


# Obstetrics and gynecology specialists' contraceptive preferences: experiences, attitudes, and reflections on patient counseling

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## ABSTRACT

**Objective:** This study aims to explore the contraceptive preferences, experiences, and attitudes of obstetricians and gynecologists, focusing on the alignment between their personal choices and professional practices in patient counseling.

**Material and Methods:** An online survey was conducted among 92 obstetricians and gynecologists from seven hospitals in Istanbul between September and October 2024. The survey consisted of three sections addressing demographic data, contraceptive preferences, and patient counseling practices. Data were analyzed to identify trends in contraceptive use, satisfaction, and perspectives on permanent methods such as tubal ligation and vasectomy.

**Results:** The most commonly used contraceptive methods were condoms (47.8%) and oral contraceptive pills (32.6%), valued for their ease of use and secondary health benefits, respectively. Traditional methods, such as withdrawal and the calendar method, were associated with all reported unintended pregnancies (7.6%). Among respondents, 74% expressed positive views on tubal ligation and vasectomy, yet 42 did not discuss vasectomy with their patients. Physicians demonstrated high satisfaction with modern methods, though cultural and personal factors shaped their contraceptive choices and counseling practices.

**Conclusion:** The study reveals that while obstetricians and gynecologists effectively utilize modern contraceptive methods, traditional methods remain in use and contribute to unintended pregnancies. Cultural and religious factors significantly impact attitudes towards permanent methods and patient counseling. These findings underscore the need for enhanced education and culturally sensitive counseling strategies to improve contraceptive adherence and patient outcomes.

**Keywords:** Contraception, contraceptive preferences, gynecologists, obstetricians, patient counseling, tubal ligation, vasectomy.

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INTRODUCTION

As one of the cornerstones of reproductive health and family planning, contraception offers a variety of methods to suit individuals' needs and preferences. Obstetricians and gynecologists play a critical role in patient counseling in the selection, implementation, and management of contraceptive methods. However, these experts' own contraception preferences, experiences, and attitudes towards methods attract attention as a subject that has not been adequately addressed in the literature. Gaining knowledge in this area will strengthen understanding of both the contraceptive experiences of healthcare professionals in their own lives and the possible implications of these experiences in recommendations for patients.

Information about obstetricians' own contraceptive preferences can provide important clues to understand how methods are evaluated for effectiveness, safety, comfort, and acceptability. Particularly permanent contraception methods, such as tubal ligation and vasectomy, are a noteworthy issue in terms of physician advice to patients. Additionally, it is worth examining issues such as how satisfied these experts are with the contraceptive methods they use, whether they have encountered possible side effects of these methods, or situations such as unwanted pregnancy.

This study focuses on the contraception preferences of gynecologists and obstetricians, their satisfaction levels with these methods, and the difficulties they face. Additionally, unwanted pregnancy experiences during contraception, their views on permanent methods such as tubal ligation and vasectomy, and whether they recommend these methods to their patients are investigated. In this context, the main purpose of the study is to understand the harmony or differences in the personal and professional approaches of experts. The findings are expected to make significant contributions to clinical practices and patient education. In this way, it is aimed to both increase information sharing between healthcare professionals and provide support for patients to make more informed contraception choices.

MATERIAL AND METHODS

Our research was conducted between September 2024 and October 2024 by contacting physicians working in the gynecology and obstetrics services of 7 hospitals in Istanbul and applying an online questionnaire via an internet interface. A total of 95 physicians participated in the study. However, three responses were excluded due to incomplete completion, resulting in a final sample size of 92 participants. In order to fill out the survey questions transparently, the names or e-mail addresses of the physicians were not collected. However, in order to prevent duplicate questionnaires, an arrangement was made so that the survey could be completed only once from the same IP address.

The survey consists of 3 parts. The first part consists of 7 questions about demographic information, the second part consists of 14 questions detailing the person's contraception preferences, and the last part consists of 3 questions regarding information counseling with patients.

Table 1: Demographic data (n=92)

	n	%
Academic position		
Assistant doctor	16	17.4
Specialist	71	77.2
Associate professor	5	5.4
Age		
25–29	10	10.9
30–34	59	64.1
35–39	14	15.2
>40	9	9.8
Civil status		
Married	87	94.6
Single	5	5.4

Statistical Analysis

Statistical analyses were performed with SPSS (Statistical Package for Social Sciences) for Windows 22.0 (SPSS, Inc., Chicago, IL, USA), Epi Info, and Excel programs. Descriptive statistics included median with minimum and maximum, and count (%) as appropriate.

All necessary approvals were obtained from the Ethics Committee of our institution (Approval Number: 49, March 20, 2024). The study adhered to the principles of the Helsinki Declaration.

RESULTS

A total of 92 participants were included in the study after excluding three incomplete surveys. When the academic positions of the participants were evaluated, 16 (17.4%) were assistant doctors, 71 (77.2%) were specialist doctors, and 5 (5.4%) were associate professors. When sorted by age groups, 10 people (10.9%) were in the 25–29 age range, 59 people (64.1%) were in the 30–34 age range, 14 people (15.2%) were in the 35–39 age range, and 9 people (9.8%) were older than 40 years. Eighty-seven (94.6%) participants were married and 5 (5.4%) were single.

When gestational information was examined, 38 people (41.3%) had never been pregnant, 25 people (27.2%) had been pregnant only once, 19 people (20.7%) had been pregnant twice, 9 people (9.8%) had been pregnant 3 times, and only 1 person (1.1%) had been pregnant more than 3 times. Of the 54 people who were pregnant, 38 (41.3%) gave birth once and 2 (2.2%) gave birth twice. Optional dilation and curettage (D/C) was performed on 7 of 14 (7.6%) nulliparous participants. Among those who completed the survey, 16 people (17.3%) were still pregnant at the time of participation (Table 1, 2).

Of the physicians who completed the survey, 8.7% reported taking full responsibility for contraception themselves, while 82.6% indicated that they shared this responsibility with their partner. When asked about the most commonly preferred

Table 2: Gestational information			
	n=92	Mean (±SD)	Median (min–max)
Pregnant		1.02 (±1.05)	1 (0–4)
0	38 (41.3%)		
1	25 (27.2%)		
2	19 (20.7%)		
3	9 (9.8%)		
>3	1 (1.1%)		
Parity		0.45 (±0.54)	0 (0–2)
0	52 (56.5%)		
1	38 (41.3%)		
2	2 (2.2%)		
Abort		0.31 (±0.64)	0 (0–2)
0	72 (78.3%)		
1	11 (12%)		
2	9 (9.8%)		
Optional D/C		0.76 (±0.26)	0 (0–1)
0	85 (92.4%)		
1	7 (7.6%)		

SD: Standard deviation; D/C: Dilation curettage.

contraceptive method among gynecologists, condoms ranked first, with 47.8% of respondents favoring them, followed by oral contraceptives at 32.6%. Among those who preferred condoms, all cited ease of use and absence of side effects as the primary reasons for their choice. Physicians who favored oral contraceptives highlighted secondary benefits such as alleviation of premenstrual symptoms and reduction in comedone formation as key factors in their preference. Notably, two physicians reported being unable to use oral contraceptives due to an elevated risk of thromboembolism (Table 3).

Among the 92 respondents, 7 individuals (7.6%) reported experiencing unintended pregnancies while using contraception. Of these, 5 individuals (71.4%) were using the withdrawal method, and 2 (28.6%) were relying on the calendar method. None of the respondents reported using monthly or quarterly depot injections.

When asked about their perspectives on tubal ligation and vasectomy, 68 physicians (74%) expressed positive opinions. However, 42 of these physicians indicated that they did not discuss vasectomy as an option with their patients. Among the 24 physicians (26%) who did not hold positive views on tubal ligation, 18 (19%) attributed their stance to religious beliefs. Additionally, 2 physicians stated that they disapprove of any irreversible contraception methods, and 4 physicians considered abdominal surgery for contraception purposes to be excessively invasive.

Table 3: Contraception preferences		
	n	%
Condom	44	47.8
Oral contraceptive drugs	30	32.6
Withdrawal	8	8.7
Calendar method	6	6.5
LNG-IUD	3	3.3
Cu-T IUD	1	1.1

LNG-IUD: Levonorgestrel Intrauterine Device; Cu-T IUD: T shaped Intra-uterine Device with copper.

DISCUSSION

It is noteworthy that the most frequently preferred contraception methods among the gynecologists and obstetricians who participated in our study were condoms and oral contraceptive drugs. Condoms were preferred because they are easy to use and have a low side effect profile. Physicians who have used condoms before but do not prefer them now have given up the method due to latex allergy in their partner. Although failure rates due to tearing and slipping are slightly higher than latex condoms (2.35% vs 1.32%), polyurethane A condoms can be an alternative in latex allergy due to their similar comfort and acceptability to latex condoms.<sup>[1]</sup>

In a study examining the contraception preferences of postpartum women, the most preferred methods were Cu-T IUDs (34.8%), condoms (24.4%), and oral contraceptives (14.6%).<sup>[2]</sup> Compared to our study, where condoms and oral contraceptives were the most commonly used methods, Cu-T IUD usage was significantly lower among physicians. This discrepancy may stem from physicians' concerns about having a foreign object in their bodies, as our respondents frequently cited discomfort with this idea as a reason for not choosing IUDs. Conversely, in the general population, IUDs are more favored due to their long-term efficacy and minimal need for user compliance. Tubal ligation is preferred more frequently in the general population because the average number of children is higher than physicians.

While the rate of Cu-T IUD use is higher in the general population compared to physicians, the preference and compliance with condom and oral contraceptive use is lower.<sup>[2,3]</sup> In the general population, oral contraceptives are less preferred due to false beliefs about hormonal drugs. At the same time, as the education level decreases, compliance with methods that require regular use declines, and the preference shifts towards methods such as IUDs, where the user adherence does not affect the efficacy. IUDs are also the first choice of contraception after unplanned pregnancies.<sup>[4]</sup> This contrast between physicians and the general population underscores the role of medical knowledge in shaping contraceptive preferences. Physicians, having a deeper understanding of hormonal contraception and side effects, may be more confident in oral contraceptives, whereas the general public leans towards long-acting reversible contraceptives due to concerns over daily adherence.

Among the physicians surveyed, a significant proportion (74%) expressed positive opinions about vasectomy, yet 42 of these individuals reported not discussing this option with their patients. While cultural and religious factors were previously noted as potential barriers, additional reasons such as limited consultation time, lack of adequate training on vasectomy counseling, and perceived resistance from male partners must also be considered. Including structured vasectomy counseling in routine family planning discussions could bridge this gap.

In a study examining unwanted pregnancies, 61% of women who had curettage due to unintended pregnancy were using the traditional method (withdrawal), and 85.4% were literate or primary school graduates.<sup>[5]</sup> Among the physicians in our study, all unintended pregnancies occurred among individuals using withdrawal or the calendar method. This finding suggests that, while physicians are more likely to use modern contraceptive methods effectively, those who do use traditional methods remain susceptible to unintended pregnancies at similar rates to the general population.

It is also important to increase public knowledge about emergency contraception in order to reduce unwanted pregnancies. We know that as the level of education increases, awareness of and access to emergency contraception methods also increases.<sup>[6,7]</sup>

When the methods used in unwanted pregnancies are examined, while all physicians used traditional methods (withdrawal or calendar method), this rate is around 58.5% in the general population. In the general population, traditional methods are followed by condoms with 20%, IUDs with 16%, and oral contraceptive drugs with 14%.<sup>[8]</sup> This can be interpreted as an indication that physicians use modern methods more effectively. Again, the lower rate of unintended pregnancy among physicians shows that unintended pregnancies can be prevented with the effective use of contraceptive methods.<sup>[9]</sup> However, in a study in which the increase in contraceptive knowledge and satisfaction of young women given contraceptive counseling was observed, it was seen that it did not have a significant effect on reducing unwanted pregnancy rates.<sup>[10]</sup>

When asked about their opinions on surgical sterilization methods, it seems that it is received very positively among physicians. In addition to these opinions, physicians state that although they recommend tubal ligation to their patients in outpatient clinic conditions, they do not mention vasectomy. We think that this situation is not only culturally frowned upon by Türkiye's population, but also that many physicians are unable to discuss different methods in detail during limited outpatient clinic times. However, 18% of physicians state that they evaluate surgical sterilization methods from a religious perspective and that they would not prefer this method for themselves. All of these physicians also do not mention surgical sterilization methods to their patients. This shows that cultural and religious life can also greatly affect medical practice. Consultancy services regarding contraception are provided upon request in our country. Providing these services to special groups such as adolescents, individuals with substance use, or individuals with psychiatric diseases is also important for public health.<sup>[11,12]</sup> It is important, especially in patient information processes, to present all methods objectively, taking into account religious and cultural sensitivities.

## CONCLUSION

This study reveals important findings regarding gynecologists' and obstetricians' contraceptive preferences, experiences, and attitudes. The results highlight that medical professionals tend to favor modern contraceptive methods, yet unintended pregnancies still occur among those using traditional methods, similar to trends in the general population.

Physicians' satisfaction levels with modern contraception methods were high, but individual and societal barriers to the use of these methods persist. A notable discrepancy was observed in vasectomy counseling, where a majority supported the method but did not routinely discuss it with patients. This highlights a need for enhanced training and awareness programs to ensure comprehensive contraceptive counseling.

In this context, multidisciplinary approaches are recommended to increase contraception awareness in society, strengthen patient–physician communication, and overcome cultural barriers. Additionally, it is important that physicians objectively present all contraception methods during patient counseling and offer options suited to individual preferences.

Future research should explore how physicians' personal contraceptive choices influence their counseling practices, particularly regarding long-acting and permanent contraception methods. This could provide valuable insights into improving patient education and broadening the scope of contraceptive discussions in clinical settings.

## Statement

**Ethics Committee Approval:** The University of Health Sciences, Turkey. Istanbul Zeynep Kamil Maternity and Children's Diseases Health Training and Research Center Ethics Committee granted approval for this study (date: 20.03.2024, number: 49).

**Informed Consent:** Written informed consent was obtained from patients who participated in this study.

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**Peer-review:** Externally peer-reviewed.

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