CHAPTER VI

FAMILY PLANNING PERCEPTIONS
ADOPTION AND SERVICES
This chapter is concerned with perception towards family planning and health risks involved in adopting and not adopting family planning methods. Any such attempt need to be preceded by a discussion on the current levels of fertility, fertility intentions and behaviour of the couples and importance of children among the Chenchus. It also deals with the perceptions towards family planning services and utilization of family planning methods provided by the primary health centre (PHC). These issues are briefly dealt in the following pages.

Family Planning (FP) is an important aspect of health and it has been recognized that health benefits result from adequate spacing of pregnancy, limiting the number of children and appropriate timing of pregnancy in relation to age of the mother. Similarly, the protection of mother's health and securing their survival can accrue from appropriate planning of pregnancy, for example avoiding teenage pregnancy or postponing the first child until after age 18, or better still, after age 20 (Orman, 1979). In the same way the survival and health of the child can be safeguarded by appropriate care and planning of child delivery. Notwithstanding these benefits, the people adopt family planning depending upon the perceived incentives and disincentives in child birth. Though child birth is universally acclaimed as an important event in the natural course of human life, decisions and intentions concerning
fertility and family planning vary across different cultures/societies/communities.

In India, Family Planning programme (FPP) has been renamed as Family Welfare Programme (FWP) in order to bring reproductive health implications into sharp focus (Quadeer, 1998). However birth control continues to remain as an important concern in the FWP. On the other hand reproductive health has largely emerged as a theme for feminist discourse and confined to the elite women of the urban centres (Correa, 1994). However, the issues concerning reproductive health, in reality and in some intricate ways are related to birth control behavior even among rural and tribal populations. Fertility issues and decisions concerning reproduction and their related health implications have been part of every day discussions among men and women in these communities. People in the course of daily interactions discuss about children, family size, the merits and risks in having children. Conversely, birth control behavior/decisions form convenient instruments in addressing and tackling issues related power relations within the familial context, issues related to reproductive health and in the affirmation human rights. Saavala (1999) presents a case from rural Andhra Pradesh to show how sterilization can be an effective means to young women to assert their right to control their sexuality, reproduction, their identity and power within the patrilocal family.
There is also a growing consensus that contraception is the best development (Lancet, 1992) and contraceptives ensure reproductive health (Harvey, 1996).

PERCEPTION ABOUT CHILDREN

The Chenchu men and women have an express desire for procreation. "Who doesn't want children" is the sharp retort to the question "Whether you want children or not? Sexual intercourse is explicitly recognized as an activity for both bodily pleasure and procreation. However they believe that mere union in itself is not enough to beget children, for, it is firmly held that procreation is at the will of the supernatural (the pantheon and the ancestors). The relationship between the mother and children is cordial. Infants and children are treated with utmost care and seriousness. They deal with them as if they are precious (as they are tender), sacred (as they are the gift of the supernatural) and elusive (as they tend to 'flee').

This is testified in the way the parents address their children. Children are addressed as sami and sometimes the girl child is addressed as thalli, the terms with which the deities are also addressed. Children are recognized as the boon bestowed by deities and ancestors and they are regarded as pure as the deities. Here, it is indicated that the parent's relationship with the children is devoid of dominance and authority. The child is never denied its demand for

*The Chenchu say that the supernatural do not stay fixed to a definite location; they are visible as well as invisible. Children too may live or die, i.e., fly away and disappear.
breast milk. It is suckled for five to six years, though supplementary feeding starts by seventh or ninth month. Gender bias is meaningless to them. Children are rarely abused, disciplined or beaten. The manner in which Chenchu parents interact with their children indicate: children are loved but not possessed; they are only reared but not mended or pampered; a child is only tolerated for a wrong doing, but not blamed or denounced; they are only told but not ordered or cajoled or persuaded.

In spite of the definite desire for children and affectionate disposition, there is a tinge of ambivalence towards children. In dealing with infants, the Chenchu women exhibit a sense of reticence and passionless disposition. Public expression of emotions and affection towards children are concealed. Kissing or cuddling children in public ostentatiously are usually avoided.

Firstly, this behaviour can be explained in terms of the nature of livelihoods the Chenchus pursue. Women assume a major role in the maintenance of the household. Some of the important tasks which the Chenchu women undertake are: fetching water and fire wood, grazing goats, cooking and attending other household chores, food collection, wage labour in silviculture. Her involvement in these activities result in frequent separation from the child. The child is to be left in the company of others. Rearing the child with minimum emotional attachment facilitates this separation and
overcome the persistent nagging demands from the child. On the other hand, the child also learns to put up with this in the absence of mother.

This ambivalent behaviour can also be attributed to the uncertainty in the survival of the children. According to the Chenchu cultural ethos, “the one that remained (survived) is ours and the one that fled i.e., died is not ours”, making it clear that children that survived are important and the children dead are ignored. The number of children is also not important, for, “what use of the number if none survive”. There is a definite resignation in their reply that their preference is not important; it is the will of the supernatural that bestows a certain number of surviving children to a couple.

Infant mortality is very high among the Chenchu. The Chenchu recognize that the first decade of the child’s life is quite vulnerable, though many of them succumb much earlier, in the first year itself. The Chenchu believe that children are ‘given’ by the supernatural. The word ‘given’ is to be understood as bestowment which implicitly carry the meaning of not just birth but the infant’s survival. The Chenchu women explained that the supernatural is the giver and they (the Chenuchs) are the receivers, the giver has the right to take away of what has been given. The supernatural is perceived in two ways: (a) bagavanthulu or bagavanthudu (Pantheon) and (b) Peddalu (ancestors). Supernatural grace is subjected to the fulfillment of regular and/or occasional vows not only by the couple and their immediate
family but also other relatives of both husband and wife. Hence an
uncertainty lurks owing to the existence of a chance of breach or rule
infraction and a resultant wrath of the supernatural shown by taking away the
child in death. This uncertainty over the survival of the child induces a sense
of detachment or apathy. Thus the Chenchu women seem to minimize
emotional entanglement with their children. However, children are very much
desired. In the following account, value of children is discussed.

VALUE OF CHILDREN

Various studies have pointed out that children in human societies carry
intrinsic values (primary group ties and affection, stimulation, fun etc.) and
instrumental values (economic utility, wealth, achievement etc.) for parents
(Hoffman, Thornton and Manis, 1978; Hoffman and Manis 1979, Fawcet
1983).

The theory viewing children as ‘economic resources’ is one of the
forceful theories. According to Caldwell (1982), high fertility has been
economically advantageous to most families over most of human history
because children created “wealth” (broadly defined to include money, goods,
services and guarantees that one person provides to another) and that “wealth-
flows” were directed upward from the younger to the older generation. But
among the Chenchu, children do not create wealth for the elderly. Their role in economic activities is sporadic and minimal.

Furer-Haimendorf (1943) gives an account of the Chenchu children which amply indicates the absence of parental expectation of economic returns from children and dependence of children (aged four years and above) on parents*. Children are not even trained, and in this connection Furer Haimendorf (ibid) observed: “Neither man nor woman can afford to be hampered by children ....... They are sure that their children’s own efforts will in time afford them the experience necessary for their later life” (P.130). One of the most emphatic conclusion derived by Furer-Haimendorf was that in the Chenchu community, each individual largely depends upon oneself cherishing relative independence and individual rights from the very early age onwards. Even six decades after Furer-Haimendorf’s observation, the Chenchus today have the same disposition.

The children below age four years depend largely upon the parents, particularly mother for various needs including food, personal care etc. From fourth year to almost 12th–13th year or till the age of maturity, at least a part of viata is earned / procured by themselves, though continue to depend upon parents for unmet needs.

* Absence of dependence does not mean severance of all social ties. It is more related to earning one’s own bread. In that endeavour, social ties suitably, strategically get rearranged and one need not get hooked to the ties originating from the natal family.
They spend most of their time playing and gleaning the surrounding bush in the company of other children. Children nearing maturity are in a much better position to fend for themselves. However, their contribution to the household economy is at best marginal. Apart from collection of MFP, the children's role in other economic pursuits like hunting, wage labour, agriculture, animal grazing is highly restricted. Economic life is too exacting to allow the parents to supervise or oversee the work done by the children. On the other hand, neither the children below 10 years can participate in these activities on their own in full swing nor their assistance is very much needed in hunting, silvicultural operations, animal grazing*, agriculture, etc.

By age 15 and above, the children are mostly married and supply of basic provisions by the parents drastically shrinks. Reciprocal exchange of food and labour become important between such families if they live in the same village. But the children tend to establish links with other relatives also and subsequently they may choose to join a gumpu in which their parents may not necessarily be members.

* Children actively engage in animal grazing in the plain areas. But in the Nallamalai, as the goats are to be protected from the wild animals and the cattle stealing yidle people, children are usually avoided for this purpose.
It can be concluded from the above account that the Chenchu children tend to meet part of the victuals right from childhood onwards and their contribution to the family income is very marginal. Direct economic costs to children (in terms of education, provision, cloth etc) are not very high because some of these costs (eg. education) are provided by the government. Many infants aged 6 months to 2 years also get nutritious food supplied free by the government. Ashram schools and hostels largely take care of the needs of food, clothing, and other personal requirements (such as soaps, hair-oil) of the Chenchu children aged 5 years to 10 years*.

The Chenchu parents rarely cite the old age security as a reason for having children. Many Chenchu die before reaching old age. The life-expectancy of the Chenchu is very low. Through life-table analysis, Gangadharam (1999) has shown that life-expectancy of the Chenchu fall between 35-40 years of age. The few elderly who survived are bereaved of their own children.

* While availing these facilities, the children tend to lead their own life. They do not get tied down to the school environment. In certain ways, the school system as they function here do not stop the children from playing in the nearby forest. Teacher absenteeism, teacher’s demands for forest produce (eg. honey, firewood, soap nuts, etc), remissness of teachers and parents in making the children attend school, and lack of interest in school education are some of the reasons that force the Chenchu children to neglect education.
The *Chenchu* kinship system facilitates wide extension of social ties between individuals. An individual has the freedom to identify himself / herself with one’s patri-household or matri-household and their related units. Strong emphasis on family perpetuation and accumulation of economic assets is lacking.

Each couple tend to maintain a separate hearth. Soon after marriage, efforts are made by the kin, including parents, to help the newly married couple erect an independent hut even before the couple themselves make such a choice. Married male siblings tend to disperse and establish households, away from parents’ dwellings. Parents also seem to encourage this. Married sons living uxorilocally are not uncommon. In an individuals’ life time, shifting residence is imperative owing to (1) seasonality, (2) kinship obligation in helping an ailing relative or to extend an additional hand in the economic pursuits, (3) shifting locales* of wage – labour in the silvicultural operations (4) food-gathering and hunting (5) social dynamics involving marriage, divorce, death, conflicts, tensions, personal deprivation, loss of property, disease affliction, robbery etc. Wide extension of kin ties facilitates residential shifts.

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The location of sites for silvicultural operations undertaken by the Forest Department influence residential shifts and the locations of work sites are frequently changed.
Destitution in the old age owing to lack of children is thus offset by the wide kinship networks, and dependence on children during old age is not very much a matter of serious concern. Thus children are not perceived as ‘resources’. The ‘utility maximization’ theory (Cain 1983; Kertzer and Hogan 1989; Handworker 1986), wherein the children contribute to the family economy and support their aging parents, do not agree with the Chenchus.

There are certain disadvantages particularly to the women, in child bearing. Having more than one infant at any one point of time is recognized as risk particularly to the mother. The women in the pursuit of food gathering and silvicultural wage-labour, have to cover long distances of 2-5 km in the forest for at least 3-4 times a week. Carrying and caring two infants at a time become cumbersome in such conditions. Residential shifts also become cumbersome in the presence of more than one infant. Hence at any point of time the Chenchu women prefer to have one suckling child and subsequent pregnancy is delayed for at least 3-5 years. Inter-birth interval (for all birth orders, excluding the last open interval) for the Chenchu was 4.48 years for women of completed fertility (Gangadharam 1999).

From the above discussion it can be concluded that direct economic costs of children (in terms of education & other expenditure) to parents are substantially low and the economic benefits of children to the parents are also
meagre. However, the Chenchu continue to procreate children even though there are certain negative aspects of child bearing. The main question that emerges from the above discussion is what sustains comparatively high fertility despite widespread female labour force participation, meagre economic benefit from children and little support from children to the aging parents?

The Chenchu continue to give birth to children in the full knowledge that children impose certain risks. Giving birth to and having children provide an unique form of pleasure. Becoming a parent is seen as a sign of adulthood. A sense of satisfaction of having built up a family is derived and this seems to be one of the significant reasons for the desire to have children.

Secondly, the Chenchu children create and sustain social networks. Further, kin relations are activated and strengthened. In an environment characterized by uncertainty in the supply of food resources, socially mediated exchanges are needed to guard against various contingencies. Social networks are vitally important to that end, and parenthood can proliferate one’s access to a wider territories and group of persons dispersed in Nallamalai. The larger the number of children, wider the proliferation of social networks. The chances of receiving emotional, physical and pecuniary support are more likely when the recipients are parents than when they are not because, parents are more likely than non-parents to seek out relationships with neighbour and
others. Examples of such support include: 1. More frequent social contacts; 2. Accessibility to forage in the territorial grounds belonging to other gudems; 3. Mutual exchange of food, implements and labour; 4. Receiving support during ill-health, disputes, social events such as marriage and other rituals etc; 5. Enhancing one's social position and importance of oneself in the day-to-day affairs.

The presence of children enhances the opportunity for mutual exchanges of services. In the larger perspective, life becomes more meaningful and easy with well established social relationships and interaction, to parents than non-parents.

Reciprocity and redistribution assume a definite meaning when goods and services are exchanged between individuals / households which are related either by consanguinity or affinity than between those who are unrelated. Having children also create interests and motives in individuals who in turn respond strategically to derive mutual benefits. Social ties become intense on account of children – when they are born, married or migrate. Children form important means of establishing alliances with other families. Children are usually sent to other villages so that their visits may lead to formation of new alliances and new relationships. Boys from other villages are also invited into one's own village so that they can be lured as potential mates to their daughters.
Children need not survive to become adults for sustaining social relations. The mere act of reproduction itself induces dynamism into the existing social relations. Activation of social life is the net effect of having children. Thus, children constitute a form of investment of social capital; larger their number, greater the potential kin networks which ensures one’s survival.

Notwithstanding the fact that the Chenchus consider children as social capital for creating kinship networks and intense social life, they do realise that having more than one infant at a time imposes certain costs. This recognition and perception indicate that the Chenchus must be practising certain family planning methods if not with the idea of having a small family but for spacing the births. An account on the fertility of the Chenchus, perception about family planning and its practice, reproductive disorders and accessibility to modern family planning methods are given in the following pages.

**FERTILITY OF THE CHENCHU WOMEN**

An idea of the current fertility levels among the Chenchu would set a stage for understanding of family planning as perceived by the Chenchu women and men.
Table 6.1 – gives the age-wise distribution of currently married women according to the number of live-births. The mean number of live-births per woman is 3.67. It can be observed that as the age advances, the mean live-births also increases. Women aged 45-49 years who would have almost completed their reproductive life had 4.72 mean live-births. Women aged 50 and above also had 4.72 mean live-births.

The frequency distribution shows that about 54 (16.77%) women had given birth to 6 or more live-births which would mean that one sixth of the total currently married women (N=322) had high fertility*. Out of 96 women aged 35-49 years, 69(72%) women had given birth to 5 or less number of children and 24 (25%) women gave birth for 6 or more number of children. Three women were childless. It can also be inferred that by the end of reproductive career, each Chenchu women would have borne on an average 5 live-births which may be said as medium level fertility. (See Appendix III for comparison with various populations).

From the table 6.1, it can be seen that the fertility of the Chenchu women is approaching completion from 30-34 years onward. It means that by age 30-34 years, a Chenchu women would have given birth to 4 live-births and from then onward, till the end of reproductive period – a span of 15 years,

* An arbitrary division is presumed here to gauge the fertility levels as medium or high. An average of 75 children is considered as medium fertility and above five children is regarded as high fertility.
fertility increase is only marginal, adding one more additional birth. Hence, it can be inferred that by the end of reproductive span, on an average, a Chenchu woman would give birth to five children. It is also interesting to note that the average number of live-births to women aged 45-49 years and women aged 50 years and above is same (4.72 live-births).

The Chenchus marry early, usually after puberty and start giving birth to children early around 17-18 years of age. If they continue to produce children throughout their reproductive life (which may terminate around 45-49 years) with a gap of say, one year, (or without any effort to prevent pregnancy) then it can be expected that their fertility rate would have been much higher than what has been actually observed. But the mean number of live-births in the table indicate that the full fertility potential of the Chenchus is not realized.

This means that there are certain inhibiting factors operating on the fecundity of the Chenchu women. Gangadharum (1999) discusses fertility determinants among the Chenchus. Some of the determinants in that study are: abstinence, prolonged and intensive breast feeding which prolonged post-partum amenorrhea, and birth control measures. However in this study focus is given particularly to the issue of adoption of family planning methods.

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* The discussion about family planning is not specifically intended for explaining the current fertility levels; it is more intended to seek out perception on family planning and health related risks in adopting family planning.
Table - 6.1
Distribution of Currently Married Women by Number of Live-Births (Sample Population)

<table>
<thead>
<tr>
<th>Age group</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Total women</th>
<th>Mean live-births</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>13</td>
<td>6</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>22</td>
<td>0.55</td>
</tr>
<tr>
<td>20-24</td>
<td>7</td>
<td>9</td>
<td>13</td>
<td>11</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>45</td>
<td>1.96</td>
</tr>
<tr>
<td>25-29</td>
<td>2</td>
<td>4</td>
<td>8</td>
<td>15</td>
<td>13</td>
<td>8</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>54</td>
<td>3.35</td>
</tr>
<tr>
<td>30-34</td>
<td>-</td>
<td>1</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>8</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>45</td>
<td>4.00</td>
</tr>
<tr>
<td>35-39</td>
<td>-</td>
<td>1</td>
<td></td>
<td>8</td>
<td>10</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>34</td>
<td>4.38</td>
</tr>
<tr>
<td>40-44</td>
<td>2</td>
<td>-</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>33</td>
<td>4.64</td>
</tr>
<tr>
<td>45-49</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td></td>
<td>29</td>
<td>4.72</td>
</tr>
<tr>
<td>50 and above</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>12</td>
<td>14</td>
<td>9</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>-</td>
<td>60</td>
<td>4.72</td>
</tr>
<tr>
<td>Total women</td>
<td>26</td>
<td>26</td>
<td>36</td>
<td>59</td>
<td>67</td>
<td>54</td>
<td>28</td>
<td>12</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>322</td>
<td></td>
</tr>
<tr>
<td>Total live-births</td>
<td>0</td>
<td>26</td>
<td>72</td>
<td>177</td>
<td>268</td>
<td>270</td>
<td>168</td>
<td>84</td>
<td>72</td>
<td>36</td>
<td>10</td>
<td>-</td>
<td>118</td>
</tr>
</tbody>
</table>
During the fieldwork, the Chenchu women informed, that they are not only aware of traditional family planning methods but also some of them have practised it. The informants are also aware of modern family planning methods particularly sterilization and some of them have undergone sterilization. An account on the perception of family planning is given in the following pages.

**PERCEPTION ON FAMILY PLANNING**

The Chenchu women were asked to explain how they perceive family planning. Focussed group discussion (FGD) was carried out to discern the attitudes of people towards adopting contraception and family planning services. The FGD was conducted on the basis of the following outline: Acceptability of FP; eligible conditions for adopting F.P; perceptions on traditional and modern contraceptives; health risks in adopting contraceptives and perception of family planning services at the PHC.

**ACCEPTABILITY**

As pointed out earlier, the Chenchus have a definite desire to have as many number of children as they are bestowed by the supernatural. One of the most influential factor that influence contraceptive practice is the perception that reproductive behaviour (particularly concerning reproductive organs and sexual intercourse) should not be meddled or changed lest negative
effects may cause sterility and other side effects. Modern methods are believed to be artificial and directly intercept reproductive behaviour. The traditional methods are considered to be 'natural' because they are the products of their surrounding nature and are not directly applicable to sexual organs. Further, the traditional methods are said not to give side effects such as obesity, joint pains, weakness, fatigue etc. It is also felt that these methods are not irreversible and do not bring about radical changes in the reproductive physiology. The latter is perceived in terms of menstruation, naturalness of sexual intercourse. Another important consideration that favours traditional methods is local availability of methods, services and guidance. This internality is opposed to the extraneousness of the modern methods of contraception. The latter, hence, involves certain costs such as expenses at an unfamiliar place, and look out for support from known persons. Hence, traditional methods have greater acceptability rather than modern methods.

Adoption of family planning methods in order to postpone the first pregnancy is not acceptable to the Chenchu. They intend to have a child as early as possible and do not approve postponing pregnancy even though the couple may be very young. The ANMs do inform the Chenchus that early pregnancy is not advisable, but they do not explain in detail various intricacies in becoming pregnant at an early age as the Chenchus would not like to hear
impending dangers to their young children. They chide people who foretell the future dangers or causalities.

ELIGIBLE CONDITIONS

Notwithstanding the above conditionalities, the Chenchus adopt family planning methods – either traditional or modern - depending upon certain other conditions. These conditions include (1) number of living children; (2) health condition of the mother; (3) work-load of the mother; (4) education of the couple, in particular, wife; (5) presence or absence of kin.

NUMBER OF LIVING CHILDREN

The adoption of family planning is largely influenced by the number of children a couple have. There were altogether 120 women out of 262 currently married women (aged between 15 and 49 years) who reported to have adopted family planning methods. Out of this 89 women reported to have used traditional methods and 31 women reported to have used modern methods. FGD was conducted to know the ideal number of children which can be considered a maximum limit after which family planning methods can be adopted. The group discussion was centred around (1) the number of children after which one can adopt family planning methods (2) whether this number fluctuates between individuals.
The women unanimously agreed that at least four children are needed before one can think about adopting family planning methods. However they opined that this number may tend to go up for quite a few women because of the fear of child mortality. The actual need to adopt FP methods is said to arise when the women feel the burden of child-bearing, child-rearing and participation in economic activities coupled with episodes of ill-health.

WORK-LOAD

Closely spaced pregnancies successively are clearly recognized as cumbersome and not desirable. They feel that at least a gap of 3 to 4 years between successive pregnancies is needed so that the parents particularly mother's participation in the economic activities is not hampered. Food-gathering, grazing, firewood collection are the tasks usually carried out by the women. They also participate in agriculture, silvicultural operations like cutting firewood, plantation activities. All these tasks require movement from the habitation to the site of work which is usually located anywhere between 3-5 Kms, away from the habitation. While returning from the work-spot, the women also carry back roots, tubers, fruits, flowers or green leaves or firewood or fodder depending upon the season. The tubers weigh more than other produce. Usually 2-3 Kg of the produce is carried back to home. Suckling children are carried either by mother or father to the work spot. Carrying two infants at a time becomes tiresome and most inconvenient to the
parents along with loads of food, firewood, fodder. Further, the Chenchus believe that mother’s milk is very essential for the survival of the infant. Hence an infant is freely suckled as and when required. If pregnancy occurs, suckling the existing infant becomes a big problem. Milk production may stop or if milk is available it may not be sufficient to the child. Besides becoming pregnant in quick succession causes weakness to the mother. Hence a couple would prefer to maintain a gap of 3-4 years between pregnancies.

REPRODUCTIVE PROBLEMS

In their role as mothers, women carry a greater health burden as well as greater reproductive burden than men in the households. Feminist scholarship in the field of Anthropology and Economics (Harris 1981; Sen 1990; Agarwal 1994) has shown that the household is far from a ‘natural’ (biologically determined) unit of members with homogeneous interests and it is a site of continuous negotiations, with decisions made through both consensus and conflict. Gender roles and relations within and between households do not remain constant in spite of the existence of a model for division of labour. Among the Chenchu, women quite often find themselves in a state of stress in mediating their roles in production and reproduction.

The Chenchu women told that at personal level, reproductive problems influence their decisions to postpone a pregnancy or undergo tubectomy in a nearby hospital. Reproductive problems start showing up soon after marriage.
or pregnancy. With the assistance of ANM, the key women informants disclosed some of the reproductive disorders (table 6.2). It was not possible to collect the incidence of these disorders in the sample population, as this information is rather sensitive and women find it humiliating to refer to them.

**Table – 6.2**

**List of Reproductive Disorders as Enumerated by the Key-Informants**

<table>
<thead>
<tr>
<th>Name of the reproductive disorder</th>
<th>Prevalence as rated by the information</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Menstrual disorders <em>(Muthu badali)</em></td>
<td>Common</td>
</tr>
<tr>
<td>1. Leucorrhrea <em>(Pella bata)</em></td>
<td>Common</td>
</tr>
<tr>
<td>2. Menorrhagia <em>(Erra bata)</em></td>
<td>Rare</td>
</tr>
<tr>
<td>3. Dysmenorrhrea <em>(Fothikadupa nappi)</em></td>
<td>Occasional</td>
</tr>
<tr>
<td>4. Amenorrhrea <em>(Muttu nihchindi)</em></td>
<td>Common</td>
</tr>
<tr>
<td>5. Polymenorrhrea <em>(Ruthu doshani)</em></td>
<td>Rare</td>
</tr>
<tr>
<td>II Pelvic Inflammatory diseases <em>(Saraka, Telipau)</em></td>
<td>Common</td>
</tr>
<tr>
<td>III Prolapase of Uterus <em>(Garba sanchi digadam)</em></td>
<td>Occasional</td>
</tr>
<tr>
<td>IV Cystocele *(Bladder prolapase) <em>(gooda digadam)</em></td>
<td>Occasional</td>
</tr>
<tr>
<td>V Rectocele *(Rectum prolapase) <em>(Goda digadam)</em></td>
<td>Occasional</td>
</tr>
<tr>
<td>VI Anemia <em>(Neerasam)</em></td>
<td>Common</td>
</tr>
<tr>
<td>VII Primary sterility</td>
<td>Rare</td>
</tr>
<tr>
<td>VIII Breast abscess and mastitis <em>(Chanthidwuet Roamu nappi)</em></td>
<td>Rare</td>
</tr>
</tbody>
</table>

When enquired at the PHC, Domala, the doctor informed that *Chenchu* women visit the hospital for treatment of menorrhagia, dysmenorrhrea,
anaemia and leucorrhoea only. There were no cases regarding other disorders. Anaemia is a general disorder among the Chenchu, according to the doctor.

Many Chenchus do not visit the hospital for treatment of disorders listed in the table because the doctors are men. Besides it is very difficult for the women to be clean because they find it difficult to change the soiled clothes* frequently. In case of anaemia, the women said that the iron pills cause excess heat in the body and hence are not used. In fact using medicines continuously as a course becomes extremely difficult because of lack of proper place to keep them in the hut, attack by ants or flies, and fear that children may use them. In case of more than one type of pill, the women said they are perplexed in identifying the correct pill, even if they are in different colours. Most of them said that the hospital pills give side-effects (cherupu) such as burning sensation (manta) (aaratham), weakness (neerasanu), ache in the legs and arms (kallu chekulu peekadamu), reeling sensation (thala thiragadam) etc.

EDUCATION

Educated women seem to have a favourable disposition towards adoption of modern family planning methods. These women were in contact with the families of school teachers and other officials some of them have

*The Chenchu women use rags to absorb the white or red discharge. In the event of excess discharge, and as the rags are very few, the women go to some secluded places where they remain and wash as and when required. Travelling to PHC, in such circumstances is indeed uncomfortable
virtually lined in their houses. By this contact they had learned the ill-effects of having children at young ages and having too many children. However, even these women expressed that they can go far adoption of family planning only after giving birth to 4 children. As literacy lovely among the Chenchu is very low, its impact on the adoption of family planning is very meagre.

**KIN**

Presence of kin is an essential factor that usually result in discouraging family planning. It is said that when close kin are the co-residents, the women get required support during child-bearing and rearing. Usually mother-in-laws do not interfere in the reproductive decisions among the Chenchu. One significant land mark among the Chenchu is the relative freedom that a women enjoys concerning reproductive decisions. Women usually decide to adopt family planning only after giving birth to 4 children and after gaining confidence over the survivorship of their children. Hence the objections from the close kin are at best only minimal.

**FAMILY PLANNING METHODS**

The Chenchus are aware of contraceptive methods both traditional and modern. Table 6.3 shows the frequency distribution of currently married women who have ever used and currently using traditional contraceptives. It can be observed that the traditional contraceptives are more popular among the elderly women than younger women. Out of 262 currently married
women in the age group of 15-49 years, traditional contraceptives were used by 34%. But at the time of field working about 15% of the married women were reported as using traditional contraceptives.

Table - 6.3
Users of Traditional Contraceptives: Currently Married Chenchu Women

<table>
<thead>
<tr>
<th>Age group</th>
<th>N</th>
<th>Ever practiced Women</th>
<th>Currently practicing Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>22</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>20-24</td>
<td>45</td>
<td>5</td>
<td>(11.6)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>25-29</td>
<td>54</td>
<td>8</td>
<td>(14.8)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>30-34</td>
<td>45</td>
<td>15</td>
<td>(33.3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(33.3)</td>
<td>(17.8)</td>
</tr>
<tr>
<td>35-39</td>
<td>34</td>
<td>14</td>
<td>(41.2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(41.2)</td>
<td>(26.5)</td>
</tr>
<tr>
<td>40-44</td>
<td>33</td>
<td>14</td>
<td>(42.4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(42.4)</td>
<td>(21.2)</td>
</tr>
<tr>
<td>45-49</td>
<td>29</td>
<td>12</td>
<td>(41.4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(41.4)</td>
<td>(24.1)</td>
</tr>
<tr>
<td>Total</td>
<td>262</td>
<td>89</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(34)</td>
<td>(14.5)</td>
</tr>
</tbody>
</table>

Note: Figures in brackets are row percents, to the N in each age-group Ever practiced also include the currently practicing women.
The figures in the tables 6.4 show women, who have adopted modern contraceptives. There were 120 women (460 of 262 eligible women) who reported to have ever adopted both traditional and modern family planning methods. Nearly three-fourths of the family planning adopters (N = 89) had opted for traditional methods and one fourth (31) opted for modern methods. It is clear from the two tables that while the elderly married women are practising traditional methods, the younger women have been using modern contraceptive methods.

Table – 6.4
Users of Modern Contraceptives: Currently Married Chenchu Women

<table>
<thead>
<tr>
<th>Age group</th>
<th>N</th>
<th>Sterilization</th>
<th>Condom by husbands</th>
<th>IUD</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>20-24</td>
<td>45</td>
<td>-</td>
<td>1</td>
<td>7</td>
<td>8 (18)</td>
</tr>
<tr>
<td>25-29</td>
<td>54</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>7 (13)</td>
</tr>
<tr>
<td>30-34</td>
<td>45</td>
<td>4</td>
<td>-</td>
<td>2</td>
<td>6 (13)</td>
</tr>
<tr>
<td>35-39</td>
<td>34</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>3 (9)</td>
</tr>
<tr>
<td>40-44</td>
<td>33</td>
<td>6</td>
<td>-</td>
<td>-</td>
<td>6 (18)</td>
</tr>
<tr>
<td>45-49</td>
<td>29</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Total</td>
<td>262</td>
<td>16</td>
<td>2</td>
<td>13</td>
<td>31 (12)</td>
</tr>
</tbody>
</table>

Traditional contraceptive practices prevalent among the Chenchu can be classified into two categories namely magico-religious and herbal.
MAGICO-RELIGIOUS PRACTICES

Certain magico-religious practices, the Chenchus believe, would prevent immediate conception after the birth of a child. The most popular belief is burying the placenta (praya) by folding the outer side inwards.

The second practice is to wear a piece of placenta of the last born in a girdle as long as the women wants to avoid pregnancy. Pregnancy can be prevented by burying the menstrual blood collected in a calabash, properly secured. Rite-transgression is said to cause sterility. Women desirous of avoiding pregnancy eat sacred food offered to the deities or ancestors. (As per the custom such food is to be left out only for the animals or birds. It is believed that through the animals the deities or ancestors eat the food).

HERBAL MEDICINES

Juice extracted from Doosari, Jammi (Prosopis spicigera), Tangedu igurlu (Cassia auriculata) and Kanuga igurlu (Pongamia glabra) leaves, is mixed with a paste of garlic and taken three times after menses. The Chenchus believe that this herbal medicine without garlic paste increases fertility but with garlic paste prevents conception.

Consumption of the seed of thella guravinda (Abras precatorius) on the first and second day of menses prevents pregnancy for one or two years.
Eating the flower of Booruga tree (Bombax ceba) on the first, third and fifth day during menstrual period is said to cause sterility for a prolonged period.

Smoking powdered Rokati Banda (an anthoped) with tobacco is supposed to cause impotency in males.

Besides, a powder made from several roots, barks and leaves is supposed to be an effective contraceptive medicine. This medicine slightly reddish in colour is said to be widely used but its ingredients and preparation are known only to a few people who do not divulge this knowledge. This medicine is supposed to have a suppressant effect on regular menstrual cycles. Normal cycles of menstruation is resumed if the woman stops consuming this powder successively for two months. There are certain other methods like urination, washing or removing semen from vagina with finger soon after sexual intercourse. Certain sexual postures like standing and woman lying on the top of man are also believed to reduce the chances of conception. The other method is to avoid complete penetration of male sex organ. All the herbal medicines mentioned above except for a few are known to most of the Chenchu women and are said to be available easily in the surrounding forest areas.

The people hold the view that traditional contraceptive devices are not permanent and can be reversible. The Chenchu women who have used the
herbal medicines say that they do not get menses. The Chenchus also believe that the effectiveness of herbal medicine is dependent largely on benignity of the ancestors or deities on whose name the medicine is administered. The Chenchus also said that the effectiveness of a particular contraceptive method varies from person to person. For some persons, magico-religious methods are said to be effective. However, it is also said, that the Chenchus use some herbal contraceptives along with the observances of magico-religious methods.

Traditional methods carry some risks. The foremost risk is the effectiveness. The Chenchus are aware that their own methods fail sometimes. The next risk is related to health. The most common problem is menstrual disorder associated with acute pain. Sometimes permanent infertility may also result if the medicine is not properly administered and food taboos violated. Another frequently reported problem is nausea associated with stomach ache. Weak persons may also experience reeling sensation.

In spite of these problems, the Chenchu women reported that traditional methods are relatively secure and the eventualities would not precipitate into serious ailments.
MODERN METHODS

Among the modern methods of family planning, sterilization and condom are very popular though condom is actually used by very few persons. IUD – locally known as loop—is less known, though some of the informants have reported using them.

Using IUD is said to be inconvenient. It is reported that it causes uneasiness, irritation and may slip during intercourse. Besides, the women do not know how to insert. The ANMs are also not properly trained and are hesitant to insert the loop. The major hindrance is privacy. The loop insertion if usually done at the PHC and as such Chenchu women are not very much concerned about it.

Though condom is known widely, its use seem to be not very popular. When condoms were supplied some 20 years ago in Bairlootigudem, they were used as baloons. These are easily available and displayed in shops and are distributed by the family planning personnel in the nearby townships. Two problems in using the condom are reported. The first one is that the condom was considered as artificial and hence unnatural. One women reported that if semen is not released in the vagina, women would not enjoy sexual intercourse and using condom prevents this pleasure. Men themselves feel that using condom is not the same sort of sex as the one without. The latter is more real and satisfying than the former.
The second problem is related to the disposal of the used condom. The Chenchu consider that semen should not be carelessly disposed. Hence used condom containing semen cannot be simply thrown outside. If it is thrown outside or dumped along with litter or in dung pit, there is every possibility that it may become visible owing to the action of stray animals or when the children play. Such an eventuality is rather embarrassing. Usually, sexual intercourse take place during the day time in the forest. However every time a couple leaves for forest, they think it is rather ridiculous to carry the condom packet along with them. In spite of this, the Chenchu men and women felt that condom is the best method for preventing pregnancy which do not impose risks. Because of the Chenchus live in isolated places, availability of condoms is a big problem.

Evidently condom is used to prevent pregnancy. It is said that it is used by a few persons in illicit relations. Within the conjugal family, educated persons are said to be using condom as a temporary method of contraception. However using condom regularly is the main difficulty for the reasons cited above.

Sterilization is the most popular method of modern contraception. The Chenchu know that it is an irreversible method and are contemptuous in talking about it. However, due to the constant and regular propaganda of
family planning, they learnt about it. Among the *Chenchu* women out
numbered men in going for sterilization. Tubectomy is popular because,
women can cope up with any after effects as it is felt that tubectomy is purely
a woman's business. Particularly the ANM is a female and women can easily
discuss with her.

*Chenchu* men feel that vasectomy may become a hindrance in doing
hard work.

*Chenchu* women said that there are certain risks in sterilization. Firstly
there is a risk associated with potential child loss in case children die in future.
Secondly they are afraid that sterilization requires surgery. Further, it is also
believed to cause a potentially debilitating state of weakness and weight
fluctuations (loss of gain), backache and problems associated with healing.

On the whole, traditional methods are favoured than modern methods.

**PERCEPTION OF FAMILY PLANNING SERVICES**

Within the Indian Government Programme, each auxiliary nurse
midwife (ANM), the key multipurpose extension health worker, is expected to
visit every household within her area of work at least twice in a month to
provide health services. These include disease surveillance, information on
and services related to maternal and child health, as well as motivation for family planning and provision of some contraceptives.

The primary health centre (PHC) is simultaneously a family planning clinic in the townships located at the periphery of the Nadianalai—the abode of the Chenchus of the present study. In order to avail family planning services, the clients have to travel to these clinics. Good surgical practice and sterile techniques are difficult to maintain in these clinics owing to understaffing and lack of proper resources—equipment, medicines, beds, sterilization facilities etc.

The Chenchus view that the PHC staff behave in a way as to show their elevated status relative to the poor Chenchus. This is a matter of hindrance to their apparent desire for a sense of security by way of receiving adequate counseling. The Chenchus are very much aware of their inability to interact with the health-care system, to engage successfully in dialogues with the health-care personnel and to obtain useful services and advice. Sometimes, the doctors and other supporting staff are not efficient so much so that the patients and clients are advised to go to district headquarters or to some private practitioners for adequate attention and effective treatment.

The Chenchus also indulge in contraceptive evaluation by sharing their experiences within the community. During the interviews references to other
people's experiences often emerge as episodes of reference or to reinforce one's point of view of a side effect or problems faced in the hospital.

There are significant shortcomings in worker-client reach-out effort in the frequency and regularity of visits, the time devoted by workers to outreach activities and in the duration of time spent with clients during outreach visits.

In a discussion separately held with the Chenchu and ANMs, the following findings have emerged with respect to family planning service.

1. ANMs usually visit the gudemis located on the road side and the interior gudemis are largely neglected, if not totally left untouched.

2. ANM's timings of visit (10.00 A.M. to 12.30/1.00 P.M.) do not synchronize with the Chenchu's work habits. As a result many Chenchus fail to meet ANMs, during the latter's visits to the gudemis.

3. ANMs visit gudemis and not individual households. At best they may make a casual enquiry with the passersby. They expect the Chenchus to come to the spot of their choice of stay—either a road side hut, Anganwadi Centre, Woman—Child Centre in the gudem.

4. Privacy, is deprived at if there are several clients. As a result the Chenchus hesitate to discuss their contraceptive needs.

5. ANMs usually speak to women, Men are very rarely approached. Neither the men show interest in approaching ANMs for contraceptive needs.
6. ANMs spend very short periods of time in the gudems. Their visits are greatly influenced by the timing of the bus transport. They are not also inclined to stay till evening, even if a bus service is available at that hour because, by then, many Chenchus would have consumed liquor and the ANMs avoid meeting inebriated Chenchus for the fear that such meetings may lead to disputes. Their major concern is to catch the bus, failing which they get held up in a place where provisions for halt and telecommunication are not available. Besides ANMs have the social responsibility of housekeeping back home and they say that they cannot afford to stay back in view of objections from husband and parents-in-law.

7. The ANMs largely indulge in motivating the Chenchu to go for sterilization. They are expected to meet the targets set in for sterilization. Though the ANMs are supposed to inform the clients about various other methods, sterilization is given greater emphasis than other methods. The ANMS presume that the permanent method is better than the temporary methods for the Chenchus. They justified themselves by saying that the Chenchus do not use temporary methods strictly and hence they are not effective.
On the whole availing family planning services is shrouded with contrasting view points. The Chenchu feel that they are neglected lot whereas the health personnel feel that the Chenchus refuse to avail the services.

From the above account, it can be summarized that the Chenchus do see the need to avoid close pregnancies, though child mortality is an impinging factor that dissuade the people from going for permanent FP methods. Traditional methods are preferred over the modern methods.