

Deciphering relevance of unmet need for family planning methods among currently married adolescent women in India: An exploration from the National Family Health Survey(NFHS), 2015-16

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Introduction:

Unmet need for family planning method has been the most popular indicators and buzz word to assess the health of family planning among policy makers and programme managers. Programme managers take the level of unmet need for family planning as sacrosanct indicator to assess contraceptive need among sexually active women across all the reproductive age groups. Even though knowing well that unmet need is merely a demographically defined indicator conditioned on several reproductive state of women (fecundity and sexually active), her desire to have or not to have children in future, wantedness of the last birth and pregnancy and a few others like sterility (Westoff and Bankole, 1998).

Sometimes merely reducing unmet need for family planning for certain population subgroups may not serve the purpose. For example, India's national population policy (2000) aimed to raise age at first birth to 20 years and promote to have minimum a three-year interval between two consecutive births (Government of India, 2000). Further, the Government of India in 2013 launched the reproductive, maternal, newborn, child and adolescent health (RMNCH+A) strategy to improve maternal, child and adolescent health status in the country emphasizing these goals (Government of India, 2013). In particular, previous research have shown that childbearing in adolescence poses additional life risks to both mother as well as child.

In a society like India, the postponement of childbearing beyond adolescence is possible either by the postponement of age at marriage or universal and effective use of family planning methods and access to free, legal and safe abortion services to married adolescents. The unmet need may be more suitable indicator in those societies where women can efficiently decide and execute her reproductive goals than otherwise. Advocates of unmet need approach generally believe that most of women even with non-literate, rural and disempowered background who state no desire to have children are potential users of modern contraceptive methods in near future (generally within a year). However, it may not be possible for a woman with such background to synchronizing her own statement and link "not have children" with the use of effective contraceptive use in near future. In addition, the decision to use or not lies with other members of the household and therefore own intention of having or not having children would be sometimes completely independent of translating into actual use of contraception. It may, therefore, be difficult for end level service providers to turning such desires into action (Ram and Shekhar, 2002). This is of great concern at the implementation level of policy for reducing unmet need for contraception and thus has serious consequences on unwanted fertility (Westoff and Bankole, 1998).

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The concept of unmet need defines the chasm between women's contraceptive behavior and their reproductive intentions (Ayele *et al.*, 2013). Couples can control the number and spacing of their children who use contraception. The Contraceptive use can prevent unintended pregnancies, abortions and deaths related to pregnancy and childbirth. Involuntary pregnancies have grave costs for the health and well-being of women as well as families, mainly in developing nations where maternal mortality is too high, and abortions are every so often unsafe. According to More than 358,000 women die because of pregnancy-related causes every year as said by the World Health Organization (WHO, 2010). Enough women's unmet need for family planning reduces a considerable amount of total fertility rate (Black *et al.*, 2010).

Women with unmet need are those who want to stop or delay childbearing but are not using any method of contraception (United Nations, 2014). Approximately 17 per cent of all wedded women, aspire to stop or delay childbearing pregnancy but are not using any contraception method (Ross and Winfrey, 2002). Albeit, over the last decade, contraceptive use has been rising to lead to falling in unmet need for family planning in many countries, but still, it remains high in several countries which betokening that more strong efforts are needed to understand and to meet the demands of unmet need. Moreover, around 818 million women want to avoid pregnancy in developing countries (Kumar, 2017). About 17 per cent of these womenfolk is not at all using any contraceptive method, while 9 per cent are using traditional methods (Kumar, 2017; Darroch *et al.*, 2011). That is why an estimated around 215 million women have an unmet need for modern contraception in developing countries.

It was also found that only 7 per cent of nuptial women in the age group 15-19 years and 22 per cent in the age group 20-24 years used modern methods of contraception (Stillman *et al.*, 2014). As per the study in Uttar Pradesh displays that 64 per cent of rural women did not want their last pregnancies in the age group of 15-34 years (20 per cent did not want any more child, and 44 per cent wanted to space pregnancy. In the same way, in the state of Bihar, 53 per cent of pregnancies were unwanted in rural young women (Bhatnagar *et al.*, 2011).

Many married youths intend to delay the first pregnancy (Barua *et al.* 2001, Alexander *et al.* 2006, Jejeebhoy *et al.* 2014), but few practice contraception to delay the first pregnancy (Barua *et al.* 2001, Alexander *et al.* 2006, Santhya *et al.* 2007; Santhya *et al.* 2008; Jejeebhoy *et al.* 2014). Married adolescent experience regular sexual relations, less likely to use condoms and less likely to refuse sex than are unmarried sexually active adolescents or adult women which have many health consequences (National Research Council and Institute of Medicine, 2005). Comprehensive programming with gender-synchronized interventions tailored to specific life stages and aimed at different levels of the socioecological model can effectively increase contraceptive use among married young people in a conservative context (Subramanian *et al.* 2018). Delay marriage and recognise the special vulnerabilities of married adolescent females. There is a need to raise awareness among girls, parents, teachers and community leaders, but more importantly, there is also a need to hold the government accountable for enforcing the legal age of marriage for girls (Santhya and Jejeebhoy, 2003).

From the ocean, some most crucial reasons for unmet need for family planning that are frequently mentioned in the existing literature are irregular sex, breastfeeding, antagonism to family planning by women herself, their partners, or other family associates, method-related glitches and health

concerns. Lack of awareness about methods or sources of supply also plays an important role, mainly those countries where unmet need is comparatively high; price and access are other reasons to a lesser degree (Paudel, and Budhathoki, 2011). Seventy percent women with unmet need from Sub-Saharan Africa, Southeast Asian and South Central Asia regions reported for nonuse of contraception that could be corrected with suitable methods. Out of these 23 per cent stated health risks or side effects of the method as main cause; 21 per cent had infrequent sex; 17 per cent were postpartum or breastfeeding, and 10 per cent faced disagreement from their spouses or others. Other reasons reported by women in the three regions as mentioned earlier include: access-related reasons account for 29 per cent for not using contraceptives. Personal resistance to contraception use (because of religious orthodox, socio-cultural customs, etc.) contribute 16 per cent of unmet need. Personal antagonism is more popular reason in South Central Asia (20 per cent) and Sub-Saharan Africa (14 per cent) than in Southeast Asia (6 per cent). Lack of awareness about modern methods accounts for only 4 per cent (Singh *et al.*, 2009; United Nations, 2009)

Rationale of the study:

Some studies have suggested that intention to use is a better predictor of future demand for contraceptive methods than unmet need in certain population subgroups (Ross and Winfrey, 2001; 2002). Some even states to the extent that the unmet need concept has been misused and misunderstood (Bradley and Casterline, 2014). This seems to be true in case of India too where the levels of unmet need for family planning methods have been available since the first demographic health survey in 1992-93. The trends in unmet need and contraceptive use particularly have shown much improvement in case of adolescent married women across different rounds of the surveys. According to the NFHS (2015-16), only one in 10 currently married women uses modern contraceptive methods and 22 percent of currently married women were in unmet need for contraceptive methods in the age group 15-19 years (IIPS and ICF, 2017). Therefore, researchers and policy makers must think weather translating the prevailing unmet need into modern contraceptive use is sufficient to achieve the RMNCH+A goals. The authors own calculation using the NFHS (2015-16) data suggests that about 12 percent of all births in three years preceding the survey were from women aged below 19 years. The proportion of currently pregnant and ever any had pregnancy in this bracket of age is also not less common. Therefore, these reproductive outcomes would have multidimensional social, economic and health consequences to overall development and health of adolescent married women in India.

Objective:

Therefore, this paper aims to examine levels of unmet need for family planning methods among currently women aged below 19 years (15-18) and current use of modern contraceptive methods. It intends to analyze all the components by definition are used in the calculation of unmet need for family in case of currently married adolescent women age 15-18 years. It also recommends a few programmatic implications to meet the contraceptive need of married adolescents in India.

Data and Methods:

The very first time in the history of demographic health survey in India, the fourth round of the national family health survey (2015-16) allows researcher to decipher the fertility, family planning and unmet need issues as an in-depth analysis. It could be possible due to five times enlarge sample size of currently married in the current round. Therefore, the national family health survey (2015-16) has been utilized for the analysis in this paper. In the survey, the information were sought on socioeconomic background of households and individual's characteristics. It encompasses wide range of issues including marriage, fertility behavior, family planning, maternal and child health, exposure of communicable and non-communicable diseases, substance use, domestic and spousal violence, and knowledge and awareness about HIV/AIDS.

In this paper we have mainly analyzed women's response on marriage, fertility, fertility preferences and family planning. A total of 9,370 currently married women below age 19 years (i.e. 15-18 years), henceforth also called currently married adolescent women, were found in the individual data file for women in the reproductive age group, and this was the nationally represented sample of currently married women in the age group 15-18 years. While analyzing the data on the above aspects, we have used the national weight given in the dataset to make our nationally representative and thus sample size swelled finally to 10,520 women.

All the percentages given in this analysis are based on weighted national sample. The data analysis was carried out with the help of statistical software STATA/SE version 15.1 (StataCorp LP, College Station, TX). Future analysis will use suitable statistical model to make our results generalize and unbiased from sample fluctuations.

Results:

Socioeconomic and demographic characteristics of surveyed currently married women age 15-18 years

Table 1 shows that a weighted sample of 10,520 currently married women age below 19 years i.e. the age group 15-18 years was achieved for further analysis. Among them, majority (63%) reported their age at 18 years, 22% at 17 years, 11% at 16 years, and the rest 4% at 15 years on the survey date. A large majority of them belong to rural (82%), Hindu (79%), shorter (0-2 years) marital duration (88%), and did not experience any live birth (74%).

On the social front, half of currently married women age 15-18 possess 8-11 years of schooling, and less than 1 in 10 reported 12 and above years of schooling. Nearly one in six have reported no schooling, and 23% reported 1-7 years of schooling. Slightly above one-third (35%) reported to belong to scheduled castes/tribes and about 41% comes from other backward classes. Therefore, a majority of them belong to socially and economically marginalized section of the society. Twenty-nine per cent each fell in the poorest and poorer wealth quintile. On the contrary, only five per cent comes from the richest quintile of wealth index.

Experience of reproductive event, use modern contraceptive methods and unmet need

Although majority of women in the sample for the analysis (74%) did not report any live birth but nearly half of them (47%) have already experienced one of the reproductive events at least once from live birth, pregnancy loss and currently pregnant on or before the survey date (Table 1). These

indicators have been tabulated by status of women living with husband/partners at the time of survey in Table 3.

It is to be noted that most of women age 15-18 (more than 90%) who reported that their current pregnancy and/or the last livebirth (majority of them had one only) was wanted (Table 2). This component has been place since revised unmet definition (exposure) also considers on wantedness regarding the last birth/pregnancy and current pregnancy as well.

The prevalence of modern contraceptive methods use among women in the analysis is as low as 8.7 percent. It remains low across (9) all four years of age reported and ranges between 7.3% at 16 years and 9.0% at 18 years. It is also seen that most women were using spacing methods in this age group.

In the age group 15-18 years, unmet need for limiting family planning methods among currently married women is found negligible (0.7%). Therefore, we have given focus to unmet need for spacing methods. As per the exposure definition of unmet need, 21% of women were found in unmet need for spacing family planning methods. For the segment of the age group in the analysis, it ranges between 19% at age 17 years to 29% at age 15 years.

Consideration of sexual activity and fecundity in the definition of unmet need

Both fecundity and sexually active states are considered in the definition of unmet need. Therefore, we have bifurcated currently married women age 15-18 into two subgroups: one who were living with husband/partner and other who did not at the time of survey. We have compared indicators in diagrammatic fashion to make clear distinctions between the two subgroups and tabulated a few above indicators by status of women living with husband/partner or not (see Table 3).

Table 3 also shows that 18% women who were currently not living with husband were pregnant as compared to 21% among those who were living with husband/partner at the time of survey. However, there has been stark difference in the proportion of currently pregnant women between the two subgroups at age 15 years. In addition, the proportion women experiencing at least one reproductive event (livebirth, pregnancy loss, currently pregnant) is found to be higher among women who were staying with husband (48%) at the time of survey than those who did not (42%). It was found that 29% versus 9% at age 15 years, 35% versus 27% at age 16 years, 45% versus 39% at age 17 years.

It is to be noted that a sub-sample of women were asked about status of sexual activity in the survey and it is tabulated by status of stay with husband/partner in the Table 3. Assuming a woman who had sex with husband within last 30 days at least once is assumed to be sexually active. It finds that only 73% currently married non-pregnant and non-amenorrhoeic women in the age group 15-18 were sexually active irrespective their status of living with husband at the time of survey. Among those who were staying with husband/partner, 84% were sexually active as against only 28% among those who were not staying with husband/partner at the time of survey.

Indicators shown in Boxes: Of the total sample, 15.6% currently married women in the age group 15-18 years were not staying with husband/partner and the rest were staying with husband/partner at the time of survey. The first panel of box in each row shows the indicators for the former group

of women and the second panel depicts for the latter. The box in the second row shows that approximately 98% of women who were not leaving with husband/partner were found fecund as compared to 93% of those leaving with husband/partner at time of survey.

The box for unmet need shows huge difference in the levels of unmet need for family planning methods between the two subgroups of women. About 35% women age 15-18 years not staying with husband/partner were in unmet need as compared with 18% among their counterparts who were staying with husband/partner. Similarly, use of spacing contraceptive method was 3% in the former group as compared to 13% in the latter.

Table 4 shows desire to have another child did not vary between the two subgroups (86% want to have the next child). In fact, timing to have another child differ between the two subgroups of women. About 31% women wished to have the next child within one year among those women age 15-18 who were staying with husband/partner as compared to only 19% among those who did not stay with husband at the time of survey. The proportion of women who desired to have next child after two years is slightly higher (54%) among those who were not staying with husband/partners than those who were staying with husband/partner (45%). A similar indicator has been generated for each year of age. It shows that 43% of those who desired the next child wanted to have it within two years among women age 15 years. The proportion of such women increased to 17% for women age 17 years.

Table 5 is generated to tabulate the percentage regarding what percent of desired births could be less than the recommend three-year birth interval. It suggests that around one-fifth of births among adolescent currently married women with the last surviving child age less than one year may potentially have shorter interval births. A similar volume of shorter interval birth may likely to occur among women age 15-18 who have their last child's age 1-2 years and 2 years and above. It also provides how long currently pregnant women would wait for the next desired child. Table 5 reveals that 33% pregnant women wanted to have another child within one year and 24% wanted to have the next child within 1-2 years. However, a large majority (75%) of non-pregnant women (15-18) years wish to have child after two or more years.

Figure 1 depicts the intention to use a family planning method within the next 12 months among those who were classified in unmet need for spacing method of family planning. One can see that only around 37% currently married women in unmet need for spacing contraceptive methods intended to use a method within 12 months from the survey date. Such a proportion does not vary across age within 15-18 years though it is relative higher among women at age 15 years (39%).

Discussion and Policy Implications:

In India, 12 percent of all births from currently married women age 15-49 comes from women in the age group 15-18 years. Such a fertility behavior in any population has huge health consequences on young mothers and children born to them too. Our analysis shows that nearly half (47%) of currently married women age 15-18 years have experienced at least on either a livebirth or pregnancy loss or become pregnant by the time of survey. Twenty-six percent of currently married women (15-18) have reported to have at least one livebirth and 21 percent were pregnant on the day of survey. It is also to be noted that most of the current pregnancies (90%) or

recent livebirths (93%) among women these adolescent mothers were reported as wanted. There should be some mismatch between what these young adolescent currently married women (15-18) and what presently family welfare and health programmes are offering to them.

On the other hand, the level of modern contraceptive use is found dismal among women in the study group and almost one-fifth were found to be in the unmet need for modern spacing methods of family planning.

The paper also finds that 86% of women (15-18) who were staying with their partner/husband wanted to have another child in the future, and half of them wanted to have within two years and 45% after two years. In order achieve the postponing of the first birth to age 20 years or beyond, most of them must be in unmet need for spacing methods of family planning rather than only 17% as estimated using the standard international definition of unmet need.

The findings also reveal that a large proportion of women (15-18) are going to have shorter birth intervals between the two consecutive births. Almost 57% percent of currently pregnant women (15-18) have expressed their desired to have the next child within 24 months of the survey date. This should a serious concern as such a high risk fertility behavior yields high health hazards to mother as well as child.

Our analysis has also brought out that international definition of unmet need for family planning method may simply mislead programme manager and policy makers especially in case of assessing contraceptive need among married adolescents in India. Our analysis indicates that women not staying with husband/partner have also produced a high unmet need level according to the uniform definition of unmet need across all cultures and age groups. Also treating all those sexually active those who were currently married or basing it on staying with or without partner/husband may also mislead to estimate potential demand for contraception especially to the end level service providers. In addition, only 37% percent of currently married women (15-18) who were classified in unmet need (by the standard definition) were intended to use some family planning method to delay or avoid pregnancy. This result is fairly close to what Ross and Winfrey (2001) shown in their study.

In sum, we would like to suggest that programme manager and policy makers should not take only unmet need as a guiding principle or sacrosanct indicator to assess the contraceptive demand especially among adolescent currently married women in India. Why they should not be oriented towards and achieving goals of universal and effective use of family planning method among adolescent women rather focusing only on the unmet need. In this, policy guidelines should be set to educate and promote young married women to postpone their first birth to age 20 years or above.

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Table1.Sociodemographic characteristics of currently married women 15-18 Year, NFHS, India, 2015-16.

Background	Unweighted Sample	Weighted Sample	Weighted percent
Age (years)			
15	356	454	4.3
16	943	1,120	10.7
17	2,035	2,338	22.2
18	6,036	6,609	62.8
Residence			
Urban	1,460	1921	18.3
Rural	7,910	8599	81.7
Education			
Non-literate	1,706	1,769	16.8
1-7 years schooling	2,208	2,476	23.5
8-11 years schooling	4,656	5,383	50.2
12+ years schooling	800	992	9.5
Castes/Tribes			
Scheduled Caste	2,017	2,473	23.5
Scheduled Tribe	1,690	1,256	11.9
Other Backward Class	3,851	4,302	40.9
Others	1,812	2,488	23.7
Religion			
Hindu	7,212	8,293	78.8
Muslim	1,483	1,858	17.8
Others	675	368	3.5
Wealth Index			
Poorest	2,944	3,058	29.1
Poorer	2,860	3,085	29.3
Middle	1,938	2,316	22.0
Richer	1,166	1,516	14.4
Richest	462	544	5.2
Region			
Northern	1,123	850	8.1
Central	2,209	1,790	17.0
Eastern	3,209	4,410	41.9
Northeastern	1,276	469	4.5
Western	817	1,472	14.0
South	846	1,527	14.5
Marital Duration			
0-2 Years	8,250	9,221	87.7
3-5 years	984	1,151	10.9
6+ Years	136	159	1.4
Children Even Born			
0	6,881	7,791	74.0
1	2,218	2,446	23.3
2+	271	282	2.7
Ever birth/Pregnancy Loss/Currently Pregnant			
NO	4,882	5,547	52.7
YES	4,488	4,973	47.3
Total	9,370	10,520	100.0

Table 2. Contraceptive use, wantedness of current pregnancy and last birth, and unmet need for spacing methods of family planning among current married women age 15-18 years, NFHS, India, 2015-16

Indicators	Percentage	Weighted Sample
Current Pregnancy		
Wanted	90.2	2,192
Last birth		
Wanted	92.5	2,718
Current contraceptive Use (modern method)		
Age		
15	7.9	454
16	7.3	1,120
17	8.4	2,337
18	9.0	6,609
All	8.7	10,520
Unmet need for spacing		
Age		
15	29.1	454
16	26.3	1,120
17	20.2	2,337
18	19.2	6,609
All	20.6	10,520

Table 3 Fertility and other reproductive states among women 15-18 years, NFHS, India,2015-16

Indicators	Currently not living with partner/husband % (weighted N)	Currently living with husband/partner % (weighted N)	All % (Weighted N)
Proportion of women had at least one birth or ever had pregnancy loss or currently pregnant			
15 years	9.4 (73)	29.1 (381)	25.9 (454)
16 Years	26.8 (237)	34.9 (883)	33.2 (1,120)
17 Years	38.7 (362)	45.4 (1,975)	44.4 (2,337)
18 Years	49.3 (974)	52.6 (5,635)	52.2 (6,609)
15-18	41.9 (1,646)	48.3 (8,874)	47.3 (10,520)
Proportion of women had			
No Birth	77.0	73.5	74.1
One Birth	20.7	23.7	23.3
Two Births	2.3	2.8	2.6
N (Weighted)	1,646	8,874	10,520
Currently Pregnant			
15 years	6.7 (73)	17.0 (381)	15.4 (454)
16 Years	12.0 (237)	17.9 (883)	16.7 (1,120)
17 Years	17.2 (362)	22.4 (1,975)	21.6 (2,337)
18 Years	21.2 (974)	21.8 (5,635)	21.7 (6,609)
15-18	18.3 (1,646)	21.3 (8,874)	20.8 (10,520)
Currently Sexually active (last 30 days) asked from sub-sample only and non-pregnant and non-amennorrhic)			
Yes	27.7	83.9	72.9
N (Weighted)	236	970	1,205

Weighted Sample of Married Women (Below 19 years of Age)
NFHS (2015-16)=10,520

Currently not living with
Husband/Partner (1,646)

- 1) Fecund: 1,624=> Cur. Pregnant (No or unsure: 1,258; Yes: 288 (wanted 251))
- 2) LMP>5r or Never Menstruated :12
- 3) Hyst./Menopause (PPA): 3
- 4) Period not return since last birth: 78 (PPA=68)

Currently living with Husband/Partner
(8,874)

- 1) Fecund: 8,258=> Cur. Pregnant (No or unsure: 6,458; Yes: 1,800 (1632))
- 2) LMP>5r or Never Menstruated :82
- 3) Hyst./Menopause (PPA): 21
- 4) Period not return since last birth: 483 (PPA=426)
- 5) Other responses: 29

(2)

Unmet Need for FP Methods:
Spacing: 35.3% (581)
Limiting: 3.3% (54)

Current contraceptive use:
Spacing: 3.0% (49)
Limiting: 1.0% (16)

Unmet Need for FP Methods:
Spacing: 17.8% (1,583)
Limiting: 2.0% (179)

Current contraceptive use:
Spacing: 13.8% (1,224)
Limiting: 1.7% (152)

Work in progress not to

Table 4 Desire to have another child and reported timings among currently women aged 15-18, NFHS, India, 2015-16.

Indicators	%	(Weighted N)
Proportion of women desired the next child:		
Have another	85.9	9,034
Undecided	5.4	572
No more	6.1	638
Others	2.6	76
All	100.0	10,520
Proportion of women who desired the next child by timing to have the child		
<u>Staying with partner/Husband:</u>		
Within 1 year	30.8	2,352
1-2 years	20.3	1,549
After two years	44.9	3,429
Others Responses	4.0	301
All	100.0	7,632
<u>Not staying with partner/Husband:</u>		
Within 1 year	19.2	270
1-2 years	20.9	294
After two years	54.0	758
Others Responses	5.9	83
All	100.0	1,403
Percentage of women wants the next child by timing and age		
<u>15 years:</u>	100.0	380
Within 2years	42.8	163
After 2 years	50.9	193
Others	6.4	24
<u>16 Years:</u>	100.0	969
Within 2years	48.6	470
After 2 years	47.0	456
Others	4.4	43
<u>17 Years:</u>	100.0	1,986
Within 2years	51.1	1,014
After 2 years	44.7	887
Others	4.2	85
<u>18 Years</u>	100.0	5,700
Within 2years	49.4	2,818
After 2 years	46.5	2,650
Others	4.1	232

Table 5 Distribution of women over time to desire the next child by age of the last child and current pregnancy status, NFHS, India, 2015-16.

	Time to have the next child				Weighted N
	Within 1 year	1-2 years	2+ years	Others	
Age of the last child					
Less than 1 year	9.0	11.4	75.6	4.0	1,319
1-2 years	16.4	17.6	63.1	2.9	564
2+ years	21.9	13.7	60.3	4.1	206
Currently Pregnant:					
Yes	32.7	24.2	39.1	3.9	7,203
No	14.4	5.4	74.9	5.3	1,831

Figure 1: Percentage of women age 15-18 who intended to use a family planning method within the next 12 months among those who were classified in unmet need for spacing methods of family planning, NFHS, India, 2015-16.

