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Understanding Contraceptive Rights of Women of Hazel-bank tea Estate, Dibrugarh, Assam

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Abstract

This particular paper titled "Understanding Contraceptive Rights of Women of Hazel-bank tea Estate, Dibrugarh, Assam" was conducted among a total of seventy (70) women respondents in Hazel-bank tea-estate of Dibrugarh, Assam. This study depicts some of the socio-economic factors that are relevant in understanding their contraceptive rights and choices. The factors used to understand their contraceptive rights and choices are age at marriage, educational level and their occupational status, seeking how can socio-economic condition influence contraceptive choices and mould a particular kind of contraceptive behaviour.

Keywords

Socio-economic profile, contraceptive rights and choices, age at marriage, education, occupational status.

Introduction

Bharali, Baruah and Ojah (2016) in " Comparative Study of Knowledge, Attitude and Practice towards Contraception among Tribal and Non-Tribal Wives of Eligible Couples in a

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Rural Area of Assam", shows age, education, occupation, status, socio-economic status is statistically considered significant determinants of contraceptive usage. Socio-cultural factors govern the acceptance of contraception. Diverse nature of societies in culture, tradition, taste etc., implies variance in use of contraceptives. This particular study tries to understand the contraceptive rights and choices among the women of a tea garden in Dibrugarh, Assam. Behaviour and perception of individual or a group of people is moulded by its culture, tradition norms etc., of that particular society, group or community. Thus among the people of tea-community also the behaviour and perception on contraception is influenced and developed by their surrounding and the everyday activities. Socio-demographic components form an important part of any study as it reflects the nature of the population such as standard of living, habits and life-style of the people etc. Palerno, Bleck and Westley (2014) in their work "Knowledge and Use of Emergency Contraception: A Multicountry Analysis" claims that women from low economic status and from rural areas have least knowledge and access to emergency contraception. Thus family planning programmes and social marketing of contraceptives should focus on these groups of people to provide equity.

A total of seventy (70) respondents are included in this study comprising of female respondents. Further the respondents included are married women and no unmarried respondents are included in this study. The components of socio-economic profile included to understand contraceptive choices and rights incorporate – age at marriage, educational level, and occupation status of the women respondents.

Methods

Among the total of 70 respondents all of the respondents were randomly picked up for the study. The study was conducted in the dispensary of the tea-estate and respondents were included for the study who for some health concern visited the tea-estate. Individual interview was conducted to understand their behaviour towards contraception. This study is primarily based on primary data; however secondary literatures are also used to add on more insights to this paper. The ASHA workers of the Hazel-bank tea-estate served as helping hand in this study so that such a kind of sensitive issue can be understood and studied smoothly.

Content

Age Structure: The age of the respondents is categorized as "age at marriage". Rather than just categorizing the age in different classes it was found to be more convenient and advantageous to categorize the age of the respondent as "age at marriage" in context of contraception. This is because, as the topic concerned is related to reproductive health so it was found to be more fruitful to use the age at marriage of the respondent to know and understand their level of knowledge and awareness about contraception when married. Moreover, this category of "age at marriage" will also show if they rightly falls into the reproductive age category when married. Women of reproductive age refer to all women aged 15-49 years as stated by World Health Organization. Considering the reproductive age group of women the study considers the age limit of 18-49 years, 18 years being the legal age of marriage in India in 2019 when the topic was selected for academic research. Therefore, this reproductive age structure and the legal age of marriage for women in India is used to form the age categorization as "age at marriage" for the study. Age categorization as "age at marriage" on the basis of reproductive age is further classified in three category- (a) Early Reproductive Age (ERA) i.e.,

below 25 years, (b) Mid Reproductive Age (MRA) i.e., between 25-34 years and (c) Late Reproductive Age i.e., 35 years and above. A total of 62 (88.57%) respondents out of the total seventy (70) respondents comes under the category of Early Reproductive age and the rest of 7 (10%) falls under the category of Mid Reproductive age and 1 (1.43%) respondent under the category of late reproductive age. The highest number of respondents entering the category of Early Reproductive Age at their "age at marriage" is because; among the people of tea-community early marriage is a common scenario that have been observed. Early age at marriage increases the chances of bearing more off-springs during the entire reproductive age or till one is able to reproduce rather than the one who marries late. Further, early marriage is not custom among the people of tea-community, rather young couples themselves get involved in elopement which is one of the factor of early marriage among the tea-community. The field investigation brought to light that respondents got married at a very early age even before entering the reproductive age category, immediately after attaining puberty. This reveals the various risk associated with their reproductive health and a clear picture of being unaware of contraception. Moreover, using the reproductive age category to categorize the age of the respondents as "age at marriage" also reveals important facts which is required to be known when getting married, as for instance- respondent's knowledge on reproductive issues such as contraception, their biological body to reproduce at their age of marriage, have they entered the reproductive age category etc.

Educational Level: The category of educational level is classified in five components as: illiterate, below 10^{th}, 10^{th} pass, 12^{th} pass, and graduate. Among the respondents 53 (75.71%) have never been to school which means they are illiterates. Illiteracy is observed as prominent among the respondents. The 2^{nd} category of educational qualification "below 10^{th}" shows 14

(20%) respondents and the 3rd category of "10th pass shows 3 (4.29%) respondents. There was no single respondent who continued their studies after 10th pass. The significant fact to be drawn out is that among females illiteracy is notable. Further, the figure of school drop-outs is high. The reason being the unstable and poor economic and financial condition of the respondent's family. In such situations the elder son or daughter mostly drops from school to join the tea-industry as daily labourers. Further, another cause of school drop-outs is that they stay back at home to look after their younger siblings and take the responsibilities of the household chore when both the parents were out for work. There were also respondents who dropped from schools to manage the house and look after the siblings when one of the parents goes for work and the other expired. Literature states that "an incomplete primary education seems to increase fertility in some highly gendered or economically backward settings" (Moursund & Kravdal: 2003).

Occupational status: Out of 70 respondents 59 (84.29%) respondents are working respondents of which 7 (11.86%) are temporary workers and 52 (88.14%) are permanent workers. Being a permanent worker in tea-garden is a great relief for the people of tea-community because serving as permanent workers provides them with additional benefits of free health care facilities for the family, free ration etc. The most significant point regarding the occupational status of female respondent is that more number of female workers are permanent workers in tea-gardens as compared to males. This was a statement made by the authorities of the tea-estate. The fact being that in tea-industry more number of female workers are engaged as permanent workers compared to that of males. This is because; the main essence of tea-production solely depends on the process of plucking. The different varieties and quality of tea produced depends on the right skill of plucking the leaves along with the size of the tea-bud. This

skill of proper plucking is possessed by females more in comparison to males. As large numbers of pluckers are required in tea-industry with proper plucking skills so more number of females serves as permanent workers as compared to that of males. When there is less availability of work in the tea-gardens the temporary workers goes out to the nearby towns and villages in search of works. So, for female temporary workers the choice of work options is limited and they mainly serves as house help in towns doing the domestic chores and looking after small kids.

Discussion and Conclusion

The above facts on "age at marriage", "educational level" and "occupational status" of the female respondents are clubbed together with contraceptive rights to draw some discussions and conclusion. The first important factor here is their "age at marriage". It was observed that early marriage is very common among the people of tea-community. While conducting the field study it was even revealed that girls enter the bond of marriage even immediately after the attainment of puberty. The one main and proper cause for this being, a very low and minimal level of education. The importances of education have not yet reached out to them so the level of illiteracy among the female respondents shows a high percent. Due to lack of proper education there is also lack in the awareness and knowledge on contraception and its importance.

Having a job or working women in general states an empowered woman. Among the total of seventy women respondents majority are working as temporary and permanent workers in tea-estates. But serving as a working woman in tea-estate do not always signify an empowered women. Though they have financial independence there is lack of decision making power in the household. The decision making power in a nuclear family rests on their husbands and in a joint family it rests on their in-laws. Thus, serving as a working women and having financial independence do not include the decision making power in the hands of the females. This is

related to the issue of contraceptive rights in the sense that due to lack of decision making authority the respondents also many a times fails to take decision in regard to reproductive rights and choices. Ellertson, Winikoff, Armstrong and others (1995) in their work "Expanding Access to Emergency Contraception in Developing Countries" states in many developing countries contraceptives are readily available but women do not possess control over their reproductive choices. Moreover, it was observed that more number of females are permanent workers in the tea-estates in comparison to males. This is because of the fact that a tea-industry requires the more number of workers as pluckers than any other kind of workers. The women of tea-community are well skilled as pluckers and so more women works as permanent workers in tea-estates. Even though the occupational status of women in tea-gardens are at a good position to that of males yet, the patriarchal domains of the society do not allow the women to occupy a better place in society. Thus women even with a better occupational status to that of men are placed under men. In such circumstances the women always lacks behind not only in context of decision making power but also they are unable to take decision regarding their own reproductive health. Literature states that it is a prime necessity to overcome socio-cultural constraints that becomes barriers in acquiring knowledge on contraception (Jejeebhoy, Santhya & Zavier: 2014).

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