

## AN OVERVIEW ON TEEN PREGNANCY IN CURRENT TIMES

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### ABSTRACT

*Pregnancies among teenagers and adolescent parenthood are a source of worry throughout the globe. Teenage pregnancies are nothing new in the historical context. In recent years, obstetrical hazards in adolescent pregnancies have been mostly attributed to negative social and economic variables rather than chronological age. This isn't to say that teen pregnancies aren't still a major public health issue around the world. For most of human history, it was unavoidable for females to marry in their late teens and have their first child in their second decade. This kind of reproductive activity was socially acceptable and even encouraged. Nowadays, however, preventing adolescent pregnancies and young motherhood is a public health priority in almost every industrialized country, as well as a growing number of developing nations. Young pregnancies have long been linked with serious medical issues; nevertheless, the majority of evidence supporting this perspective was gathered decades ago and mostly reflects the condition of per se socially disadvantaged teenage mothers.*

**KEYWORDS:** *Adolescent mothers, Social and medical problems, Teenage pregnancy in Austria.*

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### 1. INTRODUCTION

Pregnancies among teenagers and adolescent parenthood are a source of worry throughout the globe. Every year, about. And one million girls less than. Give birth, according to the World Health Organization. Because the vast majority of teenage pregnancies now take place in low- and middle-income countries with inadequate health-care services, complications during pregnancy, birth, and the postpartum period. Are the second leading cause of death among girls aged? Around the world. Furthermore, it is estimated that three million adolescent girls have unsafe abortions, which may lead to further reproductive issues or even death. The United Nations International Children's Emergency Fund. Estimated fifteen years ago that every fifth child born globally is to an adolescent woman, with. Percent of these so-called teenage births occurring in third-world nations. Although the majority of these pregnancies are socially desirable in traditional societies, several studies have highlighted the significant risks associated with teenage pregnancies. Including anemia, preterm labor, urinary tract infections, preeclampsia, and a high rate of cesarean sections, preterm birth, and low birth weight infants, as well as maternal and newborn mortality. Teenage pregnancies can occur in high-income nations,

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and despite considerably improved medical treatment, teenage pregnancies are still seen as hazardous, with legislation attempting to prevent too early parenthood. This is due to a variety of factors, including medical issues and, most importantly, the social repercussions of young motherhood. As a result, there has been a lot of study and discussion about the causes and effects of adolescent pregnancies. The current article focuses on the biological, medical, and social aspects of adolescent pregnancies, with a particular emphasis on Austria, a nation with extremely excellent medical and social care standards[1].

## *1.1. Biological basis of teenage pregnancy:*

A woman may conceive via sexual activity as soon as she begins to ovulate. The first ovulation usually occurs after the menarche, or the first period of menstrual bleeding. Girls reach menarche at a variety of ages, making it difficult to determine the global mean age at menarche since substantial variations exist not only across nations, but also within subpopulations within a country. The mean age of menarche is commonly thought to be. As a result, menarche now occurs mostly in the early part of a woman's second decade of life. This period of life is known as adolescence in terms of human life history theory: Adolescence is split into early and late adolescence and begins with pubertal hormonal changes such as the activation of the hypothalamus-pituitary-gonad axis. Early adolescence is described as being.

Old or younger, while late adolescence is defined as being. Adolescence seems to be a very recent occurrence in evolutionary biology. It is not seen before *Homo sapiens* and may provide a fitness advantage since it is a period of social and sexual development as well as the learning of social and economic skills that may aid reproductive success later in life. Successful reproduction was and continues to be uncommon throughout early adolescence. Anovulation is common in the years after menarche, and as a result, the chances of successful pregnancy are low. Furthermore. Mean age of menarche is a relatively new occurrence. Although the historical accuracy of statistics on menarche age cannot be questioned, it can be inferred that the age of menarche has decreased significantly in all industrialized nations during the last.

The average age of menarche in Europe was. Now, the average age at menarche in Europe is. This decrease in monarchical age is the result of the so-called secular acceleration trend, which was triggered by better living circumstances, infection control, and nutritional improvements. In several European nations and the United States, the secular trend in monarchical age had slowed or stopped in the. Better living circumstances and food supplies, on the other hand, resulted in not just early sexual maturation but also a faster rate of ovulatory cycles shortly after menarche. To put it another way, the chances of getting pregnant soon after menarche rose as well. The secular tendency, on the other hand, has impacted not just sexual maturation, but also peak height velocity and the development of secondary sexual traits such as breast growth, with most teenage girls looking like young women long before they achieve mental maturity. As a result, young girls may believe they are of legal age to begin sexual behavior[2].

## *1.2. Teenage motherhood from a historical viewpoint:*

Teenage pregnancies are nothing new in the historical context. In earlier centuries, and even throughout the twentieth century in Europe, adolescent pregnancies and teenage motherhood were considered common and even socially acceptable. For most of human development and history, it was perfectly normal for first births to occur during adolescence. Girls married

throughout their teens and had children in their second decade. This kind of reproductive activity was seen as natural and socially desirable. Hildegard of Vinzgouw, Charlemagne's second wife, was approximately when she gave birth to her first son in, according to records. Margaret Beauford, who was just. When she gave birth to Henry VII of England in. is another notable case. Margaret Tudor, Margaret Beaufort's granddaughter, gave birth to her first three children before turning. These are only a few historical instances; delivery in one's forties and fifties is still fairly frequent nowadays. There was a lot of talk about Bristol Palin's young motherhood, since she was the daughter of Sarah Palin, Alaska's governor and vice presidential contender[3].

### *1.3. Teenage pregnancies as a worldwide phenomenon:*

Pregnancies among teenagers are becoming a global occurrence. Girls between the ages of account for around of all births globally. According to the World Health Statistics. The worldwide average birth rate for. Girls, whereas nation rates vary from. Sub-Saharan Africa had the highest rates. Niger, Liberia, Mali, Chad, Afghanistan, Uganda, Malawi, Guinea, Mozambique, and the Central African Republic remain the ten nations with the greatest risk of teenage pregnancy. The teenage birth rate.in these nations varies greatly, ranging free.in Niger to in the Central African Republic. In Niger, more than half of adolescent females. Are married. Between the ages of and around of young females give birth. This is mostly owing to the fact that in certain traditional cultures and emerging nations, childbirth among adolescents is socially desirable. As a result, a large percentage of adolescent pregnancies and deliveries are planned in underdeveloped nations.

However, we must keep in mind that the adolescent birth rate included in all of these data sources only applied to females aged. The bulk of figures cited do not account for the highly vulnerable category of teenage moms under the age of. According to Singh. Percent of girls in Cameroon, Liberia, Malawi, Niger, and Nigeria, as well as. percent of females in Bangladesh, gave birth before the age of. Pregnancy and delivery in girls under the age of. Are highly dangerous; yet, in certain cultures, it is still usual for females to marry in their teens and reproduce as soon as possible, owing to the fact that early reproduction may improve the girls poor status in their new family. This societal pressure to reproduce as soon as possible raises the death rate among early teenage females, as shown in Bangladesh, where the risk of maternal mortality among moms aged. is five times higher than among adult women[4].

### *1.4. Adverse effects of teenage pregnancies:*

Female reproduction has always been hazardous, and pregnancies and deliveries are unquestionably important stages in the lives of both mother and fetus, regardless of maternal age. For a long time, the negative health effects of adolescent births were exclusively ascribed to the young mother age, making them a unique issue. Teenage pregnancy rates were named one of. Key indicators for monitoring and characterizing reproductive health in the European Union by the European Union's REPROSTAT initiative. Teenage pregnancy is classified as a significant public health issue with obesity, diabetes, cardiovascular disease, and cancer rates. Although the categorization of teenage pregnancies as a high-risk group and a major public health concern is still disputed today.

Adverse medical consequences of adolescent pregnancies have mostly been documented in research dating back to the. Preterm labor, urinary tract infections, hypertension, preeclampsia, a

high incidence of cesarean sections, but also preterm delivery, low birth weight, and intrauterine growth restriction were all considered obstetric concerns at the time. However, these findings are based on research conducted in socially disadvantaged subpopulations and in third-world countries with poor medical conditions. During the. Attitudes about adolescent pregnancy shifted dramatically. Compared to older mothers, studies from more economically advantaged clinics in developed countries found no increased obstetrical problems among teenage mothers. And a recent study from Austria demonstrated that the obstetric outcome of adolescent pregnancies has remained favorable over the. During the past, the rate of cesarean section in teenagers has remained constant, but the frequency of improperly adherent or partial placentas has dropped. Teenage motherhood, the authors concluded, is a societal issue rather than an obstetrical or clinical one[5].

### *1.5. Teenage motherhood in Austria:*

According to the Forbes list of, Austria is the. Wealthiest nation in the world and the third richest country in the European Union in terms of GDP per capita. In Austria, the quality of life is extremely high; this is particularly true of the social welfare system, which provides universal health insurance coverage and public health services for all residents on almost equal terms. Furthermore, in Austria, of schooling are required. After four years of obligatory basic education, students have the choice of attending higher-learning institutions that prepare them for university for eight or nine years, or vocational-preparatory schools for five years. Sex education has been required in all schools since, and it is given at the ages of. Special outpatient clinics for teenagers, such as the so-called first love outpatient department in Vienna, were established in addition to school-based sex education programs. Adolescents have unrestricted access to these facilities. They not only get sex education, but they also have access to contraception. Contraception is accessible, as well as emergency contraception. The so-called mother-child passport was first issued in. The mother-child passport is a complex health-care system that involves seven prenatal examinations beginning at the eighth week of pregnancy and eight postnatal checkups for the kid between birth and the fourth year of life. All checks are free of charge and take place in the consultation rooms of a gynecologist or a pediatrician. In abortion became completely legal. For women whose pregnancies have not surpassed, abortions may be done on demand in hospitals, outpatient departments, and private practice; nevertheless, abortions are not covered by the government health system[6].

### *1.6. Study: maternal age and birth outcome:*

The first research included data from. Singleton term deliveries. That occurred between at Austria's biggest birth clinic, the University Clinic for Gynecology and Obstetrics in Vienna. The data of women aged. at the time of their first birth and their infants were examined in this research. The research included only healthy women from Austria or Central Europe who gave birth to a single child and had no known maternal illnesses prior to or during pregnancy. Chronological age, age at menarche, gynecological age. Stature, prepregnancy weight, prepregnancy body mass index. Weight at the end of pregnancy, gestational weight gain, and pelvic dimensions distant spinarum. and distant Christ arum were all recorded[10]. The newborn's weight, length, head circumference, front-occipitalis diameter, and acromial circumference were all measured immediately after delivery. According to WHO guidelines. A low birth weight was defined as less than, while a large birth weight. Was defined as more than.

For infant assessment were calculated in addition to anthropometric characteristics. The method of birth, spontaneous vs cesarean section, and the infant's intrauterine position at the moment of delivery were all recorded as obstetric features. Previously. A more comprehensive description of data gathering and statistical analysis was provided[7].

### *1.7. Study: Social Support And Pregnancy Outcome Among Teenage Mothers:*

The effect of social support on the course of pregnancy and pregnancy outcome was investigated in this research of. Pregnant Austrian girls aged. All of the girls were questioned using a standardized questionnaire, and data from the mother-child passport was also analyzed. Pregnancy and birth complications were uncommon, and no poor birth outcomes were recorded. The majority of participants got excellent medical care and enough social support, mostly from their parents and grandparents, and to a lesser extent, from their schools. The overwhelming majority of girls had access to institutional assistance. The majority of girls received information and assistance from a gynecologist, a health facility for adolescents, such as the first love outpatient department, public and private social organizations, Internet services, and a public information center. More than. Of the girls said they had no trouble getting enough information and assistance from the institutions. The majority of girls were pleased with the social assistance and information given by public and private organizations. These findings back up the notion that adolescent pregnancies are primarily a social issue rather than a medical one, since sufficient social support helps to minimize medical problems[8].

## **2. DISCUSSION**

In South Africa, teen pregnancy is a multifaceted problem with many contributing factors such as poverty, gender inequalities, gender-based violence, substance abuse, poor access to contraceptives, and issues with pregnancy termination; low, inconsistent, and incorrect contraceptive use; and a limited number of healthcare providers. What is the impact of a teen pregnancy on a teen mother? Preeclampsia and its consequences are more common in teenagers than in average-aged moms. Premature delivery and low birth weight are two risks for the infant. Preeclampsia may damage the kidneys and possibly kill the mother or the baby.

Teenage births have health consequences: infants are more likely to be born preterm, have a lower birth weight, and have a higher neonatal death rate, while moms have higher rates of postpartum depression and are less likely to start breastfeeding. Teens, on the other hand, are more likely to use condoms and birth control tablets, which are less efficient in preventing pregnancy when not taken properly and regularly. The most effective forms of birth control for teenagers are intrauterine devices and implants, often known as Long-Acting Reversible Contraception. According to Nippon, if a girl is pregnant and she is a minor, she does not have the right to abort the pregnancy under the Medical Termination of Pregnancy section. Sub clause. To go under the knife, a pregnant minor will require the permission of her legal guardian[9].

## **3. CONCLUSION**

The majority of adolescent pregnancies in industrialized nations, particularly those occurring during early adolescence. Are unexpected and unwanted. Teenage pregnancies were formerly thought to be significant medical issues and obstetrical risk factors. There's no denying that modern medicine may help with obstetrical issues, lowering the likelihood of adolescent pregnancies. Since the early. Better sexual education and the legalization of abortions in Austria

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have significantly decreased adolescent pregnancy. Special support programs for pregnant adolescent girls and young moms, on the other hand, were established, providing medical, financial, and social assistance. To begin with, special free consultation hours for young girls at hospitals and gynecologists' private practices increased access to contraception and advanced sexual education. Financial assistance from the government to young moms significantly decreased poverty among teenage mothers. Despite these improvements in the status of teenage mothers in Austria, it is important to remember that developing effective measures to decrease the incidence of teenage pregnancy and teenage motherhood, particularly among early adolescents, should be a global public health priority.

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