Contraceptive Behaviour, Unmet Need and Intentions to Use Family Planning Method among Married Adolescent Women in Uttar Pradesh (India)

Introduction:

The World Health organization (WHO) defines adolescents as persons between 10 and 19 years of age. They make up about 20 per cent of the world population (of whom 85 per cent in developing countries) (WHO 1998). Furthermore, adolescents are increasingly seen as 'gateway to health' because behavioral patterns acquired during this period tend to lead throughout adult life. Reproductive health was a key theme of the 1994 International Conference on Population and Development. The Cairo Program of Action's chapter on reproductive rights goes beyond the earlier World Population Plan of Action in specifically underscoring the need to contend with the adolescent reproductive health issues of unplanned pregnancies, sexually transmitted disease, and unsafe abortion. The program of action acknowledges the need for urgently address the well-documented maternal and infant health problems of high risk pregnancies including, by definition, the pregnancies of adolescent women (WHO 1989; Bledsoe 1993; Mc Devitt 1996; Sinan Ozalp 2003). Although teenage fertility in developing countries is declining, age-specific marital fertility rates remain extremely high relative to those in the developed world. Widely varying levels of teenage fertility, the health and social consequences of early childbearing, and the low priority given to providing special information, education and counseling (IEC) programs for potential teenage acceptors of contraception are discussed by Katherine et *al*. (1979).

The low level of contraceptive use and the high level of unmet need for family planning methods among married adolescents are recognized worldwide (Westoff 1988). Awareness and knowledge about contraceptive methods, availability of services, various myths and misconceptions and familial level decisions are some of the crucial factors that determine the prevalence of contraceptive use in various settings (Casterline et al. 1997). The concept of unmet need for family planning refers to a discrepancy between expressed fertility desires and contraceptive practice. Unmet need for contraception and its variants are statistically derived measures of potential demand from the first kind of information for family planning where as, other one is a direct measure of the potential demand. Advocates of unmet need generally believe that a large number of illiterate women with rural background those who desired not to have children, should use modern methods of contraception. It may not be possible for a woman to comprehend and synchronize her own statement and link "not having children" with the use of contraception. Further, in many countries, decision to use or not to use lies with other members of the household; and therefore her own intention of not to have children, would often be independent of the status of contraceptive use. It is, therefore, difficult for the end level service providers to translate such women's desire into action. This is of a great concern at the implementation level of policy, reducing unmet need for contraception; and also has serious consequences as those who are in unmet need contributes largely to unwanted fertility (Westoff and Bankole 1998). However, Ross and Winfrey (2001) considered a direct measure of potential demand for family planning in term of intention to use regarding contraceptive methods. In this context, the intention to use seems to be a more appropriate indicator of the demand than the

prevalence of unmet need (Casterline and Sinding 2003; Roy et *al.* 2003; Ram et *al.* 2005). *Ross and Winfery* in their study of 27 countries found that "across the 27 countries, there is much unsatisfied interest in, and unmet need for, contraception. Unweighted country averages indicate that two-thirds of women who are within one year of their last birth have an unmet need for contraception, and nearly 40 percent say they plan to use a method in the next 12 months but are not currently doing so.

In India, adolescent girls aged 15-19 constitute about 10 per cent of the population. About 40 per cent of adolescent girls are married before the age of 18, at a median age of 16, in contravention of the minimum legal age (IIPS 1995). According to RGI estimates, married adolescents (15-19) contribute 20 percent to the total marital fertility rate at the national level (RGI, 2005). Adolescence is a time of sudden transition for girls in India. Newly married girls leave their natal home to take up residence with their husbands' family, where as strangers, they find themselves in a subordinate position relative to all the members of his family (Jejeebhoy 1998). These girls confront social and familial pressure to begin childbearing soon after marriage, which is often welcomed by them as a way to improve their status (Dyson and Moore 1993; Barnett, 1998). In such circumstances women's own desire, to have the next child, and if yes, when to go for it, becomes redundant.

Uttar Pradesh, the largest populous state has a great significance in achieving replacement level fertility at the country level. The state is still much behind in various demographic characteristics. The low prevalence of contraceptive use and the practice of low age at marriage are some of major challenges faced by the state in reducing fertility rate. In July 2000, the state has brought the population policy realizing a high population growth. The mission of the policy is to achieve sustainable development though population stabilization and improvement of the health status of people. Moreover, marriage and childbearing at younger age bring new health problems, however, especially those relating to reproductive health. Many a times problem becomes fatal and often causes maternal mortality. It is needless to reiterate that fertility and contraceptive behaviour are inextricably inter-linked to infant and maternal mortality. Around 17 percent of the total births come from adolescence age group (RGI 2005). The level of contraceptive use is found to be very low among married adolescent women (Devi et *al.* 1996). To deal with it, the state population policy has made provisions to provide family life education to adolescent boys and girls. Therefore, it would be immensely important to understand the contraceptive knowledge and behaviour of married adolescent women. In addition, the enquiries regarding the level of unmet need for family planning and intention to use a method among adolescents will help the state to understand the future course of action as far as the potential demand for contraception matters. In particular, factors responsible for consistency in responses of those married adolescent women who were in unmet need for family planning and did not intend to use or in a dilemma to about use of a family planning method in future, would be critical for the policy point of view.

In the above light, the study has the three following specific objectives:-

(1) To examine the level of awareness about the different family planning methods and their use among married adolescent women by different background characteristics
(2) To assess the unmet need and intention to use a family planning method among married adolescent women
(3) To know likelihood of adolescent women in unmet need and having future intention to use a contraceptive method in future.

Data and Methodology:

Recently conducted District Level Household Survey (2002-2004) provides information on various issues including awareness about family planning, contraceptive use, unmet need and intention to use for family planning methods. The DLHS under RCH-II besides these information there are also same demographic information collected such as age of the women, residence, religion, ethnicity, education, husband, education, standard of living (SLI), children ever born and son children survival etc. The data was collected from 64,207 women in Utter Pradesh. From these women 7030 women selected for this study as they are married adolescent.

Logistic techniques have been use to find out factor affecting unmet need for family planning methods. In addition, multinomial regression has been use to see the influence of various factors on intention to use a method among those adolescents who had unmet need for family planning. Dependent variable intention to use is taken as in three categories as "Yes", "No" and "Not yet decided". The 'Not yet decided' has been taken as reference category. Independent variables are age, residence, religion, ethnicity, women's education, standard of living index (SLI), children surviving, duration of marriage, sons, availability of health facility, contact with health and family planning workers, aware of IUD and PILLS, aware of IUD and CONDOM, aware of any traditional method and aware of all spacing methods. I further divided these independent variables into sub categories. The age divided into two groups 15-17 and 18-19 and residence by urban and rural, in religion other than the Hindu are compromised into 'Others' categories and others category included Muslims, Christians, Sikh, Buddhism and Janis. Ethnicity I divided into three groups as, SC/STs, OBCs and Others, others are included those who are not reported themselves as SC/STs, OBCs. The wife's education have taken into three categories as, Non-Literate, 0-9 years of schooling, 10 years and above and standard of living as low, medium and high, further children surviving divided into three categories into none, one and two and more, duration of marriage divided into two categories as up to two years and three and above, sons divided into no' one and two son and all the other variables are categorized into 'YES and NO'.

Findings and Discussion:

Table 1 shows socio-economic and demographic characteristic of married adolescent women interviewed in the District Level Household Survey conducted under the Reproductive and Child Health Survey. A total of 7030 women were available in the data collected in the state of Uttar Pradesh. Of those around 39 percent were below age 18 years. And only 18 percent were from urban area. Majority of them were belonging to Hindu (87 percent), other backward caste,

(OBC's) (52 percent) and non-literate (61 percent). However, many of them were having partner literate between 0-9 years of schooling. The standard of living index, which is a proxy indicator of economic status of household, reveals that around 64 percent women. Only 8 percent women were from high standard of living household. On average women have spent two years in marital union and about 35 percent have completed three and more years at the time of survey. On the front of fertility behaviour, around 43 percent have given at least one birth till the survey date. It is important to note that around one-fifth of them were pregnant at the survey date.

Awareness about family planning methods

Table 2 depicts the levels of awareness about family planning methods. Instead of awareness about any method, we have considered to examine the awareness of methods in different combinations. This has been done under the notion that every policy document states offering a wide basket of choices of contraceptives to the clients. So that women can adopt the method suitable to their health and future reproductive goals and intentions. Therefore, woman's knowledge about available methods is prerequisite to get intended success. According to the table 2, around 72 percent women were aware of the combination of IUD and Condoms. Slightly more than half of the women gave affirmative responses about other combinations. An interesting pattern has emerged from these combinations. Age, place of residence, education and standard of living index has made significant difference in the level of women's awareness regarding all combinations except for any traditional method. It is to be noted that religion could not have any noteworthy affect for any combination of spacing methods of family planning. Ethnicity has made a large impact on women's awareness about IUD and Pills, Pills and Condoms or All Spacing. Interestingly, having at least one surviving child and longer marital union could create larger difference only to their awareness about any traditional method. Availability of health facility did not make any difference in women's awareness about any combination except IUD and Pills (from 45 percent to 55 percent). However, woman's contact with family planning or health workers made an impact on her awareness about all the selected combinations of family planning methods.

Contraceptive prevalence rate and unmet need for family planning among married adolescents

Table 3a provides the contraceptive prevalence rate by type of methods. Only two categories have been made *all methods* and *traditional methods* as one can expect the use of permanent method is found to be very low among women of this age group (0.3 percent). The table shows that 8.2 percent of married adolescent women were using any method of family planning. And it is very unfortunate that prevalence of modern method of family planning is only 3.2 percent. Socio-economic and demographic differentials are observed in case of all methods. Woman's age, years of schooling, duration of marriage and number of children surviving are positively associated with the use of any method of family planning. The level of use for any method of family planning was high among women from urban area, having more than two children with mixed sex composition. Those adolescents who had contact either with health or family planning workers are more likely to use a family planning method.

In general, it is found that use of traditional method is found to be high among women from better off section. This hypothesis does not seem to be true in case of married adolescents in

Uttar Pradesh. As a whole the use of traditional methods of family planning contributed to 61 percent of the total prevalence rate. The differentials in the prevalence rate of any traditional method do not occur by socio-economic and programme variables. On the contrary, fertility behaviour such as number of surviving children and sex composition of the children do reflect relatively larger variation in the use of traditional methods. The contribution of traditional method use remains high (70 percent and above) in adolescent women from scheduled tribes and scheduled castes, non-literate, from low household standard of living index and *other* category of sex composition of children.

Table 3b: Contraceptive prevalence rate by awareness about family planning methods among married adolescents, Uttar Pradesh, DLHS (2002-2004)

Characteristics	CPR Spacing	CPR Traditional
IUD and Pills		
No	1.3	3.6
Yes	4.0	6.0
IUD and condom		
No	1.5	3.2
Yes	4.2	6.0
Pills and condom		
No	0.8	3.2
Yes	3.8	5.7
All spacing		
No	1.4	3.5
Yes	4.3	6.3
Any Traditional		
No	1.7	0.6
Yes	4.0	9.0

In Table 3b contraceptive prevalence rate has been estimated by women's awareness about the methods in a given combination. It can be inferred that women who were aware with the methods of a combination are likely to use a method. Though this relationship might be spurious in those cases where women came to know the method(s) at the time of acceptance. The results clearly reveal that prevalence rate of traditional methods is also affected by the awareness level of methods in other combinations. This happened mostly in cases of switching over the methods due to various reasons.

Table 4 presents the level of unmet need for spacing methods of family planning as well as total unmet need. In the DLHS, unmet need for spacing method is defined as "the proportion of currently married women in the age group 15-44 are neither having menopause nor have had a hysterectomy nor are currently pregnant and who intent to have additional children after two years or later and is currently not using any family planning method". On the other side, unmet

need for limiting is defined as "the proportion of currently married women in the reproductive age group who are neither in menopause nor have had hysterectomy nor are currently pregnant and do not want any more children but are currently not using any family planning method". In Uttar Pradesh, around 13 percent of currently married in reproductive age group have unmet need for spacing method. However, the total unmet need for family planning comes around 34 comprising 20.3 percent women in unmet need for limiting method. On the contrary, unmet need for currently adolescents is much higher for spacing methods of family planning and estimated as 27.4 percent in this paper. The total unmet need does not differ much from it, and measured as 29.9 percent. One can infer from the levels of unmet need that adolescent women of the state would like to delay their next pregnancy but not able to use any spacing method of family planning. The bivariate analysis suggests that the levels of unmet need either for spacing or all methods does not vary significantly by background characteristics except for number of children surviving and sex composition. It can be seen that half of the women having one son are showing higher level of unmet need for spacing, which indicates a sense of son preference in contraceptive use. In addition, women having children from both sexes have a very high level of total unmet need for family planning (57 percent). One can discuss the low level of unmet need among those who did have any child. This does not mean the family planning programme is very effective among such women, but few adolescent women would like to delay or avoid pregnancy after marriage. The level of unmet need is consistently lower among those who were aware of family planning methods in a combination.

The results from logistic regression show that younger, rural and less literate women and women who got married recently are more likely to be in unmet need for spacing. Women in other category of sex composition are significantly more likely to be in unmet need for spacing. This may be because women or their husband would like to delay the next birth only after having children from both sexes. This finding confirms our results of bivariate analysis. On the account of programme variables, women who were aware of any kind of family planning method or have contact with health or family planning workers are significantly less likely to fall in the unmet need status. It is interesting to see that women who knew about traditional methods have 1.4 times less likely to be in unmet need for spacing method for family planning. This shows that programme and other barriers might not be planning any role in discouraging adolescent women using this method (Table 5).

Intention to use a family planning method and its correlates among married adolescents

Unmet need	Intention to use			No. of women
	Yes	No	Not yet decided	
Yes	30.5	21.5	48.0	2104
No	19.0	23.8	57.2	4308

Many studies show that the unmet need for family planning is a defined concept and does not give potential demand for contraception in future. It is well evident from the figures in the above box. The box shows the women in unmet need status by intention to use a family planning method was carried out. It reveals that only 31 percent women who were in unmet need for any method of family planning. On the other side, those women who were not in unmet need about 19 percent of them intended to use a method. It is very unfortunate that a major chunk of those in

unmet need could not decide over to use of a family in future at the survey date. Similarly, 36 percent of adolescent women in unmet need are found to be amenorrhic. This again creates a doubt to assess the potential demand for contraceptives through unmet need as these women may not require using a method for a sufficiently longer period.

To know the likelihood of consistency in responses at two domains (unmet need and intention to use), a multinomial logistic regression was carried out. Unadjusted proportions of women shows that as the level of education, standard of living index, number of children surviving, duration of marriage and number of sons increase the consistency between two reproductive preference increases. Availability of any health facility, women contact with health and family planning workers, and awareness of family planning methods inflate the percentage of such women who were in unmet need and also intended to use a family planning method. Larger variation for responding in consistent manner is observed by surviving number of children (from 19 percent for one son to 45 percent for two sons), number of sons (19 percent to 58 percent). Programme variables also brought such women closer to the consistency in their responses by 12 to 14 percent.

Findings from the multinomial analysis show that religion, education, surviving number of children and sons plays significant role in responding women in a consistent manner about their reproductive goals and intentions. Adolescent women from Hindu religion, educated background, with two or more children, and having two sons are more likely to be consistent than their counterparts in respective categories. Again among programme variables such as a woman's contact with health or family planning workers, knowledge about IUD and Condom increase her likelihood to be more consistent.

Summary and conclusion:

The study suggests that a majority of adolescent women were belonging to low socio-economic status. The practice of low age at marriage forced many adolescent women enter into childbearing at younger ages. Around 43 percent of them have had at least one child till the survey date. It is well established that knowledge and awareness have positive effect on the use of contraception. Most of the adolescents were aware about at least one method of family planning. While assessing the awareness about the combination of two or more spacing method the percentage of women aware of the methods in different combination falls dramatically. Except the combination of IUD and Condom, only about half of the adolescent women know other combinations. Age, place of residence, standard of living and education have high influence on the awareness about different modern methods in combinations whereas the number of children surviving and the number of sons do not. However, the number of children surviving and the duration marital union do create larger differentials in awareness about any traditional method among adolescent women. This is true as traditional method need husband's support and involvement which in general grows over the period. On the part of programme variables, women contact with health and family welfare workers enhances awareness about all combinations whereas merely existence of health facility did not make much difference except the combination of IUD and Pills.

The contraceptive prevalence is found to be low among married adolescent women. Only 8.2 percent women use any method of family planning. Moreover, 61 of them were using any traditional method, which may lead to unwanted or intended pregnancy due to their high failure rate. There is an encouraging fact that women's contact with health workers is positively associated as far as the use of modern method of family planning matters. Various studies in the past claimed that the practice of traditional remains high among better off women. However, this hypothesis does not seem to be true at least in case of married adolescent women from Uttar Pradesh.

The unmet need for family planning is used as an indicator of the programme effectiveness. The lower the level of unmet need the higher is the effectiveness. The level of unmet need is much higher among married adolescent women than the state average of all women. This suggests that programme managers must think about specific strategies for them. Specially, adolescent women with at least one child have a very high level of unmet need for spacing as well as for all methods of family planning. In addition, non-literate, recently married adolescents and having children from both the sexes have higher odds to be in unmet need. Age, place of residence and programmes variables have moderate influence on unmet need status of adolescents. It is important to note from programme point of view that knowledge, availability of health facility and women's contact with health personnel reduces their chances to be in unmet need status significantly.

The significance of using unmet need for family planning as an indicator of potential demand in future is minimal in case of adolescent women. Almost 70 percent of those who were identified in unmet need for family planning did not intent to use any method in future. This indicates how far a woman is consistent while responding about her reproductive goals and intentions at two different places in the same survey. This again left policy makers and programme managers confused pondering upon whether unmet need has any practical relevance to be chosen as an indicator of potential demand for family planning in future in case of adolescent women in a setting like Uttar Pradesh.

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Table 1. Socio-economic and demographic characteristics of married adolescent women, Uttar Pradesh, DLHS (2002-2004)

Characteristics	Percent Distribution	Number of Women
Age Group		
15-17	39.1	2751
18-19	60.9	4279
Residence		
Rural	81.6	5736
Urban	18.4	1294
Religion		
Hindu	86.5	6083
Others	13.5	947
Castes/Tribes		
SC/STs	29.3	2063
OBCs	52.1	3658
Others	18.6	1309
Education		
Non-Literate	61.3	4311
0-9#years	30.1	2114
10 years & above	8.6	605
Husband's Education		
Non-Literate	27.7	1944
0-9#years	44.0	3097
10 years & above	28.3	1989
Standard of Living Index		
Low	63.6	4471
Medium	28.0	1966
High	8.4	593
Children Ever Born		
None	56.6	3977
One	30.6	2151
Two & more	12.8	902
Children surviving		
None	59.9	4212
One	30.0	2111
Two & more	10.1	707
Sex Composition		
No Child	59.9	4212
One Son	15.6	1094
One Daughter	19.8	1393
Others	4.7	329
Duration of Marriage		
Up to 2 years	64.6	4538
Three and above	35.4	2492
Pregnancy Status		
No	20.3	1430
Yes	79.6	5600
Total	**100**	**7030**

Note: # Literate women with no year of schooling are also included.

Table 2. Awareness about family planning methods among married adolescents, Uttar Pradesh, DLHS (2002-2004)

Characteristics	IUD and Pills	IUD and condom	Pills and condom	All spacing	Any Traditional
Age Group					
15-17	50.8	66.6	45.9	44.7	49.6
18-19	63.3	74.7	58.2	57.0	53.1
Place of Residence					
Rural	32.1	69.9	51.1	49.9	52.5
Urban	43.7	78.9	63.6	62.2	48.5
Religion					
Hindu	58.6	71.7	53.5	52.4	52.4
Others	57.4	70.5	52.6	50.5	47.5
Castes/Tribes					
SCs/STs	50.1	67.7	45.8	44.5	49.9
OBCs	58.2	70.9	52.9	51.6	53.0
Others	72.2	79.5	66.8	65.9	51.2
Education					
Non-Literate	50.0	64.7	44.8	43.4	48.7
0-9#years	67.9	80.1	62.6	61.7	55.6
10 years & above	85.8	91.2	82.5	81.5	59.7
Husband's Education					
Non-Literate	49.5	61.2	43.6	42.0	47.0
0-9#years	56.9	73.0	52.3	51.0	53.1
10 years & above	70.2	79.6	65.0	64.3	55.0
Standard of Living Index					
Low	51.1	66.4	46.1	44.6	51.3
Medium	67.9	78.6	62.8	62.0	52.9
High	82.2	87.1	77.2	76.1	50.9
Children Surviving					
None	57.1	70.5	51.9	50.8	44.7
One	60.1	72.9	55.4	53.6	61.2
Two & more	61.7	74.0	56.2	55.7	65.6
Duration of marriage					
Up to 2 years	60.0	73.0	54.7	53.6	48.4
Three & more	55.7	69.0	51.0	49.5	57.8
Sex Composition					
No Child	57.1	70.5	51.9	50.8	67.2
One Son	59.9	72.9	56.4	54.4	62.9
One Daughter	60.5	72.5	54.1	52.9	60.7
Others	62.3	77.2	59.0	58.1	44.7
Availability health facility					
No	45.1	69.6	51.8	50.6	53.5
Yes	54.9	70.5	50.0	48.7	50.8
Contact H/FP Workers					
No	55.7	68.4	50.7	49.4	48.3
Yes	67.5	82.1	62.3	61.4	63.2
Total	**56.3**	**71.6**	**53.4**	**52.1**	**51.7**

Note: # Literate women with no year of schooling are also included.

Table 3a. Contraceptive prevalence rate for all methods and traditional methods among married adolescent women, Uttar Pradesh, DLHS (2002-04)

Characteristics	All methods	Traditional methods	Contribution of Traditional methods (%)
Age Group			
15-17	6.5	4.3	66.2
18-19	9.3	5.4	58.1
Place of Residence			
Rural	7.7	4.8	62.3
Urban	10.7	5.6	52.3
Religion			
Hindu	8.5	5.1	60.0
Others	6.7	3.9	58.2
Caste/Tribe			
SC/ST	7.1	5.2	73.2
Other Backward Class	8.8	5.1	58.0
Others	8.5	4.2	49.4
Education			
Non-Literate	7.3	5.1	69.9
0-9#years	9.3	5.0	53.8
10 years & above	11.4	4.0	35.1
Husband's Education			
Non-Literate	6.4	4.7	73.4
0-9#years	8.6	5.4	62.8
10 years & above	9.8	4.7	48.0
Standard of Living Index			
Low	7.4	5.2	70.3
Medium	8.6	4.5	52.3
High	13.2	4.7	35.6
Children Surviving			
None	3.3	2.2	66.7
One	15.0	8.7	58.0
2 & more	17.3	10.6	61.3
Duration of marriage			
Up to 2 years	6.8	3.8	55.9
3 & more	10.9	7.0	64.2
Sex Composition			
No Child	3.3	2.2	66.7
One Son	15.0	7.5	50.0
One Daughter	15.1	9.4	62.3
Others	19.5	13.7	70.3
Availability health facility			
No	7.4	4.5	60.8
Yes	8.1	5.3	65.4
Contact with Health/FP Workers			
No	7.4	4.5	60.8
Yes	11.1	6.6	59.5
Total	**8.2**	**5.0**	61.0

Table 4. Level of unmet need for spacing and all methods among married adolescent women in Uttar Pradesh, DLHS (2002-04)

Characteristics	Unmet Need For Spacing	Total Unmet Need
Age Group		
15-17	29.0	30.5
18-19	26.4	29.5
Place of Residence		
Rural	28.3	30.7
Urban	23.6	26.6
Religion		
Hindu	27.2	29.7
Others	29.1	31.4
Caste/Tribe		
SC/ST	28.0	30.5
Other Backward Class	27.8	30.2
Others	25.5	28.2
Education		
Non-Literate	27.2	29.8
0-9#years	27.3	29.9
10 years & above	29.4	31.4
Standard of Living Index		
Low	28.4	30.8
Medium	26.0	28.7
High	24.5	27.7
Duration of marriage		
Up to 2 years	26.5	28.0
3 & more	29.2	33.5
Children surviving		
None	15.0	15.9
One	47.3	48.6
Two & more	41.7	57.9
Sex Composition		
No Child	15.0	15.9
One Son	49.5	51.8
One Daughter	43.9	48.9
Others	42.6	56.8
Availability health facility		
No	28.0	(30.4)
Yes	28.6	(31.1)
Contact with Health/FP Workers		
No	27.3	29.5
Yes	27.9	31.4
Total (7030)	**27.7**	**29.9**

Bracketed figures are based on 5735 cases.

Table 5. Odds ratios for married adolescent women having unmet need for spacing methods of family planning, Uttar Pradesh, DLHS (2002-04)

Characteristics	Exp(β)
Age Group	
15-17	1.412***
18-19@	1.000
Place of Residence	
Rural	1.304**
Urban@	1.000
Religion	
Hindu	0.919
Others@	1.000
Caste/Tribe	
SC/ST	0.925
Other Backward Class	0.896
Others@	1.000
Education	
Non-Literate	2.044***
0-9# years	1.486**
10 years & above@	1.000
Standard of Living Index	
Low	0.800
Medium	0.856
High@	1.000
Duration of marriage	
Up to 2 years	1.823***
3 & more@	1.000
Sex Composition	
No Child	0.119***
One Son	0.139***
One Daughter	0.112***
Others	1.000
Contact with Health/FP Workers	
No	1.153**
Yes@	1.000
Aware IUD and PILLS	
No	1.267***
Yes@	1.000
Aware of any Traditional Method	
No	1.371***
Yes@	1.000
Aware of IUD and CONDOM	
No	1.296***
Yes@	1.000
Constant	.166***

** 5% level of significance; *** 1% level of significance

Table 6. Unadjusted and Adjusted percentages of intended to use a FP method among adolescent women in unmet need, Uttar Pradesh, DHLS (2002-04)

Characteristics	Yes		No		Not Yet Decided@	
	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted
Age Group						
15-17@	28.9	31.3	19.2	20.2	51.9	48.5
18-19	31.6	25.6	23.1	25.2	45.3	49.2
Place of Residence						
Rural @	30.7	29.0	21.1	20.8	48.3	50.2
Urban	29.7	25.8	23.9	24.3	46.4	49.9
Religion						
Hindu	32.9	31.1***	19.1	20.8***	48.0	48.1
Others@	16.1	12.4	35.9	39.2	48.0	48.4
Caste/Tribe						
SC/ST	29.9	25.8	22.9	26.3	47.1	47.9
Other Backward Class	29.2	27.9	20.2	20.9***	50.6	51.1
Others@	35.4	30.9	23.2	24.6	41.4	44.5
Education						
Non-Literate	27.1	24.4*	23.6	24.8**	49.3	50.8
0-9# years	33.4	30.5**	20.7	24.3***	45.9	45.2
10 years & above@	44.0	44.4	10.5	10.7	45.5	44.9
Standard of Living Index						
Low	27.8	25.6*	22.0	23.5	50.1	50.9
Medium	35.0	32.6	19.8	20.9	45.1	46.4
High@	37.8	31.8	23.2	26.9	39.0	41.3
Children Surviving						
None	19.1	20.5***	21.5	10.7	59.4	68.8
One	32.0	30.8***	21.3	22.0	46.6	47.2
2 & more@	45.4	41.8	22.2	21.7	32.4	36.5
Duration of marriage						
Up to 2 years	27.5	27.8	20.3	22.2	52.2	50.1
3 & more@	35.1	28.0	23.5	24.6	41.4	47.4
Sons						
No@	24.5	25.7	21.6	23.2	53.9	51.2
One Son	35.6	29.0	22.2	23.6	42.2	47.4
Two Son	57.7	44.2***	16.9	18.6	25.4	37.2
Availability of Health Facilities						
No	19.5	--	21.1	--	49.5	--
Yes	32.6	--	21.1	--	46.3	--
Contact with Health/FP Workers						
No@	27.3	20.5	23.5	25.3	49.2	54.3
Yes	40.5	32.1*	15.5	17.9**	44.0	50.0
Aware of IUD and PILLS						
No@	23.5	33.3	24.6	22.5	51.9	44.3
Yes	36.4	20.1*	18.9	23.5	44.7	56.4
Aware of anyTraditional Method						
No@	24.5	33.1	25.2	25.0	50.3	41.9
Yes	36.2	30.3*	18.0	20.6*	45.7	49.1
Aware of IUD and CONDOM						
No@	22.2	33.4	27.6	26.2	50.2	40.4
Yes	34.5	25.6	18.6	21.5**	46.9	52.9
Aware of all Spacing Methods						
No	24.5	--	24.8	--	50.8	--
Yes	37.3	--	17.9	--	44.8	--
Total	**30.5**	**31.3**	**20.5**	**20.2**	**48.0**	**48.5**

* 10%; ** 5%; *** 1%; @ reference category