ABSTRACT

India has the distinction of world first country to adopt family planning as national population policy in 1952. Complexity in implementing family planning policies in India arises due to multi-ethnicity of Indian population. Most of the population or ethnic groups have their own reservations about family planning. The level and acceptance of family planning, therefore, varies from population to population. Goalpara district of Assam is also characterized by heterogeneity of population composition. The population growth rate of the district is exceptionally higher than the state and national average. The district is predominantly inhabited by the Muslim population, Tribal population and the Assamese Caste Hindu population. It is presumed that, due to different socio-cultural background of these population groups, there is variation in accepting family planning measures among these communities. In this study, three population groups, namely, The Assamese Caste Hindu, the Boro Kachari and the Muslim population groups of Goalpara district have been selected.

The specific objectives of the study are:

(i) To study the family planning behaviour of three ethnic groups of Goalpara district of Assam in context of their knowledge, attitude and the practice of family planning.
(ii) To determine the level of variation, if any, in the practice of family planning among the three ethnic groups sharing common health care and other facilities.
(iii) To assess the various causes of variation in acceptance and non-acceptance of family planning measures in relation to some of the socio-cultural and demographic characteristics of the three communities, such as,
education, occupation, age at marriage, sex of the children, desired family size, sex preference, communication between husband and wife, etc., and to assess their roles in governing the family planning characteristics of the proposed ethnic groups. (iv) To identify the social constraints, if any, in acceptance of family planning measures among the three proposed ethnic groups. (v) To make suggestion for formulation and effective implementation of family planning policies.

To generate a comprehensive theoretical framework for studying family planning among the married couples in a multi-ethnic setting, following hypotheses have been formulated to fulfill the objectives: (i) It is expected that knowledge of family planning and its practice is associated with the educational level of the women. (ii) It is expected that there is a positive relationship between practices of family planning with the age and age at marriage of the women. (iii) It is expected that the practices of family planning is positively associated with the size of the family. (iv) It is expected that the practice of family planning is associated with the sex of the living children.

For collection of information, 300 ever married women of each community within the reproductive age group 15-49 year are selected as respondent for the study. The respondents are selected from nine villages of Goalpara district by random sampling method.

The findings of the study clearly show that more than 95 per cent of the respondents of all the three population groups know at least one or more than one methods of family planning. A very little variation in knowledge about family planning is found among the three study populations. Knowledge of modern method is more widespread than the traditional method of family planning. Among the modern method,
female sterilization, oral pill, and condom are the most widely known contraceptives, while male sterilization, IUDs and injectables are comparatively less known. The present study shows that 94 per cent of the Boro Kacharis, 93 per cent of the Assamese Caste Hindus and 84 per cent of the Muslim respondents have favourable attitude towards family planning. However, the proportions of family planning users are not at par with the proportion of women having knowledge of family planning. Results show that 63 per cent of the Assamese Caste Hindus, 59.33 per cent of the Boro Kacharis and 53 per cent of the Muslim respondents are currently using modern family planning methods, either by themselves or by their husband. The proportion of couples adopting temporary spacing method than that of the permanent method of contraception is higher in all the three population groups. Fear of side effects, opposition from husband and lack of infrastructural medical facilities for sterilization are the paramount causes for lesser adoption of permanent method. Attainment of ideal size of family, decrease in family size, increase of cost involvement in maintaining large family size including educational cost of the children, decreasing role of children in economic activities of the family, etc. are some of the factors responsible for increasing rate of adoption of family planning. Statistically, it has been found that family size is significantly associated with the adoption level of family planning. Study reveals that 84 per cent of the Assamese Caste Hindu, 75 per cent of the Boro Kachari and 70 per cent of the Muslim have stated two children as their ideal number of children. The average number of living children per women is highest in the Muslim (2.44 children) as compared to the Boro Kachari (2.19 children) and the Assamese Caste Hindu (1.56 children). It is also observed that 57 per
cent of the Assamese Caste Hindu women, 53 per cent of the Muslim women and 52 per cent of the Boro Kachari women want to limit their child bearing. These findings suggest the potential demand for family planning among the three population groups. It is also found that 50.63 per cent of the Muslim, 34.40 per cent of the Assamese Caste Hindu and 18.11 per cent of the Boro Kachari respondents has expressed economic reason as the cause for adoption of family planning. The desire for son is highest among the Muslim respondents (55%), followed by the Assamese Caste Hindu (54.55%) and the Boro Kachari (50.88%). The sex composition of the children also plays a role in determining the family planning behaviour. In this study, it is statistically proved that there is close link between practices of family planning and the sex of the living children. The Boro Kachari women are delaying their first birth after marriage, while the Muslim women has the shortest gap between marriage and the first birth, followed by the Assamese Caste Hindu women. The study has also revealed that Muslim respondents have the shortest birth interval between consecutive births, followed by the Boro Kachari and the Assamese Caste Hindu women.

More than half of the Muslim respondents and 47 per cent of their husbands are totally illiterate, while it is 8 per cent (respondents) and 18 percent (husband) among the Boro Kacharis and only 4 percent (respondent) and 3 per cent (husband) among the Assamese Caste Hindus. Statistically, a positive association between the educational level and current practice of family planning is found in all the three studied population groups. More than 60 per cent of the Muslim girls get married before 18 years as compared to 15 per cent and 13 per cent of the Assamese caste Hindus and the Boro Kacharis, respectively. The
findings of the study clearly reveals that the use of contraceptive increases with increase in age at marriage in the Boro Kachari women, while it is opposite in case of the Muslim women. In the Assamese Caste Hindu women, the use of contraceptive is almost uniform irrespective of their age at marriage. Statistically also, it is proved that age at marriage of the Boro Kachari and the Muslim women are associated with the practice of family planning, while no such association is found in the Assamese women. The study has found that though there is no direct impact of religion on the adoption of family planning measures, yet certain socio-religious outlook exerts certain influences on the family planning behaviour in all the three population groups.

The thesis concludes that socio-cultural characteristics of a population directly influence the family planning behaviour. Therefore, the study suggests improvement of socio-economic conditions of the women as pre-requisite criteria for a fruitful family planning programme. Strengthening of health infrastructure is pertinent to promote permanent methods of contraception among the needy couples. It also recommends specific population wise family planning policies based on specific studies instead of uniform family planning policies. Efforts should be made to bring down the gap in the adoption rate of family planning measures to avoid serious consequences of demographic imbalances.