



A Sociological Study of Causes and Consequences of Teenage Pregnancies in Southern Punjab, Pakistan

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ARTICLE INFO

Article History:

Received:	August	05, 2024
Revised:	August	26, 2024
Accepted:	September	7, 2024
Available Online:	September	16, 2024

Keywords:

Teenage Pregnancies in Southern Punjab,
Pakistan: Causes and Consequences

ABSTRACT

The global epidemic of teen pregnancies and parenting is deeply troubling. A historical phenomenon: teen pregnancies. The detrimental effects of teen pregnancies on mother, child, family, and society at large make this a pressing public health concern. The study set out to investigate adolescent pregnancies in rural Southern Punjab, Pakistan, as well as their underlying causes and consequences. Two hundred pregnant teenagers from rural Southern Punjab, Pakistan, were chosen by the researcher. We utilized a simple random sampling method. For the quantitative data, a single validation scale was used. In the region under investigation, adolescent pregnancies were most commonly caused by low socioeconomic status, patriarchal social structures, a lack of education, and early marriage of minors. A variety of illnesses, including preterm delivery and low birth weight, can be attributed to teen pregnancies. The results that were extracted are very significant. The majority of respondents (67.5% to be exact) believed that the risk of maternal mortality after childbirth was twice that of older moms. Teen pregnancy is caused by early marriage, according to the majority of respondents (95.0%). In remote areas, it is suggested that the government raise awareness about the importance of girls. Girls can empower themselves to know their rights by obtaining an education. Girls in remote regions need spaces where they can feel empowered.



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Background

The global epidemic of teen pregnancies and parenting is deeply troubling. Worldwide, around 16 million teenage girls and around 1 million younger girls give birth annually, as reported by the World Health Organisation (WHO) in 2000. The second leading cause of

mortality for girls aged 15–19 globally is complications during pregnancy, delivery, and the postpartum period (e.g., 42 days after birth), and most adolescent pregnancies happen in low- and middle-income nations with inadequate health-care services. Further, an estimated three million adolescent girls have abortions in hazardous settings, increasing their risk of further complications or even death. According to a 2011 assessment by UNICEF, was issued by the UN International Children's Emergency Fund, 80% of the world's so-called teen pregnancies take place in developing nations, and every fourth kid is born to a mother who is at least 15 years old. Studies have shown that teen pregnancies carry significant risks, including anaemia, premature labour, infection of the urinary tract, preeclampsia, a high rate of caesarean sections, low birth weight infants, and maternal and newborn mortality, even though most of them are socially desired in traditional societies.

In developing regions, almost 21 million teenage girls get pregnant every year. Approximately 50% of these babies were unwanted, and over 50% of them resulted in abortion, frequently under harmful circumstances. In 2013, the world's the highest incidence of teen pregnancies was recorded in Sub-Saharan Africa. The majority of births in this area were to adolescent moms. Among women in their teen years, there are around 101 births per 1000. This is about twice as high as the world average. Niger, Mozambique, Malawi, Uganda, and Cameroon were among the fifteen nations in Sub-Saharan Africa where the percentage of underage mothers was greater than 30%. For maternal, neonatal, and infant mortality rates, the continent is partially to blame. Teen pregnancy rates are among the highest in Africa, and Ethiopia is no exception. Pregnancy among adolescents was 16% in the year 2016, as reported by the Ethiopian Epidemiological and Health Survey (EDHS). Rural areas have a higher prevalence (15%) compared to urban areas (5%). Every year, unwed pregnancies affect the majority of Ethiopian rural teenage females (3,).

The world's well-being and growth agenda has made eliminating teen pregnancies a top aim. According to statistics, 7.3 million adolescent girls in poor nations become mothers each year. Major rights abuses, particularly for young women, are associated with adolescent pregnancies, according to research. Pregnancy and its complications account for a disproportionate share of deaths among girls aged 15–19. Teenage pregnancies also limit girls' opportunities for the future and are a major factor in marriage between children in many nations. Teenage pregnancies are common in Zambia. Twenty-8.5 percent of teenage girls and young women in Zambia had given birth at the end of 2014, up from 27.3 percent in 2006 (the previous ZDHS). Prevalence rates of adolescent pregnancies vary significantly among regions, with the Western or North Western provinces having the highest rates, followed by the Eastern и Southern counties.

Poverty and lack of education exacerbate the long-standing practice of child marriage and the earliest confinement in India. Contrary to developed-world norms, teen pregnancies after marriage are socially acceptable in our nation, even though they increase the risk of maternal mortality and neonatal morbidity. Finding out how much of a hardship teen pregnancies are can help with advocating and coming up with effective intervention strategies (Banejree, Panday, Mondal 2009).

Families, healthcare providers, schools, communities, governments, and teenagers themselves all face complicated and difficult challenges related to adolescent pregnancy. Teenage pregnancy is one of the main causes of the world's fast population increase. Services should be prioritised for the adolescent population because of the high danger they pose. The United Nations agrees that having a child at a young age poses serious risks to the health of the mother and the child. Teens from low-income families have a disproportionate number of children, and the majority of these teens are not married. There appears to be an increase in maternal and perinatal hazards among adolescent moms. For this and other societal reasons, such as limiting reproduction, it is important to avoid adolescent pregnancies (Dangal, 2008).

The strong desire to start a family soon after marriage and the prevalence of early marriage in South Asian countries are the main causes of the high rate of teen pregnancies in this region. Among women in the developing world, problems during pregnancy are the main cause of mortality, and between one-third and half of all mothers give birth before the tender age of twenty. Contrary to what happens in industrialized nations, faith, culture, low literacy rates, early menarche, and conventional gender roles do not contribute to the social shame in Pakistan when adolescent girls fall pregnant after a lawful marriage. Marriage at a young age is more typical in Pakistan's rural areas than in the country's cities. The adolescent pregnancy rate in Southeast Asian countries is 35% in Bangladesh, 21% in Nepal, and 21% in India. Although precise national statistics are unavailable, preliminary research indicates a high rate. We still know very little about the sexual expertise of teens, as well as the danger of teenage pregnancy, despite the fact that they make up a sizable fraction of the population in developing nations. Being pregnant at a young age might alter a girl's trajectory in life. Factors that are somewhat associated with adolescent pregnancies include poverty, illiteracy, culture, and the structure of extended families. The majority of people in South Asian countries, such as Pakistan, India, and Bangladesh, aspire to get married and have children at a young age (Khanam, Mahesh, Tirmizi, Mirza, 2011).

Teen pregnancy rates are quite high (67.8/1000) according to US figures, however they dropped to 34.3/1000 in 2010. In poorer nations, teen pregnancy is a major public health concern; in Africa, for example, the rate is still 143/1000. Teenage moms give birth to almost 13 million children annually in poor nations. While industrialized nations like South Singapore and Korea have among the lowest rates of teen births, developing nations in South Asia, such as India (62%), Bangladeshi (35%), and Nepal (21%), have far higher rates. Among pregnant teens, there is an increased risk of spontaneous abortion, premature birth, and low birth weight due to the unfinished development of the female reproductive or musculoskeletal systems (The authors of Khan, Ismat, 2018). Seven nations account for the vast majority of teen births; they are the US, Bangladesh, Brazil, Ethiopia, Nigeria, India, and the nation of the Democratic Republic of the Congo (DRC).

Preterm delivery was 1.58 times more common among teens in Taiwan, 1.36 times more common among adults in the United States, and 1.16 percent more common among Korean teenagers, according to studies done in those countries. In Nepal, a survey found that 24% of adults and 9% of teenagers were born with low birth weight. Teens had a 4.14-fold increased

risk of having a baby too soon compared to adults, according to research done in Ankara at a referral hospital. Teenage mothers had a 1.94-fold higher risk of having a baby with a low birth weight, and a 1.46-fold higher risk of having a baby with a low birth weight, compared to adults, according to a study done in Cameroon. Research has shown that the rate of caesarean delivery is much higher among moms who are adults as opposed to those who are teenagers. Teenagers in a Swedish research had a 30% lower risk of postpartum hemorrhage (PPH) and a 63% lower risk of APH as a complication of placenta previa. Preeclampsia affects adolescents at a rate 1.2 times higher and eclampsia at a rate 3.2 times higher than adults, respectively, according to a study conducted in Finland. To the best of the investigator's knowledge, there is a dearth of published research on the topic of unfavorable obstetric and postpartum outcomes of teen pregnancies in Ethiopia, despite the abundance of literature on the topic generally and on the variables that contribute to teen pregnancies in particular. Further, three studies have examined adolescent pregnancies and their contributing variables in Ethiopia. Contrary to popular belief, none of these research addressed the detrimental effects of underage pregnancies. As a result, researchers in 2018 set out to determine the prevalence of adolescent pregnancies as well as any negative perinatal and obstetric outcomes at Tigray, Ethiopia's Lemlem Karl Hospital (Abebe, Reda, Wake 2020).

Approximately 16 million teenage girls and 1 million younger girls give birth annually, with the majority of these births occurring in nations with low or medium income levels. Among adolescents aged 15–19, complications during pregnancy and delivery rank as the second leading cause of mortality. The infant mortality rate is higher for babies born to mothers in this age bracket compared to those born to mothers in the 20–24 age bracket. Romania recorded around 34,700 pregnant teens among females aged 15–19 in 2011, according to the study conducted by Sedgh et al., which relies on data from the United Nations Statistics Division's Demographic Yearbook. The birth rate in Romania is 35% and the pregnancy rate is 61% among girls aged 15–19, making it the most populous European country in terms of these demographic indicators. In the 10–14 age group, the world's highest rates of pregnancy (as measured by the number of pregnancies a 1,000 females in this age group) and births (as measured by the number of births every 1,000 females in this age group) were recorded (Socolov, Iorga, Ilea 2017).

How much a baby weighs when they are born is influenced by their gestational age and how quickly they grow in the womb. Babies delivered prematurely may have normal weight for their gestational age, but they are significantly smaller than average. Being delivered too soon or too late depends on the baby's weight relative to their gestational age. When the gender-specific birth weight falls below the tenth percentage point for the relevant gestational age, it is referred to as a baby being small for gestational age. Babies with a Low Birth Size (LBW) are more than 70% smaller than average, a result of both genetic and environmental causes. Intra uterine growth limitation describes a baby that is abnormally small for its gestational age and may have a medical cause. The World Health Organization classifies infants into three categories based on their birth weight and maternal age: small, appropriate, and large. Babies are considered low birth weight (LBW) if their weight is less than 2.5 kg within the first 24 hours after birth, according to these criteria. There is a high rate of perinatal

morbidity and death among this group of newborns. Babies in this condition are more likely to suffer from infectious infections, starvation, and stunted growth, all of which contribute to the elevated risk. They may also experience neurological damage, poor academic performance, and aberrant cognitive development. Hypertension and diabetes are more likely to affect them as adults (Khan, Nasrullah, Jaleel, 2016).

A adolescent mother gives birth to a child every five hours on a global scale, says UNICEF. Girls under the age of 19 give birth every year, totaling 13 million. Pregnancy rates among teenagers differ substantially among nations. The majority of adolescent pregnancies happen in underdeveloped nations. However, adolescent pregnancy and delivery rates also differ considerably across industrialized nations, with advanced countries having far lower rates than poor nations (World Health Organization, 2006).

Due to its link with multiple unfavourable maternal and foetal outcomes, including higher rates of morbidity and mortality for both the mom and the child, teen pregnancy is a significant public health concern in both developed as developing nations. Both the mother and the child face numerous risks to health when they have children at a young age. Pregnancy problems, which might result in maternal death, are more common among adolescent moms (Sylvia, 2009).

The World Health Organisation defines teenagers as those whose ages range from ten to nineteen. The second greatest cause of death for adolescent females and their children globally is complications throughout pregnancy and childbirth, and the risk of dying from these causes increases with age.² Although teen pregnancies have decreased dramatically over the past 20 years, new data shows that females between the ages of 15 and 19 give birth to 11%, or 13 million, of the world's babies every year. Almost all of them (95%) take place in nations with poor or medium incomes. An international study of adolescent maternal death rates found that 10% of pregnant females aged 15–19 die each year from complications related to their pregnancies. Twenty-one nations in Asia and Sub-Saharan Africa account for 82% of these fatalities (Mubeen, Baig, 2016).

Causes

Those with a primary level of education (12%), a secondary level of education (3%), or no schooling at all had significantly higher rates of teen pregnancies (28%). Worldwide, about 11% among all births occur to girls between the ages of 10 and 19, with an estimated 16 million giving birth annually. Worldwide, poor groups have a higher rate of teen pregnancies, which is often driven by factors such as poverty, limited access to education, and unemployment. For some young women, becoming pregnant and having a family is a natural and desirable goal. But sometimes girls feel societal pressure to get married and begin a family. Roughly 15 million girls get married before turning 18 each year, and the percentage rises to 90% among girls aged 10 to 19.

The following were listed as contributing factors to adolescent pregnancies in a study conducted in poor nations: cultural conformity, social and economic reliance on men, sexuality education gaps, inefficient use of contemporary contraception, and the influence of

peers. Horrific complications such as obstructed labour, preeclampsia, anaemia, surgical deliveries, puerperal ovarian cancer, postpartum haemorrhage, low birth weight, premature delivery, and perinatal death are more common in adolescent pregnancies. Also, compared to urban regions, rural areas had a greater teen pregnancy rate (36% vs. 20%). It also appears that income and educational attainment have an inverse relationship with adolescent pregnancies. The percentage of teenage mothers who started a family was double higher among those with a secondary education (23% vs. 53%). Teenage pregnancies started at a rate of 45% among the poorest quintile of respondents and a rate of 10% among the wealthiest (Menon, Mwaba, M.C., 2018).

Consequences

Much has been said about puberty in recent decades, with a focus on the complexities of the period and how they affect pregnancy. young pregnancy is a complex public health issue that requires a holistic approach that takes into account the young mother and her environment. Consequences such as an increase in the prevalence of sexually transmitted illnesses (STDs) and unwanted pregnancies, which can lead to abortions, are direct and undesirable outcomes of adolescents engaging in sexual activity at an earlier and earlier age. Adolescent sexual activity increases the risk of unplanned pregnancies, which can have devastating effects on both the mother and the unborn child (Priyadarashini, 2020).

Due to the psychological and physiological immaturity of adolescent girls, pregnancy in such a young woman is typically seen as a highly risky event. Also, adolescent girls' pregnancies are impacted by extrinsic factors such low socioeconomic status, lack of education, and insufficient prenatal care. There are a number of health issues that can arise from an adolescent pregnancy, including premature delivery, low maternal weight growth, high blood pressure during pregnancy, anaemia, and STDs. It has a negative impact on women's standing as well. There has been a concerted effort within the Reproductive and the Health of Children Program to ensure the continued good health of women.

Stigmatization of health care providers and age- or marital-based discrimination in regulations and laws regarding the provision of contraceptives are two of the many barriers that teenagers encounter when trying to get pregnant. Even if adolescents have access to contraceptives, they encounter barriers that make it difficult for them to use and/or utilise it correctly. Worldwide, 11% of babies are girls, born between the ages of 10 and 19. Nearly all of the births, 95% to be exact, occur in nations with low to medium incomes, such as Ethiopia, within this 11%. Developing regions have about 16 million pregnancies per year among girls aged 10–19 and 2.5 million pregnancies among girls aged less than 16 years. Worldwide, the top cause of death for females aged 10–19 is complications between pregnancy and childbirth (Kassa, Belay, Ayele 2020).

Pregnancy poses a significant risk to teenage females since they are still developing and are seen as emotionally and physically unready to have children. Results from previous studies on problems during pregnancy in adolescent women have been inconsistent. Teen pregnancy

is significantly linked to a number of medical complications, including preterm birth, low maternal weight growth, pregnancy-induced hypertension, anaemia, and STDs.

Objectives of the study

In order to find out why adolescent pregnancies occur.

- Determine the consequences of adolescent pregnancies.
- With the goal of decreasing teen pregnancy rates in rural parts of tehsil Kota Addu.

Technical Approach

Cosmic scale

Adolescent females living in rural parts of tehsil Kata Addu were the subjects of this study.

Quantity of participants

A random sample of 20% of the population was used by the researcher.

Methodology for sampling

This study made use of simple random sampling.

Data gathering instrument

For this study, the researcher relied on a simple random sampling strategy. For this study, the researcher enlisted the help of 200 pregnant teenage girls. Information gathered from outlying regions of Tehsil Kota Addu. In addition, participants were asked to select one suitable option from a list when asked to fill out a face-to-face survey about their a real physical sign or emotion. Following established protocol, data was scored before moving on to statistical analysis, which yielded findings and tables.

The effects and consequences of teen pregnancy in rural regions of Tehsil KotAdu were the subject of many statements asked of respondents. Teenage pregnancies are more prevalent in rural locations, according to the majority of respondents ($\mu = 4.48$). For the most part Teenage pregnancies are dangerous ($\mu = 4.31$), according to respondents, and other respondents also agree. The fact that adolescent pregnancies lead to many health problems is acknowledged ($\mu = 4.21$).The health repercussions of teen pregnancies are acknowledged by the majority of respondents ($\mu = 4.12$).Children are more prone to being delivered prematurely and with a low birth weight, according to respondents ($\mu = 4.13$). It is agreed upon by the respondents that adolescent pregnancies impact the women ($\mu = 3.95$).Family, neighbourhood, and social pressures to get married are the root causes of teen pregnancies, according to respondents ($\mu = 4.09$).Everyone in the survey thinks that Pregnancy among teenagers can be prevented by education ($\mu = 4.12$). everybody who took the survey feels that The denial of girls' right to make decisions regarding their own health leads to an increase in teen pregnancies ($\mu = 4.11$). person being questioned Yes, it is true that adolescent mothers face higher rates of postpartum depression ($v = 3.85$).

Results

Descriptive Statistics			
Statements	N	Mean	Std. Deviation
7 Teenage pregnancy commonly occurs in rural areas	200	4.48	.609
8 Teenage pregnancy is risky	200	4.31	.705
9 Pregnant teenager suffer stigma and isolation	200	4.21	.732
10 Teenage pregnancy is the cause of different diseases	200	4.08	.847
11 Teenage births result health consequences	200	4.12	.894
12 Children are more likely to be born pre- term , have low birth weight	200	4.13	.861
13 Teenage pregnancy affects the women	200	3.95	.881
14 Teenage pregnancy is the result of family, community and social pressure to marry	200	4.09	.875
15 education Teenage pregnancy can be stopped by education	200	4.12	.860
16 Teenage pregnancy increases when girls are denied the right to make descions about their well-being	200	4.11	.797
17 Teenage pregnant women experience greater rates of post-	200	3.85	.934
18 Child early and forced marriage cause for teenage pregnancy	200	4.32	.727
19 Complications relating to pregnancy and child births are leading cause of death for girls aged 15-19 globally	200	3.95	.939
20 Teenage pregnancy remains a major contributor to maternal and child mortality	200	4.04	.890
21 In many cases girls perceive pregnancy to be a better option than continuing their education	200	4.00	.972
22 Teenage pregnancy occurs due to early marriage	200	3.95	1.018
23 Teenage pregnancy can have a profound impact on your future	200	3.94	1.006
24 Society is responsible for teenage pregnancy	200	3.92	1.044
25 Teenage mothers regret becoming pregnant	200	4.01	1.017
26 Teenage mothers are twice as likely to die in child births	200	3.90	1.109
27 Teenage mothers develop emotional problems	200	4.03	.937

28 Poverty, illiteracy, religious beliefs and cultural norms and pressures are some of the reason behind the teenage pregnancy	200	4.14	.960
29 Rural teenagers tend to start childbearing earlier than urban teenagers	200	4.02	.948
30 Pakistan is a country which is mired in primitive traditions and customs , here early marriages are quiet common	200	3.97	1.005
31 Teenage pregnancy is a public health issue for developing countries	200	4.00	.940
32 Teenage pregnancy can also have negative social and economic effect on girls	200	3.98	.972
33 Teenage pregnant women are more likely to experience violence within marriage	200	3.97	1.022

The majority of respondents believe that adolescent pregnancies are caused by child marriage and forced marriage ($\mu = 3.42$).The respondent is in agreement. Deaths among females aged 15–19 worldwide are primarily caused by complications during pregnancy and childbirth ($\mu = 3.95$). A significant portion of mother and infant mortality is still caused by teen pregnancies, according to the respondents ($\mu = 4.04$).Many girls saw being pregnant as a better choice than pursuing more education, according to the respondent ($\mu = 4.00$).The majority of respondents ($\mu=3.95$) believe that underage marriage is the main cause of teen pregnancies. The future can be greatly affected by a teen pregnancy, according to the respondent ($\mu = 3.94$).Teenage pregnancies are societally caused, according to the respondent ($\mu = 3.92$).

Hypothesis

H₁: Children born to pregnant teenagers will have a low birth weight.

The null hypothesis states that there is no correlation between adolescent pregnancies and low birth weight babies.

H₂: Low birth weight is more common in infants born to mothers who were pregnant while they were teenagers.

10 Teenage pregnancy is the cause of different diseases	12 Children are more likely to be born pre- term , have low birth weight				Total
	Disagree	Neutral	Agree	Strongly Agree	
Disagree	1	1	3	1	6
Neutral	7	4	16	19	46
Agree	1	14	30	29	74
Strongly Agree	1	13	30	30	74
Total	10	32	79	79	200

Chi-Square value =.18.541

Df = 9

p-value = .029

Pregnancies among teenagers are associated with an increased risk of several disorders, including preterm birth and low birth weight, as shown in the table. The results that were extracted are very significant. Assuming the null hypothesis is correct, we may say that adolescent pregnancies are associated with an increased risk of several disorders, including preterm birth and low birth weight.

Discussion

Pregnancy among teenagers, also known as "at-risk pregnancy," is a major public health issue. Obstetric problems are more common among pregnant teenagers compared to women towards their twenties. Those living in extreme poverty are more likely to be at risk because they eat poorly and have limited access to prenatal care. The situation is made worse by social issues such as poverty, illiteracy, and low socioeconomic status. Child survival, maternal mortality and morbidity, and adolescent motherhood are all interconnected issues in rural India due to the economic constraints and low use of health care. Marriage ages range from young adulthood to middle age or older in various regions of India, reflecting regional traditions as well as religious and ethnic norms. Traditional views about protecting a girl's virginity and financial constraints force many rural families to wed at a young age. Thus, adolescent pregnancies are rapidly rising to the level of critical public health and social issues. There is still a significant lack of family planning among this demographic. Due to a lack of education, the majority of rural teenage girls may not know how to prevent unwanted pregnancies. Those who do may not have easy the availability of family planning services, or they may be too embarrassed or pressured to have a child so they can appease their in-laws or spouses. Social pressure has left many women unable to control their reproductive health or the timing of their pregnancies, regardless of where they live or what culture they belong to. Decisions are mainly made by husbands and mothers-in-law. A woman's dearth of fiscal autonomy seems to be a driving factor in many of these decision-making structures. The participation of powerful family members is crucial even for access to the best services. Therefore, pregnancies that occur at a young age and the problems that accompany them are still rather common. The proportion of Indian females between the ages of 5 and 19 is 10.3%. For rural women aged 15–19 in 1997, the age-specific fertility rate was 52.5 live births/1000. The median age at first childbirth for women aged 25-49 years was recorded to be 19.4, 19.3, and 19.8, respectively, in National Family Health Polls 1, 2, and 3, indicating that the country's situation has not improved much over the years. Teen pregnancy rates in the studied population were 24.17%, which is in line with the range of 3% to 52% in India. Studies conducted in both community settings and hospitals found that adolescent moms had a higher risk of pregnancy complications. Birth defects such as low birth weight, premature delivery, toxemia of pregnancy, eclampsia, as cephalopelvic imbalance were more common in adolescent pregnancies.

A common consequence of adolescent pregnancies is anaemia. According to Chahande et al., 72.6% of pregnant teenagers suffer from anaemia. In their study, Osbourne et al. found that the incidence of anaemia was 11.1% in pregnant teenagers, compared to 5.2% in the 20 to 24 year old age group, with an extremely substantial rise ($P < 0.001$). Although the overall

incidence was greater in both groups compared to what Osbourne found, the results were comparable in this investigation. But other writers didn't see the same thing. Anaemia was less common among women in the teen age range (33% vs. 62.1% and 71%, respectively) in a research that compared mothers in the 20-30 and 31+ age groups. Teenagers had a lower rate of anaemia than the control group, according to Pachauri as well. When comparing the rates of anaemia in older and younger adolescents, Ghosh found no significant difference. Compared to the control group, the research group had a lower average birth weight of 2.36 kg. There was a statistically significant increase in the incidence of a small birth weight in the research group. Low birth weight was shown to be more common among infants born to women who were teenagers at the time, according to some researchers. Horon et al. did not find a statistically significant difference in the two groups' birth weights. He noted that the mother's socio-demographic and anthropometric traits, antepartum care, the time of labor's beginning, the duration of gestation, and the infant's sex were among the known variables that varied with birth weight. Mothers' racial identity, marital status, and ward assignment were among the socio-demographic factors examined. The best predictor of birth weight was gestational age. According to Efiog and Banjoko, there is a minimal chance of low birth weights among adolescent women, and it can be even lower with proper prenatal care. So, teen pregnancies are considered a major public health concern because of the various problems they cause. Having said that, according to Harris's first publication in the English medical literature on the subject of pregnancy and labour in primiparas, young women do not face any unique risks from an obstetric standpoint. Contrarily, it was thought that the best age to develop a child was sixteen. But from where we stand today, preventing teen pregnancies is essential for a number of reasons, including easing the strain on already-stretched economical, social, and educational systems, as well as lowering the risk of serious health problems for both the mother and her newborn. If it is not possible to dissuade underage marriages—which is still a problem in rural India—then there are three things that may be done to reduce the risk of problems associated with teen pregnancies through improved Family Welfare programs:

- Marriage should be postponed whenever feasible.
- Placing off the first pregnancy
- Put off having more children.

According to the two National Family Medicine Surveys, the share of women under 20-24 who were married around age 18 was 54.2, 50.0, & 44.5, respectively, suggesting a slight drop in the frequency of adolescent marriages in the country. This is excellent news.

Summary

The study aimed to determine the purpose, impact, and repercussions of adolescent pregnancies in its summary section. Several factors are thought to contribute to adolescent pregnancies, according to a study conducted in remote regions of Tehsil KotAddu. The study also found that adolescent pregnancies have a significant psychological impact, increasing the likelihood of depression, birth problems, anaemia, and even death. Pregnant teenagers may

withdraw socially, both from their peers and the larger population, which has social consequences. Having a child between those in the age range of 13 and 19 is considered a teen pregnancy. Teenage pregnancy, however, is commonly used to characterise pregnancies among young women who have not yet attained the age of legal maturity, which differs from one country to another. The effects and implications of adolescent pregnancies in rural tehsil kot Addu were investigated using quantitative research methods. We say the "universe" to denote the overall pool from which we draw our samples. Teenage girls from remote parts of Tehsil the kot Addu who were pregnant made up space and time of this study. Teenage mothers living in rural parts of tehsil Kom Addu were the focus of this research. Teenage mothers living in rural areas were the subjects of this study. This investigation included the use of a simple random sampling method.

Conclusion

Some of the factors that may contribute to adolescent pregnancies include: social and economic status, educational attainment, the prevalence of child marriage, traditional gender norms, and the influence of one's peers. Mother, child, family, and community all suffer as a result of teen pregnancies, which is a major public health concern. Obstetric problems are more common among pregnant teenagers compared to women who are in their twenties. Those living in poverty are more likely to have poor diets and fewer access points to parental care, both of which increase their risk. Anaemia, abortions, STDs, a high risk of surgical births, foetal distress, and other adverse maternal outcomes are associated with teen pregnancies. Birth defects include premature delivery, low birth weight, stillbirth, and injuries sustained during delivery. In rural areas, teen pregnancies were more common. The majority of adolescent moms have less formal education. Obstetric problems in adolescent pregnancies included preterm labour and anaemia. Only one neonatal problem, low birth weight, occurred in the study of adolescent pregnancies.

Suggestions

- The main reason why adolescent pregnancies occur in rural regions is because of early marriage, which is why it should be abolished. The government ought to impose stringent regulations in order to forestall the marriage of minors.
- The government ought to promote females' education in rural regions. Girls can empower themselves to know their rights by obtaining an education.
- Aiding young women. Girls in remote communities should have access to resources that will help them thrive.
- Calling on the larger community to support the rights of girls.
- Giving girls and their families a chance to make money.
- Petitioning government and supporting helpful laws.
- Abstinence promotion, birth control education, community service activities, and coping mechanisms against social pressure are just a few of the many strategies used by programs to lower the teen pregnancy rate.

- Community programs that promote social development, education on safe sexual behaviour, and enhanced counselling on the use of contraception are all effective methods for reducing adolescent pregnancies. Local communities and families should be the primary targets of many of these initiatives.

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