

Constraints in Adoption of Population control Measures among Rural and Urban Tribal Women in Udaipur District of Rajasthan

Neeta Dashora^{1*}, Bharat Singh Bhimawat² and Hanwant Kumar³

¹Senior Research Fellow, Agriculture University, Jodhpur

²Director of Extension Education, Directorate of Extension Education, Agriculture University, Jodhpur

³Senior Research Fellow, Agriculture University, Jodhpur

*Corresponding Author E-mail: neetadashora@yahoo.com

Received: 8.09.2017 | Revised: 22.10.2017 | Accepted: 29.10.2017

ABSTRACT

The constraints which “put shackles on” to the tribal respondents was analysed in this research. In the present context,, the term constraints refers to all those barriers and barricades which were faced by tribal respondents in adoption of population control measures so it was felt incumbent to several difficulties faced by tribal women in the use of contraceptives for birth control. This community based comparative study was carried out to determine the constraints in adoption of contraceptive methods. This study was conducted in five villages and five wards in the district of Udaipur district of Rajasthan. Among 300 tribal married women selected by random sampling. Data was collected by Interview schedule. The responses of the rural and urban tribal women were recorded on a three point continuum i.e. Most severe, severe and least severe . The frequencies of respondents under each category were calculated and the ranks were accorded according. It was found that the rural tribal respondents (56.3%) in the category of severe constraints was much higher than that of urban tribal respondents (43.8%). Result of the study’s show that respondents had lack of technical knowledge about contraceptive therefore it is recommended that the technical guidance should be provided to the tribal women by health agency and NGOs working in the study area.

Key words: Women, NGOs, Health agency, Data

INTRODUCTION

Udaipur district in Rajasthan state has 3117 inhabited villages where 85 percent of the district population lives. The female literacy rate is very low in rural areas. Only 19.8 percent of the villages are approachable by Pucca roads and only 21 percent are connected by bus and rail routes, while people living in the rest of the villages have to travel long distances to catch a train or bus.it is not

surprising therefore that a large number of villages follow a primitive way of life, age old social customs and antiquated contraceptive methods 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.

Cite this article: Dashora, N., Bhimawat, B.S. and Kumar, H., Constraints in Adoption of Population control Measures among Rural and Urban Tribal Women in Udaipur District of Rajasthan, *Int. J. Pure App. Biosci.* 6(2): 1376-1380 (2018). doi: <http://dx.doi.org/10.18782/2320-7051.5410>

These all factors add in the unhealthy and unchecked growth of rural population.

Human fertility is determined by many factors such as customs, morals and habits of social groups with regard to marital obligation of life. Adoption of contraceptive methods varies within and between societies and there are many factors which are responsible for such variation at community, family and individual level. Socio economic environment, culture and education are few of them play a vital role. Son preference, women's age, literacy, number of living children also influence contraceptive use. Despite constant efforts by the government, constraints in adoption of contraceptives still remain. Thus it is necessary to find out the constraints regarding contraceptive methods in rural and urban tribal areas.

MATERIAL AND METHODS

The study was conducted in five tribal dominant villages of Jhadol block and five wards of urban area of Udaipur district which is located in the southern part of Rajasthan state. The population in the Jhadol block is predominantly tribal. The topography is difficult as the settlement are in the hilly region. The hutments are located in a cluster.

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 and wards. 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. Tribal woman in the reproductive age group were selected on the criteria of :-

* Married women in reproductive age group (15 -45 years) living with the husband at the time of the study.

* Those who were not currently pregnant.

* Those who had not attained menopause.

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. The interview were conducted in Hindi and local dialect at the residence of respondents. Since majority of respondents were illiterate, personal interview method helped the researcher in collecting valid and reliable information. The relevant information were elicited from the respondents and recorded by the researcher personally.

The data so collected were processed, tabulated and analysed using frequency, percentage, mean percent score. Mean percent score was obtained by multiplying score of the respondents by hundred and dividing by maximum obtainable score under each practice.

RESULTS AND DISCUSSION

The response of the rural and urban tribal women were recorded on a three point continuum i.e. Most severe, severe and least severe. The frequencies of respondents under each category were calculated and the ranks were accorded accordingly. The categories about the intensity of constraints were made on the basis of mean score and standard deviation of the score obtained by the respondents.

Effects were further made to analyse and discuss the constraints taken under different categories *viz.*, constraints related to methods, financial constraints, technical constraints, social constraints, constraints related to health and miscellaneous constraints. The results are presented in the following tables:-

Table 1: Distribution of respondents according to constraints faced by rural and urban tribal women

Constraints	Rural tribal (n=150)		Urban tribal(n=150)		Total (n=300)	
	F	P	F	P		
Least severe (less than 33.06)	36	50.0	36	50.0	72	24.0
Severe (33.06 to 35.92)	90	56.3	70	43.8	160	53.3
Most severe (more than 35.92)	24	35.3	44	64.7	68	22.7
Total	150	50.0	150	50.0	300	100.0

F=Frequency, P=Percentage, n= Number of respondents

A perusal of the data accorded in Table no.1 clearly indicate that majority of tribal respondents 160 (53.3%) suffered severely with the problems in adoption of contraceptive methods, where as a considerable number of respondents 72 (24%) reported that they have perceived the constraints with least severe magnitude. Further relatively less number of respondents 68 (22.7%) were reported in the category of most severe constraints in adoption of contraceptive methods.

A close observation of the data indicate that the number of rural tribal respondents 90 (56.3%) in the category of severe constraints was much higher than that of urban tribal women 70 (43.8%). Obviously the number of urban tribal respondents in the category of most severe constraints was more 44 (64.7%) than that of rural tribal respondents 24 (35.3%). An overview of the data show that the respondents in general and rural tribal in specific have perceived the constraints severe in adoption of contraceptive methods in the study area. This may be due to lower socio- economic status, illiteracy or poor Educational standard, rigid social system that might have led to severe problem for them.

Constraints perceived by the rural and urban tribal respondents regarding contraceptive methods

Scientific research in the field of contraceptive technology is moving very fast. There is no dearth of technical know how in these days of advanced technology but the most complex and significant problem of our age is timely dissemination of contraceptive technology and its proper utilisation by the married couples. There may be innumerable constraints before the tribal women, consequently they are not adopting the contraceptive methods to the extent as expected. Therefore an attempt has been made to identify the constraints in adoption of contraceptive methods. The constraints perceived by the respondents have been presented as under. The perusal of Table2 revealed that technical constraints in contraceptive methods were perceived as most important constraints by respondents with MPS 68.83 and were ranked first. This was followed by other constraints, constraints related to method, constraints related to health, social constraints aspects. They had MPS 61.88,56.56,55.71 respectively. The constraints which were perceived with less intensity was financial constraints (50.83)was ranked at VI.

Table 2: Constraints perceived by the rural and urban tribal respondents regarding contraceptive methods

Constraints	Rural tribal		Urban tribal		Total	
	MPS	Rank	MPS	Rank	MPS	Rank
Constraints related to methods	57.78	III	55.33	IV	56.56	III
Financial constraints	50.33	VI	51.33	VI	50.83	VI
Technical constraints	66.33	I	71.33	I	68.83	I
Social constraints	53.27	V	53.47	V	53.37	V
Health Constraint	55.00	IV	56.42	III	55.71	IV
Other constraints	60.62	II	63.14	II	61.88	II

A close observation of data indicates that technical constraints were faced maximum in both areas but the number is higher in urban areas with MPS 71.33 than rural areas with MPS 66.33. Vishwanathan *et al.*⁵ found that inadequate knowledge of contraceptive methods and incomplete information about where to obtain methods, how to use them are main constraints for not adopting birth control methods. The reason might be illiteracy and lack of awareness so there is need by concerned agencies to organise the training programme and guide the tribal people about technical know how about contraceptive methods. Mishra *et al.*² observed that most common cause of non use was lack of information about the contraceptive methods (28.99%) followed by fear of side effects from the methods (21.89%), inadequate supply of the condom. Cultural influence of gender preference and economic factors like loss of wage and inconvenient timing for procurement of contraceptives also played a role.

Gogoi¹ also found that unmet need (11%), non availability of the contraceptives (11%), fear of side effects (14.81%) and pressure from husband (7.41%) are main constraints for non adoption of population control measures.

Other constraints were faced by rural and urban tribal women equally and ranked II but the number is again higher in urban areas with MPS 63.14 than rural areas with MPS 60.62. Other constraints are lack of regular supply of contraceptive, doubt to infertility in future, desire for more children, lack of privacy, desire for son etc. Pal and Makepeace³ pointed out that desire for further children including a son, menopause, difficult to be pregnant afterwards, health problem, family opposition including opposition by husband, religious reasons, inconvenience and dislike of existing methods, lack of knowledge, fear of sterilisation or difficulty to work afterwards are main constraints for not using any contraceptive methods.

According to Ranjan kumar the main constraints for not using contraception among

tribal women are self resistance to use was the leading reasons cited by tribal women. The self opposition to use contraception might be due to health concerns and lack of knowledge about sterilisation. There were very high proportion of tribal women who explained health concern, fear of side effects. 11% tribal women who did not know any method of contraception. More than 5 % of the women expressed that they did not know the source from where to get the contraceptive methods.

Urban tribal women stated constraints related to health is III important constraints with MPS 56.42 while rural tribal women shows attention on constraints related to methods with MPS 57.78 . The least two constraints which were faced by rural and urban tribal respondents are social constraints and financial constraints and ranked V and VI. Again the number is slightly higher among urban areas than rural areas.

CONCLUSION

It can be concluded that the contraceptive usage and constraints remain substantially high among rural tribal women in study area. A very high difference in contraceptive usage among rural and rural tribal women was observed. The most important is improving literacy among the tribal couples that would significantly contribute to these efforts. Focus on improving information, education and communication (IEC) activities is the key to addressing the unmet needs for contraception along with easily accessible, convenient and good quality methods of family planning. Role of husbands needs to be strengthened.

If the goal is to create a demand for adoption of family planning and services, a check in the potential future unmet category is needed. A simultaneous attention to the health system strengthening component is crucial for ensuring sustained delivery of good quality services. Development of the family planning strategy is an important milestone and should be followed up with implementation, resource allocation and equity based monitoring and evaluation.

Human fertility is determined by many factors such as customs, morals and habits of social groups with regard to marital obligations of life. Adoption of contraceptive methods varies within and between societies and there are many factors which are responsible for such variations at community, family and individual level. Socio economic environment, culture and education are few of them that play a vital role. Son preference, women's age, literacy, number of living children also influence contraceptive use. Despite constant efforts by the government, constraints in adoption of contraceptives still remain. It is suggested that government and concerned agencies motivate the tribal people for education and policy makers, demographers, sociologists and subject matter specialist should try to make a policy for tribal people for their social and economical upliftment and better living standard.

REFERENCES

1. Gogoi, M., A KAP studies on family planning among the plain tribes woman in rural context of Assam. *International journal of Applied Research*, **2(7)**: 258-263 (2016).
2. Misra, R., Lahiri S., Chaudhry, A., Soren, A.B. and Pal, B., Contraceptive Behaviour of Tribal eligible couples in Bankura district of West Bengal. *International journal of innovative research & development*, **3 (6)**: 375-380 (2014).
3. Pal, S. and Makepeace, G., Current contraceptive use in India: Has the role of Women's Education been overemphasised. *The European Journal of Development Research*, **15(1)**: 146-169 (2003.)
4. Prusty, R., Use of contraceptives and unmet need for family planning among Tribal women in India and selected hilly states. *Journal of health, population and nutrition*, **32(2)**: 342-355 (2014).
5. Vishwanathan, H., Godfrey, S. and Yinger, N., Reaching women : A study of unmet need in Uttar Pradesh, India. Washington, D.C., *International centre for Research on women* (1998).