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Factors Associate Unintended Pregnancy and Induce Abortion in a Community, Nepal

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Abstract:

Aim: This study aims to find out the factors associate to unintended pregnancy and induce abortion among women.

Methods: This is descriptive study conducted in Birgunj, Parsa district which lies in center Terai in Nepal. Study population was all women who perform induce abortion. Data was collected by interview method, using non-probability snow balling sampling technique. The sample size was 50 women. Limitation of the study was small sample size. Data were presented in descriptive statistics frequency and percentage only.

Results: Majority of respondents (46%) was 26-35 years' age group, 72 percent respondents were home maker and 66 percent were literate, among them 39.99 percent had only primary education. Sixty-four present respond lived in rural area. Most of the respondents had living children (84%) and majority had male and female both sexes children (42.8%). The result indicates that 64 percent respondents heard about FP method, among them only 52 percent used the family planning (FP) methods, which were 42.30 percent used oral pills and condom respectively. Most of respondents did not using any FP method due to fear of side effect (47.36%). Only 12 percent had aware on emergency contraceptive (EC), all respondents who know EC, used oral pills for EC. But none of them used correctly. Seventy percent respondents live with their husband and 92 percent had good relationship with their husband / partner most of respondents said the reason of pregnancy was unprotected sexual relationship. The types of unintended were 52 percent had unwanted and 48 percent had mistimed. The reason of abortion was 44 percent said want to postpone child bearing, 28 percent said want no more children, 12 percent were single status and other had relationship problem with partner, disturb in education respectively (4%).

Conclusion: The associate factors of unintended pregnancy and induce abortion were multiple. They were unable to plan for pregnancy, not using FP method properly and the reason of abortion were limiting the family size, postpone the child birth and economic reason as well as relationship problems with husband.

Keywords: Unintended pregnancy, Induce abortion, Emergency contraceptive, Family planning in Nepal

1. Introduction

Pregnancy would always be a wanted and happy event for women, their partners and their families. Unfortunately, this is not happened to all. In most countries, large numbers of women every year become pregnant without planning and some may be more distressed than joyful under these circumstances. Unintended pregnancy is that either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity of women, and with health behaviors during pregnancy that are associated with adverse effects (Mamboleo, 2012).

Globally, more than half a million women aged 15–49 years die annually from preventable pregnancy-related complications. Women in developing countries have a 1 in 26 chance of dying from pregnancy and abortion compared to 1 in 9400 chances in Europe (Bremmer 2010). Approximately 40 percent of pregnancies globally are unintended. Nearly half result in induced abortion, the majorities are unsafe. Even where permitted by law, access to safe abortion. These unintended pregnancies have grave consequences for the health and well-being of women and families, particularly in low- and middle-income countries where maternal mortality is high and abortions are often unsafe (WHO 2011).

Contraceptive prevalence rate (CPR) globally for women aged 15–49 years, married are 63.6 percent in 2012. Yet, an estimated 222 million women still fall within the current unmet needs estimates for contraceptives, with 90 percent of these women currently in the developing world as a result (Jacobstein 2013), one in five pregnancies is unintended (Glasier 2006). Women often resort to an abortion when faced with an unintended pregnancy. In each country, the particular cultural, legal, economic and health services context influences women's ability to avoid unintended pregnancy. Nepal is not the exception of it. In Nepal, 26-38 percent of recent births are estimated to be from unintended pregnancies (Singh, A. 2015).

Abortion was legalized in 2001 in Nepal. According to the Abortion law of Nepal, “only listed doctors or health providers can provide abortion services at approved health facilities, clinics, and hospitals with the consent of pregnant women and according to the national standards. About 800,000 Nepalese women get pregnant every year. Two hundred thousand of total pregnancies are defined as unplanned, unintended and unwanted by Nepalese women. However, only 80,000 Nepalese women go to approved health facilities or clinics for abortion. About 120,000 Nepalese women go to non-listed clinics or health centers for the termination of pregnancy which is obviously unsafe (Poudel, K. 2016).

2. Methodology

This is descriptive study conducted in Birgunj, Parsa district which lies in Central Terai, Nepal. The study population was all who had just had induce abortion. Data was collected by interview technique using the structure interview schedule developed by researcher. The sample size was 50 women. Non-probability snow balling sampling technique was used. Before data collection written administrative approval was taken from authority and written consent was taken from respondents. If the respondents did not willing to participate in the study leave them and another respondent were selected purposively. The collected data were checked for accuracy and completeness. Data were presented in descriptive statistics frequency, and percentage.

3. Findings

3.1. Demographic Information

Demographic characteristics	Frequency	Percentage
Age group in years		
15 – 25	22	44
26 – 35	23	46
36 – 45	5	10
Occupation		
Home maker	36	72
Student	5	10
Labor	4	8
Waitress	3	6
Service	2	4
Education status		
Illiterate	17	34
Literate	33	66
If literate, level of education (n=33)		
Primary level	13	39.99
Secondary level	11	33.33
Higher secondary	4	12.12
Above higher secondary	5	15.15
Residence		
Urban	18	36
Rural	32	64

Table 1: Socio-demographic characteristics of respondents (n=50)

The above table shows that 46 percent were in age group 26 – 35 years, 44 percent were in 15– 25 years and remaining 10 percent were in 36 – 45 years. Most of the respondents’ 72 percent were homemaker, 10 percent were students and least of respondents (4%) work in restaurant as waiters. According to their educational status 66 percent were literate and 34 percent were illiterate. The highest number of respondents (39.99%) had only primary education and 15.15 percent had above higher secondary level. Majority despondences (64%) lived in rural area and 36 percent lived in urban.

3.2. Reproductive Information

Reproductive characteristic	Frequency	Percentage
Marital status		
Ever married	44	88
Unmarried	4	8
Widow	2	4
Duration of marriage (n= 44)		
Up to 3 years	14	31.81
4 – 6 years	10	22.72
7 – 9 years	9	20.45
Above 9 years	13	29.54
Living children		
Yes	42	84
No	8	16
Sex of living children(n=42)		
Female only	13	30.95
Male only	11	26.19
Both male and female	18	42.85
Age of youngest children(n=42)		
0 – 2 years	16	38.09
Above 2 years	26	61.90

Table 2: Reproductive characteristic of respondents (n = 50)

Above table depict that 88 percent respondents were ever married, 8 percent unmarried and 4 percent were widow. According to their duration of marriage 33.34 percent respondents' duration of marriage were up to 3 years, 28.66 percent were above 9 years of their marital duration. Most of (84%) had children, only 16 percent had no children. Among them 42.85 percent respondents had both male and female children, 30.95 percent had only female children and 26.19 percent had only male children. Near about two third (61.90%) respondents' youngest child age had been above two years, and 38.09 percent respondents' children age had been below two years.

Characteristic of respondents' husband / Partner		
Occupation of husband / partner	Frequency	Percentage
Service holder	14	32.55
Business	11	22.55
Labor	9	20.93
Aboard employment	8	18.60
Student	1	2.32
Living of respondent with their husband /partner		
Together	29	67.44
Separate	14	32.55
Relationship with their husband/partner(n=50)		
Good	46	92
Bad	4	8

Table 3: Characteristics of respondents' husband / partner (n=43)

The above table demonstrated that the occupation of the respondents' husband/ Partner had near one third (32.55%) engaged in service, 22.55 percent were business man, 18.60 percent were aboard employment, and only 2.32 percent were students. Most of the respondents (67.44%) were lived with their husband and 32.55 percent did not with husband / partner. The majority 92 percent respondents had good relationship with their husband / partners and but 8 percent had bad relationship.

Variables		
Heard about Family planning method	Frequency	Percentage
Yes	32	64
No	18	36
Use of family planning device (n = 32)		
Yes	13	40.62
No	19	59.37
If yes, types of devices (n =13)		

Oral pills	5	38.46
Condom	5	38.46
Depot-provera	3	23.07
Way of use FP devices (n = 13)		
Regular	4	30.76
Irregular	9	69.23
If no, reason of not using (n = 19)		
Fear of side effect	9	47.36
Pressure from partner	4	21.05
Menstruation not return	3	15.78
Too young to use of FP device	1	5.26
Embarrassment	1	5.26
Did not think still fertile	1	5.26
Knowledge on emergency contraceptive		
Yes	6	12
No	44	88
Time of used ECP (n=6)		
Immediate after sex	3	50
Within 72 hours	2	33.33
After 72 hours	1	16.66
Dose of used OCP for EC(n=6)		
One tab daily for four days	3	50
Two tabs daily for two days	2	33.33
Two tabs daily for four days	1	16.66
Four tabs within 72hours, then two tabs after 12 hour		0

Table 4: Awareness on FP method and Emergency contraceptive (n= 50)

Table 4 shows that 64percent respondents heard about family planning method and 46 percent had no. Among them only 40.62 percent respondent used the method, other did not used. The respondents who used family planning method they choose the oral contraceptive and condom (42.33%) and 15.38 percent used depot provera. Among them most of the respondents (69.23%) did not used regularly, and only 30.76percent used regularly. While the reason for not using of FP method was fear of side effect (47.36%), pressure from partner 21.05 percent and embarrassment and did not think still fertile said 5.26 percent respectively. Most of the respondents (88%) had no awarded on emergency contraception, only 12percent had known about it. Those who known it all (100%) respondents used oral pills. Half of respondents (50%) used immediate after sexual relation. But, no one respondent used it correctly. Half of respondents used only one tablet daily for four days and 16.66 percent used two tablets for four days.

3.3. Reason of Unintended Pregnancy and Induce Abortion

Causes of pregnancy	Frequency	percentage
Not used of FP method	30	60
Irregular used of FP method	18	36
Rupture condom	2	4
Rape / Incest	0	0
Types of unintended Pregnancy		
Unwanted	26	52
Mistimed	24	48
Reason for abortion		
Want to postponed childbearing	22	44
Want no more children	14	28
Single status	6	12
Health problem	4	8
Relationship problem with partner	2	4
Disturb in study/education	2	4

Table 5: Causes of pregnancy and reason for abortion (n=50)

The above table shows that the cause of pregnancy was 60percent respondents were not used family planning method at all, 36 percent used irregularly and 4 percent said ruptured of condom Among the respondents, 52 percent had unwanted pregnancy and 48 percent

had mistimed. Most of the respondent (44%) said the reason of abortion was want to postponed childbearing, 28 percent respondents said want no more children, 12 percent said single status (unmarried, widow) and 8 percent had health problems 2 percent said relationship problem with partner and disturb in education respectively.

4. Discussion

This study shows the factors associated with unintended pregnancy and induce abortion, and associated factors are described such as demographic, socioeconomic, access to FP information/services, reproductive characteristic and awareness and use of contraceptive methods. Abortion is a consequence of unintended pregnancy is one of the reasons for such a high maternal mortality rate. Many studies including the present study showed that unintended pregnancy is common among Nepalese women. It may end induced abortion or unwanted birth. The result of this study suggests that all women, regardless of age, socioeconomic, or socio-cultural status, would benefit from increased efforts to ensure that pregnancies are intended.

This study had shown that the 44 percent respondents were in age group 15 –25 years, 46 percent were in 25– 35 years and remaining 10 percent were in 36 – 45 years. The highest rate on unintended pregnancy and induce abortion in age group 25 – 35 years. But in contrast literature shows that the higher the age of women, the higher the probability of having current pregnancy as unintended (Adhikari, R 2008). This is in contrast the finding of present study. This study found that the most of the respondents' 72 percent were homemaker, 10 percent were students, 8percent were labor, and 4 percent were service holder and remaining of respondents (4 %) work in restaurant as waiters.

According to their educational status 66 percent were literate and 34 percent were illiterate. The highest number of respondents (39.99percent) had only primary education and 15.15 percent had above higher secondary level education. A large-scale study conducted in Nepal show that, there was significant association between the literacy status and unintended pregnancy in bivariate analysis but no significant association in multivariate analysis after controlling other demographic, socio-economic and other variables. However, it should not be concluded that education is not significantly related to intended pregnancy status and thus it should not ignore the importance of education for the empowerment of women, and for the planned pregnancy (Adhikari R. 2008). This finding is not supported the present study may be small sample size and purposive sampling technique.

This study finding depict that 88 percent respondents were ever married, 8 percent unmarried and 4 percent were widow. A similar study conducted in Zimbabwe found that the married respondents had the highest frequency of abortion reflected by (42%). These were followed by the widowed that had a despondence rate of (32%), and then the single had (18%) response. There were (6%) respondents from those who were divorced whereas the lowest respondents were amongst separated (2%) respondents (Pisirai, 2011). Another study finding show that, in countries where abortion is permitted by law for a variety of indications, the majority of women who terminate pregnancies were married adults and already have children. However, in absolute terms, large numbers of adolescents also terminate unwanted pregnancies. It has been reported that 35% of pregnant teenagers in the USA choose to terminate pregnancies (Dudley, 2003). In Vietnam, one study found that 37 percent of pregnancies among young women in 2000 ended in abortion (Khuat, 2003), while a survey in Taiwan reported that 90.8 percent of extramarital pregnancies among women aged 15-30 years were terminated (Wu, 2003). This finding is also supported the present study where the ever-married women had more unintended pregnancy and induce abortion.

This study finding shows that (33.34%) respondents' duration of marriage was up to 3 years; 28.66 percent were above 9 years of their marital duration. Most of (84%) had children, only 16 percent had no children. Among them 42.85 percent respondents had both male and female children, 30.95 percent had only female children and 26.19 percent had only male children. Near about two third (61.90%) respondents' youngest child age had been above two years, and 38.09 children age had been below two years. Most of the respondents (64%) live in rural and 46 percent lived in urban. A study conducted in maternity hospital Kathmandu show that the most abortions are sought and received by married women and the primary reason for abortion is having already achieved their desired family size (Thapa, S. 2012). Another similar study show that associated with unintended pregnancy indicating that those women who desired more children were less likely to experience unintended pregnancy. One reason could be more people (64%) live in rural areas and rural women perceive greater benefit from having more children. Hence the sample reflected that the decline in desired family size in Nepal resulted in increased exposure to the risk of having unintended pregnancy (Adhikari, R.2008).

This study finding demonstrated that the occupation of the respondents' husband/ Partner had near one third (32.55%) engaged in service, 22.55 percent were business man, 18.60 percent were aboard employment and only 2.32 percent were students. Most of the respondents (67.44%) were lived with their husband and 32.55 percent did not with husband / partner. The majority 92 percent respondents had good relationship with their husband / partners and but 8 percent had bad relationship.

This study findings shows that 64percent respondents had heard about family planning method and 46 percent had no knowledge on its. Among them only 40.62 percent respondent used the method, other did not used. Similar study result show that if a woman has higher knowledge of methods, she is more likely to be aware of the benefits of those method which in turn will motivate her to use the methods and less likely to have unintended pregnancy. The similar result is found in Ecuador as well (Eggleton, 1999).

This study found that the cause of pregnancy was not used family planning method at all (60%) and 36 percent used irregularly and 4 percent said ruptured of condom. The respondents who used family planning method they choose the oral contraceptive (42.33%) and condom (42.33%) and 15.38 percent used depot provera. Among them most of the respondents (69.23%) did not used regularly, and only 30.76percent used regularly. While the reason for not using of FP method was fear of side effect (47.36%), pressure from partner 21.05 percent and embarrassment and did not think still fertile said 5.26 percent respectively. Study finding show that a significant proportion of the abortion clients in both time periods reported using contraception in the month of unintended pregnancy. Part of the reason for higher use among the 2005 cohort could have been due to the fact that women who were breastfeeding their children under

six months of age were counted as using lactation amenorrhea method. This difference notwithstanding, among clients in both cohorts, the four most commonly used peri-contraceptives, particularly the non-program methods—withdrawal and abstinence—are known to have higher real-life failure rates than other methods due to a combination of poor compliance and method failure. For some of these women, abortion may have been the only choice; but for many, abortion could have been avoided by effective contraceptive use. In this context, a critical look at the family planning program's methods of communication and counseling could be highly useful. It needs to be emphasized that the availability of and access to abortion has changed the landscape in which reproductive decisions are made and services are accessed among the women (and men) in Nepal (Thapa, S. 2012). Literature shows that Women's perception that their husbands oppose family planning is a dominant factor for discouraging contraceptive practice in Nepal if a husband would like to have a big family, then a woman had to follow his wish. It could be due to a patriarchal and male dominated Nepalese society, (Adhikari, R. 2008). In South Africa, 61 percent of sexually active women used a modern contraceptive method, yet 53 percent of all births were reported as mistimed or unwanted and 78 percent of births to women aged 19 or younger were unplanned (Blanchard et al, 2005). So, appropriate IEC on the prevention unplanned/unwanted pregnancy, so this could explain about the method failure, which is a serious problem with great implications both for the individual as well as the system providing Family Planning services. Deceived by false protection the woman could face unwanted pregnancy and its consequences. Hence the system would lose the confidence of users and those who are currently using the contraceptives (Mambeleo, 2012).

In this study found that the most of the respondents (88%) had not heard about emergency contraception, only 12 percent had heard about it. Those who heard, all (100%) respondents used oral pills as EC. Half of respondents (50%) used immediate after sexual relation. But, no one respondent used it correctly. Half of respondents used only one tablet daily for four days and 16.66 percent used two tablets for four days. Literature shows that awareness on emergency contraceptives could also play a big role in the reduction of unwanted pregnancies among youths, but still this was found as a gap as most of the youths are not aware of the existence of emergency contraceptives, with only 10 % of the respondents have heard of emergency contraceptives and only 2 % have actually used it. This could reflect another study done in Nigeria among the tertiary students of which only 38 % of the study respondents were aware of the emergency contraceptives and only 9 % of them ever practiced it (Memboleo, 2012).

In this study the types of unintended pregnancy were, 52 percent unwanted and 48 percent had mistimed. Most of the respondent said the reason of abortion was want to postponed childbearing (44%), 28 percent respondents said want no more child, 12 percent said single status and 8 percent had health problems and 4 percent had relationship problem and disturb in education respectively. This finding is comparable with a similar study conducted in Zimbabwe shows that there are several reasons for a woman to end up having unwanted pregnancy; it could be they are still in school, financial problem, family issues as well as culture and norms in the community. A study finding show that the most of women who had unwanted pregnancy were still in school (47 %) followed by the financial reason, as they mentioned that they didn't have enough money to take care of the baby (40%) (Pisirai, 2012).

5. Conclusion

Findings of this study indicate unintended pregnancy is one of the major cause of induce abortion. Difficult to successful planning of birth, none or ineffective use of FP method, are the major causes of unintended pregnancy. Desire for family size, number of pregnancies a woman had, wants to postpone the birth, marital status, relationship with partner, was associated factors induce abortion. Thus, reproductive health programs, promoting husband and wife communication, family planning access and women empowerment are the major component for the preventing unwanted pregnancy.

6. Recommendations

Based on the findings from the study, it would recommend that:

1. More information is needed on contraception and its proper use, as well as better access to contraceptive services. So, family planning program should put an effort to raise awareness through information, education and communication (IEC) program about effective use as well as to reduce the unmet need with particular attention in the country.
2. Women need to aware on emergency contraceptive method and its proper using by mass media message.

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