Unmarried Adolescent Pregnancy: a Learning Lesson!

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Research Article

Abstract: **Objective:** To determine risk factors and explore the socio-behavioral context of pregnancyin the unmarried adolescent girls. **Methods:** This is cross-sectional observational study over period of one year from August 2012 to July 2013. Total 90 unmarried pregnant girls were included in study. All unmarried adolescent girls seeking abortion were given questionnaire and data that collected was analyzed. This study was conducted in Obstetrics and Gynecology Department of Krishna University of medical sciences karad. **Study variables:** age, relation with partner, age of partner, literacy and education, socioeconomic class, parenting, type of family and parenting, family problems, awareness of sexual and reproductive health, involvement in productive activities, awareness regarding STD and AIDS, knowledge of contraception, gestational age, methods used for MTP. **Results:** 90 unmarried adolescent girls undergoing abortions included in the study.60% were from rural area and 44.4% were in age group of 17-18 years. More than 57.7% of unmarried girls had a friend or fiancée as their sex partner who were also in adolescent age. 42% sought abortion in the second trimester of pregnancy. Single parenting with irrational strictness or negligence and family disputes are independent risk factor for adolescent unmarried pregnancy. Contraceptive awareness was low, awareness regarding AIDS (though low at 47%), was higher than that for STDs in general (31%).lack of awareness regarding sexual and reproductive health and noninvolvement in productive activities are important risk factors.

Keywords: Adolescent unmarried girls, Medical termination of pregnancy (MTP), Contraceptive awareness.

Introduction

Adolescent pregnancy in unmarried girls is a sensitive and delicate issue in our society. Though the exact figures of its prevalence is not available, incidence is increasing with every rising day, and I think most of practicing gynecologist will agree with this. Again the magnitude of this problem is many folds more than what is surfaced, and this shows sensitivity of this social issue. Being consulted by these girls and their helpless families for this critical problem, we decided to analyzesocial, behavioral and individual factors related with this problem. Adolescence, the second decade of life, marking the transition from childhood to adulthood is an important crossroad in everyone's life. Today, approximately one-fifth of the world's population is that of adolescents (10-19 years of age), 85 percent of them in developing countries[1]. There are an estimated 200 million adolescents in India, comprising over one-fifth of the entire population. Whatever studies are available suggest that despite the general censure of premarital sex, a considerable number of adolescent boys (16 to 14%) and girls (1 to 10%) engage in premarital sexual activity. Various knowledge, attitude and practice studies bring out disturbingly low level of contraceptive awareness among adolescents[2.] Adolescent abortions are estimated to be upto 4.4 million per year, most of which are unsafe and unreported because of being performed illegally and under hazardous circumstances by unskilled practitioners[3]. Due consideration and botheration of society's rules and tradition getting aborted is stressful and difficult for these girls. Then they prefer confidentiality over safety of its method.

Materials and Methods

All unmarried adolescent girls were given questionnaire after obtaining consent and keeping confidentiality. Their age, partner / alleged person's age, relation with that person were asked. Whether pregnancy resulted after rape or after voluntary sexual relations were noted .Their literacy/educational status assessed, and they were assigned socioeconomic class. They were asked about their engagement in productive activities or interest in high risk sexual behavior. Family history were taken regarding the type of family- joint or nuclear. Parenting was assessed by asking about single parenting or both parent, no parent. Parental control was assessed by giving options as strict control of parent, very lenient with no control or negligence by parents. They were asked about presence of family disputes or marital problems in parents. Role of peers was assessed in terms of – supportive, peer pressure, opposition shown by friends about sexual relations and knowledge. Knowledge, attitude and practices regarding sex and contraception also were assessed. Regarding that particular pregnancy, month of amenorrhea when they noticed pregnancy first time and time taken to approach a doctor, emotional status after noticing pregnancy first time and time taken to convey it to parents,ease or difficulty in approaching health provider were asked. After admission gestational

age of pregnancy, method of termination of pregnancy and its result in terms of maternal complication were noted.

Results

Of the ninety adolescent girls, thirty six (40%) belonged to urban and fifty four (60%) had come to the city from some villages (rural) for abortion.

All were within the age bracket of 14-20years.

Table 1: Age distribution

Age (years)	No. n=90	(%)
14	2	(2.3)
15	12	(13.3)
16	12	(14.4)
17	19	(21.1)
18	21	(23.3)
19	16	(17.7)
20	9	(10%)

Table 2: Education and literacy

	Number n= 90	Percentage %
Illiterate	5	5.5
Completed primary school	9	10
Completed secondary school	20	22.3
Higher secondary schooling	35	38.8
Doing graduation	21	23.3

Age of initiation of sexual activity

Excluding the two girls who had become pregnant as a result of rape, a considerable proportion (43%) of these girls had become sexually active by the age of 16 years. The youngest age at which sexual intercourse was reported was 14 years. Another 57% were sexually active by the age of 18 years.

Relation with partner

In a vast majority30 (33.3%) of cases, it was friendship that had led to sexual relationship.Relationship withfiancé resulted in pregnancy in around 24.4% cases. Twocase each was reported where sex partners were close relatives as uncle. Ten (11.1%) girls were engaged in sexual relation with their distant relatives like cousin brothers. While 6 girls who chose "Any other" did not elaborate, a few described him as teacher, tenant and neighbor.

Table 3: Age of partner

Age (in years)	n=90 No.	(%)
Not known	2	(2.2)
14-19	30	(33.3)
20-25	50	(55.5)
26 & above	8	(8.9)

As can be inferred from Table 3, in 2 cases age of partner not known as girls were less than 14 years of age to describe age of alleged person. Most of the partners responsible for the pregnancy were either adolescent boys or very young men. It is worrying that a significant number (33%) of the partners indulging in unprotected sexual behavior were adolescent boys too young to own responsibilities.

Socioeconomic status

Almost 44 girls (50%) were from lower socioeconomic class.31 (33%) were from middle class and 15(16%) were from upper socioeconomic class.

Our observations regarding **role of parenting** are as follows

Table 4: role of parenting

Type of parenting	Number (n=90)	Percentage
Single parenting (staying with only mother)	24	26.5%
Single parenting(staying with only father)	10	11.1%
No parents alive(leaving with guardian)	16	17.7%
Staying with Both parents	38	42.4%
Orphan	2	1.8%

Type of family and parenting

Amongst these ninety girls 47 were from nuclear family which accounts for more than 50% of cases. Parental control on these girls was assessed by giving them option to mark any of the three i.e. very strict, lenient or negligence by parents. Almost more than 45% of them had very strict control or too much negligence by parents.

Family problems and intra family relations

Association between unmarried adolescent pregnancy and family problems like marital disharmony between parents, divorce, step parents, single parent, family disputes, illness and physical disabilities in parent, financial problems indicated that around 66% cases had such problems and poor intra family relation.

Engagement in reproductive activities

Out of ninety, 30 were not involved in productive activity like attending schools or colleges or taking professional training. Again 19 girls were involved in repeated sexual activities and had risky behavior.

Sexual and reproductive knowledge

When these girls were interviewed about knowledge of sexual relation, menstruation, sexually transmitted diseases, HIV 70 girls were lacking knowledge about these things. These who had little knowledge about sexual relation it was incomplete, and sources were either peer group or electronic media .

Table 5: Awareness regarding STDs & AIDS vis-a-vis literacy status

Literacy status	Awareness							
	Regarding STDs				Regarding AIDS			
	Aware	%	Not aware	%	Aware	%	Not aware	%
Illiterate (n=5)	0		5	(100)	0		5	(100)
Primary (n=9)	2	(22.2)	7	(77.7)	4	(44.4)	5	(55.6)
Matric (n=20)	8	(40)	12	(60)	14	(70)	6	(30)
Higher Secondary (n=35)	24	(68.5)	11	(31.5)	35	(100)	0	
Graduate (n=21)	17	(80.9)	4	(19)	21	(100)	0	
Total (n=90)	51	(56.6)	39	(43.4)	74	(82.2)	16	(17.8)

Correlation between education status and awareness regarding STDs and AIDS was found to be striking as all illiterate girls were unaware of both STDs and AIDS, whereas, all girls doing graduation were aware of AIDS and 80.9% of these girls were aware of STDs. It was found that level of awareness progressed with education status. Only around 22% of girls who had studied upto primary level had heard about STDs and 44% of such girls had heard about AIDS. Around 40% and 70% of girls who had studied upto tenth standard were aware about STDs and AIDS respectively. Around 68.5% of girls who had studied upto higher secondary had heard about STDs, whereas, all such girls were aware regarding AIDS.

Knowledge of contraception

With exception of 32 girls, rest all did not know about any single method out of safe period, barrier methods and emergency contraception.Contraceptive knowledge among the rural girls was found to be lower as compared with urban girls. Out of all urban girls 80% and of all rural girls around 66% were aware regarding some contraceptive method. Overall, 64.4% of respondent girls were found to be aware of at least one contraceptive method and around 35.6% did not know about any method of contraception.

Of the 58 respondent girls who were aware of at least one method of contraception, only 1/5th actually tried to have protected sexual intercourse. In 87% cases, sexual relations were unprotected, the girl's awareness of contraceptive methods notwithstanding. This is indicative of risk behavior of a very high degree.

Immediate reaction/emotion after noticing pregnancy-

Almost 90% girls faced tension and fear after knowing about pregnant status. Three girls had thought of doing suicide but not attempted. 49% girls disclosed this to partner first. Incases were partner were in adolescent age, this was disclosed to mother or some female relative. In 11% cases suspicion of pregnancy raised by family members. In 7 girls who were staying at hostels it was shared with friends.

Approach to health providers

For illiterate or primary school completed girls it was difficult to approach health services .They were brought by either parents or relatives. For girls from urban area approach was not that much difficult due to availability of health centers. 8 girls approached independently and alone to health providers.4 girls tried to get intervention by quakes but couldn't succeed.

Location of the abortion facility being away from home and, therefore, chances of confidentiality being ensured was the most significant factor, considered by around 47% girls.

Table 6: Gestational age at first visit

	Number n=90	Percentage%
Within one month of missed period (upto 8 wks)	15	(16.6)
8 to 12 wks	20	(22.3)
12 to 16 wks	38	(42.2)
16 to 20 wks	17	(18.9)

Method of termination and complication

In around 38.9% of cases, pregnancy was terminated in 1st trimester out of which10 pregnancies were terminated by pills and 25 required suction evacuation. While in 61.1% cases, termination of pregnancy was performed in 2nd trimester out of them 35 were terminated by extra amnioticethacredil instillation, and 20 by tab. Misoprostol per vaginally. Two respondents reached a health facility only in the 3rd trimester of pregnancy and were advised to carry on with the pregnancy till term after a complete antenatal examination.With exception of one patient referred to hospital with septic abortion no complication reported.

Discussion and Conclusions:

The incidence of pregnancy and abortion among adolescents is indeed alarming. Total 90 unmarried adolescents sought abortion in one year in our hospital which accounts for 22% of total MTP in the year. Various patients may have followed to other set up and may be underreported. Thus, the official data is able to represent only the tip of the iceberg.Very few studies are available for risk factors for unmarried adolescent pregnancy as lack of acceptable sampling techniques.

In our study most of girls i.e. 60% are from rural area as compared to 44% from urban area which is significant and can be explained by need to go too far places for education, lack of knowledge and availability of

emergency contraception and selection of urban health center for abortion in view of maintaining confidentiality.The study also shows that many ruralites are reaching the town in search of abortion facilities. This could be explained by the lack of confidentiality and a general low standard of health care provision in villages, more so with regard to MTP services Dr. N. Phanindra Babu *et al* had also found a higher incidence of induced abortions in urban areas than in rural areas in their study which was conducted on the basis of NFHS data[4]. However, it may not be correct to explain this rural urban differential on the basis of differences in social and cultural norms affecting the behavior of women, more so in the case of unmarried adolescents. Lower levels of awareness regarding STDs, AIDS and contraceptive measures among rural girls compared with urban girls were also brought to the fore.

If we notice age wise distribution around 44% patients were in age group of 17-18 years. This is age when feeling of freedom and peer pressure, exposure to new world make them vulnerable for adolescent pregnancy.

Almost 33% pregnancies were resulted from uninhibited friendships and peer support. As many as 57% indulged in sexual activity with the fiancé, and a friend. Thus, when for millions of young girls elsewhere, sex is linked with coercion, violence and abuse, the present study found that it was a case of consent, active or passive, for a vast majority of girls. Young females are prone to sexual abuse and many a times girl's first experience is a forced one. More than half the young women in Malawi study reported coercion, over 20% of the young women in Brazil and over half the young women in Papua New Guinea said that they had been coerced, often violently[5]. In the present study, only two cases of rape were reported. An in 11.1 % case, pregnancy was an outcome of sexual intercourse with some relative. One case each was reported where partner was uncle, which hints at immense psychological trauma that these girls may go through even later in their lives and their absolute insecurity in their own homes

In this study, age of first sexual contact was predominantly found to be 16 years, though the youngest age was 14. This is not at variance with many of the cultures in the world. According to a study by the International Centre for Research on Women, a quarter of the adolescent girls in Brazil reported having first experienced sex before the age of 13, in Malawi, the mean age was 13.6 years and in Papua New Guinea the first intercourse occurred as early as 11 years of age[5]. Another finding of the present study has been that majority of these girls had not been coerced into sexual intercourse

In our study 50% girls were from lower socioeconomic class which is significantly associated with unmarried adolescent pregnancy, other multivariate analysis disagrees with this. Again patients with high socioeconomic class may choose private set ups for maintaining confidentiality,, might explain this difference in conclusions .

In present study 55.5% girls were either staying with single parent or had lost both parents suggest important role of parent in unmarried adolescent pregnancy. 45% girls had either strict parents or very negligent attitude by parents. Parents play significant role in sexual development and behavior of their children. Parent child closeness or connectedness, parental rational control and communication have all been implicated in adolescent sexual behavior. Parental monitoring and supervision helps teenagers to keep away from risky situations and behavior and help them to develop responsible decision making skills. Our study is in agreement with the same and confirmed that either lack of parental control or irrational strictness is a significant risk factor for unmarried adolescent pregnancy. This is also confirmed by study by De Vore *et al* on protective effect of good parenting on adolescents[6] and study by Miller BC[7] and Kirby D *et al*[8]. Another important observation that almost 17.7% girls were staying with guardian or in hostels which resulted in lack of appropriate parental control, guidance and supervision.

Family problem as immediate determinant of adolescent sexual activity has been pointed out by different studies[9-12] .Our study also showed that most of these girls had family problems and poor intrafamily relations. It is also proved that these children having family problems lacked love and appreciation by family and felt insecure at home. A study by Guijarro[13] *et al* on family risk factors associated with adolescent pregnancy has shown parent child communication on sex hascontributed to decreased likelihood of sexual risk.

33% girls were not involved in productive work like academic education or job and were engaged in risky behavior at early age .This observation is consistent with reports observed by Kasen *et al*[14] and Kirby who conducted study on influence of school dropouts and school disengagement on the risk of adolescent pregnancy.

Level of awareness about AIDS (82%) among these adolescents (though still low) is more than that regarding STDs in general (56%). This may be due to the increased use of media for promotion of AIDS awareness in recent years. However, this points towards necessity of strengthening the nature of awareness campaign being carried out by the National AIDS Control Organization and its State level societies. While the outreach for AIDS

awareness is considerable, the campaign has been unable to communicate that STDs themselves make an individual more prone to contracting the virus.

Despite the striking correlation between education status and awareness regarding AIDS and STDs, it is disturbing to find knowledge about contraception and its persuasion for use was very poor and had significant influence on spread of STDs and HIV.

Adolescent girls are much more likely than older women to delay seeking abortion services and, therefore, undergo second trimester abortion[15]. In the present study 61.1% of the adolescents underwent MTP in second trimester. 42% cases noticed their pregnancy first time in third to fourth month of pregnancy which accounts for more proportion of second trimester MTP in unmarried adolescent pregnancies. Around one third girls were not aware of that it is possible for girl to get pregnant the first time she had sex,28% girls did not suspected pregnancy due to irregular cycles.This indirectly indicate about their ignorance about consequences of sexual relations like pregnancy, STD,HIV. Thus there is close link between lack of knowledge on sexual and reproductive health and adolescent pregnancy.

Once they became pregnant, they shared it first with partner. In cases of adolescent partner, these girls had the courage to share the fact with their mothers or close female relative in family. Few girls staying at hostels shared with friends and in a still larger number of cases, parents accompanied the pregnant girl to the health facility. A clear case is thus made out for empowering mothers to act as providers of `Family Life Education'. Also effective family life education programs must be instituted for adolescents (both school going and out of school ones). These programs must give correct information to the adolescents about reproduction and contraception.

Conclusion

This study suggests that in unmarried adolescent pregnancy both partners involved are mostly adolescent, thus need of sexual and reproductive knowledge at this age. Then lack of appropriate parenting, poor or strict parental control, lack of parent child communication and family problems are independent risk factor for adolescent unmarried pregnancy. The study also points outthat lack of engaging in any productive activity and lack of scientific sexual knowledge play significant role in adolescent unmarried pregnancy.

This reflects need of reproductive and sexual education, adolescent and family counseling centers. This study was done to understand and study multiple socio-demographic, familial and individual psychological factors in these unmarried adolescent pregnancies, and to realize that role of gynecologist is much beyond the treatment which include counseling and guiding these girls for better future.

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