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Demographic Behaviour of the Scheduled Castes People of Dhubri District of Assam with a Focus on their Attitude to Family Planning and the Adoption Behaviour of Family Planning Measures

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Abstract

Knowledge and practice of family planning is one of the important variables regulation fertility of a couple. Bongaarts has suggested that family planning programmes not only reduce fertility, but they also help in diffusion of knowledge about fertility regulation[1]. Contraceptives use take place because of two reasons - for fertility control and for spacing. Initially, family planning methods were adopted only for birth control, but at present most of the newly married couples use it for spacing. The acquisition of knowledge and practice of family planning, a proximate determinant of fertility differentials, depend on different socio-economic and demographic variables. (Such as education of the mothers, occupation of the wives, total family income, live birth, age at marriage etc.) The immediate objective of the National Population Policy (2000) is to address unmet needs for contraception. Couples protection rate is an indicator of the prevalence of contraceptives practice in a population. It is defined as percent of eligible couples effectively protected against childbirth by one or other approved methods of family planning.[2]

Thegeneral objective of the research study is to highlight thedemographic behaviour of the Scheduled Castes People of Assam and their attitudes towards family planning and family planning measures. The specific objectives of the study is to study the level of penetration of family planning knowledge and the level of practicing such knowledge among the respondent females Scheduled Castes of Assam.

The research project will be primarily based on field data collected from the sample households of the sample villages with the help of a series of questionnaires prepared for the purpose. The samples will be selected with the help of multi-phased (Stratified) sample technique both random and purposive.

Keywords: Schedule Castes, Family Planning, Households, Behaviour, Fertility, etc.

Introduction

The term scheduled caste owes its origin to the Govt. of India Act 1935. In accordance with this enactment some of the undefined depressed castes were single out in 1936, and listed in a scheduled in order to ensure certain concessions and privileges for them because of their disadvantageous position in the social hierarchy. Because of the fact that their names are shown in a “scheduled of the Act, they came to be known as “scheduled castes”. Gandhiji called them “Harijan,”

Articles 330 and 332 of the constitution conferred political rights on the scheduled castes in the form of reservation of a specified number of seats in the various state assemblies and the parliament on the basis of population. For Assam, it is 7%. Article 335 ensures reservation of services and posts for the scheduled castes in the affairs of the state. By a Presidential order, in pursuance of article 341, a number of castes were specified as scheduled castes for the purpose of the constitution in general and the above articles in particular.

Family planning is a constituent of population policy. Family planning is planning of the family, by the family and for the family. By family planning or planned parenthood is meant conscious family limitation or spacing of children. It means having children by choice and not by chance. It requires the adoption of some suitable methods of birth control. India has been the first country to recognize officially the importance of family planning movement. She has given family planning a special role to play and, it has been made a part and parcel of her national economic planning.

Objectives of the Study:

The main objectives of the study are

1. To study the knowledge and practice of family planning among the Scheduled Castes people of Assam and their socio-economic determinants.
2. To suggest remedial measures for controlling fertility and mortality on the basis of findings, so that the Scheduled Castes Community in general can improve their quality of life.

Methodology

The research project will be primarily based on field data collected from the sample households of the sample villages with the help of a series of questionnaires prepared for the purpose. The samples will be selected with the help of multi-phased (Stratified) sample technique both random and purposive. Each block of Dhubri district is classified into Scheduled Castes and non- Scheduled Castes villages. A village is said to be a Scheduled Castes village if the percentage of Scheduled Castes households in the village is 50% or above.

Sample Design

Dhubri district consists of three sub-divisions and 14 development blocks. We have categorized the blocks into three heads, on the basis of their level of development, viz, highly developed, moderately developed and least developed block respectively. So in each category several blocks are included. Then two blocks are randomly chosen from each category i.e. altogether six blocks are chosen. We have chosen 2 villages as sample villages from each block so as to give maximum geographical coverage. That is, altogether 12 villages have been chosen. From these 12 villages, 20 households have been taken randomly from each village. Thus, altogether 240 households have been chosen from the entire district.

As noted above, the units of observation is the household and the total size of sample is 240 households

Results and Discussion

Couples' Knowledge of contraceptive determines the acceptance or non-acceptance of it. NFSH-2 has found that female sterilization is the most widely known (96%) method of contraception in Assam and 85% know about male sterilization. The best-known spacing method is contraceptive pill (87%). Knowledge of contraceptive is found to be widespread among the sample Scheduled Castes women of

Dhubri district. Out of total 240 respondents, 60% (144) are aware of at least one method of contraception and the best-known method is contraceptive pill.
Table: 1.1 shows wife's knowledge of contraception in relation to their present age.

Wive's knowledge of contraceptive with their present age.

Table: 1.1

Present age of the wives	No. Of Wives	Knowledge of contraceptives			
		Having Knowledge	%	Not Having Knowledge	%
15 – 19	8	6	75.00%	2	25.00%
20 – 24	22	15	68.18%	7	31.81%
25 – 29	32	24	75.00%	8	25.00%
30 – 34	36	28	77.78%	8	22.22%
35 – 39	38	24	63.16%	14	36.84%
40 – 44	44	25	56.82%	19	43.18%
45 – 49	34	14	41.18%	20	58.82%
50 +	26	8	30.77%	18	69.23%
Total	240	144	60.00%	96	40.00%

Source: Field survey

In the sample villages, it is found that some respondent (specially the olders) have beenusing some traditional methods of family planning. So far the modern methods are concerned the youngest have greater knowledge of them.Table: 1.1 shows that out of 36 women in the age group of 30 – 34, 28 (77.78%) women have sound knowledge while 22.22% (8) women have no knowledge about modern contraceptives. Similarly, out of 26 women in the age group of 50+ and out of 34 women in the age group of 45 – 49, 69.23% (18) and 58.82% (20) women have expressed their ignorance about modern contraceptives respectively while women in the youngest age groups, 15 – 19, 20 – 24, 25 – 29 have sound knowledge for the same. This shows that the knowledge of modern contraceptive has been penetrating among the rural young Scheduled Castes people of Dhubri district.

Practice of contraceptives

Practices of contraceptives depend on couple's knowledge about it. NFHS-2 has estimated the current contraceptive users in Assam as 79% and 69% of them use a modern method. In the sample villages, it is found that 60% (144) of the married women have sound knowledge of contraceptives while 54.17% (130) of them use it. Out of 45.83% (110) who are not currently using any contraceptive methods, Some of them are found to have an unmet need for family planning (currently married women who are not using any contraceptive but who do not want any more children or who want to wait for one or two years for another child are known as having an unmet need for family planning). For Assam as a whole it is 17% among currently married women.
Table: 1.2 shows age distribution of the respondents between users and non-users of contraceptives.

Age distribution of the respondents between users and non-users of contraceptives

Table: 1.2

Age-group	No. of respondents	Practice of contraceptives			
		Practicing	%	Not practicing	%
15 – 19	8	2	25.00%	6	75.00%
20 – 24	22	12	54.55%	10	45.45%
25 – 29	32	27	84.38%	5	15.62%
30 – 34	36	26	72.22%	10	27.78%
35 – 39	38	25	65.79%	13	34.21%
40 +	104	38	36.54%	66	63.46%
Total	240	130	54.17%	110	45.83%

Source: Field survey.

The age-specific examination of contraceptive use among the sample Scheduled Castes women in the reproductive age group of 15 – 40+ reveals that the highest percentages of women 84.38% (32) in the age group of 25 – 29 years use any method of contraception. It is also found that contraceptive use among the women in the younger and older age groups (15 – 19, 20 – 24, and 40+) is lower than that of the middle age groups (25 – 29, 30 – 34, and 35 – 39).

Factors affecting Knowledge and Practice of Family Planning:

The socio-economic and demographic factors influencing couple's knowledge and practice of family planning methods are the follows.

Live Birth (LB)

Wife's knowledge and practice of family planning methods depend on the number of live births that the couples have experienced.

Experiences from different states reveal that contraceptive use varies differently in different states with the number of live births. In case of Bodo women in Assam, It is found that women with higher number of live births have greater knowledge and practice of contraceptive. In Uttar Pradesh contraceptive use is lower among those women who have two children while in Andhra Pradesh, Karnataka and West Bangle it is high among those who have more than four children. A.S. Susuman has observed that married women of various tribal groups in rural Nilgiri district of Tamil Nadu have not adopted contraceptive methods till they bear the desired number of children.

But, R, Borah has found no significant relationship between live birth and wives' knowledge of contraceptives among the Adi people of Arunachal Pradesh.

Tables: 1.3 and 1.4 show wives' knowledge of family planning methods and couples' practice of family planning respectively in relation to the number of live births

Number of live births and wife's knowledge of family planning.

Table: 1.3

No. of Live birth	No. of women	Having Knowledge	%	Not having Knowledge	%
0	6	4	66.67%	2	33.33%
1	16	12	75.00%	4	25.00%%

2	61	43	70.49%	18	29.51%
3	117	67	57.26%%	50	42.74%
>3	40	18	45.00%	22	55.00%
Total	240	144	60.00%	96	40.00%

Source: Field survey

Number of live birth and couple's practice of family planning

Table: 1.4.

No. of Live birth	No. of women	Practicing	%	Not practicing	%
0	6	3	50.00%	3	50.00%
1	16	10	62.50%	6	37.50%
2	61	39	63.93%	22	36.07%
3	117	64	54.70%	53	45.30%
>3	40	14	35.00%	26	65.00%
Total	240	130	54.17%	110	45.83%

Source: Field survey

Table: 1.3 shows that the knowledge of family planning is higher among the women who have restricted their family size with one or two live births. It is 75.00% for one live birth and 70.49% for two live births. It has been decreasing among women with greater number live births.

The concept of using contraceptives as an instrument of spacing between two births has been penetrated among the sample population. Table: 1.4. shows that Scheduled Castes wives with one or two children have been practicing family planning methods more (62.50% for one live birth and 63.93% for two live births) than the women with greater number live births. This is because of penetration of knowledge of family planning methods among them.

Total Family Income (TFI)

Wife's knowledge and practice of family planning methods depends on the economic condition of the family. Generally educated couples are gainfully employed who are more conscious of using contraceptives. Families with higher income may more likely use contraception because they may be able to afford better access to contraceptive services. Alternatively, they may have higher opportunity cost of value of their time spent in leisure which may reduce their demand for children and increase contraceptive use to achieve lower desired fertility outcomes. In Ramanagaram District of Karnataka, SriyaIyre has found families with higher income use more and modern contraceptives than those of the others. But, Ramu, G. N. says that it is not the family income but the mass media which increase the knowledge of contraceptive among the rural women.

Ibrahim & Ibrahim argue that in Egypt, over 70% of Egyptian women acquire their knowledge about family planning from the television and that is one of the most important factors accounting for fertility declines in Egypt in the 1980s and 1990s. In this situation total family income is not accounted.

Table: 15. and Table: 1.6. show the relationship between knowledge of family planning methods and practice of family planning respectively in relation to family income.

Type of family income and wife's knowledge of family planning.

Table: 1.5

Total Family income (Monthly)	No. of wives	Having knowledge	%	Not having Knowledge	%
Up to Rs. 3000	161	78	48.45%	83	51.55%
3001 – 6000	58	48	82.76%	10	17.24%
6001 – 10000	15	13	86.67%	2	13.33%
10001+	6	6	100%	0	__
Total	240	144	60.00%	96	40.00%

Source: Field survey

Total family income and couple's practice of family planning.

Table: 1.6

Total Family income (Monthly)	No. of Couples	Practicing	%	Not Practicing	%
Up to Rs. 3000	161	63	39.13%	98	60.87%
3001 – 6000	58	49	84.48%	9	15.52%
6001 – 10000	15	13	86.67%	2	13.33%
10001+	6	5	83.33%	1	16.67%
Total	240	130	54.17%	110	45.83%

Source: Field survey

Table: 1.5 shows the knowledge of family planning is higher among the women in higher income group. On the other hand, Table: 3.6 shows that practice of family planning technique is found to be similar among the wives belonging to different income groups. The only difference is that the practice of family planning is slight lower on the income group 1000+ than the previous two income groups and this is happen only because of less number of the couples in this income groups. Though the monthly income in some families is not much to lead a better life, the women are aware of the positive impact of small, they acquire knowledge of using contraceptive from mass media or from neighbours which induce them to use contraceptives.

Age at Marriage (AM)

The decision to use contraception may also depend on the wives' age at marriage. Studies on contraceptives use reveal that the women who marry in medium age may have the highest demand for contraceptives as compared to the women who marry earlier. This is one of the reasons that contraceptives use is lower among the rural women who usually marry earlier, than the urban women. NFHS- 2(1998-99), Assam also conforms it.

However, B. Ahmed has found in rural Bangladesh that age at marriage is not a significant determinant of contraceptive use.

Table: 3.7 and 3.8 show the relationship between age at marriage and wives' knowledge and practice of family planning methods respectively.

Wife's age at marriage and knowledge of family planning

Table: 1.7

Age at marriage	No. of women	Having knowledge	%	Not having knowledge	%
Up to 15	74	36	48.65%	38	51.35%
16 – 19	128	79	61.72%	49	38.28%
20 – 24	26	21	80.77%	5	19.23%
25+	12	8	66.67%	4	33.33%
Total	240	144	60.00%	96	40.00%

Source: Field survey

Wife's age at marriage and couple's practice of family planning

Table: 1.8

Age at marriage	No. of women	Practicing	%	Not Practicing	%
Up to 15	74	26	35.14%	48	64.86%
16 – 19	128	77	60.16%	51	39.84%
20 – 24	26	19	73.08%	7	26.92%
25+	12	8	66.67%	4	33.33%
Total	240	130	54.17%	110	45.83%

Source: Field survey

Table: 1.7 shows that the knowledge of contraceptive is higher among the women whose age at marriage has fallen between the age group of (20 – 24). The knowledge of contraceptive is less among the women who have entered into marriage at an early age (up to 15 years).

Table: 1.8 shows that the highest percentage of women (73.08%) is practicing any one of the family planning methods whose marriage has happened between the age group of (20 – 24). Similarly, the percentage (35.14%) of practicing family planning method is less among the newly married women.

Thus, Table: 1.7 and 3.8 show that both knowledge and practice of family planning practices are similar among the respondents irrespective of their age at marriage.

Education of the wives

Education of women is one of the most important determinants of fertility mortality and other demographic behavior. Educated women are well accustomed with family planning method and therefore the percentage of contraceptive use is higher among them. They are conscious of their health and the general welfare of their family which encourage them to acquire knowledge of family planning and use of it. Studies in a number of countries have found that couples with more education have a wider knowledge of contraceptives methods, use the methods better, and are better able to assimilate information about availability, correct use, side effects and cost of using it. In addition, with education have a stronger bargaining position within the family when it comes to take decision about contraception. This conclusion is supported by the studies in south India conducted in the 1960s and in the 1990s.

Ramesh and Retherford, Zachariah, Cochrane have also observed that education is a key factor influencing contraceptive use in India. Similarly, NFSH-2 (1998-99) has found that among the illiterates,

40% women use contraceptives in Assam as compared to 55% women completing High School and above. But among the Bodo women of Assam, education is found to be an insignificant determinant of wives' Knowledge of family planning. It is also argued that husbands' education is an important determinant of contraceptive use and it exerts an impact most particularly at low levels of husbands' and wives' schooling.

Table: 1.9 and 1.10 show the relationship between educational attainment of the wives and knowledge and practice of contraceptives respectively among them.

Education of the wives and knowledge of family planning.

Table: 1.9

Wives level of education	No. of women	Having Knowledge	%	Not having Knowledge	%
Below U.P. level	183	107	58.47%	76	41.53%
Beyond U.P. level	57	37	64.91%	20	35.09%
Total	240	144	60.00%	96	40.00%

Source: Field survey

Education of the wives and couple's practice of family planning

Table: 1.10

Wives level of education	No. of women	Practicing	%	Not practicing	%
Below U.P. level	183	94	51.37%	89	48.63%
Beyond U.P. level	57	36	63.16%	21	36.84%
Total	240	130	54.17%	110	45.83%

Source: Field survey

Table: 1.9 shows that among the wives with higher educational attainment the knowledge of family planning is also found to be higher. However, Table: 3.10 shows that in case of practice of family planning, the role of education is found to be less important.

Wife's Labour Force Participation (WLFP)

Contraceptive choice may be affected by the occupations of the women. Dharmalingam and Morgan argue that women who are employed may be more likely to use contraception either for birth spacing or for birth limitation. Working women (Working in the sense of earning cash) are generally educated and more familiar with modern contraceptives. In Assam, use of contraceptives among the working Bodo women is higher than that of the non-working women. But Rupjyoti has found that there is no significant difference in using contraceptives among the educated and uneducated Adi women in Arunachal Pradesh.

Table: 1.13 and 1.14 show the relationship between knowledge and use of contraceptives with working status of the women respectively.

Wife's labour force participation and knowledge of family planning.

Table: 1.13

Working status	No. of wives	Having knowledge	%	Not having knowledge	%
Working women	98	81	82.65%	17	17.35%
Non-working women	142	63	44.37%	79	55.63%
Total	240	144	60.00%	96	40.00%

Source: Field survey

Wife's labour force participation and practice of family planning.

Table: 1.14

Working status	No. of wives	Practicing	%	Not practicing	%
Working women	98	54	55.10%	44.90%	42.86%
Non-working women	142	76	53.52%	66	46.48%
Total	240	130	54.17%	110	45.83%

Source: Field survey

Table: 1.13 reveals that majority of the working women (82.65%) have sound knowledge of contraceptives while 44.37% of the non-working women have the same. On the other hand, table: 1.14 shows that the use of contraceptives is almost similar among the women irrespective of their employment status

From the above observation, it is found that knowledge and practice of family planning among the sample Scheduled Castes women depend on different socio-economic and demographic variables. But the long run impact of these variables on knowledge and practice of family planning among the Scheduled Castes can't be ascertained from this observations. So, to quantify the level of influence of different socio-economic and demographic determinants on wives knowledge and couple's practice of family planning the Binomial Logit Model has been applied separately by treating the dependent variables, knowledge and practice of family planning as dummy variables – 1 for having and practicing family planning and 0 – for not having and not practicing family planning.

The logit model applied here can be written as

$KFP_i = (p_i / 1 - p_i) = \beta_0 + \beta_1 LB_{1i} + \beta_2 FI_{2i} + \beta_3 AM_{3i} + \ldots\ldots\ldots\ldots\ldots\ldots + \beta_8 EMLL_{8i} + U_i$

The result of the estimated Logit model has been presented in the following table (Table :1.15)

Results Binomial Logit Regression Model

Estimated Regression Coefficients

Table: 1.15

Regressor	**Coefficient (β)**	**Std error**	**Wald**	**Antilog (β)**
LB	1.145	0.123	6.384	1.235
TFI	0.001	0.001	8.639	1.001
AM	-0904	0.512	0.031	0.405

EW	1.573	0.201	0.611	0.207
WELF	1.392	0.137	3.010*	4.023
Constant	-5889	0.948	11.005	0.030

N=240, R^2P=0.81, Cox & Snell R^2=.006, Negelkerke R^2=.392, Hosmar and Lemeshow Goodness of Fit=8.083, Convergence achieved after 3 interactions, * Significance level= 5% level of significance.

It is found from the regression model that Live Birth (LB), Total Family Income (TFI) and Wife's Labour Force Participation (WLEF) have significance positive influence on wives' knowledge of family planning. As the number of live birth increases, wife's knowledge about family planning methods also increases.

The antilog of LB (1.235) coefficient suggests that controlling the other factors, the women with higher number of live births have 1.2 times more chances of having sound knowledge of family planning methods.

The co-efficient of WLFP (1.392) suggests that, holding the other factors constant, one unit increases in wife's labour force participation increases the knowledge of family planning by 1.3 units. The antilog of WLFP (4.023) coefficient suggests that working wives have 4 times more chance of having knowledge of family planning than the non-working women.

The other regressions included in the regression model factors (AM) and (EW) have no significant impact on wife's knowledge of family planning. However, together all the repressors have influence on wife's knowledge of family planning as the R^2P statistic is 0.81.

Suggestions

In the light of the findings of the study, the following suggestions I would like to make for the improvement of the socio-economic condition and demographic life of the Scheduled Castes people of Dhubri district of Assam.

The most popular method of family planning among the Sample Scheduled Castes women is found to be the contraceptive pill, which is used for spacing. Permanent method of family planning like sterilization (both male and female) is not popular among them. Thus, the government's family planning measures should give more emphasis on permanent method of family planning and for this purpose free sterilization camps should be organised from time to time specially in the remote areas.

Use of contraceptives in most cases depends on the availability of medical facilities. Medical facilities of the sample villages are not satisfactory. Therefore, it is suggested that government should open more Primary Health Centre (PHC) and sub-centres in remote areas so that people of this localities can easily access the facilities.

It is observed that in the Scheduled Castes villages that the son preference is the strongest motivating factor behind desiring additional children especially among the illiterates. This traditional mind set of the people must be changed to reduce fertility among them. Therefore, the government should create awareness among the illiterates through NGOs that there is no difference between them.

Women's labour force participation is found to have great influence on fertility as well as couple's attitude to extra children. Since most of the respondents in the sample villages are found to be semi-literate or illiterate, government jobs are not available to them. But the women folk are good in weaving, net making, handicraft, etc. In this connection, special training should be introduced for Scheduled

Castes women to improve their skill in these trades, which will not only enhance their family income but also reduce fertility.

It is found that child marriage is still practised among the Scheduled Castes people of Dhubri district of Assam. So, special campaign should be organised to create awareness among them for enhancing the female age at marriage. All the development plans including the Special Component Plan and Special Assistance Programme meant for Scheduled Castes people should stress on raising the age at marriage so that fertility of the Scheduled Castes women comes down.

The mortality levels including the infant mortality is very high among the Scheduled Castes people of Assam. Therefore, it is suggested to reduce mortality (specially infant mortality) among them special attention should be given to improve female education, institutional deliveries and vaccination programme. Awareness should also be created among the rural mass for safe delivery.

Lastly, a whole-hearted effort of the government, non-government organizations (NGOs), Gaon Panchayats, dynamic role of the educated youths, MahilaSamities, etc. are required for a drastic change in the socio-economic and demographic life of the Scheduled Castes people of Assam.

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