

Anthropo-Demographic Study Among the Caste and Tribal Groups of Central Himalayas: 5. Family Planning

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ABSTRACT In this paper an attempt is made to appraise women's knowledge of contraceptive methods and also the usage of family planning methods among the Kumauni caste groups and Bhotia tribal groups. Knowledge of contraceptive methods is widespread among all population groups, particularly the permanent methods. However, usage of contraceptives is not that widespread. Among all the methods, the most commonly used are the permanent methods especially tubectomy. This is followed by IUDS.

The use of contraceptive methods and the control of fertility is of vital importance for all developing nations where high fertility and low mortality rates has lead to explosive additions in population which in turn have a detrimental effect in their development.

When the Family Planning Programme in India started in 1951, the approach was essentially clinical. The Family Planning services were made available in clinics on the expectations that people would visit them for getting advice and service. The programme strategy was changed from the clinical to the extension approach at the beginning of the third Five Year Plan (1961-66). In the extension approach the message and methods of family planning were spread to the people through an extensive network of Primary Health Centres in rural areas and Hospitals and Family Welfare Centres in urban areas.

The contraceptive methods provided by the programme are vesectomy, tubectomy, intra uterine devices or IUD, oral pills and conventional contraceptives. Conventional contraceptives include condoms, diaphragms, jelly cream and foam tablets. The government also provides facilities for induced abortions which are also known as "medical termination of pregnancy" or MTP.

The programme promotes responsible parenthood with a two child family norm (regardless of the sex of the child) through the voluntary use of contraceptive methods and a variety

of maternal and child health schemes (Family Planning Programme in India, 1991-92).

In this study an attempt is made to study the knowledge and usage of family planning methods by Kumauni Caste groups and Bhotia Tribal groups.

MATERIAL AND METHODS

The study sample was collected from three districts of Uttar Pradesh (Pithoragarh) Almora and Chamoli) and comprised of 847 mothers, from two major communities, the caste groups of Kumaun and the Bhotia tribal groups. For details on both these communities see Paul Chachra and Bhasin (1998). Data collected included fertility, mortality and various socio-cultural factors. The data were collected through the help of questionnaires and details of each women's reproductive performance were obtained. Enquiries on knowledge and usage of family planning methods were also made.

RESULTS AND DISCUSSION

Knowledge of Family Planning Methods

Table 1 presents the extent of knowledge of family planning methods of ever married women among the Kumauni caste groups and Bhotia tribal groups. For the population on the whole knowledge of family planning is universal, with 99 per cent of ever married respondents recognizing at least one method of family planning. Among all the methods, knowledge about other methods, namely the IUD is most commonly known, 89 per cent of ever married women reported knowledge about it. It is followed by the pill (40 per cent) and condoms (35 per cent). Other methods including traditional methods is less well known (12.5 per cent).

Among the caste groups, knowledge of the temporary methods is more prevalent among the Brahmins and Rajputs than the Scheduled Castes. Among the Bhotia tribal groups the Juhar

Table 1: Knowledge of family planning methods among Kumauni Caste Groups and Bhotia Tribal Groups of Uttarakhand

Group	Sterilization	IUD	Condoms	Pills	Others
I.Kumauni Caste Groups					
Brahmins	100.0	91.66	30.12	47.40	14.74
Rajputs	100.0	91.53	41.26	46.03	13.22
S. Castes	99.4	84.40	23.11	32.79	13.97
Kumauni (Total)	99.0	89.00	31.63	41.80	13.90
II.Bhotia Tribal Groups					
Marchas	97.8	83.51	41.75	40.65	13.10
Juhars	100.0	80.82	38.35	21.91	6.84
Dharchulas	100.0	96.05	43.42	45.39	9.86
Bhotias (Total)	99.3	88.92	41.77	38.60	10.10
Total	99.6	89.02	35.41	40.61	12.51

Bhotias appear to have greater knowledge of family planning methods than the Marcha Bhotias and the Dharchula Bhotias. Among all the population groups in both the communities the Dharchula Bhotias appear to have the least knowledge of family planning methods whereas the Juhar Bhotias are the population group having the maximum knowledge of family planning methods.

Knowledge of family planning methods among the urban ever married women is more widespread than their rural counterpart. In fact knowledge of IUD, condoms and pills is nearly universal among urban ever married women, whereas the percentage of ever married women affirming knowledge about these methods is quite less in the rural areas.

According to Srikantan (1982) by 1973 knowledge of family planning methods had attained the threshold level of social acceptability and had been disseminated successfully by the govern-

ment to meet the needs of eligible women for such methods in both rural and urban areas. The NFHS (National Family Health Survey, 1992-93), also found contraceptive knowledge to be nearly universal in India, with 96 per cent of currently married women having heard of at least one modern family planning method.

According to the NFHS, Uttar Pradesh, the knowledge of family planning is nearly universal in Uttar Pradesh, with 98 and 94 per cent of ever married respondents in urban and rural areas, respectively, reporting knowledge of at least one modern method of family planning. Knowledge of sterilization both male and female sterilization is widespread in Uttar Pradesh. However this is lacking for the spacing methods.

Among the Bhotia tribal groups and Kumauni caste groups as for India and Uttar Pradesh, knowledge of permanent methods is universal, particularly sterilization. Knowledge of spacing methods is comparatively less.

Ever Use of Family Planning Methods

In spite of knowledge of family planning methods being nearly universal among the caste groups and Bhotia tribal groups, particularly knowledge of sterilization, percentage of users of family planning methods among them is quite low. The percentage of ever married woman who have ever used any family planning method is only 49 per cent. The most commonly used method is female sterilization (27.3 per cent). This is followed by IUD (13.5 per cent) and male sterilization (9 per cent). The percentage of users for methods like pill, condoms, and other methods is very less (4-5 per cent).

Table 2: Percentage of ever married women who have ever used contraceptive method by specific method among Kumauni Caste Groups and Bhotia Tribal Groups of Uttarakhand

Group	Any Method	Male Sterilization	Female Sterilization	IUD	Condom	Pill	Any other
I.Kumauni Caste Groups							
Brahmins	56.41	12.17	37.17	7.69	1.28	0.64	1.92
Rajputs	49.73	9.52	29.62	10.75	0.52	0.52	2.11
Scheduled Castes	41.39	9.67	25.26	6.45	-	1.07	1.61
Kumauni (Total)	48.77	10.35	30.32	8.28	0.56	0.75	1.69
II.Bhotia Tribal Groups							
Marchas	42.85	6.59	19.79	17.58	2.19	1.09	3.29
Juhars	36.98	2.73	12.32	23.28	1.36	-	2.73
Dharchulas	62.90	9.86	28.94	25.00	3.94	2.63	2.63
Bhotias (Total)	50.94	7.27	22.46	22.46	2.84	1.58	2.53
Total	49.58	9.2	27.39	13.57	1.41	1.06	2.00

Among the various population groups studied it is seen that among the caste groups sterilization (both male and female) as a method is more commonly used than among the Bhotia tribal groups (Table 2). Also usage of family planning methods is more in urban areas than rural areas (for the caste groups). Percentage of ever married women who have ever used any contraceptive method ranges from 56 per cent for the Brahmins to 41 per cent for the Scheduled Castes, among the Kumauni caste groups. Among the Bhotia tribal groups the percentage of ever married women who have ever used any contraceptive method ranges from a high 62.5 per cent for the Juhar Bhotias to a low 36 per cent for the Dharchula Bhotias. Percentage of ever married women who have ever used any method is only slightly more (50 per cent) among the Bhotia tribal groups than the caste groups (48 per cent).

Of all the methods of family planning the actual emphasis of the programme falls on sterilization because the number of annual acceptors of this method is far larger than other methods. In 1970-71, 8.1 per cent of couples were protected by sterilization whereas only 2.5 per cent by other methods. By 1980-81, the couples protected by sterilization rose to 20 per cent while couples protected by other methods rose only slightly to 2.7 per cent (Sivaswamy et al., 1984). Currently, though temporary methods have been promoted by the Government of India, the predominant methods still being used in sterilization. In India paternalistic family structure and social values brings pressure on each couple to have at least one son. With high infant and child mortality rates nobody would undergo sterilization without having at least two sons and therefore sterilization is done at higher parities.

According to the Ministry of Health and Family Welfare increase in contraceptive use has occurred in the past decade with the couple protection rate jumping from 22.8 in 1981 to 44.1 in 1991. According to the NFHS, India, 1992-93, contraceptive use is much less widespread than its knowledge. Nearly half of currently married women in the age group 15-49 years have ever used a method and 41 per cent are currently using any method. The most widely used method of family planning is female sterilization which is the method accepted by 67 per

cent of the current users. Other modern methods are used by only a small proportion of couples.

There are large interstate variations in contraceptive use. According to NFHS, 1992-93, a majority of all currently married women are current users of modern contraceptives in the states of Kerala, Delhi, Himachal Pradesh, Maharashtra, Punjab and Mizoram. At the other extreme current use rates for modern methods are less than 25 per cent in Uttar Pradesh and Bihar (the two most populous states) as well as Assam and most of the North Eastern States of the country.

The differential performance by states has been attributed to factors such as the socio-economic diversity within the country, lack of commitment to the programme, inadequate health and transport infrastructure and inefficient management of the programme in some states.

The NFHS found contraceptive use is appreciably higher in urban areas (51 per cent) than in rural areas (37 per cent) and is also higher among literate women (52 per cent) than among illiterate women (34 per cent). Current use is positively related to the number of living children a woman has, increasing from 4 per cent for women with no children to a high of 59 per cent with women with three children. Contraceptive use in India reflects a preference for sons with current use at each parity lowest with women with no sons and highest for women with two or more sons.

According to Srinivasan et al. (1984) motivation to control fertility results from the difference between potential family size and desired family size. On the average families in Uttar Pradesh would like to have 4.8 children while in Kerala families want only 3.9 children. Their results point to the predominant role of motivation and implicitly, modernisation in promoting use of contraception. Jejeebhoy (1984) has investigated the causes of the transition from natural to controlled fertility in India by comparing couples who have ever used contraception with those who remained under natural fertility conditions. The results indicates that it is primarily improvements in child mortality and its effect through intervening factors that account for the transition. The implication is that the success of a family planning programme is largely

a function of improvements in child health.

The practice of contraceptives was low in Uttar Pradesh, with only 26 per cent of the ever married or currently married women having ever used a method and the most commonly accepted method was female sterilization. The percentage of users of other methods is quite less. (NFHS, 1992, Uttar Pradesh)

The family planning programme in Uttar Pradesh has not been effective in motivating couples to restrict their family size. A number of factors could be attributed to this poor performance. The programme itself has not been effectively managed in the state. The infrastructural facilities for Uttar Pradesh is quite poor compared to the national average. Also factors like low female literacy level in Uttar Pradesh, low status or position of women and a strong son performance has contributed to the low prevalence of contraceptive practice in the state.

In the hill region of the state a different scenario exists. The couple protection rate in the state for the year 1991-92 is the highest in the hill region (40.3) of Uttar Pradesh. The other regions like eastern Uttar Pradesh and western Uttar Pradesh have low couple protection rates of 29 and 32.1, respectively.

This could be a result of higher female literacy and better facilities in the hill region comparatively.

Among the Bhotia tribal groups and Kumauni caste groups as for India and Uttar Pradesh, knowledge of family planning methods is universal, particularly sterilization. The most common method used is female sterilization, followed by male sterilization and IUD.

Condoms and pills are used by a very small percentage of respondents. The emphasis of the family planning programme in this area also appears to be on terminal methods and both knowledge and usage of spacing methods is less. However for both the groups contraceptive usage is higher than for the state as a whole. The hill region has a higher percentage of couples using contraceptives than the rest of Uttar Pradesh. Son preference is prevalent in this region also. The mean number of surviving sons a woman has at the time of sterilization is higher than the mean number of daughters. In other words the women opts for sterilization when she has at least two or more sons than if she had only daughters.

Reasons for Non Use

Currently married women who have not yet used any contraceptive have been asked their reason for non use of any contraceptive and is presented in table 3. For the population on the whole 9.8 per cent intend to use contraception in the near future. In other words, they were satisfied with the number of children they have and intend to use contraceptives in the near future. A large portion of respondents (34.6 per cent) say that they have not used any contraceptives till date as they want more children and are not particular about the sex of the child. A significant proportion (45.9 per cent) of respondents say that they have not used any contraceptive till date as they are hopeful of having a son. Only four per cent of women gave reason for nonuse as due to lack of knowledge and three per cent due to health not permitting. The other reasons cited have been frightened of method (sterilization)

Table 3: Reasons for non use of contraceptive methods, percentage distribution of currently married women among Kumauni Caste Groups and Bhotia Tribal Groups of Uttarakhand

Group	Want male	Want children	Lack of knowledge	Health	Will now be doing	Others
I.Kumauni Caste Groups						
Brahmins	35.00	45.00	3.33	1.66	10.00	5.00
Rajputs	50.00	34.21	2.63	-	13.50	-
Scheduled Castes	46.87	35.41	2.08	1.04	11.50	3.12
Kumauni (Total)	44.82	37.50	2.58	0.86	11.63	1.79
II.Bhotia Tribal Groups						
Marchas	41.86	39.53	6.97	4.65	4.65	2.32
Juhars	50.00	22.22	5.55	16.66	2.77	2.77
Dharchulas	45.71	31.42	8.57	2.85	11.42	-
Bhotias (Total)	48.24	28.94	7.07	7.89	6.14	1.75
Total	45.95	34.68	4.04	3.17	9.82	1.45

and regard the number of children a couple has as gift of god and as fate.

Family Planning Services

The Family Planning Programme of India since its change from the clinical to the extension approach (1961-66) has tried to spread the message and methods of family planning to the people of India. Serious attempts has been made in each successive five year plan to make the programme effective by promoting the small family norm and by providing easy accessibility of modern contraceptives. Various incentives have been provided to both the acceptors and the staff belonging to the various institutions promoting family planning.

An area that still needs to be emphasized on is the follow up care given to the acceptors of family planning methods. The percentage of acceptors who have complained of inadequate follow up care is quite high. In one extreme case of in the village Galati of Dharchula tahsil one woman died within a week of undergoing tubectomy operation. This has resulted in fear and hesitancy in people of this village and nearby areas to undergo this operation. To be more effective and successful the family planning programme needs to be more sensitive to the needs of the acceptors rather than just achieving targets. The burden of heavy physical work fall on

ceptives are dizziness, bleeding, backpain, bodyache and weakness. A majority of acceptors had no problems whereas some acceptors had only initial minor problems like bachache and discomfort and a few complained of serious problems like acute bodyache, excessive bleeding, swollen uterus etc. The follow up care provided by the family planning programme needs improvement.

Age at Sterilization and Mean Number of Living Children at Time of Sterilization

The mean age of the women at the time of sterilization for the present population is 28 years. Brahmin (28 years) and Rajput women (27 years) have a lower mean age at sterilization than Scheduled Caste women (29 years). Among the Bhotia tribal groups the Marcha (30 years) and Dharchula Bhotias (28 years) have a higher mean age at sterilization than the Juhar Bhotias (27 years). The difference between the two major groups i.e. the Bhotia tribal groups and the caste groups is negligible.

The mean number of surviving sons and daughters at the time of sterilization is an important criterion as it gives a picture of the desired family size of a couple: As seen in table 4 for the present population son preference is very much evident as the mean number of living sons at the time of sterilization (2.07) is more than the mean number of living daughters (1.74). This trend is found for all population groups among the Bhotia tribal groups and the Kumauni caste groups. The number of children a couple has is nearly four (3.8) before accepting a terminal method. The mean number of children a couple has at the time of sterilization is higher among the Scheduled Castes (4.2) and the Dharchula Bhotias (4.09).

Table 4: Age at sterilization and number of children (by sex) at the time of sterilization among Kumauni Caste Groups and Bhotia Tribal Groups of Uttarakhand

Group	Age at sterilization	Male children	Female children	Total children
I.Kumauni Caste Groups				
Brahmins	28.61	1.94	1.81	3.76
Rajputs	27.72	2.08	1.63	3.71
S. Castes	29.20	2.30	1.95	4.26
Kumauni (Total)	28.48	2.10	1.79	3.89
II.Bhotia Tribal Groups				
Marchas	30.16	1.95	1.62	3.58
Juhars	27.05	1.96	1.61	3.57
Dharchulas	28.18	2.45	1.63	4.09
Bhotias (Total)	27.97	2.02	1.61	3.63
Total	28.33	2.07	1.74	3.81

the rural woman in the hilly region and a recently operated woman could develop complications if sent home immediately.

Complaints of acceptors of various contra-

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