

TRIBAL WOMENS PARTICIPATION IN FAMILY PLANNING PROGRAMME; A CASE STUDY OF SCHEDULED TRIBES IN KARWAR DISTRICT

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ABSTRACT

Family planning is an effective plan in modern days to avoid high risk pregnancies. It improves the health of the women by enabling them to have comfortable family size. Having number of children increases the mother's and children's risk of illness or death. In this context, it becomes essential to assess people's knowledge, attitude and practice of family planning method so as to develop programmers for enhancing such knowledge and creating a demand for services thereby reducing high risk pregnancies and inculcating a sense for responsible parenthood among couples. The present study deals with the knowledge and practices regarding family planning among Tribal women in Karwar District, Karnataka State, India, during the Month of April to October 2012. A sample size of 147 women were classified as 'Not Responded', 143 as 'Moderately Responded', and 110 'Responded', belonging to tribal women were collected from Respondents.

Keywords: *Tribal Women. Family Planning Programme, Parenthood, Child and Risk.*

No. of Tables: 10

No. of Figures: 1

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INTRODUCTION

India is the first country to launch the family planning programme as early as 1952. Enormous literature has been produced during this time on various aspects of population dynamics and population policy (National Population Policy-2000). However, the problem of population growth is still unsolved and ill understood. Family planning has not been explicitly cited among the Millennium Development Goals, but is one of the important means towards reducing poverty, reducing maternal mortality, infant and child mortality and also attaining gender equality (Potts and fotso, 2007) Family planning is an effective plan in modern days to avoid high risk pregnancies. It improves the health of the women by enabling them to have comfortable family size. Having more number of children increases the mother's and children's risk of illness or death. Women who become pregnant when they are still very young run a much greater risk of complications during pregnancy and child birth than do women in their twenties. These complications can cause damage to their health or even to their lives. The same is true of women who become pregnant at the end of their reproductive years. In this context, it becomes essential to assess people's knowledge, attitude and practice of family planning method so as to develop programmes for enhancing such knowledge and creating a demand for services thereby reducing high risk pregnancies and inculcating a sense for responsible parenthood among couples.

OBJECTIVES

- To find out the knowledge of the modern family planning methods among Tribal women
- To examine the modern family planning methods practiced by Tribal women
- To examine the extent of utilization of Government health services by Tribal women for their reproductive health problems.

MATERIAL AND METHODS

The present study is aimed to assess the knowledge, practice and utilization of family planning methods among Tribal women in Karwar District of Karnataka State, India during 2012. A total of 400 women were selected by systematic sampling procedure. In which, 147 women were classified as 'Not Responded', 143 as 'Moderately Responded', and 110 as 'Responded', belonging to Scheduled Tribes. The data were collected on knowledge, practice and utilization of family planning methods. The data were also collected on independent factors like parenthood, practice of family planning, number of children, acceptance of family planning, number of children alive, number of children after adaptation of family planning methods and utilization of family planning methods by using schedule with personal interview method. The reliability was tested and it was found to 0.9478. For the assessment of knowledge of family planning methods among Tribal women was assessed by including 15 items which carries four alternatives (one correct= 1, three incorrect = 0 score was allotted). Then the total scores of 15 items were considered and

calculated percentage of knowledge for each sample by taking 15 as a maximum score for categorization of knowledge into three levels on the basis of percentage ($\leq 50\%$ = Inadequate knowledge level, between 51% to 75% = Satisfactory knowledge level and $\geq 75\%$ = adequate knowledge level).

After data collection, the obtained results were scored and subjected to statistical analysis. The t-test was used to assess the differences between two groups. The one way ANOVA was used to find out the differences between more than two groups followed by Newman-Keuls multiple pothoc comparison procedures was performed to see the pair wise comparison of two groups. Chi-square test was applied to calculate the significance among two attributes. A correlation was computed between knowledge, practice and utilization of family planning methods by Spearman's rank correlation coefficient. Lastly, the multiple regression analysis and multiple logistic were used to see the impact of factors on knowledge and practices of family planning methods. The statistical significance was set at 5 level ($p < 0.05$).

RESULTS AND DISCUSSION

A total of 400 samples were included in a study, in which 251 (62.75%) of Tribal women have inadequate knowledge as compared to 126 (31.50%) Tribal women have satisfactory knowledge and only 123 (5.75%) Tribal women have adequate knowledge.

The location ($\chi^2 = 2.7770$, $p > 0.05$) and number of children alive in a family ($\chi^2 = 8.6877$, $p > 0.05$) of the study samples are not found to be statistically associated with levels of knowledge scores. But status of parenthood is found to statistically associated with levels of knowledge ($\chi^2 = 126.8161$, $p < 0.05$), practices of family planning methods ($\chi^2 = 46.6015$, $p < 0.05$), number of children in a family ($\chi^2 = 95.5333$, $p < 0.05$), adaptation of family planning methods ($\chi^2 = 17.2413$, $p < 0.05$) and utilization of services ($\chi^2 = 29.5541$, $p < 0.05$) at 5% level of significance. The details association between knowledge and other independent factors are also presented in the following-table.

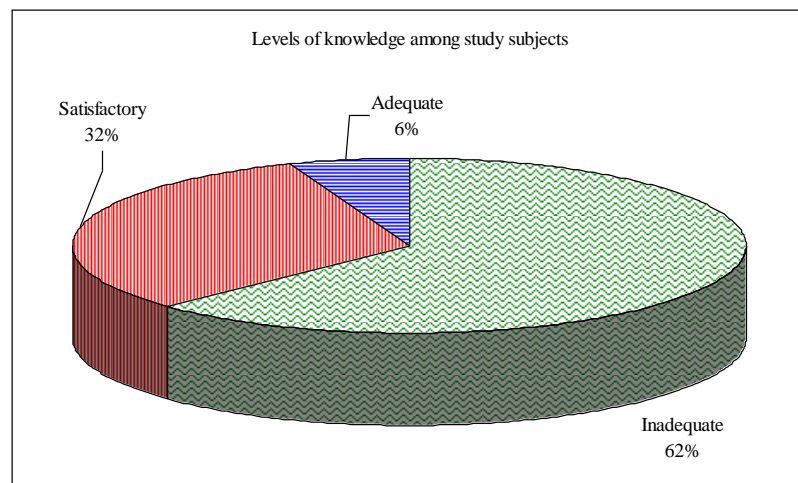


Fig 1: Graphical representation of level of knowledge of family planning methods among tribal women

Comparison of different factors with respect to knowledge towards family planning methods among tribal women.

Table1: Location

Factors	N	Means	Std.Dev.	Statistics	p-value	Pair wise comparison
Joida	200	46.83	12.49	-1.2784@	0.2018	
Yellapura	200	48.60	15.03			

Table-1 Indicates that the Tribal women belong to different locations i.e. Joida and Yellapura not differs significantly with their knowledge towards family planning methods ($t=-1.2784$, $p<0.05$) at 5% level of significance. It indicates that, the Tribal women belong to different locations i.e. Joida and Yellapura have similar knowledge about family planning methods.

Table2: Status of parenthood

Factors	N	Means	Std. Dev	Statistics	p-value	Pair wise comparison
Not Responsible	108	37.35	9.38	61.0282ξ	0.0000*	1 vs. 2, 1 vs. 3, 2 vs. 3
Moderately Responsible	168	49.29	11.11			
Responsible	124	54.62	15.18			

Table-2 presents that the Tribal women living under responsible status of parenthood have significant higher knowledge (54.62 ± 15.18) as compared to moderately responsible status of parenthood (49.29 ± 11.11) and not responsible status of parenthood (37.35 ± 9.38) at 5% level ($F=61.0282$, $p<0.05$). It concludes that, the Tribal women living under responsible status of parenthood have good knowledge scores about family planning methods than the moderately responsible and not responsible status of parenthood.

Table3: Practice of family planning methods

Factors	N	Means	Std.Dev.	Statistics	p-value	Pair wise comparison
None	59	35.59	12.66	39.2018ξ	0.0000*	0 vs. 1, 0vs2, 1vs3, 2vs3
Tubectomy	253	51.54	11.80			
Vasectomy	60	49.67	15.55			
Spacing Method	28	34.52	2.60			

Table-3 shows that the knowledge scores about family planning methods is significantly smaller among who are not practicing family planning methods (35.59 ± 12.66) and higher in practitioners of family planning methods respectively i.e. Tubectomy (51.54 ± 11.80) and Vasectomy

(34.52 ± 15.55) ($F=39.2018$, $p<0.05$). It shows that the, users or practitioners of family planning methods have good knowledge as compared to non users or practitioners of family planning methods.

Table4: Number of children

Factors	N	Means	Std.Dev.	Statistics	p-value	Pair wise comparison
One	106	59.94	17.15	78.1638ξ	0.0000*	1 vs. 2, 1 vs. 3
Two	197	43.11	8.97			
Three or more	97	43.71	9.18			

Table-4 reveals that the Tribal women having one child is significant and the higher knowledge about family planning methods (59.94 ± 17.15) followed by those who have two children (43.11 ± 8.97) and three or more children (43.71 ± 9.18) ($F=78.1638$, $p<0.05$) at 5% level of significance. It reveals that who have one child, practice and have more knowledge of family planning methods than those who have two or three children.

Table5: Adoption of family planning methods

Factors	N	Means	Std.Dev.	Statistics	p-value	Pair wise comparison
Yes	341	49.81	12.93	-7.8236@	0.0000*	
No	59	35.59	12.66			

Above table indicates that the Tribal women who have adopted family planning methods have greater knowledge (49.81 ± 12.93) as compared to Tribal women who have not adopted family planning methods (35.59 ± 12.93) ($t=-7.8236$, $p<0.05$).

Table6: Number of children alive

Factors	N	Means	Std.Dev.	Statistics	p-value	Pair wise comparison
One	184	50.33	15.36	6.2242ξ	0.0022*	1 vs. 2, 1 vs. 3
Two	138	45.51	12.94			
Three or more	78	45.47	10.12			

Table-6 reveals that the Tribal women who have one live child have a significant stringer knowledge scores about family planning methods (50.33 ± 15.36) than who have two live children (45.51 ± 12.94) and three or more live children (45.47 ± 10.12) ($F=6.2242$, $p<0.05$) at 5% level of significance. In other words, who have one child alive; they practice and have more knowledge of family planning methods than who have two or three live children.

Table7: Utilization of family planning services

Factors	N	Means	Std.Dev.	Statistics	p-value	Pair wise comparison
Government	266	49.70	15.51	4.1196@	0.0000*	
Private	134	43.78	8.43			
Total	400	47.72	13.83			

ξ - Used ANOVA test, @ -used t-test, *p<0.01

Table-7 shows that the Tribal women utilizing the family planning services from government hospitals have higher knowledge (49.70 ± 15.51) as compared to utilizing the family planning services from private hospitals (43.78 ± 8.43) ($t=4.1196$, $p<0.05$). It is because of free services available at government hospitals as compared to private hospitals.

Correlation between independent factors and knowledge towards family planning of tribal women

Table8: Correlation between knowledge scores with independent factors

Factors	N	Correlation between Knowledge scores with		
		Correlation coefficient	t-value	p-level
Status of Parenthood	400	0.4704	10.6342	0.0000
Practice of Family planning methods	400	0.0227	0.4523	0.6513
No of children	400	-0.4280	-9.4485	0.0000
Adoption of FP	400	0.3651	7.8236	0.0000
No of children alive	400	-0.1551	-3.1325	0.0019
Utilization service	400	-0.2022	-4.1196	0.0000

The above table reveal the results about the factors like status of parenthood ($r=0.4704$, $p<0.05$) and Adoption of family planning ($r=0.3651$, $p<0.05$) have significant and positive relationship with knowledge scores towards family planning of Tribal women. But, the factors such as number of children in a family ($r=-0.4280$, $p<0.05$), number of children alive in a family ($r=-0.1551$, $p<0.05$) and utilization of services ($r=-0.2022$, $p<0.05$) have significant and negative relationship with knowledge scores towards family planning methods of Tribal women.

Regression analysis of knowledge towards family planning of tribal women by different independent factors:

Table9: Multiple regression analysis summaries for independent factors on dependent variable (knowledge)

Independent factors	Reg. coefficient	SE of reg. Coeff.	T-value	p-level
Intercept	43.8829	2.8923	15.1722	0.0000*
Status of Parenthood (X1)	5.9077	0.7550	7.8253	0.0000*
Practice of Family planning methods (X2)	-4.4355	0.9329	-4.7547	0.0000*
No of children in a family (X3)	-6.8967	0.8213	-8.3974	0.0000*
Adoption of FP (X4)	13.9988	2.0829	6.7208	0.0000*
No of children alive in a family (X5)	1.2423	0.7664	1.6210	0.1058
Utilization services (X6)	-2.6978	1.1370	-2.3726	0.0181**
R=0.6625, R ² =0.4389, Adjusted R ² =0.4303, F=51.2420, p<0.05, S, Std. Error of estimate: 10.438				

*p<0.01, **p<0.05

The results from the above table clearly indicates that, impact or influence of status of parenthood and adoption of family planning methods on knowledge towards family planning methods of Tribal women is found to be positive and statistically significant at 5% level. It shows that, these factors influence positively on knowledge towards family planning methods adopted by Tribal women at 5% level of significance. But, the impact of practices of family planning methods, number of children in a family and utilization services on knowledge scores towards family planning of Tribal women is found to be negative and statistically significant ($p<0.05$).

The regression equation was also developed for knowledge towards family planning (Y) with the help of status of parenthood, practice of family planning methods, number of children in a family, adoption of family planning methods, number of children alive in a family and utilization services of Tribal women.

$$Y = 43.8829 + 5.9077X_1 - 4.4355X_2 - 6.8967X_3 + 13.9988X_4 + 1.2423X_5 - 2.6978X_6$$

The multiple R of the linear regression equation is 0.6625. For testing multiple correlation coefficients the F-ratio (51.2420) is found to be significant at 5% level. Significant R suggests that the status of parenthood, practice of family planning methods, number of children in a family, adoption of family planning methods, number of children alive in a family and utilization services of Tribal women can be

used to predict the knowledge of Tribal women towards family planning.

The relative contributions of independent variables i.e. status of parenthood, practice of family planning methods, number of children in a family, adoption of family planning

methods, number of children alive in a family and utilization services of Tribal women in terms of proportions of variance predicted by each were determined and are given in the following table.

Table10: Relative contribution of independent factors on dependent variable (knowledge)

Independent Factors	Beta Value	r-Value	BETA x r	% of Contribution
Status of Parenthood (X1)	0.3253	0.4704	0.1530	15.3010
Practice of Family planning methods (X2)	-0.2397	0.0227	-0.0054	-0.5433
No of children in a family (X3)	-0.3555	-0.4280	0.1522	15.2175
Adoption of FP (X4)	0.3594	0.3651	0.1312	13.1208
No of children alive in a family (X5)	0.0688	-0.1551	-0.0107	-1.0668
Utilization services (X6)	-0.0922	-0.2022	0.0186	1.8643
			0.4389	43.8934

Table-11 shows that 43.8934 % of variance in the criterion variable is accounted for by variance of 15.3010 % in the variable status of parenthood and of 15.2175 % in the variable number of children in a family. Thus, it shows that Status of Parenthood contributes better than the remaining three potent predictors. Next factor that contributes better for predicting the knowledge scores of Tribal women towards family planning methods is number of children in a family followed by adoption of family planning methods and utilization services.

CONCLUSION

Reflecting the International conference on population and development (ICPD) 1994 goals and nations Millennium Development Goals (MDGs), in India the National Population Policy 2000, has called for a more human approach to population planning and for paying greater attention to social development with particular emphasis on improving education, reproductive health and unmet needs of slums and other special categories of population (Sharma 2009).

Almost all Tribal women are aware of the different kinds of family planning methods both temporary and permanent but they felt very shy to express the popular names. Tribal women expressed that money was an appropriate incentive for promoting sterilization. Women who come under responsible parenthood used family planning methods. About half of the Tribal women are currently practicing family planning methods. Only a negligible proportion of

women had experienced any complications or side effects as a result of contraceptive use. Tubectomy is mentioned as the most satisfactory permanent birth control method both in Joida and Yellapura, while among temporary methods; condom was found to be the most satisfactory method by Joida tribal women and the pills by Yellapura tribal women. And those who are not practicing family planning methods expressed a desire to do so in the near future. Thus, meeting the expressed demand and inculcating a sense of responsible parenthood among couples, and also in particular women, through

appropriate educational programmes emphasizing the health benefits of family planning for mothers and children would make a positive contribution to the policy of the family planning programmes. Reproductive health services includes family planning methods to help women to avoid high risk pregnancies and increase the time between births, thereby preventing maternal deaths and improving the quality of life. These services also help to reduce the various reproductive illnesses by providing access to better information and services to couples. (Balaiah.et al, 1997, 1999, 2001, and 2005).



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