

## Knowledge, Attitude and Practice of Birth Control Devices Among the Bhattara Tribals of Orissa

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**KEY WORDS** Birth Control Devices. Bhattara Population. Nowrangpur District.

**ABSTRACT** Six hundred and twenty one ever married Bhattara women from six villages of Nowrangpur district of Orissa were studied for their knowledge, attitude and practice of birth control devices. Results with their applied significance are presented.

### INTRODUCTION

Family planning is one of the most preventive health care strategies though it is rarely recognized as such (Jacobson, 1988). In many developing countries demographic surveys have shown that as many as 50 to 80 per cent of married women already want to limit or space future birth (Sadik, 1991). Several obstacles that fall in the way of family planning are the cultural, attitudinal and other situational circumstances. For example ignorance, lack of motivation and faith in natural process formed a part to it. These obstacles can be overcome by use of media and creating a general awareness among the people. According to Basu (1984) in India, the lesser use of all the methods of birth control is partly due to ignorance and partly due to lack of media intervention.

The basic modern methods of fertility can be categorized into five major types the physical, the physiological, the psychological, the biochemical and the social. The physical practices include condom, Intra Uterine Devices (IUD), pills and all other methods which do not allow fertilization while the rhythm method falls under the physiological one. The psychological one is the coitus interruptus. The biochemical type comprises gelly, creams, oral pills, etc. The most prevalent social practices are abstinence and ritual taboos.

Presently, it has been attempted to understand the knowledge, attitude and practices of fertility among the Bhattaras, who constitute one of the major tribal groups of Orissa.

### MATERIAL AND METHODS

All the Bhattara households of six villages, namely, Kosagumuda, Santoshpur, Chelipadara, Bajragada Majhiguda and Junapani of Nowrangpur district of Orissa were studied using a semi structured schedule. In all 621 ever married women belonging to 474 households were interviewed for the purpose. Age wise distribution of these women is set out in table 1.

**Table 1 : Age-wise distribution of Bhattara women**

| Age cohort of women | N   | Percentage |
|---------------------|-----|------------|
| 10-14               | 1   | 2.0        |
| 15-19               | 85  | 13.7       |
| 20-24               | 124 | 20.0       |
| 25-29               | 106 | 17.1       |
| 30-34               | 58  | 9.3        |
| 35-39               | 44  | 7.1        |
| 40-44               | 38  | 6.1        |
| 45-49               | 45  | 7.2        |
| 50-54               | 24  | 3.9        |
| 55-59               | 44  | 7.1        |
| 60 +                | 52  | 8.4        |
| Total               | 621 | 100.0      |

### RESULTS AND DISCUSSIONS

#### Knowledge About Birth Control Devices (BCD)

It is found that almost 95 per cent of the women did have the knowledge of Birth Control Devices (BCD). However, 93.4 per cent of the women were found to know about sterilization (vasectomy and tubectomy or laparoscopy)

only, while 1.4 per cent and 0.3 per cent women also know about IUD pills and condom, respectively. But, about 5 per cent women were not aware of any modern birth control methods. It is striking that only 0.3 per cent of the women knew about the use of condom (Nirodh) as a method of contraception which is one of the most publicized methods of contraception by the government agencies. Women were not aware of any modern birth control devices what so ever.

During the interview, it was realized that women were voluntarily talking about sterilization. Since these women were engaged throughout the day and so were their husbands, they did not even come to know about the use of condom as contraception. Interestingly, some children knew about the condom as a contraceptive because of the advertisement of Nirodh through media while some of them were seen blowing Nirodh into a balloon and playing with it which does speak about the easy availability of it and yet the married women were found to be the least knowledgeable about this method of contraception.

#### Source of Information About BCD

The distribution of the sources of information about BCD is being reported for all the women including users and non-users of BCD. Neighbours and other family members including early users of BCD were the chief (63.3 per cent) source of disseminating of information about BCD whereas 34.4 per cent women had received the knowledge from both the Anganwadi worker (AWW) and neighbours. But 1.3 per cent women received the information exclusively from AWW. Husbands were rarely the source of information to their wives. It was only in 60+ years age groups that about 1 per cent of the husbands were found to be the source of information to their wives.

Surprisingly, local media including TV and Radio was not reported to be the source of information to these women because none of the studied households had TV though some of them had radio; but the latter did not properly understand Oriya language in which the publicity about Birth Control Methods is made and hence were virtually not exposed to the publicity by radio. (All the Health Worker were regarded as

*didi* by the people, and hence accordingly referred to in the analysis.).

#### Attitude Towards the Use of BCD

Only 16.1 per cent of the total women had a positive attitude towards the use of BCD, while the rest had a negative attitude, except 1.5 per cent women who were indecisive in this regard. This shows that there is a very big gap between knowledge and attitude towards the use of the BCD among the Bhattara women. Of the women with the positive attitude about 75 per cent were found to have the positive attitude towards BCD because they thought that they could not afford large number of children, about 11 per cent thought it to be useful for mother's health, while the remaining 14 per cent (approx.) were lured by the monetary incentives.

The reasons for large scale negative attitude of Bhattara women towards BCD were found as follows : 64.3 per cent of the women believed that if they used BCDs, they would become weak; 22.2 per cent of the women thought that children were economic help to the family and 7.5 per cent of the women considered children as 'gift of god'; but 7.8 per cent of the women thought that use of BCD caused 'harmful side effects' and hence they had a negative attitude towards these methods.

#### Practice of BCD

Sterilization as a birth control method was started in Kosagumuda from 15th December 1965. On 1st April, 1995, laparoscopy was introduced in this area. The women in the present study did not report about coitus interruptus, abstinence and ritual taboos as methods of contraception, though most of the women cited other indigenous methods of contraception which are discussed later. Therefore, the present study is restricted to modern methods which include condom, IUD, pills and sterilization. Women who had ever used BCD and the women currently using them were interviewed. A total of 16.4 per cent women were found to be the users of BCD. Tubectomy is found to be the most commonly (15.1 per cent) used method followed by vasectomy (1.1 per cent) and IUD (0.3 per cent).

The vasectomy users of Junapani reported

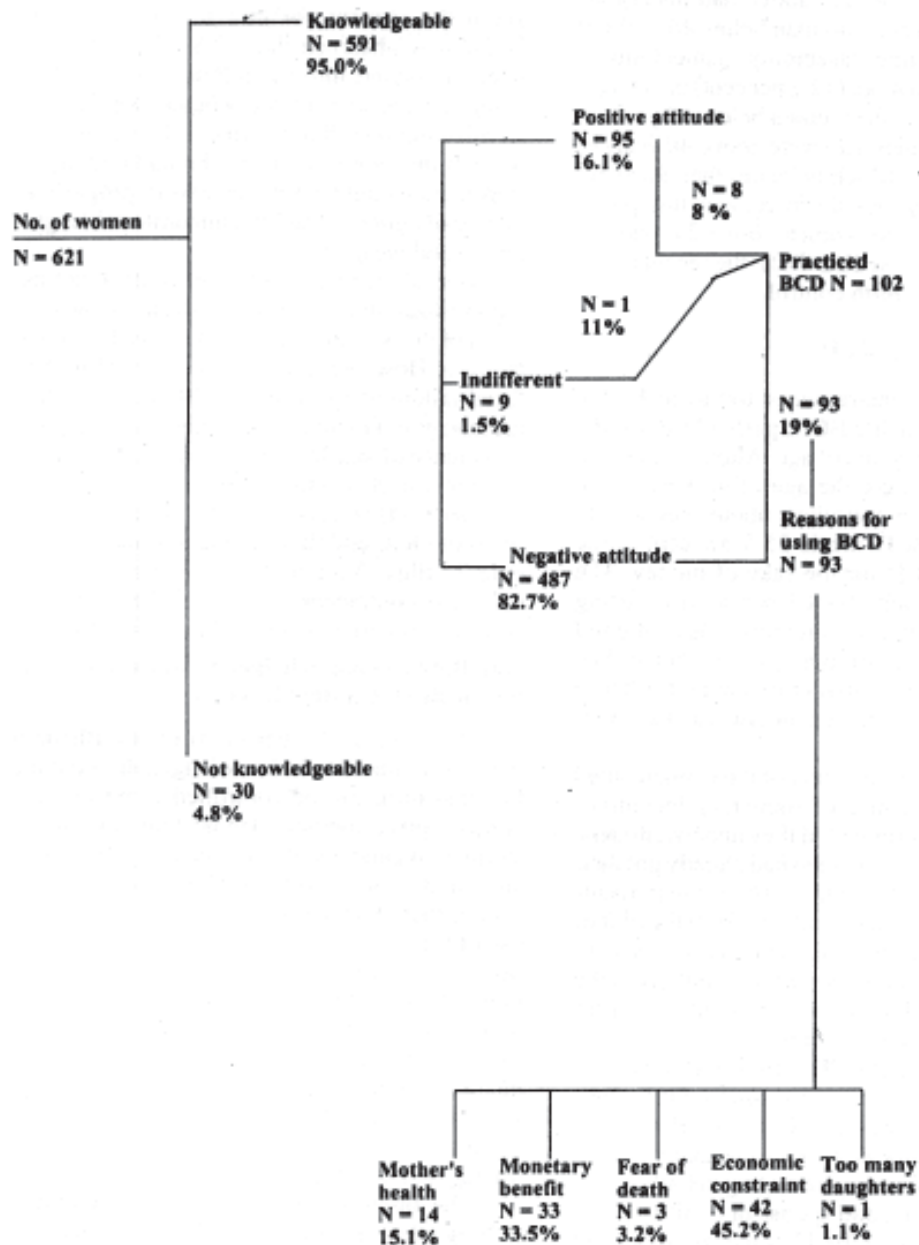


Fig. 1. Flow Chart showing KAP-GAP vis-a-vis birth control among the Bhattaras

that they were not told about the consequences of vasectomy. They went for it for the sake of money only. The men at 40 and above had undergone vasectomy. However, no man below 40 years of age had undergone vasectomy. Tubectomy is found to be much more (12.2 per cent) in younger women *i.e.* among the women below 40 years of age than the women who were above 40 years of age (2.7 per cent) which indicates that the practice of tubectomy is on the increase in this population. However, no women above 24 years of age was found to use IUD/Pills, the recent methods of temporary birth control.

#### Reasons for using BCD

Economic constraints is found to be the major reason of using BCD, particularly for the women below 40 years of age. About 15 per cent of the women below the age of 40 years were found to be more conscious about their health and thus used BCD, while 35.5 per cent of the women used BCD for the sake of money. The other reasons (each about 1 per cent) for using BCD were 'too many daughters', 'fear of child death' and 'social stigma' (the mother-in-law considered it to be a matter of shame for her to be pregnant if her daughter-in-law was also pregnant).

However, 29.5 per cent of the women opted for the BCD because of monetary incentives given by the government, if they underwent sterilization. All of these women had already got their desired number of children. The same percentage of women had taken advice from the *didi* or AWWs to use sterilization as BCD. It is alarming that some women (N = 8) were not given the money promised by the government even after they underwent sterilization.

For the users of BCD, Primary Health Centre was found to be the main source for providing birth control services. Primary information about birth control services were generally received by the women from Anganwadi workers, early adopters, and spouse or qualified doctors. Since users of BCD acted as important source of information (43.13 per cent), if their proportion could be increased, the problem of acceptance of birth control in this community may be solved to some extent.

#### Reasons For Not Practising BCD

Bhattara women were also interviewed about the reasons for non-acceptance of the BCD. It is observed that 35.8 per cent of the women wanted more children than they had, while 8.4 per cent of the women thought that sterilization had ill side effects. These women were of the view that those who had undergone sterilization could not do their work properly as they easily got tired and felt uncomfortable, giddiness and weakness.

One of the reasons (5.7 per cent) of not using sterilization was the fear of death, because of death of the woman subsequent to sterilization in the past. However, three couples out of 95 had faced failure of sterilization. Perhaps this small percentage of failure cases too might have affected acceptance of sterilization by the other women.

Only a very small fraction of the women (1.8 per cent) believed that the children are the 'gifts of God' and that one should not try to restrict fertility. 3.3 per cent of women were not using any contraceptive, because they could not conceive any more even without using BCD.

#### Gap Between Knowledge, Attitude and Practice of Birth Control Devices

While most (95 per cent) of the Bhattara women are found to be knowledgeable about the fact that birth can be controlled using modern contraceptive methods (most knowing about sterilization and a few knowing about IUD/pills and condom as reported earlier) only 16.1 per cent of them had a positive attitude towards the use of these methods. Only a negligible proportion (1.5 per cent) of them was indifferent, but most of them (82.4 per cent) had negative attitude towards modern contraceptive methods. Thus this clearly indicates that there is a big hiatus between the knowledge of and attitude towards the modern BCDs, which needs to be filled in case the use of the modern BCDs are to be propagated in this population.

The situation, however, appears more disturbing when one finds that of the 16.1 per cent women who had a positive attitude towards BCD, only 8 per cent actually practised it, the remaining users of BCD were those women who had an indifferent or a negative attitude and 11

per cent of the 1.5 per cent women having an indifferent attitude are found to have used the modern BCDs. Of the users of BCD among the women with negative attitude, only 33 out of 93 (i.e. 35.5 per cent) were lured by the monetary benefits to under go sterilization while the remaining used the BCD because of mother's health (15.1 per cent), too many daughters (1.1 per cent), economic constraints (45.2 per cent), fear of death (3.2 per cent).

#### Number of Living Children Prior to Use of BCD

78.4 per cent of the couples used BCDs after they had at least three surviving children while the rest used BCDs after one or two children.

#### Family Type and the Use of BCD

Family type may affect the adoption or non-adoption of use of contraception. It is observed that a high percentage (73.5 of the users belonged to nuclear family and rest joint family. This may be partly because of the fact that the decision making in nuclear family by and large is not influenced by elderly members who are present in a joint family. It is interesting to observe that female sterilization is almost three times more in nuclear families while the other methods are almost equally used in the two types of families.

#### Number of Living Children *vis-a-vis* the Average Family Size Prior to the Use of BCD

It is distinctly discernible that the population has not adequately responded to the family planning programmes. Instead of fertility (as reflected by average fertility) of the non-users of BCD being higher in all the age cohorts of the mothers (Mahapatra, 1998, Unpublished), it is found to be higher among four age cohorts of the BCD users. Further the overall fertility too is found to be higher for the users of BCD (4.2) than non-users of BCD (3.2). The reason for this is the fact that most of the ever users of BCD adopted the birth control measures after having had large and desired number of offspring.

#### Economic Status and Use of BCD

An attempt has been made to see whether per capita income influences the contraceptive behaviour. It is found that the use of birth con-

trol devices among the Bhattara increases with rise in economic status (from PCI<1000 to PCI=5000). However, a further rise in per capita income beyond Rs. 5000/- seems to reduce the use of BCD. This seems to indicate that per capita income level of 3001-5000 is the optimal one influencing the use of BCDs while the per capita income on both the sides of this level seems to cause a reduction in the use of BCDs.

#### Acceptance of Birth Control Devices - A Multivariate Analysis

Ecological, biological, social, cultural, psychological and economic factors have often been reported to be the important determinants of fertility control. Following dependent and independent variables have been used for step-wise multivariate analysis of factors influencing fertility control in the presently studied population, and the results are set out in table 2.

**Dependent Variables:** Practice of birth control devices

**Independent Variables:** i. Current age of women  
ii. Effective age of marriage  
iii. No. of live births  
iv. Desired number of children realised  
v. Per capita income  
vi. Family type  
vii. Experiences of early childhood mortality

Table 2: Factors influencing practice of Birth Control Devices among the Bhattars

| Step no. | variables                        | R <sup>2</sup> (% of variance explained) | p value            |
|----------|----------------------------------|------------------------------------------|--------------------|
| 1.       | Desired No. of children realised | 11%                                      | .0076 <sup>2</sup> |
| 2.       | No. of live births               | 18%                                      | .0054 <sup>2</sup> |
| 3.       | Family type                      | 19%                                      | .0614              |
| 4.       | Experience of child mortality    | 19%                                      | .5999              |
| 5.       | Per capita income                | 19%                                      | .8405              |
| 6.       | Current age of mother            | 19%                                      | .9439              |
| 7.       | Effective age of marriage        | 19%                                      | .9633              |

Two variables namely realisation of desired number of children and number of live births are found to be significant in explaining the acceptance/non-acceptance of birth control devices (Table 2). One may thus conclude that

1. Per capita annual income
2. Significant at 5% level

realisation of desired number of children and number of livebirths respectively are significantly influencing the use of BCD, while family type may marginally do so in this population.

#### Indigenous Methods for Fertility Control

The Bhattara women have been using indigenous methods of fertility control, like insertion of roots, abortion, etc. which involve risk to mother's life. Though of late, increasing industrialization and modernization have taken over the crude traditional methods of fertility control, yet the 'local medicine men' claim to have knowledge of a number of effective indigenous contraceptive methods.

One of the 'local medicine man' reported that telling about the medicinal contraceptive would reduce its effectiveness and, therefore, he only gave the medicine to the concerned women. However, some of the indigenous methods described by some other medicine men are as follows :

1. "A woman can avoid pregnancy by having the water boiled with 'Ranga Kain' (*Nymphaea rubra*) root, 'Sainta Mula' and pepper, seven days after the birth of the last child".
2. "A small piece of 'Kala Dudura' (*Datura fastuosa*) root is kept inside a 'tamba deunria' (copper box) and tied on the waist of a woman on the fourth day after 'Amavasya' (moonless night)".
3. "On the fourth day of the menstrual cycle, if a woman eats one 'dhoba kaincha' (*Abrus precatorious*), she will not conceive for one year. If she increases the number of 'Dhoba Kaincha' then she will not conceive for as many years as the number of 'Dhoba Kaincha' consumed".
4. "Consuming 5 grams of 'Akanabandhi' (*Stephania hernandi folia*) leaf paste on empty stomach on fourth day of menstruation".

However, the effectiveness of all the above indigenous contraceptives still needs to be assessed.

To sum up, it may be said that more than 90 per cent of the Bhattara women had knowledge about sterilization as birth control devices and they voluntarily talked about it. Only a marginal

proportion of them did not know about BCDs. But only one fifth of the women knew about other BCDs too, besides sterilization. The chief source of information about BCDs is found to be the *didi* (the Anganwadi worker). It thus appears that reinforcing the *didi* or the health workers institutions in this area may be an effective strategy to educate the population about the various modern BCDs, their effectiveness and their use. Surprisingly, the media is not found to have made a dent in this regard. The fear of side effects is found to be responsible for most (about three fourths) of the women to have a negative attitude towards BCDs and under an effective strategy to combat their attitude, the health workers need to be given refresher training so that they become able to dispel the fears of the tribal women *vis-a-vis* use of BCDs. However, it is found that the Bhattara males did not play an active role in the use of BCDs. It was only the females who were subject to the BCDs and the later used sterilization, IUD/Pills in this order of preference of birth control. To these users of BCD, besides the *didi* the earlier 'user' too were the source of information. We may therefore, expect a snow balling effect in the use of BCDs with the increasing number of the 'users' of BCD in this population.

As in many other rural areas, it is the monetary incentive which has played the crucial role among the Bhattara women in adopting permanent BCDs. Wide scale propagation of these incentives along with educating the tribals through well trained health workers about harmlessness of BCDs is, therefore, likely to be an effective strategy to propagate the use of BCDs in this population. Nuclear family seems to be considerably favouring the use of BCDs in this population. In view of the earlier (Mahapatra, 1998 Unpublished) observation that the proportion of nuclear families has increased in the younger age group compared to the older age groups and expecting the trend to continue, we may expect an increase in the use of BCDs in this population, on account of this in built social change in the family type.

Another factor which is found inhibiting the use of BCD is the innate desire of women to have more children, which may be partly due to high

child mortality and partly due to children being considered as economic assets and old age securities. While it is difficult to temper with their attitude, concerted efforts need to be made to educate the Bhattaras about the fewer children being real asset. The finding that the average number of children of the users of BCDs is more than that of the non-users may be attributed to the fact that all users of BCDs went for use of the BCD only after they had got their desired number of children (and that the non users of BCD are perhaps yet to attain that stage).

This attitude of the Bhattara towards the use of BCD needs to be seriously taken note of and the population planners of the area have to evolve a strategy to effectively counter this attitude, so that the population growth of the Bhattara may be effectively curbed.

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