CHAPTER 1
CHAPTER - I

INTRODUCTION

India has a multilingual society with wide variations in demographic situation and socio-economic conditions. People practise different religions and there are numerous cultural identities. Varying social customs and belief favour large family size and militate against adoption of modern contraception methods.

The tribals are one of the social groups of the country which are socially and economically backward. The Indian constitution under article 342 provides special considerations for these people. Very few attempts have been made to study demographic behaviour of the tribals, more so, for the tribals of Madhya Pradesh. As social, cultural and economic characteristics of a population are highly associated with the demographic behaviour, it is desirable to have a look at the population characteristics of tribals in the country and Madhya Pradesh. The growth of tribal population, factors associated with the fertility and family planning behaviour of a population and need of such studies in Gond tribe of Madhya Pradesh. These aspects has been discussed in brief in this chapter.

1.1 TRIBALS SITUATION IN INDIA

The Tribals of India inhabit widely varying ecological and geo climatic conditions in different concentration throughout the country. Through the ages these tribal groups have retained their individual social and cultural identity by rigorous practising of different social customs. This led to formation of biological isolates with their specific individual socio-cultural milieu. It is an established fact that socio-economic factors, socio-cultural variants like nutritional practices are inter related with socio-biological norms such as mating pattern, preferential marital alliances,
age at marriage and they have tremendous impact on the fertility and mortality pattern. The impact of environmental and genetic factors are further additive factors which complicate the situation, harbouring and perpetuating the misconceptions, beliefs and taboos eminating from their primitive socio-regigious system. These also have an additive effect on fertility and family planning in these tribal population groups.

1.2 POPULATION DISTRIBUTION

The total tribal population of India was 6.78 crores, which is 8.08 percent of the India's population (1991 census). They are distributed in 427 groups. Among them major tribal groups are Gond (14.43 percent) Bhils (14.27 percent), Santhals (8.25 percent), Oraon (3.60 percent). Of these, most backward tribes are the primitive tribes. There are 52 primitive tribal groups in the country. The largest concentration of tribals is found in central part of the country consisting of Bihar, West Bengal, Orissa, Maharashtra, Gujarat, Rajasthan, Andhra Pradesh and Madhya Pradesh (87 percent of the total tribal population of the country) (Pandey 1996). Among the major states, Madhya Pradesh constitutes of about 24 percent of tribal population of the country followed by Maharashtra (11.2 percent), Orissa (10.8 percent), Bihar (10.2 percent), Gujarat (9.5 percent) and Rajasthan (8.4 percent). The percentage distribution of scheduled tribes to total population of India, State and Union territories wise is as it is the highest in Mizoram (94.75 percent) followed by Lakshadweep (93.15 percent). Among the states, Nagaland and Meghalaya are predominantly tribal areas having the tribal percentages of 87.7 percent and 85.53 percent respectively. No tribes were scheduled by the president of India for Haryana, Jammu and Kashmir, Punjab, Chandigarh, Delhi and Pondicherry. No tribes were scheduled under the constitution in relation to Sikkim in 1971 census under the representation for Sikkim subject Regulation.
1.3 TRIBALS IN MADHYA PRADESH

In Madhya Pradesh the habitat of the tribes goes a long way in influencing the socio-economic conditions of these communities. The tribals are scattered all over the state. In fact the tribal occupants and rulers of comparatively levelled and fertile lands lived there up to the second half of the 18th century but in later period they were either pushed out or they themselves ran away to safer places which happen to be inaccessible areas - such as hilly and forested tracts. Thus at present, tribals live in areas possessing dissected terrain, poor soils and dense forests. The surface area of these tracts cannot be used for agricultural production. There is an intimate relationship between tribals and hilly and forested terrain in the state. The dispersion of 154 lakh tribals of the state in various districts numerically ranges from only 3,291 persons in Bhind to 15.3 lakhs in Bastar district. About one fourth of total scheduled tribes live only in three districts and more than half (50.9 percent), of them are in eight districts. Bastar has largest number of scheduled tribes (15.3 lakhs) which is 9.93 percent of total tribal population of the state. Surguja with 11.2 lakhs (7.26 percent) tribal population is at the second place. Other nine districts Jhabua, Khargone, Bilaspur, Raigarh, Shahdol, Mandla, Dhar, Raipur and Chhindwara have (5 to 10 lakhs) tribal population. Jabalpur has slightly less than 5 lakhs tribal population. These twelve districts have more than two thirds (66.7 percent) of tribal population and are in continuation of eastern and western tribal regions of India. Contrary to it only 9.1 percent of scheduled tribes are living in other 20 districts. Thus scheduled Tribes are synonymous of hilly and forested ecosystem. This harsh environment and struggle for livelihood have imprints on tribal demography. The tribals of Madhya Pradesh are spread over in 46 groups. Major scheduled tribes in the state are Gonds (44.63 percent), Bhils (20.86 percent), Kawars (4.69 percent), Sahariyas
(2.18 percent), Baigas (2.08 percent), Halbas (1.97 percent), Bharias (1.63 percent) and Kols (1.03 percent). Literacy rate among tribals of Madhya Pradesh was 21.54 percent where the literacy among the males was 32.2 percent and in females was 10.7 percent (Pandey, 1996).

1.4 GROWTH OF TRIBAL POPULATION (1961-1991)

The dynamics of population growth is the most significant demographic attribute. The decadal growth rate for the tribals has been 27 percent during 1961-71, 42.9 percent in 1971-81 and 28.5 percent during the last decade. The growth rates of total population have been 28.7 percent, 25.3 percent and 26.8 percent respectively during these decades in the state. Thus growth of tribal population has been higher than that of total population in last two decades. Because of this fact proportion of scheduled tribe population declined from 20.63 percent in 1961 to 20.11 percent in 1971 but faster growth raised it to 23 percent in 1981 and 23.3 percent in 1991. Higher growth (130.6 percent) of the Scheduled tribe population than that of total population (104.4 percent) gives the higher impression of higher natural increasing growth among tribes.

1.5 THE GOND TRIBE

Among the 51 million of the tribal population of India, as per 1981 census, there is no group more numerous and of greater historical importance than the people generally know by the genetic term 'Gond'. After them a large region of the Deccan is described as Gondwana, a name adopted also by geologist in the classification of middle mesozoic and upper paleozoic formations. The majority of Gonds are found today in the state of Madhya Pradesh. Their main strongholds are the Satpura plateau including the districts of Betul, Chhindwara and Seoni where the western type of Gondi is spoken and the districts of Mandla, Jabalpur where the Gonds have adopted the local dialect of Hindi. To the north
west of Gond extend across the Narbada river and are particularly numerous in Indore. Until 1947, Gond Rajas ruled over the states of Kawardha Sakti, Raigarh and Sarangarh, then known as the Chhattisgarh States but to day included in Madhya Pradesh. Further in southern part of Madhya Pradesh, Gonds are numerous in the districts of Durg, Raipur and Bastar. The present study is devoted to Fertility and Family planning behaviour among the Gonds of Jabalpur district...

1.6 FERTILITY BEHAVIOUR

The study of human fertility occupies a central position in the study of the population for several reasons. Human fertility is responsible for biological replacement and for the maintenance of the human society. The growth of the population of the world depends entirely of human fertility. Any society replenishes it self through the process of human fertility. Thus in population dynamics fertility is a positive force, through which the population expands, counter acting the force of attention causes by mortality if this replacement of human numbers is not adequate, that is, if the number of deaths in a particular society continues to be more than that of births, that society would face the danger of becoming extinct. On the other hand, excessive replacement of human numbers can also create several social, cultural problems for a country. It has been observed that the levels and patterns of fertility vary considerably in various sub groups of the same population. These sub groups may be based on residence whether urban or rural, social and economic status in terms of educational attainment occupation, size of land holding, religion, caste etc., (Panday 1976, 1987 & Pathak 1992)

The process of child bearing is identified by three stages. These are intercourse, conception and gestation and parturition. The complex process of child bearing involves a series of physiological events. starting with the union of the ovum and the sperm at the time of heterosexual
intercourse, resulting in conception and terminating with the successful
gestation of the foetus and finally child birth. Though each of these
process is biological in nature. It is affected by social, cultural and
reproductive period is roughly from 15-45 years a period of 30 years. A
women married at 15 and living till 50 with her husband is exposed to the
risk of pregnancy for 35 years and may give birth to 15 children, but this
maximum is rarely achieved. In formation of fertility in India indicates
that an average women gives birth to an average of six or seven children
if her married life is uninterrupted. The fertility depends upon several
factors.

1.6.1. AGE AT MARRIAGE

The age at which a female marries and enters the reproductive
period of life has a great impact on her fertility. In India some
demographers have estimated that if marriages were postponed from
age of 16 to 20-21 years the number of births would decrease. (Pandey
and Talwar (1987) reported in rural study conducted in rural Uttar
Pradesh, that those females who married earlier shown higher fertility
at young ages. The total marital fertility rate was 6.5 children when
the age at marriage of family was below 18 years. Fertility rate was
less (0.6 children) for the age at marriage of 19 years and above.

According to the child marriage Restraint act of 1978, the minimum
legal age at marriage in India is 18 years for girls and 21 years for boys.
In Madhya Pradesh, the majority of marriages do not confirm to these
legal regulations. Seventy three percent of women aged 20-24 years had
married below the legal minimum age at marriage. The proportion of
women aged 20-24 years who married before age of 18 years is higher in
rural areas (83 percent) than in urban areas (43 percent).
1.6.2. DURATION OF MARRIED LIFE

Studies indicated 10-25 percent of all births occur within 1-5 years of married life 50-55 percent of all births within 5-15 years of married life. Births after 25 years of married life are very few. Ram and Pathak 1989, have reported that higher fertility differential seems to be in the age of mother at the birth of the last child, due to this states like M.P., Uttar Pradesh, Rajasthan experience much long duration of effective reproductive span (17 years as compared to Kerala's 9 years)

1.6.3. SPACING OF CHILDREN

The impact of birth spacing on fertility have been clearly shown by various studies. The total marital fertility rate or birth rate decreases with an increase in spacing between births. Das (1986) has reported that if all couples prefer to postpone their next conception until the last child is three years old, the birth rate in India could at least be reduced to one third of its current level.

1.6.4. EDUCATION

It has been observed that, there is a negative association between fertility and educational status. Educated families have lower fertility than the illiterate families. Das and Padhiyar (1991) has reported that education of husband and wife had little effect on fertility. Ramamani (1990) found in his study that female education has a powerful impact on fertility.

1.6.5. ECONOMIC STATUS

Ahmed (1990) found that higher demand for children among farmers may originate from the higher demand for child labour.

1.6.6. CASTE AND RELIGION

The National family health survey (1992) has reported that in M.P., Muslims have the highest fertility as measured by their T.F.R. (4.2),
followed by Hindus (3.9) and members of other religions (2.6). Muslim fertility exceeds Hindu fertility by almost one third of a child, or 8 percent. The study also indicated that scheduled tribes and scheduled castes have the highest fertility.

1.7 FAMILY PLANNING BEHAVIOUR

Most parents in India have limited physical, social and economic resources, adequate only for a limited number of children. Too frequent conception may be incompatible with health and socio-economic resources of the parents. If there are too, many children in a poor family they are deprived of adequate care and tend to be illnourished and unhealthy. Large family size adversely affects the health and happiness of each member of the family. Family Planning would thus mean planning the size of the family in a manner compatible with physical and socio-economic resources of the parents and conducive to health and welfare of all members of the family. It has been defined by W.H.O. as "Away of thinking and living that is adopted voluntarily, upon the basis of knowledge attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of the family groups." Thus family planning contributes effectively to the social development of a country. It refers to the practices that help individuals or couples to attain certain objectives:

(a) To avoid unwanted births.
(b) To bring about wanted births.
(c) To regulate the intervals between pregnancies.
(d) To control the time at which birth occur in relation to the ages of the parent.
(e) To determine the number of children in the family.

1.7.1. METHODS OF FAMILY PLANNING:

It is been seen that permanent sterilization, Tubectomy and vasectomy are the most effective methods. Oral contraceptives and IUD
are approximately equally effective. Besides, these other methods included (1) Coitus interruptus or withdrawal (ii) periodic abstinence (iii) spermicidal chemical methods (iv) diaphragm method (v) condom etc., It is very difficult to have reliable data on temporary methods like condom, periodic abstinence etc. The permanent methods like vasectomy and tubectomy are very much popular in rural areas and reliable data are available. The IUD has not been accepted much widely by the people. Hence most of the studies on effectiveness of family planning programme are based on acceptors of sterilization methods.

1.7.2. ASSOCIATED FACTORS

A number of factors have been directly or indirectly responsible for the adoption of contraception many studies in India as well as in other countries have identified a number of socio-economic, demographic, cultural, ecological, health and other input variables responsible for the adoption of family planning. (Gandotra and Das 1981), Rama Sundaram, 1985 A brief description of the factors are as follows:

1.7.2.1. RELIGION

Religion is an important cultural factor influencing the contraceptive behaviour of the people. The traditional Hindu way of life dose not facilitates reduction in the duration of effective period of married life. However, practice of abstinence during different auspicious occasions reduces the chance of conception. As in the case of Hindus, among the muslims also there is no organised opposition to any fertility regulating methods but the fertility rate of muslim is higher as compared to the Hindus and Christians in India contraception prevalence rate among Hindu and Muslim are almost same (Muslim 39 percent and Hindus 36 percent). The prevalence rate is higher for other religious (52 percent) than for Hindus and Muslims. (National Family Health Survey, 1992).
1.7.2.2. CASTE

Caste is also an important factor influencing the contraceptive behaviour of the people. Caste and contraception behaviour are found to have significant association in a few studies conducted in India (Bhatia 1970, Shaktawat, 1974 Mahadevan, 1979) According to Bhatia (1970) respondents belonging to upper castes are better informed about family planning methods as well as compared to lower castes, similarly it has observed that the acceptance of contraception was highest among the upper caste groups (Shaktawat, 1974)

1.7.2.3. AGE AT MARRIAGE

Age at marriage, a starting point in the reproductive process is traditionally low in many developing countries compared to the developed countries. Most of the studies conducted in different parts of the India and world have shown definite relation to age at marriage either directly or indirectly with fertility and family planning. Many studies in India have shown inverse relationship between age at marriage and fertility level. (Panday 1976, Panday & Talwar 1987). A positive association was reported between age at marriage and family planning (Bhayan, 1986 Bhayan and Bhayan 1984)

1.7.2.4. AGE OF WOMEN

Age of women has a pivotal role in the field of family planning because it is highly relevant for the couple as long as wife remain in the reproductive period. Generally, there exists a positive association between age of the women and adoption of contraception. The younger wives indicate a greater degree of approval of family planning compared to older wives. Use of contraception for spacing is prevalent mainly among the younger and better educated mothers. Generally fertility level is positively associated with contraceptive behaviour.
1.7.2.5. VALUE OF CHILDREN

Value of children plays a vital role in the field of family planning. Value of children is more in developing countries as compared to developed countries. Child castes may be a necessary and sufficient precondition for the adoption of contraception despite the fact that parents continue to value and relay on sons for their old age and other support (Jejeebhoy and Kulkarni, 1989).

1.7.2.6. EDUCATION

Generally a positive relationship exists between educational level and adoption of contraception. As a result of education both the age at marriage of wife and husband will go up automatically, adoption of contraceptive methods will be attempted and small family size will be achieved. There is positive association between both the husband and wife's education and Family Planning practices. Female education showed a highly significant positive association with Family Planning adoption, and an inverse relationship with fertility. The same phenomenon was observed in the case of male education (Bhayan 1986, and Bhayan and Bhayan 1985).

A review of studies in fertility and family planning behaviour has shown that very few studies have been carried out in the tribal population so far. Moreover, studies in the tribals of Madhya Pradesh are rare. Recently Pandey (1989, 1990, 1996) has made attempts to study demographic characteristics of the various tribes including primitive tribes of M.P. but the studies made by him are in smaller tribes. Tribal groups, and that can not be generalized for other tribes major tribes. Further, the sample sizes taken for these studies in primitive tribes are small, which have their own limitations keeping these facts in view, this study was planned in Gond tribe, which is largest tribal group of Madhya Pradesh state.
The study has been carried out covering more than 2600 household of Gonds of Jabalpur district. The data of this study is part of the main study being carried out by the Regional Medical Research Centre for Tribals (ICMR) Jabalpur on effect of Health education and Genetic counselling on Haemoglobin pathies in Kundam block of Jabalpur district. From the data collected on fertility and family planning behaviour of 2600 Gond couples of Jabalpur district, this study has been made in seven chapters of which, the present informations are given in need of the fertility and family planning studies and their correlates. Chapter two deals with the Review of Literature, methodology and data collected for the study. The chapter three of the present investigation is devoted to study of socio-economic characteristics of the Gond households and also characteristics of the head of the households which may influence fertility and family planning behaviour of the tribal couples. A short description of the population characterisation of the study population has been given in chapter four. A detailed analysis of fertility level, factors associated with fertility, like aged at marriage, education, occupation etc. has been carried out in chapter five. Chapter six deals with the family planning behaviour. The characteristics of the Gond couples who were acceptors of sterilisation at the time of investigation have been studied in this chapter. It has been also tried to correlate whether high fertility is associated with the high contraceptive use/sterilization. The findings have been summarised in chapter seven. Suggestions on the basis of the observations have been made at the end of this chapter.

Difficulties faced during the different phases of the study have been discussed in chapter two. The help taken from the works of the various researcher, without which this study could not have taken this stage have been listed under the heading bibliography.

The study will be useful for the administrators who are associated for programme implementation and for the researchers who want to undertake such studies in the tribal population, particularly of Madhya Pradesh.