UNIT 5 MANAGEMENT OF TEENAGE PREGNANCY

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5.0 INTRODUCTION

In the previous unit you have learnt about counselling in reproductive and sexual health problems. We discussed the need for counselling in adolescence in details. It is very important to know various aspects of teenage pregnancy which are being described in the coming unit.

In this unit you will be learning about the definition of teenage pregnancy, its magnitude, risks of teenage pregnancy, causes and outcome of teenage pregnancy, complications associated with it, care of teenagers during antenatal, intranatal and postpartum period and the possible solutions to prevent teenage pregnancy.

5.1 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 teenager during antenatal, intranatal and postnatal period; and
• discuss the potential solutions of teenage pregnancy.

5.2 TEENAGE PREGNANCY

Let us learn teenage pregnancy in details:

Definition Teenage Pregnancy as defined as “any pregnancy from a girl who is 10–19 years of age”, the age being defined as her age at the time the baby is born (WHO). Often the terms “Teenage pregnancy” and “Adolescent pregnancy” are used as synonyms.

5.2.1 Magnitude of the Problem of Teenage Pregnancy

Teenage pregnancy is an important public health problem in both developed and developing countries bearing serious social and medical implications relating to maternal and child health. As Per UNICEF report, worldwide every 5th child is born to teenage mother. It is estimated that globally 13 million births (11% of 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. The 2014 World Health Statistics indicate that the average global birth rate among 15 to 19 year olds is 49 per 1000 girls. More than 30% of girls in low- and middle-income countries marry before they attain 18 years; around 14% before they are 15 years old. Teenage pregnancy in India is 62 per 1,000 women. Although the national policy of the Government of India advocates the minimum legal age of marriage for girls to be 18 years, 16% of teenage girls, in the age group 15–19 years, have already started childbearing (NFHS-III). Nearly 45% of young women in India marry and begin cohabiting with their husband before the age of 18. There is interstate variation in the age of marriage in India for e.g. only few women (12%) marry before the age of 18 in Goa and Himachal Pradesh, while nearly three-fifths (57–61%) do so in Rajasthan, Jharkhand and Bihar (28% in urban areas and 53% in rural areas). A substantial proportion of young married girls are malnourished. Nearly 47% of teenage girls have body mass index of less than 18.5. About 11.4% are stunted, and half of them have anaemia.

5.2.2 Risks of Teenage Pregnancy

Pregnancy is an unplanned and challenging life event for many teenager. In addition to the implications on education and financial stability, giving birth during teenage is considered risky because complications from pregnancy and childbirth is associated with various adverse maternal and foetal outcomes. Teenage pregnancy is the second leading cause of death in adolescent girls aging between 15 and 19 years in developing countries. It is estimated that every year, some 3 million girls aged 15 to 19 undergo unsafe abortions and about 70,000 female teenagers die each year because they are pregnant before they are physically mature enough for successful motherhood. As the expectant teens are less likely to receive prenatal care and engaged in unhealthy lifestyle choices including not
eating right or exercising during pregnancy, mother’s risk for anaemia and postpartum depression is heightened, and the baby is more likely to be born prematurely and have a low birth weight.

Adverse maternal outcomes of teenage pregnancy includes after abortion, Anaemia, Hypertensive Disorders of Pregnancy (HDP), Urinary Tract Infection, abortion, Sexually Transmitted Diseases, HIV, Obstetric Fistulas, Puerperal sepsis, Mental illness and high rate of cesaerean sections for cephalopelvic disproportion, foetal distress and postpartum depression. Adverse foetal outcomes include Preterm births, Low Birth Weight infants, Still Births, birth asphyxia, Respiratory Distress Syndrome and birth trauma or injury. Babies born to adolescent mothers face a substantially higher risk of dying than those born to women aged 20 to 24.

5.2.3 Causes of Teenage Pregnancy

Teenage pregnancies may result for different reasons in developed countries as compared to developing countries. Factors that contribute to teenage pregnancies include:

- Cultural and societal pressures - Girls are often married early due to prevailing cultural norms around adolescent marriage and child bearing.
- Disruption of education - It influences childbearing as girls with little or no education are more likely to get married and become mothers early.
- Sexual coercion and rape - Sexual coercion and rape not only causes pregnancy but also serious physical and psychological consequences in young girls.
- Socio-economic factors - Young girls are often forced into sexual exploitation and prostitution due to poverty and pre-compounded by lack of access to contraceptive services. Due to the inability to negotiate condom use, the young girl may soon become pregnant.
- Lack of access to information - It has a significant bearing on early pregnancy and childbirth.
- Lack of Guidance: Teenage girls are more likely to get pregnant if they have limited or no guidance from their parents. Many parents have busy lives that prevent them from providing the guidance and support that their young teenagers need to make good decisions on issues such as sex. When a teenage girl does not feel that she can talk to her parents about sex either because they forbid sex talk or because they are not around, she tends to get misguidance from friends resulting in misinformation and possible teen pregnancy.
- Lack of access to services - It leads to risky pregnancy and unsafe abortion etc. Teenage pregnancies tend to be highest in areas with the lowest contraceptive prevalence. Contraceptive prevalence has increased mostly among older, married women but not among adolescents.
- Peer pressure to engage in sexual activity - Due to peer pressure, young girls tend to get involved in sexual activity and become pregnant. During adolescence, teenagers often feel pressure to make friends and fit in with their peers. Many times these teenagers let their friends influence their decision to have sex even when they do not fully understand the consequences associated with the act.
• Incorrect use of contraception - Lack of knowledge regarding correct use of contraceptive leads to pregnancy.
• Exposure to abuse, violence and family strife at home - It has a significant bearing on early pregnancy and childbirth.

5.2.4 Consequences of Teenage Pregnancy

Teenage pregnancy and childbirth is life changing. It 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.

a) A teenage mother is more likely to:
   - drop out of school
   - have no or low qualifications
   - have stigma and social exclusion may not get partner of her choice which is a cause of concern to teenager
   - be unemployed or low-paid
   - have financial pressure
   - have limited the social interactions
   - live in poor housing conditions
   - suffer from stress and depression which may result in suicide
   - pressurise their parents to raise upbringing of the child
   - have no parenting skills.
   - Explain that she may undergo undue stress due to lack of finances leading to unwarranted actions/activities like getting into prostitution to earn extra income therefore should be counselled for managing the situation.

b) The child of a teen mother is more likely to:
   - live in poverty
   - grow up without a father
   - become a victim of neglect or abuse
   - do less well at school
   - become involved in crime
   - abuse drugs and alcohol
   - eventually become a teenage parent and begin the cycle all over again.
   - you need to explain mother the economical implication for upbringing the child need for extra income

Check Your Progress 1

1) Define teenage Pregnancy.

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2) Why do we consider teenage Pregnancy as “High risk” or “At Risk” Pregnancy?
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3) What are factors that contribute to teenage pregnancies?
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5.3 COMPLICATIONS ASSOCIATED WITH TEENAGE PREGNANCY

Biologically, the teenager is still developing and not yet physically ready to take on an added strain. Her body has special nutritional needs and when pregnancy occurs, it is a strain on already depleted reserves. The young girl may not be mentally prepared for motherhood with all its added responsibilities and this could give rise to mental health problems like depression and postpartum psychosis.

5.3.1 Health Complications in the Antenatal Period

- Unsafe Abortion: Teenage pregnancy leads to Unsafe Abortions.

- Pregnancy-induced hypertension (PIH): The increased demand for blood flow during pregnancy can place strain on a teenage mother’s undeveloped cardiovascular system, which can be unprepared to handle the extra circulatory load. High blood pressure, also called pregnancy induced hypertension (PIH), is more common in teenage pregnancy. Even with treatment, PIH can develop into a more serious condition called preeclampsia, which is a combination of high blood pressure, swelling of the hands, face and feet and protein in the urine. Preeclampsia and PIH can both result in reduced fetal birth weight and growth and place the mother at risk of cardiac complications during pregnancy.

- Anaemia: There is an increased risk of anaemia in adolescents because of nutritional deficiencies, especially of iron and folic acid, and by malaria and intestinal parasites.

- STIs/HIV: Sexually active adolescents are at an increased risk of contracting STIs, including HIV infection, owing to their biological and social vulnerability. There is also the increased risk of mother-to-child transmission of HIV in adolescents. The presence of other STIs (syphilis, gonorrhoea and chlamydia) with local inflammation may increase viral shedding, thereby increasing the risk of transmission during labour.

5.3.2 Health Complications during Labour and Delivery

- Pre-term birth is common in girls under twenty years of age because of immaturity of the reproductive organs. Social factors such as poverty also play an important role in pre-term birth.
Obstructed labour occurs in young girls (below 15 years of age) due to the small size of the birth canal leading to cephalo-pelvic disproportion. Lack of access to medical and surgical care can result in complications like vesico-vaginal and recto-vaginal fistulae.

5.3.3 Health Complications in the Postpartum Period

- Anaemia: It is common and further is aggravated by blood loss during delivery and increases the risk of infection.
- Pre-eclampsia: Several studies report that pre-eclampsia occurs more often in young adolescents. The symptoms may worsen and sometimes can be recognised only during the first postpartum days.
- Postpartum depression: The occurrence of postpartum depression and mental health problems are frequent.
- Too frequent pregnancies: The frequency can increase especially in unmarried adolescents and can occur due to the difficulty in timely access of reliable contraception.

5.3.4 Problems Affecting the Baby

- Low birth weight: There is a higher incidence of low birth weight (weight < 2500 g) among infants of teenage mothers.
- Perinatal and neonatal mortality: There is increase in perinatal and neonatal mortality in infants of teenage mothers, compared to the infants of older mothers.
- Inadequate childcare and breastfeeding practices: Young mothers, especially those who are single and poor, may find it hard to provide their children with the adequate care. This is reflected in their poor child feeding and breastfeeding practices.

5.3.5 Social Complications of Teenage Pregnancy

- Teenage pregnancy often affects the education of young girl. Teen mothers are more likely to drop out of high school. Poverty, lack of family support and social exclusion are common. Teenage mothers rely on the family and community support, social services and child-care support to help them cope, and educate their child.
- Socio-culturally, pregnancy outside the marriage bears a terrible stigma and the situation worsens when the girl is not married. In such case she does not get the emotional support she needs as well as support in terms of nutrition, rest, antenatal check-ups, etc.

5.3.6 Other Complications

- Emotional Crisis: Teenager may suffer an emotional crisis if she becomes pregnant and does not want the baby. This crisis may lead to rash behaviour such as attempting to self-abort the baby or a suicide attempt.
- Worries about Future: Uncertainty about the future may arise when a teenager is pregnant. She may have fears about how having a baby will impact her own life and dreams for the future.
- Delayed Education: Education may be put on hold when a teenager becomes pregnant. Some pregnant teenagers may decide to leave high school. Others who were planning to attend college in the future may put off that plan after becoming pregnant. They may decide to focus on the baby or getting married rather than pursuing further education.

- Exhaustion: Exhaustion may arise during pregnancy. A pregnant teen should try to exercise during the pregnancy if exhaustion arises. It is important to know that this is often a normal part of pregnancy. Getting the standard 8 hours of sleep every night (or more) is important.

- Depression: Depression may arise when a teenager is pregnant. She may fall into a depression while trying to handle the emotions a pregnancy creates and all of the possibly negative feedback about the pregnancy from friends and family. The fluctuating hormones that a pregnancy causes may also prompt depression.

- Neglect of Baby: Once their baby is born, teenagers may not be willing or able to give the undivided attention to the baby. A teenager may not be an adequate mother because she is overwhelmed by the constant needs of the baby.

- Trouble with Finances: Financial difficulty may arise during a teenage pregnancy or after the baby is born. Teenagers who do not have full-time employment may struggle to cover the basic expenses of life upon having a baby.

### 5.4 CARE OF TEENAGERS DURING ANTENATAL, INTRANATAL AND POSTNATAL PERIOD

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. Skilled health services in outpatient or clinical settings help to save the lives of pregnant mothers and their newborns. As teenage pregnancy is a ‘high risk’ pregnancy, pregnant teenagers must be educated to have more number of antenatal visits so that the signs and symptoms of various complications of teenage pregnancy could be recognised at the earliest. Knowledge about pregnancy complications and recognising the signs of complications should be widely disseminated to pregnant teenagers, their families and the community for ensuring that pregnant adolescents deliver with the assistance of a skilled health-care provider and have access to support and services for routine as well as emergency care throughout pregnancy, childbirth and during the postpartum period.

#### 5.4.1 Antenatal Care

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. Since teenagers are especially
susceptible to anaemia in pregnancy, it is important to diagnose and treat for anaemia. Adverse outcomes such as low birth weight can be reduced by improving the nutritional status of teenagers before pregnancy and preventing sexually transmitted infections before and during pregnancy. Pregnant teenagers especially first time mothers are particularly susceptible to malaria, hence priority should be given in treatment and management of malaria in pregnancy. To reduce health risks during pregnancy the following steps are recommended:

- Get early prenatal care: 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: Alcohol, drugs and cigarettes harm the growing foetus more than the growing teenager. The pregnant teenager should avoid these during her antenatal period.
- Take adequate vitamin and iron rich food: Adequate vitamin and iron rich food is essential for meeting the physiological needs of growing teenager as well as for her foetus.
- Take Adequate Rest: Pregnant teenager requires adequate rest, 2 hours in the afternoon and 8 hours sleep in the night.
- Emotional support. Motherhood brings untold emotional and practical challenges especially for teenagers. They need emotional and practical support.

5.4.2 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.

5.4.3 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 breastfeeding, nutrition, contraception and care of the baby. The adolescent mother will require special support on how to care for herself and her baby.

- Contraception: To avoid too frequent and unplanned pregnancies due to lack of timely access to contraceptive services, it is essential during the postpartum period to take steps towards pregnancy prevention by encouraging condom use. It is important that teenage mothers be counselled and provided with postpartum family planning methods of their choice to avoid future adolescent pregnancy.
- Nutrition for the adolescent mother: The lactating adolescent needs adequate nutrition to meet her own as well as the extra needs required for breast-milk production.
- Breastfeeding: Exclusive breastfeeding is recommended for 6 months. A young adolescent, especially one who is single – would require extra support in achieving breastfeeding successfully.
• Family counselling: Many adolescents need ongoing contact through home visits once they return with their babies, especially if they are unmarried. In the latter case, both the mother and her baby are at a higher risk of abuse and maltreatment. Family counselling is therefore vital and provides a lifeline to the adolescent and her baby.

### Check Your Progress 2

1) Mention the Health complications associated with teenage pregnancy?
   - ...
   - ...

2) List the steps recommended for reducing health risks during pregnancy?
   - ...
   - ...

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### 5.5 POSSIBLE SOLUTIONS TO PREVENT TEENAGE PREGNANCY

Education: Majority of teenage pregnancy occurs as a result of lack of education about sex and pregnancy. Sex education to children is essential at schools by the teachers. However it should start from within the family. Sometimes parents might think talking about sex is inappropriate or that it is automatically encouraging their children to have sex, so they avoid talking about it entirely. As a result the children are misinformed by their peers, which often includes pressure to engage in sex acts to meet social standards. Parents should realise that in attempting to protect their children from the reality of human sexuality they are causing more harm than good. Open discussion about sex in a safe, non-judgmental environment is essential to help children make educated decisions about sex.

**Screening and Counselling:** Screening and counselling teenagers for sexual risk behaviours, HIV and sexually transmitted diseases (STDs), and dating violence is essential.

**Sexual and Reproductive Health Care Services:** Providing teen-friendly reproductive and sexual health care services facilitates teenagers to avail the services when required.

**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, more responsible, in a stable relationship with one partner, have a job, or have become independent of their parents.

**Contraception:** It’s important to impart knowledge on sexual and reproductive health to the teenagers including contraception. Using contraception during sexual intercourse helps to prevent teenage pregnancy.

**Communication:** It is the responsibility of school teachers and parents to communicate the teenagers about the sexual and reproductive health and clarify their doubts. This conversation should ideally begin well before a child’s teen years.
Engaging Teenagers in Extracurricular Activities: The last solution would be to implement extra-curricular tasks for teenagers in order to keep them occupied, and also to help develop their sense of independence and responsibility. Such extra-curricular activities may range from sports to simple community service.

Vocational Training: Adolescent mothers should be provided with life skills (including vocational training) and sexuality education to increase their autonomy, mobility, self-esteem, and decision-making abilities.

Parental Counselling: Parents need to provide proactive, positive and participatory support to their teenage children. Most parents do not have adequate skills to understand and guide diversified teenage related issues either due to the generation gap or differences in cultural and social norms. Many teenagers are hesitant to share their issues with their parents due to fear. They think parents may feel sad or would take it very seriously or things may get out of control. Closeness between parent and adolescent need to be deeper. Counsellors have to understand these barriers and provide skills to all parents to come out from these situations.

5.6 LET US SUM UP

Teenage pregnancy is one of the most important public health problems. It is estimated that globally 13 million births (11% of 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 1,000 women. Although the national policy of the Government of India advocates the minimum legal age of marriage for girls to be 18 years, 16% of teenage girls, in the age group 15–19 years, have already started childbearing (NFHS-III). Giving birth during teenage is considered risky because complications from pregnancy and childbirth is associated with various adverse maternal and foetal outcomes. Teenage pregnancy is the second leading cause of death in adolescent girls aging between 15 and 19 years in developing countries. Adverse maternal outcomes of teenage pregnancy includes Preterm labour, Anaemia, Hypertensive Disorders of Pregnancy (HDP), Obstetric Fistulas, Puerperial sepsis, mental illness and high rate of cesarean sections for cephalopelvic disproportion, foetal distress and postpartum depression. Adverse foetal 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, Anaemia, 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 minimise the various risks associated with teenage pregnancies to a large extent.

5.7 MODEL ANSWERS

Check your Progress 1

i) World Health Organisation defines Teenage Pregnancy as “any pregnancy from a girl who is 10–19 years of age”, the age being defined as her age at the time the baby is born. Often the terms “Teenage pregnancy” and “Adolescent pregnancy” are used as synonyms.

ii) Teenage Pregnancy as “High risk” or “At Risk” Pregnancy

Giving birth during teenage is considered risky because complications from pregnancy and childbirth is associated with various adverse maternal and foetal outcomes. Teenage pregnancy is the second leading cause of death in adolescent girls aging between 15 and 19 years in developing countries. It is estimated that every year, some 3 million girls aged 15 to 19 undergo unsafe abortions and about 70,000 female teenagers die each year because they are pregnant before they are physically mature enough for successful motherhood. As the expectant teens are less likely to receive prenatal care and engaged in unhealthy lifestyle choices including not eating right or exercising during pregnancy, mother’s risk for anaemia and postpartum depression is heightened, and the baby is more likely to be born prematurely and have a low birth weight.

iii) Factors that contribute to teenage pregnancies include:

- Cultural and societal pressures - Girls are often married early due to prevailing cultural norms around adolescent marriage and child bearing.
- Disruption of education - It influences childbearing as girls with little or no education are more likely to get married and become mothers early.
- Sexual coercion and rape - Sexual coercion and rape not only causes pregnancy but also serious physical and psychological consequences in young girls.
- Socio-economic factors - Young girls are often forced into sexual exploitation and prostitution due to poverty.
- Lack of access to information - It has a significant bearing on early pregnancy and childbirth.
Reproductive Health and Adolescent Health

- Lack of guidance: Teenage girls are more likely to get pregnant if they have limited or no guidance from their parents. Many parents have busy lives that prevent them from providing the guidance and support that their young teenagers need to make good decisions on issues such as sex.

- Lack of access to services - It leads to risky pregnancy and unsafe abortion etc. Teenage pregnancies tend to be highest in areas with the lowest contraceptive prevalence. Contraceptive prevalence has increased mostly among older, married women but not among adolescents.

- Peer pressure to engage in sexual activity - During adolescence, teenagers often feel pressure to make friends and fit in with their peers. Many times these teenagers let their friends influence their decision to have sex even when they do not fully understand the consequences associated with the act.

- Incorrect use of contraception - Lack of knowledge regarding correct use of contraceptive leads to pregnancy.

- Exposure to abuse, violence and family strife at home - It has a significant bearing on early pregnancy and childbirth.

Check Your Progress 2

i) Health complications associated with teenage pregnancy are?

- Unsafe Abortion: Teenage pregnancy leads to Unsafe Abortions.

- Pregnancy-induced hypertension (PIH): The increased demand for blood flow during pregnancy can place strain on a teenage mother’s undeveloped cardiovascular system, which can be unprepared to handle the extra circulatory load. High blood pressure, also called pregnancy induced hypertension (PIH), can develop as a result.

- Anaemia: There is an increased risk of anaemia in adolescents because of nutritional deficiencies, especially of iron and folic acid, and by malaria and intestinal parasites.

- STIs/HIV: Sexually active adolescents are at an increased risk of contracting STIs, including HIV infection, owing to their biological and social vulnerability. There is also the increased risk of mother-to-child transmission of HIV in adolescents. The presence of other STIs (syphilis, gonorrhoea and chlamydia) with local inflammation may increase viral shedding, thereby increasing the risk of transmission during labour.

- Malaria is often seen in first time pregnant women and is a common cause of anaemia increasing the risk of intra-uterine death.

- Pre-term birth is common in girls under twenty years of age because of immaturity of the reproductive organs.

- Obstructed labour occurs in young girls (below 15 years of age) due to the small size of the birth canal leading to cephalo-pelvic disproportion. Lack of access to medical and surgical care can result in complications like vesico-vaginal and recto-vaginal fistulae.

ii) To reduce health risks during pregnancy the following steps are recommended.

- Get early prenatal care: 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: Alcohol, drugs and cigarettes harm the growing foetus more than the growing teenager. The pregnant teenager should avoid these during her antenatal period.

• Take adequate vitamin and iron rich food: Adequate vitamin and iron rich food is essential for meeting the physiological needs of growing teenager as well as for her foetus.

• Take Adequate Rest: Pregnant teenager requires adequate rest, 2 hours in the afternoon and 8 hours sleep in the night.

• Emotional support: Motherhood brings untold emotional and practical challenges especially for teenagers. They need emotional and practical support.

5.8 REFERENCES

1) Data gathered from various cited resources (WHO, CDC, Guttmacher Institute)
   
   1) http://www.webmd.com/baby/guide/teen-pregnancy-medical-risks-and-realities#1
   2) http://www.livestrong.com/article/96985-complications-teenage-pregnancy/
   3) http://www.who.int/mediacentre/factsheets/fs364/en/


4) Sex and America’s Teenagers. The Alan Guttmacher Institute, 1994.
