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Corresponding Author

Jagruti Prajapati,
Department of Community
Medicine, GMERS Medical College,
Gandhinagar, India

Author Designation

^{1,2}Assistant Professor

^{3,4}Associate Professor

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Teenage Pregnancy: Study at Field Practice Area of Medical College, Gandhinagar

¹Jagruti Prajapati, ²Prakash Prajapati, ³Jayprakash Kumar Macwana and ⁴Mallika Chavada

^{1,4}Department of Community Medicine, GMERS Medical College, Gandhinagar, India

²Department of Community Medicine, GMERS Medical College, Sola, India

³Department of Community Medicine, GMERS Medical College, Godhara, India

ABSTRACT

As per WHO definition teenage pregnancy is “any pregnancy from a girl who is 10-19 years of age” 31 percent of married Indian women gave birth by the age of 18 years. Teenage pregnancy has increased rapidly due to unprotected sexual activities, early marriage, illiteracy, low socioeconomic status, poor awareness about contraceptive need and choices. Objectives of the study are to know the point prevalence of teen pregnancies in area covered in the study, to check the health profile of teenage pregnant and to know the awareness regarding teenage pregnancy. A community-based cross sectional study was carried out in an urban health center area which is the field practice area of GMERS Medical College, Gandhinagar. Convenient and purposive sampling was taken. Women were interviewed with a predesigned, pretested questionnaire. Total 32 teenage mother were taken as a study subjects. Point prevalence for teenage pregnancy was 3.8%. Majority (91%) women were housewife and 84% were studied up to primary education. 94% teenage were between 15 to 19 years. Reason for early marriage was traditional practice as per 85% women. Tradition and culture was the most common reason (88%) for early pregnancy followed by family pressure (9%) and contraceptive failure (3%). The present study revealed that teen pregnancy is still prevalent in society. Reason for early marriage and early pregnancy are tradition and family pressure. Low level of education is also a factor that adolescent girls are not aware about teenage pregnancy and its consequences.

INTRODUCTION

WHO defines Teenage Pregnancy as “any pregnancy from a girl who is 10-19 years of age”, the age being defined as her age at the time the baby is born^[1]. Often the terms “Teenage pregnancy” and “Adolescent pregnancy” are used as synonyms^[2].

In spite of marriage before the age of 18 years is illegal in India, 27 percent of girls are married before their 18th birthday and further, 31 percent of married Indian women gave birth by the age of 18 years^[3].

Teenage pregnancy has increased rapidly due to unprotected sexual activities, early marriage, illiteracy, low socioeconomic status, poor awareness about contraceptive need and choices. Teenage pregnancy is associated with child under nutrition^[4]. Compared to adult mothers, teenage mothers were shorter, more likely to be underweight and anemic, less likely to access health services and had poorer complementary feeding practices. Early childbearing is associated with various health risks for both mother and child. Teenage mothers are more likely to experience pregnancy related complications like preeclampsia, preterm premature rupture of the membrane (PPROM), increased incidence of pregnancy-induced hypertension, anemia, sexually transmitted diseases, operative vaginal deliveries (forceps/vacuum), postpartum depression which often lead to maternal death^[5-7].

It is estimated that 70,000 female teenagers die each year because they are pregnant before they are physically mature enough for successful motherhood.⁸ Early marriage and subsequent pregnancy in India is due to the result of an absence of choices and of circumstances beyond a girl's control. Though Gandhinagar city is well developed having all health facility nearby still reduction of maternal mortality as well as Child mortality is not achieved as per goal stated.

High variability between states and districts regarding local reasons for early marriage and early childbearing are still needed. These actions should account for differences in cultural practices that affecting early marriage and early childbearing. With help of this study data are gathered regarding prevalence, awareness of teenage pregnancy in Gandhinagar district in limited population so there is scope for further study on teenage pregnancy and its prevention among district population. Objectives of the study are to know the point prevalence of teen pregnancies in area covered in the study, to check the health profile of teenage pregnant and to know the awareness regarding teenage pregnancy.

MATERIALS AND METHODS

A community-based cross sectional study was carried out in an urban health center area comprising of 7 sub centers, which is the field practice area of

GMERS Medical College, Gandhinagar. Total population of UHC 24 is 69102 and approximate pregnant women in that area were 835 and considering teenage pregnant women to be 20.9% (National Family Health Survey-3) Sample size of 175 adolescent pregnant women, aged between 15 and 19 years were calculated for the study of one year but the duration of the study was 2 months so convenient and purposive sampling was taken. Antenatal women aged 10 to 19 years (teenage) attending the Mamta Divas during the data collection period was interviewed. Mamta divas are conducted on every Monday at the UHTC and every Wednesday at the field level. Data were collected by health worker after training.

Inclusion and exclusion criteria for study participants

Inclusion Criteria:

- All the women who consent to be a part of this study.
- All antenatal women age 10 to 19 years
- All antenatal women having teenage pregnancy previously

Exclusion Criteria:

- All the women who not consent to be a part of the study.

Women were interviewed with a predesigned, pretested questionnaire to know about their socio demographic details such as age at marriage, history regarding previous and current pregnancy, outcome of previous pregnancy, complication during pregnancy etc. Currently pregnant women were teenage at the time of marriage and first pregnancy was also taken as a study participant. Data entry was in MS Excel 2016.

RESULTS

Present study was conducted in urban area of Gandhinagar. Total 32 pregnant women were interviewed for study in duration of 2 months. Monthly pregnancy was approximately 835 so as per that point prevalence for teenage pregnancy was 3.8% (Table 1).

Teenage group was taken between age 15 to 19 years. Majority (91%) women were housewife. Out of total participants 84% female studied up to primary education and 9 % were illiterate. 24 female were lived in joint family while 8 lived nuclear (Table 2).

Out of total study subjects 2 were aged below 15 years. 94% teenage were between 15 to 19 years. When asked about reason for early marriage 85% women were stated that it was traditional practice in their family, 3 women had given reason of love marriage and other 2 had early marriage because either they had poor performance in education or parents were not able to pay for education. 41% participants knew the legal age of marriage (Table 3).

Table 1: Socio demographic profile of study participants (N = 32)

Characteristic	No. (%)
Age at current pregnancy	
15-17	17 (53)
18-19	15 (47)
Occupation	
Housewife	29 (91)
employed	3 (9)
Education	
Illiterate	3 (9)
Primary School	27 (84)
High school and above	2 (6)
Family type	
Joint	24 (75)
Nuclear	8 (25)

Table 2: Distribution of participants according to marriage related events (N = 32)

Characteristic	No. (%)
Age at marriage	
Below 15	2 (6)
15-19	30 (94)
Reason for early marriage	
Traditional practices	27 (85)
not able to pay for education	1 (3)
poor performance in study	1 (3)
Love marriage	3 (9)
Know the legal age of marriage	
Yes	13 (41)
No	19 (59)

Table 3: Distribution of participants according to pregnancy related events (N = 32)

Characteristic	No. (%)
Gravida of previous pregnancy	
0 (primi gravida)	23(71.9)
1	8(25)
2	1(3.1)
Reason for early pregnancy	
Family Pressure	3(9)
Tradition and culture	28(88)
Contraceptive failure	1(3)

Table 4: Health profile of study participants (N = 32)

Characteristic	No. (%)
HB (g dL⁻¹)*	
Non anemia (≥ 11 g dL ⁻¹)	8 (25)
Mild anemia (10-10.9 g dL ⁻¹)	12 (37.5)
Moderate anemia (7.0-9.9 g dL ⁻¹)	10 (31.2)
Severe anemia (<7 g dL ⁻¹)	2 (6.3)
Pallor	
Present	14 (43.8)
Absent	18 (56.2)
BMI (kg/m²)**	
Underweight (<18.5)	11 (34.3)
Normal (18.5-22.9)	16 (50)
Overweight (23-24.9)	3 (9.4)
Obese I (25-29.9)	2 (6.3)
Obese II (>30)	0

*WHO classification of anemia in pregnancy, **WHO classification of BMI for Asian population

Out of total participants 71.9 % had primigravida while 25% had experienced one time pregnancy previously and 1 participant had experienced two times. Tradition and culture was the most common reason (88%) for early pregnancy followed by family pressure (9%) and contraceptive failure (3%) (Table 4).

On estimation of hemoglobin level of each study participants 25% female were non anemic while 37.5% were diagnosed as mild and 31.2% moderate. 6.3% were suffering from severe anemia. On examination of palm, nail and conjunctiva 43.8% female had pallor.

DISCUSSION

In the present study mean age of study population was 17.2 ± 1.08 years. 91% female were housewife and 84% were literate up to primary education. Education has been widely recognized as both a cause and a consequence of adolescent motherhood. Failure to complete high school is a major predictor of poverty and the duration of receipt of welfare benefits^[9]. 75% female were living in joint family.

94% study participants were between age of 15-19 years at the time of marriage. Majority of women gave reason for early marriage was traditional practice and culture. The commonest reason for early marriage among teenage mothers was poor socioeconomic status (61.1%), followed by tradition (19.5%) in a study conducted by Naik *et al.*^[10].

Only 41% study participants were aware about the legal age of marriage. Low level of education may affect the awareness level of study subjects.

The most common reason for early pregnancy was traditional and culture (88%) followed by family pressure. Findings observed in study conducted by Doddihal, et al. were the commonest reason for early pregnancy was family pressure (46.5%) followed by tradition (32.6%)^[11].

On estimation of Hb of study participants 75% were having anemia (mild 37.5%, moderate 31.2% and severe 6.3%). 43.8% have visible pallor on nail, palm and conjunctiva. 34.3% study participants were underweight as per their BMI. This health profile of teenage pregnant female shows that early pregnancy may affects outcome of pregnancy.

But this is not being proved in this study so further study needs to be conducted to see the effect of teenage pregnancy on outcome of pregnancy. There are limited study participants because of limited study duration so findings of this study may not be generalized to all population other than urban slum.

CONCLUSION

The present study revealed that teen pregnancy is still prevalent in society. Reason for early marriage and early pregnancy are tradition and family pressure. Low level of education is also a factor that adolescent girls are not aware about teenage pregnancy and its consequences. This can be overcome by raising awareness among adolescent girls on mamta divas or by giving education under adolescent friendly health services programme. Scholl enrollment during adolescent age is to be improved and syllabus regarding adolescent health and health problems are to be added in curriculum.

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