

Note

Culture: A Barrier to Family Planning in the Khasi Society

Erica Kharsyntiew

Culture is the heart and soul of every society all over the world. It plays an important role in determining the shape of society as well as the lives of people belonging to that particular society. This paper attempts to show the influence that culture has on the Khasi society particularly on making family planning decisions. Not only does culture play a part, but religion as well. This is a society that has one of the highest fertility rates in India. One of the reasons behind this, maybe the influence of culture and religion. The results show that the couples are encouraged to continue to procreate because the survival of the society and the family is heavily dependent on the birth of a girl child. This paper attempts to show how society and religion affects reproduction and the attitudes towards adopting proper reproductive health care practices.

Keywords: Culture, Khasi, Meghalaya

Introduction

The concepts, culture and society are closely related. Culture is defined as all the products of society - material and non-material; Society consists of interacting people living in the same territory who share a common culture. We really can't have one without the other. People in society create culture; culture shapes the way people interact and understand the world around them. Culture is a complex, abstract, and pervasive matrix of social elements that functions as an all-encompassing form or pattern for living by laying out a predictable world in which an individual is firmly oriented. Culture enables us to make sense of our surroundings, aiding the transition from the womb to this new life.

In the Khasi society, descent is matrilineal; a person is a member of his or her own matrilineage from birth. Khasi culture and society has undergone some changes due to the influence from other cultures, religion and people. But in spite of these changes there are many indigenous traits which remained outstanding features. Some of these traits are language, clan, traditional political system, kinship, marriage, religion and its folklore.

The kinship system of the Khasi is very elaborate and the kinship terms are strictly adhered to, it can be said that it is different from other Indian societies. One could observed

Erica Kharsyntiew is a research scholar at the International Institute for Population Sciences, Mumbai, India.

that the kinship system of the Khasis intertwine with religion, political administration and the society. The misconception that the Khasi women rule arose out of the presumption that the youngest daughter is the heiress of the undivided property of the parents and of a clan. But in the Khasi social structure men and women are equal and have their separate role to play.

Family planning has been on the reproductive health agenda since the 1960s yet, however the level of unmet need for contraception remains high. Cultural aspects have been identified as key barriers to contraceptive uptake. Despite worldwide promotion and the increased use and acceptance of family planning programs and facilities, high fertility and unmet need for contraception remain in many under developed and developing countries.

In 1994 at the International Conference on Population and Development (ICPD) family planning was high on the agenda once again. The international community was urged to identify the continued barriers to the supply and delivery of reproductive health services, and to facilitate access to the commodities essential to these programs (United Nations, 1995). Bongaarts (2006) observed that “once a region or country had started a fertility decline, neighbouring regions with the same language or culture followed”. This statement emphasises the social nature of fertility preferences, and highlights the ability of culturally acceptable fertility behaviour to cross community borders. It is therefore plausible that this effect may be replicated in attitudes towards contraceptive use, given that one of the reasons for variations in contraceptive prevalence rate is cultural difference (Adeyemi et al., 2005, Gakidou and Vayena, 2007, Tucker, 1986). Many studies have highlighted the importance of culturally targeted interventions. For example, improved access to health services for Andean women in Latin America was attributed to the recognition of cultural perspectives and the needs of users when implementing new health strategies (Camacho et al., 2006). Cleland et al. (2006) stated that some of the best interventions have materialised through context specific implementation, by reaching underserved groups using creative promotion and cultural knowledge, but examples of these studies were not actually identified in the paper.

The need to highlight the effect of culture on family planning in the Khasi society is important because this is a society that has more of a preference towards the girl child. The continuity of the society and its various clans is solely dependent on the woman as lineage is followed through her. This paper will attempt to find out whether the effect of cultural practices influences their decision on family planning.

Objectives:

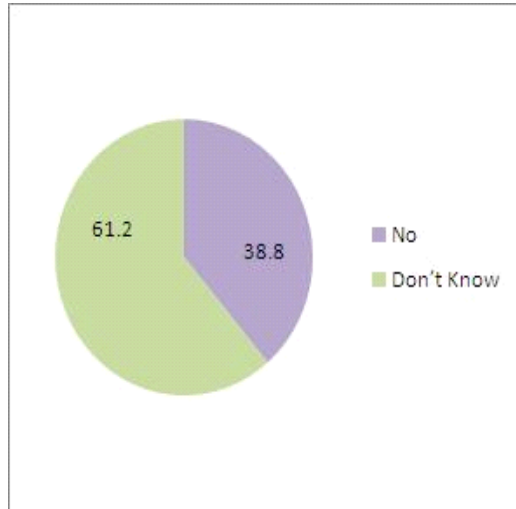
- To find out if society promotes the use of family planning
- To show whether society and religion affects family planning
- To find out the effect of culture on family planning

Data and Methods

Data for this particular study has been obtained by primary data collection which constituted both qualitative as well as quantitative techniques. The questions on external influences on family planning were asked to both men and women. All women were either

married or in a committed live in relationship.

Figure 1



Results and Findings

From figure 1, we can see that 61 percent of the respondents do not know if their society supports or promotes the use of family planning. This is because, family planning is something which is not talked about openly. 38 percent of the respondents said that the society does not support family planning use at all.

From the table below we can see that society influences the decisions on family planning, more so in rural areas with 86.4 percent and 75 percent in urban areas. As we move towards the higher age groups, they are more influenced by society than those in the younger age groups. One striking observation is that those who are in a live in relationship are not as influenced by society as compared to their married counter parts with 13 and 60 percent respectively. We can also see from the table that some of the respondents belong to a religion that is against family planning. However, this does not influence their decision on family planning.

Summary and Conclusion

It can be said that culture does prove to be a barrier on family planning practices. During one of the in depth interviews, women responded that the continuity of their culture is more important. This results in high fertility rate of the society. If a family or couples have sons, they will continue to procreate with the hope that their next child will be a girl. This is because; every woman is brought up with the knowledge that they are the key to the survival and continuity of their clans and their society. Hence, cultural influences weigh more heavily than others.

Table 1

Background Characteristics	Norms of society influencing FP	Family Planning advice from parents/in laws	Is your religion against family planning	Influence of religion on family planning
Type of Residence				
Urban	75.0	45.7	34.3	9.1
Rural	86.4	63.9	34.8	10.5
Age Group				
20-25	17.5	71.6	31.0	7.3
26-30	13.8	67.3	36.2	11.3
31-35	29.7	53.0	31.4	8.1
36-40	24.9	44.9	27.5	10.0
41-45	28.8	25.9	39.2	11.8
46-50	31.0	19.5	45.0	10.0
51-55	41.2	14.8	20.0	10.0
Marital Status				
Currently Married	59.7	41.2	34.8	9.1
Live in Relationship	12.6	76.9	32.2	12.4
Education				
Upper Primary	49.8	21.9	20.0	6.7
Secondary School	36.9	16.9	27.5	8.7
Higher Secondary School	33.5	28.7	33.0	6.5
College/University	21.7	21.5	37.3	11.3
Others	28.3	29.8	39.1	17.4

References

- Adeyemi, A. B., Ijadunola, K. T., Orji, E. O., Kuti, O. & Alabi, M. M. 2005. "The unmet need for contraception among Nigerian women in the first year post-partum". *The European Journal of Contraception and Reproductive Health Care* 10, 6
- Bareh, H.M. (ed.), 2001, "Encyclopedia of North-East, vol.iv, Meghalaya", New Delhi. Mittal Publications.
- Bongaarts, J. 2006. "The Causes of Stalling Fertility Transitions". *Studies in Family Planning*, 37, 1-16.
- Camacho, A. V., Castro, M. D. & Kaufman, R. 2006. "Cultural aspects related to the health of Andean women in Latin America: A key issue for progress toward the attainment of the Millennium Development Goals". *International Journal of Gynecology & Obstetrics*, 94, 7.

- Cleland, J., Bernstein, S., Ezeh, A., Faundes, A., Glasier, A. & Innis, J. 2006. "Family planning: the unfinished agenda". *The Lancet*, 368, 18.
- Gakidou, E. & Vayena, E. 2007. "Use of Modern Contraception by the Poor Is Falling Behind". *PLoS Medicine*, 4.
- Gurdon, P.R.T, 1907 (1987). "The Khasis". New Delhi, Cosmo Publications.
- Khyndeit, M (2007). "Khasi Culture and Society"
- Tucker, G. M. 1986. "Barriers to Modern Contraceptive Use in Rural Peru". *Studies in Family Planning*, 17, 308-316