





## Contraception and maternity: Findings of a qualitative study with 18- and 19-year-olds in four provinces of Argentina

Anticoncepción y maternidad: Hallazgos de un estudio cuanti-cualitativo con adolescentes de 18 y 19 años de cuatro provincias argentinas

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**ABSTRACT** The article analyzes the factors that facilitate or hinder access and effective use of contraception by 18- and 19-year-olds living in the cities of Resistencia (province of Chaco), Posadas (province of Misiones) and Santiago del Estero (province of Santiago del Estero) as well as the health regions V and VII of the province of Buenos Aires. Data comes from a survey applied to a purposeful sample of 480 adolescent females (including respondents without children, with one child, and with more than one child) and 21 semi-structured interviews with a population of the same profile. In response to the survey, 74.2% reported using contraception “always” and 12.2% “most of the time.” The pill and condoms were the most widely used methods (41.7% and 37.0% respectively). Only 13.2% used a mid- to long-term method (intrauterine device or injectable contraceptive). The main reasons reported by those who “never” use a method (13.6%) were: wanting to become pregnant (27.6%) and partner refusal (27.6%). The interviews revealed difficulties in the use of contraception methods and deficits in contraception counseling.

**KEY WORDS** Contraception; Adolescent; Argentina.

**RESUMEN** El artículo analiza los factores que favorecen o dificultan el acceso a los métodos de anticoncepción y a su uso efectivo por parte de adolescentes residentes en las ciudades de Resistencia (Chaco), Posadas (Misiones) y Santiago del Estero (Santiago del Estero) y en las regiones sanitarias V y VII (Buenos Aires). Los datos provienen de una encuesta aplicada a una muestra intencional de 480 adolescentes de 18 y 19 años (sin hijos, con un hijo y con más de un hijo), y de 21 entrevistas semiestructuradas con población de similares características. El 74,2% de las encuestadas reportó usar un método anticonceptivo “siempre” y un 12,2% “la mayoría de las veces”. Los métodos más utilizados fueron la píldora (40,7%) y el preservativo (37,0%). Solo el 13,2% utilizaba un método de mediana o larga duración (inyectable o dispositivo intrauterino). Los principales motivos reportados por quienes “nunca” usaban métodos (13,6%) fueron estar buscando un embarazo (27,6%) y la oposición de la pareja (27,6%). Las entrevistas revelaron dificultades con el uso de los métodos y déficits en la consejería anticonceptiva.

**PALABRAS CLAVES** Anticoncepción; Adolescentes; Argentina.

## INTRODUCTION

In Argentina, as in other countries of the region, the interest in studying the sexual and reproductive behavior of adolescents arose from the concern about the understanding of the phenomenon of adolescent fertility, and deepened from the HIV/AIDS epidemic onward.<sup>(1)</sup>

Nowadays, this interest remains, as pregnancy is in most cases unwanted, and relatively high (65 per thousand in 2013) compared to other neighboring countries, such as Uruguay, Chile, and Brazil, and has increased by 14.6% between 2003 and 2013.<sup>(2)</sup> In addition, there are great regional differences, ranging from 29.8 per mille in the Autonomous City of Buenos Aires to 91.4 per mille in Misiones, and 90.2 in Formosa.<sup>(3)</sup>

Unlike the rate of adolescent fertility, there has been a registered decline in the birth rate of second-born children or children of higher order of birth among adolescents: in women aged 18 and 19, birth rate decreased from 31% to 26% between 2001 and 2006, and kept stable until 2011. The main reason may be that – as seen in other Latin American countries – adolescents have started using contraceptive methods in a more effective and systematic way after the birth of their first child.<sup>(4)</sup>

The knowledge acquired after two decades of academic research shows that adolescent fertility and motherhood follow a pattern similar to other countries of the region.<sup>(4,5,6,7)</sup> The ones who become mothers during this period are, in most cases, adolescents from a poor background. Although differences in social classes exist, knowledge regarding contraceptive methods and ways of HIV transmission and prevention is extended. However, this does not mean that the use of contraceptive methods is regular or effective.<sup>(8)</sup> Looked at from a historical perspective, the use of contraceptive methods has increased (especially at sexual initiation, a transition that is coming slightly earlier), but differences exist according to sex, age, and education level. Women and adolescents under age and those who live under

the poverty line are more vulnerable to unintended pregnancy and sexually transmitted infections.<sup>(9, 10)</sup>

In fact, the majority of cases of adolescent pregnancy are unplanned,<sup>(2)</sup> which is maintained through generations and birth orders.<sup>(11)</sup> There is evidence that older female adolescents living with their partner and being outside of the education system are the ones who, in most cases, declare to have tried to become pregnant.<sup>(12)</sup> After the birth of their first child, the use of condom decreases and the use of hormonal contraception increases, although they are not always effective.<sup>(11,12)</sup>

These data indicate that access to reproductive health services for adolescents is an issue to be studied much deeper,<sup>(6,8)</sup> taking into account that the “issue of planned or unplanned pregnancy” is complex,<sup>(13)</sup> and that the public policies focused on preventing adolescent childbearing must go beyond sexual education and delivery of contraceptive methods.<sup>(14)</sup>

In Argentina, in 2002 Act 25673 was enacted for the creation of the National Program for Sexual Health and Responsible Procreation [*Programa Nacional de Salud Sexual y Procreación Responsable*],<sup>(15)</sup> which was regulated in March 2003; and in 2006 Act 26150 was enacted for the creation of the National Program for Comprehensive Sex Education [*Programa Nacional de Educación Sexual Integral*],<sup>(16)</sup> among other provisions. In a context in which significant legislative and programmatic changes aimed at promoting the reproductive and sexual health of population in general and of adolescents in particular have taken place, it is pertinent to research the factors that facilitate or hinder access to contraceptive methods and their effective use from adolescents’ point of view. It is important to produce information on this issue for specific populations in order to guide reproductive health policies and improve the implementation of programs.<sup>(6)</sup>

This article aims at contributing to the knowledge of this matter through the analysis of information about the sexual behavior and the intentions and reproductive behavior of women aged 18 and 19 living in the capital cities of three provinces of the north

of Argentina and the health regions V and VII of the province of Buenos Aires. These provinces are the ones with the highest adolescent fertility rates and a great part of the population living under poverty conditions and receiving public healthcare services.

The information is provided by a broader mixed methods study (titled “Causas y consecuencias del embarazo en la adolescencia en sectores vulnerables” [*Causes and consequences of pregnancy during adolescence among impoverished sectors*]) which examined the factors associated with adolescent pregnancy, emphasizing the main causes that lead female adolescents to give birth to a second child. As a result of this research, an article on the environments in which adolescent pregnancies take place<sup>(11)</sup> and another article on sexual initiation<sup>(17)</sup> were published. This article reports unpublished data about a special survey applied to adolescents aged 18 and 19.

## METHODOLOGY

We developed and conducted a survey with a non-representative sample of 1,571 adolescents and young women aged 18 to 24, in the cities of Resistencia (Chaco), Posadas (Misiones), Santiago del Estero (Santiago del Estero), and health regions V and VII (Buenos Aires). In addition, 45 semi-structured interviews were conducted with women from this age group in 2012. The selected provinces have the highest adolescent fertility rates and the greatest proportion of women aged 15 to 19 that have given birth to more than one child. The province of Buenos Aires, for its part, is the district with the highest number of adolescent mothers, both primiparous and multiparous. The health regions of this province were chosen along with the area authorities according to programmatic priorities.

The adolescents and young women were recruited in health centers and hospitals (with prior consent of the relevant authorities) when they attended a consultation (for

example, gynecological visits, pregnancy check-ups, and so on) or took their children to medical controls (health wards, pediatric hospitals). They were invited to participate and informed about the conditions: participation was voluntary, anonymous, and confidential; they could stop the survey or the interview or avoid answering any question; and if they accepted, they were asked to sign an informed consent. The research protocol was submitted to an ad hoc Ethical Committee composed of three researchers (from the Gino Germani Research Institute [*Instituto de Investigaciones Gino Germani*], Faculty of Social Science, Universidad de Buenos Aires, and the Population Studies Center [*Centro de Estudios de Población*]) for approval. Their favorable opinion was duly submitted to the World Health Organization, whose contribution was decisive for the development of the study.

Considering the aims of our study, and in order to ensure the number of cases for substantive and quantitative analysis, we surveyed an equal number of women who did not give birth to a child during adolescence, women who gave birth to a child during adolescence, and women who gave birth to two or more children during adolescence.

The survey collected data related to the context in which the women were raised and their educational and work trajectories; their ages at menarche and the beginning of romantic relations; the age, the context and circumstances of their first sexual intercourse and the knowledge and use of contraceptive methods; and elicited their reproductive histories. The interviews explored, among other aspects, the reasons to use contraceptive methods, their experiences with contraception and the significance given to motherhood.

Moreover, for adolescents aged 18 and 19, the survey included a special module with questions about recent sexual intercourse and contraceptive care at the time of the survey, the knowledge and use of emergency hormonal contraception, and the level of concern about becoming pregnant or infected with HIV/AIDS.

Table 1. Socio-demographic characteristics of the surveyed adolescents aged 18 and 19 (n=480). Cities of Resistencia (Chaco), Posadas (Misiones), Santiago del Estero (Santiago del Estero) and health regions V and VII (Buenos Aires), 2012.

Socio-demographic characteristics	n	%
<b>Level of education and attendance</b>		
Incomplete primary education or less	35	7,2
Complete primary education	68	14,2
Incomplete secondary education	249	51,9
Not attending	171	35,6
Attending	78	16,3
Complete secondary education and more	128	26,7
Not attending	107	22,3
Attending	21	4,4
<b>School attendance</b>		
Attending	103	21,5
Not attending	377	78,5
<b>Marital Status</b>		
Single	252	52,5
Married	8	1,7
In a civil union	195	40,6
Separated	25	5,2
<b>Work</b>		
Currently working	80	16,7
Currently not working	195	40,6
Have never worked	205	42,7
<b>Sexually initiated</b>		
Yes	442	92,1
No	38	7,9
<b>Pregnant at the time of the survey (n=442)*</b>		
Yes	126	28,6
No	316	71,4
<b>Live births (n=442)*</b>		
None	242	54,8
Non-pregnant	147	33,2
Pregnant	95	21,6
1 child	168	38
Non-pregnant	29	6,6
Pregnant	139	31,4
2 children or more	32	7,3
Non-pregnant	30	6,8
Pregnant	2	0,5

Source: Own Elaboration.

\*Among sexually initiated women.

This article is focused on these female adolescents, based on unpublished information from this module and 21 interviews conducted with "late" adolescents (aged 18 and 19), which explored the knowledge,

acceptability and reasons to use or not use contraceptive methods, as well as different perspectives on motherhood. The interviews lasted around 40 minutes, and were recorded with prior informed consent of the

adolescents, and transcribed (fake names are used to ensure anonymity). The material was codified on the basis of descriptors derived from the conceptual framework and “emergent” codes, and, from there on, an analysis aimed at identifying patterns and relations among significant categories was carried out.<sup>(18)</sup> The interest in the behavior of the so-called “late” adolescents is based on the fact that this group accounts for between 50% and 65% of the number of births by adolescent mothers.<sup>(19)</sup>

## FINDINGS

With regards to the socio-demographic profile of the sample (Table 1), 21.5% of the subjects had complete primary education or less, 51.9% had incomplete secondary education (16.3% of which attended school at the moment the survey was conducted), and 26.7% had complete secondary education or more. These data show an educational situation clearly more disadvantageous than the situation registered by the National Survey of Sexual and Reproductive Health (ENSSyR) [Encuesta Nacional de Salud Sexual y Reproductiva] of 2013, according to which 44% of adolescents aged 18 and 19 had complete secondary school or more.

Of the surveyed women, 92.1% had already had their first sexual intercourse, most of which (79.8%) with their boyfriends, and a minor part with a friend (11.1%) or an acquaintance (6.6%). Of the sexually initiated women, 75.3% reported that they had used condom in their first sexual intercourse. Among the women who had not had their first sexual intercourse (7.9%), the main reason had been the fact of “not having found the right person” (43.9%).<sup>(17)</sup> As far as their marital status is concerned, 52.5% declared to be single, 40.6% to be in a civil union, 1.7% to be married, and 5.2% to be separated.

As regards the number of children of the surveyed women, 54.8% had no children (21.6% were pregnant when surveyed and

33.2% were not), 38.0% had only one child, and 7.3% had two or more. In addition, 16.7% of the adolescents were working at the moment the survey was conducted and 42.7% had never worked.

Moreover, 11.4% of the sexually initiated adolescents had not had sexual relations in the three months prior to the survey. Among the women who had sexual relations, about three out of four reported to have only one sexual partner. Of the surveyed adolescents, 77.4% had never had sexual relations under the effect of excessive alcohol consumption, and for 14.1%, this situation had happened “very few times.”

As regards contraception counseling, 70.1% of the adolescents had asked for and/or received information about contraceptive methods from the public health system (hospitals, health centers), and the majority of them (67.5%) had received some method, mostly birth control pills. In fact, the semi-structured interviews revealed a certain consensus among the young women that nowadays it is easier to get access to information than before.

*Now you talk about it at school, at hospitals, everywhere. Taking care of oneself is something normal. (Daiana, 18 years old, two children, Buenos Aires Metropolitan Area)*

*I knew it. I think that we young people know about it, but accidents always happen. A girl can't just say she doesn't know. I think everybody knows about it. (Marianela, 18 years old, one child, Buenos Aires Metropolitan Area)*

Regarding the frequency of use of contraceptive methods among those who had sexual relations in the last three months (and were not pregnant), 74.2% reported that they use them “always,” and 12.2% “most of the time,” which matches with the results of previous studies in Argentina<sup>(9)</sup> and with information provided by, among others, Garcia and Kovama for Brazil. Among the survey respondents who do not use contraceptive

methods frequently (13.6%), the main reasons are wanting to become pregnant (27.6%) and partner refusal (27.6%). The rest of the reasons were related to little sexual activity, fear to the method's secondary effects, lack of money to buy them, and distance from a place to acquire the method. The fact that contraception management depends on the ability to negotiate with the sexual partner speaks of a permanence of gender hierarchy – also observed by Reis Brandão and Heilborn,<sup>(21)</sup> – that needs to be addressed in both sexual education and contraception counseling.

The semi-structured interviews, in turn, shed light on the reasons behind wanting to become pregnant. They are consistent with what is reported in the literature: motherhood may be part of a life project, a type of “passport” to enter adulthood and a source of self-confidence.<sup>(22,23)</sup> Adolescents are aware that this is not the most common interpretation, as demonstrated by the justification given by Carolina (18 years old, one child, Buenos Aires Metropolitan Area) when she explained that she tried to become pregnant: “*There is nothing wrong about it.*” Oriana (19 years old, pregnant, Posadas) declared that she wanted to have a child because she loves children and she “*believed that it was time to start a family.*” Romina (19 years old, one child, Resistencia), on her part, argued that she did not have siblings and “*felt that she wanted to be a mother.*” The testimony of Jessica (19 years, one child, pregnant, Posadas), who faced criticisms from her mother and mother in law, shows that in many cases men also take part in the decision: “*we wished, we wanted to experience the feeling of having a child.*”

The most commonly used contraceptive methods were the pill (40.7%) and the condom (37.0%), and, to a lesser extent, the injection (8.2%), the “double protection” of the pill and the condom (8.2%), and the intrauterine device (5.4%). These data are consistent with the data provided by the ENSSyR, which show that, among adolescents, the use of female contraceptive methods is more frequent at an older age.<sup>(24)</sup> However, the interviewed women also reported the adoption of

unsafe methods such as withdrawal, discontinuous use of condoms, and pill “omissions.”

*The typical trick of ejaculating outside... it eventually happened anyway.* (Daiana, 18 years old, one child, pregnant, Buenos Aires Metropolitan Area)

[Have you ever been told about methods?] Yes, I knew about them. But, what happens is that during adolescence... “Pfff! it’s not going to happen to me.” (Yohana, 19 years old, two pregnancies during adolescence, Resistencia)

Furthermore, the stories also revealed difficulties in communication between adolescents and health professionals about contraceptive methods, their effects, and conditions of use. Both Magalí (18 years old, one child, Buenos Aires Metropolitan Area) and Carolina (18 years old, one child, Buenos Aires Metropolitan Area) had been recommended to take the pill by their female gynecologists, although in the interview both girls expressed doubts about this method. Magalí was considering to change it for the injection (“*I always forget*” [to take the oral contraceptive]), and Carolina was using condoms due to the same reason. Only one of the interviewed women was able to replace the pill with a more comfortable and effective method (the injection). Many women reported that they had become pregnant when they had stopped taking the pill, a method that “made them feel sick” and to which they attributed the cause of stomach ache, allergy, rash, and weight gain.

Since the majority were adolescents that had had contact with health services, their unwanted pregnancies call into question the opportunity and effectiveness of the received contraception counseling. Did the interviewed women take the emergency hormonal contraception (EHC), “the last barrier” when the method used regularly failed or was not used? The question is relevant because previous studies indicated that this method is disseminated basically through non-medical sources<sup>(25)</sup> and that professionals are hesitant to inform about and prescribe it.<sup>(26)</sup>

Knowledge of the use of EHC was not that widespread as that of the condom and the pill: about more than 70% of the interviewed women knew about it and, among them, one out of four had used it the previous year. Knowledge of EHC is somewhat inferior but its use is very similar to that reported in a study conducted in Uruguay.<sup>(27)</sup> The semi-structured interviews indicated that those who had used EHC had not faced any difficulties in acquiring them. Caty summed it up with a short phrase: *“you go to the drugstore and just buy it.”* Jaqui, on her part, had learned about the existence of EHC at school through a teacher who had explained the students how it worked and that it could be taken *“in risky situations.”* However, she *“had read everything about it”* on the Internet before taking it. Other interviewed women had also discovered this method through female friends, classmates, or boyfriends. In accordance with previous studies, the health sector does not appear in their stories as a source of information about this method.

Finally, 77.1% of the women interviewed reported they had received information about HIV/AIDS, but only a minor part (28.4%) knew about “double protection.” When inquiring whether HIV/AIDS was a reason for concern to them, half of the women declared that they were “really” worried (they emphasized the “severity” of the infection), a quarter was “a little” worried, and the other quarter was not worried “at all” (in general, a “stable partner” was considered a form of protection). These proportions are not substantially different from those we obtained asking about their concern about pregnancy: 52.6% was “really” worried about becoming pregnant, 17.2% was “a little” worried, and for the remaining 30.2% there was no reason for concern. If the fact of being a mother is taken into account, adolescent mothers reported that they were “really” worried about becoming pregnant more frequently than adolescents who are not mothers (64.5% against 46.1%). This question was not asked to the pregnant and puerperal women (interviewed during the postpartum period).

As expected, those women who expressed concern about the possibility of becoming pregnant reported they take care of themselves in a greater proportion. Among those who had not “always” used contraceptive methods in the last three months, two-thirds were “a little” worried or not worried “at all” about becoming pregnant, and the remaining third was “really” worried.

The answers to an open question helped understand who was (or was not) concerned about becoming pregnant and why. A group of interviewed women expressed their confidence in the effectiveness of contraceptive care. Their declarations showed assurance: *“there are many types of protection,” “we both take care,” “I’m sure that I take care of myself properly,” “I feel good with this method,” and “I have a lot of information on how to take care of myself.”* Another group specified that becoming pregnant would not mean a problem because they had a stable partner, a job, and money to raise a child, or because they already had one child and having another one would not make a big difference.

The adolescents who expressed concern about the possibility of becoming pregnant explained that it would be an obstacle to their plans because they were currently studying or wanted to continue studying and hanging out. A second group of answers referred to age: *“I am young”* was a common answer that summarized the feeling of not being the right age to be a mother. This phrase usually included a short explanation: they were not prepared, they did not imagine themselves having a child, they did not want to be a burden for their mothers, or they considered it a great responsibility at that moment of their lives. Similar expressions were manifested in the semi-structured interviews:

*Maybe a baby can make your life happier, but I’m too young. Mothers can’t go out. Sometimes they cannot even afford formula milk. They have to borrow it from someone else. (Daniela, 19 years old, no children, Resistencia)*

*A child is a blessing but some girls are in a bad situation. It is better to have a child after you get a job and a house.* (Estefi, 19 years old, no children, Posadas)

[What motivates you to take care of yourself?] *Being able to have a worthy home for the day I have a child... a big house, a good job. I wouldn't like to live with a little baby neither in my mother's house nor in his parents' house. I would prefer to have my own place.* (Nancy, 19 years old, no children, Buenos Aires Metropolitan Area).

Among the adolescents who already had a child, the fear of a new pregnancy was because of the fact that their child was young and required attention and care, or because of unemployment or lack of money to be able to support another child. Other reasons for concern were having suffered during the previous pregnancy, having a sick child, and not having a partner.

## DISCUSSION

The results of our study correspond to "late adolescents" who live in situations of vulnerability as can be seen in the comparison with the data from the ENSSyR 2013 (they have a lower education level, less information about contraceptive methods, are younger and use contraception less at sexual initiation).<sup>(24)</sup>

Our findings confirm many of the trends identified by previous studies in Argentina and in other countries of the Southern Cone.<sup>(7,10,28)</sup> Knowledge of contraceptive methods is quite generalized, and the use of methods, which is relatively high in sexual initiation, decreases afterwards. Pills and condoms are the most commonly used methods, and a small proportion of adolescents using medium and long-term methods is observed. Emergency hormonal contraception is less known than other methods, and information about it comes mainly from non-medical sources.

At the same time, the study shed light on many factors that facilitate or hinder the use of contraceptive methods among older adolescents. Among the facilitating factors, motivation stands out. The use of methods is more systematic among female adolescents who consider pregnancy to be a "concern" (either because it interferes with their studies, or they do not consider themselves to be prepared, or they want to postpone motherhood until they are in a better economic situation, or because they already have children). Among the hindering factors, male partner's refusal, low frequency of sexual relations and fear of side effects of contraceptive methods stood out. Although they are not equally influential, the aforementioned three factors highlight the need for contraception counseling to address the multiplicity of factors influencing the choice of a contraceptive method and the adherence to it (context of the relationship, experience of sexuality, side effects, among other factors). Gender inequality regarding reproductive decisions indicates that reproductive health programs need to train all their staff in gender perspective and reproductive health rights so that they can understand the importance of including men and promoting female users' autonomy to achieve a more effective prevention.

Contraception counseling, which is essential for accessibility of contraceptive methods, seems to be a challenge for professionals due to the variability of the recorded experiences. Whereas many female adolescents expressed feelings of self-confidence and self-efficacy regarding their contraceptive practices, others did not feel confident expressing their doubts, fears and/or preferences. In some cases, the interviewees even reported that the offered method did not meet their needs and wishes.

Finally, some problems regarding the methods more frequently used by adolescents were identified. In the case of the pill, the difficulties are related to its modality (daily ingestion) and to the effects experienced or attributed to the pill. In the case of the condom, incorrect or infrequent use was reported.



## RECOMMENDATIONS

As indicated in a study on adolescent pregnancy prevention in low and middle-income countries,<sup>(29)</sup> in order for adolescents who do not wish to become pregnant to achieve a sustained and efficient contraceptive behavior, professionals need to ensure access to a suitable and acceptable method and to the necessary information to use it properly.

Given the difficulties presented by hormonal contraception, it is desirable to diversify the options of contraceptive methods and include other medium and long-term alternatives such as the intrauterine device,

implants and injections. These methods must be delivered without any obstacles (waiting times, unnecessary studies), and information about them must be transmitted in an accessible language, allowing female users to make informed decisions so that they may have easy access to their removal if they wish to.<sup>(30)</sup> In addition, due to the difficulties related to the use of the pill and the condom and the challenge of keeping a systematic contraceptive behavior in the context of unequal gender relations, it is of key importance that adolescents can have access to emergency hormonal contraception in a timely manner. This is something that health services still owe adolescents.

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