Project Mayu

Understanding the reproductive health of Doya Women (Lhops) through an ethnographic exploration of their family planning practices.

Summer Research Project 2019

Asian University for Women

Submitted by:

Cheten Zangmo

Kezang Wangmo

Kinley Lhamo

Regita Gurung

Sonam Peldon

Table of Content

Abbreviations

BHU – Basic Health Unit

DMPA - Depot Medroxyprogesterone Acetate

HA – Health Assistant

SPSS - Statistical Package for the Social Sciences

WHO – World Health Organization

NA = Not Applicable

Abstract

Project Mayu was a research project that focused on women in Doya, an indigenous community residing in Bhutan's southern foothills of Samtse. The project aimed to understand the reproductive health of these Doya women through comprehension of one of its components of family planning. Ethnographic fieldwork was conducted with the researchers living alongside the community where both qualitative and quantitative methods of data collection were applied. The data was also analyzed from a gendered perspective. After two weeks of field site research and three months of post research, Project Mayu has found the establishment of roads and BHU significantly contributing to the changing family planning practices.

Introduction

"Reproductive Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. Reproductive health, therefore, implies that people can have a satisfying and safe sex life and that they can reproduce and the freedom to decide if, when and how often to do so" (World Health Organization).

Family planning is one of the vital components of reproductive health and is crucial to promote the sexual and reproductive health of the population. According to the WHO, family planning is defined as "the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptive methods and the treatment of involuntary infertility." As early as 1971, the Royal Government of Bhutan adopted the small family norm to improve the quality of life and ensure economic self-sufficiency. In 1974, Family planning services were introduced in some parts of Bhutan with limited methods of contraception. Access to family planning and reproductive health services is essential for the economic, environmental, and social benefits for families and communities (WHO).

Situated in the Samtse district, the indigenous community of Doya has been the center of research and curiosity for the past few years. "Indigenous people are inheritors and practitioners of unique cultures and ways of relating to people and the environment. They

have retained social, cultural, economic and political characteristics that are distinct from those of the dominant societies in which they live" (UN). The Doya people also refer themselves as Lhopus meaning Southerners. In Samtse, they are situated the three villages of Jigme, Singye and Wangchuk. The word "Doya" comes from "Daya" meaning kind people as when the first Nepal immigrant got in contact with Doya, they were treated very kindly (Dorji 52).

Till now no specific research has documented the reproductive health of Doya in particular. Enclosed under the umbrella of GNH, family planning is a prerequisite for social, economic and human development of the country (Leaming 660). Therefore, this ethnographic research aims to explore the practices of family planning in the Doya community, which can be used by the relevant health sectors and organizations to do further research. The present study addresses the following question. How have the family planning practices of Doya women changed over the years? To answer the question, the research emphasized on the set up of Basic Health Unit (BHU), construction of roads and the matrilineal system for the collection and analysis of data.

Literature review

Although we did not find any direct articles that present an ethnographic account on the reproductive health of Doya women, we found three articles that helped us to conduct this research.

B. Deben Sharma's book that presents an ethnographic account of the Lhops also known as Doya of Bhutan covers a wide range of topics including the geographical situation of Doya people, their social organization, beliefs, and their economy. In his book, he mentions that the Doya community forms a minority group in Bhutan who has possibly remained suppressed during the Drukpa consolidation in the history of Bhutan. However, this has changed after they began to be recognized as a means to prevent future upheaval of anti-nationals alike the "Ngolops" of the 1990s (11-16). In the section titled "Doya Response to Questions of Life and Death," B.Deben Sharma mentions that Doya people have a distinct practice around parenthood and childbirth (150-153). Although this was not directly related to the family planning practices of Doya women, it enabled us to frame the research questions in such a way whereby we took into account the sensitivity of the topic, especially when it came to asking questions regarding childbirth and related decisions. Thus, this book served as a reference point. It helped us to carefully design the research methods keeping in mind

that the Doya community is less exposed to the outside world and open-ended questions were best suitable to avoid biases in the research. Even the fact that little is known about the community as clearly pointed by B.Deben Sharma helped us to carry the research without an actual hypothesis eventually expanding our scope of findings.

Using a focused ethnographic approach, Shannon McKinn et al explores the communication between healthcare providers and ethnic minority women of Dien Bien Province of Vietnam. Situated in the rural, remote part of Vietnam, the province has a high child and maternal mortality rates, poverty and low use of antenatal care which is attributed to the geographical challenging location of the province (2). Although these ethnic minority women were eager to seek health services, the health caregivers were ineffective in rendering these services (5). The health advice relating to maternal health and childbirth were both non-specific and inappropriate to the context which is depicted in the fact that Thai women received the Maternal and Child Health handbook without explanations (5). Also, barriers to interpersonal communication with the healthcare providers existed due to the health provider's gender and choice of language. These women felt uncomfortable sharing their information with the male healthcare providers due to the sensitivity of the topic, that is, maternal health and childbirth (6-7). Drawing similarity between the Doya women and the women of Dien Bien Province, both belong to ethnic minorities and live in a remote place. Through this research, we understood how the relationship between health care providers and women can play a significant role in determining their maternal health and childbirth issues. Thus, while conducting the research, we were able to conduct interviews not only with the Doya women but also with their health care providers. This gave us an idea of how comfortable the Doya women were in sharing information related to reproductive health with their healthcare providers.

According to the National Family Planning Standards, 2018, Bhutan has made huge progress in family planning with the increase in contraceptive prevalence rate from 18.8 percent in 1994 to 65.5 percent in 2010. This has been attributed to the use of contraceptive methods like injectables (DMPA), oral pills, condoms, Copper T (IUCD), and other sterilization methods. Also, the pregnancy gap is recognized as an effective birth control method that can reduce infant mortality rate, especially in low-income countries as mentioned by Joseph Molitoris (2019). However, unmet need for family planning remains an issue especially in the geographically challenged areas whereby health facilities cannot be reached (2019). Since Doya women also live in a geographically challenged area, we used this report as a reference

text. Thus, one of the reasons why we decided to do our research on family planning was mainly to see if unmet family planning is an issue in the community or not.

Veerle Buffel et.al in their research titled “Power and the Gendered Division of Contraceptive use in Western European Couples” explores the relationship between partners’ power dynamics and their choice of contraception through a gendered perspective. According to the findings of the study, households where the man performed more housework or where the woman had more authority in the decision making were seen to use male methods or female sterilization rather than using common female reversible methods. The field site of the research being "Western Europe" with a larger sample size and with a different lifestyle, can be seen imposing a great limitation on using it as a literature for our research. However, our research did aim to understand if there was any correlation with the power dynamics in the house and the use of contraceptives. Therefore, the above-mentioned study could be used to have a gendered analysis and compare it with our findings.

Methodology

The research was initially designed with the frameworks of an ethnographic methodology, which according to anthropologist Clifford Geertz is the detailed, in-depth qualitative study of everyday life and practice. Ethnography was the best-suited approach in conducting our research since it guided us to tailoring the research in accordance with our actual estimated interactions with the participants in their community. We were aware of our lack of knowledge about the Doya community and hence ethnography helped us be conscious and cautious throughout the fieldwork. Furthermore, we wanted to look into our topic of interest in their community through their perspectives and accordingly help share them with the Tarayana Foundation. However, we could stay in the field site for only two weeks and we couldn’t be a part of their daily life throughout the days of our research. Therefore, the research fell short of being ethnography.

Data Collection

A detailed interview with survey questions was asked to twenty-nine women living in our field site of Jigme and Singye districts. Owing to the heavy monsoon rain, unfavorable roads, long distances between houses and timing constraints, we couldn't find an equal and sufficient number of women belonging to different age groups, marital status, and maternity. Therefore, we used the snowballing method to find potential participants. We first

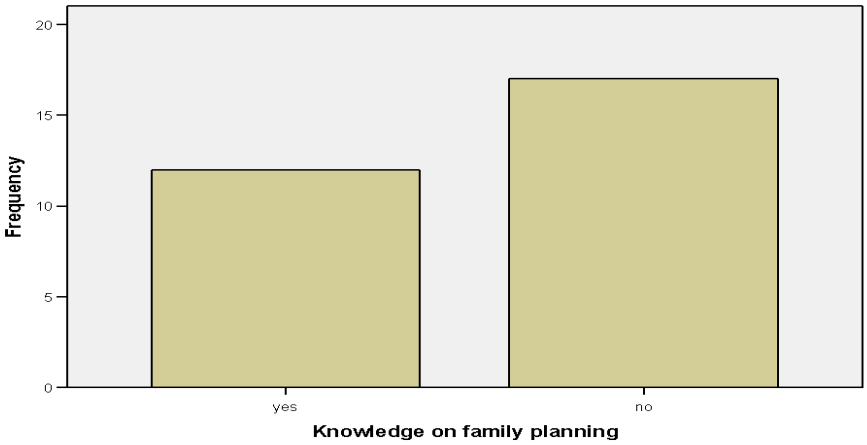
interviewed members of our very local guide's family. Then they introduced us to our next group of participants and the same process continued. We even tried to interview people while walking on our way to the villages. However, research with participants introduced by previous participants was found to be more successful. We used our local guide as a translator for the participants who didn't speak both "Dzongkha" and "Nepali", and spoke to the participants speaking any of the two languages by ourselves to explain them about our research. Also, the conversations were recorded in cases where the participants gave us their consent. The recordings helped write our field notes at the end of each day. However, we couldn't make videos of the interviews or of our interactions with the participants since we were advised by the local government to not click pictures or videos inside their houses. Participant observation played a significant role in our research as it helped us interact with the participants and the community more. At the same time, it also aided in our research notes. In each household, we interviewed the participants in pairs so that one could write the notes while the other observed the participants and their answers. An additional in-depth interview with the Health Assistant (HA) of the BHU was conducted with a structured questionnaire focusing on his work experience and the services provided by him and the BHU. Furthermore, pictures of the already collected survey details about the community about health and BHU services were taken and used later for further analysis.

Data Analysis

In accordance with the data collected, the demography of the participants was formulated using the Statistical Package for Social Science software (SPSS). The demography was then presented in terms of graphs, means, percentages, and frequencies. Additionally, the correlation between different types of variables was also established. For instance, the age groups of our participants were used to understand the trend of the use of contraceptives. Findings under the categories of "use of contraceptives", "preferred place of delivery" and "knowledge on family planning" were analyzed by comparing it with Bhutan's National Family Planning Standard, 2018.

Result

Figure 1 showing the frequency of knowledge on family planning



Knowledge of family planning

Yes = 12

No = 17

Figure 1 shows that from a population of 29 doya women, 12 knew about family planning whereas 17 did not.

Table 1.1 showing the comfort level of doya women with

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	51.7	51.7	51.7
	No	8	27.6	27.6	79.3
	sensitive	2	6.9	6.9	86.2
	not applicable	4	13.8	13.8	100.0
	Total	29	100.0	100.0	

Figure 2 showing the frequency of comfort level with HA (Health Assistants)

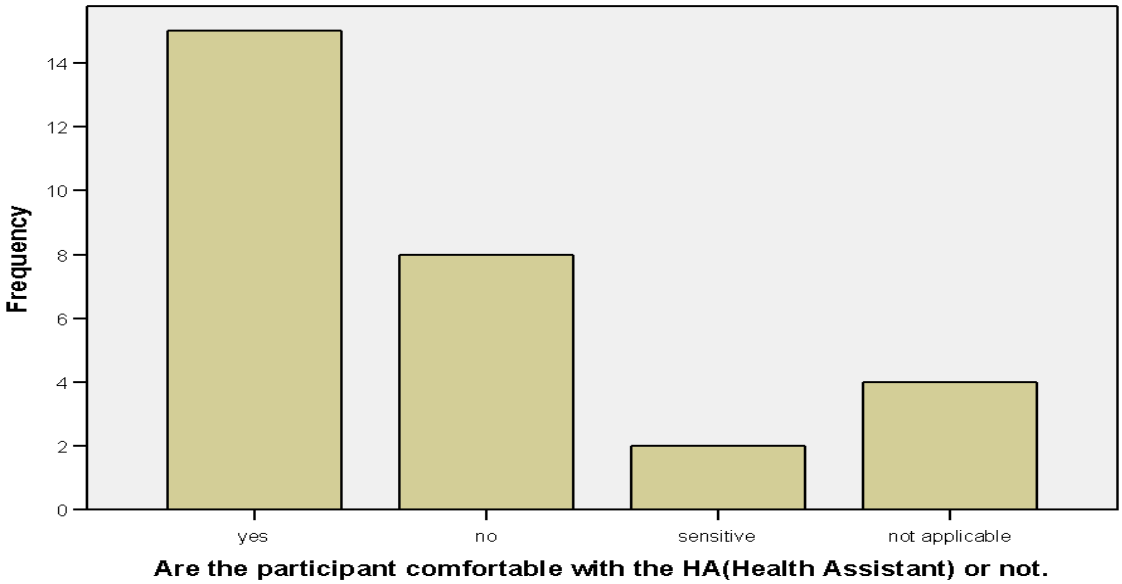


Figure 2 and Table 1.1 shows that 51.7% of the participants were comfortable with HA. 27.6% said were not, 6.9% didn't answer the question since it was sensitive and 13.8% were excluded from the question i.e. NA.

Table 1.2 showing the contraceptive usage among Doya women

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	41.4	41.4	41.4
	No	9	31.0	31.0	72.4
	sensitive	2	6.9	6.9	79.3
	not applicable	6	20.7	20.7	100.0
	Total	29	100.0	100.0	

Figure 3 showing the contraceptive usage among Doya women

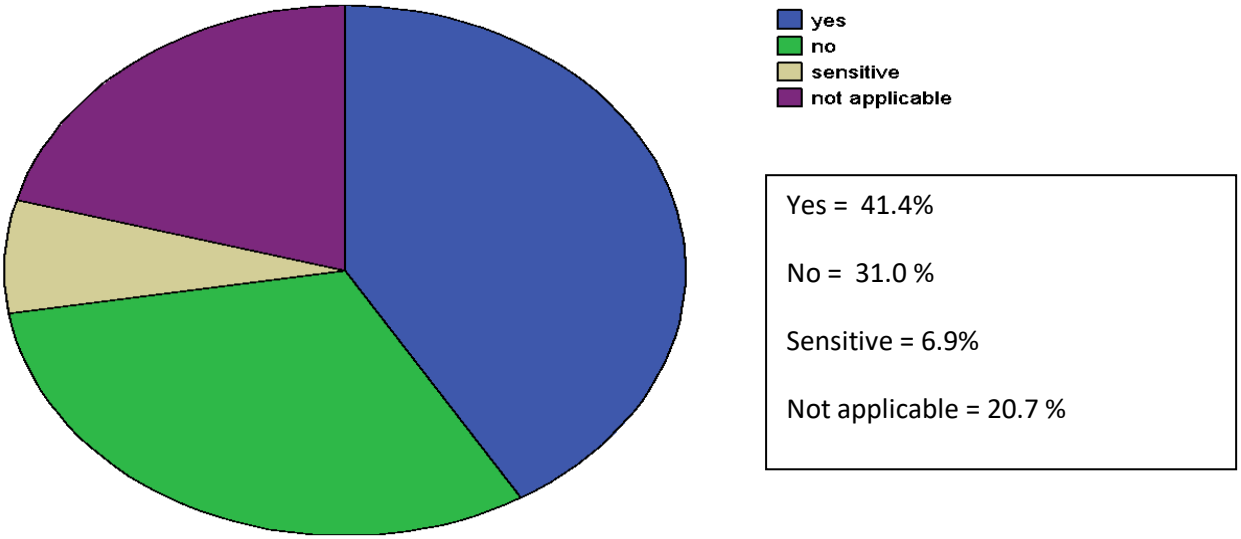


Table 1.2 and figure 3 show that 41.4% of Doya women used at least one method of contraceptive and 31.0% don't 6.9 % of the participants refused to answer since it was sensitive and 20.7 % of the participants were excluded since the question did not apply to them.

Figure 4 showing the preferred place of delivery among Doya women

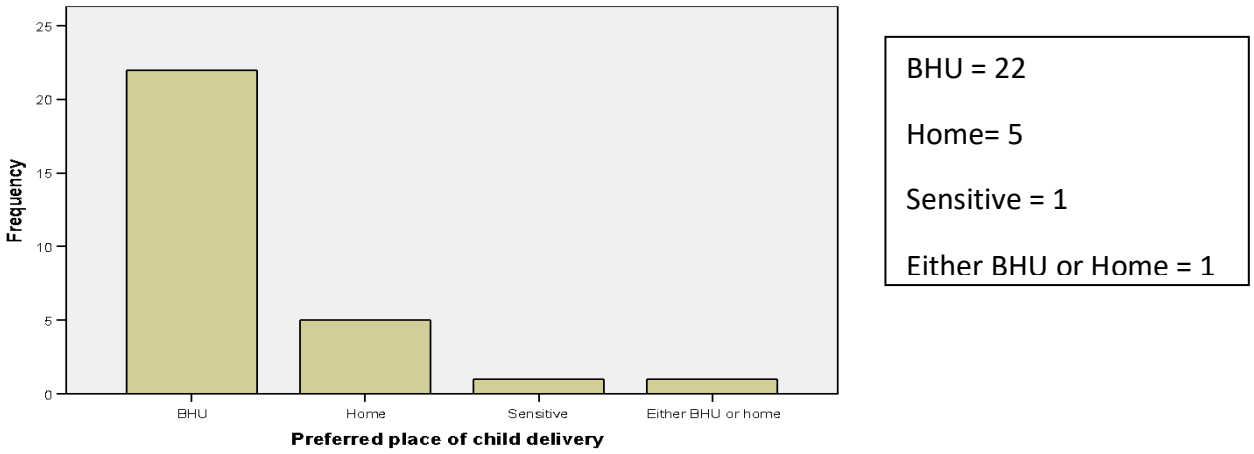


Figure 4 shows that 22 doya women preferred delivering their children at BHU, 5 preferred home, 1 didn't answer since the question was sensitive to her and 1 woman preferred both BHU and home.

Figure 5 showing the pie chart of who makes the decision in-terms of family planning in percentage

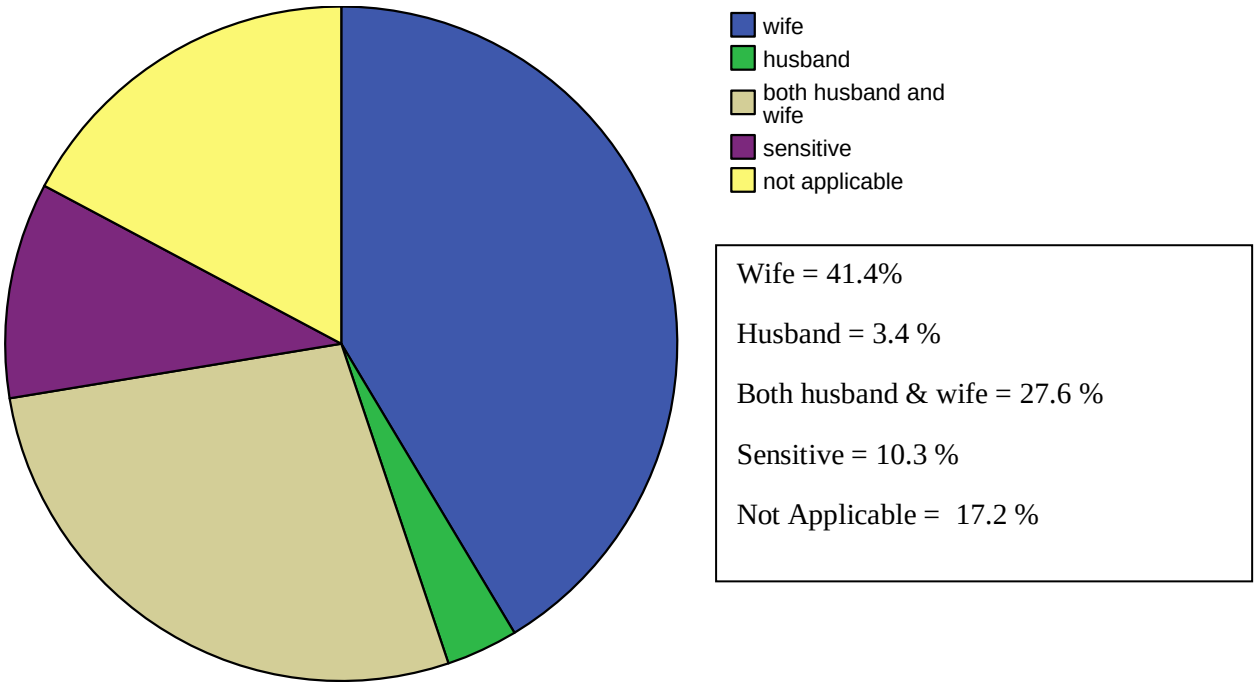


Figure 5 shows that the majority of the women were the key decision-maker regarding the method of family planning methods used among the couple. Second, on the hierarchy are both the husband and wife.

Table 1.3 showing the relationship between different variables with age range, marital status, and education level

	TOTAL FREQUENCY	PERCENTAGE	KNOW LEDGE ON FAMILY PLANNING		CONTRACEPTIVE USAGE				COMFORT LEVEL WITH HA				PREFERRED PLACE OF DELIVERY			
			YES	NO	YES	NO	SENSITIVE	NA	YES	NO	SENSITIVE	NA	BHU	HOME	BOTH	SENSITIVE
AGE RANGE																
15-30	10	34.5	5	5	4	0	0	6	7	2	0	1	10	0	0	0
31-45	7	24.1	5	2	4	2	0	1	4	2	0	1	6	1	0	0
46-60	4	13.8	2	2	1	2	1	0	1	2	1	0	2	1	0	1
60+	8	27.6	1	7	3	2	1	2	3	2	1	2	4	3	1	0
MARITAL STATUS																
MARRIED	17	58.6	11	6	12	5	0	0	10	5	1	1	14	3	0	0
UNMARRIED	7	24.1	2	5	0	1	0	6	4	1	0	2	6	0	1	0
WIDOW	3	10.3	0	3	0	2	1	0	0	1	1	1	1	1	0	1
DIVORCED	2	6.9	0	2	0	1	1	0	1	1	0	0	1	1	0	0
EDUCATION LEVEL																
UNEDUCATED	21	72.4	8	13	9	9	2	1	10	6	3	2	14	5	1	1
LOWER SECONDARY	2	6.9	1	1	1	0	0	1	1	1	0	0	2	0	0	0
MIDDLE SECONDARY	6	20.7	3	3	2	0	0	4	1	1	0	1	6	0	0	0

2. The following results are obtained from the BHU annual records.

Table 2.1 showing the record of pregnancy cases and the place of delivery (i.e. BHU, Hospital or Home) from 2015-2018 in Doya Community

Reproductive Health	2015	2016	2017	2018
Total Pregnant women	53	45	36	27
Total Delivery in Hospital	23	22	16	16
Total Delivery in BHU	11	13	09	09
Total Delivery at Home	04	06	04	02

Figure 6 showing the line graph of age range versus knowledge on family planning in Doya Community

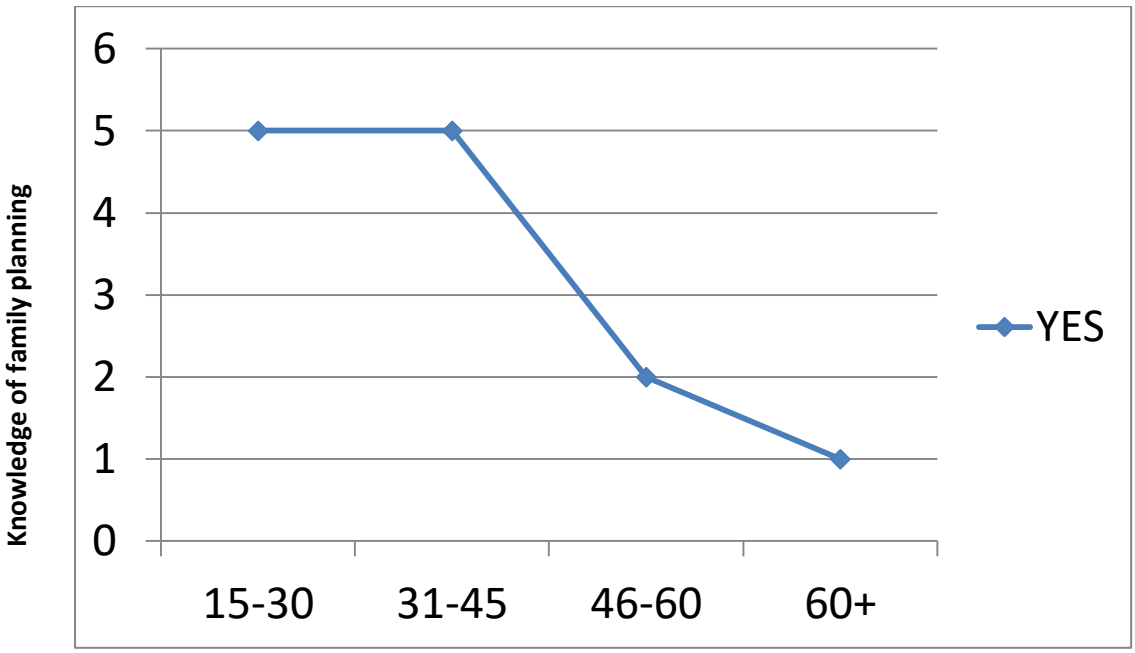


Figure 6 shows that the knowledge on planning is decreasing with the increase in participants's age.

Table 2.2 showing the record of contraceptive methods used from 2015-2018 in doya community

Family Planning	2015	2016	2017	2018
Total Tubectomy	19	25	21	17
Total vasectomy	42	34	30	34
IUD user	01	01	0	0
Total Injection DMPA user	109	82	113	120
Total Oral Pills user	41	40	28	35
Total Condom user	15	18	19	30
Contraceptive Prevalence Rate	42%	37.4%	41.2%	

Figure 7 showing the line graph of different control methods used from 2015-2018 in Doya Community

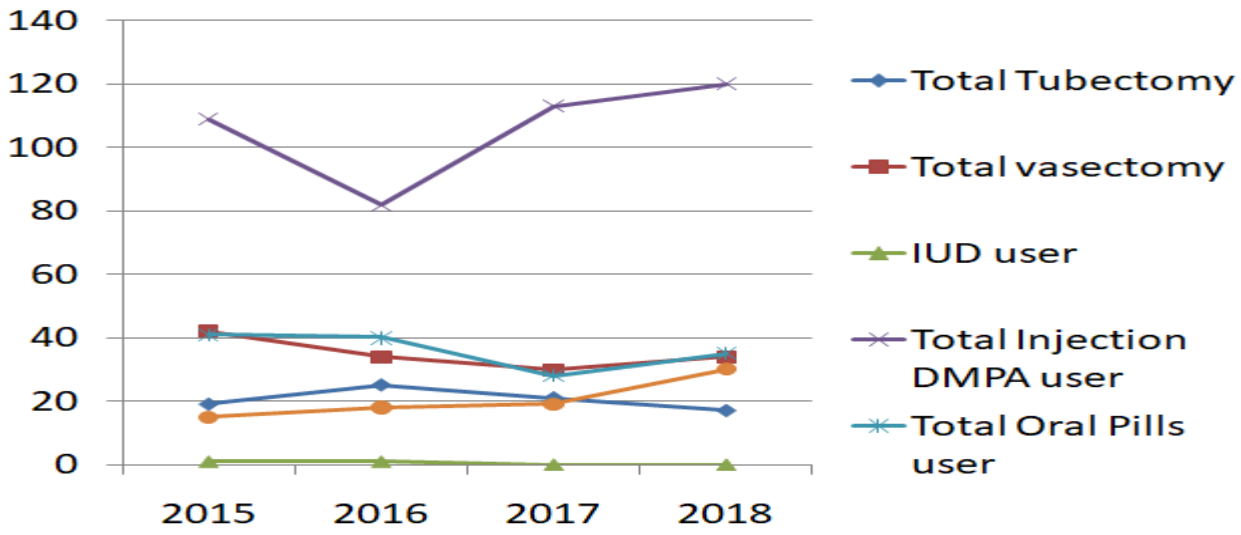


Figure 7 and Table 2.2 shows that DMPA injection is the widely used mode of contraception.

Discussion

Establishment of BHU and road

In the Doya community, after the establishment of BHU in 1975, it has played an important role in improving the health of women. BHU provides various services like health talks, workshops on family planning and contraceptives. For the proper implementation and promotion of family planning, health information and counseling are important (Ministry of Health). We found out that the number of Doya people opting for family planning increased significantly due to BHU services. The whole village is treated by two health workers and the population of the village was around 2048 in 2017 according to the population demography in BHU.

Usually, women in rural areas have higher avoidable birth risks and travel longer distances for maternity care (Mostafavi). However, over the years, people accessing health services increased significantly which minimized the birth risk. For further promotion of health services, the construction of roads played a major role in it. Additionally, there are also few vehicles specifically allocated for emergency cases. However, the roads are still unfavorable, especially during monsoon seasons, making it difficult for people to seek medical help most of the time. It has only been ten years since the roads had been constructed but people mentioned how progressively they received the health services making a huge impact in their lives.

According to figure no. 1.3, 41.3% of participants had knowledge about family planning and 58.6% did not. From 58.6%, the majority of them fell above the age of 35 years, which was before the establishment of the road. Similarly, all the participants who preferred delivery at home were those who were above the age of 35 years. This shows that before the establishment of the road, people had less access to health care services. Therefore, the majority of the women who took family planning seriously were the ones who received the health services from the BHU. One of the participants stated, "It hasn't been long since they have built the roads but our lives are so much more convenient. Especially for our pregnant women, they no longer have to walk to the BHU."

Contraceptive use

According to the national family planning standard, 2018, Bhutan has seen a drastic increase in contraceptive use from 18.8 percent in 1994 to 65.5 percent in 2010 (1). Some of the common contraceptive methods used among the population were mainly spacing vasectomy while injectables were the most prominent in all social classes (7). Similarly, one of the findings of our research was that the use of contraceptives among the Doya Women had increased over time. From a population of 23 Doya women, 41.4% of them responded that they were using contraceptives while 31.0% of them were not. Thus, we can conclude that the use of contraceptives was more, however; the difference between the users and non-users is only 10.4% which indicates that still, a lot needs to be done to increase the use of contraceptives use among Doya Women.

According to the data collected from the BHU, the majority of the people used injection Depot Medroxyprogesterone Acetate (DMPA) whereas the Intrauterine device (IUD) was the least used contraceptive. This can be attributed to the fact that the injection of DMPA is mandatory in the community as a means to promote family planning among the community as mentioned by one of the HAs. On the contrary, the usage of other contraceptives like oral pills and IUD has decreased in accordance with the National Family Planning standard, 2018 (1-8).

The second main finding of our research regarding the contraceptive method was that the usage of male condoms has increased over time. One of the HA mentioned that every week they place two boxes of condoms in the vicinity of BHU and upon their knowledge, these boxes get emptied every time implying that the males are using it. However, while interviewing the Doya women, a majority of them had no idea of condom thus we can assume that there might be a communication gap or hesitation between the spouses regarding their choice of contraceptives. However, since our participants were only females, we are not sure whether this analysis is accurate.

The fourth main finding of our research regarding the contraceptive method was that Doya women have a good practice of pregnancy gap. Exploring the birth spacing in 77 countries, Joseph Molitoris mentions that keeping a pregnancy gap of more than two years can reduce infant mortality risks. However, this is exceptional to high-income countries and mostly applicable to low-income countries (Molitoris 2019). Following this finding, from the

interview results obtained from the Doya women, a majority of them kept a minimum pregnancy gap of two years.

Gender

Although the majority of the women participants felt comfortable with male HAs, some of them expressed their strong preference for female HAs. So the difference in the gender can be seen hindering with the participant's comfort and relation with the health officials.

The survey found the majority of women having more say in decisions regarding family planning. The survey on the other hand also found that most women in their reproductive age took contraceptive measures such as the DMPA injection despite the side effects known. Mothers of newborn babies were given the injection by the BHU themselves. The correlation found in our study hence could be seen contradicting the findings of Veerle Buffle et.al. One of the reasons for it could be the fact that men are more hesitant to attend health sessions provided by the BHU. Even HA Tamang admitted that his work experience has found men being more reluctant to use contraceptive measures, with some running away to escape health talks and confrontation by health officials. That being said, more research needs to be done to understand the reasons for such an attitude amongst the men.

Conclusion

This research has come to this conclusion that the family planning practices of Doya women were greatly influenced by the recent development in the infrastructure of the community. With the establishment of BHU and the health department's effort in disseminating information regarding family planning, the participants have shifted towards modern-day family planning. Additionally, the proper roads also have made it more convenient for the participants to access the health facilities. Furthermore, this has also resulted in the people choosing BHU over the home for childbirth. Similarly, there has been a rise in the usage of modern female contraceptive methods including DMPA injection. This from a gendered perspective demonstrates that even in this matrilineal society, the contraceptive responsibility of family planning fell primarily on women's shoulders.

References

Dereuddre, Rozemarijn & Buffel, Veerle & Bracke, Piet. “Power and the Gendered Division of Contraceptive use in Western European Couples”. Social Science Research, 2017

Dorji, Jagar. "The Lhopus of Western Bhutan." *The Tibet Journal* vol. 25, no. 2, 2000, 52-59, https://www.jstor.org/stable/43302438?seq=1#metadata_info_tab_contents

Molitoris, Joseph. "Longer birth intervals can reduce infant mortality in poor countries." *N-IUSSP*, 2019, http://www.niussp.org/article/longer-birth-intervals-can-reduce-infant-mortality-in-poor-countries/

Mostafavi, Beata. “Rural Women at Higher Risk of Life-Threatening Pregnancy Complications.” Health News, Medical Breakthroughs & Research for Health Professionals, 3 Dec. 2019, labblog.uofmhealth.org/rounds/rural-women-at-higher-risk-of-life-threatening-pregnancy-complications.

"One big happy family? Gross national happiness and the concept of family in Bhutan." 2004, pp. 660-679. http://crossasia-repository.ub.uni-heidelberg.de/1361/1/GNH_and_Family.pdf

Reproductive Maternal and Newborn Health Program Department of Public Health. June 2018, http://www.health.gov.bt/wp-content/uploads/afd-files/2014/11/New_FP-Standards-Bhutan-final2018-Final.pdf

Sharma, B. Deben. *Lhops (Doya) of Bhutan: an ethnographic account*. 2013. http://www.dspace.nehu.ac.in/bitstream/1/10741/1/Lhops%20(BD%20Sharma).pdf