The knowledge, attitude, practice of contraception in breastfeeding mothers
Asha Neravi, Voorkara Udayashree*, Ashwitha Gundmi

INTRODUCTION
Population explosion has been India's major problem since independence. It is a major obstacle to the overall progress of the nation. In addition to this, increasing number of births has a deleterious effect on the health of the mother, which in turn hinders social and economic uplift of the family.

High parity is related to increased maternal, perinatal and infant deaths and is also associated with nutritional problems of both mother and child. Adoption of family planning methods is one of the best solutions to tackle this problem.

There exists a KAP-GAP i.e. a gap between the knowledge, attitude and practices regarding contraception. Good communication skills and behaviour change is required to bridge this gap. Therefore, it is important to stimulate social change and motivating them.
A WHO expert committee has defined five methods in 1975 to evaluate the success of Family Planning Programmes. One of them is the evaluation of knowledge, attitude, motivation and behaviour among people. In April 1976, the country framed its first-National population policy which is now running under RCH (Reproductive and child Health) program, so that each and every couple of India get aware of the need of the family planning methods.1,2

Objective to study the knowledge, attitude, practice of contraception in breastfeeding mothers, to study most prevailing contraception method used by mother with child less than 1 year, to educate them about various types of contraception its side effects and cost effectiveness and motivate them on practice of contraception and to estimate the KAP GAP.

METHODS
Postnatal breastfeeding mothers attending out-patient department Obstetrics and Gynaecology and Paediatric and postnatal wards of Sri Dharmasthala Manjunatheshwara College of Medical Sciences and Hospital, Dharwad from November 2014 to October 2015. The study was observational study consisting of 500 postnatal breastfeeding mothers. The sample size for the study was 500 postnatal mothers.

Inclusion criteria
- Married women between ages 15-45 years
- Primipara and multipara
- Women of children less than 1 year of age.

Exclusion criteria
- Women wanting permanent method of contraception (tubectomy/ vasectomy)
- Mother in puerperium
- Non-cooperative women who refused to furnish necessary information.

The study instrument for the investigation was structured questioner. Part 1 include general information about the mother. Part 2 divide into section 1 and 2.

Section 1
To assess the Knowledge of contraception. Questions are again divided into 6 main groups, questions were asked on basic contraception and on 5 types on contraception and the answer is categorized into 3 types to obtain a total of 20 elements.

Section 2
To assess Attitude towards contraception. It is subdivided into 4 groups and the answers are categorized into 5 types to obtain a total of 17 elements.

Section 3
To assess contraception practiced. It was subdivided into 6 groups and questions are asked on the type of contraception practiced.

Administration of questionnaire
Mothers who were post puerperal and having child less than 1 year attending the outpatient department of Obstetrics and Gynecology for their postnatal checkup and Pediatrics for vaccination of their child between November 2014 to October 2015 are questioned till the desired sample size is obtained.

Mothers were taken into the examination room with adequate space and ventilation. They are explained about the need and benefit of the study and what is expected from them. An informed consent is taken.

The questions were asked in the order of Proforma prepared and answers were ticked. Doubts of the mother were well explained, and questions were made clear to them. After a detailed question and answer session both the husband and wife were counseled regarding:
- Types of contraception available
- Suitable contraception for the mother at that point of time
- Side effects if any
- Mode of administration and duration of action
- The need for contraception and birth spacing.

Patient and husband after counseling are given a “Cafeteria approach” for the use of contraception. They are also followed up by phone calls to know the effectiveness of counseling.

Statistical analysis
The collected data has been spread on the Microsoft Excel sheet and statistical software used was SPSS 20. Graphs and tables were generated using Microsoft Excel. Chi-square test has been used to find out the significance.

RESULTS
Most of the patients in the study were of age 21-30 years, of which 58.5% between 21-25 years and 29.2% between 26-30 years.

There were no patients below 20 years, 8.4% were 31-35 years and 3.6% more than 35 years respectively.

In this study most of the mothers were 1-10 std educated. There was no mother who did not do schooling and no mother was educated to post graduate and professional level. Mothers who did 11-12 std were 7.6%.
Most mothers in this study were housewives 96.2%. Office going constituted 3.8% and none were professional workers.

Normal vaginal delivery constituted 29.6% caesarean 2.8% rest 67.6% were either vacuum or forceps assisted vaginal deliveries.

### Table 1: Age distribution of the study.

| Age   | Numbers (%) |
|-------|-------------|
| <20   | none        |
| 21-25 | 294 (58.5)  |
| 26-30 | 146 (29.2)  |
| 31-35 | 42 (8.4)    |
| >35   | 18 (3.6)    |
| Total | 500         |

### Table 2: Education status of the mother.

| Education    | Number (%) |
|--------------|------------|
| No schooling | 00         |
| 1-10 std     | 446 (89.2) |
| 11-12 std    | 38 (7.6)   |
| Degree       | 16 (3.2)   |
| Post graduate| 00         |
| Professional | 00         |

### Table 3: Occupation of the mother.

| Occupation   | Number (%) |
|--------------|------------|
| Housewife    | 481 (96.2) |
| Office going | 19 (3.8)   |
| Professional | None       |

### Table 4: Mode of delivery.

| Mode of delivery | Number (%) |
|------------------|------------|
| FTVD             | 338 (67.6) |
| FTND             | 148 (29.6) |
| LSCS             | 14 (2.8)   |

### Table 5: Parity of the mother.

| Parity         | Number (%) |
|----------------|------------|
| Primipara      | 272 (54.4) |
| Multipara      | 205 (41.0) |
| Grandmultipara | 23 (4.6)   |

In this study primiparas were 54.4% and multipara were 41%. A small number were grandmultipara 4.6%.

In this study 49.6% mothers acquired knowledge about contraception from health professionals 44% from family and friends 12% from television and 12% from newspaper and a small number 1.6% from radio.

### Table 6: Source of information on contraception.

| Source of information | Number (%) |
|-----------------------|------------|
| Health professional   | 248 (49.6) |
| Television            | 12 (2.4)   |
| Radio                 | 8 (1.6)    |
| Newspaper             | 12 (2.4)   |
| Friends and family    | 220 (44.0) |

### Table 7: Contraceptive practices.

| Contraceptive practices | Numbers | Percentage |
|-------------------------|---------|------------|
| Contraceptive used      | 273     | 54.6       |
| Contraceptive not used  | 227     | 45.4       |
| Total                   | 500     | 100.0      |

### Table 8: Association of education with contraceptive practices.

| Education    | Contraceptive practiced | Contraceptive not practiced | Total |
|--------------|-------------------------|-----------------------------|-------|
| No schooling | -                       | -                           |       |
| 1-10 std     | 202 (45.3)              | 244 (54.7)                  | 446   |
| 11-12 std    | 16 (42.1)               | 22 (57.9)                   | 38    |
| Degree       | 9 (56.3)                | 7 (43.8)                    | 16    |
| Postgraduate | -                       | -                           | -     |
| Professional | -                       | -                           | -     |
| Total        | 227 (45.4)              | 273 (54.6)                  | 500   |

Inference: The association between education and contraceptive usage is not statistically significant with $\chi^2 = 0.928, df=2, p=0.629$

### Table 9: Association of occupation with contraceptive practices.

| Occupation   | Contraceptive practiced | Contraceptive not practiced | Total |
|--------------|-------------------------|-----------------------------|-------|
| Housewife    | 215 (44.7)              | 266 (55.3)                  | 481   |
| Office going | 12 (63.2)               | 7 (36.8)                    | 19    |
| Professional | -                       | -                           | -     |
| Total        | 227 (45.4)              | 273 (54.6)                  | 500   |

Inference: The association between occupation and contraceptive usage is $\chi^2 = 2.513, df=1, p=0.113$ The odds of contraceptive usage is 2.121 times among office going women than housewives. Odds ratio=2.121 with 95% confidence interval=0.821 to 5.480 which is statistically not significant.
Table 10: Knowledge of contraception among breastfeeding mothers.

| Knowledge                                                                 | True | False | Don’t know |
|---------------------------------------------------------------------------|------|-------|------------|
| Pregnancy can occur even in the absence of resumption of menses          | 154  | 226   | 120        |
| Chances of pregnancy increases after resumption of menses                | 128  | 232   | 140        |
| Contraception should be used during breast feeding                       | 126  | 236   | 138        |
| **Exclusive Breast Feeding**                                             |      |       |            |
| Exclusive Breast feeding means no other substitute other than milk for 6 months | 131  | 215   | 154        |
| In exclusive breastfeeding, sometimes periods do not start                | 93   | 255   | 152        |
| Can Exclusive Breast feeding be used as contraception                     | 242  | 152   | 106        |
| **Condoms**                                                              |      |       |            |
| Can condoms be used as a contraceptive method                            | 144  | 201   | 155        |
| **Cu-T**                                                                 |      |       |            |
| Cu-T is a device which is placed in the:                                  |      |       |            |
| Uterus                                                                   | 242  |       |            |
| Tubes                                                                    | 139  |       |            |
| Ovary                                                                    | 119  |       |            |
| Vagina                                                                   | 0    |       |            |
| Abdomen                                                                  | 0    |       |            |
| Can Cu-T used as a contraceptive method                                   | 81   | 259   | 160        |
| Can Cu-T used in caesarean section                                       | 133  | 367   | 0          |
| **Birth control pills**                                                   |      |       |            |
| Can birth control pills be used as a contraceptive method                 | 86   | 112   | 302        |
| Are the birth control pills used during breast feeding same like other contraceptive pills | 168  | 332   | 0          |
| **Hormonal Injections**                                                  |      |       |            |
| Can Hormonal injections be used as a contraceptive method                 | 112  | 169   | 219        |
| These injections should be taken every three months                      | 13   |       |            |
| **Others**                                                               |      |       |            |
| Can periodic abstinence be used as a contraceptive method                 | 159  | 131   | 210        |
| Can coitus interrupts be used as a contraceptive method                  | 251  | 177   | 72         |
| Periodic checkup during the use of contraception is necessary            | 133  | 331   | 36         |

Table 11: Attitude of contraception in breastfeeding mothers.

| exclusive Breast Feeding                                                                 | Agree | Strongly agree | Uncertain | Disagree | Strongly disagree |
|--------------------------------------------------------------------------------------------|-------|----------------|-----------|----------|------------------|
| Exclusive Breast feeding is an unreliable method of contraception                          | 66    | 93             | 62        | 222      | 57               |
| Night feeding is difficult                                                                 | 39    | 67             | 181       | 172      | 41               |
| Addition of artificial / supplementary feeds decreases the contraceptive effect           | 86    | 235            | 83        | 63       | 33               |
| **Condoms**                                                                              |      |                |           |          |                  |
| Condoms is easy to use                                                                    | 42    | 84             | 228       | 69       | 77               |
| Condoms have a high failure rate                                                          | 65    | 303            | 46        | 52       | 34               |
| **Cu-T**                                                                                 |      |                |           |          |                  |
| Cu-T causes more bleeding                                                                  | 46    | 295            | 77        | 58       | 24               |
| Cu-T causes more pain abdomen                                                             | 0     | 84             | 184       | 183      | 49               |
| Cu-T cause weight gain                                                                    | 12    | 111            | 182       | 161      | 34               |
| Cu-T cause weight loss                                                                    | 22    | 54             | 53        | 184      | 187              |
| Cu-T cause uterine perforation                                                            | 15    | 32             | 103       | 86       | 264              |
| Pregnancy can happen with Cu-T in situ                                                    | 18    | 115            | 188       | 147      | 32               |
| **Birth control pills**                                                                   |      |                |           |          |                  |
| Usual birth control pills cause decrease in milk                                          | 0     | 74             | 196       | 181      | 49               |
| Birth control pills causes bleeding                                                        | 12    | 111            | 178       | 165      | 34               |
| Birth control pills causes weight gain                                                     | 22    | 35             | 221       | 126      | 96               |
| Birth control pills causes weight loss                                                     | 18    | 41             | 150       | 179      | 112              |
| Birth control pills causes carcinoma                                                       | 21    | 161            | 172       | 95       | 51               |
| Daily intake of tablets is difficult to maintain                                           | 24    | 278            | 66        | 38       | 94               |
Can coitus interrupts be used as a contraceptive method

Can periodic abstinence be used as a contraceptive method

These injections should be taken every three months

Can Hormonal contraceptives be used as a contraceptive method

Table 12: Practice of contraception in breastfeeding mothers.

| Months postpartum | Breast feeding | Artificial feeds | Exclusive breast feeding | Condoms | Cu-T | Oral contraceptive | DEPO PROVERA |
|-------------------|---------------|------------------|------------------------|---------|------|-------------------|-------------|
| 1                 | NA            | NA               | NA                     | NA      | NA   | NA                | NA          |
| 2                 | 50            | 2                | 50                     | 1       | 13   | 0                 | 0           |
| 3                 | 50            | 10               | 50                     | 1       | 9    | 2                 | 0           |
| 4                 | 50            | 89               | 40                     | 0       | 2    | 0                 | 0           |
| 5                 | 50            | 11               | 4                      | 5       | 0    | 0                 | 0           |
| 6                 | 50            | 10               | 0                      | 0       | 0    | 0                 | 0           |
| 7                 | 50            | 8                | 0                      | 0       | 6    | 3                 | 5           |
| 8                 | 43            | 5                | 2                      | 0       | 8    | 2                 | 2           |
| 9                 | 28            | 2                | 6                      | 0       | 5    | 7                 | 2           |
| 10                | 23            | 2                | 1                      | 0       | 5    | 3                 | 3           |
| 11                | 16            | 0                | 0                      | 1       | 2    | 0                 | 0           |
| 12                | 9             | 0                | 0                      | 0       | 5    | 0                 | 0           |

Table 13: Association of knowledge with contraceptive practices.

| Knowledge about contraception | Good knowledge (N) | Contraception practiced N (%) |
|-------------------------------|--------------------|-------------------------------|
| Pregnancy can occur even in the absence of resumption of menses | 154 | 61 (39.6) |
| Chances of pregnancy increases after resumption of menses | 128 | 63 (49.2) |
| Contraception should be used during breastfeeding | 126 | 68 (54.0) |
| Exclusive Breast feeding means no other substitute other than milk for 6 months | 131 | 47 (35.9) |
| In exclusive breast feeding, sometimes periods do not start | 93 | 50 (53.8) |
| Can exclusive Breast feeding can be used as a contraceptive method | 242 | 120 (49.6) |
| Can condoms be used as a contraceptive method | 144 | 70 (48.6) |
| Cu-T is a device which is placed in the uterus | 242 | 120 (49.6) |
| Can Cu-T used as a contraceptive method | 81 | 37 (45.7) |
| Can Cu-T used in caesarean section | 133 | 64 (48.1) |
| Can birth control pills be used as a contraceptive method | 86 | 40 (46.5) |
| Can Hormonal injections be used as a contraceptive method | 112 | 59 (52.7) |
| These injections should be taken every three months | 13 | 03 (23.1) |
| Can periodic abstinence be used as a contraceptive method | 159 | 76 (47.8) |
| Can coitus interrupts be used as a contraceptive method | 251 | 107 (42.6) |
| Periodic checkup during the use of contraception is necessary | 133 | 62 (46.6) |

Mothers educated 1-10 std about 45.3% followed contraceptive methods and 54.7% did not follow any type of contraception. About 42.1% mothers who studied 11-12 practiced and 57.9% did not practice any contraception. Mothers educated up to degree 56.3% practiced and 43.8% did not practice any contraception.

DISCUSSION

Family planning is defined by WHO as, -a way of thinking and living that is adopted

Voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country.3,5

An observational study was conducted involving 500 postnatal mothers both delivered at Sri Dharmasthala Manjunatheshwara College of Medical Sciences and Hospital, Dharwad and other hospitals who came for postnatal visit and for vaccination from November 2014 to October 2015.

Most of the patients in the study were of age 21-30 years.31-35 years and 3.6% more than 35 years. The use of spacing methods is highest among women aged 20-24 years, whereas female sterilization is the highest among women aged 45-49 years indicating that fertility goals are already met with by this age. A study by Rahmanpour et al also observed that maximum number 56.7% of mothers were between 20 to 30 years.6 In this study most of the mothers were literate, educated between 1-10std. There were neither illiterates nor postgraduate professionals. Amongst them about 45.3% followed contraceptive methods and 54.7% did not follow any type of contraception. About 42.1% mothers who studied upto 11-12th practiced and 57.9% did not practice any contraception. Of the graduated mothers 56.3% practiced and 43.8% did not practice any contraception. So,
education does have a major impact on fertility and contraceptive practice.\textsuperscript{7,8}

Most mothers in this study were housewives 96.2%. Office going constituted 3.8% and none were professionals. The association between occupation and contraceptive usage is not statistically significant. In few other studies higher level of education showed higher association with contraception use and women with skilled jobs practiced contraception 1.5 times more than women who were not working.\textsuperscript{9}

Normal vaginal delivery constituted 29.6% caesarean 2.8% rest 67.6% were instrumental vaginal deliveries. Term and preterm deliveries were included. Mode of delivery also affected the choice of contraception. In this study patients who underwent LSCS preferred condom as method of contraception and none used Cu-T. And most of the Cu-T users were mothers who underwent FTVD. The association between occupation and contraceptive usage is not statistically significant.

In this study primiparas were 54.4% and multipara were 41%. A small number were grandmultipara 4.6%. This shows that patients going for temporary methods are primiparas and often multiparas go for permanent method of sterilization. The use of contraceptives was more common in grand multipara in a study by Jabeen et al.\textsuperscript{10}

In this study 49.6% mothers acquired knowledge about contraception from health professionals 44% from family and friends 12% from television and 12% from newspaper and a small number 1.6% from radio. Reddy et al \textsuperscript{11} stated that the major source of knowledge about Family Planning methods for the study population was magazines (64%) followed by personal relations i.e. spouse, friends and relatives (62%), mass media (54%) and health personnel (34%).

In present study only 26.2% of mothers knew that exclusive breast feeding means no other substitute other than breast milk for 6 months. These included multiparas due to previous experience and counseling in the hospitals. Most of the primiparas were unaware of this did not have adequate knowledge about the appropriate way of breastfeeding. In a different study 15% knew the meaning of exclusive breast feeding, and 15% of the mothers had idea on importance of night feeding.\textsuperscript{12}

48.4% of the mothers knew that exclusive breastfeeding could be used as a method of contraception. Most of them were multiparas. Only 28.8% of the study group knew that condom can be used as a method of contraception.

In the study 60.4% mothers did not know that oral contraceptive pill is a contraceptive method and only 17% mothers knew adverse effects of these pills. About injectable contraception only 2.6% mothers knew that it should be taken once 3 months. 57.8% mothers thought it is taken once in 2 months. 48.4% mothers knew that Cu-T is placed in the uterus. Most of these mothers had education of 1-10 std. This shows inadequate postnatal counseling which could be important in a developing country like India. In this study 50.2% mothers knew that coitus interrupts can be used as a method of contraception. But most of them were of the opinion that it is very difficult to practice as it requires strong determination. In present study half of the mothers knew two types of natural method of contraception. 50.2% knew coitus interruptus as a method of contraception and 48.4% knew exclusive breast feeding as a method of contraception. This included mothers of all education level.

A Cochrane Database Strategies for communicating contraceptive effectiveness says Knowledge of contraceptive effectiveness is crucial in making an informed choice. The consumer has to comprehend the pros and cons of the contraceptive methods being considered. Choice may be influenced by understanding the likelihood of pregnancy with each method and factors that influence effectiveness. The objectives being to review all randomized controlled trials comparing strategies for communicating to consumers the effectiveness of contraceptives in preventing pregnancy. Results showed some methods of communicating contraceptive effectiveness appeared to work.\textsuperscript{13}

Only 13.2% mothers agreed that exclusive breastfeeding is an unreliable method of contraception, 44.4% disagreed to it. The reason for this could be the cultural constraints of practicing sexual abstinence soon after birth. Also, the fear of using modern methods of contraception by the rural women. Only 34.4% mothers felt night feeding is difficult. The percentage of people who strongly agreed that addition of artificial or supplementary feeds would decrease the contraceptive effectiveness was 47%.

Only 8.4% mothers felt that condoms are easy to use and 60.6% felt high failure rate with condoms. And most of them were multipara Regarding Cu-T 59% agreed that Cu-T causes more bleeding. 9.8% thought there is no pain associated with Cu-T and 52.8% thought there is no risk of perforation with it. Only 3.6% thought that pregnancy could occur with Cu-T in situ.

About oral contraceptive pills the attitude of the mothers were 33% thought there is no bleeding with the use of contraceptive pills. 4.4% thought there is weight gain with it and 3.6% thought there is weight loss. 32% felt there is chance of carcinoma with contraceptive pills and 55.6% mothers felt taking contraceptive pills every day is difficult. Regarding exclusive breast feeding it was 100% till 3 months then gradually decreased to 5 mothers in 6th month to none after 7 months. In a different study a total of fifty-three mothers had stopped breastfeeding at the time of the survey 6months post-partum, out of which only one mother stopped breastfeeding before six months.\textsuperscript{13} Regarding condom usage a total of 26.2%
mothers practiced this method. A very small number used it in the 2nd to 4th month postpartum. Condom was the most used modern method of contraception. 12% of mothers used Cu-T as contraception in this study. Maximum usage was seen in the 2nd month postpartum. Most of the primipara mothers used Cu-T in this study. Percentage of oral contraceptive pill users was only 1.4%. They practiced it from 3rd to 8th month and maximum usage was seen after 6 months. According to Rahmanpour et al study oral contraceptives pills (OCP) was the most preferred method amongst 47 women but after three month none of them reported its use, as OCPs was not advised to mothers with infants less than 12 months age in Iranian health centers.6

Only 7.8% mothers in this study used injectable contraception and most of the practiced it after 5 months. Thus, in present study 54.6% mothers used one or the other type of contraception during breastfeeding. Most practiced contraception being condom followed by Cu-T. A very small number of mothers considered oral contraceptive pills and injectable contraception in the form of Depot-Provera. In present study most, common reason for not using contraception was wanting of male/female child and the need for many children to look after parents in old age. In a study by Jabeen, et al non-user of contraceptive in this study were.10

69.2% and the major reasons for the nonuse were, intentions to have more children followed by pressure from the husband, prohibition by the religion and desire for son. In another study overall only 32.2% were using contraceptive measure of any sort and Copper-T was the most common contraceptive measure.

CONCLUSION

Contraceptive methods are practiced by breastfeeding mothers of age between 21-25 years with moderate degree of education with most of them being housewives. Study showed that there is no association between education and profession with practice of contraception. However reversible contraception was mostly used by the primipara mothers. Most of the females’ attitude towards use of family planning method was satisfactory but it is their husbands or in laws’ who decide. They have no choice related to child birth and contraceptive use. There is disparity between the knowledge and practice of contraception. This could be because of social constraints. Given the heavy emphasis on sterilization, women tend to adopt family planning only after they have achieved their desired family size. Also, male child preference appears to have some effect on contraceptive use. There is KAP-GAP in our women. A very good antenatal and postnatal teaching on contraception is required to bridge this gap.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. 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;34(1-2):64.
2. Mahadeen, AI, Khalili AO, Hamdan-Mansour AM, Sato T, Imoto A. Knowledge, attitudes and practices towards family planning among women in the rural southern region of Jordan 2012;18(6):567-72.
3. Potts M, Campbell M. History of Contraception. The Global Library of Women's Medicine. 2009; 1036.
4. Pachauri S. Priority strategies for India's family planning programme. Indian J Med Res. 2014;140(Suppl 1): S137-S146.
5. Hatcher RA, Trussell J, Nelson AL, Cates W, Kowal D, Policar MS. Contraceptive technology. 20th ed. Ardent Media, Inc., Atlanta, GA; 2011. 2010;20(1):20-5.
6. Rahmanpour H, Mousavinasab SN, Hosseini SN, Shoghli A. Preferred postpartum contraception methods and their practice among married women in Zanjan, Iran. JPMA. J Pakistan Med Assoc. 2018;70(9):714.
7. Akmam W. Women’s education and fertility rates in developing countries, with special reference to Bangladesh. Eubios J Asian Int Bioethics. 2002;12(4):138-43.
8. Kaushal SK, Saxena SC, Srivastava VK, Gupta SC, Nigam S. KAP study on contraceptive methods in Kanpur District of UP. Indian J Comm Health. 2010;22(1):33-8.
9. Kabir MA, Khan MM, Kabir M, Rahman MM, Patwary MF. Impact of woman's status on fertility and contraceptive use in Bangladesh: Evidence from Bangladesh Demographic and Health Survey, 1999-2000. J Family Welfare. 2005;51(1):1.
10. Jabeen M, Gul F, Wazir F, Javed N. Knowledge, attitude and practices of contraception in women of reproductive age. Gomal J Med Sci. 2011;9(2).
11. 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;34(1-2):64.
12. Chaudhary RN, Shah T, Raja S. Knowledge and practice of mothers regarding breast feeding: a hospital-based study. Health Renaissance. 2011;9(3):194-200.
13. Lopez LM, Steiner M, Grimes DA, Hilgenberg D, Schulz KF. Strategies for communicating contraceptive effectiveness. Cochrane Library. 2013.

Cite this article as: Neravi A, Udayashree V, Gundmi A. The knowledge, attitude, practice of contraception in breastfeeding mothers. Int J Reprod Contracept Obstet Gynecol 2018;7:2862-8.