

Knowledge, Attitude and Practice Regarding Contraception: A Prospective Study

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Abstract:

Background: Contraception plays a crucial role in preventing unintended pregnancies and improving maternal and child health outcomes. Knowledge–attitude–practice (KAP) studies help identify gaps between awareness and actual utilization of contraceptive methods, enabling the design of targeted reproductive health interventions.

Aim: To assess the knowledge, attitude, and practice regarding contraception among the study population and to identify factors influencing contraceptive use.

Methods: This prospective observational study was conducted from October 2025 to January 2026. A total of 200 participants were enrolled after obtaining informed consent. Data were collected using a predesigned, pretested structured questionnaire covering socio-demographic details and KAP components related to contraception. Data were analyzed using descriptive statistics and appropriate inferential tests, with $p < 0.05$ considered statistically significant.

Results: Overall awareness of contraception was high, with 91.0% of participants knowing at least one method. Condoms and oral contraceptive pills were the most commonly known and used methods. Attitudes toward contraception were generally positive; however, fear of side effects was reported by over half of the participants. Although 66.0% had ever used contraception, only 59.0% were current users, indicating a knowledge–practice gap.

Conclusion: Despite good knowledge and favorable attitudes, contraceptive practice was suboptimal. Addressing misconceptions, strengthening counselling, and promoting long-acting methods may improve effective contraceptive utilization.

Keywords: Contraception, Knowledge attitude practice, Family planning, Reproductive health, Prospective study.

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Introduction

Knowledge–attitude–practice (KAP) studies on contraception are useful because they quantify what people know about modern methods, how they feel about use (beliefs, perceived risks, partner/family influence), and what they actually do (current/ever use, consistency, method choice, and service uptake), helping program managers identify “knowledge–practice gaps” and modifiable barriers [1]. Recent KAP evidence shows that even when awareness is high, correct understanding of specific methods like dual protection, emergency contraception, long-acting reversible contraception and consistent use may remain suboptimal, and outcomes vary by education, residence, and socio-demographic factors [1, 2]. Studies among different populations including women in the community and young adults highlight fear of side effects, misinformation from peers/internet, and limited counselling as common reasons for nonuse or

discontinuation [3, 4]. This research is planned to assess the level of knowledge, attitude, and practice regarding contraception among the target study population and to determine factors associated with contraceptive practices including barriers and facilitators, so that focused health education and counselling interventions can be designed to improve informed choice and appropriate contraceptive uptake [5].

Methods

This prospective, observational study was conducted at Karthikeya Multi specialty Hospital, Jaggampeta, Andhra Pradesh, from October 2025 to January 2026. The study setting included outpatient departments and selected clinical areas where eligible participants were routinely attending health services. Prior to initiation, approval was obtained. The study was designed to assess knowledge,

attitude, and practice regarding contraception among the selected study population and to identify factors influencing contraceptive use. All procedures were carried out in accordance with ethical principles for medical research involving human participants, and confidentiality of participant information was strictly maintained throughout the study period.

Participants were recruited using a prospective approach during the study duration. Eligible individuals who fulfilled the inclusion criteria and were willing to participate were enrolled after obtaining written informed consent. Participants were briefed about the purpose of the study, the voluntary nature of participation, and their right to withdraw at any time without affecting their medical care. Data were collected using a predesigned, pretested, and structured questionnaire prepared in English and translated into the local language where required. The questionnaire consisted of four sections: socio-demographic details, knowledge regarding contraception (types, effectiveness, indications, side effects, and sources of information), attitude toward contraception (beliefs, perceptions, cultural and partner influence, and willingness to use), and practice of contraception (current use, past use, method preference, consistency, and reasons for non-use or discontinuation). The questionnaire was administered by trained investigators through face-to-face interviews to ensure clarity and completeness of responses.

Data collection was carried out prospectively over the four-month study period, with questionnaires reviewed daily for accuracy and completeness. Collected data were entered into Microsoft Excel and later analyzed using Statistical Package for the Social Sciences (SPSS) software. Descriptive statistics were used to summarize socio-demographic variables and KAP components, with results expressed as frequencies, percentages, means, and standard deviations as appropriate. Knowledge, attitude, and practice scores were

calculated based on predefined scoring criteria. Associations between socio-demographic variables and contraceptive knowledge, attitude, and practice were assessed using appropriate statistical tests such as chi-square test and Fisher's exact test. A p-value of less than 0.05 was considered statistically significant.

Results

As shown in Table 1, a total of 200 participants were included in the study. The majority belonged to the 25–34 years age group (94; 47.0%), followed by 18–24 years (72; 36.0%). Females constituted 71.0% (142) of the study population, and 64.0% (128) participants were married. More than half of the participants had graduate or higher education (114; 57.0%). Knowledge regarding contraception is presented in Table 2. Overall awareness of any contraceptive method was observed in 182 participants (91.0%). Knowledge about condoms was highest (168; 84.0%), followed by oral contraceptive pills (154; 77.0%). Awareness on intrauterine contraceptive device (IUCDs) was reported by 122 participants (61.0%), while knowledge of emergency contraception was relatively low (96; 48.0%). Attitude toward contraception is shown in Table 3. A positive attitude was evident, with 176 participants (88.0%) agreeing that contraception prevents unwanted pregnancy. Partner support was considered important by 158 participants (79.0%), and 142 (71.0%) perceived contraceptives as safe. However, fear of side effects was reported by 104 participants (52.0%). Practices related to contraception are depicted in Table 4. Ever use of contraception was reported by 132 participants (66.0%), while 118 (59.0%) were current users. Condoms were the most commonly used method (64; 32.0%), followed by oral pills (38; 19.0%) and IUCDs (16; 8.0%). Fear of side effects was the commonest reason for non-use (42; 21.0%).

Table 1: Socio-demographic characteristics of study participants

| Variable | Category | Number (%) |
|----------------|------------|------------|
| Age (years) | 18–24 | 72 (36.0) |
| | 25–34 | 94 (47.0) |
| | ≥35 | 34 (17.0) |
| Gender | Female | 142 (71.0) |
| | Male | 58 (29.0) |
| Marital status | Married | 128 (64.0) |
| | Unmarried | 72 (36.0) |
| Education | ≤Secondary | 86 (43.0) |
| | ≥Graduate | 114 (57.0) |

Table 2: Knowledge regarding contraception among the study members; n (%)

| Knowledge variable | Correct response |
|---------------------------------------|------------------|
| Awareness of any contraceptive method | 182 (91.0) |
| Knowledge of condoms | 168 (84.0) |
| Knowledge of oral contraceptive pills | 154 (77.0) |
| Knowledge of IUCD | 122 (61.0) |
| Knowledge of emergency contraception | 96 (48.0) |

Table 3: Attitude toward contraception among the study members; n (%)

| Attitude statement | Agree |
|---|------------|
| Contraception prevents unwanted pregnancy | 176 (88.0) |
| Contraceptives are safe to use | 142 (71.0) |
| Partner support is important | 158 (79.0) |
| Fear of side effects discourages use | 104 (52.0) |

Table 4: Practice of contraception among the study members; n (%)

| Practice variable | Number |
|-------------------------------------|------------|
| Ever used any contraceptive | 132 (66.0) |
| Currently using contraception | 118 (59.0) |
| Most common method – Condoms | 64 (32.0) |
| Oral pills | 38 (19.0) |
| IUCD | 16 (8.0) |
| Non-use due to fear of side effects | 42 (21.0) |

Discussion:

The largest age group was 25–34 years (94; 47%), followed by 18–24 years (72; 36%), which is consistent with other studies showing that young and middle-aged adults comprise the major reproductive cohort in KAP studies on contraception, where age influences both awareness and uptake of family planning methods [1]. Females predominated in our sample (142; 71%), reflecting the common research focus on women's reproductive health since they are typically the primary users or decision-makers regarding contraceptive choices in many societies [2]. Marital status was another crucial variable: 128 (64%) of participants were married. Marital status has been shown in multiple populations to affect contraceptive knowledge, attitudes, and practice because married individuals often have greater exposure to family planning services and more immediate fertility planning needs [6]. Educational attainment was relatively high in our population, with 114 (57%) having graduate or higher education, while 86 (43%) had secondary education or less. Education plays a significant role in contraceptive awareness and practice; higher educational levels have been linked to better understanding and greater utilization of modern contraceptive methods due to increased access to information and health services [7]. Overall, the socio-demographic profile in Table 1 highlights a predominantly young, educated, and married group, which aligns with broader evidence that these factors interact to shape knowledge and behavior toward contraception. These characteristics provide an important context for interpreting KAP outcomes and for planning

targeted reproductive health education and interventions in similar settings.

In Table 2, the knowledge component of contraception among participants is illustrated. A high proportion of participants (182; 91.0%) reported awareness of at least one contraceptive method, a trend that aligns with other community-based KAP studies where overall awareness of contraception is commonly high even when detailed understanding varies [1]. In our study, the most frequently recognized methods were condoms (168; 84.0%) and oral contraceptive pills (154; 77.0%), which mirrors findings in multiple settings where condoms and pills are usually the most known modern contraceptive techniques due to their widespread availability and frequent mention in public-health messaging [2]. Awareness of intrauterine devices (122; 61.0%) was moderate, while knowledge of emergency contraception (96; 48.0%) was comparatively lower, highlighting persistent gaps in familiarity with long-acting reversible and time-bound methods. This pattern has also been observed in other research where less common contraceptives and emergency options tend to be less well known despite being highly effective when used appropriately [8]. The variation in familiarity with different contraceptive methods has important implications for reproductive health programming. Higher knowledge of barrier and short-acting methods often reflects their visibility in community and clinical settings, whereas methods like IUCDs may require more targeted education because they are less commonly encountered outside clinical encounters. Limited knowledge of

emergency contraception may contribute to misuse or delayed action following unprotected intercourse, reinforcing the need for improved communication, counselling, and educational outreach that covers a broader range of contraceptive options and their appropriate use.

In Table 3, the attitude of study participants toward contraception is presented, revealing overall positive perceptions alongside notable concerns that can influence contraceptive behaviour. A large majority of participants (176; 88.0%) agreed that contraception plays a vital role in preventing unwanted pregnancies, which is similar to findings from other KAP studies where positive attitudes toward the effectiveness of family planning were widely reported [1]. Recognition of contraceptives as safe by 142 participants (71.0%) also reflects generally favourable beliefs about modern contraceptive methods, consistent with surveys in diverse settings that have documented a growing acceptance of modern contraceptive safety among reproductive-age populations [2]. This positive attitude is important because perception of safety has been linked to higher intention to use and continuation of contraceptive methods in several research contexts [2]. Despite these encouraging perceptions, 104 participants (52.0%) expressed fear of side effects, indicating that worries about adverse effects remain a significant attitudinal barrier. Such fear has been documented repeatedly in the literature as a major deterrent to contraceptive uptake and consistent use, even among individuals with adequate knowledge [9]. The high proportion acknowledging the importance of partner support (158; 79.0%) underscores the role of interpersonal and social influences in contraceptive decision-making. Studies have shown that partner attitudes and spousal communication strongly affect contraceptive acceptance and sustained use, particularly in cultures where reproductive choices are negotiated within relationships [1, 9]. These findings suggest that while the overall attitude toward contraception was positive, persistent myths, misconceptions, and social factors like pressure or lack of support may inhibit optimal contraceptive use. Addressing these attitudinal challenges through tailored health education, counselling that clarifies misconceptions about side effects, and involving partners in contraceptive discussions could improve acceptance and consistent practice.

Table 4 shows that contraceptive practice was moderate in this cohort, with 132/200 (66.0%) reporting ever use and 118/200 (59.0%) reporting current use, indicating that a sizeable minority still remained at risk of unintended pregnancy despite being aware of contraception. The method mix was dominated by short-acting and user-dependent options, with condoms being the most commonly used method (64/200; 32.0%) followed by oral pills

(38/200; 19.0%), while IUCD use was comparatively low (16/200; 8.0%), suggesting underutilization of long-acting reversible contraception in this setting. This pattern is programmatically important because short-acting methods typically have higher discontinuation and switching rates, and the reproductive consequences are substantial when women discontinue without timely switching to an alternative method. Large multi-country analyses have highlighted that method-related discontinuation and abandonment are common and that switching markedly lowers subsequent conception risk compared with abandonment, emphasizing the need for counselling on switching options [10]. In our study, fear of side effects was the leading reason for non-use (42/200; 21.0%), reinforcing that concerns about adverse effects remain a central barrier to uptake and continuation. Similar evidence from discontinuation research shows that side effects and method dissatisfaction contribute meaningfully to stopping modern contraception, including early discontinuation in the first year of use [11]. Evidence among postpartum/lactating women also demonstrates measurable discontinuation burdens and contextual drivers, underscoring that continued, person-centred follow-up is critical after method initiation [12]. Further, studies focusing on oral contraceptives document that perceived or experienced side effects and related health concerns are frequent reasons for stopping pills, which may explain the relatively lower pill use and the prominence of side-effect fears observed here [13].

In conclusion, this prospective KAP study demonstrated high awareness and generally positive attitudes toward contraception among the study population; however, actual contraceptive practice remained suboptimal. Short-acting methods such as condoms and oral contraceptive pills were predominantly used, while utilization of long-acting reversible methods was low. Fear of side effects and inadequate counselling emerged as major barriers to consistent use. The observed knowledge–practice gap highlights the need for strengthened, evidence-based contraceptive education, individualized counselling, and partner involvement. Focused interventions at the institutional and community levels may improve informed choice, acceptance, and sustained use of appropriate contraceptive methods.

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