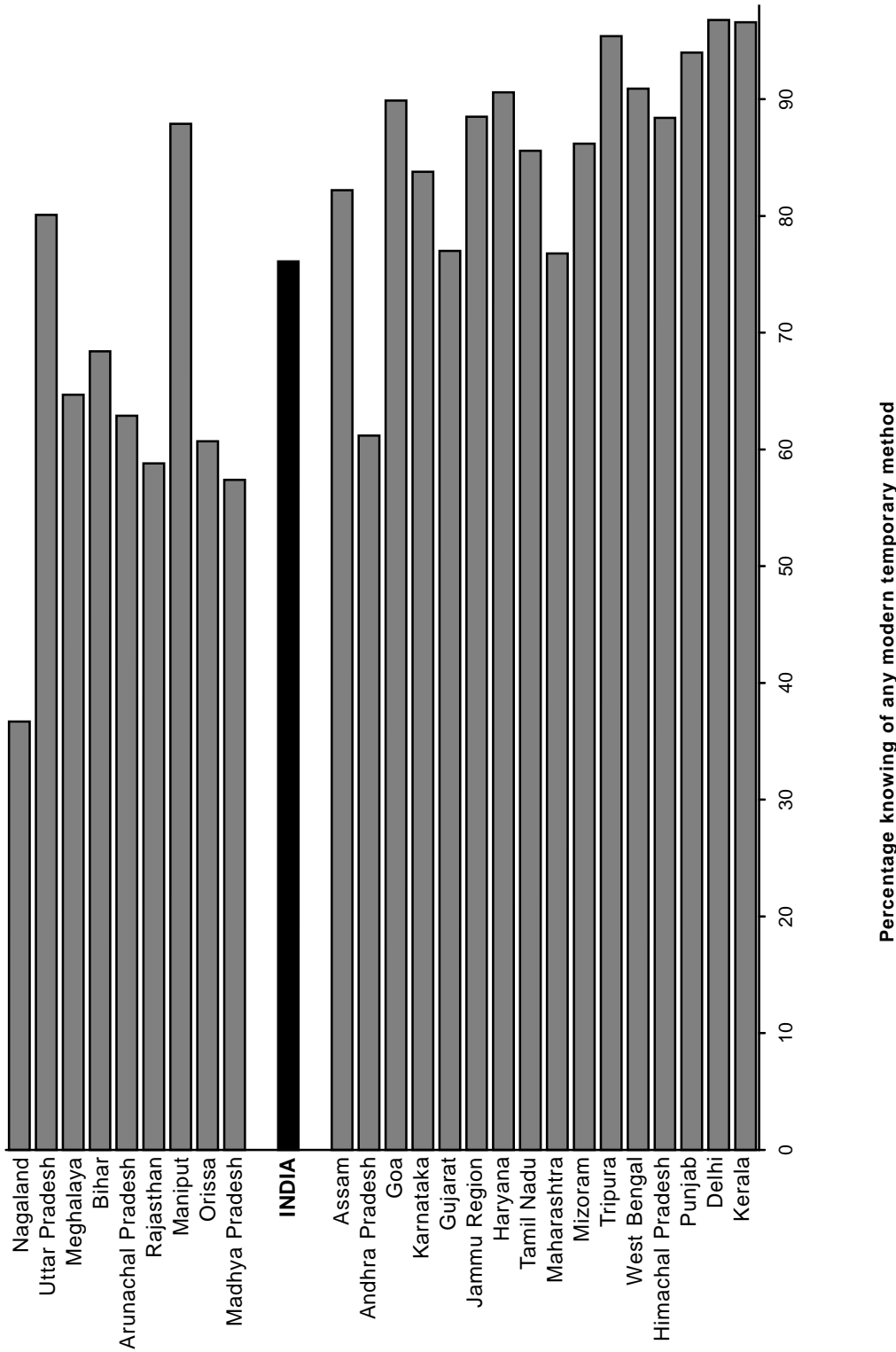
State-level variations in knowledge of modern temporary methods are also portrayed graphically in Figure 3.1. In the figure, states are ordered from top to bottom in ascending order according to overall level of current use of contraception (see also Figure 5.1). Women in Uttar Pradesh, Manipur, Assam, and Goa stand out as having more knowledge of modern temporary methods than one would expect from their overall level of contraceptive use. Women in Andhra Pradesh, Gujarat, and Maharashtra have less knowledge of modern temporary methods than one would expect. We shall see later that some of these discrepancies stem from interstate variation in the extent to which sterilization is relied upon for contraception.

Knowledge of any traditional method is even more variable by state than knowledge of any modern temporary method. The proportion with knowledge of any traditional method varies from 11 percent in Nagaland to 86 percent in Tripura. Knowledge of traditional methods tends to be higher in the northern and eastern states and also in Kerala. In the east and northeast, Assam and states with a high proportion of Bengali speakers tend to have a high proportion of respondents with knowledge of traditional methods.

Table 3.2 presents differentials in knowledge of any modern temporary method by age, residence, education, religion, and caste/tribe. A similar table of differentials in knowledge of sterilization is not shown because knowledge of sterilization is widespread and differentials are generally small. Table 3.2 shows that age differentials in knowledge of any temporary method are small for India as a whole, with the proportion having knowledge ranging from 74 percent at ages 13–24 to 79 percent at ages 25–34. Age differentials in knowledge are also small for individual states.

Knowledge of any modern temporary method varies more substantially by urban and rural residence. For India as a whole, 91 percent of currently married women in urban areas know of a modern temporary method, compared with 71 percent in rural areas. In urban areas, the proportion who know of a modern temporary method is 83 percent or higher in all states except Nagaland, where it is 60 percent. State-level variation is greater in rural areas. Urban-rural differentials in knowledge also vary considerably by state. The urban-rural differential is less than 10 percentage points in Delhi, Haryana, Punjab, West Bengal, Mizoram, Tripura, Goa, and Kerala and greater than 20 percentage points in Rajasthan, Madhya Pradesh, Bihar, Orissa, Arunachal Pradesh, Meghalaya, Nagaland, Maharashtra, and Andhra Pradesh.

Knowledge of any modern temporary method also varies substantially by education. For the country as a whole, 66 percent of illiterate women know of a modern temporary method, compared with 99 percent of women with at least a high-school education. Among the states, women with at least a high-



Note: This figure and all subsequent figures pertain to currently married women age 13–49.

Figure 3.1 Knowledge of modern temporary methods

Table 3.2 Differentials in knowledge of modern temporary methods of contraception

Percentage of currently married women age 13–49 knowing of any modern temporary method, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic														
	Current age			Residence		Education				Religion			Caste/tribe		
	13–24	25–34	35–49	Urban	Rural	Illiterate	Literate, <middle complete	Middle complete	High school complete	Hindu	Muslim	Other	Sched. caste	Sched. tribe	Non-SC/ST
India	74	79	75	91	71	66	89	96	99	74	83	85	71	48	80
North															
Delhi	95	98	97	97	95	92	99	100	100	97	96	99	94	(97)	97
Haryana	89	93	91	97	88	86	97	98	100	91	88	92	85	*	93
Himachal Pradesh	87	92	85	98	87	80	94	97	100	89	(71)	92	83	75	91
Jammu region of J & K	86	91	88	98	87	81	94	98	100	90	79	97	83	*	91
Punjab	92	96	93	97	93	89	98	99	99	93	(94)	95	91	NC	95
Rajasthan	58	61	57	88	52	52	87	96	99	58	61	77	54	40	66
Central															
Madhya Pradesh	56	61	55	85	50	48	78	91	97	55	84	79	55	40	65
Uttar Pradesh	79	83	79	94	77	75	90	96	99	80	83	89	73	67	82
East															
Bihar	67	69	70	87	65	62	85	93	98	68	71	56	67	33	72
Orissa	58	65	58	83	57	48	84	92	97	60	85	63	68	29	70
West Bengal	89	93	90	94	90	85	96	98	99	91	92	84	80	72	93
Northeast															
Arunachal Pradesh	67	63	58	87	59	51	81	94	98	71	*	58	NC	59	77
Assam	77	86	82	95	80	73	93	98	100	83	85	57	89	69	84
Manipur	89	90	85	97	84	82	86	94	99	97	88	70	NC	67	95
Meghalaya	66	67	61	83	60	47	80	89	89	93	(76)	61	*	62	88
Mizoram	86	88	85	91	82	46	86	97	99	*	*	86	NC	87	*
Nagaland	39	42	32	60	30	19	37	59	69	40	*	36	NC	36	(56)
Tripura	95	96	95	100	94	91	98	98	100	96	96	(85)	*	87	97
West															
Goa	84	93	89	94	86	75	94	96	100	88	88	94	81	79	90
Gujarat	75	79	76	89	71	63	89	97	99	76	84	88	83	55	81
Maharashtra	75	83	72	90	67	62	87	94	99	75	84	81	69	56	80
South															
Andhra Pradesh	60	63	61	85	53	50	73	90	97	59	77	67	51	42	64
Karnataka	79	87	85	91	80	75	94	99	99	84	82	92	85	76	84
Kerala	97	98	95	98	96	86	97	99	100	97	94	99	98	90	97
Tamil Nadu	86	90	82	95	80	76	92	97	99	85	92	95	76	*	88

NC: Not calculated because there are no cases on which to base a percentage

() Based on 25–49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

school education do not vary widely in terms of knowledge of any modern temporary method. State-level variation is much larger among women with less education, especially among illiterate women. This suggests a process of knowledge diffusion that tends to be more complete the higher the level of education, so that more educated women show less variability in their knowledge of modern temporary methods.

For India as a whole, knowledge of modern temporary methods tends to be somewhat lower for Hindus (74 percent) than for Muslims (83 percent)

and women of 'other religions' (85 percent). Among states, however, differentials in knowledge by religion are somewhat inconsistent. For example, Hindu women have greater knowledge than Muslim women (by 5 or more percentage points) in Himachal Pradesh, Jammu, Manipur, and Meghalaya, but less knowledge than Muslims in Madhya Pradesh, Orissa, Gujarat, Maharashtra, Andhra Pradesh, and Tamil Nadu. Some of these differences may be due to variations in the extent to which Muslims are concentrated in urban areas.

In India as a whole, scheduled-tribe women are much less likely to know of a modern temporary method (48 percent) than are scheduled-caste women (71 percent) or non-SC/ST women (80 percent). The same pattern is observed in individual states, except in Delhi, where there is a slight reversal. However, the number of scheduled-tribe women in Delhi is small.

For each family planning method that she knew, the respondent was asked if she knew where a person could obtain the method. Table 3.3 shows the percentages of currently married women who know a source for specific modern contraceptive methods, broken down by state. The percentages who know a source are smaller than the percentages who know of specific methods. In India as a whole, 89 percent of all currently married women know a source for at least one modern method, and 64 percent know a source for a modern temporary method. Among specific temporary methods, 54 percent know a source for the pill, 51 percent for IUDs, and 46 percent for condoms. In contrast, 87 percent of currently married women know a source for female sterilization, and 76 percent know a source for male sterilization. The relatively low percentages who know a source for temporary methods reflect the overwhelming emphasis on sterilization in the government's family welfare programme.

There are substantial variations by state in knowledge of sources of family planning methods: these tend to parallel the variations in knowledge of methods. The proportion of women who know a source of any modern method ranges from 40 percent in Nagaland to 99 percent in Punjab and Kerala. The proportion is lower than 80 percent in Rajasthan, Uttar Pradesh, Arunachal Pradesh, and Meghalaya, as well as Nagaland. The proportion who know a source of any modern temporary method ranges from 34 percent in Nagaland to 93 percent in Punjab. It is lower than 50 percent in Rajasthan, Madhya Pradesh, and Orissa, as well as Nagaland.

Table 3.4 shows differentials in knowledge of a source of any modern temporary method, broken down by age, residence, education, religion, and caste/tribe. Knowledge of a source does not vary much by age, either for India as a whole or for individual states. However, knowledge of a source

Table 3.3 Knowledge of source of modern contraceptive methods

Percentage of currently married women age 13–49 knowing of a source of any modern contraceptive method, by state, NFHS, 1992–93

State	Any modern method	Any modern temporary method	Pill	IUD	Injection	Condom	Female sterilization	Male sterilization
India	89	64	54	51	15	46	87	76
North								
Delhi	94	89	79	82	27	83	90	87
Haryana	98	85	71	75	38	70	97	96
Himachal Pradesh	98	81	63	68	39	67	96	92
Jammu region of J & K	98	85	73	71	46	71	97	96
Punjab	99	93	83	87	46	81	99	98
Rajasthan	76	46	40	36	17	28	73	57
Central								
Madhya Pradesh	80	46	39	34	9	34	76	67
Uttar Pradesh	77	56	45	41	18	44	73	68
East								
Bihar	89	55	46	36	3	42	87	81
Orissa	82	47	39	38	5	26	80	59
West Bengal	96	76	67	52	32	53	94	79
Northeast								
Arunachal Pradesh	70	53	48	45	26	35	67	44
Assam	90	70	62	50	29	48	88	77
Manipur	82	73	60	67	4	48	77	75
Meghalaya	71	57	51	43	7	36	65	40
Mizoram	98	82	66	72	1	56	97	69
Nagaland	40	34	24	22	14	27	27	19
Tripura	97	82	77	54	33	57	96	85
West								
Goa	95	77	66	62	17	62	93	64
Gujarat	94	72	61	66	21	58	92	73
Maharashtra	96	68	58	62	6	50	94	79
South								
Andhra Pradesh	95	55	47	40	10	36	93	85
Karnataka	96	75	65	69	3	42	95	76
Kerala	99	89	73	78	10	77	98	86
Tamil Nadu	98	77	63	68	11	50	97	81

increases substantially by education for the country and for the states. The proportion knowing a source is considerably higher among literates than illiterates and among urban residents than rural residents. Knowledge tends to be somewhat higher among Muslims than Hindus, and even higher among women of 'other religions'. The direction of these differentials is somewhat variable by state, however. For India as a whole and for individual states, knowledge tends to be higher among scheduled-caste women than among scheduled-tribe women and still higher among non-SC/ST women. Among the states, Delhi appears to be an exception. Viewed together, Tables 3.2 and 3.4 indicate, not surprisingly, that greater knowledge of temporary methods goes hand in hand with greater knowledge of sources of temporary methods.

Table 3.4 Differentials in knowledge of source of modern temporary methods

Percentage of currently married women age 13–49 knowing of a source of any modern temporary method, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic														
	Current age			Residence		Education				Religion			Caste/tribe		
	13–24	25–34	35–49	Urban	Rural	Illiterate	Literate, <middle complete	Middle complete	High school complete	Hindu	Muslim	Other	Sched. caste	Sched. tribe	Non-SC/ST
India	61	68	62	83	57	50	79	89	96	62	67	78	56	38	68
North															
Delhi	85	92	89	89	84	78	90	95	98	88	90	95	82	(93)	89
Haryana	83	89	83	96	81	78	95	98	100	85	80	88	77	*	88
Himachal Pradesh	80	87	76	97	79	68	90	97	100	82	(54)	80	73	64	85
Jammu region of J & K	82	87	84	96	83	77	90	96	99	87	73	94	78	*	88
Punjab	90	95	92	97	91	88	98	99	99	92	(94)	93	89	NC	94
Rajasthan	45	48	46	77	39	39	73	85	94	46	48	55	42	29	52
Central															
Madhya Pradesh	44	49	44	77	37	35	65	81	93	44	70	71	45	27	53
Uttar Pradesh	54	60	55	79	51	47	74	82	96	56	56	78	46	36	59
East															
Bihar	54	56	55	81	51	47	76	87	94	56	51	51	46	27	59
Orissa	43	53	45	75	42	33	71	86	93	47	63	52	50	18	56
West Bengal	75	81	72	80	75	63	84	93	96	77	76	64	63	54	79
Northeast															
Arunachal Pradesh	58	54	46	84	48	40	71	87	98	59	*	50	NC	49	69
Assam	67	74	68	87	68	57	83	92	98	70	72	51	70	53	73
Manipur	72	78	67	82	68	63	72	75	90	81	71	55	NC	54	79
Meghalaya	58	60	53	64	55	41	71	80	79	80	(68)	54	*	55	77
Mizoram	82	84	81	86	79	43	81	93	96	*	*	83	NC	83	*
Nagaland	37	38	31	58	28	17	35	54	66	36	*	34	NC	34	(51)
Tripura	85	86	75	93	79	69	88	92	97	82	82	(75)	*	72	84
West															
Goa	68	82	75	85	69	54	79	86	97	75	74	83	62	60	78
Gujarat	69	74	72	86	64	57	83	94	98	71	75	88	77	51	75
Maharashtra	66	74	64	83	58	51	77	87	96	66	74	73	63	48	71
South															
Andhra Pradesh	53	57	53	81	45	43	66	84	97	53	70	61	45	34	58
Karnataka	68	79	76	87	68	63	87	95	97	74	73	80	71	66	76
Kerala	90	93	84	91	88	68	87	94	98	91	81	92	89	77	89
Tamil Nadu	76	83	71	89	70	63	84	91	97	75	87	85	66	*	79

NC: Not calculated because there are no cases on which to base a percentage

(): Based on 25–49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

1 Introduction

India's 1992–93 National Family Health Survey (NFHS) collected information on fertility, family planning, and maternal and child health. Results have been published in a national report and 20 state reports, one of which is a combined report for six small northeastern states (see references).

The national report contains not only tables for the whole country but also tables that compare states. However, the number of comparative tables on contraceptive use is necessarily limited because family planning is only one of several major topics examined. Although more-detailed information about contraceptive use is included in the state reports than in the national report, this additional information is spread over 20 separate documents. Accordingly, one purpose of the present report, which focuses on contraceptive use, is to gather some of this more detailed state-level information in a format that facilitates comparisons among states. Thus some of the material in this report is duplicated from the national and state reports, but in a more readily accessible form.

A second purpose of this report is to analyze the demographic and socioeconomic determinants of contraceptive use. Logistic regression is used to measure the influence of selected demographic and socioeconomic predictor variables on contraceptive use, controlling for certain background variables. For the convenience of readers not familiar with logistic regression, these regression results are transformed into simple cross-tabulations using the technique of multiple classification analysis. The underlying logistic regression coefficients are not presented.

State-level findings are emphasized throughout the report, partly because states differ in their levels of contraceptive use and in the relative importance of the various determinants of contraceptive use, and partly because health and family planning programmes in India are implemented largely at the state level. The state departments of health and family welfare, which are the operational units, require data at the state level or below for evaluation purposes.

The remainder of this report is organized into the following sections: data and methods; knowledge of contraception; ever-use of contraception;

current use of contraception; sources of modern contraceptive methods; intended future use of contraception; exposure to electronic mass media; interspousal communication on family planning; attitudes of couples toward family planning; and multivariate analysis of contraceptive use.

2 Data and Methods

Data for the NFHS were collected in 1992–93. As shown in Table 2.1, information was collected from a probability sample of 89,777 ever-married women of reproductive age. This number is unweighted, as are the other numbers in the table.

Subsequent tables make use of weighted numbers. Although the sample design for some states is self-weighting, in other states certain categories of respondents (e.g., those from urban areas) are oversampled, so that weights are needed in subsequent tables to restore the correct proportions. These weights are designed to preserve the total number of ever-married women interviewed in the state, so that the weighted state total equals the unweighted state total. For tabulations at the national level, a different set of weights is required because sampling fractions vary from state to state. The all-India weights are designed to preserve the total number of 89,777 ever-married women interviewed. Thus each woman has two weights, one that is used when the unit for tabulation is the state and another when the unit is the whole country. A typical table in this report contains results both for India as a whole and for individual states. In such a table, the all-India results use the national weights, and the individual-state results use the state-level weights. The sample design for the survey is discussed in more detail in the NFHS basic reports for states and for India as a whole.

At the all-India level, the weighted sample contains 84,678 currently married women. This report focuses mainly on this group because questions on current use of contraception were asked only of currently married women.

Regarding methodology, the basic approach in the first part of the report is simply to tabulate measures of knowledge and use of contraception by demographic and socioeconomic characteristics. Any given table contains results for both the whole country and individual states. Some tables are further elaborated by residence, with separate panels for urban, rural, and total.

An attempt is also made to measure the effects of selected demographic and socioeconomic characteristics on contraceptive use, while controlling for other variables by holding them constant. The multivariate method used is

Table 2.1 Overview of NFHS fieldwork

Month and year of field work and unweighted numbers of ever-married women interviewed, by urban-rural residence and state, NFHS, 1992–93

State	Month and year of field work		Number of ever-married women interviewed		
	From	To	Urban	Rural	Total
India	4/92	9/93	27,534	62,243	89,777
North					
Delhi	2/93	5/93	3,189	268	3,457
Haryana	1/93	4/93	1,002	1,844	2,846
Himachal Pradesh	6/92	10/92	930	2,032	2,962
Jammu region of J & K	5/93	7/93	945	1,821	2,766
Punjab	7/93	9/93	836	2,159	2,995
Rajasthan	12/92	5/93	1,019	4,192	5,211
Central					
Madhya Pradesh	4/92	8/92	1,476	4,778	6,254
Uttar Pradesh	10/92	2/93	2,337	9,101	11,438
East					
Bihar	3/93	6/93	1,267	4,682	5,949
Orissa	3/93	6/93	1,143	3,114	4,257
West Bengal	4/92	7/92	898	3,424	4,322
Northeast					
Arunachal Pradesh	5/93	6/93	130	752	882
Assam	12/92	3/93	1,107	1,899	3,006
Manipur	3/93	5/93	307	646	953
Meghalaya	4/93	6/93	221	916	1,137
Mizoram	5/93	6/93	517	528	1,045
Nagaland	5/93	6/93	240	909	1,149
Tripura	2/93	4/93	221	879	1,100
West					
Goa	12/92	2/93	1,559	1,582	3,141
Gujarat	2/93	6/93	1,344	2,488	3,832
Maharashtra	11/92	3/93	1,699	2,407	4,106
South					
Andhra Pradesh	4/92	7/92	1,116	3,160	4,276
Karnataka	11/92	2/93	1,442	2,971	4,413
Kerala	10/92	2/93	1,218	3,114	4,332
Tamil Nadu	4/92	7/92	1,371	2,577	3,948

Note: This table is based on the number of *de facto* women with completed interviews. In the NFHS, the *de facto* population refers to all usual residents and visitors who slept in the sample household the night before the interview.

logistic (or logit) regression, as mentioned earlier. A more detailed discussion of this method is deferred to the section that deals with this analysis.

Table 2.2 shows selected background characteristics of currently married women. The numbers in this table and in all subsequent tables are based on the weighted samples described above. Table 2.2 shows the percentage distribution of currently married women for each of six basic demographic and socioeconomic characteristics—current age, number of living children, residence, education, religion, and caste/tribe. (Scheduled castes and scheduled tribes are groups that the Indian Government identifies as socially and economically backward and in need of special protection from social injus-

Table 2.2 Background characteristics of currently married women age 13–49

Percentage distribution of currently married women age 13–49, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic									
	Current age			Number of living children						
	13–24	25–34	35–49	No children	1 child	2 children	3 children	4 children	5 children	6+ children
India	32	36	32	13	16	21	20	14	8	8
North										
Delhi	23	43	34	11	16	27	21	13	7	6
Haryana	34	38	29	11	15	20	23	16	8	8
Himachal Pradesh	27	38	35	11	13	23	26	15	7	5
Jammu region of J & K	26	41	34	12	14	20	21	14	10	10
Punjab	23	40	38	10	12	24	27	14	8	5
Rajasthan	30	37	33	15	15	16	20	16	9	9
Central										
Madhya Pradesh	36	35	29	15	16	18	20	14	8	8
Uttar Pradesh	33	35	32	14	16	17	18	14	10	11
East										
Bihar	35	36	30	16	15	18	18	14	10	10
Orissa	30	41	29	14	18	22	20	14	7	6
West Bengal	33	36	31	13	20	23	18	12	7	8
Northeast										
Arunachal Pradesh	32	41	27	12	20	18	17	13	10	10
Assam	32	40	29	11	16	17	19	15	10	13
Manipur	18	43	40	9	16	15	18	16	11	14
Meghalaya	30	37	33	12	18	18	16	12	10	14
Mizoram	17	38	45	12	13	15	21	19	11	9
Nagaland	21	36	43	8	17	18	16	14	12	14
Tripura	27	37	36	10	17	21	20	14	9	9
West										
Goa	11	38	51	10	18	25	21	13	7	5
Gujarat	28	38	35	12	16	24	22	14	8	5
Maharashtra	33	35	33	11	16	22	25	15	6	5
South										
Andhra Pradesh	36	34	30	16	17	23	22	13	6	4
Karnataka	32	37	31	11	16	23	22	13	8	7
Kerala	20	40	40	10	18	33	22	8	4	5
Tamil Nadu	26	37	37	12	19	26	22	11	6	4

(continued)

tice and exploitation.) The last column of this table also shows numbers of currently married women. These are weighted numbers, with state weights used for states and national weights used for all India.

For India as a whole, the sample is seen to be almost evenly split between age groups 13–24, 25–34, and 35–49. The sample is distributed less evenly by number of living children, with 21 percent falling in the modal category of two children. One-fourth of the women live in urban areas and three-fourths in rural areas. A substantial majority, 63 percent, are illiterate; only 12 percent have at least a high-school education. Eighty-two percent are Hindu, 12 percent are Muslim, and 6 percent belong to other religions—mainly

Table 2.2 (continued) Background characteristics of currently married women age 13–49

Percentage distribution of currently married women age 13–49, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic												Number of women
	Residence		Education			Religion			Caste/tribe				
	Urban	Rural	Illiterate	Literate, <middle complete	Middle complete	High school complete	Hindu	Muslim	Other	Sched. caste	Sched. tribe	Non-SC/ST	
India	26	74	63	18	7	12	82	12	6	12	9	79	84,678
North													
Delhi	92	8	37	15	11	38	82	10	8	6	1	94	3,310
Haryana	26	74	64	16	6	15	89	4	7	26	0	74	2,743
Himachal Pradesh	10	90	49	28	9	14	97	1	2	23	5	73	2,819
Jammu region of J & K	18	83	56	13	11	19	77	17	6	29	1	70	2,647
Punjab	28	72	52	20	9	19	38	1	61	26	0	74	2,878
Rajasthan	19	81	82	9	4	5	92	6	2	20	17	63	5,058
Central													
Madhya Pradesh	22	78	74	13	5	7	93	5	2	7	26	67	5,969
Uttar Pradesh	20	80	75	10	6	9	83	16	1	17	1	82	11,014
East													
Bihar	15	85	78	11	3	8	83	16	2	10	8	82	5,687
Orissa	15	85	67	24	4	6	97	1	2	9	21	69	4,025
West Bengal	27	73	49	30	11	10	76	22	2	9	5	86	4,004
Northeast													
Arunachal Pradesh	15	85	69	15	8	8	35	1	65	0	77	23	835
Assam	12	88	59	24	10	8	67	29	4	4	16	80	2,741
Manipur	33	67	47	19	11	23	63	6	31	0	26	74	891
Meghalaya	19	81	52	29	9	10	9	3	88	0	89	11	1,002
Mizoram	49	51	9	58	19	15	2	0	98	0	98	2	906
Nagaland	21	79	43	29	13	16	6	1	94	0	96	4	1,026
Tripura	20	80	40	35	16	9	88	8	5	1	15	85	1,003
West													
Goa	50	50	31	29	10	29	68	5	27	2	2	95	2,913
Gujarat	35	65	55	21	7	17	90	9	2	5	15	80	3,636
Maharashtra	41	59	49	27	8	16	77	12	11	6	10	84	3,818
South													
Andhra Pradesh	26	74	68	14	8	11	88	8	4	15	5	80	3,970
Karnataka	33	67	60	20	6	14	86	11	3	11	6	83	4,076
Kerala	28	72	14	37	26	23	54	26	20	3	3	94	3,978
Tamil Nadu	35	65	49	24	11	16	88	6	6	18	0	81	3,636

Note: In this table and subsequent tables, percentages may not add exactly to 100 percent because of rounding. Weighted samples are used in this table and in all subsequent tables. In tables with religion and caste/tribe breakdowns, there are occasional small discrepancies between this report and earlier-published reports for states and all-India. The reason for the occasional discrepancies has to do with the method of ascertaining religion and caste/tribe of visitors in the interviewed households. In this report we ascertained religion and caste/tribe of visitors from their own statements about the religion and caste/tribe of the head of the household in which they normally reside. The earlier reports ascertained religion and caste/tribe of visitors by assigning to them the religion and caste/tribe of the head of the household they were visiting at the time of the interview.

Sikhs, Buddhists, Jains, and Christians. Twelve percent are from scheduled castes (SC), 9 percent are from scheduled tribes (ST), and 79 percent do not belong to a scheduled caste or a scheduled tribe (non-SC/ST).

The distributions of currently married women with these characteristics vary considerably by state, especially the distributions by education, religion, and caste/tribe. In the distribution by age, the proportion age 13–24 is com-

paratively low in Delhi, Punjab, Manipur, Mizoram, Nagaland, Goa, and Kerala, mainly because of comparatively late age at marriage in these states. By number of living children, states with lower fertility, such as Kerala and Tamil Nadu, have higher proportions with 2 or 3 children and lower proportions with larger numbers of children. The proportion urban is comparatively high in Delhi (92 percent), Goa (50 percent), Mizoram (49 percent), and Maharashtra (41 percent), which contains Mumbai (previously called Bombay). The proportion with at least a high-school education exceeds 20 percent in Delhi, Manipur, Goa, and Kerala, and is below 10 percent in Rajasthan, Madhya Pradesh, Uttar Pradesh, Bihar, Orissa, Arunachal Pradesh, Assam, and Tripura. The proportion Muslim is greater than 15 percent in Jammu, Uttar Pradesh, Bihar, West Bengal, Assam, and Kerala and less than 5 percent in Haryana, Himachal Pradesh, Punjab, Orissa, Arunachal Pradesh, Meghalaya, Mizoram, and Nagaland. The proportion of women of 'other religions' is especially high in Punjab (61 percent), where Sikhs are a majority, and in the northeastern states of Arunachal Pradesh, Meghalaya, Mizoram, and Nagaland, where Christians are relatively numerous. Manipur, Goa, and Kerala also have large Christian minorities. (For specific percentages Christian, see the basic NFHS survey reports.)

The greatest variation is by caste/tribe. For example, the proportion from scheduled tribes ranges from 0 percent in Haryana, Punjab, and Tamil Nadu to 98 percent in Mizoram. The proportion from scheduled tribes is comparatively high in Rajasthan in the western desert, Madhya Pradesh in central India, and Orissa in the east, and very high in the northeastern states of Arunachal Pradesh, Mizoram, Nagaland, and Meghalaya. The proportion from scheduled castes ranges from 0 percent in five northeastern states to 29 percent in Jammu. Scheduled-caste women are relatively more numerous in the northern region than in other regions. In all northern states except Delhi, the proportion from scheduled castes is at least 20 percent.

3 Knowledge of Contraception

Each respondent in the NFHS was asked the following question about her knowledge of family planning: ‘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. Which ways or methods have you heard about?’ The respondent was first asked to name all the methods she knew or had heard of, without any prompting. Then the interviewer read out the name and a short description of each method not mentioned, and asked if she knew the method. Thus the woman’s knowledge of contraception is measured at three levels: (1) methods the woman thinks of on her own (she can name them spontaneously without probing), (2) methods she knows when asked specifically about them (she recognizes the method after probing), and (3) methods that she has not heard of. Six modern methods (pills, IUDs, injections, condoms, female sterilization, and male sterilization) were included, as well as two traditional methods, periodic abstinence (the rhythm method) and withdrawal.

Table 3.1 shows the percentage of currently married women age 13–49, by state, who know specific contraceptive methods. In this table, knowledge includes both independent knowledge and recognition of a method after probing. Recognition of family planning methods is nearly universal in India: 96 percent of currently married women recognized at least one modern method after probing. However, independent knowledge of family planning methods is lower: only 69 percent of currently married women in the country as a whole reported knowledge of any modern method spontaneously (IIPS 1995b).

Sterilization is the most widely known method. In India as a whole, 95 percent of currently married women know of female sterilization, and 85 percent know of male sterilization. In contrast, knowledge of the three officially sponsored temporary methods—namely pills, IUDs, and condoms—is much less widespread. In the country as a whole, one-fourth of the women do not know of any modern temporary method. The most well known among the modern temporary methods is the pill (reported by 66 percent), followed by

Table 3.1 Knowledge of contraceptive methods

Percentage of currently married women age 13–49 knowing of specific contraceptive methods, by state, NFHS, 1992–93

State	Any method	Any modern		Pill	IUD	Injection	Condom	Female sterilization	Male sterilization	Any traditional method	Periodic abstinence	Withdrawal	Other methods
		method	temporary method										
India	96	96	76	66	61	19	58	95	85	39	35	20	4
North													
Delhi	99	99	97	94	93	35	94	98	95	59	55	31	6
Haryana	99	99	91	76	80	46	76	99	98	59	47	42	4
Himachal Pradesh	99	99	88	70	74	46	74	98	96	61	49	37	10
Jammu region of J & K	100	100	89	77	74	51	75	99	98	72	60	54	2
Punjab	100	100	94	84	88	47	82	100	99	64	56	42	2
Rajasthan	88	87	59	53	46	23	38	85	71	28	24	15	1
Central													
Madhya Pradesh	88	88	57	51	42	13	42	85	77	20	18	5	3
Uttar Pradesh	96	95	80	65	56	25	67	94	88	37	34	13	3
East													
Bihar	95	95	68	57	44	4	55	95	88	29	26	9	2
Orissa	93	93	61	52	48	7	35	92	72	34	27	10	7
West Bengal	99	99	91	86	68	43	68	98	85	73	62	55	5
Northeast													
Arunachal Pradesh	78	78	63	55	53	29	40	75	48	27	25	18	1
Assam	98	97	82	73	61	39	59	96	84	79	71	61	10
Manipur	94	93	88	78	81	6	60	88	87	72	71	44	4
Meghalaya	78	77	65	59	49	10	48	72	47	44	36	18	16
Mizoram	98	98	86	70	76	2	61	98	71	44	36	31	0
Nagaland	44	44	37	25	24	16	29	30	21	11	10	9	1
Tripura	100	100	95	94	65	42	68	99	89	86	76	69	8
West													
Goa	99	99	90	81	76	21	73	98	73	46	42	24	3
Gujarat	97	96	77	66	71	23	63	96	79	46	43	24	2
Maharashtra	98	98	77	67	71	8	57	97	84	23	21	8	2
South													
Andhra Pradesh	97	97	61	54	44	13	42	96	90	15	11	3	4
Karnataka	99	99	84	75	78	5	50	99	81	41	39	15	6
Kerala	100	100	97	87	90	13	91	99	90	73	66	51	3
Tamil Nadu	99	99	86	75	78	13	61	99	86	46	39	24	7

the IUD (61 percent) and condoms (58 percent). Injections, which are not included in the official family welfare programme, are the least-known modern method (19 percent). Traditional methods of contraception are generally less well known than modern methods. Thirty-nine percent of currently married women report knowledge of these methods, with periodic abstinence better known (35 percent) than withdrawal (20 percent).

The finding that 19 percent of currently married women know of contraceptive injections is somewhat puzzling, inasmuch as this method is hardly used in India. The proportion of currently married women who have ever used injections is generally less than 1 percent and never more than 2 percent. One possible explanation for the unexpectedly high reported knowledge of

contraceptive injections, at least in north India, is that the Hindi word for injection (*sui*) is also often used in reference to IUDs, which are inserted with an injection-type device.

The Third All India Survey on Family Planning Practices in India, conducted in 1988–89 (Operations Research Group 1990), which studied currently married women age 15–44, reached broadly similar conclusions about women’s awareness of specific methods. It is useful to compare results of the two surveys, recognizing that the NFHS was done almost three years after the Third All India Survey and covered the age range 13–49. The proportions of women with knowledge of condoms and male sterilization are slightly lower in the NFHS (58 and 85 percent, respectively) than in the Third All India Survey (66 and 89 percent). The proportion with knowledge of female sterilization is exactly the same in both surveys. NFHS estimates of the proportion of women with knowledge of the other major methods (IUDs, pills, periodic abstinence, and withdrawal) are slightly higher (61, 66, 35, and 20 percent, respectively) than estimates from the Third All India Survey (55, 60, 27, and 17 percent).

Table 3.1 also allows comparisons among the states. Knowledge of any modern method is widespread in all states except Nagaland, where only 44 percent of women know of any modern method. Knowledge of any modern method is also comparatively low in two other northeastern states, Arunachal Pradesh and Meghalaya. Among larger states, with a population of more than 5 million, the proportion of women knowing at least one modern method ranges from a low of 87 percent in Rajasthan to 100 percent in Jammu, Punjab, and Kerala. The situation is similar for knowledge of female sterilization. More than 90 percent of women know of female sterilization in all the larger states except Rajasthan and Madhya Pradesh, where the proportion is only 85 percent.

Variations in knowledge of contraception are more pronounced for modern temporary methods. Fewer than two-thirds of women know of any modern temporary method in Rajasthan, Madhya Pradesh, Orissa, Arunachal Pradesh, Meghalaya, Nagaland, and Andhra Pradesh, compared with more than 90 percent in Delhi, Haryana, Punjab, West Bengal, Tripura, and Kerala. The pill is somewhat better known than other modern temporary methods, although the IUD is better known in 10 states. In West Bengal and Tripura, knowledge of the pill is much higher than knowledge of either IUDs or condoms. In Rajasthan, Madhya Pradesh, Bihar, Orissa, Meghalaya, Nagaland, and Andhra Pradesh, more than half of women report that they have not heard of the IUD. Knowledge of condoms is especially low in Rajasthan, Orissa, Arunachal Pradesh, and Nagaland. Injections are the least known modern method in every state.

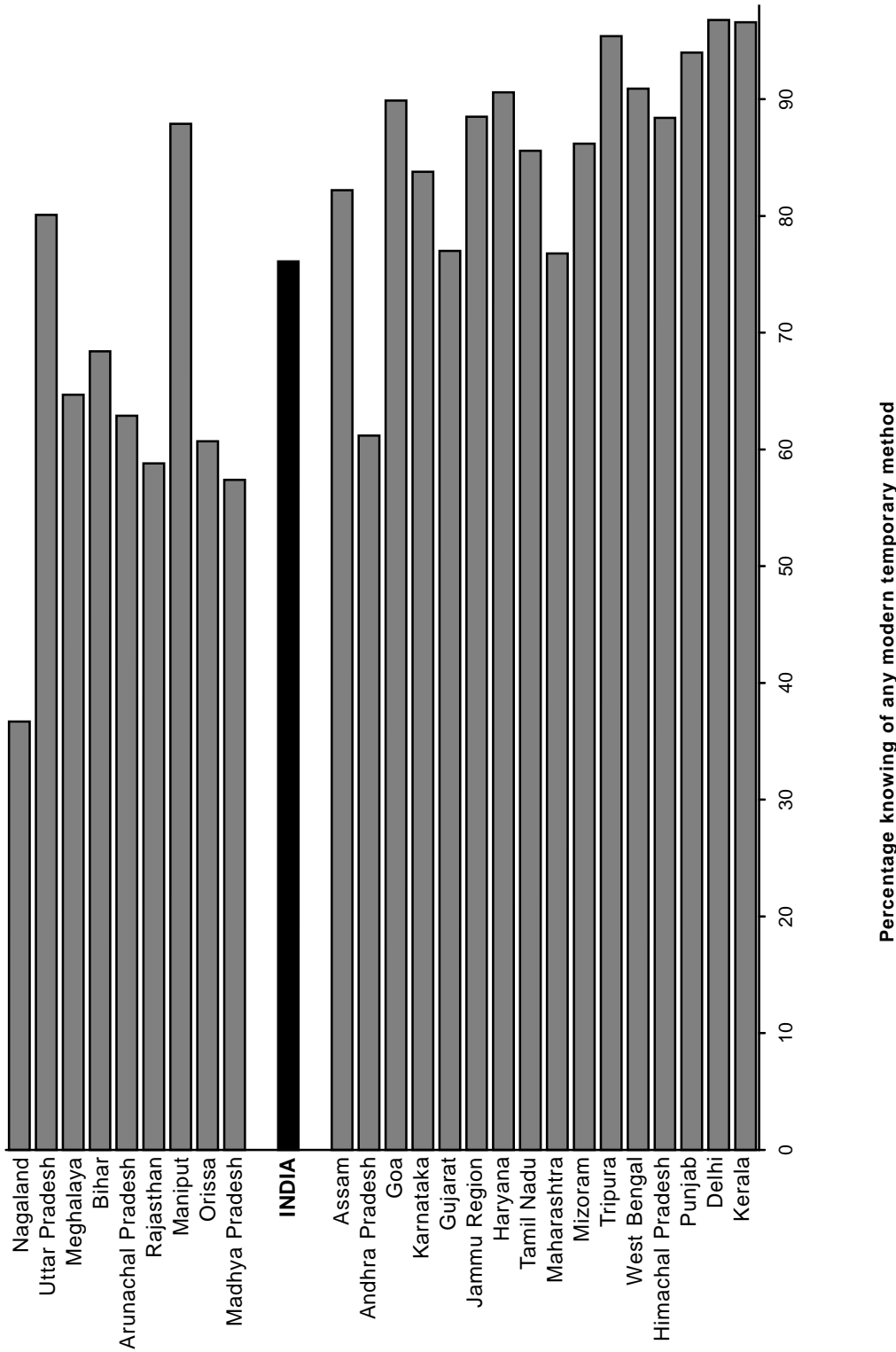
State-level variations in knowledge of modern temporary methods are also portrayed graphically in Figure 3.1. In the figure, states are ordered from top to bottom in ascending order according to overall level of current use of contraception (see also Figure 5.1). Women in Uttar Pradesh, Manipur, Assam, and Goa stand out as having more knowledge of modern temporary methods than one would expect from their overall level of contraceptive use. Women in Andhra Pradesh, Gujarat, and Maharashtra have less knowledge of modern temporary methods than one would expect. We shall see later that some of these discrepancies stem from interstate variation in the extent to which sterilization is relied upon for contraception.

Knowledge of any traditional method is even more variable by state than knowledge of any modern temporary method. The proportion with knowledge of any traditional method varies from 11 percent in Nagaland to 86 percent in Tripura. Knowledge of traditional methods tends to be higher in the northern and eastern states and also in Kerala. In the east and northeast, Assam and states with a high proportion of Bengali speakers tend to have a high proportion of respondents with knowledge of traditional methods.

Table 3.2 presents differentials in knowledge of any modern temporary method by age, residence, education, religion, and caste/tribe. A similar table of differentials in knowledge of sterilization is not shown because knowledge of sterilization is widespread and differentials are generally small. Table 3.2 shows that age differentials in knowledge of any temporary method are small for India as a whole, with the proportion having knowledge ranging from 74 percent at ages 13–24 to 79 percent at ages 25–34. Age differentials in knowledge are also small for individual states.

Knowledge of any modern temporary method varies more substantially by urban and rural residence. For India as a whole, 91 percent of currently married women in urban areas know of a modern temporary method, compared with 71 percent in rural areas. In urban areas, the proportion who know of a modern temporary method is 83 percent or higher in all states except Nagaland, where it is 60 percent. State-level variation is greater in rural areas. Urban-rural differentials in knowledge also vary considerably by state. The urban-rural differential is less than 10 percentage points in Delhi, Haryana, Punjab, West Bengal, Mizoram, Tripura, Goa, and Kerala and greater than 20 percentage points in Rajasthan, Madhya Pradesh, Bihar, Orissa, Arunachal Pradesh, Meghalaya, Nagaland, Maharashtra, and Andhra Pradesh.

Knowledge of any modern temporary method also varies substantially by education. For the country as a whole, 66 percent of illiterate women know of a modern temporary method, compared with 99 percent of women with at least a high-school education. Among the states, women with at least a high-



Note: This figure and all subsequent figures pertain to currently married women age 13–49.

Figure 3.1 Knowledge of modern temporary methods

Table 3.2 Differentials in knowledge of modern temporary methods of contraception

Percentage of currently married women age 13–49 knowing of any modern temporary method, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic														
	Current age			Residence		Education				Religion			Caste/tribe		
	13–24	25–34	35–49	Urban	Rural	Illiterate	Literate, <middle complete	Middle complete	High school complete	Hindu	Muslim	Other	Sched. caste	Sched. tribe	Non-SC/ST
India	74	79	75	91	71	66	89	96	99	74	83	85	71	48	80
North															
Delhi	95	98	97	97	95	92	99	100	100	97	96	99	94	(97)	97
Haryana	89	93	91	97	88	86	97	98	100	91	88	92	85	*	93
Himachal Pradesh	87	92	85	98	87	80	94	97	100	89	(71)	92	83	75	91
Jammu region of J & K	86	91	88	98	87	81	94	98	100	90	79	97	83	*	91
Punjab	92	96	93	97	93	89	98	99	99	93	(94)	95	91	NC	95
Rajasthan	58	61	57	88	52	52	87	96	99	58	61	77	54	40	66
Central															
Madhya Pradesh	56	61	55	85	50	48	78	91	97	55	84	79	55	40	65
Uttar Pradesh	79	83	79	94	77	75	90	96	99	80	83	89	73	67	82
East															
Bihar	67	69	70	87	65	62	85	93	98	68	71	56	67	33	72
Orissa	58	65	58	83	57	48	84	92	97	60	85	63	68	29	70
West Bengal	89	93	90	94	90	85	96	98	99	91	92	84	80	72	93
Northeast															
Arunachal Pradesh	67	63	58	87	59	51	81	94	98	71	*	58	NC	59	77
Assam	77	86	82	95	80	73	93	98	100	83	85	57	89	69	84
Manipur	89	90	85	97	84	82	86	94	99	97	88	70	NC	67	95
Meghalaya	66	67	61	83	60	47	80	89	89	93	(76)	61	*	62	88
Mizoram	86	88	85	91	82	46	86	97	99	*	*	86	NC	87	*
Nagaland	39	42	32	60	30	19	37	59	69	40	*	36	NC	36	(56)
Tripura	95	96	95	100	94	91	98	98	100	96	96	(85)	*	87	97
West															
Goa	84	93	89	94	86	75	94	96	100	88	88	94	81	79	90
Gujarat	75	79	76	89	71	63	89	97	99	76	84	88	83	55	81
Maharashtra	75	83	72	90	67	62	87	94	99	75	84	81	69	56	80
South															
Andhra Pradesh	60	63	61	85	53	50	73	90	97	59	77	67	51	42	64
Karnataka	79	87	85	91	80	75	94	99	99	84	82	92	85	76	84
Kerala	97	98	95	98	96	86	97	99	100	97	94	99	98	90	97
Tamil Nadu	86	90	82	95	80	76	92	97	99	85	92	95	76	*	88

NC: Not calculated because there are no cases on which to base a percentage

() Based on 25–49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

school education do not vary widely in terms of knowledge of any modern temporary method. State-level variation is much larger among women with less education, especially among illiterate women. This suggests a process of knowledge diffusion that tends to be more complete the higher the level of education, so that more educated women show less variability in their knowledge of modern temporary methods.

For India as a whole, knowledge of modern temporary methods tends to be somewhat lower for Hindus (74 percent) than for Muslims (83 percent)

and women of 'other religions' (85 percent). Among states, however, differentials in knowledge by religion are somewhat inconsistent. For example, Hindu women have greater knowledge than Muslim women (by 5 or more percentage points) in Himachal Pradesh, Jammu, Manipur, and Meghalaya, but less knowledge than Muslims in Madhya Pradesh, Orissa, Gujarat, Maharashtra, Andhra Pradesh, and Tamil Nadu. Some of these differences may be due to variations in the extent to which Muslims are concentrated in urban areas.

In India as a whole, scheduled-tribe women are much less likely to know of a modern temporary method (48 percent) than are scheduled-caste women (71 percent) or non-SC/ST women (80 percent). The same pattern is observed in individual states, except in Delhi, where there is a slight reversal. However, the number of scheduled-tribe women in Delhi is small.

For each family planning method that she knew, the respondent was asked if she knew where a person could obtain the method. Table 3.3 shows the percentages of currently married women who know a source for specific modern contraceptive methods, broken down by state. The percentages who know a source are smaller than the percentages who know of specific methods. In India as a whole, 89 percent of all currently married women know a source for at least one modern method, and 64 percent know a source for a modern temporary method. Among specific temporary methods, 54 percent know a source for the pill, 51 percent for IUDs, and 46 percent for condoms. In contrast, 87 percent of currently married women know a source for female sterilization, and 76 percent know a source for male sterilization. The relatively low percentages who know a source for temporary methods reflect the overwhelming emphasis on sterilization in the government's family welfare programme.

There are substantial variations by state in knowledge of sources of family planning methods: these tend to parallel the variations in knowledge of methods. The proportion of women who know a source of any modern method ranges from 40 percent in Nagaland to 99 percent in Punjab and Kerala. The proportion is lower than 80 percent in Rajasthan, Uttar Pradesh, Arunachal Pradesh, and Meghalaya, as well as Nagaland. The proportion who know a source of any modern temporary method ranges from 34 percent in Nagaland to 93 percent in Punjab. It is lower than 50 percent in Rajasthan, Madhya Pradesh, and Orissa, as well as Nagaland.

Table 3.4 shows differentials in knowledge of a source of any modern temporary method, broken down by age, residence, education, religion, and caste/tribe. Knowledge of a source does not vary much by age, either for India as a whole or for individual states. However, knowledge of a source

Table 3.3 Knowledge of source of modern contraceptive methods

Percentage of currently married women age 13–49 knowing of a source of any modern contraceptive method, by state, NFHS, 1992–93

State	Any modern method	Any modern temporary method	Pill	IUD	Injection	Condom	Female sterilization	Male sterilization
India	89	64	54	51	15	46	87	76
North								
Delhi	94	89	79	82	27	83	90	87
Haryana	98	85	71	75	38	70	97	96
Himachal Pradesh	98	81	63	68	39	67	96	92
Jammu region of J & K	98	85	73	71	46	71	97	96
Punjab	99	93	83	87	46	81	99	98
Rajasthan	76	46	40	36	17	28	73	57
Central								
Madhya Pradesh	80	46	39	34	9	34	76	67
Uttar Pradesh	77	56	45	41	18	44	73	68
East								
Bihar	89	55	46	36	3	42	87	81
Orissa	82	47	39	38	5	26	80	59
West Bengal	96	76	67	52	32	53	94	79
Northeast								
Arunachal Pradesh	70	53	48	45	26	35	67	44
Assam	90	70	62	50	29	48	88	77
Manipur	82	73	60	67	4	48	77	75
Meghalaya	71	57	51	43	7	36	65	40
Mizoram	98	82	66	72	1	56	97	69
Nagaland	40	34	24	22	14	27	27	19
Tripura	97	82	77	54	33	57	96	85
West								
Goa	95	77	66	62	17	62	93	64
Gujarat	94	72	61	66	21	58	92	73
Maharashtra	96	68	58	62	6	50	94	79
South								
Andhra Pradesh	95	55	47	40	10	36	93	85
Karnataka	96	75	65	69	3	42	95	76
Kerala	99	89	73	78	10	77	98	86
Tamil Nadu	98	77	63	68	11	50	97	81

increases substantially by education for the country and for the states. The proportion knowing a source is considerably higher among literates than illiterates and among urban residents than rural residents. Knowledge tends to be somewhat higher among Muslims than Hindus, and even higher among women of 'other religions'. The direction of these differentials is somewhat variable by state, however. For India as a whole and for individual states, knowledge tends to be higher among scheduled-caste women than among scheduled-tribe women and still higher among non-SC/ST women. Among the states, Delhi appears to be an exception. Viewed together, Tables 3.2 and 3.4 indicate, not surprisingly, that greater knowledge of temporary methods goes hand in hand with greater knowledge of sources of temporary methods.

Table 3.4 Differentials in knowledge of source of modern temporary methods

Percentage of currently married women age 13–49 knowing of a source of any modern temporary method, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic														
	Current age			Residence		Education				Religion			Caste/tribe		
	13–24	25–34	35–49	Urban	Rural	Illiterate	Literate, <middle	Middle	High school	Hindu	Muslim	Other	Sched. caste	Sched. tribe	Non-SC/ST
India	61	68	62	83	57	50	79	89	96	62	67	78	56	38	68
North															
Delhi	85	92	89	89	84	78	90	95	98	88	90	95	82	(93)	89
Haryana	83	89	83	96	81	78	95	98	100	85	80	88	77	*	88
Himachal Pradesh	80	87	76	97	79	68	90	97	100	82	(54)	80	73	64	85
Jammu region of J & K	82	87	84	96	83	77	90	96	99	87	73	94	78	*	88
Punjab	90	95	92	97	91	88	98	99	99	92	(94)	93	89	NC	94
Rajasthan	45	48	46	77	39	39	73	85	94	46	48	55	42	29	52
Central															
Madhya Pradesh	44	49	44	77	37	35	65	81	93	44	70	71	45	27	53
Uttar Pradesh	54	60	55	79	51	47	74	82	96	56	56	78	46	36	59
East															
Bihar	54	56	55	81	51	47	76	87	94	56	51	51	46	27	59
Orissa	43	53	45	75	42	33	71	86	93	47	63	52	50	18	56
West Bengal	75	81	72	80	75	63	84	93	96	77	76	64	63	54	79
Northeast															
Arunachal Pradesh	58	54	46	84	48	40	71	87	98	59	*	50	NC	49	69
Assam	67	74	68	87	68	57	83	92	98	70	72	51	70	53	73
Manipur	72	78	67	82	68	63	72	75	90	81	71	55	NC	54	79
Meghalaya	58	60	53	64	55	41	71	80	79	80	(68)	54	*	55	77
Mizoram	82	84	81	86	79	43	81	93	96	*	*	83	NC	83	*
Nagaland	37	38	31	58	28	17	35	54	66	36	*	34	NC	34	(51)
Tripura	85	86	75	93	79	69	88	92	97	82	82	(75)	*	72	84
West															
Goa	68	82	75	85	69	54	79	86	97	75	74	83	62	60	78
Gujarat	69	74	72	86	64	57	83	94	98	71	75	88	77	51	75
Maharashtra	66	74	64	83	58	51	77	87	96	66	74	73	63	48	71
South															
Andhra Pradesh	53	57	53	81	45	43	66	84	97	53	70	61	45	34	58
Karnataka	68	79	76	87	68	63	87	95	97	74	73	80	71	66	76
Kerala	90	93	84	91	88	68	87	94	98	91	81	92	89	77	89
Tamil Nadu	76	83	71	89	70	63	84	91	97	75	87	85	66	*	79

NC: Not calculated because there are no cases on which to base a percentage

(): Based on 25–49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

4 Ever-Use of Contraception

All respondents who knew of at least one method of family planning were asked whether they had ever used each of the methods they knew. The use of contraception was further probed by asking whether they ‘ever used anything or tried in any way to delay or avoid getting pregnant’. Table 4.1 presents the pattern of ever-use by specific method for India as a whole and for individual states. These results are for currently married women age 13–49.

Although 96 percent of currently married women know of at least one method of family planning, only half as many—47 percent—have ever used a method. Forty-two percent have used a modern method, and 12 percent have used a traditional method. By far the most commonly used method is female sterilization: 27 percent of currently married women have been sterilized. Four percent report that their husbands have been sterilized. Only 5 to 7 percent have used each of the modern temporary methods—IUDs, pills, and condoms. Use of injectable contraceptives is negligible, mainly because the government programme does not offer this method and it is also uncommon in the private medical sector. The pattern of use suggests that there is little switching among modern temporary methods. Although 14 percent of currently married women have ever used a temporary method, fewer than 4 percent have ever used more than one such method.

Table 4.1 also shows substantial variation in ever-use of contraception by state. Ever-use of any method varies from 19 percent in Nagaland to 75 percent in Kerala. India’s two most populous states, Uttar Pradesh and Bihar, each have an ever-use rate of 26 percent, lower than the rate for any other state except Nagaland. Meghalaya, at 27 percent, is slightly ahead of Uttar Pradesh and Bihar. At the other end of the spectrum, seven states have ever-use rates of 63 percent or higher: Delhi, Himachal Pradesh, Punjab, West Bengal, Assam, Tripura, and Kerala.

Variations among the states in ever-use of any modern method resemble variations in ever-use of any method, but the two patterns are by no means identical. The differences between them are accounted for by differences in

Table 4.1 Ever-use of contraception

Percentage of currently married women age 13–49 having ever used any contraceptive method, by specific method and state, NFHS, 1992–93

State	Any method	Any modern method	Any temporary method	Pill	IUD	Injection	Condom	Female sterilization	Male sterilization	Any traditional method	Periodic abstinence	Withdrawal	Other methods
India	47	42	14	5	5	0	7	27	4	12	9	5	1
North													
Delhi	72	67	54	13	21	1	39	20	3	23	16	11	3
Haryana	58	52	23	7	9	0	15	30	5	16	10	9	1
Himachal Pradesh	68	61	25	5	10	1	17	33	13	20	13	11	2
Jammu region of J & K	57	47	24	7	7	0	16	25	4	23	13	15	1
Punjab	67	59	32	6	14	0	18	32	3	18	12	8	1
Rajasthan	35	33	7	3	3	0	3	25	2	4	2	2	0
Central													
Madhya Pradesh	42	40	12	4	3	0	7	26	5	4	3	1	1
Uttar Pradesh	26	23	11	4	3	0	6	12	1	5	4	1	1
East													
Bihar	26	24	6	3	1	0	3	17	1	4	3	1	0
Orissa	40	37	8	4	4	0	2	28	3	6	4	1	1
West Bengal	70	49	23	15	3	1	11	26	4	45	33	26	2
Northeast													
Arunachal Pradesh	30	25	17	10	9	0	2	10	0	9	8	3	1
Assam	63	30	18	11	3	0	8	12	2	51	43	27	4
Manipur	45	30	17	5	13	0	3	11	3	21	19	3	2
Meghalaya	27	18	9	6	3	0	1	9	1	12	5	5	7
Mizoram	57	56	17	7	10	0	2	45	0	4	3	2	0
Nagaland	19	19	13	8	4	2	7	6	0	2	1	2	0
Tripura	71	40	26	21	3	0	8	17	2	56	46	31	2
West													
Goa	56	45	18	4	7	0	10	30	1	20	15	8	1
Gujarat	55	51	14	4	7	0	5	38	4	8	7	3	0
Maharashtra	58	57	16	6	7	0	8	40	6	4	4	1	0
South													
Andhra Pradesh	49	49	6	3	2	0	2	38	7	2	1	0	1
Karnataka	55	52	14	4	9	0	4	41	2	8	6	1	1
Kerala	75	64	27	7	10	0	18	42	7	31	23	19	1
Tamil Nadu	56	51	16	4	9	0	6	38	2	12	9	6	1

ever-use of traditional methods. The proportion of women who have ever used any traditional method varies from 2 percent in Nagaland and Andhra Pradesh to 45 percent in West Bengal, 51 percent in Assam, and 56 percent in Tripura. In Assam and Tripura, these methods account for more than half of all ever-use. By contrast, in Rajasthan, Madhya Pradesh, Uttar Pradesh, Bihar, Orissa, Mizoram, Nagaland, Maharashtra, and Andhra Pradesh, 6 percent or fewer of currently married women have ever used a traditional method. In general, slightly more women have used periodic abstinence than withdrawal: the differences are not large, however, and are either zero or reversed in Jammu, Rajasthan, Meghalaya, and Nagaland.

Ever-use of any modern temporary method also varies considerably among the states, ranging from 6 percent in Bihar and Andhra Pradesh to 54 percent in Delhi. After Delhi, the state with the highest ever-use of any modern temporary method is Punjab, at 32 percent. At the other end of the spectrum, just above Bihar and Andhra Pradesh, are states with proportions in the 7 to 12 percent range: Rajasthan, Madhya Pradesh, Uttar Pradesh, Orissa, and Meghalaya.

Table 4.2 shows differentials in ever-use of contraception by selected background characteristics. Differentials by residence and education are in the expected direction. Fifty-nine percent of women who live in urban areas have ever used contraception, compared with 43 percent of women in rural areas. Sixty-seven percent of women with at least a high-school education have ever used contraception, compared with 38 percent of illiterate women. Sixty percent of women of 'other religions' have ever used contraception, compared with 47 percent of Hindu women and 38 percent of Muslim women. Ever-use rates are about the same among scheduled-caste and scheduled-tribe women, at 37 to 39 percent, and considerably higher among non-SC/ST women.

Ever-use rates are higher among urban women than among rural women in all states, but the size of the differential varies by state. The lowest urban-rural differentials, less than 10 percentage points, are found in Delhi, Punjab, West Bengal, Mizoram, Gujarat, Maharashtra, Karnataka, Kerala, and Tamil Nadu—all states where overall ever-use rates are relatively high. Ever-use rates tend to increase with education in all the states. At both the state and national levels, the biggest difference in ever-use of contraception tends to be between illiterates and literates. Within the literate category, differences in ever-use rates between those with varying degrees of education are generally fairly small. Ever-use rates are higher for Hindus than for Muslims in all states except Madhya Pradesh, Andhra Pradesh, and Tamil Nadu, where the differential is slightly reversed. The Hindu-Muslim differential is especially large in Haryana, Tripura, and Kerala. Ever-use rates are highest among women of 'other religions' in all states except Himachal Pradesh, Punjab, Bihar, Assam, Manipur, Meghalaya, Tripura, Goa, Maharashtra, and Tamil Nadu. In all of these states except Tamil Nadu, Hindus have the highest ever-use rates. In Tamil Nadu and Andhra Pradesh, religious differentials in ever-use are very small.

Table 4.2 Ever-use of contraception by background characteristics

Percentage of currently married women age 13–49 having ever used any contraceptive method, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic											
	Residence		Education				Religion			Caste/tribe		
	Urban	Rural	Illiterate	Literate, <middle complete	Middle complete	High school complete	Hindu	Muslim	Other	Sched. caste	Sched. tribe	Non-SC/ST
India	59	43	38	58	61	67	47	38	60	39	37	49
North												
Delhi	73	65	60	74	77	83	73	61	80	66	(62)	73
Haryana	70	54	53	60	66	73	59	25	61	49	*	61
Himachal Pradesh	81	66	65	70	65	74	68	(48)	49	66	52	69
Jammu region of J & K	74	54	52	57	60	72	60	42	73	49	*	61
Punjab	70	66	64	70	67	72	68	(41)	67	62	NC	69
Rajasthan	51	31	32	47	52	55	35	23	49	31	26	39
Central												
Madhya Pradesh	57	38	37	50	53	66	41	47	63	36	34	46
Uttar Pradesh	42	22	21	37	39	53	27	18	50	20	13	28
East												
Bihar	49	22	20	44	50	53	29	10	28	17	18	28
Orissa	52	38	37	46	41	59	40	22	51	37	32	43
West Bengal	75	69	61	75	84	91	73	61	73	66	55	72
Northeast												
Arunachal Pradesh	49	26	23	33	49	61	42	*	23	NC	24	48
Assam	79	60	52	72	81	91	64	61	46	72	47	65
Manipur	52	41	40	47	50	50	52	32	34	NC	28	51
Meghalaya	40	23	23	27	32	38	54	(32)	23	*	23	51
Mizoram	62	53	41	61	54	60	*	*	58	NC	58	*
Nagaland	33	16	13	18	25	33	19	*	19	NC	19	(30)
Tripura	89	66	58	75	84	87	73	43	(66)	*	63	72
West												
Goa	62	51	50	58	55	62	59	56	51	49	48	57
Gujarat	60	52	50	57	62	67	56	44	72	59	51	55
Maharashtra	60	57	57	57	54	67	60	44	58	56	54	59
South												
Andhra Pradesh	61	45	45	58	60	60	49	51	51	37	39	52
Karnataka	59	52	50	59	60	67	56	45	59	49	48	56
Kerala	78	74	71	73	74	82	83	52	84	82	81	75
Tamil Nadu	61	53	51	58	62	64	56	59	56	51	*	57

NC: Not calculated because there are no cases on which to base a percentage

() Based on 25–49 unweighted cases

*Percentage not shown; based on fewer than 25 unweighted cases

5 Current Use of Contraception

Table 5.1 shows the percentages of currently married women age 13–49 who are using specific contraceptive methods. The table gives figures for all India, for individual states, and for urban and rural residence. Figure 5.1 shows current use of any contraceptive method for the country as a whole and for individual states. These percentages are, of course, somewhat lower than for ever-use of any contraceptive method. Use patterns for specific methods are also somewhat different because ever-use may encompass more than one method, whereas current use refers to one method only.

Current contraceptive prevalence in India can be described as moderate: 41 percent of currently married women use any method, 36 percent use a modern method (comprising 30 percent sterilization and 6 percent modern temporary methods), and another 4 percent use a traditional method. Most of the currently married women who have ever used contraception are current users (41 percent compared to 47 percent). At 41 percent, the overall level of contraceptive use in India is almost the same as the combined level of 42 percent for all less-developed countries excluding China (Population Reference Bureau 1994).

The NFHS estimate of current contraceptive prevalence is somewhat lower than the estimate obtained in the 1988–89 Third All India Survey on Family Planning Practices in India (Operations Research Group 1990). That survey found a contraceptive prevalence rate of 45 percent for the country as a whole, with 40 percent using modern methods and 5 percent using traditional methods. The All India Survey covered only currently married women age 15–44, whereas the NFHS covered currently married women age 13–49. When the NFHS sample is restricted by age to match the All India Survey sample, the prevalence rate is 40 percent, with 36 percent using modern methods. The proportion of women who are sterilized or whose husbands are sterilized is almost identical in the two surveys (30 to 31 percent) and is also very close to provisional official statistics for 1992–93 (Ministry of Health and Family Welfare 1994), at 30 percent. The NFHS and the Third All India Sur-

Table 5.1 Current use of contraception

Percentage of currently married women age 13–49 currently using any contraceptive method, by specific method, state, and urban-rural residence, NFHS, 1992–93

State	Any method	Any modern method	Any temporary method	Pill	IUD	Injection	Condom	Female sterilization	Male sterilization	Any traditional method	Periodic abstinence	Withdrawal	Other methods
	TOTAL												
India	41	36	6	1	2	0	2	27	3	4	3	1	0
North													
Delhi	60	55	31	3	8	0	21	20	3	6	3	3	0
Haryana	50	44	10	1	3	0	5	30	5	5	2	3	0
Himachal Pradesh	58	54	9	1	3	0	5	33	13	4	2	2	0
Jammu region of J & K	49	40	10	1	3	0	6	25	4	10	3	6	0
Punjab	59	51	17	2	6	0	9	32	3	7	4	3	0
Rajasthan	32	31	3	1	1	0	2	25	2	1	0	0	0
Central													
Madhya Pradesh	37	36	4	1	1	0	2	26	5	1	1	0	0
Uttar Pradesh	20	19	6	1	1	0	3	12	1	1	1	0	0
East													
Bihar	23	22	3	1	1	0	1	17	1	2	1	1	0
Orissa	36	35	3	1	2	0	1	28	3	2	1	0	1
West Bengal	57	37	7	4	1	0	2	26	4	20	11	8	1
Northeast													
Arunachal Pradesh	24	19	9	3	5	0	1	10	0	4	4	1	0
Assam	43	20	5	3	1	0	2	12	2	23	16	6	1
Manipur	35	24	10	2	7	0	1	11	3	11	10	1	0
Meghalaya	21	15	5	2	2	0	1	9	1	6	1	1	4
Mizoram	54	53	8	3	5	0	1	45	0	1	1	0	0
Nagaland	13	13	7	2	2	0	2	6	0	0	0	0	0
Tripura	56	29	10	6	2	0	2	17	2	28	17	11	0
West													
Goa	48	38	7	1	3	0	4	30	1	10	8	2	0
Gujarat	49	47	6	1	3	0	2	38	4	2	2	1	0
Maharashtra	54	53	6	1	3	0	3	40	6	1	1	0	0
South													
Andhra Pradesh	47	47	2	1	1	0	1	38	7	1	0	0	0
Karnataka	49	47	5	0	3	0	1	41	2	2	2	0	0
Kerala	63	54	6	1	3	0	3	42	7	9	6	3	0
Tamil Nadu	50	45	6	1	4	0	2	38	2	5	3	1	1

(continued)

vey also report similar proportions of women using pills (around 1 percent) and IUDs (2 percent). The difference between overall contraceptive prevalence rates estimated in the two surveys stems largely from differences in the use of condoms, estimated at 5 percent in the Third All India Survey and 2 percent in the NFHS.

Female sterilization is the most popular contraceptive method in India, as shown in Table 5.1. Twenty-seven percent of currently married women are sterilized, and female sterilization alone accounts for 67 percent of current contraceptive prevalence. Another 3 percent of currently married women re-

Table 5.1 (continued) Current use of contraception

Percentage of currently married women age 13–49 currently using any contraceptive method, by specific method, state, and urban-rural residence, NFHS, 1992–93

State	Any method	Any modern method	Any temporary method	Pill	IUD	Injection	Condom	Female sterilization	Male sterilization	Any traditional method	Periodic abstinence	Withdrawal	Other methods
URBAN													
India	51	45	12	2	4	0	6	30	3	6	4	2	0
North													
Delhi	61	55	32	3	8	0	20	20	3	6	3	3	0
Haryana	58	49	20	2	5	0	13	24	5	9	3	6	0
Himachal Pradesh	70	63	24	1	9	0	14	29	10	7	2	5	0
Jammu region of J & K	64	50	23	3	7	0	13	23	5	14	4	10	0
Punjab	63	54	24	2	8	0	14	28	3	9	4	4	0
Rajasthan	47	47	9	1	3	0	5	35	3	0	0	0	0
Central													
Madhya Pradesh	48	46	12	1	4	0	7	30	5	2	1	0	0
Uttar Pradesh	32	30	14	2	3	0	9	14	2	2	2	1	0
East													
Bihar	43	39	9	2	2	0	5	27	3	3	2	1	1
Orissa	47	45	8	3	3	0	2	33	4	2	1	1	0
West Bengal	62	37	11	5	2	0	4	23	2	25	13	12	1
Northeast													
Arunachal Pradesh	40	29	14	4	6	0	4	15	1	11	9	2	0
Assam	62	34	11	4	2	0	6	21	1	29	17	11	1
Manipur	44	32	17	3	12	0	2	11	3	13	12	1	0
Meghalaya	32	28	8	4	4	0	1	19	1	4	2	2	0
Mizoram	57	56	10	4	5	0	1	46	0	1	1	1	0
Nagaland	21	21	8	3	3	0	2	12	1	0	0	0	0
Tripura	71	39	14	10	2	0	3	23	2	32	15	16	1
West													
Goa	51	37	9	1	3	0	5	26	1	15	11	3	0
Gujarat	53	49	11	2	6	0	4	35	3	4	3	1	0
Maharashtra	53	51	11	2	5	0	4	37	3	2	2	0	0
South													
Andhra Pradesh	57	56	4	1	1	0	2	44	7	1	1	0	0
Karnataka	52	49	9	1	5	0	3	39	1	3	3	0	0
Kerala	68	57	7	1	2	0	4	43	8	11	8	3	0
Tamil Nadu	51	45	10	1	6	0	3	33	1	6	4	2	1

(continued)

port that their husbands are sterilized, 2 percent report that they use IUDs, and 2 percent report the use of condoms. Only 1 percent of currently married women use the pill. The preponderance of terminal methods is consistent with the emphasis on sterilization in India's family planning programme.

There is considerable variation in current contraceptive prevalence by state. Current use of any method varies from 13 percent in Nagaland to 63 percent in Kerala. Uttar Pradesh, at 20 percent, has the second lowest prevalence rate of any state. Other states with prevalence rates below 35 percent are Rajasthan, Bihar, Arunachal Pradesh, and Meghalaya. In addition to Kerala,

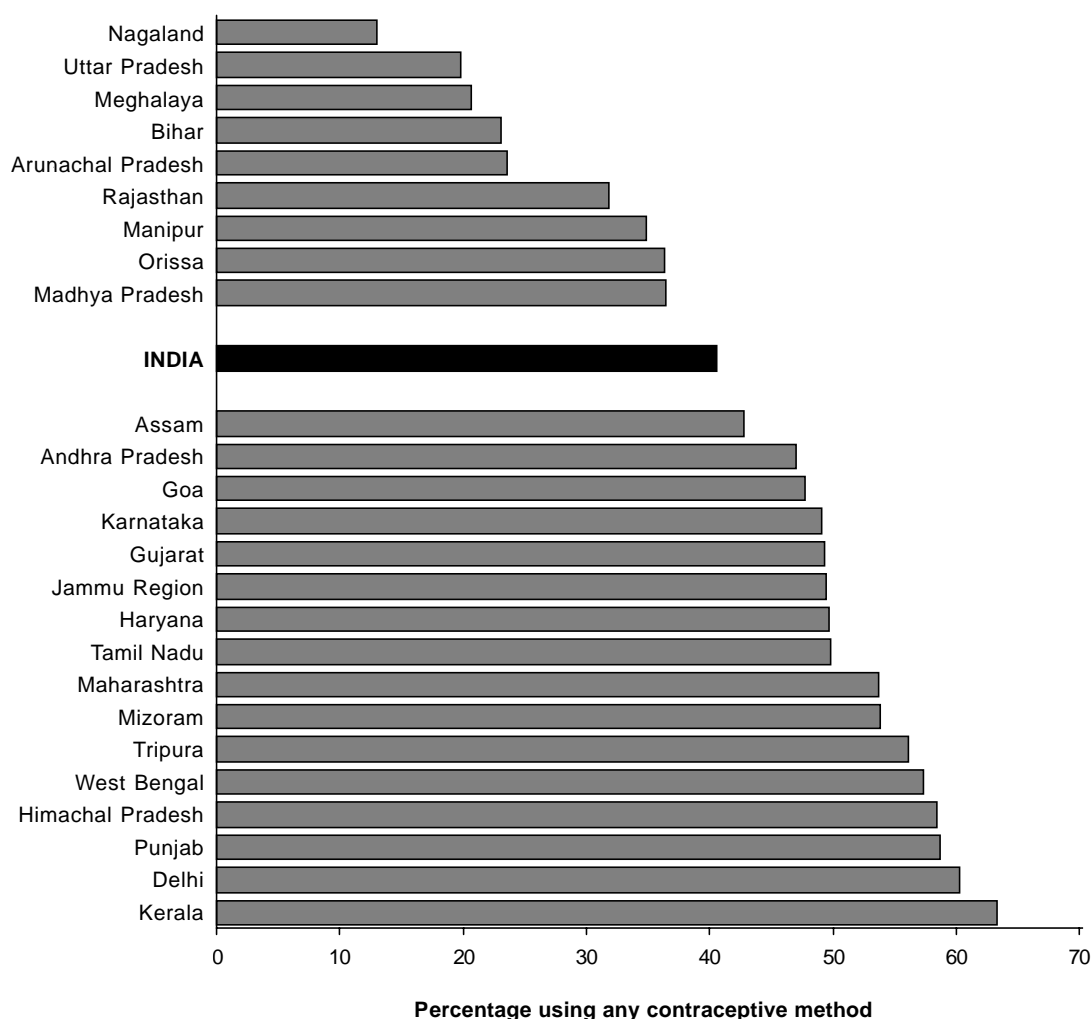


Figure 5.1 Current use of any contraceptive method

As in the case of ever-use of contraception, there is considerable variation among states in current use of traditional methods. The percentage of women currently using any traditional method varies from 0 percent in Nagaland and 1 percent in Rajasthan, Madhya Pradesh, Uttar Pradesh, Mizoram, Maharashtra, and Andhra Pradesh to 28 percent in Tripura. In addition to Tripura, West Bengal and Assam have 20 percent or higher prevalence rates for traditional methods. In Assam and Tripura, traditional methods account for about half of all current use. In other states, this proportion is 35 percent or less. Among traditional methods, periodic abstinence is more prevalent than withdrawal except in Haryana and Jammu, and considerably more prevalent than withdrawal in Assam, Manipur, Tripura, and Goa.

In India as a whole, current contraceptive use is 38 percent higher in urban areas than in rural areas (51 percent compared with 37 percent). Use of

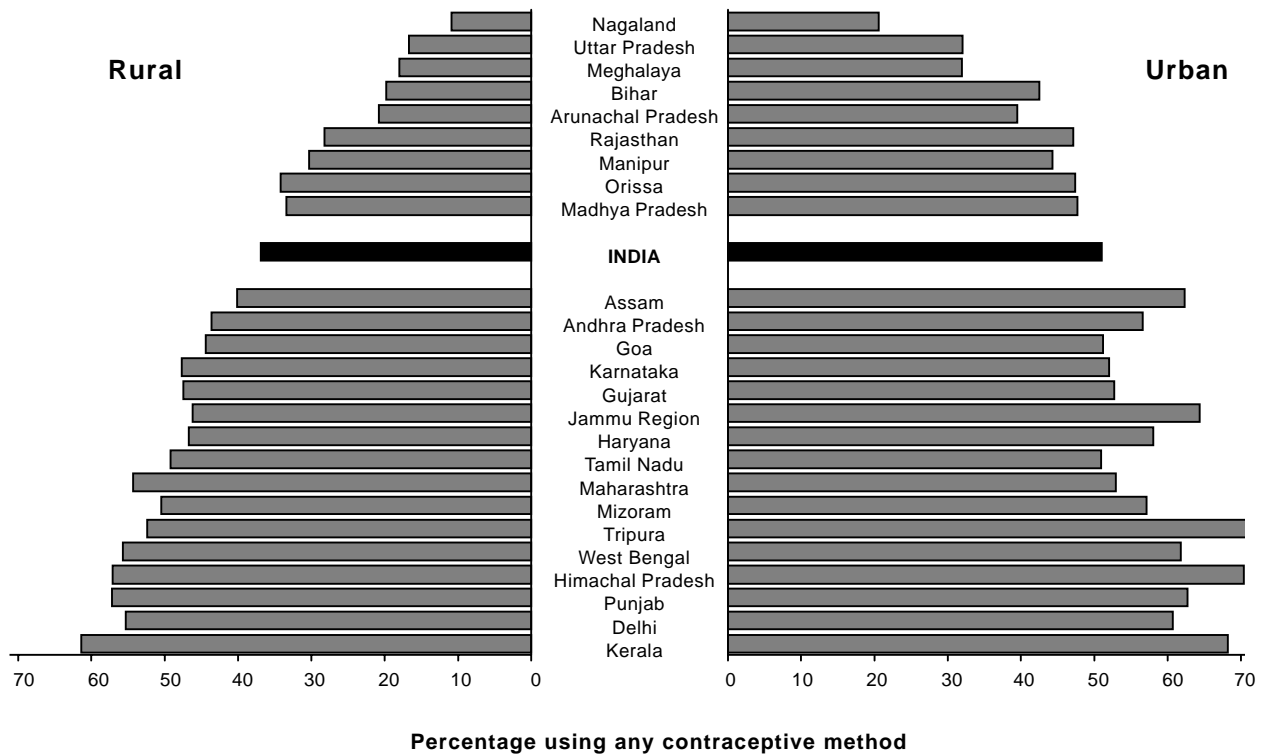


Figure 5.2 Current contraceptive use by residence

every contraceptive method is higher in urban areas than in rural areas, except for male sterilization. Figure 5.2 shows contraceptive use rates for the states by urban-rural residence. In this figure (and in all subsequent figures) states are ordered by overall level of contraceptive use. Not surprisingly, since the bulk of the population is rural, the ordering for rural areas resembles the ordering for urban and rural areas combined, as shown in Figure 5.1. The correspondence between overall contraceptive use and contraceptive use in urban areas is not as close. Urban areas in Assam, Jammu, Tripura, and Himachal Pradesh have a noticeably higher level of contraceptive use than one would expect from the overall level of contraceptive use in those states. Urban areas in Tamil Nadu, Maharashtra, and Delhi have a lower level of contraceptive use than one would expect. In these last three states, urban-rural differences in contraceptive use rates are comparatively small.

Table 5.2 and Figure 5.3 show the percentage distribution of current contraceptive users by method used. Together, female and male sterilization

Table 5.2 Distribution of current users by method used

Percentage distribution of currently married women age 13–49 currently using contraception, by specific method, state, and urban-rural residence, NFHS, 1992–93

State	Any method	Any modern method	Any temporary method	Pill	IUD	Injection	Condom	Female sterilization	Male sterilization	Any traditional method	Periodic abstinence	Withdrawal	Other methods
TOTAL													
India	100	90	14	3	5	0	6	67	9	11	7	4	1
North													
Delhi	100	91	52	5	13	0	34	33	5	10	5	4	0
Haryana	100	89	19	3	6	0	10	60	10	11	5	6	0
Himachal Pradesh	100	93	15	1	5	0	9	56	23	7	3	4	0
Jammu region of J & K	100	80	20	3	6	0	12	51	9	20	7	13	0
Punjab	100	87	30	4	11	0	15	54	4	13	8	5	0
Rajasthan	100	97	10	2	4	0	5	80	7	3	1	1	0
Central													
Madhya Pradesh	100	97	11	2	3	0	6	72	14	3	2	0	1
Uttar Pradesh	100	94	28	5	6	1	16	59	7	6	5	1	1
East													
Bihar	100	93	13	5	2	0	6	75	6	7	4	2	1
Orissa	100	96	8	2	4	0	2	78	9	5	3	1	1
West Bengal	100	65	12	6	2	0	3	46	8	35	20	14	1
Northeast													
Arunachal Pradesh	100	82	37	14	19	1	3	44	2	18	16	2	0
Assam	100	46	13	7	2	0	4	28	6	54	27	15	2
Manipur	100	69	30	7	19	0	4	31	8	31	29	2	0
Meghalaya	100	73	25	12	11	0	2	45	3	27	6	3	18
Mizoram	100	98	15	5	9	0	1	83	0	2	1	0	0
Nagaland	100	100	50	17	16	2	17	49	1	0	0	0	0
Tripura	100	51	17	11	3	0	3	30	4	49	30	19	1
West													
Goa	100	79	15	2	6	0	8	62	2	21	16	5	0
Gujarat	100	95	12	2	6	0	4	76	7	5	4	1	0
Maharashtra	100	98	12	3	5	0	5	74	12	2	2	0	0
South													
Andhra Pradesh	100	99	4	1	1	0	2	81	14	1	1	0	0
Karnataka	100	96	10	1	7	0	2	84	3	4	3	0	0
Kerala	100	86	10	1	4	0	5	66	10	14	10	5	0
Tamil Nadu	100	91	11	1	7	0	3	75	4	9	5	3	1

(continued)

account for 76 percent of all contraceptive use in India. Although male sterilization predominated in the 1960s and during the emergency period in the mid-1970s, female sterilization predominates today. According to the NFHS, female sterilization accounts for 67 percent of current contraceptive use, whereas male sterilization accounts for only 9 percent.

Male and female sterilization account for a higher proportion of total contraceptive use in rural areas (81 percent) than in urban areas (66 percent). As expected, modern temporary methods account for a higher proportion of total contraceptive use in urban areas (23 percent) than in rural areas (9 percent).

Table 5.2 (continued) Distribution of current users by method used

Percentage distribution of currently married women age 13–49 currently using contraception, by specific method, state, and urban-rural residence, NFHS, 1992–93

State	Any method	Any modern method	Any temporary method	Pill	IUD	Injection	Condom	Female sterilization	Male sterilization	Any traditional method	Periodic abstinence	Withdrawal	Other methods
URBAN													
India	100	89	23	4	8	0	11	60	6	11	7	4	1
North													
Delhi	100	90	52	5	13	0	33	33	5	10	5	4	0
Haryana	100	84	35	3	9	0	23	41	9	16	5	11	0
Himachal Pradesh	100	90	35	2	13	0	20	41	14	11	3	7	0
Jammu region of J & K	100	78	35	4	11	0	20	35	8	22	6	15	1
Punjab	100	87	38	3	12	0	23	44	4	14	7	6	0
Rajasthan	100	99	18	2	5	0	11	74	7	1	0	0	0
Central													
Madhya Pradesh	100	97	24	3	8	0	14	63	10	3	2	0	1
Uttar Pradesh	100	92	43	5	11	0	28	43	7	8	5	2	1
East													
Bihar	100	92	20	5	4	0	11	65	8	8	4	3	1
Orissa	100	95	17	5	7	0	5	70	9	5	3	2	1
West Bengal	100	59	18	8	3	0	7	38	3	41	21	19	1
Northeast													
Arunachal Pradesh	(100)	(74)	(35)	(10)	(14)	(0)	(10)	(37)	(2)	(27)	(22)	(4)	(0)
Assam	100	54	18	6	3	0	9	34	2	46	28	18	1
Manipur	100	71	39	8	27	0	4	25	8	29	27	2	0
Meghalaya	100	87	25	12	12	0	2	61	2	13	7	7	0
Mizoram	100	98	17	6	8	0	2	81	0	2	2	1	0
Nagaland	(100)	(100)	(40)	(16)	(16)	(0)	(9)	(58)	(2)	(0)	(0)	(0)	(0)
Tripura	100	55	20	13	3	0	4	33	3	45	22	22	1
West													
Goa	100	72	18	2	6	0	11	51	3	28	22	6	0
Gujarat	100	93	21	3	10	0	7	66	6	7	5	2	0
Maharashtra	100	96	21	4	9	0	8	69	5	4	4	0	0
South													
Andhra Pradesh	100	98	8	2	2	0	4	78	13	2	1	0	0
Karnataka	100	94	17	1	10	0	6	76	2	6	5	0	0
Kerala	100	84	10	1	3	0	6	63	11	16	12	4	0
Tamil Nadu	100	88	19	2	12	0	6	65	3	12	8	3	1

(continued)

() Based on 25–49 unweighted cases

Sterilization accounts for a high proportion of use in all states except Delhi, where modern temporary methods are important, and West Bengal, Assam, and Tripura, where traditional methods account for a large proportion of total use. Modern methods, including sterilization, account for 85 percent or more of total use in all states except Jammu, West Bengal, Arunachal Pradesh, Assam, Manipur, Meghalaya, Tripura, and Goa. In Andhra Pradesh, sterilization accounts for 95 percent of all contraceptive use, by far the highest percentage in any state.

Table 5.2 (continued) Distribution of current users by method used

Percentage distribution of currently married women age 13–49 currently using contraception, by specific method, state, and urban-rural residence, NFHS, 1992–93

State	Any method	Any modern method	Any temporary method	Pill	IUD	Injection	Condom	Female sterilization	Male sterilization	Any traditional method	Periodic abstinence	Withdrawal	Other methods
RURAL													
India	100	90	9	3	3	0	3	71	10	10	6	3	1
North													
Delhi	100	92	51	3	8	0	41	32	8	9	4	4	1
Haryana	100	92	12	2	5	0	5	69	11	8	4	4	0
Himachal Pradesh	100	94	12	1	4	0	8	58	24	6	3	3	0
Jammu region of J & K	100	81	16	2	4	0	9	56	9	19	7	12	0
Punjab	100	88	26	4	10	0	12	58	4	12	8	4	0
Rajasthan	100	96	7	2	3	0	2	82	8	4	2	2	0
Central													
Madhya Pradesh	100	97	6	2	1	0	3	76	16	3	2	0	1
Uttar Pradesh	100	94	20	5	4	1	11	67	7	6	4	1	1
East													
Bihar	100	94	10	4	2	0	4	79	5	6	4	2	0
Orissa	100	96	6	2	4	0	1	80	10	5	3	1	1
West Bengal	100	67	9	5	2	0	2	49	9	33	19	12	1
Northeast													
Arunachal Pradesh	100	85	37	15	21	1	1	46	1	16	14	1	0
Assam	100	45	12	7	2	0	3	27	6	55	39	14	2
Manipur	100	68	23	6	14	0	3	36	9	32	30	3	0
Meghalaya	100	67	25	12	10	0	3	39	3	33	6	1	26
Mizoram	100	99	14	3	11	0	0	85	0	1	1	0	0
Nagaland	100	100	56	17	16	2	21	44	0	0	0	0	0
Tripura	100	50	16	11	3	0	3	29	5	51	32	17	1
West													
Goa	100	88	12	1	5	0	6	74	1	12	8	4	0
Gujarat	100	96	7	1	4	0	2	82	8	4	2	1	0
Maharashtra	100	99	5	1	2	0	2	78	16	1	1	0	0
South													
Andhra Pradesh	100	99	2	1	1	0	1	83	15	1	0	0	0
Karnataka	100	97	6	1	5	0	1	88	4	3	2	0	0
Kerala	100	87	9	1	5	0	4	68	10	13	9	5	0
Tamil Nadu	100	92	7	1	4	0	2	81	5	8	4	3	2

Among modern temporary methods, the condom is more widely used than the IUD in all states of northern and central India. The IUD is more widely used than the condom in all states of northeastern and southern India except Assam. In many of these states, however, the difference in use of the two methods is small.

In Figure 5.3, states are again ordered by level of use of any method. It is evident from the figure that the contraceptive method mix in individual states bears little relation to the overall level of contraceptive use.

As shown in Table 5.3, the level of current contraceptive use varies with a woman's age, increasing from 7 percent for currently married women

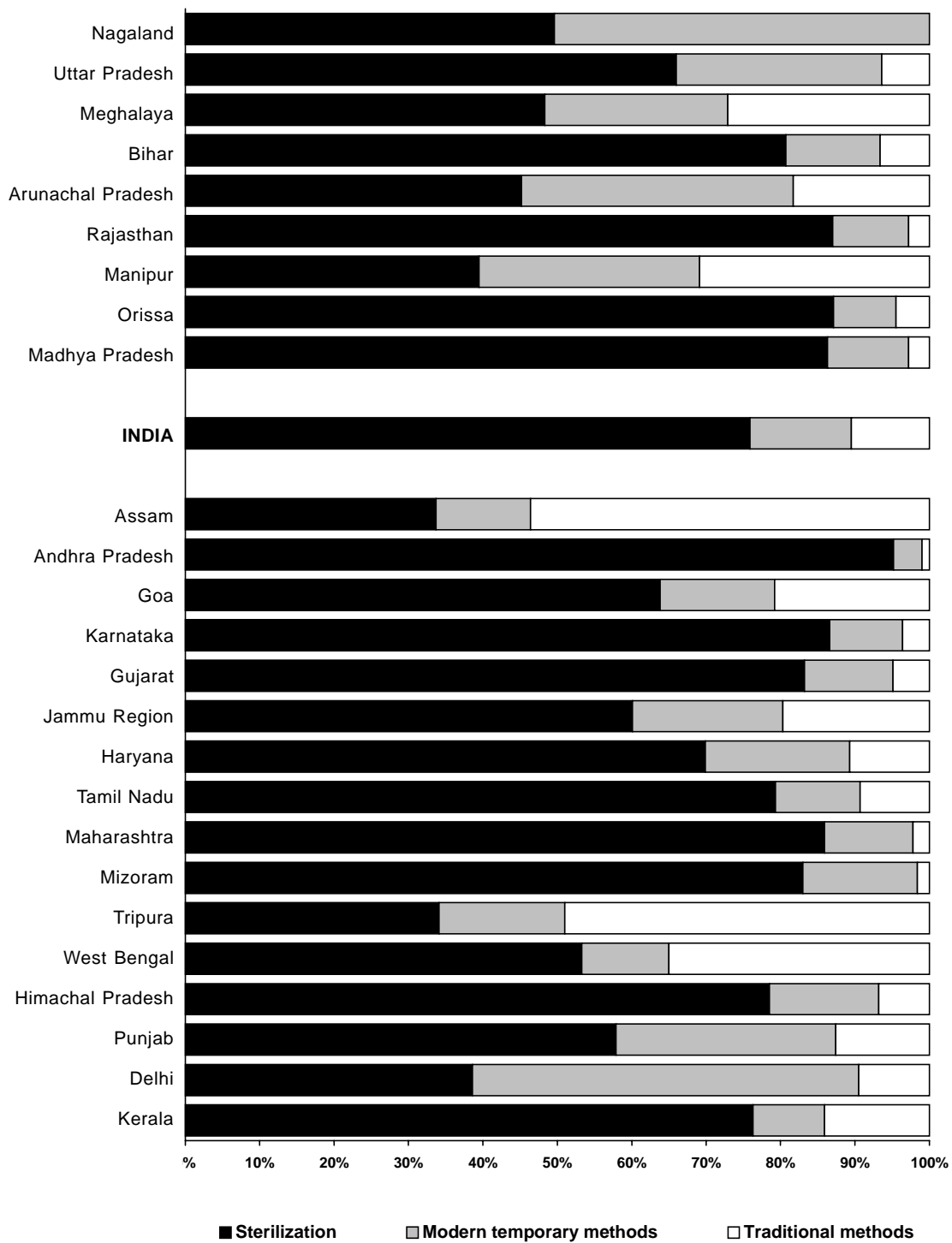


Figure 5.3 Current contraceptive use by method

Table 5.3 Current use by age

Percentage of currently married women age 15–49 currently using any contraceptive method, by age and state, NFHS, 1992–93

State	Current age									
	15–19	20–24	25–29	30–34	35–39	40–44	45–49	15–44	15–49	13–49
India	7	21	42	56	61	56	46	40	41	41
North										
Delhi	15	42	61	74	74	72	56	61	60	60
Haryana	8	26	54	68	72	73	64	49	50	50
Himachal Pradesh	9	24	64	81	80	74	58	58	58	58
Jammu region of J & K	6	23	43	65	72	69	60	49	49	49
Punjab	11	28	55	74	81	74	58	59	59	59
Rajasthan	2	9	29	44	53	52	46	31	32	32
Central										
Madhya Pradesh	4	13	35	58	61	61	53	36	37	37
Uttar Pradesh	3	7	17	28	35	33	26	19	20	20
East										
Bihar	3	8	24	36	40	37	30	23	23	23
Orissa	2	16	34	54	59	50	40	36	36	36
West Bengal	27	45	64	72	77	66	48	59	58	57
Northeast										
Arunachal Pradesh	9	12	27	32	39	26	(17)	24	24	24
Assam	18	31	41	55	63	51	39	43	43	43
Manipur	*	17	28	42	46	48	35	35	35	35
Meghalaya	4	9	20	32	33	29	22	21	21	21
Mizoram	(6)	22	38	65	76	73	64	52	54	54
Nagaland	(5)	4	9	23	22	16	11	13	13	13
Tripura	26	40	61	71	75	61	42	58	56	56
West										
Goa	(19)	21	38	52	59	57	50	48	48	48
Gujarat	3	18	42	64	77	74	64	48	49	49
Maharashtra	9	30	59	72	77	71	67	53	54	54
South										
Andhra Pradesh	5	32	58	70	65	62	54	47	47	47
Karnataka	4	32	59	67	70	62	48	50	49	49
Kerala	13	29	61	76	83	77	68	63	63	63
Tamil Nadu	11	29	55	67	66	58	42	51	50	50

() Based on 25–49 unweighted cases

*Percentage not shown; based on fewer than 25 unweighted cases

age 15–19 to a high of 61 percent for women age 35–39, and decreasing thereafter. The decrease after 35–39 reflects the fall in fecundity at older reproductive ages, resulting in less need for contraception, as well as lower overall levels of contraceptive use in older age cohorts. For India as a whole, prevalence starts to level off after age 39, when many women have already achieved their desired family size. In age groups 20–24 and 25–29, where fertility is highest, contraceptive prevalence rates are 21 and 42 percent, respectively. The peak in prevalence at age 35–39 is generally observed in individual states as well, although there are a few exceptions where prevalence is slightly higher in one of the two adjacent age groups. Prevalence remains relatively high at ages 40–44 and 45–49 because a high proportion

Table 5.4 Current use by number of living children

Percentage of currently married women age 13–49 currently using any contraceptive method, by number of living children and state, NFHS, 1992–93

State	Number of living children							
	No children	1 child	2 children	3 children	4 children	5 children	5+ children	6+ children
India	4	19	46	59	59	53	47	40
North								
Delhi	13	48	71	71	73	68	62	55
Haryana	3	20	48	71	72	67	62	57
Himachal Pradesh	7	20	65	76	79	76	71	66
Jammu region of J & K	4	23	50	68	68	64	63	62
Punjab	2	29	61	74	77	77	75	72
Rajasthan	2	7	28	47	53	50	46	42
Central								
Madhya Pradesh	2	9	35	55	62	60	54	48
Uttar Pradesh	2	8	19	28	33	28	26	24
East								
Bihar	2	8	25	34	36	35	31	27
Orissa	3	12	40	52	60	57	48	37
West Bengal	20	50	66	74	67	68	58	50
Northeast								
Arunachal Pradesh	4	14	25	26	32	45	36	27
Assam	18	28	46	51	56	50	46	42
Manipur	5	20	35	47	49	48	38	30
Meghalaya	4	14	24	32	35	24	18	14
Mizoram	1	25	49	67	78	77	71	63
Nagaland	2	7	10	18	19	18	16	15
Tripura	16	45	61	71	69	65	58	51
West								
Goa	5	27	49	63	70	67	64	59
Gujarat	3	18	56	68	71	72	66	59
Maharashtra	3	23	50	75	81	81	69	55
South								
Andhra Pradesh	2	15	53	74	76	69	62	52
Karnataka	2	19	55	72	72	63	56	47
Kerala	9	37	78	83	76	72	63	55
Tamil Nadu	3	24	60	73	70	65	59	49

of contraceptive users at these ages are sterilized. This pattern is found consistently in most states.

A similar pattern emerges when current prevalence rates are tabulated by number of living children. Table 5.4 shows that prevalence tends to increase more slowly after three children and to peak at four children. The exceptions are West Bengal, Tripura, Kerala, and Tamil Nadu, where prevalence peaks at three children. In Delhi, Himachal Pradesh, Punjab, West Bengal, Tripura, and Kerala more than 60 percent of women with two children are using contraception. Delhi, West Bengal, Tripura, and Kerala stand out as states with relatively high contraceptive prevalence among women with one child, with rates ranging from 37 to 50 percent. And finally, Delhi, West

Table 5.5 Current use by number and sex of living children

Percentage of currently married women age 13–49 currently using any contraceptive method, by number and sex of living children and state, NFHS, 1992–93

State	Number and sex of living children													
	1 child			2 children			3 children				4+ children			
	No children	1 son	No sons	2 sons	1 son	No sons	3 sons	2 sons	1 son	No sons	3+ sons	2 sons	1 son	No sons
India	4	21	17	55	46	32	65	68	51	32	51	58	50	35
North														
Delhi	13	49	46	69	75	58	77	74	71	54	69	69	68	*
Haryana	3	21	19	65	43	26	85	82	51	(13)	68	73	56	*
Himachal Pradesh	7	23	17	78	63	32	89	87	66	(19)	76	82	68	*
Jammu region of J & K	4	24	22	55	53	31	77	75	57	(43)	66	74	44	*
Punjab	2	31	26	70	62	35	86	82	66	(30)	83	79	62	*
Rajasthan	2	7	7	34	31	6	64	57	27	12	51	54	36	(27)
Central														
Madhya Pradesh	2	9	10	53	32	16	57	70	39	16	59	63	48	33
Uttar Pradesh	2	9	6	27	17	10	36	35	19	15	30	31	21	11
East														
Bihar	2	8	8	35	23	15	38	47	25	4	35	38	24	9
Orissa	3	14	10	52	40	20	60	62	43	22	52	60	51	(43)
West Bengal	20	54	45	75	67	53	82	78	72	53	59	66	67	(47)
Northeast														
Arunachal Pradesh	4	20	6	(26)	29	(16)	(31)	33	19	*	34	41	(24)	*
Assam	18	33	24	54	47	35	51	59	48	28	50	52	47	(43)
Manipur	5	27	15	(44)	36	(20)	*	51	41	*	39	50	38	*
Meghalaya	4	14	13	21	25	(24)	*	40	27	*	20	28	(31)	*
Mizoram	1	33	14	(61)	44	(47)	(72)	68	72	*	72	80	71	*
Nagaland	2	6	9	(9)	11	(9)	*	17	22	*	17	21	14	*
Tripura	16	50	40	61	65	(49)	*	67	77	*	55	68	78	*
West														
Goa	5	27	27	52	49	43	63	70	58	46	68	70	63	(44)
Gujarat	3	23	12	70	55	26	84	82	53	18	69	79	57	(11)
Maharashtra	3	27	18	66	48	28	86	85	64	31	75	84	70	(49)
South														
Andhra Pradesh	2	16	14	56	55	46	77	80	71	52	67	74	71	(59)
Karnataka	2	19	18	67	55	35	76	80	70	39	59	72	63	(47)
Kerala	9	38	36	78	80	73	85	87	82	74	67	68	77	(66)
Tamil Nadu	3	25	24	63	62	49	74	80	70	51	62	67	68	(60)

() Based on 25–49 unweighted cases

*Percentage not shown; based on fewer than 25 unweighted cases

Bengal, Assam, and Tripura stand out as states with relatively high prevalence rates among women with no children, ranging from 13 to 20 percent. These comparatively high prevalence rates at low parities reflect the use of temporary methods to delay childbearing or space the second child.

Table 5.5 elaborates on the information presented in Table 5.4 by tabulating current contraceptive use rates for each number of surviving children by number of living sons. The objective is to ascertain the effect of son preference on contraceptive use. In India as a whole, only 4 percent of currently married women with no children are currently using contraception. Among

women with one living child, those with a living son are slightly more likely to be using contraception than women with no living son. The effect of son preference on contraceptive use is greater for women with two living children: the percentage currently using contraception ranges from 32 percent for women with no living sons to 55 percent for women with two living sons. Similarly, among women with three living children, the percentage currently using contraception ranges from 32 percent for those with no living sons to 65 percent for those with three living sons. The pattern is much the same among women with four or more living children. Contraceptive use tends to peak at two living sons and then to fall slightly at higher numbers of living sons, perhaps because some couples would like to have at least one daughter. In India as a whole, contraceptive use is highest, at 68 percent, among couples with two living sons and one living daughter.

It is evident that for many women one son is not enough. Two sons appear to be sufficient for almost all women, inasmuch as son preference has little effect on contraceptive use after the second son. Among women with no sons, about two-thirds do not use contraception: this proportion hardly changes as the number of living children increases from two to four or more.

Table 5.5 shows that the effect of son preference varies somewhat from state to state. Among women with one living child, the presence of a son has little effect on contraceptive prevalence in most states. In West Bengal, Gujarat, Maharashtra, and the northeastern states of Arunachal Pradesh, Assam, Manipur, Mizoram, and Tripura, however, women with one son are substantially more likely to use contraception than women with no son. Among women with higher numbers of living children, the effects of son preference tend to be more pronounced in the northern states than in the southern states, with the exception of Delhi, which tends to resemble the southern states in this regard. Kerala is an interesting case: here women with two or three living children but no sons have contraceptive prevalence rates of 73 to 74 percent, much higher than in any other state.

Table 5.6 shows current contraceptive use among currently married women age 13–49 by education, religion, and caste/tribe. In India as a whole, contraceptive prevalence is considerably lower among illiterate women than among literate women, as shown also in Figure 5.4. Within the literate category, however, prevalence does not differ much among the three education groups, perhaps because the more highly educated women tend to be younger and are, therefore, less

Table 5.6 Current use by background characteristics

Percentage of currently married women age 13–49 currently using any contraceptive method, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic									
	Education				Religion			Caste/tribe		
	Illiterate	Literate, <middle complete	Middle complete	High school complete	Hindu	Muslim	Other	Scheduled caste	Scheduled tribe	Non-SC/ST
India	34	50	51	55	42	28	52	35	33	42
North										
Delhi	50	61	66	68	61	47	67	59	59	60
Haryana	48	51	53	55	51	14	49	44	*	52
Himachal Pradesh	58	59	55	60	59	(41)	46	58	39	60
Jammu region of J & K	46	48	50	61	52	34	61	44	*	52
Punjab	57	61	58	62	60	(41)	58	57	NC	59
Rajasthan	29	43	44	47	32	18	45	29	24	35
Central										
Madhya Pradesh	34	43	43	50	36	39	51	33	30	39
Uttar Pradesh	16	28	30	40	21	11	40	15	12	21
East										
Bihar	18	39	42	46	26	8	24	15	16	25
Orissa	34	41	34	48	37	16	41	34	30	39
West Bengal	49	62	67	75	61	43	63	55	45	58
Northeast										
Arunachal Pradesh	20	26	28	47	36	*	17	NC	18	41
Assam	32	52	64	69	48	32	26	53	31	45
Manipur	30	35	41	41	40	25	26	NC	22	39
Meghalaya	17	20	31	32	46	(28)	18	*	18	42
Mizoram	35	59	49	52	*	*	54	NC	54	*
Nagaland	7	16	18	21	12	*	13	NC	13	(14)
Tripura	45	61	67	68	59	29	(55)	*	51	57
West										
Goa	47	49	41	50	52	48	37	46	42	48
Gujarat	46	51	54	55	50	35	67	54	47	49
Maharashtra	54	53	45	58	57	36	54	55	49	54
South										
Andhra Pradesh	44	56	55	52	47	45	51	36	37	50
Karnataka	46	53	53	57	51	37	49	46	46	50
Kerala	67	64	61	63	73	38	71	77	75	62
Tamil Nadu	48	52	53	52	50	46	49	47	*	51

NC: Not calculated because there are no cases on which to base a percentage

() Based on 25–49 unweighted cases

*Percentage not shown; based on fewer than 25 unweighted cases

likely to use contraception because they are still building their families. Prevalence is considerably higher among Hindu women than among Muslim women, and higher yet among women of ‘other religions’. Prevalence does not differ much between scheduled-caste and scheduled-tribe women but is higher among non-SC/ST women.

The pattern of socioeconomic differentials in contraceptive prevalence varies somewhat from state to state. In almost every state, prevalence tends to

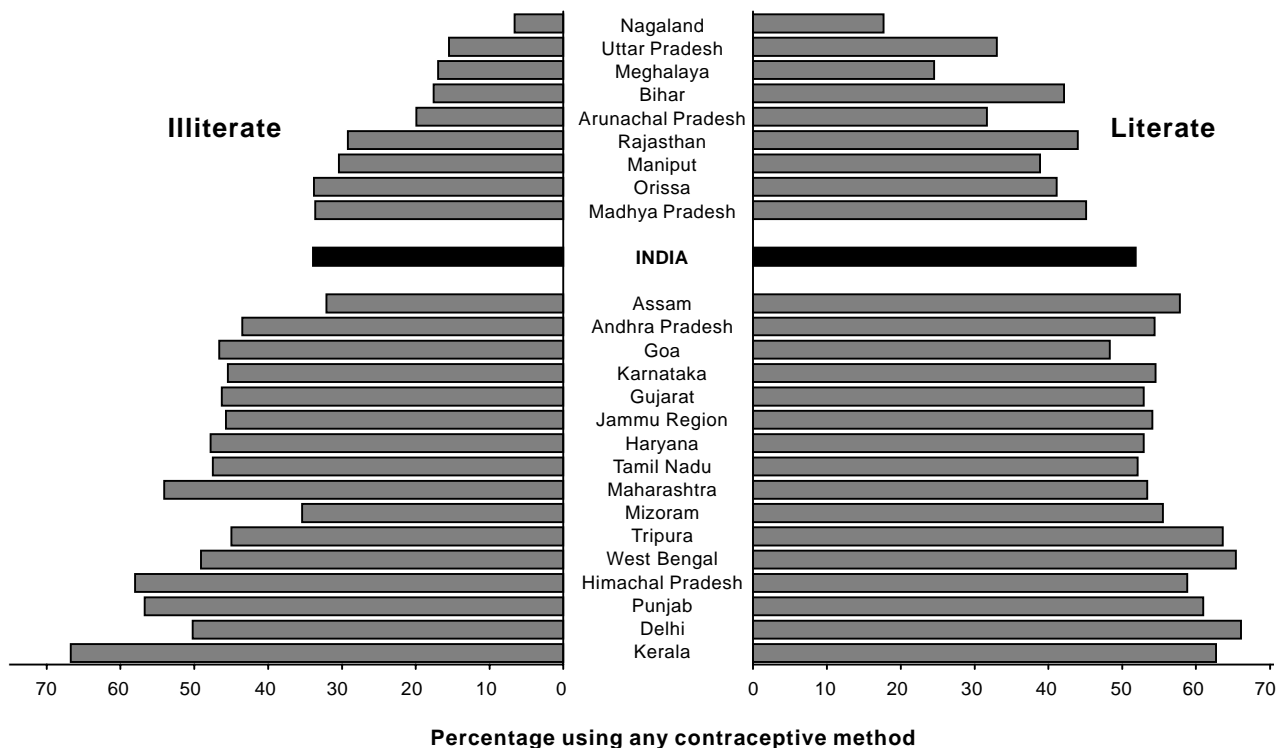
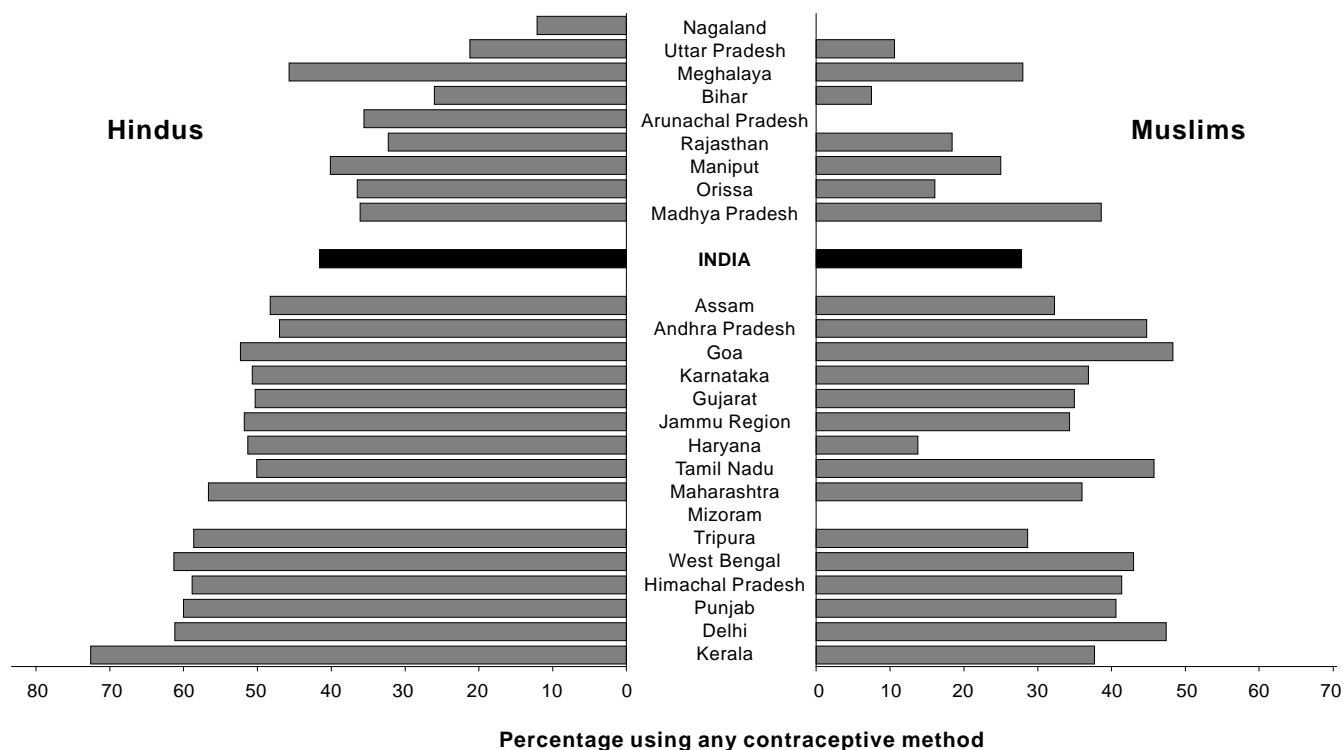


Figure 5.4 Current contraceptive use by literacy

increase with education, but often irregularly. Delhi, Rajasthan, Bihar, Nagaland, Tripura, Andhra Pradesh, and Karnataka conform to the all-India pattern, with prevalence considerably lower for illiterate women than for women in the other three education groups. Differentials in contraceptive use by literacy and education are especially large in Rajasthan, Uttar Pradesh, and Bihar. For instance, in Uttar Pradesh only 16 percent of illiterate women use contraception compared with 40 percent of women who have completed high school. The gap in contraceptive prevalence between illiterate and literate women is also large in West Bengal and Assam, where the use of spacing methods is more common. In Haryana, Himachal Pradesh, Punjab, Goa, and Tamil Nadu, which are mostly relatively high-prevalence states, women in the four education groups all have about the same prevalence rates. In Jammu, Orissa, and Arunachal Pradesh, women with at least a high-school education have a considerably higher prevalence rate than women in the other education groups, among whom prevalence is rather similar. In Kerala, prevalence actually declines slightly as education increases.



Note: Some bars are left blank because they are based on fewer than 25 women.

Figure 5.5 Current contraceptive use among Hindus and Muslims

Prevalence rates are higher among Hindu women than among Muslim women in all states except Madhya Pradesh, as shown in Table 5.6 and Figure 5.5. In states where prevalence is higher among Hindus than among Muslims, the size of the difference varies considerably. The Hindu-Muslim difference is 15 percentage points or more in Haryana, Himachal Pradesh, Jammu, Punjab, Bihar, Orissa, West Bengal, Assam, Manipur, Meghalaya, Tripura, Gujarat, Maharashtra, and Kerala. It is less than 5 percentage points in Madhya Pradesh, Goa, Andhra Pradesh, and Tamil Nadu. Women of 'other religions' have higher prevalence than either Hindus or Muslims in Delhi, Jammu, Rajasthan, Madhya Pradesh, Uttar Pradesh, Orissa, West Bengal, Gujarat, and Andhra Pradesh. They have about the same prevalence as Hindus in Haryana, Punjab, Bihar, Orissa, West Bengal, Nagaland, Tripura, Maharashtra, Andhra Pradesh, Karnataka, Kerala, and Tamil Nadu. They have lower prevalence than either Hindus or Muslims in Assam, Meghalaya, and Goa.

Not surprisingly, inasmuch as Hindus constitute the majority of the population in almost all states, contraceptive use rates for Hindus follow approximately the same order by state as do overall contraceptive use rates, as shown in Figures 5.1 and 5.5. Meghalaya, in which Hindus are a small minority (see Table 2.2), is a notable exception. There is more variety in the ordering for Muslims. In Meghalaya, Madhya Pradesh, Andhra Pradesh, and Goa, Muslims have higher contraceptive use rates than one would expect from the states' overall rates. In Bihar, Orissa, Haryana, Tripura, and Kerala, Muslims have lower contraceptive use rates than one would expect.

In general, contraceptive use is relatively low among women from scheduled castes and scheduled tribes. Prevalence rates are about the same for scheduled-caste, scheduled-tribe, and non-SC/ST women in Delhi, Goa, Gujarat, Maharashtra, and Karnataka. In Kerala, non-SC/ST women have somewhat lower prevalence rates than either scheduled-caste or scheduled-tribe-women. The remaining states show other patterns.

Table 5.7 shows the median age at the time of sterilization for sterilized women or wives of sterilized men. Totals are broken down by years since sterilization and by state. The table includes median age at sterilization only for the nine-year period before the survey (except for the 'total' column) and only for women who were sterilized (or whose husbands were sterilized) when the woman was less than 40 years old. Moving from left to right across the table, the trend in the median age at sterilization is backward in time. In India as a whole, the median age at sterilization is 26.6 years. There has been a very gradual decline in this median age, from 27.3 years among those couples who underwent the operation eight to nine years before the survey to 26.3 years among couples who underwent the operation in the two years before the survey.

In the 'total' column, the median age of women at the time of sterilization varies from a low of 24.3 years in Andhra Pradesh to a high of 29.8 years in Manipur. The median age at sterilization is relatively high in the large states of Uttar Pradesh (29.5 years), Bihar (28.1 years), and Rajasthan (27.7 years), where contraceptive prevalence rates are low. The median age at sterilization is also relatively high in Delhi, Jammu, Punjab, most of the north-eastern states, and Goa, where contraceptive prevalence is relatively high. The median age at sterilization is relatively low in Maharashtra and the four southern states of Andhra Pradesh, Karnataka, Kerala, and Tamil Nadu, where contraceptive prevalence is also relatively high.

In Himachal Pradesh, Rajasthan, Uttar Pradesh, Orissa, Assam, and Gujarat, the median age at sterilization changed by half a year or less between the periods of 8 to 9 years before the survey and less than two

Table 5.7 Timing of sterilization

Median age at sterilization of currently married sterilized women or wives of sterilized men, by number of years since the operation and by state, NFHS, 1992–93

State	Years since operation					Total
	< 2	2–3	4–5	6–7	8–9	
India	26.3	26.2	26.3	26.9	27.3	26.6
North						
Delhi	28.9	27.5	28.4	28.3	27.6	28.2
Haryana	26.6	26.8	27.4	26.9	28.2	27.3
Himachal Pradesh	26.3	26.4	26.8	27.4	26.3	26.8
Jammu region of J & K	28.1	27.9	28.0	29.8	29.3	28.5
Punjab	27.6	27.2	28.3	28.3	28.5	27.8
Rajasthan	28.4	27.9	27.0	27.4	27.9	27.7
Central						
Madhya Pradesh	27.9	26.8	26.7	27.4	27.3	27.3
Uttar Pradesh	29.2	29.2	30.0	29.8	29.7	29.5
East						
Bihar	28.0	27.5	27.3	28.2	29.6	28.1
Orissa	27.5	27.3	26.3	26.8	27.0	26.8
West Bengal	25.4	25.1	25.8	26.6	26.2	26.0
Northeast						
Arunachal Pradesh	28.7	28.8	29.1	30.6	24.9	28.0
Assam	28.3	26.3	27.2	27.8	28.0	27.1
Manipur	28.1	28.9	29.8	29.8	31.3	29.8
Meghalaya	29.0	31.9	29.0	28.3	27.4	27.7
Mizoram	28.3	29.5	28.0	28.2	28.9	28.7
Nagaland	31.8	33.6	30.7	29.3	26.8	29.4
Tripura	28.6	27.7	26.2	30.4	29.5	28.0
West						
Goa	28.8	29.1	29.3	28.7	29.4	28.5
Gujarat	27.6	27.5	27.0	27.6	27.5	27.4
Maharashtra	24.7	25.7	24.9	26.5	26.0	25.6
South						
Andhra Pradesh	24.2	23.8	24.1	24.2	25.8	24.3
Karnataka	24.9	25.0	24.7	24.8	25.8	25.2
Kerala	26.6	26.0	27.0	26.8	27.5	26.5
Tamil Nadu	25.0	26.2	26.3	26.3	27.2	26.2

Note: Medians are not shown separately for persons sterilized 10+ years before the survey, and median ages are calculated only for persons sterilized at less than 40 years of age, in order to avoid problems of censoring that would bias the trend in median age at sterilization. (However, 10+ is included in the calculation of the total column.) The trend is ascertained by reading backward across a row starting with the next-to-last entry in the row. The medians are calculated from ages at sterilization specified in years and months. The medians differ slightly from those in the basic NFHS survey reports, which used a different computational procedure based on ages at sterilization specified in integer numbers of years.

years before the survey. In Haryana, Jammu, Punjab, Bihar, West Bengal, Manipur, Mizoram, Tripura, Goa, Maharashtra, Andhra Pradesh, Karnataka, Kerala, and Tamil Nadu, the median age at sterilization decreased by more than half a year during this period, whereas in Delhi, Madhya Pradesh, Arunachal Pradesh, Meghalaya, and Nagaland, the median age increased by more than half a year. The trend is consistently downward in the southern states and inconsistent in the other regions.

Table 5.8 Reason for discontinuation

Percentage distribution of nonpregnant, currently married ever-users not currently using a contraceptive method, by main reason for stopping use and state, NFHS, 1992–93

State	Main reason for discontinuation												
	Method failed/got pregnant	Lack of sexual satisfaction	Created menstrual problem	Created health problem	Inconvenient to use	Hard to get method	Put on weight	Did not like method	Wanted to have a child	Wanted to replace dead child	Lack of privacy for use	Other	Don't know/missing
India	5	2	7	15	3	1	0	4	28	1	1	31	2
North													
Delhi	1	1	3	9	5	1	0	7	15	0	0	56	0
Haryana	9	1	7	12	1	1	1	2	41	0	0	26	0
Himachal Pradesh	3	3	7	7	0	1	0	3	33	0	1	43	0
Jammu region of J & K	2	0	4	9	0	0	2	2	29	0	0	52	0
Punjab	2	3	2	15	0	1	0	2	27	1	0	49	0
Rajasthan	3	3	7	11	0	0	2	8	42	2	2	14	7
Central													
Madhya Pradesh	9	6	9	11	2	1	1	7	25	1	3	20	6
Uttar Pradesh	7	2	9	16	4	2	0	6	27	0	2	23	2
East													
Bihar	19	0	4	9	3	1	0	3	36	0	2	14	9
Orissa	6	1	13	28	5	1	0	3	17	0	2	22	2
West Bengal	3	1	8	11	3	1	0	3	20	0	1	47	1
Northeast													
Arunachal Pradesh	(6)	(9)	(9)	(26)	(6)	(3)	(0)	(3)	(29)	(0)	(3)	(9)	(0)
Assam	9	0	4	7	0	0	0	1	27	1	0	50	0
Manipur	1	7	7	28	11	3	1	8	15	0	4	13	1
Meghalaya	(2)	(0)	(0)	(7)	(0)	(0)	(0)	(2)	(50)	(0)	(0)	(39)	(0)
Mizoram	*	*	*	*	*	*	*	*	*	*	*	*	*
Nagaland	0	4	8	64	2	4	0	13	6	0	0	0	0
Tripura	1	0	4	5	2	0	0	0	36	0	3	50	0
West													
Goa	0	1	3	11	2	0	1	4	22	1	1	54	1
Gujarat	3	1	12	14	3	0	1	3	45	1	3	12	3
Maharashtra	1	2	4	30	4	1	1	1	35	0	1	19	1
South													
Andhra Pradesh	3	0	5	20	4	0	1	3	35	3	0	20	6
Karnataka	5	3	7	16	3	1	1	3	41	0	0	16	5
Kerala	1	1	1	7	1	1	1	5	25	0	1	54	1
Tamil Nadu	3	1	6	24	4	0	0	6	27	1	3	25	1

Note: Results for all India in this table agree with Table 6.22 in the NFHS national report. However, small discrepancies between this table and Table 6.10 in the state reports occur for Himachal Pradesh, Madhya Pradesh, Uttar Pradesh, Bihar, Goa, Gujarat, Andhra Pradesh, Karnataka, Kerala, and Tamil Nadu. Except for Himachal Pradesh and Goa, the discrepancies are due entirely to differences in the treatment of missing cases. In Table 6.10 in the published state reports, it appears that missing cases were included for some states but erroneously excluded for others.

() Based on 25–49 unweighted cases

*Percentage not shown; based on fewer than 25 unweighted cases

Table 5.8, on contraceptive discontinuation, shows the distribution of nonpregnant, currently married ever-users of contraception who were not using contraception at the time of the survey, broken down by the main reason for stopping use. For India as a whole, 28 percent stopped using contraception because they wanted to have a child. Fifteen percent stopped because contraception created a health problem, and another 7 percent stopped be-

cause contraception created a menstrual problem. No other specific reason (among method failed/got pregnant, lack of sexual satisfaction, inconvenient to use, hard to get method, put on weight, did not like the method, wanted to replace dead child, or lack of privacy for use) accounted for more than 5 percent. The fact that 'hard to get method' was mentioned by only 1 percent of the women suggests that inaccessibility of family planning services is not perceived as a serious problem. And the fact that 'wanted to replace dead child' was mentioned by only 1 percent of the women indicates that replacement of dead children is of negligible importance in explaining contraceptive discontinuation. Thirty-one percent of the women mentioned a reason other than one of the specific reasons given in the table, and 2 percent did not know or did not answer the question.

In individual states, as in India as a whole, 'created a health problem' and 'wanted to have a child' are the main reasons given for discontinuation. There is also a fairly large 'other' category. However, there is considerable variation by state in the relative proportions citing these reasons. The proportion citing health problems ranges from 5 percent in Tripura to 64 percent in Nagaland. The proportion citing desire to have a child ranges from 6 percent in Nagaland to 45 percent in Gujarat (the proportion in Meghalaya is 50 percent, but this percentage is based on fewer than 50 cases). The proportion citing 'other' reasons ranges from 0 percent in Nagaland to 56 percent in Delhi.

Among women who gave 'other' reasons, many discontinued because their husbands were absent or because they perceived that they had become infecund. This was the case in Kerala, where 'husband absent' and 'menopausal/had hysterectomy' were separated out and specially coded from the 'other (specify)' write-in category. Table 5.8 shows that in Kerala 54 percent fell in the 'other' category. More detailed information from the Kerala report shows that 36 percent responded 'husband absent', and another 7 percent responded 'menopausal/had hysterectomy'. Thus, in Kerala, which has high rates of labor migration, four-fifths of the 'other' responses in Table 5.8 are accounted for by 'husband absent' and 'menopausal/had hysterectomy'.

Table 5.9 shows the distribution of ever-users of contraception by number of living children at the time of first use. It also shows the mean number of living children at the time of first use. The mean number of children at first use is 2.8 for India as a whole: it varies from 1.9 in Tripura and Kerala to 3.6 in Rajasthan. In 18 out of 25 states, the mean number of children at first use ranges from 2.7 to 3.3. It is below 2.7 in Delhi, Himachal Pradesh, West Bengal, Assam, Tripura, Kerala, and Tamil Nadu and above 3.3 only in Rajasthan.

Table 5.9 Number of living children at first use

Percentage distribution of ever-users of contraception, by number of living children at the time of first use and, among ever-users, mean number of children at the time of first use, NFHS, 1992–93

State	Number of living children at the time of first use					Missing	Total percentage	Mean number of children at first use
	0	1	2	3	4+			
India	7	19	20	23	31	0	100	2.8
North								
Delhi	9	37	22	14	19	1	100	2.1
Haryana	6	20	20	22	32	0	100	2.8
Himachal Pradesh	6	23	23	23	25	0	100	2.5
Jammu region of J & K	4	25	22	18	30	0	100	2.7
Punjab	2	23	24	24	27	0	100	2.7
Rajasthan	3	7	14	25	50	1	100	3.6
Central								
Madhya Pradesh	4	13	16	25	42	1	100	3.3
Uttar Pradesh	6	15	18	19	42	1	100	3.2
East								
Bihar	6	11	16	23	43	1	100	3.3
Orissa	3	12	22	27	37	0	100	3.1
West Bengal	19	30	17	15	19	0	100	2.0
Northeast								
Arunachal Pradesh	4	26	20	15	35	0	100	2.9
Assam	19	37	14	10	20	0	100	2.0
Manipur	3	32	18	19	29	0	100	2.7
Meghalaya	7	22	21	21	28	0	100	2.7
Mizoram	3	13	16	23	46	0	100	3.3
Nagaland	12	11	17	21	39	0	100	3.0
Tripura	17	37	16	13	16	0	100	1.9
West								
Goa	6	25	20	20	30	0	100	2.7
Gujarat	5	14	22	26	34	0	100	2.9
Maharashtra	3	15	19	30	34	0	100	3.0
South								
Andhra Pradesh	2	8	24	33	33	0	100	3.1
Karnataka	3	16	22	26	32	0	100	3.0
Kerala	11	35	25	17	12	0	100	1.9
Tamil Nadu	3	21	27	25	24	0	100	2.6

However, the mean number of living children at first use masks considerable dispersion around the mean. Although 2.8 is very close to 3, only 23 percent of ever-users in India as a whole actually started using contraception when they had three living children. Nineteen percent started using contraception when they had one child, 20 percent when they had two children, and 31 percent when they had four or more children. Individual states also show considerable dispersion around the mean. It seems likely that women who started using contraception when they had no children or one living child mainly used spacing methods, whereas women who started using contraception when they had three or more children mostly chose sterilization. The percentage of women who started using contraception when they had no children is comparatively high in Delhi, West Bengal, Assam, Nagaland, Tripura, and Kerala.

6 Sources of Modern Contraceptive Methods

Family planning services are provided through a network of government and municipal hospitals and family welfare centres in urban areas and through primary health centres and sub-centres in rural areas. In addition to these government outlets, private hospitals and clinics, private doctors, commercial pharmacies, and nongovernmental organizations also provide family planning services. Sterilization operations and IUD insertions are carried out mostly in government hospitals and primary health centres. Sterilization camps, organized from time to time, also provide sterilization services. Modern spacing methods such as IUDs, pills, and condoms are available from both government and private sources.

In order to assess the relative importance of various sources of contraceptive methods, the NFHS included a question asking where current users obtained contraceptives. Overall, 79 percent of current users obtain modern methods from public-sector sources, and another 15 percent obtain methods from the private medical sector (Table 6.1). Only 6 percent of users obtain contraceptives from other sources, such as shops, friends, husbands, or other relatives.

Individual states vary in the extent to which users obtain modern contraceptive methods from the public sector. States with more than 85 percent reliance on the public sector are Himachal Pradesh, Rajasthan, Madhya Pradesh, Orissa, Arunachal Pradesh, and Mizoram. States with 75 percent or less reliance on the public sector are Delhi, Uttar Pradesh, Assam, Meghalaya, Nagaland, Tripura, Goa, Maharashtra, and Kerala.

In Assam, Meghalaya, Nagaland, Tripura, Goa, Gujarat, Maharashtra, Andhra Pradesh, and Kerala, 20 percent or more of users rely on the private medical sector for modern contraceptives. The first four of these states tend to be mountainous, and government services are not widely available. In Himachal Pradesh (which is, however, also mountainous), Jammu, Rajasthan, Madhya Pradesh, Uttar Pradesh, Orissa, and Mizoram, 10 percent or fewer users rely on the private medical sector.

Table 6.1 Source of supply of modern contraceptive methods

Percentage distribution of current users of modern contraceptive methods, by most recent source of supply and state, NFHS, 1992–93

State	Source of supply of modern contraceptive methods			Total percentage
	Public sector	Private medical sector	Other ^a	
TOTAL				
India	79	15	6	100
North				
Delhi	45	19	36	100
Haryana	83	11	6	100
Himachal Pradesh	91	3	7	100
Jammu region of J & K	81	9	10	100
Punjab	77	11	12	100
Rajasthan	92	3	5	100
Central				
Madhya Pradesh	89	5	6	100
Uttar Pradesh	75	9	17	100
East				
Bihar	76	15	9	100
Orissa	93	4	3	100
West Bengal	80	16	4	100
Northeast				
Arunachal Pradesh	86	13	1	100
Assam	72	25	3	100
Manipur	82	17	1	100
Meghalaya	68	31	1	100
Mizoram	91	8	1	100
Nagaland	71	25	5	100
Tripura	75	21	4	100
West				
Goa	72	27	1	100
Gujarat	76	20	4	100
Maharashtra	75	23	3	100
South				
Andhra Pradesh	78	20	2	100
Karnataka	83	15	2	100
Kerala	75	20	5	100
Tamil Nadu	78	19	4	100

(continued)

^aIncludes 'don't know' and 'missing'

In most states, a very small proportion of users rely on other sources, such as shops, friends, husbands (mainly for condoms), or other relatives. However, this proportion is 10 percent or higher in Delhi, Jammu, Punjab, and Uttar Pradesh. Delhi is an outlier, with 36 percent of users relying on other sources. To a lesser extent, Uttar Pradesh is also an outlier, with 17 percent relying on other sources. The proportion of users who obtain their methods from other sources tends to be higher in the northern and central states, including Bihar, than elsewhere. It should be noted that the 'other sources' category is somewhat ambiguous because it does not reveal where

Table 6.1 (continued) Source of supply of modern contraceptive methods

Percentage distribution of current users of modern contraceptive methods, by most recent source of supply and state, NFHS, 1992–93

State	Source of supply of modern contraceptive methods			Total percentage
	Public sector	Private medical sector	Other ^a	
URBAN				
India	62	26	11	100
North				
Delhi	45	19	36	100
Haryana	66	22	12	100
Himachal Pradesh	75	5	19	100
Jammu region of J & K	63	21	17	100
Punjab	63	19	19	100
Rajasthan	86	4	10	100
Central				
Madhya Pradesh	75	12	14	100
Uttar Pradesh	55	15	30	100
East				
Bihar	55	31	14	100
Orissa	80	14	7	100
West Bengal	58	34	8	100
Northeast				
Arunachal Pradesh	(72)	(22)	(6)	(100)
Assam	56	39	5	100
Manipur	80	17	2	100
Meghalaya	59	40	2	100
Mizoram	87	11	2	100
Nagaland	(69)	(24)	(7)	(100)
Tripura	70	25	5	100
West				
Goa	63	36	2	100
Gujarat	64	29	8	100
Maharashtra	55	39	6	100
South				
Andhra Pradesh	62	33	5	100
Karnataka	69	28	4	100
Kerala	72	21	7	100
Tamil Nadu	63	30	7	100

(continued)

() Based on 25–49 unweighted cases

^aIncludes 'don't know' and 'missing'

the friends, husbands, and other relatives obtain contraceptives. In some cases, they undoubtedly obtain them from the public or private medical sector.

Urban and rural areas differ considerably in their reliance on various sources for contraceptives. Eighty-seven percent of users in rural areas obtain contraceptives from the public sector, compared with 62 percent of users in urban areas. The private medical sector is the source of supply for 26 percent of users in urban areas, compared with 10 percent in rural areas. Eleven percent of users in urban areas rely on other sources, compared with 3 percent in rural areas.

Table 6.1 (continued) Source of supply of modern contraceptive methods
Percentage distribution of current users of modern contraceptive methods, by most recent source of supply and state, NFHS, 1992–93

State	Source of supply of modern contraceptive methods			Total percentage
	Public sector	Private medical sector	Other ^a	
RURAL				
India	87	10	3	100
North				
Delhi	46	15	39	100
Haryana	90	7	3	100
Himachal Pradesh	93	2	5	100
Jammu region of J & K	86	5	9	100
Punjab	83	7	10	100
Rajasthan	95	3	2	100
Central				
Madhya Pradesh	95	2	3	100
Uttar Pradesh	84	6	10	100
East				
Bihar	84	10	7	100
Orissa	97	2	2	100
West Bengal	88	10	3	100
Northeast				
Arunachal Pradesh	90	10	0	100
Assam	76	22	2	100
Manipur	84	16	0	100
Meghalaya	74	27	0	100
Mizoram	94	5	1	100
Nagaland	72	25	3	100
Tripura	77	20	3	100
West				
Goa	81	18	1	100
Gujarat	82	15	3	100
Maharashtra	88	11	1	100
South				
Andhra Pradesh	86	14	1	100
Karnataka	91	8	1	100
Kerala	76	20	4	100
Tamil Nadu	86	12	2	100

^aIncludes 'don't know' and 'missing'

Table 6.2 elaborates on the results given in Table 6.1 by showing the proportion of users of each specific modern contraceptive method who report that the public sector is their source of supply. For India as a whole, this proportion is 86 percent for female sterilization and 93 percent for male sterilization. The proportion supplied by the public sector is also high for IUD users, at 63 percent. However, only 31 percent of pill users and 15 percent of condom users are supplied by the public sector. This pattern is consistent in urban and rural areas, but the percentages using the public sector are uniformly higher in rural areas, reflecting a relative scarcity of private-sector sources.

Table 6.2 Public sector as source of modern contraceptives

Percentage of current users of modern contraceptive methods reporting the public sector as their source of supply, by specific method, state, and urban-rural residence, NFHS, 1992–93

State	Pill	Copper T/ IUD	Injection	Condom	Female sterilization	Male sterilization	All modern methods
TOTAL							
India	31	63	(55)	15	86	93	79
North							
Delhi	22	56	*	8	76	87	45
Haryana	(43)	68	*	17	95	99	83
Himachal Pradesh	*	84	*	35	98	96	91
Jammu region of J & K	(40)	80	NC	8	97	99	81
Punjab	31	75	NC	15	97	99	77
Rajasthan	(48)	81	*	28	97	98	92
Central							
Madhya Pradesh	(40)	77	NC	26	95	97	89
Uttar Pradesh	47	59	*	12	93	95	75
East							
Bihar	14	(31)	*	10	86	83	76
Orissa	(43)	92	NC	(23)	97	94	93
West Bengal	16	(82)	*	10	91	94	80
Northeast							
Arunachal Pradesh	(67)	(97)	*	*	91	*	86
Assam	22	(89)	NC	17	87	91	72
Manipur	*	78	NC	*	94	(100)	82
Meghalaya	*	*	NC	*	73	*	68
Mizoram	*	(80)	NC	*	95	*	91
Nagaland	*	*	*	*	83	*	71
Tripura	16	*	NC	*	97	*	75
West							
Goa	*	53	NC	21	82	(83)	72
Gujarat	(43)	53	*	6	80	88	76
Maharashtra	37	48	NC	22	78	97	75
South							
Andhra Pradesh	*	*	NC	(31)	78	88	78
Karnataka	*	62	*	(15)	87	95	83
Kerala	*	75	NC	20	77	90	75
Tamil Nadu	*	48	NC	5	84	92	78

(continued)

NC: Not calculated because there are no cases on which to base a percentage

() Based on 25–49 unweighted cases

*Percentage not shown; based on fewer than 25 unweighted cases

The pattern for states is rather similar to the pattern for the whole country, but there are some variations. The proportion of sterilized women who obtained their sterilization from the public sector ranges from 98 percent in Himachal Pradesh to 73 percent in Meghalaya. This proportion is 95 percent or higher in Haryana, Himachal Pradesh, Jammu, Punjab, Rajasthan, Madhya Pradesh, Orissa, Mizoram, and Tripura—all in the north, central, east, and northeast regions. The proportion is less than 80 percent in Delhi, Meghalaya, Maharashtra, Andhra Pradesh, and Kerala. The proportion of condom users supplied by the public sector is 20 percent or higher in Himachal Pradesh,

Table 6.2 (continued) Public sector as source of modern contraceptives

Percentage of current users of modern contraceptive methods reporting the public sector as their source of supply, by specific method, state, and urban-rural residence, NFHS, 1992–93

State	Pill	Copper T/ IUD	Injection	Condom	Female sterilization	Male sterilization	All modern methods
URBAN							
India	17	52	*	8	75	86	62
North							
Delhi	22	57	*	8	75	88	45
Haryana	*	58	NC	15	92	(98)	66
Himachal Pradesh	*	84	NC	14	97	99	75
Jammu region of J & K	*	70	NC	7	91	(96)	63
Punjab	*	69	NC	10	89	*	63
Rajasthan	*	(80)	*	12	97	(100)	86
Central							
Madhya Pradesh	*	73	NC	9	90	91	75
Uttar Pradesh	(26)	49	NC	4	87	93	55
East							
Bihar	(8)	*	*	4	68	(66)	55
Orissa	(22)	(86)	NC	*	88	(82)	80
West Bengal	(5)	*	NC	(6)	77	*	58
Northeast							
Arunachal Pradesh	*	*	NC	*	*	*	(72)
Assam	(3)	*	NC	13	75	*	56
Manipur	*	(80)	NC	*	(94)	*	80
Meghalaya	*	*	NC	*	(65)	*	(59)
Mizoram	*	*	NC	*	94	*	87
Nagaland	*	*	NC	*	(85)	*	(69)
Tripura	*	*	NC	*	(94)	*	70
West							
Goa	*	(43)	NC	12	77	*	63
Gujarat	*	45	*	(4)	73	(86)	64
Maharashtra	(14)	39	NC	9	63	(91)	55
South							
Andhra Pradesh	*	*	NC	*	63	79	62
Karnataka	*	53	NC	(10)	75	*	69
Kerala	*	(65)	NC	(14)	76	86	72
Tamil Nadu	*	41	NC	(3)	72	*	63

(continued)

NC: Not calculated because there are no cases on which to base a percentage

() Based on 25–49 unweighted cases

*Percentage not shown; based on fewer than 25 unweighted cases

Rajasthan, Madhya Pradesh, Orissa, Goa, Maharashtra, Andhra Pradesh, and Kerala; it is highest, at 35 percent, in Himachal Pradesh. The proportion of IUD users supplied by the public sector is 80 percent or higher in Himachal Pradesh, Jammu, Rajasthan, Orissa, West Bengal, Arunachal Pradesh, Assam, and Mizoram. State-level results for the source of contraceptive pills are not reliable because the number of cases is small in most states.

Table 6.2 (continued) Public sector as source of modern contraceptives

Percentage of current users of modern contraceptive methods reporting the public sector as their source of supply, by specific method, state, and urban-rural residence, NFHS, 1992–93

State	Pill	Copper T/ IUD	Injection	Condom	Female sterilization	Male sterilization	All modern methods
RURAL							
India	41	75	*	27	91	96	87
North							
Delhi	*	*	NC	9	(87)	*	46
Haryana	*	(76)	*	(23)	96	99	90
Himachal Pradesh	*	(85)	*	43	99	96	93
Jammu region of J & K	*	(88)	NC	9	98	100	86
Punjab	(40)	78	NC	20	99	(100)	83
Rajasthan	*	(82)	*	*	97	97	95
Central							
Madhya Pradesh	(54)	*	NC	62	96	98	95
Uttar Pradesh	56	(72)	*	21	95	97	84
East							
Bihar	(17)	*	*	(16)	91	(92)	84
Orissa	*	(94)	NC	*	98	97	97
West Bengal	24	(90)	*	(18)	95	97	88
Northeast							
Arunachal Pradesh	*	(97)	*	*	93	*	90
Assam	(26)	*	NC	*	90	(91)	76
Manipur	*	(76)	NC	*	94	*	84
Meghalaya	*	*	NC	*	79	*	74
Mizoram	*	(92)	NC	NC	95	NC	94
Nagaland	*	*	*	*	(82)	NC	72
Tripura	(16)	*	NC	*	98	*	77
West							
Goa	*	(66)	NC	(42)	85	*	81
Gujarat	*	(68)	*	*	84	90	82
Maharashtra	*	*	NC	(58)	87	99	88
South							
Andhra Pradesh	*	*	NC	*	85	92	86
Karnataka	*	73	*	*	92	(98)	91
Kerala	*	78	NC	24	77	92	76
Tamil Nadu	*	59	NC	*	89	93	86

NC: Not calculated because there are no cases on which to base a percentage

() Based on 25–49 unweighted cases

*Percentage not shown; based on fewer than 25 unweighted cases

7 Intended Future Use of Contraception

The NFHS asked all currently married women who were not using a contraceptive method at the time of the interview (including those who were currently pregnant) whether they intended to use family planning in the future. Responses to this question, when tabulated by other characteristics, can help family planning programme administrators identify potential groups of users and improve the type and quality of services offered.

Table 7.1 tabulates the percentage of currently married women not currently using family planning who intend to use contraception in the future, broken down by number of living children. For India as a whole, 29 percent of non-users intend to use contraception in the future. This proportion varies considerably by state, from 13 percent in Nagaland to 59 percent in Haryana. Among major states, the percentage tends to be low where fertility is high and high where fertility is low, but there are some interesting exceptions. Haryana has comparatively high fertility (total fertility rate, or TFR, of 4.0) but a comparatively high percentage of non-users who intend to use contraception in the future. Andhra Pradesh, Karnataka, and Tamil Nadu have comparatively low fertility (TFR of about 3 or lower), but the proportions of non-users who intend to use contraception in the future are close to the national average.

For India as a whole, the proportion of non-users who intend to use contraception in the future rises with the number of living children up to two and declines thereafter. The low-fertility states of Kerala and Goa exhibit a similar pattern of rise and fall, but with a peak at one child instead of two. The high-fertility states of Uttar Pradesh, Bihar, and Arunachal Pradesh exhibit a similar pattern, but with a peak at four children. The lower-fertility states of Delhi, Nagaland, Tripura, and Maharashtra, also peak at four children. Thus the pattern is not highly correlated with fertility level. As potential users reach their desired number of children, they tend to start using contraception and thus drop out of the non-user group: this probably explains the decline in the

Table 7.1 Intention to use contraception in the future

Percentage of currently married women age 13–49 not currently using contraception who intend to use at any time in the future, by number of living children and state, NFHS, 1992–93

State	Number of living children ^a						Total
	0	1	2	3	4	5+	
India	15	32	36	34	31	24	29
North							
Delhi	20	41	40	41	46	41	37
Haryana	38	66	68	64	60	46	59
Himachal Pradesh	31	57	63	51	44	38	50
Jammu region of J & K	32	60	61	67	56	47	54
Punjab	24	53	57	49	45	41	47
Rajasthan	9	17	26	25	20	24	20
Central							
Madhya Pradesh	12	25	30	32	30	26	25
Uttar Pradesh	7	15	21	22	25	22	19
East							
Bihar	12	23	27	29	30	22	23
Orissa	14	28	34	38	33	28	29
West Bengal	28	56	56	59	41	36	47
Northeast							
Arunachal Pradesh	8	24	30	25	34	16	23
Assam	15	40	54	54	50	45	44
Manipur	(3)	24	36	42	32	24	28
Meghalaya	21	20	21	20	16	12	18
Mizoram	24	36	36	44	(18)	9	30
Nagaland	(2)	14	12	9	19	12	13
Tripura	36	59	60	56	(64)	32	51
West							
Goa	28	42	39	31	20	11	33
Gujarat	32	56	56	40	40	21	44
Maharashtra	11	31	38	42	46	26	32
South							
Andhra Pradesh	22	32	41	32	33	16	31
Karnataka	17	37	45	42	29	18	33
Kerala	26	53	51	43	21	12	41
Tamil Nadu	12	36	39	34	16	12	29

() Based on 25–49 unweighted cases

^aIncludes current pregnancy, if any

intention to use contraception at higher numbers of living children. This pattern can also be explained by lower fecundity (and, therefore, less need to use family planning) at older ages, as shown in Table 7.2.

Currently married women not currently using any contraceptive method and not intending to use contraception at any time in the future were asked the main reason why they did not intend to use contraception. Information about reasons for non-use is crucial for designing successful information programmes and for understanding the obstacles to further increases in contraceptive prevalence. Table 7.2 shows the reasons given for not intending to use contraception. The largest proportion (52 percent) said that they did not intend to use contraception because they wanted more children. As expected,

Table 7.2 Reason for not intending to use contraception in the future

Percentage distribution of currently married women age 13–49 not using any contraceptive method and not intending to use contraception at any time in the future, by main reason for not intending to use contraception and by state, NFHS, 1992–93

State	Main reason for not intending to use contraception								Total percentage
	Wants children	Worried about side effects	Lack of knowledge	Method hard to get/costs too much	Methods inconvenient	Opposition to family planning	Can't have children	Other	
	TOTAL								
India	52	6	4	1	1	9	17	11	100
North									
Delhi	44	2	6	0	2	5	26	15	100
Haryana	46	3	1	0	0	8	32	9	100
Himachal Pradesh	50	2	3	0	0	5	26	12	100
Jammu region of J & K	54	6	1	0	0	2	30	8	100
Punjab	39	4	1	0	0	2	38	15	100
Rajasthan	63	7	4	1	0	7	13	6	100
Central									
Madhya Pradesh	66	6	5	1	0	4	10	9	100
Uttar Pradesh	53	3	7	1	1	11	11	13	100
East									
Bihar	51	6	5	1	0	12	15	11	100
Orissa	53	9	4	1	1	5	15	13	100
West Bengal	40	2	1	1	3	11	28	14	100
Northeast									
Arunachal Pradesh	66	7	14	1	0	3	5	4	100
Assam	49	5	7	2	0	6	21	9	100
Manipur	41	9	6	0	1	6	15	23	100
Meghalaya	56	3	3	1	1	14	15	7	100
Mizoram	67	3	4	0	0	6	16	4	100
Nagaland	45	7	3	3	1	19	12	10	100
Tripura	36	2	4	1	1	9	31	17	100
West									
Goa	30	8	2	0	1	8	30	22	100
Gujarat	35	11	5	0	0	16	23	10	100
Maharashtra	52	5	2	0	1	8	22	11	100
South									
Andhra Pradesh	59	9	3	0	0	3	19	7	100
Karnataka	50	14	1	1	0	8	19	7	100
Kerala	34	7	2	0	1	18	25	13	100
Tamil Nadu	44	11	2	0	1	5	21	17	100

(continued)

Note: Numbers in this table are not strictly comparable to those in the NFHS state reports and the all-India report because reasons for non-use are regrouped here into a smaller number of categories, and because of apparent coding differences for some states. The regrouping was done as follows (earlier, more detailed categories in parentheses): Wants children (Wants children + Wants a son + Wants a daughter). Worried about side effects (Afraid of sterilization + Can't work after sterilization + Worried about side effects). Lack of knowledge (Lack of knowledge). Method hard to get/costs too much (Costs too much + Hard to get methods). Methods inconvenient (Inconvenient). Opposition to family planning (Against religion + Opposed to family planning + Husband opposed + Other people opposed). Can't have children (Difficult to get pregnant + Menopausal/had hysterectomy). Other (Health does not permit + Doesn't like existing methods + Other).

this reason is more common among women under age 30 (80 percent) than among women age 30 or older (19 percent). Although not shown in the table, this reason is almost as prevalent among urban women as among rural women. Seventeen percent said that they did not intend to use contraception because they could not have children. Not surprisingly, this response was more com-

Table 7.2 (continued) Reason for not intending to use contraception in the future

Percentage distribution of currently married women age 13–49 not using any contraceptive method and not intending to use contraception at any time in the future, by main reason for not intending to use contraception and by state, NFHS, 1992–93

State	Main reason for not intending to use contraception								Total percentage
	Wants children	Worried about side effects	Lack of knowledge	Method hard to get/costs too much	Methods inconvenient	Opposition to family planning	Can't have children	Other	
AGE LESS THAN 30									
India	80	4	4	1	0	7	1	5	100
North									
Delhi	78	2	6	0	1	5	2	6	100
Haryana	80	3	2	0	0	9	4	2	100
Himachal Pradesh	88	1	1	1	0	5	0	4	100
Jammu region of J & K	95	2	0	0	0	1	2	1	100
Punjab	88	3	0	0	0	0	1	8	100
Rajasthan	84	4	3	0	0	5	2	2	100
Central									
Madhya Pradesh	86	2	4	1	0	2	1	5	100
Uttar Pradesh	80	2	5	1	0	7	0	5	100
East									
Bihar	78	4	5	1	0	8	1	4	100
Orissa	80	6	4	1	0	4	1	5	100
West Bengal	74	1	1	1	0	12	2	10	100
Northeast									
Arunachal Pradesh	82	4	10	0	0	2	0	4	100
Assam	81	3	7	1	0	4	1	3	100
Manipur	69	6	2	0	1	6	1	16	100
Meghalaya	78	3	1	1	1	14	1	3	100
Mizoram	89	3	0	0	0	2	3	3	100
Nagaland	74	3	3	5	0	11	2	2	100
Tripura	74	5	2	0	0	9	3	8	100
West									
Goa	70	6	2	0	1	8	1	12	100
Gujarat	58	11	7	0	0	16	3	4	100
Maharashtra	75	5	2	0	0	8	3	8	100
South									
Andhra Pradesh	85	6	2	0	0	3	1	3	100
Karnataka	80	8	0	1	0	8	1	2	100
Kerala	60	5	3	0	0	22	4	8	100
Tamil Nadu	79	8	2	0	0	4	1	5	100

(continued)

Note: Numbers in this table are not strictly comparable to those in the NFHS state reports and the all-India report because reasons for non-use are regrouped here into a smaller number of categories, and because of apparent coding differences for some states. The regrouping was done as follows (earlier, more detailed categories in parentheses): Wants children (Wants children + Wants a son + Wants a daughter). Worried about side effects (Afraid of sterilization + Can't work after sterilization + Worried about side effects). Lack of knowledge (Lack of knowledge). Method hard to get/costs too much (Costs too much + Hard to get methods). Methods inconvenient (Inconvenient). Opposition to family planning (Against religion + Opposed to family planning + Husband opposed + Other people opposed). Can't have children (Difficult to get pregnant + Menopausal/had hysterectomy). Other (Health does not permit + Doesn't like existing methods + Other).

mon among women 30 and above (35 percent) than among women under 30 (1 percent). A small proportion (9 percent) indicated opposition to family planning. Only 4 percent indicated lack of knowledge about methods, and only 6 percent mentioned worry about side effects. Hardly any women said that methods were inconvenient, hard to obtain, or cost too much.

Table 7.2 (continued) Reason for not intending to use contraception in the future

Percentage distribution of currently married women age 13–49 not using any contraceptive method and not intending to use contraception at any time in the future, by main reason for not intending to use contraception and by state, NFHS, 1992–93

State	Main reason for not intending to use contraception								Total percentage
	Wants children	Worried about side effects	Lack of knowledge	Method hard to get/costs too much	Methods inconvenient	Opposition to family planning	Can't have children	Other	
AGE 30 AND OVER									
India	19	9	5	1	1	11	35	19	100
North									
Delhi	17	2	6	0	3	5	45	23	100
Haryana	16	4	1	1	0	7	57	15	100
Himachal Pradesh	15	4	5	0	1	5	50	21	100
Jammu region of J & K	23	8	1	1	0	4	51	12	100
Punjab	14	5	1	0	0	3	57	19	100
Rajasthan	29	12	5	2	1	9	31	12	100
Central									
Madhya Pradesh	27	12	7	2	0	7	27	19	100
Uttar Pradesh	21	5	10	2	2	15	24	22	100
East									
Bihar	15	9	6	2	1	16	32	19	100
Orissa	19	14	5	1	1	6	32	23	100
West Bengal	14	3	1	0	6	11	48	18	100
Northeast									
Arunachal Pradesh	48	11	19	2	0	4	11	4	100
Assam	17	7	6	2	0	9	42	16	100
Manipur	21	11	9	0	1	6	25	28	100
Meghalaya	35	3	5	1	1	15	28	11	100
Mizoram	51	4	7	0	0	8	25	5	100
Nagaland	25	10	3	2	2	24	19	15	100
Tripura	15	0	6	1	2	8	46	22	100
West									
Goa	17	9	1	1	1	9	39	25	100
Gujarat	12	12	3	1	1	15	42	15	100
Maharashtra	13	6	1	0	1	7	54	16	100
South									
Andhra Pradesh	22	13	3	0	1	4	45	13	100
Karnataka	16	20	2	0	1	9	40	12	100
Kerala	16	8	1	0	1	16	40	17	100
Tamil Nadu	17	13	2	0	2	5	35	26	100

Note: Numbers in this table are not strictly comparable to those in the NFHS state reports and the all-India report because reasons for non-use are regrouped here into a smaller number of categories, and because of apparent coding differences for some states. The regrouping was done as follows (earlier, more detailed categories in parentheses): Wants children (Wants children + Wants a son + Wants a daughter). Worried about side effects (Afraid of sterilization + Can't work after sterilization + Worried about side effects). Lack of knowledge (Lack of knowledge). Method hard to get/costs too much (Costs too much + Hard to get methods). Methods inconvenient (Inconvenient). Opposition to family planning (Against religion + Opposed to family planning + Husband opposed + Other people opposed). Can't have children (Difficult to get pregnant + Menopausal/had hysterectomy). Other (Health does not permit + Doesn't like existing methods + Other).

The pattern for states tends to be broadly similar to the pattern for India as a whole: the main reasons that women give for not intending to use contraception are that they want more children or that they cannot have children. However, there are some variations. In Gujarat, Karnataka, and Tamil Nadu, more than 10 percent said that their main reason was worry about side effects.

Table 7.3 Preferred future method of contraception

Percentage distribution of currently married women age 13–49 not currently using any contraceptive method but intending to use contraception in the future, by preferred method and state, NFHS, 1992–93

State	Pill	IUD	Injection	Condom	Female sterilization	Male sterilization	Abstinence	With-drawal	Other methods	Unsure	Total percentage
India	19	6	2	4	59	1	2	1	2	5	100
North											
Delhi	17	12	4	17	34	1	2	1	1	12	100
Haryana	9	7	1	5	62	1	2	0	1	13	100
Himachal Pradesh	10	9	2	8	59	4	1	1	1	5	100
Jammu region of J & K	9	6	2	4	62	0	2	1	0	15	100
Punjab	7	12	1	6	55	1	2	1	1	14	100
Rajasthan	8	3	2	3	80	1	0	0	0	3	100
Central											
Madhya Pradesh	13	8	1	7	64	2	1	0	2	3	100
Uttar Pradesh	40	9	6	9	26	1	2	1	1	6	100
East											
Bihar	26	3	0	3	61	1	1	1	1	4	100
Orissa	34	4	1	1	46	1	2	1	3	7	100
West Bengal	27	2	7	3	43	0	7	2	6	4	100
Northeast											
Arunachal Pradesh	28	9	2	0	45	1	5	0	1	9	100
Assam	32	5	4	2	24	0	18	1	3	11	100
Manipur	28	36	1	2	15	3	13	1	1	1	100
Meghalaya	27	12	1	3	22	1	12	1	12	10	100
Mizoram	28	22	0	1	48	1	1	0	0	0	100
Nagaland	12	18	5	11	35	4	2	2	6	7	100
Tripura	35	1	5	1	32	0	9	4	3	10	100
West											
Goa	13	7	1	11	45	0	12	2	2	8	100
Gujarat	5	5	0	3	79	1	0	0	0	7	100
Maharashtra	14	7	0	5	68	1	1	0	1	3	100
South											
Andhra Pradesh	5	1	0	1	89	2	0	0	1	2	100
Karnataka	6	7	0	1	82	0	0	0	1	3	100
Kerala	3	8	0	4	76	1	2	2	1	4	100
Tamil Nadu	4	9	0	2	79	0	1	1	1	3	100

In Arunachal Pradesh, more than 10 percent said that their main reason was lack of knowledge about methods, whereas in Uttar Pradesh, Bihar, West Bengal, Meghalaya, Nagaland, Gujarat, and Kerala, more than 10 percent said that their main reason was opposition to family planning. The comparatively high proportion who oppose family planning in Kerala (18 percent) is somewhat surprising in view of that state's high level of contraceptive use. It may be due to the Kerala's large Muslim population. Even more surprising is that in Kerala the percentage who oppose family planning is higher among women below age 30 (22 percent) than among women age 30 and above (16 percent). Nagaland has the highest proportion opposing family planning (19 percent), but opposition is higher in the older age group.

Women who were not using family planning but said that they intended to use contraception in the future were asked to specify which method they intended to use. Although female sterilization is the preferred method for the future (mentioned by 59 percent of these women), a sizable proportion (31 percent) intend to use a modern temporary method, as shown in Table 7.3. The pill is the preferred temporary method (19 percent), followed by the IUD (6 percent), and condoms (4 percent). Only 1 percent of intended future users plan to use male sterilization. The fact that nearly one-third of intended contraceptive users prefer modern temporary methods, whereas only 6 percent of current users are using such methods, suggests that the family welfare programme might be well advised to offer a more balanced contraceptive service rather than relying so heavily on terminal methods.

There is considerable state variation in this pattern, stemming largely from variation in the proportion who intend to use female sterilization. This proportion ranges from 15 percent in Manipur to 89 percent in Andhra Pradesh. In Rajasthan, Gujarat, Maharashtra, Andhra Pradesh, Karnataka, Kerala, and Tamil Nadu, more than 65 percent intend to use female sterilization, whereas in Delhi, Uttar Pradesh, Assam, Manipur, Meghalaya, Nagaland, and Tripura, 35 percent or fewer of intended users favor this method. In every state of the northeast, fewer than half of the women who intend to use contraception favor sterilization. In Uttar Pradesh, Assam, Meghalaya, and Tripura the preferred future method is the pill. Manipur is the only state in which the preferred future method is the IUD. In Assam, Manipur, Meghalaya, and Goa, more than 10 percent intend to use periodic abstinence.

8 Exposure to Electronic Mass Media

The NFHS included two questions about exposure to electronic media—radio, television, and cinema. One question deals with media exposure in general and the other with exposure to family planning messages on radio and television. Since both general and specific media exposure have effects on contraceptive use, both are considered here. This type of information can help health and family welfare planners design appropriate information, education, and communication (IEC) programmes.

Table 8.1 provides information on general media exposure. Only 44 percent of currently married women age 13–49 listen to radio at least once a week, 32 percent watch television at least once a week, and 15 percent attend the cinema at least once a month. Almost half (47 percent) are not regularly exposed to any of these media. There is considerable variation in media exposure by state. In Delhi, Goa, Andhra Pradesh, Kerala, and Tamil Nadu, more than three-fourths of the women are regularly exposed to television, radio, or cinema; in Rajasthan, Uttar Pradesh, Bihar, and Assam the proportion is 40 percent or less. The states differ most in exposure to television. Only 13–19 percent of these women watch television at least once a week in Rajasthan, Uttar Pradesh, Bihar, Orissa, and Assam, whereas more than 70 percent watch television regularly in Delhi and Goa. Television viewing is also relatively high in Haryana, Himachal Pradesh, Jammu, Punjab, Maharashtra, and Tamil Nadu, where 47 percent or more watch television regularly. The southern states have the highest percentage of women who attend the cinema at least once a month, especially Andhra Pradesh and Tamil Nadu. Among the remaining states, cinema attendance is relatively widespread in Madhya Pradesh, West Bengal, Arunachal Pradesh, Manipur, Gujarat, and Maharashtra.

Table 8.2 shows that there are large urban-rural differences in exposure to electronic mass media. For India as a whole, 82 percent of currently married women in urban areas are regularly exposed to radio, television, or cinema, compared with only 43 percent of women in rural areas. There is con-

Table 8.1 Exposure to electronic mass media

Percentage of currently married women age 13–49 watching television or listening to radio at least once a week or visiting a cinema at least once a month, by state, NFHS, 1992–93

State	Exposure to electronic mass media			
	Watches television at least once a week	Listens to radio at least once a week	Attends cinema at least once a month	Not regularly exposed to any media
India	32	44	15	47
North				
Delhi	83	64	6	13
Haryana	49	43	2	39
Himachal Pradesh	48	55	3	33
Jammu region of J & K	50	65	3	27
Punjab	58	42	2	34
Rajasthan	18	28	5	70
Central				
Madhya Pradesh	27	33	10	59
Uttar Pradesh	19	30	4	64
East				
Bihar	13	26	5	70
Orissa	17	36	8	59
West Bengal	34	49	17	38
Northeast				
Arunachal Pradesh	30	41	15	53
Assam	18	34	4	60
Manipur	39	63	17	32
Meghalaya	24	38	5	54
Mizoram	26	56	1	38
Nagaland	23	43	1	54
Tripura	34	58	7	34
West				
Goa	72	70	4	14
Gujarat	40	47	10	44
Maharashtra	47	53	15	37
South				
Andhra Pradesh	40	63	50	24
Karnataka	40	64	31	29
Kerala	43	73	19	20
Tamil Nadu	51	61	43	21

siderable variation in these percentages by state. In urban areas, the proportion regularly exposed to electronic media varies from 61 percent in Arunachal Pradesh to 96 percent in Andhra Pradesh. In rural areas (excluding the rural areas of Delhi and Goa), this proportion varies from 22 percent in Rajasthan to 77 percent in Kerala. Although not shown in this table, urban-rural differences in media exposure tend to be greatest for television and smallest for cinema.

For India as a whole, differentials in electronic media exposure are even larger by education than they are by residence. The proportion of currently married women who are regularly exposed to electronic media ranges from 36 percent among illiterates to 94 percent among those with at least a high-

Table 8.2 Exposure to electronic mass media by selected background characteristics

Percentage of currently married women age 13–49 watching television or listening to radio at least once a week or visiting a cinema at least once a month, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic											
	Residence		Education				Religion			Caste/tribe		
	Urban	Rural	Illiterate	Literate, <middle complete	Middle complete	High school complete	Hindu	Muslim	Other	Sched. caste	Sched. tribe	Non-SC/ST
India	82	43	36	73	86	94	53	49	66	44	30	57
North												
Delhi	88	81	72	92	95	98	88	74	95	80	(90)	87
Haryana	86	52	46	77	93	96	62	29	57	52	*	64
Himachal Pradesh	95	64	50	76	85	96	67	(38)	74	60	40	71
Jammu region of J & K	92	69	58	82	93	98	75	58	87	62	(55)	78
Punjab	85	59	47	78	89	95	73	(38)	62	57	NC	69
Rajasthan	65	22	20	64	89	97	30	36	47	26	15	36
Central												
Madhya Pradesh	79	30	28	69	80	94	39	68	65	38	22	49
Uttar Pradesh	69	28	24	56	73	87	36	34	69	22	36	39
East												
Bihar	69	23	19	60	70	83	31	24	41	18	17	33
Orissa	72	35	25	65	79	93	40	56	49	37	16	49
West Bengal	84	54	44	71	88	97	66	50	57	55	39	64
Northeast												
Arunachal Pradesh	61	45	33	69	86	92	51	*	46	NC	43	62
Assam	74	35	25	48	74	88	46	27	34	41	28	42
Manipur	81	63	53	72	83	90	79	55	50	NC	44	77
Meghalaya	86	37	30	50	80	90	82	(68)	42	*	42	79
Mizoram	78	47	18	58	75	90	*	*	62	NC	62	*
Nagaland	75	38	19	54	64	87	47	*	45	NC	45	(65)
Tripura	92	60	48	72	84	99	68	55	(60)	*	51	69
West												
Goa	93	79	68	91	93	99	86	86	88	78	66	87
Gujarat	78	44	35	71	85	93	55	59	90	67	29	60
Maharashtra	83	49	42	75	89	95	62	64	69	61	42	66
South												
Andhra Pradesh	96	69	67	93	98	99	76	82	77	68	65	78
Karnataka	88	63	58	88	94	97	71	71	88	62	62	73
Kerala	88	77	56	76	86	95	84	72	81	80	67	81
Tamil Nadu	92	72	66	88	94	96	79	85	78	68	*	82

Note: In this table 'regularly exposed' means that the respondent watches television at least once a week or listens to radio at least once a week or visits a cinema at least once a week.

NC: Not calculated because there are no cases on which to base a percentage

() Based on 25–49 unweighted cases

*Percentage not shown; based on fewer than 25 unweighted cases

school education. The differentials by education tend to be smaller in states with higher overall levels of education.

Differentials by religion are smaller than the differentials by education. Electronic media exposure tends to be higher for Hindus than for Muslims, and higher yet for women of 'other religions'. For India as a whole, the difference between Hindus (53 percent) and Muslims (49 percent) is quite small,

but there are larger differences in individual states. Hindus exceed Muslims in exposure to electronic media by 10 or more percentage points in Delhi, Haryana, Himachal Pradesh, Jammu, Punjab, West Bengal, Assam, Manipur, Meghalaya, Tripura, and Kerala. Muslims exceed Hindus by more than 10 percentage points in Madhya Pradesh and Orissa. Electronic media exposure tends to be higher among scheduled-caste women than among scheduled-tribe women, and higher yet among non-SC/ST women.

Table 8.3 shows contraceptive prevalence for currently married women age 13–49 by electronic media exposure, with media exposure dichotomized to regularly exposed/not regularly exposed. In India as a whole, prevalence is 31 percent among those who are not regularly exposed to electronic media and 49 percent among those who are regularly exposed. The differential by media exposure is slightly greater in urban than in rural areas. The pattern is rather similar for individual states except in the south, where differentials in prevalence by general media exposure tend to be smaller, especially in Kerala and Tamil Nadu.

The other NFHS question on media exposure asked about exposure to family planning messages on radio and television. For many years, the family welfare programme has been promoting family planning through these media. In order to explore the effectiveness of this effort, respondents were asked whether they had heard family planning messages on radio or television during the month before the survey. Table 8.4 shows the percentage of currently married women age 13–49 who had heard a family planning message on radio only, on television only, on both, or on neither, broken down by state and by urban or rural residence. In India as a whole, 15 percent heard a family planning message on radio only, 6 percent on television only, 22 percent heard a message on both radio and television, and 57 percent did not hear a message on either medium. There is considerable variation in individual states. The proportion that did not hear a family planning message on radio or television ranges from 20 percent in Delhi to 76 percent in Assam. This group is 65 percent or more in Rajasthan, Madhya Pradesh, Uttar Pradesh, Bihar, Orissa, West Bengal, Arunachal Pradesh, and Assam. It is less than 45 percent in Delhi, Jammu, Punjab, Manipur, Goa, Andhra Pradesh, Karnataka, and Kerala. Television exposure to family planning messages is more common than radio exposure in northern states (except Jammu and Rajasthan), whereas radio exposure is more common in other states (except Goa).

For India as a whole, urban women are more likely to have heard a family planning message on television than on radio, whereas rural women are more likely to have heard a message on radio. However, this pattern is sometimes reversed at the state level. In Rajasthan, Orissa, Manipur, Mizoram,

Table 8.3 Contraceptive use by exposure to electronic mass media

Percentage of currently married women age 13–49 currently using contraception, by whether they are regularly exposed to electronic mass media and by urban-rural residence and state, NFHS, 1992–93

State	Exposure to electronic mass media					
	Urban		Rural		Total	
	Regularly exposed	Not regularly exposed	Regularly exposed	Not regularly exposed	Regularly exposed	Not regularly exposed
India	55	35	46	30	49	31
North						
Delhi	64	39	58	(42)	64	39
Haryana	61	37	47	46	53	45
Himachal Pradesh	71	(62)	60	53	61	53
Jammu region of J & K	66	48	50	38	54	39
Punjab	66	47	62	51	63	50
Rajasthan	51	39	34	27	41	28
Central						
Madhya Pradesh	51	35	36	32	43	32
Uttar Pradesh	38	19	21	15	27	16
East						
Bihar	50	26	30	17	37	17
Orissa	53	34	37	33	41	33
West Bengal	66	43	61	49	63	48
Northeast						
Arunachal Pradesh	47	(27)	27	16	31	17
Assam	69	44	50	35	54	35
Manipur	49	27	37	20	41	21
Meghalaya	35	(12)	28	12	31	12
Mizoram	60	48	56	46	58	47
Nagaland	24	11	18	7	20	7
Tripura	73	*	56	46	61	46
West						
Goa	52	44	45	42	49	43
Gujarat	56	42	54	42	55	42
Maharashtra	55	41	57	52	56	50
South						
Andhra Pradesh	57	(48)	46	38	50	39
Karnataka	54	38	50	43	52	43
Kerala	68	66	62	59	64	61
Tamil Nadu	51	50	50	48	50	48

Note: Regular exposure means that the woman watches television or listens to radio at least once a week or visits a cinema at least once a month.

() Based on 25–49 unweighted cases

*Percentage not shown; based on fewer than 25 unweighted cases

Nagaland, Andhra Pradesh, Karnataka, and Kerala, urban women are more likely to have heard a family planning message on radio than on television, whereas in Delhi, Haryana, Himachal Pradesh, and Punjab, rural women are more likely to have heard a family planning message on television than on radio. In all states except Delhi, a much higher proportion of women have heard a message on radio, television, or both in urban areas than in rural areas.

Table 8.4 Exposure to family planning messages on radio or television

Percentage distribution of currently married women age 13–49, by whether they heard a radio or television message about family planning in the month prior to the interview and by urban-rural residence and state, NFHS, 1992–93

State	Total						Urban			Rural						
	Radio Television only		Both		Neither		Radio Television only		Both		Neither		Total percentage			
	only	only	Both	Neither	only	only	only	only	Both	Neither	only	only	Both	Neither		
India	15	6	22	57	100	8	13	48	31	100	17	4	13	67	100	
North																
Delhi	3	19	58	20	100	2	18	59	20	100	5	24	50	21	100	
Haryana	7	16	30	47	100	3	24	56	18	100	9	13	21	57	100	
Himachal Pradesh	8	11	27	55	100	3	17	62	18	100	9	10	23	59	100	
Jammu region of J & K	15	10	37	39	100	3	16	67	14	100	17	9	31	44	100	
Punjab	5	27	28	40	100	3	37	43	17	100	6	23	22	49	100	
Rajasthan	13	2	19	67	100	10	5	54	31	100	14	1	10	75	100	
Central																
Madhya Pradesh	9	8	18	65	100	5	19	47	28	100	10	5	9	76	100	
Uttar Pradesh	15	5	13	67	100	10	14	41	35	100	16	2	6	75	100	
East																
Bihar	14	3	10	73	100	12	13	42	33	100	14	1	5	80	100	
Orissa	15	3	10	73	100	11	10	33	46	100	15	1	6	78	100	
West Bengal	16	7	13	65	100	6	17	22	56	100	19	3	9	68	100	
Northeast																
Arunachal Pradesh	7	5	19	69	100	8	11	40	42	100	6	4	16	74	100	
Assam	13	5	7	76	100	7	19	19	55	100	14	3	5	79	100	
Manipur	32	2	30	36	100	29	5	45	22	100	34	1	22	43	100	
Meghalaya	18	9	9	64	100	15	24	25	36	100	19	5	5	71	100	
Mizoram	43	1	7	49	100	47	2	12	39	100	38	1	3	58	100	
Nagaland	21	2	17	60	100	20	4	44	32	100	22	1	9	68	100	
Tripura	18	5	16	61	100	9	10	39	42	100	20	4	10	66	100	
West																
Goa	11	14	50	25	100	7	17	62	14	100	15	12	38	36	100	
Gujarat	10	6	32	52	100	7	10	57	26	100	12	4	19	66	100	
Maharashtra	10	7	35	48	100	4	11	56	29	100	15	4	20	62	100	
South																
Andhra Pradesh	25	3	31	41	100	12	6	64	18	100	30	2	20	49	100	
Karnataka	28	3	37	32	100	14	6	64	17	100	35	2	24	40	100	
Kerala	25	6	26	43	100	20	9	37	34	100	27	4	22	47	100	
Tamil Nadu	12	7	33	47	100	8	12	48	32	100	15	4	25	55	100	

Table 8.5 Exposure to family planning messages on radio or television by selected background characteristics

Percentage of currently married women age 13–49 who heard a radio or television message on family planning in the month prior to the interview, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic											
	Residence		Education				Religion			Caste/tribe		
	Urban	Rural	Illiterate	Literate, <middle complete	Middle complete	High school complete	Hindu	Muslim	Other	Sched. caste	Sched. tribe	Non-SC/ST
India	69	33	28	56	70	85	42	40	55	34	22	46
North												
Delhi	80	79	65	82	85	92	81	65	88	69	(83)	80
Haryana	82	43	37	68	85	92	55	23	49	43	*	57
Himachal Pradesh	82	41	29	52	57	82	46	(22)	41	36	28	49
Jammu region of J & K	86	56	43	70	86	95	64	42	78	48	*	67
Punjab	83	52	41	71	84	93	69	(34)	56	52	NC	63
Rajasthan	69	25	24	66	85	94	33	39	49	29	17	40
Central												
Madhya Pradesh	72	24	22	62	73	87	33	57	60	32	17	42
Uttar Pradesh	65	25	22	50	67	86	33	32	64	19	25	36
East												
Bihar	67	20	16	53	67	82	28	22	35	17	14	30
Orissa	54	22	16	41	64	72	27	43	39	26	9	33
West Bengal	44	32	23	38	53	65	36	33	38	27	18	37
Northeast												
Arunachal Pradesh	58	26	18	47	52	88	36	*	28	NC	26	48
Assam	45	21	13	27	46	69	26	22	17	25	15	26
Manipur	78	57	49	67	75	87	77	55	39	NC	34	74
Meghalaya	64	29	21	43	64	69	70	(52)	32	*	32	67
Mizoram	61	42	15	51	54	73	*	*	51	NC	52	*
Nagaland	68	32	18	46	57	72	38	*	40	NC	39	(54)
Tripura	58	34	25	45	48	64	40	38	(32)	*	34	40
West												
Goa	86	65	53	78	84	93	74	81	77	70	60	76
Gujarat	74	34	27	60	77	90	47	53	75	55	23	52
Maharashtra	71	38	31	63	76	86	50	57	57	50	32	54
South												
Andhra Pradesh	82	51	47	77	85	93	59	66	60	52	43	62
Karnataka	83	60	54	85	89	95	67	68	84	62	54	70
Kerala	66	53	34	49	63	77	60	46	63	46	44	58
Tamil Nadu	68	45	38	58	68	80	52	64	51	41	*	55

NC: Not calculated because there are no cases on which to base a percentage

() Based on 25–49 unweighted cases

*Percentage not shown; based on fewer than 25 unweighted cases

Table 8.5 amplifies upon Table 8.4 by showing the proportion of currently married women who recently heard a radio or television message on family planning, broken down by residence, education, religion, and caste/tribe. Urban-rural differentials are repeated in condensed form from Table 8.4. For India as a whole, 28 percent of illiterate women heard a radio or television message on family planning, compared with 85 percent of women with at least a high-school education. Exposure is 42 percent for Hindu women,

Table 8.6 Contraceptive use by exposure to family planning messages on radio or television

Percentage of currently married women age 13–49 currently using any contraceptive method, by whether they heard a radio or television message about family planning in the month prior to the interview and by urban-rural residence and state, NFHS, 1992–93

State	Urban		Rural		Total	
	Heard	Did not hear	Heard	Did not hear	Heard	Did not hear
India	55	42	46	32	50	34
North						
Delhi	65	45	62	30	65	44
Haryana	63	37	49	45	55	44
Himachal Pradesh	72	62	61	54	63	54
Jammu region of J & K	66	54	53	38	56	39
Punjab	66	48	63	51	64	51
Rajasthan	50	40	36	26	41	27
Central						
Madhya Pradesh	52	38	39	32	45	32
Uttar Pradesh	39	19	22	15	29	15
East						
Bihar	50	27	30	17	37	18
Orissa	52	42	37	33	42	34
West Bengal	67	58	62	53	64	54
Northeast						
Arunachal Pradesh	56	17	34	16	40	16
Assam	72	55	54	36	58	38
Manipur	48	30	38	21	42	22
Meghalaya	40	18	31	13	34	13
Mizoram	62	50	59	45	60	47
Nagaland	26	10	22	6	23	6
Tripura	73	69	58	50	62	52
West						
Goa	53	43	43	47	48	46
Gujarat	57	40	53	45	55	44
Maharashtra	56	45	57	53	56	51
South						
Andhra Pradesh	58	52	48	39	52	40
Karnataka	54	42	51	42	52	42
Kerala	70	65	65	58	66	59
Tamil Nadu	52	48	53	47	52	47

40 percent for Muslim women, and 55 percent for women of 'other religions'. Exposure ranges from 22 percent among scheduled-tribe women and 34 percent among scheduled-caste women to 46 percent among non-SC/ST women. The pattern of variation by state resembles the pattern for general media exposure discussed in the context of Table 8.2.

Table 8.6 shows contraceptive prevalence by exposure to family planning messages on radio or television. Exposure is dichotomized into heard/did not hear a radio or television message about family planning in the month before the interview. For India as a whole, prevalence is 50 percent among those who heard a message and 34 percent among those who did not. The

Table 8.7 Exposure to family planning messages among regular radio listeners and television viewers

Among currently married women age 13–49 who regularly listen to radio or watch television, the percentage hearing a message about family planning in the month prior to the interview, by state, NFHS, 1992–93

State	Regularly listen to radio		Regularly watch television	
	Heard a message	Did not hear a message	Heard a message	Did not hear a message
India	76	24	82	18
North				
Delhi	91	10	89	11
Haryana	82	18	87	13
Himachal Pradesh	64	36	72	28
Jammu region of J & K	82	18	91	9
Punjab	89	11	91	9
Rajasthan	87	13	92	8
Central				
Madhya Pradesh	76	24	84	16
Uttar Pradesh	82	18	87	13
East				
Bihar	81	19	93	7
Orissa	60	40	70	30
West Bengal	53	47	58	42
Northeast				
Arunachal Pradesh	58	42	68	32
Assam	56	44	61	39
Manipur	91	9	93	7
Meghalaya	70	30	78	22
Mizoram	80	20	67	33
Nagaland	77	23	81	19
Tripura	58	43	65	35
West				
Goa	87	13	88	12
Gujarat	82	18	89	11
Maharashtra	78	22	80	20
South				
Andhra Pradesh	81	19	86	14
Karnataka	91	9	93	7
Kerala	71	29	76	24
Tamil Nadu	69	31	74	26

difference in prevalence between those who heard a message and those who did not is about the same in urban and rural areas, but there are some variations by state. In urban areas, the difference in prevalence between those who heard and those who did not hear a message is less than 10 percentage points in West Bengal, Tripura, Andhra Pradesh, Kerala, and Tamil Nadu. In rural areas, the difference in prevalence between those who heard and those who did not hear a message is less than 10 percentage points in Haryana, Himachal Pradesh, Madhya Pradesh, Uttar Pradesh, Orissa, West Bengal, Tripura, Goa, Gujarat, Maharashtra, Andhra Pradesh, Karnataka, Kerala, and Tamil Nadu.

Table 8.7 shows the percentages of regular radio listeners and television watchers who have heard family planning messages through these media.

Table 8.8 Acceptability of media messages on family planning

Percentage distribution of currently married women age 13–49, by whether they regard media messages on family planning as acceptable and by state, NFHS, 1992–93

State	Acceptable	Not acceptable	Unsure	Total percentage
India	69	8	23	100
North				
Delhi	77	14	9	100
Haryana	83	6	11	100
Himachal Pradesh	85	6	9	100
Jammu region of J & K	80	5	14	100
Punjab	82	3	15	100
Rajasthan	55	9	35	100
Central				
Madhya Pradesh	51	12	37	100
Uttar Pradesh	51	11	39	100
East				
Bihar	38	11	51	100
Orissa	72	7	21	100
West Bengal	84	6	10	100
Northeast				
Arunachal Pradesh	49	24	27	100
Assam	86	5	10	100
Manipur	69	20	12	100
Meghalaya	41	23	36	100
Mizoram	72	5	23	100
Nagaland	44	13	43	100
Tripura	90	2	9	100
West				
Goa	85	5	11	100
Gujarat	82	4	14	100
Maharashtra	78	13	9	100
South				
Andhra Pradesh	87	3	10	100
Karnataka	79	5	17	100
Kerala	89	7	5	100
Tamil Nadu	93	3	4	100

Among regular radio listeners in India as a whole, 76 percent have heard a family planning message; among regular television viewers, 82 percent have heard a message. The pattern is somewhat variable by state. Fewer than 65 percent of radio listeners have heard a message in Himachal Pradesh, Orissa, West Bengal, Arunachal Pradesh, Assam, and Tripura. Among television viewers, 70 percent or fewer have heard a family planning message in Orissa, West Bengal, Arunachal Pradesh, Assam, Mizoram, and Tripura.

Table 8.8 provides information on the acceptability of media messages on family planning. In India as a whole, 69 percent of currently married women find such messages acceptable, 8 percent find them unacceptable, and 23 percent are unsure. Among the states, the proportion who find media messages on family planning acceptable ranges from a low of 38 percent in Bihar to a high of 93 percent in Tamil Nadu. In Rajasthan, Madhya Pradesh, Uttar

Table 8.9 Acceptability of media messages on family planning by selected background characteristics

Percentage of currently married women age 13–49 regarding media messages on family planning as acceptable, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic											
	Residence		Education				Religion			Caste/tribe		
	Urban	Rural	Illiterate	Literate, <middle complete	Middle complete	High school complete	Hindu	Muslim	Other	Sched. caste	Sched. tribe	Non-SC/ST
India	82	64	57	84	90	91	69	65	77	64	52	71
North												
Delhi	77	78	67	83	84	82	77	74	77	72	(79)	77
Haryana	89	81	76	94	95	94	84	49	80	81	*	84
Himachal Pradesh	91	84	75	92	97	94	85	(59)	84	82	70	86
Jammu region of J & K	87	79	73	87	91	92	83	68	88	78	*	82
Punjab	88	80	72	91	97	94	84	(66)	81	79	NC	83
Rajasthan	72	52	49	79	89	95	56	49	71	49	57	57
Central												
Madhya Pradesh	76	44	41	76	87	83	49	73	67	49	34	57
Uttar Pradesh	65	47	42	71	78	84	52	44	68	41	26	53
East												
Bihar	69	33	30	60	67	77	39	32	32	31	21	41
Orissa	85	70	64	86	94	94	72	79	80	77	51	78
West Bengal	81	85	78	89	93	89	85	80	82	80	80	85
Northeast												
Arunachal Pradesh	76	45	38	61	86	91	59	*	44	NC	45	66
Assam	91	85	81	91	95	95	87	85	81	86	78	87
Manipur	76	65	61	68	76	82	76	45	59	NC	57	73
Meghalaya	58	37	29	48	60	64	82	(56)	36	*	37	74
Mizoram	80	65	34	70	79	91	*	*	72	NC	72	*
Nagaland	68	37	21	48	67	79	29	*	44	NC	43	(49)
Tripura	94	89	82	93	99	96	91	88	(79)	*	80	91
West												
Goa	90	79	66	90	93	96	84	88	86	74	62	85
Gujarat	89	78	72	90	97	98	82	76	92	83	69	84
Maharashtra	84	74	69	83	92	91	78	76	79	75	68	79
South												
Andhra Pradesh	91	86	84	94	97	95	87	91	87	85	76	88
Karnataka	89	74	69	90	95	97	79	75	92	78	61	80
Kerala	90	88	71	87	93	96	92	80	91	87	80	89
Tamil Nadu	96	92	90	95	97	98	93	94	90	92	*	93

NC: Not calculated because there are no cases on which to base a percentage

() Based on 25–49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

Pradesh, Bihar, Arunachal Pradesh, Meghalaya, and Nagaland, 55 percent or fewer currently married women find family planning messages acceptable. The proportion who are unsure is especially high—in the range of 35–51 percent—in Rajasthan, Madhya Pradesh, Uttar Pradesh, Bihar, Meghalaya, and Nagaland.

Table 8.9 provides further information on the acceptability of media messages on family planning. In India as a whole, 82 percent of urban women

and 64 percent of rural women find such messages acceptable. Fifty-seven percent of illiterate women find such messages acceptable, compared with 91 percent of women with at least a high-school education. Sixty-nine percent of Hindu women, 65 percent of Muslim women, and 77 percent of women of 'other religions' find media messages on family planning acceptable. Fifty-two percent of scheduled-tribe women, 64 percent of scheduled-caste women, and 71 percent of non-SC/ST women find the messages acceptable.

The patterns of variation by residence, education, and caste/tribe within individual states generally resemble the corresponding patterns for the country as a whole. In contrast, the pattern of variation by religion is more variable by state. The proportion of Hindu women who find media messages on family planning acceptable exceeds the proportion of Muslim women by 15 or more percentage points in Haryana, Himachal Pradesh, Jammu, Punjab, Manipur, and Meghalaya. In Madhya Pradesh, by contrast, acceptance is 24 percentage points higher among Muslim women than among Hindu women: this is the only state where the proportion of Muslim women who find the messages acceptable exceeds the proportion of Hindu women by 10 or more percentage points. Once again, Madhya Pradesh stands out as a state in which Hindu-Muslim differences are atypical. In the remaining states the differences between Hindu and Muslim women are smaller.

9 Interspousal Communication on Family Planning

Table 9.1 shows the distribution of currently married, nonsterilized women who know of a contraceptive method, broken down by the number of times they discussed family planning with their husbands in the year before the survey. In India as a whole, half of these women did not discuss family planning in the previous year, another 37 percent discussed it once or twice, and a further 13 percent more than twice. In Rajasthan, Madhya Pradesh, Uttar Pradesh, Bihar, Orissa, Meghalaya, Andhra Pradesh, and Tamil Nadu, more than half did not discuss family planning. The proportion who did not have such discussions ranged from 21 percent in Assam and Nagaland to 69 percent in Orissa.

Table 9.2 provides further information on the discussion of family planning with husbands, broken down by selected background characteristics. In India as a whole, 60 percent of urban women and 47 percent of rural women reported having discussed family planning with their husbands during the year before the survey. Only 42 percent of illiterate women reported such discussions, compared with 71 percent of women with at least a high-school education. Fifty percent of Hindu women, 50 percent of Muslim women, and 61 percent of women of 'other religions' reported having discussed family planning. Forty-two percent of scheduled-tribe women, 45 percent of scheduled-caste women, and 52 percent of non-SC/ST women reported such discussions. The pattern is somewhat variable by state, especially in the case of religion: here the situation tends to resemble the pattern for approval of media messages on family planning, shown in Table 8.9.

Table 9.3 shows contraceptive prevalence among currently married, nonsterilized women age 13–49 who know of a contraceptive method, broken down by whether they had discussed family planning with their husbands during the year before the survey. Here, prevalence refers to the use of temporary methods, including terminal abstinence. In India as a whole, prevalence is 24 percent among nonsterilized women who discussed family planning

Table 9.1 Discussion of family planning with husband

Percentage distribution of currently married, nonsterilized women age 13–49 knowing of a contraceptive method, by the number of times they discussed family planning with their husbands in the past year and by state, NFHS, 1992–93

State	Never	Once or twice	More often	Missing	Total percentage
India	49	37	13	0	100
North					
Delhi	33	46	21	0	100
Haryana	33	40	27	0	100
Himachal Pradesh	42	36	23	0	100
Jammu region of J & K	38	38	24	0	100
Punjab	31	49	21	0	100
Rajasthan	56	32	12	0	100
Central					
Madhya Pradesh	63	29	7	1	100
Uttar Pradesh	52	37	11	0	100
East					
Bihar	60	32	8	0	100
Orissa	69	25	6	0	100
West Bengal	41	36	23	0	100
Northeast					
Arunachal Pradesh	47	41	12	0	100
Assam	21	42	37	0	100
Manipur	28	59	13	0	100
Meghalaya	52	36	13	0	100
Mizoram	44	43	13	0	100
Nagaland	21	54	26	0	100
Tripura	35	32	33	0	100
West					
Goa	41	45	14	0	100
Gujarat	42	48	11	0	100
Maharashtra	40	46	13	0	100
South					
Andhra Pradesh	58	35	6	1	100
Karnataka	42	45	12	1	100
Kerala	39	26	34	1	100
Tamil Nadu	52	41	7	0	100

with their husbands and 6 percent among those who did not. Overall prevalence is higher in urban areas than in rural areas, and the differences between women who discussed family planning with their husbands and those who did not are larger in urban areas. The direction of these differences is consistent for individual states, but their magnitude varies, tending to be smaller in states with lower rates of use of temporary methods. The direction of causality in the relation between discussion of family planning and its actual use is unclear: for some couples, discussion may occur only after the wife or husband has decided that she or he wants to use a temporary method.

Table 9.2 Discussion of family planning with husband by selected background characteristics

Among currently married, nonsterilized women age 13–49 knowing of a contraceptive method, the percentage who discussed family planning with their husbands at least once in the past year, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic											
	Residence		Education				Religion			Caste/tribe		
	Urban	Rural	Illiterate	Literate, <middle complete	Middle complete	High school complete	Hindu	Muslim	Other	Sched. caste	Sched. tribe	Non-SC/ST
India	60	47	42	58	65	71	50	50	61	45	42	52
North												
Delhi	67	71	59	69	70	72	68	63	62	59	*	67
Haryana	74	65	60	73	83	80	69	50	65	63	*	69
Himachal Pradesh	66	57	53	56	56	73	58	(49)	(64)	56	53	59
Jammu region of J & K	69	61	52	69	73	76	64	55	67	58	*	64
Punjab	75	67	61	72	71	83	72	(82)	68	64	NC	71
Rajasthan	54	42	41	54	50	67	45	33	57	41	46	45
Central												
Madhya Pradesh	48	33	32	42	46	58	35	44	50	27	34	38
Uttar Pradesh	60	45	42	59	61	72	48	48	62	42	30	49
East												
Bihar	54	38	35	53	57	62	42	31	41	32	33	41
Orissa	42	29	24	38	53	58	31	30	(35)	33	19	34
West Bengal	52	62	53	61	67	66	60	56	53	69	53	58
Northeast												
Arunachal Pradesh	70	50	44	53	80	84	61	*	48	NC	48	70
Assam	82	78	71	87	92	95	81	76	73	71	73	80
Manipur	74	71	63	77	72	82	76	(50)	68	NC	70	72
Meghalaya	57	46	41	49	61	62	78	*	44	*	45	70
Mizoram	63	50	(22)	49	64	82	*	NC	56	NC	56	*
Nagaland	86	77	70	75	84	90	*	*	79	NC	79	*
Tripura	59	66	54	71	78	68	66	59	(54)	*	64	65
West												
Goa	63	54	39	55	65	73	61	40	57	(53)	(49)	59
Gujarat	68	53	46	63	71	80	58	58	(70)	56	53	60
Maharashtra	69	52	46	61	74	78	58	62	65	48	45	62
South												
Andhra Pradesh	53	38	36	45	52	63	41	52	38	38	29	43
Karnataka	63	54	51	61	70	68	57	53	60	56	45	58
Kerala	61	61	37	50	66	76	67	49	70	(62)	(55)	61
Tamil Nadu	53	45	39	49	58	63	48	50	49	47	*	48

NC: Not calculated because there are no cases on which to base a percentage

() Based on 25–49 unweighted cases

*Percentage not shown; based on fewer than 25 unweighted cases

Table 9.3 Contraceptive use by whether family planning was discussed with husband

Among currently married, nonsterilized women age 13–49 knowing of a contraceptive method, the percentage currently using contraception, by whether they discussed family planning with their husbands at least once in the past year and by urban-rural residence and state, NFHS, 1992–93

State	Total		Urban		Rural	
	Discussed	Not discussed	Discussed	Not discussed	Discussed	Not discussed
India	24	6	36	14	19	4
North						
Delhi	57	32	58	33	50	26
Haryana	30	9	49	21	21	5
Himachal Pradesh	33	11	60	36	29	9
Jammu region of J & K	38	12	61	28	32	10
Punjab	48	15	54	25	45	12
Rajasthan	11	4	20	9	8	3
Central						
Madhya Pradesh	18	4	34	9	10	2
Uttar Pradesh	15	2	28	7	10	1
East						
Bihar	10	3	25	10	7	2
Orissa	17	3	27	9	15	2
West Bengal	48	27	62	37	43	22
Northeast						
Arunachal Pradesh	33	3	44	(0)	30	4
Assam	40	13	57	27	38	11
Manipur	34	8	45	8	27	8
Meghalaya	28	4	28	4	28	4
Mizoram	28	3	30	5	25	2
Nagaland	20	5	16	*	23	3
Tripura	57	25	73	46	54	19
West						
Goa	34	13	41	20	25	6
Gujarat	21	7	32	8	12	6
Maharashtra	22	5	29	9	13	2
South						
Andhra Pradesh	8	2	18	3	4	1
Karnataka	16	6	26	10	11	4
Kerala	38	15	45	21	36	13
Tamil Nadu	27	9	36	13	20	7

() Based on 25–49 unweighted cases

*Percentage not shown; based on fewer than 25 unweighted cases

10 Attitudes of Couples toward Family Planning

Table 10.1 presents information on approval and disapproval of family planning among couples, distinguishing attitudes of wives and husbands. The wives in this table are restricted to currently married, nonsterilized women age 13–49 who already know of at least one family planning method. Husbands' attitudes are those reported by their wives. In India as a whole, 70 percent of these couples agree in their attitude toward family planning: for 58 percent of couples, both the wife and the husband approve of family planning, and for 12 percent both the wife and the husband disapprove. Among couples in which the wife approves, 75 percent of the husbands also approve, and only 9 percent disapprove. Among couples in which the wife disapproves, 55 percent of the husbands also disapprove, and only 5 percent approve.

The proportion of couples who agree on family planning does not vary widely in individual states, but there is considerable variation in the extent to which wives are aware of their husband's attitude. Among couples in West Bengal and Tripura, 7 percent of wives do not know whether their husbands approve or disapprove of family planning; at the other extreme, 37 percent of wives in Meghalaya do not know their husbands' attitude. In Delhi, Haryana, Himachal Pradesh, Punjab, West Bengal, Assam, Manipur, Tripura, Maharashtra, Karnataka, and Kerala, less than 13 percent of wives do not know their husbands' attitude toward family planning; in Madhya Pradesh, Uttar Pradesh, Bihar, Arunachal Pradesh, Meghalaya, and Mizoram, this proportion is 25 percent or higher.

Among currently married, nonsterilized women age 13–49 who know of a contraceptive method, Table 10.2 shows the proportion who approve of family planning and whose husbands approve of family planning, broken down by selected background characteristics. In India as a whole, the proportion who approve of family planning and whose husbands also approve is larger among women who live in urban areas than in rural areas; it is larger among more educated women than among the less educated; it is larger among Hin-

Table 10.1 Attitude of couple toward family planning

Among currently married, nonsterilized women age 13–49 knowing of a contraceptive method, the percentage approving or disapproving of family planning, by their perception of their husband's attitude and by state, NFHS, 1992–93

State	Approve			Disapprove			Respondent unsure	Total percentage
	Husband approves	Husband disapproves	Husband's attitude unknown	Husband approves	Husband disapproves	Husband's attitude unknown		
India	58	7	12	1	12	9	1	100
North								
Delhi	76	4	8	1	6	4	1	100
Haryana	79	5	9	0	4	2	0	100
Himachal Pradesh	78	5	9	2	4	2	0	100
Jammu region of J & K	80	2	13	1	2	2	0	100
Punjab	86	2	9	1	2	1	0	100
Rajasthan	59	5	12	2	11	11	1	100
Central								
Madhya Pradesh	50	5	12	2	11	18	1	100
Uttar Pradesh	42	6	13	1	18	18	2	100
East								
Bihar	46	4	19	1	16	14	1	100
Orissa	61	4	16	2	8	8	1	100
West Bengal	70	9	5	2	12	2	0	100
Northeast								
Arunachal Pradesh	52	4	11	1	13	18	1	100
Assam	76	6	8	3	4	3	0	100
Manipur	59	5	6	1	22	6	2	100
Meghalaya	44	4	24	1	13	13	0	100
Mizoram	61	4	19	1	8	6	1	100
Nagaland	58	5	13	2	16	5	0	100
Tripura	81	5	4	1	6	3	0	100
West								
Goa	67	7	12	1	7	5	1	100
Gujarat	70	5	15	0	5	4	0	100
Maharashtra	58	12	7	3	15	5	1	100
South								
Andhra Pradesh	77	4	11	1	3	3	1	100
Karnataka	63	13	8	1	11	3	1	100
Kerala	63	11	7	2	12	4	1	100
Tamil Nadu	64	17	13	1	4	1	1	100

dus than among Muslims and even larger among women of 'other religions'; and, finally, it is larger among scheduled-caste women than among scheduled-tribe women and even larger among non-SC/ST women. The directions of the differentials at the state level tend to be the same as at the national level. There are some exceptions, however, especially by religion and caste/tribe.

Table 10.3 shows contraceptive prevalence rates for the same group of women considered in Table 10.2, broken down by whether the wife and her husband both approve of family planning. As expected, prevalence rates tend to be very low when either the wife or the husband disapproves of family

Table 10.2 Attitude of couple toward family planning by selected background characteristics

Among currently married, nonsterilized women age 13–49 knowing of a contraceptive method, the percentage who approve and whose husbands approve of family planning, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic											
	Residence		Education				Religion			Caste/tribe		
	Urban	Rural	Illiterate	Literate, <middle complete	Middle complete	High school complete	Hindu	Muslim	Other	Sched. caste	Sched. tribe	Non-SC/ST
India	71	54	48	68	77	85	59	49	71	55	50	60
North												
Delhi	77	72	59	78	83	89	77	66	83	68	*	77
Haryana	87	76	71	87	91	93	82	48	77	76	*	80
Himachal Pradesh	90	76	68	82	87	90	78	(54)	(80)	74	69	80
Jammu region of J & K	88	79	72	86	88	92	82	68	95	76	*	82
Punjab	90	84	78	90	93	95	87	(67)	86	82	NC	87
Rajasthan	75	55	53	77	84	91	60	42	73	58	55	61
Central												
Madhya Pradesh	68	45	42	58	82	84	49	70	71	47	41	54
Uttar Pradesh	59	38	34	59	62	79	44	36	60	37	27	44
East												
Bihar	67	43	40	61	73	76	50	29	54	44	40	47
Orissa	68	60	52	73	83	85	61	52	(70)	66	47	64
West Bengal	72	69	57	74	86	92	73	61	82	68	62	71
Northeast												
Arunachal Pradesh	70	48	41	55	75	86	57	*	49	NC	46	71
Assam	86	75	69	83	89	93	77	75	70	77	73	77
Manipur	65	56	51	56	69	70	63	(39)	56	NC	56	60
Meghalaya	54	42	38	45	50	63	76	*	41	*	41	65
Mizoram	63	58	(37)	55	67	81	*	NC	61	NC	61	*
Nagaland	66	54	46	61	59	65	*	*	60	NC	59	*
Tripura	94	78	69	85	93	94	83	69	(69)	*	72	82
West												
Goa	76	57	43	68	72	82	68	62	66	(63)	(42)	68
Gujarat	78	65	57	74	83	92	71	63	(87)	76	58	72
Maharashtra	67	50	43	56	73	84	58	54	63	55	44	60
South												
Andhra Pradesh	83	75	73	81	91	91	77	77	75	72	71	79
Karnataka	73	58	53	67	83	88	64	55	72	59	55	64
Kerala	66	61	42	54	64	78	73	47	68	(60)	(60)	63
Tamil Nadu	71	60	52	68	70	82	64	56	65	60	*	64

NC: Not calculated because there are no cases on which to base a percentage

() Based on 25–49 unweighted cases

*Percentage not shown; based on fewer than 25 unweighted cases

planning. They are much higher when both the husband and the wife approve. Prevalence rates among couples in which both wife and husband approve of family planning range from 5 percent in Andhra Pradesh to 57 percent in Delhi. The low percentage in Andhra Pradesh no doubt reflects the very high proportion (95 percent) of contraceptive use in this state that is accounted for by sterilization, so that very few women using contraception remain in the

Table 10.3 Contraceptive use by attitude of couple toward family planning

Among currently married, nonsterilized women age 13–49 knowing of a contraceptive method, the percentage currently using contraception, by attitude of the couple toward family planning and by state, NFHS, 1992–93

State	Husband and wife both approve	Other
India	23	4
North		
Delhi	57	23
Haryana	28	5
Himachal Pradesh	28	8
Jammu region of J & K	34	3
Punjab	43	6
Rajasthan	10	2
Central		
Madhya Pradesh	16	2
Uttar Pradesh	18	1
East		
Bihar	12	1
Orissa	12	2
West Bengal	49	15
Northeast		
Arunachal Pradesh	35	2
Assam	39	17
Manipur	41	6
Meghalaya	32	2
Mizoram	28	1
Nagaland	24	8
Tripura	55	8
West		
Goa	36	4
Gujarat	19	4
Maharashtra	23	4
South		
Andhra Pradesh	5	1
Karnataka	17	3
Kerala	38	14
Tamil Nadu	23	8

analysis once sterilized women are excluded. West Bengal, Assam, and Kerala are the only states where prevalence exceeds 10 percent among women who either do not approve of family planning themselves or whose husbands do not approve.

11 Multivariate Analysis of Contraceptive Use

Simple two-way cross-tabulations of contraceptive use by various characteristics can be misleading because the apparent effects of one characteristic may be confounded by the effects of one or more other characteristics that are correlated with the characteristic under consideration. For example, the apparent effect of religion on contraceptive use could be accounted for, at least in part, by the effect of woman's education if levels of education are higher for some religious groups than for others. Multivariate analysis methods are typically used to control for the effects of such potentially confounding variables. Because contraceptive use is a dichotomous response variable (using or not using), an appropriate multivariate analysis method is logistic (also called logit) regression.

In the logit regressions presented here, the input values of contraceptive use (the observed data) are 1 if using and 0 if not using. The values of contraceptive use predicted from the logistic regression equation, on the other hand, can assume values between zero and one and are interpreted as probabilities of using contraception. These are expressed as percentages in the tables that follow. The demographic and socioeconomic predictor variables are all categorical and are represented by dummy variables, which will be discussed later.

The analysis is conducted only for currently married, nonpregnant women age 13–49 with three living children. There are two reasons for limiting attention to this group. The first is that, for a great many Indian women, the transition from three to four children is a critical point for deciding whether to stop childbearing. The second reason is that additional analysis for groups of women defined by other numbers of living children would result in an excessively large number of tables.

One might ask whether it is really necessary to run a separate regression for each group of women defined by a particular number of living children. Why not run a combined model for all women, regardless of their number of

living children, and simply include number of living children as one of the predictor variables? Separate regressions are necessary because the effect of a predictor variable, such as woman's education, differs considerably depending on the number of living children a woman already has. For example, among women with no living child or one living child, current use is low and hardly varies by education, whereas among women with three living children, current use increases sharply as education increases. If a combined model were used for all women regardless of their number of living children, with number of living children included among the predictor variables, it would be necessary to include interaction terms in order to allow the effect of woman's education to vary according to the number of living children. This would have to be done for every predictor variable. Although such an approach is possible, the number of interaction terms would be large, and the model would become cumbersome. It is simpler to run a separate model for each subgroup of women defined by their number of living children—in this case three living children.

This report does not show the underlying logit regression results. Instead, we use multiple classification analysis (MCA) to transform regression results into simple cross-tabulations. In this format, we tabulate the predicted percentage of women who are using contraception for each category of each demographic or socioeconomic predictor variable. While doing this, we hold the other predictor variables (the control variables) constant by setting them equal to their means. This is done as follows: We calculate predicted percentages of contraceptive use from a logit regression equation in which we set the predictor variable of interest successively to a range of values and keep the control variables to their mean values for the group of women in question. For example, if we run a regression for India as a whole, we use the national means of the control variables. When computing MCA tables for states, however, we have departed slightly from this procedure by using national means instead of state means in order to enhance comparability among states and the nation. (For a more detailed explanation of how to use multiple classification analysis in conjunction with logit regression, see Retherford and Choe 1993.)

Table 11.1 shows how currently married, nonpregnant women with three living children are distributed on each predictor variable used in the logit regressions. The distributions are useful for interpreting the results presented below. The set of predictor variables includes current age, number of living sons, residence, woman's education, husband's education, religion, caste/tribe, regular exposure to electronic media (radio, television, cinema), exposure to radio and television messages on family planning, discussion of family planning with husband, husband's attitude toward family planning, utilization of

Table 11.1 Background characteristics of currently married women with three living children

Percentage distribution of currently married, nonpregnant women with three living children, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic								
	Current age			No. of living sons				Residence	
	13–29	30–39	40–49	None	1	2	3	Urban	Rural
India	41	40	19	8	33	45	14	27	73
North									
Delhi	35	42	23	9	34	46	12	93	7
Haryana	38	46	16	4	26	57	13	28	72
Himachal Pradesh	35	43	23	4	36	47	13	10	90
Jammu region of J & K	40	44	16	6	30	49	15	21	79
Punjab	30	49	21	6	32	52	11	29	71
Rajasthan	39	44	18	4	28	50	17	23	77
Central									
Madhya Pradesh	41	41	18	6	30	46	17	23	77
Uttar Pradesh	46	36	19	8	33	44	15	22	78
East									
Bihar	46	36	18	9	32	45	14	16	84
Orissa	39	46	15	8	34	46	12	17	83
West Bengal	45	37	18	9	33	46	12	23	77
Northeast									
Arunachal Pradesh	(51)	(37)	(12)	(8)	(37)	(36)	(19)	(11)	(89)
Assam	49	39	12	7	39	41	12	14	86
Manipur	34	46	20	6	39	45	10	39	61
Meghalaya	49	31	20	11	39	36	14	20	80
Mizoram	33	45	22	9	35	41	16	53	47
Nagaland	(45)	(32)	(23)	(9)	(33)	(50)	(8)	(27)	(73)
Tripura	36	47	17	10	31	47	12	20	80
West									
Goa	18	44	38	9	34	43	15	50	50
Gujarat	30	46	24	7	32	48	13	34	66
Maharashtra	43	37	20	6	30	49	15	37	63
South									
Andhra Pradesh	46	38	16	10	35	42	13	26	75
Karnataka	46	39	15	8	37	44	12	31	69
Kerala	20	51	29	11	39	38	12	29	71
Tamil Nadu	30	45	25	10	39	39	12	31	69

(continued)

() Based on 25–49 unweighted cases

antenatal care services, and place of delivery of last birth. Subsequent tables show how contraceptive use varies by each of these variables, with residence and woman's education controlled.

Table 11.2 shows unadjusted and adjusted contraceptive prevalence rates by age. The unadjusted rates are ordinary contraceptive prevalence rates computed separately for each age category. The adjusted rates are obtained by logistic regression in conjunction with multiple classification analysis in the manner described earlier, with residence and woman's education controlled. The underlying logistic regression contains two dummy variables to represent three age categories (13–29, 30–39, 40–49), one dummy variable to represent two residence categories (urban, rural), and three dummy variables to

Table 11.1 (continued) Background characteristics of currently married women with three living children

Percentage distribution of currently married, nonpregnant women with three living children, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic							
	Woman's education				Husband's education			
	Illiterate	Literate, < middle complete	Middle complete	High school complete	Illiterate	Literate, < middle complete	Middle complete	High school complete
India	61	21	8	10	33	26	12	29
North								
Delhi	35	19	14	33	11	15	15	59
Haryana	62	18	7	13	25	16	13	46
Himachal Pradesh	50	33	8	9	19	29	15	37
Jammu region of J & K	50	16	13	22	21	14	22	43
Punjab	51	23	9	17	35	18	16	31
Rajasthan	80	11	4	6	42	20	13	25
Central								
Madhya Pradesh	74	15	4	8	37	29	10	24
Uttar Pradesh	73	11	7	10	34	18	14	35
East								
Bihar	75	12	4	9	42	14	11	33
Orissa	66	26	3	6	34	38	8	20
West Bengal	53	34	10	4	33	36	15	17
Northeast								
Arunachal Pradesh	(73)	(14)	(9)	(5)	(44)	(27)	(9)	(20)
Assam	54	24	14	7	34	35	13	18
Manipur	44	17	12	27	16	21	17	46
Meghalaya	51	30	11	9	38	25	16	22
Mizoram	5	55	20	21	2	47	20	32
Nagaland	(42)	(25)	(14)	(19)	(30)	(25)	(17)	(28)
Tripura	35	42	17	6	24	29	29	18
West								
Goa	32	36	10	22	16	38	10	36
Gujarat	53	24	8	14	26	30	12	33
Maharashtra	51	29	9	11	25	32	12	31
South								
Andhra Pradesh	70	14	7	9	46	20	9	24
Karnataka	65	19	5	12	38	30	6	27
Kerala	17	47	22	14	10	51	20	19
Tamil Nadu	52	25	9	14	28	32	13	27

(continued)

() Based on 25–49 unweighted cases

represent four education categories (illiterate, literate but less than middle school complete, middle school complete, high school complete). The table shows that contraceptive prevalence tends to rise sharply between 13–29 and 30–39, then fall off to some extent at 40–49. The introduction of controls for residence and woman's education makes little difference in the results.

Table 11.3 and Figure 11.1 show unadjusted and adjusted contraceptive prevalence rates by number of living sons. In India as a whole and in most states, prevalence increases sharply up to two living sons and then levels off. In Delhi it levels off after one living son, suggesting that son preference is somewhat weaker in Delhi than in other states. The pattern hardly changes

Table 11.1 (continued) Background characteristics of currently married women with three living children

Percentage distribution of currently married, nonpregnant women with three living children, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic											
	Religion			Caste/tribe			Exposure to radio, television, and cinema		Heard family planning message on radio or television			
	Hindu	Muslim	Other	Sched. caste	Sched. tribe	Non-SC/ST	Regularly exposed	Not regularly exposed	Neither	Radio only	Television only	Both
India	84	9	7	12	8	80	56	45	55	15	6	24
North												
Delhi	85	6	9	5	1	94	89	11	18	3	21	59
Haryana	90	3	8	22	0	78	63	37	44	8	17	31
Himachal Pradesh	97	1	2	24	5	72	69	31	54	8	11	27
Jammu region of J & K	81	13	6	27	0	73	78	22	32	15	10	43
Punjab	41	1	58	24	0	76	66	34	38	6	27	30
Rajasthan	94	4	2	20	15	65	32	68	63	13	2	22
Central												
Madhya Pradesh	94	4	2	8	26	67	44	56	63	9	8	21
Uttar Pradesh	85	13	1	15	1	84	37	63	65	15	5	15
East												
Bihar	85	13	2	9	8	84	32	68	72	13	4	12
Orissa	98	1	1	11	20	69	42	58	72	14	3	10
West Bengal	81	17	2	11	5	84	59	41	67	16	6	10
Northeast												
Arunachal Pradesh	(34)	0	(66)	0	(76)	(24)	(41)	(60)	(69)	(8)	(3)	(20)
Assam	71	25	4	5	16	79	43	57	74	10	7	9
Manipur	72	4	25	0	19	82	74	26	32	35	2	31
Meghalaya	8	3	89	0	89	11	53	47	59	22	11	9
Mizoram	3	1	97	0	96	4	66	34	42	47	2	10
Nagaland	(5)	(2)	(93)	0	(95)	(5)	(48)	(52)	(57)	(23)	(2)	(18)
Tripura	93	4	4	1	15	85	67	34	58	21	6	15
West												
Goa	66	6	28	3	2	95	88	13	24	11	15	50
Gujarat	91	7	2	5	16	79	58	42	49	11	7	34
Maharashtra	81	9	10	7	8	85	63	37	48	11	6	35
South												
Andhra Pradesh	90	6	4	13	5	83	76	24	41	25	3	31
Karnataka	87	11	3	13	5	82	72	28	31	28	4	37
Kerala	59	21	21	4	4	92	79	21	42	28	6	25
Tamil Nadu	89	5	6	17	1	82	78	22	47	12	7	34

(continued)

() Based on 25–49 unweighted cases

when residence and woman's education are introduced as controls. Because number of living sons is uncorrelated with residence or education (to the extent that sex-selective abortion can be ignored), it is not surprising that introduction of residence and education as controls makes little difference to the results. In Figure 11.1, Tripura, Delhi, and Kerala stand out as states where number of sons makes little difference in contraceptive use rates.

In Table 11.4 the predictor variable is urban-rural residence, and there is only one control—woman's education. We would expect that controlling for education should reduce the effect of residence on contraceptive use because

Table 11.1 (continued) Background characteristics of currently married women with three living children

Percentage distribution of currently married, nonpregnant women with three living children, by selected background characteristics and state, NFHS, 1992–93

State	Background characteristic									
	Discussion of family planning with husband ^a			Husband's attitude toward family planning ^a			Utilization of antenatal care services for last birth		Place of delivery of last birth	
	Never	Once or twice	More often	Approve	Disapprove	Unsure	Had antenatal care	Did not have antenatal care	Public or private institution	Home
India	47	39	13	57	22	21	63	37	23	77
North										
Delhi	33	49	18	78	11	12	86	15	37	63
Haryana	31	37	32	84	9	8	72	28	15	85
Himachal Pradesh	39	37	24	83	8	10	73	27	13	87
Jammu region of J & K	28	42	30	89	4	8	84	17	19	81
Punjab	26	52	22	90	6	4	87	13	16	84
Rajasthan	56	33	12	53	24	24	33	68	10	90
Central										
Madhya Pradesh	64	28	8	48	18	35	51	49	13	87
Uttar Pradesh	49	39	12	42	28	31	46	54	12	88
East										
Bihar	54	38	8	46	23	32	35	65	11	89
Orissa	65	28	7	59	15	25	68	32	11	89
West Bengal	38	41	21	69	28	4	67	33	23	77
Northeast										
Arunachal Pradesh	(64)	(28)	(8)	(36)	(27)	(37)	(44)	(56)	(15)	(85)
Assam	20	43	37	80	7	12	54	46	12	88
Manipur	24	60	16	68	19	13	73	27	18	82
Meghalaya	57	26	18	40	25	35	50	50	35	65
Mizoram	37	44	19	72	9	19	87	13	49	51
Nagaland	(40)	(44)	(16)	(34)	(37)	(28)	(40)	(60)	(4)	(96)
Tripura	28	37	36	88	8	3	53	47	19	81
West										
Goa	41	46	14	69	14	17	95	5	88	13
Gujarat	45	48	7	66	14	20	76	24	33	67
Maharashtra	37	50	13	63	28	10	82	18	43	57
South										
Andhra Pradesh	60	33	8	72	14	14	87	14	27	73
Karnataka	43	44	13	66	24	10	86	14	31	69
Kerala	45	30	26	62	31	7	97	4	86	14
Tamil Nadu	48	45	7	63	28	9	92	8	51	49

^aPertains only to nonsterilized women, since the question was not asked of sterilized women.

() Based on 25–49 unweighted cases

residence and education are positively correlated (urban women tend to be more educated than rural women) and because both urban residence and education have positive effects on prevalence. The table bears out this expectation. In India as a whole, the introduction of woman's education as a control reduces the urban-rural difference from an unadjusted 12 percentage points to an adjusted 5 percentage points. The pattern tends to be similar in indi-

Table 11.2 Unadjusted and adjusted contraceptive prevalence rates by age

Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by age and state, NFHS, 1992–93

State	Age					
	Unadjusted			Adjusted		
	13–29	30–39	40–49	13–29 ^a	30–39	40–49
India	51	73	62	53	73*	63*
North						
Delhi	69	82	72	68	79*	63
Haryana	61	85	75	62	85*	77*
Himachal Pradesh	71	88	72	71	88*	74
Jammu region of J & K	55	84	75	58	84*	73*
Punjab	66	84	73	66	84*	73
Rajasthan	36	60	58	41	64*	61*
Central						
Madhya Pradesh	41	74	61	44	75*	64*
Uttar Pradesh	20	43	33	22	43*	36*
East						
Bihar	26	54	35	30	59*	41*
Orissa	44	64	54	46	65*	56
West Bengal	67	86	83	70	85*	84*
Northeast						
Arunachal Pradesh	33	(26)	*	42	28	29
Assam	43	72	57	49	72*	53
Manipur	39	61	(47)	36	58*	43
Meghalaya	25	(59)	(31)	20	58*	27
Mizoram	56	80	(68)	47	72*	56
Nagaland	12	(31)	(14)	11	27*	12
Tripura	72	89	(41)	76	89*	41*
West						
Goa	65	67	61	65	67	60
Gujarat	52	81	75	52	81*	75*
Maharashtra	69	86	79	69	86*	81*
South						
Andhra Pradesh	74	82	73	77	84*	78
Karnataka	73	81	65	75	81	64*
Kerala	67	91	84	70	92*	85*
Tamil Nadu	74	80	62	74	80	61*

Note: Adjusted percentages are predicted by logit regression, with control variables (residence and education) set at their mean values for currently married, nonpregnant women age 13–49 with three living children in all India. For purposes of controlling, national means are used for states as well as for all India, in order to enhance the comparability of the estimates for the various states.

() Based on 25–49 unweighted cases

*In the unadjusted columns, an asterisk as a cell entry indicates that a percentage is not shown because it is based on fewer than 25 unweighted cases. In the adjusted columns, an asterisk after a number indicates that the underlying logit regression coefficient corresponding to that number differs significantly from zero at the 5 percent level.

^aReference category in the underlying logit regression

vidual states: once education is controlled, the urban-rural difference in contraceptive use is not statistically significant in most of the states.

In Table 11.5 the predictor variable is woman's education, and the only control is residence. In India as a whole, there is a big difference in preva-

Table 11.3 Unadjusted and adjusted contraceptive prevalence rates by number of living sons

Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by number of living sons and state, NFHS, 1992–93

State	Number of living sons							
	Unadjusted				Adjusted			
	None	1	2	3	None ^a	1	2	3
India	36	55	70	67	34	54*	72*	70*
North								
Delhi	66	75	76	80	59	68	72	77*
Haryana	*	57	84	86	15	55*	85*	88*
Himachal Pradesh	(23)	69	88	89	20	69*	88*	90*
Jammu region of J & K	(50)	61	77	78	45	59	79*	80*
Punjab	(34)	69	83	89	32	66*	83*	90*
Rajasthan	(15)	30	59	66	17	34	64*	70*
Central								
Madhya Pradesh	18	42	72	59	20	45*	75*	63*
Uttar Pradesh	18	21	38	38	16	22	40*	41*
East								
Bihar	5	28	50	41	5	31*	57*	49*
Orissa	24	46	64	62	26	48*	66*	64*
West Bengal	59	74	81	83	60	76*	82*	86*
Northeast								
Arunachal Pradesh	*	(21)	(38)	*	12	27	43	40
Assam	(34)	51	65	56	30	52*	69*	60*
Manipur	*	44	53	*	28	41	50	70
Meghalaya	*	30	45	*	22	25	46	39
Mizoram	*	72	69	(79)	33	64*	62*	73*
Nagaland	*	22	19	*	8	19	16	20
Tripura	*	80	70	*	76	81	71	77
West								
Goa	47	60	71	65	46	59	71*	64*
Gujarat	21	57	84	86	20	55*	84*	86*
Maharashtra	34	67	87	87	35	66*	87*	87*
South								
Andhra Pradesh	57	74	82	80	55	78*	86*	84*
Karnataka	43	73	81	78	42	73*	83*	80*
Kerala	77	83	87	89	79	85	89*	90*
Tamil Nadu	53	71	81	75	51	71*	81*	74*

Note: Adjusted percentages are predicted by logit regression, with control variables (residence and education) set at their mean values for currently married, nonpregnant women age 13–49 with three living children in all India.

() Based on 25–49 unweighted cases

*In the unadjusted columns, an asterisk as a cell entry indicates that a percentage is not shown because it is based on fewer than 25 unweighted cases. In the adjusted columns, an asterisk after a number indicates that the underlying logit regression coefficient corresponding to that number differs significantly from zero at the 5 percent level.

^aReference category in the underlying logit regression

lence between illiterate and literate women, but within the literate category, the amount of education makes little difference in prevalence. The same pattern holds in many but not all of the states. In most states, the introduction of residence as a control results in little change in the percentage of

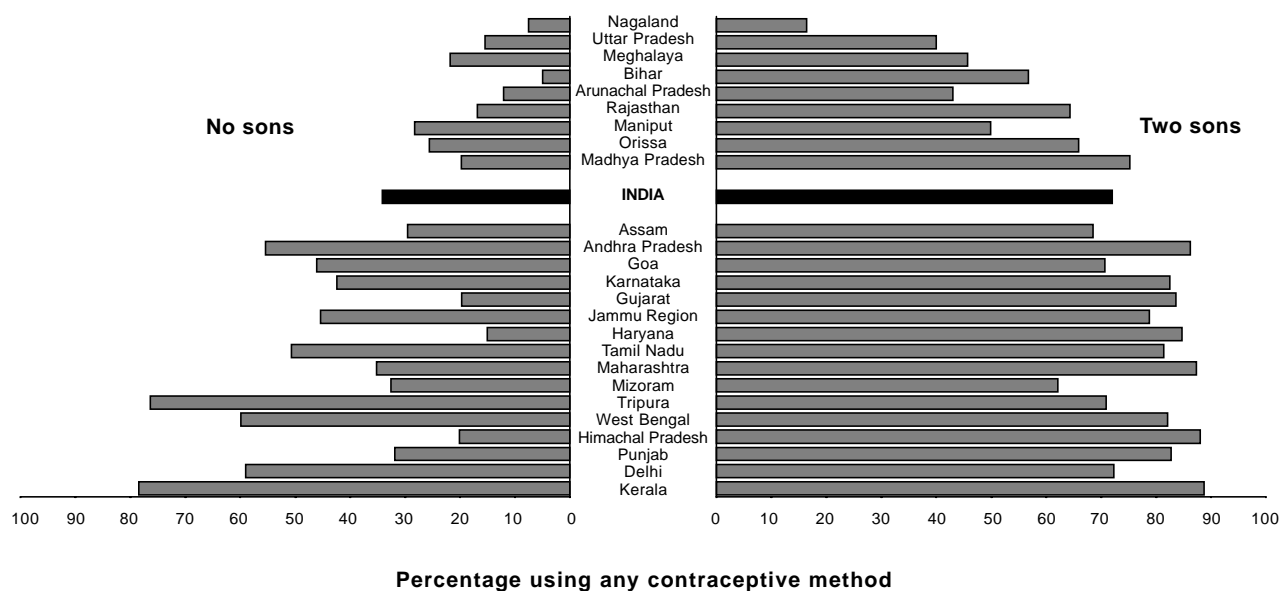


Figure 11.1 Adjusted contraceptive use rates for women with three living children and either no sons or two sons

contraceptive prevalence by education. Whereas Table 11.4 shows that woman's education usually explains some of the effect of residence on prevalence, Table 11.5 shows that residence explains very little of the effect of education.

Table 11.6 shows the influence of husband's education on contraceptive use. The adjusted values of contraceptive use in this table control for residence and for wife's education. In the unadjusted results for India as a whole, the contraceptive use rate for women with illiterate husbands is 15–20 percentage points lower than the rate for women with literate husbands. Within the literate category, there is not much difference in contraceptive use by husband's education. With residence and wife's education controlled, the effect of husband's education is cut in half, reflecting the correlation between wife's education and husband's education. The adjusted effect of husbands' education also varies less regularly than the unadjusted effect, with some differences in individual states. In the northern states of Haryana, Himachal Pradesh, Jammu, and Punjab, husband's education has little effect on contraceptive use, even without controls for residence and wife's education. The same is true of the western states of Goa, Gujarat, and Maharashtra and the southern states of Kerala and Tamil Nadu. The adjusted effects of husband's education on contraceptive use are especially large in Uttar Pradesh and Assam.

Table 11.4 Unadjusted and adjusted contraceptive prevalence rates by residence

Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by urban-rural residence and state, NFHS, 1992–93

	Residence			
	Unadjusted		Adjusted	
	Urban	Rural	Urban	Rural ^a
India	71	59	67*	62
North				
Delhi	75	(71)	71	70
Haryana	79	73	76	74
Himachal Pradesh	85	78	81	78
Jammu region of J & K	86	67	82*	67
Punjab	80	75	78	75
Rajasthan	66	46	64*	51
Central				
Madhya Pradesh	65	55	60	61
Uttar Pradesh	49	26	42*	29
East				
Bihar	57	34	47	42
Orissa	64	52	62	54
West Bengal	75	78	70*	81
Northeast				
Arunachal Pradesh	*	24	62*	26
Assam	81	52	72*	53
Manipur	59	45	56	44
Meghalaya	(45)	35	33	35
Mizoram	69	69	64	60
Nagaland	(30)	15	25	14
Tripura	(87)	71	85	71
West				
Goa	66	64	66	63
Gujarat	74	69	72	70
Maharashtra	74	79	70*	80
South				
Andhra Pradesh	88	73	86*	78
Karnataka	77	74	75	76
Kerala	89	82	91*	84
Tamil Nadu	74	74	71	74

Note: Adjusted percentages are predicted by logit regression, with the control variable (education) set at its mean value for currently married, nonpregnant women age 13–49 with three living children in all India.

() Based on 25–49 unweighted cases

*In the unadjusted columns, an asterisk as a cell entry indicates that a percentage is not shown because it is based on fewer than 25 unweighted cases. In the adjusted columns, an asterisk after a number indicates that the underlying logit regression coefficient corresponding to that number differs significantly from zero at the 5 percent level.

^aReference category in the underlying logit regression

Table 11.7 shows the influence of religion on contraceptive prevalence. In India as a whole, prevalence is much lower among Muslims than among Hindus or women of 'other religions'. The introduction of residence and education as controls makes little difference to the Hindu-Muslim differential. The findings for states are more variable. In Delhi, religion makes hardly any difference to

Table 11.5 Unadjusted and adjusted contraceptive prevalence rates by education

Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by education and state, NFHS, 1992–93

State	Woman's education							
	Unadjusted				Adjusted			
	Illiterate	Literate, < middle complete	Middle complete	High school complete	Illiterate ^a	Literate, < middle complete	Middle complete	High school complete
India	53	75	78	78	54	74*	78*	77*
North								
Delhi	63	79	83	82	63	79*	83*	82*
Haryana	70	82	(79)	82	70	82*	79	82
Himachal Pradesh	72	83	93	84	73	83*	94*	84
Jammu region of J & K	64	72	76	82	68	74	77	80*
Punjab	71	82	83	81	72	82*	83	80
Rajasthan	45	65	(78)	70	47	64*	75*	63*
Central								
Madhya Pradesh	52	72	(70)	78	52	72*	70*	78*
Uttar Pradesh	23	41	46	65	25	41*	43*	59*
East								
Bihar	27	64	(75)	73	28	64*	74*	71*
Orissa	50	61	(70)	69	52	61*	68	67
West Bengal	68	85	88	*	67	85*	89*	96*
Northeast								
Arunachal Pradesh	25	*	*	*	30	34	43	61
Assam	39	66	88	87	43	68*	89*	86*
Manipur	45	(50)	*	(60)	45	49	46	57
Meghalaya	26	(37)	*	*	26	37	67*	59*
Mizoram	*	75	(58)	(68)	56	74	56	67
Nagaland	14	(16)	*	(32)	15	16	17	28
Tripura	67	77	(77)	*	70	78	77	91
West								
Goa	64	67	57	64	64	67	56	64
Gujarat	66	69	84	82	66	69	84*	82*
Maharashtra	73	82	81	80	73	84*	83	84*
South								
Andhra Pradesh	71	86	95	90	73	87*	94*	87*
Karnataka	70	82	(83)	84	70	82*	83	84*
Kerala	86	82	86	89	87	82	86	88
Tamil Nadu	70	78	82	75	70	79*	83*	76

Note: Adjusted percentages are predicted by logit regression, with the control variable (residence) set at its mean value for currently married, nonpregnant women age 13–49 with three living children in all India.

() Based on 25–49 unweighted cases

*In the unadjusted columns, an asterisk as a cell entry indicates that a percentage is not shown because it is based on fewer than 25 unweighted cases. In the adjusted columns, an asterisk after a number indicates that the underlying logit regression coefficient corresponding to that number differs significantly from zero at the 5 percent level.

^aReference category in the underlying logit regression

contraceptive prevalence. Madhya Pradesh is unusual in that Muslims have higher prevalence rates than Hindus, although the difference is not statistically significant (probably because the proportion of Muslims is very small, as shown in Table 11.1). Muslims have much lower prevalence rates than Hindus in Haryana, Himachal Pradesh, Jammu, Uttar Pradesh, Bihar, Orissa, West Bengal, Assam,

Table 11.6 Unadjusted and adjusted contraceptive prevalence rates by husband's education

Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by husband's education and state, NFHS, 1992–93

State	Husband's education							
	Unadjusted				Adjusted			
	Illiterate	Literate, < middle complete	Middle complete	High school complete	Illiterate ^a	Literate, < middle complete	Middle complete	High school complete
India	50	66	67	70	58	69*	65*	62*
North								
Delhi	63	63	79	80	65	63	76	74
Haryana	70	72	70	79	73	74	69	78
Himachal Pradesh	78	71	85	82	83	74*	85	77
Jammu region of J & K	66	74	61	77	73	77	63	73
Punjab	71	78	82	79	74	78	81	75
Rajasthan	36	53	61	67	41	56*	63*	64*
Central								
Madhya Pradesh	45	66	64	66	53	72*	66*	59
Uttar Pradesh	18	23	29	48	22	26	32*	43*
East								
Bihar	23	34	49	55	34	47*	56*	46*
Orissa	50	53	66	60	57	57	65	54
West Bengal	68	78	84	86	76	80	82	78
Northeast								
Arunachal Pradesh	18	(27)	*	(48)	22	28	54	55*
Assam	33	55	74	88	43	59*	68*	80*
Manipur	*	(45)	(46)	57	41	47	43	52
Meghalaya	24	(46)	*	(55)	29	45	22	41
Mizoram	*	65	(81)	70	49	57	77	72
Nagaland	(11)	(22)	(12)	(29)	13	25	11	20
Tripura	(60)	74	83	(82)	65	77	86*	82
West								
Goa	60	68	62	63	60	67	62	63
Gujarat	63	70	79	75	66	72	78	71
Maharashtra	74	78	76	80	76	79	75	79
South								
Andhra Pradesh	66	81	83	91	71	83*	83*	89*
Karnataka	67	80	(88)	80	70	81*	88*	76
Kerala	86	86	80	84	88	88	81	80
Tamil Nadu	70	74	82	73	72	74	81	70

Note: Adjusted percentages are predicted by logit regression, with control variables (residence and wife's education) set at their mean values for currently married, nonpregnant women age 13–49 with three living children in all India.

() Based on 25–49 unweighted cases

* In the unadjusted columns, an asterisk as a cell entry indicates that a percentage is not shown because it is based on fewer than 25 unweighted cases. In the adjusted columns, an asterisk after a number indicates that the underlying logit regression coefficient corresponding to that number differs significantly from zero at the 5 percent level.

^aReference category in the underlying logit regression

Gujarat, Maharashtra, Karnataka, and Kerala. Prevalence rates for 'other religions' are quite variable, reflecting considerable variation in the specific religions that constitute the 'other religions' category. Adjusted prevalence rates resemble the unadjusted rates rather closely, indicating that residence and women's education do not explain away religious differentials to any appreciable extent.

In Table 11.8, the predictor variable is caste/tribe. In India as a whole, non-SC/ST women have a higher contraceptive prevalence rate than either scheduled-caste or scheduled-tribe women. However, the adjusted results show that residence and education explain about half of this difference. The pattern for individual states is more variable, with only Rajasthan and Madhya Pradesh conforming fairly closely to the national pattern. With residence and women's education controlled, caste/tribe differences in most states are not statistically significant, in large part because the number of respondents in the scheduled-caste and scheduled-tribe categories is small.

Table 11.9 and Figure 11.2 present differentials in contraceptive use by exposure to electronic media (radio or television at least once a week or cinema at least once a month). In India as a whole, the unadjusted percentage using contraception is more than 20 points higher among women with regular media exposure than among women without such exposure. If women with media exposure come disproportionately from urban areas and from more-educated groups, then variations in contraceptive use associated with media exposure could, in fact, be due to residence and women's education. However, comparison of unadjusted and adjusted percentages indicates that residence and education explain very little of the contraceptive use differences associated with different levels of media exposure. This is true at the national level and for most states. After controlling for residence and women's education, regular media exposure has a statistically significant effect on contraceptive use in Delhi, Punjab, Rajasthan, Madhya Pradesh, Uttar Pradesh, Bihar, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Gujarat, Maharashtra, and Andhra Pradesh—slightly more than half the states.

Table 11.10 shows the effect on contraceptive use of exposure to family planning messages on radio or television. In India as a whole, women who have not been exposed to family planning messages on radio or television have substantially lower contraceptive prevalence rates than women who have. Women who have been exposed to messages on television only have higher prevalence rates than women who have been exposed to messages on radio only. Women who have heard messages on both radio and television have prevalence rates only marginally higher than rates for women who have heard messages on television only.

Controlling for residence and women's education reduces the effect of exposure to media messages by about a third. With residence and education controlled, media exposure has a significant effect on contraceptive prevalence in Delhi, Jammu, Punjab, Rajasthan, Madhya Pradesh, Uttar Pradesh, West Bengal, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Gujarat, Andhra

Table 11.7 Unadjusted and adjusted contraceptive prevalence rates by religion

Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by religion and state, NFHS, 1992–93

State	Religion					
	Unadjusted			Adjusted		
	Hindu	Muslim	Other	Hindu ^a	Muslim	Other
India	64	39	73	65	39*	70*
North						
Delhi	76	(70)	71	71	70	59
Haryana	77	*	(69)	77	21*	69
Himachal Pradesh	79	*	*	80	37*	54*
Jammu region of J & K	73	48	(87)	73	52*	86
Punjab	78	*	76	76	59	76
Rajasthan	51	(34)	*	55	40	60
Central						
Madhya Pradesh	57	67	*	60	67	84
Uttar Pradesh	33	14	(59)	35	13*	39
East						
Bihar	43	6	*	48	8*	9*
Orissa	55	*	*	57	6*	67
West Bengal	81	56	*	82	58*	73
Northeast						
Arunachal Pradesh	(49)	NC	18	55	NC	22*
Assam	62	39	*	63	46*	54
Manipur	53	*	(43)	49	52	41
Meghalaya	*	*	35	44	50	33
Mizoram	*	*	70	NE	NE	NE
Nagaland	*	*	20	NE	NE	NE
Tripura	75	*	*	NE	NE	NE
West						
Goa	72	(65)	47	71	63	46*
Gujarat	73	44	*	72	42*	76
Maharashtra	80	46	81	80	47*	82
South						
Andhra Pradesh	77	(70)	(83)	81	67*	85
Karnataka	77	58	(64)	78	60*	56*
Kerala	93	53	92	93	55*	92
Tamil Nadu	75	(68)	(66)	74	66	63

Note: Adjusted percentages are predicted by logit regression, with control variables (residence and education) set at their mean values for currently married, nonpregnant women age 13–49 with three living children in all India. In states where either one or two religion categories were empty, either one or no dummy variable was used to represent religion.

NC: Not calculated because there are no cases on which to base a percentage

NE: Not estimated because estimation procedure did not converge properly.

() Based on 25–49 unweighted cases

*In the unadjusted columns, an asterisk as a cell entry indicates that a percentage is not shown because it is based on fewer than 25 unweighted cases. In the adjusted columns, an asterisk after a number indicates that the underlying logit regression coefficient corresponding to that number differs significantly from zero at the 5 percent level.

^aReference category in the underlying logit regression

Table 11.8 Unadjusted and adjusted contraceptive prevalence rates by caste/tribe

Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by caste/tribe and state, NFHS, 1992–93

State	Caste/tribe					
	Unadjusted			Adjusted		
	Sched. caste	Sched. tribe	Non-SC/ST	Sched. caste	Sched. tribe	Non-SC/ST ^a
India	55	52	64	60*	59*	64
North						
Delhi	(75)	*	75	76	68	70
Haryana	67	NC	77	70	NC	76
Himachal Pradesh	81	(43)	80	83	50*	79
Jammu region of J & K	65	*	73	NE	NE	NE
Punjab	74	NC	77	74	NC	76
Rajasthan	41	36	56	46*	44*	58
Central						
Madhya Pradesh	51	47	63	56	53*	64
Uttar Pradesh	22	(27)	32	29	33	33
East						
Bihar	26	23	40	34	32	45
Orissa	41	47	59	45*	52	59
West Bengal	70	(70)	78	77	78	78
Northeast						
Arunachal Pradesh	NC	20	(57)	NC	24*	61
Assam	(60)	39	59	56	52	60
Manipur	NC	(39)	53	NC	37	49
Meghalaya	NC	35	*	NC	34	39
Mizoram	NC	70	*	NC	62	36
Nagaland	NC	20	*	NC	NE	NE
Tripura	*	(75)	74	NE	NE	NE
West						
Goa	*	*	64	74	84	63
Gujarat	(64)	75	70	63	79*	69
Maharashtra	78	70	78	80	71	78
South						
Andhra Pradesh	67	(53)	79	74*	62*	82
Karnataka	72	(85)	75	75	86	75
Kerala	(97)	(92)	84	97	92	85
Tamil Nadu	72	*	74	73	80	74

Note: Adjusted percentages are predicted by logit regression, with control variables (residence and education) set at their mean values for currently married, nonpregnant women age 13–49 with three living children in all India. In states where one caste/tribe category was empty, only one dummy variable was used to represent caste/tribe.

NC: Not calculated because there are no cases on which to base a percentage

NE: Not estimated because estimation procedure did not converge properly.

() Based on 25–49 unweighted cases

*In the unadjusted columns, an asterisk as a cell entry indicates that a percentage is not shown because it is based on fewer than 25 unweighted cases. In the adjusted columns, an asterisk after a number indicates that the underlying logit regression coefficient corresponding to that number differs significantly from zero at the 5 percent level.

^aReference category in the underlying logit regression

Table 11.9 Unadjusted and adjusted contraceptive prevalence rates by exposure to mass media

Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by extent of media exposure and state, NFHS, 1992–93

State	Exposure to radio, television, or cinema			
	Unadjusted		Adjusted	
	Regularly exposed	Not regularly exposed	Regularly exposed	Not regularly exposed ^a
India	73	49	71*	53
North				
Delhi	78	49	74*	53
Haryana	78	69	77	72
Himachal Pradesh	81	72	80	76
Jammu region of J & K	74	60	73	66
Punjab	82	66	81*	68
Rajasthan	67	42	65*	47
Central				
Madhya Pradesh	67	51	65*	56
Uttar Pradesh	43	24	37*	29
East				
Bihar	56	29	50*	39
Orissa	60	50	59	54
West Bengal	80	72	80	76
Northeast				
Arunachal Pradesh	45	17	51*	20
Assam	75	42	67*	51
Manipur	57	(31)	54*	31
Meghalaya	52	19	49*	18
Mizoram	74	60	73*	55
Nagaland	28	10	26	11
Tripura	81	62	80	67
West				
Goa	65	59	65	58
Gujarat	78	62	76*	63
Maharashtra	80	72	81*	73
South				
Andhra Pradesh	81	64	82*	73
Karnataka	78	67	78	71
Kerala	84	85	86	88
Tamil Nadu	76	67	75	68

Note: Adjusted percentages are predicted by logit regression, with control variables (residence and education) set at their mean values for currently married, nonpregnant women age 13–49 with three living children in all India.

() Based on 25–49 unweighted cases

*In the adjusted columns, an asterisk after a number indicates that the underlying logit regression coefficient corresponding to that number differs significantly from zero at the 5 percent level.

^aReference category in the underlying logit regression

Pradesh, and Kerala—about three-fifths of India's states. In Tamil Nadu, government family planning messages are pervasive, and that may be why exposure to radio or television messages, which are only a small part of the overall effort, do not have statistically significant effects on contraceptive use in that state.

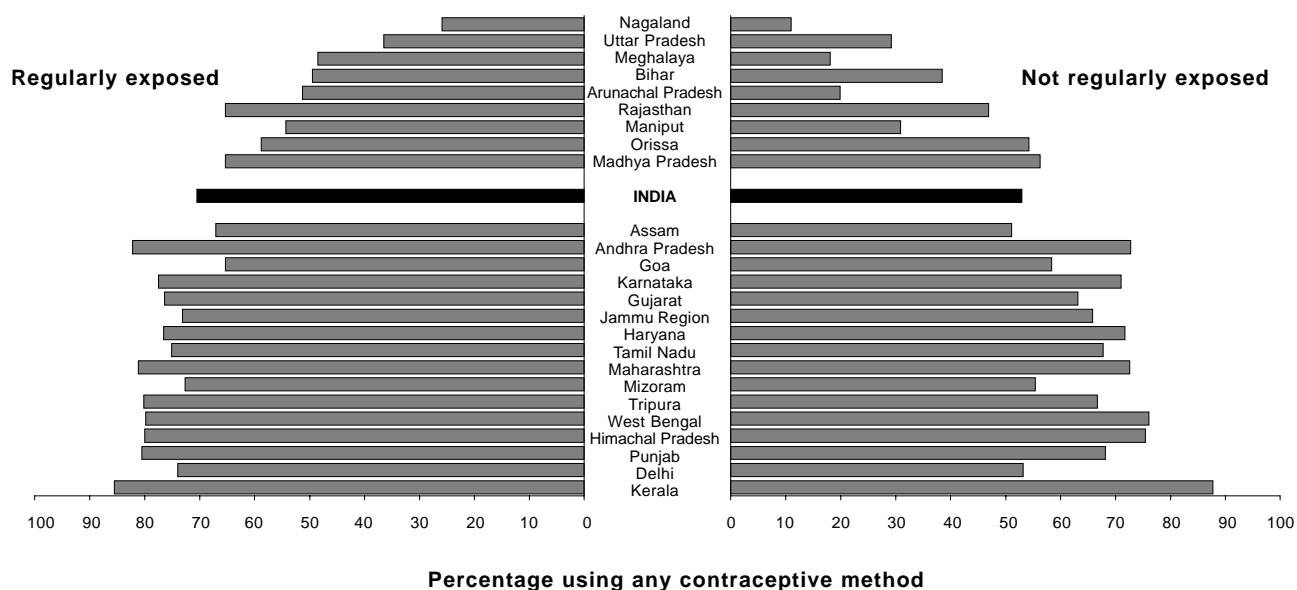


Figure 11.2 Adjusted contraceptive use rates for women with three living children by exposure to mass media

Table 11.11 shows unadjusted and adjusted estimates of contraceptive use by how often women discussed family planning with their husbands during the year before the survey. Because the NFHS did not ask sterilized women whether they had discussed family planning with their husbands, this table pertains only to currently married, nonpregnant women who are not sterilized. Thus the estimates of contraceptive use reported in this table are restricted to methods other than sterilization: for this reason, they tend to be much lower than the levels reported in Tables 11.2 to 11.10. These other methods are basically temporary methods, although they may be used for limiting as well as spacing purposes.

The table shows that the prevalence rate for these temporary methods rises steeply as the frequency of discussion of family planning with husbands increases. For India as a whole, unadjusted contraceptive prevalence ranges from 9 percent for women who have not discussed family planning with their husbands to 38 percent for women who have discussed family planning three or more times in the year before the survey. Controlling for residence and education reduces the difference between these two percentages by a third, from 29 to 20 percentage points. In every state the level of use increases as the frequency of discussions with husband increases, but in a number of states there is not much difference in contraceptive prevalence between women who have discussed family planning once or twice with their husbands and

Table 11.10 Unadjusted and adjusted contraceptive prevalence rates by exposure to family planning messages on radio or television

Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by exposure to family planning messages on radio or television and by state, NFHS, 1992–93

State	Exposure to family planning messages on radio or television							
	Unadjusted				Adjusted			
	Neither	Radio only	Television only	Both	Neither ^a	Radio only	Television only	Both
India	53	65	75	77	57	65*	71*	73*
North								
Delhi	56	*	78	80	56	68	74*	75*
Haryana	69	(71)	80	79	72	73	79	77
Himachal Pradesh	74	83	79	85	75	84	78	83
Jammu region of J & K	62	66	70	80	66	70	68	78*
Punjab	67	(78)	86	80	69	78	85*	78*
Rajasthan	42	52	*	73	47	54	48	70*
Central								
Madhya Pradesh	52	62	61	73	56	63	60	71*
Uttar Pradesh	23	32	47	59	27	34*	41*	48*
East								
Bihar	31	46	(56)	67	40	44	44	53
Orissa	51	56	(70)	71	54	56	67	66
West Bengal	77	70	(95)	79	79	72	94*	75
Northeast								
Arunachal Pradesh	20	*	*	(48)	24	47	74	49*
Assam	50	(66)	82	76	57	71	52	60
Manipur	(35)	47	*	(68)	36	46	64	65*
Meghalaya	24	(58)	*	*	25	56*	29	58
Mizoram	60	77	*	*	55	71*	30	76
Nagaland	7	(38)	*	(33)	NE	NE	NE	NE
Tripura	68	(77)	*	(86)	NE	NE	NE	NE
West								
Goa	69	59	64	64	69	59	63	62
Gujarat	65	68	77	79	67	69	75	77*
Maharashtra	74	83	79	80	75	83	80	80
South								
Andhra Pradesh	67	78	(89)	86	74	82*	89	84*
Karnataka	69	73	(76)	81	72	75	75	80
Kerala	82	85	(96)	86	85	87	96*	87
Tamil Nadu	71	70	79	78	71	69	79	77

Note: Adjusted percentages are predicted by logit regression, with control variables (residence and education) set at their mean values for currently married, nonpregnant women age 13–49 with three living children in all India.

NE: Not estimated because estimation procedure did not converge properly.

() Based on 25–49 unweighted cases

*In the unadjusted columns, an asterisk as a cell entry indicates that a percentage is not shown because it is based on fewer than 25 unweighted cases. In the adjusted columns, an asterisk after a number indicates that the underlying logit regression coefficient corresponding to that number differs significantly from zero at the 5 percent level.

^aReference category in the underlying logit regression

Table 11.11 Unadjusted and adjusted contraceptive prevalence rates by extent of discussion of family planning with husband

Among currently married, nonpregnant, nonsterilized women age 13–49 with three living children, the percentage currently using any contraceptive method, by extent of discussion of family planning with husband and by state, NFHS, 1992–93

State	Discussion of family planning with husband in the past year					
	Unadjusted			Adjusted		
	Never	Once or twice	More often	Never ^a	Once or twice	More often
India	9	24	38	9	19*	29*
North						
Delhi	39	66	69	29	55*	56*
Haryana	21	37	58	18	29	41*
Himachal Pradesh	13	47	46	12	41*	34*
Jammu region of J & K	29	48	64	25	44*	55*
Punjab	30	59	67	26	53*	55*
Rajasthan	5	10	12	6	10	11
Central						
Madhya Pradesh	6	19	(20)	6	18*	10
Uttar Pradesh	3	18	27	4	14*	22*
East						
Bihar	3	7	17	4	5	7
Orissa	6	13	(27)	6	10	22*
West Bengal	39	45	51	37	45	45
Northeast						
Arunachal Pradesh	4	(39)	*	4	43*	77*
Assam	17	45	54	19	42*	48*
Manipur	(4)	44	*	3	37*	43*
Meghalaya	5	(31)	*	5	29*	54*
Mizoram	(7)	(31)	*	10	45*	77*
Nagaland	0	9	*	NE	NE	NE
Tripura	(30)	(57)	(86)	31	58*	87*
West						
Goa	19	35	(45)	11	19*	30*
Gujarat	6	18	*	3	8	25*
Maharashtra	8	18	(33)	6	12	21*
South						
Andhra Pradesh	2	3	*	NE	NE	NE
Karnataka	9	18	(30)	7	15	25*
Kerala	24	37	40	24	37	38
Tamil Nadu	19	36	*	16	31*	22

Note: Adjusted percentages are predicted by logit regression, with control variables (residence and education) set at their mean values for currently married, nonpregnant, nonsterilized women age 13–49 with three living children in all India.

NE: Not estimated because estimation procedure did not converge properly.

() Based on 25–49 unweighted cases

*In the unadjusted columns, an asterisk as a cell entry indicates that a percentage is not shown because it is based on fewer than 25 unweighted cases. In the adjusted columns, an asterisk after a number indicates that the underlying logit regression coefficient corresponding to that number differs significantly from zero at the 5 percent level.

^aReference category in the underlying logit regression

women who have had such discussions more often. As at the national level, controlling for residence and women's education reduces differences in contraceptive prevalence in most states. The extent of the effect varies, however. In Arunachal Pradesh and Mizoram, controlling for residence and education actually increases the difference in prevalence between women who have discussed family planning with their husbands and women who have not.

In Arunachal Pradesh, Mizoram, and Tripura, contraceptive prevalence is unusually high among women who discussed family planning with their husbands three or more times during the year before the survey—ranging from 77 to 87 percent. These prevalence rates would be very high even if they included sterilization, which they do not. They suggest that the strong correlation between discussing family planning and using contraception is due in large part to reverse causation—couples who decide to use temporary methods of contraception then engage in repeated discussions about family planning. Unlike sterilization, use of temporary methods is recurrent, often entailing repeated discussion as use continues.

Table 11.12 shows unadjusted and adjusted estimates of contraceptive use, broken down by husband's attitude toward family planning. Because the NFHS did not ask sterilized women about their husband's attitude, this table pertains only to currently married, nonpregnant women who are not sterilized. The unadjusted percentages indicate large differences in contraceptive prevalence between women whose husbands approve of family planning and women whose husbands disapprove or women who do not know their husbands' views (labeled 'disapprove or unsure'). For India as a whole, contraceptive prevalence is 29 percent among women whose husbands approve of family planning and 5 percent among women whose husbands disapprove or who do not know their husbands' views. Data for individual states show similar large differences. Adjusting for residence and education reduces the difference by about one-fourth for India as a whole and by roughly the same proportion for most states. Further adjustment for the woman's attitude toward family planning further reduces the national-level difference by about one-third. This adjustment also reduces the difference in all states except Nagaland and Gujarat, where it actually increases the difference by one or two percentage points. The adjusted differences in contraceptive use associated with husband's attitude exceed 25 percentage points in Delhi, Punjab, Manipur, and Tripura.

Programme planners and administrators increasingly recognize that the provision of maternal and child health (MCH) services promotes family planning. In many states the delivery of MCH services is used as an entry point to

Table 11.12 Unadjusted and adjusted contraceptive prevalence rates by husband's attitude toward family planning

Among currently married, nonpregnant, nonsterilized women age 13–49 with three living children, the percentage currently using any contraceptive method, by husband's attitude toward family planning and by state, NFHS, 1992–93

State	Husband's attitude toward family planning					
	Unadjusted		Adjusted for residence and education		Adjusted for residence, education, and wife's attitude toward family planning	
	Approve	Disapprove or unsure	Approve	Disapprove or unsure	Approve	Disapprove or unsure ^a
India	29	5	23*	5	19*	6
North						
Delhi	67	28	59*	25	57*	28
Haryana	45	(5)	34*	6	NE	NE
Himachal Pradesh	40	(3)	33*	4	NE	NE
Jammu region of J & K	52	(9)	45*	8	NE	NE
Punjab	58	(8)	51*	8	41*	8
Rajasthan	13	1	13*	2	11*	2
Central						
Madhya Pradesh	21	2	17*	2	17*	2
Uttar Pradesh	26	2	21*	2	13*	3
East						
Bihar	12	1	8*	1	NE	NE
Orissa	14	2	12*	2	11*	2
West Bengal	52	27	48*	29	42	34
Northeast						
Arunachal Pradesh	(50)	1	55*	1	NE	NE
Assam	48	20	45*	19	43*	19
Manipur	50	(5)	41*	5	43*	5
Meghalaya	(44)	4	43*	4	NE	NE
Mizoram	37	*	40*	5	NE	NE
Nagaland	(24)	1	22*	1	23*	1
Tripura	67	*	68*	8	65*	9
West						
Goa	41	4	28*	3	24*	3
Gujarat	22	1	10*	1	12*	1
Maharashtra	22	7	13	6	10	6
South						
Andhra Pradesh	4	2	NE	NE	NE	NE
Karnataka	22	4	17*	3	14*	3
Kerala	40	20	38*	19	36*	20
Tamil Nadu	34	16	28*	15	29*	16

Notes: Adjusted percentages are predicted by logit regression with control variables (residence, education, and wife's attitude toward family planning) set at their mean values for currently married, nonpregnant, nonsterilized women age 13–49 with three living children in all India.

NE: Not estimated because estimation procedure did not converge properly.

() Based on 25–49 unweighted cases

*In the unadjusted columns, an asterisk as a cell entry indicates that a percentage is not shown because it is based on fewer than 25 unweighted cases. In the adjusted columns, an asterisk after a number indicates that the underlying logit regression coefficient corresponding to that number differs significantly from zero at the 5 percent level.

^aReference category in the underlying logit regression. "Unsure" means that the woman does not know her husband's attitude about family planning.

promote small-family norms and use of family planning. In this context, it is interesting to analyze the effect of utilization of MCH services on contraceptive prevalence rates.

The NFHS asked each woman who had had a live birth during the four years before the survey whether any health worker had visited her at home for an antenatal check-up when she was pregnant. The survey also asked whether these women had gone for an antenatal check-up outside the home and, if so, what kind of practitioner they saw for the check-up. Table 11.13 shows information for currently married, nonpregnant women age 13–49 with three living children, who had their last child during the four years preceding the survey. The category ‘had antenatal care’ pertains to pregnancy-related health care provided by a doctor or a health worker either in a medical facility or at home. The table shows unadjusted and adjusted estimates of contraceptive use by whether the respondent received antenatal care for her last birth. For India as a whole, the unadjusted prevalence rate is 52 percent for women who had antenatal care and 25 percent for those who did not. Controlling for residence and education reduces the difference between these two levels by only one-fourth—from 27 to 20 percent. Thus the effect of antenatal care on contraceptive use operates largely independently of residence and education.

The picture is different, however, when we look at individual states. In most states, especially after controlling for residence and education, utilization of antenatal care does not make a large difference in contraceptive use. Exceptions are Jammu, Rajasthan, Arunachal Pradesh, Meghalaya, and Karnataka, where the difference is large. At first sight, it seems puzzling that antenatal care has a large effect on contraceptive use at the national level but not in most states. The reason may be that women who receive antenatal care are concentrated in states with high contraceptive use rates, whereas women who do not receive antenatal care are concentrated in states with low contraceptive use. When states are the units of analysis, the percentage of births that received antenatal care is strongly correlated with the percentage of women currently using contraception (Retherford and Ramesh 1996). In most, but not all, states, however, the correlation is not as strong when individual women are the units of analysis.

Table 11.14 shows unadjusted and adjusted estimates of contraceptive use by place of delivery of last birth. For India as a whole, the unadjusted contraceptive prevalence rate is 67 percent for women who gave birth in a public or private institution and 34 percent for women who gave birth at home. Corresponding rates adjusted for residence and education are 61 and 36 percent, respectively, indicating that residence and education explain very little of the effect of place of delivery on contraceptive use.

Table 11.13 Unadjusted and adjusted contraceptive prevalence rates by utilization of antenatal care services for last birth

Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by utilization of antenatal care services for last birth and by state, NFHS, 1992–93

State	Unadjusted		Adjusted	
	Had antenatal care	Did not have antenatal care	Had antenatal care	Did not have antenatal care ^a
India	52	25	49*	29
North				
Delhi	68	(50)	62	53
Haryana	58	42	54	48
Himachal Pradesh	68	59	61	65
Jammu region of J & K	60	(27)	58*	32
Punjab	61	(47)	57	51
Rajasthan	37	23	36*	25
Central				
Madhya Pradesh	36	27	33	32
Uttar Pradesh	24	13	19	16
East				
Bihar	28	13	20	18
Orissa	37	30	36	34
West Bengal	62	59	62	63
Northeast				
Arunachal Pradesh	(39)	(10)	46*	8
Assam	49	26	43	35
Manipur	42	*	36	16
Meghalaya	(38)	(6)	36*	6
Mizoram	55	*	NE	NE
Nagaland	(7)	(5)	NE	NE
Tripura	(76)	(53)	NE	NE
West				
Goa	60	*	57	34
Gujarat	49	37	46	41
Maharashtra	63	49	62	51
South				
Andhra Pradesh	64	(55)	65	60
Karnataka	66	43	67*	48
Kerala	70	*	68	68
Tamil Nadu	71	*	70	50

Notes: Adjusted percentages are predicted by logit regression with control variables (residence and education) set at their mean values for currently married, nonpregnant women age 13–49 with three living children in all India. This table omits women whose last birth occurred more than four years before the survey.

NE: Not estimated because estimation procedure did not converge properly.

() Based on 25–49 unweighted cases

*In the unadjusted columns, an asterisk as a cell entry indicates that a percentage is not shown because it is based on fewer than 25 unweighted cases. In the adjusted columns, an asterisk after a number indicates that the underlying logit regression coefficient corresponding to that number differs significantly from zero at the 5 percent level.

^aReference category in the underlying logit regression

Table 11.14 Unadjusted and adjusted contraceptive prevalence rates by place of delivery of last birth

Among currently married, nonpregnant women age 13–49 with three living children, the percentage currently using any contraceptive method, by place of delivery of last birth and by state, NFHS, 1992–93

State	Place of delivery of last birth			
	Unadjusted		Adjusted	
	Public or private institution	Home	Public or private institution	Home ^a
India	67	34	61*	36
North				
Delhi	77	59	71*	57
Haryana	(63)	52	49	53
Himachal Pradesh	(72)	65	61	62
Jammu region of J & K	(69)	51	64	51
Punjab	(78)	55	73*	54
Rajasthan	(44)	25	36	28
Central				
Madhya Pradesh	56	27	47	30
Uttar Pradesh	50	13	38*	15
East				
Bihar	57	13	43*	15
Orissa	58	32	54*	33
West Bengal	79	56	79*	56
Northeast				
Arunachal Pradesh	*	20	42	22
Assam	74	34	53	37
Manipur	*	30	56	27
Meghalaya	*	(7)	64*	6
Mizoram	(66)	(41)	NE	NE
Nagaland	*	6	NE	NE
Tripura	*	57	NE	NE
West				
Goa	62	*	61*	35
Gujarat	55	42	45	45
Maharashtra	64	57	65	57
South				
Andhra Pradesh	82	56	78*	59
Karnataka	71	59	69	63
Kerala	74	(49)	75*	55
Tamil Nadu	79	58	79*	58

Notes: Adjusted percentages are predicted by logit regression, with control variables (residence and education) set at their mean values for currently married nonpregnant women age 13–49 with three living children in all India. This table omits women whose last birth occurred more than four years before the survey.

NE: Not estimated because estimation procedure did not converge properly.

() Based on 25–49 unweighted cases

*In the unadjusted columns, an asterisk as a cell entry indicates that a percentage is not shown because it is based on fewer than 25 unweighted cases. In the adjusted columns, an asterisk after a number indicates that the underlying logit regression coefficient corresponding to that number differs significantly from zero at the 5 percent level.

^aReference category in the underlying logit regression

However, the influence of place of delivery on contraceptive use varies considerably by state. In Delhi, Punjab, Uttar Pradesh, Bihar, Orissa, West Bengal, Meghalaya, Goa, Andhra Pradesh, Kerala, and Tamil Nadu, contraceptive use rates are significantly higher for women who gave birth in an institution than for women who gave birth at home. In Haryana, Himachal Pradesh, and Gujarat, there is virtually no difference in contraceptive use associated with place of delivery. In Arunachal Pradesh and Manipur, the difference is large but not statistically significant, mainly because the sample size is small and very few women in these states gave birth in an institution.

On the whole, utilization of health services for antenatal care or delivery tends to have a positive effect on contraceptive use. The effect varies by state, however. In some states there appears to be no effect when the data are analysed at the individual level.

12 Conclusion

The NFHS shows considerable variation in contraceptive use by state as well as considerable variation in the effects of several demographic and socioeconomic predictor variables. Major findings of this study with relevance for policy formulation and programme implementation are the following:

- Knowledge of at least one modern family planning method is almost universal in India, except in Nagaland where only 44 percent of women report knowledge of a modern method. However, most knowledge of modern methods relates to sterilization: temporary methods are considerably less well known. Most women know where they can obtain a method, but, again, sources for sterilization are better known than sources for other modern methods. To create a wider choice of contraceptives for potential users, the family welfare programme needs to do more to promote knowledge of modern temporary methods through information, communication, and education campaigns.
- Although 96 percent of currently married women know of at least one method of family planning, only 47 percent have ever used a method, and only 41 percent are currently using a method. The overall level of contraceptive use in India is almost the same as the combined level of 42 percent for all less-developed countries excluding China. By far the most commonly used method is female sterilization, which has been adopted by 27 percent of currently married women. Female sterilization alone accounts for 67 percent of current contraceptive prevalence. Three percent of currently married women report that their husbands are sterilized, 2 percent report using IUDs, and another 2 percent report using condoms. Only 1 percent of currently married women report that they use the pill.
- Because of the strong emphasis on terminal methods in the Indian family planning programme, couples tend to begin using family planning only after they have achieved their desired family size and composition. In the 20–24 and 25–29 age groups where fertility is highest, contraceptive prevalence rates are 21 and 42 percent, respectively. Among women

who have ever-used family planning, 7 percent first used contraception when they had no living children, 19 percent began contraceptive use when they had one living child, 20 percent when they had two living children, 23 percent when they had three living children, and 31 percent when they had four or more living children. To reduce fertility more effectively, India's family planning programme needs to promote modern temporary methods—including IUDs, pills, and condoms—so that contraceptive use begins earlier in the reproductive life cycle. It is noteworthy that younger couples at lower parities tend to prefer modern temporary methods suitable for spacing births.

- Contraceptive prevalence varies widely among states, ranging from 13 percent in Nagaland to 63 percent in Kerala. Uttar Pradesh has the second lowest prevalence of any state, at 20 percent. Rajasthan, Bihar, Arunachal Pradesh, and Meghalaya also have prevalence rates below 35 percent, whereas Delhi, Himachal Pradesh, Punjab, West Bengal, Mizoram, Tripura, Maharashtra, and Kerala have prevalence rates of 54 percent or higher. This report has focused on how and why contraceptive use varies within states and has not attempted to analyse differences between states. Further research is needed to explain interstate variation so that lessons from the more successful states can be applied to strengthen family welfare programmes in states with low contraceptive use and high fertility.

This report also analysed the effects of various predictor variables on contraceptive prevalence rates in each state and in India as a whole, controlling for urban-rural residence and education. The analysis covers only currently married, nonpregnant women age 13–49 with three living children. Predictor variables are current age, number of living sons, husband's education, religion, caste/tribe, regular exposure to mass media (radio, television, cinema), exposure to radio and television messages on family planning, discussion of family planning with husband, husband's attitude toward family planning, utilization of antenatal care services, and place of delivery of last birth. Salient findings from the logit-regression analysis are the following:

- Controlling for education substantially reduces urban-rural differences in contraceptive use in India as a whole and in most states. Education explains about half of the residence effect on contraceptive use. Thus contraceptive use is higher in urban areas largely because urban women are more educated than rural women.
- In India as a whole and in most states, contraceptive use increases sharply with number of living sons up to two sons and then levels off. This pattern is unchanged when residence and education are controlled.

- Religion has a substantial effect on contraceptive use, even after residence and education are controlled. Muslims have much lower prevalence than Hindus in India as a whole and in Haryana, Himachal Pradesh, Jammu, Uttar Pradesh, Bihar, Orissa, West Bengal, Assam, Tripura, Gujarat, Maharashtra, Karnataka, and Kerala. Religious differentials are not significant in Delhi and Madhya Pradesh.
- In India as a whole, women who are not from scheduled castes or scheduled tribes have a higher contraceptive prevalence rate than either scheduled-caste or scheduled-tribe women, although there is considerable variability among states. Residence and education explain about half of the effect of scheduled caste and scheduled tribe on contraceptive use.
- Regular exposure to electronic mass media has a large effect on contraceptive use, even after residence and education are controlled. After controlling for these variables, the percentage using contraception in India as a whole is still nearly 20 points higher among women with regular media exposure than among women without such exposure. The pattern is similar in most states. Exposure to family planning messages on radio or television also has a large effect on contraceptive use. Controlling for residence and education reduces this effect by about one-third.
- Utilization of health services for antenatal care or delivery tends to have a positive effect on contraceptive use. However, the magnitude of this effect varies considerably by state, and in some states there is no effect.

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