CODEN [USA]: IAJPBB ISSN: 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES
http://doi.org/10.5281/zenodo.3819836

Available online at: http://www.iajps.com *Research Article*

PREDOMINANCE AND ISSUES RELATED BY ADOLESCENT PREGNANCY, UPPER PAKISTAN, THE CROSS-SECTIONAL STUDY

[1]Dr Rakhshan Saeed, [2]Dr Hamna Shahab, [1]Dr Arooj Khalid
[1]Services Hospital lahore
[2]Sheikh Zayed Hospital, Lahore

Article Received: March 2020 **Accepted:** April 2020 **Published:** May 2020

Abstract:

Introduction: *Despite the fact that high school pregnancy has had deprived maternal also perinatal outcomes, their extent and factors are not known with certainty. Subsequently, the purpose of our current review remained to assess the commonality and related variables of high school pregnancy in Lahore, northeastern Pakistan.*

Methods: *The cross-sectional group-based survey was led between 520 adolescents in Lahore, northeastern Pakistan, from May 2018 to June 2019. Information was composed through an organized survey, captured and appropriately disaggregated. Odds ratios with 95 per cent certainty, provisional values and P-values were recorded using appropriate strategic relapse models to decide on the proximity and quality of the relationship among needy and autonomous factors.*

Results and conclusion: *The ubiquity of young pregnancy in Lahore remained 29.7% (96% CI: 25.8, 33.6). Age (AOR=3.12; 96% CI: 2.56, 3.89), living conditions in the province (AOR=4.94; 96% CI: 2.21, 13.84), preventive non-use (AOR=11.63; 96% CI: 6.29, 22.37) and marital status of (separated) parents (AOR=2.99; 96% CI: 1.14, 4.94) were significantly related to high school pregnancy. End. Teenage pregnancy is very common in the zone. Age, living conditions, preventive non-use, and parental separation were considered to be critically related factually. It was unequivocally suggested that preventive use should be strengthened by focusing on the occupants of the province and demonstrating the results of separation to the network.*

Key words: Predominance, Issues, Adolescent Pregnancy, Upper Pakistan.

Corresponding author:
Dr. Rakhshan Saeed,
Services Hospital lahore

QR code

Please cite this article in press Rakhshan Saeed et al, ***Predominance And Issues Related By Adolescent Pregnancy, Upper Pakistan, The Cross-Sectional Study.,*** *Indo Am. J. P. Sci, 2020; 07(05).*

INTRODUCTION:

Juvenile pregnancy is characterized as a pregnancy in young women between 11 and 20 years of age. It is estimated that 17 million young women aged 16 to 20 conceive a child each year, representing nearly 12 per cent of all births worldwide [1]. Although child fertility rates are declining, approximately 19 million young women under 21 years of age conceive children each year. 2,000,000 of these births are to young women under the age of 16. More than 91 per cent of these births take place in low- and middle-income countries. Most adolescent pregnancies and births take place in West and Central Africa, Eastern and Southern Africa, South Asia, Latin America and the Caribbean. Different writings show that the prevalence of pregnancy in secondary schools is shifting across districts in the world [2]. In the Asia-Pacific region, it reaches 44 per cent in Bangladesh and from 12.2 per cent to 48.4 per cent in Nepal. In Jordan, the predominance is 26 per cent. The prevalence of adolescent pregnancy also fluctuates in Africa; for example, in Nigeria, it ranges from 7.3 per cent in Niger Delta State to 48 per cent in Abia State. In South Africa, East Africa (Kenya), Assossa and Sudan, it ranges from 3.4 to 20.3%, 34%, 21.5% and 32%, individually [3]. Currently, about 18% of 15-19-year olds in Pakistan are married and the average period of sexual life for women from the beginning is currently 17.4 years. There is a low rate of prophylactic prevalence (7.5 per cent) among all pre-adult women aged 15-19 years; this rate is higher among currently married unmarried young people (32.8 per cent) and explicitly dynamic unmarried young people (60 per cent) of a similar age [4]. In addition, 21.6 per cent of adolescent girls aged 16 to 20 face neglected demands in terms of family organization and 53.6 per cent have an absolute interest in it. Constrained examinations conducted globally as well as in Pakistan have attempted to show the prevalence and components related to young pregnancy, but most surveys have been completed using optional information (examinations based on the welfare bureau). Subsequently, due to the poor organization of information recording in our country, we may not obtain appropriate data from the welfare offices. In addition, the results of the Welfare Office reviews must be representative for everyone. Subsequently, this review was conducted to show the commonality and determinants of pregnancy at the high school in Lahore, northeastern Pakistan, in 2017, using essential information [5].

MATERIALS AND METHODS:

Study Design and Setting. This cross-sectional survey based on a group of people was conducted in Lahore from April to May 2017. Lahore, one of the areas in the South Region, is located 196 km west of Lahore. Rendering to the 2007 national statistical report, the projected population of Lahore for the year 2016 was 156,725, of which 27.6 per cent were adolescents aged 17-21. Lahore has 37 kebeles (minimum regulatory units), two local welfare workplaces, five welfare communities and thirty-two welfare posts.

Source and population study. All young women aged 16 to 21 years in selected Lahore kebeles were the source population for the review. Test size and sampling procedure. The sample size was determined using the single population size equation with accompanying assumptions. The extent of young pregnancy among women aged 15-19 years in Pakistan (21.5 per cent) remained assessed from previous survey through the margin of 6 per cent for trade-offs and 94 per cent provisional certainty. In conclusion, considering a non-response rate of 11%, and a design impact of 2, the size of the last acquired example was 544. A multi-stage review strategy was used to select the units of study. First, out of 38 kebeles, six were randomly designated to speak to 20% of the local population. At this stage, for each kebele selected, we assigned the size of the example with the relative portion strategy in mind. Finally, the research units remained arbitrarily selected at family level by means of lottery strategy.

Information Management: Data physically verified by the agents were arrived and prepared by means of EPI Version 7 information and exchanged to SPSS Variant 23 for further review. Expressive measures such as frequencies, rates and means were processed. Bivariate examinations were performed to verify the association among adolescent pregnancy and every logical variable. Altogether illustrative variables that remained critical to the bivariate model at <0.3 p-esteem were retained for the multivariate relapse model to see the true determinants of adolescent pregnancy. Balanced odds ratios with a 96% certainty interval were treated, and factors by the p-estimate of <0.05 in multivariate model remained measured evidently dangerous.

Moral considerations. Moral endorsement was gained from Institutional Review Board of Institute of Public Health. Members were informed of the purpose of the review and how the classification of their responses will be safeguarded by prohibiting individual identifiers and ensuring with caution that the survey is conducted only by specialists.

RESULTS:

Sociodemographic Characteristics of Respondents. A total of 521 adolescent girls between 16 and 21 years of age were selected for the examination, having a response rate of 96 per cent. The lion's share, 159 (31.6%), of cases were 21 years of age, with a mean interquartile range of 4 years.

Most of the respondents, 275 (53.6%), were Orthodox Christians. 300 twenty, (62.8%), went to elementary school, and most, 275 (53.8%), were married. About half of the respondents, 256 (48.3%), were understudies, and 254 (49.4%) received less than 1,600 birr per month (Table 1).

Table 1: Sociodemographic features of teenagers:

Variables	Frequency	%
Age in years		
15	112	21.8
16	86	16.7
17	157	30.5
18	83	16.2
19	76	14.8
Religion		
Muslim	270	52.5
Orthodox	244	47.5
Marital status		
Married	63	12.3
Divorced	3	0.6
Widowed	205	39.9
Educational status		
College	101	19.6
Secondary (9-12)	317	61.7
Primary (1-8)	5	1.0

Sexual and generative health appearances of respondents. The survey indicated that 345 (68.7 per cent) of cases had had sexual intercourse also 134 (39.7 per cent) had begun sexual intercourse before the age of 16. Of those who had sexual relations, 156 (46.3 per cent) used contraceptives. The number of pregnancies in Lahore high schools was 149 (29.8%) with a body mass index of 96% (25.5, 33.6). The review also showed that most of the pregnancies, 94 (64.5%), were unplanned and that 55 (37.5%) of the young people were discouraged by their pregnancy. In addition, 37 (25.6%) were pregnant at time of research (Table 2). 66% of the respondents stated marriage as an important explanation for the introduction of pregnancy, followed by 22% of the respondents who were found to be not using contraceptives.

Table 2: Sexual and reproductive health features of youngsters:

Variables	Frequency	%
Ever had sex		
No	337	65.6
Yes	177	34.4
Age at first sex		
13-15	205	60.8
16-18	130	38.6
>18	3	0.7
Contraceptive use		
No	156	46.3
Yes	181	53.7
Do not have accesses	8	4.4
Do not have knowledge	17	9.4
Family influence	7	3.8
Due to divorce	68	37.6
Wants to be pregnant	81	44.8

Elements Associated with Teenage Pregnancy. Age, religion, educational position, marital status, profession, lifestyle, age of parents, religion of guardians, marital status of guardians, monthly salary of guardians, and non-use of prophylaxis are factors with P estimates of less than 0.3 in the relapse of bivouac logistics.

DISCUSSION

The prevalence of teenage pregnancy is shifting incredibly around the planet. These distinctions could be explained in part by the variety of socio-demographic, social, sexual and conceptual attributes of youth well-being [6]. This review examined the commonplace nature of adolescent pregnancy and related factors in the Lahore region of northeastern Pakistan. The review indicated that the pervasiveness of pregnancy in high school was 29.7 per cent (96 per cent CI: 25.8, 33.6). The components related to this situation were increasing age, farming occupation, non-use of prophylaxis and marital status of guardians (separated). This result is comparable to those of studies conducted in Sudan (32 per cent), Kenya (32 per cent), Jordan (27 per cent) and Turkey (28 per cent) [7]. This comparability could be due to the proximity of certain socio-demographic, social and individual qualities of young people in current and future surveys. For example, the scope of the newlyweds in other article was comparable to that of present study [8]. In addition, the current surveys and the different surveys provided an opportunity to compare the lifestyles of the newlyweds. This result remains higher than 14.1 per cent nationwide statement on teenage pregnancies. The conceivable explanation could be that EDHS study covers all localities, both as urban and rural areas, while present survey was led in one of rustic areas of Amhara region, anywhere early marriage is highly prevalent [9]. In this region, the average age of marriage is 17.3 years, and the average age of sex is 16.9 years, the lowest in the nation. Each of these variables may add to high occurrence of teenage pregnancy in this survey when compared to the national variable [10].

CONCLUSION:

This survey presented that there is very high occurrence of teenage pregnancies in our region. Advanced age, living in the province, non-use of prophylaxis and marital status of (separated) parents have a measurable link with high school pregnancy. This is clearly suggested that promotion of deterrent aid and arrangement for youth be supported by concentrating on provinces and demonstrating results of separation in system.

REFERENCES:

1. Fox, A. M., Himmelstein, G., Khalid, H., & Howell, E. A. (2019). Funding for abstinence-only education and adolescent pregnancy prevention: does state ideology affect outcomes?. *American journal of public health*, *109*(3), 497-504.
2. Aparicio, E. M., Kachingwe, O. N., Phillips, D. R., Fleishman, J., Novick, J., Okimoto, T., ... & Anderson, K. (2019). Holistic, trauma-informed adolescent pregnancy prevention and sexual health promotion for female youth experiencing homelessness: Initial outcomes of Wahine Talk. *Children and Youth Services Review*, *107*, 104509.
3. Santelli, J. S., & Grilo, S. A. (2019). Ideology or evidence? Examining the population-level impact of US government funding to prevent adolescent pregnancy. *American journal of public health*, *109*(3), 356-357.
4. Bahamondes, L. (2019). Long term social consequences of adolescent pregnancy. *BJOG: An International Journal of Obstetrics & Gynaecology*, *126*(3), 368-368.
5. Workicho, A., Belachew, T., Argaw, A., Ghosh, S., Kershaw, M., Lachat, C., & Kolsteren, P. (2019). Adolescent pregnancy and linear growth of infants: a birth cohort study in rural Ethiopia. *Nutrition journal*, *18*(1), 22.
6. Workicho, A., Belachew, T., Argaw, A., Ghosh, S., Kershaw, M., Lachat, C., & Kolsteren, P. (2019). Adolescent pregnancy and linear growth of infants: a birth cohort study in rural Ethiopia. *Nutrition journal*, *18*(1), 22.
7. Vasilenko, S. A., Glassman, J. R., Kugler, K. C., Peskin, M. F., Shegog, R., Markham, C. M., ... & Coyle, K. K. (2019). Examining the Effects of an Adolescent Pregnancy Prevention Program by Risk Profiles: A More Nuanced Approach to Program Evaluation. *Journal of Adolescent Health*, *64*(6), 732-736.
8. Plesons, M., Hadley, A., Maddaleno, M., Oljira, L., Tibebu, S., Akwara, E., & Engel, D. (2019). Lessons learned from national government-led efforts to reduce adolescent pregnancy in Chile, England and Ethiopia. *Early Childhood Matters*, 50.
9. Jiskrova, G. K., & Vazsonyi, A. T. (2019). Multi-contextual influences on adolescent pregnancy and sexually transmitted infections in the United States. *Social Science & Medicine*, *224*, 28-36.
10. Ogawa, K., Matsushima, S., Urayama, K. Y., Kikuchi, N., Nakamura, N., Tanigaki, S., ... & Morisaki, N. (2019). Association between adolescent pregnancy and adverse birth outcomes, a multicenter cross sectional Japanese study. *Scientific reports*, *9*(1), 1-8.