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## CLINICAL ARTICLE

## Contraception usage and timing of pregnancy among pregnant teenagers in Cape Town, South Africa

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## ABSTRACT

**Objective:** To evaluate knowledge and use of contraception among pregnant teenagers in the Cape Town metropolitan area. **Methods:** A cross-sectional study enrolled women aged 16 to 19 years who were pregnant and attending prenatal clinics, and prenatal and labor wards at regional hospitals and midwife-run obstetric clinics in the Cape Town area between March 1, 2011 and September 30, 2011. Data were collected using an administered questionnaire. **Results:** The study enrolled 314 participants. Of the participants, 240 (76.4%) felt their pregnancies had occurred at the “wrong time” but only 38 (12.1%) were using contraception at the time of conception. The form of contraception that participants most commonly had knowledge of was injectable hormonal contraception (274 [87.3%]). Contraception use was low, with 126 (40.1%) participants having never used contraception. The forms of contraception used most commonly were the male condom (106 [33.8%]) and injectable contraception (98 [31.2%]). The majority of participants found it easy to get contraception (192 [61.1%]) and felt that information regarding contraception was readily available (233 [74.2%]). **Conclusion:** Contraception use is suboptimal but this may not simply be a reflection of ineffective family-planning services. Further research is needed to fully explain the lack of contraceptive use in this population.

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## 1. Introduction

The provision of effective contraception to all women is a global priority in keeping with Millennium Development Goals 5A and 5B, which aim to improve maternal and reproductive health. Female adolescents, defined by WHO as women aged 10–19 years, represent a group where unintended pregnancies often have the most far reaching consequences. It has been estimated that 13 million adolescents give birth worldwide each year, 90% of these occur in low-income countries [1].

According to the 2003 South African Demographic and Health Survey [2], by the time they reach 19 years of age, 27.3% of women in South Africa have been pregnant. In the province of the Western Cape, approximately 10% of women younger than 19 years old are parents. According to the HIV and AIDS national strategic plan from the South African Department of Health, “teenage pregnancy is by definition indicative of unsafe sex and should be understood in the context of the HIV/AIDS epidemic” [3].

In 2007, the South African Minister of Education, Naledi Pandor, described teenage pregnancy as one of the reasons for gender inequality in education [4]. Data from the Annual Surveys of Ordinary Schools [5]

show that 45 276 South African learners were reportedly pregnant in 2009, with most of these believed to be younger than 16 years of age.

Contraceptive use among teenagers in South Africa has been reported to be 59% [6]. However, many teenagers only come into contact with family planning services once they are already pregnant. These services have often been described as being inadequate, necessitating the provision of adolescent-focused contraceptive services. These include community education and the inclusion of contraceptive services and education at schools. Countries such as the Netherlands, which have lower teen pregnancy rates and a later age of sexual debut, have prepared for an increasingly sexual society and ensure that their youth are well informed [7].

The present study was designed to evaluate the timing of pregnancies and to determine the knowledge and use of contraceptives among pregnant teenagers who were attending obstetric services. A secondary aim was to identify where teenagers access contraception and to examine their perception of available family planning services.

## 2. Materials and methods

In a descriptive cross-sectional study, women aged 16–19 years were recruited from the prenatal clinics, and prenatal and labor wards of two regional hospitals and three midwife-run obstetric clinics in the Cape Town metropolitan area between March 1, 2011 and September 30, 2011. Approval for the study was granted by the Human Research Ethics Committee of the Faculty of Health Sciences at the

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University of Cape Town (HREC REF 561/2010) and from the Provincial Health Research Council of the Western Cape (RP 82/2011). Members of the Human Research Ethics Committee of the University of Cape Town Faculty of Health Sciences, including a community representative, advised that it was justified to waive parental consent for women under the age of 18 years owing to the minimal risk involved and because the questions were considered by the Human Research Ethics Committee to be non-invasive. All participants provided verbal consent to participate in the present study.

All women aged 16–19 years attending the study clinics and wards were eligible for enrollment. They were informed of the study and given an information leaflet to read. Women under the age of 16 years were excluded from the trial; ethical constraints made the recruitment of these women without parental consent difficult. Additionally, there are difficulties in the reporting and follow-up for individuals younger than the legal age of consent as stipulated in the Sexual Offences Act.

Data collection was performed using an administered questionnaire. The questionnaire was piloted and administered by members of the research team (L.V. with the assistance of a research nurse) from the Reproductive Medicine Unit at the University of Cape Town; the team administering the questionnaire was not involved in the obstetric care of the participants. All participants were given the option of including parents or guardians in the interview. All patients who agreed to participate were counselled and interviewed in private. The anonymity and confidentiality of the study were guaranteed to all participants.

Eligible patients who refused to participate in the study were assured that this would not jeopardize their present or future treatment. Participation was entirely voluntary and patients were not offered any monetary incentive for participating in the study.

According to routine practice at the study institution, all patients under the age of 18 years received a pre- or post-natal referral to a social worker to address any social issues of importance.

All data from completed questionnaires were entered into a database using Epidata version 3.1 (The EpiData Association, Odense, Denmark). All data were double entered and questionnaires were securely retained and stored at the Reproductive Medicine Unit.

Statistical analysis was performed using Stata version 11 (StataCorp, College Station, TX, USA) with the assistance of Henri Carrara from the School of Public Health and Family Medicine in the University of Cape Town. Demographic details were presented in a descriptive manner.

### 3. Results

In total, 318 women agreed to participate in the study. It was necessary to exclude four volunteers because they were found to be younger than their stated age of 16 years, resulting in the study group comprising 314 patients. The mean age of participants was 18.1 years. Of the respondents, 281 (89.5%) were primigravidas, 30 (9.6%) were experiencing their second pregnancy, and the current pregnancy was the third pregnancy for 3 (1.0%) participants. In total, 3 (1.0%) individuals had previously undergone an induced abortion (Table 1). No participants took up the option of having their parents or guardians present for the interview.

Among the participants, 240 (76.4%) described their pregnancies as having occurred at the “wrong time”. When asked when they would have preferred to be pregnant for the first time, 137 (57.1%) would have preferred to wait 5 years and 47 (19.6%) stated that they would

**Table 1**  
Characteristics of the study population (n = 314).<sup>a</sup>

Characteristic	Value
Age, y	18.1 (16–19)
Primigravida	281 (89.5)
Multigravida	33 (10.5)
Parous	19 (6.1)
Participant has previously undergone an induced abortion	3 (1.0)

<sup>a</sup> Values are given as mean (range) or number (percentage) unless indicated otherwise.

have delayed their first pregnancy by 10 years. Of the 55 participants aged 16 years, 51 (92.7%) answered that they would have waited 5–10 years before their first pregnancy.

Despite the majority of respondents stating their pregnancies had not occurred at the right time, only 38 (12.1%) of all participants were using contraception at the time of conception. Of the 55 participants aged 16 years, only 4 (7.3%) were using contraception. Despite not using contraception, 135 (43.0%) participants described having been concerned about the possibility of an unintended pregnancy.

Women were asked to name, without prompting, methods of contraception they had heard of and the methods of contraception they had used previously. The best-known form of contraception among participants was injectable hormonal contraception (274 [87.3%]), followed by the male condom (197 [62.7%]). Other methods of contraception mentioned were the oral contraceptive pill (187 [59.6%]), the female condom (63 [20.1%]), and the intrauterine contraceptive device (22 [7.0%]). Induced abortion was listed as a method of contraception by 5 (1.6%) participants. Emergency contraception was mentioned by 18 (5.7%) individuals as a form of contraception. Only 22 (7.0%) participants said abstinence could prevent pregnancy (Table 2).

When asked what methods of contraception they had used previously, contraception usage was very low overall. In total, 126 (40.1%) participants had never used any form of contraception. The most commonly used forms of contraception were the male condom (106 [33.8%]) and injectable contraception (98 [31.2%]). The oral contraceptive pill had been used by 23 (7.3%) participants (Table 3).

When asked about emergency contraception specifically, 126 (40.1%) participants said they had heard of it. Using emergency contraception had been considered previously by 26 (8.3%) individuals and 107 (34.1%) knew where to access it; however, only 3 (1.0%) participants had ever used emergency contraception. Induced abortion, which is available on request within the public health service, had been considered to end the current pregnancy by 83 (26.4%) participants, but they had not used this option.

The majority of participants reported finding it easy to access contraception (192 [61.1%]). The most commonly reported source of contraception was family planning clinics (120 [38.2%]) but other outlets were mentioned, including day hospitals, general practitioners, schools, and youth centers.

In total, 233 (74.2%) participants reported feeling that information regarding contraception was readily available. Only 43 (13.7%) patients stated that they would value receiving more information regarding contraception, sexual health, and women's health.

### 4. Discussion

The present study provides data about knowledge and use of contraception among female adolescents in the Cape Town metropolitan area. Whereas participants were aware of a variety of contraceptive methods and reported finding information on contraception readily available, usage rates were generally low.

**Table 2**  
Knowledge of contraceptive methods among study participants (n = 314).

Method of contraception	No. (%)
Diaphragm	4 (1.3)
Intrauterine contraceptive device	22 (7.0)
Injectable hormonal contraception	274 (87.3)
Combined oral contraceptive pill	187 (59.6)
Female sterilization	11 (3.5)
Male sterilization	2 (0.6)
Induced abortion	5 (1.6)
Emergency contraception	18 (5.7)
Female condom	63 (20.1)
Male condom	197 (62.7)
Abstinence	22 (7.0)

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