

Outcome of Teenage Pregnancies in Ilorin, Nigeria.

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Abstract

Context: - Adolescent pregnancy is a high-risk pregnancy associated with complications arising from adverse physiological, anatomical and socio-economic factors.

Objectives: - To determine the pattern and obstetric outcome of adolescent pregnancies.

Study Design, Setting And Subjects: - A retrospective analysis of teenage pregnancies at the university of Ilorin Teaching Hospital, Ilorin, Nigeria was carried over a 5 years period, 1997 to 2001. A total of 180 teenage pregnancies were analyzed and compared with 170 controls.

Main Outcome Measures: - pregnancy complications in teenagers compared with controls.

Results: There were statistically significant differences between adolescent mothers and mature mothers in the rate of unemployment (58% vs. 27%, $p < 0.001$), anaemia (48.8% vs 27.0%, $P < 0.01$), preterm labour (26.6% vs 11.8%, $P < 0.01$), booking status (56.7% vs 78.8% $P < 0.001$), unsure of last menstrual period (44.5% vs 16.5%, $P < 0.001$), Caesarean section (10.0% vs 8.7%, $P < 0.05$), CPD as indication for caesarian section (6.7% vs 4.1%, $P < 0.05$), low birth weights (33.3% vs 8.2%, $P < 0.01$), and Apgar score at 1 minute (88.9% vs 40% $P < 0.001$). There was no significant difference between the incidence of pregnancy induced hypertension and antepartum Hemorrhage.

Conclusions: - Adolescent pregnancy was found to have higher chances of being complicated by anaemia, breech delivery, caesarean section, cephalopelvic disproportion, low birth weight and low apgar score at one minute when compared to adult pregnancy. Improved medical care will reduce the complications apart from measures to prevent adolescent pregnancy such as, socio-educational advancement and contraceptive services

Key Words: - Teenagers; Pregnancy; Pregnancy Outcome.

Introduction

Adolescent pregnancy is a problem of children having children and assuming the responsibilities of parenthood before becoming adults. Adolescent girls who are pregnant are physically, psychologically and physiologically as well as socially disadvantaged when compared to their older counterparts. Their pregnancy is often unplanned and may be unwanted, and unusually result from an unstable relationship. Such social disadvantage may significantly influence the outcome of pregnancy. Pregnancy outcome is improved when there is a satisfactory care of the adolescent mother.^{1,2}

Adolescent pregnancy is a worldwide issue and recent studies have demonstrated that sexual activity occurs at early age with increased fertility among adolescents.¹ The factors responsible for these teenage problems include the inherent emphasis on sexual activities in contemporary society, early sexual maturation with decreasing age at menarche, a breakdown in cultural bonds, lack of parental guidance and peer pressure.^{3,4,5,6}

Several studies have demonstrated an increase in pregnancy complications associated with teenage pregnancy. These include anaemia, preterm labour, hypertensive disorders of pregnancy, low birth weight babies and cephalopelvic disproportion^{7,8,9,10} resulting in high incidence of operative deliveries.^{1,11} These complications have been attributed to the relative physical immaturity of the adolescent mothers. However, it appears that the adverse social and economic factors that accompany pregnancy at an early

age may have a greater role to play in these complications. Since most such pregnancies are unplanned and unwanted, antenatal care is often inadequate. Social support is also lacking.^{11,12,13} Moreover, good results have been reported in teenagers who had meticulous antenatal care, intensive nutritional counseling and attention to social problem.¹⁴

The problem of adolescent pregnancy requires special attention in Nigeria and other developing countries where about 75% of the world's young people reside. In Africa today, about half of the population is less than 15 years old¹⁵ and represents an economically dependent, non-productive group.

Nigeria is a country with wide variations in socio-economic, social and religious status as well as educational standard. These factors greatly influence the incidence and outcome of teenage pregnancy. Such factors should have implications for allocating resources to achieve government targets¹⁶ thus the need for this study in Ilorin with its own peculiarities.

The objective of this study was to analyze adolescent pregnancies managed at the University of Ilorin Teaching Hospital, Ilorin, especially with regards to complications during pregnancy labour and puerperium. Our aim was to highlight these complications so that practitioners can plan the care of adolescent pregnant mothers in anticipation.

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($p < 0.01$). Only 102 (56.7%) of adolescent mothers attended antenatal clinic compared with 134 (78.8%) of mature mothers, with statistically significant difference ($p < 0.001$). Moreover, 80 (44.5%) of adolescent mother were unsure of their last menstrual period while only 28 (16.5%) of mature mothers were unsure of their last menstrual period. ($P < 0.001$). Pregnancy complications are shown in Table 3. 88 (48.8%) of mothers had anaemia

Table 3: Complications of pregnancy in Adolescents and mature mothers

Complications	Adolescent mothers No (% Total)	Mature Mothers No (% Total)	P
Anaemia	88 (48.8)	46 (27.0)	$P = 0.01$
Preeclampsia	12 (6.7)	12 (7.0)	NS
Eclampsia	2 (1.1)	0 (0.0)	NS
Antepartum Hemorrhage	6 (3.3)	4 (2.4)	NS

compared with 46 (27.0%) of mature mothers during pregnancy ($p < 0.01$). The incidence of pregnancy induced hypertension and antepartum hemorrhage showed no statistically significant difference between the two groups (adolescent and mature).

Table 4 compares modes of deliveries of adolescent

Table 4: Modes of Delivery in adolescent mothers and those in mature mothers.

Mode of Delivery	Adolescent Mothers NO (% total)	Mature Mothers NO (% total)	P
SVD	152 (84.5)	146 (85.9)	
Breech	4 (2.2)	6 (3.5)	NS
Forceps/ vacuum	6 (3.3)	4 (2.4)	$P < 0.05$
Caesarian Section	18 (10.0)	14 (8.2)	NS
Indication for caesarian section			$P < 0.05$
CPD	12 (6.7)	6 (4.3)	
Foetal distress	2 (1.1)	2 (14.3)	$P < 0.05$
PIT complications			
Breech	2 (1.1)	2 (14.3)	
Failed induction/uterine inertia	2 (1.1)	4 (28.6)	

Adolescent mothers with mature mothers. The incidence of vaginal delivery was similar in the two groups (adolescent and mature mothers). Caesarean section occurred in 18 (10.0%) and 14 (8.2%) of adolescent and mature mothers' respectively ($p < 0.05$). CPD as indication for caesarean was 12 (66.7%) in adolescent deliveries and 6 (42.9%) in mature mothers ($p < 0.05$). Table illustrates pregnancy outcome of adolescent mothers and mature mothers. 60 (33.3%) of adolescent mothers delivered low birth weight babies compared with 14 (8.2%) of mature mothers ($p < 0.001$). The one-minute Apgar score was less than 7 in 106 (58.9%) of babies of adolescent mothers compared with 68 (40.0%) of mature mothers ($p < 0.001$). The perinatal mortality and still birth rate were in both groups similar.

Table 5: Pregnancy outcome of adolescent mothers and mature mothers

	Adolescent mothers No (% Total)	Mature mothers No (% Total)	P
Birth weight			
< 250 grams	60 (33.3)	14 (8.2)	$P = 0.001$
2500-3999 grams	118 (65.6)	154 (90.6)	
> 4000 grams	2 (1.1)	2 (1.2)	
Apgar score at 1 minute			
< 7	106 (58.9)	68 (40.0)	$P < 0.001$
> 7	74 (41.1)	102 (60.0)	
Condition at Birth			
Alive	170 (94.5)	162 (95.3)	NS
Stillbirth	8 (4.4)	8 (4.7)	
Congenital malformation	2 (1.1)	8 (4.7)	

Discussion

From the 1980s to the 1990s, the difference in the rate of teenage pregnancy between more affluent and more deprived areas have widened¹⁶, with more pregnancies occurring in less developed areas and countries and more teenage pregnancies occurring overall than even before^{3,5,9}. This trend has far reaching implications for community services and also has adverse effects on the education and/or employment of the young mothers, especially in developing countries. Reports from these developing countries stress that premarital adolescent pregnancy and childbearing place a heavy economic and social burden on the family¹⁷.

The overall incidence of teenage pregnancy obtained in this study is 1.93% or 19/1,000. This incidence is much lower than the previous incidence of 13.1% reported by Aboyeji in this center³. This disparity may be due in part to the general reduction in deliveries in our centre resulting from proliferation of private clinics and mission houses in the town. There is also a possibility that a true reduction in the incidence of teenage pregnancies has taken place because of increased awareness for education in the populace.

The low socio economic status of adolescent mothers in this study is attributable to the fact that a high proportion of them, 43% were uneducated or attended only primary

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THE ASSOCIATION BETWEEN HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION AND SEXUAL PRACTICES

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ABSTRACT

Objective: To study the association between HIV infection and sexual practices.

Methods: This study was conducted in a tertiary level hospital.

Newly diagnosed HIV positive patients were enrolled into the study.

The Gynaecology/Obstetrics Department were collected.

Results: A total of 100 HIV positive patients were analyzed. 80 HIV positive patients were found to have sexual practices.

Conclusion: HIV infection is associated with sexual practices.

Keywords: HIV, sexual practices, association.

Introduction: HIV infection is a global health problem.

It is a viral infection that attacks the immune system.

It is caused by the Human Immunodeficiency Virus (HIV).

HIV is transmitted through sexual contact, blood, and breast milk.

Sexual practices are a major mode of transmission.

It is important to study the association between HIV infection and sexual practices.

This study was conducted in a tertiary level hospital.

Newly diagnosed HIV positive patients were enrolled into the study.

The Gynaecology/Obstetrics Department were collected.

Results: A total of 100 HIV positive patients were analyzed.

80 HIV positive patients were found to have sexual practices.

Conclusion: HIV infection is associated with sexual practices.