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Socio demographic profile of teenage pregnancy

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Abstract

Introduction: The mystery of child birth is especially frightening to an unprepared adolescent. Often there might have been little or no information imparted during prenatal clinical visits. If she is unmarried there may be no special provisions for her over all care. She may experience brief clinical visits with hurry, with doctors who may view her plight with obvious disapproval

Methodology: Complete past medical history and history of present pregnancy was taken. Thorough systemic examination and obstetric examination was done. Blood grouping, screening investigations were done and RFT, fundoscopic examination, and ultrasound done wherever necessary

Results: Maximum percentage was in the age group of 18 and 19 years. Mean age in present study was 18.5 years. Mean age in cases is 18.5 years and in controls is 22.3 years and it was found to be statistically significant

Conclusion: There is not much of difference in the ANC registration between cases and controls.

Keywords: Socio demography, teenage pregnancy, ANC registration

Introduction

The occurrence of pregnancy in young girls ranging in age 13-19 years is a subject of interest and presents innumerable problems probably because of immaturity of the young adolescent. Even though 15-45 years is considered as reproductive age group, a pregnant teenage poses some special problems.

The mystery of child birth is especially frightening to an unprepared adolescent. Often there might have been little or no information imparted during prenatal clinical visits. If she is unmarried there may be no special provisions for her over all care. She may experience brief clinical visits with hurry, with doctors who may view her plight with obvious disapproval^[1].

The age limit proposed by WHO expert committee on adolescence is 10-20 years. Adolescence is a period of growth when marked morphological changes occur in all organs and systems. The hypothalamic, pituitary, gonadal system becomes mature^[2, 3, 4].

Almost a quarter of Indian population comprises of girls below 20 years. The status of education of women is very poor. It seems that a great majority of our girls reach adolescence and women hood illiterate with no skill or knowledge to prepare them for their roles as mothers. The rural health services are poor, but what is available is not being utilized. These young illiterate mothers and their families are not aware of these facilities, nor do they understand their significance^[5].

In India, pregnancy out of wed-lock is not common as in industrial societies. It is the early marriage or sometimes marriage before menarche is the tradition. As a result we encounter more cases of teenage pregnancies. This tradition is more rigidly followed by village people who belongs to low socio-economic group^[3].

It is universally accepted that socio-economic status of a particular patient plays a vital role in the antenatal period, during labour and in the puerperal period. Hence teenage gravida of low socio-economic status have problems associated both due to age and also due to their socio-economic status^[6].

The health problems from which Indian women suffer are compounded several fold in the young women who is pregnant, particularly in the age group of 13-19years^[6]. Considering that nearly 40% of Indian population is under 14 and that marriage is universal, the problem of teenage pregnancy affects the life of good percentage of women. The mean age of marriage has slowly risen from 15years in 1955 to 18.2 years in 1981. Even so, large population of girls especially in the rural areas are already pregnant in their teens. In the northern states of India, the average age of marriage is 16.5 years, but 2 out of 5 girls in the 15-19 years age group are already married.

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The adolescent mother and her infant are at a great risk compared to pregnancy in a older women. Delaying the onset of childbearing until the age of 20 years, or later would not only result in a significantly lower in maternal and infant mortality and morbidity, but would also favour a reduction in growth in the population and improve the quality of life for people everywhere. The age at marriage has a great impact on the growth rate of community. Delaying the onset of childbirth lengthens periods between generation and decreases cumulative fertility through a shortened reproductive period. It has been estimated that if marriages were postponed from an averages of 16 years to 20-21years the number of birth would decrease by 20-30% [5, 6, 7].

Methodology

- Complete past medical history and history of present pregnancy was taken. Thorough systemic examination and obstetric examination was done.
- B.P. and weight were recorded on booking and at each visit.
- H b % at the time of 28th, 32nd, 36th week and at term.
- Blood grouping, screening investigations were done and RFT, fundoscopic examination, and ultrasound done wherever necessary.
- During the course of pregnancy if any complications arose, the patient was advised to attend more frequently and if necessary she was hospitalized. All the patients at the clinic got a supply of iron, folic acid, calcium and multivitamins. They received 2doses of injection TT.
- Pelvic assessment at 40 weeks carried if no complications present or whenever patient went into labour.
- Cases of preeclampsia were admitted to the hospital for treatment depending on the severity and mild cases when there was failure to respond to usual O.P.D. treatment.
- Close watch during labour for progress, duration and outcome. Partogram monitoring was done those who have come early in labour.
- Postnatal follow-up for any evidence infection, persistence of hypertension etc. Postnatal advice was given regarding postnatal exercises, continuation of breast feeding and regarding contraception and oral supplements.
- All babies were directly under the supervision of the pediatrician. Sick babies and premature babies were shifted to the NICU depending on need.
- An accurate account of perinatal deaths was maintained.
- Incidence of maternal complications like anemia, preeclampsia, premature labour, PROM, mode of delivery and fetal outcome were studied.
- Teenage pregnancy who was terminated and aborted noted.
- These observations were compared with the control group patients who were delivered at the hospital during the same period. statistical analysis was done by GraphPadInStat3 software programme Fisher test was used to compare between two groups.

Results

Table 1: Incidence of teenage pregnancy

Incidence of teenage pregnancy	10.4%
Total number of deliveries	7392
Total number of teenage pregnancy	828
Incidence of teenage primigravida	94%
Incidence of teenage multigravida	6%

In present study, I have taken 100 cases of teenage gravida (13-19years). Total number of deliveries in our institution was 7932.

Total number of teenage gravida was 828, so incidence of teenage pregnancy in our hospital is 10.4%. Incidence of teenage primigravida 94%, incidence of teenage multigravida was 6% out of which previous normal deliveries were 5% and previous LSCS was 1%.

Table 2: Pregnancy in Various Age Group

Age Groups (years)	Percentage in groups
13-16	1
17-19	99

The above table shows age wise analysis and incidence of pregnancy in various age groups. Maximum percentage was in the age group of 18 and 19 years. Mean age in present study was 18.5 years.

Table 3: Mean Age in Cases and Controls

Parameter	Cases (mean+ SD)	Controls (mean+SD)	't' value	'p' value
Age in years	18.5±1.06	22.3±0.6	30.63	<0.001

Mean age in cases is 18.5 years and in controls is 22.3 years and it was found to be statistically significant.

Table 4: Table Showing ANC Registration

Mode of admission	Cases (%)	Controls (%)
Booked	59	61
Un booked	33	32
Referred	8	7

The above table shows there is not much of difference in the ANC registration between cases and controls.

Discussion

In teenage pregnancy, the complications of the pregnancy and delivery vary markedly from one institution to another. Not surprisingly the highest complications rates are found in the tertiary centers.

Teenage pregnancy and its problem have always attracted much attention and one should be keen to know whether these problems are similar to the older women In the present study the incidence of teenage pregnancy is 10.4%, of which teenage primigravidas was 94% and multigravida was 6%.Where as in the study conducted by Ashok Kumar *et al.* [8] showed incidence of 4.1% whereas other studies showed the incidence ranging from 8.3-23.4%.

Table 5: Comparison of Mean age

Authors	Cases	Controls	'p' value
Ashok <i>et al.</i> [8]	18.46	21.69	<0.001
Present study	18.5	22.3	<0.001

The above table shows that mean age of cases is significantly lower than controls which is Statistically significant, The analysis was done by unpaired t test. so delay in conception would have provided time for physical maturity of the body to carry on conception in a more healthy way, giving birth to healthy baby.

In present study we did not find any significant difference in the ANC registration between cases and controls.

In the study conducted by AK Sharma *et al.* only about 40% of pregnant teenagers were registered compared to 42% of controls [9].

Conclusion

Teenage pregnancy is coming up as one of the most important social and public health problem all over the world with varying prevalence rate. In recent years the incidence is increasing due to early onset of puberty, early sexual activity in girls, so prevention is better than cure by delaying marriage and delaying pregnancy in adolescents will help in improving their educational status and thereby improve scope for their empowerment. This will reduce the pregnancy and childbirth related complications and thus contribute to the reduction in maternal, fetal morbidity and mortality.

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