

Title: Determinants of Unintended Pregnancy Among Young Women in Mozambique and the Coping Strategies used during Pregnancy

Abstract: Unintended pregnancy in young women is highly associated with unsafe-induced abortion, poor maternal health and elevated school dropout rates and has become a significant social development concern in recent years (UNFPA 2007). In Mozambique it is also a culturally constructed life event which has significant implications for young women's roles, responsibilities and social status (CEDAW 2005). This paper presents findings from two data sources to identify the determinants and map the social experience of unintended pregnancy. Firstly, the determinants of unintended pregnancy are identified through bivariate and multivariate analysis from a sub-sample of 2543 women aged 15-19 from the 2003 Mozambique Demographic and Health Survey (DHS). Secondly, the strategies young women use to cope with the social challenges associated with unintended pregnancy are identified from 21 narrative interviews with Mozambican young women (15-19 years). The findings support the targeting of SRH services and will inform micro programme and practice development.

Extended abstract:

Unintended or early pregnancy amongst young women in Mozambique places significant strain on informal and formal relationships, educational access, economic stability and the maintenance of good health. Unintended pregnancy is also associated with adverse socioeconomic outcomes, unsafe-induced abortion, poor maternal health, higher levels of infant mortality and elevated school dropout rates; becoming a significant social development and public health concern in recent years (Eggleston 1999, Hainsworth 2002, Magadi 2003, Le et al 2004, Ibisomi and Odimegwu 2007, UNFPA 2007). While defined as either a mistimed or unwanted pregnancy at the time of conception by The Centre for Disease Control and Prevention, 'unintended pregnancy' for young women (very often outside of marriage) is also a culturally constructed life event. Often considered as 'socially disruptive' (Crosby et al 2003) unintended pregnancy in young women also indicates the state of women's reproductive health choices and levels of empowerment (Eggleston, 1999; Le et al 2004). An unintended pregnancy therefore has significant implications for young women's roles, responsibilities and status within families and communities (CEDAW 2005). The 2001 Survey of Youth and Adolescent Reproductive Health and Sexual Behaviours in Mozambique, for example, found that almost one-third (31%) of last live births were reported as unintended pregnancies and 63% of never married women said that their last live birth was unintended (INJAD 2001) indicating that this is a significant social problem in Mozambique.

It is important to identify the factors and social problems associated with unintended pregnancy through mixed methods to ensure policy makers and programme planners have

the knowledge they need to design legislation and services specifically for women who are most likely to experience this life event (Eggleston 1999). Better knowledge about the incidence, determinants and experience of unintended pregnancy can be used to a) inform adolescent sexual and reproductive health programmes which support the use of family planning methods to prevent unintended pregnancy; b) inform maternal health programmes which support antenatal, delivery and postnatal care as well as the consequences of unsafe abortion; c) inform gender empowerment programmes which strengthen coping strategies and support skills in negotiation, advocacy and mediation as well as provide crucial information about rights and legislation and d) inform educational programmes which seek to increase school attendance and reduce early school dropout. In addition this knowledge can also be used to inform economic strategies targeting groups who are economically disadvantaged and marginalised. Young mothers have multiple responsibilities to balance including their own educational needs, child care commitments, attaining adequate material provision through formal or informal means and the completion of expected household tasks. Bringing together important knowledge of demographic trends with an account of daily lived experience ensures that programme development occurs at both the macro and micro level. The current paper presents findings from two data sources (2003 Mozambique Demographic Health Survey (DHS) and original data collected in Mozambique during 2007) to identify the determinants and social experience of unintended pregnancy to help target services and inform micro programme and practice development.

Previous studies using Demographic and Health Survey (DHS) data have found several factors which can be used to predict the prevalence of unintended pregnancy amongst particular groups. Ibisomi and Odimegwu (2007), for example, found five critical predictors of unintended pregnancy amongst South African youth including age, region, marital status, education and relationship to last partner. Young unmarried women not living with their partner with higher levels of education were therefore more likely to state that their last pregnancy was unintended. In Kenya, Magadi (2003), also using DHS data, found that urban/rural residence, region, ethnicity, maternal education, maternal age, marital status, birth order, length of preceding birth interval, family planning practice, fertility preference, unmet need for family planning and previous unintended pregnancies were all associated with unintended pregnancy. Further afield in Ecuador, Eggleston (1999) found that region, residence, parity and use of a contraception method were all associated with the raised likelihood of the most recent pregnancy being classified as unwanted or mistimed. Using a different data source in Zimbabwe, Mbizvo et al (1997), also found several similar social and sexual determinants of unintended pregnancy including age, parity, employment, marital status, income and living with parents. Across these different contexts, a picture is built to help profile and understand the nature of unintended pregnancy in different countries and cultures, why it occurs and the challenges young mothers face on a daily basis because of it.

The current paper first identifies the determinants of unintended pregnancy from a sub-sample of 2543 women aged 15-19 from the 2003 Mozambique Demographic and Health Survey (DHS). Univariate, bivariate and multivariate methods of analysis are employed to explore the demographic differences between young women who have had no births, those who classify their pregnancy as intended and those who classify their pregnancy as unintended (mistimed and unwanted). Furthermore differences in maternal health care are also explored between young women who classify their pregnancy as intended or unintended. These findings illuminate not only the factors associated with unintended pregnancies, but also start to build a picture of what life is like for those with an unintended pregnancy and their related needs. Considerations for prevention as well intervention strategies are therefore considered alongside each other.

These findings are then contextualised by data from 21 narrative interviews with Mozambican young women (15-19 years in 2007) who experienced an unintended pregnancy in the past 2 years. The coping strategies used by young women to address the social challenges associated with unintended pregnancy (poor health, high school drop out, conflictual relationships and poverty) are explored. . Participants were identified through the national programme for sexual and reproductive health, predominantly by approaching youth associations in two regions of the county (south/urban and north/rural). Interviews were completed in Portuguese and were later translated into English by research assistants, Mozambican young women, who were competent in both languages. Young women were asked to self identify as having an unintended pregnancy and to talk through the life event with the research team from the start of their sexual activity until present day. Coping strategies were identified in response to maintaining good health, staying in school, managing conflictual relationships and ensuring sufficient material provision. This data was complemented by 8 focus groups with young women (15-24 years) using a vignette to explore the social norms and discourses surrounding unintended pregnancy and 14 qualitative interviews with professionals employed in programmes concerned with adolescent sexual and reproductive health. From these three forms of rich data, the relationships young women have with others, the negotiations they engage in and the coping strategies they employ were illuminated.

The findings show that there are several determinants associated with unintended pregnancy in Mozambique (**results of logistic regression model TBC**). Perceptions of unintended pregnancy by families, communities, government and international agencies were found to be critical to the responses made and the resources available for young women to achieve social well-being. For example, believing unintended pregnancy is caused by powerlessness rather than negligence elicited very different responses from individuals and organisations. Similarly, responses were also different when unintended pregnancy was

considered a social problem as opposed to the pathway towards marriage. These perceptions shaped the social construction of this life event and dramatically affected the experiences of young women.

Coping strategies in response to poor health, poor educational access, conflictual relationships and poverty drew mainly on relational resources meaning that young women predominantly used their relationships with others to help them achieve their goals (often through relationships with other women). Few organisational/institutional resources were accessed even in response to poor health and high school drop out rates; and responses by social development organisations were mixed. This research indicates that policy strategists in Mozambique struggle to develop adequate and effective intervention in response to unintended pregnancy. The narratives shared by young women builds a complex picture for intervention, as family relationships remain a major factor for social and economic well-being. The socially and culturally constructed nature and predominant location within families mean that macro strategies and community level intervention can have limited impact on the experience of unintended pregnancy. Strengthening relational strategies (both formal and informal) through social development intervention is therefore necessary to secure access to social and organisational resources to support coping and social well-being. These findings have implications for reproductive health policies and programmes, not only for reducing the incidence of unintended pregnancy, but also ensuring that those who do become pregnant are equip to achieve their own social well-being.