A study of socio cultural factors associated with teenage pregnancy

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Abstract Background: Pregnancy in teenage adversely affects health of mother and child. So this study was conducted to ascertain important risk factors associated with teenage pregnancies. Aims and objectives: To study the relation of socio economic and cultural factors associated with teenage pregnancies. Methodology: A descriptive cross sectional study. Study population: All teenage delivered in one year in a tertiary health care institute. Results and Conclusion: In present study, 40.66% were illiterate, 14.83% were educated up to primary school, 0.99% were educated up to higher secondary. There were 60.28% teenage mothers from rural area and 39.72% were from urban area, 30.14 % of which were from urban slums. Mean age at marriage was 15.75 years. In present study 53.12% teenage mothers were from joint families and 46.88% were from nuclear family. Key Words: teenage pregnancy.

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INTRODUCTION

According to WHO, teenage is defined as being between the ages of 10-19 years. The behavior of a teenage girl especially with regards to sexuality and fertility is vulnerable to pressures from both family and from men outside the family for many reasons. Early marriage is a social custom in India. Once she is married, she will be expected to bear a child as soon as possible. In India, 60% of teenage girls are married before 18 years and their reproductive career starts soon after. ² Globally teenage fertility was estimated at 66/1000 women aged 15-19 years in 1995. The same figure in India was 100/1000 women in comparative age group.³ In, India teenage pregnancies constitute 10-15% of total pregnancies and in rural India the incidence is 21%.¹ Pregnancy in teenage adversely affects health of mother and child. Certain complications like obstructed labor, hypertensive disorders, abnormal presentations and premature labour are more common in teenage pregnancies. Teenage pregnancy and malnutrition including anemia are inter linked. Babies born to these mothers are usually low birth weight. So this study was conducted to ascertain important risk factors associated with teenage pregnancies.

MATERIALS AND METHODS

A descriptive cross sectional study. Study population: All teenage delivered in one year in a tertiary health care institute. The mothers aged 10 -19 years were considered teenage as per WHO criteria. All the patients were interviewed with prior consent and data was collected as per the proforma. The mothers were interviewed in their mother tongue. Socio economic status was decided by Modified BG Prasad's classification.

Exclusion Criteria: The mothers admitted for induced or spontaneous abortions and unmarried mothers were excluded.

RESULTS AND DISCUSSION

Table 1	Table 1: Age-wise distribution of teenage mothers			
Sr. no.	Age (years)	Frequency	Percentage	
1	<= 13	02	0.96	
2	14-16	43	20.58	
3	17-19	164	78.46	
Total		209	100	

Most of the mothers were in 17-19 years age group.

 Table 2: Table showing socio-economic classification of teenage mothers

Sr. No.	Socio economic status	frequency	Percentage
1	I Upper	0	0
2	II Upper middle	12	5.74
3	III Lower middle	63	30.14
4	IV Upper lower	127	60.76
5	V Lower lower	07	3.36
Total		209	100

In present study, 40.66% were illiterate, 14.83% were educated up to primary school, 0.99% were educated up to higher secondary. None of these girls have ever entered college. Reddy Rani (1920)⁴ in her study observed that more than 70% teenage mothers aged 12-19 years were illiterate. In contrast, Kale K.M. (1996)⁵ observed that over 82% of his study subjects were illiterate. Most of the girls in present study were either illiterate or educated up to primary level. This could be because the parents do not allow them to attend school after menarche and those girls became school dropout. Also most of the girls were married at the age of around 16 years, which is approximately corresponding to secondary school completion and they leave school after marriage. Nevertheless it can be commented that female literacy in the true sense is the most important factor and not merely ability to read alphabets. Though, Literacy rate in husbands was more than wives, most of the husband's literacy status was within the range of primary education to high school level education.

Table 3: Religion	wise distribution	of teenage mothers

Sr. No.	Religion	Frequency	Percentage
1	Hindu	132	63.15
2	Muslim	66	31.57
3	Christian	11	5.28
Total		209	100

In the present study, teenage pregnancy was found to be more common in Hindus. It could be because of the proportion of Hindu population in study area. Muslim law also favors marriage at puberty, so teenage pregnancy is also common in muslims.

 Table 4: Distribution according to Place of residence of teenage mothers

Sr. no.	Religion		Frequency	Percentage
1	Urban Non -slum Slum	Non -slum	20	9.58
		Slum	63	30.14
2	Rural		126	60.28
Total			209	100
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There were 60.28% girls from rural area and 39.72% were from urban area, 30.14 % of which were from urban slums. As in the present study most of the authors reported that teenage pregnancies were mostly from rural areas and urban slums. Sarkar C. S. (1989)⁶ in his study in Kolkata found that 51.3 % teenage pregnant women were from rural area and 28.4% from semi-urban area. The risk of conceiving is mostly governed by the age at which the girls are married. Rural area and urban slums shows different social and demographic patterns, still some factors like poverty, illiteracy, ignorance, malnutrition, lack of health awareness and health facilities are common to both areas. Early marriage is one of the social customs which is strongly followed in rural areas and urban slums.

Table 5: Distribution according to Age at marriage			
Sr. no.	Age at marriage(Years)	Frequency	Percentage
1	10—13	26	12.44
2	14-16	103	49.28
3	17-19	80	38.28
Total			100

Mean age at marriage was 15.75 years. Most of the girls were married in the age group of 14-16 years. Ghulam I.J. (1982)⁷ in his study in nizawa found that 27% of girls married before age of 11 years and 86% were married at the age of 15 years. P. Reddy Rani (1992)⁴ reported that 60% girls were married before the age of 15 years and the average age of marriage was 15.5 years in her study. The Indian legislation emphasizes the minimum age at marriage of 18 years for girls. In present study 53.12% teenage mothers were from joint families and 46.88% were from nuclear family. The western authors had also studied family type as a social factor possibly contributing to teenage pregnancy. Konje J. C. (1992) reported that 63.4% teenage mothers were from unstable families and 83.2% were living in over crowed homes. Birch D (1989) ⁹ reported that teenage pregnancy increases with overcrowding, lack of housing and unemployment in the family. These are probably linked with illiteracy, poverty, ignorance and traditions.

CONCLUSION

In this study, 78.46 % mothers belonged to age group of 17-19 years. The lowest maternal age recorded was 12 years and 11 months. Nearly 61% mothers were from upper lower socio economic status. Nearly 41 % mothers

were illiterate. The mean age at marriage in the present study was 15.75 years. This indicates teenage pregnancy is an important public health problem.

LIMITATIONS

- 1. It is a hospital based study.
- 2. Teenage mothers from private hospitals are not included.

Recommendations: Awareness on necessity of minimum age at marriage of 18 years, avoiding teenage pregnancies and proper counseling of mothers and families are needed to prevent early marriages and teenage pregnancies.

REFERENCES

- 1. Bhatia B.D., Chandra R. Teenage Pregnancy: A review, J. Obstetrics and Gynecology 43[2]: 53,1993
- 2. WHO, Preventing Maternal Deaths. Non serial publication, 1989.

- Gupta R B, Khan M E, Teenage fertility: Some results from a baseline survey in Uttar Pradesh. Journal of Family Welfare, 42[2]: 12,1996.
- P. Reddy Rani, Rani U., Raghavan S.S., Rajaram P. Adolescent Pregnancy. Journal of Obstetrics and Gynecology of India,42: 764,1958
- Kale K.M., Aswar N.R., Jogdand G.S., Sociomedical correlates of teenage pregnancy. Journal of Obstetrics and Gynecology of India,46[1]: 764,1996
- Sarkar C. S., Giri A.K., Sarkar B.J. Outcome of teenage pregnancy: A retrosprctive study. JIMA, 89[7]: 197, 1991.
- Ghulam L.J. Early teenage Child Birth: Consequences for the mother and the child. Waho regional office for the Eastern Medi. 2: 125, 1982.
- Konje J C, Palmar A, Watson A, Hay D M, et al. Early teenage pregnancy in Hull. British Journal of Obstetrics and gynecology, 99:969-73, 1992.
- Birch D. School girl pregnancies: Progress in Obstetrics and Gynecology, Vol. 7. Churchill Livingstone, Edinburgh, 75-80.

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