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Demand for Family Planning Among Scheduled Castes and Scheduled Tribes

T. K. Roy and Balram Paswan

Introduction

In spite of the longest experience of the family planning programme, India is still to attain the desired reduction in its level of fertility. The target year to achieve the replacement level fertility for the country has been deferred by more than a decade from the year 2001 to 2011-16. The programme is being characterised by an enormous variation in its performance over the region, at the state as well as over districts in a state. For example, according to the recently conducted National Family Health Survey (NFHS), the level of contraceptive prevalence rate (CPR), among the major states, was the highest in Kerala (54.4) and the lowest in Uttar Pradesh (18.5), (International Institute for Population Sciences, (IIPS) 1994). Ironically, it is in the states with a relatively larger population that the programme has failed to make much headway. Surely, there is a need to investigate what works in a specific situation and evolve area specific strategies and intervention programmes. Studies revealing the determinants of family planning acceptance and reasons for non-acceptance will facilitate the strengthening of the programme. We need to know more about the individual role of the socio-cultural factors and the programme factors, particularly the quality of family welfare services and care in influencing the variation in the family planning performance.

The scheduled caste and scheduled tribes form about 25 percent of the country's total population (Census of India, 1991). It will be of interest to know the family planning behaviour of this group and whether and to what extent their behaviour differs from the other caste group. There are a few surveys, which provide information on the differential level of family planning practice among the different caste groups. A baseline survey conducted in 1983 in two districts of rural Gujarat showed that family planning practice was low among the scheduled caste, still lower among the scheduled tribes in comparison to the other caste group (IIPS and PRC, 1984). Another study carried out in 1990-91 in the four districts of Maharashtra did not show much difference in the extent of family planning practice between the scheduled caste and other caste groups. The practice was, however, less among the scheduled tribes (Roy et. al., 1991).

The NFHS results available so far for the three states, namely, Uttar Pradesh, Maharashtra and Tamil Nadu suggest that use of family planning is lower among the scheduled caste compared to the other castes in Uttar Pradesh and Tamil Nadu. In Maharashtra there is practically no difference in the use between the two caste groups. The prevalence is, however, less among scheduled tribes compared to scheduled castes in Uttar Pradesh and Maharashtra. In Tamil Nadu the scheduled tribe population was negligible (PRC, Lucknow and IIPs, 1994; PRC, Pune and IIPS, 1994; PRC, Gandhigram and IIPS, 1994).

At the national level, such differentials can be gauged from the Third All India Survey on Family Planning Practices in India, conducted in 1988-89 (Operations Research Group, 1990). According to this study, there existed considerable caste-wise differentials in family planning use, it was lower among the scheduled caste and scheduled tribes in comparison to the other caste group. These studies, however, do not provide any idea about the role of socioeconomic factors in explaining the differential level of practice.

The service statistics in India provides information on the levels of couple protection rate for each district in the country (Ministry of Health and Family Welfare, 1990). An analysis of the relationship between the couple protection rate due to sterilisation in 1989 of a district with the percent of its scheduled caste and scheduled tribe population reveals a negative correlation between the two. A district having a higher proportion of scheduled caste and scheduled tribe population is likely to have lesser prevalence of sterilisation, and this relationship holds even after controlling a few socioeconomic characteristics of a district, such as its level of female literacy, percent of urban population, per cent of main workers to total population. Such macro level analysis may not, however, reveal a correct idea about the caste-wise differentials in family planning acceptance.

The NFHS provides an excellent opportunity to undertake detailed investigation on the caste-wise differentials in the level of family planning practice and the extent of demand for family planning. Such an attempt has been made here for the state of Uttar Pradesh. The analysis has been made for the rural area of the state. The urban area has not been considered, since the number of scheduled caste and scheduled tribe women interviewed there is small. Also, the number of scheduled tribe women interviewed in the rural area is small and therefore in the entire analysis, the scheduled caste and scheduled tribe women have been pooled together as one caste group.

Analysis

To have a greater prevalence of contraception, as well as the demand for receiving such services, it is imperative that couples have a thorough knowledge about various contraceptive methods offered in the programme. Studies conducted in this direction suggest that knowledge about family planning is almost universal in India. The NFHs in Uttar Pradesh showed that 94 per cent of the currently married women in the rural areas had knowledge about family planning in the sense that the women reported having knowledge of at least one modern method of family planning. The survey also reveals, as in many other studies, that such a widespread knowledge has been achieved mainly through the popularisation of sterilisation. Knowledge about spacing methods is not that widespread. For example, according to the survey, less than half of the currently married women in rural Uttar Pradesh indicated having knowledge about IUD.

Table 8.1 provides some further details about the spread of knowledge of contraceptive methods and present the same by caste of the currently married women. Knowledge about family planning is assessed in terms of the proportion of women having knowledge about any modern methods (sterilisation, IUD, condom and the pills), knowledge of sterilisation and at least one more of the spacing methods, knowledge of all the modern methods and knowledge of only sterilisation. Although knowledge about any modern methods is all pervasive, the proportion of women knowing sterilisation and at least one more modern spacing methods reduces considerably and is lower among the scheduled caste and scheduled tribe women in comparison to other caste group. It is revealing that only one-fourth of the scheduled caste and scheduled tribe women knew about all the modem methods. A greater proportion of women in the other caste groups knew about all the modem methods. A greater proportion of women in the other caste groups knew about all the modern methods (39 percent). Expectedly knowledge about methods was positively correlated with the level of education of women in both caste groups.

Table 8.1: Percent of Women Having Knowledge of Variour Contraceptive Methods by their Education and Caste in Rural Uttar Pradesh

	SC & ST				Other Castes				Total			
Methods	**Illiterate**	**Literate upto Middle**	**Middle & Above**	**Total**	**Illiterate**	**Literate upto Middle**	**Middle & Above**	**Total**	**Illiterate**	**Literate upto Middle**	**Middle & Above**	**Total**
Knowledge of any modern	93.5	94.5	96.1	93.6	93.6	97.3	99.7	94.6	93.6	97.0	99.4	94.3

methods												
Knowledge of ster. and at least on spacing method	67.4	83.4	82.6	68.6	72.9	86.7	95.6	76.5	71.6	86.3	94.8	74.9
Knowledge of all modern methods	23.8	40.0	50.7	25.3	32.1	57.4	76.4	39.1	30.2	55.6	74.7	36.3
Knowledge of only ster.	24.9	9.7	11.2	23.8	19.9	9.9	3.7	17.3	21.0	9.9	4.2	18.6

Regardless of whether the knowledge of more methods leads to greater acceptance, a fact which is less known and has been addressed later, lack of knowledge of all the methods is not desirable and does not augur well for the information education and communication (IEC) activities of the programme. Table 8.1 also substantiates the oft-repeated anxiety that our programme over emphasizes sterilisation. About 21 percent of the illiterate women knew only about sterilisation and not the other official methods. The illiterate women belonging to scheduled caste and scheduled tribes were more likely to have such partial knowledge about the contraceptive methods. Even 11 percent women with a level of education of middle and above in this caste group knew of only sterilisation and not the other methods. The situation was slightly better among women of the other caste group, particularly among women in the highest education category.

The contraceptive prevalence rate for the two caste groups by their level of literacy is presented in Table 8.2. Due to lack of adequate sample size, the educational categories of women have been sub- divided into two, illiterates and literates. The practice of family planning is low in rural Uttar Pradesh and this is true in both the caste groups. Overall, the per cent of Women practicing any method of family planning, including the traditional methods, was 15 and 17 among the scheduled caste and scheduled tribe and the other caste groups respectively. The differential in contraceptive prevalence rate between the two caste groups could be noticed among the literate group, particularly in the prevalence of sterilisation. For illiterate women, not only was the overall contraceptive prevalence rate the same for the two caste groups, but also the prevalence of the different contraceptive methods was similar.

Table 8.2: Contraceptive Prevalence Rates (CPR) by Education and Caste of Women in Rural Uttar Pradesh

Castes	Education	CPR Due to Sterilization	CPR Due to Modern Spacing Methods	CPR Due to Traditional Methods	Over all CPR
SC & ST	Illiterate	11.6	2.1	1.1	14.8
	Literate	9.3	6.3	0.9	16.5
	Total	11.4	2.4	1.1	14.9.
Other Castes	Illiterate	11.6	2.3	0.8	14.7
	Literate	16.7	7.9	1.4	26.0
	Total	12.6	3.5	1.0	17.0
All Women	Illiterate	11.6	2.3	0.9	14.8
	Literate	16.1	7.7	1.4	25.2
	Total	12.4	3.3	1.0	16.5

About 15 percent of the illiterate women were practicing contraception and 78 percent of the prevalence was due to sterilisation. A literate scheduled caste and scheduled tribe woman was less likely to practice family planning compared to literate women belonging to the other caste group, and the difference was mainly in the prevalence of sterilisation. Only 9 percent of literate women from the former were sterilised against 17 percent among the latter. Sterilisation dominates even in this low level of prevalence and the use of spacing methods was negligible. Only 4 percent of women were using spacing methods (both modern as well as the traditional methods) and the variation was only marginal between the two groups.

Whether prevalence of contraception is related to a woman's knowledge about more methods of family planning has been examined in Table 8.3. It is revealing to find that such dependence existed in the population. The contraceptive prevalence rate was the highest among women having knowledge of all the modem methods, and this was true irrespective of the caste group to which a woman belonged. The contraceptive prevalence rate was 24 percent among those having knowledge of all the modern methods, as against only 15 percent among women knowing only sterilisation. It is not that use of spacing method was only higher among the former, but these women having a better perspective of family planning and hence a better choice of methods were also more likely to accept sterilisation. Among older scheduled caste and scheduled tribe women (age 30 or more), the prevalence of sterilisation was 29 per cent among the better knowledgeable group in comparison to 22 per cent among women having knowledge of only sterilisation. The indications certainly point towards the fact that strengthening the programme in terms of its IEC activities and provision of more informed choice can raise the practice of contraception among the rural women of Uttar Pradesh.

Table 8.3: Contraceptive Prevalence Rates (CPR) by Knowledge of Family Planning Methods and Caste in Rural Uttar Pradesh

	SC/ST				Other Castes				Total			
Age Group	**Knowledge of any modern method**	**Knowledge of ster. and at least one more spacing method**	**Knowledge of all modern method**	**Knowledge of only ster.**	**Knowledge of any modern method**	**Knowledge of ster. and at least one more spacing method**	**Knowledge of all modern method**	**Knowledge of only ster.**	**Knowledge of any modern method**	**Knowledge of ster. and at least one more spacing method**	**Knowledge of all modern method**	**Knowledge of only ster.**
15-29	3.0	2.5	2.0	4.7	4.1	4.0	5.8	4.6	3.9	3.7	5.3	4.6
30+	23.4	24.1	29.2	22.2	23.6	23.9	28.3	23.0	23.5	24.2	28.5	22.8
All Ages	12.2	12.0	14.6	13.4	13.3	13.2	15.6	14.4	13.1	13.0	15.4	14.1
15-29	3.4	4.3	7.3	0.0	3.8	4.6	68	0.0	3.7	4.5	6.9	0.0
30+	1.6	2.3	4.2	0.0	3.6	4.4	7.2	0.0	3.2	4.0	6.8	0.0
All Ages	2.6	3.4	5.8	0.0	3.7	4.5	7.0	0.0	3.4	4.3	6.8	0.0
15-29	1.0	1.1	1.6	0.6	0.9	1.1	1.3	0.2	1.0	1.1	1.3	0.3
30+	1.3	1.2	1.6	1.0	1.1	1.2	1.8	0.5	1.1	1.2	1.8	0.6
All Ages	1.1	1.2	1.6	0.8	1.0	1.1	1.5	0.3	1.0	1.2	1.5	0.5
15-29	7.3	8.0	10.8	5.3	8.8	9.7	13.9	4.8	8.5	9.4	13.5	4.9
30+	26.3	27.5	35.0	23.2	28.2	29.5	37.4	23.5	27.8	29.2	37.0	23.4
All Ages	15.9	16.6	22.1	14.2	18.0	18.8	24.1	14.7	17.6	18.4	23.8	14.6

To have a better idea about the differentials in the contraceptive use, logistic regression analysis is employed considering the use or non-use of contraception as the dependent variable. The independent variables included in the model and regression coefficients are shown in Table 8.4. It may be mentioned that initially all the first order interaction terms were included in the model, but none of them was found to be significant and hence the interactions were not retained in the final analysis shown in the Table. The analysis suggests that there was no significant difference in the prevalence of contraception between the two caste groups. The two factors that exerted a significant influence on the prevalence, of contraception are whether a woman possessed knowledge about all the modern methods of family planning and the number of male children living. As is to be expected the larger the number of male living children of a woman the greater was the chance that she would accept family planning.

Table 8.4: Result of Logistic Regression Analysis of Contraceptive Use

Predictors	Categories	Regression Coefficient
Caste	SC/ST Other Castes	-- 0.68
Literacy Level of Women	Illiterate Literate	-- 0.28
Housing Condition	Not Pucca Pucca	-- 0.19
Availability of Agricultural Land	No Land With Land	-- 0.13
Experience of Child Loss	No Loss Loss one or more children	-- -0.17
Knowledge of All Modern Methods	No Yes	-- 0.99**
No. Of Male Children Living	Interval Scale	0.92**

** Significant at 1 percent

-- Reference category

With the addition of each male living child, the odds of contraception (the ratio of user to non-user) increases by about 2.5 times. Significantly, the practice of contraception was much higher among women who had the knowledge of all the modern methods of contraception. Even after controlling for all the other independent variables, the odds of contraception was 2.7 times higher among this group in comparison to those who did not have knowledge of all the methods. The prevalence of contraception did not depend on either the level of literacy or die living condition of the women such as the condition of the house in which she lived or whether the household in which she was living possessed agricultural land.

The desire of a woman to have additional children was assessed in the NFHS. This information can assist in understanding the extent to which the demand for family planning can be augmented in a population. Such an analysis has been presented in Table 8.5 for women who were not sterilised. The desire for additional children has been examined by the number of living children of women, and presented according to their level of literacy and caste. The table also provides information on how the desire of a woman with a given number of children differed according to whether she had knowledge of all the modern methods of family planning. A large proportion of the women (47 percent) indicated their desire to have more children. The percentage of women desiring more children was slightly higher among the scheduled caste and scheduled

tribe women in comparison to the other caste women. Even a sizeable proportion of women with three or more children was desirous to have more children. About 21 percent of the scheduled caste and scheduled tribe women with three or more children wanted to have more children and another 13 percent of them were undecided about their opinion. Surprisingly, the desire for additional children was higher among the literates than the illiterate women. Among women with three or more children, 28 per cent of the literate scheduled caste and scheduled tribe women wanted to have more children, compared to 21 percent expressing such a desire among the illiterates. The pattern of demand for additional children was more or less similar among the other caste group. This clearly indicates the urgent need for strengthening the IEC activities of die programme to propagate the small family size norm in the region. It should be noted that about 31 percent of the literate women with already three or more children either wanted to have more children or were undecided about it. The percent of women either opting to have additional children or undecided about the desire was lower among those having knowledge of all the methods of family planning. This was particularly true among the scheduled caste and scheduled tribe women.

Table 8.5: Distribution of Currently Married Not Using Family Planning According To Whether Want Additional Children by Level of Literacy, Knowledge of Family Planning and Caste in Rural Uttar Pradesh

Education and Knowledge of FP	No. Of Surviving Children	SC & ST				Other Castes				All Women			
		Want children	Don't want children	Can't become pregnant	Undecided	Want children	Don't want children	Can't become pregnant	Undecided	Want children	Don't want children	Can't become pregnant	Undecided
Illiterate	0.2	73.6	9.5	1.3	15.6	73.5	9.7	2.4	14.4	73.5	9.6	2.2	14.7
	3+	20.8	57.6	8.1	13.5	18.7	56.5	9.5	15.3	19.2	56.7	9.2	14.9
	Total	47.6	33.2	4.7	14.5	44.6	34.4	6.1	14.9	45.3	34.1	5.8	14.8
Literate	0.2	81.9	4.8	0.0	13.3	71.5	13.9	0.9	13.7	72.6	12.9	0.8	13.7
	3+	28.0	60.0	0.0	12.0	21.8	60.5	9.6	8.1	22.2	60.5	8.9	8.4
	Total	69.3	17.7	0.0	12.9	55.0	29.3	3.8	11.9	56.4	28.2	3.4	12.0
All Women	0.2	74.6	9.0	1.2	15.2	73.0	10.7	2.1	14.2	73.3	10.3	1.9	14.5
	3+	21.0	57.7	7.9	13.4	19.1	57.0	9.5	14.4	19.5	57.1	9.2	14.2
	Total	49.4	32.1	4.4	14.1	46.6	33.9	5.7	13.8	47.0	33.6	5.5	13.9
Not Having Knowledge of All Meth	0.2	72.6	9.2	1.0	17.2	74.5	9.1	2.2	14.2	74.1	9.1	1.9	14.9
	3+	23.3	57.0	6.8	12.9	18.4	56.6	9.3	15.7	19.5	56.7	8.7	15.1
	Total	49.5	31.6	3.7	15.2	45.9	33.3	5.8	15.0	46.8	32.9	5.3	15.0

ods													
Having knowledge of all Methods	0.2	81.2	8.0	1.7	9.1	70.6	13.3	1.8	14.3	72.1	12.5	1.8	13.6
	3+	14.0	60.3	11.1	14.6	20.4	57.9	9.9	11.8	19.4	58.2	10.1	12.3
	Total	48.0	33.7	6.4	12.0	47.6	33.7	5.5	13.2	47.7	33.7	5.6	13.0

In NFHS the currently married women who were not using contraception at the time of the interview were asked about their intention to use family planning in the future. Those who expressed their desire to use contraception were further asked to specify the method they would like to use. Similarly, women not intending to use contraception were asked to indicate the main reason for their disinclination. An analysis of these informations's can provide a valuable idea about the specific interventions to strengthen the programme. Table 8.6 to 8.8 presents an analysis of the information. Table 8.6 is about the future intention to use contraception. This information has been presented for each caste group according to their level of literacy and knowledge of family planning methods. In all, only 18 percent of the rural women not practicing family planning expressed the desire to use a method in the future. The remaining of the current non-users of family planning were either disinclined or unsure about their intention. Again, the variation in the intention to use family planning in the future between the two caste groups is not that noticeable. The percent of women expressing the desire was slightly less among the scheduled caste and scheduled tribe women. What is more conspicuous is the differential by knowledge of women about family planning methods. Among scheduled caste and scheduled tribe women having knowledge of all the modern methods, 30 percent of the non-users expressed the desire to use family planning in the future. In the same caste group, of women having knowledge of only sterilisation and not using any method, only 9 percent showed a favourable disposition towards the use of family planning. Hence, a wider knowledge about the methods was associated with greater use of contraception as well as better prospect for having an increased demand for family planning.

Table 8.6: Percent of Women (Currently Married and Non-user of Family Planning Methods) Who Intend to Use Methods in Future by Level of Literacy, knowledge of Family Planning Methods and Caste in Rural Uttar Pradesh

Education & Knowledge of Contraception	**SC & ST**	**Other Castes**	**Total**
Illiterate	16.6	16.0	16.1
Literate	27.2	28.7	28.5
Total	17.3	18.3	18.1

Knowledge of any modern methods	18.2	19.1	18.9
Knowledge of sterilisation and at least one spacing method	21.4	21.5	21.5
Knowledge of all modern methods	30.4	28.3	28.6
Knowledge of only sterilisation	8.5	8.7	8.6

The intention to use family planning in future was higher among the literates. Twenty-seven percent of the illiterates compared to 17 percent of the illiterate women among the scheduled caste and scheduled tribe expressed the willingness to use family planning.

An idea about the method that a woman would prefer to use in the future can be obtained from Table 8.7. A majority of the women who intend to use family planning were in favour of using the spacing methods (59 percent). It may be mentioned that the oral pill happened to be the most preferred method among the women of both the caste groups (not shown in the table). Although sterilisation is the most popularly used method, only 28 per cent of the non-users intending to use a method showed willingness to go for sterilisation. Even women with three or more children were of the similar opinion. The pattern of preferred methods to be used in future did not vary much between the two caste groups. However, the preference for the spacing method was slightly higher among the scheduled caste and scheduled tribe women compared to women of the other caste group.

Table 8.7: Distribution of Women Who Intended to Use Methods of Family Planning According other Caste and Number of Surviving Children in Rural Uttar Pradesh

Caste	No. Of Surviving Children	Sterilisation	Modern spacing Methods	Traditional Methods	Other Methods	Unsure	Total
SC & ST	0-2	23.2	59.5	4.3	4.3	8.7	100.0
	3+	24.3	64.6	0.9	5.6	4.6	100.0
	Total	23.9	62.8	2.0	5.2	6.1	100.0
Other Castes	0-2	26.9	59.4	1.6	6.7	5.4	100.0
	3+	29.6	56.8	1.7	7.0	4.9	100.0
	Total	28.5	57.9	1.6	6.9	5.1	100.0
All Women	0-2	26.2	59.4	2.1	6.3	6.0	100.0
	3+	28.4	58.4	1.7	6.7	4.8	100.0
	Total	27.5	58.8	1.9	6.5	5.3	100.0

Table 8.8 is regarding the reasons mentioned by the women for not intending to use family planning in the future. For a majority of the women, lack of willingness to use family planning in the future was because of their desire to have more children. About one-fourth of the women having three or more surviving children did not intend to use family planning methods, as they wanted more children. It needs to be noted that about eight percent of the women did not intend to use the methods due to lack of knowledge, and another ten percent women were not willing because either they themselves or their relatives, including their husbands, were against family planning. A greater proportion of women with three or more children mentioned these reasons. The reasons for the lack of intention to use family planning methods in the future were also similar among women belonging to the two caste groups.

Table 8.8 Distribution of Women Not Intending to Use Family Planning by Reasons According to Their Caste and Number of Surviving Children in Rural Uttar Pradesh

Caste	No. Of surviving children	Want children	Lack of knowledge	Expansive & Difficult to Get	Method Related Problem	Opposition towards FP	Can not become pregnant	Other Reasons	Total
SC & ST	0-2	78.8	5.4	1.2	3.3	4.3	4.8	2.2	100.0
	3+	27.4	12.9	2.0	14.1	12.6	24.9	6.1	100.0
	Total	56.2	8.7	1.6	8.0	8.0	13.6	3.9	100.0
Other Caste	0-2	80.5	4.2	0.6	2.0	4.3	5.5	2.9	100.0
	3+	24.0	11.1	2.3	13.0	18.4	23.8	7.4	100.0
	Total	53.5	7.5	1.4	7.3	11.0	14.2	5.1	100.0
All Women	0-2	80.1	4.5	0.7	2.3	4.3	5.3	2.8	100.0
	3+	24.7	11.5	2.2	13.2	17.2	24.0	7.2	100.0
	Total	54.2	7.8	1.4	7.4	10.3	14.1	4.8	100.0

Since female sterilisation happened to be the most popularly used method, it would be of interest to examine the type of operative and post operative follow-up care received by these women. Almost all the sterilisation operations, ninety-seven per cent among the scheduled caste and scheduled tribe and ninety-five per cent among the other caste groups, were performed in the public sector, consisting of government/ municipal hospitals, primary health centers and other governmental health infrastructure (not shown). Table 8.9 to 8.11 provides information on the opinion of the women about the care received during the operation, whether follow-up related to sterilisation was given and their satisfaction about the follow-up care if such visits were made.

Table 8.9: Distribution of Sterilised Women by their Opinion about care received during Operation in Rural Uttar Pradesh

Opinions	SC & ST	Other Castes
Poor	12.4	10.0
All right	44.7	44.9
Good	40.9	44.4
Don't know	2.0	0.7
Total	100.0	100.0

Table 8.10: Distribution of Sterilised Women by Whether Follow-up Related to Sterilization was given in Rural Uttar Pradesh

Responces	SC & ST	Other Castes
Yes	32.7	29.4
No	67.3	70.4
Don't know	0.0	0.2
Total	100.0	100.0

Table 8.11: Distribution of Sterilised Women by their Opinion about Follow-up Care Services in Rural Uttar Pradesh

Opinion	SC & ST	Other Castes
Poor	7.7	4.7
All right	37.4	36.0
Good	51.1	59.0
Don't know	3.8	0.3
Total	100.0	100.0

Regarding the care received during the operation, 41 percent of the scheduled caste and scheduled tribe women mentioned it to be good (actual rating was either very good or excellent), and another 12 percent rated it to be poor (either not so good or very bad). The opinion about the quality of care did not differ much between the women of the two caste groups. The majority of the women, 67 percent among the scheduled caste and scheduled tribe and 70 percent among the other caste group, mentioned that no follow-up related to sterilisation was given by the workers. However, women who were given such visits were generally satisfied with the care received.

Conclusion

Based on the large scale NFHS data the family planning related behaviour among scheduled caste and scheduled tribe women has been investigated vis-a-vis other caste women in rural Uttar Pradesh. The specific dimensions investigated are: knowledge about different modern methods of contraception,

prevalence of contraception, future intentions to use family planning among women currently not using any method, those who intend to use their choice of preferred method and those who do not intend to use, their main reason for the disinclination. The extent to which women wanted to have more children was also examined to understand the likely demand for family planning. The quality of sterilisation services has also been assessed by examining the types of operative and follow-up services.

By and large, the family planning behaviour was found to be similar in the two caste groups. The prevalence of contraception was similar in the two communities, except that it was slightly lower, though statistically insignificant, among the literate scheduled caste and scheduled tribe in comparison to the literate women of the other caste group. A similarity in the behaviour was also found when the intention to use family planning in the future was compared between the two groups and also the choice of their preferred method. Nor did the two groups of women differ in terms of reasons for not intending to use family planning methods. Regarding the desire to have more children for women with a given number of living children, it was slightly higher among the scheduled caste and scheduled tribe women in, comparison to the other caste group. In essence, the programme emphasis appears to have been uniform and there is no difference in the family planning behaviour between the two groups of women.

However, the findings do suggest a need for strengthening the overall family planning programme in the state. The level of contraceptive use is quite low in the area, and only 16 per cent of the women were found to be practicing contraception as of 1992. The state clearly needs revamping in its IEC activities. Ale idea of the small family size norm has not percolated in the society. A large proportion of women (34 percent) with already 3 or more children either wanted to have additional children or were undecided about the desire. The desire to have additional children cuts across women of different educational categories, and, if anything; it is slightly higher among the literate women.

The IEC activities should also emphasize on providing knowledge about the different family planning methods. We have to shake off our notion that the knowledge about family planning is universal. This is true only in terms of having knowledge of any modern method, particularly sterilisation. Slightly more than one-third of the women (only one-fourth among the scheduled caste and scheduled tribe) knew about all the four official methods. The study shows that the knowledge of more methods and hence a better choice of method can have a salutary effect on the family planning behaviour. It can not only lead to a higher practice of contraception, but also instill a favourable disposition towards family planning.

Though sterilization seems to be the mainstay of the programme, there is considerable scope for encouraging the use of spacing methods. The majority of the women who intend to use family planning in the future preferred to adopt spacing methods. More than two-thirds of the sterilised women mentioned that they were not given the follow-up visits related to sterilisation.

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