

Unintended Pregnancy among Young Women in Dhaka city: *Socio-Economic and Gender Aspects*

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Abstract

Unintended pregnancies are precisely connected with unsafe abortion, maternal morbidity and maternal deaths. Several research studies showed that approximately one-third of pregnancies are unintended in Bangladesh. This article explores socioeconomic, cultural, and gender aspects of young women's sexual behaviour. It is significantly important to draw a clear line between those informed sexual behaviour and those that are not informed with implications for policy interventions. This is an-empirical study based on qualitative information from currently aborted young women (15-24) were obtained from the Government hospital in Dhaka. Qualitative findings reveal that women who were working as housemaid, garments workers, husband in abroad and using contraceptive pills were more likely willing to abort unintended pregnancy. Moreover, abortion seeking behavior, associated factors related to extramarital sex, economic benefit and decision making procedures An effective and efficient sexual education program, availability and use of contraceptives may reduce unintended pregnancies as well as improve reproductive health outcomes.

Index terms: *unintended pregnancy, abortion, culture, gender, behaviour.*



1. INTRODUCTION

The developing nations with large youth populations have been urged to invest heavily on them for their quality education and health services for economic and social gains. According to United Nations for Population Fund (UNFPA) Bangladesh if young population are equipped with necessary skills, good health and effective choices, they would present an enormous opportunity to transform the future. This means that Bangladesh needs to invest right now in the human capital of its young people if it wants to reap the benefits of a large demographic dividend.

The population of Dhaka living in slums (slum is defined as settlement with a minimum of 10 households or a mess unit with a minimum of 25 members and with very low socio-economic status) has been increasing rapidly. Thus, Dhaka is in a state of chronic poverty and poor health condition with limited access of secondary and post-secondary education. Women in slums are less likely to be educated than women in non slum and other urban domains. Forty five percent of women in slums have completed at least primary education compared with 79 percent in non slum and 69 percent in other urban domains [3]. One research study found that unintended pregnancy was higher among the urban residents [4].

In Bangladesh, unintended pregnancy (that pregnancy is mistimed, *unplanned* or *unwanted* at the time of conception) is not rare case that direct to high levels of unplanned births, unsafe abortion and maternal injury and death. Moreover, few studies in Bangladesh have explored young people's own terminology and meaning of non-consensual (sexual relations without marriage) sexual relation [5]. The issue of unintended pregnancy typically exists in lower socioeconomic and demographic backgrounds in Bangladesh. Several research study also revealed that occurrence of unintended pregnancy was seen to decrease significantly with increased level of education of the women [4]. Moreover, women's age, level of education, number of children, and social and economic deprivation are the major determinants of unintended pregnancy [6].

Therefore, adolescents and young women have been facing high incidences of child marriage, non-consensual sex and unintended pregnancies in general. Further, marriage at an early age is common in Bangladesh. According to the Bangladesh Demographic Health Survey (BDHS) 2007, the female median age at marriage is 15.3 years. Whereas the legal age at marriage for girls is set at 18 years and 68 percent of the adolescent girls are married by the age of 18, and 55 percent of them are becoming mothers before reaching the age of 19 years [7].

Bangladesh Urban Health Survey revealed that early childbearing is observed in all three urban areas. Almost one in five women began childbearing before age 20 in the slums and other urban areas compared to about one in eight in the non-slums [3]

In Bangladesh, premarital and extramarital sex is prohibited for both women and men religiously. For that reason, sex before marriage and pregnancy seen as a large crime. However, the fact is that premarital and extramarital sexual affair is going on. In such a context where urbanization is growing fast, economic insecurity is persistent and the population is globalizing, it is important to assess the magnitude of unintended pregnancy among urban women and to identify its main determinants.

While few studies have documented the prevalence of unprotected pre-marital and extra-marital sex among young people in Bangladesh, besides little work has explored one of its socio-cultural and gender consequences, unintended pregnancy and abortion. Behind every abortion there is a real life story. This paper is an attempt to investigate the occurrences of 30 unmarried and married abortion seekers (15-24) and explores the experience of socioeconomic, cultural, and gender aspects of young women's abortion seeking behaviour at public hospital in Dhaka.

2. Objectives of the study

The purpose of the study is to explore the perception of unintended pregnancy among young women in Bangladesh. Thus, the specific objectives are:

- To assess how socio-cultural and gender aspects lead to induced abortion and care seeking behaviour of young women;
- To describe how effectively quality health service may have helped improving quality conditions of safe abortion service at the public hospital settings;

3. Methodology

Study population and setting

The aim of this study was to explore the interpersonal grounds for unintended pregnancies and abortion seeking behaviour of among young people at public hospital management service. A case study that utilized an in-depth guideline was conducted with among adolescents' (14-24 years old) located in different slums in Dhaka. The information source for unintended pregnancies that ended was the registry of the hospital. As the registry of hospital does not collect data on patient's occupation, educational attainment, pregnancy planning, the information source that we used for those unintended pregnancies ending was the personal registry which does collect this information (1st phase October 2013 to October 2014). A second phase follow up study was conducted during the time period of January 2015 to November 2015.

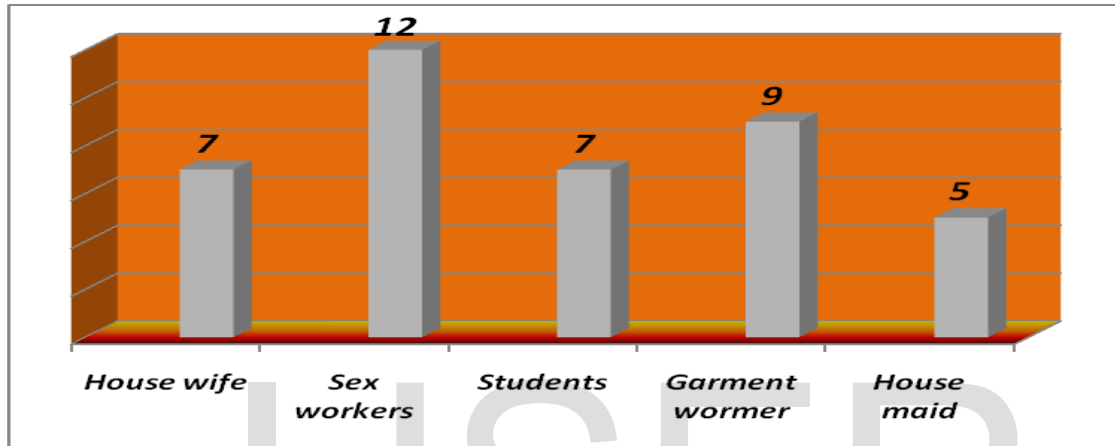
At the 1st phase the qualitative component interviewed a total of 40 women (20 from the slum settings and 20 from the hospital settings) randomly selected from the hospital registry of 60 who had reported having at least one unintended. In-depth interview and case study tools used to elicit information on views and experiences of unintended pregnancy, contraceptive use, socio-cultural and gender related topics. In-depth interview guideline was administered in Bengali by the principle investigator who is trained and highly-experienced female ethnography researcher. The training was conducted qualitative research and introduced the physicians to the aims of the study, familiarized them with the study guide, take oral consent from the patients and exposed them to guided dialogue techniques and critical tips for qualitative interviewing. At the second phase of the study two physicians' followed either all young women followed their treatment after induced abortion or not. If not, then what kind of complications they have had.

4. Descriptive findings

Women who have had abortion

A total of 40 young women aged 16 to 24 who aborted unintended pregnancy (From October 2013 to October 2014):

Table 1: Respondents by type of Occupation



4.1 Sexual Initiation by Age, Education and Marital status

Findings indicate that young women aged 15–19 mostly students and sex workers have already initiated sex before marriage in their lives. On the other hand, young women those who are living with family members and early married are marginally less likely to report having initiated sex before marriage. When considering profession, housewives exhibit the lowest proportion of those who have initiated sex. As expected, young woman who lives as single, students, garment worker and house maid are much more likely to have initiated sex. Most of them including married young women reported they had their first sex with out consent. One married adolescent girl who was a student of class nine and her parents forced her to get marry.

She said: *"I do not wanted to have sex but my husband did that forcedly (amar valo lage na korte kintu amar shami jor koira kore)"*

Most respondents did not completed primary level of education. Only students are going to higher secondary school (3 of class nine and four of class ten respectively). As like sex workers all student respondents mentioned that they are having sexual relationship for earning money.

One young woman says:

"my parents are not rich. I need extra money for my fashion and other expense. Thus I do this for money (amar baba-ma boro-lok na, kintu amar taka dorkar jama-kaporer laiga, rikshaw varar laiga, tifer laiga. Ami tai ei kaj koira taka rojkar kori)."

4.2 Perception of Unintended Pregnancy

According to the qualitative findings the perception of unintended pregnancy is very clear to respondents. All women uttered that they never thought they would get pregnant at the time they had sexual intercourse with those men. Most of them responded that they had no intention to become pregnant at this moment. Thus, the outcome of the result of socio-cultural and contextual factors such as gender inequality, poverty, and lack of

information about birth control services and sexual activities. In Bangladesh, early marriage is a social and cultural norm. Moreover, women are dominated by men, which enforces the social and economic dependency of women on men and prescribes the relative lower status of women. Thus, men are the decision maker of timing and conditions of sexual intercourse, contraception, family size and access to healthcare services. We also observed a lack of desired communication between spouses and health services providers was as a barrier to contraceptive use by respondents.

We have provided following table to assist with understanding this individual perception:

Table-1.1: glossary of terms uses to explore the primary reason for considering unintended abortion

English term	Local meaning/reasons
Unintended pregnancy	<i>Aar Baccha chai na (no more baby wanted)</i> <i>Jaraj baccha chai na (illegal baby don't want)</i> <i>Ekhon baccha chai na (don't want baby now)</i> <i>Bacchar babar porichoy nai (baby without father is not accepted in this culture)</i>
Unstable relationship	<i>Prem kori, thik nai bia kori nai (having an affair but did not get married)</i>
Violent partner	<i>Shami jor koira chudche (forced sex by husband)</i> <i>Shami drug ney, mare (husband taking drug, so, my baby is not safe now)</i>
Economic reason	<i>Sex koira jibon chalai, bchha nimu kemne? (living through sex work, how would I have a baby?)</i>
Cultural reason	<i>Amar shami bideshe, ekhon bacha nile manush kharap koibo (my husband now in abroad, so this baby is not accepted by the society)</i> <i>Amar Shamir bondhur sathe amar somporko asilo, tai shami biswas kore nai je ei bacha tar (I had a extra-marital affair with my husband's friend, so he does not accept my baby)</i>
Gender Discrimination	<i>Meye bacha chai na (don't want female baby, as I've a 2 daughter)</i>

Examples of nonconsensual sex and unintended pregnancies:

Table 1.2 Circumstances of pregnancy, perpetrators, form and outcomes

Context	Perpetrators	Type	Outcome

<i>Forced sex within marriage couple</i>	Husband	<i>Physical violence/ had sex without consent. Did not use condom.</i>	<i>Unintended pregnancy & abortion</i>
<i>Extramarital sex</i>	<i>Husband's friend, brother-in-law</i>	<i>Blackmail/ threats</i>	<i>Do</i>
<i>Forced prostitution/ trafficking</i>	<i>Women broker/ step mother/ male broker (a group of men and women are engaged to collect young women to work as a sex worker.)</i>	<i>Blackmail/ threat/ Material incentive (job),</i>	<i>Do</i>
<i>Raped</i>	<i>step father, cousin, land lord, office boss, local leaders/muscleman (mastans)</i>	<i>Physical threat/ mental threat/</i>	<i>Do</i>

5. Stories from Young Women

Case study-1: Amena's socio-economic and cultural problem

Amena is a sex worker and she is only 20 years old girl. She has been doing this work for 3 years in Dhaka. She came to Dhaka with her village aunt to work as housemaid when she was only 13 years old. She worked as housemaid for 3 years and last one year she had sex with landlord. Once she found she was pregnant and landlady beat her a lot. At one stage landlady forced her to leave that home. Amena then went to her aunt and told her about her pregnancy and aborted at public hospital. After that incident Amena was psychologically upset and made her a sex worker! She aborted three times so far. She had many complications after abortions and could not work for many months. She said "I did not know about birth control pill or condom before! When I started to work as a sex worker, I heard about through some NGO workers. What I learned from life is that either educated or non educated none of them are interested to wear condom, on the other hand, I could not manage or keep birth control pills with me as am unmarried. If people find pills with me, that would be shame for me."

Case study-2: Morsheda's experience of dream sex

Morsheda is 16 years old and got married at the age of 15. Morsheda's had no schooling and idea about unprotected sex and pregnancy. Her mother is a housemaid and she used to work with her mother. After three months of her marriage her husband went to aboard for work as labor. She found out her pregnant after nine months. She said "my husband came to me during my sleep and lead to unintended pregnancy. I never thought that I would get pregnant. When my period was stopped for 2 months and felt vomiting tendency, I discussed with my friend and she told me that I am pregnant. I was very upset and my mind was going crazy. As I am living with my in laws, so that would be a shameful matter for me! I went to my mother and shared about my dream. My mother took me here to abort."

Case study-3: Ruksana's experience of forced sex

15 years old Ruksana a garment worker. Her father died when she was nine years old and her mother got married again. She and her brother lived with step father in a slum. She used to go to primary school when her father was alive. After that she started to work as a domestic helper with her mom. One day her mother was not at home and her father raped her. She said "my so called father abused me in many ways but I felt shame to tell that to my mom. We lived in tiny room and one night he forced me to have sex with him. I could not protect me and save my virginity. Within a couple of months I was pregnant. I was suddenly unable to eat anything without feeling nauseous; I couldn't do any work without becoming exhausted. My colleagues suggested me to visit hospital and nurse told me

that am pregnant."

Ruksana now living with her female colleague and till feel bad about her miserable life. She said "I could not tell any one about those nights! if it wasn't for that abortion I wouldn't have been able to leave him, start my own exploration about who I am as a woman. It was the abortion that opened doors for me so I could bloom and define what I really deserve in my life. There is a God and he knows everything!

Case study-4: Maleka's problem to find FP methods

Maleka, 24 years old a garment worker. She has 2 kids and lives in a slum. Her husband is a rickshaw puller and do not use condom. She did not want any baby and went to a NGO clinic close to her garment factory for birth control pill. They told her to go another clinic as they had no birth control pill at that moment. The clinic was far way and she could not go there. After four months she got pregnant and went to that NGO clinic again. She said "they sent me to this hospital to get a ultrasound. I then came to this public and nurse said if you have an abortion now, you will rupture your uterus and won't be able to have children in the future. I had no clue what to do! I didn't understand about my body. On the other hand I am not able to have any more children. Before this I have had two abortions by using herbal treatment and had some physical problems. Due to these I lost my job! So, I was in critical situation and decide to abort.

Case study-5: Rita's infertility lead to unintended pregnancy

Rita, 23 years with no education a housemaid. She has no kids. Her husband divorced her as she was infertile. After that she started to think that she would never be able to get pregnant. She said "I lost my husband, my family and people were blaming me for my infertility! Then I started to have sex here and there! At one stage I felt week, vomiting and period (masuk) was stopped! I discussed with my landlady and she advised me to come here. My landlady's sister is a female doctor and she took me here for an abortion. I am an unfortunate lady, could not keep that baby! Now I know that am not infertile and that is my satisfaction."

Case study-6: Momena's ectopic pregnancy

Momena is 16 and got married for 6 months. She visited local traditional healer because she felt illness for 1 week. She had dizziness and nauseous. Traditional healer gave her herbal medicine as she could not eat anything due to her sickness. After 15 days she became sicker and went to local clinic (close to house) and did not found any wrong through various medical check-up. She did not go for any pregnancy test. Because her husband went to abroad for 15 days before. Thus, she thought there is no chance to get pregnant and doctors were misguided. Later she came to hospital and doctors suspected that she might have ectopic pregnancy and she is under observations now.

Case study-7: Shumi's drug addicted husband and sexual violence

Shumi is 22 years old and lives in a slum that is close to this hospital. She is married to a man who is alcoholic and violent. She has had 2 pregnancies and now has 2 living children. She is a housemaid and doesn't know how to feed all her children. She worries day and night about this. She does not want any more children as she is very tired with her work and husbands' behaviour. She heard about family planning but her husband does not agree with this idea. One day she found her pregnant again. She went to the local pharmacy and asks for a massage to abortion. The salesman says he can do it through oral medicine and stopping pregnancies. She bought 4 tablets but failed. After that her menstruation was stopped for more 2 months and feeling severely sick. She then came to hospital and aborted through doctors.

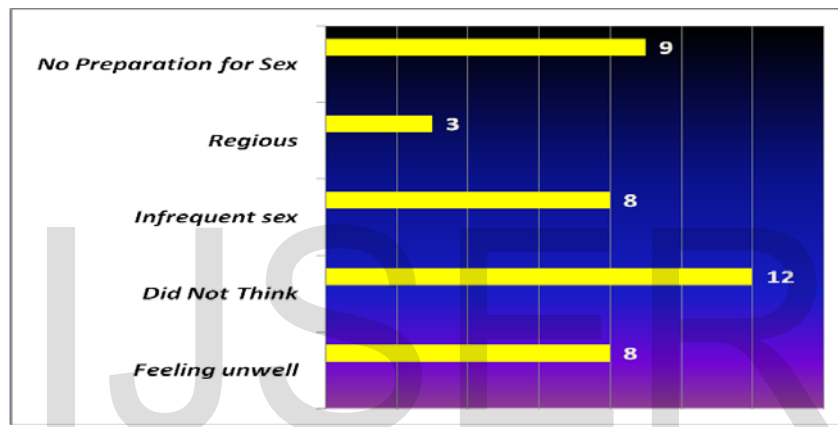
Case Study-8: Aklima's gender preference

Aklima is 19 years old, married and having 2 daughters. She says: "I have 2 daughters and I wanted a baby boy. So, I took an examination and doctor said this is girl! I need a boy to satisfy my husband, in-laws and others. If I get another girl, they would dislike me. So, I told to doctor to abort this." Moreover, she had many physical problems to carry the pregnancy. For example, she was malnourished, anemic and weak.

6. Perceived Attitudes about Contraceptive Use

We asked 40 young women why they did not use contraceptive pill. In response to the question they mentioned following five main reasons:

Figure 1: Perceived attitudes regarding contraceptive use



Bangladesh has experienced a sevenfold increase in its contraceptive prevalence rate (CPR) in less than forty years from 8% in 1975 to 62% in 2014. Despite this progress, almost one-third of pregnancies are still unintended which may be attributed to unmet need for family planning and discontinuation and switching of methods after initiation of their use. This figure argues in favor of increasing women's autonomy to increase contraception using rate in this population.

7. Aftermath and follow-up of Abortion

Generally the surgical procedure of Dilatation and Curettage (D&C) with Vacuum Aspiration used in the first 12 weeks of a pregnancy in Hospital, unless there are unusual problems. When we asked about the consequences of their abortions most replied that they had various complications such as: pelvic pain, headache, vomiting, dizziness, tiredness and heavy bleeding. Few of them said that early pregnancies and abortion (bellow 8 weeks).Only one adolescent mentioned about ectopic pregnancy and that was the root of her sufferings. More than half of the young women in the study resorted to termination of their pregnancy through oral medicine and cited fears of family reaction; fears of their partner would deny paternity or responsibility, and/or desires to continue schooling, community and societal attitudes toward an unintended pregnancy and religiosity, as influencing this late decision. During follow-up visits all of them mentioned that they did took any antibiotic and subsequent medicine which was prescribed after their discharged by the hospitals' physicians. The reason behind this behaviour was that "medicine was expensive." In reality young women who came to public hospital mostly from lower socio-economic class and they could not effort to buy all those medicine.

8. Reference to visit the Hospital

In response to the enquiry why they chose to visit the hospital for abortion service most said that they heard from colleagues, neighbours, closer and proximity, availability of female doctors and nurses. Moreover, majority respondents mentioned that it was cheap.

Majority of the respondents said "we live closer to this hospital and we heard about the service of the hospital and we are coming to get free services through female service providers."

9. Discussion, Conclusions and Implication

The qualitative finding from the study shows there are multiple factors for instance, social-cultural, economic, and gender aspects that play a role in high rates of unintended pregnancy among young women. Moreover, we observed the connotation between discontinuation or not using contraceptives methods and unintended pregnancy. Young women who have the history of having unintended pregnancy could not use any form of birth control methods.

According to BDHS data in 2011 there were about 31 percent young population aged 15 to 24 in Bangladesh [7]. The age-sex structures of Bangladesh population pyramid constitute a wider share at its base than the top. This wider female adolescent and youth segment of the population is considered as demographic dividend, and can create opportunity for social and economic growth through education, vocational training, and reduction of child marriage, maternal and infant mortality.

Several authors reported that Bangladesh has a long tradition of early marriage and has one of the lowest mean ages at first marriage for females around the world. As a consequence, early initiation of sexual intercourse which increases the risk of unintended pregnancies [8, 9, 10]. We found the reasons for unwanted pregnancies are: the unmet need of contraceptive methods, unwanted or nonconsensual sexual relations, the growing desire to have smaller families, and ineffectiveness of contraceptive methods. Therefore, proper implementation of minimum age of marriage law is crucial as well as increasing the legal age of marriage may be another intervention to reduce the rate of unintended pregnancy [11, 17].

In Bangladesh, sexual violence and exploitation against young women are very common and happens in many forms. Sex related violence, non-consensual sex, sexual harassment at work, trafficking and forced sex work is established. On the other hand, sexual relationship among young women is not limited to marital bondage. Our respondents reported they had premarital/extramarital sexual relationships. Thus, this group is at risk not only of unwanted pregnancy but also sexually transmitted diseases including HIV. Women who had experienced physical abuse were more likely to have an unwanted pregnancy [12].

Moreover, once young women are married they are under pressure to prove their fertility. Since, traditionally Bangladeshi society favors high fertility. Children are a symbol of well-being both religiously and economically.

On the other hand, marital rape is not recognised as crime in Bangladesh [5]. Thus, lack of social and economic empowerment, they bow down to the decisions of their husband, in-laws and other family members and jeopardize their reproductive health. This social-cultural and gender phenomena ultimately resulted in unintended pregnancy, and risk of maternal morbidity and mortality. On the other hand, they often lack information in relation to sexual & reproductive health and life skills to say no to unsafe sex. Further, they do not have access to affordable and basic reproductive health related services. They do not feel comfortable

discussing sexuality issues with husbands, partners, parents and elderly. This social phenomenon create obstacle for access to information and comprehensive services for sound sexual and reproductive health, and continuing to be difficult challenge in Bangladesh. As mentioned, social and cultural barriers make it difficult to discuss issues related to reproductive health. Analysis showed the unintended pregnancy rate gradually decreases with the increase of educational attainment which coincides with other studies [13,14-16].

Through this qualitative study, young women living in Dhaka offered their perspectives and those of their friends on barriers to accessing contraceptive methods and abortion services. A number of women recounted undergoing a prolonged process involving up to three abortion attempts before successfully terminating an unintended pregnancy. Findings reveal that identification of the unintended pregnancy was delayed for many and many who suspected so further delayed acknowledging it. Once recognised, most confided in the partner and, for the most part, partners were very little supportive; a significant minority, including those who had experienced forced sex, did not have partner support and delayed the abortion until the second trimester of pregnancy. Family support was absent in most cases; where provided, it was largely to protect the family reputation. Finally, unsuccessful attempts to terminate the pregnancy were made by several young women, often with the help of partners or family member. Findings call for programmes for young women and men, their potential partners, parents and families and the health service system that will collectively enable unmarried young women to obtain safe abortions in a supportive environment [18].

In Bangladesh, this group are poorly informed about their sexual and reproductive rights, their rights for their active participation and meaningful engagement in planning and implementation of programs targeted for them. The knowledge and service available are often incomplete and inadequate for them. Therefore, further research should explore on non-individual factors that influence unintended pregnancy is essential. Since a significant segment of young population is entering into adult life every year, they need adequate, comprehensive and sustainable policy support and strategic direction to capitalize on them so that they will develop life skill and acquire required information for sound sexual and reproductive health for at present and in near future.

However, paper explored that there is evidence that discriminatory gender power relations and low socioeconomic status do increase maternal morbidity and mortality risk. Therefore, for effective family planning intervention program to prevent unintended pregnancies need to be modified by socioeconomic and gender status. We must consider that young relationship dynamics are essential strategy for effective prevention of unintended pregnancies.

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