Adolescent Reproductive & Sexual Health (ARSH)
Contents

Chapter 1 : What is Adolescence?
Chapter 2 : Developmental characteristics of Adolescents
Chapter 3 : Possible health implications of adolescent development
Chapter 4 : Sex & Sexuality
Chapter 5 : What is the meaning of Sexual and Reproductive Health?
Chapter 6 : What is Menstruation?
Chapter 7 : The Male Reproductive System and its functions
Chapter 8 : Nutritional Needs of Adolescents and Anaemia
Chapter 9 : Pregnancy and Unsafe Abortions in Adolescents
WHAT IS ADOLESCENCE?

The Adolescence period (10-19 years) is the transition period in life when an individual is no longer a child, but not yet an adult. This phase is characterized by acceleration of physical growth and psychological and behavioural changes thus bringing about transformation from childhood to adulthood.

In addition, the adolescent experiences changes in social expectation and perceptions. Physical growth and development are accompanied by sexual maturation, often leading to intimate relationships. The individual’s capacity for abstract and critical thought also develops, along with a sense of self-awareness when social expectations require emotional maturity.

Age Groups

Adolescents are defined as individuals in the 10-19 year age group, “youth” as the 15-24 year age group. The Government of India, however, in the National Youth Policy defines the youth as the 15-35 age group and adolescents as 13-19 years. “Adolescence” is recognized as a phase rather than a fixed time period in an individual’s life.

It is important to note that adolescents are not a homogenous group. Their needs vary with their sex, stage of development, life circumstances and the socio-economic conditions of their environment.
A
dolescence:
The transition between childhood and adulthood is a stressful period of life characterized by discernible physical, mental, emotional, social and behavioural changes.

Physical development:
Rapid and dramatic physical development and growth mark adolescence, including development of sexual characteristics. Marked morphological changes in almost all organs and systems of the body are responsible for the accelerated growth and the changes in contours and sexual organs. In case of boys, active acceleration in the growth of coarse pubic hair and facial hair usually precede other signs of puberty such as voice changes. In girls, development of breasts, broadening of hips and rapid growth in height usually begins about two and a half years before menarche.

Emotional Development:
Adolescents have to cope, not only with changes in their physical appearance, but also with associated emotional changes and emerging and compelling sex urges. Bodily changes causes emotional stress and strain as well as abrupt and rapid mood swings. Getting emotionally disturbed by seemingly small and inconsequential matters is common characteristic of this age group.

Hormonal changes:
Hormonal changes are likely to result in thoughts pertaining to sex, irritability, restlessness, anger and tension. Attraction to the opposite sex leads to a desire to mix freely and interact with each other. However, in reality this may not always be possible, partly due to societal restrains on pre-marital sexual expressions and also because of other priority needs in this period, viz. education, employment etc. Hence, it becomes almost necessary for adolescents to learn how to face and deal patiently with the turbulence they face. It requires development of a sense of balance and self-imposition of limits on expression of one’s needs and desires. An inability to express their needs often leads adolescents to fantasize and daydream that helps them to at least partially fulfill their desires.

Adolescence is also marked by development of the faculty of abstract thinking that enables them to think and evaluate systematically and detect and question inconsistence between rules and behaviour. Parents as well as service providers often overlook this development, one of the basic reasons for the popularly known ‘generation gap’.
The main changes that occur during adolescence are listed below:

**Physical/event changes during adolescence**

**Boys**
- Growth spurt occurs
- Muscles develop
- Skin becomes oily
- Shoulders broaden
- Voice cracks
- Underarm and chest hair appears
- Pubic hair appears
- Facial hair appears.
- Penis and testes enlarge

**Girls**
- Growth spurt occurs.
- Breasts develop
- Skin becomes oily.
- Hips widens
- Waistline narrows
- Underarm hair appears.
- Pubic hair appears.
- External genitals enlarge.
- Uterus and ovaries enlarge

**Emotional and Social changes in adolescent boys and girls:**
- Preoccupied with body image
- Want to establish own identity
- Fantasy/daydreaming
- Rapid mood changes, emotional instability
- Attention seeking behaviour
- Sexual attraction
- Curious, Inquisitive
- Full of energy, restless
- Concrete thinking
- Self exploration and evaluation
- Conflicts with family over control
- Seek affiliation to counter instability
- Peer group defines behavioural code
- Formation of new relationships

**Sexual Development**
- Sexual organs enlarge and mature.
- Erection in boys
- Sexual desire
- Sexual attraction
- Menarche, Ovulation
- Sperm production, ejaculation
- Initiation of sexual behaviours.
- Capability to reproduce.

Pubertal development starts 1-2 years earlier in girls as compared to boys. There is a wide variation in age and velocity with which growth and development proceeds a group of adolescents who are growing together this wide variation leads to development of anxiety and need a lot of reassurance.
POSSIBLE HEALTH IMPLICATIONS OF ADOLESCENT DEVELOPMENT

Adolescents today are more vulnerable to health implications due to their nature of experimenting and exposure to limited information regarding issues affecting their health and development. Problems in this age are related to their physical and emotional development and search for identity and risky behaviour.

Changes during Adolescence

<table>
<thead>
<tr>
<th>Physical Changes</th>
<th>Health Implications</th>
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<tbody>
<tr>
<td>Normal growing – up</td>
<td>Undue anxiety and tension</td>
</tr>
<tr>
<td>Increase in height and weight</td>
<td>Increase nutrition requirement</td>
</tr>
<tr>
<td>Undue anxiety and tension</td>
<td>- if inadequate</td>
</tr>
<tr>
<td>Breasting development</td>
<td>Under nutrition and anemia</td>
</tr>
<tr>
<td>Skin become oily</td>
<td>Stooping of shoulders, poor posture, back pain</td>
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<tr>
<td>Desire to be thin, have a good figure</td>
<td>Acne.</td>
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Sexual Development

<table>
<thead>
<tr>
<th>Physical Changes</th>
<th>Health Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desire to have sex</td>
<td>Unsafe sex leading to unwanted pregnancy STIs, HIV; Need</td>
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<tr>
<td></td>
<td>of health education and services.</td>
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<tr>
<td>Ejaculation</td>
<td>Fear, guilt, myths- emotional problems.</td>
</tr>
<tr>
<td>Menstruation</td>
<td>Dysmenorrhrea, Menorrhagia- Anaemia, RTI (Menstrual hygiene)</td>
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Emotional Changes and Social Development

<table>
<thead>
<tr>
<th>Physical Changes</th>
<th>Health Implications</th>
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<tbody>
<tr>
<td>Development of identity</td>
<td>Confusion, moodiness, irritation</td>
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<tr>
<td>Very curious</td>
<td>Experimentation, Risk taking behaviour</td>
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<tr>
<td>Peer pressure</td>
<td>Effect on lifestyles</td>
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<td></td>
<td>- Unhealthy eating habits leading to obesity.</td>
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<td></td>
<td>- Smoking and alcohol use leading to ill health.</td>
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<td></td>
<td>- Speed driving, accidents.</td>
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Sex: Sex is the biological difference between men and women. The term ‘sex’ is also used commonly to refer to sexual intercourse.

Sexuality: Includes the sum total of a person’s personality, thinking and behavior towards sex. Sexuality means different things to different people. Many people equate mating, being able to reproduce and common sexual behavior (romance, kissing, physical relations, provocative behavior, marriage) with sexuality. But it is more than this. Sexuality is a very broad term, which includes the sum total of a person’s personality, actions, relationships, affection, love, body image, touch, feelings, caring, sharing, intimacy that a person has and displays. The negative aspects of sexuality also exist and include sexual coercion, eve teasing, sexual harassment, rape and prostitution.

There are innumerable ways of being sexual – from looking at each other to holding hands, going for walks, kissing, fondling. Sexual intercourse is just one of the ways but not the only one. Once we understand that having a sexual dimension to our personality is normal, we can build more options of responsible sexual behavior.

Sex is a basic drive upon which race preservation and personal happiness depend. If sexuality does not develop and evolve properly, the whole process of growth and development is affected adversely. Suppression of sexuality tends to impair functioning of an individual whereas too much freedom can interfere with normal demonstration of love and affection. Disturbances in sexual development can lead to personal and social maladjustments.

Sex has more than reproductive functions; it is an important factor in the partnership between man and woman to lead a happy life by:

• Sharing interests and ideas
• Mutual acceptance of responsibilities
• Self realization
• Love.

Sexuality and the Adolescent:

The adolescent has an awakened sexual drive, a certain restlessness of character, variable moods, difficulty in concentration leading even to a decrease in their school performance.

The adolescent does not understand that sex has physiological, psychological, emotional, moral, social and legal consequences. The sex drive in adolescents is usually manifested by sexual attraction having ‘crushes’ on people, hero-worship, dating, going steady and similar behavior.
The goal of the sex drive is biological sexual maturity i.e. the capacity to love, mate, reproduce and care for the young ones.

Sexual changes in adolescents

- Sexual desire increases
- Sexual activities begin
- Onset of masturbation and other sexual behaviours
- Homosexual experimentation
- Heterosexual relations
- Changes in attitude to sexual behavior: the tendency to experiment and explore
- Change in attitude of others to adolescent sexual behavior
- Attitudes may differ between: Boys/girls, men/women, Older/younger, urban/rural.

Sexually health adolescents:

- Appreciate and take care of their bodies.
- Take care of their reproductive health through checkups.
- Avoid manipulative relationships.
- Identify with one’s own values and act in accordance with them.
- Take responsibility for one’s own actions.
- Communicate effectively with family and friends.
- Negotiate sexual limits.
- Accept refusal for sex.
- If indulging in sexual intercourse protect against unwanted pregnancy and sexually transmitted diseases including HIV.
- Seek information, resources and services about sexuality as and when needed.
WHAT IS THE MEANING OF SEXUAL AND REPRODUCTIVE HEALTH?

Sexual health

The term sexual health is used to describe the absence of illness and injury associated with sexual behavior, and a sense of sexual well-being.

Sexuality influences thoughts, feelings, interactions and actions among individuals, and motivates people to find love, contact, warmth and intimacy. It can be expressed in many different ways and is closely linked to the environment in which people live.

Reproductive health

Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

Therefore Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right to access appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with their best chance of having a healthy infant.
Adolescent concerns tend to revolve around the immediate future, while the concerns of adults are for the longer term.

- The concerns of different groups of adolescents may not be the same. For instance, boys and girls, married and unmarried adolescents, urban and rural adolescents may have different issues of interest and concern.
- Understanding what their interests and concerns are, and the underlying reasons for this, may help adults deal with them more effectively.
- Information helps adolescents understand how their bodies work and what the consequences of their actions are likely to be. It dispels myths and correct inaccuracies.
- Adolescents need social skills that will enable them to say no to sex with confidence and to negotiate safer sex, if they wish to. If they are sexually active, they also need physical skills such as how to use condoms.
- Counselling can help adolescents make informed choices, giving them more confidence and helping them feel in more control of their lives.
- Health services can help healthy adolescents stay healthy, and ill adolescents get back to good health.
- As adolescents undergo physical, psychological and social change and development, a safe and supportive environment in their families and communities can enable them to undergo these changes in safety, with confidence and with the best prospects for health and productive adulthood.
WHAT IS MENSTRUATION?

Menstruation is a natural body function. This is one of the processes, which prepares a girl’s body to conceive a baby in the future. Menstruation is a sign that her reproductive system is functioning healthy and well.

The periods usually last 4-5 days (+,-) 2 days but may be longer or shorter in exceptional cases. A girl loses 50-80 ml blood on an average during a period. If she soaks more than 3-4 pads/day in the initial 2-3 days passes lots of blood or if periods last more than 7 days it may be considered excessive bleeding.

It is usual that during the first few years after initiation of menstruation, the girl may skip a few cycles. This should not be of much concern unless the girl is sexually active when she may be at risk of pregnancy.
**Process of Menstruation**

Menstruation (also called periods or monthly cycle because they occur every month), marks the onset of sexual maturity in girls. It usually begins (menarche) in the pubertal process, when the physical growth spurt is at its peak and breasts are fairly developed.

Menstruation is the periodic shedding of blood and tissue from the female reproductive organ called the uterus. Each month an egg (ovum) matures in one of the ovaries under the influence of hormones. This travels through the fallopian tubes to the uterus. The uterine lining becomes thick as a preparation of the uterus for receiving the fertilized egg (which grows into a baby). This can happen if the egg meets a sperm. If the egg does not get fertilized by sperms, the inner lining of the uterus begins to break away. It is this lining which flows out like menstrual blood. This cycle is repeated every month and has a duration of about 28 days.

**Excessive or scanty bleeding**

It is possible that during adolescence, sometimes a girl may only bleed every few months, or have very little bleeding or too much bleeding. Their cycle usually becomes more regular with time. If the problem continues after the initial few years, it is advisable to see a lady doctor for investigation and treatment.

**Pain with menstrual bleeding**

During menstrual bleeding, the uterus squeezes to push out the lining. The squeezing can cause pain in the lower belly or lower back. The pain may begin before bleeding starts or just after it starts. The pain will be relieved spontaneously in a day or two. If pain is unbearable refer to lady doctor who may give some pain killer.

**Pre-menstrual Syndrome**

Some girls feel uncomfortable a few days before their menstrual bleeding begins. They may have one or more of a group of symptoms known as pre-menstrual syndrome. Girls who suffer from pre-menstrual syndrome may notice:

- Pain in breasts
- A full feeling in the lower belly
- Constipation
- Emotions that are especially strong or hard to control.

These symptoms are due to changes in the hormonal pattern every month and will go once periods start. Continue doing regular work and exercise.

**Hygiene and cleanliness during menstruation**

To maintain menstrual hygiene, girls can use cloth or sanitary pads. If using cloth,
clean cotton cloth should be used to soak the menstrual blood. Cotton has a good absorbing capacity. A synthetic cloth should not be used as it may not absorb well and may cause skin reactions. Cloth/pads can be used along with the underwear.

The cloth or pads should be changed 2 or 3 times a day. The cloth and panties should be properly washed with soap and water and dried in the sun. Sunlight kills all bacteria. After every period the washed and dried cloth should be stored in a clean bag in a clean place till the next period. If pads are used, they should be wrapped in a paper bag and disposed. The girl should take a bath everyday during menstruation.
THE MALE REPRODUCTIVE SYSTEM AND ITS FUNCTIONS

The main genital tract is designed to
• Produce sperm
• Store sperm
• Release sperm as required
• Add regulatory components to sperm
• Add fluid (seminal fluid)

Penis: The male organ of sexual intercourse. Deposits sperm and semen in the female body through urethra, a thin, long tube passing through penis.

Scrotum: The scrotum is a pouch-like structure that hangs behind the penis. It holds and protects the testes. It also contains numerous nerves and blood vessels.

Testicles: The testes, also known as the testicles, are the anatomically male gonads, the organs that produce sperm cells. The testes also produces hormones, including testosterone, which stimulates the production of sperm cells and facilitates male maturation.

Vas Deferens: The vas deferens also known as the sperm duct is a thin tube approximately 17 inches long that starts from the epididymis to the pelvic cavity.

Seminal Vesicles: Seminal vesicles are sac-like structures attached to the vas deferens at one side of the bladder. They produce a sticky, yellowish fluid that contains fructose. This fluid provides sperm cells energy and aids in their motility.

Prostrate gland: The prostate gland surrounds the ejaculatory ducts at the base of the urethra, just below the bladder. The prostate gland is responsible for the production of semen, a liquid mixture of sperm cells, prostate fluid and seminal fluid.
The sequence of Events in Sperm Formation

Sperms spend their life in the male body in a continuous series of tubes. Certain secretions are released in the epididymus that alter the sperms environment and its surface characteristics, among other things. In preparation for ejaculation, the sperm leaving the epididymus enter the vasa efferentia. The sperm move along each vas deferens and enter the vas deferens. As the sperm move along the vas deferens material are added to the sperm and to the extracellular fluid (forming semen) that surrounds them. The prostate gland and seminal vesicles add fluid and nutrients at the time of sperm ejaculation providing most of the volume of the ejaculate. This complex of fluid and sperm cells travels up the urethra to be released externally.

Glands and Secretions

*Epididymus*: stores sperm from seminiferous tubules; adds secretions; adds surface glycoprotein to sperm.

*Prostate gland & seminal vesicles*: add fluid, nutrients, etc. at time of ejaculation of the semen.

Erection of Penis

In response to thoughts, fantasies, temperature, touch or sexual stimulation, the penis fills with blood and becomes hard and erect for sexual intercourse. In young adolescents erections may take place even in absence of sexual thoughts or stimulation.

Ejaculation

The release of semen from the penis after sexual excitement is called ejaculation. This may occur at night and is commonly called a ‘wet dream’. It is a natural and normal phenomenon – not a fault. During ejaculation, the urethra is closed to urination.

Night Falls (Wet dreams)

In adolescent boys, once sperm formation starts and semen is formed, it sometimes gets ejaculated during sleep even without sexual intercourse. This is called night fall and is a normal growing up process. In absence of its knowledge, it is of great concern and worry for boys.

Genital hygiene in boys:

- Wash genitals daily.
- Gently retract (push) foreskin back and wash the tip of the penis. Secretions accumulate under the foreskin and could cause infection if not cleaned regularly.
- Change underwear daily.
- Use cotton undergarments only. Synthetic garments do not absorb moisture and also increase the temperature.
- Wash undergarments everyday and dry in the sun.
Growth and Development in Adolescence

Adolescence is a significant period for physical growth and sexual maturation. Nutrition being an important determinant of physical growth of adolescents is an important area that needs attention.

Inadequate nutritional intake during adolescence can have serious consequences throughout the reproductive years and beyond. Poor nutrition during adolescence can impair the work capacity and productivity of adolescent boys and girls in their later years. Further, an undernourished girl is at risk of developing complications during pregnancy and the chances of her giving birth to a low birth weight baby increases, thus perpetuating a vicious cycle of malnutrition and ill-health.

Major components of food

Major components of food include protein, fats, carbohydrates, minerals and vitamins which perform different functions.

Functions of various food components

- Proteins are of greatest importance in nutrition. Proteins are required for bodybuilding and help in repair and maintenance of body tissues.
- Fats are high-energy foods and a source of energy. They also make the food more palatable and provide fat-soluble vitamins.
- Carbohydrates from the major component of most diets and are the main source of energy.
- Vitamins and minerals are required in small quantities. They do not yield energy but enable the body to use other nutrients and also play an important role in growth, repair and regulation of vital body functions.
• Requirements of iron and calcium are particularly increased in adolescence.
• Calcium needs during adolescence are greater than they are in either childhood or adulthood because of rapid increase in lean body mass and any skeletal growth.
• Zinc is especially important in adolescence because of its role in growth and sexual maturation. Some sources of zinc are grains, nuts, meat, cheese and milk.

Balance Diet
A balanced diet is one that provides all nutrients (carbohydrates, proteins, fats, vitamins and minerals) in required amounts and proportions for maintaining health and general well being and also makes a small provision for extra nutrients to withstand short duration of leanness. It can be achieved through a blend of four basic food groups, i.e. carbohydrates, proteins, fats, vitamins and minerals. As these are present in different types of food items like dals, chapatti or rice, green vegetables, easily available fruits and milk it is important to eat these food items in the right mix everyday.

Eating right and nutritious food during adolescence
- Helps in achieving rapid growth and full growth potential.
- Helps in timely sexual maturation.
- Ensure adequate calcium deposition in the bones and helps in achieving normal bone strength.
- Establishes good eating habits and sets the tone for a lifetime of healthy eating. This prevents obesity, osteoporosis (weak bones due to deficiency of calcium), and diabetes in later life.

Young girls who have inadequate nutrition do not grow well and become stunted women. Adolescent girls often suffer from anaemia because of poor consumption of iron rich foods and also due to worm infestation and frequent infections. Because of severe malnutrition and repeated illness, the growth spurt in early adolescence does not occur and a slower and prolonged pubertal growth period is seen in adolescents from lower socioeconomic status. Hence, any damage to the body physiology during adolescence, which places extra nutritional demand on the body, like early pregnancy, is detrimental as growth is still to be attained.

You are what you eat!!!
Adolescent mothers are likely to deliver low birth babies. Due to poor milk production the infants may not be able to gain enough weight and remain malnourished. If these babies are girls, they are likely to continue the cycle by being stunted in adulthood, and so on, if something is not done to break this cycle. Support is needed for nutrition at all stages – infancy, childhood, adolescence and adulthood.

Nutritional Anaemia

The need for iron increases with rapid growth and expansion of blood volume and muscle mass. As boys gain lean body mass at a faster rate than girls, they require more iron than girls. The onset of menstruation imposes additional needs for girls. Adolescents should be encouraged to consume iron rich foods (green leafy vegetables, jaggery, meat) complemented with a Vitamin C source like Citrus fruits (oranges, lemon) and Indian gooseberry (Amla). Adolescent girls need additional requirement of iron to compensate for menstrual blood loss.

Iron deficiency in diet leads to nutritional anaemia.

What is anaemia?

Our blood contains a red pigment called haemoglobin, which carries oxygen and is rich in iron. Anaemia is the loss of oxygen carrying capacity of the blood due to deficiency of haemoglobin in the red blood cells.

Iron deficiency anaemia is a major nutritional problem in adolescent boys and girls in India. The ill effects of anaemia can be seen as:
- Reduced capacity to work and thus decreased productivity
- Increased risk to pregnant girls/women. (In India, 20-40% of maternal deaths are due to anaemia).
- Anaemia may increase susceptibility to infections by impairing the immune functions.

How can anaemia be prevented?

Anaemia can be managed through proper diet and iron supplementation. To prevent anaemia, increase the intake of green leafy vegetables and fruits. If an adolescent looks pale, fatigued or listless and anaemia is suspected, refer to the nearest PHC. Anaemia is treated by giving iron and folic acid tablets on a daily basis till 2-3 months after haemoglobin levels have returned to normal.

Other deficiency states
- Inadequate nutrition during adolescence can potentially retard growth so that the adolescent remains short and thin. The full height potential may not be reached and the adolescent may remain stunted. The sexual maturation may be delayed with late onset of puberty. Poor nutrition impairs work capacity and the boy/girl may feel tired all the time.
- Zinc deficient leads to a much wider spectrum of disorders commencing with intrauterine life and extending through childhood to adulthood with serious health and social implications. Iodine deficiency disorders include mental deficiency impaired mental functions, neurological defects, increased stillbirths, and perinatal and infant mortality.
Pregnancy-related complications are the main cause of deaths for 15-19 year old girls and maternal mortality among adolescent girls under 18 years is several times higher than those aged 18-25 years. Children born to adolescent mothers also face a higher risk of death, especially during the neonatal and perinatal periods.

An important contributory factor to maternal morbidity and mortality among adolescents is their lack of access to safe abortion services and HIV/AIDS is an ever increasing danger that sexually active adolescents face.

**Risks of pregnancy in married and unmarried adolescents**
- Pregnancy and childbirth carry more risks in adolescents than in adults because adolescent girl is yet not mature physically and emotionally for motherhood. The risks are high throughout the antenatal period, labour, childbirth and the post partum period.
  - Babies born to adolescent mothers have a higher risk of being of low birth weight. This makes them predisposed to higher morbidity and mortality.
  - Risk of poor pregnancy outcome is more common in adolescent pregnancy than adults.
  - The highest maternal mortality in adolescent is in those aged 15 years and under.
  - Pregnancy and the responsibility of child rearing could reduce the ability of the girl to continue with her education and with exploring employment opportunities.
  - Unwanted pregnancy in unmarried girls may stigmatize them leading to poor self esteem.
  - Un-intended pregnancy in both married and unmarried girls may prompt them to resort to illegal and unsafe abortions. This is more pronounced in unmarried girls.
  - Possibility of being taken out of school and social stigma especially of pregnancies in unmarried girls.

**Why are complications more common in adolescent pregnancy and childbirth?**

Pregnancy and childbirth in adolescence is risky for the health of both mother and baby

- Biologically, an adolescent’s body is still developing and not yet ready to take on an added strain. The pelvic bones are not fully mature
and cephalo-pelvic disproportion could occur. Her body has special nutrient needs and when pregnancy occurs, it is a strain on already depleted reserves, especially if she belongs to a low socio-economic background. The young girl may not be mentally prepared for motherhood with all its added responsibilities, etc. and this could give rise to mental health problems like depression.

- **Socio-culturally**, pregnancy outside marriage bears a terrible stigma and above situation worsens when the girl is not married, in which case she does not get the emotional support when she needs as well as support in terms of nutrition, rest, antenatal check-ups, etc.

- Shortcomings in service delivery deter adolescents from seeking timely medical help and intervention. At many health centers, pregnant adolescents who are unmarried are treated with none or very little respect by staff, some of whom may not be aware of the risks associated with such pregnancies. So, even if the girl is able to access health services of some kind, she does not necessarily get the benefit of a sensitive and technically competent check-up. This is the reason unmarried adolescents hide their pregnancies for as long as they can and medical help is delayed at great risk to their lives.

- This situation is not unique to unmarried adolescents as the married ones may not be aware of the importance of antenatal care. For various reasons, the adolescent woman is more likely to deliver at home. The older women in the home feel that a traditional birth attendant is equipped to carry out the delivery, her services cheaper and she is easily accessible. A trained birth attendant or a hospital is usually thought of when things get out of hand and complications have already set in.

- The risks are high, starting from the antenatal period, through labour and the postpartum period. Adolescent mothers are most likely to give birth to low weight babies and both the mother and child face higher mortality and morbidity.

Pregnancy related complications that occur more commonly in adolescents than in adults.

- Death
- Pregnancy-induced hypertension
- Anaemia during antenatal period
- STIs/HIV
- Higher severity of malaria
- Pre-term birth
- Obstructed labour
- Anaemia during postpartum period
- Pre-eclampsia
- Postpartum depression
- Too early repeat pregnancies
- Low birth weight
- Perinatal and neonatal mortality
- Inadequate child care and breastfeeding practices.
Abortion

Adolescent pregnancy very often leads to unsafe abortion especially if the girl is unmarried. The consequences of this type of abortion can be life threatening. Although abortion is legal in India, it is estimated that four million Indian women a year still resort to illegal abortions because of social stigma, lack of awareness and lack of access to health facilities that offer technically competent services.

Medical Termination of Pregnancy Act

The Medical Termination of Pregnancy Act was passed in 1971. The Act was intended to grant women freedom from unwanted pregnancies, especially when there was social censure or medical risk involved. Apart from these benefits, it also ensured that abortion services became easily accessible.

The Aim of the Act is to allow for the termination of certain pregnancies by registered medical practitioners. If a pregnancy is terminated by someone who is not a registered medical practitioner, it would constitute an offence punishable under the Indian Penal Code.

When MTP is permitted

According to the Act, abortion may be permitted only in certain cases:

a) Where the length of the pregnancy does not exceed twelve weeks or

b) Where the length of the pregnancy exceeds twelve weeks but does not exceed twenty weeks, if not less than two registered medical practitioners are, of opinion, formed in good faith, that,
   - The continued pregnancy would pose a risk of injury to the woman’s physical or mental health; or
   - There exists a substantial risk that the foetus would suffer from a severe physical or mental abnormality; or
   - The pregnancy resulted from rape or incest; or
   - The continued pregnancy would significantly affect the social or economic circumstances of the woman; or

c) After the 20th week of the gestation period if a medical practitioner, after consultation with another medical practitioner or a registered midwife who has completed the prescribed training course, is of the opinion that the continued pregnancy-
   - Would endanger the woman’s life;
   - Would result in a severe malformation of the foetus; or
   - Would pose a risk of injury to the foetus.

As long as the above conditions are fulfilled, a doctor can terminate a pregnancy without fear of being prosecuted under the Indian Penal Code.
Whose consent is required?

A pregnancy can be terminated only with the informed consent of the pregnant woman; no other person’s consent needs to be obtained.

In the case of a pregnant woman, less than eighteen years old, and in the case of a pregnant woman, more than eighteen years old but of unsound mind, the consent of her guardian must be obtained in writing.

Where can a MTP be performed?

MTPs can be performed only at the centres certified by the government. These centers should be located in public or private sector.

The rights of the pregnant woman

Whenever a woman requests that her pregnancy be terminated, she must be informed of her rights under the Act. Also, whenever a pregnancy has been terminated, the medical practitioner should record the prescribed information. However, the name and address of the woman, who has requested or obtained a termination of pregnancy, should be kept confidential, unless she herself chooses to disclose that information.

Penalization

If a person who is not a medical practitioner, who has not completed the prescribed training course, performs the termination of a pregnancy, can be convicted and penalized with a fine or imprisonment for a period not exceeding 10 years.

Factors contributing to Unsafe Abortion in Adolescents

Various factors contributed to the external and severity of post abortion complications:

a. Delay in seeking care: Delay in seeking abortion is the most important factor and the commonest cause of complications and death among adolescents. Delay is again due to ignorance (not aware that pregnancy has occurred) or hoping to hide pregnancy till it becomes too late or the costs involved.

b. Negative attitudes of trained providers: The judgemental and unwelcoming attitudes of health providers can also lead to delay in reaching them.

c. Resorting to untrained providers: It is commoner among adolescents to go to untrained and unskilled providers especially when they are unmarried or the pregnancy is unintended and adolescent wants to get rid of it clandestinely. The younger they are, it is more likely that they will be forced to opt for a potentially unsafe abortion conducted in an unhygienic condition by unskilled provider.

d. Use of dangerous methods: Use of dangerous methods are also common in adolescents especially unmarried girls who are advised by mothers, untrained birth attendants, quacks, to insert foreign bodies into the cervix unhygienically or ingest certain potions or drugs.
e. Laws relating to abortion: There is general lack of awareness among adolescents about the ‘Medical Termination of Pregnancy’ that can be availed of in all District Hospital and PHCs. These latter are however, inaccessible because of the family’s need for secrecy and confidentiality and bowing to societal and community demands.

f. Service-delivery factors: At present, health facilities do not offer user-friendly abortion services and some are not themselves aware of the rights of clients to these. Most clients feel that privacy and confidentiality is difficult to be maintained in public system.

g. Complications following spontaneous abortions: Even after a spontaneous abortion, an adolescent may have post abortion complications, if the abortion is not complete or some infection has set in due to retained products of conception and unhygienic practices of perineal region.

The extent of problems related to unsafe abortion among adolescents varies from state to state and within communities and depends on whether:

- Reproductive health information and services are available and accessible to adolescents;
- Early and safe abortion services are available and accessible;
- Health-care providers are sensitive and non-judgemental towards adolescents;
- Community and societal norms permit frank discussion about sexuality matters in adolescents;
- National law and policy makers ensure the dissemination of adequate knowledge related to reproductive health information and services.
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