

Social issues of teenage pregnancy

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Abstract

The UK has the highest rate of teenage pregnancies in Western Europe and within the UK higher rates are found amongst women who live in areas of higher deprivation and have other factors such as lower educational achievement or living in state care homes. Teenage pregnancy can be a positive event for some young women. However, there are a number of adverse social outcomes associated with teenage motherhood in the UK, including being more likely to live in poverty, being unemployed or having lower salaries and educational achievements than their peers. Furthermore, children of teenage mothers are more likely to become teenage parents themselves. Strategies to tackle social issues associated with teenage pregnancy need to involve concurrent interventions, including education, skill building, clinical and social support for teenage mothers and contraception services for young people and pregnant teenagers.

Keywords adolescent; social class; social problems; teen; teenage pregnancy

Introduction

The United Nations Children's Fund (UNICEF) defines teenage pregnancy as conceiving between the ages of 13–19 years old. However, in everyday speech the term teenage pregnancy is often used to describe young women who become pregnant when they have not yet reached legal adulthood, the age of which varies across the world. Furthermore, the terms adolescent, young person and child are often used interchangeably with teenager, despite each having different definitions. The UNICEF definition of teenage pregnancy will be used for this article. Globally, around 16 million teenage women give birth each year, accounting for around 11% of all births. Over 90% of these deliveries occur in low- and middle-income countries and more than half occur in seven countries: Bangladesh, Brazil, the Democratic Republic of Congo, Ethiopia, India, Nigeria and the United States.

The UK has the highest teenage pregnancy and birth rate in Western Europe (see [Figure 1](#)). Throughout most countries in Western Europe, the total fertility rate and number of teenage

births has been decreasing and the age at first birth increasing since the 1970s. In the UK, teenage pregnancy and birth rates were high compared to the rest of Europe and remained relatively static until the late 1990s. However, since then, the rate has been steadily declining. In England and Wales, the under 18 conception rate reached an all time low level at 27.9 conceptions per 1000 women aged 15–17 years in 2012 since the rate first started being recorded in 1969 (see [Figure 2](#)). The teenage pregnancy rate in Scotland has shown a similar trend and coincidentally in 2012 had exactly the same rate as England and Wales. Across the UK the abortion rate for under 18 year olds has also been decreasing since 2003, from 18.2 to 11.7 per 1000 women under 18 years in 2013. It is important to note that teenage pregnancy rates only include live births, stillbirths and abortions. Miscarriages, which may account for up to 25% of all pregnancies, are not included. In Northern Ireland, where termination of pregnancy is illegal except to save the woman's life or prevent long term or permanent physical or mental harm to the woman, statistics are presented in terms of birth rates as opposed to conception rates; the teenage birth rate in 2012 was 18 per 1000 women under 20 years.

Whilst teenage motherhood can be a positive experience for some young women, in the UK it is often associated with poor social and health outcomes for mother and child. These associations remain after adjusting for pre-existing social, economic, and health problems. Teenage pregnancy is therefore often both a marker of social and economic disadvantage at a young age and a cause of further disadvantage, emotional and physical health problems.

Globally, complications of pregnancy and childbirth are the second highest cause of death amongst teenagers. Furthermore, whilst teenage deliveries account for 11% of all births worldwide, they account for 23% of the overall burden of disease in disability adjusted life years (DALYs) attributed to pregnancy and childbirth. Maternal mortality is higher amongst teenagers than women aged 20–24 years worldwide. However, this varies between countries and globally the risk of teenage maternal mortality is less than for women aged over 30 years. [Box 1](#) outlines adverse health outcomes associated with teenage pregnancy. This paper will now focus on the social issues associated with teenage pregnancy.

Social issues increasing the risks of teenage pregnancy

A number of social factors have been associated with an increased risk of teenage pregnancy and teenage pregnancy itself has also been linked to an increased risk of a number of adverse social outcomes. However, teenage pregnancy rates vary significantly between different countries, and similarly the social factors associated with teenage pregnancies also vary. In many countries with the highest rates of teenage pregnancies, it is associated with child and adolescent marriage. In these contexts, teenage childbearing is often an accepted social norm. For example, in Niger, which has the world's highest teenage pregnancy rate and also has the highest rate of child marriage, 87% of women are married before they reach 18 years old and 50% will have had a child by this age.

Within countries, there can be considerable variation in rates of teenage pregnancy and its association with early marriage. In the Indian subcontinent, the majority of teenage pregnancies occur amongst married teenagers in rural areas. However, in

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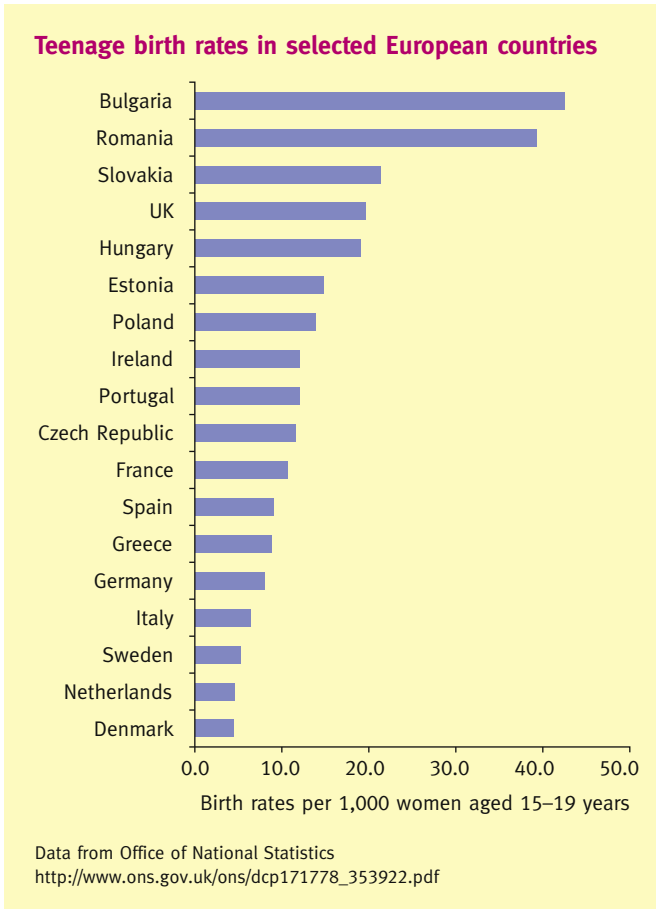


Figure 1

Adverse health outcomes associated with teenage pregnancy

- Young mothers are more likely to suffer from post-partum depression
- Infant mortality is 60% higher
- Infants are more likely to have a lower birth weight
- Infants are more likely to have congenital anomalies in central nervous, gastrointestinal and musculoskeletal/integumental systems

Box 1

urban areas, whilst rates of teenage pregnancy are much lower, a larger proportion of conceptions are amongst unmarried women. A number of risk factors for both early marriage and teenage pregnancy in rural India have been identified including social pressure, poverty and low female education and employment opportunities.

Most high-income countries have low teenage pregnancy rates and the majority of pregnancies are amongst unmarried teenagers. In the UK, 96% of teenage conceptions occur amongst unmarried teenagers. Furthermore, the majority of teenage pregnancies are unplanned. Unplanned pregnancies can often be associated with binge drinking of alcohol amongst teenagers. As can be seen in Figure 1, some European countries have particularly low teenage birth rates compared to others. In the Netherlands and Scandinavian countries the comparatively lower rates of teenage births have been attributed to high levels of contraception use, comprehensive sex education and a culture of openness regarding discussing sexual matters. In other countries

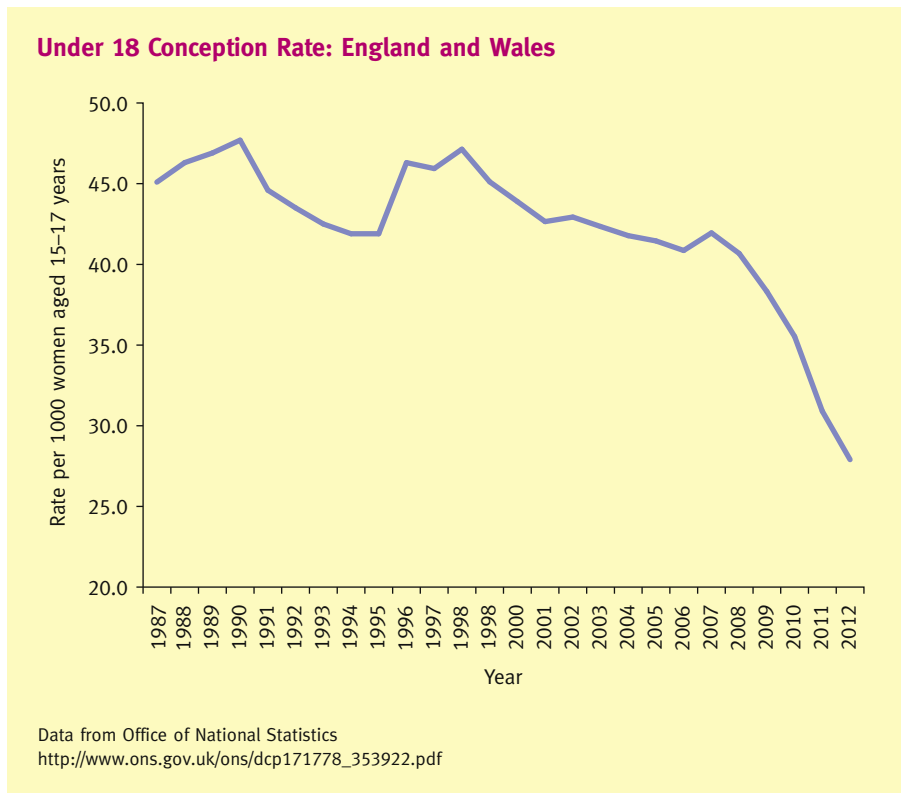


Figure 2

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