

## Unwanted pregnancy and pregnancy termination among women in Nairobi, Kenya



A midwife examines a pregnant woman in her last trimester of pregnancy.

### Summary

Unwanted pregnancy is a key risk factor for adverse pregnancy and maternal outcomes, including mortality, morbidity, and unsafe induced abortions. In Kenya, research on unwanted pregnancy has not addressed its dynamics at community levels. There is also little research on the impact of livelihoods on unwanted pregnancy as well as on the beliefs, perceptions, and experiences surrounding unwanted pregnancy. This brief is based on a study entitled, 'Prevalence, Perceptions, and Experiences of Unwanted Pregnancy in Nairobi, Kenya'. The goals of the study were to: (a) investigate the prevalence, drivers and management of unwanted pregnancy in Nairobi and (b) understand the beliefs, perceptions, attitudes and experiences surrounding unwanted pregnancy among women in Nairobi. The findings are expected to inform the design of more effective reproductive health and family planning policies and programs in Kenya and elsewhere.

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### Who is this policy brief for?

Policymakers, program managers, health practitioners, researchers, and other professionals dealing with sexual and reproductive health; people interested in gender and women's issues; educationists, parents, and all those interested in women's reproductive health outcomes in sub-Saharan Africa.

### Why was this policy brief prepared?

To summarize the best available locally-generated knowledge for a better understanding of the issue of unwanted pregnancy among women in Kenya. It aims at encouraging the formulation and implementation of policies that promote the reproductive health rights of women.

### What does this evidence-based policy brief include?

A summary of the study methods, findings and implications of unwanted pregnancy among women in Kenya and elsewhere.

### What is not included in this policy brief?

Recommendations for implementation.

### Full report and references

The evidence that is summarized in this policy brief is described in more detail in the report entitled *Analysis of Unwanted Pregnancy and Pregnancy Termination among Women in Slum and non-Slum Settlements of Nairobi Kenya* by the African Population and Health Research Center (APHRC) and the Population Studies and Research Institute (PSRI), University of Nairobi, Kenya.

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The overall goal of the study was to generate new knowledge on the prevalence, contextual drivers, management of, as well as beliefs, perceptions, attitudes to and experiences surrounding unwanted pregnancy in Nairobi.



## The Problem

Currently, 38% of pregnancies globally are either unwanted or unplanned (Kaye, 2006). Unwanted pregnancy poses a major and continuing social and health challenge in Africa, accounting for more than a quarter of the 40 million pregnancies that occur annually in the region. It is a key risk factor for adverse pregnancy and maternal outcomes, including mortality and morbidity associated with unsafe induced abortions.

The research described in this brief focused on Nairobi city. Rapid urban growth under enormous economic constraints has led to rural-urban migration. Poor urban settlement contexts set limits on the ability of women and men to safeguard their sexual and reproductive health, control their fertility, and implement their fertility aspirations. These settlements are characterized by extreme poverty and poor livelihood conditions, limited access to family planning services, illiteracy, sexual violence, and lack of access to quality health care. They present particularly interesting and fertile locations for unwanted pregnancy and abortion.

The overall goal of the study was to generate new knowledge on the prevalence, contextual drivers, management, as well as beliefs, perceptions and attitudes to and experiences surrounding unwanted pregnancy in Nairobi. The study also examined the economic and situational implications of the urban context for the prevalence and management of unwanted pregnancy in Kenya; it investigated urban Kenyan women's strategies for preventing, managing, and coping with unwanted pregnancies; and interrogated the beliefs, perceptions, attitudes, and experiences surrounding unwanted pregnancy among urban Kenyan women.

## Methodology

The study reported in this brief was conducted in the year (period) 2009 - 2010 among women aged 15 - 49 years in four communities: Korogocho, Viwandani, Jericho and Harambee in Nairobi. The study collected data from a total of 1962 randomly-selected women aged 15 - 49 years. Out of these, 1285 on whose characteristics this policy brief is based reported ever being pregnant. The research was conducted in two phases. Phase I involved collection of quantitative data through questionnaire administration at the household level to selected respondents. This component used a two-stage sampling design to recruit study participants. The initial stage involved a random sampling of households from the settlements.

The sample of households was drawn from APHRC's Nairobi Urban Health and Demographic Surveillance System (NUHDSS) which is implemented in these settlements. The second stage involved a simple random selection of one eligible woman in each of the sampled households. Phase I sought information on women's social, economic, demographic, pregnancy and birth histories (including miscarriages and or abortions, stillbirths, and neonatal deaths). It also collected information on unwanted pregnancy among women, the number of times this had happened, and why the pregnancy was unwanted. Women who admitted to experiencing unwanted pregnancy were also asked how they had managed the pregnancy.

Phase II of the study collected qualitative data through in-depth interviews (IDIs) with women. Respondents for the qualitative component were 80 randomly selected women who participated in phase I and self-identified as having experienced at least one episode of unwanted pregnancy. The IDIs explored views, experiences, attitudes and beliefs related to unwanted pregnancy and its management. Participants were encouraged to narrate their responses rather than answer (in stimulus-response fashion) to a series of open-ended questions.

The findings presented in this policy brief are based on data from Phase I of the study.

## Key Findings

### 1. Prevalence of unwanted pregnancy

- There was a decrease in the experience of unintended pregnancy (mistimed and unwanted) with an increase in age. Whereas 71.4% of the women from the slum aged 20 years and less reported having experienced unintended pregnancy, 21.2% and 18.9% aged 20 - 34 years and 35 - 49 years respectively, experienced unintended pregnancy. Among non-slum women, 6 out of 10 women aged less than 20 years (60%) experienced unintended pregnancy compared to 34.4% and 20.3% for those aged 20 - 34 years and 35 - 49 years, respectively.
- Education was not significantly associated with the occurrence of unintended pregnancy among women from slum and non-slum settlements. Despite this, the results show that for slum women the prevalence of unintended pregnancy increased with the level of education upto secondary level then decreased among women with higher education. On the other hand, it decreased with an increase in the level of education among non-slum women.
- Women with fewer live births experienced higher unintended pregnancy than those who had more births. This confirms an earlier finding that more young women were likely to experience unintended pregnancy. Fewer live births are usually associated with young women. The result reveals that 3 out of 10 (30%) of women of parity 1 and 2 experienced unintended pregnancy in the combined sample of slum and non-slum women.
- Household size had an association with unintended pregnancy among women from slum settlements. The proportion of slum women with unintended pregnancy was high among those from household with 1 - 2 persons (30%), and those from households with 6 and more persons (27.7%).
- Never married women experienced the highest prevalence of unintended pregnancy compared to currently married women from slum and non-slum settlements. Fifty-five percent of never married slum women experienced unintended pregnancy compared to 12.8% of those currently in a marriage. Over 66% of never married non-slum women experienced unintended pregnancy compared to 13.8% currently in a marriage.
- Non-slum women in formal employment experienced the least percentage of unintended pregnancy (18.3%) compared to those in the informal sector (40%). It was 23.3% among the self-employed and 37% among unemployed women or students. Among women in the combined sample, it was 17.5% among those in formal employment, 28.3% among those in informal employment and 27.5% among unemployed women or students.
- Ethnicity was strongly associated with unintended pregnancy in the slum unlike the non-slum settlements where it was weak. The prevalence for slum women was Luo (32.3%); Luhya (30.5%); Kikuyu (20.9%); Kamba (13.9%) and among women from other ethnic groups (16.2%).

### 2. Determinants of unwanted pregnancy

- Further analysis suggested that women in formal employment were 0.5 times less likely to experience unintended pregnancy compared to unemployed women or students. Self-employed women were 0.7 times less likely to experience unintended pregnancy compared to unemployed women or students.
- Marital status was found to be a determinant of a woman experiencing unintended pregnancy. Currently married and formerly married women were 0.1 and 0.2 times respectively less likely to experience unintended pregnancy compared to those who were never married.
- Women aged at least 20 years were less likely to have unintended pregnancy compared to those aged 15 - 19 years.
- Slum women with 1 - 2 children and at least three children were 2.4 and 2.5 times respectively more likely to experience unintended pregnancy compared to zero parity women.

### 3. Pregnancy termination and loss

- Prevalence of pregnancy termination and loss:** 1285 women reported having had a pregnancy. Of these, 208 (16.2%) did not result in a live birth.

Of the 208 terminated or lost pregnancies, majority (79.3%) were reported as miscarriages, 16.4% as still births and only 3.9% as procured abortion. These are presented in Figure 1 below:

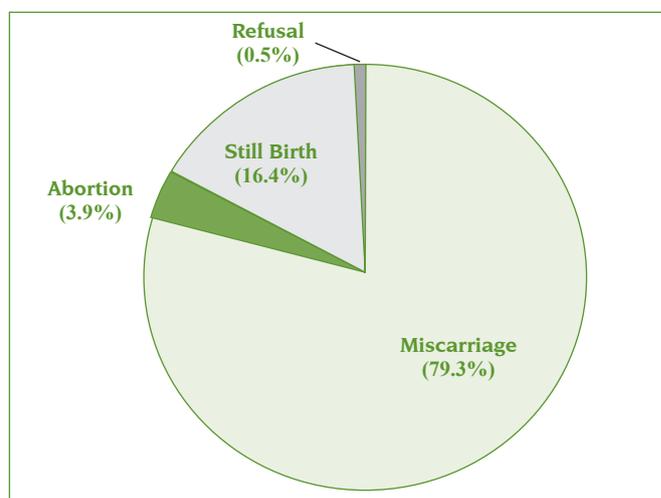


Figure 1: Percentage distribution of the women who lost their pregnancies according to how their pregnancy was terminated (n=208).

- Age of pregnancy at termination and loss:** The number of terminated or lost pregnancies declined with an increase in the age of pregnancy. About 48% of the pregnancies were terminated or lost during the first trimester; 32.4% of the terminated or lost pregnancies occurred during the second trimester and 19.8% during the last trimester. Both miscarriage and abortion declined with an increase in the age of the pregnancy while most still births, (88.2%), occurred during the last trimester of the pregnancy.

- Wantedness of the pregnancy and pregnancy termination and loss:** Out of the 208 women who terminated or lost their pregnancy, 80.3% (167) wanted the pregnancy then, 19.7% were unintended. Eighty-two percent of the women who terminated or lost their pregnancy through miscarriages had wanted those pregnancies then, while 17.6% were unintended (mistimed and unwanted). Although few women reported their pregnancies ended in abortions (8 out of 208), half of those pregnancies were unintended.
- Education and pregnancy termination and loss:** Forty-six percent of the women who had miscarriages had primary education, 27.9% had secondary education, and 23% had higher education while only 3.6% had no education. Majority of women whose pregnancy ended with an abortion had secondary education (62.5%) while 12.5% had higher education. About 1 out of 4 women who had terminated a pregnancy through an abortion had primary level of education. None of the women with no education experienced an abortion. These results are further illustrated in figure 2 below.

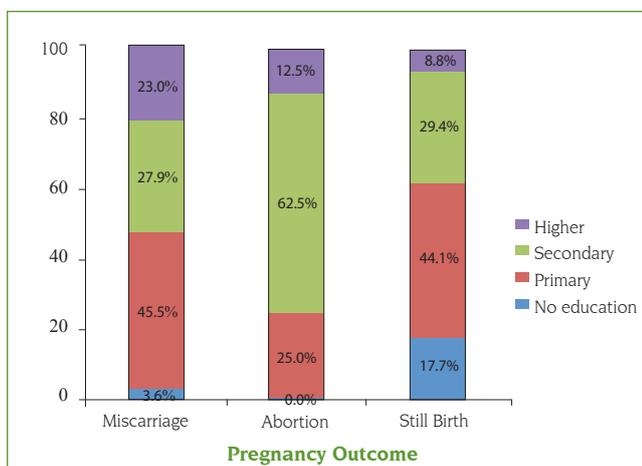


Figure 2: Percentage distribution of the women who terminated and lost their pregnancies according to level of education.

- Occupation and pregnancy termination and loss:** The highest number of terminated or lost pregnancies occurred among self-employed women (35.1%) and the unemployed women or students (32.2%). About 17.8% of the women in formal employment had terminated or lost pregnancies. The least number of terminated or lost pregnancies occurred among women in informal employment (14.9%). The results also show that miscarriages and abortions were highest among self-employed women (36.4% and 37.5%, respectively). Still births were relatively high among unemployed women or students compared to women in other occupation.
- Use of modern contraceptive methods and pregnancy termination and loss:** Majority of the women who terminated or lost their pregnancies (63.3%) had never used any modern contraceptive methods while 36.7% had used a modern family planning method. Miscarriages and still

births were also high among women who never used any modern contraceptive method (66.1% and 58.8%, respectively) than those who had ever used (33.9% and 41.2%, respectively). On the contrary, our results suggested that more women (3 out of 4) whose pregnancies ended with abortion had used modern contraceptive method compared to those who had never used (25%), but these results did not attain the required level of significance.

- Residence and pregnancy termination and loss:** Fifty-three percent of women whose pregnancies were terminated or lost were from slum settlements while 46.6% were from the non-slum settlements. On the other hand, 50.9% of the women whose pregnancies ended in miscarriage were from non-slum settlements.
- Wealth status and pregnancy termination and loss:** Majority of terminated or lost pregnancies through abortion were among poor women, although these results should be interpreted with caution as there was a weak association between pregnancy termination and loss and wealth status.
- Ante-natal uptake and pregnancy termination and loss:** Slightly more than half (52.9%) of women whose pregnancies were terminated or lost did not receive ante-natal care during the pregnancy. While majority of the women who reported having a miscarriage or an abortion did not receive ante-natal care, more women who reported having a still birth received ante-natal care.

## Conclusion and Recommendations

The results of this study show a high prevalence of unintended (mistimed and unwanted) pregnancy among the women interviewed. Age and marital status determined whether a woman had an unintended pregnancy or not for both slum and non-slum residents. Young and unmarried women were more likely to experience unwanted pregnancy than older and currently married.

With regard to pregnancy termination, the study found that most, (83.8%), pregnancies were carried through to full-term or resulted in a live birth. The majority of the terminated or lost pregnancies were miscarriages and still births and most of them were lost during the first and second trimesters. There were very few reported abortions; only eight abortions out of 208 terminated or lost pregnancies. The study found that most (80.3%) of the terminated or lost pregnancies were 'wanted' at the time of conception.

These results imply a high unmet need for effective contraceptives among the study population, especially among young and unmarried women. Concerted efforts should be made to increase the availability and accessibility to a wide mix of effective contraceptives among the study population. These should be accompanied by well-packaged information, education and communication programs. Also important is sex education especially among young women to equip them with accurate and correct information on sexuality, pregnancy and life skills to enable them negotiate sex more safely.

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