ASSESS THE KNOWLEDGE AND PRACTICE OF REPRODUCTIVE AGED TRIBAL WOMEN ON FAMILY WELFARE METHODS

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Abstract

Objective: Family welfare program has met with only marginal success due to different levels of awareness and acceptance of methods of family planning in various socio-economic groups. Unmet needs of family planning are more in tribal population of the country. With this background the study was done to assess the knowledge and practice of family welfare methods among tribal women and to associate the knowledge of family welfare methods with the selected demographic variables.

Methods: A community based descriptive cross-sectional study was done. Reproductive aged women of 15-45 y were selected by convenient sampling method in the tribal area of Jawadhu hills.

Results: Among 200 women, 188 (94%) of them had inadequate knowledge, 12(6%) had moderate and none of them had adequate knowledge and practice of family welfare methods. There was no significant association between the knowledge and practice of the family welfare methods and the selected demographic variables such as age, educational status and education of her husband, religion, occupation, income, number of living children as well as source of family welfare information.

Conclusion: Use of contraceptive methods among tribal population is influenced by various factors. Health care provider should find the unmet needs of the individual tribal women before motivating them to adopt any suitable family planning methods to reduce the maternal complications.

Keywords: Knowledge, Practice, Reproductive aged women, Tribal, Family Welfare Methods
with the objectives of assess the knowledge of family welfare methods among tribal women, determine the practice of family welfare methods among tribal women and associate the knowledge of family welfare methods with the selected demographic variables.

MATERIALS AND METHODS

Research design

In observational research, descriptive design with one group method was chosen to assess the knowledge and practice of reproductive aged women on family welfare method. The setting of this study was at Jawadhu hill that was near from Vellore district of Tamilnadu. The villages were namely Pechamantai, Ettipatti, puliyamarathur, chengadu and palampattu. The Institutional Human Ethical Clearance (IHEC) was obtained from Saveetha University before initiating the study. The population was the reproductive aged tribal women. After providing information with clear explanation, the informed consent is obtained from all the reproductive aged tribal women residing at hilly regions of in Jawadhu hills, were selected as the sample for this study.

Sampling method

The sample size for this study was 200. Convenient sampling technique was used for the study. The inclusion criteria were tribal women in the age group of 18 to 45 y that means in reproductive age and Married and eligible couple women.

Instrumentation

The tool used in the study included demographic variables of age in year, educational status of tribal women, educational status of her husband, religion, occupation, family income, age at marriage, number of living children, sources of health information and structured interview questionnaire method to assess the knowledge and practice of family welfare methods among reproductive aged tribal women. The score interpretation for assessing knowledge was<50 %-inadequate knowledge, 50%-75%-moderate knowledge and>75 %-adequate knowledge; for assessing practice, <50 %-poor practice, 50%-75%-satisfactory practice and>75 %-good practice. The purpose of the study was explained to the women samples and their consent was obtained. Data was collected using structured Interview method. The main study was conducted in July 2016. The descriptive and inferential statistics were used for data analysis.

RESULTS

The collected data was analyzed and tabulated for the purpose of interpreting the results.

Demographic variables of tribal women

The frequency and percentage distribution of socio demographic variables of tribal women was shown in table 1. Out of 200 tribal women majority 106(53%) were in the age group of 31-40 y. Most of the women 170(85%) were not having formal and basic education. Tribal women's husband also 182(91%) were non -literate. Considering their religion all were Hindus. Most of the tribal women 160(80%) were coolie workers and very few of them were housewives. Majority of them 196(98%) were earning less than Rs.3000 per month. This was showing that the people were living at their poverty line in tribal.

Regarding their age at marriage, almost 176(88%) women got married at their age of below 20 y. Among tribal women 96(48%) were having three children and 60(30%) were having more than three children.

Table 1: Frequency and percentage distribution of demographic variables of reproductive aged tribal women (n=200)

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Demographic variables</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age</td>
<td></td>
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</tbody>
</table>
|       | 15-20                                       | 8  | 04%
|       | 21-30                                       | 36 | 18%
|       | 31-40                                       | 106| 53%
|       | 41-45                                       | 50 | 25%
| 2.    | Educational status of tribal women          |    |    |
|       | Non literate                                | 170| 85%
|       | Primary                                     | 30 | 15%
|       | High school                                 | 0  | 00%
|       | Higher secondary                            | 0  | 00%
| 3.    | Educational status of her husband           |    |    |
|       | Non literate                                | 182| 91%
|       | Primary                                     | 10 | 05%
|       | High school                                 | 8  | 04%
|       | Higher secondary                            | 0  | 00%
| 4.    | Religion                                    |    |    |
|       | Hindu                                       | 200| 100%
|       | Christian                                   | 0  | 00%
|       | Muslim                                      | 0  | 00%
|       | Others                                      | 0  | 00%
| 5.    | Occupation                                  |    |    |
|       | House wife                                  | 24 | 12%
|       | Coolie                                      | 160| 80%
|       | Self employed                               | 16 | 08%
|       | Private employee                            | 0  | 00%
| 6.    | Family Income In Rupees/Month               |    |    |
|       | <3000                                       | 196| 98%
|       | 3000-5000                                   | 4  | 02%
|       | 5001-10,000                                 | 0  | 00%
|       | More than 10,000                            | 0  | 00%
| 7.    | Age at marriage                             |    |    |
|       | <20                                         | 176| 88%
|       | 20-25                                       | 24 | 12%
|       | 26-30                                       | 0  | 00%
|       | >30                                         | 0  | 00%
| 8.    | Number of living children                   |    |    |
|       | One                                         | 2  | 01%
|       | Two                                         | 42 | 21%
|       | Three                                       | 96 | 48%
|       | More than three                             | 60 | 30%

F-Frequency; %-Percentage; n=200
Knowledge level of family welfare methods

The frequency and percentage distribution of knowledge level of family welfare methods of tribal women were shown in table 2. Out of 200 women, very few women (6%) had moderate knowledge regarding family welfare methods that too regarding traditional methods like herbs and permanent sterilization methods only. They not even aware of remaining temporary methods like oral pills and intra uterine devices and condoms.

Practice of family welfare methods

The frequency and percentage distribution of practice of family welfare methods of tribal women were shown in fig. 1. Out of 200 women, very few women (6%) had satisfactory level of practice regarding family welfare methods. In that few of the women were undergone permanent sterilization method and few were using herbs as a practice [7, 8].

Majority (94%) of the women were having poor or unsatisfactory practice level regarding family welfare methods.

Fig. 1: Frequency distribution of level of the practice regarding the family welfare method

<table>
<thead>
<tr>
<th>Knowledge regarding the family welfare method</th>
<th>Inadequate knowledge</th>
<th>Moderate knowledge</th>
<th>Adequate knowledge</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>188</td>
<td>94%</td>
<td>12</td>
<td>6%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 2: Frequency distribution of level of the knowledge regarding the family welfare method

SD-Standard Deviation; Mean-Average knowledge level of family welfare methods; (n=200)

Practice of family welfare methods

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Majority (94%) of the women were having poor or unsatisfactory practice level regarding family welfare methods.

The women living at Jawadhu Hills were not having the acceptance of using any type of family welfare methods. They were ignorant about the importance of family welfare methods and the schemes of Government and benefits too.

The association between the knowledge of family welfare methods with the selected demographic variables showing that there was non-significant association between the knowledge regarding the family welfare methods and age, educational status, educational status of her husband, religion, occupation, income, number of living children, source of family welfare information among the demographic variables.

DISCUSSION

In this current study the distribution of knowledge on family welfare methods were showing that, none of the women were having adequate knowledge, 6% of women were having moderate knowledge and (94%) were having inadequate knowledge. This was supported by the study on Family Planning Knowledge, Attitude and Practice among married couples in Jimma zone, Ethiopia was conducted by Tizita Tilahun, et al. (2013). In that study 854 married couples were participated and they were selected by multi-stage sampling design. Semi-structured questionnaire was used to collect the data. The analysis showed that the pills and injectable contraceptives were commonly known by both sexes, while long-term contraceptive methods were better known by women, and traditional methods as well as emergency contraception by men [9].

Another study was carried out by Sumana Basu, Anoop Kumar Kapoor and Salil Kumar Basu (2004) among two different tribal population groups namely Santal and Lodhas from West Bengal to determine their knowledge and attitude of family planning practice. Knowledge about contraceptive method was found to be universal among both Santal and Lodhas tribes. Because of low education level and unemployment the respondents did not give spontaneous response and they had poor attitude towards family welfare method [10].

The present study is showing the percentage distribution of practice on family welfare methods among tribal women, in that none of the women were not practicing any kind of temporary family welfare methods, only few (6%) of women were undergone female sterilization methods.

Similar study was conducted by Donati Serena, et al. (2010), a survey on attitude on practice of family planning in Kakching, Manipur and reported that attitude of the female towards family planning methods was positive. But very few husbands (35%) showed the positive attitude towards family planning. Among all 90% of females were in need of more information regarding family planning methods. And also 83% were in favour of sex education in school [11].

Chopra Seema and Dhaliwal Lakhbir (2009) had conducted a study on knowledge, attitude and practice of contraception in urban population of north India and reported that 55.2% study subjects were aware of contraceptive methods and majority of women had favorable attitude towards family planning. But considering the awareness of long-acting new methods was still not up to the expected level [12].

A study conducted by Rajesh Bannet et al. (2015) showed that people admitted in Tribhuvan University Teaching Hospital currently using temporary family planning methods were found to be 31.2%. Among them 19 (24.7%) were non-oral user and 4 (6.5%) were oral users [13].

A study on knowledge, attitude and practice on Family Planning had done by Mao John (2007) at Tezu village of Manipur among 263 women which revealed a good knowledge and favorable attitude towards family planning. Tubectomy was more popular among most of women (60%). Awareness to spacing method was only 20% which increased 76% after educating them [14].

There was no significant association between the knowledge regarding the family welfare methods and the selected demographic variables in the present study. But the study was conducted by Kisok Kim and Hyejin Priya (2016) on demographic factors associated with oral contraceptive use in Korean women. The resulted that the prevalence of oral contraceptive (OC) use ranged from 14.8% to 16.0%. Longer duration of OC use was positively associated with age and with increased cigarette smoking and decreased education. However, the use of OCs was not associated with body mass index, household income, alcohol drinking, or regular exercise [15].

Limitation

Few women felt shy to answer the questions during the data collection due to sensitive subjects.

CONCLUSION

The living standard of Jawadhu hill tribal people was poor. Health care facilities were also unavailable and not at their reachable.
Majority of the people were having minimum three children or more than 3 children. And people were living at their poverty line and poor living standards. Hence, the family welfare among tribal group should be focused and there is a need to promote awareness about spacing and permanent methods in order to promote healthy life in India to reach millennium development goal.

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CONFLICT OF INTERESTS

Declared none

REFERENCES


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