

# Survey on the problem of teenage pregnancy in Ludhiana

## INTRODUCTION

### DEFINITION:

**Teenage pregnancy** is defined as a teenaged or underaged girl (usually within the ages of 13–19) becoming **pregnant**. The term in everyday speech usually refers to women who have not reached **legal adulthood**, which varies across the world, who become pregnant.

The average age of **menarche** (first menstrual period) in the United States is 12 years old, though this figure varies by ethnicity and weight, and first **ovulation** occurs only irregularly until after this. The average age of menarche has been declining and continues to do so. Whether **fertility** leads to early pregnancy depends on a number of factors, both societal and personal. Worldwide, rates of teenage pregnancy range from 143 per 1000 in some sub-Saharan African countries to 2.9 per 1000 in South Korea.

Pregnant teenagers face many of the same **obstetrics** issues as women in their 20s and 30s. However, there are additional medical concerns for younger mothers, particularly those under fifteen and those living in developing countries. For mothers between 15 and 19, age in itself is not a risk factor, but additional risks may be associated with socioeconomic factors.

**Data** supporting teenage pregnancy as a **social issue** in **developed countries** include lower **educational** levels, higher rates of **poverty**, and other poorer "life outcomes" in children of teenage mothers. Teenage pregnancy in developed countries is usually outside of marriage, and carries a **social stigma** in many communities and cultures. For these reasons, there have been many studies and campaigns which attempt to uncover the causes and limit the numbers of teenage pregnancies. In other countries and cultures, particularly in the **developing world**, teenage pregnancy is usually within marriage and does not involve a social stigma.

According to Bhalerao AR, Desai SV, Dastur NA, Teenage pregnancy is a fairly common occurrence in India, due to many factors such as early marriages, girls reaching puberty at younger ages and high specific fertility rate in the adolescent age group. In India, teenage pregnancy rate varies from 8 to 14%. The pregnant teenager may not be quite fit to bear the burden of pregnancy and labour at a tender age, as efficiently as a woman in her twenties. The obstetric outcome of teenage pregnancy is influenced by many socio-medical factors. Maternal and perinatal morbidity mortality in teenagers is influenced by medical complications like toxæmia, anaemia, cephalopelvic disproportion (CPD) and social problems viz. out of wedlock pregnancy, unwanted pregnancy etc. In view of this, it was decided to collect the data about the pregnant teenagers and to compare the incidences of various complications and outcomes of pregnancy with those reported in literature.

### **Teenage pregnancy: Nipping it in the bud**

The pregnant teen mother and the child born are likely to suffer health, social, emotional and economic problems. It is high time teenagers are educated on their sexual behaviour, feels Dr. Duru Shah, one of India's top gynaecologists and infertility experts.

Child marriages are still prevalent today in India the results of which are girls becoming mothers in their teens. In addition to that, the recent spate of incidents of rape on minors and the rising levels of promiscuity among teenagers are also a cause of great concern as they lead to teenage pregnancies.

Also known as adolescent pregnancy, teenage pregnancy is one that occurs from puberty to the age of 19. Puberty is the stage of adolescence when a girl can sexually reproduce, however a young woman can become pregnant even before her first menstrual cycle. This is because ovulation, the release of an egg from the ovary, may occur before the first period. In the absence of adequate contraception the egg can become fertilized. And this is

quite common in teenagers, as most of them do not use any birth control measures like condoms when they have sexual intercourse. Our own study conducted on 400 college students of Mumbai showed that most of the sexually active girls start worrying about contraceptives only after 6 months of sexual activity.

For a woman including a teenager to conceive it is not necessary that actual penetration takes place. This is because sperm can travel upwards from its presence in the area of the external genital area and result in pregnancy. It is therefore very important for teenagers to have proper knowledge and understanding of their body and its functions before they become sexually active. Responsible sexual behaviour prevents pregnancy.

Whether the pregnancy is due to marriage or sex between unmarried teenagers there are nevertheless some issues concerning the higher rates of nutritional and obstetric problems associated with adolescent pregnancy. Also, the ignorance and immaturity can result in higher morbidity and mortality among mothers and babies.

### **Symptoms of pregnancy**

The symptoms of a teenage pregnancy are not different from a normal pregnancy. They include:

- \* Missed period
- \* Fatigue
- \* Nausea/vomiting
- \* Breast enlargement and breast tenderness
- \* Irregular vaginal spotting or bleeding
- \* Stomach cramping
- \* Increased drowsiness and moodiness

In spite of experiencing these symptoms many teenagers do not tell anyone and as such often go unnoticed by friends and family.

Unfortunately, the teenager with irregular periods may not even realize that she is pregnant until well into the fifth month of pregnancy – when she starts feeling the baby's movements.

### **Teen pregnancy: Diagnosis**

Any teenage girl who experiences irregular or absent periods or any of the symptoms is advised to undergo a pregnancy test. This should be done by the doctor even if she does not admit to have had sexual intercourse. An early diagnosis of pregnancy helps the teenager to adjust emotionally and physically. Also, early prenatal care is essential.

Usually, pregnancy is associated with weight gain but if nausea and vomiting are significant there could be weight loss. Further, pelvic examination by a gynaecologist may reveal bluish or purple coloration of vaginal walls, bluish or purple coloration and softening of the cervix, and softening and enlargement of the uterus. Finally, an ultrasound may be done to confirm the presence and current status of the pregnancy.

## CAUSES OF TEENAGE PREGNANCY

In some societies, early **marriage** and traditional **gender roles** are important factors in the rate of teenage pregnancy. For example, in some sub-Saharan African countries, early pregnancy is often seen as a blessing because it is proof of the young woman's fertility. In the Indian subcontinent, early marriage and pregnancy is more common in traditional rural communities compared to the rate in cities.

In societies where adolescent marriage is uncommon, young age at first **intercourse** and lack of **contraceptive** use may be factors in teen pregnancy. Most teenage pregnancies in the developed world appear to be unplanned.

The ultimate "cause" of teenage pregnancy is unprotected intercourse. A sexually active teenager who does not use contraception has a 90% chance of becoming pregnant within one year. Potential behaviour patterns for a teenage girl becoming pregnant include:

- \* early dating behaviour
- \* high-risk behaviours (smoking, alcohol and substance abuse)
- \* lack of a support group or few friends
- \* Unhealthy environment at home
- \* stress and depression
- \* delinquency / criminal behaviour
- \* living in a community where early childbearing is common and viewed as the norm rather than as a cause for concern
- \* exposure to domestic or sexual violence
- \* and most important, financial constraints

## THE MAIN CAUSES OF TEENAGE PREGNANCY CAN BE DETAILED AS UNDER:

### Adolescent sexual behavior

According to information available from the **Guttmacher Institute**, sex by age 20 is the normal age across the world, and countries with low levels of adolescent pregnancy accept sexual relationships among teenagers and provide comprehensive and balanced information about sexuality.

However, in a **Kaiser Family Foundation** study of US teenagers, 29% of teens reported feeling pressure to have sex, 33% of sexually active teens reported "being in a relationship where they felt things were moving too fast sexually", and 24% had "done something sexual they didn't really want to do". Several polls have indicated **peer pressure** as a factor in encouraging both girls and boys to have sex. Inhibition-reducing **drugs** and **alcohol** may possibly encourage unintended sexual activity. If so, it is unknown if the drugs themselves directly influence teenagers to engage in riskier behavior, or whether teenagers who engage in drug use are more likely to engage in sex. **Correlation does not imply causation**. The drugs with the strongest evidence linking to teenage pregnancy are **cannabis**, **alcohol**, and **amphetamines**, including "ecstasy". The drugs with the least evidence to support a link to early pregnancy are **opioids**, such as **heroin**, **morphine**, and **oxycodone**, of which a well-known effect is the significant reduction of **libido** – it appears that teenage **opioid users** have significantly reduced rates of conception compared to their non-using, and **cannabis**, **alcohol**, and **amphetamine** using peers. Amphetamines are widely prescribed to treat **ADHD** – internationally, the countries with the highest rates of recorded amphetamine prescription to teenagers also have the highest rates of teenage pregnancy.

## CONTRACEPTION

Adolescents may lack knowledge of, or access to, conventional methods of preventing pregnancy, as they may be too embarrassed or frightened to seek such information.

In the United States, according to the 2002 National Surveys of Family Growth, sexually active adolescent women wishing to avoid pregnancy were less likely than those of other ages to use contraceptives (18% of 15- to 19-year-olds used no contraceptives, versus 10.7% average for women ages 15 to 44). More than 80% of teen pregnancies are unintended. Over half of **unintended pregnancies** were to women not using **contraceptives**, most of the rest are due to inconsistent or incorrect use. 23% of sexually active young women in a 1996 *Seventeen* magazine poll admitted to having had **unprotected sex** with a partner who did not use a condom, while 70% of girls in a 1997 *PARADE* poll claimed it was embarrassing to buy birth control or request information from a doctor.

Among teens in the UK seeking an abortion, a study found that the rate of contraceptive use was roughly the same for teens as for older women.

In other cases, contraception is used, but proves to be inadequate. Inexperienced adolescents may use **condoms** incorrectly or forget to take **oral contraceptives**. **Contraceptive failure rates** are higher for teenagers, particularly poor ones, than for older users.<sup>[24]</sup> Reversible longer term methods such as **intrauterine devices**, **subcutaneous implants**, or injections (**Depo provera**, **Combined injectable contraceptive**), require less frequent user action, lasting from a month to years, and may prevent pregnancy more effectively in women who have trouble following routines, including many young women. The simultaneous use of more than one contraceptive measure further decreases the risk of unplanned pregnancy, and if one is a condom

barrier method, the transmission of sexually transmitted disease is also reduced.<sup>[30]</sup>

### **Age discrepancy in relationships**

According to the conservative lobbying organization "**Family Research Council**," studies in the US indicate that age discrepancy between the teenage girls and the men who impregnate them is an important contributing factor. Teenage girls in relationships with older boys, and in particular with adult men, are more likely to become pregnant than teenage girls in relationships with boys their own age. They are also more likely to carry the baby to term rather than have an abortion. A review of California's 1990 vital statistics found that men older than high school age fathered 77 percent of all births to high school-aged girls (ages 16–18), and 51 percent of births to junior high school-aged girls (15 and younger). Men over age 25 fathered twice as many children of teenage mothers than boys under age 18, and men over age 20 fathered five times as many children of junior high school-aged girls as did junior high school-aged boys. A 1992 Washington state study of 535 adolescent mothers found that 62 percent of the mothers had a history of being raped or sexual molested by men whose ages averaged 27 years. This study found that, compared with nonabused mothers, abused adolescent mothers initiated sex earlier, had sex with much older partners, and engaged in riskier, more frequent, and promiscuous sex. Studies by the Population Reference Bureau and the National Center for Health Statistics found that about two-thirds of children born to teenage girls in the United States are fathered by adult men age 20 or older.

### **Sexual abuse**

Studies have found that between 11 and 20 percent of pregnancies in teenagers are a direct result of rape, while about 60 percent of teenage mothers had unwanted sexual experiences preceding their pregnancy.

Before age 15, a majority of first-intercourse experiences among females are reported to be non-voluntary; the Guttmacher Institute found that 60 percent of girls who had sex before age 15 were coerced by males who on average were six years their senior. One in five teenage fathers admitted to forcing girls to have sex with them.

Multiple studies have indicated a strong link between early childhood sexual abuse and subsequent teenage pregnancy in industrialized countries. Up to 70 percent of women who gave birth in their teens were molested as young girls; by contrast, 25 percent for women who did not give birth as teens were molested.

In some countries, sexual intercourse between a minor and an adult is not considered consensual under the law because a minor is believed to lack the maturity and competence to make an informed decision to engage in fully consensual sex with an adult. In those countries, sex with a minor is therefore considered **statutory rape**. In most European countries, by contrast, once an adolescent has reached the age of consent, he or she can legally have sexual relations with adults because it is held that in general (although certain limitations may still apply), reaching the age of consent enables a juvenile to consent to sex with any partner who has also reached that age. Therefore, the definition of statutory rape is limited to sex with a person under the minimum age of consent. What constitutes statutory rape ultimately differs by jurisdiction

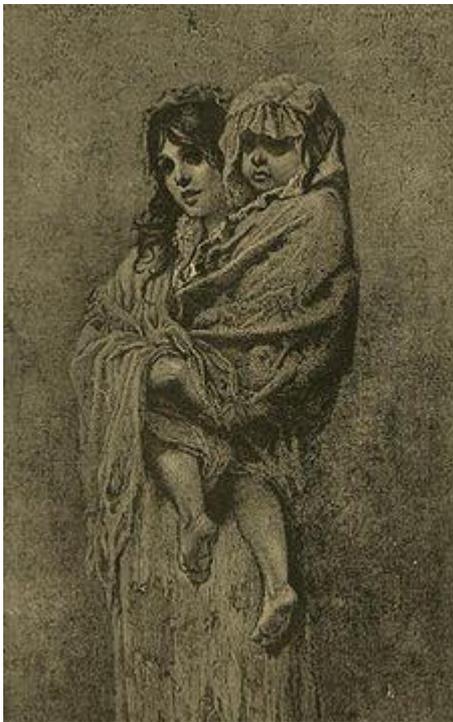
### **Dating violence**

Studies have indicated that adolescent girls are often in abusive relationships at the time of their conceiving. They have also reported that knowledge of their pregnancy has often intensified violent and controlling behaviours on part of their boyfriends. Women under age 18 are twice as likely to be beaten by their child's father than women over age 18. A UK study found that 70% of women who gave birth in their teens had experienced adolescent

domestic violence. Similar results have been found in studies in the United States. A Washington State study found 70% of teenage mothers had been beaten by their boyfriends, 51% had experienced attempts of **birth control sabotage** within the last year, and 21% experienced school or work sabotage.

In a study of 379 pregnant or parenting teens and 95 teenage girls without children, 62% of the girls aged 11–15 years and 56% of girls aged 16–19 years reported experiencing domestic violence at the hands of their partners. Moreover, 51% of the girls reported experiencing at least one instance where their boyfriend attempted to sabotage their efforts to use birth control.

### **Socioeconomic factors**



**Poverty** is associated with increased rates of teenage pregnancy. Economically poor countries such as **Niger** and **Bangladesh** have far more teenage mothers compared with economically rich countries such as **Switzerland** and **Japan**.

In the UK, around half of all pregnancies to under 18s are concentrated among the 30% most deprived population, with only 14%

occurring among the 30% least deprived. In **Italy**, the teenage birth rate in the well-off **central regions** is only 3.3 per 1,000, while in the poorer **Mezzogiorno** it is 10.0 per 1000. Sociologist **Mike A. Males** noted that teenage birth rates closely mapped poverty rates in **California**:

### **Childhood environment**

Women exposed to abuse, **domestic violence**, and family strife in childhood are more likely to become pregnant as teenagers, and the risk of becoming pregnant as a teenager increases with the number of adverse childhood experiences. According to a 2004 study, one-third of teenage pregnancies could be prevented by eliminating exposure to abuse, violence, and family strife. The researchers note that "family dysfunction has enduring and unfavorable health consequences for women during the adolescent years, the childbearing years, and beyond." When the family environment does not include adverse childhood experiences, becoming pregnant as an adolescent does not appear to raise the likelihood of long-term, negative psychosocial consequences. Studies have also found that boys raised in homes with a battered mother, or who experienced physical violence directly, were significantly more likely to impregnate a girl.

Studies have also found that girls whose fathers left the family early in their lives had the highest rates of early sexual activity and adolescent pregnancy. Girls whose fathers left them at a later age had a lower rate of early sexual activity, and the lowest rates are found in girls whose fathers were present throughout their childhood. Even when the researchers took into account other factors that could have contributed to early sexual activity and pregnancy, such as behavioral problems and life adversity, early father-absent girls were still about five times more likely in the United States and three times more likely in New Zealand to become pregnant as adolescents than were father-present girls.

Low **educational** expectations have been pinpointed as a risk factor. A girl is also more likely to become a teenage parent if her mother or older sister gave birth in her teens. A majority of respondents in a 1988 Joint Center for Political and Economic Studies survey attributed the occurrence of adolescent pregnancy to a breakdown of **communication** between parents and child and also to inadequate **parental supervision**.

**Foster care** youth are more likely than their peers to become pregnant as teenagers. The National Casey Alumni Study, which surveyed foster care alumni from 23 communities across the United States, found the birth rate for girls in foster care was more than double the rate of their peers outside the foster care system. A University of Chicago study of youth transitioning out of foster care in Illinois, Iowa, and Wisconsin found that nearly half of the females had been pregnant by age 19. The Utah Department of Human Services found that girls who had left the foster care system between 1999 and 2004 had a birth rate nearly 3 times the rate for girls in the general population.

## **GLOBAL INCIDENCE OF TEENAGE PREGNANCY**

| <b>Teen birth and abortion rates, 1996<br/>per 1000 women 15–19</b> |                   |                      |                      |
|---|-------------------|----------------------|----------------------|
| <b>Country</b>  | <b>birth rate</b> | <b>abortion rate</b> | <b>Combined rate</b> |
| <b>Netherlands</b>  | 7.7               | 3.9                  | 11.6                 |
| <b>Spain</b>  | 7.5               | 4.9                  | 12.4                 |
| <b>Italy</b>  | 6.6               | 6.7                  | 13.3                 |
| <b>Greece</b>   | 12.2              | 1.3                  | 13.5                 |
| <b>Belgium</b>  | 9.9               | 5.2                  | 15.1                 |
| <b>Germany</b>  | 13.0              | 5.3                  | 18.3                 |
| <b>Finland</b>  | 9.8               | 9.6                  | 19.4                 |
| <b>France</b>   | 9.4               | 13.2                 | 22.6                 |
| <b>Denmark</b>  | 8.2               | 15.4                 | 23.6                 |
| <b>Sweden</b>   | 7.7               | 17.7                 | 25.4                 |
| <b>Norway</b>   | 13.6              | 18.3                 | 31.9                 |
| <b>Czech Republic</b>   | 20.1              | 12.4                 | 32.5                 |
| <b>Iceland</b>  | 21.5              | 20.6                 | 42.1                 |
| <b>Slovak Republic</b>  | 30.5              | 13.1                 | 43.6                 |
| <b>Australia</b>  | 20.1              | 23.9                 | 44                   |
| <b>Canada</b>   | 22.3              | 22.1                 | 44.4                 |
| <b>United Kingdom</b>   | 29.6              | 21.3                 | 50.9                 |
| <b>New Zealand</b>  | 33.4              | 22.5                 | 55.9                 |
| <b>Hungary</b>  | 29.9              | 30.2                 | 60.1                 |
| <b>United States</b>  | 55.6              | 30.2                 | 85.8                 |

**Live births per 1000 women 15–19 years old, 2002:**

| <b>Country</b>     | <b>Teenage birth rate<br/>per 1000 women 15–19</b> |
|--------------------|--|
| <b>South Korea</b> | 3  |
| <b>Japan</b>       | 4  |
| <b>China</b>       | 5  |
| <b>Switzerland</b> | 5  |
| <b>Netherlands</b> | 5  |
| <b>Spain</b>       | 6  |
| <b>Singapore</b>   | 6  |
| <b>Italy</b>       | 6  |
| <b>Sweden</b>      | 7  |
| <b>Denmark</b>     | 7  |
| <b>Slovenia</b>    | 8  |
| <b>Finland</b>     | 8  |
| <b>Luxembourg</b>  | 9  |
| <b>France</b>      | 9  |
| <b>Belgium</b>     | 9  |
| <b>Greece</b>      | 10   |
| <b>Cyprus</b>      | 10   |
| <b>Norway</b>      | 11   |
| <b>Germany</b>     | 11   |
| <b>Malta</b>       | 12   |
| <b>Austria</b>     | 12   |
| <b>Ireland</b>     | 15   |
| <b>Poland</b>      | 16   |
| <b>Canada</b>      | 16   |
| <b>Australia</b>   | 16   |
| <b>Albania</b>     | 16   |
| <b>Portugal</b>    | 17   |
| <b>Israel</b>      | 17   |

|                               |     |
|-------------------------------|-----|
| <b>Czech Republic</b>         | 17  |
| <b>Iceland</b>                | 19  |
| <b>Croatia</b>                | 19  |
| <b>United Kingdom</b>         | 20  |
| <b>Hungary</b>                | 21  |
| <b>Bosnia and Herzegovina</b> | 23  |
| <b>Slovakia</b>               | 24  |
| <b>Latvia</b>                 | 24  |
| <b>Lithuania</b>              | 26  |
| <b>Estonia</b>                | 26  |
| <b>New Zealand</b>            | 27  |
| <b>Belarus</b>                | 27  |
| <b>Russia</b>                 | 30  |
| <b>Georgia</b>                | 33  |
| <b>Macedonia</b>              | 34  |
| <b>Armenia</b>                | 34  |
| <b>Romania</b>                | 37  |
| <b>Ukraine</b>                | 38  |
| <b>Saudi Arabia</b>           | 38  |
| <b>Bulgaria</b>               | 41  |
| <b>Chile</b>                  | 44  |
| <b>Brazil</b>                 | 45  |
| <b>United States</b>          | 53  |
| <b>Indonesia</b>              | 55  |
| <b>Mexico</b>                 | 64  |
| <b>South Africa</b>           | 66  |
| <b>India</b>                  | 73  |
| <b>Nigeria</b>                | 103 |
| <b>Niger</b>                  | 233 |

**Save the Children** found that, annually, 13 million children are born to women under age 20 worldwide, more than 90% in developing countries. **Complications of pregnancy** and **childbirth** are the leading cause of **mortality** among women between the ages of 15 and 19 in such areas. The

highest rate of teenage pregnancy in the world is in **sub-Saharan Africa**, where women tend to marry at an early age. In **Niger**, for example, 87% of women surveyed were married and 53% had given birth to a child before the age of 18.

In the **Indian subcontinent**, early **marriage** sometimes means adolescent pregnancy, particularly in **rural** regions where the rate is much higher than it is in **urbanized** areas. The rate of early marriage and pregnancy has decreased sharply in **Indonesia** and **Malaysia**, although it remains relatively high. In the industrialized Asian nations such as **South Korea** and **Singapore**, teenage birth rates are among the lowest in the world.

The overall trend in **Europe** since 1970 has been a decreasing **total fertility rate**, an increase in the age at which women experience their first birth, and a decrease in the number of births among teenagers. Most continental **Western European** countries have very low teenage birth rates. This is varyingly attributed to good **sex education** and high levels of **contraceptive** use (in the case of the **Netherlands**, **Scandinavia** and **Italy**), **traditional values** and **social stigmatization** (in the case of **Spain**) or both (in the case of some southern regions of **Italy** and **Switzerland**).

The teenage birth rate in the **United States** is the highest in the developed world, and the teenage abortion rate is also high. The U.S. teenage pregnancy rate was at a high in the 1950s and has decreased since then, although there has been an increase in births out of wedlock. The teenage pregnancy rate decreased significantly in the 1990s; this decline manifested across all **racial groups**, although teenagers of **African-American** and **Hispanic descent** retain a higher rate, in comparison to that of **European-Americans** and **Asian-Americans**. The **Guttmacher Institute** attributed about 25% of the decline to **abstinence** and 75% to the effective use of **contraceptives**. However, in 2006 the teenage birth rate rose for the first time in fourteen years. This could imply that teen pregnancy rates are also on the

rise, however the rise could also be due to other sources: a possible decrease in the number of abortions or a decrease in the number of miscarriages, to name a few. The **Canadian** teenage birth has also trended towards a steady decline for both younger (15–17) and older (18–19) teens in the period between 1992–2002.

## **HEALTH AND SOCIAL EFFECTS OF TEEN PREGNANCY IN INDIA**

Single motherhood is associated with the causes mentioned earlier and it can be overwhelming when an infant is born prematurely. The financial, emotional, and medical needs of the infant may be too difficult for a teenage mother and/or her extended family to deal with. It is further complicated with society's attitude towards teenage unwed mothers. They experience isolation, guilt accompanied by stress and depression, low self esteem resulting in lack of interest in studies, limited job prospects and lack of a support group or few friends to name just a few.

Health wise teenage mothers have a much higher risk for anaemia, pregnancy-induced hypertension, lower genital tract infections (which may lead to premature labour and delivery), caesarean section because of prematurity, large baby within a small pelvis, foetal distress and sudden infant death syndrome. The major complications in young mothers are thought to be high blood pressure, iron deficiency, anaemia, disproportion and birth of low weight babies.

Similarly, infants born to such teenage mothers are at higher risk of complications of pre-maturity, low weight, accidental trauma and poisoning, minor acute infections, lack of immunization or vaccinations and developmental delays.

In the non-pregnant state, there is quite a high possibility of getting sexually transmitted diseases (STDs), chronic pelvic pain, cervical cancer, human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS).

The other outcomes of Teenage Pregnancy are mentioned as under:

### **Medical outcomes**

Maternal and **prenatal** health is of particular concern among teens who are pregnant or parenting. The worldwide incidence of **premature birth** and **low birth weight** is higher among adolescent mothers. Research indicates that pregnant teens are less likely to receive **prenatal care**, often seeking it in the **third trimester**, if at all. The Guttmacher Institute reports that one-third of pregnant teens receive insufficient prenatal care and that their children are more likely to suffer from health issues in childhood or be **hospitalized** than those born to older women. However, studies have indicated that young mothers who are given high-quality maternity care have significantly healthier babies than those that do not. Many of the health-issues associated with teenage mothers, many of whom do not have health insurance, appear to result from lack of access to high-quality medical care. Many pregnant teens are subject to **nutritional deficiencies** from poor **eating habits** common in adolescence, including attempts to **lose weight** through **dieting**, **skipping meals**, **food faddism**, **snacking**, and consumption of **fast food**.

Inadequate **nutrition during pregnancy** is an even more marked problem among teenagers in **developing countries**. **Complications of pregnancy** result in the deaths of an estimated 70,000 teen girls in developing countries each year. Young mothers and their babies are also at greater risk of contracting **HIV**. The **World Health Organization** estimates that the risk of death following pregnancy is twice as great for women between 15 and 19 years than for those between the ages of 20 and 24. The maternal mortality rate can be up to five times higher for girls aged between 10 and 14 than for women of about twenty years of age. Illegal abortion also holds many risks for teenage girls in areas such as sub-Saharan Africa.

Risks for medical complications are greater for girls 14 years of age and younger, as an underdeveloped **pelvis** can lead to difficulties in **childbirth**. Obstructed labour is normally dealt with by **Caesarean section** in **industrialized nations**; however, in developing regions where medical services might be unavailable, it can lead to **eclampsia**, **obstetric fistula**, **infant mortality**, or **maternal death**. For mothers in their late teens, age in itself is not a risk factor, and poor outcomes are associated more with socioeconomic factors rather than with biology.

### **Socioeconomic and psychological outcomes**

Several studies have examined the **socioeconomic**, **medical**, and **psychological** impact of pregnancy and parenthood in teens. Life outcomes for teenage mothers and their children vary; other factors, such as **poverty** or **social support**, may be more important than the age of the mother at the birth. Many solutions to counteract the more negative findings have been proposed. Teenage parents who can use family and community support, social services and child-care support to continue their education and get higher paying jobs as they progress with their education.

### **Impact on the mother**

Being a *young mother* in an industrialized country can affect one's **education**. Teen mothers are more likely to **drop out** of **high school**. Recent studies, though, have found that many of these mothers had already dropped out of school prior to becoming pregnant, but those in school at the time of their pregnancy were as likely to graduate as their peers. One study in 2001 found that women who gave birth during their teens completed **secondary-level schooling** 10–12% as often and pursued **post-secondary education** 14–29% as often as women who waited until age 30.

*Young motherhood* in an industrialized country can affect **employment** and **social class**. Less than one third of teenage mothers receive

any form of child support, vastly increasing the likelihood of turning to the government for assistance. The correlation between earlier childbearing and failure to complete high school reduces career opportunities for many young women. One study found that, in 1988, 60% of teenage mothers were **impoverished** at the time of giving birth. Additional research found that nearly 50% of all adolescent mothers sought **social assistance** within the first five years of their child's life. A study of 100 teenaged mothers in the **United Kingdom** found that only 11% received a **salary**, while the remaining 89% were **unemployed**. Most British teenage mothers live in **poverty**, with nearly half in the bottom fifth of the income distribution. Teenage women who are pregnant or mothers are seven times more likely to commit suicide than other teenagers. Professor John Ermisch at the institute of social and economic research at Essex University and Dr Roger Ingham, director of the centre of sexual health at Southampton University – found that comparing teenage mothers with other girls with similarly deprived social-economic profiles, bad school experiences and low educational aspirations, the difference in their respective life chances was negligible.

Teenage Motherhood may actually make economic sense for **poorer** young women, some research suggests. For instance, long-term studies by Duke economist V. Joseph Hotz and colleagues, published in 2005, found that by age 35, former teen moms had earned more in income, paid more in taxes, were substantially less likely to live in poverty and collected less in public assistance than similarly poor women who waited until their 20s to have babies. Women who became mothers in their teens — freed from child-raising duties by their late 20s and early 30s to pursue employment while poorer women who waited to become moms were still stuck at home watching their young children — wound up paying more in taxes than they had collected in welfare. Eight years earlier, the federally commissioned report "Kids Having Kids" also contained a similar finding, though it was buried: "Adolescent

childbearers fare slightly better than later-childbearing counterparts in terms of their overall economic welfare."

One-fourth of adolescent mothers will have a second child within 24 months of the first. Factors that determine which mothers are more likely to have a closely-spaced repeat birth include marriage and education: the likelihood decreases with the level of education of the young woman – or her parents – and increases if she gets married.

### **Impact on the child**

Early motherhood can affect the **psychosocial development** of the infant. The occurrence of **developmental disabilities** and **behavioral** issues is increased in children born to teen mothers. One study suggested that adolescent mothers are less likely to **stimulate** their infant through **affectionate behaviors** such as **touch, smiling, and verbal communication**, or to be **sensitive** and **accepting** toward his or her needs. Another found that those who had more **social support** were less likely to show **anger** toward their children or to rely upon **punishment**.

Poor **academic performance** in the children of teenage mothers has also been noted, with many of them being more likely than average to fail to **graduate** from secondary school, be held back a **grade level**, or score lower on **standardized tests**. Daughters born to adolescent **parents** are more likely to become teen mothers themselves. A son born to a young woman in her teens is three times more likely to **serve time in prison**.

### **Impact on other family members**

Teen pregnancy and motherhood can influence younger siblings. One study found that the younger sisters of teen mothers were less likely to emphasize the importance of **education** and **employment** and more likely to accept **human sexual behavior, parenting, and marriage** at younger ages;

younger brothers, too, were found to be more tolerant of **non-marital** and early births, in addition to being more susceptible to **high-risk behaviors**. An additional study discovered that those with an older sibling who is a teen parent often end up babysitting their nieces and nephews and that young girls placed in such a situation have an increased risk of getting pregnant themselves. Social workers play an important role in intervention with families. They work with the families to address common problems and health issues in order to promote a positive outcome for both the family and the baby.

### **Teenage fatherhood**

In some cases, the father of the child is the husband of the teenage girl. The conception may occur within wedlock, or the pregnancy itself may precipitate the marriage (the so-called **shotgun wedding**). In countries such as **India** the majority of teenage births occur within marriage.

In other countries, such as the **United States** and the **Republic of Ireland**, the majority of teenage mothers are not married to the fathers of their children. In the UK, half of all teenagers with children are lone parents, 40% are cohabitating as a couple and 10% are married. Teenage parents are frequently in a romantic relationship at the time of birth, but many adolescent fathers do not stay with the mother and this often disrupts their relationship with the child. Research has shown that when teenage fathers are included in decision-making during pregnancy and birth, they are more likely to report increased involvement with their children in later years. In the U.S, eight out of ten teenage fathers do not marry their child's mother.

However, "teenage father" may be a misnomer in many cases. Studies by the **Population Reference Bureau** and the **National Center for Health Statistics** found that about two-thirds of births to teenage girls in the United States are fathered by adult men age 20 or older. The Guttmacher Institute reports that over 40 percent of mothers aged 15–17 had sexual partners

three to five years older and almost one in five had partners six or more years older. A 1990 study of births to California teens reported that the younger the mother, the greater the age gap with her male partner. In the UK 72% of jointly registered births to women under the age of 20, the father is over the age of 20, with almost 1 in 4 being over 25.

### **Risk factors of teenage pregnancy**

Teenage pregnancy also referred as adolescent pregnancy is one that occurs from the puberty to the age of 19. Babies delivered by teenagers have several risk factors. Premature birth, birth of underdeveloped child, delivering a baby with low birth weight, blood pressure problems, low iron level in blood, threat of sexually transmitted diseases and hypertension are common risks factors regarding the teenage pregnancy.

Teenage pregnancy has higher rates of mortality for both mother and an infant. Overall, teenage pregnancies increase health complications. Most teenage girls get pregnant without an intention to conceive. No contraceptive is foolproof. Teenagers do not stop drinking, smoking or consuming drugs during pregnancy, thus harming their foetus.

### **Disadvantages of unwanted teenage pregnancy**

In developing countries early marriage is the cause of the teenage pregnancy. Child marriages end in teenage pregnancy making life difficult for mothers. In the case of unwed mothers, a boy or man who impregnates the girl often stays out of the picture once he gets to know about the outcome of their relationship. Several factors such as peer pressure, drug addiction, interplay of hormones during puberty can lead teenagers to develop early sexual relationships. Following are the consequences faced by teenage mothers.

- Teenage mothers are most likely to dropout of the high schools or colleges without completing their education

- Children of teenage mothers get minimum health care
- In countries like India, a girl and her family are ridiculed in society
- Getting financial security and raising their children becomes difficult for teenage mothers
- Teenage pregnancy results in poor economic conditions and single parenting
- Usually teenage fathers are not ready for and deny to take responsibility of their children
- Children of teenagers are subject to abuse and neglect
- Teenage mothers have to depend on their parents for financial and emotional support

**Abstract (As given by Bhalerao AR, Desai SV)**

Two hundred consecutive cases up to 19 years of age admitted for confinement at The Nowrosjee Wadia Maternity Hospital, Bombay, were studied. Out of these 200 girls, 6 were unmarried, 51 were anaemic, 20 had toxemia of pregnancy. Six girls (43%) in the age group 15-17 years delivered prematurely as compared to only 26 girls (14%) in the age group of 17-19 years. This difference is statistically significant. Also, only, 4 girls (29%) in the age group of 15-17 years had full term normal delivery as compared to 113 girls (61%) in the age group of 17-19 years signifying that the outcome of pregnancy becomes worst in girls below the age of 17 years. Ten babies (71%) of mothers in the age group of 15-17 years were LBW as compared to 75 babies (44%) of mothers in the age group of 17-19 years signifying that the incidence of LBW babies is inversely proportional to maternal age. Teenage pregnant girls needed more attention for prevention and treatment of preeclampsia eclampsia, anaemia, prematurity and LBW.

## **PREVENTION AND CARE**

Pregnancy at a very young age especially an unwanted one leads to severe emotional and mental trauma for the girl. Hence, the first and foremost lines of defence are programs that are effective in delaying attempts at sexual intercourse. Parents, schools and healthcare professionals can have open, honest, and educational talks with teenagers and preteens. They can also provide advice to teenagers about how to prevent unwanted teenage pregnancies.

In this context it is apt to mention the “Growing Up” program. Initiated through the Federation of Obstetric & Gynecological Societies of India (FOGSI) in partnership with Johnson & Johnson the program educates schoolgirls on menstruation, its myths and hygiene, the anatomy and functioning of the reproductive system, the value of good nutrition and exercise, problems of drug, alcohol and tobacco abuse, and sexual abuse. Over 12 lakh girls in more than 50 cities all over the country have been addressed in the last 5 years.

Since unprotected sex is the main cause of teenage pregnancies, contraceptive counselling is highly important in order to prevent them, especially repeat ones. Clinics, private medical offices, or NGOs can play a major role in providing counselling. Birth control pills, the most popular form of contraception for teenagers, should be taken regularly or as advised else teenagers risk pregnancy. On the other hand, barrier methods such as condoms, diaphragms, and foam have high failure rates among teenagers. This is due to sporadic and improper use. To avoid pregnancy in the event of unprotected sexual intercourse, teenagers should be made aware of emergency contraception. Though all these help teenage girls avoid getting pregnant even after having sex, the best way however is to educate them on the importance of abstinence and /or having safe sex.

On the lines of “Growing Up” program, FOGSI initiated a program for women in the age group of 20-25 years in 2004. The Postgraduate College program titled “Let’s Talk” started in association with Organon educates women about the various forms of contraception. Unfortunately most of our young girls have never given much importance to contraception and only think about it after they have had an unwanted pregnancy.

It is high time that women take it upon themselves to make their choice of contraception – because it is they who suffer from the consequences of an unwanted pregnancy.

### **Think it over**

Teenage mothers have a higher prenatal risk during child bearing. Not only for this reason but also for reasons of fertility limitations teenage pregnancy should be discouraged as more years are available for more pregnancies. In young women subsequent pregnancies should be discouraged as rapid repeat pregnancy in young mothers increases prenatal risks. For the benefit of their family and themselves, teenage girls should display responsible sexual behaviour and abstain from sex as far as possible.

*(Dr. Duru Shah is one of India’s top gynaecologists & infertility experts who runs Gynaecworld – The Women’s Clinic)*

### **How to prevent teenage pregnancy?**

Teenagers are at a vulnerable stage of life. Their eagerness and curiosity may lead them straight into lifetime problems. However, the four As are the most popular options to deal with the teenage pregnancy.

#### **Abstinence**

Abstinence from sex before marriage can prevent the teenage pregnancy at large. Parents should not depend solely on schools to educate children about sex education. The forbidden fruit is often the sweetest but its consequences can be dangerous. Early sexual intercourse increases the risks of

**sexually transmitted diseases** including HIV- AIDS. Self-discipline is always better than regret.

### Awareness

Having safe sex by taking precautions is the best way to prevent unwanted early pregnancies. Parents should educate teenagers about various **contraception** methods. You are not encouraging your children to have sex by informing them about birth controls and sex. So be prompt and communicate.

### Abortion

Abortion is the most worthy option when it comes to the teenage pregnancy. In most cases teenage girls are not capable of raising child due to social, financial and physiological reasons. In western countries many teenage mothers do prefer to give birth to the child. Some may consider abortion. It is highly situational.

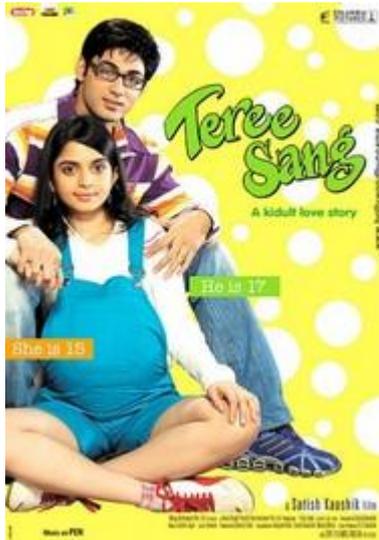
### Adoption

Adoption is another potential option. Sometimes diagnosis of pregnancy is done late. In rare cases **abortion** is not possible due to various medical reasons. There are many people who are ready to adopt children. Very few teenage mothers though opt for letting their child adopted. However adoption must take place through a legal process.

Teenagers who have no option but to give birth need to make many lifestyle changes to ensure healthy child birth. In India if a girl bears child before marriage, she is subjected to traumatic experiences. Life can change entirely and a young woman may be forced to grow up before her time.

The only possible way to avoid teenage pregnancy is by awareness and communication. Be approachable and build your relationships on trust. Enlighten your children about the use of **birth control** methods and provide adequate sex education. Ignorance is not always bliss.

## Fact Imitates Fiction? Teen Pregnancies in India



A recent Bollywood film about the trend of teen pregnancies is a topical theme and a look at a phenomenon that is on the rise in India. And it is not rural India we are talking about, where poor and uneducated girls are married off in their early to mid teens and who then have neither knowledge nor the wherewithal to prevent a pregnancy. Even in urban India, it is a growing trend among school children coming to visit a doctor with symptoms which are later confirmed to be caused by a pregnancy.

Teree Sang is classified as a 'Kidult' movie and is about 15 year old Delhi girl Mahi and 17 year old Kabir getting tipsy and intimate on a camping trip, which results in a pregnancy. It is a non judgemental, non preachy look at a phenomenon that is becoming ever more widespread in Indian society as youngsters get more exposure and become more bold and more experimental.

It would be useless to deny that social mores and morality seem to be loosening their grip on a lot of young people and that the younger generation is more sexually active than the previous ones. It is the experience of doctors in towns like Chandigarh that young girls visit them with mother in tow who will tell the doctor that her daughter is vomiting very often and the

doctor is aghast to find that the 14 year old is actually pregnant. According to a leading gynecologist, girls as young as class seven and eight come to her with pregnancies.

It is also the attitude that has undergone a change; no longer is the girl overcome with shame or guilt; according to the doctors, they are more interested in the solution to their problems; they want the problem to be dealt with.

It is not just the moral implications that are worrying here, it is the fact that engaging in casual sex puts young people, and in particular young girls at a higher risk of complications from an early pregnancy, or a termination of that pregnancy. Add to this the fact that repeated terminations of pregnancies are not advisable. Sexually transmitted diseases are another problem in this kind of behavior, which there is a real need to educate children about.

So whether Tere Sang is art imitating life or the other way around, there is a sea change in the beliefs, and attitudes among teenagers in India. It is something that we would do well not to try and sweep under the carpet; but rather deal with it, by educating rather than moral preaching.

## **METHODOLOGY**

Methodology is the mode or method of collecting data for any study undertaken procedure used in execution of study. Method and procedure in any study should be such that they provide sound basis for accurate communication and reliable results.

The present study was conducted randomly on twenty persons irrespective of sex, age, occupation in the neighbourhood.

For the present study data was collected by questionnaire method comparison mainly of closed-end questions. The question were structured which related to causes and prevention of teenage pregnancy.

## **RESULTS AND DISCUSSION**

80% were of opinion that our society is facing problem of teenage pregnancy. 10% didn't agree with it and 10% were not sure of the existence of the problem.

100% of the response was obtained regarding the agreement of not having pregnancy between 13-19 years.

75% were of opinion that teenage girls get pregnant without any intention, 20% were not sure about it and only 5% were against the opinion.

90% agreed that symptoms were same for both teenage and normal pregnancy, only 5% were not sure about it and 5% mentioned the difference between both.

90% said that symptoms of pregnancy are not easily noticeable by a teenage girl, 10% were of opinion that they are noticeable by girls.

100% response was obtained regarding the hiding of pregnancy unmarried state.

95% agreed that "unprotected sex" is main cause of teenage pregnancy only 5% were not sure about it.

80% considered that teenage pregnancy causes emotional trauma for girl, 10% were against the view & 10% were not sure about it.

75% responses were obtained regarding the association of teenage pregnancy and anaemia, 25% were not sure about it.

100% were of the opinion that teenage pregnancy have more chance to suffer from premature delivery.

80% agreed with the birth of low birth weight babies and 20% were against the opinion.

95% were of opinion that teenage pregnant girls need more care to prevent complication, only 5% were not sure about the same.

100% response was obtained as far as the negligence of education in teenage pregnancy was concerned.

85% agreed with the occurrence of miscarriages in teenage pregnancy 5% did not agree with it and 15% were not sure about the same.

90% were of opinion that child marriages end up in teenage pregnancies, 10% were not of the same opinion.

100% agreed with the fact that parent of unmarried pregnant girls get ridiculed in society.

95% considered dependency of teenage mothers on her parents, 5% were not sure.

70% said that children of teenage mothers are subjective to neglect & abuse, 10% were not sure about it & 20% didn't agree with the same.

35% considered that sexual abuse can be the most important factor leading to teenage pregnancy, 30% considered early marriage as the most important cause, 20% considered early dating behaviour, 15% regarded exposure to sexual violence as the most important cause.

80% considered financial constraints the least important causative factor for teenage pregnancy.

85% were of the opinion that awareness safe sex can prevent teenage pregnancy, only 15% considered 'abstinence from sex' the best measure.

100% were of the opinion that, adoption is the best option if pregnancy is revealed at a later stage.

### **RECOMMENDATION FOR FURTHER STUDY**

1. A study of incidence of teenage pregnancy in low income group in Ludhiana.
2. A study of causes of teenage pregnancy in society.
3. Study of outcomes of teenage pregnancy in Ludhiana.
4. Study of impact of child marriages on health of young girls in society.
5. A study of psychological impact of teenage pregnancy on the young girls in society.

**A STUDY ON THE PROBLEM OF  
TEENAGE PREGNANCY**

**IN PARTIAL FULLFILLMENT OF B.ED  
(2009-2010)**

**SUBMITTED TO:**

Ms. TRIPTA ARORA

**SUBMITTED BY:**

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