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Short Communication

Unmarried Women and Unintended Pregnancy: An Indonesian Cross-Sectional Study

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Abstract

Bckground: Indonesia has moral norms consider pregnancy among unmarried women a disgrace. The study analyzes the factors influencing unintended pregnancies among unmarried women in Indonesia. Material and Methods: The study examined 1,050 women. The author analyzed unintended pregnancy and six other variables (residence, age, education, employment, wealth, and parity). Multivariate analysis used binary logistic regression. Results: 15.5% of unmarried women in Indonesia have experienced an unintended pregnancy. Women living in urban areas are more likely to experience unintended pregnancies than women in rural areas. The 15–19 have the highest chance of experiencing an unintended pregnancy. Education is a protective factor from unintended pregnancy. Employed women are 1.938 times more likely than unemployed. Poverty is a risk factor for experiencing an unintended pregnancy. Multiparous is 4.095 times more likely than primiparous. Conclusion: The study identified six variables that affect unintended pregnancy among unmarried women in Indonesia: residence, age, education, employment, wealth, and parity.

Keywords: Contraceptive use, family planning, maternal health, public health, unintended pregnancy, unmarried

INTRODUCTION

A pregnancy that occurs in unmarried women is much more likely to happen accidentally, and this accident is due to financial insufficiency and lack of support system support. The adverse effects of unintended pregnancy can be associated with pregnancy, delayed antenatal care, adverse birth outcomes, psychosocial stress, and poor mental health.^[1] The child's low development score threatens babies from an unintended pregnancy.^[2] The phenomenon indicates that unintended pregnancy has a double burden because of pregnancy's physiological changes and the absence of a conception plan.

In Indonesia, pregnancies in unmarried women get the wrong value from the community. The incidence of marriage due to unintended pregnancy in 2013 was 84.12% of 143 unions; then, in 2014, it grew to 85.9% of 140 marriages. In 2015, the increase continued, 87.5% of 160 wedding events.^[3] At the global level, the abortion incidence in the 1990–1995 period reached 55 million per year and increased to 73 million per year in 2015–2019.^[4] Unintended pregnancy that ends in abortion is rising, especially in countries where abortion is restricted.^[5]



Since unintended pregnancy in unmarried women in Indonesia has a complex impact, it requires more comprehensive attention. The study analyzes the factors influencing unintended pregnancies among unmarried women in Indonesia.

METHODS

The research used secondary data from 2017 Indonesian Demographic and Health Survey (IDHS). This study's pulation is unmarried women of childbearing age (15-49 years old) who had given birth in the last five years in Indonesia. Unmarried women mean never in a union, widowed, or divorced. The study gets 1,050 respondents.

The dependent variable was unintended pregnancy. Unintended pregnancy was defined and calculated as a pregnancy that is

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either unwanted or mistimed. A woman who has an unwanted pregnancy does not want to be pregnant or have children, and a woman who has a mistimed pregnancy does not wish to be pregnant at this time but wants the pregnancy later. Other variables analyzed as independent variables were residence, age, education, employment, wealth, and parity. The author used bivariate analysis by Chi-square. The final multivariate analysis used binary logistic regression.

RESULTS

The study shows that 15.5% of unmarried women in Indonesia have experienced an unintended pregnancy in the last five **1** ars. Meanwhile, Table 1 shows the statistical description of unintended pregnancy status among unmarried women in Indonesia. The result indicates that women who experience unintended pregnancy dominate in living in urban areas, and women in the 40–44 age groups dominate among unmarried women who experience unintended pregnancies. Meanwhile, unmarried women who had primary education dominated the two categories of unintended pregnancy. Employed unmarried

 Table 1: Statistic description of unintended pregnancy

 status among unmarried women in Indonesia, 2017

Variables	Unintended Pregnancy Status				Р
	No (n=887)		Yes (n=163)		
	п	%	п	%	
Type of residence					***<0.001
Urban	390	44.0	109	66.9	
Rural	497	56.0	54	33.1	
Age group					***<0.001
15-19	38	4.3	11	6.7	
20-24	139	15.7	8	4.9	
25-29	187	21.1	15	9.2	
30-34	183	20.6	24	14.7	
35-39	181	20.4	37	22.7	
40-44	110	12.4	48	29.4	
45-49	49	5.5	20	12.3	
Education level					***<0.001
No education	25	2.8	6	3.7	
Primary	478	53.9	111	68.1	
Secondary	276	31.1	42	25.8	
Higher	108	12.2	4	2.5	
Employment status					**0.001
No	253	28.5	26	16.0	
Yes	634	71.5	137	84.0	
Wealth status					***<0.001
Poorest	343	38.7	80	49.1	
Poorer	183	20.6	40	24.5	
Middle	160	18.0	11	6.7	
Richer	108	12.2	25	15.3	
Richest	93	10.5	7	4.3	
Parity					***<0.001
Primiparous	229	25.8	15	9.2	
Multiparous	658	74.2	148	90.8	

P<0.01; *P<0.001

women dominate the two categories of unintended pregnancy based on employment status. The poorest unmarried women dominate the two types of unintended pregnancy. Finally, multiparous unmarried women dominate both categories of unintended pregnancy.

Table 2 shows the binary logistic regression of unintended pregnancy among unmarted women in Indonesia. The work shows that women living in urban areas are 4.711 more likely than those living in rural areas to experience an unintended pregnancy (95% CI 3.023-7.343). Age is founded to influence unintended degnancy incidence among unmarried women. Employed women were 1.938 times more likely than unemployed women to experience unintended pregnancy (95% CI 1.145-3.281).

Secondary education is 0.341 less likely to experience unintended pregnancy than no education (95% CI 0.119-0.973). Higher education has a 0.136 chance of experiencing unintended pregnancy than no education (95% CI 0.033-0.555). Wealth status partiant to affects unintended pregnancy among unmarried women. Multiparous women are 4.095 times more likely than primiparous women to experience an unintended pregnancy (95% CI 1.658-10.115).

DISCUSSION

Marriage is *sunnah*, a term described as an elective activity in Muslim settings in Indonesia, where Muslims constitute most of the population. Indonesian society still stigmatizes marriages that end in death or divorce, particularly for women. Being a widow or a single parent is always characterized as an individual with financial insecurity, gossip in the community, victims of sexual abuse, and sexual jealousy by other women.^[6]

Urban areas have more slums than rural areas. People living in slum areas are at greater risk of having children earlier and having sex without a condom. Adolescent women in low-slum settlements are at higher risk of unintended pregnancy and premarital childbearing.^[7] Meanwhile, younger people have the highest interest in sex because it is something new in their life. Actions taken, or attempted sexual activity without being followed by a good knowledge of the risks of sexual activity, could lead to pregnancy.^[8]

The study found education to be a protective factor for unmarried women from unintended pregnancy. The higher a woman's education, the more she can understand the risks of making decisions or actions.^[9] Women must face that pregnancy is a potential additional new economic burden. The combination of poverty and poor education adds to the deterioration of women who experience inintended pregnancies.^[10] Moreover, multiparous women have a much higher chance of experiencing an unintended pregnancy because women with a high degree of parity may have restricted awareness and access to family planning services.^[11]

The authors have employed a quantitative approach to secondary data from the 2017 IDHS. So, the study produced

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Table 2: Result of binary logistic regression of unintended pregnancy among unmarried women in Indonesia, 2017

Predictors	Unintended Pregnancy				
	Р	AOR	95% CI		
			Lower Bound	Upper Bound	
Type Tresidence: Urban	***<0.001	4.711	3.023	7.343	
Type of residence: Rural (ref.)	-	-	-	-	
Age group: 15-19 (ref.)	-	-	-	-	
Age group: 20-24	***<0.001	0.112	0.036	0.347	
Age group: 25-29	***<0.001	0.079	0.024	0.257	
Age group: 30-34	***<0.001	0.098	0.029	0.329	
Age group: 35-39	***<0.001	0.119	0.037	0.386	
Age group: 40-44	*0.044	0.298	0.092	0.967	
group: 45-49	0.068	0.305	0.086	1.090	
Education level: No education (ref.)	-	-	-	-	
Education level: Primary	0.207	0.528	0.195	1.425	
Education level: Secondary	*0.044	0.341	0.119	0.973	
Education level: Higher	**0.005	0.136	0.033	0.555	
Employment status: No (ref.)	-	-	-	-	
Employment status: Yes	*0.014	1.938	1.145	3.281	
Wealth status: Poorest (ref.)	-	-	-	-	
Wealth status: Poorer	0.063	0.627	0.383	1.027	
Wealth status: Middle	***<0.001	0.171	0.083	0.353	
Wealth status: Richer	0.237	0.701	0.389	1.263	
Wealth status: Richest	**0.001	0.224	0.091	0.555	
Parity: Primiparous (ref.)	-	-	-	-	
Parity: Multiparous	**0.002	4.095	1.658	10.115	

information more superficial findings. The lesson cannot explain the phenomenon related to values, norms, and religion in Indonesia's contexts.^[12]

CONCLUSIONS

The study concluded that six variables affect the incidence of unintended pregnancy among unmarried women in Indonesia: residence, age, education, employment, wealth, and parity.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

- Rahmadi I, Ocviyanti D. Unintended pregnancy in unmarried women in Indonesia. In: Obstetric and Gynecology Case Report. 2020. p. 21-7.
- Bearak J, Popinchalk A, Ganatra B, Moller AB, Tunçalp Ö, Beavin C, et al. Unintended pregnancy and abortion by income, region, and the legal status of abortion: Estimates from a comprehensive model for 1990–2019. Lancet Glob Heal 2020;8:e1152-61.
- Aladin. Pregnant marriage outside marriage in the perspective of Islamic law (KHI) and Islamic Fiqh in the office of religious affairs (case study in Kupang City). Masal Huk 2017;46:239-48.

- Kantorová V. Unintended pregnancy and abortion: What does it tell us about reproductive health and autonomy? Lancet Glob Heal 2020;8:e1106-7.
- Masruroh, Yusuf A, Rohmah N, Pakki IB, Sujoso ADP, Andayani Q, et al. Neonatal death incidence in healthcare facility in Indonesia: Does antenatal care matter? Indian J Forensic Med Toxicol 2021;15:1265-71.
- Dwi Kristianti A, Farida Tantiani F. The meaning of love and love orientation of widows based on erich from perspective (a study at St. Petrus Paulus Church, Wlingi, East Java, Indonesia). KnE Soc Sci 2020;2020:303-11.
- A frican Population and Health Research Center. Population and Health Dynamics in Nairobi's Informal Settlements: Report of the Nairobi Cross-sectional Slums Survey (NCSS) 2012. Nairobi; 2014.
- Ajayi AI, Odunga SA, Oduor C, Ouedraogo R, Ushie BA, Wado YD. "I was tricked": Understanding reasons for unintended pregnancy among sexually active adolescent girls. Reprod Health 2021;18:Article number 19.
- Wulandari RD, Laksono AD. Determinants of knowledge of pregnancy danger signs in Indonesia. PLoS One 2020;15:e0232550. doi: 10.1371/ journal.pone.0232550.
- Laksono AD, Wulandari RD, Efendi F. Determinants of hospital utilisation among urban poor societies in Indonesia. Int J Innov Creat Chang 2020;12:375-87.
- Wasswa R, Kabagenyi A, Atuhaire L. Determinants of unintended pregnancies among currently married women in Uganda. J Heal Popul Nutr 2020;39:15. doi: 10.1186/s41043-020-00218-7.
- Kusrini I, Ipa M, Laksono AD. "Is It true that the child is king?": Qualitative study of factors related to nutritional status of children in West Lombok, Indonesia. Indian J Public Heal Res Dev 2019;10:1729-33.

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