Health Risks Due To Teenage Pregnancy

Posted on September 17, 2018

Something seemingly more common in today's time period is early teenage pregnancies. It seems that the number of young mothers we have is rising each day, and with those early teenagers becoming pregnant, they seem to be unaware of the health risks and factors they may deal with.

Risks of teenage pregnancies include mortality of the mother or the baby, maybe even both, as well as mental health disorders such as postpartum depression due to the lack of social support in the young mother's life. Teen pregnancy creates a health risk because it affects the baby, the teenager, and the parents of the impregnated teen.

One of the main health factors dealing with teenage pregnancy is the cause of death. As stated by researchers Jonas, Crutzen, Borne, Sewpal, and Reddy. Difficulties faced by teenagers during pregnancy and birth of the child worldwide are another cause of death for girls aged 15-19, whereas girls of age below 16 are at higher risk of death of the mother or severe illness as compared to girls above 20 (2016). This means that the birth outcome is very poor in thoughts of their health. As a result of teenage pregnancy can lead to ill health, as well as an unhealthy birth weight for the baby.

Another issue tied to teenage pregnancy is social support. Some see it as a voluntary act. Act of sentiments should be provided by any relative, spouse, companion, or others, and this action can be given in different ways such as Physical, instrumental (Monitory), emotional (Love, empathy, caring), Information and Appraisal (guidance towards conducting self -evaluation) (Kim, Connolly, and Tamim 2014). Though social support can be seen as a voluntary act, in some ways, it may be necessary for expecting mothers. Seeing that some women may suffer from postpartum depression after the delivery of their baby, it has been found that depression may decrease with social support.

Delivery and Teenage pregnancy are, on the one hand, linked with adverse pregnancy outcomes and, on the other hand, linked to low school achievement, living in scarcity, and increased cost of health care. Earlier research deduced linkages between different issues with teenage pregnancy. These issues may involve neonatal or adverse maternal results, like preterm delivery, stillbirth, low birth weight, maternal anemia, postneonatal death, and death of the mother. Further Challenges girls facing Teenage pregnancy are exposed to include

Premature Birth:

Being pregnant in your teens can cause a risk of premature birth of the baby. Secondly, Anemia is one of the issues. Mothers during pregnancy, especially in their teenage, usually face abnormally low levels of red blood cells. Usually, this issue is linked to a deficiency of iron, thus affecting both the baby and the mother. Due to this issue, the baby's development can also be affected. Thirdly,

postpartum depression can be one issue after being a teenage mother. It's a mood disorder and can happen anytime in the first year after delivery. These mood swings may include sadness, anxiety, or difficulty sleeping. Whereas, in extreme conditions, mothers also can think of hurting themselves or the baby. Fourthly, care and support from the family can help teen mothers overcome their issues. There is no doubt that not every mother or child can face health issues, but certainly, risks are high. Getting care and love from the parents can help the mother to decrease health problems while pregnant. Hence, it is necessary to go for a checkup as soon as possible and create an association to keep the baby and mother strong. Furthermore, factors of risk for adverse outcomes in teenage pregnancy are the history of the mother related to her childhood experiences Like physical, emotional, and sexual abuse or violence of intimate partner, separated or divorced parents, living with a person who faces mental illness or substance abuse or is involved in criminal activity. Such events are linked with smoking, successive behaviors related to sexual risk, mental health problems like depression, and alcohol consumption. The Antiquity of the health of maternal exposure to negative experiences of childhood is linked with an enlarged risk of fetal death. No matter what, all children face these experiences. Supportive measures such as strong bonding with family, feelings of self-esteem and accomplishment, good parenting, community, and the school can control the influence of negative experiences.

Some Experts are of the view that it is perceived that the main cause of increasing the rate of Aids is Teenage pregnancy or mothers who are not married. But now, in the recent era, where technology has gone so wide, teenage pregnancy has not been as frightening as it was before. The HIV infection has now achieved a proper treatment, which has made pregnancy or raising a child quite less inconvenient. Furthermore, an argument has been made that this matter is either a self-governing suggestion or is defined by confounding influences. However, these health risks are lowered in second pregnancies. However, there are consistent results when we differentiate the outcomes of first and second pregnancies. The studies have, however, still failed to include smoking and socioeconomic deprivation as the issues of teenage pregnancy. Moreover, one more issue related to this problem was the absence of a father. Larger exposure to the absence of a father was linked with adolescent pregnancy or sexual activity. At the same time, this risk was linked with personal, Familial, or ecological disadvantages. After reviewing the outcomes, there was consistent evidence that the absence of a father affects involvement in sexual activity at an early age or pregnancy in teenagers instead of mental health problems, behavioral complications, or educational accomplishment.

In order to decrease such issues or make them safer, there are some programs related to the health of adolescents. Moreover, research shows that investing in children early can improve their reproductive health behaviors years later. For e.g., in order to get long-term positive results, the studies have suggested conducting intensive and high-quality early childhood programs. Particularly, teenagers who are enrolled in childcare programs or pre-schools that are more specifically focused on increasing information have fewer pregnancies or births than those who are not attending or enrolled in such programs. Studies based on experiments suggested that teenagers involved in community or volunteer work are less involved in sexual activities as compared to the ones who are not registered in such courses or activities. Activities entail a combination of teenage progress (participating in

activities like sports, employment, educational mentoring, or performing arts) and sex education, which can affect the frequency of adolescent pregnancy. However, these programs are long-term and intensive, thus affecting more girls as compared to boys. In contrast, programs on occupational training are seen to have little effect on adolescents' reproductive health behavior.

While concluding the study, we deduced that the research done in the field of adolescent reproductive health highlights the events and manners that can direct teens about issues such as becoming sexually experienced, having various sexual partners, being presently active sexually, being pregnant, using contraception, or giving birth, else get involved in such activities which can lead to STDs. After reviewing the research, the one setting the policy or the one who is providing the service may conduct such courses that may support youngsters to prevent sexually transmitted diseases or pregnancy. Further experimental studies have deduced that other measures should also be taken, such as programs that might include education about improving reproductive health outcomes, which may entail focusing on investing in early childhood. This may include those in school or outside the school (involved in volunteer activities), and nurses should be sent to visit adolescent mothers. This may reduce their chances of becoming pregnant again. Merging all the promising approaches from evaluations done through experiments performed along with best-fit policies can make our future a better living place.

References

Kim, T., Connolly, J., and Tamim, H. (2014). The effect of social support around pregnancy on postpartum depression among Canadian teen mothers and adult mothers in the maternity experiences survey. BMC Pregnancy and Childbirth 2014.

Jonas, K., Crutzen, R., Borne, B., Sewpaul, R., and Reddy, P. (2016). Teenage pregnancy rates and associations with other health risk behaviors: a three-wave cross-sectional study among South African school-going adolescents. Reproductive Health.

Maiden K, Gunter WD, Martin SS, et al. Teen mothers, unintended pregnancies, and costs across Delaware. Del Med J. 2014; 86(4):109-16.

Kingston D, Heaman M, Fell D, et al. Comparison of adolescent, young adult, and adult women's maternity experiences and practices. Pediatrics 2012; 129: e 1228-1237

Nord CW, Moore KA, Morrison DR, et al. Consequences of teen-age parenting. J Sch Health. 1992; 62(7):310-8

Ganchimeg T, Ota E, Morisaki N, et al. Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study. BLOG 2014; 121:40-48

Fraser AM, Brockert JE, Ward RH. Association of young maternal age with adverse reproductive outcomes. N Engl J Med 1995; 332:1113-7.

Olausson PO, Cnattingius S, Godenberg RL. Determinants of poor pregnancy outcomes among teenagers in Sweden. Obstet Gynecol 1997; 89:451-7

Beirne, D. (2017). *What Are the Risks of Teenage Pregnancy?* LIVESTRONG.COM.

Daum. M, (2007). Teenage pregnancy just isn't scary enough anymore. Tribune digital-Chicago Tribune.

Smith, G. and Pell, J. (2002). Teenage Pregnancy and Risk of Adverse Perinatal Outcomes Associated With First and Second Births: Population Based Retrospective Cohort Study. *Obstetrical & Gynecological Survey*, 57(3), pp.136-137.

Manlove.J; Terry.E; Papillo.A; Franzetta.K; Williams.S and Ryan.S (2002). Preventing Teenage Pregnancy, Childbearing, and sexually transmitted Disease: What the Research Shows. Connecticut Avenue. American Teens.

Ellis, B., Bates, J., Dodge, K., Fergusson, D., John Horwood, L., Pettit, G. and Woodward, L. (2003). Does Father Absence Place Daughters at Special Risk for Early Sexual Activity and Teenage Pregnancy?. *Child Development*, 74(3), pp.801-821.

Magill.M and Wilcox. R (2007). Adolescent Pregnancy and Associated Risks: Not Just a Result of Maternal Age. *Am Fam Physician.* 2007 May 1;75(9):1310-1311