



Title of Degree Thesis

The role of contraceptive awareness among adolescents in
mitigating teenage pregnancies in Finland

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Bachelors Degree Thesis
Nursing Degree Programme
2018

Förnamn Efternamn

DEGREE THESIS	
Arcada	
Degree Programme:	Nursing
Identification number:	
Author:	Akua Abrafi Osei Owusu
Title:	THE ROLE OF CONTRACEPTIVE AWARENESS AMONG ADOLESCENTS IN MITIGATING TEEN-AGE PREGNANCIES IN FINLAND .
Supervisor (Arcada):	Pamela Gray
Commissioned by:	None
<p>Abstract:</p> <p>There have been reports of increased use of emergency pills in Finland despite caution and fears concerning their side effect. This necessitated a need for a study that investigated whether cognitive awareness affected the use of contraceptives among the adolescents in Finland. The aim of this research was to identify how contraceptive awareness affects pregnancies among adolescents. The study used secondary research to identify articles that were relevant to the research objectives. The study identified the contraceptive awareness attitude towards emergency pills in reducing adolescents' pregnancies. The study noted that the effect of contraceptive awareness attitudes had some little effect on the use of contraceptives as well as pregnancy. The study also identified that subjective norms especially parent and peers had much effect on their use of contraceptives. The research indicated that adolescents whose parents approved their sexual relationships and approved their sexual partners were likely to use contraceptives compared to teenagers whose parent were not aware of their relationships and they did not approve of such relationships. The limitations of the studies focused on women who were older than that some of the studies that had important information concerning use of contraceptives among teenagers in the Finland were older than 2007 which meant that they had to be excluded from the study. Future research should overcome the challenges identified in the prior section by including more Scandinavian countries in the review research in order to include as many articles as possible.</p>	
Keywords:	Awareness of emergency contraception pills, attitude towards birth control pills in Finland, subjective norms concerning contraceptives in Finland, perceived behavioural control on contraceptive use and teenage pregnancies in Finland, Teenage pregnancies in Finland , abortions in Finland
Number of pages:	40 pages
Language:	English
Date of acceptance:	22.10.2018

Acknowledgement

Firstly, I would like to express my sincere gratitude to God for the gift of life. I will like to thank all the lecturers in Arcada University of Applied Science especially those in health department for supporting me through my studies and helped me get better results.

Special thanks to my supervisor Pamela Gray for her patience and guidance throughout my studies and thesis writing. I would like to thank my fellow nursing students for their feedback, cooperation and of course friendship.

Last but not the least, I will like to thank my family: my parents and to my sisters for supporting me spiritually throughout writing this thesis and my life in general.

Thank you all for your kindness and God richly bless you all.

Akua Osei.

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1. INTRODUCTION

The issue of contraceptives awareness elicits mixed reaction between various groups of people with some arguing that sex education which enhances contraceptives awareness corrupts adolescents while others claim that sex education reduces sex indulgence as well as teenage pregnancies. Data on use and awareness of contraceptives have shown that countries where there is higher level of contraceptives awareness have lower teenage pregnancies compared to countries where there is no contraceptives awareness. Therefore contraceptives awareness plays a significant role in the mitigation of early pregnancies and prevention of abortion. Countries such as Finland which have high level of contraceptives awareness have low levels of teenage pregnancies (Xu and Cheng, 2008).

Teenage pregnancies have been on the downward trend worldwide which is highly attributed to the development of contraceptives. Mothiba and Maputle (2012) indicated that the level of awareness about contraceptives was not as high as among adults. Despite the development of contraceptives, the use of contraceptives has not been possible worldwide. This is because of lack of awareness about contraceptives such as the use of emergency pills and birth control pills to remedy teenage pregnancies. There exist myths and misinformation about contraceptives. For instance, most of the adolescents believe that it was not possible to get pregnant during the first sexual experience (Tyden, Palmqvist and Larsson, 2012). They believed that pregnancy was a result of multiple sexual encounters. This highly exposed them to the risk of having unwanted pregnancies. Teenage pregnancies should be mitigated because they resulted in inequalities. According to Sannisto and Kosunen (2009) teenage pregnancies negatively affect the mothers by keeping them out of school and by making them assume economic responsibilities that they cannot handle which makes them disadvantaged compared to their peers. Paranjothy et al (2009) noted that teenagers who fell pregnant fell behind in their academics and had their self-esteem negatively affected which eventually led to great economic disfranchisement of the teenagers with early and unwanted pregnancies.

Data on teenage pregnancies in Finland shows that only 6 out of 1000 people aged 13-19 got pregnant in Finland. This implies that Finland is one of the countries with the lowest rate of teenage pregnancies in the globe. Nevertheless, UNPD (2012) noted that the percentage of these pregnancies was 55% indicating that more than half of the teenagers who

got pregnant in Finland aborted as Finland had the highest levels of teenage abortions in the globe. The high level of abortion in Finland implied that there is the need to create awareness of on the use of contraceptives to mitigate the unwanted pregnancies and abortion (WHO, 2008).

There have been developments in the contraceptives industry with the development of emergency contraceptive pills which are highly favoured by teenagers. The emergency birth control pill is usually used after sex and helps in mitigating unwanted pregnancies. Other than the emergency control pills Ross, Baird and Porter (2014) noted that there were birth control pills which were used prior to the sexual encounters. However, Sedgh et al (2015) noted that due to the e nature of the adolescents most of them engaged in risky sexual encounters. The development in birth control pills have been highly publicised in many countries increasing contraceptives awareness among adolescents.

This study is categorised into various chapters. The first chapter introduces the research and it includes details on why the study is important. The second chapter is the background of the study and it provides an overview of the past studies that have explored the concept of contraceptives awareness and the implications that it has on teenage pregnancies in various countries. The third chapter also is the theoretical framework on the contraceptives awareness. The fourth chapter contains the aims of the study. It provides the specific objectives of the study based on the theoretical frameworks of the study. The fifth chapter is the research methods section and explores the research strategies, sampling and data collection methods used by the researcher in this investigation. The sixth chapter is the results section and presents the outcomes of the investigation. The seventh chapter discusses the findings by comparing the finding with other previous studies to examine whether the research objectives were attained by the inquiry. The section also includes the conclusion and it provides a summary of the results, limitations of the study as well as areas that future studies should investigate.

2. BACKGROUND

2.1. Background of the contraceptive awareness

Contraceptive awareness is considered to be the knowledge concerning contraceptive awareness. Awareness is the alertness and consciousness regarding an issue. In this investigation is the conscious knowledge about the use of contraceptives. The awareness entail knowledge of the various types of contraceptives that can be used to control pregnancy as well as the implications that the contraceptives. Contraceptives awareness also entailed knowledge of other birth control methods and pills (Elkami et al., 2015). It included having knowledge and information on the oral contraceptives and non oral contraceptives such as condom. Kagashe, Maregesi and Mashaka (2013) noted that individuals who did not have this type of information could not be fully considered as having contraceptives awareness. Theoretically the contraceptives awareness have been divided into three categories of knowledge which were the knowledge of emergency pill, the knowledge of the birth control pills and knowledge of someone who used the emergency contraceptives (Sannisto and Kosunen, 2009).

2.2 Background of emergency control pills

The emergency control pills have been on the rise. The emergency contraception is post coital contraception that inhibit implantation of the embryo in the mother's uterus. There are various forms of emergency contraception and are classified of the birth control pills is usually used after sex. The emergency contains three forms of pills which are the estrogens only pills, progestin pills only and anti progestin pills. The pills work by preventing fertilisation of the ovule by the semen. The emergency contraception aimed prominence as means of inhibiting pregnancy after sex. There have been various misconceptions that have negatively affected the use of emergency contraception such as belief that they should be taken morning after morning which may render them to be ineffective, this affects the users negatively (Iyer and Aggleton, 2015). Tyden, Palmqvist and Larsson

(2012) further noted that the pills were associated with negative side effects such as nausea, menstrual cycle disruptions, fatigue, abdominal pains and headache. The emergency contraception can be taken in three forms which are the oral contraceptives, Yuzpe method, and copper bearing IUD. The emergency contraception is meant to be used in the case of unwanted sex, condom breakage or misuse, and incorrect use of other forms of birth control methods.

Despite the development of the emergency contraception as early as 1970's the use of the emergency contraception as a contraceptive method has become popular only in the twenty firsts century. Previously, the emergency contraception had been used for medical reasons such as prevention of pregnancy during rape cases (Iyer and Aggleton, 2015). Leppälähti et al (2013) also highlighted that their research on the emergency contraception is mainly limited to the side effects and the threat of effectiveness. However, Sedgh et al (2011) noted that the overall awareness about the pills is not prominent among the users of the emergency pills. In fact, Morake (2011) noted that most of the young users use the emergency pills and an ongoing pregnancy prevention pills. This has negative implications as the pills are not meant to be used continuously as they lose effectiveness with time. In Finland the awareness of birth control pills awareness is very high among the adult population. It is also gaining popularity among adolescents and people with high risk sexual behaviour. Paranjothy et al (2011) noted that the use of the contraceptives among people with high risk behaviour was very small. Morake et al. (2009) noted that there was sex education in Finland which increased awareness about unwanted pregnancies and ways in which the unwanted pregnancies could be mitigated. The awareness was however limited to adolescents who were above fifteen years, Paranjothy et al (2011) noted there are parent and religious institution who shies away from engaging their children on sexual education. It was expected that adolescents were not engaging in premarital sex which was not always the case. The higher rates of teenage pregnancies and abortion indicated that the level of contraceptives awareness is very low. Kagashe, Maregesi and Mashaka (2013) noted that sex education did not fully inform the teenagers on ways in which to engage in safe sex. Lindh et al (2009) noted that despite the awareness of the emergency control pills. The side effects of the pills made their use ineffective. Mestad et al (2011) also noted that even those who were aware of the emergency contraceptives were not well informed regarding the correct use of the contraceptives which led to the

failure of the emergency contraceptives. According to Kagashe, Maregesi and Mashaka (2013) the emergency contraceptives were not meant to be use frequently or continuously yet adolescents engaging in risky sexual behaviours used the products continuously leading to reduced effectiveness of the contraceptives and high risk of pregnancy. Sedgh et al (2011) noted that misinformed use of the emergency contraceptives spurred stringent side effects such as nausea and headaches that discouraged use of the emergency contraceptives.

2.2 Background of birth control pills

The use of birth control pills commenced in early 1960. These birth controls are known as the combined oral contraception pills and they work by combining estrogens and progestin in the birth control process (WHO, 2008). The use of the pill has been controversial with companies and countries not agreeing to the use of the pills. However, with increased awareness on the need for a mother to space children and to determine the number of children they want, that has been increased use of the combined oral contraceptive pills. Unlike the emergency contraceptives the combines' oral contraceptive pills are used continuously and for a period of 21 days or twenty one days. The combined pills inhibit fertilisation by indicating the movement of the ovules from the ovary which inhibits fertilisation.

Sedgh et al (2009) argued that there was high level of awareness regarding the use of the birth control pills especially the combined oral contraception methods. Nevertheless, the awareness was not effective among the teenagers. Xu and Cheng (2008) noted that most teenagers were not committed to the use of the contraceptives daily. Also the sexual behaviours of the adolescents were not consistent and disciplined that made the use of the twenty-one day contraceptives difficult. The awareness of the birth control pills has not been translated into the use of the contraceptives. Morake (2011) noted that myths and misconceptions of the birth control pills inhibit the adolescents' use of the births control pills.

2.3 Teenagers who use birth control pills

One of the major sources of awareness regarding the contraceptives was the other people who used contraception method. The people who used the contraceptives acted as the major conduits of information regarding the contraceptives. Tyden, Palmqvist and Larsson (2012) concurred that although there was sex education in many hospitals, schools and media channels, the sex education was not very effective as students and adolescents did not feel free to ask questions regarding the use of contraceptives. Also the educators did not provide as much details as the adolescents would have wanted since they did not consider the information relevant to the adolescents. Therefore, the peer to peers information was the most effective. It was mainly perpetuated by the fellow adolescents who were aware and had knowledge of the contraceptives use. Paranjothy et al (2009) indicated that other means in which teenagers accessed information regarding contraceptives use was through awareness of young adults such as brothers and sisters who were using contraceptives. Their knowledge of adolescents with knowledge about contraceptives enabled the adolescents to access information regarding use of contraceptives. Xu and Cheng (2008) concurred that the peer to peer self-awareness significantly contributed to the use of the need to ensure that the company had high capacity to improve and work on the contraceptives awareness.

2.4 Teenage pregnancies

There are various factors that are attributed to cause teenage pregnancies, chief among them being lack of awareness concerning contraceptives. Study by Mothiba and Maputle (2012) noted that teenagers who were not aware about contraceptives were at a higher risk of teenage pregnancies compared to teenagers who were aware of contraceptives. The awareness of the contraceptives was mainly through the media as Morake (2011) highlighted. Lindh et al (2009) noted that sex education too was a major source of contraception awareness. Kagashe, Maregesi and Mashaka (2013) noted that in countries, homes and schools where there was sex education the number of teenage pregnancies were fewer compared to countries where there was no sex education. Countries such as Finland that had sex education had lower teenage pregnancies compared to countries where there was no sex education. Nevertheless sex education was limited in that it was

mainly prerogative of the school or religious institutions to provide sex education. Sannisto and Kosunen (2009) argued that some countries such as Saudi Arabia had no sex education yet they had low rates of teenage pregnancies indicating other factors such as religion as having significant influence on the extent of teenage pregnancies.

Peers were another source of contraceptive awareness. Kagashe, Maregesi and Mashaka (2013) noted that peers who had knowledge on sex as well as on contraceptives influenced the rate of teenage pregnancies. Mestad et al (2011) noted that studies that indicated that half of the reported teenage pregnant girls had friends who were pregnant or who engaged in risky sexual behaviour. Sannisto and Kosunen (2009) concurred that peer influence increased tendency to engage in risky sexual behaviour which led to pregnancy. Nevertheless, having friends and peers who were using contraceptives reduced the likelihood of pregnancy as they created awareness and knowhow of using contraceptives. Ross, Baird and Porter (2014) noted that the participants who indicated that their friends used contraceptives had lower chances of getting pregnant.

The other factors that highly influenced teen pregnancies were the social economic class of the parent. Study by Leppälahti et al (2013) found that parents from low income households were at a higher risk of the teenage pregnancy compared to children who came from high income households. Kobra et al (2007) too concurred that girls from poor families were at a higher exposure of teen pregnancy since they could not afford the contraceptives. A study by Lindh et al (2009) in teen pregnancies in developing countries and in developed countries found that accessibility and availability of the contraception to be a major factor that led to teen pregnancies, countries where contraception were provided free of charge had lower teenage pregnancies compared to countries where contraceptives were not provided for free.

Teenage pregnancies in Finland have been on the decline in the recent years. Compared with other countries such as the United States and United Kingdom, Finland has lower level of teenage pregnancies (UNDP, 2015). The number of young adults aged 15-19 who have teenagers are 13 out 1000 which is far lower compared to other countries that had teenage pregnancies at the rate of 24/1000 or in sub Saharan countries at 134/1000. Therefore, it would be essential to study why Finland has lower teenage pregnancy and the role that contraceptive awareness plays in mitigating teenage pregnancies.

2.5 Teenage abortions

Teenage abortions prevalence is at 61% of the teenage pregnancies experienced in the country (UNDP, 2015). Although the rate of teenage pregnancies is very low in Finland, the rate of teenage abortions among those who end up being pregnant is very high. This is attributed to the high accessibility of abortions facilities. Morake (2011) agreed that accessibility of the medical facilities as well as easiness of the abortion procedures made it possible for teenagers to have abortions. Secondly the legislation is friendly towards teenage parents who want to terminate unwanted pregnancies. However, Xu and Cheng (2008) argued that teenagers did not have much of choice regarding whether they wanted to terminate the pregnancy or not. For most of the teenage girls who were living with their parents it was the parents who made the decision on their behalf which highly increased chances of having abortions among the teenagers. Mothiba and Maputle (2012) noted that teenagers whose parents were not well educated were the ones who recommended most abortions. However, Lindh et al. (2009) noted that even teenagers had a role in procuring abortions as some tried the best they could to keep their pregnancies secret, in fact the reason that they ensured that they procured abortions was to keep pregnancy secretive.

Kagashe, Maregesi and Mashaka (2013) noted that the economic wellbeing and inadequacies of teenagers made them to consider having abortions. Sedg et al. (2015) argued that teenagers did not have the requisite income and resources required in raising up a child. They also lacked the maturity and emotional stability required for parenthood that made it difficult to carry pregnancy to term.

3. THEORETICAL FRAMEWORK

As identified in the background section, previous studies had classified contraceptives awareness based on the medium used to communicate the uses of contraceptive which includes parental communication, sex education in schools and knowledge from peers and knowledge obtained from the media. However, Leppälahti et al (2013) argued that this method was based on sources of contraceptives awareness rather than the components of the contraceptives awareness. Baird and Porter (2011) too agreed that these were sources of contraceptives awareness and information but did not characterise awareness. Contraceptives awareness was characterised by having knowledge and information on the use of contraceptives. It was having knowhow on how the various types of contraceptives and how they are used and of people who use them (Leppälahti et al., 2013).

Knowledge of the emergency pills was considered to be the basic knowledge on the use of contraceptives. It was the most widely used contraceptive among teenagers. Kobra et al (2007) noted that the emergency pills were favoured by teenagers as opposed to adults since the teenager's sex encounters were random and unpredictable compared to adults who had a routine or predictable sexual encounters that could be controlled using types of contraceptives.

The other major aspect of contraceptives awareness was the knowledge of other people who used contraceptives. For teenagers, much of the knowledge was obtained from peers. Having someone who used contraceptives helped them to acquire requisite knowledge on the proper use of contraceptives. Lindh et al (2009) noted that lack of guidance and someone to help them use the contraceptives made some of the teenagers misuse the contraceptives. For instance some could take a week before using emergency pills despite awareness of the emergency pills which exposed them to unwanted teenage pregnancies. The figure below shows the theoretical framework of contraceptives and teenage pregnancies.

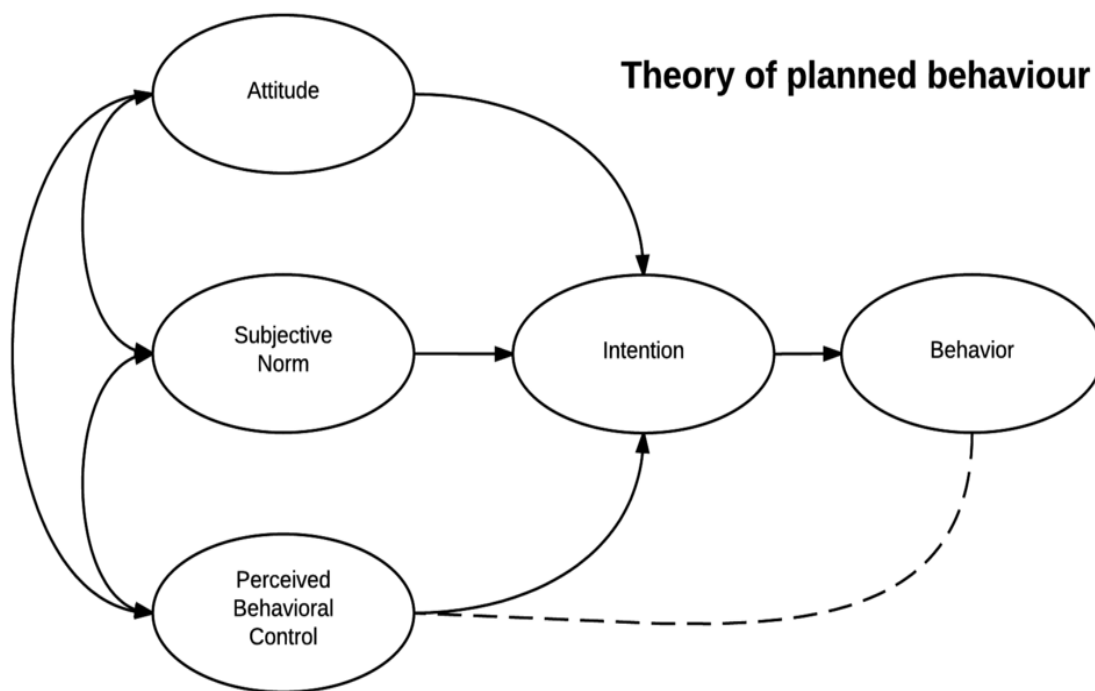


Figure 1: Theory of planned behaviour

Source: Azjen (1991)

The theory of planned behaviour best explains the role played by planning behaviours in the use of contraception among adolescents. Ajzen (1991) noted that use of contraception was not behaviour or something that an individual did without being in commitment and decision and influence from others. Cha et al (2007) noted that the use of contraception could be better explained through the theory of planned behaviour as use of contraception among adolescents was a planned action and intention. The theory of planned behaviour posits that for a person to act or behave in a particular way there are factors that are involved which are attitudes, subjective norms and perceived behavioural control. The theory was considered by Cha et al (2009) as the more effective theory on explaining the influence that contraceptive awareness has on use among the adolescents. The theory of planned behaviour indicated that for someone to behave or act in a particular way there are three factors that influence them to act and they are the attitude, the subjective norm and perceived behavioural control. In regard to the use of contraceptives this was construed to mean that the use of contraceptives was highly linked to the attitudes that the

users had towards the contraceptives as well as the attitude that they have towards engaging in risky sexual behaviour. Sterling and Sadler (2009) noted that adolescents who had positive attitude towards the use of contraceptives used them more compared to those who had negative attitude. Negative attitudes were mainly as a result of negative experiences such as side effects such as headache, nausea, and foul mood. The attitude is largely influenced by experiences and information that a person has concerning the outcomes of a particular action. Assefa and Haidar (2013) noted that in the case of contraceptives the knowledge that the person had concerning contraceptives motivated their actions. Those that had positive information about contraceptives were likely to use contraceptives while those who had negative information about contraceptives were likely not to use contraceptives as study by Öm-Nordin and Tydén (2010) had established.

The subjective norms mainly refer to the social pressure to behave in a particular manner. The subjective norm refers to the factors that influence a person to act in a particular way specifically social forces such as family, religion and friends. In the case of the adolescents and contraceptives the use of contraceptives was influenced by the religious and moral beliefs of the person. Assefa and Haidar (2013) noted that the people have influence on individual's behaviour. This is because they influenced an individual to act in a particular way. Andrade et al (2009) agreed that the behaviour was highly influenced by family as people had to act in way which made them acceptable to family and friends, Mevsim et al (2009) noted that desire to conform highly influenced behaviour. For instance, people, whose friends were using contraceptives also tended to use contraceptives. People whose friends and family members engaged in risky sexual behaviour tended to engage in risky sexual behaviour. Therefore, the influence of others was high on the use of contraceptives.

The other factor was that of perceived behavioural control. This was the cost of engaging in particular behaviour of what it would cost a person in order to engage in particular behaviours, Cha et al (2009) noted that behaviours that had high consequences were considered as high risk and were difficult to engage in while behaviours that were of low consequences were easy to engage in. In this case use of contraceptives was less risky behaviour and was easy to engage in. However Assefa and Haidar (2013) noted that accessibility of contraceptives among teenagers and adolescents was not easy. It would take intervention of nurses for the adolescents to access contraceptives.

4. AIM OF THE STUDY

The following is the specific focus of this investigation. To determine the role of contraceptive awareness among adolescents in mitigating teenage pregnancies in Finland

4.1 RESEARCH QUESTIONS

Based on the above research aims and the theoretical framework identified in the previous section, the following were the research questions that the researcher formulated to guide the investigation and achieve the main objective of this study:

1. Does attitude towards emergency contraceptives help in reducing teenage pregnancies in Finland?
2. How do subjective norms affect use of emergency contraceptives and in reducing teenage pregnancies in Finland?
3. How does perceived behavioural control on contraceptives influence use of contraceptives and teenage pregnancies in Finland?

5. RESEARCH METHODS

5.1 Research approach

There are various research approaches that can be used in a nursing investigation. For this study an inductive research approach is highly recommended where the researcher uses the findings of the study to formulate new theories (Chu and Ke, 2017). This is because the aim of this research is to investigate the contraceptive awareness theories and nursing practice theories and determine whether those theories are applicable in the general context of teenagers in Finland. Also the research in contraceptive awareness in Finland has not been fully explored hence there are few limited theories regarding the extent of contraceptive awareness in Finland. An explorative study would therefore be useful in assisting researchers in the country generate theories on contraceptive awareness. This is because the inductive approach moves from the specific to general. It focuses on investigating the specific context then generalising the findings to wider context, in this case the findings from Finland could be generalised to be applied to other countries in Europe and in the globe.

5.2 Data collection method

For this study, the researcher used the theoretical approaches to answer the research questions. When using the theoretical approach, the secondary data collection method is deemed to be the most appropriate method. The secondary data collection method was highly ordered because it would highlight studies that have explored the issue of contraceptive awareness in Finland and in the globe and helped to ascertain the implications that the contraceptive awareness have on teenage pregnancies in Finland as well as the role of nursing practice in creating contraceptive awareness and in mitigating teenage pregnancies. Mevsim et al (2009) noted that for explorative studies, the secondary data collection was appropriate as it provided a footprint that can be used later when conducting an empirical study on the same issue. Secondly, secondary data collection is not time intensive hence a research can be conducted quickly and within a shorter time compared

to empirical investigations which take more time (Chu and Ke, 2017). Also it takes more resources to undertake a primary data on the contraception, since studies on contraception maybe considered as invasive, few participants would be willing to participate in the empirical study which makes such studies time intensive and difficult to obtain information within a short period of time (Andrews et al., 2012). Therefore, secondary data was highly preferred due to its nature of anonymity as well as due to time and resource advantages.

However, the main disadvantage of secondary data is the tendency to collect data that is outdated or data that is not related to the research question. Lindh (2009) noted that it was tedious to sort out the secondary data to enhance relevance and timeliness of the data. To ensure that the data collected had the relevant content the following keywords were used by the researcher and they included words such as awareness of emergency contraception pills, awareness of birth control pills, role of nurses in creating awareness on contraceptives, teenagers, adolescents, Teenage pregnancies, teenage abortions. Other key words that were used included awareness of emergency contraception pills in Finland, awareness of birth control pills in Finland, role of nurses in creating awareness on contraceptives in Finland among teenagers, Teenage pregnancies in Finland, teenage abortions in Finland. The researcher would use databases such as Google Scholar, Google, PLoS, NCBI, CINAHL, Medline and Ebscohost to obtain data concerning the above keywords. There were about 200 articles from the PLoS database, about 50 journal articles from Medline databases, 27 journal articles from CINAHL and 15 articles from NCBI.

5.3 Inclusion and exclusion criteria

This is the criteria that are used to determine the most important research materials that were to be used in the study. First the selected articles have to have on one of the following keywords: awareness of emergency contraception pills, awareness of birth control pills, role of nurses in creating awareness on contraceptives, teenagers, adolescents, Teenage pregnancies, teenage abortions. Other key words that were used included awareness of emergency contraception pills in Finland, awareness of birth control pills in Finland, role of nurses in creating awareness on contraceptives in Finland among teenagers, Teenage pregnancies in Finland, teenage abortions in Finland. The other inclusion criterion was articles that were not older than the year 2007. This would ensure that only the recent articles were used in the study. The other inclusion criterion was articles that were in

English language. Also articles that were not full articles were excluded from the study leaving the study to focus on a few research articles. The table below shows the inclusion and exclusion criterion.

Table 1: Exclusion and inclusion criteria

Exclusion criteria	Inclusion criteria
Articles without any one of the following keywords: Awareness of emergency contraception pills, Attitude towards birth control pills, Subjective norms on contraceptives. Perceived behavioural control on contraceptive use, Teenage abortions. Finland teenage pregnancies	Articles with any of these keywords: emergency contraception awareness, attitude on birth control pills, subjective norms on contraceptives, behavioural control on contraceptives, Teenage pregnancies, teenage abortions in Finland.
Journal articles in other languages other than English language	Journal articles that are in English language
Journal articles published earlier than 2008	Journal articles published later than 2008
Review studies	Empirical studies
	Comparative studies journal articles
Abstracts	Full articles

5.4 List of key articles

After undertaking the rigorous search of articles and sorting them based on the inclusion and exclusion criteria outlined above, the following were the main articles that the researcher found to have fulfilled the criteria outlined in the previous section. These were articles that the researcher considered relevant and timely and containing the keywords that the study was investigating.

1. Hassani, K., Kosunen, E., Shiri, R. and Rimpelä, A. (2007) 'Emergency contraception among Finnish adolescents: awareness, use and the effect of non-prescription status' *BMC Public Health*, 7(1), pp. 201-210.
2. Kosunen, E. and Laippala, P. (2007) 'Factors related to choosing oral contraception at age 15,' *Health Education Research*, 11(4), pp. 443-451.
3. Higgins, J. and Smith, N. (2016) 'The Sexual Acceptability of Contraception: Reviewing the Literature and Building a New Concept,' *Journal of Sex Research*, 53(5), pp. 417–456.
4. Myklestad, I. (2007) 'Predicting Contraceptive Behaviour among Adolescents: Social, Cognitive, and Contextual Influences', *Norwegian Institute of Public Health*, 7(2) pp, 14-20.
5. Hanson, J., Nothwehr, F., Yang, J. and Romitti, P. (2015) 'Indirect and Direct Perceived Behavioural Control and the Role of Intention in the Context of Birth Control Behaviour' *Maternal and Child Health Journal*, 19(7), pp 1535–1542.
6. Suvivuo, P., Tossavainen, T. & Kontula, O. (2009) 'Contraceptive use and non-use among teenage girls in a sexually motivated situation,' *Sexuality, Society and Learning*, 9(4), pp. 355-369.

7. Leppalahti, S., Gissler, M., Mentula, M. and Heikinheimo, O. (2012) 'Trends in teenage termination of pregnancy and its risk factors: a population-based study in Finland, 1987–2009',
8. Falah-Hassani, K., Kosunen, E., Shiri, R. & Rimpelä, A. (2010) 'The use of the vaginal ring and transdermal patch among adolescent girls in Finland', *The European Journal of Contraception & Reproductive Health Care*, 15(1) pp. 1-5.
9. Gaudineau, A., Ehlinger, V., Gabhainn, S., Vayssiere, C. Arnaud, C. and Godeau, E. (2010) 'Use of emergency contraceptive pill by 15-year-old girls: results from the international' Health Behaviour in School-aged Children (HBSC)', *JOG*, 117(1), pp. 1197–1204.
10. Godeau, E., MD, Gabhainn, S., Vignes, C. and Ross, J. (2008) 'Contraceptive Use by 15-Year-Old Students at Their Last Sexual Intercourse Results From 24 Countries', *Archipediatrians Medicine*, 162(1), pp. 23-34.

5.5 Data analysis

The data was to be analysed using content analysis in order to identify patterns and implications of contraceptives awareness in Finland. Content analysis requires use of strategy since the content is usually too much and it is difficult to go all the content to determine suitability of the content. According to Chu and Ke (2017) the selection of the articles using the exclusion and inclusion criteria that is used in the study is considered to resemble sampling as it helps in identification of representative source of information that produces the results that the researcher is looking forward to have. There were three approaches that could be utilised in content analysis. They include the summative content analysis, directional content analysis and the convectional content analysis. The summative content analyses usually entail identifying codes from the task then analysing and interpreting the codes by comparing them with previous studies (Tate and Happ, 2018). Directional content analysis mainly focuses on the identification of the codes by using theories used in previous studies to create codes. The text being analysed is evaluated on whether it has the codes and information researcher is looking for or not. The researcher

then interprets the codes identified from the study. Convectional content analysis used codes that are usually derived from the text being investigated and then interested as it is without comparison with previous studies (Andrews et al., 2012). This investigation preferred to use summative content analysis method since the method would allow the researcher to identify specific codes identified in the previous research then make interpretation of the findings based on the codes identified from the test being analysed. This would allow the researcher to generalise findings as well as identify new theories that can emerge from the research.

5.5.1 Reading and coding

To analyse the research effectively the researcher first read the full text studies and then marked the key words present in the text. The content analyses would be analysed by coding the results of the study. The codes were to be based on the identification of certain phrases (DePoy and Gitlin, 2017). Other strategy would entail reviewing the articles content to determine whether the articles answered a particular research question. For instance, articles would be evaluated to determine whether their findings indicated that there was contraception awareness in Finland or not. If more than half the articles responses provided an affirmative responses it depicted high level of contraceptive awareness while few articles agreeing that there was contraceptive awareness in Finland meant that there was low or no contraception awareness among the adults in Finland.

5.6 Research ethics

To ensure that the study was ethical and in accordance to the university guidelines, the author of the research ensured that the research used authentic sources. None of the sources identified from the research was fictional or inexistent which was to ensure that the findings of the research were credible (Cheng and Philips, 2014).

In addition to this the researcher ensured that the sources identified for the study both in the literature review and the findings sections were properly cited and referenced. According to Andrews et al (2012) this was to ensure that the author acknowledged other works and copyrights of their work. The research ensured that the information used in the

research was paraphrased and where necessary direct quotation were properly cited to avoid plagiarising other peoples work and violating their copyright.

The researcher further ensured that the privacy of the participants was maintained. Personal details of the participants that could be obtained from the secondary was not disclosed had to remain anonymous. According to DePoy and Gitlin (2017) where findings directly named the sources which were personal, the researcher should avoid use of personal names of the research participants as research on contraceptive and awareness was a sensitive personal issue. Also the results of the study were not to be given to third parties as the research was for academic reasons.

The researcher further adhered to the research ethics that guide secondary research by ensuring that the content analysis was independent of the researcher's subjectivity (Tate and Happ, 2018). Therefore, the information was coded based on the actual findings of the results and not on the researcher's opinions and biases. This was done by separating the results section and discussion sections to ensure that the findings were independent of the researcher's bias (Johnston, 2014).

6. RESULTS

6.1 Effect of contraceptive awareness and attitude towards emergency pills in reducing adolescents' pregnancies in Finland

The study by Hassani et al. (2007) sought to investigate the effect that awareness about emergency contraceptives had on the use of emergency contraceptives. This study was carried out among young women aged 13-18 years. The study identified that more adolescents were aware of the non-prescription or over the counter emergency contraceptive pills that they could use after having unprotected sex. The study sought to identify whether the awareness increased use of contraceptives use or to diminished use of contraceptives. The study identified that despite the increased awareness about the existence of over the counter prescription emergency pills most of the participants were not willing to use them. They indicated that the awareness they had about sex made it difficult for them to use the drug even though they were aware of it. They indicated that they preferred other methods of pregnancy prevention such as use of condom other than the use of non-emergency pill. This implied that the higher the awareness the higher the negative attitude towards the drug. Some of the participants indicated negative effects of the drug such as headache and nausea which made them not to consider using the drug even though it was readily available. Also fear of contracting infections and other sexually transmitted infection made the adolescents to prefer having protected sex than unprotected sex even though they had a chance of using emergency contraceptives.

The study by Leppälahti et al. (2012) identified that one of the major reason why contraceptives were used was that avoiding pregnancy. It was identified that termination pregnancies were high in instances where the contraceptives were not available or the level of contraceptive awareness was very high. Teenagers who use the contraceptives had lower chance of terminating pregnancy compared to those that did not use contraceptives. Therefore, awareness of contraceptives minimised the termination of pregnancy among teenagers in Finland.

6.2 Effect of subjective norms on use of emergency contraceptives and in reducing teenage pregnancies in Finland

Kosunen and Laippala (2007) investigated factors in Finland that made teenagers in Finland to use the oral contraceptives. The study used questionnaires that were administered to 1338 girls who were sexually experienced in western schools in Finland. The study noted that teenagers whose parents were aware of their relationships and approved their sexual partners were likely to use contraceptives compared to teenagers whose parent were not aware of their relationships and they did not approve of such relationships. The observation held that subjective norms which were the expectation that parents and friends had on the adolescents affected their use of contraceptives. Those whose parents did not approve of their relationships and sexual behaviour had to use contraceptives so that they may not fall pregnant while those whose parents were aware of their relationships and approved them did not feel the need to use contraceptives.

This study by Higgins and Smith (2016) identified that there was increased acceptability of the use of oral contraceptives among women and among adolescent girls. The study was undertaken among young people who were aged between 15-20 years. The research identified that oral contraceptives were becoming accepted by women which was influenced their peers. The study identified that women whose group members and peers used oral contraceptives expressed willingness to use oral contraceptives when necessary. They indicated that they would use contraceptives that had been approved by their peers. They indicated that pregnancy was highly disapproved among their peers especially because they were not married and because they had other interests to pursue other than raising children. Therefore, the use of contraceptives among these groups of women was high.

The study by Myklestad (2007) indicated that the use contraceptives among the adolescents was highly influenced by the social factors, the study identified that people whose peers were using contraceptives also indicated willingness and likelihood of the using contraceptives. The study noted that parents who also discussed the use of contraceptives

with their teenage daughters had influence on the child. Parents who had indicated approval for protected sexual behaviour influenced their daughters to use contraceptives. Teenage girls whose parents had indicated that they can use contraceptives to avoid pregnancy indicated high willingness to use contraceptives to prevent pregnancy. Others whose parents were prohibitive of sexual behaviour increased in willingness to use contraceptives and preferred to use protected sex, partners who were religious influence their children to abstain from sex compared to those who were not religious.

Falah-Hassani (2010) indicated that the use of other forms of contraceptives such as the vaginal rings among the teenage girls in Finland has been minimal. The study noted that the use of the transdermal patch was minimal and restricted to few teenagers as most were not aware of it. Only 15% of the participants increased they were aware of transdermal contraceptives. Most of the teenagers were noted to be aware of the emergency contraceptives. Social factors such as media and peers mostly influenced teenagers to use emergency pills as the most convenient type of contraceptive.

Gaudineau et al. (2010) examined the use of contraceptives among teenagers in various countries in Europe among them Finland. The study noted that for teenagers who were aged more than 15 years the most common form of contraception was the emergency pills.

6.3 The impact of perceived behavioural control on contraceptives influence use of contraceptives and teenage pregnancies in Finland

Hanson et al. (2015) identified that the perceived behavioural control had effect on the intention to use contraceptives and emergency pills. The study that was carried out on young mothers indicated through an empirical research including a sample of 190 mothers identified that the young mothers expressed fears and reservations about having an unintended child. The mother indicated that they were using contraception and an even emergency pill to ensure that they do not have another child who is not planned or intended. Therefore, women who did not want a child or who considered the cost of raising another child as too high as likely to use birth control pills compared to women who did not consider raising an additional child as a cost. This study focused on young mothers who were aged less than eighteen years indicated that the Finnish adolescents feared pregnancy and mainly used contraceptives as a way of mitigating pregnancy. Even though the risk of other diseases were high by using emergency contraceptives only, the participants indicated that the emergency contraceptives mainly protected them from pregnancy which was a higher risk to them than other infections.

Suvivuo, Tossavainen & Kontula (2009) carried out a study to investigate the social factors that motivated young girls to use contraceptives. It investigated the three aspects of theory of planned behaviour had more influence on the girl's likelihood and use of post coital contraceptives such as emergency pills. The study used interviews of 41 girls who had sexual experiences in Finland and the interviewees sought or explanation and motivation of why they used or did not use contraceptives. The study identified that non accessibility of condoms as one of the factors that motivated them to use contraceptives as well as emergency contraceptives. Most of the girls indicated that their sexual encounters were unpredictable and spontaneous which made it difficult for them to have condoms in anticipation of sex. Therefore, the availability of the emergency pills was one of the motivating factors in the use of the contraceptives. Therefore, the use of contraceptives was highly influenced by the perceived behavioural control mainly compared with other factors. The use on which the nurses availed the contraceptives to women affected the use of the emergency contraceptives. It was noted that women who did not have easy access or knowledge of where to access the contraceptives had lower use of the contraceptives compared to those who were aware.

Godeau et al. (2008) noted that most of the teenagers had been exposed to sex as young as 14 years of age. Most the participants indicated that they were using other condoms. Only 15% who indicated that they were using emergency contraceptive pills. The main motivation or using contraceptives was to avoid pregnancy.

7. DISCUSSION

7.1 Discussion on the effect of contraceptive awareness and attitude towards emergency pills in reducing adolescents' pregnancies

Hassani et al. (2007) indicated that the effect of contraceptive awareness and attitudes had little effect on the use of contraceptives as well as pregnancy, which was attributed to the fact that the major reasons why people preferred to use or not to use contraceptives was to protect themselves from pregnancy. However, the fear of infection was much greater than the fear of pregnancy and people preferred to use condoms rather than contraceptives. However, the oral contraceptives especially the emergency pill was utilised as a way of mitigating pregnancy because among the adolescent's sex was spontaneous and difficult to plan for which is why they used contraceptives. Hassani et al. (2009) further noted that awareness of the side effects of contraceptives created a negative attitude towards the contraceptives among the teenage girls. Therefore, it was identified that attitudes towards contraceptives did have an effect on the use of contraceptives and pregnancy albeit smaller. This concurred with the previous study of Kobra et al (2007) noted that the emergency pills were favoured by teenagers as opposed to adults since the teenager's sex encounters were random and unpredictable compared to adults who had a routine or predictable sexual encounters that could be controlled using types of contraceptives. Contraceptives awareness also entailed knowledge of other birth control methods and pills. It included having knowledge and information on the oral contraceptives and non-oral contraceptives such as condom. Kagashe, Maregesi and Mashaka (2013) noted that individuals who did not have this type of information could not be fully considered as having contraceptives awareness.

7.2 Discussion on the effect of subjective norms on use of emergency contraceptives and in reducing teenage pregnancies

Kosunen and Laippala (2007) study noted that teenagers whose parents were aware of their relationships and approved their sexual partners were likely not to use contraceptives compared to teenagers whose parent were not aware of their relationships and they did not approve of such relationships. The observation held that subjective norms which were

the expectation that parents and friends had on the adolescents affected their use of contraceptives. Those whose parents did not approve of their relationships and sexual behaviour had to use contraceptives so that they may not fall pregnant while those whose parents were aware of their relationships and approved them did not feel the need to use contraceptives. This was in concurrence with the research of Andrade et al (2009) posited that the behaviour was highly influenced by family as people had to act in way which made them acceptable to family and friends. Mevsim et al (2009) noted that desire to conform highly influenced behaviour. For instance, people whose friends were using contraceptives also tended to use contraceptives. People whose friends and family members engaged in risky sexual behaviour tended to engage in risky sexual behaviour. Therefore the influence of others was high on the use of contraceptives.

Also Higgins and Smith (2016) identified that there was increased acceptability of the use of oral contraceptives among women and among adolescent girls. The research identified that oral contraceptives were becoming accepted by women which was influenced by their peers. The study identified that women whose group members and peers used oral contraceptives expressed willingness to use oral contraceptives when necessary. This was in agreement with Kagashe, Maregesi and Mashaka (2013) noted that peers who had knowledge on sex as well as on contraceptives influenced the rate of teenage pregnancies. Mestad et al (2011) noted that studies that indicated that half of the reported teenage pregnant girls had friends who were pregnant or who engaged in risky sexual behaviour. Sannisto and Kosunen (2009) concurred that peer influence increased tendency to engage in risky sexual behaviour which led to pregnancy. Nevertheless, having friends and peers who were using contraceptives reduced the likelihood of pregnancy as they created awareness and knowhow of using contraceptives. Ross, Baird and Porter (2014) noted that the participants who indicated that their friends used contraceptives had lower chances of getting pregnant.

7.3 Discussion on the impact of perceived behavioural control on contraceptives influence use of contraceptives and teenage pregnancies

Hanson et al (2015) identified that the young mothers expressed fears and reservations about having an unintended child. The mother indicated that they were using contraception and an even emergency pill to ensure that they do not have another child who is not planned or intended. Therefore women who did not want a child or who considered the cost of raising another child as too high as likely to use birth control pills compared to women who did not consider raising an additional child as a cost. The findings were in agreement with Cha et al (2009) who found that behaviours that had high consequences were considered as high risk and were difficult to engage in while behaviours that were of low consequences were easy to engage in. In this case use of contraceptives was less risky behaviour and was easy to engage in. Therefore the fear of pregnancy led to use of contraceptives. Also provision of free contraceptives increased the chances of using contraceptives concurred to instances where the contraceptives were for sale. A study by Lindh et al (2009) in teen pregnancies in developing countries and in developed countries found that accessibility and availability of the contraception to be a major factor that led to teen pregnancies, countries where contraception were provided free of charge had lower teenage pregnancies compared to countries where contraceptives were not provided for free.

Suvivuo, Tossavainen & Kontula (2009) carried out a study to investigate the factors that motivated young girls to use contraceptives. Most of the girls indicated that their sexual encounters were unpredictable and spontaneous which made it difficult for them to have condoms in anticipation of sex. Therefore, the availability of the emergency pills was one of the motivating factors in the use of the contraceptives. Therefore, the use of contraceptives was highly influenced by the perceived behavioural control mainly compared with other factors. The use on which the nurses availed the contraceptives to women affected the use of the emergency contraceptives. It was noted that women who did not have easy access or knowledge of where to access the contraceptives had lower use of the contraceptives compared to those who were aware.

The other factors that highly influenced teen pregnancies were the social economic class of the parent. Study by Leppälahti et al (2013) found that parents from low income households were at a higher risk of the teenage pregnancy compared to children who came from high income households. Kobra et al (2007) too concurred that girls from poor families were at a higher exposure of teen pregnancy since they could not afford the contraceptives. Xu and Cheng (2008) argued that teenagers did not have much of choice regarding whether they wanted to terminate the pregnancy or not. For most of the teenage girls who were living with their parents it was the parents who made the decision on their behalf which highly increased chances of having abortions among the teenagers. Mothiba and Maputle (2012) noted that teenagers whose parents were not well educated were the ones who recommended most abortions. However, Lindh et al (2009) noted that even teenagers had a role in procuring abortions as some tried the best they could to keep their pregnancies secret, in fact the reason that they ensured that they procured abortions was to keep pregnancy secretive. Kagashe, Maregesi and Mashaka (2013) noted that the economic wellbeing and inadequacies of teenagers made them to consider having abortions. Sedg et al (2015) argued that teenagers did not have the requisite income and resources required in raising up a child. They also lacked the maturity and emotional stability required for parenthood that made it difficult to carry pregnancy to term.

8. CONCLUSION AND RECOMMENDATIONS

8.1 Summary of the findings

The study managed to attain the first research objective of identifying the contraceptive awareness attitude towards emergency pills in reducing adolescents' pregnancies. The

study noted through the studies of Hassani et al (2007) indicated that the effect of contraceptive awareness attitudes had some little effect on the use of contraceptives as well as pregnancy. However other factors such as fear of the side effects and fear of pregnancy led to people having protected sex rather than using contraceptives.

This review research also managed to achieve the second objective of investigating effect of contraceptive awareness subjective norms on use of emergency contraceptives and in reducing teenage pregnancies. The researcher examined studies such as that of Kosunen and Laippala (2007) and Higgins and Smith (2016) which found that subjective norms especially parent and peers had much effect on their use of contraceptives. The reviewed literature indicated that adolescents whose parents approved their sexual relationships and approved their sexual partners were likely to use contraceptives compared to teenagers whose parent were not aware of their relationships and they did not approve of such relationships. This is because such teenagers tended to engage in sex without caution compared to the ones whose parents did not approve of their sexual behaviours. The observation held that subjective norms which were the expectation that parents and friends had on the adolescents affected their use of contraceptives. Likewise peers who approved use of contraceptives were likely to use contraceptives compared to those whose peers did not approve or use contraceptives.

The research also managed to attain the third research objective of investigating the impact of perceived behavioural control on contraceptives influence use of contraceptives and teenage pregnancies. The review highlighted a study by Hanson et al (2015) as having the answer for this objective. The study noted that behaviour as challenges and fears that made people to behave in particular in particular way. For instance the fear of having another child and the costs of raising a child made teenagers to use contraceptives. The mothers indicated that they were using contraception and an even emergency pill to ensure that they do not have another child who is not planned or intended. Therefore women who did not want a child or who considered the cost of raising another child as too high as likely to use birth control pills compared to women who did not consider raising an additional child as a cost. The findings were in agreement with Cha et al (2009) who found that behaviours that had high consequences were considered as high risk and were difficult to engage in while behaviours that were of low consequences were easy to engage in.

8.2 Recommendations

The study recommended sex education to be implemented by nurses to help the adolescents to have more awareness about contraceptives. The awareness can help in ensuring that the adolescents use contraceptives appropriately to mitigate from having pregnancy and abortions. The focus of the sex education is to explained the side effects of contraceptives as well as reasons why oral contraceptives and after sex pills should be used. This will help in alleviating the negative that the adolescents have towards the emergency oral contraceptives.

The second recommendation was related to parents and it focused on identifying ways in which parent and peers could influence the adolescents to use contraception as well as not engage in risky sexual behaviour. The research identified that parents who approved of their sexual behaviour had children who did not use the contraceptives. Therefore research recommended that parents be proactive in sex education especially in disapproving adolescents' sexual behaviour especially having unprotected sex as this was noted to make children managed in responsible sexual compared to instances where parents were passive.

The other recommendation was that there should be perceived behavioural control by making the consequences of pregnancy. This is because it was identified that adolescents who were aware of the consequences tended to use oral contraceptives more than those whose were not aware of the consequences. Also accessibility of the contraceptives made increased use of contraceptives while difficulty in accessing the contraceptives reduced their use among the adolescents.

8.3 Limitations of the study

One of the difficulties that have been experienced in this literature review research is that there are limited number of empirical studies that have focused on the theory of planned behaviours and its role in influencing contraception use. The major challenge was that there were limited or little empirical research on the extent of use of emergency and contraception pills among adolescents. Most of the studies focused on women who were older than 20 years and others focused on other forms of contraception such as condom use.

The other challenge was that some of the studies that had important information concerning use of contraceptives among teenagers in the Finland were older than 2007 which meant that they had to be excluded from the study. Other relevant studies on use of contraceptives which were recent mainly focused on Switzerland and UK but not Finland which excluded them from the study. Therefore the research focused on smaller list of journal articles that were only focused on the Finland which limited the scope and depth of the study.

8.4 Areas for further studies

Future research should overcome the challenges identified in the prior section by including more Scandinavian countries in the review research in order to include as many articles as possible. Alternatively, the future research should embark on undertaking an empirical study on how planned behaviour affects the use of contraceptives. The future research should investigate how awareness of the attitudes, subjective norms and the perceived behavioural control affects the use of contraceptives among adolescents as well as abortions among adolescents in Finland.

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