



Determinants and Effects of Unwanted Pregnancy among Women of Reproductive age in Rural Areas of Rivers State

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Abstract

Reproductive process is an important activity that women of reproductive age engaged in at different levels of relationship. However, pregnancy must be agreed by parties involved before the process of fertilization could be carry out. This study was carried out to x-ray the determinants and effects of unwanted pregnancy among women of reproductive age in Rivers State. This is a cross-sectional study involving 106 women who are within their

reproductive period with age range 18-24years, 25-31years, 32-38years and 39-45years. A well - structured self-administered questionnaire was given to each participant to fill independently and return it to the researcher thereafter. The study shows that most women though married and co-habiting had unwanted pregnancy due to unprotected sex, lack of awareness about the use of contraceptives device, unfavourable timing of the pregnancy, and no access to family planning centre. 64.2% have no access to family planning centre, 53.8% of the respondents had secondary level of education (Table 2), 67% had unprotected sexual intercourse intermittently (Table 4), 79.2% got pregnant from unprotected sex (Table 5), 51.9% do not have knowledge of contraceptives (Table 6), 67.9% do not use contraceptives due to lack of awareness (Table 7), 88.7% had an unplanned pregnancy (Table 10), 64.2% do not have access to family planning centre (Table 8), 66% have not done family planning (Table 9). 40 of the participants are married, 34 are single, 7 are divorcee and 25 are co-habiting (Table 3) and 51.9% resides in the rural areas.

Data was analyzed with Excel and P value < 0.05 was considered significant.

Key words: Determinants, Effects, Unwanted Pregnancy, Women, Reproductive Age, Rural Areas.

I. Introduction

Continuity in the family is the key reason why a male and a female come together as couple in accordance with their customs, tradition or religion. This coming together can only be achieved when they have attained reproductive age. Unwanted pregnancy in married couple could be due to certain factors like, unexpected sexual intercourse, economic, medical, epidemic, academic pursuant, famine and cultural factors.

Desired conception is when both couple agree to have a child or children based on favourable conditions (Gbaranor *et al*, 2020). Unintended pregnancy is a mistimed, unplanned or unwanted at the time of conception (Belay *et al*, 2020). It is an important public health issue in both developing and developed countries (Cherie *et al*. 2018). Unintended pregnancy has several adverse outcomes (Adhikari *et al*, 2009) and from these adverse outcomes, unsafe abortion is a major outcome which could cause infection, haemorrhage, reproductive organ perforation, infertility and even death (Sedgh *et al*, 2014). Previous study shows that inability to use contraceptive methods such as condoms, oral contraceptives, injections, implants and Intrauterine Devices (IUD) was associated with unintended pregnancy (Cherie *et al*. 2018). Also, study carried out by MaQ *et al*, (2008) revealed that having multiple sexual partners, non-use of condom and non-consensual sex and sexual intercourse before high school were the potentiating factors of unintended pregnancy (Ma *et al*, 2008).

Study carried out in Western Uganda disclosed that side effects, stigma associated with contraceptives, cost, lack of contraceptive varieties, partner refusal, lack of contraceptive knowledge, and unplanned sexual encounters are major obstacles to contraceptive use among both in-and out-of-school adolescents (Uganda Ministry of Health, 2010).

Unintended intercourse is the primary cause of unwanted pregnancies in Nigeria, and many women with unwanted pregnancies from unintended intercourse decide to end them by abortion. (Otoide *et al*, 2001). Study carried out by Oye- Adeniran *et al*. revealed a prevalence rate of unwanted pregnancy of 26.6% and abortion prevalence of 21.7% (Oye-Adeniran *et al*, 2004). However, abortion is illegal in Nigeria (unless medically recommended to save a mother's life), many abortions are carried out in an unsafe environment (Abiodun and Balogun 2009). The aftermath of these secrete abortions are grave and can be life-threatening, often leading to maternal death (Oye-Adeniran *et al*, 2004; Abiodun and Balogun 2009; Oriji *et al*, 2009).

Abortion accounts for 20%-40% of maternal deaths in Nigeria. (Oye-Adeniran *et al*, 2004; Abiodun and Balogun 2009; Oriji *et al*, 2009). An estimated 610,000 abortions occur in Nigeria annually (Henshaw *et al*, 1998). Unwanted pregnancy occurs in women of all ages but adolescents have been most affected (Oye-Adeniran *et al*, 2004; Adewole *et al*, 2002). Previous study revealed that by the age of 45 years most women would have had at least one abortion (Henshaw *et al*, 1998; Alan Guttmacher Institute, 1999). Married women also experience unwanted pregnancy, as they constituted 34.8% and 63.2% of abortion seekers in studies carried out in Southwestern Nigeria. (Oye-Adeniran *et al*, 2004; Olukoya, 1987).

Also, previous study shows that some women use abortion as a means of child spacing instead of using contraceptives (Monjok *et al*, 2010). This may be as a result of low contraceptive prevalence rates despite reported high contraceptive awareness and enlightenment drives (Oye-Adeniran *et al*, 2004; Monjok *et al*, 2010). Several factors have been known to contribute to unwanted pregnancy in Nigeria, and a very important factor is the low level of contraceptive use (Oye-Adeniran *et al*, 2005; Amazigo *et al*, 1997; Opkani and Okpanu 2000). Similarly, a desire to limit family size to enable the family provide a better education for the children, the increased involvement of women in the labor force, and urbanization are other factors leading to the desire of Nigerian’s women to have predetermined number of children (Bankole *et al*, 2009).

II. Material and Methods

This was a cross-sectional study carried out among women of reproductive age in rural areas of Rivers State. The study lasted for eight weeks and 104 female students participated with age ranges between 18 and 45. The questionnaires were well structured and each participant was given a questionnaire to respond to each question in the questionnaire after a well- informed consent was granted. Data was analyzed using Excel. P value < 0.05 was considered significant for data.

III. Results

64.2% have no access to family planning centre, 53.8% of the respondents had secondary level of education (Table 2), 67% had unprotected sexual intercourse intermittently (Table 4), 79.2% got pregnant from unprotected sex (Table 5), 51.9% do not have knowledge of contraceptives (Table 6), 67.9% do not use contraceptives due to lack of awareness (Table 7), 88.7% had an unplanned pregnancy (Table 10), 64.2% do not have access to family planning centre (Table 8), 66% have not done family planning (Table 9). 40 of the participants are married, 34 are single, 7 are divorcee and 25 are co-habiting (Table 3) and 51.9% resides in the rural areas.

Table1: Age of Participants

18-24	25-31	32-38	39-45
17	37	52	0

Table2: Educational Level

FORMAL	PRIMARY	SECONDARY	TERTIARY	NO RESPONSE
1	8	56	39	2
0.9%	7.7%	53.8%	37.6%	

Table3: Marital Status

MARRIED	SINGLE	DIVORCED	COHABITING
40	34	7	25

Table 4: Participants who have Unprotected Sexual Intercourse Intermittently

Have unprotected sex	Do not have
71	35
67%	33%

Table 5: Participants who got pregnant

Pregnant	Not Pregnant
84	22
79.2%	20.8%

Table 6: Knowledge of Contraceptives

YES	NO
51	55
48.1%	51.9%

Table 7: Usage of Contraceptives

YES	NO
34	72
32.1%	67.9%

Table 8: Access To Family Planning Centre

YES	NO
38	68
35.8%	64.2%

Table 9: Family Planning

Have done	Have not done
36	70
34%	66%

Table 10: Timing Of The Pregnancy

Favourable	Not Favourable
12	91
11.3%	88.7%

Table 11: Contraceptives used

ORAL CONTRACEPTIVE	INJECTABLE CONTRACEPTIVE	IMPLANTS	INTRAUTERINE DEVICE	WITHDRAWAL METHOD	NON
3	15	15	10	0	63
2.8	14.2%	14.2%	9.4%	0%	59.4%

IV. Discussion

Reproductive process is an important activity that women of reproductive age engaged in at different levels of relationship. Pregnancy must be agreed by parties involved before the process of fertilization could be carry out. Continuity in the family is the key reason why a male and a female come together as couple in accordance with their customs, tradition or religion. This coming together can only be achieved when they have attained reproductive age. However, unwanted pregnancy in married couple could be due to certain factors like, unexpected sexual intercourse, famine, academic pursuant, economic, medical and cultural factors.

In our study, possible determinants of unwanted pregnancy include intermittent unprotected sexual intercourse, low level of education, lack of awareness about contraceptive use, unfavourable timing of pregnancy, lack of family planning centres and our data revealed that majority of the participants (67%) had unprotected sexual intercourse intermittently resulting in an unwanted pregnancy. Contraceptives device play a vital role in regulating or spacing pregnancy and the need for adequate awareness about methods of contraception. The study shows that 51.9% of the women have no knowledge about contraception, probably due to their secondary level of education. 67.9% have not use contraceptive at all and 66% have not done family planning and this may be due to the location of the participants and most of the women resides in the remote areas where access to family planning is not feasible due to administrative policy. These women stayed in rural areas where there is no government presence and this has prevented them from accessing family planning centre. 79.2% of the participants got pregnant at a time they were not envisaging to be pregnant probably due to unprotected sex resulting from unplanned or emergency sex. Most of the women who have unprotected sex are either married or cohabiting. Only very few single and divorced women have unprotected sex. Also, this increased in unwanted pregnancy among participants may prompt some of them to forcefully terminate the unwanted pregnancy. The study revealed that majority of the women said at the time they conceived, it was not favourable due to financial incapability, and that some of them have gotten the maximum number of children they need and there was no access to family planning centre the community. Women who are still cohabiting were worried because it is a taboo in some of their communities to get pregnant without following proper way of marriage and so majority of them are not comfortable with the pregnancy. Most of the women who have unprotected sex are either married or cohabiting and this study agreed with previous studies by Oye-Adeniran *et al*, 2004; Olukoya, 1987 that married women also experienced unwanted pregnancy. Only very few single and divorced women have unprotected sex (Table 3). The study revealed that most women who participated in study had secondary level of education (Table 2), this could also be the reason why most of the participants have poor knowledge about contraceptives use.

The study revealed that the effects of the unwanted pregnancy include untold hardship owing to the fact that the pregnancy was not planned. Participants who were still cohabiting and has not initiate the process of proper and legitimate marriage were stigmatized, and some end up terminating the unwanted pregnancy in an unqualified environment resulting in infection, profuse bleeding, and death.

Conclusion

The study shows that most women though married and co-habiting had unwanted pregnancy due to unprotected sex, lack of awareness about the use of contraceptives device, unfavourable timing of the pregnancy, and no access to family planning centre.

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References

- [1] Abiodun OM, Balogun OR. (2009). Sexual activity and contraceptive use among young female students of tertiary educational institution in Ilorin, Nigeria. *Contraception*. 79:146-9.
- [2] Adewole IF, Oye-Adeniran BA, Iwere N, Oladokun O, Gbadegesin A, Babarinsa AL.(2002). Contraceptive usage among abortion seekers in Nigeria. *W Afr J Med* 21(2): 112-4.
- [3] Alan Guttmacher Institute (1999). *Shaing Responsibility; Women, Society and Abortion Worldwide*. New York: The Alan Guttmacher Institute.
- [4] Amazigo U, Silva N, Kaufman J, Obikeze DS (1997). Sexual activity and contraceptive knowledge and use among in-school adolescents in Nigeria. *Int Fam Plann Persp*. 23:28-33.
- [5] Balew Zeleke, Yinager Workineh, Addisu Melese, Getenet Dessie, Emiru Ayalew (2020). Unintended pregnancy and associated factors among unmarried female students: A case of Bahir Dar University.
- [6] Bankole A, Sedgh G, Okonofua F, Imarhiagbe C, Hussain R, Wulf D (2009). *Barriers to safe motherhood in Nigeria*. New York, NY: The Alan Guttmacher Institute.
- [7] Barinua K. Gbaranor, Nazor P. Barinua-Gbaranor, Clinton D. Orupabo, Kalio DGB, Peace E. Okpara (2020). Determinants of Delayed Desired Conception Among Reproductive Women of Port Harcourt. *IOSR Journal of Dental and Medical Sciences*; Volume 19, Issue 3
- [8] *Contraception* 77 (2); 108–113.
- [9] Dagnachew Belay, Abebaw Alem, Salle Zerihun, Gashaw Antehun, Zewuditu Nega,
- [10] G. Sedgh, S. Singh, R. Hussain (2014). Intended and unintended pregnancies worldwide in 2012 and recent trends, *Stud. Fam. Plann*. 45 (3) 301–314.
- [11] Henshaw SK, Singh S, Oye-Adeniran BA, Adewole IF, Iwere N, Cuca YP (1998). The incidence of induced abortion in Nigeria. *Int Fam Plann Persp*. 24(4): 156-164.
- [12] Ministry of Health. 2010. The Health Sector Strategic Plan II (2010/11-2014/15).
- [13] Monjok E, Smesny A, Essien EJ (2010). Contraceptive practices in Nigeria: Literature review and recommendation for future policy decisions. *Open Access J Contracept* 1: 9-22.
- [14] N. Cherie, B. Adane, Kenkyu J. *Epidemiol. Commun. Med.* 4 (2018) 11–17, 2018.
- [15] Olukoya AA (1987). Pregnancy termination: results of a community-based study in Lagos. *Int J Gynaecol Obstet* 25: 41-46.
- [16] Opkani AOU, Okpanu JU (2000). Sexual activity and contraceptive use among female adolescents: A report from Port Harcourt. *Afr J Reprod Health*. 4:40-47.
- [17] Oriji VK, Jeremiah I, Kasso T (2009). Induced abortion amongst undergraduate students of University of Port Harcourt. *Nig J Med*. 18(2): 199-202.
- [18] Otoide VO, Oronsanye F, Okonofua FE (2001). Why Nigerian adolescents seek abortion rather than contraception: Evidence from focus group discussions. *Int Fam Plann Perspect*; 27(2): 77-81.
- [19] Oye-Adeniran BA, Adewole IF, Odeyemi KA, Ekanem EE, Umoh AV (2005). Contraceptive prevalence among young women in Nigeria. *J Obstet Gynaecol*. 25: 182-5.
- [20] Oye-Adeniran BA, Adewole IF, Umoh AV (2004). Community-based survey of unwanted pregnancy in southwestern Nigeria. *Afr J Reprod Health*. 8(3): 103-115.
- [21] pregnancy and its risk factors among university students in eastern China,
- [22] Q. Ma, M. Ono-Kihara, L. Cong, G. Xu, X. Pan, S. Zamani (2008). Unintended
- [23] R. Adhikari, K. Soonthornthada, P. Prasartkul (2009). Correlates of unintended pregnancy among currently pregnant married women in Nepal, *BMC Int. Health Hum. Right* 9(1) 17.