

OBSTETRICS

KAP Study on Contraception in Teenage Pregnancy at Antenatal Care Clinic and Delivery Room in Chulalongkorn Memorial Hospital

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ABSTRACT

Objective: To assess knowledge, attitude, and practice about contraception in pregnant teenagers.

Materials and Methods: This was a cross-sectional descriptive study. Data collection started from September 2009 to March 2010. Pregnant teenagers, aged 12-19 years old, attending ANC clinic or delivery room at King Chulalongkorn Memorial Hospital were enrolled. The questionnaire consists of four parts; demographic data, contraceptive knowledge, attitudes about pregnancy and contraception, and past contraceptive practices. Data were analyzed using descriptive statistics, chi square test, t-test and Pearson correlation.

Results: A total of 150 complete questionnaires from 285 cases of teenage pregnancy in this study period were collected and analyzed. The mean age of subjects was 17.7 years. Only 52.7% used any contraception at first intercourse. Contraceptive pill was the most common method used (59.5%) and only one-fourth chose condom. Up to 74% of participants were pregnant for the first time and 72% informed that their current pregnancies were unintended. The mean contraceptive knowledge score was $70.0 \pm 9.7\%$. Their knowledge short-acting contraception was significantly more than long-acting contraception ($P < .001$). There was a correlation between knowledge and use of contraception at first intercourse ($P = .012$) and a trend of correlation between knowledge and attitude although not significant. Most of teenagers decided to use contraception by themselves. When they had any problems, only 19% went to see a doctor. Sources of contraceptive information were mainly from school teaching and mass media.

Conclusion: Knowledge on contraception in pregnant teenagers was in average level. There was a correlation between knowledge and the use of contraception at first sexual intercourse. Most cases decided to use contraception themselves (63.5%). Pills was the most common contraceptive method (63.5%).

Keywords: teenage pregnancy, adolescent, KAP study in contraception

Introduction

Adolescent period is the transitional stage of development from childhood to adult that alter both physical and mental changes. Due to lack of knowledge, experience, and counseling, they may have to confront with serious psychosocial and health-related problems, such as sexual transmitted diseases (STDs), including HIV, unintended pregnancies, following criminal abortions that limit opportunities to further education and employment and caused long-term psychosocial and financial problems.

Rapid global communication and mass media were important factors that have impact to many habits included sexual behavior of teenagers. Recently, age at first sexual intercourse has declined all over the world. In Thailand, age at first intercourse was also declined to average of 14 years old. Incidence of sexual transmitted diseases and teenage pregnancies have a tendency to increase each year. In 2007, Ministry of Public Health's records indicated that teenage pregnancies accounted for 14.7% of the total pregnancies⁽¹⁾. Pregnancy in this age range was known to associated with increased risk of low birth weight, both prematurity and intrauterine growth restriction, pregnancy-induced hypertension, cesarean section rate and instrumental delivery⁽²⁻⁶⁾. Moreover, there also have many consequences of socioeconomic and psychiatric problems. Improved contraceptive practices, rather than decreased sexual activity is largely responsible for the declining adolescent pregnancy rate⁽⁷⁻⁹⁾. From previous studies revealed that sexual education in adolescents was limited and misunderstanding, causing wrong attitudes and sexual behaviors⁽¹⁰⁻¹¹⁾.

The primary objectives of this study were to assess knowledge, attitude, and practice about contraception in pregnant teenagers attending at King Chulalongkorn Memorial Hospital. The secondary objectives were to analyze relationship and factors that affect to knowledge, attitude and practice on contraception in this population.

Materials and Methods

Study design

This study was cross-sectional descriptive study,

conducted at the antenatal care clinic and delivery room of the King Chulalongkorn Memorial Hospital. The protocol was approved by the Ethical Committee, Faculty of Medicine, Chulalongkorn University. All subjects gave writtend informed consent prior to study participation. For participants aged under eighteen, parental informed consents were also obtained.

Study population

From the pilot study, sample size was calculated (N=143). A total of 162 adolescent pregnant women attending the ANC clinic and delivery room at King Chulalongkorn Memorial Hospital were randomly selected into the study by opportunity sampling technique. The inclusion criteria were age between 12-19 years old and could complete the entire questionnaire by themselves. The exclusion criteria were inability to understand Thai language or incomplete questionnaires.

Study protocol and data collection

From the objectives, questionnaire was developed from previous study and Department of Health's contraceptive guidebook for adolescents⁽¹²⁾. It consists of four parts that are demographic data, contraceptive knowledge (36 items), attitudes about pregnancy and contraception (12 items), and past contraceptive practices (6 items). In the contraceptive knowledge part was divided into three categories included pregnancy and overall contraception, short-acting contraception (OCPs, emergency pills and condom) and long-acting contraception (DMPA, implants and patches). Contraceptive knowledge and attitudes were calculated into scores by sum of the correct answers divided by the total items of each part. These scores were used for further comparison. Validity was tested by three experts in obstetrics and gynecology. Reliability was tested in 20 teenage pregnant women and obtained the Cronbach alpha equal 0.82. Pilot study was done and mean score \pm SD = 0.59 ± 0.18 . Data collection started from September 2009 to March 2010. All participants were informed about the questionnaire and benefits of the study. After signing the consent forms, they were assigned to complete the questionnaire by

themselves and ensured both anonymous and confidentiality. Incomplete questionnaires were dropped out.

Statistical analysis

Only complete questionnaires were selected to analyze. Descriptive statistics were used for the subjects' demographic characteristics, obstetric and gynecologic data, knowledge scores, attitude scores and contraceptive practice data. The chi-square test, t-test and Pearson correlation were used for comparison. The significance level was considered at $P < .05$. The SPSS version 17.0 was used to calculate all statistical analyses.

Results

The mean age of adolescent pregnant women in our study was 17.67 years (ranging from 14 to 19). Most of them lived in Bangkok (73.3%) with their partners (54.0%). About half (51.3%) of the participants had finished lower secondary school. The occupations were mainly employees and housewives (35.3% both), one-fifth of them was still being student. Mean weight, height and BMI were in normal range (Table 1). Most of them had regular menstruation (87.3%) and 69.3% have dysmenorrhea. Only 52.7% used any contraception at first sexual intercourse. The reasons in non-use group were "I don't know how to," and "It's an unexpected event." Contraceptive pill was the most commonly used at first sexual intercourse (59.5%) and only 25% chose condom (Table 2). Half of the participants had sexual activity 1-2 times/week. Most of them had single partner (73.3%). Most of the participants who used to have abortion were aborted criminally (88.5%).

The mean knowledge score was $70.0 \pm 9.7\%$. These scores were divided into two subgroups by mean score plus SD (77.0%) of the pilot study (Table 3). Twenty eight percent of the participants achieved score higher than the mean score plus SD. The mean score about pregnancy and overall contraception part was $75.8 \pm 13.5\%$, while those about the short-acting and long-acting contraception part were $76.0 \pm 12.1\%$ and $56.7 \pm 17.2\%$, respectively. Their knowledge about short-acting was significantly higher than long-acting

contraception ($p < .001$). More than half of subjects believed that withdrawal method (coitus interruptus) and periodic abstinence (57.3% and 55.3%, respectively) were as effective as other contraception and up to 60% misunderstood that having sex at mid-cycle period was safe. Sixty two percent confused about when to start the first pill and fifty eight percent believed that the emergency pill could protect against pregnancy for a week. About the long-acting contraception, 60% thought that injections lasted for four months and 73.3% said DMPA caused amenorrhea that harmful to their health. Sixty-six percent did not know where to place the contraceptive patch.

There was a correlation between knowledge and the use of contraception at first sexual intercourse ($p = .012$), but there was no correlation between knowledge and education level ($p = .98$), number of pregnancy ($p = .14$), intention of pregnancy ($p = .68$) and previous use of contraception ($p = .16$). The mean attitude score was $74.9 \pm 8.3\%$. There seem to have a correlation between the knowledge and attitude score but not at significant level (Fig. 1). More than half of the participants had positive attitudes to contraception and chose to use any contraceptive method for pregnancy prevention. They believed that unintended pregnancies will quit their future lives and cause many poor consequences, but they mostly disagreed to criminal abortion. More of them also had positive attitudes to condom. They choose condom to prevent pregnancy and sexual transmitted diseases.

About the past contraceptive practices, 115 out of 150 adolescents (76.7%) used to select any of contraceptive method in their lifetimes (Table 4). Pills was the most commonly chosen technique (63.5%). The effectiveness was the most often reason for using each technique (37.4%). Most teenagers decided to use any method by themselves (63.5%). When they had problems with contraception, their boyfriends (37.4%) and parents (33.0%) were the two most common persons that they would consult. The sources of contraceptive information were mainly from school teaching (44.0%) and mass media (42.7%). While the doctors and healthcare providers have had only minor roles (20.7%) on contraceptive information.

Table 1. Demographic characteristics of the study sample.

	Mean ± SD (Range)
Age (years)	17.67 ± 1.50 (14-19)
Weight (kgs)	56.25 ± 11.35 (38.0-123.0)
Height (cms)	157.85 ± 5.76 (145.0-176.0)
BMI (kg/m ²)	22.53 ± 4.14 (15.79-48.65)
Age at first SI	16.25 ± 1.82 (11-19)
Age of current partner	23.01 ± 5.07 (14-48)
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Address	
Bangkok	110 (73.3)
Suburban	27 (18.0)
Others	13 (8.7)
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Living with	
Partner	81 (54.0)
Parents	47 (31.3)
Relatives	12 (8.0)
Others	10 (6.7)
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Educational Levels	
Primary school	9 (6.0)
Lower secondary school	77 (51.3)
Upper secondary school	21 (14.0)
Vocational	40 (26.7)
Bachelor degree	3 (2.0)
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Occupation	
Housewife	53 (35.3)
Employee	53 (35.3)
Student	30 (20.0)
Business	14 (9.3)
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Marital status	
Single	60 (40.0)
Married	87 (58.0)
Widow/Divorce	3 (2.0)

Table 2. Obstetrics and gynecological characteristics.

	N (%)
Menstrual Regularity	
Regular	131 (87.3)
Irregular	19 (12.7)
Dysmenorrhea	
None	46 (30.7)
dysmenorrhea	104 (69.3)
Relationship at first SI	
Boyfriend	144 (96.0)
Friend	6 (4.0)
With agreement	
Be enforced	144 (96.0)
Contraception at first SI	
Yes	79 (52.7)
No	71 (47.3)
Contraceptive methods at first SI	
	N =79
Pills	47 (59.5)
Condom	20 (25.3)
Emergency pills	6 (7.6)
Coitus interruptus	6 (7.6)
SI frequency (per week)	
1-2	75 (50.0)
3-4	55 (36.7)
5-7	10 (6.7)
>7	3 (2.0)
Others	7 (4.7)
Numbers of partner	
1	110 (73.3)
2	25 (16.7)
≥ 3	15 (10.0)
Numbers of pregnancy	
1	111 (74.0)
2	34 (22.7)
3	5 (3.3)
Pregnancy intention	
Unintended	109 (72.7)
Planned	41 (27.3)
Numbers of abortion	
1	24 (92.3)
2	2 (7.7)
Spontaneous abortion	3 (11.5)
Criminal abortion	23 (88.5)

Table 3. Knowledge score describe by overall score and separate in parts.

	mean \pm SD%
Mean score	70.0 \pm 9.7%
Pregnancy and overall contraception part	75.8 \pm 13.5%
Short-acting contraception part	76.0 \pm 12.1%
Long-acting contraception part	56.7 \pm 17.2%
Groups : Good (\geq mean + SD = 77.0%)	42 (28.0%)
Average (< mean + SD)	108 (72.0%)

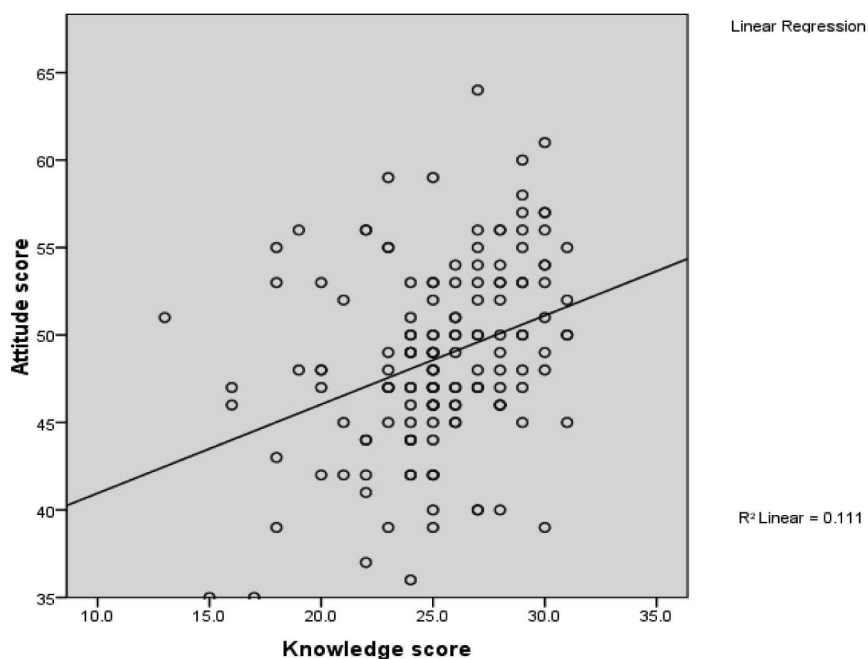


Fig. 1. Correlation between knowledge and attitude score.

Table 4. Past contraceptive practices.

	N (%)
Used any method of contraception	115/150 (76.7%)
Methods : Pills	73/115 (63.5%)
Condom	29/115 (25.2%)
Emergency pills	8/115 (7.0%)
DMPA	5/115 (4.3%)

Table 4. Past contraceptive practices. (cont.)

	N (%)
Reasons for using each method :	
Effectiveness	43 (37.4%)
Suggestion from previous users	29 (25.2%)
Be accessible	22 (19.1%)
Easy to use	18 (15.7%)
Less side effects	3 (2.6%)
Decision to use any method :	
By themselves	73 (63.5%)
Partners/Boyfriends	30 (26.1%)
Parents	9 (7.8%)
Friends	3 (2.6%)
Factors affected decision makings :	
Contraceptive effectiveness	52 (45.2%)
Non-complicated method	32 (27.8%)
Availability in markets	23 (20.0%)
Regularity of using contraception	82/115 (71.3%)
Consultation when having problems :	
Boyfriends/partners	43 (37.4%)
Parents	38 (33.1%)
Doctors	22 (19.1%)
Friends	12 (10.4%)
Sources of contraceptive information :	
Teachers/school teaching	66 (44.0%)
Mass media (TV/radio/newspaper)	64 (42.7%)
Parents/family	47 (31.3%)
Friends	39 (26.0%)
Doctors/healthcare providers	31 (20.7%)

Discussion

From this study, the mean age of teenage pregnancy was 17 years old that was slightly lower as compared to those of American teens which two third occur among 18-19 years old⁽⁹⁾. The mean age at first sexual intercourse was about 16 years that was slightly higher than the national statistics⁽¹⁾. Only half of these teens used any contraceptive method at first sexual intercourse and up to 60% chose oral contraceptive pills, while only one fourth chose condoms. These

findings were in contrast with other studies that showed majority of sexually active teens (74 to 79%) used contraceptives the first time they had sex^(9,13-14). Moreover, condom is the most common contraceptive method used at first intercourse⁽⁹⁾.

Most adolescent mothers were pregnant for the first time and larger portion (72%) reported that their current pregnancies were unintended. The findings were similar to many other previous studies^(6,9,11,15). The explanation may be due to inconsistent using or non-

using any contraceptive methods and relied to traditional, non-effective methods^(6,16). Some teenagers may not know or be unaware of the fact that having unprotected sex will lead to pregnancy. Abortion for unintended pregnancy is still illegal and immoral in Thailand, but most abortions in adolescents were illegal. From American teens' statistics⁽⁹⁾, 27% of teenage pregnancies terminated as abortion. The reasons are concern about inability to afford a baby, feeling insufficiently mature to raise a child and how having a baby would change their lives.

About contraceptive knowledge, the participants had overall knowledge in average level. They also significantly had knowledge about short-acting more than long-acting contraception. Especially in the condom part, two-thirds of them got full scores. From the study conducted 20 years ago by Sakondhavat C et al⁽¹⁷⁾ suggested that sexual education does improved knowledge and attitudes of adolescents but not mentioned about correlation to sexual practices. In Thailand, the government had a policy for more than 10 years to decrease teenage pregnancy rate below 10% as conformed to WHO standard⁽¹¹⁾. Many strategies had been used including promoted abstinence, contraceptive education and STDs prevention, but seem to be insufficient and remained important problem. Many previous studies demonstrated that Thai adolescents' sexual health and contraceptive knowledge was quite low, led to sexual risk behaviors⁽¹⁸⁻²⁰⁾. Although most of adolescents had good knowledge about condom use, but their practices did not be accordingly. Another important thing that should emphasize is knowledge about long-acting contraceptives that are highly effective in preventing pregnancy⁽⁷⁾. From the studies by Stevens-Simon et al⁽²¹⁾ and Thurman AR et al⁽²²⁾ illustrated that teenage mothers using long-acting hormonal contraceptive during the puerperium was associated with pregnancy prevention during 1-2 postpartum years.

There was a correlation between knowledge and the use of contraception at first sexual intercourse but no correlation between knowledge and education level, number of pregnancy, intention of pregnancy and previous used of contraception. In contrast to the study

of Mueller TE et al⁽¹⁴⁾ that showed the association between sexual education and postponing sexual intercourse until age 15, but no association with birth control use at first sexual intercourse among female teens. These findings may indicate that there were other factors affecting sexual and contraceptive practices rather than knowledge.

More than half of the teenage mothers had positive attitudes to contraception and chose to use any contraceptive methods for pregnancy prevention. This finding was different to the study of Sakondhavat C et al⁽¹⁷⁾ that showed negative attitudes to sexual education and contraception in most of adolescents in their study. Most participants had negative attitudes toward adolescent pregnancies that lead to ending of their future lives and cause many poor consequences. The finding was similar to studies of Wiemann CM et al and Fengxue Y et al^(23,24). They concluded that significant proportions of pregnant adolescents feel stigmatized by pregnancy and are at increased risk of social isolation and abuse. However, one study did not support the common assumption that adolescent pregnancy may be a disadvantage for young women⁽²⁵⁾. From our study, most participants had negative attitudes to criminal abortion. This finding was in contrast to Fengxue Y et al⁽²⁴⁾ that showed more adolescents prefer induced abortion and expected abortion services. In Fengxue's study, the population was general high school students, thus the explanation may be due to our population had already been pregnant and they have chosen to continue their pregnancy, so it would be reasonable that they thought in this way.

Most adolescents in our study used to select some methods of contraception. Most of them chose pills and condoms as their contraception that was similar to other studies^(7,9,26,27). Typical failure rates with use of combined oral contraception and male condoms are as high as 5-8% and 14-15%, respectively^(7,26-28). Only few teenagers used long acting contraceptives, including injectables, implants, and IUDs that may be because of lacking knowledge and accessibility. About two-third of participants decided to use any contraceptive method by themselves and one fourth of them was depended on their partners. This finding was similar to

the study of Bunyavejchevin S et al⁽²⁹⁾ that suggested contraceptive counseling should be directed to the teenagers themselves and couple's counseling programs should be encouraged.

Information about contraception was mainly from school teaching and mass media. It was clearly that school teaching should have major roll in sexual education and contraception, but the unexpected finding was that mass media also had important role in contraceptive knowledge. Nowadays, the media (television, movies, music, magazines, internet, etc.) is surrounding and affecting adolescent thoughts and behaviors. From the study of Chandra A et al⁽³⁰⁾ found that exposure to sexual content on television predicted teenage pregnancy and concluded that limiting adolescent exposure to sexual content on television and balancing portrayals of sex in the media with information about possible negative consequences might reduce risk of teenage pregnancy. Another study said in opposite way that the media can be powerful vehicles for sexual health education⁽³¹⁾. From its review showed that giving teenagers freer access to condoms does not increase their sexual activity or encourage virginal teenagers to begin having sex, but it does increase the use of condoms among those who are already sexually active. So these findings tell us that the media have both positive and negative effects to adolescents' sexual education and practices. If we use it properly and manage about inappropriate sexual content, it will be another option to promote contraceptive knowledge.

Another interesting finding was that healthcare providers had only minor roles in both contraceptive information and counseling. This may be explained by the accessibility to services and the factors of adolescent themselves. Most of these teens decided to use the contraception by themselves and some relied on their partners because they might want to conceal their relationship or feel embarrassed and inconvenient to go to healthcare services.

Limitation of this study was mainly from the hospital-based design. All the participants were already pregnant and coming to hospital for antenatal

care. These may imply that they have had some knowledge and positive attitude to their current pregnancy. Further study should be extended to general adolescent population.

In conclusion, knowledge on contraception in pregnant teenagers was in average level. There was a correlation between knowledge and the use of contraception at first sexual intercourse. Most cases decided to use contraception themselves (63.5%). Pillweras the most common contraceptive method (63.5%).

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การศึกษาความรู้ ทักษะคิด และการปฏิบัติเกี่ยวกับการคุมกำเนิดในหญิงตั้งครรภ์วัยรุ่น ที่คลินิกฝากครรภ์และห้องคลอด โรงพยาบาลจุฬาลงกรณ์

อรสา เหมะจันทร์, ทศน์วรรณ รังรักษ์ศิริวร, สุรศักดิ์ ฐานีพานิชสกุล, กำธร พฤกษานานนท์

วัตถุประสงค์ : เพื่อศึกษาความรู้ ทักษะคิด และการปฏิบัติเกี่ยวกับการคุมกำเนิดในหญิงตั้งครรภ์วัยรุ่น

วัสดุและวิธีการ : เป็นการศึกษาชนิดพรรณนา ผู้เข้าร่วมการศึกษาคือหญิงวัยรุ่นอายุ 12-19 ปีที่มาฝากครรภ์หรือมาคลอดที่โรงพยาบาลจุฬาลงกรณ์ ตั้งแต่เดือนกันยายน พ.ศ.2552 ถึงมีนาคม พ.ศ.2553 โดยให้ตอบแบบสอบถามด้วยตนเอง แบบสอบถามประกอบด้วย 4 ส่วน ได้แก่ ข้อมูลพื้นฐาน ความรู้เกี่ยวกับการคุมกำเนิด ทักษะคิดต่อการตั้งครรภ์และคุมกำเนิดและการปฏิบัติที่ผ่านมาเกี่ยวกับการคุมกำเนิด การวิเคราะห์ข้อมูลทางสถิติใช้ร้อยละ ค่าเฉลี่ยและส่วนเบี่ยงเบนมาตรฐานสำหรับข้อมูลเชิงพรรณนา และใช้ chi square test, t-test และ Pearson correlation สำหรับเปรียบเทียบข้อมูลและหาความสัมพันธ์

ผลการศึกษา : ผู้เข้าร่วมการศึกษาคือแบบสอบถามสมบูรณ์รวม 150 ชุด อายุเฉลี่ย 17.7 ปี มีเพียงร้อยละ 52.7 ที่มีการใช้วิธีคุมกำเนิดเมื่อมีเพศสัมพันธ์ครั้งแรก โดยเลือกยาเม็ดคุมกำเนิดและถุงยางอนามัยร้อยละ 59.5 และ 25.3 ตามลำดับ ร้อยละ 74 ของผู้ร่วมการศึกษาค้นครรภ์เป็นครั้งแรกและร้อยละ 72 ไม่ได้วางแผนที่จะตั้งครรภ์นี้ คะแนนความรู้เฉลี่ยเท่ากับร้อยละ 70.0 และค่าเบี่ยงเบนมาตรฐานเท่ากับ 9.7 โดยพบว่าได้คะแนนในส่วนการคุมกำเนิดระยะสั้นมากกว่าคะแนนในส่วนการคุมกำเนิดระยะยาวอย่างมีนัยสำคัญ ($p < .001$) และพบว่าคะแนนความรู้มีความสัมพันธ์กับการคุมกำเนิดเมื่อมีเพศสัมพันธ์ครั้งแรก ($p = .012$) นอกจากนี้คะแนนความรู้มีแนวโน้มที่จะมีความสัมพันธ์กับทักษะคิดแต่ไม่ถึงระดับที่มีนัยสำคัญ ในด้านการปฏิบัติ ร้อยละ 76.7 เคยใช้วิธีคุมกำเนิดมาก่อนตั้งครรภ์ วัยรุ่นส่วนใหญ่ตัดสินใจเลือกวิธีการคุมกำเนิดด้วยตนเอง และเมื่อมีปัญหาเกี่ยวกับการคุมกำเนิดมีเพียงร้อยละ 19 ที่ตัดสินใจมาพบแพทย์ ข้อมูลเกี่ยวกับการคุมกำเนิดส่วนใหญ่ได้รับการสอนในสถานศึกษาและสื่อต่างๆ

สรุป : ระดับความรู้เกี่ยวกับการคุมกำเนิดของวัยรุ่นตั้งครรภ์ในการศึกษานี้อยู่ในระดับปานกลาง ระดับความรู้มีความสัมพันธ์กับการคุมกำเนิดเมื่อมีเพศสัมพันธ์ครั้งแรก วัยรุ่นส่วนใหญ่ตัดสินใจเลือกวิธีการคุมกำเนิดด้วยตนเอง (ร้อยละ 63.5) และวิธีคุมกำเนิดที่เลือกใช้มากที่สุดคือยาเม็ดคุมกำเนิด (ร้อยละ 63.5)
