

Original Research Article

Her right to know: exploring contraceptive awareness in female college students of Mysuru: a cross-sectional study

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ABSTRACT

Background: Contraceptive use is a critical component of reproductive health, empowering women to make informed decisions about their fertility. However, among young adults, particularly female college students, gaps in awareness remain prevalent despite generally favourable attitudes. This study aimed to assess the awareness, attitudes, and preferences regarding contraception among female college students in Mysuru, Karnataka.

Methods: A cross-sectional study was conducted among 542 female students from various colleges in Mysuru using a pre-tested, semi-structured questionnaire. Data were analysed using SPSS v29, with chi-square tests used to assess associations.

Results: While 81.9% believed contraception is beneficial and 83% were willing to recommend it, only 57.5% had awareness of both family planning and contraceptive availability. Awareness regarding contraceptives was good among 50.9% (mean score: 20.95 ± 5.81), while awareness remained low at 24.4% (mean score: 1.90 ± 0.91). Attitude scores were generally positive (57.9% with good attitude; mean: 11.23 ± 2.53). Participants were more familiar with condoms than implants and injectables. Perceptions about safety and ease of use influenced preference for traditional methods. Educational year and marital status were significantly associated with awareness ($p < 0.05$).

Conclusions: Despite positive attitudes, gaps in awareness suggest the need for improved contraceptive education tailored to students' academic level and marital status. Including reproductive health sessions in curricula, healthcare professionals, and digital platforms may enhance awareness of contraceptives.

Keywords: Contraceptive awareness, Family planning, Reproductive health, Contraceptive methods

INTRODUCTION

The ability to choose when and whether to have children is a fundamental aspect of women's health and autonomy. Contraception plays a vital role in empowering women to make informed decisions about their reproductive lives. Over the past century, the global movement for reproductive rights has evolved significantly with efforts of early pioneers like Margaret Sanger, who championed women's access to birth control and helped establish the world's first family planning clinic in 1916.¹ Her

advocacy laid the groundwork for a shift toward recognizing reproductive freedom as a basic human right.

Modern contraceptive methods offer not only protection from unintended pregnancies but also a wide range of health, social, and economic benefits. Spacing pregnancies appropriately has been shown to significantly reduce maternal and infant morbidity and mortality.² Studies have found that short birth intervals, less than two years are associated with a higher risk of preterm births, low birth weight, and infant mortality.³ On a broader

scale, access to contraception contributes to educational advancement, workforce participation, and economic independence for women.⁴

Globally, efforts to improve reproductive health have been integrated into development goals. The United Nations' sustainable development goals (SDGs) include several targets related to reproductive health such as reducing maternal mortality (SDG 3.1), improving adolescent health (SDG 3.7), and promoting gender equality (SDG 5.6).⁵ Achieving these targets depends heavily on ensuring that young people, especially women, have accurate information and access to contraception.

Despite India's progress in family planning programs and the reported decline in fertility rates, awareness and use of contraceptive methods among young, unmarried women remain limited. According to the national family health survey-5 (NFHS-5), 66.7% of married women in India use some form of contraception, with 56.5% opting for modern methods⁶. However, these statistics often overlook adolescents and young adults who may not yet be married but are nonetheless sexually active or preparing for adult relationships.

Female college students represent a key demographic in this context. They are in a transitional phase of life, often away from home, exploring their independence, and exposed to new social and academic influences. Yet, many remain uninformed or misinformed about contraception due to inadequate sexual health education, cultural taboos, stigma, and the lack of youth-friendly reproductive services.⁷⁻⁹ Fear of judgment or breach of confidentiality often prevents them from seeking guidance or accessing contraceptives even when needed.¹⁰

By exploring their awareness, perceptions, and practices, the study hopes to highlight existing gaps and contribute to the development of tailored, age-appropriate interventions. Equipping young women with comprehensive, accurate information is not just a public health necessity, a step toward ensuring dignity, safety, and informed choices for future generations.

The study aims to assess the awareness, attitudes, and preferences regarding contraception among female college students in Mysuru, Karnataka.

METHODS

A community-based cross-sectional study was conducted among female college students in the Mysuru district of Karnataka over a three-month period, from March to May 2024. The study aimed to assess the level of awareness and attitude regarding contraception among young women of reproductive age. One College under our list of colleges from JSS academy of higher education and research institution was selected using simple random

sampling. Subsequently, participants who were willing to participate was selected

Expecting an awareness proportion of 52% among female college students as reported by Bansal et al with a confidence level of 95% and an absolute precision of 5%, the required sample size was calculated to be 383 participants.¹⁰ As more students were willing to participate a total of 542 female students were enrolled for our study.

Eligible participants included female college students of reproductive age group between 15 and 49 years. Individuals who declined to provide informed consent were excluded from the study. Data were collected using a pre-tested, semi-structured questionnaire designed to assess contraceptive awareness, perceptions, and practices. The questionnaire was administered digitally through interviews by trained investigators. Before the main study, the tool was pre-tested on a subset of other participants (excluding the study participants) to ensure clarity, consistency, and reliability.

Ethical approval for the study was obtained from the institutional ethics committee. Informed written consent was secured from all participants before data collection. Confidentiality and anonymity were maintained throughout the study by ethical guidelines.

The data were entered in Microsoft excel 2019 and analyzed using SPSS version 29. Descriptive statistics, such as frequencies and percentages, were calculated. Relationships between categorical variables were examined using the chi-square test, with statistical significance set at a $p < 0.05$.

RESULTS

The majority of participants were aged between 21–24 years (43.2%) with mean age 23 ± 4.5 years, followed by those aged 17–20 years (41.7%). A smaller proportion belonged to the 25–28 years age group (11.1%) and above 28 years (4.1%). With respect to academic distribution, most respondents were in their 3rd year of study (65.3%), while 19.6% and 15.1% were in their 1st and 2nd years, respectively. Regarding marital status, the overwhelming majority were single (95.2%), with only 4.8% reporting being married. Exposure to reproductive/sexual education was reported by 52% of the participants, while 34.7% had not received any, and 13.3% were unsure. When asked to identify the most populous country in the world, 54.2% correctly responded as India, followed by China (36.5%). A small number of participants mistakenly answered USA (6.3%) and Russia (1.1%), while 1.8% reported that they did not know.

Out of 542 participants, more than half (57.5%) were aware of both family planning and contraceptive availability, while specific awareness about family planning (24.7%) and contraception (17.7%) was

relatively lower. A significant majority believed family planning is helpful (81.9%) and were willing to recommend it to others (83%), though a small proportion remained unsure or hesitant. Most respondents (64.5%) correctly identified family planning as a strategy to prevent unwanted pregnancies, space childbirths, and manage family size. However, a few were either unaware (2.6%) or held incorrect or unclear understandings (3.3%). The primary sources of information were social media and internet platforms (49.8%), followed by television (11.4%), healthcare professionals (9.2%), and books (7%). Interestingly, when asked about their preferred sources, most participants favored healthcare professionals (41.8%) and digital media (28.7%), with television, reproductive health talks, and books cited less frequently. Key reasons for supporting family planning included reducing overpopulation (50.2%), preventing unwanted pregnancies (45.0%), promoting small family size (36.5%), and preventing sexually transmitted infections (26.5%). Still, 17.7% were unaware of any specific reason. In contrast, common reasons against family planning included beliefs that it is only for married individuals (16.6%), concerns over failure (14.8%), and fear of side effects (14.4%), though 30.3% expressed no objections. Regarding service access, government hospitals were most frequently identified (44.3%), followed by pharmacies (30.6%), private hospitals (22.9%), and supermarkets (2.2%) depicted in Table 2.

From Figure 1, the overall mean of awareness score among participants was 22.85 ± 5.85 , with 82.28% classified as having good awareness. For attitude, the mean score was 11.23 ± 2.53 , and 57.9% of participants exhibited a positive (good) attitude toward contraception use, while 42.1% had a poor or neutral attitude.

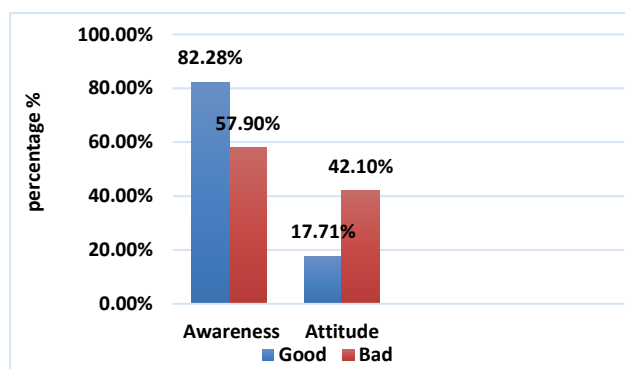


Figure 1: Mean awareness and attitude score on contraception among study participants (n=542).

Participants cited various reasons for choosing specific family planning methods. The most common reason across all methods was "effectiveness of use", with sterilization (52.0%), implants/IUDs (59.4%), and injectables (45.8%) being the top choices under this category. Condoms were most frequently chosen for being easily accessible (39.1%), followed by oral contraceptives (31.0%) and emergency contraceptives

(19.6%). When it came to ease of use, oral contraceptives (33.9%) and emergency contraceptives (35.1%) were commonly preferred, while calendar method (29.5%) and withdrawal (29.5%) also scored high for ease. As for methods perceived to have no side effects, withdrawal (32.8%), calendar method (31.4%), and abstinence (31.0%) were the most preferred. In contrast, modern clinical methods such as injectables (11.4%), implants/IUDs (12.2%), and emergency contraceptives (11.8%) were less frequently selected under this criterion depicted in table 3. These results suggest that perceived safety (no side effects) and accessibility play significant roles in influencing choices for traditional methods, while clinical effectiveness drives preference for modern methods like sterilization and implants.

Figure 2 illustrates the frequency of contraceptive methods known to the 542 study participants. Condoms were the most commonly identified method, reported by 85.6% respondents, followed by oral contraceptives 72.69% and emergency contraceptives 60.14%. Awareness of implants/IUDs and permanent sterilization was relatively comparable, with 56.82% and 55.35% participants respectively reporting them. Injectables were the least known, identified by 38.3% participants.

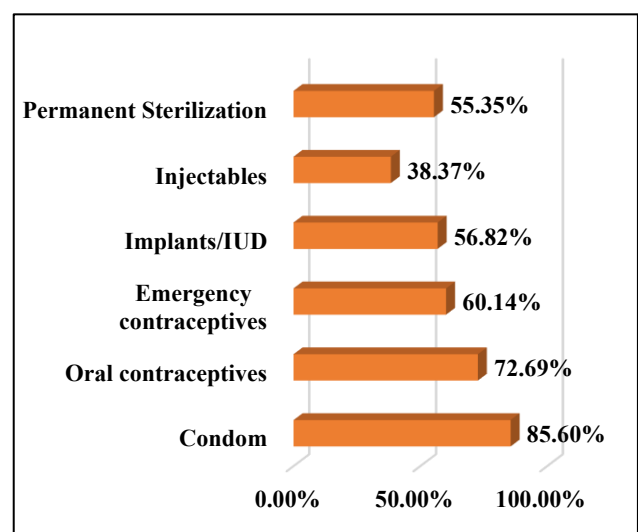


Figure 2: Known contraceptive methods (n=542).

Note: More than one response per participant possible.

Overall, participants exhibited a favorable attitude toward contraception. From Table 4, a majority acknowledged its benefits, with 80.8% either strongly agreeing or agreeing that contraception is beneficial. Willingness to adopt contraception was similarly high, 76.0% expressed readiness to adopt family planning, and 73.8% were open to using contraception in the future. Despite this positivity, concerns remained. About 40.2% of participants believed contraception has many side effects, and 30.6% perceived a high failure rate. However, a large proportion remained neutral on both issues, suggesting uncertainty or lack of complete information. These findings indicate that while the overall attitude was

supportive of contraceptive use, there is a need to address misconceptions and concerns, particularly around side effects and method reliability, through targeted educational interventions.

From Table 5, it is evident that participants expressed varying preferences for contraceptive methods based on life circumstances. Condoms were the most preferred method if newly married (73.8%), followed by oral contraceptives (38.7%). For spacing between children, condoms (53.9%) and oral contraceptives (45.4%) remained the top choices, though long-acting methods like implants/IUDs (29.5%) also saw increased preference. In cases of unprotected sex, oral contraceptives (55.0%) and emergency contraceptives (42.8%) were the most favored, reflecting immediate, short-term needs. Preferences for injectables (14.0%),

implants/IUDs (16.6%), and sterilization (6.3%) were relatively lower in this context. For families with two children, preferences shifted toward permanent solutions, with sterilization (41.7%) gaining prominence, though condoms (44.3%) and oral contraceptives (36.2%) still held favor. This trend highlights a move toward more definitive methods as family size stabilizes.

Association between sociodemographic variables and awareness and attitude in Table 6 showed that awareness was significantly associated with educational year ($p=0.045$) and marital status ($p=0.026$), indicating these factors influence participant understanding. Age showed a near-significant trend ($p=0.068$). However, no significant associations were found between sociodemographic variables and attitude, suggesting attitudes remained stable across age, education level, and marital status.

Table 1: Sociodemographic details of the study participants (n=542).

Variables	Category	N (%)
Age (in years)	17-20	226 (41.7)
	21-24	234 (43.2)
	25-28	60 (11.1)
	>28	22 (4.1)
Course and year of study	1 st year	106 (19.6)
	2 nd year	82 (15.1)
	3 rd year	354 (65.3)
Marital status	Single	516 (95.2)
	Married	26 (4.8)
Have you been exposed to sexual education?	Yes	282 (52)
	No	188 (34.7)
	Don't know	72 (13.3)
Are you aware which is the most populous country in the world	China	198 (36.5)
	India	294 (54.2)
	USA	34 (6.35)
	Russia	6 (1.1)
	Don't know	10 (1.8)

Table 2: Assessment of awareness on contraception (n=542).

Items	Category	N (%)
Awareness regarding	Family planning	134 (24.7)
	Contraception	96 (17.7)
	Availability of family planning and contraception	312 (57.5)
Is family planning helpful?	Yes	444 (81.9)
	No	14 (2.6)
	Don't know	84 (15.5)
Will you recommend family planning to a friend/relative?	Yes	450 (83)
	No	14 (2.6)
	Don't know	51 (9.4)
Meaning of family planning	Don't know	14 (2.6)
	Measures to reduce unwanted pregnancy	68 (12.5)
	Measures to prevent unwanted pregnancy	52 (9.5)
	Measures to space child birth	40 (7.3)
	Measures to reduce unwanted pregnancy, space and reduce childbirth	350 (64.5)
	Others	18 (3.3)

Continued.

Items	Category	N (%)
Sources of family planning information	Don't know	82 (15.1)
	Television	62 (11.4)
	Books	38 (7)
	Healthcare professionals	50 (9.2)
	Social media/internet	270 (49.8)
	Talks on sexual and reproductive health	40 (7.3)
Sources of information demanded	Television	90 (16.6)
	Books	25 (4.6)
	Healthcare professionals	227 (41.8)
	Social media/ internet	156 (28.7)
	Talks on sexual and reproductive health	44 (8.1)
Reasons for family planning	Don't know	96 (17.7)
	Help prevent unwanted pregnancy	244 (45.0)
	Family planning promotes small family size	198 (36.5)
	Prevents sexually transmitted infection	144 (26.5)
	Family planning reduces over population	272 (50.2)
	Others	22 (4.1)
Reasons against family planning	None	164 (30.3)
	Don't know	130 (24.0)
	Not reliable/can fail	80 (14.8)
	Only for married people	90 (16.6)
	Negative side effects	78 (14.4)
	Others	32 (5.9)
Are you aware where to access family planning/contraception?	Govt hospital	240 (44.3)
	Private hospital	124 (22.9)
	Pharmacy	166 (30.6)
	Supermarkets	12 (2.2)

Table 3: Assessment of family planning choices and reasons for choices.

Family planning choices	Effective to use, N (%)	Easy to get, N (%)	Easy to use, N (%)	No side effect, N (%)
Calendar method	116 (21.4)	96 (17.7)	160 (29.5)	170 (31.4)
Condoms	92 (17.0)	212 (39.1)	144 (26.6)	94 (17.3)
Injectables	248 (45.8)	96 (17.7)	136 (25.1)	62 (11.4)
sterilization	282 (52.0)	58 (10.7)	88 (16.2)	114 (21)
Oral contraceptive	132 (24.4)	168 (31)	184 (33.9)	58 (10.7)
Withdrawal	110 (20.3)	94 (17.3)	160 (29.5)	178 (32.8)
Implant/intra-uterine device	322 (59.4)	56 (10.3)	98 (18.1)	66 (12.2)
Emergency contraceptive	182 (33.6)	106 (19.6)	190 (35.1)	64 (11.8)
Abstinence	160 (29.5)	78 (14.4)	136 (25.1)	168 (31)

Table 4: Assessment of attitude on usage of contraceptives among study participants (n=542).

Items	Strongly agree, N (%)	Agree, N (%)	Neutral, N (%)	Disagree, N (%)	Strongly disagree, N (%)
Contraception is beneficial	256 (47.2)	182 (33.6)	90 (16.6)	12 (2.2)	2 (0.4)
Contraception has a lot of side effects	58 (10.7)	160 (29.5)	230 (42.4)	72 (13.3)	22 (4.1)
Contraception has high failure rate	56 (10.3)	110 (20.3)	226 (41.7)	126 (23.2)	24 (4.4)
Willing to adopt family planning	230 (42.4)	182 (33.6)	106 (19.6)	12 (2.2)	12 (2.2)
Willing to use contraception in future	228 (42.1)	172 (31.7)	106 (19.6)	22 (4.1)	14 (2.6)

Table 5: Assessment of preferred methods of contraception (n=542).

Items	Methods	N (%)
Preferred method if newly married	Condoms	400 (73.8)
	Oral contraceptives	210 (38.7)
	Injectables	34 (6.3)
	Implants/IUDs	56 (10.3)
	Permanent sterilization	28 (5.2)
Preferred method for spacing between two children	Condoms	292 (53.9)
	Oral contraceptives	246 (45.4)
	Injectables	82 (15.1)
	Implants/IUDs	160 (29.5)
	Permanent sterilization	60 (11.1)
Preferred method for unprotected sex	Emergency contraceptives	232 (42.8)
	Oral contraceptives	298 (55.0)
	Injectables	76 (14.0)
	Implants/IUDs	90 (16.6)
	Permanent sterilization	34 (6.3)
Preferred method for a family with two children	Condoms	240 (44.3)
	Oral contraceptives	196 (36.2)
	Injectables	60 (11.1)
	Implants/IUDs	110 (20.3)
	Permanent sterilization	226 (41.7)

Table 6: Association between sociodemographic variables and awareness and attitude scores (n=542).

Domain	Variables	Group	Good, N (%)	Poor, N (%)	Chi-square (χ^2)	P value
Awareness	Age (in years)	18-20	223 (49.5)	227 (50.5)	7.128	0.068
		21-23	234 (50.4)	230 (49.6)		
		24-26	60 (50.0)	60 (50.0)		
		>26	12 (27.3)	32 (72.7)		
	Educational year	1 st	114 (53.8)	98 (46.2)	6.214	0.045*
		2 nd	74 (45.1)	90 (54.9)		
		3 rd	341 (48.2)	367 (51.8)		
	Marital status	Unmarried	505 (48.9)	527 (51.1)	4.976	0.026*
		Married	18 (69.2)	8 (30.8)		
Attitude	Age (in years)	18-20	128 (56.6)	98 (43.4)	3.443	0.328
		21-23	136 (58.1)	98 (41.9)		
		24-26	40 (66.7)	20 (33.3)		
		>26	10 (45.5)	12 (54.5)		
	Educational year	1 st	62 (58.5)	44 (41.5)	0.435	0.804
		2 nd	50 (61.0)	32 (39.0)		
		3 rd	202 (57.1)	152 (42.9)		
	Marital status	Unmarried	300 (58.1)	216 (41.9)	0.187	0.665
		Married	14 (53.8)	12 (46.2)		

*P value <0.05 is significant.

DISCUSSION

This study provides valuable insights into the awareness, attitudes, and preferences on contraception among young adults, and how these aspects relate to their sociodemographic background.

The findings reveal both encouraging trends and critical gaps that need to be addressed through targeted education and policy interventions.

Although over half of the participants were aware of both family planning and the availability of contraceptives (57.5%), detailed awareness about specific contraceptive methods was notably lower. Only 24.7% demonstrated good awareness of family planning, and just 17.7% could accurately describe contraception. This pattern mirrors previous findings by Patel and Khan who reported that general awareness does not always translate into method-specific understanding, especially among adolescents and young adults.¹¹ Similarly, Choudhury and Nath highlighted that while students often recognize the term

"contraception," many struggle to identify different methods and their use.¹² Importantly, present study found that awareness was significantly associated with educational year and marital status of participants in later years of education and those who were married tended to be more aware. This reinforces the observations made by Prusty and Bhandari and Singh who argued that education and life stage both play pivotal roles in shaping reproductive knowledge.^{13,14}

Encouragingly, attitudes toward contraception were largely positive. Most participants (80.8%) either agreed or strongly agreed that contraception is beneficial, and more than 73% expressed willingness to use it in the future. These attitudes are consistent with findings by Kumar et al who noted high acceptance levels among students in North India, and by Sharma and Gupta who observed similar trends among rural women.¹⁵ Nevertheless, misconceptions persist. A considerable number of participants (42.4%) remained neutral or uncertain about side effects, while others expressed concern about potential failure of contraceptives. These perceptions echo earlier reports by Mishra and Singh and Iqbal et al who emphasized that fear of side effects and doubts about reliability often deter effective contraceptive use.^{17,18} This highlights a crucial need for structured sexual health education programs that not only promote contraception but also address these common misconceptions. UNFPA and WHO both advocate for comprehensive sexuality education to improve contraceptive literacy and decision making among youth.^{19,20}

Participants' preferences for contraceptive methods were clearly influenced by their life circumstances. For example, condoms were the most preferred method among newly married individuals (73.8%) and those seeking spacing between children (53.9%). Meanwhile, oral contraceptives (55%) and emergency contraceptives (42.8%) were favored following unprotected sex. Notably, among participants with two children, permanent methods such as sterilization gained popularity (41.7%). These patterns align with data from the NFHS-5 and studies by Sahoo et al which showed increased reliance on permanent methods as family size stabilizes.²¹ Effectiveness was the most frequently cited reason for choosing a contraceptive method, particularly for sterilization, implants, and injectables.

In contrast, calendar and withdrawal methods were more commonly chosen for their perceived lack of side effects, despite their lower efficacy. This trade-off between perceived safety and clinical effectiveness has been discussed by Glasier et al who noted that individual choices often reflect personal comfort and misinformation rather than medical evidence.²²

Our analysis revealed that educational year and marital status were significantly associated with contraceptive

awareness, but not with attitude. This suggests that while deeper understanding and values toward the contraception may be more evenly distributed and actual awareness is influenced by education level and real-life reproductive experience. Similar associations have been highlighted in studies by Gupta et al as well as Pandey et al who found that awareness often improves with the increased exposure to reproductive healthcare contexts.²⁴⁻²⁵

Taken together, the findings underscore the need for targeted, age-appropriate, and culturally sensitive contraceptive education. Interventions should aim to improve not only factual knowledge but also address persistent fears about safety and effectiveness. Healthcare professionals who were frequently cited as a preferred source of information should be empowered to provide personalized, evidence-based counseling. As Jejeebhoy et al suggest, engaging trusted sources and incorporating peer educators may enhance both reach and impact of such programs.⁹

Limitations

A major strength of this study is the comprehensive assessment of awareness, attitudes, and preferences in varied reproductive contexts. However, its cross-sectional design limits causal inference, and reliance on self-reported data may introduce social desirability bias. Still, the findings offer a meaningful snapshot of contraceptive literacy and behaviors in a young, largely unmarried population.

CONCLUSION

This study highlights significant gaps in awareness about contraception among young adults, despite an overall favourable attitude toward its use. While most participants believed contraception to be beneficial and expressed willingness to use or recommend it, many lacked accurate and comprehensive awareness regarding available methods, their effectiveness, and side effects. The preference for easily accessible or perceived "safe" methods often at the expense of effectiveness further underscores this disconnect.

Educational year and marital status were found to significantly influence awareness levels, suggesting that life experience and academic exposure positively shape contraceptive literacy. However, the absence of strong associations with awareness and attitude suggests the need for broader and more consistent education across all demographic subgroups.

Understanding young people's perspectives on contraception is crucial to designing health promotion programs that are responsive, evidence-based, and culturally appropriate. This study reinforces the need to strengthen sexual and reproductive health education to

ensure informed and the responsible contraceptive choices.

Recommendations

Based on the study findings, there is a clear need to strengthen comprehensive contraceptive education among youth, particularly targeting early-year students and unmarried individuals, as both educational year and marital status were significantly associated with awareness levels. Despite a favorable attitude towards family planning and contraception, the low levels of detailed knowledge and awareness highlight the importance of integrating structured, age-appropriate reproductive health sessions into academic curricula. Addressing misconceptions about side effects and method failure common concerns among participants must be a priority through evidence-based education. Healthcare professionals and digital platforms, identified as preferred sources of information, should be actively engaged to deliver accurate and youth-friendly counseling and content. Public health facilities, especially government hospitals which serve as key access points, should be equipped to offer a full range of contraceptive options in a nonjudgmental, confidential, and supportive environment. Lastly, ongoing awareness campaigns and educational programs should be routinely evaluated using knowledge attitude practice (KAP) frameworks to assess effectiveness and ensure that increased awareness translates into informed, responsible contraceptive choices among young adults.

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