

Contraceptive Usage and Unmet Need of Family Planning among Tribal Women of India: A Narrative Review

Authors –

1. **Dr. Swati Shikha**, Assistant Professor, Department of Community Medicine, Manipal TATA Medical College, Manipal Academy of Higher Education, Manipal, Karnataka, India-576104

Email: swatishikha19@gmail.com

2. **Dr. Abhishek Kumar**, Assistant Professor, Department of Community Medicine, Manipal TATA Medical College, Manipal Academy of Higher Education, Manipal, Karnataka, India-576104

Email: ak07mail@gmail.com

Corresponding Author –

Dr. Abhishek Kumar

Assistant Professor

Dept. of Community Medicine

Manipal TATA Medical College

Manipal Academy of Higher Education

Manipal, Karnataka, India-576104

Email: ak07mail@gmail.com

Abstract:

Background: Unmet need of family planning affects the society by uncontrolled population explosion. Tribal population being socioeconomic deprived group requires special attention for contraceptive needs. **Aims & Objectives:** To assess the level of knowledge of tribal women towards contraceptive usage, their fertility intention and the family planning modalities used. **Methodology:** A detailed search was made on the current topic in various databases including Pubmed, Pubmedcentral, Science direct and Google scholar and the findings were summarized after excluding the duplicates. **Results:** Tribal women had poor knowledge and high unmet needs for family planning especially the women in states like Jharkhand and Chattishgarh. The most common method of family planning used was the traditional methods. The reasons for unmet need were non acceptability by spouse and fear of adverse health consequences. **Conclusion:** the unmet need for contraception is high among women of tribal community, most commonly from Jharkhand and Chattishgarh.

Keywords: Contraceptive, Unmet need, Tribal women

Introduction:

Given the historical reputation of being a poor, illiterate, and economically backward minority, India's schedule tribes, which account for over 104 million people, have particular provisions in the country's constitution for their upliftment. A number of constitutional protections have been put in place for their benefit, such as different welfare programmes,

reserved places in government agencies, educational institutions, and so on, however it appears that not the entire community has benefited from these activities. [2] They are largely isolated from other affluent towns and inhabit forested and mountainous terrain. [3] Indian scheduled tribes are divided into four main groups: those living in tribally dominant blocks and districts, those in Northeast India, those who are particularly vulnerable, and those who live outside of scheduled territories. [4] About 8.2 percent of the entire population of India is made up of tribal people. [5] Compared to other socioeconomic groupings, scheduled tribes in India have an extremely high total fertility rate of 3.12. [6] They have unique lifestyles and reside in various sociocultural contexts. Additionally, compared to other populations, the tribes use very little contraception and have a higher unmet demand for family planning, which contributes to their high fertility indices.

In India, family planning has a long history. India began its state-sponsored, innovative family planning programme in 1952, making it the first nation in the world to implement population control methods. [7] Still, the use of contraception and the unmet need for family planning are unsatisfactory, vary over the world, including India, and are particularly problematic for tribal women who are of childbearing age. [8,9,10] When a woman wants to delay or avoid having children but does not use any kind of contraception, this is referred to as having a "unmet need" for family planning. [11] The Programme of Action of the International Conference on Population and Development (ICPD), which states that "Government goals for family planning should be defined in terms of unmet needs for information and services," and that "all countries should, over the next several years," explicitly reiterate the significance of the unmet need for family planning or satisfying an individual's reproductive aspirations as a justification for developing population programmes. [12]

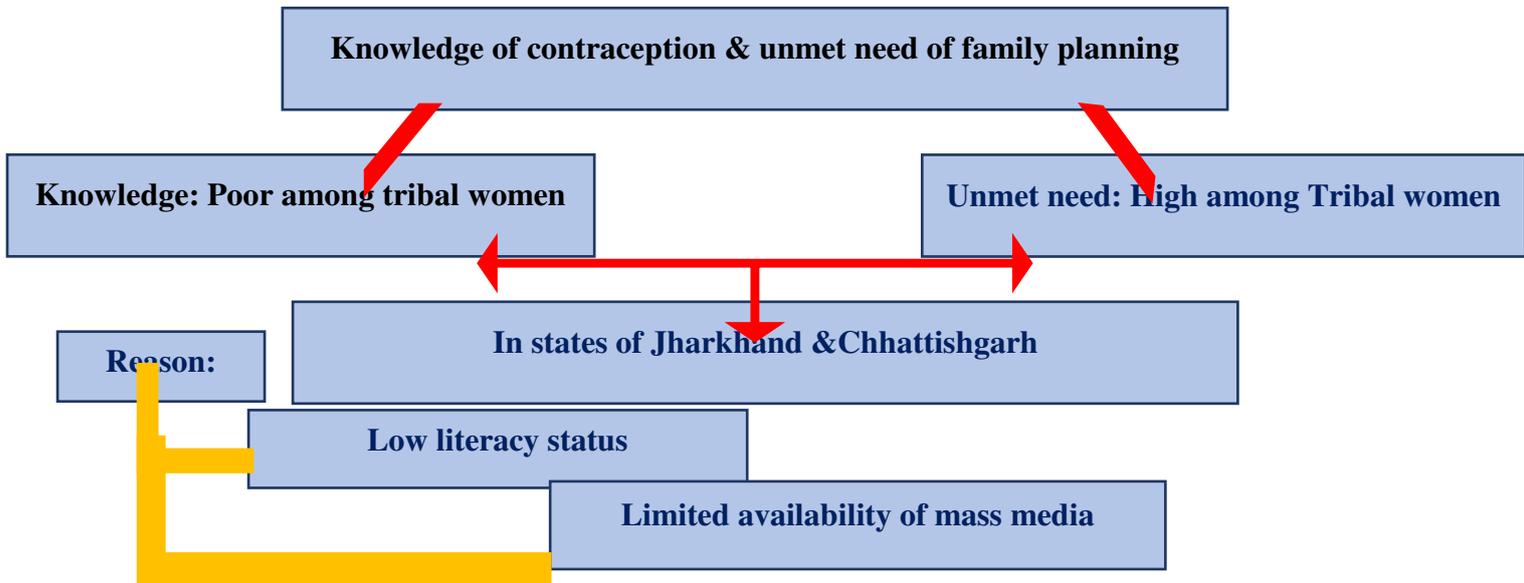
It's critical to acknowledge the unmet need for family planning if we're to meet demographic objectives of below replacement fertility. The available research demonstrates that there were few differences between tribes and non-tribes in India in terms of unmet family planning needs. However, a significant gap in unmet need for both spacing and restricting methods of contraception was found in the chosen states. When compared to the spacing technique of family planning in the states of Jharkhand and Chhattisgarh, tribal women reported a significantly higher unmet demand for contraception. [13]

According to the literature, almost all tribal women were aware of at least one form of family planning, whether it was modern or traditional; nevertheless, their familiarity with short-term approaches was low. [13] Tribal populations' limited access to radio and television, as well as their low literacy rate, contribute to the low level of knowledge about temporary contraceptive methods. [14] It has been noted that there is a considerable difference between knowledge and contraception use, and that the gap was much wider for tribal women than for non-tribal women.

The current review was carried out with the purpose of evaluating tribal women's degree of awareness regarding the use of contraceptives, their unmet needs and the family planning modalities employed.

Methodology:

A detailed search was made on various databases including Pubmed, Pubmedcentral, Science direct and Google scholar using Mesh keywords and applying Boolean algorithm. Relevant literature on the current topic were identified and after removal of duplicates, studies were selected for getting the narrative review based on the available research on the topic. The following were observed after extensive search of literature.



Results:

At the end of the review on contraceptive usage and unmet need for family planning among tribal women of India, it was observed that tribal women had poor knowledge and high unmet needs for family planning especially the women in states like Jharkhand and Chhattishgarh as seen in Table 1. The most common method of family planning used was the traditional methods. The reasons for unmet need were non acceptability by spouse, fear of adverse health consequences, lack of awareness, fear of surgery, fear of not able to conceive in future as depicted in table 2.

Table 1: Comparison of knowledge & practice of family planning between tribal and non tribal women

S. no.	Parameters	Tribal Women	Non Tribal Women
1	Knowledge about contraceptive	Poor	Advanced
2	Unmet need of family planning	High	Low
3	Family planning methods in use	Traditional	updated

Table 2: Contraceptive usage and Unmet need among tribal women

s.no.	Study	Results
1	Sreedevi A, et al.	Knowledge—oral contraceptive pill (OCP) was below average in 41.2% study participants and only 26.4% had ever used contraceptives & m/c method was permanent in 63.8% of women
2	Mog M, Chauhan S, Jaiswal AK, Mahato A	10.7% women used traditional method while 29.9% used the modern methods. Tribal women use traditional method of contraception.
3	Mukherjee, et al.: Contraception and unmet need of tribal women in West Bengal	Only 41.1% women were found currently using any contraceptives, another 14.5% ever used and 44.4% never used any methods.
4	Das S, Dasgupta A et al. Unmet Need For Contraception: A Study Among Tribal Women In A District Of West Bengal	Prevalence of unmet need was 50.7%. Lack of awareness was found to be most important cause of unmet need.
5	Sindhu et al. Unmet need for family planning among married women	The causes for unmet need were Unacceptable to the spouse or other family members, wishing for a male child, and cultural reasons. The client-related causes were lack of awareness, fear of surgery, fear of not able to conceive in future, and other health concerns. Provider-related causes were non-accessibility of service or information
6	Prusty RK. Use of Contraceptives and Unmet Need for Family Planning among Tribal Women in India and Selected Hilly States	Low acceptance due to phobia of adverse health consequences, accessibility to and lack of sound knowledge of contraception are the leading reasons for not using contraceptives. women and husbands' education, age of women, and number of surviving boys play a role in the use of any modern method of contraception.
7	S.K. Palo, et al. [15] Tribal eligible couple and care	Natural contraceptive method like withdrawal method was found to be practiced by majority

	providers' perspective on family planning: A qualitative study in Keonjhar district, Odisha, India	(39.6%), while use of modern method was low. Non acceptance to family planning is purely attributed to the locally prevailing myths such as 'not allowed to worship', 'unable to sexually satisfy the partner'
8	Mathur M et al. [16] Study of determinants of contraceptive practices and impact assessment of counselling on acceptance of contraception in tribal area of Rajasthan, India	All the females were aware of tubectomy (100%) as permanent method of sterilization, followed by barrier method (62%). Major sources of knowledge about contraceptives were media, health workers, through hospital or doctors, relatives or neighbours. Among tribal subjects' major reasons for non-usage of contraception were 'family not completed' and 'opposition from partner/ family members'
9	Patil S S et al. [17]Unmet Needs for Contraception in Married Women in a Tribal Area of India	44.1% of women had unmet needs for contraception, of these, 53.8% (86) had unmet needs for spacing births, 38.7% (62) had unmet needs for limiting births. Reasons for unmet need were Side-effect related reasons such as headache and nausea reported by 36.3% (58) of the respondents. Contraceptive method related reasons such as lack of knowledge regarding its place of availability and a lack of awareness of the contraceptive to be used were given by 24.4% of the respondents and 23.8 % women reported fertility related reasons mainly lactational amenorrhoea, followed by desire for more children.

Conclusion:

Tribal women had poor knowledge about methods of family planning due to lower literacy and lesser access to mass media. The prevalence of unmet need of family planning is high among tribal females due to reasons such as non-acceptance by spouse or family member, desire for male child, fear of not able to conceive in future and phobia of adverse health consequences etc.

Source of Funding: None

Conflict of Interest: None

References:

1. Pandey S, Thitame S. The contraceptive behaviour of ever married women in tribal area of Ahmednagar district, Maharashtra. J Community Health Manag 2020;7(2):51-53

2. Sreedevi A, Vijayakumar K, Najeeb SS, et al. Pattern of contraceptive use, determinants and fertility intentions among tribal women in Kerala, India: a cross-sectional study. *BMJ Open* 2022;12:e055325. doi:10.1136/bmjopen-2021-055325
3. https://www.nirth.res.in/old/publications/tribal_health_in_retrospect/Sec-1-final.pdf
4. Report on Tribal health (executive summary)
5. India. Ministry of Home Affairs. Size, growth rate and distribution of child population. In: Provisional population totals paper 1 of 2011 India, series 1. New Delhi: Office of Registrar General and Census Commissioner, Ministry of Home Affairs, Government of India, 2011:62-76.
6. International Institute for Population Sciences. National Family Health Survey (NFHS-3) 2005-06: India. Key findings. Mumbai: International Institute for Population Sciences, 2007. 24 p
7. Gogoi M (2016) A KAP study on family planning among the plain tribes women in rural context of Assam. *International Journal of Applied Research* 2: 258-263
8. World Health Organization. Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. 2019.
9. Centres for Disease Control and Prevention. Vital Statistics Report. Atlanta, GA: CDC; 2002
10. Mukherjee A, Banerjee N, Naskar S, Roy S, Das DK, Mandal S. Contraceptive behavior and unmet need among the tribal married women aged 15–49 years: A cross-sectional study in a community development block of paschimBardhaman District, West Bengal. *Indian J Public Health* 2021;65:159-65.
11. Casterline, J.B. and S. Sinding (2000). “Unmet need for family planning and implications for population policy”, *Population and Development Review*, 26(4), December 2000.
12. United Nations (1994). Programme of Action of the International Conference on Population and Development, held at Cairo, 5-13 September 1994.
13. Prusty RK. Contraceptives usage and unmet need among tribal women. *J HEALTH POPUL NUTR* 2014 Jun;32(2):342-355 ISSN 1606-0997
14. Jain DC. Family Planning use and its determinants among Tribes of Madhya Pradesh: a case study of Gonds of Jabalpur District. Paper presented on National Symposium on Tribal Health, Regional Medical Research Centre for Tribals, Jabalpur, 19-20 October 2006. Jabalpur: Regional Medical Research Centre for Tribals, 2006. (http://www.rmrc.org/files_rmrc_web/centre's_publications/NSTH_06/NSTH06_35.DC.Jain.pdf, accessed on 29 January 2009)
15. Palo S K, Samal M, Behera J, Pati S. Tribal eligible couple and care providers' perspective on family planning: A qualitative study in Keonjhar district, Odisha, India. *Clinical Epidemiology and Global Health* 8 (2020) 60–65.
16. Mathur M, Parmar P, Mathur N. Study of determinants of contraceptive practices and impact assessment of counselling on acceptance of contraception in tribal area of Rajasthan, India. *Int J Community Med Public Health* 2019;6:2933-8

17. Patil S S, Rashid A, Narayan KA. Unmet Needs for Contraception in Married Women in a Tribal Area of India. Malaysian Journal of Public Health Medicine 2010, Vol.10 (2): 44-51