Unplanned Pregnancies and the Consequences Among the Garment Workers Around Dhaka City

Nusrat Jahan[1] and Hamida Khanum[2]*

[1]University of Windsor, Canada

[2]Department of Zoology, University of Dhaka, American International University-Bangladesh, Bangladesh

*Corresponding author: Hamida Khanum, Department of Zoology, University of Dhaka, American International University-Bangladesh, Boshumdhara, Dhaka, Bangladesh

ARTICLE INFO

ABSTRACT

The main objectives were to find out the consequences of keeping the baby or abort the baby in case of Unplanned and unwanted pregnancy. The study showed that approximately 68% women had unwanted pregnancy due to irregular use of contraceptives accounted for only 8%. Among them financial crisis was nearly 63% and domestic violence was 11%. After terminating the baby around 32% were suffering from complications and mostly used cytomis and iron pills that was 32% for termination. On the other hand, having the financial problem around 59% women were interested to keep the baby and only 39% had a history of termination of pregnancy. The study found that, though it was unwanted pregnancy, the percentage of keeping the baby is satisfactory. The reason behind keeping the baby was mostly the maternal benefit the company has given and there was no fear of loosing the job. The study also revealed that women who got high salary they prefer to do job rather than have kids. The elderly women who had one child earlier, they were eagerly get pregnant and having second one. But women who already had two children they did not want more children and went for abortion. If the abortion was not in proper way, they mostly suffered from complications. So, it is recommended that, they must be encouraged to use contraceptive methods in a regular way. If they need to terminate the baby, they should consult with the doctor first.

Introduction

Over the past 35 years, the growth of the garment industry has changed dramatically, and recent financial report shows that 80% as Bangladesh's total foreign earning foundation. There are now 4,825 garment factories in Bangladesh and they are now creating job over three million people. The majority of the workers are women (85%), in which employees are able to give an amount of time and efforts to their work and also their personal life outside the work (Anna [1]). The Economist commented on this trend claiming, "Women's empowerment in economic sector is debatably the biggest social change of times" (Anna, et al. [1]). Over the last decade, economic pressures have significantly raised the need for dual-earner families (Ford, et al. [2]). Additionally, into the paid work force, it has either directly or indirectly affected almost everyone in the society (Jenkins, et al. [3]). For every pregnant woman who dies during the childbirth, also around twenty more women suffer from injuries, infections or diseases which account to nearly 10 million morbidity in each year (WHO, 2013). Unsafe

abortion is the major causes of deaths of mothers among other causes, and it accounts for nearly 13 percent of deaths (WHO, 2013). The decreased rate of Maternal Mortality Ratio (MMR) by half since 1990. The rate of MMR in developing countries is till 15 folds higher than the developed countries (UN, 2013).

Every year in the developing countries about 184 million child bearing mothers occur and among them 40% of these are unwanted (Bongaarts, et al. [4]). It is considered that about partly of the accidental pregnancies are mostly wrecked in termination, reason for maternal deaths at least one in seven globally (Singh, et al, [5]). Most of these deaths (approximately 95%) occur in developing worlds (Ciment, et al. [6,7]). It is designed to know pregnancy intention assessments of a woman's plan before getting pregnant and also worried about the family planning issues. Accurate calculations that are valid for a diversified population is necessary (Gipson, et al. [7,8]). According to the National Survey of Family Growth (NSFG), unwanted pregnancies are whether "mistimed" or "unwanted" and it is calculated by retrospective questions which are assessed by the timing and intension for children. Diversification in pregnancy intention gauging between survey tools and continuing adjustment of assessments make contrasting results between surveys difficult if possible (Petersen and Moos, 1997, Fantahun, et al. [9,10]). Bangladesh is a developing country. It's economy depend on the readymade garment industries. Majority of the workers in garment factories are 80-85% are women, they are not well educated and most of them are the victims of childhood marriage. So, they became pregnant at the very young age. Due to economic constrains they are forced to do jobs in garment industries. Their irregular use of contraceptives caused unplanned pregnancies in most of the time. In Bangladesh there are limited number of studies that were done on unintended pregnancy. Universally, 38 % of pregnancies are unwanted. At the international level, the rate of mortality of mothers (MMR) decreased by under 5.5 % to accomplish the aim of MDG (Siddhartha, et al. [11,12]). All the 8 goals of MDGs, nations have made the slightest improvement on the way to maternal mortality reduction (US Global Health Policy, [13-25]).

Justification of the Study

Maternal benefits given by the Factory: The aim of this study was to determine the consequences of unplanned pregnancy among female garment workers in Dhaka city. For this study purposes, both pregnant and non-pregnant women who had history of previous abortion were included. This is the crucial factor that plays a great role in unintended pregnancy. As this benefit is maintained by the Bangladesh government so, the factory is compelled to maintain this. Therefore, this study was executed to determine the occurrence of unintended pregnancy and factors which are associated among randomly selected pregnant and non-pregnant women in ready-made garment sector of Bangladesh.

Methods and Materials

Study Locale

The study was carried out in New Age Apparels Ltd. in Ashulia, Dhaka, Bangladesh. A cross-sectional descriptive research design study was conducted from September 2019 to November 2019. Basically, the study targeted all women who were having history of both intended and unintended pregnancy and also history of termination. Total 123 female garment workers were interviewed based upon a structured questionnaire. Among the study population, 100% of them were married and had the idea of family planning and methods were available for contraception. Their age average 24.3 years ranging from 18 years to 36 years. Total 123 female garment workers were interviewed based upon a structured questionnaire. Among the study population, 100% of them were married and had the idea of family planning and methods were available for contraception. Their age average 24.3 years ranging from 18 years to 36 years. Structural questionnaire was used for correlation of necessary information and medical record review were done for the assessment of the health of the female garment workers.

Ethical Considerations

It is a set of moral principles which maintain the integrity of the research and guide researchers how to deal with participants effectively (Mack, et al. [26-45]). Additionally, permission was taken from Institutional Review Board (IRB) of American International University-Bangladesh (AIUB), the committee on activities involving human subjects.

Results

Demographic Information of the Respondents

Most of the garment workers were experiencing at least 2 number of pregnancies. Minimum was 1 and maximum was 4. The female workers (52%) were on contraceptive methods and among them only 8% were regular and rest of them were irregular and thus they were witnessed unintended pregnancies, around 63% were having financial crisis and their job duration ranging from 1 year to maximum approximately 18 years (Table 1). The determination of the age at 1st birth of female workers were nearly 19 years and minimum age of 1st conception was 16 years and maximum was 27 years. Determination of intended pregnancy was around 32% and unintended pregnancy was 68% (Table 1). Among them the determination of keeping the baby was 59%. Those who were facing unintended pregnancy, the determination of termination of the pregnancy was 39% (Table 1). The total number of pregnancy was 75% among the population of the study. Rest of them were non-pregnant because they already did their abortion and came to medical room which was situated inside the factory. The determination of age of last child ranging from 0 to 15 years (Table 1).

Table 1: Descriptive characteristics of the study population, (N=123).

Variables	N	Mean	SD	Min	Max
Age	123	24.3	4.3	18	36
Married	123	100%	0		
Age of last child	123	3.852846	3.599051	0	15
Pregnancy	123	75%	44%		
Personal Income	123	10728	7281	8200	12000
Family Income	123	19768	2970	10000	27000
number of pregnancy	123	2	1	1	4
h/o terminated pregnancy	123	39%	49%		
Keep the baby	123	59%	49%		
knowledge of contraception	123	100%	0%		
Use contraception	123	52%	50%		
Regular use of contraception	123	8%	27%		
Financial crisis	123	63%	49%		
Job duration (years)	123	5.5	3.8	1	18
age at 1st birth	123	19.2	4.2	0	28
children ever born	123	0.8	0.6	0	2
knowledge of family planning	123	100%	0%		
intended pregnancy	123	32%	47%		
unintended pregnancy	123	68%	47%		
married for years	123	6.8	4.0	1	18
number of unintended pregnancy	123	0.8	0.6	0	3

Pregnant and Not-Pregnant Workers for Continuation of Pregnancy

Overall responsive behaviors regarding keeping the baby among female garment workers were satisfactory, 20 women who were pregnant, did not want to keep the baby and they went for abortion, not to keep the baby were 51 and 72 were interested in keeping the baby. Totally 92 female workers were pregnant. The Chi-square test value is significant at 1% level. Here the study showed that majority female workers were interested to keep the baby because they will get maternal benefit from the company as well as they will not lose the job (Table 2).

Table 2: Significant difference between who wants to continue and abort the baby.

Unintended pregnancy	Keep the baby		
	No	Yes	Total
No	2	37	39
Yes	49	35	84
Total	51	72	123
Pearson chi2(1) = 31.0637Pr = 0.000			

Different Methods of Contraceptives Used by Female Garment Workers

Approximately 47% female workers were on no methods and the frequency was 58, 29% women used contraceptive pills like shukhi, famicon, minipills and so on but they were not regular on their pills. Only 16% workers used injectable contraceptives, last only for 3 months and moreover and not regular on that method too. Only 8% women's husbands used condoms as contraceptive but mostly failed to give full contraception because the failure rate was higher and the rupture of condom was common. The Female workers (52%) were on contraceptive methods and among them only 8% were regular and rest of them were irregular and thus they were victim of unintended pregnancies, around 63% were having financial crisis and their job duration ranging from 1 year to maximum approximately 18 years (Table 3).

Table 3: Percentage and frequency of use of different types of contraceptive methods.

Types of contraceptives	Freq.	Percent
No method	58	47.15
Pills	35	28.46
Injection	20	16.26
Condom	10	8.13
Total	123	100

The Percentage of Children Ever Born

Majority (63%) of the female workers experiencing 1st pregnancy, 24% female workers reported that they had one alive child (Figure 1). Only 13% female workers had two alive children and their present pregnancy was third pregnancy.
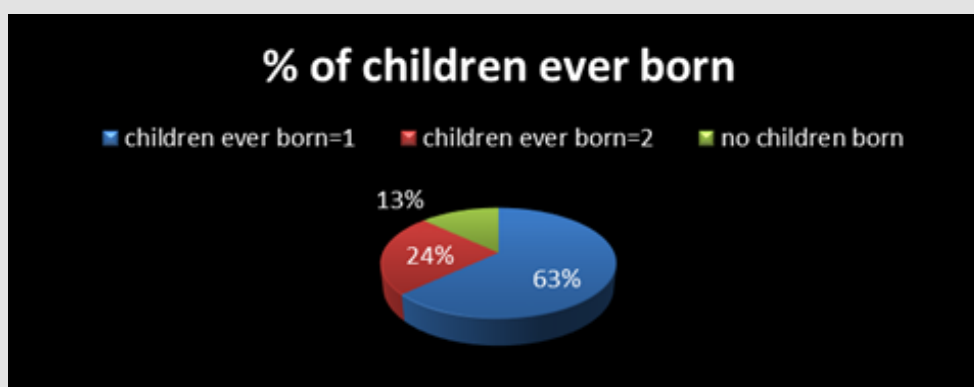

Figure 1: Percentage of children ever born.

Intention of Mother to Get Pregnant

Most of the female workers do not want to get pregnant as they think they might loose their job. So, nearly 68% of female garment workers were experiencing unintended pregnancy. On the other hand around 32% women were intentionally want baby and they continued their pregnancy.

Consequence of the Pregnancy

There were two consequences of unintended pregnancies, Either they terminate the child by using the different methods of abortions or they continued their pregnancy. This present study showed, almost 60% women continued their pregnancy and rest of the women (40%) terminated their pregnancy.

Causes of Termination of Unintended Pregnancy

About 55% female workers who wanted to keep the baby. Here both intended and unintended women were involved. Financial crisis played a major role in workers lives. Female workers who were facing economic crisis (about 26%), did not want to keep the baby. And they prefer to terminate the baby in the early stage of life. Another common issue not to keep the baby was domestic violence, like husband verbally and physically abuse the woman, to keep the wives salary. The least common cause of abortion was husband or his family members did not want the child to be born. Approximately 8% women abort their child by the pressure of her husband and in-laws. The reason behind that couples were newly married and also economic insolvency (Figure 2).

Complications and Hospital Admissions During the Termination of Pregnancies

It was observed that, approximately 60% (N= 74) female workers did not face any complications so, there was no need for hospital admission. The major reason for that was they were not terminated their baby. But nearly 38% workers who did not want to keep the baby they faced complication during the abortion. The number of women N=39 who were facing complications during abortion and majority faced bleeding problem. On the other hand, only 8% (N=10) female workers did not face any complications during that process so, they did not need any hospital admission (Table 4).

Figure 2: Of termination of unintended pregnancy.

Table 4: Complications and hospital admission ratio.

	Complication during abortion		Hospital admission	
	N	%	N	%
Yes	39	31.71	17	13.82
No	10	8.13	33	26.83
N/A	74	60.16	73	59.35
Total	123	100		

Methods of Termination of Unintended Pregnancy

Those who were used different methods for doing termination of pregnancy like menstruation regulation (MR), they were hospitalized. Also, those who were on herbal pills or took herbal method faced complications and thus admitted into the hospital. Among the study population admission during the study period. any hospital nearly 14% (N=17) female workers admitted into the hospital. Only 27% (N=33) did not require termination. Approximately 59% female workers who were not pregnant that time or primi gravida and wanted to keep the baby and also had unintended pregnancy. Another method used to abort the child was use of herbal products from some local kabiraj and from unskilled dhais. Herbal products used approximately 7% garments workers (Figure 3). This (Table 5) shows the correlation among the variables. The higher value shows that there is high correlation. The positive value shows that there is positive correlation between the variables. For example, the value -0.51 shows that there is negative relationship exist between keep the baby and number of unintended pregnancy and the correlation value is 0.51. So, it shows a good correlation. It also shows that the personal income is -0.10 and there is a negative relation with the number of unintended pregnancy and the correlation value is 0.15. So, if the personal income is high the tendency of continuation of pregnancy is lower. Again when the family income is good (correlation value 0.06) then the number of unintended pregnancy become lower (-0.13). Moreover, there is a negative relationship between financial crisis and continuation of the pregnancy. If financial crisis is present, the rate of continuation of pregnancy decreases (Table 6). Another good correlation is seen from the (Table 6) and that is the job duration and the continuation of the pregnancy. The correlation value of job duration is -0.04 and the continuation of the pregnancy is 0.07. Here shows a good correlation between them.
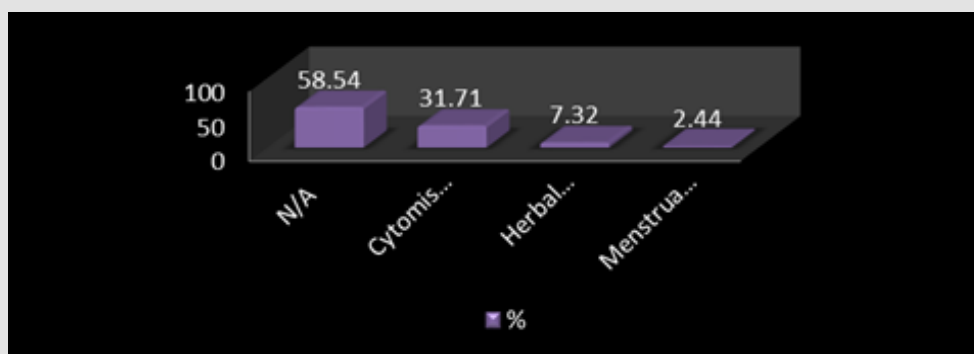

Figure 3: Methods used for termination of unwanted pregnancy.

Table 5: Relationship of different financial factors, no. children, unintended pregnancy and keeping the baby.

	Keep The Baby	Number of Unintended	Age	Education Level	Personal Income	Family Income	Married for	Financial Crtisis	Children ever born	Job duration	Age of Last Child
Keep the baby	1										
Number of unintended	-0.51	1									
Age	-0.02	0.11	1								
Education level	0.07	-0.21	-0.12	1							
Personal income	-0.1	0.15	0.05	0.12	1						
Family income	0.06	-0.13	0.21	0.33	0.06	1					
Married for	0.03	0.14	0.86	-0.15	0.03	0.13	1				
Financial crtisis	-0.14	0.29	-0.03	-0.28	0.01	-0.53	0.03	1			
Children ever born	-0.18	0.35	0.67	-0.23	0.05	0.12	0.77	0.08	1		
Job duration (years)	-0.04	0.07	0.79	-0.12	0.03	0.14	0.77	-0.05	0.56	1	
Age of last child	0.01	0.13	0.81	-0.09	0	0.16	0.9	-0.02	0.71	0.72	1

Table 6: Multivariate logistic regression model.

Keep the baby	Odds Ratio	Std. Err.	z	P>|z|	[95% Conf. Interval]	
Number of un~y	0.046943	0.034622	-4.15	0	0.011061	0.199233
Age	0.9157198	0.1157849	-0.70	0.486	0.714719	1.173248
Educationl~l	0.8621917	0.169764	-0.75	0.451	0.586143	1.268247
Personalin~e	0.999356	0.0003769	-1.71	0.087	0.998617	1.000095
Familyincome	1.000276	0.00014	1.98	0.048	1.000002	1.000551
Marriedfor	1.853486	0.4157976	2.75	0.006	1.194089	2.877012
Financialc~s	1.175393	0.7215425	0.26	0.792	0.352901	3.914831
Childrenev~n						
1	0.481459	0.3813817	-0.92	0.356	0.101927	2.274196
3	0.024703	0.0410329	-2.23	0.026	0.000952	0.640707
Jobduratio~s	0.8553509	0.0987535	-1.35	0.176	0.682134	1.072553
Ageoflastc~D	0.818139	.1704628	-0.96	0.335	0.543841	1.23077

Note: 1 failure and 0 successes completely determined

Logistic regression

Number of obs = 123

LR chi2(11) =54.17

Prob>chi2=0.0000

pseudo R2=0.3245

Log likelihood=-56.370247

Source: All calculation based on collected data

There is no relationship between the garment worker's age and the unintended pregnancy. Both this group has the same age irrespective of their intended or unintended pregnancy status as the P-value is not significant. The mean value of ages of female workers both who wanted pregnancy and unwanted pregnancy are almost same and that is 24 and even the 95% coefficient interval value was same as 23 (Table 7). The regression equation is specified as keep the baby as a function of the other explanatory variables such as number of unintended pregnancy, age, education level, personal income, family income, years of marriage, financial crisis, number of surviving children, job duration and the age of last child. The dependent variable is binary (keep the baby: Yes=1, No=0). As the dependent variable is binary, so, need to apply logistic regression model and get the odds ratio (OR), have run log it regression model and got the odds ratio in STATA software (Table 6).

Table 7: Relationship between age and unintended pregnancy.

Two-sample t test with equal valances						
Gro up	**0bs**	**Mean**	**Std. Err.**	**Std. Dev.**	**[95% conf. Interval]**	
No	39	24.66667	0.818423	5. 111048	23 . 31722	26. 32348
Yes	84	24.16667	0.427079	3. 914241	23 . 55509	25.01611
Combined	123	24. 3252	. 389023	4. 314474	23 . 55509	25.09531
diff		0.5	0.83822	(-)1. 159478		2.159478

Note: diff= mean(No)- mean(Yes)

Ho: diff=0; t=0.5965 degree of Freedom=121

Ha: diff<0

Pr(T < t)=0.7240;

Ha: diff !=0

Pr(|T| > t) =0.5520;

Ha: diff>0

Pr(T > t)= 0.2760

Discussion

The plan of this learning was to establish the frequency and factors linked with not deliberate pregnancy among women who are at this time working in garments factory. The cram was limited in one garment factory in Dhaka city. More than half of the respondents has their current pregnancy unintentional. Result indicates that age of women, educational status of women, economy of the household, children ever born, history of terminated pregnancy, maternal benefits given by the factory were significantly associated with unintended pregnancy.

Adult women were more to be expected to experience unintentional pregnancy and they were more wished-for continue the baby. The amount of money they got from company as maternal benefit was really high. Younger women who already had one baby, they were less interested to have second baby so early. Still financial constrain played a major role in case of keeping the baby or not, the amount of money they got from company as maternal benefit and also after returning from their maternal leave they still had their job in the same position. So, though it was an unintended pregnancy, they still wanted to keep the baby rather than terminate it. However, women who got high salary were less likely to have their second baby. Because they got high salary annually but the maternal benefit amount was really low in comparison to their salary.

Workers who were newly married, they were more prone to terminate their 1st pregnancy because their family did not want baby so early. An additional very vital issue was, every women knew about contraceptive methods and they mostly dependent on pills. Although they were not regular on their pills or other contraceptive methods like injections, implants and condoms etc.

Hence consequences in unexpected pregnancies. Women who had history of termination or wanted to terminate the baby, they mostly used cytomis pills, iron pills or some other unknown pills which were taken from local pharmacy. Only a few number of women went to hospital and did menstruation regulation (MR). Some of them used herbal products for termination of pregnancy and when they faced problems , they got admitted into hospitals. They were not interested to go to hospitals for termination because of financial constrain. Wealth index was found to be significantly associated with unintended pregnancy in all models. However, there is difference in strength of association within different categories.

Conclusion

This revise is paying attention on the verdicts the prevalence of unintended pregnancy and factors associated with unintended pregnancy in garments sector in Dhaka. Results reveal that more than half of pregnancies are unintended, which is a very challenging issue. Age of women, economic condition of the family, educational status of women, numbers of previous births and history of terminated pregnancy and maternal benefits given by the factory were found to be significant associated with the pregnancy intention of women. In conclusion, from this study many factors contributed to the unintended pregnancy. It is understandable that the figure of earlier children a woman has had is a discrete determinant of whether or not the pregnancy is needed, or required at the time of conception. Further births enhance the possibility that a pregnancy will be useless and also amplify the probability that a pregnancy will be untimely. It may as a result of being effective to spotlight family setting up campaigns more intensively on those families that by now have two or more offspring. Overall, there is a substantial demand among women who are working in garments for effective contraceptive methods which are mentioned in this thesis. Women

with additional children and women with abortion should be acknowledged and straightforward admittance of contraceptives information related to contraceptive use should be provided to them. In this way newborn and maternal death and morbidity as well as the need for abortion are decreased and the overall well-being of the family is maintained. In Bangladesh there is still carry out the early marriage whereas in some communities even child marriage is adept. Delay in age at matrimony shifts the time for sexual activities especially in the Bangladeshi context, therefore, government should address the issue of early marriage by investing in proper education and women empowerment.

References

1. Anna B (2010) Women in Academia: A Cross Cultural Perspective on Work/Life Balance.

2. Ford MT, Heinen BA, Langkamer KL (2007) Work and family satisfaction and conflict: meta-analysis of cross-domain relations. Journal of Applied Psychology 92(1): 57-80.

3. Perry Jenkins M, Repetti R L, Crouter A C (2000) Work and family in the 1990s. Journal of Marriage and the Family 62: 981-998.

4. Bongaarts J, Sinding S (2011) Population Policy in Transition in the Developing World. Science, pp. 551-553.

5. Singh S, Fetters T, Gebreselassie H, Abdella A, Gebrehiwot Y, et al. (2010) The estimated incidence of induced abortion in Ethiopia, 2008. International Perspectives on Sexual and Reproductive Health 36(1): 16-35.

6. Ciment J (1999) Most Deaths Related to Abortion Occur in the Developing World. British Medical journal 318(7197): 1509.

7. Gipson JD, Koenig MA, Hindin MJ (2008) The Effects of Unintended Pregnancy on Infant, Child, & Parental Health: A Review of the Literature. Studies in Family Planning 39(1): 18-38.

8. Santelli J, Rochat R, Hatfield Timajchy, K Gilbert, BC Curtis, et al. (2003) The measurement and meaning of unintended pregnancy. Perspectives on sexual and reproductive health 2: 94-101.

9. Fantahun M, Chala F, Loha H (1995) Knowledge, Attitude and Practice of Family Planning Among Senior High School Students in North Gondar. Ethiopian Med J 33(1): 21-29.

10. Regassa N, Kebede T (2011) A population-based study on unintended pregnancy among married women in a district in Southern Ethiopia. Journal of Geography and Regional Planning 4(7): 417-427.

11. Siddhartha A, Sethi V, Srivastore K, Jha K, Baqhi AH (2010) Birth Preparedness and Complication Readiness among Slum woman Indory city. India"s Health Pop Nutr 28(4): 383-361.

12. Kaye B (2006) The Guttmacher Institute. Household characteristics and unintended pregnancy among women in Nigeria. MEASURE DHS, Wealth Index.

13. (2010) United Nations: Millennium Development Goals Report. New York: 2008: 24-25 US Global Health Policy: The U.S Government and Global Maternal, New born & Child Health.

14. Adhikari R, Soonthorndhada K, Prasartkul P (2009) Correlates of unintended pregnancy among currently pregnant married women in Nepal. BMC International Health and Human Rights 9(1): 17.

15. Black KI, Gupta S, Rassi A, Kubba A (2010) Why do women experience untimed pregnancies? A review of contraceptive failure rates. Best Practice & Research in Clinical Obstetrics & Gynaecology. 24(4): 443-455.

16. Che Y, Cleland J (2004) Unintended pregnancy among newly married couples in Shanghai. International Family Planning Perspectives 30(1): 6-11.

17. Cheng D, Schwarz EB, Douglas E, Horon I (2009) Unintended pregnancy and associated maternal preconception, prenatal and postpartum behaviours. Contraception 79(3): 119-123.

18. Crosby RA, Di Clemente RJ, Wingood GM, Rose E, Lang D (2003) Correlates of unplanned and unwanted pregnancy among African American female teens. American Journal of Preventive Medicine 25(3): 255-258.

19. David HP (2011) Born unwanted: mental health costs and consequences. American Journal of Orthopsychiatry 81(2): 184-192.

20. Finer LB (2010) Unintended pregnancy among U.S. adolescents: accounting for sexual activity. Journal of Adolescent Health 47(3): 312-314.

21. Gessessew A (2010) Abortion and unwanted pregnancy in Adigrat Zonal Hospital, Tigray, North Ethiopia. African Journal of Reproductive Health 14(3): 183-188.

22. Goto A, Yasumura S, Reich MR, Fukao A (2002) Factors associated with unintended pregnancy in Yamagata, Japan. Social science & medicine 54(7): 1065-1079.

23. Goto A, Yasumura S, Yabe J, Anazawa Y, Hashimoto Y (2005) Association ofpregnancy intention with parenting difficulty in Fukushima, Japan. Journal of Epidemiology 15(6): 244-246.

24. Henderson D (2009) A third of women in UK who have an unintended pregnancy blame contraceptive failure. BMJ 339: b2975.

25. Johnson Kiersten, Osama al Zoubi, Martin Wulfe (2004) Mistimed and Unwanted Pregnancies in Jordan. Calverton, Maryland, USA: Jordan Department of Statistics and ORC Macro.

26. Klima CS (1998) Unintended pregnancy. Consequences and solutions for a worldwide problem. Journal of nurse-midwifery 43(6): 483-491.

27. MEASURE DHS, Recode Manual

28. Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc. 2012.Nepal Demographic and Health Survey 2011. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and ICF International, Calverton, Maryland.

29. Mosher WD, Jones J, Abma JC (2012) Intended and unintended births in the United States: 1982-2010. National health statistics reports 55: 1-28.

30. Myhrman A, Rantakallio P, Isohanni M, Jones P, Partanen U (1996) Unwantedness of a pregnancy and schizophrenia in the child. British Journal of Psychiatry 169(5): 637-640.

31. Sable MR, Washington CC, Schwartz LR, Jorgenson M (2007) Social well-being in pregnant women: intended versus unintended pregnancies. Journal of Psychosocial Nursing & Mental Health Services, 45(12): 24-31.

32. Singh A, Singh A, Mahapatra B (2013) The consequences of unintended pregnancy for maternal and child health in rural India: evidence from prospective data. Maternal and child health journal 17(3): 493-500.

33. Singns S, Wulf B, Hussien R, Bankole A, Sedgh G (2009) Decade of uneven progress, New York: Guttmacher Institute. Abortion Worldwide.

34. Shapiro Mendoza C, Selwyn BJ, Smith DP, Sanderson M (2005) Parental pregnancy intention and early childhood stunting: findings from Bolivia. International journal of epidemiology 34(2): 387-396.

35. Silverman JG, Gupta J, Decker MR, Kapur N, Raj A (2007) Intimate partner violence and unwanted pregnancy, miscarriage, induced abortion, and stillbirth among a national sample of Bangladeshi women. BJOG: An International Journal of Obstetrics & Gynaecology 114(10): 1246-1252.

36. Taylor JS, Cabral HJ (2002) Are women with an unintended pregnancy less likely to breastfeed. Journal of Family Practice 51(5): 431-436.

37. UNDP, Millennium Development Goal 5.

38. UNDP, Millennium Goals.

39. World Health Organization (WHO) Interventions for preventing unintended Pregnancies among adolescents (review).

40. WHO Family Planning.

41. WHO, Why do so many women still die in pregnancy or childbirth?,

42. WHO Adolescent pregnancy.

43. WHO countries/npl, viewed on 12 March 2013.

44. WHO Why do so many women still die in pregnancy or childbirth?.

45. WHO Breastfeeding.

Assets of Publishing with us

- Global archiving of articles
- Im*m*ediate, unrestricted online access
- Rigorous Peer Review Process
- Authors Retain Copyrights
- Unique DOI for all articles

https://biomedres.us/