

Experiences of teenage pregnancy and its consequences on adolescent girls in rural Sindh, Pakistan

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Abstract

Objective: To explore the challenges of teenage pregnancy experienced by adolescent girls, and its impact on their social and psychological wellbeing.

Method: The qualitative study was conducted from August 5 to September 17, 2023, in different villages in northern Sindh after approval from the institutional ethical review board of Shah Abdul Latif University, Khairpur, Pakistan. Data was collected through semi-structured interviews with the subjects who had experienced teenage pregnancy in the preceding 2 years. Data was transcribed verbatim and analysed thematically.

Results: Of the 37 subjects, 20(54%) were aged 19-20 years. The age at the time of marriage was 15-16 years in 22(59%) cases, and 16(43%) had received no formal education. Challenges, impact and outcome of teenage pregnancy were the 3 main themes identified on the basis of the collected data, indicating that it was a challenging experience for adolescent girls resulting in poor health outcomes.

Conclusion: Community-based interventions are needed to promote female education that may put an end to adolescent motherhood.

Keywords: Teenage pregnancy, Adolescent girls, Socioeconomic status, Education. (JPMA 74: 1968; 2024)

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Introduction

Teenage pregnancy is a global issue occurring in high-, middle- and low-income countries.¹ Around 21 million adolescent pregnancies take place each year in low and middle-income countries (LMICs), 50% of which are unintended.² This is likely to cause heightened health hazards, social stigma, and adverse emotional and economic consequences in their lives.^{3,4} Adolescent mothers face higher risks of preterm birth, low birth-weight (LBW) of the newborn, and acute neonatal conditions. Adolescent mothers, aged 10-19 years, cope with higher risks of puerperal endometritis, eclampsia and systematic infections than women aged 20-24 years.⁵

Teenage pregnancy is not always associated with negative outcomes and can bring positive consequences for some women. However, a number of social factors have adverse impact on the outcomes of teenage pregnancies, like poverty, unemployment and limited literacy.⁶ Young girls, especially in their early adolescence, are vulnerable to the health-related consequences of early pregnancy.⁷ Early pregnancy worsens the health of girls, and bars them from accessing social and economic opportunities.⁸ Teenage mothers are still at the growing stage, and, hence, they are

not well-equipped socially, economically, physiologically, culturally, or even psychologically to face the complications of pregnancy. To be a mother at this stage and take up adequate social and economic responsibilities is challenging.⁹

The rate of teenage pregnancy in low-income countries is higher than middle- and high-income countries. A study revealed that the increasing rate of teenage pregnancy in low-income countries poses major health challenges to adolescent girls and their families, and restricts them from accessing economic opportunities.⁹ Studies suggest that girls with teenage pregnancy have limited access to education and consequently they are pushed towards economic marginalisation.¹⁰ Other studies revealed that many childbearing girls are prevented from seeking education, and this has a direct impact on their employment opportunities and educational attainment.^{7,9,11}

South Asia has the second highest prevalence rate of adolescent pregnancies reported after sub-Saharan Africa. South Asian women have the shortest interval between their marriage and their first child; 1-2 years on average.¹² The factors influencing adolescent motherhood include the patriarchal structure of society, early marriage, lack of awareness about family planning, cultural norms, and low household wealth index.¹³ Poverty, limited literacy and gender discrimination limit young women's decision-making power and encourage teenage pregnancy. Early marriage, extended family structure, cultural factors, and

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women's low socioeconomic status (SES) are also among the influencing factors of teenage pregnancy.^{14,15} One's association with ethnic minority groups is also consistently associated with teenage pregnancies in South Asia.¹³

The rate of teenage pregnancies has witnessed a decline in Pakistan, but its prevalence is still high. It has decreased from 51% to 38% in 28 years, which is insufficient to reach to the Sustainable Development Goals (SDGs) to improve maternal and child health.¹ In Pakistan, teenage pregnancy is usually an outcome of child marriage.¹⁶ About 21% of women in Pakistan aged 20-24 years were married at the age of 18, while 3% of the girls were married when they were aged 15.¹⁷

Despite having a greater emphasis on women's education, safe access to sexual and reproductive health services, and the use of contraception, the prevalence of adolescent pregnancy is still high in Pakistan. In rural areas, the rate of teenage pregnancy is significantly higher than that of urban areas; more specifically, the rate is higher among women in rural Sindh, Khyber Pakhtunkhwa (KP) and Balochistan due to poverty and low education.¹⁴ The adverse consequences of teenage pregnancies include anaemia, severe anaemia, hypertensive disorders of pregnancy, preterm delivery, obstructed labour, oligohydramnios, LBW neonates, operative delivery, meconium aspiration syndrome, and perinatal deaths.¹⁸

The current study was planned to explore the experience of adolescent pregnancies among women in rural areas of northern Sindh, and to explore how gender inequality affected young women's experiences of pregnancy.

Subjects and Methods

The qualitative study was conducted from August 5 to September 17, 2023, in different villages in northern Sindh after approval from the institutional ethical review board of Shah Abdul Latif University, Khairpur, Pakistan. The sample was raised using purposive sampling technique. Those included were young married women who had experienced teenage pregnancy in the preceding 2 years regardless of the pregnancy outcome. The 2-year period was chosen to document a better and up-to-date assessment of the recent experiences of teenage pregnancies. Those who did not meet the inclusion criteria were excluded. The sample size was determined by data saturation.

Data was collected through semi-structured interviews after taking informed consent from all the subjects. All interviews were recorded in Sindhi, and then translated into English. They were transcribed verbatim. The collected data was subjected to thematic analysis.

Results

Of the 37 subjects, 20(54%) were aged 19-20 years. The age at the time of marriage was 15-16 years in 22(59%) cases, and 16(43%) had received no formal education (Table 1).

Overall, 18(49%) subject did not have any scans during the pregnancy, while 14(39%) had scans 1-2 times. Home birth in the villages was the case with 18(49%) subjects.

Challenges, impact and outcome of teenage pregnancy were the 3 main themes identified on the basis of the collected data, indicating that it was a challenging experience for adolescent girls resulting in poor health outcomes (Table 2), indicating that the subjects generally lacked information about the legal age at marriage, reproductive health, the use of contraceptives, the importance of antenatal check-ups, and the use of multivitamins during pregnancy. Their pregnancy was not planned nor did they seek any information about pregnancy care from a healthcare professional. The common mode of information was older women in the family who would guide young girls through their own experiences of pregnancy and childbirth.

Table-1: Socio-demographic characteristics (n=37).

	n (%)
Age (years) of the respondents	
15-16	09 (24)
17-18	08 (22)
19-20	20 (54)
Age (years) at marriage	
13-14	07 (19)
15-16	22 (59)
17-18	08 (22)
Age (years) at the first pregnancy	
15-16	20 (54)
17-18	17 (46)
No. of children	
None	01 (3)
01	08 (22)
02	22 (59)
03	06 (16)
Respondents' education level	
None	16 (43)
Primary	08 (22)
Secondary	03 (8)
Higher Secondary	02 (5)
Intermediate	06 (16)
Graduate	02 (5)
Monthly income of husband (in PKR)	
5000-10,000	09(24)
11,000-15,000	(32)
16,000-20,000	7 (19)
21,000-25,000	03 (8)
26,000-30,000	04 (11)
30,000 and above	02 (5)

Table-2: Thematic analysis of experiences and challenges faced during teenage pregnancy.

Themes	Sub-themes	Excerpts
Challenges	Physical changes	"My body shape looked unusual. My weight abruptly increased, So I was reluctant to face people. I felt shy and gave up going out. My stretch marks also scared me". "My most difficult time was one month before my delivery, I was worried whether it would be normal or not. Social pressure for normal delivery was too much on me. I was tense and had anger issues during the pregnancy. Severe headache accompanied me through the pregnancy".
	Negotiations with Household work	"Being a pregnant teenager, I had to face many challenges to negotiate with household responsibilities. Since my home was my only shelter, I continued performing many tasks without fail". "My mother-in-law believed that house chores would facilitate my normal delivery. Therefore, the load of household work grew heavier on me". "Nothing changed for me during pregnancy, my workload and my daily routine remained the same. I would do housework, look after the cattle, and get little time for rest. It was only in the 9th month when I got some rest due to my weak condition and when I was unable to do much".
	Psychological Condition	"I was unable to sleep at night thinking what would happen next as I had heard about labour pain and its complications. I was so scared". "My doctor also told me that my baby was weak due to mental stress and insufficient diet".
Impact of teenage pregnancy	Lifestyle changes	"I felt myself a mature woman, bearing a baby at the age of 15" "The changes were gradual yet drastic as I was transforming from a girl to a woman. My life changed dramatically (mild laughter). Whenever I looked at the mirror, I would see an older woman in me".
	Education	"I left my education after matriculation because I could not attempt papers while pregnant and preparation was impossible". "House chores are the main hurdle to education. Senior women in my family kept telling me that childcare and my familial responsibilities are supreme, and therefore, I could not continue my education". "I mostly remained upset with nausea, mood swings and weakness. All this made me unable to do my study". "After I finished primary education, I was married. My friends are still studying, I could have studied further".
Outcome of Pregnancy		"The outcome of my first pregnancy was still birth in 8th month. My bleeding didn't stop after delivery". "I was happy that I would be a mother soon and worried in a sense that I should not give birth that soon. The delivery experience was horrible. I am still scared to give birth again soon". "My cousin was married at 13. She gave birth to a premature baby and died on the way to the hospital. The baby also died after 20 days. It is said that she had a demon". "Due to my precarious health condition, dai could not handle my delivery and my first baby died during the delivery".

Discussion

Teenage pregnancy is common in the villages of northern Sindh from where data was collected. Pregnancy at a young age is inimical to the health of teenage girls, and causes various health risks to both the mothers and the neonates.¹⁹ Many current respondents experienced severe health conditions during the pregnancy that included weakness, anaemia, nausea that weakened them, and sleeplessness. It has been reported that young girls face heightened vulnerabilities to have early pregnancy risks and birth complications than adult women because their gynaecological condition is not fully ready and their pelvic growth remains incomplete.²⁰ The current study also showed poor health outcomes of teenage pregnancy with stillbirths, LBW babies, and excessive bleeding after delivery.

There is an important association between the economic status of women and teenage pregnancy. Girls with low SES are more likely to be pregnant than their other counterparts. In developing countries, poverty has been recognised as playing a dual role; it determines teenage pregnancy, and worsens socioeconomic conditions by limiting financial and educational opportunities.²¹ Most of the respondents in the current study were from marginalised communities; they belonged to wage-earning families and had limited income along with limited or no literacy. They lacked resources, a supportive environment, and financial opportunities. Consequently,

most of the respondents did not follow routine check-ups, scans or blood tests, and not many of them used multivitamins that are essential for a healthy pregnancy. Many deliveries took place at home by unskilled traditional birth attendants (TBAs) because poor families could not afford deliveries by skilled or professional health workers.

A study suggested that poor uneducated women belonging to rural areas are more likely to marry young, and experience early maternity.¹² The current study also highlighted similar trends. In LMICs, education plays a vital role in delaying adolescent pregnancy. Studies suggest that the level of education determines the age of teenage girls to become pregnant, and schooling delays childbearing. Girls' longer stay in schools not only increases their education level, but also lessens the risk factor of teenage pregnancy.¹¹ Many girls in the current study were either not literate or left their schools at the time of marriage. Only three girls were still enrolled, but they also quit schooling at the onset of pregnancy. Their physical and psychological conditions made study and mobility almost impossible for them. Parents' support for teenage daughters' pregnancy encourages adolescent girls to continue the education process.²² In contrast, the current respondents were repeatedly told about their gendered roles, and that motherhood was supreme to them which discouraged further education. A respondent told with intense grief that her classmates were still studying, while she got married and became a mother.

Patriarchal structure, sociocultural and demographic elements, religious beliefs, and gender discrimination influence maternal health outcomes in Pakistan. Socially weak and isolated women are more vulnerable to poor reproductive health.²³ The current study also documented similar experiences.

As part of SDGs, the World Health Organisation (WHO) declared an indicator to reduce the adverse impact of teenage pregnancies on women's health and to improve maternal health by aiming to root out all practices that are harmful to a child and early marriages by 2030. To prevent child marriage and teenage pregnancy, education and economic empowerment can be used as widely acknowledged strategies. Education is considered an integral element in inculcating sound moral character among children whereas economic empowerment is used as a means of shifting the narrative from the notion that women are an economic burden to men as a source of income generators.¹⁶ Teenage pregnancy can be reduced when there is communication with parents, community meetings, school activities, proper laws, and government policies.⁸ Some other effective strategies include improved SES of girls, advocacy for gender equality, and promotion of girls' education.²⁴

The current study has imitations as it was conducted in specific villages of northern Sindh, and with a small sample of 37 young participants. The findings, therefore, can only be applied to a similar context. More research is required in other rural areas of different regions to analyse similarities and differences in different contexts.

Conclusion

Teenage pregnancies and teenage motherhood was challenging, and had serious consequences. Interventions to improve female literacy and control child marriage must focus on young girls from less privileged areas where poverty prevails and female education is discouraged.

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Conflict of interest: None.

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References

- World Health Organization (WHO). Adolescent pregnancy: Evidence brief. [Online] 2019 [Cited 2023 October 10]. Available from URL: <https://www.who.int/publications/i/item/WHO-RHR-19.15>
- Sully EA, Biddlecom A, Darroch JE, Riley T, Ashford LS, Lince-Deroche N, et al. Adding It Up: Investing in Sexual and Reproductive Health 2019. [Online] 2020 [Cited 2023 October 12]. Available from URL: <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>.
- World Bank. The Social and Educational Consequences of Adolescent Childbearing. [Online] 2022 [Cited 2023 October 08]. Available from URL: <https://genderdata.worldbank.org/data-stories/adolescent-fertility/>.
- Odrowąż-Coates A, Kostrzewska D. A retrospective on teenage pregnancy in Poland: Focusing on empowerment and support variables to challenge stereotyping in the context of Social Work. *Child Adolesc Soc Work J* 2021;38:165-74. Doi: 10.1007/s10560-020-00735-8
- World Health Organization (WHO). Adolescent Pregnancy. [Online] 2023 [Cited 2023 March 07]. Available from URL: <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>.
- Cook SM, Cameron ST. Social issues of teenage pregnancy. *Obstet Gynaecol Rep Med* 2015;25:243-8. Doi: 10.1016/j.ogrm.2015.06.001
- United Nations International Children's Emergency Fund (UNICEF). Early childbearing can have severe consequences for adolescent girls. [Online] 2021 [Cited 2023 March 8]. Available from URL: <https://data.unicef.org/topic/child-health/adolescent-health>.
- Chung HW, Kim EM, Lee JE. Comprehensive understanding of risk and protective factors related to adolescent pregnancy in low- and middle-income countries: A systematic review. *J Adolesc* 2018;69:180-8. doi: 10.1016/j.adolescence.2018.10.007.
- Uwizeye D, Muhayiteto R, Kantarama E, Wiehler S, Murangwa Y. Prevalence of teenage pregnancy and the associated contextual correlates in Rwanda. *Heliyon* 2020;6:e05037. doi: 10.1016/j.heliyon.2020.e05037.
- School closures and teenage pregnancy. *Bull World Health Organ* 2021;99:6-7. doi: 10.2471/BLT.21.020121.
- Mohr R, Carbajal J, Sharma BB. The influence of educational attainment on teenage pregnancy in low-income countries: A systematic literature review. *J Soc Work Glob Comm* 2019;4:21-31. doi: 10.5590/JSWGC.2019.04.1.02.
- Scott S, Nguyen PH, Neupane S, Pramanik P, Nanda P, Bhutta ZA, et al. Early marriage and early childbearing in South Asia: trends, inequalities, and drivers from 2005 to 2018. *Ann N Y Acad Sci* 2021;1491:60-73. doi: 10.1111/nyas.14531.
- Poudel S, Dobbins T, Razee H, Akombi-Inyang B. Adolescent Pregnancy in South Asia: A Pooled Analysis of Demographic and Health Surveys. *Int J Environ Res Public Health* 2023;20:6099. doi: 10.3390/ijerph20126099.
- Ali A, Khaliq A, Lokeesan L, Meherali S, Lassi ZS. Prevalence and predictors of teenage pregnancy in Pakistan: a trend analysis from Pakistan Demographic and Health Survey datasets from 1990 to 2018. *Int Health* 2022;14:176-82. doi: 10.1093/inthealth/ihab025.
- Acharya DR, Bhattaria R, Poobalan AS, van Teijlingen ER, Chapman GN. Factors associated with teenage pregnancy in South Asia: a systematic review. *Health Sci J* 2010;4:3-14.
- Jawad M, Kakal T, Kok MC. The situation of child marriage and teenage pregnancy in Sindh, Pakistan. [Online] 2018 [Cited 2023 October 7]. Available from URL: <https://www.kit.nl/institute/publication/the-situation-of-child-marriage-and-teenage-pregnancy-in-sindh-pakistan/>
- United Nations International Children's Emergency Fund (UNICEF). The State of the World's Children 2017: Children in a Digital world. [Online] 2017 [Cited 2023 November 12]. Available from URL: <https://www.unicef.org/reports/state-worlds-children-2017>
- Tanveer Q, Fatima A. Adolescent pregnancy: A comparative study from the teaching hospital of Lahore, Pakistan. *Prof Med J* 2016;23:727-30. doi: 10.29309/TPMJ/2016.23.06.1627.
- Baxter AJ, Dundas R, Popham F, Craig P. How effective was England's teenage pregnancy strategy? A comparative analysis of high-income countries. *Soc Sci Med* 2021;270:113685. doi: 10.1016/j.socscimed.2021.113685.
- Vogel JP, Pileggi-Castro C, Chandra-Mouli V, Pileggi VN, Souza JP,

- Chou D, et al. Millennium Development Goal 5 and adolescents: looking back, moving forward. *Arch Dis Child* 2015;100(Suppl 1):s43-7. doi: 10.1136/archdischild-2013-305514.
21. Oke YF. Poverty and teenage pregnancy: The dynamics in developing countries. *OIDA Int J Sust Dev* 2010;2:63-6.
 22. Barmao-Kiptanui C, Kindiki JN, Lelan JK. Impact of teenage motherhood on the academic performance in public primary schools in Bungoma County, Kenya. *Int J Ed Adm Policy St* 2015;7:61-71. Doi: 10.5897/IJEAPS2014.0383.
 23. Omer S, Zakar R, Zakar MZ, Fischer F. The influence of social and cultural practices on maternal mortality: a qualitative study from South Punjab, Pakistan. *Reprod Health* 2021;18:97. doi: 10.1186/s12978-021-01151-6.
 24. Lawal AM, Rasheed FA, Tukur J, Nura AK. Outcome of Teenage Pregnancy at Federal Medical Centre, Katsina: A Five-Year Review. *J Med-Clin Res Rev* 2021;5:1-6. Doi: 10.33425/2639-944X.1234
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NA, RDR: Conceived idea, data collection, analysis and writing.