Birth control in Santal population, West Bengal, India
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RESEARCH CONTEXT
Our research in North East India looked at the birth control in Santal population in three villages in rural areas near Santiniketan, West Bengal.

The research focused on birth control because this issue often has tremendous impact on women’s control over their own bodies, yet also concerns the whole population. In addition, the context of India brings up issues of family planning and population control, as India has the second largest population in the world.

The Santal population, one of the largest tribes in India, was studied because scheduled tribes usually have a higher fertility rate than average in India, and because tribes usually live in rural areas, they have a lower access to the healthcare system.

METHODOLOGY
- Research question: What are the knowledges, perceptions and attitudes towards birth control among Santal women in West Bengal and the health network that surrounds them?
- Exploratory qualitative research: 11 interviews with professionals, 5 focus groups with Santal women, 4 individual interviews with Santal women
- Flexible and reflexive methodology: adapt protocol to field, debriefs and feedback in India, continuous analysis and reorientation
- Interprofessional: social work, medicine, anthropology
- International: Swiss, French, Indian

ASHA – Accredited Social Health Activist
Health educators and promoters, women from the community, go door to door to inform about health and collect information on community, depend on government, key actors in family planning system

BEFORE MARRIAGE

Women
- know about some methods (condoms, abortion)
- mostly boyfriends who know about pharmacy
- shy to talk about birth control in front of married women

ASHA
- talk about period and hygiene
- do not talk about birth control methods

Medical shop
- 72h pill – legal without prescription
- chemical abortion – illegal without prescription, but sold without prescription

Government policy
- neglect regarding birth control for unmarried couples
- sex before marriage is not supposed to exist, so treated as inexistant

Culture
- India: no sex before marriage, especially no children before marriage
- Santal specific: no child is “illegitimate” (Santal headman)
- if unmarried, a woman cannot attend her child’s wedding rituals
- if pregnant but unmarried, village council encourages child’s parents to get married

MARRIAGE + CHILDREN

Women
- marriage = family, family = marriage
- ideal family = husband + wife and 2 children
- small number of children for economic reasons (can’t afford more children)

ASHA
- meet every newly married couple
- encourage to wait between marriage and first child
- encourage to space children
- encourage to have only two children
- give contraceptives (contraceptive pills, condoms)

Health center
- provide copper IUD, pill, condoms

Government policy
- contraceptives free of charge or symbolic price
- financial incentives for getting copper IUD

Population control
- encourages birth spacing because it reduces population on the long term

STERILIZATION

Women
- sterilization is well perceived and accepted by women
- no woman showed any regrets getting the procedure done
- women with 2 or 3 children were already sterilized or waiting to be
- women without children yet also showed intentions of getting the procedure done

ASHA
- encourage women to get their ligation after 2 children, going door to door
- have target numbers of sterilization per year
- even if there’s no ASHA in the village, women still get ligation

Government hospital
- chosen by most of Santal women for operation

Government Policy
- financial incentives given to ASHAs
- financial incentives given to women
- small financial incentives given to surgeons

Population control
- National Rural Health Mission of the « small family norm »
- small family norm = 2 children, defined by the government of India
- stabilizing the total population of India by 2070

DISCUSSION
Within our research data, we noted a trend that Santal women’s lives are divided in three parts: prior to marriage, marriage and child making, and sterilization.

Before they get married, the government and health system gives women very little access to birth control, as they are not supposed to be having sex before marriage, and therefore should not need methods of birth control. Once they get married, Santal women become targets of the Indian government’s policies regarding birth and population control, through the dispersion of ASHAs within the villages, who give married women easy access to birth control methods and information. Once married women have given birth to the number of children they desire, they get a sterilization, which is the method advocated by the healthcare system through the door to door work of information dissemination of the ASHAs.

Finally, while it appears that Santal married women are pro-active in the process of getting a ligation, we wonder how we might think of this sense of ‘choice’. When we consider the weight of the policies of the state regarding birth control, and that these women are not isolated individuals but are integrated into a couple, family and community, assessing their ability to ‘choose’ becomes more complicated.