CHAPTER 8

SUMMARY
OF
FINDINGS AND CONCLUSION
8.1 SUMMARY OF FINDINGS:

The thesis is based on empirical investigations, which it is hoped, will provide certain insight to the policy-makers of the state to formulate appropriate policy relating to contraceptive use in the background of socio-economic and demographic status of the currently married women in the state of Assam in general and undivided Darrang district in particular. A summary of the foregoing chapters will help in suggesting the broad contours of appropriate strategy and policy related to contraceptive use amongst the currently married women in the district.

Chapter-I being an introductory one, besides highlighting the development of the women's movement and the concept of family planning, abroad and in the country, has focused on the relative position of India in the World Chart of contraceptive use, the relative position of the state of Assam vis-a-vis other states of India, inter district comparison with regards to contraceptive prevalence rate and the unmet need in the background of some selected socio-economic and demographic attributes of the users based on the report of Family Welfare Statistics, India, NFHS, DLHS and state and District Family Welfare Bureau. Though the Government of India has adopted various programmes and policies for family planning to check the growth rate of population yet, the response of the people to the programme is not satisfactory and it differs from people to people of different caste, tribe, religion and region.
It appears from the comparative data analysis of the NFHS-1, NFHS-2 and NFHS-3 and also the DLHS-1 and DLHS-2 that the backward regions with lower GDI and HDI indices have been performing consistently poor in the context of family planning practices. Assam is ranked in the bottom list of the GDI and HDI tables and marked as one of the poor performing states in the country in this respect. An inter district comparative study of HDI and GDI indices in Assam (HDI Report, Assam, 2003) shows that Darrang district is one of the districts with poor socio-economic indicators (22nd in HDI rank and 18th in GDI rank) in Assam. Total Fertility Rate of the district (3.4) has been estimated higher than the state average. The mean number of children ever born to women within 15-49 age groups is considerably high and it even differs widely among the different communities with respect to religion, caste, tribe and culture (Table-1.28). On the other hand, the use of contraceptive (any modern method) by the married couples in the district of Darrang has been recorded higher than the state average by DLHS-2 Report. The wide gap of acceptance of family planning between main land people (56.5 percent) and the Char people (11 percent) as reported by the District Family Welfare Bureau, Darrang 2007, (Table-1.27), provides space for an in-depth study of the pattern and extent of family planning practices by the couples from different communities- Tribal, Non-tribal i.e. SC, General Caste Hindu and Muslim and the Char women with their distinguished socio-economic and demographic background in Darrang.

While presenting the socio-economic and demographic background of the currently married women in Chapter-II based on our
sample survey, it has been found that out of 724 currently married women with at least one living child, the General Caste Hindu women constitutes the highest proportion (39.9 percent) and the ST (Bodo), SC, Muslim and the Char women constitute 19.1 percent, 15.6 percent, 16.0 percent and 9.4 percent respectively. The total illiteracy rate of the respondents is 22.7 percent. Majority of the respondents (82.5 percent) are housewives while, the household income of the bulk of the respondents (31.5 percent) are in the income group of less than Rs. 5000/-. One fourth of the total respondents (i.e. 25.4 percent) are in the age group of 25-29 years and the mean age at marriage of the respondents is 17.8 years. The average desired family size is 2.99 children while, their mean number of living children is 3. From the demographic profile of the study, it is also observed that out of 724 respondents, 27.2 percent and 49 percent had experienced child loss and abortion (either spontaneous or induced) respectively.

On the other hand, the demographic attributes of 724 respondents related to the family planning reveal that the knowledge of any method of contraception is more or less universal (i.e. 98.2 percent), while, the knowledge of all methods is comparatively low (i.e. 34.7 percent). The current use of contraceptive of the currently married women in our sample study with at least one child is only 55.4 percent. Pill users constitute a major proportion (69.6 percent) of the total user in our sample study, followed by the adopters of female sterilization (21.4 percent) and the condom user (18.0 percent). The users of injectables and IUD / Coper-T together constitute 9.7
percent while, the proportion of the users of other methods (traditional methods) are comparatively negligible i.e. 4.2 percent.

Chapter-III makes a comparative study of socio-economic and demographic status of the Tribal, Non-tribal (SC, General Caste Hindu and Muslim) and Char women based on the survey data. Amongst the five selected groups of respondents, the General Caste Hindu women have been found to be most affluent in respect to the socio-economic and demographic status while the Char women the least. The rate of illiteracy (of both the respondents and husbands) is least amongst the General Caste Hindu (i.e. 2.4 percent and 0.2 percent respectively) followed by SC (11.5 and 5.3 percent respectively), Muslims (25.0 and 5.3 percent respectively), ST (39.9 and 22.5 percent respectively) and it is found to be the highest amongst the Char respondents (88.2 and 70.5 percents respectively). Thus, the disparity of male and female illiteracy has been found to be highest amongst the Muslims and least amongst the General Caste Hindu.

Majority of the families i.e. 94.0 percent in the Char area are found in the category of monthly family income below Rs.5000/-. The monthly family income status of the ST (Bodo) women and the Muslim women in our sample study is found more or less the same i.e. comparatively a major proportion belongs to the income category below Rs.10,000/-. The income status of the General Caste Hindu women in our sample study is found highest i.e. major proportion belong to the highest income category of Rs.10,000/- and above. The General Caste Hindu women are also found more affluent in respect to
the asset holdings as most of them are urban dwellers and service holders. Only 3.6 percent of them are land less, 69.7 percent are the owner of both agricultural land and house, 26.7 percent are the owner of house and other properties. The property status associated with the assets holdings in case of the SC, ST and Muslim women are more or less the same (i.e. most of them have the agricultural land and house). The property status of the Char women is found very poor as they are often being displaced by the land erosion and during the flood.

Lowest current mean age, lowest mean age at marriage and lowest mean age at the 1st birth of child characterise the Char women in our sample study and this is followed by the SC, Muslim, ST and General Caste Hindu women respectively. As a consequence of this, Char women having the mean number of living children (i.e. 3) which is lower than that of the ST women (i.e. 4) but, equal to that of the SC and Muslims women, correspond to highest expected birth of children. The mean number of living children is found to be least amongst the General Caste Hindu woman (i.e. 2).

Proportions of multiple pregnancies and abortions are found to be highest in the Char area while it (both spontaneous and induced) is found the least amongst the General Caste Hindu women. Poor reproductive health also accounts for higher child death. It is found highest amongst the Char women (i.e. 60 percent) and the least (i.e. 13 percent) amongst the General Caste Hindu women while, it is found 40 percent amongst the ST (Bodo)
women and 34 percent and 21 percent amongst the Muslim and SC women respectively.

The exposure to the family planning programme is found around 90 percent and above amongst the respondents other than the Char respondents. This is because the household amenities including electricity and the mode of transportation or communication in the char area are very poor. The financial incentive to the beneficiaries of female sterilization and the camp based female sterilization programme in the rural area, particularly in the ST and SC villages, have been identified as the major causes of higher acceptance of female sterilization amongst the ST (68.0 percent) and the SC women (62.0 percent) in our study. On the other hand, the General Caste Hindu women being the most privileged group in our sample study are more aware of the family planning and inclined towards the modern spacing method. In the Char area, the use of contraceptive is regarded as against religion and hence, the current use of contraception is found very nominal, (only the oral pill users) i.e. 7.4 percent (which is even lower than the report of the District Family Welfare Bureau Report, 2003 i.e. 11 percent).

Bodo women have been observed to have more autonomy in the choice of contraception and to decide the number of children (son or daughter) than that of their non-tribal counter parts, including the privileged General Caste Hindu women. The Char women have no say in the decision making regarding the number of children and the use of contraceptive. But, Muslim women with better socio-economic and demographic background
compared to the Char women, are found to participate jointly with their husbands in certain spheres of reproductive decision making and some of them take decision regarding the choice of contraception (spacing method). It is also observed that amongst the poor, illiterate or less educated working SC women, the decision regarding the choice of terminal method to limit the size of the family lies with the women as they have the financial autonomy.

Chapter-IV makes a review of the rural urban differential use of contraception in the district. The total use of contraception is found higher in the urban area than in the rural area. The total use of contraception is found to increase with the increase in the level of education of the respondents. But, after a certain level of education (i.e. up to matriculation or higher secondary education and above), it reaches a plateau. The other variable that has an influence on the total use of contraception is the husband's education. It is found that with the attainment of education up to primary school amongst the husbands in the urban area, the use of contraception increases significantly and it gradually increases with the increase of husband's education. The use of contraception in the urban area has been found to be 64.0 percent when the husbands have attained the level of education up to matriculation or higher secondary and above. Similar trend has also been observed in the rural area.

Though the use of contraception is also observed to increase with the increase in the income of the respondents but, a considerable proportion of the total users in the rural area are found in the lower income category.
Free distribution of oral pills and condoms at the health centres and the familial support from the relatives in the rural society have been identified as the major factors responsible for easy access to the family planning amongst the respondents belonging to the lower income category in the rural area.

The mean age of total users of contraception is found to be higher i.e. 30 years in the urban area while, in the rural area, it is still higher i.e. 31 years. This reduces the effective use of contraception. The higher mean age as well as higher mean number of children of the users of contraception, as a whole in our sample study, has made the family planning programmes partially ineffective in the district and particularly in the rural area.

Chapter-V outlines the socio-economic and demographic factors affecting the choice between terminal and spacing methods of contraception amongst the respondents. The current mean age of the women who opted for female sterilization (32.3 years) has been observed to be high in our sample study. It is revealed that the most of the women generally opted for sterilization to limit the size of their family after attaining the peak period of fertility in their reproductive life. This reduces the effectiveness of the use of sterilization. On the other hand, the current mean age of the users of modern spacing method in our sample study is also found considerably high (28.4 years). Moreover, the use of modern spacing method has been less effective as most of the users have adopted the spacing method after the birth of the second child. Due to fear of side effects and the existence of social taboos associated with female sterilization, a considerable proportion of women in
the higher age group i.e. 30 years and above, have taken recourse to the modern spacing method instead of sterilization, as the means to limit the size of the family.

Female sterilization is preferred by the less educated women. The use of sterilization is found common amongst the women in the lower economic stratum. The scheme of financial incentives for the beneficiaries of female sterilization has attracted most of the couples in the lower economic category. On the other hand, modern spacing method is commonly used by the better-educated and wealthier women in our sample study.

Son preference as reflected by the use of sterilization by the women in our sample study of the undivided Darrang district is comparatively less pronounced in case of the ST (Bodo) women in comparison to their non-tribal counter parts. 22.0 percent of ST women have opted for sterilization with no son while 11.8 percent of General Caste Hindu women have opted for sterilization with no son. The proportion of SC and Muslim women who opted for sterilization having no son is found to be nil in our sample study. On the other hand, the proportion of ST women with no daughter, opting for limiting the size of the family, is found less in proportion i.e. 24 percent as compared to their non-tribal counter parts i.e. 38.5 percent of SC, 41.2 percent of General Caste Hindu. However, amongst the Muslim women it is found to be nil (Table-5.A.5 and Table- 5.A.6 in Chapter- V).

Major proportion of respondents wanted to have next child immediately without spacing to attain the desired sex composition of the
children when the older child happened to be a daughter while, they wanted to space the next birth of the child when the older child happened to be a son. But, exception has been found in case of the Bodo women. The average spacing has been found to be higher (i.e. 2.1 years) amongst the Bodo women when the older child happened to be a daughter as compared to their non-tribal counter parts (Table- 5.B.7).

In our field study, it has been observed that health workers like the ASHA and ANM are mainly appointed to render service to the pregnant women for vaccination and to promote institutional deliveries. Moreover, they generally counsel the women for opting for sterilization as it yields financial incentives to them. Most of female sterilization in the rural area in our sample study is done under the medical camp. A considerable proportion of women (i.e. 25 percent) using modern spacing method have to cover a distance of 3-4 kilometres to have access to the source and quality services of family planning as the nearest health centre are short of adequate and quality supply of contraceptive. An easy access to qualitative family planning services can improve the use of modern spacing methods amongst the currently married women in the district.

Chapter-VI makes a review of the reason components of unmet need of the currently married women in the district. Total unmet need in our sample study of 724 currently married women is estimated at 37.8 percent. The unmet need for limiting is observed to be 44.5 percent while, it has been 55.5 percent for spacing. Three reason components of not using
contraception amongst the 274 women in our sample study are the want for children at later date (13.9 percent), private inconvenience (60.9 percent) and social inconvenience (25.9 percent). The proportion of women with unmet need has been found to be highest in the reason component of private inconvenience in both the urban and rural area. But, the proportion of unmet need is found higher in the reason components of social inconvenience in the rural area as against that in the urban area. Amongst the General Caste Hindu women, private inconvenience like, health related reasons for not using contraception is found to be the major reason of unmet need. But, reasons of private inconvenience like, knowledge and method related reasons for not using contraception are found to be higher amongst the ST and SC women. The Muslim women are tightly bound by the social customs and traditions, particularly in the rural area. A major proportion of the Muslim women and Char women (i.e. 42.5 percent and 71.4 percent respectively) reported social inconvenience as the major cause of not using contraception (Table-6.6).

Illiteracy (of both the respondents and the husbands), and poor economic status have been identified as the most important socio-economic variables for the poor accessibility to and poor knowledge of contraception. On the other hand, private inconvenience (like health related reasons) has been found as the major cause of unmet need amongst the literate and educated women and the women belonging to the higher economic stratum.
This implies that socio-economically privileged women have a better knowledge regarding the reproductive health of women and family planning.

Most of the women in the younger age group (i.e. below 30 years) reported that want for children at later date as the major reasons of unmet need while, women in the older age group (i.e. above 30 years) reported private inconvenience such as health and the method related reasons of unmet need. Women with larger number of children (i.e. with 2 or more than 2 children) showed social and private inconveniences as the prime causes of unmet need. Preference for son has also been observed to be the major cause of unmet need amongst the respondents. A major proportion of women with no son have cited the reason like want for children at later date (i.e. 31.2 percent) as the prime cause of unmet need while, 23.7 percent showed the social reasons. The unmet need on account for want for additional child at later date has been observed to decrease with the increase in the number of living sons (shown in the Table-6.17). Women who have the experience of loss of at least one child cited social and programme related reasons for unmet need for contraception (for spacing).

Chapter-VII outlines effects of various socio-economic and demographic variables on the use of modern contraceptive. The empirical results of the binary logit regression analysis, based on our sample survey data indicate that the use of modern contraceptive (both sterilization and spacing) is highly influenced by the socio-economic variables like, education,
occupational status, occupational income status, husband-wife discussion on family planning, motivation and caste and communities etc, and demographic variables, like age of the respondents, total number of living children and the number of living sons etc. It is important to note that the husband’s education appeared to be one of the most significant factors to influence the use of contraception among the women. The motivation factor like the motivation by the health workers has been observed to have significant influence on the use of sterilization while, motivation by husband for spacing method has been observed to be more significant. Son preference has been observed to be another significant factor in determining the choice of contraception among the respondents. Respondents have more intensity to opt for terminal method with increasing number of sons while, they have more intensity to opt for spacing (in expectation to have a male child) with lesser number of sons.

8.2 CONCLUSION AND SUGGESTION:

In conclusion, our findings suggest that with the emergence of modern scientific method of contraception and the programme publicity, the use of traditional method of contraception like contraceptive herbs has become less popular and obsolete. Greater exposure to the mass media and family planning messages have raised the awareness of family planning amongst the less educated and poor women in the rural area. Thus, women even in the rural area prefer to use modern method of contraception instead of traditional methods. But, the absence of proper knowledge regarding family planning and the use of modern contraception, inadequate supplies and unsystematic way of motivation by the health workers in the rural area,
have resulted in some method failure and fear of side effects. Most of the respondents cited above reasons for their discontinuation of contraceptive use.

Social customs, like preference for son, are prevalent in our society. The current users have an average of 2 living sons (mean number of living sons of 401 total current users is 1.6) while, the women with unmet need have an average of 1 son (mean number of living sons of 274 women with unmet need is 1.18) and 33.9 percent of the 274 women in the unmet need category have no son. This shows that with respect of son's presence in the family, social norms and values are not changing fast in the un-divided Darrang district of Assam. This kind of fertility preference normally, prevents the couples from adopting small family norm and hence, a desired family size. The current users in our study have an average of 3 living children. This makes the use of contraception less effective amongst couples. However, the preference for son varies with background variables like caste and communities. In the present study the Bodo women who have limited the size of the family, have an average of 2 (or, 1.5) living daughters and an average of 1 (or, 1.4) living son. Moreover, the preference for son is found to be more prominent amongst the women who have adopted small family norms in the urban area.

Analysis of unmet need by reason components clearly shows that there are differences in the reproductive intentions amongst the women in the urban and rural area and amongst the tribal, non-tribal and Char women.
Amongst the rural Muslim women and Char women, social reasons of unmet need are found to be the dominant reason of not using contraception. Amongst the ST (Bodo) and SC women, private inconvenience like programme and method related reasons of unmet need are prominent while, the private inconvenience like health related reason is the dominant reason for unmet need amongst the General Caste Hindu women.

The findings of the empirical study show that the factors like education, particularly the education of husband, has a significant influence on the use of contraception. As the approach of our family planning policy is female oriented, it generates a sense of uneasiness among the illiterate and less educated husbands who view themselves as undesirable and not responsible in the matter of family planning. Hence, the family planning policy should be made more holistic in its approach by increasing the males' involvement in the programme. The other variables like, number of living children, number of living sons, economic status, husband-wife discussion, occupational status and motivation by the health workers, have turned out to be significant or important in explaining the contraceptive use and method choice amongst the couples.

This leads us to make certain prescriptions relating to the promotion of reproductive health of women and the contraceptive use such as extension of family planning services especially to the Muslim, Char and the tribal communities. Information education and communication (IEC)
activities may help in bringing a rapid change in the attitude towards contraception among the couples.

Effort should be made to remove the misconceptions about the use of family planning and convince men about the importance of contraception for the general health and wellbeing of the family. Strategies like promoting education among women and husbands and educating the public (particularly the male members i.e. husbands) about the benefits of the small family norms, delivering health talks to the public and health functionaries on the counter productive results of craze for more sons and children will help to promote the use of contraception and minimise the unmet need.

Strategies should be formulated to increase the use of modern spacing methods amongst the women in the younger age groups to prevent the multiple pregnancies or unwanted births of child and abortions. This will help in bringing down the total fertility of women in the district. Health workers should also be directed to motivate the people to opt for modern spacing method and render backup services to the method adopters. A sustainable effort by the health workers for motivating the couples for spacing method may yield an expected result in this respect.

8.3 LIMITATIONS:

The thesis will remain incomplete unless the limitations of the present research are highlighted. First, it is felt that the limited size of the
sample in our study to draw inferences relating to the reproductive behaviour of the women in the district can be considered as a limitation of the study.

Second, variables like standard of living index based on composition of different variables like size of land owned, number of durable commodities, live stock owned, drinking water facilities, and modern sanitary, etc could have provided us a better insight view of the socio-economic status of the respondents and hence, a better interpretation of the study.

Third, since family planning is the mutual effort of both the wife and the husband, data on the reproductive intentions of the husbands and their attitude towards the use of contraceptive would have provided us useful information to analyse the contraceptive behaviour of the women. Hence, inclusion of male as the respondents in our sample might have yielded us a better analysis in this regard.

Last but not the least, in some cases, there might be some omissions in the process of data collection from the respondents as the quantitative information such as age, monthly family income and expenditure, age at marriage, age at first birth, method chosen, reasons of not using a method, reason of discontinuation and reasons of not intended to use or intended to use in future etc. are from their authentic records and based on their knowledge.