

## Contraception Awareness and its Practise among Working Women in Institutions in North Karnataka: An Observational Survey

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### Abstract

**Introduction:** Contraceptive choice is a critical component of women's reproductive health and rights. In contrast the social and economic correlates of contraceptive use are less well understood, particularly in low and middle income countries, where contraceptive use is often assessed in the context of maternal and child health interventions.

**Objectives:** To study the Awareness about the contraceptive methods, to understand the practice of contraception regarding contraception & to find the Myths and Taboos regarding contraception among working population.

**Methodology:** This study was conducted among all working women belonging to the age group of 20-49 years in northern district of Karnataka state, using a pre-validated questionnaire which was used to assess the awareness and practices of contraception among working women.

**Results:** Among the total 2000 women taken into the study only 1409 participants participated in the study from that we observed that majority of them around 81.3% participants belonged to rural area, with 50.8% having a minimum graduate educational qualification & belonged to the age group of 20-29 years. They were aware of many factors about contraception such as the facilities where it is available the pros and cons associated with it but the association of disturbed cycles, its affectability to future pregnancy and weight gain were not known. Most of the women who practiced contraception commonly used condoms followed by permanent method of sterilization. Many women and their partners have the belief that contraception is associated with various side effects and hence they step back from using the various methods of contraception available to them.

**Conclusion:** the working women had awareness regarding the facilities where they could approach for contraception, the advantage of preventing sexually transmitted diseases and so on. But they needed better education of the various types of methods of contraception available to them and the best option they can choose.

**Keywords:** awareness, contraception, practice, working women.

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## Introduction

Contraception is a key component of sustainable development, empowering women, reducing the risk of maternal and child mortality, and promoting economic growth. Ensuring universal access to sexual and reproductive health and reproductive rights for all women is Target 5.6 of the Sustainable Development Goals, promoted by the United Nations and adopted by 193 countries. A nationally representative study found that India's demand for family planning satisfied (DFPS) with modern contraceptive methods was 70% in 2005, with heavy reliance on female sterilization rather than reversible contraceptive methods.<sup>(1,2)</sup>

Family planning policies in India have historically been aimed at controlling population growth rather than advancing women's reproductive rights and choices. By allowing people to achieve their wishes regarding the number and spacing of children, contraception can reduce abortions, reduce the risk of maternal and child mortality, and promote economic growth and women's empowerment.<sup>(2)</sup>

Understanding of the relationship between contraception and employment at these more granular levels in India is very limited. India is an important context in which to examine this issue, owing to a unique, sterilization-skewed contraceptive method mix, low and stagnant female labour force participation and widespread gender inequalities. Contraceptive use among married women aged 15–49 in India declined by 7 percentage points between 2005–06 and 2015–16 (from 64% to 57%), with female sterilization comprising more than 60% of current use, and long-acting reversible contraceptives (e.g., intrauterine devices, injectables) comprising 4% of current use.<sup>(4)</sup>

Contraceptive choice is a critical component of women's reproductive health and rights. The health benefits of contraceptive use for women and

their children are well documented, and include reduction of unintended pregnancies, pregnancy-related morbidity and mortality, delayed age at first birth among young women, and lengthened birth intervals. In contrast, the social and economic correlates of contraceptive use are less well understood, particularly in low- and middle-income countries, where contraceptive use is often assessed in the context of maternal and child health interventions.<sup>(1-4)</sup>

## Methodology

This cross-sectional study was conducted by using a pre-structured and pre-validated questionnaire. Interview was done in person and through google forms in various parts of Vijayapura city located in northern district Karnataka for women working in various institutional settings and the responses were tabulated and analysed. With 95% confidence level and margin of error of  $\pm 5\%$  and anticipated the percentage of adequate knowledge regarding contraceptive use among working women, a sample size of minimum 396 women by using the formula:  $n = z^2 p(1-p) / d^2$  where  $Z = z$  statistic at 5% level of significance,  $d$  is margin of error 10%,  $p$  is the percentage of adequate knowledge regarding contraceptive knowledge (50%). All working women belonging in the age group of 20–49 years were enrolled in the study and those not willing to participate were excluded. Institutional Ethics Committee approval and informed consent from the participants were obtained before the start of the study.

## Results

A total of 2000 working women were enrolled into the study but 591 were not willing to participate for the questionnaire nor the google form, hence the study was conducted with 1409 participants.

**Table 1: Socio-demographic profile of the participants**

Variables	Groups	frequency	Percentage
Education	Degree	242	15.4
	Graduate	800	50.8
	High school	72	4.6
	Intermediate	76	4.8
	Not literate	102	6.5
	Primary school	117	7.4

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Occupation	Class IV worker	268	17.0
	Clerical staff	52	3.3
	Collage teacher	65	4.1
	Doctor	182	11.6
	Engineer	63	4.0
	IT professional	533	33.9
	Other	83	5.3
	Para medical staff	163	10.4
Type of family	Joint family	574	36.5
	Nuclear family	835	53.0
Marital status	Divorced	11	0.7
	Live-In Relationship	34	2.2
	Married	894	56.8
	Separated	18	1.1
	Unmarried	397	25.2
	Widow	55	3.5
Area	Rural	130	8.3
	Urban	1279	81.3
Religion	Christian	143	9.1
	Hindu	1060	67.3
	Muslim	157	10.0
	Other	49	3.1
Partner education	Degree	135	8.6
	Graduate and above	505	32.1
	High School	95	6.0
	Intermediate	83	5.3
	Not Applicable	441	28.0
	Not Literate	63	4.0
	Primary School	87	5.5
Partner education	Class IV worker	123	7.8
	Clerical Staff	61	3.9
	College Teacher	72	4.6
	Doctor	129	8.2
	Engineer	152	9.7
	IT Professional	109	6.9
	Not Applicable	460	29.2
	Other	254	16.1
	Para Medical Staff	35	2.2
	School Teacher	14	0.9

The source of information about contraception, 555 participants said it was through formal education, 778 participants said it was through friends/relatives, 454 participants said it was through internet, 246 participants said it was through social media.

Participants were questioned whether they are using any contraceptive methods at present, and 688 participants are currently not using contraceptive methods and 466 are using it. Among 466 participants decision of following contraception was mutual in

335, selected by partner in 28 and self in 103. Method of contraception was mutually selected by 299, by partner in 68 and self in 99.

Out of 466 participants using contraception at present, the most used method is condoms by 275 people followed by sterilization 116, Copper-T 107, calendar method 102, OCP 77, Injectable 20 participants. 9 participants felt Use of contraception

is affecting job and 32 felt using contraception is financial burden. When questioned about use of contraception in past 44.4 % of people used it in past and condoms (26.9%) was most used method. 47.8% of people are aware of emergency contraception and commonly known method is emergency pills. 77.4% of participants are willing to recommend use of contraception to others.

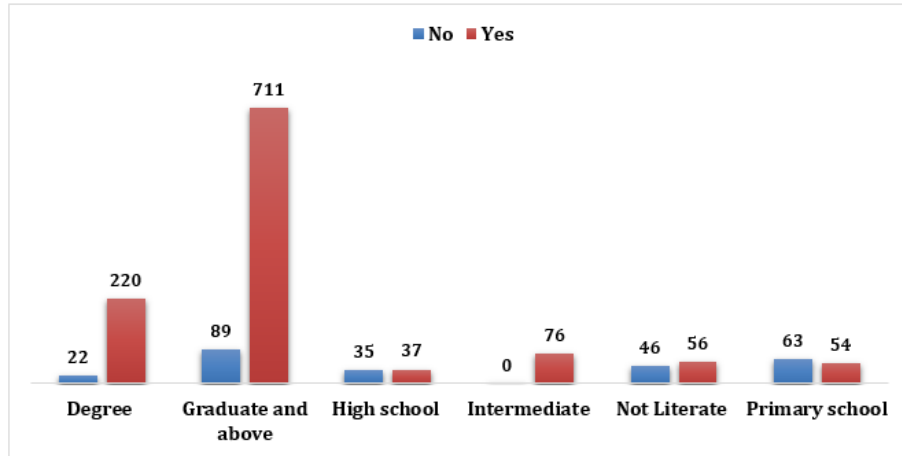


Figure 1: Bar diagram showing educational status in relation to contraception.

According to our study, we have observed that majority of the participants belonged to the age group of 20-24 years constituting 38% and 25-29 years constituting 37% of the total participants taken into the study and the age of awareness regarding contraception among the participants was between 20-29 years constituting 47% (Fig-1).

For educational status in relation to contraception majority of the participants were educated with a

minimum education of degree, graduate and above with a significant p-value < 0.0001 hence proving us that educational status of the women and the partner has a direct relation to the knowledge and awareness about contraception and the methods available. Most of the working women had a minimum education of graduate and above constituting 711 women who took part in the study.

Table 2: Occupation in relation to contraception

Occupation	Awareness of contraception		Total	Chi - square test
	No	Yes		
Class IV worker	119	149	268	$\chi^2 = 228.351$ P < 0.0001 (significant)
Clerical Staff	21	31	52	
College Teacher	07	58	65	
Doctor	00	182	182	
Engineer	15	48	63	
IT Professional	67	466	533	
Other	22	61	83	
Para Medical Staff	04	159	163	
Total	255	1154	1409	

For occupation in relation to contraception most of our participants belonged to IT professional which constituted 466 women followed by paramedical which was 466 women and medical profession around 182 women followed by class 4<sup>th</sup> worker which constituted 149 women, with a significant p value of <0.0001 (Table 2).

**Table 3: Participants awareness about contraception use**

Variables	Groups	Frequency	Percentage
Facilities	No	75	5.3
	Yes	1079	76.6
Prevents STDs	No	162	11.5
	Yes	992	70.4
Weight gain	No	470	33.4
	Yes	684	48.5
Disturbed cycle	No	555	39.4
	Yes	599	42.5
Spacing	No	233	16.5
	Yes	921	65.4
Affectability to pregnant	No	709	50.3
	Yes	445	31.6

Majority of the women were aware of many factors about contraception such as the facilities where it is available the pros and cons associated with it but the association of disturbed cycles, its affectability to future pregnancy and weight gain were not known to many hence, proper education about contraception, its types and methods and the pros and cons are needed to be educated to these women (Table-3).

The major reason for not using contraception in majority of the participants were desirous to have children followed by majority of the participants being unmarried and career oriented and the misconception about the side effects and no mutual agreeing on the contraception among partners. According to our data collected majority of the participants are still not aware about the various options or methods of contraception available to them and the misconception about the side effects of using contraception has a major role as to why partners don't prefer contraception. Hence education the women and their partners regarding the various methods and the advantages of the various methods will remove the social stigma that has been associated with contraception's.

## Discussion

Findings from our study showed that the awareness regarding the use of contraception depends majorly on the socio-demographic profile of the country and the geographical area of the state. From our study we have observed that the educational status of the women played a major role on the impact of the awareness and the method of contraception being used. We have noticed that there was substantial variation in the relationship between contraceptive use and employment, based on the type of contraception used and the sector of employment.

This study also helped us to identify the ways women meet their need for family planning. According to our study majority of the women practised the use of modern contraception being the use of condoms by 275 women followed by female sterilization for family completed women which was 116, followed using IUCDs in 107 women followed by calendar method by 102 women, OCPs by 77 women, injectables by 20 women. When these women were questioned about their past contraceptive use, 44.4% of the women used contraception and barrier contraception was highest used among that. Another interesting fact we noticed from our study is that many working women had the use of contraception affecting their job and many felt using contraception is a financial burden.

According to Fernanda Ewerling et al <sup>(1)</sup> in their study, one of many benefits of contraception is that women's control over their own reproduction may enable participation in the labour market <sup>(8,9,10)</sup>. However, in India, contraception was historically used for reproductive completion, rather than reproductive control. In line with the general population in India, contraceptive use in this sample was dominated by female sterilization <sup>(11,12)</sup>. Changing this deep-seeded cultural norm is an ongoing process, and there are clearly populations that require additional attention and support.

According to Lotus McDougal et al <sup>(2)</sup> in their study, efforts to expand the method mix to include long-acting, reversible contraceptives are leaving important populations of women behind, and need additional targeted support. The variable associations between types of current contraceptive use and

employment by sector seen in this analysis emphasize what a complex interplay is at work. The most stark contrast, between women employed in professional vs. agricultural and production sectors, suggests that even after accounting for differential levels of social and gender equity, women who were sterilized or relied on traditional contraceptives were more likely to be employed in the agricultural or production sectors, and women using long-acting, reversible contraception, which overall has low prevalence of usage in India, were more likely to be employed in the professional sector.

**Limitations of the study:** Information about the use of modern contraceptives was self-reported by women, and this information could be skewed if interviewer bias or social desirability affected the estimates. However, in some cases the presence of a family member during the interview could still affect responses, especially among young women and those from highly conservative countries.

### Conclusion

From our study we could conclude that most of the working women had awareness regarding the facilities where they could approach for contraception, the advantage of preventing sexually transmitted diseases and so on. But they needed better education of the various types of methods of contraception available to them and the best option they can choose.

**Ethical clearance:** Taken.

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**Conflict of Interest:** Nil

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