

## **Schedule Caste Women and Family Planning In Karnataka-A Critical Analysis**

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**ABSTRACT:** *In spite of the longest experience of the family planning programme, India is still to attain the desired reduction in its level of fertility. The target year to achieve the replacement level fertility for the country has been deferred by more than a decade from the year 2001 to 2011-16. The programme is being characterized by an enormous variation in its performance over the region, at the state as well as over districts in a state. Surely, there is a need to investigate what works in a specific situation and evolve area specific strategies and intervention programmes made especially among the women who are in the lower strata of the society like the schedule castes. Studies revealing the determinants of family planning acceptance and reasons for non-acceptance will facilitate the strengthening of the programmes of the state. We need to know more about the individual role of the socio-cultural factors and the programme factors, particularly the quality of family welfare services and care in influencing the variation in the family planning performance among the schedule castes women.*

*The scheduled caste form about 16.2 percent of the Karnataka total population (Census of India, 2001). It will be of interesting to know the family planning behaviour of this group and whether and to what extent their behaviour differs from the other caste group. There are a few surveys, which provide information on the differential level of family planning practice among the different caste groups. A pilot study made in the Bangalore district of Karnataka showed that family planning practice was low among the scheduled caste, in comparison to the other caste group.*

*Another study carried out in the rural areas in the Bangalore district showed the extent of family planning practice between the scheduled castes. The practice was, however, less among the scheduled castes. To have a greater prevalence of contraception, as well as the demand for receiving such services, it is imperative that couples among the schedule caste women have no thorough knowledge about various contraceptive methods offered in the programme. Studies conducted in this direction suggest that knowledge about family planning is almost negative in India and is very critical among the scheduled caste women.*

*Keywords: family planning, schedule caste women, fruitfulness.*

### **I. INTRODUCTION**

Information about knowledge of the family and the use of contraceptive methods is of practical use to policy makers and programme administrators for formulation of policies and strategies. This chapter begins with an appraisal of women's knowledge of contraceptive methods and knowledge of sources of supply of modern contraceptive methods before moving on to a consideration of current and past family planning practice. Special attention is focused on no use, reasons for discontinuation, and intentions to use family planning in the future. The article also contains information on exposure to media concludes with an analysis of attitudes toward family planning.

India launched its state sponsored unique programme in 1951, India's demographic and health profile has changed considerably. The fertility and mortality rates have declined to about two-fifth. The National Family Welfare Programme in India has traditionally sought to promote responsible and Planned Parenthood through voluntary and free choice of methods best suited to individual acceptors. In April 1996, the programme was renamed Reproductive and Child Health (RCH) programme and given a new orientation to meet the health need of women and children more completely.

The programme now aims to cover all aspects of women's reproductive health throughout their lives. With regard to family planning, the new approach emphasizes the target-free promotion of contraceptive use among eligible couples, the provision to couples to choose contraceptive methods and to assure high quality care (IIPS & ORC Macro, 2000). Although Indian Population policy changed over time, the demographic goal to reduce fertility and stabilize population remained its main feature.

The immediate objective of National Population Policy was to address the unmet needs of contraception in order to bring the total fertility rate to replacement level by 2010 and its long-terms objective

was to achieve population stabilization by 2045. Several state Governments also formulates state population policies that were contrary to the principle enshrined in the national policy. Realizing the seriousness of the rapidly growing population and the high infant and child mortality rates, the Government of Madhya Pradesh has decided to set the goal of achieving replacement fertility level of 2.1 by 2011. Nationally, the use of contraception has increased over the period, in a mere period of six and half years between NFHS-1 & NFHS-2, the contraceptive prevalence increased from 41 percent during 1992-93 to 48 in 1998-99 (IIPS & ORC Macro, 2000). But there exist large-scale variations and diversities in the demographic situation and socio-economic and cultural milieu between and within the states and regions of the country.

Contraceptive prevalence in northern and central states is comparatively very low. As per NFHS-2, among large states, Bihar (25%), Uttar Pradesh (28 %) have lowest current use of contraception followed by Rajasthan (40 %), Assam (43%) and Madhya Pradesh (44%). The knowledge and use of contraception is much lower among weaker section of societies. In Madhya Pradesh, only 58.6 percent Scheduled Castes (SC) women in comparison to 32.9 percent among other castes women (IIPS & ORC Macro, 2001). Use of sterilization by couples with three or more children and minor use of spacing methods, particularly in rural areas and Scheduled Caste women, is a major cause for concern.

South India marked by a complex social structure, a predominantly agrarian economy, a difficult and inaccessible terrain, and scattered settlements over vast area, which poses several formidable problems to family planning and reproductive health delivery systems. The region is also one of the most populous regions of India, encompasses highest scheduled caste population.

It is an economically and demographically a developing region - the per-capita income and literacy rate is far lower in these states as compared to other states of the country. The utilization of RCH services, i.e. use of contraception, antenatal and other services are comparatively poor among Scheduled Castes women of this region. The objective of this exercise is to study the knowledge and use of family planning methods among Scheduled Castes women of this region. The paper provides a comprehensive contraceptive use status among Scheduled Castes women of Karnataka. Besides this, an attempt is also made to know how a comparative analysis between them is carried out.

## **II. SOURCES OF FAMILY PLANNING METHODS**

Family planning methods and services in India are provided primarily through a network of Government Hospitals and Urban Family Welfare Centers in urban areas and Primary Health Centers (PHC) and Sub Centers in rural areas. Sterilization and IUD insertions are carried out mostly in Government Hospitals and PHCs.

Almost 91 percent Scheduled Castes women user reported that they received contraception from public sources whereas only about 77 percent non-Scheduled Castes women couples received it from Government sources. Private sector, including private hospital/clinic, doctors, nurses, and drug stores supplied contraceptives to only 9 percent of currently using tribal couples, but 22 percent non-tribal couples received contraceptive methods from private sector. Similarly in case of sterilization about 98 percent of sterilized Scheduled Castes women couples and 91 non-tribal couples adopted sterilization at public sector.

Among public sources, Government Hospital and CHC/PHC centers supplied about half of total contraception used. Family Planning or RCH camps are another major source of contraceptive supply. About 38 percent Scheduled Castes women and 23 percent non-tribal women received contraceptives from Family planning or RCH camps. In case of sterilization, about 52 percent Scheduled Castes women couples and 61 percent non-tribal couples were undergone sterilization at Government Hospitals or CHC/PHC centers. However, comparatively more tribal couples (41 percent) in comparison of non-tribal (28.0 percent) undergone sterilization at family planning/RCH camps. This reflects that family planning/RCH camps are attracting more tribal women, or more and more these type of camps are arranged in tribal areas.

The knowledge of family planning method is almost universal and most of the Scheduled Castes women are aware of at least one modern method. However, only 42 percent of them were using family planning methods as compared to 58 percent non-tribal women. Out of 42 percent current users of family planning methods, 32.7 percent were using female sterilization and 1.8 percent male sterilization. This shows that about 82 percent of current users in Scheduled Castes women population were sterilization users only. Bi-variate results show that use of sterilization increases with age of women, marital duration, female literacy, and number of surviving male child.

Realizing the seriousness of the rapidly growing population and the high infant and child mortality rates, the Government of Karnataka has decided to set the goal of achieving replacement fertility level of 2.1 by 2011. Nationally, the use of contraception has increased over the period, in a mere period of six and half years between NFHS-1 & NFHS-2, the contraceptive prevalence increased from 41 percent during 1992-93 to 48 in

1998-99. But there exist large-scale variations and diversities in the demographic situation and socio-economic and cultural milieu between and within the states and regions of the country.

Contraceptive prevalence in northern and central states is comparatively very low. As per NFHS-2, among large states, Bihar (25%), Uttar Pradesh (28%) have lowest current use of contraception followed by Rajasthan (40%), Assam (43%) and Madhya Pradesh (44%). The knowledge and use of contraception is much lower among weaker section of societies. In Karnataka, only 37.7 percent Scheduled Castes (SC) women used any contraception in comparison to 54.7 percent among other castes women. Use of sterilization by couples with three or more children and minor use of spacing methods, particularly in rural areas and tribal women, is a major cause for concern. Karnataka marked by a complex social structure, a predominantly agrarian economy, a difficult and inaccessible terrain, and scattered settlements over vast area, which poses several formidable problems to family planning and reproductive health delivery systems. The region is also a populous regions of India, encompasses Scheduled Castes women population.

Awareness plays an important role in motivating females to have a favorable attitude towards family planning. The study revealed that almost all Scheduled Castes women know at least one family planning methods (modern or traditional), however, the knowledge of temporary methods is relatively poor among them.

The findings of the study are similar to many other micro level studies carried out among tribes of central India. The poor literacy status and limited availability of mass media, such as radio and T.V. in Scheduled Castes areas also play a role in impoverished awareness of temporary contraceptive methods. The Government higher reliance on female sterilization and its endorsement promote higher knowledge and use of sterilization. ICRW study in Karnataka also illustrate that though the Government has recently shifted away from its long standing policy of promoting female sterilization as the primary form of family planning, the reality is that Government health service providers offers very little information about and access to temporary methods of contraception (ICRW, 2004). The main reason being sterilization requires one time motivation which vigorously promoted by health workers and was independent of educational attainment of the acceptors, whereas the motivation for the spacing methods requires sustained efforts.

The knowledge of traditional methods is also lower among Scheduled Castes women, this could be because of since traditional methods of birth control were practiced by only few Scheduled Castes men, this knowledge was largely inherited. It was, therefore, not unusual that a large segment of population was not knowledgeable about traditional methods of family planning. On the other hand, persistent and widespread message by the state Government on the availability of modern contraceptive methods leads to better awareness about modern contraceptive methods among the people. The wide gap between knowledge and use of contraception is observed and the gap was significantly wider for tribal women than that for non-tribal women. The present study showed that almost all women of Karnataka knew at least one contraceptive method, but only about half of them were using any contraceptive method.

The contraceptive prevalence among Scheduled Castes women is relatively lower -about 42 percent of Scheduled Castes women used some method of contraception against 58 percent of other couples. Inadequate knowledge of contraceptive methods, and incomplete or erroneous information about where to obtain methods and how to use them are the main reasons for not accepting family planning in India. Among users of family planning, more than eighty percent Scheduled Castes women couples are using a non-reversible method. The female sterilization alone contributed for more than three-fourth of total contraception uses. Which suggest that Scheduled Castes women are mainly using family planning methods to limit their family size and spacing of children is quite neglected in central India.

The higher acceptance of sterilization among Scheduled Castes women is due to their poor economic condition and the financial incentives associated with sterilization. Unsystematic ways of motivation for spacing methods by health work Scheduled Castes women could be contributing factors for their heavy reliance on sterilization. Many micro level studies conducted among most backward primitive Scheduled Castes women in India also revealed that despite of Government ban on sterilization among primitive tribes in 1979, monetary reasons are most important reasons for higher acceptance of sterilization in these groups. These micro level studies also explored that in some Scheduled Castes women, in about 15 - 20 percent cases both husbands and their wives adopted sterilization.

This is mainly because of monetary incentives associated with sterilization and over emphasizes on sterilization by Government health service providers. The many other level studies demonstrated that most of tribal women undergone sterilization after completing their family size, i.e. after having at least three surviving children. The present study also shows similar results and illustrated that most of sterilized couple adopted sterilization after having three surviving children or having at least two surviving sons.

Many other studies carried out in Scheduled Castes women communities of the region showed that most of sterilized women adopt sterilization after completing 35 years, and mean age of women at the time of sterilization vary from 34-36 years. But the present study shows that about two-third of women adopt sterilization in their twenties (20- 29 years). This is really a matter of concern that why more and more women

are accepting sterilization in that yearly ages. Early age at marriage, higher illiteracy, poor awareness about the other contraceptive methods and monetary and other incentives associated with sterilization are few possible cause of high reliance and acceptance of sterilization in younger ages.

The National Population Policy affirm the government's commitment to the provision of quality service, information and counseling, and expanding contraceptive method choices in order to enable people to make voluntary and informed choices. But it is also now widely acknowledged that the quality of family planning services is generally poor. Little consideration is given to interpersonal interactions. The present study also shows that only two out of ten sterilized couples were told about the possible side effect of sterilization before the sterilization and only one-third received any post-operation follow-ups.

### **III. CONCLUSION**

It is important to learn that there are considerable differences in the awareness and use of contraception among Scheduled Castes women population of Karnataka. Though the knowledge of at least one contraceptive method is almost universal among women, but the knowledge of temporary methods is much lower among Scheduled Castes women. More than forty percent tribal women are not aware about modern spacing methods. A wide gap between knowledge and use of contraception exists among both tribal and non tribal women, but contraceptive prevalence is significantly lower among tribal women. About eighty percent of total contraceptive users in backward communities are using sterilization and merely 3 percent of them use any modern temporary methods. Although sterilization is safe and most effective technique, but it cannot serve the needs of all couples in the different stages of the reproductive life cycle. Thus, a large proportion of couples remained unsaved because of non-availability of proper contractive technology.

Temporary contraceptive methods allow women who may want children in the future to control their fertility now. In a country such as India with high infant and child mortality rates, women who already have children may wish to keep the option open to have more until they feel confident that the children they already have will survive. In such situation, temporary contraceptive methods can play an important role in helping women achieve their goals for completed family size. Thus family welfare programme need to do more to promote knowledge of modern spacing methods through education campaigns and IEC programme in tribal areas and make serious efforts to fulfill the unmet need of spacing methods.

Many studies shows that very often people do not utilize the family planning facilities available to them. This is particularly conspicuous in case of poor Scheduled Castes women. Many women also face family opposition to use the use of temporary contraceptives. Within the patriarchal setup in India, women have relatively little power. The role of husband has been noted in several studies of decision making related to the use of contraception, especially during the early years of marriage. But in Scheduled Castes women and the involvement of husband in decision making regarding family planning use is almost nil. Thus there is a need to involve husbands in family planning programme. The involvement of males in family planning programme will help in promoting temporary methods in these communities.

The lower use of temporary contraceptive methods by tribal communities and their higher reliance on sterilization is a matter of concern. The study demonstrated that most of Scheduled Castes women undergone sterilization in their twenties, this is another serious concern which need to be looked at more critically. Many studies conducted in the Scheduled Castes women of Karnataka reported that despite a ban on sterilization among Scheduled Castes women many couples adopted sterilization because of monetary incentives. Thus Government should seriously re-think about it policy of monetary incentives to sterilization acceptors in tribal areas, particularly in Scheduled Castes. In poor, rural, and Scheduled Castes, supplies of temporary contraceptives at primary health centers and local clinics are frequently inadequate or absent.

Thus to increase use of contraception, especially in peak reproductive age groups, family planning programme needs to strengthen its supply chain – including regular supply of Pills, IUD and condoms, and improvement in the quality of family planning services is essential. However, the finding of study suggests a need for strengthening the overall family planning programme in the Karnataka. State Government in the region clearly need a revamping in their health education and IEC activities to boost up the knowledge and use of modern temporary methods in this region.

Human development, as a concept, will have little value or significance until the human development levels of disadvantaged people, particularly of the Scheduled Castes are raised to the levels of those of the dominant classes. Both the Central and the state governments have implemented policies directed at the socio-economic empowerment of the Scheduled Castes.

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