

CHAPTER 5

FAMILY PLANNING PRACTICES AND THE TRIBAL PEOPLE

FAMILY PLANNING PROGRAMMES

Introduction

India is the first country in the world to have started an official family planning programme in 1952. The Indian family planning programme has undergone an evolution trying out different approaches. In the beginning 'clinic' approach was adopted. Later on 'cafeteria' approach has been adopted with the intention of providing services in respect of as many family planning methods as possible so that couples can choose any method of their liking. Sterilisation was introduced into the family planning programme in 1956. But the demand for sterilisation on large scale has started about a decade later. Now the demand is almost exclusively for sterilisation, particularly for women sterilisation. Much is being made of the demand for tubectomy. It is often alleged by some women activists and many Indian as well as foreign observers of the Indian family planning programme that Indian women are unjustly subjected to sterilisation, while men are allowed to go free. Government agencies are interested in tying up women's reproductive tubes. Beyond family planning services government programmes do not want to address the much more gender specific health care need of the women. It is time when someone should put the situation in proper perspective. The allegation implies that tubectomy or sterilisation is something undesirable. There is also a growing consensus among the policy planners in India that the overriding emphasis on female sterilisation of the present programme is not likely to achieve the desired demographic goal of replacement fertility. A greater emphasis should be placed on increasing method choice by introducing methods to space births.

Government's Initiatives to Popularise the Family Planning Programmes

The Government of India has taken up several policy initiatives in recent year. A high-level population committee was set up in December 1991 as a subcommittee of the National Development Council, which includes all chief

ministers of the states. The committee made recommendations to the Council for formulating a national policy and establishing mechanisms to implement it. The policy context today is radically different from the one faced by the Government of India when the national family planning programme was launched. Although India has been a leader in developing health and population policies, major implementation problems, namely, many who need the services are not reached, most of those reached do not have access to the range of services they need and the quality of services is often unsatisfactory, have plagued the programme for more than two decades. In 1992, the Ministry of Health and Family Welfare developed a far-sighted action plan to strengthen the programme, including several recommendations that are congruent with the reproductive health approach. Five key issues receiving substantial attention in the present policy may be stated as: (i) moving away from numerical and method specific contraceptive targets and incentives to a client-centered system of performance goals and measures, (ii) expanding the use of male and reversible contraceptive methods and broadening the choice of contraceptives, (iii) improving the breadth, availability, and quality of services and involving communities in managing the public sector programme, (iv) strengthening the role of private sector in the programme and (v) adequate funding for the current programme. In 1994 the Cairo International Conference on Population and Development international consensus was arrived at improving reproductive health, including family planning, as they were essential to human welfare and development. The Government of India strongly supported the Cairo programme of action and the reproductive health approach.

Since the inception of the Family Planning Programme, the Government of India has been trying to popularise the programme. Efforts have been made to apprise the rural and urban masses through the mass media and interpersonal communication. India's Family Welfare Programme is the evidence of experimental approaches. A major draw back of Indian Family Planning Programme has been observed in communication gap between awareness

creation and actual adoption. Studies conducted by Chandrasekharan (1963, p.5-14) and Saha (1977, p.70-75) have shown that the interpersonal channel of communication is more effective in the decision-making stages of adoption of innovation. The information, education and communication programmes of the Health and Family Welfare department have never considered the customs, beliefs and attitudes of the tribals while preparing information, education and communication strategy, commonly known as IEC. As a result the family planning programmes among the tribals of the study area are not at all popular.

THE TRIBAL PEOPLE AND FAMILY PLANNING PROGRAMME

Tribal people are naturally shy and have an inherent belief in superstitions. Indigenous method is still being practised by some of the tribal women as a method of abortion, where a lot of risk is involved. No one is aware of the Medical Termination of Pregnancy Act and also knows that abortion may take place in hospital free of cost. But unwed women resort to some clandestine practices to eliminate the unwanted pregnancy. For this they use some indigenous methods of abortion. The tribals are using some indigenous plants as a method of contraception. A large number of medicinal plants growing in different parts of the world have been used by native people for anti fertility efficacy (Casey, 1960, p.590-600; Arenas and Azorero, 1977; p.302-306).

Awareness of the Tribal People regarding Family Planning Programmes

In this section we will discuss how far the tribals know the government's family planning programmes. Government's family planning programmes emphasise on two child norms. Family planning programmes since the inception are also emphasising on the needs of spacing of birth, at least on three years of gaps between the births of two children. There are two types of methods available for family planning; (i) permanent methods; vasectomy, tubectomy etc., (ii) temporary methods; oral pills, nirodh etc. The tribal people hesitate to use

modern contraceptives available in the government hospitals. Tribals are said to be tradition bound, often superstitious and believe in fate. Many of them think that child is the gift of god and if anybody tries to prevent from having children, he will be a victim of God's Wrath. But it is also found that some of the tribals are also using government's family planning services. Tubectomy and vasectomy are well known to most of the tribals. Mala-D, nirodh etc are also known to some of the tribals.

The analysis of the table 39 shows that in general, 44.86 per cent of the tribals belonging to the target villages, are aware of the government's family planning programmes, whilst as many as 62.90 per cent of the literate tribals and 37.50 per cent of the illiterate tribals of the target villages are aware of the government's family planning programmes. Tribe wise analysis of the target villages has revealed that in general, 46.67 per cent of the Santals are aware of the family planning programme, while 63.89 per cent of the literate Santals and 39.29 per cent of the illiterate Santals are aware of the family planning programme. However, 42.53 per cent of the Oraons are aware of the family planning programme. Whereas 61.54 per cent of the literate Oraons and 41.38 per cent of the illiterate Oraons are aware of the programme. In general literate tribals are more aware than their illiterate counterparts, and Santals are also more aware than their Oraon counterparts.

The same table (Table 39) also shows the awareness of the tribals of the target villages on two child norms, need for spacing between two child and the available spacing methods of the government's family planning programme. In general, 40.19 per cent of the tribal respondents know the two child norms of the government's programme, whereas 50 per cent of the literate respondents are aware of the two child norms and 36.18 per cent of the illiterate respondents know the two child norms of the government's family planning programme. However in general, 37.85 per cent of the tribal respondents have reported the

need of spacing between the two children, while 48.39 percent of the literate and 33.55 per cent of the illiterate respondents respectively have reported to be aware of the spacing between two children. In regard to the methods available for spacing, only 24.77 per cent of the tribals have reported to know about the methods for spacing, while 41.94 per cent of the literate respondents and 17.76 per cent of the illiterate respondents have reported positively.

The tribe wise analysis of the target villages gives us an interesting result. In general, 42.50 per cent of the Santals have reported to know the two child norms of the government's programme, whereas 41.67 per cent of them are aware of the need for spacing and 30 per cent of them are acquainted with the methods of spacing. In case of the literate respondents belonging to the Santal community, as many as 52.78 per cent are aware of the two child norms and the need for spacing as important components of the government's family planning programme. However, 47.22 per cent of them know the methods of spacing mentioned in the government's programme. If we consider the Oraon respondents of the target villages, it has been observed that 37.23 per cent of them have reported to know the two child norms, while 32.98 per cent of them are aware of the need for spacing and 28.72 per cent of the respondents are acquainted with different spacing methods. Among the literate Oraons, 46.15 per cent know the two child norms of the government's programme, while 42.31 per cent of them have reported to know the need of spacing and 34.62 per cent of them are informed of the different spacing methods. However, 39.66 per cent of the illiterate Oraons have reported to know the two child norms, while 34.48 per cent and 31.03 per cent of the illiterate Oraons are aware of the need for spacing and the methods available for spacing respectively (see table 39).

Table 39

Awareness of family planning programmes of the target villages

Tribal groups	Government family planning programs (%)	Two child norms (%)	Spacing needs (%)	Spacing methods (%)	Total (%)
Santal	56 (46.67)	51 (42.50)	50 (41.67)	36 (30.00)	120 (100)
Literate	23 (63.89)	19 (52.78)	19 (52.78)	17 (47.22)	36 (30)
Illiterate	33 (39.29)	32 (38.10)	31 (36.90)	19 (22.62)	84 (70)
Oraon	40 (42.53)	35 (37.23)	31 (32.98)	27 (28.72)	94 (100)
Literate	16 (61.54)	12 (46.15)	11 (42.31)	09 (34.62)	26 (27.68)
Illiterate	24 (41.38)	23 (39.66)	20 (34.48)	18 (31.03)	58 (72.32)
Total	96 (44.86)	86 (40.19)	81 (37.85)	53 (24.77)	214 (100)
Literate	39 (62.90)	31 (50)	30 (48.39)	26 (41.94)	62 (28.97)
Illiterate	57 (37.50)	55 (36.18)	51 (33.55)	27 (17.76)	152 (71.03)

In case of the non-target village's, awareness of the tribals of the government's family planning programme is very poor. The analysis of the table 40 shows that in general, 10.74 per cent of the tribals have reported to be aware of the government's family planning programme, while 10.91 per cent of the Santals and 10 per cent of the Oraons have knowledge of government's family planning programme respectively. It has been revealed that, 34.21 per cent of the literate tribals are aware of the family planning programme, while 33.87 per cent of the literate Santals and 35.71 per cent of the literate Oraons are informed of the family planning programme. In case of the illiterate respondents, awareness of the government's family planning programme is almost not worth considering. It has been observed that only 2.06 per cent of the illiterate tribals are aware of the family planning programme, although 1.9 per cent of the illiterate Santals and 2.78 per cent of the illiterate Oraons respectively have the knowledge of the programme.

The same table (Table 40) shows the awareness of the tribals of the non-target villages about two child norms, need for spacing between two child and the available spacing methods of the government's family planning programme is very poor. In general, only 6.30 per cent of the tribal respondents know the two child norms of the government's programme, whereas 6.36 per cent of the Santals and only 6 per cent of the Oraons have reported to know the two child norms of the government's family planning programme. However, out of 19.74 per cent of the literate tribal having knowledge of the two child norms, 20.97 per cent belong to the Santal community and 14.29 percent belong to the Oraon community. The awareness of the two child norms of the government's family planning programme of the illiterate respondents is almost negligible.

Most of the tribals of the non-target villages are not aware of the need for spacing between two children (Table 40). In general, only 7.04 per cent of the tribals have reported to know the need for spacing between two children, though 7.27 per cent of the Santals and 6 per cent of the Oraons have reported to know the need

for spacing. It has been noted from the comparison between literate and illiterate respondents that 19.74 per cent of the literate tribals are aware of the spacing need, while 2.06 per cent of the illiterate respondents are informed of the need for spacing between the births of the two children. In regard to the methods available for spacing, only 5.56 per cent of the tribals are acquainted with the method for spacing, while 15.79 per cent of the literate respondents and 1.55 per cent of the illiterate respondents are apprised of the spacing methods. The tribe wise analysis shows little difference in awareness of the spacing methods. In general, 5.45 per cent of the Santals and 6 per cent of the Oraons are aware of the spacing methods. However, 16.13 per cent of the literate Santals and 14.29 per cent of the literate Oraons have reported to know the methods for spacing. On the other hand only 1.27 per cent of the illiterate Santals and 2.78 per cent of the illiterate Oraons are aware of the methods available for spacing of birth.

Attitude and Practices of the Tribals in Family Planning

The tables 41 and 42 show the attitude and practices of the tribals of both the target and non-target villages. The analysis of these tables gives us interesting results regarding the attitude and practices of the tribals in family planning. In general, 60.28 per cent of the tribals of the target villages want to prevent childbirth and believe that child bearing depends fully on the desires of the couples, but 62.90 per cent of the literate and 59.21 per cent of the illiterate tribals have reported to possess the same faith. Tribe wise analysis shows almost same trend. In general, 60.83 per cent of the Santals have reported to believe that childbirth is not the gift of the god, it entirely depends on the desires of the couples and they also intend to prevent childbirth. However, 63.89 per cent of the literate Santals and 59.52 per cent of the illiterate Santals have same faith. In case of the Oraons, we have found that in general, 59.57 per cent of them have reported to possess the same belief regarding childbirth, although, 61.54 per cent of the literate Oraons and 58.82 per cent of the illiterate Oraons have faith on the same idea (see Table 41).

Table 40

Awareness of family planning programmes of the non-target villages

Tribal groups	Government family planning programs (%)	Two child norms (%)	Spacing needs (%)	Spacing methods (%)	Total (%)
Santal	24 (10.91)	14 (6.36)	16 (7.27)	12 (5.45)	220 (100)
Literate	21 (33.87)	13 (20.97)	13 (20.97)	10 (16.13)	62 (28.18)
Illiterate	03 (1.90)	02 (1.27)	03 (1.90)	02 (1.27)	158 (71.82)
Oraon	05 (10)	03 (06)	03 (06)	03 (06)	50 (100)
Literate	05 (35.71)	02 (14.29)	02 (14.29)	02 (14.29)	14 (28)
Illiterate	01 (2.78)	01 (2.78)	01 (2.78)	01 (2.78)	36 (72)
Total	29 (10.74)	17 (6.30)	19 (7.04)	15 (5.56)	270 (100)
Literate	26 (34.21)	15 (19.74)	15 (19.74)	12 (15.79)	76 (28.15)
Illiterate	04 (2.06)	02 (1.03)	04 (2.06)	03 (1.55)	194 (71.85)

It is reported that none of the respondents of the target villages have any faith on male sterilisation. They have a belief that after sterilisation male persons cannot do any hard work. As a birth control measure, most of the tribals prefer to ask their spouses to take preventive measures. In general only 16.36 per cent of the tribals prefer to have sterilisation for their spouses, while 13.33 per cent of the Santals and 20.21 per cent of the Oraons respectively adhere to the same view as a birth control measure. If we compare the preferences of respondents regarding the sterilisation of spouses between the literate and illiterate tribals, we have found that 22.58 per cent of the literate tribals are interested to ask their spouses for sterilisation as a measure of birth control, while 13.82 per cent of the illiterate tribals have the same attitude. However, 22.22 per cent of the literate Santals prefer to ask their spouses for sterilisation and 9.52 per cent of the illiterate Santals prefer the sterilisation of their spouses. In case of the Oraons, 23.08 per cent literate and 19.12 per cent of the illiterate desire more for their spouses' sterilisation (Table 41).

However, in general 28.04 per cent of the tribals of the target villages prefer to ask their spouses to take any kind of birth control measures. Whereas 28.33 per cent Santals and 27.66 per cent of the Oraons have the same liking. The comparison between literate and illiterate shows that, in general, as many as 58.06 per cent of the literate tribals and 15.79 per cent of the illiterate tribals want that their spouses should take any kind of birth control measures. However, in particular, 58.33 per cent of the literate Santals and 15.48 per cent of the illiterate Santals have expressed the same view. But 57.69 per cent of the literate Oraons and 18.18 per cent of the illiterate Oraons opine the same (Table 41). It is interesting to note that literate tribals are much more interested to put the burden of birth control on their female counterpart. This might be due to the influences of the Hindu community, though in the tribal societies male and female partners are supposed to be treated as equal partner. A wide gap between the level of awareness and acceptance of family planning has been observed (see Table 41) in case of the tribal couples of the target villages. In general, 18.22 per cent of

the tribals use family planning measures, but 19.17 per cent of the Santals and 17.02 per cent of the Oraon couples have recourse to birth control measures. It has also been observed that family planning measures are more practised by literate tribals than those of illiterate ones. In general, 27.42 per cent of the literate tribals and 14.47 per cent of their illiterate counterparts resort to family planning measures. In case of the Santals, it has been observed that 27.78 percent of the literate couples and 15.48 per cent of their illiterate counterparts use family planning measures. However among the Oraons, 26.92 per cent of the literate and 13.24 per cent of the illiterate couples apply birth control measures.

Since the inception of the Health Sector of the Tagore Society for Rural Development, they have been trying to popularise the family planning at their target villages. It has been noticed during the fieldwork that most of the respondents have heard about the government's family planning programme through group meetings, mass media and interpersonal communication with workers of the Tagore Society for Rural Development. The actual adoption of the family planning is poor. Mandelbaum (1974), and Siddh (1974) have reported the social religious and economic barriers in the adoption of the family planning programme, though a positive attitude towards family planning programme has been observed among the tribals of the target villages. Those who are practising family planning measures have a lot of genuine complaints against the negative effect of the use of such methods but there is no one in the Tagore Society for Rural Development who can assist them in this regard. The Tagore Society for Rural Development mostly depends on the Government Health Department for family planning programme. It has also been noted that a considerable number of illegal abortion takes place among the tribals of the target villages. However, none of the tribal respondents have gone to the Government hospitals for medical termination of pregnancies, which is legal as per the medical termination of pregnancy act of 1971 although the medical termination of pregnancy is supposed to take place in all the government

hospitals starting from Block Primary Health Centers. It has also been observed that medical termination of pregnancy is not done at the Block Primary Health Centers.

Table 42 reflects the attitude and practices of family planning of the tribals of the non-target villages. In general, 20.74 percent of the tribals and 39.47 per cent of the literate tribals have reported that they want to prevent child birth and believe that child bearing depends on the desires of the couples, whereas, 13.40 per cent of the illiterate tribals hold to the same view. Tribe wise analysis shows that in general, 21.36 per cent of the Santals and 40.32 per cent of the literate and 13.92 per cent of the illiterate respondents hold up the same propositions. In case of the Oraons, we have observed that 18 per cent in general, and 35.71 per cent of the literate and 11.11 per cent of the illiterate respondents adhere to this opinion.

A wide gap has been observed between the level of awareness of the family planning and the acceptance of family planning of non-target villages (Table 42). Very few respondents of the non-target villages have reported to prefer birth control measures. The preference of male sterilisation is very poor. Only 2.22 per cent of the tribals have reported to prefer male sterilisation and all of them belong to the Santal community. It has been reported that 2.73 per cent of the Santals like male sterilisation. The comparison between literate and illiterate reflects that only 3.23 per cent of the literate tribals have reported to prefer male sterilisation and only 2.53 per cent of their illiterate counterparts have reported to hold the same view. In general, 3.70 per cent of the tribals have reported to have preference of female sterilisation, while only 3.18 per cent of the respondents belonging to the Santal community prefer to have sterilisation for their spouses, whereas 6 percent of the respondents belonging to the Oraon community prefer the same. However, if we compare between literate and illiterate respondents, we notice that in general, 7.89 per cent of the literate tribals have reported to prefer female sterilisation, while only 2.06 per cent of the illiterate tribals have the

same preference. However, 8.06 per cent of the literate and only 1.27 per cent of the illiterate Santals respectively have reported to ask their spouses for sterilisation as a birth control measure, whereas 7.14 per cent of the literate Oraons and 5.56 per cent of their illiterate counterparts like female sterilisation.

It has also been reported that 8.52 per cent tribals of the non-target villages, in general, have reported to prefer to ask their spouses to take any kind of birth control measures, whereas 9.09 per cent of the Santals and 6 per cent of the Oraons have reported to have the same view respectively. The comparison between literate and illiterate respondents shows that in general, 14.47 per cent of the literate tribals and only 6.19 per cent of the illiterate tribals have liking for the same measures. In case of the respondents belonging to the Santal community, 14.52 per cent of the literate respondents and 6.96 per cent of the illiterate respondents respectively have reported to have the same view. In case of the respondents belonging to the Oraon community, 14.29 per cent of the literate respondents have reported to have preference to ask their spouses to take any kind of measures for controlling birth, while only 2.78 per cent of the illiterate respondents have reported to have same preference (see Table 42).

In regard to the actual users of the family planning measures of the non-target villages, it has been reported that only 6.30 percent of the tribals in general, have reported to take recourse to family planning measures. Tribe wise comparison shows that, 6.36 per cent of the respondents belonging to the Santal community and 6 per cent of the respondents belonging to the Oraon community respectively use family planning measures. We have found that, in general, 9.21 per cent of the literate tribals and only 5.15 per cent of their illiterate counterparts apply family planning measures. It has been observed that 8.06 per cent of the literate Santals and 14.29 per cent of the literate Oraons respectively resort to family planning measures. However, only 5.70 per cent of the illiterate Santals and only 2.78 per cent of the illiterate Oraons respectively have reported to use the family planning measures (Table 42).

Table 41
Attitude and practices of family planning of the target villages

Tribal groups			Birth control measures					Total
	Want to prevent child birth	Leave to chance	Male sterilization	Female sterilization	Abstain from sexual relation	Ask spouse to take preventive measures	Actually using birth control methods	
Santal	73 (60.83)	47 (39.17)	0 (0)	16 (13.33)	0 (0)	34 (28.33)	23 (19.17)	120 (100)
Literate	23 (63.89)	13 (36.11)	0 (0)	08 (22.22)	0 (0)	21 (58.33)	10 (27.78)	36 (30)
Illiterate	50 (59.52)	34 (40.48)	0 (0)	08 (9.52)	0 (0)	13 (15.48)	13 (15.48)	84 (70)
Oraon	56 (59.57)	38 (40.43)	0 (0)	19 (20.21)	0 (0)	26 (27.66)	16 (17.02)	94 (100)
Literate	16 (61.54)	10 (38.46)	0 (0)	06 (23.08)	0 (0)	15 (57.69)	07 (26.92)	26 (27.68)
Illiterate	40 (58.82)	28 (41.18)	0 (0)	13 (19.12)	0 (0)	11 (16.18)	09 (13.24)	68 (72.32)
Total	129 (60.28)	85 (39.72)	0 (0)	35 (16.36)	0 (0)	60 (28.04)	39 (18.22)	214 (100)
Literate	39 (62.90)	23 (37.10)	0 (0)	14 (22.58)	0 (0)	36 (58.06)	17 (27.42)	62 (28.97)
Illiterate	90 (59.21)	62 (40.79)	0 (0)	21 (13.82)	0 (0)	24 (15.79)	22 (14.47)	152 (71.03)

Table 42
Attitude and practices of family planning of the non-target villages

Tribal groups			Birth control measures					Total
	Want to prevent child birth	Leave to chance	Male sterilization	Female sterilization	Abstain from sexual relation	Ask spouse to take preventive measures	Actually using birth control methods	
Santal	47 (21.36)	173 (78.64)	06 (2.73)	07 (3.18)	0 (0)	20 (9.09)	14 (6.36)	220 (100)
Literate	25 (40.32)	37 (59.68)	02 (3.23)	05 (8.06)	0 (0)	09 (14.52)	05 (8.06)	62 (28.18)
Illiterate	22 (13.92)	136 (86.08)	04 (2.53)	02 (1.27)	0 (0)	11 (6.96)	09 (5.70)	158 (71.82)
Oraon	09 (18)	41 (82)	0 (0)	03 (06)	0 (0)	03 (06)	03 (06)	50 (100)
Literate	05 (35.71)	09 (64.29)	0 (0)	01 (7.14)	0 (0)	02 (14.29)	02 (14.29)	14 (28)
Illiterate	04 (11.11)	32 (88.89)	0 (0)	02 (5.56)	0 (0)	01 (2.78)	01 (2.78)	36 (72)
Total	56 (20.74)	214 (79.26)	06 (2.22)	10 (3.70)	0 (0)	23 (8.52)	17 (6.30)	270 (100)
Literate	30 (39.47)	46 (60.53)	02 (2.63)	06 (7.89)	0 (0)	11 (14.47)	07 (9.21)	76 (28.15)
Illiterate	26 (13.40)	168 (86.60)	04 (2.06)	04 (2.06)	0 (0)	12 (6.19)	10 (5.15)	194 (71.85)

Knowledge, Attitude and Practices of Family Planning; few Case Studies

Regarding knowledge, attitude and practices of the family planning by the tribals, a few case studies may be cited here to have a better insight of the impact of the programme of the Tagore Society for Rural Development.

Kalipada Lakra, an Oraon of the Chhiraikuri village, a target village of the Tagore Society for Rural Development has studied upto class VI. He is 30 years old and the owner of 10 *bighas* of agricultural land. He is blessed with a 4 years old son and a daughter of 2 years. He is an active member of the village self help group run by the Tagore Society for Rural Development. He is well informed about the family planning programmes. He has known this from the meeting of their self-help group where health workers of the Tagore Society for Rural Development discuss this issue. He has son preference and has never used any family planning measure. Though by chance, there is a gap of two years between the births of his two children (one male child and one female child). He desires for another male child, as he believes that one son is not safe. He is of the opinion that sterilisation for male is disadvantageous as it results into physical inactiveness.

Pradip Oraon of Chamtakuri village, a target village of the Tagore Society for Rural Development, has studied upto class X. He is 35 years of old. He is a cultivator and possesses 8 *bighas* of agricultural land. He is blessed with two children, one male and one female. The age of the younger child is 1 year. He is an active member of the self-help group of the Tagore Society for Rural Development. He is well informed of the family planning programmes. He himself has been using contraceptives for family planning. Whereas Jugal Hasda, a Santal of Dudhiakuri village, a target village of the Tagore Society for Rural Development has never used contraceptives. Mr. Hasda is 40 years old. He is illiterate and has one *bigha* of agricultural land. He has two children. Mr. Hasda is well informed of the family planning programmes as he claimed. He has a

particular mindset regarding sterilisation, abortion etc. As per Mr. Hasda sterilisation is not only disadvantageous but a grave sin on one's part. He has reported that abortion may lead to death or physical inactiveness. In his case the adoption of family planning measures is confined to acquire the knowledge of family planning. Jatin Tudu, a Santal, lives in Dudhiakuri, a target village of the Tagore Society for Rural Development. He is 40 years old and illiterate. He is also a member of the self-help group run by the Tagore Society for Rural Development. He is not well informed of family planning services. He believes that childbirth is the gift of god and child bearing does not depend on the desires of the couples. He is well aware of abortions carried out by the indigenous practitioners.

Lakshmi Hasda belongs to the Santal community and lives at Balapur, a non-target village. She is illiterate and has two *bighas* of agricultural land. Lakshmi is 30 years old. Her husband works as a sweeper in nearby town Balurghat. She is blessed with six children. She is only aware of the abortion practices by indigenous practitioners. Similarly, Biren Hasda of Sondapukur village, a non-target village, is 34 years old and is not aware of the family planning services and different modern methods for controlling birth. He is also illiterate. He has two *bighas* of agricultural land. He is an agricultural labourer. He is blessed with two children. He takes childbirth as a gift of god. Khara Hasdsa of the same village is well informed of family planning services but never use any methods of family planning. He is 55 years old and owns 10 *bighas* of agricultural land. Mr. Hasda has studied upto class IV. He is blessed with 5 children. He has faith in the indigenous practices of family planning and is totally against sterilisation. Bulai Murmu of Sotipukur, a non-target village is another case of having awareness about the family planning services. He is 25 years old. He has 10 *bighas* of agricultural land. Mr. Murmu has studied upto class VII. He has married recently and yet to have any issue. He is yet to start using any contraceptive.

The tribals of the target villages are much more aware of the family planning services than the tribals of the non-target villages. The awareness of the tribals of the target villages regarding different programmes of the family planning, spacing need, methods available for spacing etc are also higher than their counterparts of the non-target villages. In general Santals are also advanced in regard to scientific causes of childbirth, preferences for birth control measures and actual users of family planning services. We have found variation in response, though in general, tribals of the target villages are prompter than their counterpart of the non-target villages. Interesting finding of the literate tribals is that they want to put the burden of birth control on their female counterparts; otherwise literate tribals are more advanced than their illiterate counterparts. Some of the tribals still believe in offering gift to god if they wish to have a child and desire to get it fulfilled. Some of the tribals still have a belief that sterilisation is a sin. Adoption of family planning for some of the tribals is not possible due to the tradition amidst which they are born and to the limitation to their acquiring of the materials of family planning.