

Contraceptive Preferences of Women Attending a Tertiary Care Hospital**Bansi Vasavada¹, Nita Rada², Nalini I. Anand³**¹Second year resident Doctor, Dept. of Obstetrics and Gynaecology, Shri M.P. Shah Govt. Medical College, Jamnagar²Associate Professor, Dept. of Obstetrics and Gynaecology, Shri M.P. Shah Govt. Medical College, Jamnagar³Professor and Head, Dept. of Obstetrics and Gynaecology, Shri M.P. Shah Govt. Medical College, Jamnagar

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Abstract**Background:** Family planning is a vital component of reproductive health, empowering individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. Contraceptive methods play a key role in reducing maternal and infant morbidity and mortality, controlling population growth, and enhancing the socio-economic status of women.**Method:** Study was conducted at Shri MP Shah Medical College and Hospital Jamnagar over a period of three months from January 25 to March 25 data was collected Family planning clinic record registered.**Results:** The most common method of contraception used was barrier contraception (condom) at 30.0%, followed by combined oral contraceptives (COC) at 26.0%. Sterilisation was the third most common method, accounting for 19.6% of users. The least common methods were Depot Medroxyprogesterone Acetate (DMPA) injections and Intrauterine Devices (IUD), which were used by 12.4% and 12.0% of women, respectively.**Conclusion:** Barrier methods of contraception are very well accepted in our socio-demographic setup mainly because of their easy usage, availability, affordability, the absence of hormonal side effects, and an additional benefit of protection against Sexually Transmitted Infections. Furthermore, their lack of impact on a woman's future fertility makes them a favorable choice of contraception.**Keywords:** Condom, COC pill, DMPA, IUCD sterilization.

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Introduction

In developing countries such as India, a considerable number of young women face unintended pregnancies, and the unmet need for contraception continues to remain high [1]. The NFHS survey reported that 13% of Indian women still had an unmet contraceptive need. These unplanned pregnancies are strongly linked to unsafe abortions, which significantly increase maternal morbidity and mortality [2]. Promoting and encouraging the use of contraception is therefore essential to prevent such outcomes [3].

India launched its family planning program in 1952 with the aim of slowing down rapid population growth. Initially, the program included a range of contraceptive methods but later gave more emphasis to male sterilization.

However, from the 1970s until the mid-1990s, the focus shifted, and family planning initiatives became more centered on women. On the global stage, the Sustainable Development Goals (SDGs)

underline the importance of providing reproductive health services, including contraception, as a way to improve maternal health and overall welfare. Reducing maternal mortality is a priority under "Goal 3: Ensure healthy lives and promote well-being for all at all ages," with the agenda running through 2030.

Every year, around 20 million unsafe abortions occur, leading to about 70,000 related deaths, particularly among adolescent women aged 15–19. Cultural restrictions and religious barriers, especially for unmarried women, further limit the use of contraceptives, placing them at greater risk of unintended pregnancies.

The Knowledge, Attitude, and Practice (KAP) model in health education suggests that improved awareness directly impacts behavior change (WHO, 2012). Applying the KAP approach to contraception shows that better knowledge, attitude, and perception regarding contraceptive

methods can reduce the rate of unplanned and undesired pregnancies [9]. In the Indian context, women's use of contraceptives is influenced by multiple factors including personal, partner-related, service-related, and method-related issues. Restricted access, limited options, concerns about side effects, and gender-based inhibitions all contribute to high rates of unintended pregnancies [10]. At present, female sterilization is the most widely adopted method of contraception. A study carried out in low-income communities in Mumbai revealed that sterilization was the most preferred method for women as it helped them control unplanned pregnancies. Interestingly, most women did not report any regret after sterilization, instead noting improved sexual relations, making it the

most sought-after method. [11]

Materials and Methods

This descriptive study was carried out at Shri M. P. Shah Medical College and Hospital, Jamnagar, over a span of three months, from January 2025 to March 2025. A total of 500 women, aged between 18 and 40 years, were included in the study.

Women with infertility, those who had previously undergone sterilization, hysterectomy, or were experiencing premature menopause were excluded from participation. The data for the study was collected using records maintained in the family planning clinic register.

Results

Table 1: Participant Demographics with Totals

Age Group (Years)	Total Patients in Group	% from Rural Areas	% from Urban Areas	Total % of Participants
18-20	82	9.6%	6.8%	16.4%
20-24	117	13.4%	10%	23.4%
25-29	134	13.2%	13.6%	26.8%
30-34	102	8.80%	11.60%	20.4%
35-40	65	6.60%	6.40%	13%
Total	500	51.6%	48.4%	100%

Table 2: Contraceptive Use by Age and Residence (%) with Totals

Age Group (Years)	Residence	Pills (COC) (%)	DMPA (%)	Condom (%)	IUD (%)	Sterilisation (%)	Total % in Group
18-20	Rural	1.80%	0.00%	7.40%	0.20%	0.20%	9.60%
	Urban	1.00%	0.40%	4.80%	0.60%	0.00%	6.80%
20-24	Rural	7.40%	0.80%	3.00%	0.80%	1.40%	13.40%
	Urban	4.00%	1.20%	4.00%	0.60%	0.20%	10.00%
25-29	Rural	3.40%	1.40%	2.00%	2.80%	3.60%	13.20%
	Urban	4.00%	2.40%	3.60%	1.20%	2.40%	13.60%
30-34	Rural	1.40%	0.40%	2.40%	0.60%	4.00%	8.80%
	Urban	2.00%	2.20%	0.80%	2.80%	3.80%	11.60%
35-40	Rural	0.60%	1.20%	0.80%	1.60%	2.40%	6.60%
	Urban	0.40%	2.40%	1.20%	0.80%	1.60%	6.40%
Total (%)		26%	12.40	30%	12.00%	19.60%	100.00%

Table 3: Overall Contraceptive Usage

Contraceptive Method	Number of Patients (No.)	Percentage of Use (%)
Condom	150	30.00%
Pills (COC)	130	26.00%
Sterilisation	98	19.60%
DMPA	62	12.40%
IUD	60	12.00%
Total	500	100.00%

The study involved 500 women aged 18–40 years, with nearly equal representation from rural (51.6%) and urban (48.4%) areas.

Contraceptive usage patterns varied across age groups and residence, but overall, condoms (30%) were the most commonly used method, followed by oral contraceptive pills (26%), sterilisation (19.6%),

DMPA injections (12.4%), and intrauterine devices (IUDs) (12%). Age-wise distribution indicated higher pill use among women aged 20–24 years, while sterilisation was more common in older age groups (30–40 years).

Urban women showed relatively higher use of IUDs and sterilisation compared to rural women,

whereas condom use remained consistently high in both settings.

Discussion

The acceptance or non-acceptance of methods of contraception is influenced by individual, family, and community-level factors. This study provides information on the pattern of use of different methods of contraception among women of different age groups and Different Area. [12]

In our study, it was found that the most common method of contraception used was barrier contraception (condom) 30%, followed by combined oral contraceptives (COC) 26%. Sterilisation accounted for 19.6% of the methods used, while Depot Medroxyprogesterone Acetate (DMPA) injections were reported by 12.4% of women. Intrauterine devices (IUDs) were the least commonly used method, accounting for 12% of contraceptive use.

A similar study was conducted between 2015–2017 in the USA, 72.2 million women aged 15–49 years were using contraception. The most common method in that study was female sterilisation (37.05%), followed by oral contraceptive pills (25.10%), long-acting reversible contraceptives (LARCs) (20.52%), and male condoms (17.33%). LARC use was higher among women aged 20–29 years (13.1%) compared to 15–19 years (8.2%) and 40–49 years (6.7%).

Female sterilisation declined and pill usage increased higher education levels, while LARC usage remained consistent across education groups (about 10%–12%) [13]

One significant reason for higher usage of condoms in our study is the National AIDS Control Organization's (NACO) condom distribution programme. Promoting condom use is a key strategy in the national HIV prevention and control programme. NACO distributes condoms through non-traditional outlets such as kirana shops and barber shops, either free or at a subsidized rate. Condom vending machines have also been installed in major cities and towns, providing discreet access. Variation in contraceptive use across social and demographic characteristics offers potential insights into larger fertility patterns, including birth rates and incidence of unintended pregnancies. The likelihood of an unintended pregnancy depends on whether contraception is used and which Methods is Chosen.

Hormonal methods, particularly combined oral contraceptive pills, and barrier methods like condoms, are popular choices among young women because they are reversible, accessible, cost-effective, and simple to use. Moreover, condoms are often preferred as they have no hormonal side

effects and offer the additional benefit of protection against sexually transmitted infections (STIs). Effective usage, however, is crucial, as observed by Bowen- Simpkins et al in his study [14].

In a study conducted by Mahera Abdulrahman et al, it was found that the majority of women (56%) were using fewer effective methods (condom, withdrawal, sponge, calendar, and spermicide) despite the availability of more effective options. Their study highlighted the need for higher education and better communication about contraceptive choices to improve usage patterns in the UAE.

Conclusion

Barrier methods of contraception are very well accepted in our socio-demographic setup mainly because of their easy usage, availability, affordability, the absence of hormonal side effects, and an additional benefit of protection against Sexually Transmitted Infections. Furthermore, their lack of impact on a woman's future fertility makes them a favorable choice of contraception.

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