

UNDERSTANDING FAMILY PLANNING PRACTICES AMONG RURAL TRIBALS OF DIBRUGARH DISTRICT. ASSAM.

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ABSTRACT: RESEARCH QUESTION: What is the extent of use of family planning practices and what are the factors influencing the methods of contraception? **OBJECTIVE:** To find out the distribution of family planning practices with respect to literacy, age and reasons for not practicing any method. **STUDY DESIGN:** Community Based Cross sectional study. **MATERIALS & METHODS:** Multistage sampling technique was used to select the sample. Villages were selected by stratifying them according to the presence of tribal and non tribal population. Thereafter the tribal dominated villages were selected at random and house to house visit was made. A total of 303 married women in the age group of 15-45 years living with their spouses were interviewed using a pre designed questionnaire. Chi square test was used for the analysis. Results: Couple Protection Rate is 29.7%. Acceptance of family planning methods is associated with education of husbands and increase in age of wives.

Conclusion: Family planning practices is observed to be poor amongst the tribals and therefore motivation of the couples is to be stepped up.

KEY WORDS: Eligible couple, family planning, couple protection rate.

INTRODUCTION: With a population of 1027 million¹, according to Census 2001, India is witnessing the phenomenon of population explosion. Keeping in view of the increasing population growth rate it has become an utmost necessity to limit the family size which can be achieved by practicing the different family planning methods.

An Expert Committee(1971) of WHO defined 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 family group and thus contribute effectively to the social development of a country”².

For centuries, Assam is inhabited by people belonging to different caste and creed, races and ethnic groups and the tribals constitute one such group. The National Population Policy 2000 gave special emphasis on the urgency of their upliftment.

According to The Office of the Registrar General, India, 2001 census³, the Total Fertility Rate of Scheduled Tribes in rural area is 3.26, which work out to be higher in comparison to 2.83 of the total rural population.

Keeping the above points in mind the present study was undertaken in a rural tribal community.

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METHODOLOGY: The present study was carried out in the tribal dominated villages under Borboruah Block of Dibrugarh District from July 2007 to June 2008. The Block is situated at a distance of 12 Kms away from Dibrugarh town. The total tribal population of the Block is reported to be 24,294.

The study population comprised of eligible couples with the wives in the age group of 15-45 years.

The sample size was calculated using the formula $n = z^2 pq / L^2$ where $z = 1.96$, p is the positive character, $q = 1 - p$, L is allowable error.

In Assam, 27% of the currently married women of reproductive age group are protected against conception (NFHS 3, 2005-2006). So considering $p = 0.27$ and allowable error at 5%, the sample size for the present study is calculated to be 303. Multistage sampling technique was used for selection of the sample. At the first stage, out of the 6 Blocks of Dibrugarh, Borboruah Block was selected because 27.5% of the total Scheduled Tribe population of the district is present in this Block, which is quite a significant number. Secondly villages were selected by stratifying them according to the presence of tribal and non tribal communities. Of all the villages only tribal dominated villages were selected which were 30 in number. The tribal dominated villages were randomly selected for the study. The interview was taken by house to house visit. Since the required sample size was not fulfilled in the first village, so another two villages were randomly selected and thus a total of three villages were visited to get the required sample size.

The three villages chosen for the study were Dulia Gaon, Lalmati Tinsukia and Notun Bolai Gaon situated at a distance of 3 kms, 18 kms and 18 kms respectively from Borborua PHC of which Dulia Gaon and Notun Bolai gaon becomes non motorable during the summer season because of rains. The main occupation of the people is cultivation. Some of the families have access to newspapers and Television, but are ignorant of the different services being delivered at a health facility.

In the PHC, there is provision of counseling and prescribing OCP and barrier methods, but as there are no specialists, hence the beneficiaries need to visit Assam Medical College, a tertiary care centre for Intrauterine devices and terminal methods. The distance from the villages to Assam Medical College is 15kms, 30kms and 30kms respectively. Chi square test was used for the analysis.

RESULTS: The study was conducted amongst the eligible couples with wives in the age group of 15-45 years of Borboruah Block in Dibrugarh District of upper Assam. Couples with pregnant wives were excluded from the study.

Table 1 shows that only 29.7% practiced approved methods of family planning.

Table 2 reveals that none of the husbands underwent vasectomy.

In Table 3 significant association was observed between the practice of family planning methods and educational status of the husbands up to high school and higher education.

Table 4 reveals that the acceptance of family planning method is significantly associated with increase in age of wives.

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Table 5 showed that the reasons for never practicing any methods of family planning were lack of information in 22.89% of the couples, 22.38% couples wanted children and 20.9% were afraid of side effects.

DISCUSSION: The couple protection rate was 29.7% in the present study. In another study Mohanan P. et al (2003) recorded a couple protection rate of 28.1%⁴.

In the study, vasectomy was not practiced by any of the male partners which corroborates with the findings of Reddy R. et al (2003)⁵ and Puri A. et al (2004)⁶

Chandhick N. et al(2003) at their study revealed that since in rural areas husbands are the decision makers⁷, their approval is strongly associated with acceptance of family planning practices. Aggarwal H. et al (2005) observed that the education of husbands were related to the use of contraceptive methods⁸. The present study revealed that acceptance of family planning method increases with increase in educational status of the husbands up to high school and above.(p<0.05)

The present study showed that the practice of family planning method is associated with the increase in age of the wives is similar to the finding of Oyedukun Amos O (2007) from Nigeria⁹ and Chakraborty N. et al (1993) from Bangladesh¹⁰.

An important finding in this study was that the total couple protection rate was low. Most of the couples did not use the family planning methods because they were unaware and uninformed about the use and availability of the various methods. They also wanted children and feared of the side effects.

The results of the present study that the reasons for not practicing any methods of family planning were lack of information in 22.89% of the couples, is somewhat similar to the results of Ram Rama et al(2000-01-2000-03)¹¹

CONCLUSION: Sustained IEC efforts, motivation and education of the couples and easy availability of the family planning methods in the remote, un reached areas is expected to favour the acceptance of the methods by the rural tribal community in near future.

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Table 1. Distribution of the couples according to their status of practicing family planning methods:

Status of Practice	Number	Percentage
Approved methods	90	29.70
Traditional methods	12	3.96
Non practicing	201	66.34
Total	303	100

Table 2: Distribution of the eligible couples according to specific family planning method adopted.

Specific method	No (%)
Condom	3(2.94)
Oral Contraceptive pills	22(21.57)
Intra Uterine Devices	6(5.89)
Tubectomy	59(57.84)
Vasectomy	0
Safe Period	12(11.76)
Total	102

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Table 3: Distribution of the husbands according to their literacy status and family planning method practiced by the couples.

Literacy	Practicing F.P	Non practicing F.P	Total
	No (%)	No (%)	No
Illiterate	2(15.38)	11(84.62)	13
Primary school	8(61.54)	5(38.46)	13
Middle school	17(47.22)	19(52.78)	36
High school & higher education upto graduation	75(31.12)	166(68.88)	241
Total	102	201	303

$\chi^2=9.21$; $p<0.05$

Table 4: Age of the wives and status of family planning practice

Age in years	Practicing No (%)	Non practicing No (%)	Total
15-24	11(23.40)	36(76.60)	47
25-34	63(35.59)	114(64.41)	177
35-45	28(35.44)	51(64.56)	79
Total	102	201	303

$\chi^2=16.55$; $p<0.001$

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Table 5: Distribution of eligible couples according to the reasons for never practicing F.P. methods

Reasons	Eligible couples	
	No	%
Opposition from wife	-	-
Husband's Opposition	-	-
Lack of information	46	22.89
Lack of knowledge	37	18.41
Afraid of side effect	42	20.90
Wants children	45	22.38
Lacks interest	31	15.42
Total	201	100