Introduction:
Pregnancy in a girl aged between 10 and 19 years is adolescent or teenage pregnancy. In the developing countries like India, early marriages and early pregnancy are the accepted cultural norms of our society. In India, 18.2% of women aged between 20 and 24 years were married by the age of 15 years and 47.4% by the age of 18 years. 16% of adolescents between 15 and 19 years have begun childbearing.

Pregnancy in very young women is generally considered to be a very high risk event, because teenage girls are physically and psychologically immature for reproduction. In addition, there are some extrinsic factors such as inadequate prenatal care, illiteracy, and poor socio-economic conditions that affect the outcome of pregnancy in teenage girls. Several medical complications like preterm birth, poor maternal weight gain, pregnancy-induced hypertension, anaemia, and sexually transmitted diseases are strongly associated with teenage pregnancy. It also adversely affects the status of women. Preserving the health of women has been given high priority in the Reproductive and Child Health Program. Knowing the burden of pregnancy in teenagers will go a long way in advocacy and devising appropriate intervention measures. With this background in mind we have conducted our study in a rural area.

Aims and objectives:
1. To study the socio-demographic characteristics of the teenage pregnancies.
2. To study the complications of teenage pregnancy.

Materials and methods:
1. Study area: The study was conducted in the service area under the PHC having an approximate population of 45000 with a duration of 6 months and a total of 412 registered pregnancies were studied.
2. Study type: Community based Cross sectional observational study.
3. Study period: 6 months i.e. from January 2012 to June 2012.
4. Study population: All the registered pregnancies in the PHC or the sub centres under it who had delivered a baby during the study period were included with the following criteria:
   a. Inclusion criteria: All registered pregnancies delivering either a still-birth or a live born new-born in the service area of the PHC whose birth weight had been recorded within 48 hours, were included in the study.
   b. Exclusion criteria: Pregnancies who got aborted and those who were not available for the interview during the study period were excluded from the study.
5. Data collection: Thus, a total of 412 mothers who satisfied the above criteria were interviewed. Health workers (F), Anganwadi workers and trained dais specially trained for the survey helped collecting information from mothers of the new-borns by using pre-designed and pre-tested proforma. The recorded data of the women at the PHC and sub centres was utilised for the study.
6. Statistical analysis: Whole data entry is done in Microsoft Excel 2010. Data was analysed using SPSS software version 16 version and Open Epi Software Version 2.3. Association of the risk factors under study was assessed by applying chi –square test taking a level of significance of P < 0.05.

Observations and results:
The prevalence of teenage pregnancy in the study was found to be 19.9% with majority i.e. 59.75% Hindus, 43.9% illiterates and 56.1% belonging to lower socio-economic status. 48.78% belonged to joint family. 17.07% teenage mothers did some productive work. The prevalence of anaemia was found to be 52.44% and pre-eclampsia 17.07%. 34.14% delivered a LBW baby.

Conclusions: Nearly one fifth of pregnancies occur in teenage women, who have significantly higher rates of complications.
The prevalence of teenage pregnancy in the study population was 19.9%, which lies within the range observed in India, which varies from 3% to 52%. Complications of pregnancy were observed to be more among adolescent mothers. The incidence of preterm delivery, low birth weight, and complications during pregnancy and labour like toxemia of pregnancy, eclampsia, and cephalopelvic disproportion were more in teenagers.

Anæmia is a common complication of teenage pregnancy. Chahande, et al. reported 72.6% of teenage pregnant women to be anemic. Osbourne, et al. observed a highly significant increase in the incidence of anæmia (P<0.001) in pregnant teenagers, 11.1% as compared with 5.2% in the 20-24 year old age group. In this study, the finding was similar, though the incidence, as a whole, was higher in both the groups than that observed by Osbourne.

Prematurity rates have been reported to be higher in teenage mothers than in the older group by many authors. Probable causes for the higher incidence of preterm labour may be anæmia, malnutrition, pregnancy induced hypertension, or lack of antenatal care. Foreign authors also observed similarly. In this study, the incidence of preterm delivery among the teenage mothers (51.51%) was double that in the control group (25.82%). Preterm delivery in teenagers in this study was much higher than that reported by the other Indian authors, which varied from 13.7% to 31%.

In our study we got a high proportion of LBW babies among the teenage pregnancies. Some authors reported a higher incidence of low birth weight among babies born to teenage mothers.

**Conclusion:**
This study highlights that nearly one fifth of pregnancies occur in teenage women, who have significantly higher rates of complications. This may cause retardation of growth and development, and also deprive them of their childhood and education with resultant deterioration of the overall health of the nation. The time has come to focus on this problem. Education, nutritional support, and family planning, along with creating awareness among the community and also the school girls about the importance of delaying marriage, reproductive health, family life, and population education will definitely help in transforming today's adolescent girls into healthy and responsible women, giving birth to a healthy future generation.
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