Health Behavior’s Deference in Intended and Unintended Pregnancies

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Abstract

Most of unintended pregnancies occur in developing countries that cause mortality and morbidity in the number of mothers every day. In unintended pregnancies, women show different health behaviors such as late initiation of prenatal care or supplement taking. This case-control survey conducted on 240 parturient presenting for vaginal delivery. Samples were selected using a continued method and accordingly unintended or intended pregnancies were placed in two groups: case (n=80) and control (n=160). Health behaviors were recorded using given questions, and prenatal care clinics. Statistical analysis was performed using man-Whitney, Students’ t-test, and chi-squared test where appropriate. Finding of present study showed a meaningful statistical difference evidences for maternal health behaviors. There was statistical difference between two groups in preconception counseling, entry into prenatal care, and supplement taking. According to the findings of the present study, unintended pregnancies are more likely to result in adverse health behaviors. It is recommended that health services be delivered effectively to women to make them aware of unintended pregnancy morbidity and to encourage family programming in their life.

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1. Introduction

Prenatal care is the comprehensive program prior to birth which in efficient conditions starts before pregnancy and continues until birth. This harmonious program consists of cares prior to pregnancy (consultation) quick diagnosis of pregnancy, first reference for pregnancy care and successive prenatal visits. Prenatal cares in most cases

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continue even until the later stages of the women lives. Consultation and sufficient programming related to cares prior to pregnancy are considered a part of pregnancy cares and prevents from unintended pregnancies and their related complication through providing safe pregnancy. Not using pregnancy prevention methods or incorrect use of preventive methods due to not receiving sufficient consultation before pregnancy which in turn is one of the important reasons for unintended pregnancy. Women with unintended pregnancy show such different health behaviors as delay in referring to health centers for starting pregnancy cares. In case of continuing pregnancy, these type of pregnancies have such effects as increase in the complication of pregnancy and delivery as a result of not referring or delay in starting pregnancy cares and lack of sufficient opportunity for studying and controlling maternal diseases and consumption of folic Acid before pregnancy. Taking Folic Acid at due time and exact care and control of maternal diseases could effectively prevent from congenital deficiencies in delivery. On the other hand, lack of referring or delay in referring to health clinics for starting prenatal cares, irregular references and insufficient cares cause the infants to enjoy lower growth indexes. Given the recommendation of American Academy of pediatricians and college of Gynecology and Midwifery of America, for early commencing of pregnancy cares even before pregnancy and considering the effect of cares on the results of pregnancy, present study attempts to reveal the health differences in intended and unintended pregnancies in women referring to health clinics in Hamadan in order to take steps toward promoting maternal and infant health through preventing from adverse effects of pregnancy.

2. Method

In regard with personal specifications in two case groups (unintended pregnancy) and control (Intended pregnancy, the majority of cases under study were 17-35 years old. The lowest percentage of individuals were under 18 years old in intended pregnancy group (3.2%) and they were 35 years old or over in unintended pregnancy group (21.3%). In terms of Present study is of case – control type and the community under study consists of all pregnant women who referred to maternity unit for delivery. Two hundred and forty healthy mothers were selected using constant sampling method and after being asked about the intended and unintended of pregnancy were divided into two groups. That is, unintended pregnancy group (80 cases) and intended pregnancy group (160 cases). In the cases where mother had been under pregnancy cares they were asked to complete the information form. Samples were studied in case of not being diagnosed with specific diseases. Questionnaires were used as information collection tools which health files of pregnancy period and mother’s file were completed in Maternity unit. The questionnaire consisted of two sections. The first part consisted of individual and social specifications and the second part consisted of health behavior information of mother such as starting time of care, the starting and consumption time of supplements, conducting routine pregnancy tests and gaining appropriate pregnancy overweight. SPSS soft-ware was used to analyze the data. Descriptive statistics was used to analyze the data for adjusting the absolute and percentile distribution tables. Chi2, Fisher and man- Whitney tests were used to compare the difference in health behaviors.

3. Results

Employment situation, majority of individuals in two case and control groups were housewives and few of them, that is, 1.5% and 7.5% were employed, correspondingly. In case group, around half of the subjects were at elementary school level and one subject had university education. Around half of the subjects in control group had high school education and the lowest percent was related to illiterate individuals. More than half of the individuals under study in case group had the record of 3 or more pregnancies and 55 percent of subjects under study in control group mentioned the record of two pregnancies. The mean number of pregnancies in case group was 2.75 with deviation criterion of 1.2 and in control group 1.65 with deviation criterion of 0.9.

On the basis of the findings of the study. One half of the subjects in intended pregnancy group had referred to Consultation, health and treatment centers for conducting consultation prior to pregnancy. In unintended pregnancy group, only two individuals had conducted consultation and their unintended pregnancy was of false type, that is, that group of pregnancies which occur sooner than the time programmed by couples for having a child. According to
chi-square test between two groups in terms of conducting consultation before pregnancy, the difference was statistically significant (PV<0.001).

<table>
<thead>
<tr>
<th>Pregnancy</th>
<th>Intended</th>
<th>Unintended</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling</td>
<td>N (%)</td>
<td>N (%)</td>
<td>PV&lt;0.001</td>
</tr>
<tr>
<td>Yes</td>
<td>95(50.8)</td>
<td>2(2.5)</td>
<td>97(36.3)</td>
</tr>
<tr>
<td>No</td>
<td>92(49.2)</td>
<td>78(97.5)</td>
<td>170(63.7)</td>
</tr>
<tr>
<td>Total</td>
<td>187(100)</td>
<td>80(100)</td>
<td>267(100)</td>
</tr>
</tbody>
</table>

The findings of the study revealed that mothers in Intended pregnancy group were significantly more willing to start pregnancy cares on time (PV<0.001). Twenty five percent of subjects in intended pregnancy group had referred to health centers before tenth week of pregnancy and the rest after the week for starting cares. In unintended pregnancy group, 25 percent of subjects referred to clinics after positive pregnancy test and around half of them referred to Health centers to start care until the end of 13th week. The rest of the subjects had referred after the first trimester. Man-Whitney test revealed a significant correlation statistically between two intended and unintended groups in terms of the starting and regular consumption of Acid Folic and Ferro tablets. Most women in intended pregnancy group, in addition to starting the consumption of Acid Folic and Ferro sulfate, they tended to take those more regularly, too. The study revealed a significant difference between two groups, that is, intended and unintended pregnancy groups in terms of conducting routine pregnancy tests (P<0.003). Most mothers with intended pregnancy had conducted routine pregnancy tests on time. Favorite overweight gain in intended pregnancy group was significantly higher compared to unintended group in this study (PV<0.01).

4. Discussion

The findings of the study showed that in intended pregnancy group, the consultation prior to pregnancy was significantly higher than that of unintended group. One of the important criteria for the efficiency of consultation before pregnancy is its effect on reducing the number of unintended pregnancies. Moss & et al in their study on 1378 women referred for prenatal cares concluded that women who had conducted consultation before pregnancy compared to women taken care of in terms of health but were not consulted with; the possibility of unintended pregnancy was 50 percent greater. In this study the consultations prior to pregnancy in unintended group consisted of two women who had unintended false pregnancy. That is, that group of pregnancies which at the time of fertilization were not programmed and occurred sooner than the programmed time by the couples. While in intended pregnancy group more than half of the subjects had referred to the clinics for consultation before pregnancy. The study conducted by health department in Washington demonstrated that in unintended pregnancies, the quality of pregnancy cares is affected. In above study women in intended pregnancy group had consultation before pregnancy and in unintended group there was less consultation whose reason could be high coverage of cares, consultation and family programming prior to pregnancy in America.

The findings of present study confirm sooner referring of intended pregnancy group to clinics for starting pregnancy cares which confirms the findings of Washington Health Department in regard with referrals to prenatal clinics (3). Other studies show that most mothers with unintended pregnancy refer to clinics after the first trimester or even the second trimester of pregnancy. A large number of studies have been conducted in this field which confirm findings. One reason for delay in referring to clinics for the purpose of starting cares could be not accepting pregnancy. Delay in pregnancy cares causes delay in taking supplements (Ferro and Acid Folic tablets). Taking Acid Folic could reduce the deficiencies related to nervous tube in infants. Mothers with intended pregnancy show more tendency toward taking supplements, start pregnancy cares sooner and have more regular prenatal cares. Regular visits control mother’s weight appropriately which in case of not gaining weight and timely diagnosis and due action...
could cause a decrease in the complications of pregnancies. These women have a positive mentality of pregnancy and exercise more attention to self-care and have more control over their food which is effective in gaining favorite overweight.

Women in intended pregnancy group had tendency to conduct pregnancy tests. The results of a study in Tiland revealed that there is a correlation between unintended pregnancy and receiving any kind of pregnancy care services. Conducting pregnancy tests besides early diagnosing and identifying probable diseases in mothers and due treatment prevents from maternal, delivery and infant complications. After comparing appropriate weight gain in pregnancy, the findings of the study confirm the significant difference between two groups which could be due to difference in health behaviors with intended pregnancy who showed more tendency for taking multi-vitamin, had more control over their food, referred to clinics for sooner starting of pregnancy cares and had more regular prenatal cares. Regular visits are along with on time weighing of mother which in case of not increasing the required weight and due diagnosis and action causes a decrease in neonatal and maternal complications. Moreover, these mothers have a good implication of pregnancy and due to accepting it pay more attention to self-care such as nutrition, which is effective in gaining favorite overweight.

In general it could be said that the experience of pregnancy or an unintended birth is along with such negative results as delay in starting pregnancy cares, inappropriate health behaviors, unintended births with complications for the child, parents and their relationship and uncontrolled increase in population which cause a lot of difficulties in the society and the government could embark upon following undertakings while providing more family programming services and access for women and whole –sided and widespread education for women through identifying the groups who do not use family services :holding successive in-service courses for providers of family programming services, improving the quality of services, accurate instruction of emergency pregnancy preventive methods, and involving women in family programming affair .It is recommended that health services to woman like consultation while and after marriage be conducted more effectively in order to make them aware of the complications of these types of pregnancies and to encourage them to have a fertility program in their lives and by providing services in each visit to discuss the point if it is required and in case of unintended pregnancy while screening this group of pregnancies to provide special services and more accurate cares for them. In addition, it is suggested that after-delivery consultation for the purpose of determining appropriate time intervals between children be conducted more effectively so as to reduce fetal and maternal complications. It is recommended that similar studies be conducted in different regions and cultures with larger number of samples. It is hoped that present study be a starting point for the next investigation and future studies compensate for the deficiencies of it.

References