

# Unwanted Adolescent Pregnancy

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**Summary :** Teenage pregnancy rates are a measure of prevalence of sexual activity. Nearly 50-80 % of these pregnancies are unwanted world wide and are termed as gestational waste. There has been an increase in the incidence of abortions. Pregnancy for an unwed mother is a matter of fear, depression and social outcast. In spite of the Liberal MTP Act, abortion facilities are not available at the appropriate time and the girl or the parent seek help of unauthorised abortionists. Poor socio-economic conditions and pre-existing nutritional deficiency predisposes to anaemia. There is a high incidence of PIH eclampsia, CPD, IUGR, low birth weight babies and congenital abnormalities. In the next millennium, adolescent pregnancy will be a big challenge to the society and the medical profession. Ways and means of improving contraceptive outlet services is an essential component of the strategies to be laid down.

## Introduction

Tender age of Adolescence (10-19 yr) is characterized by rapid biological, physical, psychological, behavioral interrelated events. This period is traditionally free from health problems. Change of social values, poor nutrition, lack of knowledge, teenage pregnancies (measure of prevalence of sexual activity) and inadequate contraceptive practices have lead to serious reproductive health issues.. Pregnancy in adolescents is therefore generally unintended, unplanned or unwanted. An adolescent girl who has given birth to the first child at 14-15 years can become a mother of 2-3 children by the time she reaches twenty years of age. This causes not only obstetric problems but also ruins maternal health, destroy peace, economy and happiness of the young couple and their families. In addition the impact of early child bearing is reflected in high maternal and perinatal mortality and morbidity rates.

## Magnitude of Problem

Demographic health surveys (DHS) 1990-94 show that each year 15 million women under 20 give births accounting for upto one fifth of all births world wide. Despite the fact that the present law in India envisages marriage of girl above 18 and boy above 21, early marriages are common in rural area and 20-40% conceive and deliver within one year. DHS for selected African and Latin American countries among women under 20, shows that 20-60% of pregnancies were mistimed and

unwanted. This figure is 82% for United States. Unintended pregnancies are not rare even where early marriage and child bearing is the norm, in Pakistan it is 34%, in Bangladesh 31%, Egypt 24% and in India 16%.

## Lacunae in Services

Efforts are being made through various advertising channels to promote contraceptive services. Respect for minimum standard of management of each method and its contraindication is lacking. Sex education is discussed but it is as yet not adopted by most of the schools. Peer group meetings, teacher parent question answer session with young generations are all in the pipeline of various activities so far planned.

Due to non availability of the contraceptive method of choice to the adolescent group the result is an unwanted pregnancy. The problem of high income unwed adolescent girl is handled in a sophisticated manner by taking the highly paid, secret abortion services. For the poor girl the course left is either termination or continuation of pregnancy depending upon the time at which she seeks medical attention.

## Situation Analysis of Unwanted Pregnancy

1. Indulgence in early sexual activity.
2. Socio-Economic Pressures
  - A. Conception soon after marriage
  - B. Early conception after one delivery or abortion
3. Contraceptive failure

#### 4. Sexual assault

Overall adolescent pregnancy rates remained stable or increased in developing countries and slightly decreased in developed countries because of better adoption of contraceptive methods but the rates of abortion have increased world wide. Creatsas (1995) quoted the Survey findings of IFP AG on pregnancy and abortion rates from 11 European countries (1985-1989). Although no significant difference was observed between various countries, higher rates were reported from Germany, the Czech Republic and U.K. mainly for the age of 14 years. In Germany, Federal Republic exhibited the highest adolescent pregnancy rate which increased from 16 to 21% from 1987, then decreased to 13% by 1989. Abortion rates are higher in Denmark, Finland, Hungary and Italy then of Germany, Greece, Netherlands and U. K. The differences have been attributed to different legislation and medico social attitudes.

In 1990, one million pregnancies were estimated to have occurred amongst adolescents between 15-19 years of age in U.S. This figure was high when compared with other developed countries and 95% of these pregnancies were unwanted. (Spritz etal 1993).

Silva (1998) reported on 4827 adolescent deliveries spread over a period of 10 years. Out of these 73% were not using any contraceptives and 5% interrupted use due to intolerance. Only 11% actually stopped contraceptives to get pregnant. An additional 11% confessed that pregnancy occurred in an unplanned manner due to

contraceptive failure.

We analysed pregnancy outcome date of 25,297 cases. There were 837 pregnancies in one adolescent group and 50% of them had unwanted pregnancies (1992 to July 1996). Number of deliveries and abortions is given in Table-1. As is evident there has been gradual increase of abortions over the years.

There were 12 midtrimester pregnancies which had to be terminated. These teenage girls presented late in pregnancy due to the fact that they did not realise they were pregnant and they wanted to conceal as long as possible because of parental fear and social pressure.

Inspite of liberal MTP Act, abortion facilities are not availed of at the appropriate time and girl or the parent may seek the help of an authorised abortionist. Medical risks associated with abortion are more when it is done by unskilled personnel. The chief complications are infection, haemorrhage, perforation, cervical and vaginal injuries, infertility and even death. Highly confidential and sympathetic counselling plays important role. To prevent future mishaps right contraceptive advice is very important to the girl.

In developed countries the problem is a little different. The age of menarchae or biological maturation has decreased and the age at marriage has increased which has created a biological gap. This gap is responsible for increased sexual activity. Even though there is greater access to contraceptive measures and facilities are there

Table 1: Pregnancy Delivery & Abortions Amongst the Adolescent Girls Ar Kamala Nehru Memorial Hospital Allahabad

Year	Total Cases Analysed			Teenage Group					
	Pregnancy	Delivery	Abortion	Pregnancy		Delivery		Abortion	
				No.	%	No.	%	No.	%
1992	6366	4332	1542	220	3.46	184	4.24	33	2.14
1993	6425	4356	1481	181	2.81	145	3.32	33	2.22
1994	5597	3885	1355	178	3.18	128	3.29	45	3.32
1995	4791	3356	1079	179	3.74	123	3.66	54	5.00
1996	2118	1660	330	79	3.73	21	1.26	23	6.97
	25297	17589	5787	837	3.31	614	3.49	188	3.24

for abortion, the teenage girls are specially vulnerable to increased risk of unplanned pregnancies, cheap back street abortions and STDs etc.

### **Pregnancy Complications**

Unwanted adolescent pregnancy is a complex problem with psychosocial repercussions. When it occurs before the age of 18 years, health hazards are more for the mother and the fetus. Poor socio-economic conditions and pre-existing nutritional deficiencies in a teenage girl predispose to anaemia in pregnancy. (Purandare and Krishna 1974, Raman 1990)

There is a high incidence of PIH and eclampsia. Occurrence of eclampsia is related to age, parity and marital status (Neutra 1973) Unmarried girls due to poor antenatal care are more prone to it. Porozhanova et al (1994) observed that the incidence of pre-eclampsia and eclampsia is lower than in the general obstetric population, but, if eclampsia develops, it is fulminant and in some cases fatal for both mother and the fetus.

The incidence of Cephalopelvic disproportion is high in this age group (Fathalla et al 1990). If the girl becomes pregnant before her pelvis reaches its mature size and configuration, cephalopelvic disproportion can result. Availability and utilization of antenatal services and care during labour greatly influence the outcome. Raman (1990) observed that obstructed labour accounted for 38.5% of Caesarean sections in adolescents as against 22.7% in the adults. Neglected cases of prolonged labour and late referrals of obstructed labour predispose to vesico Vaginal fistulae. Unfer et al (1995) also reported a higher incidence of IUGR, acute fetal distress in labour and low birth weight in adolescent group resulting in higher number of Caesarean Sections. They hypothesise that a relative state of "hypoarterialisation" characteristic of adolescent uterus may be the etiological factor for these complications.

### **Infants of Teenage Mother**

Unwanted teenage pregnancy is not only deleterious to the expectant mothers but their off springs are also at a

great biological disadvantage. Intrauterine growth retardation and premature births are common. Lima et al (1990) reported that infants of primigravida aged 12-19 years were less nourished than those of the older age group. Low birth weight can also affect subsequent physical and mental development and these children are likely to show neurological defects. Perinatal mortality rate is high (Fakeya 1992) and it continues to be more amongst infants in first two years of life (Legrand and Backe 1993).

Poor diet not only causes poor weight gain but also results in low birth weight babies. Drug abuse, alcohol and cigarette smoking are other factors affecting fetal weight. Full equipped nursery with trained staff is desired and young expectant mother should deliver at a place having all these facilities for neonatal resuscitation and neonatal care. In post-partum period education should be imparted on neonatal infant care and prevention of future pregnancies.

### **Maternal Mortality**

Teenage girl with unwanted pregnancy is a host for complications due to lack of awareness, late registration, and irregular attendance to antenatal clinic.

The issue of maternal mortality has been adequately addressed by two recent reviews (United Nations, 1989, Senderowitz 1995) on comprehensive picture of reproductive health and hazards in developing countries. Young age is a risk factor for maternal mortality in all the countries, but in developing countries, where pregnancy in adolescent is common, maternal mortality makes a significant contribution to the over all number of deaths in the age group 10-24 years (Abouzahr & Royston 1991).

### **Antenatal care**

The antenatal care of a pregnant girl is often grossly deficient (Block et al 1981). One fifth of teenagers under 20 do not consult their doctors until they are more than 20 week pregnant (Smith & Simms, 1983). The situation for younger, school age teenagers is even worse. Girls

do not realise that they are pregnant and conceal their pregnancies. These adolescents need sympathetic attitude from family, society and clinicians for proper guidance.

Covington et al (1994) stressed that adolescents should be encouraged to seek prenatal care as pregnancy in an unwed girl if uncared for, leads to serious problems. Proper diet, rest and supplementation of iron and folic acid at the appropriate time are essential.

### Adolescent mothers and society

Teenage pregnant adolescents can have a number of associated social factors. Family back ground is often a violent one. The absence of one of the parents may be a critical feature. These girls may become sexually involved in a subconscious attempt to find a kind of caring which is lacking in their home. Apart from broken families other social factors including poverty, deprivation, bad company, drug additions, family history of early pregnancy in either mother or sisters may be present.

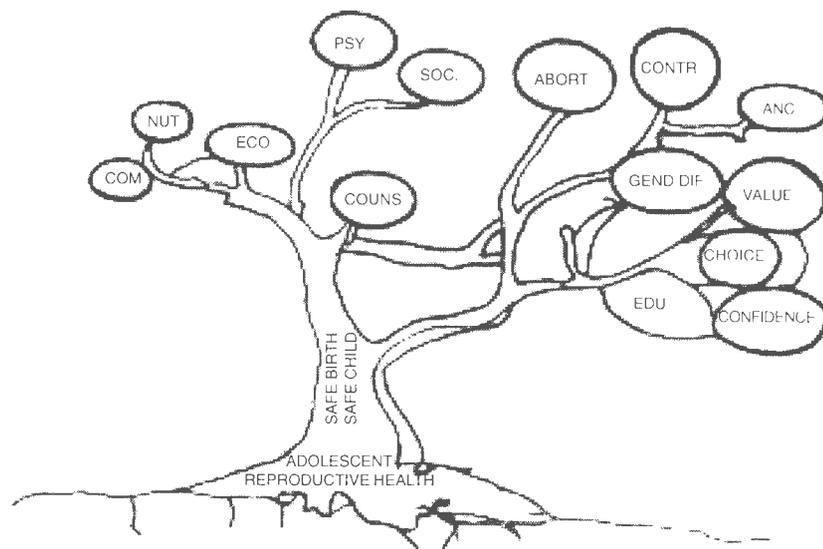
In India there is considerable stigma of premarital motherhood. Social pressure may lead to abortion or early marriage in rare circumstances. In some cases education is cut short forcefully which can harm future employment prospects. The pregnant adolescent may feel that she is a financial burden to her family. Besides induced abortions the social option for these girls are an out of wedlock birth giving the baby for adoption and Marriage to the prospective father. In some out of wedlock birth, can tender the mother to become a social outcast. Three generation are affected by these child births, Parents, adolescent mother and her child.

The practice of adoption is acceptable in some societies but an adolescent may therefore be put under pressure to have her baby adopted when she would prefer to keep it and care for it. Adoption may

create feelings of guilt, shame and depression.

However most recent evidence from different studies (Makinson, 1995) indicate that social and economic factors are responsible for the bulk of the adverse consequences of child bearing among young women. Young age does not appear to be the prime culprit. Age matters, but only to the extent that most young women bearing children, especially during the teen years, may also suffer such problems as low education attainment, marital instability or single parenthood and poverty.

Pregnancy in teenage girls, is associated with psychosocial insecurity and serious medical consequence. Holistic approach for providing reproductive health care is extremely important for this group. Times have now changed, there is greater socio-economic pressure and more influence of foreign media and due to which our medical service needs to be restructured to provide educational material, counselling and adequate nutritional care to young girls so that they are able to control their own fertility. If pregnant, to help them in any eventuality, safe abortion/good antenatal care and safe delivery, contraceptive etc. (fig.1.)



## Prevention of Unwanted Pregnancy

Almost all the women active at the end of pregnancy is unintended. Proper knowledge of reproductive physiology, understanding the consequences of unplanned pregnancy, sex education, availability of contraceptives, a diet choice and safe abortion facilities are the key points to prevent unwanted pregnancies in adolescents. Emergency contraception or abortion after treatment of post-coital contraceptives is advocated as the way to prevent pregnancy. Emergency contraception initiated within 72 hours of unplanned sex, reduces the risk of pregnancy by 72%.

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