



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2016; 2(7): 258-263
www.allresearchjournal.com
Received: 09-05-2016
Accepted: 10-06-2016

Dr. Monoj Gogoi
Associate Professor & HoD
Anthropology, Dudhnoi
College Dudhnoi, Goalpara,
Assam, India

A KAP study on family planning among the plain tribes women in rural context of Assam

Dr. Monoj Gogoi

Abstract

The present paper deals with the study of knowledge and attitude of the tribal women in context of rural Assam. The paper is based on the field study carried out in between 2010 and 2012 among 12 villages of Goalpara district of Assam, which were predominantly inhabited by the tribal population. In this study, two plain tribes of Assam, Boro Kachari and the Rabha were selected as the representative of the tribal groups. The data were collected from 300 ever married women, whose age ranges from 15 years to 49 years. This study will also assess and examine the level of practice of family planning among the study population. An attempt will be made to find out the gap that exist between the knowledge and practices of family planning and to find out the causes of these differences. The findings of the study revealed that 95 percent of the respondents have knowledge about one or the other methods of family planning, and mostly that of modern methods than the traditional one. More than ninety percent of the women have exhibited positive attitude towards family planning which have contributed much in building up the family planning behaviour of the women of the studied population. The study has found a wide gap of 31 percent between the knowledge of family planning and the actual level of practices of family planning. It is noticed in the study that the women preferred temporary spacing methods, like oral pill, condoms, IUDs etc. more than the permanent methods. The percentage of the women and men who have undergone sterilization is not encouraging. The study also tries to examine the different causes of adoption and non-adoption of family planning in context of socio-cultural background of the population group.

Keywords: Knowledge, Awareness, Contraceptives, Family planning, Fertility, Son preference

1. Introduction

In India, the importance and necessity of family planning is comparatively more than the other countries because it is the second most populous country in the world after China. Though geographically India shares only 2.4 percent of the total land area of the world, but it has to bear the burden of 17.33 percent of the total population. This disproportionate distribution of population in India is mainly due to the alarming growth of Indian population. The unprecedented growth of population compelled India government to pursue family planning programme vigorously. India launched the world first family planning programme in the year 1952. Along with other states of India, Assam also adopted the programme and tried to implement it with letter and spirit. In Assam, during 1951-61 and 1961-1971, the decennial growth rate has abruptly increased to 35 percent as against the national average of 24.8 percent. This population increased has compelled the government to adopt strict measures of family planning to curtail the growth rate. However, the complexity of implementing the population policies increases due to the multiplicity of the population composition of Assam. Each and every population groups has their own distinct socio-cultural and religious background, which directly or indirectly affects the family planning behavior of the population. Therefore, the outcome of family planning programme varies from population to population in the state.

In Assam, there are as many as 23 tribes and it constitutes 12.41 percent (Census, 2011) ^[3] of the total population of Assam. During 1981-91, the growth rate of the tribal population was 2.95 percent as against 1.95 percent of general population. However, during 1981-2001, their growth rate suddenly climbed down to 1.42 percent as against 1.85 percent of general population. This is very interesting from the point of view that despite low adoption rate of family planning by the tribal communities, which has been established by several studies,

Correspondence
Dr. Monoj Gogoi
Associate Professor & HoD
Anthropology, Dudhnoi
College Dudhnoi, Goalpara,
Assam, India

their population growth is decreasing. This complex demographic trends in Assam can only be understood by studying the family planning behavior of the tribal population. In this context, the present study was conducted with an aim to study the role of women in determining the knowledge, attitude and practice of family planning among the women of Boro Kachari and Rabha tribes of Goalpara district, Assam. Both the tribe, Boro Kothari and the Rabhas belong to Indo-Mongoloid racial stock and are living together for several decades. The Boro Kacharis is one of the largest tribe not only of Assam, but also of the whole Northeast India. According to the census 2011, the population of the tribe was 1352771 and it constitutes 40.9 percent of the total tribal population. They are mainly concentrated in the districts of Kokrajhar, Bongaigaon, Baksa, Chirang, Udalguri, Darrang, Sonitpur, Kamrup and Goalpara. In addition to these, they are also scattered over in some parts of Karbi Anglong, Golaghat and Dhemaji. On the other hand, the total population of the Rabha tribe is 296189 (2011 census) [3] and is mostly concentrated in the districts of Goalpara, Kamrup, Nalbari and some parts of Dhubri. However, they are scattered in some pockets of Bongaigaon, Sonitpur, Barpeta, Nagaon, Golaghat and Dhemaji. Besides Assam, they are also found in some pockets of South Garo Hills of Meghalaya, Jalpaiguri and Koch Behar districts of West Bengal. Agriculture is the primary occupation for more than ninety percent of the population of both the tribes. Though both the tribes are patriarchal, the position of women is always held high and they plays significant role in decision making process, both in family and the society. These two tribes, are living in the same locality for several decades and hence they are included in the study as a representative of the tribal population of the district.

2. Materials and Methods

The present study was conducted in 12 different villages of Krishnai, Dudhnoi, Rangjuli and Lakhipur block of Goalpara district. Geographically, the district is located in the south bank of river Brahmaputra and is bounded by East

and West Garo Hills of Meghalaya on the south, the Kamrup district on the east, and the Brahmaputra on the north. The Dhubri and the Bongaigaon district of Assam form the western border of the district. The total population of Goalpara district stands at 1,008,183 of which 513,292 were males and 494,891 were female (Census, 2011) [3]. The population growth rate of the district in 2011 was 22.74 percent, compared to 23.03 percent in 2001. The tribal population of the district was 231,570 which constitutes 22.96 percent of the district (District Census Handbook, Goalpara, 2011) [4] and it comprises of Rabha, Boro Kacharis, Garos and Hajongs.

For the present study, 300 married women with maximum age of 49 years belonging to Boro Kachari and the Rabha tribe were selected through systematic random sampling. The field study for data collection was carried out in two phases, the first phase was from July to December 2010, while the second part was from March to May in 2012. For purpose of data collection two types of questionnaire were designed i.e. Household questionnaire and Couple questionnaire. The household questionnaire was used to collect information on housing, economic status, educational qualification, sanitation, access to mass media like TV, radio, newspaper etc. of the family. On the other hand, the couple questionnaire was used to collect information on family characteristics and family planning. The household and the couple’s questionnaire consist of 30 questions and sought information on socio-economic status knowledge, attitude and practices of family planning.

3. Results and Discussion

The Fig. 1 clearly shows that despite the studied population belongs to the Scheduled Tribe community, the educational level of the respondents is undoubtedly very high compared to the 54.4 percent of tribal female literacy rate of India (Report no.543 of NSS 66th round, 2009-10). It is observed that the percentage of the respondents who have never attended school is only 20%. The figure also revealed that 86 percent of the respondents were housewives. It has been observed that majority

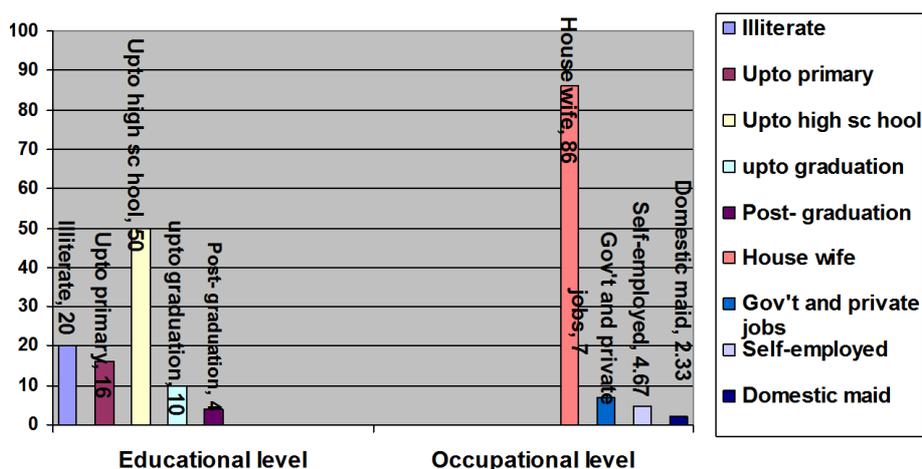


Fig 1: Educational and Occupational level of the respondents

of housewives involved in agricultural activities with other members of the family in addition to the household chores. Besides this, a small section of the respondents (7%) were engaged in government and private sectors. Some of them

also (4.67%) contributes to the earning of their family through self-employment activities. A very negligible section (2.33%) of the respondents found to work as domestic maid for their living.

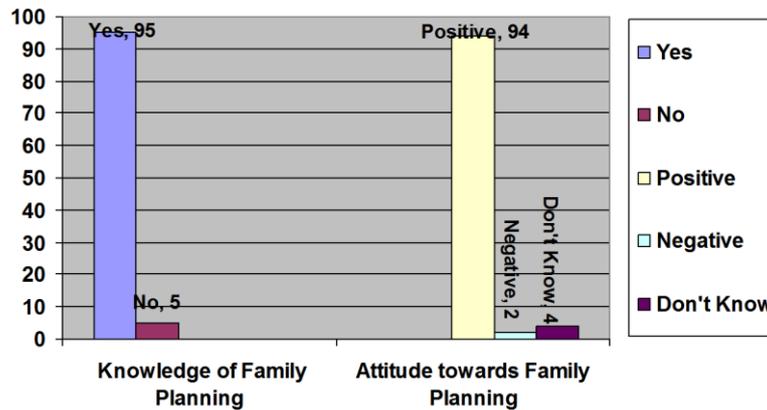


Fig 2: Knowledge and Attitude towards Family Planning

The Fig.2 shows that the knowledge about family planning is almost universal among the women. Ninety five percent of married women had knowledge about one or more than one methods of family planning. The success and failure of family planning programme in a community largely depends on the attitude of the population group concern. It is also

evident from the same figure that a large majority of the respondents (94%) have positive attitude toward family planning. Higher knowledge and positive attitude about family planning can be explained from the higher level of educational attainment

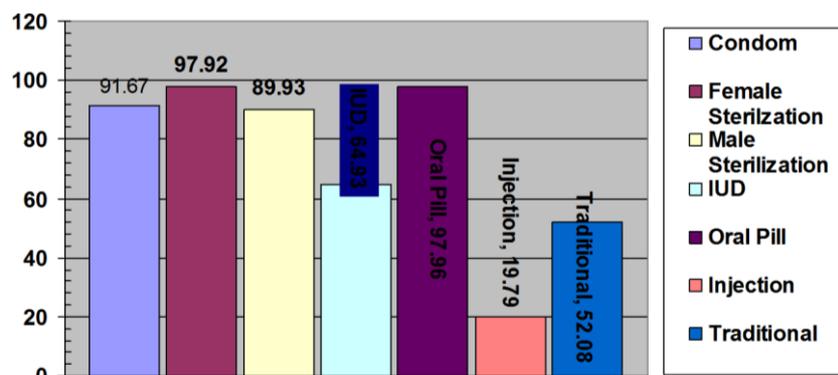


Fig 3: Knowledge by Specific family Planning Methods

of the studied population. It is almost universally established that their always exist a positive correlation between the high level of educational attainment with the adoption of family planning measures. The Fig. 3 reveals that the knowledge about modern methods of family planning is

comparatively higher than the traditional methods. Among the modern methods, the knowledge about oral pill, female sterilization and condom is slightly more than the male sterilization, IUDs and injection.

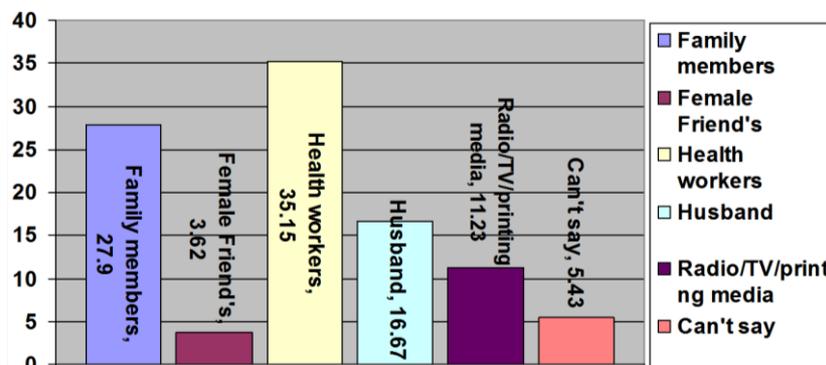


Fig 4: Sources of Family Planning Knowledge

The higher prevalence of knowledge of family planning among the tribal community may be due to several factors. However, growing awareness among the population due to government massive campaign drive particularly in last three decades has made considerable influence in increasing knowledge about the modern contraceptives. Increased involvement of family planning and health workers, role of

mass media, especially television, printing media have contributed much in generating awareness about the family planning. This is evident from the Fig. 4 where it has been clearly shown health workers (38.17%) are the main source of their knowledge. The role of electronic and print media (19.35%) is also significant as evident from the figure.

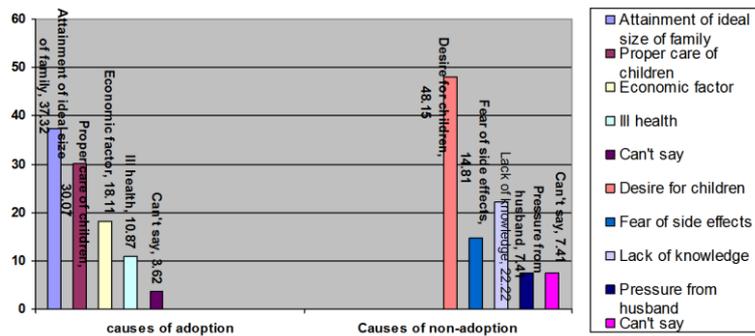


Fig 5: Causes of adoption and non-adoption of family planning

The Fig.5 outlines the different factors that are responsible for adoption of family planning and it shows that the attainment of ideal family size (37.32%) is the prominent cause. Proper care of children (30.07%) and economic

factors (18.11%) are the other major factors that are responsible for the adoption of family planning, followed by health risk of the mother.

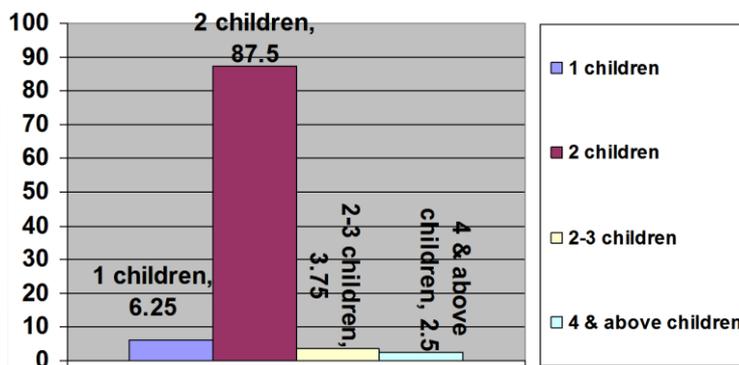


Fig6: Opinion about Ideal No. of Children

In this context, it is interesting to note that the tribal are agrarians and in agricultural community, children are always consider as an economic asset for economic development for their involvement in agricultural activities. But, gradually the mode of economy of the tribal people is shifting from agrarian to the wage economy due to different reasons. As a result, the concept of looking large number of children as economic asset has change and now they consider it as a barrier for economic development of the family.

This justification to a great extent can be supported from the result shown in the Fig. 6, which shows the distribution of the ideal number of children of a family as stated by the women. The figure clearly reveals that 93.75 percent of women consider two or less as their ideal number of children, while only 6.65 percent of the women consider three or more than three as ideal. Analysing these findings, it can be deduced that most of the parents are now becoming

more conscious about the future of their children and are aware of the fact that only a small family size can help them to invest more on the education of their children. Now, they consider a large family as a hindrance for the economic development of the family and all these factors have led to the development of a positive environment for the family planning among the tribal of Goalpara district. Fig.5 also indicates that almost half of the respondents (48.1%) who have not accepted family planning have cited desire for more children as the paramount cause. This can be explained from the point of view that due to non-achievement of the desired size of family size, they are not adopting the family planning measures. The size of family, on the other hand, to some extent influenced by the son preference. The Fig 6. has indicated that more than 62 percent of women prefer their first child as son followed by a girl child. The other

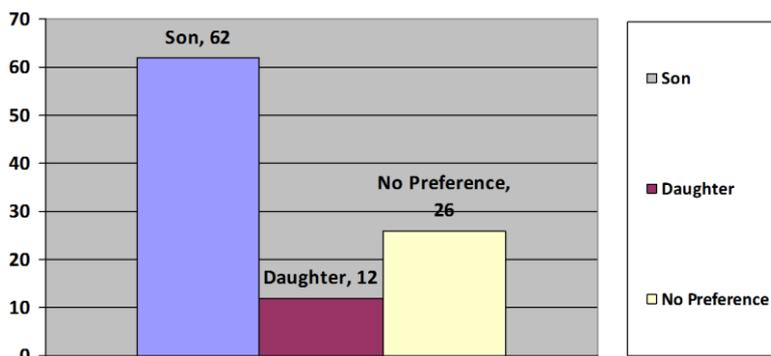


Fig 6: Opinion about the desire of the first children on the basis of sex

causes of non-adoption of family planning are unmet need (11%), non-availability of the contraceptives (11%), fear of side effects (14.81%), and pressure from husband (7.41%). The major problem in family planning programme is that often the high level of knowledge about family planning

among population groups is not transmitted into practices. There is always a wide gap between the knowledge and practice of family planning. It is often observed that the percentage of adoption of family planning is not accordingly to the

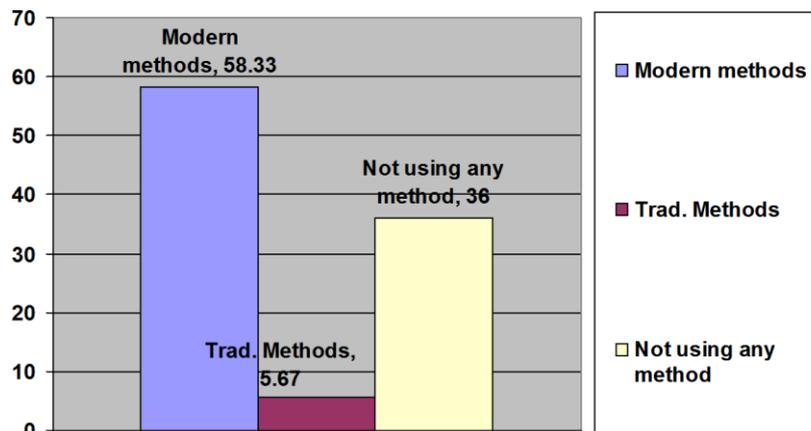


Fig 7: Current Practice of Family Planning

knowledge of the family planning. There are several factors, which acts as a barrier in the implementation of family planning. In the present study, it has been found that, 64 percent of women are currently using modern (58.33%) and traditional method (5.67%) of contraception for either birth spacing or limiting childbirth (Fig.7). Thus, there is a gap of 31 percent between the knowledge and practice of family of family planning. Despite this huge gap between knowledge and practices of family planning among the studied groups, compared to district and the state average, the current use of contraception is significantly higher among them. As per NFHS-3 (2005-2006) report, the contraceptive prevalence rate in Assam was 56.5 percent [NFHS 3, India, 2005-

2006]. In this study, it is found that more number of couples have adopted temporary spacing method than the permanent method. The fig.8 shows that majority of the respondents have ever use temporary spacing methods than the permanent methods. It is observed from the figure that 72.46 % of respondents have ever use oral pill, followed by condom (61.59%) and IUDs (21.73%). The percentage of population who have undergone female sterilization (6.67%) and male sterilization (4.27%) is very low. This findings is contrary to many findings in different parts of the country. According to the NFHS-3, (table 5.4), the national average of the married women adopting female sterilization was 37.4 percent as against

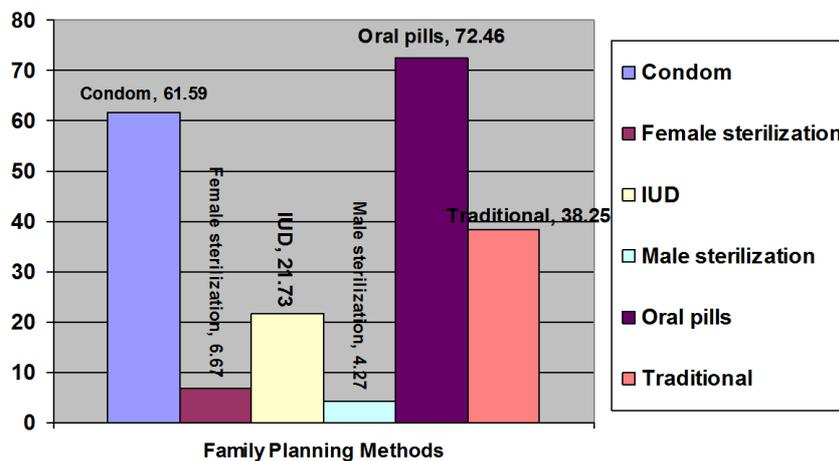


Fig 8: Family Planning methods ever practice by the respondents**.
 ** Multiple use of contraceptives by a respondents.

temporary methods of 32 percent. Dabral and Mallik (2004) carried out a study among the Gujjars of Delhi and found that 64.4 percent of them have adopted permanent methods as against only 36.6 percent of temporary methods. The lower adoption of permanent method of family planning among the tribal population of the present study can be explained as fear of side effects, opposition from the husband and lack of infrastructural facilities for conducting sterilization operation. Since temporary methods are easily

available in the market, preference as well as use is higher than the permanent methods.

4. Conclusion

The paper has attempted to describe the attitude, awareness and practices of family planning among the tribal women of Boro Kachari and Rabha tribe of Goalpara district. It is highly appreciable that the tribal woman has a very positive attitude towards family planning. The contraceptive prevalence rate is also comparatively higher than the state

average. However, there is further need of expanding family planning programme to reduce the unmet need of contraception as well as to bring the gap that exist between knowledge and practices of family planning. The causes for lower adoption of permanent methods of family planning needs to be addressed very soon for success of family planning programme. The infrastructural facilities for carrying out sterilization needs to be expanded furthermore. Presently, the district has only 5 medical centres where such facilities exist. The fear of adverse health effect after sterilization and misinformation must be wipe out from the population through proper mass awareness campaign.

5. Reference

1. Alaudium M, Machlaren L. Reaching newlyweds and married adolescents in focus. Focus on Young Adults, 1999.
2. Basu S, Kapoor AK, Basu SK. Knowledge, Attitude and Practice of Family Planning among Tribals. The Journal of Family Welfare.2004; 50(1):21-30.
3. Census of India, Registrar General and Census Commissioner, India, 2001, 2011.
4. Directorate of Census Operation, Assam, 2012. Census of India 2011, Assam, District Census Handbook, Goalpara.
5. Hussain Sahiba. Gender and reproductive behaviour: The role of men. Indian journal of gender studies.2003; 10(1):46-73.
6. Gogoi Monoj. A Study on Family Planning Practices in a Multi-Ethnic Setting in Goalpara District, Assam. Ph.D. Thesis, Gauhati University, 2013.
7. National Family Health Survey-2, 2005-2006, International Institute of Population Science, Mumbai, 2008.
8. National Family Health Survey-3, 1998-99, International Institute of Population Science, Mumbai, 2000.
9. Neema A, Sharma KKW. Perspective of Family Planning among the Youth of Jabalpur City, M.P.India, Anthropologist. 2009; 11(3):173-179.
10. Pachauri Saroj. Expanding contraceptives choice in India: issues and evidence. J Fam Welfare.2004; 50:13-25.
11. Saifyddin Ahmed. Simultaneity in the use of maternal-childhealth and contraceptives: Evidences from developing countries.Demography2002; 29(2):75-93.
12. Sharma Abhilasha. Male involvement in reproductive health: Women perspective. J Fam Welf. 2003; 49(1):1-4.