

ANALYSIS OF FACTORS RELATED TO THE INCREASING INCIDENCE OF UNPLANNED PREGNANCIES DURING THE COVID-19 PANDEMIC

Brivian Florentis Yustanta^{1*}

¹ School of Health Sciences Karya Husada Kediri East Java, Indonesia

*brivianflorentis@gmail.com

Abstract

During the Covid-19 pandemic, there were approximately 7 million unplanned pregnancies. Unplanned pregnancy will have various negative impacts on women and infants. Conditions during pre-conception are certainly not in the most optimal state considering that couples of childbearing do not prepare themselves for this pregnancy. This study aimed to analyze factors related to the increasing incidence of unplanned pregnancies during the Covid-19 Pandemic. This study was analytical research with the cross sectional approach. It was conducted from April to June 2021 in Sidoarjo, East Java, Indonesia. The population was pregnant women who are willing to be respondents as many as 127 women. By using simple random sampling obtained sample size 92. The dependent variables were 1) barrier to contraceptive access, 2) the intensity of time with husband during the pandemic, 3) knowledge about the risks of unplanned pregnancy. While the independent variable was the increasing incidence of unplanned pregnancies. All variables were measured by questionnaires. The Result of the analysis of the correlation of linear multivariate regression statistical test showed that the most significant factor associated with the increasing incidence of unplanned pregnancies during the Covid-19 Pandemic was the barrier to contraceptive access (p value = $0,01 < 0,05$). A Barrier to contraceptive access includes delaying coming to health care facilities for fear of Covid-19 and diverting some health facilities to serve Covid-19 patients, so they do not provide maternal and child health, including contraceptive services. Therefore, preventing unplanned pregnancies during the pandemic must be encouraged and prioritized.

Keywords: Unplanned Pregnancies, Pregnancy, Covid-19, Pandemic

Introduction

Currently, the world is facing the problem of the Covid-19 pandemic. The impact of the Covid-19 pandemic varies, one of which is the increase in the number of unplanned pregnancies. A recent global study that looked at the effects of the pandemic on reproductive health in 132 poor and developing countries estimated there were an additional 15 million unplanned pregnancies. The United Nation Population Fund (UNFPA) stated that more than 47 million women lost access to contraceptive services during the Covid-19 pandemic. This condition causes about 7 million unplanned pregnancies (Fitri, 2020). In Indonesia, according to National Population and Family

Planning Agency (BKKBN) data, since the beginning of the Covid-19 pandemic that has occurred in March 2020 until now, there has been a decline in the use of contraception in the community. This resulted in 500,000 unplanned pregnancies in early 2021 (BKKBN, 2021).

The Family Planning Program is in danger of failing during the Covid-19 pandemic for several reasons. Starting from limited public access to health facilities, delaying coming to health facilities for fear of contracting Covid-19, to health facilities providing contraceptive services being closed because service providers, whether midwives or doctors, do not yet fully have the necessary facilities to prevent transmission of Covid-19. Some health facilities have been diverted to serve Covid-19 patients, so they do not serve maternal and child health, including contraceptive services. Limited access to contraceptive services can lead to an increase in the number of unplanned pregnancies (Kemenkes RI, 2021).

Unplanned pregnancy will have various negative impacts on women and babies. The risk that can arise from an unplanned pregnancy is a greater chance of complications during pregnancy and can even cause death for maternal and fetus (Gipson, 2018). Conditions during pre-conception are certainly not in the most optimal state considering that couples of childbearing age do not prepare themselves for this pregnancy. Similarly, a pregnancy check-up visit should be done as soon as possible after a woman realizes that she is pregnant (Widatiningsih, 2017). Seeing the long-term impact that can be caused by unplanned pregnancies during the pandemic, it is necessary to take effective and appropriate steps to reduce the pregnancy rate during the Covid-19 Pandemic.

Unplanned pregnancies that occur in adolescents can have a more severe health impact on women. Teenage pregnant women can suffer from toxemia, anemia, birth complications, and death. Infants of these teenage women also tend to have low birth weight and suffer from birth injuries or neurological defects. Infants are also twice as likely to die in the first year of life (Anggraini, 2018). An Unplanned pregnancy can also be a cause of maternal depression during pregnancy and postpartum, and to a lesser extent psychologically during pregnancy, postpartum, and in the long term. Several studies have shown that unplanned pregnancies are associated with depression, anxiety, and higher stress levels (Guspaneza, 2017).

Currently, the Ministry of Health and National Population and Family Planning Agency (BKKBN) have established reproductive health services, including antenatal care and family planning services, as essential services with high priority during the pandemic. The public must be educated about the importance of reproductive health and the need to plan pregnancy as well as possible, including economic readiness. Education can be carried out at all levels of society by involving health workers from primary to tertiary level facilities and community leaders such as cadres, community officials, and religious leaders. Then the use of telemedicine technology needs to be improved so that people

can easily reach health service facilities to consult about the best contraceptive options and preparation for pregnancy. Consultation can be a provision to determine the appropriate method of contraception and, if possible, delivery of contraceptives to the home, especially for contraceptive pills and condoms, can be provided.

Materials and Methods

This study was analytical research with cross sectional approach. The dependent variables were factors related to the increasing incidence of unplanned pregnancies during the Covid-19 Pandemic, consists of sub variables : 1) barrier to contraceptive access, 2) the intensity of time with husband during the pandemic, 3) knowledge about the risks of unplanned pregnancy. While the independent variables was the increasing incidence of unplanned pregnancies. The population in this study were all pregnant women in Sidoarjo as many as 127 women. This study used simple random sampling. The sample size was 92 with inclusion criteria were : 1) pregnant women are willing to be researched and fill out informed consent, 2) pregnant women in good health. This study was conducted from April to June 2021 in Sidoarjo, East Java, Indonesia. All variables were measured by questionnaires. The data were analyzed using linear multivariate regression statistical test (Nursalam, 2017). The result showed that the most significant factor associated with the increasing incidence of unplanned pregnancies during Covid-19 Pandemic was barrier to contraceptive access ($p\text{-value} = 0,01 < 0,05$).

Results and Discussion

General Data

Table 1 : Pregnant Women's Age

No	Women's Age	Count	%
1	<20 years	5	5.44
2	20 - 35 years	56	60.86
3	>35 years	31	33.70
4	Total	92	100.00

60.86% of respondents were between 20 to 35 years old. The age of 20 to 35 years is actually a safe age to experience pregnancy. But other factors must be considered, such as parity, the distance between the last child, comorbidities, etc. Pregnancy in women younger than 20 years has 2.7 times the risk of having an unplanned pregnancy. Meanwhile, in pregnant women over the age of 35 years, the risk of having an unplanned pregnancy is 2.3 times more (Martin, 2014).

Table 2 : Pregnant Women's Gestational Age

No	Gestational Age	Count	%
1	First trimester	12	13.05
2	Second trimester	38	41.30
3	Third trimester 3	42	45.65
4	Total	92	100.00

45.65% of respondents were in the third trimester of pregnancy. This means that they will soon give birth. Even though the pregnancy was unplanned, the delivery had to be well planned. The support system from family and husband will really help pregnant women to face a safe and comfortable delivery. It is also necessary to be careful after giving birth, women's mental health must be maintained so as not to cause postpartum depression or postpartum blues (Bahk, 2015).

Table 3 : Pregnant Women's Parity

No	Parity	Count	%
1	Primigravida	19	20.66
2	Multigravida	45	48.90
3	Grandemultigravida	28	30.44
4	Total	92	100.00

48.90% of respondents were multigravida. A multigravida is a woman who is pregnant for the second or third time. The higher the parity, the higher the risk of an unplanned pregnancy. Women with parity grandemultipara have many risks such as health problems and can cause several diseases such as anemia, malnutrition, and reduced elasticity of the women's uterus (Febriana, 2017). Women who do not plan their pregnancy will feel unprepared for pregnancy so they tend not to expect pregnancy and do not take care of their pregnancy properly so that it can increase the risk of maternal and child health especially after birth (Dini, 2021).

Table 4 : Couple's Work During The Pandemic

No	Work During The Pandemic	Count	%
1	Work From Home	57	61.95
2	Work Outside Home	35	38.05
3	Total	92	100.00

61.95% of respondents and their husbands work from home. During the outbreak of the coronavirus, people are advised not to do much activity in crowds. Various sectors of the company also choose to 'lay off' employees by carrying out work from home (Fatkhayah, 2021).

Table 5 : Family Planning Status Before Pregnancy

No	Family Planning Status Before Pregnancy	Count	%
1	Not a contraceptive acceptor	29	31.52
2	3 month injectable contraceptive acceptor	29	31.52
3	1 month injectable contraceptive acceptor	22	23.91
4	Pill contraceptive acceptor	12	13.05
5	Total	92	100.00

31.52% of unplanned pregnancies were injectable contraceptive acceptors 3 months before pregnancy. Incidents of an unplanned pregnancy can occur in injection contraceptive acceptors due to late control. This can be caused by women being afraid to leave the house because of the coronavirus, also some health facilities do not provide contraceptive services. Currently, there is a decrease in the use of contraception by up to 10% from various regions (Purwanti, 2020).

Table 6 : Age of Last Child

No	Age of Last Child	Count	%
1	Less than 2 years	24	26.09
2	2 - 10 years	37	40.22
3	More than 10 years	18	19.56
4	Don't have kids yet	13	14.13
5	Total	92	100.00

40.22% of unplanned pregnancies have a fairly safe pregnancy interval between 2 to 10 years. However, other factors cause an unplanned pregnancy to become a problem such as parity, the woman's age, etc. Pregnant women who have a distance between the birth of their last child and their current pregnancy of fewer than 2 years have risks such as miscarriage, histopathology and even higher fetal position and position abnormalities due to the women's physical and uterus not being ready and needing time to rest (Kemenkes RI, 2020).

Specific Data

Table 7 : Pregnancies

No	Pregnancies	Count	%
1	Planned Pregnancies	60	65.22
2	Unplanned Pregnancies	32	34.78
3	Total	92	100.00

34.78% or one- third of the respondents experienced an unplanned pregnancy. The increasing number of pregnancies during a pandemic in a short time is known as the baby boom phenomenon. Where the increase in the number of pregnancies is also directly proportional to the increase in unplanned pregnancies (Yuliana, 2020).

Table 8 : Barrier to Contraceptive Access

No	Barrier to contraceptive access	Count	%
1	Not using contraception	29	31.52
2	Fear to go outside	36	39.13
3	Health care facilities are closed	27	29.35
4	Total	92	100.00

39.13% of respondents have barrier to contraceptive access specifically fear to go outside because of coronavirus. Conditions like this can lead to the incidence of dropping out of contraceptives and a decrease in service coverage which ultimately has an impact on the increase in the incidence of unplanned pregnancies.

Table 9 : The Intensity of Time With Husband During The Pandemic

No	The intensity of time with husband during the pandemic	Count	%
1	Increase	60	65.22
2	Remains	25	27.17
3	Decrease	7	7.61
4	Total	92	100.00

65.22% respondents experienced an increase in the intensity of time with their husbands at home during the pandemic, this can trigger the number of unplanned pregnancies. Many husbands have to work from home so that the work that was originally done outside the home can be done from home. Some respondents also said that since the pandemic they have been laid off from work so they are unemployed and spend more time at home (Tribowo, 2021). Government policies in the form of working from home and staying at home have made many married couples locked in their homes and spend more time together. In order to overcome boredom and at the same time knit intimacy with a partner, many husbands and wives are actively engaged in sexual relations. The average couples have a 2-3 times increase in the frequency of having sex compared to before the pandemic.

Table 10 : Knowledge About The Risks of Unplanned Pregnancy

No	Knowledge about the risks of unplanned pregnancy	Count	%
1	Good	30	32.61
2	Moderate	45	48.91
3	Poor	17	18.48
4	Total	92	100.00

48.91% of respondents have moderate knowledge about an unplanned pregnancy. Knowledge will be able to influence how to behave and act, so that if a woman lacks knowledge about unplanned pregnancy, there will be many obstacles and limitations during pregnancy, so support from health workers and families is needed (Utami, 2017).

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