KNOWLEDGE, ATTITUDE & ACCEPTANCE OF CONTRACEPTIVE METHODS AMONG WOMEN ATTENDING OPD OF TERTIARY HEALTH CARE CENTER

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ABSTRACT: AIM: Aim of our study was to assess the knowledge and attitude regarding contraceptive methods and practices of contraception among women of reproductive age group attending Sultania Zanana Hospital OPD. OBJECTIVE: To study the acceptance of different contraceptive methods. MATERIAL AND METHOD: The study population was women of reproductive age 15-45 yrs reporting to OPD for whatsoever causes and representing the surrounding area of Sultania zanana hospital Bhopal. Sample size is based on prevalence of use of contraceptives methods. The estimated sample size was 396, the present study was conducted on 3200 women which was sufficient to meet the objectives of the study. Participation of the selected women was voluntary after explaining the purpose of the study. RESULT: In our study majority of women respondents (45%) were in the age group of 20-25 yrs. In present study Knowledge of contraceptives was found to be almost universal (98 %). It is noticeable that 83.59% respondents showed a positive attitude toward family planning. In our study, highest percentage of acceptance (43.77%) of contraceptive methods was found in women in the age group of 25-29 yrs. The lowest percentage of acceptance in the 15-19 age group (16.86%).Contraceptives acceptance was found more in urban population (38, 78%). Family planning practices was less prevalent in Muslim community (29.52%) than Hindus (49.22%). The contraceptive users increased as the level of education increased. CONCLUSION : In our study knowledge of contraception is almost universal, mostly women shows positive attitude toward family planning and acceptance of contraceptive is increase with education, more common in the age group of 25-29 yrs and more common in urban population. KEYWORDS: Contraceptives, Contraceptive knowledge, Contraceptive acceptance.

INTRODUCTION: Population growth has long been a concern for the Government of India. India has a lengthy history of making explicitly population policies. According to the 2011 census, the population of India is 1,210,193,422. India supports 17.54% of the world population, while it forms only 2.4 % of the total world area i.e. it is the second most populous country after China. Women of reproductive age group (15-45 years) make up approximately 248 million population. The current fertility level of a woman in India is 2.62 births per women and Madhya Pradesh has an average fertility level of 3.1 (2011).¹,²,³,⁴ India's current demographic phase is characterized by a high fertility rate and moderate mortality rate. Realizing that high population growth is inevitable during the initial phases of demographic transition and the urgent need to accelerate the pace of transition, India became the first country to formulate a national family planning programmed in 1952. The objective of policy was “reducing birth to the extent necessary to stabilize the population at a level consistent with requirement of national economy”¹,²,⁵,⁶
The National policy 2000 had set a goal that India will have to achieve the replacement level of fertility by 2010 but achievement of goals have been limited by the diversity of religion, poverty, employment, literacy, public & private health care facilities, urbanization, malnutrition, per capita income, sex of previous child.(1,2)

MATERIAL AND METHODS: The present study entitled “Contraceptive Knowledge, Attitude and Practice among Women attending OPD of Sultana Zanana Hospital” was an analytical cross sectional study carried out in the Department of Obstetrics and Gynaecology, Gandhi Medical College and Sultania Zanana Hospital, Bhopal from 1/8/12 to 31/7/13.

Permission from the ethical committee was sought before the starting of the study. No surgical intervention, drug administration or examination procedure was carried out during the study period.

The informed consent of all the subjects was taken before starting interview. Confidentiality of the interview was maintained by coding. Data was collected through a pre-designed pretested questionnaire in women attending OPD.

The study population was women of reproductive age 15-45yrs reporting to OPD for whatsoever causes and representing the surrounding area of SZH.

Sample size is based on prevalence of use of contraceptives methods. The estimated sample size was 396, the present study was conducted on 3200 women which was sufficient to meet the objectives of the study. During the study period eligible women were selected and interviewed. Participation of the selected women was voluntary after explaining the purpose of the study. A predesigned and pretested Questionnaire developed was filled. To protect confidentiality of the respondents names were not written.

Questionnaire:
1) Socio Demographic Characteristics of the Interviewed Women attending SZH OPD:
   1. Name W/o
   2. Religion;
   3. Address:
   4. Rural/Urban
   5. Type of family: Joint/ Nuclear
   6. Age in years;
   7. Parity
   8. Education
   9. Age at marriage

2) Knowledge and Awareness Regarding Contraception:
   - Natural methods
   - Condoms
   - OCP
   - IUCD
   - Injectables
   - tubal ligation
   - Others
3) **Source of Knowledge:**
   - Media
   - Health personnel
   - Social circle
   - Education

4) **Attitude for Contraception:** Thinking that benefits of modern contraceptives outweigh negative effects Desire to know more on modern contraceptives Would recommend use of modern contraceptives to a friend If not current user of modern contraceptives, if intends to use them in future Husband approve modern Contraceptives.

5) **Practices of Contraception:**
   a) **Contraceptive methods in use:**
      - Barrier method (Condom)
      - Oral pills
      - IUCD
      - Injectables
      - Tubal ligation
      - others

   b) **Reasons for using Contraceptives:**
      - Completed their families
      - Spacing of birth
      - Improvement of health
      - Economical problems

   c) **Reasons for not using Contraceptives:**
      - want child
      - Tubal Ligation
      - No guidance
      - Opposition from home
      - Breast feeding
      - Hysterectomy
      - Not having sex
      - Worry about side effects
      - No knowledge
      - Menopausal
      - Religion
      - No knowledge about source
      - Harmful to health
      - Husband away
      - Not giving any answer because of shyness and hesitation
d) Reasons for discontinuation of Contraceptives Method:

- Want male child
- Want female child
- Bleeding
- Back pain
- White discharge
- Abdominal pain
- Spontaneous expulsion
- Failure
- Headache
- Irregular bleeding
- Weight gain
- Weight loss
- Fatigue
- Backache
- Nausea, Vomiting
- Increase heart beats
- Pains in the reproductive organ

6) Utilization of family planning methods to birth order.

RESULT AND ANALYSIS: In our study age distribution among the respondents was: 5.53%, 45.13%, 26.03%, 11.78%, 6.94%, 4.49% in the age category of 15-19 years, 20-24 years, 25-29 years, 30-34 years, 35-39 years, 40-45 years respectively. Majority of women i.e. 45% of the total were in the age group of 20-24 & 5% women were in the age group 40-45 yrs. Hence, mean age group is 25 year. (Table-1)

In our study majority of women i.e. 2870 (89.77%) belonged to urban area followed by rural 330(10.23%), majority of women belonged to joint family i.e. 2187(68.35%) followed by nuclear family 1013(31.65%) and majority of women belonged to Muslim community i.e. 1778(55.57%) followed by Hindu 1422 (44.43%). (Table-2)

In the present study, about 13.33% of counseled women had received no schooling; 14.17%, 46.45%, 24.62%, of counseled women had enrolled in primary, secondary school and high school respectively. Only about 1% of counseled women had entered university and 0.43% were professional. (Table-3)

In our study the knowledge of contraceptives was found to be universal: 98.65% of respondents had heard about contraceptives regardless of educational level and socioeconomic status. All except 43 woman (2.34%) had heard about contraceptives and knew at least one modern method. Though this study reveals high knowledge of contraceptives among respondents, the knowledge varies from one method to another. The most popular methods known by respondents were the condom, tubectomy and pill contraception, which accounted for 91%, 93% & 58% respectively. The IUCD (38%) was the fourth most popular method cited by respondents, followed by the injectable contraceptives 11%. In addition, about 1% of respondents know other alternatives, which included traditional methods, such as abstinence and withdrawal.
57.75% respondents intended to use them in future, among those who were willing most (82.6%) wanted sterilization for themselves as the permanent method. As for the temporary methods, 16.3% wanted to use an IUCD, 68% wanted to use condom and 2% OCP. (Table-4)

This study also found that information about family planning was mostly obtained through Media (58.15%); followed by neighbors, friends and relatives (45.30%) & then health personal (31%) and education were last (5.83%). (Table-5)

It is noticeable that 83.59% respondents showed a positive attitude toward family planning and 45.68% husbands of the women counseled had approved contraceptives. Almost 24.56% desire to know more on modern contraceptives. 21.43% women would recommend use of modern contraceptives to a friend. 57.75% intended to use them in future; among those who were willing most (82.6%) wanted sterilization for themselves as the permanent method. As for the temporary methods, 16.3% wanted to use an IUCD. 68% wanted to use condom and 2% OCP. Though almost all 84% respondents demonstrated positive attitudes in discussing family planning, some respondents (14.41%) disapproved of unmarried or single women or old women discussing contraception. (Table-6)

About 1225 (38.28%) of respondents had used some contraceptive method and among the users, the majority were condom users (53%); followed by IUCD method (18%), Tubectomy 18% and only about 10% of respondents said that they were using pill as a method of family planning. None of the current users were using male sterilization and the traditional natural methods were used by only 1% of the respondents. Among all respondents, 39% were using some method of modern contraceptives and 61% were not practicing any method. Most common reason for accepting family planning methods was spacing i.e. 78.28% and 4% of the respondents discontinued. (Table-7)

In our study majority of women i.e. 45.17 % of the totals were in the age group of 20-24 years. The highest percentage of acceptance was found in women in the age group of 25-29 which accounted for 43.77%. The lowest percentage of acceptance were found in women in the extremes of age i.e. 15-19yrs (16.86%) and 40-45yrs (21%) and non-acceptance of contraceptive method was also significantly higher in these age group. (table-8)

Majority of women i.e. 45.17 % of the total were in the age group of 20-24 years. The highest percentage (43.77%) of acceptance found in women in age group of 25-29, out of which maximum were using condom, IUCD, OCP i.e. 27%, 7.57%, 4.1%. Majority of women (38.92%) in the age group of 35-39yrs were practicing permanent methods. (Table-9)

In our study majority i.e. 1778 (55.57%) respondents belonged to Muslim community followed by Hindu i.e. 1422 (44.43%) but Family planning practices was less prevalent in Muslim community 29.52% than Hindu i.e. 49.22%. (Table-10)

DISCUSSION: In, our study majority of women respondents (45%) were in the age group of 20-25yrs. In similar studies conducted by Patel M.et al(2001)[8], Mustafa R et al (2005),[9] N. Saluja et al (2008-09),[10] J. Lwelamira et al 2009[11]majority of the women were in age group of 25-30 yrs, 29 yrs, 25-35 yrs, 20-30 yrs respectively. This may be because contraceptive use varies with age, usually reaching peak around 20-25 yrs and then declining. In our study, highest percentage of acceptance (43.77%) of contraceptive methods was found in women in the age group of 25-29 yrs. The lowest percentage of acceptance was found for women in the 15-19 age group (16.86%) because most women in the age 19 -25 yrs desired for the first child. Similarly in study conducted by Patel M. et al 2001 (31.00%) maximum use of spacing methods was in the age group of 26-30 yrs.
In present study majority of women respondents (89.77%) belonged to urban area. Contraceptives acceptance was found more in urban population (38.78%) because urban population were more likely to adopt contraceptives methods as they were having better health services, education system & availability of contraceptives methods. According to NFHS 3,[2,3,4] rural women have higher unmet need than urban women for both spacing and limiting. According to DLHS 3,[12] 62.3% of urban population used contraceptive methods as compared to 56.3% of rural population.

In our study majority of the respondents (55.57%) belonged to Muslim community followed by Hindu (44.43%) but Family planning practices was less prevalent in Muslim community (29.52%) than Hindus (49.22%). According to NFHS 3,[2,3,4] Muslims have higher fertility 3.6 % than Hindus (2.8%) and Contraceptive use ranges from 46 to 58 percent among Muslims, Hindus and Christians.

Similarly Patel M. 2011[8] and A.K Bismas et al,[13] found that most of the women in their study were Hindu and maximum were using contraceptives methods 49.8 % as compared to Muslim population.

In general, Muslim population showed higher fertility rate than Hindus. Probably because of a large number of remarried widows among them and religious beliefs because of which most Muslim do not use artificial contraceptives methods.

In present study about 13.34% of counseled women had received no schooling; 18.21%, 42.59%, 24.53%, of counseled women had enrolled in primary, secondary school and high school respectively. Only about. 87% of counseled women had entered university and. 43% was professional and the no. of users was more among literates as compared to illiterate’s women. The contraceptive users increased as the level of education increased i.e. 13.58%, 19.38%, 45.99%, 45.43%, 78.12%, 85.71.


In present study Knowledge of contraceptives was found to be universal: 98% of respondents had heard about contraceptives regardless of educational level and socioeconomic status. All except 2% had heard about contraceptives and knew at least one modern method.

This study revealed high knowledge of contraceptives among respondents and this helped people in adopting contraceptive methods. The findings were similar to prevalence of knowledge (98.2% in men & 97.7% in women) reported by NFHS-III (2005-06)[2,3,4] Lwelamira 2009[11] (98%) and slightly lower than the findings of Takkar et al,[18][100],SREYTOUCH1 et all 2008[16] (99%), but higher than 40% to 45%78.8%, 75.0%, 73.5%81% 82.2%90% & 95.0% as reported by Sajid A.Malik et al,[19] Jain et al,[20] Kumar et al,[21] Chandhick et al,[22] Mustafa R et al[9], Srivastava Reena et al,[23] S. K. Kaushal,[24] and Patro et al,[25]respectively.

In present study, Knowledge of contraceptives found to be universal: 98.65% of respondents.

The most popular methods known by respondents were the tubectomy, condom, pill, IUCD and injection, which accounted for 93 %, 91%, 54%, 38% & 11% respectively. Only 1% of respondents knew traditional methods, such as abstinence and withdrawal.

This shows that there is a need to widen the knowledge of other methods of contraception to provide people with wide basket of choices.

In the study done by Srivastava Reena et al, (2002-03),[23] most commonly known methods were tubectomy (82.2%), IUCD(61.2%), OCP(60.5%) condoms (53.7%).
According to S K Kaushal et al 2005,[24] the most commonly known methods were tubectomy, OCP, IUCD, condom, followed by injection indicated by 98.6%, 97.1%, 92.5%, 90.4%, 8.6% respondents, respectively.

Sajid A. Malik S 2008,[19] showed that women sterilization was more popular method among the women who reported knowledge of contraceptive methods.

John Mao 2007,[15] observed that 48% of the respondents had the knowledge of tubectomy.

This study also found that information about family planning was mostly obtained through media (58.15%), followed by neighbour, friend and relatives(45.30%) & then health personal (31%) and education was last (5.83%).

This showed that there is a need to increase the health worker and paramedical staff with proper training so that they motivate people regarding family planning practices.

According to NFHS 3 more than three in five women heard or saw a family planning message, most often on television or radio

Similar studies conducted by Mustafa R et al 2005[9] (64%), Roumi Deb 2006-07[14] showed mass media as an important source of information.

SREYTOUCH 2008,[16] (56%), Deepa H Valenkar,[26] et al 2009 (53.7%) studied that health personal was the most common source of information.

Srivastava Reena, et al 2002-03[13] observed that the important source of knowledge about contraceptive methods was family members, friends and television.


A negative attitude of husband towards contraceptive methods was observed in studies conducted by Mustafa R et al 2005[9] (59%), J. Lwelamira 2009[11] (65.8%). It also has been observed in other studies in Africa (Tuloro et al., 2006; Nwankwo and Ogueri, 2006; Igwegbe et al., 2009; Burke and Ambasa-Shisanya, 2011; Mathe et al., 2011).[33,34,35,36,37]

CONCLUSION: In our study knowledge of contraception is almost universal, mostly women shows positive attitude toward family planning and acceptance of contraceptive is increase with education, more common in the age group of 25-29 yrs and more common in urban population.
### Table 1: Showing age distribution of respondents interviewed

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Age in Years</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15-19</td>
<td>174</td>
<td>5.53</td>
</tr>
<tr>
<td>2</td>
<td>20-24</td>
<td>1452</td>
<td>45.17</td>
</tr>
<tr>
<td>3</td>
<td>25-29</td>
<td>833</td>
<td>26.13</td>
</tr>
<tr>
<td>4</td>
<td>30-34</td>
<td>374</td>
<td>11.78</td>
</tr>
<tr>
<td>5</td>
<td>35-39</td>
<td>221</td>
<td>6.94</td>
</tr>
<tr>
<td>6</td>
<td>40-45</td>
<td>146</td>
<td>4.49</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3200</strong></td>
<td></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### Table 2: Showing distribution of respondents according to residence

<table>
<thead>
<tr>
<th>Sociodemographic Profile</th>
<th>Category</th>
<th>No.</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td>Rural</td>
<td>330</td>
<td>10.23</td>
</tr>
<tr>
<td></td>
<td>Urban</td>
<td>2870</td>
<td>89.77</td>
</tr>
<tr>
<td>Religion</td>
<td>Hindu</td>
<td>1422</td>
<td>44.43</td>
</tr>
<tr>
<td></td>
<td>Muslim</td>
<td>1778</td>
<td>55.57</td>
</tr>
<tr>
<td>Type of family</td>
<td>Nuclear</td>
<td>1013</td>
<td>31.65</td>
</tr>
<tr>
<td></td>
<td>Joint</td>
<td>2187</td>
<td>68.35</td>
</tr>
<tr>
<td>Education</td>
<td>Illiterate</td>
<td>451</td>
<td>14.09</td>
</tr>
<tr>
<td></td>
<td>Literate</td>
<td>2749</td>
<td>84.91</td>
</tr>
</tbody>
</table>

### Table 3: Showing distribution of respondents according to education

<table>
<thead>
<tr>
<th>Education status</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illiterate</td>
<td>451</td>
<td>14.09%</td>
</tr>
<tr>
<td>Primary</td>
<td>454</td>
<td>14.17%</td>
</tr>
<tr>
<td>Secondary</td>
<td>1487</td>
<td>46.45%</td>
</tr>
<tr>
<td>Higher secondary</td>
<td>788</td>
<td>24.62%</td>
</tr>
<tr>
<td>Graduate</td>
<td>32</td>
<td>1%</td>
</tr>
<tr>
<td>Professional</td>
<td>14</td>
<td>0.43%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3200</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Table 4: Distribution of respondents according to Awareness about contraceptives methods

<table>
<thead>
<tr>
<th>Awareness about contraceptives methods</th>
<th>Yes</th>
<th>No</th>
<th>In percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3157</td>
<td>43</td>
<td>98.65%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Awareness about different contraceptive methods</th>
<th>Condom</th>
<th>OC Pills</th>
<th>IUCD</th>
<th>Tubectomy</th>
<th>Injection</th>
<th>Natural methods</th>
<th>In percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2856</td>
<td>1850</td>
<td>1204</td>
<td>2987</td>
<td>359</td>
<td>32</td>
<td>91.41%</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.35%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contraceptive methods</th>
<th>Yes</th>
<th>No</th>
<th>In percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom</td>
<td>2856</td>
<td></td>
<td>91.41%</td>
</tr>
<tr>
<td>OC Pills</td>
<td>1850</td>
<td></td>
<td>58.59%</td>
</tr>
<tr>
<td>IUCD</td>
<td>1204</td>
<td></td>
<td>38.13%</td>
</tr>
<tr>
<td>Tubectomy</td>
<td>2987</td>
<td></td>
<td>93.34%</td>
</tr>
<tr>
<td>Injection</td>
<td>359</td>
<td></td>
<td>11.22%</td>
</tr>
<tr>
<td>Natural methods</td>
<td>32</td>
<td></td>
<td>1.01%</td>
</tr>
</tbody>
</table>
### Table 5: Distribution of respondents according to source of knowledge of contraceptives methods

<table>
<thead>
<tr>
<th>Source of knowledge</th>
<th>Cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media</td>
<td>1836</td>
<td>58.15%</td>
</tr>
<tr>
<td>Health personal</td>
<td>976</td>
<td>30.92%</td>
</tr>
<tr>
<td>Neighbour, friends and relatives</td>
<td>1430</td>
<td>45.30%</td>
</tr>
<tr>
<td>Education</td>
<td>577</td>
<td>18.03%</td>
</tr>
</tbody>
</table>

### Table 6: Distribution of respondents by information related to attitude towards modern contraceptives

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval of contraceptives by women</td>
<td>2675</td>
<td>83.59%</td>
</tr>
<tr>
<td>husband approve modern Contraceptives</td>
<td>1462</td>
<td>45.68%</td>
</tr>
<tr>
<td>Thinking that benefits of modern contraceptives outweigh negative effects</td>
<td>1034</td>
<td>32.31%</td>
</tr>
<tr>
<td>Desire to know more on modern contraceptives</td>
<td>786</td>
<td>24.56%</td>
</tr>
<tr>
<td>Would you recommend use of modern contraceptives to a friend</td>
<td>656</td>
<td>21.43%</td>
</tr>
<tr>
<td>If not current user of modern contraceptives, if intends to use them in future</td>
<td>1848</td>
<td>57.75%</td>
</tr>
</tbody>
</table>

### Table 7: Distribution of Practices of contraceptive methods

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If used modern contraceptives (n = 3200)</td>
<td>Yes</td>
<td>1225</td>
<td>38.28%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>1975</td>
<td>61.72%</td>
</tr>
<tr>
<td>Method(s) ever used* (n = 1225)</td>
<td>Condom</td>
<td>646</td>
<td>52.65%</td>
</tr>
<tr>
<td></td>
<td>Oral contraceptives pills</td>
<td>124</td>
<td>10.14%</td>
</tr>
<tr>
<td></td>
<td>IUCD interval</td>
<td>167</td>
<td>13.65%</td>
</tr>
<tr>
<td></td>
<td>Post placental IUCD</td>
<td>54</td>
<td>4.42%</td>
</tr>
<tr>
<td></td>
<td>Tubectom</td>
<td>226</td>
<td>18.46%</td>
</tr>
<tr>
<td></td>
<td>Natural methods</td>
<td>08</td>
<td>.68%</td>
</tr>
<tr>
<td>Criteria for choice of the method* (n = 1225)</td>
<td>Completed their families</td>
<td>228</td>
<td>18.26%</td>
</tr>
<tr>
<td></td>
<td>Spacing of birth</td>
<td>959</td>
<td>78.28%</td>
</tr>
<tr>
<td></td>
<td>Improvement of health</td>
<td>38</td>
<td>3.09%</td>
</tr>
<tr>
<td></td>
<td>Economical problems</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Discontinuation of contraceptive method in user (n = 1225)</td>
<td>Yes</td>
<td>49</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>1176</td>
<td>96%</td>
</tr>
</tbody>
</table>
In Years | Cases | Contraceptive Methods not Accepting | Contraceptive Methods Acceptance
---|---|---|---
Age | Number | Percentage | Number | Percentage | No. | %
15-19 | 174 | 5.53% | 145 | 83.34% | 29 | 16.66%
20-24 | 1452 | 45.17% | 880 | 60.61% | 572 | 39.39%
25-29 | 833 | 26.13% | 473 | 56.23% | 363 | 43.77%
30-34 | 374 | 11.78% | 231 | 61.77% | 143 | 38.23%
35-39 | 221 | 6.94% | 135 | 60.09% | 86 | 39.91%
40-45 | 146 | 4.49% | 114 | 78.09% | 32 | 21.91%
Total | 3200 | 100% | 1975 | 61.8% | 1225 | 38.86%

Table 8: Correlation between age of women and contraceptive methods acceptance

| Age | NM | Condom | CuT | OCP | TT | Total | %
---|---|---|---|---|---|---|---
15-19 | 1 | 21 | 8 | 0 | 0 | 174 | 5.53%
20-24 | 0 | 397 | 110 | 60 | 2 | 1452 | 45.17%
25-29 | 4 | 221 | 71 | 37 | 30 | 833 | 26.13%
30-34 | 3 | 7 | 30 | 26 | 77 | 374 | 11.78%
35-39 | 0 | 0 | 0 | 1 | 86 | 221 | 6.94%
40-45 | 0 | 0 | 0 | 0 | 31 | 146 | 4.49%
Total | 8 | 646 | 221 | 124 | 226 | 3200 | 100%

Table 9: Correlation between age of respondents and different contraceptive methods acceptance

| | Cases | % | Acceptance | % |
---|---|---|---|---|
Hindu | 1422 | 44.43 | 700 | 49.22%
Muslim | 1778 | 55.57 | 525 | 29.52%
Total | 3200 | 100 | 1225 |

Table 10: Correlation between religion and acceptance of contraceptives methods

REFERENCES:
4. National family health survey NFHS -3 India 2005-06 international institute for population science, Mumbai, India measure DHS+ORS & MACRO.
8. Mitali G. Patel1, Darshan K. Mahyavanshi1, Girija Kartha 2, Shyamal K. Purani 2, Sunita S A cross sectional study on knowledge, attitude and practice regarding spacing methods among married women of the reproductive age group in the field practice area of UHTC in surendranagar district Volume 2 Issue 2 July-December 2011.
12. Internation institute of population sciences IIPS, 2010. District level household and fertility servayn DLSh 3 2007n-08; India, Madhya Pradesh; mumbabai; iips.
15. J. Mao: Knowledge, Attitude and Practice of Family Planning: A Study of Tezu Village, Manipur (India). The Internet Journal of Biological Anthropology. 2007 Volume 1 Number 1. DOI: 10.5580/3cc
16. SREYTOUCH1 Knowledge, Attitude and Practice (KAP) of Family Planning among Married Women in Banteay Meanchey, Cambodia2011
17. Choudhary, R.H. the influence of female education, labour force participation and age at marriage on fertility behaviour in Bangladesh social biology, 31(1-2);59-74 1984
19. Sajid A., maliks., Knowledge, Attitude and Practice of Contraception Among Multiparous Women at Lady Aitchison Hospital, Lahore ANNALS VOL XIX, NO. 4 OCT. – DEC. 2010
22. Chandhick N, Dhillon BS, Kambo I, Saxena NC. Contraceptive knowledge, practices and utilisation of services in rural areas of India (an ICMR task force study). Indian J Med Sci. 2003;57(7): 303-10
28. Gaur D.R., Goel M.K., Goel M. Contraceptive practices and related factors among females in predominantly rural Muslim area of North India. The Internet J of World health and Societal Politics, 2008; 5(1).
30. Martin t.c. and juanej F. the impact of women education on fertility in latin amieica; searching for explanation, international family planning persepectives, 21 2; 52-57 and 80,1995
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