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A STUDY ON MENTAL HEALTH AND QUALITY LIFE OF ADOLESCENT WOMEN WITH EARLY PREGNANCY IN INDIA

Psychiatric Social Work

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ABSTRACT

Adolescent pregnancies are a major public health concern. They can lead to unplanned parenthood and poor health outcomes for young women. Early, unintended pregnancy can add stress to the normal physiological and behavioral changes of this time of life. Teen mothers are also more likely to be impoverished and reside in communities and families that are socially and economically disadvantaged. These circumstances can adversely affect maternal mental health, parenting, and behavior outcomes for their children. This study aims to find the relationship between mental health and quality of life of adolescent pregnant women living in social environment. Along with that, it is also necessary to make necessary interventions to raise the quality of life to a better level by overcoming adverse situations that may occur in the future. Such interventions enable parents to improve their mental health and parenting skills. This approach supports the character building of growing children and makes them good personalities.

KEYWORDS

Teenage Pregnancy, Parenting, Mental Health, Quality of life, India.

1. INTRODUCTION

Teenage which can also be called as adolescence period is a transitional stage of both physical and psychology. Puberty begins at preadolescence but cognitive development or emotional maturity will develop later only. Teenage pregnancies are always associated with many related factors such as social issues mostly like lower educational levels, poverty; poor family background. Teenage pregnancy is always associated with malnutrition and poor health care and several medical problems. In India care for avoiding teenage pregnancy are by strict restriction in marriage age. Teenage pregnancies are seen in high rate in countries were teenage marriages are common Governments have instituted sex education programs, the main objective of which is to reduce such pregnancies and STD's.

The impacts of teenage pregnancy are many such as:

Medical issues -

Early pregnancy will always cause many health problems for both mother and child who may even leads to death of child or mother or both. As at very young age the body is not mature enough to carry a baby. As most of the pregnancies are unexpected or unwanted there should not be any proper care. This may lead to delay parental care and very less or no chance for getting care for the mother and baby.

Psychosocial issues:

Poor mental health is a very common problem of teenage pregnancy. The chances of being exposed to crime, violence, usage of drugs are also there among teenage girls due to their circumstances. This may not only affect the mother but also the consequences are seen among babies also. Such as premature birth, unhealthy baby also mental disorders.

Child disabilities:

Child disability and early pregnancy are much related issues. Premature birth with low birth weight, Intellectual level problems developmental disabilities, poor academic performance behavioral problems in later stage of development are some of the common problems seen among children of teenage mothers in their different development stages. The lack of getting affection, love, care and other emotional attachment from mothers' side are very less or sometimes little for these babies of teenage mothers comparing with other babies.

Family issues:

Teen pregnancy and motherhood will affect the both the victim and entire family especially in India as it happens mostly in the case of unwed females. The society always have a tendency to isolate or mark the family as a back graded one. Many studies have shown that the chance of being early pregnant among female children of teenage mother's as like their mother are also there. Poor income level, lack of care givers, unemployment issues are also seen among such families.

2. METHODS

2.1– Sample and data Collection

Sampling refers to the technique or procedure the researcher adopts in selecting items for the sample. Sample design is determined before data are collected. The sampling technique that was used in the study was accidental sampling procedure. For this study the researcher collected data from the respondent. For getting the respondent the researcher used the **accidental sampling method**. The sampling technique used is non –probability sampling, with is easily available and also convenient. **The tools of data collection** were interview schedule which includes the socio-demographic profile and two scales such as mental health inventory scales and Quality of life scale by WHO.

2.2-Measurements

The Mental Health Index is a single score based on all 38 items designed as high level summary index of the person's mental health status. High scores on the Mental Health Index indicate greater psychological wellbeing and relatively less psychological distress. The raw score range is 38-226. The Psychological Distress and Psychological Well-being global scales represent complementary summary scales with Psychological Distress indicating negative states of mental health and Psychological Well-being indicating positive states. Together, they use all 38 items to derive the scores (24 items for Distress, 14 items for Well-being) with no item overlap. **Quality of life scale** is a five point standardized scale by WHO .Which consist of 26 items in which 3 items (3,4and 26) are negative and the remaining 21 items are positive. The questions5, 4, 3,2and 1 are negative questions and questions 1,2,3,4 and 5 are positive questions. The maximum score is 130 and the minimum scores are 26. The higher the score, higher the quality of life. The respondents were classified as low, medium, good and excellent level of quality of life based on their score. The respondents were classified on mean +or- 0.the classification is as follows:

26 - 52= Low level of quality of life. 53 -78= Medium level of quality of life

79 - 104= Good level of quality of life 105-130=Excellent level of quality of life.

2.3. Data Analysis

Data was analyzed by simple percentage, ANOVA test and correlation.

3. RESULTS AND DISCUSSION

3.1 Respondent's level of mental health

Sl no	Level of mental health	Frequency	Percentage
1	High (171- 228)	29	48
2	Medium (126- 170)	16	27
3	Low (38- 125)	15	25
	Total	60	100

The study that 48 per cent of the respondents belong to high level of mental health, 27 per cent of the respondents belong to middle level of mental health and 25 per cent of the respondents belong to low level of mental health.

3.2 Level of quality of life of respondents

Sl no	Level of quality of life	Frequency	Percentage
1	96 – 130 (High)	33	55
2	61 – 95 (Medium)	16	27
3	26 – 60 (Low)	11	23
	Total	60	100

As per the study 55 per cent of the respondents belong to high level of quality of life, 27 per cent of the respondents belong to middle level of quality of life. 23 per cent of the respondents belong to low level of quality of life.

3.3 Correlation between quality of life and mental health

		Quality of life	Mental health
Quality of life	Pearson Correlation	1.000	.944
	Sig. (2-tailed)	.	.000
	N	60	60
Mental health	Pearson Correlation	0.944	1.000
	Sig. (2-tailed)	.000	.
	N	60	60

** Correlation is significant at the 0.01 level (2-tailed).

The result shows that there is a positive correlation between the quality of life of the respondent and the mental health of the respondent.

DISCUSSION AND IMPLICATION

To prohibit early marriage and teenage pregnancy the action should start from the grass root level of problem, like from family to society. The Government should take necessary steps, in order to prohibit early marriage and teenage pregnancy by taking strict action against early marriage and sentencing model punishment for rape. Proper sex-education or family life education in schools and community based programs can help up to a certain level to make aware of the young girls about teenage pregnancy and its consequences. Awareness about the access to affordable contraceptive options. Provide bio-psycho education for the teenagers. In the case of teenage pregnancy early arrangement of care at the time of delivery and good care at the time of pregnancy can prevent the death or serious hazardous to mother and child.

CONCLUSION

Teenage pregnancy is always a complex issue as it always affects social, economic, and emotional sides of both the victim's physiological and psychological wellbeing. Teenage pregnancy in the present study means that the pregnancy of females which ends at the age of 20 or less than 20 .The studies states the children born as a result of teenage pregnancy the chance of being exposed to many problems associated with teenage pregnancy such as social issues, problem of poor education, poverty, both psychological and physiological health issues and so on, which may leads to problems through their life. The study shows that when the increase in quality of life will increase the mental health also. According the present study it shows that the teenagers are not facing any problems due to their pregnancy.

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