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Case Series

Perceptions, choices and experiences of contraceptive use among rural women aged 35–50 years: a case series from Jammu

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ABSTRACT

Midlife women often face unique reproductive health challenges, yet contraceptive practices and perceptions in this group remain under-researched, especially in rural India. This qualitative case series explored contraceptive perceptions, choices and experiences among six rural women aged 35–50 years in Chak Bhalwal Village, Jammu. Data were collected through in-depth interviews and analyzed using thematic content analysis. Most participants preferred male condoms due to ease of use and safety. Perceptions were shaped by partner influence, cultural beliefs and misinformation. Themes identified included contraceptive perceptions, method choices, personal experiences, sources of information and unintended pregnancy. Healthcare workers and media were the main information sources. Despite moderate awareness, myths about contraceptives persisted, limiting autonomous contraceptive decisions. Rural midlife women demonstrate moderate awareness but remain influenced by misconceptions and social dynamics. Community-based education involving both women and men is essential to improve contraceptive practices

Keywords: Contraceptive choices, Health seeking behavior, Barriers, Experience of use of contraceptives, Reproductive health

INTRODUCTION

Contraceptive use is a key component of reproductive health, enabling individuals and couples to plan and space pregnancies.[1] Globally, the use of modern contraceptives has contributed to reductions in maternal and child mortality and has empowered women economically and socially.[2] However, in rural India, access to contraceptive knowledge and services remains inconsistent and women's autonomy in reproductive decision-making is limited by patriarchal structures.[3] Women aged 35–50 years remain an underexplored population in reproductive health research. This demographic is still at risk of unintended pregnancies yet is often overlooked in family planning programs that focus on younger women.[4] Understanding their lived experiences can help improve contraceptive counselling and services tailored to their needs.

CASE SERIES

A qualitative phenomenological design was used to explore the lived contraceptive experiences of rural women. The study was conducted in Chak Bhalwal Village, Jammu, over two months in 2024. Six women aged 35–50 years with prior contraceptive experience were selected through convenience sampling. Data were collected through semi-structured, face-to-face interviews in the local language, transcribed and analyzed using thematic content analysis.

Demographic characteristics

Half of the women (50%) were aged 36–40 years. All participants were Hindu and lived predominantly in joint families (66.6%). Most had elementary or secondary education (50% each). The average number of children per participant was 2–4. Abortion history was reported by 50% of participants.

Thematic findings

Perceptions of contraceptives

Participants' perceptions ranged from recognizing the health benefits of contraceptives to dependence on their husbands for decision-making. Some perceived no need for contraceptives if natural precautions were taken.

Choices of methods

Male condoms were the most preferred method (66.6%), chosen for their accessibility and lack of side effects. A few women reported using oral contraceptives (Mala-D) or relying on natural methods.

Experiences

Those who used condoms or Mala-D had mixed experiences, citing ease of use but occasional dissatisfaction. Some women discontinued hormonal contraceptives due to perceived side effects.

Barriers and misconceptions

Participants cited misconceptions such as hormonal contraceptives causing blood thinning, edema and permanent bodily harm. Misinformation and fear of side effects discouraged continued use.

Sources of Information

Television, mobile phones, ASHA workers and family members were key information sources. However, contradictory messages from these sources contributed to confusion.

Unintended pregnancies

Participants attributed unintended pregnancies to fate, family pressure or misinformation about contraceptive use.

Table 1: Socio-demographic characteristics of participants (n=6).

Variable	Frequency (%)
Age of women (36-40 years)	3 (50)
Educational status of women (elementary and secondary)	3 (50) each
Type of family (Joint)	4 (66.6)
Religion (Hindu)	6 (100)
Number of children (2–4)	5 (83.3)
Abortion history	3 (50)

Table 2: Themes and subthemes related to contraceptive use.

Theme	Sub-themes	Frequency (%)
Perception	Depends on husband/Beneficial/Not required/Misconceptions	Each 1–3 (16.6%–50)
Choices	Condoms/Calendar/No choice	4 used condoms (66.6)
Experience	Condom / Mala D / Natural	3 used Mala D (50)
Misconceptions	Side-effects / Lack of knowledge	Each 1 (16.6)
Information sources	TV / ASHA / Family / Hospital	Each 1–2 (16.6–33.3)
Unintended pregnancy	God's wish / Family pressure / Abortion	1–2 (16.6–33.3)

Case 1

A 38-years-old woman from a joint family, with secondary education, reported using male condoms as the primary contraceptive method. She perceived contraceptive use as beneficial for spacing pregnancies but mentioned that the final decision rested with her husband. She obtained information from the local ASHA worker and television health programs. Her experience with condoms was positive overall, although she sometimes doubted their effectiveness due to conflicting advice from elders in her family.

Case 2

A 40-years-old woman with elementary education initially used oral contraceptive pills (Mala-D) but discontinued them after experiencing nausea and general discomfort.

Concerned about possible side effects, she switched to condoms, which she preferred due to ease of use and safety. Her contraceptive choices were influenced by both her husband and discussions with friends. She highlighted the need for clearer guidance from healthcare providers, as television programs sometimes contradicted what she heard from local health workers.

Case 3

A 36-years-old woman, who lived in a nuclear family and had secondary education, practiced natural family planning using the calendar method. She believed that contraceptives were unnecessary if one followed natural precautions and maintained good timing. She rarely interacted with healthcare workers and relied on family advice for reproductive decisions. Her perception of hormonal contraceptives was negative, shaped by community myths about long-term harm to the body.

Case 4

A 42-years-old woman from a joint family, with elementary education, depended entirely on her husband's decision regarding contraceptive use. Although she had a basic awareness of different contraceptive options, she was hesitant to use hormonal methods due to fears of blood thinning and permanent harm. She used condoms irregularly and admitted to avoiding contraceptive discussions due to discomfort. Her knowledge was piecemeal, gathered from family members and brief counselling sessions at the village health camp.

Case 5

A 39-years-old woman who had used Mala-D reported discontinuing its use because of perceived side effects such as weight gain and general weakness. She later switched to occasional condom use but experienced an unintended pregnancy, which she attributed to God's will rather than contraceptive failure. She reported that family pressure and a lack of consistent advice from healthcare providers contributed to her inconsistent contraceptive practices. Her experience reflects the influence of fatalistic beliefs on reproductive health decisions.

Case 6

A 45-years-old woman, the eldest participant, consistently used male condoms and expressed satisfaction with this method. With elementary education and living in a joint family, she had relatively better contraceptive awareness but still encountered confusion due to contradictory information from television, family elders and community members. Despite this, she actively participated in her reproductive health decisions and advocated for more clear and accessible contraceptive counselling in rural areas.

DISCUSSION

This case series highlights the persistent gap between contraceptive awareness and practice in rural midlife women. Despite basic awareness, decision-making is heavily influenced by male partners, reflecting the patriarchal norms noted in rural Indian contexts.[3,5] Male condoms were the most utilized contraceptive, consistent with other studies that show condoms are the preferred choice in rural India due to ease of access and minimal health concerns.[3,6] Oral contraceptives, though effective, were avoided due to misconceptions about severe side effects an issue highlighted in other South Asian studies.[5,7] Healthcare workers and media played crucial roles in spreading awareness, yet their impact was diluted by prevailing myths and social pressures.[6] Unintended pregnancies were often rationalized as divine will, a belief similarly observed in rural Nigerian women.[7]The findings stress the importance of addressing sociocultural barriers and involving both women and men in contraceptive education to promote shared decision-making. Tailored community-based interventions can help dispel myths and improve reproductive autonomy.

CONCLUSION

Women aged 35–50 years in rural Jammu have moderate awareness of contraceptive methods but face cultural, informational and partner-related barriers to effective use. Condoms remain the most preferred method, while hormonal contraceptives are underutilized due to fear of side effects. Comprehensive family planning programs must address misconceptions, engage men and provide accessible counselling to promote informed contraceptive choices.

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