



Teenage Pregnancy

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Global Situation

In the International Conference on Population and Development (ICPD), held in Cairo, Egypt, in 1994, representatives from more than 180 countries formally recognized the reproductive health needs of adolescents. The World Health Organization (WHO) defines adolescence as the period of life between ages 10 and 19. One-fifth of world population is in this age group.¹ On the heels of ICPD, adolescent health is given special focus in Reproductive and Child Health Programme (which is presently evolved as reproductive, maternal, new born, child and adolescent health (RMNCH+A)) as well as in the National Health Mission.

Adolescent pregnancy is alarmingly common in many countries. Every year, adolescents give birth to 15 million infants.² These young girls face considerable health risks during pregnancy and childbirth.³ Girls aged 15-19 years are twice as likely to die from childbirth as women in their twenties; those under age 15 years are five times as likely to die.⁴ Because early childbearing is so frequent and carries so many health risks, pregnancy-related complications are the main cause of death for 15-19-year-old girls worldwide.⁵

Indian Situation

In India, 18.2% of women aged between 20 and 24 years are married by the age of 15 years and 47.4% by the age of 18 years. 16% of adolescents between 15 and 19 years have begun childbearing. Only 13% of married adolescent girls use any contraceptive method and the unmet need for family planning in the age group of 15-19 years is 27%.⁶

Early childbearing, a health problem in India, is also there with serious socio-economic and demographic implications for young women, young men and their offspring and indeed the whole society (Publication of PPFA, New York, 1982).⁷ In many developing countries, female status is equated with marriage and motherhood. Adolescents often marry early; more than 50 countries allow marriage at age 16 or below, and seven allow marriage as early as age 12.⁸ Even the

youngest brides face immediate pressure to prove that they are fertile.⁹

The mean age at marriage has increased steadily over time from 15.9 years in 1961 to 17.2 (1971 Census), 18.4 (1981 Census), 19.3 (1991 Census), 20.0 years (in NFHS-1, 1992-93) and 19.7 in (NFHS-2, 1997-98). Women marrying before 13 were 7% and before 15 were 17% for those aged 15-19 in NFHS-1 Survey (1992-93).¹⁰ Practice of very early marriage (before age 13) has virtually disappeared in urban areas and become quite rare in rural areas (NFHS-2, 1997-98).¹¹ Despite the Child Marriage Restraint Act (1978), 34 percent of all women married below the legal minimum age of marriage, which is again higher in rural areas (40%) than in urban areas (18%).¹¹ Marriage occurs in younger age, so quite obviously, child bearing in India is concentrated in early age groups, e.g., 15-29 which contributes more than three-fourths of total fertility in NFHS-1 which increased to four-fifth in NFHS-2. And 17% of total fertility was accounted for by births to women aged 15-19¹⁰ in NFHS-1 and 18.8% is accounted by women in this age group in NFHS-2.¹¹

Challenges or Research Issues

Though NFHS gives age-specific fertility rate for teenage (15-19 years) age group, which can be utilized for determining the state-wise prevalence, still some prevalence studies on teenage pregnancies can be planned in communities, especially in rural and tribal settings showing problem in these regions as teenage pregnancy affects reproductive health. In urban areas, changing sexual behavior among teenagers has led to unmarried teenage pregnancies to occur. Social factors related to these behaviors and early marriage in our country should also be determined. There is a need to search the existing knowledge, attitudes and practices among teenage girls toward marriage, contraception, family size, education and employment. Finally, there is a need to evaluate teenage pregnancy as a high-risk factor not only for adverse pregnancy outcome but also as a risk factor for mother's psycho-social development.

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The level of unintended pregnancy and rate of abortion should also be determined, as these are unnecessary burden on mother's psychology and reproductive health.

Opportunities and Recommendations for Teenage Mothers

Best recommendation is to avoid teenage pregnancy. But if teenage pregnancy does occur, adequate prenatal care is mandatory to recognize complications as soon as these appear in the mother. It is often observed that even when available, prenatal care (antenatal care) services may not be used because child-bearing is considered normal for young women and thus is seen to require no medical attention. Availability, accessibility and awareness about their availability and need for their utilization are important for maximum utilization of prenatal, intranatal and postnatal care services.

To avoid anemia during adolescence, young people need twice as much iron as adults of the same weight.¹ To prevent unintended pregnancy, use of regular contraception should be promoted. But in the event of accidental unprotected intercourse, use of emergency contraception is recommended as soon as possible after the intercourse, which could be within 72 hours in case of pills and 5 days in case of intra-uterine device. Or to terminate the pregnancy after this period, safe methods for termination of pregnancy are recommended.

There is a need for evolving information, education, and communication strategies to focus on raising awareness on reproductive health and gender-related issues too. A sociocultural research is needed to find the right kind of sexual health services as well, for young girls and boys. Steps may currently be taken to develop and design school curricula to raise the levels of awareness among youths, to create a core of youth leaders who will enhance the level of reproductive health among their peers and educating parents or other community

members. Telephone helpline services may be provided both confidentially and free of charge. Lastly, it is important to empower girls by educating them and making them aware of disadvantages of early marriage and law against teenage marriage.

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