

A STUDY OF AWARENESS AND ATTITUDE OF POSTNATAL AND POST ABORTAL WOMEN TOWARDS FAMILY PLANNING METHODS AND THEIR USE, AT RURAL TERTIARY CARE CENTREKshama Vishwakarma¹, Kalpana Yadav², Meena Bhargava³**HOW TO CITE THIS ARTICLE:**

Kshama Vishwakarma, Kalpana Yadav, Meena Bhargava. "A Study of Awareness and Attitude of Postnatal and Post Abortal Women towards Family Planning Methods and their use, at Rural Tertiary Care Centre". Journal of Evolution of Medical and Dental Sciences 2014; Vol. 3, Issue 21, May 26; Page: 5849-5858, DOI: 10.14260/jemds/2014/2673

ABSTRACT: In developing countries, 55 million unintended pregnancies occur every year to women not using contraceptive method; another 25 million occur as a result of incorrect or inconsistent use of contraceptives. Family planning programme have met with only marginal success, because people of India have different demographic profile. **OBJECTIVE:** To study KAP regarding various contraceptive methods and factors affecting its use. **DESIGN:** Observational, Cross sectional study. **SETTING:** S.S. Medical College & Associated G.M. Hospital, Rewa. **PARTICIPANTS:** 500 women of age 15 to 45 years. **METHODS:** Women were interviewed using pre-structured questionnaire, counseled regarding correct usage and explained the truth and myths to correct their attitude. **STATISTICAL ANALYSIS:** Univariate and bivariate analysis was done using chi-square test and percentage by SPSS20. **RESULTS:** Knowledge of contraception was maximum for sterilization 99%, abstinence 98%, barrier 97.4%; and less for OCPs, safe period and LAM. Para1 and 2 had better knowledge of OCPs, IUCDs and DMPA than multipara who know more about permanent methods(100%). 54.4% obtained information from mass media. 68% obtained family planning services from government facility. Majority (60.8%) had positive attitude. 22.4% women discussed contraception with their husband. 55.6% women used some method of contraception, barrier (66.1%) being most common. 71.8% women had myths or other barriers to use contraceptives. **CONCLUSION:** Knowledge and preference for contraception varies widely with different phases of reproductive life. In rural areas, socio-cultural constrains are strong, hindering people to practice contraception. Efforts should be made to educate people to bring out major changes in attitude and practice.

KEYWORDS: Family Planning, Knowledge, Attitude, Practice.

INTRODUCTION: According to World Population Data Sheet, 2013, population of India is 1.27 billion; every year India adds more population than any other nation in the world.¹ During last 11 years, India's population has witnessed maximum growth when compared to other highly populated nations of the world like China.² In China fertility rate is already well below 2 children per women, while in India it is 3 children per women by 2006.² Madhya Pradesh is 6th most populated state of India.³

In developing countries, 55 million unintended pregnancies occur every year to women not using contraceptive method; another 25 million occur as a result of incorrect/ inconsistent use of contraceptive method and method failure.⁴ If contraception were accessible and used consistently and correctly by women who want to avoid pregnancy, maternal death would decline by 25-35%. Abortion is a direct indicator of unintended pregnancy. 35 million abortions occur in developing countries each year and approximately 20 million of these are unsafe abortions; which claim lives of

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67, 000 women as a result of related complications, these deaths represent 13-25% of all pregnancy related mortality.⁵ 222 million women in developing countries do not have means to delay pregnancy and child bearing.⁶

India was the first country to launch a National Programme for family planning in 1952.⁷ By launching National Family planning Programme, India yielded noticeable results by bringing down fertility rates. Since 1965-2009 contraceptive usage has tripled (from 13% of married women in 1970 to 48% in 2009) and the fertility rate has more than halved (from 5.7 in 1966 to 2.6 in 2009).⁸

Contraceptive use among currently married women varies markedly by education, religion, caste, economic status, parity and family type etc. There is clear relationship between TFR and contraceptive prevalence rate.

With the use of contraceptive methods fertility continues to decline in India. During NFHS-2(1998-99) TFR was 2.9 children per woman which decreased to 2.7 by NFHS-3(2005-06), which corresponds to the contraceptive prevalence rate for currently married women in India 56 percent, up from 48 percent in NFHS-2.⁸ To ensure proper funding of effective and efficient family planning programs, research must identify best practices in program implementation.

The present study was carried out in light of above facts with the aim to study Knowledge, Attitude and Practice of post natal and post abortal women regarding family planning methods.

MATERIAL AND METHODS: The present study is a cross-sectional, observational, hospital based study, conducted on 500 postnatal, post caesarean and post abortal women at the Department of Obstetrics & Gynecology, S.S. Medical College and associated Gandhi Memorial Hospital, Rewa (M.P.) over a period of 1 year from October 2012 to September 2013. After taking informed verbal consent women were interviewed on the basis of pre-structured questionnaire for interview (proforma). Interpersonal communication was used to support and discuss about various contraceptive methods (to enhance cafeteria approach).

Counseling was done related to correct usage of contraceptives, failure rates, to correct their attitude and to explain the truth related to the myths; in order to improve their knowledge and change their attitude; and convinces them to use most beneficial contraceptive in their reproductive circumstance. Following women were excluded from the study- Unmarried, women with LTT / ATT failure, <15 years, >45 years, Didn't give verbal consent.

Data was recorded and compiled in table wise manner. To describe nominal data simple percentage was used. The data was entered in Statistical Package for Social Science (SPSS) software programme and analyzed.

RESULTS & DISCUSSION: Inadequate attention to alarming rise in population than any other nation in the world and its deleterious effect on developmental efforts and food situation has led our country in a state of crisis which can be averted by improving knowledge and practice of contraceptives by reproductive age couple.

Out of 500 women studied, 76% women were postnatal, 22.2% were post caesarian and 3.8% were post abortal.

Demographic profile of women studied: In present study, out of 500 women 56% were in age group 15 to 24 years, followed by 41.4% in 25-35 years. 314(62.8%) women came from rural area and 186(37.2%) from urban area. 68.6% women had education upto high school and above whereas 17.6% were illiterate, which is far more than NFHS-3 data that stated 5.9% women were illiterate.⁸

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Majority (86%) of women were house wives, 7.6% were laborer and 5.2% farmer by occupation and only 1.4% women were employed at government or private sector.

In present study majority (51.2%) of women belong to middle SES and 40.8% to low SES. 97.6% of women studied were Hindu and 2.8% were Muslims. In present study, 88 out of 500 (16.6%) women were married before 18 years.

Demographic Profile	No.	Percentage
RESIDENT		
Urban	312	62.4
Rural	186	37.2
AGE GROUP (years)		
15-24	284	56.8
25-34	209	41.8
35-45	7	1.6
OCCUPATION		
Housewife	429	85.8
Farmer	26	5.2
Laborer	38	7.6
Employed	7	1.4
SOCIOECONOMIC STATUS		
Low	224	44.8
Middle	256	51.2
High	20	4
EDUCATION		
Illiterate	88	17.2
Primary	50	10
Middle / secondary	321	64.2
Higher secondary / graduate and above	41	8.2
TYPE OF FAMILY		
Nuclear	360	72
Joint	180	28

Table 1: Sociodemographic Profile

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Knowledge of Contraceptive Methods: In present study, majority of women had knowledge of one or other method of contraception. Similar to our study, Vong Sreytouch,⁹ S.K. Bhasin,¹⁰ S. K. Kaushal,¹¹ Renjhen Prachi et al,¹² and Shweta et al¹³ found more than 90% awareness of family planning methods.

In our study, amongst natural methods knowledge of abstinence was 98% whereas Roumi et al¹⁴ (Meghalaya) found it to be only 51%. In present study, knowledge of other natural methods was found to be LAM 36.4%, withdrawal 69.2%, and safe period 57.8% which is better than other studies, e.g., Vong Sreytouch⁹ found knowledge of natural methods 15%, Tuladhar¹⁵ 16%, Renjhen Prachi¹² et al 12.3%.

Knowledge of spacing method was in decreasing order, being maximum for barrier 97.4%, IUCDs 91.2%, DMPA 71.2% and least for OCPs 63.8%. Knowledge of spacing methods in various other studies is shown in table 2.

Author	Year	Place	No. of Women	Barrier	IUCDs	DMPA	OCPs
Shweta ¹³ et al	2004	Delhi	558	100%	100%	20%	100%
Vong Sreytouch ⁹	2005	Combodia	139	65%	55%	83%	95%
Renjhen Prachi ¹² et al	2008	Sikkim	443	74.2%	72%	26.8%	95.8%
S. K. Kaushal ¹¹	2010	Kanpur	280	90.4%	92.5%	8.6%	97.1%
Brahm Bhatt ¹⁶	2013	Gujarat	100	76%	53%	-	63%
Tuladhar et al ¹⁵	2008	Nepal		71%	-	78%	74%
Present Study	2013	Rewa, MP	500	97.4%	91.2%	77.2%	63.8%
NFHS-3 ⁸	2005-06			84%	-	-	93%

Table 2: knowledge of spacing methods in various studies

In our study knowledge of women for sterilization was 99% and above similar to that of Shweta et al (2004)¹³ who found it to be 100% in Delhi whereas Tuladhar et al (2008)¹⁵ found it to be 81% for tubal ligation, 77% for VT. Renjhen Prachi et al (2008)¹² found it to be 67.1% for tubal ligation, 34% for VT. S. K. Kaushal (2010)¹¹ found it to be 98.6% for tubal ligation and 37.5% for VT.

Source of Information/Availability of Family Planning Services: In our study, out of 500, 272 (54.4%) women obtained information from mass media (TV, radio, magazine, news-papers), 61 (12.2%) from relatives or friends, 81 (16.2%) from health personnel, and 86 (17.2%) from their husband. Following studies obtained similar results.

Author	Year	Place	No. of Women Studied	Mass Media	Health Care	Friends or Relatives
Vong Sreytouch ⁹	2005	Combodia	139	50.7%	67.4%	36.3%
Renjhen Prachi et al ¹²	2008	Sikkim	443	54.4%	7.9%	37.7%

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Rajni et al ¹⁷	2010	Jammu & Kashmir	200	54.5%	19.5%	23.5%
Rozina et al ¹⁸	2008	Pakistan	100	64.1%	17%	12%
Brahmbhatt et al ¹⁶	2013	Gujrat	100	38%	50%	11%
Tuladhar ¹⁵	2008	Nepal	200	55.5%	-	-
Present study	2013	Rewa	500	54.5%	16.2%	12.2%

Table 3: Source of information of Family Planning methods in various studies

Rajni et al (2010)¹⁷ found in their study that husbands were source of information for 25% of women.

In present study, out of 500, 340 (68%) obtained family planning services from government facility (government hospital, health centers), 109 (21.8%) from private hospitals and 51 (10.2%) from medical shop. Govt. health centers are sought main source of services which are provided free of cost. Following studies show similar result:

Author	Year	Place	No. of Women Studied	Government Facility	Private Facility	Medical Shop
Vong Sreytouch ⁹	2005	Combodia	139	58.8%	18.9%	12.5%
Renjhen Prachi et al ¹²	2008	Sikkim	443	62.8%	16.4%	52.5%
Shweta et al ¹³	2004	Delhi	558	74.4%	16.2%	4.4%
Present study	2013	Rewa	500	68%	21.8%	10.2%

Table 4: Source of services of Family Planning methods in various studies

Attitude of Women Regarding Contraceptive Use:

- a) In our study out of 500, 304 (60.8%) women had positive attitude, 32 (6.4%) had neutral attitude (not willing to talk, discuss about family planning methods) and 154(30.8%) had negative attitude (opposed to use contraceptive methods due to self or family members' negativism to limit child bearing as they were mainly primi or second gravida). Similar to our study Shweta el al¹³ and Roumiet al¹⁴ found that 11% and 8% respectively were not interested in family planning.

Similar to our study, Vong Sreytouch et al (2005)⁹ found that 52.8% women had positive attitude, Brahm Bhatt et al (2013)¹⁶ found 34%, while Shweta et al (2004)¹³ found 94% positive attitude of women towards family planning.

- b) In present study, 72.6% women preferred to have at least one male child whereas 27.4% women did not have any male preference. Brahm Bhatt et al(2013)¹⁶ found that 36% women preferred to have at least one male child and the main reason for this was to take over family followed by in-law's wish.

- c) In our study, 57.4% women had pressure of mother-in-law for conception which led to less usage of contraception by nullipara and primipara mostly. Brahm Bhatt et al (2013)¹⁶ found in their study that in 18.9% of families mother-in-law pressurized for male child.
- d) Only 112 (22.4%) women discussed contraception with their husband reflecting less spousal communication. Spousal communication increases likelihood of contraceptive use which is an important parameter to determine family size. Shweta et al¹³ found that 45% women discussed contraception with their husband. Rajni Dhingra et al (2010)¹⁷ found that rigid traditional concepts of male superiority was evident in rural settings where majority of respondents (67% males) especially female (74%) opined that contraceptive should be used by women folk considering it their duty towards their husband.
- e) Around 60.4% women desired to have 2-3 years of spacing between two children whereas 28% were not concerned about spacing between children. In contrast to this, Renjhen Prachi et al (2008)¹² found that 29.4% of women wanted to space birth therefore they used contraception. Rozina et al (2008)¹⁸ found that 30% wished to space between pregnancies.

Methods of Contraception ever Practiced: In our study 55.6% women used one or other method of contraception and 44.4% were not using any method of contraception. These results are similar to NFHS-3 (2005-06) data which shows that two third of currently married women used a family planning method at some time in their lives. Contraceptive prevalence rate is 56%.⁸ Vong Sreytouch (2005),⁹ S. K. Bhasin (2005),¹⁰ Renjhen Prachi, et al (2008),¹² Rozina et al (2008)¹⁸ and Roumi Deb, et al (2010)¹⁴ found similar results.

Out of these 23.38% women, were relying upon natural methods of contraception, 2% were using safe period and 21.2% abstinence for contraception. According to DHS (2008-09)², natural methods are used by 7.8%, safe period by 4.9%.

16.9% women used IUCDs, which is more than all India usage (5.7%) and MP usage (6.6%) (DLHS-2011). Roumi Deb (2010)¹⁴ found usage of IUCDs is 6% in Meghalaya. In various other researches usage of IUCDs is similar to our study and NFHS-3 data; such as, S. K. Bhasin (2005, Delhi)¹⁰ 15.7%, S. K. Kaushal et al (2010, Kanpur)¹¹ 12.2 %, Renjhen Prachi et al (2008, Sikkim)¹² 24%, Rozina et al (2008, Pakistan)¹⁸ 13.2%.

In present study it was found that a huge number, 66.1% women trusted upon barrier which is well above all India usage (14.7%)⁸ and usage in MP (4.4%, DLHS 2011). It may be because of free government supply/easy availability. Our data is similar to studies conducted by S.K. Bhasin et al (2005)¹⁰ 33.4%, S. K. Kaushal et al (2010)¹¹ 23.3%, Renjhen Prachi et al (2008)¹² 31%.

OCPs usage was found to be only 10.8% which may be due to regularity and consistency required for OCPs, which is well above than usage in M.P. 2.9% and India 4.1% (DLHS 2011). Similar to study by Brahm Bhatt et al (2013)¹⁶ found 4% women were using OCPs. In various other studies OCPs usage was found to be more, e.g., S.K. Bhasin et al (2005)¹⁰ 16.6%, S. K. Kaushal et al (2010)¹¹ 50% and Renjhen Prachi et al (2008)¹² 37.9%.

In our study, only 9 out of 278(3.2%) women used DMPA which is more than national usage (0.1%, DLHS 2005-06). In contrast to this, according to USNAID, 2010 injectable contraception was used by 2.7% women in Pakistan, 7% in Bangladesh (USNAID, 2006).

Usage in India is less in comparison to other countries which may be because injectable contraception is not yet included for free supply by National Family Planning Program. Tuladhar et

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al¹⁵ found that DMPA was best known by 78% of women and was also used maximally, 11%, in their studied locality.

Following table shows practices for contraception in various studies (table 5):

Author	Year	No. of Women	Any method	Natural Methods	Barrier	IUCDs	DMPA	OCPs
Shweta ¹³ et al Delhi	2004	558	75.1%	13.6% Abstinence	13.6	15.8	0.2%	8.6%
Vong Sreytouch ⁹ Cambodia	2005	139	56%	5.4% (safe period)	8%	1.5%	38%	44.6%
Renjhen Prachi ¹² et al Sikkim	2008	443	62%	-	31%	24.1%	8.6%	37.9%
S. K. Kaushal ¹¹ Kanpur	2010	280	43.1%	-	30.9%	14.7%	-	54.4%
Tuladhar et al ¹⁵ Nepal	2008	200	65%	-	4.5%	-	11%	4.5%
Roumi Deb et al ¹⁴ Pakistan	2010	1560	52.7%	53%	-	5.8%	-	9.8%
Rajnji et al ¹⁷ Jammu Kashmir	2010	200	-	10.5% (safe period) 22.5% (withdrawal)	77.5%	13%	-	39%
Present Study, Rewa	2013	500	55.6%	23.2%	66.1%	16.9%	3.2%	10.8%
NFHS-3 ⁸	2005- 06		56.3 %	7.8%	5.2%	1.7%	0.1%	3.1%

Table 5: Practice for contraceptive in various study

Barriers to use Contraceptive: In present study it was found that out of 500, 359(71.8%) women had myths related to family planning or other factors. Majority of women (24.7%) thought that contraceptives (especially IUCDs and TT) causes excessive bleeding and pain, 17.8% women said contraceptive usage caused weakness, 13.09% thought that it causes leucorrhoea whereas approximately 2.2% women thought that contraceptive causes cancer and were expelled spontaneously.

About 1/3rd women feared of side effects. 27% women did not use contraception as their husband lived outstation, 21.7% women wished to have more children whereas husband opposed contraception in 4.7% cases and 3.3% women thought that contraceptive usage is against their religious believes.

Following studies show similar results:

1. Kumar S et al (2011)¹⁹ found weakness as most common reason for not using contraception. 70% women told that they had irregular menses from OCPs and LTT.

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2. S. K. Kaushal et al (2010)¹¹ found that 33.9% women did not felt need to use contraceptives, 13.8% women feared of undesired side effects, while family opposition for contraceptive usage was found to be in 11.5%.
3. Roumi Deb et al (2010)¹⁴ found that 24.1% respondents were scared to use family planning, 4.8% husband opposes, 7% were worried of side effects, 9.7% thought that they will get difficulty to get pregnant.
4. Shweta et al (2004)¹³ found weakness in 2.4%, worry of side effects in 1.6%, difficulty to get pregnant in 9.7%, and opposition of husband in 16.9% as barriers for contraceptive usage.
5. Renjhen Prachi et al (2008)¹² found that opposition of partner in 2.1%, against religious believes in 4.2%, fear of side effects in 8.5% were the barriers for contraceptive usage.

Assurance of Contraceptive usage Post Counseling: In present study, after vigorous counseling through interpersonal communication, 216(43.2%) new women were convinced to use some method of contraception and 1.2% could not be convinced because they were either not interested or not willing to use, which has already been discussed in attitude.

Majority of women were convinced to use IUCDs (32.6%), this may be because of free govt. supply, better reliability and no need of daily use required. Out of 500 women, 116(23.2%), assured to undergo LTT as per their convenience because their fertility goals were achieved. This is supported by DLHS 2011, that frequency of tubal ligation all India was 26.7% and MP (2008-09) was 31.8%.²

In present study, 44 out of 72 (61.6%) women with three or more living issues were convinced to undergo tubal ligation, OCPs were least preferred by them. 40.2% women with two or more living issues wished to undergo laparoscopic/interval tubal ligation. Their acceptance for ligation (non-acceptance for post-partum ligation) is due to their limitation of knowledge to undergo sterilization during winter season only and therefore they were not ready to accept post-partum sterilization.

Multiparae usually complained of weakness in post-partum period and were found to be anemic (214 out of 241, 88% had Hb less than 8gm %) and therefore could not be further counseled for post-partum ligation. Thirdly, they were not willing to stay in hospital in post-partum period in face of LTT which needed them to stay only for six hours. These reasons lead to total lack of post-partum sterilization.

Out of 500, only 67(13.4%) and 87(17.6%) women were convinced to use OCPs and DMPA respectively, which may be because of regularity required in these methods. More women were convinced for DMPA than OCPs, which may be because DMPA needs to be injected at 3 month interval but for OCPs daily regimen is required.

Less number of women could be convinced for barrier (8.2%), natural methods (0.2% for LAM and 4% for abstinence). This may be because of high failure of these methods. Only 0.02% of women were convinced for VT because people are biased against VT due to prevalent myths.

The rigid traditional concept of male superiority was quite evident in rural setting, where majority of respondents 67% males and 74% female opined that contraceptives should be used by women folk, considering it duty of wife towards their husbands. (Rajni Dhingra et al 2012)¹⁰

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CONCLUSION: From the foregoing discussion we can conclude that knowledge of family planning method is widespread amongst postnatal and post abortal women and majority of women had positive attitude towards family planning. However there is disparity between the knowledge and practice of contraception among these women. Practice of contraception is more likely to follow with acquisitions of better knowledge & proper attitude. In rural areas socio-cultural constrains being strong give rise to various myths, alter the ordinary man's psyche and hinder people to practice family planning practices.

Family planning programme have met with only marginal success, because people of India being multi linguistic, multi religious and multi ethnic have different levels of awareness and acceptance of different methods of family planning. Prevalence of contraceptive will not be increased through grand promotion alone but with further education regarding proper usage. Increasing female literacy is an important tool for improving contraceptive practices as well as decreasing male child preference. Family planning experts should prioritize further research and development into minimizing side effects of contraception. Efforts should be made to educate people about safety, convenience of modern, long term, reversible methods of contraception.

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