

Preventing teenage pregnancies and abortions: is it attainable?

Aversion of teenage abortions and ultimately pregnancies has long been a debated issue. As Hoggart and Phillips' article reports, there is a conspicuous lack of solid data investigating contraceptive risk-taking behaviour leading to teenage pregnancies that terminate in abortions.¹ Although the research was solely confined to London, UK, the findings considerably add to the knowledge base aimed at comprehending teenage mothers that opt for abortion.

Clearly there are multiple factors that influence contraceptive usage: contraceptive knowledge, access to contraception and contraceptive negotiation skills.² The key determinants that influence teenage sexual behaviour are primarily sociocultural, driven by the sexualisation of culture, peer pressure, low self-esteem, embarrassment, media, sexual curiosity, psychosocial environment and drug/alcohol influence, which inhibit young adults' appropriate choice of contraception.¹ Hoggart and Phillips additionally stressed the unwillingness of teenagers to interrupt sexual spontaneity and misconceptions about fertility as significant impediments to contraceptive use.

As much as these research findings add to the body of knowledge that seeks to comprehend the sexual dynamics of teenagers, there seems to be lack of qualitative information on a number of factors that influence teenage sexual behaviour. Hoggart and Phillips seem to disregard obtaining qualitative indicators on effective sex education and yet previous studies have shown that effective school sex education in teenagers may offset sexual activity.^{3,4} Assessing sex education quality indicators like communication skills, quality, quantity and peer education would have been important in determining the quality of sex education available to this teenage cohort and the possible gaps.⁵ The authors seemed also to concentrate on the narrow contraceptive range rather than exploring the contraceptive

services' indicators for meeting teenagers' needs that would actually determine how effective they are, like the youth-friendly reception, confidentiality and specially trained staff.⁵

Some studies have also shown that a history of sexual abuse and poor communication with parents regarding contraception and sexuality increases the risk of teenage pregnancies. These concepts should have been considered in the qualitative survey. An adolescent sample survey in the USA showed that more than 50% of adolescent males considered contraception as solely the girls' responsibility.⁶ Ekstrand and colleagues found similar findings on Swedish boys' perception on contraceptive use.⁷ Information from some of the teenagers' partners would have been useful in understanding the partners' perspectives on contraception, prevention of teenage pregnancies and abortion.

Ekstrand and colleagues additionally found that Swedish teenage boys saw the emergency contraceptive pill (ECP) as a motivation to engaging in unprotected sex.⁷ Assessment of teenage girls' attitudes towards ECP, as a motivation to engaging in unprotected sex in the London survey, should also have been done.

As much as Hoggart and Phillips' research findings seek to answer questions about teenage pregnancies and abortions, there are still gaps in our understanding of teenage sexual reproductive health. The issue of teenage pregnancy and abortion will therefore continue to be a significant public health issue and a topic of debate and discussion globally.

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