

**Implementation of Family planning among
Ager community in Ankola Taluka of North Kanara District of Karnataka**

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Abstract

Purpose- This paper deals with the Implementation of family planning among Ager community in Ankola taluk of north kanara district of Karnataka

Design/Methodology/Approach- The questionnaire method has been adopted to elicit the opinion of Ager communities about the implementation of family planning in Ankola taluka of North Kanara district of Karnataka. Among 100 families 92 couples responded representing 92 percent. The simple random sampling technique was used for selecting the sample users.

Research limitations/implications- Scope of the present study is limited to Ager communities in Ankola taluka in North Kanara district. The paper provides valuable solutions and suggestion to Ager communities about family planning.

Practical Implications- The study will be useful for Ager communities and society.

Originality/Value- The study provides original data of family planning from Ager communities in Ankola taluka.

Key words- Family planning, Ager, community, Ankola, North Kanara.

Paper type - Research paper

1. Introduction

In fact, in India there are over three thousand castes, most of them having sub-castes, each one of these is associated with one or more traditional occupations and is related to the others by means of its elaborate division of labour. These caste groups may be broadly grouped into three categories namely: Upper Caste, Middle Caste and Low Caste groups. The caste groups which are historically recognized as socially, culturally improved are known as Upper Castes; the caste groups which are historically known as socially, culturally and economically depressed are considered to be Low Castes. The caste groups which come in between these two and they neither enjoy socially, culturally high status nor belong to depressed group are known to be Middle Castes.]

In the low caste group, Scheduled Caste (SC) and Scheduled Tribes (ST) occupy the lowest rank in the caste hierarchy. The terms Scheduled Caste and Scheduled Tribes were first introduced by Government of India (British act.1935), to mean such castes, races or tribes which correspond to the classes of persons formerly known as the "Depressed Classes" to safeguard the interest of the people who suffered from all sorts of discrimination by providing them special concessions and thereby enable them to join the mainstream of population. These caste groups were also called untouchables/ exteriors/ outcastes before the British rule.

The scheduled caste was known for its long association with socialized impure, unclean, degrading, socially looked down and least preferred occupations. The castes which follow occupation like scavenging, carcass recovery and flaying and hide tanning, leather work, drum beating and grave digging are called untouchables (Blunt, 1969). They also used to work as bonded agricultural laborers, sweepers, folk musicians, basket makers, and meat sellers and some of them were used to perform various manual jobs for their higher caste patrons. Each caste performs a number of useful functions both for the individual and the society (Hutton, 1946). But these depressed castes have been treated as untouchables; as a result they suffered from many civic and religious disabilities.

We may find many organizations and their movement against untouchability in India both before and after independence. But most of these movements were organized by the dominated sub-groups in SC communities comprising relatively larger in their size as compared to other SC sub-groups. They have built up a strong political background and fought for their legitimate rights in economic opportunities, educational privileges and political power. Also by their wide spread collective mobilization, centered on such interests has led to organize social movements with defined ideology and leadership, which have brought about significant socio-economic and political changes in those communities. But within Scheduled Caste, there were small communities which failed to form their own organizations and consequently failed to enjoy the legitimate social, economic opportunities given by the government. Among such small sub-groups of SC, it is hard to find any social and economic change and even after 50 years of independence. Literacy rate in those communities is less than 10 percent, only a few have completed matriculation and it is difficult to find graduates in such communities. There is no change in their living style and housing conditions remain unchanged. The age-old traditions, beliefs, customs, festivals remain the same as on today. As the community size is so small, its people work a particular occupation and remain unexposed to the changes that are taking in other communities. For this, the size of the community, the occupation of its people or the area in which they were living seems to be responsible. Further, till today they were remain very much aloof from the Government Social Welfare policies and benefits specifically formulated for SC Communities. In fact, these policies are uniformly applicable to all sub-castes coming under SC Communities irrespective of their size, origin, occupation or place of residence. This was partly due to ignorance of these communities and partly due to the dominating sub-castes in SC communities, and also due to their small size they are unable to gain political solidarity and are isolated from the mainstream of other SC groups.

Agers in North Kanara District of Karnataka are one such community failed to utilize the benefits meant for the Scheduled castes. In this paper we study in detail the adaptation of family planning among Agers in Ankola taluk of North Kanara (Dt), Karnataka (State).

2. Review of Literature

To control the population explosion, family planning was introduced by the Govt. of India. The policy for family welfare programme in India has gone through several stages in its evaluation based upon experience of analyses from time to time. The National family planning committee appointed by the Indian National Congress in 1935, under the chairmanship of Jawaharlal Nehru, strongly recommended the adaptation of the family planning programmes (Shah K.T 1937). One of the recommendations of the planning committee is that in the interest of social economy, family happiness and national planning, family Planning and a limitation of children are essential and the state should adopt a policy to encourage the same. The health survey and development committee appointed by the govt. of India, in 1943, under the chairmanship of Sir Joseph Bhore, recommended that the birth control clinics may be opened in hospitals to protect the health of the mothers (Govt. of India publication).

Until independence, little attention was paid to the problem, despite the fact that the population growth had already acquired significant dimensions. Family planning an official programme, was adopted in India in 1953. The Family Planning Association of India was formed in 1949 in Bombay. In 1951 the advisory panel of health programme appointed a sub committee on family planning. The sub committee strongly recommended that family planning should be

regarded as an official programme to protect the health and welfare of mothers and children and to aid the national economy by reducing the birth rate concurrently with the death rate in order to stabilize the population (Goel.S.L 2005).

Then afterwards in each and every five year plan, steps had been taken for family limitation and population control. Since October 1997 the service and intervention under the family welfare programme and the child survival and safe motherhood programme have been integrated with the reproductive and child health programme (NFHS-3, 2005-06).

Family planning and health are intimately related with each other. Family planning can promote women's health through the prevention of unwanted pregnancies, limiting the number of births and proper spacing, timing of birth and fetal health. It also promotes health of children through the reduction of child mortality and promotion of the child development. Maryellen Fullam(1978) stresses the importance of family planning as an instrument for the promotion of health. He says, "Uncontrolled fertility directly threatens the health of mothers". Totally no health programme can be considered complete unless it offers ready access to the appropriate family planning measures for all potential parents.

The health aspect of family planning is as fundamental as the demographic and social aspects. The practice of family planning whether for limiting or spacing births is important for good health of both children and mothers. Moreover by using barrier method such as condoms, family planning is also efficient in preventing infection by STD'S notably AIDS. (U.N.1996)

1. Need for the Study

To study the family planning measures among Ager, no detailed data is available except details about their population size collected in 2001 census. Also no detailed study has been done on this community using quantitative data. In this way the present study seems to be the only one of Ager which makes an effort to bring out the details of family planning based on the primary data set collected by the Authors.

2. Objectives

- i. To know the type of family planning adaptation method
- ii. To study the effect of literacy in implementing family planning

4. Methodology

The Ager community is concentrated only in the District of North Kanara of Karnataka State and as per 2001 census their total population was around 5896. Among these 4732 were living in Ankola Taluk and remaining 593, 511 and 60 individuals were in Kumta, Karwar and Yellapur Taluks respectively.

Even though Ager population has spread in the four Taluks of North Kanara, Ankola taluk has been chosen for sample survey of Ager community due to their large population in this Taluk (80 % of the total population)

1078 Ager families have well settled in several colonies of 34 villages in Ankola Taluk. For our survey 10 villages have been chosen using simple random sampling (Lottery method). From the selected 10 villages 100 families are chosen for sample survey using Lottery method by selecting 10 families from each village.

A detailed questionnaire has been prepared related to health in general and related to family planning in particular. A continuous survey has been made with three trained investigators in three months duration visiting and spending enough time with each household head and members of the family. Survey was conducted from October 2014 to December 2014. The collected data has been carefully edited and possible content and coverage errors have been eliminated before the analysis was done. Special care has been taken to collect information with respect to family planning.

The following Table 1 gives the details such as names of sample villages, Number of families and total population.

Table 1. Population of Ager and Sample villages selected

Sl.No	Villages	No.of Families	Population in the selected families
1	Puralkkibena	10	43
2	Aggikatta	10	49
3	Neelampur	10	38
4	Honnekeri	10	39
5	Vandige	10	50
6	Bhavikeri	10	48
7	Soorve	10	29
8	Kanagil	10	34
9	Shetgeri	10	49
10	Belase	10	43
	Total	100	422

Figure 1. Population of Ager and Sample villages selected

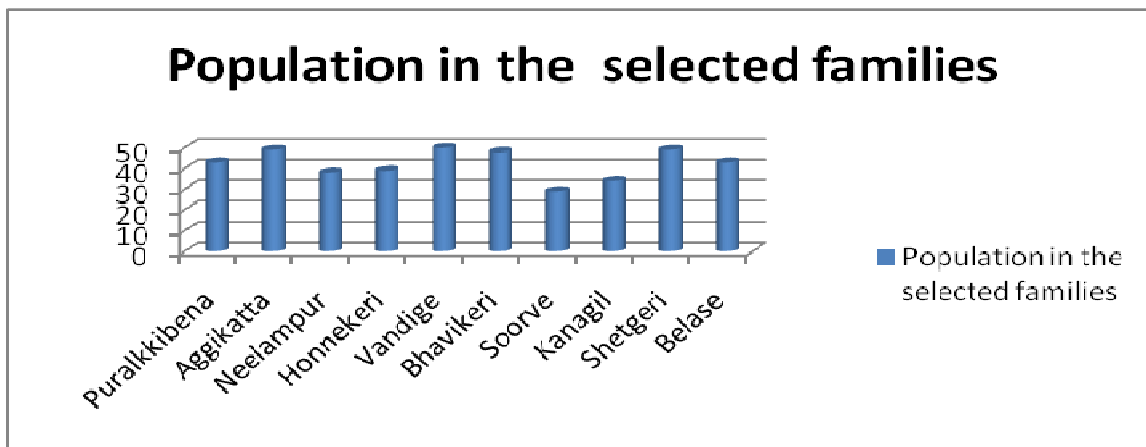
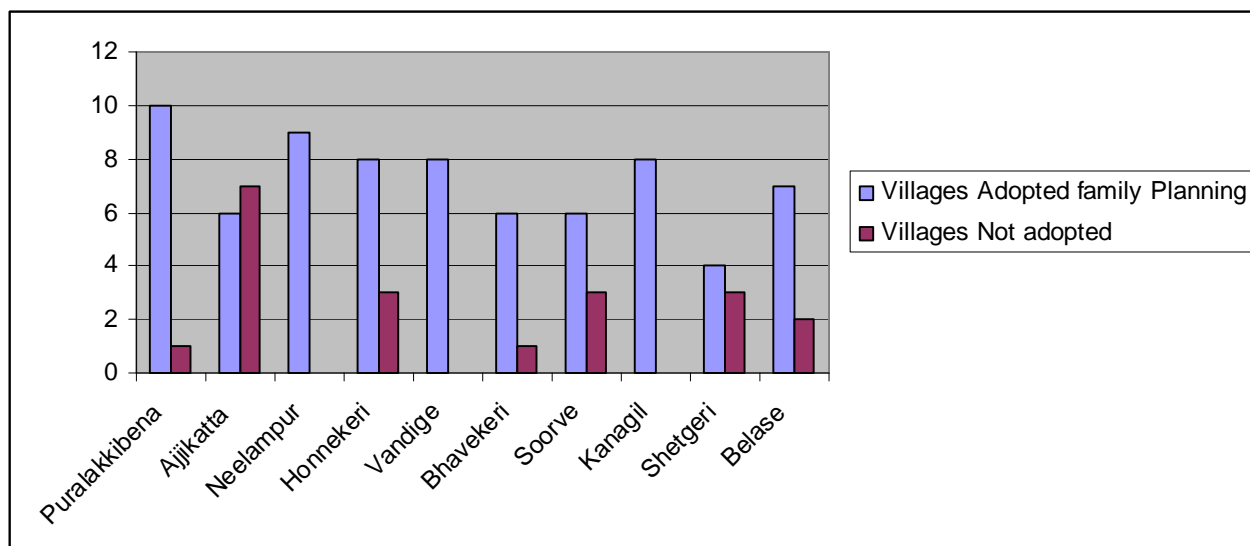


Table 2. Distribution of Family Planning Adopters

Villages	Number of couples		
	Adopted family Planning	Not adopted	Total
Puralakkibena	10	1	11
Ajjikatta	6	7	13
Neelampur	9	0	09
Honnekeri	8	3	11
Vandige	8	0	08
Bhavekeri	6	1	07
Soorve	6	3	09
Kanagil	8	0	08
Shetgeri	4	3	07
Belase	7	2	09
Total	72	20	92

Figure 2. Distributions of Family Planning Adopters



It has been observed that 92 percent of Agers have knowledge of contraceptive method, which is much below the national level, that is 98 percent and state level 98.6 percentage (NFHS-3, 2005-06). This implies that, Agers are less familiar with contraceptive method.

Among 92 Ager couples, 72 (78.26%) have accepted family planning method. Whereas at national level it was only 56.3% and at Karnataka State level it was 63.6 percent (NFHS-3, 2005-2006). This shows that the Agers community is more accessible to family planning methods than the national or state level. During the investigation it is observed that the method of family planning known to Ager couples in general is female sterilization and only few are aware of male sterilization, pills, LUD, injectables and condoms.

Among the family planning accepters 94 percent have undergone female sterilization and only 2 percent have adopted male-sterilization. The remaining 1 percent has used pills, and 2 percent have used condom. At national level the corresponding percentages are respectively 37.33%, 1%, 3%, and 5.2%. In Karnataka state the respective percentages are 57.4%, 0.2%, 2.5% and 1.7%. This shows that female sterilization is widely accepted family planning method among Agers. Also it has been noticed in the survey that most of the Agers prefer small family. Education plays an important role in accepting the family planning method. Here, we consider the education level of either male or female whoever has higher education takes the decision to adopt the family planning method. (Refer table.2)

The following table 3 gives information regarding the acceptance of family planning method according to education level.

Table 3 Distribution of Family planning adopted couples.

Education Level	No. of couples		
	Adopted family planning	Not adopted	Total
Illiterate	09	13	22
Primary	22	03	25
High School	31	04	35
PUC	09	00	09
Degree or More	01	00	01
Total	72	20	92

Out of 22 illiterate couples, 9 (47.9%) have accepted family planning, out of 25 pairs who have primary education, 22 (75.9%) have accepted and out of 35 pairs who have high school education, 31 have (89.1%) accepted it. Among couples who have P.U.C education and degree or higher education, all have accepted the family planning. (See table 3.2). This shows that the level of education that they acquire influence their decision i.e. the higher the education the better the decision in favour of family planning. The acceptance of family planning method is more among educated people.

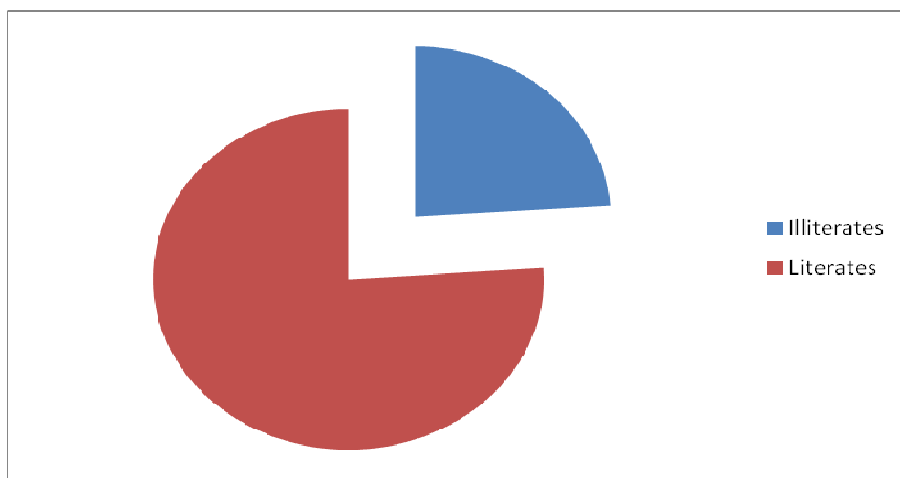
Further, we use Chi- Square Test to find out the effect of the literacy in accepting family planning method among Agers.

To test the significance, we define the Null Hypothesis, H₀: Literacy and adaptation of family planning are independent i.e Literacy is not preventing the adaptation of family planning. For this purpose we construct 2x2 contingency table by considering the two attributes as literacy and acceptance of family planning.

Table 4 Distribution of Family planning adopted couples.

Literacy	No. of couples		
	Adopted family planning	Not adopted	Total
Illiterates	09	13	22
Literates	63	7	70
Total	72	20	92

Figure 3 Distribution of Family planning adopted couples



The calculated value of Chi-Square statistic from the above data is 23.7109 and table value at 5% level of significance and 1 degree of freedom is 3.841. Since the computed Chi-Square test

statistics is greater than the table value, we reject the null hypothesis. Therefore we conclude that literacy of couples has significant effect in accepting the family planning method. That is the literacy and adaptation of family planning is dependent. That is literacy is effective in adopting the family planning. Higher the education the more will be the acceptance of family planning method. This is a common feature.

A strong preference for a male child is evident from the responses of parents. Usually, the parents go for family planning after only two children, if they have at least one male child, otherwise they adopt family planning only after having a male child. It has been observed that 95 percent of the parents adopt family planning only after having at least a male child. This tendency is the same among educated couples also. Ager are also not free from this attitude; they prefer male children than female.

5. Conclusion

Our National Family planning Programs had its efficacious influence on Ager community and each family with a limited number of children leads life better than what they did in the past.

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