

Risk profiling for ineffective contraceptive behaviors during adolescence: A decision tree approach to assist health care providers

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Raquel Pires^{1,2}, Joana Pereira^{1,2}, Anabela Araújo-Pedrosa^{2,3}, Teresa Bombas³, Lisa Vicente⁴, & Maria Cristina Canavarro^{1,2}

1. Faculty of Psychology and Educational Sciences of the University of Coimbra, Portugal; 2. Psychological Intervention Unit of the Maternity Doctor Daniel de Matos, Centro Hospitalar e Universitário de Coimbra, Portugal; 3. Obstetric Service, Centro Hospitalar e Universitário de Coimbra, EPPE, Portugal; 4. Head of Sexual, Maternal and Child Health Division, Directorate-General of Health

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Adolescent pregnancy remains a **major concern** in many developed countries

Risk group for negative **obstetric, social and psychological outcomes**:

- gestational hypertension, preterm delivery, low birth weight, new unplanned pregnancies and induced abortions
- poorer health and well-being, lower QoL, depressive symptoms, poor mother-infant interactions in the postpartum period
- school drop-out and unemployment

(Jenny & Loeber, 2007; Fitzhugh, 2006; Falk et al., 2006; Figueiredo, Biliuto, Pacheco, Costa, & Margarito, 2008; Lewis, Hickey, Edinger, & Werner, 2009; McCannell, 2008; Miller, 1998; Panizzoni et al., 2012; Pines et al., in press; Sells et al., 2008)

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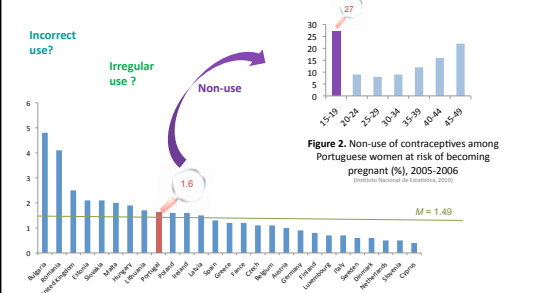


Figure 1. Live births among women aged 15-19 in the European Union (%), 1991/2010 (United Nations Population Fund, 2012)

Figure 2. Non-use of contraceptives among Portuguese women at risk of becoming pregnant (%), 2005-2006 (Instituto Nacional de Estatística, 2006)

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Our aims were to:

- 1) explore the **types of ineffective contraceptive behaviors** causing adolescent pregnancy and adolescents' **reasons for adopting them**;
- 2) develop **risk profiling** for ineffective contraceptive behaviors during adolescence.

Demographic

Reproductive

Risk factors

- **Ineffective contraceptive behaviors to prevent pregnancy**
 - Relational contexts
 - Partners' characteristics
- **Effective contraceptive behaviors**

Sexual initiation

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2008 → 2012
772 female adolescents (< 20 years old (WHO, 1978)):

353 ineffective users of contraception
419 effective users of contraception

Measures	Variables
Self-report questionnaire	Demographic: Age, education, household size, ethnicity, socioeconomic status, place of residence.
	Reproductive: Age at menarche, age at first sexual intercourse, number of sexual partners
	Relational/partner: Relationship length (months), partners' age difference (years)

42 public health services
22 public schools
6 care centers for youth

Cross-sectional design



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Table 1
Demographic Characteristics for the Sample: Descriptive Statistics, Chi-square tests, t-Tests

	Ineffective users of contraception (n = 353)	Effective users of contraception (n = 419)	t/χ ²
Demographic variables	n (%)	n (%)	
Age (M; SD; Range)	16.39; 1.25; 12 - 19	17.21; 1.21; 13 - 19	9.29***
Socioeconomic status: Low	321 (91.5)	295 (71.3)	49.41***
Ethnicity: European Origin	312 (88.4)	403 (96.2)	17.02***
Place of residence: Urban	320 (91.4)	349 (84.3)	8.85**
Education (M; SD; Range)	8.17; 2.07; 0 - 12	10.92; 1.37; 1 - 14	20.31***

Note: * Reference group: 0 = Effective use of contraception.
** p < .01. *** p < .001.

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➤ 173 (49.0%) reported **bad compliance/incorrect use of contraception:**

- The condom broke: 70 (40.5%)
- I forgot to take the pill: 51 (29.5%)
- I took antibiotics while taking the pill: 25 (14.5%)
- I vomited/had diarrhea while taking the pill: 4 (2.3%)
- No specific information available: 23 (13.3%)

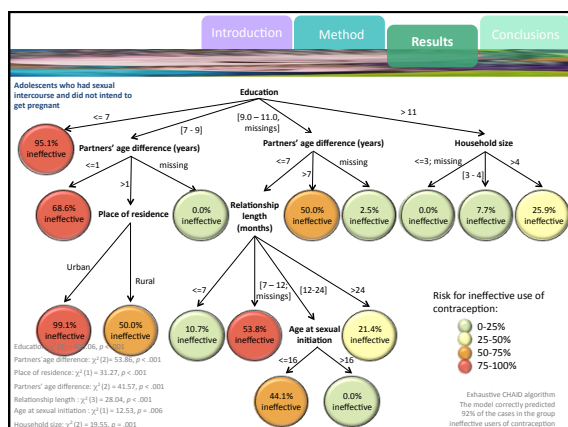
➤ 118 (33.4%) **did not use** contraception

➤ 60 (17.0%) reported **irregular use of** contraception

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Table 2
Adolescents' Reasons for the Non-use/Irregular Use of Contraceptives (%)

Reasons	%
I didn't want/ like to use contraceptives	20.0
I didn't think I could get pregnant	14.7
I had no information about contraceptives	10.7
My boyfriend didn't want to use contraceptives	10.7
I don't know why	9.3
I dropped the pill without starting any other method	8.0
I trusted my boyfriend	5.3
I didn't think about that	4.0
I wasn't sexually active/ I had no boyfriend	4.0
I had no contraceptive methods/ I had no access to contraceptives	4.0
I was waiting to start the pill	2.7
My mother would know that I had sex	2.7
Others	3.9



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This knowledge may allow:

- Health care providers and educators to easily identify adolescents most likely to engage in risk behaviors, in order to:
 - 1) give them **early education** and **effective family planning options**,
 - 2) provide **sexual reduction risk guidance** to their parents.
- Interventions to be tailored to **adolescents' preferences and needs**, highlighting the importance of:
 - 1) promoting the **use of contraception** and **monitoring** adolescents' contraceptive behaviors,
 - 2) addressing adolescents' **specific reasons for the non-use/irregular use of contraception**,
 - 3) providing **alternative strategies to deal with incorrect contraceptive behaviors**.

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raquelpires@fpce.uc.pt
http://gaius.fpce.uc.pt/saude/grav1_uk.htm

Relações, Desempenho e Saúde

Gravidez na adolescência em Portugal: Etologia, decisão reprodutiva e adaptação

Apresentação Geral | Introdução | Metodologia | Produtos Científicos | Impacto | Ligações de Interesse | Documentos

Apresentação geral do projecto: Project overview

Instituições:
Faculdade de Psicologia e Ciências da Educação da Universidade de Coimbra

Actualmente, apesar do decréscimo da incidência em adolescentes (2007/2008), este não ocorreu de forma homogênea nas diferentes regiões do país (DGS, 2008), o que aponta para processos marcadamente multiculturais e com especificidades regionais definidas (Dias, 1985). Apesar disso, em geral período, Portugal viveu a despenhagem da informação voluntária da gravidez e um aumento significativo da sua realização por adolescentes (DGS, 2009).

Vários têm sido os directores dos Planos Nacionais de Saúde (nomeadamente o de 2004-2010) e da própria União Europeia (Resolução do Parlamento Europeu sobre direitos em matéria de saúde sexual e reprodutiva – 2001/2128/REU) que visam promover a consciencialização e