Family Planning Use and its Determinants among Gond Tribe of Madhya Pradesh: A Case Study of Gonds of Jabalpur District

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Abstract

The utilization of RCH services, i.e. contraception, antenatal and others services are comparatively poor among tribes of India. Madhya Pradesh has highest tribal population in the country. The undivided Madhya Pradesh had 46 different tribal groups, major scheduled tribes of undivided state were Gonds, Bhils, Kamars, Shariyas and Baigas. The Gonds are also the largest tribe in the country. Gonds being largest tribes of undivided Madhya Pradesh (44.6 percent) identified for the present study. The study was aimed to study the utilization of family planning methods and its determinants among Gond tribe.

A survey was conducted in 34 predominated Gond tribe villages of Kundan Block of Jabalpur district. In all 2623 Gond households were visited in these villages and 2019 currently married women in reproductive age were interviewed. The analysis of data has shown a fairly higher acceptance of sterilization (31.3 percent) in the study population. But of them have adopted sterilization after having three or more children. Thus, the higher acceptance of sterilization in Tribes may be due to monetary incentives provided by Government for sterilization acceptors.

Introduction

India has the unique distinction of sponsoring the first national family planning in the developing world. Since the state-sponsored programme was initiated in 1951, India's demographic and health profile has changed radically (Pachauri, 2004). In a mere period of six and half year between NFHS-1 & NFHS-2, the contraceptive prevalence increased from 41 percent during 1992-1993 to 48 percent in 1998-99 (IIPS and ORG Macro, 2000). For the past several decades female sterilization has been the dominant method in the national programme even though it is widely acknowledged that an overriding emphasis on single methods is unlikely to achieve the desired demographic impact or meet clients' needs. Data from the National Family Health Survey 1 and 2 (NFHS-1and NFHS-2) show that 82 percent of women sterilized had never used any other method before they underwent sterilization indicating that female sterilization has continued to dominate the method-mix contraceptives in India. However, the knowledge and use of contraception is much lower among weaker section of societies. The use of contraception is comparatively poor in Northern and Hindi speaking states of country.

Madhya Pradesh is one of the most populous states of India, having the highest number of tribal population in country. The state is also an economical and demographical backward state - the per-capita income and literacy rate is far lower in the state as compared to other states of the country. More than 20 percent of its population is tribal population (Census 2001). Despite the protection provided to tribes by Indian Constitution, they remain the most backward ethnic group. They are deprived from basic civic facilities, isolated from modern civilization and they are dreadfully exploited. The undivided Madhya

Pradesh had about 46 different tribal groups. Major scheduled tribes of undivided Madhya Pradesh were Gonds (44.63 percent), Bhils (20.86 percent), Kawars (4.69 percent) and Shariyas (2.18 percent) and Baigas (2.08 percent) (RMRCT, 1995-96). The Gonds are the largest tribe in the country and in Madhya Pradesh. According to 1981 census 12.5 percent of Gonds in the state were literate as compared to 10.7 percent of total tribal population of state.

The utilization of RCH services, i.e. contraception, antenatal and other services are comparatively much lower among tribes of state. In Madhya Pradesh, only 37.7 percent schedule castes women and 32.9 percent schedule tribe women used any contraception in comparison of 54.7 percent among other caste women (IIPS & ORG macro, 2001). Studies conducted by Audinarayana (1986), Bhayan (1986), Verma and Singla (1988), Ghosh and Das (1990), Mazharul Islam (1991) in India as well as in other countries have identified a number of socio-economic, demographic, cultural and other variables responsible for the adoption of family planning. The main objective of this paper was to assess the impact of socio-economic factors on the use of family planning methods, particularly the sterilization among Gond Tribe.

Material and Methods

This study is outcome of author's PhD work (Jain, 1997). The survey was conducted in 34 predominantly Gond villages of Kundam block of Jabalpur Districts. For the selection of villages, a list of all villages in Kundam block was prepared according to 1991 Census and 34 villages were selected from the villages with more than 50 percent tribal population. A Census was conducted to identify all tribal households within the villages, and all identified Gond households were visited. Overall 2623 tribal households were surveyed covering a total of 13,236 persons including 6,587 males and 6,649 females. Information on household characteristics, members' information, fertility and family planning behavior of eligible women was collected through structured schedules. In this study, a woman was treated as an eligible woman if she was living with her husband and her age was lesser than 50 years at the reference date of the survey. This study is based on 631 sterilized eligible women out of 2,019 total eligible women. The univariate and bivariate techniques were used to analysis the data using SPSS package.

Results and Discussion

The current contraceptive prevalence rate among the eligible women was 31.2 percent. The acceptance of male sterilization was only 5.8 percent and female sterilization (Tubectomy) was 24.8 percent. The use of temporary method was almost nil (only 0.6 percent). Hereafter the further analysis is restricted to the use of sterilization (both male and female). The use of sterilization have been analyzed according to the following characteristics: age of women, children ever born, son preference, women education, husband education, occupation of wife, occupation of husband, and type of household.

Acceptance of Sterilization

The age distribution of sterilized women is given in Table 1. It is evident from the table that proportion of eligible women who adopted sterilization was lowest in age group 20-24 years (5.1 percent), which increased to 22.5 percent in the age group 25-29 years. About one-third eligible couples (women or their husbands) were sterilized in the age of 30-34 years. Thereafter the proportions of couples adopted sterilization starts declining, and only 2.5 percent women aged 45-49 years adopt sterilization.

Table 1: Percentage distribution of sterilized eligible couple according to age of women

Age women (in years)	Sterilized women
20-24	5.1
25-29	22.5
30-34	33.4
35-39	23.9
40-44	12.5
45-49	2.5
Total # of women	631 (100.0)
Mean age of women	33.6 years

The mean age of sterilized women or wives of sterilized husbands was 33.6 years. It appeared from this observation that women or their husbands are adopting sterilization after completing their desired family size. The mean age at marriage of females in the study area was quite low (it was 14.1 years), so on average a couple experienced 19 years exposure of child births before adopting the sterilization, and that too in very high fertility span. So, the acceptance of sterilization after the age 30 years may not have much impact on fertility regulation in tribal areas (Jain, 1997).

Determinants of Sterilization Acceptance

1. Education of women and their husbands

To study the differences in the age of sterilization, the mean age of sterilized women/ wives of sterilized husbands were studied in reference to education and occupation of women and their husbands (Table 2). The mean age of sterilized women among illiterate women was 34.38 years but it was lower among literate women (32.46 years). This reflects that on average a literate woman adopting sterilization two years prior to her illiterate counterparts. But in case of husbands' education, the mean age of sterilized women having illiterate husband was 33.69 years as compared to 34.64 years for those whose husband was illiterate.

2. Occupation of women and their husbands

The mean age of sterilized women who were engaged in non-agriculture activities was 34.05 years and it was 35.0 years for those engaged in agriculture. This indicates that women working in non-agricultural activities adopt sterilization slightly earlier than those engaged in agricultural activities. The mean age of the sterilized women whose husbands were engaged in agriculture and in non-agriculture was almost same.

3. Type of households

The mean age for sterilized females or wives of sterilized husbands and those who belong to joint households was 34.37, which was slightly higher than that of sterilized women of nuclear household (34.17 years). However the difference was statistically insignificant.

Table 2 : Mean age of women at the time of sterilization (woman or her husband) by selected background characteristics

Background characteristics	Mean age at time of sterilization
Education of women	
Illiterate	34.38
Literate	32.46
Education of Husband	
Illiterate	33.69
Literate	34.64
Occupation of women	
Agriculture	35.00
Non-agriculture	34.05
Occupation of husband	
Agriculture	34.27
Non-agriculture	34.13
Type of Household	
Joint households	34.17
Nuclear households	34.37

Number of children at time of sterilization

Table 3 shows the number of children for sterilized and non-sterilized couples. It appears that adoption of sterilization by a couple is positively associated with number of children they have. It noticeable that 83 percent sterilized couples had three or more children at time of sterilization. While only 46 percent of non-sterilized couples were having three or more children at time of survey.

Table 3 : Proportion of Sterilized and non-Sterilized eligible couples by to number of children

No. of children Born	Sterilized (a)	Non sterilized (b)
0	-	0.9
1	1.4	25.9
2	15.4	27.4
3	29.5	21.4
4	27.7	12.5
5	15.4	6.5
6	6.0	3.1
7	3.0	1.7
8	1.7	0.6
Total # of women	631 (100.0)	1388 (100.0)
Mean # of children	3.78	2.62
Z = statistics Significant a + b = 16.95* p> 0.05		

The mean number of children for the acceptors of sterilization was 3.78 and same was just 2.62 children for non-sterilized women. This difference was statistically significant (Z=16.95, P<05). This also reflects that most of couples adopt sterilization after having more than three children

More than 68 percent of sterilization acceptors had at least two male children, whereas only 37 percent of non-sterilized couples were having two or more male children at time of survey (Table 4). This reflects a positive association between acceptance of sterilization and number of sons. It can also be noted that the average number of male children born was 2.07 for those who adopted sterilization, which was significantly higher than the mean number of sons born (1.34 sons) for non-sterilized couples. The difference is statistically significant (Z=13.78, P<0.05). The analysis shows that having two male children is a prerequisite for adopting sterilization among Gonds. This also reflects the pre-existing of strong son preference in this ethnic group.

Table 4 : Proportion of sterilized and non-sterilized eligible couples by number of male children

No. of male children	Sterilized (a)	Non sterilized (b)
0	5.1	22.6
1	26.8	40.3
2	36.1	22.2
3	22.7	11.5
4	6.8	2.2
5	2.1	3.6
6	0.5	0.5
Total # of women	631 (100.0)	1388 (100.0)
Average # of children Born	2.07	1.34

Determinants of children ever born

1. Education of women and their husbands

Table 5 shows the relationship of women education and number of children born in Gond tribe. The education of women was classified into two groups i.e. literate & illiterate. It was noted that majority of the women were illiterate (93.0 percent). It also appears from the table that women education have little role to play in decision making for family preferences. The average number of children born for literate women was slightly lower (3.65) than that for illiterate women (3.80 children).

Table 5 also shows the relationship of husband's education with number of children ever born. Similar to women, husband's education was also classified into two groups i.e. literate & illiterate. It is evident from the table that mean number of children born to illiterate husbands (3.77) was slightly lower than children born to literate husbands (3.80). However, the difference was not statistical significant.

Table 5: Mean number of children ever born by the education of sterilized women/husbands by age of women

Age of women	Women		Husbands	
	Literate (a)	Illiterate (b)	Literate(c)	Illiterate (d)
20-24	2.50	2.53	2.33	2.65
25-29	3.00	3.14	3.17	3.10
30-34	3.93	3.73	3.88	3.65
35-39	4.00	4.21	4.27	4.15
40-44	5.33	4.53	4.60	4.55
45-49	-	4.93	4.57	5.22
Total # of women	43	588	251	380
Average # of children Born	3.65	3.80	3.80	3.77
Z= statistics a+b= 0.90 Insignificant, c+d= 0.26 Insignificant				

2. Occupation of women and their husbands

The number of children born to sterilized women by the type of their occupation is given in Table 6. Occupation of women was classified into two groups i.e. agriculture and non-agriculture activities. The average number of children born to couple where woman was engaged in agriculture was 3.98 which is higher than the number of children born to women engaged in non-agricultural sector (3.74 children). But the difference was statistically insignificant (Z=1.45, P>0.05).

Similar to women occupation, husbands' occupation was also classified into two groups i.e. agriculture and non-agriculture occupations (Table 6). Couples with husbands engaged in agricultural activities had on average 3.82 children at the time of sterilization, which is higher than the number of children born to those sterilized couples where husbands were engaged in non-agriculture activities (3.70 children). However this difference was also statistically insignificant.

Table 6 : Mean number of children ever born by the occupation of sterilized women/husbands by age of women

Age of women	Women		Husbands	
	Agriculture	Non-Agriculture	Agriculture	Non-Agriculture
20-24	2.33	2.55	2.40	2.80
25-29	3.42	3.08	3.14	3.11
30-34	3.75	3.74	3.73	3.79
35-39	4.36	4.17	4.36	3.78
40-44	4.78	4.50	4.50	4.73
45-49	4.12	5.75	4.79	6.0
Total # of Women	117	514	466	165
Average # of children Born	3.98	3.74	3.82	3.70
Z= statistics a+b= 1.45 Insignificant p> 0.05, c+d= 0.98 Insignificant p>0.05				

3. Type of households

Types of households were classified into two group i.e. joint households and nuclear households. It is observed from the Table-7 that type of households is associated with number of children a Gond couple have. On average a couple from joint family had 3.67 children before adopting sterilization, which was slightly lower than number of children a couple from a nuclear household (3.86) had before adopting sterilization. The difference is statistically insignificant (Z=1.70, P>0.05).

Table 7: Mean number of children ever born by type of family of sterilized couples by age of women

Age of women	Type of family	
	Nuclear (a)	Joint (b)
20-24	2.58	2.46
25-29	3.21	3.01
30-34	3.77	3.69
35-39	4.26	4.12
40-44	4.58	4.53
45-49	5.30	4.63
Total # of women	388	243
Average # of children Born	3.86	3.67
Z = Statistics, a+b= 1.70 Insignificant p > 0.05		

Conclusion

The analysis of data for sterilized couples according to various factors shown that though a fairly high contraceptive prevalence (31.3 percent) was observed in the study population, the effectiveness may not be of that order since most of the couples had adopted sterilization at older age i.e. after woman age 30 years. By the time they have had already achieved their desired family size of about 4 children. Usually Gonds couples accepted sterilization after having atleast three children and two sons. It is also observable that education and occupation of women and their husbands and type of household are not sound determinants of acceptance of sterilization among tribal communities. The comparative higher acceptance of sterilization in tribes may be due to monetary incentive provided by Government to sterilization acceptors. But over all there is an urgent need to spread the knowledge of contraception, particularly temporary methods in tribal areas.

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