INTRODUCTION: The use of contraceptives has been practiced since thousand of years and if used correctly can lead to birth control.

AIM: To assess the knowledge, attitude and practices of contraceptive of reproductive females aged 18 years and above.

MATERIALS AND METHOD: The present study was cross-sectional in nature and included married females above 18 years of age were asked to fill up an online questionnaire, divided into 4 sections and containing 17 questions. After application of descriptive statistics, the multivariate logistic regression and Pearson’s correlation was applied. p value was significant when it was ≤0.05

RESULTS: Most respondents has poor knowledge (54.5%) of contraceptives with the most preferred method of contraception being OCP (36.3%) closely followed by condoms (36.1%). Awareness regarding emergency use on contraceptives was mostly seen to be poor (43.9%). The most common method used for contraception was condoms (49.7%), followed by IUDs (15.6%), Injectables (14.3%) and OCPs(12.7%). Only a few (5.3%) did not practice any method for contraception and 2.4% underwent sterilization. the multivariate logistic regression revealed a significant relation (p=0.03) while and Pearson’s correlation (p=0.76) revealed a strong association.

CONCLUSION: There is a need to educate females more about the various methods of contraception to promote their reproductive health

KEYWORDS: Contraceptives, Reproductive Health, Unplanned Pregnancy
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unplanned pregnancies, which can affect their health significantly and hence, the present study aimed to assess the knowledge, attitude and practices of contraceptive of married females aged 18 years and above.

MATERIALS AND METHOD

The present study adopted a cross sectional design and conducted over a period of three months (April 2020 to June 2019) through distribution of an online questionnaire using google forms (Link displayed at various PHCs, Government and Private Hospitals as well as social media) and focussed on women in North Western India. The link was shared with the maximum sample possible and also distributed on social media sites.

The study was approved by the Institutional Ethical Board and upon clicking the link and/or the QR code, the first page assured the females of the confidentiality of their data. The females were free to leave the questionnaire in between and incomplete responses were excluded from the study.

Designing of the questionnaire: The questionnaire was pre-tested and pre-validated prior to its distribution. It contained four sections comprising of a total of 17 Questions (Knowledge: 7, Attitude: 6, Practice: 4) was also available in Hindi to overcome any language barrier. The translation in hindi was done by a language expert and back translated by another, blinded translator. Every correct answer was awarded 1 mark, while incorrect answers were given 0 marks. Respondents receiving ≥ 14 marks were considered having good knowledge, ≥ 8 were considered to have fair knowledge while a score below 8 was classified as having poor knowledge.

Study population: Married females between 18-45 years served as inclusion criteria, while unmarried females were excluded.

Statistical Analysis: After application of descriptive statistics, the multivariate logistic regression and Pearson’s correlation was applied. p value was significant when it was ≤0.05.

RESULTS

It was observed that the most common method used for contraception was condoms (49.7%), followed by IUDs (15.6%), Injectables (14.3%) and OCPs (12.7%). Only a few (5.3%) did not practice any method for contraception and 2.4% underwent sterilization (Table 2).

Table 1. Knowledge, Methods, Awareness and Source of Information among Females

| ITEM                                      | n,%       |
|-------------------------------------------|-----------|
| Knowledge on Contraception                |           |
| Good                                      | 112 (20.3%) |
| Fair                                      | 139 (25.2%) |
| Poor                                      | 300 (54.5%) |
| Methods Used for Contraception            |           |
| Condoms                                   | 199 (36.1%) |
| IUCD                                      | 105 (19.1%) |
| OCP                                       | 200 (36.3%) |
| Sterilization                             | 08 (1.5%)  |
| Injectable                                 | 39 (7%)    |
| Awareness regarding emergency use of contraception |       |
| Good                                      | 87 (15.8%)  |
| Fair                                      | 222 (40.3%) |
| Poor                                      | 242 (43.9%) |
| Source of Information on contraceptive    |           |
| Health Care Worker                        | 123 (22.3%)  |
| Social Media                              | 164 (29.8%)  |
| Print Media                               | 101 (18.3%)  |
| Colleague                                 | 111 (20.1%)  |
| Parents/family                            | 52 (9.5%)    |

Table 2. Methods Used for Contraception among Females

| Method Used for contraception | n,%       |
|-------------------------------|-----------|
| None                          | 29 (5.3%)  |
| Condoms                       | 274 (49.7%) |
| OCPs                          | 70 (12.7%)  |
| IUDs                          | 86 (15.6%)  |
| Sterilization                 | 13 (2.4%)   |
| Injectable                     | 79 (14.3%)  |
Upon comparison of the awareness regarding contraceptives, the multivariate logistic regression revealed a significant relation ($p=0.03$) while and Pearson’s correlation ($p=0.76$) revealed a strong association. However, comparison of knowledge and use of contraceptives did not bear any significant results (Table 3).

| Awareness on contraceptives | Multivariate Logistic Regression | Pearson’s Correlation ($r$) |
|-----------------------------|----------------------------------|-----------------------------|
| Knowledge and use of contraceptive | 1.32 | 0.34 |

**Table 3. Comparison of Awareness Regarding Contraceptives**

### DISCUSSION

The findings of the present study revealed that most females (54.5%) of reproductive age in India had poor knowledge on the various methods of contraception used for family planning. In contrast, good knowledge scores regarding contraceptives were reported by 63.0% females in Nigeria as well as 87% females in Shillong, Meghalaya, India. Such poor knowledge can be due to the fact that even with various technological advancements in India, the use of “Sex Education” in schools is limited and talking about contraceptives in itself is considered as a social taboo due to various religious beliefs.

Knowledge gained regarding contraceptives among females in the present study was mainly from social media (29.8%) followed by healthcare worker (22.3%) or a colleague (22.3%). Similar results were reported by Sweya MN et al. [friends (44.8%), television (40.3%), and health care workers (39.0%)]. Also in agreement, females in the study population of Pegu et al. reported their knowledge from health workers (58.6%), followed by media (24.1%) and social circle (15.5%).

It was reported that 5.3% of the females did not use any method of contraception. These finding are in disagreement to Thapa P et al. (70.8% of the women reported of having ever used any type of contraceptives) as well as various other studies indicating a high promotion but low utilization of contraceptives, making this situation a serious challenge in developing countries. The most common type of contraceptive in the present study was found to be condoms (49.7%), which is in agreement to various authors.

The present study is prone to certain limitations. The first being the inadvertent social desirability bias and the second being the under-over-reporting of the data by the respondents. To eliminate the bias, no personal data (except for location) was collected and confidentiality of data was assured.

### CONCLUSION

Based on the results of the present study, there is a need to educate females more about the various methods of contraception to promote their reproductive health as well as to avoid any unplanned pregnancies and complications arising from induced abortions.

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