

Teenage Pregnancy

An Unaddressed Issue

Shreya Shetye

Vaishnavi Patil

Karishni Mehta

Naman Joshi

INTRODUCTION

Teenage pregnancies has been a widely discussed and debated issue in India in general and Telangana in particular. As per NFHS - 5, 5.8 per cent women aged 15-19 years were already mother or pregnant at the time of survey in Telangana.

Teenage pregnancies lead to lot of problems for women. They make children experience extreme stress and emotional outtake in their early childhood and bar them from substantial education and experience. It significantly increase the risk of anemia among women.

In addition to lack of awareness and major prevalence of teen pregnancies, we also see a huge gap between the use of other safer, less riskier methods of family planning in comparison to female sterilization.

There's also a severe lack of female literacy rate in comparison to their male counterparts.

We tried to find the root cause of teenage pregnancies, their harmful effects to both the woman and the child, as well as how we can efficiently avoid this issue, through our analysis of the given data for the state of Telangana.

PROMPT

The challenge we picked was SDG 3 Good health and well being. In this challenge, we primarily focus our analysis on the following prompts:

Characteristics of Women (age 15-49 years), Marriage and Fertility,
Current Use of Family Planning Methods (currently married women age 15–49 years)
Anaemia among Children and Women

The dataset used in this challenge was the 2019-20 National Family Health Survey (NFHS-5), the fifth in the NFHS series which provides information on population, health, and nutrition for India and each state and union territory.

METHODOLOGY

In order to draw conclusions from the data we performed a thorough data analysis. The softwares used for data interpretation are Tableau and Microsoft Excel.

We made use of the indicator specific data in NHFS database specific to Telangana. First we cleaned the data, in order to increase the quality of the given data. Then we did some research and sorted particular columns in order to find their correlation with the other data. We researched several factors that could contribute to participate factors and the correlation between them.

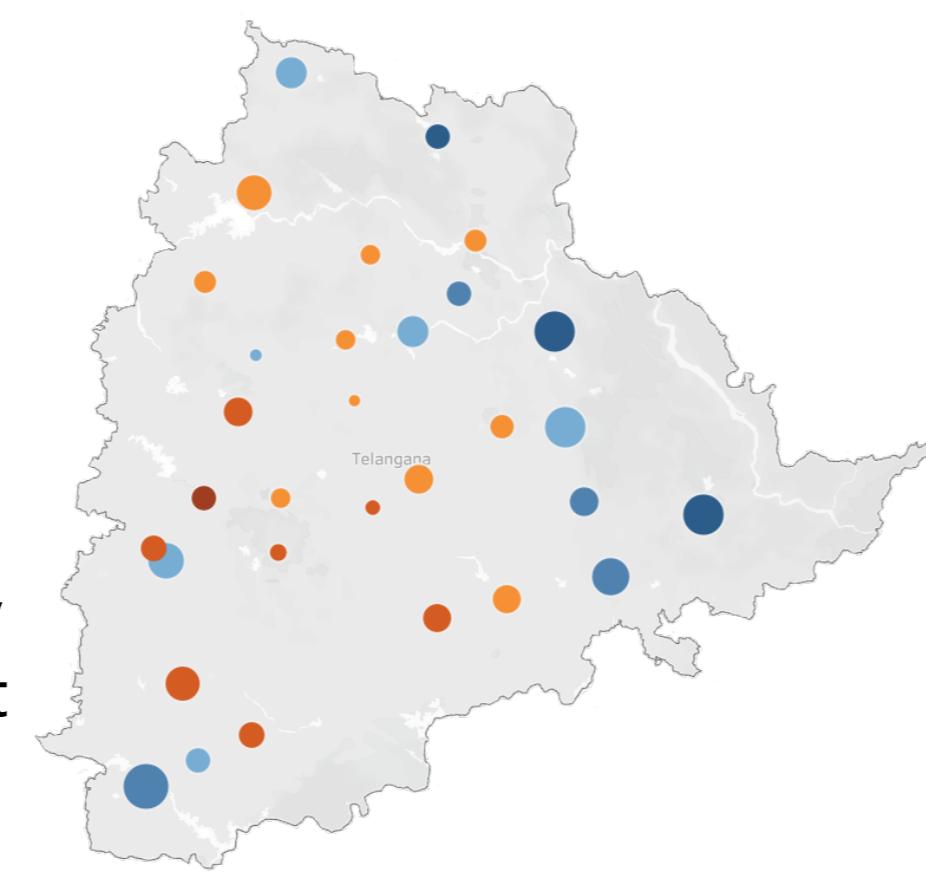
After this, we created several visualisations in order to view the data and draw conclusions easily.

The visualisations created on Tableau and Microsoft Excel helped us draw conclusions from the given dataset.

METHODOLOGY

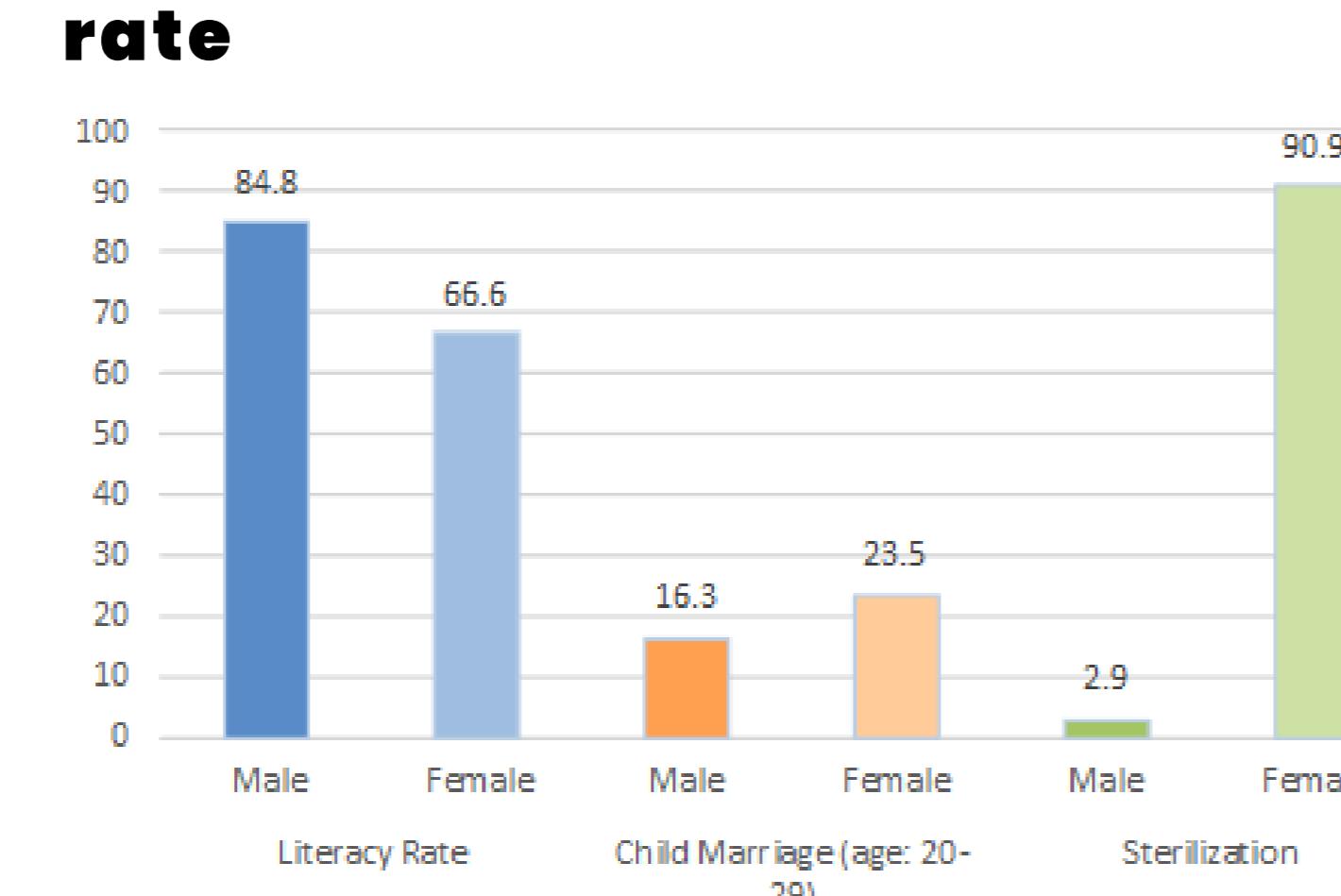
1. Teen pregnancies v/s female literacy

Each dot in the above map represents a district of Telangana, the colour represents the female literacy rate in that district and the size of the dot the no. of



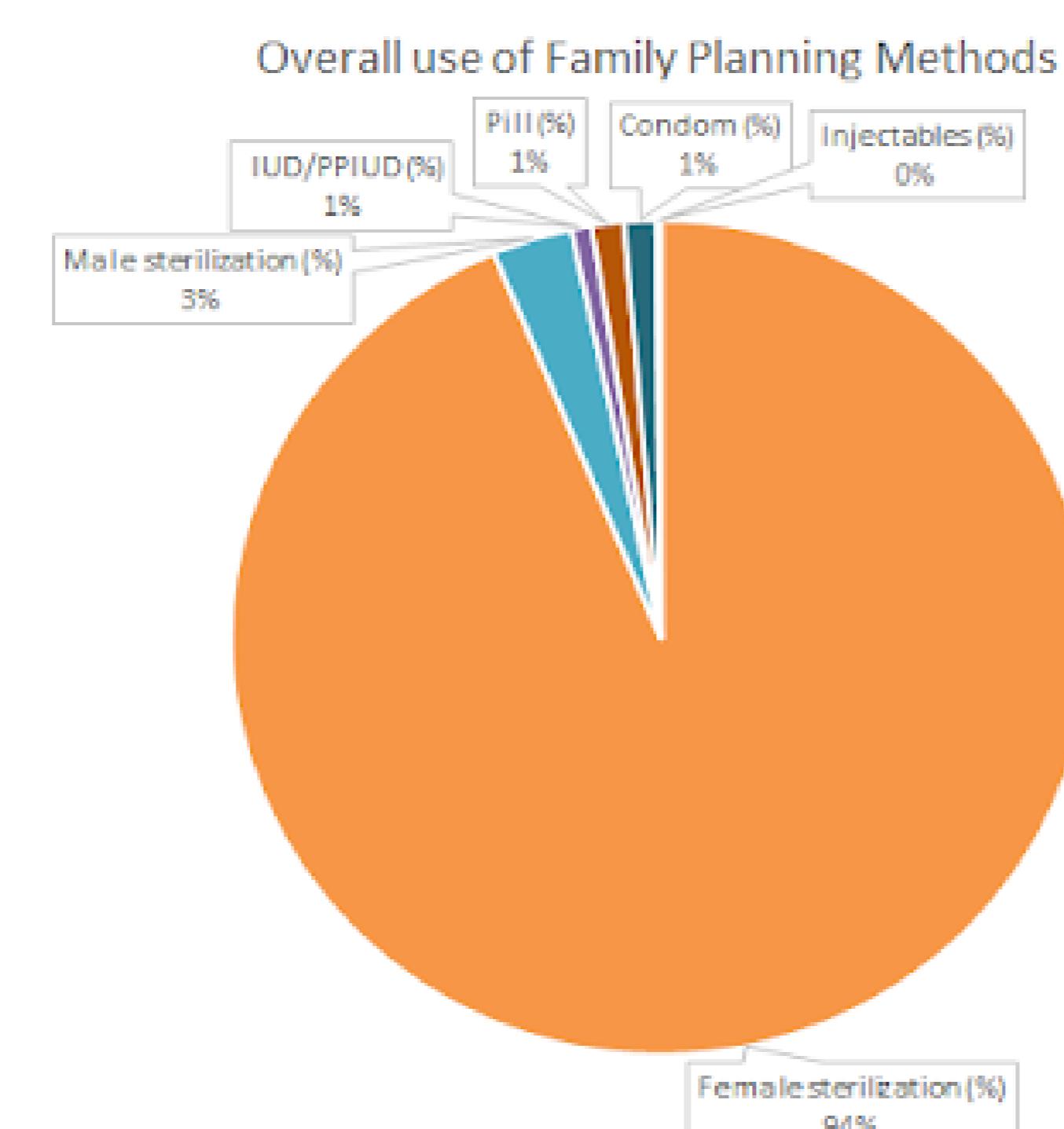
teenage pregnancies in that district. Most of the districts who have a high literacy rate have lower teenage pregnancies

2. Total literacy rate v/s rate of child marriages v/s sterilization rate



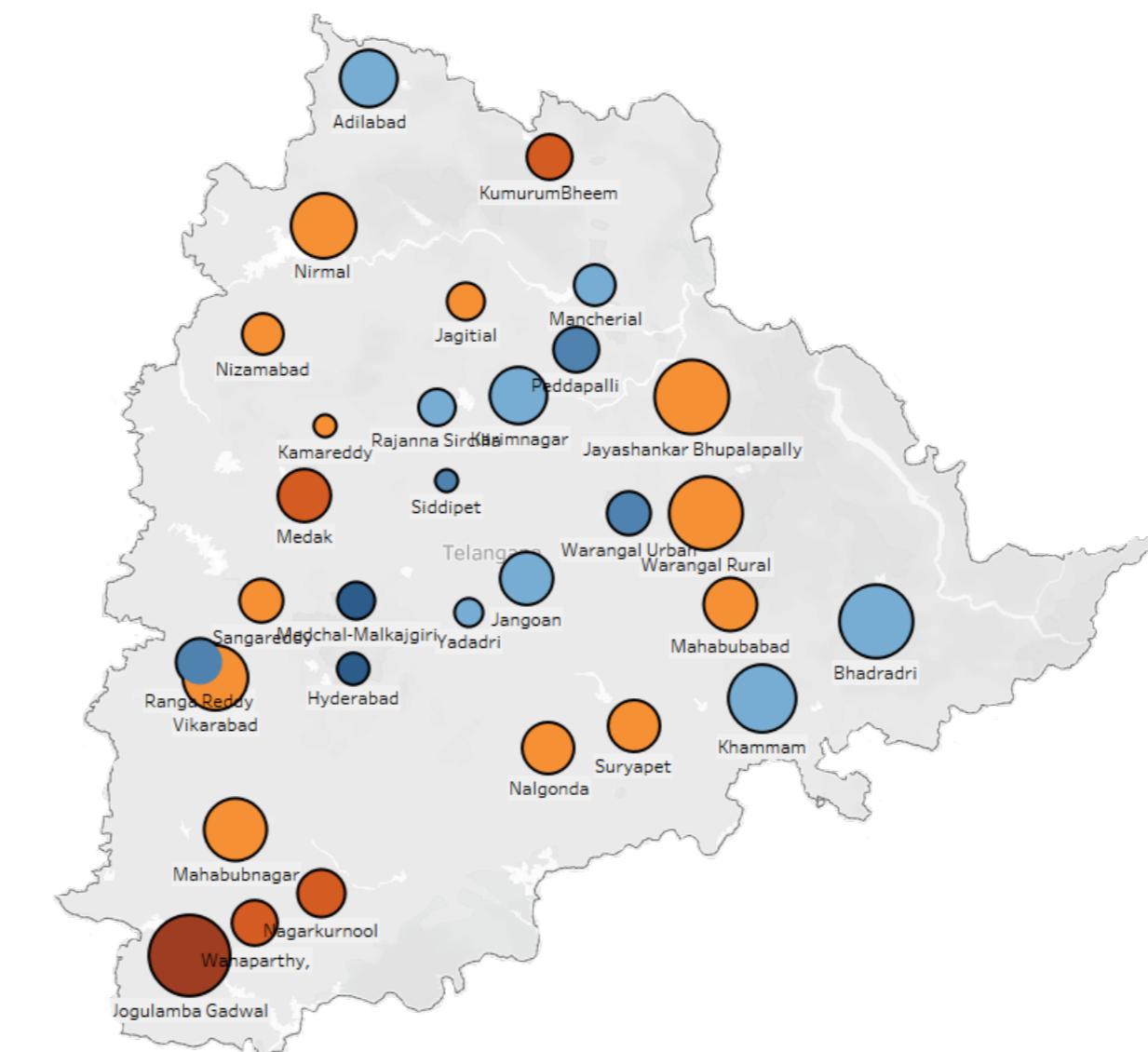
The graph compares the total literacy rate, rate of child marriages and sterilization rate among males and females. In terms of literacy, it can be seen that male literacy (84.8%) is greater than female literacy (66.6%). The rate of child marriages is greater among females (23.5) as compared to men (16.3). In terms of sterilization, the male sterilization (2.9) is strikingly low compared to female sterilization (90.9).

3. Family planning methods



In the above pie chart, the various colours represent the different family planning methods available. Here, female sterilization comprised 94% of the total family planning methods available. All the other methods comprised 5% of the total methods. The minority comprises injectables which have a negligible value compared to the other methods.

4. Anaemia v/s teen pregnancy



Again, here the dots represent different districts, the size of the dot represents the number of teenage pregnancies and the colour represents the percentage of women who are anaemic, in districts where teen pregnancies are high the percentage of anaemic women are also high.

CONCLUSION

From the above analysis we can infer that the amount of teenage pregnancies is dependent on the literacy of women of the state, higher literacy rates lead to lower teenage pregnancies in girls of age 15-19. The state of Telangana has the second-lowest literacy rate among rural women at 53.7 percent among all large states in the country. Women who know about all available contraceptive methods and their side effects can make better choices about what method to use to avoid teenage pregnancies.

Teenage pregnancies exacerbate the risk of Anemia among the women of 15-19 ages who are pregnant, they also increase the risk of stunted growth of the child born, it's a public health problem among pregnant adolescents, and iron supplementation reduces negative neonatal outcomes. Treatment adherence by a multidisciplinary and qualified prenatal care team can be key in reducing adverse neonatal outcomes associated with pregnancy during adolescence.

In all of Telangana, there is a severe lack of distributed usage of family planning methods, the most common form of birth control used is female sterilisation (94%) whereas male sterilisation (3%) and other temporary contraceptives like condoms and pills are barely used. 30% of women users who selected modern contraceptive methods were ever told by a health or family planning worker about other methods they could use,

24 percent were told about the possible side effects or problems with their method, and 19 percent were told what to do if they experienced any side effects. Only 53 percent of men know that a condom, if used correctly, protects against pregnancy most of the time. It is imperative to encourage the use of family planning methods other than female sterilization which are much safer and less harmful to a woman's body in comparison to female sterilization.

POLICIES

- Since teaching adults about correct ways of family planning is very difficult, we can start with the younger generation and give them appropriate lessons about different kinds of family planning methods and contraceptives.
- Since the data shows, that girls who went to school under the age of 6 are more likely to continue their schooling, rules should be made for compulsory schooling of girls from the age of 3 or 4
- To explain the need and importance of having regular check-ups and encourage women to visit their doctors especially gynecologists to have open discussions about the different types of contraceptives and which one is the most suitable for them
- In most rural places, the men do not opt for vasectomy due to regressive thinking like not believing what a female doctor recommends. We recommend sending as many male doctors /social workers to inform and explain these processes, also promote the use of condoms, pills, IUD and injectables as efficient family planning methods to combat this issue. We would highly recommend using high stature celebrities to spread awareness as well.
- To prevent young girls from getting married and then pregnant, we recommend implementing some policies like giving incentives to young women and their families to keep them in school, job training programs exclusive for young women who are not married and/or pregnant and a guaranteed job at the end of the training

REFERENCES

<http://rchiips.org/nfhs/NFHS-4Reports/Telangana.pdf>

<https://www.thehansindia.com/hans/opinion/news-analysis/teenage-pregnancies-and-motherhood-in-telangana-663995>

<https://docs.google.com/spreadsheets/d/1DeLYgfNVTPrNa1nomVzjXHJeFlcz923/edit#gid=1551666729>

<https://pubmed.ncbi.nlm.nih.gov/12179694/>

[http://www.mcrhrdi.gov.in/group1-2019/week2/3/siriki/\(06\)%20Literacy%20Rates%20by%20Age%20Quick%20Analysis.pdf](http://www.mcrhrdi.gov.in/group1-2019/week2/3/siriki/(06)%20Literacy%20Rates%20by%20Age%20Quick%20Analysis.pdf)