



## Attitude on contraception among rural women: A descriptive study in Coimbatore

S Girijakumari<sup>1</sup>, S Sampathkumar<sup>2</sup>

<sup>1</sup> Research Scholar, Department of Sociology, Bharathidasan University, Tiruchirappalli, Tamil Nadu, India

<sup>2</sup> Professor and Head, Department of Sociology and Population Studies, Bharathiar University, Coimbatore, Tamil Nadu, India

### Abstract

**Background:** The proportion of young women reporting unintended pregnancy and unmet need for contraception remains high in developing countries. In order to avert the unintended pregnancies and consequent adverse outcomes, contraceptive use has been prioritized as a key intervention. Improving the universal access to sexual and reproductive health services including contraceptives was a key target of the Millennium Development Goals.

**Objective:** A study to assess the attitude on contraception among rural women in rural areas of Coimbatore.

**Methods:** Descriptive study was done among rural women through multi stage sampling technique and a pretested interview schedule was used for data collection.

**Results:** Nearly 50% of them are between the age group of 26 -30 years and about 70% of them had education till Diploma/graduate level. Nearly 70% of them got married within 5 years and the age at marriage was between 18-25 years for about 90% of the mothers.

**Conclusion:** There was a significant association between educational status, employment, monthly income and duration of marriage life with the attitude. There was no association between attitude and some of the variables (age, type of family, age of the child and gender of the child).

**Keywords:** contraception, attitudes, rural women

### Introduction

India is the second most populous country in the world, with over 1.271 billion people (2015), more than a sixth of the world's population. Already containing 17.5% of the world's population India adds more people to its population every year than any other country, and in fact the individual population of some of its states is equal to the total population of many countries. The sex ratio of India stands at 940. More than 50% of India's current population is below the age of 25 and over 65% below the age of 35. About 72.2% of the population lives in some 638,000 villages and the rest 27.8% in about 5,480 towns and urban agglomerations. After the launch of the National Rural Health Mission in 2005, the official family planning programme has been subsumed in the reproductive and child health component of the mission. However, universal adoption of small family norm still remains a distant dream in India (Elia, C., Samuel, J., *et al.* 2015)<sup>[6]</sup>.

### Contraception

Women play variety of significant roles in our society from their birth till the end of life. Contraception has become a widely discussed issue around the world. Family planning services and supplies currently prevent 187 million unintended pregnancies each year including 60 million unplanned births and 105 million abortions. (Elkalmi RM, Khan MU, 2015)<sup>[12]</sup>. The practice of contraception remains an important problem in the society as many unintended pregnancies each year have been reported. Only about 54 percent of the currently married women aged 15-49 years or their husbands were using a

contraceptive method to regulate their fertility and the contraceptive prevalence rate appears to have stagnated after 2004 (Elia, C., Samuel, J., *et al.*, 2015)<sup>[6]</sup>. Healthcare workers have an important role to play to acknowledge the importance and right concept of contraception among married couples to reduce the rate of maternal death. Moreover, contraceptive practice in India is known to be very heavily skewed towards terminal, a method which means that contraception in India is practised primarily for birth limitation rather than birth planning. Keeping all these facts in view, this study is carried out to assess the attitude on contraception among rural women in Coimbatore district.

### Literature Review

Samuel and Desalegn (2014) conducted a study on Knowledge, Attitude and Practice of Contraceptive use among Female Students of Dilla Secondary and Preparatory School, Dilla Town, South Ethiopia. The aim of this study was to assess the current knowledge, attitude and practice of contraceptive use among female students in 2014. A cross sectional study was conducted among 288 female students. The data was collected using a self-administered structured questionnaire. A total of 263 female students were involved in this study, of which 249 (94.7%) had good knowledge about contraception. The three most frequently identified methods were injectable form (83.9%), oral contraceptive pills (72.7%) and condom (48.6%). A total of 15.7% were ever used contraceptive. Among the users, 56.4% used oral contraceptive pills, and 23.1 and 10.2% used injectable form

and condom respectively. In spite of the fact that most them had good knowledge of contraception, their attitude and practice was low. Emphasis needs to be given on disseminating health information concerning the attitude and practice of contraceptive method.

Katrina and Danielle (2012) [2] conducted a descriptive study of contraceptive attitudes among undergraduate students of New Hampshire. The purpose of this study was to examine and to understand undergraduate students' contraceptive attitudes and its effects on contraceptive use to further enhance the education regarding unwanted pregnancies and sexually transmitted diseases (STDs). A descriptive study to understand contraceptive attitudes while exploring demographics and sexual behaviours as well as the incorporation of the Contraceptive Attitude Scale (CAS). The researchers utilized an online survey system to distribute survey electronically. Most students had a positive attitude regarding contraception. Nurses at college health facilities can focus on educating the college population since their age group is likely to engage in risky behaviour.

Hogmark *et al.* (2013) [3] conducted a study to assess the students' knowledge, attitudes and perceptions towards contraceptive use and counselling: a cross sectional survey in Maharashtra, India. This study aimed to investigate the knowledge, attitudes and perceptions towards contraceptive use and counselling among 1996 medical students at 27 medical colleges. Respondents expressed a desire to provide contraceptive services. A few students had experienced training in abortion care. There were misconceptions about modern contraceptive methods and the impact of sex education. Attitudes towards contraception were mainly positive, premarital counselling was supported and the influence of traditional values and negative provider attitudes on services was recognised. Gender, area of upbringing and type of medical college did not change the results. Despite mostly positive attitudes towards modern contraceptives, sex education and family planning counselling, medical students in Maharashtra have misconceptions about modern methods of contraception. Pre-service and in-service training in contraceptive counselling should be implemented in order to increase women's access to evidence-based maternal healthcare services.

Sonam Zangmu Sherpa., Melita Sheilini, and Asha Nayak, (2012) conducted a study on Knowledge, Attitude, Practice and Preferences of Contraceptive Methods in Udupi District, Karnataka. A Descriptive survey of 136 females between 18-45 year of age were done using a structured knowledge questionnaire, structured attitude scale and questionnaire on practice and preference at Moodu Alevoor village, Udupi district, Karnataka. It was shown that 48.5% were of 26-35 years of age, 92% were Hindus, 45.6% had higher secondary education, 41.2% were house wives, 55.9% had family monthly income below 5000 rupees, 49.3% were from nuclear family, 64% were married between 19-25 years, 43.3% had 2-3 years of married life and 52.2% had one pregnancy. Majority (55.9%) had one living child and 98.5% got information through health personnel. Majority (67.60%) had moderate knowledge on contraceptive methods and 17.60% had high knowledge. Majority (87.50%) had favourable attitude and 12.50% had unfavourable attitude towards

contraceptive methods. From the group of studied women 38.23% did not use any contraceptive methods, 19.85% used OCPs and minimum 1.47% used injection as contraceptive method. There was no association between attitude and the studied variables. The study showed that majority of the females had moderate knowledge and favourable attitude.

Radha Ramaiah, Srividya Jayarama (2012) conducted a study on Contraceptive knowledge, attitude and practice among married women of reproductive age group in a rural area of Karnataka; a cross sectional study. A community based, cross sectional study was conducted among 200 married women of reproductive age group residing in a rural area of Karnataka. Data regarding knowledge, attitude, practice of contraceptive methods was collected using a predesigned questionnaire prepared in local language. Out of 200 study participants, 81% had knowledge and awareness of family planning methods, positive attitude for contraceptive use was shown by 76% of study participants, 53% were practicing different contraceptive methods. Women education and counselling of couples can play an important role to adopt family planning methods.

### Objectives of the study

- To understand the attitude on birth control measures of rural women.

### Methods

The study is a descriptive in nature conducted among the rural women in Coimbatore district of Tamilnadu. The sampling technique adopted for the study was multi stage sampling technique, which consisted of 341 rural women.

**Participant eligibility criteria:** Married women between the age group of 18 to 40 years with at least one child were included and the women who had adopted permanent family planning method were excluded.

**Data collection:** The semi structure interview schedule was adopted to collect data. High level of confidentiality and anonymity was maintained throughout the study.

**Analysis:** The collected data was analysed using statistical package. Frequency distribution and percentage was used to express the demographic characteristics of rural women. Chi square test was applied to find the association between the independent and dependent variables. P value of <0.05 was considered as statistically significant.

### Results and Discussion

A total of 341 rural women were interviewed. All the personal information and Obstetric profile are tabulated in the table number 1. On considering their age nearly 50% of them are between 26 -30 years and about seventy percent of them had education till Diploma/graduate level. While looking into the family profile of the samples, majority of them live as a nuclear family with three persons and in most of the families' husband is the head of the family. Socio-economic status 40% of them are housewives and 40% are employed in the private concerns and a large number of them earn more than Rs. 10,000 per month.

**Table 1:** Personal Information

S. No	Personal Information	Total n = 341		
		Frequency	Percentage	
1	Age in years	20 – 25	70	20.5
		26 – 30	168	49.3
		31 – 35	82	24.0
		36 - 40	21	6.2
2	Education	Illiterate	11	3.2
		Primary	54	15.8
		Secondary	43	12.6
		Diploma/graduate	233	68.3
3	Type of family	Nuclear family	300	88.0
		Joint family	41	12.0
4	Head of the family	Husband	324	95.0
		Parents	17	5.0
5	Total number of family members	3 members	300	88.0
		4 members	14	4.1
		5 members	20	5.8
		6 members	7	2.1
6	Employment status	House wife	134	39.3
		Coolie	46	13.5
		Private concern	131	38.4
		Government	20	5.9
		Self employed	10	2.9
7	Income in rupees per month	Below 10,000	13	3.8
		10,001 – 20,000	94	27.6
		20,001 – 30,000	110	32.3
		Above 30,000	124	36.4

The table-2 reveals the Obstetric Profile of the rural women, in which nearly 70% of them got married at the age between 18-25 years. Among the samples, 80% of the women, who have been pregnant for only one time and about 10% mothers, had one abortion and about five mothers had a still birth.

Regarding the physical problems encountered by the mothers, 244 had fever (or) vomiting and almost 99% of the mothers went for regular medical check-up during their last pregnancy and about 229 mothers were feeding their child for 10-12 months from birth.

**Table 2:** Obstetric Profile

S. No	Obstetric profile	Total number n = 341		
		Frequency	Percentage	
1	Duration of married life in years.	Below 5 yrs	225	66.0
		5 – 10 yrs	72	21.1
		Above 10 yrs	44	12.9
2	Age at marriage in years	18-25 yrs	312	91.5
		26-30 yrs	24	7.0
		31-35 yrs	5	1.5
3	Number of pregnancies	1 <sup>st</sup>	294	86.2
		2 <sup>nd</sup>	44	12.9
		3 <sup>rd</sup>	3	0.9
4	Number of abortions	Nil	306	89.7
		1 time	32	9.4
		2 time	3	0.9
5	Number of still births	Nil	336	98.5
		One	5	1.5
6	Physical Problems in last pregnancy	Anaemia	74	21.7
		Fever/vomiting	244	71.6
		Hypertension / Diabetes mellitus	23	6.7
7	Medical check-up during last pregnancy	Regular	337	98.8
		Irregular	4	1.2
8	Duration of breast feeding to the child in months	Till 6 months	1	0.3
		7 – 9 months	25	7.3
		10 – 12 months	229	67.2
		Above 1 year	86	25.2

**Table 3:** Association between selected independent and dependent variable

S. No	Demographic, socio economic variables with attitude on contraception	X <sup>2</sup>	Degrees of freedom	P Value	Significance
1	Age	5.908	3	.116	NS
2	Education	19.108	3	.000	S
3	Employment	13.159	4	.011	S
4	Income	19.434	3	.000	S
5	Type of family	0.524	1	0.469	NS
6	Duration of marriage life	9.358	2	.009	S
7	Age of the child	2.992	2	0.224	NS
8	Gender of the child	0.043	1	0.836	NS

S – Significant, NS – Not significant at 0.05 level of level of significance.

The table-3 shows that there is a significant association between educational statuses ( $X^2 = 19.108$ ,  $p=0.000$ ), employment ( $X^2 = 13.159$ ,  $p=0.011$ ) monthly income ( $X^2 = 19.434$ ,  $p=0.000$ ) and duration of marriage life ( $X^2=9.358$ ,  $p=0.009$ ) with the attitude scores. There was no association between attitude and some of the variables (age, type of family, age of the child and gender of the child). Hence it is inferred that the age of the women and age of the child increases, the need for contraception reduces, and whatever may be the type of family (Nuclear/Joint) and gender of the child (Male/Female) the attitude on contraception is not influenced.

### Conclusion

The findings show that most of the females have favourable attitude on contraception. While this study focuses on rural women attitudes towards contraception is largely situational based which is something health care providers do not always have the ability to control. There was a significant association between educational status, employment, monthly income and duration of marriage in years with the attitude scores. This emphasizes the importance of education in improving the attitude to use the contraceptive methods among rural women. Most women have good attitude towards contraceptives. Religious beliefs and misconceptions on contraceptive are key determinants of poor uptake of contraceptives. Information, education and communication activities regarding utilization of modern contraceptive methods among women and their importance should be strengthened through mass media and by establishing reproductive health clubs.

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### Contribution of each author

Prof. S. Girijakumari was involved in study conceptualisation and design, preparing the semi structured questionnaires for data collection, analysis and interpretation of data and preparation of the manuscripts.

Dr. S Sampathkumar was involved in study design, comments on the manuscript and finalizing the manuscript for submission.

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