

## **Strategies for Contraception, Bodily Effects, and Speculations related to Contraceptive Methods: A case study of the Tangkhuls.**

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**Abstract:** The phrase, “A small family is a happy family” with two children three years spacing family planning policy effectiveness spread like a wave through time and space. The present paper shall discuss the strategies used by the women to prevent pregnancy, the effect of using contraceptive methods and speculations on the methods. The data was collected through interview from 515 Tangkhul Naga married women aged 15 to 55 years. Women in general used all the methods available to them in their local setting to prevent pregnancy. Be it natural or pharmaceutical method people use various methods for different reasons such as low socio-economy, pregnancy complex, critical health of mother, and so on. Social norms like sexual taboos and posting in different places separating the couple also regulate birth control in its small way. The effect on the users’ body system owing to hormonal changes cause by contraceptive method especially modern contraceptive methods is reportedly high. The symptoms like headache, dizziness, amenorrhea, anaemia, etc., are because of using contraception. This paper shall discuss people’s awareness of contraception, usage, experienced side effects, speculations formed from their experienced, and its influence to others in forming opinion about contraceptive methods impacting implementation effectiveness.

**Keywords:** Family planning, Contraceptive methods, Social norms, hormonal changes, Speculations.

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### **I. INTRODUCTION**

The value of children outweighs the life of a mother till recently in many societies. It is evident from the way the people of the society treated the barren woman and the fertile woman. Numerous women had died during child birth and the cause of their dead being injury from too many child births. The desire for children to sustain and prosper the family line, security for inheritance and as power in the society made the wife bear as much children as she can conceive. There is no health care at any stage of gestation and lactation period. Lack of health care availability and accessibility in the villages located in the interior parts of the country add to their ignorant and helplessness in maternal health care. Most of the women go to the paddy field after a week of child birth, in some case when the woman give birth during agricultural season especially planting season and harvest season the women go for work after three days. This is because if they don’t work in the cultivating or harvesting season they will have to face acute shortage of food as they are living hand to mouth. There is no child spacing plan. They do not care whether the mother’s health is fit to conceive and give birth to a child or not. For this reason there are many spontaneous abortions. The application of contraception comes at this point of time. If the married women did not give birth to a child the women is always blamed without scientific diagnosis of the cause whether it is of the husband infertility or her infertility. The concept of contraception can be traced back to the primitive simple society. No doubt the discoveries of the methods are trial and error method mostly accidental. The knowledge is passed down orally through generations. Women in general would use various contraceptive methods available around her settings to prevent pregnancy. Contraception is used not only to control population explosion but it is used for various reasons such as pregnancy complexity, mother’s critical health condition, and socio-economic conditions. India adopted family planning policy, enforcing it in various ways such as offering incentives for sterilization, introduced different contraceptive methods to control population explosion. As a result the population growth is close to its replacement rate. However, the people in the remote parts of the country have various challenges in using the contraceptive methods. The objectives of this paper is to discuss how much people are aware of contraception, how they use it, does they experience any side effects, what speculations are formed because of their experienced, and how it influence others in forming their opinion about contraceptive methods impacting to implementation effectiveness. It will also examine the health care accessibility which is one of the key measures to elevate maternal health and reduction of maternal mortality rate.

## II. THE PEOPLE UNDER STUDY

Tangkhuls are one of the major Naga tribe inhabited mostly in the north eastern region of Manipur and spread through the Somra tract in Myanmar. Many Tangkhuls have settled at the foothills and in Imphal valley recently. Except valley dwellers, they built their abode on hill top for defense purpose because of frequent inter-village war. They are one of the oldest inhabitants of Manipur.

The Tangkhuls are agriculturist and have subsistence economy. They make handicrafts like weaving, basket making in their leisure time for their own use. Hunting and fishing is an occasional entertainment. Every village has their own dialect which is different from others. The village is governed by the village chief with his council members. They give judgment in all issues by customary law.

## III. MATERIALS AND METHODS

The present paper is the result of studies carried out in eight Tangkhul Naga villages in Manipur. The information data is primary, collected through one to one interview with 515 married women within the reproductive age group of 15-55 years. An interview schedule with both open and close ends is used to collect the actual information.

## IV. RESULTS AND DISCUSSIONS

The Tangkhul Naga women use various contraceptive methods of both natural and pharmaceutical for different reasons but for one goal that is to prevent pregnancy or keep from giving birth to a child. The common natural contraceptive methods like rhythm, abstinence, and corpus-interruptus are used age old method and are still the most popular method used. Advancement in medical science and technology has invented different devices such as Copper-T, contraceptive pills, injection contraceptive, vasectomy, tubectomy, D&C, etc. and now easily accessible. The promotion of family planning policy with common slogan "A small family happy family" has taken a rapid pace even in rural areas. The younger generations who are better educated have more concern over quality of life, living standard, and the means to earn their ends meet in this competitive world. This is one of the reason people open up more and embrace contraception. The degree of contraceptive usage differs according to the accessibility of healthcare centre and facilities. The traditional methods are mostly used for induced abortion.

**Table 1. Family size planning**

Plan	Frequency	Percent
NA	1	0.2
Yes	230	44.7
No	284	55.1
Total	515	100.0

Married couples hardly plan family size before they started their family. About 44.7 % couples plan family size before they started having children. Whereas 55.1 % do not plan together how many children they would like to have. While inquiring as to why the subjects does not plan before having children they responded that most of them did not think about planning, others said they do not know how many children they are going to bear unless they have the sizable number of children they wanted, while others said children are a gift of God and human being should not put limitations to the child birth meaning it is sin to limit God's gift by human. About 76.1 per cent are aware of family planning and the rest do not know anything about it. Lack of planning indicates the lack of awareness about the importance of family planning. These women came to know about contraception only when they need it either because of health problems or they cannot afford to raise the children. Religious beliefs also play an important role in forming an opinion about using contraception and family planning. Most of the orthodox Christians believed that it is sin to stop child bearing as it is the gift of God.

**Table 2. Device Known**

No. Of device	Frequency	Percent
0	90	17.5
One	55	10.7
Two	61	11.8
Three	54	10.5
Four-six	227	44.1
More than six	28	5.4
Total	515	100.0

About 10.7 % knows at least one contraceptive method. Around 44.1 per cent knows four to six contraceptive methods and 5.4 per cent informants know more than six contraceptive methods which is the highest number yet only 26 per cent used the methods. 17.5 % does not know any contraceptive methods. In educational qualification wise 44.39 % woman who had completed secondary knows four to five contraceptive methods followed by elementary with 29.59 %. The knowledge of contraception does not depend on the qualification of the women in the sense that women who are merely literate may know better about contraception and its different methods than women who have higher qualification. This is because hardly any syllabus in all the courses talks about contraception. There are exceptional cases where some educated women browse in the internet but those are very few.

**Table. 2 Channel of knowledge about Contraception**

Channel	Frequency	Percent
NA	108	21
Govt. agency/nurse	24	4.7
Govt. agency & friends	5	1.0
relative	7	1.4
Relatives, friends & physicians, books	1	.2
Friends/users	192	37.3
Friends and books	1	.2
Physician	75	14.6
Rumours	23	4.5
Friend & physician	45	8.7
Govt. agency & physician	13	2.5
Books/media	15	2.9
Religious institutions	6	1.2
Total	515	100.0

The data shows that 21% are not aware of contraception. They get the knowledge of contraception through friend or a user which is also the maximum 37.3%. There is no awareness programme about how they can control child birth, what kind of health care facilities are available and can be used, the effects of the contraceptive methods, and options available and accessible at the local or nearest health care centre. The information directly received from the government health agencies such as ASHA and professional physicians and nurse accounts for only 21.8 %. Other channels of information is relatives 1.4 %, friends and books 0.2 %, Books or media 2.9%, religious institutions 1.2%, and rumours 4.5%. About 10.1 % women get the information from multiple sources. The Catholic denomination among the Christian denominations teaches a lesson on birth control methods to the members. This enhances the awareness and knowledge so that the women folk can take care of their health and child’s health in the family.

**Table 4. Used Birth Control Methods**

Used	Frequency	Percent
NA	8	1.6
Yes	134	26.0
No	373	72.5
Total	515	100.0

Only 26 % used different kinds of birth control methods for various reasons. About 72.5 % do not used any contraception. When asked why they didn’t use contraception some responded that they don’t know about it, some do not want to use it, and some does not need to use because they want more children and others have already cross the fertile period. About 1.7 % does not used because of religious restriction.

**Table 5. Interval of Using Contraception**

Interval	Frequency	Percent
NA	368	71.5
0.0	4	.8
First child	9	1.7
Second	37	7.2
Three and above	97	18.9
Total	515	100.0

Most of them used after the third child that account for 18.9 % but 1.7 % used after the first child for spacing and 7 % used after second child. Those who used after the second child are of two categories the first are those who want to go for family planning and the second are those who maintain spacing between the children.

**Primary Strategy**

Whatever the intention may be if a woman uses any type of birth control method for the first time either for spacing or family planning, it is considered as primary strategy. The women teach among themselves what to use and how to use among the friend circle. The fortunate one will get the information and advice from the doctors and nurses during the check up or delivery. If the woman knows more than one method she has much choice but for those who know just one will have to use it without much choice.

**Table 6. Method Used**

Name of the Method	Frequency	Percent
NA	379	73.6
Condom	6	1.2
Rhythm/traditional method	29	5.6
Pills	29	5.6
Abortion	7	1.4
D&C	1	.2
IUD	22	4.3
Hysterectomy	13	2.5
Tubectomy	3	.6
Injection	2	.4
Coitus interruptus	1	.2
Rhythm & Coitus interruptus	9	1.8
Condom & pills	1	.2
Condom & Rhythm	2	.4
Condom & IUD	2	.4
Condom & Abortion	2	.4
Pills & Rhythm	1	.2
Pills & IUD	3	.6
IUD & Abortion	1	.2
IUD & Tubectomy	1	.2
Rhythm, Abstinence, Abortion	1	.2
TOTAL	515	100

Primarily most of the women use one contraceptive method. When the method is incompatible or ineffective or inconvenient then they used two or more or changed the method. The methods used by the Tangkhul women are as follows:

**Condom:** Condom is said to give triple protection, protection for HIV/AIDS, STIs, and pregnancy. Despite the advantages and more convenient for many people for the married Tangkhul Naga women just turn the opposite. They said that condom is inconvenient to use for their lifestyle where almost all of the subjects are cultivators with frequent sleep over in the field or work place. The men folk tend to forget to carry with them and so they cannot use consistently. This is why about 1.2 % couples used only condom as contraceptive method.

**Pills:** About 5.6 % used pills alone which is also the highest rate of Contraceptive used along with Rhythm or traditional method. Most pills are emergency contraceptive pills that prevent pregnancy within 72 hours of courtship. Since women are more concern about birth control because they are the one who bear the burden they give more attention than their husbands. This makes pills more convenient to use for them.

**Using IUD:** The second highest contraceptive method used prevalence is IUD accounting 4.3 %. If the IUD is compatible with the user this is more convenient than condom or pills. Others do not used because they cannot to afford to go for regular check up as needed.

**D & C:** The Dilation and Curettage (D & C) is mean for cleaning the uterus to prepare for pregnancy but this has become a contraception because in many cases when they had D & C before or after the child birth they stop bearing child. Only 0.2 % used D & C method for contraception.

**DMPA:** People have little knowledge about contraceptive injection. Because of the lack of knowledge only 0.4 % women knows and used contraceptive injection. This is injected after three months and is more convenient to their working style.

**Hysterectomy:** About 2.5 % go through hysterectomy after they had the desired number of children and some because of pregnancy complexities. After hysterectomy is performed a person cannot work as hard as she did before. And since they are cultivators this method is not desirable resulting in low percentage of users.

**Tubectomy:** Tubectomy, one of the sterilization methods was performed by only 0.6 % women. Any method that affects their working nature and needs intensive care is used by few people so thus tubectomy.

**Combine contraceptive Methods**

About 4.6% used two or more contraceptive methods combine together. Sometimes when one method alone does not give the desired result they used another method which they consider is more effective than the other. However, it is not solely determine by its effectiveness but also more of convenience.

**Switching from one Methods to other**

Some women used more than one contraceptive method. About 4.4 % used two kinds of methods switching one method to another for convenience sake, for effectiveness, and in search of compatibility. The two methods that they change commonly from one after another are Condom and rhythm, condom and pills, condom and IUD, IUD and pills. Rhythm method does not work for some woman so they have to use condom. Some users cannot use condom consistently because of their working nature they forget to carry with them and so their partner have to use pills too; some changed to IUD, for some IUD is not compatible so they change to pills, and some find pills make them weak so they change to IUD. Among the users 15.3 % were still using by the time this data was collected and 10.5 % quit. When they cross the fertile reproductive period they quit using contraception but some quit because it is not compatible to their body. The shortest period of using contraception is 1-3 months representing 5.4 % and 6.6 % have been using for more than 5 years. The studied population has high rate of abortion both induced and spontaneous. But the paper shall deal with induced abortion only which is non-plan and unwanted pregnancy that is 3.5 %.

**Bodily Effect**

All pharmaceutical contraceptives have side effects. The commonly used methods like contraceptive pills cause general weakness, headache and moody to the user, a symptom of side effect. It also makes them thin, due to these symptoms those of women whose occupation is agriculture cannot continue to use as it affects their daily work. The intra-uterine device (IUD) is incompatible to many. It cause bleeding, and many users complained that they have painful lower back and abdomen so they have to discontinue using it. “Depo” injection caused the user fat and it stops menstruation for about 6 months to a year. This ceasing of menstruation much short temper and worried. They are worried because when a woman stops menstruation before menopause it is considered abnormal. When one method is not effective or suitable to the body the users stop that method and shift to another method.

**Table 7. Continuation of Contraception**

Still using it	Frequency	Percent
NA	382	74.2
Yes	79	15.3
No	54	10.5
Total	515	100.0

About 10.5% discontinue using contraception because of various reasons some ceased to use as they cross the fertile period according to the physician’s advice; some they stop using because the method is not compatible to her body; and others discontinue because they used for spacing and they want more children. Nevertheless, 15.3 % continue to use in the midst of tug of war between advantages and disadvantages of application in their settings.

**V. SPECULATIONS ABOUT CONTRACEPTIVE METHODS**

Different methods of contraceptive users share their experiences to each other and this form an opinion about the particular contraceptive method for many of them. The opinion of bad outweighs the good but this does not mean that contraceptive is all bad because for some people it has been effective. And still many are using and want to use in the days to come. Observing the poll we can say that contraception is received with mixed opinion among the people.

**Table 8. Opinion about Contraception**

Opinion	Frequency	Percent
NA	16	3.1
Good	217	42.1

Bad	241	46.8
Good as well as bad	41	8.0
Total	515	100.0

The hormonal changes in the user's body are visible because of the symptoms they experienced. About 46 % have an opinion that contraception is bad, and 7.8 % says it is good as well as bad. Seeing and hearing the side effect symptoms of the users 44.8% says they do not want to use contraception especially pharmaceutical methods.

## VI. CONCLUSION

With increasing educated women the knowledge of family planning and contraceptive use penetrates in the Tangkhul population. About 76.1% are aware of family planning yet only 26 % used contraception of different kind this is due to lack of proper knowledge about contraception from the professionals, its advantage and disadvantages, side effects, and care to be taken while using it. As the result shows most of them get knowledge through friends who are using and through rumours. The knowledge they have is shallow and because of which they are cared off to use any contraception. The knowledge about contraception is transacted through different channel among which 37.3% received it from friends or users which is the highest. Advanced medicine, pharmaceutical and technology open more option of contraceptive methods to use their own choice according to the user's convenient. The About 9 types of contraceptive methods are used by the studied population but insignificant percentage in using particular method. Contraception is used for various reasons such as spacing, pregnancy complication, mother's health risk, and for family planning. Most women used it between the interval of three and more children that clearly indicates that people use contraception after they got their desired number of children. They use one method at the time in the beginning but gradually proceed to use two or more when the first method is not effective. Only 15% continue to use contraception and 10% ceased to use it. The incompatibility and effect of contraception is the reason most of the women ceased to use it. Different kinds of symptoms such as headache, nausea, amenorrhea, physical weakness were reported. In pulling the opinion about the contraception about 42 % says it is good and 46.8% negate it. Hearing the effect of modern contraceptive methods some women refrain from using it. Whereas, the younger generation married women shows desire to use contraception after they bear the number of children they want. The effectiveness in implementing family planning and introducing modern contraceptive methods are significant as 26 % are using. However, Only when the health care is set up at the nearest place, making it properly functional with adequate facilities, staffs and doctors, and with proper information from the professionals then the people may accept and use more contraception as per the needs and wants without fear. It will also reduce maternal mortality in this remote part of the world.

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