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Demography Characteristic of Married Women and Abortion Behavior in Unwanted Pregnancy

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Abstract

Unwanted pregnancy is a reproductive health problem that has an impact on high maternal mortality and unsafe abortion rates, Indonesia is one of the developing countries with maternal mortality rates (MMR) in 2015 researching 305 per 100,000 live births, this number is still far from the target of sustainable development goals (SDGs) to reduce MMR to 70 per 100,000 live births in 2030 (Ministry of Health, 2017). The purpose of this study was to determine the effect of married women demographic characteristics and unsafe abortion behavior on unwanted pregnancies in the Indonesian Family Planning Associating (PKBI) in Pemalang district. This research is a mixed method research with a quantitative explanatory design. The samples of the study were married women with unwanted pregnancies totaling 287 respomdents, with purposive sampling. Data analysis used chi square and logistic regression. Meanwhile, to support quantitative data from unsafe abortion behavior, eight informants were taken as qualitative data sources through interviews. The results showed that the characteristics of age, income and number of children were significantly associated with unsafe abortion behavior while the demographic caharacteristics that most affected the behavior of unsafe abortion were high risk age (p. 006 with OR 2,917) and the number of children was more than 2 (p. 0,044 with OR 2.069). Unwanted pregnancies in married women generally occur in old age whose already have enough children. Plan a pregnancy and arrange with contraceptive methods, so that the number of mobility and mortality associated with unsafe abortion can be reduced.

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INTRODUCTION

Unwanted pregnancies are important public health issues in developing countries. The high and low AKI of a country illustrates the welfare of the people in a country, (Mesce, 2005) while undesired pregnancy has an impact on the high maternal mortality rate and the rate of unsafe abortion (Praptohardjo, 2007). A half of them are in Asia (Sedgh et al, 2014). Indonesia is one of the developing countries with maternal mortality rate (AKI) in 2015 reaching 305 per 100,000 live births, this figure is still far from the target of sustainable development goals (SDGs) to reduce MMR to 70 per 100,000 live births in 2030 (Ministry of Health, 2017). The World Health Organization (WHO) mentions the direct causes of maternal mortality related to pregnancy, namely severe bleeding, infection, unsafe abortion, hypertension and others (Mesce, 2005). Unwanted pregnancy is one of the main problems of reproductive health that will result in adverse outcomes for mothers and babies, women at risk of finding a solution with illegal abortion or unsafe abortion from unwanted pregnancies where unsafe abortion is at risk to their lives (Hamdela et al., 2012). It is estimated that among 2010-2014 an average of 56 million safe and unsafe abortions occur each year worldwide, around 25 million unsafe abortions occur throughout the world each year and almost all occur in developing countries (WHO, 2018). Indonesia is estimated to have 2 million abortions annually, 11 percent contribute to maternal deaths as a result of unsafe abortion, where abortion is intentionally done through the assistance of incompetent services (Utomo, 2002). Every woman with an unwanted pregnancy is at risk of having an unsafe abortion, women living in low-income countries and poor women are more likely to have unsafe abortions and higher death or injury when unsafe abortions are carried out (WHO, 2018). Many unwanted pregnancies occur in married couples (Sedgh et al., 2006).

Research in Ethiopia mentions several factors related to unwanted pregnancies among married women include demographic, socio-economic, socio-cultural factors, access to health services, information and knowledge and contraceptive methods used (Hamdela et al., 2012). Some of the reasons women do not want a pregnancy one of which is contraceptive failure (Okonofua et al, 1999), the high number of unmet need also affects unwanted pregnancy and unplanned pregnancies (Mahmudul, 2012), the number of unmet need in Indonesia reaches 11 percent with regions High unmet need is spread in ten provinces, namely Jambi, West Java, Central Java, East Java, South Sulawesi, North Sulawesi, South Sumatra, East Nusa Tenggara, East Kalimantan and DI Yogyakarta (Rismawati, 2012). Studies in Japan say the reason women don't want a pregnancy is because pregnancy causes a career barrier (Takahashi et al, 2012). Another reason is because of age, healthy reproductive age, namely ages 20-35 years, age above 35 years is the phase to end pregnancy (Hartanto, 2004), and unwanted pregnancy occurs among women aged 35 years or more (Shekar & Prasad, 2015).

This study aims to determine the effect of married women demographic characteristics on unsafe abortion behavior in unwanted pregnancies so that later can be an input in the prevention and treatment of the incidence of unwanted pregnancies so as not to increase.

METHOD

This research is a mixed methods study with a squant explanatory design conducted at the clinic of the Indonesian Family Planning Association (PKBI) Pemalang in January-February 2018. Quantitative methods play a role in obtaining quantitative data that can be analytically carried out using medical record forms. The data analyzed is data from 2007 to 2017 or for ten years with a total population of 1,477. In the quantitative sampling method in this study conducted by purposive sampling technique on medical records that meet the inclusion criteria where in the medical record data clearly known characteristics data of pregnant women respondents with unwanted pregnancies about age, education, employment,

income, number of children, contraceptive use, marital status is married and there are attempts made by the client to abort the pregnancy before coming to the clinic. Sampling uses the Harry King Nomogram formula so that the sample size is 1,477 with a 95% confidence interval or a 5% error rate of 318, from a population of 1,477, only 287 respondents were included in the inclusion criteria because there were several respondents whose data sheets were missing. Data analysis with Chi Square test as a bivariate analysis test and logistic regression was used as a test on multivariate analysis. Data processing uses SPSS version 17.0.

In the qualitative method, the data was taken to support the quantitative data of unsafe abortion behavior variables, the sampling technique carried out in this study was the same as that of the quantitative method by purposive sampling technique with inclusion criteria such as mothers with a history of unwanted pregnancy (KTD), already married, there were attempts to abort the pregnancy and those who were willing to be interviewed, while the exclusion criteria in this study both in quantitative and qualitative methods were incomplete medical records or did not meet the conditions for inclusion, unmarried pregnant women, pregnant women with desired pregnancies, pregnant women with unwanted pregnancies but no attempt to abort the pregnancy, and mothers who are not willing to be interviewed.

RESULTS AND DISCUSSION

The results of the overall study of 287 respondents studied (table 1) showed 52.6 percent aged over 35 years, 53.6 percent of basic education, 62.4 percent of respondents were housewives who did not work, 65.9% of low family's income, 60.6 percent of the number of children owned by more than 2 and 62 percent of respondents admitted using contraception (0.7 percent MKJP and 61.3 percent non MKJP). Unsafe abortion behavior can be seen from the efforts made by respondents to end their pregnancies, from 287 respondents as many as 13.6 percent said there were no abortion attempts (table 2), respondents claimed there were attempts to come to health workers to get abortion assistance but were only given a referral to PKBI, while 84.3 percent of respondents claimed there were unsafe abortion attempts (44.9% drank herbs, 12.9% taking medicine, 26.5% massage to a shaman). The most reason for respondents not wanting a pregnancy is because they already have enough children (25.8%) and the reason for age is as much (20.2%) (table 3).

Table 1. Frequency Data Distribution

Variable	f	%
Age		
< 20 years old	1	0.4
20 – 35 years old	135	47.0
> 35 years old	151	52.6
Education		
Illiterate	3	1.0
Elementary School	80	27.9
Junior High School	71	24.7
Senior High School	88	30.7
Academic/College	45	15.7
Occupation		
Unemployed	179	62.4
Employed	108	37.6
Family's Income		
Low Income	189	65.9
High Income	98	34.1
Children Amount		
0-2	113	39.4
>2	174	60,6
Contraception Used		
KB MKJP	2	0.7
KB Non MKJP	176	61.3
Non KB	109	38.0

Table 2. Frequency Distribution unsafe abortion behavior

Abortion Behavior	f	%
Goes to Health Provider	39	13.6
Drinking herb	129	44.9
Drinking medicine	37	12.9
Massage/shaman	76	26.5
Total	287	100

Table 3. Reason does not want a pregnancy

Reason	f	%
Many children	40	13.9
Old age	58	20.2
Economy	18	6.3
Children enough	74	25.8
Little child	41	14.3
Works activity	6	2.1
Failed KB	2	0.7
Not ready to get pregnant	36	12.5
The relationship with her husband is not harmonious	13	4.5
Still studying	1	0.3
Total	287	100

Demographic characteristics (age, education, occupation, income, number of children) and geographical characteristics (urban, rural) in an area will affect the community (Handayani et al., 2017). The results of bivariate research with chi square (table.4) showed that demographic characteristics that were significantly associated with unsafe abortion behavior were age (p 0.001), income (p 0.039) and number of children (p 0.007) while the characteristics of demographics that showed insignificant relationships the behavior of unsafe abortion is education, employment and contraceptive use. In KTD women who are less than 20 years of age or more than 35 years of age (high risk) more who make abortion attempts as much as 92.8% than KTD women aged 20-35 years (low risk) as much as 79.3%. The results of this study are also in line with research conducted by Kasman (2010) in Tamalanrea Makasar, which said that women who chose the most negative attitude towards abortion were found in respondents with a high risk age of 13.5%. The results of this study are also in line with Razaei's research & Ghahramani (2011) which states that the incidence of unwanted pregnancy occurs more in the age group above 35 years than the age group below 35 years. The age of high risk will affect reproductive health meaning that pregnancy before the age of 20 years or over 35 years will increase the health risk for the mother and her baby. Pregnancy in old age, especially pregnancy more than five times will be found a lot of difficulties, the factor that often occurs is his factor or strength, the older the mother's age will be not good so that the more difficult delivery. In old age, it is often often affected by degenerative diseases such as hypertension, diabetes, etc. This will be a double burden on health if the mother is pregnant. Demographic characteristics of the number of children and unsafe abortion behavior were significantly related (p 0.007), respondents who had more than 2 children who made abortion attempts were as much as 90.8% than respondents who had 2 children were 79.6%. This result is also in line with the research of Saptarini & Suparmi (2015), which states that parity associated with pregnancy is not desirable. The myth of "a lot of children a lot of fortune" seems to be no longer valid in today's society, people understand that many children do not add to sustenance but increase spending which is certainly related to family income, the results of this study indicate that more low-income families make abortion attempts as many as 89.4% of families with high income as much as 80.6%. This shows that they understand the demands of food and clothing is not the only thing that must be fulfilled, but raising a child needs education, care, recreation and so on. For those families who earn a lot and have many children, the problem is not important but for families with mediocre or poor income will provide psychological and physical problems

Education and contraceptive use in the results of this study did not show a significant relationship with unsafe abortion behavior, in this study more respondents with basic education did an abortion attempt than those with high education, this indicates the lack of respondents' understanding of reproductive rights and lack of knowledge the danger of unsafe abortion while the respondents who use more contraception are making efforts to abort their pregnancies where the contraceptive method that is widely used by respondents is not a long-term contraceptive method (non MKJP) such as pills, injections, condoms and coitus interuptus. All contraceptives have a risk of

failure, the simpler a contraceptive method is, the higher the failure rate. Most who experience contraceptive failure and do not want their pregnancy will end in abortion. Contraceptive failure that occurs is not solely due to the tools but also because usage behavior includes the inappropriate selection of contraceptive methods. Many women do not or do not want children but do not use contraception (unmet need) and low use of long-term contraceptive methods and the number of educated respondents the basis for unwanted pregnancy cases shows the lack of knowledge of respondents about contraceptive use and also knowledge about reproductive health.

The results of logistic regression analysis showed that the most demographic characteristics affecting unsafe abortion behavior in married women were age characteristics (p 0.006 with OR 2.917) and characteristics of the number of children (p 0.044 with OR 2.069) (see table 5) where pregnant women were pregnant in high-risk ages or those with more than 2 children are likely to make unsafe abortion attempts if they experience an unwanted pregnancy. Generally women over 35 years old have more than 2 children, women over the age of 35 with multiparity pregnancies are at double risk. Age above 35 years the risk associated with pregnancy and childbirth will increase any more, these risks include high blood pressure, bleeding, miscarriages and diabetes during pregnancy and congenital defects in infants (WHO, 2008).

Table 4. Relationship of demographic characteristics of women married through unsafe abortion behavior in unwanted pregnancy at PKBI Pemalang.

	Unsafe Abortion Behavior				Total		*P-value*
	No effort		With effort				
	f	%	f	%	f	%	
Age*							
Low risk	2	(20,7	10	(79,3	13	10	0,00
High risk	8	)	7	)	5	0	1
Education	1	(7,2)	14	(92,8	15	10	
Elementary	1		1	)	2	0	
High school		(11,0					0,16
Occupation	1	)	13	(89,0	15	10	0
Wife House	7	(16,7	8	)	5	0	
Employed	2	)	11	(83,3	13	10	
Income*	2		0	)	2	0	0,23
Low		(11,7					7
High	2	)	15	(88,3	10	10	
Parity*	1	(16,7	8	)	8	0	
0-2	1	)	90	(83,3	17	10	0,03
>2	8			)	9	0	9
Contraceptio		(10,6	16				
n use	2	)	9	(89,4	18	10	
Non KB	0	(19,4	79	)	9	0	0,00
KB	1	)		(80,6	98	10	7
	9		90	)		0	
		(20,4	15		11		
	2	)	8	(79,6	3	10	
	3	(9,2)		)	17	0	0,77
	1			(90,8	4	10	3
	6		95	)		0	
		(12,8	15				
		)	3		10		
	1	(14,0		(87,2	9	10	
	4	)		)	17	0	
	2			(86,0	8	10	
	5			)		0	

*p<0,05

Table 5. Analysis result of logistic regression towards unsafe abortion behavior and factors that influence it.

	Value p	OR	IK 95% Min	Max
High Risk Age	0.006	2.917	1.369	6.213
Children amount > 2	0.044	2.069	1.019	4.201
Constant	0.000	0.060		

Based on the results of quantitative research shows that most respondents have made abortion efforts before going to PKBI Pemalang clinic in ways that are not safe such as taking medicine without or with a doctor's prescription without supervision, drinking herbal medicine, massage to a shaman, and by the way they think they can abort their pregnancies such as eating young pineapple, drinking pepper and drinking sprites mixed with medicine.

Qualitative data analysis was carried out to provide data support for unsafe abortion behavior variables. Unsafe abortion occurs when pregnancy is stopped by people who do not have the necessary skills or in an environment that does not comply with minimum medical standards or both, dangerous or most unsafe abortion when they involve the consumption of caustic ingredients or people who are not trained to use hazardous methods such as the insertion of foreign objects or the use of traditional herbs (WHO, 2018). In this study it was found that the efforts made by respondents to abort their pregnancies such as drinking herbal medicine, medicine and massage were unsafe abortion methods and efforts were made on their own initiative or assisted by a shaman who was clearly not a competent expert, carried out at his own clear home. medically do not meet health requirements. The mechanism of termination of pregnancy at gestational age beyond 12 weeks is at high risk of complications, complications that occur due to an abortion are usually caused by, among others, infection of the genital wall, penetration of the uterine wall (perforation), bleeding, risk of infertility (Anshor, 2015). Abortion is safe if done with methods recommended by WHO that are appropriate for gestational age and people who provide trained abortion.

The respondents generally used oral method such as drinking medicine or herbs to abort their pregnancies as follows this respondent's statements:

"I do not want to get pregnant yet, so I drunk herbs miss, the herbs "brand B" two packs a day about a week, it is done fourteen packs" (Mrs. SM/ 34 years old/private employee / Bodeh)

"I bought the medicine on-online by the name is medicine "C" got ten tablets, five tablets should be drink and five tablets inserted into the vagina (how do you know that procedure" it is from the seller who already give the instruction like that" (Mrs. H/21 years old/private employee/Ampelgading)

Another ways which is used by the respondents in spite using oral method (drinking medicine/concoction/herbs) is goes to shaman/massage, while abortion perpetrators usually is respondents themselves, respondents do it on their own initiative assisted by close people/family and done it at their home-selves, the respondents seek other help after what they did not be succeed, as conducted by the respondents below:

"I am drinking a red period capsule and I massage it to a baby shaman…I do not want to add more children, I am in an old age and also has a blood pressure" (Mrs. R / 43 years old / housewife / Petarukan)

"I was only drink herbs capsule of red period about two packs and had a spot about a week and stop, I continued to told it to my sibling…and my sibling was suggested to massage it to a shaman, so I followed her suggestion" (Mrs.E/37 years old/house-wife/Pemalang)

This research result is supported by a research by Rasch (2014) which stated that an unsafe abortion behavior 56.2% is doing in their own house, done by the provider-self/family and the method used orally. In this research all of the

quantitative data sample shows the demographic characteristic which related significantly with unsafe abortion behavior through married women with unwanted pregnancies are age characteristics and children amount which supported with the qualitative data as follows the respondent's statement:

"I am drinking a red period capsule and I massage it to a baby shaman…I do not want to add more children, I am in an old age and also has a blood pressure" (Mrs. R / 43 years old / housewife / Petarukan)

Pregnancy at the age of 35 years old women are generally have enough children and degenerative diseases often appear like hypertension, diabetes and the risk of infants with high congenital defects. On respondent's statements show that there are awareness that their pregnancies in more than 35 years old have a high risk through the mothers' health and baby, meanwhile the respondents do not understand that the effort to abort their pregnancies by unsafe ways and endanger to mothers' health and their babies. The effects or side-effects that occur as a result of unsafe pregnancy abortion reported cases in 20 weeks of pregnancy have occurred *intra uterin foethal death* (*IUFD*) and an infection as the respondents' statement below:

"At that time I took out water that said amniotic fluid, heartburn, until I had a fever and I was taken to the clinic" (Mrs. H/21 years old/private employee/Pemalang).

"At the clinic, she came in a hot, shivering state, it was temperature reached 41C, checked in was out blood and amniotic, the USG IUFD (intra uterin foethal death) result and finally the baby is born. (Mrs. W, 54 years old/ PKBI's officer)

Increased of body temperature is one sign of infection and the occurrence of fetal death in the womb that can be result in labor on the mother. Improper use of contraception also affects to unwanted pregnancies that ultimately impact on unsafe abortion as in the following statement of respondents:

"I used KB pill, but I forgot to drink it and I got pregnant, I'm getting old, am I should get pregnant again, I am shy (why do not use another KB such a spiral or implant with long-term use) I am afraid miss" (Mrs. R/43 years old/housewife/Petarukan).

Individual behavior is often influenced by views and habits in family, friends and society which sometimes are positive or harmful. unsafe abortion behavior among married women with many unwanted pregnancies is carried out in ways such as drinking herbal medicine, taking medicine, massage and other methods that are considered to abort pregnancy. Unsafe abortion behavior is mostly done by women with age characteristics above 35 years old, basic education, unemployment, low income families and with a history of non MKJP contraceptive use. In all quantitative data samples showed demographic characteristics that are significantly associated with unsafe abortion behavior in married women with unwanted pregnancies are the characteristics of age and number of children and qualitative data support quantitative data on unsafe abortion behavior

CONCLUSION

Pregnancy at the age of over 35 years generally women already have enough children and degenerative diseases often appear such as hypertension, diabetes and the risk of babies with high congenital defects. The low use of long-term contraceptive methods and the number of respondents with basic education indicate the lack of knowledge of respondents about the use of contraception and also knowledge about reproductive health. Most pregnant respondents use contraception, where failures that occur due to misuse and inconsistency in family planning

Contraceptive access can reduce maternal mortality by preventing or delaying pregnancy in women who are not pregnant or those who are at high risk of complications. Knowledge about contraceptive methods and knowledge about reproductive health needs to be improved by

providing complete and correct information so that the number of morbidity and mortality associated with unsafe abortion can be reduced.

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