Clinical and Experimental Health Sciences

Female Adolescents' Experiences with Contraceptive Method Decision-Making, Access, and Continuation: Qualitative Research

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ABSTRACT

Objective: Because of early sexual activity that starts in adolescence, critical problems such as unwanted pregnancies arise. The aim of this study was to examine the experiences of female adolescents in decision making, accessing, and maintaining contraception.

Methods: The study was conducted as a case study with a phenomenological design and a qualitative approach. The study included adolescents who had contraception experience and were present in the gynecology clinic(s) of the hospital to receive any care service. Participants (n=22) was selected through purposive sampling. Semi-structured in-depth interviews were conducted, transcribed, and analyzed using the approach, content, and descriptive analysis.

Results: Through the analysis of in-depth interview data with female adolescents examining their experiences related to contraceptive method use, four themes were identified: "reasons for using and deciding on pregnancy prevention methods, accessibility to pregnancy prevention methods, experiences during the use of pregnancy prevention methods, and continuity of pregnancy prevention method use."

Conclusion: In this study, it was determined that female adolescents faced some difficulties in deciding on, accessing, and maintaining contraceptive methods. In this context, units such as youth centers where adolescents can apply can be established. Unwanted pregnancies can be prevented by regulations regarding the provision of counseling and contraceptive services to adolescents.
Keywords: Adolescents; contraception; reproductive health; safe sex

1. INTRODUCTION

Adolescence is a period when the normal growth and development of both sexes accelerate, and reproductive and sexual health needs emerge (1). It is defined by the World Health Organization (WHO) (2021) as the period between the ages of 10 and 19 years. Serious problems related to reproductive health arise (i.e., unwanted pregnancies) because of early sexual activity linked to the development of sexual identity during adolescence (3,4). In this context, it is critical to examine the experiences of adolescents regarding the contraceptive methods (CM) they use to prevent unwanted pregnancies.

One of the United Nations' sustainable development goals related to health is to ensure universal access for individuals around the world to sexual and reproductive health (SRH) services, including family planning, information, education, and integration of RH, by 2030(1). The WHO (2021) reported that every year 21 million girls aged 15-19 and 2 million girls under the age of 15 experience pregnancy and approximately 16 million adolescents aged 15-19 and 2.5 million adolescents under 16 years of age give birth in developing regions (2). It is estimated that most of these pregnancies and births are not planned or desired by these adolescents. According to 2018 data, the fertility rate among adolescents in Turkey tends to decrease, but the birth rate in the 15-19 age group is 17 per thousand, whereas the overall birth rate is 14.3 (5). These results indicate that there is a significant unmet need among adolescents regarding their access to CM and necessitate knowing more about their experiences about contraceptive use.

In addition to social barriers related to the use of CM, adolescents experience problems related to access and finances. Studies indicated that most adolescents (52%) found contraceptive methods too expensive (6), CM and free methods offer reduced unwanted pregnancy rates (7), and the cost was an obstacle for contraceptive use for a significant portion of adolescents (23%) (8). Adolescents are exposed to maternal deaths and permanent health problems because of the increased rate of miscarriages and abortions in unsafe conditions linked to inadequate contraceptive use (1,2). Moreover, adolescent pregnancy has many negative

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social and economic effects on girls and their families. These girls and their families may be subject to social stigma or rejection. Serious problems such as dropping out of school, lack of opportunities for work and economic independence, and exposure to violence are especially common among young girls who become pregnant (2,9).

Several studies have addressed the experiences of adolescents related to the use of CM. These studies reported that adolescents had concerns about the side effects because of the lack of proper knowledge about CM (10), had difficulties in accessing contraception methods (11), obtained contraceptives from pharmacies (12), and used condoms primarily to prevent pregnancy rather than to prevent sexually transmitted infections (STI) (13). It was found in some studies that unmarried young people were not able to plan and were not ready to use modern CM before each sexual intercourse (14) and encountered several systemic and interpersonal barriers in accessing SRH services (15).

Studies on the use of CM in Turkey were mostly conducted with married women aged 15-49, focused on the method, and were quantitative (16,17). There is a need for qualitative studies that can reflect Turkish cultural characteristics and provide more comprehensive information about the experiences of adolescents regarding the use of CM. It is expected that the information obtained from such studies will reveal the cultural and structural characteristics related to the experiences of adolescents regarding contraceptive use, contribute to the quality of health services, and improve the physical and mental health of the youth and their socioeconomic well-being. Thus, the aim of this study was to examine the experiences of female adolescents in decision-making, accessing, and maintaining contraception. The research questions were as follows:

(1) What are the reasons for adolescents to use contraception and make decisions?

(2) How do adolescents access contraceptive methods?

(3) What are the experiences of adolescents with the use of contraceptive methods?

(4) What is the continuity of adolescents on contraceptive methods?

2. METHODS

2.1. Research Design

The study was conducted as a case study with a phenomenological design and a qualitative approach. Phenomenology is a perspective that form the basis of qualitative research. Qualitative phenomenological studies allow for a detailed understanding of human experiences by examining the underlying hidden realities and causes in the natural environment (18). The study was conducted as a qualitative case study using a phenomenological design in accordance with the COREQ guidelines.

2.2. Participants and Setting

There is no set rule for sample size in qualitative research. The sample size may vary according to the qualitative research approach, the diversity of the selected sample, and the participant's ability to provide sufficient information. When the answers received from the participants begin to repeat, the interviews can be terminated assuming that the data has reached sufficient saturation (18).

Data collection was carried out in gynecology and obstetrics clinics of any public hospital in Izmir between May 2020 and December 2020. Twenty-seven female adolescents, who were determined by the purposive sampling method, were invited to the study, but five of them did not agree to be interviewed. Data collection continued until the responses started to repeat and was completed with the participation of 22 female adolescents. Voluntary female adolescents who were 19 years of age or younger and had experience with contraceptive methods were included in the study sample. The reasons for the presence of the female adolescents included in the sample group in the hospital were not questioned, and the participants were interviewed about their contraception experience in accordance with the purpose of the study. However, adolescents who stated that they were diagnosed with any physical or mental illness and did not speak Turkish were excluded from the study. Adolescents who agreed to participate in the study were interviewed in a quiet and comfortable room at the hospital for approximately 30/40 min. All interviews were completed in a single session, and there were no repeated interviews. Written and verbal consent was obtained from all participants.

2.3. Data collection tools

The research data were collected using a semi-structured form consisting of open-ended questions prepared by the researchers based on the literature on the subject (3,4,6,10,14,17).

The form included the following: Section 1 (descriptive characteristics): age, marital status, education, and number of pregnancies. Section 2: Adolescents' experiences with contraceptive method use. To ensure the content validity of the interview form, the opinions of experts (five people) experienced in qualitative research were taken and rearrangements were made in line with the suggestions made. To improve the comprehensibility and applicability of this form and to ensure the standardization of the interview, a pre-application was conducted with five people and the interview form was finalized. The data collected through the pre-application were excluded from the analysis.

2.4. Ethical Considerations

Ethics approval was obtained from Aydın Adnan Menderes University Health Science Faculty Non-Interventional Research Ethics Committee (Date: 26.08.2019; Number of approval: 2019/051). The research was conducted in accordance with the principles of the Declaration of Helsinki.

2.5. Procedure

In the research group of this study, there were two female researchers, a professor and a doctoral lecturer who were experienced in the field of midwifery. Both researchers have taken qualitative research courses and have experience in this field. The first researcher has previous experience as a counselor in long-term family planning. The second researcher has conducted a qualitative research course and has published numerous studies.

First, they were informed about the research, and oral and written consent was obtained from the adolescents who agreed to participate in the research. Participants were assured that they could stop the interview at any time and skip any questions they did not want to answer. Participants were assured that their identity information would not be disclosed in the study results. The privacy and confidentiality of the meeting room has been meticulously ensured. Individual interviews were conducted in a quiet and convenient room in the hospital. Documentation of the data was carried out in a special room. The documentation was shared only with qualitative researchers. Research data were stored on the personal computer of the first researcher and protected with a password. Written data were kept in a secured cabinet in a safe room with no access to others. Interview records will be deleted after they have been documented.

2.6. Statistical Analysis

Descriptive data obtained from the questionnaire forms were reported numerically. In the analysis of the data, the voice recordings of the women were converted into a text word by word; a raw data document was created in Microsoft Word. The data obtained from the interviews were analyzed through content analysis. In this analysis, women's responses were coded in line with the research objectives. Categories were created by considering the similarities, differences, and relationships of the codes and were placed in the determined categories. The adolescents were asked to evaluate whether these codes, categories, and themes corresponded to their own views (AD, ZK). Sentences were used as the unit of analysis. Qualitative data were then quantified by determining how often each category was repeated (frequency). No statistical program was used for the analysis of qualitative data. Support was received from a competent faculty member in the field of qualitative research in coding and analyzing the data and preparing the research report. None of the participants gave any negative feedback, and the results were confirmed. For reliability, the coefficient between coders (2 people) was calculated and obtained as 0.80 (18).

3. RESULTS

The female adolescents included in this study were between the ages of 16 and 19 years. Ten participants had eight years or more of education, 14 of them had less income than their expenses, four were students, nine were in an official marriage, and four were in an unofficial (religious) marriage. Twelve participants had children, four had spontaneous abortions, and two had induced abortions. For contraception, seven participants used condoms; four had intrauterine devices (IUD); four used combined oral contraceptives (COC); three used the coitus interruptus method; and four used injections (Table 1).

We identified four main categories based on the qualitative analysis: 1) reasons for female adolescents to use the contraceptive method and to decide; 2) female adolescents' access to CM; 3) experiences of female adolescents during the use of CM; 4) continued use of female adolescents to CM. The data analysis yielded several developed meanings and subthemes (Table 2).

Table 1. *Participants characteristics*

Characteristic	Number of Participants (N=22)
Age range	
16-17	10
18-19	12
Education	
≤5 years	5
6-12 years	16
≥ 13 years	1
Income expense status	
Income less than expenses (bad)	14
Income equal to expenses (medium)	7
Income more than expenses (good)	1
Marital status	
Official Marriage	9
Religious Marriage	4
Single	9
Family planning method	
Modern method	19*
Coitus Interruptus	3

**(Condom (n=7), IUD(n=4), COCP (n=4), Injection(n=4)*

3.1. Theme. 1: reasons for female adolescents to use the contraceptive method and to decide

It has been determined that the advice of health workers and friends is important during decision-making and use of the contraceptive method by adolescents participating in the research. Some statements on this subject were as follows:

"*I got married when I was 15. We met when we were at school; he was older than me, and he always came [to us] after school. We in 2-3 months. I was a child when I …*" (A12)

"*…When I took the baby to the family physician for a checkup, they told me, 'The breastmilk does not protect you [from pregnancy], let's get you an injection.'. I had the injection because I afraid of getting pregnant. My mother young like me and gave birth to us one after the other. I'm afraid I'll end up like her.*" (A15)

Table 2. *Main and sub-theme*

Main theme	Sub-theme
Reasons for female adolescents to use the contraceptive method and to decide	Contraception Being underage The decision-making process
Female adolescents' access to contraceptive methods	Accessing the contraceptive methods Not being able to access the contraceptive methods Social life
Experiences of female adolescents during the use of contraceptive methods	Personal experience Feeling uncomfortable Peer experience
Continued use of female adolescents to contraceptive methods	Continuity to contraceptive methods Lack of information/ incorrect information Social status

3.2. Theme 2: Female adolescents' access to contraceptive methods

In this study, it was determined that some adolescents could not easily obtain CM, and they had important economic and social problems. It has been determined that some of them are purchased from public or private institutions and pharmacies. However, it has been determined that those who use oral contraceptives for medical reasons can easily obtain them.

"*…I went to a private physician and had it fitted. I bought my coil [IUD] from the pharmacy myself. I pay for the coil [IUD], and I pay the physician to get it fitted. Then I went to the physician to get it checked, so everything costs money…*" (A2)

"*When I stay with my family, I am afraid that I will be caught. Because I also saw that my mother had the pills. I take [the pills] in secret; other than that, there is no problem; I am quite comfortable.*" (A20)

3.3. Theme 3: experiences of female adolescents during the use of contraceptive methods

In this study, it was determined that some adolescents encountered some side effects specific to the contraceptive method they used, but they were still satisfied. Some adolescents also declared that spousal/partner harmony is important. In addition, some adolescents explained that it is difficult to take pills every day because they live with their families. Some statements on this subject were as follows:

"*…it hurt with the condom. I used to ask [my partner] to [ejaculate] outside, but that wasn't always the case either. Of course, I was afraid that I would get pregnant. My baby is still young; there is no financial security, and we live with my mother-in-law…*" (A10)

"*…My husband first told me not to get the IUD, he said he heard that it would hurt him, but I didn't listen to him. He's enjoying himself; I'm suffering. Those at the health center said it would not hurt him. I am well satisfied.*" (A13)

3.4. Theme 4: continued use of female adolescents to contraceptive methods

In the study, a significant portion of the adolescents stated that they wanted to continue using the method they used. Some adolescents also stated that they received information from various sources or health workers through their own efforts. Some statements on this subject were as follows:

"I'm *going to change [the method I use], I'm going to have an IUD installed to be sure. Even if he doesn't come to the health center, I wait a little bit; I will even go to the private... "Because I don't want to have children anymore.*" (A3)

"*… the physician told me to use it for a year. They said I could have children after that if I want, but I say I will take them for at least two years. At least I should be 20. Of course, we must have children; I will stop using then [when I am ready to have children].*" (A14)

4. DISCUSSION

In this study, in-depth interviews were conducted with 22 female adolescents in a phenomenological design with a qualitative research approach to examine their experiences regarding the use of CM. Significant data were obtained regarding the descriptive characteristics of these adolescents and their experiences with the use of CM. These data may reflect some basic characteristics of adolescents and contribute to the development and delivery of health services that can be offered to those who need to use CM.

Some participants stated that they did not want to get pregnant, were single, and used CM because they were afraid of becoming pregnant and ending up like their mother. WHO reported that the rate of contraception use among adolescents varies between 42% and 68% in Latin American, European, and Asian countries and between 3% and 49% in African countries (19). In addition, it has been reported that 19% of young women in developing countries become pregnant before reaching the age of 18, more than 15 million girls between the ages of 15 and 19 give birth each year, and

40% of unsafe abortions worldwide involve adolescents (20). Other research has reported that women use modern CM to prevent unwanted and unplanned pregnancies (9,21-23). Accordingly, it can be said that there is a need for CM because of the prevalence of sexual activity among adolescents.

Some of the participants in this study stated that midwife/doctor's advice during pregnancy/birth influenced their decision to use CM, whereas the recommendation of their friends in social environments was influential for others. Studies have indicated that friends and relatives (23,24), healthcare personnel (13,21), education given in schools, and radio-television broadcasts are influential in SRH issues (23,24). A study examining the use of modern contraceptives after giving birth and related factors in Ethiopia reported that postpartum counseling was influential in deciding on the use of CM (22). These findings indicate that providing detailed information about contraception methods is an important factor in the continued use of contraception, and it is necessary to expand the availability of safe, effective, and continuously accessible services and to create relevant training programs, especially for healthcare personnel.

In this study, only some adolescents indicated that they could buy CM from public health institutions. Many of them had difficulty in obtaining CM because they had to obtain it from private health institutions, pharmacies, or markets for a fee; some had difficulty because they were embarrassed. Those who used oral CM for medical reasons stated that they could easily obtain them. The Turkish Demographic and Health Survey, which is the most comprehensive study conducted in Turkey on this subject, reported that a significant portion of women (36%) obtained contraception methods through purchasing (25). Goodman et al. reported that free access to contraceptive counseling and methods reduced unwanted pregnancy rates (7). Other studies on the subject reported that participants found contraceptives too expensive and that the cost prevented the use of contraceptives (6). A study conducted by Bloomberg School of Public Health through the examination of demographic and health data from more than 40 countries reported that RH services for adolescents might be limited due to the feeling of shame and fear of stigmatization and violence if the relatives/acquaintances determine about receiving such services (26). It has also been reported that there are serious problems among the young who experience pregnancy, such as dropping out of school, lack of work opportunities and economic independence, and experiencing more violence in the future (2,9). A study conducted in Ghana also reported that social stigma is an important obstacle to the use of CM (27). A study conducted in Kisenyi reported that most of the adolescents were not satisfied with the fact that RH services were based on a health institution (28). These findings indicate that the provision of services related to CM in a nonjudgmental, free, and accessible manner to adolescents may contribute to the prevention of adolescent, maternal, and neonatal health problems.

In this study, some adolescents expressed experiencing discomfort specific to the contraceptive method they used but were still satisfied, while others emphasized the importance of the cooperation of spouse/partner. Other studies examining the same issue in Turkey have also reported that women experience various problems related to the CM they use and that their spouse/partner's opinion is important in the use and preference of a method (17,29). Similarly, previous studies reported that the side effects were "very important" in the participants' preference of CM and that they were worried about side effects such as weight gain, acne, and migraine (4,10). In another study, it was reported that women who were given more comprehensive information about the method more frequently continued to use the method without quitting (30). These findings indicate that the side effects that may develop due to the method and the spouse/partner's opinion are important factors in choosing a contraceptive method. During the delivery of reproductive services to adolescents, healthcare professionals' consideration of both sexes and informing them about the side effects that may develop due to CM may help increase the acceptability and continuity of the method used.

In this study, most of the adolescents stated that they wanted to continue with the method they used and that they learned about the contraceptive method on their own, while some stated that they received help from healthcare professionals. In a cohort study examining the relationship between the quality of contraceptive counseling and continuity of contraceptive use in Pakistan and Uganda, it was reported that the rate of continuing the method (64% in Pakistan and 80% in Uganda) was higher in women who were given more comprehensive information than in the control group (30). Another study reported that individuals who received comprehensive information about CM were less likely to change to a modern contraceptive method (8). It has also been reported that relatives and friends (19,20) or school, healthcare personnel, family, radio-television, and magazines were the most frequently cited sources of information (19,20). UNESCO reports (2015) declared that a person has the right to receive education about their body, relationships, sexual behavior, and sexual health and that accessing the correct information on time is the most important basic principle (1). Karaçalı and Özdemir reported that a significant portion of women wanted to receive information and counseling about family planning (15). Jonas et al. reported that most women received information about family planning from nurses, midwives, doctors, and their social environment (11). These findings indicate that providing detailed information about the method is an important factor for the continuous use of CM and that it is essential to provide relevant training to healthcare workers and make safe, effective, and continuously accessible services widely available. In addition, healthcare professionals' explanations during the provision of services about the side effects that may be encountered may increase the continuity of the use of these methods.

Study limitations

Because the women were determined by the purposeful sampling method, the results obtained cannot be generalized and can only represent the women participating in this study. In addition, the research results may vary depending on cultural reasons.

5. CONCLUSION

In this study, it was obtained that some adolescents have an active sex life and used CM due to having a pregnancy at an early age, not wanting children recently, and still being a student for reasons such as. However, it was determined that adolescents faced some difficulties in deciding on, accessing, and maintaining contraceptive methods. Based on these results, it is important for midwives and other healthcare professionals to question adolescents' contraceptive needs and use, provide counseling, and facilitate the provision of CM. Administrators may establish youth centers where adolescents can easily share their SRH problems and find solutions, and provide legal arrangements for the provision of counseling and services related to CM in places such as schools and universities.

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