

Pregnancy and termination of pregnancy in underage women

Selected results of a study by the pro familia federal association, promoted by the BZgA

Pregnancies and pregnancy terminations amongst women under the age of 18 in Germany are, by international standards, relatively rare. This is thanks to preventive measures tailored specifically to their target group in which not just schools and families participate but also local advice centres and institutions operating on a regional and national level. The Bundeszentrale für gesundheitliche Aufklärung (BZgA) supports this preventive work with measures and campaigns that are developed on the basis of scientific insights. It is thus dependent on empirical research in order to guarantee that these preventive efforts match the needs of the target group. It is for this reason that the BZgA supported the research project presented here. It was carried out between 2005 and 2008.

THE STUDY'S KEY POINTS

In two quantitative surveys a total of 2,278 pregnant women under the age of 18 were interviewed in 361 advice centres (run by pro familia and the Diakonisches Werk of the Protestant church in Germany) after they were given pregnancy guidance counselling or general pregnancy advice. In addition 62 women who had become pregnant prior to their 18th birthday were questioned two to three months after a pregnancy termination in the framework of a qualitative survey using set interview guidelines. The project was initiated by pro familia and carried out by a research team of the Department of Sexual Research and Forensic Psychiatry of the University of Hamburg in co-operation with local advice centres.

NEW INSIGHTS

In many issues the results of previous studies on the subject of teenage pregnancies were confirmed, for example regarding the influence of social background and education on the risk of early pregnancies. The young women questioned also delivered

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surprising results. Thus it turned out that the vast majority of the women had generally been careful to use contraception in the form of the Pill and/or a condom, i.e. “safe” contraceptive methods. More than half of the unplanned pregnancies in the young women under the age of 18 can be put down to incorrect use and malfunctions. Unprotected intercourse usually took place in “exceptional circumstances”, such as the first time with a new partner. Important information could also be gained regarding the question of why the young women did not take advantage of the “morning-after pill” following a contraceptive malfunction. The qualitative interviews also provide insights into how the young women coped with the unexpected pregnancy and how they experienced the advice and termination care they received. These insights can be used to generate diverse approaches for the prevention of teenage pregnancies and for the care provided for pregnant women under the age of 18.

How common are pregnancies in women under the age of 18?

Between 1996 and 2001 the pregnancy and termination rates increased somewhat but since 2001 this upward trend has come to a halt. Between 2004 and 2006 the rates even dropped. As is shown in fig. 1 seven to eight of every 1,000 15-to-17-year-olds currently get pregnant; if an estimated number of miscarriages is added this figure rises to eight to

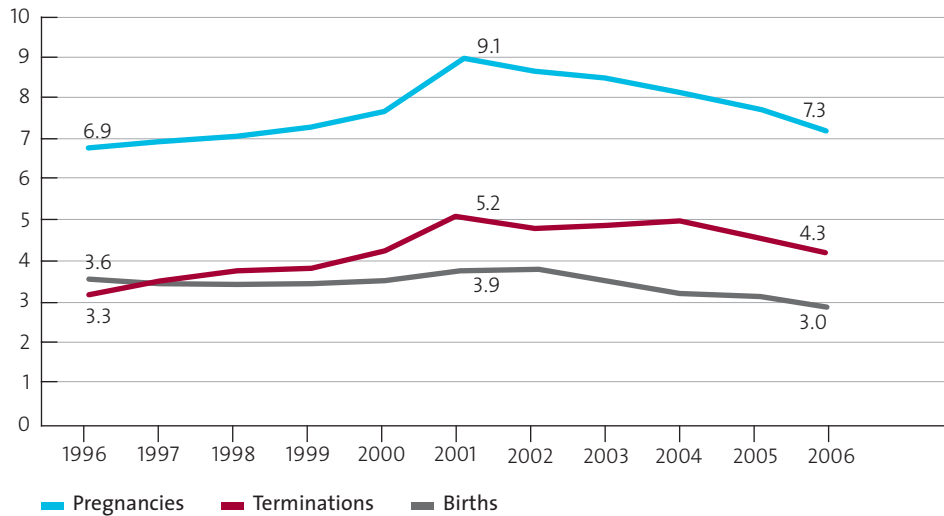
nine of every 1,000 women in that age group. Around four of those 1,000 choose to have a termination. These numbers say more about current trends than about absolute figures. In the 1980s more women under the age of 18 became pregnant in Germany than is the case today.

FIGURE 1: PREGNANCIES*, BIRTHS AND TERMINATIONS IN 15-17-YEAR-OLD WOMEN, 1996-2006 (RATES PER 1,000 WOMEN)**

* Pregnancies = births + terminations. There are no data regarding miscarriages.

** When this report was being written the 2007 data only contained the termination statistics. According to those figures the termination percentage per 1,000 15-17-year-olds was 4.1, i.e. a little lower than in 2006.

Source: STATISTISCHES BUNDESAMT



REGIONAL DIFFERENCES

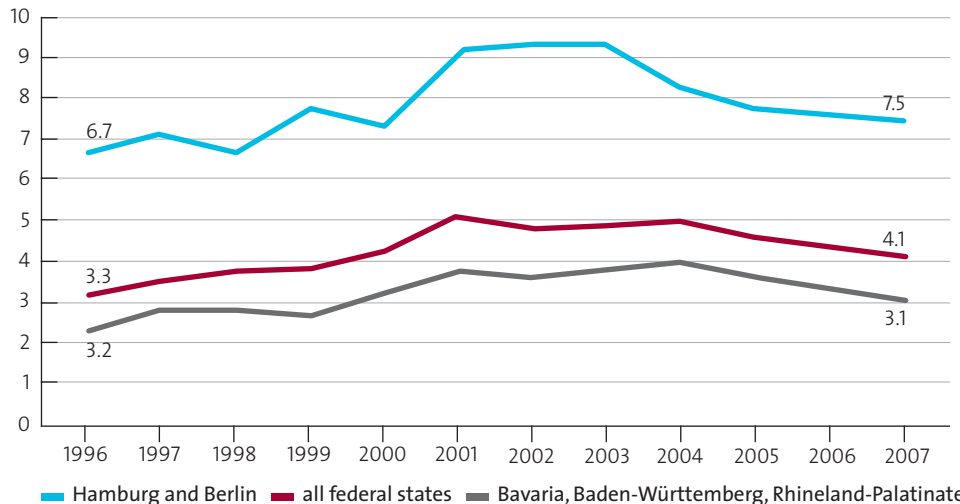
There are significant regional differences in the reproductive behaviour of women under the age of 18. Termination rates (fig. 2), birth rates and thus also pregnancy rates are comparatively low in the south-western federal states (Bavaria, Baden-Würt-

temberg and Rhineland-Palatinate), in Berlin and Hamburg on the other hand they are relatively high. These differences presumably have something to do with the relatively high proportion of socially disadvantaged young people in the cities.

FIGURE 2: PREGNANCY TERMINATIONS AMONGST 15-17-YEAR-OLD WOMEN BY FEDERAL STATE 1996-2007 (RATES PER 1,000 WOMEN)*

* This graph only depicts the termination rates. The absolute number of deliveries made by women under the age of 18 makes estimates about birth rates possible, however. For the year 2004 for example the figure is around 2.7 per 1,000 women for the south-western federal states and around 4.7 for Hamburg and Berlin.

Source: STATISTISCHES BUNDESAMT



TEENAGE PREGNANCIES IN INTERNATIONAL COMPARISON

In an international comparison (with other Western industrial countries) Germany, along with the Scandinavian countries and the Benelux countries, is at the bottom end of the scale regarding the prevalence of pregnancies in women under the age of 18. Great Britain and Canada are to be found in the middle, while the United States is at the top.

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Who gets pregnant?

As is to be expected, it is predominantly older teenagers who get pregnant. Three-quarters are 16 or 17 years old, only 1% are 13 or younger (table 1). From the age distribution in our sample we can estimate the pregnancy rates of the different age groups. According to

those figures five out of every 100,000 12-year-olds currently get pregnant, compared to 12 out of every 1,000 17-year-olds. The response to the question of how many young women currently get pregnant at least once before their 18th birthday is 2.4%.

TABLE 1: AGES OF PREGNANT WOMEN UNDER THE AGE OF 18 (FIGURES IN %)

		pro familia study	Diakonie study	Total
Age	12 years old	0.2	0.2	0.2
	13 years old	0.8	0.2	0.7
	14 years old	7	7	7
	15 years old	17	18	17
	16 years old	33	30	32
	17 years old	42	44	42
		ns		
	Region (years)	12.0–17.9	12.9–17.9	12.0–17.9
	Average (years)	16.6	16.6	16.6

Source: pro familia/BZgA, data set "Schwangerschaft und Schwangerschaftsabbruch bei minderjährigen Frauen" 2008

8% of the women interviewed have foreign nationality, 21% have a migrant background. These values correspond roughly to the values in the general population. There is no evidence to suggest that

teenage pregnancies are more common among migrant women. 84% of the women surveyed had a German partner at the time they became pregnant, while 16% had a foreign one.

THE INFLUENCE OF EDUCATION

Education has a huge influence on the likelihood of a young woman becoming pregnant before she turns 18. Girls at Hauptschule [to age 16: basic secondary school] are affected much more often than women attending Gymnasium (to age 18, academic secondary school). Since there are around the same number of young people finishing Hauptschule and

Gymnasium in the population, it would be fair to estimate the risk of a Hauptschule student becoming pregnant before her 18th birthday to be around five times that of a Gymnasium student. It is clear that a lower level of education and the lack of prospects increase dramatically the risk of being affected by an unplanned pregnancy.

THE INFLUENCE OF SOCIAL DISADVANTAGE

The prevention of pregnancies in women under the age of 18 thus has a very strong social component. Further data (table 2) confirm this finding: according to the figures pregnant women under the age of 18 are particularly often unemployed or without

a training position, they have unemployed parents particularly often too and their partners also have a low level of education particularly often, while the partners are unemployed or without a training position exceptionally often.

TABLE 2: EDUCATION AND CHARACTERISTICS OF SOCIAL DISADVANTAGE IN PREGNANT WOMEN UNDER THE AGE OF 18 AND THEIR PARTNERS* (FIGURES IN %)

		pro familia study	Diakonie study	Total
Woman	Education			
	Hauptschule or less	54	63	56
	Realschule	35	30	34
	Gymnasium	11	7	10
		p=.002		
	Unemployed or without training place**	52	60	53
		p=.10		
Partner	Father unemployed	17	18	17
		ns		
	Mother unemployed	21	21	21
		ns		
	Education			
Hauptschule or less	59	61	59	
Realschule	32	30	32	
Gymnasium	9	9	9	
	ns			
Unemployed or without training place**	32	31	32	
	ns			

* biological father of child

** only women/men who are no longer in secondary education (women: n = 706; men: n = 1,557)

Source: pro familia/BZgA, data set "Schwangerschaft und Schwangerschaftsabbruch bei minderjährigen Frauen" 2008

Contraceptive behaviour

When women become pregnant before they turn 18 our culture leaps to the conclusion that the pregnancies were unplanned and usually also unwanted. And this is indeed the case almost all of the time: 91% of the young women did not plan to become pregnant. 5% of all teenage pregnancies are planned, while 4% of the young women surveyed were unsure of their intentions so they let nature take its course. From the high number of unplanned pregnancies it can be concluded that the large majority of these women either experienced

contraceptive malfunction or they did not use contraception. What was the contraceptive behaviour of the couples during the intercourse in which the young women became pregnant? Clearly it was "worse" than average amongst young people, according to the figures of the BZgA (table 3). The comparison of the two results (intercourse that led to pregnancy; most recent intercourse in a representative sample of young women) makes the enormous significance of the Pill for the prevention of unplanned pregnancies evident once more.

TABLE 3: CONTRACEPTION DURING THE INTERCOURSE THAT RESULTED IN CONCEPTION (PREGNANT WOMEN UNDER THE AGE OF 18)* AND DURING THE MOST RECENT INTERCOURSE (POPULATION OF 14–17-YEAR-OLD WOMEN) (FIGURES IN %)**

		Pregnant women	Population	
Contraception	(1) none	33	2	* without those women (n=103) who had planned their pregnancy ** BZGA (2006) *** coitus interruptus, spray, creams, "safe days" Source: pro familia/BZGA, data set "Schwangerschaft und Schwangerschaftsabbruch bei minderjährigen Frauen" 2008
	(2) unsafe***	2	3	
	(3) condom only	34	26	
	(4) diaphragm, coil	0.2	–	
	(5) Pill	27	48	
	(6) other hormonal method	1	–	
	(7) Pill and condoms	2	22	
	(1–2) none or unsafe	35	5	
	(3–7) safe	65	95	
(4–7) Pill and other hormonal method		31	70	

One surprising result is the fact that 61% of the women interviewed said they had used contraception in the form of the Pill or a condom (table 3). Even though it is likely that not all of these assertions were true, it is clear that the majority of women became pregnant in a situation in which they used "safe contraceptive methods" and thus felt protected. This is true for all age groups and levels

of education, which suggests that the incorrect use of contraception is fairly frequent. With regard to the Pill and condoms as safe contraceptive methods the young women also address other difficulties (tables 4 and 5). They include logistical problems, high costs and the inconvenience of regular doctor's appointments as well as personal reservations and fears.

TABLE 4: THE PILL: DEMANDS AND COMMON DIFFICULTIES

Anforderungen	Schwierigkeiten	Zitate
1. Deciding for the Pill	Decision made by someone else	<i>"I was already using the Pill because my mother wanted me to."</i> (Olli, 16)
2. Visiting the gynaecologist	Scared of the gynaecologist	<i>"I was generally quite scared of the gynaecologist."</i> (Babette, 15)
3. Finding a suitable Pill	Independently choosing to stop taking it Weight gain Side effects	<i>"Sometimes I worry I'm going to get fat because of all the hormones in it."</i> (Paula, 16)
4. Organizing the regular intake	Forgetting to take the Pill Taking it too late	<i>"I accidentally forgot to take the Pill."</i> (Annabelle, 17)
5. Knowing and recognizing exceptional circumstances and reacting correctly	Different medications interfering with each other Diarrhoea Vomiting (alcohol)	<i>"I have asthma and bronchitis and have to take antibiotics from time to time (...) That one time I didn't realize it would make the Pill ineffective."</i> (Fiona, 17)
6. Organizing a continuous supply through regular visits to the gynaecologist	Frequent appointments Long wait times and journeys Costs (feared costs)	<i>"I don't feel like waiting every time and getting a prescription for everything. That's just really annoying."</i> (Tina, 16)

Source: pro familia/BZGA, data set "Schwangerschaft und Schwangerschaftsabbruch bei minderjährigen Frauen" 2008

TABLE 5: CONDOMS: DEMANDS AND COMMON DIFFICULTIES

Demands	Difficulties	Quotes
1. Joint decision of the couple to use condoms	“It’s nicer without” “ruins the mood” “take the sensations away”	“Condoms protect you from diseases when you’re with people you don’t know.” (Dieter, 21)
2. Finding the right size	Honest self-evaluation	“My boyfriend doesn’t really have a very big one so they always slipped off.” (Keisha, 15)
3. Logistics: purchases, costs, supply (sufficient quantities in the right place)	Who does it? Who bears the costs? Access difficulties	“When you go in somewhere you always have to look to the side because you’re so embarrassed.” (Nadja, 17)
4. Actually using/demanding the use of the condom during intercourse	Ability to assert themselves Being competent at interacting	“The condoms were lying next to us, but we didn’t use them.” (Cora, 16)
5. Putting on the condom early enough and correctly, checking that it is on properly, removing it carefully	Incorrect use: torn/burst Slipped off “leaked”	“The condom must have torn or must have had a hole or something like that.” (Jana, 16)
6. Recognizing malfunctions and reacting properly: getting the “morning-after pill”	Lacking control Not aware of malfunctions or suppressing awareness	“I somehow hoped I’d surely have my period soon.” (Beate, 16)

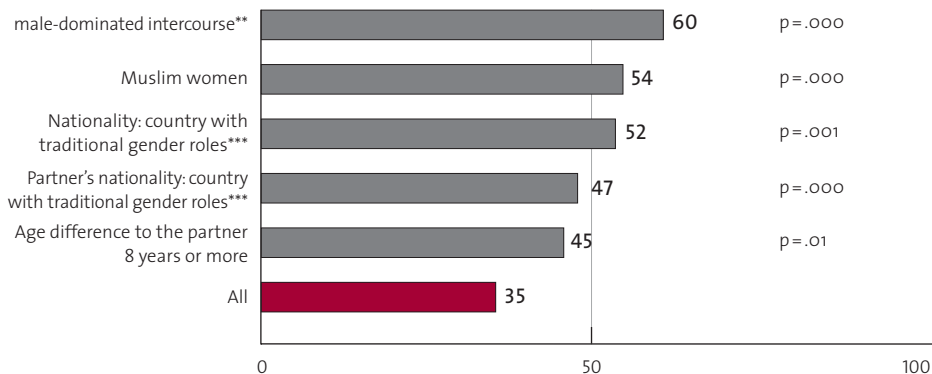
Source: pro familia/BZGA, data set “Schwangerschaft und Schwangerschaftsabbruch bei minderjährigen Frauen” 2008

Unsafe methods have all but disappeared from young people’s contraceptive repertoire (cf. table 3). This is probably a result of the clear messages delivered in sex education (“Only the Pill and/or condoms!”). This strategy has led to many young people reliably using the safe methods on the one hand; on the other hand they prefer to use no contraception at all rather than the “bad” method of coitus interruptus in situations when they want to have sex but

contraception is not available because they hadn’t been able or allowed to obtain any knowledge of, or competence in, this potential method. The contraceptive behaviour is particularly precarious in girls from socially disadvantaged groups as well as from unequal sexual relationships, e.g. in relationships involving large age gaps or in couples where the woman or the partner comes from a cultural circle with traditional gender roles (fig. 3).

FIGURE 3: UNEQUAL SEXUAL RELATIONSHIPS AND THE PROPORTION OF WOMEN NOT USING CONTRACEPTION OR USING UNSAFE METHODS (INTERCOURSE THAT LED TO CONCEPTION, FIGURES IN %)*

* without those women (103) who had planned their pregnancy
The number of cases in the index groups vary between n = 81 (Muslim women) and n = 186 (partner’s nationality).
** The intercourse that led to conception took place as a result of the man’s initiative or under pressure/coercion of the man.
*** Eastern Europe (non-EU), Turkey, Africa



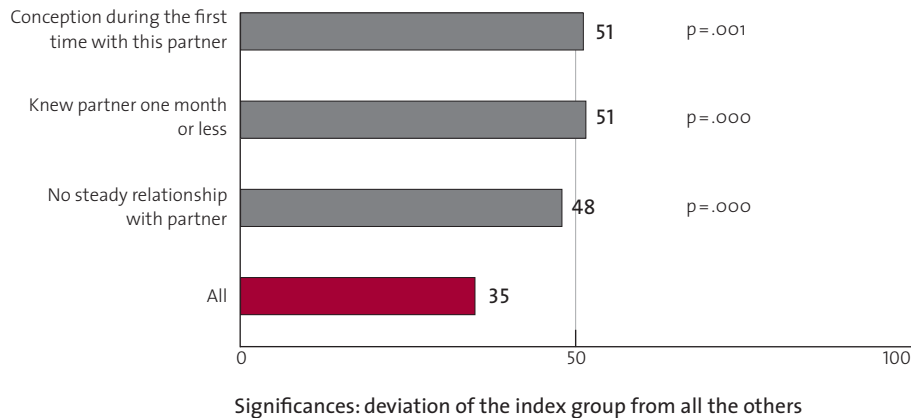
Significances: deviation of the index group from all the others

Source: pro familia/BZGA, data set “Schwangerschaft und Schwangerschaftsabbruch bei minderjährigen Frauen” 2008

In addition the data impressively show that the risk of pregnancy greatly rises if the partner was not well known to the woman on an emotional or sexual level (fig. 4). Thus, the probability of becoming preg-

nant during the first intercourse with a new partner is three times higher than it is during the fifth intercourse, and ten times higher than it is during intercourse in an established sexual relationship.

FIGURE 4: EMOTIONAL AND SEXUAL UNFAMILIARITY OF THE PARTNERS AND THE PROPORTION OF WOMEN NOT USING CONTRACEPTION OR USING UNSAFE METHODS (INTERCOURSE THAT RESULTED IN CONCEPTION, FIGURES IN %)*



*without the women (103) who had planned their pregnancy
The numbers of cases in the index groups varies between n=112 (knew partner 1 month or less) and n=208 (no steady relationship with partner).

Source: pro familia/BZgA, data set "Schwangerschaft und Schwangerschaftsabbruch bei minderjährigen Frauen" 2008

Knowledge of the "morning-after pill"

After risky intercourse there is in principle the possibility of avoiding the risk of an unwanted pregnancy by taking the "morning-after pill". However, 50% of the pregnant young women questioned in the quantitative studies did not know at the time of conception that there was such a thing as a "morning-after pill" or they did not know how to get it. In the group of those who were well informed about the "morning-after pill" socially privileged young women and female Gymnasium students made up the largest proportion. Socially disadvantaged women, women from the eastern federal states, Muslim women and very young pregnant girls were significantly less likely to know about the "morning-after pill" and how to obtain it. The quantitative survey provides detailed information about why the "morning-after pill" is used so rarely even when sufficient knowledge is present:

- For around half of the women interviewed the "morning-after pill" was not an option because they did not become aware of their risk in time. They had not noticed the contraceptive malfunction, had not thought a pregnancy possible or were in denial of the risk of conception.
- The second-largest group of pregnant young women did not use contraception or only used it sporadically for a longer period of time. The "morning-after pill" is not an option for these young women since they would basically have to take it all the time.
- For the other young people the access thresholds (doctor's visit for prescription, too expensive) were too high.

Carrying the pregnancy to term or termination?

According to the data from the Federal Office of Statistics (Statistisches Bundesamt) around 60% of all pregnancies in women under the age of 18 end in a termination. Since most of the women in the context of the quantitative surveys were interviewed early on in their pregnancy we do not have any definitive information about how the pregnancy was concluded. However, we can distinguish three groups in which a termination or a birth is more likely:

- 53% of the women surveyed sought a counselling session under the terms of the termination of pregnancy legislation prior to the 13th week; in this group termination is likely.

- 34% sought general pregnancy advice; the women in this group are likely to carry the pregnancy to term. However, 10% made use of this advice prior to their 13th week of pregnancy, thus they could have still chosen to have a termination.
- 24% of those attending a general pregnancy advice session did this after their twelfth week of pregnancy; they chose to carry the pregnancy to term or did not have a choice anymore because they had become aware of the pregnancy at too late a date.

A total of 8% of the women under the age of 18 only became aware of their pregnancy after the twelfth week of gestation, thus they were no longer able to choose a termination even had they wanted to.

THE ROLE OF THE WOMAN’S AGE AND THAT OF HER PARTNER

With increasing age of the woman and even more so with increasing age of the partner the tendency to choose a termination decreases and the tendency to keep the baby increases (table 6). However, in al-

most all age groups the likelihood of termination is higher than the likelihood of carrying the baby to term. It is only when the partner is 21 years or older that both probabilities are around the same.

TABLE 6: PREGNANCY CONCLUSION BY AGE OF THE PREGNANT WOMEN AND AGE OF THE PARTNER (PREGNANT WOMEN UNDER THE AGE OF 18, FIGURES IN %)

		Termination probable	No termination probable	Chosen to carry the pregnancy to term
Age of the pregnant woman	12–14 years old	62	20	14
	15 years old	61	23	15
	16 years old	52	37	26
	17 years old	49	39	28
		p=.000	p=.000	p=.000
Age of the partner	13–15 years old	66	19	12
	16–17 years old	59	26	17
	18–20 years old	54	33	22
	21 +	44	46	35
		p=.000	p=.000	p=.000

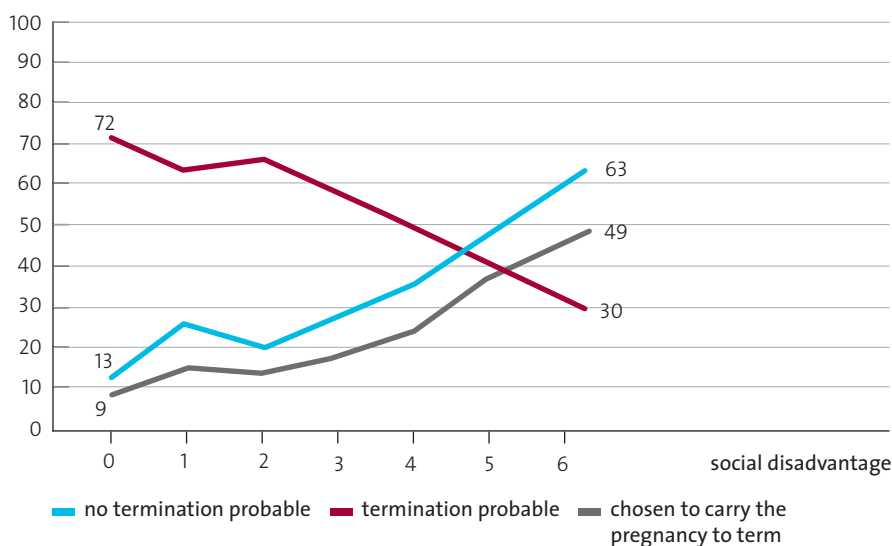
Source: pro familia/BZgA, data set “Schwangerschaft und Schwangerschaftsabbruch bei minderjährigen Frauen” 2008

THE ROLE OF THE SOCIAL AND OCCUPATIONAL SITUATION

However, the largest influencing factor on how a pregnancy is concluded is the young woman’s social situation: with increasing disadvantage the

probability of a termination decreases significantly, while the tendency to carry the pregnancy to term greatly increases (fig. 5).

FIGURE 5: PREGNANCY CONCLUSION AND SOCIAL DISADVANTAGE* (FIGURES IN %)



* Factors taken into account: woman's education, partner's education, woman's parents' unemployment
 0 = very low (both Gymnasium, neither parent unemployed)
 6 = very high (both Hauptschule, both parents unemployed)
 The number of cases varied between n=68 (value 0) and n=663 (value 4).

Source: pro familia/BZgA, data set "Schwangerschaft und Schwangerschaftsabbruch bei minderjährigen Frauen" 2008

The social situation thus significantly influences the reproductive behaviour of women under the age of 18 in two ways: socially disadvantaged young women become pregnant particularly often and if they do become pregnant they also become mothers particularly often. When just looking at those young pregnant women no longer in secondary

education (in this sample only young women who had completed Hauptschule or Realschule [intermediate secondary school], then it becomes clear that the pregnant women without a training place or a job were very much more willing to carry a pregnancy to term than those who were in training or had work (table 7).

TABLE 7: PREGNANCY CONCLUSION BY JOB AND TRAINING SITUATION (16 AND 17-YEAR-OLD PREGNANT WOMEN WHO ARE NO LONGER IN SECONDARY EDUCATION, FIGURES IN %)*

	Termination likely	No termination likely	Chosen to carry the pregnancy to term
Hauptschule			
With job/training place	57	34	21
Without job/training place	29	62	48
	p=.000	p=.000	p=.000
Realschule			
With job/training place	62	25	18
Without job/training place	36	54	41
	p=.000	p=.000	p=.000

* only students who attended Hauptschule or Realschule since almost all Gymnasium students are still completing their education
 The number of cases varies between n=61 (Realschule, without job/training place) and n=302 (Hauptschule, without job/training place).

Source: pro familia/BZgA, data set "Schwangerschaft und Schwangerschaftsabbruch bei minderjährigen Frauen" 2008

From this it can be concluded that good training, job and career prospects are the strongest factors in the decision to seek a termination. These factors are not there amongst the disadvantaged because they do not have these prospects. An added factor

is presumably that young women without training or job prospects see their child as a way to fill their lives with a meaningful purpose, to get recognition through their role as a mother and to receive basic financial security for a short period of time.

Ideas for prevention and advice

62 women were interviewed in the qualitative study who had become pregnant before their 18th birthday and who had had a termination.

The young women provided information about their relationships (with partners) and more detailed information about the circumstances surrounding the conception. They commented at length on their experiences regarding their termination, from the first reaction to the moment they became aware of their pregnancy, the decision-making process, the termination and the period following it. Thus the conflict narratives with their individual characteristics and features could be recreated in detail.

The interviews also take the social and familial situation of those affected into account; they provide insights into the reactions of parents, siblings, the partner and of friends. They document what support structures were available to the pregnant women.

The partners of some of the women interviewed were also included in the survey. They spoke about how they experienced the events; how they acted in their role and what conflicts they had to deal with regarding the termination.

In addition the young women reported in the interviews about their experiences with the pregnancy conflict counselling and the medical care they received, and described how they experienced the actual termination. Their descriptions provide insights into the fears and needs of young pregnant women and deliver important suggestions for optimization and prevention, pregnancy conflict counselling and termination care for this target group.

Numerous interviews as well as detailed results of the study are available in the publication "Schwangerschaft und Schwangerschaftsabbruch bei Minderjährigen", which is part of the series "Forschung und Praxis der Sexualaufklärung".

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SCHWANGERSCHAFT UND SCHWANGERSCHAFTSABBRUCH BEI MINDERJÄHRIGEN FRAUEN



The results of the study “Schwangerschaftsabbruch bei minderjährigen Frauen” are presented in detail in the journal series *Forschung und Praxis der Sexualaufklärung und Familienplanung*. The study investigates how young people experience sexuality and relationships today, which factors increase the risk of unwanted pregnancies and what causes contraception to fail. In the qualitative interviews young women speak about their decision-making processes when faced with an unplanned pregnancy and about their experiences regarding a termination. The study’s results provide important information about how sex education, prevention and care for women affected by unplanned pregnancies can be tailored to the needs and living conditions of the target group.

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Teenage pregnancies internationally

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Representative repeat survey of 14-17-year-olds and their parents

Order number: 13316170

Further information (also in english):

www.forschung.sexualaufklaerung.de

www.bzga-whocc.de

THE RESEARCH PROJECT

SURVEY PERIOD

Quantitative studies:

(A) Core study (pro familia)

June 2005 – February 2006

(B) Validation study (Diakonie)

May 2007 – August 2007

Qualitative survey:

August 2005 – February 2007

PROJECT MANAGEMENT

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TARGET GROUP

Pregnant women under the age of 18

SAMPLE

2,278 pregnant women under the age of 18 (quantitative survey)

62 women under the age of 18 after a termination, 11 partner after the termination of the women interviewed (qualitative survey)

IMPLEMENTATION

Core study: 138 of the 160 pro familia advice centres all over Germany

- Participation quota: 79% of all the pregnant women under the age of 18 who took advantage of an advice session during the survey period
- Type of counselling: 56% statutory pre-termination counselling, 33% general pregnancy counselling; 11% unclear
- Comprehensiveness: 20% of all women under the age of 18 nationwide, who became pregnant during the time of the survey

Validation survey: 223 of 273 counselling centres of the Diakonisches Werk of the Protestant church in Germany

- Participation quota: 81% of all the pregnant women under the age of 18 who took advantage of an advice session during the survey period
- Type of counselling: 51% statutory pre-termination counselling, 39% general pregnancy counselling, 10% unclear

Qualitative survey: 10 large counselling centres operated by pro familia (Kiel, Hamburg, Bremen, Berlin, Magdeburg, Leipzig, Bochum, Saarbrücken, Stuttgart, Munich)

- Survey of 62 women under the age of 18 two to three months after a termination
- Additional survey of 11 partners of the women interviewed

METHODS

Quantitative surveys: standardized documentation form

- Socio-demographic and biographical data
- Information about the partner
- Information about the circumstances surrounding the conception

Qualitative survey: guideline-supported interviews (25 face-to-face interviews; 37 telephone interviews)

- Reactions to the pregnancy
- Circumstances of the conception
- Decision-making processes and conflicts
- Experience of the termination and the termination care
- Sexual biography, contraceptive biography

PUBLICATIONS

BZgA (publisher): "Schwangerschaft und Schwangerschaftsabbruch bei minderjährigen Frauen", Cologne 2009

Further information about the study (also in English): www.forschung.sexualaufklaerung.de

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Bundeszentrale
für
gesundheitliche
Aufklärung

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