

UNWANTED PREGNANCY

A Thesis

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of

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا بِمَا عَلَّمْتَنَا إِنَّكَ أَنْتَ
الْعَلِيمُ الْحَكِيمُ

سورة البقرة (آية ٢٢)

"IN THE NAME OF ALLAH, THE BENEFICENT, THE MERCIFUL"

THEY SAID: "BE GLORIFIED WE HAVE NO KNOWLEDGE EXCEPT THAT
YOU HAVE TAUGHT US. INDEED YOU ARE THE KNOWER
THE WISER."



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INTRODUCTION

AND

AIM OF THE WORK

INTRODUCTION

Unplanned pregnancies constitute an epidemic in the United States. Over three million unplanned pregnancies are performed each year (Grimes, 1986). In England, just over a quarter of women giving birth to a live baby described the pregnancy as unintended. This, together with the ratio of legal termination to live or still births, suggest that about two-fifths of conception are unintended (Cartwright, 1988). In another study performed in England by Metson (1988), of 518 pregnancies during the study, 187 (36%) were unplanned. Monteith et al. (1988) found that 22% of all women and one-third of married women in Paraguay are at risk of having an unplanned pregnancy. They also found that the percentage of last pregnancies that were unwanted declined only slightly between 1977 and 1987, from 5.2 percent to 4.3 percent; these percentages did not significantly differ between metropolitan Asuncion and the interior. The overall percentage of unwanted pregnancies was similar to levels found in Guatemala in 1983 (Monteith et al., 1985) and in Panama 1984 (Warren et al., 1987). As was found in these earlier studies, the percentage of unwanted pregnancies increases rapidly as the number of living children increases. Data from the World Fertility Survey suggest that large percentage of unwanted births occur. Substantial

proportions of women, ranging from 15% in Fiji to 48% in Jamaica, said in surveys that they had wished to cease childbearing before the birth of their last child (Winikoff and Sullivan, 1987). McEwan et al. (1988) reported in their questionnaire survey that was conducted in an urban coeducational secondary school in the North Island region that many adolescent New Zealanders are sexually active and run a high risk of having unplanned, unwanted pregnancies.

AIM OF THE WORK

Study of the impact of different issues of personal, socioeconomic and reproductive history on the outcome of pregnancy.

Study of the mother view towards contraception and unwanted pregnancy.

REVIEW OF LITERATURE

EPIDEMIOLOGY

Grady et al. (1986) suggested that a woman's age, pregnancy intention (either to delay or to prevent births), parity, income all have significant effects on the risk of unintended pregnancy.

Age:

In a study performed in England by Metson (1988), unplanned pregnancies were most common in the 15-19 age group (54 out of 187). Grady et al. (1986) suggested that the risk of unwanted pregnancy generally declines with age, except for women attempting to prevent an unwanted pregnancy, among whom women under 20 have lower failure rates than do those 20-29 years of age. As expected, women attempting to prevent an unwanted pregnancy have lower failure rates than do those seeking to delay a wanted pregnancy, with the difference being greatest for women under 20 years of age and smallest for 20-29 years old.

Race:

According to Grimes (1986), women with minority races are at higher risk of having unwanted children.

Income:

Failure rates among low-income women attempting to prevent an unwanted pregnancy are higher than those among women with larger family incomes (Grady et al., 1986).

Education:

Grimes (1986) suggested that women with less than 12 years of education are at high risk of having unwanted children.

Parity:

Grady et al. (1986) considered that low-parity women attempting to prevent an unwanted pregnancy have lower failure rates than do women of high parity.

Marriage:

On average, standardized use-failure rates for single women attempting to prevent an unwanted pregnancy are lower than those for married women, probably because of a lower average of intercourse among single women. In addition rates are understated because of the substantial underreporting of abortion among single women; if abortion reporting were complete, failure rates would be more higher, and thus would be close to those of married women (Grady et al., 1986).

Sexual activity:

Willard et al. (1982) concluded that women face two main health risks from the decision to be sexually active: unintended pregnancy and sexually transmitted diseases. Also, Quinn and O'Reilly (1985) emphasized that the decision to be sexually active involves two health risks for women: unwanted pregnancy and sexually transmitted diseases. They believed that use of contraception affects both these risks.

AETIOLOGY OF UNWANTED PREGNANCY

I. No Family Planning

According to Grady et al. (1986), a multivariable life-table analysis of national survey data performed at United States indicates that married women using no contraceptive method experience an unintended pregnancy rate of 40% during the first year of unprotected intercourse.

Fielding et al. (1983) emphasized that more than half of one thousand consecutive women presenting for first trimester abortion, had not been using any form of contraception when conception occurred. Also, Sphocles and Brozovich (1986) found that, overall, fewer than one quarter of unwanted pregnancies among the predominantly white, middle class population studied resulted from failure to obtain contraception. Hatcher et al. (1986) believed that the pregnancy rate is so high in United States because only a minority (one in three) of young women always use contraceptives. Even among these, at most one in two relies on the most effective methods. The two most common reasons given by teenagers for not using contraception are believing that the risk of pregnancy is small and failing to anticipate that intercourse would occur. Grimes (1986) suggested that fear of complications, not the complications

themselves is the most powerful deterrent to women's use of contraception. Much of this fear is due to bad press.

O'Mahony (1987) found in his study on thirty rural black school girls who were interviewed after they had given birth to determine the factors predisposing to pregnancy, which was unplanned in all except one and had disrupted schooling and caused parental distress. Twenty of the girls knew how conception occurs and 24 knew about modern methods of contraception, although none was used; many of them were misinformed. There was evidence of neglect by parents and society to counsel and educate young people about sexual development, conception, sexual relationships and appropriate use of contraceptives. The school girls drifted, with a lack of mature decision-making, into sexual relationships.

II. Failure of Family Planning

19% of unwanted pregnancies represent technical failure despite correct and consistent use. The majority (51%) occurred because of human error, either incorrect or inconsistent use of available contraceptive modalities (Sphocles and Brozovich, 1986). A multivariate life table analysis of national survey data at United States indicates that among currently married women, the pill and IUD have the lowest use-failure rates. During the first year of use,