

Attitude Towards Family Planning Among Chenchu Tribes Athmakur (M), Kurnool (D), Ap.

¹*Harinder. M, ²Ayesha

Abstract:

*The tribal population in India is 1210.8 million according to the 2011 census. The health practices of the tribes are still old practices they are not ready for modern practices even though they can avail the facility of the primary health care centres and the community health care centres. The family is a social institution that performs several functions for the development of individuals and society. Family as institution responsible for socialization, reproduction, economic function, and social status. Family planning is important for improving the reproductive health and well-being of tribal women in India. Some of the reasons for this are low education, phobia of adverse health consequences, lack of accessibility and knowledge of contraception¹. Family planning can help tribal women to have the desired number and spacing of children, prevent unwanted pregnancies and abortions, and reduce maternal and child mortality. Objectives for the study is to understand the socio economic conditions, to assess the awareness on family planning and attitude of Chenchu tribes at Athmakur Mandal, Kurnool, Andhra Pradesh. According to the primary data, the universal population of the Chenchu tribes in the said area is a total of 85 and the researcher was able to reach and collect data from 70 respondents. The Chenchu tribes are a **Dravidian tribe** that live in the **Nallamala forest** of Andhra Pradesh and Telangana. Despite the government's initiatives, there is still lack of awareness, cultural barriers have direct impact on the attitude of the Chenchu tribes towards family planning. These barriers may include limited choice of methods, limited access to services, fear or experience of side-effects, cultural or religious opposition, poor quality of available services, users' and providers' bias against some methods, and gender-based barriers to accessing services⁶. Therefore, it is important to understand the factors that influence the Chenchu tribes' decision-making process regarding family planning and address their specific needs and preferences.*

Key words: Tribal, Family Planning, Attitude towards Family planning

Introduction:

The family is a **social institution** that consists of a group of people who are related by blood, marriage, adoption, or other bonds. It teaches **values, morals, and life skills**. Family members can model and transmit their beliefs, norms, and behaviors to each other. the **quality of life** and **opportunities** for families and individuals. Family planning can help couples and individuals achieve their desired number and spacing of children, which can affect their education, work, income, and recreation.

Family planning is important to be healthy and to give a better health to the next generation. The initiatives taken by the Government in implementing the Family Planning Programme have significant impact on the country as a whole. India was the first country in the world to establish a government family planning program way back in 1952.

The Ministry of family and health welfare is the government unit responsible for formulating and executing family planning related programs in India. Family planning is not confined to only birth control or contraception. It is important as whole for the improvement of the family's economic condition and for better health of the mother and her children. First of all, family planning highlights the importance of spacing births, at least 2 years apart from one another. According to medical science, giving birth within a gap of more than 5 years or less than 2 years has a seriously affect the health of both the mother and the child. The rural health mission or population control mission mainly aims for promoting population stabilisation programmes focusing on high fertility states through strengthening primary health care. The national rural health mission wants to cover the entire country by focusing specially on 17 states which are high fertility states for comprehensive integrated primary healthcare services. This proposal is under the consideration of the government. This concept is mainly done for the improved access to quality family planning services. Giving birth involves costs and with an increase in the number of children in a family, more medical costs of pregnancy and birth are involved, along with incurring high costs of bringing up and rearing the children.

The Chenchus are Adivasi, a designated Scheduled Tribe in then Andhra Pradesh and some districts of Telangana. They are an aboriginal tribe whose traditional way of life has been based on hunting and gathering. Their tradition is to have children in more number in family to improve their family size. They are inveterate forest dwellers, who have, over centuries, steadfastly refused to move out of their woods regardless of the perils of such life. If patriotism be defined as love for the land, Chenchus are patriots in true spirit. The non-resident war cries on social media over imagined boundaries

¹*Asst professor, Roda Mistry College of Social Work & Research Centre, Hyderabad, Telangana

²Asst professor, Sree Vignan Degree & PG college, Hyderabad, Telangana

are no match for their raw affinity to forests where they live without basic facilities. As the chechu tribes live in a poor housing condition and they still practice old health practices they are not aware of the concept of the family planning. The chenchu tribes still have the concept of open defecation which is not a hygienic practice and unhealthy. The chenchu tribes are illiterate and they don't have any kind of awareness about family planning. In spite of many contraceptive methods like oral contraceptive pills, emergency contraceptive pills, condoms, vasectomy etc. The chenchu tribes are not aware about the concept of family planning or they ignore the contraceptive methods which is against their tradition. Nationwide, the small family norm is widely accepted (the wanted fertility rate for India as a whole is 1.9: NFHS-3) and the general awareness of contraception is almost universal (98% among women and 98.6% among men: NFHS-3).

Both NFHS and DLHS surveys showed that contraceptive use is generally rising. Contraceptive use among married women (aged 15-49 years) was 56.3% in NFHS-3 (an increase of 8.1 percentage points from NFHS-2) while corresponding increase between DLHS-2 & 3 is relatively lesser (from 52.5% to 54.0%) As per the estimate provided by Track20, contraceptive prevalence rate by modern method among married women is 52.1 percent in India during the year 2016.

Review of Literature:

Mr. C.M. Niranjan (2014) on determinants of family planning acceptance and changing social norms among the tribes of Tamil Nadu and the findings were the determinants of family planning acceptance with changing social norms. The perceived need for development in remote tribal areas drives most decisions regarding family welfare.

The policy making of the family welfare department need to take the consideration and reorient the behaviour change communication campaign to a more rights based approach, the family planning welfare programs of the future should be empowering the community.

Mr. D.C. JAIN (1997) on Family Planning Use and its Determinants among Gond Tribe of Madhya Pradesh Contraceptive prevalence was observed in the study population, the effectiveness may not be of that order since most of the couples had adopted sterilization at older age i.e. after woman age 30 years.

The comparative higher acceptance of sterilization in tribes may be due to monetary incentive provided by Government to sterilization acceptors. But over all there is an urgent need to spread the knowledge of contraception, particularly temporary methods in tribal areas.

Mr. Rajan Kumar (2014) on Use of Contraceptives and Unmet Need for Family Planning among Tribal Women in India. According to the study the contraceptive usage and unmet need remain substantially high among tribal women. There is a very high difference in contraceptive usage among tribal and non-tribal currently-married women was observed.

If the goal is to create a demand for adoption of family planning and services, a check in the potential future unmet category is needed. A simultaneous attention to the health systems strengthening component is crucial for ensuring sustained delivery of good-quality services. Development of the family planning strategy is an important milestone and should be followed up with implementation, resource allocation, and equity-based monitoring and evaluation.

Methodology:

The objectives of the study are

- ❖ To study the socio-economic conditions of Chenchu Tribes
- ❖ To understand the level of awareness on family planning among Chenchu tribes.
- ❖ To understand the attitude of Chenchu tribes on family planning

Area of the Study: The Chenchu tribes were living in the pockets of Nalamala forest of Andhra Pradesh region. These tribes were relocated to nearby villages under the Tiger Reserve Forest project. These tribes used to practice hunting and gathering as their profession, some employed with tourism department. The study was conducted among the Chenchu tribes of 5 mostly populated villages of Atmakur Mandal, Kurnool.

Sampling Method

The universe of the study was 85 and sample size of the study is 70 as recommended by. Krejcie and Morgan determining sample size scale. The researcher used probability sampling and selected simple random sampling method for data collection.

Tool for Data Collection:

Structured Interview schedule was prepared using 1. Socio economic scale, authored by G.R. Shirpurkar. Social participation scale authored by S.N. Choudhari and S.N. Singh and Attitude towards family planning scale authored by P.K. Dhillon, H.C. Ganguli and C.K. Basu. The schedule was pre tested and checked its reliability and time involved for data collection.

Gender * Level of Attitude

Gender	Level of Attitude			Total
	Low	Medium	High	
Male	18	13	16	47
	90.0%	65.0%	53.3%	67.1%
Female	2	7	14	23
	10.0%	35.0%	46.7%	32.9%
Total	20	20	30	70
	100.0%	100.0%	100.0%	100.0%

DF – 2 Chi-Square - 0.025

Level of Attitude scale was computed into Low, Medium and High range. Two variables were Gender and Level of Attitude to know its significance. The inference of the above table shows that Male respondents have Low level of Attitude towards Family Planning and Women respondents have High Level of Attitude towards Family Planning. The Chi-Square value of two variables Gender and Level of Attitude is 0.025 with difference (DF) 2. It shows gender and Level of attitude variables have significance.

EDUCATION QUALIFICATION * LEVEL OF ATTITUDE

Education Qualification	Level of Attitude			Total
	Low	Medium	High	
Illiterate	13	12	18	43
	65.0%	60.0%	60.0%	61.4%
Primary	6	5	6	17
	30.0%	25.0%	20.0%	24.3%
Secondary	1	3	6	10
	5.0%	15.0%	20.0%	14.3%
Total	20	20	30	70
	100.0%	100.0%	100.0%	100.0%

DF – 4 Chi-square - 0.652

Level of Attitude scale was computed into Low, Medium and High range. Two variables were Education Qualification and Level of Attitude to know its significance. The inference of the above table shows that illiterate respondents have High level of Attitude towards Family Planning and respondents who have studied the secondary standard of education have High Level of Attitude towards Family Planning. The Chi-Square value of two variables Education Qualification and Level of Attitude is 0.652 with difference (DF) 4, which is more than 0.05. It shows that gender and Level of attitude variables have no significance.

OCCUPATION * LEVEL OF ATTITUDE

Occupation	Level of Attitude			Total
	Low	Medium	High	
Agriculture	12	14	18	44
	60.0%	70.0%	60.0%	62.9%
Hunting	2	0	0	2
	10.0%	0.0%	0.0%	2.9%
MNREGS	6	5	8	19
	30.0%	25.0%	26.7%	27.1%
Fishing	0	1	4	5
	0.0%	5.0%	13.3%	7.1%
Total	20	20	30	70
	100.0%	100.0%	100.0%	100.0%

DF – 6 Chi-Square - 0.204

Level of Attitude scale was computed into Low, Medium and High range. Two variables were Occupation and Level of Attitude to know its significance. The inference of the above table shows that the respondents whose occupation is agriculture have High level of Attitude towards Family Planning and the respondents whose occupation is hunting have Low Level of Attitude towards Family Planning, the respondents whose occupation is MNREGS have High level of Attitude towards Family Planning and the respondents whose occupation is fishing have a high level of Attitude towards Family Planning. The Chi-Square value of two variables Gender and Level of Attitude is 0.204 with difference (DF) 6. It shows occupation and Level of attitude variables have no significance.

AGE * LEVEL OF ATTITUDE

Age	Level of Attitude			Total
	Low	Medium	High	
Young Age (below 21yrs.)	4	4	9	17
	20.0%	20.0%	30.0%	24.3%
Middle Age (22yrs to 30 yrs.)	7	7	10	24
	35.0%	35.0%	33.3%	34.3%
Old Age (31yrs.)	9	9	11	29
	45.0%	45.0%	36.7%	41.4%
Total	20	20	30	70
	100.0%	100.0%	100.0%	100.0%

DF – 4 Chi-Square - 0.909

Level of Attitude scale was computed into Low, Medium and High range. Two variables were Age and Level of Attitude to know its significance. The inference of the above table shows that Young Age respondents have high level of Attitude towards Family Planning and middle age respondents have High Level of Attitude towards Family Planning. The old age respondents have High level of Attitude towards Family Planning. The Chi-Square value of two variables Gender and Level of Attitude is 0.909 with difference (DF) 4. It shows Age and Level of attitude variables have no significance.

INCOME * LEVEL OF ATTITUDE

Income	Level of Attitude			Total
	Low	Medium	High	
Medium Income	13	19	23	55
	65.0%	95.0%	76.7%	78.6%
High Income	7	1	7	15
	35.0%	5.0%	23.3%	21.4%
Total	20	20	30	70
	100.0%	100.0%	100.0%	100.0%

DF – 2 Chi-Square – 0.65

Level of Attitude scale was computed into Low, Medium and High range. Two variables were Income and Level of Attitude to know its significance. The inference of the above table shows that Medium income respondents have High level of Attitude towards Family Planning and High income respondents have High Level of Attitude towards Family Planning. The Chi-Square value of two variables Gender and Level of Attitude is 0.65 with difference (DF) 2. It shows income and Level of attitude variables have no significance.

Results:

The Chenchu tribes live in a poor living condition they live in huts they mainly depend on forest products. In spite of having their own culture they don't like to practice the family planning concept. The Chenchu hardly get employment they live in the forest and they don't want to move from the forest because they are so attached to the forest. Due to certain phenomenon's they have to resettle in different areas or migrate to different places.

In spite of enrolment in the self-help groups the chenchu tribe women don't have awareness about the family planning concept. The maximum number of the women are in the self help groups from the villages in which the data collection is being done, in spite of their social participation in the self help groups they are not aware of the concept of the family planning.

The chenchu tribes don't have awareness on the family planning program because they are isolated and they live in a forest from modern culture. They also don't want to follow any kind of family planning concept which is against their cultural habitat. The chenchu tribes live isolated in the forests depending on the forest products for the livelihood and due to the lack of awareness they do not know about the concept of family planning introduced by the government of India. The chenchu tribes were always against the family planning concept they always want to have more children irrespective to their socio economic status. The chenchu tribes felt offended while asked about the family planning concept that shows they don't have interest in talking about family planning.

Conclusion:

The Chenchu tribes have a **low level of literacy** and **awareness** about the benefits and methods of family planning. They don't have access to reliable sources of information or health services that can provide them with counselling and contraception. They have a **traditional way of life** that is based on hunting and gathering and does not depend on cultivating land. They may not feel the need to limit their family size or space their children as they do not face resource

scarcity or land pressure because they have a **strong kinship network** that provides them with social and economic support. They may value having many children as a source of strength, security, and prestige in their community. Hence, there is a need for a social worker counselling which will provide the information and can show the benefits of having limited children. At the same time, the cultural heads need to be focused and make them understand the importance of the children education, economy which will directly contribute on social development.

BIBLIOGRAPHY:

- [1]. Jain, D. C. (1997). Family planning use and its determinants among Gond tribe of Madhya Pradesh: A Case Study of Gonds of Jabalpur district. In Proceeding of national symposium on tribal health (pp. 285-292).
- [2]. U. Prateek and G. Trivedi, socio economic status scales
- [3]. S.N.Choudhari and S.N. Singh, Social Participation Scale
- [4]. Yadav, N., & Patil, R. R. (2014). Determinants of family planning acceptance and changing social norms among the tribes of Tamil Nadu—A qualitative exploration. *Indian Journal of Community Health*, 26(4), 423-427.
- [5]. A. Kumar and K. M. Joshi, Family-Planning Methods among the Tribal Population in South Gujarat: A Case Study of Access and Usage, *Development in Practice*, Vol. 18, No. 2 (Apr., 2008)
- [6]. Prusty RK. Use of contraceptives and unmet need for family planning among tribal women in India and selected hilly states. *J Health Popul Nutr*. 2014 Jun;32(2):342-55. PMID: 25076671; PMCID: PMC4216970.
- [7]. Dove M. R. (2006). Indigenous people and environmental politics. *Annu. Rev. Anthropology* 35, 191–208. doi: 10.1146/annurev.anthro.35.081705.123235
- [8]. Ivanov A. (2014). Chenchus of koornul district: Tradition and reality. *Eastern Anthropologist* 67, 3–4.
- [9]. Kapoor D. (2009). Adivasis (original dwellers) “in the way of” state-corporate development: Development dispossession and learning in social action for land and forests in India. *McGill J. Education/Revue Des. Sci. l'Education McGill* 44 (1), 55–78.
- [10]. Khandelwal V. (2005). Tiger conservation in India – project tiger. Research paper, (New Delhi: Center for Civil Society) India, pp. 1–60. doi: 10.2139/ssrn.773505
- [11]. Padel F., Das S. (2012). “Resettlement realities: The gulf between policy and practice,” in *Resettling displaced people (India: Routledge)*, 154–191.
- [12]. Menon, P.K.S. (2002). “Tribal Development - Policies, Plans and Programmes”, *Yojana*, Vol - 44, 4, April, Pp.35 -38.
- [13]. Mohan Rao, K, (1999), *Tribal Development in Andhra Pradesh – problems, performance and prospects*, Book Lines Corporation, Hyderabad, 1999.
- [14]. Ramaiah P. (1981), *Tribal Economy of India*, life and light publications, New Delhi, 1981