



PERGAMON

Social Science & Medicine 54 (2002) 1065–1079

SOCIAL
SCIENCE
&
MEDICINE

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Factors associated with unintended pregnancy in Yamagata, Japan

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Abstract

Data on unintended pregnancy are scarce in Japan. The purpose of this study is to examine the association of sociodemographic, reproductive, and other health behavioral factors with unintended pregnancy. A survey was conducted from May through November 1999 in Yamagata, Japan. We distributed anonymous self-administered questionnaires to cervical and breast cancer screening participants aged 35–49 years. There were 564 eligible women, and the number of respondents was 421 (74.6%). The proportion of women who had experienced unintended pregnancy was 46.2%, and 40.1% of them had repeated experiences. Among 312 pre-menopausal married women who did not want to become pregnant, 15.4% were not using any contraception. Factors that were significantly associated with the experience of unintended pregnancy were age of husband being 4 or more years older [Odds ratio (OR) = 1.83], and age at initiation of sexual intercourse (OR = 1.86) and marriage during teens (OR = 11.14). Analysis of 1255 pregnancies that the subjects had experienced showed that 51.2% and 25.9% of mistimed and unwanted pregnancies occurred as a result of no contraceptive use, and 39.5% and 71.1% of these ended in abortions. The number of past unintended pregnancies was significantly ($p < 0.001$) correlated with the number of pregnancies ($r_s = 0.49$), live births ($r_s = 0.20$) and abortions ($r_s = 0.63$). This is the first epidemiological study in Japan to examine factors associated with unintended pregnancy, and also contraceptive use and pregnancy outcome for each of the unintended pregnancy women had experienced. Unintended pregnancy is not a rare event among our target population, and many unintended pregnancies leading to abortion could be prevented by effective contraceptive use. Results suggest that Yamagata's family planning strategies need to target both the younger and older generations, and address the role of men. A woman's pregnancy history reflecting her past experience of unintended pregnancy could be used as an indicator for recognizing the woman's need for appropriate contraceptive counseling for the prevention of repeated unintended pregnancies. © 2002 Elsevier Science Ltd. All rights reserved.

Keywords: Reproductive history; Pregnancy; Unwanted; Contraception behavior; Japan

Introduction

Pregnancy is ideally a planned event with preconception care. In the 11th National Fertility Survey (NFS) in Japan, however, women answered that they had wanted

a child soon in only 34% of their pregnancies (Institute of Population Problems, 1998). The Alan Guttmacher Institute estimates that the proportion of pregnancies that end in intended births is as low as 36% in Japan, compared with 66% in France and 43% in the United States (Alan Guttmacher Institute, 1995). These data suggest that unintended pregnancy is a major reproductive health problem in Japan.

In standard demographic usage, pregnancy is classified as intended if it was wanted at the time or sooner,

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and as unintended if it was not wanted at the time of conception, irrespective of contraceptive use at the time of conception (Brown & Eisenberg, 1995; Abma, Chandra, Mosher, Perterson, & Piccinino, 1997). Among unintended pregnancies, a distinction is made between mistimed and unwanted. Conception that was wanted eventually but not until a later time is defined as mistimed, and that which was not wanted at any time as unwanted.

Unintended pregnancy is viewed as a health risk that leads to acute and long-term physical, psychological, and social consequences for women and their children. When unintended pregnancy is carried to term, it is associated with adverse prenatal behavior, such as late recognition of pregnancy, late initiation of prenatal care, and smoking during pregnancy (Kost, Landry, & Darroch, 1998; Hellerstedt et al., 1998; Delgado-Rodriguez, Gomez-Olmedo, Bueno-Cavanillas, & Galvez-Vargas, 1997; Roberts et al., 1998). It is also associated with depression of mothers during pregnancy and postpartum, and with lower birth weight and neonatal death for babies (Kitamura, Sugawara, Sugawara, Toda, & Shima, 1996; Cartwright, 1988; Bustan & Coker, 1994). The long-term effects of unwanted pregnancy include: higher risks of mental retardation, cerebral palsy and lower social competence of the child, difficult family relations, child abuse, worse performance at school, and more psychosomatic symptoms (Rantakallio & Myhrman, 1990; Myhrman, 1988; Wilson et al., 1996; Blomberg, 1980; Forssman & Thuwe, 1981). A study in the Czech Republic observed less favorable psychosocial development for subjects born of unwanted pregnancies compared with those born of accepted pregnancies, even after 30 years of follow-up (Kubicka et al., 1995).

For unintended pregnancies that are resolved by induced abortion, complications from the procedure should be considered, including hemorrhage, incomplete abortion, laceration of the cervix, perforation of the uterus, and infection. Studies in Denmark and the United States revealed that 6.1% and 0.8% of first trimester abortion cases led to complications, respectively (Heisterberg & Kringelbach, 1987; Hakim-Elahi, Tovell, & Burnhill, 1990). Another study in Canada found that immediate complications were seen in 0.7% of abortions performed mainly before 20 weeks' gestation (Ferris, McMain-Klein, Colodny, Fellows, & Lamont, 1996).

In Japan, the age-specific abortion rate for women under 20 years old is increasing (Ministry of Health and Welfare, 1999; Goto, Reich, & Aitken, 1999; Goto, Fujiyama-Koriyama, Fukao, & Reich, 2000a). It is also unique to Japan that abortion rates for women in their thirties are as high as the rates for women in their twenties (Ministry of Health and Welfare, 1999; Goto et al., 2000a Alan Guttmacher Institute, 1999). It was

only in 1999 that the Ministry of Health and Welfare (MHW) approved oral contraceptives (OCs) (Goto et al., 1999), copper-bearing intrauterine device (IUD), and female condom. In the same year, the MHW's "Research Group for the Life-long Support for Women's Health" presented recommendations to reduce the number of induced abortions by half over the next ten years. Then in November 2000, the MHW publicized "Healthy Family 21," which is a maternal and child health care plan for the next decade. The plan includes an adolescent reproductive health section aimed at reducing abortions among teenagers. Whether the recent approval of contraceptives and the proposed recommendations will reduce the rate of unintended pregnancies leading to abortions remains to be seen.

It is well known that Japan's abortion statistics are incomplete, with very limited data on unintended pregnancy (Goto et al., 2000a; Alan Guttmacher Institute, 1999; Oddens & Lolkema, 1998). We therefore conducted a reproductive health survey to investigate unintended pregnancy in Yamagata, a prefecture located in northeastern Japan. The abortion rate in Yamagata in 1998 was 15.3 per 1000 women aged 15–49 years, which was higher than the national average (11.0 per 1000 women) in the same year (Ministry of Health and Welfare, 1999).

We devised a reproductive health questionnaire including questions about intention status of each pregnancy the women had ever experienced, and conducted a survey to identify sociodemographic, reproductive, contraceptive, and other health behavioral factors associated with unintended pregnancy. Based on the results of the analysis, we will discuss ways to improve Japan's family planning strategies.

Subjects and methods

This cross-sectional survey was conducted among cervical and breast cancer screening participants aged 35–49 years who resided in three target municipalities in Yamagata. We selected these subjects because they had already reported their reproductive history as part of their cancer screening, and their level of acceptance to our questionnaire was expected to be higher than subjects selected from the general population. The acceptability of the survey among this target population was confirmed in a pilot study, which was conducted prior to this survey. The methods and results of the pilot study have been described elsewhere (Goto, Yasumura, & Fukao, 2000b). In brief, the pilot study was conducted in 1999 among 107 cervical and breast cancer screening participants using the same setting as the present study. Ninety-six women agreed to participate in the study, and 86 (80.4%) of them returned the completed questionnaires.

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