Psycho-Social Challenges faced by Pregnant Adolescent: A study Conducted in Lunglei

Submitted in partial fulfilment of Bachelor of Social Work (BSW)

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CERTIFICATE

This is to certify that the research in 'Psycho-social challenges faced by Pregnant Adolescent: A study conducted in Lunglei' submitted by B. Malsawmtluangi for the partial fulfilment of the Bachelor of Social Work is carried out under my guidance and incorporates the student's bonafide research and this has not been submitted for any award for any degree in this or any other university or institution of learning.

Date: …… November, 2024

Place: Lunglei

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Adolescent pregnancy refers to pregnancy in females aged 10 to 24 and is often termed teenage pregnancy. This issue is not just a personal matter; it affects young individuals, their families, and their communities in profound ways. The implications of adolescent pregnancy are far-reaching and can pose serious health risks. Young mothers are statistically more likely to encounter complications during both pregnancy and childbirth, potentially jeopardizing their health and that of their child. Beyond health, this situation disrupts essential educational and career paths; many young mothers find it challenging to complete school and pursue their dreams.

In addition to these struggles, adolescent parents frequently endure social stigma. They may face harsh judgment from peers, family members, and the broader community, which can lead to feelings of isolation and inadequacy. Moreover, navigating the emotional complexities of parenthood can be overwhelming for those still developing their emotional maturity. Financially, the burdens multiply, as raising a child requires resources many young parents do not possess, further complicating their pursuit of stability and success. Addressing adolescent pregnancy is crucial not just for the individuals directly involved, but for the well-being of society as a whole. We must invest in education, support, and resources to empower young people and break the cycle of hardship.

Adolescent pregnancy presents numerous psychosocial challenges for young individuals. These challenges may include emotional distress such as anxiety, depression, guilt, shame, and fear. Additionally, pregnant adolescents often face social isolation, stigma, rejection, and exclusion from peers and their community. They may also experience confusion regarding their roles, responsibilities, and future plans, as well as relationship issues and conflicts with parents, partners, and friends. This situation can lead to low self-esteem, a lack of confidence, a negative impact on body image and self-worth, and inadequate coping mechanisms. Furthermore, there is an increased risk of substance abuse and self-harm.

1.1 Adolescent Pregnancy: Global Scenario

Adolescent pregnancy is a significant problem that effects entire communities as well as teenagers globally (Holness, 2015). Adolescent pregnancies are a social issue that affects both industrialised and developing nations (Cartesand, Araya (2012).
Habitu, Yalew, and Bisetegn (2018) stated that roughly 16

Millions of girls between the ages of 15 and 19 give birth each year, making up around 11 percent of all births occurring worldwide. Pregnancy among adolescents is therefore an issue pertaining to inequality that modifies lives and has an impact on health and well-being young men, women, and their offspring (Ingham, Chandra-Mouli & Hadley-2016).

According to Chiazor et al. (2017), adolescent pregnancies lead to poverty as well as a number of psychological and academic problems for the teens involved Globally. Makiwane, Gumede, and Molobela (2018) further noted that adolescent pregnancy is prevalent among youngsters from underprivileged backgrounds childhoods, and some people have low goals for their work and/or schooling possibilities. According to Holgate, Evans, and Yuen (2006), infants born to young teens have the risk of developing behavioural and educational issues that are impacted by the immaturity of the father and mother in acting as parents young adults pregnancies have detrimental effects since they raise the likelihood of health issues for the child and the adolescent mother, who miss out on chances for personal growth and development, low socioeconomic fulfilment, and social marginalisation (Krugu et al. 2016).

According to Louw and Louw (2014), high-risk sexual behaviour, lax parental supervision, broken families, insufficient sexual education, a propensity to forgo contraception, and overall discipline are the main causes of teenage pregnancies. Van Wyk (2007) emphasises that adolescent pregnancies and births disrupt young mothers' educational experiences, posing challenges including, emotional adjustment, and financial restraints while juggling the demands of academic obligations. Teenagers who become pregnant may endure notable repercussions because, should their pregnancy continue, they are more likely to face obstetric and medical issues as well as the possibility of baby dumping (Vin et al. 2014).

1.2 Adolescent Pregnancy: National Scenario

A UNFPA study stated that the majority of women in India gave birth to a living child before turning eighteen. According to estimates from the 4th National Family Health Survey (NFHS-4), 11.8 million adolescent pregnancies occurred in India in 2017.Six India has the world's largest adolescent population, with 253 million teenage between the ages of 10 and 19. The needs of Indian adolescents in terms of reproductive health, however, are not widely understood. Despite significant decreases in maternal

mortality in India over the past 20 years, the percentage of adolescent maternal deaths to total fatalities among mothers is still high, at roughly 10 percentages. In light of this, it is critical to examine the adolescent pregnancy related problem in India.

1.3 Adolescent Pregnancy: Local Scenario

In fact, amongst the states with highest teenage pregnancy were Goa 64%, followed very closely by Mizoram 61% and Meghalaya at 53%. In Mizoram, a concerning 4 percent of young women aged 15-19 have already begun childbearing, meaning they have had a live birth or are currently pregnant with their first child. This figure has improved from 7 percent in NFHS-4, but there is still much work to be done. The rate of childbearing surges from just 3 percent among those aged 15-17 to an alarming 15 percent by age 19. More troubling is the fact that young women in rural areas face a significantly higher rate of starting childbearing (7%) compared to their urban peers (2%). It is crucial that we address this issue to ensure all young women have the opportunity and support to make informed choices about their reproductive health.

1.4 Operational Definitions

Adolescence: "Adolescence is the transition phase of growth and development between childhood and adulthood".

The World Health Organization (WHO) defines an adolescent as any person between ages 10-19. This age range falls within WHO's definition of young people, which refers to individuals between ages 10-24 years. Accordingly, stages of Adolescence is categorized viz: Early Adolescence (ages 10-13). Middle Adolescence (ages 14-17), Late Adolescents (ages 18-21).

Pregnancy: "Pregnancy is the term used to describe the period in which a fetus develops inside a woman's womb or uterus".

According to Dr Mary Cooke "Pregnancy is the period in which an egg cell is fertilized by a sperm to form a new cell, called the zygote, that eventually develops into a new human organism, to be born".

Psychological Challenges: "Psychological challenges refer to the difficulties and issues related to mental and emotional well- being that individual, may face in various aspects of their lives".

Sociological Challenges: "Social challenges are problems that affects communities or groups of people in a society and that are commonly based on multifactorial causes and require complex solutions".

Coping Style: "Coping style is a person's relatively stable pattern of cognitive and behavioural strategies used to, manage stressful situations, characterized by the specific methods they consistently employ to reduce negative emotions or deal with challenges across different context over time".

1.5 Statement of the Problem

Adolescent pregnancies pose significant risks, not only to the health of young mothers but also to their babies, who are more prone to premature birth and low birth weight it has a great impact on education and career. Teenage pregnancy often results in school dropout, severely limiting future career opportunities and perpetuating cycles of poverty, social and emotional struggles. Young parents frequently encounter social isolation, stigma, and emotional distress, which can detrimentally affect their mental well-being. By examining the realities faced by teenage parents, especially those who are single, we can uncover the intricate challenges they must navigate. This understanding is vital in creating a nurturing environment that empowers young families and promotes their success.

1.6 Objectives of the Study

The following are the objectives of the present study:

1.To assess psychological challenges of adolescent pregnancy.

2.To assess social challenges of adolescent pregnancy.

3. To identify the common coping style to Psycho-social challenges

4. To give suggestions to address Psycho-Social challenges of adolescentpregnancy.

1.7 Chapter Scheme

The final report of this study is divided into a total of five (5) chapters as follows:

Chapter-I: Introduction

Chapter-II: Review of Literature

Chapter-III: Methodology **Chapter-**

IV: Results and Discussion

Chapter-V: Conclusion.

CHAPTER-II

REVIEW OF LITERATURE

This chapter presents a review of literature. A review of previous studies helped the present study have a comprehensive knowledge of the concepts and empirical problem of the research problem.

The review of literature for the present study is done on the basis of three sections such as psychological challenges, Sociological challenges and Coping style.

2.1 Psychological Challenges

According to Nall et al., (2019), teen mom is keen to suffer from PostTraumatic Stress Disorder (PTSD) as compared to their peers who are not pregnant, as it is mentioned that they are more likely to suffer from physical and mental abuse. Moreover, chances of postpartum depression is higher among teen moms as compared to people their ages and the ideation of being suicidal are higher among teen mom.

Joan, C et al (2022) discovered that the early pregnant females had experienced some posttraumatic growth, particularly in the areas of self-strength, life appreciation, and new opportunities. According to the survey, there were facilities and programs for support that were accessible to them and that teenagers could use to a significant extent. The study suggested that parents and other interested parties work together to increase access to preventative interventions.

Nonkululeko, N, (2021) observed that the deficiency in knowledge on the psychological obstacles that pregnant teenagers encounter in many settings, with a specific focus on the Ditsobotla subdistrict. The literature also suggests that the difficulties these youths confront have an adverse effect on their mental, physical, and social development. Following this discussion, the researcher comes to the conclusion

that it was essential to carry out qualitative research using semi-structured in-depth interviews with a focus on pregnant teenagers and teenage mothers in order to describe and explore the psychosocial challenges faced by pregnant teenagers in the Ditobotla sub-district.

Mawutor, J.W. (2023) study found that the high rates of adolescent pregnancies in the Ga South Municipality are caused by a number of causes and that the majority of pregnant teenagers face several psychosocial difficulties. The data and conclusions demonstrate that addressing the issue of teenage pregnancy necessitates a multifaceted strategy that addresses it on both a structural and personal level. Additionally, as seen in the Ga South Municipality Area, a high frequency of teenage pregnancy was mostly caused by poverty and poor living circumstances in rural areas. It is advised that Ghana Education Service update its curricula and provide instructors with opportunities to further their education in teen sexual health and values education.

According to Abdel-Khalek (2016), one's personal ideas about one's skills, abilities, and social interactions are linked to one's sense of self-worth. Low selfesteem has been associated with early sexual activity, fragility, and a lack of negotiating skills. According to the author, girls who reported engaging in sexual activity scored lower on a self-esteem test. Teenagers who have low self-esteem are more likely to engage in dangerous sexual practices leading to conceptions. As a result, early pregnancy can also lead to low self-esteem (Kaieteurnews 2011). Teenagers with poor self-esteem experience detrimental effects on their motivation, mood, and thought processes, claim Mohamed and Mahmoud (2018). The attachment between a mother and her kid is also impacted (Andile S.M, 2021).

Psychosocial experiences are not commonplace during pregnancy, labour, or the postpartum period. According to Salazar-Pousada, Arroy, Hidalgo, et al. (2010), who studied 302 expectant mothers at an obstetrics and gynaecology hospital in while another study on the prevalence of anxiety and its associated factors among pregnant women in Pakistan found that 18% of all pregnant women had either anxiety or depression.

2.2 Sociological challenges

According to Parker (2021), teenage pregnancy has long been a source of public concern. It is described as when a teenage girl becomes pregnant between the ages of

13 and 19 years. Adolescent girls who become pregnant may face adverse outcomes and social challenges, both for themselves and their offspring.

Mokgoala et al (2022), conducted study and the results noted that pregnant teenagers in the Ditsobotla sub-district face psychological and social obstacles on a daily basis, and that these obstacles have a detrimental impact on their wellbeing. These difficulties include episodes of depression, rejection from friends and romantic partners, financial limitations, and unfavourable views held by nurses regarding adolescent pregnancy. Among the recommendations offered to lessen the stigma from the community and families include health awareness campaigns, teen-focused health education programs, and the provision of family planning information and techniques in schools for teenagers.

A. Elnagar et al, (2018) investigation led to the formulation of the following conclusion. Teenagers have been noted to be considerably more difficult to manage both physically and psychologically. Teens who are involved in teenage pregnancy typically leave school early and continue to rely on their parents.

Fahmida, S. P et al., (2016). Adolescent pregnancy is a medical and public health concern that can have an adverse effect on a mother's physical and social development as well as the quality of reproduction in that community. In addition to improving reproductive outcomes, we should ensure that girls receive an education, enforce marriage laws, and raise public awareness in order to reduce the prevalence of adolescent pregnancy. Prioritising the treatment of teenage pregnancy is necessary to lessen the impact of socioeconomic and health issues.

Adolescent pregnancy is a widespread occurrence with well-established reasons an detrimental effects on one's health, relationships, and finances. The adolescent birth rate (ABR) has declined globally, however changes have happened at different rates in different places. Additionally, there are significant differences in levels within nations. Teenage pregnancies are typically more common in people with lower socioeconomic position or less education. Girls who experience child marriage and juvenile sexual abuse are more likely to become pregnant, frequently unintentionally.

According to Pueyo (2022), along the way, teenage moms face many challenges and obstacles as they become parents. Among these are inappropriate behaviours from their relatives, individuals, particularly those of their parents, who were dissatisfied with their kids getting pregnant. A few none of them was accepted as a member of the

household. Young age of pregnancy made some women experience loneliness and neglect from their instructors.

Gselamu et al., (2019), observed that teenage pregnancy can have disastrous consequences because it affects not just the adolescent mother but also their social and academic lives. Teenage mothers, for instance may be afraid to say that she finally marries and substantially reduces her level of schooling; she takes on the role of primary housewife and encounters financial difficulties. She might be more susceptible to issues with cognition, language communication, and interpersonal skills, as well as intellectual linguistic and socioemotional delays and challenges that typically persist after birth. It also reveals their psychological issues, the emotional agony they endured during the pregnancy, even after delivery, and their regrets and disappointments. The rejection of classmates, family members, and male equivalents is another agonising sensation.

2.3 Coping Style

According to Su, X.V, et al., (2014), this study emphasises the negative effects of pregnancy, especially emotional issues, on teenage moms. Furthermore, inadequate self-care was considerably more prevalent in younger adolescents as opposed to older adolescents. The psychological and bodily effects were connected to one another. The teenagers' coping mechanisms for these difficulties included retreat, avoidance, and assistance from close friends and family. Doctors were the least preferred source of support, while parents continued to be the most. Interventions are therefore required to raise awareness of the resources accessible to young moms.

Karen Myors R.N, et al., (2008) examined the most common coping style and noted that the most common and successful coping strategy for these young women was the optimistic (emotion-focused) coping strategy. Additionally, a problemfocused, confrontational coping style was employed and shown to be successful. It is advised to combine problem-focused and emotion-focused approaches, with a greater concentration on problem-focused methods. Although it is in line with their age and developmental stage, the adolescents' emphasis on positive ways suggests a lack of awareness of the difficulties that parenting will present. It is advised to do a long-term study on coping mechanisms and how they evolve during pregnancy and the first few months of motherhood. It is suggested that pregnant adolescents' coping mechanisms be initially evaluated and tracked.

Agnes M.K, et al., (2022) stated that many pregnant teenagers suffer from severe financial hardship, parental neglect, and sexual assault as silent victims of a harsh socioeconomic context. Additionally, some adolescent girls' unpleasant experiences—such as parental reprimands, whipping, stigmatisation, and rejection by peers and neighbours—lead to grief, stress, and suicidal thoughts. Adolescents, however, did not believe that abortion was the best course of action for their pregnancy. Instead, family members gave teenagers vital support as they came up with coping mechanisms including praying, relying on God, and avoiding people in order to deal with pregnancy.

CHAPTER-III

RESEARCH METHODOLOGY

In this chapter, a description of the methodology of the study is presented. A profound methodology is significant for scientific research in order to study the objectives of the present study. The success of the study depends on the methods and techniques adopted in the present study to a great extent. The previous chapter presented a critical review of the literature and the major research gaps therein. The present chapter describes the setting of the study and methodology, the study process, and the techniques used.

This chapter deals with the methodological aspect such as field settings, research design, sampling, method of data collection and data processing and analysis.

3.1 Field settings

About Lunglei:

The name Lunglei means "bridge of rock" in Mizo. It comes from a bridgelike rock found in the riverine area around Nghasih, a tributary of the Tlawng river.

Lunglei District is the second-largest district in Mizoram and is situated in the southern region of the state. It shares borders with Serchhip District to the north-east, Mamit District to the north-west, Hnahthial District to the east, Siaha District to the south-east, and Lawngtlai District to the south-west. The district also shares an international border with Bangladesh on the west. Lunglei District is located at the heart of Mizoram and is connected to the state capital, Aizawl, via the National Highway that passes through Seling and Serchhip. It is also accessible via the World Bank road that originates in Aizawl and passes through Thenzawl town. The total area of Lunglei town, which extends from Thaizawl in the south to Kawmzawl in the north and Hauruang in the west, including Vanhne in the north-west, to Zobawk in the east, is 55.08 sq. km.

- The district of Lunglei is overseen by the Deputy Commissioner and is divided into three R.D. blocks: Lunglei RD, Lungsen RD, and Bunghmun RD Block. The climate of Lunglei is temperate throughout the year, providing a suitable environment for agriculture.
- The Census-2011 provides significant insights into the demographic composition of Lunglei district. The literacy rate in urban areas is notably high, averaging at 97.8 percent, as compared to the rural regions, where it stands at 81.8%. The sex ratio of the district is quite similar in both urban and rural areas, with 947 and 948 females per 1000 males, respectively. The district spans over an area of 4,536 square kilometres, with a population density of 36 people per square kilometer. These statistics provide a comprehensive understanding of the demographic and geographic distribution of the population in Lunglei district (Census Report-2011).

About Zotlang:

Zotlang is a village in the Lunglei Block of Lunglei District, Mizoram, India. It is located 1 km south of the district headquarters, Lunglei, and is 109 km from the state capital, Aizawl.

Population: There are 553 households in Zotlang, Lunglei Community and the total number of the population are 2825. The distribution of the male and female populations is outlined below:

- Male population: 1371
- Female population: 1451

About Zohnuai:

Zohnuai is a village in Lunglei block in Lunglei district of Mizoram State, India. It is located 1 km towards East from district headquarters Lunglei.

Population: There are 305 household in Zohnuai, Lunglei Community and number of populations are 1780. The distribution of the male and female populations is outlined below:

- Male population: 865
- Female population: 915

About Pukpui:

Pukpui is a village in Lunglei block in Lunglei district of Mizoram State, India. It is located 1 km towards South from district headquarters Lunglei.

Population: There are 473 households in Pukpui, Lunglei Community and number of populations are 1949. The distribution of the male and female populations is outlined below:

- Male population: 967
- Female population: 982

About Bazar Veng:

Bazarveng is a village in Lunglei block in Lunglei district of Mizoram State, India. It is located 0 km towards West from district headquarters Lunglei.

Population: There are 1323 household in Bazarveng, Lunglei Community and number of populations are 5316. The distribution of the male and female populations is outlined below:

- Male population: 2609 □ Female population: 2707

3.2 Research Design:

The present study is descriptive in design. The data mainly consists of primary data collected using quantitative method. The strength of qualitative measures is their ability to allow the researcher to measure the social world objectively without the researcher adding his\her own impressions or interpretations. In quantitative research, the researcher can generalize research findings beyond the confines of the research location depending on the representativity of the sample.

3.3 Sampling:

Since the target population for the present study is considered as special category, the study followed non-probability sampling method. Pukpui, Bazar Veng, Zohnuai and Zotlang communities were purposively selected to represent Lunglei town for the present study on ground of better accessibility for the present investigator.

To select the respondents for the current study, convenience sampling was utilized to secure 16 sample size from the selected communities (viz., Zotlang, Zohnuai, Bazar Veng and Pukpui). This type of sampling involves choosing participants on the basis of their availability and some features or process that may be of interest for a particular study. For the current study, adolescent pregnant who were available and showed their willingness and interest in participating in the study were considered and included.

3.4 Tools of data collection:

Semi-structured Interview schedule was used to collect data from the respondents. Schedule is categorized into five sections. The major sections are personal information, economic background, psychological challenges of the respondents and sociological challenges of the respondents, coping style to Psychosocial challenges.

3.5 Data Processed and analysis:

The quantitative primary data collected through the interview Scheduled was coded and processed with the help of Microsoft Excel and analyzed with the IBM Statistical Package for Social Science (SPSS). The study used descriptive statistics such as percentages, proportion, mean compare, averages and standard deviations.
The results of the analysis were presented in tabular form.

CHAPTER- IV RESULTS AND DISCUSSION

1. Demographic Profile of the Respondents

Demographic Profile of the respondents plays a crucial role in this study as it provides basic information about the respondents. Demographic profile is categorized into two sections i.e., personal Information and Family economic background.

1.1 Personal Information:

Personal Information include Age of the respondents, type of family, size of family, form of family, ownership of house, parents' educational qualification, number of siblings and level of education.

Age:

Age of the respondents in this study is classified into two categories i.e., Middle Adolescent i.e., 15 to 18 years and Late Adolescent which is age between 19 to 21 years old. The data shows that majority of the respondents are belonging to late adolescent (68%) which is age between 19-21 years whereas the rest more than one third of the respondents are belonging to middle adolescent (31.3%) which is age between 15-18 years.

Type of Family:

The present study analysed the respondent's family status by observing what type of family the respondent lived in. The type of family in the present study is divided into three types viz nuclear family, Extended family and Single parent family. Half of the respondents belonging to nuclear family (50.0%), and little less than onethird of the respondents belonging to extended family (31.3%), while 18.8 percent of the respondents belonging to single parent family. Therefore, it can be concluded that the most common type of family in this study is found to be nuclear family.

Size of family:

Size of the family in this study is classified into three categories small (1-5 members), medium (6-10 members) and large (10 and above). More than half of the respondents belonging to small family (56.3%), whereas little less than one-third of the respondents (31.3%) are belonging to medium family, while 12.5 percent of the respondents belonging to large size of the family.

Form of family:

The form of family in the study is analysed by dividing into two groups i.e., stable and broken family. Majority 75 percent of the respondents belonging to stable family while other less than one- third of the respondents (25%) are belonging to broken family.

Ownership of house:

Ownership of the house in this study is divided into two groups owned and rented. Great majority of the respondents (81%) are owned their house while only 18.8 percent of the respondents are rented their house.

Parents Educational Qualification:

Parents educational qualification in this study is classified into two categories, below high school and high school. Majority of the respondents (62.5%) parents' educational qualification is below high school whereas the rest of the respondents (35.5%) parents' educational qualification is high school.

Number of Siblings*:*

Number of siblings is identified as 1-3 siblings. Among the respondents, majority 100 percent falls as 1-3 siblings.

Level of Education:

The educational qualification of the respondents is classified viz, Middle School, High School and Higher Secondary School. The educational qualification of the respondents in this study consists half of the respondents (50.0%) educational qualification is High School, while other (31.1%) of the respondent's educational qualification is Middle School, and the rest (18.8%) of the respondent's educational qualification is Higher Secondary School.

Table No. 1: Personal Information of the Respondents

	Profile of the Respondents		
Age	**Age group**	**Frequency**	**Percent**
	15-18	5	31.3
	19-21	11	68.8
Type of Family	Nuclear	8	50.0
	Extended	5	31.3
	Single Parents	3	18.8
Size of family	1-5 members	9	56.3

	6-10 members	5	31.3
	10 and above	2	12.5
Form of Family	Stable	12	75.0
	Broken	4	25.0
Ownership of house	Owned	13	81.3
	Rented	3	18.8
Parents Educational Qualification	Below H/S	10	62.5
	HSLC	6	37.5
Number of Siblings	1-3 Sibling	16	100.0
Level of Education	MSLC	5	31.3
	HSLC	8	50.0
	HSSLC	3	18.8

Source: Computed

1.2 Family Economic Background

Family Economic background plays a pivotal role in this study. The purpose is to understand socio-economic disparities among the respondents. This includes family economic status, no. of family having regular income, family primary occupation, monthly household income, family indebtedness, owned personal bank account and employment status.

Family Economic Status:

The family economic status in the present study is analysed in order to understand the present socio- economic condition of the respondent family. The family economic was classified into PHSS and Non-National Food Security Act (NFSA). In Family Economic Status PHSS (87.5%) constitute the highest followed by non-NFSA (12.5%).

Number of family member having regular income:

Number of family person having regular income in the family plays an important part in order to study economic background of the family. It is observed from table no. 2 that all the respondents (100%) in this study reported that there is only one member having regular income in the family.

Family Primary Occupation:

Family Primary Occupation in the present study was classified into government service, daily labour, agriculture and business. It is observed that for less than one- third

of the respondents (31.3%) government service and daily labour (31.3%) is their family primary occupation. Whereas, agriculture (18.8%) and business (18.8%) are claimed to be their family primary occupation.

***Monthly Household Income**:*

The monthly household income of the respondents in the present study is classified into four income range i.e., Rs 10,000-Rs 20,000, Rs 20,001-Rs 30,000, Rs 30,001-Rs 40000 and Rs 40001 and above. It is observed that majority of the respondents (75%) monthly household income falls under Rs. 10,000-Rs.20,000, followed by more than one-tenth respondents (12.5%) family earned between Rs. 20,001- Rs. 30,000. The rest 24.4 percent of the respondent's family have income range of Rs. 30,001- Rs. 40,000 (12.2%) and Rs. 40,000 and above. (12.2%).

***Family Indebtedness**:*

Regarding family indebtedness, the present study analysed based on no debt, money lander and other financial institutions. It is observed that half of the respondents that they have reported that they have no debt (50%) followed by having debt from money lander (18.8%) and other financial institution (18.8%). The rest 12.5 percent reported that they have debt in the bank.

***Owned Personal Bank Account**:*

Regarding Owned Personal Bank Account, more than half of the respondents (56 .3%) have their Owned Personal Bank Account. Whereas the rest more than onethird (43.8 %) reported that they have saving account.

Employment Status:

Regarding Employment Status of the respondents, it is observed that great majority of the respondents (87.5%) are unemployed whereas the remaining 12.5 percent of the respondents are employed.

Table No. 2: Family Economic Background

		Frequency	**Percent**
Family Economic Status	PHSS	14	87.5
	Non-NFSA	2	12.5

No of family having regular income	One	16	100
Family primary occupation	Govt. servant	5	31.3
	Business	3	18.8
	Daily labour	5	31.3
	Agriculture	3	18.8
Monthly household income	Rs.10000-Rs.20000	12	75.0
	Rs.20001-Rs.30000	2	12.5
	Rs.30001-Rs.40000	1	6.3
	Rs. 40001 and above	1	6.3
Family Indebtedness	No debt	8	50.0
	Bank	2	12.5
	Money lander	3	18.8
	Other financial institution	3	18.8
Owned Personal Bank Account	No personal bank account	9	56.3
	Savings account	7	43.8
Employment Status	Employed	2	12.5
	Unemployed	14	87.5

Source: Computed

2. Psychological Challenges

Psychological challenges in this study are analysed based on three indicators such as Depression, Anxiety and Self -isolation, each indicator has three statements. The respondents had to rate on 3-points Likert scale ranging from Never (1) to Often (3). Scale range and it interpretation is done as per interpretation proposed by Alico & Guimba (see table.3).

Table No. 3

Scale Range	Interpretation	Level
0. 66 and below	Never	Low
0 .7 to 1.2	Sometimes	Moderate
1.3 and above	Often	High

In relation to depression, the data presented in Table 3 indicates specific symptoms experienced by respondents. The symptoms include: 'being so restless that it is hard to sit still' (mean score: 1.50), 'not being able to stop or control worrying' (mean score: 1.75), and 'worrying too much about different things and the future' (mean score: 2.18). Based on the weighted mean score of 1.81 for depression, it can be concluded that the respondents experienced depressive symptoms at a high level according to the scale interpretation.

The findings indicate that respondents experienced anxiety during adolescent pregnancy, with the overall mean score being 2.18. Specific statements reflecting their feelings included: "I generally feel down and unhappy" (mean score: 2.06), "I feel inadequate or inferior to others" (mean score: 1.62), and "I feel like my life has been a failure or a disappointment" (mean score: 1.75).

Regarding self-isolation, the data presented in Table 3 indicates that respondents reported feeling "inadequate or inferior to others" (1.62), "afraid to speak up or share their opinions" (1.87), and "down or negative towards themselves" (1.93). The weighted mean score for self-isolation is 2.18, it is further indicating that the respondents experienced self-isolation during their adolescent-pregnancy.

Table No. 4: Psychological Challenges

Indicator	Psychological Challenges	N	Mean	Std. D
Depression	Being so restless that it is so hard to sit still	16	1.5	0.7303
	Not being able to stop or control worrying	16	1.75	0.68313
	Worrying too much about different things and future	16	2.187	0.83417
Anxiety	I generally feel down and unhappy	16	2.062	0.57373
	I feel inadequate or inferior to others	16	1.625	0.80623
	I feel like my life has been a failure or a disappoint	16	1.75	0.57735
Self-Isolation	I feel inadequate or inferior to others	16	1.625	0.5
	I afraid to speak up or share opinions	16	1.875	0.7188
	I feel down and talk negatively to myself	16	1.9375	0.7719

Source: Computed

Table No. 5 (Compute Variable) of all indicators

Psychological Challenges (1.81)	N	Min	Max	Mean	Std. D
Depression	16	1.00	2.67	1.8125	.57049
Anxiety	16	1.00	2.67	1.8125	.51595
Self -Isolation	16	1.00	2.67	1.8125	.48639

Source: Computed

Total mean score of Psychological Challenges (1.81) presented in table no. 4 indicated that as a whole, the respondents in this study have experienced psychological challenges during their adolescent pregnancy. As per interpretation adopted by this study, the level of Psychological challenges is found to be High.

According to table no. 4, the overall mean score of psychological challenges (1.81) showed that all of the study participants had psychological difficulties throughout their teenage pregnancies. According to the interpretation used in this study, there are a lot of psychological difficulties.

3. Sociological Challenges

Sociological challenges refer to the difficulties or problems that arise from the interactions, relationships, and structures within society, affecting individuals, groups, or communities**.** Sociological challenges in this study are analysed based on commonly challenges faced by adolescent pregnant, which were adopted from the literatures such as 'stigmatization from family', stigmatization from community', 'social withdrawal from the community', 'social rejection by the community', 'felt rejected by friends', 'felt rejected by partner', 'felt running from home', 'unable to enjoy normal day to day activities', 'withdrawal from church activities (see table.6).

Stigmatization from family:

It is indicated that nearly half of the respondents (43.8%) reported that they experienced 'Stigmatization from the family' during their adolescent pregnancy, followed by less than one-third respondents who never experienced and one-fourth respondents (25%) often experienced stigmatization from family.

Stigmatization from community:

According to the table, the majority of respondents (68.8%) never experienced stigmatization from the community, while less than one-third (31.3%) sometimes faced it.

Social withdrawal from the community:

Regarding social withdrawal, the table shows that more than half of the respondents (56.3%) sometimes experienced social withdrawal from the community, while less than one-third of the respondents (31.3%) often experienced social withdrawal from the community and the rest 12.5 percent never faced social withdrawal from the community.

Social rejection by the community:

The data reveals that over two-third of the respondents (68.8%) have never experienced social rejection from their community. In contrast, 18.8 percent reported facing social rejection occasionally, while a smaller portion, 12.5 percent, often felt rejected by the community.

Felt rejected by friends:

It is observed that half of the respondents (50%) never felt rejected by friends, while more than one-third (37.5%) sometimes felt rejected, and the remaining 12.5 percent often felt rejected by friends.

Felt rejection by partner:

The data presented in the above table shows that more than half of the respondents (56.3%) never felt rejected by their partner. Additionally, over one-third of the respondents (37.5%) sometimes felt rejected, while the remaining 12.5 percent reported that they often felt rejected by their partner.

Felt running from home:

Adolescent pregnancy is a significant concern in Mizo society, with 12.7% of girls aged 15-19 experiencing unplanned pregnancies (NFHS-5, 2019-21). Running away from home is a common coping mechanism among adolescents facing unplanned pregnancies. This analysis explores the reasons and implications of feeling forced to flee home. According to the table, it is observed that half of the respondents (50%) sometimes felt like running away from home, while one-third (31.3%) never felt this way. The remaining 18.8 percent often felt the urge to run from home.

Unable to enjoy normal day to day activities:

The inability to enjoy normal day-to-day activities can significantly impact an individual's quality of life. This analysis seeks to understand the underlying reasons and

implications of this phenomenon. [[[[More than half of the respondents (62.5%) indicated that they sometimes struggle to enjoy normal day-to-day activities. Meanwhile, 18.8 percent reported that they often have difficulty in enjoying day-today activities whereas the remaining respondents (18.8%) mentioned that they rarely face this issue.

Withdrawal from church activities:

The Mizo society, predominantly Christian, has long valued active church involvement as a cornerstone of community life. However, alarming trends reveal a noticeable decline in participation among some members. This analysis seeks to uncover the underlying reasons for this shift and its potential implications, emphasizing the need for a deeper understanding of this critical issue The table shows that half of the respondents (50%) reported that they often withdraw from church activities while pregnant, which is followed by less than one-third respondents (31.3%) who never withdraw from church activities, and the remaining respondents (18.8%) reported that they sometimes withdraw from church activities.

Table No.6: Sociological Challenges (Mode)

Sociological Challenges		**Frequency**	**Percent**
Stigmatization from family	Never	5	31.3
	Sometimes	7	43.8
	Often	4	25.0
Stigmatization from Community	Never	11	68.8
	Sometimes	5	31.3
	Often	0	0
Social withdrawal from the community	Never	2	12.5
	Sometimes	9	56.3
	Often	5	31.3
Social rejection by the community	Never	11	68.8
	Sometimes	3	18.8
	Often	2	12.5
Felt rejected by friends	Never	8	50.0
	Sometimes	6	37.5
	Often	2	12.5
Felt rejection by partner	Never	9	56.3
	Sometimes	5	31.3
	Often	2	12.5

Felt running from home	Never	5	31.3
	Sometimes	8	50.0
	Often	3	18.8
Unable to enjoy normal day to day activities	Never	3	18.8
	Sometimes	10	62.5
	Often	3	18.8
Withdrawal from church activities	Never	5	31.3
	Sometimes	3	18.8
	Often	8	50.0

Source: Computed

Table No.7: Sociological Challenges (Mean)

Sociological Challenges	**N**	**Min**	**Max**	**Mean**	**Std. D**
Stigmatization from family	16	1.00	3.00	1.9375	.77190
Stigmatization from community	16	1.00	2.00	1.3125	.47871
Withdrawal from the community	16	1.00	3.00	2.1875	.65511
Social rejection by the community	16	1.00	3.00	1.4375	.72744

Source: Computed

Out of the sociological challenges, 'withdrawal from the community' (2.18) and 'withdrawal from church activities' (2.18) are found to be the most challenge faced by the respondents. Which was followed by 'Unable to enjoy normal day-to-day activities' with a mean score of (2.00) and 'stigmatization from family' with a mean score of (1.93).

4. Coping Style

Coping style refers to the unique ways individuals manage stress or difficult emotions. The present study assessed coping style of the respondents to cope with psycho-social challenges based on the eight common coping style of psycho-social challenges among adolescent including Ventilation, seeking spiritual support and relief, seeking professional help, drugs & alcohol, self-isolation, goals setting, education & resources, and run away with partner (see table. 8).

Ventilation:

It is observed from the table (5) that Great majority of the respondents (87.5%) usually use Ventilation (Expression to someone) as their one of the coping styles to their psycho-social challenges, whereas the remaining respondents (12.5%) never ventilated.

Seeking Spiritual support and Relief:

It is learnt from the data that 'Seeking spiritual support & Relief" is the common style of coping their psycho-social challenges for great majority of the respondents (81.3%), whereas the remaining respondents (18.8%) reported that they never seek spiritual support & relief as their coping style.

Seeking Professional Help:

From the present study all the respondents (100%) do not seek professional help for coping style.

Drugs and Alcohol to avoid Stressor*:*

The use of drugs and alcohol as coping mechanism for stress is a concerning trends. It is observed that more than two-third of the respondents (68.8%) used drugs and alcohol to avoid stressor while more than one- third of the respondents (31.1%) don't used substance use for coping style.

Self- Isolation:

Self- Isolation has become a pervasive issue in modern society. The present study found out that the respondents (31.3%) used self- Isolation for coping style while

the remaining more than two- third of the respondents (68.8%) do not used selfisolation for their coping style.

***Goal Setting**:*

This analysis examines the effectiveness of goal-setting strategies in achieving personal objective. It is observed from table no. 5 that more than half of the respondents (62.5%) used goal setting as their coping style whereas more than onethird of the respondents (37.5%) don't use goal-setting as their coping strategies.

***Educational and Resources**:*

It is learnt from the data that half of the respondents (50%) used education and resources for their coping style like tailoring and baking and other services available, while other half of the respondents (50%) don't use education and resources for coping style.

***Run away with partner**:*

The present study found out that half of the respondents (50%) run away with their partner to avoid stressor and difficult emotion as it is their one of the coping styles, while the rest half of the respondents (50%) don't run away with their partner for their coping techniques**.**

It can be deduced that among the typical coping mechanisms for the psychosocial difficulties of adolescent pregnancy. The most popular coping strategy among the respondents in this study to deal with psycho-social difficulties is venting to someone (87.5%), while the second most popular strategy is seeking spiritual support and relief (81.3%).

Table. 8: Coping Style

S/N			Frequency (N=16)	Percent
I	Ventilation (Expression to someone)	Yes	14	87.5
		No	2	12.5
II	Seeking Spiritual support & Relief	Yes	13	81.3
		No	3	18.8
III	Seeking Professional help	No	16	100
IV	Drugs & Alcohol to avoid stressor	Yes	11	68.8
		No	5	31.3
V	Self-Isolation	Yes	5	31.3
		No	11	68.8

VI	Goal setting	Yes	10	62.5
		No	6	37.5
VII	Educational & Resources	Yes	8	50
		No	8	50
VIII	Run away with Partner	Yes	8	50
		No	8	50

Source: Computed

CHAPTER - V CONCLUSION

The conclusion chapter highlights the key findings, provides actionable recommendations, and effectively encapsulates the overall insights gained from the research.

1. Major findings:

Major findings in this study is classified into Profile of the respondents, Psychological Challenges, Sociological Challenges and Coping style of the respondents.

1. ***Personal Profile:***
   - Majority of the respondents are belonging to late adolescent (68%) which is age between 19-21 years.
   - Nuclear family is found to be the most common type of family.
   - Small size of family (1-5 members) is found to be the most common size of family.
   - Majority that is 75 percent of the respondents belonging to stable family.
   - Great majority of the respondents (81%) are owned their house.
   - Half of the respondents (50.0%) educational qualification is High School.
2. ***Family Economic Background:***
   - Great Majority (87.5%) belonging to Economic Status of Priority Households (PHH).
   - It is also found that all the respondents have only one member having regular income in the family.
   - Family primary occupation is found to be government service and daily labour (31.3% each).
   - Majority of the respondents monthly household income falls under Rs. 10,000-Rs.20,000,
   - Half of the respondents have no debt (50%).
   - More than half of the respondents have their Owned Personal Bank Account.
   - Great majority of the respondents (87.5%) are without any job.
3. ***Psychological Challenges:***

The total mean score of all the indicator (1.81) for Psychological Challenges clearly demonstrates that the respondents in this study have faced significant

psychological challenges (Depression **1.81**, Anxiety **1.81**, Self-Isolation **1.81**) during their adolescent pregnancies. This score, interpreted within the context of the research, signifies a high level of psychological distress that required attention and support.

4. ***Sociological Challenges:***

Among the various sociological challenges faced by respondents, "withdrawal from the community" (mean score: 2.18) and "withdrawal from church activities" (mean score: 2.18) emerge as the most pressing issues. These factors significantly hinder social engagement and personal growth. Following these challenges, respondents also reported "inability to enjoy normal day-to-day activities" with a mean score of 2.00 and "stigmatization from family" with a mean score of 1.93, both of which underscore the urgent need for support and intervention in these areas.

5. ***Coping Style:***

The following are the most common coping styles of adolescent pregnancy to Psycho-social challenges:

- *Ventilation*- venting to someone stands out as the most embraced strategy, utilized by 87.5% of respondents.
- *Seeking spiritual support and relief* is found to be the second most coping style used by the respondents.
- *Used of Drugs & Alcohol* to avoid stress is found to be another coping style used by the respondents.
- *Goal setting* is also found to be one of the common coping styles of the respondents to cope with psycho-social challenges.

2. Suggestions:

Some suggestions to address Psycho-Social challenges of adolescent pregnancy include:

i. *Health Education*- A comprehensive health education program can empower adolescents by raising awareness about the challenges of teenage pregnancy and equipping them with effective prevention strategies. ii. *Family planning services*- Family planning services in schools can empower young people by addressing their needs, ensuring that education and opportunity flourish even amidst challenges like adolescent pregnancy.

iii. *Mental health services*- Personalized mental health services in schools, communities, and healthcare environments are essential for enhancing the well-being of both mothers and children.

iv. *Supportive environment*- Fostering supportive environments both in family and community is essential in addressing the challenges of adolescent pregnancy and enhancing social well-being.

v. *Parental communication*- Parents can inspire open conversations about sex and family planning with their children, overcoming feelings of embarrassment, uncertainty, and concerns about promoting early sexual activity.

vi. *Educate Adolescent to seek professional services*- available in their area is another great concern of this study.

vii. *Awareness*- Better flow of information among adolescent about bad consequences of using drugs and alcohol as a coping style to psycho-social challenges.

viii. *Social Work Intervention*- As part of suggestions, the present study observed the possible social-work intervention at the level of micro (Casework, family etc) and Mezzo (community).

3. Conclusion:

The present study attempts to highlight the psychosocial challenges among adolescent pregnant in Lunglei, District.

On the basis of present study, the findings clearly indicate that the respondents faced significant psychological and sociological challenges during their adolescent pregnancies. The psycho-social impacts of adolescent pregnancy highlight the importance of early intervention, education, and empowerment, enabling adolescents to navigate this critical life event and build a brighter future. Examining the psychological and sociological challenges faced by adolescents is crucial because it can enhance their mental health, boost academic performance, and improve overall well-being. In addition, coping styles play a significant role in helping adolescents manage challenges, lower the risk of depression, and enhance overall life satisfaction. Various coping styles can either amplify or mitigate stress responses, thereby influencing the connection between stress and depression. Positive coping strategies, such as problem-solving and seeking support, can alleviate stress and are associated with a decrease in depressive symptoms.

ANNEXURES

Annexure-1: Reference:

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Annex-II: Tools

Title: Psycho-social Challenges faced by Pregnant Adolescent: A study conducted in Lunglei, Mizoram

I. Personal Information:
Schedule No: ……

(Tick (√) the most appropriate option)

1. Name (Optional) :

2. Age : …… Years

3. Religion : 1. Christian 2. Hindu 3. Muslim

4. Community : 1. ST 2. SC 3. General 4. OBC

5. Physically Handicapped : 1. Yes 2. No

6. Type of Family : 1. Nuclear 2. Extended 3. Single Parent

7. Size of Family : …… Number

8. Form of Family : 1. Stable 2. Broken 3. Reconstituted

9. Ownership of house : 1. Owned 2. Rented

10. Parent's Educational Qualification : Father Mother

11. Number of siblings : …… Number

12. Level of education …….

II. Economic background:

(Tick (√) the most appropriate option)

Sl. No Variables Response

1. Family Economic Status : 1.AAY 2. PHSS 3. Non-NFSA

2. No. of family member having regular income : ……. Numbers

3. Family Primary Occupation : 1. Govt. Servant 2. Business

3. Daily Labour 4. Agriculture

5. Any other (Specify) ……

4. Monthly/Annual household Income (All source) : Rs ……..

5. Family Indebtedness : 1.No debt 2. Bank 3. Money Lander

4.Other financial Institution

6. Saving Money/ Savings Scheme : 1.No saving 2. Self-savings 3. Bank 4. Insurance 5. Post Office Savings

6. Any other (Specify) ……..

7. Owned Personal Bank Account : 1. No personal Bank Accnt 2. Saving Acnt.

3. Fixed deposit Acnt 4. Joint Acount

5. Any other (Specify) …….

8. Employment Status : 1. Employed 2. Unemployed

9. Name of Job : If yes, Please specify ……

10. Nature of employment : 1. Private 2. Govt. 3. Self-Set up 4. Online

III: Psychological Challenges

Response Key: 1= Never, 2= Sometimes, 3= Often