

TEENAGE PREGNANCY—HOW MUCH THE WOMEN ARE AWARE OF IT?

Tapati Saha

Additional Dean, SUM Nursing College, Siksha O Anusandhan (Deemed to be University),
Bhubaneswar, Pin-751003, Odisha, India.

Corresponding Author-; E-mail: tapatisaha@soa.ac.in

Abstract

A descriptive study was conducted in a selected rural area of WB with 50 married women to assess the knowledge and attitude and practice of the different aspect of teenage pregnancy convenient sampling technique was adopted for selecting the sample. The result shows most of the women were in the age group of 18-24 year(62%) educated up to primary level 38% and 36% read upto secondary level, 78% were homemakers and all of them were Hindu. Maximum i.e. 52% belonged to low socio-economic condition maximum (80%) of the samples got married within 18-24 years of age. But 12% got married before the legal age i.e. 18 years and the minimum age of marriage was found to be 15 (2%). Forty-four percent (44%) women had 2-3 children most of the women gave birth to their 1st child at the age of 21-30 years but 19% became a mother in their teen Majority of the 53% had a normal antenatal period. Only 6% had severe complication like APH, Anaemia and preeclampsia. Most of the women (49%) had uneventful postnatal period excluding 6% who had severe complication like PPH and puerperal sepsis. The outcome of pregnancy-related to newborn was normal in 70% of the cases, 26% were low birth weight 2% had congenital abnormalities and 2% were stillborn. For the total score, 58% were found to have average knowledge score and 42% had poor knowledge score. No one had excellent knowledge. When knowledge attitude practice was separately analysed. Maximum women (66%) were found to have average knowledge, 38% had an excellent attitude and 34 had excellent practice and 34% had poor practice score. A similar study can be conducted to find out the factors responsible for poor knowledge, attitude and practice by finding out the association of the score with demographic and selected obstetrical variables

Keywords: *Teenage pregnancy, Awareness of women; Management; Social impact*

INTRODUCTION

Every year, an estimated 21 million girls aged 15-19 years in developing regions become pregnant and approximately 12 million of them give birth. Atleast 777,000 births occur to girls younger than 15 years. Adolescent pregnancies are a global problem occurring in high, middle and low-income countries. However, these phenomenons are more likely to occur in

marginalized communities, commonly driven by poverty, knowledge deficits and lack of employment.^{1,2}

THE FACTORS CONTRIBUTING TO ADOLESCENT PREGNANCIES ARE:

Social pressures to marry and bear a child at an early age. The data shows in the least developed countries, at least 39% of girls marry before they are 18 and 12% are below the age of 15. Self-choice of the girl as they are not having limited opportunities for education or employment. Often in such societies motherhood is valued and marriage and childbirth is the fastest limited available option. Lack of knowledge and misconception on availability of guidance on contraception and material of contraceptive device led to pregnancies to the girls who otherwise want to avoid it.³ Adolescents' barriers to access contraceptive device due to restrictive laws and policies based on age and marital status, the bias of the health care provider or lack of willingness on their part to acknowledge the sexual need of adolescents. Another reason for inaccessibility of contraceptive devices may be their adolescent's own inability due to lack of knowledge, transportation and financial constraints. At least 10 million unwanted teenage pregnancies occur yearly in developing regions.⁵ One of the very shameful social causes for teenage pregnancy is sexual violence, 1/3 of the adolescent girls reported that their first sexual encounter was covered.

RECENT GLOBAL, NATIONAL AND LOCAL SCENARIO OF ADOLESCENT PREGNANCY-

The estimated global adolescent-specific fertility rate has declined by 11.6% over the past two decades. But large differences are these across the different parts of the globe. Even within a country, enormous variation can be observed. For example in Eastern Asia, the adolescent-specific fertility is 7.1 whereas in central Africa it is 129.5. The variance region-wise can be observed from the following evidence. In 2018 overall adolescent fertility rate of south Asia was 33.6. The rates vary from .3 in the democratic republic of Korea to 83 in Bangladesh.^{5,6} When the global adolescent fertility is declining, the actual number of childbirths to adolescents is not coming down as because in some parts of the world, a growing population of young women who are in 15-19 years are increasing. The largest number of births occur in Eastern Asia 95,153 and Western Africa (70,423). 11% of the world's teenage pregnancies happen in India which means 16 million teenagers are conceiving every year and delivering. India has one of the highest rates of early marriage in the world. In Odisha, 43.4% is the rate of teenage pregnancy (46.1% in a rural area)(AHS-12-13).^{5,6}

The early pregnancies among adolescents have **different types of problems as-**

HEALTH CONSEQUENCES- the effect can be found on-

a) ON MOTHER-

- i. 99% of global maternal death are found in adolescent pregnancies.
- ii. 3.9 million unsafe abortion takes place.
- iii. They face a high risk of eclampsia, puerperal endometritis and systemic infection.

So it is evident that adolescent pregnancy is a major cause of maternal morbidity, mortality and long-lasting health problems.⁴

b) **ON NEWBORN**- The child born to a teenage mother's face

- I. High risk of low birth weight and its related complication.
- II. delivery and severe neonatal conditions including, congenital abnormalities.^{5,6}

SOCIOECONOMIC CONSEQUENCES-

It includes stigmatization from family and society, rejection and violence from partners, family members, friends and neighbours. It also forced the girls to leave the school and unable to complete education which in turn and Damage their future carrier and loss of job opportunities. It has also been found, they have to live a poor quality of life, can suffer from depression and low self-esteem. A small study was conducted to identify the awareness of married women regarding teenage/adolescent pregnancy and its consequences.

MATERIAL AND METHODS

A descriptive study with 50 married women residing in a rural community was conducted. The convenient sampling technique was adopted maintaining inclusion criteria.

The tools used for data collection were-

- i. Structured interview schedule for background information.
- ii. Semi-structured interview schedule for assessment of the knowledge, knowledge on practice and attitude.

The data analysis was done using descriptive statistics.

The married women were interviewed in their home setting in one to one, face to face interview method. The interview schedule for background data contain 10 questions and the interview schedule for knowledge contains 30 questions. Each correct response was awarded one mark.

Tool no 1 is having pieces of information related to obstetrical items.

Tool no 2 was divided into 3 parts. Twenty questions (67%) was knowledge related, 13 questions was attitude related and 6 questions (20%) were practice related. In the knowledge section, three components were there-

1. On the concept of teenage pregnancy and its cause. (30%).
2. Effect of it. (30%).
3. Care required by mothers throughout pregnancy and childbirth. (40%).

The answers given by women were recorded by the interviewer. Thirty to thirty-five minutes on an average was required to complete the interview. The study was conducted over two weeks. The informed written consent was obtained from the respondents. The administrative approval was granted by the pradhan of the village. The assistance of health care providers of the area was taken for finding out and introduction with the women to make them comfortable to answer.

RESULT:-

The result of the study was discussed under two sections

Sec-IThe background information on obstetrical events.

Sec-knowledge, attitude and knowledge on the practice of the women on teenage pregnancy.

SEC-I Background information on obstetrical events:

Out of the 50 women, 4 were having age below 18 years(8%), majority i.e. 31 were within 18-24 years of age (62%), 14 women were in the age group of 25-34 years (28%) and only 10 women (20%) belonged to the age group above 35. Considering the educational status 8 of them (16%) did not have any formal education, nineteen (38%) had primary education, eighteen women (36%) read up to secondary level and rest of them i.e. 5(10%) studied higher secondary and above. When the occupation of women was studied it had been found that 39 women (78%) were homemakers and rest 11 women (22%) were engaged in farming either in their land or work as daily wage in others land. Most of the women 26 (52%) belonged to the low socio-economic group, fifteen (30%) belonged to the middle socioeconomic group and 9 of them (18%) belonged to the high socioeconomic group. Out of all the women 6 (12%) got married below the age of 18 years, majority i.e. 41 (82%) were married within 18-24 years, and rest 12 i.e. 24% got married within 25-30 years. Among the 50 women, 3 didn't have any children (6%), 15 women had 1 child (30%), majority of the women, 22 in no had 2-3 children (44%), other 10 women (20%) had more than 3 children.

Majority of the women, out of 47 who had child, delivered 1st child within 21-30 years of age (75%), 9 women (19%) delivered their 1st child at the age below 20 years and only 3 women (6%) were above 31 years when they delivered their 1st child. Out of 47 women, 25 didn't have any complication throughout their pregnancy (53%), 19 women (41%) experienced mild complaints and 3 women (6%) had serious antenatal complications. Most of the women, twenty-three out of 47, had no postnatal complications, (45%), 21 women (49%) had mild complications and 3 women(6%) had severe post-natal complications. According to the foetal outcome, 33 (70%) were normal without any problem, 7 women delivered low birth weight baby, 5 newborns (11%) were asphyxiated on birth, 1 newborn (2%) had congenital anomaly and the rest 1 (2%) was a stillborn baby.

SEC II- knowledge, Attitude and knowledge on the practice of the married women on teenage/ adolescent pregnancy. The total score for the knowledge interview schedule was 30. The score 25-30 was considered as excellent knowledge, 15-24 was taken as average knowledge and 0-14 was mentioned as poor knowledge. The total knowledge score of 29 women (58%) was found to be average, 21 (42%) had poor knowledge and none had excellent knowledge.

When the scores were analysed for different Components, the following findings were observed. In the knowledge part no women scored excellently, Thirty-three i.e. 66% had average knowledge and rest 17 i.e. 34% had poor knowledge. In the domain of attitude, 19 i.e. 38% had an excellent attitude 31 i.e. 62% had average attitude no one had poor attitude

score. Another component was knowledge or practice. Here 17 women i.e. 34% had an excellent score, 16 i.e. 32% had an average score and 17 i.e. 34% had poor practice score.

DISCUSSION:

The study recorded the following findings

I. Related with background information

- Most of the married women 62% belonged to 18-24 year age group.
- The educational status is found 38% in the primary level of education and 36% read up to higher secondary level.
- Most of them are homemakers by occupation (78%)
- All of them are Hindus.
- Maximum women 52% belonged to the low socioeconomic group.
- Maximum of them (82%) got married at the age of 18-24 year of age and 12% got married before 18 years of age- Minimum age of marriage was found to be 15 years (only 2%).
- Maximum women 44% have 2-3 children.
- Most of the women 75% gave birth to their 1st child at the age of 21-30 years only 19% gave birth 1st time in their teens.
- Majority of the 53% had a normal antenatal period. Only 6% had severe complications like APH, Anaemia and Preeclampsia.
- Maximum 49% have mild postnatal complications like back pain, the problem in breastfeeding, 45% had a normal postnatal period 6% had severe complication like PPH and puerperal sepsis.
- The outcome of pregnancy-related to newborn was normal in the majority of the cases 70%, 14 had low birth weight baby.^{8,9}
- But 2% of babies had congenital abnormalities and 2% stillborn.

II. Related with knowledge, attitude and practice score on teenage/ adolescent pregnancy.

- Majority of the women had average knowledge and no one was found to have excellent knowledge, (overall score)
- Area wise knowledge score was as follows
 - ✓ In knowledge part maximum 66% had average knowledge and no one was found to have excellent knowledge.
 - ✓ Majority 62% had average attitude, 38% had excellent Attitude, no one was found with a poor attitude.
 - ✓ In the case of practice, 34% had an excellent score, 32% had an average score and 34% had poor score so it is most similar in all the levels.

While specifically knowledge component was analyzed maximum knowledge was found in the age of marriage and age of 1st pregnancy (68%), maximum knowledge was found in the consequence/ effect of adolescent pregnancy area.¹⁰

CONCLUSION:

Teenage or adolescent pregnancy is a worldwide problem in the present situation. If it cannot be controlled the SDG of reduction of IMR and MMR will be difficult. If we go by the old proverb “ prevention is better than cure”, the 1st step should be adopted is – to prevent child marriage of girl child, the 2nd step should be – to ensure that teenagers and parents are aware of ill effects of early pregnancies and contraception measures for birth control. It is a must to protect one future generation.

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Section I Background information about demographic and obstetrical events.

Table I Frequency (f) and percentage (%) distribution of married women according to their age, educational status, occupation, religion and socio-economic status.

N – 50

Characteristics	f	%
Age in years		
• >18	4	8
• 18-24	31	62
• 25-34	14	28
• <35	10	20
Educational status		
• No formal education	8	16
• Primary	19	38
• Secondary	18	36
• <higher secondary	5	10
Occupation of self		
• Housemakers	39	78
• Service	Nil	
• Self-employed	Nil	
• Business	Nil	
• Employed in agriculture	11	22
Religion		
• Hinduism	50	100
• Islam	Nil	
• Any other	Nil	
Socioeconomic status (as per kupuswamy scale)		
• Low	26	52
• Middle	15	30
• High	9	18

Table 2 Frequency (f) and percentage (%) distribution of pregnant women according to their age of marriage and no of the child.

N – 50

Characteristics	f	%
Age of marriage in years:		
• >18	6	12
• 18-24	41	82
• 25-30	3	6
• < 30	Nil	—
No of the child :		

• No child	3	6
• 1 child	15	30
• 2 – 3	22	44
• < 3	10	20

Table 3 frequency (f) and percentage (%) distribution of pregnant women according to their age at 1st childbirth and complication in the antenatal and postnatal period and fetal out come.

N – 47

Chacteristics	f	%
Age at 1 st child birth in years		
• >20	9	19
• 21 – 30	35	75
• < 30	3	6
Complication during the antenatal period		
• No complaint	25	53
• Mild	19	41
• Severe	3	6
Complication during the postnatal period		
• No complaint	23	49
• Mild	21	45
• Severe	3	6
Foetal outcome		
• No complaint	33	70
• Low birth weight	7	17
• Asphyxia	6	13
• Still for	1	2

SECTION II – Knowledge, attitude and knowledge on the practice of the married women on teenage/ adolescent pregnancy

Table 4 – Frequency (f) and percentage (%) distribution of the total score of the married women.

N - 50

Level of knowledge score	Range in percentage	f	%
Excellent	83 – 100 %	Nil	—
Adequate	50 – 82 %	29	58
Poor	0 – 49 %	21	42

Table 5 – frequency (f) and percentage distribution (%) of areawise knowledge score of the married women (knowledge, attitude and practice).

N – 50

Level of knowledge score	Range in percentage	f	%
knowledge	83 – 100 %		—
• Excellent	50 – 82 %	Nil	66
• Adequate	0 – 49 %	33	34
• Poor		17	
Attitude			
• Excellent	83 – 100 %	19	38
• Adequate	50 – 82 %	31	62
• Poor	0 – 49 %	Nil	—
Practice			
• Excellent	83 – 100 %	17	
• Adequate	50 – 82 %	16	34
• Poor	0 – 49 %	117	32
			34

Prof TapatiSaha(Msc community Health Nursing)
 Additional Dean, SUM Nursing College