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## RESEARCH ARTICLE

### Teen Pregnancy: Medical Risks and Realities

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#### Abstract

Teenage pregnancy is a serious issue that may seriously impact the future of a young woman. Any teen pregnancy will be a challenge as teens typically lack skills needed to handle a pregnancy and motherhood. Patience, maturity and ability to handle stress are required by pregnant mothers of all ages. The high social and economic costs of teen pregnancy and child-bearing can have short- and long-term negative consequences for teen parents, their children, and their community. Through recent research, it has been recognized that pregnancy and childbirth have a significant impact on educational outcomes of teen parents. By preventing teen and unplanned pregnancy, we can significantly improve other serious social problems including poverty (especially child poverty), child abuse and neglect, father-absence, low birth weight, school failure, and poor preparation for the workforce.

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## INTRODUCTION

Pregnancy in adolescence, particularly in the younger age groups, is associated with greater mortality and morbidity, among both mothers and offspring. Maternal mortality rate is highest among the very young, as they are less likely than older women to receive antenatal care. Antenatal care is associated with a reduction in maternal mortality in all age groups. Maternal mortality is three to four times higher in adolescents than in adults. The most common problems are anaemia, retardation of foetal growth, premature birth and complications of labour. Repeated pregnancies in the adolescent period increase future risks to reproductive health. In addition, the children of adolescent mothers are more likely to be exposed to illness and injury. Pregnancy in a still-growing girl means an increase in nutritional requirements not only for the growth of the foetus but also for the mother herself, and, if they are not met, her future physical health may be impaired.

Substance abuse while driving partially accounts for the high automobile fatality rate among adolescents, who also are the victims of violence, exploitation, and abuse. Sexual experimentation may lead to unplanned pregnancy or sexually transmitted diseases (STDs). Most adolescent pregnancies are unintentional and result from a combination of risk-taking behaviour, inadequate reproductive knowledge, and general belief in invulnerability.

Britain has the highest rate of teenage pregnancy and teenage parenthood in Europe. Some 90000 teenagers in England become pregnant every year of these; nearly 8000 are under the age of 16

years. Approximately three fifths of teenage conceptions will result in live births. Many young mothers do achieve a successful outcome to their pregnancy and parenting it should, however, also be recognized that mortality and morbidity among babies born to these mothers is increased and that the mothers show a higher risk of developing complications, such as hypertensive disorders and intrapartum complications. Young teenage mothers tend to present late for antenatal care and are disproportionately likely to have some risk factors associated with poor antenatal health (e.g. poverty and smoking).

The changing social environment, increasing nuclear families, more opportunities of social interactions amongst adolescents, less supervision, permissive attitude of society, influence of media and changing moral norms have resulted in increase in sexual activity amongst youngsters and a rising incidence of pregnancies in adolescents and teenagers. Also, the practice of early marriages continues to be prevalent in the rural India. Hence the obstetrician is often called upon to manage teenage pregnancies in day to day practice.

Young adolescent girls are physically and mentally immature and not yet ready for the task of motherhood. They often come from socially deprived families, and are often single, malnourished, ill-educated, unsupervised and neglected. At the outset there is a tendency to deny the pregnancy until the physical bodily changes can no longer be concealed and the fact of pregnancy is brought to light. False ideas of shame and loss of face in society often drives the family to conceal the fact and seek recourse to an illegal abortion with disastrous consequences at times. In spite of the MTP Act being in place for almost three decades, illegal abortions and late pregnancy terminations still continue to take place in a clandestine manner.

### **Many adolescent girls between 15 and 19 get pregnant**

About 16 million women 15–19 years old give birth each year, about 11% of all births worldwide.

Ninety-five per cent of these births occur in low- and middle-income countries. The average adolescent birth rate in middleincome countries is more than twice as high as that in high-income countries, with the rate in low-income countries being five times as high.

The proportion of births that take place during adolescence is about 2% in China, 18% in Latin America and the Caribbean and more than 50% in sub-Saharan Africa.

Half of all adolescent births occur in just seven countries: Bangladesh, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Nigeria and the United States.

By age 22, only around 50 percent of teen mothers have received a high school diploma and only 30 percent have earned a General Education Development (GED) certificate, whereas 90 percent of women who did not give birth during adolescence receive a high school diploma.

Only about 10 percent of teen mothers complete a two- or four-year college program.

Teen fathers have a 25 to 30 percent lower probability of graduating from high school than teenage boys who are not fathers

### **Effects of teenage pregnancy-**

High drop out from schools- teenage mothers are mostly likely to drop out from the schools. Mother remains, in most cases, not properly educated.

Premature birth- female who gets pregnant at teenage can give birth prematurely. There is low birth weight of such babies.

Inadequate nutrition- teenage mothers are less likely to get adequate nutrition during pregnancy. This can give rise to further problems.

Reduced prenatal care- it has been researched that an adolescent mother gets less medical check ups and receives less antenatal care.

Maternal and infant mortality- teenage pregnancies result in many complications, which can cause maternal death. Underdeveloped pelvis at this age can give rise to birthing difficulties. It can lead to infant mortality.

Unfulfilled needs- there are many needs of infant of the teenage mother, which remain unfulfilled. If there is poverty, she can not meet the financial needs of her child. Medical aid is also not provided sometimes. She herself is not mature enough to understand the emotional needs of the child.

Health risks- teenage mother is more likely to anaemia, pregnancy-induced hypertension, lower genital tract infections etc.

### **Consequences of Teen Pregnancy**

- Teenage births are associated with lower annual income for the mother. Eighty percent of teen mothers must rely on welfare at some point.
- Teenage mothers are more likely to drop out of school. Only about one-third of teen mothers obtain a high school diploma.
- Teenage pregnancies are associated with increased rates of alcohol abuse and substance abuse, lower educational level, and reduced earning potential in teen fathers.

### **Prevention of teenage pregnancy-**

One of the most effective ways of reducing the rate of teenage pregnancies is to have an open talk of teenagers with their parents. School and health care professional can also play role in this by providing educational talks and information to the teenagers.

A strong emotional bond should be developed in the family members; as such children are less likely to indulge in such activities. Emotional attachment of the parents with their children is a strong force helping the young to avoid such activities.

Knowledge about contraceptive should be provided.

### **Need for sex education**

Adolescents lack knowledge about their bodies and bodily changes. Many parents find it difficult to talk with their children about maturation, sex, birth control, and parenting. Parents may not understand that this information is vital and that it must be given early. Furstenbert (1980) found that although 59 percent of mothers frequently talked to their daughters about sex, most of the messages were not to get mixed up with boys and not to do anything she would be sorry for later. This is hardly the information teenagers require. On the other hand, 50 percent of birth control used contraception at least occasionally

### **Family Planning Can Reduce Adolescent Maternal Mortality**

Reproductive health care, including family planning services, can help women—including adolescents—to prevent unintended pregnancy, complications during pregnancy and delivery, and unsafe abortion.

Worldwide, over 200 million women have no access to modern, effective contraception. In the developing world, lack of access to family planning results in some 76 million unintended pregnancies each year.

Experts say that contraceptive use could prevent up to 35 percent of maternal deaths and when contraceptive use increases, countries' infant mortality rates go down. In countries where less than 10 percent of women use contraception, the infant mortality rate is 100 deaths per 1,000 live births compared to 52 per 1,000 in countries where over 30 percent of women use contraception.

Worldwide, disapproving providers and community discourages young people from seeking reproductive health care. Family planning services need to be "youth-friendly" in order to encourage young women to seek reproductive health care.

### **Management**

Proper counseling, considering timely MTP. In case continuation of pregnancy is desired or is necessary because she seeks advice later when pregnancy has advanced beyond the limits permissible to undertake an MTP, then she must receive proper antenatal care. At every prenatal visit, a doctor should check on patient's compliance, medications prescribed and she should be encouraged to deliver in a hospital. If the family so desires, through the services of social worker the formalities for adoption of the baby should be encouraged. The patient should receive contraceptive advice if necessary.

## **Promote proper prenatal care**

A pregnant teen can improve her chances of having a healthy baby by taking good care of herself. If your daughter decides to continue the pregnancy, encourage her to:

**Seek prenatal care.** During pregnancy, regular prenatal visits can help teen mother's health care provider monitor teen mother's health and the baby's health.

**Test for sexually transmitted infections (STIs).** If teen mother's has an STI, treatment is essential.

**Eat a healthy diet.** During pregnancy, teen mother's will need more folic acid, calcium, iron, protein and other essential nutrients. A daily prenatal vitamin can help fill any gaps. In addition, need extra calcium and phosphorus because her own bones are still growing.

**Stay physically active.** Regular physical activity can help ease or even prevent discomfort, boost teen's energy level, and improve her overall health. It can also help her prepare for childbirth. Encourage teen mother's to get her health care provider's OK before starting or continuing an exercise program, especially if she has an underlying medical condition.

**Gain weight wisely.** Gaining the right amount of weight can support the baby's health — and make it easier to lose weight after delivery. Encourage to work with her health care provider to determine what's right for her.

**Avoid risky substances.** Alcohol, tobacco, marijuana and other illegal drugs are off-limits during pregnancy. Even prescription and over-the-counter medications deserve caution.

**Take childbirth classes.** These classes can help prepare for pregnancy, childbirth, breast-feeding and being a parent.

## **Programs and Initiatives**

The World Health Organization says there is an urgent need for programs that address the health and safety of pregnant adolescents and that teach these young women the skills to build a successful future. The U. S. Agency for International Development (USAID) identifies critical factors for improving adolescent maternal health: encouraging young women to use prenatal care to identify and treat malaria, anemia, and other health issues; providing obstetric care to ensure the safe delivery of young mothers and their infants; and postnatal care to identify post-partum health issues, provide newborn care, and offer contraception to accomplish birth spacing.

One effective, comprehensive program increased knowledge of contraception and reproductive health among Chilean school girls age 12 to 17. The program decreased pregnancy rates among students by providing information about both abstinence and contraception, being youth-friendly,

offering referral for reproductive health care, and encouraging open dialogue between parents, teachers, health care professionals, and youth.

In India, Reproductive Health of Young Adults in India (RHEYA) focused on educating youth about delaying marriage and pregnancy and about using contraception. Fifteen percent of young couples who were exposed to RHEYA used contraception to delay their first child compared to just over one percent of young couples in the control group.

In Nepal, the Adolescent Girls Initiative for Reproductive Health focused on improving reproductive health information and dialogue and access to services. Baseline data indicated that 63 percent of girls ages 10 through 14 were aware of family planning methods compared to 99 percent at the end of the project.

Programs in Burkina Faso offered peer educators and reproductive health services at some Youth for Youth centers. Compared to other centers where most clients were male, these centers recorded that 77 percent of attendees were young women.

Profamilia, a Columbian family planning association, incorporated a youth focus into its services and documented an increase of 37 percent in adolescent clinic visits.

## **Conclusion**

Teen pregnancy is an important issue for several reasons. For example, there are health risks for the baby and children born to teenage mothers are more likely to suffer health, social, and emotional problems than children born to older mothers. Also, women who become pregnant during their teens are at increased risk for medical complications, such as premature labor, and social consequences.

Maternal mortality statistics underscore how societies have failed women, especially young women in developing countries. As many as 529,000 women die each year from complications of pregnancy and childbirth. Pregnancy is the leading cause of death for young women ages 15 through 19. The reproductive health of adolescent women depends on biological, social, and economic factors. Programs must provide education, family planning services, and pre- and postnatal care to reduce morbidity and mortality among young women. One of the most effective ways of reducing the rate of teenage pregnancies is to have an open talk of teenagers with their parents. School and health care professional can also play role in this by providing educational talks and information to the teenagers.

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