

“A QUALITATIVE STUDY ON THE WELLBEING OF THE TEENAGE MOTHERS  
IN KERALA”

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## **ABSTRACT**

Teenage pregnancies are a common occurrence with known reasons and detrimental impacts on an individual's health, society, and economy. Teenage pregnancy is defined as a pregnancy in an adolescent girl between the ages of 13 and 19. Women are facing many issues in the society and teenage pregnancy is one of them. Most the girl are married off by their parents very early and they get pregnant very soon. This has a great impact on the physical, emotion, economic, psychological and social wellbeing of the women. Thus, the researcher chose find the wellbeing of the teenage mother and the issues and challenges faced by them. A qualitative study on the wellbeing of the teenage mothers has done. Convenient sampling was taken as the sampling method. In-depth interview was taken as the tool of the data collection. The researcher has done thematic analysis to find the research problems. After the analysis, the research got that most of the participants was not satisfied with their life and they were not able to achieve their goals or dreams because they have many other responsibilities. The major finding of the research was only participant B was able to attain a degree after the child birth, but others could not continue with their education as they very much involved with responsibilities.

# **CHAPTER I**

## **INTRODUCTION**

Teenage pregnancy, as defined by UNICEF, is the pregnancy of a teenage girl, typically between the ages of 13 and 19. According to the American Pregnancy Association, a teenage pregnancy is one that happens to a woman who is under 20 years old. It also includes girls who become pregnant but have not attained legal age, which varies globally.

Teenage pregnancies are a common occurrence with known reasons and detrimental impacts on an individual's health, society, and economy. Although it has done so at differing rates depending on the region, the adolescent birth rate (ABR) has decreased globally. There are large disparities in levels between and within countries. Teenage pregnancy is more prevalent among those with lower socioeconomic status or less education. Additionally, there is less progress being made in reducing adolescent first births among these and other vulnerable populations, which leads to rising inequality. Due to child marriage and juvenile sexual assault, girls are more likely to become pregnant often unknowingly. Adolescents frequently lack access to or are unable to use contraception, making it challenging for them to prevent unintended pregnancy. More and more emphasis is being paid to adolescent parents' access to high-quality maternal care. In addition to working with partners to raise awareness of adolescent pregnancy, WHO also develops tools to support policies and programmes, builds capacity, and supports countries in effectively tackling the issue. Each year, 2.5 million girls under the age of 16 and nearly 16 million girls between the ages of 15 and 19 give birth in developing countries (UNFPA, 2015).

Pregnancy and delivery complications are the world's greatest cause of death for girls between the ages of 15 and 19 (World Health Organization, 2015). 3.9 million girls between the ages of 15 and 19 have unsafe abortions each year (Guttmacher institute,

2016). The risks of eclampsia, puerperal endometritis, and systemic infections are higher in adolescent moms (10–19 years old) than in women (20–24 years old). There is an unmet demand for modern contraception among 23 million females in poor countries between the ages of 15 and 19. As a result, it is estimated that half of pregnancies among girls between the ages of 15 and 19 in poor countries are unwanted (Guttmacher institute, 2016)

Adolescent pregnancies continue to play a significant role in intergenerational cycles of poor health and poverty as well as mother and child mortality. In underdeveloped nations, 20,000 girls under the age of 18 give birth every day. Nine out of ten of these births take place in unions or marriages, underscoring the problem of child marriage. Out of the 500 million teenage females in underdeveloped countries, more over 3 million of them aged 10 to 19 live in Nepal, according to UNFPA.

Moreover, teenage pregnancies have negative effects on a mother's health; moms are more likely to have postpartum depression and are less likely to start breastfeeding, while children are more likely to be delivered prematurely, with lower birth weights, and with higher neonatal mortality. Teenage moms are more likely to live in poverty, have children with developmental and health issues, and have a lower likelihood of finishing high school. In order to lower the rate of adolescent motherhood, it is necessary to understand the risk factors for teen pregnancy. The likelihood of teenage pregnancy is affected by a number of social and biological factors, such as hardship experienced throughout infancy and adolescence, a family history of teenage pregnancy, conduct and attention issues, family instability, and low.

This research consists of the study of effect of teenage pregnancy on the teenage mothers. This research explains about their life experiences, the impact after their delivery. The

whole research seeks to explain the overall impact of the pregnancy on the teenage mothers.

(Centers for Disease Control and prevention, 2020)

**CHAPTER II**

**REVIEW**

**OF**

**LITERATURE**

## **INTRODUCTION**

According to Turner and Helms (2012), adolescence is described as the period between the ages of thirteen and nineteen. The teen years, according to Onuizuike (2013), serve as a transitional period between childhood and adulthood, allowing a person to shed childhood habits and develop adult behaviours. Early pregnancies among adolescents have major health consequences for adolescent mothers and their babies. Young women, who become pregnant and have births, experience a number of health, social, economic, and emotional problems. In addition to the relatively high level of pregnancy complications among young mothers because of physiological immaturity, inexperience associated with child care practices also influences maternal and infant health. This chapter of the research focus on the experience and the effect of teenage pregnancy on teenage mothers and this chapter contains review of literature.

## **TEENAGE PREGNANCY**

Teenage pregnancy is defined as a pregnancy in an adolescent girl between the ages of 13 and 19. A young girl who is pregnant who is 12 or younger also falls under this definition of teenage pregnancy, despite not being a teenager technically. The Centers for Disease Control and Prevention (CDC) reports that 194,377 babies were born to 15 to 19-year-olds in 2017. Adolescent pregnancy is another name for teenage pregnancy. Approximately 77 percent of pregnancies were unplanned in 2014, according to the U.S. Department of Health & Human Services. Teenage pregnancies can have detrimental repercussions on the health of the teen mother as well as the child. (Wagle, 2019)



The World Health Organization (WHO) claims that some girls and women become pregnant as a result of their inability to object to unwanted intercourse or resist coercive or forced sex. Others do it because they are unable to access contraceptives, even emergency contraception, or because they do not know how to prevent pregnancy. Others nevertheless become pregnant because they want to be pregnant or because prominent individuals in their lives want them to. (Wagle, 2019)

### **CAUSES OF TEENAGE PREGNANCY**

Teenage pregnancy is becoming a growing concern, and understanding the various causes of teenage pregnancy is critical. Pregnancy, regardless of age, can be a life-changing experience that transcends race, educational attainment, and socioeconomic status (Kost, Henshaw & Carlin, 2010).

Approximately 90% of births to girls aged 15-19 in developing countries occur within early marriage where there is often an imbalance of power, no access to contraception and pressure on girls to prove their fertility. Factors such as parental income and the extent of a girl's education also contribute. Girls who have received minimal education are five times more likely to become a mother than those with higher levels of education. Pregnant girls often drop out of school, limiting opportunities for future employment and perpetuating the cycle of poverty. In many cases, girls perceive pregnancy to be a better option than continuing their education.

In addition, the unique risks faced by girls during emergencies increase the chances of them becoming pregnant. Factors include the desire to compensate for the loss of a child, reduced access to information and contraception and increased sexual violence. Peer pressure has

been identified as a factor that contributes to teenage pregnancy. The causes of teenage pregnancy to be; Lack of knowledge, dating violence, family factors, influence of mass media, religious belief, peer pressure, teenage drinking, sexual abuse or rape, childhood environment and general factors. Also, according to Kinby (2010), In teenage pregnancy, victims lacked knowledge or were likely not properly trained on safe sex by their parents, schools, or development agencies, which may have prepared them to deal with peers who lured them into sex prematurely.

The truth is that early marriage and subsequent pregnancies are frequently caused less by conscious choices than by lack of alternatives and uncontrollable external factors. It is a result of limited or no access to education, employment, trustworthy healthcare information, inefficient use of healthcare resources, and patriarchy. ( Ganesan, 2020)

One of the research studies states that lack of information financial/economic factors, peer pressure etc are some cases of teenage pregnancy among Teenagers. Teen pregnancies are associated with poor social and economic conditions and prospects for women, potentially compromising their educational and economic opportunities, or they might be a marker of the environments in which young women live.

According to studies on risk and protective variables for adolescent pregnancies in LMICs, rates are often greater for people with lower levels of education or socioeconomic position. These disadvantaged groups have experienced notably poor progress in lowering adolescent first births, which has resulted in growing inequality. Adolescent pregnancies and deliveries are influenced by many different circumstances. First, girls are frequently pressured to get married and have children. The predicted number of child brides worldwide as of 2021 was 650 million: Girls who marry young often have little autonomy

to influence decisions about delaying childbearing and using contraceptives, which increases their risk of becoming pregnant. (World health organisation, 2022)

Second, because they have little opportunities for higher education and work, many girls decide to become pregnant. Teenagers in many places do not have easy access to contraceptives. Even if adolescents are able to access contraceptives, they might not have the authority or financial means to do so, as well as the information needed to locate them and use them properly. When attempting to access contraception, they could encounter stigma. Additionally, they frequently have a higher risk of stopping their medication due to side effects, as well as because of shifting living circumstances and plans for having children. An important barrier to the availability and uptake of contraceptives among teenagers is the existence of restrictive laws and policies surrounding the provision of contraceptives based on age or marital status. This frequently occurs in conjunction with the prejudice of health professionals or their unwillingness to recognise the needs of teenagers in terms of their sexual health. Unintended pregnancy is more likely when there has been child sexual abuse. (World health organisation, 2022)

According to a WHO research from 2020, 120 million girls under the age of 20 have engaged in some sort of forced sexual activity. In spite of the fact that many boys are also impacted, this abuse disproportionately affects girls and has strong roots in gender inequity. According to projections, 1 in 8 children worldwide will have suffered sexual abuse before becoming 18 years old, and 1 in 20 girls between the ages of 15 and 19 will have engaged in forced intercourse at some point in their lives. The WHO report titled Violence against women prevalence estimates 2018 notes that “adolescents aged 15–19 years (24%) are estimated to have already been subjected to physical and/or sexual violence from an

intimate partner at least once in their lifetime, and 16% of adolescent girls and young women aged 15–24 have been subjected to this violence within the past 12 months.”

(World health organisation, 2022)

### **CONTRIBUTING FACTORS OF TEENAGE PREGNANCY**

Early pubertal development, a history of sexual abuse, poverty, a lack of attentive and nurturing parents, cultural and family patterns of early sexual experience, a lack of school or career goals, poor school performance or dropping out of school are just a few of the factors that predict sexual activity during the early adolescent years. It is known that early childbearing has negative effects on educational failure, poverty, unemployment, and low self-esteem. These conditions also increase the possibility of teen pregnancies. Early dating and risky sexual conduct are two potential risk factors for a teenage girl to engage in early sexual behaviour and/or become pregnant. (Dangal, 2005)

Early alcohol and/or drug use; dropping out of school; poor academic performance; a lack of a supportive environment; a lack of participation in school, family, or community activities; poor family relationships; a perception of few opportunities for success; a pessimistic outlook on the future; living in a community where early childbearing is frequent and not seen as cause for alarm; growing up in an oppressive environment

Teenagers who are pregnant deal with many of the same challenges that other pregnant mothers do. For those under the age of 15, there are extra issues because they are less likely to be physically capable of supporting a healthy pregnancy or giving birth. Risks are more closely linked to socioeconomic variables than to the biological impacts of age for girls between the ages of 15 and 19. Even after taking other risk factors into account, biological

age is linked to the risks of low birth weight and early labour, which are seen in adolescent deliveries. ( Ganesan, 2020)

### **EFFECTS OF TEENAGE PRGNANCY**

Adolescent pregnancy remains a major contributor to maternal and child mortality. Complications relating to pregnancy and childbirth are the leading cause of death for girls aged 15-19 globally. Pregnant girls and adolescents also face other health risks and complications due to their immature bodies. Babies born to younger mothers are also at greater risk.

For many adolescents, pregnancy and childbirth are neither planned, nor wanted. In countries where abortion is prohibited or highly restricted, adolescents typically resort to unsafe abortion, putting their health and lives at risk. Some 3.9 million unsafe abortions occur each year to girls aged 15-19 in developing regions.

Adolescent pregnancy can also have negative social and economic effects on girls, their families and communities. Unmarried pregnant adolescents may face stigma or rejection by parents and peers as well as threats of violence. Girls who become pregnant before age 18 are also more likely to experience violence within a marriage or partnership.

In addition to this, a teenage pregnancy affects the entire socioeconomic structure of society, mothers are the ones who suffer the most. According to a study conducted in Assam's most vulnerable districts, more teenage mothers were married as a result of the family's poor financial situation or after eloping than women who became pregnant after the age of 20. Compared to women from scheduled tribes (ST) or the general category, a

larger percentage of women from scheduled castes (SC) and other backward classes (OBC) had teenage pregnancies. (Sharma, 2021)

Children are also at greater risk of physical, cognitive, and emotional problems. Therefore, it is important to identify factors which influence the outcome of adolescent mothers and their children in order to suggest interventions which will more positively affect the physical and psychological health of this increasing population. There is no single cause for the rising rate of adolescent pregnancy, but rather a combination of factors. These can generally be grouped under biological factors, societal factors, personal attitude/needs, ignorance/misunderstanding concerning sexual matters, and problems inherent in modern contraceptive methods. The consequences of pregnancy on the adolescent are multiple and can be divided into health, economic, and emotional outcomes.

The effects on the child who results from the adolescent pregnancy can be subdivided under physical health, cognitive, behavioural and emotional effects. Early sex education programs which combine education with family planning or counselling, and readily available inexpensive contraception and abortion would do much to decrease the prevalence of adolescent pregnancy.

An early start to childbearing greatly reduces the educational and employment opportunities of women and is associated with higher levels of fertility. Early childbearing is not only characterized as a physical body experience but also embodies the experiences and perceptions of the social norms, discourses, conflict and moral judgement.

## **CONSEQUENCES AND RISK**

Adolescent or teenage pregnancy occurs when a woman is less than 19 years old. In developing nations, 12 million girls under the age of 19 give birth each year and about 21 million females between the ages of 15 and 19 become pregnant. In this, around 10 million young females may become pregnant unintentionally, and nearly 777,000 of these pregnancies include girls under the age of 15. Because there may be an increased chance of difficulties during pregnancy and labour, teenage pregnancy is worrisome. Teen mothers frequently experience infections, high blood pressure, and anaemia. Babies may frequently be born prematurely or with low birth weight. ( Joseph, 2022)

A increased risk of problems during pregnancy and childbirth is linked to teenage childbearing. Many teenage ladies might not be mature enough to care for children and bear children. Teenage girls may experience health issues with their unborn children as a result of poor prenatal care. The risk of health problems in mothers and babies may increase if prenatal vitamins, minerals, and other types of care are not taken. The majority of teen pregnancies are unwanted and can have a negative impact on a teen's physical and emotional health. Young women's psychological health may be impacted by social concerns and a lack of financial assistance, and they may frequently experience despair and have a lack of empathy for infants. ( Joseph, 2022)

In addition to the health dangers, it may be challenging for teen moms to obtain adequate prenatal care if they lack financial resources. It will be challenging for them to care for themselves, further their education, and raise the child. The majority of the health hazards associated with adolescent pregnancy can be directly attributed to inadequate or delayed prenatal care. The following health issues could arise in a pregnant teen. ( Joseph, 2022)

Teen pregnancy can be difficult for a variety of reasons, including the lack of a familial support structure and inadequate financial resources. Some teenage mothers who experience an unintended pregnancy may experience postpartum depression and the postpartum blues. It can be quite challenging for teen parents to have more than one kid, particularly if they are single mothers without any support. ( Joseph, 2022)

The significant consequences of teen pregnancy may include the following: Unwanted and unexpected births may make mothers less likely to be interested in and make prenatal care a priority. Some pregnancies are discovered in the later trimesters, making it difficult for the mother to access early prenatal care. Negative results could result from inadequate prenatal care. Teen parents who lack the support of their families or other financial means may experience tremendous suffering as a result of financial pressure and poverty. Teen mothers may struggle to strike a balance between childcare and education.

Only 3% of teenage mothers were able to complete graduate education before becoming 30 years old, according to statistics. Young people may find childcare stressful because they lack expertise and familial support. Along with other difficulties, single mothers may also experience additional emotional issues and relational issues. Lack of or a delay in postpartum care and newborn care may also be brought on by financial challenges and mental problems. The experience of giving birth may be more difficult for mothers under the age of 15. Sexual assault or child marriage can lead to unintended pregnancies. These conditions necessitate additional medical attention. Overall, caring for another child is difficult for a youngster. Many teen parents may not have the means or expertise necessary to assure the baby's safety. ( Joseph, 2022)



## **MENTAL AND PHYSICAL CONDITION OF TEENAGERS AFTER PREGNANCY**

According to the U.S. Department of Health & Human Services, approximately 250,000 babies were born in 2014 to teen mothers. Approximately 77% of these pregnancies were unintended. A teenage pregnancy can alter a young mother's life's direction. She is now in a position where she must take care of another person in addition to herself. (American Pregnancy Association, 2021)

Physical changes are simply one aspect of being a mother and carrying a child. Women experience mental changes as well. Young mothers experience additional stress due to their attempts to complete their high school education, arrange for child care, and make doctor's appointments. (American Pregnancy Association, 2021)

Some of the problems faced by teenage mother are Anemia, Depression, Excess or poor weight gain, Undernutrition or malnutrition, Eclampsia (seizures in pregnant women with preeclampsia, that is, organ failure due to high blood pressure), Babies born to teen mothers may also have certain health risks, including Low birth weight, Premature birth, Congenital malformations, High risk of sudden infant death syndrome, Risk of mental retardation, brain damage and birth injuries ( Joseph, 2022)

Researches indicates that pregnant teens are less likely to receive prenatal care, often seeking it only in the third trimester. As a result of insufficient prenatal care, the global incidence of premature births and low birth weight is higher amongst teenage mothers. Risks for medical complications are greater for girls 14 years of age and younger, as an underdeveloped pelvis can lead to difficulties in childbirth. Young women under 20 face

a higher risk of obstructed labour, which if Caesarean section is not available can cause an obstetric fistula, a tear in the birth canal that creates leakage of urine and/or faeces. At least 2 million of the world's poorest women live with fistulas. Complications during pregnancy and delivery are the leading causes of death for girls aged 15 to 19 in developing countries. They are twice as likely to die in childbirth as women in their 20s. Teenage girls account for 14 percent of the estimated 20 million unsafe abortions performed each year, which result in some 68,000 deaths (UNICEF)

The combination of poor nutrition and early child bearing expose young women to serious health-risks during pregnancy and childbirth, including damage to the reproductive tract, pregnancy-related complications, such as anaemia, pregnancy-induced hypertension, preterm labour, cephalopelvic disproportion, maternal mortality, perinatal and neonatal mortality, and low birthweight and labour like toxemia of pregnancy, eclampsia, and cephalopelvic disproportion were more in teenagers.

The social and health implications of teenage pregnancies include increased exposure to domestic violence (which may be exacerbated by the pregnancy), mental health disorders, substance use, sexually transmissible infections (STIs), financial stress and homelessness. Importantly, an individual's education and training can be disrupted by teenage pregnancy, with variable opportunity for resumption. While teenage mothers are often motivated to do the best for their babies and to continue to develop themselves as parents and into adult life,<sup>6</sup> they may be particularly susceptible to breaches of their rights to healthcare and education.<sup>7</sup> Primary and secondary care services need to be teenage friendly to optimise engagement of young women who choose to continue a pregnancy.<sup>8</sup> Similarly, schools and

training facilities can enhance continuity of education by supporting return to study, breastfeeding and affordable childcare.

### **ADOLESCENT FERTILITY RATE**

The United Nations defines adolescent fertility rate as the annual number of births to women aged 15-19 years per 1,000 women. Adolescent pregnancy in India has seen quite a change in the past decade. Although there has been a steady decline in India's adolescent fertility rate, it is a cause of concern still, especially since India will continue to have one of the youngest populations in the world till 2030. Adolescent fertility was the highest in the north-eastern states of India

### **TEENAGE PREGNANCY GLOBALLY**

Teenage pregnancy is a global health issue that adversely affects birth outcomes and can lead to intergenerational cycles of poverty and ill-health. In all settings, teenage pregnancies are more likely to occur in communities affected by social and economic disadvantage. According to WHO, every year, an estimated 21 million girls aged 15–19 years in developing regions become pregnant and approximately 12 million of them give birth. Adolescent pregnancies are a global problem occurring in high, middle, and low-income countries. Around the world, however, adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities. Poverty, malnutrition, complications of pregnancy, and emotional problems such as depression, drug, and alcohol use, are all risks for the mother. Globally, an estimated 15 per cent of young women give birth before age 18. Early childbearing, or pregnancy and delivery during adolescence, can derail girls' otherwise

healthy development into adulthood and have negative impacts on their education, livelihoods and health. Many girls who are pregnant are pressured or forced to drop out of school, which can impact their educational and employment prospects and opportunities. Early pregnancy and childbearing can also have social consequences for girls, including reduced status in the home and community, stigmatization, rejection and violence by family members, peers and partners, and early and forced marriage.

Adolescent girls, especially those in early adolescence, are particularly vulnerable to the health consequences of pregnancy and delivery as their bodies may not be physically ready. Obstetric fistula, eclampsia, puerperal endometritis and systemic infections are just some of the serious conditions that they may face in the short- and long-term. Globally, maternal conditions are among the top causes of disability-adjusted life years (DALYs) and death among girls aged 15-19.

From 64.5 births per 1000 women in 2000 to 42.5 births per 1000 women in 2021, the ABR has fallen globally. However, rates of change have varied widely around the globe, with Southern Asia (SA) experiencing the steepest drops and Latin America and the Caribbean (LAC) and sub-Saharan Africa (SSA) experiencing slower declines. SSA and LAC continue to have the highest rates globally, with 101 and 53.2 births per 1000 women, respectively, in 2021, despite declines in other areas. (World health organisation, 2022)

ABR also exhibits significant regional variations. For instance, in LAC, Nicaragua had the highest estimated ABR of 85.6 per 1000 teenage females in 2021, compared to Chile's 24.1 per 1000 teenage girls (4). There are huge variations even within nations. For instance, in Zambia, the percentage of adolescent girls between the ages of 15 and 19 who have started having children (women who have given birth or are pregnant at the time of interview)

varied from 14.9% in Lusaka to 42.5% in the Southern Province in 2018. (5). From 3.5% in the Cordillera Administrative Region to 17.9% in the Davao Peninsula Region in the Philippines in 2017 (World health organisation, 2022).

While the actual number of adolescent pregnancies has remained high, the estimated global ABR has decreased. SSA (6 114 000) had the most estimated births of 15 to 19-year-olds in 2021, while Central Asia had much fewer births (68 000). In South-East Asia (SEA), the same figure was 22 000, while among teenagers aged 10 to 14 in SSA, it was 332 000 (World health organisation, 2022).

### **TEENAGE PREGNANCY IN INDIA**

According to the National Family Health Survey report, roughly 26.8% of Indian women are married before the age of 18, making India one of the ten nations with the highest rate of teenage pregnancies in the world. According to this, one in every four women gets married while still in their twenties. Even more concerningly, 31% of these married women between the ages of 15 and 18 had their first kid before turning 18 years old. The risks of having a child at this critical stage of teenage development are creating in the offspring of these young moms an almost irreversible pattern of stunted physical and cognitive maturity. ( Singh, 2019)

According to UN report, India bears economic losses of \$7.7 billion a year due to teenage pregnancies. An earlier estimate by health ministry suggested economic losses of teenage pregnancies at 12% of the gross domestic product (GDP).

In different Indian states, there are variations in the pattern of children ever born among these girls. Results show that more than 40% of these girls have at least one child or more

in nearly 12 states. It's interesting to note the development of some states with the greatest rate of adolescent pregnancies among girls who have been early married, like Goa (64%), Mizoram (61%) and Meghalaya (53%). It's crucial to study and comprehend the health condition of young married women because they occasionally have low nutritional statuses when they become pregnant as teenagers, which will lead to the birth of undernourished (or, to put it another way, underdeveloped) offspring. ( Srivastava , 2019)

Teenage pregnancy is almost double in rural areas, 9.2%, as compared to urban, 5%, in India. Here is where the problem lies – these pregnancies not only make adolescent girls extremely vulnerable, both physically and mentally but also place them and their babies at risk. Such pregnancies are associated with an increased risk of miscarriages, abortion, and other adverse outcomes.

Teenage pregnancy has a direct or indirect impact on a number of social development indicators, including those related to gender, health, education, and nutrition, which can result in or contribute to severe anaemia during pregnancy, low birth weight, and undernutrition in children, among other things. Understanding the issue of adolescent pregnancy from a global perspective in terms of gender and health is necessary if we are to address it, making it crucial to comprehend the factors that contribute to the phenomena in locations where it occurs frequently. (iChhori - Breaking Stereotypes, 2021)

In India, more than 50 per cent adolescents who are married have already given birth to children. As is evident from statistical data, the prevalence of teenage pregnancies is inversely proportional to their levels of education. At least twenty per cent of the women who got pregnant as teenagers had no schooling. There is also a higher prevalence of teenage pregnancies at 10.6% in the poorest wealth quintile and tends to lower at 2.5% in

the highest quintile. Similarly, teenage pregnancies tend to be higher in scheduled tribe communities as compared to other castes.

Additionally, a Body Mass Index (BMI) investigation reveals that 36% of married young girls (15–19 years old) who married before the legal marriage age are found to be underweight. The state-level research also shows that Dadra and Nagar Haveli (68.9%), Gujarat (50.9%), Daman and Diu (44.0%), Rajasthan (43.9%), Nagaland (41.4%), and other states have greater prevalences of underweight among 15 to 19-year-old married girls who were married before the legal marriage age. In India, 11.9% of girls aged 15 to 19 were married before turning 18 years old, with differences among states, according to the NFHS-4 (2015–16). ( Srivastava , 2019)

The majority of maternal deaths worldwide among women between the ages of 15 and 49 are caused by complications during pregnancy and childbirth, with low- and middle-income nations accounting for 99% of all maternal deaths worldwide. Teenage pregnancy is a global issue and is more likely to occur in marginalised areas, who typically experience poverty, a lack of educational chances, and employment possibilities. It continues to be a major factor in maternal and infant mortality as well as intergenerational poverty and bad health. (iChhori - Breaking Stereotypes, 2021)

In 2017, an estimate of 11.8 million teenage pregnancies occurred in India. According to the National Family Health Survey 4 (NFHS 4), 7.9% of women aged 15-19 years, were already mothers or pregnant at the time of the survey, with the prevalence higher in rural areas (9.2%) compared to urban areas (5%). The burden of teenage pregnancies was highest in Tripura (18.8%), West Bengal (18%) and Assam (14%) in the country (NFHS-4). Teenage pregnancy is a global problem and is more likely to occur in marginalised

communities, commonly driven by poverty, lack of education and employment opportunities. It remains a major contributor to maternal and child mortality, and intergenerational cycles of ill-health and poverty. Teenage pregnancy has a direct or indirect bearing on several social development indicators—education, gender, health and nutrition indicators—causing/leading to severe anemia in pregnancy, low birth weight, and childhood malnutrition among others.

### **TEENAGE PREGNANCY IN KERALA**

In many societies, girls are under pressure to marry and bear children early. In least developed countries, at least 39% of girls marry before they are 18 years of age and 12% before the age of 15. In Kerala, Teen mothers are a reality in the state. However, compared to the national average, the proportion of teen mothers in Kerala is lesser.

In a disturbing report from Kerala, it has emerged that there were as many as 20,995 teenagers who gave birth in the state in 2019 and the data also indicated the prevalence of child marriages as per a report by the Economics and Statistics Department. The data indicates that the most literate state in India is yet to get rid of the evil practice of child marriage despite its high ranking in social development indicators.

### **REDUCE THE RISKS OF TEEN PREGNANCY**

Teaching kids about reproductive health from a young age is the most effective way to lower the likelihood of teen pregnancy. After unprotected sexual activity, there are several



strategies to avoid getting pregnant; therefore, consult a doctor for the right prescriptions. The following strategies, which parents can implement, may help decrease the number of teen and adolescent pregnancies. Teenage girls who get reproductive education are less likely to become pregnant unintentionally.

You can establish a close bond with your child so they feel confident talking to you about any instances of unprotected sex or sexual abuse.

Have a two-way discussion with your teen about sex and how they see it. Inform the teen gradually about the effects of unprotected sex and teen pregnancy. Dating usually starts when a person is a teenager. Introduce the youngster to techniques for establishing limits in their relationship.

It is acceptable to establish dating regulations, but do so after consulting with your teen. Talk with the teen to come to an agreement.

### **SOCIETAL AND FAMILY SUPPORT**

If pregnancy is found, take immediate action. As per the advice of the doctors, you might talk about the potential options and resources to stop the pregnancy. The following actions should be taken by your teen to lower risks if she decides to keep the pregnancy going. To lessen the health risks and consequences associated with teen pregnancy and childbirth, make sure you receive regular prenatal care as soon as you can. To prevent congenital abnormalities and other issues, take prenatal vitamins and minerals. Avoid using drugs, alcohol, or tobacco. Eat well and drink plenty of water. Walk or engage in other exercises that the doctor has recommended. A delicate circumstance, adolescent or teenage

pregnancy can put the teen and their family under a lot of social and emotional pressure. In addition, it may be unhealthy for the teen and her unborn child. Families should therefore offer pregnant teens a lot of support and advice. To further help avoid teen pregnancy, parents should start teaching their kids at an early age about their reproductive health and underage pregnancies. However, if a teen becomes pregnant, she should seek quick medical advice so she can decide whether or not to carry the baby to term. ( Joseph, 2022)

## WELLBEING

- Well-being is also significantly related to optimism and self-efficacy expectations. Many studies have shown that optimism significantly predicts several facets of well-being, positive and negative (Karademas, 2007)

## CONCLUSION

Today, one of the most significant public health issues is teen pregnancy. There is no question that contemporary medicine can handle obstetrical issues, reducing the danger of teenage pregnancy. The health care provider should see teenage pregnancies as "high risk" pregnancies and should advise young mothers to schedule more antenatal appointments so that the early warning signs and symptoms of various problems of teenage pregnancies can be identified. It is important to pay attention to the usage of various screening and diagnostic tests as well as the actions required if a pregnancy-related issue does arise.

**CHAPTER III**

**RESEARCH**

**METHODOLOGY**

## **TITLE:**

“A Qualitative study on the wellbeing of the teenage mothers in Kerala.”

## **INTRODUCTION:**

Human growth and development are characterized by several distinct and unique stages beginning with conception and ending at death. Like all stages of human development, adolescence is an important stage. Adolescence is the period of transition between childhood and adulthood. adolescence begins around age 10 to 12 and concludes somewhere between 18 to 21 years of age. It includes some big changes to the body, and to the way a young person relates to the world. The physical, sexual, cognitive, social, and emotional changes that happen during this time can bring anticipation and anxiety to the adolescent. This stage is a confusing stage for them. However, some of the girls before completing late adolescence, are married off against the prohibition of child marriage act 2006, during this developmental stage and early pregnancy happens. In whole of India, the teenage pregnancy still exists and not proper measures are taken to prevent teenage pregnancy. However, compared to the national average, the proportion of the teen mothers in Kerala are lesser. The problem with teenage pregnancy is that the adolescence had to go through mental struggles and depression. Also, they get they are not mentally prepared to raise a child. So, this study discusses about the effect of teenage pregnancy on teenage mothers who had given birth to their first child before the age of 20.

In this chapter, the researcher explains methodology followed to conduct the study about the effect of teenage pregnancy on teenage mothers. This chapter describes the statement of the problem, significance of the study, objectives of the study, research design, sampling

method, data collection tools, inclusion and exclusion criteria, key concepts, universe of the study and limitation of the study.

### **STATEMENT OF THE PROBLEM:**

Women had been facing many challenges from the early ages. Even though, child marriage is prohibited it is practiced in India and in Kerala where the literacy rate is high compared to all other states. This is one among the factor that contributes to teenage pregnancy. Some of the other reasons are lack of knowledge about early sex. Parents are frightened or ashamed to educate or talk to their children concerning sex at an early age. At times parents feel like talking to their teenage girls about sex is embarrassing or not important. All these may lead to early pregnancy. Adolescence is the time where the important develops are happening as part of human growth, most of the teens are in a confused state, this is the time for the pupil to explore themselves, to find their capabilities. Instead, some of them skips this time and enters to motherhood at this stage where they are not prepared or matured to look after a child of their own. In addition to this, Early pregnancies among adolescents have major health consequences for adolescent mothers and their babies. Among the adolescents, girls who are pregnant before

marriage have more social consequences than the married girls may include stigma, rejection or violence by partners, parents and peers. However, most of their teenage mothers faces many challenges that affects their social functioning.

An early start to childbearing greatly reduces the educational and employment opportunities of women and is associated with higher levels of fertility. Early childbearing is not only characterized as a physical body experience but also embodies the experiences

and perceptions of the social norms, discourses, conflict, and moral judgement. Furthermore, traditional responsibility of the women, unprotected intercourse, improper family planning are the causes that leads to the pregnancy among teenagers. Due to this, the teenage mothers go through many challenges and may also lead to poor wellbeing. Thus, this study has to been done to understand the experiences and struggles of the teenage mothers.

### **SIGNIFICANCE OF THE STUDY:**

A qualitative study on the wellbeing of pregnancy on teenage mothers focuses on the physical, emotional, and mental factors of the teenage mothers. This study also explains about the experience of the teenage mothers about their pregnancy, their life transition after the childbearing, problems faced by them, their social support. Most of the teenage mothers wants constant need for support and training, inability to planning and decision making, lack of maternal skills encountering unknown situations and major changes, high risk pregnancy and birth, mental health problems(depression, anxiety, shock, low self-efficacy, isolation), multiple responsibilities, role conflict and identity confusion, inadequate social and spiritual support, disruption of education and employment, financial problems, social stigma and, religious or cultural negative reaction, inappropriate behavior of health care providers, and family conflicts. These aspects effect the wellbeing of the teenager and they may find difficulty in coping with the situation. These issues are not addressed by anyone. There are no studies conducted by any person or organizations like the Women's commission in the state that could reveal the extent of struggles faced by the women in Kerala. So, therefore the study has to be done in detail to understand on the problems of

the teenage mothers on the mental, physical and psychological aspects of teenage mothers and how they cope with the situations.

### **GENERAL OBJECTIVE:**

- To study on the wellbeing of pregnancy on teenage mothers.

### **SPECIFIC OBJECTIVES:**

- To identify the socio-demographic profile of the teenage mothers.
- To explore the experiences of teenage pregnancy.
- To understand the life transition after childbearing, new challenges of teenage mothers.
- To understand well being of teenage mothers.
- To understand the challenges faced by the teenage mother
- To understand the social support received by the teenage mothers

### **CONCEPTS DEFINITION**

- **Teenage pregnancy**
  - Theoretical definition: teenage pregnancy, also known as adolescent pregnancy, is pregnancy in a female under the age of 20, according to the WHO.
  - Operational definition: The study focuses on the women who had their first pregnancy before attaining the age of 20.
- **Socio-demographic details of the respondents.**

- Theoretical definition: Socio-demographics refer to a combination of social and demographic factors that define people in a specific group or population.
- Operational definition: Socio-demographics include age, education, religion, employment, marital status, income levels of the respondents.
- **Wellbeing:**
  - Theoretical definition: Wellbeing is the positive outcome that is meaningful for people and for many sectors of society. It integrates mental health and physical health resulting in more holistic approach. (Centers for Disease Control and prevention, 2020)
  - Operational definition: well being can be described as the process of looking into the physical, emotional, psychological and social wellbeing of the teenage mothers.
- **Social support:**
  - Theoretical definition: Social support is a broad construct comprising both the social structure of an individual's life and the specific functions served by various interpersonal relationships.
  - Operational definition: In the study, it is defined as the support received by the participants from family and society.

### **RESEARCH DESIGN:**

The research design used for this study is descriptive in nature and qualitative research methodology. The research describes about the experiences of the teenage mothers, how they cope with the situations, also focuses how they deal with the struggles after



childbearing. Case study is the method used to understand in-depth and up-close examination of each case.

### **UNIVERSE OF THE STUDY:**

The universe of the study includes teenage mothers who gave birth to their first child before the age of 20 in Kerala.

### **UNIT OF THE STUDY:**

The unit of the study include a teenage mother who gave birth to their first child before the age of 20 in Kerala.

### **SAMPLING PROCEDURE:**

Convenient Sampling is the technique used in this study. the sampling helped to gather data related to the study. The researcher had found and selected the participants from the authentic sources residing in Kerala. With the help of the sampling the researcher could conduct an in-depth and detailed interview.

### **INCLUSION AND EXCLUSION CRITERIA:**

#### **Inclusion-**

- Teenage mothers who gave birth to their first child before the age of 20 in Kerala.

#### **Exclusion-**

- Mother who had their first deliver after the age of 21.

- Teenage mothers who had their first deliver before the age of 20 who are residing outside Kerala.

### **TOOL OF DATA COLLECTION:**

For the data collection, the researched used Interview Schedule as the tool. In-depth and detailed interview is taken for understanding the experience of the teenage mothers on their first delivery. Telephonic interview was also used to collect the details as part of the study.

### **METHOD OF DATA COLLECTION:**

The method of data collection is interview, which helps to collect the authentic data for analysing and understanding the study.

### **DATA ANALYSIS:**

The data analysis of this research was done through thematic analysis.

### **ETHICAL RESPONSIBILITY:**

- The collected data is strictly used for academic purpose only.
- The researcher did not force any participants to answer the question.
- All the personal information of the participants is confidential.

### **LIMITATIONS OF THE STUDY:**

- Some of the interview with the participants was telephonic.
- Some of the participants was hard to interview in the beginning as they did not open up as this is a sensitive topic.

## **CHAPTERIZATION**

Chapter I - Introduction

Chapter II - Review of literature

Chapter III - Research Methodology

Chapter IV - Case study

Chapter V - Thematic Analysis

Chapter VI - Findings, Suggestion, and Conclusion

Chapter VII - Social work implications

Chapter VIII - Bibliography

Chapter IX - Appendix

# **CHAPTER IV**

## **CASE STUDIES**

## CASE STUDY 1

Name: A

Age: 23

Sex: Female

Religion: Hindu

Marital status: Married

Education Qualification: 12<sup>th</sup>

Occupation: Homemaker

Family: Husband, mother-in-law, daughter, and son.

Place: Palakkad

First pregnancy at the age of: 19

*"I was very happy when I found that I was pregnant with my daughter and I felt so blessed.*

*I got pregnant when I had just turned nineteen. I had been married to my husband for six months. He is an auto driver and I am a house wife."*

She got married right after she turned eighteen. Her periods had always been irregular. It was normal for her to go six or seven weeks in between, so when she first missed her period, she did not even notice. Several weeks later she realized, it had been a long time since her last period. So, then she took a pregnancy test and then it was positive. Then she went to the hospital to confirm the pregnancy. She was happy to know about her pregnancy.

She was mentally, emotionally fine, as she got support from her parents, in-laws, husband, relatives, and neighbours.

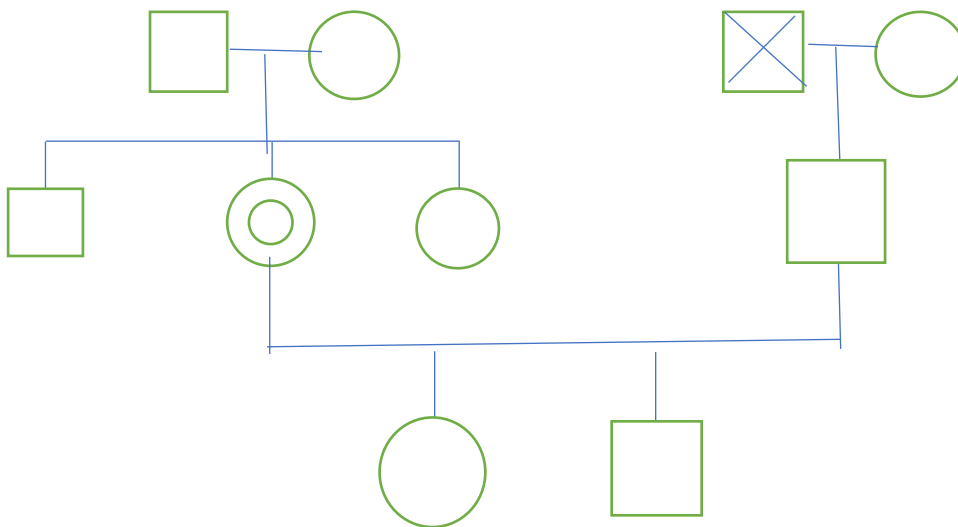
She had a wonderful childhood, her family consist of father, mother, one elder brother, a younger sister. She is married to a businessman who is well off. She had everything at her hands. She was not interested to study further so her parents married her off. She completed 12<sup>th</sup> standard. They were planning to have a child right after the marriage. The couple had a family planning. Even though she was not aware much about the physical relationship, she wanted to make her husband and her family happy. She did not focus on education or employment. She had some physical changes in her body, she gained weight. She had some physical problems during her pregnancy. She was mentally and emotionally happy with the relationship with family and her surroundings. She got more responsible than before, as she had to look after the child. She learned new habits from the first pregnancy. She was pampered by everyone including her husband, so she felt loved and cared for every time.

Her husband had a good business and they had a financial stability. She was supported by everyone during her pregnancy. She was able to be more mature after the pregnancy. She had time to take care of herself, as her family also took care of the kids. She was interested in art, so she had time to work on her talent, she child was her inspiration to work on herself. She had some confusions during her pregnancy but her parents and mother-in-law helped and cooperated with her pregnancy. She felt so blessed during and after her pregnancy. She could feel the child during her pregnancy, she felt the kick. The pregnancy has made her life more interesting, as she became a new person after the pregnancy. She had the freedom to do as she like, she was supported to follow her dreams of developing her skills in art.

Her friends supported her decision and was there with her the whole time. She has a very good relationship and connection with her children. She never felt any burden with responsibilities as a teenage mother. She entered the motherhood very pleasantly and happily.

*“I feel I have changed myself after the pregnancy, I feel like a completely different person and I have not faced much challenges after the pregnancy, I am on my way to achieve my passion.”*

### **Genogram**



## CASE STUDY 2

Name: B

Age: 26

Sex: Female

Religion: Muslim

Marital status: Married

Education Qualification: B com

Occupation: Office staff

Family: Husband, daughter.

Place: Kochi

First pregnancy at the age of: 19

*“I have a beautiful eight-year-old daughter and I am 26 years old right now and I got married at the age of 18 and I delivered my child at the age of 19.”*

The participant B is a teenage mother from Kochi. She is a Muslim who got married at 18 and currently she works as an office staff at a small venture. She got married right after her 12<sup>th</sup> and she also completed b com after the delivery. This is the first time she is sharing



about her pregnancy, before she felt uncomfortable in doing so. Her family consists of mother, younger brother.

*“I am a completely different person now compared to then in so many ways because i feel like my perspectives has changed and I finally feel comfortable sharing my experiences. Back then, my family wanted to marry me off as we had some financial issues and they could not send me for further education. I lost my father when I was eight years old, I have young brother and my mother took care of us and she struggled so much to raise me and my brother. My life changed after my marriage and after I got pregnant because I had a not-so-great childhood with a lot of anxiety. My husband was very kind and very supportive. He helped me to improve and develop myself, he took care of me very well. He was very supportive during my pregnancy and after the delivery. He even helped me to get a degree. My child is a blessing for me.”*

Her husband is a salesman. She lives with her husband and their daughter. They live with their monthly salary. Their child is in second standard studying in a government school. At the time of their marriage, they did not know much about sex education and they were very uncomfortable during the beginning of their marriage life, she got pregnant after four months of marriage. The contributing factors for their early pregnancy was lack of sex education, early marriage, financial issues, lack of knowledge about reproduction and contraceptive methods.

*“I was not aware of the consequences of having intercourse and I did not know the symptoms of pregnancy. Also, I had no idea I was pregnant for quite a while. After I came to know, I was very surprised and confused. Then as time passed. I could not wait to find out what I was having. That time, I wanted a girl and I got a girl. My pregnancy had some*

*complications. I felt weak and tried all the time. The 9 months went by so slow; I was anxious and excited at same time to see my little girl.”*

The participant was not financially stable at the time of pregnancy and they struggled with money. The participant B was not mentally and physically prepared in the beginning of the pregnancy. She had her confusions; everything was new to her and she relied on her mother. She did not have a wonderful childhood, she struggled during her childhood. After the pregnancy she managed to complete B.com. She then got a job as office assistant in the first interview and she is getting a moderate salary.

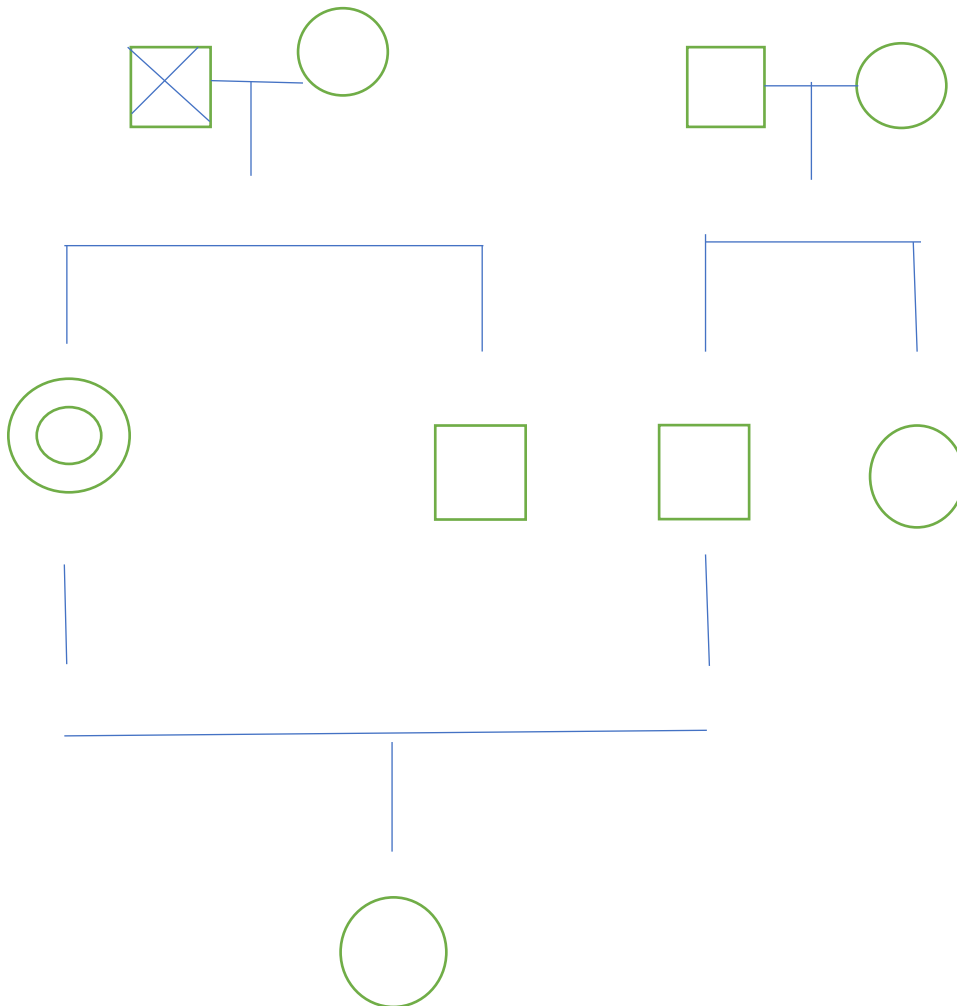
During the pregnancy, she was mentally, physically, and emotionally drained. She had major changes in her body. She had anxiety and major mood swing. She had sickness and tiredness, also she gets easily irritated. She had sleep deprivation during and after pregnancy. She had a change in her behaviour, she became braver and more responsible. She started to change her habits; it has affected her food habits. She feels she has become more responsible than before. She does not have much economic stability during her pregnancy as her husband was the breadwinner of her family and she did not get much financial support from her mother as she was struggling her own issues. So, they have difficulties during the treatment.

She had a supportive and cooperative husband, in-laws, and mother. She did not get much support from the society, as they said she is not ready to go into motherhood. When the child was born, there was an increase in the responsibilities, so she did not get much self-care time, still she managed to acquire a degree and a job. As she entered motherhood, she upgraded herself to a better person, she also had a growth in her career and she developed new knowledge and skills. Being a mother this early, had impacted her positively and

negatively. She could have explored more if she was not a parent, but now there is a limitation to do things.

The people of her age were very supportive, her friends were very supportive and cooperative. They motivated her during the pregnancy. Even after the delivery, friends help her in developing herself. She had a very great connection with her daughter. She sometime felt she could have achieved more if she was not a parent.

### Genogram



### **CASE STUDY 3**

Name: C

Age: 30

Sex: Female

Religion: Christian

Marital status: Married

Education Qualification: 10th

Occupation: Beautician

Family: Father, mother, two daughters.

Place: Perumbavoor

First pregnancy at the age of: 19

*“I am a single mother since the age of 25, my husband was not supportive and I had faced many abuses from my husband and his family, I was force to abort my second child.”*

The participant C is a beautician from Perumbavoor, she is currently living with her father, mother and two daughters. She was married at 18. Her childhood was not great. Her father

was an alcoholic and participant C, her mother and sibling had to face issues related to her father. Even though her father was an alcoholic, he used to look after their family very well, but he used to mentally harass her mother and her. She used to avoid the fights by hiding in the neighbour's house. Due to this situation, she wanted to escape from the house. Her father used to be a business man and was a rich man, due to his alcoholic problem and blindly trusting everyone, he lost most of his wealth.

Then when she was studying in 12<sup>th</sup>, she met a guy who she fell in love, they ran off from home and got married. Then her father found her and brought her back to home and then she got pregnant, from there problems started to raise. Her husband started to raise demands towards her father about the dowry. Her father gave everything he could, but it was not enough for him, he wanted more. Then he and his family started to abuse her physically, mentally, and emotionally. She was nor prepared to be a mother. She did not have any knowledge on sex education and contraception methods. Also, he was an alcohol.

Then she was physically and emotionally weak during the pregnancy and after the pregnancy, she did not get any support from her husband and his family, she did get support and corporation from her parents but still then had a grudge on her as she ran off with him.

She did not have a money to do treatments during pregnancy, so she started to work in her father's company. She had a limited salary and she had to deal with the pregnancy and look after the child, she was depressed and anxious about the future as her husband was not at all supportive. Most of the time she had to deal with the trauma alone without any support from anyone. Then, after the delivery she started to adapt to new challenges and responsibilities. She changed herself for the sake of her child and herself. She did all she

could to acquire the money and she had a very sharp goal that she had to develop herself and to make their child to be a great and good person.

Even though she was not mentally and physically prepared for the responsibilities she gathered all the courage to move forward. She tried her best to forgive her husband and got back with him several times and then she got pregnant again and everyone forced her to abort the child and she had to abort. Then after three years she got pregnant again, everyone said her to abort that child too, but she refused to do so. She became stubborn and decided to take decisions by herself. She started to focus only on her children and herself. After some point of time, she refused to go back to her husband, because he continued to abused her. She did not have much opportunity to study or to get a degree. She was interested in arts and drawings, so she tried saree art to make money, then she studied make up and became a beautician.

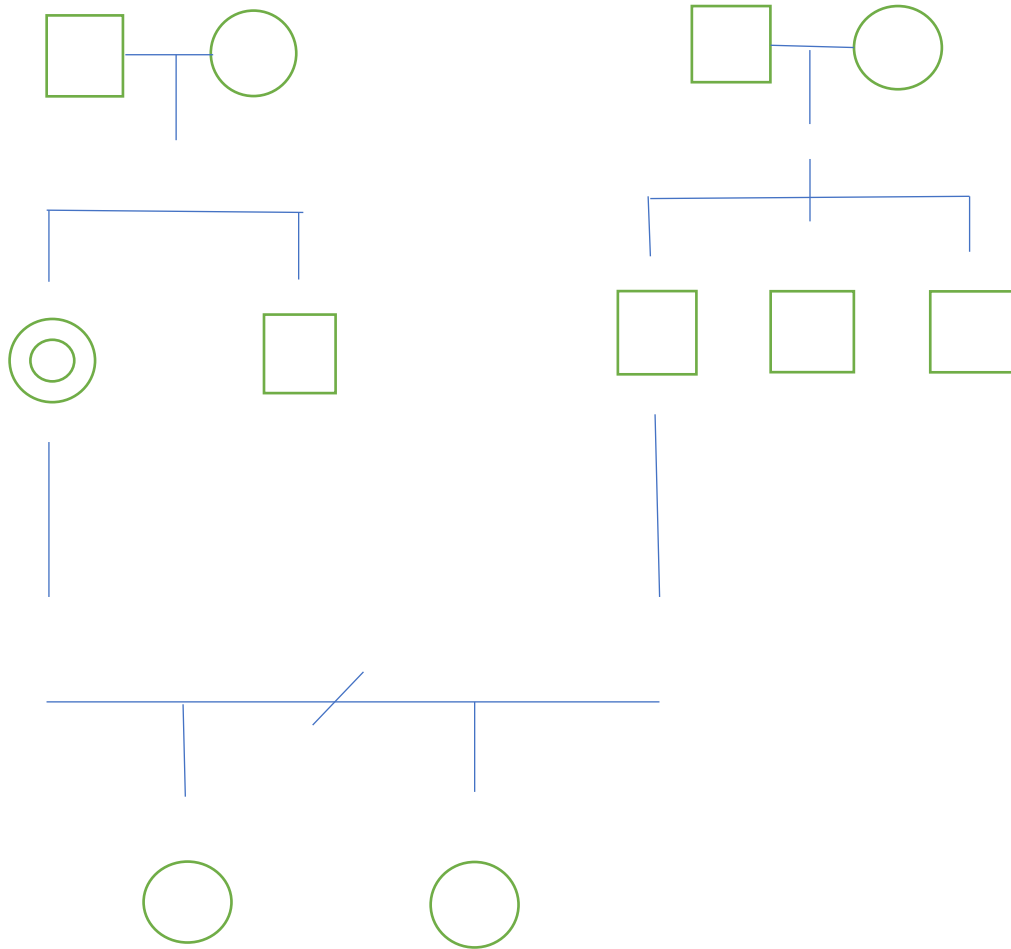
She is now earning well and she is looking after her children and she has a very good relationship with her children. She is like a friend to them more than a parent. She wanted them to grow a better life and she is moulding them to be independent. She struggled so much during the first pregnancy and second pregnancy, but overcame all the challenges. Those situations had transformed her life into a better one after many years. Her children were her motivating factors.

She had no support from her friends and her relatives during the first pregnancy. She had to go through bad experiences during and after pregnancy. The pregnancy had a negative impact on her as an individual, but it also impacted positively as a mother. She never felt her child as a burden even though she faced many troubles during and after the pregnancy.

Currently she is separated from her husband and the case he going in the court. Her husband is not bothers about his children.

*“I was a person who felt trapped in the marriage and I had thoughts of suicide but my child was the only factor who gave me strength. I was very weak back then and my decisions were wrong and I should have careful with my life, if I was not married and got pregnant at that age, I could have done more and educated myself to have a better career and I could have provided more for my children. So, I wanted my children to learn from my mistakes. I want my children not to take wrong decision like me.”*

# Genogram





## CASE STUDY 4

Name: D

Age: 21

Sex: Female

Religion: Hindu

Marital status: Married

Education Qualification: 12th

Occupation: Tele caller

Family: Son

Place: Kochi

First pregnancy at the age of: 19

*“We mutually decided that we’ll abort the kid when they did a sonography and the kid had a heartbeat, I got goosebumps when I listened to the heartbeat.”*

Her childhood was very traumatic her mom and dad had a very ugly marriage. Her dad was very abusive physically towards her mother. Her dad got married again, she could not handle living with her stepmother, so she moved to her mother’s sister’s house after 10<sup>th</sup>

standard. Then she started to do her schooling from there. She then met a boy who she fell in love.

Then, they dated for two years and since then from the very beginning he told her that he has a very conservative family so he will need his time to talk to them about her and she respected that. She shared all her past stories with him. Then after she turned eighteen, he married her but her father was against their marriage and then had to face many issues and she did not have any family support from her father's side.

After the marriage, when she missed the periods and she took a test and got to know that she was pregnant and she was shocked, she was not prepared to become a mother as she wanted to continue her study. After the discussion about the child, both mutually decided that they will afford this kid, then she went to the hospital but then the first reaction that he gave her was and for her it was a wake-up call, she understood that he and his family was also not ready for the kid.

Then she went to the hospital, then when they did a sonography and the kid had a heartbeat, she got goosebumps when she listened to the heartbeat and even after that he still was not ready to take a stand for himself. So, after the sonography she decided that she wanted to keep the baby. She cannot get an abortion even though her husband and his family forced her. She cannot do it no matter what anyone thinks, she knew she was not ready to become a mother, but gathered the courage to carry her baby and delivery him. After her decision, her husband was not happy about it.

*"We were both scared, and he suggested maybe I should have an abortion. I was in shock. I had not really had an opinion about abortion before that moment, but I knew there was*

*no way I could abort my baby. We fought, and he truthfully said he would be supportive, but he was not ready to be a father.”*

He physically abused her, then she stood up for herself and her baby, she left her husband's home. She was very depressed because she could not proceed with her studies, she left her home, she was confused and anxious about her future. She then joined in a convent for girls.

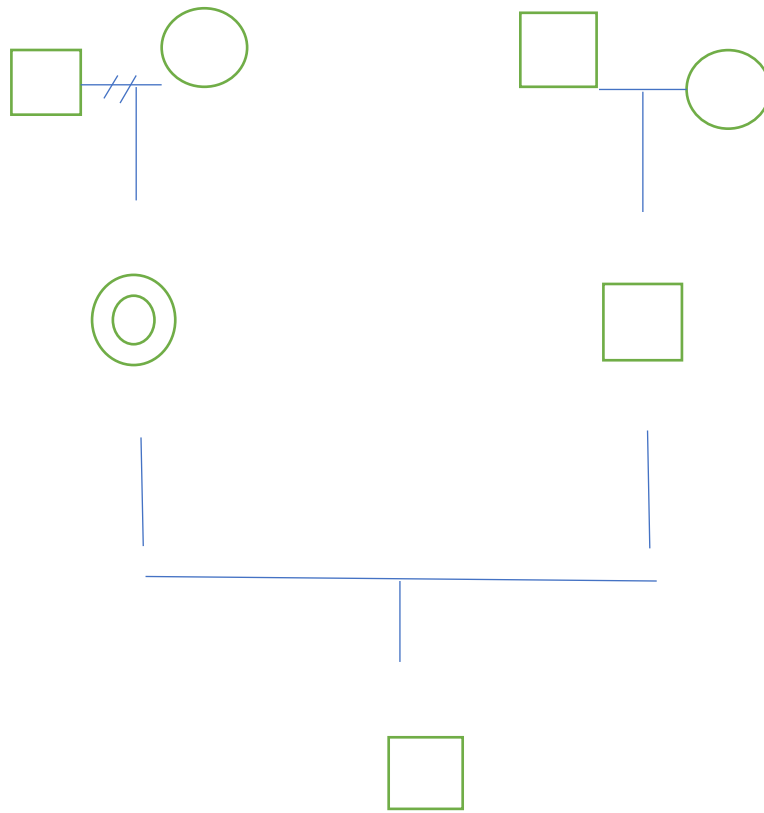
She was completely shattered during her pregnancy; she was mentally and physically weak. She was very depressed, one night she took the bed sheet off the bed and hung it to the fan and got on the chair and was just getting on and her son saved her life, he started moving and started kicking and she got completely distracted and she realized what she was doing, that is when she decided she is not going to give up any more than six and a half months into the pregnancy or seven months.

She worked as a cook in the kitchen in the convent and they said they would pay me six thousand a month to help them with the cooking. The sisters in the convent helped her to deliver her baby and after some months she moved to Kochi for a better job. She then got a permanent work in Kochi as a tele caller.

*“I have been working since then, my son is three now the wide smile that he gives me as soon as he looks at me and since the time, he started saying Amma that is it I do not care anymore so just spending a few minutes with him is enough for me to cheer up. Not being supportive or not taking a stand for the relationship you have had for so long with the moment is wrong and the way you handle turning down the pregnancy on a woman is all that matters if you are not doing it right it is wrong”*

The pregnancy has changed her life and she could now look at life with a different perspective. She is now brave and bold. She is working on providing for her son and herself. She is gaining knowledge on how to deal with the situation and life. Her life has transformed very much, she started to live for her son, she set aside all her dreams for her son. She wanted to study more but the responsibilities are huge for her. The pregnancy has impacted negatively in her life, she lost many people, she is separated from her husband and the divorce petition has been filed and she could also identify fake persons and she could deal with them without any sympathy. She is now happy with her son even though she is struggling to meet both the ends.

# Genogram



## **CASE STUDY 5**

Name: E

Age: 32

Sex: Female

Religion: Muslim

Marital status: Married

Education Qualification: 10th

Occupation: Homemaker

Family: Daughter, son

Place: Malappuram

First pregnancy at the age of: 18

“I was 17 years old when I got married and at the age of 18, I gave birth to my baby girl. I would not complete my studies because my parents told me that my duty was not to study but to be a good wife and mother.”

The participant E is from Malapurram, who got married at the age of 17 which is inappropriate, she used to live with her father, mother, and elder brother. Her family did

not have any financial issues but as per her mother, a woman's responsibility is to look after her husband and children, other than that she should not be involved in anything. She has been taught from her childhood that she should not share her opinions and she should be obedient to her parents and husband. She should accept all the abuses, as it is her duty, this was taught to her. She was not allowed to go outside her home without permission from her parents. She would not enjoy her childhood because she had many restrictions.

She was trained to live for her family, not for her. She was then married at very young age; she was not matured enough and she was not taught about sex education. She was afraid first time she got into the sexual activity. She was not educated by her family. She was not allowed to work; she was not encouraged to develop herself. Her talents were not identified and motivated.

She had no support from family and friend during the pregnancy. She was mentally, emotionally, and physically drained. She was not ready to get married at that age and she was not ready to be a mother. She wanted to study and educate herself, but it was not allowed by her parents and her husband. Her husband and she had a 10-year gap. So, it was difficult for her to adjust with him and his family. She could not enjoy any freedom in both the houses. There was no one to listen to her and she was very angry at her parents and herself at that time.

She wanted to achieve many goals in her life and she had many dreams. She was refused to follow those dreams. When she realized she was pregnant, she was unhappy in the beginning. But eventually she adapted to the fact and cared for her child. She was not taken care by the family, she had to do all the chores in the house and no one helped her with that. She had physical and emotional issues during the pregnancy.

She could not sleep at night; she had health issues. She is changed her behaviour and habits after the pregnancy. After the delivery she wanted to provide for her child and her focus was her child. She had a poor wellbeing. The pregnancy has impacted negatively in her life as she did not have the freedom before marriage and after the delivery her responsibilities increases and she has no time to look after herself. She could develop in terms of a mother but still she could not express her opinions.

“I wanted to be a teacher, but my father refused to educate me and encourage me. I used to look through the window when other girls of my age dressed up in school uniforms and going to school and colleges. I wanted to be like them, I sometimes think this life is a curse for me, I often wish I was born in another family where they support me and help me grow. I wish my daughter could have a different life than me, because at this age I am fighting with my family for the better future of my daughter, she should not go through what I went through.”

She has a great connection with her daughter and son. She is teaching her daughter to be independent and free from the societal norms. She is teaching her son about the values of both men and women. She is teaching both her children to be a better person in life. She is not able to work presently as she is bound to her house. But she is involved in small tailoring business.

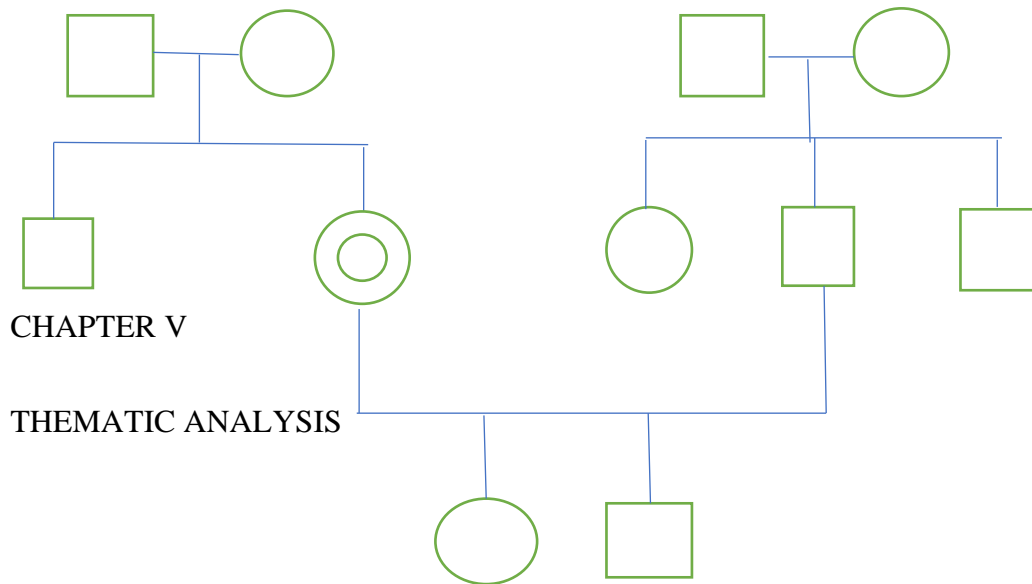
She felt that she could have done better in life if she was not married and got pregnant at that age. She could have been in a good career if she stood up for herself. The pregnancy had a negative impact on her life and she could not develop herself and she was not able to achieve her dreams. She still regrets about her life. Her decisions were not prioritized by



anyone as everyone thought she is a kid and she should not have any voice over her own life.

She was very disappointed by her parents and husband for making her life miserable. She still gets upset over the fact that she was not able to reach anywhere in life professionally and she want her daughter to achieve her dreams without others interfering in her life.

### Genogram



**CHAPTER V**

**THEMATIC**

**ANALYSIS**

## **INTRODUCTION**

This chapter's discussion section attempts to evaluate case study narratives based on data gathered from participants. The research problem has been identified, and specific objectives have been established to deal with it. Questions about the research were addressed considering the aims. Resolving the research questions is the focus of the discussion. The research question is wellbeing of teenage mother during and after their pregnancy. What are the issues and challenges they face?

The findings are described here, and a conclusion is drawn from them. A pattern is discovered after interpreting the data. These data are regarded as the themes. The case studies' collected data, which was used in the coding process, is what creates the themes. This section reviews these ideas and makes connections to earlier literature.

The gap discovered by the literature review served as the foundation for the discussion. It was discovered that most studies emphasise the detrimental aspects of teenage pregnancy. However, there are not many studies that highlight the benefits of the early pregnancy of teenage mother. The Qualitative study on the wellbeing of the teenage mothers in Kerala helped to identify the negative and positive impact which got matured than before and they had healthy children of pregnancy in teenage mothers. The primary focus of this study is on the experience of pregnancy, mental, physical, and emotional dimensions were discussed. The study also discussed about the life transition of women after pregnancy.

This chapter outlines the two themes i.e., positive experiences and challenges faced by teenage mothers. The positive experiences mean what are the experiences which help or supports them to continue with their life and to develop themselves. pursue their higher

education. The challenging experiences explain the challenges faced during their pregnancy and after the delivery.

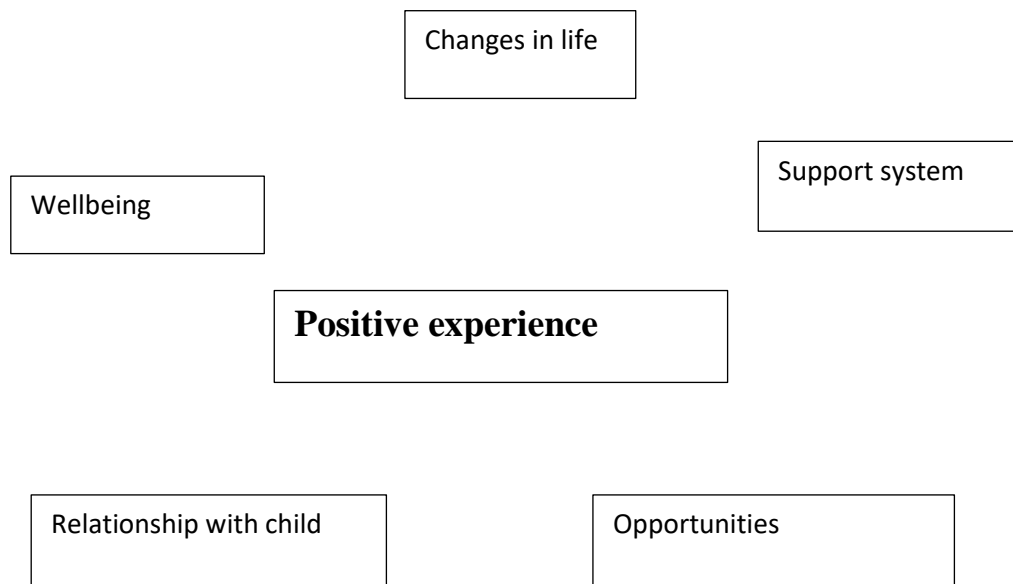
**DEMOGRAPHIC PROFILE OF THE PARTICIPANTS**

Name	Age	Religion	Educational qualification	Occupation	Place	First pregnancy at the age of
A	23	Hindu	12 <sup>th</sup>	Homemaker	Palakkad	19
B	26	Muslim	B com	Office Staff	Kochi	19
C	30	Christian	10 <sup>th</sup>	Beautician	Perumbavoor	19
D	21	Hindu	12 <sup>th</sup>	Tele caller	Kochi	19

E	32	Muslim	10 <sup>th</sup>	Homemaker	Malappuram	18
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**A. Positive experiences of teenage pregnancy**

All the participants had some pleasant experiences that helped them throughout the pregnancy process and after birth, which is clear from case study narrative. Positive experiences refer to elements that aided or enabled teenage mothers to live better lives both during and after their pregnancies. These elements give individuals the motivation they need to take on life's problems.



**I. Wellbeing**

The cognitive and affective responses to the perception of acceptable personal qualities and accomplishments, effective contact with the outside world and social integration, and positive progress over time could be used to define positive well-being. Life satisfaction, a good attitude, and vitality are examples of elements that contribute to positive well-being. Having a growth mindset and a positive attitude helps a person to build wellbeing skills more easily.

### **(a) Physical wellbeing**

Physical wellbeing is the ability to maintain a healthy quality of life that allows us to get the most out of our daily activities without undue fatigue or physical stress. It includes taking care of our bodies and recognizing that our daily habits and behaviours have a significant impact on our overall health, wellbeing, and quality of life.

Case 1, Participant A was experiencing good physical health as she was having a positive environment, she was pampered by her parents, in-laws, and husband. The pregnancy has made her life more interesting, as she became a new person after the pregnancy. She was physical happy as she took care of her body through dancing and yoga.

“I always took care of my body after my pregnancy; I am happy to deliver my child at the very young age. The changes in my body did not bother me much.”(Case 1, A)

Physical wellbeing played a major role in the lives of every person, and it is essential for the teenage mothers to have a positive physical wellbeing. None of the participant had any chronic illness.

### **(b) Psychological wellbeing**

Psychological wellbeing include freedom to make one's own decisions and satisfaction, awareness about one's own strength and weakness, it is the ability to manage everyday situations, it is the positive relationships with family, friends and others, personal growth.

“I was able to find about my strength and weakness after the pregnancy.” (Case 1, A)

“My childhood was not pleasant as I lost my father at the age of 8, so I had struggled a lot but my marriage and my pregnancy saved me. I have a very positive relationship with my family, friends, colleagues, and society.” (Case 2, B)

In this research, the researcher could find out that the two of the participants was able to acquire a good relationship with the people around them and able to identify their strength and weakness with the help of this environment. But three of the participants were able to find their strength and weakness living in a noncooperative environment.

### **Emotional wellbeing**

“I am happy with my family; I am getting all the love from my family and I am taken care very well by my husband and I am also blessed with kind and loving children. I am very satisfied with my life.” (Case1, A)

“I have a supportive husband who cooperates with me and my passion. I am blessed to have a partner like him. He understands me and my perspectives. Early pregnancy was a surprise for me by still I am happy to have a child like her.” (Case2, B)

Emotional wellbeing is the feeling of being a happy and good, it is experiencing positive emotions which includes love, compassion, or joy, it also refers to satisfy with life. In this

research, the two of the participants enjoy emotional wellbeing and both participants are happy and satisfied with their life.

**(c) Economic wellbeing**

“My husband is earning well and he has lot of assets, there was not much of financial issues” (Case1, A)

“MY husband and I am earning a moderate salary every month, we are happy with what we have, I am financially independent. I had financial issues during my pregnancy and it was difficult to take care of the child, but now both of us are independently making money.”  
(Case 2, B)

Economic wellbeing is described as the basic survival needs met and a sustainable household income and assets. Participant A did not have any situation where she would face financial issues. Participant B had financial issues during her pregnancy. But after the deliver, she motivated herself to take up a degree and she acquires a job, now she is financial independent at the age of 26.

**(d) Social wellbeing**

“I was very motivated and supported by my family and friends to develop myself.” (Case1, A)

“I was motivated by my family and friends to complete my degree and to get a job.” (Case2, B)



“When I was rejected by my husband and family when they heard about my pregnancy, sisters of the convent gave me shelter and food to maintain my life as well as my son’s”

(Case4, D)

Social wellbeing is the feeling of belonging to a community and to contribute to the society. It involves a positive relationship with family, friends, and community. It also comprises of participating in group activities and hobbies. The researcher found that the Participant A, B, D was able to establish a good relationship with the society, as others helped them to uplift oneself.

## **II. Support systems**

A healthy support system plays a role in improving Physical, Psychological, Emotional, Spiritual, Personal and Professional tasks, which are the categories of self-care. Support system should include family, friends, neighbours, and acquaintances. Support systems helps the person to develop in their life and will help the person to overcome the problems they face. During pregnancy and after delivery, the woman needs all the support she could to help her with the life and to make her life much better from getting depressed and alone.

### **(a) Support from family**

“I am getting all the support from the family; I was taken care of like a small kid during my pregnancy. Both my parents and my husbands’ parents were very supportive throughout my pregnancy and after the birth” (Case 1, A)

Family support is very important during and after the pregnancy, especially when the person is very young, she will have her confusions and fears. So, she is needed to be taken

care by the family, In the case of participant A, her family is very supportive and cooperative.

**(b) Support from partner**

“My husband was with me throughout the pregnancy and after the pregnancy. I wanted mental support to carry our child and to take care of the child” (Case2, B)

“I had my husband to take care of me and the baby. I was so tired after the pregnancy and I wanted rest and sleep. So, he took care of the baby when I was asleep.” (Case1, A)

Support from the partner is very essential, because during the time of the pregnancy and after the delivery, all the women will be tired and they will have a lack of sleep as they must feed the baby and to take care of herself. Every woman will need physical, emotional, and psychological support. The husband of Participant B, helped and supported her to attain a degree after the birth. It is very difficult for the mother to look after the child, house chores and degree at the same time, during that phase, her husband helped her to minimize her burden.

**(c) Support from friends**

“I had a very supportive friends and they also gave me psychological and emotional support during my pregnancy” (Case1, A)

Friends are also a factor that contribute to the wellbeing of the participants. They help the participant to deal with her bodily changes and behavioural changes.

**(d) Support from society**

The pregnant women need support from the society as well because, people around them help to gain a confidence to delivery the baby and to have look after the baby. The society could provide a positive environment for the teenage mother and child. The people around the participant a was very support during and after pregnancy. She did not have to go through any negative experience from the society.

### **III. Opportunities**

#### **(a) Education**

Education is a key determinant of building a brighter future for everyone. In the belief that everyone should have the opportunity to participate in life, education is the thoughtful, optimistic, and respectful fostering of learning and transformation. Education is a key factor in driving development and one of the most effective tools for eradicating poverty and promoting gender equality, health, peace, and stability.

“I am so happy that I got the opportunity to continue my studies after the delivery of our child. I got into a reputed college and I was able to complete B com from there. All the classmates were so cooperative and supportive towards the me, so i did not feel much age gap with the classmates” (Case 2, B)

Only participant B got the opportunity to do higher studies after the pregnancy. As these women were very young and they could have gone for higher studies but their responsibility toward their children and family restricted them to go for higher education.

#### **(b) Employment**

Employment implies that a person has made a verbal or written commitment to work for a certain organisation. Depending on their objectives, way of life, and tastes, each employee may have different priorities when it comes to perks. Benefits like health and life insurance are crucial for some workers because they want to protect their family for unforeseen circumstances. However, some workers might get advantages that provide them greater freedom in their daily lives, such the choice to work remotely.

“My job gave me freedom to live my life as my priorities and I am able to provide for my children” (Case3, C)

“I was not sure of what I will do to take care of my child, when no one supported us, I was very young and did not know anything about how to handle situations in life, also I needed money to move forward for the treatment, I got a job as a cook in the kitchen in a convent, they took me in when no one supported. That job saved me and my son. Also, today I am working as a tele caller, even though I am earning little, I can meet the ends.” (Case 4, D)

Among the five participants except participant 1, all other participant has job, participant E does small tailoring to earn money. The employment helps the women to motivate them to move forward and to provide for their children, they are also able to work independently without any restrictions except participant E. The employment helps them to uplift themselves and to develop to face all the challenges in life.

#### **IV. Changes in life**

The teenager who is still in the developing stages just entered motherhood and the changes in the body and mind would be huge. The women had to deal with changes in their behaviour and habit. They became more responsible than before as they became mother.

They gained weight, most of them became psychologically strong. Some had external factors like family, partner to guide them through these changes but some others had to do it alone. They also had many behaviour changes like they adapted patience and started to adjust with life. Most of them got motivated and encouraged.

#### **(a) Self-development**

“I was able to develop myself as a person who is very motivated to do anything to live and provide for the child.” (Case 4, D)

“My pregnancy and the struggles after the delivery helped and forced me to develop myself.” (Case3, C)

The participants could develop as a better person than before after the delivery, they started a new chapter in their lives, most of the participants were not ready to be a mother, so they were forced to adapt to it. But they could develop as a mother, but most of them could not develop as an individual. The participants were motivated and inspired by their children. they were the factors that made the teenage mothers to fight the challenges in life.

#### **V. Relationship with child**

“I am having a very good connection with my child, she shares her worries with me, and she always want me to be by her side.” (Case 1, A)

“My children knows that I am working and living for them, they are very kind and supportive. They are my everything.” (Case 2, B)

“I only live for my children; they are my strength as well as my weakness. My children are very considerate towards me, they know I am struggling very much to provide for them. We have a very special mother daughter bond.” (Case3, C)

“My son is very young to know about our life struggles, but I am meeting all his basic needs. When I go for work, I would leave him in my neighbour’s house and when I come back from my work, he rushes towards me and he would give me hugs and kisses, which is a stress relives and he would narrate about the whole day.” (Case 4, D)

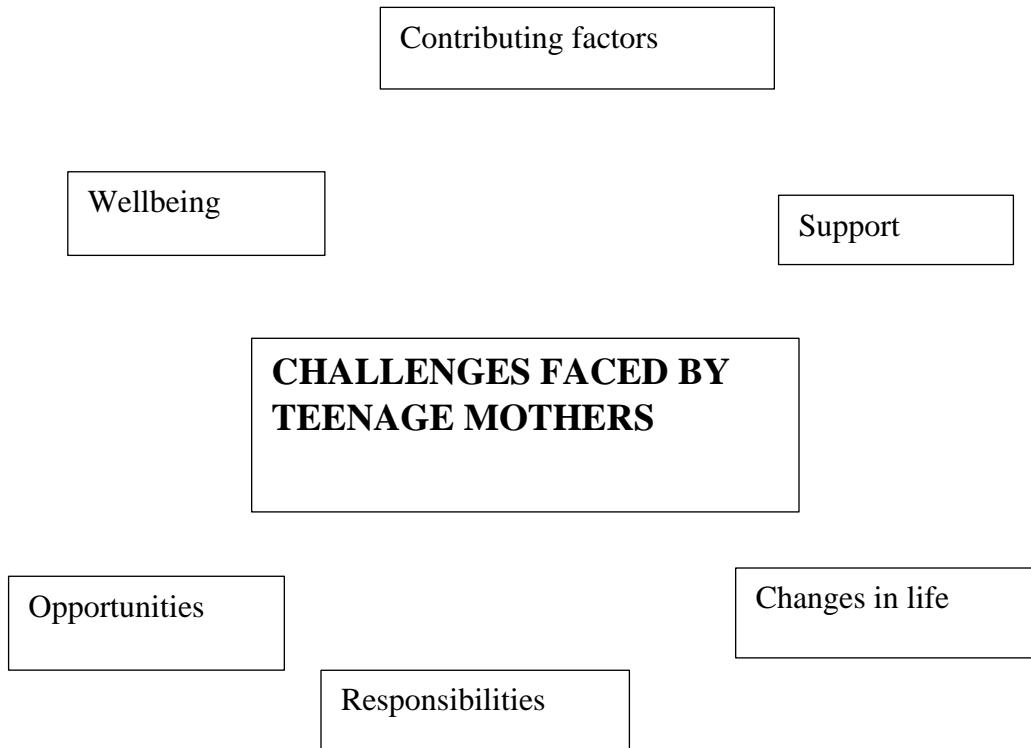
“I was not ready to be a mother at a very young age, but after the delivery I knew that I needed the child because she was my motivation and the purpose to live my life in the house where I do not have any freedom. She is my strength. We always shared a good relationship.” (Case 5, E)

All the participants had a very good relationship with their children and they were their strength and weakness. Most of the participants had a problem in the beginning when they found out that they are pregnant, and after some time they adapted to the situation and they started to feel their child, from there they started to have a good connection with the child.

## **B. CHALLENGES OF TEENAGE PREGNANCY**

With all the demands you face at home, adolescence can sometimes be a difficult time. You can experience additional stress from having to plan for an uncertain future if you

factor in being pregnant. Being confused, overwhelmed, and even thrilled or unhappy about being pregnant are all common feelings.



## **I. Wellbeing**

Wellbeing is a combination of one's physical self, financial security, quality of relationships, it is about mindful and purposeful life. It is the ability to manage stress. Negative wellbeing includes components such as distress and negative moods, it is expressed as a cognitive and affectional responses to perceived deficiencies in the subject areas. Most of the participants went through negative wellbeing and they still do.

### **(a) Physical wellbeing**

“I was physically not well during my pregnancy and I needed someone to support me and to focus on me but I was all alone during my pregnancy.” (Case 4, D)

“I did not feel like to get up some morning, and I could not accept the changes in me in the beginning.” (Case 5, E)

All the participants were physically weak and they had many bodily changes and most of them found it difficult to adjust to those changes. Three of the participants C, D, E were not ready for the baby initially as they felt like they were trapped and they were scared and after the delivery, these participants had to deal with their life on their own.

#### **(b) Psychological wellbeing**

“I was alone in the process of pregnancy and after the delivery and I did not have any people to take care of me, I had work for earnings and I have to do all other responsibilities.” (Case 3, C)

“I was not well and I wanted to end my life but my child helped me to stay strong.” (Case 4, D)

Most of the participants had to deal with postpartum depression and anxiety. Participant C and D had to face the many issues as they did not get any support from their husband and family. The participants had to face the problems alone at that very young age.

#### **(c) Emotional wellbeing**

“I was emotionally drained when I found that my husband does not want the child and he abused me to abort the child. I did not want to lose the child after I saw the sonography. I was also emotionally down during my pregnancy and the days after that, there was no one



to support me and my child, there is a limit for the sisters in the convent to take care of us.”  
(Case 4, D)

“My husband abandons me when he heard about the pregnancy. He was after my father’s money and his action hurt me a lot. I was too young to handle these. (Case3, C)

Participant D and C had their emotional breakdowns as they had no one to support them and to take care of them. They were alone and depressed in their life. Currently, they are trying their best to uplift themselves.

#### **(d) Economic wellbeing**

“I had struggled financially during my pregnancy and after the pregnancy.” (Case3, C)

“I wanted money for the hospital experiences and for the living, I had no one to ask for some money, so I had to work during my pregnancy and after which was a difficult task for me and it drained all my energy.” (Case4, D)

Teenage pregnancy made the participants more vulnerable and kept them stuck in a cycle of poverty. Due to their lack of employment and lack of parenting experience, teenage mothers suffered financial difficulties. Participant C and D had to struggle financially more than others.

#### **(e) Social wellbeing**

“I had no connection with the outside world, as I was restricted from going out and to talk with people after my marriage, during my pregnancy and after the delivery, I had to completely depend upon my husband for my needs.” (Case 5, E)

Most of the participants like C, D and E had no networking and they did not have much resource. They were young and some of them were in the fantasy world and they were not aware about the society. They felt like they were not able to contribute anything to the society.

## **II. Contributing factors**

Teenage pregnancy was caused by several factors, including poor parental-teen communication, media influence, lack of awareness about contraceptives, early sexual development, drug and alcohol use, and peer pressure. The reason for early pregnancy is early marriage of the girls and not educating them about the physical relationship.

### **(a) Sex education**

“I had no sex education and I was afraid to ask my parents about these. I was unaware that I could get pregnant easily if I had intercourse.” (Case 5, E)

“I had no sex education and it changed my life entirely and I had to struggle. (Case 3, C)

Sex education plays a major role in women's life, they can learn the knowledge and skills necessary to make the best choices about sex and relationships for themselves with the aid of sex education. All these had no sex education and most of the participants regret because they could have provided a better life for their children and oneself if they had the opportunity to financial stable before pregnancy.

### **(b) Contraception methods**

“I did not know about this method, even now I am unaware about this knowledge. Every person needs to be educated about these preventive measures especially women because they are getting more affected than the men.” (Case5, E)

This is a concept that is include in sex education, there are different kinds of contraception methods to prevent pregnancy. All the couple should be aware of these methods before getting into physical relationship.

### **(c) Family planning**

Most of the participants did not have any family planning, their pregnancy was unexpected and shocking. People need to have family planning or they would have to struggle with economically and psychologically.

### **(d) Forced marriage**

“My family forced me to marry the person they found for me even though I refused so much, they saw me as a burden, so they married me off. My husband and I had Ten-year age gap. I was scared and alone, so one understood me” (Case 5, E)

Participant E was affected very much by her marriage, she could have had a career if she continued her studies, but her parents refused to educate her, after the marry she became pregnant and she felt like she was lost. These types of cases are still seen in some parts of the Kerala and some will fight for their right but others will not fight back.

## **III.Support system**

The categories of self-care which are physical, psychological, emotional, spiritual, personal, and professional, they all benefit from a strong support network. The people in

your support network should be your family, friends, neighbours, and acquaintances. Support systems aid in a person's growth in life and aid in assisting a person in overcoming obstacles. The woman needs all the care she can receive during her pregnancy and after giving birth to help her with life and prevent her from feeling lonely and depressed.

**(a) Support from family**

“I did not get any support from the family, because my parents were divorced and my father did not care about me” (Case 4, D)

Participant C, D, E was not taken care properly by their parents and it affected very much during the pregnancy and after the pregnancy. They were young and they needed a person to lean on but they were alone and depressed. They had to deal with the challenges of them by themselves.

**(b) Support from partner**

“I husband left me when he heard about me pregnancy and I was not taken care and I had to find money on my own.” (Case 4, D)

Participant C, D and E did not have any support from their husbands, they had to look after themselves and the child all alone. Women should not be treated like this. People need to provide the help at the time of need.

**(c) Support from friends**

Most of the participants had no friends who supported them during their struggles. So, they had no one to share their worries or emotions.

**IV. Opportunities**

### **(a) Education**

The act or process of acquiring or conveying broad knowledge, strengthening one's cognitive and decision-making skills, and generally getting oneself or others intellectually ready for life. Among these participants only Participant B got the opportunities to attain a degree. Others did not get any opportunity to educate themselves. This indicated that they stopped studying after the pregnancy due to the responsibility they had.

### **(b) Employment**

Except participant A all others generate income independently. The employment helped them to develop themselves and to improve their financial stability and they are empowered and they can provide for their children, the participant E said that she regrets for not attaining a job where there is social interaction.

## **V. Responsibilities**

After the pregnancy all the participants had their responsibilities and they had to focus on their child and family. Being matured and responsible at the age of educating oneself is exhausting for a teenager.

### **(a) Responsibility towards oneself**

Teenage mothers typically struggle financially because they lack employment and are saddled with early parental duties. Teenage mothers had responsibilities. They need to get matured early and they need to focused on getting everything right. They feel pressurised all the time.

### **(b) Responsibility towards child**

“I was very worried about my life after I married, especially when I got pregnant a few months after the wedding. I did not have any knowledge of how to raise and take care of a baby” (Case1, A)

Most of the participants had to take up parental roles and they had to teach good morals to their children and maintaining the children is a task that they might get easily influenced by the outside world. So, they feel pressurized.

### **(c) Responsibility towards society**

The society gave them a big responsibility as the role of a mother, husband, daughter in-law. And society is judging the participants about their role and they are pressurized about the tasks given by the society.

## **VI. Changes in life**

### **(a) Confusions**

Most adolescent mothers are hardly equipped to deal with the unforgiving circle of child marriage, domestic violence, and teenage pregnancy. The participants had confusion during and after the pregnancy and most of the were not given with proper care and they were alone and had to face their fears alone without any support, they had doubts of how to live their live and to move forward in their life.

### **(b) Freedom**

The participants were not no satisfised with their achievements in their life, they felt that they could have done and contributed more and they could have learned about new skills

and knowledge. Participant E did not have any freedom to do what she likes and she was refused to follow her dreams. She feels like she is stuck in the house.

## **CONCLUSION**

In this thematic analysis chapter, the researcher analyses and interprets positive and challenging experiences of participants about their teenage pregnancy. Major themes identified are positive wellbeing, contributing factors and change in life of the teenagers. Through this analysis, the researcher understands that all the themes are interconnected with each other. There are so many negative influencing factors that are faced by the participants and they are overcoming that negativity through the positive contributing factors like their child. All the themes are well specified and analysed by the researcher. These are done with the help of the data collected from the participants.

**CHAPTER VI**

**FINDINGS,**

**SUGGESIONS AND**

**CONCLUSION**



## **INTRODUCTION**

This chapter of the research depicts about the findings of the research the suggestions made by the researcher and the conclusion of overall research. The research studied about the wellbeing of the teenage mothers. The research also helped to find out the positive experiences and the challenges faced by the teenage mothers in Kerala.

## **FINDINGS**

After the descriptive insight on the details of the participants, the researcher was able to find out that the teenage mothers are facing several challenges and issues in their life. Most of the participants were not satisfied with their living condition, because they could not enjoy their life as a teenager instead, they had to enter the role of motherhood. Most of the participants regret for getting married at a very young age and getting pregnant at the young age.

Findings after the thematical analyses describes that only participant A and B had a positive wellbeing, where they were able to have a more satisfied life than others participants.

Participant A and B had a good physical, emotional, psychological, economic and social wellbeing whereas participant C, D and E had financial issues, they were not psychologically and emotionally satisfied. All the participants said that they were forced to change their lifestyle and they entered parenthood do suddenly.

The research studied about the well being of the teenage mothers in Kerala, so it also describes about the lack of sex education among the teenagers and lack of knowledge about

contraception methods. The study also found out that Participant A and B got the support from the family, partner, friend and society, whereas participant C, D and E did not get any support from the family, partner, friends and society.

The major finding of the research was only participant B was able to attain a degree after the child birth, but others could not continue with their education as they very much involved with responsibilities. Then except participant A, others were employed, among them participant E did small stitching at her home. All others were financially independent, even though they struggle daily to meet the ends and to look after their children. After the pregnancy, all the teenage mother life changed one way or other. Overall research describes that participants are happy have their children but they could have accomplished more if they did not get pregnant so early.

### **Suggestion**

The women in the world could have many achievements in their life time, they should be encouraged to develop and improve themselves. They have many talents and it should not be wasted in any lifetime. The researcher found that these participants have a flame in them to become great person and could attain main skills and knowledge. Marriage should not be the goal of a woman as per the society's norms. A girl should be educated, trained for life and has to mold her to be a better human. Even if they got into marriage and got pregnant, they should be given with enough support, attention and care, because they should not be left alone to be depressed. To prevent early pregnancy, some measures could be taken and the girls need to be taught about those measures.

Ensure consistent funding for all-encompassing educational and social services for teenage parents who are also pregnant. The government can create campaigns in this path toward sustainable futures by collaborating with India's top healthcare NGOs. Create programmes that teach young people how to prevent unwanted sex as well as how to deal with the difficulties that arise during adolescent relationships and pregnancy. Start before the age of 14 by implementing culturally relevant health and sex education in schools and outside of them. Create clinics that cater to young people to protect institutions and universities.

Empowering adolescent girls to use contraception, reduce unintended pregnancies. It is important to educate young girls on various teenage pregnancy issues and the challenges of teenage motherhood. Besides, there is a need to know the different ways in which teenagers could cope with pregnancy. The parents should educate her on the challenges of teenage motherhood thus making her prepared. Also, there should be the provision of proper prenatal care to ensure that both the mother and the child are in good health.

## **CONCLUSION**

The researcher was able to understand the positive and negative experience of the teenage mothers during their first pregnancy and also to had an in-depth understanding of the emotional, physical and psychological problems of the participants, the social support and how they are dealing with the problems. With this study, the researcher conveyed and gave awareness about their struggles to the society and to prevent teenage pregnancy in the coming future. The researcher also wanted to educate the adolescence and the families about the opportunities the girls would acquire during the adolescent age and how they could develop themselves for oneself and for the society.

# **CHAPTER VII**

**SOCIAL                  WORK**

**IMPLICATIONS**

The researcher could find that the different social work methods could be applied based on the problems described in the research. Some of the direct and indirect methods of social work could be applied. Case work as a direct method of social work, where the individuals are helped with their problems and needs. The case work could help the teenage mothers to cope with the life situation, the challenges they are facing, it helps the social worker to apply several interventions for their upliftment. The social group work as a direct method of social work, could help teenage mothers to share their experiences and their worries in group where they could connect their problems with each other. Social work research as an indirect method of social work, where the problems are investigated with scientific method, this helps to understand the problem of teenage mother in-depth and proper intervention and steps could be identified to solve or prevent their issues.