

Contraceptive Use among Young Married Women in India

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Abstract: Contraception has been a single most important intervention to reduce burden of unwanted pregnancy and promote healthy living among young women. An early onset of sexual activity (largely with marriage) and desperate demand on young adult to have child, such interventions would yield unmatched dividend in case of India. In socio-cultural-politico setting like India, access to or promotion of contraception among young adult is very limited. Nevertheless, analysis of latest data on contraceptive use dynamics indicates wider penetration of reach and acceptability of the services.

Among married young women aged 15-24 years in India, 16% used any contraceptive method in 1992-3; a little less than half were sterilized. By the year 2005-6, 27% of them had used contraceptives; nearly one third were sterilized. During this period (1992-06), use of modern spacing methods – predominantly condom use – has doubled, and there seems to be stagnation in the use of sterilization at early stage of life. At the same time, increase in the reliance on traditional methods (periodic abstinence and withdrawal) too have increased from less than 4% to nearly 7%, this is nothing but indicative of the demand for family planning and need for making program socially accessible to young women.

The present paper therefore, explores the contraceptive use dynamics among married young women aged 15-24 years in India over time to understand spatial variation. The paper also examines the relationship between program strength (including policy shift after ICPD 1994) and contraceptive use among young married women aged 15-24 years by a few selected key socio-economic indicators.

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Background:

The unprecedented population growth of the world in the last century has been the major concern at the international level (Sen 1996) and is seen as major impediment to contemporary efforts to alleviate poverty of billions of the people in the Third World (Donald 1985). It took the world population millions of years to reach the first billion, then 123 years to get to the second, 33 years to the third, 14 years to the fourth, and 13 years to the fifth billion, with an estimate of the United Nations that the sixth billion will materialize in only 11 years (United Nations 1994). Concern about overpopulation thus led to a variety of responses in the form of public policies and programmes involving coercive control measures (forced sterilization, for example) that have been contemplated as vehicles for reducing aggregate fertility and thereby population growth in the countries including China and India where these issues are of paramount importance.

In India, couples effectively protected with modern contraceptive methods increased by 50% during emergency with number of sterilizations going over 1.7 million. However, when the intensive family planning drive came to an end, the program went in total disarray and collapsed as millions had suffered from it. India experience indicate that the political will is a capricious beast, as capable of creating chaos when inadequately constrained as of promoting good when wisely and skillfully used (Gwatkin 1979).

The growth of population can be checked by either enhancing mortality or promoting out-migration to other areas or by lowering the fertility levels. The first option is unacceptable and the second is infeasible. Thus the only option that remains with any civilized society is by lowering the fertility levels. Fertility behavior, as we have learnt, is influenced by various cultural controls and to an increasing number of government interventions as well. Berelson (1977) mentioned numerous ways in which the government interventions can influence fertility levels. These includes access to contraceptive methods of population control including sterilization and abortion, bringing in changes in the attitudes towards perceived role of socio-economic determinants – education and literacy (especially for girls), status of women, income and income equity, reproductive and child health issues etc., making propaganda to promote desired views, provide incentives and disincentives through monetary incentives to individual families for sterilization to limit family size, child stipends, tax

benefits, maternity/paternity leaves etc. and bringing in socio-political pressures or imposing direct sanctions to minimum age at marriage and to limit family size.

In India, women (particularly, young women) virtually have no role to play or are allowed to play very limited in the making of reproductive decisions. There can be a clash of interests here between male and female members of the family, particularly given their typically asymmetric roles in child care, and the outcomes of family decisions may therefore not be independent of who governs those decisions. Sometimes the primary tension may be between women of different age groups and status. For example, in the Indian subcontinent, mothers-in-law are often much more keen on having a large number of grandchildren than the daughters-in-law who bear these children (Basu 1996). She further notes that in South Asia, the important comparison is often "not between the decision-making powers of women versus the husband or male patriarch, but between the younger wives versus the older woman, usually the mother-in-law.

The sharp decline in mortality especially in the past few decades coupled with persistent high fertility levels in the large north India states have resulted in unprecedented growth of India's population. As per the census of India 2001, about 195 million of the 1029 million Indians in 2001 were aged 15-24 years (Registrar General and Census Commissioner, 2001). A Further, India is one of the youngest countries in the world with about 31% of the country's total population in the age group 10-24 years (about 315 million in absolute term). These numbers are projected to increase further and are expected to peak in 2011 at 358 million mark before stabilizing in 2026 at 336 million (Registrar General and Census Commissioner, 2006). This large base of young adults is the major contributor to the increasing population, and would continue to be so if effective interventions are made to reduce fertility levels in these highly productive ages. It is not the size which is a matter of concern but the fact that about 31% of the young women and 14% of young men in India are illiterate. Not only this, about one-third or fewer complete 10 or more years of schooling.

Further, the levels of unwanted fertility too have been quite high in India among all and particularly among married young women. The total fertility rate for the country as a whole was about 2.77 children per woman in 2005-6 compared to 3.36 children in 1992-3 (IIPS and Macro International, 2007). Contraception has been the single most important intervention to

reduce burden of unwanted pregnancy as well as to promote healthy living among young adults. An early onset of sexual activity (largely within marriage) and desperate demand on young adults to have child soon after marriage, such interventions are likely to fetch unmatched dividend particularly in case of India. However, a considerable proportion of the fertility in India is reported as unwanted fertility, according to NFHS – 3, about 30% of the fertility in India was unwanted, perhaps indicating towards a huge gap between the demand and supply of family planning. As per the NFHS 3 estimates, the unmet need for family planning for the country as a whole is about 13% and only 82% of the total demand for family is satisfied. The unmet need for family planning is alarmingly high among married adolescent women aged 15-19 (25% for spacing and 2% for limiting) and among those aged 20-24 years (15% for spacing and over 6% for limiting). The present paper examines some of these aspects using data from the three rounds of National Family Health Surveys conducted by the International Institute for Population Sciences, Mumbai (IIPS, 1995; IIPS and ORC Macro, 2000; IIPS and Macro International, 2007).

Analysis:

The latest data available on contraceptive use dynamics for India although indicates towards wider penetration of both reach as well as acceptability of the family planning services compared to past, yet its access and/or promotion among young adult is extremely limited. The data in Table-1 indicates that fewer than one in six (16%) married young women aged 15-24 years in India reported using any contraceptive in 1992-3, about half of which were sterilized. By the year 2005-6, just over one in four (27%) of them reported using any contraceptive (nearly one third were sterilized). An encouraging finding from the analysis emerging is that while use of modern spacing methods – predominantly condom – has more than doubled during this period (1992-3 to 2005-6), the use of sterilization at early stage of life has remained somewhat unchanged. Another important finding emerging from data in this table is that reliance on the traditional methods (periodic abstinence and withdrawal) among the married young women in India has increased considerably; the percentage of married young adults using traditional methods has risen from less than 4% in 1992-3 to almost 7% in 2005-6.

The segregation of data between young married women aged 15-19 and those aged 20-24 indicates that the percent users of traditional methods has doubled among young married women aged 15-19 from about 3% in 1992-3 to over 6% in 2005-6. Similarly, oral pill users have increased from less 1% in 1992-3 to over 2% in 2005-6 while condom users have increased from 1% to over 3% during the same period. In case of young married women aged 20-24, it is noted that share of condom users doubled from about 3% to 6% and oral pill users increased from less than 2% to over 4% during the same time period. At the same time, share of users of traditional methods also increased from about 4% to about 7%. This increase is nothing but an indication of the demand and need for making modern spacing methods socially more accessible to married young women in India.

The data further suggests that in 2005-6, of the total users of contraceptive methods, nearly half of the married young women aged 15-24 years have used sterilization while only fewer than two-fifths have reported using modern spacing methods and about one-quarter of them had used traditional spacing methods (mainly withdrawal and safe period methods). Surprisingly, the scenario with respect to the composition of users by method has not changed notably over time since 1992-3. This is particularly true for young married adolescent women.

Differentials by place of residence:

In Tables 2 through 6 present contraception use by the selected background characteristics of the women such as place of residence, religion, caste, her educational status and household economic status (as measured by standard of living index), respectively.

The analysis by place of residence of the woman in Table – 2 indicates that the percentage of users of family planning increased from 15% to over 25% among rural young married women during 1992-3 to 2005-6 and from 12% to 35% among urban young married women during the same time. The dependence on sterilization and traditional methods has been quite similar in both rural and urban settings however, use of modern spacing methods is relatively more common among married young women living in urban settings compared to those in rural settings. For example, sterilization users increased from about 8% to 10% and of traditional methods from about 4% to 7% during the period under analysis in both rural and urban

settings. Less than 4% of young married women living in rural settings reported using modern spacing methods in 1992-3 which increased to over 8% in 2005-6 (an increase by nearly three fold), in contrast, about 12% of married young women in urban settings reported using modern methods in 1992-3 which increased to about 18% in 2005-6. However, it is important to note that the condom users have increased from a mere 1% to nearly 4% in rural settings and from less than 6% to about 10% in urban settings.

Another important finding emerging from this table is that the young married women aged 15-19 have shown far rapid increase in the users of traditional methods, particularly in urban setting. For example, about 3% of young married women aged 15-19 in rural setting and about 2% of them in urban setting reported using traditional methods in 1992-3. By 2005-6, this proportion has increased to over 6% and 5% respectively. In case of women aged 20-24, the data suggests that the percentages of users has increased from less than 20% to 31% in rural areas and from 27% to about 40% in urban areas during the period under analysis. Further, a sizeable proportion of young married women aged 20-24 in rural areas (14%) and urban areas (12%) were sterilized at the time of survey in 2005-6. Urban married women reported higher use of modern spacing methods and this has consistently increased over time. For example, 4% of rural and 13% of urban married women aged 20-24 reported using modern spacing methods in 1992-3 which increased to nearly 10% and 21%, respectively, in 2005-6. About half of the users of modern spacing methods reported using condoms in both areas. In spite of this, it is important to note that the users of traditional methods too have almost doubled, from about 4% to nearly 7% in the recent time. The rural-urban differences were significant with respect to use of modern spacing methods, particularly among married young women aged 20-24.

In terms of share of users of different methods among total users, it is interesting to note, two-fifths of the total users in rural areas compared to over one-fourth in urban areas had used sterilization. Further, there were huge differences with respect to use of modern spacing methods across rural and urban areas; for example, just one-third of rural women reported using the compared to one-half in urban areas (condom use was even lower among rural women are less than one-sixth reported doing so compared to over one-quarter in urban areas). In contrast, the share of users of traditional methods was more in rural areas (over one-quarter) than urban (less than one-fifth). It is interesting to note that the pattern has not

really changed over time notably. Nevertheless, one see a few interesting changes when break it by age. There is a shift towards spacing methods from terminal methods among adolescents married women and those aged 20-24, more rapidly in case of former. On the contrary, the dependence on traditional methods has actually increased over time except of urban married aged 20-24 years.

Differentials by Religion:

Table 3 presents data related to the family planning practices among young married women by religion and we have classified women in three broad religious groups of Hindu, Muslim and Other religions. The data suggests that on the whole, % of users of any family planning method is quite similar among Hindu and Muslim (16% in 1992-3 and 27-28% in 2005-6), however, it was relatively higher for women from other religions (19% and 33%, respectively). The percentage of users of sterilization has increased from about 8% to nearly 11% during 1992-3 to 2005-6 among Hindu women and from 5% to 14% for women from other religions while it has been somewhat unchanged for Muslim women (at 5-6%). Conversely, higher percentages of Muslim women have reported use of spacing methods, both modern and traditional, (14% and 9% in 2005-6 and 6% each in 1992-3, respectively). Among Hindu women, use of modern spacing methods has gone up from less 5% in 1992-3 to 10% in 2005-6. The corresponding figures for traditional methods are 3% and 7% respectively. The users of spacing methods (modern or traditional) have remained somewhat unchanged over time among women from other religions. However, during 2005-6, majority of the users of modern spacing methods reported using condom; over 8% out of 14% among women from other religions; less than 6% out of 14% among Muslim women and Hindu women (5% out of 10%).

The pattern is quite similar among women aged 15-19 years and those aged 20-24 years, yet it is important to point out that dependence of traditional methods of family planning has increased considerably among married young Hindu adolescents and those from other religions. For example, among married young Hindu adolescents the percentages of users of traditional methods has doubled between 1992-3 to 2005-6 from less than 3% to nearly 6% while among those from other religions it has gone up from 1% in 1992-3 to nearly 4% in

2005-6. At the same time, over 1% and 2% of married young adolescents belonging to Hindu and other religions were sterilized in 2005-6.

With respect to the distribution of users by choice of method data suggests that although the pattern has been somewhat unchanged over time there are a few interesting observations. For example, share of condom users have increased notably among Hindu married adolescents from about one-sixth to over one-quarter and from just about one-tenth to over one-sixth among those aged 20-24 years. Similar observations are also made for Muslim women in the age group 20-24 (from 12% to over 20%).

Differentials by Caste:

Table 4 presents contraception use status of the young married women by caste. The caste has been grouped into three categories – scheduled castes (SC), scheduled tribe (ST; combined, also often referred as under-privileged section of the society) and non-scheduled caste and tribe (Non-SC/ST). It is seen from the data that about 18% of young married women aged 15-24 belonging to non-SC/ST group reported using any contraception during 1992-3 while their share was 13% and 10%, respectively, among SC and ST groups. However, the percentages of users have increased by 2005-6, about similar level for SC and Non-SC/ST women (28%) and to 20% among ST women. Although there are very little differences among three sub-groups of women with respect to dependence on sterilization, however, it has been marginally higher among SC women compared to ST or Non-SC/ST women. It appears that relatively more SC women depend on traditional methods of spacing (8%) compared to either Non-SC/ST women (6%) or ST women (4%). Conversely, modern spacing method use is relatively higher among Non-SC/ST women (over 11%) compared to SC women (9%) and ST women (less than 6%). Likewise, Condom use is better among Non-SC/ST women (6%) compared to those from under-privileged groups (3-5%).

When we look at the practices by age of the women and by caste we see that the patterns are quite similar to those observed for 15-24 age groups, however, there are a few specific observations that need mention. For example, among married adolescents aged 15-19, there were no differences by caste as far as the use of modern spacing methods is concerned, however, the differences were visible with respect to dependence on traditional method; more

SC adolescents (about 8%) reported using traditional methods than Non-SC/ST women (5%). Another important finding is that among women aged 20-24 years, about 13% of Non-SC/ST women reported using modern spacing methods as against of less than 11% among SC and just about 6% among ST women. Interestingly, share of condom users was quite similar among SC and Non-SC/ST women (6%) while low among ST women (3%). Further, about 7-8% of SC women and Non-SC/ST women aged 20-24 years reported using traditional spacing methods as against of less 5% among ST women.

The share of users by method indicates some very interesting findings. One of the most striking observations is that the share of sterilization users has declined considerably among SC women (from over 58% to about 41%) and ST women (from 65% to 49%) over 1992-3 and 2005-6 while it is relatively slower among Non-SC/ST women (from 44% to 36%); the corresponding decline is even sharper among women aged 15-19 years. The users of modern spacing methods have increased dramatically among adolescent SC and ST women (from about 17% in 1992-3 to 40% among SC and 61% among ST). Among Non-SC/ST adolescent women, although use of modern spacing methods has changed only marginally over time, however, share of condom users has gone up from about 18% in 1992-3 to 27% in 2005-6.

Differentials by Education:

Table 5 gives contraception practices among married young women by their educational status. We have created four groups of women – Non-literate (includes all women who never went to school and those who went to school but did not complete any grade), those who have completed less than 8 years of schooling, with 8-9 years of schooling and those who have completed 10 or more years of schooling. One thing that is clear from the table is that the percentages of users of any family planning methods increases with advancement in educational status of the women, this is true for three different time periods included in the analysis and by age of the women. It may further be noted that the users of sterilization has increased more rapidly among non-literate or less educated women (8-10% in 1992-3 to 11-12% in 2005-6) compared to those who had completed 8 or more years of schooling (4-8% in 1992-3 to 6-9% in 2005-6). The users of modern spacing methods have gone up over time from women across various education categories.

There seem to be differentials in behavior of women with respect to choice of method of contraception by her educational status. The dependence on sterilization (mainly female sterilization) is more among married young women belonging to socially backward sections of the society. For example, among total users of contraception, over two-fifths among non-literate women in 1992-3 and one-half in 2005-6 had used sterilization. In contrast, share of such women among those with less than 8 years of schooling reduced to less than one-half in 1992-3 and one-third in 2005-6 and further to just about one-sixth among those who have had 10 or more years of schooling. At the same time, higher proportion of non-literate and less educated young married women reporting using traditional methods such as withdrawal and safe period compared to those who have completed high school or more. This clearly indicates the increase in demand of contraception among young married women and lack of program services to meet his demand leaving the young women to rely on the less efficient contraceptive methods. Condom use on the other hand, was considerably high among those with 10 or more years of schooling (over 36% in 2005-6) compared those either non-literate or with less education (less than 19% in 2005-6).

The comparison by education and age of women indicates that among married adolescents considerably higher proportion of non-literate and those with less education depend on traditional methods which declines with advancement in educational status of the women. For example, in 2005-6, among all married adolescents users aged 15-19 about half of the non-literate and those who have 8 or fewer years of schooling reported using traditional methods which is about one-third among those with 10 or more years of schooling. At the same time, just one-fifth of total adolescent users in non-literate category used condom while it was over two-fifth among those with 10 or more years of schooling. Thus, education helps women choose more efficient and effective methods of contraception. Furthermore, among married women aged 20-24, percentages of women reported using modern methods substantially goes up as the educational status of women advances: about one-fifth of non-literate women and one-third of those with less than 8 years of schooling reported using modern spacing methods while among those with 10 or more years of schooling about two-thirds did so. Condom use too becomes more common with advancement in educational status of women: from about one-tenth among non-literate to over one-third among those with 10 or more years of schooling.

Differentials by Household Economic Status:

Table 6 gives contraception practices among married young women by the economic status of the households as measured by standard of living index (SLI) based on ownership of the selected household assets. We have created three groups of women – those from Low SLI (considered as coming from poor households), Medium SLI (considered as coming from middle class households) and High SLI (considered as coming from rich households). The data in table 6 indicates that the percentage of users is considerably high among women residing in the households having high economic status (SLI). This is true for all time periods included in the analysis as well as by age of women. It is further interesting to note that the gap between women from low SLI to high SLI has widened over time. For example, about 16% of women from low SLI reported using any method in 1992-3 which increased by 4 percent points to 20% among women in high SLI, however, the corresponding increase during 2005-6 was about 12% points (from 24% in low SLI to 36% in high SLI). It may be worth to point that this gap was wider among adolescents. Overwhelmingly larger proportion of women from SLI had used sterilization (9-13%) and their proportion declines to 7-11% among women in medium SLI to 6-9% among those in high SLI indicating that poor women probably have less access to other methods of family planning. As may be noted, just 6% or fewer women in low SLI in 2005-6 reported using any modern spacing method (less than 2% used condom), in contrast, about 19% of women in high SLI reported using these methods (about 11% used condom).

A considerable proportion of women, relatively more in case of high SLI, depended on traditional methods of family planning (varying between 6% in low SLI to 8% in high SLI in 2005-6). The fact that the users of modern methods have increased, increase in users of traditional methods may indicate limited reach of the family planning programme and services among women, even in the high SLI. For some reasons, use of modern spacing methods has not picked up among adolescents in all groups and in low SLI particularly. Condom use, even among women aged 20-24 is virtually negligible among women in low SLI; just 2% of them reported using condom in 2005-6.

As seen from the distribution of users by method, sterilization is the single most used method by a considerable proportion of users, especially among women from low socio-economic strata of the society; over half of the users in 2005-6 among women in low SLI had used sterilization while their share among women in high SLI was one-fourth. It is surprising to note that one-fourth of the adolescent married women in low and medium SLI had used sterilization in 1992-3, although this has come down to less than 10% in 2005-6. Among married women aged 20-24 years, however, about three-fifths of women and low SLI, one-half in medium SLI, and one-quarter in high SLI reported that they had used sterilization. Further, users of spacing methods account for just one-quarter of women in low SLI in 2005-6 while their share in high SLI was well over 50% (the corresponding figures for condom users were – 7% and 30%, respectively. There were virtually no differentials in share of users of traditional methods by household SLI however their share was relatively higher among adolescent women from low SLI as compared to those coming from economically better households. For example, over half of the users among adolescent married women from low and medium SLI in 2005-6 reported that they were using traditional methods while their share declined to 36% among adolescents from high SLI households.

Such scenario is a matter of great concern as we know that typically users of sterilization in India do not use any other method of protection against sexually transmitted infections including HIV and hence making these young adolescents extremely vulnerable to the major part of their reproductive lives to host of adverse health outcomes.

Inter-state variations:

Table 7 presents distribution of women aged 15-24 by contraceptive use status and share of users by methods for states of India for the period 1992-3, 1998-9 and 2005-6 for all areas. In the same table we have also presented distribution of users by broad categories of methods used. At the outset we would like to point out that in this table we discuss the results for women aged 15-24 years and not by age as done in previous tables.

The analysis further shows great deal of variations in dynamics of the contraception use among married young married women across different states in the country. For example,

less than 10% of married women aged 15-24 in 1992-3 had reported using any contraceptive methods while it ranged between 20-40% in states of Jammu and Kashmir, Rajasthan, Uttar Pradesh, Bihar, and Madhya Pradesh while in Delhi, Assam, West Bengal, Maharashtra, Andhra Pradesh, Karnataka, Kerala and Tamil Nadu. In 2005-6, only 13-15% of married young women aged 15-24 in Bihar and Jharkhand and about 17-20% of them in Rajasthan, Orissa, Chhattisgarh and Madhya Pradesh reported using any method of family planning. On the other hand, there were states such as Delhi, Himachal Pradesh, Punjab, Gujarat, Andhra Pradesh and Kerala where about 33-35% of them reported doing so. About 40% of these women in Assam and 53% of them in West Bengal reported using any method of family planning in 2005-6 (mainly traditional methods). The findings from the NFHS-3 indicates that use of spacing methods, especially modern spacing methods, continues to be a matter of great concern among these married young women in most of the states; of the 22 states included here in the analysis, in half of the states users of modern spacing method were in single digits. In the remaining half, although the percent entered in two digits, it ranged between 10-20% for most of them except for West Bengal (23%), Punjab (24%) and Delhi (25%) with national average at 11%. Once again, condom use is extremely poor in most states except Himachal Pradesh, Punjab, Uttaranchal, Haryana, and Delhi (ranging between 12 and 19%). A notable proportion of young married women reported using traditional methods of family planning particularly in the states of Assam (23%), West Bengal (22%), Gujarat (12%) and Kerala (12%).

The distribution of users by method reveals some very interesting findings. For example, a considerably proportion of users in southern states of Andhra Pradesh, Tamil Nadu and Karnataka had used sterilization. As a matter of fact, over 92% of these women in Andhra Pradesh and 68-80% in Karnataka and Tamil Nadu in 2005-6 had used sterilization. In addition to these states, over one-third to one-half of these women in Himachal Pradesh, Rajasthan, Bihar and Madhya Pradesh reported so. It is important to point out here that there one sees a great paradox here as, in relatively sense, the program is considered to be highly efficient in the first group of states (southern states) of the country as compared to the second group of states mention here. In spite of this, the dependence on single method of sterilization, in so called developed states raises many questions. Further, large number of the married young women in a few states had used traditional methods of family planning. For example, about one-third of the all users in Jammu and Kashmir, Gujarat and Kerala and 42%

in West Bengal and over 57% in Assam had used traditional spacing methods while it was low in the remaining states.

Another important aspect that we want to bring out to the notice of the readers is that over the past 15 years (between 1992-3 and 2005-6), condom use has not undergone any change in most states in general and among HIV high prevalence states in particular. For example, the National AIDS Control Organization (NACO) has declared six states in India as high HIV prevalence (NACO 2006). These states are - Andhra Pradesh, Tamil Nadu, Karnataka (all three in southern region), Maharashtra (in west region), Manipur and Nagaland (in northeastern region) with a prevalence rate of 5% or more.

If we see the trend in either percentage of condom users in total population or their share among all users we find that in Andhra Pradesh, less than one percent of married women aged 15-24 had used condom during all three time periods included in the analysis. In Tamil Nadu, about 2% of these women in 1992-3 had used condom which increased to only 3% in 2005-6. In Maharashtra, the users of condom increased from about 3% in 1992-3 to just over 7% in 2005-6. As a matter of fact, the condom users in Assam have virtually remained unchanged at less than 2% and in Delhi it has actually declined from 21% in 1992-93 to 19% in 2005-06. In contrast, two states namely Punjab and Haryana have shown encouraging increase in condom users (from 8% to 15% in Punjab and from less than 5% to 12% in Haryana during 1992-3 to 2005-6).

Discussion and Concluding remarks

The above finding clearly indicates that the family planning programme in the country has made very limited progress as far as its penetration among young women aged 15-24 years is concerned. This is reflected in the fact that as late as 2005-6, only one in four married women reported using any contraceptive method, including the traditional methods of family planning. Considerable number of India youth continues to remain outside the family planning programme. Further, a considerable proportion of these women (over one-third) depend on a single method of sterilization, that too female sterilization and use of spacing modern methods, particularly condom, is extremely limited and has only changed very slowly over the past 15 years. It is very puzzling to note that despite six decades of the existence of

the national family planning programme, the Indian youth has hardly benefitted from it. In fact, significant minority of young married adolescent aged 15-19 years in India has adopted sterilization. This becomes extremely important in this HIV era and we know that use of condom among sterilized women in the country is virtually negligible (since majority of them perceive it as a fertility control method rather than a method of prevention of STIs including HIV) for, thus exposing them to the constant risk of acquiring sexually transmitted infections including HIV for a long sexually active life span of more than 30 years.

The analysis also clearly bring out that dependence on sterilization is even greater among married young adults belonging to disadvantaged and poor sections of the society. For example, over half of the users of family planning among non-literate young married women had undergone sterilization. In contrast, among those young married women who have completed high school or higher education, only about one-sixth had reported using sterilization. At the same time, more illiterate and less educated young women reporting using traditional methods such as withdrawal and safe period compared to those who have completed high school or more. This clearly indicates the increasing demand of contraception among young married adults and lack of program services to meet their demand leaving the young women to rely on the less efficient contraceptive methods. Further, the share of users of sterilization was considerably high among women from underprivileged groups of scheduled caste and tribe compared to those from general category and this is particularly true for women aged 20-24 years. Likewise, those young women who belonged to economically poor households were twice as likely to report using sterilization compared to the one who belonged to the households in upper economic strata. Condom use on the other hand was relatively more common among those with higher education and those belonging to upper economic strata of the society compared those either illiterate or with very little education or belonging to poor households.

The state level analysis further shows great deal of variations in changing dynamics of the contraception use among married young adolescents across different states in the country. Not only there are variations in levels of contraception use among married young women by state but there is a great deal of variations in terms of composition of the users by choice of method as well. The levels of contraception use are typically higher among states that are socially-economically and demographically developed (states like Andhra Pradesh, Tamil

Nadu, Karnataka, Kerala, Gujarat, Maharashtra and so on. Conversely, states such as Rajasthan, Bihar, Madhya Pradesh and Uttar Pradesh have shown relatively lower use of contraception among young married women. Further, surprisingly higher proportions of users of family planning in southern states of Andhra Pradesh, Tamil Nadu and Karnataka had used sterilization; ranging between 92% in Andhra Pradesh and 68-80% in Karnataka and Tamil Nadu. These are the states that have higher HIV prevalence rate and also the programme in these states is considered to be relatively more efficient than many other states in the country. In spite of this, the dependence on single method of sterilization raises many serious issues. Further, large number of the married young women in states such as Gujarat, Kerala, West Bengal and Assam had reported using traditional methods; withdrawal and safe period methods (35-57% of all users had reported using traditional methods in these states).

Condom use, on the other hand, has not increased in most states in general and among HIV high prevalence states in particular. For example, just less than one percent of married women aged 15-24 in Andhra Pradesh, had used condom while in Tamil Nadu, their share has been about 2-3% during 1992-3 and 2005-6. The scenario is not any better in other states as well. In Delhi, however, condom users have actually declined from 21% in 1992-93 to 19% in 2005-06. Nonetheless, Punjab and Haryana have shown encouraging increase in condom users; from 5-8% in 1992-3 to 12-15% in 2005-6).

It may also be mentioned here that there are other issues which are equally important and reflect on programme performance. For example, the analysis of the data from three rounds of National family Health Surveys reveal that contraception use to delay first pregnancy is extremely poor among the young women and has not really improved over the past 15 years. Only about 4% of young married women used any spacing method (more than half of them used traditional methods) at zero parity in 1992-3. The percentage of such women increased to just about 7% by 2005-6 (nearly three-fifths used traditional methods). This clearly shows that the programme has not been able to promote spacing methods and also to delay first pregnancy among young married women in the country; important indeed for a country where early marriage is widely practiced.

A recently conducted study assessing needs and situation of youth in India² in six states of the country by the International Institute for Population Sciences, Mumbai and Population Council, New Delhi (IIPS and PC 2008, 2009a, 2009b and 2009c) brings out number of important issues in this context. The findings of Youth Study suggest that the youth in India is very poorly informed on sex and reproductive health matters. For example, just about one-third of young men and a little over two-fifth of young women in the country knew that a woman can become pregnant at first sex. The youth appears to be aware of most methods of contraception though, however, it was far from universal. Nonetheless, the Indian youth lack in-depth knowledge of the methods; Just 78% of young men and less half of young women had correct knowledge of at least one modern method (oral pill, emergency contraceptive pill, condom or IUD). In fact, about 77% of young men and less one-third of young women had in-depth knowledge of condom while only 3-4% of them had correct knowledge of emergency contraceptive pill.

Further, Less than 10% of young women and men had correct knowledge of traditional method (withdrawal/safe period method). It is even surprising to see that the level of in-depth knowledge was any better among youth in high HIV prevalence states when compared with other states. Just one-fifth of young men and one-quarter of young women had heard of sexually transmitted infections and of them only about four-fifths could identify at least one symptom of STIs. Comprehensive knowledge of HIV too was very limited as only about two-fifths of youth had comprehensive knowledge of HIV (identifying two major sources of preventing HIV – condom use and limiting to one sexual partner, rejecting three most common misconceptions about HIV – transmission through mosquito bite, sharing food with and hugging a persons who is HIV positive, and knowing that a healthy looking person can be HIV positive.

Not only youth lack knowledge of sexual and reproductive health matters, but also they are very poor informed when it comes to knowledge about minimum legal age at marriage for girls and boys in India and the medical termination of pregnancy act; only about one-half of the young men and two-fifths of young women had correct knowledge of legal age at

² The study is conducted in six states – namely Maharashtra, Rajasthan, Bihar, Jharkhand, Andhra Pradesh and Tamil Nadu. The findings of the four states have been disseminated and the reports are available while the reports for the states of Rajasthan and Andhra Pradesh are in press and would be disseminated in December 2009 and January 2010, respectively.

marriage for boys while about 70% of the young men and 60% of young women correctly had correct knowledge of legal age at marriage for girls in India. Only a handful of youth (less than 7%) were aware of the conditions under which abortion is legal in India. The study findings suggest, the health care providers have played a very limited role in spreading the awareness levels of youth on various sexual and reproductive health matters; Just 7% of young men and 3% of young women reported them as source for providing information on sexual matters (before marriage). Friends and neighbors (neither of them is necessarily equipped to do so) are the major sources imparting knowledge to our youth in these matters.

The study also reveals that contraception use within among youth is very poor (about one-sixth of young men and women reported using contraception at the time of survey) and is even poorer to delay first pregnancy (only 8% of married men and 4% of married women reported doing so). In addition to this, practices related to ante-natal, natal and post natal care too are quiet poor in this segment of the population.

In view of the findings of our analysis and those of the Youth Study, it is important that the family planning programme in the country take a serious note of its current programme and make necessary efforts to address the issues in a more efficient and holistic manner. It is the need of the hour that the Indian Family Planning Programme makes serious efforts to launch a nationwide communication campaign for BCC in order to bring about much desired changes in this very important segment of the population with respect to sexual and reproductive health needs of the youth. Programs are also needed that would address the need of the youth in a more youth friendly manner.

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Table 1: Distribution of currently married young women contraceptive use status and by type of method, 1992-3 to 2005-6.

Contraception status	15-19			20-24			15-24		
	1992-3	1998-9	2005-6	1992-3	1998-9	2005-6	1992-3	1998-9	2005-6
Women									
Number of CMYW	8897	8105	6727	17490	16124	16780	26387	24229	23507
Not using	92.9	92.0	87.0	79.0	73.9	66.6	83.7	80.0	72.5
Current Users	7.1	8.0	13.0	21.0	26.1	33.4	16.3	20.0	27.5
Female Sterilization	1.3	1.5	1.1	10.5	13.3	13.4	7.4	9.3	9.9
Male Sterilization	0.1	0.0	0.0	0.4	0.2	0.2	0.3	0.1	0.1
Oral Pills	0.8	1.3	2.2	1.6	2.9	4.4	1.3	2.3	3.8
IUD/Cu-T	0.6	0.5	0.3	2.1	1.8	1.9	1.6	1.3	1.4
Condom	1.2	1.4	3.3	2.7	3.2	5.9	2.2	2.6	5.2
Periodic Abstinence	1.8	1.7	3.8	2.3	2.7	4.8	2.2	2.4	4.5
Withdrawal	1.2	1.7	2.3	1.3	1.9	2.4	1.3	1.8	2.3
Other methods ⁺	0.1	0.0	0.1	0.0	0.2	0.3	0.1	0.1	0.2
Percentage share of users by type of method among all users									
Sterilization	20.0	18.5	8.5	52.2	52.9	41.1	47.2	47.5	36.8
Modern spacing method (Condom*)	37.1 (17.1)	39.5 (17.3)	44.6 (25.4)	30.6 (12.9)	30.4 (12.3)	37.0 (17.9)	31.3 (13.5)	31.3 (13.1)	38.2 (19.1)
Traditional methods#	46.9	42.0	46.9	17.2	17.7	21.8	21.5	21.2	25.0
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

⁺ Includes users of other methods such as foam, jelly etc.

* Share of condom users in total users

Includes withdrawal, safe period method

Table 2: Distribution of currently married young women by contraceptive use status and share of users by method among all users by place of residence, India 1992-3 to 2005-6.

Place of residence/ Period	Distribution by status				N	% share among users			All
	Non Users	Sterilization	Spacing: Modern	Spacing: Tradit'l		Sterilization	Spacing: Modern (Condom)	Spacing : Tradit'l	
15-24									
Rural									
2005-6	74.8	10.0	8.1 (3.8)	6.9	17931	40.0	32.4(15.2)	27.6	100.0
1998-9	81.6	9.7	4.6 (1.7)	4.1	19306	52.7	25.0 (9.2)	22.3	100.0
1992-3	85.3	7.7	3.5 (1.3)	3.5	20937	52.4	23.8 (8.8)	23.8	100.0
Urban									
2005-6	65.0	10.1	18.2 (9.5)	6.6	5578	28.9	52.1(27.2)	18.9	100.0
1998-9	73.6	8.7	12.9 (6.2)	4.6	4923	33.2	49.2(23.7)	17.6	100.0
1992-3	77.5	7.6	11.6 (5.6)	3.2	5452	33.9	51.8(22.3)	14.3	100.0
15-19									
Rural									
2005-6	87.6	1.0	5.2 (2.8)	6.2	5647	8.1	41.9(22.6)	50.0	100.0
1998-9	92.3	1.5	2.7 (1.2)	3.5	6913	19.5	35.1(15.6)	45.5	100.0
1992-3	93.3	1.4	2.0 (0.9)	3.2	7559	21.2	30.3(13.6)	48.5	100.0
Urban									
2005-6	83.9	1.5	9.2 (5.8)	5.4	1079	9.3	57.1(36.0)	33.5	100.0
1998-9	90.0	1.8	5.7 (2.5)	2.5	1194	18.0	57.0(25.0)	25.0	100.0
1992-3	90.2	1.1	6.6 (3.2)	1.9	1339	11.5	68.8(33.3)	19.8	100.0
20-24									
Rural									
2005-6	68.9	14.2	9.5 (4.3)	7.2	12283	46.0	30.7(13.9)	23.3	100.0
1998-9	75.6	14.2	5.6 (1.9)	4.4	12393	58.7	23.1 (7.9)	18.2	100.0
1992-3	80.7	11.2	4.3 (1.5)	3.7	13377	58.3	22.4 (7.8)	19.3	100.0
Urban									
2005-6	60.5	12.2	20.4 (10.5)	6.8	4497	31.0	51.8(26.6)	17.3	100.0
1998-9	68.3	10.9	15.2 (7.3)	5.3	3729	34.7	48.4(23.2)	16.9	100.0
1992-3	73.4	9.7	13.2 (6.4)	3.6	4113	36.6	49.8(24.2)	13.6	100.0

Table 3: Distribution of currently married young women by contraceptive use status and share of users by method among all users by religion, India 1992-3 to 2005-6.

Religion/ Period	Distribution by status				N	% share among users			All
	Non Users	Steriliz ation	Spacing: Modern	Spacing: Tradit'l		Sterili zation	Spacing: Modern (Condom)	Spacing : Tradit'l	
15-24									
Hindu									
2005-6	72.9	10.7	9.8 (4.9)	6.4	19132	39.8	36.4(18.2)	23.8	100.0
1998-9	80.2	10.2	5.6 (2.3)	3.8	19848	52.0	28.6(11.7)	19.4	100.0
1992-3	83.9	8.3	4.8 (2.1)	3.0	21710	51.6	29.8(13.0)	18.6	100.0
Muslim									
2005-6	71.4	5.7	13.6 (5.6)	9.3	3496	19.9	47.6(19.6)	32.5	100.0
1998-9	80.5	4.9	8.4 (3.3)	6.2	3407	25.1	43.1(16.9)	31.8	100.0
1992-3	83.6	4.7	5.6 (2.1)	5.9	3476	29.0	34.6(13.0)	36.4	100.0
Others [#]									
2005-6	67.3	13.7	13.7 (8.5)	5.2	881	42.0	42.0(26.1)	16.0	100.0
1998-9	73.1	9.5	11.9 (5.9)	5.2	972	35.7	44.7(22.2)	19.5	100.0
1992-3	80.4	4.9	10.6 (4.7)	3.9	1202	25.3	54.6(24.2)	20.1	100.0
15-19									
Hindu									
2005-6	87.8	1.2	5.3 (3.3)	5.7	5522	9.8	43.4(27.0)	46.7	100.0
1998-9	92.6	1.8	2.6 (1.1)	3.0	6682	24.3	35.1(14.9)	40.5	100.0
1992-3	93.6	1.4	2.4 (1.0)	2.6	7431	21.9	37.5(15.6)	40.6	100.0
Muslim									
2005-6	82.5	0.7	8.5 (3.0)	8.2	1020	4.0	48.9(17.2)	47.1	100.0
1998-9	88.7	0.4	5.6 (2.5)	5.3	1190	3.5	49.6(22.1)	46.9	100.0
1992-3	88.0	1.0	4.0 (2.0)	6.5	1162	8.7	34.8(17.4)	56.5	100.0
Others [#]									
2005-6	87.0	2.2	7.0 (5.4)	3.8	184	16.9	53.8(41.5)	29.2	100.0
1998-9	90.9	0.9	5.6 (2.6)	2.6	234	9.0	61.5(28.6)	28.6	100.0
1992-3	94.4	0.0	4.6 (3.3)	1.0	304	0.0	82.1(58.9)	17.9	100.0
20-24									
Hindu									
2005-6	66.8	14.5	11.7 (5.6)	6.7	13611	44.1	35.6(17.0)	20.4	100.0
1998-9	73.9	14.6	7.1 (2.9)	4.2	13166	56.4	27.4(11.2)	16.2	100.0
1992-3	78.8	11.8	6.1 (2.6)	3.3	14280	55.7	28.8(12.3)	15.6	100.0
Muslim									
2005-6	66.8	7.8	15.6 (6.7)	9.8	2475	23.5	47.0(20.2)	29.5	100.0
1998-9	76.1	7.3	9.9 (3.8)	6.7	2217	30.5	41.4(15.9)	28.0	100.0
1992-3	81.4	6.5	6.3 (2.2)	5.6	2313	35.3	34.2(12.0)	30.4	100.0
Others [#]									
2005-6	62.0	16.8	15.5 (9.3)	5.7	697	44.2	40.8(24.5)	15.0	100.0
1998-9	67.5	12.2	14.0 (6.9)	6.1	738	37.8	43.4(21.4)	18.9	100.0
1992-3	75.7	6.6	12.7 (5.2)	4.9	898	27.3	52.5(21.5)	20.2	100.0

[#] includes other religions such as Sikh, Christian, Jain, Parsee, Zoroastrian etc.

Table 4: Distribution of currently married young women by contraceptive use status and share of users by method among all users by caste, India 1992-3 to 2005-6.

Caste/Period	Distribution by status				N	% share among users			All
	Non Users	Sterilization	Spacing: Modern	Spacing: Tradit'l		Sterilization	Spacing: Modern (Condom)	Spacing : Tradit'l	
15-24									
Schedule caste									
2005-6	71.7	11.4	9.0 (4.9)	7.7	4992	40.6	32.0(17.4)	27.4	100.0
1998-9	82.7	8.7	4.1 (1.6)	4.3	4764	50.9	24.0(9.4)	25.1	100.0
1992-3	87.0	7.5	2.6 (1.5)	2.9	3566	57.7	20.0(11.5)	22.3	100.0
Schedule tribe									
2005-6	80.3	9.5	5.8 (2.9)	4.1	2154	49.0	29.9(14.9)	21.1	100.0
1998-9	85.9	8.2	2.8 (0.9)	2.9	2343	59.0	20.1(6.5)	20.9	100.0
1992-3	89.5	6.8	2.0 (0.9)	1.7	2512	64.8	19.0(8.6)	16.2	100.0
Non SC/ST									
2005-6	72.3	9.9	11.2 (5.6)	6.4	15596	36.0	40.7(20.4)	23.3	100.0
1998-9	78.4	9.8	7.3 (3.1)	4.3	17121	45.8	34.1(14.5)	20.1	100.0
1992-3	82.4	7.8	6.0 (2.5)	3.8	20309	44.3	34.1(14.2)	21.6	100.0
15-19									
Schedule caste									
2005-6	85.4	1.3	5.8 (3.5)	7.5	1594	8.9	39.7(24.0)	51.4	100.0
1998-9	93.3	1.3	2.2 (1.2)	3.2	1717	19.4	32.8(17.9)	47.8	100.0
1992-3	94.4	1.3	1.4 (0.9)	2.9	1312	23.2	25.0(16.9)	51.8	100.0
Schedule tribe									
2005-6	91.6	0.3	5.1 (3.2)	3.0	692	3.6	60.7(38.1)	35.7	100.0
1998-9	95.9	1.1	1.0 (0.4)	2.0	837	26.8	24.4(9.8)	48.8	100.0
1992-3	96.0	1.4	1.4 (0.7)	1.2	867	35.0	35.0(17.5)	30.0	100.0
Non SC/ST									
2005-6	88.1	1.2	5.3 (3.2)	5.3	4168	10.2	44.9(27.1)	44.9	100.0
1998-9	90.9	1.7	3.8 (1.6)	3.5	5554	18.9	42.2(17.8)	38.9	100.0
1992-3	92.2	1.3	3.1 (1.4)	3.3	6719	16.9	40.3(18.2)	42.9	100.0
20-24									
Schedule caste									
2005-6	65.3	16.1	10.6 (5.5)	7.8	3398	46.7	30.7(15.9)	22.6	100.0
1998-9	76.8	12.9	5.2 (1.8)	5.0	3047	55.8	22.5(7.8)	21.6	100.0
1992-3	82.7	11.1	3.3 (1.8)	2.9	2254	64.2	19.1(10.4)	16.8	100.0
Schedule tribe									
2005-6	75.0	13.8	6.2 (2.8)	4.7	1462	55.9	25.1(11.3)	19.0	100.0
1998-9	80.3	12.2	3.9 (1.2)	3.4	1506	62.6	20.0(6.2)	17.4	100.0
1992-3	86.0	9.7	2.2 (1.0)	1.9	1645	70.3	15.9(7.2)	13.8	100.0
Non SC/ST									
2005-6	66.6	13.1	13.3 (6.5)	6.9	11428	39.3	39.9(19.5)	20.7	100.0
1998-9	72.4	13.7	9.0 (3.8)	4.7	11568	50.0	32.8(13.9)	17.2	100.0
1992-3	77.6	11.0	7.4 (3.0)	4.0	13590	49.1	33.0(13.4)	17.9	100.0

Table 5: Distribution of currently married young women by contraceptive use status and share by method among all users by educational status, India 1992-3 to 2005-6.

Education /Period	Distribution by status				N	% share among users			All
	Non Users	Sterilization	Spacing: Modern	Spacing: Tradit'l		Sterilization	Sp.Modern (Condom)	Spacing Tradit'l	
15-24									
Non-literate									
2005-6	79.0	10.9	4.7 (2.4)	5.2	9382	52.4	22.6(11.5)	25.0	100.0
1998-9	85.1	9.6	2.3 (0.8)	2.9	12070	64.9	15.5(5.4)	19.6	100.0
1992-3	88.3	7.5	2.0 (0.8)	2.2	15963	62.5	19.2(6.7)	18.3	100.0
Below 8 yrs									
2005-6	69.7	12.2	10.4 (4.2)	7.5	6432	40.5	34.6(14.0)	24.9	100.0
1998-9	76.5	12.1	6.5(2.0)	4.9	5999	51.5	27.7(8.5)	20.9	100.0
1992-3	79.1	9.6	6.3 (1.3)	5.0	5419	45.9	30.1(6.2)	23.9	100.0
8-9 yrs									
2005-6	67.5	9.0	13.8 (6.1)	9.5	3640	27.9	42.7(18.9)	29.4	100.0
1998-9	74.3	8.3	10.8 (4.5)	6.6	2805	32.3	42.0(17.5)	25.7	100.0
1992-3	75.3	8.4	9.8 (3.7)	6.4	2329	34.1	39.8(15.0)	26.0	100.0
10& more yrs									
2005-6	66.2	5.6	21.2 (12.3)	7.0	4053	16.6	62.7(36.4)	20.7	100.0
1998-9	72.4	5.2	16.5 (8.4)	5.7	3354	19.0	60.2(30.7)	20.8	100.0
1992-3	72.9	4.0	17.7 (8.7)	5.2	2676	14.9	65.8(32.3)	19.3	100.0
15-19									
Non-literate									
2005-6	91.9	1.2	2.7 (1.7)	4.2	2819	14.8	33.3(21.0)	51.9	100.0
1998-9	94.3	1.6	1.7 (0.8)	2.3	4360	28.6	30.4(14.3)	41.1	100.0
1992-3	95.1	1.5	1.2 (0.6)	2.1	5770	31.3	25.0(12.5)	43.8	100.0
Below 8 yrs									
2005-6	84.3	1.4	6.8 (3.3)	7.5	2231	8.9	43.3(21.0)	47.8	100.0
1998-9	89.6	2.1	3.8 (1.1)	4.5	2253	20.2	36.5(10.6)	43.3	100.0
1992-3	89.4	1.3	4.1 (1.0)	5.1	1885	12.4	39.0(9.5)	48.6	100.0
8-9 yrs									
2005-6	82.3	0.4	9.5 (4.6)	7.8	919	2.3	53.7(26.0)	44.1	100.0
1998-9	88.3	0.8	5.8 (3.2)	5.1	910	6.8	49.6(27.4)	43.6	100.0
1992-3	87.9	1.1	6.3 (2.8)	4.4	725	9.3	53.4(23.7)	37.3	100.0
10& more yrs									
2005-6	82.2	0.8	10.4 (7.6)	6.6	759	4.5	58.4(42.7)	37.1	100.0
1998-9	88.9	0.0	7.5 (3.9)	3.6	584	0.0	67.6(35.1)	32.4	100.0
1992-3	87.8	0.4	8.3 (5.4)	3.5	518	3.3	68.0(44.3)	28.7	100.0
20-24									
Non-literate									
2005-6	73.4	15.1	5.6 (2.7)	5.7	6563	57.2	21.2(10.2)	21.6	100.0
1998-9	79.9	14.1	2.6 (0.8)	3.2	7711	70.9	13.1(4.0)	16.1	100.0
1992-3	84.4	10.9	2.4 (1.0)	2.2	10194	70.3	15.5(6.5)	14.2	100.0
Below 8 yrs									
2005-6	62.0	17.9	12.3 (4.7)	7.5	4201	47.5	32.6(12.5)	19.9	100.0
1998-9	68.6	18.1	8.2 (2.5)	5.1	3745	57.6	26.1(8.0)	16.2	100.0
1992-3	73.6	14.0	7.4 (1.5)	4.9	3533	53.2	28.1(5.7)	18.6	100.0
8-9 yrs									
2005-6	62.6	11.9	15.3 (6.5)	10.1	2721	31.9	41.0(17.4)	27.1	100.0
1998-9	67.4	12.0	13.2 (5.2)	7.3	1897	36.9	40.6(16.0)	22.5	100.0
1992-3	69.6	11.7	11.3 (4.1)	7.4	1604	38.5	37.2(13.5)	24.3	100.0
10& more yrs									
2005-6	62.5	6.6	23.7 (13.4)	7.1	3295	17.6	63.4(35.8)	19.0	100.0
1998-9	68.9	6.3	18.4 (9.3)	6.1	2771	20.5	59.7(30.2)	19.8	100.0
1992-3	69.3	4.9	20.0 (9.5)	5.6	2159	16.1	65.6(31.1)	18.4	100.0

Table 6: Distribution of currently married young women by contraceptive use status and share of users by method among all users by household standard of living index, India 1992-3 to 2005-6.

SLI/Period	Distribution by status				N	% share among users			All
	Non Users	Sterilization	Spacing: Modern	Spacing: Tradit'l		Sterilization	Spacing: Modern (Condom)	Spacing : Tradit'l	
15-24									
Low									
2005-6	75.6	12.6	5.8(1.7)	5.8	5835	52.1	24.0(7.0)	24.0	100.0
1998-9	83.8	10.3	2.3(0.6)	3.5	8489	64.0	14.3(3.7)	21.7	100.0
1992-3	84.4	9.6	2.9(0.9)	3.1	10325	61.5	18.6(5.8)	19.9	100.0
Medium									
2005-6	72.8	11.0	8.6(3.8)	7.5	7371	40.6	31.7(14.0)	27.7	100.0
1998-9	79.9	9.9	6.0(2.1)	4.1	11725	49.5	30.0(10.5)	20.5	100.0
1992-3	85.8	6.7	4.1(1.7)	3.3	9406	47.5	29.1(12.1)	23.4	100.0
High									
2005-6	64.2	9.0	18.9(10.6)	7.8	6541	25.2	52.9(29.7)	21.8	100.0
1998-9	71.3	6.5	16.1(8.5)	5.9	3724	22.8	56.5(29.8)	20.7	100.0
1992-3	79.7	5.9	10.1(4.8)	4.2	6653	29.2	50.0(23.8)	20.8	100.0
15-19									
Low									
2005-6	89.7	0.9	4.0(1.2)	5.4	1841	8.7	38.8(11.7)	52.4	100.0
1998-9	93.4	1.7	1.9(0.6)	3.0	3152	25.8	28.8(9.1)	45.5	100.0
1992-3	93.4	1.5	2.0(0.7)	3.0	3539	23.1	30.8(10.8)	46.2	100.0
Medium									
2005-6	86.9	1.3	5.0(2.6)	6.8	2178	9.9	38.2(19.8)	51.9	100.0
1998-9	92.3	1.4	3.1(1.4)	3.1	4026	18.4	40.8(18.4)	40.8	100.0
1992-3	93.5	1.5	2.1(1.0)	2.9	3470	23.1	32.3(15.4)	44.6	100.0
High									
2005-6	81.7	0.9	10.8(7.1)	6.6	1335	4.9	59.0(38.8)	36.1	100.0
1998-9	84.8	1.2	8.1(4.2)	5.9	818	7.9	53.3(27.6)	38.8	100.0
1992-3	90.7	0.8	5.1(2.8)	3.4	1888	8.6	54.8(30.1)	36.6	100.0
20-24									
Low									
2005-6	69.0	18.0	6.7(2.0)	6.0	3993	58.6	21.8(6.5)	19.5	100.0
1998-9	78.2	15.3	2.5(0.7)	3.8	5337	70.8	11.6(3.2)	17.6	100.0
1992-3	79.6	13.9	3.4(1.0)	3.1	6786	68.1	16.7(4.9)	15.2	100.0
Medium									
2005-6	66.8	15.1	10.1(4.2)	7.8	5193	45.8	30.6(12.7)	23.6	100.0
1998-9	73.3	14.3	7.5(2.5)	4.7	7700	54.0	28.3(9.4)	17.7	100.0
1992-3	81.3	9.8	5.3(2.1)	3.6	5936	52.4	28.3(11.2)	19.3	100.0
High									
2005-6	59.7	11.0	20.9(11.5)	8.1	5207	27.5	52.3(28.8)	20.3	100.0
1998-9	67.5	8.0	18.3(9.7)	5.9	2905	24.8	56.8(30.1)	18.3	100.0
1992-3	75.3	8.0	12.1(5.6)	4.5	4766	32.5	49.2(22.8)	18.3	100.0

Table 7: Distribution of currently young married women by family planning use by type of method for states, 1992-3 to 2005-6.

State/ period	Distribution by status				N	% share among users			All
	Non Users	Sterilization	Spacing: Modern (Condom)	Spacing: Tradit'l		Sterilization	Spacing: Modern (Condom)	Spacing Tradit'l	
J & Kashmir									
2005-6	76.9	2.7	13.3(6.3)	7.1	113	11.7	57.6(27.3)	30.7	100.0
1998-9	82.8	3.1	10.2(3.9)	3.9	128	18.0	59.3(22.7)	22.7	100.0
1992-3	81.5	3.3	7.6(5.3)	7.6	92	17.8	41.1(28.6)	41.1	100.0
Himachal P									
2005-6	65.9	14.3	18.7(15.4)	1.1	91	41.9	54.8(45.2)	3.2	100.0
1998-9	75.2	10.3	9.3(6.1)	5.2	97	41.5	37.5(24.6)	21.0	100.0
1992-3	78.7	8.5	7.1(4.9)	5.7	141	39.9	33.3(23.0)	26.8	100.0
Punjab									
2005-6	66.1	3.7	24.1(15.4)	6.1	429	10.9	71.1(45.4)	18.0	100.0
1998-9	66.1	5.5	20.1(11.6)	7.7	363	16.5	60.0(34.8)	23.1	100.0
1992-3	75.4	3.8	15.4(8.3)	5.3	468	15.5	62.9(33.9)	21.6	100.0
Uttaranchal									
2005-6	76.3	4.4	15.6(12.6)	3.7	135	18.6	65.8(53.2)	15.6	100.0
1998-9	-	-	-	-	-	-	-	-	-
1992-3	-	-	-	-	-	-	-	-	-
Haryana									
2005-6	68.9	6.8	17.9(11.5)	6.1	426	22.1	58.1(37.3)	19.8	100.0
1998-9	75.2	7.4	9.8(3.9)	7.6	408	29.8	39.5(15.7)	30.6	100.0
1992-3	80.2	7.0	8.2(4.5)	4.5	572	35.5	41.6(22.8)	22.8	100.0
Delhi									
2005-6	64.6	2.5	24.8(18.6)	8.1	161	7.1	70.1(52.5)	22.9	100.0
1998-9	65.3	4.5	24.3(15.8)	5.9	202	13.0	70.0(45.5)	17.0	100.0
1992-3	63.5	2.1	32.2(20.9)	2.1	233	5.8	88.5(57.4)	5.8	100.0
Rajasthan									
2005-6	82.2	7.0	9.0(5.9)	1.7	1438	39.5	50.8(33.3)	9.6	100.0
1998-9	86.1	6.0	5.9(3.3)	1.8	1345	43.8	43.1(24.1)	13.1	100.0
1992-3	93.5	3.1	2.5(1.2)	0.9	1374	47.7	38.5(18.5)	13.8	100.0
Uttar Pradesh									
2005-6	76.9	3.3	9.4(7.0)	10.1	3991	14.5	41.2(30.7)	44.3	100.0
1998-9	90.3	2.0	4.0(2.5)	3.5	4404	21.1	42.1(26.3)	36.8	100.0
1992-3	94.2	1.0	3.8(2.4)	0.9	4707	17.5	66.7(42.1)	15.8	100.0
Bihar									
2005-6	87.4	5.3	4.0(2.5)	3.3	2561	42.1	31.7(19.8)	26.2	100.0
1998-9	94.2	2.6	1.2(0.5)	1.9	2795	45.6	21.1(8.8)	33.3	100.0
1992-3	94.2	2.1	2.4(0.8)	1.3	3026	36.2	41.4(13.8)	22.4	100.0
Arunachal P									
2005-6	72.7	4.5	18.2(4.3)	4.5	23	16.5	66.9(15.8)	16.5	100.0
1998-9	82.6	4.3	13.0(0.0)	0.0	23	24.9	75.1(0.0)	0.0	100.0
1992-3	86.2	3.4	6.9(0.0)	3.4	29	24.8	50.4(0.0)	24.8	100.0
Assam									
2005-6	60.1	1.4	15.5(1.9)	22.8	574	3.5	39.0(4.8)	57.4	100.0
1998-9	77.7	1.4	7.5(1.6)	13.3	573	6.3	33.8(7.2)	59.9	100.0
1992-3	73.7	3.2	5.3(1.6)	17.6	677	12.3	20.3(6.1)	67.4	100.0
West Bengal									
2005-6	46.1	8.0	23.2(4.6)	22.2	2237	15.0	43.4(8.6)	41.6	100.0
1998-9	53.2	9.9	15.9(2.7)	20.8	2026	21.2	34.1(5.8)	44.6	100.0
1992-3	61.7	10.2	7.4(1.9)	20.3	2166	26.9	19.5(5.0)	53.6	100.0

Table 7: contd..

State/ period	Distribution by status				N	% share among users			All
	Non Users	Sterilization	Spacing: Modern (Condom)	Spacing Tradit'l		Sterilization	Spacing: Modern (Condom)	Spacing Tradit'l	
Jharkhand									
2005-6	84.6	5.4	6.9(3.8)	2.9	850	35.5	45.4(25.0)	19.1)	100.0
1998-9	-	-	-	-	-	-	-	-	-
1992-3	-	-	-	-	-	-	-	-	-
Orissa	80.9								
2005-6	85.2	4.6	10.4(3.5)	4.0	820	24.2	54.7(18.4)	21.1	100.0
1998-9	88.1	6.9	4.5(0.3)	3.1	785	47.6	31.0(2.1)	21.4	100.0
1992-3		8.1	3.0(0.6)	0.7	946	68.6	25.4(5.1)	5.9	100.0
Chhattisgarh									
2005-6	82.5	8.4	6.1(3.7)	2.7	510	48.8	35.5(21.5)	15.0)	100.0
1998-9	-	-	-	-	-	-	-	-	-
1992-3	-	-	-	-	-	-	-	-	-
Madhya P									
2005-6	79.7	9.2	7.5(4.8)	3.6	1450	45.3	36.9(23.6)	17.7	100.0
1998-9	86.5	8.1	4.4(2.8)	0.9	2137	60.4	32.8(20.9)	6.7	100.0
1992-3	90.5	4.9	3.9(2.2)	0.7	2368	51.6	41.1(29.5)	7.4	100.0
Gujarat									
2005-6	66.1	8.1	14.1(8.7)	11.7	1032	23.9	41.6(25.7)	34.5	100.0
1998-9	76.2	9.4	8.8(4.0)	5.4	1073	39.8	37.3(16.9)	22.9	100.0
1992-3	85.2	5.7	7.0(2.0)	2.1	1150	38.5	47.3(13.5)	14.2	100.0
Maharashtra									
2005-6	68.9	15.2	14.4(7.3)	1.4	2067	49.0	46.5(23.5)	4.5	100.0
1998-9	75.2	14.2	9.5(4.8)	1.1	2279	57.3	38.3(19.4)	4.4	100.0
1992-3	76.9	14.6	7.5(3.1)	1.0	2519	63.2	32.5(13.4)	4.3	100.0
Andhra P									
2005-6	66.4	31.0	1.8(0.5)	0.8	1857	92.3	5.4(1.5)	2.4	100.0
1998-9	71.2	26.4	2.1(0.7)	0.3	2321	91.7	7.3(2.4)	1.0	100.0
1992-3	79.5	18.4	1.8(0.6)	0.3	2330	89.8	8.8(2.9)	1.5	100.0
Karnataka									
2005-6	69.2	24.6	5.1(1.7)	1.1	1325	79.9	16.6(5.5)	3.6	100.0
1998-9	74.4	20.7	4.3(0.7)	0.6	1287	80.9	16.8(2.7)	2.3	100.0
1992-3	78.2	16.4	4.4(0.8)	1.0	1405	75.2	20.2(3.7)	4.6	100.0
Kerala									
2005-6	67.0	6.6	14.9(8.6)	11.5	349	20.0	45.2(26.1)	34.8	100.0
1998-9	74.5	9.7	7.9(5.5)	7.9	494	38.0	31.0(21.6)	31.0	100.0
1992-3	74.7	9.5	9.9(4.7)	5.9	558	37.5	39.1(18.6)	23.3	100.0
Tamil Nadu									
2005-6	74.5	17.3	6.6(3.2)	1.6	867	67.8	25.9(12.5)	6.3	100.0
1998-9	79.3	13.8	5.7(1.6)	1.1	1306	67.0	27.7(7.8)	5.3	100.0
1992-3	75.8	14.2	7.4(2.2)	2.6	1426	58.7	30.6(9.1)	10.7	100.0
India									
2005-6	72.5	10.0	10.5(5.2)	6.8	23502	36.6	38.5(19.0)	24.9	100.0
1998-9	80.0	9.5	6.3(2.6)	4.2	24231	47.5	31.5(13.0)	21.0	100.0
1992-3	83.7	7.7	5.2(2.2)	3.4	26392	47.2	31.9(13.5)	20.9	100.0

Note: Row totals may not add up to 100 as others category is not shown in the tables