Contents lists available at ScienceDirect

European Journal of Obstetrics & Gynecology and Reproductive Biology

journal homepage: www.elsevier.com/locate/ejogrb

Full length article

Reproductive and relational trajectories leading to pregnancy: Differences between adolescents and adult women who had an abortion

Joana I.F. Pereira^{a,b,*}, Raquel S.A. Pires^a, Anabela F. Araújo-Pedrosa^b, Maria Cristina C.S.P. Canavarro^{a,b}

^a Faculty of Psychology and Educational Sciences, Center for Research in Neuropsychology and Cognitive Behavioral Intervention (CINEICC), University of Coimbra. Coimbra. Portugal

^b Psychological Intervention Unit of the Maternity Daniel de Matos of Centro Hospitalar e Universitário de Coimbra, E.P.E., Coimbra, Portugal

ARTICLE INFO

Article history: Received 22 September 2017 Received in revised form 19 March 2018 Accepted 25 March 2018

Keywords: Abortion Adolescents Adults Contraception Pregnancy Trajectories

ABSTRACT

Objectives: The literature has been conceptualizing pregnancy occurrence as a multiphase event. However, the different combinations of decisions and behaviors leading to pregnancy that end in abortion remain unexplored in the literature. The aims of the study were to describe the reproductive and relational trajectories leading to pregnancy in women who decide to abort and to explore the differences in this process according to women's age [adolescents (<20 years old) vs. adults].

Study design: In this cross-sectional study, 426 women [246 adolescents (58.4%), 177 adults (41.6%)] who chose abortion were recruited. Data on reproductive and relational characteristics were collected through a self-report questionnaire at 16 healthcare services that provide abortion. The variables were introduced in trajectories according to the criterion of temporal sequence between them: age at first sexual intercourse, relationship type, pregnancy planning, use of contraception, identification of contraceptive failure, and occurrence of pregnancy.

Results: Seven trajectories leading to pregnancy were identified. The most frequent trajectory (30.8%) included women who 1) were involved in a long-term romantic relationship, 2) did not plan the pregnancy, 3) were using contraception, and 4) did not identify the contraceptive failure that led to pregnancy. Although this was the most frequent trajectory for both age groups, the remaining trajectories showed a different distribution. Compared to adolescents, adult women's trajectories more frequently included casual relationships with non-use of contraception, or contraceptive use with no contraceptive failure identification.

Conclusion: Our study highlights the need to recognize the multiplicity of reproductive and relational trajectories leading to pregnancies that end in abortion and their specificities according to women's age. These findings have important implications for abortion counselling and for the development of age-appropriate guidelines for preventive interventions, by drawing attention to prioritization of different contexts of intervention according women's age.

© 2018 Elsevier B.V. All rights reserved.

Introduction

Portugal is one of the European countries in which abortion was most recently legalized [1]. Since 2007, abortion is available upon request for women during the first 10 weeks of gestation [2]. According to the latest statistics, more than 16% of women who

* Corresponding author at: Linha de Investigação Relações, Desenvolvimento & Saúde Faculdade de Psicologia e Ciências da Educação, Universidade de Coimbra Rua do Colégio Novo, 3000-115 Coimbra, Portugal.

https://doi.org/10.1016/j.ejogrb.2018.03.052 0301-2115/© 2018 Elsevier B.V. All rights reserved. became pregnant in Portugal decide to terminate the pregnancy [3]. However, knowledge about their characteristics remains scarce in our country. Despite the extensive international literature that has explored the sexual and reproductive health and relational characteristics of women who decide to terminate pregnancy, these results are not consistent. This may be due to the fact that these characteristics are largely dependent on sociocultural contexts [4,5] and because these studies treat women as a homogeneous group and do not consider the specificities of different age groups that have emerged in international and national research [4,6,7].

Pregnancy occurrence and the decision to have an abortion have been conceptualized as a multiphase event resulting from a







E-mail address: joana.pereira@student.fpce.uc.pt (J.I.F. Pereira).

sequence of decisions and behaviors. This sequence begins with women's decision to have sexual intercourse and includes the decision (or not) to become pregnant, to use (or not use) contraception and to choose a specific contraceptive method [8,9]. The decision to terminate a pregnancy is most often related to a pregnancy that has not been planned. However, previous studies have suggested that unplanned pregnancies frequently occur not only due to the non-use of contraception but also due to its incorrect/inconsistent use, highlighting the importance of contraceptive failures [9,10]. Moreover, the possibility of pregnancy occurrence seems not be related not only to each of these behaviors and decisions separately, as explored in most studies, but also through different combinations of them and the relational contexts in which they occur [9]. These different combinations give rise to different trajectories leading to pregnancy [9] that remain unexplored in the literature on abortion. Notwithstanding the relevance of the relational context in reproductive decisions related to abortion, studies are inconsistent about the nature of women's relationships and their partner's characteristics. Research has suggested that not being in a stable relationship [11], involvement with older partners, and having a higher number of lifetime sexual partners are related to sexual risk-taking behaviors [12,13] or abortion history [14].

As suggested by the WHO [15], improving knowledge about the sexual and reproductive health of women who have an abortion may allow for the development of appropriate guidelines for

Table 1

Sociodemographic, reproductive and clinical characteristics of adolescents and adult women who had an abortion; comparison between age groups.

	Total sample (<i>n</i> = 426)	Adolescents (n = 249)	Adult Women (<i>n</i> = 177)	$\chi^2(V)/t(d)$	p-value
Age					
M (SD)	22.11 (7.46)	17.36 (1.35)	28.80 (7.42)	-	-
Ethnic origin, n (%)		. ,	. ,		
European ethnic origin	354 (83.1)	206 (82.7)	148 (83.6)	2.77(.08)	.096
Non-European ethnic origin	45 (10.6)	32 (12.9)	13 (7.30)		
Marital status ^a , n (%)				97.41(.48)	.000
Single/Divorced	332 (78.0)	232 (93.2)	100 (56.5)		
Married/living with a partner	94 (22.0)	17 (6.8)	77 (43.5)		
Socioeconomic status ^b , <i>n</i> (%)					
Low	245 (57.51)	164 (65.9)	81 (45.8)	13.55(.18)	.001
Medium/High	155 (36.38)	76 (30.5)	79 (44.6)		
Place of residence ^{c} , <i>n</i> (%)					
Urban	324 (76.1)	191 (76.7)	133 (75.1)	.17(.02)	.680
Rural/Suburban	85 (19.9)	48 (19.3)	37 (20.9)		
Occupation, n (%)	· · · ·				
Student	262 (61.5)	216 (86.7)	46 (26.0)	163.88(.63)	.000
Employed	97 (22.8)	10 (4.0)	87 (49.2)		
Unemployed	53 (12.4)	21 (8.4)	32 (18.1)		
Educational level (years in school), n (%)					
1–4 years	2 (0.5)	0 (0.0)	2 (1.1)	40.56(.34)	.000
5–6 years	6 (1.4)	3 (1.2)	3 (1.7)		
7–9 years	83 (19.5)	55 (22.1)	28 (15.8)		
10–12 years	186 (43.7)	119 (47.8)	67 (37.9)		
\geq 13 years	82 (19.3)	23 (9.2)	59 (33.3)		
Age at menarche					
M (SD)	12.23 (1.59)	12.13 (1.58)	12.37 (1.58)	-1.51 (.16)	.133
Range	8-17	8–17	8-17		
Age at first sexual intercourse					
M (SD)	16.31 (2.15)	15.48 (1.37)	17.49 (2.48)	-9.65 (1.00)	.000
Range	11-29	11-19	13-29		
Number of sexual partners					
M (SD)	2.59 (2.02)	2.11 (1.21)	3.27 (2.64)	-5.44 (.56)	.000
Range	1-25	1–7	1-25		
Previous abortions, n (%)					
No	382 (89.7)	232 (93.2)	150 (84.7)	8.56(.14)	.036
Yes	44 (10.3)	17 (6.8)	27 (15.3)		
Previous childbirth, n (%)	()				
No	343 (80.5)	244 (98.0)	99 (55.9)	116.67(.52)	.000
Yes	83 (19.5)	5 (2.0)	78 (44.1)		
Gestational age (weeks)	00 (1010)	5 (210)	, (, , , , , , , , , , , , , , , , , ,		
M (SD)	6.92 (1.52)	7.00 (1.55)	6.82 (1.47)	1.16 (.12)	.248
Range	3-11	4-10	3-10	1110 (112)	12 10
Abortion procedure, n (%)	5		5.0		
Medical	366 (85.9)	211 (84.7)	155 (87.6)	.88(.05)	.347
Surgical	43 (10.1)	28 (11.2)	15 (8.5)	.00(.00)	.5 17
Intention to use contraception after abortion, <i>n</i> (%)	13 (10.1)	20 (11.2)	15 (0.5)		
No	3 (0.7)	2 (0.8)	1 (0.6)	2.97(.08)	.222
Yes	381 (89.4)	231 (92.8)	171 (96.6)	2.37(.00)	.222
Does not know/Not stated	42 (9.9)	16 (6.4)	5 (2.8)		

Notes. The N of variables do not add up to total N due to missing values.

^a Marital Status was coded as single/divorced and Married/living with a partner because the divorced category only contained 8 (1.9%) women.

^b Socioeconomic status (SES) was derived from the educational level and occupation of the family's main provider, according to Portuguese standard procedures (i.e., low (e.g., non-specialized workers), medium (e.g., small business owners, high school teachers) and high (e.g., governmental or private companies' administrators, lawyers) [17]. For married women, SES was derived through the analysis of the SES of both partners. In case of discrepancy between the SES of both partners, the highest SES was used. Because the high SES category only contained 29 (6.8%) women, this variable was coded as low or medium/high.

^c Place of residence was assessed with the question "Where do you live (location)?" and was classified as 0 = urban (population density exceeding 500 inhabitants/km²) and 1 = rural/suburban (population density less than 500 inhabitants/km² [18].

Download English Version:

https://daneshyari.com/en/article/8778033

Download Persian Version:

https://daneshyari.com/article/8778033

Daneshyari.com