

ABSTRACT

Determinants and Correlates of Unintended Pregnancy in Polyclinic Patients in Barbados: Patient and Provider Insights and the Implications for Health Policy, Service Design and Delivery

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Introduction: This thesis examines the phenomenon of unintended pregnancy among women who attend polyclinics for antenatal care in Barbados. An unintended pregnancy is either mistimed or unwanted at the time of conception. Non-therapeutic abortion is an important consequence and proxy measure of unintended pregnancy.

Objectives: The study estimated the prevalence of unintended pregnancy and assessed patient, social influence, health provider and contraceptive factors related to unintended pregnancy.

Methods: Data was collected between October 2013 and December 2014. A piloted questionnaire was administered to a random sample of 300 women aged 15-44 years. Contextual factors were explored using semi-structured in-depth interviews with patients and health sisters, and unobtrusive observations.

Results: The estimated prevalence of unintended pregnancy was 67.7%. Of these, 75% were mistimed. Unintended pregnancy was significantly associated with adolescence (OR 5.33, 95% CI 1.9, 27.8), visiting relationship (OR 1.71, 95% CI 1.1, 2.7), education level, and partner age. Participant education to secondary level (OR 2.21 95% CI 1.1, 4.4) and partner age group 20 to 29 years (OR 3.76, 95% CI 1.8, 7.8) are independent predictors of unintended pregnancy.

Overall 27.7% of women reported at least one non-therapeutic abortion. Abortion was significantly associated with participants' age, education level, employment status, and partner age. Participant age independently predicts non-therapeutic abortion (OR 1.08, 95% CI, 1.0, 1.1).

Over 80% of women did not use pre-pregnancy contraception; these women had a fourfold higher likelihood of unintended pregnancy. Partner involvement in the decision to use contraception and perceived ability of health providers to answer questions about side effects were significantly associated with unintended pregnancy.

Barriers to contraceptive use include negative attitudes, social norms, limited adolescent access to contraceptives and unsupportive male partners.

Conclusion: Unintended pregnancy is high among polyclinic patients. Programmes to reduce unintended pregnancy must be reframed to address contraceptive use barriers.

Keywords: Heather Cecilia Harewood; unintended pregnancy; unmet need for contraception, family planning, abortion, Barbados.