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A Case Study :

Reproductive performance of Garo women in Meghalaya

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The present paper reflects the reproductive behaviour of Garo women of Meghalaya tribe. The main objective was to examine the reproductive performance and awareness on contraceptive methods and factors influencing reproductive behaviour. The study was conducted at West Garo Hills district of Meghalaya among hundred married women in the age group of 20 to 35 years. A self-structured interview schedule was prepared to elicit specific information on reproductive performance and birth control measures adopted and it was found that the fertility rate was high and awareness on contraceptive method was poor. At the same time, it was observed that educational level had little influence on use of contraception.

The scenario of Indian population is alarming. The advances in medical and health care have reduced the death rate in India. However, the birth rate still remains high, adding upto the existing population. The population of 35 million in India as per census 1951 had increased to 1 billion by 2001. This rapid increase in population has become one of the serious problems concerned by demographers all over the world. High fertility strains the budgets of poor families, reducing available resources to feed, educate, and provide health care to children (Pati, 2002).

The national population policy 2000, adopted by the Government of India has set as its immediate objective task of addressing need for contraception in order to achieve the total fertility rate down to replacement level by the year 2010. However, the fertility rate especially in North East India is still very high and Meghalaya has been ranked as second highest fertility rate (3.8) next to Bihar (4) in India (NFHS 3). In this context, it is felt necessary to have understanding of factors associated for high fertility rate. The present paper highlights factors influencing the reproductive behaviour of the Garo women of Meghalaya. The Garos who are also known as the Achiks are basically hill tribesmen. The Garos are one of the largest groups of tribes of North East and are very widely scattered. They make up about 30% of the population of the state of Meghalaya. They once inhabited the northern reaches called Garoland in Tibet bordering China (Sangma, 2006).

Thus, the main objective was to examine the reproductive performance and factors influencing reproductive behaviour of Garo women and to find awareness on contraceptive method. The study was conducted at Rongram block of West Garo Hills district of Meghalaya. A total sample of hundred married women in the age group of 20 to 35 years having at least one living child was selected randomly from 10 villages. A self structured interview schedule was prepared to elicit specific information on reproductive performance and birth control measure. The data were consolidated, tabulated and analysed systematically using mean, SD and chi-square.

Age at menarche:

The onset of menarche among the respondents varied from 12 to 15 years. Half of the respondent tribal women attained puberty at the age of 12 years while about one third of the sample women had their first menstruation at 13 yrs of age followed with 14 years by 12 per cent of the women. Only four per cent of them had attained puberty at 15 years. The mean age of menarche for the total women was 12.7 yrs ±0.116 (Table 1).

Table 1 : Distribution of background information of the respondents (N=100)

Sr. No.	Age at menarche	Percentage
1.	12	50
2.	13	34
3.	14	12
4.	15	4
Sr. No.	Age at marriage	Percentage
1.	15-17	41
2.	17-19	41
3.	19-22	10
4.	21-23	3
5.	23-25	5
Sr. No.	Number of children delivered	Percentage
1.	1-2	53
2.	3-4	35
3.	5-6	12
Sr. No.	Educational level	Percentage
1.	Illiterate	3
2.	Primary	28
3.	Middle School	30
4.	High school (X passed)	27
5.	Secondary	11
Sr. No.	Size of the family	Percentage
1.	1-4 (Small family)	36
2.	5-7 (Medium family)	54
3.	Above 8 (Large family)	10

Mean of menarche = 12.7±0.116, S.D. =1.1
Mean age at marriage: 17.52 yrs, S.E ±.15

Age at marriage:

Age at marriage of girls contributes great significance as a biological – cum- socio- cultural determinant of fertility. Studies reveal all over the world that early marriage contributes to reproductive health hazard and higher fertility rate and also causes population explosions and improper in managing and care of children. (Pati, 2002) Forty one per cent each married at the age between 15-17 years and 17 to 19 years while 10 per cent married at the age of 19 to 22 years and a marginal married between 21 -23 and 23-25 years. The mean age at marriage was 17.52 yrs which is below the legal age of marriage in India. This shows that the knowledge of safe motherhood awareness might be lacking among the respondents (Table 1).

Educational level of respondents:

Majority of the respondents were literate. However, only 11 per cent had completed secondary while 27 had completed high school, 30 per cent had education upto middle school level and 28 per cent had primary level of education. Even though only three per cent were illiterate, the level of education was poor. Early marriages, financial constraint for further study were the main problems cited for discontinuation of education (Table 1).

Structure of family:

The family system is universally conditioned by the local cultural tradition (Majumdar and Madan,1980). The Table highlights that majority (73%) of Garo tribe respondents had nuclear family set up while the rest (27%) were comprised of traditional system of joint family. The Garo tribe followed matriarchal family system.

Number of children delivered during the time of survey:

53 per cent mothers had delivered one to two children followed by 35 respondents who delivered three to four children while 12 mothers had delivered five to six children. This indicates that the fertility rate is high (Table 1).

Association of maternal education and age at marriage:

In a structural framework, the timing of marriage is also a crucial determinant of fertility. A women's education significantly rises the age of marriage (Ragui, 2003). It is noticed that the age at marriage was higher with increase in the educational level of the mother. Fifty seven per cent illiterate and primary educated respondents married at an early age of 15-17 yrs and 33 per cent of them married at the age of 17-19 yrs and 58 per cent of the middle school educated respondents married at 15-17 yrs and the remaining 42 per cent married at 17-19 yrs. While those respondents who had education upto higher secondary married late with none of them marrying at 15-17yrs, 33 per cent at 17-19 yrs and another 33 per cent at 19-21 yrs and a significant (25 %) marrying at

Table 2 : Level of education and age at marriage

Level of Education	15-17	17-19	19-21	21-23	23-25	Total	Chi-square value
Illiterate and Primary	17 (57.00)	10 (33.00)	2 (7.00)	1 (3.00)	-	30 (100)	
Middle school	18 (58.00)	13 (42.00)	-	-	-	31 (100)	χ^2 44.88**
High School	6 (22.00)	14 (52.00)	4 (15.00)	1 (4.00)	2(7.00)	27 (100)	
Secondary	-	4 (33.00)	4(33.00)	1 (8.00)	3(25.00)	12 (100)	
Total	41	41	10	3	5	100	

** Significance of value at P=0.01, figure in parenthesis indicates per cent

Table 3 : Level of education and number of children

Level of Education	1-2	3-5	6-7	Percentage Total	Chi Square Value
Illiterate and Primary	12 (40.00)	16 (53.00)	2 (7.00)	30 (100.00)	
Middle School	15 (48.00)	16 (52.00)	-	31 (100.00)	χ^2=9.555
High School	17 (63.00)	10 (37.00)	-	27 (100.000	
Higher Secondary	9 (75.00)	3 (25.00)	0	12 (100.00)	
Total	53	45	2	100	

Not significant (Figure in parenthesis indicates percentage)

Table 4 : Association of age at marriage and number of children delivered

Age at Marriage	1 -2	3 – 5	6 – 7	Total	Chi square value
15 – 17	16 (38.00)	22 (52.00)	4 (9.5)	42 (100.00)	
17 – 19	23 (58.00)	17 (42.00)	-	40 (100.00)	
19 – 21	7 (64.00)	4 (36.00)	-	11 (100.00)	19.071**
21 – 23	3 (100.00)	-	-	3 (100.000	
23 – 25	4 (100.00)	-	-	4 (100.00)	
Total	53	43	4	100	

** Significance of value at (P=0.01) Figure in parenthesis indicates percentage

23-25 yrs. It was significant at 1 % level (Table 2).

Association between educational level and fertility:

According to Guru *et al.* (2001) there has been an association found between differential level of women's education and low fertility. However, there was no significant difference between differential level of education and low fertility among the respondents in study. The percentage of respondents having three to five numbers of children decreased from 53 per cent for illiterate and primary level educated respondents to 25 per cent for higher secondary educated respondents and none of the other respondents except illiterate and primary educated respondents had 6-7 children. This indicates that the concept of a small family being a happy family had not percolated among the respondents, Garo women (Table 3).

Association between age at marriage and the number of children:

Women who had married at an early age of 15-17 years experienced highest incidence of childbirth followed by those who married within the age range of 17-19 yrs (40%). A sharp decline in the number of childbirth was noticed among the women who were at the age from 19 yrs onwards. Thus there was a steady reduction in the number of childbirth with increasing order of age at marriage and there is a significant difference at 1% level (Table 4).

Birth spacing of the first and second child:

Birth spacing is considered to be the important factor influencing the health of both mother and children. Out of the hundred tribal women respondents, 30 women had only one child as of now. Eleven had a second birth after one year since the first birth, while 36 per cent had two years interval between the first and second birth. Only 15 per cent had second birth after the interval of three years while others had intervals at an interval of more than four. The importance of adequate spacing between births, needs to be addressed properly among the tribal

Table 5 : Awareness on contraceptive methods

Sr. No.	Particulars	Percentage
Awareness on types of contraceptive		
1.	Mala D	50
2.	Condom	42
3.	Copper T	12
4.	Tubectomy	10
5.	Injection(Norplant)	4
Source of information about contraceptive		
1.	Doctor	47
2	Television	43
3.	Friends	1
4.	Nurse	8
5.	Newspaper	1
Types of contraceptive used		N = 41
1.	Mala D	24 (59.00)
2.	Copper T	12 (29.00)
3.	Injection(Norplant)	4 (10.00)
4.	Condom	1 (2.00)
Reason		N=59
1.	Husband disapproved	22 (37.00)
2.	Operation	15 (25.00)
3.	Want of more number of children	10 (17.00)
3.	Want to have girl child	7 (12.00)
4.	Want to have male child	5 (9.00)

Figure in parenthesis indicates percentage

Table 6 : Educational level and use of contraceptive methods

Educational level	Used N=41 (%)	Not used N=59 (%)	Total	Chi square value
Illiterate and Primary	11(37.00)	19 (63.00)	30 (100.00)	
Middle School	10 (32.00)	21 (68.00)	31 (100.00)	χ^2 =3.269
High School	13 (48.00)	14 (52.00)	27 (100.00)	
Higher Secondary	7 (58.00)	5 (42.00)	12 (100.00)	
Total	41	59	100	

Not significant, Figure in parenthesis indicates percentage

rural women.

Awareness on contraceptive methods:

Almost all the respondents were aware of at least one or more of the contraceptives although did not adopt family planning method. Fifty per cent were familiar with Mala D pills followed by condom (42%), copper T (12%), tubectomy (10%) and injection (4%).The source of information for contraceptive were mainly Doctors (47) followed by electronic media (television). Eight per cent have reported to receive information from nurses while others revealed only one per cent from friends and newspaper as the source of information about contraceptive method (Table 5).

Use of birth control measures:

Fifty nine per cent of the respondents didn't use contraceptives as against 41 per cent who used contraceptives. When enquired on the reason for not opting, 37 per cent expressed because of want of their husbands consent while 25 per cent reported due to operation. Seventeen per cent didn't opt for want of more children while other reasons included for want of a particular sex child for female 12% and 9% for male child (Table 5). The desire to have more female child is understandable as the respondents come from a matriarchal society. (Monica, 2003) opined that a proper understanding of factors associated with contraceptive choice is not only important for improvements in quality of care and programme planning management, but it also enables the country to realize the desired impact of its family planning policies and programmes concerning unwanted fertility. Among the respondents who used contraceptive method, oral contraceptive pill Mala D was more popular as 59 per cent of them used it as this is a commonly advertised brand in TV followed by IUD while ten per cent accepted injection (Norplant). It is even more surprising to see that only 2 per cent used condom as a means of family planning method. Thus, a need to spread awareness and develop a positive attitude towards family planning was felt (Table 5).

Association between educational level and family planning:

It was observed that higher secondary and high school educated respondents had higher percentage of using contraceptives than middle school and illiterate and primary educated respondents. However, statistically there was no significanct difference found in use of contraceptive by the respondents according to their educational level. The educational levels have no bearing on their using contraceptives (Table 6).

Conclusion:

It was observed from the study that the fertility among Garo women was high. The main factors leading to high fertility includes early age at marriage, lack of proper formal education, lack of awareness on family planning methods and desire to have children of a particular sex. It is also understood that husbands take major decision in deciding number of children in a family. Therefore, measure should be taken to motivate both the spouses to accept the small family norm and thereby adopt family planning method.

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