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## Original Research Article

## Prevalence of contraceptive practices and its associated factors among women in an urban slum area of North India: An observational study

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## ABSTRACT

**Background:** Contraceptive prevalence rate serves as a proxy measure of access to reproductive health services. It is an indicator of health, population, development and women's empowerment.**Objective:** To determine the prevalence and pattern of contraceptive usage and also the factors affecting among the married women of reproductive age in an urban field practice area of the Department of Community Medicine, JNU Institute of Medical Sciences, Jaipur; Rajasthan.**Materials and Methods:** A community based cross-sectional study was conducted in urban field practice area of JNU medical college, Rajasthan among women aged 15-49 years with calculated sample size of 402. A predesigned and pretested semi-structured questionnaire was used and data was collected with interview technique. The questionnaire consisted of socio-demographic details, reproductive history and current contraceptive usage. Data was entered in Ms Excel, analyzed using SPSS v.22 and represented in tables and figures. Chi square test was used to show the association and p-value <0.005 was considered statistically significant.**Results:** Currently 50.47% of the women were not using any contraceptive method. Maximum usage was of male condom 36.26%. Majority of the participants stated as it was husband's disapproval (31.28%) for current non-usage of any contraceptive. Socio-economic status was not significantly associated with the contraceptive use.**Conclusion:** In our study, male condom was the most common temporary contraceptive used. Misconception and fear of side effects related to the contraceptive usage was a major reason for non-utilization of contraceptives.This is an Open Access (OA) journal, and articles are distributed under the terms of the [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License](https://creativecommons.org/licenses/by-nc-sa/4.0/), which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.For reprints contact: [reprint@ipinnovative.com](mailto:reprint@ipinnovative.com)

## 1. Introduction

Population explosion and uncontrolled growth in population is a global issue. Currently, the world's population is around 7.6 billion. Out of this total population, nearly one third is under 15 years of age. Within few years, this under 15 years age group will enter the reproductive age which will further cause increase in the population growth.<sup>1,2</sup> The result of this exponential growth leads to economical crises and further

stress on the limited resources. India's landmass is only 2.4% of the total landmass of the world but 17% of the world population lives here.<sup>3</sup> As per the United Nations (UN) projections, by 2045 India will become the most populous country in the world. India is the first country of the developing nations that initiated a state supported family planning program. The Indian government recognized this problem and initiated a family planning measure some time ago to control this problem.

Family planning adoption is an important measure to limit the uncontrolled population growth which will

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further decrease the burden on economic development and environmental degradation. Family planning program assess the contraceptive services demand of a given area. Reduction in maternal mortality can also be reduced by family planning adoption by decreasing the number of unplanned pregnancies, abortions and high risk births.<sup>4</sup>

Globally, various studies have concluded that the contraceptive methods acceptance is influenced by various factors. These factors can be individual, family and community factors acting solely or may be combined.<sup>5</sup> In India, along with these factors, socioeconomic and cultural practices also plays an important part in determining the use and acceptance of contraceptive methods. The contraceptive prevalence rate is defined as “the percentage of women of reproductive age (15–49 years) who are married or in a union, who are currently using, or whose sexual partner is currently using, at least one contraceptive method, regardless of the method used”.<sup>6,7</sup> Contraceptive prevalence rate helps in determining the accessibility to reproductive health services. It also acts as an indicator to health, economic development, and population and also women’s empowerment. These factors are essential to meet the Sustainable Development Goals (SDG) particularly the maternal and child mortality goals.<sup>7</sup>

A wide range of factors like demographic, social and economic factors determine the contraceptive usage in a given community. Local determinants help us to plan strategy and take necessary measures to improve the family planning services utilization in a community. As there are not many studies carried done in this part of the city, hence, the study was carried out. The Objective of the study was to determine the prevalence and pattern of contraceptive usage among the married women of reproductive age group in an urban slum area. To assess the factors affecting the usage of contraceptive amongst in an urban field practice area of the Department of Community Medicine, JNU Institute of Medical Sciences, Jaipur; Rajasthan.

## 2. Material and Methods

A community based cross-sectional study was conducted in an urban field practice area of the Department of Community Medicine, JNU Institute of Medical Sciences, Jaipur; Rajasthan among women of group 15-45 years. The study was carried out over a period of 3 months from April 2022 to June 2022. The Sample size was calculated based on NFHS IV report which stated the contraceptive prevalence rate was 60% in Rajasthan. Using the formula,  $N = 4 PQ/d^2$  where P was 60, Q was 100=60, therefore, Q = 40 and d was the relative precision (5% of P) and at 95% confidence interval.<sup>6</sup> The required sample size was estimated to be 384, but taking the 5% non response rate, the sample size was enhanced to 402. There are 9 outreach areas which come under the catchment area of urban health training centre and comprise 1150 of total eligible couples.

8 areas were selected using simple random technique and 50 such eligible participants from each area were selected using stratified sampling and data was collected till the sample size was reached. Data was collected by house - to - house survey in each area starting from the first house till the required sample size for each area was attained in the community. The participants were interviewed using a pre-designed, pre-tested semi-structured questionnaire. The questionnaire consisted of socio-demographic details, reproductive history and current contraceptive usage. Data was entered in Microsoft excel and analyzed in SPSS 22.0 version. Data was interpreted in percentage and represented in tables and figures. Chi-square test was used to find out the association between the independent variables and the dependent variable. P-value < 0.05 was considered as statistically significant. Ethical approval was obtained from IEC of JNU Institute of Medical Sciences, Jaipur; Rajasthan. A verbal consent was obtained from the participants prior to the interview. All the respondents were assured that the information collected would be confidential throughout the study.

### 2.1. Inclusion criteria

1. Married women of the age group 15–49 years residing in the area.
2. Willingness to participate in the study.

### 2.2. Exclusion criteria

1. Women who did not consent to the study.
2. Widows, separated and divorced women.

## 3. Result

In our study, maximum participants were in the age group 26-35 years (50.95%). 11.85% were illiterate and 84.83% were Muslims. Majority lived in nuclear family (54.50%) and belonged to class III (42.42%) socio-economic status according to modified B.G Prasad classification (Table 1). Around 46.45% of the study population married in between 21-25 years and 36.73% had more than 2 children and 55.45% had less than 3 years spacing between two pregnancies.(Table 2) Currently 50.47% of the women were not using any contraceptive method. Maximum usage was for male condom but overall utilization was only 36.26%.(Table 3) Majority of them, stated as it was husband’s disapproval (31.28%) for current non-usage of any method of contraceptive. [Figure1]. 31.28% of the study participants had never used any contraceptive method and only 5.21% had undergone female sterilization after family completion.(Table 4) The major reason for non utilization of contraceptive ever among the study participants was opposition from the husband (36.75%). [Figure 2]. 63.27% of the women stated that it was husband’s decision which determined the usage of any method of contraception

followed by her decision (34.60%). The decision for the number of children was based on financial status of the family (43.36%) followed by women health (30.10%) and desire for a son or daughter (27.73%). (Table 5) Maximum number for participants preferred female sterilization as contraceptive method after family completion and out of 154, safety and surety of female sterilization (62.34%) was the reason stated by them for their preference. 56 of the study participants would prefer natural methods as withdrawal method has no side effects and no need to undergo any operation (62.5%). 12.09% had no interest in using any of the methods of contraception (Table 6). Table 7 shows the relationship between and contraceptive usage and socio-demographic characteristics. Occupation of women as well as occupation of husband is significantly associated with contraceptive use. Maximum number of contraceptive usage was amongst the housewives rather than the women engaged in any type of job. Socio-economic status was not significantly associated with the contraceptive use. But it showed that proportion of contraceptive use increases with the increase in socio-economic status.

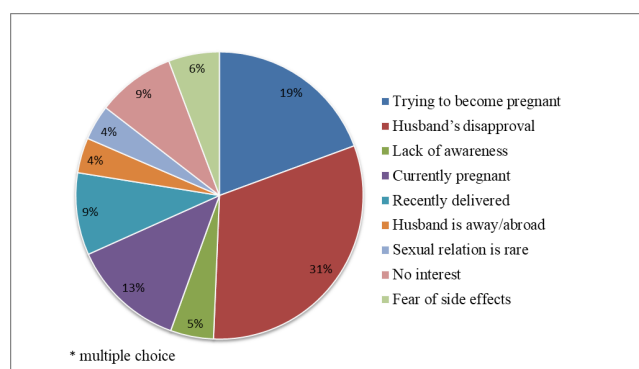


Fig. 1: Reasons for current non-usage of contraceptive methods, N=227

#### 4. Discussion

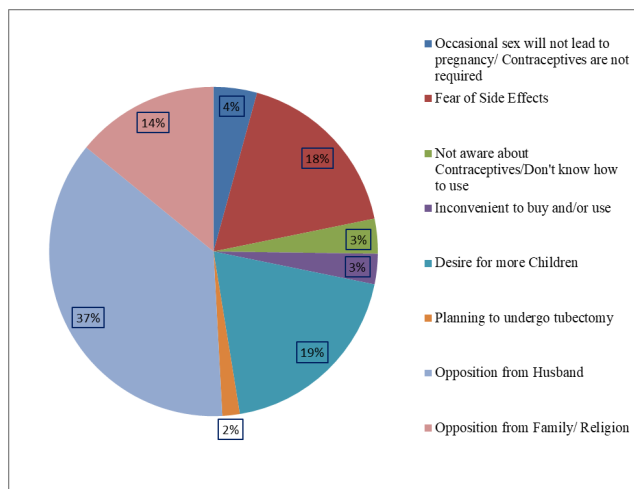
The present study was done with the objective to estimate the prevalence of contraceptive practices and to assess the associated factors among women in the urban slums. Majority of the participants belonged to class III socio economic status (42.42%) according to B G Prasad classification, similar to Gupta V et al. study in Haryana.<sup>5</sup> In a similar study done in Uttar Pradesh by Srivastav et al., most of the study subjects had high school and intermediate school education which was similar to our study.<sup>8</sup> Prevalence of contraception usage in our study was 49.53% which was higher compared to Prateek S S et al. study but lesser compared to Gupta R K et al. (71.1%) and Makade K G et al. study (68.4%).<sup>9–11</sup> Male condom was the most common contraceptive used currently (36.26%) which was higher compared to Osborn A J et al.<sup>1</sup> study (11.36%).

Table 1: Demographic profile of study participants, N=422

Characteristics	Number	Percentage	
<b>Age of participants</b>	15-25 years	183	43.36
	26-35 years	215	50.95
	36-45 years	24	5.69
<b>Education of participants</b>	Graduate/ post graduate	49	11.61
	Diploma	2	0.47
	Intermediate	146	34.60
	High school	119	28.20
	Middle school	31	7.35
<b>Religion</b>	Primary school	25	5.92
	Illiterate	50	11.85
	Hindu	64	15.17
	Muslim	358	84.83
	<b>Occupation of participants</b>	Professional & Semi-professional	5
Farmer		7	1.66
Skilled worker		13	3.08
Semi-skilled worker		10	2.37
Unskilled		7	1.66
House wife		377	89.34
<b>Education of husband</b>		Graduate/ post graduate	121
	Diploma	12	2.84
	Intermediate	167	39.57
	High school	71	16.83
	Middle school	19	4.50
	Primary school	15	3.55
	Illiterate	18	4.27
<b>Occupation of husband</b>	Professional & Semi-professional	58	13.74
	Clerical/shop owner	42	9.95
	Farmer	9	2.13
	Skilled worker	192	45.50
	Semi-skilled worker	72	17.06
	Unskilled	46	10.90
	Unemployed	3	0.71
<b>Type of family</b>	Nuclear	230	54.50
	Joint	144	34.12
	Three generation	48	11.37
<b>Socio economic status</b>	Class I	34	8.06
	Class II	141	33.41
	Class III	179	42.42
	Class IV	59	13.98
	Class V	09	2.13

**Table 6:** Preference and reasons for preferring a particular contraceptive method when the desired family size is complete among married women, N=422

Methods	Reasons	Number	Percentage
<b>Female sterilization (154)</b>	Safety and surety	96	62.34
	Awareness & availability	17	11.03
	Lack of complication	23	14.94
	Ease of undergoing tubectomy with delivery & ensuring rest for women/ non hindrance in husband's daily work	26	16.88
	Non requirement of multiple follow ups/ saves time	32	20.78
	Unwillingness on part of husband to undergo vasectomy fearing affecting performance	34	22.08
	Option for recanalization	02	1.30
<b>Male sterilization (05)</b>	Uncomplicated post-op period	02	40
	Wife has to suffer the delivery pain/fear of undergoing tubectomy therefore prefer vasectomy	03	60
<b>IUD (18)</b>	Religious belief discouraging female sterilization	13	72.22
	Relative Safety & efficacy of Cu-T over condom & no need to buy regularly	05	27.78
<b>Male condom (138)</b>	Apprehension of surgical complications	50	36.23
	Ease of over the counter availability	89	64.49
	Safety/efficacy	22	15.94
	Ease and lack of complications	35	62.5
<b>Natural methods (56)</b>	No trust in pills and condoms.	05	8.93
	To many side effects of pills	04	7.14
	Fear of surgery	01	1.79
	Cu-T can cause discomfort and infection	15	26.79
<b>None (51)</b>	Has no interest in using any of these methods	51	12.09

**Fig. 2:** Reasons for never using contraceptives among the married women, N=422

Usage of IUD was (2.84%) which was lower compared to Mitkari K K et al. study in Maharashtra.<sup>12</sup> Very few participants reported the use of Injectable contraceptives for spacing (2.37%). None of the participants reported their spouses had undergone vasectomy which was similar to Doweraha J et al. study in South India.<sup>2</sup> This clearly shows that even though permanent sterilization method

in male (i.e., vasectomy) is much an easy procedure and has lesser postoperative symptoms and complications, the responsibility for birth control still traditionally lies with the woman as she has to undergo burden of the unplanned pregnancy leading to physical and psychological distress.

In Alukal T A et al. study in Kerala 71.6% of the women gave history of prior use of some form of contraceptive method where as in our study it was 68.72%.<sup>4</sup> In the study by Tuladhar H et al. in Nepal, regarding prior use of Injectable hormonal contraceptive (11.0%) was the most widely used followed by oral contraceptive pills (4.5%) and condom (4.5%) whereas in our study 51.90% had ever used condom, Injectable 2.37% and only one participant had used oral contraceptive pills.<sup>13</sup> This shows the regional differences in awareness and practice of various contraceptive methods. The non use of oral contraceptive pills in our study might be due to the fear of side effects. Female sterilization was the most preferred choice after family completion by the participants (36.50%) which was lower compared to Osborn A J et al. study (86.1%).<sup>1</sup> In our study, the major reason for non use of contraceptive method was opposition from husband (36.75%) and fear of side effects (18%) where as in Nair V R et al. study in Tamil Nadu the couples did not feel the need to use any contraceptive methods (28.6%).<sup>14</sup> In a study done by Bandhi G et al. and Prateek S S et al. there was a significant association between the age groups of study participants and

**Table 7:** Association of socio-demographic profile with use of any contraceptive method among the participants, N=422

Characteristics	Ever use of any contraceptive methods			Chi-square value & p-value
	Yes N (%)	NoN (%)	Total	
<b>Age of participants</b>	15-25 years	123 (67.21%)	60 (32.79%)	0.469 & 0.791
	26-35 years	151 (70.23%)	64 (29.77%)	
	36-45 years	16 (66.67%)	8 (33.33%)	
	Total	290	132	
<b>Education of participants</b>	Graduate/ post graduate	38 (77.55%)	11 (22.45%)	10.896 & 0.092
	Diploma	2 (100%)	0 (00%)	
	Intermediate	98 (67.12%)	48 (32.88%)	
	High school	88 (73.95%)	31 (26.05%)	
	Middle school	21 (67.74%)	10 (32.26%)	
	Primary school	17 (68.0%)	8 (32.0%)	
	Illiterate	26 (52.0%)	24 (48.0%)	
<b>Religion</b>	Total	290	132	4.221 & 0.040
	Hindu	51 (79.69%)	13 (20.32%)	
	Muslim	239 (66.76%)	119 (33.24%)	
	Total	290	132	
<b>Occupation of participants</b>	Professional & Semi-professional	8 (100%)	0 (00%)	11.502 & 0.042
	Farmer	5 (71.43%)	2 (28.57%)	
	Skilled worker	11 (84.62%)	2 (15.38%)	
	Semi-skilled worker	9 (90.0%)	1 (10.0%)	
	Unskilled	7 (100%)	0 (00%)	
	House wife	250 (66.31%)	127 (33.69%)	
	Total	290	132	
<b>Education of husband</b>	Graduate/ post graduate	91 (75.21%)	30 (24.79%)	10.206 & 0.116
	Diploma	8 (66.67%)	4 (33.33%)	
	Intermediate	112 (67.07%)	55 (32.93%)	
	High school	48 (68.57%)	22 (31.43%)	
	Middle school	13 (68.42%)	6 (31.58%)	
	Primary school	11 (73.33%)	4 (26.67%)	
	Illiterate	7 (38.89%)	11 (61.11%)	
<b>Occupation of husband</b>	Total	290	132	16.131 & 0.013
	Professional & Semi-professional	52 (89.66%)	6 (10.34%)	
	Clerical/shop owner	27 (64.29%)	15 (35.71%)	
	Farmer	5 (55.56%)	4 (44.44%)	
	Skilled worker	125 (65.10%)	67 (34.90%)	
	Semi-skilled worker	50 (69.44%)	22 (30.56%)	
	Unskilled	30 (65.22%)	16 (34.78%)	
<b>Type of family</b>	Unemployed	1 (33.33%)	2 (66.67%)	3.601 & 0.165
	Total	290	132	
	Nuclear	159 (69.13%)	71 (30.87%)	
	Joint	93 (64.58%)	51 (35.42%)	
<b>Socio economic status</b>	Three generation	38 (79.17%)	10 (20.83%)	6.632 & 0.157
	Total	290	132	
	Class I	28 (82.35%)	6 (17.65%)	
	Class II	97 (68.79%)	44 (31.21%)	
	Class III	114 (63.69%)	65 (36.31%)	
	Class IV	45 (76.27%)	14 (23.73%)	
	Class V	6 (66.67%)	3 (33.33%)	
Total	290	132		

**Table 2:** Reproductive characteristics of married women, N=422

Reproductive characteristics	Number	Percentage	
<b>Age at marriage</b>	15-20 years	220	52.13
	21-25 years	196	46.45
	26-30 years	06	1.42
<b>Duration of married life</b>	< 5 years	128	30.33
	5-10 years	178	42.18
	>10 years	116	27.49
<b>Age at first child</b>	15-20 years	132	31.28
	21-25 years	269	63.74
	26-30 years	12	2.84
	Not applicable	09	2.13
<b>Age at most recent birth</b>	15-20 years	93	22.03
	21-25 years	158	37.44
	26-30 years	162	38.39
	Not applicable	09	2.13
<b>Number of children</b>	One	78	18.48
	Two	180	42.65
	More than 2	155	36.73
	None	09	2.13
<b>Currently pregnant</b>	Yes	29	6.87
	No	393	91.13
<b>3 years spacing between consecutive pregnancies</b>	Yes	134	31.75
	No	234	55.45
	Not applicable	54	12.80
<b>Opinion on ideal age difference between two children</b>	≤2 years	198	46.92
	3-5 Years	202	47.87
	>5 years	22	5.21

**Table 3:** Type of contraceptive method currently used among the study participants, N=422

Methods	Number	Percentage
<b>Short acting</b>		
Injectable	10	2.37
Male condom	153	36.26
<b>Long acting (IUD)</b>	12	2.84
<b>Permanent method</b>		
Female sterilization	20	4.74
<b>Withdrawal method/ rhythm method</b>	14	3.32
<b>None</b>	213	50.47

**Table 4:** Usage of any contraceptive methods in married women in their reproductive age, N=422

Methods	Number	Percentage
<b>Temporary methods</b>		
<b>Short acting</b>		
Injectable	10	2.37
Condom	219	51.90
Oral contraceptive pills	01	0.24
<b>Emergency contraceptives</b>	23	5.45
<b>Long acting (IUD)</b>	14	3.32
<b>Withdrawal method</b>	20	4.74
<b>Permanent method</b>		
Female sterilization	22	5.21
<b>Never</b>	132	31.28

\*Multiple answers

**Table 5:** Married women opinion on factors affecting contraceptive use and decision on number of children, N=422

<b>Opinion on what are the determinants of your contraceptive usage ?</b>		
Factors*	Number	Percentage
Own decision	146	34.60
Husband's decision	267	63.27
Perception regarding safety of the method	47	11.14
Recommended by doctor	51	12.08
Advertisements	12	2.84
In laws' approval	12	2.84
Religious belief (not to use)	35	8.29
*multiple choice		
<b>Opinion on what are the factors affecting your decision on number of children?</b>		
Factors*	Number	Percentage
Own health	127	30.10
Financial status	183	43.36
Desire for a son or daughter	117	27.73
Familial pressure	40	9.48
Ease of accessibility of family planning services	15	3.55
Social norms	36	8.53

\*Multiple answers

choice of contraceptive methods which was contrast to our study finding.<sup>9,15</sup>

## 5. Conclusion

In our study, male condom was the most common temporary contraceptive method used. As the trends, are changing where the education of women and socio-economic status will not interfere with the acceptance of contraception which is evident from the present study. The lack of awareness about the availability and safety of the contraceptive and as well as the misconception related to it are the main factors influencing the contraceptive use.

Effective usage of contraception benefits both the mother and the child by decreasing the mortality and morbidity. Despite the availability of various reversible and non-reversible methods of contraception provided free of cost or at subsidized rates by the state government, the prevalence of contraceptive usage is still low in the urban slums. Misconception and fear of side effects was a major reason for non-utilization of contraceptives. The stigma and the fears associated with the contraception should be allayed by the contraceptive providers and provide the beneficiaries about the sound knowledge of various contraceptive methods available. Reproductive health awareness programs and policies should adequately involve men so that they can be encouraged and motivated to adopt vasectomy which is an easy method of permanent family planning compared to tubectomy. As the study was conducted in an urban slum area the study findings cannot be generalized to the whole district.

## 6. Source of Funding

None.

## 7. Conflict of Interests

There is no conflict of interests.

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