Title:
Benefits, Barriers, and Self-Efficacy for Contraceptive Behavior in Women

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Scheduled Time:
8:20 AM

Keywords:
contraceptive behavior, perceptions and women

References:


Abstract Summary:
I will present the poster dinamically and I support me with brochures about the poster presentation. This will allow to know the most important information that explain the poster content.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The learner will be able to analyze the different perceptions about the contraceptive methods use.</td>
<td>To describe how different perceptions are influencing the contraceptive behavior in women. The perceptions will be explain one to one; benefits, barriers and self-efficacy.</td>
</tr>
<tr>
<td>The learner will be able to identify the relation between the benefits, barriers and self-efficacy and contraceptive behavior in women</td>
<td>The benefits, barriers and self-efficacy are perceptions for women and are influencing, but is neccesary to know if it is positive or negative. The results will be presented and the relations explain it.</td>
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Abstract Text:
The inconsistent use of contraceptive methods in women is a reproductive health problem. It is associated with the high rates of unplanned pregnancies and negative consequences on women's health
such as unsafe abortions, lack of prenatal control and maternal deaths. Every year in the world there are reported approximately 200 million pregnancies and around 50% are unplanned. Likewise, 529,000 of pregnancies have resulted in maternal deaths and 13% of these deaths are due to unsafe abortions. It is very important to highlight that 99% of these pregnancies occur in developing countries, in first place is Latin America and the Caribbean with a reported 38%; this same region reports 24% of abortions worldwide. It is, therefore, that international agencies have emphasized improving the correct and consistent use of contraceptive methods as a strategy to improve maternal health and prevent unplanned pregnancies.

Despite the phenomenon that contraceptive methods have been studied from several disciplines and that the importance of contraception is recognized to avoid personal problems including school dropouts, problems related to pregnancy, childbirth and puerperium, anemia and premature death; as well as family consequences such as family exclusion. In social and economic aspects, the consequences include social exclusion, low education, limited access to health care, among others; it is unknown why women do not use any contraceptive methods. There several factors that influence the use, inconsistent use and no use at all; however the subject is complex and very broad, so it is necessary to deepen its approach.

Among the factors that are influencing the use and non-use of contraceptive methods are women’s perceptions of the advantages and disadvantages of using a contraceptive method. The perceptions about contraceptive methods can be real or imaginary and are a consequence of their interaction with their environment and society. However, the literature reveals that although we recognize the possible influence that exists between perceptions of some contraceptive method such as condoms, natural methods (rhythm, Billings) may or may not influence the decision to use a method. Some studies show that they could be positive influences and others that are negative, but there is no conclusive evidence, there is no conclusive relationship that could give a better idea of the phenomenon (Cox, Posner, & Sangi, 2010, Ong, Smith, Wong, McNamee , & Fairley, 2012; Wilson & Koo, 2008).

Objective: To know the relationship between perceived benefits, barriers and self-efficacy and contraceptive behavior in women.

Method

Study Design

The design was descriptive, correlational and transversal.

Population, sample and sampling.

The population was women between 18 and 24 years of age, who were enrolled as students at the Technical Institute for Labor in one of its six schools in Northern Mexico. Sampling was random, stratified with allocation proportional to stratum size. To calculate the sample, the statistical package n’Query Advisor was used, with a significance level of .05, a Determination Coefficient of $r^2 = .09$ and a test power of 90%. Considering a non-response rate of 30%, with a sample of 305 women. Subsequent to the inclusion and exclusion criteria, 85 participants were excluded.

Data Collection.

The corresponding authorizations were obtained. Each institution’s attendance lists were requested to obtain the total population attending the institute in order to gather women between 18 and 24 years of age. Data were subsequently captured in an Excel program and participants were randomly studied. The invitation to the women was made to participate in the study and some days were allocated for the collection of data. When the participants were concentrated in the classroom they were informed of the objectives, emphasis was placed on the confidentiality and anonymity of their answers, and they were assured that they could withdraw from the study if they decided to.
First, the informed consent was given, once reviewed and signed; they proceeded to give them the personal data card. After the instruments were provided, the benefits and barriers for contraceptive behavior in women scale and then the self-efficacy scale (CBW)

Data analyses were performed by statistical tests of Pearson correlations and a multiple regression model with bootstrap technique because the outcome variable did not present normality.

Results

A correlation between benefits, barriers and self-efficacy for contraceptive behavior in women (CBW) with contraceptive behavior were reported (see Table 1). In other words, when the benefits for CBW are perceived, there is a correct and sustained use of contraceptive methods, as well as a lower number of perceived barriers to CBW, contraceptive behavior tends to be correct and sustained, and when high levels of Self-efficacy for CBW, women have a correct and sustained use of contraceptive methods.

Table 1. Correlations between benefits, barriers and self-efficacy for CBW with contraceptive behavior

<table>
<thead>
<tr>
<th>Variable</th>
<th>Benefits for contraceptive Behavior in women</th>
<th>Barriers for contraceptive behavior in women</th>
<th>Self-efficacy for contraceptive behavior in women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive behavior</td>
<td><strong>.18</strong></td>
<td><strong>.25</strong></td>
<td><strong>-.27</strong></td>
</tr>
</tbody>
</table>

Note: *p< .05. **p< .001

The model considered the benefits, barriers and self-efficacy for the CBW as independent variables and the contraceptive behavior as a dependent variable. The results show that benefits, barriers and self-efficacy for CBW are associated with contraceptive behavior. The variables explained the variance in 14.1% of the contraceptive behavior (F [4,215] = 8,787, p <.001) (see Table 1 and 2). The greater number of perceived benefits improves the contraceptive behavior. The lower number of perceived barriers improves the correct and sustained use of the contraceptive methods. A higher level of self-efficacy improves the contraceptive behavior.

Table 2. Model of regression of benefits, barriers and self-efficacy for CAM with contraceptive behavior "with bootstrap"

<table>
<thead>
<tr>
<th>Model</th>
<th>B</th>
<th>SE</th>
<th>p</th>
<th>IC 95%</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Constant</td>
<td>.78</td>
<td>.56</td>
<td>.159</td>
<td>-.328</td>
<td>1.84</td>
</tr>
<tr>
<td>Benefits for CBW</td>
<td>.17</td>
<td>.07</td>
<td>.020</td>
<td>.041</td>
<td>.33</td>
</tr>
<tr>
<td>Barriers for CBW</td>
<td>-.33</td>
<td>.10</td>
<td>.002</td>
<td>-5.41</td>
<td>-.11</td>
</tr>
<tr>
<td>Self-efficacy for CBW</td>
<td>.40</td>
<td>.14</td>
<td>.004</td>
<td>.14</td>
<td>.68</td>
</tr>
</tbody>
</table>

Note: Dependent variable contraceptive behavior, B= b, SE= Standard error, n=220
Conclusions

This study show that the women who perceive a higher number of positive consequences when using contraceptive methods present a correct and sustained use of contraceptive methods. Women who perceive fewer negative consequences when using contraceptive methods have a correct and sustained use of contraceptive methods. Women who have a high capacity to use contraceptive methods present a correct and sustained use. Barriers to contraceptive methods, the effects of contraceptive methods, or the consequences of their use, are also reported, especially hormonal and IUDs. It is one of the main causes for discontinuing their use. Sometimes the ideas are imaginary because they do not have any previous experience with contraceptive methods.