

SEX EDUCATION AND CONTRACEPTIVE PRACTICE AMONGST ABORTION PATIENTS

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Summary. Three hundred and eight Wessex women obtaining induced abortions in the National Health Service, or in a charitable clinic, were interviewed at the time of their operation. Information was obtained as to their sources of sexual knowledge, their use and experience of contraception and their intentions with regard to sterilization in the future.

Whilst there has apparently been an increase in the amount of sex education provided in schools over the last decade, its effectiveness must be in some doubt. There is still a failure to provide contraceptive services which reach younger patients, and it is suggested that family doctors may sometimes miss opportunities to offer their patients full advice as to the methods available.

Introduction

The number of legally induced abortions carried out in England and Wales on resident women increased from 22,300 during the first 8 months after the 1967 Abortion Act to 108,600 in 1972 (Tietze & Murstein, 1975), but has since stabilized at between 100,000 and 110,000 per annum, equivalent to an abortion rate of 11.5 per 1000 women aged 15-44 years.

Several studies of abortion patients have found that between one third and one half of patients had been using no contraception at the time that they became pregnant, and that many of the others had been using unreliable methods (Cartwright, 1970; Lambert, 1971; Grauer, 1972; Bracken, Grossman & Hachamovitch, 1972; Williams & Hindell, 1972). Even when contraception seems to be easily available there is apparently a failure of young people to make use of reliable methods. This has been attributed to continuing difficulties of access by the groups most in need, and to ambivalence about the use of contraception (Editorial, 1975; Lucire, 1975). However, since 1974 family planning services have been provided free under the National Health Service (NHS), so that recently Bone (1978) found that there had been an increase in the proportion of single women aged 16-35 who had ever used oral contraception, from 40% in 1970 to 80% in 1975. During a study of the provision of induced abortion within the Wessex Region, the sources of sexual knowledge, experience of contraceptive usage and

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intentions with regard to future sterilization were obtained from a group of Wessex patients. The data obtained clarify, and help to define, deficiencies in the provision of sex education and birth control.

Methods

During an 8-week period 220 Wessex women obtained an induced abortion at the British Pregnancy Advisory Service clinic at Brighton, and 118 in the District General Hospital in Southampton as NHS patients.

Of these 338, 308 (91%) were interviewed at the time of the operation using a semi-structured interview; 245 patients were interviewed after admission but prior to operation and 63 were interviewed prior to discharge. Nineteen patients were missed from the study as a result of administrative failure and eleven patients did not wish to be interviewed. Partial information was available for some of the women who were not interviewed.

For most of the women interviewed full information was obtained; where information was not complete, analyses have been carried out on the partial data. The data have been analysed with particular reference to age, religion, marital status, social class, and other relevant variables. There were insufficient numbers to enable confounding effects of age and marital status to be separated; χ^2 tests have been carried out where appropriate.

Fifty-six per cent of the sample patients were under 24 years of age at the time of the operation. Fifty-four per cent of the patients were single, 33% married and 13% were separated, divorced or widowed (the previously married).

Results

Source of sexual knowledge

School, friends and home were given as the most important sources of knowledge of sex, school being given as an important source by almost 50% of patients (Table 1). Patients under 20 years of age were significantly more likely than older patients to list school as an important source ($P < 0.05$), and significantly less likely to list friends ($P < 0.01$). Single patients of any age were more likely than married or previously married patients to list school ($P < 0.05$).

There were no significant differences with regard to religion or social class. It is possible that with regard to religion this was because of the small numbers of Roman Catholics involved; only 26% of Catholics, compared with 32% of Protestants and 33% of those with no religious affiliation, said that home had been an important source of knowledge.

Whilst 31% of patients said that a teacher had discussed contraception at school, younger and single patients were significantly more likely to have had such teaching ($P < 0.001$); 58% of patients under 20 years of age had had such teaching.

Table 1. Principal sources of sexual knowledge ($n = 304$)

Source	No. of women	%
School	148	48.7
Friends	108	35.5
Home	94	30.9
Boyfriend/husband	23	7.6
Books/magazines	21	6.9
Higher education	9	3.0
Other	11	3.6
None	5	1.6
Mean no. of principal sources/patient	1.38	

Use of contraception at the time of conception

Forty-five per cent of the patients (Table 2) had been using no method of contraception when they became pregnant and a further 11% had been using an unreliable method (spermicide alone, safe period or withdrawal).

Single patients were more likely than married or previously married patients, and patients aged under 20 years were more likely than those aged 20 or over, to have used no method at all or to have used an unreliable method at the time of conception ($P < 0.01$). Roman Catholics were more likely than Protestants, or those of no religious affiliation, to have used no method or an unreliable one ($P < 0.05$). No differences were found with regard to social class.

Altogether 221 conceptions (67%) were attributed to the failure of patients to use contraception at all or to their using a method inadequately. Whilst 83 patients (25%) blamed the method itself as having failed, 27 patients (8%) were unable to give any explanation. Failure of patients to use effective contraception, to use any

Table 2. Method of contraception at the time of conception

Method	No. of women	%
Sterilized	1	0.3
Oral contraception	41	12.3
IUD	10	3.0
Diaphragm	5	1.5
Condom	88	26.4
Spermicide	10	3.0
Safe period	11	3.3
Withdrawal	15	4.5
Other, not known	2	0.6
None	150	45.0
	333	100.0

method at all, or to use an effective method properly, was more common amongst single patients and amongst patients under 20 years ($P < 0.05$) and amongst Catholics as compared with Protestants or non-believers ($P < 0.01$).

The failure of the method was cited by 50 sheath users (15%), twelve patients using oral contraceptives (3%) and ten patients with an intrauterine device. In addition, thirteen sheath and nineteen oral contraceptive users admitted that they had not been using the method regularly. A number of the oral contraceptive users blamed inadequate information about the method as the reason for the failure; three had become pregnant when they had gastroenteritis, one while changing from a high to low dose preparation, and one who was confused over the day when she was supposed to start her pills.

Past use of contraception

Information regarding the past use of contraception was available for 330 patients (Table 3).

Women under 25 years of age had had less experience of all the reliable methods of contraception except for the sheath than had women over 25 years of age ($P < 0.01$) and single women had less experience than married or previously married women ($P < 0.01$). More women under 25 years of age than older women, and more single than married or previously married women, had never used any contraception ($P < 0.025$). Nevertheless, 42% of single women and 43% of women under 25 years of age had had experience of oral contraception.

More non-believers than Protestants or Catholics had never used any form of contraception, and fewer had had an intrauterine device ($P < 0.05$).

Fewer women from social classes III non-manual, IV, and V had used either withdrawal or the safe period than women of social classes, I, II and III manual ($P < 0.01$).

Table 3. Significance of specified variables on past and present use of contraception ($n = 330$)

Method	No.	%	Age	Marital status	Religion	Social class
Sterilized	1	0.3	—	—	—	—
Oral contraception	199	60.3	**	**	NS	NS
IUD	39	11.8	**	**	**	NS
Diaphragm	22	6.7	**	**	NS	—
Sheath	199	60.3	NS	NS	NS	NS
Spermicide	41	12.4	**	**	NS	NS
Safe period	40	12.1	**	*	NS	**
Withdrawal	68	20.6	*	NS	NS	**
Other	4	1.2	—	—	—	—
None	39	11.8	**	**	*	—

* $P < 0.05$; ** $P < 0.01$; NS, not significant; —, insufficient numbers.

Effect of sources of sexual knowledge on use of contraception

Patients for whom school had been an important source of information about sex were no more likely to have been using a reliable method of contraception at the time they conceived than were those for whom school had not been an important source of information.

Effect of contact with family planning services on the use of contraception

Of the 306 women for whom the information was available, 102 (33%) had had contact with their family doctor for family planning advice or supplies in the previous 12 months, and 29 (9.5%) had had contact with a family planning clinic. A further four patients had had advice from both their family doctor and a clinic and five from a post-natal or gynaecological clinic. Of the 106 women who had had contact with their family doctor, 40 (38%) were known to have signed the family planning form FP 1001 entitling their doctor to a fee.

Those women who had had contact with their family doctor or with a family planning clinic were significantly more likely than the others to have been using a reliable method of contraception at the time they became pregnant ($P < 0.05$). There was a tendency for those women who had signed the family planning form to have been using more reliable methods of contraception than those women who had had contact with their family doctor but had not signed a form, but this did not reach statistical significance. Single women were less likely than married or previously married women, and women under 20 years of age were less likely than older women, to have had contact with a medical source of family planning in the previous 12 months ($P < 0.05$).

Women from social classes IV and V were more likely than women from social classes I, II and III to have had contact with these medical services ($P < 0.05$). There were no differences in service use related to religion.

Intentions with regard to future sterilization

Married women and those in a common-law relationship were asked their views on sterilization in the future. Sixty-four (55%) said that either they or their husbands would be sterilized in the future, 32 (27%) said that neither partner would be, and 21 (18%) either did not know or had not thought about it. There was a significant association with the age of those giving a positive response; of the women aged over 35 years, 26 (87%) said that one partner would be sterilized in the future ($P < 0.001$).

Discussion

The findings of the study confirm those of other workers who have found a low use of reliable methods of contraception in abortion patients despite the apparent availability of family planning advice. The tendency for young women especially to be at risk of pregnancy is again confirmed, whilst there are somewhat ambiguous findings with regard to religion and social class. It appears that the Roman Catholics in the sample were less likely to have used a reliable method of

contraception at the time of conception, whilst the non-believers contained a group of patients who had never used any contraception at all, although at the time of conception as high a proportion had been using reliable methods of contraception as amongst Protestants. Several patients identified the apparent failure of the medical adviser to give them adequate information as the reason for their being unable to use the contraceptive method successfully, whilst erratic use by others supports the idea that these patients were ambivalent in their desire to avoid pregnancy (Editorial, 1975).

Patients who had contact with family planning services were more likely to have been using a reliable method of contraception than those who had not. This in itself must be taken as a promising sign that some abortion patients are potentially users of reliable contraceptive methods. However, the fact is that all these patients had unwanted pregnancies. There is some indication that a woman whom the family doctor formally identifies as a family planning patient, and for whom he claims a fee for providing contraceptive advice, is more likely to obtain a reliable method of contraception than if she had consulted him in the ordinary way. This may indicate a need for family doctors to be more willing to initiate a full assessment of contraceptive needs when these are raised by women.

The failure of younger women to use family planning services again emphasizes the need to orientate services towards this particular group of clients. It is likely that the most successful way of doing this is to provide special clinics and advice centres for young people (Bone, 1978).

The very high proportion of older married abortion patients who are considering sterilization raises the question of the adequacy of services for female sterilization and vasectomy.

One of the encouraging findings is the apparent increase in the provision of sex education in schools and the decline in the importance of reliance on (presumably equally ignorant) friends for sexual knowledge. These findings must be treated with some caution as they are dependent on memory recall for their reliability, but they were striking and in keeping with the known increased effort amongst health education workers. However, only 58% of the under-20s had received teaching about contraception in school, and the fact that all these patients had unwanted pregnancies again raises the question of the content and effectiveness of sex education in schools. So too does the finding that those for whom school had been an important source of sexual knowledge were no more likely to have been using a reliable method of contraception at the time of conception.

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