

Psychosocial Aspects of Unwanted Pregnancies

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Received: 20 May 2023

Accepted: 29 June 2023

Published: 07 July 2023

J Short Name: JCMI

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Citation:

Anastasiu DM, Psychosocial Aspects of Unwanted Pregnancies. J Clin Med Img. 2023; V7(2): 1-7

Keywords:

pregnancy, curettage, contraception

1. Summary

1.1. Introduction: Worldwide, about 50% of undesirable pregnancies are finalized by abortion, what are representing 41 million abortions per year. At the same time, a high percentage of women (39%) report an unwanted pregnancy or a birth that occurred earlier than the couple wanted.

1.2. Methodology: The study was conducted over a 5-year period using the interview method based on a questionnaire applied before a curettage, as well as to women who gave birth and gave up the newborn by abandoning or requesting protective help from state institutions.

1.3. Results: At 12227 births we reported 3307 abortions resulting in a 1-abortion ratio at 3.69 births. Of the total abortions 1496 (45.23%) were abortions on demand. Of these, 957 (63.97%) were subjected to our voluntary study respecting the confidentiality.

1.4. Conclusions: Unwanted pregnancies are declining for the last 5 years without leaving the newborn in maternity. There is a disagreement between the level of knowledge about contraception and its application in practice. The very low socio-economic level is the main cause of an unwanted pregnancy. Psychiatric disorders that arise after abortion or after giving up the newborn are significant and may be more associated.

2. Introduction

The existence of unwanted pregnancies is the result of accidents in sexual life or family life failures [1,2,7].

Completion of an unwanted pregnancy can be accomplished by giving up pregnancy in the first trimester through medical abortion, uterine curettage on demand or therapeutic abortion in the second trimester of pregnancy. [3,4] In the event of a pregnancy-to-term pregnancy, the completion of an unwanted pregnancy is done through fetal abandonment with the newborn ADMINISTRATION or the request for protective help from the state institutions, namely the Maternal Center or by the request of a professional maternal assistant.

Up to half of the undesirable pregnancy occurs as a result of unpracticing contraception, failure, non-compliance. [15,17,23,26].

The rest of unwanted pregnancies are variations from one continent to another from one region to another, but they are high in the world.

Typically, unwanted pregnancy rates are higher in poorly developed regions and occur most frequently among young and under-age women [16,19,20] (Table 1).

Globally, about 50 % of unwanted pregnancies are completed by abortion, representing 41 million abortions per year (Chart).

Scheme 1: How to complete an unwanted pregnancy [22]

Worldwide, a high percentage of 41% of women report an unwanted birth, a birth that occurred earlier than the couple wanted (Graph 1 and 2).

Unwanted births are associated with a significantly increased risk of low birth weight (RCIU) and premature birth. [10,26,28,29].

There is a woman’s impact on an undesirable pregnancy manifested by the non-use of preconceptive folic acid and associated vitamins during pregnancy, smoking, alcohol and drug use until the third trimester without prenatal care.

Worldwide, 20% of all pregnancies and 50% of unwanted pregnancies end in abortion and 39% end in the birth of a child.

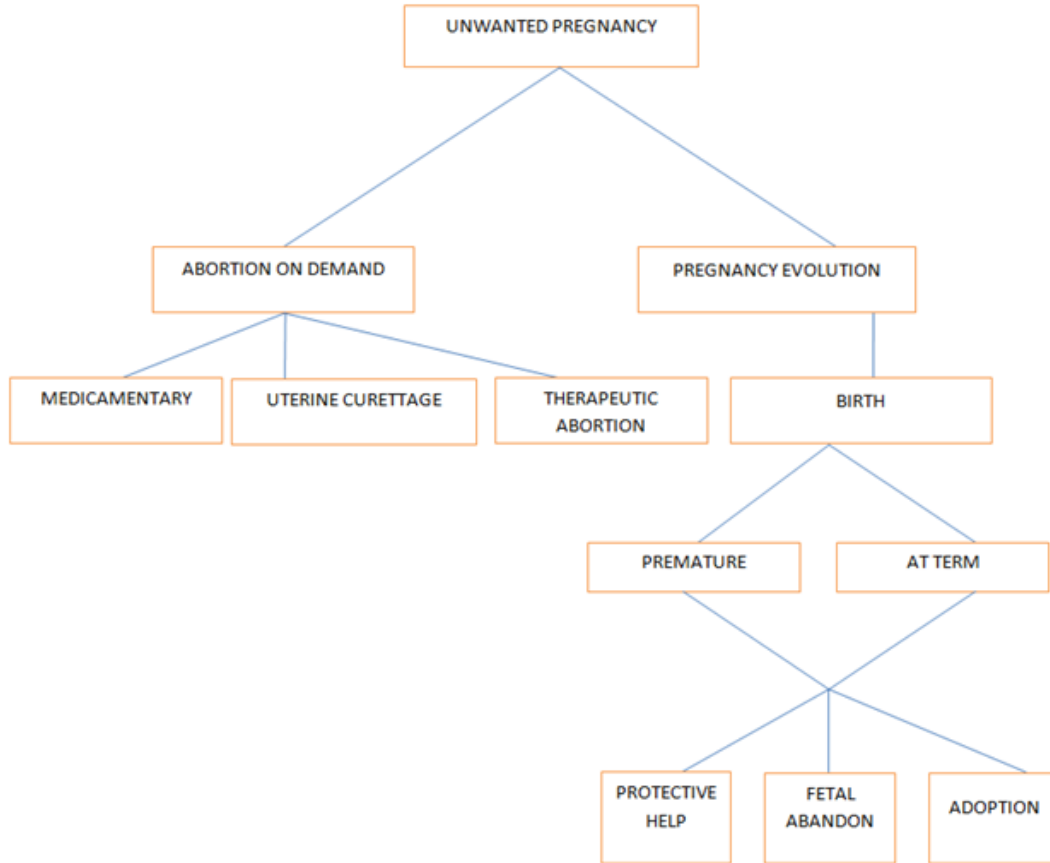
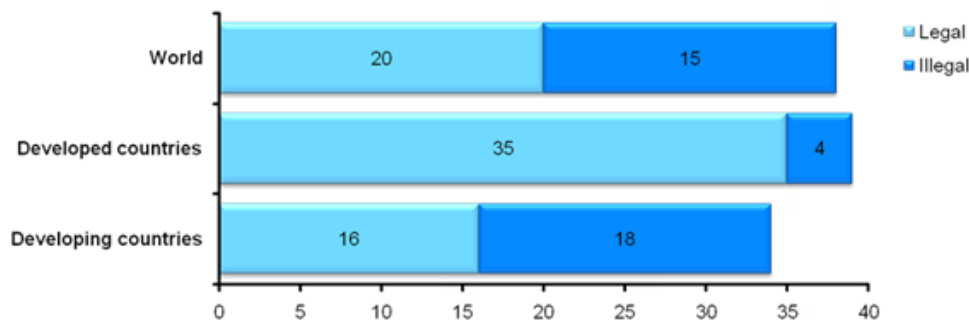
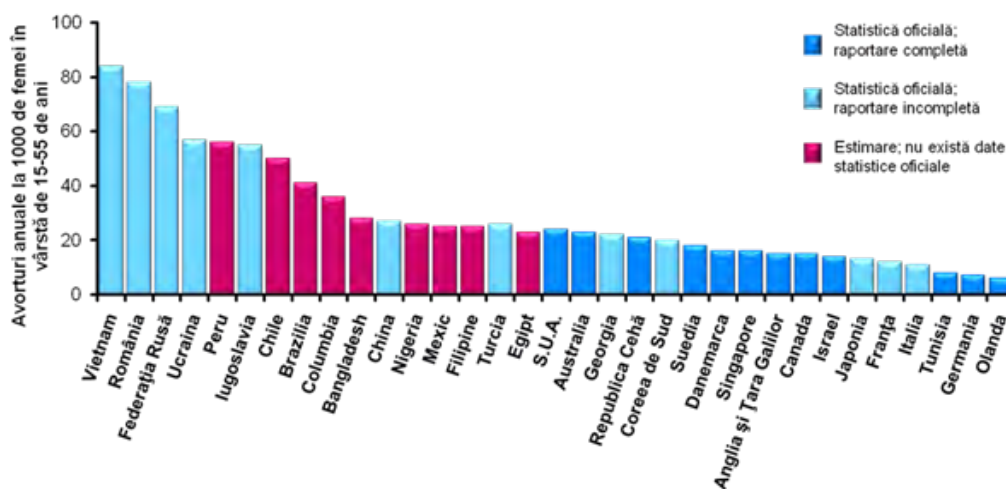


Chart:



Graph 1:
Annual abortions per 1.000 women aged 15-44 years



Graph 2:

Table 1:

Continent/Region	Pregnancies completed by abortion (%)	
	Percent of all pregnancies	Percent of unwanted pregnancies
World	20	49
Africa	13	33
Asia *	21	55
Europe	28	64
Latin America / Caribbean	22	38
North America	18	38
Oceania	16	43

3. Material and Method

The study was conducted over a period of 5 years, 2013-2017 by the interview method based on a questionnaire applied before a curettage, as well as in the women who gave birth and had the

tendency to give up the newborn (Table 2).

In the first category we studied a group of 957 women representing 63.97% of all abortions on demand (1496) who requested the interruption of the pregnancy through uterine curettage.

Table 2: The incidence of births and abortions during 2013-2017

YEAR	BIRTH		ENTIRE ABORTION		INCOMPLETE ABORTION		ABORTION ON DEMAND	
	Nr.	%	Nr.	%	Nr.	%	Nr.	%
2013	2184	17,86	740	1N/2,95A	382	51,62	358	48,37
2014	2354	19,25	775	1N/3,03A	412	53,16	363	46,83
2015	2517	20,58	708	1N/3,55A	391	55,22	317	44,77
2016	2564	20,96	591	1N/4,33A	338	57,19	253	42,80
2017	2608	21,32	493	1N/5,29A	288	58,41	205	41,58
TOTAL	12227		3307	3,69B/1A	1811	1A/6,75B	1496	1A/8,17B

The study covers:

- Analyzing the main psychosocial factors that determined the woman’s request for the interruption of the pregnancy or the request for a protective measure from the state institutions;
- Presentation of accidents and complications of uterine curettage;
- Psychosomatic changes after uterine curettage;
- The role and effects of pre-intervention counseling or postpartum

counseling;

- Objectivization of the main determinants of the two phenomena in order to find methods of socio-economic-political intervention in order to reduce them.

Women of fertile age 15-49 years participated in this study. Participation was done on a voluntary basis, subject to the confidentiality of the interview.

The questionnaire used includes several sections:

Section 1: contains general data on a range of features related to the interviewee: age, occupation, background, civil status.

Section 2: contains data on an ongoing pregnancy, gestational age of pregnancy as well as about personal pathological obstetric and gynecological pathology, contraceptive methods used.

Section 3: contains gynecological data, causes that have led to the decision to give up pregnancy either by uterine curettage on request or post partum by the abandonment of the newborn.

The study was conducted in women of childbearing age between 15-49 years of age, the largest proportion being a 25-30 year age group.

Lot I refers to 957 women who have requested interruption of the course of pregnancies. We mention that during the study we analyzed 12297 births that reported a total of 3307 abortions, these were 1 abortion at 3.69 births. Of these, 1496 were abortions on demand, which represents 1 abortion at 8.17 births. During the same period were reported independently of the woman's will 1811 spontaneous abortions or pregnancies that stop in evolution, thus representing 1 abortion at 6.75 births. Of the 957 studied cases, 165 (17.84%) were minor, under 18 years of age. The average age of the study group was 24 years 6 months and 4 days (Table 3 and Graph 3).

Age distribution by the age group is a Gaussian curve showing that the lowest abortion rate of 1.25% occurs in the age group under 15 and 1.46% in the age group under 40 years.

According to the environment, 554 (57.88%) came from urban areas and 403 (42.11%) from rural areas (Diagram 5).

The majority of women in the studied group are without occupation, respectively 403 (42,11%), followed by those employed with workbook 305 (31,87%), employed without a work card 117 (12,22%), students 89 (9.29%) and unemployed 43 (4.49%) (Table 4).

Of the total number of counseled women, 813 (84.95%) of all abortions were abortions on demand and only 144 (15.04%) were spontaneous abortions or pregnancies in progress.

Of the 957 women in the analyzed group, the majority have one or two children and only 273 (28.54%) have no children, 549 (57.36%) have 1-2 previous births, 112 (11.70%) have 3-4 previous births and 23 (2.40%) have more than 5 previous births.

The structure of the studied lot depends on the fact that the majority of women know more contraceptive methods, the most known one is the condom 401 (41.90%) of women, oral contraceptive 334 (34.90%) and the method of the intrauterin device 189 (19.80%) of cases, but there are women who do not know and do not use any contraceptive method 33 (3.44%).

Unfortunately, there is a discrepancy between known and applied contraceptive methods. Depending on each woman's intellect, the

contraceptive methods applied either were a failure or were not properly used.

The analysis of the causes that led to the decision to interrupt the pregnancy revealed that the very low socio - economic level is the main cause that appears alone or associated with other causes in 305 (31.87%) cases (Table 5 and 6).

The psychological consequences of abortion on women can be short-term but also long-term affecting women, but also the couple and the relationship with others.

The post-abortion mental symptoms on our lot were: [28,29]

- Sadness 745 patients (77.84%)
- Sense of guilty after abortion 640 patients (66.86%)
- Insomnia 227 patients (23.71%)
- Loss of self-esteem 227 patients (23.71%)
- Affective disorder manifested by frequent crying attacks 152 patients (15.88%)
- Denial of feelings that led to affectionate colds to those around them 201 women (21%)
- Breaking the relationship with the partner 316 women (33.01%)
- Anniversary syndrome, which consists in amplifying post-abortion syndromes that multiply in the «birthday» of the abortion date and / or when the child should have been born 268 women (28%).
- The feeling of immediate release post-abortion 940 women (98.22%)
- Late depression 66 patients (7.00%)

We mention that more psychological symptoms overlap at the same woman. [6,9,28]

Another important psychic aspect that may arise is related to fear that occurs in varying degrees of intensity and addresses different aspects such as:

1. Fear that others will find out about abortion 859 women (89.02%).
2. Feelings generated by anxiety 517 women (54.02%).
3. Fear of God 471 women (49.84%).
4. Fear of infertility in the future 428 women (44.72%).

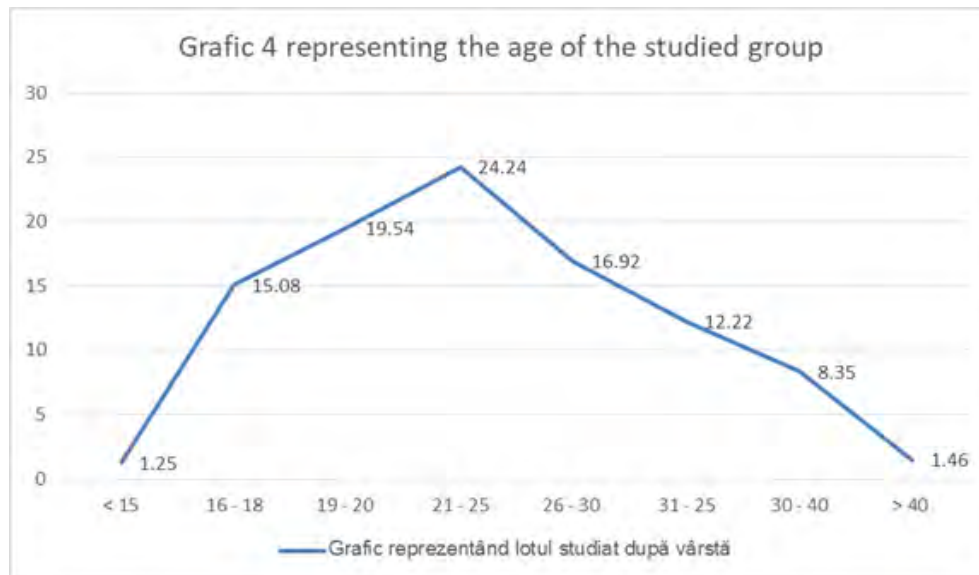
The second lot analyzed refers to 18 postpartum woman from 12,227 births representing 0.14% who wanted to abandon the fetus in the maternity or have requested protection measures from the Maternal Center or the Maternal Assistant Professor, the pregnancies being undesirable.

Due to current legislation and procedures, we did not report any abandonment of the newborn in the maternity hospital over the last 5 years. Of the 18 cases that requested protection measures 12 (66.66%) gave birth prematurely, and 8 (33.33%) gave birth on term.

Out of the 12 pregnant women who gave birth prematurely, most were minor, most of them being high school students, the other 8 requested this protective aid because of the very low socio-economic status.

Table 3: Representing the age of the studied group

AGE	NUMBER	%
<15 ani	12	1,25
16-18 ani	153	15,98
19-20 ani	187	19,54
21-25 ani	232	24,24
26-30 ani	162	16,92
31-35 ani	117	12,22
36-40 ani	80	8,35
> 40	14	1,46
TOTAL	957	99,96



Graph 3:

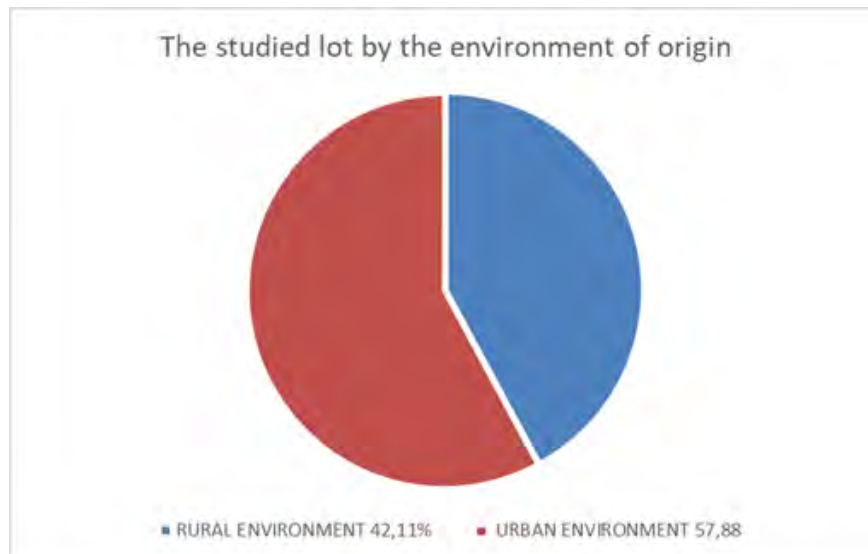


Diagram 5: Representing the studied lot by the environment of origin

Table 4: Structure of the studied lot by occupation

Number	OCUPATION	Nr.	%
1	HOUSEWIFE	403	42,11
2	EMPLOYED WITH WORKBOOK	305	31,87
3	EMPLOYED WITHOUT A WORK CARD	117	12,22
4	STUDENTS	89	9,29
5	UNEMPLOYED	43	4,49
6	TOTAL	957	99,98

Table 5: Structure of the studied lot according to the causes that led to the decision to interrupt the pregnancy

Nr. cert	THE DETERMINATED CAUSE OF ABORTION	NUMĂR	PROCENTE %
1	THE VERY LOW SOCIO – ECONOMIC LEVEL	305	31,87
2	CONCUBINAGE	152	15,88
3	FEAR/ SHAME	125	13,06
4	ALCOHOLIC AND VIOLENT PARTNER	115	12,01
5	UNWANTED PREGNANCIE BY THE PARTNER	118	12,33
6	MEDICALE PROBLEME	75	7,83
7	PROFESSIONAL UNACHIEVEMENT	67	7
TOTAL		957	99,98

Table 6: The negative physical and abortion complications are: [5,6]

1	No complication	890 cases	92,99 %
2	Hemorrhagic endometritis	58 cases	6,06 %
3	Resuming the conception process	5 cases	0,52 %
4	Uterine perforation	4 cases	0,41%
TOTAL		957 cases	99,98 %

4. Conclusions

1. The incidence of unwanted pregnancies has declined in the last 5 years, with a figure of 0.14%.
2. We have not had abandoned of the newborn in the maternity hospital for the past 5 years.
3. Unwanted pregnancy is primarily due to the precarious socio-economic situation as well as the civil status or family instability.
4. There is a discrepancy between the level of knowledge about contraception and its application in practice.
5. Although it is an extreme solution, abortion is practiced as the ultimate way to get rid of an unwanted pregnancy.
6. Mental disorders after abortion or after giving up the baby are significant and may be more associated at one woman and can mark the woman all her life.
7. Increasing the level of adolescent sexual education could reduce the number of unwanted pregnancies.
8. The widespread use of the most effective contraceptive means provides the best cost-effectiveness ratios with an important role in reducing the prevention of unwanted pregnancies for the family and health systems.

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