

Experiencing a teenage Abortion in France: results from the 2007 National Survey of Abortion Patients

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Introduction

Abortion rates have remained rather stable in France since 2000 for all women (14.7/00 women per year in 2007), but have increased among teenagers (15-19 years of age) from 14.0/00 in 2001 to 15.6/00 per year in 2007. While more than 30,000 teenagers have undergone an abortion in France in 2007 (representing 14.3% of all abortions) (Vilain, 2010) very little is known about their abortion experience. Using the first large nationally representative survey of abortion patients conducted in 2007, this paper explores the patterns of access to abortion care and the use of contraception before and after the procedure among teenagers in France.

Methods

The data for this study are part of a nationally representative survey of 8245 women undergoing an elective abortion in Metropolitan France between April and September 2007. The sample was selected using a multi-step procedure. First, a random sample of 184 public or private hospitals was selected after stratification by region and by caseload based on the 2006 national hospital statistics. All women who underwent an abortion in the selected facilities or in a physician's private practice affiliated with the selected facilities during the study period (one or two months depending on women's age and study region) were invited to participate in the study. Women less than 18 were oversampled by extending the inclusion period to two months. An estimated 66% of the hospital-based abortions performed during the study period are represented in the dataset.

Each woman was assigned a sampling weight that was inversely proportional to the probability of the facility being selected in the sample and to the duration of the study period. A further adjustment was introduced to reflect the characteristics of women undergoing an abortion in France (age, abortion technique and type of facility) based on national abortion statistics provided by hospital records. All analyses are weighted to take the complex sampling design into account.

A total of 1,573 women, (15.7% of the initial sample) were less than 20 years of age. After excluding women who reported their pregnancy was terminated for medical reasons (n=48), the study population comprised 1,525 women aged 13 to 19 years of age.

This study was designed to explore the socio-demographic characteristics of women undergoing an abortion, their use of contraception before and after the procedure and the patterns of access for abortion care in France. Data were collected by means of two questionnaires at the time of the procedure. The physician or midwife who performed the abortion collected medical information on women's medical and reproductive histories, on the gestational age at the time of the abortion and the type of procedure. Women completed a self-administered questionnaire providing information on their socio-demographic background, their contraceptive use at the time of conception and the patterns of access to the abortion facility. A common anonymous identifier for each woman related the medical and the patient questionnaires.

After describing the socio-demographic characteristics of teenagers undergoing an abortion in France, we explore the patterns of access to abortion care and examine the use of contraceptive before and after the procedure.

Results

A majority of teenagers (59%) were over 18 years of age (age of majority in France) (Table 1). Three quarters were still living with their parents and two thirds were students. Only a minority had given

birth before (14%), or were living in a couple (12%). Fourteen percent reported they had experienced a prior abortion. When asked about the timing of the pregnancy, 82% reported they had not planned to become pregnant at all, 7% had planned to become pregnant later, 6% had never thought about it and 3% didn't know. The remaining 2% declared they had planned to become pregnant at that time.

Table 1: Characteristics of teenagers undergoing an abortion in France in 2007

Total	n=1525	%
Age		
	<18	41
	18-19	59
Living in a couple		
	yes	12
	no	88
Type of residence		
	Independent housing	17
	Lives with parents	75
	Other situation (student housing, lives at friends house...)	9
Number of children*		
	0	90
	1	7
	2 or more	3
Prior induced abortion*		
	yes	12
	no	89
Country of birth		
	France	91
	Sub-saharan Africa	4
	Northern Africa	1
	Western Europe / North America / Australia	1
	Other	2
Level of education		
	<High school	72
	High school graduation professional training	9
	High school graduation	15
	> high school graduation	4
Professional situation		
	work	9
	unempLoyed	11
	student	66
	other	14
Health insurance		
	No insurance or government aid	8
	Social security	35
	Social security and private insurance	57
Abortion care		%

Medical facility	
public hospital	84
private hospital	13
physician's private practice	3
Abortion technique	
medical	47
surgical	53

Patterns of access to the abortion

A majority of young women (74%) had talked to their partner about the decision to terminate the pregnancy, 41% discussed it with their mother, 30% with friends, 13% with their father and 21% with another member of the family. Most teens (61%) stated they had taken the decision on their own, 28% declared it was the couple's decision, 6% were influenced by their family and 7% by their partner. Half of them contacted a private practitioner first (27% a GP and 20% a gynecologist), 35% a family planning facility and 13% a private or public hospital.

Three quarters of teenagers (73%) were eligible for both abortion techniques (medical and surgical) as their first medical contact took place before 8 weeks of amenorrhea. Most of them first contacted a private practitioner (27% a GP and 21% a gynecologist), 35% contacted a family planning facility and 13% a private or public hospital.

Forty seven percent of teenagers underwent a medical procedure, on average 11 days [range 10.5-12.7 days] after their first medical contact for the abortion, while those who had a surgical procedure waited on average 17 days [range 16.3-19.2 days]. There was a 3-week difference in gestational age according to the type of procedure: medical abortions were performed at 6.4 weeks [6.2-6.5] of amenorrhea and surgical procedures at 9.8 weeks [9.5-10.1]. Eighty four percent of young women had their abortion in a public hospital, while only a minority had the medical procedure in a physician's private office (only allowed for women aged 18 and over).

Peri-abortion contraception

A small minority of teens (3%) had never used contraception before the abortion. Two thirds reported the pregnancy leading to the abortion followed a contraceptive failure (Table 2), mostly due to condom slippage or breakage (26%), followed by inconsistent or incorrect use of the pill (20%). Results show no differences in contraceptive use before the abortion according to women's social and demographic characteristics (data not shown).

Among the 70% who reported a reason for not using contraception at the time of conception, 31% thought they were not at risk of becoming pregnant and 23% had not planned to have sex. Other reasons included problems with contraceptive methods in the past (20%), not thinking about contraception (14%), partner unwilling to use contraception or wanting a pregnancy (7%), cost (5%), and not wanting parents to know about their contraceptive practices (5%).

A minority of teens (12%) had used emergency contraception to try to avoid becoming pregnant with no significant difference between contraceptive users and non-users at the time of conception (13.2 vs 9.0%, $p=0.07$).

Table 2 : Contraceptive practices in the month of conception

Contraception at the time of conception	%
No contraception	33.5
IUD, implant	0.5
Patch/ vaginal ring	0.5
Pill	20.6
Condom	31.3
Other barrier methods	12.0
Emergency contraception	1.7

« Source : DREES – enquête IVG - 2007 ».

Two thirds of teenagers walked out of the abortion facility with a prescription for the pill while 12% were prescribed a highly effective and long acting method (3% the IUD and 9% the implant) (Table 3). One in five young women reported not receiving a prescription for contraception.

In 68% of cases, teenagers received a prescription for a more effective method than the one they were using before. However, more than half the women who described a pill failure (53%) were prescribed the pill after the abortion while only 20% received a prescription for a long acting method (Table 3). Conversely, 5% of women who were using hormonal methods received no prescription for a method of contraception after the procedure.

Prescription of contraception after the abortion	Contraception before the abortion				Total
	No contraception	Patch- vaginal ring	pill	Condom/ barrier or natural methods	
No contraception	6.70%	0.10%	5.10%	7.60%	19.60%
IUD	0.70%	0.10%	1.30%	0.60%	2.80%
Implant	3.30%	0	2.60%	2.80%	8.80%
Patch- vaginal ring	0.90%	0	0.30%	1.10%	2.30%
pill	21.60%	0.70%	10.70%	33.10%	66.00%
Condom/ barrier or natural methods	0.20%	0	0	0.20%	0.40%
Total	33.50%	0.90%	20.10%	45.40%	100%