Adolescents: Their Futures and Their Contraceptive Decisions

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A B S T R A C T

Purpose: Pregnancy prevention counseling addresses future goals as a motivator for contraceptive use, but this is often unsuccessful. This study investigated how adolescent females define success and whether they believe teen childbearing will be a barrier to their success.
Methods: A racially and ethnically diverse group of 84 nulliparous, high-risk adolescent females in teen clinics completed a survey asking about how they define success, future plans, and barriers to their success and future plans.
Results: Most respondents defined a successful person as one who has a higher education (73%) and/or a good job (73%). Most saw themselves finishing high school (70%), in college (62%), or working at a job (75%) in 3-5 years. Participants who left with a prescription contraceptive method were not more likely to feel that education/career were important for success. Most reported that having a child would have no (52%) or a positive effect (30%) on their education.
The majority felt childbearing would have a negative impact on many aspects of their life. But feeling their finances would be negatively affected was the only predictor of obtaining contraception.
Conclusions: We found that high-risk adolescents did not differ in conventional goals and aspirations regardless of their contraceptive choice. Although most girls felt that education/career was important, many of them felt that childbearing would not be a barrier to or may even improve their educational attainment. This challenges counseling that uses conventional goals as a motivator to remain non-pregnant. Further study of novel motivators for contraceptive use is needed.
Key Words: Pregnancy, Ambivalence, Contraception, Adolescent, Conventional goals

Introduction

Teen pregnancy remains a significant public health problem. Each year in the United States, almost 750,000 teenagers become pregnant and the vast majority of pregnancies are unintended. Unfortunately, we still have little idea how to best combat the problem of early childbearing.

Although many well established risk factors, such as poverty and parental education,[1,2] are difficult or impossible to change, there are still a significant proportion of adolescents with multiple risk factors who are taking action to prevent pregnancy. How are these girls different? Studies investigating the role of adolescents' attitude toward pregnancy in determining their contraceptive use and risk of pregnancy have had variable results.[3–7] It has been postulated that a majority of adolescents who engage in high-risk sexual behaviors are ambivalent about the possibility of pregnancy and the impact it may have on their lives.[8–10] Although complicated in origins, adolescents' expectations regarding pregnancy and childbearing play a role in their desire to avoid pregnancy and consequently in their use of contraception.[3,4,6,10]

A question that has not been effectively answered is what influences adolescents' negative expectations about parenthood. In 2005, Stevens-Simon et al[10] reported that negative expectations of pregnancy on adolescent's future plans, self-esteem, and boyfriend relations were all independently significant predictors of the desire to avoid pregnancy, but could not draw conclusions about their subsequent behaviors.

We tend to assume that adolescents' "future goals/plans" are to graduate from high school and pursue a career. It follows that negative expectations about early childbearing would be based on an inability to successfully achieve these goals. But this direct correlation is not well supported.

Youth development research has sought to correlate the presence of youth assets, including future aspirations, with a decrease in high-risk sexual behaviors. Unfortunately, the evidence is not entirely convincing. Although the presence of multiple youth assets has been associated with increased odds of never having had sexual intercourse,[11–14] there is little evidence that assets are associated with decreased high-risk sexual behavior after sexual debut or with contraceptive use.

The reasons for this are unclear. Many adolescents do not believe that being a parent will be an impediment to achieving these goals, despite evidence to the contrary.[15] Teen mothers are less likely to complete high school and less likely to attend college. They are also more likely to end up on welfare.[1]

There is data suggesting that the majority of adolescents, regardless of their socioeconomic background, have conventional educational and vocational goals.[15] Yet, the presence of these goals appears to be associated with increased contraceptive behaviors only if adolescents believe pregnancy would be an impediment to achieving them. The

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expectation that pregnancy will be a barrier to future plans, regardless of what those plans are, may be the integral factor in adolescent's pregnancy avoidance behaviors.

The objectives of this study were to better understand adolescents' definition of success, if they feel childbearing is an impediment to their success, and does this affect contraceptive behavior.

Methods

Data Collection

The study was conducted at 2 urban hospital clinics—one an adolescent medicine clinic and the other a family planning clinic providing services for men and women 24 years old and younger. Both clinics serve predominantly medically indigent patients. Sexually active females were eligible for participation if they were English speaking, younger than 22 years of age, nulligravid, and had a negative pregnancy test during their visit. Of eligible subjects 98% agreed to participate. Patients were coming to clinic for a variety of reasons including preventive care, sick visits (including genitourinary and vaginal concerns), STI screening, and contraception. The study was approved by the Colorado Multiple Institutional Review Board. A waiver enables minors unaccompanied by adults to consent for themselves at enrollment.

Questionnaire

A questionnaire was developed for this study. It was written at a 5th grade reading level and explored participants' definition of success, barriers to success, and expectations of childbearing on their success, future plans, and current lifestyle. The questionnaire was pretested on 11 adolescent females drawn randomly from the target population. Items the pilot teens deemed unintelligible or ambiguous were reworded. Principal axis factor analyses (oblique rotation) and reliability tests were used to construct the new scales. As we had no a priori basis for weighting the scale items, they were all assigned equal value and scale scores were obtained by summing the items in each subscale.

Measures

Pregnancy Risk Variables

- ***Success:*** Participants were asked 1 question to describe or define a successful person. The question was asked in an open ended form and then gave examples of how people may define success with the option to choose from those definitions. Examples of these options would include: “has a lot of money”; “married or in a relationship,” “has a college degree” or “is important in the community.” Factor analysis was done on the results and yielded a 6-factor solution. All 6 subscales exhibited stable factor patterns and had acceptable reliability. Based on the definitions contained in each cluster, the subscales were subsequently labeled: Is respected (2 items; Cronbach $\alpha = 0.6$), degree/job (2 items; Cronbach $\alpha = 0.9$), partying (5 items; Cronbach $\alpha = 0.8$), Family/baby (2 items; Cronbach $\alpha = 0.6$), Money/popularity (3 items; Cronbach $\alpha = 0.6$), Happiness in life (2 items; Cronbach $\alpha = 0.4$).

Participants were also asked about barriers to their success: “What kinds of things might get in the way of your success (however you define it)?” They were given a blank space to write, but were also given options/suggestions to choose from if needed: “Below are some examples of barriers to success (things that might get in the way). Please circle the ones you think might get in the way of you accomplishing your goals.” Examples included, “financial problems,” “having a baby,” “not having enough money.”

- ***Future Plans:*** One question was asked to define participant's goals and/or future plans. “Where do you see yourself in 3-5 years (where will you be, what will you be doing, etc)?” Again they were given the opportunity for an open ended response and also given options/suggestions: “Below are some things people think of when they think about their future. Circle all the things that apply to where you see yourself in 3-5 years.” Options included “graduated high school,” “working at a job,” “being married,” “having a baby.” Factor analysis was done and yielded a 6-factor solution. These were labeled: Family/baby (3 items, Cronbach $\alpha = 0.7$), At Home (2 items, Cronbach $\alpha = 0.4$), Education (2 items, Cronbach $\alpha = 0.4$); Technical or vocational school (1 item), Autonomy (1 item), Job (1 item).
- ***Childbearing Expectations:*** Participants were asked about the perceived effect of childbearing on different aspects of their life (education, social life, peer relationships, family relationships, partner relationships, finances, and future plans). Each item consisted of 3 statements. One statement indicated that having a baby “right now” would improve that aspect of their life, one that having a baby would worsen it, and another that having a baby would not change it. Respondents chose statements that were most true of them.

Social and Demographic Characteristics

Respondents were asked about their racial or ethnic background, living arrangement and education (highest grade completed).

Outcome Variable

- ***Contraceptive uptake:*** All participants were counseled on all FDA-approved contraceptive methods with an emphasis on prescription hormonal methods and long acting contraception. If participants chose oral contraceptive pills (OCPs), the contraceptive patch or vaginal ring, or depot medroxyprogesterone acetate (DMPA), they would be started on the day of visit. If they were not in the first 5 days of their cycle, they would be told to return to clinic in 2 weeks for a repeat pregnancy test. Contraceptive implant and intrauterine device (IUD)

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