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Appraisal of the Knowledge, Attitude and Practices (KAP) of Family Control Devices Among Rural Rajputs and Scheduled Caste of Hatwar Area of Bilaspur District, Himachal Pradesh, India

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INTRODUCTION

We have a plethora of analyses of differentials in fertility by various socio-economic variables in recent years. These studies have succeeded in painting out some of the socio-economic and psychological determinants of fertility but still the entire picture of variables covering the fertility behaviour in different cultural settings is not clear (Narayan Das, 1983).

Studies have demonstrated a close and significant association between contraceptive use and fertility preference as measured by whether or not the couples wanted additional children, whether the respondents perceived ideal family size was greater than, equal to or less than their present family size; and a combination of these two (Mosena and John, 1981; Sarma and Jain, 1974; Freedman et al., 1975; Coombs, 1979; Shah et al., 1979).

Analysis of World Fertility Survey data from nine countries, Bangladesh, Indonesia, Malaysia, Nepal, Pakistan, The Philippines, The Republic of Korea, Sri Lanka and Thailand concluded that many women who did not want more children were not using contraception. Such percentages ranges from 93 in Pakistan to 45 in Philippines and exceeds half for all but one of these nine countries (Palmore, 1981). India is no exception. Although the gap has been narrowed down, still the proportion of currently married women not desiring additional children and not practising contraception is high. The First All India Family Planning Survey, conducted by Operations Research Group (ORG) in 1970, revealed that only 22 percent of such couples are practising family planning (ORG, 1973). The Second All India Family Planning Survey, conducted by ORG showed that 63 percent of such couples not wanting additional children was currently using family planning methods (Khan and Prasad, 1983). In other words, the level of unmet need has declined by 41 percent (from 78 percent in 1970 to 37 percent in 1980). Theoretically, it can be expected that all such couples, who do not desire additional children, should go for terminal methods if not any other temporary methods.

Cultural factors in fertility regulation have been studied by Das and Deka (1982). They have found, after studying three societies of Dibrugarh, a general reluctance in the rural non-industrial societies towards family planning measures, signifying a static behaviour of the society that is an impediment to change. A reverse picture is observed among the industrial tea garden labourers.

Poverty increases fertility rate. This is because of the presumption that more births will help the family in the long run to overcome the poverty by increasing the earning hands. This particular phenomenon was studied by the National Sample Survey which showed that fertility was related to per capita income (Raina, 1969). Education has been considered to be of prime importance in the studies of modernity and fertility. Education may influence fertility directly, by altering attitude and behavioural patterns of individual, and indirectly by affecting such factors as age at marriage, acceptance of family planning and infant and children mortality. These attitudes and behaviours as a result of education have been considered to be 'modern' as opposed to more traditional orientations (Holsinger and Kasarda, 1976). McNeilly (1979) said that in societies where breast-feeding is sole nutrition for babies, lactational amenorrhoea may last for two to three years, giving a birth interval of 3 to 4 years, thus affecting fertility of women.

Family Welfare (Planning) Programmes, their reception, impact and utility have affected fertility in every society in this era of rapid population growth (Anand, 1968; Chandrashekhar, 1972). In India, Family Planning programmes assumed a serious significance during Internal Emergency in 1975-77. At present, various family planning devices adopted in India are sterilization (both sexes), Intrauterine Devices (IUD), contraceptives like condoms for men,

diaphragm for women, foam tablets and jellies, oral contraceptives (Pills) and abortion (Technically known as M.T.P.). Non-availability and/or lack of knowledge of these above mentioned and even religious factors and attitude towards desired family size may play important role in family planning. In view of this, the existing fertility control pattern among the Rural Rajputs and Scheduled Caste (Chamars) have been investigated for their Knowledge, Attitude and Practices (KAP) of fertility control measures.

MATERIAL AND METHOD

Present study data has been collected from 236 households belonging to 10 villages of Hatwar area of Bilaspur district, H.P. The data on Rajput caste couples has been taken from 5 villages namely, Hatwar proper, Galahi, Dehra, Chionwi, Patta and Tanda, while on scheduled caste (Chamar) couples also from 5 villages called as Hatwar proper, Harh, Hambot, Chiar and Pantehra proper. These villages are located at an altitude of about 650 meters M.S.L.

120 currently married males (out of which 60 males belong to Rajput population and same number (60) to Scheduled Caste population) selected at random have been included in the sample to assess the knowledge of family planning methods. Their attitude towards Family Welfare (Planning) programme was also investigated. Data pertaining to actual practice of fertility control devices has been collected from 133 Rajput couples and 120 Chamar couples. For data collection door to door survey was conducted and from each household at least one couple was taken for this investigation in which wife's age was below 45 years (menopausal age).

RESULTS AND DISCUSSION

Knowledge of Family Planning Methods: To assess the contraceptive knowledge of the respondents (married males) each of them was asked about various Family Planning methods which a couple can use to stop or delay pregnancy. The results are presented in Table 1.

It has been seen that almost all the Rajput and Chamar males were aware of at least one of the family planning methods/devices implemented by the nation. All the males, from both the castes, are found to be knowledgeable about sterilization. The knowledge of this F.P. method is because of the experience gained by couples during forced sterilization (Nasbandi) in this area during 1975-1977. Very low percentage of male married population knew about the chemical contraceptive and intrauterine devices. Only 3.33 percent of Rajput males were found who knew about chemical contraceptives while no male from Chamar population was aware of these chemical contraceptives. 86.67 per cent of Rajput males and 81.67 percent of Chamar males were aware of Condom/Nirodh. No male was found in either of the castes, which was accurately aware of "Rhythm" or "Safe Period" method. Larger proportion of the respondents from Rajput population (63.33 percent) knew about Abortion/ M.T.P. than those from Chamar population (56.67 percent).

From these figures, it appears that a large proportion of the respondents (married males) from Rajput caste knew about more number of contraceptive than those from Chamars (Scheduled Caste). This can also be attributed to higher literacy rate among Rajputs compared to Chamars (Rajputs: male literacy rate is 71.24 percent; Female literacy rate is 65.08 percent and Chamars:

Table 1: Knowledge of the fertility control methods among rural Rajputs and scheduled caste (Chamars) males of Hatwar, Bilaspur, Himachal Pradesh

	Rajputs		*Chamars*	
Knowledge of F.P. Methods	*Absolute number*	*Percent**	*Absolute number*	*Percent**
Sterilization (Vasectomy & Tubectomy)	60	100.00	60	100.00
Chemical Contraceptives (Oral Pills & foam tablets)	2	3.33	-	0.00
IUD (Copper 'T' etc.)	5	8.33	2	3.33
Condom/Nirodh	52	86.67	49	81.67
Rhythm/Safe Period	-	0.00	-	0.00
Abortion (MTP)	38	63.33	34	56.67

*Percent add to more than 100 because of multiple responses.

male literacy rate is 58.92 percent; female literacy rate is 52.82 percent). The primary source of knowledge of various family planning methods among both Rajputs and Chamars are the health clinics, their visiting relatives and from male members who are employed in towns and cities.

Practice of Fertility Control Devices (Family Control Devices): Table 2 presents the level of family planning practices being used among the respondents (couples from both castes – Rajput and Chamar. It can be seen from the table that fertility control and family planning practices were considerably more prevalent in Rajputs (73.68 percent as ever users) than in Chamars (65.89 percent as ever users) at the time of survey and that 26.32 percent of the respondents (couples) from Rajput population and 34.11 percent from Chamar population had never practised any family planning device.

An analysis of the type of contraceptive used by the ever users indicated that in both the caste groups, the most preferred method was sterilization. (It may be due to the provision of incentive in the form of money that is given to the couple getting sterilized). It is particularly true in case of Chamar population where 50.39 percent of the total couples, included in the sample, had adopted sterilization i.e. 76.47 percent of the ever-users among Chamars were sterilized couples. The corresponding figures for Rajput couples that adopted sterilization are 45.11 percent (out of the total couples studied) and 61.22 percent (out of the ever-users among the Rajput population). It is also found in both the caste groups that the proportion of females among sterilized couples (cases) is more than that of males.

Coitus interruptus is the next (next to sterilization) common method employed by the couples of both the castes. However, this method was more prevalent in Rajputs (12.03 percent of the total couples) than in Chamars (only 8.52 percent of total couples). The less practised and available devices of contraception (in decreasing order) between both the castes couples were condom, MTP (Induced Abortion) and IUD and chemical contraceptives. No case (couple) was found in this area using or having used chemical contraceptive like oral pills and biological method (rhythm/safe period method) for prevention of conception.

Attitude Towards Family Planning: The respondents from both the Rajputs and Chamars have shown a favourable attitude towards Family Planning due to various socio-economic reasons. However, male children are preferred by both the sexes of either group, because sons are regarded to provide the family with good economy and are must for carrying out death ritual and so on. The importance of sons for ensuring the interests of the parents in after-life comes out strongly in Hindu religion. Folklore, mythology, aphorisms and proverbs reinforce the stricture. Both Rural-Rajputs and Chamars were of the opinion that fertility control measures should be of reversible nature, so that when a couple wishes to have a child, they can do so.

Breast Feeding as a Natural Birth Spacer: Breast-feeding is observed to be the most common among both the Rajputs and the Chamar populations of Hatwar. The preference to breast-feeding over bottle-feeding of baby is not due to the natural birth spacing value of lactation, but due to the general awareness of people that mother's own milk is more useful for the health of the baby than any other form of milk. So much so that about 60 percent mothers among Rajputs and 69.0 percent among Chamars had breast-fed

Table 2: Practice of fertility control methods among rural Rajput and scheduled caste (Chamar) couples of Hatwar, Bilaspur, Himachal Pradesh

	Rajputs		*Chamars*	
Knowledge of F.P. methods	*Absolute number*	*Percent**	*Absolute number*	*Percent**
Sterilization 26M+34F	60[1]	45.11	65[2]	50.39
Condom/Nirodh	6	4.51	3	2.33
Coitus Interruptus (C.I.)	16	12.03	11	8.52
Condom + C.I.	10	7.52	4	3.10
IUD & Chemical Contraceptive (Copper 'T')	1	0.75	-	-
Abortion (MTP)	5	3.76	2	1.55
Ever Users	98	73.68	85	65.89
Never Users	35	26.32	44	34.11
Total	N=133	100.00	N=129	100.00

*Percent add to more than 100 because of multiple responses.
1. 26 M + 34 F 2. 19 M + 46F

their previous baby till they were 4-7 months pregnant for next baby. Thus breast-feeding is much common among these populations. On average, Rajput mothers breastfed their baby for 1.95 years while Chamar women for 2.20 years.

CONCLUSION

The most interesting finding from this rural area is that almost all the couples of both the population groups desired to learn about new contraceptive methods. Prevalence of sterilization (terminal method) as common method of family planning among ever-users from Emergency Period (1975-1977) till-date, delay in marriages of daughter because of various socio-economic reason (schooling and dowry system prevalence), temporary separation due to husband's working in far away cities and serving at the border in army while keeping their spouse at home, and prevalence of breast-feeding all have contributed to change the population structure of these populations. As most of the people from this hilly terrain area belong to agriculturist and labouring class, it can be said that raising educational status of the rural population and providing knowledge and provision of contraceptive methods are the two important ways which can assist in checking the increase of population in this Rural Indian setting.

KEY WORDS KAP of Family Control Devices Among Rural Communities.

ABSTRACT This paper seeks to bring out KAP of family control devices among couples of two rural populations named Rural Rajputs and Scheduled Caste (Chamars) of Himachal Pradesh. Although these couples belong to agricultural and labouring communities yet they are in favour of small family size and thus for contraception because of various socio-economic reasons. Sterilization is the most commonly practised method of family welfare (planning). Coitus interruptus is the second most common method. The less practised and available devices of contraception (in decreasing order of actual practice) are condom, I.U.D. and chemical contraceptives and rhythm method. Large proportion of respondents (married males) from Rajput Caste knew about (aware of) more number of contraceptives than those from scheduled caste (Chamars). This may be attributed to the higher literacy rate among Rajputs as compared to chamars.

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