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## **A descriptive study to assess the knowledge and attitude regarding contraceptive devices among young adults in selected villages of Mohali, Punjab**

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### **Abstract**

Several factors influence young adults' knowledge and attitudes toward contraceptive devices. Keeping this concept in mind, the researchers decided to conduct a descriptive study to assess the knowledge and attitude regarding contraceptive devices among young adults in selected villages of Mohali, Punjab. A quantitative approach was used to conduct the study. A Non-Experimental, Descriptive research design was adopted for the study. The study was conducted in the villages of Daunmajra and Sahauran of Distt. Mohali, Punjab. The sample consisted of 100 young adults of the reproductive age group between 19 to 40 years residing in the villages of Daunmajra and Sahauran of Distt. Mohali, Punjab. The investigator adopts a purposive sampling technique to collect the data from the young adults in March 2025. The collected data were analyzed by using differential inferential statistics methods. Majority of young adults 76 (76%) had an adequate level of knowledge and 67 (67%), had a positive level of attitude regarding contraceptive devices. The socio-demographic variables such as age, gender, religion, type of family, educational status, occupational status, family monthly income and source of information had no association with the level of knowledge regarding contraceptive devices among young adults.

**Keywords:** Knowledge, attitude, contraceptive devices and young adults

### **Introduction**

Contraceptive devices are critical tools in modern reproductive health, enabling individuals and couples to plan their families, prevent unintended pregnancies, and protect against sexually transmitted infections (STIs). These devices have revolutionized family planning, empowering people to make informed choices about their sexual and reproductive health. Contraceptive devices play a vital role in family planning, prevention of unintended pregnancies, and reducing the risk of sexually transmitted infections (STIs). Despite their importance, young adults often exhibit limited knowledge and mixed attitudes toward contraceptive use, influenced by cultural, social, and educational factors <sup>[1]</sup>.

A good family planning programme thus not only helps in improving the economic condition of the nation as a whole but also in enhancing the health of the women and children at the family level. Since 1952, when the family planning programme was started in India, the programme has transformed in terms of policy and actual programme implementation. Currently, it is being repositioned to not only achieve population stabilization goals but also promote reproductive health and reduce maternal, infant and child mortality and morbidity. For improved access to contraceptives and family planning services in high fertility districts spreading over seven high focus states, the Ministry of Health and Family Welfare launched "Mission Pariwar Vikas" in 2016 <sup>[2]</sup>.

Contraceptive devices can be broadly categorized into barrier methods, hormonal methods, and long-acting reversible contraceptives (LARCs). Barrier Methods, such as Male and female condoms, are the most widely used barrier methods. They prevent pregnancy by blocking sperm from reaching the egg and also protect against STIs. Diaphragms and cervical caps are inserted into the vagina to cover the cervix and prevent sperm from entering the uterus. Hormonal methods such as oral contraceptive pills contain hormones (estrogen

and progestin) that prevent ovulation. Contraceptive Patches and Injections deliver hormones through the skin or via injections to prevent pregnancy. Hormonal IUDs release progestin to prevent fertilization and implantation. There are Long-Acting Reversible Contraceptives (LARCs) such as Copper IUDs (Non-hormonal devices) that release copper to create an inhospitable environment for sperm and Implants like Small rods inserted under the skin that release hormones to prevent pregnancy for several years. Emergency Contraception, such as morning-after pills, which are used after unprotected sex to prevent pregnancy, and copper IUDs can also be used as emergency contraception if inserted within five days of unprotected sex. Young adults' knowledge about contraceptive devices varies widely depending on factors such as education, cultural background, and access to sexual health information. Most young adults are aware of common contraceptive methods such as condoms, oral contraceptive pills, and intrauterine devices (IUDs). However, knowledge about long-acting reversible contraceptives (LARCs), such as implants and hormonal injections, is often limited [3].

### Need of the Study

In India, family planning has been adopted as our national policy and abundant money is being spent on it. Yet we are far from achieving our targets. India's population is increasing fast in comparison to its dwindling and depleting resources. This rapid population growth has resulted in a very high pressure on our resources of food, environment, housing, clothing, education, and poverty alleviation [4].

According to the NFHS-5 report for the year 2019-21, the current use of any family planning method by married women in India aged 15-49 years was 66.7%, while the current use of any family planning in Rajasthan was found to be 72.3% with an increase of 12.6% from the reported data of 59.7% in NFHS-4. The birth interval is less than 24 months in 27% of non-first-order births (NFHS-4). Female sterilisation accounts for 37.9% of family planning (FP) technique adoption in NFHS-5. With diverse variability and urban-rural divide in Rajasthan, the unmet need of contraception varies from 4.2% to 11.2% in different regions of Rajasthan, so it needs to be studied and addressed through appropriate policy and intervention [5].

Young adults exhibit varying levels of knowledge and attitudes toward contraceptive devices. While many have a positive attitude, misconceptions and barriers persist. Educational programs and awareness campaigns are essential to improve knowledge and promote positive attitudes toward contraceptive use. Due to all of the foregoing, the researcher acquired a genuine interest in the subject and was persuaded that a study was needed to assess the knowledge and attitude regarding contraceptive devices among young adults.

### Research Statement

A descriptive study to assess the knowledge and attitude regarding contraceptive devices among young adults in selected villages of Mohali, Punjab.

### Aim of the study

The study aims to assess the knowledge and attitude regarding contraceptive devices among young adults in selected villages of Mohali, Punjab.

### Objectives

1. To assess the knowledge regarding contraceptive devices among young adults
2. To assess the attitude regarding contraceptive devices among young adults
3. To find the association between the level of knowledge regarding contraceptive devices among young adults with their selected socio-demographic variables
4. To find the association between the attitude regarding contraceptive devices among young adults with their selected socio-demographic variables.
5. To disseminate the research findings.

### Assumptions

1. Target population may have some inappropriate perception regarding contraceptive methods.
2. Most of them may not use contraceptive methods.
3. Most of them may have less knowledge regarding temporary contraceptive methods

### Limitations

1. The study is limited to a specific age group and geographic area, which may affect generalizability.
2. Self-reported data may be subject to social desirability bias.

### Delimitations

The study was delimited to young adults who: -

- Resides in the selected villages of District Mohali.
- Are all available during the data collection period.
- Are willing to participate in the study.

### Methodology

#### Research Approach

A quantitative approach was adopted for the study to assess the knowledge and attitude regarding contraceptive devices among young adults in selected villages of Mohali, Punjab.

#### Research Design

Non-experimental, Descriptive research design was chosen for the present study

#### Research Setting

The study was conducted in the village Daunmajra and Sahauran of Distt. Mohali, Punjab.

#### Target Population

The target population comprised all young adults of the reproductive age group between 19 to 40 years residing in the village Daunmajra and Sahauran of Distt. Mohali, Punjab.

#### Sample Size and Sampling Technique

100 young adults of the reproductive age group between 19 to 40 years were taken as samples. A Purposive sampling technique was used to draw the samples.

#### Selection and Development of Tool(s)

The tool was divided into three parts:

**Section-A:** Socio-Demographic Data

**Section-B:** Structured knowledge questionnaire

**Section-C:** Interview Schedule (Checklist)

**Reliability of tool(s)**

The reliability was found to be  $r=0.82$  which is highly significant.

**Pilot Stud**

Pilot study was conducted on 10 young adults of reproductive age, between 19 to 40 years during the month of February 2025 at village Radiala, Distt. Mohali, Punjab.

**Data Collection Procedure**

Data collection procedure was carried out in the month of March 2025, in Village Daunmajra and Sahauran of Distt. Mohali, Punjab.

**Section I: Distribution of the young adults according to their socio-demographic variables.**

**Table 1:** Frequency and percentage distribution of the young adults according to their socio- demographic variables (N =100)

Section-1 Socio Demographic Proforma		Frequency (F)	(%)
Age	19-25 years	8	8%
	26-30 years	51	51%
	31-35 years	25	25%
	36-40 years	16	16%
Gender	Male	32	32%
	Female	68	68%
Religion	Hindu	41	41%
	Muslim	12	12%
	Sikh	43	43%
	Christian	4	4%
Type of family	Nuclear	32	32%
	Joint	68	68%
Educational Status	Primary Education	10	10%
	Secondary Education	49	49%
	Graduation	30	30%
	Post graduation	11	11%
Occupational Status	Homemaker	55	55%
	Private employee	15	15%
	Government employee	13	13%
	Self employed	17	17%
Family monthly income	Less than 10,000/-	9	9%
	10001- 30,000/-	59	59%
	30,001- 50,000/-	19	19%
	More than 50,001/-	13	13%
Source of information	Family	12	12%
	Friends	44	44%
	Social media	35	35%
	Health personnel	9	9%

**Table 1:** shows the distribution of the young adults residing in destitute homes according to their socio-demographic variables such as age, gender, religion, type of family, educational status, occupational status, family monthly income and source of information.

- According to age, the majority of the young adults 51 (51%) were in the age group of 26-30 years. About 25 (25%) of the young adults were about 31-35 years old, 16 (16%) were 36-40 years of age and only 8 (8%) were between 19-25 years of age.
- According to gender, the majority of the young adults 68 (68%) were females and about 32 (32%) of the young adults were males.
- According to religion, the majority of the young adults 43 (43%) were Sikhs, whereas 41 (41%) were Hindus. About 12 (12%) young adults were Muslims and only 4 (4%) belonged to Christianity.
- According to type of family, the majority of the young adults 68 (68%) belonged to joint family whereas only 32 (32%) had a nuclear family.
- According to educational status, the majority 49 (49%) of young adults were having the secondary level of education. Whereas 30 (30%) were graduates and 11 (11%) were post graduated. Only 10 (10%) were

educated up to primary level.

- According to occupational status, the majority 55 (55%) of young adults were homemakers. Whereas 17 (17%) were self-employed and 15 (15%) were private employees. Only 13 (13%) out of them were government employees.
- According to family monthly income, the majority of the young adults 59 (59%) had their family income level between 10,001-30,000/- whereas 19 (19%) had their family income level between 30,001-50,000/-. About 13 (13%) had their family income level above 50,001/- and only 9 (9%) had their family income less than 10,000/-.
- According to the source of information, the majority of 44 (44%) young adults had knowledge regarding contraceptives from friends whereas 35 (35%) gained knowledge from social media. About 12 (12%) had family as their source of information and only 9 (9%) gained knowledge regarding contraceptive devices from health personnel.

**Section 2: Knowledge scores regarding contraceptive devices among young adults.**

**Table 2:** Knowledge scores regarding contraceptive devices among young adults (N= 100)

Criteria measure of knowledge score		
Category Score	Frequency	Percentage
ADEQUATE (12-17)	76	76.0%
MODERATE (6-11)	23	23.0%
INADEQUATE (0-5)	1	1.0%

Maximum Score=17 Minimum Score=0

Table 2 states that out of 100 young adults, the majority 76 (76%), had an adequate level of knowledge, whereas 23 (23%) young adults had a moderate level of knowledge. Only 1 (1%) had inadequate level of knowledge.

### Section 3: Attitude scores regarding contraceptive devices among young adults.

**Table 3:** Attitude scores regarding contraceptive devices among young adults (N= 100)

Criteria measure of attitude score		
Category Score	Frequency	Percentage
POSITIVE (13-18)	67	67.0%
NEUTRAL (7-12)	33	33.0%
NEGATIVE (0-6)	0	0.0%

Maximum Score=18

Minimum Score=0

Table 3 states that out of 100 young adults, the majority 67 (67%), had a positive level of attitude, whereas 33 (33%) young adults had a neutral level of attitude. None of them had negative level of knowledge.

### Section 4: Association of findings between the level of knowledge regarding contraceptive devices among young adults with their selected socio-demographic variables.

**Table 4:** Association between the level of knowledge regarding contraceptive devices among young adults with their selected socio-demographic variables (N= 100)

Demographic variables		N= 100			Association with knowledge score				
Variable	Opts	Adequate	Moderate	Inadequate	Chi test	P value	df	Table value	Result
Age	19-25 years	6	2	0	6.603	0.359	6	12.592	Not Significant
	26-30 years	43	8	0					
	31-35 years	16	8	1					
	36-40 years	11	5	0					
Gender	Male	24	8	0	0.559	0.756	2	5.991	Not Significant
	Female	52	15	1					
Religion	Hindu	29	11	1	4.722	0.580	6	12.592	Not Significant
	Muslim	11	1	0					
	Sikh	32	11	0					
	Christian	4	0	0					
Type of family	Nuclear	24	8	0	0.559	0.756	2	5.991	Not Significant
	Joint	52	15	1					
Educational Status	Primary Education	10	0	0	8.713	0.190	6	12.592	Not Significant
	Secondary Education	37	12	0					
	Graduation	19	10	1					
	Post graduation	10	1	0					
Occupational Status	Homemaker	42	12	1	1.314	0.971	6	12.592	Not Significant
	Private employee	12	3	0					
	Government employee	10	3	0					
	Self employed	12	5	0					
Family monthly income	Less than 10,000/-	6	3	0	2.258	0.895	6	12.592	Not Significant
	10001- 30,000/-	45	13	1					
	30,001- 50,000/-	16	3	0					
	More than 50,001/-	9	4	0					
Source of information	Family	8	4	0	4.091	0.664	6	12.592	Not Significant
	Friends	31	12	1					
	Social media	30	5	0					
	Health personnel	7	2	0					

**Table No. 4:** shows the association between the level of knowledge regarding contraceptive devices among young adults with their socio-demographic variables such as age, gender, religion, type of family, educational status, occupational status, family monthly income and source of information.

- According to age, most young adults were 26-30 years old. The obtained chi-square value ( $\chi^2_{(6, 0.05)} = 6.603, 0.359$ ) was higher than 0.05 level of significance.

Hence, the research hypothesis was rejected. So, it was concluded that age did not influence the level of knowledge among young adults.

- According to gender, the majority of the young adults were females. The obtained chi-square value ( $\chi^2_{(2, 0.05)} = 0.559, 0.756$ ) was higher than 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that gender did not influence the level of knowledge among young adults.



- According to religion, the majority of the young adults were Sikhs. The obtained chi-square value ( $\chi^2_{(6, 0.05)} = 4.722, 0.580$ ) was higher than 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that religion did not influence the level of knowledge among young adults.
- According to type of family, the majority of the young adults belonged to joint family. The obtained chi-square value ( $\chi^2_{(2, 0.05)} = 0.559, 0.756$ ) was higher than 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that type of family did not influence the level of knowledge among young adults.
- According to educational status, the majority of young adults had the secondary level of education. The obtained chi-square value ( $\chi^2_{(6, 0.05)} = 8.713, 0.190$ ) was higher than 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that educational status did not influence the level of knowledge among young adults.
- According to occupational status, the majority of young adults were homemakers. The obtained chi-square value ( $\chi^2_{(6, 0.05)} = 1.314, 0.971$ ) was higher than 0.05

level of significance. Hence, the research hypothesis was rejected. So, it was concluded that occupational status did not influence the level of knowledge among young adults.

- According to family monthly income, the majority of the young adults had their family income level between 10,001-30,000/-. The obtained chi-square value ( $\chi^2_{(6, 0.05)} = 2.258, 0.895$ ) was higher than 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that family monthly income did not influence the level of knowledge among young adults.
- According to the source of information, the majority of young adults knew about contraceptives from friends. The obtained chi-square value ( $\chi^2_{(6, 0.05)} = 4.091, 0.664$ ) was higher than 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that source of information did not influence the level of knowledge among young adults.

#### Section 4: Association of findings between the level of attitude regarding contraceptive devices among young adults with their selected socio-demographic variables.

**Table 5:** Association between the level of attitude regarding contraceptive devices among young adults with their selected socio-demographic variables

Demographic Variables		n= 100			Association with attitude score				
Variable	Opts	Positive	Neutral	Negative	Chi Test	p value	df	Table Value	Result
Age	19-25 years	7	1	0	5.120	0.163	3	7.815	Not Significant
	26-30 years	30	21	0					
	31-35 years	20	5	0					
	36-40 years	10	6	0					
Gender	Male	21	11	0	0.040	0.841	1	3.841	Not Significant
	Female	46	22	0					
Religion	Hindu	30	11	0	3.914	0.271	3	7.815	Not Significant
	Muslim	7	5	0					
	Sikh	26	17	0					
	Christian	4	0	0					
Type of family	Nuclear	22	10	0	0.065	0.798	1	3.841	Not Significant
	Joint	45	23	0					
Educational Status	Primary Education	7	3	0	0.283	0.963	3	7.815	Not Significant
	Secondary Education	32	17	0					
	Graduation	21	9	0					
	Post graduation	7	4	0					
Occupational Status	Homemaker	39	16	0	3.739	0.291	3	7.815	Not Significant
	Private employee	11	4	0					
	Government employee	9	4	0					
	Self employed	8	9	0					
Family monthly income	Less than 10,000/-	5	4	0	10.068	0.018	3	7.815	Significant
	10001- 30,000/-	34	25	0					
	30,001- 50,000/-	18	1	0					
	More than 50,001/-	10	3	0					
Source of information	Family	8	4	0	0.868	0.833	3	7.815	Not Significant
	Friends	29	15	0					
	Social media	25	10	0					
	Health personnel	5	4	0					

**Table 5:** shows the association between the level of attitude regarding contraceptive devices among young adults with their socio-demographic variables such as age, gender, religion, type of family, educational status, occupational status, family monthly income and source of information.

- According to age, most young adults were 26-30 years old. The obtained chi-square value ( $\chi^2_{(3, 0.05)} = 5.120, 0.163$ ) was higher than 0.05 level of significance.

Hence, the research hypothesis was rejected. So, it was concluded that age did not had any influence on the attitude of young adults.

- According to gender, the majority of the young adults were females. The obtained chi-square value ( $\chi^2_{(1, 0.05)} = 0.040, 0.841$ ) was higher than 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that gender did not had

any influence on the attitude of young adults.

- According to religion, the majority of the young adults were Sikhs. The obtained chi-square value ( $\chi^2_{(3, 0.05)} = 3.914, 0.271$ ) was higher than 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that religion did not had any influence on the attitude of young adults.
- According to the type of family, the majority of the young adults belonged to joint family. The obtained chi-square value ( $\chi^2_{(1, 0.05)} = 0.065, 0.798$ ) was higher than 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that the type of family did not had any influence on the attitude of young adults.
- According to educational status, the majority of young adults had the secondary level of education. The obtained chi-square value ( $\chi^2_{(3, 0.05)} = 0.283, 0.963$ ) was higher than 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that educational status did not had any influence on the attitude of young adults.
- According to occupational status, the majority of young adults were homemakers. The obtained chi-square value ( $\chi^2_{(3, 0.05)} = 3.739, 0.291$ ) was higher than 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that occupational status did not had any influence on the attitude of young adults.
- According to family monthly income, the majority of the young adults had their family income level between 10,001-30,000/-. The obtained chi-square value ( $\chi^2_{(3, 0.05)} = 10.068, 0.018$ ) was at 0.05 level of significance. Hence, the research hypothesis was accepted. So, it was concluded that family monthly income influenced the attitude of young adults.
- According to the source of information, the majority of young adults knew about contraceptives from friends. The obtained chi-square value ( $\chi^2_{(3, 0.05)} = 0.868, 0.833$ ) was higher than 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that source of information did not had any influence on the attitude of young adults.

## Conclusion

From the findings of the present study following conclusions were drawn:

- Majority of young adults 76 (76%) had an adequate level of knowledge regarding contraceptive devices.
- Majority of young adults 67 (67%), had a positive level of attitude.
- The socio-demographic variables such as age, gender, religion, type of family, educational status, occupational status, family monthly income and source of information had no association with the level of knowledge regarding contraceptive devices among young adults.
- The socio-demographic variables such as age, gender, religion, type of family, educational status, occupational status, and source of information had no association with the level of attitude regarding contraceptive devices among young adults. Only family monthly income influenced the attitude of young adults regarding contraceptive devices.

## Conflict of Interest

Not available

## Financial Support

Not available

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