A STUDY OF PSYCHO-SOCIAL FACTORS OF OUT-OF-WEDLOCK PREGNANCIES

by

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Abstract

This study attempts to find out a relation between various psycho-social factors which may be a part of the milieu causing young girls to get pregnant out-of-wedlock. The study reveals that though their physical and mental environment may be one of the causes of their problem, pre-marital sex is becoming a way of life with youngsters. Their active knowledge about sex is nil and the capacity to think about the responsibilities ensuing thereof is completely lacking.

Five hundred girls between the age range of 14-27 years were studied during a period of one year.

The questionnaire method was adopted and was filled through interviews.

Rehabilitation programme of these unwed mothers was attempted after this study.

Introduction

The problem of unmarried pregnancy has always been a widely discussed topic in both psychiatric and sociologic literature. The psychiatric literature speaks of the girl's conscious and unconscious needs that lead to this type of pregnancy. According to it, this seems to be especially true of girls who come from a traditional middle class background. The sociologic literature states that out-of-wedlock pregnancies are due to a breakdown of morale or because of delinquency related to broken homes.

Whatever be its causes, since ours is a family based civilization, illegitimacy is as Chaskell (1968) has pointed out, a major social problem and the children born out-of-wedloock must be our concern. Though the problem is an age-old one, public interest in it is getting intensified. The topic of sex is no more tabooed but is being discussed quite frankly and openly. Films and magazines are full of it and this is a good opportunity to channelize this interest into positive thinking rather than to allow it to lead to alarming attitudes.

The reason why an unmarried girl becomes pregnant is varied and complex. In life today the sanctity of marriage is hardly stressed. Wessel (1968) has stated that the adult world condemns illicit relationship but at the same time promotes

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them through open and uninhibited media like the movies, television, books, etc.

There is of course always a type of girl who finds herself pregnant because of conscious or unconscious desire or because of lack of contraceptives or because of an inability to consider at a stressful moment the result of sexual intimacies. Yet, it is not only the impulsive girl, the depressed or deprived one, the girl with a low self esteem who finds herself in the group of unwed pregnant-girls but often there is also the normal healthy girl and we are really hard put to reason out why.

Material and Methods

This is a pilot study of 500 unmarried pregnant girls who sought an abortion at the K.E.M. Hospital, Bombay. The study has been carried out within a period of 12 months.

The questionnaire has been the tool adopted for this study. It was filled through the interview method. Sometimes 2 or 3 interviews were required.

The girl was interviewed at the time of admission, during her stay in the hospital and when she came again for the medical follow-up visit. Besides the girl, her parents, guardians and whenever available the putative father of the child were also interviewed.

Three monthly follow-ups were maintained in all cases except those who returned back to the rural areas they had come from. In cases where the girl got married to somebody other than the man she had relationship with, follow-up was maintained only if the girl wished to do so.

Objectives of the Study

(1) To study the background of the unmarried girls seeking an abortion.

(2) To provide some sort of individual counselling and rehabilitation of the girl.

(3) To formulate and provide health and preventive care for these girls.

(4) To formulate a family life education programme for teenagers (boys and girls).

Analysis of Data: A majority of the girls fall into the age-group of 14-18 years. This is the turbulent adolescent stage when sexual activity and sexual problems are most common. It is a time of life when youngsters are looking for greater personal intimacy, love, humanity as well as simplicity. A sense of wanting to belong to one's own peers and gang is paramount and thwarting of authority and control is not uncommon. A pregnancy at this point is an 'acting out' against the parents or a particular parent and the parental ideals and values.

Schooling is one of the most earliest and one of the most important methods or socialization. Further, the drudgery of household chores and the responsibility of supporting their families from such a young age could be responsible for so many unfulfilled wants and needs (Table I & II).

TABLE I

Education Level

Educational Level	No. of cases	Percentage
Illiterate	115	23%
Primary	120	25%
Middle	106	21.2%
Secondary	139	27.8%
University Level	20	4%

TABLE II
Reasons

Reasons	No. of cases	Percentage
Required to help at home	140	28%
No schooling facilities	35	7%
Had to earn and suport the family	86	17.2%
Did not want to study further	70	14%
Bad financial condition	84	16.8%
Ill-health	27	5.4%

Of the girls 47.2% were at home doing nothing; 41.2% were gainfully employed outside the home. Work outside gave them opportunity to be away from home without due explanations. Further, it enabled them to have some money to spend on themselves and sometimes on the men concerned. Those who were at home doing nothing were usually left without any supervision and care. They often formed friendship with boys unknown to their families.

The nuclear family is considered to be the best environment for an individual's growth and development. In India especially it has a very significant role to play as it is gradually replacing the traditional joint family. Children no longer regard grandparents or other adults as authority. On the other hand such living may also be offering very poor interpersonal relationships because the parents are themselves too harassed and pre-occupied. The sexual activity may thus sometimes become a means of gratifying childhood deprivations.

In 61% of these cases the head of the family is the father. This headship in many cases is merely nominal for, in almost 10% of these the father is too ill physically and sometimes mentally to concern himself with the family affairs. In another 25% of the cases he is a confirmed alcoholic and is too busy bothering about his own drinking needs. In 27% of these cases, the mother was the head where the father is dead or has deserted the family. In 7% the patient has a guardian and 5% of the girls had no one with them.

It is a well known fact that for normal development a child requires both its parents.

Of the girls 44% occupied a middle position in the sibling rank and 35% were the eldest. These girls are from a family of 6/8 siblings. Even if the parents very much wish to attend to each child it is well nigh impossible for them to do so. Hungry for tenderness and affection they seem to find it difficulty to postpone gratification of their biologic urges.

Of the girls 49% lived in one/two room tenements, not self-contained. Water supply and toilet conveniences were all outside at the end of 15/20 rooms. They were a little better than the next group of 35% who lived in jhopdas—the worst type of shanty dwellings. Both these type of dwellings do not offer any privacy and the children cannot help but become a party to all that goes on within the four walls. Of the girls 0.4% had come from brothels.

A majority of these girls belong to families earning 100 to about 300 rupees per month. They have to struggle to live and very often maintain themselves doing without the basic needs of life. The per capita income works out barely to 40 rupees per individual. In most of the families they exist at the subsisting level.

Of the girls 50% seek termination as late as 10-20 weeks, as much of their time is lost in keeping the pregnancy secret and the rest in seeking out the proper place where the termination can take

place legally. Ten per cent had reached the hospital when a termination is impossible and the pregnancy had to be carried to full term (Table III).

TABLE III
Duration of Pregnancy

Stage of Pregnancy	No. of Cases	Percentage
4 — 6 weeks	40	8%
7 —10 weeks	60	12%
11 —12 weeks	30	6%
13 —15 weeks	70	14%
16 —20 weeks	250	50%
21 weeks and above	50	10%

In 39% of the cases the attitude of parents/guardians is angry and in 24% of the cases punitive. The girl has been beaten, made to starve, etc. after the pregnancy has been discovered. In quite a few cases the threat of death has also been made.

Of the pregnancies 32.4% were conceived through casual acquaintances and 27% through boy friends. The former category of men were known to the girls anywhere between a month to 6 months before she conceived. Beyond his name she knew nothing about him and was unable to trace him.

In 25% of the cases the putative father of the child rejected the girl and the pregnancy, when he came to know about it; 23.8% wished the girl to have the termination and promised to marry sometime in the future while 10.6% married the girl and she was able to continue her pregnancy.

In 23.6% of the cases the putative father was untraceable to be told about the pregnancy and in 16.8% the girls or her parents did not wish to let him know.

In 42.8% of the cases the reason was promise of marriage. In 20% of the cases the relationship was initiated by the man with a lot of coaxing, promises of security and protection if a pregnancy occurred. In 14% of the cases, the girls entered into the relationship without any hesitation because they felt they ought to please the man for the attention they were getting. Of the 9.2% who said that they did not have any knowledge of sex, 2% were mentally deficient (Table IV).

TABLE IV
Reasons for Relationship

Reasons	No. of Cases	Percentage
Promise of marriage etc.	214	42.8%
Insisted on by the man	100	20%
Received gifts, money	60	12%
Lack of knowledge about sex	46	9.2%
To please the man	70	14%
Living together with the man	10	2%

In 47.6% of the cases it was the mother who decided about the termination. The pregnancy had been kept secret from the father. Probably the mother felt very threatened and saw a failure of her role. In 20% of the cases the decision was taken by the father. In about 85% of the cases the girl agreed fully with them.

Of the girls 44.4% were frightened about the termination and 26.8% looked upon it as a relief. These were the girls whose path was paved in advance with all the reactions of shame, fury and vengefulness towards the man. For them termination became less traumatic. This fact was further elucidated when we saw that 85% of the girls did not wish to get married to the same boy even if their parents would have allowed them to do so.

In 25.6% of the cases even if the girl and the putative father were willing to marry each other the parents would not

have given their permission. Even today the caste system is a big bogey and we have not been able to rid ourselves of it. Parents were prepared to support and look after grown-up unmarried girls rather than face social ostracizism and marry their girls to boys of a different caste. Fifteen per cent would not allow the girls to marry because the boy does not have a steady job (Table V).

TABLE V

Reasons for Disallowing Marriage

Reasons	No. of Cases	Percentage
Different caste	128	25.6%
Different religion	54	10.8%
Is already married	45	9%
Does not have a steady job	75	15%
Does not have proper accommodation	16	3.2%
Is of a bad character	48	9.6%
Marriage between relatives not permitted	44	8.3%

Discussion

In studies made abroad it has been observed that their teenagers have had no knowledge or inadequate knowledge about birth control information. Teenagers here, in India, live practically in ignorance of this and yet they are not immune to sexual drives and urges as has been seen.

The girls that we have studied have rarely had any friends. They have been school dropouts and live in almost social isolation. When they come to the hospital they are more concerned about the changes in their body and the disruption of their daily routine, rather than about the unborn baby or its father.

The putative father from what information can be gathered seems to belong to their age-group with very much a similar family and economic background.

In a medical setting like ours, though the medical services are the primary ones, we have to take care of the social and individual aspects too.

The objective after every termination of pregnancy of an unmarried girl should be the non-recurrence of this situation. This can be achieved to some extent through a well organised rehabilitation programme centres conducting Medical Termination of Pregnancy. Rehabilitation is an important aspect of our modern existence for two reasons; partly because of the social concern for human welfare and partly because of the economic pressures of our times. The girls coming to us seem to be in need of a social, economic and mental rehabilitation.

Out of the 500 girls that were studied—95% had never received any sex-education. They weren't even aware of their own biological role in the pregnancy they had come to terminate. Thus, though even somewhat late, we felt that some sex-knowledge had to be imparted to them. This was done through group discussions on subjects such as physiology and anatomy, choice of partners, venereal diseases, contraception, etc. Though the girls showed hesitation at the begining they gradually thawed and participated in the discussions.

As far as their emotional rehabilitation was concerned, the relationship between them and case-workers was an important one, forming the pivot around which everything moved. This being a family based service, parents, fiances as well as boy-friends were actively involved in the case-work therapy.

Through case-work services, 10 of the 500 girls were helped to avoid termination and marry the boys concerned. A

very thorough and detailed study of the boy was done before the case-worker could help the parents to accept this situation. Though another 15 girls also married the putative father of their children their pregnancies had to be terminated for various social reasons.

Ten girls showed the need for psychiatric consultation and treatment. They, as well as their parents, were helped to accept this need and to come regularly for the treatment.

A very big hurdle and limitation with us has been the inability to provide proper economic and material aid to those who needed it and who had asked for it. Almost 75% of them showed this need and asked for help. Job opportunities are very difficult to come by, especially for this category of people with limited education and skills. We have learned through our experience that very careful supervision has to be maintained over these girls till they adjust with their working conditions and their employers.

Fifty girls who had to carry out their pregnancies to full term were helped to give up their babies in adoption.

In our series of 500 cases we had just 2 girls who had come from brothels. One of them was helped to get married and settle down. The other girl who had been abducted from the interior regions of Madhya Pradesh was rescued with the help of the Vigilance Department and was sent to a Government Institution.

Girls who had their pregnancies terminated but felt that they would probably indulge in sexual relations again were advised and given contraceptives like intrauterine contraceptive devices or pills. Another frustrating experience in our programme has been that almost all of them go back to the same background that they have come from to the hospital.

An important point that emerges out of this programme is twofold. One is the urgent and immediate need of sound and proper sex education for all young people —boys and girls, and second that special contraceptive centres must be organised for unmarried people where they can come without hesitation for advice regarding contraceptive measures. It must be borne in mind that they will come only when complete confidentiality is maintained. Whether we like it or not and whether we want to accept the fact or not, pre-marital sex is becoming a way of life with our youngsters. The well known saying 'Prevention is better than cure' will have to be kept at the fore front and wherever needed, contraceptives should be given freely.

A team of professionals comprising of the Gynaecologist and Obstetrician, the social worker and other para-medical staff with a good insight into human behaviour, should all work closely with the patient seeking help.

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