

Teenage Pregnancy

Shruti S Dubhashi*, Reena J Wani**

Abstract

Teenage pregnancy is a social issue causing impact on mother, baby, family as well as society. Measures to decrease incidence in the form of sex education, legally increasing age of marriage, contraceptive use should be followed strictly and in already teen pregnant patients early diagnosis of pregnancy, diagnosis and treatment of STDs, proper antenatal care may reduce maternal and perinatal morbidity and mortality further.

Introduction

Teenage pregnancy is defined as an underage girl (< 19 yrs) becoming pregnant. Sexual activity in teenage is generally associated with number of risks including sexually transmitted diseases and pregnancy through failure or non-use of contraception. Particularly for adolescents, who are not emotionally mature, there are added risks of emotional distress or future poverty. The most common causes of teenage pregnancy are early marriage and lack of contraceptive use, adolescent sexual behaviour, sexual abuse and indirect causes like poverty and low education.

Being young mother can affect one's education. Teen mothers are more likely to drop out of high school.¹ Most teenage mothers live in poverty. One fourth of adolescent mothers will have a second child within 24 months of the first. Factors that determine causes of closely spaced repeat birth include marriage and education: the likelihood decreases with the level of education of the young woman and her parents and increases if she gets married.² Early motherhood can affect the psychosocial

development of the infant. The occurrence of developmental disabilities and behavioural issues are increased in children born to teen mothers.³

Aims and Objectives

1. To find out incidence of teenage pregnancies in general population.
2. To find out incidence of teenage pregnancies according to marital status.
3. To find out antenatal problems like anaemia, preeclampsia, eclampsia, preterm labour, STDs, HIV infections in teenage pregnancy.
4. To find out incidence of L.S.C.S. and distribution of teenage deliveries according to mode of delivery.
5. To find out incidence of medical termination of pregnancy in teenage pregnancy.
6. To find out incidence of reproductive losses in teenage pregnancy.

Methods and Material

This is a retrospective observational study, carried out in B Y L Nair Hospital, Mumbai over a period of one year from June 2006 to June 2007. Following factors were taken into consideration :-

1. Age group 10-19 years.

*Resident; **Assoc Professor, I/C Family Welfare Programme; TNMC and BYL Nair Ch. Hospital, Mumbai - 400 008.

2. Marital status of the patient in this age group.
3. Antenatal problems in this age group.
4. Operative intervention during delivery.
5. Medical termination of pregnancy.

Observations and Results

Incidence of Teenage Pregnancy (Fig. 1)

Total no of pregnant patients = 3213
 Total no of teenage pregnant patients = 142
 Incidence of teenage pregnancy = 4.41%

Discussion

The incidence of teenage pregnancy shows marked variation in developed and developing countries.⁴

Teenage birth rates in selected countries

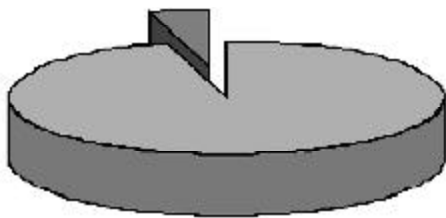


Fig. 1 : Incidence of teenage pregnancy

Table 1

Country	Incidence
South Korea	0.3%
Netherlands	0.5%
Australia	1.6%
UK	2%
Russia	3%
India	4.5%
USA	5.3%
Indonesia	5.5%
South Africa	6.6%
Brazil	7.3%
Bangladesh	11.7%
Niger	23.3%

in year 2002 is shown in Table 1.

The place of the family in society and the cultural values show relatively low incidence of teenage pregnancy compared to developed countries like USA, still high incidence of early marriage lead to high enough percentage of teenage pregnancy. Surveys in developing countries show that 20-60% of pregnancies and births fewer than 20 years of age are mistimed and unwanted.⁵

Incidence of Teenage Pregnancy According to Marital Status

Table 2, Fig. 2

Discussion

Our study showed that out of 142 teenage pregnant patients, 134 patients were married and 8 patients were unmarried who account for 94.35% and 5.63% respectively. Among 134 married patients, 71.12% of patients were above 18 years of age 33% of patients were below 18 years of age. Early marriage among Indian society is associated with low levels of schooling and education as well as early pregnancies. Also adolescent mothers will have more children, as they are less equipped to contraceptive use. According to United

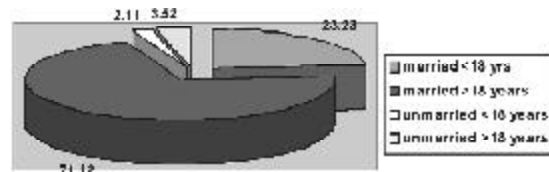


Fig. 2 : Incidence of teenage pregnancy according to marital status

Table 2

Marital Status	No. of Patients	Percentage
Married < 18 years	33	23.23%
Married > 18 years	101	71.12%
Unmarried < 18 years	3	2.11%
Unmarried > 18 years	5	3.52%
	142	100%

Nations Population Fund raising the mother's age at the first birth from 18 to 23 could reduce population momentum by over 40%.

Antenatal Problems in Teenage Pregnancy

Table 3, Fig. 3

Discussion

Pregnancy before age of 18 years carries many health risks. Teenagers are more likely to die in pregnancy or childbirth than women aged 20-24 years. According to United Nations Programme on HIV/AIDS, those under 25 years account for half of all HIV infections in India. Better communication about sexuality and contraception can lead to avoidance of unwanted pregnancies and STDs.

High incidence of Iron deficiency anaemia has been found in teen pregnancy. Severe anaemia can lead to preterm labour, post partum haemorrhage; sepsis and preeclampsia, which untreated, can lead to eclampsia.

Table 3

Antenatal Problem	No. of Patients	Percentage
Preeclampsia	17	11.97%
Eclampsia	1	1.42%
Anaemia	45	31.69%
Preterm labour	15	10.56%
STD/ VDRL	3	2.11%
HIV	3	2.11%

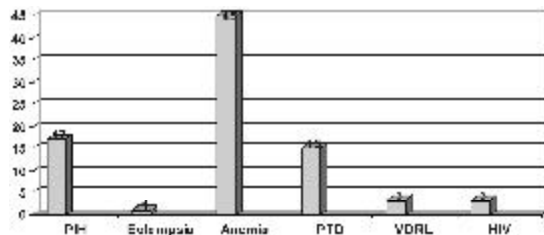


Fig. 3 :Antenatal problems in teenage pregnancy

Teenage Deliveries According to Mode of Delivery

Table 4, Fig. 4

Discussion

Out of 142 teenage pregnancies 82 (57.74%) patients had spontaneous vaginal deliveries. 30 (21.12%) patients had LSCS. The LSCS rate in general population at B Y L Nair Hospital during the same period is 20.13% i.e. 647 cases of LSCS in 3213 total pregnant patients.

Out of 30 teenage patients who had LSCS 12 patients had cephalopelvic disproportion, 6 patients had abnormal presentation, 5 patients had obstructed labour, 4 patients had severe PIH (1 case of eclampsia) and 3 patients had foetal distress.

Thus incidence of section due to CPD and obstructed labour is high in teenage pregnancy 11.97% compared to general population in which incidence of LSCS due to CPD is 7%.

Thus operative interventions can be avoided if age of pregnancy increases as chances of CPD and obstructed labour is less

Table 4

Mode of Delivery	No. of Patients	Percentage
Spontaneous vaginal delivery	82	71%
LSCS	30	26 %
Forceps	3	3 %
Total	115	100%

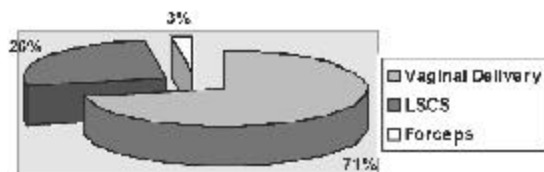


Fig. 4 :Teenage deliveries according to mode of delivery

after 21-22 years of age. The age of pregnancy can be increased by sex education contraception use.

Reproductive Losses in Teenage Pregnancy

Table 5

Discussion

Percentage of Medical Termination of Pregnancy (First and second trimester) in teenage pregnancy is 9.15% compared to 5.07% in general population, as studied in BYL Nair hospital (163 cases out of 3213 cases of total pregnancy). The total percentage of spontaneous abortion, macerated still births and fresh still births is 9.84% which is quite high compared to 6.97% in general population reason being poor nutrition, anaemia, PIH and high incidence of chorioamnionitis due to STDs and HIV in teenage pregnancy.

Conclusion

The attempted curtailment of population growth through negative measures should be replaced by positive measures such as sex education, skill development, contraceptive knowledge and empowerment. Sex education is a broad term used to describe education about human sexual anatomy, sexual reproduction, sexual intercourse and other aspects of human sexual behaviour. In India 50% marriage used to take place before the age of 18 years leading to 30% adolescent

Table 5

Type	No.	Percentage
Spontaneous abortion	2	1.40%
First trimester MTP	8	5.63%
Second trimester MTP	5	3.52%
Macerated still birth	7	4.92%
Fresh still birth	5	3.52%
Total	27	18.99%

pregnancies. But slowly the trend is changing for better. Compared to what they were a generation ago, levels of early marriage have decreased by 25% in India at present leading to decrease in incidence of teen pregnancies compared to earlier.⁶

References

1. The National Campaign to prevent teen pregnancy. Article : Not Just Another Single Issue : Teen pregnancy prevention link to other critical social issues ; May 27, 2006.
2. Kalmuss DS, Namerow FB. Subsequent child bearing among tnage mothers : The determinants of a closely spaced second birth, Family planning perspectives 1996; 26 : 149-53.
3. American Academy of Pediatrics. Care of adolescent parents and their children. 2001; 107 : 429-34.
4. UNFPA, State of world population 2003.
5. ACOG – Guidelines for women’s health care. 1996; 92.
6. Reproductive health of Adolescent – FOGSI. *Journal of Obst & Gynaec of India* Oct 1999; 132-3.