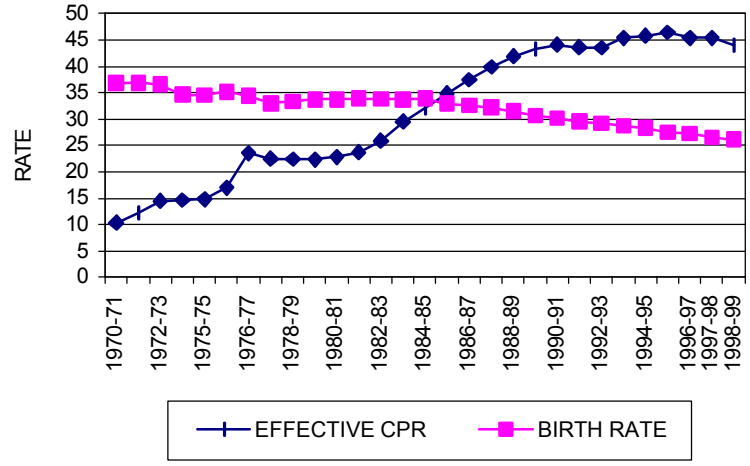
CHAPTER – IV
PREVENTION AND MANAGEMENT OF UNWANTED PREGNANCY

Efforts to improve availability and access to contraceptive care in India during the seventies and early eighties resulted in a steep rise in couple protection rates. However, there was no commensurate fall in the birth rate. Service reports on CPR and SRS estimates of CBR indicate that there has been a steady decline in the CBR during the nineties in spite of the fact that the rise in CPR during the nineties has been very slow (Figure-4.1). This may indicate that either there has been a reduction in over reporting of contraceptive acceptance or there has been improvement in the quality of services and appropriate contraceptives are being provided at appropriate time.

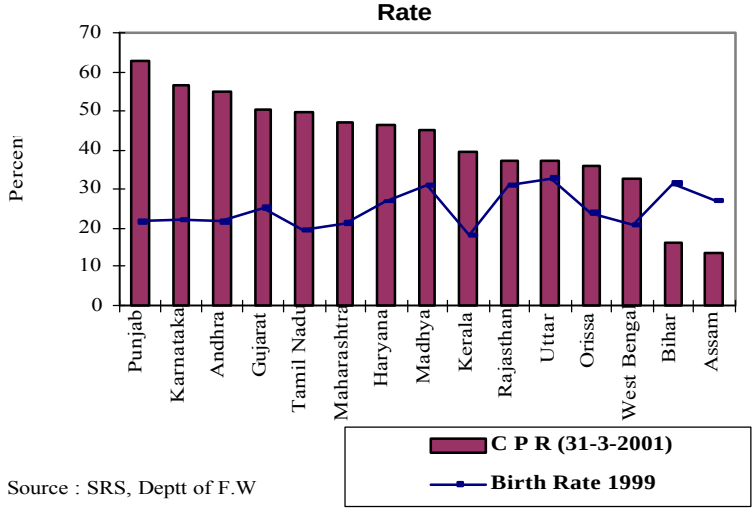
Figure 4.1 Couple Protection Rate & Birth Rate



Source:- R.G.I , Deptt. of F. W

There are massive inter -state differences in CPR and CBR. In states like Bihar CPR is low and birth rate is high; in spite of high CPR in Punjab, CBR is still relatively high. Kerala, Tamil Nadu and Andhra Pradesh have achieved substantially lower CBR while CPR was still lower than that reported currently in Punjab. (Fig4.2, annexure 4.1). Age and parity at the time of accepting contraception as well as continuation rates of spacing methods are critical factors that influence the relationship between CPR and CBR. The high tubectomy acceptance in younger women with two or three children in Tamil Nadu and Kerala and the higher use of spacing methods even among older women with three or more children in Punjab may account for the

Figure 4.2 Inter-state Differences in CPR and Birth Rate



Source : SRS, Deptt of F.W

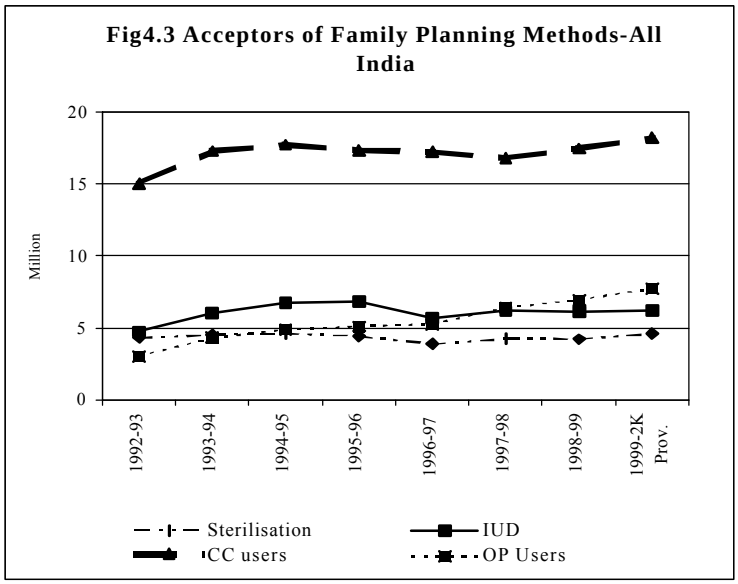
observed differences in the CPR and CBR between these states.

Over years there has been a fall in birth rate in all the states, among all segments of population; but the rate of reduction in the birth rate is higher in some states. In 2000:

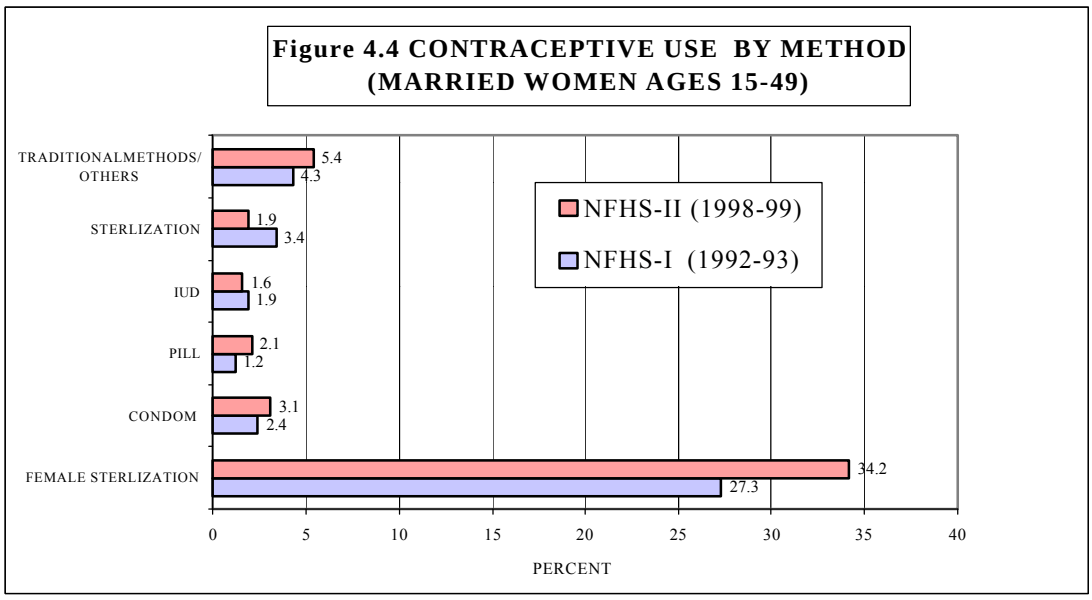
- 12 states /UTs with 14.4% of the population have CBR <20.
- 10 states /UTs with 32.5% of the population have CBR between 20-25.
- 5 states with 13% of the population have CBR between 25-30
- 4 states with 40% of the population have CBR > 30/1000

There is an urgent need to meet all the needs for contraception in the populous states with high birth rate.

Data from service reports during the Ninth Plan period indicate that as compared to the level of acceptance in 1994-95, there has been a decline in acceptors of all types of contraception in the initial years of the Ninth Plan ; subsequently the decline has been reversed except IUD. (Figure-4.3).



The National Family Health Survey 1992-93 and 1998-99 provided nationwide data on contraceptive prevalence. Data from the Survey (Figure 4.4) indicate that

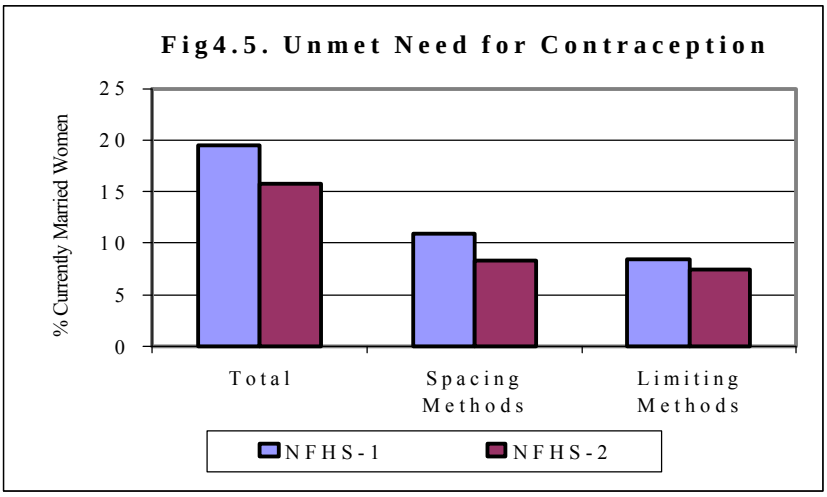


contrary to the performance figures available from the service reports of the

Department of Family Welfare, there has been substantial increase in the sterilisation and OC acceptance in the country. Only IUD and vasectomy use has shown a decline. The improvement in CPR explains the steady decline in the CBR during the nineties reported by the SRS. The reasons for the observed difference in CPR data from service reports of the Department of Family Welfare and NFHS may include:

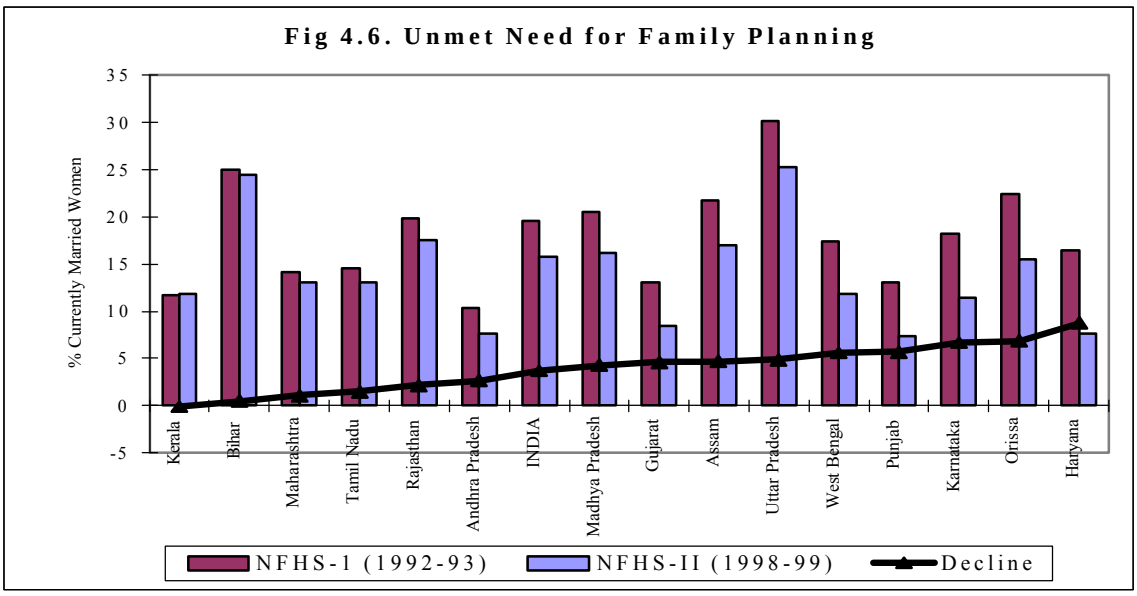
- Reduction in the earlier over reporting in an attempt to reach the set target.
- Incomplete reporting due to changes in service reporting formats during the current period.

The inbuilt independent surveys and coverage evaluations within the Family Welfare Programme have provided the reassuring findings that during the decade of the nineties, there has not been any deterioration in the contraceptive prevalence. The coverage figures under service reporting for spacing methods, antenatal care and immunisation are still substantially higher than the coverage reported by evaluations. This over reporting need to be looked into and corrected so that service reporting provide reliable indication of progress achieved in the programme. The narrowing of the gap in coverage figures between the service and evaluation reports can be used as a new indicator for the quality in programme monitoring.



Unmet needs for contraception

NFHS 1 and 2 (Fig4.5 & 4.6) clearly indicate that there is still substantial unmet need for both terminal methods and spacing methods



in all states. There are interstate differences in magnitude of unmet need for contraception. It is imperative that all the unmet needs for contraception are fully met within the Tenth Plan period and substantial reduction in unwanted pregnancy is achieved. Making balanced presentation of advantages and disadvantages of methods, improving counselling, quality of services and follow up care will enable couple to make appropriate choice to meet their needs for contraception, increase couple protection rates and continuation rates and enable the country to achieve the NPP goal of replacement level of fertility by 2010.

Table 4.1 Inter district variations (Birth order 3 or more as % of total births**)**

<20%	27
20-40%	165
>40%	313

Source RHS 1998-99

Monitoring birth order

Monitoring reported birth order is a easy method of monitoring the progress towards achievement of replacement level of fertility. Currently in India birth order of 3 or more contribute to nearly half of all the births(Table 4.1). There are massive interstate and inter district differences in the contribution of different birth orders (Fig 4.7). Available data on IMR, TFR, (NFHS, SRS) and higher order births from NFHS,RHS is given in annexure 4.2. Based on this information district specific

Fig 4.7 .Contributtion of births of order of 3 and above to all births

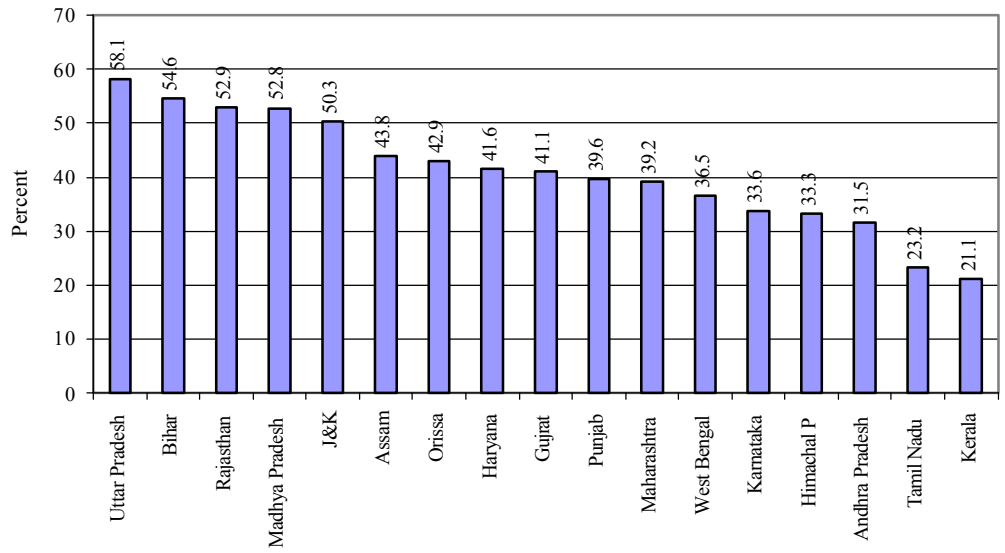
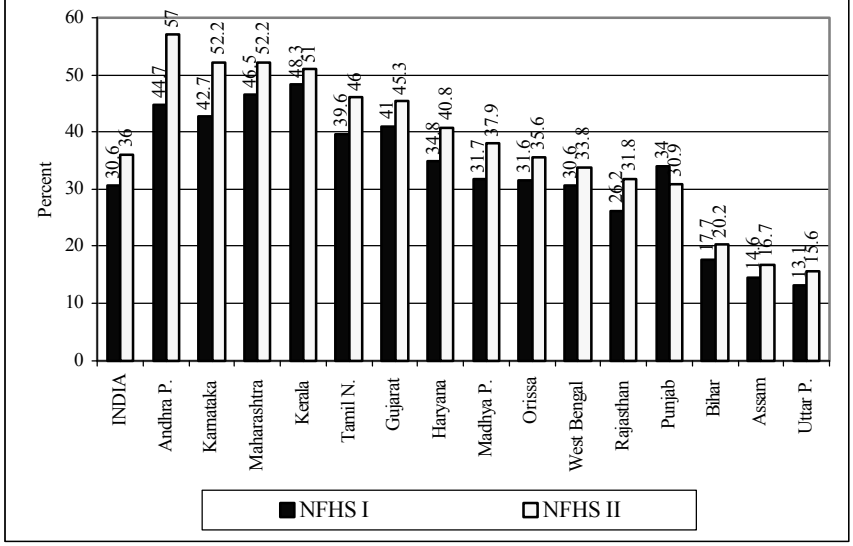


Fig 4. 8 Percent of Couples Currently Sterilized



differential strategy can be evolved to improve contraceptive prevalence rates, increase interbirth interval and reduce higher order of births.

Terminal Methods of Contraception

Sterilization has been the most widely used method of contraception in all states in India. (Figure4.8.). Currently age at marriage is very low and majority of the women complete their families during early twenties. In the current Indian milieu of stable marriages sterilization is the most appropriate method of contraception. There are substantial differences between states and between districts in different states in couples that have adopted terminal methods of contraception(Table 4.2,annexure 4.3 & 4.4) During nineties there has been some increase in percentage currently sterilized persons in all states except Punjab. However, percentage of women undergoing sterilisation is very low in Assam, Bihar and UP; women in these states majority of women come for sterilisation after they have three or more children. Improving access to safe, good quality tubectomy/vasectomy services through RCH Camps in CHCs/PHCs may be most viable and sustainable strategy for meeting the unmet need for sterilisation in these states.

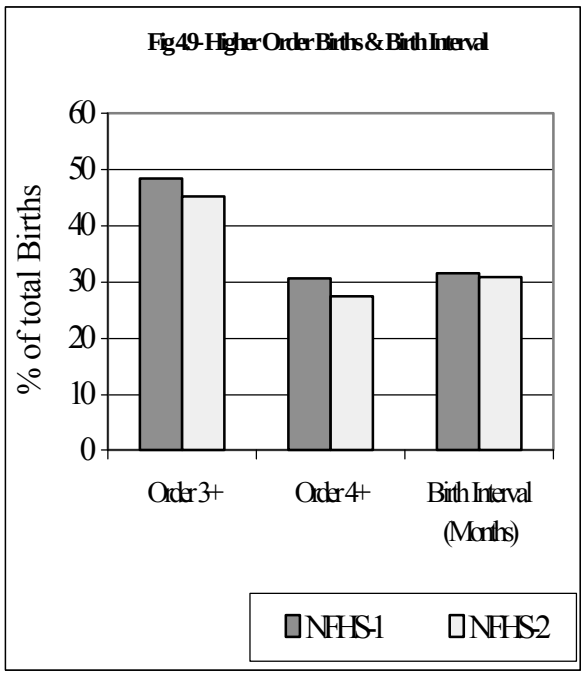
Table 4.2 Inter district variations in % Eligible couple sterilised

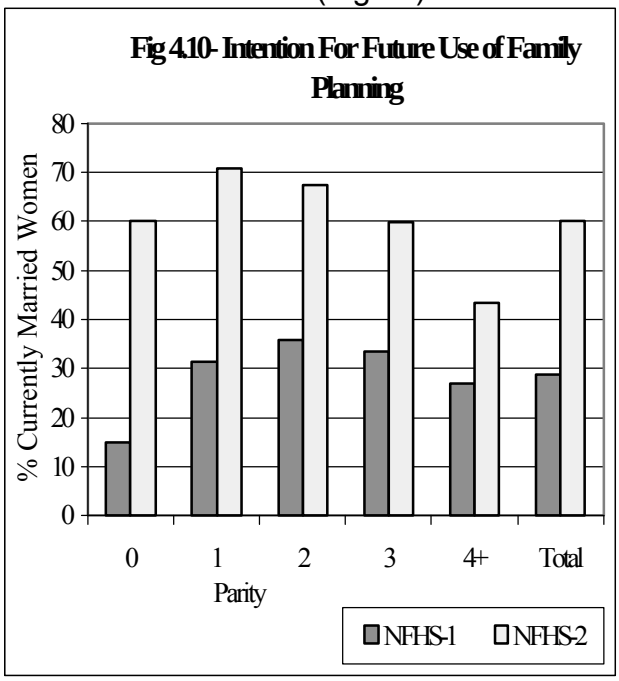
>50	75
40-49	101
30-39	106
<30	223

Source RHS 1998-99

Emerging needs for spacing methods:

Data from NFHS clearly shows that inspite of low use of spacing methods the mean inter-birth interval is about 30 months. (Fig4.9) This is





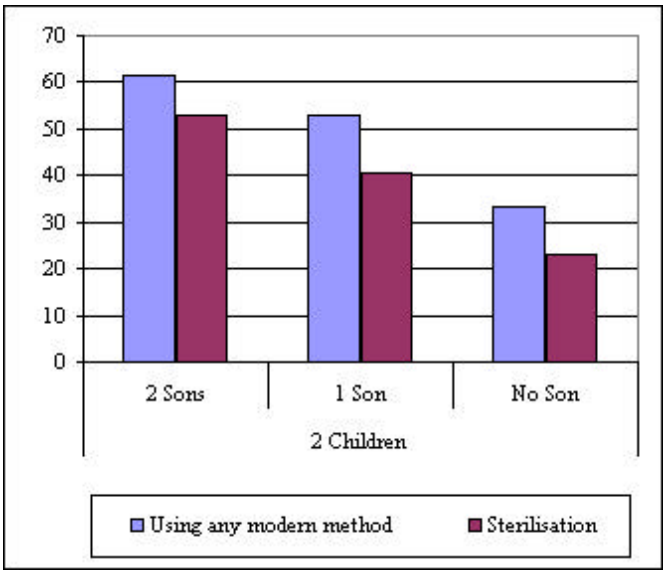
because of universal prolonged breast-feeding. Exclusive breast feeding during the first six months offers substantial protection against pregnancy; but

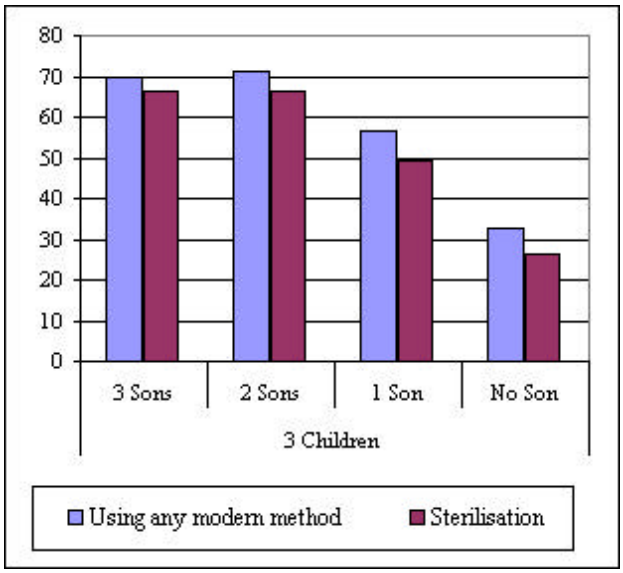
once supplements are introduced to breast fed infants, the contraceptive effect of lactation wanes; introduction of appropriate contraception at this time will ensure adequate spacing between births and prevent deterioration in maternal and infant nutrition due to too early advent of next pregnancy.Data from NFHS II has also shown that there is an emerging need for contraception before first birth(Fig 4.10); this has to be fully met during the Tenth Plan.

Gender –bias and Acceptance of Contraception

Data from NFHS demonstrated the role of son preference both in relation to the acceptance of permanent and temporary methods of contraception (Fig4.11&12) It is important that appropriate steps are taken by all concerned sectors to minimize and later eliminate gender-bias which reduces contraceptive acceptance among those who have girl children.

Fig 4.11&12.Acceptance of Family Planning by No. of Living Children and Their Sex (NFHS-1998-99)



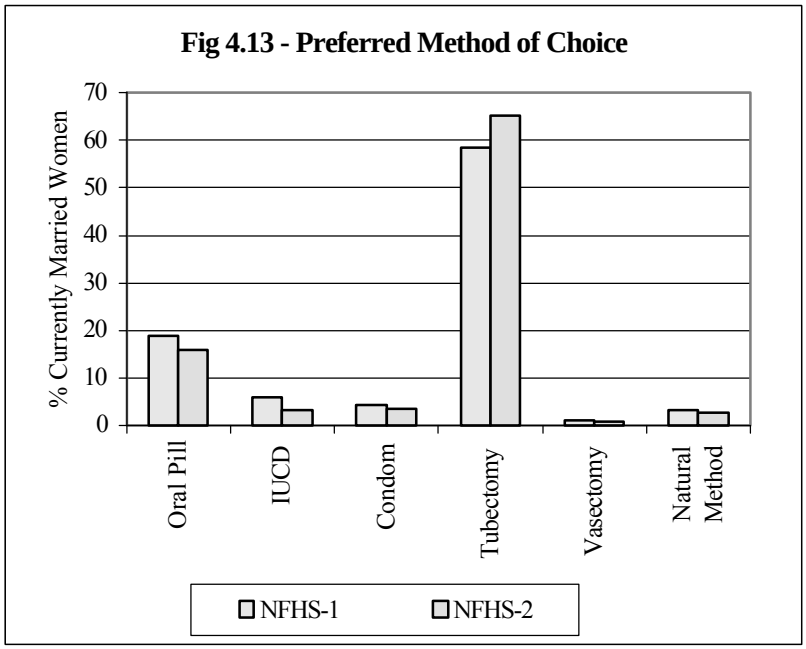


Data on CPR from NFHS 1 & 2 and RHS is given in Annexure 4.5 and projected CPR for 2007 is given in Annexure 4.6

Men's participation in planned parenthood

Men play an important role in determining education and employment status, age at marriage, family formation pattern, access

Fig 4.13 - Preferred Method of Choice



to and utilisation of health and family welfare services for women and children. Data from NFHS clearly indicates that the population perceives this very clearly and have expressed it in terms of preferred method of choice in the future (Figure4.13). It is imperative that access to good quality sterilization services are provided to all especially in states where the contribution of third and higher order births is more than 50% of all the births. In the sixties and early seventies Vasectomy was the most widely used terminal methods; Since then, there has been a steep and continuous decline and today vasectomy forms less than 2% of all contraceptions.

TABLE-4.3

Status of No Scalpel Vasectomy Project, Deptt of FW (December 2000)

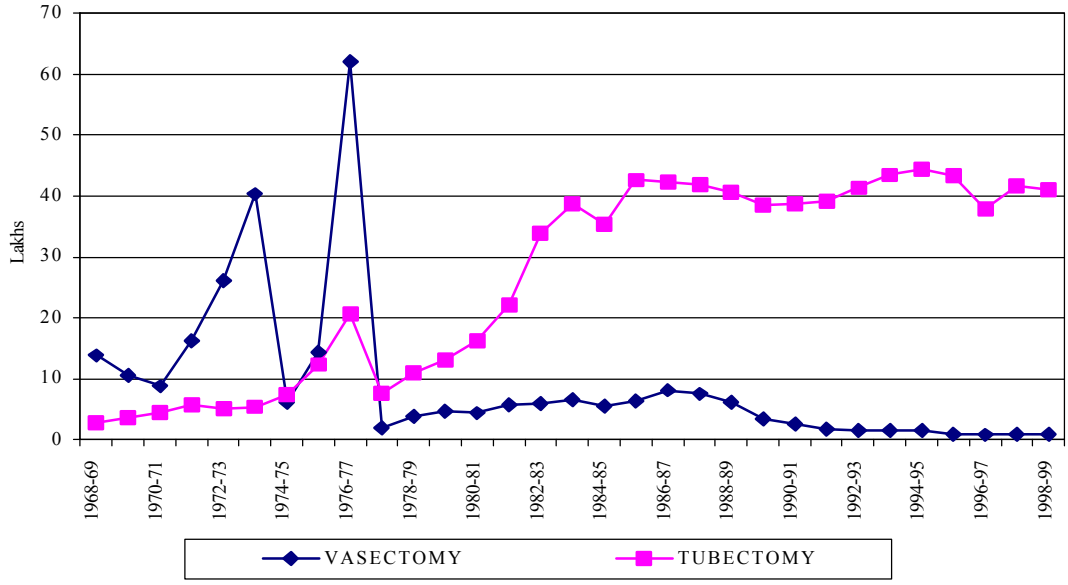
States	Courses	No. of Districts covered	No. of Acceptors	No. of Doctors Trained	No. of Certified Trainers
Andhra Pradesh	78	30	80558	155	11
Assam	1	3	60	5	1
Maharashtra	9	8	546	38	4
Tamil Nadu	10	19	327	40	2
Uttar Pradesh	11	11	391	13	2
Haryana	14	18	567	51	1
Orissa	17	34	1171	72	1
Punjab	16	16	590	61	1
West Bengal	8	6	1084	25	4
Rajasthan	2	3	31	4	1
Sikkim	8	6	677	28	3
Himachal Pradesh	1	1	83	0	0
Kerala	6	7	382	27	1
Bighar	4	2	162	13	0
Gujarat	6	5	118	24	1
Karnataka	12	11	231	45	3
Delhi	4	4	181	15	2
Manipur	5	4	315	20	3
Madhya Pradesh	10	23	3466	119	2
J & K	1	8	19	6	0
FPAI, Mumbai	1	1	88	0	1

Vasectomy is safer and easier to perform in primary health care settings than tubectomy. Efforts to repopularise vasectomy including IEC campaigns and training of surgeons in No Scalpel Vasectomy (NSV) has resulted in substantial increase in vasectomies in some districts in Andhra Pradesh and in Sikkim(Table 4.3); however similar change has not happened in other states.

It is essential that the efforts to popularize vasectomy are continued by addressing the concerns and conveniences of men, and improving the techniques and quality of vasectomy services. This would result not only in improving men's participation in the FW programme but also result in substantial increase in access to sterilisation services and reduction in the morbidity and mortality associated with sterilization.

Their active co-operation is essential for the success of STD/RTI prevention and control. In condom users, consistent and correct use is essential pre-requisites for STD as well as pregnancy prevention. Vasectomy was the most widely used terminal method of contraception in the sixties and seventies but since then there has been a steep decline (Fig4.14) . It is essential that efforts are intensified to re-popularize vasectomy.

Fig 4.14. ACCEPTORS OF VASECTOMY & TUBECTOMY



Source:- Department of Family Welfare

Tenth Plan strategy to meet all the felt needs for contraception would include:

In all districts

- Improve access to services to ensure effective implementation
- Counselling and balanced presentation of advantages and disadvantages of all available methods of contraception to enable the family to make the right choice
- Good quality services in the vicinity of their residence
- Good follow up care

In states/districts where birth order three or more is over 40% of the births

- Ensure ready access to tubectomy/vasectomy by sending, if necessary doctors from CHCs/District hospitals to PHC/CHC on fixed days

In states/districts where birth order two or less is over 60% of the births

- meet the unmet needs for spacing methods on a priority basis and also continue to provide terminal methods.

Management of unwanted pregnancy

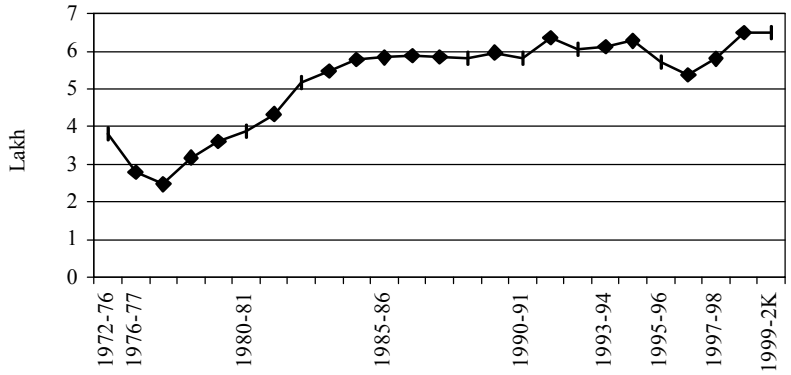
It is estimated that in 1998 about 9% of maternal deaths are due to unsafe abortion(Table 4.4) It is estimated that in 1998 about 9% of maternal deaths are due to unsafe abortion. Available service data on MTPs indicate that following an initial rise, the number of MTPs have remained around 0.5 – 0.7 million in the last decade. The estimated number of illegal induced abortions in the country is in the range of 4-6 million. There has not been any substantial decline in estimated number of illegal abortions, reported morbidity due to illegal abortions or share of illegal abortions as the cause of maternal mortality. Management of unwanted pregnancy through early and safe MTP services as envisaged under the Medical Termination of Pregnancy Act is an important component of the on going RCH Programme(.Fig 4.15)

Table 4.4 .Causes of maternal death (%)

Haemorrhage	30
Anaemia	19
Sepsis	16
Obstructed labor	10
Abortion	8
Toxemia	8
Others	8

Source :Survey of COD 1998

Fig4.15 Medical Termination Of Pregnancies



Source:- Depatt of F. W.

During the Ninth Plan efforts were made

- to improve access to family planning services and to reduce the number of unwanted pregnancies
- to cater to the demand/request for MTP
- to improve access to safe abortion services by training physicians in MTP and recognising and strengthening institutions capable of providing safe abortion services

Inspite of these efforts there has not been any increase in terms of coverage, number of MTPs reported and reduction in number of women suffering adverse health consequences of illegal induced abortions.

Tenth plan Strategies for reducing morbidity due to induced abortion

- ☛ Reduce the number of pregnancies by fully meeting the felt but unmet needs for contraception.
- ☛ Improve access to safe MTP services through:

    - Registering and ensuring availability MTP services in all institutions where there is a qualified Gynaecologist and adequate infrastructure
    - Simplify the regulation and reporting of MTP so that all MTPs done by qualified doctors are registered.
    - Train physicians working in institutions with adequate infrastructure in government, private and voluntary sector in MTP so that they also can provide safe MTP services.
    - In places where there is a trained physician but no Vacuum Aspiration Machine, provide MVA syringes.
    - In districts where a gynaecologist visits CHC/PHC on a fixed day, they may perform MTPs using MVA
    - Explore feasibility and safety of introducing non-surgical methods of MTP in Medical College Hospitals and then in a phased manner extend service to district hospitals.

Ensure that women do accept appropriate contraception at the time of MTP so that there is no recurrence of unwanted pregnancies requiring a repeat MTP.

Annexure 4.1

Fertility and Contraceptive Preferences NFHS-I & NFHS-II

India/states	Ideal No. of Children		% of couple with two children want no more child (including Str.)		% of couple with three children want no more child (including Str.)		% couple not using any method		Preferred Method for future use						% who discussed FP during Home visit
									Male Str.		Female Str.		Spacing Method		
	1992-93	1998-99	1992-93	1998-99	1992-93	1998-99	1992-93	1998-99	1992-93	1998-99	1992-93	1998-99	1992-93	1998-99	1998-99
INDIA	**2.9**	**2.7**	**59.8**	**72.3**	**76.9**	**84.2**	**59.4**	**51.8**	**0.9**	**0.7**	**58.6**	**65.2**	**29.0**	**22.4**	**14.4**
North															
Delhi	2.5	2.4	78.2	85.3	89.4	94.7	39.7	36.2	1.0		34.0		45.3		23.1
Haryana	2.6	2.5	63.4	81.4	86.8	88.2	50.3	37.6	0.7		61.7		20.8		17.4
Himachal Pr.	2.4	2.2	77.1	91.5	90.8	94.7	41.6	32.3	3.8		59.4		26.7		17.8
J&k	2.8	2.7	60.0	65.6	49.2	87.5	50.6	50.9	0.2		62.1		18.3		8.0
Punjab	2.6	2.3	75.4	89.0	89.1	96.4	41.3	33.3	1.3		55.4		25.9		27.3
Rajasthan	3.0	2.8	44.2	61.1	71.2	79.4	68.2	59.7	1.0	0.5	79.6	78.1	13.6	15.8	22.0
Central															
Madhya Pr.	3.1	2.9	47.4	59.6	70.2	83.6	63.5	55.7	1.7	1.0	64.3	78.4	27.3	15.5	26.5
Uttar Pr.	3.4	3.1	32.3	47.9	57.2	70.5	80.2	71.9	0.9	0.5	25.5	33.5	58.2	35.6	25.4
East															
Bihar	3.4	3.3	35.1	44.4	38.5	69.5	76.9	75.5	0.9	1.1	60.5	68.0	32.3	26.3	20.8
Orissa	3.0	2.7	60.7	70.9	79.5	88.6	63.7	53.2	1.3	1.4	46.1	67.3	39.3	22.6	12.2
West Bengal	2.6	2.4	74.2	87.7	86.8	93.0	42.6	33.4	0.3		43.0		32.0		14.2
Northeast															
Arunachal Pr.	4.7	3.2	29.0	48.0	34.7	59.4	76.4	64.6	1.3		45.0		36.9		20.9
Assam	3.2	2.9	53.4	66.3	76.3	82.4	57.2	56.7	0.2		23.9		38.5		11.0
Manipur	3.7	3.6	36.5	47.2	63.3	65.9	65.1	61.3	3.0		14.5		66.7		18.5
Meghalaya	4.6	4.7	21.9	26.8	34.1	50.6	79.3	79.8	0.7		21.6		41.7		23.3
Mizoram	4.3	4.0	50.0	38.5	66.9	77.5	46.2	42.3	0.8		47.6		50.8		6.9
Nagaland	4.0	4.0	31.6	51.2	40.6	57.8	87.0	69.7	3.6		34.8		40.2		32.4
Tripura	2.6	NA	74.5	NA	94.5	NA	43.9	NA	*		32.1		36.6		NA
Sikkim	NA	2.2	NA	90.0	NA	94.4	NA	46.2	NA		NA		NA		33.9
West															
Goa	2.7	2.3	70.2	76.4	87.7	86.4	52.2	52.5	*		44.5		30.8		17.9
Gujarat	2.6	2.5	71.9	75.9	81.3	85.7	50.7	41.0	0.9		79.4		12.3		14.2
Maharashtra	2.5	2.3	70.9	81.7	85.9	91.9	46.3	39.1	0.5		68.3		25.7		10.2
South															
Andhra Pr.	2.7	2.4	64.8	83.9	84.2	92.1	53.0	40.4	2.2	1.8	88.5	87.0	7.2	5.8	14.0
Karnataka	2.5	2.2	67.3	80.1	83.9	89.8	50.9	41.7	0.3		81.9		13.7		6.4
Kerala	2.6	2.5	84.0	86.5	90.2	88.7	36.7	36.3	0.5		76.3		15.1		12.2
Tamilnadu	2.1	2.0	79.4	86.4	91.9	93.6	50.2	47.9	0.4		78.8		15.4		15.2

* Less than 0.05%

Annexure 4.2

IMR,TFR and Higher order of births - Comparison between SRS,NFHS II and

State/UT	IMR		TFR		Contribution of higher order of births 3 & above (%)		Districts with more than 40% birth order 3 and above (RHS, 98-99)	
							No.	Total Distt. Covered
	SRS (99)	NFHS-II (98-99)	SRS (98)	NFHS-II (98-99)	RHS (98-99)	NFHS (98-99)		
INDIA	**70**	**67.8**	**3.2**	**2.9**	**45.8**	**45.2**	**312**	**504**
MAJOR STATES								
Andhra Pr	66	65.8	2.4	2.3	28.8	31.5	0	23
Assam	76	69.5	3.2	2.3	45.6	43.8	16	23
Bihar	66	72.9	4.3	3.5	57.1	54.6	30	30
Gujarat	63	62.6	3.0	2.7	37	41.1	8	19
Haryana	68	56.8	3.3	2.9	40.9	41.6	5	17
Karnataka	58	51.5	2.4	2.1	35.3	33.6	5	20
Kerala	14	16.3	1.8	2.0	17.1	21.1	0	14
Madhya Pr	91	86.1	3.9	3.3	53.6	52.8	36	38
Maharashtra	48	43.7	2.7	2.5	34.5	39.2	7	30
Orissa	97	81.0	2.9	3.5	45.3	42.9	26	30
Punjab	53	57.1	2.6	2.2	35.8	39.6	4	17
Rajasthan	81	80.4	4.1	3.8	51.9	52.9	30	30
Tamil Nadu	52	48.2	2.0	2.2	23.6	23.2	0	23
Uttar Pr	84	86.7	4.6	4.0	59.4	58.1	58	58
West Bengal	52	48.7	2.4	2.3	38.9	36.5	7	19
SMALLER STATES								
Arunachal Pr	43	63.1	2.8	2.5	56.7	46.0	13	13
Chattisgarh	NA	NA	NA	NA	47.0	NA	5	7
Delhi	31	46.8	1.6	2.4	32.3	39.3	0	1
Goa	21	36.7	1.0	1.8	21.4	24.9	0	2
Himachal Pr	62	34.4	2.4	2.1	31.4	33.3	2	12
Jharkhand	NA	NA	NA	NA	54.2	NA	13	13
J & K	NA	65.0	NA	2.7	50.6	50.3	8	13
Manipur	25	37.0	2.4	3.0	46.2	47.1	7	8
Meghalaya	56	89.0	4.0	4.6	57.1	60.1	7	7
Mizoram	19	37.0	NA	2.9	40.0	46.0	2	3
Nagaland	NA	42.1	1.5	3.8	61.1	59.6	6	6
Sikkim	49	43.9	2.5	2.8	43.3	42.1	3	4
Tripura	42	NA	3.9	NA	34.7	NA	1	3
Uttaranchal	NA	NA	NA	NA	50.8	NA	10	10
UNION TERRITORIES								
A&N Islands	25	NA	1.9	NA	20.3	NA	0	2
Chandigarh	28	NA	2.1	NA	20.2	NA	0	1
D&N Haveli	56	NA	3.5	NA	44.9	NA	1	1
Daman & Diu	35	NA	2.5	NA	35.4	NA	1	2
Lakshadweep	32	NA	2.8	NA	44.6	NA	1	1
Pondicherry	22	NA	1.8	NA	21.1	NA	0	4

Source - Registrar General, India, NFHS and Rapid Household Survey

Annexure 4.3

Interstate variations in Contraceptive Acceptance

Sl. No.	State/UT	Estimated No. of Eligible Couples March,2001 (in 000's)	Estimated No. of Unsterilised Couples March,2001 (in 000's)	Performance (2000-01 Upto Jan.)		Performance Rate per 10,000 unsterilised couples	
				Terminal	Spacing method	Terminal	Spacing method
	INDIA	**176,647**	**176,647**	**3,236,556**	**24,109,615**	**183**	**1365**
I.	**MAJOR STATES**						
1	Andhra Pr	14,161	14,161	487,883	982,177	345	694
2	Assam	4,049	4,049	8,844	90,493	22	223
3	Bihar	14,752	14,752	54,622	220,771	37	150
4	Gujarat	8,854	8,854	200,042	1,343,368	226	1517
5	Haryana	3,563	3,563	77,212	520,753	217	1462
6	Karnataka	8,912	8,912	346,234	708,528	389	795
7	Kerala	5,190	5,190	124,200	218,515	239	421
8	Madhya Pr	10,749	10,749	243,616	2,089,349	227	1944
9	Maharashtra	16,641	16,641	530,040	1,098,592	319	660
10	Orissa	6,130	6,130	60,624	557,820	99	910
11	Punjab	3,886	3,886	67,613	779,901	174	2007
12	Rajasthan	10,052	10,052	193,901	1,787,455	193	1778
13	Tamil Nadu	10,807	10,807	310,352	764,967	287	708
14	Uttar Pr	27,897	27,897	260,251	3,821,379	93	1370
15	West Bengal	13,557	13,557	157,281	729,111	116	538
II.	**SMALLER STATES**						
1	Arunachal Pr	169	169	1,028	4,617	61	273
2	Chattisgarh	3,702	NA	NA	NA	NA	NA
3	Delhi	2,343	2,343	27,556	239,847	118	1024
4	Goa	194	194	4,292	5,443	221	281
5	Himachal Pr	1,015	1,015	22,538	116,511	222	1148
6	Jharkhand	4,790	NA	NA	NA	NA	NA
7	J & K	1,571	1,571	10,578	33,574	67	214
8	Manipur	315	315	496	5,772	16	183
9	Meghalaya	332	332	1,727	5,217	52	157
10	Mizoram	117	117	2,545	3,177	218	272
11	Nagaland	233	233	NA	NA	NA	NA
12	Sikkim	78	78	588	2,846	75	365
13	Tripura	501	501	5,151	32,068	103	640
14	Uttaranchal	1,425	NA	NA	NA	NA	NA
III.	**UNION TERRITORIES**						
1	A&N Islands	59	59	1,348	3,374	228	572
2	Chandigarh	155	155	2,069	16,146	133	1042
3	D&N Haveli	39	39	267	401	68	103
4	Daman & Diu	24	24	442	1,602	184	668
5	Lakshadweep	10	10	38	676	38	676
6	Pondicherry	165	165	9,552	14,538	579	881

Annexure 4.4

Contraceptive Acceptance - Comparison between service reports , R.H.S and N.F.H.S.

Sl. No.	State/UT	Total Population (in '000) 2001	No. of Eligible Couples in 000's March,2001	Accepted Terminal Method			Districts with less than 30% Couples Sterilised (RHS, 98-99)	
				Programme	NFHS 98-99	RHS 98-99	No.	Total Distt. Covered
	INDIA	**1,027,015**	**176647**	**29.0**	**36.0**	**34.9**	**223**	**504**
I.	**MAJOR STATES**							
1	Andhra Pr	75,728	14161	44.5	57.0	57.7	0	23
2	Assam	26,638	4049	12.3	16.7	13.5	22	23
3	Bihar	82,879	14752	16.7	20.2	21.1	29	30
4	Gujarat	50,597	8854	35.4	45.3	42.6	1	19
5	Haryana	21,083	3563	32.3	40.8	39.4	2	17
6	Karnataka	52,734	8912	44.8	52.2	52.8	0	20
7	Kerala	31,839	5190	34.5	51.0	50.3	0	14
8	Madhya Pr	60,385	10749	28.0	37.9	38.0	7	38
9	Maharashtra	96,752	16641	40.0	52.2	50.6	0	30
10	Orissa	36,707	6130	26.5	35.6	34.0	7	30
11	Punjab	24,289	3886	35.2	30.9	31.0	7	17
12	Rajasthan	56,473	10052	22.9	41.8	32.4	15	30
13	Tamil Nadu	62,111	10807	39.3	46.0	45.5	0	23
14	Uttar Pr	166,053	27897	17.3	15.6	14.1	57	58
15	West Bengal	80,221	13557	27.2	33.8	31.9	8	19
II.	**SMALLER STATES**							
1	Arunachal Pr	1,091	169	9.7	20.7	16.0	12	13
2	Chattisgarh	20,796	3702	NA	NA	NA	0	7
3	Delhi	13,783	2343	17.0	28.6	28.8	1	1
4	Goa	1,344	194	21.1	28.2	28.9	1	2
5	Himachal Pr	6,077	1015	34.8	52.4	50.6	0	12
6	Jharkhand	26,909	4790	NA	NA	NA	11	13
7	J & K	10,070	1571	12.1	30.7	29.9	7	13
8	Manipur	2,389	315	11.3	15.5	10.1	8	8
9	Meghalaya	2,306	332	2.8	10.7	6.4	7	7
10	Mizoram	891	117	28.9	45.3	39.3	1	3
11	Nagaland	1,989	233	6.3	12.3	12.3	6	6
12	Sikkim	540	78	14.8	24.8	22.9	4	4
13	Tripura	3,191	501	17.0	NA	NA	3	3
14	Uttaranchal	8,480	1425	NA	NA	NA	4	10
III.	**UNION TERRITORIES**							
1	A&N Islands	356	59	32.2	NA	44.7	0	2
2	Chandigarh	901	155	23.3	NA	21.1	1	1
3	D&N Haveli	220	39	25.8	NA	29.7	1	1
4	Daman & Diu	158	24	23.0	NA	44.4	0	2
5	Lakshadweep	61	10	3.3	NA	7.4	1	1
6	Pondicherry	974	165	51.2	NA	50.6	0	4

Annexure 4.5

Contraceptive Acceptance - Programme, NFHS and RHS (Modern Methods)

Sl. No.	State/UT	CPR (in %) 31.3.2000		CPR (in %) NFHS I (92 - 93)		CPR (in %) NFHS (98-99)		CPR Any (in %) RHS (98-99)	
		By Ster.	Spacing (Modern)	By Ster.	Spacing (Modern)	By Ster.	Spacing (Modern)	By Ster.	Spacing (Modern)
	INDIA	**29.0**	**17.2**	**30.8**	**5.5**	**36.0**	**8.3**	**34.9**	**7.6**
I.	**MAJOR STATES**								
1	Andhra Pr	44.5	8.3	44.7	1.8	57.0	1.8	57.7	1.0
2	Assam	12.3	2.9	14.6	5.4	16.7	10.0	13.5	15.0
3	Bihar	16.7	4.5	17.6	3.2	20.2	2.2	21.1	2.2
4	Gujarat	35.4	17.4	41.0	5.8	45.3	8.1	42.6	9.4
5	Haryana	32.3	17.1	34.8	9.6	40.8	12.5	39.4	13.3
6	Karnataka	44.8	11.5	42.7	4.8	52.2	4.4	52.8	5.1
7	Kerala	34.5	5.1	48.3	6.1	51.0	5.1	50.3	7.4
8	Madhya Pr	28.0	17.9	31.7	4.0	37.9	4.7	38.0	5.4
9	Maharashtra	40.0	9.3	46.5	6.4	52.2	7.6	50.6	7.7
10	Orissa	26.5	11.1	31.6	10.0	35.6	4.7	34.0	5.5
11	Punjab	35.2	30.3	34.0	17.4	30.9	23.0	31.0	22.6
12	Rajasthan	22.9	13.2	26.2	3.3	41.8	5.8	32.4	6.6
13	Tamil Nadu	39.3	11.1	39.6	5.8	46.0	4.3	45.5	4.4
14	Uttar Pr	17.3	20.7	13.1	5.3	15.6	6.4	14.1	7.5
15	West Bengal	27.2	5.0	30.6	7.0	33.8	13.5	31.9	13.5
II.	**SMALLER STATES**								
1	Arunachal Pr	9.7	4.3	10.7	8.5	20.7	12.2	16.0	17.8
2	Chattisgarh	NA	NA	NA	NA	NA	NA	NA	NA
3	Delhi	17.0	10.0	22.2	31.2	28.6	27.7	28.8	39.5
4	Goa	21.1	2.8	30.5	7.3	28.2	7.7	28.9	10.0
5	Himachal Pr	34.8	12.1	45.8	8.5	52.4	8.4	50.6	11.8
6	Jharkhand	NA	NA	NA	NA	NA	NA	NA	NA
7	J & K	12.1	2.3	21.7	10.0	30.7	11.1	29.9	17.1
8	Manipur	11.3	6.5	13.8	10.3	15.5	10.3	10.1	9.3
9	Meghalaya	2.8	1.9	10.0	5.1	10.7	9.1	6.4	6.8
10	Mizoram	28.9	5.7	44.6	8.3	45.3	11.7	39.3	8.2
11	Nagaland	6.3	1.9	6.4	6.2	12.3	12.0	12.3	9.3
12	Sikkim	14.8	6.7	NA	NA	24.8	26.6	22.9	13.8
13	Tripura	17.0	6.4	NA	NA	NA	22.8	NA	NA
14	Uttaranchal	NA	NA	NA	NA	NA	NA	NA	39.9
III.	**UNION TERRITORIES**								
1	A&N Islands	32.2	6.2	NA	NA	NA	NA	44.7	13.6
2	Chandigarh	23.3	10.2	NA	NA	NA	NA	21.1	35.9
3	D&N Haveli	25.8	11.7	NA	NA	NA	NA	29.7	5.7
4	Daman & Diu	23.0	6.3	NA	NA	NA	NA	44.4	6.3
5	Lakshadweep	3.3	3.9	NA	NA	NA	NA	7.4	4.1
6	Pondicherry	51.2	7.2	NA	NA	NA	NA	50.6	6.2

Annexure 4.6

COUPLE PROTECTION RATE - PROJECTED LEVEL 2007

Sl. No.	State/UT	No. of eligible couples 2001 in 000's	Couple Protection Rate as per programme data			Contraceptive Prevalence Rate NFHS (98-99)			Contraceptive Prevalence Rate Any (%) RHS (98-99)			CPR (Average Programe, NFHS,RHS)		Expected Level 2007	
			Total March, 2000	By Ster.	Spacing (Modern)	Total	By Ster.	Spacing (Modern)	All Methods	By Ster.	Spacing (Modern)	By Ster.	Spacing (Modern)	Permanent	Spacing (Modern)
	INDIA	**176,647**	**46.2**	**29.0**	**17.2**	**48.2**	**36.0**	**8.3**	**42.5**	**34.9**	**7.6**	**33.3**	**11.0**	**49.3**	**15.9**
I.	**MAJOR STATES**														
1	Andhra Pr	14,161	52.8	44.5	8.3	59.6	57.0	1.8	58.7	57.7	1.0	53.1	3.7	65.0	10.0
2	Assam	4,049	15.2	12.3	2.9	43.3	16.7	10.0	28.5	13.5	15.0	14.2	9.3	35.0	16.9
3	Bihar	14,752	21.2	16.7	4.5	24.5	20.2	2.2	23.3	21.1	2.2	19.3	3.0	30.0	10.0
4	Gujarat	8,854	52.8	35.4	17.4	59.0	45.3	8.1	52.0	42.6	9.4	41.1	11.6	60.0	21.2
5	Haryana	3,563	49.4	32.3	17.1	62.4	40.8	12.5	52.7	39.4	13.3	37.5	14.3	56.3	26.0
6	Karnataka	8,912	56.3	44.8	11.5	58.3	52.2	4.4	57.9	52.8	5.1	49.9	7.0	60.0	12.7
7	Kerala	5,190	39.6	34.5	5.1	63.7	51.0	5.1	57.7	50.3	7.4	45.3	5.9	60.0	10.7
8	Madhya Pr	10,749	45.9	28.0	17.9	44.3	37.9	4.7	43.4	38.0	5.4	34.6	9.3	55.0	17.0
9	Maharashtra	16,641	49.3	40.0	9.3	60.9	52.2	7.6	58.3	50.6	7.7	47.6	8.2	60.0	14.9
10	Orissa	6,130	37.6	26.5	11.1	46.8	35.6	4.7	39.5	34.0	5.5	32.0	7.1	55.0	12.9
11	Punjab	3,886	65.5	35.2	30.3	66.7	30.9	23.0	53.6	31.0	22.6	32.4	25.3	55.0	30.0
12	Rajasthan	10,052	36.1	22.9	13.2	40.3	41.8	5.8	39.0	32.4	6.6	32.4	8.5	45.0	15.5
13	Tamil Nadu	10,807	50.4	39.3	11.1	52.1	46.0	4.3	49.9	45.5	4.4	43.6	6.6	65.4	12.0
14	Uttar Pr	27,897	38	17.3	20.7	28.1	15.6	6.4	21.6	14.1	7.5	15.7	11.5	35.0	21.0
15	West Bengal	13,557	32.2	27.2	5.0	66.6	33.8	13.5	45.4	31.9	13.5	31.0	10.7	50.0	19.4
II.	**SMALLER STATES**														
1	Arunachal Pr	169	14.0	9.7	4.3	35.4	20.7	12.2	33.8	16.0	17.8	15.5	11.4	30.0	20.8
2	Chattisgarh	3,702	NA	NA	NA	NA	NA	NA	40.1	NA	NA	38.0	5.0	45.0	10.0
3	Delhi	2,343	27.0	17.0	10.0	63.8	28.6	27.7	68.3	28.8	39.5	24.8	25.7	40.0	30.0
4	Goa	194	23.9	21.1	2.8	47.5	28.2	7.7	38.9	28.9	10.0	26.1	6.8	45.0	12.4
5	Himachal Pr	1,015	46.9	34.8	12.1	67.7	52.4	8.4	62.4	50.6	11.8	45.9	10.8	65.0	19.6
6	Jharkhand	4,790	NA	NA	NA	NA	NA	NA	27.8	NA	NA	21.0	2.0	30.0	3.6
7	J & K	1,571	14.4	12.1	2.3	49.1	30.7	11.1	47.0	29.9	17.1	24.2	10.2	36.4	18.5
8	Manipur	315	17.8	11.3	6.5	38.7	15.5	10.3	19.4	10.1	9.3	12.3	8.7	30.0	15.8
9	Meghalaya	332	4.7	2.8	1.9	20.2	10.7	9.1	13.2	6.4	6.8	6.6	5.9	30.0	10.8
10	Mizoram	117	34.6	28.9	5.7	57.7	45.3	11.7	47.5	39.3	8.2	37.8	8.5	56.8	15.5
11	Nagaland	233	8.2	6.3	1.9	30.3	12.3	12.0	21.6	12.3	9.3	10.3	7.7	30.0	14.1
12	Sikkim	78	21.5	14.8	6.7	53.8	24.8	26.6	36.7	22.9	13.8	20.8	15.7	31.3	28.5
13	Tripura	501	23.4	17.0	6.4	NA	NA	22.8	40.4	NA	NA	20.0	20.0	30.0	36.4
14	Uttaranchal	1,425	NA	NA	NA	NA	NA	NA	39.9	NA	39.9	30.0	10.0	40.0	18.2
III.	**UNION TERRITORIES**														
1	A&N Islands	59	38.4	32.2	6.2	NA	NA	NA	58.2	44.7	13.6			50.0	15.0
2	Chandigarh	155	33.5	23.3	10.2	NA	NA	NA	57.0	21.1	35.9			40.0	35.0
3	D&N Haveli	39	37.5	25.8	11.7	NA	NA	NA	35.4	29.7	5.7			35.0	10.0
4	Daman & Diu	24	29.3	23.0	6.3	NA	NA	NA	50.7	44.4	6.3			50.0	10.0
5	Lakshadweep	165	7.2	3.3	3.9	NA	NA	NA	11.5	7.4	4.1			30.0	10.0
6	Pondicherry	165	58.4	51.2	7.2	NA	NA	NA	56.8	50.6	6.2			65.0	10.0