นิพนธ์ต้นฉบับ

Characteristics and attitude of contraceptive acceptors among adolescents attending the Family Planning clinic at King Chulalongkorn Memorial Hospital

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Objective : *To study the characteristics, choice and attitude towards selected contraceptive methods of contraception among female adolescents attending the Family Planning clinic at King Chulalongkorn Memorial Hospital, Bangkok.*

Design : *Descriptive study.*

Materials and methods : *200 female contraceptive acceptors aged 10 -19 years attending a Family planning clinic at King Chulalongkorn Memorial Hospital during January 1995 to December 1996 were randomly selected and interviewed by trained nurses about their attitude towards the selected contraceptive methods. Routine gynecological outpatient data were recorded.*

Results : *The mean age was 15.50 $\pm$ 1.55 years. Most of them were housewives (50 per cent) and factory workers (48 per cent). Fifty-eight per cent had graduated from primary school. The contraceptive choices were pills (43.0 per cent), injectables*

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(38.0 per cent), intrauterine devices (12.0 per cent), subdermal implants (5.0 per cent), condoms (1.5 per cent), and tubal sterilization (0.5 per cent). The main reason for choice of the method was the confidence in the effectiveness of the contraception. Most of them obtained contraceptive information from friends and relatives, but chose the methods by themselves. Most of them had no premarital sex education (56.5 per cent).

Conclusion : *Adolescent acceptors made the contraceptive decision by themselves using their own available information. Contraceptive counseling should be directed to the acceptors themselves and adjusted to the background of the individual. Special education programs about sex and contraception should be encouraged.*

Key words : *Adolescent, Contraception.*

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วัตถุประสงค์ : *เพื่อศึกษาลักษณะของผู้รับบริการและทัศนคติต่อวิธีการคุมกำเนิดที่เลือกในวัยรุ่นที่มารับบริการที่คลินิกวางแผนครอบครัว โรงพยาบาลจุฬาลงกรณ์*

รูปแบบการศึกษา : *วิจัยเชิงพรรณา*

วัสดุและวิธีการ : *ทำการเก็บข้อมูลทั่วไปและข้อมูลทางนรีเวชในผู้รับบริการอายุระหว่าง 10 -19 ปี ที่มารับบริการที่คลินิกวางแผนครอบครัว โรงพยาบาลจุฬาลงกรณ์ ระหว่างเดือน มกราคม พ.ศ. 2548 ถึง เดือนธันวาคม พ.ศ. 2549 และทำการสุ่มเลือก ผู้รับบริการจำนวน 200 คน เพื่อสอบถามถึงทัศนคติต่อวิธีการคุมกำเนิดที่เลือกใช้โดยพยาบาลที่ฝึกอบรมพิเศษ*

ผลการศึกษา : *อายุเฉลี่ยของผู้รับบริการคือ 15.50 $\pm$ 1.55 ปี ส่วนใหญ่ผู้รับบริการมีอาชีพแม่บ้าน (ร้อยละ 50) และทำงานโรงงาน (ร้อยละ 48) มีการศึกษาระดับประถมต้น (ร้อยละ 58) เลือกยาเม็ดคุมกำเนิด (ร้อยละ 43.0) ยาฉีดคุมกำเนิด (ร้อยละ 38.0) ห่วงอนามัย (ร้อยละ 12.0) ยาฝังคุมกำเนิด (ร้อยละ 5.0) ถุงยางอนามัย (ร้อยละ 1.5) และทำหมัน (ร้อยละ 0.5) สาเหตุที่เลือกวิธีคุมกำเนิดคือเชื่อมั่นในประสิทธิภาพของวิธีคุมกำเนิด ได้รับความรู้จากเพื่อนและญาติ แต่ส่วนใหญ่ผู้รับบริการจะตัดสินใจด้วยตนเอง ส่วนใหญ่ไม่ได้รับความรู้เรื่องเพศก่อนแต่งงาน (ร้อยละ 56.5)*

สรุปผลการศึกษา : *ส่วนใหญ่ของผู้รับบริการจะตัดสินใจด้วยตนเอง โดยข้อมูลของตัวเอง การให้คำปรึกษาในวัยรุ่นควรจะมุ่งตรงที่ตัวผู้รับบริการ และปรับตามลักษณะพื้นฐานของผู้รับบริการ ควรเน้นที่การให้ความรู้เรื่องเพศศึกษาและการคุมกำเนิดในผู้รับบริการกลุ่มนี้*

Young people, aged 10 to 19 years, number more than one billion, comprise nearly one-fifth of the world population and are growing in number.[1] Projections indicate that the number of young adults in Southeast Asian countries will increase by over 20 % over the next 15 years.[1,2] In many parts of the world, premarital sexuality is common among young people.[3] In Asia, data from Hongkong, South Korea, and Thailand show that fewer than 10% of unmarried women under the age of 24 have experienced intercourse.[4] In Thailand, boys reported having first sexual intercourse by age 18, often with commercial sex workers.[5] One study show that many sexually active youths have had their first experience of intercourse by the at age of 13 years or younger.[6] Adolescent relationships tend to be more ephemeral than at older age and generally constitute a serial monogamy.[7] Early sexual intercourse results in high rates of adolescent pregnancy and abortion , as well as in increased risk of sexually transmitted disease (STD).[8-10] In India and Bangladesh, sexually active young people are less likely to use contracep-tion than adults, even within marriage.[11,12] In Africa, there is about 8% of unmet need for contraception in unmarried women aged 15 to 19.[13] In Ecuador, there is low use of contraception at the first intercourse (11% in females and 15 % in males).[14] Even in United Kingdom, 46 per cent (of non-virgins) were found to have had intercourse without contraception and 18 % used condoms 'rarely' or 'never'.[15]

In Thailand, the adolescent pregnancy rate is 52 per 1,000 births and the percentage of women in 1987 who ever used contraception during adolescents is 62 %.[11] In a study of Thai adolescents, 41 % of males reported using condoms during sexual intercourse while only 23 % in females reported using condoms.[16] Up to now there has been a lack of information in Thailand about the choices of contraception and the attitude of adolescents to the selected methods. The present study was conducted to examine the characteristics and attitude of adolescents who seeked contraceptive services in King Chulalongkorn Memorial Hospital.

Materials and Methods

From January 1995 to December 1996, 200 contraceptive acceptors aged 10-19 years attending the Family Planning clinic at King Chulalongkorn Memorial Hospital were randomly selected into the study. They were interviewed by well-trained nurses about their attitudes towards the selected method, history of illegal abortion, premarital sex education and their sources of information about contraceptive methods. Demographic and gynecological data were also obtained.

Results

The mean age of the contraceptive acceptors was 15.50 years (Table 1). Most of these attended for a postpartum check up and contraceptive service (67 %) and the remainder came for contraceptive service only (23 %). Pills and injectables were the two most commonly chosen techniques (43 % and 38 %) (Table 2). Most women got contraceptive information from friends or relatives (68.0 %) (Table 2). Most acceptors decided on the method by themselves (150,75.0 %) and only 24 (12.0 %) of acceptors depended on their husbands' decision. (Table 3).

One hundred and two (51%) of women reported a history of ever-use of contraception. Ninety

Table 1. Acceptors' characteristics.

	N = 2240 Mean ± SD
Age (years)	15.50 ± 1.55
Weight (kgs)	49.5 ± 22.00
Height (cms)	150.5 ± 21.50
	N (%)
Educational levels	
Primary school	116 (58)
Secondary school	40 (20)
Vocational	40 (20)
Bachelor degree or higher	4 (2)
Occupation	
House wife	100 (50)
Employee	56 (48)
Business	2 (1)
Student	2 (1)
Marital status	
Single	4 (2.0)
Married	195 (97.5)
Widow/Divorce	1 (0.5)

(45.5 %) acceptors desired a change of methods from pill to the other methods. The most common reason was forgetting to take the pills (52.0 %). Twenty acceptors (10 %) reported they had used the postcoital contraception, most of which were combined pill (75 %). One hundred and nine (54.5 %) acceptors had husband accompanied them to the hospital. Eighty-seven (43.5 %) of acceptors reported receiving sex education before marriage, mainly from their school (89.6 %) (Table 4)

Eighteen (9 %) of acceptors reported a previous illegal abortion. Most were not married at that time and had undergone the operation at a the private clinic (66.7 %) with a cost of US $ 41-120 (83.3 %) and the cost of less than US $40 (16.7 %). Thirty nine per cent of the sources of information came from friends and 33 % from advertisement. Fifteen per cent of women decided to get an abortion if their current contraceptive had failed.

Table 2. Contraceptive choices, reasons for choosing and sources of contraceptive information.

	N = 200 n (%)
Choices	
Pills	86 (43.0)
Injectables	76 (38.0)
IUD	24 (12.0)
Subdermal implants	10 (5 0)
Condom	3 (1.5)
Tubal sterilization	1 (0.5)
Reasons for choosing the methods	
a. Belief in the efficacy	58 (29)
b. Influenced by a previous user	48 (24)
c. Less expensive	2 (1)
d. Forced by husband or other partners	24 (12)
e. Others:	
Desire no more children	6 (3)
Incorrect beliefs about methods chosen	14 (7)
Need the non –contraceptive benefit effects of pill.	10 (5)
Switching from poor compliance method (pills to another)	20 (10)
The technique chosen was accessible	16 (8)
Want to try the other methods	2 (1)
Sources of contraceptive information	
Friends or relatives	136 (68)
Mass media (TV or Radio or Newspapers)	8 (4)
Health personnel	38 (19)
None	18 (9)

Table 3. Person who influenced the decision.

	N = 200 n (%)
Made the decision herself	150 (75)
Husband	24 (12)
Health personnel	4 (2)
Friends or relatives	20 (10)
Teachers	2 (1)

Table 4. Premarital sexual relationship, premarital sex education and source of information.

	(N = 200) n (%)
Premarital sexual relationship	
• Yes	26 (13)
• No	174 (87)
Premarital sex education (N = 200)	
• Yes	87 (43.5)
• No	113 (56.5)
Source of information (N = 87)	
- Television	2 (2.3)
- School	78 (89.5)
- Journal / Magazine	2 (2.3)
- Friend	1 (1.2)
- Hospital	3 (3.5)
- Special training program	1 (1.2)

Discussion

From this study, most of the adolescent acceptors chose pills and injectables as their contraception (Table 2). Injectables were well accepted in the study group and in other studies, most of the adolescents viewed amenorhea as a positive feature of Depo Medroxy Progesterone Acetate (DMPA) with a consequently high continuation rate.[17, 18] As expected, few adolescent acceptors chose sterilization because they had enough children (more than two). Subdermal implants are a good choice for adolescents and adults,[19-22] but few women chose this method.

Few adolescents in this hospital-based study were using condoms when compared to other reports [23, 24] This group of patients coming to hospital for a postpartum contraceptive service requested more effective methods.

Although previous users and husbands influenced most acceptors, the majority decided on a method by themselves. (Table 2 and 3). Many acceptors reported forgetting to take the pills (Table 4), as observed in other studies which report a lack of access to contraceptive information and poor compliance with contraceptive recommendations among adolescents.[25-27] Other factors that contribute to nonuse of contraceptives by adolescents include the fear of parental discovery and waiting for a closer relationship with their partners.[27] We also found evidence of poor information and compliance from our data (Table 2). The use of postcoital pills was noted in only 20 cases (10 %), and this method had the low incidence rate in many other studies.[28, 29] More information and counseling about emergency contraception and increasing access of this to the adolescent can provide them a second chance to prevent pregnancy.[30]

Husbands may play an important role in contraceptive counseling. We found 54.5% of women had husbands accompanying them. The couple's counseling programs was encouraged if they came together to the clinic. Only few acceptors had received previous premarital sex education. We have found that

a premarital counseling program which had included sex education and family planning was helpful in preventing unintended teenage pregnancy and marital problems in young couples.[31]

In Thailand, abortion for unintended pregnancy is illegal, but 9 % of acceptors reported prior abortion. Some acceptors would choose abortion if contraception failed. To prevent unwanted pregnancy and abortion, the adolescent should be encouraged to use the high effective methods of contraception.

Due to the limitation of the hospital-based design, generalizing the finding of this study to the general population is a problem. However, these are the first preliminary data of adolescent contraception use in Thailand, which will be useful for both acceptor care and the planning for further community-based studies.

From this study, contraceptive counseling should be adjusted to the background of individual acceptors. Education programs about sex and contraception for Thai adolescents still need to be encouraged.

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