SALUD COLECTIVA, Buenos Aires, 9(3):391-400, September - December, 2013

Adolescents' knowledge and perceptions of the family planning service in Chile

Conocimiento y percepción de adolescentes sobre el servicio de planificación familiar en Chile

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ABSTRACT The objective of this study is to analyze adolescents' knowledge and perceptions of Chile's Family Planning Program. A cross-sectional study using both quantitative (semi-structured surveys) and qualitative (focus group technique and individual surveys) research methods was conducted with a sample of 277 adolescents aged 15-19 years who were users of the Hospital de El Carmen, in the year 2010. The study results showed that 12% of the participants had initiated sexual activity (of this group, 42% of males and 22% of females had done so before the age of 15). Although all participants recognized that both partners should take responsibility, women consulted the program more frequently than men (13.5% of males and 40% of females had consulted the program). Women also acknowledged receiving more information on birth control methods before initiating sexual activity than their male peers. Adolescents of both sexes continue to have misconceptions about birth control. Therefore, it is necessary to enhance activities aimed at heightening awareness of the program among adolescents.

KEY WORDS Adolescent; Adolescent Behavior; Family Planning (Public Health); Sexuality; Chile.

RESUMEN El objetivo de este estudio es analizar el conocimiento y la percepción de los y las adolescentes sobre el Programa de Planificación Familiar. Se realizó un estudio transversal a través de metodologías cuantitativa (encuesta semiestructurada) y cualitativa (técnica de grupo focal y entrevistas individuales), con una muestra de 277 adolescentes (15 a 19 años) usuarios del Hospital de El Carmen, en el año 2010. El 12% de varones y mujeres habían iniciado su vida sexual (el 42% de los varones y el 22% de las mujeres, antes de los 15 años). Aunque todos reconocían que la responsabilidad es de ambos, las mujeres consultaron más el Programa que los varones (el 40% y el 13,5% respectivamente) y reconocían haber recibido más información sobre métodos anticonceptivos antes de iniciar su vida sexual que sus pares varones. Los adolescentes de ambos sexos siguen teniendo concepciones erradas sobre el uso de métodos anticonceptivos. Por lo tanto, es necesario intensificar las actividades de difusión de los Programas de Planificación Familiar entre los y las adolescentes.

PALABRAS CLAVES Adolescente; Conducta del Adolescente; Planificación Familiar; Sexualidad; Chile.

SALUD COLECTIVA, Buenos Aires, 9(3):391-400,September - December, 2013

INTRODUCTION

Traditionally, adolescence is considered as a stage relatively free from health problems. However, adolescents are exposed to health risks such as smoking, alcoholism, accidents, homicides and suicides (1,2). Moreover, they must confront their sexuality and prevent sexually transmitted infections and unwanted pregnancies.

It is estimated that in Chile in 2008, 15.2% of the total number of infants were born to mothers between 15 and 19 years old, and 0.4% to mothers under 15 years old (3). A high proportion of adolescent pregnancies are unwanted and often caused by sexual abuse. In this regard, adolescent pregnancy is a social issue (4,5).

In the year 2000, of all the people reported by the sentinel surveillance network for sexually transmitted diseases (STDs), 12.2% were aged 15 to 19 years, 72.8% of whom were females and 27.2% males (6).

During adolescence, sexuality emerges strongly as part of the drive towards physical and emotional maturity. Adolescents begin to develop their own scale and code of values, having as main influences their parents, the school, the media and especially their peer group (7).

Adolescents should possess relevant knowledge of sexuality, so that they can make informed decisions about sexual relationships (8).

Some factors associated with adolescent pregnancy are early sexual initiation, insufficient information on sexuality and pregnancy prevention, inappropriate or lack of contraceptive use, low socioeconomic status and being a daughter of an adolescent mother. All of the above are predisposing factors for reproducing the adolescent pregnancy model (9,10).

According to statistics from the Ministry of Health of Chile, in the region of Biobío in 2005, the percentage of live births to mothers under 20 years of age reached 15.41%, slightly below the national average, which was 15.6% for that period (11).

The total number of pregnant women in the province of Ñuble in the year 2009 was 2,716, 18.44% of whom were adolescents aged 15 to 19 years. For the provincial capital city, Chillán, the total number of pregnant women was 1,038 and 16.6% were adolescents aged 15 to 19 years (12).

In the municipality [*comuna*] of El Carmen, the incidence of adolescent pregnancy was 30.8% in the year 2007, a figure higher than that observed at the regional level and twice the national rate of 14.6% for that year in adolescents aged 15 to 19 years, according to the National Statistics Institute [*Instituto Nacional de Estadísticas*] (13). In the years 2008 and 2009 the percentages were 27.5% and 23.1%, respectively (14). These figures clearly reflect the problems of adolescent pregnancy at the municipal level.

Since their inception, the activities relating to public family planning services have had national coverage with unrestricted access for the entire population entitled to health benefits according to Law 18469, and these services have been provided for free in establishments run by the National Health Services System [*Sistema Nacional de Servicios de Salud*] (15).

The contraceptive methods made available by the public services are the intrauterine device (IUD), combined oral contraceptives, progestin-only oral contraceptives, contraceptive injections and condoms, but the most commonly used method is the combined hormonal oral contraceptive. Female barrier methods of birth control (diaphragm, female condom), spermicides and implants, among others, are not available in the system (16 p.36).

National rates for the year 2009 indicate that of a total of 1,196,581 individuals seeking fertility control only 11.94% were adolescents aged 15 to 19 years, and 49.41% of these used combined oral contraceptives, while only 2.66% used condoms. In the province of Ñuble a total of 42,814 individuals seeking fertility control were observed, 9.01% of whom were adolescents between 15 and 19 who choose to use combined oral contraceptives in 60.81% of the cases. In the municipality of El Carmen in 2009, a population of 1,321 individuals used the Family Planning Program for fertility control, among whom only 8.5% were adolescents aged 15 to 19 years who opted to use combined oral contraceptives in 54.86% of the cases, while the least used method was the condom in 4.42% of the cases. In the years 2007 and 2008, 81.25% of adolescent mothers were not using contraception before pregnancy, while in June 2010 72% were not (14).

A large number of adolescents begin their sexual life increasingly early. According to the

SALUD COLECTIVA, Buenos Aires, 9(3):391-400, September - December, 2013

National Institute of Youth [*Instituto Nacional de la Juventud*], the average age was 14.2 years in 2009 (17).

The health objectives presented by the Ministry of Health for the decade 2000-2010 included increasing the use of condoms in the age group of 15 to 19 years from 23% to 50%, along with increasing the use of condoms in sexual initiation from 18% to 50%, objectives which clearly come into contrast with the 4.8% presently observed in this municipality (14,18).

Despite having the same programs and policies at national level, there are significant differences in the rate of adolescent pregnancy among the municipality of El Carmen, other vulnerable communities with high social risk and national indicators.

Taking into account this background, the present study analyzes male and female adolescents' knowledge and perception of the Family Planning Program of the Hospital of El Carmen.

MATERIAL AND METHODS

Applying Naomar de Almeida Filho's proposal of composite methodologies in Collective Health (19), the study design contemplated two stages: the first was performed through a cross-sectional study using a semi-structured survey, and the second through a qualitative methodology by means of focus group and individual interview techniques, following the focus group guide.

The study population consisted of adolescents aged 15 to 19 years who were beneficiaries of the Public Health Service through the National Health Fund [*Fondo Nacional de Salud*] in the municipality of El Carmen in the province of Ñuble (Chile) for the year 2010. There were a total of 891 adolescents, 466 females and 425 males. For this study a representative sample of 277 adolescents (124 males and 153 females) was extracted with a margin of error of 5%. Of these 277 adolescents, 80% (n = 222) were participants from the high school Liceo Juvenal Hernández Jaque – 53 students in each of the last 3 levels of secondary education (2nd, 3rd and 4th year) – and the rest (n = 53) were patients at the Family Planning Service of the Hospital of El Carmen. Fieldwork was conducted between August and November 2010.

Two information collection techniques were applied, with prior informed consent of the participants in the study: first, a semi-structured, self-administered survey; and secondly, focus groups. The survey had a response rate of 100%. The objective of the survey was to collect socio-demographic information from respondents, as well as information about sexual health and risk behaviors and their knowledge and perception of the Family Planning Service of the Hospital of El Carmen. Following the survey implementation, focus groups were conducted by a team of two psychologists and by two other psychologists who work at the participating high school. The selected profiles were as follows:

1. Students who do not use contraception residing in the urban area of the municipality.
2. Students who use contraception residing in the urban area of the municipality.
3. Students who do not use contraception residing in the rural area of the municipality.
4. Students who use contraception residing in the rural area of the municipality.
5. Adolescents who are not in school and use contraception.

Regarding data analysis, absolute and relative frequencies for all variables were obtained for the results of the survey. Differences in proportions were calculated, considering statistical significance at $p < 0.05$. The statistical software program SPSS 13.0 was used for data processing and analysis. Regarding the qualitative information, recordings made during the focus group sessions were transcribed. The points of analysis were derived from the guides, and dimensions that emerged as important in the process of reading and rereading the transcripts were recovered. Consensus and controversies were taken into account with the intention of making explicit the dimensions or arguments on which agreements and disagreements were built. Information was triangulated among members of the research team. In order to preserve the anonymity of the participants, their names were not used in the analysis of information and part of their expressions transcribed in this work are followed by the initials of male participant (MP) and

SALUD COLECTIVA, Buenos Aires, 9(3):391-400,September - December, 2013

female participant (FP) to identify the sex of the respondent.

RESULTS

The demographic profile of the 277 participants was as follows: 52% (n = 144) were in their 2nd year of secondary school, 25% (n = 69) in their 3rd year and 23% (n = 64) in their 4th year. In terms of location, 55% (n = 152) lived in the rural area of the municipality and the rest lived in the urban area.

Regarding risky behaviors, 29% (n = 44) of females had consumed alcohol while 19% (n = 23) of males admitted to having done so, a difference between both sexes that borders on statistical significance ($p = 0.06$). As regards tobacco, 26.2% (n = 33) of males and 26.8% (n = 41) of females had smoked ($p = 0.918$).

Eighty percent of males and 87% of females knew what a birth control method (BCM) was. Of all the people interviewed, 81% of males and 84% of females knew of some type of BCM. However, as shown in Table 1, among the beneficiaries of the public care at the Hospital of El Carmen, only 29.2% of males and 32.8% of females knew a BCM. In the case of males, the condom was the most common method identified (15.1%), while for females it was oral contraceptives (15.2%).

Of the total population aged 15 to 19 years that is beneficiary of the National Health Fund in the municipality of El Carmen, 12.5% (n = 52) of males had had sexual intercourse. For females this value was 12.2% (n = 50). In terms of age, 42.3% of males and 22.0% of females had initiated sexual activity before the age of 15. Among the sexually active population, 13.5% of males aged 15 to 19 had consulted about and requested a contraceptive method in the Family Planning Program of the Hospital of El Carmen, a percentage that rises to 40% in the case of sexually active females, with statistically significant differences between both sexes ($p = 0.03$).

Furthermore, regarding the sexually active population, we found that 67.3% (n = 35) of males used or had used some type of contraception. This percentage rose to 86% in females (n = 43) ($p = 0.910$). Of this population, 34.3% (n = 12) of males began to use some type of BCM before the age of 15, and in the case of females, this percentage was 11.6% (n = 5), with statistically significant differences between both sexes ($p = 0.03$). When exploring the type of BCM used by interviewees, it was observed that 95% (n = 33) of males had used or were using condoms as a BCM, and only 41% (n = 18) of females had used this method, with statistically significant differences between both sexes ($p < 0.001$). In the case of oral contraceptives, males mentioned that this method was used only by 5% (n = 2) of their partners, but in females the figure was 56% (n = 24), with statistically significant differences between both sexes ($p < 0.001$). As for the information received on birth control methods prior to the start of their sexual activity, 77.1% (n = 27) of males versus 36.4% (n = 16) of females stated

Table 1. Percentage distribution of contraceptive methods identified by the population aged 15 to 19 years that are beneficiaries of the National Health Fund, by sex. Municipality of El Carmen, Chile, 2010.

Contraception	Male (n=425)		Female (n=466)		*p*-value
	n	%	n	%	
Condom	64	15.1	54	11.6	0.153
Oral contraceptives	35	8.2	71	15.2	0.001*
Implantable contraceptive	2	0.5	4	0.9	0.766
No response	23	5.4	24	5.2	0.980
Total	124	29.2	153	32.8	0.269

Source: Own elaboration.

*Statistically significant value.

SALUD COLECTIVA, Buenos Aires, 9(3):391-400, September - December, 2013

having received information from their friends, with statistically significant differences between both sexes ($p = 0.001$). Furthermore, 14.3% (n = 5) of males versus 27.3% (n = 12) of females reported having received information from a health professional ($p = 0.240$). Finally, 8.6% (n = 3) of males versus 36.4% (n = 16) of females reported having received information about BCMs from their parents before the start of their sexual life, with statistically significant differences between both sexes ($p = 0.007$).

Regarding the area of residence and the use of BCM, in the case of females, 77% (n = 33) of those who used a BCM lived in urban areas, while this figure amounted to 80% (n = 28) in the case of males, with statistically significant differences between both sexes ($p = 0.005$).

Finally, when evaluating the perceived effectiveness of BCMs among the adolescent population, it was observed that both males and females considered condoms the most effective contraceptive – 57% (n = 20) of males and 39% (n = 17) of females – followed by oral contraceptives – 17% (n = 6) of males and 35% (n = 15) of males ($p > 0.05$) (Figure 1).

The focus groups explored the adolescents' assessment of the different contraceptive methods. Consensus existed on the following issues:

1.- *Conditions necessary for starting a birth control method. Age, having a partner, having a prior conversation, economic condition.*

The majority of participants, with no difference regarding residence or use of a contraceptive method, agreed that it is essential to have an orientating conversation before starting use of a BCM, which should also cover their correct use. There are misconceptions, for example, that "*you can become sterile when you put on a condom, the air bubble inside can go to your testicles*" (MP), which clearly shows the need for information. Among the profile of urban dwelling adolescents who do not use BCM, it was mentioned that "*it is necessary to be old enough and to have economic resources, because if you get pregnant when you are a teenager you'll drop out of school and won't be able to fulfill your dreams, you won't have enough money to raise your children, you won't enjoy your youth*" (FP), which emphasizes the impact of parenthood on one's studies, socioeconomic condition and life dreams.

2.- *Family Planning Program and the health care professional in charge.*

When referring to the Family Planning Program and the health care professional in charge, the students report not knowing about it, with no

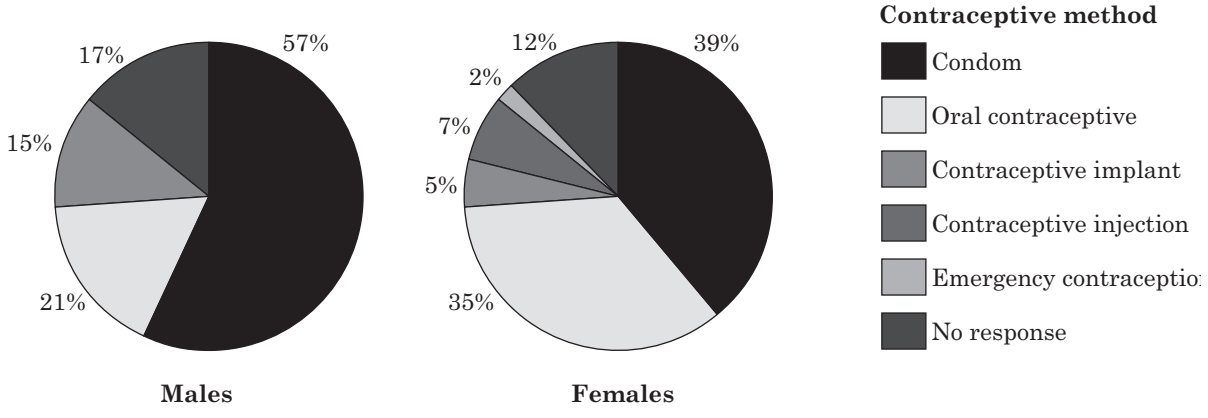

Figure 1. Percentage distribution of the perception of the most effective contraceptive method in the population aged 15 to 19 years, by sex. Municipality of El Carmen, Chile, 2010.

Source: Own elaboration.

SALUD COLECTIVA, Buenos Aires, 9(3):391-400,September - December, 2013

differences between the profiles. They state resorting to cousins and friends for BCMs, with no discussion of sexual issues with their parents.

3.- *If you are sexually active and are not using contraception, do you feel more or less vulnerable to an unwanted pregnancy?*

Male and female adolescents not using a BCM and with urban or rural residence state that "*it doesn't work out to use a method*" (MP). They also state that "*nothing happens the first time*" (MP); "*pills cause weight gain*" (FP).

4.- *If you had condoms at your disposal, would you use them?*

All of the students agreed that they would use this BCM if they had them so as to prevent adolescent pregnancy and sexually transmitted diseases.

5.- *Main fears and situations associated with the use of a contraceptive method for the first time.*

All agreed that the main fears associated with the early use of BCMs are "*embarrassment to let others know that they are having sex*" (FP). Within the profile of urban residence and no BCM, when referring to condoms, some state that "*they don't work*", "*it's not the same, it kills the passion*" (FP). Within the profiles of adolescents with rural residence with and no BCM, they agree that "*birth control pills make you gain weight and aren't so effective*" (FP).

6.- *Responsibility for safe sex measures. The man or woman's responsibility? Why?*

All of the students of the evaluated profiles agreed that the responsibility for safe sex measures rests with both men and women. The profiles without BCM use and urban residence and those with BCM use and rural residence added that "*women have more responsibility than men because men will go as far as the woman allows*" (MP); "*there are more chances* [of not having safe sex] *during parties. You're a little plastered and so you aren't careful. It happens unconsciously*" (MP).

DISCUSSION

Most of the people interviewed aged 15 to 19 and who reside in the municipality of El Carmen know what a contraceptive method is; however, only a small percentage of them actually know of a particular contraceptive method. Similar data was found in the Mexican adolescent population not in school, although that study showed that the higher the level of education in the adolescent population, the higher the probability of using a birth control method (20).

The most common contraceptive methods identified in this study were condoms, among males, and oral contraceptives, among females, the two methods also identified as the most effective. This finding is opposed to the erroneous belief that birth control methods in general often do not work. Although in the same study condoms are identified as the most reliable method to prevent not only pregnancy but also sexually transmitted diseases, a considerable percentage of young people seem unaware of their correct use (21). This situation is better than that observed in a group of adolescents in Colombia, where it was found that adolescents basically only know the condom as a contraceptive method but, in general, they do not rely on it since they have mistaken ideas on how it works (22). In this sense, in the year 2008 UNAIDS warned about the urgent need to bridge the gap of ignorance regarding HIV infection between people aged 15 to 24, taking into account that according to global data, 60% of this group is not able to correctly identify ways of preventing HIV transmission (23).

A study in a Spanish adolescent population found that 96% of the study population knows that condoms prevent the transmission of AIDS and other sexually transmitted diseases, and 97% knows that they prevent pregnancy. However, females have more knowledge about their pregnancy prevention capacity and refuse unprotected sex more often than males. Conversely, males are more likely to buy them and put them on correctly than their female peers (24).

According to the pattern of initiation of sexual activity in male and female adolescents shown in this study, the percentage of males under 15 who have had sexual intercourse is higher than that of

SALUD COLECTIVA, Buenos Aires, 9(3):391-400, September - December, 2013

females this age. A similar situation is reflected in the study by González-Garza *et al*., based on the Mexican Health Survey (20). These results should be analyzed from a gender perspective, since scientific evidence has shown the influence of gender stereotypes in this type of responses: people with a masculinized profile tend to exaggerate their sexual behavior and those with a feminized profile understate it (25).

Moreover, this study shows that the percentage of females consulting the Family Planning Program of the Hospital of the municipality of El Carmen was higher than that of their male peers. This observation relates to other findings showing that females have a greater perception of risk regarding sexual behavior and possible pregnancy than their male peers, who have a lower perception of the risk. Therefore, females must undertake responsibility for preconception care (26).

Another important finding in this study was that, of the sexually active young population, most females and more than half of males used or had used some type of contraception. This finding should not be a reason to relax continued vigilance in the prevention of unwanted adolescent pregnancies or to relax the prevention of the spread of sexually transmitted diseases.

Regarding the origin of the information on contraceptive methods, it was observed that a high percentage of young men had received information from friends, whereas in women the main sources of this information were their parents and health care professionals. Similar data was found in a Spanish study where, although friends were the main source of information on sexuality, male and female adolescents preferred their parents and health care professionals to provide information (27).

When comparing the provision of contraceptive methods in the public health system, it is observed that, for both males and females in the study population, the provision is significantly higher than that seen in the national population according to the 6th National Youth Survey [*VI Encuesta Nacional de la Juventud*] (17).

The majority of people in this study who used a contraceptive method resided in the urban area. This finding coincides with the results of a study in which adolescents residing in urban areas knew more contraceptive methods and had greater sexual activity than those living in rural areas (20).

Persistent misconceptions about the use of contraceptive methods in the study population are observed. Females identified the high risk of pregnancy when not using a contraceptive method and its implications with respect to the continuity of their life plans and social stigma. In these statements it is recognized that, despite the great progress in gender equality achieved so far, the predominant socialization of femininity in this environment is still characterized by a reduced ability to influence decision-making, having restricted options and opportunities, having an unwanted pregnancy, and undertaking parenting responsibilities at an early age (25,26,28).

In addition, males acknowledged that consuming alcohol may result in not using a contraceptive method. This relates to the predominant socialization of masculinity, which more likely leads to violent or risky behaviors outside the family environment such as alcohol and drug abuse, with all that this implies at a decision-making level (28,29).

We believe that interventions on sexual and reproductive health in educational establishments should be led by the family planning units in conjunction with the teaching staff, and should be carried out at a younger age, not only in high school but also when individuals have not yet had sexual contact, so that efforts are not aimed at changing attitudes but at providing correct information. This is especially important because it has been observed that pregnant adolescents under 14 years of age – an increasingly frequent situation – often have adolescent partners, and their babies show higher neonatal and infant mortality rates as well as more frequent low birth weights (28).

The need for more information in the study population shows that it is necessary to intensify the activities of dissemination of information on sexual and reproductive health. It is recommended that these activities be carried out in the environment surrounding adolescents, for example in their schools, attempting to approach adolescents from their sexual realities, encouraging the expression of their fears and taking into account their experiences and the conditioning factors of their environment (27,28,31). At the same time, an attractive method to deliver information should be evaluated, particularly as access to the Internet to consult all kinds of issues – including those related

SALUD COLECTIVA, Buenos Aires, 9(3):391-400,September - December, 2013

to sexuality and contraceptive methods – is becoming easier (32). Moreover, for future research studies we should bear in mind that religion is an aspect of belief and social identity of great weight in sexuality, especially among adolescents (33).

Finally, the study of sexual behavior in adolescence poses a challenge since it is necessary to devote special effort to develop uniform and standardized methodologies that can contemplate the complexities of sexuality in its subjective, cultural and social dimensions, taking into account that unlike what happens in higher income levels (34), consultation by adolescents regarding sexual and reproductive health is not supported by their parents in middle and lower socioeconomic levels, and it is these adolescents who attend family planning centers and are in strong need of information.

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