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UNPLANNED PREGNANCIES AMONG WOMEN OF REPRODUCTIVE AGE IN

THE AYIMOM COMMUNITY

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ABSTRACT

The study focused on unplanned pregnancies among women of reproductive age in the Ayimom community. A descriptive study design was used to collect in-depth information for the study. The sample population was obtained using a convenience sampling technique. A total of 30 women of reproductive were sampled for the study. The data for the study was collected by administering the questionnaire to the participants. The study found that most of the respondents rated the information given by the health care provider rated them good. Most of the respondents indicated that multiple sexual partners influence unplanned pregnancy. Most of the respondents responded that not using contraceptives is a common cause of unplanned pregnancy in their area. Some of the respondents indicated that lack of awareness about contraceptives contributes to unplanned pregnancy. Some respondents also indicated that the unavailability of birth control methods contributes to unplanned pregnancy. Majority of the respondents stated that sexually active women are at risk of unplanned pregnancies. Most of the respondents also indicated that abortion is an effect of unplanned pregnancy on the individual. The majority indicated that the use of family planning is the best preventive measure for unplanned pregnancy. Based on the findings of the study, the following recommendations were made. Contraceptives should be available at low or no cost to those who need them, and provide education on their usage. Women of reproductive age should have access to reproductive healthcare services, including family planning consultations, prenatal care, and STI testing and treatment. Community health programs that reach underserved populations, providing information and resources on family planning, reproductive health, and contraceptives. Mental health support and counseling services should be provided for individuals dealing with unplanned pregnancies. Peer support programs

can be established so that women who have experience with family planning can provide guidance and share their knowledge with others.

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ABBREVIATIONS

ANC	Antenatal Care
WHO	World Health Organization
SPSS	Statistical Package for Social Science

CHAPTER ONE

INTRODUCTION

1.0 Background of the study

Unplanned pregnancy is a major public, clinical, and social health problem around the world because it often leads to induced abortion and subsequent complications, which are often caused by insufficient abortion care services, particularly in resource-constrained settings (Ganatra, 2017).

Between 2015 and 2019, there were 121 million unintended pregnancies, leading to a global average of 64 unintended pregnancies per 1000 women aged 15 to 49 years. About 61% of unintended pregnancies resulted in abortion, resulting in a global abortion rate of 39 abortions per 1,000 women aged 15 to 49. Unintended pregnancies account for around 44% of all pregnancies globally, with around 55% of unintended pregnancies in developed countries ending in abortion (Bearak et al, 2019).

Globally, in 2014 of the total pregnancy, 44% of pregnancies were unplanned, in which, more than half (56%) of unplanned pregnancies ended in abortion (Bearak et al, 2020). Worldwide, 303,000 mothers died in 2015; of this, 99% occurred in 2015 developing countries, while sub-Saharan Africa alone accounted for roughly 66%, followed by Southern Asia (22%).

Worldwide, around 26.5 million unplanned pregnancies happen each year due to the incorrect use or failure of contraceptives (WHO, 2018).

Annually, six million unplanned pregnancies, 2.1 million unplanned births, 3.2 million abortions, and 5,600 maternal deaths would be reduced by avoiding the unmet need for modern contraception (Darroch, 2018). According to the 2017 World Health Organization report, an average of 56 million pregnancies were terminated worldwide each year, 49.3

million in developing regions and 6.6 million in developed regions, which is 25% of all pregnancies ended in abortions. In developing countries, every year, around 22,000 women lose their lives due to the complications of abortion (Sedgh, 2018).

In sub-Saharan Africa (SSA), there was a 33.9% unintended pregnancy rate (Bain, 2020).

The rate of unintended pregnancies and their effects can be minimized by increasing the availability, accessibility, and affordability of contraception (Sedgh, 2018).

Individuals are increasingly trying to avoid unwanted births due to long-term global decreases in ideal family size and changes in the age at which people want to start families (Bongaarts, 2017). An unplanned pregnancy can be attributed to the non-use of modern contraceptive methods among sexually active women (Alkema, 2018). More than 200 million women in developing countries choose to postpone their next pregnancy or stop childbirth altogether, but many still rely on inadequate or obsolete contraceptive methods, if they use contraception at all (Peterson, 2019).

According to a previous report, 342,203 women died from maternal causes, but contraceptive use avoided 272,040 maternal deaths (44%), meaning that the number of maternal deaths would have been 1.8 times higher if contraceptive use had not been used. A further 104,000 maternal deaths per year could be avoided by addressing the unmet need for contraceptives (29% reduction) (Ahmed, 2018). In several resource-poor countries, the number of unintended pregnancies and unmet contraception needs remains high. Evidence-based research has shown that the use of contraception to avoid unplanned pregnancy is a substantial and successful primary prevention method (Endriyas, 2017). If family planning needs are met to delay, space, and limit the number of children women have, millions of girls and women in the world's poorest countries, including The Gambia, will see an improvement in their living conditions. Albeit, nearly 222 million women in

developing countries do not use a modern form of contraception to prevent pregnancy (Carr, 2018). The third Sustainable Development Goal (SDG-3) prioritizes universal access to sexual and reproductive health care services, including reducing unmet contraceptive needs. The third Sustainable Development Goal (SDG-3) aims to ensure a healthier lives and foster well-being for everyone at all ages (Rosa, 2017). To achieve this, adequate and long-term efforts are needed to eliminate several barriers to health-care service use, including family planning, especially in resource-constrained settings. Evidence-based studies have reported about 18.4% prevalence of unplanned pregnancy among grand multiparous Gambian women and 15.3% of unintended pregnancy among women aged 15–49 years in The Gambia. While substantial resources have been allocated in Gambia to the provision of modern contraceptive methods, the total fertility rate is still high at 5.4 births per woman and an annual growth rate of 3.3 percent (Ameyaw, 2019).

In all health centers in the region, the Gambian National Reproductive Health Policy (NRHP) provides for the provision of free family planning services. Despite this massive investment by the government and foreign donors in family planning, the contraceptive prevalence remains low (30.4%) with about 17.6% of women having unmet family planning needs (Barrow, 2020).

An unplanned pregnancy is a pregnancy that is either unwanted (that is, the pregnancy occurred when no children or no more children were desired) or the pregnancy is mistimed (that is, the pregnancy occurred earlier than desired). Sexual activity without the use of contraception through choice or coercion is the predominant cause of unplanned pregnancy.

Unplanned pregnancy is a worldwide problem with significant adverse consequences for women, their families, and society. In developing country settings, women who seek to abort

an unintended pregnancy face the risk of serious long-term health effects, including infertility and maternal death (Bearak et al, 2020).

In Ethiopia, unplanned pregnancy indicates that it is one of the major reproductive health problems with all its adverse outcomes. Every year, on average, 4.93 million pregnancy happened and 1.9 million (38%) Ethiopian women have an unplanned pregnancy; of which, 620,296 induced abortions were done; 103,648 women were treated for complications of such abortions (Central Statistical Agency, 2018).

The risk factors associated with unplanned pregnancy include unwanted pregnancy in adolescents, inadequate family planning services, low socioeconomic status, and lack of or improper use of family planning methods and unawareness of it. Unplanned pregnancy is associated with an increased risk of problems for the mother and fetus (Yazdkhasti, 2018). If a pregnancy is not planned before conception, a woman may not be in optimal health for childbearing. Women with an unplanned pregnancy could delay prenatal care that may affect the health of the baby. In many developing countries, poverty, malnutrition, and lack of sanitation and education contribute to serious health consequences for women and their families experiencing an unplanned pregnancy. The concept of unplanned pregnancy helps in understanding the fertility of populations and the unmet need for contraception (Klima, 2018).

1.1 Statement of the problem

Pregnancy is a happy event for the woman, husband, family, and community when it is wanted or intended. However, millions of pregnancies in the world ended to be unintended due to many factors (Abame, 2019). Unintended pregnancy is a pregnancy that occurs when no children are desired or earlier than the desired point of time (Beyene, 2019). Over 100 million acts of sexual intercourse take place each day in the world, resulting in around 1

million conceptions, about 50% of which are endeavor unplanned and about 25% are unwanted pregnancies (Barker, 2017).

The complications and risks of unprotected sex, unintended pregnancy, and sexually transmitted diseases are extremely connected to unintended pregnancy (Brady, 2020). The study indicated that women with a history of intimate partner violence (IPV) had a significantly higher likelihood of unintended pregnancy, and reducing IPV by 50% could decrease unintended pregnancy by 2%-8% (Pallitto, 2020).

Unsafe abortion, caused by unintended pregnancies, signifies a significant public health task all over the world. Although numerous approaches have been used to report this problem, unsafe abortion from unwanted pregnancy continues to be the reason for a significant figure of maternal morbidity and mortality (Mulat, 2017). The fundamental public goal is to avert unplanned pregnancies and empower women to plan their period of pregnancy. Not only this but also, unplanned pregnancy has a relation with basic demographic patterns to women's educational achievement and to families' financial welfare (Finer, 2018). Globally, it was estimated that there are 87 million cases of unintended pregnancies, and 46 million cases resulted to be induced abortion. More than 18 million of 46 million pregnant women end up with unsafe abortions (World Health Organization 2018). Unintended pregnancy can be prevented through higher coverage of sexual and reproductive health services. Even though the rate of unintended pregnancy has decreased in both developed and undeveloped countries, the problem is not resolved yet (Blas, 2019).

Worldwide, 44% of pregnancies were unintended in 2014. While the fall in unintended pregnancy rates in developed regions matched with a reduction in abortion rates, the decline in low-income countries concurred with a fall in ectopic pregnancy rates. In 2010-14, 59% of unintended pregnancies ended in abortion in developed regions, whereas 55% of unintended

pregnancies happened in developing countries (Wellings, 2017).

The problem of unintended pregnancy affects an enormous proportion of society. The growing plea for smaller families, reducing the age at first sex, and raising the age of marriage has meant that many women expend much of their adult lives trying to escape an unintended pregnancy (Wellings, 2017). Unintended pregnancies can have contrary physical, mental, social, and economic consequences. Mainly, unlawful abortions and related difficulties often follow unintended pregnancies and affect the lives of many women in developing countries (Tsegaye, 2018). Unintended pregnancy is one of the most community health issues in the world, and it is the main sexual and reproductive health difficulty that brings sophisticated jeopardy of morbidity and mortality for women, often due to unsafe abortion (Kassahun, 2019).

Few investigators in Ethiopia have reported the concern associated with unintended pregnancy, and little has been discussed about its cause, particularly in rural areas. Moreover, determinations to decrease the occurrence of unintended pregnancy were very fragile. In Ethiopia, the required fertility rate is 3.6 offspring as compared with the actual total fertility rate, which is 4.6 children. This shows that the women in Ethiopia are at the problem of having, on average, one child more than they want to have.

According to the report of the Ethiopian Demographic Health Survey, the prevalence of unintended pregnancy in Ethiopia is 25%, of which 17% are unplanned and 8% are unwanted. Unintended pregnancy was found to be a main reproductive health problem in Wolaita Zone, Southern Ethiopia (Getachew, 2017).

Therefore, this study was aimed at determining the proportion of unplanned pregnancies among women of reproductive age in the Ayimom community.

1.2 Purpose of Study

The purpose of this study is to determine the proportion of unplanned pregnancies among women of reproductive age in the Ayimom community. For this reason, to investigate the causes of unplanned pregnancy among women of reproductive age; as well as to find out the effects of unplanned pregnancy among women of reproductive age and to know how to prevent unplanned pregnancy among women of reproductive age.

1.3 General Objective

To determine the proportion of unplanned pregnancies among women of reproductive age in the Ayimom community.

1.4 Specific Objectives

1. To investigate the factors associated with unplanned pregnancies among women of reproductive age in the Ayimom community.
2. To find out the effects of unplanned pregnancies among women of reproductive age in the Ayimom community.
3. To know how to prevent unplanned pregnancies among women of reproductive age in the Ayimom community.

1.5 Research Questions

1. What are the causes of unplanned pregnancy among women of reproductive age?
2. What are the effects of unplanned pregnancy among women of reproductive age?
3. How do you prevent unplanned pregnancy among women of reproductive age?

1.6 Definition of Terms

Family planning: Family planning refers to the conscious effort and practice of controlling the number and spacing of children in a family. It involves the use of various contraceptive

methods to achieve the desired family size, improve the health of mothers and children, and enhance the overall well-being of the family.

Pregnancy: Pregnancy is a natural process in which a fertilized egg develops into a fetus within a woman's uterus. It typically lasts about 40 weeks and is divided into three trimesters. Pregnancy is a critical period during which maternal health and fetal development are monitored to ensure a healthy outcome.

Abortion: Abortion is the termination of a pregnancy, either spontaneously (miscarriage) or intentionally. Intentional abortions can be classified as either induced or elective, and they may be performed for various reasons, including health concerns, fetal abnormalities, or personal choice.

Unintended: In the context of reproductive health, "unintended" refers to pregnancies that occur when individuals do not desire or plan to become pregnant. Unintended pregnancies can result from contraceptive failure, inconsistent contraceptive use, or lack of access to family planning services.

Unwanted: An "unwanted" pregnancy occurs when an individual actively desires not to be pregnant. This may be due to various reasons, including financial constraints, personal circumstances, or health considerations. Unwanted pregnancies may lead to decisions such as abortion or adoption.

Reproductive Health: Reproductive health encompasses the physical, mental, and social well-being related to the reproductive.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter contains a review of relevant literature related to the research topic. A well-structured literature review begins with broad or general information and then narrows the focus to those studies most closely related to the research problem.

2.1 Overview

Around the world, 38% of pregnancies (approximately 80 million pregnancies) were unintended in 1999. Unintended pregnancies are the most common reason for actuated premature births, coming about in around 42 million initiated premature births; not all unintended pregnancies result in premature births or undesirable children. Unintended pregnancy has been connected to various maternal and child well-being issues (Brown, 2017).

An unplanned pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviours during pregnancy with adverse effects. For example, women with an unplanned pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups such as teens, are at a higher risk (Coker, 2021).

It is reported that in Africa, we find that 213 million pregnancies occurred in 2012, up slightly from 211 million in 2008; despite the ranging from short, long long-term to permanent methods, as well as natural methods of contraception, the problem of unwanted pregnancies is very big worldwide but still underreported in many communities due to its

sensitive nature. This is so said due to the high incidence of pregnancy termination which contributes to high maternal mortality and morbidity (Endeshaw, 2018).

About 80 million unintended pregnancies are estimated to occur worldwide annually. In developing countries, more than one-third of all pregnancies are considered unintended and about 19% will end up in abortion, which are most often unsafe accounting for 13% of all maternal deaths globally (Finer, 2018).

Despite all these alarming statistics, only 13 percent of married adolescents aged 15 - 19 use contraception in sub-Saharan. In South Africa, 61 percent of sexually active women used a modern contraceptive method, yet 53% of all births were reported as mistimed or unwanted and 78 percent of births to women aged 19 or younger were unplanned (Hingson, 2020).

The major consequence of unwanted pregnancy worldwide is induced abortion. This can be performed in health care services whereby the abortion is provided by a skilled health care provider with proper equipment, and correct technique as well as under a sterile environment as part of the reproductive health services (Hout, 2022).

In Somalia, Unwanted pregnancies are affected by several factors including personal beliefs, social services, religious and cultural values as well as the existing laws in the community. Most of the time unwanted pregnancies start as unplanned pregnancies, but occasionally the planned pregnancy may end up being an unwanted pregnancy (Lamina, 2022).

According to Finer (2018), it is also shown that out of 210 million pregnancies occurring in the world annually, about 79 million are estimated to be unintended, of these more than 50% end up in abortion. The World Health Organization estimates that at least 33% of all women seeking hospital care for complications related to abortions are less than 20 years of age (Njoku, 2017).

2.2 The causes of unplanned pregnancies among women of reproductive age

An unplanned pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women and with health behaviours during pregnancy with adverse effects (S. A. Ahmed et al. 2021).

S. A. Ahmed et al. (2021) conducted a study to establish the level of effect of unplanned pregnancy in Women's College in Wadajir district. The study used a cross-sectional study design and the aim of this study is to establish the level of effect of unplanned pregnancy on Women's College in Wadajir district. This study used a cross-sectional study design. This research was undertaken in Wadajir district in Banadir region Mogadishu-Somalia. The sample size was 60 participating in the data collection phase from 1-30 Jun 2020. This study used primary data. This was collected from respondents in the area of study. Data was collected using a pre-cod structured questionnaire for the survey. Data showed that: 39 (65%) of the respondents answered yes that lack of education caused most unplanned pregnancies, 40 (66%) said that low-income countries are the risk factor of unplanned pregnancy, 47 (78%) of the respondents answered family planning is most common preventive for unplanned pregnancy, and 0 (67%) said that school dropout is the most compilation of unplanned pregnancy. Based on the findings of this research, the knowledge of the majority of respondents about unplanned pregnancy in Women's College replied yes, and they also replied that the most common cause of unplanned pregnancy among Women in College is lack of education. The World Health Organization Report noted that unintended pregnancy is the most common cause of maternal mortality in developing countries. Most unintended pregnancies occur where access to maternal care is limited, and because of this, many mothers lose their lives. Therefore, this study was an attempt to assess the proportion of

unintended pregnancy and associated factors among women who live in Ilu Gelan District, Western Ethiopia, 2021.

Yohannes (2021) did a community-based cross-sectional study conducted in the rural and urban kebeles of Ilu Gelan Woreda West Shoa Zone, Ethiopia, from March 1 to 30, 2021. The study population consists of 540 pregnant women who were living in Ilu Gelan Woreda for at least the last six months during the data collection period.

Simple random sampling by lottery method was used to recruit the study subject. Data were checked, coded, entered into EpiData version 3, and then exported to SPSS version 25 for analysis. Both descriptive and analytical statistical procedures were utilized. Both bivariable and multivariable logistic regressions were implemented. In this study, the proportion of unintended pregnancy was found to be 55%, at 95% CI: 50.7-59.3. Multivariable logistic regression results showed that married women (AOR = 0.117, CI: 0.04-0.38), monthly income less than 1000 Ethiopian Birr (AOR = 4.93, CI: 1.72-14.09), gravidity greater than or equal to five (AOR = 6.07, CI: 2.4-15.28), birth interval less than 2 years (AOR = 3.35 (1.44-7.8)), lack of awareness about contraceptive (AOR = 2.06 (1.03-4.15)), and husband decision-making on health care (AOR = 11.1 (2.07-59.51)) were significantly associated with unintended pregnancy. This study indicated that more than half of pregnant women reported that their current pregnancy was found to be an unintended pregnancy. Married women, family monthly income less than 1000 Ethiopian Birr, gravidity greater than or equal to five, birth space less than two years, lack of contraceptive awareness, and health care decisions by husband only showed a significant association with unintended pregnancy. To decrease the current level of unintended pregnancy, all concerned stakeholders should emphatically consider those identified factors for intervention; specifically, Ilu Gelan District Health Bureau and health providers should empower women with health education about family planning and decision-making related to their health issues in the study area.

Unplanned pregnancy is a fundamental concept that is used to recognize the fertility of populations and the unmet need for contraception and family planning. Unplanned pregnancies happen mainly due to the results of not using contraception or inconsistent or incorrect use of effective methods. Reducing the number of unplanned pregnancies endorses reproductive health mainly by reducing the number of times a woman is exposed to the risk of pregnancy and childbearing (Moges et al, 2021).

Moges et al (2021) did a study aimed at assessing the magnitude of unplanned pregnancy and associated factors among pregnant mothers attending antenatal care at Suhul General Hospital, Northern Ethiopia. A facility-based cross-sectional study design was conducted among pregnant mothers visiting antenatal care follow-up from February to April 2018 at Suhul General Hospital, Shire, and Northern Ethiopia. The study participants were selected using a systematic sampling method, and the data was collected using a pretested structured questionnaire through face-to-face interviews. Bivariate and multivariate logistic regression analyses were done to determine the association of each independent variable with the dependent variable. The magnitude of unplanned pregnancy among 379 pregnant mothers was 20.6%. Unmarried women [AOR: 4.73, 95% CI: (1.56, 14.33)], age above forty [AOR: 4.17, 95% CI: (1.18, 14.6)], had no history of unplanned pregnancy [AOR: 3.26 95% CI: (1.65, 6.44)], and unemployed [AOR: 6.79; 95% CI: (2.05, 22.46)] were the variables significantly associated with the magnitude of unplanned pregnancy. The findings of this study showed that the magnitude of unplanned pregnancy was high and age, marital status, occupation, and history of unplanned pregnancy were statistically associated with an unplanned pregnancy. There is a seeming necessity to plan strategies of communication within couples or individuals on reproductive especially on fertility and promote family planning methods.

Unplanned pregnancy is a public health issue that has detrimental implications for the mother and baby alike. However, few studies have been conducted in The Gambia on this subject. As a result, the prevalence of unplanned pregnancy among women of reproductive age in the Gambia was investigated, as well as the factors associated with it (Barrow et al, 2018).

Barrow et al (2018) used the Gambia's Multiple Indicators Cluster Survey (MICS) to evaluate the 2018 results. Data was obtained from 3790 women aged 15 to 49 who had also given birth. The univariate analysis was conducted using percentages. The adjusted odds ratios (AOR) were determined using a multivariable logistic regression model (with corresponding 95% confidence interval (CI)). The degree of statistical significance was set at 5%. Approximately 25.3% (95% CI: 23.1%-27.6%) of the women reported unplanned pregnancy. Women aged 30–34 years had a 45% reduction in unplanned pregnancy when compared with those aged 15–19 years (AOR=0.55; 95% CI: 0.32–0.94). The Fula and non-Gambian women had a 30% and 45% reduction in unplanned pregnancy respectively, when compared with Mandinka women. Those who had no functional difficulties had a 47% reduction in unplanned pregnancy when compared with women who had functional difficulties (AOR=0.53; 95% CI: 0.30, 0.91). Respondents who had given birth to 3–4 and 5+ children were 1.79 and 3.02 times as likely to have unplanned pregnancies when compared with women who had given birth to 1–2 children. Single/unmarried women were 11.38 times as likely to have unplanned pregnancies when compared with women currently married/in union (AOR=11.38; 95% CI: 6.38, 20.29). Local Government Area of residence was significantly associated with unplanned pregnancy. Furthermore, women who were neither happy nor unhappy and 18+ at sexual debut were 1.39 and 1.34 times as likely to have unplanned pregnancy, when compared with the very happy women and those < 18 at sexual debut respectively. The rate of unintended pregnancies was large (25.3%). Several causes have been linked to unplanned pregnancies. These results suggest that further efforts are

required to enhance women's sex education, expand access to family planning services, and provide affordable health care to high-risk women to minimize unintended pregnancies

2.3 The effects of unplanned pregnancies among women of reproductive age

One of the primary outcomes of unintended pregnancies is induced abortion (Brown and Eisenberg, 2019). Annualized rates of induced abortion are declining but remain unacceptably high in low-income countries (at least 19% of 60 million unintended pregnancies) and high-income countries (28% of an estimated 9 million unintended pregnancies);

Abortion can be associated with serious health consequences, particularly in low-income countries and in countries where abortion remains illegal and where skilled providers may be scarce. Nearly half (48%) of all induced abortions occurring worldwide are considered to be unsafe, resulting in 67 000 attributable maternal deaths, nearly all of which occur in low-income countries (World Health Organization Guttmacher Institute, 2017). Women with unintended pregnancies, including those resulting in live births, are also at greater risk of death and morbidity, adverse behaviours (e.g. smoking and drinking), and physical violence by their partners (Goodwin et al., 2020). Evidence supports a relationship between unintended pregnancy and insufficient participation in prenatal care, as well as low birth weight. Children born as a result of mistimed or unwanted conceptions may suffer from deficits in developmental skills and be at higher risk for abuse or neglect. In addition, unplanned pregnancies often disrupt parents' life plans, including educational or professional ambitions, limit the resources available for previously born children, and compromise the family's current and future financial security (Brown and Eisenberg, 2019).

Population growth and pressures raise global concerns about the future availability and quality of food and fresh water supplies, energy shortages, land use, and environmental

degradation. The role of population growth in exhausting these resources and environmental services is an increasingly important global issue (Gaffikin, 2020).

2.4 How to prevent unplanned pregnancies among women of reproductive age

Johnson-Mallard et al. (2017) data on unintended pregnancy rates in the U.S. among women older than 45 years do not appear to be intentionally collected by the NSFG at the time of writing this paper. Estimates are that for women 40–44 years of age, 48% of pregnancies are unintended. However, Europe has reported unplanned pregnancy estimates as high as 30% among women 45–49 years of age.

In the United States, birth rates for women up to age 44 years have been trending upward since the 1990s with 0.3 births per 1000 to 0.7 births per 1000 in 2012 to 0.8 births /per 1000 in 2013. The increase in live births among some midlife women in the U.S. is reportedly due to planned births and the increasing use of assisted reproductive technology. Unintended pregnancy rates for nearly half of U.S. women 40–44 years old and the international data from Europe reporting unplanned pregnancy rates as high as 30% in women 45–49 years of age are concerning. Framing and addressing unintended pregnancy at a global level is imperative for the health of women and children.

He proposed using a comprehensive, culturally appropriate public health framework in which primary, secondary, and tertiary measures are integrated into nationally supported clinical guidelines and incorporated into primary care competencies for health professionals. The proposed framework for the prevention and management of unintended pregnancy rests on foundational work by the World Health Organization on Primary Health Care that is grounded in public health and primary medical care. Such a framework is used widely in national health services outside the U.S., e.g. Canada and, the UK. In this framework, public health care models include primary, secondary, and tertiary prevention strategies. (In the US primary, secondary, and tertiary care refers to both settings and type of clinical care and is not

systematically linked to a public health framework). In the public health model proposed in this paper, primary prevention includes services designed to promote intended, healthy pregnancies with healthy mothers and infants and reduction of personal perinatal, neonatal, and family adverse events. Primary prevention services incorporate preconception care, reproductive life plan development and evaluation, and contraception and emergency contraception dispensing or prescribing. Secondary prevention services are focused on the identification of unintended pregnancies early to improve reproductive health outcomes. Secondary prevention services incorporate pregnancy diagnosis, pregnancy options counseling and management, referral and counseling for pregnancy care, adoption, or early abortion referral and care. Tertiary prevention is focused on preventing complications associated with a later unintended pregnancy and support for women and their families who experience later unintended pregnancy. Tertiary prevention for midlife women may incorporate prevention efforts specific to women who have experienced multiple unintended pregnancies.

Women who are well informed about contraceptive options are more likely to be satisfied with and continue the use of their chosen method. In a Finnish survey of levonorgestrel IUS users, satisfaction was associated with the advanced information they received about bleeding disturbances, PID, oiliness of hair or skin, and pregnancy risk. Women who were better informed about their chances of experiencing amenorrhea at the time of contraceptive insertion were more satisfied than those who were less informed (odds ratio 5.0, 95% confidence interval 4.1–5.9) (Backman et al., 2022).

Canto De Cetina et al., (2021) showed at least 2-fold higher continuation rates in women who received more detailed information on this contraceptive's efficacy, adverse events profile, and the likelihood of inducing amenorrhea profile than in those who did not receive this information.

According to a UK survey of family planning physicians, patient counseling contributed to high patient acceptance of progestin-only implantable contraception. Counseling was provided to all women before implant insertion by physicians and nurses (78 and 39% of the time, respectively). Bleeding irregularities were reported by 13% of women; the implants were accepted by 82% of women (Davie et al., 2019).

In USA surveys, both private and public healthcare providers of contraceptive care considered improved counseling to be one of the most important steps needed to improve use (Landry et al., 2018). Although all providers reported providing extensive contraceptive counseling at the initial visit, many admitted that this was not necessarily the case at follow-up visits (Landry et al., 2018). Insurance reimbursement was reported to be a barrier to providing contraceptive counseling in these surveys, particularly among private providers (Landry et al., 2018).

The success of community-based contraceptive distribution programs also supports the importance of contraceptive counseling in pregnancy prevention. These programs rely on local distributors, who are trained and trusted members of the community, to provide full contraceptive services to women in their own homes, in the distributors' homes, or in community health posts so that women can more conveniently access family planning services. Community-based distribution of injectable contraception has consistently been shown to be an extremely effective way to provide family planning services in Asia, Latin America, and Africa help to overcome shortages of healthcare professionals in these areas (Weil et al., 2008). In a recent non-randomized trial evaluating the safety, acceptability, and continuation rates associated with DMPA provision by community workers versus clinic nurses and midwives in Uganda, 95% of community worker clients were satisfied or highly satisfied with the services they received (Stanback et al., 2017). No

significant differences were observed in outcomes between groups receiving care in community programs versus the clinic setting.

Despite increasing contraceptive availability, unintended pregnancy remains a global problem, representing as many as 30% of all known pregnancies. Various strategies have been proposed to reverse this disturbing trend, especially increased use of long-acting reversible contraceptive (LARC) methods (Blumenthal et. al, 2020).

Blumenthal et. al (2020) discussed the role of LARC methods and the importance of contraceptive counseling in reducing unintended pregnancy rates. References/resources cited were identified based on searches of medical literature (MEDLINE, 1990–2009), bibliographies of relevant publications, and the Internet. LARC methods—copper intrauterine devices (IUDs), progestogen-releasing intrauterine system, and injectable and implantable contraceptives—are safe and effective contraceptive options (unintended pregnancy rates with typical versus perfect use: 0.05–3.0 versus 0.05–0.6%) that are appropriate for a wide range of women seeking to limit or space childbearing. Despite their safety and efficacy records, these methods remain underutilized; injectable and implantable methods are used by an estimated 3.4% and intrauterine methods by 15.5% of women worldwide. LARC methods require no daily or coital adherence and avoid the adverse events and health risks of estrogen-containing contraceptives. The copper IUD and progestin-only injections and implants are more cost-effective than more commonly used methods, such as condoms and the pill (5-year savings: \$13 373–\$14 122, LARC; \$12 239, condoms; \$12 879, pill).

Women who are considering the use of LARC methods should receive comprehensive contraceptive counseling, as women who receive counseling before use demonstrate higher rates of after-use method satisfaction, continuation, and acceptance than those who do not.

CHAPTER THREE

MATERIALS AND METHODS

3.0 Introduction

This chapter talks about the study area and population, the study design, sampling techniques, data collection method, and instrument, data analysis techniques, ethical considerations, and limitations encountered during the study.

3.1 Study area

The research was conducted in Ghana, specifically in Ayimom a village of Jinijini found at Berekum west district. Ayimom has a population of 1870 with 1006 females and 864 males, with the women of reproductive ages being approximately 500. The community has a place situated at the centre of the town and has a government school where the children of the town receive education. They get their source of water from a well and borehole. There are diverse commercial activities in the district, with farming and trading being the main activity. Its agricultural and trade activities, as well as its healthcare system, make it an interesting and suitable area for research in public health, economics, sociology, and other fields of study.

3.2 The study population

The target population of the study was all women in Ayimom and the accessible population is women of reproductive age in Ayimom.

3.3 Study design

A descriptive design was used for the study. The design was used because there was a need to describe the characteristics of the phenomenon being studied. The design also allows for participants or subjects to be observed in their natural and unchanged environment. The data collection in descriptive research allows for gathering information about the problem at hand.

3.4 Sampling technique and size

A convenience sampling technique was used to select samples for the study. The accessible population for the study is women of reproductive age (20-30) years with a population size of over 150. The sample size for the study was 30. The women of reproductive age who were readily available and willing to participate were chosen for the study. This method was chosen because it is an extremely speedy, easy, readily available, and cost-effective sampling method.

3.5 Data collection methods and instruments

Data collection was done through the use of structured questionnaires consisting of closed-ended questions. It was chosen as the method of data collection because it is relatively cheaper, avoids embarrassment on the part of the respondents, and ensures the anonymity of respondents. Questionnaires were distributed to the market women in their stores. Each woman used approximately 30 minutes to complete the questionnaire.

3.6 Data analysis techniques

The data obtained from the study were checked for accuracy, utility, and completeness. The data were coded and analyzed using Microsoft Excel. Microsoft Excel was used for data analysis because it is user-friendly. The results are presented in tables or figures.

3.7 Ethical consideration

The respondents were well-informed about the purpose, risks, and benefits of the study. The right of each respondent was respected and their integrity was safeguarded. The respondents were allowed to participate and withdraw from the study voluntarily. The study was also carried out with no physical, emotional, or economic harm to the respondents. Anonymity was ensured and none of the respondent's answers were discussed with other people to ensure confidentiality.

3.8 Limitations of the Study

The study was limited by financial constraints since no sponsorship was obtained for the study. The small sample size of the study made it impossible for us to generalize our study findings.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Data Presentation & Analysis

This chapter deals with the analysis of data collected from the field of study and the results obtained from the analysis. The data collected was analyzed using Microsoft Excel. Descriptive statistical measures, such as tables with averages and percentages, along with graphs are used to show the occurrence of different observations as investigated in the study.

4.1 Student's Demographic Variables

The demographic variables of the respondents were as follows, in trying to find out the age distribution among the respondents, the majority 36.7% (11) of the respondents were aged between 27-30, 33.3% (10) of the respondents were aged 24-26 and 30% (9) of the respondents were aged 20-23.

In soliciting for their marital status 53.3% (16) were single, 36.7% (11) were married and only 10% (3) were unmarried.

In trying to find out their ethnic group 76.7% (23) of the respondents were Akans, and 20% (6) were Ewes and 3.3% (1) was a Ga.

Respondent's educational levels were as follows 30% (9) of the respondents completed secondary school, 23.3% (7) of respondents completed Junior High School, and 16.7% (5) completed Tertiary and the same number had no formal education and 13.3% (4) were of primary school level

In trying to find out their religious background, the majority 80% (24) of the respondents were Christians, while 20% (6) were Muslims and none were traditionalists.

In trying to know the occupation of the respondents 40% (12) of the respondents were farmers, 30% (9) were traders while 20% (6) were government workers and 10%(3) were unemployed.

Table 1: Student's Demographic Variables

Variable	Categories	Frequency (n)	Percentage (%)
Age	20-23	9	30
	24-26	10	33.3
	27-30	11	36.7
Marital status	Married	11	36.7
	Single	16	53.3
	Unmarried	3	10
	Others	0	0
Ethnicity	Akan	23	76.7
	Ewe	6	20
	Ga	1	3.3
Educational background	No formal education	5	16.7
	Primary	4	13.3
	JHS	7	23.3
	Secondary	9	30
	Tertiary	5	16.7
Religion	Christian	24	80
	Islam	6	20
Occupation	Unemployed	3	10
	Government workers	6	20
	Traders	9	30
	Farmers	12	40

4.2 RESPONDENTS ON THE FACTORS ASSOCIATED WITH UNPLANNED PREGNANCIES AMONG WOMEN OF REPRODUCTIVE AGE

In answering research questions on what the respondents know about unplanned pregnancy the following were the outcomes.

Respondents were asked about their knowledge of unplanned pregnancy 80% (24) stated that they engaged in unintended, unprotected sex and getting pregnant by chance, 16.7% (5) stated that it is a pregnancy without the awareness of couples and 3.3% (1) stated that It brings poverty and suffering of the caring for her child since it was not expected.

Table 2: Respondents knowledge about unplanned pregnancy

RESPONSE	FREQUENCY	PERCENTAGE
Engaging in unintended, unprotected sex and getting pregnant by chance	24	80
Pregnancy without the awareness of couples	5	16.7
It brings poverty and suffering of caring for her child since it was not expected	1	3.3

In trying to know the common causes of unplanned pregnancy in their area, where multiple selections were allowed, 83.3%(25) gave the response that poverty is a common cause of unplanned pregnancy in their area, 50%(15) of the respondents gave the response that not using contraceptives is a common cause of unplanned pregnancy in their area, 40%(12) gave the response that lack of knowledge about contraceptives is a common cause of unplanned pregnancy in their area and 33,3%(10) said that contraceptive failure is also a common cause of unplanned pregnancy, 6.7% (2) and 6.7%(2) said that high parity and rape are also common cause of unplanned pregnancy as indicated in table 3 below.

Table 3: Respondents on the common causes of unplanned pregnancy in their area

Response	Frequency	Percentage
Not using contraceptives	15	50
Rape	2	6.7
Poverty	25	83.3
Contraceptive failure	10	33.3
Lack of knowledge about contraceptives	12	40
High parity	2	6.7

In trying to know from the respondents, the significant factors that contribute to unplanned pregnancy, where multiple selections were allowed 76.7%(23) indicated that failure of contraceptives contributes to unplanned pregnancy, 66.7%(20) indicated that unavailability of birth control methods contributes to unplanned pregnancy, 66.3%(19) indicated that lack of awareness about contraceptives contributes to unplanned pregnancy, 60%(18) indicated that lack of formal education contributes to unplanned pregnancy, 53.3%(16) indicated that level of income contributes to unplanned pregnancy, 36.7%(11) indicated that relationship status contributes to unplanned pregnancy, 33.3%(10) indicated that sexual violence contributes to unplanned pregnancy, 33.3%(10) indicated that high parity contributes to unplanned pregnancy and 26.7%(8) indicated that husband's decision-making on healthcare about contraceptives contributes to unplanned pregnancy as indicated in table 4 below.

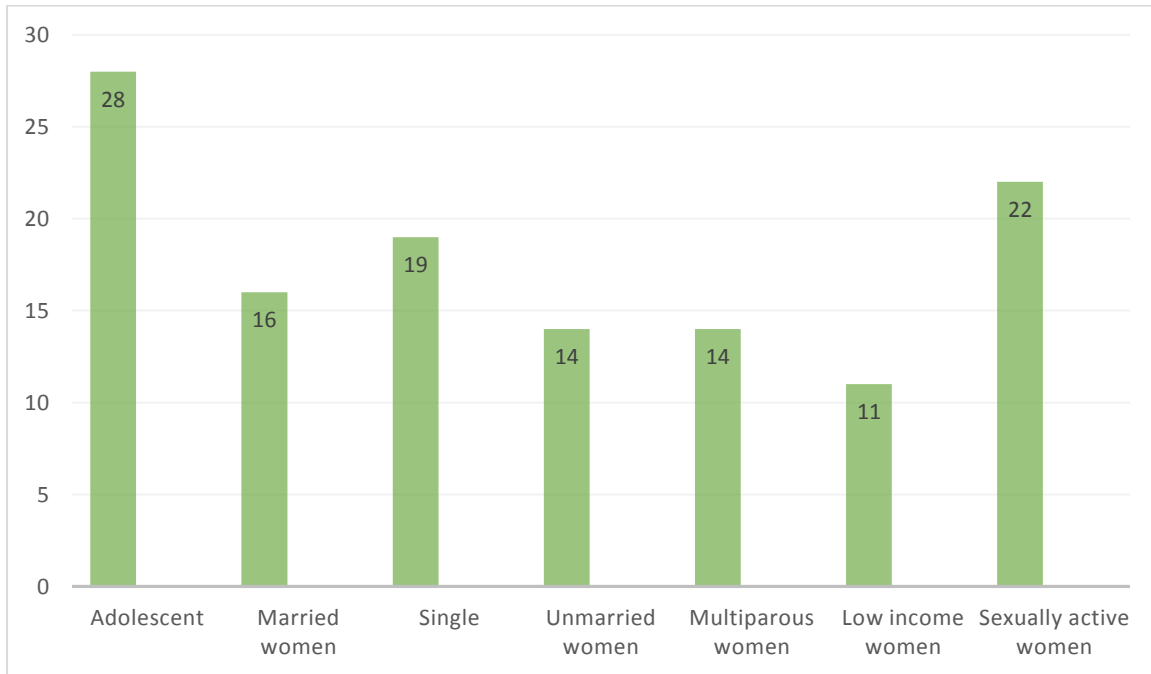
Table 4: Respondents on the significant factors that contribute to unplanned pregnancy

Response	Frequency	Percentage
Lack of awareness about contraceptives	19	63.3
Lack of formal education	22	73.3
Level of income	20	66.7
Unavailability of birth control methods	20	66.7
Husband's decision-making on healthcare	8	26.7
High parity	10	33.3
Sexual violence	2	6.7
Failure of contraceptives	23	76.7
Relationship status	11	36.7
Others	0	0

In trying to know the group of people at risk of unplanned pregnancies from the respondents, where multiple selections were allowed, 93.3%(28) stated that adolescents are at risk of unplanned pregnancies, 73.3%(22) stated that sexually active women are at risk of unplanned pregnancies, 63.3%(19) stated that single women are at risk of unplanned pregnancies, 53.3%(16) stated that married women are at risk of unplanned pregnancies, 46.7% (14) stated that multiparous women are at risk of unplanned pregnancies, 46.7%(14) stated that

unmarried women are at risk of unplanned pregnancies and 36.7%(11) stated that low-income women are at risk of unplanned pregnancies as indicated in figure 1 below.

Figure 1: Respondents on the group of t risk of unplanned pregnancies people a



4.3 THE EFFECTS OF UNPLANNED PREGNANCIES AMONG WOMEN OF REPRODUCTIVE AGE

In answering research questions on the effects of unplanned pregnancies among women of reproductive age the following were the outcomes.

In trying to know from the respondents the effects of unplanned pregnancies among women of reproductive age, where multiple selections were allowed, 86.7%(26) indicated that abortion as an effect of unplanned pregnancy on the individual, 86.7%(26) indicated that school dropout as an effect of unplanned pregnancy on the individual, 63.3%(19) indicated poverty as an effect of unplanned pregnancy on the individual, 63.3%(19) indicated that psychological distress as an effect of unplanned pregnancy on the individual, 60%(18) indicated that disruption in parent’s life plans is an effect of unplanned pregnancy on the

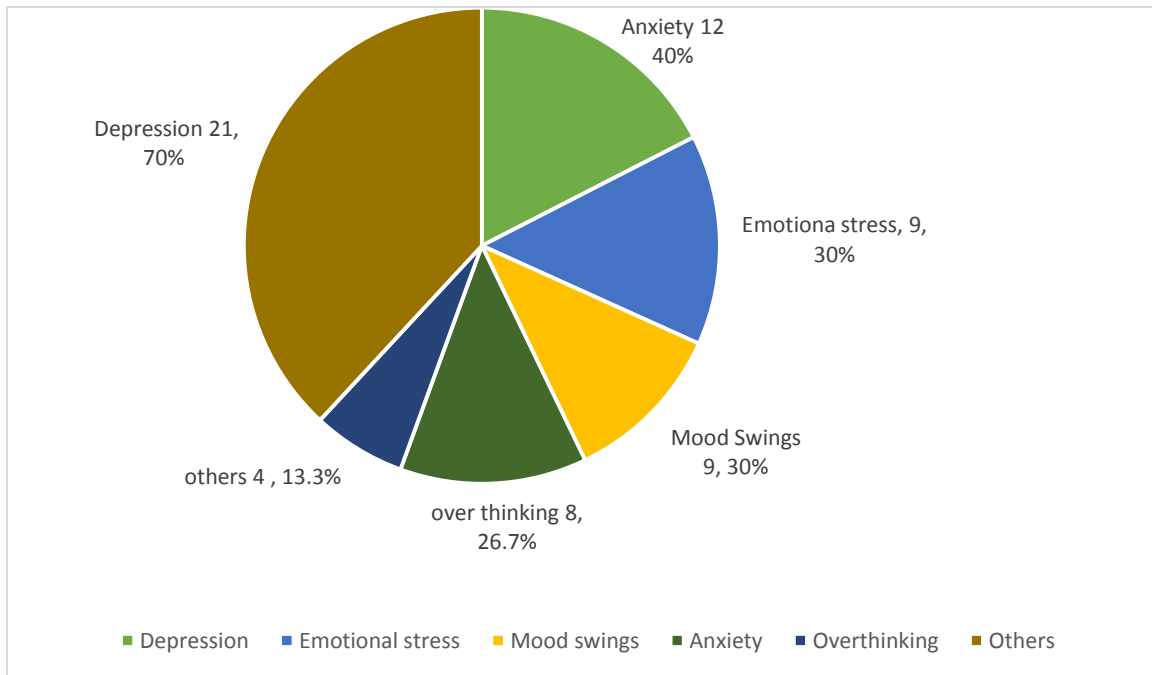
individual, 50%(15) indicated rejection by family as an effect of unplanned pregnancy on the individual, 46.7%(14) indicated unplanned marriage as an effect of unplanned pregnancy on the individual, 36.7%(11) indicated physical violence by partners as an effect of unplanned pregnancy on the individual as indicated in table 5 below.

Table 5: Respondents on the effects of unplanned pregnancy on the individual

Response	Frequency	Percentage
Abortions	26	86.7
Physical violence by partners	11	36.7
School dropout	26	86.7
Disrupt parent's life plans	18	60
Poverty	19	63.3
Unemployment	13	43.3
Psychological distress	19	63.3
Unplanned marriage	14	46.7
Rejection by family	15	50
Others	0	0

Respondents on the psychological effects of unplanned pregnancy, 70% (21) indicated depression as a psychological effect of unplanned pregnancy, 40% (12) indicated anxiety as a psychological effect of unplanned pregnancy, 30% (9) indicated mood swings as a psychological effect of unplanned pregnancy, 30% (9) indicated emotional stress as a psychological effect of unplanned pregnancy, 26.7% (8) indicated overthinking as a psychological effect of unplanned pregnancy and 13.3% (4) indicated other psychological effects of unplanned pregnancy such as (confusion, abortion thoughts) as indicated in figure 2 below

Figure 2: Respondents on the psychological effects of unplanned pregnancy



Respondents on the impact of unplanned pregnancy on relationship with partner and family, 43.3% (13) indicated misunderstanding between families or partners as an impact of unplanned pregnancy, 26.7% (8) indicated increase in the family standard of living as an impact of unplanned pregnancy, 23.3% (7) indicated rejection by partner and family as an impact of unplanned pregnancy, 23.3% (7) indicated reduction in social support from family as an impact of unplanned pregnancy, 16.7% (5) indicated regression by partner as an impact of unplanned pregnancy, 16.7% (5) indicated support from family and partner as an impact of unplanned pregnancy while and 10% (3) indicated other impacts of unplanned pregnancy such as(force marriage to partner, mistrust, etc) as indicated in table 6 below

Table 6: Respondents on the impact of unplanned pregnancy on relationship with partner and family

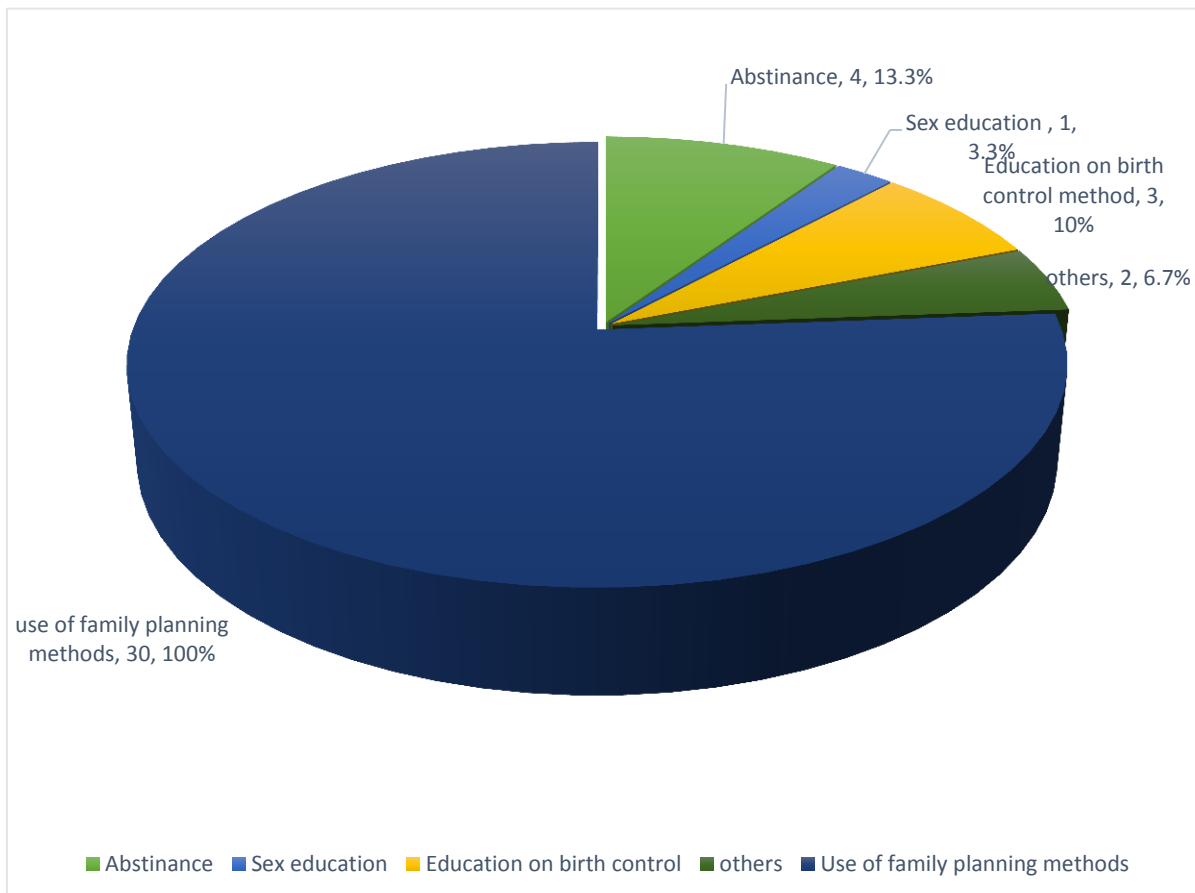
Response	Frequency	Percentage
Rejection by partner and family	7	23.3
decreased the family standard of living	8	26.7
Regression by partner	5	16.7
Misunderstanding between families or partners	13	43.3
Reduction in social support from family	7	23.3
Support from family and partner	5	16.7
Other	3	10

4.4 PREVENTIVE MEASURES FOR UNPLANNED PREGNANCIES AMONG WOMEN OF REPRODUCTIVE AGE

In answering research questions on preventive measures for unplanned pregnancies among women of reproductive age the following were the outcomes.

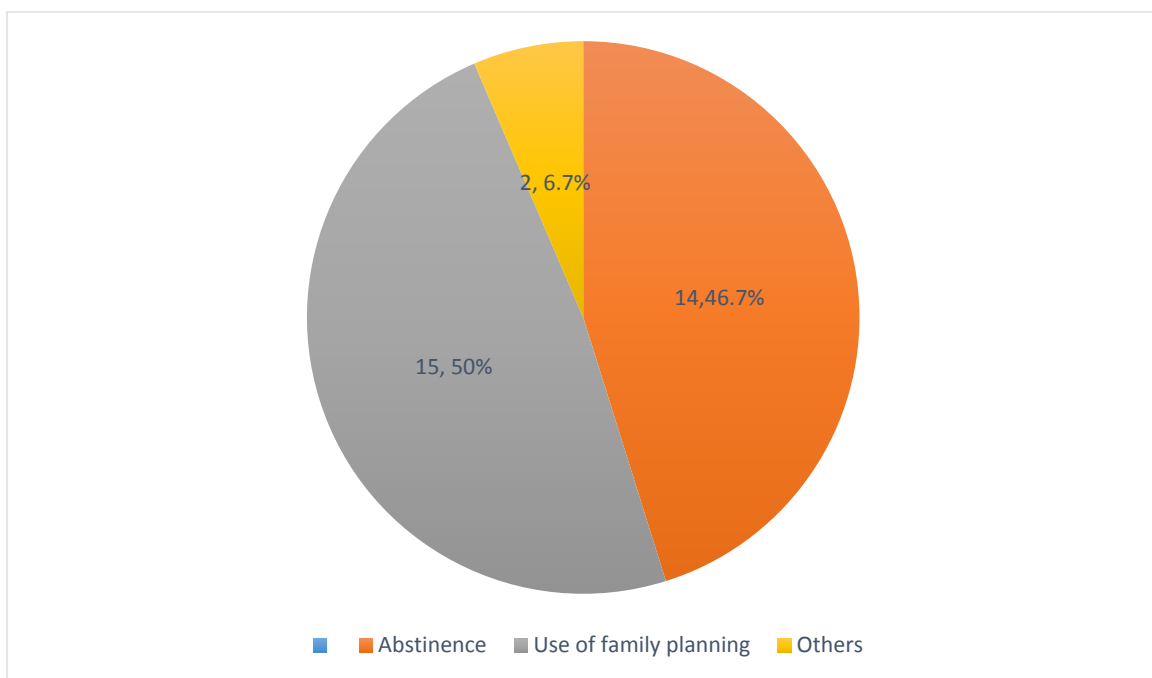
In respondents on the preventive measures for unplanned pregnancies among women of reproductive age, 100% (30) indicated the use of family planning as a preventive measure for unplanned pregnancy, 13.3% (4) indicated abstinence as a preventive measure for unplanned pregnancy, 10% (3) indicated education on birth control methods as a preventive measure for unplanned pregnancy and 6.7% (2) indicated other preventive measures for unplanned pregnancy that is (woman empowerment, creating awareness) and 3.3% (1) indicated sex education as a preventive measure for unplanned pregnancy as indicated in figure 3 below

Figure 3: Respondents on the preventive measures for unplanned pregnancy



In trying to know from the respondents the preventive measures for unplanned pregnancies among women of reproductive age, 50% (15) indicated the use of family planning as the best preventive measure for unplanned pregnancy, 46.7% (14) indicated abstinence as the best preventive measure for unplanned pregnancy and 6.7% (2) indicated other best preventive measure for unplanned pregnancy, as indicated in figure 3 below

Figure 4: Respondents on the best preventive measures for unplanned pregnancy



In trying to know the things that influence unplanned pregnancy from the respondents, 76.7% (23) indicated that lifestyle influence unplanned pregnancy, 66.7% (20) indicated that multiple sexual partners influence unplanned pregnancy, 56.7% (17) indicated religious beliefs influence unplanned pregnancy, 53.3% (16) indicated that availability of family planning influence unplanned pregnancy, 43.3% (13) indicated that effectiveness of the method influence unplanned pregnancy, 40% (12) indicated that partner preferences has an influence on unplanned pregnancy and 40% (12) indicated that the number of sexual intercourse per week influence unplanned pregnancy, 40% (12) indicated that marriage

couple has an influence on unplanned pregnancy and 36.7% (11) indicated that perceived side effects of the method has an influence on unplanned pregnancy, as indicated in table 7 below

Table 7: Respondents on the things that influence unplanned pregnancy

Response	Frequency	Percentage
Marriage couple	12	40
Multiple sexual partners	20	66.7
Religious beliefs	17	56.7
Partner preferences	12	40
Number of sexual intercours per week	12	40
Lifestyle	23	76.7
Availability of family planning	16	53.3
Perceived side effects of the method	11	36.7
Effectiveness of the method	13	43.3

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

In this chapter, the data analyzed in chapter four were interpreted based on scientific evidence. The findings are briefly discussed with references to support the study.

5.1 Discussions

5.1.1 RESPONDENTS ON THE CAUSES OF UNPLANNED PREGNANCIES AMONG WOMEN OF REPRODUCTIVE AGE

The study shows that respondents had a good knowledge on unplanned pregnancy. The respondents were good in identifying the causes of unplanned pregnancy where poverty covered 83.3% and not using contraceptives. Respondent's information given might be as a result of them having experience on unplanned pregnancy. Respondents were able to give equitable response on the significant factors of unplanned pregnancy where issues about family planning was more than 60%, lack of formal education and level of income. Respondents also had a fair understanding about the people mostly at risk of unplanned pregnancy, where most of the respondents indicated adolescent and more than 70% indicated sexually active individuals. This good knowledge might be as a result of the respondent's educational background where reasonable number had secondary and tertiary education. This finding is similar to a study at Yohannes (2021) did a community-based cross-sectional study conducted in the rural and urban kebeles of Ilu Gelan Woreda West Shoa Zone, Ethiopia, from March 1 to 30, 2021. The study population consists of 540 pregnant women who were living in Ilu Gelan Woreda for at least the last six months during the data collection period. Simple random sampling by lottery method was used to recruit the study subject. Data were checked, coded, entered into EpiData version 3, and then exported to SPSS version 25 for analysis. Both descriptive and analytical statistical procedures were utilized. Both bivariable

and multivariable logistic regressions were implemented. In this study, the proportion of unintended pregnancy was found to be 55%, at 95% CI: 50.7-59.3. Multivariable logistic regression results showed that married women (AOR = 0.117, CI: 0.04-0.38), monthly income less than 1000 Ethiopian Birr (AOR = 4.93, CI: 1.72-14.09), gravidity greater than or equal to five (AOR = 6.07, CI: 2.4-15.28), birth interval less than 2 years (AOR = 3.35 (1.44-7.8)), lack of awareness about contraceptive (AOR = 2.06 (1.03-4.15)), and husband decision-making on health care (AOR = 11.1 (2.07-59.51)) were significantly associated with unintended pregnancy. This study indicated that more than half of pregnant women reported that their current pregnancy was found to be an unintended pregnancy. Married women, family monthly income less than 1000 Ethiopian Birr, gravidity greater than or equal to five, birth space less than two years, lack of contraceptive awareness, and health care decisions by husband only showed a significant association with unintended pregnancy.

5.1.2 THE EFFECTS OF UNPLANNED PREGNANCIES AMONG WOMEN OF REPRODUCTIVE AGE

The study shows that unplanned pregnancy has an effect on the individual. It came out that the effect of unplanned pregnancy were school dropout, abortion, poverty, rejection from family and disrupted parent's life plan. Depression was the highest psychological effect and the impact of unplanned pregnancy on the individual's relationship with families and partner amidst with mistrust and decreased family standard of living. This is in line with the study conducted by Goodwin et al (2020) found that women with unintended pregnancies are at greater risk of death and morbidity, adverse behaviours (e.g. smoking and drinking), and physical violence by their partners. Brown and Eisenberg (2019) also found that unplanned pregnancies often disrupt parents' life plans, including educational or professional ambitions, limit the resources available for previously born children, and compromise the family's current and future financial security.

5.1.3 HOW TO PREVENT UNPLANNED PREGNANCIES AMONG WOMEN OF REPRODUCTIVE AGE

The factors that influence unplanned pregnancy were multifactor as lifestyle, multiple sexual partners, religious beliefs and availability and accessibility of family planning mentioned among a few. The most common preventive measures of unplanned pregnancy are the use of family planning methods. This is in line with Weil et al. (2018) who found that the success of community-based contraceptive distribution programs also supports the importance of contraceptive counseling in pregnancy prevention. These programs rely on local distributors, who are trained and trusted members of the community, to provide full contraceptive services to women in their own homes, in the distributors' homes, or community health posts, so that women can more conveniently access family planning services. Community-based distribution of injectable contraception has consistently been shown to be an extremely effective way to provide family planning services in Asia, Latin America, and Africa, helping to overcome shortages of healthcare professionals in these areas.

Blumenthal et. al (2020) discussed the role of LARC methods and the importance of contraceptive counseling in reducing unintended pregnancy rates. References/resources cited were identified based on searches of medical literature (MEDLINE, 1990–2009), bibliographies of relevant publications, and the Internet. LARC methods—copper intrauterine devices (IUDs), progestogen-releasing intrauterine system, and injectable and implantable contraceptives—are safe and effective contraceptive options (unintended pregnancy rates with typical versus perfect use: 0.05–3.0 versus 0.05–0.6%) that are appropriate for a wide range of women seeking to limit or space childbearing. Despite their safety and efficacy records, these methods remain underutilized; injectable and implantable methods are used by an estimated 3.4% and intrauterine methods by 15.5% of women worldwide. LARC methods require no daily or coital adherence and avoid the adverse events and health risks of estrogen-containing contraceptives. The copper IUD and progestin-only injections and implants are

more cost-effective than more commonly used methods, such as condoms and the pill (5-year savings: \$13 373–\$14 122, LARC; \$12 239, condoms; \$12 879, pill). Women who are considering the use of LARC methods should receive comprehensive contraceptive counseling, as women who receive counseling before use demonstrate higher rates of after-use method satisfaction, continuation, and acceptance than those who do not.

5.2 Conclusions

Based on the analysis of data obtained from the field, the following conclusions were drawn.

1. It came out that multiple sexual partners influence unplanned pregnancy.
2. Not using contraceptives as well as lack of awareness about contraceptives contributes to unplanned pregnancy.
3. The unavailability of birth control methods contributes to unplanned pregnancy.
4. Sexually active women are at risk of unplanned pregnancies.
5. Abortion is likely to be an effect of unplanned pregnancy on the individual.
6. The use of family planning is the best preventive measure for unplanned pregnancy.

5.3 Recommendations

Based on the findings of the study, the following recommendations were made.

1. Contraceptives should be available at low or no cost to those who need them, and provide education on their usage.
2. Women of reproductive age should have access to reproductive healthcare services, including family planning consultations, prenatal care, and STI testing and treatment.
3. Further research can be done on a larger scale.

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QUESTIONNAIRE

INTRODUCTION

Dear Respondent,

We are students of the Nursing and Midwifery Training College, Berekum, researching the topic “**unplanned pregnancies among women of reproductive age in the Ayimom community**”. Kindly answer the under-listed questions by writing in the space provided. Any information you provide is confidential. Your opinion is neither considered right nor wrong. You can choose to withdraw your participation at any time without any penalty. It will take approximately 20 minutes to answer this questionnaire.

Thank you.

SECTION A: DEMOGRAPHIC DATA

1. Indicate your age.....
2. What is your religion?
 - a. Christian []
 - b. Muslim []
 - c. traditionalist []
 - d. other
3. What is your marital status?
4. Indicate your educational background.....
5. Indicate your occupation
6. Indicate your ethnic group.....

**SECTION B: THE FACTORS ASSOCIATED WITH UNPLANNED PREGNANCIES
AMONG WOMEN OF REPRODUCTIVE AGE**

7. What do you know about unplanned pregnancy?

.....

8. What are the common causes of unplanned pregnancy in your area?

.....

.....

9. In your opinion, what are the most significant factors that contribute to unplanned pregnancies? (Select all that apply)

- a. lack of awareness about contraceptive []
- b. lack of formal education []
- c. Level of income []
- d. Unavailability of birth control methods []
- e. Husband decision-making on health care []
- f. High parity []
- g. Sexual violence []
- h. Failure of contraceptives []
- I. Relationship status []
- j. Others []

10. Indicate which group of people are mostly at risk of unplanned pregnancies in your area?

a. Adolescents

b. Married women

c. Single

d. Unmarried women

e. Multiparous women

f. Low income women

g. Sexually active women.

SECTION C: THE EFFECTS OF UNPLANNED PREGNANCIES AMONG WOMEN OF REPRODUCTIVE AGE

11. What are the effects of unplanned pregnancies on the individual?

(Select all that apply)

- a. Abortions []
- b. physical violence by partners []
- c. School drop out []
- d. disrupt parents' life plans []
- e. Poverty []
- f. Unemployment []
- g. Psychological distress []
- h. Unplanned marriage []
- i. Rejection by family []
- j. other.....

12. What are the psychological effects of unplanned pregnancy?

.....

.....

13. What is the impact of unplanned pregnancy on your relationship with your partner and family?

.....

.....

SECTION D: HOW TO PREVENT UNPLANNED PREGNANCIES AMONG WOMEN OF REPRODUCTIVE AGE

14. What are the most common preventive measures for unplanned pregnancy?

.....
.....

15. What is the best preventive method for unplanned pregnancies would you recommend?

.....

16. Indicate which of the following has an influence on the type of birth control method people choose?

a. Marital status []

b. Multiple sexual partners []

c. Religious beliefs []

d. Partner preferences []

e. Number of sexual intercourse per week []

f. Lifestyle []

g. Availability of family planning method []

h. Perceived side effects of the method []

I. Effectiveness of the method []

j. others.....

**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE
BEREKUM**



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Our Ref. HFNMTCC/011/091923

Your Ref.

October 30, 2023
Date

The Assemblyman
Ayimom Community
Berekum West District
Bono Region

Dear Assemblyman

PERMISSION TO CONDUCT RESEARCH

I wish to introduce to you the under listed names of final year students of the College:

1. Ansuaa Faithbless Hinnah
2. Durowaa Irene
3. Oteng Jessica

As part of the pre-requisite for the award of Diploma in Midwifery they are to conduct a research study, on the topic 'Unplanned pregnancies among women in their reproductive age at Ayimom.'

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours sincerely

Martha Kyeremaa
Supervisor

For: Principal