

UNWANTED ADOLESCENT PREGNANCY : ITS PRESENT STATUS

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SUMMARY

A rising trend of unwanted adolescent pregnancy is a global problem. This has posed a serious challenge to the practising obstetricians and gynaecologists of today. The present study is undertaken in order to determine the factors behind the trend and highlighting possible preventive measures.

Two hundred cases were randomly selected and interviewed with a pre-tested proforma over a period of seven years (1982-1988). The maximum number of unwanted adolescent pregnancies were found among the subjects who belonged to late adolescent (54%), rural area (68%), low socio-economic group (67%) and having educational standards upto high school (86%) and married women (88.5%).

Grounds for abortion included out of wedlock conception 23.5 per cent, quick succession of pregnancies 35.5 per cent, small family norm 15 per cent, recent marriage, education and career consciousness 6 per cent each, on medical grounds 7 per cent, suspected intake of teratogenic drugs 10 per cent, failure of contraception 5 per cent and marital mal-adjustment 2 per cent cases. The knowledge of sex education and contraception were inadequate in 92 per cent and 84.5 per cent cases respectively. Post abortal acceptance of contraception was high (78.1%).

INTRODUCTION

Unwanted adolescent pregnancies are on the rise. This is mainly because of early onset of puberty, an earlier age of marriage, and a younger age of first pregnancy (Wallace, 1965).

Over 70 per cent of female between the age of 15 and 20 are already married in India (Silber,

Military Hospital, Sangor, M.P.

1980). Moreover, the change in sexual morals has increased the number of out-of-wedlock pregnancies in all socio-economic strata. Paralleling the increase in child bearing abortion rates among teenagers have also grown (Carmen and Ena 1987).

In recent time, there have been increasing request for abortion on certain grounds (recent marriage, quick succession of pregnancies, per-

suasion of study and career development and so on) which frequently appear to be unsound. This has created moral conflict and ethical dilemmas.

The present study was undertaken to evaluate various related factors leading to unwanted adolescent pregnancies and formulate possible preventive measures.

MATERIAL AND METHODS

The present study was carried out on 200 cases of unwanted adolescent pregnancies at Command Hospital, Pune and Military Hospital Panaji (Goa) from 1982 to 1984 and 1985 to 1988 respectively. All the patients seeking abortions were personally interviewed. Data obtained were charted on a specially designed proforma.

The proforma include age, geographical area, educational status, occupation, socio-economic status, marital status, parity and indication for termination of pregnancy. In addition, the effect of counselling for continuation of pregnancies, knowledge of sex education and contraceptions, outcome of motivation for acceptance of contraception during post abortal period have been analysed.

RESULTS AND OBSERVATIONS

In the present study 200 cases of unwanted adolescent pregnancies seeking for abortions were analysed. A high incidence of unwanted pregnancies were found in subjects belonging to late adolescents (54%), rural population (68%), house wife (69%), under matriculate (53%) and lower economic group (67%) and 85 per cent were married as shown in Table I to Table VI.

TABLE I
Age Group Distribution

Age Group (Years)	No of cases	Percentage
Early adolescence (10-14)	02	01
Middle adolescence (15-18)	90	45

Late adolescence (19-21) 108 54

TABLE II
Geographical Distribution

Urban/Rural	No. of cases	Percentage
Rural	136	68
Urban	64	32

Table VII reveals that 25.5 per cent were Para O, 46.5 per cent were Para I and remaining 28 per cent were Para II.

Table VIII depicts, that out-of-wedlock pregnancies were 25 per cent, recent marriage 6 per cent, quick succession of pregnancies 24 per cent, small family norm 15 per cent, drugs taken 10 per cent, on medical grounds 7 per cent, educational and career development 6 per cent, failure of contraception 5 per cent and marital mal-adjustment 2 per cent.

Out of 120 (60%) subjects counselled for continuation of pregnancies, 90 per cent were unsuccessful whereas only 10 per cent were successful (Table XI).

Sex education was inadequate in 82 per cent whereas knowledge, attitude and practice of contraception was adequate in 15.5 per cent cases only as reflected in Table X.

Out of 160 (80%) patients counselled for acceptance of contraception during post abortal period, the response was 78 per cent (Table XI). This is considered as highly satisfactory figure.

DISCUSSION

This is a study of 200 cases of unwanted adolescent pregnancies. The various related factors leading unplanned/unintended pregnancies were analysed.

The present study demonstrated higher percentage of unwanted adolescent pregnancies among the subjects belonging to middle adoles-

TABLE III
Education Status

Education status	Husbands		Wives/Patients	
	No of cases	Percentage	No of cases	Percentage
Illiterate	—	—	16	08
Undermatric	34	17	106	53
Matriculate	109	54.5	50	25
Graduation & above	57	28.5	28	14

TABLE IV
Occupation

Occupation	No of cases	Percentage
Unemployed		
Students	18	09
House wife	138	69
Employed		
Skilled	24	12
Unskilled labour	20	10

TABLE V
Socio-economic Groups

Socio-economic groups	No of cases	Percentage
Upper	09	4.5
Middle	57	28.5
Lower	134	67

TABLE VI
Marital Status

Marital status	No of cases	Percentage
Unmarried	23	11.5
Married	170	85
Widowed/Divorced	3	1.5
Separated family	4	2

TABLE VII
Parity Distribution

Pregnancy Order	No of cases	Percentage
Parity O	51	25.5
Parity I	93	46.5
Parity II	56	28

TABLE VIII
Causes of Unwanted Adolescent Pregnancy

Cause of Unwanted Adolescent Pregnancies	No of cases	Percentage
Out-of-wedlock (Unmarried, widow, divorced & separated)	30	15
Recent marriage	12	06
Medical Grounds	14	07
Quick Succession of Pregnancy	68	34
Education/Career conscious	12	06
Small family norm	30	15
Failure of Contraception	10	05
Marital mal-adjustment	04	02
Drugs taken	20	10

TABLE IX
Counselling For Continuance of Pregnancy

Counselling	No of cases	Percentage
No of cases counselled	120	60
Successful	12	10
Unsuccessful	108	90

TABLE X
Sex Education and Knowledge of Contraception

Sex education/Knowledge of Contraception	Adequate		Inadequate	
	No of cases	Percentage	No of cases	Percentage
Sex Education	16	8	184	92
Knowledge of contraception	31	15.5	169	84.5

TABLE XI
Post Abortal Counselling and Contraception Acceptance

Response to counselling	No of cases	Percentage
Total no of cases counselled	160	80
Successful	125	78.1
Unsuccessful	35	21.9

cent (45%), rural area (68%), educational standard upto school level (78%), housewife (69%), lower socio-economic class (69%) and married women (75%).

In relation to parity, the grounds for request for termination of pregnancy revealed interesting findings. The Para O group 25.5% sought termination for pregnancies out-of-wedlock, recent marriage, pursuing education and career development, medical grounds, marital mal-adjustment, failure of contraception and for taking teratogenic drugs. In Para I group 46.5% wanted abortions on grounds such as quick succession of pregnancies, and failure of contraception. But the Para II 28% requested termination since they wanted to adopt a small family norm and some cases had failures of contraception. The most interesting findings in this group was that, nearly all accepted concurrent contraception.

It was also noticed that some cases had more than one reason for seeking termination.

Stanley and David (1987) have reported that the change of sexual mores has increased the number of out-of-wedlock pregnancies in all socio-economic strata today. This was in agreement with our findings.

Education and career consciousness were social factors which influence pregnancy decisions in diverse ways. There is significant correlation between child bearing and educational aspirations (Carmen and Ena 1987). In our study, 6 per cent cases sought termination of pregnancies because continuation may hinder their education and career development.

The present study indicated that the knowledge of sex education and use of contraception was inadequate in 92 per cent cases and 34.5 per cent cases respectively. This was perhaps the main reasons behind unplanned pregnancies.

Our counselling experience for discouraging abortion in selected cases of unwanted

adolescent pregnancies was disappointing. Out of 120 cases counselled, only 12 (10%) cases were successful. It is very important to observe that once the couple decide on abortion, it is difficult to change their mind.

Also counselling experience for use of contraception among the post abortal group was highly encouraging. Out of 160 cases that were counselled for contraception 125 (78.1%) patients agreed to practice contraceptive methods according to their individual choice.

Richard (1972) has rightly expressed that "Our attitude should be neither punitive nor permissive, no matter what our own personal views are concerning adolescent sexuality or abortion. Our goal should be the prevention of further unwanted pregnancies".

CONCLUSION

Unwanted adolescent pregnancy has taken a new dimension due to rapid change in socio-economic environment and changes in the philosophy of life. The problems generated by unwanted adolescent pregnancies are complex ones. The legalisation or liberalisation of abortions is not an answer to this problem which is increasing in logarithmic proportions in developing countries. The most ideal solution will be the prevention of pregnancies through extensive sex education and effective contraception.

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