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ORIGINAL RESEARCH ARTICLE

CONSEQUENCES OF TEENAGE PREGNANCY AMONG CHEPANG WOMEN IN KORAK VDC IN CHITWAN

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ABSTRACT

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. The objective of the study to identify the consequences of teenage pregnancy among the Chepang women in Korak village development committee in Chitwan. This study design was descriptive, cross sectional and 148 respondents were selected randomly and interviewed by using semi-structured questionnaires. Data entry was done by using Epi data and analyzed by SPSS. The study finding revealed that, majority of the respondents 56.1% had got married before the age of 16 years, 58.1% gave first child birth the age of 17-19 years and 57.1% had 1-3 numbers of children. Similarly, 10.1% had preterm birth, 18.2% had history of miscarriage and 99.3% had delivered at home. There was significant relationship between the age of child birth with complications of teenage pregnancy which gave birth before term (p=0.020) and women having ≥4 children had the difficulty to control urine during coughing and sneezing (<0.001). the study concluded that there is a need of public awareness programme which can be done through orientation and training regarding reproductive health.

***Key words:** Consequences, Reproductive Organ, Teenage.*

INTRODUCTION

Teenage pregnancy occurs when women aged less than 20 years become pregnant. This is of serious concern because maternal age plays a significant role in adverse outcome and complications of pregnancy. Teenage pregnancies represent a high-risk group in reproductive terms because of the double burden of reproduction and growth. Complications of pregnancy and childbirth are the leading cause of mortality among girls aged 15-19 years in developing countries.[1]

Worldwide every 5th child is born to teenage mother. Worldwide 13 million births each year occur to girls younger than 19 years. The incidence of teenage pregnancies varies dramatically between the different countries. Approximately 90% of the teenage births occur in developing countries.[3]

Early childbearing increases the risks for both mothers and their newborns. In low- and middle-income countries, babies born to mothers under 20 years of age face a 50% higher risk of being still born or dying in the first few weeks versus those born to mothers aged 20-29.2 Labor is often get slow and the baby becomes stuck, causing vesico and recto-vaginal fistulas, and incontinence. In many societies, incontinence results in desertion by the husband, family and friends, leaving the girl's mother to look after her and her children. Also because of the larger number of child bearing years of young girls, increasing the chances of miscarriages, infant death.[3]

Immaturity of the uterine or cervical blood supply in teenage pregnancy could increase the risk of subclinical infection and prostaglandin production, and lead to increased risk of pre-term delivery.[4]

Kumar, Parihar and Yasmin (2014) conducted prospective study on Impact of Teenage Pregnancy - Its Impact on Maternal and Fetal Outcome among

672 teenage pregnancies in Gandhi Medical College, Bhopal, the study revealed that teenage pregnancy comprised 5.10% of the total obstetric admissions. Study shared that 53.12% teenage pregnancies had complications. The major maternal complications were preterm labour 27.45%, hypertensive disorders of pregnancy 20.17%, premature rupture of membranes 18.21%, abortion 14.57% and anemia 8.12%. Low Birth Weight (16.86%), preterm births (16%) and stillbirths (5%) were major adverse fetal outcomes.[5]

Child-brides are more likely to be forced into sexual activities and commence child bearing early, and are at higher risks of complications arising from early child bearing such as heavy bleeding, fistula, infections, anemia, eclampsia, obstructed labour and obstetric fistula, all due to the physical and sexual immaturity.[6]

MATERIALS AND METHODS

A descriptive research design was used to find out the consequences of teenage pregnancy among the Chepang women in Korak, village development committee in Chitwan. The population of the study was all those women from the age of 13 to 40 years who became pregnant between the age of 13 to 19 years. Probability simple random sampling technique was used to select the sample. The total sample size is 148.

Semi structured interview schedule was developed by the researcher herself after reviewing of related literature. Content validity of the research instrument was established by consultation with subject exports, doctor and research adviser as well. The research instrument was translated into Nepali language to make it more clear and easy for taking information from the respondents. Pre-test was done among 10% of total sample in a similar setting. The sample was Chepang community of Lothar VDC in Chitwan. Data were collected from respondents using face to face interview method from 8 October to 13 November, 2014 by researcher herself.

Research approval was taken from Chitwan Medical College Institutional Review Committee (CMC- IRC) of Chitwan Medical College. Written permission was taken from the authority bodies of Korak VDC. The verbal informed consent was obtained from each respondent prior to data collection. The confidentiality of the respondents was maintained by coding the number instead of respondent's name, not disclosing the respondents' information to others and using the information for the study purpose only.

The collected data was edited and coded then entered Epi data. Data was analyzed using SPSS program version 20. Both descriptive statistics like frequency, percentage, mean, standard deviation and inferential statistics such as chi-square test was used to find out the association between the consequences of teenage pregnancy with socio-demographic variables.

TABLE 1: Socio-Demographic Characteristics of Respondents (n=148)

Variables	Frequency	Percent
Age group in years		
<20	19	12.8
20-29	70	47.3
30-39	39	26.4
≥40	20	13.5
Mean ± SD = 28.18 ± 7.42		
Educational status		
Literate	94	63.5
Illiterate	54	36.5
If literate, level of education (n=94)		
General education	33	35.1
Primary education	54	57.4
Secondary education	7	7.5
Type of family		
Joint	87	58.8
Nuclear	61	41.2
Occupation		
Agriculture	73	49.3
Household work	74	50.0
Service	1	0.7

Table 1 shows that, highest percentage (47.3%) of the respondents belonged to age group 20 -29 years and the mean age of respondents was 28.18 years with 7.42 standard deviation. Regarding the educational status, majority (63.5%) of respondents

were literate. Among literates, 57.4% completed primary educational level and only 7.4% completed secondary education.

Regarding type of family, 58.8% were living in joint family. Concerning the occupation of respondents, 49.3% were engaged in agriculture and 50% respondents were housewives.

TABLE 2: Respondents Age of Marriage, Age at First Child Birth and Children History (n=148)

Variables	Freq.	Percent
Age of marriage		
<16	83	56.1
≥16	65	43.9
Mean±SD=15.48±1.509		
Having any child		
Yes	147	99.3
No	1	0.7
Mother age at first child birth		
13-17 years	62	41.8
17-19 years	86	58.2
Mean±SD=16.95±1.384		
Number of children		
Up to 3	84	57.1
4-6	50	34.1
Above 6	13	8.8
Mean±SD=3.41±2.170		

Table 2 shows that majority (56.1%) of the respondent's got married below the age of 16. The mean age of marriage of respondents was 15.48 year with 1.509 standard deviation among married women. Almost all (99.3%) of the respondents had children and one respondent did not have a child.

Regarding the age of first child birth, 41.3% had their first child birth at the age of less than 17 years and 58.1% had their first child birth at age of 17-19 years. The mean age at first child birth was 16.95 year with 1.384 standard deviation.

Regarding the total number of children, among 147 respondents, more than half 57.1% had up to 3 children. The mean number of children was 3.41 with 2.17 standard deviation.

TABLE 3: Association between Problems of Reproductive Organ and Genitourinary tract with Mother Age of Child Birth

Variables	Age at first child birth		χ^2	P value
	<17 years n (%)	≥17 years n (%)		
Reproductive organ				
Feel something coming out from vagina during squatting position	18(29.0)	10(11.6)	7.114	0.008*
Genitourinary problem				
Difficulty to control urine during coughing and sneezing	15(24.2)	6(7.0)	8.771	0.003*
Itching around genitals parts	14(22.6)	16(18.6)	0.352	0.553
Foul vaginal discharge	17(27.4)	12(14.0)	4.146	0.042*

*Significance level at 0.05 ï Fishers exact test ïï Yate's correction of continuity

Table 3 shows that there was statistical association between respondents age at first child birth with "feeling of something coming out from vagina during squatting" position (p=0.008), "difficulty to control urine during coughing and sneezing" (p=0.003) and foul vaginal discharge (p=0.042).

Similarly, itching around genital part (p=0.553) was not statistically significance with respondents age of first child birth.

TABLE 4: Association between Problems during Pregnancy and Postpartum with Number of Children

Variables	<4 child n (%)	≥4 child n (%)	χ2	P value
Pregnancy problems Vaginal bleeding	8(9.5)	6(9.4)	0.001	0.976
Baby before term	10(11.9)	5(7.8)	0.668	0.414
Blurred vision	3(3.3)	11(17.2)	6.354	0.012 ¨
Edema	3(3.6)	11(17.2)	7.863	0.005 ¨
Miscarriage	14(16.7)	13(20.3)	0.324	0.569
Postpartum problems Vaginal bleeding	12(14.3)	21(32.8)	7.169	0.007*
High temperature	8(9.5)	15(23.4)	5.358	0.021*
Breast abscess	6(7.1)	13(20.3)	5.630	0.018*
Foul vaginal discharge	5(6.0)	8(12.5)	1.944	0.163

*Significance level at 0.05 ¨Fishers exact test ¨ Yate's correction of continuity

Table 4 shows association between numbers of children with respondent's problems during pregnancy. Blurred vision (p=0.012) and swelling of the legs (p=0.005) was associated significantly. Vaginal bleeding after delivery (p=0.007), breast abscess (p=0.018) and high temperature (p=0.021) are also statistically association with respondents' number of children. Problem is higher in those mothers who have more than four children.

But, vaginal bleeding during pregnancy (p=0.976), baby born before term (p=0.414), miscarriage (p=0.569) and foul vaginal discharge (p=0.163) is not statistically associated with respondents' number of children.

TABLE 5: Association between Problems of Reproductive Organ and Genitourinary Tract with Number of Children

Variables	Number of Children <4 child n (%)	Number of Children ≥4 child n (%)	χ2	P value
Reproductive organ Feel something coming out from vagina during squatting position	6(7.1)	22(34.4)	17.561	<0.001*
Genitourinary problem Difficulty to control urine during coughing and sneezing	5(6.0)	16(25.0)	10.824	<0.001*

*Significance level at 0.05 ¨Fishers exact test ¨ Yate's correction of continuity

Table 5 shows the problems of reproductive organ, that is feel something coming out from vagina during squatting position (<0.001) is significantly associated with respondents' number of children. Regarding genitourinary tract problems, difficulty to control urine during coughing and sneezing (<0.001) and problems of incontinence of urine (p=0.0316) is also statistically significant.

DISCUSSION

Socio demographical finding of the study revealed that, the mean age of marriage of the respondents were 15.48 year, mean±SD was 15.48±1.509 and the mean number of children was 3.41. Another finding of the similar study conducted by Mostafa, K, (2007) found that the mean age of marriage of respondents was 15.5 years, mean±SD was 15.5±3.0 and the mean number of children among was 3.1.[7]

Concerning the prolonged labor, the study found that 20.3% of the respondents had prolonged labor.

This finding was in contradicts to the finding of the study conducted by Huang et al. (2014) reveals that 2.7% of the respondents had prolonged labor. [8]

The finding of the study shows that, out of 148 respondents 18.2% had abortion. This finding was supported by the another similar study finding conducted by Kumar, Pariyar and Yasmina, (2014) done on Teenage Pregnancy Its Impact on Maternal and Fetal Outcome Gandhi Medical College, Bhopal. Out of 672 teenage mother, 14.57% had abortion.[5]

The study found that, 9.5% of the respondents had vaginal bleeding during pregnancy. This study finding was supported by the another similar finding conducted by Pun and Chauhan, (2011) which revealed that 2.4% had bleeding during pregnancy.[9]

The finding of the study shows that, 19.0% of the respondents had problems of postpartum haemorrhage before the age of 17 which was higher and 17.4% had at ≥17 which was lower. The finding of the study was supported by the study conducted by Blomberg, Tyrbery and Kjolhede, (2014) which revealed that 30% of the respondents had PPH before 17 which was higher and 2.7% has at ≥17 which was lower.[10]

Regarding the problem during pregnancy, 10.1% of the respondents had preterm birth among teenagers. The finding of the study done by Mukhopadhyay et. al. (2010) revealed that 27.7% of mother had preterm delivery among teenagers. [1]

CONCLUSION

Based on the findings of the study it can be concluded that there are some reasons behind the occurrence of these consequences. Firstly, most of all Chepang women were having only general and basic education. Secondly, women were not taking maternal and child health services from health institution. So, due to teenage pregnancy many problems are seen in Chepang women through life time. There is a need of public awareness programme which can be done through orientation and training regarding reproductive health to minimize the consequences of teenage pregnancy.

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