Journal of Adolescent Health 50 (2012) 389–394

ELSEVIER

JOURNAL OF ADOLESCENT HEALTH

www.jahonline.org

Original article

Contraceptive Paths of Adolescent Women Undergoing an Abortion in France

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Article history: Received March 22, 2011; Accepted July 19, 2011
Keywords: Induced abortion; Contraception behavior; Teen pregnancy; Patient-centered care; National survey; France

A B S T R A C T

Purpose: Although more than 30,000 teenagers had an induced abortion in France in 2007 (14.3% of all abortions), little is known about their abortion experience. We explore young women's decisions related to their abortion and the patterns of abortion care among teenagers in France, and draw particular attention to the contraceptive circumstances surrounding the abortion.
Methods: The data are drawn from the French National Survey of Abortion Patients conducted in 2007, comprising 1,525 women aged 13–19 years.
Results: A majority of French teens (82%) reported their pregnancy was unplanned and took on the responsibility of having an abortion: 45% made the decision alone, 46% shared the decision with their family or partner, and 9% reported the decision was made on their family's or partner's request alone. Sixty-nine percent of teenagers were eligible for both medical and surgical abortions, but only 43% thought they were given a choice of methods. Two-thirds of pregnancies were caused by contraceptive misuse or failure, mostly due to condom slippage or breakage (26%) or inconsistent pill use (20%). In 68% of cases, teenagers were prescribed a more effective method than the one they were using before, although only 11% received a prescription for a long-acting method. One in five teenagers reported not receiving a prescription for contraception.
Conclusions: Our results reveal varying degrees of young women's autonomy in the decisions regarding their abortion. Although most teens switch to more effective methods of contraception after an abortion, only a minority receives a prescription for a long-acting method.

Abortion rates between 2000 and 2007 have remained rather stable for all women in France (14.7/1,000 women per year in 2007, the last year for which statistical data are available), but have increased among teenagers (15–19 years), from 14 per 1,000 per year in 2001 to 15.6 per 1,000 per year in 2007 [1]. These figures include all teens and therefore underestimate abortion rates among sexually active teens [2]. The recent increase in teenage abortions partially reflects a higher propensity to resort to abortion over time. Between 2001 and 2007, the teen birth rate in France, relatively low in Europe [3], has slightly decreased from 10.4 to 9.6 per 1,000 women aged 15 to 19 years, whereas the abortion ratio has increased from 1.4 to 1.6 [1,3,4]. Six of 10 teen conceptions (60.9%) ended in abortions, representing >30,000 terminations performed in France in 2007 (14.3% of all abortions) [1].

The recent increase in teen abortions must be viewed in the context of a dramatic decline in teenage pregnancy rates since the early 1980s, which outpaced the overall decline in the fertility rate in the 1980s [5]. In 1980, 28 of 1,000 young girls had given birth by the age of 18 years, and 24 had had an abortion. In 1997, only 12 per 1,000 teenagers had given birth while the proportion having had an abortion remained constant [6].

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Presented at the Population Association of America conference, Washington DC, April 2011.

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doi:10.1016/j.jadohealth.2011.07.013

Despite the sharp decrease, teenage pregnancy has progressively emerged as a public health concern, drawing considerable attention from the healthcare professionals and policy makers. However, beyond the media portrayal of teenage pregnancies extensively covered in the form of distressing personal stories (the type of media coverage in France is similar to that in the United Kingdom [7]), very little is known about teenagers' abortion experience in France. Using the first large nationally representative survey of abortion patients conducted in 2007, we explore teenagers' decisions related to their abortion, including with whom they discussed the abortion in the context of the elimination of the mandatory requirement for parental consent for minors, enacted in the 2001 revision of the French Abortion Law. We also examine the patterns of abortion care in hospital and in physician's private office settings (all surgical abortions are performed in hospitals in France, whereas medical abortions can be performed in both settings since 2004). We draw particular attention to young women's autonomy in the ability to choose the abortion technique among those who were eligible for both techniques. In 2007, medical abortion in France was officially limited to pregnancies <8 weeks since the last menstrual period (LMP), although clinical guidelines indicated its effectiveness and safety for pregnancies up to 9 weeks since LMP. The gestational age was officially extended to 9 weeks since LMP by the National drug safety agency in 2008. The French abortion law requires that women be given the choice of techniques for early abortions. Previous studies have shown that women who express a preference feel strongly about their choice [8,9], and that those who choose the abortion technique they favor are more likely to be satisfied with the procedure than those who are randomized to receive either medical or surgical treatment [8,10]. In the last part of this study, we explore young women's contraceptive circumstances surrounding the abortion and more specifically focus on postabortion uptake of long-acting reversible contraception, as these methods are known to have lower typical-use failure rates [11,12], especially among teens [12]. The use of these methods is typically low among teenagers in France; data from the 2005 National Health Barometer survey, a population-based omnibus survey on health conducted every 5 years, showed that no teenagers aged 15–19 years reported using intrauterine devices (IUDs), and only .8% reported using implants [13].

Methods

The data for this study are part of a nationally representative survey of 8,245 women having an elective abortion in France between April and September 2007. The study received the approval of the relevant French government oversight agency (the Commission Nationale de l'Informatique et des Libertés). The sample was selected using a multistep procedure. First, a sample of 184 public or private hospitals was randomly selected after stratification by region and by caseload, based on the 2006 National hospital abortion statistics. All women who presented for an abortion in the selected facilities or in a physician's private practice affiliated with the selected facilities during the study period (1 or 2 months depending on women's age and study region) were invited to participate, and were enrolled in the study after giving oral consent. Women aged <18 years (the age when an individual is legally considered an adult in France) were oversampled in regions in which the study period was 1, by extending the enrollment period to 2 months. An estimated 66% of the hospital-based abortions performed in the sampled hospitals during the study period are represented in the data set.

At the time of abortion, 1,573 women (15.7% of the initial sample) were <20 years of age. After excluding women who reported their pregnancy was terminated for medical reasons (n = 48), our study population comprised 1,525 women aged 13 to 19 years.

The National Survey of Abortion Patients was designed to explore the sociodemographic characteristics of women having an abortion, their use of contraception before and after the procedure, and the patterns of access for abortion care in France. Data were collected by two questionnaires at the time of the procedure. The physician or midwife who performed the abortion collected medical information on women's medical and reproductive histories, on the date of the LMP and gestational age at the time of the abortion, and on the medical protocol. Women completed a self-administered questionnaire collected at the time of the abortion (after the aspiration or after they received mifepristone), providing information on their sociodemographic background and the circumstances surrounding the decision to have an abortion (including whom they had talked to and who had made the decision about terminating the pregnancy). More specifically, they were asked "Did you make the decision to terminate the pregnancy (*multiple choices*): at your partner's request/at your family's request/as a couple/because you decided it yourself." We defined a hierarchical variable using the following algorithm: women who stated they made the decision on their own with no other responses were considered in a specific category, those who made the decision on their own but also stated that it was a couple's decision or the decision was made on their family or partner's request were considered to have shared the decision, and women who did not participate in the decision (either alone or as a couple) were categorized either as having made the decision on their partner's request alone or on their family's request alone.

Women were also asked about their contraceptive use at the time of conception and the type of prescription they received during the course of abortion care. More specifically, they described the last form of contraception they had used before finding out they were pregnant, if and when they had stopped using the method in the month they became pregnant. Further information included reasons why they thought they had become pregnant. Response items included missed pills, condom breakage or slippage, IUD failure, emergency contraception failure, method (condom, spermicides) not used at that act of intercourse, and so forth. Women were also asked in a separate question whether they had used emergency contraception to try to avoid the current pregnancy. Postabortion contraceptive prescription was assessed by asking women whether they were prescribed a method of contraception, and what form of contraception they had been prescribed. In another section of the survey, women were asked to describe the patterns of access to the abortion facility. A common anonymous identifier for each woman linked the medical and the patient questionnaires.

After describing the sociodemographic characteristics of the study population, we explore the patterns of access to abortion care, including choice of abortion technique. Data on eligibility for both abortion techniques based on gestational age at first contact (medical abortions in France in 2007 were performed before 8 weeks since LMP) were available for 82% of women in the study who provided the date of the LMP and the date of the first medical contact. We also evaluated the delay between first