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Original Research Article

Teenage pregnancies - A peril in covid pandemic

Rani Kumari Limmala^{1,*}, Janaki Vellanki¹¹Dept. of Obstetrics and Gynecology, Gandhi Medical College and Hospital, Secunderabad, Telangana, India

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ABSTRACT

Introduction: Teenage pregnancy is a global problem and is a high risk group. Adolescent pregnancy occurs when a teenager or underage girl, usually between the ages of 13 and 19, becomes pregnant. Adolescent pregnancies are more likely to occur in the marginalized communities commonly driven by poverty, lack of education and employment opportunities. Adolescent mothers aged 10-19 years face higher risk of anemia, eclampsia, puerperal endometritis and systemic infections than women aged 20-24 years, as they have not completed their own development to give birth to another life.

Materials and Methods: A retrospective study was undertaken in department of obstetrics and gynecology of Gandhi Medical College during period of April 2019 to April 2022.

Results: Out of the 38 cases, 18 cases were admitted during the year 2021 which was post COVID period these cases were the after effect of the consequences patients faced during the COVID season. The minimum age recorded during study period was 12 years, and maximum number of patients belonged to age group of 17 years (21%) and 19 years (21%). 17 Cases (45%) reported to the hospital during the second trimester. 22 cases were aborted. 8 cases delivered at term. Complications like anemia were seen in few patients.

Conclusion: Sex education for adolescent, support by talking about sex, with education about HIV, STI, contraception is cornerstone to prevent teenage pregnancies. Brining families and communities together to address topic on sexuality without any socio cultural resistance, talk about health risks of unprotected sex and teenage pregnancies is needed. An additional cause of unintended pregnancy is sexual violence, which is widespread with more than third of girls in some countries reporting that their first sexual intercourse was coerced which is still only the tip of the iceberg which is a serious issue to be addressed.

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1. Introduction

Teenage pregnancy is a global problem and is a high risk group. Adolescent pregnancy is still a significant social issue. Adolescent pregnancy occurs when a teenager or underage girl, usually between the ages of 13 and 19, becomes pregnant. Every year, an estimated 12 million girls between the ages of 15 and 19 give birth in underdeveloped countries, with at least 777,000 females under the age of 15. Adolescent pregnancies are more likely to occur

in the marginalized communities commonly driven by poverty, lack of education and employment opportunities.¹ An additional cause of unintended pregnancy is sexual violence, which is widespread with more than third of girls in some countries reporting that their first sexual intercourse was coerced² which is still only the tip of the iceberg. Teenage girls account for 14% of estimated 20 million unsafe abortions performed each year, which result in 68,000 deaths (UNICEF). Adolescent mothers aged 10-19 years face higher risk of anemia, eclampsia, puerperal endometritis and systemic infections than women aged 20-

* Corresponding author.

E-mail address: dr.ranikumari@gmail.com (R. K. Limmala).

24 years, as they have not completed their own development to give birth to another life. According to NHFS 4 survey- 7.9% teenage pregnancies are reported.

2. Aims of the Study

1. To end the cycle of under nutrition.
2. To reduce the maternal mortality.
3. To assess the magnitude of the problem of teenage pregnancy and its complications.

3. Materials and Methods

A retrospective study was undertaken in the department of obstetrics and gynecology of Gandhi Medical College during the period of April 2019 to April 2022. All the cases with inclusion and exclusion criteria were selected during the study period.

3.1. Inclusion criteria

All unmarried pregnant girls of age 12-19years.

3.2. Exclusion criteria

Complete history was taken, patients general physical examination was done. Vitals were recorded. Cardiovascular and respiratory system examined. Abdominal examination was done.

Routine investigations like CBP, total count, differential count, urine for albumin, sugar, blood grouping and Rh typing, HIV, HBsAg, VDRL, ultrasound examination were done after informed consent was taken from the guardian.

4. Results

Out of the 38 cases, 18 cases were admitted during the year 2021 which was the post COVID period; these cases were the after affect of the consequences patients faced during the COVID season.

Table 1:

Year	No of cases admitted
2019	7
2020	8
2021	18
2022	5

The minimum age recorded during the study period was 12years, and maximum number of patients belonged to age group of 17years (21%) and 19years (21%).

The gestational age at which the patients reported to Gandhi hospital were distributed as follows

17 cases (45% reported to the hospital during the second trimester.

22 cases were aborted while 8 cases delivered at term.

Table 2:

Age distribution	No of cases
12yrs	1
13yrs	3
14yrs	4
15yrs	2
16yrs	6
17YRS	8
18YRS	6
19YRS	8

Table 3:

Gestational age	No of cases	Percentage
Less than 12weeks	7	18%
12-20weeks	17	45%
20-24weeks	5	13%
24-28weeks	3	8%
28-32weeks	1	3%
32-36weeks	2	5%
36-40WEEKS	3	8%

All the cases were categorized as belonging to the low socioeconomic group.

All the cases were reported medico legally.

Table 4: The outcome of the cases

Outcome	No of cases
Abortions	22
Absconded	3
LAMA	2
SPVD	8
Discharged	16

Complications during the procedure like anemia were seen in only one patient, and she was given blood transfusions.

No deaths were reported among the study group during the study period.

5. Discussion

India is a developing country and already populous, normal population is exploding and even teenage pregnancies add up to the load of the increasing population. Unmarried adolescent mothers are likely to experience social ostracism and financial difficulties.³ No father would destroy his own daughters' future. Attributing factors for teenage pregnancies are lack of knowledge on sexual education, ineffective usage of modern contraceptives, cultural obedience, socioeconomic dependence of females on males and peer influence. UNICEF study says that 42% of all girls in India have faced some of the sexual violence before age of 19. 10% of Indian girls would have faced sexual violence when they are aged to 14years and 30% in 15 to 19years age group. In the girls of 15 to 19 the perpetrator

for sexual violence is 77% their current partner or husband, 6% relatives, 4% friends or acquaintance, 3% strangers. Child abuse need to be reported and sexual education is very important. Effects of sexual abuse can be short term- anger, anxiety, phobia, powerlessness, difficulty in concentration, flash back of events, and fear of confronting the offender. Long term effects could be depression, suicidal tendencies, anxiety and PTSD, sexual anxiety and disorder, relationship problem, low self-esteem, addiction, substance abuse, difficulties in setting safe limits. The estimated global adolescent specific fertility rate had declined by 11.6% over the past 20 years.⁴

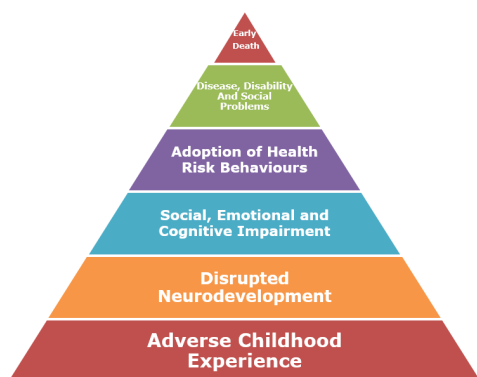


Fig. 1:

The mechanisms by which the adverse childhood experiences influence health and well-being throughout life span is depicted in the above pyramid

How to Prevent

1. Sex education- sex education for adolescent, support by talking about sex, with their feelings and emotions. Education about HIV, STI, contraception. Bring families and communities together to address topic on sexuality without any socio cultural resistance. Talk about health risks of unprotected sex and teenage pregnancies.
2. Increase the use of contraceptives- condoms and emergency contraception. Spread awareness, shed social stigma, all health workers should be involved.
3. Reduce forced sex- empower girls, create effective strategies, teach life skills, build self-esteem, improve social networks, change the social norms.
4. Prevent early marriage by education, build career.
5. Monitor the influence of media by national media campaigns.
6. Counsel male adolescents about use of condoms and education.
7. Provide career counseling.
8. Education about abstinence and decrease alcohol abuse.

9. Access to emergency contraception.
10. Promote gender equality
11. Develop good relationship with children
12. Monitor activities with friends and instill moral values.
13. Educate about legal acts like

TPIP- Taking Pride in Prevention

DISHA- Development Initiative Supporting Healthy Adolescent.

POCSO ACT- Protection of Children from Sexual Offences Act.

6. Conclusion

Sex education for adolescent, support by talking about sex, with their feelings and emotions. Education about HIV, STI, and contraception is cornerstone to prevent teenage pregnancies. Brining families and communities together to address topic on sexuality without any socio cultural resistance, talk about health risks of unprotected sex and teenage pregnancies is needed. An additional cause of unintended pregnancy is sexual violence, which is widespread with more than third of girls in some countries reporting that their first sexual intercourse was coerced which is still only the tip of the iceberg and a serious concern to be addressed.


7. Conflict of Interest

None.

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Author biography

Rani Kumari Limmala, Assistant Professor  <https://orcid.org/0000-0001-7766-601X>

Janaki Vellanki, Professor  <https://orcid.org/0000-0002-0192-5967>

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