

Unwanted Advanced Pregnancy in Unwed Teenagers: A Global Issue, Local Possibilities

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Abstract

Unwanted advanced pregnancy in unwed teenagers is a global problem; solutions have to be local. The present article is based on work of more than two decades, which has led to safe births, safe women, and safe babies.

Introduction

Unwanted pregnancy in unwed teenagers is a global problem that can lead to significant physical and psychological problems. The reasons are similar but still differ because of social and cultural differences in societies around the world. (1) Complications are also known globally (2). Because of the nonavailability and accessibility of abortion services, some face sequelae of either unsafe abortion, unsafe birth, or even death. Beyond the stage of abortion attempts need to be made to ensure the safety of the mother and baby during birth and post-birth.

Objective: To analyze information about teenage girls who presented with unwanted, advanced pregnancies and were helped to have safe births, and surrender babies who were adopted legally by needy couples.

Journey with Material and Methodology

Genesis dates back to two incidents that occurred many years ago. In one incident, one of the best technicians of the health facility accompanied a girl, the daughter of his distant relative, a landlord in a nearby village. She was an unwed girl studying in a nearby city and was living in a hostel. She had an unwanted pregnancy after sexual relations with a friend with mutual consent, did not think of the consequences, and did not use contraception before or after the relation. She wanted an induced abortion, which was not possible under the Indian abortion act (3), as pregnancy seemed just a little advanced than permitted under the abortion law of the country. She was counseled, but she managed to get a safe abortion somewhere else, as she was borderline. However, she never went home because she committed suicide. Another event, a newborn baby's head was seen behind the house of one member of the institute's management committee. Hence, the need for a system to help girls with advanced pregnancies was felt, but concerns about such a system, and the lack of resources for such issues, were big challenges. Apprehensions were sorted, and an overseas civil society came

forward for financial support to help such girls, and a system was created to help such girls with unwanted advanced pregnancy, so that they remained safe during pregnancy and had a safe birth. Rehabilitation of the mother and safety of the baby at birth and beyond were also planned. Attempts were made for skills training to girls, so that they became financially independent, as some girls who reported with advanced unwanted pregnancies were exploited by relatives. They had lost their parents and were living with relatives. In some cases, the parents had disowned the girls because of pregnancy, while unwed. However, girls did not wish to stay and learn skills at the place where they had given birth to an unwanted baby. In the beginning, when the system of helping unwed girls with unwanted pregnancies was established, babies had to be sent to other Baby Homes with mothers or social workers because of legalities. There have been many challenges that came one after the other for many years, from the first step of support to unwed girls with unwanted advanced pregnancies to babies' rehabilitation. While with every problem, a solution was found, it was also realized that it needed a proper system. It took more than a decade to form a system of keeping the babies. Licensed baby's home came into existence with a license for keeping relinquished babies, and it took two more years to get a license for national adoption. So those babies who were surrendered for two years had to be sent to other babies' homes with a license, a total of 18 in one go. However, once a license was procured after completion of the needed formalities for legal adoption of surrendered babies, they were made available for adoption. With the new adoption laws of the country, after some years, a license for international adoption automatically came.

An analysis of records of many teenagers and some divorced or widowed women who reported unwanted advanced pregnancies and had safe births, and their babies found needy parents, was conducted. Details of happenings to the babies are in Table I (Table I).

Table I: Status of babies surrendered to baby homes

Admissions to babies' home	297
Legal adoptions	256
Babies taken by natural mothers	22
Blind baby transferred to special centre	1
Babies with Cerebral Palsy to Special Care Centre	2
Babies died (Neonatal/Infant deaths – in PICU)	6
Number of babies in babies' home at the time of analysis	10

Some details of all the girls are in Table II. There were quite a few cases of rape and sexual assault. Many girls under the age of 18 were considered 'sexual assault' cases under the Indian law. However, quite a few girls had sexual relationships with their partners with mutual consent, occasional, even planned marriage with the boy responsible for pregnancy, but still surrendered the baby as birth had occurred before marriage. They also had safe births and surrendered the babies. Some girls had a primary school education, others had higher, technical degrees. Many belonged to the lower economic class, but a few belonged to the middle class too (Table II).

Table II: Unwed girls with unwanted pregnancies

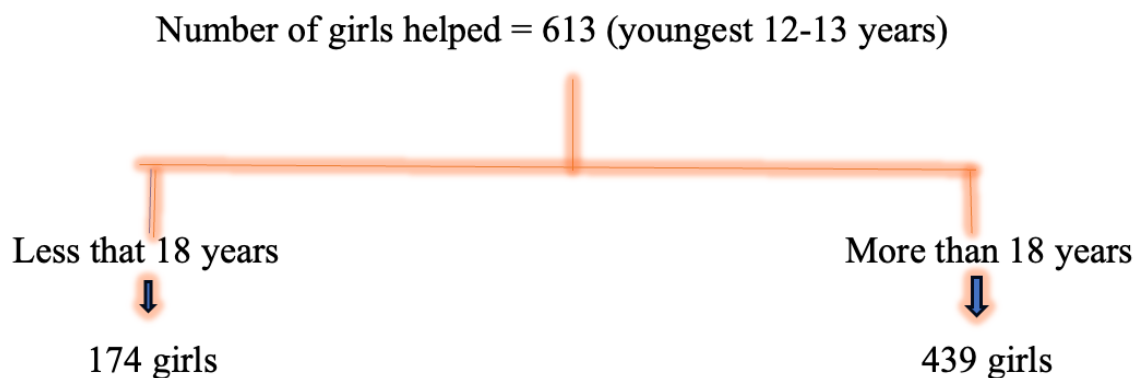
		RURAL	URBAN
AGE	<18 years	90	84
	18-19 years	73	36
	>20 years	183	147
	Total	346	267
EDUCATION	Illiterate	5	3
	Primary education	60	50
	Higher education	60	44
	Graduate	190	150
	Post graduate / professional	31	20
	Total	346	267
ECONOMIC STATUS	Upper	0	0
	Middle upper	0	5
	Middle	100	117
	Middle lower	123	75
	Lower	123	70
	Total	346	267

Discussion

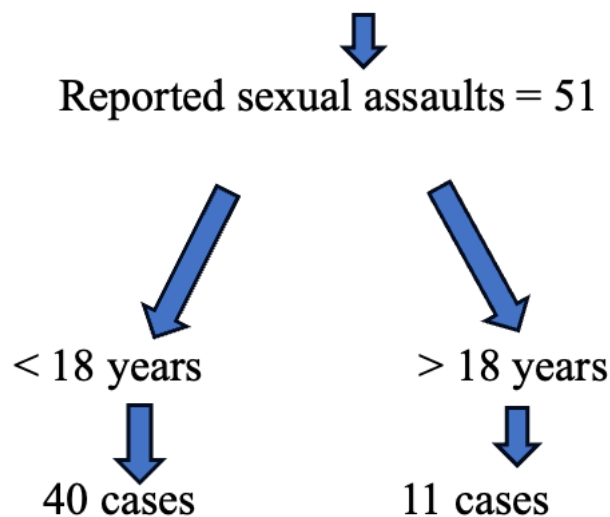
Unintended pregnancy in teenagers is a worldwide problem. Unintended pregnancy in adolescents results from a lack of thought about contraception, contraceptive failure, or various other reasons, and, less commonly, sexual assault. Abortion is a frequent consequence of an unintended pregnancy if the pregnancy is revealed in time for abortion and abortion is available and accessible. It is essential to identify those at risk for unintended pregnancy and provide the services they require to prevent pregnancy (4). As Ross and Salinger et al (5) reported, 'reproductive justice goes beyond the pro-choice/pro-life debate with three primary principles: the right not to have a child, the right to have a child, and the right to parent a child in safe and healthy environments. It is obviously essential to have adolescent healthcare that reflects local understanding, cultures, politics, and histories of adolescents. The number

of girls helped under this project at the time of analysis was 613; the youngest girl was 12- 13 years old. Out of 613 girls helped, 174 were below the age of 18 years. All such cases were considered rape as per the Indian Law. (6). Out of 613 women, mostly adolescent girls, 51 cases actually reported sexual assaults, 40 were below 18 years of age, and 11 were above 18 years of age (Flowchart I).

Flow chart I



Sexual assault cases as per country law



These victims of sexual assaults reported a friend, cousin, uncle, brother-in-law, father, priest, peon, teacher, or a stranger as the person behind the pregnancy. After all licensing of 297 babies admitted to the baby home, 256 were adopted. 22 babies were taken by their biological mothers. There was one blind baby and two babies with Cerebral Palsy who were transferred to a special needs centre. A total of 6 neonatal/infant deaths occurred in the Paediatric Intensive Care Unit over the past 20 years.

Globally, it is essential to ensure that those women and their families have safe options to consider when faced with an unintended pregnancy. School-based sex education, strengthening of adolescents' health care within existing systems, and youth-friendly services are some unmet needs, which, if catered to, will prevent many deaths. For unwed advanced pregnancies, there are many social, financial, and medical challenges that need support at the national level with policies and systems for the right maternal and perinatal outcomes. Instead of considering this an obstacle, it can be looked at as a huge opportunity for change. Biological and emotional aspects of sexual development and relationships, imparting decision-making, communication, and negotiation skills through interactive activities, are some of the measures that could help the situation at the grassroots level. Schools and religious places, which have a huge impact in shaping the minds of the target populations, must engage in modalities of education that promote safe sexual behavior, adolescents' reproductive health, and provide strong support in the successful transition of adolescents into adults. Social and cultural taboos pose as major barriers when it comes to accessing services.

Summary

Teenage pregnancy is a societal issue that affects people all over the world, and unwanted advanced pregnancy is a bigger problem of global concern and needs local solutions for safe women and safe children.

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