UNMET NEED FOR CONTRACEPTION AMONG TRIBAL WOMEN IN KERALA, SOUTHERN STATE OF INDIA

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Introduction

After the landmark International Conference on Population and Development (ICPD, 1994) at Cairo, it is realized all around the world that women have the right to participate in sex with out the fear of having pregnancies. But even after the 10th anniversary of ICPD there exist wide gap between the marginalized group and others in reproductive health indicators, particularly in meeting the need for contraception. Unmet need in contraception is a serious issue to be solved urgently, which can minimize the gap between users and non-users, as it realizes the group, which is in need of contraception but not using it instead of the estimates of total non-users. Contraceptive use not merely regulates the fertility but also safeguards the individual health and right and thus ultimately improving the standard of life.

Unmet need arises when women prefer to postpone pregnancy right away or want to stop forever, but may not use contraception to meet their needs of spacing or limiting. It does not necessarily mean that family planning services are unavailable. The non-use may be due to ignorance of any method or source, lack of access, dissatisfaction in the quality of available methods, fear, and opposition to contraception by self, husband or other family members. Unmet need for contraception can pose risks for children's health as well as well being and unintended pregnancies and hence the chances of unsafe abortion would increase (Ashford, 2003). Unmet need for contraception among marginalized group like tribal women was a somber issue because, in addition to low socio-economic and poor nutritional standards, the fear of being pregnant or unwanted or undesired pregnancies would awfully induce frustration in the tribal women's life and ultimately the life in their settlements.

Objective

The present paper aimed to study the differences in prevalence as well as background characteristics of tribal women with unmet need in contraception

Data and Methodology

Sample Selection

Primary data collected from the tribal settlements of Kerala during 2002-2003 was used for the analysis. All the tribal groups were arranged in descending proportion to total tribal population enumerated in the state (according to1991 Census of India) and then the first twelve major tribal groups were classified on the basis of education and occupation and finally three tribal groups were selected as follows.

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1. Kani/Kanikkaran—High percent of Cultivators and High literacy.
2. Adiyan-- High percent of Agricultural labourers and Medium literacy.
3. Kattunayakan/Kattunaikkan-- High percent of population engaged in Forestry or related works and Low level of literacy.

The habitat of Kani tribe was Southern Western Ghat region of Kerala state, and it comes mostly under the boundary of Thiruvananthapuram district in south Kerala. The other two tribal groups selected (Adiya and Kattunayakan) were inhabitants of Wayanadu district of north Kerala. Sample size of households was fixed as the number of households equivalent to 5 per cent of the total population enumerated in 1991 Census in each tribal group. From the 1915 households selected, women having at least one pregnancy for the last five years were interviewed during 2002-03 to collect the data. The women interviewed were 235, 204 and 235 for Adiya, Kani and Kattunayakan respectively. Both quantitative and qualitative data were collected.

Brief description of tribal groups selected

Kanikkaran had a nomadic life in the past and now they lead a settled life with usual contacts with non-tribes. There is a tremendous change in the life of Kani tribe including the shift of settlement level collective decisions in all the matters of life to household decisions. In the past, people depended on the traditional medical practitioner named 'Plathi' for treatment but now most of them are using modern allopathic medicines. Monogamy was strictly followed in the settlements and there were punishments to those who offend it in the past. Even after the absconding of punishment system, premarital and extramarital relations and resulting pregnancies were viewing as offense in the society.

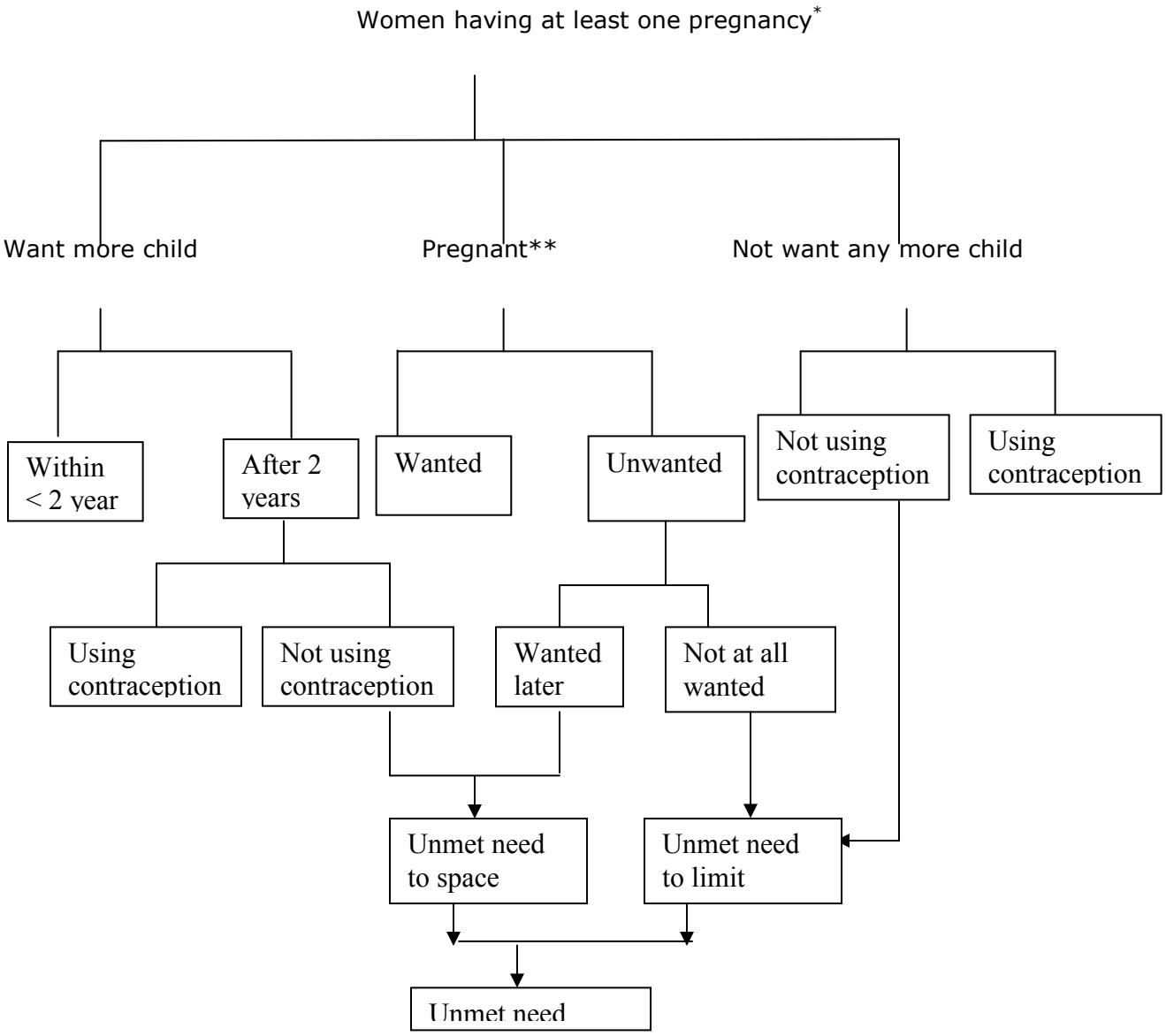
The Adiya of Wayanadu district was one of the slave tribes in Kerala in past. Now they are mainly depending on agriculture labouring for their living. As the cultivation became non-profitable, the earnings they had from agricultural labouring reduced and they are struggling very much for their livelihood. Polygamy within the tribal groups was permitted but so with persons from outside their community was considered as an offence and they are allowed to undergo purification ceremony known as 'Kalachu Veypu' and then they can join back their group.

Kattunayakan was one of the five primitive tribal groups in Kerala. They lived very much in tune with the nature. Collection of forest produce and hunting were the means of living of Kattunayakan tribe. But the restrictions to enter and find the means for life from the nature, in the name of protecting forest and wildlife forced them to find work outside the forests. Even after their willingness to work for very low wages, unemployment and poverty is very severe among them. Another important factor is the medicinal system and its close association with the culture. They use traditional medicines for common ailments and use modern medicines at the time of emergency but only after seeking consent from "God" through the chieftain or priest (generally both roles are taken by the same person) through a well-defined set of traditional '*poojas*'.

Methodology

The calculation of unmet need for contraception is very complex. The main means to measure unmet need is the Demographic and Health Survey (measuredhs.com) where women aged 15-49 were asked whether they would like to have a child or more, then how soon they want it or they prefer not to have any more children. The respondents were asked whether they would like to have a child or not, then how soon they want it or they prefer not to have any more children. Then the analyst links these responses with whether the women are able to become pregnant and whether they are currently using contraception and classified accordingly. Women who are currently married and preferred to have next child after two years or never again are identified as those having an unmet need if they are not using any contraception at that time. If the current pregnancy or last child within a period of six months were unintended or mistimed, it was also treated as an unmet need. In the present study also the same method was utilized to the data collected from tribal women having at least one pregnancy during the last five years with suitable alterations to suit the current sample (Figure 1). However, unmet need for contraception among the pregnant women and non-pregnant women are done separately to assess the prevalence of unmet need among non-pregnant women as well as unintended pregnancies. The back ground characteristics of non-pregnant women with unmet need for contraception and those with met need are studied separately. These background characteristics of women with unmet need together with factors influencing women to satisfy the need would lend a hand to Reproductive Health Programmes to improve the use among those who felt the need for contraception in near future, and other non-users in the next stage (Sajitha, 2004).

Figure 1 Unmet need for Contraception.



Analysis

Level of Unmet need for Contraception

The sample selected were those having at least one pregnancy during the last five years dictate that they had more access to RCH programmes compared to other women in

* Women having at least one pregnancy for the last 5 years irrespective of marital status and outcome of pregnancy

** Currently Pregnant/was pregnant any time during two months

reproductive age and hence the unmet need studied here to a large extent depict the status of contraceptive service currently available in the tribal settlements of Kerala. The level of unmet need for contraception among three studied groups is shown in Table 1. It also shows the extent to which unintended pregnancies contribute to total unmet need in contraception among different tribal groups in Kerala.

Table 1: Percentage of women having unmet need among tribes in Kerala, 2002-2003.

Tribe	Non Pregnant women with unmet need in Contraception	Pregnant women with unplanned or undesired Pregnancies	Total Unmet need*
Kattunayakan	66.2	38.2	62.1
Adiya	68.7	50.0	68.1
Kani	47.1	33.3	46.8
Total	61.2	39.7	59.3

* Flow chart showing the calculation of "Total Unmet need" is shown in Figure 1.

Unplanned or undesired pregnancies arise mainly due to unmet need for contraception and partly due to failure of contraceptive use (Casterline, et. al 2003). In the present analysis, it is found that the percentage of unplanned or undesired pregnancies is high among Adiya women in Kerala compared to other two groups studied. Use of family planning is so less that none of those women having unplanned or undesired pregnancies in the present study never before used any contraceptive method. It is found that currently 62.1 per cent of Kattunayakan women, a slightly higher percentage of Adiya women and half of the Kani women with at least one pregnancy during the last five years were living under the threat of being pregnant or had an unintended pregnancy.

Socio-economic and cultural background

The burden of reproductive and sexual ill health is higher in the poorest parts of the world where health services tend to be scattered or physically inaccessible, poorly staffed or resourced and beyond the social or economic stigma. But experience worldwide provides clear evidence that family planning benefits the health of women and children (WHO, 1994). The magnitude of unmet need for contraception varies substantially according to the socio-demographic characteristics of women and the characteristics of women with unmet need for spacing would differ from those having an unmet need for limiting (Chaudhury 2001). The analysis (Table 2) showed that 24.2 per cent of currently non pregnant women want children after 2 years but not using any contraception (Unmet need for spacing) and 37 per cent women did not want any more child and not using any contraception (unmet need for limiting). The reproductive health challenge of unmet need is to be solved without delay as it realizes the group, which is interested in or in need of contraception but not using.

The distribution of unmet need and met need and its relation with socio-economic and cultural environment among the tribal women in Kerala is shown in the Table 2.

Table 2: Characteristics of (non-pregnant) tribal women having unmet need and met need for contraception in Kerala, 2002-2003

Variables	Unmet Need		Others*	Using		Total
	Spacing	**Limiting**		**Spacing**	**Limiting**	
Tribe						
Kattunayakan	22.9	43.3	26.4	3.0	4.5	100(201)
Adiya	26.3	42.4	17.4	1.8	12.1	100(224)
Kani	23.0	24.1	16.2	10.5	26.2	100(191)
Education of Women						
Illiterate	18.1	49.8	23.0	2.3	6.8	100(265)
Primary/middle	32.1	31.4	20.4	4.4	11.7	100(137)
High school & above	26.5	24.8	15.9	8.4	24.3	100(214)
Husband's Education						
Illiterate	19.4	50.8	22.2	1.6	6.0	100(252)
Literate	27.5	27.5	18.4	7.1	19.5	100(364)
Standard of Living						
Low	19.0	42.5	21.7	5.4	11.3	100(221)
Medium	25.1	39.4	17.9	3.9	13.6	100(279)
High	32.2	20.9	20.9	6.1	20.0	100(115)
Age						
15-19	44.8	17.2	27.6	10.3	0	100(29)
20-24	34.5	23.8	29.1	2.4	10.2	100(206)
25-29	22.5	36.7	15.0	6.3	19.6	100(240)
30+	7.8	61.0	13.5	5.0	12.8	100(141)
Marital Duration						
<=3	46.7	17.0	29.1	5.5	1.8	100 (165)
4-6	26.4	30.8	22.5	4.4	15.9	100 (182)
7-9	12.2	43.9	14.6	4.1	25.2	100 (123)
10+	6.3	61.1	11.1	5.6	16.0	100 (144)
No of live birth						
3+	6.6	65.7	7.5	4.2	16.0	100 (213)
<3	33.5	21.8	26.6	5.2	12.9	100 (403)
Total**	24.2 (149)	37 (228)	20 (123)	4.9 (30)	4.9 (86)	100 (616)

* Others include those who wish birth within less than two year or lactating during last two months. **Figures in bracket show Number of women.

The challenge of unmet need is serious in Kattunayakan and Adiya settlements. The percent of Kattunayakan women's felt unmet need is 66.2 per cent (spacing 22.9% and limiting43.8%) and Adiya women's is 68.7 per cent (spacing 26.3% and limiting42.4%). Even though low compared to other two groups, the Kani women also experience high unmet need for contraception (47.1 %). In the case of Kattunayakan women, of the

female population currently exposed to Reproductive and Child health Programmes 43.3 per cent have an unmet need for limiting further pregnancies; on the other hand only 4.5 per cent are using permanent methods.

The percentage of women using any spacing method is only 1.8 per cent among Adiya women whereas another 26.3 per cent felt an unmet need for spacing. As the sampling criteria for the study includes only women having a pregnancy for the last five years, this low percentage of use and high unmet need for contraception are serious problems and it shows the low success of current family planning programmes in the tribal areas of Kerala.

The role of education in tribal women's reproductive health management is indisputably showed in Figure 2. Unmet need for spacing is low among illiterates in contrast to other two groups. But this low unmet need for spacing among illiterates doesn't indicate that they are using some type of contraception to space their births. Only 2.3 per cent of illiterate tribal women are using contraception to space the births but the percentage of use among high school or above educated women is 8.4 per cent. At the same time half of the illiterate women had an unmet need for limiting. Among the high school and above educated women, 24.3 per cent are using limiting methods. From Table 2 it is clear that low percent of higher educated women want children within a period of two years compared to primary or middle school educated and illiterates. Hence the analysis showed that educated woman in tribal area are recognizing and practicing the reproductive health rights.

Figure 2: Unmet need and Met need of contraception among tribal women by education, Kerala, 2002-03

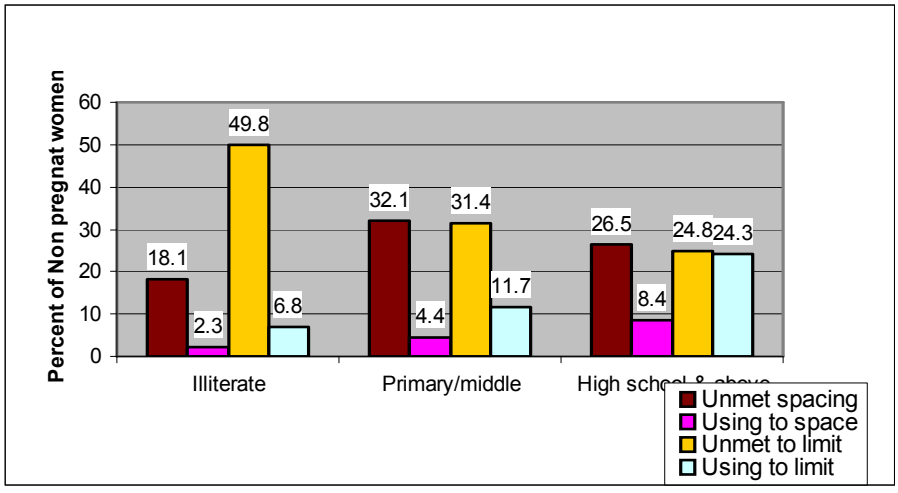
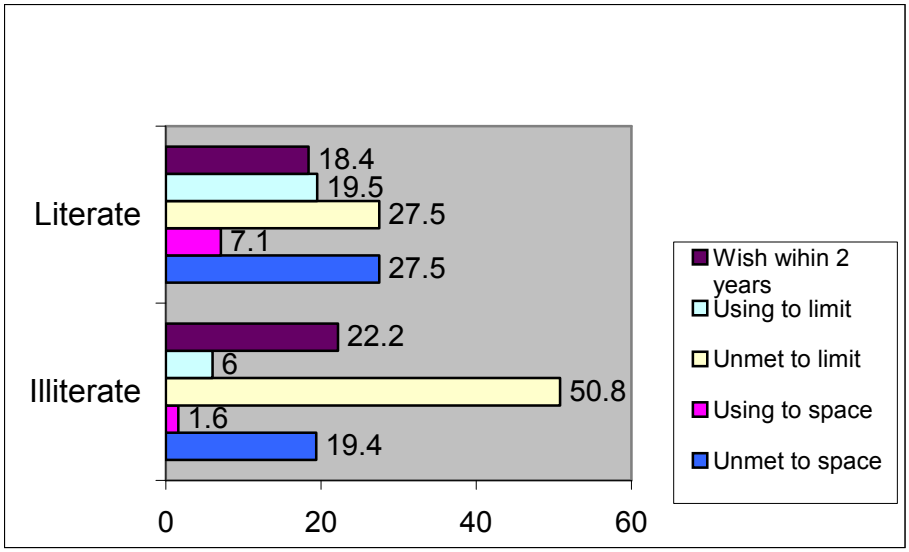


Figure 3 visibly portrays the role of gender in identification and practice of reproductive health rights of the poor innocent people like tribes. Unmet need to space the births is low among women whose husband is illiterate (19.4%) compared to the women whose husband is literate (27.5%). But it doesn't make sense that illiterate men's wives are using spacing methods, because Figure 3 imply that they are not realized the need of spacing between the births. The percent of women using spacing method is 1.6 per cent

among the wives of illiterate men and 7.1 per cent among others. On the other hand, 50.8 per cent of women whose husbands are illiterates felt the unmet need for limiting the pregnancy but are not using any kind of check to prevent further pregnancies; the percentage is only 27.5 per cent among those having literate husbands. As the studied women are currently mothers or having at least one pregnancy during the last five years the results reveal how serious the problem of unmet need among the tribal women in Kerala because they are the groups most exposed to RCH services.

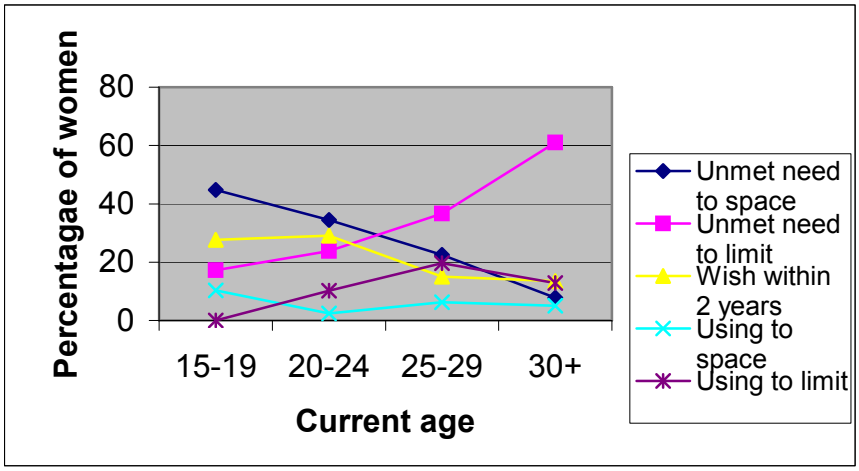
Figure 3: The role of Husband's education in meeting the need for contraception among tribal women in Kerala, 2002-03.



There is not much significant difference observed in the percentage of women using any spacing method with respect to standard of living (Table 2). But the percentage of women using limiting methods has increased with increase in standard of living. And the percentage of women having unmet need for limiting method is 42.5 per cent among women living in lower standards and only 20.9 per cent among those living in higher standards. A reverse trend is observed in the case of unmet need for spacing. Unmet need for spacing is higher among those women who belong to higher standards of living.

It is quite natural that in a society where family planning acceptance is high, unmet need for contraception normally decreases as the age increases. But in the present analysis, it is found that unmet need for limiting the pregnancies increased as age increases and there is a linear reduction in the unmet need to space as age increases (Figure 4). It also shows the low family planning acceptance in the tribal areas of Kerala.

Figure 4: Unmet and met need for contraception among tribal women by age group Kerala, 2002-03.



There is a higher need for addressing the unmet need facing tribal women in Kerala, especially of those who have achieved the desired family size. More than half of women (61 %) currently aged 30 and above responded that they did not want any more children but are not using any method. Among them only 12.8 per cent are using limiting methods(Table 2). More or less similar pattern was observed in the marital duration also. As the duration of marriage increased unmet need to space decreased and unmet need to limit increased. But those who were using any spacing method were almost similar irrespective of the marital duration.

The analysis showed that a higher proportion of women currently having three or more live births did not want to have any more children (65.7%) and only 16 per cent were using limiting methods. Among those women who had 1 or 2 live births 33.5 per cent wish a spacing of more than 2 years but not using any contraceptive method; 12.9 percent used permanent methods and only 5.2 per cent were using some kind of spacing methods. Higher unmet need for limiting among women with higher order live births and higher unmet need for spacing among women of lower order pregnancies are to be looked in the context of tribal women's health and well being.

Determinants Contraceptive use

Logistic regression with forward conditional method was done to identify the factors, which influenced tribal women to meet the need for contraception compared to those who had an unmet need. The dependent variable was met need for contraception (Met need=1, unmet need=0) in the data extracted after omitting those who wish to have a birth with in 2 years or lactating for the last two months. The independent variables considered are heterogeneity in tribal culture, education of respondent, husbands education, standard of living, age, marital duration, number of live births, exposure to radio, and easy to reach for treatment. As there is no significant relation between the dependent variable and the last mentioned two independent variables both are omitted before doing the multivariate

analysis. The analysis conferred the following significant results after excluding all other variables with p>.05 was shown in Table 3.

From the analysis, it is found that the tribal culture as a whole had a significant role in satisfying the need for contraception among tribal population in Kerala. Compared to Kani women, the met need for contraception among non-pregnant women or planned pregnancy is lower among Kattunayakan and Adiya women. Husband's education is found as a promoting factor for meeting the need for contraception. It is found that the likelihood of satisfying the met need is 59 per cent low among those women whose husbands are illiterate compared to women having literate husbands. It is also observed that compared to women aged 30 or above, women in younger age groups had met need for contraception. But with the increase in marital duration, the chances of met need also increased. There is no significant difference in meeting the need for contraception or planning the pregnancy with respect to the differentials in standard of living and number of live births.

Table 3: Results of logistic regression analysis to find the factors influencing met need in contraception, 2002-03.

Variables	β	Exp (β)
Tribe		
Kattunayakan	-2.11	0.12***
Adiya	-1.42	0.24***
Kani (R)		1.00
Husband's Education	-0.90	0.41**
Illiterate		1.00
Literate(R)		
Age		
15-19	1.86	6.42*
20-24	0.71	2.03
25-29	0.85	2.34**
30+***(R)***		1.00
Marital Duration		
10+	2.77	15.92***
7-9	2.44	11.42***
4-6	1.65	5.21***
<=3(R)		1.00
Constant	-2.50	0.08

*p<.05, **p<.01, ***p<.001, (R) shows reference category.

Reason for Non-use of contraception

To identify the myths behind the non-use of contraception, discussions were held during Focus Group Discussions (GFDs) also. Adiya and Kani women were of the view that if they use spacing method; their present health condition would be in shoddier. They responded that other than Cu-T they were offered few options to space the births.

All the women who participated in the FGDs were of the opinion that they were comfortable with their own traditional health care system and providers than with other systems. They said the forest provided every necessities of tribal life in the past and now they are not allowed to enter the forest by staff of Forest Department and hence tribal medicines became unreachable and the traditional providers became irrelevant. Now the traditional contraceptive methods used by their elders are unavailable to them. They demanded that there should be efforts to bring back their treatment system, which is completely free from side effects. They added that their health problems were mostly compounded by heavy workload and low nutritional status, absence of medical care and public transport. In such circumstances, contraceptive use with side effects would make their day-to-day life uncomfortable to a large extent.

In the schedule, questions on reasons for non-use were also included. The reasons for non-use of contraception cited by those who have current unmet need in contraception were shown in the Table 4. In all-tribal groups, the major reason cited for non-use of contraception was fear of side effects. It is important to note that 27.94 per cent of Kattunayakan women did not know any method of regulating or controlling fertility. The percentage of women not using due to ignorance of any method was 3.42 per cent among Kani women and 12.63 per cent of Adiya women.

Table 4: Reason for non-use of contraception among tribal women with unmet need in contraception, Kerala, 2002-03.

Reason	Kattunayakan	Adiya	Kani
Want More Children	22.06	28.42	25.75
Fear of side effects	31.06	30.84	33.01
Did not know the method	27.94	12.63	3.42
Husband/Mother did not like	8.29	18.16	23.97
Didn't feel the necessity	6.09	3.89	2.74
Others	4.56	6.05	11.1
Total*	100(221)	100(234)	100(208)

*-Total exceeds the total women with unmet need due to more than one response.

Even though the women with unmet need prefer to want next pregnancy after 2 years a higher percentage of women in all the groups cited that the reason for non use of contraception is 'want for more children'. It is striking to note that among Kani women 23.97 per cent of total non use is due to abhor of husband or mother related to contraceptive use and it is 18.16 per cent among Adiya women and only 8.29 per cent among Kattunayakan women.

Conclusion

The particpants were expected to have more access to RCH programmes compared to other women in reproductive age and hence the unmet need studied here to a large extent depict the status of contraceptive service currently available in the tribal settlements.

Even though most women intended to postpone or stop pregnancy, the non-use of contraception leads to the problems of frequent unwanted childbirths and the hardship of fear of pregnancies. Due to the fear of side effects and strong belief in the traditional medicine- even though now almost unavailable- the tribal women are hesitant to use other modern methods. Their health problems were further compounded by a heavy workload and low nutritional status, absence of medical care and public transport. The low percentage of use and high unmet need among the Adiya and Kattunayakan women are indirectly showing the poor status of reproductive health services in the primitive and backward tribal areas of Kerala. Higher female education and literacy of husbands help the women not only to realize the reproductive health rights but its practice also. Unmet needs to space as well as those who are using spacing methods are high if the husbands were educated. The unmet need to limit the pregnancies increased with age and marital duration showing that Reproductive health programme is very weak or 'quality of care' is disregarded in the tribal areas of Kerala. The focus group discussions also emphasized the need for quality of care and option for choices including their own medicinal system.

References

Ashford, Lori. *Unmet need for Family planning: Recent trend and their implications for Programs*. Measure communications, Population Reference Bureau, Washington DC 2003.

Casterline, JB et. Al, Using Network Analysis to understand Community-Based Programs: A case study from Highland Madagascar. *International Family planning Perspectives*. 29(4)2003. pp158-166

Chaudhury, R A. Unmet need for contraception in South Asia: Levels, trends and Determinants. *Asia-Pacific Population Journal*, 16(3) 2001, pp 3-22

ICPD. 1994. *Draft Programme of Action. International Programme of Action*, International Conference on Population and Development, Cairo.

Sajitha, O G. *Unplanned or Undesired Pregnancies and Contraceptive Use among Tribal Women in India: Evidence from National Family Health Survey.* Paper presented in the National Seminar on Tribal Health organised by International Institute for Population Studies (IIPS), Mumbai, 2004

World Health Organisation, *Health Benefits of Family Planning*. World Health Organisation, Geneva, 1994.