

Report

Levels of Unplanned Pregnancy At Maternity Hospital, Kathmandu.

Submitted by Group 'A'

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Abbreviations and Acronyms:

OPD:	Out Patient Department
GOPD	Gynaecological Out Patient Department
IUCD:	Intra Uterine Contraceptive Device
OCP :	Oral Contraceptive Pills
DMPA:	Depo Medroxy Progesterone Acetate

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Introduction:

Abortion is a major health issue and a priority area in the reproductive health of women. In Nepal the total fertility rate is believed to be 4.6 with a contraceptive prevalence rate of 29% and unmet need of contraception at 31%.¹ Besides non use of contraception, method failure or improper use are also causes for unplanned pregnancies. Although unplanned, some women will continue with the pregnancy, but others request for termination. This study was planned with a view to find out the magnitude of unplanned and unwanted pregnancy as well as to identify causes for not use of contraception. The results of this is believed to help in improving the use of contraceptives and also to provide relevant data for reforms in abortion law.

Objectives:

The present study was conducted with the following objectives:

- To ascertain the level of unplanned pregnancy among patients attending the pregnancy confirmation clinic of maternity Hospital.
- To determine the proportion of women requesting termination of pregnancy.
- To analyse factors leading to request for termination of pregnancy.

Methodology:

The present study was descriptive cross sectional study on all pregnant women attending the maternity hospital for pregnancy confirmation. Five hundred patients attending the pregnancy confirmation clinic of the gynae OPD, between 1st Jestha 2056 to 30 Bhadra 2056, on two days a week (Tuesdays and Fridays) were included in the study. Prior to filling up the questionnaires, verbal consent was taken from the patients after explaining to them the purpose of the study, in brief. A structured questionnaire was developed, pre tested and refined in the first two weeks prior to collecting the data. A detail history was taken of the age, occupation, education, marital status, socioeconomic condition and obstetric history with the numbers of living children and whether the pregnancy was planned or unplanned. History of contraceptive use was taken from all women and reason for not using currently was noted in women who had unplanned/ unwanted pregnancy. From the sample of women who had unplanned / unwanted pregnancy, causes for requesting termination, in those women who made such requests, were noted.

All the women were examined for confirming pregnancy and correlating the gestational age determined by clinical examination with the history of Last menstrual Period (LMP). Ultrasonographic findings were used when available.

Interim analysis was done after collecting 100 case histories to identify if any problem existed with the data collecting tool and in analysing the results. The final analysis of the results was done manually and re checked for accuracy by another researcher (G.D.) independently. Pregnancy termination facilities were not available and hence not provided.

Results:

1. Pregnancy type:

a) Planned	-	345		
b) Unplanned	-	155		
b1. Wish to continue	-		122	
b2. Terminate	-		33	

2. Cast:

		<u>Planned</u>	+	<u>Unplanned</u>	=	<u>Total</u>
a) Brahmin	-	110	+	50	=	160
b) Chhetri	-	84	+	36	=	120
c) Newar	-	80	+	31	=	111
d) STMGRL	-	52	+	30	=	82
e) Others	-	19	+	8	=	27

3. Age group:

		<u>Planned</u>	+	<u>Unplanned</u>	=	<u>Total</u>
a) <15 Yrs.	-	0	+	0	=	0
b) 15-19 Yrs.	-	90	+	46	=	136
c) 20-24 Yrs.	-	176	+	63	=	239*
d) 25-29 Yrs.	-	67	+	29	=	96
e) 30-34 Yrs.	-	12	+	11	=	23
f) 35-39 Yrs.	-	0	+	6	=	6

4. Address:

		<u>Planned</u>	+	<u>Unplanned</u>	=	<u>Total</u>
a) Rural	-	116	+	61	=	177
b) Urban	-	229	+	94	=	323

5. Occupation:

		<u>Planned</u>	+	<u>Unplanned</u>	=	<u>Total</u>
Wife:						
a)	Housewife	- 279	+	117	=	396
b)	Professional	- 9	+	12	=	21
c)	Teacher / GD	- 4	+	2	=	6
d)	Non-Gazetted	- 15	+	2	=	17
e)	Farmer	- 12	+	7	=	19
f)	Labour	- 20	+	14	=	34
g)	Business	- 6	+	1	=	7
Husband:						
a)	Professional	- 93	+	45	=	138
b)	Teacher / GD	- 29	+	7	=	36
c)	Non- Gazetted	- 77	+	25	=	102
d)	Farmer	- 29	+	14	=	43
e)	Labour	- 78	+	53	=	131
f)	Business	- 39	+	11	=	50

6. Education:

		<u>Planned</u>	+	<u>Unplanned</u>	=	<u>Total</u>
WIFE:						
a)	Illiterate	- 77	+	60	=	137
b)	Primary	- 81	+	29	=	110
c)	Secondary	- 146	+	56	=	202
d)	Higher	- 41	+	10	=	51
Husband:						
a)	Illiterate	- 13	+	6	=	19
b)	Primary	- 50	+	36	=	86
c)	Secondary	- 190	+	83	=	273
d)	Higher	- 92	+	30	=	126

7. Gestational age:

		<u>Planned</u>	+	<u>Unplanned</u>	=	<u>Total</u>
a)	Not sure	- 9	+	4	=	13
b)	<= 6 wks	- 33	+	17	=	50
c)	7 - 12 wks	- 152	+	73	=	225
d)	13- 18 wks	- 107	+	52	=	159
e)	19-24 wks	- 44	+	9	=	53

8. Living children:

		<u>Planned</u>	+	<u>Unplanned</u>	=	<u>Total</u>
a) No	-	239	+	73	=	312
b) One	-	84	+	45	=	129
c) Two	-	16	+	20	=	36
d) Three	-	5	+	10	=	15
e) Four >=	-	1	+	7	=	8

9. Sex of children:

		<u>Planned</u>	+	<u>Unplanned</u>	=	<u>Total</u>
Son:						
a) One	-	42	+	31	=	73
b) Two	-	2	+	13	=	15
c) Three	-	0	+	2	=	2
d) Four >=	-	0	+	0	=	0
Daughter:						
a) One	-	53	+	41	=	94
b) Two	-	13	+	9	=	22
c) Three	-	2	+	3	=	5
d) Four >=	-	1	+	3	=	4

10. Age of youngest living child :

		<u>Planned</u>	+	<u>Unplanned</u>	=	<u>Total</u>
a) < 2 yrs.	-	12	+	41	=	53
b) 2 - 3 yrs.	-	25	+	14	=	39
c) >= 4 yrs.	-	69	+	27	=	96

11. Para:

(Unplanned Pregnancy)

a) P0	-	73
b) P1	-	41
c) P2	-	18
d) P3	-	12
e) P4 >	-	11

12. contraception:

		<u>Planned</u>	+	<u>Unplanned</u>	=	<u>Total</u>
• Never used	-	261	+	105	=	366*
• Used since last delivery but discontinued	-	81	+	45	=	126
• Not used since last delivery	-	3	+	5	=	8

If used - what method ?

		<u>Planned</u>	+	<u>Unplanned</u>	=	<u>Total</u>
a) Natural	-	0	+	0	=	0
b) IUCD	-	0	+	1	=	1
c) OCP	-	14	+	7	=	21
d) Norplant	-	4	+	1	=	5
e) DMPA	-	63	+	40	=	103*
f) Condom	-	3	+	1	=	4

Why stopped ? :

		<u>planned</u>	+	<u>unplanned</u>	=	<u>total</u>
a) Forgot	-	0	+	5	=	5
b) Side effect	-	6	+	29	=	35*
c) Weakness	-	0	+	7	=	7
d) Family/Husband wish	-	0	+	0	=	0
e) Wanted pregnancy	-	0	+	0	=	0

If not used - why ?

a) Did not know	-	43
b) Too far	-	3
c) Fear of examined	-	2
d) Fear of side effects	-	57*
e) Wanted pregnancy	-	345

13. Reasons for requesting termination:

a) Unmarried	-	0
b) Too many children	-	11
c) Sex of fetus	-	3
d) Contraceptive failure	-	4
e) Economic reason	-	9
f) Want spacing	-	3

g) Weakness	-	1
h) Husband's wish	-	1
i) Others	-	1

14. Decision for requesting termination:

a) Self	-	5
b) Husband	-	1
c) Both (Husband + Wife)	-	27*
d) Relatives	-	0

15. Previous induced abortion:

a) No	-	32
b) Yes	-	1

If yes:

• Doctor	-	1
• Nurse	-	0
• Medical shop	-	0
• Lay Practitioners	-	0

Discussion:

In the present study it was noted that 69% of the patients attending pregnancy confirmation clinic had planned their pregnancy, but 31% had unplanned pregnancy. Although these women were not prepared for pregnancy, majority of them preferred to let the pregnancy continue, while 21.3% requested for pregnancy termination.

0.4% of all pregnancies in married women of reproductive age (15-49) were found to have induced abortion. Although similar pattern exists in urban and rural areas, urban women are most likely to report having had an induced abortion.

In Nepal, there is no legal provision for providing abortion services to women in need. The Nepal Medical Council permits abortion if performed by a physician with concurring opinion from another physician, only to save the pregnant woman's physical or mental health or to prevent the birth of malformed infant.² The law however, equates abortion on with infanticide.³ Hence pregnancy termination is not performed at Maternity hospital unless it is for conditions as outlined above.

Induced abortion is not uncommon in our country. Between April 1997 to April 1998 (BS 2054) Maternity hospital admission statistics reveal that of the 3149 gynaecological admission 1476 (6.8%) were abortion; 3.5% of those were septic abortion. In the same year, there was one maternal death due to septic abortion out of the eight maternal deaths.

In the study there was no cast or geographical selection for patients with unplanned pregnancy. However, maximum number of patients were found in the age group between 20-24 for both planned and unplanned pregnancy groups. Unplanned pregnancy was more common when the husband/ and or the wife were daily wage earners, labourers in particular, and also when the husband was in the low income group of non gazetted officers. Unplanned pregnancy was more common when the literacy level was low in both husband and wife. Maximum number of patients attended the hospital between 7 to 12 weeks of pregnancy, and 13 to 18 weeks of pregnancy, respectively. In the present study women attending the clinic beyond 24 weeks were not included. Patients seeking termination of pregnancy were mostly in between 7 to 18 weeks of pregnancy, but some cases were found in all the gestational age up to 24. In a study to determine the reproductive behaviour following abortions, it was noted that educated women were more likely to seek pregnancy terminations in early weeks and from professionals, in contrast to uneducated or less educated women⁸ 239 primigravidas in the present study had planned pregnancy in contrast to 73 primigravidas with unplanned pregnancy, as many as 41 patients with one child and 11 patients with 4 or more children had unplanned pregnancy. This indicates that the use of contraception to space or limit pregnancies is still not common. 105 patients with unplanned pregnancy had never used contraceptives, but 45 of the others had used but discontinued them for various reasons.

The average desired number of children is between 2.9 to 3.5 women of different age groups in Nepal.⁷

Depo provera was the most commonly used contraceptive, but discontinuation due to side effects was also common for this method. Fear of side effects was the most

common reason for not using contraceptives. Too many children and low economic status were the determining factors in seeking abortion. In most cases the decision to seek termination was made jointly by both the husband and the wife.

This study was conducted in women who had attended the hospital, some of them seeking termination of pregnancy. Some other studies conducted in the communities in Nepal were also reviewed to get an idea of pregnancy termination practices in the communities. The main features identified from some of these studies are given as below.

In a study of health professionals perception about induced abortion in South Central and South Eastern Asia abortions were believed to be induced by self, lay practitioners, midwives and physicians. On an average 30 per 1000 women were believed to seek abortion of those 1/3rd are likely to have complication and 1 in 7 were hospitalized for treatment. In Nepal, 50% poor women in rural and 46% in urban areas are believed to attend lay practitioners for procuring abortion.⁵ In a study conducted in Nepal, 108 cases of induced abortion were identified in 30 months among 13,229 women of reproductive age. Sixty eight percent have economic burden as the cause for procuring abortion and 71% knew that abortion was illegal in Nepal.⁶ In the same study an abortion rate of 117 per 1000 women of reproductive ages (15-49) has been estimated.

This study had been planned with a view to find out the magnitude of unplanned and unwanted pregnancy as well as to identify causes for non use of contraception. The results of this study is believed to help in improving the use of contraceptives and also to provide relevant data for reforms in abortion law.

Conclusion:

- 69% Patient's attending GOPD had planned (wanted) pregnancy and 31% had unplanned pregnancy. 21.3% of those with unwanted pregnancy requested termination.
- Fear of side effects and belief that contraception causes weakness lead to discontinuation of use or non-use of contraceptives. So we should improved counseling regarding use of contraceptives.

Recommendation:

- Legalization of abortion and provision of counseling, medical termination of pregnancy and contraception as a package will be a positive step for the provision of comprehensive reproductive health care.

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