An exploratory study on the perspectives and practices of contraceptive use among married females of reproductive age group (15-49 years) of selected urban areas of District Sirmour (Himachal Pradesh)

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ABSTRACT

Contraception is a process or technique for preventing pregnancy by means of medication, device or method that blocks or alters one or more of the processes of reproduction in such a way that sexual union can occur without impregnantion. Objectives: To assess the perspectives of contraceptive use among married females of selected urban areas of Dist. Sirmour (HP), to identify the contraceptive practices among married females of selected urban areas of Dist. Sirmour (HP), to associate the perspectives and practices of contraceptive use with the selected socio demographic variables of married females. Method: The study has adopted quantitative research approach and exploratory research design. Total 238 samples were selected based on inclusion and exclusion criteria through multistage cluster sampling technique. Data was collected in terms of socio demographic profile of the married females, semi structured questionnaire and likert scale was used to assess the perspectives of contraceptives use, semi structured checklist was used to assess the practices of contraceptives among married females. Results: Major findings of the study revealed that most of the married females i.e. 111(47%) were between the age group of 20-29 years, 171(72%) belonged to hindu religion, 113(47%) were graduate or above, 75(32%) were self-employed, 137(58%) were having duration of marriage between 1-10 years, 203(85%) were living with spouse and children, 152(64%) were having 1 child, 94(39%) had monthly family income (in rupees) between 20001-30000, 157(66%) married females were living in nuclear family, 216(91%) married females had television as the source of information and contraceptive method used was condom in 169(71%) married females. In the present study, the perspectives of married females in terms of awareness showed that 35% of females were having good awareness, 50% were having average awareness and 15% were having poor awareness. In terms of opinion, 30% of married females were having positive opinion, 70% were having neutral opinion and none of them was having negative opinion regarding contraceptive use. Majority (65%) of married females having average practices of contraceptives, only 31% of females were having poor practices and the rest 4% were having good practices. Mean and standard deviation for perspectives of contraceptive use in relation to awareness and opinion was 14.66 ± 3.98, 72.16 ± 8.24. Mean and standard deviation for practices of contraceptives were 7.71 ± 2.42. There was significant association of age, education, occupation, duration of marriage, living status, monthly family income (in rupees), type of family, source of information and contraceptive method used with perspectives of contraceptive use at $p<0.05$ level of significance. There was significant association of education, occupation, duration of marriage, monthly family income (in rupees), type of family, source of information and contraceptive method used with practices of contraceptives at $p< 0.05$ level of significance.

Keywords— Married females, contraceptives

1. INTRODUCTION AND BACKGROUND OF THE STUDY

Contraception is the deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of vaginal intercourse.[1] Contraception (birth control) prevents pregnancy by interfering with the normal process of ovulation, fertilization and implantation.[2] It is a process or technique for preventing pregnancy by means of medication, device or method that blocks or alters one or more of the processes of reproduction in such a way that sexual union can occur without impregnantion.[3] Every month a woman's body begins the process with the capacity to develop pregnancy. As egg (ovum) matures, the mucus that is secreted by the cervix (a cylindrical shaped organ at the lower end of the uterus) changes to be more inviting to sperm and the lining of the uterus grows in preparation for receiving a fertilized egg. Any woman who wants to prevent pregnancy must use the trusted form of birth control. Birth control (contraception) is designed for a specific purpose that interferes with the normal process and prevents the pregnancy. Indicators for family planning are pills, injectables, condoms, intra uterine devices, implants, female sterilization, male sterilization, standard days method, other modern methods include emergency contraception, foam/jelly and diaphragms.[4] Contraceptive methods have a range of benefits other than their primary purpose of pregnancy prevention. Contraception reduces

pregnancy-related morbidity and mortality, the risk of developing certain reproductive cancers and can be used to treat many menstruation related symptoms and disorders.[5]

1.2 Need for the study

Family planning is important for the health of the mother and her children, as well as for the family's economic situation. Since parents are responsible for providing education, shelter, clothing and food to their children. So family planning has an important long-term impact on the financial situation of any family. India's population has already reached at its peak level i.e. 1.36 billion in the current year and considering the present growth rate by 2028, the country's population will be more than China, according to a recent report from the United Nations. Family planning is not only confined to birth control or contraception. It is important as a whole for the improvement of the family's economic condition and for the better health of the mother and her children. Family planning program benefits not only to parents and children but also to society and nation, by being able to keep the number of new births under control which allows for less population growth. With less population growth this will allow for utilization of more resources towards those who already exist in the Indian population. India suffers from the problem of overpopulation. India's current fertility rate according to year 2015 is 2.4 births per woman. A fertility rate of this value drastically increases a population over time.[6]

1.3 Conceptual/Theoretical framework

Conceptual framework is based on Modified Health Belief Model. This is done by focusing on the attitude and belief of the individuals. Model is a theoretical/conceptual way of understanding the concept or idea of the study. Health beliefs: These are person's ideas, convictions and attitudes about health and illness.

- **Health Belief Model:** Health belief model is a psychological health behavior change model which is developed to explain and predict the health-related behaviors, particularly in regard to the uptake of health services. It was developed in 1950's by social psychologists at the U.S. Public Health Service and remains one of the best known and most widely used theories in health behavior research.
- **Theoretical construct:** The following constructs of the health belief model are proposed to vary between individuals and predict engagement in health-related behaviors. It includes components as: Perceived Susceptibility, Perceived Severity, Perceived Benefit, Perceived Barriers, Modifying variables, Cues to action

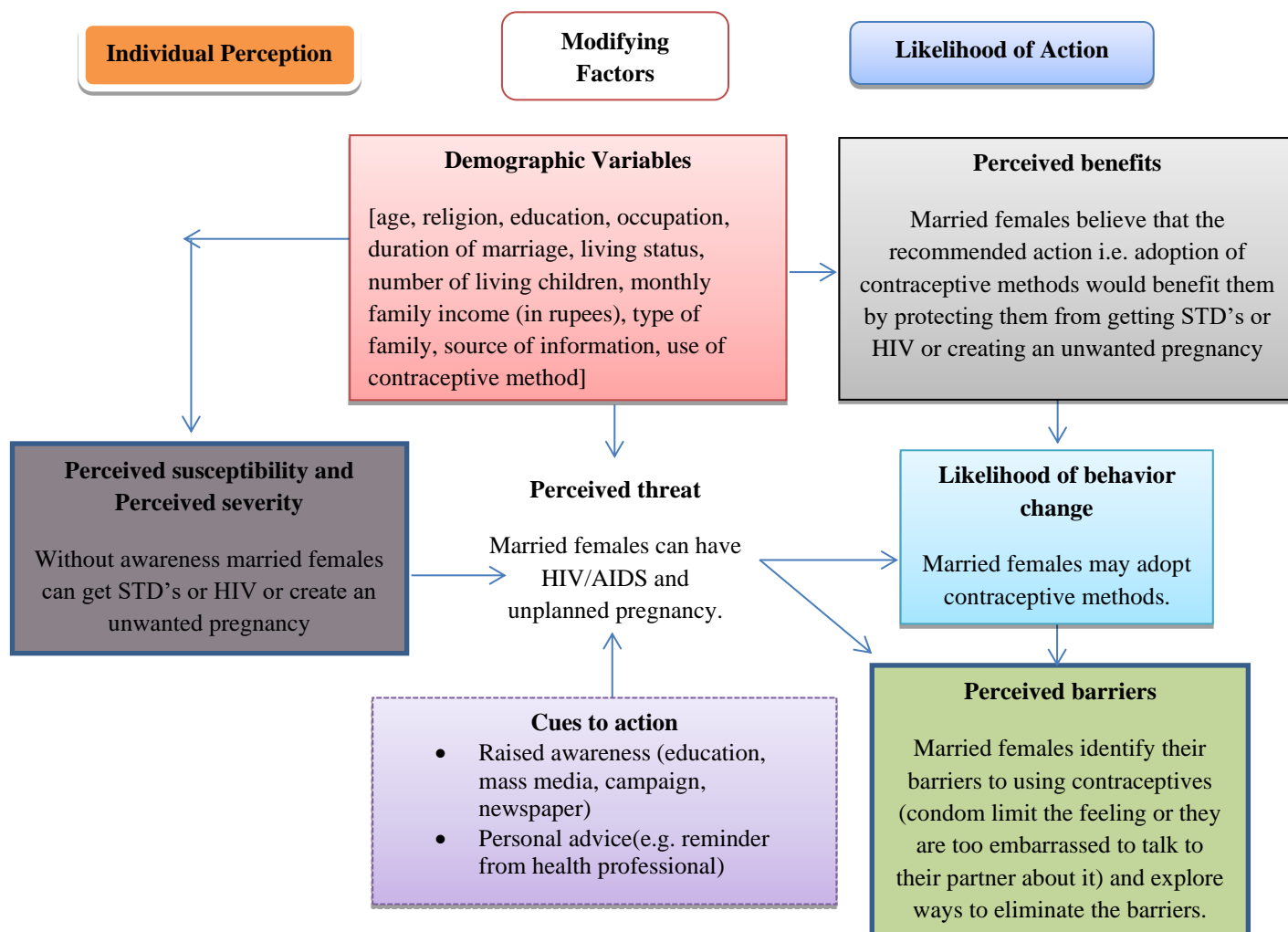**Fig. 1: Conceptual framework based on Health Belief Model**

2. REVIEW OF LITERATURE

Section A: Literature related to the prevalence of contraceptives

A cross sectional study was conducted to study contraceptive use among married women of reproductive age group in a rural area of Tamil Nadu. 84 married women were included in the study. The results showed that the mean age was 30.95 years (SD = 6.421).

Formal education was received by 100% women. Majority were Christians (48.8%) followed by Hindus (46.4%) and Muslims (4.8%). Among the respondents (n = 84), 33.7%, 41.7%, 2.4% and 22.6% had parity of 1, 2, 3 or more and none respectively Most of the women (71.4%) belonged to middle class group. 94% of women were aware of sterilization. This study showed a significant association between number of children and contraception usage ($p<0.05$). As parity increases contraception usage rate increases. Similar association was seen between number of male children and contraception practice (0.006). Also, acceptance for permanent method of family planning increased with increasing parity (0.00) and number of male children (0.04).[7]

Section B: Literature related to the perspectives and practices of contraceptives

A cross sectional descriptive study was done on awareness, attitude and practice of family planning methods in a tertiary care hospital, Uttar Pradesh, India to assess the level of awareness, attitude and current practice of different family planning methods and to elicit reasons for couples not using any method. The results showed that most of the women were between 21-34 years of age (60.1%) and had primary level of education (40%). It was observed that with increase in level of education, awareness also increased (77.7%). The most common source of information was mass media (53.2%). Contraceptive prevalence rate was 62.9%, higher than the national data as 28.5%. Most of them (93.1%) were aware of at least one family planning method. The most commonly known were OCPs (74.8%), condom (68.8%) and IUCD (56.6%). Awareness about female sterilisation (36.4%) was more than male sterilisation (25.3%). 62.9% had used at least one contraceptive method, three prevailing methods used were condom (65.1%), OCPs (31.8%) and IUCD (9.09%). Reasons precluding women from practicing contraception were desire to have a child (60.5%), lack of knowledge (42.4%), and unbearable side effects (25.5%). Majority (92.4%) thought that contraceptive use was beneficial but only (27.2%) expressed the willingness to start practicing contraception if they received more information about the subject.[8]

3. RESEARCH METHODOLOGY

This chapter deals with the methodology including research approach and design, research settings, population, sample, criteria for sample selection, sampling technique, sample size, description of tool, ethical consideration, pilot study, procedure for data collection, plan for data analysis and chapter summary.
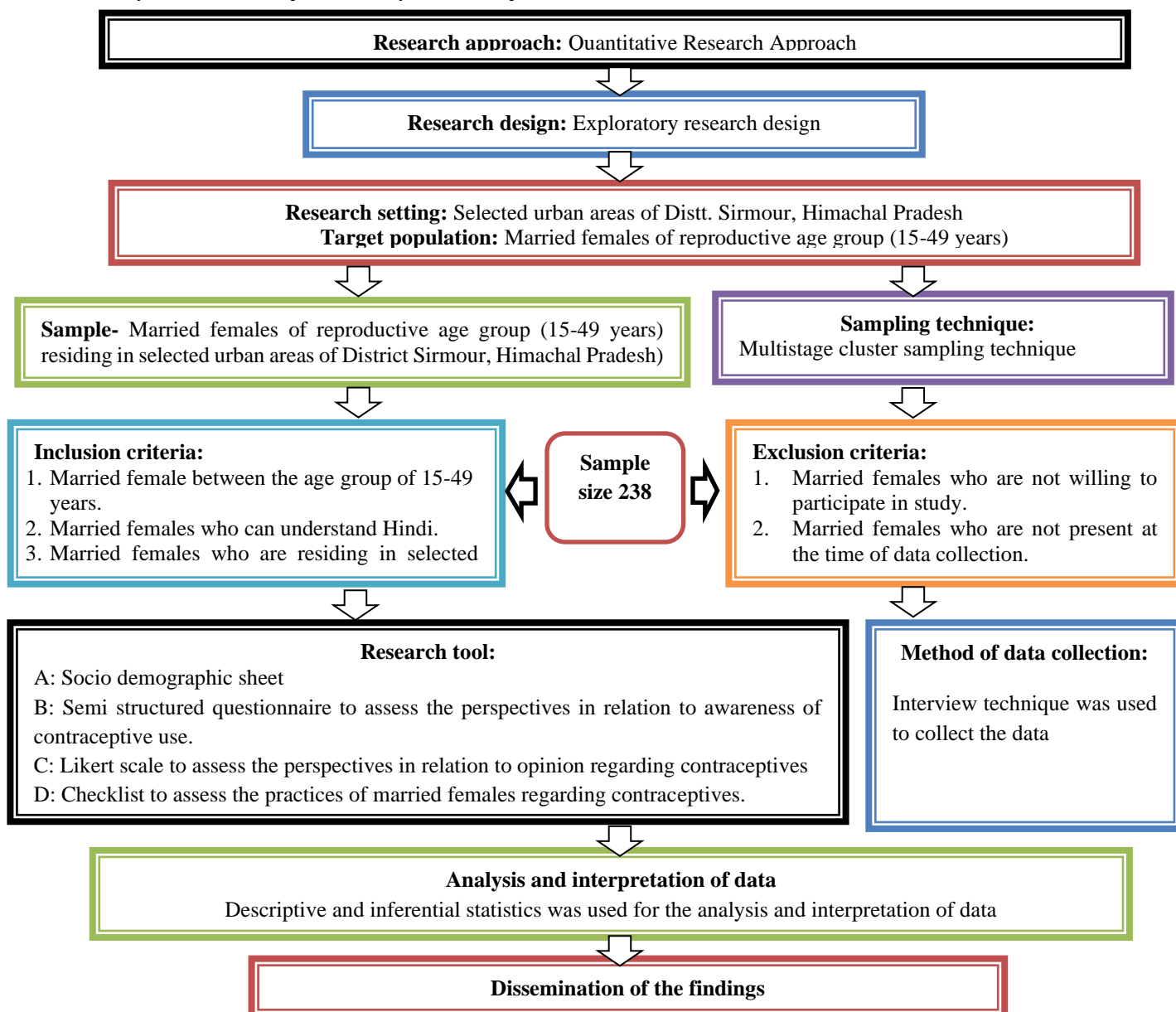

Fig. 2: Schematic diagram of research methodology for assessing the perspectives and practices of married females regarding contraceptives

4. DATA ANALYSIS AND INTERPRETATIONS

In current study data analysis is described under following sections:

SECTION A: Frequency and percentage distribution of socio demographic variables of married females

SECTION B: Frequency and percentage distribution of married females on the basis of perspectives of contraceptive use in relation to the level of awareness and opinion

SECTION C: Frequency and percentage distribution of married females on the basis of practices regarding contraceptive use

SECTION D: Association of perspectives and practices of contraceptive use with the selected socio demographic variables of married females.

Table 1: Frequency & percentage distribution of married females according to their socio demographic variables

S. No.	SOCIO-DEMOGRAPHIC VARIABLES		Frequency (f)	f%
1.	Age	<20years	21	9
		20-29years	111	47
		30-39 years	72	30
		40-49 years	34	14
2.	Religion	Hindu	171	72
		Muslim	56	24
		Sikh	11	4
		Christian	0	0
		Others	0	0
3.	Education	No Formal Education	0	0
		Primary	14	6
		Secondary	111	47
		Graduation or above	113	47
4.	Occupation	Government job	58	24
		Private job	42	18
		Self employed	75	32
		Unemployed	63	26
5.	Duration of marriage	<1 year	22	9
		1-10 years	137	58
		11-20 years	59	25
		21 years or above	20	8
6.	Living status	Alone	0	0
		With Spouse	35	15
		With Spouse and children	203	85
		With Children	0	0
S.NO.	SOCIO DEMOGRAPHIC VARIABLES		Frequency f	f%
7.	Number of living children	None	22	9
		1 Child	152	64
		2 Children	57	24
		3 or above	7	3
8.	Monthly family income (in rupees)	Upto 10,000	7	3
		10001-20000	62	26
		20001-30000	94	39
		30001 or Above	75	32
9.	Type of family	Nuclear Family	157	66
		Joint Family	81	34
		Extended Family	0	0
10.	Source of information	Family and Friends	0	0
		Television	216	91
		Newspaper	8	3
		Radio	14	6
		Magazines	0	0
		Internet	0	0
		Health care provider	0	0
11.	Contraceptive method used	Condom	169	71
		Cu-T	0	0
		Contraceptive Pills	69	29
		Tubectomy	0	0
		Any other	0	0

Table 4.1 shows the frequency and percentage distribution of socio demographic variables of married females. Regarding the age, 21(9%) married females belonged to the age group of <20 years, majority 111(47%) belonged to the age group of 20-29 years, 72(30%) belonged to the age group of 30-39 years, 34(14%) belonged to the age group of 40-49 years. Regarding religion, majority

i.e. 171(72%) married females belonged to hindu religion, 56(24%) were muslims and 11(5%) belonged to sikh religion. With respect to education, 14(6%) of females had primary education, 111(47%) females had secondary education and 113(47%) females had graduation or above education. Regarding occupation, 58(24%) married females were doing government job, 42(18%) were in private job, 75(32%) females were self-employed, 63(26%) females were unemployed. Regarding duration of marriage, 22(9%) married females were having <1 year duration of marriage, 137(58%) married females were having 1-10 years of duration of marriage, 59(25%) were having 11-20 years of duration of marriage and 20(8%) married females were having 21 years or above duration of marriage. Regarding living status, 35(15%) married females lived with their spouse and majority i.e. 203(85%) married females lived with their spouse and children. Regarding no. of living children, 22(9%) married females had no child, 152(64%) had 1 child, 57(24%) had 2 children and 7(3%) had 3 or above children. Regarding monthly family income (in rupees), 7(3%) married females had up to 10,000 monthly family income, 62(26%) had 10001-20000 monthly family income, 94(39%) had 20001-30000 monthly family income and 75(32%) had 30001 or above monthly family income. According to type of family, majority i.e. 157(66%) married females were living in nuclear family and 81(34%) were living in joint family. Regarding source of information, majority i.e. 216(91%) married females were getting information from television, 8(3%) from newspaper and 14(6%) were getting information from radio. Regarding contraceptive method used, majority i.e. 169(71%) married females were using condom and 69(29%) were using contraceptive pills.

Table 2: Frequency and percentage distribution of married females on the basis of perspectives in relation to level of awareness regarding contraceptive use, N=238

CRITERIA MEASURE OF AWARENESS SCORE		
Category Score	**Frequency**	**Percentage**
Good Awareness (16-22)	84	35%
Average Awareness (8-15)	118	50%
Poor Awareness (0-7)	36	15%

Table 2 depicts that 84 (35%) married females had good awareness, 118(50%) had average awareness and 36(15%) had poor awareness regarding contraceptive use.

Fig. 3: Pie diagram showing the percentage distribution of married females on the basis of perspectives in relation to the level of awareness regarding contraceptive use

Figure 3 reveals that 35% married females had good awareness, 50% had average awareness and 15% had poor awareness regarding contraceptive use.

Table 3: Frequency and percentage distribution of married females on the basis of perspectives in relation to opinion regarding contraceptive use, N=238

CRITERIA MEASURE OF OPINION SCORE		
Category Score	**Frequency**	**Percentage**
Positive opinion (75-100)	71	30%
Neutral opinion (48-74)	167	70%
Negative opinion (20-47)	0	0%

Table 3 depicts that 70(30%) married females had positive opinion regarding contraceptive use, 167(70%) had neutral opinion and none of them had negative opinion regarding contraceptive use.
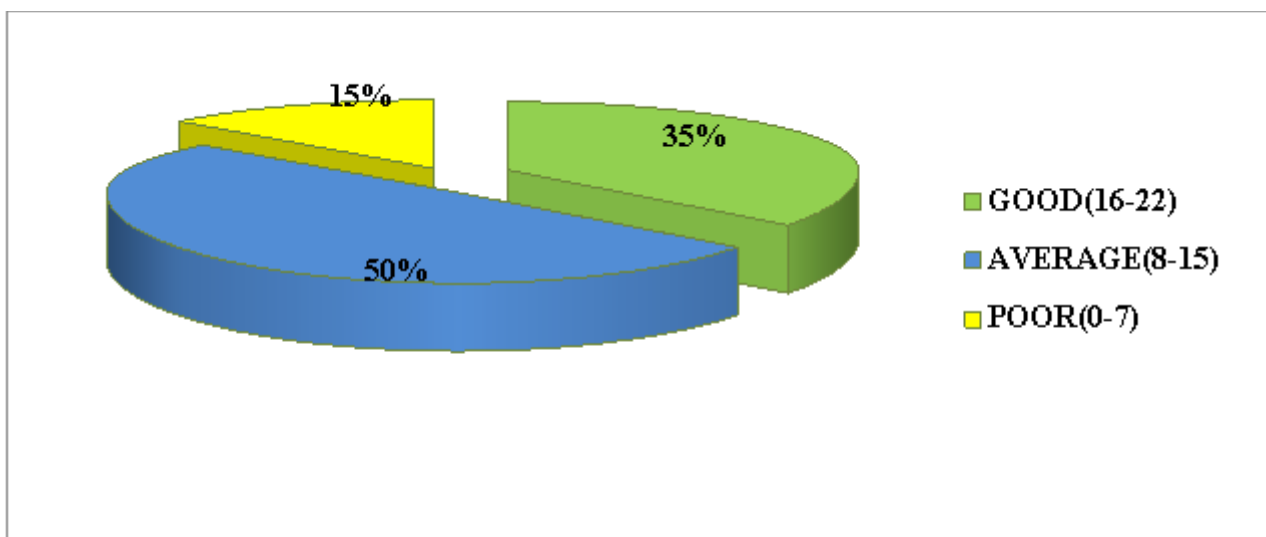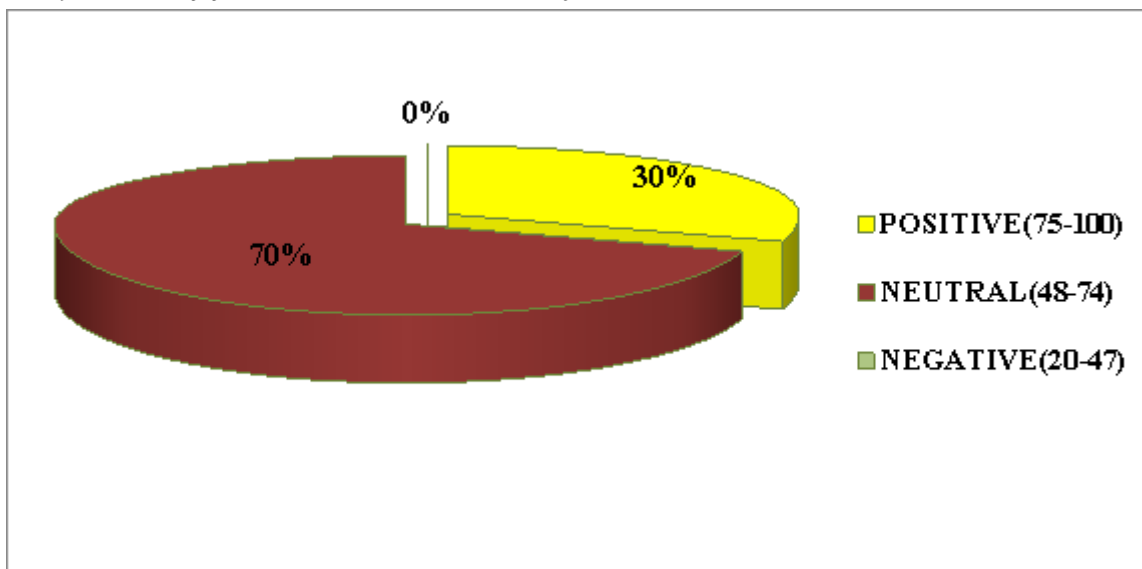
Fig. 4: Pie diagram showing the percentage distribution of married females on the basis of perspectives in relation to opinion regarding contraceptive use

Figure 4 reveals that 30% married females had positive opinion regarding contraceptive use, 70% had neutral opinion and none of them had negative opinion regarding contraceptive use.

Table 4: Frequency and percentage distribution of married females on the basis of practices regarding contraceptive use, N=238

CRITERIA MEASURE OF PRACTICE SCORE		
Category Score	**Frequency**	**Percentage**
Good practice (11-14)	9	4%
Average practice (6-10)	156	65%
Poor practice (0-5)	73	31%

Table 4 depicts that 9(4%) married females had good practices of contraceptive use, 156(65%) had average practices and 73(31%) had poor practices regarding contraceptive use.
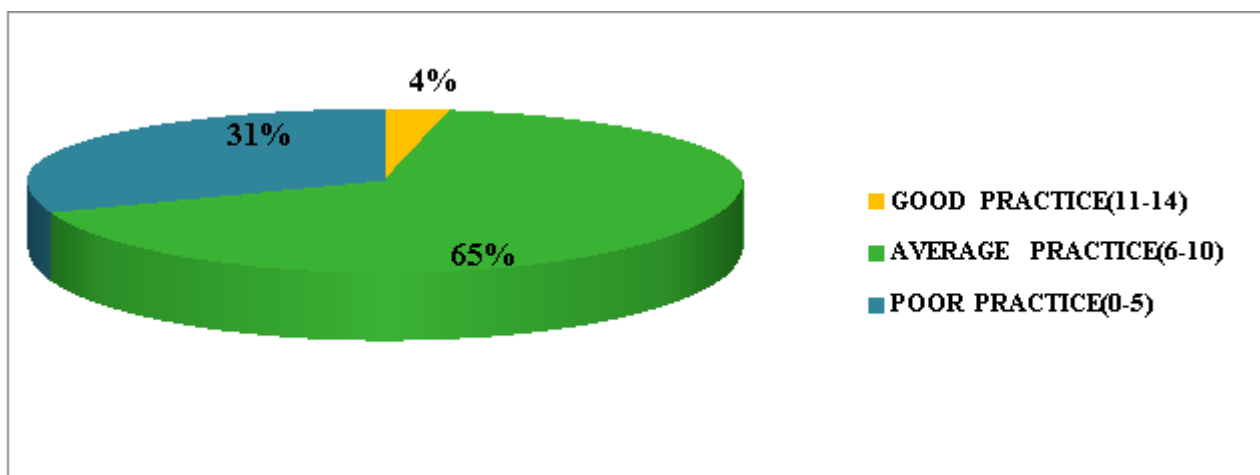
Fig. 5: Pie diagram showing the percentage distribution of married females on the basis of practices regarding contraceptive use

Figure 5 shows 4% married females had good practices of contraceptive use, 65% had average practices and 31% had poor practices regarding contraceptive use.

Table 5: Mean, standard deviation, maximum, minimum and mean percentage of the perspectives in relation to awareness, opinion and practices scores of married females, N=238

S. No.	Variables	Max. score	Range		Mean ± SD	Mean %
			Min. Obtained	**Max Obtained**		
1.	Awareness	22	06	21	14.66 ± 3.98	66.6
2.	Opinion	100	52	88	72.16 ± 8.24	72.2
3.	Practices	14	02	13	7.71 ± 2.42	55.1

Table 5 shows that the maximum score for awareness was 22, mean and standard deviation was 14.66 ± 3.98 with mean% of 66.6%. Maximum score for opinion obtained was 100, mean and standard deviation was 72.16 ± 8.24 with mean% of 72.2%. The maximum score for practices of contraceptive use was 14, mean and standard deviation was 7.71 ± 2.42 with mean% of 55.1%.

Table 6 Associations of perspectives in relation to the level of awareness regarding the contraceptive use among married females with the selected socio-demographic variables, N=238

Demographic Variables		Levels (N=238)			Association with awareness score		
Variable	Opts	Poor	Average	Good	Chi Test	df	p-Value
Age (in years)	<20years	3	13	5	13.843	6	0.031*
	20-29years	8	57	46			
	30-39 years	16	32	24			
	40-49 years	9	16	9			
Religion	Hindu	26	83	62	1.307	4	0.860
	Muslim	9	30	17			
	Sikh	1	5	5			
	Christian	0	0	0			
	Others	0	0	0			
Education	No Formal Education	0	0	0	100.684	4	0.000**
	Primary	14	0	0			
	Secondary	22	51	38			
	Graduation or above	0	67	46			
Occupation	Government job	2	32	24	42.532	6	0.000**
	Private job	1	25	16			
	Self employed	8	38	29			
	Unemployed	25	23	15			
Demographic Variables		Levels (N=238)			Association with awareness score		
Variable	Opts	Poor	Average	Good	Chi Test	df	p- Value
Duration of marriage	<1 year	3	14	5	28.291	6	0.000**
	1-10 years	11	70	56			
	11-20 years	12	29	18			
	21 years or above	10	5	5			
Living status	Alone	0	0	0	9.938	2	0.007**
	With Spouse	11	17	7			
	With Spouse and children	25	101	77			
	With Children	0	0	0			
Number of living children	None	3	14	5	5.258	6	0.511
	1 Child	25	72	55			
	2 Children	6	28	23			
	3 or above	2	4	1			
Monthly family income (in Rupees)	Up to 10,000	7	0	0	54.448	6	0.000**
	10001-20000	8	34	20			
	20001-30000	20	40	34			
	30001 or Above	1	44	30			
Type of family	Nuclear Family	13	85	59	16.910	2	0.000**
	Joint Family	23	33	25			
	Extended Family	0	0	0			
Demographic Variables		Levels (N=238)			Association with awareness score		
Variable	Opts	Poor	Average	Good	Chi Test	df	p-Value
Source of information	Family and Friends	0	0	0	30.992	4	0.000**
	Television	25	109	82			
	Newspaper	2	5	1			
	Radio	9	4	1			
	Magazines	0	0	0			
	Internet	0	0	0			
	Health care provider	0	0	0			
Contraceptive Method Used	Condom	18	88	63	9.098	2	0.011**
	Cu-T	0	0	0			
	Contraceptive Pills	18	30	21			
	Tubectomy	0	0	0			
	Any other	0	0	0			

- *= significant at p<0.05
- **= highly significant at p<0.01

Table 6 shows the association between the perspectives of married females in relation to the level of awareness and socio demographic variables. Chi square test was used to associate the level of awareness and selected socio demographic variables. The chi square test values shows that there was significant association between the awareness score level and demographic variables (age at p<0.031*, education at p<0.000**, occupation at p<0.000**, duration of marriage at p<0.000**, living status at p<0.007**, monthly family income (in rupees) at p<0.000**, type of family at p<0.000**, source of information at p<0.000**, contraceptive method used at p<0.011** level of significance). There was no significance association between the level of awareness scores with religion and number of living children.

Table 7: Association of perspectives in relation to opinion regarding the contraceptive use among married females with the selected socio-demographic variables, N=238

Demographic Variables		Levels(N=238)			Association with opinion score		
Variable	Opts	Negative	Neutral	Positive	Π	df	p-Value
Age(in years)	<20years	0	15	6	5.662	3	0.14
	20-29years	0	70	41			
	30-39 years	0	57	15			
	40-49 years	0	25	9			
Religion	Hindu	0	114	57	6.303	2	0.04*
	Muslim	0	42	14			
	Sikh	0	11	0			
	Christian	0	0	0			
	Others	0	0	0			
Education	No Formal Education	0	0	0	33.452	2	0.00**
	Primary	0	13	1			
	Secondary	0	95	16			
	Graduation or above	0	59	54			
Occupation	Government job	0	40	18	17.205	3	0.01**
	Private job	0	21	21			
	Self employed	0	51	24			
	Unemployed	0	55	8			
Duration of marriage	<1 year	0	15	7	8.254	3	0.041*
	1-10 years	0	89	48			
	11-20 years	0	44	15			
	21 years or above	0	19	1			
Living status	Alone	0	0	0	0.95	1	0.329
	With Spouse	0	27	8			
	With Spouse and children	0	140	63			
	With Children	0	0	0			
Number of living children	None	0	15	7	1.41	3	0.704
	1 Child	0	104	48			
	2 Children	0	42	15			
	3 or above	0	6	1			
Monthly family income (in Rupees)	Upto 10,000	0	7	0	6.11	3	0.106
	10001-20000	0	41	21			
	20001-30000	0	71	23			
	30001 or Above	0	48	27			
Type of family	Nuclear Family	0	103	54	4.59	1	0.032*
	Joint Family	0	64	17			
	Extended Family	0	0	0			
Source of information	Family and Friends	0	0	0	7.65	2	0.022**
	Television	0	149	67			
	Newspaper	0	4	4			
	Radio	0	14	0			
	Magazines	0	0	0			
	Internet	0	0	0			
	Health care provider	0	0	0			
Contraceptive Method Used	Condom	0	120	49	0.19	1	0.658
	Cu-T	0	0	0			
	Contraceptive Pills	0	47	22			
	Tubectomy	0	0	0			
	Any other	0	0	0			

Table 7 shows the association between the perspectives in relation to level of opinion and socio demographic variables. Chi square test was used to associate the level of opinion and selected socio demographic variables. The chi square test value shows that there was significant association between the opinion score level and demographic variables (religion at $p<0.043^*$, education at $p<0.000^{**}$, occupation at $p<0.001^{**}$, duration of marriage at $p<0.041^*$, type of family at $p<0.032^*$, source of information at $p<0.022^*$ level of significance). There was no significance association between the level of opinion scores with age, living status, number of living children, monthly family income (in rupees) and contraceptive method used.

Table 8: Association of practices regarding the contraceptive use among married females with the selected socio-demographic variables, N=238

Demographic Variables		Levels(N=238)			Association with practice scores		
Variable	Opts	Poor	Average	Good	Π	df	p-Value
Age(in years)	<20years	7	13	1	9.57	6	0.144
	20-29years	26	78	7			
	30-39 years	25	46	1			
	40-49 years	15	19	0			
Religion	Hindu	52	111	8	1.55	4	0.817
	Muslim	17	38	1			
	Sikh	4	7	0			
	Christian	0	0	0			
	Others	0	0	0			
Education	No Formal Education	0	0	0	43.62	4	0.000
	Primary	14	0	0			
	Secondary	29	82	0			
	Graduation or above	30	74	9			
Occupation	Government job	16	40	2	12.86	6	0.045
	Private job	10	28	4			
	Self employed	19	53	3			
	Unemployed	28	35	0			
Duration of marriage	<1 year	7	14	1	13.00	6	0.043
	1-10 years	33	96	8			
	11-20 years	22	37	0			
Demographic Variables		Levels(N=238)			Association with practice scores		
Variable	Opts	Poor	Average	Good	Π	df	p-Value
Living status	Alone	0	0	0	4.37		0.113
	With Spouse	16	18	1		2	
	With Spouse and children	57	138	8			
	With Children	0	0	0			
Number of living children	None	7	14	1	1.37		0.967
	1 Child	47	98	7		6	
	2 Children	17	39	1			
	3 or above	2	5	0			
Monthly family income (in rupees)	Upto 10,000	7	0	0	18.13		0.006
	10001-20000	17	42	3		6	
	20001-30000	31	60	3			
	30001 or Above	18	54	3			
Type of family	Nuclear Family	37	113	7	11.06		0.004
	Joint Family	36	43	2		2	
	Extended Family	0	0	0			
Source of information	Family and Friends	0	0	0	23.42		0.000
	Television	57	150	9			
	Newspaper	4	4	0		4	
	Radio	12	2	0			
	Magazines	0	0	0			
	Internet	0	0	0			
	Health care provider	0	0	0			
Contraceptive Method Used	Condom	44	116	9	8.611		0.013
	Cu-T	0	0	0			
	Contraceptive Pills	29	40	0		2	
	Tubectomy	0	0	0			
	Any other	0	0	0			

Table 8 shows the association between the level of practice scores and socio demographic variables. Chi square test was used to associate the level of practice and selected socio demographic variables. The chi square test value shows that there was significant

association between the practice score level and demographic variables (education at p<0.000**, occupation at p<0.045*, duration of marriage at p<0.043*, monthly family income (in rupees) at p<0.006**, type of family at p<0.004**, source of information at p<0.000** and contraceptive method used at p< 0.013* level of significance). There was no significance association between the level of practice scores and age, religion, living status and number of living children.

5. STRENGTH OF THE STUDY
(a) This study helped to find out the perspectives of married females in terms of awareness and opinion regarding contraceptive use.
(b) Focus of the study was to know about the perspectives and practices of married females regarding contraceptive use.
(c) No others study has been reported in District Sirmour regarding the perspectives and practices of contraceptive use among married females.

6. LIMITATIONS
1. Study findings cannot be generalized.
2. Hindi words related to the contraception were difficult to understand by the sample.

7. NURSING IMPLICATIONS
The study has its implications on areas of nursing practice, nursing administration, nursing education and nursing research.

7.1. Nursing practice
- The investigator realized that contraception is a focused area, so it is necessary to assess the awareness of married females and their partners regarding contraceptives so as to counsel them according to their need.
- Individual and group counseling sessions can be conducted by health care providers in the hospitals as well as community with a view to solve the queries related to contraception usage among couples.
- Contraception education can be held mandatory during the pre-conception stage itself proceeding towards antenatal period as well as during postpartum period.
- Nurse practitioners should have up to date knowledge related to contraception usage so that community clients can get maximum benefit from them.

7.2. Nursing education
- The concept of contraception should be included in the curriculum for creating awareness among nursing students so that they can they can educate the clients/community regarding its benefits.
- The result of the study can be used in the classroom for teaching the nursing students about importance of contraception.
- Nurses can provide education to married females, family members and community regarding contraceptive use in the form of community awareness programs, camps, field visits and role plays etc.

7.3. Nursing administration
- The health care system must pay more attention to the training programs for staff nurses working in hospitals as well as community settings, so that they can acquire more knowledge and will be able to communicate the importance of contraception.
- Nurses can make a policy which can include all the nursing staff to be actively involved in in-service education in the community regarding contraception.
- Nurse administrators can organize education programs for students on contraception.
- Nurse administrators should plan for the budget and utilization of resources for training of staffs and health education for community.

7.4. Nursing research
There is need of extensive research in this area so that strategies can be made to teach the nurses and community regarding contraception.

8. RECOMMENDATION
In the light of the above findings and personal experience of the investigator the following recommendations are offered:
- A study can be replicated on large sample with other variables so that findings can be generalized.
- Study can be conducted in various settings like hospitals, nursing care homes etc.
- An experimental study can be done to determine the effectiveness of interventional package on married females regarding the use of contraceptives.
- A comparative study can be done to assess the knowledge of married females regarding contraceptives residing in rural and urban area.

9. CONCLUSION
The result from this study reveals that the perspectives in terms of awareness and opinion and practices of married females regarding contraceptive use were average. There was highly significant association of socio-demographic variables with perspectives and practices of contraceptive use among married females.

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