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Women empowerment on family planning among schedule caste women in selected rural communities, Sonitpur district, Assam

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Abstract

Background: Around the world, women play a vital role in providing for families, sustaining communities and managing natural resources. Yet, many of them lack the means to improve lives and shape the planet's future. Empowering women through better education, economic opportunity and healthcare – including family planning – is pivotal to world progress, with far-reaching benefits for families, communities and the planet. In the 1990s, the integration of women's reproductive health and rights into the delivery of family planning services gained importance. A woman who can choose from easily accessible, widely available contraceptive methods to control when and how many children she has could be better poised to take on roles outside the domestic sphere. Having such control may also lead to less stringent gendered roles and norms within households.

Aim: The aim of the study was to assess women empowerment on family planning among schedule caste (SC) women in selected rural communities.

Objectives: 1. To assess the Women Empowerment of Schedule Caste Women on Family Planning 2. To determine the association between Women Empowerment and selected socio- demographic variables.

Methodology: A descriptive study was undertaken in rural communities among 500 SC women, selected by non-probability convenient sampling technique. The tool used for data collection was structured interview schedule that comprises of 15 demographic data and 15 items on women empowerment. The technique adopted for data collection was interview. Data gathered was analyzed by using descriptive and inferential statistics.

Results: The findings of assessment of women empowerment revealed that, majority (78 percent) respondents had medium empowerment, 16 percent respondents had high empowerment and 6 percent participants had low empowerment on family planning. Women empowerment of SC women was found significantly associated with majority of the selected demographic variables.

Conclusion: This study concluded that the SC women were moderately empowered on family planning. Also, there exists a significant association of women empowerment of schedule caste women on family planning with majority of the selected socio-demographic variables.

Keywords: Women empowerment, family planning, schedule caste, women, rural community

Introduction

Empowerment is defined as the “expansion of freedom of choice and action to shape one's life”. Kabeer (1999) defines women's empowerment as a “process by which those who have been defined the ability to make strategic life choices acquire such as ability”. Since the 1994 International Conference on Population and Development, Women's empowerment (or lack of it) relative to men's has been recognized as an important barrier to women's access to reproductive health services, including family planning. Women are lack of power restricts their ability to make decisions about Family planning practices, as well as to have an open discussion with their partners about Family planning.

Blanc (2001) suggested that the balance of power within sexual relationships had an influence on the use of health services, which in turn could be linked to reproductive health outcomes. A few studies have examined several dimensions of women's empowerment, including economic, decision making, family size, decision making, whether women need permission to go out, interpersonal coercive control, political and legal awareness, and women's participation in public protests and political campaigning. Riyami *et al.*, (2004) found some effects of women's involvement in decision making and freedom of movement on unmet need for contraception.

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In Egypt, Govindswamy and Malhotra (1996) found that women's freedom of movement, having at least some control in household matters and budget decisions, and family planning decision making were all positively related to current use of contraceptives.

Today most women around the globe want to have fewer children. This is evidenced by the dramatic decline in the average family size in many countries worldwide often a result of women's voluntary use of contraception. In 1960, the average Egyptian women had 6.6 children, while in 2008, she had only three. That same year, 60 percent of women used contraception, compared to 25 percent in 1970. Similarly in Colombia, the average women had 6.7 children in 1960, whereas in 2009, she had only 2.4. And while in 2005, 78 percent of Colombian women used contraception, only 21 percent did in 1970, according to UN Women's Indicators and Statistics Database.

Phumaphi J (Former Minister of Health, Botswana) viewed that "Universal access to reproductive health is just one of the ways we can build gender equality. Women must have the right to choose when and where to have children and have access to skilled care before, during and after child birth." Today, the global community has several key opportunities to change that trajectory, and to revitalize commitment to Women's Empowerment and access to family planning.

Need for the study

Issues around women's autonomy and empowerment were readdressed in the early second-wave feminist movement. Within the feminist-oriented women's health movement of the 1970s, empowerment autonomy and women's control over their own bodies were critical and reproductive control was again advocated to liberate and empower women. Firestone (1979) was a strong advocate of this position. She argues the only way to liberate and empower woman is to free her from the burden of reproduction through contraceptive technologies.

As per 2001 census of India, the scheduled Castes population is about 166,635,700 (16.2 percent) and 1.83 (in million) in Assam. Consequently, the access of women particularly those belonging to weaker sections including Scheduled Castes, Scheduled Tribes and other backward classes. Majority of who are in the rural areas and in the informal, unorganized sector – to education, health and productive resources, among others is inadequate. Therefore, they remain largely marginalized, poor and socially excluded.

In health section there is a holistic approach to women's health which includes both nutrition and health services will be adopted and special attention will be given to the needs of women and girls at all stages of the life cycle. The reduction of infant mortality and maternal mortality, which are sensitive indicators of human development, is a priority concerned. The policy reiterates the national demographic goals for IMR, MMR set out in the National Population policy 2000. Women should have access to comprehensive, affordable and quality health care.

In accordance with the commitment of the National Population Policy (2000) is to population stabilization, the policy recognizes the critical need of men and women to have access to safe, effective and affordable methods of Family Planning of their choice and the need to suitably

address the issues of early marriages and spacing of children. As in other parts of India, there are depressed classes in Assam which are socially and economically backward known as depressed class, who are renamed as scheduled caste [25] In Assam the prevalence of knowledge about Family Planning is quite low as compared to other states. Low level of literacy rate among the women of Assam i.e. 55 percent has a major influence on the use of contraceptive.

The investigator has a personal experience in the Scheduled Caste community. In this case, most of the women give birth to many children though they cannot provide proper food and specially education for their children. Ultimately this population has no productive works rather it becomes burden of society. Moreover these women who are mother of more children live with poor health. The women empowerment is one of the parts of RCH programme for a holistic approach to women's health, and it is also observed that most of the women are unable to raise voice for their rights especially in fertility aspect. Their lack of decision making power is due to their lack of education and poor economic condition.

Problem Statement

"A Study to assess the Women Empowerment on Family Planning among Schedule Caste Women in selected Rural communities, Sonitpur District, Assam".

Objectives

1. To assess the Women Empowerment of Schedule Caste Women on Family Planning
2. To determine the association between Women Empowerment and selected socio- demographic variables.

Operational Definitions

Women	:	Refers to married women and Women in the fertile age group of 18-45 years.
Schedule Caste	:	Refers to lower Socio-economic specified group and staying in particular selected villages.
Women Empowerment	:	Refers to the ability of Women to take responsibilities and have decision making power on Family Planning for better health and to overcome all obstacles.
Rural Community	:	Refers to the rural areas living by Scheduled Caste people.
Family Planning	:	Refers to easily accessible and affordable Family Planning Methods for Scheduled Caste Women.

Delimitations

The study is delimited to

1. Rural SC Women in 15 selected villages under two subdivisions of Sonitpur district in Assam.
2. Verbal responses obtained through structured interview schedule about selected factors.
3. Subjects from literate group.

Hypothesis

H₁: There is significant association between Women Empowerment and selected demographic variables

Methodology**Research Approach**

The research approach adopted for the study was a quantitative approach.

Research Design

The research design selected for the study was a cross sectional descriptive design.

Setting of the study

This Study was conducted into two Sub-divisions i.e., Gohpur and Biswanath which is located in Sonitpur district of Assam. The study was conducted in some selected villages inhabited by the people of a Scheduled Caste Community known as Schedule Caste (SC) Villages. Out of these villages 9 SC villages and 6 SC villages respectively from Gohpur and Biswanath Sub-divisions were randomly selected for the study.

Population of the Study: The studied population was all women of 18 years to 45 years, all subjects from the 15 Villages of two sub-divisions of Sonitpur district, Assam.

Sample: Sample consisted of Scheduled Caste women of 18 years to 45 years from the 15 Villages of two sub-divisions of Sonitpur district, Assam.

Sample size: Considering the time available for data collection and nature of the study, 500 SC women were included as study samples.

Sampling technique: 500 SC women of 18-45 years of age were selected by using non-probability convenient sampling technique.

Criteria for sample selection**Inclusion criteria**

- Women who are married
- Women who are in age group of 18-45 years
- Women who are only from Scheduled Caste community to participate in the study
- Participants are inhabiting in selected villages for the study
- Who can read and write
- Who are willing to participate in the study

Exclusion criteria

- Who are widow and beyond the age group prescribed.
- Women who are not in selected villages
- Who do not belong to Schedule Caste Community
- Participants who do not understand Assamese language

Description of the tool

Section I: Socio demographic data of the SC women.

Section II: This section consisted of 15 items to assess the women empowerment on family planning. It comprised of education of women, occupation, health, choices sex of foetus, right to select the contraceptives, advice to husband relating to contraceptive use, decision making power. Each correct response carried score of '1' and maximum possible score was '15'.

Variables of the study

Research variable: This include women empowerment of

SC women on family planning methods.

Socio-demographic variables: These include age, age at marriage, age of husband, duration of marriage, religion, education, number of children, type of family, size of family, occupation, occupation of husband, monthly income, age of last child and acceptance of family planning.

Data analysis and interpretation

Section I: Socio-demographic characteristics of the sample

- It was observed that majority of SC women 178 (35.60 percent) were from age group of 25-31 years followed by 167 (33.40 percent) were of 32-38 years, 98 (19.60 percent) were of 18-24 years and 57 (11.40 percent) belonged to the age group of 39-45 years.
- As per age of husband of respondents, maximum 168 (33.60 percent) were from age group of 36-40 years, 131(26.20 percent) belonged to 31-35 years, 65 (13 percent) belonged to 41-45 years, 62 (12.40 percent) belonged to 26-30 years, 47 (9.40 percent) were 46 years & above and 27 (5.40 percent) were found age group of 20-25 years.
- Majority respondents 142 (28.40 percent) had education level ME passed followed by primary passed 114 (22.80 percent) respondents. Because of socially backward class the educated women were very less, so 7 (1.40 percent) women were found graduate level and only 2 (0.40 percent) women were found from post Graduate educational level among respondents in the study.
- Regarding number of children of women, the majority of respondents 356 (71.20 percent) had 1-3 number of children followed by 100 (20 percent) had 4-6 number of children.
- Data on type of family, 272 (54.40 percent) respondents belonged to nuclear family, 210 respondents (42 percent) belonged to joint family and only 18 (3.60 percent) were found from extended family.
- Majority of the respondents 237 (47.40 percent) were found with 5-7 members in the family, 157 (31.40 percent) were with 2-4 members, 94 (18.80 percent) were with 8-10 members and 12 (2.40 percent) were with 11 and above members in respondent's family.
- As concerned occupation of women, maximum respondents 376 (75.20 percent) were found as housewives and 16 (3.20 percent) respondents were found with service, 61 (12.20 percent) from Self Help Group, 30 (6 percent) respondents were from self-employed group.
- Regarding occupation of husband, 154 (30.80 percent) were found with business, 106 (21.20 percent) were as labourer, 104 (20.80 percent) were found with their caste occupation, 47 (9.40 percent) were from cultivator, 32 (6.40 percent) of self-employed and 54 (10.80 percent) were found with service.
- With regards to income of family, 129 (25.80 percent) respondents belonged to Rs.3,001-5,000 income group, 126 (25.20 percent) respondents from Rs.5,001-7,000 income group, 73 (14.60 percent) belonged to Rs. 11001 and above income and below Rs.3000 income group found from 70 (14 percent) respondents.
- As family planning is concerned in this study group to know about age of last child was necessary. 142 (28.40 percent) respondents had their last child up to 2 years of

age, 136 (27.20 percent) respondents had their last child age of 2-4 years. 109 (21.80 percent) had found 7 years and above, 72 (14.40 percent) had their last child age of 2-4 years and 41 (8.20 percent) respondents were found with no child.

- As study subject matter of Family Planning, it is necessary to know about acceptance of family planning

among the study group. Out of 500 respondents, majority 370 (74 percent) respondents accepted family planning and 130 (26 percent) respondents had not accepted family planning.

Section II: women empowerment of Schedule Caste Women on Family Planning

Table 1: Frequency, Percentage, Minimum obtained Score; Maximum obtained Score, Mean, SD of Women Empowerment level & score category on Family Planning N = 500

Women empowerment level	Score category	Frequency	% of total N	Minimum score	Maximum Score	Mean	+ SD
Low	<6	30	6%	1	5	4.17	1.12
Medium	7-10	390	78%	6	10	7.95	1.12
High	>10	80	16%	11	15	12.45	1.34
Total		500	100%	1	15	8.44	2.28

Table:1 reveals that women empowerment, out of 500 respondents, 30 (6 percent) respondents had their score <6, mean score 4.17, +SD 1.12 which indicates low level of women empowerment regarding family planning followed by 390 (78 percent) respondents had score 7-10, mean score 7.95, +SD 1.12 which indicates medium level of women empowerment and 80 (16 percent) respondents had >10 score, mean score 12.45, +SD 1.34 which was a high level of women empowerment on family planning. Total mean score was 8.44 and standard deviation 2.28 found in women empowerment on family planning in this study.

Section III: Determination of the Association of women empowerment with selected Socio-demographic Variables

The computed Chi-square values (χ^2) for occupation of women 71.09 (p<0.001), occupation of husband χ^2 value 109.53 (p<0.001), income of the family per month χ^2 value 135.55 (p< 0.001) and acceptance of family planning χ^2 value was 45.60 (p< 0.001) strongly significant association with women empowerment at 0.05 level of significance. Also, other variables like age at marriage computed χ^2 value 26.62 (p<0.001), duration of marriage χ^2 value 27.10 (p<0.001), education χ^2 value 249.21 (p<0.001), number of children χ^2 value 51.00 (p<0.001) and size of the family χ^2 value 22.21 (p<0.001) strongly significant at the level of 0.05 significance. Hence, research hypothesis H₁ is accepted. However, the computed value of Chi-square (χ^2) for age 5.70, age of husband χ^2 =10.18, type of family 4.17, age of last child computed χ^2 values (12.60) are not significant at 0.05 level of significance. Here, Research hypothesis H₁ is rejected in this regards.

Otherwise majority of socio-demographic variables such as occupation of women, occupation of husband, income of the family per month and acceptance of family planning are highly significant at the 0.05 level of significance. Therefore, Research hypothesis H₁ is accepted.

No statistics were computed in case of two demographic variables such as religion and children from other partner, because these were found constant during data collection in this study.

Conclusion

It is concluded from this study that the SC women were moderately empowered on family planning. Also, there exists a significant association of women empowerment of schedule caste women on family planning with majority of the selected socio-demographic variables.

Recommendations

- A similar study may be replicated with a large sample.
- A study to determine acceptance of family planning method by husband and wife separately and reasons for not acceptance of family planning method among SC community.
- Comparative study between literate and illiterate group regarding Family Planning and women empowerment.
- Comparative study between rural and urban communities regarding Family Planning and women empowerment.
- Comparative study between schedule caste and other castes regarding women empowerment on family planning.
- To find out actual reproductive health services accessibility by people in rural communities.

The following recommendations are suggested:

- The emphasis must be placed on mass education about all people on raising the age of marriage, increase its level of activities and change the status of women, education for employment opportunities of rural women, and compulsory education for all children.
- At regular basis health camp is necessary in rural areas especially for interiors SC & ST villages for awareness of all kind of health matters along with family planning programs.
- All roads of villages and connecting roads from villages to health centers need to be made proper for good transportation without trouble in communication for health services.
- There is necessity to increase health centers and health workers to reach the health services especially family planning services to backward people in rural areas.
- Early marriages should be discouraged by government by providing young men and women with opportunities for higher education to generate income sources.

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