Extent of Unintended Pregnancy and Coping Strategies among Young Couples in Nepal

Mahesh Puri, Roger Ingham and Zoë Matthews

An extended abstract of the paper for 2004 Annual Meeting of the Population Association of America

Background

Despite a steady increase in contraceptive practice, successive national surveys in Nepal indicate that the prevalence if unintended births among women of reproductive age (15-49 years) increased from 25 per cent in 1991 to 35 per cent in 2001. Among young married women (15-24 years), about one third of the births are reported unwanted. Abortion was illegal until September 2002 but was reported to be common. Information on the prevalence of induced abortion for the country is not available, however, a hospital based study conducted in 1998 showed that 20 per cent of patients admitted for post abortion complications were under the age of 20 years. Most of these women are married and currently living with their husband. Unintended pregnancy especially young age not only curtailed their life opportunities, behavioural patterns but also have negative consequences on reproductive health because of the risk associated with abortion. For socio-cultural, economic and psychological reasons, Nepalese young couples particularly women are typically poorly informed about how to protect themselves from having unintended pregnancy and sexually transmitted infections.

This paper describes research that has explored the problem of unintended pregnancy, and the strategies used for dealing with this among young couples in Nepal. In the analysis presented in this paper, we hope to contribute a more comprehensive understanding of level of unintended pregnancy and coping strategies among young couples in Nepal and highlight the programme implications for adequately addressing their reproductive health and rights need.

Data and methods

Information is drawn from a recently completed study entitled "Determinants and consequences of unintended pregnancy among young couples in Nepal with funding support from Safe Passage to Adulthood and Opportunity and Choice Programme of University of Southampton, UK. The study conducted 127 free listings and 66 in-depth interviews with young married men (15-27 years), women (15-24 years), community level health service providers and community leaders to explore the terminologies related to pregnancy intentions and their meanings. A sample survey of 1000 women aged 15- 24 years and 500 men their aged 15-27 years was also conducted to understand the level of prevalence of unintended pregnancy and its associated factors. Two-staged cluster sampling technique was used in the sample survey. Finally, 30 in-depth case histories were conducted with those who have had ever experiences of unintended pregnancy or induced abortion to understand the decision making process for either accepting or terminating the pregnancy. The respondents for in-depth interviews and case histories were selected purposively.

The study conducted in five out of 75 districts in the country. However, the analysis for this paper is restricted to 30 case histories and 1000 young women and 500 men. A framework technique has been used in the analysis of qualitative information. The

computer software package Atlas/ti was used. The sample survey data has been analysed using STATA computer software package. Both bivariate and multivariate logistic regression has been used to analyse the factors associated with the extent of unintended pregnancy.

Key findings

The survey found that one in two young women had ever experienced unintended pregnancy. Place of origin, caste, occupation, age, number of living children, ideal number of children, exposure to television are the significant predictors for unintended pregnancy for young married men and women. The reasons for having intended pregnancy include individual factors such as shyness to ask for contraception, non use of contraception, attitude and beliefs on family size, power in fertility decision making, extra marital relationship as well as socio culture factors such as strong son preference, pressure from partners and other family members, religious factors, lack of spousal communication. Some aspects of service provision such as availability of contraceptives of their choice, method failure and behaviour of health service providers are also contributing for women experiencing an unintended pregnancy.

In-depth case histories revealed that couples use multiple strategies to deal with their unintended pregnancies. Given the social, political and access to health service context of abortion in Nepal, many induced abortion are performed by untrained providers or initially self induced. The actual procedures used by these untrained providers were dangerous and often barbaric; for example, involving the insertion of sticks pasted with cow dung, or herbal mixtures, the injection of unknown medicines or herbal mixtures into the uterus. Some women had tried to self induce abortion by consuming honey, chemical powders, rod tamarind, jaggery, antibiotics, oral pills and so on. In some occasion women also visit traditional faith healer to get rid of their unintended pregnancy especially when oral medicine dopes not work for them. For example, Naina (name of women respondent) visited a traditional faith healer after the medicine did not work for her. Explaining she says " *When I was pregnant the second time, I took medicine from medical and when it did not work I took herbs from "Dhami jhankri" (traditional healers) and when this also did not work then I did not try anything on my husband's advice*". Beside these methods, women also do visit doctors and do dilute and curettage.

Multiple factors intervene during the decision making phase, making the process dynamic and situation specific. In most of the cases husbands were the most important person who takes the decision but in some cases young women take decisions themselves without consulting with their partner. Generally women take the decision in two circumstances. First when the husband disapproved of it, then they take the method accordingly. Secondly, women themselves assume that their husband or of other family members would not allow them for an abortion. Hence they do not ask him or inform him about the pregnancy and take their decision secretly. In the majority of such case, unsafe abortion practice are adopted. In some occasions, they seek an advice from their friends, health service providers and other family members.

Nevertheless, in most of the case the final decision was taken by the husbands. Various reasons were cited by them for taking the decision to abort the pregnancy. Main reasons cited were: the first child was still small, health complications, too many children, young age. Loss of educational and employment opportunities, separation from the family and the poor economic condition of the family were the other causes for such decision reported by the respondents. On the other hand, the respondents who decided to continue with the pregnancy said that either of the partners did not agree for abortion, thought it to be sin, hamper their health, expensive or they did not know where to go for abortion. They even said that they were scared of the side effects (infertility), had to fulfill the wish of husband and in laws, diagnosed the fetus to be a male child, can cause misunderstanding between the partners (of having extramarital relation), fear to voice such opinion to the husband.

The paper also discusses about the pathways either accepting or terminating unintended and its associated factors. The paper also compares the characteristic of the respondents between those who aborted and not opted for abortion of their unintended pregnancies.

Programme implications

The finding suggests a need of scale up the family planning service deliveries mechanisms such that they inspire young couples for its use. Integration of public education and advocacy against unsafe abortion into the existing reproductive health programme is also required. Access to safe and legal abortion services would help to minimize unsafe abortion practices. Encourage a dialogue between the couple through counselling service and enable women's decision making capacity in all areas of life including those related to reproductive right and sexuality.