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Contraceptive Acceptance and Barriers Among Women of Reproductive Age in the vicinity of Urban Health and Training Centre, Indore (M.P.)-A Cross-Sectional Study in Central India

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A B S T R A C T

***Background*:** Despite national efforts to promote family planning, contraceptive non-acceptance remains high in India, particularly in urban slums. This study investigates the knowledge, attitudes, and practices influencing contraceptive use among married women of reproductive age in UHTC, Pardeshipura, Indore. ***Methods*:** A cross-sectional study was conducted with 665 married women of reproductive age using a house-to-house survey. Simple random sampling was employed to select slum zones, and data were collected using a pre-designed and pre-tested proforma. Statistical analysis was conducted to identify associations between contraceptive use and demographic factors. ***Results*:**The contraceptive acceptance rate was 52.03%. Oral contraceptive pills were the most commonly used method (26.91%), followed by condoms (10.97%). Non-users (47.96%) cited barriers such as religious restrictions (15.49%), spousal disapproval (12.63%), and lack of knowledge (6.47%). Acceptance was significantly associated with literacy ($p < 0.05$), occupation ($p < 0.001$), and socioeconomic status ($p < 0.05$). ***Conclusion*:** Literacy status, socioeconomic-status and occupation were significantly associated with the use of contraceptives. Targeted educational initiatives and male involvement in family planning are needed to address cultural and informational barriers. Strengthening urban health systems is crucial for improving access to contraceptives.

Keywords: Contraceptives acceptance, Contraceptive barriers, Reproductive health, Family planning, Urban health, Women of reproductive age, Indore, Health behaviour, educational impact on contraception.

INTRODUCTION

Although, the National Family Welfare Programme was initiated in 1952 and expanded with increasing efforts and inputs in successive plans, the crude birth rate is still 27.2 per thousand populations with a growth rate of 2.14, which is still very high. India's goal for the **Net Reproduction Rate** is to reach **1.0** by **2030**, which aligns with the broader population stabilization and demographic transition objectives of the country. Achieving an NRR of 1.0 means that the population will be stabilized at current levels, with no significant growth or decline. However, India has focused on reducing fertility rates through various national health and family planning programs. The **National Population Policy of 2000** emphasized population stabilization and improved reproductive health [1].

As of 2024, India's Couple Protection Rate (CPR) has risen to approximately 67%, reflecting a 13% increase in recent years. Despite this progress, the reduction in birth rates remains modest, indicating the necessity to extend effective contraceptive coverage to about 75% of couples. However, the unmet need for family planning persists at 9.4%, underscoring the importance of enhancing knowledge, attitudes, and practices regarding contraceptive acceptance among married women of reproductive age [2]. Considering the above facts in mind the present study was carried out to study

knowledge, attitude and behavioral practices regarding acceptance and non-acceptance of contraceptives amongst married women of reproductive age group.

Objectives

"To assess the knowledge, attitudes, and behavioural practices influencing the acceptance and non-acceptance of contraceptives among married women of reproductive age in the field practice area of urban Indore (M.P.)."

Materials & Methods:

Study Design: Cross-sectional study.

Study Setting: Urban Health and Training Centre (UHTC), Pardeshipura, Indore. The area comprises three slum zones, designated as Lal Gali, Kulkarni Bhatta, and Khatipura Shukliya. Using the simple random sampling (lottery) method, slum area Lal Gali was selected for the study.

Participants in study: Included Married women aged 15–45 years residing in the selected area, rest excluded.

Sample Size: 665 participants, based on expected contraceptive prevalence and acceptable error margin.

Study Duration: Two months i.e. March to April, 2024.

Data Collection:

- House-to-house surveys conducted by female interns and social workers.
- Data collected using a pre-designed, pre-tested proforma.
- Ethical approval obtained from the institutional review board.
- Informed verbal consent secured from all participants.

Variables:

- Independent: Age, religion, education, socioeconomic status, occupation, family structure.
- Dependent: Contraceptive use (acceptors, non-acceptors).

Bias Control: Training provided to surveyors; random sampling reduced selection bias.

Statistical Analysis: Data analysed using appropriate statistical tests. Results reported with p-values and confidence intervals.

RESULTS

Out of 694 eligible women, 665 (95.83%) participated in the study. The mean age at marriage was 19 years.

Demographic variables-

Religion: 43.15% Muslims, 38.49% Hindus, 18.34% Buddhists**. Family structure**: 28.12% nuclear, 39.69% joint, 32.18% extended. **Education**: 31.72% Illiterate; Primary School- 12.63%, Middle School- 27.96%, High School- 16.84% &10.37% graduates. **Socioeconomic status**: 42.70% in Class V (B.G. Prasad classification).

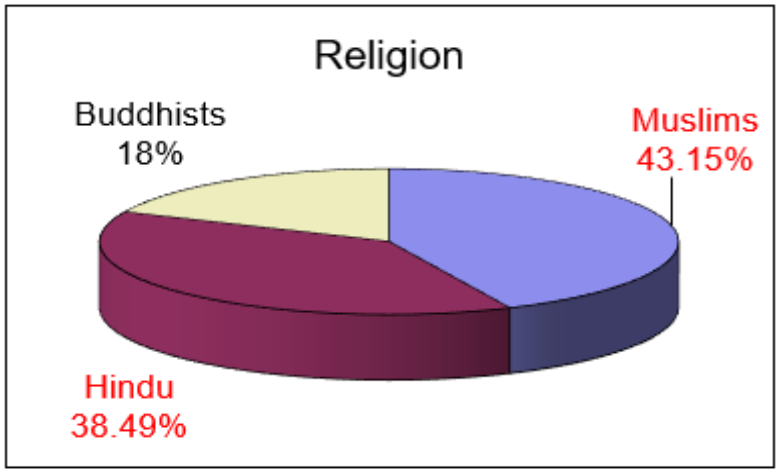
Contraceptive Use:

Acceptors: 52.03% (346 women). **Common methods**: Oral pills (26.91%), Condoms (10.97%), IUCDs (7.66%), Female sterilization (6.46%). **Non-users:** 47.96% (282 women).

Barriers: Religious restrictions: 15.49%. Spousal disapproval: 12.63%. Lack of knowledge: 6.47%.

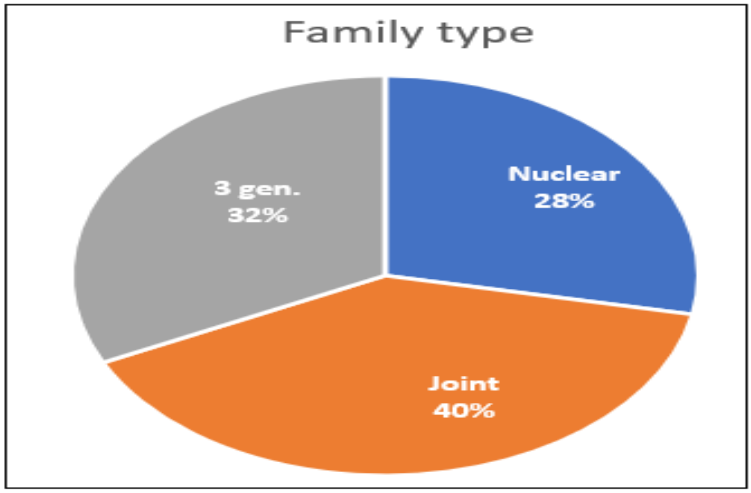
Statistical Associations:

Literacy: Higher acceptance among literate women ($p < 0.05$). **Occupation**: Higher acceptance among working women ($p < 0.001$). **Socioeconomic status:** Significant difference between Class III/II and Class V/IV ($p < 0.05$).



Pie diagram showing distribution of married women by religion.

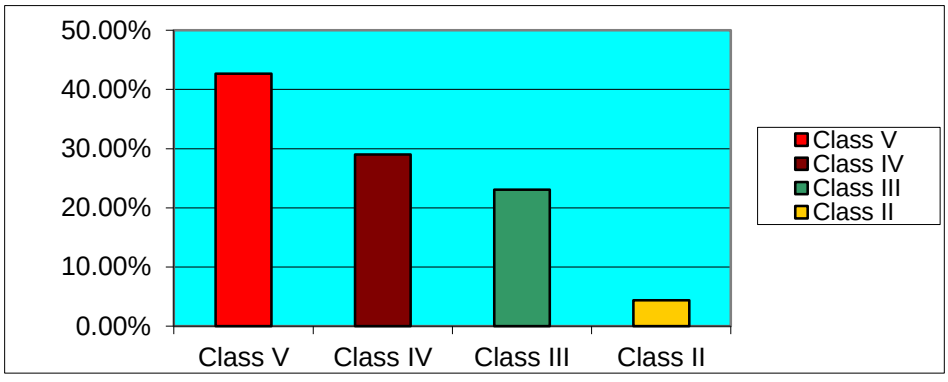
Muslims-287 (43.15%), Hindus-256 (38.49%), Buddhists-122 (18.34%).



Regarding the type of family, 187 (28.12%) families were nuclear, 264 (39.69%) families were joint and 214 (32.18%) were third generation.

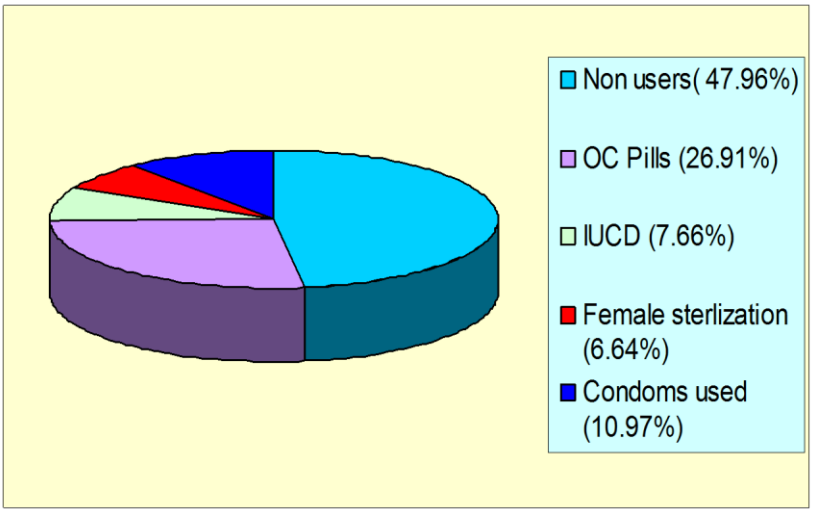
Literacy status of married women of reproductive age group.

Illiterate- 31.72%, Primary School- 12.63%, Middle School- 27.96%, High School- 16.84% and Graduate- 10.37%.



Socioeconomic class of married women of reproductive age group.
(B.G. Prasad modified classification)

Class II- 4.36%, Class III- 23.90%, Class IV- 29.02%, Class V- 42.7%



Users and non-users of contraceptive methods among married women of reproductive age group

Family planning Status:

Out of 665 married women, 346 (52.03%) were contraceptive acceptors, while 37 (5.57%) discontinued due to side effects, and 282 (42.41%) had never used any contraceptive method. Barriers among non-users included lack of knowledge (6.47%), spousal disapproval (12.63%), religious restrictions (15.49%), desire for a male child (3.31%), and fear of operative procedures (1.95%). The most commonly used methods were oral contraceptive pills and condoms, highlighting the need for addressing cultural, informational, and spousal concerns to improve acceptance.

Relationship between acceptance and other factors: -

Religion:

Religion	Non-Users	Users	Chi Test
Hindu	256	127	P>0.05
Muslim	287	142	$\chi^2 = 2.36$
Buddhist	122	77	d.f. =2
Total	665	346	

There is no statistical difference between religion and use of different contraceptive methods among married women of reproductive age group.

Educational status: -

Educational status	Non-Users	Contraceptive users	Chi test
Literate	454	269	P< 0.05
Illiterate	211	077	$\chi^2 = 10.02$
Total	665	346	d.f. = 1

There is statistically significant relationship between use of contraceptives and literacy status.

Occupation:

There were 538 housewives and 127 working women, amongst these majorities were working as domestic workers.

Occupation	Non-Users	Contraceptive users	Chi Test
Housewives	538	249	P<0.001
Working women	127	97	$\chi^2 = 37.28$
Total	665	346	d.f. = 1

There is statistically significant difference in use of contraceptives among working women and housewives.

Socioeconomic status:

Socioeconomic status	Non-Users	Users	Chi test
Class V	284	133	P<0.05
Class IV	193	94	$\chi^2 = 4.03$
Class III	159	102	d.f. = 1
Class II	29	17	
Total	665	346	

For calculating χ^2 value class V and class IV were clubbed and class III and class II were clubbed. There is statistically significant difference between class V+IV and class III+II in the use of contraceptive methods among married women of reproductive age group.

DISCUSSION

The contraceptive acceptance rate (52.03%) aligns with national urban averages but highlights gaps in access and education. Literacy emerged as a critical factor, consistent with NFHS-5 findings. Cultural barriers, particularly religious restrictions, echo similar studies in urban slums. Male involvement remains minimal, with no reported cases of male sterilization, underscoring gendered disparities in family planning responsibility.

Religion was found to influence contraceptive acceptance, though the association was not statistically significant ($p > 0.05$). A comparable lack of statistical significance was noted in research by Khan *et al.*, who found that cultural and religious beliefs often deter contraceptive use but were not definitive predictors of acceptance [4].

Education significantly impacted contraceptive use, with 59.25% of literate women using contraception compared to 36.49% of illiterate women ($p < 0.05$). This finding aligns with the results of the National Family Health Survey (NFHS-5), which underscores the strong positive correlation between educational attainment and contraceptive use [3].

Occupation also played a pivotal role, with working women showing higher acceptance rates (76.37%) than housewives (46.27%), a statistically significant difference ($p < 0.001$). Similar observations were made by Sharma et al., who found that employed women were more likely to use modern contraceptive methods due to greater exposure to information and financial independence [5].

Socioeconomic status was another critical factor, with contraceptive use being significantly higher among women from higher socioeconomic classes ($p < 0.05$). This aligns with the findings of Patil *et al.*, who reported that economic stability provides better access to family planning services and education [6].

Despite the availability of contraceptive methods, non-acceptance was observed in 47.96% of women, with reasons including religious prohibitions (103 women), lack of spousal approval (84 women), and fear of side effects (37 women). These barriers are consistent with findings from studies conducted in similar socio-cultural settings, such as those by Verma *et al.*, which identified fear of side effects and lack of partner support as primary deterrents [7].

The study's results underscore the need for targeted interventions to improve contraceptive acceptance. Educational programs should focus on addressing misconceptions about contraceptives, involving male partners, and tailoring approaches for socioeconomically disadvantaged groups.

Limitations:

- Cross-sectional design limits causality.
- Convenience sampling may affect generalizability.
- Excludes perspectives of unmarried women and male partner

Conflict of Interest: Nil

CONCLUSION

The study highlights the demographic and socioeconomic characteristics of the population, revealing a predominantly young married population with varying levels of education and socioeconomic status. The findings indicate a significant gap in contraceptive use, with nearly half of the women (47.96%) not using any contraceptive method. The most commonly used contraceptive methods were OC pills, IUCD, and female sterilization. However, the reasons for non-acceptance of contraception, including lack of knowledge, fear of side effects, and religious prohibition, underscore the need for targeted education and awareness programs. Furthermore, the significant influence of husbands'

disapproval and desire for a male child on contraceptive non-use highlights the importance of addressing gender dynamics and promoting male involvement in family planning. Overall, the study emphasizes the need for comprehensive and culturally sensitive family planning programs that address the complex socioeconomic, cultural, and educational factors influencing contraceptive use.

RECOMMENDATIONS

1. Targeted Education and Awareness
2. Addressing Gender Dynamics.
3. Culturally Sensitive Family Planning.
4. Improving Access to Contraceptive Services.
5. Community Engagement and Monitoring.

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