



Knowledge And Practice Of Family Planning: A Study Among Two Less Known Tribes Singphos And Wanchos Of Arunachal Pradesh, India

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KEYWORDS

Family planning, oral pill, IUCD, Arunachal Pradesh, Singphos, Wanchos etc.

ABSTRACT

Family planning plays a pivotal role in population control, poverty reduction and human development. There is a great need and necessity for family planning, particularly among the developing countries like India because of the massive population explosion. This paper reports the knowledge and practice of family planning in the two tribal communities of Arunachal Pradesh viz. Singphos and Wanchos. Data were collected using a pretested structured questionnaire containing questions on reproductive history, knowledge and use of contraceptives. It is found that only 76.2% Singpho women have the knowledge of family planning which is higher than that of the Wanchos (50.6%). Interestingly, no male Wanchos are found to go for sterilization. Like the Singphos, quite a good number of the Wancho women use oral pill and condom up to 35-39 years. IUCD is used by them in 25-29 years to 35-39 years. A good 92.8% Singpho women of the age of 50 years and above have their knowledge of family planning. The number of users is found to increase with the increase of age. The practice of family planning measures is found to be more popular among the Singphos than the Wanchos. Lack of knowledge regarding family planning is the ultimate reason for its less practice.

Introduction

Family planning is the most potent step towards the improvement of the health of the mother and child and reduction of infant mortality and maternal mortality (Bernstein and Hanson, 2006). It is not merely the use of contraception for limited family size. Rather it is a mode of planning family size as per requirement of time and space (Jhariya *et al.* 2015). This leads to a great social benefit such as economic development, raise the standards of living, upliftment of efficacy of people, reducing unemployment, remove food shortage and increase of per capita income etc. There is a great need and necessity for family planning, particularly among the developing countries like India because of the massive population explosion. The family planning methods are recognized as the best and quickest way to reduce population growth rate (Cleland *et al.* 2006). Family planning plays a pivotal role in population control, poverty reduction, and human development. Much research has already been conducted on how family planning affects health, but much less is known on the effects of family planning on the economic situation of households and regions (Singh *et al.*, 2004; Smith *et al.*, 2009). It seems obvious that smaller families, resulting from effective use of FP services, have lower expenses on children and therefore can more easily make ends meet and have higher potential for making savings and investments (Montgomery and Lloyd, 1999; Gillespie *et al.*, 2007; Channon *et al.*, 2010).

Though contraceptives are an important part to progress the female reproductive health (Becker *et al.*, 2006) geographical location is another significant factor which imparts largely on the women to use any types of contraception. For example, contraceptive use rate is lower in the mountainous regions in comparison to the lowland regions (Westoff and Rodriguez, 1995).

According to the 2011 census, the tribal population in India was 104 million, constituting 8.6 per cent of country's population. A possible explanation behind uneven distribution of people is significant differentialities of family planning usage among diverse socio-economic groups across the country (Prusty, 2014). As against 8.6% of the tribal population in India, Northeastern states constitute around 25.8% of the tribal population from 145 tribal communities (Ramana, 2015). Northeast states have an overwhelming and almost incredible ethnic diversity, and it engulfs large-scale variations and diversities in the demographic situation and socio-economic and cultural backdrop between and within the states and regions (Biswas and Suklabaidya, 2008).

There are still many barriers prevails on contraceptive uses, especially among the women; they always face difficulties in accessing them. Female contraception use decision depends on the husband and wife's attitude, culture, religion, education, financial condition, etc. Furthermore, various health systems related factors are also influence the couple's contraceptive use (Davidson and Jaccard, 1979). In this context, this study was undertaken to know the women's knowledge, and practice of family planning among Singpho and Wancho tribes of Arunachal Pradesh.

Methods and materials

A total of six Singpho villages from Changlang district and four Wancho villages from Longding district of Arunachal Pradesh were selected. A total of 231 Singpho married women and 243 married Wancho women were interviewed. Pretested structured questionnaire was used, enquiring into respondents reproductive history, knowledge and use of contraceptive as well as fertility preferences. In order to know about their awareness and needs on contraceptive, the respondents were asked whether they had heard of family planning methods such as male condom, injectables and female sterilization among others. The female respondents were asked about the places where they accessed their current family planning methods at the time they started using it. Those who are using a family planning method were asked if they used it recently and if so, which specific method they used or undergo. In addition, socio-economic and demographic characteristics of the respondents were collected. All required permissions are taken from the government, the local administration and the concerned heads of the villages to carry on field work.

Results

Knowledge of family planning

Table 1 presents the distribution of currently married women according to their knowledge of family planning by some background characteristics. It is seen that 76.2% Singpho women have the knowledge of family planning which is higher than that of the Wanchos (50.6%). 70% Wancho women of age 15-19 years have reported that they have the knowledge of family planning whereas only 66.7% Singpho women in the same age group have been found to have knowledge of the same. Again, 92.8% Singpho women of the age of 50 years and above have their knowledge of family planning. In the same age group, on the other hand, only 51.5% Wanchos know about family planning (see Fig. 1 and Table 1).

It is revealed from Table 1 that 79.5% of the illiterate Singpho women knew about family planning against 48.7% of their Wancho counterpart. In both the groups the proportion of women having knowledge of family planning increases with the increasing educational status of the women. When the occupational status of the women is considered for the examination of the knowledge of family planning, it is found that the non-workers and laborers and cultivators have less knowledge of family planning. On the other hand, all service holders of both the communities have knowledge of family planning.

Use of family planning methods by background characteristics

Tables 2a and 2b show the distribution of Singpho and Wancho respondents respectively who have used different contraceptive methods according to some background characteristics. It is evident from the tables and figure-1 that permanent sterilization is found to be a common method among the women irrespective of their age. However, sterilization amongst the men is found to be higher in current age groups i.e. from 40 years onwards. Quite a good number of Singpho women use oral pill and condom upto the age group of 35-39 years. Intrauterine Contraceptive Device (IUCD) is also found to be used by the Singpho women from the age group of 20-24 years to 35-39 years. Sterilization is found to be highest among the illiterate men and women. The number of sterilized persons is reduced among the barely literate Singphos. Use of IUCD is also found to be highest among the illiterates. It gradually decreases with the increase of educational level. In case of oral pill and condom no such trend is observed, according to their educational standard. Sterilization both among the males and the female Singphos is also found to be highest among the non-workers followed by the cultivators and is the lowest among the service holders. However, among service holders user of oral pill and condom is more.

Among the Wanchos also female sterilization is found from the age group of 20-24 years to 45-49 years. Interestingly, permanent sterilization is not found among the Wanchos. Like the Singphos, quite a good number of the Wancho women use oral pill and condom up to 35-39 years. IUCD is used by women of 25-29 years and 35-39 years. The number of users is found to increase with the increase of age. Among the illiterate Wanchos number of users of IUCD, oral pill and condom is found to be highest. In case of IUCD the number decreases with the increase of educational standards. But, no such trend can be observed in case of oral pill and condom.

Discussion

This paper reports the knowledge and practice of family planning among two less studied tribal population of Arunachal Pradesh. The gap between knowledge and the use of different family planning methods may reflect the influence of a number of socio-cultural and economic factors that hinders proper access to family planning methods. Awareness on different family planning methods is higher than its use which is similar to finding from other studies (Aryeetey, 2010). Of which are poor female decision making power (Chapagain, 2005) poor economic resources (Stephenson and Tsui, 2002), low quality of care at family planning services (Hamid and Stephenson, 2006) and desire for large families (Bankole and Singh, 1998). The increase in contraceptive use, in turn was stronger where women had more knowledge on contraceptives and where acceptance of contraceptives increased in the study period. Acceptance of contraceptives was higher among women with more and with increasing knowledge. Information campaigns would have positive effects on knowledge of contraceptives. Thus, it is important for policy makers, as well as other stakeholders who aim to achieve economic growth, to promote contraceptive use behaviour. This can be achieved by information campaigns that reduce fears about negative side effects of contraceptives and by making sure that family planning service facilities are readily available and easily accessible by the general public. The study revealed that the knowledge

of family planning methods is almost universal in these states. Still, there is a huge disparity between awareness of contraception and the prevalence of contraceptive use. In various other studies also conducted in Indian settings, it was found that almost all the tribal women were known to at least one method of family planning (Pandey, 2002 and Saha *et al.* 2007).

A study conducted by Kamal *et al.* 2013 showed that positive attitude on modern contraceptives increases the probability of couple's contraceptive use (Kamal *et al.* 2013). It also increases the male involvement in family planning issues. Parven (2000) found in Bangladesh that the uses of contraceptive were 7.8 times higher when the husband agreed to family planning. Personal attitude and preference are also an important factor to choose the contraceptive method. Most of the couples like the pill, condom and withdrawal compare to tubectomy, vasectomy. Most of the men have the negative attitude about the vasectomy method because they think it may reduce their sexual and working ability. Some couples also have very positive attitude on withdrawal method because there is no cost in this method (Islam and Hasan, 2016). Obed *et al.* 2015 found the injectables (32.4%) was the most frequently used contraceptive among married women, followed by the pill (26.2%); the reverse was however observed among unmarried sexually active women (34.7% pills and 20.2% injectables); Current use of male condoms was higher (11.5%) among sexually active unmarried women compared to 1.5% in married women. Constituting less than one percent of current contraceptive use, the foam/jelly, diaphragm, IUDs, female condoms and emergency contraception could be considered unpopular among the population surveyed. The rhythm method was more popular among sexually active unmarried women (23.8%) as compared to the married (16.3%). Gogoi (2016) found that the other 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. In the present study, it has been found that, 64% of women are currently using modern (58.33%) and traditional method (5.67%) of contraception for either birth spacing or limiting childbirth. Thus, there is a gap of 31% 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 latest National Family Health Survey report, 2015-16, prevalence of not using any contraception methods is high in Northeastern states (Arunachal Pradesh- 73.5%, Manipur- 75%, Meghalaya- 67.2%, Nagaland- 68.7%, Sikkim- 63.2%, and Mizoram- 61.5%) (NFHS-4). The NFHS-5 reports are out for 22 States and UTs only. Assam, neighboring state of Arunachal Pradesh have quite better reports on use of family planning methods i.e. 60.8% in respect of the earlier reports. Not only in Northeast Indian states, but other states also, the prevalence of not using any contraception method is surprisingly quite high, especially in states like Uttaranchal, Rajasthan, Uttar Pradesh, Bihar, and Jharkhand (Battala *et al.* 2016, Barman 2013 and Kumar and Joshi, 2008). The use of contraception is still perceived as a personal matter, and it is not easy to break the family barriers when it comes to modern contraception use among tribal communities (Prusty 2014 and Das *et al.* 2015). The most common reasons for not using contraception include fear of side-effects, lack of knowledge, and phobia of adverse health consequences, religion, and past experiences (Kumar, 2019 and Muanda *et al.* 2016). Among the tribal population, the most common reasons for not using contraception include; the number of living children, education level of women, exposure to media, female autonomy (Battala *et al.* 2016, Barman 2013, Nosaka, 2000, Frost and Darroch, 2008).

Conclusion

The practice of family planning is higher with increasing knowledge. The findings from this study depict some shortfalls in the family planning programme among the Singphos and Wanchos of Arunachal Pradesh and needs to be addressed. More research is needed to understand the associations between various population characteristics and contraceptive use among the tribal population of India.

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Figures and Tables

Figure 1- percent distribution of various family planning methods.

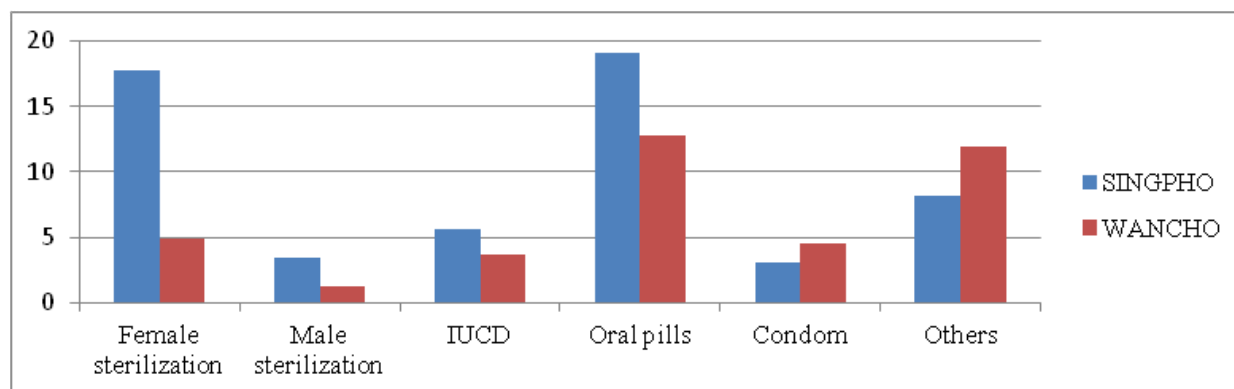


Table 1: percent distribution of currently married women by knowledge of family planning according to some background characteristics.

Background characteristics	Having knowledge					
	SINGPHO			WANCHO		
	No. of women	Yes	No	No. of women	Yes	No
Current age of women(years)						
15-19	6	66.7	33.3	10	70.0	30.0
20-24	24	62.5	37.5	38	57.9	42.1
25-29	32	65.6	34.4	44	47.7	52.3
30-34	23	65.2	34.8	29	31.0	69.0
35-39	21	66.7	33.3	22	63.6	36.4
40-44	20	70.0	30.0	21	42.9	57.1
45-49	22	72.7	27.3	11	54.5	45.5
50+	83	92.8	7.20	68	51.5	48.5
Women's educations						
Illiterate	73	79.5	20.5	76	48.7	51.3
<LP school complete	52	75.0	25.0	68	41.2	58.8
LP school complete	41	70.7	29.3	55	58.2	41.8
Middle school complete	32	65.6	34.4	22	54.5	45.5
High school complete	25	84.0	16.0	17	52.9	47.1
Graduate and above	8	100.0	-	5	100.0	-
Women's occupation						
Non worker	89	69.7	30.3	117	32.5	67.5
Cultivator	60	65.0	35.0	61	62.3	37.7
Service	30	100.0	-	21	100.0	-
Wage Labour	3	66.7	33.3	4	50.0	50.0
Business	15	93.3	6.70	4	100.0	-
Skilled work	34	85.5	14.7	36	55.6	44.4
Total	231	76.2	23.8	243	50.6	49.4

Table 2 a: percent distribution of the singphos currently married women using different family planning devices according to some background characteristics.

Background characteristics of wives	Family planning devices used						No. of couples
	Female sterilization	Male sterilization	IUCD	Oral pill	Condom	Others	
Current age (year)							
15-19	3.27	-	-	6.1	-	8.33	4.3
20-24	8.20	-	5.80	24.2	25.0	29.2	17.0
25-29	6.06	-	11.8	28.8	25.0	33.3	19.1
30-34	14.8	-	47.1	13.6	33.3	12.5	17.6
35-39	16.4	-	35.3	27.3	16.7	16.7	22.9
40-44	21.3	37.5	-	-	-	-	6.91
45-49	19.6	25.0	-	-	-	-	7.40
50+	9.83	37.5	-	-	-	-	4.79
Educational status							
Illiterate	26.2	37.5	29.5	19.7	16.7	20.8	23.4
<LP school complete	18.0	25	23.5	21.2	-	16.7	18.6
LP school complete	14.8	12.5	17.6	16.7	16.7	12.5	15.4
Middle school complete	19.7	25.0	17.6	13.6	25.0	25.0	18.6
High school complete	21.3	-	11.8	22.7	33.3	25.0	21.0
Graduate and above	-	-	-	6.1	8.30	-	3.0
Occupational status							
Non worker	32.8	37.5	47.1	24.2	25.0	25.0	29.8
Cultivation	24.6	25.0	35.3	25.8	16.7	25.0	25.5
Service	8.2	-	-	28.8	33.3	16.7	17.0
Wage Labour	4.9	12.5	-	3.0	-	12.5	4.8
Business	14.8	12.5	5.9	12.1	16.7	12.5	12.8
Skilled work	14.8	12.5	11.8	6.0	8.3	8.3	10.1
Total	10.0	1.23	2.79	10.82	1.85	3.70	84.7

Table 2b: use of different family planning devices among the wanchos according to some background characteristics.

Background characteristics of wives	Family planning devices used						No. of couples
	Female sterilization	Male sterilization	IUCD	Oral pill	Condom	Others	
Current age (years)							
15-19	-	-	-	8.0	-	8.80	5.5
20-24	7.7	-	-	28.0	20.0	26.5	20.9
25-29	15.4	-	22.2	20.0	20.0	20.6	19.8
30-34	23.0	-	33.3	24.0	30.0	14.7	22.0
35-39	15.4	-	44.4	20.0	30.0	29.4	26.4
40-44	30.8	-	-	-	-	-	4.4
45-49	7.7	-	-	-	-	-	1.0
50+	-	-	-	-	-	-	-
Educational status							
Illiterate	30.8	-	33.3	28.0	30.0	20.6	26.4
<LP school complete	23.1	-	33.3	12.0	10.0	32.4	23.1
LP school complete	23.1	-	22.2	16.0	10.0	26.5	20.9
Middle school complete	15.4	-	11.1	12.0	20.0	11.7	13.2
High school complete	7.7	-	-	16.0	20.0	8.8	11.0
Graduate and above	-	-	-	16.0	10.0	-	5.4
Occupational status							
Non worker	53.8	-	22.2	20.0	30.0	29.4	29.7
Cultivation	23.1	-	33.3	8.0	-	35.3	21.9
Service	-	-	-	32.0	30.0	11.8	16.5
Wage Labour	7.7	-	22.2	-	-	5.9	5.5
Business	7.7	-	-	28.0	40.0	5.9	15.4
Skilled work	7.7	-	22.2	12.0	-	11.8	10.9
Total	1.79	-	1.24	3.44	1.40	4.76	40.63