

# Challenges of Adolescent Pregnancy

Alka B. Patil\*, Lavanya Anuranjani\*\*

**Author's Affiliation:** \*Professor & HOD, \*\*Resident, Obstetrics & Gynaecology, ACFM Medical College & Hospital, Dhule, Maharashtra, India.

**Reprint Request: Dr. (Mrs) Alka B. Patil,** Sadguru colony 19/20, Near Dattamandir Chowk, Deopur, Dhule, Maharashtra, India Pin-424005.

E-mail: [alkapatil@rediffmail.com](mailto:alkapatil@rediffmail.com)

## Abstract

Motherhood is a dream to be fulfilled with emotional, psychological & physical maturity. Adolescence is a grey zone between paediatrics & gynaecology. Adolescent pregnancy is a child born to a child who is not mature & will not be able to look after another life at this tender age. Throughout the world, pregnancy & child bearing are occurring at younger ages than in the past; resulting in adverse health, demographic & social consequences. Adolescent child bearing is usually inconsistent with main stream societal demands for attaining adulthood through education, work experience & financial stability. Adolescent pregnancy is a complex issue affecting families, health care professionals, educators & youth themselves. In this article, effect of adolescent pregnancy on maternal, neonatal & child health is analysed. Recent data is provided on adolescent sexuality, contraceptive use, childbearing as well as prevention in communities & clinical practice.

**Keywords:** Adolescent pregnancy; Consequences; Prevention; Antenatal care; Prevention; Nutrition.

## Introduction

Adolescence is a delicate period of life when an individual passes from child to adulthood & involves a lot of physical & mental alterations. The changing social environment, increasing nuclear families, more opportunities of social interactions amongst adolescents, less supervision, permissive attitude of society, influence of media & changing moral norms have resulted in increasing in sexual activity among youngsters & rising incidence of pregnancies among adolescents.

Also, the practice of early marriages continues to be prevalent in rural India. Hence, the obstetrician is often called upon to manage teenage pregnancies in day to day practice. [1]

- This article attempts to analyse the social & reproductive health consequences of teenage pregnancies.
- We discuss maternal & neonatal



morbidity as they relate to teenage pregnancy.

- We capture the physician's role in pregnancy prevention, discussion of options & prenatal care.

The stark reality presented by demographic data is that one-fifth of the world's population is between the ages of 10 and 19.[2] 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.[2]

The current generation of 10-19 year olds are more than a billion and will be the largest generation in history to make the transition from childhood to adulthood.[3] In India, almost 50% of marriages take place before 18. In some parts of the world, young women become sexually active during adolescence. In most Asian countries, 20% of women have their first birth before age 18, although about 30% in India and almost 50% in Bangladesh do so.[3]

Over the last several decades, the world has changed radically. Continued movement towards a more urban industrialized and media saturated environment is a global reality. These changes have altered the type of future that young people must prepare to meet. Adolescents are growing up in a world that is fundamentally different from one that existed when their parents were young. Mass media connect individuals around the globe, exposing all to a profusion of ideas, values and life styles. Society is in a constant state of transformation and turmoil. Both the developed and developing worlds are now blanketed by communication networks. Unfortunately adolescents may not be prepared to judge effectively, the accuracy or value of what they see or hear. They may simply emulate styles and habits, either good or bad.[3]

*“But saying o’er what I have said before:  
My child is yet a stranger in the world;  
She hath not seen the change of fourteen years,  
Let two more summers wither in their pride,  
Ere we may think her ripe to be a bride.”*  
-William Shakespeare (c 1594)

Debates about the appropriate age at which a woman should become a mother are not new. Rather a reflection of what is considered to be in this time & place; socially, culturally & economically acceptable. The management of reproduction & childbirth has, in most countries & most cultures, been the province

of women, but the rise of western biomedicine in the 18th century & its consolidation in the 19th led to the medicalization of pregnancy.[4]

Teenage pregnancy is a public health problem, high teenage pregnancy rates are linked to high levels of social exclusion & poor knowledge about & access to contraception. The myth of the homogenous family unit (as if a past, golden & untroubled age ever did exist) is now in question. The structural diversity of present families like single parent households, blended families (never married, divorced, step families), adopted & extended families; have social patterns that do not match with legal definition of the family. Adolescent motherhood, usually associated with these unorthodox families, challenges the prevalent concept of ‘family’ as well as the moral norms, some seeing it as another part of an ongoing moral decay.[5]

Almost a quarter of India’s population comprises of young girls below the age of 20 years. Women’s health, nutrition & educational status is poor in our country. In spite of legislation, restricting the minimum age of marriage in girls to 18 years; tradition & culture, particularly in rural areas encourage early marriage. Hence, girls commonly enter wedlock at a much younger age, so that they often become mothers before the age of 18 years.[6] Good pregnancy outcomes have been found amongst teenage mothers (age 15-19 years) from ultraorthodox Jewish community living in Jerusalem, amongst whom marriage & pregnancy at a young age is encouraged & the women strongly supported within the community. Attitudes towards young mothers (& towards lone mothers, these groups often overlapping) shift in relation to prevailing moral values & also to some extent reflect economic conditions. The experiences of teenage mothers may, to an extent, be a sign of the prevailing values of health care professional & society more general. Hence poor outcomes in one population, even with adequate control for confounding factors, may reflect the attitudes of that particular society towards teenage pregnancy & motherhood. [4]