



## THE MANAGEMENT OF TEENAGE PREGNANCY AN EMERGING SOCIAL PROBLEM

Tithi Paul <sup>1</sup>  & Dr. Ruby Sain <sup>2</sup>

### RESEARCH ARTICLE



#### Author Details:

<sup>1</sup> Ph.D. Research Scholar,  
Adamas University,  
Barasat, North 24 Parganas,  
West Bengal, India;

<sup>2</sup> Professor,  
Department of Sociology,  
Adamas University,  
Barasat, North 24 Parganas,  
West Bengal, India

#### Corresponding Author:

Dr. Ruby Sain

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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. This paper is a description of the problem of teenage pregnancy. Discussion concerns differential public attitudes towards these problems, risks and consequences, contributing factors. Preventive measures are also discussed.

**Keywords:** *Reduce Maternal mortality, Care of teenage mothers, Prevented HIV/STI, Healthcare of teenage mothers*

### 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.

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.

### Objectives

After completing this unit, you should be able to:

- Define teenage pregnancy
- Describe the magnitude of teenage pregnancy.
- List the risks of teenage pregnancy
- Explain the outcome of teenage pregnancy
- Discuss the complications associated with teenage pregnancy
- Describe the care of teenagers during antenatal, intranatal and postnatal period.

### How Common is teenage Pregnancy?

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.

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.

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 feta-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 facilitated 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.

### **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

#### **What are the medical considerations in teenage pregnancies?**

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.

#### **What are the social considerations of teenage pregnancy?**

Teenage mothers may feel socially isolated by their pregnancy, with one cross sectional study showing approximately 40% of new teenage mothers feeling stigmatised by their pregnancy. Those more likely to suffer were unmarried mothers of white race or ethnicity, those with feeling of social isolation, those with aspirations to complete college, and those who were experiencing verbal abuse and family criticism. Studies have also shown an association between sexual abuse in childhood and teenage pregnancy. A systematic synthesis of research evidence to identify effective, appropriate, and promising approaches for prevention and support of pregnant teenagers concluded that daycare, education, and career development programmes were promising ways of supporting young parents. Offering holistic support programmes also seems to be appropriate but have not yet been shown to be effective.

#### **Can teenage pregnancy be prevented?**

Teenage pregnancy can be prevented. A systematic review found a small but reliable evidence base that supports the effectiveness and appropriateness of early childhood interventions and youth development programmes for reducing unintended teenage pregnancy. These programmes included promotion of engagement with school through learning support, guidance and social support, career development, and work experience. The review showed that teenage pregnancy rates were 39% lower among those receiving standard practice or no intervention. This review work also shows the uses of contraceptives rate reduce unintended pregnancy among teenagers. These interventions were described as any activity designed to increase adolescents’ knowledge and attitudes about the risk of unintended pregnancies, promote delay in initiation of sexual intercourse, encourage consistent use of birth control methods, and reduce the number of unintended pregnancies.

#### **Avoidance of smoking alcohol and drugs**

Approximately half of secondary school pupils aged between 11 and 15 have tried smoking, consumed alcohol, or taken drugs at least once in their lives, with 17% doing one or more of these recently. Pregnant teenagers should be educated about the risks of smoking, alcohol, and drugs in pregnancy.

**Uses of Contraceptives:** It is important to impart knowledge on sexual and reproductive health to the teenagers including contraception. Using contraception during sexual intercourse helps to prevent teenage pregnancy.

**Screening and counselling:** Screening and counselling teenagers for sexual risk behaviours. HIV and STD (Sexually transmitted Disease) and dating violence is essential.

**Abstinence/ Delaying sex:** Abstinence is the decision of the persons not to have sex until they are married. So, they decide to delay having sex until they are older and more responsible, in a stable relationship with one partner, have a job, or have become independent of their parents.

**Health Education:** Provide both girls and boys with accurate health education obviously age appropriately as the risk of maternal mortality is prevented.

**Antenatal care:** Get early prenatal care by skilled health professionals is essential to prevent birth defects and other complications during pregnancy.

- Stay away from alcohol, drugs, and cigarettes
- Take adequate rest
- Emotional support.

**Intranatal Care:** Teenage mother needs skilled care during labour and child birth to reduce and manage the occurrence of problems. Proper monitoring of the progress of labour is important to prevent prolonged labour.

**Postpartum Care:** This includes the prevention, early diagnosis and treatment of postnatal complications in the mother and her baby. It also includes information and counselling on breast feeding, nutrition, contraception and care of the baby. The adolescent mother will require special support on how to care for herself and her baby.

## **Conclusion**

Teenage Pregnancy is one of the most important public health problems. It is estimated that globally 13 million births each year occur to girls younger than 19 years of age with varying incidence between different countries. Approximately 90% of the teenage births occur in developing countries. Teenage pregnancy in India is 62 per 1000 women. Although the national policy of the Government of India advocates the minimum legal age of marriage for girls to be 18 years, 16% teenage girls, in the age group 15-19 years have already started childbearing (NFHS-III). Giving birth during teenage has considered risky because complication from pregnancy and childbirth is associated with various adverse maternal and fetal outcomes. Teenage pregnancy is the second leading cause of death of adolescent girls aging between 15 to 19 years in developing countries. Adverse maternal outcomes of teenage pregnancy include preterm labour, anemia, hypertensive Disorders of pregnancy, obstetric Fistulas, puerperal sepsis, mental illness and high rate of cesarean section for cephalopelvic disproportion, fetal distress and postpartum depression. Adverse fetal outcomes include Preterm births, Low Birth Weight infants, Still Births, birth asphyxia, respiratory distress syndrome and birth trauma or injury. Teenage pregnancies may result for different reasons in developed countries as compared to developing countries. Cultural and societal pressures, Sexual coercion and rape, Lack of access to information, Lack of guidance are few to mention. Teenage pregnancy and childbirth can have detrimental socio economic and psychological outcomes for the teenage mother and her child. While most teenage pregnancies are unplanned, even a planned pregnancy has risks and potential problems. Health complications associated with Teenage Pregnancy are Pregnancy-induced hypertension, Anemia, STIs/HIV, malaria, preterm labour, low birth weight etc. In addition, the teenager undergoes social complications during pregnancy. Teenage pregnancies and deliveries require much more care than adult pregnancies. All efforts must be made to reduce the occurrence of problems. This includes early diagnosis of pregnancy, effective care during antenatal, intranatal and postpartum period. It is important to provide teenagers with an early start to antenatal care and to options for continuing or terminating pregnancy, particularly because they tend to delay seeking abortion, resort to the use of less skilled providers, use more dangerous methods, and delay seeking care for complications and ultimately suffer with serious complications and even death. Attention should be given to the use of various screening and diagnostic tests and to the interventions needed if any complication does occur during the course of pregnancy or labour. Proper monitoring of the progress of labour is important to prevent prolonged labour. There is a need to promote the use of Contraceptives amongst the married teenagers and ensuring the availability of contraceptives at a wider scale. Access to contraceptives prevents teenage pregnancies while access to abortion services is crucial for managing them. Good antenatal and intranatal services, good neonatal services, contraceptive services and abortion services, all together can minimize the various risks associated with teenage pregnancies to a large extent.

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