

ORIGINAL ARTICLE

## ADOLESCENTS HEALTH LITERACY ON CONTRACEPTIVE METHODS

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### ABSTRACT

**Objective:** to analyze the level of health literacy among adolescents regarding contraceptive methods.

**Method:** a descriptive study, of a quantitative approach, carried out with 288 public school adolescents. The data were obtained with a structured, self-applied questionnaire, sourced from the S-TOPHLA. The descriptive statistical analysis by Pearson's chi-square test was used to measure the connection between health literacy and the use of contraceptive methods, considering a significance level of 5% ( $p < 0.05$ ).


**Results:** participants' mean age was 16.9 years old, ranging from 15 to 19 years old, and the bivariate analysis indicated an association between non-user of contraceptive methods and health literacy ( $p < 0.001$ ).


**Conclusion:** low health literacy identified in this study can have remarkable consequences on the adolescent's life, impacting a not very promising future due to changes in an unplanned pregnancy.


**DESCRIPTORS:** Contraception; Health literacy; Adolescent; Sexuality; Health education.


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## LETRAMENTO EM SAÚDE DE ADOLESCENTES SOBRE MÉTODOS CONTRACEPTIVOS

### RESUMO

*Objetivo:* analisar o nível de letramento em saúde de adolescentes acerca de métodos contraceptivos.

*Método:* estudo descritivo, de natureza quantitativa, realizado com 288 adolescentes de uma escola pública. Os dados foram obtidos com questionário estruturado, autoaplicável, de origem no S-TOPHLA. Foi realizada análise estatística descritiva com o teste Qui-quadrado de Pearson para medir a associação entre o letramento em saúde e a adesão aos métodos contraceptivos, sendo considerando nível de significância de 5% ( $p < 0,05$ ).

*Resultados:* a média da idade dos participantes foi de 16,9 anos variando de 15 a 19 anos e a análise bivariada indicou associação entre a não adesão aos métodos contraceptivos e o letramento em saúde ( $p < 0,001$ ).

*Conclusão:* o baixo letramento em saúde identificado neste estudo pode acarretar consequências marcantes na vida do adolescente, com implicações para um futuro pouco promissor em decorrência de mudanças advindas de gravidez não planejada.

**DESCRITORES:** Anticoncepção; Letramento em saúde; Adolescente; Sexualidade; Educação em saúde.

## EDUCACIÓN EN SALUD DE ADOLESCENTES SOBRE MÉTODOS ANTICONCEPTIVOS

### RESUMEN:

*Objetivo:* evaluar el nivel de instrucción en salud de adolescentes acerca de métodos anticonceptivos.

*Método:* estudio descriptivo, de carácter cuantitativo, que se realizó con 288 adolescentes de una escuela pública. Se obtuvieron los datos por medio de cuestionario estructurado, autoaplicable, de origen en S-TOPHLA. Se realizó análisis estadístico descriptivo con prueba Chi cuadrada de Pearson para medir la asociación entre la instrucción en salud y la adhesión a los métodos anticonceptivos, considerándose nivel de significancia de 5% ( $p < 0,05$ ).

*Resultados:* el promedio de edad de los participantes fue de 16,9 años variando de 15 a 19 años y el análisis bivariado apuntó asociación entre la no adhesión a los métodos anticonceptivos y la instrucción en salud ( $p < 0,001$ ).

*Conclusión:* la baja instrucción en salud identificada en este estudio puede resultar consecuencias considerables en la vida del adolescente, con implicaciones para un futuro poco promisor a causa de los cambios que vienen de la gravidez no planeada.

**DESCRIPTORES:** Anticoncepción; Instrucción en salud; Adolescente; Sexualidad; Educación en salud.

## INTRODUCTION

The definition of adolescence is closely related to age limits, which according to the Child and Adolescent Bill (ECA), ranges from 12 to 18 years old, and for the Ministry of Health, it ranges from 10 to 19 years old. There are also proposals from international organizations that sometimes increase and sometimes decrease the limits of adolescence and youth<sup>(1)</sup>.

Apart from the variation on the age limits, adolescence is considered a phase of tension and discovery due to the countless physical and biological transformations coexisting with psychological and social ones, typical of the age. It is amid of all these transformations that the awakening of sexuality takes place becoming part of the personality of each human being, besides being a basic demand that must be concerned along with other relevant aspects of life<sup>(2)</sup>. Thus, health services and schools must offer guidance regarding mechanisms for preventing unplanned pregnancies.

Adolescent pregnancy, without the proper dimension of its magnitude and parents' support, can trigger disastrous consequences, such as depressive conditions; impaired prenatal care, premature birthing, and even abortions performed by unqualified people, exposing the teen's health<sup>(3)</sup>.

In Brazil, the rate is 62 pregnant teenagers for each group of one thousand young women between 15 and 19 years old. The index is higher than the world rate, which corresponds to 44 pregnant teenagers for each group of one thousand young women<sup>(4)</sup>.

Among the factors related to the knowledge of adolescents, health literacy (HL) has been considered a central aspect due to its value in understanding, measuring, and applying health information in daily life<sup>(5)</sup>. The lack of HL can lead to decisions and actions of physical and mental exposure of adolescents, also to consequences that can expose their personal, professional, and family future, such as early and unplanned pregnancies, often caused by the non-use or incorrect use of contraceptives.

HL can be defined as the individual's ability to seek, understand and use the information for health's maintenance and improvement<sup>(6)</sup>, while health education is defined by the Ministry of Health as a set of pedagogical and social practices, with technical, political and scientific content, that within the scope of health care practices must be developed by workers in the area<sup>(7)</sup>. In consequence, it is implied that health education can contribute to improving HL. The development of this ability by adolescents can contribute to better manage their health throughout their lives since adolescence represents<sup>(8)</sup> an important stage for future decisions about self-care<sup>(8)</sup>.

The concern in developing this study was due to the findings, in scientific evidence, of the requirement to explore the HL of adolescents relating to contraceptive methods. This finding was intensified by the expressed concern in the reports of the Pan American Health Organization (PAHO), the United Nations Children's Fund (Unicef) and the United Nations Population Fund (Unfpa) about the high rates of teenage pregnancies, relating them to lack of access to contraceptive methods and girls sexual abuse<sup>(9)</sup>.

Thus, the objective of the study was defined: to analyze the level of health literacy in adolescents about contraceptive methods.

## METHOD

A descriptive study, quantitative approach, carried out in a public high school in the

urban area of the town of São Miguel do Guamá, located in the northeastern region of the state of Pará, on highway BR010. The school is relatively distant from health services and according to the Director's Office, it does not usually host health actions. The data were collected in April, May, and June of 2019. The sample was randomly composed of 288 students ranging between 15 to 19 years old, which corresponded to 51.42% of the total students enrolled, at this age group, in school.

The inclusion criterion was to be enrolled and attending classes regularly, while for the exclusion criterion, it was established not to have physical and mental conditions to answer the study questions.

The instrument sourced on S-TOFHLA was used for the data collection on the diagnosis of HL<sup>(7)</sup>, adapted by the authors for this study. It is a structured, self-applied questionnaire, with nine objective questions, which allowed evaluating how the adolescent perceives, understands, and uses information about contraceptive methods. To measure the adolescents' knowledge, the established scores were considered, using as the cutoff point the score 22, in two categories: <22 points (bad HL) and  $\geq 22$  points (good HL). Using the nine questions about HL as a reference, a simple score was constructed by adding the possible answers: zero - always; one - often; two - sometimes; three - never. Thus, the score of each participant ranged from zero to 27 points, considering that the maximum value in each question was three.

Besides the instrument for evaluating HL, a questionnaire was used to obtain data on demographic (gender, age, schooling, housing characteristics) and social conditions (living conditions, family income, reading habits, and consumption of tobacco and alcohol).

Contact was made with the School's director for data collection to inform about the study and request institutional support to approach the adolescents, use of physical space, and suggestion of the best times to conduct the interviews.

Once the logistics had been defined a meeting was held with adolescents under 18 years old to clarify the objectives of the study, and to hand out the Informed Consent Form (ICF) to be taken to parents and/or guardians to obtain consent. The next day, on a new visit to the school, the adolescents who carried authorization from their parents and/or guardians were asked to read their consent. The objective of the study was presented for those between 18 and 19 years old and made available the ICF for a formal subscription.

Sequentially, data collection started in classrooms in the morning, afternoon, and at night, respecting the enrollment shift and the adolescents' privacy. First, the questionnaire referring to the socio-demographic profile was applied and then the specific questionnaire to evaluate HL.

The obtained data were inserted into electronic spreadsheets and the analysis was carried out using descriptive statistics. To measure the association between HL and the use of contraceptive methods, Pearson's Chi-square test was used, considering the significance level of 5% ( $p < 0.05$ ).

The research was approved by the Ethics and Research Committee of the *Universidade do Estado do Pará* under decision number 3,157,335 and was granted the institutional permit for its execution. The participants' identity anonymity was ensured by using alphanumeric codes.

## RESULTS

Participants totaled 288 adolescents, being 155 (53.82%) female and 133 of them (46.18%) male. As for the education, 123 (42.71%) adolescents were in the 1<sup>st</sup> year of high

school, 78 (27.08%) of them were in the 2<sup>nd</sup> year of high school and 87 (30.21%) adolescents were in the 3<sup>rd</sup> year of high school. The average age of the participants was 16.9 years old, ranging from 15 to 19 years old.

Those who declared to live with their parents and relatives corresponded to 237 (82.29%) of the adolescents. Among the total, 249 (88.46%) of them lived in their own home. Regarding family income, 223 (77.43%) of them were identified with up to one minimum wage.

It was found that 188 (65.27%) of the adolescents did not have reading habits and 212 (73.61%) of them used alcohol or were smokers. Among all participants, 226 (78.49%) of them were from the urban area and 62 (21.53 %) participants came from the rural area having to travel daily to attend classes. The data are shown in Table 1.

Table 1 - Health literacy and socio-demographic characteristics of adolescents. São Miguel do Guamá, Pará, Brazil, 2019 (continues)

Variables	n=288	%	Health literacy		P-value*
			Good (≥ 22 points) N(%)	Bad (< 22 points) N(%)	
Gender					
Female	155	53.82	50 (56.8)	105 (52.5)	0.498
Male	133	46.18	38 (43.2)	95 (47.5)	
Age					
15 years old	49	15.06	15 (17)	34 (17)	0.195
16 years old	58	19.02	22 (25)	35 (17.5)	
17 years old	78	27.17	17 (19.3)	62 (31)	
18 years old	66	23.34	24 (27.3)	42 (21)	
19 years old	37	14.41	10 (11.4)	27 (13.5)	
Education					
1 <sup>st</sup> Year	123	42.71	44 (50)	79 (39.5)	0.067
2 <sup>nd</sup> Year	78	27.08	16 (18.2)	62 (31)	
3 <sup>rd</sup> Year	87	30.21	28 (31.8)	59 (29.5)	
Lives with					
Parents	237	82.29	17 (19.3)	34 (17)	0.635
Others	51	17.71	71 (80.7)	166 (83)	
Type of housing					
Own	249	19.44	76 (86.4)	173 (86.5)	0.975
Rented	39	86.46	12 (13.6)	27 (13.5)	
Family income					
Up to 1 salary	56	19.44	16 (18.2)	40 (20)	0.926
Up to 5 salaries	223	77.43	69 (78.4)	154 (77)	
Above 5 salaries	9	3.13	3 (3.4)	6 (3)	

Reading habits					
Yes	100	34.72	25 (28.4)	68 (34)	0.349
No	188	26.39	63 (71.6)	132 (66)	
Smoke or alcohol use					
Yes	212	73.61	63 (71.6)	148 (74)	0.670
No	76	26.39	25 (28.4)	52 (26)	
Origin					
Urban area	226	78.49	68 (77.3)	158 (79)	0.742
Rural area	62	21.53	20 (22.7)	42 (21)	

Note: Current Minimum wage: R\$ 998.00.

\* Pearson's chi-square statistical test.

The association between HL and the socio-demographic profile indicated participants' poor HL with the following profile: female (105; 52.5%); 17 years old (62; 31%); attending the first year of high school (79; 39.5%); living with people other than their parents (166; 83%); from the urban area (158; 79%); with no reading habit (132; 66%); alcohol or tobacco users (148; 74%). These results were not considered significant (Table 1).

According to Table 2, adolescents had few guidance opportunities about contraceptive methods, corresponding to 138 (47.9%) participants who reported having had occasional contact and 69 (24.0%) participants reported never having received guidance.

Table 2 - Distribution of variables related to health literacy on contraceptive methods among adolescents. São Miguel do Guamá, Pará, Brazil, 2019 (continues)

Variables	n=288	%
Do you have contact with guidelines on contraceptive methods?		
Always	35	12.2
Frequently	46	16
Sometimes	138	47.9
Never	69	24
Do you have difficulties reading/understand a brochure/folder with instructions on contraceptive methods?		
Always	11	3.8
Frequently	11	3.8
Sometimes	145	50.3
Never	121	42
Do you have difficulties in understanding the instructions that are given verbally by health professionals about contraceptive methods?		
Always	13	4.5

Frequently	28	9.7
Sometimes	128	44.4
Never	119	41.3
Do you ask questions to the doctor/another health professional to clear out doubts?		
Always	26	9
Frequently	32	11.1
Sometimes	120	41.7
Never	110	38.2
Do you or your partner have difficulties using any contraceptive method?		
Always	14	4.9
Frequently	12	4.2
Sometimes	76	26.4
Never	186	64.6
Do you or your partner use any type of oral contraceptive method?		
Always	28	9.7
Frequently	11	3.8
Sometimes	80	27.8
Never	169	58.7
Do you use condoms?		
Always	76	26.4
Frequently	29	10.1
Sometimes	76	26.4
Never	107	37.2
Do you need help from someone (relative, friend) to help you understand the instructions of doctors or health professionals on contraception?		
Always	30	10.4
Frequently	25	8.7
Sometimes	98	34
Never	135	46.9

The knowledge levels showed that most adolescents reported struggle to understand both verbal and written instructions. Regarding educational materials such as reading/understanding brochures/folders with instructions on contraceptive methods the adolescents recognized the difficulty in the following dimensions: 145 (50.3%) of the adolescents referred to "sometimes"; 11 (3.8%) of them recognized "frequent" difficulties and the other 11 (3.8%) students reported that they "always" face such difficulty. Nevertheless, 121 (42%) of the adolescent admitted "never" having had difficulty reading or understanding the information enclosed in educational materials. According to verbal guidance given by health professionals, 133 (46.2%) of the adolescents reported, having struggles "sometimes" 21 (7.3%), 11 (3.8%) of them said, "frequently" have difficulty and 11 (3.8%) of them reported "always" having difficulty.

Regarding the variable "struggle to read/understand medical guidance or other written health professional instructions about contraceptive methods", 128 (44.4%) of the adolescents stated "sometimes", 28 (9.7%) of them informed "frequently" and 13 (9.5%) of the students reported being "always." When inquired if they ask questions to the health team to clear out doubts, 120 (41.7%) of the students answered "sometimes" and 110 (38.2%) of them said, "never".

Concerning the variables "you or your partner have difficulty using any contraceptive method", "you or your partner use any oral contraceptive method" and "you use condoms", the answer was predominant "never" in the three questions.

Regarding the variable "you need help from someone (relative/friend) to help you understand the instructions of doctors or health professionals on contraceptive methods", it is possible to observe that some participants reported asking for help, as expressed in the results: "always" - 30 (10.4%) participants; "frequently" - 25 (8.7%) of them and "sometimes" - 98 (34.0%) adolescents.

In Table 3, a total of 33 (11.46%) adolescents reached a score between 0-15 and 167 (57.98%) adolescents reached a score between 16-21, which totaled 200 (69.44) adolescents whose score was below 22, being classified as bad HL.

Table 3 – Frequency of responses of adolescents according to the cutoff score for HL and bad HL. São Miguel do Guamá, Pará, Brazil, 2019

Score		Number of Adolescents	
		N	%
Bad HL	0-15	33	11.5
	16-21	167	57.9
Good HL	22-27	88	30.6
Total		288	100

Concerning the association of HL with contraceptive methods, among the adolescents who reported "never" having difficulties using contraceptive methods, 83 (94.3%) adolescents with health HL were classified as good and 103 (51.5%) adolescents with HL classified as bad. Regarding the use of oral contraceptives, there was a predominance of "never" in the answer, equivalent to 75 (85.2%) participants who obtained a classification of good HL, and 94 (47%) participants with bad HL. Regarding the use of condoms, 55 (62.5%) adolescents who reported "never" having used them in their sexual relations and 24 (27.3%) who reported using it "sometimes" were classified as having good HL. A total of 52 (26.0%) adolescents who never used and 52 (26.0%) adolescents who reported sporadic use were classified as having a bad HL. These results showed statistical significance (Table 4).



Table 4 – Bivariate analysis between health literacy and the use of contraceptive methods among adolescents. São Miguel do Guamá, Pará, Brazil, 2019

Variables	Health literacy		Value-p*
	Good (≥ 22 points) n(%)	Bad (<22 points) n(%)	
Do you or your partner have difficulties using any contraceptive method?			
Always	0 (0)	14 (7)	< 0.001
Frequently	0 (0)	12 (6)	
Sometimes	5 (5.7)	71 (35.5)	
Never	83 (94.3)	103 (51.5)	
Do you or your partner use any type of oral contraceptive method?			
Always	1 (1.1)	27 (13.5)	< 0.001
Frequently	0 (0)	11 (5.5)	
Sometimes	12 (13.6)	68 (34)	
Never	75 (85.2)	94 (47)	
Do you use Condoms?			
Always	5 (5.7)	71 (35.5)	< 0.001
Frequently	4 (4.5)	25 (12.5)	
Sometimes	24 (27.3)	52 (26)	
Never	55 (62.5)	52 (26)	

\*Pearson's chi-square statistical test.

## DISCUSSION

It was clarified in this study that most adolescents had a bad HL level regarding contraceptive methods. This subject is considered new in Brazil, with few available studies, mainly related to adolescents, which makes it difficult to carry out comparative analysis and, above all, interventions in social reality, with confrontation strategies to achieve HL in this life cycle<sup>(10)</sup>.

Nevertheless, a recent Brazilian study conducted with adolescents aiming to investigate the association between HL and socio-demographic factors, quality of life, health self-consciousness and perception of violence contexts in adolescents from public state schools in Belo Horizonte, presented more than half of the participants with suitable HL<sup>(11)</sup>.

The low reading habit was identified which can be an attitude that contributed to the findings of poor HL. Another important evidence was the high consumption of alcohol or tobacco, indicating an unhealthy behavior for the age group. Lack of reading can have implications for specific findings related to knowledge and attitudes regarding contraceptive methods and drug use, even if licit ones. A study that aimed to understand the levels of information and school children's attitudes about the use of drugs concluded that the misinformation is harmful and confirms the damages in the development of children and

adolescents, capable of lasting throughout life<sup>(12)</sup>.

Schools and the public administration managers of education and health must take advantage of the results of studies with this perspective, to develop educational actions related to the impairment of the consumption of alcohol, tobacco and other drugs, emphasizing the consequences for the body. Likewise, it is necessary to discuss the possible relationship between drug use and unprotected sex, which can lead to unplanned pregnancies<sup>(13)</sup>.

The school environment represents a learning territory for adolescents and their relationship with the world. Social networks that provide interaction and construction of knowledge contributes to self-care and the development of skills and autonomy<sup>(14)</sup> related to the HL level. Thus, schools must provide satisfying environments that help them develop knowledge to achieve good HL.

A study carried out in South Africa, which investigated the necessities and behaviors of information search about contraceptive methods with primary health care users, found that, despite having doubts or showing insufficient knowledge, they don't regularly seek for information or inquire professionals simply because they do not know about the possibility of solving such doubts, or because they are not encouraged to do so<sup>(14)</sup>. The health team and educators face the challenge of adopting practices that contributes to approaching adolescents to guide them.

The use of specific medical terms and incompatible language has persisted in health services and has been described as a major barrier in communication between professionals and users, affecting the understanding of information and HL<sup>(15)</sup>. This fact was verified in the findings of this study when students stated struggles to understand the verbally given instructions by health professionals.

Low HL related to verbal communication between patients and professionals is also associated with worse health outcomes<sup>(16)</sup>. Consequently, it is important to carry reachable strategies in the planning of health service actions, being health education a fundamental component.

The results of this study showed that most participants had already started sexual life, like those in a survey conducted in 2015 also with students<sup>(17)</sup>. Adolescents, when starting sexual life, must be aware of possible unexpected consequences, such as an unplanned pregnancy, that requires the provision of information by both school and health service.

Only HL can contribute to concise decision-making based on proper knowledge. However, for this achievement health professionals must apply specific health policies to adolescents, granting access to health services, also education, and above all, guidance on contraceptive methods<sup>(18)</sup>. The delay in seeking health services after the beginning of sexual life may represent a period of continued risk, interfering with the sexual and reproductive health of adolescents<sup>(19)</sup>.

Some adolescents live without worrying about the possible consequences of unsafe sex because they do not realize the risks involved<sup>(20)</sup>. It was possible to notice the non-use of contraceptive methods by adolescents from the results of the present study, allowing an increase in sexually transmitted infections and early and unplanned pregnancy.

Sexual intercourse without proper knowledge can lead to pregnancy, capable of causing youth deprivation and conceive huge responsibilities, besides to resulting in an experience filled by feelings of rejection, by lack of support from the most important people for adolescents, by the fear of assuming the pregnancy before parents and/or boyfriend, causing the adolescent to sometimes choose to discontinue pregnancy, which can even lead to death<sup>(21)</sup>.

The limitations of this study are related to having been carried out in a single school, which reduces the possibilities for a greater diversity of opinions and experiences. Another

aspect is that adolescents do not always feel comfortable expressing opinions on this matter because of the type of established family relationships and lack of deep school debate.

## CONCLUSION

The low HL identified in this study can have remarkable consequences on the adolescent's life, impacting on a not very promising future due to changes of an unplanned pregnancy. Thus, the public investment in adolescents' HL can contribute to the reduction of sexual intercourse without proper protection and, as a result, reduce maternal deaths in pregnant girls, reduce the rates of school absences due to pregnancy, reduce the number of girls who are unable to compete for a job due to not having proper schooling, prevent girls-mothers from being forced to make early adult commitments, and reduce family conflicts that lead to family disruption, often due to the difficulty of dealing with this type of facts.

For adolescents to have better living and health conditions, they must have access to quality education with information that allows them to learn self-care. It is also worth mentioning that health professionals must be trained to communicate with adolescents, to contribute to HL, and also, that school has a more powerful role, as it is responsible for formal education and citizens training that know their rights and duties, for which they must be equipped with full knowledge for decision-making and self-care.

Nevertheless, it is necessary to provide public actions aimed at publicizing information related to this theme, essentially on social media, as it is widely exploited by many adolescents, contributing to information access.

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