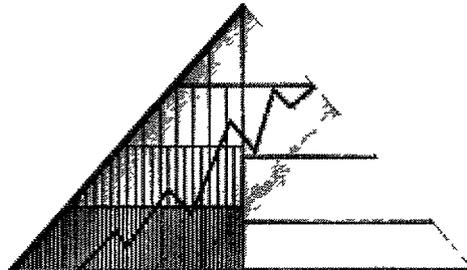


Egypt:

The Social and Behavioral Outcomes of Unintended Pregnancy

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**This summary highlights findings from a larger scientific report
and includes recommendations from in-country researchers**

Egypt

The Social and Behavioral Outcomes of Unintended Pregnancy

I Background and Introduction

Children born as the result of unplanned or unwanted pregnancy start life at a disadvantage and face numerous health and social problems throughout childhood. Previous studies (outside Egypt) have shown that unplanned children have lower birth weights, do not grow as tall and are more vulnerable to death than planned or wanted children. Unplanned children, especially girls, have lower education levels and poorer socioeconomic conditions, and appear to suffer social problems due to parental neglect.

In Egypt, no studies had been done on this topic prior to the Women's Studies Project (WSP). This WSP study analyzed statistical data from the 1993 Egypt Use Effectiveness of Contraception Survey (EUECS) and the 1997 Social and Behavioral Effects of Unplanned Pregnancy Survey (SBEUPS) to determine demographic and socioeconomic characteristics of women with unplanned pregnancies and to examine changes in attitudes and behavior over time. Data were analyzed from approximately 1,300 survey respondents who had reported an unplanned pregnancy in the EUECS. Prior to survey administration and in order to assist in the questionnaire development, 20 women participated in in-depth interviews to explore their perceptions of how the unplanned pregnancy affected their own lives and the lives of their children and families.

II Study Goals and Objectives

The goal of this study was to examine the social, behavioral and health outcomes of unintended pregnancy for the mother, the child, the husband and family and to explore how this pregnancy affected subsequent use of family planning methods.

Specifically, investigators wanted to know if having an unwanted birth predicted

- Less care for the unwanted child compared to his brothers and sisters,
- Negative effects on the health of the unwanted child and the mother,
- Negative effects on the unwanted child's education compared to his/her brothers and sisters,
- Lower family economic status,
- Negative effect on the mother's education or employment.

In addition, investigators wanted to know if these effects varied by region of residence, mother's education or sex of the unplanned child.

III Study Design

Both qualitative and quantitative data were collected to answer research questions. Qualitative data were collected April 12-16, 1997, through in-depth interviews with 20 ever-married women in rural (Giza) and urban (Cairo) areas. The women had children ages five to 10 years old, whom they reported as unplanned. Trained interviewers used a set of common topics to guide their discussions. The purpose of the first phase of the study was exploratory to compensate for the lack of previous research on this topic in Egypt. In-depth interviews rather than focus group discussions were used because of the more personal nature of women's feelings about their children. Responses from in-depth interviews were used to develop questions and response codes for the quantitative second phase of the study.

A survey was designed to obtain similar information using common response codes for a sample of women derived from two surveys conducted earlier in Egypt. The questions focused on demographic characteristics of women with unwanted pregnancies, the quality and frequency of prenatal care, the quality of care during and after delivery, and social and behavioral outcomes related to unwanted pregnancy for the mother, the family and the child.

The sampling frame for this survey was derived from 9,073 women, who were initially interviewed in 1991 in the Egyptian Maternal and Child Health Survey (EMCHS). This sample was a random household sample designed to provide national and regional estimate of all major fertility indicators, such as marriage, fertility, family planning, child mortality and aborted births. In 1993, these women were re-interviewed for the Egypt Use Effectiveness of Contraception Survey. In this second round, all women in the household where original respondents lived also were interviewed, increasing the sample size to 9,817. The sampling frame for the 1997 Social and Behavioral Effects of Unintended Pregnancy Survey included 618 women who reported in 1991 that they did not want to get pregnant again but had gotten pregnant by the time while not using any contraceptive method in the 1993 survey. Moreover, 1,426 women who reported in 1991 that they did not want any more children and were using contraceptive methods, got pregnant by 1993 i.e. method failure. In the current 1997 survey 1,327 women were successfully located and re-interviewed. Of these, researchers were able to match 1,298 with their 1993 questionnaire data. Because of the design of the original sample, the women in the 1997 sample were fairly evenly dispersed throughout Egypt.

The questionnaire used for the survey was divided into four sections: 1) demographic information, 2) fertility and the desire to have children, 3) health care during pregnancy with the unplanned child and 4) health care during and after childbirth and behavioral, social and health effects on the mother, child and family. Questionnaire items were pre-tested in June 1997 with a sample of 40 women, and necessary revisions were made in the questionnaire items prior to study initiation.

Survey data were collected within each governorate by six teams of four female interviewers and one supervisor. Interviewers participated in a three-day training workshop. The survey began in July 1997 and continued until the third week of August. Each interviewer worked in a different sample area each day, and all the groups met each night in the governorate capital. The

supervisor reviewed the questionnaires daily and re-interviewed some of the respondents the next day to ensure the quality of the data collection

Survey data were entered into computer files using the Integrated Micro-Computer Processing System (IMPS) at the Cairo Demographic Center. SPSS was used to analyze data. Most data are descriptive, presented in tables as percentages by relevant variables: region of residence, mother's education and child's gender

IV Research Findings

A Characteristics of the Study Population

The in-depth interview respondents were between the ages of 36 and 50, but most were 40 to 45 years old. Most were born and grew up in a village, but presently 13 of the 20 lived in urban areas. Eight were illiterate, among the literate, five had completed a university degree. Nine did not work outside the home. All were currently married except for one widow. Except for one woman with two children, the remaining participants had three to eight children.

Among survey respondents, approximately one-fourth were under age 30 in 1993, and a quarter were 40 or over. Nearly half had never been to school, and 86 percent did not work for cash. Approximately 60 percent lived in rural governorates.

B Fertility Behavior and Contraceptive Use

The average number of children desired among survey respondents was 3.0, with ranges of 2.2 among women in urban Upper Egypt to 3.6 in rural Upper Egypt. Generally, younger age, more education, working for cash and urban residence were associated with a lower number of desired children.

When women were asked whether their pregnancy was unwanted entirely or mistimed, nearly three-fourths said they did not want additional births while the remainder said they wanted to postpone pregnancy. This finding was reversed, however, for women who had fewer children and who were younger. Region of residence was not related to desire to space versus limit childbearing. Also, the desire to space rather than terminate childbearing increased with the number of years of mothers' education.

Contraceptive use increased in Egypt from 1993 to 1997, ironically, most unplanned pregnancies occurred among contraceptive users. Sixty-two percent of women with an unplanned pregnancy became pregnant while using a contraceptive method. Contraceptive failure was highest among pill users (57 percent) followed by intrauterine devices or IUDs (16 percent), breastfeeding (11 percent), and other methods, such as condoms and spermicides (13 percent). At the time of the interview, the most widely used modern method was the IUD, followed by the pill.

Thirty-eight percent of women were using no contraceptive method at all even though they did not want to become pregnant. Reasons for non-use were “having a rest” (57 percent), believing they could not become pregnant (21 percent), believing they were infertile (17 percent), husband away from home (7 percent), fear of contraceptive side effects (6 percent), and husband’s opposition (3 percent).

Although abortion is illegal in Egypt, one-third of women reported trying to terminate a pregnancy. Age and parity affected attempted abortion rates. The percentage of women who attempted abortion was 23 percent among women younger than age 20 and 36 percent among women 35 or older. Rates of attempted abortion were highest for women with five or more children (approximately 35 percent). As expected, women who wanted to end childbearing were more likely to attempt abortion than women who wanted to space or delay pregnancy. Women with a secondary education were less likely to seek abortion than women with no schooling (19 percent versus 32 percent). In all geographic regions except the Urban Governorates, women were most likely to seek help from a physician in terminating a pregnancy. Forty-four percent of women said they saw a doctor but were refused help, 21 percent consulted a physician who gave them medications, 35 percent used traditional abortion methods, and 15 percent tried a combination of modern and traditional methods.

C Mothers’ and Fathers’ Attitudes Toward the Pregnancy

Attitudes about the unplanned pregnancy differed between men and women. While women in this study did not want to be pregnant, 42 percent of men said they were pleased about the pregnancy, 25 percent said they were neutral, and 35 percent did not want the pregnancy. Among men who were happy about their wife’s pregnancy, the main reason was fondness for children. Among couples in which both partners did not want another child, the main reasons were the high costs of bringing up a child, the need for parental time and attention, women’s health problems that might negatively affect the child, and “bad” timing. Not surprisingly because of the gender norms that prescribe men as the provider and the woman as the nurturer, mothers were more likely to be concerned about the amount of time they could devote to the child, while fathers were more likely to be concerned about financial support. Among couples with children of the same sex, concern about having another same-sex child was cited as a reason for postponing pregnancy. Couples expressed a stronger preference for boys than girls.

Table 1 Mothers' and Fathers' Attitudes Toward Pregnancy

<i>Parents' Feelings</i>	<i>Mother</i>	<i>Father</i>
Pleased	3	42
Neutral	9	23
Upset	74	35
Resigned to God's will	14	na
<i>Reasons for not desiring pregnancy</i>		
Financial costs	61	80
Not enough time for additional child	40	26
Mistimed	5	10
Older age of mother	3	2
Health problems related to pregnancy	23	12
Does not want more girls	2	2
Does not want more boys	1	1
Others*	1	1

* Includes "father has children from another marriage" and "marital life unstable"

D Health Care

With regard to care received during unplanned pregnancies, 80 percent of the respondents said they sought the same care as they did when pregnant with the babies' older siblings, and 13 percent said they sought more. There was some variation in areas of residence, with more women in urban Lower Egypt receiving less care (14 percent) compared to women in rural Upper Egypt (4 percent). Six percent of the respondents said they received a tetanus vaccination during previous pregnancies but not for their unplanned pregnancy.

Eighty-five percent of women in this survey said they gave birth to the children of unplanned pregnancies in the same place as the birth of the previous sibling, and 13 percent gave birth in a better place. Eighty-two percent of the unplanned babies weighed the same or more than their older siblings. More than a third of the mothers of babies who weighed less, however, reported having eaten less during their pregnancies.

Table 2 Care Given to Unplanned Children

Type of care	Same as other siblings	More than other siblings	Less than other siblings
Prenatal care	80	13	7
Tetanus toxoid vaccination	68	26	6
Place of delivery	84	13	3
Weight at birth	70	12	18
Breastfeeding	83	8	9
Immunization	91	6	3
Feeding	91	8	1
Pampering by mother	57	40	3
Pampering by father	59	38	3
Planned education (type of school)	96	2	2

Ninety-one percent of the women surveyed breastfed their unplanned babies as much or more than their older children. Ninety-seven percent of the unplanned children received the same or a greater number of vaccinations than did their older siblings, 99 percent received the same or more food or attention.

Investigators sought to determine whether there was a relationship between a woman's attempt to terminate a pregnancy and the subsequent health of the child. Children of women who attempted to terminate their pregnancies weighed less at birth than other children. Approximately 4 percent of the children whose mothers did not attempt to terminate the pregnancy suffered from health problems at birth, compared to 8 percent of those whose mothers did attempt to do so.

The current health status for children of unplanned pregnancies was good for 94 percent of them, with 3 percent who were weak, 2 percent who had congenital defects or deformities and 1 percent who were vulnerable to disease. Reasons for health problems given by mothers included condition from birth, vulnerable to disease and malnutrition.

About 6 percent of the children of unplanned pregnancies died prior to the time of the survey. Two-thirds of these had died of diseases acquired two weeks prior to their death and nearly all of the children had been seen by doctors. Reasons for death included diseases of digestive system (27 percent), fever (11 percent), respiratory system diseases (10 percent), polio, tetanus, measles (10 percent), anemia, malnourishment or weakness (8 percent). Seventeen percent of the deaths were from causes unknown to the mothers.

E Other Family Members

Women were asked about the effect of the unplanned pregnancy on other family members. Eleven percent said that their other children were upset by the news of the pregnancy. A larger percentage of grandmothers (30 percent) and grandfathers (23 percent) on the mother's side were upset by the news of the unplanned pregnancy than on the father's side (11 and 8 percent, respectively), this was explained as a greater concern for the mother's health by her own parents. A shift was seen among all groups after the baby was born, so that only 4 percent of older siblings were upset by the addition to the family, and 7 percent and 6 percent of the women's and their husbands' mothers were upset after the delivery, and 7 and 5 percent of the women's and their husbands' fathers were upset.

F Mothers' and Fathers' Attitudes

Mothers themselves were happier about the new child once it was born, only 7 percent reported continued displeasure about the child, and 68 percent reported feeling happy. Fathers continued to be less upset about the unplanned child, 4 percent of the respondents reported that their husbands were upset at the birth, and 84 were happy. All but a half percent (0.05) of the respondents report that they love their unplanned child as much or more than their older children.

G Education

Ninety-six percent of the women surveyed planned to send children of unplanned pregnancies to the same kind of schools as their older siblings, while 2 percent planned to send them to better schools.

H Effect on Mothers' Lives

Survey respondents were asked how the birth of the unplanned child had affected their lives. Fifty-four percent said that the additional child had affected their ability to take care of their own health. Forty-nine percent reported additional financial burdens, while 44 percent reported the birth affected their ability to do the housework, 38 percent reported not paying attention to their own appearance, and 25 percent reported not having time to visit friends or to attend social obligations. Seventeen percent said the new baby reduced their ability to take care of the older children.

Table 3 Difficulties Associated with Unplanned Pregnancies

	<i>Percent</i>
Impact of unplanned child on mother and family	
Household expenses	49
Forced to work	7
Forced to quit work	4
Less time for own health care	54
No time for appearance	38
Relationship with husband worse	44
Less time for housework	16
Less time to care for other children	17
Less time for social life	25

I Mothers' Advice

When women were asked what advice they would give to other women to avoid an unplanned pregnancy, 82 percent advised women to use effective contraceptive methods, 12 percent warned against careless use of contraceptives. Respondents did not strongly advise terminating an unplanned pregnancy, 70 percent said women should resign themselves to God's will. 19 percent said never to attempt abortion, 14 percent said to take care of one's self during the pregnancy, and only 4 percent suggested that abortion would be a good idea. Interestingly, however, when asked what they would do themselves if faced with another unplanned pregnancy, 58 percent said they would resign to God's will, 21 percent said they would keep the pregnancy, and 17 percent said they would terminate it.

V Conclusions and Recommendations

A key finding from this study is that most women who experienced an unplanned pregnancy were using a method of contraception or believed they were not at risk of pregnancy. This has important implications for family planning programs in Egypt. Better education and more counseling is needed to help women understand their risk and how to use contraceptives more effectively.

Another important finding is the high rate of attempted pregnancy termination. Women need more information concerning the risks of unsafe abortion, and physicians need training in treating abortion complications. More attention to contraceptive counseling could reduce the risk of unsafe abortion.

It is not surprising that an unplanned pregnancy is received less favorably by the mother than the father since it is the mother who bears the health risks and who will bear more of the work.

burdens related to child care. Consistent with gender norms, it also is not surprising the fathers' concerns are usually related to finances.

Though it is unfortunate that any woman must experience a pregnancy she does not want, these data offer reassurance that most unplanned children did not suffer a lack of affection or care. To be sure, there were dramatic cases where women failed to care for themselves during their pregnancies or to care for their babies once they were born, but by and large, this was not the case.

Less dramatic, but important nevertheless, the women's responses indicate that their quality of life was reduced to the degree that they had less time to spend taking care of their own health and appearance, the housework and the children. Some women who were working felt compelled to quit their jobs to care for their babies, while some were forced to go to work to earn extra income needed because of the additional child.

Even women who are motivated to have fewer children sometimes have difficulty achieving smaller family size. Women's average number of children over a lifetime exceeds that of the number desired. Much unwanted fertility occurs when women are using contraceptives; unfortunately, the quality of services is such that women are using ineffective contraceptives or using effective methods incorrectly. Better services could also reduce unwanted pregnancies among women who probably would be using contraceptives if they understood better their risk of pregnancy. Education could reduce Egypt's total fertility rate and increase the quality of life of Egyptian women and their families.

VI Study Details

This study was conducted by F. A. Kader and Hesham Maklout. Dr. Cynthia Waszak of FHI served as technical monitor, and Dr. Laila Kafafi and the staff of FHI's Cairo office offered technical assistance. This study was supported by the Women's Studies Project at FHI, through a Cooperative Agreement funded by the U.S. Agency for International Development, and by the Research Management Unit, National Population Council, Cairo.