

Adoption level of Population control Measures among Rural and Urban Tribal Woman in Udaipur District of Rajasthan

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ABSTRACT

The rate of population growth in India comes to 2.2 percent per annum which is fairly high compared to many other countries of the world. Among the major states of the country, most rapid population growth has been registered in Rajasthan and Haryana. Udaipur is one of the most tribal dominant district of Rajasthan. Till today, the tribal and rural area of the country remained isolated from the modern developing civilisation because of various reasons. The utilisation of Reproductive and Child health services are comparatively low among schedule tribe in the Tribal area. The present study was conducted in Udaipur district of Rajasthan due to higher concentration of tribal population. The paper provide a comprehensive contraceptive use status among rural and urban tribal women of these area. There is wide difference in the adoption of different contraceptive methods that they possessed highest adoption about condom ranked as first but the adoption rate is higher in urban areas than rural areas. Female sterilisation is second popular adopted method in urban areas and oral pills are most popular method in rural areas and occupied II position. Tribal women showed negative response towards the male sterilisation and not a single respondent's husband adopted this method.

Key words: Contraceptive methods, Spacing methods, Sterilisation, Tubectomy, IUD's

INTRODUCTION

The rapid growth of population is one of the major problem, the country is facing today. Among the major states of the country, most rapid population growth has been registered in Rajasthan and Haryana. Since today, the rural area of the country remained isolated from the modern developing civilisations because of various reasons ;lack of communication and transportation facilities like in the urban area may be the main reason for their

backwardness. Thus benefits of medical and education and better living were confined to urban people only. The villagers are not only deficient in primary health facilities and medical aid but also plagued by unsanitary conditions, illiteracy, lack of privacy and above all the poverty. The situation is worsen even among tribal communities which constitute approximately 7.5 percent of the total population of the country.

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In such societies, which still lead an isolated existence, far removed from the modern way of life. A wife is primarily regarded as an investment for production of labour and a child bearing house keeper, consequently, such societies are typically characterised by uncontrolled fertility. one of the main reason for having many children in tribal areas is the feeling of insecurity rising from poor infant survival. These all factors add in the unhealthy and unchecked growth of rural population .thus to give them the better standard of living and good civilised life, Birth control measures are essential to control fertility in tribals.

MATERIAL AND METHODS

It was decided to select total five sample villages and total five sample ward from two panchayat Samities. A list of all the tribal

married women below the age of 45 years were obtained from Patwari of the respective villages.it was proposed to have 300 respondents together, 150 respondents from rural tribal population and 150 from urban tribal population. 30 women from each village and ward were randomly selected for the study, thus a sample of 300 women were selected, 150 tribal women from rural area and 150 tribal women from urban area finally.

The data collection for the study was done with the help of well structured pre tested interview schedule by way of personal interview technique with the respondents.

Mean percent score was obtained by multiplying score of the respondents by hundred and dividing by maximum obtainable score under each practice.

RESULT AND DISCUSSION

Overall adoption of respondents regarding major aspects of contraceptive methods

S. No.	Major aspects	Rural MPS	Tribal Rank	Urban MPS	Tribal Rank	Total MPS	Rank	Z value
1.	Condom	21.89	I	36.22	I	29.06	I	3.12**
2.	Oral pills	21.22	II	17.56	III	19.39	II	0.73
3.	Copper-T	2.22	VII	10.22	IV	6.22	VI	2.97**
4.	Safe periods	9.11	VI	0.22	VII	4.67	VII	4.21**
5.	Female sterilization	9.11	V	29.56	II	19.33	III	5.38**
6.	Male sterilization	0.00	VIII	0.00	VIII	0.00	VIII	1.15
7.	Herbal medicine and plants	19.57	III	4.44	V	11.98	IV	4.86**
8.	Other methods	14.00	IV	3.78	VI	8.89	V	3.84**
	Total	13.63		14.33		13.98		0.73

**=Significant at 1percent level of significance

Overall ranking pattern for both the types of respondents regarding their adoption about contraceptive methods shows that they possessed highest adoption about condom ranked as first with MPS 29.06 followed by oral pills was ranked at second place with total MPS 19.39 and female sterilisation which had been ranked third with MPS 19.33. Gogoi² also found that more numbers of couples have adopted temporary spacing methods than the permanent methods.

It is very strange that a large number of respondents adopted traditional methods

viz., herbal medicine or plants and other methods like withdrawal, self-control, abortion as a contraceptive method and safe period method and ranked -IV and V. Not a single respondent adopted male sterilisation and ranked lastly. When we compare the data, highest adoption of condom method ranked at first in both areas but the adoption rate is higher in urban areas than rural areas. Female sterilisation and oral pills is also popular method in urban areas and ranked 2 and 3 with MPS29.56 and 17.56, while in the rural areas, we found that oral pills and herbal medicine

are most popular method and occupied on 2 and 3 position.

Women showed negative response towards male sterilisation and not a single respondent's husband adopted this method. Tribal people still believes in traditional method because these herbs and plants are easily available in the area and they do not have any side effects. Women shared negative response towards (IUDs)copper -t because of its side effects or this might be one reason that there may not be trained staff in PHC or there were chances of not properly fitting Copper -T so it is necessary to give proper training to medical staff especially for IUD insertion. Dabral and Mallik¹ carried out a study among the Gujjars of Delhi and found that 64.4 per cent of them have adopted permanent methods as against only 36.6 per cent of temporary methods.

Further Z test was applied to see the difference between rural tribal and urban tribal with regard to their level of adoption of different methods of contraception. The calculated Z value shows that there had been significant difference at 1 percent level of significance between rural and urban tribals as regard the level of adoption of different contraceptive methods except two methods i.e. oral pills and male sterilisation therefore the null hypothesis was rejected and alternative was accepted for condom, copper -T and female sterilisation . It means that urban tribals of the study area had comparatively higher level of adoption about condom, Copper-T, female sterilisation as compared to those of rural tribal respondents. Findings are in conformity with the findings of Ingle *et al.*³ wherein their study, they reported that 25 percent of the eligible couple are currently using any contraceptive method and amongst the current users, the commonest method was tubectomy (59%)

Table also reveals that while looking at the Z values of all the major aspects ,it was found to be significant at 1 percent level of significance except two method s i.e. oral pills and male sterilisation were non significant. there was significant difference between rural

and urban tribal respondents regarding their adoption of some major practices *viz.*, condom, Copper-T, female sterilisation and some traditional method i.e. safe periods, herbal medicine or plants and other methods which includes self control, withdrawal, cotton used with honey/neem oil/mustard oil as a contraceptive method etc. In other words urban tribals relatively had more adoption in almost all the practices of contraceptive methods except oral pills. Z value of the oral pills was not significant and this shows the level of adoption was higher among rural tribal respondents as compared to urban tribal respondents. Sumana *et al.*⁴ found in their study that Female sterilisation was the most commonly accepted method among tribal groups. They stated that spacing methods were adopted only small proportion of the santhals tribe i.e. IUD's (13.2 percent)and oral pills (13.2 percent).only 2.6 percent of the tribes used traditional tribal methods such as herbs.

Recommendation, on the basis of Z value and the ranking pattern of adoption level among the women, could be made that all tribal women should be persuaded more and more for acceptance of contraceptive methods especially oral pills and male sterilisation. Nevertheless, the persuasion of rural tribals should be emphasised more by the medical staff or concerned agencies for accelerating their level of adoption in all the methods of contraception as they had relatively low adoption about contraceptive methods.

The practice and use of modern contraceptive has been known to be non existent among tribal people. Tribals have been reported to depend on certain indigenous methods for family size limitation and our respondents also described a number of primitive or herbal based method of contraception.

CONCLUSION

The paper has attempted to describe the adoption of contraceptive methods among rural and urban tribal women of Udaipur district. It is highly appreciable that the tribal woman has a very positive attitude towards

family planning methods. However there is further need of expanding family planning programme to bring the gap that exist between knowledge and adoption of contraceptive methods. The infrastructural facilities for carrying out sterilisation needs to be expanded further more. The fear of adverse health effect after sterilisation and IUD's must be wipe out from the population through proper mass awareness campaign.

From the above discussion, it may be concluded that though the awareness of contraceptive methods among Tribal women is high but not fully adopted. Traditional methods are more common due to the lack of complete information about the use of the modern methods. Unsystematic ways of motivation for spacing methods by health workers and lack of awareness about various family planning methods among the tribals could be contributing factors for their poor awareness level. Thus there is a need to promote knowledge and awareness about spacing method in order to promote their adoption among rural tribal women.

It is recommended strongly and suggested that the agencies (government, university and NGOs) should make a point and divert their concerted efforts to equip the rural and urban tribals with latest technologies of population control measures. The strategic and well planned intensive training programme in the

phased way for the needy clientele would definitely enable them to adopt contraceptive methods but rural tribals need more training regarding all these aspects. Therefore training of tribals regarding population control measures should be prioritised by the concerned agencies that would control the overpopulation.

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