

Consequences of unintended pregnancy among young married couples in Nepal

ABSTRACT

This paper explores the expected consequences of unintended pregnancy, and compares these with real experiences amongst young couples in Nepal. Information was drawn from a sample survey of 997 married women and 499 men, and 30 in-depth case histories. The findings suggest that conflicts with spouses and family members, depression, worries or mental tension, loss of education and employment opportunities were the major anticipated socio-psychological consequences of unintended pregnancies. Reduced prenatal and postnatal care, unsafe abortions, post-abortion complications, and maternal deaths were the major expected outcomes of an unintended pregnancy. In general, the perceived opinions on socio-psychological consequences corroborated with real experiences. However, there are some differences between the perceived opinions and real experiences when it comes to the health consequences. Programmes that focus to identify couples at risk of unintended pregnancies, to address worries and mental tension, and enable them to make timely decisions and responsible choices are required.

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CONTEXT

Nepal is a landlocked country of some 23 million inhabitants, bordered on the north by China and by India to the east, south and west. The population has more than doubled in the last 35 years. Life expectancy is one of the lowest in the world: 53.5 years for women and 55 years for men (Ministry of Health (Nepal) *et al.*, 2002). The country has per capita income of about \$235 a year, and about 49 per cent of its population live below the poverty line (NPC, 2001). Development strategies have been hindered, in part, by topography, by marked caste and class distinction and unequal distribution of power and resources, political instability, as well as by severe gender discrimination in spheres of public and private life.

Nepal has one of the highest maternal death rates amongst the South Asian Association for Regional Cooperation countries (WHO/UNICEF, 1996). It is estimated that maternal deaths due to unsafe abortion account for more than half of the maternal deaths in the country (CREHPA, 2000). Beside unsafe abortions, Nepal's high maternal mortality and morbidity rates are associated with a number of other factors, such as early, closely spaced, and repeated pregnancies; poor health and nutritional status of women; insufficient facilities of essential obstetric care; inaccessibility of health services; low utilization of health services; harmful traditional beliefs and practices and the low status of women. The vast majority of births (89 per cent) take place at home, often under unhygienic conditions and with untrained attendants. Physicians attend only 7.8 per cent of all births and nurses and auxiliary nurse-midwives attend 3.1 per cent (Cobb *et al.*, 2001).

Since the late 1960s His Majesty's Government of Nepal (HMG/N) has recognized the need to balance population growth with economic growth. Family planning services in Nepal were started by the Family Planning Association of Nepal (a non governmental organization) in 1959. The Nepalese government established the Nepal Family Planning and Maternal and Child health Project in 1968 and gradually expanded to cover all 75 districts in Nepal. Now the family planning services have become an integral part of government health services. Nepal has made modest progress in its family planning

program, increasing the contraceptive prevalence rate for modern methods from three percent in 1976 to over 39 percent in 2001. Despite these gains, the nation's unmet need for family planning services was estimated 28 percent in 2001. Moreover, only about 10 percent of the married women aged between 15 and 19 years were using contraception. The unmet need for spacing is higher amongst younger women compared with older women (Ministry of Health (Nepal) *et al.*, 2002).

Even though the desired family size amongst women has decreased in Nepal from three in 1996 to 2.6 children in 2001, the National Demographic and Health Survey revealed that, on average, women were experiencing 4.1 births during their life time. Moreover, one in five women aged 15-19 years have already had at least one child or pregnant with their first child, which ranks second highest amongst all Asian countries, just slightly behind Bangladesh (ESCAP, 2001). By the time women reach 24 years old, two in three have had at least one child (Ministry of Health (Nepal) *et al.*, 2002). Amongst married young women (15-24 years), about one-third of the births are reported as being unintended (Ministry of Health (Nepal) *et al.*, 2002). Women take a great deal of health risks to abort unintended pregnancies, which posing a big pressure to the finite resources of the government to deal with post abortion complications (Tamang *et al.*, 1998; Tamang *et al.*, 2000; Puri, 2002).

While international attention focus on unintended pregnancies amongst unmarried young people, for young people in Nepal such events occur overwhelmingly within the context of marriage (Dahal *et al.*, 1993; Tamang *et al.*, 2002; Choe *et al.*, 2004). Despite the rising age at marriage and laws prohibiting marriage before the age of 21 years without the consent of parents, 40 percent of women aged 15-19 were married (Ministry of Health (Nepal) *et al.*, 2002). Due to high proportion of women entering into reproductive age groups, the persistence of early marriage, high prevalence of unintended pregnancies, it is important to address their many reproductive and sexual health needs particularly those concerned with unintended pregnancies and related health matters.

BACKGROUND

Previous studies conducted in other settings have documented various negative health, social, psychological, and economic consequences of unintended pregnancy for men, women, and the community and for a society as whole. These can include unsafe abortions

leading to maternal morbidity and mortality, reduced prenatal and postnatal care, infant death and illness, pre-term birth, low birth weight baby, unstable marriages, and the restriction of educational and occupational opportunities leading to poverty and limited roles for women (Kabir, 1989; Baydar, 1995; Shane, 1997; Klima, 1998; Tamang *et al.*, 1998; Cobb *et al.*, 2001; Senanake, 2001; Binn-pike *et al.*, 2002; Sonfield, 2003). These studies also documented other socio-psychological consequences such as worries, and poor parent-child interaction, children's education performance. However, very little empirical evidence has been found on the expected consequences compared with real experiences. In addition, socio-economic setting, religious and cultural beliefs of Nepal are very different than those countries, so findings can not be generalized fully in Nepal. Furthermore, no previous studies in Nepal have studied in details on the issue. Collecting this kind of information in local cultural contexts enhances our appreciation of the problems, and is useful for the design of culturally appropriate and effective health services to meet young couples' needs.

This paper aims to explore the expected socio-psychological and health consequences of unintended pregnancy, and to compare these with real experiences amongst young couples in Nepal. In the analysis presented here, we hope to contribute to this kind of more comprehensive understanding in the Nepalese context, and highlight the programmatic implications for addressing young couples' needs.

DATA SOURCES AND METHODS OF ANALYSIS

In the quantitative study, a sample survey was conducted in 124 clusters of five districts (Ilam, Morang, Chitwan, Kaski and Lalitpur). The sample survey covered 997 young married women aged between 15 and 24 years and 499 married men aged between 15 and 27 years in the form of face-to-face personal interviews using a structured questionnaire. Two stage cluster sampling technique was used in the quantitative survey. Six questions (three closed-ended and three open-ended) on the perceived consequences of unintended pregnancy were asked in the interviews.

In the qualitative study, in-depth case histories were conducted with a purposively selected sample of 30 respondents (11 men and 19 women) who had reported having experienced an unintended pregnancy. Two main questions on consequences of unintended pregnancy

were asked to the respondents in the case histories and additional questions or prompts were made based on their responses. Two main questions were as follows:

- *In your opinion, what are the possible consequences of unintended pregnancy?*
 - *Social consequences?*
 - *Psychological consequences?*
 - *Health consequences?*

- *Have you ever faced those problems? When?*

Altogether, 28 research assistants (18 females and 10 males) were involved in conducting the fieldwork for the survey. Interviewers were university graduates, experienced in conducting research on sensitive topics, and similar in age and sex to the respondents. They were given a one-week intensive training on sampling procedures, administration of structured questionnaires and in conducting case histories. The case studies were carried out immediately after the sample survey. Two research assistants (one male and one female) in each district conducted the case histories. They worked closely with the quantitative survey team.

For quality control, the interviewers did not conduct more than four individual interviews in one day. All the case histories were tape recorded and field notes were taken as often as possible. The expanding of field notes and transcribing the interviews were done immediately after the interviews. The author of this paper closely supervised the interviewers in order to control the quality of their work. Spot checks and re-administration of selected questions were carried out for selected respondents. Only one man and three women refused to participate.

Before the start of the research, an ethical committee was formed comprising representatives of the Government, Tribhuvan University and a national level non-profit research organisation; all aspects of the research obtained ethical approval from this committee. Participants involved in the case histories and sample survey were fully informed about the nature of the study, research objectives and confidentiality of the data. Participants' full verbal consent was obtained regarding their participation in the study.

The analytic technique used to analyse the case histories was thematic analysis, a strategy for eliciting the key emerging themes from text based data. First of all, the interviews were translated from Nepali into English. After reviewing the transcripts of the interviews, the

major themes and concepts were identified. The main themes that emerged from the data were developed into codes for organising and analysing subsequent interviews. The development of the coding structure was an iterative process in which the author developed an initial code book based on early interviews, and this was then used in analysing in subsequent interviews. Modifications in the code book were made in cases where the existing codes were not adequate. In the next step, all the interviews were coded and linked with the background characteristics of respondents. Once the transcripts were coded, relevant quotations that illustrated emerging themes were integrated with the background characteristics of the respondents in a single report. From these reports, the ranges of views expressed within themes were explored, as well as the relationship(s) *between* themes. Charts were prepared for each of the themes, relevant quotations were extracted and, finally, interpretation was carried out. Atlas/ti, a computer software application was used to organize, search, and retrieve text by codes. For the quantitative data, descriptive results were produced using STATA computer software.

RESULTS

Prevalence of unintended pregnancy

On average one in two young women reported ever experienced of an unintended pregnancy. The analysis showed that the demographic and socio-economic variables - current age, number of living children, ideal family size, number of family planning methods correctly known, place of residence, district, educational attainment, exposure to the mass media and self esteem - are significantly correlated with unintended pregnancy amongst women. Amongst men, number of living children, district, caste/ethnicity, main occupation, household wellbeing, exposure to mass media, self esteem and decision making power are correlated with unintended pregnancy.

Perceived negative psychological consequences

Over 90 percent of the respondents believed that couples would experience psychological effects of unintended pregnancies. Over half of the men and 43 percent of the women considered that mental tension, sadness and worries were the main consequences of

unintended pregnancy. Respondents thought that couples with unintended pregnancy would be worried about the health of the women, education, the possibility of having a disabled child, less time to enjoy and losing work. Interestingly, the higher proportion of women than men perceived that worries for bringing up and educating children are one of the consequences. Other consequences mentioned were related to mental disturbance, committing suicide and getting an abortion (Table 2).

Table 2 Perceived negative psychological consequences of unintended pregnancy

Perceived negative psychological consequences	Men		Women	
	N	%	N	%
Any negative psychological consequences of unintended pregnancy?				
Yes	450	90.2	917	92.0
No	49	9.8	80	8.0
Total	499	100.0	997	100.0
Types of consequences				
Mental tension or sadness	245	54.4	367	40.0
Worries about bringing up and education of children	179	39.8	500	54.5
Women might think low for oneself and will feel dominated	36	8.0	24	2.6
Mental disturbed due to too much thinking	36	8.0	51	5.6
Worries about terminating pregnancy	23	5.1	89	9.7
Women worries over bad health, education, disabled child, no time to relax, lost work	18	4.0	47	5.1
Other (does not care for the child, women may try to suicide)	32	7.1	28	3.0
N	450	*	917	*

** Total percentage may exceed 100 due to multiple responses.*

Tables 3 and 4 show the perceived negative psychological consequences of men and women according to their pregnancy histories, current age and the level of education respectively. Amongst men, no major differences were observed on the perceived negative psychological consequences according to the age and the pregnancy history of their wives. However, men with secondary or higher level of education were more likely to perceive unintended pregnancy could have negative psychological consequences than those men with primary or less level of education. Similar findings were observed amongst women as well.

As regards to the specific types of perceived negative psychological consequences, no marked differences were observed according to their pregnancy intentions, age and level of

Table 3 Percentage distribution of young married men according to their views of likely negative psychological consequences of unintended pregnancy by pregnancy history, current age and level of education

Any negative psychological consequences	Pregnancy history			Current age				Education		
	Unintended	Intended	Never been pregnant	15-19	20-24	25-27	Primary or less	Secondary	Above secondary	
Yes	91.5	88.6	91.1	83.3	90.3	90.8	81.3	92.5	96.8	
No	8.5	11.4	8.9	16.7	9.7	9.2	18.7	7.5	3.2	
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
N	176	211	112	24	236	239	139	266	94	
Types of consequences										
Mental tension/sadness	53.4	56.1	52.9	50.0	55.9	53.5	47.8	56.1	58.2	
Worries about bringing up and education of children	41.6	38.0	40.2	35.0	39.9	40.1	39.8	41.9	34.1	
Might think low status and will feel dominated	6.2	10.7	5.9	5.0	8.0	8.3	6.2	7.7	11.0	
Mental disturbed due to too much thinking	6.8	8.6	8.8	0.0	5.6	11.1	7.1	9.3	5.5	
Worries about terminating pregnancy	6.8	4.8	2.9	5.0	4.7	5.5	3.5	5.3	6.6	
Worries over bad health, education, disabled child, no time to relax, lost work	3.1	3.1	6.9	10.0	4.2	3.2	7.1	1.6	6.6	
Other (does not care for the child, women may try to suicide)	6.2	7.5	7.9	5.0	7.0	7.4	7.9	6.9	6.6	
Total percent	*	*	*	*	*	*	*	*	*	
N	187	161	102	20	213	217	113	246	91	

* The total percentage may exceed 100 due to multiple responses.

Table 4 Percentage distribution of young married women according to their views of likely negative psychological consequences of unintended pregnancy by pregnancy history, current age and level of education

Any negative psychological consequences	Pregnancy history			Current age			Education		
	Unintended	Intended	Never been pregnant	15-19	20-24	Primary or less	Secondary	Above secondary	
Yes	92.5	92.0	90.4	88.2	93.3	88.9	93.5	97.0	
No	7.5	8.0	9.6	11.8	6.7	11.1	6.5	3.00	
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
N	478	363	156	254	743	404	493	100	
Types of consequences									
Mental tension/sadness	36.1	42.5	45.4	37.5	40.8	36.8	41.2	46.4	
Worries about bringing up and education of children	57.7	51.8	51.1	51.3	55.6	59.6	52.3	46.4	
Might think low of oneself and will feel dominated	2.5	2.4	3.5	2.2	2.7	1.7	2.6	6.2	
Mental disturbed due to too much thinking	4.8	5.1	9.2	8.0	4.8	4.5	6.1	7.2	
Worries about terminating pregnancy	10.9	8.7	8.5	8.5	10.1	8.6	10.0	12.4	
Worries over bad health, education, disabled child, no time to relax, lost work	4.5	6.0	5.0	6.7	4.6	4.2	5.4	7.2	
Other (does not care for the child, women may try to suicide)	2.9	2.4	5.0	4.5	2.6	2.5	3.5	3.1	
Total percent	*	*	*	*	*	*	*	*	
N	334	442	141	224	693	359	461	97	

* The total percentage may exceed 100 due to multiple responses.

education. However, the results indicate that men with higher age group were more likely to perceive that women could be mentally disturbed as a result of unintended pregnancy than men with lower age groups. In contrast, women with lower age group (20-24 years) were more likely to perceive so. Interestingly, men with above secondary level education than men with primary or less level of education believed that couples with unintended pregnancy give low status to themselves and feel dominated from others. This is also true in the case of women as well.

Perceived social consequences

Table 5 shows the perceived negative social consequences of unintended pregnancy. The results shows that considerably more women than men felt that there are social consequences from unintended pregnancy. Of those who believed that there are social consequences, most of them mentioned the economic impact on the family and the society due to too many unwanted children. Similar to the findings of in-depth interviews, a large proportion of respondents thought that unintended pregnancies may create misunderstandings between husband and wife and also with family members that may result in frequent quarrels in the family. Over one-third of men and women considered social shame is one of the social consequences. No major difference was found between men and women in the opinion on the types of negative social consequences of unintended pregnancy. However, women were more likely than men to believe family members might not provide care and support during the pregnancy and after delivery (Table 5).

Tables 6 and 7 show the percentage distribution of men and women according to their perceived negative social consequences by pregnancy histories, current age and level of education. The results show that men whose wives ever had an unintended pregnancy were slightly more likely to think that couples with unintended pregnancy could face social consequences compared to those men whose wife had never been pregnant (69% as against 61 %). Similarly, men aged 25-27 years than aged 15-19 years are more likely to think unintended pregnancy could have such impact. A clear difference was also observed by the level of education. Men who had achieved above secondary level education were more likely to think that couples with unintended pregnancy could face social

consequences compared to men who only had primary or lower level education. However, amongst women, no major variation was observed (Table 7).

Table 5 Perceived negative social consequences of unintended pregnancy

Perceived negative social consequences	Men		Women	
	N	%	N	%
Any negative social consequences of unintended pregnancy?				
Yes	328	65.7	815	81.7
No	171	34.3	182	18.3
Total	499	100.0	997	100.0
Types of negative social consequences				
Financial problems due to many unwanted child	141	43.0	357	43.8
Might have misunderstanding with husband/wife and family members, quarrel may start	140	42.7	319	39.1
Social shame	117	35.7	336	41.2
Family members might not provide care to the pregnant women and might not received support	54	16.5	189	23.2
Unwanted child may become thief and social crime would increase	15	4.6	14	1.7
Society can not provide good education to the children	18	5.5	38	4.7
Other**	10	3.0	9	0.9
N	328	*	815	*

* Total percentage may exceed 100 due to multiple responses

** Other includes abortion rate may increase, deficiency in manpower due to unhealthy child born, abandonment of child

With regards to the specific types of social consequences, few variations by their background characteristics were noticed. For example, more men whose wife had ever experienced unintended pregnancy than those whose wife had never been pregnant believed that couples could face misunderstanding between spouses and with family members. In contrast, women who had an unintended pregnancy were more likely to believe that the misunderstandings with spouse and family members as one of the social consequences of unintended pregnancy than women who never had an unintended pregnancy.

Men aged 15-19 years were more likely than men aged 25-27 years to perceive women with unintended pregnancy could face the problems of social shame and good education

Table 6 Percentage distribution of young married men according to their views of likely negative social consequences of unintended pregnancy by pregnancy history, current age and level of education

Any negative social consequences	Pregnancy history		Current age				Education		
	Unintended	Intended	Never been pregnant	15-19	20-24	25-27	Primary or less	Secondary	Above secondary
Yes	68.8	65.9	60.7	62.5	62.7	69.0	51.1	68.4	79.8
No	31.2	34.1	39.3	37.5	37.3	31.0	48.9	31.6	20.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	176	211	112	24	236	239	139	266	94
Types of consequences									
Financial problems due to many unwanted children	41.3	47.5	36.8	46.7	42.6	43.0	32.4	47.8	41.3
Might have misunderstanding with husband/wife and the family members, quarrel may start	46.3	42.4	36.8	33.3	42.6	43.6	56.3	39.6	37.3
Social shame	33.9	36.7	36.8	46.7	33.1	37.0	35.2	33.0	42.7
Family members might hate and not provide care to the pregnant women and might not received support	15.7	15.1	20.6	20.0	18.2	14.5	15.5	15.4	20.0
Unwanted child may become thieves and social crime increase	5.8	2.2	7.4	13.3	6.1	2.4	1.4	6.0	4.0
Society can not provide good education to the children	4.1	7.2	4.4	13.3	7.4	3.0	2.8	7.1	4.0
Other **	3.3	2.9	3.0	0.0	2.1	4.2	3.2	3.1	1.3
Total percent	*	*	*	*	*	*	*	*	*
N	139	121	68	15	148	165	71	182	75

* The total percentage may exceed 100 due to multiple responses.

** Other includes abortion rate may increase, deficiency in manpower due to unhealthy child born, abandonment of child

Table 7 Percentage distribution of young married women according to their views of likely negative social consequences of unintended pregnancy by pregnancy history, current age and level of education

Any negative social consequences	Pregnancy history		Current age		Education			
	Unintended	Intended	Never been pregnant	15-19	20-24	Primary or less	Secondary	Above secondary
Yes	81.0	84.0	78.8	81.0	82.0	82.2	80.9	84.0
No	19.0	16.0	21.2	18.9	18.0	17.8	19.1	16.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	478	363	156	254	743	404	493	100
Types of consequences								
Financial problems due to many unwanted children	45.5	42.3	42.3	43.2	44.0	44.9	43.4	41.7
Might have misunderstanding with husband/wife and family members, quarrel may start	34.6	44.3	40.7	41.7	38.3	44.6	34.3	40.5
Social shame	43.7	39.3	38.2	42.7	40.7	34.3	45.4	48.8
Family members might hate and not provide care to the pregnant women and might not received support	24.0	21.3	25.2	22.3	23.5	19.0	27.8	17.9
Unwanted child may become thieves and social crime increase	2.3	1.3	0.8	2.4	1.5	0.9	2.5	1.2
Society can not provide good education to the children	5.4	4.9	1.6	4.9	4.6	4.2	4.8	6.0
Other **	1.3	1.0	0.0	0.5	1.3	0.6	1.9	0.0
Total percent	*	*	*	*	*	*	*	*
N	305	387	125	206	609	332	399	84

* The total percentage may exceed 100 due to multiple responses.

** Other includes abortion rate may increase, deficiency in manpower due to unhealthy child born, abandonment of child

to the children. Whereas amongst women, there is no much difference found in this aspect.

Comparatively, the higher proportion of men with primary or less level of education than above secondary level education believed that couples with unintended pregnancy might have misunderstanding with spouse. In contrast, a higher proportion of men with above secondary level education than primary level educated men believed that women could face the problems of social shame. This is also true amongst women as well.

Perceived health consequences

Nine in every 10 young men and women covered interviewed believed that an unintended pregnancy has negative consequences on women's health. As expected, women were more likely than men to believe that an unintended pregnancy weakens the health of mother.

Over one-third of men and women believed that women do not take nutritious foods during pregnancy, thereby, making them weak. Interestingly, more proportion of men than women considered that women may try unsafe abortion. Similarly, women were more likely than men to mention low birth weight and an unhealthy or disabled baby as consequences of unintended pregnancy.

Tables 9 and 10 show the percentage distributions of men and women according to perceived negative health consequences of unintended pregnancy amongst young men and women according to their pregnancy experiences, age and level of education. The results show that men whose wife had experienced an unintended pregnancy were more likely to believe women could have negative health complications than men whose wife never been pregnant. Similar to men, women who had ever experienced unintended pregnancy were more likely to perceive women could have negative health consequences than women who never been pregnant. The data also indicates that the greater the age and level of education, the greater the chance of believing women could have negative health impact.

Table 8 Perceived negative health consequences of unintended pregnancy

Perceived negative health consequences	Men		Women	
	N	%	N	%
Any negative health consequences of unintended pregnancy?				
Yes	435	87.2	896	89.9
No	64	12.8	101	10.1
Total	499	100.0	997	100.0
Types of consequences				
Mothers health becomes weak	200	46.0	480	53.6
Mother's health weak because of not taking nutritious foods during pregnancy	159	36.5	323	36.0
Women may try unsafe abortions	144	32.6	241	26.9
Women do not go for prenatal checkups	105	24.1	194	21.7
Maternal deaths	56	12.9	82	9.2
Low birth weight, unhealthy or disabled baby	26	6.0	106	11.8
Pre-term birth or difficult for child to survive	3	0.7	10	1.1
N	435	*	896	*

* Total percentage may exceed 100 due to multiple responses.

With regards to the specific types of perceived negative health consequences, major differences observed by the current age amongst men and by level of education amongst women. For example, more proportion of men aged 15-19 than men aged 25-27 years believed that mother becomes physically weak (58 % VS 46%) or death of mother (21% VS 14%). In contrast, more men aged 25-27 years than men aged 15-19 years believed that women do not take nutritious food during pregnancy, try unsafe abortion and do not go for prenatal checkups are some of the outcomes of unintended pregnancy.

Amongst women respondents, more women with primary or lower education than above secondary education thought that women become physically weak. In contrast, a higher proportion of women with above secondary level of education than primary or lower education believed that women do not take nutritious food during pregnancy, try unsafe abortion, do not go for prenatal check ups and give preterm births.

Table 9 Percentage distributions of young married men according to their views of likely negative health consequences of unintended pregnancy by pregnancy history, current age and level of education

Any negative health consequences	Pregnancy history		Current age				Education		
	Unintended	Intended	Never been pregnant	15-19	20-24	25-27	Primary or less	Secondary	Above secondary
Yes	88.1	88.2	83.9	79.2	87.3	87.9	82.7	89.1	88.3
No	11.9	11.8	16.1	20.8	12.7	12.1	17.3	10.9	11.7
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	176	211	112	24	236	239	139	266	94
Types of consequences									
Mothers health become weak	47.1	40.9	54.3	57.9	45.1	45.7	46.1	42.6	55.4
Mother's health weak because of not taking nutritious foods during pregnancy	38.7	36.6	33.0	26.3	37.4	36.7	33.9	38.8	33.7
Women may try unsafe abortions	28.4	39.2	26.6	26.3	30.1	35.7	36.5	29.1	37.3
Women do not go for prenatal checkups	25.8	23.1	23.4	10.5	22.3	27.3	23.5	24.9	22.9
Maternal deaths	12.9	11.8	14.9	21.1	11.2	13.8	14.8	11.8	13.3
Low birth weight, unhealthy or disabled baby	7.1	4.3	7.4	5.3	5.8	6.2	1.7	6.3	10.8
Pre-term birth or difficult for child to survive	0.6	1.1	0.0	0.0	1.5	0.0	0.0	1.3	0.0
Total percent	*	*	*	*	*	*	*	*	*
N	186	155	94	19	206	210	115	237	83

*The total percentage may exceed 100 due to multiple responses.

Table 10 Percentage distribution of young married women according to their views of likely negative health consequences of unintended pregnancy by pregnancy history, current age and level of education

Any negative health consequences	Pregnancy history			Current age			Education		
	Unintended	Intended	Never been pregnant	15-19	20-24	25+	Primary or less	Secondary	Above secondary
Yes	92.7	87.9	85.9	88.2	90.4	88.9	88.9	89.9	94.0
No	7.3	12.1	14.1	11.8	9.6	11.1	11.1	10.1	6.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	478	363	156	254	743	404	493	100	100
Types of consequences									
Mothers health become weak	55.1	50.5	56.0	51.3	54.3	56.5	52.6	46.8	
Mother's health weak because of not taking nutritious foods during pregnancy	36.3	37.6	31.3	31.7	37.5	32.3	38.1	40.4	
Women may try unsafe abortions	26.0	27.6	28.4	26.3	27.1	24.0	28.7	29.8	
Women do not go for prenatal checkups	21.2	21.6	23.1	19.6	22.3	17.8	21.7	36.2	
Maternal deaths	9.3	8.5	10.4	11.2	8.5	10.0	7.4	13.8	
Low birth weight, unhealthy or disabled baby	12.0	11.9	11.2	11.2	12.1	12.8	10.2	16.0	
Pre-term birth or difficult for child to survive	1.1	1.6	0.0	0.9	1.2	0.8	1.1	2.1	
Total percent	*	*	*	*	*	*	*	*	*
N	319	443	136	224	672	359	443	94	94

* The total percentage may exceed 100 due to multiple responses.

Real experiences of socio-psychological consequences: Results from the case histories

Relation with spouse and other relatives

To some extent, the perceived opinion and real experiences corresponded in relation to the issue of relationships between the spouses and with other family members as a consequence of unintended pregnancies. Case studies revealed that the relationships between spouses and family members deteriorate as a result of unintended pregnancy. Fourteen out of 30 respondents (4 men and 10 women) reported that their relationship either with their spouses or other family members were unpleasant when they experienced unintended pregnancy.

Both women and men recalled their experiences of misunderstandings between their spouses and with their family members. Most women confirmed that they were looked upon as inferior, and did not get support from the family members. They were even told that they were the “bad books” of the family when they couldn’t help in the household works during the time of pregnancy. One woman narrates her personal experience as follows:

...I am not in the good books of the family. I couldn't work, I was tensed on one hand and the family members didn't understand. I think that if that pregnancy not occurred I would have good relations with my family members - Menu

Similarly a man with two living children and had tried to abort third pregnancy of his wife but could not succeed; he said:

...Yes, I've had small fights at home with my wife. My wife had some misunderstanding with my mother...- Devendra

Shakti, 26 years old man with two living children described a similar relationship with his wife. He said:

...We quarrelled frequently when she conceived third time. I tried to explain our situations by scolding her a little, but since she had more say in the matter, I gave up. Because of this, we had a bad relationship for 5/6 months.....

Depression

The case histories revealed that depression and mental tension were one of the major consequences of unintended pregnancy amongst young couples. Real experiences and perceived opinion were similar on these issues. Those respondents who experienced unintended pregnancies said that depression and stress became a part of their life. They said that they were worried about how they would bring up their children and fulfil his/her every need. Some of them even mentioned that their aims and goals in life would remain incomplete after such pregnancies. One of the respondents said:

...I felt like crying, sad and afraid. I felt I was not of age and also not mature enough to give birth to a child. I was inexperienced as I was recently married. I was unaware of family matters; I did not know what was to be done in the family. I was not quite adapted within; I used to walk around with them but was a kid myself who had suddenly become pregnant, so I was very gloomy...- Sita

Another twenty-four years old young married woman said:

..When I heard about my first pregnancy, I felt really very worried. I was worried about how to give birth, how to care for a child and what to do next ...

Physical and emotional support to the child

Although some respondents perceived that couples provide less physical or emotional support to a child if it is unintended, no evidence was found to support this in the real experiences of men and women. Men and women reported that even if their pregnancies were unintended they started to love the child after they decided to continue. Even if they despised a pregnancy throughout the gestation period they felt in love after giving birth and started enjoying. A woman narrates her experience:

...Well I did not want to have baby now but it happened... well the first time I came to know about it I did not feel nice about it. But soon after I started liking the pregnancy..... Especially, when it started kicking I had a peculiar feeling. When the baby gave a kick for the first time I was surprised..... Till then I did not even know that the baby kicks... that was surprising and happiest thing that has ever happened to me...-Geena

Similarly, another woman who had an unintended pregnancy and attempted to abort but not successful and gave birth; she said:

No, never. I never blamed or hatred the child after birth -Hema

Tamana had a similar experience with Hema and Bisnhu. She said:

After the unsuccessful abortion I started having a positive view towards it and even regretted for having the medicine. I prepared myself mentally for giving birth to this baby and eventually delivered the baby....I had taken that child in an optimistic way. One definitely loves the baby after it is born so I loved him/her as one loves the first baby. I didn't differentiate. I tried to give the necessary things such as nourishment, care, tender love, immunization etc all myself...-Tamana

Educational and employment opportunities

The case histories revealed that intended pregnancies amongst young couples curtailed their educational and employment opportunities. Respondents mentioned that they had left school or college, and couldn't utilize the good opportunities as a result of unintended pregnancies. A young woman aged 20 narrates her experience:

..Now there are many training opportunities in the groups so I could have learnt new things but after having children one cannot do anything and your day is spent looking after them and you cannot do what you want to do. Though I am also in a group but there are many groups and there are other trainings like painting, stitching and I think if I could have joined those groups and attended those trainings, I could have learnt new things that would help me in the future. I think it would have been possible if the daughter was not in the womb at that time.-Sumana

Menu, Sita and Gyani have similar experiences as above.

I felt very sad. I was studying and all of a sudden I was going to be a mother... I was worried how to raise the child and also that it was going to hamper my studies. I was anguished till its birth.....If I had not been pregnant so soon I would have studied B.E , I would have got a better job than this..-Menu

....Yes. My first pregnancy was unintended.....because of that I couldn't study. I was mentally afflicted because before I was talented and had a good memory. After that pregnancy I was worried and thought of useless things. My memory has weakened perhaps because I thought of senseless things..... - Sita

...It (unintended pregnancy) made me more depressive. The child was troublesome; I couldn't go to any places and couldn't do anything that I wanted to do...- Gyani

Case histories also documented that few women wanted to continue their study after having an unintended birth but they couldn't do so mainly because of not receiving support from mothers-in-law. One woman said:

.....I was and I still am interested in studying further....I could have continued my education after birth and my mother had told me to continue the study. She looked after my child but my mother-in-law didn't allow me...-Sujana

Impact on family income

The case histories suggest that an unintended pregnancy does have a negative impact on the family income. Altogether, 11 out of 30 respondents (2 men and 9 women) mentioned that they had difficulties with money when they experienced unintended pregnancy. Most of the respondents mentioned that unintended pregnancy compelled them to stay at home so that they were unable to work which had affected their family incomes. In addition, they also reported that they had to spend money to care for pregnancy, such as costs for medical check ups, nutritious food and delivery when they were not prepared for. This all increased their expenditure that obviously affected their family finances. One woman said:

.....Yes I also had faced such problem that made me sad and I think that made me weak physically. I had to leave my work due to that pregnancy. I cannot do any work I am weak by heart and I think that I cannot do any type of work. That affected my income.- Nima

Similarly, Sharada 24 years old, six years of education, mother of two daughters, had considered her third pregnancy was unintended. She tried to abort but unsuccessful. She described:

.....This affected my financial status to some extent. My wage is Rs 50-60. At the time of pregnancy I couldn't work. How can I manage to raise 3/ 4 kids? Moreover I have to look after parents and the rest of the family. In such conditions how can I feed, educate, and clothe them? This indeed is a big problem.....

Social embarrassment

As mentioned in the previous section, many respondents expected that couples would have to face social embarrassment if they experienced an unintended pregnancy. However, none of the respondents reported that they experienced such problems when they had such pregnancies. In contrast, some of them mentioned that it is a personal matter, so society does not say anything; it is the person who has an unintended pregnancy suffers from it. For example, one respondent who had unintended pregnancy once said:

..No I did not encounter such problems. I don't think people will say anything about it because it is you who is suffering. Even if they do say anything then it won't matter as you are the one who has to suffer... -Saileja

Real experiences of health consequences: Results from the case histories

Prenatal and postnatal care

Overall, a clear difference was noticed between the perceived opinion and the actual behaviour regarding prenatal and postnatal care in the case of unintended pregnancy. Despite a pregnancy being unintended, most women reported that they had gone for prenatal or postnatal check ups. They reported that after some months of pregnancy they felt like going for ANC as well as PNC despite the unintended pregnancy. One woman explaining reasons for going for ANC checkups said:

If she does not have ANC checkups then either the foetus in the womb or the mother herself is affected. If she does not care for her health so she might have problem to deliver children. If she had gone for checkups she might have known about any difficulty she would have.... Neglecting an unintended pregnancy will harm the health of the woman and she will have difficulty delivering the child...Therefore....I used to go for checkups and eat good food. The only thing is that I was worried for untimely pregnancy in the beginning.. -Sumana

Sanu and Sarada also had regular checkups during and after the pregnancy despite the fact that their pregnancies were unintended; they said:

.....I always went for regular check ups and ate nutritious foods... -Sanu

I was tense because of this pregnancy, but later I went for check ups and eat a healthy diet. -Sarada

However, a few women did mention that they did not go for check ups and did not care about food during pregnancy.

.....My husband and family used to urge me to go for check ups and to take nutritious food. But I didn't feel to go in the time of my 1st child since it was unintended. I didn't care. I used to care only for my health, not for the child... -Menu

...No. I did not go for check up during last unintended pregnancy..-Basanti

No difference was observed in ANC and PNC care seeking behaviour of women in terms of their background characteristics and other circumstances.

Unsafe abortion

Despite high prevalence of unintended pregnancy amongst Nepalese young couples, abortion is less common. However, of those who sought abortion, most of them had used unsafe methods in the first instance. The actual ways or the procedures used by couples for terminating unintended pregnancy were similar to those perceived by the young married men, women, the health service providers and the community leaders. Nima, 22 year old married woman who tried several unsafe ways to abort her pregnancy, is a good example of this.

...Yes, I have tried it on my own..... When I was pregnant second time, I took medicine from medical shop 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 for a while. I thought that it would not work so I left the use of these medicines. Then again I took 3 pills (Nilocon) in the morning without taking anything but this caused amnesia, headache so I did not take it again. I wanted to terminate this pregnancy so I took the advice from the landlady and she told me to seek advice from the medical. I went to medical... and get curate.

Post-abortion complications

The perceived consequences of unsafe abortion were true when compared with the real life experiences of the women who went for unsafe abortion. Although most of the respondents did not seek abortion, those who had experience of unsafe abortion did face such consequences. They frequently mentioned bleeding, lower abdomen pain, back pain and weakness after having an abortion. One of the respondents said:

..When I had an abortion in my last pregnancy.... I had bleeding for sometime.... I have pain in lower abdomen and whole body....bleeding sometime.....felt weakI am not able to do the work like before..., I feel lazy. When I have the menstruation, I have a black type of water..... -Gyani

In contrast, some women who had abortions from trained personnel did not report such experiences. The following are the some excerpt from case histories.

..No, I've not. I had did curate from the doctor. Nothing happened...-Poonam

....Well, I didn't confront anything as such. After the curate I right away went for sowing.... -Sanu

.....No my wife does not face any such health problems. Only thing was that I was mentally upset and that I had to spend some money on it. The health is as it was before, it has no harm on health - Bikash

DISCUSSION AND CONCLUSIONS

This paper provides a comprehensive understanding on the consequences of unintended pregnancy amongst young couples in Nepal. Since the perceptions are very important part of decision making process, we started with analysing the perceived consequences of unintended pregnancy and then compared with real experiences. The data revealed that conflicts with spouses and family members, depression, worries or mental tension, loss of education and employment opportunities were the major anticipated socio-psychological consequences of unintended pregnancies amongst young couples. In most cases, the perceived opinions corroborated with real experiences. For example, most of the respondents in the quantitative survey believed that unintended pregnancies mostly affected young couples' relationships with their spouses and other family members, ability to work and employment opportunities, worries, depression, and additional financial burdens to the family.

The study revealed that there are some differences between the perceived opinions and real experiences when it comes to the health consequences of unintended pregnancy. For example, a moderate proportion of the respondents in the survey mentioned that women with unintended pregnancy are less likely to go for prenatal or postnatal check ups; however, the case histories showed that this was not completely true. Case histories revealed that most women visited health centres for prenatal or postnatal care despite their pregnancy being unintended. It is largely explained by the fact that most couples who reported unintended pregnancy wanted to postpone their pregnancy, so in the beginning they worried and get upset. Therefore, they did not take immediate action for prenatal care. But, when these young women were not successful for abortion or decided to keep the pregnancy for other reasons then they go to health centres for prenatal or postnatal care. This suggests that prenatal or postnatal cares are not depending on the pregnancy intendedness.

As expected, most of the respondents in in-depth interview and moderate proportion of respondents in the survey felt that an abortion is one of the primary consequences of an unintended pregnancy. Although most of the Nepalese young couples who participated in this study did not seek abortion, but those who did so were generally unsafe in the first instance. The perceived opinion and real experiences of respondents on the methods of unsafe abortion were very similar. This confirms that various methods of unsafe abortion are prevailed in the community.

As against the views of the in-depth interview respondents, relatively fewer proportions of the survey respondents reported post-abortion complications. No reasons can found why only few respondents of the survey mention post-abortion complications. The case histories revealed that those women who had used unsafe abortion methods experienced health complications. As expected, those women who visited trained personal for abortions did not report such experiences. This suggests that the person from whom young couples seek abortion services is very important whether or not they experience post abortion complications. This finding has an important programme implication especially while designing the IEC materials on safe abortion services.

Overall, the survey data suggested that higher educated and older age group men and women were more likely to perceive unintended pregnancy could have negative consequences. This could be true because the better educated couples who have strong motivation than uneducated to prevent unintended pregnancy and can foresee the impact of having the child in their life. As against the expectation, men and women with higher level of education mentioned that couples with untended pregnancy could give low status to them and feel dominated. One of the explanations could be notion of 'social shame'. As in many societies, in the Nepalese community, there is a culture norm or expectation on the behaviour of an educated person. If a couple have too many children may be a social shame for them. As expected, less educated men and women were more likely to believe that misunderstandings between the spouses may be the consequences of unintended pregnancy.

The study findings suggest some important programme implications. Unintended pregnancy affects individual, families and communities. Therefore, communicating this problem to the public, increasing community and individual understanding about prevention and improving access to necessary services should be an essential component of the reproductive health programmes. The results revealed that unpleasant relationships and worries were the major socio-psychological consequences of unintended pregnancy. A comprehensive counselling service that aimed to address worries and mental tension of couples, and enable young couples and their families to make responsible choices and timely decisions are required. Health service providers should be equipped to deal with all the social-psychological issues related to unintended pregnancy amongst young couples. Programmes that focus to identify couples, families and individuals at risk of unintended pregnancies, provide contraceptive and family planning issues into marital counselling are needed.

Further researches is needed on the impact of unintended conceptions in relation to antenatal and postnatal care seeking behaviours, birth outcomes, family formation, and parent-child interactions. Research that examines the impact of young age fatherhood on their life and child wellbeing would be helpful to understand the other aspects of the problems.

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