DOI Number 10.5958/J.0976-4666.58.4.023

Empowerment of Tribal Women Through Family Planning Programme – A Micro Study of Sandeshkhali Block of Sundarban Area

Deb Prasad Sikdar¹ and Sukumar Ghosh^{1.2}

¹Department of Education (Life Science Section), University of Kalyani, P.O. Kalyani, Dist. Nadia, Pin-741235, West Bengal, India

²Khulna P.C. Law Vidyalaya, P.O. Khulna, Dist. 24-Parganas (N) West Bengal, India

Email: dps-_kalyaniuniversity@yahoo.com

Paper no: 91 Received: 12 June, 2013 Revised: 20 August, 2013 Accepted: 18 October, 2013

Abstract

Our present study aims to find out the impact of literacy status of tribal women on knowledge, attitude and method about family planning programme of Sandeshkhali block of Sundarban area. The effect of different age group of tribal women is also taken into consideration. The statistical analysis reflect generally, higher the literacy status higher will be the acceptance of family planning programme, age will not be a factor regarding non-acceptance of the programme.

Keywords : Literacy, programme, tribal, statistical

Introduction

Sundarban is an important and resourceful area of West Bengal as well as India. The total area of Sundarban is divided into 19 blocks. Of them Sandeshkhali block (I & II) is one of the main gateway of Sundarban area. It is the southern most part of North 24-Parganas. Sandeshkhali block is consist of 9-delta and surrounded by many rivers. It is a remote, socially, educationally and economically backward area of West Bengal. Large number of Scheduled Tribe people resides in this area.

Although, the total literacy rate of Sandeshkhali-block is 49.23% but literacy rate of Scheduled Tribes is only 24.07% but in case of Scheduled Tribe women is 21.44% (Statistically Handbook, W.B., 2002). Education is the only available means which can uplift the human life and plays a significant role in determining a progressive attitude towards women (Mondal and Gupta, 1994). Women who dropped out of school had poorer mental health throughout the life cycle than women with more education (Williams *et al.*, 1997).

The total population growth rate of Sandeshkhali block is 15.89% in ten years whereas Scheduled Tribes growth rate of this block is 23.26% in ten years. This situation creates an alarming and dangerous problems in the human life and society. Due to conservative characteristic of Scheduled Tribe community they are not willing to come into the main stream of the society. As a result, they are devoid of modern facilities, amenities

 $\mathcal{N}\!\!D$ Sikdar and Ghosh

and various effect of technological development. So, planning the family for birth control is beyond their imagination. Unhealthy and rapid increase of population in tribal society develops multidimentional problems in their socio-economic development.

Given that a woman has the responsibility of the whole family on herself, an educated woman is better capable of taking care of health and nutrition. She would educate her children and be a part of social and economic development of the community (Upadhyay and Sikdar, 2007). Education has a direct impact on women empowerment as they become aware of their rights, their capabilities and get a chance to become independent (Tapan, 2000).

Background and Significance

Sandeshkhali block of Sundarban area is taken as a study area by the researchers which is a remote, socially, educationally and economically backward area of West Bengal. Sandeskhali block consist of 8 deltas and surrounded by many rivers. Large number of scheduled tribes people resides in this area. The literacy rate of scheduled tribes people is 17.41% which is very lower than National Literacy rate as well as West Bengal. The growth of scheduled tribes people is 27.77% which is higher than any other castes. On the other hand, growth rate of Scheduled tribes people is higher than the progress rate of literacy. Scheduled tribes people use to increase their family members in an unhealthy way. It creates a lot of social and economical problems within this block, as well as our country. They have no adequate knowledge about family planning i.e., various methods about family planning and have no clear conception about fetility process due to illiteracy and ignorance.

Under such circumstances a comprehensive, elaborate and scientific analysis regarding knowledge, attitude and methods about family planning programme of Scheduled tribes people of Sundarban area according to their literacy status .

Objectives

The following objectives are laid down in this study :-

- (i) to find out the role of education on knowledge, attitude and methods of family planning programme.
- (ii) to find out whether age of tribal women has any impact of role on knowledge, attitude and methods of family planning.

Hypotheses

The following hypotheses were framed for the investigation :-

 H_1 : The knowledge about family planning programme among different literacy status of same age groups of Scheduled Tribe women of Sundarban area differ significantly.

 H_2 : The attitude towards family planning programme among different literacy status of same age groups of Scheduled Tribe women of Sundarban area differ significantly.

 H_3 : The methods about family planning programme among different literacy status of same age groups of Scheduled Tribe women of Sundarban area differ significantly.

Correspondingly, three Null hypotheses ^OH₁, ^OH₂ and ^OH₃ were framed to test the hypotheses.

Economic Affairs Empowerment of Tribal Women Through Family Planning Programme – A Microstudy of N

Methodology

Sample

The sample for the study comprised 420 tribal women among 16 Gram Panchayets of Sandeshkhali Block-I and II. Data were collected through field survey by applying a questionnaire. Collected data were separated according to their literacy status (illiterate, primary, secondary and higher educated people) and age (17-26 yrs., 27-36 yrs and 37 to 46 yrs.)

Tools used

Data were collected by a five point Liker type questionnaire developed by the authors measuring knowledge, attitude and methods about family planning programme of Scheduled Tribes of Sundarban area (Ghosh, 2002). The scale had three parts : Part-I consisting of 50 items for measuring knowledge, Part-II consisting of 50 items for measuring methods about family planning programme. Each item/statement statement in the scale is provided with five possible alternative responses, such as Strongly Agree (SA), Agree (A), Undecided (UN), Disagree (DA) and Strongly Disagree (SDA). All favourable statements are scored from maximum to minimum of 5, 4, 3, 2, 1 and all unfavourable statements from minimum i.e. 1, 2, 3, 4, 5. The reliability of the scale was calculated through split-half method and was found to be 0.84, 0.92 and 0.91 respectively. In case of illiterate and primary educated groups, the investigator himself read out the items/statements of the aforesaid sub-scales and on the basis of their discussion he himself rated their responses.

Results and Discussion

The knowledge part of the tool has 50 items. The total score on the entire knowledge test of 50 items describes the position of an individual's knowledge about family planning programme. Theoretically, the scores may vary from 50 to 250. So the cutting point of favourableness or unfavourableness is $50 \times 3 = 150$. Therefore, it is evident from Table-1 that the trend of the mean scores in knowledge about family planning programme of different literacy status group among three age groups were above the neutral point except in illiterate (17-26) years and (27-36) years of age group. This trend of mean score indicates that the literacy status is positively related to knowledge scores i.e. higher the literacy status, higher is the mean score of knowledge.

As the 't' values were significant at 0.01 level among different literacy status group of Scheduled Tribe women of same age groups (17-26) years, (27-36) years and (37-46) years about knowledge regarding family planning programme except in secondary and higher educated Scheduled Tribe women of (37-46) years age group. So it can be concluded that the literacy status of Schedule Tribe women is a significant factor in influencing the knowledge about family planning programme. Hence, the Null hypothesis $^{O}H_{1}$, is rejected and the working H_{1} , hypothesis is retained.

Rastogi (1995) showed that increasing fertility awareness among women would be a major source of empowerment for them. Saiyadain (1994) revealed in his researches that awareness of family planning and knowledge of methods were more higher in educated. Older respondent liked with more children and a higher income were more likely to accept family planning. Generally, literacy status is directly related with knowledge. The above findings of our investigation are the evidences of the said statement.

Table-2 indicates that the mean scores of illiterate Scheduled Tribe women of all age groups were lower than the neutral point ($50 \ge 3 = 150$) and the mean scores of all other categories were above the neutral point. From this data it can be said that their Table 2 :

Serial No.	Age	Difference between	Sample No.	Mean	S.D.	df	't' value
1.		Illiterate vs.	40	147.78	12.39	78	2 (5*
		Primary Educated	40	165.43	27.94		3.65*
2.	years	Illiterate vs.	40	147.78	12.39	68 68	9.38*
		Secondary Educated	30	186.07	21.52		9.30"
3.		Illiterate vs.	40	147.78	12.39		18.93*
	26	Higher Educated	30	207.57	13.95		10.75
4.		Primary Educated vs.	40	165.43	27.94	68 68 58	3.36*
	to	Secondary Educated	30	186.07	21.52		
5.	17	Primary Educated vs.	40	165.43	27.94		7.57*
		Higher Educated	30	207.57	13.95		1.07
6.		Secondary Educated vs.	30	186.07	21.52		4.59*
1		Higher Educated	30	207.57	13.95		
1.		Illiterate vs. Primary Educated	40 40	147.78 162.43	15.11 18.34	78	3.90*
2.	27 to 36 years	Illiterate vs.	40	102.43	16.54		11.39*
۷.		Secondary Educated	30	192.50	17.70	68	
3.		Illiterate vs.	40	192.30	15.11	68	17.88*
5.		Higher Educated	30	206.13	11.01		
4.		Primary Educated vs.	40	162.43	18.34	68	6.89*
		Secondary Educated	30	192.50	17.70		
5.		Primary Educated vs.	40	162.43	18.34	68	11.57*
	(1	Higher Educated	30	206.13	11.01		
6.		Secondary Educated vs.	30	192.50	17.70	58	3.58*
		Higher Educated	30	206.13	11.01	30	5.56
1.		Illiterate vs.	40	150.63	14.79	78	3.45*
	SI	Primary Educated	40	164.15	19.89		
2.		Illiterate vs.	40	150.63	14.79	68	12.15*
		Secondary Educated	30	194.17	14.90	08	
3.	years	Illiterate vs.	40	150.63	14.79	68	14.77*
	46	Higher Educated	30	201.00	13.18	08	
4.		Primary Educated vs.	40	164.15	19.89	68	6.93*
	7 to	Secondary Educated	30	194.17	14.90		
5.	37	Primary Educated vs.	40	164.15	19.89	68	8.79*
		Higher Educated	30	201.00	13.18		
6.		Secondary Educated vs.	30	194.17	14.90	58	1.88**
		Higher Educated	30	201.00	13.18	50	

Table 1: Mean, standard deviation and differences in knowledge about family planning programme of different literacy status among same age groups of Scheduled Tribe women

* Significant at 0.01 level ; ** Insignificant at 0.01 level.

Print ISSN: 0424-2513 Online ISSN: 0976-4666

Serial No.	Age	Difference between	Sample No.	Mean	S.D.	df	't' value
1.	years	Illiterate vs.	40	138.68	12.25	78	4 4 4 *
		Primary Educated	40	152.35	15.17		4.44*
2.		Illiterate vs.	40	138.68	12.25	68	8.85*
		Secondary Educated	30	172.57	19.70		
3.		Illiterate vs.	40	138.68	12.25	68	13.55*
	17 to 26	Higher Educated	30	185.93	16.95		
4.		Primary Educated vs.	40	152.35	15.17	68	4.85*
_		Secondary Educated	30	172.57	19.70		
5.		Primary Educated vs.	40	152.35	15.17	68	8.72* 2.82*
6		Higher Education	30	185.93	16.95		
6.		Secondary Educated vs.	30 30	172.57	19.70	58	
1.		Higher Educated Illiterate vs.	40	185.93 142.68	16.95 13.25		
1.		Primary Educated	40	142.08	13.23	78	3.36*
2.		Illiterate vs.	40	142.68	13.25		6.75*
۷.	5 years	Secondary Educated	30	169.17	19.56	68	
3.		Illiterate vs.	40	142.68	13.25	68	17.17*
5.		Higher Educated	30	190.63	8.80		
4.	to 36	Primary Educated vs.	40	151.63	10.40	68	4.84*
		Secondary Educated	30	169.17	19.56		
5.	27	Primary Educated vs.	40	151.63	10.40	60	16.56*
		Higher Educated	30	190.63	8.80	68	
6.		Secondary Educated vs.	30	169.17	19.56	58	5.48*
		Higher Educated	30	190.63	8.80		
1.	ó years	Illiterate vs.	40	141.85	10.24	78 68	5.34*
		Primary Educated	40	155.10	11.89		
2.		Illiterate vs.	40	141.85	10.24		9.43*
		Secondary Educated	30	173.07	17.32		
3.		Illiterate vs.	40	141.85	10.24	68	18.03*
		Higher Educ ated	30	185.03	9.47		
4.	37 to 46	Primary Educated vs.	40	155.10	11.89	68	5.15*
		Secondary Educated	30	173.07	17.32		
5.		Primary Educated vs.	40	155.10	11.89	68	11.35*
		Higher Education	30	185.03	9.47		
6.		Secondary Educated vs.	30	173.07	17.32	58	3.32*
		Higher Educated	30	185.03	9.47		

Table 2: Mean, standard deviation and differences in attitude towards family planning programme of different literacy status among same age groups of Scheduled Tribe women

Higher Educated
 Significant at 0.01 level

\mathcal{N} Sikdar and Ghosh

attitudes are positive. The trend of the mean scores indicates that the literacy status is positively related to attitude i.e. higher the mean scores, higher is the literacy status.

It is also clear from the Table 2 that all the differences in attitudes among different literacy status groups were highly significant at 0.01 level. So, it can be said that the attitude towards family planning programme of different literacy status groups of scheduled Tribe women among different age groups are significantly different due to influence of their literacy status. Hence, the Null hypothesis $^{O}H_{2}$, is rejected and working hypothesis H_{2} is retained.

It is evident from the data increasing trends of the mean scores from illiterate to higher educated women irrespective of their age groups existed. Among them, all the groups of people are knowledgeable except illiterate people of all age groups.

Bhatia (1976) and Reddy (1976) found that education is the process of bringing in desirable changes in human behaviour, knowledge, attitude and skills. Jennings (1997) conducted a study and found that the institute for Reproductive Health (IRH) since its inception in 1985 has focused upon Natural Family Planning (NFP). The IRH seen NFP as way of empowering women and couples to understand their fertility, positive attitudes towards the concept of family planning. Fertility awareness information should be part of basic client education offered by reproductive health and family planning providers. Our finding proves that only the literacy status has an impact on attitudes towards family planning programme in this particular case and age dose not play any role among Scheduled Tribe women although they are very superstitious in their mind.

It is evident from Table-3 the mean scores of illiterate (17-26) years and (27-36) years age groups were lower than the neutral point (40 x 3 = 120) and mean scores of all other combinations were higher than the neutral point (Table 3). So, it can be concluded that the methods about family planning is high among different literacy status group of different age groups except illiterate (17-26) years and (27-36) years age group of Scheduled Tribe women.

Table-3 also indicates that the calculated 't' value of all combinations were significant at 0.01 level and exception was in the secondary and higher educated combination of (37-46) yeas age group. So, it can be said that literacy status has significant influence on methods about family planning programme. Therefore, the Null hypothesis $^{O}H_{3}$ is rejected and the working hypothesis H_{3} is retained.

Rajasekar *et al.* (1999) were conducted a study to estimate knowledge about oral contraceptives users within family planning clinics in Scotland. They concluded that an improvement in user knowledge is required to achieve effective and reliable use of oral contraceptives. Joshi in 1996 examines the impact of modernization on three tribal settlements of Bhills in Southern Rajasthan in India. It is hypothesized and affirmed that higher socio-economic development was related to lower fertility and greater use of family planning methods. Mutharayappa (1995) also showed in his study that higher levels of literacy higher will be the acceptance of family planning programme. On the whole, above finding proves that only the literacy status has an impact on knowledge about methods relating to family planning programme and age does not play any role in acceptation of various contraceptive method.

Serial No.	Age	Difference between	Sample No.	Mean	S.D.	df	't' value
1.		Illiterate vs.	40	117.60	10.75	78	6.20*
		Primary Educated	40	134.18	13.04	70	
2.		Illiterate vs.	40	117.60	10.75	68	10.99*
2	s	Secondary Educated Illiterate vs.	30 40	151.33 117.60	14.94 10.75	68 68	16.48*
3.	years	Higher Educated	40 30	161.57	10.75		
4.		Primary Educated vs.	40	134.18	13.04		
	26	Secondary Educated	30	151.33	14.94		5.12*
5.	to	Primary Educated vs.	40	134.18	13.04	60	0.1.01
	17	Higher Educated	30	161.57	11.43	68	9.16*
6.	-	Secondary Educated vs.	30	151.33	14.94	58	2.98*
		Higher Educated	30	161.57	11.43	50	2.90
1.		Illiterate vs.	40	117.83	9.60	78	9.91*
2		Primary Educated Illiterate vs.	40 40	137.55	8.15		
2.		Secondary Educated	40 30	117.83 151.13	9.60 12.48	68	12.63*
3.	ø	Illiterate vs.	40	117.83	9.60		23.52*
5.	years	Higher Educated	30	166.33	6.87	68	
4.	27 to 36 y	Primary Educated vs.	40	137.55	8.15	68	5.50*
		Secondary Educated	30	151.13	12.48		
5.		Primary Educated vs.	40	137.55	8.15	68	15.62*
		Higher Educated	30	166.33	6.87		
6.		Secondary Educated vs.	30	151.13	12.48	58	5.84*
		Higher Educated	30	166.33	6.87		
1.	years	Illiterate vs.	40	126.75	11.04	78 68	3.56*
		Primary Educated	40	135.98	12.10		
2.		Illiterate vs.	40	126.75	11.04		9.51*
		Secondary Educated	30	155.67	14.40		
3.		Illiterate vs.	40	126.75	11.04	68	15.07*
		Higher Educated	30	161.00	6.61		
4.	37 to 46 y	Primary Educated vs.	40	135.98	12.10	68	6.21*
		Secondary Educated	30	155.67	14.40		
5.		Primary Educated vs.	40	135.98	12.10	68	10.23*
		Higher Education	30	161.00	6.61		
6.		Secondary Educated vs.	30	155.67	14.40	58	1.84**
		Higher Educated	30	161.00	6.61		1.84**

Table 3: Mean, standard deviation and differences in methods about family planning programme of different literacy status among same age groups of Scheduled Tribe women

* Significa

1 level; ** Insignificant at 0.01 level.

Conclusion

From the finding of the present work it is evident that till now the objective of good population policy and health and family welfare programme prevailed in the area of family planning has not been attained upto the mark.Certain improvement has been found for general caste in regard to literacy status and birth control, but in case of scheduled tribes the situation is very grave. In their case, scores of knowledge attitude and methods about family planning programme are poor than other castes. This is corporate by observations of some Education Commission's Report on family planning which gives an comprensive description of the education and family planning scenario in West Bengal. It is observed that the literacy rate and acceptance of family planning are very lower than national rate in the study area. Economically backward Scheduled tribes parents used to produce more children not only because their ignorancy, but because they need them for the source of income in their family. Among the Scheduled tribes of Sandeshkhali block, the researchers has also found out this affected scenario.

Suggestions for Remedial Measures

Keeping the above view points, the researcher presents the following suggestions for due consideration :

- Establishment of close relationship between educated or literate section of the community and illiterate masses through various well planned programmes. This may help in generating awareness among the illiterate people about the necessity of literacy or education and will create interest about knowledge and positive attitude. It will also be helpful for them to restoration of normal healthy mental condition and positive approaches to accept various methods of family planning programme.
- ii) Maximum attention should be paid to women's literacy, employment etc. because they are the backbone of our society. All facilities should be given to women for restrict their family size.
- iii) Improvement of economic condition of Schedule Tribes population through increase in literacy rate and general awareness, attitude and healthy mental condition which will ultimately help in the control of birth rate.
- iv) A job oriented educational scheme must be introduced for the upliftment of economic standard of the Schedule Tribes and specially for Sundarban area.
- v) Identification of real causes of high birth rate among the section of Schedule Tribes people and this should be minimized.
- vi) Utilization of all possible opportunities or facilities should be used to create more interest about knowledge, positive attitude and healthy mental condition and more chances of acceptation of various methods of family planning programme by the Schedule Tribes.
- vii) Considering various superstition among tribal community about acceptation of different methods of family planning, Government should provide proper suggestion and guidance through health personnel and various material relating family planning methods.
- viii) Education is positively related with the various development of the society. So, population education and different issues of health education must be included in the present school curriculum.

A few suggestions are given above the improvement of literacy as well as family planning programme in general. We have a long way to reach our target. Therefore, we have no hesitation to interpret that education in any form even basic and health education or population education through any agencies is an effective

Economic Affairs Empowerment of Tribal Women Through Family Planning Programme – A Microstudy of N

weapon for creation or improvement of knowledge, attitude, methods and mental health towards family planning programme among Schedule Tribe people. United effort of all encies viz., government and non-government agencies, panchayet, educated community, educational institution and mass-media is very essential for this purpose.

References

Bhatia, R.A. 1976. Elements of social psychology, Somaya Publications Pvt. Ltd., Bombay, pp.91-130.

- Elliot, N., Crump, J., McGuire, A., Bagshaw, S. and Chambers, S. 1999. Knowledge, attitudes and behaviours towards HIV infection among family planning attendees: Changes between 1991 and 1997, Montreal Central, Family Planning Association of New Zealand, *New Zealand Medical Journal* 113 (10):121-123.
- Ghosh, S. 2002. An investigation into the impact of literacy status on family planning programmes of tribal people of Sundarban areas, *Unpublished thesis*, University of Kalyani, West Bengal.
- Jennings, V.H. 1997. LAM as a natural method of family planning : Future emphasis for the Institute for Reproductive Health and MCH, In : *Bellagio and Beyond : Breast feeding and LAM in reproductive health*, Conference Summary (Kristin, A. and Sheerin, R.N. eds.), IRH, Washington, D.C., May : 13-18, pp.1-2.
- Joshi, D.R. 1996. Development and tribal fertility, Shiva Publishers & Distributors, Udaipur, India, pp.1-135.
- Karthikavelu, K., Gunasingh, A. and Danabalan, M. 1995. Awerness of different contraceptives methods among current family planning acceptors in urban Pondichery, *Health and Population Perspectives and Issues* 18(3):149-156.
- Khan, M.E. and Patel, B. C. 1997. Male involvement in familt planning: A KABP study of Agra district- India final report, Asia and North East Operations Research and Technical Assistance Project, Population Council, Jun.: (vii), 1-27.
- Mondal, J..and Gupta, S. 1994. Effect of education, lactation and sex-marital status on attitude towards Indian women, Journal of Indian Academy of Applied Psychology **20**(2): 171-174.
- Mutharayappa, R. 1995. A study of acceptors and non-acceptors of family planning methods among three tribal communities, *Man in India* **75**(1): 11-24.
- Rajasekar, D., Bigrigg, A. and Docherty, G. 1999. Nationwide audit of pill knowledge amongst family planning users in Scottland, Glassgow, Fur. *Jr. Contracept. Prod. Healthcare* **4**(2): 95-102.
- Rastogi, R. 1995. Provider's key role in family planning, Inovations 1: 12-20.
- Reddy, A. 1976. Extension education, Srilaxmi Press, Bapatla, pp.7-10.
- Sabti, J. C. 1996. Family planning tranning programme of the Indian Medical Association. Baleline survey of IMA members regarding knowledge, attiyude and delivery of FP services in UP, *Journal of Indian Medical Association* 94(6): 254-247.
- Saiyadain, M.S. 1994. Management of acceptors : An agenda for effective family planning, Vikalpa 19(2): 43-46.
- Statistical Handbook, West Bengal 2002. Bureau of Applied Economics and Statistics, Government of West Bengal, Kolkata.
- Tapan, N. 2000. Need for women empowerment, Rawat Publications, New Delhi.
- Tavakoli, R. and Rashidi-Jahan, H.2005. Knowledge of and attitudes towards family planning by male teachers in the Islamic Republic of Iran., *East Mediterr Health Journal* **9**(5-6):1019-1025.

Upadhyay, P. and Sikdar, D.P. 2007. Girls' Education : Gaps and possibilities, *Perspective in Education* **23**(1): 34-42. Williams, S., McGee, R., Olaman, S. and Knight, R. 1997. Level of education-age of bearing children and mental health of

women, Social Science Medicine 45(6): 827-836.