

Consequences of unintended pregnancy among young married women in Nepal

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Abstract:

Aim: To explore the consequence of unintended pregnancy, and compare these with real experiences amongst young married women in Nepal.

Method: Sample survey of 997 married women and 19 in-depth case histories were studied.

Results: 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 health 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.

Conclusions: 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.

Keywords: abortions, health consequences, maternal deaths, socio-psychological consequences, unintended pregnancy

Introduction

Nepal has one of the highest maternal death rates amongst the South Asian Association for Regional Cooperation countries.¹ One of the major causes of maternal deaths is due to unsafe abortion.² Besides 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%) take place at home, often under unhygienic conditions and with untrained attendants. Physicians attend only 7.8 per cent and nurses and auxiliary nurse-midwives attend 3.1 per cent of all births.³

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 (FPAN), 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 the government health services. Nepal has made modest progress in its family planning program, increasing the contraceptive prevalence rate for modern methods from 3 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.⁴

Even though the desired family size amongst women has decreased in Nepal from 3 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.⁵ By the time women reach 24 years old, two in three have had at least one child.⁴ Amongst married young women (15-24 years), about one-third of the births are reported as being unintended.⁴ Women take a great deal of health risks to abort unintended pregnancies, which is posing a big pressure to the finite resources of the government to deal with post abortion complications.^{6,7}

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Previous studies conducted in other country settings have documented various negative health, social, psychological, and economic consequences of unintended pregnancy for men, women, and the community and for the society as a 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.^{3,6,8-14} These studies also documented other socio-psychological consequences such as worries, poor parent-child interaction and 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 married women 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 married women' needs.

Data sources and methods of analysis

The data are derived from a study entitled "Determinants and consequences of unintended pregnancy amongst young couples in Nepal" (UPN) conducted in 2003. The UPN study was conducted in 124 clusters of five districts (Ilam, Morang, Chitwan, Kaski and Lalitpur). The study 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 two-staged cluster sample design. In addition, 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. In the UPN study, 28 research assistants (18 females and 10 males) were involved in conducting the fieldwork. Interviewers were university graduates, experienced in conducting research on sensitive topics, and similar 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.

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. Only one man and three women refused to participate.

This paper is based on individual interviews with 997 women and 19 in-depth case histories. The analytic technique used to analyse the case histories was thematic analysis. 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

Characteristics of the respondents

Amongst the surveyed women, three-quarters of the women fell into the age group of 20-24 years and one-fifth into the age group 15-19 years. The median age at first marriage was 17.6 years for women. A large proportion of respondents (44 %) already had one living child. The mean number of family planning methods correctly known was five. About half of the respondents reported that they were currently using a method of contraception; which is higher than the national average estimated in the NDHS 2001. The majority of the respondents were from urban areas. The dominant method reported by women was the injectable, followed by condoms and oral pills respectively. Sixty percent of the respondents were residing in rural areas and 40 per cent in urban areas. The majority of the respondents reported belong to the Brahmin or Chhetri ethnic community, which is the dominant group of the population in the country. Mongoloid and Terai ethnicity were the second and third most prevalent caste/ethnicity group amongst the respondents. The literacy rate was 62 per cent amongst the respondents. More than half of the respondents were masons. An overwhelming majority of respondents belonged to Hindu religion. Three-quarters of the respondents mentioned that they lived in joint family. Overall, respondents had regular access to some form of mass media, especially television and radio.

Perceived negative psychological consequences

Over 90 percent of the respondents believed that couples would experience psychological effects of unintended pregnancies. Over four-fifths 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 and for bringing up and educating children. Other consequences mentioned were related to mental disturbance, committing suicide and getting an abortion (Table 1).

Table 2 shows the perceived negative psychological consequences of women according to their pregnancy histories, current age and the level of education respectively. No major differences were observed on the perceived negative psychological consequences according to the age and the pregnancy history of women. However, respondents with secondary or higher level of education were more likely to perceive that unintended pregnancy could have negative psychological consequences compared to women with primary or less level of education.

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 education. However, the results indicate women with lower age group (15-19 years) were more likely to perceive that women could be mentally disturbed as a result of unintended pregnancy than with higher age groups. Interestingly, more women with above secondary level education than women with primary or less level of education believed that couples with

unintended pregnancy give low status to themselves and feel dominated from others.

Perceived social consequences

The majority of women felt that there would be social consequences from unintended pregnancy (Table 3). 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. A large proportion of respondents thought that unintended pregnancies might create misunderstandings between husband and wife and also with family members that may result in frequent quarrels in the family. Over four-fifths of women considered social shame as one of the social consequences. About a quarter of women believed that family members might not provide care and support during the pregnancy and after delivery (Table 3).

Table 4 shows the percentage distribution of women according to their perceived negative social consequences by pregnancy histories, current age and level of education. No major variation by background characteristics was observed in the perceived negative social consequences. With regards to the specific types of social consequences, few variations by background characteristics were noticed. Results show that 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. Comparatively, the higher proportion of women with primary or less level of education than above secondary level education believed that couples with unintended pregnancy might have misunderstanding with spouse. Surprisingly, a higher proportion of women with above secondary level education than primary level educated women believed that women could face the problems of social shame.

Table 1: Percentage distribution of young married women according to their perceived negative psychological consequences of unintended pregnancy

Any negative psychological consequences of unintended pregnancy?	n=997	Percent
Yes	917	92.0
No	80	8.0
Types of negative psychological consequences	n=917	Percent*
Mental tension or sadness	367	40.0
Worries about bringing up and education of children	500	54.5
Women might think low for oneself and will feel dominated	24	2.6
Mentally disturbed due to too much thinking	51	5.6
Worries about terminating pregnancy	89	9.7
Women worried over bad health, education, disabled child, no time to relax, lost work	47	5.1
Other (does not care for the child, women may try to suicide)	28	3.0

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

Table 2: 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 years	20-24 years	Primary or less	Secondary	Above secondary
	n=478	n=363	n=156	n=256	n=743	n=404	n=100	n=493
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 %
Types of consequences	n=334	n=442	n=141	n=224	n=693	n=359	n=461	n=97
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	12.4 %	10.9 %	8.7 %	8.5 %	8.5 %	10.1 %	8.6 %	10.0 %
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 %

Note: The total percentage may exceed 100 due to multiple responses.

Perceived health consequences

Nine in every ten young women interviewed believed that an unintended pregnancy has negative consequences on women’s health. Over half of the women believed that mother’s health will be weak as a result of an intended pregnancy. Over one-third of women believed that women do not take nutritious diet during pregnancy, thereby, making them weak. Over one-quarter of women considered that women might try unsafe abortion. Similarly, they mentioned low birth weight and an unhealthy or disabled baby as consequences of unintended pregnancy (Table 5).

Regarding the perceived negative health consequences by background characteristics the women who had never experienced unintended pregnancy were more likely to perceive that women could have negative health consequences than women who had never been pregnant (Table 6). 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.

As for the specific types of perceived negative health consequences, major differences were observed by the level of education. 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 diet during pregnancy, try unsafe abortion, do not go for prenatal check ups and give preterm births.

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.

Respondents 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 in 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:

Table 3: Percentage distribution of young married women according to their perceived negative social consequences of unintended pregnancy

Any negative social consequences of unintended pregnancy?	n=997	Percent
Yes	815	81.7
No	182	18.3
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Types of negative social consequences	n=815	Percent*
Financial problems due to many unwanted child	357	43.8
Might have misunderstanding with husband/wife and family members, quarrel may start	319	39.1
Social shame	336	41.2
Family members might not provide care to the pregnant women and might not received support	189	23.2
Unwanted child may become thief and social crime would increase	14	1.7
Society can not provide good education to the children	38	4.7
Others	9	0.9

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

...I was not in the good books of the family as I couldn't work. My family members didn't understand my problem. I think that if that pregnancy had not occurred I may have had good relations with my family members...

Depression

The case histories revealed that depression and mental tension were one of the major consequences of unintended pregnancy amongst young married women. 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 as they were always worried about bringing up their children and fulfilling their 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. I was sad and afraid. I felt I was not mature enough to give birth to a child. I was inexperienced and was recently married. I was unacquainted of family matters and had yet to be adapted in the family. I was very gloomy when I suddenly found myself pregnant.

Another twenty-four years old young married woman said:

... When I experienced my first pregnancy, I really felt very 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 women. Women reported that even if their pregnancies were unintended they started to love the child after they decided to continue. They loved their child after giving birth and started enjoying. A woman narrates her experience:

... I did not want to have baby at that time but it happened. When I came to know about it, I did not feel good. 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 the happiest thing that has ever happened to me...

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

... No, never. I never blamed or hated my child after birth...

Educational and employment opportunities

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

There are many training opportunities in the groups nowadays. I could have learnt many new things. But after having children one cannot do what she wants to. I could have joined trainings like painting, stitching which could help me in the future. I think it could have been possible if I had not have my daughter at that time.

Table 4: 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 psychological consequences	Pregnancy history			Current age		Education		
	Unintended	Intended	Never been pregnant	15-19 years	20-24 years	Primary or less	Secondary	Above secondary
	n=478	n=363	n=156	n=254	n=743	n=404	n=493	n=100
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 %
Types of consequences	n=305	n=387	n=125	n=206	n=609	n=332	n=399	n=84
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 %

Note: The total percentage may exceed 100 due to multiple responses

Similar experiences by other mothers are as follows:

....I felt very sad. I was studying and all of a sudden I was going to be a mother...

....I was worried about how to raise the child and which was going to hamper my studies too. I was anguished till its birth... If I had not been pregnant so soon I would have studied B.E and I would have got a better job than this....

My first pregnancy was unintended... because of that I couldn't study. I was mentally afflicted because at that time I was talented and had a good memory. After that pregnancy I was worried about small and useless things which blunted my memory.

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 am still interested in studying further....I could have continued my education after birth and my mother also wanted me to continue the study. She looked after my child but my mother-in-law didn't let me...

Impact on family income

The case histories suggest that an unintended pregnancy does have a negative impact on the family income. Altogether, 9 out of 11 women experienced difficulties due to unintended pregnancy economically. 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 which increased their expenditure. One woman said:

...Yes. I also had faced such problem. I had to leave my work due to that pregnancy. I felt weak and I thought I couldn't do any type of work. That affected my income...

Similarly, a 24 years old mother of two daughters, educated upto primary level, had considered her third pregnancy as unintended. She tried to abort but was unsuccessful. She described:

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

Table 5: Percentage distribution of young married women according to their perceived negative health consequences of unintended pregnancy

Any negative health consequences of unintended pregnancy ?	n=997	Percent
Yes	896	89.9
No	101	10.1
Types of consequences	n=896	Percent*
Mothers health becomes weak	480	53.6
Mother's health weak because of not taking nutritious diet during pregnancy	323	36.0
Women may try unsafe abortions	241	26.9
Women do not go for prenatal checkups	194	21.7
Maternal deaths	82	9.2
Low birth weight, unhealthy or disabled baby	106	11.8
Pre-term birth or difficult for child to survive	10	1.1

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

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 with an unintended pregnancy who 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..

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 she might have problem to deliver the child. If she had gone for checkups she might know about any difficulty before hand.

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...

Other mothers who also had regular checkups during and after the pregnancy despite the fact that their pregnancies were unintended said:

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

...I was tensed because of this pregnancy, but later I went for check ups and ate healthy diet...

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...

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

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

Table 6: 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 psychological consequences	Pregnancy history			Current age		Education		
	Unintended	Intended	Never been pregnant	15-19 years	20-24 years	Primary or less	Secondary	Above secondary
	n=478	n=363	n=156	n=254	n=743	n=404	n=493	n=100
Yes	92.7 %	87.9	85.9	88.2	90.4	88.9	89.9	94.0
No	7.3 %	12.1	14.1	11.8	9.6	11.1	10.1	6.0
Types of consequences	n=319	n=443	n=136	n=224	n=672	n=359	n=443	N=94
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 diet 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 %

Note: The total percentage may exceed 100 due to multiple responses

Unsafe abortion

Despite high prevalence of unintended pregnancy amongst Nepalese young married women, 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 women. A 22-year-old married women 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 medicines. Then again I took 3 pills (Nilocon) in the morning without taking anything but this caused nausea, 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 got curettage.

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 had pain in the lower abdomen and whole body, bled for sometime and felt weak.

....I am not able to do the work like before...I feel lazy. When I have the menstruation, I have a blackish type of water...

In contrast, 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 curettage done from the doctor. Nothing happened...

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

....No my wife did not face any such health problems. Only thing was that I was mentally upset and that I had to spend some money on it. Her health is as it was before; abortion has no harm on health...

Discussion

This paper provides a comprehensive understanding on the consequences of unintended pregnancy amongst young married women 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 them with the real experiences. The data revealed that conflicts with spouses and family members, depression, worries or mental tension, loss of education and loss of employment opportunities were the major anticipated socio-psychological consequences of unintended pregnancies amongst young married women. In most cases, the perceived opinions correlated with real experiences (quantitative survey) such as unintended pregnancies mostly affecting young couples' relationships with their spouses and other family members, ability to work and employment opportunities and added worries, depression, and financial burdens to the family.

On the other hand the study also revealed some differences between the perceived opinions and real experiences regarding 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 most women visited health centres for prenatal or postnatal care despite their pregnancy being unintended. It is largely explained by the fact that most women who reported unintended pregnancy wanted to postpone their pregnancy, so in the beginning they were worried and got 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.

Although most of the Nepalese young couples who participated in this study did not seek abortion, among 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 still prevail in the community even after legalisation of abortion in the country. 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 regarding 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 women were more likely to perceive unintended pregnancy (negative consequences). This could be true because the better educated couples have stronger motivation to prevent unintended pregnancy and can foresee the impact of having the child in their life. As against the expectation, women with higher level of education mentioned that couples with unintended pregnancy could give low status to them and feel dominated. One of the explanations could be notion of 'social shame' in the Nepalese community, an educated couple expected to have small size family. As expected, less educated men and women were more likely to believe that misunderstandings between the spouses may be the consequences of unintended pregnancy.

Conclusion

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 awareness 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.

Recommendation

A comprehensive counselling service that aim to address worries and mental tension of couples, and enable young married women and their families to make responsible choices and timely decisions are required. Health service providers should be equipped to deal with all the socio-psychological issues related to unintended pregnancy amongst young married women. 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.

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References

1. WHO/UNICEF. Estimates of Maternal Mortality: A New Approach by WHO and UNICEF, 1996. Geneva, Switzerland.
2. CREHPA. Unwanted pregnancy and unsafe abortion: Some facts and figure. Centre for Research on Environment Health and Population Activities, 2000. Kathmandu, Nepal
3. Cobb L, Putney P, Rochat R, et al. Global Evaluation of USAID's Post abortion Care Programme. The Population Technical Assistance Project. Washington, 2001. p1-73.
4. Ministry of Health (Nepal), New Era and ORC Macro. Nepal Demographic and Health Survey 2001. Family Health Division, Ministry of Health; New Era; and ORC Macro, 2002. Calverton, Maryland USA
5. ESCAP. Adolescent Reproductive Health in the Asian and Pacific Region: Population Studies Series, 2001 No. 156. Economic and Social Commission for Asia and the Pacific, United Nations, Bangkok.
6. Tamang A, Puri M, Dahal M et al. Restricted abortion law and its implications on women's health in Nepal: paper presented at International workshop on abortion facilities and post abortion care in the context of RCH programme, 1998. Delhi, India.
7. Tamang A, Puri M, Nepal B et al. Women in Prison in Nepal for Abortion: A study on implications of restrictive abortion law on women's social status and health, CREHPA. Kathmandu, Nepal 2000; 5-21.
8. Kabir, SM. Causes and Consequences of Unwanted Pregnancy from Asian Women's Perspectives. International Journal of obstetrics 1989; Supplement (3), 9-14.
9. Baydar N. Consequences for Children for Their Birth Planning Status. Family Planning Perspectives 1995; 27(6): 228-234.
10. Shane B. Family Planning Saves Lives. Population Reference Bureau. Washington DC, 1997.
11. Klima, CS. Unintended Pregnancy: Consequences and Solutions for a Worldwide Problem. Journal of Nurse-Midwifery 1998; 43(6): 483-491
12. Senanake P. Determinants of unwanted abortions in Developing Countries. Paul VL, editor. Sexual and Reproductive Health: Recent Advances, Future Directions. New age international private limited publishers, 2001 New Delhi, India.
13. Binn-pike L, Berger T, Dixon D et al. Is There a Causal Link Between Maltreatment and Adolescent Pregnancy? A Literature Review. Perspective on Sexual and Reproductive Health 2001; 34(2): 68-75.
14. Sonfield A. Preventing Unintended Pregnancy: The need and the Means: The Guttmacher Report on Public Policy. The Alan Guttmacher Institute, 2003; 7-10.