



Health Hazards of Pregnancy

Dr. B. Raveendra Naik, UGC- PDF, (R.A) Dept., of Population Studies and Social Work, Sri Venkateswara University, Tirupati 517 502, Andhra Pradesh, India.

Abstract

The existence of teenage pregnancy do not auger well for the development of the girl-child. This is attributable to the girl's age and the absence of any consistent means of support to care for the children and themselves when they should have been in school. It is alleged the teenage pregnancy and its associated motherhood are characterized with shame, disgrace and school dropout and sometimes end of the individual's dreams of achieving higher pursuits. Approximately 73 percent go on welfare within 5 years of giving birth asserted that teenage pregnancy has a lot of social consequences which included school drop-out or interrupted schooling, falling prey to criminal activity, abortion, ostracism, child neglect, school adjustment difficulties for their children, adoption, lack of social security, poverty, repeated pregnancy and negative effects on domestic life. Infants of teen mothers are more likely to be premature and experience infant mortality. The children of teenage mothers do less well on indicators of health and social wellbeing than do children of older mothers

Key Words : Teenage pregnancy, Immunization, Vaccinations, Anemia and Early marriages

Introduction

In India about 78,000 women die while going to children birth every year. The reproductive organs of the girls are not fully developed when they are teenagers. Their lives become at risk during pregnancies. Even those girls, who deliver successfully, suffer from pain in the backend waist, poor immunity and severe anemia for the rest of their lives. Their children will also be often unhealthy and susceptible to infections. Teenage mothers have a much higher risk of pregnancy such as hypertensions, lower genital tract infections caesarean section because, large size babies with in a small pelvis, fetal distress and sudden infant death syndrome. The major complications in young mothers are high blood pressure iron deficiency anemia, disproportion and low birth weight babies etc. Early marriages seriously affect the health of girls. Similarly low weight

accidental trauma and poisoning, minor acute infections, lack of immunization or vaccinations and developmental delays, affect mother's health.

Teen age mothers are more likely to have unhealthy habits that place the infant at greater risk for inadequate growth, infection, or chemical dependence. The younger a mother is below age of 20 years, the greater the risks of her infant dying during the first years of life. Several factors contribute to adolescent births, in many societies, because, girls may be under pressure to marry and bear children early due to limited education and employment opportunities. Education on the other hand is a major protective factor of early pregnancy, the more years of schooling the fewer early pregnancies. Many adolescents do not know how to avoid pregnancies and are unable to obtain contraceptives.



Objectives: To assess the socio-economic and demographic characteristics of teenage mothers in the study area.

1. To find out the factors responsible for early marriages and teenage pregnancy.
2. To analyze the risk factors that contributes to teenage pregnancy.

Methodology: The present study was carried out in Chandragiri Mandal of Chittoor District. The sampling unit for the study was married teenage and young mothers who gave birth to a child in their teenage. The age group consists of 15-25 years. The sample of 100 rural teenage mothers from the villages of Chandragiri Mandal was selected by using purposive sampling method and snow-ball technique.

Interview Process: An interview schedule was prepared carefully to collect information from the respondents.

Data Collection: The data for the present study was collected by using interview and observation method. Before administrating the interview schedule to each respondent an effort was made to establish rapport with them. Field study for the collection of relevant primary data

is much crucial risk in any research work. A good rapport between the researcher and the respondents helped much to quicken the process of interview.

Analysis of the data: After completing the data collection the data were decoded, pooled and analyzed by using simple statistical techniques like frequencies and percentages and have been presented in the form of tables. On the basis of tally method tables were drawn from the data according to different variables and responses such as sex, age, educational status, income of husbands, occupation etc. both open-ended and close-ended questions were analysed.

Socio-economic conditions

Age of the respondents: Age constitutes an important element of social variable. Variation in age can bring about variation in the responses. Generally, experience comes with age and thereby better exposure, provides better vision. Age indicates changes in the structural aspects of the problem under study. The age of the respondents in analysed and presented in the below table 1.

Percentage distribution of the respondents according Age

Age group (in years)	Number of respondents	Percentage
18-20	26	26.0
20-22	60	60.0
22 – above	14	14.0
Total	100	100.0

The above table shows the age wise distribution of the respondents. More than (60 percent) of the respondents belong to the age group of 20 to 22 years



and more than one fourth (26 percent) of the respondents were in the age of 18 -20 years and a small percent (14 percent) were in the age group of above 22 years.

Age at marriage of the respondents

Marriage as an institution is universally acceptable especially in the Indian society. It is accepted only when a

girl crosses the legal age of above 18 years and for boy 21 years and above. But still the early marriages were taking place in most parts of the country. In the present study the researcher has divided the age at marriage of the respondents into three categories, i.e. below 19 years 20 to 22 years and below 25 years.

Percentage distribution of the respondents according to the Age at Marriage

Age group (in years)	Number of respondents	Percentage
Below -19	75	75.0
20 – 22	23	23.0
23 – 25	02	02.0
Total	100	100.0

Table above table shows the age at marriage of the respondents. Three-fourth (75 percent) of the respondents married at the age of below 19 years and

nearly one fourth (23 percent) married below the age of 22 years and only a little percent (2 percent) married at the age of below 25 years.

Percentage distribution of the respondents of the according to the Age at marriage of their Husbands

Age (in years)	Number of respondents	Percentage (%)
Below 23	15	15.0
23 – 25	67	67.0
25 – 30	18	18.0
Total	100	100.0

The perusal of the above table shows the age at marriage of respondent's husbands. Majority (67 percent) of the respondent's husbands married at the age of below 25 years. 18 percent of them married below the age of

25 – 30 years and 15 percent were married at the age of below 23 years.

Educational status of the respondents

Education is the means of empowerment. It enables the people to become aware to assert their rights. The



researcher therefore has studied the variable. The table 4 focuses about the educational status of the respondents.

Percentage distribution of the respondents according to their Educational Status

Educational status	Number of respondents	Percentage (%)
Illiterates	10	10.0
Primary	31	31.0
High school	41	41.0
Graduate and above	18	18.0
Total	100	100.0

The above table shows depicts the educational status of the respondents nearly half (41 percent) of the respondents have education up to high school level one third (31 percent) of the respondents had education up to primary

level. And one tenth (18 percent) of the respondents has education up to graduate and above graduate level and a least percentage (10 percent) of respondents were illiterates.

The percentage distribution of the respondents according to education of their Husband

Educational status	Number of respondents	Percentage (%)
Illiterate	02	02.0
Primary	20	20.0
High school	45	45.0
Graduate and above	33	33.0
Total	100	100.0

It is clear from the above table nearly (45 percent) of the respondents spouses have education up to high school level on third (33 percent) of the respondent have education up to graduate and above graduate level. Nearly one fourth (20 percent) of the respondents had education up to primary level and a very

least of (2 percent) of the respondents were illiterates.

The above table deals with the occupational status of the respondents husbands. It has been found that nearly half of (51 percent) the respondent's husbands were self-employed while one fourth (25 percent) of the respondents husbands were private employees. One



tenth (19 percent) of the respondents husband were farmers and a least percent (5 percent) of the respondents husband were government employees.

The percentage distribution of the respondents' husbands according to Occupation

Occupation	Number of respondents	Percentage (%)
Farmer	19	19.0
Self-employment	51	51.0
Govt. employee	05	05.0
Private employee	25	25.0
Total	100	100.0

Monthly Income of the husbands:

Percentage distribution of the respondents according to monthly Income of their husbands

Level of Income (in Rupees)	Number of respondents	Percentage (%)
> 10,000 below	70	70.0
10,000 – 15,000	15	15.0
15, 000 – 20,000	15	15.0
Total	100	100.0

From the above, it can be perceived that nearly three-fourth (70 percent) of the husband's monthly income ranges below Rs. 10,000 and an equal percent (15 percent) of the husband's income ranges Rs. 10,000 to 15,000 and Rs. 15,000 – 20,000 approximately.

Occupational status of the respondents:

Occupation is regarded as an indicator of social status. The researcher has divided the occupation of the respondents into two categories. i.e. daily labours and self-employed.

Percentage distribution of the respondents by Occupation

Occupational status	Number of respondents	Percentage (%)
Labourers	85	85.0
Self-employed	15	15.0
Total	100	100.0



The above table deals with the occupational status of the respondents. Majority (85 percent) of the respondents were laborers and one tenth (15 percent) of the respondents were self-employed.

Caste Wise Distribution of the Respondents

The percentage distribution of the respondents according to their caste

Category	Number of respondents	Percentage (%)
SC	64	64.0
ST	03	03.0
BC	17	17.0
OC	16	16.0
Total	100	100.0

The data in the above table shows that to BC category and one tenth (16 percent) of the respondents belongs to SC category. The above one tenth (17 percent) of respondents belongs to the respondents belongs to OC category. A negligible (3 percent) of the respondents were STs.

Percentage distribution of the respondents according to If yes age of Boys and Girls

Boys age	Number of respondents	Girls age	Number of respondents
Above 20 years	06	>19 years	28
22 years	25	>21 years	05
Above 25 years	05	>23 years	03
Total	36	-	Total: 36

It is clear from the above table nearly equal percent (5 percent) stated that one-fourth (25 percent) of the respondents stated that the age of marriage for boys is above 22 years and for girls (28 years) above 19 years. An above 20 years for boys and 21 years for girls. A small percent (3 percent) stated that age of marriage for girls is above 23 years.

Percentage distribution of the respondents whether husband related to them before their marriage

Response	No. of respondents	Percentage	If yes what is the relation ship	Percentage (%)
Yes	37	37	Paternal Cousin	13
No	63	63	Maternal Cousin	24
Total	100	100	-	Total: 37



The above table find that majority, two third (63 percent) of the respondents do not have any relationship and only more than one third (37 percent) of the respondents said 'yes' husband was relative. One fourth (24 percent) of the respondents spouses were

maternal cousins and one tenth (13 percent) of the respondents spouses were paternal cousins.

Major reasons for early marriage

Percentage distribution of the respondents according to major reasons of early marriage

Major reasons	Number of respondents	Percentage (%)
Family	75	75.0
Individual interest (Love marriage)	25	25.0
Total	100	100.0

The above table shows the major reasons for early marriages of the respondents. Majority of the respondents (75 percent) said that, force by the family members was the main reason for early marriages

and one-fourth (25 percent) of the respondents stated that the individual influence (Love marriage) was the main reasons for getting early marriage.

Percentage distribution of the respondents the chief persons responsible for marriage

Chief persons	Number of respondents	Percentage (%)
Parents	73	73.0
Relatives	02	02.0
Others (friends)	25	25.0
Total	100	100.0

The perusal of the above table shows that nearly three fourth (73 percent) of the respondents chief persons responsible for marriage were their parents. One fourth (25 percent) of the respondents chief persons responsible for marriage were friends. A negligible percent (2 percent) stated that the chief persons responsible for marriage were their relatives.

Form the above table it can be marked that nearly half (51 percent) of the respondents took medical help in PHC, nearly one fifth (28 percent) of the respondents took medical help in Hospitals and nearly one fourth (21 percent) of the respondents took medical help form A.N.M.



Percentage distribution of the respondents taking medical help during pregnancy

Medical help	Number of respondents	Percentage (%)
A N M	21	21.0
P H C	51	51.0
Hospital	28	28.0
Total	100	100.0

Number of antenatal visits

Percentage distribution of the respondents as per number of Antenatal visits

Antenatal Visits	Number of respondents	Percentage (%)
3	47	47.0
4	24	24.0
5	29	29.0
Total	100	100.0

The table respondents the number of Antenatal visits of the respondents. Nearly half (47 percent) of the respondents made Antenatal visits thrice. Nearly one third (29 percent) of the

respondents made antenatal visits 5 times and nearly one fourth (24 percent) of the respondents made antenatal visits 4 times.

PRIMARY ANTENATAL CONDITION

Percentage distribution of the respondents about primary antenatal condition

Antenatal condition	Number of respondents	Percentage (%)
Normal	68	68.0
Hypertension	02	02.0
Anemia	30	30.0
Total	100	100.0

The above table shows the antenatal conditions of the respondents two third (68 percent) of the respondents primary antenatal condition was normal. Nearly one third (30 percent) of the respondents had anemia and a least percentage (2 percent) had hypertension. Analysis of the table brings the facts that more than

half of (54 percent) the respondents reported the normal delivery. More than two fifth (46 percent) of the respondents reported caesarean.



Type of delivery

Percentage distribution of the respondents by type of delivery

Type of Delivery	Number of respondents	Percentage (%)
Normal	54	54.0
Caesarean	46	46.0
Total	100	100.0

Sex of infant born at their delivery

Percentage distribution of the respondents based on sex of infant born at the time of delivery

Sex	Number of respondents	Percentage (%)
Male	46	46.0
Female	54	54.0
Total	100	100.0

The above table shows the sex-wise distribution of the respondent's infant born at the time of delivery. More than half (54 percent) of the respondents gave birth to female children and more than two fifth (46 percent) of the respondents gave birth to male children.

Overall Health Status of the Respondents

Percentage distribution of the respondents overall health status

Health status	Number of respondents	Percentage (%)
Below normal	13	13.0
Normal	80	80.0
Good	07	07.0
Total	100	100.0

The table reveals that majority of the (80 percent) respondents health status is of normal. One tenth (13 percent) of the respondents health status was below normal and a small percent (7 percent) of the respondents health status was good.

Percentage distributions of the respondent's opinion on how many children would be ideal for family

Opinion	Number of respondents	Percentage (%)
Male	45	45.0
Female	16	16.0
Male and Female	39	39.0
Total	100	100.0

The above table reflects the following facts that more than two fifth (45 percent) of the respondents opined the ideal children for family is male. More than one third (39 percent) of the respondents opined the ideal children for family was male and female. And above one tenth (16 percent) of the respondents opined the ideal children for family is only the female.



Age of delivery

Percentage distribution of the respondents by age of delivery

Age of Delivery	Number of respondents	Percentage (%)
19 years below	34	34.0
22 years below	56	56.0
25 years below	10	10.0
Total	100	100.0

It can be inferred from the above table that half of (56 percent) the respondents age of delivery was below 22 years, more than one third (34 percent) of the respondents age of delivery was below 19 years and a small percent (10 percent) of the respondents age of delivery was below 25 years.

Percentage distribution of the respondent's health problem after

Health problems	Number of respondents	Percentage (%)
Fever	22	22.0
Anemia	19	19.0
Hand and legs pains	06	06.0
No problems	53	53.0
Total	100	100.0

The data reveals that half of (53 percent) the respondents stated 'No' that they don't have any health problems. Nearly one fourth of (22 percent) respondents had fever above one tenth (19 percent) of the respondents had Anemia. And a least percentage (6 percent) of the respondents had hands and Leg pains.

Percentage distribution of the respondents regarding who will take decisions in their family

Decisions	Number of respondents	Percentage (%)
Husband	69	69.0
Wife	06	06.0
Others (in laws)	25	25.0
Total	100	100.0

The table indicates that two third (69 percent) of the respondents husbands take decisions in their family. Nearly one fourth (25 percent) of the respondents said their in laws take decisions in their

family. And a very small percent (6 percent) said that the wives take decisions in their family.

Summary and conclusions: Teenage pregnancy is one of the social ill that



affect society. The existence of teenage pregnancy do not auger well for the development of the girl-child. This is attributable to the girls' age and the absence of any consistent means of support to care for the children and themselves when they should have been in school. Approximately 73 percent go on welfare within 5 years of giving birth asserted that teenage pregnancy has a lot of social consequences which included school drop-out or interrupted schooling, falling prey to criminal activity, abortion, ostracism, child neglect, school adjustment difficulties for their children, adoption, lack of social security, poverty, repeated pregnancy and negative effects on domestic life. Teenagers who become pregnant are more likely to drop out of school and teenagers who drop out of school are more. Compared with women who delay childbearing until their 20s teen mothers are more likely to drop out of school and have low educational attainment to face unemployment, poverty and welfare dependency to experience more rapid repeat pregnancy to become single mothers and to experience divorce, if they marry. Infants of teen mothers are more likely to be premature and experience infant mortality. The children of teenage mothers do less well on indicators of health and social wellbeing than do children of older mothers. In recognition of the negative, long-term consequences associated with teenage pregnancy and births the prevention of out-of-wedlock pregnancies, is a major goal of this nation.

References

1. March of Dimes. Facts you should know about Teenage pregnancy. Available online: http://www.marchofdimes.com/professionals/681_1159.asp.
2. Johnson M. Myers, K. Langdon R. Coping styles of pregnant adolescents. Public health nursing. 2001. 18: 24-32.
3. Coley R.L. Chase-Lansdale P.L. Adolescent pregnancy and parenthood: recent evidence and future directions. American Psychologist. 1998:53:152-166.
4. International institute for Population Sciences. National family health surveys, India. Key finding from NFHS-3. Mumbai: international institute for Population science, 2007. (<http://www.nfhsindia.org/factsheet.html> accessed on 26 November 2009).
5. Henshaw S. Unpublished tabulations. The Guttmacher Institute. 2000, 2011, 2012.
6. Alan Guttmacher institute. Sex and America's teenagers. New York: Alan Guttmacher Institute, 1994.
7. Corbin T (2004) Mortality in children under 8 Health Statistics Quarterly, No.24, pp.30-37: Office for National Statistics.
8. Agawam N. Reddish V.P. Factors affecting birth weight in a suburban community. Health Popul Perspex Issue 2005: 189-96.
9. Ventura S.J. Martin J.A. Curtin S.C. Matthews T.J. Report of final Nasality statistics, 1995. Monthly vital statistics report. 1997: 45 (Supple. 1-22).