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Research Article

Adolescent Pregnancy is a Serious Social Problem

Abstract

According to official data of World Health Organization, every year, an estimated 21 million girls aged 15 to 19 years, and 2 million girls aged under 15 years become pregnant in developing regions. Approximately 16 million girls aged 15 to 19 years and 2.5 million girls under 16 years give birth each year in developing regions. Complications during pregnancy and childbirth are the leading cause of death for 15 to 19 year-old girls globally. Every year, some 3.9 million girls aged 15 to 19 years undergo unsafe abortions. Adolescent mothers (ages 10 to 19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20 to 24 years, and babies born to adolescent mothers face higher risks of low birth weight, preterm delivery, and severe neonatal conditions than those born to women aged 20 to 24 years.

Introduction

The global adolescent birth rate has declined from 65 births per 1000 women in 1990 to 47 births per 1000 women in 2015 [1]. Despite this overall progress, because the global population of adolescents continues to grow, projections indicate the number of adolescent pregnancies will increase globally by 2030, with the greatest proportional increases in West and Central Africa and Eastern and Southern Africa.

Additionally, regional differences reveal unequal progress: adolescent birth rates range from a high of 115 births per 1000 women in West Africa to 64 births per 1000 women in Latin America and the Caribbean to 45 births per 1000 women in South-Eastern Asia, to a low of 7 births per 1000 women in Eastern Asia. There are also up to three times more adolescent pregnancies in rural and indigenous populations than in urban populations.

Adolescent pregnancies are a global problem that occurs in high, middle, and low income countries. Around the world, adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities.

For some adolescents, pregnancy and childbirth are planned and wanted. In some contexts, girls may face social pressure to marry and, once married, to have children. Each year, about 15 million girls are married before the age of 18 years, and 90% of births to girls aged 15 to 19 years occur within marriage.

Sexual relationships

Adolescents face barriers to accessing contraception including restrictive laws and policies regarding provision of contraceptive based on age or marital status, health worker bias and/or lack of willingness to acknowledge adolescents' sexual health needs, and adolescents' own inability to access contraceptives because of knowledge, transportation, and financial constraints. Additionally, adolescents face barriers that prevent use and/or consistent and correct use of contraception, even when adolescents are able to obtain contraceptives: pressure to have children; stigma surrounding non-marital sexual activity and/or contraceptive use; fear of side effects; lack of knowledge on correct use; and factors contributing to discontinuation (for example, hesitation to go back and seek contraceptives because of negative first experiences with health workers and health systems, changing reproductive needs, changing reproductive intentions).

In some situations, adolescent girls may be unable to refuse unwanted sex or resist coerced sex, which tends to be unprotected. Sexual violence is widespread and particularly affects adolescent girls: about 20% of girls around the world experience sexual abuse as children and adolescents. Inequitable gender norms and social norms that condone violence against women put girls at greater risk of unintended pregnancy.

Prevention of adolescent pregnancy

More young people of diverse demographic characteristics are having sexual relations at younger ages; they have more

options for preventing pregnancy; they have more alternative pregnancy resolutions; and fewer marry to legitimize a non-marital birth while choosing to become a parent [2]. As the likelihood of a teenager having sex and of a pregnant teenager who bears a live infant becoming a single mother each have grown over the years, social work and other social science researchers have changed their understanding of teen pregnancy and parenthood.

Sexuality is a dynamic concept and is about much more than sexual activity and sexual orientation alone [3]. It includes what being male or female means to us and how we express our gender; how we feel about our bodies, about our appearance and about physical pleasure; whom we are attracted to and what we choose to do about it; and, if we have intimate relationships, how we behave with our partners. Our ability to reproduce comes from our sexual behavior and our feelings about our sexuality and sexual identity can be deeply affected by our sense of our own fertility.

Because it appears that a disproportionate number of the women who abandon or kill their newborns are young, the problem must be considered alongside the larger issues of teen pregnancy and adolescent sexuality [4]. Teenage pregnancy rates in the United States dropped almost 30 percent in the 1990s; the most recent data suggest that both teenage pregnancy and birthrates are at an all-time low. Still, teen pregnancy is not an uncommon occurrence. The United States has the highest rates of teen pregnancy and birth in the western industrialized world. Each year, around 750,000 women and girls between 15 and 19 years of age become pregnant; more than one-half will give birth, and nearly one-third will have an abortion.

A major reason for the decline in teen pregnancy is that contraceptive use has increased. Contraception and abortion became more readily available in the mid-1960s and 1970s, breaking the link between sex and reproduction. Now women, like men, could choose whether or not to become a parent and could engage in sex solely for pleasure without the looming fear of unwanted pregnancy. At around the same time, comprehensive sex education in schools began to shift away from preparing adolescents for marriage and parenthood and discouraging premarital sex. Sex educators began to treat marriage as one context among many in which sex could take place. A focus emerged on teaching young people how to manage the “risks” of sex, driven in part by concern about HIV/AIDS and a perceived crisis in teenage pregnancy.

Adolescent pregnancy is in part the failure of society, the home, school, church, and health community to adequately teach sex education. Prevention begins with understanding and knowledge [5]. People are particularly sensitive and defensive about sex education. The physical body, attitudes, and powerful feelings aroused particularly in adolescence need to be discussed in the home and in the schools from the earliest time of a child’s education. Sexual feelings are neither bad nor good. They are a part of the very essence of our being as are our sciences, history, philosophy, and fine arts.

Contraception

Teens in the United States hear mixed messages about sexuality from the people and institutions around them [6]. These norms focus on different sexual behaviors, like sex, contraception, abortion, or pregnancy. But sexuality norms coming from the same people are often internally conflicting, too. People communicating a practical rationale may say, “Don’t have sex, but use contraception.” The moral rationale is equally contradictory, saying, “Don’t have an abortion, but don’t become a teen parent.” Metanorms about how to treat teen parents are also inconsistent, often encouraging teens both to shun and to support them.

Even though sexuality norm sets are internally contradictory, they are still social norms, which means that people who violate them experience social sanctions. It’s clear from interviewees that families, peers, schools, and communities all strategize to control teens’ behaviors and bring them in line with their particular norm sets. Their norm enforcer strategies are different depending on the power they have over teens, but young people feel this control keenly and work to achieve their own goals while avoiding sanctions.

The ideal contraceptive would be 100% effective, free of all side effects, completely reversible, and independent of sexual intercourse [7]. It would also be inexpensive and easily available without the need for medical or nursing involvement. No such contraceptive yet exists and all the currently available methods involve some degree of compromise. For some couples, the prevention of a pregnancy may not be the most important consideration and they may therefore be content to use a less effective contraceptive that has the advantage of fewer side effects. It should also be remembered that some forms of contraception may not be acceptable because of cultural or religious beliefs.

Throughout the long history of finding ways to control fertility, strong moral sentiments, religious beliefs, legal constraints, and gender relations often limited the provision of advice and methods of birth control [8]. Victorian values, sexual prudishness, moral objections to birth control, and political gamesmanship often made it difficult or impossible to obtain and use safe and effective contraception. In addition to the religious and moral beliefs limiting the availability of contraception, economic barriers also prevented (and to a certain extent still prevent) many women from obtaining safe and effective methods of birth control.

Health results of teen pregnancy

Teenage parenthood is perceived to be both a cause and consequence of social exclusion [9]. Teenage parents are more likely to be unemployed, live in poverty, and to give birth to low birth-weight babies, who as toddlers are likely to be at increased risk of childhood accidents. This link with social exclusion means that teenage parents are themselves likely to be in poorer health, have poorer access to health and social support and experience poorer health outcomes for themselves and their babies. While some teenagers view their pregnancy

as positive and fulfilling, others reveal negative consequences. Research reveals that young parents experience poorer health and social outcomes, which is linked to inadequate access to appropriate care and support.

In the professional and medical sense, adolescent pregnancies represent risky pregnancies [10]. Physical and mental growth and maturity of personality are not completed. There is an increased risk of abortion, premature delivery, fading growth, gesture development. These pregnant women are, as a rule, weakly controlled because very often pregnancies are hidden from the ambience. This group is known for its high incidence, conditionally, sexually opposed diseases. The most common infections are Chlamydia trachomatis, human papillomavirus, Mycoplasma, Trichomonas vaginalis. These infections can increase the risk of abortion and premature birth. So young a body, along with uncompleted physical growth, is additionally difficult to adapt to the new needs that require pregnancy. The uterus did not reach its full "maturity", which increases susceptibility to infections. Increased blood vessel loading may lead to gestational development, a condition of mother and child risk, with increased blood pressure and child growth lag behind. The loading of the gland with internal digestion can lead to sugar metabolism disorders, with accelerated growth of an immature child. Prematurely increased skeletal load can result in permanent deformities of the musculo-skeletal apparatus. All this can lead to a pathology of birth, with the greater need for operational endings of pregnancy.

The risks of early pregnancy are numerous. Every day at least 1,600 mothers die worldwide from complications of pregnancy or childbirth—the equivalent of four jumbo jets crashing every day with no survivors [11]. At least 99% of maternal deaths take place in the developing world. Nearly half of all deliveries in developing countries take place without the help of a skilled professional. Less than one-third of new mothers get postnatal care, even though most maternal deaths occur soon after childbirth. And for each death between 30 and 100 more women suffer short- or long-term illnesses related to pregnancy and childbirth. Teenage girls by and large bear the burden: Eleven percent of all births (15 million a year) are to adolescent girls. Moreover, girls aged 15 to 19 are twice as likely to die from childbirth as women in their 20s. Girls under age 15 are five times more likely to die from childbirth.

Adolescent maternal mortality and morbidity represent a substantial public health problem at the global level [12]. Adolescents who are 15–19 years of age are twice as likely to die during pregnancy or childbirth compared to women over 20 years of age; adolescents under 15 years of age are five times more likely to die during pregnancy or childbirth. An estimated 2.0–4.4 million adolescents in developing countries undergo unsafe abortions each year. Additionally, adolescent mothers are more likely to have low birth weight babies who are at risk of malnourishment and poor development. Infant and child mortality is also highest among children born to adolescent mothers.

Adolescent pregnancy is a serious medical and public health problem. Modern approach to prevention through education,

warning, learning about methods of contraception through schools, the media and of course the Internet is needed. The aim is to increase the usability of all contraceptive methods, especially hormone, in the form of a pill or patch.

Social consequences of adolescent pregnancy

Adolescent pregnancy can also have negative social and economic effects on girls, their families and communities. Unmarried pregnant adolescents may face stigma or rejection by parents and peers and threats of violence. Similarly, girls who become pregnant before age 18 are more likely to experience violence within marriage or a partnership. With regards to education, school-leaving can be a choice when a girl perceives pregnancy to be a better option in her circumstances than continuing education, or can be a direct cause of pregnancy or early marriage. An estimated 5% to 33% of girls ages 15 to 24 years who drop out of school in some countries do so because of early pregnancy or marriage.

Based on their subsequent lower education attainment, may have fewer skills and opportunities for employment, often perpetuating cycles of poverty: child marriage reduces future earnings of girls by an estimated 9%. Nationally, this can also have an economic cost, with countries losing out on the annual income that young women would have earned over their lifetimes, if they had not had early pregnancies.

Life ambience and adolescent pregnancy

Laws and policies can create an enabling environment for the promotion and protection of health, including sexual health and the prevention of EUP (Early and unintended pregnancy), but they also may pose barriers, particularly for young people in terms of accessing education and health services, leading to detrimental consequences for sexual health, including EUP [13]. It is important to develop and implement specific policies that codify the rights of adolescents to continue their education regardless of whether they are pregnant and/or parenting. Such policies also need to address the practical support necessary to allow parenting girls to return to school – for example, through the provision of cash transfers to girls or by providing child care – and consequently require allocated budgets to support their implementation. This should then be reflected in national policies, and within individual schools' policies, with efforts to inform pregnant and parenting adolescents of their right to continue their education and initiatives to sensitise and train school principals/ administrators, teachers, and school authorities about the needs of pregnant and parenting girls, as key components of the policy implementation process. Finally, data should be collected to monitor the implementation and adherence of these national policies at school level.

Termination of pregnancy

According to some, abortion is a matter of a woman's right to exercise control over her own body [14]. Moralists who judge actions by their consequences alone could argue that abortion is equivalent to a deliberate failure to conceive a child and, since contraception is widely available, abortion should be too.

Some think that even if the fetus is a person, its rights are very limited and do not weigh significantly against the interests of people who have already been born, such as parents or existing children of the family. The interests of society at large might outweigh any right accorded to the fetus in some circumstances, such as if, for example, overpopulation or famine threatened that society. In such cases, abortion might be seen as moving from a neutral act to one which should be encouraged.

Such an attitude about the termination of pregnancy of an adult woman respects her opinion of this complex problem. The question is what to do when an adolescent pregnancy occurred, what rights an adolescent pregnant girl has. The following important questions are asked in front of pregnant girl:

- Continue to pregnancy and keep baby
- Continue to pregnancy and give baby to adoption when it is born
- Termination of pregnancy

Most adults have the capacity to make complex decisions by strategically allocating their mental energy toward finalizing their decision [15]. This is important given the time-limited window for making a decision to terminate a pregnancy. However, much controversy surrounds the cognitive ability of adolescents to make similar decisions. Thus, the counselor or therapist working with an adolescent who announces her pregnancy has even more of a responsibility to assure that the adolescent is capable of making such a difficult decision. Although there has been a trend to grant adolescents some limited legal rights, for example, in adjudicating juvenile criminal actions, the opposite trend has been witnessed in adolescent abortion cases where minors are required to obtain permission from or notify at least one parent or else be prepared to justify their secrecy by going before a judge in a special bypass procedure. Despite the testimony of psychologists about adolescent competence to make such decisions, the legal field has supported parental notification as a minimum standard. It appears that public policy differs from scientific knowledge in this case.

Conclusion

Approximately 16 million girls aged 15 to 19 years and 2.5 million girls under 16 years give birth each year in developing regions. These are the figures that worry, and when teenagers engage in sexual relationships, they do not think about the consequences. The consequences for health can be terrible. Therefore, it is necessary to invest much in the prevention of

reproductive health. Prevention should not only be directed at preventing sexually transmitted diseases and preventing pregnancy in adolescence because it should be geared towards adopting attitudes about responsible sexual behavior. This primarily refers to the delay in the beginning of the sexual life of young people because too early accession into sexual relationships can seriously harm the health.

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