

Full Length Research Paper

Prevalence of unintended pregnancy among patients attending antenatal clinics in a tertiary hospital in Lagos, Southwest Nigeria

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Unwanted or unintended pregnancy is a pregnancy not desired at the time of conception. This study was carried out to assess the prevalence of unwanted pregnancy among married women attending antenatal clinic and factors responsible for this trend. 2000 Antenatal patients were counseled to participate in this questionnaire based study however 1600 consented. Questions asked included socio-demographic data, contraceptive practice and sexual history. 400 were discarded for inadequate information. Of the final 1200 patients studied, 99% were married whilst 1% was unmarried. Forty-nine (49%) had only one partner, 25% had 2 partners, 27% had more than 3 partners since first intercourse. Twenty one (21%) of the study group did not desire the pregnancy at the time of conception. Analysis of the contraceptive history showed only 29% used any form of contraception whilst 71% were non-users. We concluded that the high degree of unwanted pregnancy among antenatal patients is due to the low acceptability/or usage of contraception. We therefore advocate the intensification of contraceptive counseling both at Antenatal and postnatal clinics to patients and their husband.

Key words: Unwanted pregnancy, antenatal clinic, contraception, prevalence, married women, husband.

INTRODUCTION

Conception is the result obtained when a sperm from the husband fertilizes the egg from a woman. For some couples this happens quickly while for others it can take a while. It is accepted that a woman should be free to get pregnant if, when, and how she chooses to. Unwanted or Unintended pregnancy is a pregnancy unwanted at the time of conception. Many reasons have been postulated for this such as being too young, unmarried, schooling, economic situations, and so on. Unwanted pregnancy poses significant health risks and it has been said that unwanted pregnancy is the primary cause of abortion Eisenberg Leon, (1995). Because termination of pregnancy is illegal in Nigeria except to save a woman's life, it is often carried out in unsafe hands and environments giving rise to high maternal morbidity and mortality Echendu Dolly Adinma, (2011).

Contraceptive rate in most developing countries remains very low Gilda Sedgh, (2006). Contraceptive pre-

valence rate in Nigeria is very low with evidence from the recent National Demographic and Health Surveys (NDHS) data indicating that only about 15 percent of sexually active Nigerian women currently practice effective contraception Echendu Dolly Adinma, (2011). Some of the reasons for poor use of contraception include religious teaching which discourages use of contraception, high premium placed on having children and fear of side effects of contraception amongst others NDHS, (2009). Another important reason given from a study done by Omo-Aghoja LO et al. is the belief that it could lead to infertility in the future Omo-Aghoja LO, (2009). Most of these studies on unwanted pregnancy were done amongst unmarried women.

However, cognizance had not been taken of unwanted pregnancies occurring amongst married women who inevitably often suffer the same fate as the unmarried in their response to unwanted pregnancy.

This study was therefore carried out to assess the prevalence of unwanted pregnancy among married women attending ante-natal clinic and highlighting factors responsible for this and postulating solutions.

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Table 1. Age distribution, religious inclination, level of education, marital status and gestational age at booking of Respondents.

Age	number (No)	Percentage (%)
17-21	216	18
22-26	300	25
27-31	480	40
32-36	144	12
37-41	48	4
41 & above	12	1
Total	1200	100
Religion	Number (No)	Percentage (%)
Christian	924	77
Muslim	264	22
Others	12	1
Total	1200	100
Level of Education	Number (No)	Percentage (%)
Tertiary	876	73
Secondary	276	23
Primary	48	4
Marital Status	Number	Percentage
Married	1188	99
Unmarried	12	1
Total	1200	100
Gestational Age of Pregnancy at Booking	Number (No)	Percentage (%)
Less than 13wks	267	22.2%
14-21 wks	82	6.8%
22-29 wks	816	68%
30-36 wks	31	2.6%
37 wks and above	4	0.4%
Total	1200	100%

SUBJECTS AND METHOD

Study Site

Nigeria is situated on the West coast of Africa with a population of 140 million. It consists of 36 states which are divided into six geo-political zones and a Federal Capital Territory. The study area is Lagos State with a population of about 20 million people of diverse religious background with Christianity and Islam being the two major prominent ones.

Method

The study is a descriptive, cross-sectional questionnaire based survey conducted amongst Ante Natal women attending ANC at the Lagos State University Teaching Hospital, Ikeja. The Health and Research Ethics Committee of the hospital approved the study protocol.

The consent of two thousand consecutive subjects attending antenatal clinic at the time of the study were sought for, but 1600 agreed to participate in the study.

The interview for this study was carried out by one of the authors and involved face-face interview using pre tested structured questionnaires. Every participant was duly counseled and consent obtained before the interview.

The questionnaire elicited the Bio-data information of the respondent such as age, occupation, educational status, gestational age at presentation, genotype, blood group, contraceptive usage, if not, why not; husband's occupation, Sexual Behaviour-no of partners, parity and date of last delivery for those who had had babies.

When the questionnaires were reviewed 400 were discarded for inadequate information. The remaining 1200 respondents gave adequate information and were included in the study. Data obtained were analyzed using SPSS version 17.

Table 2. Date of first sexual intercourse, number of sexual partners and wanted/unwanted pregnancy.

Date of first sexual intercourse	Number (No)	Percentage (%)
<21 years	648	54
22years & above	552	46
Total	1200	100
Number of Sexual Partners	Number (No)	Percentage (%)
One	576	48
Two	300	25
Three and above	324	27
Total	1200	100%
Attitude to Pregnancy	Number (No)	Percentage (%)
Did not want	252	21%
Not Sure	12	1%
Wanted the Pregnancy	936	78%
Total	1200	100%

RESULTS

Out of the two thousand (2000) patients attending for antenatal clinic during the study period, one thousand six hundred (1600) patients consented to be in the study. When the questionnaires were analyzed 400 were discarded due to incomplete information giving a 75% response rate.

Most of the respondents were 22-30 years old (65%) of the patients interviewed Table 1.

Seventy-seven percent (77%) were Christians, 22% Muslims and 1% other religion Table 1.

Seventy-three percent (73%) had tertiary education, 23% secondary whiles 4% had only primary education Table 1.

Ninety-nine percent of the subjects (99%) were married whilst 1% was unmarried Table 1.

Fifty-four of the subjects (54%) had first sexual intercourse before age 21years, and 46% 22years and above Table 2.

Forty eight percent of the respondents (48%) had only one partner, 25% had 2 partners and 27% had over 3 partners since first sexual intercourse Table 2.

Two hundred and fifty-two respondents (21%) did not want the pregnancy, 1% were not sure while 78% wanted the pregnancy Table 2.

When analysis of unwanted pregnancy was carried out, 178 patients were not using contraception whilst 74 patients were using contraception Table 3, giving a 71% for non-users and 29% for users of contraception.

When the same analysis was done amongst the whole study group of 1200 patients, 816 patients were not using contraception whilst only 384 were using contraception Table 3 giving a 68% for none-users and 32% for users of contraception.

Type of contraception used by 384 participants 26% Calendar method, 20.0% condom, 6.2% IUCD, 2.5% injections, 2.3% rhythm/safe period, and 43% pill Table 3. When asked for reason why not using contraception, 42% said the husband was not in support whilst only 3% blamed it on religion as shown in Table 3.

Gestational age at booking is as shown in Table 1 with majority of patients booking between 22 weeks cyesis and 29 weeks gestation.

DISCUSSIONS

Many studies have been carried out describing prevalence of unwanted pregnancy among unmarried adolescents, but few if any on married women in Nigeria. However, unintended pregnancy rates typically include all women in the denominator (Omo-Aghoja LO, 2009; Lawrence B. Finer, 2010). However it has been postulated by Chandra A et al. (2005) that less than half of women aged 15-19 years are sexually active. Thus we decided to look into the dynamics of unwanted pregnancy amongst antenatal patients with a view to deciphering why they were pregnant as they were sexually active.

One thousand two hundred (1200) patients were studied, out of which 252 said the pregnancy was unintended giving a prevalence of 21% as shown in Table 2. This figure is below 38% quoted by Hamdela B. et al. (2012), but close to 20% by Okonufua et al. (1999) and 27% by Oye-Adeniran BA et al. (2005).

In the present study, an important factor contributing to the level of unwanted pregnancy is the low-level of contraceptive as reported in Table 3. 71% of respondents were not using contraception which compared with 75% reported by (Ga Sedgh et al., 2006). Also in this study it

Table 3. The contraceptive history of the subjects.

Among Unwanted Pregnancy Group	Number	Percentage
Not using contraception	178	71%
Using contraception	74	29%
Total	252	100%
Both Wanted & Unwanted Pregnancy Groups		
Not using contraception	816	68%
Using contraception	384	32%
Total	1200	100%
Type of Contraception used	Numbers	Percentage
Calendar method	100	26%
Condom	77	20%
IUCD	24	6.2%
Injection	9.0	2.5%
Rhythm/Safe period	9.0	2.3%
Pill	165	43%
Total	384	100%
Reason for not using contraception	Number	Percentage
No reason	413	50.6%
Husband	343	42%
Religion	30	3.7%
Side effect	30	3.7%
Total	816	100%

is significant that 18% of the pregnant women were teenagers Table 1. These ones might not have been pregnant if they had had adequate contraceptive assistance. This large number is an added task on the resources available for antenatal care.

A major factor elicited from our study is the role of the partner (husband) in contraceptive usage. 42% of respondent said the husband was responsible for the non-usage of contraceptives (Table 3). One can only imagine the psychological and mental stress this would be for the client. We therefore suggest that men should be targeted in advocacy drive for contraception.

When the users of contraception were analyzed, about 30% were using calendar method and /or safe period methods of contraception (Table 3). This is not surprising considering that in a marriage relationship these methods' failure rate may be high when both partners were not well motivated. Trussell J. (2004).

Most of the respondents booked in the second trimester-22-30weeks of gestation Table 1. Is it because they were not sure what to do or were they contemplating abortion?

This was not put to any of them, and could be a limitation for inferences in this study. This should be a subject in subsequent studies. However booking for antenatal care here is sometimes delayed because patient has to donate blood before being registered. Adewunmi A et al, (2009). This does not enhance optimal obstetric care as earlier booking could have provided opportunity to monitor, detect and perhaps prevent development of obstetric complications such as preeclampsia and gestational diabetes (WHO, 2011).

CONCLUSION

The relatively high prevalence of unwanted pregnancy in the present study is predicated on the low acceptability/usage of contraception. Also the male factor in contraception use-failure was demonstrated by the fact 42% of respondent said the husband was responsible for their non-usage of contraception. There must therefore be a vigorous attempt to "woo" the husbands' acceptability

of contraception. Also we suggest further integration of family planning lessons into antenatal and postnatal clinics modules

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