



RISK FACTORS OF TEENAGE PREGNANCIES – A Study

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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

Several factors contribute to adolescent pregnancies and births. First, in many societies, girls are under pressure to marry and bear children. As of 2021, the estimated global number of child brides was 650 million: child marriage places girls at increased risk of pregnancy because girls who are married very early typically have limited autonomy to influence decision-making about delaying child-bearing and contraceptive use. Second, in many places, girls choose to become pregnant because they have limited educational and employment prospects. Often in such societies, motherhood within or outside marriage/union is valued, and marriage or union and childbearing may be the best of the limited options available to adolescent

girls. Contraceptives are not easily accessible to adolescents in many places. Even when adolescents can obtain contraceptives, they may lack the agency or the resources to pay for them, knowledge on where to obtain them and how to correctly use them. They may face stigma when trying to obtain contraceptives. Further, they are often at higher risk of discontinuing use due to side effects, and due to changing life circumstances and reproductive intentions. Restrictive laws and policies regarding the provision of contraceptives based on age or marital status pose an important barrier to the provision and uptake of contraceptives among adolescents. This is often combined with health worker bias and/or lack of willingness to acknowledge adolescents'



sexual health needs. Child sexual abuse increases the risk of unintended pregnancies. A WHO report dated 2020 estimates that 120 million girls aged under 20 years have experienced some form of forced sexual contact. This abuse is deeply rooted in gender inequality; it affects more girls than boys, although many boys are also affected. Estimates suggest that in 2020, at least 1 in 8 of the world's children had been sexually abused before reaching the age of 18, and 1 in 20 girls aged 15–19 years had experienced forced sex during their lifetime.

OBJECTIVE

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

METHODOLOGY

This study is based on the analysis of the secondary data and published in the various journals, annual reports and websites.

Descriptive research includes surveys and fact finding enquiries of different kinds. The major purpose of descriptive research is description of the state of affairs as it exists at present. The researcher used secondary data for developing understanding of the pivotal role in the current issues of teenage pregnancies.

Scope of the problem

Every year, an estimated 21 million girls aged 15–19 years in developing regions become pregnant and approximately 12 million of them give birth. Globally, Adolescent Birth Rate has decreased from 64.5 births per 1000 women (15–19 years) in 2000 to 41.3 births per 1000 women in 2023. However, rates of change have been uneven in different regions of the world with the sharpest decline in Southern Asia (SA),

and slower declines in the Latin American and Caribbean (LAC) and sub-Saharan Africa (SSA) regions. Although declines have occurred in all regions, SSA and LAC continue have the highest rates globally at 99.4 and 52.1 births per 1000 women, respectively, in 2022.

There are enormous differences within regions in ABR as well. In the WHO African Region, the estimated ABR was 97 per 1000 adolescent in 2022 compared to 13.1 per 1000 adolescent girls in the European Region. Even within countries, there are enormous variations, for example in Zambia the percentage of adolescent girls aged 15–19 who have begun childbearing (women who either have had a birth or are pregnant at the time of interview) ranged from 14.9% in Lusaka to 42.5% in the Southern Province in 2018. In the Philippines, this ranged from 3.5% in the Cordillera Administrative Region to 17.9% in the Davao Peninsula Region in 2017.

TEENAGE PREGNANCY RISKS

Pregnant teens and their unborn babies have unique medical risks.

Lack of prenatal care

Pregnant teens are at risk of not getting the right prenatal care, especially if they don't have support from their parents. Prenatal care is critical, especially in the first months of pregnancy. Prenatal care looks for medical problems in both mother and baby, monitors the baby's growth, and deals quickly with any complications that arise. Prenatal vitamins with folic acid ideally taken *before* getting pregnant are essential in preventing certain birth defects such as neural tube defects.

High blood pressure

Pregnant teens have a higher risk of getting high blood pressure called pregnancy induced hypertension than



pregnant women in their 20s or 30s. They also have a higher risk of preeclampsia. This is a dangerous medical condition that combines high blood pressure with excess protein in the urine, swelling of a mother's hands and face, and organ damage. These medical risks affect the pregnant teen, who may need to take medications to control symptoms. But they can also disrupt the unborn baby's growth. And they can lead to further pregnancy complications such as premature birth.

Premature birth

A full-term pregnancy lasts about 40 weeks. A baby that delivers before 37 weeks is a premature baby, or "preemie." In some cases, premature labor that begins too early in pregnancy can be stopped by medications. Other times, the baby has to be delivered early for the health of the mother or infant. The earlier a baby is born, the more risk there is of respiratory, digestive, vision, cognitive, and other problems.

Low-birth-weight baby

Teens are at higher risk of having low-birth-weight babies. Premature babies are more likely to weigh less than they should. In part, that's because they've had less time in the womb to grow. A low-birth-weight baby weighs only 3.3 to 5.5 pounds. A very-low-birth-weight baby weighs less than 3.3 pounds. Babies that small may need to be put on a ventilator in a hospital's neonatal care unit for help with breathing after birth.

STDs (Sexually Transmitted Diseases)

For teens who have sex during pregnancy, STDs such as chlamydia and HIV are a major concern. Using a latex condom during intercourse may help prevent STDs, which can infect the uterus and growing baby.

Postpartum depression

Pregnant teens may be at higher risk of postpartum depression (depression that starts after delivering a baby), according to the CDC. Girls who feel down and sad, either while pregnant or after the birth, should talk openly with their doctors or someone else they trust. Depression can interfere with taking good care of a newborn and with healthy teenage development but it can be treated.

Risks to teenage boys

Teen fathers are up to 30% less likely to finish high school than other teenage boys. Worries about their partners' health, limited money, educational challenges, and other stresses can take a mental, physical, and financial toll on some would-be teen fathers.

Feeling Alone and Isolated

Especially for teens who think they can't tell their parents they're pregnant, feeling scared, isolated, and alone can be a real problem. Without the support of family or other adults, pregnant teens are less likely to eat well, exercise, or get plenty of rest. And they are less likely to get to their regular prenatal visits. Having at least one trusted, supportive adult -- someone nearby in the community, if not a family member -- is invaluable in helping them get the prenatal care and emotional support they need to stay healthy during this time.

Teenage Pregnancy Diagnosis

You usually can check if you're pregnant with a home test from the first day you miss your period. All pregnancy tests check for a hormone called Human Chorionic Gonadotropin (hCG). The home tests check for hCG in your pee. You also can get a blood test at your doctor's office. The advantage with checking your blood is that it can tell you if you're pregnant



about a week earlier than home kits. Both home and office tests are very accurate, especially if the results say you're pregnant. Most states allow minors (almost always defined as someone under 18) the right to seek pregnancy care without notifying their parents. And doctors must keep confidential any information about minors who are pregnant unless they have a legal reason, such as if the teen is a danger to themselves.

Teenage Pregnancy Health Risk Prevention

If you are a teenager who is pregnant, here is how to ensure a healthy pregnancy:

1. **Get early prenatal care.** Call your doctor for your first prenatal visit as soon as you think you might be pregnant. If you can't afford to see a doctor, ask your school nurse or counselor to help you find a low-cost clinic and other resources. For example, they can help you find state Medicaid or WIC (Women, Infants, and Children) programs.
2. **Stay away from alcohol, drugs, and cigarettes.** These harm an unborn baby more than they harm a growing teenager. If you're not able to quit by yourself, ask for help from someone you trust.
3. **Take a prenatal vitamin** with at least 0.4 mg of folic acid every day to help prevent birth defects. Ideally, this should start *before* you get pregnant.
4. **Ask for emotional support.** Motherhood brings untold emotional and practical challenges especially for teens still in school. Reach out to others your friends, family, the baby's father for emotional and practical support.

For teenagers who are healthy, chances are good of delivering a healthy,

strong baby especially with early prenatal care and a healthy lifestyle during pregnancy.

Teenage Pregnancy Prevention

The surest way to avoid pregnancy is not to have sex. Or if you do have sex, to always use contraception. The most effective birth control for teenagers is Long-Acting Reversible Contraception (LARC). They include implants that go under the skin in your arm or intrauterine devices that your doctor inserts into your uterus. LARCs work 99% of the time to prevent conception. They work for 3-10 years and can be taken out when you want to try to start a family. If you use birth control pills, condoms, or other forms of contraception, learn how to use them right and follow instructions. Talk to your parents or trusted adults about how to get birth control if you're sexually active. Ask your doctor, your public health center, or a Planned Parenthood clinic for guidance and prescription for birth control. Most non-profit and community health centers offer care for free or on a sliding-fee scale based on your income.

Risk factors for mental health concerns

Teenage mothers are more likely to fall in demographic categories that make the risk of mental illness higher. These risk factors include:

- Having parents with low education levels
- A history of child abuse
- Limited social networks
- Living in chaotic and unstable home environments
- Living in low-income communities

In addition to these factors, teenage mothers are more likely to experience significant levels of stress that can increase risk for mental health disorders. But some factors can reduce the likelihood that a teenage mom will have psychiatric



issues. If a teen mom has a supportive relationship with her mother and/or the baby's father, her risks are reduced.

Physical health

According to a study published in Maternal Child Health Journal Trusted Source, teenage mothers had the poorest physical health of all categories of women studied, including women who engaged in unprotected sex. Teenage mothers may neglect their physical health while caring for their babies. They may also not have access to or know about healthy foods and eating. They are also more likely to be obese. According to the National Institutes of Health Trusted Source, there's a higher risk of the following in teenage pregnancy.

- ✚ Preeclampsia
- ✚ Anemia
- ✚ Contracting STDs (sexually transmitted diseases)
- ✚ Premature delivery
- ✚ Delivering at low birth weight

Tips for teen mothers

Seeking support from others can really improve a teen mom's mental health. This includes the support of:

- Parents
- Grandparents
- Friends
- Adult role models
- Physicians and other healthcare providers

Many community centres also have services specifically for teen parents, including day care during school hours. It's important that teen moms seek prenatal care as early as recommended, usually in the first trimester. This support for you and your baby's health promotes better outcomes, both during pregnancy and afterward. Teenage moms are more likely to have positive mental health and financial outcomes when they finish high school. Many high schools offer programs

or will make arrangements with a teen mom to help her finish her education. While finishing school can be an extra stressor, it's important for the future of a teen mom and her baby.

WHO response

WHO works with partners to advocate for attention to adolescents, build the evidence and epidemiologic base for action, develop and test programme support tools, build capacity, and pilot initiatives in the small but growing number of countries that began to recognize the need to address adolescents' sexual and reproductive health. As a result of these collective efforts, adolescent health has moved to the centre of the global health and development agenda. In this changed context, WHO continues its work on advocacy, evidence generation, tool development and capacity building, while working with partners within and outside the United Nations system to support countries to address adolescent pregnancy effectively in the context of their national programmes. Adolescent pregnancy is a global phenomenon with clearly known causes and serious health, social and economic consequences to individuals, families and communities. There is consensus on the evidence-based actions needed to prevent it. There is growing global, regional and national commitment to preventing child marriage and adolescent pregnancy and childbearing.

Nongovernmental organizations have led the effort in several countries. In a growing number of countries, governments are taking the lead to put in place large-scale programmes. They challenge and inspire other countries to do what is doable and urgently needs to be done now.

KEY FACTS

1. As of 2019, adolescents aged 15–19 years in low- and middle-income



countries (LMICs) had an estimated 21 million pregnancies each year, of which approximately 50% were unintended and which resulted in an estimated 12 million births.

2. Based on 2019 data, 55% of unintended pregnancies among adolescent girls aged 15–19 years end in abortions, which are often unsafe in LMICs.
3. Adolescent mothers (aged 10–19 years) face higher risks of eclampsia, puerperal endometritis and systemic infections than women aged 20–24 years, and babies of adolescent mothers face higher risks of low birth weight, preterm birth and severe neonatal condition.
4. Data on childbirths among girls aged 10–14 are getting more widely available. Globally the adolescent birth rate for girls 10–14 years in 2022 was estimated at 1.5 per 1000 women with higher rates in sub-Saharan Africa and Latin America and the Caribbean.
5. Preventing pregnancy among adolescents and pregnancy-related mortality and morbidity are foundational to achieving positive health outcomes across the life course and imperative for achieving the Sustainable Development Goals (SDGs) related to maternal and newborn health.

CONCLUSION

Adolescent pregnancy is a global phenomenon with clearly known causes and serious health, social and economic consequences. Globally, the Adolescent Birth Rate (ABR) has decreased, but rates of change have been uneven across regions. There are also enormous variations in levels between and within countries. Adolescent pregnancy tends to be higher among those with less education

or of low economic status. Further, there is slower progress in reducing adolescent first births amongst these and other vulnerable groups, leading to increasing inequity. Child marriage and child sexual abuse place girls at increased risk of pregnancy, often unintended. In many places, barriers to obtaining and using contraceptives prevent adolescents from avoiding unintended pregnancies. There is growing attention being paid to improving access to quality maternal care for pregnant and parenting adolescents. WHO works with partners to advocate for attention to adolescent pregnancy, to build an evidence base for action, to develop policy and programme support tools, to build capacity and to support countries to address adolescent pregnancy effectively.

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