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Dr. Ranjana Mall

Assistant Professor, Department
of Home Science, Jananayak
Chandrashekhar University,
Ballia, Uttar Pradesh, India

Reason, awareness and consequences of early pregnancy with special reference to slum women of Ballia District

Dr. Ranjana Mall

Abstract

There are 253 million adolescent boys and girls in the age group of 10-19 years in India. This age group requires proper nutrition, adult education, counseling and guidance to ensure their development as healthy adults at this transitional stage of life. They are vulnerable to many preventable and treatable health problems, such as early and unintended pregnancies, STIs/HIV/AIDS due to unprotected sex, malnutrition, anemia and overweight, alcohol, tobacco and prescription drug abuse, mental Health concerns, injuries and violence such as nutritional disorders. The present study was carried out in Ballia town. Slum areas *Nonia Patti (Darji Mohalla)*, was randomly selected. 150 pregnant women (age group 15-35 years) were selected randomly. Both primary and secondary sources of data were used for the study. The socio-economic data indicate that majority of participants were Hindu & Muslim. It is clear from the above table that near about half of the participant's family income was below Rs. 5000; In conclusion, most of the women have less knowledge about the problems caused by teenage pregnancy, and they are very less aware about it, which is quite worrying.

Keywords: Awareness, teenage, early pregnancy, quite worrying

Introduction

Every eight minutes a mother dies in India due to complications during childbirth. More than 20 percent of women suffer from lifelong health problems that resulted from health complications that arise during their pregnancy. The shocking thing is that most of these deaths are of women in the age group of 15-29, who are at the peak of their reproductive life. The worst part of these deaths is that almost 90 percent of them could be avoided if these women received the right kind of health and educational interventions. There are 253 million adolescent boys and girls in the age group of 10-19 years in India. This age group includes individuals who require proper nutrition, adult education, counseling and guidance to ensure their development as healthy adults at this transitional stage of life. They are vulnerable to many preventable and treatable health problems, such as early and unintended pregnancies, STIs/HIV/AIDS due to unprotected sex, malnutrition, anemia and overweight, alcohol, tobacco and prescription drug abuse, mental Health concerns, injuries and violence such as nutritional disorders. India is one of the countries where due to socioeconomic and educational reasons a girl is highly likely to be married before the age of 18, and as a result become a mother in her teenage years. According to the World Health Organization in 2012, babies of teenage mothers are 50% more likely to have stillbirths and neonatal deaths than mothers aged 20 to 29. The United Nations has said in one of its reports that every year about four million teenage girls give birth to children in India, which is quite worrying. For every 1,000 girls aged 15 to 19, 76 adolescent girls became mothers in India in 2010, compared with 49 worldwide and 53 in less developed countries. Adolescents have a variety of sexual and reproductive health problems. According to NFHS-3 data, 2.7% of boys and 8% of girls reported having had sex before the age of 15 and most of the sexual activities are due to marriage and due to social pressure to have children, they Gets pregnant. According to NFHS-3, even though awareness about contraception among girls aged 15-19 is 94%, only 23% of married and 18% of sexually active unmarried girls in this group have used contraception at least once. NFHS-3 data show that almost equal prevalence of pregnant and mothering adolescent girls (59.1%, 59.8% and 58.2%) and the percentage of first pregnancy among

Corresponding Author:

Dr. Ranjana Mall

Assistant Professor, Department
of Home Science, Jananayak
Chandrashekhar University,
Ballia, Uttar Pradesh, India

adolescents is continuously increasing (11.7%, 12.4% and 14.4%). Early marriage, low contraceptive use, high birth rate, short gap between consecutive pregnancies, lack of awareness about danger signs of pregnancy, non-institutional delivery, practices of unskilled medical staff are the reasons behind this trend. Illiteracy and lack of information about health facilities is a major reason for high MMR especially in urban slum areas and people from lower socio-economic classes. Keeping the above things in mind, the present study aimed to investigate the awareness about consequences of early pregnancy.

Methodology

The present study was carried out in Ballia town. Slum areas Nonia Patti (Darji Mohalla), was randomly selected. 150 pregnant women (age group 15-35 years) were selected randomly. Both primary and secondary sources of data were

used for the study. The primary data was collected from pregnant women in slums by interview schedule. Interview schedule consists demographic profile and general information of the respondents, awareness about early pregnancy, reasons for early pregnancy and marriage which are the key factors that affect the early marriage and early pregnancy. The secondary data include information that are obtained mainly from different reports, bulletins, journals, E-library, magazines, national government websites and general search engines such as Google, Yahoo and literatures. After the data has been collected, it was coded and fed to excel sheet so as to simplify further tasks. The respondents' scores were summarized from the sheet and made ready for analysis. After that, it was analyzed using both descriptive statistical techniques and descriptive narrations.

Results and Discussion

Table 1: Socio-economic profile of pregnant Women

Sr. No.	Variables	Respondents		
		Frequency	%	
1.	Marriage age (years)			
	<15	17	11.33	
	15-18	54	36.00	
	>18	79	52.67	
2.	Religion			
	Hindu	90	60.00	
	Muslim	56	37.33	
	Sikh	03	02.00	
	Christian	01	0.66	
3.	Family income (Rs./month)			
	<3000	27	18.00	
	3001-5000	37	24.67	
	5001-10000	71	47.33	
	>10001	15	10.00	
4.	Education			
	Illiterate	29	19.33	
	Literate	121	80.67	
5.	Trimester			
	1 st	51	34.00	
	2 nd	79	52.67	
	3 rd	20	13.33	

The socio-economic data (Table-1) indicate that majority of participants were Hindu (60%) & Muslim (37.33%). It is clear from the above table that near about half of the participant's family income was below Rs. 5000; in modern life style it is not sufficient for a food & healthy life. Deshmukh *et al.* (2006:140) reported that lower family income is an important predictor of under nutrition. In present time cost of food in India increased 7.79% in June of 2016 over the same month in the previous year (MOSPI), so the insufficient daily expenditure on food is associated with poor dietary pattern. It is also clear from the table that majority of the participants were illiterate. Furthermore it was found that the 71 (47.33%) of the participants got married before age of 18 years. The association of young maternal age and long-term morbidity is usually confounded, however, by the high prevalence of poverty, low level of education, and single marital status among teenage mothers.

Figure 1 illustrates the frequency of participant's knowledge about consequences of early pregnancy in mother. According to the figure near about half (41.3%) of the participants not sure about preterm delivery is a consequence of early pregnancy in mother, while 20.7% of them were agree. It is

clear from the table data that most of the participants did not have knowledge about pre-term delivery; they did not know why pre term delivery is done. Further more than half (51.3%) of the participants not sure about early marriage is the main cause of anemia in mother, whilst 19.7% of them were agreed. Only 12 percent of the participants believed that early marriage could be a reason for abortion. 44.7% of them were not sure about it, whilst near about half (43.3%) of them were disagree about it. Furthermore near about one third (35.3%) of the respondents agreed that early marriage could be a cause for poverty, whilst 47.3% of them were not agree that early marriage could be a reason for poverty. More than half of the participants agreed that early marriage is the main reason for dropout from school, many research showed that the early marriage is a major problem for girl's education. Very few of the participants (8.7%) believed that early marriage could be a reason for high blood pressure, while more than half (70%) of them were not sure about early marriage could be a reason for high blood pressure. Figure data also showed that the 46% of the participants were agreed that early marriage could be a reason for malnutrition, whilst 39.33% of them were not sure about it.

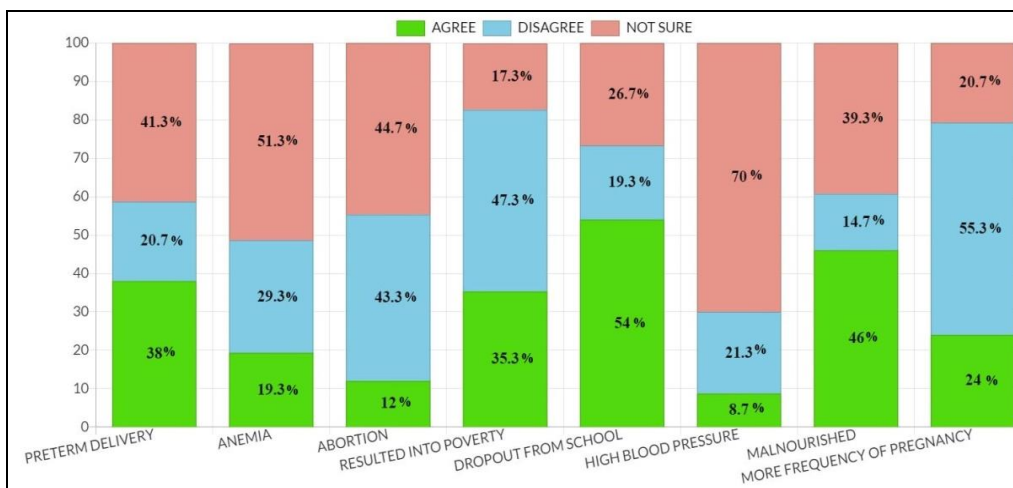


Fig 1: Knowledge about consequences of early pregnancy

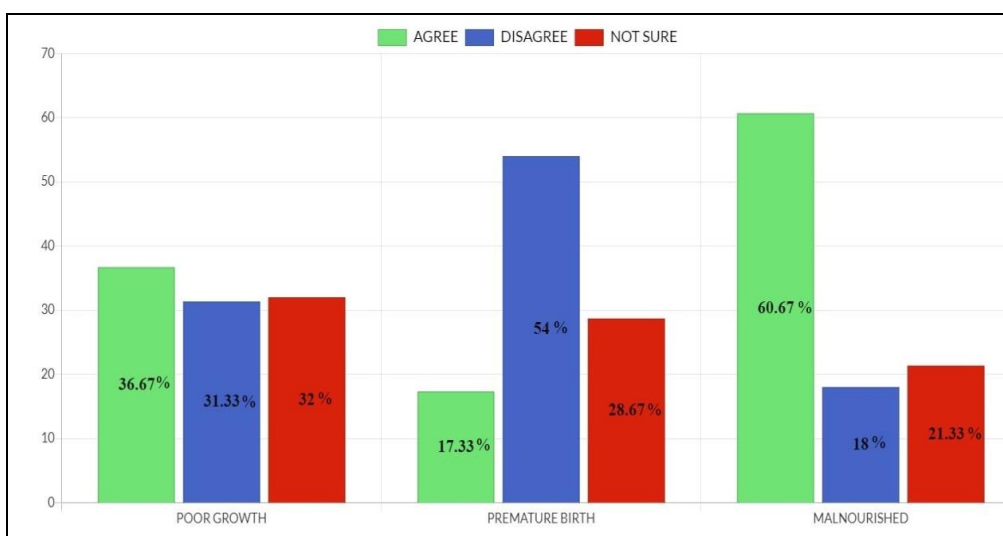


Fig 2: Knowledge about consequences of early pregnancy in child

Figure 2 revealed the frequency of participant’s knowledge about consequences of early pregnancy in child. According to the data 55 (36.67%) of the participants were agreed that early pregnancy could be a reason for poor growth of child, while 47 (31.33%) of the participants were disagree that teenage pregnancy can be affect on child growth. Furthermore more than half (54%) of the participants were disagree about

premature birth, she don’t know that the premature birth is the consequence of early marriage. It is also clear from the figure that near about half 91 (60.67%) of the participant were agreed that the malnourished is the consequence of early marriage, whilst 21.33% of them were not sure about early marriage could be a cause for malnourished child.

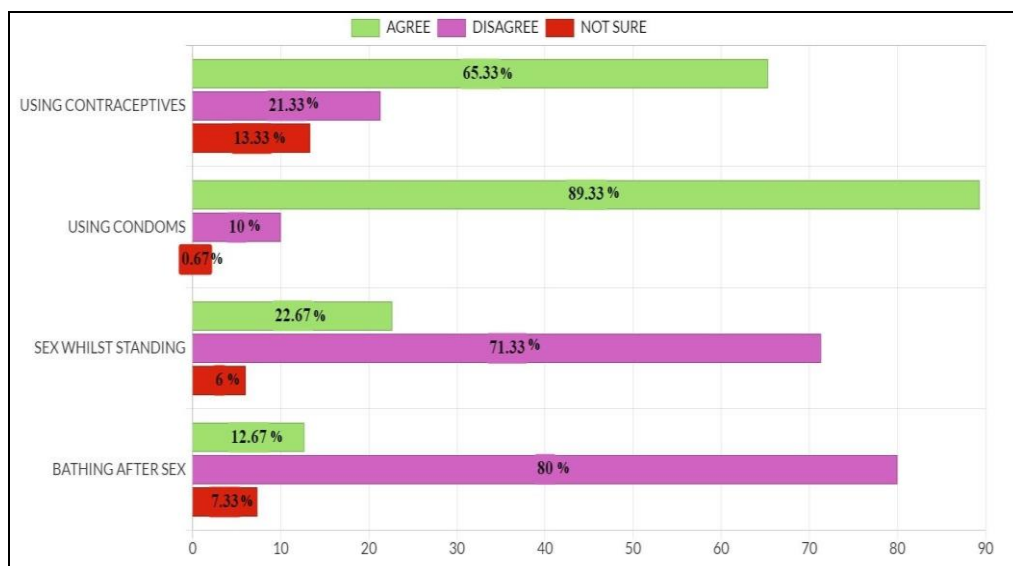


Fig 3: Pregnancy can be prevented by

Majority 134 (89.33%) participants agreed that pregnancy could be prevented through the use of condoms. The results further show that 98 (65.33%) participants agreed that pregnancy could be prevented by using contraceptives (pills, needles etc.), it is evident that teenagers still needed more information about the prevention of pregnancy. Furthermore

120 (80%) participants disagreed that bathing after sex prevents pregnancy. And, lastly, it is shown that 34 (22.67%) participants agreed with the statement that pregnancy could prevent by having sex whilst standing. 107 (71.33%) participants were disagree whether having sex when standing prevented pregnancy, (Figure-3).

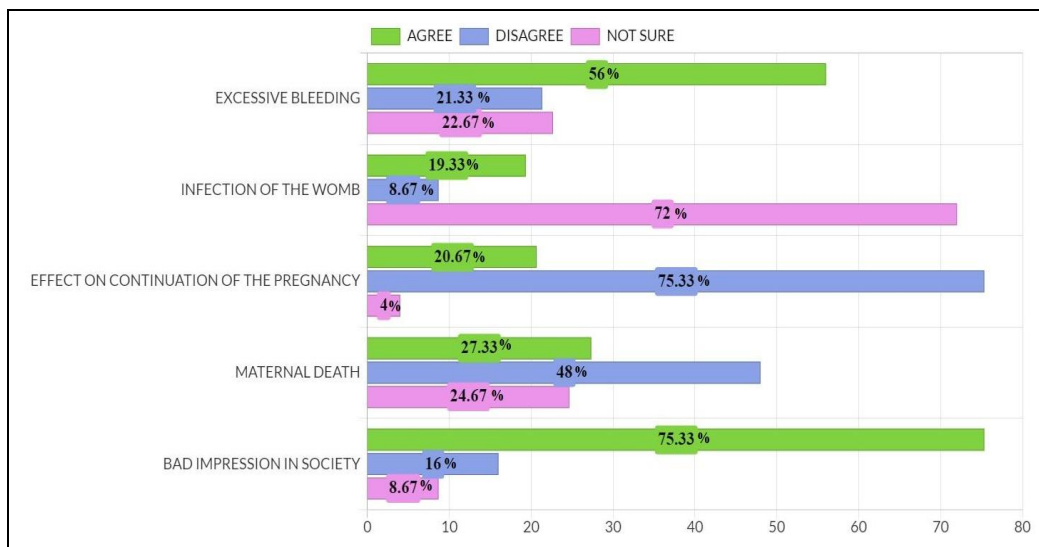


Fig 4: Response of respondents regarding effect of abortion

Figure 4 illustrates the frequency of participant’s response about effect of abortion. More than half 84 (56%) participants agreed that abortion could be a reason for excessive bleeding. The results further show that 29 (19.33%) participants agreed that abortion could be reason for infection of the womb, whilst 13 (8.67%) participants disagreed about it, near about two third (72%) of the participants were not sure about that abortion can be a cause in infection of the womb. Furthermore, only 31 (20.67%) participants agreed that abortion can be effect on continuation of the pregnancy. More

than two third 113 (75.33%) of participants disagreed that abortion could be effected on continuation of the pregnancy, whilst 6 (4.0%) participants were unsure. 37 (24.67%) participants were unsure whether abortion could be a reason for maternal death, whilst some 41 (27.33%) participants agreed with the statement that abortion could be reason for maternal death. And lastly, it is shown that 113 (75.33%) participants agreed with the statement that abortion is not considered good in our society.

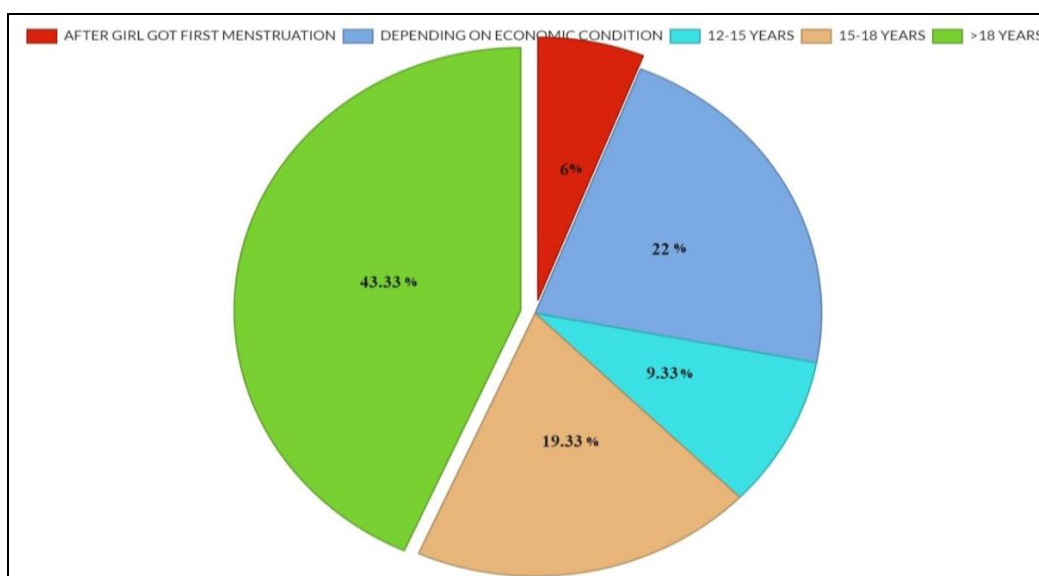


Fig 5: Knowledge about age of marriage

Figure 5 illustrates the frequency of participant’s knowledge about suitable marriage age of girls. 6% participant’s reported that the when girl got first menstruation, her age is suitable for marriage, while 33 (22%) participant’s reported that the age of marriage is depend on economic condition of family. Few

of them 14 participant’s (9.33%) reported that the suitable age for marriage is 12-15 years. It is also clear from the figure that the 19.33% of the participants agreed that the 15-18 years of age is suitable. Near about half (43.33%) of the respondents reported that the girl’s marriage age is above 18 years.

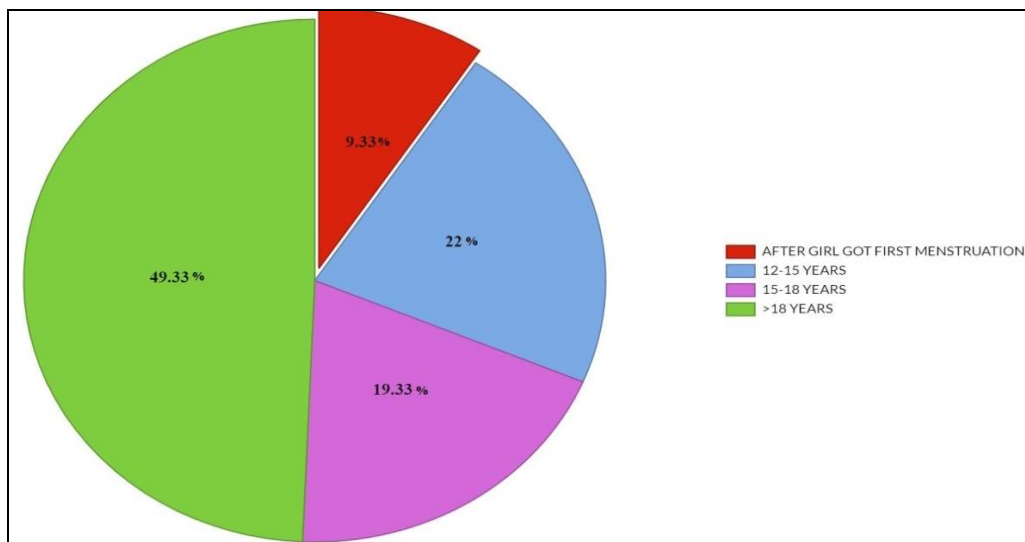


Fig 6: Knowledge about age of first pregnancy

Figure 6 discussed the data on knowledge about suitable age of first pregnancy. According to the data most of the respondents (49.33%) reported that the more than 18 years is the suitable age for first pregnancy, while 19.33% of them

reported that 15-18 years, 33 participants (22%) reported that 12-15 years. It is also clear from the figure that 9.33% of the participants reported that the first pregnancy is depend on first menstruation, which was unacceptable.

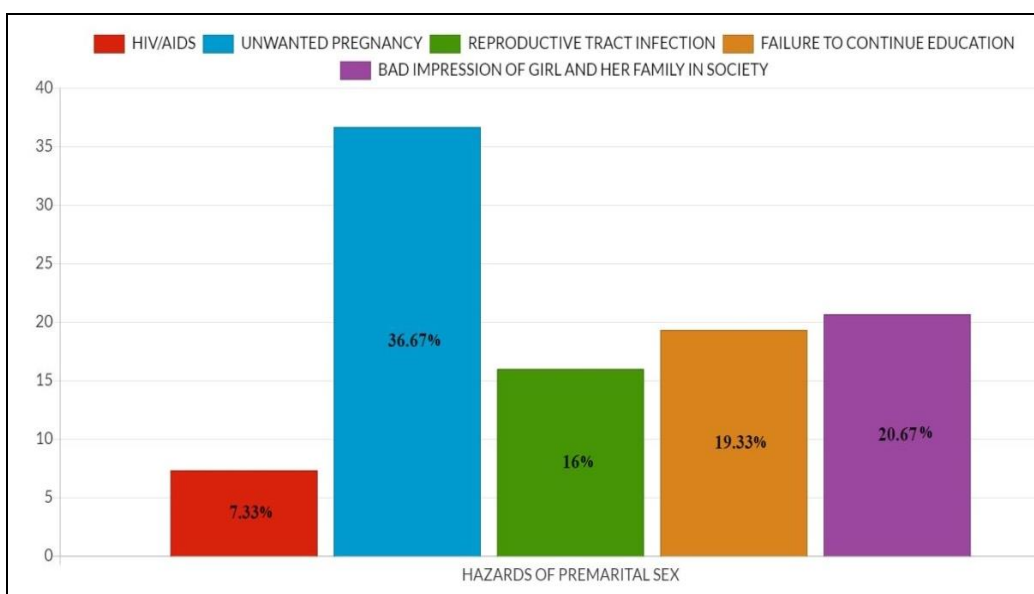


Fig 7: Response of subjects regarding hazards of premarital sex

To the question regarding harmful effects of indulging in premarital physical/sexual relationships (figure-7), more than one third (36.67%) of the participants were concerned about unwanted pregnancy while bringing a bad name to themselves

and their family (20.67%), reproductive tract infection (16%), HIV/AIDS (7.33%) and failure to pursue further education (19.33%) as other ill effects.

Table 2: Response of respondents regarding causes of teenage pregnancy

Sr. No.	Causes	Mean	Variance	SD	Rank of Severity
1.	Early marriage	4.24	1.09	1.05	1 nd
2.	Drop out from school	3.67	1.40	1.19	6 th
3.	Media	4.12	1.27	1.13	3 th
4.	Peer pressure	4.19	0.91	0.96	2 rd
5.	Love seeking	4.10	1.25	1.12	4 th
6.	No knowledge about consequence of early pregnancy	3.77	1.48	1.21	5 th
Grand mean/variance/standard deviation		4.01	1.23	1.11	

It was discussed in Table-2 that with regard to causes of teenage pregnancy, the mean scores 4.24, variance (1.09) and standard deviation (1.05) shows the respondents strongly agree with the issue that there is early marriage is the main

reason for early pregnancy. As The mean score (4.19), variance (0.91) and S.D. (0.96) shows that, the respondents accepted that the peer pressure was the second major cause of the early pregnancy. According to the data third major factor

for teenage pregnancy is adult or sexual content which are receiving by the teenage girls through media; the response shows mean of 4.12, variance (1.27) and S.D. (1.13). Respondents agree with love seeking could be a reason for early pregnancy with a mean of 4.10, variance of 1.25 and standard deviation of 1.12. It was also discussed in table-7 that no knowledge about consequence of early pregnancy is one of the main reason for the teenage pregnancy. Lastly With regard to drop out from school, the mean score (3.67), variance (1.40) and S.D. (1.19) shows that respondents agree that drop out from school is also a reason for early pregnancy.

Conclusion

In conclusion, most of the women have less knowledge about the problems caused by teenage pregnancy, and they are very less aware about it, which is quite worrying. Societal control over women's sexuality, lack of comprehensive sex education, early marriage, poor access to contraceptive services by adolescents and youth, exposure to pornographic scenes by media, peer pressure are some of the reasons for this unprecedented increase. Traditional norms and the role of family are losing their importance in controlling the sexual behavior of adolescents in India. Therefore, to prevent teenage pregnancy, the entire society will have to be aware and work together to get rid of this problem.

Recommendations

- Government should establish antenatal clinic in slum areas especially in urban slum.
- Improving awareness regarding family planning and safe abortion services through local media/ health centre in slum areas.
- Government should take proper step to delay age of marriage through advocacy, counseling and strict enforcement of law. Adults should be educated to prevent early marriage, teenage pregnancy and its complications.

References

1. Adolescent education programme. Ministry of Human Resource Development. Department of School Education & Literacy, Elementary Education. [Internet]. 2011 [cited 2014 September 8]. Available from: http://mhrd.gov.in/adolescence_education.
2. Cullinan K. Teen mothers often forced into sex. www.csa.za.org. 2003 Nov 23.
3. East PL. Impact of Adolescent Childbearing on Families and Younger Siblings: Effects that increase younger siblings' risk for early pregnancy. *Appl Dev Sci*. 1998;2(2):62-74. DOI: 10.1207/s1532480xads0202_1.
4. Gibbs CM, Wendt A, Peters S, Hogue CJ. The impact of early age at first childbirth on maternal and infant health. *Paediatr Perinat Epidemiol*. 2012 Jul;26(Suppl 1):259-84. doi:10.1111/j.1365-3016.2012.01290.x. PMC 4562289. PMID 22742615.
5. Kumar R. The agitation against rape. In: Kumar R, Editor. *The history of doing: An illustrated account of movements for women's rights and feminism in India 1800-1990*. New Delhi: Zubaan; c2003. p. 128. ISBN 9788185107769.
6. International Institute for Population Sciences (IIPS) and Macro International. *National Family Health Survey (NFHS-3), 2005-06: India: Volume I*. Mumbai: IIPS; September 2007 [Cited 2014 November 20]. Available from: <http://www.rchiips.org/nfhs/NFHS-3%20Data/VOL->

- 1/India_volume_I_corrected_17oct08.pdf.
7. Anitha RM, Sathiyasekaran BWC. Mental health symptoms and substance use among urban school going adolescents. *J Indian Assoc Child Adolesc Ment Health*. 2013;9(4):102-35.
8. Robalo L, *et al*. Epidemiology of non-specific back pain in children and adolescents: A systematic review of observational studies. *J Nov Physiother*. 2015;5:266.
9. Sarva Shiksha Abhiyan. Ministry of Human Resource Development. Department of School Education & Literacy, Elementary Education. [Internet]. 2007 [cited 2014 September 8]. Available from: <http://ssa.nic.in/>.
10. UCSF Division of Adolescent and Young Adult Medicine. Summary of Recommended Guidelines for Clinical Preventive Services for Young Adults ages 18-26: Risk Factors and Recommended Screening Tests. Guidelines as of 02/2014. [Internet]. [Cited 2014 September 8]. Available from: <http://nahic.ucsf.edu/wp-content/uploads/2014/04/final-screening-guidelines-4.11.pdf>.
11. Violence, Abuse and Adolescent Childbearing [Internet]. Florida State University Center for Prevention & Early Intervention Policy; 2005 [archived 2013 Sep 27; cited 2022 Mar 5].