

Awareness of Contraceptive Practices of Women Reproductive Age Groups in Cuddalore District

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Abstract

Family planning helps women protect themselves from unwanted pregnancies. Since the 1960s family planning programs have helped women around the world avoid 400 million unwanted pregnancies. AS a result, many women's lives have been saved from high-risk pregnancies or unsafe abortions. If all women can avoid high-risk pregnancies, the number of maternal deaths could fall by one quarter. Also, many family planning methods have other health benefits. Example, some hormonal methods help prevent certain cancers and condoms help prevent sexually transmitted diseases including HIV/AIDS. Family planning saves the lives of the children by helping women space births. Between 13-15 million children under age 5 die each year. If all children were born at least 2 years apart, 3-4 millions of these deaths would be avoided. Family planning helps men and women care for families. Men around the world say that planning their families helps them to provide a better life for their families. Family planning improves family wellbeing, alternately helps nations development by controlling the current rate of population growth. The present study aims to find out the awareness of contraceptive practices of women reproductive age groups in Cuddalore district. A sample of 100 respondents selected randomly were studied. A questionnaire method of survey was used to find out the awareness of contraceptive practices of women reproductive. The data were collected by using questionnaire as an instrument. Primary data were collected by conducting direct structured interview using questionnaire. All the respondents were asked the same questions in the same fashion and they were informed the purpose of study. ANOVA, t-test, correlation and regression analysis was applied to test the hypotheses. The findings and observations are the result and outcome of the interpretations made during the study of analysis.

Key Words: Women, Contraceptive Practices, HIV/AIDS, Reproductive Age, Family Planning



1. Introduction

In India, women are neglected lot, from times immemorial. In marriage women's sexual rights are at the mercy of their husbands. In fact, in many instances they are not accepted in their husband's families until they give birth to a male child. They have no autonomy over their own bodies. Women are portrayed as sex symbols in the media. Abandoned wives and ill-informed and poor rural girls are lured into prostitution, where they are exposed to various infections because their clients refuse to use condoms. They get infected and spread infection to other clients who are in turn infecting their unsuspecting wives. It is a fact in life. These poor and illiterate women do not ever realize if they have any reproductive rights in contraceptive practices.

Over the last two decades, there has been an impressive rise in the use of contraceptives in India. As per recent studies up to 37% of total currently married women in the reproductive age group of 15-49 years and their husbands were using a method of contraception (population research bureau 1996) still the users percentage is lowered than the desired and that effects the reproductive health of the nation drastically. One of the serious problems developing countries still have to solve is the rapid and uncontrolled increase in population. Health and Family planning survey in India highlighted the wide gap between knowledge (97%) and use of contraceptives (28%) among currently married women, which indicates there is actual need to enhance contraceptive practice in our country.

The eligible couples are the number of couples requiring spacing or permanent methods contraception i.e. the number of couples who will require various contraceptive methods like, condoms, oral pills, copper. T and sterilization

It is estimated that in India women in reproductive age group i.e. 15-45 years who are married constitute about 17% of the total population. In the sub center area with population 5000 around 850 women are expected to be in this group, requiring priority attention for family planning services in between 20-30 years. They are to be informed on use of contraceptives. Women with two children or less can be counseled for birth spacing and others for permanent methods.

Among all the factors that influence reproductive health, fertility regulation is undoubtedly the most important one as it has a bearing on among others, the prevention.

In 1997, study report shows that men are having limited knowledge on reproductive health regardless of their educational level and place of residency. The concept of family planning was more widely understood, however family planning use in most cases was conditionally related to the presence of male children in the family.

One of the most serious problems developing countries still have to solve is the rapid and uncontrolled increase in population. Men's general knowledge and attitudes concerning the ideal family size, gender preference of children, ideal spacing between child births and using contraceptive methods greatly influence women's preferences and opinions. Many studies shown that the couples using contraception choose methods requiring the man's involvement.

Pregnancy prevention ideally involves the participation of both male and female partners. Family planning programmes generally encourage participation of the male and provide an opportunity for him to share responsibility for fertility control.

Although it has often been ignored in order to encourage men's participation in family planning methods and direct them towards more modern contraceptive methods they should be viewed as a target group.

There is no best method of contraception but there is always a method that can work best in the circumstances at hand. It is good to keep in mind that the best method of

contraception is one that a couple will use most consistently and correctly and this is often the one that feels most natural and comfortable.

The risks associated with contraception are much less than risk of pregnancy, M.T.P. and childbirth. Therefore, it is better to avoid pregnancy by use of contraceptives. The effectiveness of the contraceptive method is of primary concern to both clients and professionals. When counseling clients of effectiveness, professionals must be familiar with the effective rates of the contraceptives.

Communication is a key factor in any family planning programmes. The nurse has to convey the correct ideas and meaning to persons. For this she needs to use various aids for conveying the ideas. Her approach should be according to individual needs. It certainly requires skill to convey the right message. She needs to be very patient while explaining. The level of understanding of a common man or woman is limited. So, clear and proper explanation will help to overcome one's fears. She is the helper, guide, counselor and friend to the mother particularly in motivating her to understand the needs to make use of every opportunity available in convincing the eligible couple about the importance of family planning. She must offer guidance to clear fears, doubts for anxieties about the programmes.

In every country, many studies shown that the proportion of women correctly reporting their spouse's disapproval of contraception was smaller among those who had discussed family planning with their husband than among those who had never done so.

In our country, very little data exist on men's knowledge, attitudes and behaviour regarding family planning. So there is need for rising awareness and developing family planning programmes targeting men with special focus on the youth.

The aim of this study is to determine the couple's point of view on family planning and establish the level of their involvement.

The family planning services have a very broad scope and are not merely concerned with birth control. They encompass various aspects such as advice on infertility, education for parenthood, sex education, screening for pathological conditions related to the reproductive system, generic counseling, premarital consultation and examination, carrying out pregnancy tests, marriage counseling.

A great awareness about the effectiveness of contraceptives and informed choices can minimize the risk of unintended pregnancy. Continuing medical education programmes to be conducted for providers (medical and paramedical workers) especially to the grass root level workers to have the correct knowledge regarding different contraceptive methods, so that the occurrence of unintended pregnancy is reduced in future.

2. Review of Literature

Sharma R.S et al, 2011, "Current status of fertility control in India", highlights the result that approximately 48.2% of couples of 15-49 yrs of age practice family planning methods in India. Female sterilization accounts for 34.2% with male sterilization declines from 3.4% in 1992-93 to 1.9% in 1998-99. Use of condom increase to 3.1% from 2.4%. With the above result the researchers suggested that there is urgent need for research to develop new contraceptive modalities especially for men and also for women and to make existing methods more safe, affordable and acceptable.

Haider Rushid Mannan, 2012, "Factors in contraceptive method of choice in Bangladesh: Goals, competence, evaluation and assess", with objective to evaluate the contraceptive method of choice in Bangladesh among 9335 married women aged 10-49 yrs. The researcher described that as the number of living children increases, women prefer non-terminal efficient methods such as pill and injectable or IUD depend upon less permanent

method. Condom use increased with education of women and their husbands compared with other modern methods, indicating that more educated couples possible have the greater understanding necessary to use the method.

Nagase.T et al, 2013, "Obstacle to modern contraceptive use among 205 married women in southern urban Maldives," with objective to clarify the current state of and factors associated with modern contraceptive use among married women in the Maldives. The described that there was various obstacles like the husbands' disapproval of modern contraceptive use, Health concern and fear of side effects, the wife's refusal to use of modern contraceptive, and dissatisfaction with sexual sensation with using contraceptives. By this result the researchers suggested that promotion of modern contraceptive use made by – Enhancing male involvement in reproductive health activities including a male directed program, Health promoting interventions to remove perceived barriers to modern contraceptive use and family. Enhancing the counseling service program to help women chose appropriate contraceptive methods and uses them consistently and correctly.

Mogilevkina .I and Odland .V , 2013, "Contraceptive practices and intentions of Ukrainian women", with objective to investigate contraceptive practices and factors behind contraceptive preferences, shows the result that previous child birth rate was 1.8 and induced abortion rate was 1.7, shows there is association with preference to use modern contraceptives. Researchers suggested that better reproductive education or information and economic incentives could contribute to a change from abortion to use of contraception.

Lisa. K Johns et al, 2013, "Patient satisfaction and the impact of written material about postpartum contraceptive decisions", among 109 aged 15-45 yrs with 53 control 56 intervention group, with objective to evaluate the impact of written educational material about patient satisfaction and decision making regarding postpartum contraception shows the result that postpartum distribution of written material about contraception options increase women's ability to make an informed decision regarding birth control.

Victoria mason et al, 2013, "The use of video information in obtaining consent for female sterilization: A randomized study" among 31 mothers requesting for sterilization shows the results that women receiving video information as well as the standard consultation had significantly higher knowledge scores compared with women only receiving the conventional consultation. Researchers suggested that videos are a reliable and consistent method of delivering information to women regarding family planning method.

Mistik .S et al, 2013, "Married men opinion and involvement regarding family planning in rural areas (Kayseri, Turkey) with objective to determine the attitudes and behaviour of married men concerning family planning among 123 married men aged 15-49 yrs. The result cited that 91.9% of men approved of family planning; only 54.4% actually used any contraceptive methods. 66.7% of the men said that the decision should be a joint one, 66.4% wanted to limit their family size. Approximately one fourth of the men had never heard of voluntary sterilization and other methods like pill, norplant etc. Researchers suggested that in order to encourage men's involvement in family planning the use of mass media and continual training programs try to reach both men and women could be very useful.

Richters. J et al, 2013, "Sex in Australia: Contraceptive practices among a representative sample of women", with objective to document the use of contraception by representative sample of 9134 Australian women aged 16-59 yrs. They showed the result that 70.8% of respondents were using method of contraception. The most common methods were using oral pill (33.6%), tubal ligation (22.5%), condom (21.4%) and vasectomy of partner (19.3%). Common reasons for non-use were experience of side effects of contraceptive (23%). Believing it unhealthy (13.7%), forgetting or not caring (18.9%), leaving it to chance (20.2%).

Khawaja N.P et al, 2014, “Awareness and practices of contraception among 204 married Pakistani women of reproductive age group attending a tertiary care hospital”, with objective to assess their knowledge, attitude and practice of contraception. Researchers highlighted the result was 68% of the study group had some sort of awareness regarding contraception. Majority knew about the pill (68%) and Intra uterine devices (55%). Only 47% were using some sort of contraception. Most common method chosen was the Barrier method (15%) followed by IUCD (10%) and Pill (10%). The least common methods were sterilization (2%) and the Rhythm method (2%). By their above findings the researchers suggested that to improve contraceptive use we need to use multiple media sources to educate couples and their parents regarding contraceptive services which strengthen the perception and create awareness among women to have their rights and opinions about the size of family.

Ali. S et al, 2014, “Prevalence and factors associated with practice of modern contraceptive methods among 420 currently married women of reproductive age group 15-49 yrs in district Nausharo Feroze, with objective to estimate the prevalence and factors associated with practice of modern contraceptive methods, cited the result that prevalence of modern contraceptive method was 27.9%. Contraceptive practice was high among the women those who were employed, having 3 or more children, and whose husbands were educated. By above findings the researchers suggested that male and female education and small group discussions of various issues related to family planning and reproductive health might be helpful in creating awareness in the district.

Fisher .W et al, 2014, “The Canadian contraception study”, with objective to investigate the contraception and sexual-related awareness, attitudes and practices of a representative sample of 1582 women aged 15-44 yrs using self report survey method. Result shows that women familiarity with oral contraceptives and condoms methods of contraception was high 96% and 93% respectively compare to other methods was much lower sterilization 62%, withdrawal 59%, the morning after pill 57%, intra uterine devices 50%, depot (Injectable) 38%. The above result shows that adherence to contraceptive methods is a challenge for many women and their parents and the risk of sexually transmitted disease is an ongoing concern.

De Rose .L.F et al, 2014, “Does discussion of family planning improves knowledge of parents attitudes toward contraceptives”? With objective to assess the relationship between spousal discussion and correct reporting of parents’ attitude toward family planning, from Kenya, where the approval rate of family planning is 90%, have cast doubt on the assumption that spousal discussion improves knowledge of parents’ attitude toward family planning. The result shows that discussion was positively associated with correct reporting of husband’s approval toward family planning methods.

Wang .B et al, 2014, “Effects of community based sex education and reproductive health service program on contraceptive use of unmarried youths in shanghai”, with objective to create awareness and counseling of the youth, shows the result that a multifaceted intervention program that provided information and skills, as well as counseling and services, appears to have positive influences on contraceptive practice and condom use among unmarried young females and males in sub-urban.

Foster D.G. et al, 2014, “Knowledge of emergency contraception among 4000 women aged 18-44 years in California, with objective to assess their knowledge on emergency contraception, gives the result that 38% of the women had knowledge regarding emergency contraception. Most of them had lowest level of knowledge 29%. The result shows that family planning providers may be reaching their clients but broader outreach to the public has not yet achieved sufficiently. They suggested that High information leads among women in greatest need of the method.

Eisenberg M.F. et al, 2014, “Parents beliefs about condoms and oral pill: Are the medically accurate? With objective to assess the parents’ beliefs regarding condoms and oral pill among 1069, parents aged 13-17 yrs. The result shows that only 47% believed that condoms are very effective. 52% thought that pill use prevent pregnancy almost all the time. Father tended to have more knowledge on condoms and mothers on oral pill. With the above result, the researchers suggested that campaigns encouraging parents to talk provide medically accurate information on the effectiveness, safety and usability of condoms and the pill.

3. Objectives of the Study

- To study the knowledge about contraceptive methods among the Reproductive age group.
- To measure the attitudes of respondents towards contraceptives.
- To analyze the factors responsible for the contraceptive practices.

4. Methodology

Research design is purely and simply the framework or plan for a study that guides the collection and analysis of the data. The research design indicates the methods of research i.e. the method of gathering information and the method of sampling. According to the statement of the problem and to accomplish the objectives of the study, Non-Experimental approach was adopted. Primary data were collected by conducting direct structured interview using questionnaire. All the respondents were asked the same questions in the same fashion and they were informed the purpose of study. The data were collected by using questionnaire as an instrument. Sampling plan is to be decided about the sampling unit, sample size, sampling Method. The population comprises the Reproductive age group of women (15-45 years) at Cuddalore District during the period of study. The following tools and techniques have been used for the analysis of the data. One- way ANOVA, t- test, Correlation and Regression analysis were used in this study.

5. Analysis and Interpretation

Table 1
Distribution of respondents on the basis of age

Age	N	Percentage
< 21	2	2
21 to 30	88	88
> 30	10	10
Total	100	100

Result reveals that only 2% belongs to below 21 year of age, 88% of them lies in the age group of 21-30 years of age and 10% of them on the age group of above 30 years of age. So, most of them in the age group of 21 to 30 years.

Table 2
Distribution of respondents on the basis of religion

Religion	N	Percentage
Hindu	88	88
Christian	8	8
Muslim	4	4
Total	100	100

The result shows that 88% of the respondents are Hindu, 8% of them belong to Christian and 4% of them belong to Muslim. So, majority of them belong to Hindu group.

Table 3
Distribution of respondents on the basis of Education

Education	N	Percentage
Illiterate	8	8
Primary school	14	14
High school	38	38
Hr.Sec. School	24	24
UG & above	18	18
Total	100	100

It is inferred from the table that 8% of the respondents are illiterate, 14% of them are primary school, 38% of them are high school, 24% of them are Higher Secondary School and 18% of them are Under Graduate and above qualified. So, most of them are high school qualified.

Table 4
Distribution of respondents on the basis of occupation

Occupation	N	Percentage
Daily wages	64	64
Government employee	14	14
Other employee	22	22
Total	100	100

It is inferred from the table that 64% of the respondents are daily wages, 14% of them are government employee and 22% of them are other employee. Therefore majority of the respondents are daily wages employee.

Table 5
Distribution of respondents on the basis of Income

Income	N	Percentage
Rs. 600-1000	30	30
Rs. 1100-3000	70	70
Total	100	100

The infers that 30% of the respondents earn income Rs 600 – Rs.1000 and 70% of them earn Rs.1000 – Rs. 3000. Therefore majority of the respondents earn monthly income of Rs.1100 – Rs.3000.

Table 6
Distribution of respondents on the basis of Family

Family	N	Percentage
Joint family	20	20
Nuclear family	80	80
Total	100	100

The table reveals that 20% of the respondents family are joint family and 80% of the respondents family are nuclear family. Therefore majority of the respondents family are nuclear family.

Table 7

Showing One way ANOVA for awareness of contraceptive practices of Women Reproductive Age Groups on the basis of age.

Age	N	Mean	SD	F-ratio	LS
< 21	2	25	0	0.32	NS
21 to 30	88	25.11	10.31		
> 30	10	27.80	10.05		
Total	100	100			

Ho: There is no significant difference between age of the respondents and their level of awareness of contraceptive practices of Women Reproductive age groups.

The calculated F-value (0.32), which is not significant at 0.05 and 0.01 level. So the stated null hypothesis is accepted. Therefore it is concluded that there is no significant difference between age of the respondents and their level of awareness of contraceptive practices of Women Reproductive age groups.

Table 8

Showing One way ANOVA for awareness of contraceptive practices of Women Reproductive Religion Groups on the basis of Religion.

Religion	N	Mean	SD	F-ratio	LS
Hindu	88	25.48	9.96	5.37	0.01
Christian	8	19.50	7.27		
Muslim	4	13.00	1.15		
Total	100	100			

Ho: There is no significant difference between religions of the respondents and their level of awareness of contraceptive practices of Women Reproductive religion groups.

It is observed from the obtained result that the obtained F-value (5.37), which is significant at 0.01 level. Hence the stated hypothesis is rejected.

Table 9

Showing one way ANOVA for awareness of contraceptive practices of Women Reproductive Education Groups on the basis of Education.

Education	N	Mean	SD	F-ratio	LS
Illiterate	6	10.33	4.93	12.72	0.01
Primary school	14	19.00	5.32		
High school	38	19.74	3.89		
Hr.Sec. School	24	29.42	2.84		
UG & above	18	41.89	4.35		
Total	100	25.38	10.05		

HO: There is no significant difference between education of the respondents and their level of awareness of contraceptive practices of Women Reproductive education groups.

The result reveals that the calculated F-value (12.72), which is significant at 0.01 level. Hence the stated hypothesis is rejected. So, it is concluded that there is a significant difference between respondents education and their level of awareness. Hence it is concluded that higher qualified respondents have high level of awareness about contraceptive practices.

Table 10

Showing one way ANOVA for awareness of contraceptive practices of Women Reproductive Occupation Groups on the basis of occupation.

Occupation	N	Mean	SD	F-ratio	LS
Daily wages	64	20.78	7.82	51.15	0.01
Government employee	14	41.29	5.73		
Other employee	22	28.64	5.28		
Total	100	25.38	10.05		

HO: There is no significant difference between occupation of the respondents and their level of awareness of contraceptive practices of Women Reproductive occupation groups.

The result reveals that the calculated F-value (51.15), which is significant at 0.01 level. Hence the stated hypothesis is rejected. So, it is concluded that there is a significant difference between respondents occupation and their level of awareness. Hence it is concluded that daily wages respondents have high level of awareness about contraceptive practices.

Table 11

Showing t-test for awareness of contraceptive practices of Women Reproductive on the basis of Income

Income	N	Mean	SD	t-value	LS
Rs. 600-1000	30	18.67	6.14	5.84	0.01
Rs.1100-3000	70	28.26	10.05		

HO: There is no significant difference between income of the respondents and their level of awareness of contraceptive practices of Women Reproductive Income groups.

The result reveals that the calculated t-value (5.84), which is significant at 0.01 level. Hence the stated hypothesis is rejected. So, it is concluded that there is a significant difference between respondents income and their level of awareness. Hence, it is concluded that higher income respondents have high level of awareness about contraceptive practices Women Reproductive on the basis of Income groups.

Table 12

Showing t-test for awareness of contraceptive practices of Women Reproductive on the basis of Family

Family	N	Mean	SD	t-value	LS
Joint family	20	27.90	10.23	1.24	NS
Nuclear family	80	24.75	9.96		
Total	100	25.38	10.05		

HO: There is no significant difference between family of the respondents and their level of awareness of contraceptive practices of Women Reproductive family.

The calculated t-value (1.24), which is not significant at 0.05 and 0.01 level. So the stated null hypothesis is accepted. Therefore it is concluded that there is no significant difference between family of the respondents and their level of awareness of contraceptive practices of Women Reproductive family.

Table 13: Showing the simple correlations between level of awareness on the basis of demographic variables

	Level of Awareness
AGE	.074
RELIGION	-.316**
EDUCATION	.869**
OCCUPATION	.443**

INCOME	.440**
FAMILY	-.126

** . Correlation is significant at the 0.01 level

The obtained correlation result shows that religion is negatively and significantly correlated with subject level of awareness. Education level, occupation and income are positively and significantly correlated with respondent level of awareness.

Table 14
Regression Analysis
Model Summary

Model	R	R Square	Adjusted R square	Std. Error of the Estimate
1	.869 ^a	.755	.753	5.00
2	.878 ^b	.771	.766	4.86
3	.855 ^c	.783	.776	4.75

- a. Predictors: (Constant), EDU
b. Predictors: (Constant), EDU, RELI
c. Predictors: (Constant), EDU, RELI, OCC

It is evident from the regression result that the calculated r^2 value is 0.783, which shows that 78.3% the demographic characters of respondents influence the level of awareness. The obtained F-Vale also significant at 0.01 level. From the obtained t-values religion, family type and occupation are significant variable that influence the respondent level of awareness about contraceptive practices.

ANOVA^d

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	7543.897	1	7543.897	302.044	.000 ^a
	Residual	2447.663	98	24.976		
	Total	9991.560	99			
2	Regression	7699.400	2	3849.700	162.912	.000 ^a
	Residual	2292.160	97	23.631		
	Total	9991.560	99			
3	Regression	7825.570	3	2608.523	115.614	.000 ^a
	Residual	2165.990	96	22.562		
	Total	9991.560	99			

- a. Predictors: (Constant), EDU
b. Predictors: (Constant), EDU, RELI
c. Predictors: (Constant), EDU, RELI, OCC
d. Dependent Variable: SUM

Coefficients^a

Model		Unstandardised Coefficients		Standardized coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.837	1.589	.869	-.527	.600
	EDU	7.849	.452	.869	17.379	.000

2	(Constant)	3.230	2.214		1.459	.148
	EDU	7.591	.451	.840	16.844	.000
	RELI	-2.763	1.077	-.128	-2.565	.012
3	(Constant)	3.107	2.164		1.436	.154
	EDU	7.071	.492	.783	14.366	.000
	RELI	-3.233	1.071	-.150	-3.019	.003
	OCC	1.522	.644	.126	2.365	.020

a. Dependent Variable: Awareness

Excluded Variables^d

	Model	Beta In	t	Sig.	Partial Correlation	Collineant Y statistics
						Tolerance
1	AGE	.091 ^a	1.840	.069	.184	1.000
	RELI	-.128 ^a	-2.565	.012	-.252	.950
	OCC	.096 ^a	1.764	.081	.176	.825
	INCOME	.032 ^a	.567	.572	.057	.772
	FAMILY	-.103 ^a	-2.086	.040	-.207	.999
2	AGE	.080 ^b	1.663	.100	.167	.992
	OCC	.126 ^b	2.365	.020	.235	.796
	INCOME	.058 ^b	1.032	.305	.105	.750
	FAMILY	-.084 ^b	-1.711	.090	-.172	.970
3	AGE	.056 ^c	1.150	.100	.167	.992
	INCOME	.120 ^c	.353	.020	.235	.796
	FAMILY	-.080 ^c	-1.671	.098	-.169	.969

a. Predictors in the Model: (Constant), EDU

b. Predictors in the Model: (Constant), EDU, RELI

c. Predictors in the Model: (Constant), EDU, RELI, OCC

d. Dependent variable: Awareness

It is evident from the regression result that the calculation r^2 value is 0.783, which shows that 78.3% the demographic characters of respondents influence the level of awareness. The obtained F-value also significant at 0.01 level. From the obtained t-values religion, family type and occupation are significant variable that influence the respondent level of awareness about contraceptive practices.

6. Summary and Conclusions

This study can be replicated on a large sample and similar such studies can be conducted in different settings to validate the findings.

A comparative study may be attempted on the same, among rural and urban settings. Same study can be done to different workers, industrial workers, professionals, schoolteachers and general population.

A similar study can be conducted by analyzing each life style pattern in depth.

An observational study can be undertaken at clinical community setup as to assess the life style practices.

The conclusions draws from the finding of the study are as follows:

- ❖ The demographic variables such as age, religion, education, income and type of family have influence in the knowledge of women regarding contraceptive practices.
- ❖ So there is a need for health education regarding contraceptive practices for the reproductive age group of women to get adequate knowledge.
- ❖ The objectives of the study were fulfilled. Hence the community Health workers / Social worker being the largest among the health care professionals, it is that they actively take part in the individual needs of the patient by assuring them with appropriate information and create awareness.

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Biosketch



Dr. M. Dhamodharan is an Assistant Professor in the Department of sociology and social work at Annamalai University, Tamil Nadu. He has been grooming UG, PG, M.Phil., PhD. scholars for two decades. He has presented more than twenty five scholarly papers in National and International Conferences. He has participated five workshops. He has published more than fifteen articles.