

# Childlessness among Muthuvan Tribes of Tamil Nadu, India: An Exploratory Study

S. Mageswari, H. Magesh Rajan, M. Balusamy, G. Elavarasu, R. Vijayaprabha, V. Ramachandran, J. John Britto, Yuvaraj Jayaraman

Health Systems Research and MRHRU, ICMR-National Institute of Epidemiology, Chennai, Tamil Nadu, India

## Abstract

**Introduction:** Childlessness is a global concern and it has serious demographic, social, and health implications. The declining Muthuvan child population may reduce their population on the whole. **Objective:** The study explored the prevalence of childlessness and its underlying reasons in the Muthuvan tribes of Tamil Nadu. **Subjects and Methods:** The study applied the mixed-method design, and the snowball technique was adopted to identify eight Muthuvan hamlets. Descriptive and thematic analysis was done for the collected quantitative and qualitative information. **Results:** The study found the prevalence of childlessness among Muthuvan couples as 30.65%. The underlying reasons were their cultural practices of confinement during menstruation and restriction on engaging in productive work and family care, which gave them the idea of regular intake of oral contraceptive pills and lessen their desire to have children. **Conclusion:** The study concludes that the comfort of their daily life has taken over more important than the consequences of objects used for comfort, to their health and future generations.

**Keywords:** Childlessness, contraceptive pills, cultural practice, muthuvan tribes

## INTRODUCTION

Childlessness is a public health concern that has serious demographic, social, and health implications and social stigma attached to it.<sup>[1]</sup> In India, around 8% of the currently married women aged 15–49 years are childless.<sup>[2,3]</sup> The reasons for childlessness vary for the region, population, and locality, and in particular, scheduled tribes have a high childlessness rate (3.61%).<sup>[4]</sup> Muthuvan tribal group is one of the prominent tribal communities of South India with a decreasing population. They have their own customs and practices and have not merged with other tribal and general populations.<sup>[5]</sup> The percentage of the child population (0–6 years) to the total population of Muthuvan tribes was reduced from 15.48% in 2001 to 6.15% in 2011. This decline of the child population of Muthuvan tribes may reduce their population on the whole. If this situation prevails, very soon, these tribes may go untraceable. Thus, this study has attempted to understand the link between culture and decision regarding postponing childbearing in the Muthuvan tribes of Tamil Nadu. In this communication, we summarize the prevalence of childlessness and present the findings on the underlying reasons for childlessness in the Muthuvan tribes of Tamil Nadu.

## SUBJECTS AND METHODS

The study is exploratory in nature and had applied the mixed-method research design. The study was conducted among the Muthuvan tribal population living in the Western Ghats of Coimbatore and Tiruppur Districts of Tamil Nadu, during the summer months of 2019. Eight hamlets were selected based on the snowball technique, and all the households in the hamlets were enumerated. Purposive sampling method was used to select two childless women for in-depth interviews, the head of hamlet and elderly women for key informant interviews, and a focus group discussion with 6–8 participants (elderly women, women with children, and childless women), from each hamlet, respectively. The interviewer-administered questionnaire and topic guide were used to collect the data, which covered basic sociodemographic

**Address for correspondence:** Dr. Yuvaraj Jayaraman, Scientist-G, National Institute of Epidemiology (ICMR), Second Main Road, Tamil Nadu Housing Board, Ayappakam, Chennai - 600 077, Tamil Nadu, India.  
E-mail: j\_yuvan@yahoo.com

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

**For reprints contact:** WKHLRPMedknow\_reprints@wolterskluwer.com

**How to cite this article:** Mageswari S, Rajan HM, Balusamy M, Elavarasu G, Vijayaprabha R, Ramachandran V, *et al.* Childlessness among muthuvan tribes of Tamil Nadu, India: An exploratory study. *Indian J Community Med* 2021;46:141-4.

**Received:** 03-06-20, **Accepted:** 22-12-20, **Published:** 01-03-21

### Access this article online

#### Quick Response Code:



**Website:**  
www.ijcm.org.in

**DOI:**  
10.4103/ijcm.IJCM\_437\_20

details, marital and fertility history, and practices related to reproductive health. A descriptive analysis was done using SPSS software (IBM SPSS Statistics 25, India). The prevalence of childlessness was calculated as the number of childless women for the number of eligible women of Muthuvan tribes. The study considered eligible women as married women for at least 1 year, who were in the reproductive age group (15–44 years). The qualitative information was transcribed as verbatim, translated into English, and back-to-back translation was carried out independently by different members of the study team. The thematic analysis was carried out to identify the themes using the qualitative software ATLAS.ti 5.6.3, (ATLAS.ti Scientific Software Development GmbH, Spain).

### Operational definition

In this study, childlessness is defined as the state of having no biological or foster children by choice or by circumstances after a year of marriage.

### Ethical consideration

The study was approved by the Institutional Ethics Committee of the National Institute of Epidemiology, and the data were collected after obtaining written informed consent.

## RESULTS

The characteristics of the study population are given in Table 1. The study found the prevalence of childless women in the Muthuvan community as 30.65% (57 women). The prevalence of childlessness for the surveyed hamlets is given in Figure 1. The underlying reasons for childlessness [Figure 2] were found as the usage of contraceptive pills and the absence of social pressure/no desire in having children.

### Usage of contraceptive pills

Among the Muthuvan tribal women, the typical mode of usage of oral contraceptive pills was always in tune with their comfort and conveniences; thus, these pills easily became a part of their daily routine. They started using it for three major reasons, namely, to avoid confinement in *thinnaveedu*, to stop low levels of productivity, and due to concern about family and child care.

### Avoiding confinement

According to Muthuvan culture, menstruating women were considered impure and confined to a small *thinnaveedu*. *Thinnaveedu* is a small hutment in the isolated corner of the hamlet with less space, unhygienic, unkempt, with limited facilities for cooking. Women and girls were scared and felt uneasy or not comfortable during confinement. One of the respondents said that,

*Sometimes, we are very much frightened to sleep here because of elephant's movement near the thinnaveedu and also hut is full of rodent's wastes strewn around and it stinks.*

Hence, to overcome this situation, they started to consume oral contraceptive pills with the idea of avoiding *thinnaveedu*. In

most of the surveyed hamlets, for the past 6 months, no girl/woman has gone to the *thinnaveedu*. Muthuvan women always store around 50 strips of tablets in the home and consume regularly at night for every day in a month. They replenish their stock of these pills through a person among their own, who sources them in bulk from medical shops during their visits to neighboring towns and distributes it to them.

### Low level of productivity

Muthuvan women revealed that in the olden days, only men went to the forest for work, but nowadays, women also started to engage in productive works to meet the increased cost of living. Since women were considered impure during menstruation and childbirth time, they were restricted to participate in the daily productive activities. The Muthuvan tribes believe that if they enter a hamlet or forest during this time, they will be punished by bad omens or elephants. They also believe that their hamlet will be punished by forest god, for not following the rituals and cultural practices. One of the respondents mentioned that,

*We are not allowed to do anything during menstruation days and childbirth time, not even to roam. Because animals or witches/ghost can sense the bloodstain smell and attack us.*

The men or other family members also support their idea of consuming contraceptive pills as it becomes difficult for men and older women to handle the agricultural or forest-based work.

### Concerned about family and child care

Muthuvan women were more concerned about leaving their husband and children alone in the house during menstruation or childbirth. Because, when a woman goes to *thinnaveedu*, the husband has to cook for himself and take care of children (if any). Women in their menstruation were not even allowed during special occasions such as death or marriage. They were totally confined from the others for the days of menstruation/childbirth. One of the respondents said that,

*My husband will suffer a lot. He has to cook and take care of himself. And also I won't know what he is doing or what is happening at home. So instead of worrying about this, it is better to stay at home with them.*

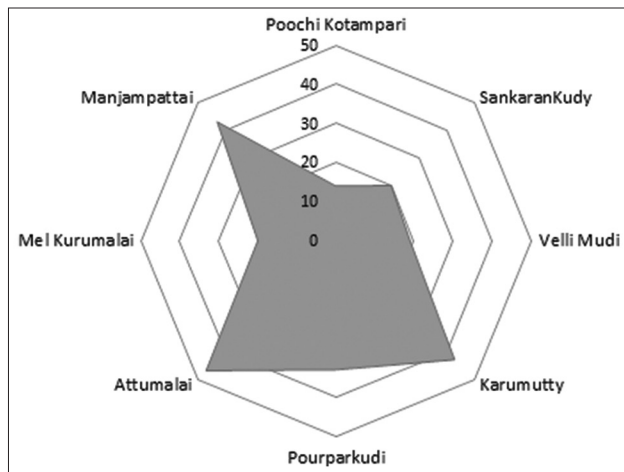
### The desire for no children and absence of peer/social pressure

The Muthuvan tribes have less desire for children and have never experienced any social pressure for being childless in their community. They show less interest in bearing a child, as it may interrupt their daily life. In their community, no woman was pressurized for not having children; it is their choice to conceive or not. One of the respondents said that,

*No one from our hamlet or family will criticize or ask us about not having a child. If we wish we can have a child or otherwise not. We have no pressure like in the outside world.*

**Table 1: Sociodemographic details of the surveyed population**

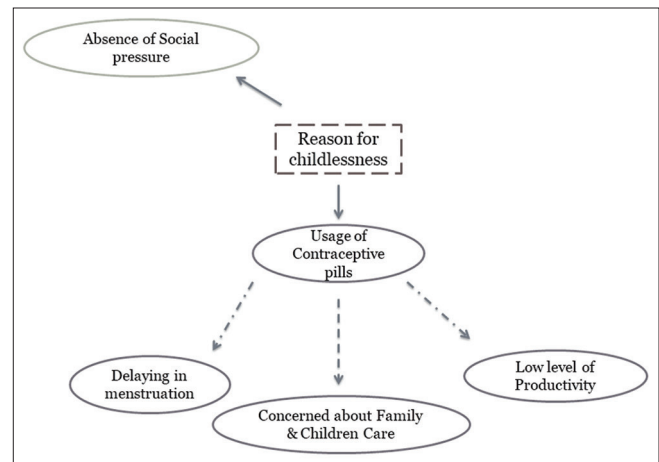
Indicators	Categories	Frequency (%)
Number of households		211
Characteristics of total population (n=644)		
Gender	Male	327 (50.8)
	Female	317 (49.2)
Age (years)	<5	39 (6.0)
	5-14	70 (10.9)
	14-44	402 (62.4)
	>44	133 (20.7)
Eligible women (n=317)		186 (58.7)
Characteristics of eligible women population (n=186)		
Age (years)	15-21	14 (7.5)
	22-35	141 (75.8)
	36-44	31 (16.7)
Marital status	Married	179 (96.2)
	Widowed	7 (3.8)
Marriage age (years)	<21	120 (64.5)
	21 and above	66 (35.5)
Eligible women with children		126 (69.3)
Educational level	Illiterate	155 (83.3)
	Able to read/write	27 (14.5)
	Primary (1-5)	4 (2.2)
Occupational status	Paid work (forest based and agricultural works)	36 (19.4)
	Unpaid work	150 (80.6)

**Figure 1:** Prevalence of childlessness in the surveyed Muthuvan hamlets

Thus, the prevalence of childlessness among Muthuvan tribes is high and one of the main reasons identified is the regular consumption of oral contraceptive pills.

## DISCUSSION

The problem of childlessness among Muthuvan tribes gives an insight into the link between their culture and decision-making on fertility issues and its health consequences, which are poorly understood in society.<sup>[6,7]</sup> Most of the social, economic, and cultural trends in the Muthuvan tribe appear to steer women away from having children. In India, the contraceptive pills were made easily available by the government through the

**Figure 2:** Reasons for childlessness of Muthuvan tribes

National Programme for Family Planning for spacing births. The National Programme for Family Planning was initiated way back in 1952, has undergone transformations, and is currently being repositioned to not only achieve population stabilization goals but also promote reproductive, maternal, infant, and child health. The contraceptive pills are being provided under a free distribution scheme through frontline workers and social marketing schemes at a subsidized rate to the people.<sup>[8]</sup> The study found that the Muthuvan tribes buy the oral contraceptive pills at subsidized rates from pharmacies in bunches and stock it for months and consume regularly as part of day-to-day life.

In India, tribal communities like Gond believe that they should not avoid conception and reproduction, according to cultural norms.<sup>[9]</sup> Contrary to this, in the Muthuvan community, there is no such belief or restriction on delaying conception or nonconception; eventually, the practice of consuming pills among the Muthuvan women was followed by generations. There were plenty of arguments in support of the use of contraceptive pills among them. The most important of them is a woman's feeling of isolation from the community and insecurity during the time of menstrual periods and childbirth. Similar to our study, isolation of the menstruating girls and restrictions are also followed by tribal communities such as Gujjar, Madiya, and Gond tribes.<sup>[10-12]</sup> Several studies<sup>[13-16]</sup> have also reported restrictions in daily activities during the days of menstruation.

The confinement also lessens their interest in childbearing and menstrual regulation and paves the way for usage of contraceptive pills. Similarly, Kadar, Malasar, and Pulayar tribal community women are also consuming oral contraceptive pills regularly for avoiding confinement.<sup>[17]</sup> Regular consumption of contraceptive pills allowed the Muthuvan women to feel that they can control their menstrual cycle and their life in all aspects. Few studies also reported that women view the contraceptive pills as the norm and equated the use with greater control over menstruation, negotiating a complex understanding of responsibility and menstrual regulation.<sup>[18,19]</sup>

## CONCLUSION

The study concludes that the Muthuvan tribe's culture and perception were the most influencing factors of childlessness among them and also the comfort of their daily life has taken over more important than the consequences of objects used for comfort, to their health and future generations. The government implements programs for the overall good of society. But sometimes the communication gap leads to the adoption of faulty practices, which adversely affect the social fabric of the Muthuvan tribes found in the study. Therefore, the treatments and solutions of childlessness must fit the uniqueness of the tribal cultural context and have to be considered when policy framing and program implementation.

## Acknowledgment

The authors are thankful to Mr. C. Prabakaran (Senior Technical Officer 2) of the National Institute of Epidemiology and Mr. Subin, Department of Anthropology, University of Madras. The authors are also thankful to the Principal Chief Conservator of Forests and Chief Wildlife Warden, Adi Dravidar and Tribal Welfare Department, and Department of Public Health and Preventive medicine of Tamil Nadu Government, for giving permission to do the research among tribes in Tamil Nadu.

## Financial support and sponsorship

The study was financially supported by the Indian Council of Medical Research, Tribal Health Research unit of National Institute of Epidemiology.

## Conflicts of interest

There are no conflicts of interest.

## REFERENCES

1. World Health Organisation. Infertility: A tabulation of available data on prevalence of primary and secondary infertility. Geneva: Programme on Maternal and Child Health and Family Planning, Division of Family Health; 1991.
2. Aiswarya PV, Moli GK. Childlessness among women in India. *Health Popul Perspect Issues* 2012;35:114-31.
3. Ministry of Health and Family Welfare. Indian Institute of Population Sciences. District Level Household and Facility Survey (DLHS-3), 2007-08: India. Mumbai: Ministry of Health and Family Welfare; 2010.
4. Ganguly S, Unisa S. Trends of infertility and childlessness in India: Findings from NFHS data. *Facts Views Vis Obgyn* 2010;2:131-8.
5. Anusha VM, Atheeqe MP. Women Health in Kerala Tribe – A Sociological Analysis of Muthuvan Community. *Int J Trend in Sci Res Dev* 2018;2:311-21.
6. Adongo PB, Phillips JF, Binka FN. The influence of traditional religion on fertility regulation among the Kassena-Nankana of Northern Ghana. *Stud Fam Plann* 1998;29:23-40.
7. Berhane Y, Mekonnen E, Zerihun L, Asefa G. Perception of fertility regulation in a remote community, South Ethiopia. *Ethiop J Health Dev* 1999;13:217-21.
8. National Health Mission. Family Planning Annual Report: 2017-2018. Ministry of Health and Family Welfare; 2018.
9. Sharma SP, Sharma JB. Tribal Demography. New Delhi: Radha Pub; 1999.
10. Dhingra R, Kumar A, Kour M. Knowledge and practices related to menstruation among tribal (Gujjar) adolescent girls. *Stud Ethno-Med* 2009;3:43-8.
11. Shaktakshi G. A Period that Can Kill. Maharashtra: Sakal Times; 2017.
12. Mehta BH. Gonds of the Central Indian Highlands. Vol 1. New Delhi: Concept Pub; 1984. p. 517.
13. Kumari R, Singh R, Dubey A. Growing Up in Rural India: Problems and Needs of Rural Adolescent Girls. New Delhi: Radiant Pub; 1990. p. 124.
14. Talwar R. A study of the Health profile of Adolescent girls in an urban slum and their knowledge about reproductive health. MD Thesis. Maulana Azad Medical College, Department of Preventive and Social Medicine; 1997. p. 155.
15. Singh AJ. Place of menstruation in the reproductive lives of women of Rural North India. *Indian J Community Med* 2006;31:10-14.
16. Paul D. A report of an ICMR funded research project: Knowledge and practices of adolescent girls regarding reproductive health with special emphasis on hygiene during menstruation. New Delhi: National Institute of Public Cooperation and Child Development; 2007.
17. Sridharan A. Risk factors for fertility decline among Muthuvan tribes of Anamalais in the Western Ghats of Tamil Nadu and Kerala. Doctoral Thesis. Dr. MGR Medical University; 2020. p. 320.
18. Sundstrom B. Fifty years on "the pill": A qualitative analysis of nondaily contraceptive options. *Contraception* 2012;86:4-11.
19. Watkins ES. How the pill became a lifestyle drug: The pharmaceutical industry and birth control in the United States since 1960. *Am J Public Health* 2012;102:1462-72.