

# THE PROBLEM OF PREGNANCY IN THE UNMARRIED TEENAGER\*

by

K. BHASKER RAO,\*\* M.D.

and

P. E. MALLIKA,\*\*\* M.D.

In India, there are 21 million girls in 15-19 year age group. Though the fertility at this age is said to be low, the age specific marital fertility rate is 228 per 1000. A National sample survey has revealed that there are 27 married couples belonging to this age group per 1000 population (Table I).

lescents availed of legalised abortions in 1970. Yet there were 22 deaths due to illegal abortions in this state during 1968-1969.

In the Govt. Erskine Hospital, Madurai, 4% of all deliveries were amongst teenagers. They formed 10.6% of all cases attending our prenatal clinic in 1972.

TABLE I

*The Incidence and Fertility in Teenage girls 15-19 years*

Population of India (1971)	20,877,000
Age specific fertility rate	159 per 1000
Age specific marital fertility rates	228 per 1000
No. of married couples/1000 population	27 per 1000

(Source: Census of India, Vol. 1961 (Vol. I—Part III)  
N.S.S. Date—14th Count (July 58-59).

Adolescent girls are not physically or psychologically mature enough for reproduction. Pregnancy in the unmarried adolescent is a complex sociomedical problem with high induced abortion rate and increased maternal morbidity and mortality. Osafsky (1971) stated that 49% of out-of-wedlock mothers were teenagers. In California, over 16000 unmarried ado-

Analysis of these according to order of pregnancy shown in Table II indicates that 9.8% of teenage pregnancies were in girls less than 17 years. There were 49 (3.2%) who were unmarried.

### *Social Factors*

It is interesting to study the social aspects of the problem of the unmarried pregnant adolescents. Both parents were alive in 42%, one alive in 48% and neither in 10%. All of them came from social class IV except one who was self employed. None of them were graduates. Seventy per cent had a schooling for 8 years and below. Only 3 had attended the college. Over one third of the girls were employed but except

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\*\*Professor.

\*\*\*Assistant Professor.

Present Address: Institute of Obstetrics and Gynaecology, Madras-8.

Department of Obstetrics and Gynaecology, Madurai Medical College, Madurai.

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TABLE II  
Pregnant Teenagers: Order of Pregnancy

Total No. of cases seen in AN. Clinic	14,472				
No. of teenage pregnancies	1,534 (10.6%)				
No. of unmarried	49 (3.2%)				
Age years	Order of pregnancies (in per cent)				
	1.	2.	3.	4.	%
14	0.40	-	-	-	0.40%
15	2.20	-	-	-	2.20%
16	6.9	0.5	-	-	7.4%
17	15.1	2.5	-	-	17.6%
18	29.3	3.9	1.4	-	34.6%
19	27.3	8.8	1.6	0.3	38.0%
Total	81.0	15.7	3.0	0.3	100.0%

one all were earning less than Rs. 100/- per month. On enquiry it appeared that almost all of them had no knowledge of physiology of reproduction or family planning. The person responsible (for the pregnancy) was related to the girl in 32% and in 18% he was already married.

#### Fate of Pregnancies

Of the 49 unmarried, 2 delivered at term and 32 accepted medical termination of

pregnancy (Table III). During the same period 6 married adolescent girls also had legal abortions for several reasons. Whereas all married girls came in early, less than a third of the unmarried reported during the first 3 months of pregnancy. For some reasons, by the time the pregnancy is recognised by the unmarried girl or her parents (or guardians) and medical advice sought the gestation is advanced well into mid-trimester or

TABLE III  
Medical Termination of Pregnancy in Teenagers in Erskine Hospital (1972)

	Married	Unmarried	Total
No. of cases	6	32	38
<b>Duration:</b>			
Less than 12 weeks	6	10	16
Over 12 weeks	-	22	22
<b>Method of termination:</b>			
D & C	6	10	16
Intrauterine { PGF2a	-	18	18
} Saline	-	4	4
<b>Follow up:-</b>			
T cu	6	26	32
Hormones	-	1	1
None	-	5	5



even beyond. In the early weeks (10 cases) D & C or vacuum aspiration was done. In 22 mid-trimester pregnancies, intra-amniotic prostaglandins (PGF<sub>2a</sub>) was used in 18 and hypertonic saline in 4 successfully. These girls were briefed about fundamentals in physiology of reproduction and health education. Though most of them assured that there will not be any lapses on their part in future, they were persuaded to accept the IUCD (T cu) in 26 cases. It was agreed to remove these devices soon after engagement or marriage.

#### Discussion

The pregnant teenager is more vulnerable and is at high risk—even when married. The adolescent maternal mortality formed 17% of all maternal deaths in the Erskine Hospital (Table IV). Important

TABLE IV

*Teenage Maternal Mortality in Erskine Hospital, Madurai (1963-1973)*

No. of maternal deaths	318
No. of teenage maternal deaths	53(17%)
No. of married teenaged mothers who died	44
No. of unmarried teenagers	9

causes were eclampsia, obstructed labour and intrapartum sepsis. All the 9 deaths in the unmarried teenaged mothers during this period were due to illegal abortions and sepsis. We found the death rate due to septic abortions higher in the unmarried (Rao, 1971).

Due to ignorance and non-availability of family planning services in this age the incidence of unwanted pregnancy in the single teenager is likely to increase. In a study at Aberdeen over 50% of single girls did not use contraceptives when exposed to risk of pregnancies (McCance and Hall, 1972). Ballard and Gold (1971)

have stated that 90% of the unmarried women opt for abortions. They observed that 30% of these had no knowledge of contraceptive methods. In our series 65% of the unmarried teenager obtained legal abortions and none of them were aware of contraceptive technique.

We strongly feel that health education in high schools should include imparting elementary knowledge about physiology of menstruation and reproduction and the importance of family planning in our country. Poverty and ignorance of contraception may lead to pregnancies in the unmarried, mostly ending in induced abortions with consequent health hazards. Besides, these girls will be drop-outs from schools and give rise to worse social problems due to the social stigma associated with unwed mothers in our country.

With good parenteral supervision, education including moral, religious and of family health and improved socio-economic conditions, this problem of pregnancy in the unmarried could be minimised. May be that in our country, the teacher and the physician are as yet reluctant to assume the responsibilities to impart proper health education to our teenagers. It is better to offer them such knowledge in high schools and colleges before their marriage than several years following it or after some of them have had premarital conceptions.

#### Summary

The teenage girls form 9.8% of the population in our country and 10.6% of prenatal clinic visitors in Erskine Hospital, Madurai. Amongst these latter, 6.5% were unmarried.

The unwed teenage mothers had social problems. In 48% only one parent was alive. All were from poor socio-economic strata and none were graduates.

