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Case Report

REASONS FOR UNPROTECTED INTERCOURSE IN ADULT WOMEN AT TERTIARY REFERRAL HOSPITAL

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ABSTRACT

The purpose of this study was to recognise the reasons for unprotected intercourse in adult married women who were not desirous of pregnancy. A survey was carried out on women attending OPD of Obstetrics and Gynaecology Department of SMS Medical College, Jaipur. We surveyed 920 adult married women over a period of 6 month, aged between 18 to 45 years who were not desirous of pregnancy, regarding the possible reasons for unprotected intercourse. Out of the 920 women, 500 (54%) were engaged in unprotected intercourse. Women were categorised into groups basing on the following characteristics: Age, Parity, Education, Place of residence-Rural/Urban, Religion and Socio-economic status. Women on an average gave 6 reasons for non-use of contraception. The reasons were further categorised at Personal, Interpersonal and Societal levels. The common personal reasons cited were fear of contraceptive side-effects and perceived low risk of pregnancy. The reasons for unprotected intercourse are numerous. Family education status plays a significant influence on a woman's contraception usage, hence, instead of a client based approach, family as a whole should be counselled.

Key Words: *Unprotected Intercourse, Contraception, Pregnancy*

INTRODUCTION

In spite of the availability of a variety of contraceptive options, many fertile adult women indulge in unprotected intercourse, which puts them at risk of unintended pregnancy. Almost one-fourth of all pregnancies in India are unintended, and this proportion has been stagnant, as per the National Family Health Survey data reports, in all 3 rounds of survey (NFHS: 1992-93, NFHS: 1998-99, NFHS: 2005-06). According to Bardon O'Fallon *et al.,* (2008) each year, 80 million women worldwide have unwanted or unintended pregnancies.The purpose of this survey was to determine the reasons as to why adult women not desirous of pregnancy have unprotected intercourse. An analysis of the reasons is essential to formulate public health strategies to reduce unprotected intercourse and ultimately, reduce unplanned pregnancy. The first step in reducing unprotected intercourse would be to gain a comprehensive knowledge of the reasons behind it. Apart from the personal reasons stated by women, there is a need to identify other confounding factors- interpersonal and societal that may influence women's contraceptive behaviour.

MATERIALS AND METHODS

The survey was carried out on women attending the OPD, Department of Obstetrics and Gynaecology, S.M.S. Medical College, Jaipur over a period of six month from 1st January to 31st June, 2012. We explained the survey and reviewed eligibility criteria. Women who wished to participate gave a verbal consent and were questioned in privacy.

Eligibility criteria included age between 18-45 years, married, neither pregnant nor desirous of pregnancy. Women who had undergone hysterectomy or tubal ligation were excluded. Women were categorised in groups based on age, parity, education, place of residence- urban or rural, religion and socio-economic status. The reasons given were categorised at personal, interpersonal and societal levels.

RESULTS

Demographics

Out of the 920 women, 500 (54%) practiced unprotected intercourse. The median age of women was 23 years. 43.6% were in age group -18 -25 years. Unprotected intercourse was highest in this age group (69.6%). It was lowest in age group-36-45 years (30.6%). 53% of Urban & 60% of Rural Women practiced UI.63.7% belonged to lower middle class. 66.4% of women were Hindus & 29.5% were Muslims. UI was practiced by 49.4% of Hindus & 67.6% of Muslims. UI was practiced 67.1 % of nullipara and 62.3 % of women with parity more than equal to 3. History of MTP was highest amongst Para2 (33%) (Table 1).

TABLE 1. Demographic profile of women

Variable	Total No. of Women	No. practicing Unprotected Intercourse
AGE Groups (years)		
18-25	402	280 (69.6%)
26-35	286	155(54.1%)
36-45	232	65(28%)
Parity		
0	67	45(67.1%)
1	413	203(49.1%)
2	201	103(51.2%)
=/> 3	239	149(62.3%)
SOCIOECONOMIC STATUS		
I	56	35(62.5%)
II	502	320(63.7%)
III	158	80(50.6%)
IV	204	65(31.9%)
RELIGION		
Hindu	611	302(49.4%)
Muslim	272	184(67.6%)
Others	37	14(37.8%)
PLACE OF RESIDENCE		
Urban	756	401(53%)
Rural	164	99(60%)

Majority of women were educated up to Class-9^{th}-12^{th} (33.6%). 40.6% of the husbands had education > 12^{th}. Almost one-third of the mother- in- laws were lliterate (31.2%), another one-third had received primary education (28.4%) (Table 2).

TABLE 2: Educational status

Level	Woman	Husband	Mother-in –law
Illiterate	59(11.8%)	5(0.01%)	136(31.2%)
Primary	141(28.2%)	14(2.8%)	142(28.4%)
Class 6^{th}-8^{th}	85(17%)	82(16.4%)	118(23.6%)
Class 9^{th}-12^{th}	168(33.6%)	196(39.2%)	81(16.2%)
>Class 12^{th}	47(9.4%)	203(40.6%)	23(4.6%)

Reasons for Unprotected Intercourse

Out of the 500 women who reported having unprotected intercourse, majority (62%) cited at least one of the following three reasons: "Contraceptivescause a lot of side-effects, "Family does not approve contraceptive use" or "never thought of using contraceptives".

Most studies, done by Bianchi-Demicheli *et al.,* (2003); Boyer *et al.,* (2005); Gilliam *et al.,* (2004) were focused on how to reduce unprotected intercourse, have emphasised on demographic, cognitive or behavioural characteristics of women. This approach has been criticized since such a narrow focus on individual ignores important environmental and societal factor that influence individual choices and sexual behaviour.

Hence, we categorized the reasons stated into factors related to the individual (personal factors), women's interaction at the family, and community levels (interpersonal factors) and the broad societal factors outside the patient's immediate setting (Table 3).

Table 3 : reasons for unprotected intercourse

Reasons	Percentage
Personal reasons	
Contraceptive side-effectsActual/Perceived	62%
Low perceived risk of getting pregnant	36%
Unplanned/ Infrequent Intercourse	23%
Technical problems related to use/acquisition	43%
Unavailability of desired methods	21%
Inconvenience	37%
Lack of Knowledge/Attitude	52%
Religious Beliefs	39%
Planning for tubal ligation	23%
Interpersonal reasons	
Husband related	59%
Mother in law related	62%
Friends not using contraceptive	21%
Societal reasons	
Accessibility related	51%
Counselling related	56%

Individual reasons-

1. Side-effects/health concerns. Contraceptive side-effects (actual or perceived) were one of the reasons cited by 62 % of the women, similar concern was seen in most of the studies done by Gilliam *et al.,* (2004), Nettleman *et al.,* (2009); Santelli *et al.,* (2010). Concerns included irregular bleeding, weight gain, pain abdomen, sterility and cancer.
2. Low perceived risk of getting pregnant -women thought they were unlikely to get pregnant which included reasons like breastfeeding, too old to get pregnant, infrequent sex, and irregular cycles.
3. Knowledge and attitude. A lack of knowledge regarding where and how to obtain contraceptive services was cited as a reason. Barrier methods made sex less spontaneous and less pleasurable; use of oral contraceptive pills was cumbersome according to some women. IUCD was described as foreign and invasive by some. Some women were shy to avail contraceptive counselling or buy contraceptives. Passive attitude towards contraception or pregnancy was another cited reason. Some women stated they had not thought of using contraception.
4. Personal beliefs. Some women personally believed that it was against nature to use contraceptives. Religious objection to contraceptive use was identified as a reason. Women believed that "children are god's gift" and "pregnancy will happen when it has to happen."

Interpersonal reasons

1. Husband related reasons. Husband's opposition to contraception was identified as a reason for unprotected intercourse, which included husband not willing to wear a condom, disapproval of a particular method or husband not wanting his wife to use birth control. Other reasons were fear or embarrassment to ask husband to use contraception.
2. Family influence. Family especially mother-in-law played an important role in influencing a woman's contraceptive behaviour. Her opposition to birth control use, desire for a grandchild, entertaining of myths related to contraception were major hindrances to contraception use.
3. Friend circle. Some women cited the fact that their friends did not use birth control as a reason for having unprotected intercourse.

Societal reasons

1. Access to contraceptive services. Lack of access to contraceptive services was a reason of unprotected intercourse among rural women. Women cited problems with transportation to get to clinic.
2. Counselling by Health professionals.Some women were dissatisfied with the information given by the health professionals which included inadequate information about contraceptives, less time allotted per person, queries were not addressed. Side effects were not always discussed prior to use. Lack of privacy was another reason cited.

DISCUSSION

The average Indian woman –who needs two children –spends nearly three decades trying to avoid pregnancy and only a few years trying to or being pregnant. Women who are not seeking pregnancy nonetheless practice contraception poorly or may not use a method at all. Frost JJ *et al.,* (2008) reported a wide range of reasons which explain this seemingly contradictory behaviour- personal feelings and beliefs; experiences with methods; fear about side-effects; partner influences; cultural values and norms; and problems in the contraceptive care system. Our survey identified multiple reasons why women risk unintended pregnancies by practicing unprotected intercourse. Ecological approach was adopted and the reasons were grouped into personal factors, interpersonal factors, and societal factors. For many women, the reasons for having unprotected intercourse was not solely based on individual knowledge and attitude but also depended on situation, family and other factors. Women cited both perceptions of side-effects as well as personal experience with side-effects as reasons for not using contraception.According to Grossman *et al.,* (2010) women's health concern related to hormonal contraception do not necessarily equate with medical ineligibility for use of these methods. Women also demonstrated incorrect knowledge about contraception, and tended to value anecdotal information over information from health professionals which depended on the women' level of literacy. Nettleman *et al.,* (2009) believe education may improve understanding of fertility, contraceptive options, risk reduction strategies, and communication techniques. Unwanted pregnancy can also be related to partner's education. According to Dixit *et al.,* (2010), there exists a concept of parallelism between women's and partner's education. So without controlling partner's education, one cannot examine the effect of wife's education on unwanted births. However attitude issues like lack of concern and embarrassment about availing contraception cannot be overcome by education alone. Interpersonal factors involve the role of husband, family and friends in contraceptive behaviour of a woman. Husband's or mother-in-law's unsupportive attitude towards contraception may promote unprotected intercourse and if not duly addressed may nullify individual interventions.

CONCLUSION

Ecological approach was quite suitable for classifying reasons for unprotected intercourse in adult women. Apart from personal and method related concerns, women's ability to control their fertilitywas influenced by the family and by society. Healthcare providers should address potential concerns about side-effects of contraception as well as assess the understanding of the woman's family as a whole in light

of education, religious barriers. Non-contraceptives benefits which are not given muchimportance should be highlighted. Addressing a single factor may not be sufficient to cause behavioural change; individual, familial and, societal causes should be addressed as a whole.

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