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Original Research Article

Study of psychosocial aspects of unmarried pregnancy in a tertiary care hospital

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ABSTRACT

Background: Unmarried pregnancy is a major health and social problem in many developed as well as developing countries with unique medical and psychosocial consequences for the patient and society. The objective of this study was study the psychosocial aspects of unmarried pregnancy.
Methods: Study was done over a period of one year. Data collected from 31 unmarried abortion seekers in a tertiary care Medical College hospital of Tamilnadu.
Results: showed a strong association between unmarried adolescent pregnancy and lack of parental supervision and control , poor intra-family relationship , family problem , lack of knowledge on sexual and reproductive health), and nonengagement of adolescent in any productive activity.
Conclusions: Ignorance regarding sexuality and reproduction along with adventurous nature and poor negotiation skills predisposes unmarried girls for early sexual activity that may lead to various problems like unwanted pregnancy and STIs that may cause psycho-social-economic problems for the unmarried girl.

Keywords: Abortion, Parental control, Termination of pregnancy, Unmarried pregnancy

INTRODUCTION

Unmarried pregnancy is a major health and social problem in many developed as well as developing countries with unique medical and psychosocial consequences for the patient and society. Many unmarried girls seek abortion; majority of them report in the second trimester and few go for unsafe abortions leading to complications like septic abortion, future infertility, and even maternal death.[1] As pregnancy among unmarried is a highly sensitive issue, a large proportion of these abortions go unreported resulting in paucity of data on this. Results of few studies available cannot be implied to Indian scenario due to cultural difference as premarital pregnancy is considered a taboo here. It is difficult to have a correct estimate of the number of unmarried mothers in India because such incidences are always kept as a family secret, and seldom come to the public notice.[2] Even to estimate the number of unmarried mothers coming to the hospitals seem to be practically impossible because these hospitals, specially the private ones, are not willing to give out any such type of information, because of the nature of the problem.

METHODS

This prospective study was conducted in a This prospective study was carried out in a tertiary care hospital, Government Raja Mirasdhar hospital, Thanjavur in the OBGY department for the period from July 2015 June 2016. All the unmarried girls who seeks abortion were enrolled in the study. The total number of patients

attended in OPD were during this period 14500. The total number of abortions performed were 826.The total number of unmarried girls attending family welfare op during this period were 31 .Out of these pregnancy was terminated in 26 and 5 of them did not turn up for abortion care.

Objectives of this study was to study the socio-economic and demographic conditions of the unwed mothers. To investigate into the circumstances which led to unwed motherhood? To study the nature of family and social relations of the unwed mothers. To enquire into the psychological and social problems experienced by the unwed. To find out whether the unwed mothers have adequate knowledge about sex. To develop an intervention module for unwed mothers and to assess the impact of intervention on sexual knowledge, self-esteem and subjective well.

RESULTS

During the study period, total number of pregnant patients were 14500 who were admitted for delivery and abortion related care. Out of this, pregnant unmarried were 31.Hence, proportion of unmarried pregnancy in our study was 0.2%.Out of these 25.8% (n=8) were in the age group of 18-20 years.48.3% (n=15) were in the age group of20-24 years.25% (n=8) were in the age group of 24-30 years (Table 1).

Table 1: Age group

Age group	Percentage
18-20 years	N = 8 (25.8%)
20-24 years	N = 15 (48.3%)
24-30 years	N = 8 (25.8%)

Table 2: Gestation age.

Gestation age in weeks	N = 31	Percentage
Less than 8 weeks	3	9.6
8-12 weeks	2	6.4
12-16 weeks	10	32.2
16-20 weeks	10	32.2
More than 20 weeks	6	19.3

Majority of abortion seekers were in the second trimester 64.4% (n = 20) Table 2.

Table 3: Education distribution.

Education	N = 31	Percentage
Uneducated	11	35.4
Primary	6	19.3
High school	6	19.3
College-undergraduate	3	9.6
College-Postgraduate.	0	0

35.4% were uneducated. 64.5% were educated Table 3.

Table 4: Area wise distribution.

Area	N = 31	Percentage
Urban	15	48.3
Rural	16	51

48.3% from urban area and 51% were from rural area.

Table 5: Employment status.

Employment	N = 31	Percentage
Employed	3	9.6
Un employed	28	90.3

90.3% in the study group were unemployed.

Table 6: Family type.

Type of family	N = 31	Percentage
Joint family	9	29.03
Nuclear family	13	41.9
Single parent	8	25.8

Table 7: Distribution showing number of persons who turn up for termination.

Treatment	N = 31	Percentage
Turn up for termination	26	83.87
Not turn up for termination	5	16.1

83.87% gave consent for termination and pregnancy terminated by medical methods.

Table 8: Success rate with medical abortion.

Success	N = 26	Percentage
Medical methods	26	100

Table 9: Psychosocial factors.

Factors	N = 31	Percentage
Lack of parental control	3	9.6
Family problem	7	22.5
Poor intra-family relationship	6	19.3
Lack of sexual and reproductive health knowledge	6	19.3
Lack of engaging in any productive activity	6	19.3
Parents abroad (not living with parents)	3	9.6

DISCUSSION

This prospective study was conducted in a this prospective study was carried out in a tertiary care hospital, Government Raja Mirasdhar hospital, Thanjavur in the OBGY department for the period from July 2015-June 2016.All the unmarried girls who seeks abortion were enrolled in the study. The total number of patients attended in OPD were during this period 14500 .The total number of abortions performed were 826.The total number of unmarried girls attending family welfare op during this period were 31 . This study was undertaken to study the psychosocial factors contributing unmarried pregnancy and its implications.

Observational studies suggest that many unmarried adolescents seek abortion; majority of them report in the second trimester and few go for unsafe abortions leading to complications like septic abortion, future infertility, and even maternal death. As pregnancy among unmarried is a highly sensitive issue, a large proportion of these abortions go unreported resulting in lack of data on this. Results of few studies available cannot be implied to Indian scenario due to cultural difference as premarital pregnancy is considered a stigma here. No analytic study is available exclusively on unmarried adolescent pregnancy and their risk factors. It is in this background, this study was undertaken to identify the factors leading to pregnancy among unmarried girls.

Association of lack of participation in any productive activity and teenage pregnancy had been observed by different authors. The observations made in this study is consist-tent with the reports observed by Kasen et al. and Kirby 2, who have conducted studies on the influence of school dropout and school disengagement on the risk unmarried pregnancy.

Family problem as an important determinant of unmarried-sexual activity has been pointed out by various studies.[3-6]

In our study also we found that more unmarried pregnant had family problems, lack of love and encouragement by the family, disharmony between father and mother and they felt insecure at home. They received less support and love for their problems in or outside the family and had lesser life satisfaction and happiness in general. Parents play a significant role in the sexual development and behaviors of their children. Parent–child closeness or connectedness, parental control, and parent–child communication have all been implicated in unmarried adolescent sexual behavior. Parental monitoring and supervision are important ways for keeping adolescents from risky situations and activities while they develops responsible decision-making skills. Association of lack of appropriate parental supervision and control and adolescent sexual activity.[7-9]

A supportive relationship between the parent and adolescent is important for enhancing communication and supervision.[10]

The observations made in this study supports the findings of Sharma A and Joseph GA who have conducted cross sectional studies on Sexual Knowledge and Practices of school and college students in India.[11,12] The present study also revealed that ignorance, myths, and misconceptions concerning sexual matters were pre-veiling more among the pregnant adolescents.

Delay in seeking abortion services was largely the result of unawareness of their pregnancy, fear of revealing the conception to family members, and due to social stigma. Contraceptive knowledge was found to be low. The reasons for non-use of contraceptives were.

CONCLUSION

This study suggests that family-related matters, namely family problem, poor intra-family relationship, and lack of appropriate parental supervision and control have index-pendent association with unmarried pregnancy. We also found that lack of engaging in any productive activity and lack of knowledge about sexual and reproductive health have significant roles leading to unmarried pregnancy. The number of unmarried pregnancies can be reduced by introducing Adolescent Health Education programs through educational institutions and for out of school adolescents through anganwadis under ICDS scheme and .Non-Governmental Organizations. Tamilnadu government insisted separate adolescent clinics in all government institutions, under National Rural Health Mission to guide parents in improving intra-family relationship, appropriate parental supervision in managing adolescents, and to give correct information about sex.

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