Pregnant teenagers' knowledge and use of emergency contraception

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Despite interest in preventing pregnancy among teenagers little is known about the most effective strategies.¹ An effective way of preventing pregnancy is to use emergency contraception after unprotected intercourse. We report a descriptive study of pregnant teenagers in Devon that examined awareness and use of emergency contraception and its potential for preventing unwanted teenage pregnancy.

Patients, methods, and results

With approval of the ethics committee pregnant teenagers were recruited consecutively after local start dates. All those approached agreed to interview, though hospital staff refused access to five patients having a termination. The interviews were conducted between August 1992 and January 1994.

A total of 167 pregnant teenagers (aged 13-19 years) were interviewed. Ninety five (57%) were attending for an NHS termination (8-12 weeks pregnant) and 72 (43%) were attending booking appointments at hospital antenatal clinics (16-17 weeks pregnant). Twenty (12%) pregnancies were planned, 122 (73%) were definitely unplanned (86 (70%) terminated), and in 25 (15%) pregnancies the teenager was equivocal at the time of conception about preventing pregnancy (nine (36%) terminated).

Most teenagers (135; 81%) had heard of emergency contraception. Those who had not gave the following reasons: not told about it (12 cases, 38%); not advertised sufficiently (8, 25%); lack of sex education at school (2, 6%). Ten (31%) teenagers did not know why they had not heard of emergency contraception.

Of the 135 teenagers who had heard of emergency contraception, 119 (88%) did not obtain it (table). Sixteen teenagers obtained emergency contraception, but in 11 it failed, one took the pills incorrectly, and four did not take the pills.

Of the 147 teenagers with unplanned pregnancies, 118 (80%) claimed to be using contraception at conception. Most (n=67) used condoms, 40 the combined contraceptive pill, five the progestogen only pill, four natural methods (for example, withdrawal), and two the diaphragm. Of the 67 condom users, 53 knew why it had failed. Thirty five said the condom had split, six said the condom had come off or leaked, and 12 admitted to not actually using a condom at the time of conception.

Of the 40 combined contraceptive pill users, 32 knew why their method had failed. Twelve had forgotten or missed pills, 16 had stopped the pill themselves or had stopped because of illness or on medical advice, one was taking antibiotics, two ran out of pills, and one failed to follow the instructions.

Comment

In 1991, 38% of teenage pregnancies in England and Wales ended in legal abortion, the proportion being higher in south west England.² As 57% (n=95) of teenagers in this study chose legal abortion, results may not be generalisable outside Devon. We excluded teenagers who had spontaneous abortions, private terminations, those having general practitioner only antenatal care, and those attending hospitals outside the county. Possible recall bias of participants and the fact that we did not take account of successful users of emergency contraception should be considered when interpreting the results.

Other studies of knowledge and behaviour of women with unwanted pregnancies have indicated that up to 70% are potentially predictable by virtue of non-use of contraception or by recognition of method failure.^{3,4} Despite this, Duncan *et al* in their study of women having termination of pregnancy found that only 2.5% of women had used emergency contraception.³ Bromham and Cartmill reported that only 138 (45%) of the 309 condom users in their study of women seeking abortion had recognised a potential condom failure.⁴ In this study 135 (81%) pregnant teenagers knew of emergency contraception and most recognised a contraceptive failure at the time of conception.

Teenagers need to lower their threshold for use of emergency contraception when there is a risk of pregnancy. Increasing awareness and availability of, and access to, emergency contraception seems to be secondary to the need for sexual health education of teenagers in assessing personal risk—particularly young teenagers,⁵ who are more likely to take risks than their older counterparts.

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- 1 Bury J. *Teenage pregnancy in Britain*. London: Birth Control Trust, 1984.
- 2 Office of Population Censuses and Surveys. *Birth statistics 1992*. London: HMSO, 1994. (Series FMI, No 21.)
- 3 Duncan G, Harper C, Ashwell E, Mant D, Buchan H, Jones L. Termination of pregnancy: lessons for prevention. *British Journal of Family Planning* 1990;15:112-7.
- 4 Bromham DR, Cartmill RSV. Knowledge and use of secondary contraception among patients requesting termination of pregnancy. *BMJ* 1993;306:556-7.
- 5 Mellanby A, Phelps F, Tripp JH. Teenagers, sex, and risk taking. *BMJ* 1993;307:25.

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Reasons why pregnant teenagers who had heard of emergency contraception failed to obtain it. Figures are numbers (percentages) of teenagers

Contraceptive method	Active decision not to use emergency contraception	Failure to use emergency contraception because no contraceptive risk perceived	Failure of teenager to recognise any personal risk (that is, risk taking behaviour)	Teenager recognised risk but failed to access health services	Failure of health services once accessed by teenager	Don't know	Total
Condom	6 (5.0)	2 (1.7)	37 (31.1)	2 (1.7)	0	1 (0.8)	48 (40.3)
Combined contraceptive pill	2 (1.7)	1 (0.8)	21 (17.6)	4 (3.4)	2 (1.7)	0	30 (25.2)
Progestogen only pill	1 (1.08)	0	3 (2.5)	0	0	0	4 (3.4)
Diaphragm	0	0	2 (1.7)	0	0	0	2 (1.7)
Natural methods	0	0	3 (2.5)	0	0	0	3 (2.5)
None	16 (13.4)*	0	14 (11.8)	1 (0.8)	1 (0.8)	0	32 (26.9)
Total	25 (21.0)	3 (2.5)	80 (67.2)	7 (5.9)	3 (2.5)	1 (0.8)	119 (100.0)

*All were planned pregnancies.