

## Contraceptive preferences among female students of the Health area at San Gregorio de Portoviejo University

*Preferencias anticonceptivas en estudiantes del sexo femenino del área de Salud de la Universidad San Gregorio de Portoviejo*

Camila S. Aguirre<sup>1\*</sup>  , Kendry E. Cedeño<sup>1</sup> , Anthony V. Cornejo<sup>1</sup> , Aaron A. Falcones<sup>1</sup> 

Karen Valera<sup>1</sup> , Ariagna Martínez<sup>1</sup> , Rolando Sánchez<sup>2</sup> 

<sup>1</sup>Carrera de Medicina, Universidad San Gregorio de Portoviejo, Manabí, Ecuador.

<sup>2</sup>Universidad de Cuenca, Azuay, Ecuador.

\*Corresponding author

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### ABSTRACT

In university students, the choice of contraceptive methods is influenced by academic, sociocultural, and economic factors. This study analyzed contraceptive preferences among health science students to identify usage patterns and access barriers, aiming to examine contraceptive preferences in female students at the Universidad San Gregorio de Portoviejo and identify the factors influencing their choices. It was a descriptive, non-experimental, cross-sectional study involving 85 students from Medicine, Dentistry, Nursing, Nutrition, and Integral Aesthetics programs. A digital survey with single-choice and multiple-choice questions was administered. The male condom was the most commonly used method, followed by oral contraceptives. Pharmacies were the primary source of acquisition, and most participants received information from general practitioners. Therefore, it is recommended to strengthen sexual education and improve access to information to optimize decision-making in reproductive health.

**Keywords:** contraception, family planning, reproductive health, university students, contraceptive methods.

### RESUMEN

En estudiantes universitarias, la elección de métodos anticonceptivos está influenciada por factores académicos, socioculturales y económicos. Este estudio analizó las preferencias anticonceptivas en estudiantes del área de la salud para identificar patrones de uso y barreras de acceso, con el objetivo de examinar las preferencias anticonceptivas en estudiantes mujeres de la Universidad San Gregorio de Portoviejo e identificar los factores que influyen en su elección. Fue un estudio descriptivo, no experimental y de diseño transversal en 85 estudiantes de Medicina, Odontología, Enfermería, Nutrición y Estética Integral. Se aplicó una encuesta digital con preguntas de selección única y múltiple. El condón masculino fue el método más usado, seguido de anticonceptivos orales. La farmacia fue la principal fuente de adquisición, y la mayoría recibió información de médicos generales. Por esto, se recomienda fortalecer la educación sexual y mejorar el acceso a información para optimizar la toma de decisiones en salud reproductiva.

**Palabras clave:** anticoncepción, planificación familiar, salud reproductiva, estudiantes universitarias, métodos anticonceptivos.

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## INTRODUCTION

The World Health Organization (WHO) defines reproductive health as a condition of physical, mental, and social well-being in all aspects related to reproduction at all stages of life. Reproductive health implies that people can have a satisfactory and safe sexual life, the ability to have children, and the freedom to decide if, when, how many, and how often they want to have them. Implicit in this latter condition is the right of men and women to be informed and have access to preferred methods of fertility regulation that are safe, effective, affordable, and acceptable, and the right to access adequate health services that enable women to carry their pregnancies and deliver children safely (National Institute of Statistics and Census [INEC], 2008).

Knowledge about the use of contraceptive methods allows for timely and appropriate decisions to be made about reproduction in a free, responsible, and informed manner. It contributes to the exercise of people's sexual and reproductive rights and to maintaining their health. Reproductive health is a key factor in the social, economic, and political development of a region (Ramírez & Torres, 2016), as well as nutrition and lifestyle choices, which can influence long-term reproductive outcomes (Gallardo & García, 2024).

Contraceptive use offers a range of potential non-health benefits, such as increased educational opportunities and greater empowerment for women. The number of women seeking family planning has increased markedly over the past two decades, from 900 million in 2000 to nearly 1.1 billion in 2021. Between 2000 and 2020, the number of women using a modern contraceptive method increased from 663 million to 851 million. This number is projected to increase by an additional 70 million women by 2030. Between 2000 and 2020, the contraceptive prevalence rate (the percentage of women aged 15–49 years using some form of contraception) increased from 47.7% to 49.0%. The percentage of women of reproductive age (15–49 years) whose family planning needs are met by modern methods (Sustainable Development Goals [SDG] indicator 3.7.1) is 77.5% globally in 2022, an increase of 10% since 1990 (67%) (WHO, 2023).

According to data from the 2018 National Health and Nutrition Survey (ENSANUT), in Ecuador, 98.5% of women of reproductive age (15-49 years old) are familiar with some family planning method, with modern methods being the most widely known (98.4%), compared to traditional methods (67.5%). Likewise, a national study conducted by the INEC on the knowledge and use of contraception among women of childbearing age between 2005 and 2006, as part of the

Living Conditions Survey, reported that 92.5% of women were aware of contraceptive methods, with those between 25 and 39 years old and those with secondary and higher education being the most knowledgeable. According to data reported by the United Nations Population Fund (UNPFA), in 2024, in Ecuador, 92.5% of married or cohabiting women aged 15 to 49 met their family planning needs. Of these, 92.2% used modern contraceptive methods, and 7.8% used traditional methods (Jimbo-Sotomayor et al., 2024).

During college, sexuality takes on a significant role in students' lives, as they begin to make more independent decisions regarding their health and personal relationships. During this period, experiences related to sexuality can have repercussions, such as unplanned pregnancies, interruptions in studies, and academic and emotional frustration.

This study identified choice patterns, access barriers, knowledge, and factors that influence decisions about contraceptive methods in a population that, due to its academic background, has greater access to health information. This study may contribute to the design of more effective educational strategies tailored to their needs, improve access to evidence-based information, and promote informed decision-making in the field of sexual and reproductive health. Furthermore, it provides data to understand how sociodemographic characteristics, cultural, and academic contexts can influence contraceptive practices in a population. Based on the aforementioned factors, the objective was to analyze contraceptive preferences among the female student population in the Health area at the San Gregorio de Portoviejo University (USGP).

## **METHODOLOGY**

A descriptive, non-experimental field study with a cross-sectional design was conducted on contraceptive preferences among female students in the Health Department at the USGP. The population consisted of students enrolled in the Medicine, Dentistry, Nursing, Nutrition, and Integral Aesthetics programs from October to March 2025. The formula for finite populations was applied, yielding a sample of 370 participants, which is equivalent to 42% of the total population of 960. However, due to a lack of participant cooperation, a sample of 85 was selected for the study. Students from other areas, minors, and those who do not identify as women were excluded. Responses with obvious bias were eliminated.

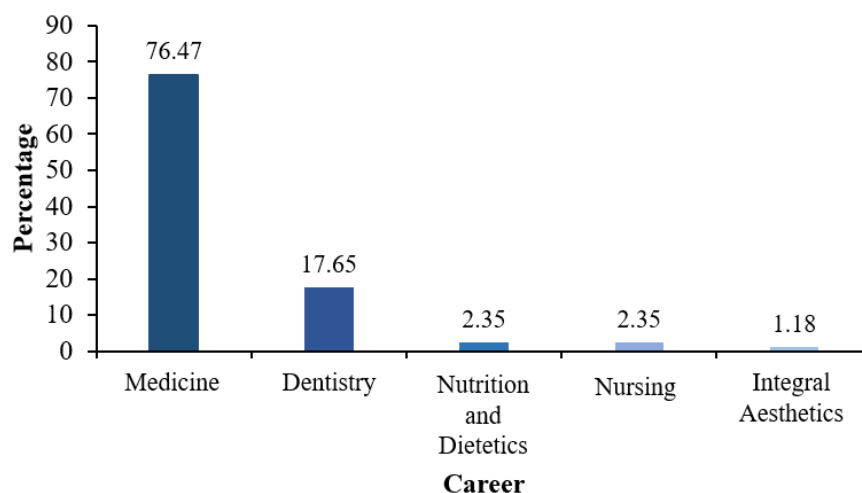
For data collection, a survey was applied based on those applied by Kopp et al. (2015),

New Zealand Family Planning (2020), and the United Nations (2019). It was designed on the KoboToolbox platform and consisted of 20 single- and multiple-choice questions, some of which were conditional, so not all participants answered all of them. Data collection was conducted using digital links and QR codes distributed to student groups through institutional media and social media. To control data quality, automatic restrictions were implemented on the platform to prevent duplicate responses.

The study adhered to the ethical principles for research involving human subjects. Participants' consent was obtained before completing the survey. Confidentiality and anonymity of the data were guaranteed, and the data were stored in a secure database with restricted access to the researchers.

## RESULTS AND DISCUSSION

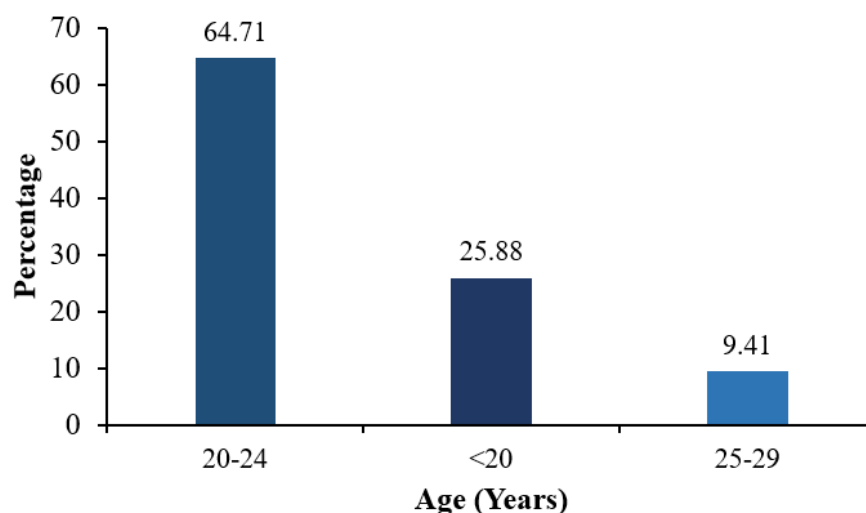
Figure 1 shows the distribution of responses from the different careers, with a predominance of 76.47% for Medicine, followed by 17.65% for Dentistry, with 2.35% for both Nutrition and Dietetics and Nursing, which contrasts with 1.18% for Integral Aesthetics.



**Figure 1.** Distribution of respondents by career.

Figure 2 shows the age distribution of the surveyed sample, which is divided into 64.71% between 20 and 24 years old, followed by 25.88% under 20 years old, and 9.41% between 25 and

29 years old. These ages generally represent the student population, who, after high school, enter university life. This is also stated by Bermeo and Rivera (2020), who mention that 66.6% of university students are between 18 and 21 years old.



**Figure 2.** Age of the surveyed sample.

Of the 85 women surveyed, 82.35%, or 70, have had sexual relations, and the remaining 17.65%, or 15, have not. The university population tends to be more open to a sexually active life during this stage, influenced by greater autonomy and irregular schedules. The reduction in parental control and the new social environment can favor a more relaxed attitude toward sexuality. In Latin America and the Caribbean, young people tend to become sexually active before the age of 16, related to an increase in the trend of early sexual maturation, urbanization, the media, or misinformation on the subject, which results in unplanned pregnancies, sexually transmitted diseases, or psychological and emotional effects due to lack of support (Saeteros et al., 2019).

Table 1 illustrates the awareness of various contraceptive methods within a specific population. The most widely known method is the male condom (82.35%), followed by the implant (60%) and combined oral contraceptives (54.12%). Methods such as vasectomy (52.94%), emergency contraception (51.76%), and the copper IUD (50.59%) are generally known. In contrast, other methods, such as the intrauterine hormonal system (38.82%) and the progestin-only

pill (40%), are less widely known.

**Table 1.** Knowledge about contraceptive methods

Worth	Frequency	Percentage
Male condom	70	82.35
Implant	51	60
Combined oral contraceptives	46	54.12
Vasectomy	45	52.94
Emergency contraceptives	44	51.76
Copper intrauterine device	43	50.59
Progestin injection	39	45.88
Sterilization	38	44.71
<i>Coitus interruptus</i>	37	43.53
Tubal ligation	36	42.35
Progestin-only pill	34	40
Intrauterine contraceptives	33	38.82
Intrauterine hormonal system	33	38.82

Several studies have found that the male condom is the most widely known contraceptive method in the general population, which is consistent with the data presented. According to the study by Bravo et al. (2020), 85% of young people surveyed were familiar with condom use, while knowledge about long-acting methods, such as the IUD and implant, was significantly lower. This suggests that there is greater awareness about barrier methods, but more education on long-acting methods is still needed. The low familiarity with tubal ligation and vasectomy (less than 53% in this study) could be related to the perception of these methods as irreversible, which raises doubts about their use in young people, as indicated by the research by Sepúlveda et al. (2024).

Table 2 shows that 61.18% of respondents had their first sexual relationship between the ages of 15 and 20, while 15.29% began it between the ages of 20 and 25. A further 5.88% reported having started their sexual life before the age of 15.

The onset of sexual activity varies across regions. In some Asian countries, sexual debut tends to occur after age 18. At the same time, in the United States, differences are observed according to cultural context, with African Americans and Hispanics reporting an average onset at age 17, compared to a later onset among Asians and Caucasians. In Colombia, sexual debut is most prevalent between the ages of 14 and 16. Factors associated with the onset of sexual activity in

adolescence include cultural aspects, family type, socioeconomic status, and parental influence on decision-making. Earlier onset has also been identified in cases of reconstituted, single-parent, or extended families, as well as in situations of violence, low educational level, drug and alcohol use, and permissive parental attitudes (Kostrzewa, 2008). The percentage of people who had sexual relations before age 15, that is, 5.88%, represents a problem, since the World Health Organization (2024) points out that sexual activity at early ages is associated with a higher risk of unplanned pregnancies and sexually transmitted diseases. This highlights the importance of strengthening sexual education at an early age.

**Table 2.** Age of first sexual relations

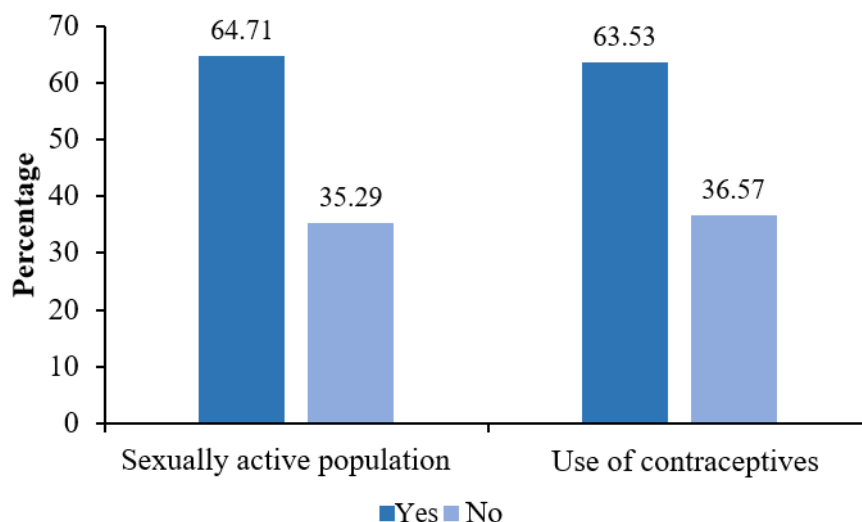
Worth	Frequency	Percentage*
Between 15 and 20 years old	52	74.28
Between 20 and 25 years old	13	18.57
Before the age of 15	5	7.14

\*Percentage of a sample of 70 people.

Figure 3 shows the number of sexually active people, representing 64.71%, compared to those who are not, being the remaining 32.29%. When comparing these data with those provided by Spindola et al. (2020), which had a representation of 48.62% of sexually active women from a Brazilian university, the results are similar, based on cultural similarities between Latin American countries. The number of people who use some contraceptive method represented 63.53%, while 36.47% do not use any. These results are related to the percentages of sexually active women, indicating that almost all of those who are sexually active use contraceptive methods, except for one, which reflects healthy sexual practices. The educational level of the population could explain this finding, since their access to information on the importance and use of contraceptives may be greater.

On the other hand, a study by Nsubuga et al. (2015) conducted on female university students in Uganda found that 46.6% of them used some form of contraception, out of a sample of 1,008 students. This shows that, while university students globally tend to be informed about the different contraceptive methods and where to access them, depending on the region, there are still sociocultural barriers that can influence their use, and are shaped, especially among young women,

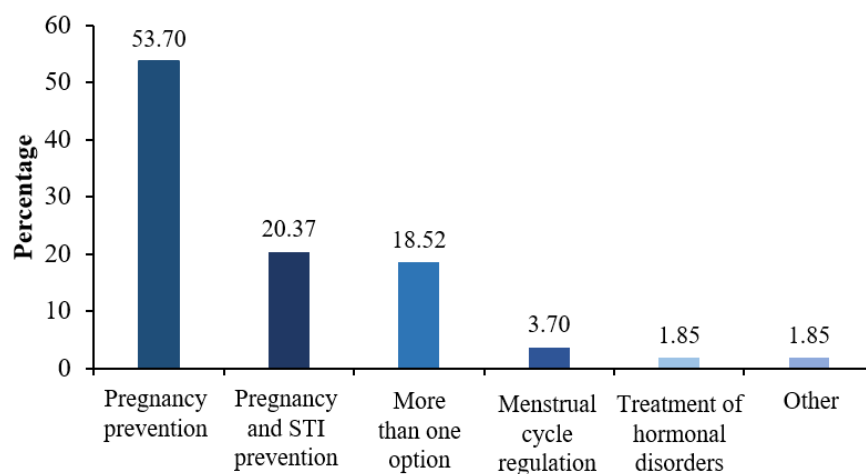
by cultural norms and identity aspects, as seen in health practices within traditional communities (Alvarado & Zambrano, 2023).



**Figure 3.** Active sexuality compared with the use of contraceptive methods.

Figure 4 shows that 53.70% of students use contraceptives primarily to prevent pregnancy, while 20.37% use them both to prevent pregnancy and to prevent sexually transmitted infections (STIs). These results could be related to the impact that pregnancy during college can have on academic life, as, in many cases, it can cause difficulties that even lead to dropping out of school. Furthermore, the fact that some students use contraceptives for the additional purpose of preventing STIs may be due to their training in health, which gives them greater knowledge about the transmission and consequences of these diseases.

Similarly, in a study by Sweya et al. (2016), in university students in the Kilimanjaro region of Tanzania, it was determined that the reasons attributed to the use of contraceptives were: fear of pregnancy (72; 35.6%), fear of contracting sexually transmitted diseases (35; 17.3%) and spacing of pregnancies (35; 17.3%).



**Figure 4.** Reasons for using the contraceptive method.

Table 3 shows that the most commonly used contraceptive method is the male condom (45.28%), followed by combined oral contraceptives (16.98%), while the hormonal intrauterine device (IUD) is the least commonly used (1.88%). The preference for the male condom can be explained by its easy accessibility, low cost, and dual function, as it not only prevents pregnancies but also STIs. On the other hand, although oral contraceptives require a prescription or medical advice in most cases, they remain an accessible method for many users. In contrast, the hormonal intrauterine device (IUD) may be unfamiliar or considered an invasive method.

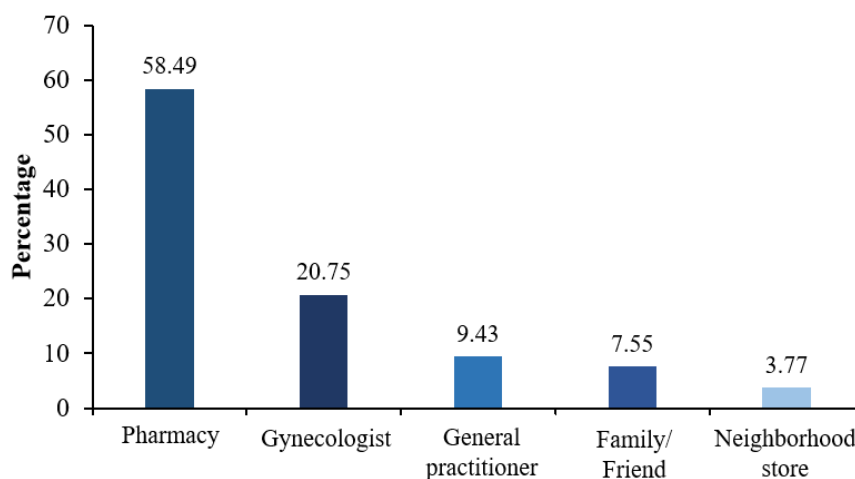
**Table 3.** Contraceptive method used

Answer	Frequency	Percentage*
Male condom	24	45.28
Combined oral contraceptives	9	16.98
Injectable contraceptive	7	13.20
Implant	3	5.66
Oral contraceptive	3	5.66
Abstinence	2	3.77
Copper intrauterine device	2	3.77
Natural family planning	2	3.77
Intrauterine hormonal system	1	1.88

\*Percentage of a sample of 53 people.

These findings are consistent with the study by Sweya et al. (2016), which found that condoms were the most commonly used contraceptive method among married (37.7%) and single (27.5%) female university students. Periodic abstinence was the most common contraceptive currently used by married respondents (20.8%), followed by condom use (18.2%).

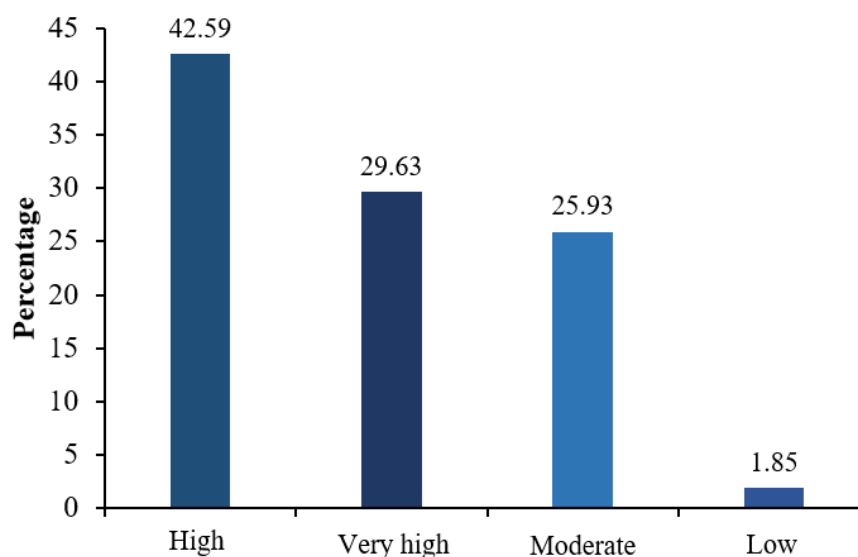
Figure 5, which refers to the place where contraceptives are obtained, shows a predominance of pharmacies, with a total of 31 people (58.49%), compared to a minority who purchase them at the local grocery store, that is, 2 people (3.77%). The inclination toward this entity is explained by the ease and speed of its service, which is based on the number of these services in most sectors. These services generally require prior appointments and are more expensive than desired, compared to gynecological or general medical services. Furthermore, obtaining it from family or friends can generate moments that could be uncomfortable for the person purchasing it, similar to the case with local stores, which are generally located near the person's place of residence. Similar situations occur in countries like Mexico, where adolescents between 15 and 19 years old, according to Gómez et al. (2017), know the places where contraceptive methods are obtained, with a preference for pharmacies, self-service stores, some convenience store chains, and health centers.



**Figure 5.** Sources of obtaining contraceptive methods.

Figure 6, which describes the feeling of safety concerning the method used, shows a predominance of high perceptions, at 42.59%, followed by very high perceptions at 29.63%, with

only one person perceiving it as low (1.85%). The majority's perception of high safety in the contraceptive used by women is because they generally choose the method themselves, based on their confidence in its effectiveness in protecting against a possible pregnancy, STIs, or both, influenced by personal experience and available information. In some cases, the perception of safety may be overestimated, as seen in the use of the natural method, which involves controlling the menstrual cycle and abstaining from sex. Despite having a relatively high failure rate ( $>20\%$ ), this method remains in use. Furthermore, this sense of safety can lead to underestimations related to the importance of following the method's exact instructions, as is the case with combined oral contraceptives (Yi et al., 2022).



**Figure 6.** Perception of safety of the contraceptive method.

Of the 53 respondents, 88.67% used their preferred contraceptive method, while the remaining 11.32% did not. The ability to choose and use the desired contraceptive method is multifactorial. It may be determined by factors such as education on the subject, its accessibility or availability, deep-rooted social beliefs, or cultural aspects. In our setting, the partner is also a fundamental part of this process, participating according to their own preferences or according to the duration of the relationship, as explained by Upadhyay et al. (2016), who recognized that in couples of 0 to 3 months duration, there was a lower probability of using an effective contraceptive

method.

Another important consideration is product cost, especially for low-income or uninsured women, who face difficulties accessing a wider range of contraceptive methods. Furthermore, provider recommendation influences method choice, as approximately 20% of women who do not use their preferred method justify it by having been recommended a different one. This underscores the need for quality contraceptive counseling that respects patient autonomy regarding their reproductive health (Frederiksen et al., 2021).

Table 4, referring to the reason why they do not use a contraceptive method, shows a predominance of women who are not sexually active with 51.72%, followed by 13.79% who do so because they do not want to use hormonal contraceptives, with a minority who do not use contraceptive methods because they have infrequent sex representing 3.44%. The main reason identified by the respondents for not using contraceptive methods is the absence of sexual activity. This behavior may be influenced by the prioritization of academic and personal goals during the university stage (Chiliquinga et al., 2021). Furthermore, some women avoid hormonal contraceptives due to concerns about possible side effects, such as mood swings or physical changes.

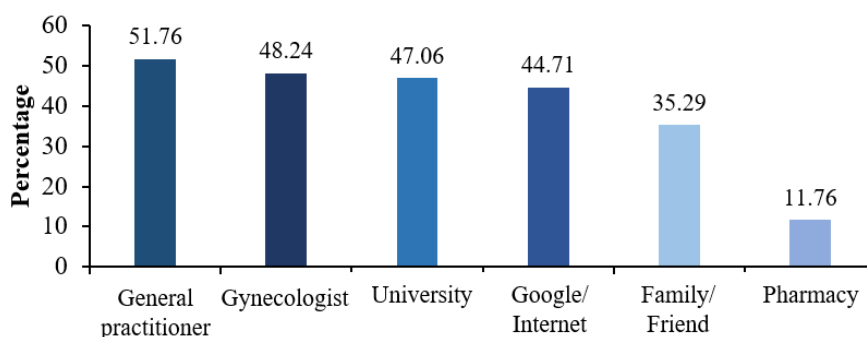
**Table 4.** Reasons why respondents do not use contraceptive methods

Answer	Frequency	Percentage*
I am not sexually active	15	51.72
I do not want to use hormonal contraceptives	4	13.79
Other	2	6.89
Side effects	2	6.89
I have not found a good method.	2	6.89
I do not need it	2	6.89
Infrequent sex	1	3.44
Same-sex sex	1	3.44
I want to have children	0	0
Menopause	0	0
My partner is sterile/infertile	0	0
Laziness	0	0

\*Percentage of a sample of 29 people.

Another group of participants mentioned difficulty in finding a suitable method or the perception that one is not needed. This could be related to a lack of adequate information about available options or a misperception of pregnancy risk. Previous research has found that many young women are unaware of the variety of contraceptives available, which can lead to underutilization of these methods (Muñoz & Calero, 2025).

Figure 7, which refers to the sources from which women obtain information about contraceptive methods, shows a predominance of 53.52% from a general practitioner, while a minority of 11.27% obtain information from a pharmacy. The preference for obtaining information about contraceptives from a general practitioner may be due to the trust that people place in health professionals as authoritative and reliable sources. General practitioners are often the first point of contact in the health system and can provide accessible and personalized information according to the patient's needs. Although medical advice influences the choice of contraceptive method, many providers lack the confidence and knowledge necessary for adequate guidance (Akers et al., 2010).



**Figure 7.** Place to obtain information on contraceptive methods.

Table 5, referring to the health personnel who have refused to provide a contraceptive method to the surveyed sample, reveals a predominance of no one doing so, representing 89.41%, followed by denial by a general practitioner (7.06%). The majority of respondents have not faced refusals from health personnel when requesting contraceptive methods. However, a smaller percentage reported refusals, especially from general practitioners. This phenomenon could be associated with insufficient training in sexual and reproductive health among some professionals,

which affects their willingness to provide specific contraceptive methods (Espinoza et al., 2025).

**Table 5.** Health professionals who have not provided contraceptive methods

Answer	Frequency	Percentage
None	76	89.41
General practitioner	6	7.06
Gynecologist	2	2.35
Pharmacist	1	1.18
Nurse	1	1.18

Comprehensive education should not be limited to teaching contraceptive methods, but should also address the factors that influence their acceptance or rejection, from a perspective that includes the nutritional dimension. The integration of sexual and nutritional education is key, given their combined impact on reproductive health and quality of life, especially during adolescence and early adulthood. In this regard, Forbes-Hernández et al. (2020) emphasize that diets with high antioxidant capacity support redox homeostasis, which is essential for reproductive and cellular health, particularly during adolescence and early adulthood. Promoting healthy eating habits is therefore an essential preventive measure, including nutritional education, which influences long-term reproductive health and well-being (Angulo et al., 2024).

## CONCLUSIONS

Contraceptive preferences among female students in the health field at the USGP show that the most commonly used method is the male condom, followed by combined oral contraceptives, while the intrauterine hormonal contraceptive system is the least commonly used. It was found that the majority of students who use contraceptives do so to prevent pregnancy, while a smaller percentage also use them as a preventative method for STIs. Furthermore, it was observed that pharmacies are the most common place for purchasing contraceptives, reflecting a preference for accessibility and immediacy in obtaining these products. It is recommended to delve deeper into the factors that influence the choice or rejection of specific contraceptive methods and evaluate the impact of educational strategies on contraception in university populations. The findings can serve as a basis for developing sexual health education and promotion strategies, improving access to and correct use of contraceptive methods, to reduce unplanned pregnancies and promote a

healthy and informed sex life.

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## CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

## AUTHOR CONTRIBUTIONS

**Conceptualization:** Camila S. Aguirre and Karen Valera. **Data curation:** Kendry E. Cedeño, Anthony V. Cornejo, and Aaron A. Falcones. **Formal analysis:** Camila S. Aguirre and Karen Valera. **Investigation:** Camila S. Aguirre, Kendry E. Cedeño, Anthony V. Cornejo, Aaron A. Falcones, and Karen Valera. **Methodology:** Ariagna Martínez and Rolando Sánchez. **Software:** Aaron A. Falcones. **Supervision:** Ariagna Martínez and Rolando Sánchez. **Validation:** Ariagna Martínez and Rolando Sánchez. **Visualization:** Kendry E. Cedeño, Anthony V. Cornejo, and Aaron A. Falcones. **Writing – original draft:** Camila S. Aguirre, Kendry E. Cedeño, Anthony V. Cornejo, Aaron A. Falcones, and Karen Valera. **Writing – original draft:** Camila S. Aguirre, Kendry E. Cedeño, Anthony V. Cornejo, Aaron A. Falcones, Karen Valera, Ariagna Martínez, and Rolando Sánchez.

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