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FAMILY PLANNING MEASURES AMONG THE KAIBARTA WOMEN OF ASSAM: A PRELIMINARY APPRAISAL

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ABSTRACT:

Background and Objectives: Family planning is an important component of reproductive health because contraceptive use enables women and couples to regulate the timing and spacing of pregnancies and avoid unintended pregnancies. It plays a key role in population regulation. Present study attempted to understand the knowledge, attitudes, and use of family planning methods among Kaibarta women in Assam. In this regard an effort was also made to explore the rural-urban differences.

Materials and Methods: Data were collected from 643 ever-married women aged 15–59 years (337 rural, 306 urban) using a structured household survey. In-depth interviews were conducted to explore contraceptive use and related socio-demographic factors.

Results: Family planning use is higher in rural (56.97%) than urban (50.98%) areas. Female sterilization is the most adopted modern method (rural: 59.89%; urban: 45.52%). Notably, non-use of family planning is lowest among women with graduate-level education (Rural-33.33%; urban 30.0%)

Conclusion: Although the use of family planning measures in rural (56.97%) exceeds urban (50.98%), yet female sterilization dominates, especially in rural areas (59.89%). The inverse relationship between education and non-use of family planning measure highlights that female literacy is a key driver of contraceptive adoption. Thus policymakers should focus on expanding female education and access to a broader range of affordable family planning measures.
Key words: Family planning, contraceptives, female sterilization, Kaibarta, rural-urban, Assam.

INTRODUCTION

Population growth is a significant global concern, as it can impede national progress toward health and development objectives. The United Nations reported an increase in the global population from 2.5 billion to 7 billion between 1950 and 2011 [1]. Family planning is essential for achieving the Millennium Development Goals and improving maternal health [2]. It constitutes one of the four pillars of antenatal, safe delivery, and postnatal care within the Safe Motherhood Initiative, which began in 1987 to address maternal mortality. Developing countries account for 99.0% of maternal deaths [3]. Family planning reduces population growth by enabling individuals to determine the number and spacing of their children. The World Health Organization defines family planning as a voluntary process, informed by individuals' and couples' knowledge, attitudes, and choices. This process promotes family health and national development [4,5]. Family planning has a direct impact on women's health, well-being, and pregnancy outcomes [6].

The primary objective of family planning is to help individuals achieve their preferred family size. It does this through the appropriate spacing and timing of births. This approach can prevent between 20.0% and 35.0% of maternal deaths. However, social norms and limited access to family planning resources remain barriers in many low- and middle-income countries. Inadequate or incorrect usage also contributes to these challenges [7]. In 2008, contraceptive use prevented over 250,000 maternal deaths by reducing unintended pregnancies. This accounted for 40.0 percent of the 355,000 maternal deaths recorded that year. Maternal mortality could decrease by another 30.0 percent in developing countries if all women wishing to avoid pregnancy had access to effective contraception [8]. Despite these benefits, family planning programs often have limited success. Adoption rates are especially low among the economically disadvantaged. Familial resistance, such as opposition from husbands, prevents knowledge from being put into practice.

Present study attempted to understand the knowledge, attitudes, and use of family planning methods among Kaibarta women in Assam. In this regard, an effort was also made to explore the rural-urban variations .This study investigates and compares the knowledge, attitudes, and utilization of family planning measures among rural and urban Kaibarta women in Assam with particular attention to understand the differences in adoption patterns, and determinants among them. The Kaibartas are an important Scheduled Caste community of Assam, officially listed as Kaibarta/Jalia. Historical and archaeological references including the Tezpur rock inscription and Guwahati copper plate indicate the presence of Kaibartas and boatmen in ancient Kamrupa [9]. Kaibartas are closely associated with fishing, boating and agriculture, particularly in river side and wetland environments. Although fishing has historically been a major occupation of Kaibarta population at recent time they are also engaging in different other occupation and government jobs. Sarma and Ali [10], in their study of Boripara village in Kamrup district, documented fishing alongside agriculture, weaving, wage labour, business and other occupations, indicating a process of occupational diversification influenced by urbanization. Traditional fishing knowledge, techniques and the use of aquatic resources continue to form important aspects of the community's occupational heritage [10,11]. The settlement histories and socioeconomic experiences of the Kaibartas are not uniform throughout Assam. Dey [9] discusses the migration and settlement history of a section of the Kaibarta community in Majuli, while Chakraborty [12] documents the post-Partition settlement experiences of Kaibartas in Barak Valley, particularly their migration from Sylhet and Mymensingh and subsequent livelihood challenges. Studies have also examined the community's social and cultural background, occupational transformation and relationship with traditional practices (Konwar [13]; Sarma and Rama Mohan [11]). The available research therefore indicates that the Kaibartas are undergoing social and economic changes, with traditional fishing and agricultural activities increasingly existing alongside other livelihood opportunities. Their relationship with rivers, wetlands, fishing resources and changing patterns of occupation makes the community an important subject for anthropological study in Assam [9,10].

MATERIALS AND METHODS

This community based cross-sectional study was conducted among Kaibarta women inhabiting in two administrative districts of Assam. It compared rural and urban settings. Three villages were chosen from rural areas (Deodubi *Gaon*, Sonapur No. 2 *Gaon*, Sutimukh *Gaon*) and three from urban areas (Subansiri Adarsha Kaibarta *Gaon*, Bordoloni Bhakat Kaibarta *Gaon*, Kachu *Gaon*). The villages listed above—Subansiri Adarsha Kaibarta *Gaon*, Kachugaon, and Sutimukh *Gaon*—are all in the Lakhimpur district. The other three villages, Deodubi *Gaon*, Sonapur No. 2 Gaon, and Bordoloni Bhakat Kaibarta *Gaon*, fall within the Bordoloni block of Dhemaji district, Assam.

Data on the adoption of family planning measures and socio-demographic features were obtained from 643 ever-married Kaibarta women aged 15-59 years, including 337 from rural areas and 306 from urban areas, through a house-to-house enumeration using household survey schedules. An especially designed schedule for family planning measures is used to collect the required information. Primary data were collected using the in-depth interviews. Written consents were obtained from all participating women after explaining the purpose and scope of the present study. The data collected were systematized and analyzed using Microsoft Office Excel 2007. The chi-square test is also applied to understand rural-urban differences.

RESULTS AND DISCUSSION

Table 1: Socio-demographic characteristics of the Kaibarta women

Characters	Rural (N = 337)		Urban (N = 306)	
Age groups in years	**No**	**%**	**No**	**%**
15-19 yrs	19	5.64	8	2.62
20-24 yrs	62	18.39	42	13.73
25-29 yrs	70	20.77	52	16.99
30-34 yrs	59	17.59	51	16.67
35-39 yrs	46	13.65	52	16.99
40-44 yrs	38	11.28	38	12.42
45-50 yrs	43	12.76	63	20.59
Educational Status				
Non-literate	79	23.44	81	26.47
Up to Primary	66	19.59	39	12.75
Up to High School	106	31.45	99	32.36
Up to Higher Secondary	74	21.95	77	25.17
Graduate	12	3.56	10	3.27
Family Types				
Joint	158	46.88	141	46.08
Nuclear	179	53.12	165	53.93
Types of Occupation				
Business	4	1.19	8	2.62
Daily wage earner	9	2.67	22	7.19
Government Job	15	4.45	17	5.56
Private Job	-	-	1	0.33
Housewives	309	91.69	258	84.32

A significant number of respondents in rural areas belong to the age group of 25 - 29 years (20.77%), followed by respondents who belong to the age group of 30-34 years (17.59%). In urban areas, the majority of mothers (20.59%) are in the age group of 45 -50 years. In both the settlements, a significant proportion of mothers had achieved formal education up to high school level (31.45% and 32.36% in rural and urban areas, respectively). The incidence of graduate mothers in both the settlements is extremely low (3.56% in rural and 3.27% in urban areas). The majority of participants in the present study, irrespective of their area of settlement, were housewives (91.60% in rural and 84.32% in urban areas, respectively), and 4.45 percent of rural and 5.56 percent of urban Kaibarta women were engaged in Government jobs. Only a minuscule portion of women (0.33%) in urban areas was engaged in private jobs. However, the number of women pursuing business is slightly higher in urban areas (2.62%) than in rural areas (1.19%). The number of daily wage earners is also comparatively higher in urban areas (7.19%) than in rural areas (2.67%). Regarding family types, it is observed that, irrespective of the habitation area, the incidence of nuclear families is comparatively higher (53.12% in rural and 53.93% in urban areas) than joint families (46.88% in rural and 46.08% in urban areas).

Table 2: Adoption of family planning measures among the ever-married Kaibarta mothers

Family Planning Measure	Rural		Urban		Chi-square
	No	%	No	%	
Yes	192	56.97	156	50.98	2.31
No	145	43.03	150	49.02	
Total	337	100.00	306	100.00	

Note: Not statistically significant at 5.0% level of probability.

Table 2 shows the Adoption of family planning measures among the ever-married Kaibarta mothers .It is clear from the table that in both rural and urban areas, more Kaibarta mothers use family planning methods than non-adopters. Rural areas have a slightly higher proportion of users (56.97%) compared to urban areas (50.98%); however, this difference is not statistically significant. The key finding is that, although more Kaibarta mothers use family planning in rural settings, there is no significant difference in adoption rates between rural and urban Kaibarta women.

Table 3: Types of family planning measures used by ever-married Kaibarta mothers

Types of Family Planning Measures	Rural		Urban	
	No	%	No	%
Traditional Medicine	4	2.08	1	0.64
Permanent Sterilization	115	59.89	71	45.52
Oral Contraceptives	58	30.21	54	34.62
Copper-T	5	2.61	14	8.97
Condom	10	5.21	16	10.25

Table 3 displays the types of family planning methods used by the ever-married Kaibarta mothers of the present study. The data revealed that the adoption of a permanent sterilization system is the dominant method in both areas, with significantly higher adoption in rural areas (59.89%) compared to urban areas (45.52%). Oral contraceptives (including Sukhi, Mala-D, and Choice tablet) represent the second most common option, showing slightly greater frequency in urban areas (34.62%) compared to rural areas (30.21%). Although mothers in both settings know about the use of Copper-T and condoms, their utilization remains substantially lower in rural areas (2.61% and 5.21%, respectively) than in urban locations (8.97% and 10.25%). Traditional pregnancy prevention methods persist at minimal levels, accounting for 2.08 percent of rural and 0.64 percent of urban cases.

Table 4: Adoption of family planning measures by the educational status of ever-married Kaibarta mothers

Maternal Educational Status	No of mothers	Adoption of family planning measures					
Maternal Educational Status	**No of mothers**	**Non-users**	**Traditional**	**Permanent sterilization**	**Oral contraceptives**	**Copper-T**	**Condom**
Rural	**Rural**	**Rural**	**Rural**	**Rural**	**Rural**	**Rural**	**Rural**
Non-literate	79	29 (36.70)	1 (1.27)	35 (44.31)	11 (13.92)	2 (2.54)	1 (1.27)
Up to Primary School	66	27 (40.91)	-	25 (37.88)	13 (19.69)	1 (1.52)	-
Up to High School	106	50 (47.17)	2 (1.89)	42 (39.62)	11 (10.38)	-	1 (0.94)
Up to Higher Secondary	74	35 (47.29)	1 (1.35)	11 (14.87)	21 (28.38)	2 (2.70)	4 (5.40)
Graduate and Above	12	4 (33.33)	-	2 (16.67)	2 (16.67)	-	4 (33.33)
Urban	**Urban**	**Urban**	**Urban**	**Urban**	**Urban**	**Urban**	**Urban**

Non-literate	81	37 (45.68)	1 (1.24)	30 (37.04)	6 (7.40)	7 (8.65)	-
Up to Primary School	39	24 (61.54)	-	8 (20.52)	4 (10.26)	3 (7.69)	-
Up to High School	99	47 (47.48)	-	21 (21.21)	25 (25.25)	4 (4.04)	2 (2.02)
Up to Higher Secondary	77	39 (50.65)	-	12 (15.59)	17 (22.08)	-	9 (11.69)
Graduate and above	10	3 (30.00)	-	-	2 (20.00)	-	5 (50.00)

Note: The figure within parentheses indicates the percentage.

Table 4 presents the adoption of family planning measures by educational attainment among ever-married Kaibarta mothers. The data reveal that permanent sterilization remains the predominant method across both rural and urban areas, particularly among illiterate mothers (rural: 44.31%; urban: 37.04%). Such a trend continues among primary-level (37.88%) and high school-level educated mothers (39.62%) in rural areas, while mothers educated up to the higher secondary level show substantially lower adoption rates (rural: 14.87%; urban: 15.59%). In rural areas, higher secondary-level educated mothers demonstrate greater use of oral contraceptives (28.38%) and Copper-T (2.70%), while high school-level educated mothers show minimal contraceptive use (10.38%). Urban areas reveal a minor difference, where maximum utilization of oral contraceptives was recorded among high school-level educated mothers (25.25%) versus non-literate mothers (7.40%). The adoption of copper-T is common among urban non-literate mothers (8.65%), but absent among mothers educated up to the higher secondary and graduate levels.

The use of condoms was observed to be maximum among graduate mothers irrespective of their areas of settlement (rural: 33.33%; urban: 50.00%) and declined with education level. The use of the traditional method remains marginal (<2%) across all sections, except urban non-literate mothers (1.24%). In rural areas, among mothers who were educated up to higher secondary (47.29%) and high school (47.1%), non-adoption of any family planning measures is quite common. Its frequency among graduate mothers is 33.33%, which is comparatively less than that of their counterparts. Urban areas also emulate this trend, with the majority of non-users among primary-educated (61.54%), and it is nominal among graduate mothers (30.00%).

Table 5: Sources of knowledge regarding family planning

Sources	**Rural**		**Urban**	
Sources	**No**	**%**	**No**	**%**
Mass Media (TV/Radio/Newspaper/ Social media /websites)	200	59.35	196	64.06
Doctor/ Health workers/ Health care institution	100	29.68	100	32.68
Family members/ husband/Friends	37	10.98	10	3.27

Table 5 demonstrates the sources of knowledge regarding family planning among the Kaibarta mothers under study. The majority of women had more than one source of information about family planning methods. In both settlements, the major source of information was recorded as mass media (59.35% in rural and 64.06% in urban), followed by doctors/health workers/health care institutions (29.68% in rural and 32.68% in urban). Only 10.98% women from rural areas and 3.27% women from urban settlements get information on family planning from their family members and friends.

DISCUSSION

It is apparent from the present study that in rural areas, the higher occurrence of women who belonged to the age group of 25-29 years (20.77%), while in urban settlements, the majority of women were recorded in the age group of 45-50 years (20.59%). The mean age at marriage was slightly higher among women from urban areas (17.94±0.19 years) than their rural counterparts (17.49±0.17 years). The age at marriage, irrespective of the area of the settlement, is much earlier than the findings of a previous study conducted by Hazarika Medhi and Saikia [14] and Gupta et al. [15] . The present study revealed a preponderance of women from nuclear families in both settlements. The economic statuses of the Kaibarta women under study are not sound, as the majority of women in both settlements are homemakers (91.69% in rural and 84.32% in urban areas).

However, its frequency is slightly higher in rural areas than in urban areas. Women's engagement in government jobs is fairly low (4.45% in rural and 5.56% in urban areas), while 2.67% of women from rural areas and 7.19% women from urban areas earn their livelihood as daily wage earners.

Adoption of family planning is a direct measure that can regulate the birth interval by controlling unwanted pregnancies and hence influence the rate of fertility. The overall use of family planning measures in rural areas is slightly higher (56.97%) than in urban areas (50.98 %). Several other studies, such as Hazarika Medhi and Saikia [14]; Bharali et al. [16]; Shumayla and Kapoor [17]; Prachi et al. [18] and many others have reported that more than 90.0% of women knew at least one method of family planning. The acceptance of family planning measures recorded among the Kaibarta mothers of the present study, irrespective of their area of habitation, is higher than the incidences recorded among Dibongiya Deori women of Assam (Borah and Sengupta [19]), Khasi women of Meghalaya (Sun [20]) and Loi women of Manipur (Chanu [21]).

The present study recorded that those who had not utilized any family planning measures offer the reason for non-acceptance of contraception as fear of safety concerns to physical health. However, expectations of having more children and the lack of knowledge about the proper utilization of family planning measures are also matters of concern.

Among the users, the major proportions of Kaibarta women from both settlements use modern methods of contraception (97.92% in rural and 99.39% in urban). Only 2.08% women from rural areas and 0.64% from urban areas reported as users of traditional family planning measures.

It has been apparent from the present study that among various modern methods of family planning measures, the adoption of female sterilization is the most popular and well recognized among the Kaibarta women, irrespective of their area of habitation (59.89% and 45.52% in rural and urban areas, respectively). Pathak et al. [22] have also recorded female sterilization as the major way of family control among Indian women, Chandraker et al. [23] in the Durg Gond tribal community of Mahasamund District of Chhattisgarh, and Sarmah [24] among the Bodo Kachari women of Assam. Srivastava et al. [25] also found that female sterilization is the most popular method. However, a good number of studies also reveal contradictory results (Bharali et al. [16]; Hazarika Medhi and Saikia [14]). According to their study among the modern contraceptive methods, oral contraceptive pills (OCP) are the most popular and well-accepted method for both tribal and non-tribal women of Assam. Hazarika Medhi and Saikia [14] demonstrated similar findings with the evidence of maximum utilization of oral contraceptives among the scheduled caste women of the Jorhat district of Assam. Regarding the use of OCP, it reports the use of various oral contraceptives is quite common (34.62% in rural areas and 30.21 % in urban areas). Use of oral contraceptives in urban setups, however, found to be slightly higher (34.62%) than in rural areas (30.21%).

The use of Copper-T and condoms as a means of family planning is recorded to be comparatively lower (2.61% and 5.21% respectively in rural setup; 8.97% and 10.25% in urban setup respectively) than the earlier two methods of family control measures, and also found to be fairly less in rural setup.

The association between educational attainment and contraceptive behavior revealed variations in both contraceptive adoption and method choice. The proportion of non-users was comparatively lower among graduate women in rural (33.33%) and urban (30.0%) settlements. In contrast, female sterilization was more prevalent among non-literate mothers (44.31% in rural and 37.04% in urban areas), whereas oral contraceptive use was relatively higher among women educated up to high school and higher secondary levels. Condom use was notably higher among graduate women (33.0% in rural and 50.0% in urban areas), although the small number of graduates warrants cautious interpretation. Similar associations between socio-demographic characteristics and family planning practices were reported by Saikia and Medhi [26]. These findings indicate that educational attainment may influence contraceptive behavior and method preferences; however, reproductive history, parity, fertility intentions and access to contraceptive information should also be considered when interpreting these patterns.

The sources of information regarding family planning further highlight the importance of communication and information dissemination in shaping contraceptive awareness. In the present study, mass media constituted the principal source of information among both rural (59.35%) and urban women (64.06%). In contrast, family members accounted for a relatively small proportion of reported sources of information (10.98% in rural and 3.27% in urban areas). A similar observation was reported by Saikia and Medhi [26], who identified mass media as the major source of contraceptive information among Scheduled Caste women in Jorhat district, with 76.8% reporting it as their source relatively limited contribution of family members as a

source of contraceptive information in the present study also draws attention to the role of interpersonal communication in reproductive decision-making.The reported reluctance of women to discuss family planning with family members and, in some instances, with their husbands suggests that reproductive health communication within households may be restricted or a matter of shame. Such circumstances may limit opportunities for shared decision-making regarding contraceptive adoption and continuation. The findings therefore indicate the importance of strengthening reproductive health counseling, improving communication between spouses and encouraging the active involvement of men in family planning discussions. In this context, educational attainment, access to reliable health information and supportive family environments may contribute to more inform reproductive choices.

A recent community-based study by Barman et al. [27], conducted among 190 eligible couples residing in ten urban slums of Guwahati, also reported high awareness of contraceptive methods, with 99.47 percent of respondents aware of more than one method. However, health workers were identified as the dominant source of contraceptive information in that population. The difference between the predominance of mass media in the present study and the importance of health workers in the study of Barman et al. [27] may reflect differences in the study populations, local health-service networks and access to information. It also indicates that the dissemination of contraceptive knowledge operates through different channels across communities and settlement contexts.

CONCLUSION

It is apparent from the present study that the adoption of family planning measures is comparatively higher among women in rural settlements than in urban settings. More than fifty per cent of women in rural settlements adopted permanent sterilization, which is comparatively higher than in urban settlements. However, in urban settlements, the use of oral contraceptive pills, condoms, copper-T, etc., is moderately higher than in rural areas. The adoption of permanent sterilization is observed to be higher among non-literate women, while the use of condoms is quite common among graduate-level educated women. In both settlements, women support various government facilities and prefer to adopt family planning measures available in the health care sector. This may be the reason for the elevated adoption of permanent sterilization among them, as the majority of them adopted it under the governmental scheme, free of cost. The educational status of the women under study is far from satisfactory. It is the prime reason for their unemployment. The majority of women in both settlements depend mostly on their husbands, and employment in the government sector is relatively low. Due to poor economic conditions, they have to depend solely on government facilities and prefer family planning methods provided in the healthcare sector. Most of them collect modern family planning measures from the government hospital and sub-centers. Therefore, the government should provide adequate family planning measures. Attempts should also make to establish an adequate number of health centers close to their residential areas to provide the required family planning services. Moreover, they should also initiate organizing various health and family welfare programmes to spread the knowledge of family planning methods and develop an attitude favourable to the adoption of contraceptive methods among the population, as in the successful adoption of family planning measures, the role of both husband and wife is crucial, and both should be equally aware of it.

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