

Social Aspects of Unwanted Teen Pregnancy Management: a Case Report

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Abstract

Background: Teenage pregnancy is an increasing problem worldwide. It correlates with higher rate of maternal and perinatal morbidity and mortality. Social issues would complicate the management by delaying therapy, stigmatization of the patients, and even initiation of child abuse. This study aims to present a case of unwanted teen pregnancy in which social aspect plays a significant role of its outcome.

Case: A case of 17-years-old unmarried woman came due to abdominal pain and abnormal uterine bleeding. She had pregnancy test prior to the admittance with positive result. Her family found out about the test and forced her to come to emergency ward in order to confirm the pregnancy. Examinations showed that she had ruptured ectopic pregnancy, bilateral pyosalpinx, and endometrial thickening. Bilateral salpingectomy and curettage was done. The patient chose to delay having treatment due to fear of being found out by the family. Teenage pregnancy is an arising health, economical, and social problem in Indonesia. In addition to higher risk of morbidities and mortalities, it is also aggravated by social stigma of having extramarital sex. Family support plays pivotal role in determining the outcome of teenage pregnancy.

Conclusion: Teenage pregnancy is a complex problem requiring comprehensive and multidiscipline management on physical, psychological, and social aspects. Social problems would aggravate the situation, potentially delay the management and exacerbate the outcome

Keywords: Teenage pregnancy, unsafe abortion, unwanted pregnancy.

Introduction

Teenage pregnancy is an increasing problem over past decade. Earlier onset of puberty coupled by shifting sociocultural environment increases the amount of premarital sex, both in developing and developed countries.¹ Indonesia as one of the developing countries also experiences the problem with increasing teenage pregnancy, albeit having one of its law protecting children aged under 18 years old against teenage pregnancy.² Teenage pregnancy correlates with higher

rate of maternal and perinatal morbidity and mortality.¹

In developing countries, teenage and unmarried pregnancy directly impacts the rate of child marriage. It is estimated that 39,000 child marriages happen each day worldwide.³ It is a complex problem requiring management on physical, psychological, and social aspects. Oftentimes, social aspect would complicate management, such as delay in therapy due to social issues arising in the family.

This study aims to present a case of unwanted teen pregnancy in which social aspect plays a significant role of its management.

Case

17-year-old G1P0 unmarried woman came to the emergency unit of Baptis Hospital Kediri at 25th of

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January 2020 with chief complaint of dull pain at the right upper quadrant of her abdomen from a week ago. There was no complaint of urinating or defecating problem neither abnormal vaginal discharge at the moment. The first day of patient's last menstruation was about 6 weeks ago, but patient said that she had another bleeding outside her regular period about 2 weeks ago. According to the patient, the bleeding felt a little bit different as the blood was considerably ample, darker, and thicker than her usual period. The bleeding had been occurring for 2 days followed by pain in abdomen about a week after. Urine examination was done voluntarily 3 days prior to ER admission, of which result of urine examination was within the normal limit, and the pregnancy test was positive.

Previously, she had her first menarche at the age of 12, each ranging about 5-6 days, routinely changing pads 2-3 times each day, without any pain. Patient's vital sign was stable at the time of arrival. Mild abdominal pain was present at the right upper quadrant radiating to her back at general physical examination.

Complete blood count, urine examination, and pregnancy test were completed at the ER. Her blood result was hypochromic microcytic anemia with increased RDW and normal leucocyte level. Urine examination result was within normal limit while pregnancy test was found to be negative.

An emergency family meeting consisting of the obstetrician, emergency doctor, emergency nurse, the patient, her parents, and her older brother was carried out on emergency ward. The family insists that another pregnancy test was done in order to verify whether the patient had already done sexual intercourse before marriage. Her older brother also said that she might be punished for bringing shame to the family, should she be actually pregnant. The patient, terrified of her family, told the doctors that she had already known that she was pregnant. However, she delayed seeking medical treatment in order to not letting her family find out because then she would be "beaten to death". Instead, she came to several clinics and performed voluntary laboratory tests. The only reason she came to the emergency ward was her parents found out about her laboratory results incidentally.

Following the meeting, transvaginal ultrasound (US) examination was done with family consent. The results of US exam were right periovarian mass sized 4.79 cm x 2.68 cm suspected to be ruptured ectopic implantation, enlarged left ovary, and endometrial thickening. We informed the family that it was likely that the patient had ruptured ectopic pregnancy, thus emergency surgery in order to evacuate the mass was imperative in order to prevent heavy bleeding and avoid death. We also informed that the surgery might be continued to unilateral or bilateral salpingectomy, supposedly rendering the patient to be infertile. Additionally, curettage would be required due to endometrial thickening further complicating the condition.

Hearing the result and probable management, her mother and brother were furious. They accused her of adultery and said that her condition was "divine's wrath" due to her sins. The doctors and nurses told the family that the situation was not appropriate for blaming each other. After regaining composure, her family approved the surgery and signed the consent paper.

After having consent from the patient and her guardian, an emergency explorative laparotomy was planned with the possibility of having unilateral salpingectomy followed by curettage. During the surgery, the left fallopian tube was found to be dilated while the right fallopian tube was found to be ruptured, both producing about 5 cc of purulent discharge. The diagnosis was determined as ruptured ectopic pregnancy with bilateral pyosalpinx. Considering intraoperative finding, bilateral salpingectomy was done. Following the surgery, curettage was executed. The specimens from the surgery and curettage were sent for histopathological examination.

One week following the procedure, the results of histopathological examination showed bilateral tubal abscess with fibrotic tissue and bloody discharge, and remains of conception on the right fallopian tube, without any sign of malignancy. On her postoperative visit, the patient was accompanied by her mother. The patient and her family said that they had already accepted the condition.

Discussion

Teenage pregnancy or adolescent pregnancy is

a complex problem in health, social, and economy problem. In USA at the year of 2010, approximately 3.4 percent of births come from mother at the age of 15-19.⁴ Its prevalence in Indonesia has been rising since the last decade, reaching 48 per 1,000 pregnancy.⁵ Problems arising from teenage pregnancy include increased maternal and perinatal morbidities and mortalities, poor health habit, malnutrition, poverty, lower education level, and social labelling.^{1,6}

Previous research in Jakarta showed that teenage pregnancy has higher risk of anemia at labor, preterm delivery, postpartum hemorrhage, low birth weight, and eclampsia.⁷ There are numerous factors contributing to increased rate of adverse event in teenage pregnancy, including imperfect anatomical and hormonal function, lower hygiene, and lower socioeconomical status.⁷

In religious countries, unmarried pregnant teenagers are often stigmatized by both families and communities as “spoiled” or “filthy” due to having extramarital sex. This social phenomenon would lead into early marriage or abortion attempt, often self-induced or unsafe. Moreover, unmarried pregnant teenagers would later have difficulties in searching for partner, constructing a label as an “unwanted”.⁶

Family plays a pivotal role in determining the outcome of adolescent pregnancy. Previous research in Indonesia had shown that women with lower educational level and ambiguous family structure would have higher risk of having teenage pregnancy.⁵ Conflicts occurring in family would also impair psychological development in children, thus affecting sexual behavior.⁵ Another particular issue in Indonesia is its rarity of sexual matter discussion among family. Most of the families regard sex as a “taboo” and should not be discussed.⁸

Following unwanted pregnancy, only a few of the teenagers would actually disclose voluntarily to their parents. Based on previous research in Central Java, most of them were worried of having social stigma, afraid of disappointing their parents, or even afraid of getting dropped-out from school.⁸ It is not uncommon that women with teenage pregnancy to be beaten by their family. This would also create another problem as the appropriate antenatal care for the patient would be delayed or even resulting in unsafe abortion.⁸ Previous data from UK also showed that half of teenage pregnancy

would result in induced abortion.⁹ On the contrary, supportive parents would ameliorate both maternal and perinatal outcome. Research in Central Java showed that most of teenage mothers would be helped by their parents, especially during postpartum period.¹⁰ In this unfortunate case, the patient had severe fear of her family knowing about her pregnancy, leading to delay in management and worse outcome. After knowing the condition, her family also condemn the patient as receiving “divine’s wrath” due to her sins, exacerbating the situation.

Iatrogenic infertility induced by the management of patient’s condition also created new problems. In Indonesia, infertile women are viewed as “not whole” as they are unable to provide decent offspring for the family.⁶ This would also hinder the patient’s ability to search for a partner in the future.

Realizing the complex problem and situation of teenage pregnancy, it is imperative that multisectoral action is initiated to address the problem. As primary prevention, previous research has found that combination of widespread health education and contraceptive promotion would be useful. Moreover, all teenage pregnancy patients should be consulted for potential abuse and child protection issues. Contraceptive education should also be delivered for already pregnant teenagers in order to reduce the rate of repeated teenage pregnancy.⁹ However, intervention only from clinicians would not be sufficient. Research conducted on East Java showed that risk of teenage pregnancy is determined by education, socioeconomical status, and age.¹¹ Comprehensive management from multidiscipline and multisectoral profession would be required to deal with the complex problems of teenage pregnancy.

Conclusion

Teenage pregnancy is a complex problem requiring comprehensive and multidiscipline management on physical, psychological, and social aspects. Social problems would aggravate the situation, potentially delay the management and exacerbate the outcome. Support from partner, family, and clinicians would be beneficial to improve the outcome for both the mother and the baby.

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References

1. Soejoenoes A. Teenage Pregnancy. *Indones J Obstet Gynecol*. 2017; 5(3): 128-129.
2. Dewan Perwakilan Rakyat Republik Indonesia. Undang – Undang Republik Indonesia Nomor 35 Tahun 2014 Tentang Perubahan Atas Undang – Undang Nomor 23 Tahun 2002 Tentang Perlindungan Anak. Jakarta: Dewan Perwakilan Rakyat Republik Indonesia; 2014.
3. World Health Organization. Child marriages: 39 000 every day. [internet]. 2013 (cited 2020 Jul). Available from: https://www.who.int/mediacentre/news/releases/2013/child_marriage_20130307/en/
4. Cunningham FG, Leveno KJ, Bloom SL, Dashe JS, Hoffman BL, Casey, et al. *Williams obstetrics*. 25th ed. New York: McGraw-Hill Education; 2018.
5. Anifah F, Dasuki D, Fitriana HK, Triratnawati A. Role of family structure and parenting style in adolescent pregnancy in Surabaya, Indonesia. *Maj Obs Gin*. 2018; 26(2): 91-97.
6. Asriani DD. *The Unmarried Pregnant Girls' Voices and Body Politics Surrounding The Girlhood in Yogyakarta Indonesia*. Seoul: Ewha Woman University Repository; 2020.
7. Indart J, Fattah ANA, Dewi Z, Hasani RDK, Mahdi FAN, Surya R. Teenage Pregnancy: Obstetric and Perinatal Outcome in a Tertiary Centre in Indonesia. *Obstet Gynecol Int*. 2020; 1(1): 1-5.
8. Aprianti, Shaluhiah Z, Suryoputro A. Self-Disclosure of Adolescents about Unwanted Pregnancy to Their Partners and Parents: A Qualitative Study in Cetrul Java Indonesia. Jawa Tengah: Science and Technology Publications; 2018.
9. Rohmah N, Yusuf A, Hargono R, Laksono AD, Masrurroh, Ibrahim I, Walid S. Determinants of Teenage Pregnancy in Indonesia. *Indian J Forensic Med Toxic*; 2020: 14(3): 2080-2085.
10. Cook SMC, Cameron ST. Social issues of teenage pregnancy. *Obstet Gynecol Reprod Med*. 2017; 27 (11): 327-332.
11. Khuzaiyah S. The Effort of Caring Baby during Pregnancy and Early Childbirth among Teenage Mothers with an Unwanted and an Unmarried Pregnancy: A Qualitative Study. In: *Proceedings of International Seminar: Elevating Quality of Early Childhood Education and Care* [conference proceedings on the Internet]; 2019; Makassar: Universitas Muhammadiyah Prof Dr. Hamka; 2020.