

# STUDY TO DETERMINE AWARENESS AND ACCEPTANCE OF FAMILY PLANNING PRACTICES AMONG THE TRIBAL POPULATION OF JHARKHAND- A CROSS-SECTIONAL STUDY.

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## Abstract.

### Objective:

The reduction in potency and inter-birth interval can decrease the chances of newborn and maternal death. With the execution of the national fertility program, there is a reduction in fertility rates considerably, but it persists in endemic groups in rural parts of India. This study was conducted to evaluate to know the knowledge of contraception and practice by type in tribal women in Jharkhand.

### Methods and Materials:

This is a cross-sectional study carried out in a tribal area of Jharkhand. In this study, 200 pregnant women were included. With the observation of a single characteristic complex analyses were conducted to know the number and characteristics of people living in this area and behavioural factors related to the understanding of contraceptive methods.

### Results:

All the tribal women were well acquainted with female sterilization. Few of the women around 40% knew about temporary contraception and 35% of the women did not know where to get them. The majority of the women knew about copper T (34%), but only 29.1% knew about oral contraceptives and condoms (12%). Temporary contraception was utilized by 3% of the women.

### Conclusion:

This study evaluated less or no awareness and usage of temporary contraceptive methods among tribal people in Jharkhand. The main aim is to make them aware of the different contraceptive methods for inter-birth intervals and should focus on young women.

### Recommendation:

Awareness of various methods of contraception needs to be mass introduced to people in tribal regions. Therefore, this research shows the requirement for complete education and encouragement related to temporary methods of contraception in tribal women.

**Keywords:** family planning practices, Awareness, Contraception, Sterilization, Submission: 2023-09-29, Accepted: 2023-09-29

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## 1. INTRODUCTION.

The United Nations has claimed that the population of India by the year 2050 will be 1.50 billion [1]. The increase in population hampers the social class progress. It affects the standard of living, deteriorating nature. The United Nations approximated that in the years 2001-2011, India's population increased at the rate of 1.64% in a year [2]. A reduction in potency and excellent inter-birth interval can reduce the possibility of newborn maternal death and also help in the stability of financial well-being. The decrease in fertility is associated with a large number of birth control and following changes in fertility standards [3-4]. As per India's national family health survey, the women in the age group of 18-50 do not want children [4]. There is a lack of accessibility and awareness, and usage is highly prevalent in India's lower socioeconomic groups.

Many women of reproductive age do not want a child soon or ever and not using contraception this is called an unmet need [5]. Around 150 million women are having unmet need [6]. The reason for this is a lack of awareness, fear of after-effects, economic issues, restricted stock, and expenses.

Endemic communities for example schedule tribes are especially at risk due to lack of knowledge and access to many birth control methods. Living in remote parts of India, tribal people are infamously unjust, with substandard lifestyles, lack of education, and a restricted approach to hospitals [7]. As per NFHS-5, the potency of women reduces with the rise in wealth and education [8-9]. Lack of knowledge of birth control methods is generally found in underprivileged and uneducated groups indicating an unmet need for contraception [10].

Jharkhand is mainly a rural state where 77% of people reside in villages, and around 30% of the people are tribal [10]. Only 36% of the population in the state is using birth prevention methods and reports of female sterilization are 24.2% and male sterilization is 0.6% [10]. There was a study conducted by the Empowered Action Group in which they evaluated the low usage of birth preventive methods due to uncooperative husbands and lack

of awareness [11]. Facilities for cessation of pregnancy are not sufficient. People are not aware of the medical termination of pregnancy. A poll was conducted on 23,445 people in less than one-fourth of them knew about the medical termination of pregnancy [12]. This study aimed to examine the awareness of contraception and family planning among the tribal population in Jharkhand, India.

## 2. METHODS AND MATERIALS.

### 2.1. Study Design.

This cross-sectional study included 200 tribal pregnant women and was conducted among the tribal population in Jharkhand, India. The study was carried out for 4 months. All the women were married and were 20-40 years of age group. Patients who did not give consent were excluded from this study.

### 2.2. Data Collection and Analysis.

Sociocultural details, medical history, obstetric history, awareness, and knowledge of HIV were noted. The socio-cultural aspect was evaluated by noting the age, occupation, pay scale, literacy, number of children, and religion. Other components related to contraceptive awareness and usage, involving the period of marriage, the chief decision maker of the house, education of the husband were also evaluated. The women were asked if they had any knowledge of contraception or where they could buy them to examine the knowledge of contraception.

### 2.3. Statistical analysis.

The software used for the analysis was StataSE V14.1. Descriptive analysis was carried out by using frequencies and proportions for categorical variables. For the evaluation of birth control awareness, multivariable regression analysis was done.

## 3. RESULTS.

In table 1, it is shown the awareness and usage of contraception methods. Among the temporary birth control methods 70 (25%) women

**Table 1: Awareness and use of contraception among tribal women who had recently delivered in rural Jharkhand.**

Contraceptive methods		Has ever heard of	Knows where to get	Has ever used	Currently using
Temporary	Oral contraceptive pills	70 (25%)	60 (20%)	4 (0.4%)	nil
	Intrauterine devices	90 (35%)	90 (40%)	3 (0.3%)	2 (0.2%)
	Injectables	10 (15%)	20 (15%)	0	nil
	Condoms	30 (25%)	30 (20%)	5 (0.5%)	4 (0.4%)
Permanent	Female sterilization	165 (88%)	170 (88%)	125 (47%)	100 (60%)
	Male sterilization	35 (12%)	50 (20%)	4 (0.8%)	2 (0.4%)

had heard about oral contraceptives, 90 (35%) women were aware of intrauterine devices, 10 (15%) women were aware of injectables, and 30 (20%) had heard about condoms. In permanent contraceptive methods, 165 women heard of female sterilization whereas only 35 of them were aware of male sterilization. 60 (20%) women knew where to buy oral contraceptive pills, 90 of them knew where to get intrauterine devices, 20 women knew where to purchase injectables and 30 women knew where to buy condoms.

17 women had the idea of where to get female sterilization and 50 had the idea of where to get male sterilization. Only 4 women had used oral contraceptives, 3 of them had used intrauterine devices, usage of injectables was nil and 5 women had used condoms. Female sterilization was used by 125 women and 50 men used male sterilization. None is using oral contraceptives presently, 2 women are using intrauterine devices, usage of injectables is nil, and 4 of them are using condoms. 100 of them had undergone female sterilization and 2 of the males had undergone male sterilization.

In Table 2, the unmet need for contraception is shown. Where 100 of the participants had a lack of knowledge, 10 had a lack of access, 25 women found contraception inconvenient to use, 45 of them were afraid of side effects, 10 of the women did not get their husband's approval and 10 came in others.

#### 4. DISCUSSION.

In this study, it was examined that there is extensive awareness of female sterilization as compared to the temporary birth control method. Most of the women had undergone sterilization on the other hand very few had used temporary methods of contraception. Many studies done previously in India shows the same result of less usage of temporary method of contraception and lack of knowledge [13-16]. Probably the reason for the same is the lack of cooperation with the government health care system [17]. In this study, it was found that the women who delivered in a government hospital were aware of birth control methods. Most of the women delivered at home despite having so many government hospitals, home deliveries are commonly seen in tribal people.

It was seen the women of the younger age group had more knowledge of birth control methods and the women who have been married for a long time had less awareness about contraception. Studies were conducted on Jharkhand and Madhya Pradesh tribal communities similar result was seen [9-17]. Tribal people do not live in joint families, so they do not have any relatives or friends to whom they can talk about contraception after marriage as they are so much into household work and giving birth [5].

Furthermore, the primary decision maker in a family has a great role in contraception methods.

Table 2: **Cause of unmet need for contraception.**

Variables	Number
Lack of awareness	100 (50%)
Lack of access	10 (10)
Inconvenient to use	25 (5%)
Fear of side effects	45 (20%)
Husband's disapproval	10 (10%)
other	10 (10%)

When women and their husbands together make any decisions awareness of birth control methods rises four times than normal. When only women or men make decisions, it decreases the awareness of birth control methods [6].

As the tribal communities come under a low poverty line and low socioeconomic status, income is not a predictor of contraception knowledge. Education is a very important predictor of birth control awareness according to the studies done previously in India and other countries [18-21]. However, in the current study education does not play any significant role as compared to age and years of marriage.

## 5. CONCLUSION.

In the current study, it was evaluated that the awareness of birth control methods and their usage is very low in the tribal communities in India. The main source of knowledge of birth control methods in these communities is through their friend circles. Thus, it was concluded that emphasizing an increase in usage of birth control methods may make some improvement. Educating women about contraception and family planning is required.

## 6. LIMITATIONS.

The present research records the lack of temporary birth control awareness and utilization in the tribal women of Jharkhand. Improvement in family planning, level of education, selecting new mothers, and home deliveries needs to be addressed.

## 7. RECOMMENDATION.

Awareness of various methods of contraception needs to be mass introduced to people in tribal regions. Therefore, this research shows the requirement for complete education and encouragement related to temporary methods of contraception in tribal women.

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## 9. LIST OF ABBREVIATIONS.

NFHS- National Family Health Survey  
HIV- human immunodeficiency virus

## 10. SOURCE OF FUNDING.

The study was not funded.

## 11. CONFLICT OF INTEREST.

The authors report no conflicts of interest in this work.



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