IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 14, Issue 6 Ser. 4 (Nov. – Dec. 2025), PP 31-41
www.iosrjournals.org

Assessment Of Knowledge And Attitude Regarding Oral Contraceptive Pills Among Married Women In The Urban Slam Area Bangladesh

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Abstract:
Background: *Contraception is one of the common methods of family planning. The oral contraceptive pills (OCPs) is among the most effective methods of contraception.*
Objective: *This study aimed to assess the knowledge and attitude regarding oral contraceptive pills among married women in the urban slam area Bangladesh*
Materials and Methods*: This descriptive cross-sectional study involved married women in the community, Bangladesh. Participants were selected through convenient sampling to ensure representation from various departments. A semi-structured questionnaire was used to collect data on socio-demographic characteristics, knowledge regarding oral contraceptive pills, and attitude regarding oral contraceptive pills. Descriptive statistics were used to summarize knowledge levels, while inferential analyses (e.g., Chi-square tests) were conducted to identify associations between socio-demographic factors and knowledge and attitude regarding oral contraceptive pills.*
Results: *The study assessed knowledge and attitude regarding oral contraceptive pills among 208 married women. The majority of participants were under 29 years of age (62.5%) and belonged to nuclear families (76.0%). Over half (54.3%) demonstrated poor knowledge, while only 3.8% had good knowledge. Regarding attitude, 79.3% had a negative attitude and only 20.7% showed a positive attitude toward oral contraceptive pills. Statistically significant associations were found between knowledge levels and several variables: educational level (χ^2=26.51, p=.000), occupation (χ^2=45.29, p=.000), husband's occupation (χ^2=12.58, p=.05), number of children (χ^2=18.16, p=.000), OCP use (χ^2=7.03, p=.03), educational session attendance (χ^2=21.87, p=.000), and information sources (χ^2=23.87, p=.000).Similarly, attitude was significantly associated with educational level (χ^2=25.41, p=.000), occupation (χ^2=36.40, p=.000), number of children (χ^2=7.44, p=.006), OCP use (χ^2=5.29, p=.02), educational sessions (χ^2=22.66, p=.000), and source of information (χ^2=19.87, p=.000). No significant association was observed for variables like age, religion, family type, or income.*
Conclusion: *The study explored the knowledge and attitude regarding oral contraceptive pills among married women and revealed varied levels of awareness and perceptions. While many respondents were familiar with oral contraceptive pills, their understanding of proper usage, side effects, and emergency use remained limited. Attitudes were generally mixed, with a notable portion of participants exhibiting hesitancy or misconceptions. Key socio-demographic factors such as educational level, occupation, number of children, participation in educational sessions, and information sources were significantly associated with both knowledge and attitude. These findings underscore the need for targeted educational initiatives to improve informed decision-making and promote positive attitudes toward oral contraceptive use.*

Keywords: *Knowledge, Attitude, Oral Contraceptive Pills, Married women, Bangla*

Date of Submission: 09-12-2025 Date of Acceptance: 19-12-2025

I. Introduction

The global population is projected to reach 9.2 billion by 2050, up from 7.9 billion in 2022 [1, 2]. Unregulated fertility leads to rapid population growth, burdening resources, and negatively impacting economic development and political stability in many developing countries [3].Unregulated fertility continues to rise in developing countries[4].Unregulated fertilities increase the risk of unsafe abortions, maternal morbidity, and mortality[5]. In developing countries, 1 in 3 women give birth before 20 years, and pregnancy-related death rates are twice as high compared to women over 20 years old[6]. Sub-Saharan Africa experiences approximately 14 million unregulated fertilities annually, with 59% occurring among women aged 15-24 years[7] .

Family planning regulates fertility by limiting childbirth and increasing the interval between gestations using various contraceptive methods [8].It is certain that 90% fewer abortions, 20% fewer pregnancy-related illnesses, and 32% fewer maternal deaths would occur worldwide if effective contraceptive methods were used [9].Contraception is a method that significantly reduces unsafe abortions, fetal infections, and fetal deaths [10,11].1.9 billion Women worldwide needed family planning, with 842 million using contraceptive methods, and 270 million lacking access despite their willingness to use it[12,13] .

Contraception, the deliberate prevention of pregnancy, can be achieved through various methods [14] .While some contraceptive methods allow fertilization to occur before, ultimately blocking embryo implantation, others restrict sperm access to the mature egg to prevent fertilization, while still others prohibit the release of secondary oocytes and sperm from gonads [15] . Any of the contraceptive methods may increase the risk of unintended pregnancies, with the exception of total abstention from sexual activity [16,17.]

The oral contraceptive pills (OCPs) are a widely used and effective contraceptive method [18].The effectiveness of OCPs is user-dependent and depends on the individual woman's understanding and correct use of the method [19] .OCPs abuse and withdrawal lead to over 750 million unattended pregnancies among young women in the U.S. annually[20] .However, in Bangladesh, there is a lack of data on the misuse of OCPs and unintended pregnancies [21] .

OCPs use offers numerous health benefits, including protection against various conditions like dysmenorrhea, menorrhagia, iron insufficiency anemia, ectopic gestation, pelvic inflammatory conditions, ovarian cysts, benign bone disease, endometrial cancer, and ovarian cancer [22] .However, OCPs usage poses health risks, including increased risks of thromboembolism, cervical cancer, breast cancer, stroke, and cardiovascular events among smokers, depending on the type of OCPs used[18] . In addition, OCPs use can lead to negative effects like weight fluctuations, nausea, breast tenderness, abdominal bloating, skin issues, and menstrual irregularities [23,24] .However, misconceptions about the health benefits and risks of OCPs use remain a significant challenge to its use [25] .

The people of Bangladesh have a cultural tendency for having large families [26] .Consequently, Bangladesh's birth and fertility rates remain higher than those of developed countries, but there has been a significant decrease in recent years [27] .The fertility rate in Bangladesh in 2024 was 1.908 births per woman, a 1.14% decline from 2023, which remains higher than reports from industrialized countries [28,29].The high fertility rate in Bangladesh, coupled with short birth intervals, can be attributed to the limited knowledge about available contraception methods [30,27] .

Women's decisions about using OCPs are influenced by a variety of variables [31.32] . An essential component of the woman's decision-making process is her knowledge of the effectiveness and appropriate use of OCPs [33,34,35] .In spite of that, there is a lack of research on the knowledge of OCPs among married women in Bangladesh. Thus, the purpose of this study is to close the research gap by assess the knowledge and attitude regarding OCPs among married women in the community, Bangladesh. Therefore, this study is necessary to investigate the knowledge, attitudes, and usage patterns of OCPs among Bangladeshi women. In fact, Bangladeshi women could benefit from increased information and advice on OCPs to ensure better, regulated use that aligns with their therapeutic purpose.

II. Material And Methods

This chapter describes the methodology of the study, which includes a description of the study design, participants, instruments, data collection method, and data analysis.

Study Design: This study used a descriptive cross-sectional design.

Study Location: The study setting was Kazipara slum & Mirpur-11 in Dhaka, Bangladesh. These villages were situated in the southwestern part of Bangladesh. There were approximately 2000 thousand married women were living in this slum.

Study Duration: From November, 2024 to April, 2025.

Sample size: 208 Married Women.

Sample size Calculation: The sample was recruited by a convenient sampling technique. The sample size was estimated by using Cochran's formula ($n = \frac{Z^2 \cdot P \cdot (1-P)}{e^2}$).The actual sample size was 174, with a 20% attrition rate, the estimated sample size was 208.

Inclusion criteria:
1. Married women who was lived in the selected slum.
2. Married women whose age was ranged from 18-49 years.

Exclusion criteria:
1. Married women who were very sick.
2. Married women who were unwilling to participate in the study.

Instrument:

A semi-structured questionnaire was developed by the researcher based on literature review [36,37] . and was used as a data collection tool. The instrument is divided into three parts. Part I was related to Socio-demographic information; Part 2 was related to knowledge regarding oral contraceptive pills and Part3 was related to attitude regarding oral contraceptive pills related questions was included in this questionnaire. The instrument was described in detail below:

The questionnaire included three parts-

Part 1: Socio-demographic Questionnaire (SDQ)

Socio-demographic characteristics of the participants were assessed using 12 items SDQ. This was included Age of the women, religion, family types, educational status, occupation, husband's occupation, number of children, use of oral contraceptive, information regarding oral contraceptive pill, monthly family income of the married women.

Part 2: Knowledge regarding oral contraceptive pills related Questionnaire

This semi structure questionnaire was included 12 items question with yes/no and multiple-choice questions to examine the knowledge regarding oral contraceptive pills of married women. A correct answer was gave 1 point and an incorrect answer will give 0 point. Total score was ranged from 0-12 scores and then it was converted into a percentage. The higher scores indicated a higher level of knowledge. Items score was reversed during process of analysis as appropriate.

Scoring system:
Good Knowledge: A score of 80-100% (9-12 points) was considered good knowledge.
Average Knowledge: A score of 50%-79% (5-8 points) was considered average knowledge.
Poor Knowledge: A score below 50% (0-4points) was considered poor knowledge.

Part 2: Attitude regarding oral contraceptive pills related Questionnaire

This questionnaire was included 6 items question with five (5) point Likert Scale to examine the level of attitude regarding oral contraceptive pills of married women. Respondents were asked to answer the questions with strongly disagree to strongly agree responses .Score was ranged from minimum disagree=1 to maximum strongly agree=5. Total score was ranged from 6-30 scores. Negative items score was reversed during process of analysis as appropriate. A score greater than or equal to the mean was indicated positive attitude, while those who score less than the mean was considered to have negative attitude regarding oral contraceptive pills.

Scoring system:
Positive attitude: A score above 79% (more than 23 points) was considered Positive attitude
Negative attitude: A score of 79% or below 79% (23 or less than 23 points) was considered Negative attitude.

After developing the instrument, content validity was checked by panel of 3 expert faculties of Grameen Caledonian College of Nursing (GCCN). The instrument was further modified based on the experts' suggestions. The Internal consistency and reliability of the instrument was tested following Cronbach's alpha co-efficient method.

The translation of the instruments was done by the back translation process. The original English version of the questions was translated into Bengali version by a bilingual translator. Then, the Bengali version was back translated into English by a bilingual second translator. Finally, an English expert was evaluated both original

questionnaires and the back-translated English versions to ensure the equivalence of the two versions. The revision of the Bengali version was performed until the equivalence of the two versions met.

Data Collection:

The proposal was approved by the Institutional Review Board (IRB) of Grameen Caledonian College of Nursing (GCCN), Dhaka, Bangladesh, before data collection.

Permission was taken from the local leader of the slum and was explained the purpose of the study. Researcher was met with the study participants, explains the purpose of the study, data collection procedure, the benefits of the study and was obtained written informed consent from each of the participant. Data was collected by using semi-structured questionnaire through face-to-face interview.

Statistical Analysis:

After finishing the data collection, data was compiled, coded, cleared, categorized and edited according to the objective and variables. Data was processed and analyzed by (SPSS) version 27. Both descriptive and inferential statistics was utilized. The descriptive statistics such as frequency, percentage, mean, standard deviation was used to measure the demographic characteristics of the participants. Inferential statistics such as Chi-square test was used to comparing the association between people's characteristics and knowledge and attitude regarding oral contraceptive pills among married women. The result was evaluated 95% confidence interval and significance level $p<.05$.

III. Results

Table no 1 shows that the participants had a mean age of 28.49 ± 7.05 years, ranging from 18 to 47 years. Most respondents were Muslim (79.8%) and lived in nuclear families (76.0%). Regarding education, about one-third (30.3%) had secondary-level schooling, while 23.6% had no formal education. Nearly half were homemakers (43.8%), and most of their husbands were farmers (59.6%).More than half of the women (53.4%) had fewer than two children. A majority (61.5%) reported using oral contraceptive pills, although only 48.8% had ever attended an educational session on OCPs. Most participants obtained information from other informal sources (58.2%), while only 32.2% received information from health professionals. The average monthly family income was BDT 9,562 ± 9,592, indicating considerable economic variation among households.

Table no 1. Distribution of socio-demographic characteristics of the participants (n=208)

Variables	Categories	Frequency (n)	Percentage (%)	M±SD
Age in years Min-18 years, Max-47 years				28.49±**7.05**
Religion	Islam	166	79.8	
	Hindu	29	13.9	
	Christian	13	6.3	
Types of family	Nuclear family	158	76.0	
	Joint family	50	24.0	
Educational Level	No formal education	49	23.6	
	Primary	48	23.1	
	Secondary	63	30.3	
	Above secondary	48	23.1	
Occupation	Home maker	91	43.8	
	Service holder	40	19.2	
	Others	77	37.0	
Husband occupation	Farmer	124	59.6	
	Service holder	17	8.2	
	Day labour	22	10.6	
	Others	45	21.6	
Number of children	<2	111	53.4	
	2 or more children	97	46.7	
Oral contraceptives use	Yes	128	61.5	
	No	80	38.5	
Educational session on oral contraceptive pills	Yes	60	48.8	
	No	148	71.2	
Sources for obtaining information	Health professionals	67	32.2	
	Internet/media	20	9.6	
	Others	121	58.2	
Monthly family income				9562±**9592**

SD=Standard Deviation

Table 2 shows that most participants had basic awareness about oral contraceptive pills. A large majority, 153 (73.6%), knew about OCPs, and 131 (63.0%) knew about their use. More than half, 109 (52.4%), were aware of combined OCPs, while 56 (26.9%) knew about progestin-only pills and 43 (20.7%) about estrogen-only pills. Regarding their purpose, 95 (45.7%) correctly identified OCPs as a method to prevent conception, though 48 (23.1%) incorrectly believed they prevent sexually transmitted infections, and 42 (20.2%) thought they help in weight loss. Slightly more than half, 112 (53.8%), did not know that OCPs should be started on the first day of the menstrual cycle for maximum effectiveness. Knowledge about side effects was limited: only 75 (36.1%) recognized that OCPs can cause side effects, and common misconceptions were seen, such as 72 (34.6%) associating OCPs with pregnancy and 59 (28.4%) with breast cancer. Most participants, 149 (71.6%), did not know that OCPs can be used as emergency contraception. More than half, 115 (55.3%), believed OCPs are available without a prescription, and 128 (61.5%) knew they are available at government family planning departments. A considerable portion, 121 (58.2%), thought OCPs are the most effective method for newly married couples. Finally, 108 (51.9%) knew that conception can occur if OCPs are not taken correctly, although 100 (41.1%**)** were unaware. The mean knowledge score was 6.05 ± 2.21, indicating overall moderate knowledge.

Table no 2. Knowledge regarding oral contraceptive pills among participants (n=208)

Item	Response category	(n)	(%)
Do you know about oral contraceptive pills?	Yes	153	73.6
	No	55	26.4
Do you know about use of oral contraceptive pills?	Yes	131	63.0
	No	77	37.0
What are the types of oral contraceptive pills you know available?	Combined OCP	109	52.4
	Progestin-only	56	26.9
	Estrogen-only	43	20.7
Which of the following conditions can oral contraceptive pills be used for?	To prevent conception	95	45.7
	To prevent sexually transmitted infections	48	23.1
	For weight loss	42	20.2
	Others	23	11.1
Should oral contraceptive be start at first day of menstrual cycle to get effective result?	Yes	96	46.2
	No	112	53.8
Can oral contraceptive have some side effect?	Yes	75	36.1
	No	133	63.9
What are the common side effects that you know about the oral contraceptive Pills?	Break through bleeding	76	36.5
	Pregnancy	72	34.6
	Breast cancer	59	28.4
	Others	1	.5
Can oral contraceptives pills be used as emergency contraception?	Yes	59	28.
	No	149	71.6
Are oral contraceptive pill available without prescription?	Yes	115	55.3
	No	93	44.7
Do you know oral contraceptive pillscan be easily available in family planning department in any government hospital?	Yes	128	61.5
	No	80	38.5
Are oral contraceptives pills are the most effective contraceptive method to newly married couple?	Yes	121	58.2
	No	87	41.8
Can conception occur if you should not take oral contraceptive effectively?	Yes	100	41.1
	No	108	51.9
Mean Knowledge regarding oral contraceptive pills: 6.05± 2.21056			

Frequency (n), Percentage (%)

Table 3 shows that most participants had a generally positive attitude toward oral contraceptive pills (OCPs). More than half, 106 (51.0%), agreed and 58 (27.9%) strongly agreed that OCPs are effective in preventing conception. Similarly, 67 (32.2%) agreed and 52 (25.0%) strongly agreed that they feel safe using OCPs, while only 8 (2.8%) strongly disagreed.

Regarding recommending OCPs to others, 56 (26.9%) agreed and 59 (28.4%) strongly agreed, though 81 (38.9%) remained neutral. When asked about future personal or partner use, almost half (94; 45.2%) were neutral, but 51 (24.5%) agreed and 16 (7.7%) strongly agreed.

A large proportion (69; 33.2%) were neutral about whether OCPs are difficult to obtain, while 47 (22.6%) agreed and 32 (15.4%) strongly agreed. Opinions were mixed on whether OCPs make intercourse unpleasurable: 65 (31.3%) agreed, 40 (19.2%) strongly agreed, and 58 (27.9%) remained neutral.

Overall, the table reflects moderate to positive attitudes toward OCP effectiveness and safety, but noticeable uncertainty exists regarding accessibility and sexual satisfaction concerns.

Table no 3. Attitude regarding oral contraceptive pills among participants (n=208)

Questions	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	(%)	(%)	(%)	(%)	(%)
Do you believe oral contraceptive pills are effective to prevent conception?	-	1(.5)	43(20.7)	106(51.0)	58(27.9)
Do you feel safe to use oral contraceptive pills?	8(2.8)	18(8.7)	53(30.3)	67(32.2)	52(25.0)
Would you recommend oral contraceptive pills to others in the future as a method of contraception?	4(1.9)	8(3.8)	81(38.9)	56(26.9)	59(28.4)
Would you or your partner use oral contraceptive pills in the future as a method of contraception?	17(8.2)	30(14.4)	94(45.2)	51(24.5)	16(7.7)
Do you think, oral contraceptive pills are difficult to obtain?	34(16.3)	26(12.5)	69(33.2)	47(22.6)	32(15.4)
Do you think, can oral contraceptive pills make intercourse unpleasurable?	12(5.8)	33(15.9)	58(27.9)	65(31.3)	40(19.2)

Table 4 shows that more than half of the participants, 113 (54.3%), had a poor level of knowledge regarding oral contraceptive pills. Another 87 participants (41.8%) demonstrated an average level of knowledge, while only 8 participants (3.8%) had a good level of knowledge. These findings indicate that the overall knowledge about oral contraceptive pills among the respondents was generally low, with only a small proportion achieving a satisfactory understanding.

Table no 4. Level of Knowledge regarding oral contraceptive pills among the participants (n=208)

Variables	Category of knowledge score	Frequency (n)	Percentage (%)	Level
Level of Knowledge	0-<6	113	54.3	Poor
	6-8	87	41.8	Average
	9-12	8	3.8	Good

Table 5 shows that the majority of participants, 165 (79.3%), had a negative attitude toward oral contraceptive pills. Only 43 participants (20.7%) demonstrated a positive attitude. These findings indicate that most respondents hold unfavorable perceptions or concerns regarding the use of oral contraceptive pills.

Table no 5. Level of attitude regarding oral contraceptive pills among the participants (n=208)

Variables	Category of Attitude score	Frequency (n)	Percentage (%)	Level
Level of Attitude	<23	165	79.3	Negative Attitude
	≥23	43	20.7	Positive Attitude

Table 6 shows that several socio-demographic factors had significant associations with the level of knowledge regarding oral contraceptive pills. Educational level was strongly associated with knowledge (χ^2=26.51, p<0.001): participants with no formal education had the highest proportion of poor knowledge (73.5%), whereas those with above secondary education showed higher good knowledge (10.4%). Occupation also showed a significant relationship (χ^2=45.29, p<0.001), with 65.9% homemakers having poor knowledge, while 20% of service holders had good knowledge. Husband's occupation was significantly associated (p=0.05), with 63.6% day labourers' wives showing poor knowledge. Participants with fewer than two children had more poor knowledge (65.8%) compared to those with two or more children (41.2%) (χ^2=18.16, p<0.001). Women who used OCPs had better knowledge (5.5% good) compared to non-users (1.3%) (χ^2=7.03, p=0.03). Attending an educational session was significantly associated with knowledge (χ^2=21.87, p<0.001): 11.7% of those who attended had good knowledge vs 0.7% among those who did not. Likewise, sources of information were highly

significant (χ^2=23.87, p<0.001), with participants informed by health professionals showing the highest good knowledge (11.9%) compared to those obtaining information from other sources (0%). Other variables—including age, religion, type of family, and monthly income—had no significant association with knowledge (p>0.05).

Table no 6. Association between socio-demographic characteristics and Level of Knowledge regarding oral contraceptive pills among the participants (n=208)
Dependent variable: Knowledge regarding oral contraceptive pills

Variables	Categories	Level of Knowledge regarding oral contraceptive pills			χ^2(P)
		Poor	Average	Good	
		n(%)	n(%)	n(%)	
Age	Age<29 years	67(51.5)	57(43.8)	6(4.6)	1.36(.50)
	Age 29 years and above	46(59.0)	30(38.5)	2(2.6)	
Religion	Islam	86(51.8)	74(44.6)	6(3.6)	3.95(.41)
	Hindu	19(65.5)	8(27.6)	2(6.9)	
	Christian	8(61.5)	5(38.5)	0(0.0)	
Types of family	Nuclear family	83(52.5)	68(43.0)	7(4.4)	1.20(.54)
	Joint family	30(60.0)	19(38.0)	1(2.0)	
Educational Level	No formal education	36(73.5)	13(26.5)	0(0.0)	26.51(.000)
	Primary	31(64.6)	17(35.4)	0(0.0)	
	Secondary	32(50.8)	28(44.4)	3(4.8)	
	Above secondary	14(29.2)	29(60.4)	5(10.4)	
Occupation	Home maker	60(65.9)	31(34.1)	0(0.0)	45.29(.000)
	Service holder	10(25.0)	22(55.0)	8(20.0)	
	Others	43(55.8)	34(44.29)	0(0.0)	
Husband occupation	Farmer	71(57.3)	49(39.5)	4(3.2)	12.58(.05)
	Service holder	6(35.3)	8(47.1)	3(17.6)	
	Day labour	14(63.6)	8(36.4)	0(0.0)	
	Others	22(48.9)	22(48.9)	1(2.2)	
Number of children	<2	73(65.8)	38(34.2)	0(0.0)	18.16(.000)
	2 or more children	40(41.2)	49(50.5)	8(8.2)	
Oral contraceptives use	Yes	61(47.7)	60(46.9)	7(5.5)	7.03(.03)
	No	52(65.0)	27(33.8)	1(1.3)	
Educational session on oral contraceptive pills	Yes	21(35.0)	32(53.3)	7(11.7)	21.87(.0000)
	No	92(62.2)	55(37.2)	1(0.7)	
Sources for obtaining information	Health professionals	26(38.8)	33(49.3)	8(11.9)	23.87(.000)
	Internet/media	10(50.0)	10(50.0)	0(0.0)	
	Others	77(63.6)	44(36.4)	0(0.0)	
Monthly family income	Monthly family income <30000 BDT	75(51.4)	64(43.8)	7(4.8)	2.40(.30)
	Monthly family income 30000 and above	38(61.3)	23(37.1)	1(1.6)	

χ^2 =Chi-square value, P value less than 0.05 is significant

Table 7 shows the association between socio-demographic factors and participants' attitudes toward oral contraceptive pills (OCPs). Overall, most participants had a negative attitude, with 103 (79.2%) of those aged <29 years and 62 (79.5%) of those aged ≥29 years displaying negative attitudes, indicating no significant association with age (χ^2=0.002, p=0.96). Religion and type of family were also not significantly associated with attitude. Significant associations were observed with educational level (χ^2=25.41, p<0.001); participants with above secondary education showed the highest positive attitude (22; 45.8%) compared to those with lower education. Occupation was also significant (χ^2=36.40, p<0.001); service holders had the highest positive attitude (22; 55.0%) compared to homemakers (9; 9.9%). Participants with two or more children had higher positive attitude (28; 28.9%) than those with fewer than two children (15; 13.5%) (χ^2=7.44, p=0.006). OCP users showed more positive attitude (33; 25.8%) than non-users (10; 12.5%) (χ^2=5.29, p=0.02). Attending an educational session significantly improved attitude (χ^2=22.66, p<0.001), with 25 (41.7%) showing positive attitude compared to 18 (12.2%) who did not attend. Sources of information were also significant (χ^2=19.87, p<0.001), with participants informed by health professionals showing the highest positive attitude (26; 38.8%) compared to those relying on internet/media or other sources. Monthly family income, husband's occupation, age, religion, and type of family showed no significant association with attitude (p>0.05).

Table no 7. Association between socio-demographic characteristics and Level of attitude regarding oral contraceptive pills among the participants (n=208)
Dependent variable: Attitude regarding oral contraceptive pills

Variables	Categories	Level of attitude		χ^2(P)
		Negative	Positive	
		n(%)	n(%)	
Age	Age<29 years	103(79.2)	27(20.8)	.002(.96)
	Age 29 years and above	62(79.5)	16(20.5)	
Religion	Islam	128(77.1)	38(22.9)	4.09(.12)
	Hindu	24(82.8)	5(17.2)	
	Christian	13(100.0)	0(0.0)	
Types of family	Nuclear family	121(76.6)	37(23.4)	3.01(.08)
	Joint family	44(88.8)	6(12.0)	
Educational Level	No formal education	40(81.6)	9(18.4)	25.41(.000)
	Primary	42(87.5)	6(12.5)	
	Secondary	57(90.5)	6(9.5)	
	Above secondary	26(54.2)	22(45.8)	
Occupation	Home maker	82(90.1)	9(9.9)	36.40(.000)
	Service holder	18(45.0)	22(55.0)	
	Others	65(84.4)	12(15.6)	
Husband occupation	Farmer	95(76.6)	29(23.4)	3.49(.32)
	Service holder	12(70.6)	5(29.4)	
	Day labour	19(86.4)	3(13.6)	
	Others	39(86.7)	6(13.3)	
Number of children	<2	96(86.5)	15(13.5)	7.44(.006)
	2 or more children	69(71.1)	28(28.9)	
Oral contraceptives use	Yes	95(74.2)	33(25.8)	5.29(.02)
	No	70(87.5)	10(12.5)	
Educational session on oral contraceptive pills	Yes	35(58.3)	25(41.7)	22.66(.000)
	No	130(87.8)	18(12.2)	
Sources for obtaining information	Health professionals	41(61.2)	26(38.8)	19.87(.000)
	Internet/media	18(90.0)	2(10.0)	
	Others	106(87.6)	15(12.4)	
Monthly family income	Monthly family income <30000 BDT	111(76.0)	35(24.0)	3.25(.07)
	Monthly family income 30000 and above	54(87.1)	8(12.9)	

χ^2 =Chi-square value, P value less than 0.05 is significant

IV. Discussions

Socio-Demographic Characteristics

The findings revealed that the majority of participants (62.5%) were under the age of 29, and most (79.8%) were Muslim. Similar socio-demographic patterns were reported in a study by Begum et al.[38], where young, married Muslim women dominated the respondent group. Furthermore, 76% of participants belonged to nuclear families, consistent with Hasan et al. [39] who also found that urban nuclear households were more likely to access reproductive health information.

In terms of education, 23.6% had no formal education, and only 23.1% had studied above secondary level. This low level of education is concerning, as Rani and Lule [40] emphasized the significant role of education in contraceptive knowledge uptake. Occupation-wise, a large portion were homemakers (43.8%), which aligns with Khan et al. [41] ,who observed that homemakers had less access to contraceptive information than employed women.

Only 28.8% had attended an educational session on oral contraceptives, and 58.2% relied on non-professional sources for information. This is consistent with Rahman et al. [42] , who noted that community-based sources often outpace healthcare providers in disseminating family planning information in rural Bangladesh.

Knowledge Regarding Oral Contraceptive Pills

The study found that while 73.6% of women had heard of OCPs, detailed knowledge was lacking. Only 46.2% knew about the correct timing of pill intake, and 63.9% were unaware of side effects. The mean knowledge score was moderate (6.05 ± 2.21), and 54.3% had poor knowledge. This is consistent with findings from Islam et al. [43] , who reported that while awareness of contraceptives is high, specific knowledge remains inadequate among Bangladeshi women.

Additionally, misconceptions such as using OCPs for weight loss or believing they prevent STIs were prevalent, aligning with Patel et al.[44] who found similar misunderstandings among South Asian populations. On

the contrary, Mukherjee and Das [45] reported higher OCP knowledge in urban Indian women, suggesting regional disparities based on education, outreach, and healthcare accessibility.

Attitude Regarding Oral Contraceptive Pills

The attitude section revealed mixed responses. Although 78.9% believed OCPs are effective, 79.3% had an overall negative attitude based on the composite score. This inconsistency suggests a knowledge-attitude gap. Akter et al. [46] also found that even with awareness, conservative beliefs or myths often lead to negative perceptions.

Positive attitudes were significantly associated with higher education, employment, and prior contraceptive use, confirming the findings of Yadav & Awasthi [47] who emphasized the role of socioeconomic empowerment in fostering positive reproductive health attitudes.

However, concerns about side effects and sexual pleasure reduction were noted, consistent with Ndulo et al. [48], who found that fear of side effects remains a major barrier to OCP use in both African and South Asian contexts.

Association Between Socio-Demographic Characteristics and Knowledge & Attitude

Significant associations were found between knowledge levels and factors such as education, occupation, number of children, prior use of contraceptives, and participation in educational sessions ($p<0.05$). These results are strongly supported by [49] , who found that education and exposure to health education significantly improved contraceptive knowledge.

Similarly, a positive attitude was significantly associated with education, employment, prior use, and receiving professional health information. These findings mirror those of [50] ,who emphasized that trained health professionals have a significant impact on promoting contraceptive use and changing negative attitudes.

In contrast, variables such as age, religion, type of family, and monthly income showed no significant association with knowledge or attitude. This finding is inconsistent with [51] ,who found a positive correlation between family income and contraceptive knowledge in rural Pakistan. The discrepancy could be attributed to differences in cultural settings or the availability of free government-provided family planning services in Bangladesh.

This study has some limitations. The present study was conducted for academic purpose within the purpose was bounded time and only one area chosen for data collection. This may lead less generalization of the result. The study was cross-sectional design limits the ability to establish causality between variable and reliance on self-reported data may introduce response bias. The cross-sectional design of the study only captures data at one point in time, making it difficult to establish causal relationships between the level of knowledge and selected socio-demographic variables among rural woman in Bangladesh. Due to cross-sectional design, the study could not draw any causal relationship. Due to economic and logistic issues, we used convenient sampling techniques that elevated the risk of selection bias. The poor data quality restricts the validity of the findings and draws the attention to the importance of designing future robust studies. Due to time constraints, sample size and analysis process were not so rigorous

V. Conclusion

The study explored married women's knowledge and attitudes regarding oral contraceptive pills in a selected area of Bangladesh. Findings revealed that while awareness of oral contraceptive pills was generally present among the participants, deeper knowledge about correct usage, types of pills, potential side effects, and emergency applications was notably limited. Many participants held misconceptions, and very few had a strong understanding of the safe and effective use of oral contraceptives.

Attitudinal findings showed that although many women believed oral contraceptives were effective and safe, a considerable portion hesitated to recommend or personally use them in the future. Negative perceptions related to accessibility, side effects, and sexual well-being was common.

Sociodemographic characteristics, including educational level, occupation, number of children, previous use of oral contraceptives, participation in educational sessions, and receiving information from health professionals, were found to be significantly associated with both knowledge and attitude. In contrast, age, religion, family type, husband's occupation, and monthly income did not show significant associations with knowledge or attitude in most cases.

The overall results indicate a gap between general awareness and comprehensive knowledge, alongside a predominantly negative attitude toward oral contraceptive pills. These insights highlight the need for targeted interventions to improve both understanding and perceptions of oral contraceptives among married women.

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