

Experiences of women over 30 years of age of managing/controlling their fertility prior to a termination of Pregnancy in South Australia

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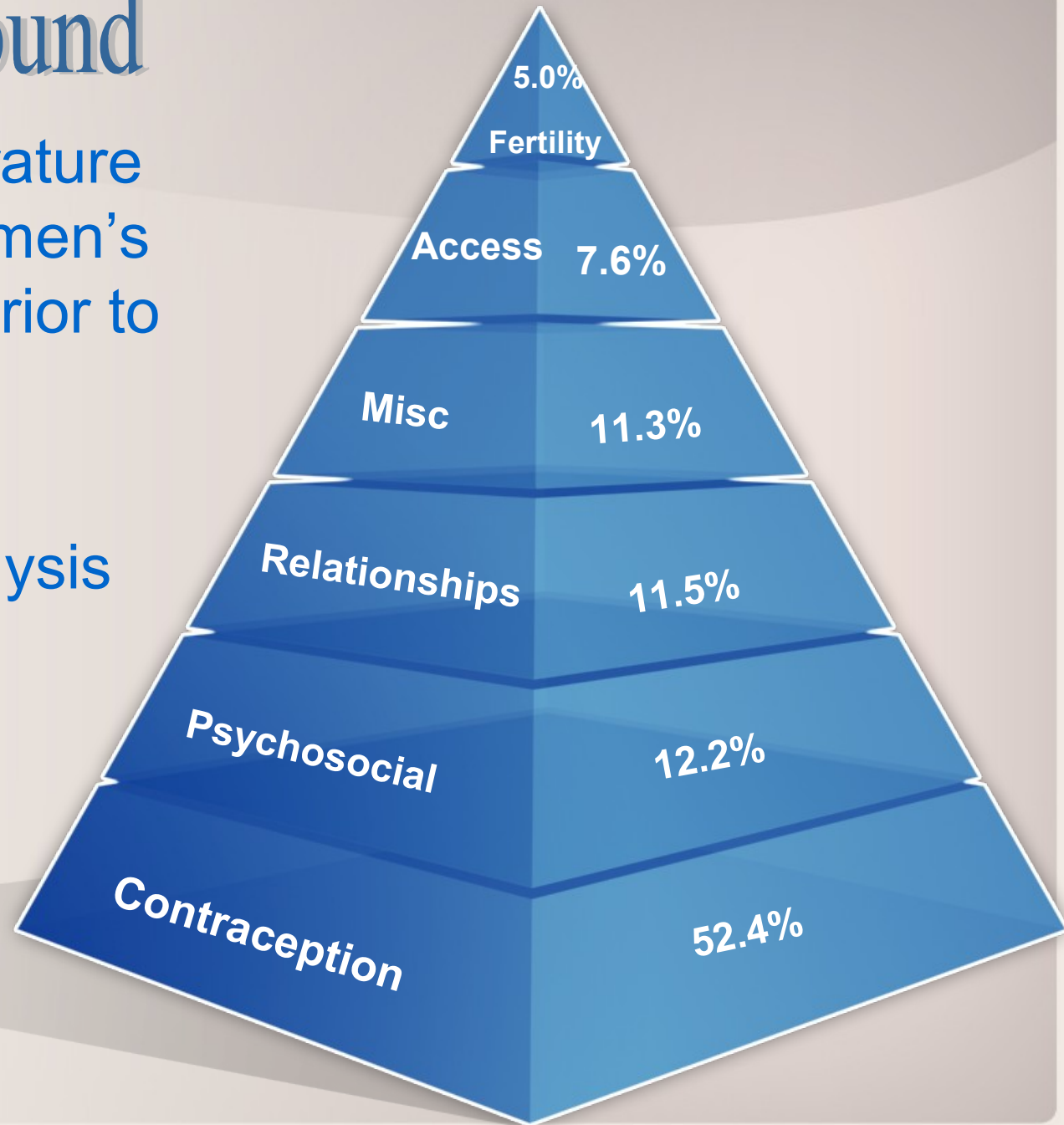
Aim of the research

...to examine fertility management/control issues in women over 30 years of age prior to a termination of pregnancy in South Australia to identify areas for health promotion and education for this age group.



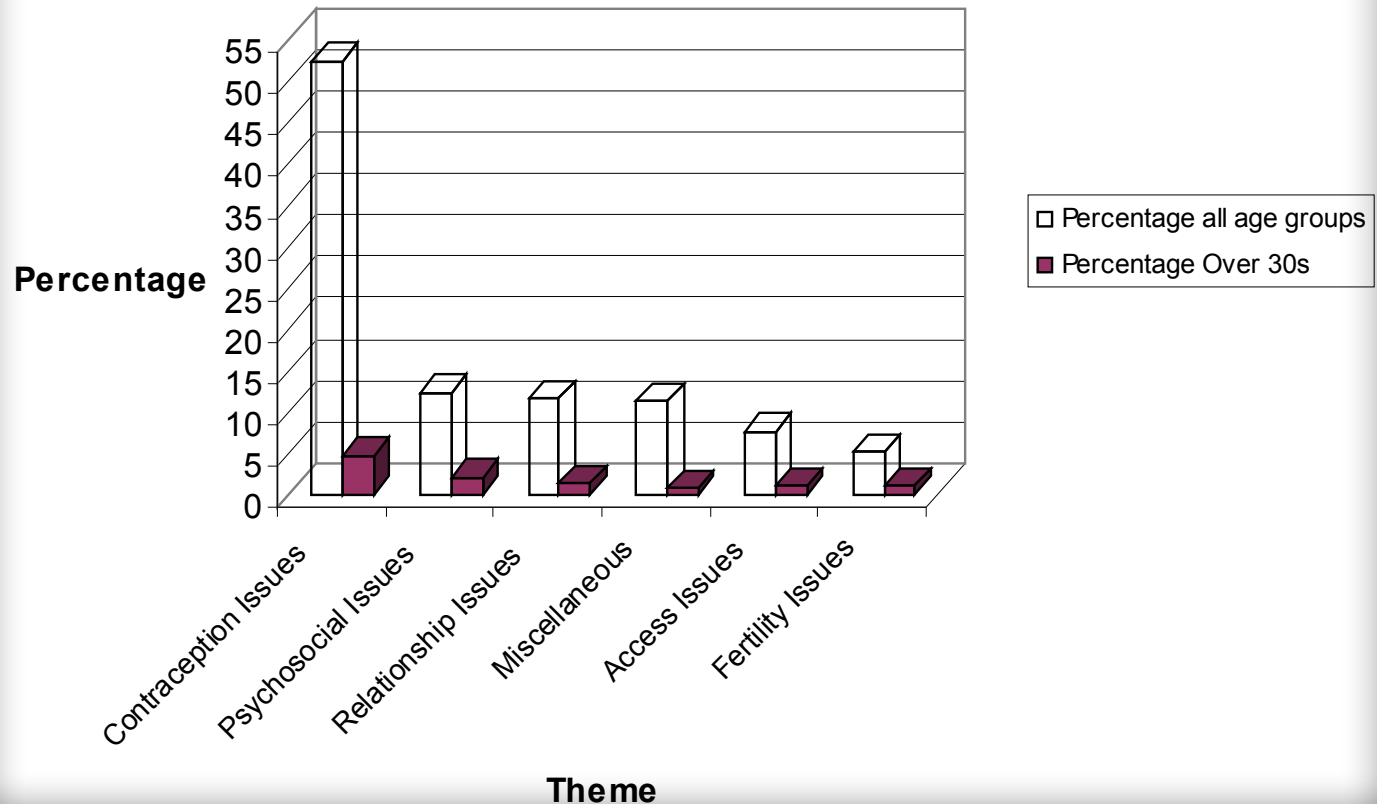
Background

- Extensive literature search on women's experiences prior to a TOP
- 85 articles
- Thematic analysis



What is known about women over 30 years of age

All age groups vs women over 30 years



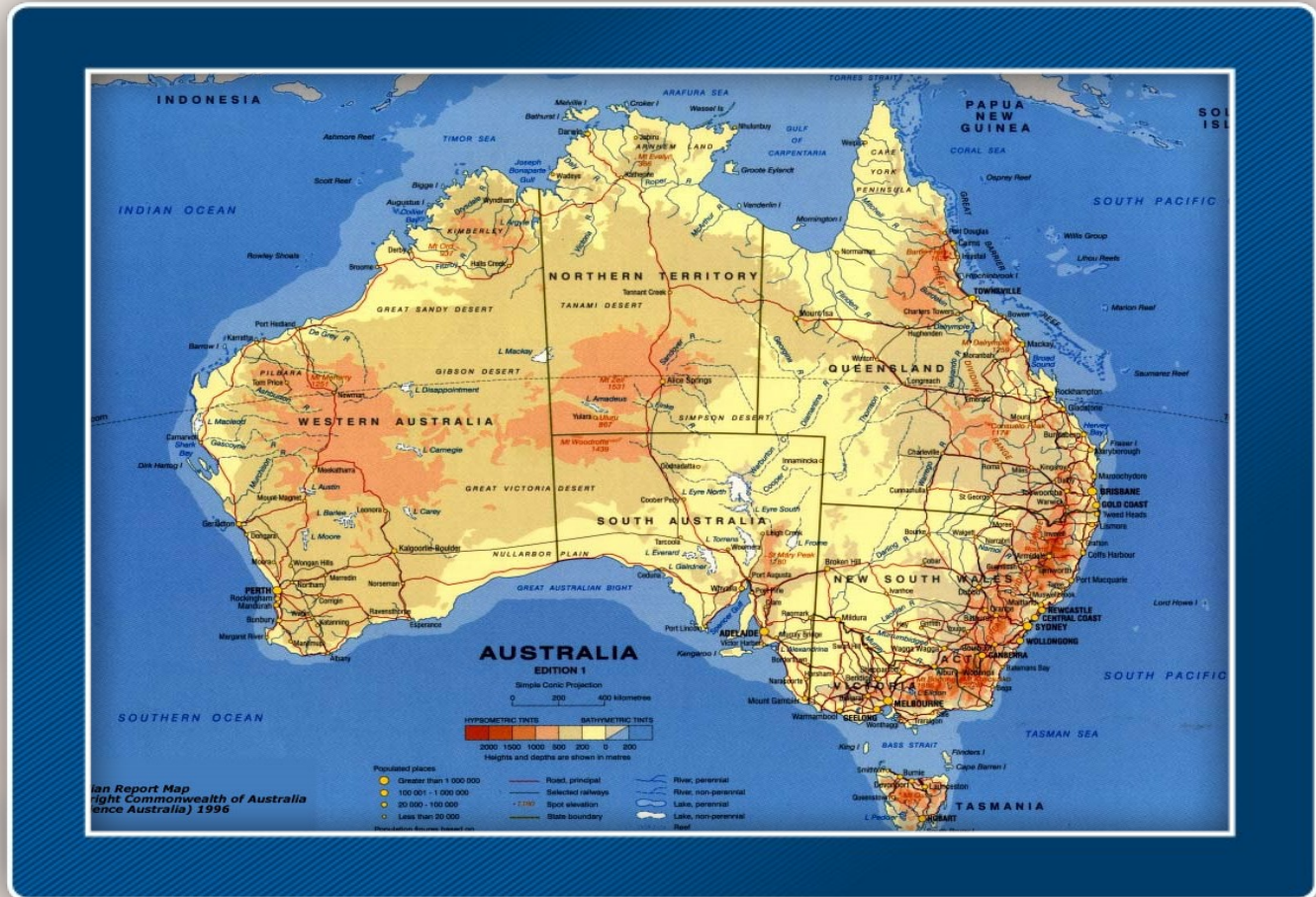


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Setting



South Australia



South Australian Abortion Reporting Committee 2009, *Fifth annual report - for the year 2007*, Pregnancy Outcomes Unit, Epidemiology Branch, South Australian Government, Adelaide.

Ethics

- Flinders Clinical Research Ethics Committee
Central Northern Adelaide Health Services
- Ethics of Human Research Committee
- Child, Youth and Women's Health Service
Research Ethics Committee



Sequential explanatory mixed method approach



QUANTITATIVE



**Connecting
QUANTITATIVE
& qualitative**



Qualitative



**Integration of
QUANTITATIVE
& qualitative
results**

Phase 1 - QUANTITATIVE

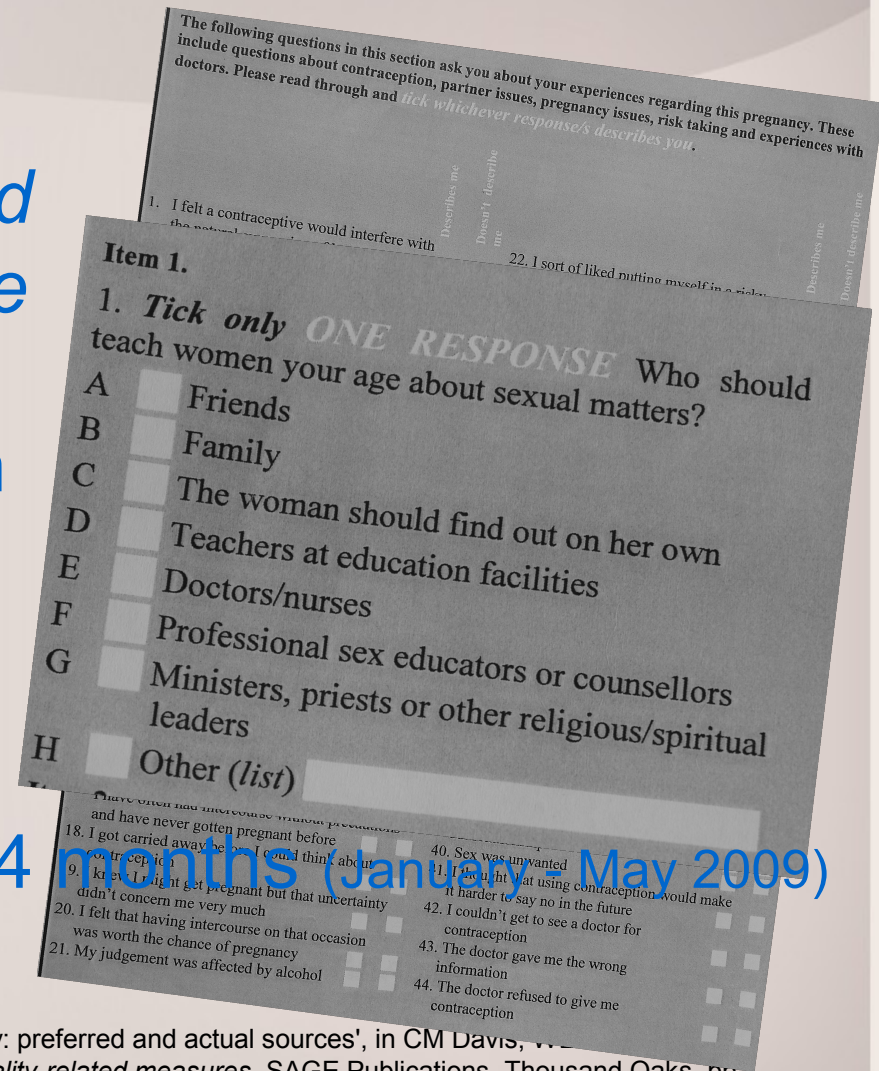
Questionnaire

1. Modified Contraceptive and Sexual Attitude Questionnaire

2. Modified Sexual Education Inventory

Survey period

5 TOP clinics for 4 months (Jan - May 2009)



Bennett, SM & Dickinson, WB 1998, 'Sex education inventory: preferred and actual sources', in CM Davis, W. B. Bennett & G. Schreer (eds), *Handbook of sexuality-related measures*, SAGE Publications, Thousand Oaks, pp. 196-200.

Miller, WB 1975, 'Psychological antecedents to conception among abortion seekers', *Western Journal of Medicine*, vol. 122, no. 1, pp. 12-9

Analysis - Phase 1

- 101 responses entered into SPSS V16
- Weighted data
- Simple descriptive statistics
- Student T-tests, Chi-square, Fishers Exact Test.



Participant characteristics

70.5% Australian

58.8% employed (F/T, P/T)

9.9% on pension/welfare

42.0% on healthcare benefits

81.2% completed high school
education

51.0% were married/defacto

88.3% already had children

52.1% were repeat TOP



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Phase 2 - Qualitative

Sample

4 case studies from 4 different metropolitan regions in Adelaide

Case study selection for the Semi-structured interviews were based on the woman's demographic responses to the questionnaire in Phase 1



Modified Contraceptive and Sexual Attitude Questionnaire

Contraception

Ellen “...some of the times were a bit out but you know not by grossly huge amounts, so I thought, yeah nah I’m fine, you know, all good you know, I’m breast feeding as well, she’ll be right, an yeah obviously not so.”

at the contraceptive

(n=43)

ffects of certain

(n=32)

of beginning a new

31.0% (n=31)

I thought it was during a safe period

30.8% (n=31)



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Modified Contraceptive and Sexual Attitude Questionnaire

Rose “...(for) some
bizarre reason I
thought first night it’s
not going to happen
...”

Psychosocial

I put the possibility of pregnancy out of my mind **36.3%** (n=36)

I thought it couldn’t happen to me **29.5%** (n=30)

My judgement was affected by alcohol **18.6%** (n=19)

Relationships

I got carried away before I could think about contraception **21.4%** (n=21)

He was suppose to withdraw but didn’t **13.2%** (n=13)

Fertility

I didn't think I was fertile **20.3%** (n=20)

The one main source you learnt the most from about medical issues

Kate *“...it was more just the doctor saying...here’s your script, thanks for coming. There was no education,...he, it didn’t divulge [sic] into...umm...my activities, and I just said what, whatever brand it was that you know, a girlfriend was on at that stage”*

The one main source you learnt the most about psychosocial issues from

Ellen “...the ones not judging me, probably why I ...I go to them...”

Moral & ethical questions related to sex

Female friends	30.5% (n=25)
Mother	24.5% (n=20)
Own research	15.4% (n=13)
Professional sex educator or counsellor	12.9% (n=11)

Relationships & sexuality

Female friends	28.0% (n=23)
Own research	21.9% (n=18)
Partner	19.9% (n=17)
Mother	17.6% (n=15)



Where do you get most information from now on sexual matters

Ellen "...there's so many things on there that you the authority of this source but that's behind it and you don't feel like the source is a professional one or whatever, you feel you can't trust the information so it can be time consuming and tedious sometimes..."

Doctor and/or nurse **25.8%** (n=25)

Female friends **25.7%** (n=25)

Own research **13.5%** (n=13)

Partner **13.3%** (n=13)

Professional sex educator or counsellor **12.7%** (n=12)



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Who should teach women your age about sexual matters?

Ellen "...doctor's don't have the time, they don't, they've got other stuff on their mind, they're trying to squeeze you out in 15 minutes, half the time it's not long enough, you know....."

it, 15 years ago"

Doctors/nurses	29.7% (n=28)
Professional sex educators or counsellors	27.0% (n=25)
Own research	20.6% (n=19)
Family	12.6% (n=12)

Who should have primary responsibility for teaching medical issues related to sexual matters

Kel "...people who are trained to deliver in very readily easy, easily digestible ways, umm sex ed,...", and "...that could be, through whatever medium, it doesn't necessarily need to be one-on-one medium but I think my intention behind that was that, it should be, evidence-based sex ed.", and " ... you want **STIs** people who deal with that all the time and they're comfortable **49.5% (n=43)** and they know the best approaches to use."

Professional sex educators or counsellors 26.9% (n=23)

Own research 10.4% (n=9)

Who should have primary responsibility for psychosocial issues related to sexual matters

Moral & ethical questions related to sex

Kel "...is very personal so I think, ...you know having someone teach you that I don't necessarily, I can't see how that works, I think that's something that you explore, yourself because your morals and your ethics are a part of who you are not part of who someone else is, it's not information that's neutral per se, or can be ...umm ...made palatable for everybody because it's your own, it's your own stuff."

Family

24.8% (n=22)

=33)

=21)

=18)

=28)

=24)

Summary

Womens' experiences of their fertility management/control prior to a TOP is complex.

Information sources:

Past – formal & informal sources

Present – mix of formal, informal and indirect sources

Future – predominantly formal sources

Medically trained personnel should be:

- Specifically trained, accessible, non-judgemental and able to provide adequate time for women to meet their sexual health education needs.

Analysis of my findings are continuing and I look forward to presenting these at future conferences & in journal publications.

Thank you

Questions

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