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A Study To Assess The Knowledge, Attitude And Practice Regarding Adoption Of Contraceptive Methods Among Married Women Under Sonapur Block Phc, Assam.

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Abstract:
Population problem is a concern that has gain prominence in recent years. Contraception has been the single most important intervention to reduce maternal death rate to 25-30%. Measuring the level of awareness of contraception provide a useful measure of the success of information, education and communication activities and help to identify the areas that need to be strengthened. The aim of the study was to assess the Knowledge, Attitude and Practice regarding adoption of Contraceptive Methods among Married Women. A quantitative descriptive study was adopted for the study. A total 150 married women were selected by multistage random sampling technique; samples were drawn proportionately from eight villages under selected sub-centres of Sonapur Block PHC, Assam. The study revealed that majority 111 (74%) of the respondents had moderately adequate knowledge, most of the respondents 106 (70.7%) had moderately favourable attitude towards contraceptive devices and majority 133 (88.70%) of married women had average practice on contraceptive methods. Significant positive correlation was found between knowledge and attitude (r=0.180) at 0.05 level of significance. There was a significant association of knowledge with religion, education, occupation, monthly family income, decision maker about the use of contraceptive methods. This study shows that majority of married women had moderately adequate knowledge, moderately favourable attitude and average practice on contraceptive.

Key wards: *Knowledge, attitude, practice, contraceptive methods, married women*

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I. Introduction:

Contraception is the deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse. The major forms of artificial contraception are –barrier methods, of which the commonest is the condom or sheath. The truth is women use contraception not only as a way to prevent unintended pregnancies, but also to improve their health and health of their families.[1] Contraception has been the single most important intervention to reduce burden of unwanted pregnancy as well as to promote healthy living among young adults.[2] Measuring the level of awareness of contraception provides a useful measure of the success of information, education and communication activities and help to identify the areas that need to be strengthened. Involvement of men regarding use of family planning is a must among the couples for consistent and effective result.[1]

Need for the study:

Maternal death is a tragedy for an individual woman, for her family and community. Worldwide nearly 600,000 women between the age of 15 and 49 die every year due to complications arising from pregnancy and child birth. 99% of these deaths occur in developing countries. Majority (80%) of these deaths are preventable. Unregulated fertility, unsafe abortion, inadequate antenatal care and lack of trained birth attendants are mainly recognized as the factors responsible for high maternal and perinatal deaths in the developing countries.[3]

There were 21.6 million unsafe abortions in 2008. The annual incidence of abortion according to 2015 data in some states are as follows- Assam 580,000, Bihar 1,142,096, Gujarat741,212 Tamil Nadu 619,254, Uttar Pradesh 2,877,115. Unsafe abortion is the third largest cause of maternal mortality leading to death of 10 women each day and thousands more facing morbidities.[4]

It is very crucial to understand that awareness of family planning and proper utilization of contraceptives is an important indicator for reducing maternal and neonatal mortality and morbidity. It also plays an important role in promoting reproductive health of the women in an underdeveloped country.[1]

Research Problem:
"A Study to Assess the Knowledge, Attitude and Practice regarding adoption of Contraceptive Methods among Married Women under Sonapur Block PHC, Assam."

Objectives of the study:
The following are the objectives are formulated to carry out the study-

I. To assess the knowledge of the married women regarding adoption of contraceptive methods.
II. To assess the attitude of the married women regarding adoption of contraceptive methods.
III. To assess the practice of contraceptive methods by married women.
IV. To find out the correlation between knowledge and attitude of married women regarding adoption of contraceptive methods.
V. To find out the association between the knowledge of contraceptive methods among married women with selected demographic variables.

II. Material and Method:

Research Approach:
A quantitative descriptive approach was used for the research.
Research Design:
Cross sectional survey design was adopted for the study.
Research setting:
The present study was conducted in eight villages of selected four sub centres under Sonapur Block PHC.
Study Population:
In this study accessible population includes married women under Sonapur Block PHC.
Sample:
The sample was drawn randomly from eight selected villages under four selected sub-centers of Sonapur Block PHC.
Sample size
Sample consists of 150 married women under Sonapur Block PHC, who had fulfilled the criteria for sample selection.
Sampling technique
Multi-stage random sampling technique was used in the present study.
Criteria for sample selection
Inclusion criteria

- Married women who are willing to give consent.

Exclusion criteria

- Married women who are widowed.
- Married women who are separated.
- Married women with mental illness.
- Married women having no living child.

Description of the tool
The tool consists of two Parts-I & II and again part II is divided into three sections- 1, 2 and 3. The content of the tool was organized under the following section:
Part I: It consists of demographic characteristics of seven items that includes-age, religion, education, occupation, monthly family income, source of information regarding contraceptive methods, decision maker about the use of contraceptive methods.
Part II: It consists of following sections-
Section 1: Structured knowledge interview schedule to assess the level of knowledge of married women regarding adoption of contraceptive methods.
Section 2: 5 point Likert scale to assess the attitude of married women regarding adoption of contraceptive methods**.**
Section 3: Checklist to assess the practice of contraceptive methods by married women.
The maximum possible score is 14 and the minimum is 0. Using the formula: Mean ± S.D, the scoring for knowledge interpretations are given as follows:
Inadequate: < Mean- SD

Moderately adequate: Between Mean –SD to Mean + SD
Adequate: > Mean + SD

Section 2: It consists of 12 items which are all positive attitude statement and it is scored by five point Likert scale. It is scaled as:

- Strongly agree-5
- Agree-4
- Uncertain-3
- Disagree-2

The maximum possible score is 60 and minimum score is 12. The attitude score was statistically divided into three categories as – Unfavourable, Moderately favourable, Favourable. The scoring interpretations are as follows-

Unfavourable: <Mean-SD
Moderately favourable: Between Mean- SD to Mean + SD
Favourable: > Mean+ SD

Section 3: it consists of 14 items which are related to practice of contraceptive methods. The practice scores are statistically divided into three categories.

Poor: < Mean-SD
Average: Between Mean-SD to Mean+ SD
Good: > Mean + SD

Data collection procedure:

Data collection for the research study was scheduled from 4th March 2019 to 20th April 2019 with prior written permission from Joint Director of Health Services, Kamrup Metro Assam. Permission was taken from SDM & HO. In next step, names of all the sub centers are collected from Sonapur Block PHC. Out of all sub centers, 4 sub centers are selected from Sonapur Block PHC by simple random sampling technique (Lottery method). After that investigator went to selected sub center and collected the names of all the villages under that sub center. Out of all villages, 2 villages from each center are selected by lottery method. Then investigator collected the total no. of eligible couples from RCH registers which was maintained in sub center. From the list of eligible couple, proportionate number of married women was calculated for each village to get the desired sample size i.e. 150. Then the pre-determined numbers of married women were selected from each village by using systematic random sampling. Every K th subject is selected from each village. If the participant was not available, then go for the next participant till the desired sample size had achieved. The study was carried out in eight villages among 150 married women under Sonapur Block PHC by multi stage random sampling. The investigator introduced herself to the participants. The purpose of the study was explained and informed consent was obtained from each participant and assurance was given to maintain confidentiality about the study. Investigator asked the questions to the participants and filled it up by herself, which took around 15 minutes.

Problems faced during the data collection procedure

The investigator had not faced any major problem during the period of data collection. However, the researcher felt that, some of the participants were hesitated to respond to some questions.

Plan for data analysis

Based on the objectives of the study, collected data were compiled and tabulated for analysis and interpretation. Data were coded and organized in a master sheet. Data are analysed by using the statistical package for the social sciences (SPSS) 15.0 version. Descriptive and inferential statistics like frequency table, percentage, mean, standard deviation, chi-square test, Karl Pearson's correlation coefficient, used for analysis of data. The level of significance is set at 0.05 to interpret the findings.

III. Results:

Section I: Description of demographic characteristics of subjects in frequency and percentage

Table 1: Frequency and percentage distribution of married women according to Socio-demographic variables. n=150

SL. NO	DEMOGRAPHIC VARIABLES	FREQUENCY (f)	PERCENTAGE (%)	TOTAL	
				f	%
1.	Age in years				
	18-24 years	42	28		
	25-31 years	45	30	150	100
	32-38years	30	20		
	39-45years	33	22		
2.	Religion				
	Hindu	101	67.4		
	Islam	24	16	150	100
	Christian	17	11.3		
	Others	8	5.3		
3.	Education				
	Illiterate	16	10.7		
	Primary school	18	12.0		
	Middle school	26	17.3		
	High school	32	21.3	150	100
	Higher secondary	25	16.7		
	Graduate	23	15.3		
	Post graduate	10	6.7		
4.	Occupation				
	Home maker	60	40		
	Government service	20	13.4		
	Private service	32	21.3	150	100
	Self employed	21	14		
	Daily wager	17	11.3		
5.	Monthly family income				
	>Rs 41,430	8	5.3		
	Rs 20,715-41,429	22	14.7		
	Rs 15,536-20,714	24	16	150	100
	Rs 10,357-15,535	25	16.7		
	Rs 6,214-10,356	51	34		
	Rs2,092---6,213	18	12		
	<Rs 2091	2	1.3		
6.	Source of information regarding contraceptive method	30	20		
	Mass media	39	26		
	Friends and relatives	16	10.7	150	100
	Husband	32	21.3		
	Neighbour	33	22		
	Health personnel				
7.	Decision maker about the use of contraceptive methods				
	Mutual (Husband and wife)	97	64.7		
	Husband	38	25.3	150	100
	Wife	15	10		

The characteristics of the study sample of married women, as described in the table (1), summarize married women's age, religion, education, occupation, monthly family income, Source of information regarding contraceptive method, Decision maker about the use of contraceptive methods. A total 150 of married women were selected for the study. as for age, the majority (30%) of married women belongs to 25-31 years, majority (67.4%) of women belongs to Hindu religion, majority of women have (21.3%) education level till high school, majority women (40%) belongs to home maker category, majority of women (34%) belongs Rs6,214-10,356, majority of women (26%) gets Source of information regarding contraceptive method from friends and relatives, majority (64.7%) takes decision regarding contraceptive methods are mutually.

Section II : Description of the knowledge of the married women regarding adoption of contraceptive methods in frequency and percentage.

This section presents data on the level of knowledge regarding adoption of contraceptive methods in terms of frequency and percentage distribution. Structured interview schedule consisting of 14 items was used to assess the knowledge regarding contraceptive methods among married women. The knowledge scores were statistically categorized as:

Adequate: > (Mean+SD) scores above 9 i.e. > (6.55+2.54) =9.09 ~ 9
Moderately adequate: between [(Mean-SD) to (Mean+SD)] i.e. scores between 4-9
Inadequate: < (Mean-SD) scores bellow 4 i.e. < (6.55-2.54) =4.01~4

Table 2: Frequency and percentage distribution of married women according to their level of knowledge on contraceptive methods

n=150

Level of knowledge	Frequency (f)	Percentage (%)
Inadequate (<4)	20	13.3
Moderately adequate (4-9)	111	74.0
Adequate (>9)	19	12.7
Total	150	100

Table 2 shows that majority i.e. 111 (74%) of the total married women have moderately adequate level of knowledge on contraceptive methods, 20 (13.3%) of married women have inadequate level of knowledge, 19 (12.7%) of married women have adequate level of knowledge regarding adoption of contraceptive methods.

Section III : Description of the attitude of the married women regarding adoption of contraceptive methods in frequency and percentage

The section presents data regarding the level of attitude towards contraceptive methods among the married women. The attitude of married women towards the contraceptive methods was assessed through Likert scale. It consists of 12 items which are all positive attitude statements and it is scored by 5 point Likert scale. The maximum possible score is 60 and minimum score is 12. Level of attitude has been categorized into three categories, namely- favourable attitude, moderately favourable attitude, unfavourable attitude. The attitude scores were statistically categorized as:

Favourable: > (Mean+SD) scores above 49 i.e. > (44.21+5.68) ~ 49
Moderately favourable: between [(Mean-SD) to (Mean+SD)] i.e. scores between 39-49
Unfavourable: < (Mean-SD) scores bellow 39 i.e. < (44.21-5.68) ~39

Table 3: Frequency and percentage distribution of married women according to the level of attitude towards contraceptive methods.

n=150

Level of attitude	Frequency (f)	Percentage (%)
Unfavourable (<39)	21	14
Moderately favourable (39-49)	106	70.7
Favourable (>49)	23	15.3
Total	150	100

Table 3 shows that majority i.e. 106 (70.7%) of the total married women have moderately favourable attitude towards contraceptive methods, followed by 23 (15.3%) of married women have favourable attitude and 21 (14%) have unfavourable attitude towards contraceptive methods.

Section IV: Description of the practice of contraceptive methods by married women in frequency and percentage.

This section presents data regarding the level of practice on contraceptive methods among married women which was assessed through a checklist. It consists of 14 items, the maximum possible score is 14 and minimum is 0. Level of practice has been categorized into three categories namely- poor, average, good. Table: 5.1: Frequency and percentage distribution of married women according to their level of practice. The practice scores were statistically categorized as:

Good: > (Mean+SD) scores above 9 i.e. > (4.35+1.14) =5.49 ~ 5
Average: between [(Mean-SD) to (Mean+SD)] i.e. scores between 3-5
Poor: < (Mean-SD) scores bellow 3 i.e. < (4.35-1.14) =3.21~3

Table 4: Frequency and percentage of married women according to their level of practice

n=150

Level of practice	Frequency (f)	Percentage (%)
Poor (<3)	1	0.70
Average (3-5)	133	88.70
Good (>5)	16	10.60
Total	150	100

Table 4 shows that practice of married women on contraceptive methods. Majority i.e. 133 (88.70%) of the total married women had average practice of contraceptive methods, followed by 16 (10.60%) married women who had good practice and 1 (0.70%) married women had poor practice of contraceptive methods.

Section V; Correlation between the knowledge and attitude of married women regarding adoption of contraceptive methods

The research hypothesis to find out correlation between knowledge and attitude of married women regarding adoption of contraceptive methods was formulated as:

H_1: There is significant correlation between knowledge and attitude of married women regarding adoption of contraceptive methods.

Table 5 : Test of correlation between knowledge and attitude towards adoption of contraceptive methods.

n=150

Variable	Mean	S.D	'r' value	'p' value	Remark
Knowledge	6.55	2.54	0.180	0.028	S
Attitude	44.21	5.68			

S= Significant

Table 5 shows that existence of correlation between knowledge and attitude level of married women. Karl Pearson's correlation coefficient was found to be r=0.180 which is significant at 0.05 level of significance. As calculated r value become positive and falls between 0.1-0.3. So, it can be inferred that there is a small or weak correlation between two variables. i.e. knowledge and attitude of married women regarding adoption of contraceptive methods. That means if knowledge level increases; the attitude level is also likely to become favourable. Hence research hypothesis (H_1) i.e. there is significant correlation between knowledge and attitude of married women regarding adoption of contraceptive methods is accepted.

Section VI: Association between the knowledge of contraceptive methods among married women with selected demographic variables

Table 6.1: Cross frequency analysis and chi square test of association of knowledge of contraceptive methods with "age" of married women.

n=150

Age	Knowledge			Total	Chi sq	df	*P-value*
	Low	Medium	High				
18-24 yrs	13	28	1	42	10.195	6	0.117^{NS}
25-31 yrs	9	27	9	45			
32-38yrs	7	21	2	30			
39-45yrs	6	20	7	33			

NS= Not significant

The findings presented in table 6.1 shows that the computed chi square value of the knowledge of married women with age (χ^2=10.195) is not significant at 0.05 level of significance. Here obtained chi square value is 10.195 which is less than tabulated chi square value 12.59 (df=6) at 0.05 level of significance. Hence the research hypothesis H_4-There is significant association between knowledge of contraceptive methods among married women with age cannot be accepted.

Table 6.2: Cross frequency analysis and chi square test of association of knowledge of contraceptive methods with "religion" of married women.

n=150

Religion	Level of knowledge			Chi square	df	p-value	Remark
	Inadequate	Moderately adequate	Adequate				
Hindu	8	79	14	13.471	6	0.036	S
Islam	7	17	0				
Christian	3	10	4				
Others	2	5	1				

S= Significant.

The findings presented in the table 6.2 shows that the computed chi square values of the knowledge of married women with religion (χ^2=13.471) is significant at 0.05 level of significance. Here obtained chi square value is 13.471 which is more than tabulated chi square value 12.59 (df=6) at 0.05 level of significance. Hence the research hypothesis H_4-There is significant association between knowledge of contraceptive methods among married women with religion is retained.

Table 6.3: Cross frequency analysis and chi square test of association of knowledge of contraceptive methods with "education" of married women.

n=150

Education	Level of knowledge			Chi-square	df	p-value	Remark
	Inadequate	Moderately adequate	Adequate				
Illiterate	2	13	1	33.238	12	.001	S
Primary school	6	11	1				
Middle school	4	21	1				
High school	5	24	3				
Higher secondary	3	21	1				
Graduate	0	16	7				
Post graduate	0	5	5				

S= Significant

The findings presented in the table 6.3 shows that the computed chi square values of the knowledge of married women with education (χ^2= 33.238) which is significant at 0.05 level of significance. Here obtained chi square value is 33.238 which is more than tabulated chi square value 21.03 (df=12) at 0.05 level of significance. Hence the research hypothesis H_4-There is significant association between knowledge of contraceptive methods among married women with education is retained.

Table 6.4: Cross frequency analysis and chi square test of association of knowledge of contraceptive methods with "occupation" of married women.

n=150

Occupation	Level of knowledge			Chi square	df	p-value	Remark
	Inadequate	Moderately adequate	Adequate				
Home maker	3	53	4	23. 296	8	.003	S
Government service	1	12	7				
Private service	7	20	5				
Self employed	4	15	2				
Daily wager	5	11	1				

S= Significant.

The findings presented in the table 6.4 shows that the computed chi square values of the knowledge of married women with occupation (χ^2=23. 296) is significant at 0.05 level of significance. Here obtained chi square value is 23. 296 which is more than tabulated chi square value 15.51 (df=8) at 0.05 level of significance. Hence the research hypothesis H_4-There is significant association knowledge of contraceptive methods among married women with occupation is retained.

Table 6.5: Cross frequency analysis and chi square test of association of knowledge of contraceptive methods with "monthly family income" of married women.

n=150

Occupation	**Level of knowledge**			**Chi square**	**df**	**p-value**	**Remark**
	Inadequate	**Moderately adequate**	**Adequate**				
>Rs 41,430	3	4	1	22. 155	12	.036	S
Rs 20,715-41, 429	2	13	7				
Rs 15,536-20,714	2	19	3				
Rs 10,357-15,535	0	22	3				
Rs 6,214-10,356	8	40	3				
Rs 2,092-6,213	5	11	2				
<Rs 2091	0	2	0				

S= Significant.

The findings presented in the table 6.5 shows that the computed chi square values of the knowledge of married women with monthly family income (χ^2=22. 155) which is significant at 0.05 level of significance. Here obtained chi square value is 22. 155 which is more than tabulated chi square value 21.03 (df=12)at 0.05 level of significance. Hence the research hypothesis H_4-There is significant association between knowledge of contraceptive methods among married women with monthly family income is retained.

Table 6.6: Cross frequency analysis and chi square test of association of knowledge of contraceptive methods with "decision maker about the use of contraceptives" of married women.

n=150

Decision maker about the use of contraceptives	Level of knowledge			Chi square	df	p-value	Remark
Husband and wife both	Inadequate	Moderately adequate	Adequate	10.611	4	0.031	S
	7	75	15				
Husband	9	27	2				
Wife	4	9	2				

S= Significant.

The findings presented in the table 6.6 shows that the computed chi square value of the knowledge score of married women with decision maker about the use of contraceptive methods (χ^2=10.611) is significant at 0.05 level of significance. Here obtained chi square value is 10.611 which is more than tabulated chi square value 9.49 (df=4) at 0.05 level of significance. Hence the research hypothesis H_4-There is significant association between knowledge of contraceptive methods among married women with decision maker about the use of contraceptive methods is retained.

IV. Discussion

The study is intended to assess the knowledge, attitude and practice on contraceptive methods among married women under Sonapur Block PHC, Assam. To achieve the objectives of the study, descriptive design and cross sectional approach was adopted. Multistage random sampling was applied to draw the desired sample. The data were collected from 150 married women by using structure interview schedule.

In the present study, majority 45(30%) of the subjects were between the age group 25-31 years, most of the respondents 101 (67.4%) were belongs to Hindu religion. Regarding educational status, majority of the subjects 32 (21.3%) had education till high school and most of the respondents i.e. 60 (40%) were home maker. Majority of the subjects 51 (34%) had monthly family income of Rs. 6,214-10,356 and most of the subjects i.e. 39 (26%) got information regarding contraceptive methods from friends and relatives.

The findings were supported by a study carried out **by Thapa P, Pokharel N, Shrestha M. (2018)**[1]on Knowledge, Attitude and Practice of contraception among married women of reproductive age group in selected wards of Dharan sub-Metropolitan city. The study shows that most 111 (53.1%) of the respondent were of age group 20-34 years, most of the respondents 170 (81.3%) of the study belongs to Hindu religion. Majority of the subjects 72 (34.4%) had education till primary level and regarding occupation majority of the respondents i.e. 168 (80.3%) were housewives. Most of the subjects 135 (64.5%) had monthly family income bellow Rs. 15000.

Assessment of knowledge of the married women regarding adoption contraceptive methods

In the present study majority i.e. 111 (74%) of married women have moderately adequate knowledge regarding adoption of contraceptive methods, followed by 20 (13.3%) of married women have inadequate knowledge, and rest 19 (12.7%) have inadequate knowledge regarding adoption of contraceptive methods.

The present study is supported by a study conducted by SherpaZS, Sheilini M, Nayak A (2013)[5] on Knowledge, Attitude, Practice and Preferences of contraceptive methods in Udupi District, Karnataka. The study results revealed that majority (67.60%) had moderate knowledge on contraceptive methods and 17.60% had high knowledge, majority (87.50%) had favourable attitude and 12.50% had unfavourable attitude towards contraceptive methods.

Assessment of attitude of the married women regarding adoption of contraceptive methods.

In the present study majority i.e. 106 (70.7%) of the married women have moderately favourable attitude towards contraceptive methods, followed by 23 (15.3%) have favourable attitude, and rest 21 (14%) have unfavourable attitude regarding adoption of contraceptive methods.

The findings of the present study were supported by a study conducted by Gaikwad S, Sirohi S, Rokade R, Saleem RR, Deshmankar B, Banzal S (2011)[6] carried out a study on contraceptive knowledge, attitude and practice among women attending family planning clinic of private hospital of western India. The results of the study revealed that majority had moderately favourable attitude (49.6%) towards adoption of contraceptive methods, followed by 33.9% favourable attitude and rest 16.5% had unfavourable attitude towards contraceptive methods.

Assessment of practice of contraceptive methods by married women.

In the present study, majority i.e. 133 (88.70%) of participants have average level of practice, followed by 16 (10.70%) of married women have good practice of contraceptive methods and rest 1 (0.70%) have poor practice of contraceptive methods.

This study is supported by a study D Varsha, M Vaidya, DharaVed, MM Ghate (2011)[7] carried out a cross sectional study on assessment of Knowledge, Attitude and Practices of temporary and permanent family planning methods amongst female construction workers in Pune city. Majority of women had moderate level of practice i.e. 56%, followed by 32% of respondents those who had inadequate practice, 12% had adequate level of practice on contraception.

Correlation between knowledge and attitude of married women regarding adoption of contraceptive methods

In the present study, the Karl Pearson's correlation coefficient was found to be r=0.180 and p- value = 0.028, which is significant at 0.05 level of significance. Therefore, inference was knowledge and attitude of married women towards contraceptive methods were positively correlated.

The present study is supported by a study conducted by Thapa P, Pokharel N, Shrestha M. (2018)[1] on Knowledge, Attitude and Practice of contraception among married women of reproductive age group in selected wards of Dharan sub-Metropolitan city. The study revealed that there was statistically significant correlation of knowledge and attitude of contraception at p value <0.01.

This study is supported by a study Thapa P, Pokharel N, Shrestha M (2018)[1] conducted a cross sectional study on Knowledge, Attitude and Practice of contraception among married women of reproductive

age group in selected wards of Dharansub-Metropolitan city. The study reveals that education, occupation and total income of the family was associated with knowledge regarding contraceptive methods.

V. Conclusion:

Growing population is one of the major problems in India and other developing countries. Contraception is the single most important intervention to reduce the burden of unwanted pregnancy as well as healthy living among young adults. Measuring the level of awareness of contraception provides a useful measure of the success of information, education and communication activities and help to identify the areas that need to be strengthened. From the present study, the following findings were concluded; majority of married women had moderately adequate knowledge, moderately favourable attitude and average practice on contraceptive methods. Significant correlation was found between knowledge and attitude of contraceptive methods among married women. Significant associations were found between knowledge score and religion, education, occupation, monthly family income and decision maker about the use of contraceptive methods of married women at $p<0.05$ level.

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