

## STUDY OF AWARENESS, ATTITUDE, PRACTICE OF CONTRACEPTIVES IN REPRODUCTIVE AGE GROUP FEMALES (AGE GROUP -20-40 YRS)

Authors:

**Dr. Prema Kania, Dr. Supriya Supe**

*Professor in Dept. of OBGY Bombay hospital marine lines Mumbai*

*Postgraduate Student in Dept. of OBGY Bombay hospital marine lines Mumbai*

**Corresponding Author:**

Dr .Supriya Supe

Postgraduate Student in Dept of OBGY Bombay hospital marine lines Mumbai, Maharashtra

Article Received: 10-March-2023, Revised: 01-April-2023, Accepted: 21-April-2023

### **ABSTRACT:**

**Background:** India was the first country in the world to formulate the national family planning programme in the year 1952 ,Family planning can avert more than 30% of maternal deaths and 10% of child mortality if couples spaced their pregnancies more than 2 years apart with the objective of reducing the birth rate to the extent necessary to stabilize the population at level consistent with requirement of national economy. (1 ), As per WHO reproductive age group is 15-49 year female ,but we have selected age group 20-40 year female. This study is an observational study looking at Keeping all the facts in view this stand was carried and to assess the awareness, Attitude and Practice of contraceptive methods among reproductive age group females. **Method:** The prospective observational study was conducted in the Department of Obstetrics and Gynaecology, at Tertiary care hospital during a period of 18 months from Jan 2020 to August 2021 to the awareness, attitude and practice of contraceptive methods amongst reproductive age females, (20-40yr female). During this study period a total of 125 sexually active females of age between 20-40years were enrolled in the study. **Result:** it was observed that 93.6% of women had heard about family planning, 91.20% of women were aware of contraceptives and 79.20% of women knows where to get contraceptives from.11 women (8.8%) were not aware of contraceptives. **Conclusion:** Although India has a National Family planning program since 1952 at the primary care level and major efforts have been taken from time to time to improve its coverage and accessibility by involving the primary care level workers, but increasing program coverage is not enough unless all eligible women have adequate awareness as well as favorable attitude and a correct and consistent practicing of family planning methods as per their need. Increase of awareness, knowledge, and favorable attitude for family planning activities of eligible women are strongly recommended.

### **INTRODUCTION:**

India was the first country in the world to formulate the national family planning programme in the year 1952, Family planning can avert more than 30% of maternal deaths and 10% of child mortality if couples spaced their pregnancies more than 2 years apart with the objective of reducing the birth rate to the extent necessary to stabilize the population at level consistent with requirement of national economy. (1) India is the second most populous country in the world, and accounts for more than 20% of global maternal and child deaths ,most of them are preventable.(2) Indian women have more children than desired and most often too close together. Family Planning can have a positive impact on population growth, maternal mortality, and infant and new-born outcome.(3) In spite of availability of wide range of contraceptives, the unmet need for family planning is estimated to be 12.8%.(4) By limiting births, preventing closely spaced births or births to young or old mothers,

neonatal and infant, child and maternal mortality can be reduced.(5) Over the years India's family planning programme has evolved with the shift in focus from merely population control to more critical issues of saving the lives and improving the health of mothers and newborn.(6) Ensuring healthy timing and spacing of pregnancies is the most important intervention for reproductive, maternal, neonatal, child and adolescent health. There is renewed emphasis on spacing methods of family planning.(7) Use of reversible and spacing methods of contraceptives can save women's lives and health due to a reduction in unwanted, closely spaced and mistimed pregnancies and thus avoiding pregnancies with higher risks and chances of abortions, which may be unsafeIncreased institutional deliveries in India provides an opportune time for offering family planning services to the women, who have just delivered at health facilities and want to prevent unintended pregnancies or delay having more children.(8) Inadequate knowledge attitude and

practice about contraception method and incomplete or erroneous information about their use or where to procure them are the main reason for not accepting formula planning. Moreover, unmet need for family planning is very high in the postpartum period.(9) Approximately 27% of births in India occur less than 24 months after a previous birth. Another 34% of births occur between 24 and 35 months. 61% of births in India occur a intervals that are shorter than the recommended birth-to-birth interval of approximately 36 months (3 years).(10) In developing country like India, over population is a major concern. Despite progress resulting from making contraception widely available, there is poor acceptance of contraception. Methods either due to ignorance or fear of complications using them. One of the main objectives of the programme is to space the knowledge of family planning methods and develop among the people an attitude favorable for adoption of contraceptive methods. This will be Knowledge, Attitude and Practice survey. Despite the fact that contraception usage has increased over a period of time, there exist a Knowledge Attitude and Practice-gap. That is a gap between Knowledge Attitude and Practice regarding contraception. Family planning is defined by WHO as “ a way of thinking and living that is adapted voluntarily, upon the basis of knowledge, Attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of family group and thus contribute effectively to the social development of a country” [11,12].

As per WHO reproductive age group is 15-49 year female ,but we have selected age group 20-40 year female.This study is an observational study looking at Keeping all the facts in view this stand was carried and to assess the awareness, Attitude and Practice of

contraceptive methods among reproductive age group females.

### **Materials and Method:**

After obtaining Institutional Ethics Committee approval and written informed consent from each participant’s parents, this prospective observational study was conducted in the Department of OBGY in tertiary hospital during a period of 18 months from Jan 2020 to August 2021 to assess the awareness, attitude and practice of contraceptive methods amongst reproductive age females, (20-40yr female). During this study period a total of 125 sexually active females of age between 20-40years were enrolled in the study.

### **Statistical Analysis:**

The data were analysed by using SPSS software version 20. For descriptive statistics like proportions, mean and standard deviation were used whereas inferential statistics like chi square test, Independent T test were used. P-value less than 0.05 was taken as significant level.

### **Observations and Results:**

The present prospective observational study was conducted in the Department of Obstetrics and Gynaecology, at Tertiary care hospital during a period of 18 months from Jan 2020 to August 2021 to assess the awareness, attitude and practice of contraceptive methods amongst reproductive age females, (20-40yr female). During this study period a total of 125 sexually active females of age between 20-40years were enrolled in the study. Final data collection was completed for all these patients and results of study population are being presented in the form of tables and figures.

## **SOCIO-DEMOGRAPHICAND OBSTETRICS CHARACTERISTICS**

**Table1: Distribution of patients according to Socio-demographic data**

Characteristics		No of patients	Percentage
Age	20-25	38	30.4
	26-30	59	47.2
	31-35	22	17.6
	36-40	06	4.8
Area of Residence	Urban	82	65.6
	Rural	43	34.4
Education status	Illiterate	04	3.2

	Primary	25	20
	High school	30	24.0
	Higher secondary	36	28.8
	Graduate & above	30	24.0
Religion	Christian	23	18.4
	Hindu	65	52.0
	Muslim	30	24.0
	Others	07	5.6
Marital status	Married	118	94.4
	Unmarried	07	5.6
Employment Status	Govt. employee	14	11.2
	Private employee	30	24.0
	Daily wage earner	25	20.0
	House wife	56	44.8
Number of Children	One	36	28.8
	Two	45	36.0
	Three	30	24.0
	>Four	14	11.2

The table 1 shows that maximum i.e. 47.2% of the women belonged to age group of 26-30 years followed by 20-25 years (30.4%), 31-35 years (17.6%) and 4.8% in 36-40 years age group. Majority of women 82 (65.6%) were from urban area and 43 women (34.4%) were from rural area. Regarding education of women out of 125, 25 (20%) have education upto primary level, 66 (52.8%) have education up to secondary level, 30 (24.0%) have educated up to graduate level and above, Only 4 (3.2%) women were

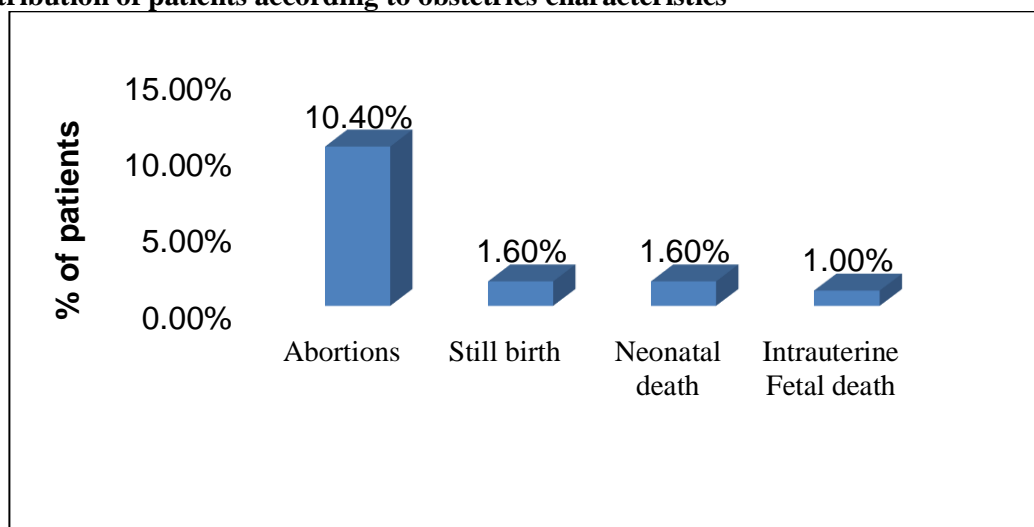
illiterate. With regard to religion, 52.0% women were Hindus, 24.0% were Muslims and 18.4% were Christians and 5.6% were others. As regards marital status, 94.4% women were married and 5.6% were unmarried. Employment status showed that 11.2% women were govt. employee, 24.0% private employee, 20% daily wage earner, 44.8% were house wife. Most of the women had two children (36%) followed by one child (28.8%), three children (24%) and more than four children (11.2%).

**Table2: Distribution of patients according to obstetrics characteristics**

Characteristics		No of patients	Percentage
No. of abortions	One	08	6.4
	Two	04	3.2
	Three	01	1.0

Still birth	02	1.6
Neonatal death	02	1.6
Intrauterine Fetal death	01	1.0

**Figure 1: Distribution of patients according to obstetrics characteristics**



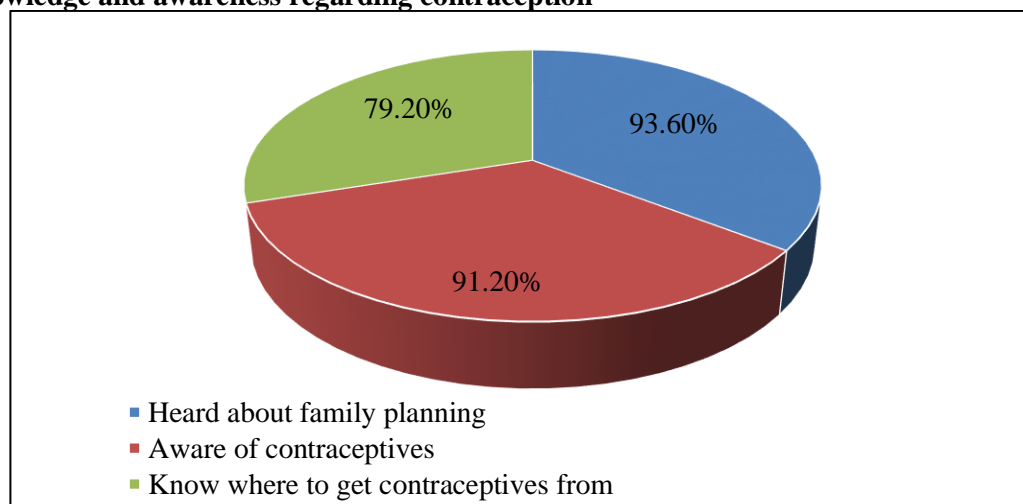
From the table 2 and figure 1 it was observed that 6.4% of women had one abortion, 3.2% two abortion and 1 women had three abortion. 1.6% women had still birth, 1.6% had neonatal death and only 1 women had intrauterine fetal death.

### KNOWLEDGE AND AWARENESS ABOUT CONTRACEPTION

**Table 3: Knowledge and awareness regarding contraception (n=125)**

Knowledge and awareness	No. of patients	Percentage
Heard about family planning	117	93.6
Aware of contraceptives	114	91.2
Know where to get contraceptives from	99	79.2

**Figure 2: Knowledge and awareness regarding contraception**



From the table 3 and figure 2 it was observed that 93.6% of women had heard about family planning, 91.20% of women were aware of contraceptives and 79.20% of women knows where to get contraceptives from. 11 women (8.8%) were not aware of contraceptives.

**Table 4: Methods of contraception heard among the respondents (n=114)**

Method	No. of patients	Percentage
Condom	100	80.0
Tubal ligation	104	91.22
Vasectomy	32	28.07
Copper T (IUCD)	68	59.64
Barrier	51	44.73
OCPs	75	65.78
Injectable contraception	05	4.38
Safe period	04	3.50

**Table 4** reveals that majority of the respondents (91.20%) had heard about the contraception. Tubal ligation was the most (91.22%) known method of contraception, 80.0%, 65.78%, 59.64% had heard about condom, pills and Copper T (IUCD) respectively.

**Table 5: Source of information (n=114)**

Source	No. of patients	Percentage
Health worker	62	54.38
Media	39	34.21
Social circle	68	59.64

**Figure 3: Source of information (n=114)**

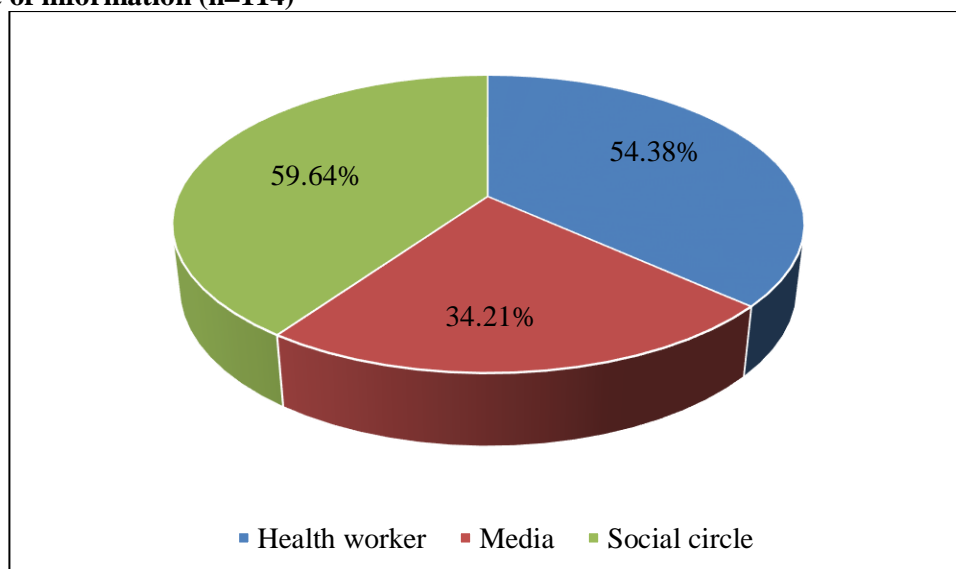


Table 5 and figure 3 shows the source of information The source of knowledge was mostly through social circle in 68 women (59.64%), through media in 39 (34.21%) women and 62 women (54.38%) got awareness through health personnel.

### ATTITUDE TOWARDS CONTRACEPTION

**Table 6: Overall attitude of the respondents towards contraception(n=125)**

Response			
Positive Attitude ( $\geq 60\%$ )		Negative Attitude ( $<60\%$ )	
Frequency	Percentage	Frequency	Percentage
113	90.4	12	9.6

**Figure 4: Overall attitude of the respondents towards contraception(n=125)**

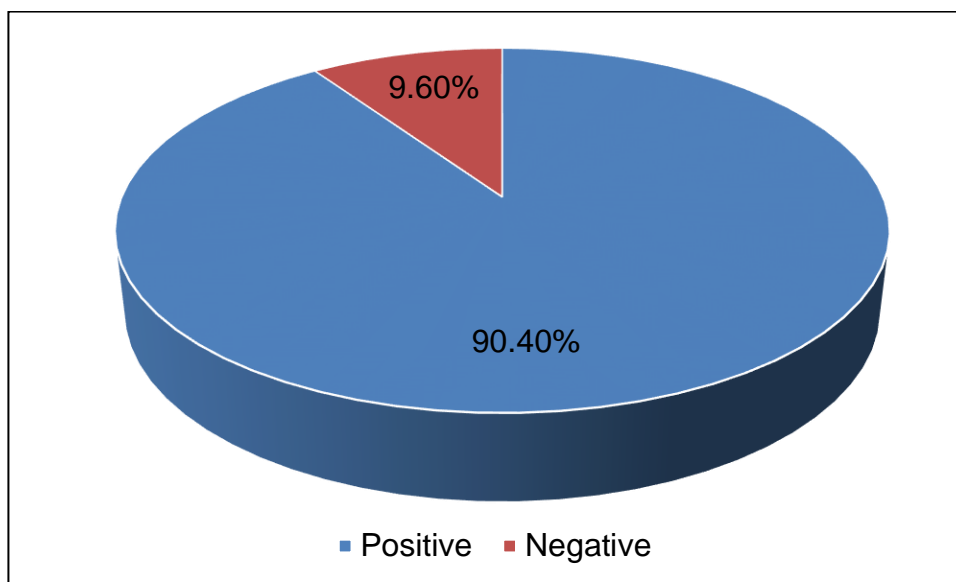


Table 6 and figure 4 reveals that majority (90.4%) of the respondents had a positive attitude and few (9.6%) respondents had negative attitude regarding contraception.

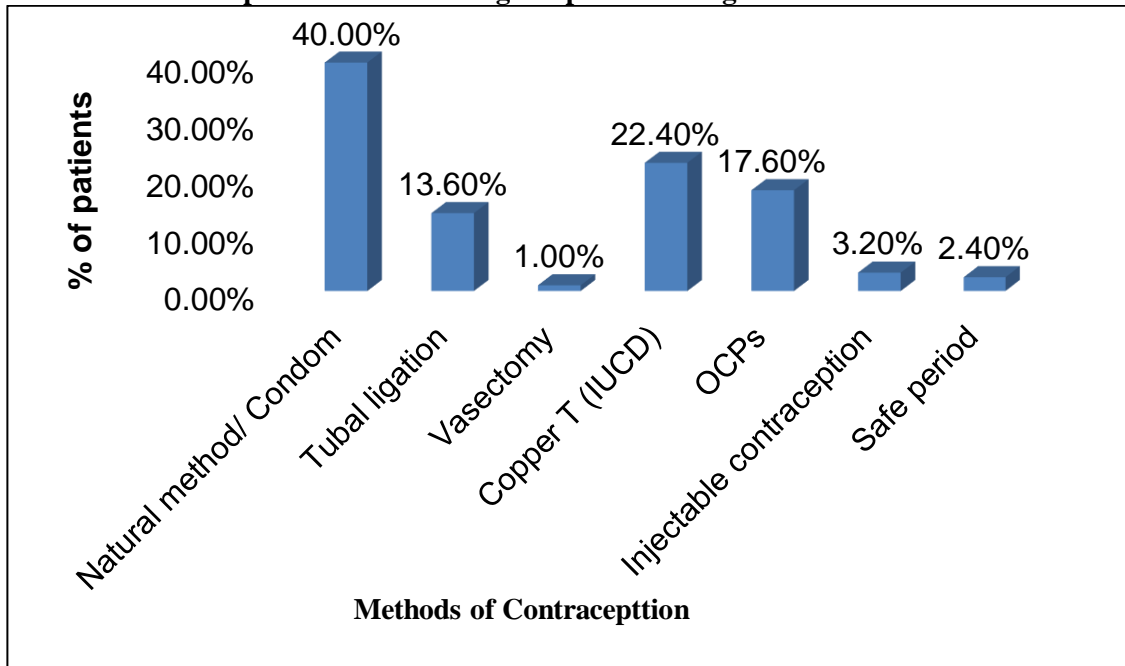
### PRACTICE OF CONTRACEPTIVE METHODS

**Table 7: Contraceptive Practice among the Respondents (n=125)**

Practice of Contraceptive		No. of patients	Percentage
Ever practiced	Yes	88	70.4
	No	37	29.6
Currently using contraception	Yes	108	86.4
	No	17	13.6
Methods used	Natural method/ Condom	50	40.0

(n=125)	Tubal ligation	17	13.6
	Vasectomy	01	1.0
	Copper T (IUCD)	28	22.4
	OCPs	22	17.6
	Injectable contraception	04	3.2
	Safe period	03	2.4

**Figure 5: Practice of contraceptive methods amongst reproductive age females**



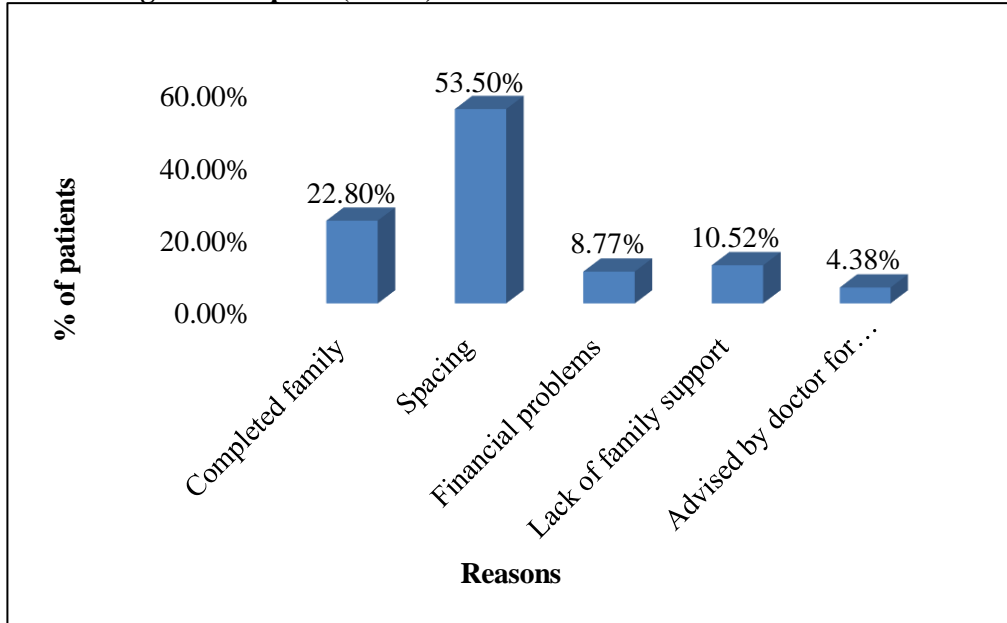
Above **table 7** shows that 70.4% of the respondents had ever practiced contraception whereas 86.4% of the respondents were currently practicing it. **Table 7 and figure 5 revealed that** majority (40%) of the respondents were using condom followed by Copper T (IUCD) (22.40%), OCPs (17.60%) and tubal ligation (13.60%). Few women know about vasectomy (1%), injectable contraception (3.70%) and safe period (2.77%) as method of contraception.

**Table 8: Reason for using contraceptive (n=114)**

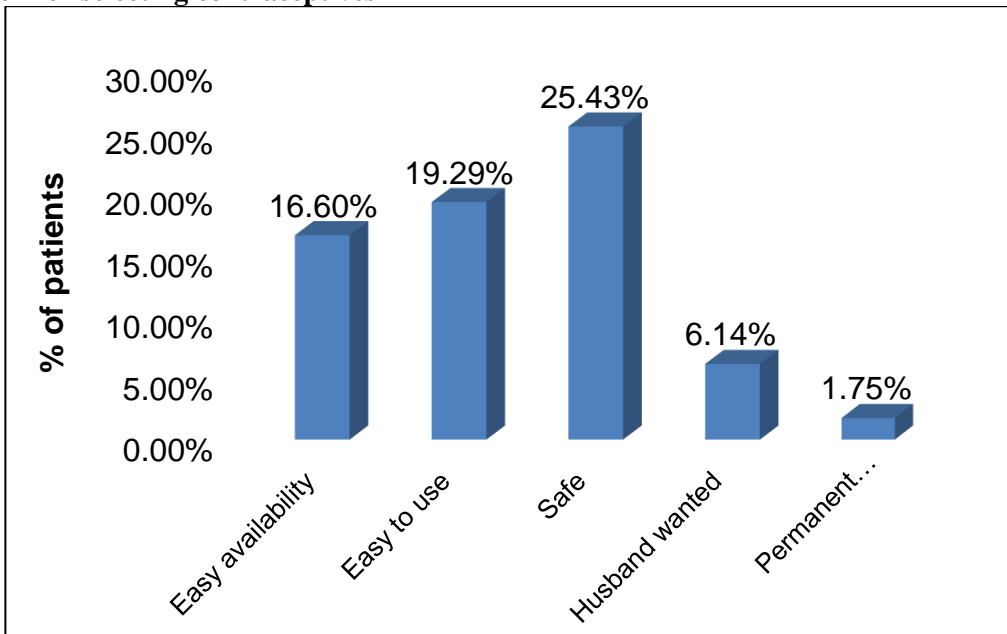
Reason		No. of patients	Percentage
Reason for using contraceptive	Completed family	26	22.80
	Spacing	61	53.50
	Financial problems	10	8.77
	Lack of family support	12	10.52
	Advised by doctor for medical reason	05	4.38
Reason for selecting	Easy availability	19	16.6

contraceptives	Easy to use	22	19.29
	Safe	29	25.43
	Husband wanted	07	6.14
	Permanent method	02	1.75

**Figure 6: Reason for using contraceptive (n=114)**



**Figure 7: Reason for selecting contraceptives**



From the table 8 and figure 6 and 7 it was observed that most of the women (53.50%) were using contraceptives for spacing. 22.80% used contraception because they had completed their family. 10.52% were used due to lack of family support, 8.77% financial problems and 4.38% of women used contraception because advised by doctor for medical reason. Criteria for choice of the method were mainly safety (25.43%) and easy to use (19.29%) and easy availability (16.60%).

**CORRELATION BETWEEN AWARENESS, ATTITUDE AND PRACTICE**



**Table 9: Correlation between awareness, attitude and practice**

Variable	Correlation coefficient	P value
Awareness -attitude	0.254	0.05
Awareness -practice	0.028	0.66
Attitude-practice	0.251	0.05

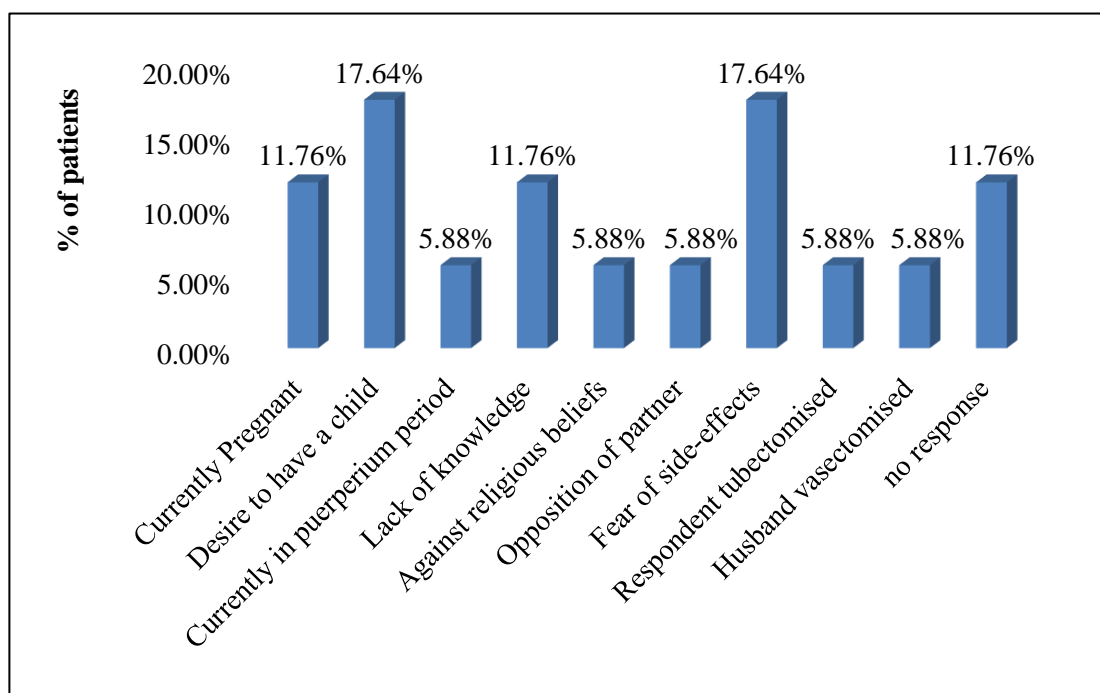
**\*Correlation significant at 0.05 level (two-tailed)**

The result reaffirms the relationship between awareness, attitude and practice as shown in table 9. Correlations were interpreted using the following criteria: 0–0.25 = weak correlation, 0.25–0.5 = fair correlation, 0.5–0.75 = good correlation, and > 0.75 = excellent correlation [Santos JRA. *Cronbach's alpha: A tool for assessing the reliability of scales. J Extension. 1999;37:1–5*]. The correlation revealed significant positive linear correlations between awareness-attitude (R = 0.254, P < 0.05) awareness–practice (R = 0.028, P = 0.66), and attitude–practice (R = 0.251, P = 0.05).

**Table 10: Barriers on family planning and contraceptive use (n=17)**

Barrier	No. of patients	Percentage
Currently Pregnant	02	11.76
Desire to have a child	03	17.64
Currently in puerperium period	01	5.88
Lack of knowledge	02	11.76
Against religious beliefs	01	5.88
Opposition of partner	01	5.88
Fear of side-effects	03	17.64
Respondent tubectomised	01	5.88
Husband vasectomised	01	5.88
No response	02	11.76

**Figure 8: Barriers on family planning and contraceptive use (n=17)**



From table 10 and figure 8, it was observed that 11.76% of women did not disclose the reason for not using contraceptives. 17.64% were not using any contraceptive because they were planning pregnancy, while 11.76% because they did not have knowledge about contraception. 11.76% were currently pregnant, 17.64% of women not using any contraceptive because fear of side effects. 1(5.88%) women each was not use contraceptive due to currently in puerperium period, against religious beliefs, opposition of partner, respondent tubectomised, husband vasectomized.

### **DISCUSSION:**

Although India has a National Family planning program since 1952 at the primary care level and major efforts have been taken from time to time to improve its coverage and accessibility by involving the primary care level workers, but increasing program coverage is not enough unless all eligible women have adequate awareness as well as favorable attitude and a correct and consistent practicing of family planning methods as per their need. Increase of awareness, knowledge, and favorable attitude for family planning activities of eligible women are strongly recommended[56]

### **SOCIODEMOGRAPHIC CHARACTERS:**

The Socio demographic characters of the group studied were shown in Table: 1 Among all the women studies 30.4 % of them are in the age group of 20-25 yrs. Majority of them were in the age group of 25-30 yrs (47.2%). ( 17.6 %) of them from age group 30-35yrs , Few were in the age group of 35-40yrs (4.8%). Among the antenatal and postnatal women all were(94.6%) married 5.4% of women seeking MTP were unmarried. Education is the Prime influencing factor. It may have direct influence on fertility, since education affects the attitudinal and behavioral patterns in the individuals. In the present study, a proportion of the populations were

illiterate (3.2 %). About (20 % )of them were educated till primary school. Majority of them( 24%) and ( 28% )had high school and higher secondary education. (24%) were graduate. This group was reflective of the general population with majority of them being Hindus (52%), 24% them being Muslims and 18.4% of them Christians. Others were (5.6%) Most of the women had two children (36%) followed by one child (28.8%), three children (24%) and more than four children (11.2%). Employment status showed that 11.2% women were govt. employee, 24.0% private employee, 20% daily wage earner, 44.8% were house wife. the table 2 and figure 1 it was observed that 6.4% of women had one abortion, 3.2% two abortion and 1 women had three abortion. 1.6% women had still birth, 1.6% had neonatal death and only 1 women had intrauterine fetal death.

### **KNOWLEDGE AND AWARENESS ABOUT CONTRACEPTION:**

Strategies to increase contraceptive use must include improving delivery of correct and adequate information about the availability of contraceptive methods.(33) Education of women is considered to be a most important factor in decision making.(34) For contraceptive usage, woman's will and motivation is necessary. Awareness and knowledge is the key to

choose the right method for contraception. From the table 3 and figure 2 it was observed that 93.6% of women had heard about family planning, 91.20% of women were aware of contraceptives and 79.20% of women knows where to get contraceptives from. 11 women (8.8%) were not aware of contraceptives. whereas, by Tuladhar et al, 93.0% of the study population were aware of at least one of family planning methods (1) whereas 97.4 & 99% is seen in other studies conducted at Lahore.(35,36) another study conducted in Andhra Pradesh among Racha Koya women, 81% had knowledge on different contraceptive methods.(37). **Table 4** reveals that majority of the respondents (91.20%) had heard about the contraception. Tubal ligation was the most (91.22%) known method of contraception, 80.0%, 65.78%, 59.64% had heard about condom, pills and Copper T (IUCD) respectively. The most popular method was female sterilization among 91.22% of women followed by condoms (80%). Whereas it is same as study conducted by Onwuzurike BK et al in Nigeria, it has been observed that tubectomy is the method of choice in rural and tribal areas.(54) some of the studies have shown condom as most known and popular method of contraception[52-53] whereas In study by Tuladhar et al, the best-known method of temporary contraception was depot Provera (78.0%) followed by oral contraceptive pills (74.0%) and condom (71.0%). (16) The Popularity of the condoms was due to the awareness created in the hospital during admission or antenatal visits by the National AIDS control organization (NACO) for pretest counseling during HIV Screening. This differed from the study done by Sreevatsava et al in which most common temporary method was intrauterine contraceptive device (61.2%) and Emergency contraception was known to only 1.1% of women<sup>18</sup>. Table 5 and figure 3 shows the source of information The source of knowledge was mostly through social circle in 68 women (59.64%), through media in 39 (34.21%) women and 62 women (54.38%) got awareness through health personnel. result seen in study conducted in Ethiopia, showed that 80.3% of health worker contributed in disseminating information regarding contraception.(38) Another study conducted by Omo-Aghoja et al. from Nigeria in 2009, and Srivastava et al. from India in 2005, social circle was found to be the main source of knowledge & followed by healthworker.(39,40 )While another study showed media as a main source of information.(41) The most common source of information on contraception was media (55.5%)(16)

#### ATTITUDE TOWARDS CONTRACEPTION:

Table 6 and figure 4 reveals that majority (90.4%) of the respondents had a positive attitude and few (9.6%) respondents had negative attitude regarding contraception. whereas study conducted by Zangmu

Sherpa et al., 87.5% had positive attitude.(47) 78% and 74% of husband approved the use of contraceptives in other Studies conducted in Sindh and Punjab respectively.(48,49) Similar result was seen in the study done by Sonia Naqvi et al.(50)

#### PRACTICE OF CONTRACEPTIVE METHODS:

Family planning services need to provide a range of quality method that can allow women to either limit or space birth and to fulfill the need of women with differing socio-demographic characteristics.51 Above **table 7** shows that 70.4% of the respondents had ever practiced contraception whereas 86.4% of the respondents were currently practicing it. **Table 7 and figure 5 revealed that** majority (40%) of the respondents were using condom followed by Copper T (IUCD) (22.40%), OCPs (17.60%) and tubal ligation (13.60%). Few women know about vasectomy (1%), injectable contraception (3.70%) and safe period (2.77%) as method of contraception condom was the most common method (40%). Similar results were shown in other study as well.(44) In the study by Tuladhar et al, only 65.0% had prior usage of contraceptive method. Whereas in the present study 70.4.% gave history of prior use of contraception. This shows the slightly better acceptance of our population towards contraceptive methods(16) many other studies, it is observed that barrier methods are more effectively used in the urban areas as compared to rural areas.55. In contrast, study conducted by Musarrat Jabeen et al., commonly used methods were traditional, injectable & female sterilization which is different from the work of Seema et al.(45,46). From the table 8 and figure 6 and 7 it was observed that most of the women (53.50%) were using contraceptives for spacing. 22.80% used contraception because they had completed their family. 10.52% were used due to lack of family support, 8.77% financial problems and 4.38% of women used contraception because advised by doctor for medical reason.Criteria for choice of the method were mainly safety (25.43%) and easy to use (19.29%) and easy availability (16.60%). whereas Virginia Morrison (2000) study 82% of women wanted to stop or delay child bearing(16) The result reaffirms the relationship between awareness, attitude and practice as shown in table 9. Correlations were interpreted using the following criteria: 0–0.25 = weak correlation, 0.25–0.5 = fair correlation, 0.5–0.75 = good correlation, and > 0.75 = excellent correlation[*Santos JRA. Cronbach's alpha: A tool for assessing the reliability of scales. J Extension. 1999;37:1–5*]. The correlation revealed significant positive linear correlations between awareness-attitude ( $R = 0.254, P < 0.05$ ) awareness–practice ( $R = 0.028, P = 0.66$ ), and attitude–practice ( $R = 0.251, P = 0.05$ ). From table 10 and figure 8, it was observed that 11.76% of women did not disclose the reason for not using contraceptives. 17.64% were

not using any contraceptive because they were planning pregnancy, while 11.76% because they did not have knowledge about contraception. 11.76% were currently pregnant, 17.64% of women not using any contraceptive because fear of side effects. 1(5.88%) women each was not use contraceptive due to currently in puerperium period, against religious beliefs, opposition of partner, respondent tubectomised, husband vasectomized. Where as Virginia Morrison (2000) study . Reasons for nonuse include: 24% lack of information, 20% current illness, 42% discomfort over seeking contraceptives. (16) Whereas 55% had never used contraceptives in study conducted by Srivastava et al. in 2005, India(42) and 8% in Young et al study done in New Zealand.(43)

### **FURTHER SCOPE AND RECOMMENDATIONS:**

- Approaches to meeting unmet need: An illustrative checklist.
- To improve access to good quality.
- Offer a choice of more contraceptive method, such as injectables.
- Encourage wider commercial sales of contraception, through more outlets.
- Start or expand social marketing programmes.
- Train providers in empathic, respectful counseling and interpersonal relation with clients.
- Provide privacy for client counseling and procedures.
- Reduce clients waiting time and paperwork. Improve client flow pattern in health care facilities.
- Keep contraceptives in stock.

### **To address health concerns and side effects.**

- Address facts and truth about family planning and health in mass media communication discuss specific methods.
- Train providers to manage side effects and counsel clients who return with complaints.
- That counseling covers side effects thoroughly including whether they are likely to go away, what can be done about them and whether they are signs of more serious problems that need medical attention.
- Employ a broad range of FP methods so that clients easily switch methods without risking pregnancy.
- Empty the testimonials of satisfied contraceptive users to address the concerns of those who have never used methods.

### **To increase knowledge:**

- Expand mass media communication to provide information about methods and their use, using especially Radio / TV but also printing materials.
- Inform communities about methods at public meeting and community events such as theatres.
- Train FP providers to answer clients' questions and concerns about contraceptive methods.

### **To overcome husband's opposition:**

- Address men directly with information about benefits and safety of family planning, recognizing men's often – dominating role in decision making but promoting equal participation of women too.
- Offer Family Planing services for men and offer them in sittings that men find comfortable.
- Demonstrate that Family Planning is the community norm and responsible behavior, endorsed by religious and civic leaders.
- Help women learn how they can talk with their partners about Family Planning including how to start the discussions.

### **CONCLUSION:**

This study reveals good knowledge and favorable attitude towards family planning, though practice is less. The knowledge of Family Planning is wide spread among the respondents though it is more among literate women. The important source of information are family and friends and relatives. Ongoing motivation and spread of knowledge about Family Planning measures is important to improve the attitude and practices of contraception.

**Conflicts of intrest:** nill

### **REFERENCES:**

1. Shweta SMB. Knowledge and pattern of family planning adoption Kashi Vidyapeet Block, Varanasi Dist (UP). Indian J Prev Soc Med. 2010.
2. Rakhi J, Sumathi M. Contraceptive method: needs, options and utilization. J Obstet Gynecol India. 2011.
3. Upadhayay A, Shah SK, Thapa DK, Sanal TS, Ghimire R, Dahal HR. Knowledge, attitude and practice of family planning method among married women of reproductive age group in earth quake displaced population of Sindupalchok District, Nepal. Am J Pub Health Res. 2017.
4. Ghike S, Joshi S, Bhalerao A, Kawthalkar A. Awareness and contraception practices among women an indian rural experience. J South Asian Federation Obstet Gynecol. 2010.

5. Mehata S, Paudel YR, Dotel BR. Inequalities in the use of family planning in rural Nepal. *Bio Med Res Int.* 2014;2014. Sunita TH, Desai RM. Knowledge, attitude and practice of contraception among women attending a tertiary care hospital in India. *Int J Reprod Contracept Obstet Gynecol.* 2013.
- Sreytouch V. Knowledge, attitude and practice of family planning among women in Banteay Meanchey, Cambodia. 2010.
8. Brair SL, Eltayeb LB. Barriers to family planning service utilization among Sudanese women in Khartoum locality. *Al Neelain Med J.* 2012.
9. Ebrahim S, Muhammed N. Knowledge, attitude and practice of family planning among women in Basrah city South of Iraq. *MBU.* 2011
10. Renjhen P, Kumar A, Pattanshetty S, Sagir A, Samarasinghe CM. A study on knowledge, attitude and practice of Contraception among college students in Sikkim. India. *J Turkish-German Gynecol Assoc.* 2010.
11. <http://www.who.int/news-room/factsheets/detail/familyplanning-contraception>
12. <http://www.open.edu/openlearncreate/mod/oucontent/view.php?id=144&printable=1>
- 14) speroff 9<sup>th</sup> edition
- 15) s k chaudhary bok of contraception
- 16.. Tuladhar H, Marahatta R. Awareness and practice of family planning methods in women attending gyne OPD at Nepal medical college teaching hospital. *Nepal Med Coll J.* 2008;)
17. . Santoso BI, Surya R. Knowledge, attitude, and practice of contraception among pregnant women in Ende district, east Nusa Tenggara, Indonesia. *J South Asian Feder Obst Gynae.* 2017 .
- 18 Srivastav A, Khan MS, Chauhan CR. Knowledge, attitude and practices about contraceptive among married reproductive females. *Int J Sci Study.* 2014
19. Dey S. A study on family planning acceptance among slum dwellers in Shillong, Meghalaya. *Ind J Comm Health.* 2014.
20. Arora P, Bajpai RC, Srivastava R. Emergency Contraception: A Study to Assess Knowledge, Attitude and Practices among Female College Students in Delhi. *Natl J Community Med* 2013.
21. International FH: Qualitative Research Methods: A Data Collector's Field Guide. In.; No Date 19. et al Anila Tresa Alukal, Lissamma George\*, Resmy C. Raveendran The study was conducted at the Government Medical College Thrissur, Kerala and study period was 1 year (2014-2015). The awareness and contraceptive practices of 514 pregnant women.
22. Giri, Bangal and Phalke et al (2013) "assessment of knowledge and attitude about emergency contraception (EC) among the undergraduate, interns and postgraduate medical science university 180 students (110 male and 70 female) .
23. Bhattacharjya and Reang et al (2014) "studied the prevalence of contraceptive use and its determinants among eligible couples in an urban slum of Tripura .
24. Srivastav, Khan and Chauhan et al (2014) "assessment the knowledge, attitude and practice of contraceptive among married reproductive females.
- 25.. Verma and Mahmood et al (2012) assessment the knowledge towards emergency STUDY OF AWARENESS, ATTITUDE, PRACTICE OF CONTRACEPTIVES IN REPRODUCTIVE AGE GROUP FEMALES .
26. Ranjhen et. al. (2010) et al" assessment of knowledge, attitude and practice of contraception among the college.
27. KAP Studies among prostitutes- *Journal for china AID/STD Preventive control* Vol 6, No.1, Feb 2000
28. Unmet need for contraceptive –Economic and Political week by, Jan 18, 2003
29. John Mao Knowledge attitude and Practice of family planning a study Tezu Village, Manipur ( India) *The internet Journal of Biology Anthropology* 2007.
30. Virginia Morrison, Contraceptive Need among Cambodian refugees in KhaoPhlu Camp, *International Family planning Perspectives*, 2000
31. Sreevatsava, Reena and Collages, Contraceptive knowledge Altitude and Practices Survey – *JOGI* vol 55, No6, Nov/Dec P8 546-550.
32. Debral S & Malik SL- Demographic Study of Gujjars of Delhi IV-KAP of FP-J of Human Ecology, (2004)
33. Kaushal SK, Saxena SC, Srivastava VK, Gupta SC, Nigam S. KAP study on contraceptive methods in Kanpur district of UP. *Indian J Commun Health.* 2009-2010.
34. Cindoglu D, Sirkeci I, Sirkeci RF. Determinants of choosing withdrawal over modern contraceptive methods in Turkey. *Eur J Contracept Reprod Health Care.* 2008.

35. Hakim A, Sultan M, Ahmed F. Pakistan reproductive health and family planning survey 2001. In: Hakim A, Sultan M, Ahmed F, eds. The Institute. Islamabad: The Institute; 2001.
36. Humayun S. Knowledge and practices of family planning in grandmultiparas. *J Coll Physicians Surg Pak*. 2002.
37. Rao PD, Babu MS. Knowledge and use of contraception among Racha Koyas of Andhra Pradesh. *Anthropol*. 2005.
38. Senbeto E. A study on knowledge, attitude, practice and quality of care in family planning at Dessie Zuria District. *J Ethiop Med Pract*. 2001.
39. Chigbu B, Onwere S, Aluka C, Kamanu C, Okoro O, Feyl-Waboso P. Contraceptive choices of women in rural Southern Nigeria. *Niger J Clin Pract*. 2010.
40. Srivastava R, Srivastava DK, Jina R, Srivastava K, Sharma N, Sana S. Contraceptive knowledge, attitude and practice (KAP Survey). *J Obstet Gynaecol India*. 2005.
41. Sultan K, Younus S. Mass media and family planning: understanding the effects of television in innovation decision process of health communication in district Peshawar. *KUST Med J*. 2010.
42. Srivastava R, Srivastava DK, Jina R, Srivastava K, Sharma N, Sana S. Contraceptive knowledge, attitude and practice (KAP Survey). *J Obstet Gynaecol India*. 2005.
43. Renjhen P, Gupta SD, Barua A, Jaju S and Khati B. A study of knowledge, attitude and practice of family planning among the women of reproductive age group in Sikkim. *J Obstet Gynaecol India*. 2008;58:63-7.
44. Khawaja NP, Tayyab R, Malik N. Awareness and practices of contraception among Pakistani women attending a tertiary care hospital. *J Obstet Gynaecol* 2004.
45. Bibi S, Memon A, Memon Z. Contraceptive knowledge and practices in two districts of Sindh Pakistan-A hospital based survey. *JPMA*. 2008.
46. Musarrat Jabeen, Fouzia Gul, Farmanullah Wazir, Nargis Javed. Knowledge, attitude and practices of Contraception in women of reproductive age. *Gomal J Med Sci*. 2011.
47. Sherpa SZ, Sheilini M, Nayak A. Knowledge, attitude, practice and preferences of contraceptive methods in Udupi district, Karnataka. *J Family Reprod Health*. 2013.
48. Ali S, White FMM. Family planning practices among currently married women in Khairpur District, Sindh, Pakistan. *J Coll Physicians Surg Pak*. 2005.
49. Khawaja NP, Tayyab R, Malik N. Awareness and practices of contraception among Pakistani women attending a tertiary care hospital. *J Obstet Gynaecol*. 2004.
50. Naqvi S, Hashim N, Zareen N, Fatima H. Knowledge, attitude and practice of parous women regarding contraception. *J Coll Physicians Surg Pak* 2011.
51. Rozina M, Uzma A, Haleema AH. Contraceptive knowledge, attitude and practice among rural women. *J Coll Physicians Surg Pak*. 2008.
52. U AN, Ramakrishnan KG, Venkateswar KN, Vijayshree M. Assessing the knowledge, attitude and practice of contraception in rural India: a necessary step in achieving population control. 2017.
53. Van der Westhuizen N, Hanekom G. Patient knowledge and intention to use the intrauterine contraceptive device (IUCD) at a tertiary level hospital. *S Afr J Obstet Gynaecol*. 2016.
54. Onwuzurike BK, Uzochukwu BSC. Knowledge, Attitude and Practice of Family Planning amongst women in a high density low income urban of Enugu, Nigeria. *Afr J Repro Health*. 2001.
55. Reddy RS, Premarajan KC, Narayan KA, Mishra AK. Rapid appraisal of knowledge, attitude and practices related to family planning methods among men within 5 years of married life. *Indian J Prev Soc Med*. 2003.
56. Republic FD. National guideline for family planning Federal Democratic Republic of Ethiopia. 2011 [[Google Scholar](#)]

#### How to Cite:

Supriya Supe, & Dr. Prema Kania. (2023). STUDY OF AWARENESS, ATTITUDE, PRACTICE OF CONTRACEPTIVES IN REPRODUCTIVE AGE GROUP FEMALES (AGE GROUP -20-40 YRS). *International Journal of Medical Science in Clinical Research and Review*, 6(02), Page: 465-478. Retrieved from <https://ijmscrr.in/index.php/ijmscrr/article/view/524> <http://doi.org/10.5281/zenodo.7853636>

© Supriya Supe, & Dr. Prema Kania. (2023). Originally Published in the *Journal of International Journal of Medical Science in Clinical Research and Review* (<https://ijmscrr.in>), 22.April.2023. This is an open-access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>)