

Research Article**Comparison Quality of Life in Women with Wanted and Unwanted
Pregnancy and Associated Factors: A study from Iran****Safieh Jamali¹, Neda Pournowrooz², Mahshid Alborzi^{3,4},****Mahsa Imanian², and Zahra Mosallanzhad^{3,4,*}**¹Research center for Social Determinants of Health,
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Bolvard, Jahrom, Iran. Email: ZahraMosallanekhad@gmail.com Tel/Fax: (+98) 9173910589**ABSTRACT:****Introduction:** unwanted pregnancy causes mental and psychological distresses and also some changes in women's personal and social life which can influence their life quality. The present research aims to compare quality life of women with wanted and unwanted pregnancy.**Methods and procedures:** Descriptive-analytical study was conducted on 318 pregnant women referring to pregnancy care clinic in Jahrom in 2017. The questionnaire under study was WHOQOL-BREF and statistical analysis was done by SPSS 18 and statistical test χ^2 square test and Student's *t*-test.**Results:** The score of life quality of women with unwanted pregnancy was 70.53 ± 8.40 and score of women with wanted pregnancy was equal to 75.03 ± 9.34 and this difference was statistically significant ($p=0.01$). Average score of life quality in physical ($p=0.04$), environmental ($p=0.03$), social ($p=0.04$) sub-scales in women with unwanted pregnancy was less than those with wanted pregnancy and this decrease was statistically significant.**Conclusion:** with respect to the effect of unwanted pregnancy on life quality of pregnant women, reducing the prevalence of unwanted pregnancies should be at the top of health care providers' programs.**Keywords:** Life Quality, Unwanted Pregnancy, Pregnancy, Iran**INTRODUCTION**

Pregnancy is a common event in women in fertility ages and it influences women comprehensively (1). Approximately 175 million of pregnancies are annually recorded all around the world from which 75 million ones are unwanted (2). According to a study in Iran, 61 percent of births are unwanted (3). Unwanted

pregnancy is a risky field for the deaths of mothers and children, because if unwanted pregnancy continues, it will increase mental pressure on mother and this issue will lead to lack of sufficient care of themselves and the fetus consequently, unwanted pregnancy influences two major indicators of mothers and children's death. So,

unwanted pregnancy is a threat for mother and child's health and it is considered as reason of increasing their death and a major barrier for improving fertility and sexual health (4). Unwanted pregnancy has caused stress, depression and suicide in women and it increases misbehavior and negligence in child care (5). Loss job, divorce and instability in emotional relationship and high rate of abortion have been reported in women with unwanted pregnancy and women start health care of pregnancy period later (6). Planned pregnancy makes birth of child more pleasurable for mother and creates a more emotional relationship between the mother and the child, in the other words, unwanted pregnancy influences quality of life (7). Life quality in all stages of life including pregnancy time and after childbirth can be assessed (8). Life quality includes person's different dimensions of physical, mental and social health and comfort. Evaluation of life quality in planning for mothers and infants care and understanding and perceiving the necessity of existence of these cares are important for policy makers and associations of health care (9). Fertility health is one of the effective factors on life quality related to women health. Schwartz's study in 2008 showed that the effects of unwanted pregnancy on life quality of women are so much that it must be integrated into the cost of effectiveness analysis and efficiency of family planning programs (10).

Other studies also emphasize the effect of unwanted pregnancy on life quality (11,12). Despite the fact that life quality plays a significant role in pregnant women's health, few studies have been conducted on life quality and unwanted pregnancy. A limited number of studies have been also conducted in Iran in this regard and mostly, prevalence and effective factors on incidence of unwanted pregnancy and its consequences on mother and child have been more investigated. The present research aims to compare life quality of

pregnant women with wanted and unwanted pregnancy.

MATERIAL AND METHOD

This paper was a descriptive-analytical study by simple and accessible sampling method so that 318 persons were entered into study among pregnant mothers referring to prenatal care clinics according to entry criteria. Entry criteria included age from 16 to 40 years, lack of mental, medical, midwifery problems and experience of severe stressful incidents in the past 6 months and lack of drug and cigar abuse. The method of completing the World Health Organization's quality of life questionnaire was taught to these women following explaining and obtaining informed consent from them. WHOQIL-BREFI 26 -questions questionnaire was used to assess quality of life. This questionnaire's questions are related to evaluation of life quality and its variables which includes four dimensions of life quality in addition to two general questions regarding evaluation of life quality and health. The structure of mentioned questionnaire's questions related to its four areas is as follows: **1-** Physical health (activity level in daily life, dependency to drug and therapeutic goals, ability to move, pain and discomfort, sleep and rest and ability to do including questions number 3, 4, 10, 15, 16, 17, 18). **2-** Psychological health (spirituality, religion and personal beliefs, positive and negative feelings, thinking, memory and focus including questions number 5, 6, 7, 11, 19, 26). **3-** Environmental health (financial resources, access to hygiene and social care with appropriate quality, physical safe and security including questions number 8, 9, 12, 13, 14, 24, 25). **4-** Social relations (personal relations, social support and sexual performance including questions number 20, 21, 22). According to information of World Health Organization's scoring, minimum scores of each area has been set 4 and maximum

number is 20 and the scores can be converted to scale zero up to 100. The score of each area is set to 0-100 in questionnaire's guide and higher score indicates better condition and lower one indicates more problems in that area (13). This questionnaire has been validated in Iran by SaharNazNejjat et al and values of Cronbach's alpha correlation in all areas have been obtained higher than 70% and its reliability has been desirably confirmed (14). Statistical analysis was done by SPSS (version 18) and descriptive statistic test and t-test and chi-square test and significance level was considered $p < 0.05$.

RESULTS

In this study, 318 pregnant women were in average age of 20.76 ± 4.23 . 47.8 percent of women were spending their first pregnancy. 37.9 percent of them were educated at university and majority of them were housekeeper. 88.7 percent of women had

wanted pregnancy and 11.3 percent of them had unwanted one.

The results showed that the most unwanted pregnancy had happened women with high school education with 44.4 percent, on the other hand, there was a statistically significant relationship between unwanted pregnancy and previous abortion history ($p=0.007$) and number of children ($p=0.008$) and previous childbirth method ($p=0.01$) (Table 1).

The average gained score of life quality in women with wanted pregnancy was equal to 75.03 ± 9.34 and that of unwanted pregnancy was equal to $70.538.40$. Statistical t-test showed the significant relationship between two groups ($p=0.01$). On the other hand, there was a statistically significant relationship between all the life quality's dimensions of pregnant women except psychological dimension based on comparison of average of all dimensions (Table 2).

Table 1: Characteristics of participants and association of these characteristics with unintended pregnancy

Characteristics		Planned pregnancy	Unintended pregnancy	P value
		Mean ± SD or n (%)		
Age		20.87±4.32	20.08±3.36	
Educational level	Uneducated	11(3.9)	2(5.6)	0.6
	Primary school	63(22.4)	6(16.7)	
	Secondary school	99(35.2)	16(44.4)	
	College or University	108(38.4)	12(33.3)	
Employment status	Housewife	250(88.7)	31(86.1)	0.4
	Employed	32(11.3)	5(13.9)	
Previous Abortion	Yes	41(14.5)	241(85.5)	0.007
	N0	12(33.3)	24(66.7)	
Number of child	0	143(50.7)	12(33.3)	0.008
	1-3	135(47.9)	21(58.3)	
	>3	4(1.4)	3(8.3)	
Previous delivery	Nuliparouse	145(51.4)	9(25)	0.01
	NVD	53(18.8)	16(44.4)	
	Caesarian section	84(29.8)	11(30.6)	

P values from chi-squared tests

Table 2: The compression Domain quality of life between unintended pregnancy and Planned pregnancy

Domain	Planned pregnancy	Unintended pregnancy	p
	Mean±SD	Mean±SD	
physical health	21.96 ±5.07	20.27±3.63	0.04
Psychological	17.39±2.54	17.05±2.49	0.4
environmental health	24.80±4.64	23.03±4.78	0.03
social relationships	10.78±2.21	10.00±2.30	0.04
Total quality of life	75.03±9.34	70.53±8.40	0.01

P values from T-test between group

Discussion: Unwanted pregnancy was seen in 11.3 percent of units under study in this research. The rate of unwanted pregnancy in research's results of Mortazavi et al in 2011 was 12 percent (15) which was consistent with our study that was very lower in Iran compared with last two decades. The results of a meta-analysis regarding prevalence of unwanted pregnancy in two last decade in Iran showed that this rate has been equal to 29.7 percent (16). In a meta-analysis study in Iran, unwanted pregnancy rate was 30.6%(17). There are different rate of prevalence in other countries. This rate has been announced 24 percent in Ikamari (18), 36.5 percent in Teshom study (19) and 49 percent in Lawrence and Ventura studies (20, 21). The reason of this decrease may be due to decrease in rate of Iran's population growth in the last two decades that This is, of course, the result of a reduction in the pregnancy of a woman and, consequently, the reduction of unwanted pregnancies. On the other hand, the different rate of prevalence is due to difference in awareness, attitude and performance in women regarding methods of preventing from pregnancy in different locations (22, 23).

There was relationship between number of children and unwanted pregnancy in the present study ($p=0.008$). A direct relationship has been confirmed in study of Asadi et al (24). The study of Tatum et al has also mentioned this relation (19). The study of Jarahe et al showed that there is a significant relationship between unwanted pregnancy and number of children ($p = 0.04$) and the number of previous pregnancies ($p = 0.01$)(25). This can be because of this fact that the women who have reached the desired number of children are more likely to consider repeated pregnancy as unwanted one. The study's results showed that 66.6 percent of women with unwanted pregnancy declared a previous abortion history. Several studies have referred to relationship between

unwanted pregnancy cases and increase in abortion (26, 27). It seems that pregnant women with unwanted pregnancy consider abortion as the first strategy for terminate pregnancy.

In the present study, life quality in women with unwanted pregnancy was at a lower level compared with mothers with wanted pregnancy. In study of Schmiede et al, quality of life in women with unwanted pregnancy has been decreased (28). The study's findings of Abbaszadeh show that the women with unwanted pregnancy have 20.5 times more chance for having life with lower quality which is consistent with our research (29). Unwanted and unplanned pregnancy influences not only overall life quality of pregnant women, but also its dimensions. As it was observed in present study, all the dimensions of life quality in women with unwanted pregnancy have been decreased. But in paper of Zahedi et al, incidence of mental disorders and social problems has been more common in mothers with unwanted pregnancy (9). Also The Study of Khajehpour et al showed that women with unwanted pregnancy compare women with wanted pregnancy have lower mental and physical health.(30). However, a volume of more samples with enough number of wanted and unwanted pregnancy are required in order to determine accurate effect of this variable on life quality score in its different dimensions.

CONCLUSION

Generally, since the results of present study indicate low quality of life of women with unwanted pregnancy compared with wanted ones. The study of Khajehpour et al In Iran and Schmiede et al showed quality of life in unwanted pregnancy women was lower than wanted pregnancy women(28,30). On the other hand, Kazemi et al, Mentioned that unwanted pregnancy is one of the factors affecting on the quality of life.(31). Ali showed that Mean scores of mental and physical component summary were lower in the unwanted pregnancy group

compared to women with wanted pregnancy ($p < 0.001$)(32). All of these studies are in line with our study. According to the results of this study and studies in line with this, supervisors and politicians of women's health promotion should take the necessary measures by formulating specific programs and certain actions to prevent unwanted pregnancies. Since unwanted pregnancy is one of the main indicators of qualitative evaluation of family health services that affects fertility health in all physical, mental and social dimensions, therefore, monitoring the quality of life of women with unwanted pregnancy and planning some interventions in order to improve their quality of life is essential.

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