Couple Communication on Unplanned Pregnancy Among Married Couples In Keiyo Marakwet County, Kenya

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Abstract

Pregnancy is an exciting responsibility to a couple but the challenge is when it is unplanned. Effective communication gives couples the ability to plan about the pregnancy without disagreements which can lead to them getting their wires crossed. Conflict and misunderstanding can happen for a lot of couples, especially those who do not consider communication in addressing critical issues. Most of the families have been broken due to lack of communication about unplanned pregnancies while other have lost their lives in the process of procuring abortion. Understanding how a couple communicates about an unplanned pregnancy will direct on how to deal with this issue which is of public health concern. This was a descriptive cross-sectional study engaging a qualitative research designThe target population was couples who had had an unplanned pregnancy in Kaptarakwa Division, Keiyo-Marakwet County. The study used purposeful sampling method with a sample size of 20 couples. From the findings it emerged that the community had mixed perceptions about an unplanned pregnancy. Most of the couples had an initial negative reaction but later accepted the pregnancy and moved on. Men felt the pregnancy resulted due to the woman’s carelessness and women felt they were to blame for the same. Most of the couples had minimal knowledge on contraceptives and the issue of contraception was considered as the responsibility of a woman. It is therefore relevant to scale up public health talks and sensitization on handling and preventing unplanned pregnancies.

Key terms: unplanned pregnancy, unintended pregnancy, communication, Couple, contraceptives, contraception

Introduction

Unplanned pregnancy is a pregnancy occurring without any planned intentions to have a child. A pregnancy can either be unintended that is one that was either mistimed or unwanted. A pregnancy may occur at a time when the couple had not anticipated, however was planning to get pregnant in future or did not want to become pregnant then or at anytime in the future (Ikamari et.al, 2013). Unplanned pregnancy is a pregnancy occurring without any planned intentions to have a child. An unplanned pregnancy can either be unintended that is one that was either mistimed or unwanted (Singh et.al, 2010). A pregnancy may occur at a time when the woman had not anticipated, however was planning to get pregnant in future or did not want to become pregnant then or at anytime in the future (Ikamari et.al, 2013). An unplanned pregnancy can be a source of social and economic burden (Medoff, 2012). Globally, unintended pregnancies occur in both developed and developing countries. In 2008, a total of 208 million pregnancies occurred where an estimated 41% of these pregnancies were unintended (Singh et.al, 2010). Africa has the highest rates of unplanned pregnancies (86 per 1000) according to a study on rates of unintended pregnancies in developing countries (Kott, 2011). Kenya has one of the highest rates of unintended pregnancies according to KDHS 2008-09 where 43% of the married women indicated that their current pregnancies were unintended. Economic disparities also exist where women of poor socio-economic status have a higher prevalence compared to their counterparts of higher socio-economic status (Finer & Zolna, 2014)

Communication is the exchange of ideas or information from a sender to a receiver through a channel with the aim of getting a feedback. Communication among a couple is an integral aspect that helps in keeping their relationship vibrant and strong. Communication about an unplanned pregnancy is a very sensitive issue which may lead to a family break up if not well handled.

Regardless of various available family planning methods and extensive information about how to use it, unplanned pregnancy is one of the most frequent challenges faced by sexually active women of reproductive age owing to the high unmet need of contraception. According to KDHS 2008-09, the unmet need of contraception in Kenya among women of reproductive age is
24%. Couples particularly those who lack information about contraception, have an unmet need of family planning, incorrect use contraceptives thus contraceptive failure may end up having an unplanned or unwanted pregnancy (Forrest, 1994; Adentuji, 1998).

While the previous generations may have assumed that any pregnancy was wanted and deliberate so long as the couple was married, that is not the case today. Most communities in the Kenyan Society accept that a couple will want children at some time in their lives, but an increasing number of couples have varied priorities and parenthood might not be one of them.

Unplanned pregnancies are not a predicament for those who wish to remain childless but also to couples who already have planned and had enough children (Ikamari et.al, 2013). Addition to the family may bring about emotional and financial pressures. Not only does the unintended pregnancy impact on the family unit but also it has a public health impact. This is because theses pregnancies occur at the time they are unintended or lead to the woman having closely spaced pregnancies which are linked to adverse maternal and child health outcomes, which include late attendance of antenatal care, preterm delivery of the baby, low birth weight babies and negative physical and psychological effects for children (Mayer JP, 1997; Orr ST et al , 2000; Barber JS et.al, 1999). In addition, unplanned pregnancies is a reason for school dropout among the adolescents leading to economic impacts (Ikamari et.el, 2013). Faced with the challenge on how to handle it, most women result to abortion. According to the Kenyan constitution, abortion is illegal unless prescribed by a medical doctor on medical grounds where the life of the mother is endangered, therefore it is as a way to to save life or when permitted under written law. With these conditions, women opt to undergo unsafe abortion which may end up in complications such as haemorrhage and sepsis, listed among the direct causes of maternal mortality. It may be difficult to get the actual estimates of unsafe abortions because of the restrictive law in Kenya.

The KDHS 2008-09 statistics indicate that fertility rate among rural community is higher than in the urban area, 5.2 and 2.9 children respectively. Keiyo-Marakwet County is inhabited mostly by a rural population. This means the fertility rate is higher compared urban areas. There have been little studies done to understand how couples communicate in regard to unplanned pregnancy in this County. Therefore this study aimed at understading how couples communicate whenever an unplanned pregnancy occurs. This understanding will bring a perspective of addressing the issue of unplanned pregnancy, therefore establish attainable strategies.

**Methodology**

This paper aimed at assessing the modalities of couple communication on unplanned pregnancy, what actions couples take and decisions about an unplanned pregnancy. To attain this, a descriptive cross-sectional study employing a qualitative design was used where; in-depth interviews were applied to generate data. The study was mainly focused on Keiyo community living in Kaptarakwa Division of the Keiyo-Marakwet County in Western Kenya. Purposeful sampling was done and twenty couples who had had unwanted/ unplanned pregnancies were sampled to participate in the study. To get this sample, simple random sampling was used and the couple who met the inclusion criteria participated in the study. An interview guide was used as a control over the line of questioning. Probing the participants allowed us to get more information. Data was coded into themes and categorized. Content analysis was done and the data was presented in form of narration.

**Findings**

The findings indicated that unplanned pregnancies existed among the rural community. Most families wished to plan the timing and spacing of their children but at times that did not happen.
Reasons for unplanned pregnancies
The main reason cited among most couples which led to them having an unplanned pregnancy was lack of contraceptive use. Other reasons included socio-cultural factors associated with the use of contraception.
1. “I got pregnant because I was not using any contraception yet I am a married woman”
2. “I fear using the family planning contraceptives because I hear they can accumulate in the stomach when you swallow them continuously”
3. “If I use contraceptives and will want to get pregnant again, it will not be possible because the drug will kill all my eggs”

Knowledge on contraceptive
Despite availability of contraceptives in many public and private institutions, some of the participants still did not have any knowledge of it. A major barrier to family planning is that many vulnerable women and girls are unable to exercise their rights and make decisions over their own healthcare, including family planning. Other women confessed that they had never used contraceptive because they didn’t know how their husbands would react especially if they had not given them permission.

‘I got pregnant while I was still trying to find out about the appropriate method of family planning I could use. My baby was only 8 months old and we were got by a surprise’.

‘After having our first born, we had intended to space our children but before I knew it I was already pregnant. It was devastating, being a professional who was to resume back to work and here planning for another maternity leave’.

‘My husband is very particular about the kind of family planning method that I can use’.

Perception on unplanned pregnancy
Most of the couples were embarrassed to acknowledge that a pregnancy was accidental. They believed that if they confessed they would be creating some kind of stigma to their child.

“Though we had not planned to have a baby, we will never say it was an accident because we will be creating a gap between us and the unborn child.”

Not all couples perceived the unplanned pregnancy negatively. Other couples felt genuinely unsure about their pregnancy and were quite honestly unsure whether it was intended or ‘just happened’. Once the pregnancy is perceived positively and accepted openly as a blessing, it becomes redefined in the brain of the expecting couple.

“I don’t know how to put it may be I can only say it is God because we had decided not to have another kid. We have three boys and amazingly when I gave birth it was a baby girl. She has brought a lot of joy in to our family and everyone wants to be close to her.”

Some of other couples perceived unplanned pregnancy as additional expense to their family budgets, but based on positive attitude things could be different.

“Having a baby is not easy by any means, and the strain of pregnancy can put a lot of pressure on you as a couple. But don’t consider it negative all the time. For sure, getting a baby is one of the most magnificent things, and I’m sure the most of the happy couples would be pleased to a planned baby”
To some couples, the notion of unplanned pregnancy rests on the assumption that it is possible to ‘plan pregnancy’.

**Handling unplanned pregnancy**

Gender difference was noted on how the couples coped with an unplanned pregnancy. Men and women acted differently whenever an unplanned pregnancy occurred. Men almost felt the responsibility rested on the woman and the women felt it was their failure that led to the pregnancy thus feared to be blamed.

“I realized I was pregnant and I didn’t how to inform my husband because I didn’t know how he will take it. It took me about two weeks before I got the courage to tell him.”

When My wife told me she was expecting a baby, I couldn’t believe. I thought she was joking but the reality dawned when I asked her if she was sure and she showed me the results from our dispensary indicating a positive pregnancy test. At a point I thought of quarreling because I thought I was done with childbirth but also I was part of it and I had to accept.

**Strategies to unplanned pregnancy**

Most couples felt that since the unplanned pregnancy had occurred, they didn’t have a choice but to receive the baby. However, some felt that it was best to procure an abortion from a specialist especially if the desired family size had been achieved. Others thought of giving out the baby for adoption although they felt culturally it may affect them.

“When I realized my wife was pregnant, we decided to accept the baby”.

“Immediately I found out I was pregnant, I went to a herbalist with an intended aim of procuring an abortion, however it was unsuccessful”.

“We decided to have the baby be born since we already had 8 other children and we would give to one of our relatives who was barren since culturally, a baby should not grow outside their blood relations otherwise it will lead to a curse”.

**Discussion**

Unplanned pregnancies exist in families for several reasons as cited by the study participants. One of the reasons was the unmet need of contraception. The couples had intended to space or plan a pregnancy but they were unable to make a decision. This may be attributed to rumours and misconceptions associated with modern contraceptives, lack of knowledge on contraception or socio-cultural factors which intimidate use of contraception. The current statistics in Kenya indicate that one out of every four married women wish to delay pregnancy yet they are not using any contraception (PRB, 2011)

Other than making decisions, another challenge realized is the knowledge about contraceptives. Most of the couples who were interviewed had little knowledge on contraceptives. They either had never heard of contraceptives, have heard misleading information or they had heard about it but they didn’t know where to find it. This could be attributed to inadequate sensitization of the public on family planning contraceptives. According to KDHS 2008-09, the contraceptive prevalence rate among married women in Kenya is still low (46%). This means more than half of the women are not using contraception.

On the perception of an unplanned pregnancy, though others were not willing to talk about it, others took it as a blessing from God. Most of the men perceived an unplanned pregnancy as the carelessness of the women because
to them they projected the issue of family planning as the responsibility of the women. The women on the other hand had a notion that it is the man as the head of the house to decide on the type of family planning and the time to go for it. This is a challenge to many families because the couples do not talk about it but assume that the partner should know their expectations. For the families who have had unplanned pregnancies it proved a challenge on how to handle it. Some of the mothers secretly have done an abortion while others staying indoors for the whole season till delivery because they are embarrassed and they worried a lot on what people would say. While some families have taken it to be a blessing, other families have been broken because of this. This emphasizes the need of couple communication on such critical issues such as an unplanned pregnancy. Many couples may not be aware of the strategies that exist that can be avenues of resolving an unplanned pregnancy.

The women readily accepted and moved on while the men went into denial for a very long time. This could be attributed to the fact that women engage and communicate to others therefore easily get psychological and social support as compared to men who more likely keep to themselves. Communication offers social support which is incredible especially in unplanned pregnancy (Gray, 2014)

**Conclusion**

In conclusion, unplanned/ unintended pregnancy is a probable problem for all women of reproductive age who are sexually active. Couple communication plays a key role in ensuring the right strategies of handling an unplanned pregnancy. In the current generation, it is acknowledged that pregnancies are no longer actions that just occur either by God’s grace. Limited contraceptive knowledge and unmet need for family planning have contributed to unplanned pregnancies.

**Recommendation**

In regard to the findings of this study, it is recommended that education on contraceptive be carried out in the region to increase contraceptive prevalence rate and clarify the rumours and misconceptions on contraceptives. The couples also need to be enlightened on the importance of communication in the family on unplanned pregnancies in order to shed light on strategies of handling the issue.
References


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