

Gender Inequality in Family Planning Practices among Tribes in Telangana - An Empirical Study

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Abstract: *The present study emphasises gender inequality among Banjara tribal women in Contemporary Telangana. Traditionally, women are marginalised, poorer and deprived than men. They face inequality in terms of their basic needs and rights. Against this backdrop, this study examined all study participants who were Hindu and belonged to Banjara ethnicity; 58.3% were illiterate; 58.4% were in the fertility age group; 91.7% followed the nuclear family system; and 58.3% had below - three family members. 75% of the respondents had pucca houses, and all of them were provided with toilets and electricity facilities. 66.7% of respondents work as farmers, and 33.3% earn more than \$40,000 annually. Only 16.6% of men were currently using contraceptives; another 83.4% never used any methods. Apprehension of side effects, spouse disapproval and inconvenience to use were reported as three common reasons for never using contraceptives. 87.5% of tribal families want male - preferred children, and 83.3% of women have undergone sterilisation. 83.3% of women were forced into family planning by either the head of the family or their husband. Overall, the unmet need for family planning was 50%, and the age of the women, socioeconomic status, and type of family were significant predictors.*

Keywords: Gender inequality, family planning, tribe and Telangana

1. Introduction

The United Nations SDG - 5 was developed mainly to achieve gender equality and emphasises eliminating all sorts of physical and domestic violence, sexual exploitation, forced marriages, early marriages, trafficking, and female genital mutilation (UNDP, 2016).

Globally, only 56% of women can make their own decisions regarding their sexual and reproductive health and rights (UNF, 2023). Family planning helps women's health and development (Kuang, 2016). It has been part of the public health system in India since 1952 (IIPS, 2022). However, the use of contemporary contraception for birth spacing needs to be increased due to persistent early marriage fertility norms and continuous son preference in the country—male involvement in family planning results in improved reproductive health and gender outcomes for women. In India, the usage of family planning methods remains predominantly female - dominated. Recent media reports have revealed a rapid fall in male sterilisation use in the previous few years (Prusty, 2023).

India was the first country to launch a national family planning program in 1952. Since its historical beginning, the Family Planning Program has altered policy and actual program implementation. There was a steady movement from the clinical approach to reproductive child health. Further, the National Population Policy (NPP) 2000 offered a holistic and target - free approach, which helped lower fertility (MoHF, 2018).

The use of contraception is still seen as a personal concern, and it is not simple to breach the family barriers when it comes to modern contraception use among tribal people. The most prevalent reasons for avoiding utilising contraception include fear of side effects, lack of Knowledge, phobia of

unfavourable health repercussions, religion, and past experiences. Among the tribal population, the most common reasons for not utilising contraception were the number of live children, the education level of women, exposure to media, and female autonomy (Mog, 2020).

2. Review of Literature

Gender imbalance in health refers to the unfair, unnecessary, and preventable discrepancies that exist between women and men in the status of health, health care, and involvement in health work. Gender equity strategies are employed to attain equality finally. Equity is the means; equality is the result, PAHO (2005).

Family planning supports women's health and development. It has been part of the public health system in India since 1952. However, the use of modern contraception for birth spacing needs to be higher due to persistent early - in - marriage fertility norms and ongoing son preference in the country, Kuang (2016) IIPS (2022).

The results demonstrate a dramatic reduction in the prevalence of male sterilisation from 1992–93 (3.5%) to 2015–16 (0.3%) in India. Of the 640 districts, only 21 had a more than 2% frequency of male sterilisation. Scheduled tribal couples were two times more likely to use male sterilisation than other (upper/no caste) groups, Prusty (2023).

Devanna (2016) views India as having the most significant concentration of tribal communities globally, except in Africa. The tribal communities of India are known to be the autochthonous inhabitants of the land. Nearly 60% of respondents are in the youthful age bracket. The majority of tribes in the research area are illiterates. About 91% of respondents are married, and 87% follow the Hindu religion. They possess below five acres of dry land.

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Women empowerment is rotating around power for political, economic, social, and cultural. It is the sharing of power that is equal to that of men. As per the religious ideology and change maker in a positive manner. Power should get away from men by teaching women, letting men comprehend women that they are equal human beings in society, and it is for equality that women have been in society, Lal (2016a).

For this study, gender inequality is defined as any exogenously imposed difference between male and female economic actors that, by affecting their behaviour, has repercussions for aggregate economic growth. Gender inequality is often modelled as inequalities between men and women in endowments, restrictions, or preferences, Silva (2021).

Previous evidence implies that men having more gender - equitable attitudes are more likely to use condoms. However, there is a scarcity of data examining whether these attitudes are connected with contraceptive communication and use, Ghule (2024).

Many women of reproductive age do not want a child soon or ever and do not utilise contraception. This is considered an unmet need. Around 150 million women have an unmet needs. This is due to a lack of understanding, fear of after - effects, economic concerns, restricted stock, and expenses, Dutta (2023).

Gupta (2018) finds that the program has been highly unsuccessful and has failed to empower women to take up a stand in choosing a contraception method. Women must opt for contraceptive methods of their need, knowing that high fertility always has a debilitating effect on the mother, child and community at large.

Objectives and Methods

- 1) To study the socioeconomic conditions of tribal households
- 2) To ascertain the contraceptive behaviour of tribal married women and men and
- 3) To assess the unmet need for family planning and its determinants.

A descriptive study was conducted from November 2023 to March 2024 in Hemlathanda village of Warangal District,

Telangana. A calculated sample of 120 study participants was selected from the study area by simple random sampling. Required data on contraceptive behaviour characteristics, unmet needs, and socioeconomic conditions were collected by interviewing them with a predesigned schedule. A simple frequency distribution, percentage and Chi - Square analysis were done. Data were analysed using the SPSS software v.20.

Hypotheses (Null)

- 1) There is no significant relationship between the income of the family and family planning and
- 2) There is no significant relationship between Literacy status and the method used for family planning (a surgical procedure).

The Study Area and Tribe

Hemlathanda is a small Village/hamlet in Narsampet Mandal in Warangal Rural District of Telangana State. It comes under Maheshwaram Panchayath. It is located 35 km east of the district headquarters in Warangal and 4 km from Narsampet.

The total population of Hemlathanda is 5933. Males are 3141, and Females are 2, 792 living in 1355 Houses. The total area of Hemlathanda is 900 hectares. Hemlathanda is surrounded by Duggondi Mandal towards the west, Chennaraopet Mandal towards the South, Khanapur Mandal towards the East, and Nalla Belli Mandal towards the North, Census report (2011).

The Tribes: Banjaras have a unique culture and play an essential role in Indian culture. Their unique lifestyle has nothing in common with the population of plain areas or the popularity of other tribes. Banjara, Lambadi, Sugali, or Lambani in different names in parts of India. Banjaras are one of the tribes of Telangana State. They speak a dialect called Gorboli, which has no script and mixed languages of Sanskrit, Hindi, Marathi, and Gujarati, Lal (2016).

3. Results and Discussion

This paper focuses on demographical variables, literacy information, housing, electricity, toilet facilities, occupation, income particulars, contraceptive uses information, family planning, and causes for unmet needs.

Table 1: Demographic and Literacy Information of Sample Respondents

Variable	Indicators	Hemlathanda	Total/ Percentage
Sex	Male	30 (25.0)	30 (25.0)
	Female	90 (75.0)	90 (75.0)
	Total	120 (100.0)	120 (100.0)
Age Group	25 - 36 years	38 (31.7)	38 (31.6)
	36 - 45 years	32 (26.7)	32 (26.7)
	46 - 55 years	30 (25.0)	30 (25.0)
	56 - 65 years	20 (16.7)	20 (16.7)
	Total	120 (100.0)	120 (100.0)
Type of Family	Nuclear Family	110 (91.7)	110 (91.7)
	Joint Family	10 (8.3)	10 (8.3)
	Total	120 (100.0)	120 (100.0)
Size of family	Below three members	70 (58.3)	70 (58.3)
	4 - 6 members	30 (25.0)	30 (25.0)
	Above six members	20 (16.7)	20 (16.7)
	Total	120 (100.0)	120 (100.0)

Literacy Status	Literate	50 (41.7)	50 (41.7)
	Illiterate	70 (58.3)	70 (58.3)
	Total	120 (100.0)	120 (100.0)

Table 1 presents demographic and literacy information for Hemlathanda village in Warangal district in Telangana. Of 120 sample respondents, 90 (75%) are female, and 30 (25%) are male. 38 (31.6%) respondents are in the age group of 25 years to 36 years, 32 (26.7%) respondents are in the 36 to 45 years age group, another 30 (25%) respondents are in the 45 to 55 age group, and the remaining 20 (16.7%) respondents are in 56 to 65 years age. 110 (91.7%) respondents having

nuclear family system and 10 (8.3%) respondents following joint family system. 70 (58.3%) respondents the family size is below 3 members, 30 (25%) respondents having 4 to 6 members of family and another 20 (16.7%) respondents having more than 6 members of family size. 70 (58.3%) respondents are illiterate and 50 (41.7%) respondents are literate in the study area.

Table 2: Occupation Particulars and Facilities of Sample Respondents

Variable	Indicators	Hemlathanda	Total/ Percentage
Type of House	Pucca	10 (8.3)	10 (8.3)
	Katcha	30 (25.0)	30 (25.0)
	RCC Building	80 (66.7)	80 (66.7)
	Total	120 (100.0)	120 (100.0)
Toilet Facility In House	Available	120 (100.0)	120 (100.0)
	Total	120 (100.0)	120 (100.0)
Electricity	Available	120 (100.0)	120 (100.0)
	Total	120 (100.0)	120 (100.0)
Main Occupation	cultivation	40 (33.3)	40 (33.3)
	Farmer	80.0 (66.7)	80 (66.7)
	Total	120 (100.0)	120 (100.0)
Secondary occupation	Business	10 (8.3)	10 (8.3)
	Employment	30 (25.0)	30 (25.0)
	Not applicable	80 (66.7)	80 (66.7)
	Total	120 (100.0)	120 (100.0)

Table 2 reveals that out of 120 sample respondents, 88 (66.7%) respondents have RCC buildings, 30 (25%) respondents have Katcha houses and 10 (8.3%) respondents have pucca houses. In the study area, the sample respondents in the village are 120 respondents having cent per cent toilet facilities in the house and electricity facilities. This table also

reveals that 80 (66.7%) respondents are farming as their primary occupation, followed by 40 (33.3%) in cultivation. 30 (25%) respondents are doing with employment, and 10 (8.3%) respondents are doing business; the remaining 80 (66.7%) respondents' secondary occupation is not applicable in the study area.

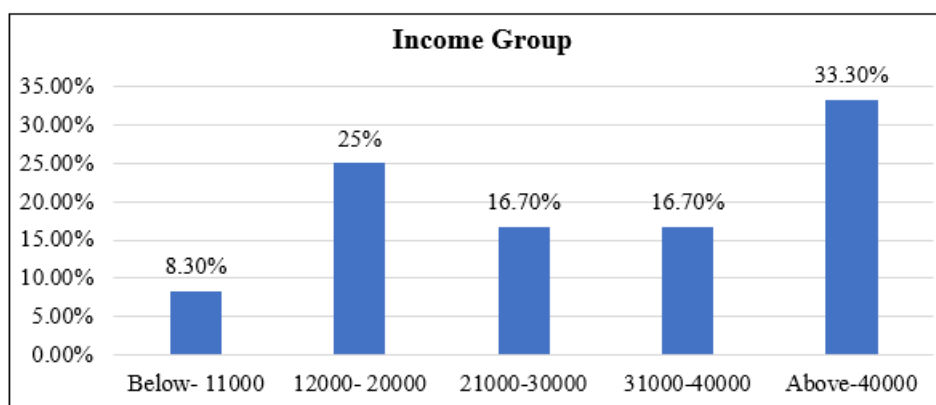


Figure 1: Income particulars of sample respondents

Figure 1 presents the income particulars of sample respondents in the study area. Out of 120 samples, 40 (33.3%) respondents are earning above Rs.40, 000/, 30 (25%) respondents are earning between rupees 12, 000/ to 20, 000/,

20 (16.7%) respondents are earning rupees 21, 000/ to 30, 000/, and the remaining 10 (8.3%) respondents are earning rupees below 11, 000/.

Table 3: Contraceptive Uses Information of Sample Respondents

Variable	Indicators	Hemlathanda	Total / Percentage
Do you have blessed children	Yes	120 (100.0)	120 (100.0)
	Total	120 (100.0)	120 (100.0)
Do you have Knowledge about contraceptive uses	Yes	20 (16.7)	20 (16.7)
	No	100 (83.3)	100 (83.3)
	Total	120 (100.0)	120 (100.0)
Do you use contraceptives? for family planning	Yes	20 (16.7)	20 (16.7)
	No	100 (83.3)	100 (83.3)
	Total	120 (100.0)	120 (100.0)
Who is using contraceptives	Husband/Male	20 (16.7)	20 (16.7)
	Not Applicable	100 (83.3)	100 (83.3)
	Total	120 (100.0)	120 (100.0)
Do you have a demand for Family planning	Yes	120 (100.0)	120 (100.0)
	Total	120 (100.0)	120 (100.0)
If yes, which method	Vasectomy	20 (16.7)	20 (16.7)
	Tubectomy	100 (83.3)	100 (83.3)
	Total	120 (100.0)	120 (100.0)
Do you want more children in the family	Yes	65 (54.16)	65 (54.16)
	No	55 (45.84)	55 (45.84)
	Total	120 (100.0)	120 (100.0)
Do you have a preference child in the family	Yes	105 (87.5)	105 (87.5)
	No	15 (12.5)	15 (12.5)
	Total	120 (100.0)	120 (100.0)
Do you have force from the family for planning	Yes	120 (100.0)	120 (100.0)
	Total	120 (100.0)	120 (100.0)
If yes, from whom	Head of the family/ In - laws	40 (33.3)	40 (33.3)
	Wife - Parents	20 (16.7)	20 (16.7)
	Husband	60 (50.0)	60 (50.0)
	Total	120 (100.0)	120 (100.0)

Table 3 depicts contraceptives using information from sample respondents. Out of 120 sample respondents, cent per cent (120 respondents) are blessed with kids.83.3 (100 respondents) said that they do not know about contraceptive positive uses, and 16.7 (20 respondents) said know about contraceptive use contraceptive use.16.7 (20 respondents) per cent of respondents are using contraceptives, and the remaining 83.3 (100 respondents) per cent of respondents are not using contraceptives for family planning.16.7 (20 respondents) per cent of male respondents or husbands are using condoms (non - hormonal) contraceptives. When asking a question to the respondents regarding the demand for family planning, per cent said 'Yes'.83.3 (100 respondents) per cent of respondents went for a tubectomy (female) sterilisation,

and 16.7 (20 respondents) per cent of respondents opted for vasectomy (male) sterilisation.54.16 (65 respondents) per cent samples want more children in the family, and 45.84 (55 respondents) per cent said no, they do not want any more children.87.5 (105 respondents) per cent of the sample had a male preference child in the family, and 12.5 (15 respondents) said they did not have such a son priority in the family. Cent per cent (120 respondents) replied that they have a force from the family for family planning, and further, a question asked the respondents' force for family planning, from whom 50 (60 respondents) per cent samples said a force from her husband, 33.3 (40 respondents) per cent said from the head of the family or in - laws and 16.7 (20 respondents) per cent samples replied that their parent's side.

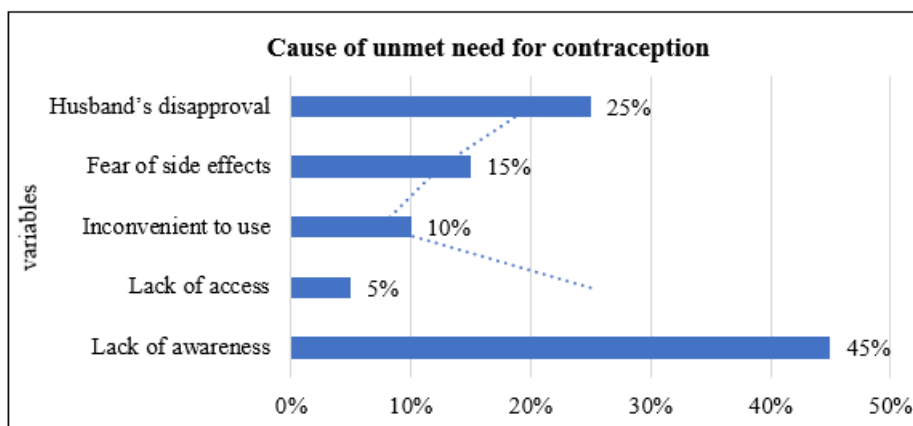


Figure 2: Cause of Unmet Need for Contraception

In Figure 2, the unmet need for contraception is shown. Forty - five per cent of the participants had a lack of Knowledge, 25 per cent had a husband's disapproval, and 15 per cent feared side effects. Ten per cent of women found contraception inconvenient to use, and five per cent of them lacked access among tribals in the study area.

Chi - Square Analysis

Income Particulars and method used for family planning

Sample size	D. F	Significance Level	The computed value of the Chi - square	Critical value of Chi - square
120	04	0.05	72.000	0.023

The null hypothesis - 1 has been tested with the help of Pearson Chi - square, and the results are as follows:

there is a significant difference between the particulars of income and their impact on family planning.

The computed value of the chi - square is significant at a 5 per cent level. As such, the null hypothesis is rejected. Therefore,

Literacy status and method used for family planning (a surgical procedure)

Sample size	D. F	Significance Level	The computed value of the Chi - square	Critical value of chi - square
120	04	.408	.686	.279

The null hypothesis - 2 has been tested with the help of Pearson Chi - square, and the results are as follows:

The computed value of the chi - square is not significant at a 5 per cent level (.408). As such, the null hypothesis is accepted. Therefore, there is no significant difference between literacy status and its impact on family planning (tubectomy), a surgical procedure.

4. Discussion

Our study sought to understand the role of women in focusing gender - inequitable ideologies on family planning in India with a sample of married women in rural Warangal in Telangana. In this study, it was examined that there is extensive awareness of female sterilisation as compared to the temporary birth control method. Most (83.3%) of the women had undergone sterilisation (tubectomy). On the other hand, very few had used temporary methods of contraception. Studies done previously in India show how inequality was taking place in the case of family planning and still the male preference for birth as well. Neither literacy nor income influences demotivating gender - biased family planning among tribes.

5. Conclusion

Despite all the achievements that family planning programs have been discussing, proving changes in demographic indicators, they are inevitably women - centred, managed and procedure by planners. There is a need to enhance the quality of services not just at the moment of its operation but right from the outset by assessing the needs and being aware of their present status. There is room to evaluate how this national - level program putting its total weight on women may be considered a balanced gender - conscious plan. The need of the hour is to create awareness among men - centric family planning and its benefits for the family.

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