

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 with certain social risk factors, such as those who live in areas of higher deprivation. 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; 95% of these occur in low- and middle-income countries.

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 (see [Figure 2](#)). In England and Wales, the under 18 conception rate reached an all time low level at 21.0 conceptions per 1000 women aged 15–17 years in 2015. Approximately 50% of these conceptions continue to term and half result in induced abortion. The teenage pregnancy rate in Scotland has shown a similar trend and the under 18 conception rate was 20.1 per 1000 women in 2015. In Scotland, England and Wales, the teenage abortion rate has been steadily declining since 2008. 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 2014 was 10.3 per 1000 women under 20 years. This was the lowest rate on record.

In the UK, teenage pregnancy is often associated with poor social and health outcomes for mother and child. 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 in the UK. 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. Teenage pregnancy in the UK 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. 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 (201/1000 women under 20 years) and also 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.

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

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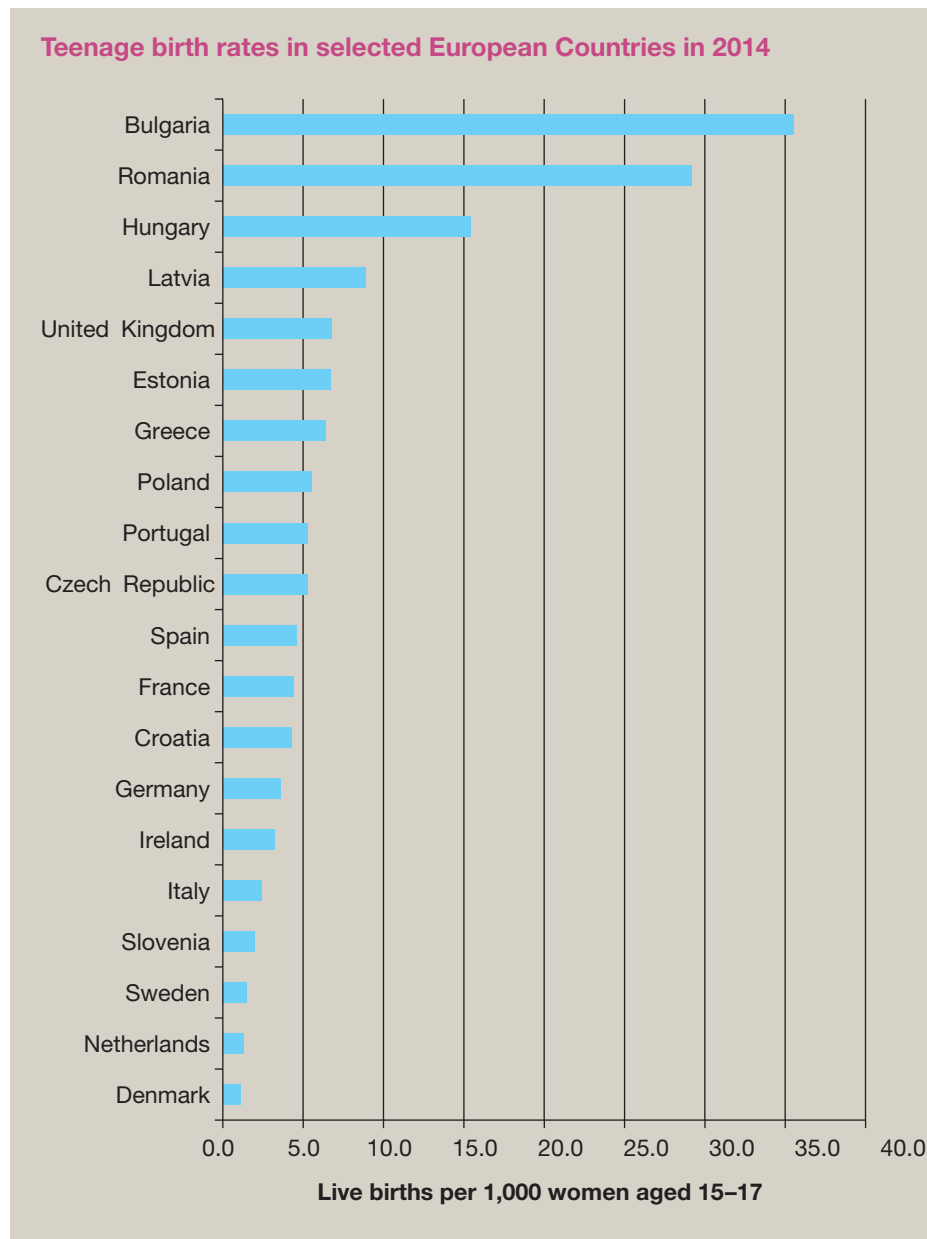


Figure 1

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 such as Spain and Italy, it has been attributed to socially conservative traditional values that stigmatize unmarried teenage mothers. However, this can be seen as a rather simplified view of why rates of teenage pregnancies are low in these countries, and there are likely a number of social factors at play. The different importance of these factors has been the subject of much debate.

There has correspondingly been much debate as to why the teenage pregnancy rate and particularly the number of unplanned pregnancies in the UK are so high and numerous arguments as to which factors have been most instrumental in the

decrease in teenage pregnancies. Early coitarche has been shown to be associated with an increased risk of teenage pregnancy in the UK. When compared to the Netherlands, however, despite approximately the same numbers of under 16s admitting to being sexually active (around one third), Dutch teenagers are much more likely to use reliable contraception from the beginning of their sexual lives. Between 8% and 22% of teenagers in the UK use no contraception at their first intercourse, and this is higher for those under 16 years old. Moreover, of those who do use contraception, many use less reliable methods.

Within the UK, some groups of teenagers have higher rates of teenage pregnancy than others; social factors that appear to be associated with increased rates of teenage pregnancy within the UK are summarized in [Box 2](#). Poverty and social deprivation are highly associated with teenage pregnancy rates and the outcomes from teenage pregnancies. Social deprivation is a

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