



FAMILY PLANNING AMONG THE DEORIS OF ASSAM

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ABSTRACT Family planning means Planned Parenthood. The basic aim of family planning is to control birth rate by changing the attitude of people towards the adoption of various scientific birth control measures and to have children by choice not by chance. The inherent philosophy of family planning is to have desired family size by proper spacing of births through the use of contraceptive devices.

Assam is the homeland of various tribal communities, each having its own cultural heritage. The Deoris are one of the plains Schedule Tribes of Assam who are affiliated to the Indo- Mongoloid group. As per the 2011 census the total Deori population in Assam is 43,750 which constitute 1.13% of the total tribal population of the state. The tribal people are generally living close to nature and they are influenced more by traditional socio-cultural and environmental dimensions in their health practices. In this paper an attempt has been made to assess the associations among the knowledge of, attitude to and practice of family planning among the Deoris of Assam.

KEYWORDS : Family planning, Deori, Contraceptives, Knowledge, Attitude, Practice, Fertility

0.1 INTRODUCTION:

Family planning means Planned Parenthood. It is a social movement which emphasizes on the over all development of the family. The basic aim of family planning is to control birth rate by changing the attitude of people towards the adoption of various scientific birth control measures and to have children by choice not by chance. WHO (1971)¹ defines family planning as a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitudes and responsible decisions by individuals and couples in order to promote the health and welfare of the families.. The National Family Planning Programme of India (1952)² defines family planning as reducing birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of the national economy. Thus, the inherent philosophy of family planning is to have desired family size by proper spacing of births through the use of contraceptive devices.

The Deoris are one of the plains Schedule Tribes of Assam. Ethnically they are affiliated to the Indo- Mongoloid group and their '*Deori language*' also belongs to the Tibeto-Burman of the great family of Sino-Tibetan languages. As per the 2011 census the total Deori population in Assam is 43,750 which constitute 1.13% of the total tribal population of the state. They are mainly concentrated in the districts of Lakhimpur, Dhemaji, Tinsukia, Dibrugarh, Sivsagar and Jorhat.

0.2 OBJECTIVES:

It is known to all that practice of contraceptives is one the most important variables affecting fertility in present time. But practice of contraceptives depends upon the couples knowledge of and attitude to using contraceptives. The Knowledge of contraceptive is the primary step to the adoption of family planning which determines the couples' attitude to acceptance or non-acceptance of it. Therefore the knowledge of, attitude to and practice of family planning is associated to each others. The basic objective of the study is to assess the associations among the knowledge of, attitude to and practice of family planning among the Deoris of Assam.

0.3 Methodology & Sample Design:

Three districts of Assam having very high to moderate concentration of Deori population have been purposively selected as sample districts. These are Lakhimpur, Sunitpur and Tinsukia. From these three districts 21 Deori villages have been randomly selected as the sample villages. A village is said to be Deori village if the percentage of Deori households in the village is 50 or above. A total of 1077 households from the 21 sample Deori villages have been randomly selected for intensive study. Thus the study will be confined into 1077 sample (Deori) households. The study is primarily based on field-work data to be collected from sample households with the help of a series of questionnaires prepared for the purpose. Besides the field survey data, several secondary sources are also used.

1.1 Knowledge of Contraceptives Methods:

As a social practice, the concept of family planning is very old. Some methods of conception control were also practised in primitives' societies. But they could be termed mainly as 'magical'. The

knowledge of contraceptive devices influence their use to a great extent. Though several methods of conception control have been advocated in present time, the following are the important.

1.1.1 Coitus Interruptus: It is the oldest method of contraception control to mankind. It requires a man to withdraw his penis from the vagina just before his semen is ejaculated, so that the semen can not be deposited in the vaginal canal. This method is also known as the withdrawal method.

1.1.2 Condom: The condom is made of vulcanised rubber and provides a covering for the penis. In India, the brand name for condoms, subsidised by the government is 'Nirodh'. The main advantages of the condom as a means of contraception control are that it is cheap, easily available, reliable, and harmless and may be used without medical supervision. The use of condom is one of the most popular methods of contraceptives in modern time.

1.1.3 Male Sterilisation/ Vasectomy: This is a simple operation which involves tying, cutting and removing portions of vas differentia, the tubes which carry the sperms from the testes. Vasectomy is a quick operation which may be carried out under local anaesthesia and it does not affect the Libido or the ability to participate in sexual intercourse.

1.1.4 The Rhythm Method: This method is also known as the safe period method which involves restricting sexual intercourse to the infertile phase of a women's menstrual cycle. The successful practice of this method depends on the accurate determination of the period during which conception is likely to occur is determined.

1.1.5 Mechanical Contraceptives: Mechanical Contraceptives is also known as the diaphragm which provides a mechanical barrier to the sperms by covering the entrance to the uterus. It is made of soft rubber in the shape of a shallow cup, with a flexible metal spring or roll at the circular outer edge. The diaphragm is generally used along with a contraceptive jelly or cream to make it more effective. It is inserted up to three hours before intercourse and must be kept in place for at least six hours after intercourse.

1.1.6 Intra-Uterine Device (IUD): Several types of contraceptives cream, jellies, and tablets may be used without any mechanical device, which act as chemical barriers as well as spermicidal. The IUD is one of the contraceptives placed in the uterus of a woman. IUDs now come in different shapes and sizes and generally made from a soft cylindrically shaped plastic (polyethylene) or from the nickel chromium alloy. The commonly used IUDs are – the Lippes loop and the Copper T. The main advantage of the IUD is that it can be removed when a pregnancy is desired. The acceptability of IUD increases in present time mainly because its use is unrelated to the sex act.

1.1.7 Oral Pills: Oral pill is another important and popular contraceptive available today all over the world. It contains synthetic ovarian hormone like- substances and has three definite effects. Firstly, the pill inhibits ovulation and completely rules out the possibility of conception, since there is no ovum which can be fertilised by the

sperm. Secondly, the development of the endometrium is impaired making it unsuitable for the embedding of the fertilised ovum and thirdly, the cervical mucus becomes thick and hostile to penetration by sperms. If taken regularly, the pill is the most reliable contraceptives.

1.1.8 Female Sterilisation (Tubectomy): Female sterilisation involves tying of fallopian tubes to interrupt the path through which the ovum passes on its way to the uterus. This ligation prevents the sperms from reaching the ovum, thus cancelling out all chances of conception. It is possible to remove the uterus or the ovaries or both in order to sterilise a woman. A sterilised woman has no need to use any other contraceptives following tubal ligation. Normally, the sterilised woman does not suffer from any other effects as she continues to ovulate and menstruate as usual.

1.1.9 Induces Abortion: Abortion means the expulsion of the fruit of

Table: 01 Wife's knowledge of contraceptive with their present age

Present age of the wives	No. of wives	Knowledge of contraceptives			
		Having knowledge (at least one method)	percent	Not having knowledge	percent
15-19	17	7	41.18	10	58.82
20-24	141	86	60.91	55	39.09
25-29	407	223	54.80	184	45.20
30-34	312	177	56.73	135	43.27
35-39	169	101	59.76	68	40.24
40-44	27	16	59.26	11	40.74
45 +	4	2	50.00	2	50.00
Total	1077	612	56.82	465	43.18

Source: Fieldwork data

It is observed from the table 5.1 that the highest proportion of women having contraceptive knowledge belongs to the age group 20-24. Out of the 141 women in the age group, 86 (i.e. 60.91 %) have knowledge of at least one method of contraception while 55 (i.e.39.09%) have no knowledge about modern contraceptives. Women in the age group of 45 +, 50% have expressed their ignorance about modern contraceptives while women in the youngest age group 15-19, 41.18% respondents have the knowledge. Similarly age groups, 25-29, 30-34, 35-39 and 40-45 have sound knowledge for the same. This shows that the knowledge of modern contraceptive has been penetrating among the young Deori women of Assam.

1.3 Contraceptive Methods Known:

In the present study, it is found that 56.82% (612) sample females having knowledge of family planning and are aware of at least one method of modern conceptions while 43.18% (465) having no knowledge about any contraception method. The following table: 0.2 shows the distribution of respondents according to the number of contraception methods known.

Table: 0.2 Conception methods known

Contraception methods known	Number of respondents	Percentage to total respondents
Nil (no knowledge at all)	465	43.18
Only one method	88	8.17
Two methods	186	17.27
Three methods	162	15.04
Four methods	102	9.47
Five methods and more	74	6.87
Total	1077	100

Source: Fieldwork data

It is observed from the table: that 8.17% respondents are aware of only one method of contraceptives, 17.27% of two methods, 15.04% of three methods, 9.47% aware of any four methods while only 6.87% of the respondents having knowledge of five or more methods of contraceptives.

1.4 Practice of Contraceptives:

A practice of contraceptives is one the most important variables affecting fertility in present time. All the couples having sound knowledge of contraceptives may not practice it effectively. Besides the couples' knowledge of contraceptives, use of contraceptives depends upon several other factors too. So the number of couples who practice contraceptives is generally low than the couples having

conception before the twenty-eight weeks of gestation. Though, strictly speaking, induced abortion is not to be considered as a method of contraception, it needs to be considered in the context of family planning, because the need to terminate an unwanted pregnancy arises only when contraceptive measures have not been used at all or have not been correctly used. Abortion may be either spontaneous (accidental) or induced. The choice of the technique for terminating a pregnancy is influenced primarily by the duration of the pregnancy, the size of the uterus and the general physical condition of the woman.

1.2 Knowledge of contraceptives among the Deoris:

Knowledge of contraceptives is found to be lower among the sample Deori women. Out of the total 1077 respondents, 612 (56.82%) are aware of at least one method of contraception, but only 385 (35.75%) have used it. The following table: 01 shows wife's knowledge of contraception with relation to their present age.

knowledge about contraceptives in any society.

In the sample Deori villages, it is found that 56.82% (612) of the married women have sound knowledge of contraceptives while 35.75 % (385) of them use it. Thus 62.91% of the respondents having sound knowledge use contraceptives practically. Table: 0.3 shows the distribution of the respondents between users and non – users of contraceptives by their age group.

Table: 0.3 Respondents between users and non – users of Contraceptives by age group

Age-group	No of respondents	Practice of contraceptives			
		Practicing	percent	Not practicing	percent
15-19	17	5	29.41	12	70.59
20-24	141	53	37.59	78	55.32
25-29	407	137	33.67	250	61.43
30-34	312	116	37.18	190	60.90
35-39	169	66	39.05	103	60.95
40-44	27	7	25.93	20	74.07
45 +	4	1	25	3	75
Total	1077	385	35.75	692	64.25

Source: Fieldwork data

It is revealed from the table 0.3 that the contraceptive practice among the sample Deori women in the reproductive age group is not satisfactory as it is only 35.75%. Age group wise it is found that the highest percentage of women (39.05%) in the age group of 35-39 years use any method of contraception. Contraception use among the women in the youngest and oldest age

It is observed that highest proportion i.e. 47.79% of the contraceptive users have used condom and 33.51% females have used oral pill. Regarding permanent methods of birth control, it is found that 16.88% of the contraceptive users have undergone sterilization while only 0.52% found as male sterilization. So far the practice of contraceptive devices is concerned; the condom and oral pill are found to be the most popular contraceptive methods practiced by the Deori couples. It is observed that education has significant positive influence on the practice of contraceptives among the Deoris of Assam. The proportions of contraceptive users have increased with the increase in the level of education in case of both husbands and wives.

It is also observed that the percentage of contraceptive users is higher among the women who have two or less than two existing children. Women who have more than two existing children generally refrain from using contraceptives. The use of contraceptives is higher among

the working women than those of non working. It reveals that working status of the women influence on the practice of family planning 1.5 Association between Knowledge of, Attitude to and practice of family Planning:

In this part, an attempt has been made to assess the associations among the knowledge of, attitude to and practice of family planning among the Deoris of Assam. Chi-square test has been used in the field work data to examine the extent of association among the variables.

1.5.1 Association between Knowledge of and Attitude to family planning:

Regarding the association between the knowledge of and attitude to family planning it is found that attitude to family planning is more favourable among the females having knowledge of family planning than the females having no knowledge of family planning. 97.55 percent of the females having knowledge of family planning expressed favourable attitude towards adaptation of family planning. On the other hand the females having no knowledge of family planning but expressed favourable attitude towards adaptation of family planning is found to be 52.26%.

The following table: 0.4 shows the association between the knowledge of and attitude to family planning among the respondents.

Table: 0.4 Association between the knowledge of and attitude to family planning

Having knowledge of Family planning	Attitude to Family planning				Total
	Favourable	percentage	Unfavourable	percentage	
Yes	597	97.55	15	2.45	612
No	243	52.26	222	47.74	465
Total	840	78.00	237	22.00	1077
X ² test result					
Calculated X ² value	Degree of freedom		Remarks		
392.86	1		Significant at 5% level (Table value = 3.84)		

Source: Fieldwork data

The X2 value is found to be 392.86 which is much higher than the table value (3.84) at 5% level with 1 degree of freedom. Therefore we can conclude that there is close association between knowledge of and attitude to family planning.

1.5.2 Association between Knowledge and Practice of family planning:

So far the association between knowledge and practice of family planning is concern, it is observed that 62% of the females having knowledge of family planning have ever practiced any modern method of contraception while 99.57% of the surveyed women having no knowledge of family planning have not practiced any contraceptives. However it is found that 2 respondents have used contraceptives that have no sound knowledge of family planning. They may be influenced by others.

The table: 0.5 show the association between knowledge and practice of family planning among the respondents.

Table: 0.5 Association between knowledge and practice of family planning

Having knowledge of Family planning	Practice of family planning				Total
	Yes	percent	No	percent	
Yes	383	62.58	229	37.42	612
No	2	0.43	463	99.57	465
Total	385	35.75	692	64.25	1077
X ² test result					
Calculated X ² value	Degree of freedom		Remarks		
444.41	1		Significant at 5% level (Table value = 3.84)		

Source: Fieldwork data

The calculated value of X² test is found to be 444.41, which is significant at 5% level with 1 degree of freedom. Hence there is a

strong association between knowledge and practice of family planning among the Deoris of Assam.

1.5.3 Association between Attitude to and Practice of family planning:

So far as the association between attitude to and Practice of family planning among the respondents is concerned it is found that 45.36% of the respondents having favourable attitude towards family planning have practiced any modern method of contraception while 98.31% respondents having unfavourable attitude towards family planning never practiced family planning.

The following table: 0.6 depicts the association between attitude to and Practice of family planning among the respondents.

Table 0.6 Attitude to and Practice of family planning

Attitude to family planning	Practice of Family planning				Total
	Yes	percentage	No	percentage	
Favourable	381	45.36	459	54.64	840
Unfavourable	4	1.69	233	98.31	237
Total	385	35.75	692	75.25	1077
X ² test result					
Calculated X ² value	Degree of freedom		Remarks		
151.32	1		Significant at 5% level (Table value = 3.84)		

Source: Fieldwork data

It is observed from the table 0.6 that the estimated X² value much higher than the given table value at the respective degree of freedom. Therefore it can be said that there is a significant association between attitude to and practice of family planning among the respondents. It means those having favourable attitude towards family planning also tends to practice the family planning more. However, the proportion of contraceptive users among the Deoris is still lower than the desired level of the population policy of the country.

1.6 CONCLUSION:

Practice of family planning in most cases depends on wives' attitude to additional children. It is generally found that the women who want additional children soon they don't want to use contraceptives. At the same time some modern methods of contraception require husbands' consent, approval and financial assistance. So both the husbands and wives have to be educated in this line. Health activists of rural health centres have a very vital role to play in terms of providing education and motivation for popularising small family norm. They have to explain to the people that population increase should not be viewed from the narrow viewpoint of economic benefits to the family. It has a direct relationship with the health of the mother and child survival. It is also important in the larger interest of the society and the country so that they can provide better amenities and living conditions to the people. Educational activities must be supplemented by motivational efforts in this regard. Activities like film shows, exhibitions, mass meeting and group discussions have to be organised more frequently among the rural community.

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