CHAPTER IV
CHAPTER IV

REPRODUCTIVE HEALTH OF THE MOTHER

The reproductive health of women generally confines to the female reproductive organs and is particularly relating to child bearing. It begins at the time of onset of menarche and continues till the woman attains menopause. The concept of reproductive health was first developed by World health Organisation (WHO). Later, WHO's definition was reiterated at the International Conference on Population and Development (Cairo, 1994) makes explicit what reproductive health means (Wang, 2001:5).

‘Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its function and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so...’
Reproductive health thus implies that women can go safely through pregnancy and childbirth, so that fertility regulation can be achieved without health hazards and that people are safe in having sex (cited in Wang, 2001:5).

For proper growth, development and betterment of the baby, mother’s health plays a very crucial role. Baby’s life after birth is very closely linked with its life in mother’s womb. Only a healthy mother can produce a healthy baby. But, the health status of women in developing countries like India, is very poor in comparison to other developed countries. Despite of the development of increasingly sophisticated medical technology, the maternal mortality and morbidity in developing countries including India are still very high. On the whole, in general, the worse hit groups are women and children under five. In India the present maternal mortality rate is 407 per 100,000 (SRS Bulletin, 2000:4). Nearly 1.5 lakh women are dying of pregnancy related causes in India each year (Indian Express, 2000:5). Induced abortions, anaemia, bleeding during pregnancy, etc. are the various causes of maternal mortality and morbidity.

The National Family Health Survey of India (1998-99) states that 52 per cent of married women and 74 per cent of young children are anaemic. It also says that anaemia, the underlying cause for most maternal and infant deaths, is most common in Assam where nearly 7 women in 10 are anaemic (Pioneer, 2000:4). Poor health of women not only leads to maternal mortality but also
responsible for producing unhealthy baby because of maternal depletion, which is a result of early marriage, repeated pregnancy and lactation, inadequate diet, heavy work load, lack of rest, etc. These factors often lead to some cumulative disorders that lead to anaemia, general malnutrition with premature ageing and early death. Moreover, it is an established fact that, early marriage and early conception are very dangerous both for the mother and the baby. Any history related to previous abortion, miscarriage or stillbirth, etc. also might influence the maternal health causing a high risk factor to present pregnancy.

Understanding the ill effects of these problems, several researchers have carried out various studies to find out the relation between the health and other history of illnesses of the mother and pregnancy output and have proved the positive link between these factors. Many of these pregnancy related deaths and complications could be minimized if proper care is taken at proper time. Considering the above, in this study too information was collected to understand such factors responsible for the same.

(a) Age at Marriage and First Conception

Age at marriage and child bearing is a very important aspect for the well being of the mother as well as for the baby. Young women who bear their first child during adolescence are likely to get pregnant again sooner than women who bear their first child when they are in their thirties. Early pregnancy,
therefore, has a tendency to lead to a larger family with a possibility of facing serious health hazards there of.

Data from studies in several countries consistently show a higher risk of maternal death among teenage girls compared with women aged 20-34 years. The risk for very young i.e. 10-14 years teenagers is much greater than for older i.e. 15-19 years teenagers (WHO, 1993:13-27).

In India marriage and motherhood are the only carriers for majority of the women and for which they are groomed from girlhood. According to 1991 census, 95 per cent of women are or have been married, majority of them by the age of 18 years. Most often, within a year they become mothers and hence the average number of children per woman is reaching to 3.7 (Hindustan Times, 2001:11).

According to Friedman (1994:31), the health and life of adolescent girls below the age of 17 years are put at risk by pregnancy and childbirth. Furthermore, her social, psychological and economic well being as well as that of her children, are also likely to be disadvantaged if she gives birth during adolescence.

In many parts of India, girls get married soon after attainment of puberty. Poverty, illiteracy, ignorance and various socio-cultural factors are
Fig. 4.1: Graphic representation of ages of the mothers of the Deoris, Garos and the Karbis at their first pregnancy.
closely associated with early marriage. Although the age of marriage and first conception is rising in many developing countries, there are still many cases of early marriage prevailing in these countries, including India. India is a country, where the system of child marriage in some places is still in vogue, hence, absence of adolescence marriage and pregnancy cannot be ruled out at the present scenario.

Considering the above, it was tried to find out the age at marriage and first pregnancy of the mothers interviewed. Data showed that, majority of the mothers got married between the ages of 15-19 years. Tribe-wise analysis reveals that more than 50 per cent respondents of the Deori community got married between the ages of 20-24 years. It was between 15-19 years when more than 50 per cent of the Karbi and more than 40 per cent of the Garo mothers got married. Marriage before the age of 15 years was found among the Garos and the Karbis. It was nil among the Deoris. In this context it may be commented that the incidences of early marriage among the hill tribes are still higher than that of plain tribe. Fig. 4.1 illustrates the tribe-wise break up of mothers' age at marriage. Moreover, it has been found that, almost all the mothers conceived within the first year of their marriages. Only 3 Garo and 1 Karbi respondents conceived one year later of their marriages and 3 Deori mothers conceived on the third year after their marriages.
From the above data it has been found that, a remarkable percentage of mothers conceived their first baby during adolescence period. Among the hill tribes it was more than double than the plain tribe. It was more or less of close percentage among the Garos and the Karbis. Early age conception (before 15 years) was more among the Garos with 10 out of 100 respondents than the Karbis with 3. It was nil among the Deoris. This may be because of higher level of socio-economic status of the Deoris than others.

Case 1

Mrs. Rima Deori, aged 30 years, is the wife of Mr. Biren Deori (40 years) a constable in Assam Police Battalion. Mrs. Rima had passed her examination of class IX before her marriage. Mr. Biren had passed High School Leaving Certificate Examination. They are the inhabitants of Uppar Deori Gaon of Jorhat district, Assam. They have 15 bighas of cultivable land, which they give on lease on the local terms and conditions. According to the contract, they receive half of the variety of crop produced by the leasee. Because her husband is a service holder and can acquire paddy from the lease to eat throughout the year, therefore, they can maintain their life without less hindrance. The members of Mrs. Rima's family of orientation live in the Madhupur village of Lakhimpur district, Assam. That family is composed of her father, mother, 2 younger sisters and a younger brother. It is a flood prone village and floodwater destroys the crops there every year. The sand carried by floodwater dumped in the cultivable field each year, due to which fertility of field is gradually being reduced. Her father is an agriculturist and he produces crops by himself in his own field. Due to the unproductiveness and uncertainty of the agricultural production, they have to live a hand to mouth life. From a mediator, when Rima's father came to know that Mr. Biren is in search of a mate, he was eager to tie the nuptial knot of his eldest daughter with Mr. Biren. Rima was only 17 years old when she got married to Mr. Biren. Her first son died at the age of 4 years due to some unidentified health problem. At present she is the mother of three children.
Case 2

Mrs. Dipa Deori, aged 32 years, an inhabitant of Chamaguri village of district Sivasagar, Assam is an illiterate housewife. Her husband, Mr. Balin Deori, is the only son of his parent. He had read up to class V. Mrs. Dipa is the mother of 4 children, two sons and two daughters. Agriculture is their mainstay. Besides the homestead compound, they have 5 bighas of cultivable land where they produce various varieties of paddy mainly. Before marriage, Mrs. Dipa lived in the Rajabari village of Sivasagar district. Her father is an agriculturist. With the meager production from his tiny field, Mrs. Dipa's father had to face tremendous hindrance to maintain his large family. When Mrs. Dipa was about 17 years of age, one of the family friends informed about Mr. Balin to his father. Mrs. Dipa's father was delighted because the economic condition Mr. Balin was far better to that of his family. Moreover, as Mr Balin was the only male child of the family, naturally he is the sole inheritor of his immovable parental property. Immediately Dipa's father agreed to the proposal and she was married to Mr. Balin at the age of 17 years only.

Case 3

Mrs. Pekhilda N. Sangma, aged 32 years is a mother of 3 children. She studied up to class IX. Her husband Mr. Emphos R. Marak is 40 years old and he is working in Assam Police Battalion as a constable. He also studied up to class IX. They belong to the village Dhanhati of Kamrup district, Assam. They have 4 bighas of land and there they grow various varieties of paddy mainly. Mrs. Pekhilda got married at the age of 16 years. Being the only daughter of the family she is the sole inheritor of the mother's property. Her father died when she was 11 years old. In the absence of the father, their family was in trouble to look after the land and also to fulfill their inevitable requirements when all of her brothers got married and went off to their respective in-laws houses. In that situation Pekhilda's mother insisted her to get married. At that time she just appeared class tenth final exam. However, she could not clear her HSLC examination and got married to Mr. Emphos, who by that time joined in service. Before her marriage Mrs. Pekhilda thought of studying further till graduation. But situation did not
allow her to fulfill the desire. She still regrets her fate that forced her getting married at that young age. She expressed her willingness to fulfill her dreams through her daughters by affording all at their level best for their education.

Case 4

Mrs. Norme A. Sangma, aged 25 years, lives with her husband Mr. Robert G. Sangma (44 years) in their parental house Foffonga Garopara village of district Goalpara, Assam with their 3 children - Pubi (son, 6 years), Ekon (son, 5 years) and Hiben (daughter, 3 years). Besides their 3 children, she had another son, who was her first child. He died at the age of 1 year due to diphtheria. They have only 2 bighas of land to practise wet cultivation. Therefore, Mr. Robert also cultivate in others field as tenant. Moreover, they also produce vegetables, pineapple, etc. in the jhum field. Mrs. Norme's parents were very poor and both of them died when she was very young. She was brought out by her mother's sister, who was also suffering from acute financial obstacles. She had to look after Mrs. Norme along with her 4 children. Mr. Robert was married to another lady and they had 2 children. Due to the dominant behaviour of his mother-in-law and tremendous attachment of his wife to his mother-in-law, Mr. Robert had cut off his relation to his wife and abandoned his in-law's residence. Mrs. Norme's mother's sister found her to marry 35 years old Mr. Robert when she was only 16 years old.

Case 5

Mrs. Somile G. Sangma, aged 16 years, an illiterate divorcee, lives in the parental house with her old and ailing parents and 2 younger brothers and a younger sister. She is the mother of 1 year 4 months old son and an inhabitant of Gohalkana village of Kamrup district, Assam. Her father is suffering from acute back pain and cannot perform any laborious and strenuous work. Mrs. Somile's mother has also been suffering from breast cancer and according to the physician she will live hardly for a year or two. They have 15 bighas of cultivable land and in 10 bighas they cultivate various varieties of paddy and the rest of land they use for horticultural products. The minor brothers of Mrs. Somile cannot help much in the cultivation and
therefore, she was married to Mr. Sarjas Chandra Marak, aged 22 years, when her age was around 14 years only. It is pertinent to note here that the Garo is a matrilineal tribe and residence after marriage is matrilineal among them. Her parents thought that their son-in-law will look after their cultivation and they could get rid of poverty at least to some extent. Her husband Mr. Sarjas, at first was a devoted and a lovable husband and he tried his best to conduct agricultural activities. Though the Garos professed Christianity yet some traits of their traditional animistic religion is conspicuous in the present social-religious web. Till to date they believe in a number of benevolent and malevolent deities, divination, omen, sorcery, etc. The co-villagers believe that Mrs. Somile's family is in distress due to the mischievous activities of the evil spirit in the body of Mrs. Somile's mother stealthily seeks the opportunity to do harm to the other villagers. Basically for the fear of the spirit, Mr. Sarjas abandoned Mrs. Somile with his only son.

**Case 6**

Mrs. Kermoni A. Sangma, aged 26 years of Dalek village of Goalpara district, Assam, is a widow and mother of 3 sons and 2 daughters. Her eldest son is 14 years old and youngest one is of 1 year 3 months. Her second child died at the age of 8 months due to high fever. Only 8 months back her husband also expired in a road accident. Mrs. Kermoni studied up to class X. She lives now in a joint family with 10 family members. They possess only 3 bighas of cultivable land and the production in it is not sufficient to run the family throughout the year. Therefore, they have to practise jhum cultivation too. Mrs. Kermoni's elder sister got married to one boy belonging to Rabha tribe of Assam and started living with her-in laws. Thus Mrs. Kermoni became the future owner of her mother's property. She got married to Mr. Moksin R. Marak who was 2 years older to her and was running a small grocery shop in the village. Mrs. Kermoni's case was a love marriage. According to her, her husband was good looking and very hard worker. Hence, many proposals came to him and his parents were forcing him to get married to a girl of a well-to-do family. But as Mr. Moksin was in love with Kermoni and also to get rid of those marriage proposals, both of them decided to get married. At that time Kermoni's age was only 15 years and Mr. Moksin was 17 years.
Case 7

Mrs. Mitali Ingtipi, aged 22 years, was an inhabitant of Onbey village, Karbi Anglong district, Assam. When Mitali was a student of class IX in a local High School, she was in love with a local Karbi boy. Due to that relation, she became pregnant and gave birth a daughter (Mina). Her dishonest lover denied their relation and had not accepted Mitali. She was the eldest daughter of her poor parents. Moreover, her parents have 4 daughters and a son. To avoid the pinching remarks of the co-villagers, the parents send Mitali to her mother's brother's house at Diphu town. There she met Mr. Bharat Bey, aged 26 years, an office assistant of sericulture department. Mr. Bharat exhibited his inclination towards Mitali and afterwards he married her. Now Mrs. Mitali is the mother of another daughter, Sonali, aged 6 months only. Now Mrs. Mitali lives with both her daughters in the house of Mr. Bharat at Diphu town.

Case 8

Mrs. Rublin Tissopi (36 years), wife of Mr. Jogen Engti (38 years) is the inhabitant of Sing Tisso village of Karbi Anglong district, Assam. She is the mother of 5 daughters, namely, Reena (18 years), Kajok (15 years), Sikha (10 years), Radha (7 years) and Premi (3 years 1 month). Mrs. Rublin is illiterate and her husband read up to class VII. They have 24 bighas of cultivable land and they principally depend on agriculture to maintain their lives. Rublin was the eldest daughter of a poor cultivator's family. It was very difficult for her father to maintain his large family only with the agricultural productions produced in his 5 bighas of cultivable land. So he tied the nuptial knot of Rublin with Mr. Jogen when Rublin was only 16 years old.

From the foregoing cases, the most common reasons of early marriage of girl are poor economic condition of their families associated with too many children, receiving good matrimonial proposals, strong emotional attraction and to look after the property, especially in the Garo community.
Mrs. Norme A. Sangma (case-4), Mrs. Rublin Tissopi (case-8) and Mrs. Rima Deori (case-1) got married at their early ages just because of financial constraint. Mrs. Pekhilda N. Sangma (case-3), also Mrs. Norme A. Sangma (case study-4) and Mrs. Somile G. Sangma (case-5), had to marry early due to lack of male members in their family to look after the property. Like Mrs. Dipa Deori (case-2) there are some other cases too where girls have to marry early if her parents arrange mates for them. In addition, emotional affinity may also leads to early marriage as in case of Mrs. Kermoni A. Sangma (case-6).

Whatever is the reason, early marriage, as mentioned in previous paragraphs, always lead to a longer fertility period, in addition to other health as well as social problems. Therefore, proper awareness about ill effects of early marriage must be conveyed to the masses through various concerned personnel and departments.

As a whole, it can be said that, low level of education, lack of awareness, poverty, etc. are the underlying causes of early marriage and conception among the tribes studied.

(b) Abortion and Stillbirth

A pregnant mother is considered at high risk if she has a history of abortion/miscarriage or stillbirth. Abortions both induced and spontaneous are
widespread. Induced abortion is probably used to limit the family or to get rid of unwanted pregnancy. But abortion should not be a method of family planning. Every year unsafe abortion claims many lives (The Sentinel, 1999:6).

Moreover, the risk of stillbirth and early childhood death increases due to obstructed labour especially in case of adolescent girl whose pelvis is not developed properly to attain its full capacity. The risk is greater if the delivery takes place at home without skilled medical personnel. Whatever it is, abortion, stillbirth, etc. always increase the health risks to the mother.

Twelve per cent mothers of the studied population had the history of abortion and most of them had experience with one abortion only. Tribe-wise variations were not much apparent (Table 4.1). Except one Deori mother all the abortions were spontaneous.

Table 4.1

<table>
<thead>
<tr>
<th>Tribe-wise distribution according to the total cases of abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tribes</td>
</tr>
<tr>
<td>Deori</td>
</tr>
<tr>
<td>Garo</td>
</tr>
<tr>
<td>Karbi</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

The only mother of the Deori community, who had induced abortion, reported of trying to avoid the issue because she already has two children. Thus, from these information it can be opined that, practice of induced abortion among the tribal mothers irrespective of hill and plain tribe is much
less. Further, only one Deori mother reported stillborn case. It was nil among the mothers of the Garos and the Karbis.

(c) Family Welfare Activities

Population explosion being a global burning problem has been drawing attention of planners of concerned government departments as well as various voluntary organizations. It is well recognized that, various problems such as poverty, unemployment and so forth are the result of increasing hungry mouths. In addition, it also enhances the factors affecting the environment in various ways leading to serious health problems.

'For the past 200 years, scholars and policy makers have been debating the question of the relationship between the population and development. Controversies have raged about the future of the world because of increasing population and depleting resources. Perhaps the best known controversy is that between the doomsayers' who see the concurrent pressures of population growth, increasing demand for resources and environmental degradation as serious threats to earth's capacity to sustain human population; and the 'cornocopians' who see opportunities rather than problems, who predict the equanimity that human ingenuity, technological advances and efficient distribution system will usher in a golden tomorrow (Venkataiah, 2001:1)'.

India is the second largest country in the world with a very high density of population approaching to the sources of problems such as- poverty, lack of sanitation, environmental degradation, etc. which in turn increases the health risks of the masses along with other social problems. Problems of population
explosion are interconnected with each other. As it indicates high fertility, repeated pregnancy, increased induced abortion, etc. all these have great impact on the health status of the women which in turn produce unhealthy baby leading to substandard health of the common masses that are closely associated with low level of productivity.

The population growth rate continues to be alarming high; maternal mortality and child mortality are distressingly high; the per capita calorie consumption is yet to reach the recommended allowances, thus resulting in severe malnutrition, particularly among young children and expectant women, blindness tuberculosis and leprosy continue to have incidence. Safe drinking water, which is necessary for controlling the water-borne diseases, is accessible to only one third of the rural population and only 0.5 per cent enjoys basic sanitation amenities (Venkathaiah, 2001: 30).

This vicious cycle will go on if proper strategies are not developed and implemented to limit the family sizes. However, now a days various affordable and easily available equipment and measures are found all over the country, use of which could substantially reduce maternal mortality and morbidity. This is so, because family planning is a crucial element in avoiding high-risk pregnancies, including pregnancy in women under the age of 18 and after the age of 35, inadequate spacing births and in reducing the total number of pregnancies in lifetime of a woman.

'Contraceptive use is one of the crucial measures to improve health, (1) by reducing the number of pregnancies, (2) by reducing the likelihood of complications during pregnancy and (3) by improving outcomes of pregnant women with complications. Many women resort to abortions are illegal in most of the developing
countries, many women undergo unsafe procedures. Even in those places where abortion is legal, low qualities services put women at risk. Moreover, the continuing high number of abortions, often undertake illegally at great risk, also testifies to women's desire to control their own fertility (Kumari, 2001:443-444).

Although various family planning measures are available, it is yet to reach the entire common masses because of lack of proper awareness and education. Many women, both married and unmarried go for abortion just to get rid of unwanted pregnancies. This makes unsafe abortion, one of the greatest neglected problems of health care. Various socio-cultural factors are also responsible for people's attitude towards adopting different family planning methods.

Mrs. Indira Gandhi, former Prime Minister of India, mentioned in her inaugural address at the first conference of Asian Forum of Parliamentarians for Population and Development held at New Delhi from 17 to 20 February, 1984, that:

'Young people must be in the vanguard of the movement to restrict population growth and to promote sustained development. In schools and colleges and through non-formal education they must be made conscious of the dynamics of population growth and its implications for their own further well being and that of the nation (cited in Venkataiah, 2001:8-9)'.

Understanding the above, data were collected to get an idea about the status/attitude of family planning among the tribal communities under study. Information was collected only about the mothers' awareness towards family
planning. It was found that, 83 per cent of the studied population was aware about family planning. Tribe-wise analysis according to the number of respondents knowing about family planning shows that, out of 100 respondents of each tribe, it is the Deori community who occupied the first place with 92 per cent followed by the Karbis and the Garos with 82 and 75 per cent respectively. Table 4.2 reveals the sources from which the mothers came to know about family planning.

<table>
<thead>
<tr>
<th>Sources</th>
<th>Deori</th>
<th>Garo</th>
<th>Karbi</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical staff</td>
<td>47</td>
<td>31</td>
<td>48</td>
<td>126 (50.6)</td>
</tr>
<tr>
<td>Neighbour</td>
<td>28</td>
<td>29</td>
<td>15</td>
<td>72 (28.92)</td>
</tr>
<tr>
<td>Husband</td>
<td></td>
<td>12</td>
<td>7</td>
<td>19 (7.63)</td>
</tr>
<tr>
<td>Media</td>
<td>4</td>
<td></td>
<td>8</td>
<td>12 (4.82)</td>
</tr>
<tr>
<td>Book</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>9 (3.61)</td>
</tr>
<tr>
<td>Anganwadi worker</td>
<td>5</td>
<td></td>
<td>2</td>
<td>7 (2.81)</td>
</tr>
<tr>
<td>Relative</td>
<td>1</td>
<td>1</td>
<td></td>
<td>2 (0.8)</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td>1</td>
<td>1 (0.4)</td>
</tr>
<tr>
<td>Student of H.Sc. college</td>
<td>1</td>
<td></td>
<td></td>
<td>1 (0.4)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>92</strong></td>
<td><strong>75</strong></td>
<td><strong>82</strong></td>
<td><strong>249</strong></td>
</tr>
</tbody>
</table>

From the table 4.2 it is evident that, more than 50 per cent of the respondents, who gave positive replies, first came to know about family planning from the medical personnel. One fourth of the group came to know from the neighbours. Other informants were husband, relative, media (TV and radio), book, etc. Information was gathered about the methods used by those
couples of the selected tribes, having knowledge about family planning and found that, more than three fourth of them did not take any measure till the time of data collection. Among the rest (24.9%), who adopted family planning measures, majority (43.55%) of them preferred oral pills, followed by operation (25.81%), copper-T (20.97%) and some herbs (8.06%). Use of condom was reported only in one case in Garo community, which was nil in the other two tribes. Tribe-wise distribution according to the family planning method adopted is given at table 4.3.

**Table 4.3**

| Tribe-wise distribution according to the family planning method used |
|-------------------------|-----------------|-----------------|-----------------|-----------------|
| Method used             | Deori (%)       | Garo (%)        | Karbi (%)       | Total (%)       |
| Oral pill               | 8 (57.14)       | 8 (32.0)        | 11 (47.81)      | 27 (43.55)      |
| Operation               | 5 (35.71)       | 6 (24.0)        | 5 (21.74)       | 16 (25.81)      |
| Copper-T                | -               | 8 (32.0)        | 5 (21.74)       | 13 (20.97)      |
| Herbs                   | 1 (7.14)        | 2 (8.0)         | 2 (8.7)         | 5 (8.06)        |
| Condom                  | -               | 1 (4.0)         | -               | 1 (1.61)        |
| **Total (%)**           | **14 (22.58)**  | **25 (40.32)**  | **23 (37.1)**   | **62**          |

It is mainly the women who go forward for adopting family planning measures than their male counterparts. However, nobody in the family of all the tribes was found resisting the respondents from adopting family planning measures. In fact, just after the medical staff, it was mainly the husbands who insisted and had been insisting them towards family planning. However, 11
Garo mothers and 3 each in the Deori and the Karbi mothers adopted family planning on their own. The number of Garo mothers, taking decision alone was more than the other two tribes, which indicates the influence of women authoritative system in a matrilineal society. The case studies presented below will give a better picture in decision making and attitude of people so far the family planning is concerned.

Case 9

Mrs. Champa Deori (27 years), wife of Mr. Jivan Deori (32 years) is the mother of three daughters, namely, Chumi (6 years), Jumi (4 years) and Rumi (2 years and 2 months). She read up to class X. Her husband had passed High School Leaving Certificate Examination and now served as a peon in the Railway Department. She lives in a joint family composed of 9 members. They have 20 bighas of cultivable land where they cultivate various varieties of paddy and other seasonal vegetables. They live in Uppar Deori Gaon of Jorhat district, Assam. Mrs. Champa had conceived first at the age of 20 years. Spacing between first and second child is 2 years and second and third child is 1 year and 10 months. The couple came to know about the family planning through a local physician. Mrs. Champa and her husband have not yet adopted any family planning measure. No one from her family has insisted her to adopt a suitable family planning measure to avoid further pregnancy. But her husband expects a male child and therefore, he is against her desire. During the time of interview of Mrs. Champa by this investigator, her husband was also present. He told this investigator that a family of an agriculturist is not completed without a male child and therefore, he keenly desire for a male issue.

Case 10

Mrs. Rohila Deori (40 years) of Nam Deori Gaon, Jorhat district, Assam, is a mother of 3 sons, - Mithun (6 years), Bijit (5 years) and Arun (3 years and 10 months). She and her husband read up to class VII. Her husband is a cultivator and possesses 9
bighas of cultivable land. They live in a joint family composed of 12 members. In the family, two adult members pursing services in two semi-government offices. During the time of data collection by this investigator, Mrs. Rohila was pregnant. Spacing among her children is 1 year. A nurse, who frequently visits Mrs. Rohila’s house, informed her and her husband about the usefulness of family planning measure. But the couple is reluctant to adopt family planning measures. Mrs. Rohila told this investigator that she desired to give birth as many as children are in their fate.

Case 11

Mrs. Martina K. Marak (40 years), a pregnant resident of Dhanhati village, district Kamrup, Assam, is the wife of Mr. Toningthon J. Sangma (aged 42 years). Her husband is a wage labourer. They have only 2 bighas of cultivable land where they produce various varieties of paddy. Her eldest child Miss Rasa is 11 years old. Her second and third siblings are sons, namely-Kenji (9 years) and Sumian (7 years 6 months). Her fourth issue was stillborn. The fifth and the youngest one is Miss Carolina and she is only 4 months old. At the age of 28 years Mrs. Martina had conceived for the first time. Except the last two children, the spacings among her siblings are 1.6-2 years. She gave birth to her fourth child (stillborn) when the third one was 1 year 7 months old. Her fifth child was born after a gap of five years from the stillborn issue. Mrs. Martina K. Marak expressed her unwillingness to have the fifth child. She was aware about family planning and implanted copper-T just after her still born baby, because of which there was a gap of five years. She removed the device thinking that there are less chances of conceiving at the age of 39 years. But, unexpectedly she conceived and gave birth to a baby girl. She was aware of family planning measures through nurse and was influenced by her to adopt family planning measures. Now, she took decision of adopting permanent method realizing the problems of big family leading to poor economic condition. Initially, her husband was against of operation, but after having arguments when she strongly stated her willingness and decision, her husband could not tell anything. However, later on, she could convince her husband and in this matter the nurse also helped her to motivate Mr. Toningthon J. Sangma, her husband.
Case 12

Mrs. Lucitha M. Marak of Dalek village of Goalpara district, Assam, is a mother of three children. She possesses a joint family that comprises with nine members. Her husband Mr. Minason R. Sangma runs a small tea stall and her father works in an office as fourth grade employee. They do not have cultivable land but practise jhum cultivation sometimes. Mrs. Lucitha got married and conceived first when she was 21 years. Now, their eldest daughter is 5 years old. The second child is a boy and was born when their daughter was 2 years old. The son is 3 years old now. Lucitha again delivered a baby boy three days before. She heard about family planning from the village ladies, but till now neither she nor her husband has adopted any of these. Once she raised the topic for discussion with her husband and mother but no one showed any interest and did not give any comment. According to her, nobody in the family including her knows properly about the methods of family planning and harmful effects of it if any. Therefore, they did not give respond. But, Mrs. Lucitha is still thinking about it and decided to talk with a lady who has adequate knowledge on family planning.

Case 13

Mrs. Binoo Singnarpi, aged 24 years lives in Rangmanjir village of Karbi Anglong with her husband Mr. Roopit Terang, aged 27 years and their 2 children Motison Terang (4 years) and Sonmili Terangpi (1 ½ years). Binoo is illiterate and her husband studied up to class IX. Though they have 6 bighas of cultivable land and they cultivate mainly paddy, for day-to-day requirements he works as daily wage labourer. Their economic condition is not very sound. Mrs. Binoo got married at the age of 18 years and at 19 she gave birth to their first child Motison, a baby boy. Their next child is a girl and who was born when Motison was 2 ½ years old. Though Mrs. Binoo is illiterate she knows very well about family planning. A physician first informed her about it. She also told that, it is the doctor who insisted her to adopt temporary method of family planning for adequate spacing between the children. Her husband is also very cooperative in this regard and with mutual understanding she used copper-T for more than 1 ½
years after giving birth to the first child. Mrs. Binoo and her husband are very much concerned about their poor economic condition and both of them do not want any more children. Thus, Mrs. Binoo again implanted copper-T after giving birth to their daughter.

**Case 14**

Mrs. Kungri Beypi is 30 year old and mother of 3 children. She lives in Rongsingba village of Karbi Anglong. Her husband Mr. Laren Singnar is 35 years old and a teacher of Lower Primary School. Kungri is illiterate. They neither have cultivable land nor practise jhum cultivation. Their eldest child is a boy of 10 years old, the second one is 8 years old daughter and youngest one is again a boy child aged 3 ½ years. Mrs. Kungri conceived first at the age of 19 years. She came to know about the family planning from a neighbouring lady and later on from her husband. However, she or her husband has not yet used any family planning device. Although they planned to have only two children, yet the third one is also born. Mrs. Kungri is afraid of using family planning measures as she thinks this may cause some health problems. She is also told by her husband to go for family planning measures but she is not yet convinced. Thus, the third son was born. After receiving frequent counseling and suggestions from her husband now she is thinking about family planning but confused to take decision.

In light of the above cases it is observed that the main reasons for not adopting the family planning measures are - lack of adequate knowledge, lack of motivation, fear of having health problems and not realizing the benefits of family planning. It is seen that, only just making aware of people about family planning is not enough. In addition all concerned personnel should keep on monitoring which family planning method to be adopted by the respective families. Here, Mrs. Martina (case study-11) gave birth to her fifth child, though
she did not want to. Mrs. Lucitha (case-12) draws attention of health educators or who has adequate knowledge in this area, to involve other family members too in awareness generating activities. Mrs. Champa Deori’s case (case-9) picturises the common Indian trend of making the family big just for the expectation for a boy child. People like Mr. and Mrs. Rohila Deori (case-10), Mrs. Kungri Beypi (case-14) need constant education. Success story as in case of Mrs. Binoo Singnerpi (case-13) should be brought into light for the benefits of the others. Therefore, effective awareness generating programmes such as individual counseling, health education, presenting successful case studies, use of medias, proper follow up of existing plans and programmes in this area must be ensured.