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UNMARRIED TEENAGE PREGNANCIES: HEALTH RISKS AND CONTROL MEASURES

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Abstract

Pregnancy can either lead to a live birth, miscarriage or an abortion. In 2010, 60% of teen pregnancies resulted in a live birth, 15% miscarriage and 26% resulted in abortion. The majority of teen mothers were unmarried when their child was born. Pregnancy was seen as a state of being with a child, the condition from conception to the expulsion of the fetus. Unmarried teenage pregnancy is the term used for pregnancy in women who have not reached the age of marriage. The predisposing factors were discussed such as poverty, community and family factors, wrong and poor use of contraceptives among others. Health risks associated with unmarried teenage pregnancy and the health complications were discussed. The health risks were discussed under physical health risks, social health risks, emotional health risks and family pattern risks. The health implications discussed were: development of prolonged and obstructed labour which leads to Visco-Vaginal Fistula (VVF) and Recto Vaginal Fistula (RVF), risk of maladjustment and risk of social impairment like inferiority complex. The control strategies were also listed out as sexuality education, peer education programmes, health education curriculum being designed in such a way that teenagers are adequately educated and motivated towards understanding the consequences of premature and unprotected sexual activity.

Keywords: Unmarried Teenager, Pregnancy, Health Risks, Control Measures.

Introduction

Recently, a lot of countries, states, local government and communities alike have shown concern on the vexing issue of unmarried teenage pregnancy. This issue so ramified and whole spread that every segment of the society have had share of it and the attendant problems associated with it. A good reader of newspapers and magazines published in this community will appreciate the increasing rate of unmarried teenage pregnancy and its associated risk.

Barbara, (2014) defined pregnancy as a state of being with a child, the condition, from conception to the expulsion of the fetus. The normal period of pregnancy is 280 days or 40 weeks. Teenager is a stage of life in which an individual undergoes physical, social, emotional and mental changes which he or she has no control of within this period (Ejifugha, 2012). Teenage is a period of time between childhood and adulthood. It is a period of physiological

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social and intellectual transition (Okafor & Ugwuegbulam, 2016). Biologically, teenage is a period of accelerated physical and sexual maturation. It is the bridge between the life as a child and the life as an adult, which gives the individual the opportunity to start dropping childhood behaviour and start learning the adult life style. A teenager or teen is a young person whose age falls within the range from 13 to 19 years (Okafor and Ugwuegbulam, 2001).

Teenagers face a wide range of issues every day relating to their physiological, emotional, socio-cultural and psychological concerns. One of the most complicated issues is unintended unmarried teenage pregnancy.

Barth (2016) opined that unmarried teenage pregnancy has remained an untended public health problem in both developing and developed countries of the world. Unmarried teenage pregnancy is the term used for pregnancy in women who have not reached the age of marriage. It has continued to be averting and perplexing issues for families, health care professionals, and educators. Government officials and youth themselves (MC-Anarney & Hendee, 2014).

Unmarried teenagers especially females are exposed through hawking to become sexually aware too early in life. In an attempt to set their wares, teenage females mingle with touts in the motor parks and streets (Rhoda & Deborah, 2013). Unmarried teenage pregnancy is viewed as a problem having to do exclusively with teenage girls. Overlooked are the teenage boys and men who share equally in the responsibility.

Ugwu, (2015) opined that unmarried teenage pregnancy is a consequence of sexual intercourse by a teenager. Brakolo, (2015) opined that unmarried teenage pregnancy have been viewed by a girl of thirteen (13) and nineteen (19) unmarried getting pregnant. Unmarried teenage girls, who are pregnant especially if they don't have support from their parents, are at risk of not getting adequate parental care.

Predisposing Factors to Unmarried Teenage Pregnancy

Unmarried teenage girls may become pregnant as a result of many different situations. Some unmarried teenage girls become pregnant while involved in long term dating relationship. The girls become pregnant after hooking up. Some girls may become pregnant as a result of a rape situation.

Moore, Miller, Gleib and Morrison, (2015), reported that several developmental characteristics are related to early and continual sexual activities by teens. These include the early onset of puberty and high levels of androgen. Equally, engagement in other deviant behaviours such as the use of alcohol, truancy and delinquency predispose young people to such sexual risks behaviour (Abma, 2016).

Another factor to premature sexual behaviour is poverty. Research suggested that unmarried teenagers from families with lower socio-economic status tend to initiate sexual activity at an earlier age: are less likely to have an abortion and are more likely to give birth out of wedlock than teenagers from higher income families (Boyer & Finer, 2015).

Substance abuse and poor performance in school: Are another factor to unmarried teenage pregnancy. Researchers observed that unmarried teenage girls who are doing poorly in schools and who consume alcohol regularly are more likely to engage in sexual risk taking (Luster & Small, 2015) than others. For teenage boys, they further found out those poor grades, thoughts

about suicide, alcohol consumption and sexual abuse were related to risk sexual behaviours (Hayes, 2016).

Community and family factors: In addition to the characteristics of the teenagers, there are also family and community factors that are strongly linked to protection and risk status. Parents' mental disruption and living with single parents is associated with early onset of sexual behaviour. Such factors as lower family income, less parental care and supervision as well as having sexually active siblings. Friends as well as peers have been enumerated as sexually active factors also related to increased sexual activities by unmarried teenagers.

Conversely, having educated parents, appropriate parental supervision, sexual abstinence friends and siblings; as well as schools with good morals are all related to later onset of sexual intercourse (Onuzulike, 2016).

Wrong and poor use of contraceptives

Inconsistent and incorrect use of contraceptives also predisposes unmarried teenagers to unplanned pregnancy. Abuse and misuse of contraceptive devices can also predispose the unmarried teenagers to other health hazards (Eubanks, 2014).

Abuse of the unmarried teenagers: Coercion and abuse by men equally predispose unmarried teenagers to unwanted pregnancy. There is growing evidence that sexual pressure and abuse towards teen women contribute to adolescent pregnancy (Eubanks, 2014).

Provocative Mass Media and Jobs: Films displayed on home video in television as well as those sold in compact disc (CD) and video compact disc (VCD) deceive teenagers who are highly curious and explorative. In order to experiment, such teenagers may be exposed to casual sex and unwanted pregnancy. Certain job opportunities are highly tempting to unmarried teenagers. Newspaper reports revealed that banks who employ unmarried teenagers with a bid to help in scouting for wealthy customers are predisposing such minds to the risk of unhealthy lifestyles. In addition, industries that use unmarried teenagers in marketing their products on the high ways street and major markets are equally exposing such teenagers to numerous risks (Laurice & Bartolomae, 2014).

Unmarried Teenagers and Internet: Emergence of internet has been widely acclaimed as a veritable tool for levelling the playing field of knowledge and access to ideas and information. The internet is undoubtedly one of the greatest innovations in information technology. Practically, internet is utilized by examination bodies like Joint Admission Matriculation Board (JAMB). Besides, information on health and other related matters abound on the internet. It is unusual to see teenagers spending hours browsing on the internet. Some even spend overnight. When the rate is often cheaper and access better, increasing use of internet by unmarried teenagers disturbs some minds especially when the negative aspects of the usage are analysed.

Many websites contain morally offensive sexual explicit messages and pictures including outrageous senses of bestiality. These are capable of predisposing unmarried teenagers to hazard behaviours and abuse resulting to unplanned pregnancy (Lustre, 2016).

Health Risks of Teenage Pregnancy

According to Ejifugha (2012), there are many health risks associated with teenage pregnancy amongst the unmarried teenagers: These healthy risks are discussed under four perspectives, namely: Physical health risks, Social health risks, Emotional health risks, Family pattern risks.

Physical Health Risks Associated with Teenage Pregnancy

Teenage mothers are at a high risk for the following medical conditions: Hypertension, prolonged premature labour, uterine dysfunction, pregnancy related infections, Visco-Viginal Fistula (VVF) and Rector Vaginal Fistula (RVA) among others (Learmonth, 2015).

Anemia: This is low concentration of haemoglobin in the blood. Approximately 14% of unmarried pregnant girls develop anemia. Anemia is more likely to occur in higher rates amongst unmarried teenagers because of the insufficient amount of healthy caloric intake needed during pregnancy (Ekwe, 2014).

Pre-term Delivery: Defined as delivery less than 37 weeks of gestation from the last menstrual period. Risks of pre-term delivery occurs more in women who have had medical complications in pregnancy such as PIH or Anemia. Teenagers who do not receive proper pre-natal care have an increased chance of pre-term delivery. Treatment of urinary tract/infection and sexually transmitted diseases (More common in teenagers) reduces the risk is associated with pre-term delivery (Ekwe, 2014).

Low Weight Gain: Although coming from a teenager's point of view, low weight gain might be seen as positive. Low weight gain increases the risk of having a low birth-weight baby, raises the probability of the infant death, blindness, deafness, or/and mental retardation. Unmarried pregnant teenagers are less likely of all maternal age groups to get early and regular pre-natal care. Unmarried pregnant teenagers are likely to smoke while pregnant than women over twenty-five. Smoking doubles a woman's risk of having a low birth-weight baby and increases the risk of pregnancy complications, premature birth and still birth (Orisakwe, 2016).

Emotional Health Risks Associated with Teenage Pregnancy

The emotional characteristics of unmarried teenagers are generally more intense and last longer than those of young age groups. They feel love, jealousy, fear, confusion, resentment, frustrated, anger, hatred and other emotions deeply (Iroegbu, 2010).

Disturbing thoughts may go through the teenager's mind. Stress in the environment may become so intense that the teenagers may entertain the idea of escaping to drugs, or committing suicide.

According to Ejifugha (2012), emotion is the strong immediate reactions that one feels in response to an experience in the environment. In the same vein, she buttressed that the experience is frightening or comforting, soothing or painful. Emotions are state of mind; they give interpretation to stimuli generated in mind in reaction to specific stimuli generated in the environment. The states of one's mind in reaction to specific stimuli are described as emotion. The teenagers are usually moody and unpredictable. They are emotionally unstable. This is as a result of biological changes which is transforming them into adults, physical and intellectual abilities and leaves them confused about their identity. The unmarried teenagers lack self-confidence and independence. Such adolescent becomes prone to anxiety. They are easily frustrated when their aspirations and idealisms are not met.

The above challenges may lead to anger by crying whereas boys show theirs in more aggressive ways by smashing and destroying objects. They also experience fear as a result of ridicule of failure, it can lead to escape from reality when frustrated, and they result to drugs and may become addicted and get involved in other deviant behaviour. The teenagers are very emotional; to love and to be loved is important to teenagers. They fall in love with the opposite sex and feels joy if their love is reciprocated (Stattin and Magnusson, 2013).

Social Health Risks Associated with Teenage Pregnancy

An individual's, social behaviour can be described as the manner of interaction with people around man and the way he adopts to one's social environment. His social environment includes the people around him, the norms and values of his society and the environmental facilities around him. His attitude towards norms and values influence the way he reacts to people around him and how they react to him (Nkwocha, 2012). The social health risks associated with unmarried teenage pregnancy is that way in which the teenagers take the pregnancy as a rebellion against parents and good number of them loss their lives in the process of committing abortion (Shutter, 2014). Shutter further explained that the teenagers may commit suicide due to drug and alcohol abuse, free sex, fragmented families. Teenagers also abuse drugs such as barbiturates drugs that depress the activities of the nerves, skeleton and cardiac muscle. In severe cases, they might even contact venereal diseases such as syphilis, Acquired Immune Deficiency Syndrome (AIDS), Gonorrhoea. Voyeurism is the ability to desire sexual satisfaction by watching others make love, and most of the teenagers get themselves involved (Hornby, 2015). This they do by nursing a feeling of sexual inadequacy and continuously live in fear of being detected by others when the deviant is observing (Ejifugha, 2012). Furthermore, this often may lead to shame, hostility and even imprisonment. Such a problem is deeply rooted in the individual's psychological disposition and may require hospitalization. Teenagers are always fond of pornographic films, movies and picture. They are highly inquisitive and like to experiment anything they see. This can lead to teenage pregnancy which would lead to untimely death (Glasier, 2014).

Family Pattern Risks Associated with Teenage Pregnancy

Since the family provides personal needs aspirations, desires and drives of individual that makes up the family, it perpetuates the needs by providing the physical and social environment through which infants can be protected and reached to a state of maturity so that he or she can continue the process of procreation. It is also the medium through which the culture or way of living of a society is transmitted from one generation to another. That is, the family is the first and most powerful tool of socialization, that it cannot provide the needed education for the proper up-bringing of the child/adolescents, the tendency, that such child/teenage/adolescent will imbibed and exhibit the negative side he/she has been given by the peers or those close to her is sure (Glasier, 2014).

However, nuclear family structure brings the child/teenager close to the parents and as such the need for education he or she needs, will be given properly and at the right time. Hence, no polygamous family could provide adequately for teenage child so much so that he or she will not go for peer advices. And these peers advice goes a long way exposing the child to sexual risks, this is because is a child associates with a teenage child that had had sexual relationship such teenage will be advised to have such sexual relationship and vice versa (Osaba, 2016).

Health Implications of Unmarried Teenage Pregnancy

Unmarried teenage pregnancy has been an issue to parents, policy makers, curriculum planners, social service providers, community leaders and religious leaders among others, because of the impending health implications. In review of these implications, Laurice & Bartholomew, (2014) opined that not only are the young unmarried teenagers affected negatively, but children of the teen mother and the society at large also experience ramification

of the events. Unmarried teenagers are exposed to complication like eclampsia. Condition in which a pregnant woman has high blood pressure and convulsions which can be dangerous to the teenager and the baby and easily leads to death, prolonged or premature labour, anemia, which can also lead to malnutrition because there is not enough haemoglobin in the blood. Low weight gain by babies of the unmarried teenager has organs that are not fully developed. Under developed organs can lead to lung problems such as respiratory distress, bleeding in the brain, vision loss and serious intestinal problems.

Studies have reported that pregnancy is dangerous to every young unmarried teenager because their pelvic bones are not fully developed to allow for successful child delivery (Stattin & Magnusson, 2013).

Such unmarried teenagers may develop prolonged and obstructed labour and an obvious implication is that it may lead to Visco-Vaginal Fistula (VVF) and Recto Vaginal Fistula (RVF). These conditions arise as a result of prolonged and obstructed labour emanating from the underdeveloped nature of the teenagers' pelvis. The baby in an attempt to force its way out of the womb, ruptures the thin layer of the womb separating the anus and the uterus resulting to continual draining of urine. Such teenager of VVF and RVF victims are psychologically unstable. She may become a social outcast because of the repulsive odour emanating from her body. This odour can cause a separation from friends and family members (Regimi, 2010).

Teenagers' level of academic achievement is closely linked to their economic outcome including earning potentials and opportunity for employment and occupations. Brindis (2014) explained that those studies controlling for academic ability motivational factors and socio-economic status found that very young unmarried pregnant teenagers were more likely to live reduced educational attainment than later ones. Equally, unmarried pregnant teenagers are less likely to complete their education and this has impacts on future job possibilities and incomes. For the children of the unmarried teenagers in the area of health, cognitive ability academic achievement and social behaviour problems have been found (Hayes, 2016).

Other health implication to the child is still born, miscarriage, deafness nervous disorders as well as spinal and head injuries (Luster & Mittelsfacets, 2013, Jorgensen, 2014). Data on socio-emotional outcomes revealed that unmarried pregnant teenagers have more signs of maladjustment and risk of social impairment which includes feeling of inferiority complex, teen fullness and poor control of anger (Smitt, 2014). Psycho-social problems implicated in unmarried pregnant teenagers include school interruption, persistent poverty, limited vocational opportunities, diverse and dropping out of school.

Economically, when an unmarried teenager breaks her education due to unplanned pregnancy, she starts a circle of poverty for herself and family (Onuzulike, 2012). The tendency is that she may not be able to go back to school. She may end up being an unskilled person and thus limiting her resourcefulness as well as the type of paid employment she can get. The cycle in turn affects the child born by the teen because such a child will not attend good school; the child may end up engaging in street hawking, prostitution and child labour (Stone, 2014)

Control Measures of Unmarried teenage pregnancy

Unmarried teenage pregnancy has a multifaceted problem. No single approach to controlling or reducing teenage pregnancy is appropriate for all teenagers in all circumstances and in every community. As such, control of teenage pregnancy demands multi-dimensional approaches that should be tailored to the needs of the individual communities and society at large. These control measures of unmarried teenage pregnancy strategies are considered

effective means of addressing the problems of unmarried teenage pregnancy. Successful programmes should include multiple and varied approaches to the problems of adolescent pregnancy. Such approaches include abstinence, promotion, contraception availability, sexuality education, school completion, strategies, vocational training and family planning services.

All unmarried teenagers need sexuality education that teaches them refusal and negotiation skills and gives them up-to-date information about family planning, contraceptives and sexually transmitted diseases before they are sexually active. Therefore, curriculum planners should design health education programmes that will promote knowledge about human development and reproduction. Such curriculum should cover contents as puberty, sexual health and hygiene, reproductive systems, pregnancy, contraception, abstinence, Human Immune Deficiency (HIV), Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Infections (STIs), sexual exploitation and long life sexuality.

The health education curriculum should be designed in such a way that teenagers should be adequately educated and motivated towards accepting the shared responsibility of pregnancy control by explaining the consequences of premature and unprotected sexual activity, as well as urging responsible decision about sexual intercourse.

Peer education programmes organized at school and community levels will give teenagers the opportunity to practice the communication, refusal, assertiveness and negotiating skills on sexual matters. Such programmes should include information on abstinence and safe sex. This will further help in exposing unmarried teenagers to knowledge of basic anatomy and physiology.

Risk of unmarried teenage pregnancy should also be controlled through skill based curriculum that will teach teenagers how to refuse or delay sexual intercourse as well as how to use protection against pregnancy and Sexually Transmitted Infections (Darlington, 2016).

Unmarried teenagers need clear strong messages first from their parents and reinforced by schools, churches, communities and media about the importance of making informed choices about sexual activity and contraception.

Increasing the use of contraception would be the most direct method of reducing not only the rate of unmarried teenage pregnancy but that of Sexually Transmitted Infections (STIs). Co-ordinators of Planned Parenthood Federation of Nigeria (PPFN) should be periodically used as resource persons by school authorities in educating teenagers on the use of contraceptives (Barth, 2016).

Early childhood education on sexuality matters by parents, older siblings, teachers, religious leaders and significant groups will help reduce welfare dependence, improve self confidence and self-esteem and significantly lower unmarried teenage pregnancy rates. Interactive programmes like peer counselling and mentorship programmes should be periodically organized at schools and community levels by health and allied educators.

Government and non-governmental associations should periodically organize youth development programmes like life planning education for unmarried teenagers. That is, a skill-based curriculum that combines sexuality education and career education with the goal of motivating teenagers achieve their educational and vocational goals (Barth, 2016).

Optimal family planning services for teenagers are those that include accessible, comprehensive, multi-disciplinary care provided by non-judgmental staff with good counselling

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and communication skills should be established at community and institution levels. In addition a large network of teenage clinics staffed with trained and qualified doctors, nurses, midwives and health counsellors should be established by government and non-government agencies to provide family planning services to unmarried teenagers.

Health education workshops and seminar designed to help parents and their daughters in learning new information and develop the skills needed in talking about sexuality issues should be periodically organized by health allied educators. Areas to be addressed at the workshop include puberty, teenage sexual development, teenage sexual behaviours (Brundia, 2014).

Community leaders should assist in the campaign against child marriage; such members include youth leaders, village heads, community leaders, town union presidents and chairpersons of women organization.

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