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THE PROBLEM OF TEENAGE PREGNANCY – A CASE STUDY AT NORTH DUMDUM MUNICIPALITY IN NORTH 24 PARGANAS

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RESEARCH ARTICLE

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Abstract

Teenage pregnancy is a worldwide problem. Early child bearing, particularly among teenagers (those under 13-19 years of age) has negative demographic, socio economic and socio-cultural consequences. Teenage mothers are likely to suffer from severe complications during delivery, which result higher mortality and morbidity for them and their children. West Bengal is the significant state of India where with democracy the religious prejudices, the economic disparities, poverty, illiteracy, child marriage, and health negligence is shown great influences. According to data from National Family Health Survey (NFHS)-3 in West Bengal 25% women between the ages 15 to 19 had already begun having children in India. Data published on the Matri MA Portal also shows there were 4 Lakh teenage couples in West Bengal in September 2022. 'Both teen moms, kids at high risk'. Lack of awareness, Socio-cultural issues, and poor communication can create barriers to accessing healthcare and family planning services. The Relevance of the study explains how the teenagers of the states fall into high risk and the socio-economic factor, prejudices and religion faith put the challenges front of them. This study is very important for save the future women from maternal mortality rate and focused upon the urban issue and social problem of North 24 Parganas.

Keywords: *Reduce Maternal mortality, Gender bias, Religion bias, Health System function, literacy growth*

Introduction

Teenage pregnancy is a worldwide problem. Early child bearing, particularly among teenagers (those under 13-19 years of age) has negative demographic, socio economic and socio-cultural consequences. Teenage mothers are likely to suffer from severe complications during delivery, which result higher mortality and morbidity for them and their children.

According to data from National Family Health Survey (NFHS)-3 in West Bengal 25% women between the ages 15 to 19 had already begun having children in India.

Teenage pregnancy is defined as females between the ages of 13 to 19 who engage in sexual activity and become pregnant either intentionally or unintentionally.

In LMICs, the leading cause of mortality amongst adolescent girls is pregnancy and childbirth-related complications' is associated with unsafe abortion, pregnancy-induced hypertension, puerperal endometriosis, and eclampsia. Babies born to adolescent mothers are more likely to be premature and have low birth weight, congenital anomalies, neonatal issues, and a higher risk of being stillborn or dying within the first 7 days of life. As adolescent mothers are "more likely to leave school for childcare compared to other females," they are less likely to be financially independent with limited education and employable skills. Financial strain, social stigma, and a lack of community support culminate in higher suicidality among young mothers.

Teenage pregnancy and motherhood are a vital medical and social concerns worldwide since many years. Teenage pregnancies are also associated with greater chances of pregnancy related complications especially pregnancy induced hypertension, systemic infections, endometritis and so is the associated mortality. Complications among babies born to teen mothers are also found to be at a greater rate.

United Nations Fund for Population Activities (UNFPA) revealed that 55% of the global total of adolescents lived in Asia Pacific Region and maternal, neonatal deaths are the most powerful health care indicators in a given country. It is also observed higher rate of deaths in adolescent mothers and the babies born to them. Hence, this group can be considered as the reference population

for the establishment of effective health care policies. In underdeveloped and developing countries, complications from pregnancy and childbirth are leading causes of death among girls aged between 15–19 years.

The incidence of teenage pregnancies varies dramatically between the different countries and India contributes to nearly 11% of world teenage pregnancies. In India teenage pregnancy constitutes 8-14% of total pregnancies with a fertility rate of 43 births per 1000 women in the age-group of 15-19 years. Teenage pregnancy is primarily caused by early marriage owing to societal pressure, illiteracy, poverty, unmet sexual needs, lack of knowledge about reproductive health and contraception. Among 15-19 years old females, pregnancy related problems are the top five causes of mortality as well as disability-affected life years teenage pregnancy not only causes maternal and foetal health problems but also has a significant negative impact on their education, employment and other opportunities. Social rejection, stigmatization, and violence by close family further adds on to their social, physical and mental problems. The present study was planned to comprehensively investigate the epidemiological aspects and clinical feto-maternal outcomes associated with teenage pregnancy, and to provide a holistic understanding of teenage pregnancy and the possible solutions.

Across the world, 15 million girls are married each year before the age of 18. Evidence shows that ending child marriage will catalyse efforts towards achieving the SDGs by improving educational attainment, income and maternal and child health. A recent study by the World Bank and International Centre for Research on Women found that the practice costs the global economy trillions of dollars. Eight of the 17 SDGs could not be achieved without significant progress to end child marriage, including those related to poverty, health, education, nutrition, food security, inequality and economic growth. The ambitious target of population stabilization by 2045 (National Population Policy NPP, 2000) set in India remained a far dream as the Total Fertility Rate (TFR) declined slowly. The Government of India recently pushed back the target date to 2070. The slow declining trend is attributed much to the differential decline in fertility among the states in India. While there was a declining trend in fertility rates in 14 States, northern and central parts of the country continue to have persistently high TFRs ranging from 3 to 3.9 per cent. Among the factors that impede the declining tempo, the higher rates of child marriages and the consequent teenage motherhood undoubtedly cannot be ignored.

Marriage before 18 years is considered to be a harmful practice because it denies girls the right to the highest attainable standard of general, sexual, and reproductive health, and to a life free from violence (UN, 2014; UN 1948). Teenage marriage has been a public health concern in India since decades. Although the law specifies marriage before 18 years to be punishable, India has a huge female population marrying before attaining 18 years of age. Census of India 2011 data draws a rich picture of teenage marriage and fertility. Teenage pregnancy is a common problem that is more likely to affect vulnerable populations due to factors including poverty, illiteracy, and a lack of job prospects.

Teenage pregnancy is greatly influenced by early marriage, rape, or sexual abuse of married or unmarried females. Unwanted births and the spread of sexually transmitted infections (STIs) are both facilated by the partners refusal or resistance to use any kind of contraception. Teenage Pregnancy are associated with social issues, including lower education levels and poverty.

In this study we briefly discuss how teenage pregnancy effects the socio-economic factor of society and how the problem kept a great impact on the maternal health.

Teenage pregnancy was once a normal, even desired, part of life across many historical periods due to earlier ages of marriage and childbearing, though the age of menarche (first period) was often later, leading to fewer extremely early pregnancies. Social attitudes towards adolescent births have shifted significantly over time, transitioning from views of them as a normal life stage to concerns about premarital sex and, more recently, viewing them as societal challenges requiring intervention and education.

Historical Norms and Practices

For much of human history, girls married and had their first births during late adolescence. This reproductive pattern was considered socially normal. The age at which girls first menstruated has fallen substantially over the last 180 years, particularly in developed countries, due to improved living conditions, nutrition, and infection control. The concept of "teenager" as a distinct life stage is relatively modern. Historically, adolescence was a shorter period between childhood and adulthood, and first births occurred during this transition.

In the mid-20th century, adolescent pregnancies and births, especially out-of-wedlock, became viewed as significant social issues.

There is now greater societal concern about the lack of quality education for young mothers, and federal governments have often intervened with initiatives to reduce unintended pregnancies and increase educational opportunities.

Objectives

- To examine the trends in teenage pregnancy and associated health effects.
- To analysis the health status of pregnant teenagers.
- To assess the services and facilities available to counteract and or alleviate teenage pregnancy.
- To assess the adequacy of policies and laws to treat with teenage pregnancy.
- Identify the consequences of teenage pregnancy.
- To identify the social issues which effects to increase the rate of teenage pregnancy.

Research Design

As a researcher methodology is very important. In this research North Dumdum Urban area of North 24 parganas is selected for sampling. Approx 60 female teenagers are selected for study. Both married and unmarried are selected. Primary and secondary sources are used for Data collection.
Moreover, the case study method is used.
Both qualitative and quantitative methods are used for purpose of the data.

Main Discussion

Cause of teenage pregnancy

The lack of education on safe sex, peer pressure & sexual abuse drugs and alcohol unprotected sex, exposure to social media. A sexually active teenager who does not contraception has a 90% chance of becoming pregnant.

Potential behavior patterns for a teenage girl becoming pregnant include:

- Early sexual initiation-The earlier a teenager begins having sexual intercourse, the higher their risk of pregnancy.
- Lack of a Sexual and Reproductive Health Knowledge-Insufficient understanding of the reproductive process, contraceptive methods, and safe sexual practices is a leading cause of unintended teenage pregnancies.
- Unsafe sexual practices- Without proper knowledge or access to contraception, teens may engage in Unsafe sexual behaviors that increase their risk.
- Influence of peers and Culture-Social pressure from peers and cultural norms that encourage early marriages can contribute to earlier sexual activity and pregnancy.
- Sexual abuse or coercion-Teenagers who are sexually abused are at higher risk of pregnancy.
- Family dynamics-A teenagers family environment such as a lack of parental involvement, open communication, or support, can contribute to early sexual activity and unintended pregnancies.

Effects of Teenage Pregnancy

Health effects:

- Higher risk for anemia-teenage mothers are at higher risk for complication like eclampsia, anemia, post-partum hemorrhage and systemic infections, as their bodies may not be fully developed for pregnancy and childbirth.
- Pregnancy-induced hypertension
- Lower genital tract infections
- Low birth weight babies.

Social effects:

Isolation, Guilt, Stress, Depression, Low self-esteem resulting in lack of interest in studies, Limited job prospects and Lack of a support group or few friends to name just a few.

This relevance is very much important concern because Maternal Mortality rate, still birth detorating the quality of life. we can start with a slogan “HEALTHY WOMEN HEALTHY WORLD” because woman play an unique role for the society.

Effect on the Child:
Psychological development-The teenage mother is not be abled properly for child bearing so the psychological development of the child may be attacked.
Development disabilities-Abnormalities found at the development milestone of the child.
Behavioural problem-cognitive and motor development also restrained.
Poor academic performance is very normal in this regard.

Effect on the Mother:
Effect one’s education-
Drop out from school
Employment and social class

Field Report:

Table No 1: Religious Composition of Respondents

Religion	No. of Respondents	Percentage (%)
Hindu	22	36.6%
Muslim	36	60.0%
Buddhist	0	0
Christian	2	3.3%
Total	60	100%

The data reveals that Muslim women from the majority (60%) of the beneficiaries, next the Hindu religion has strong engagement the percentage is 37% Christian are very minor (3%).

Table No 2: Marital Status of the respondents

Marital Status	No. of Respondents	Percentage (%)
Married teenagers	36	60%
Unmarried teenagers	24	40%
Total	60	100%

The table shows the majority of Married teenagers. The religious faith grows the percentage of child marriage. Which increases the percentage of teenage pregnancy.

Table No 3: Contraceptive Uses

Contraceptive Uses	No. of Respondents	Percentage (%)
Known about contraceptives	27	45%
Unknown about contraceptives	33	55%
Total	60	100%

The table connect the linkage with the marriage teenagers increasing probability to get pregnancy.

Steps to prevent the teenage pregnancy

- Health Education-provide both girls and boys with accurate health education obviously age appropriately as the risk of maternal mortality is prevented.
- Comprehensive sex education- This education should cover the use and effectiveness of various birth control methods and helps teens develop decision making skills.
- Contraception-Use highly effective methods like Long- Acting Reversible Contraceptives (LARCs) such as implants and IUDs, or moderately effective methods such as pills, patches or condoms, if sexually active.
- Mass media campaigns-Utilize media to deliver educational content about preventing teenage pregnancy. Establishing healthier social norms.
- Counselling for Emotional Stress-To support and continue counselling support of teen as they can overcome the emotional stress and avoid teenage pregnancy.

Conclusion

Challenges of teenage pregnancy and motherhood, as explores in this study, are multidimensional and have deep socio-cultural roots. From the beneficiaries' perspective, lack of awareness was the most common challenge, while from service providers 'perspective it was behavioral barriers. In order to secure and enhance maternal health, especially in a country where teenage motherhood is prevalent, collective efforts at individual, family, community and societal levels are needed.

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