

A Study on Unintended Pregnancies and Reasons for Opting MTP

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Abstract: *Unintended pregnancy is among the most troubling public health problems and a major reproductive health issue imposing appreciable socioeconomic burden on individuals and society. The aim of the study is to find the reasons given by women for opting MTP in unintended pregnancy. It is one of the most critical challenges facing the public health system that imposes substantial financial and social costs on society. The importance of doing a study on unintended pregnancy is because it has a major impact on numerous social, economic, and cultural aspects of modern life.*

1. Introduction

Unintended pregnancies are pregnancies that are mistimed, unplanned or unwanted at the time of conception. Unintended pregnancies include unwanted pregnancies at least for one of couples. The rate is 70.1 unintended pregnancies per 1000 women aged 14–49. The number of unintended pregnancies is calculated by applying the proportion of births that are unwanted (based on NFHS-4 data on the total fertility and wanted total fertility rates for each state) to the number of live births in each state in 2015 and adding this to the number of abortions (which are assumed to result from mistimed or unwanted pregnancies) and the number of miscarriages resulting from unintended pregnancies. These calculations reveal that about half of all pregnancies (43–55%) are unintended. Induced abortion is the main consequence of an unintended pregnancy. Induced abortion has been legal in India on a broad range of grounds since the Medical Termination of Pregnancy (MTP) Act was passed in 1971. According to this law, abortion is permitted up to 20 weeks' gestation when it is necessary to save a woman's life or protect her physical or mental health, and in cases of economic or social necessity, rape, contraceptive failure among married couples and fetal anomaly. Pregnancies beyond 20 weeks may be terminated in cases of life endangerment. The MTP Act mandates that abortions take place in safe and hygienic conditions at approved facilities and be performed by certified providers. Providers eligible for certification are limited to obstetrician-gynecologists or doctors with a bachelor of medicine, bachelor of surgery (MBBS) degree who have undergone MTP training.

Objective

- 1) To study the indications for MTP in unintended pregnancy.
- 2) To establish the common cause of unintended pregnancy among women.

2. Materials and Methods

A study was conducted on a group of 50 women in SBMCH college over a period of six months (MAY – OCT 2020).

Inclusion Criteria

- All women who had unintended pregnancy requesting for Medical termination of pregnancy for social causes.
- Only women between 14-49 years of age.
- Women under gestational age of <20 weeks.

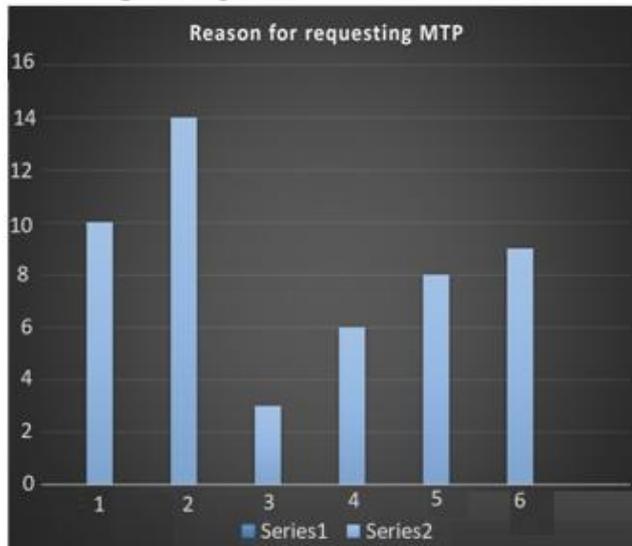
Exclusion Criteria

- Women of age <14 and > 50 are excluded.
- At term presentations of unintended pregnancy are excluded.
- Pregnant women requesting for termination due to maternal comorbidities.
- Pregnant women requesting for termination due to fetal anomalies and genetic abnormal

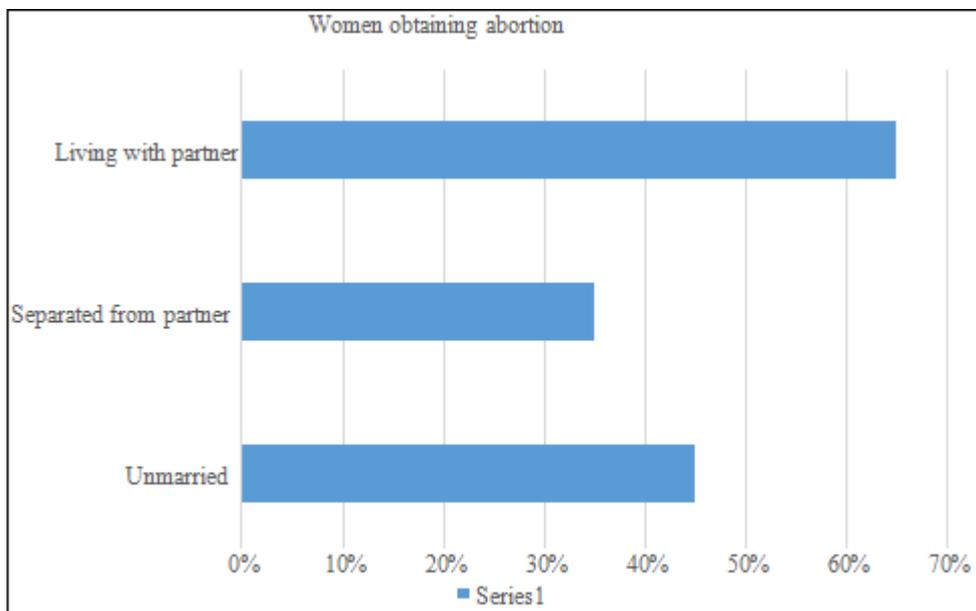
Reasons for requesting MTP

- 1) Unmarried women.
- 2) Young age of the previous child.
- 3) Educational aspirations of mother.
- 4) Financial impact of pregnancy.
- 5) Partner not willing.
- 6) Family pressure.
- 7) Pregnancy due to Sexual Abuse.

7. Pregnancy due to sexual abuse.



- About half of women under age 35 who experience an unintended pregnancy obtain an abortion. The proportion rises among older women, with nearly 6 in 10 women ages 40–44 who experience an unintended pregnancy obtaining an abortion



Reasons for Abortion in First Pregnancy

• Young age of the mother

Most of the unintended pregnancies occur at the young age group leading to adolescent childbearing issues. Poor medical concerning issues are they experience a maternal death rate 2.5 times greater than that of mothers aged 20– 24. Common medical problems among adolescent mothers include poor weight gain, pregnancy-induced hypertension, anemia, sexually transmitted diseases (STDs), and cephalopelvic disproportion.

• Socioeconomic status

Unintended pregnancy resulting from unawareness of proper contraceptive use occurs mostly in low socioeconomic groups. Thus financial status reflects directly on termination of pregnancy.

• Career and job related

To continue studies and pursuing dreams is also the reason why unintended pregnancy is ending in abortion.

Reasons for requesting abortion in the succeeding pregnancy

• Higher order pregnancy

A birth occurring to an older mother for example, a fourth or fifth child or more—whose addition to the family may add appreciable strain.

• Birth spacing

Young age of the previous child and birth spacing less than one year is also the reason for termination.

• Old age childbearing issues

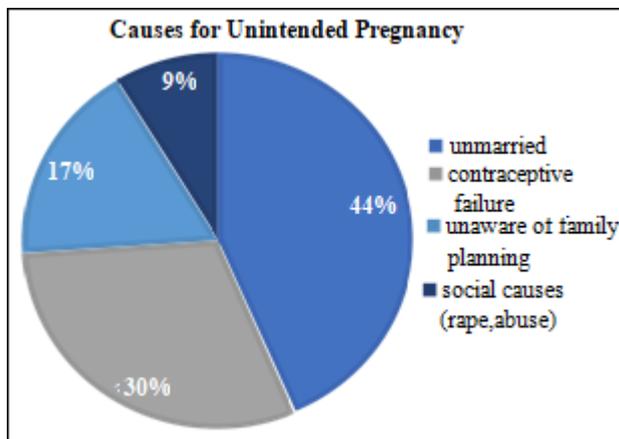
Risks to the fetus and infant of a woman over age 40 include spontaneous abortion, chromosomal defects, congenital malformations, fetal distress, and low birthweight. Moreover, elderly parents may have less physical energy and perhaps less flexibility in outlook, despite the presumption of increased wisdom.

Analysis of the causes of unintended pregnancy

- Among women of reproductive age, the highest proportions at risk of unintended pregnancy are found at ages 18–29, the age range in which most women are

fertile, have usually begun sexual activity but often prefer to delay pregnancy, and are generally too young to seek sterilization.

- The unmet need for contraception among married women was 13%, and an additional 6% of married women used traditional methods of contraception with relatively high failure rates.
- Rape, incest, violence, sexual abuse are social issues leading to unintended pregnancy.



3. Conclusion

Women with unwanted conceptions may need additional, sometimes intense, care and supervision during pregnancy. 70 unintended pregnancy per 1000 women aged 14–49 years in India is within the range of incidence of unintended pregnancies in other south Asian countries. Reducing unintended pregnancy would dramatically decrease the incidence of abortion. Although it is quite clear that abortion has few if any long-term negative consequences on a woman's medical or psychological well-being, it is nonetheless true that resolving an unintended pregnancy by abortion may be an emotionally difficult experience for a woman and others close to her; in particular, abortion providers, women, and their partners as well may find that abortion poses difficult moral or ethical problems; and there continue to be major political and social tensions. If the unwanted pregnancy can be prevented, any associated ill effects will also be prevented.

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