

Teenage Pregnancy - Unmet Needs For Counselling

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Summary : Adolescent reproductive health is an important issue which has not received the attention it deserves in our country. There are an estimated 190 million adolescents (aged 10-19) in India, comprising over one fifth of the entire population. Surveys in developing countries show that 20-60% of pregnancies and births to women under the age of 20 are mistimed or unwanted. This article attempts to analyse the social, maternal, fetal and reproductive health consequences of teenage pregnancies. It also emphasizes the need for a structured sex education programme and the cardinal role of counselling centres in propagating reproductive health. As we march towards the next millenium, we must put in serious and result oriented efforts towards achieving a sustained improvement in the quality of reproductive health in India.

Adolescent Reproductive Health – A crucial profile

Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health' - These were the conclusions of the 1994 Cairo International Conference on Population and Development which marked a turning point for reproductive health.

Adolescence, the period of transition from childhood to adulthood is characterized by rapid physical and psychological changes. It is the attainment of sexual, cognitive and emotional maturity and a development of total socioeconomic dependence.

The teenage Scenario- 'Growing numbers' and 'Diverse needs'

It is vital to recognize the importance of reproductive health in adolescence today. The stark reality presented by demographic data is that one-fifth of the world's population is between the ages of 10 and 19. Approximately 138 million of India's population is between the ages of 15 to 25 years. According to the Family Planning Association of India, out of the 4.05 million marriages which take place annually, 30 lakhs of minor girls and almost 43% of the female deaths in this age group are related to pregnancy and childbirth. (Family Planning association of India,'86) Surveys in

other developing countries show that 20-60% of pregnancies and births to women under the age of 20 are mistimed or unwanted.

Social consequences of teenage motherhood

In the traditional Indian scenario, transition from childhood to adulthood among females has tended to be sudden.

30% of all adolescents are illiterate and school attendance is hardly universal. Adolescent mortality rates vary between 1.3 to 3.4 in India. 15% of these deaths have been attributed to complications of pregnancy and childbirth. Within the typical gender stratified social structure in India, adolescent girls are disadvantaged in terms of food intake, access to health care and growth patterns. Though, they contribute long hours to household economics, their activities are invisible and undervalued since they draw no income. They are caught in the web of ignorance, poor reproductive health, life-long economic dependency, physical seclusion, early marriage and frequent childbearing (Jeejebhoy Shireen,'98)

Health problems of the Teenage mother

Research to identify risk factors in the pregnant adolescent have shown an increased risk of obstetric and medical complications. There is a high incidence of iron deficiency anemia. Severe anemia could lead to premature delivery, cardiac failure, postpartum haemorrhage and sepsis. Pre-eclampsia is more common

in teenage women and if untreated leads to eclampsia and its dreaded multiorgan complications. Due to a biologic immaturity, and incomplete pelvic growth as a result of nutritional deprivation, Duenholter et al,'75, found higher rates of contracted pelvis in adolescent mothers.

Fetal problems of Teenage pregnancies

Adolescent pregnancies often result in low birth weight and preterm labour. Poor antenatal care, low socioeconomic status, addictions and drug abuse could adversely affect the obstetric outcome of such pregnancies.

Duenholter et al,'75, found a perinatal mortality of 30/1000 in a study of adolescent pregnancies. Low birth weight and infant mortality are high for adolescent mothers.

Reproductive health consequences of Teenage pregnancies

The adolescent mother faces the major hazard of sexually transmitted diseases, unwanted pregnancy including illegal abortions and their sequelae and a higher risk of maternal mortality and morbidity. Heterosexual promiscuity is a major factor responsible for the spread of HIV infection with women and children forming more than 50% of infected individuals.

Adolescent Reproductive Health-‘Towards a Green Revolution’

While there is a growing recognition of the need for action to promote adolescent reproductive health, work done in this field is often piecemeal and lacks systematic examination of all the factors needed to determine priorities for best sequence of action.

The WHO methodology of “Grid Approach”

Dr. Herbert L. Friedman and Dr. Edstrom,'83, proposed a three tier grid approach to improvise adolescent reproductive health care in future.

- GRID I- Identify the problems of adolescents in India.
- GRID II- Identify existing facilities catering to teenage reproductive health programmes.
- GRID III- Formulate project plans, research and training programmes.

The main areas of concern in each grid include:

1. Sexual maturation

Psychologically the adolescents are beset by various myths and misconceptions about physical changes. They are often confused and develop a sense of guilt about various body changes; especially so when these changes are uneven and the peer group has already experienced it. There are few counselling services to help adolescents deal with sexual maturation. Sociocultural groups could conduct programmes for adolescent women. They could probably expand their activities to cater to the young adult who usually obtains information through books, audiovisuals or sex education (Family Planning Association of India report,'86)

2. Sexual behaviour

Curiosity and desire to experiment the act may occur at any time during adolescence or much later. At the same time, anxiety, guilt feelings and fear have a great bearing specially if it is discovered as an act which is disapproved socially, religiously, ethically and legally. This is a consequence of rapid urbanization and cultural influences from western societies acquired through mass media and tourism. It may have undesirable consequences like sexually transmitted diseases or unwanted pregnancies. To develop a responsible sexual behaviour, guidance and counselling centres are selectively available in urban schools, colleges and churches even in India. However, they are severely lacking in rural areas. Sex counselling includes guidance by a team of trained counsellors. The Family Planning Association of India conducts sex education and counselling sessions. However, the number of such centers is inadequate to cater to the needs of young people. The rate of teenage pregnancies in developed countries like Sweden has been significantly reduced by an early and timely exposure to a structured sex education programme. There is accessibility to walk in counselling

centres which maintain strict confidentiality and give a comprehensive knowledge of contraception and reproductive health. The clients at such centres interact freely with trained male and female counsellors for discussion and advice. This is required even in our set up and systematic collated research will help to determine the best alternative for programmes on reproductive health education.

3. Couple formation

'Couple formation' in India refers to marriage. Social customs, communal marriage, forced marriage due to a pregnancy and early age at marriage lead to problems relating to child bearing. Quite often both parents are not qualified and being immature give a poor quality of life for children. Premarital counselling centres could help young people plan their future, and need to make their services widely known (Tyden Tanja, '96).

4. Contraception

A wide range of problems may be associated with the use or non-use of contraception by sexually active adolescents. Generally there is social and parental disapproval and sometimes even legal hindrances to contraception. Time and cost may be a problem, if subsidised contraceptives are not available. Hence counselling for contraception by trained personnel could play a vital role to educate adolescents and inculcate responsible parenthood.

5. Pregnancy

As already outlined, an unwanted pregnancy lays tremendous psychological, physical and financial stress on the teenage mother. Counselling centres should refer such high-risk mothers for early and regular antenatal care for a safe maternal and perinatal outcome of the pregnancy.

6. Induced abortion

Illegal abortion could pose life-threatening hazards to a teenage mother. It is the responsibility of the government and voluntary health organizations to provide free sympathetic counselling and services for induced abortions which are legal in India and maintain strict confidentiality about such an event.

7. Childbirth

Teenage childbirth poses great psychological, social and economic burden to the couple as family and community support is often withdrawn in most cases. Hence adolescents should be aware of supplementary nutrition schemes and free delivery to tackle the problems.

8. Adoption

Counselling in shelter houses and adoption agencies reduce the mother's feeling of guilt about not being able to care for her child. Lengthy and complex adoption procedures should be curtailed in order to improve the compliance of couples desiring adoption.

9. Parenting

Emotional insecurity, low socio-economic status and lack of awareness lead to poor quality of care for children born to teenage mothers and a syndrome of 'transmitted deprivation' ensues. Counselling centres could play a key role in mother and child education and helping to cope with the problem.

10. Divorce:

Unable to adjust to a demanding situation, separation or divorce is a major problem of teenage mothers. Humiliation, misery, social stigma and financial insecurity compel such drastic outcomes. Counselling centres within divorce courts as well as counselling services should be made easily available throughout the country.

Adolescent health services research: 'Marching Towards The Millenium'

Reproductive health programmes addressed to adolescent mothers face challenges from the community and their clients. Firstly, health professionals in such programmes must persuade the community to support their activities. This could be hard to win! They must begin by helping the community understand and agree on the need for such programme including its goals and objectives. Their approach should be CARING and not AUTHORITARIAN (Population Reports, '96).

Adolescent Reproductive Health should be incorporated into the existing programme of National Family Welfare. Counselling centres should coordinate with government

health departments in urban and rural settings.

Action oriented research should be conducted towards bio-medical and socio-cultural aspects of adolescent reproductive behaviour. An informed free choice, respect for physical integrity and freedom from discrimination or coercion in all aspects of sexual life should emerge as the essential core of adolescent reproductive health for the next millennium.

Dr. Mehroo Hansotia, President, FOGSI has declared 1999 as the 'FOGSI year of the adolescent girl, education and empowerment.' Our fraternity, therefore shares the onus for speaking and standing up for adolescent girls in particular and gives voice to a constituency which has been silent since long. As individuals and FOGSI members, we must put in concentrated efforts towards the road map to success to achieve a sustained improvement in the quality of reproductive health in India.

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