



Perceptions and Knowledge of Women Regarding Contraception and Current Trends in Contraceptive Use in Korea

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Purpose: This study aimed to investigate the perceptions and behaviors of Korean women of reproductive age in regards to contraception counseling.

Materials and Methods: The study sample was collected in Korea and comprised 1011 women aged 20–44 years and 150 obstetrics and gynecology (OB/GYN) doctors. Participants completed online questionnaires assessing their current methods of contraception, knowledge of and satisfaction with contraceptive methods, and willingness to learn about and use other contraceptive methods.

Results: Women used condoms (74.2%), natural methods (cycle control or withdrawal, 52.4%), and combined oral contraceptives (COCs) (36.9%) more frequently than long-acting reversible contraception (LARC) methods, such as hormone-releasing intrauterine system (IUS) (4.5%), copper-intrauterine devices (3.3%), and subdermal implants (1.4%). Although the proportion of women who used LARC was low, those who used hormone-releasing IUS or subdermal implants reported high levels of satisfaction. The findings revealed discordant results between women and OB/GYN doctors regarding the initiation and quality of information provided by doctors about contraception and overall satisfaction with counseling. Most women (83.1%) expressed a desire to have more information about various contraceptive methods. More than 60% of women reported a willingness to use LARC, such as hormone-releasing IUS or subdermal implants, when provided with detailed information in counseling.

Conclusion: The majority of Korean women are familiar with condoms and natural methods, but lack knowledge about alternative contraceptive methods, including LARC. Women who used LARC reported higher levels of satisfaction than those who used other methods.

Key Words: Contraception, knowledge, perception

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INTRODUCTION

Unintended pregnancy remains a global health issue for women and can pose social and economic burden.^{1,2} Every year, approximately 25 million unsafe abortions and 47000 maternal deaths are reported worldwide due to unintended pregnancy.³⁻⁵ Several factors may lead to the risk of unintended pregnancy, such as a perceived lack of need for contraception, inappropriate information, and inadequate use of contraception.^{6,7}

Currently, several contraception methods are available, such as hormone-containing pills, mechanical barriers, and long-acting reversible contraception (LARC), including the hormone-

releasing intrauterine system (IUS) and subdermal implants. Many of these can be acquired over the counter, highlighting the need for an increase in awareness and knowledge of appropriate methods of contraception.

Limited data exists regarding contraceptive practices in Korea. A web-based study with Korean adolescents reported that 43.5%–53.3% of participants claimed they had never used contraception, although this rate is decreasing.⁸ Trends in the use of contraceptives have revealed that condoms and the withdrawal method are the most frequently used methods in Korea,^{8,9} and the proportion of participants using combined oral contraceptives (COCs) is lower (less than 3%) than that in other countries, such as the United Kingdom (21.6%), Canada (16.3%), and the United States (13.4%).^{9,10}

Therefore, this study, Thinking About Life with contraception in Korean women (TALK), aimed to investigate the current trends, knowledge, and attitudes toward contraception among Korean women of reproductive age. Further, we sought to examine differences in the perception and need for contraception counseling among women and practicing health-care providers (HCPs).

MATERIALS AND METHODS

This study conducted a quantitative online survey on women and HCPs. The questionnaire was designed by Bayer Korea with reference to the European Thinking About Needs in Contraception (TANCO) study¹¹ and was reviewed by an advisory board comprising obstetrics and gynecology (OB/GYN) doctors from multi-centers and tertiary educational hospitals.

The questionnaire assessed six topics: participant demographics and background, awareness and usage of and satisfaction with contraceptive methods, important factors influencing the choice of contraceptive methods, women needs regarding contraception, initiation of and satisfaction with contraception counseling, and sources of information addressing contraception (Supplementary Table 1, only online). Questions assessing satisfaction with contraceptive methods and counseling were rated on a 7-point scale ranging from 1 (“not satisfied at all”) to 7 (“very satisfied”): The questions assessing knowledge about contraception were rated on a 3-point scale, with 1 for “I know very well,” 2 for “I do not know well, but have heard of it,” and 3 for “I do not know.” The questions assessing sources of information on contraceptive methods were rated on an ordinal scale. Hankook Research conducted a self-administered online survey by sending a URL containing the questionnaire to the participants. Data were collected from April 11–30, 2019 for HCPs and April 9–26, 2019 for women on contraceptives. Informed consent was electronically obtained from participants after reading data protection and personal privacy guidelines. All data were collected and anonymously stored. This study was approved by the Institutional Review Board of Korea Uni-

versity Ansan Hospital (IRB No. 2021AS0169).

Women aged 20–44 years, who had visited a clinic or hospital in the last 6 months for contraception counseling and who were currently using contraceptives, were eligible for participation. The sample was drawn by distributing the national population, which was approximately 8.7 million in April 2019, into proportions based on region and age (unit of 10 years) and by employing stratified random sampling using the access panel owned by Hankook Research, which comprised voluntary participants.

The HCP survey was conducted with OB/GYN specialists who provided contraception counseling to five or more patients per month. URLs were sent to 413 OB/GYN doctors; they clicked on their assigned URLs and answered the questions using a self-administered method. In addition, quota sampling was employed to reflect the distribution ratio of hospital types (tertiary/general hospitals: 21.3%, hospitals: 20.7%, and clinics: 58.0%) at which OB/GYN doctors (population of 5331 people, health insurance statistics, May 2019) worked. The total sample, comprising 150 doctors, was included in the analysis. The demographic characteristics of the women and OB/GYN respondents are presented in Supplementary Table 2 (only online), respectively.

Outcome analysis was performed based on the collected data, including the perception and awareness of contraception, satisfaction with contraceptive methods, current trends in contraceptive use, and differences in the perception of women and HCPs regarding contraception counseling. Chi-square and Fisher’s exact tests were performed to assess differences in categorical variables among the groups. All descriptive statistical analyses were performed using SPSS (version 24.0, IBM Corp., Armonk, NY, USA), and *p*-values less than 0.05 were considered significant.

Table 1. Self-Reported Knowledge of Methods of Contraception from Women Responders (n=1011)

	Know very well responded	Only heard of it responded	Do not know responded
Condom*	989 (97.8)	20 (2.0)	2 (0.2)
COCs	875 (86.5)	129 (12.8)	7 (0.7)
Natural method [†]	868 (85.9)	131 (13.0)	12 (1.2)
Emergency contraceptives	707 (69.9)	260 (25.7)	44 (4.4)
Copper-IUD	372 (36.8)	420 (41.5)	219 (21.7)
Hormone-releasing IUS	315 (31.2)	387 (38.3)	309 (30.6)
Subdermal implants	165 (16.3)	335 (33.1)	511 (50.5)
Injection	132 (13.1)	406 (40.2)	473 (46.8)
Sterilization	362 (35.8)	431 (42.6)	218 (21.6)
Others [‡]	162 (16.0)	437 (43.2)	412 (40.8)

COCs, combined oral contraceptives; IUD, intrauterine device; IUS, intrauterine system.

Data are presented as n (%).

*Condom in this study indicates men condom; women condom not included; [†]Natural method includes cycle control or withdrawal; [‡]Others include contraceptive patches, vaginal rings, contraceptive caps, and spermicides and show the average awareness of each item.

RESULTS

Self-reported knowledge on contraceptive methods and trends in contraceptive use

The highest proportion of women reported having knowledge about condoms (97.8%), followed by those with knowledge about COCs (86.5%), natural methods (85.9%), and emergency contraceptives (69.9%), whereas a lower proportion of respondents reported knowing about LARC, such as hormone-releasing IUS (31.2%) and copper-intrauterine device (IUD) (36.8%) (Table 1). Regarding knowledge of subdermal implants, only 16.3% responded with “Know very well,” while 50.5% responded with “I do not know.”

Age strata, distributed as 20–29, 30–39, and 40–44 years, presented significant differences in contraceptive use trends (Table 2). Young women (in their 20s) used condoms ($p<0.001$) and COCs ($p<0.001$) more frequently than older women (in their 30s and 40s), whereas the natural method, hormone-releasing IUS, and copper-IUD were used more frequently by older women ($p=0.008$, $p<0.001$, $p<0.001$, respectively). Furthermore, no differences were observed in the use of emergency contracep-

tives or subcutaneous implants.

Respondents who had not experienced contraceptive failure used condoms ($p<0.001$) and COCs ($p=0.003$) more frequently than those who had. Conversely, respondents who had experienced contraceptive failure used the natural method, emergency contraceptives, hormone-releasing IUS, and copper-IUDs more frequently than those who had not (Table 2).

Condoms, COCs, emergency contraceptives, and injections were more frequently used by women with future pregnancy plans ($p<0.001$, $p<0.001$, $p<0.001$, and $p=0.026$, respectively), whereas respondents with no future pregnancy plans preferred to use hormone-releasing IUS ($p<0.001$) (Table 2).

The respondents were instructed to rate their satisfaction with the contraceptive methods they were currently using on a 7-point scale, with scores of 5–7 classified as “satisfied.” The satisfaction level was the highest for subdermal implants (5.43), followed by sterilization (5.38), hormone-releasing IUS (5.33), injection (4.76), condoms (4.65), and COCs (4.52). There were statistically significant differences in frequency among responses for the satisfaction level when using condoms ($p<0.001$), the natural method ($p=0.012$), COCs ($p<0.001$), emergency con-

Table 2. Current Trends in Contraceptive Use According to Age, Experience with Contraceptive Failure, Future Plans for Pregnancy, and Satisfaction

	No. of respondents (%) [*]									
	Condom (n=750)	Natural method (n=530)	COC (n=373)	Emergency contraceptives (n=127)	Hormone- releasing IUS (n=45)	Copper- IUD (n=33)	Injection (n=21)	Subdermal implants (n=14)	Sterilization (n=13)	Others [†] (n=34)
Age (yr)										
20–29 (n=379)	327 (86.3)	175 (46.2)	172 (45.4)	49 (12.9)	5 (1.3)	4 (1.1)	4 (1.1)	3 (0.8)	1 (0.3)	5 (1.3)
30–39 (n=408)	287 (70.3)	232 (56.9)	144 (35.3)	56 (13.7)	20 (4.9)	13 (3.2)	11 (2.7)	5 (1.2)	9 (2.2)	24 (5.9)
40–44 (n=224)	136 (60.7)	123 (54.9)	57 (25.4)	22 (9.8)	20 (8.9)	16 (7.1)	6 (2.7)	6 (2.7)	3 (1.3)	5 (6.1)
<i>p</i> -values	<0.001	0.008	<0.001	0.353	<0.001	<0.001	0.211	0.150	0.054	0.001
<i>p</i> -value for 20's vs. 30's	<0.001	0.003	0.005	0.823	0.008	0.070	0.155	0.727	0.022	0.001
<i>p</i> -value for 30's vs. 40's	0.018	0.697	0.014	0.193	0.069	0.038	>0.999	0.210	0.553	0.058
<i>p</i> -value for 20's vs. 40's	<0.001	0.047	<0.001	0.311	<0.001	<0.001	0.186	0.084	0.147	0.512
Experience with contraceptive failure										
Yes (n=287)	189 (65.9)	184 (64.1)	85 (29.6)	47 (16.4)	22 (7.7)	18 (6.3)	10 (3.5)	5 (1.7)	7 (2.4)	20 (7.0)
No (n=724)	561 (77.5)	346 (47.8)	288 (39.8)	80 (11.0)	23 (3.2)	15 (2.1)	11 (1.5)	9 (1.2)	6 (0.8)	14 (1.9)
<i>p</i> -value	<0.001	<0.001	0.003	0.021	0.003	0.001	0.084	0.556	0.059	<0.001
Future plans for pregnancy										
Yes (n=504)	405 (54.0)	274 (51.7)	215 (57.6)	87 (74.4)	10 (22.2)	13 (39.4)	16 (76.2)	7 (50.0)	7 (53.8)	28 (82.4)
No (n=507)	345 (46.0)	256 (48.3)	158 (42.4)	40 (25.6)	35 (77.8)	20 (60.6)	5 (23.8)	7 (50.0)	6 (46.2)	6 (17.6)
<i>p</i> -value	<0.001	0.242	<0.001	<0.001	<0.001	0.296	0.026	>0.999	0.991	N/A
Satisfaction [‡]										
Satisfied	423 (56.4)	198 (37.4)	212 (56.8)	63 (49.6)	35 (77.8)	17 (51.5)	12 (57.1)	11 (78.6)	10 (76.9)	9 (26.5)
Moderate	192 (25.6)	140 (26.4)	75 (20.1)	30 (23.6)	3 (6.7)	10 (30.3)	5 (23.8)	2 (14.3)	1 (7.7)	18 (52.9)
Dissatisfied	135 (18.0)	192 (36.2)	86 (23.1)	34 (26.8)	7 (15.6)	6 (18.2)	4 (19.0)	1 (7.1)	2 (15.4)	7 (20.6)
<i>p</i> -value	<0.001	0.012	<0.001	0.005	<0.001	0.125	0.149	0.015	0.033	0.115
Mean	4.65	4.00	4.52	4.35	5.33	4.45	4.76	5.43	5.38	4.62

COC, combined oral contraceptive; IUS, intrauterine system; IUD, intrauterine device; N/A, not available.

P-values were determined by the chi-square test or Fisher's exact test, indicating differences in the frequency of responses in each category.

^{*}Multiple responses; [†]Other items included contraceptive patch, vaginal ring, contraceptive cap, and spermicide; [‡]Satisfaction with contraceptive methods was measured using a seven-point scale, with a score of 5–7 classified as satisfied, 4 as moderate, and 1–3 as dissatisfied.

traceptives ($p=0.005$), hormone-releasing IUS ($p<0.001$), subdermal implants ($p=0.015$), and tubal sterilization ($p=0.033$) (Table 2).

Factors influencing the choice of contraceptive methods

Fig. 1 depicts the factors influencing choices of contraceptive methods among the participants. The majority of women primarily considered “definite contraceptive effect” (92.9%) and “fewer side effects” (91.2%), while other factors included “ideal for my lifestyle” (86.4%), “no need to take every day or worry” (84.5%), “affordable price” (82.8%), and “additional effects besides contraception” (78.7%). Furthermore, more than 90% of the OB/GYN doctors reported that patients would consider “additional effects besides contraception” (99.7%), “definite contra-

ceptive effect” (98.7%), “fewer side effects” (92.7%), and “no need to take every day or worry” (90.7%).

Table 3 lists the reasons for not selecting COCs, hormone-releasing IUS, and subcutaneous implants. Among the 631 women who expressed concern about COCs, 64.7% felt apprehensive about the side effects, and 54.8% felt inconvenienced by daily pills. According to the OB/GYN doctors, the reasons why women would not choose COCs included “feel uncomfortable taking every day” (97.3%) and “concern about side effects” (94.0%). A total of 660 women respondents provided reasons for not choosing hormone-releasing IUS, with 54.4% of women sharing concerns about potential side effects, 50.3% mentioning a “fear of the procedure for IUS insertion,” and 21.1% sharing that they did not like placing a foreign body in the uterus. According to the OB/GYN doctors, patients avoided using

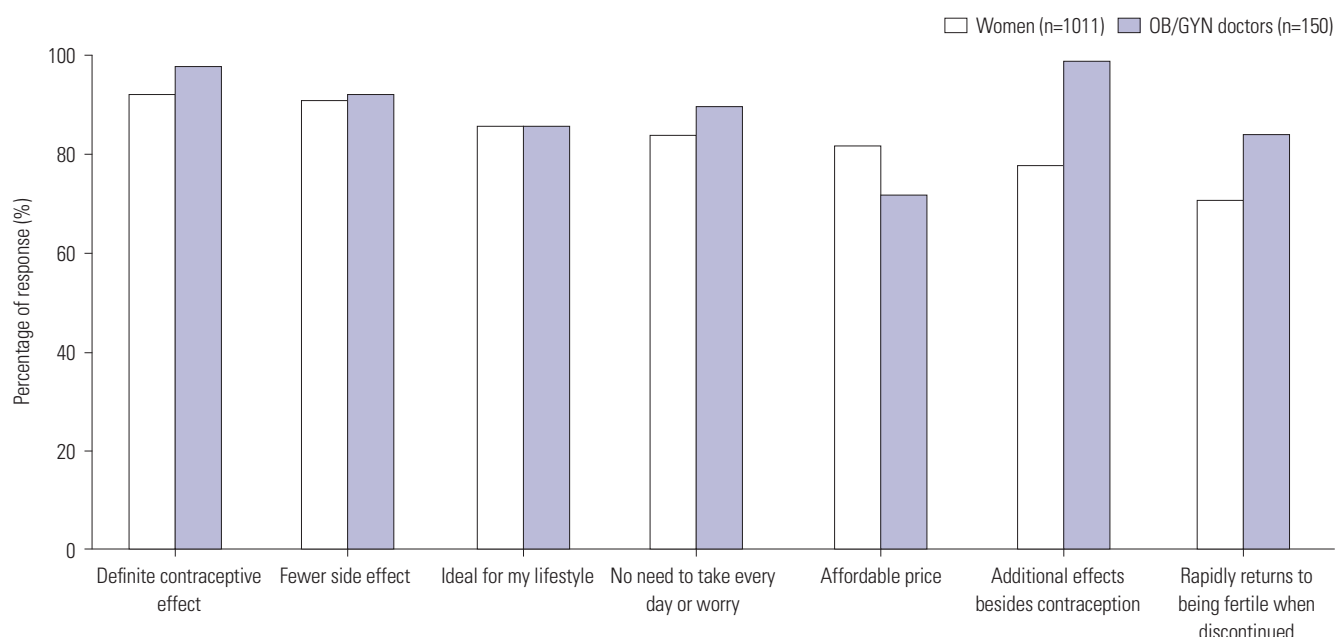


Fig. 1. Factors considered by women and OB/GYN doctors when choosing contraceptive methods (multiple answers were permitted). OB/GYN, obstetrics and gynecology.

Table 3. Reasons for Not Choosing COCs, Hormone-Releasing IUS, and Subdermal Implants

Reason*	COCs		Hormone-releasing IUS		Subdermal implants	
	Women (n=631)	OB/GYN doctors (n=150)	Women (n=660)	OB/GYN doctors (n=150)	Women (n=488)	OB/GYN doctors (n=150)
Feel uncomfortable taking every day	346 (54.8)	146 (97.3)	NA	NA	NA	NA
The fear of surgical procedure	NA	NA	332 (50.3)	88 (58.7)	258 (52.9)	103 (68.7)
Concern about foreign object	NA	NA	139 (21.1)	58 (38.7)	150 (30.7)	47 (31.3)
Concern about low contraceptive effect	47 (7.4)	9 (6.0)	42 (6.4)	3 (2.0)	36 (7.4)	9 (6.0)
Concern about side effects	408 (64.7)	141 (94.0)	359 (54.4)	124 (82.7)	240 (49.2)	123 (82.0)
Anxiety not to be pregnant at the desired time	51 (8.1)	60 (40.0)	59 (8.9)	25 (16.7)	33 (6.8)	18 (12.0)
Economic burden	32 (5.1)	24 (16.0)	108 (16.4)	98 (65.3)	80 (16.4)	91 (60.7)
Others	10 (1.6)	2 (1.3)	15 (2.3)	2 (1.4)	6 (1.2)	2 (1.4)

COC, combined oral contraceptive; IUS, intrauterine system; OB/GYN, obstetrics and gynecology; NA, not applicable.

Data are presented as n (%)

*Multiple responses.

hormone-releasing IUS due to concerns regarding side effects (82.7%), economic burden (65.3%), and fear of the procedure (58.7%). A total of 488 women shared reasons for not choosing subdermal implants, with 52.9% reporting that they were “afraid of the procedure for insertion,” 49.2% expressing concerns regarding side effects, and 30.7% expressing “concerns about a foreign body.” As per the OB/GYN doctors, women avoid using subdermal implants due to “concerns about the side effects” (82.0%), “fear of the procedure” (68.7%), and “economic burden” (60.7%)

Adherence to COCs

COC users were asked about the number of missed doses of oral pills in the previous three months (Fig. 2). Among 373 respondents, 27.6% did not miss a single dose, 42.4% missed one–two doses, 21.4% missed three–four doses, and 8.6% missed \geq five doses. The OB/GYN doctors estimated that 50.0% of the women would not have missed a single dose, 35.6% would have missed one–two doses, 10.6% would have missed three–four doses, and 3.7% would have missed \geq five doses. Although the OB/GYN doctors estimated that 50.0% of women would not have missed a single dose, the actual proportion was lower (27.6%), whereas the proportion of women who had missed one or more doses was higher than that estimated by the OB/GYN doctors.

Willingness to use hormonal LARC

Fig. 3 shows the percentage of women willing to use hormonal LARC if more information was given, with 69.3% sharing that they would consider using hormone-releasing IUS and 63.4% stating that they would consider using subdermal implants. The OB/GYN doctors estimated that 41.5% of women would consider hormone-releasing IUS and 26.2% would consider subdermal implants. The percentage of women who were willing to use hormonal LARC was higher than that estimated by the OB/GYN doctors, with a difference of 28% and 37% for hormone-releasing IUS and subdermal implants, respectively.

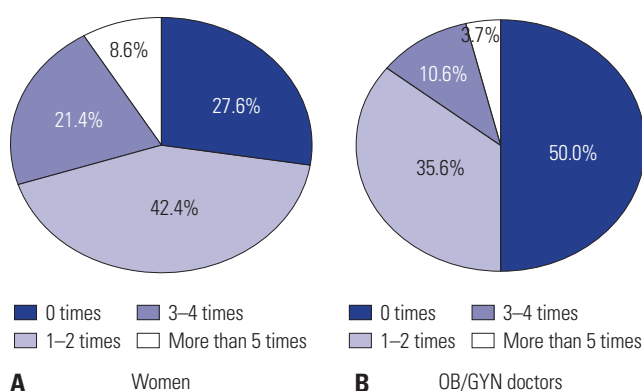


Fig. 2. Adherence to COCs in women respondents reporting missing times (A) and assumptions among OB/GYN doctors regarding how their patients would take the pills correctly (B) in the last 3 months. COC, combined oral contraceptive; OB/GYN, obstetrics and gynecology.

Willingness to learn about different contraception methods

Of the 1011 respondents, 83.1% expressed a willingness to learn about contraceptive methods different from the ones they currently used (Fig. 4). Regarding age, 87.1% of women aged 20–29, 82.8% of women aged 30–39, and 76.8% of women aged 40–44 expressed a willingness to learn about alternative contraceptive methods. Moreover, 80.8% of respondents who had experienced a pregnancy, 80% of who had given birth, and 84% of who had experienced contraceptive failure also expressed willingness to learn about different contraceptive methods. Conversely, 85.9% of respondents with no experience of pregnancy, 86.0% with no experience of childbirth, and 82.7% with no experience of contraceptive failure also reported a willingness to learn more about contraceptive methods.

Initiation of and satisfaction with contraception counseling

Of the 1011 respondents, 69.4% replied that they had initiated contraception counseling, whereas 30.6% shared that their OB/GYN doctors had been the ones to initiate it. Of the 150 OB/GYN doctors, 58.7% replied that they had initiated contraception counseling, whereas 41.3% reported that their patients had initiated it (Fig. 5A). Regarding satisfaction with contraception counseling, 60.2% of the women were satisfied with the information provided, while the OB/GYN doctors estimated a percentage of 93.3%. Additionally, 49.1% of the women were satisfied with counseling time, while the OB/GYN doctors estimated 78.0% (Fig. 5B).

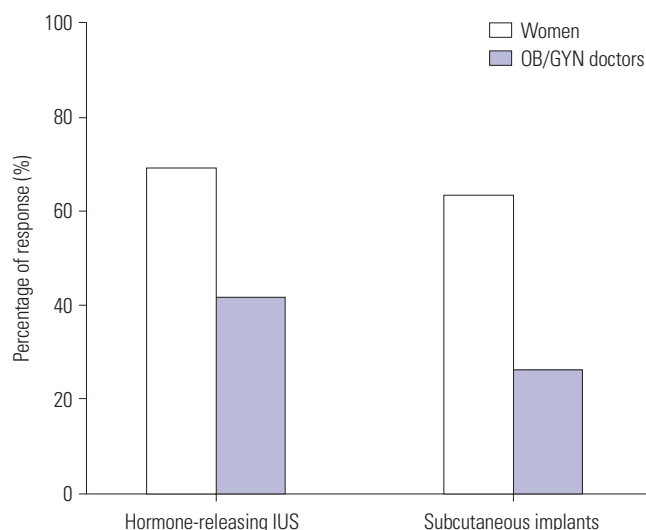


Fig. 3. Percentage of women willing to use hormone-releasing IUS or subdermal implants if more information is provided and corresponding percentage estimated by OB/GYN doctors. IUS, intrauterine system; OB/GYN, obstetrics and gynecology.

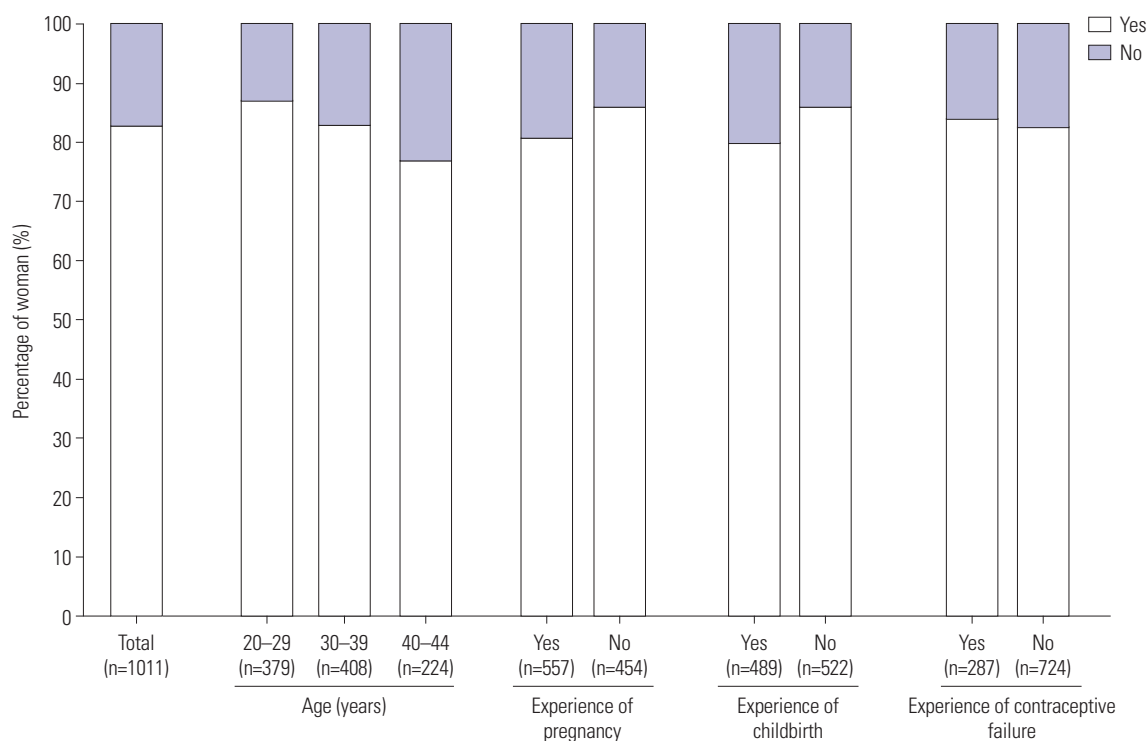


Fig. 4. Percentage of women who desire detailed information on other contraceptive methods.

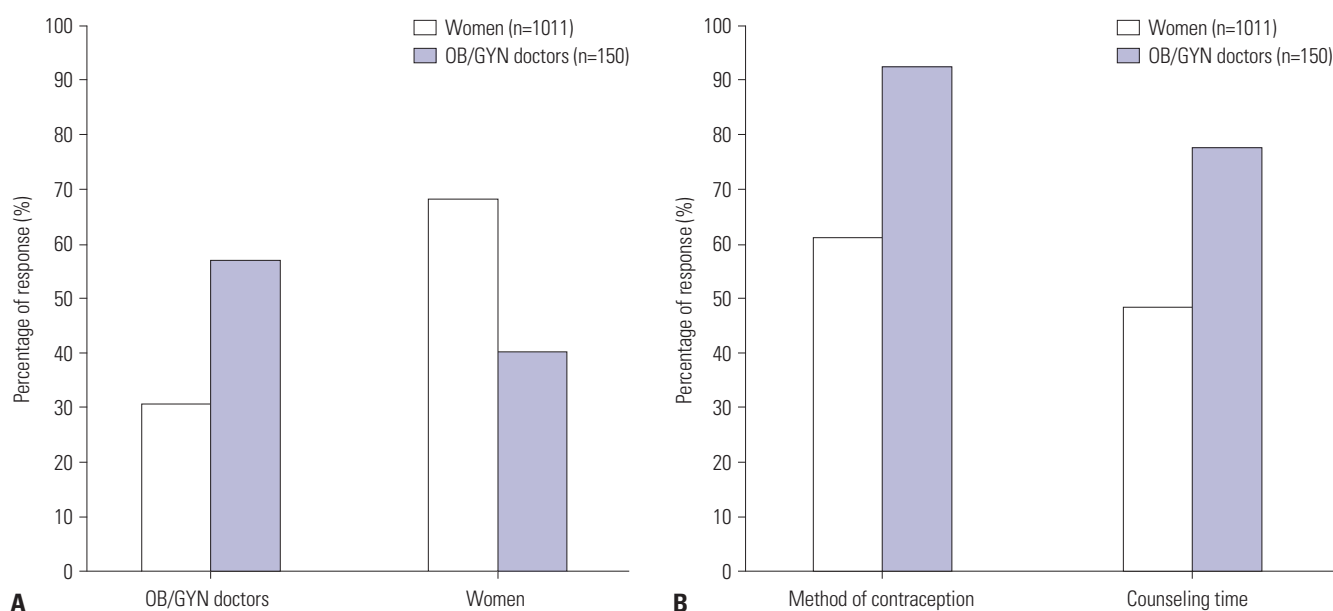


Fig. 5. Initiation of contraception counseling and satisfaction with contraception counseling. (A) Responses regarding initiation of contraception counseling. (B) Comparison of levels of satisfaction with contraception counseling reported by women and that estimated by OB/GYN doctors. OB/GYN, obstetrics and gynecology.

DISCUSSION

The findings of the present study suggest that condoms are the most common method of contraception among Korean women, which is consistent with previous studies conducted in Korean and Western populations.^{8,9,12,13} The natural method, which has a failure rate of more than 20%,^{14,15} was the second most

common method (52.4%) in our survey, after condoms. Furthermore, 64.1% of women who experienced contraceptive failure continued to use the natural method. These findings strongly indicate a need for educational programs on contraception and family planning, and active contraception counseling to improve awareness and behavior toward contraception.

Previous studies based on Korean samples have reported a

lower proportion of respondents using COCs, compared to Western countries,⁹ but 36.9% of the respondents in this study reported using COCs. This discrepancy may be attributed to differences in the collection and analysis of data and demographic characteristics or to an increase in knowledge, understanding, and acceptance of COCs in recent years, which may explain the higher rate of COC use in the respondents aged 20–29. Adherence to COCs is important for achieving effectiveness in contraception, as the contraceptive failure rate can be as high as 9% per year when dosage directions are not followed.^{15,16} The OB/GYN doctors estimated that 50% of the women would not have missed a single dose in the previous 3 months, but the actual proportion was only 27.6%, indicating that physicians tend to overestimate women's adherence to COCs. This adherence rate is much lower than that reported in the European TANCO study, where 50% of women did not miss a single dose.¹¹ This situation emphasizes the necessity of adequate counseling to deliver information on COC to achieve optimal contraceptive efficacy and to avoid unpredictable or abnormal uterine bleeding in cases of missing or incorrectly taking the pills. In addition, a large proportion of women in our country would take COCs over-the-counter in the absence of exact information regarding the method and potential side effects of not taking the pills correctly; various society-based and public programs for contraceptive methods should, thus, be expanded.

The proportion of women using LARC was very low in our study, with only 4.5% using hormone-releasing IUS and 1.4% using subdermal implants, suggesting that LARC is not a popular method of contraception in Korea yet. This finding somewhat contradicts the findings of recent publications that reported an increasing trend in LARC use, which is shifting from short-acting reversible contraception.^{6,17,18} Our results showed an increasing trend in hormone-releasing IUS use in older women (in their 30s, and 40s) and in women with no future pregnancy plans. This finding suggests that younger or nulliparous women may have concerns regarding the placement of foreign objects in the uterus and the undesirable effects of LARC on future pregnancies. Similarly, previous studies have reported that women display the highest level of awareness about oral contraceptives and a significantly lower level of awareness about LARC.^{11,19,20} However, in our study, current users of LARC reported high satisfaction with hormone-releasing IUS (77.8%) and subdermal implants (78.6%). The major reasons given by women for not choosing hormonal LARC included concerns about side effects, fear of the procedures, and discomfort with the insertion of foreign objects. Conversely, OB/GYN doctors reported economic burden as one of the top three reasons why women would not choose LARC.

Patients and physicians lack of knowledge of and attitudes toward the method, practice patterns among providers, and high initial up-front costs are associated with LARC use.^{21–25} In the contraceptive CHOICE study, which was designed to introduce and promote the use of LARC, once financial barriers were

removed and LARC methods were introduced to all potential participants as a first-line contraceptive option, two-thirds chose it.²⁵ In our survey, OB/GYN doctors assumed that economic burden would be one of the major reasons why women would not choose LARC, but cost was not the main reason. Rather, it seems that women hesitate to use LARC due to lack of appropriate knowledge, such as fear of the procedure and concern for side effects. This discrepancy may lead to a more passive stance in contraception counseling, thereby limiting the options for women.^{26,27} Thus, our findings suggest further directions for both doctors and women to improve knowledge on LARC in contraception counseling. Indeed, in our study, the proportion of women who were willing to consider using hormonal LARC, if provided with adequate information, was twice as high as that predicted by the OB/GYN doctors.

Furthermore, OB/GYN doctors tend to underestimate the need for and importance of contraception counseling, which is supported by our results, in which 83.1% of women expressed a willingness to learn more about the various methods of contraception available. In addition, women's satisfaction with contraception counseling, including the quality of information and counseling time, was much lower than that expected by OB/GYN doctors, which is consistent with past findings.^{28–30} Therefore, more effort from physicians or HCPs is needed to increase women's satisfaction with information on various contraception methods and to recommend the use of more effective, user-independent, patient-tailored contraceptive methods.¹¹

In conclusion, the results of the present study provide a broad range of information regarding the perceptions, knowledge, and current trends in relation to contraception among Korean women. Furthermore, the findings highlight an unmet need for contraception counseling in Korean women and will be instrumental in helping HCPs encourage women to choose appropriate and effective contraceptive methods, thereby lowering the rate of unintended pregnancies.

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