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# Social and Medical Implications of Teenage Motherhood

Laura FLORESCU<sup>1</sup>, Oana Raluca TEMNEANU<sup>2</sup>, Dana Elena MINDRU<sup>3</sup>

## Abstract

Adolescence is an age segment exposed to high risk of complications during pregnancy, at birth and during the postnatal period both for the young mother and for the child. The complications associated with teenage pregnancy include premature birth, low birth weight and infant mortality. Teenage girls are physiologically, psychologically and socially unprepared to have children, as they are unable to make informed decisions about their health and their child's health. In addition, the lack of family and social support commonly leads to newborn abandonment. Although teenage girls have the right to continue their education during pregnancy and after birth, unfortunately, many of them abandon school after becoming mothers, which causes professional and financial failure, with implications both at an individual level and within the community. Recent studies in the Anglo-Saxon literature reveal that teen abortion is a risk factor for premature birth, breast cancer and depression. Young women should be informed about the risks of abortion, regardless of their decision on the evolution of their pregnancy. Young mothers can rarely have a sustainable couple with the child's father, which results in socio-psychological repercussions on them. To limit the phenomenon of teenage motherhood, it is compulsory that young people benefit from a more effective education within the socio-educational family setting.

*Keywords:* teenage mother, social support, low birth weight, abandon, abortion.

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## Introduction

Adolescence is the period of biological, psychological and social transition from puberty to maturity. The period of time required for this transition differs slightly from one individual to another and it depends on several factors, such as gender (generally speaking, girls enter adolescence before boys), the social and cultural environment and others. The World Health Organization (WHO) defines adolescence as the period of time between 10 and 19 years old, but many western countries consider that adolescence starts between 11 to 13 years old for girls and 12 to 14 years old for boys and it ends around the age of 19 for both genders. Nevertheless, the classical adolescence is the period of time between 15 and 18 years old for boys and 14-18 years old for girls.

This period of transition includes changes in the physical body but also in behaviour and in personality. The teenager becomes more and more concerned about his/her own image mirroring himself/herself to the people around him (group of friends, classmates). At the same time, the teenager tends to estrange from the parents, in attempt to be independent and decide for himself/herself. (Wikipedia, Free Encyclopedia). Adolescence is the age of great and crucial experiences, initiated and lived by the teenager for the first time in life. Teenagers go through real crises of identity and existence. Going through these crucial experiences is a must for the teenager's preparation to assume roles and positions as a future adult. For all these, he/she makes decisions and gives definitions for his/her environment, he/she decides and shows to react differently to people in different places, without taking into account the risks he/she takes and the consequences of some of his/her deeds and experiences. (Schifirnet, 2014).

*Physical changes.* Adolescence is characterised by the beginning of genital growth towards maturity, with the development of the gonads (the reproductive organs and glands, ovaries and testicles) and of the secondary sexual characteristics (the exterior signs of the difference between genders). Growth accelerates, especially in girls, later in boys. Voice is changing, the morphology changes according to each gender; (1) In boys, there is noticed an increase in the testicle volume and the length of the penis, with the appearance of the first ejaculations. The muscle mass grows, the shoulders broaden. Later there will be seen the appearance of typically male hairiness; (2) In girls, the uterus and ovaries increase their volume. The menstrual period appears after approximately 2 years since the first sign of breast growth. They develop new shapes (breasts, hips, basin), at the same time with the appearance of female hairiness (Wheeler, 1991).

*Psychological changes.* Adolescence is a period in which conflicts are normal, required for a future equilibrium whose complexity does not align to a series of generalizing lectures. At the same time, adolescence might be seen as a dynamic evolution, finally aiming towards autonomy, identity and sexual adaptation. The

teenager feels the need to evade his own ego, to broaden his interests beyond his family circle. Due to the brake on sexual release for fear of AIDS or fear of being casted away from the family circle, being uncertain about the future career, the teenager nowadays who no longer benefits from the old system of reference, depends even more on a sincere cooperation and dialogue with an adult in order to approach different issues such as contraception (50% of the teenagers have the first sexual contact before 17; between 7 and 10% of the voluntary abortions are done by under-age girls), preventing delinquency, drug addiction, getting AIDS and so on. The teenager needs to talk about happiness and the meaning of life with an adult. Thus, the impetus of the heart and spirit, so deep and rich during this "ingrate age" will have more chances not to disappear once this age is over. (Pickhardt, 2010)

### **Negative Impacts of Teen Childbearing**

Pregnancy in adolescence is a special condition which places the mother in uncommon situations and exposes her to certain risks which adult mother can only rarely face. The causes which lead to pregnancy in teenagers are the following: precarious social and economical condition, mainly among certain ethnic groups, low level of education, early marriage, again especially in case of certain ethnic groups, early and unprotected sex, older partner, abuse, rape, alcohol and drug consumption, the influence of the environment and the media. In September 2014 WHO published another study which showed that approximately 16 million girls aged between 16 and 19 give birth every year; in most cases, the countries they come from have low or average incomes. The complications which appear during pregnancy and at birth represent the second cause of death for the girls aged between 15 and 19 worldwide. The teenagers are physically and psychically unprepared, ostracized by the family members while they actually depend on them (parents and/or partner); the degree of social and professional disruption is high. (WHO, 2014).

The medical consequences of birth during adolescence are great in number: improper conditions for intrauterine growth, difficult birth, low birth weight, prematurity, anemia, high risk of malformations, predisposal to illness, affected psychosomatic development, disabilities in growth and behavior, delays in speech; there have been also noticed emotional dysfunctions – being introvert versus violent as well as compromised education and social and professional accomplishment. The pregnant teenagers, especially if they do not have the support of the family are exposed to the risk of not receiving an adequate prenatal care. The prenatal medical care is critical, especially during the first months of pregnancy. The medical checks and tests aim to detect any problems in both mother and infant, to monitor their growth and this makes possible a quick action from the part of the specialists should any complication appear. (Klein, 2005).

It was not in rare cases that the teenagers ignored or dissimulated pregnancy, appealed to empirical abortion methods or school dropout. The young girls should be informed on all the risks of pregnancy interruption, regardless of their decision on its evolution. Some recent studies from the anglo-saxon literature in the field highlight the fact that the teenagers represent a high risk factor for premature birth in other future pregnancies (Rooney & Calhoun, 2003), for breast cancer (Melbye *et al.*, 1997) and depression (Fergusson *et al.*, 2006); it was also noticed that the teenagers who have induced an abortion present a three times higher risk of suffering from sleeping disorders and 9 times higher of taking marijuana (Coleman, 2006). Every year, approximately 3 million girls aged between 15 and 19 suffer from an abortion induced in unsafe conditions. The children born by under-age mothers face a substantially higher risk to die than those born by mothers aged between 20 and 24 years old. (WHO, 2014; Roth *et al.*, 1998).

### Trends in Teen Pregnancy and Childbearing

World Health Organization accomplished many statistics, some based on region (Table 1), others on the social and economical development of the country (Table 2) regarding the fertility rate in adolescence and consequently regarding the phenomenon of teenage mothers, all this information can be seen in the tables below (WHO, 2011).

Table 1. Adolescent fertility rate - data by country

	Adolescent fertility rate (per 1000 girls aged 15-19 years)
WHO region	2011
Africa	115.9
Americas	62.8
South-East Asia	48.4
Europe	20.2
Eastern Mediterranean	48.4
Western Pacific	13.0
Global	50.1

Table 2. Adolescent fertility rate - data by World Bank income group

	Adolescent fertility rate (per 1000 girls aged 15-19 years)
World Bank income group	2011
Low-income	111.6
Lower-middle-income	52.2
Upper-middle-income	31.7
High-income	19.8
Global	50.1

National Center for Health Statistics quantified the data regarding the birth rate in the United States for the 15 – 19 years old group, during 1990-2013, the results being published in a more detailed study (Figure 1). In 2013, there were 26.5 births for every 1,000 adolescent females ages 15-19, or 273,105 babies born to females in this age group. Nearly eighty-nine percent of these births occurred outside of marriage. The 2013 teen birth rate indicates a decline of ten percent from 2012 when the birth rate was 29.4 per 1,000. The teen birth rate has declined almost continuously over the past 20 years. In 1991, the U.S. teen birth rate was 61.8 births for every 1,000 adolescent females, compared with 26.5 births for every 1,000 adolescent females in 2013. Still, the U.S. teen birth rate is higher than that of many other developed countries, including Canada and the United Kingdom. Teen birth rates differ substantially by age, racial and ethnic group, and region of the country. Birth rates are also higher among Hispanic and black adolescents than among their white counterparts. In 2013, Hispanic adolescent females ages 15-19 had the highest birth rate (41.7 births per 1,000 adolescent females), followed by black adolescent females (39.0 births per 1,000 adolescent females) and white adolescent females (18.6 births per 1,000 adolescent females). Although Hispanics currently have the highest teen birth rates, they have also had a dramatic recent decline in rates. (Martin *et al.*, 2015).

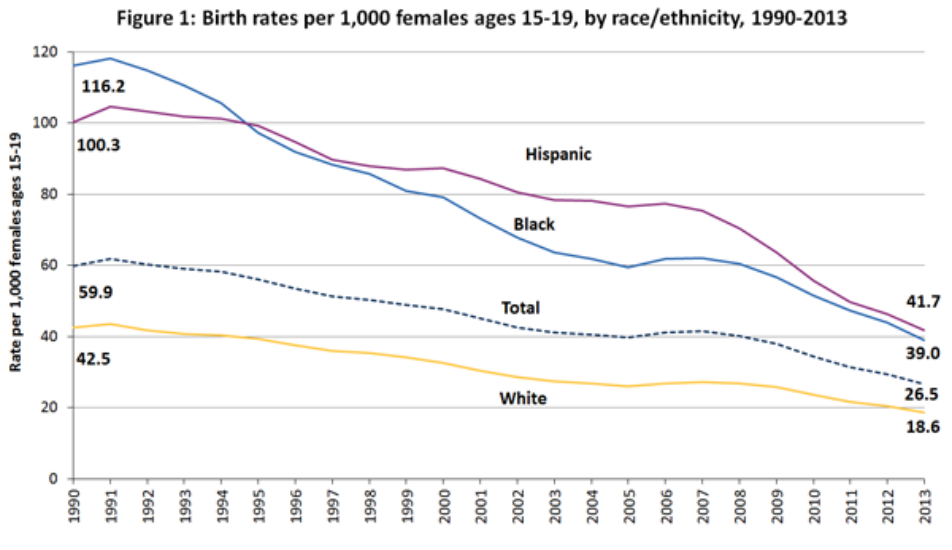


Figure 1. Births: Final Data for 2013

Source: National Center for Health Statistics (2015).

Figure 2 presents the results of a WHO study conducted in 2011, regarding adolescent fertility rate (per 1000 women aged 15-19 years), between 2000-2010.

Adolescent fertility rate (per 1000 women aged 15–19 years), 2000 - 2010

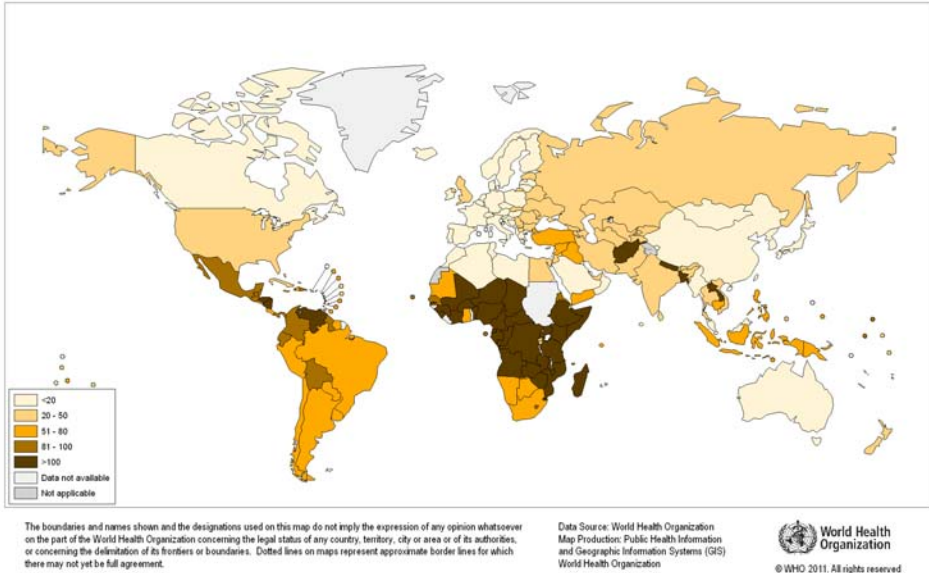


Figure 2. Adolescent fertility rate, 2000-2010

Source: World Health Organization, (2011)

Child marriage is the forced or coerced marriage of a young person under the age of 18. It is illegal in almost all countries as it is recognised, in both international and domestic law, that children are not capable of giving consent to a marriage. In 2014, UNICEF made a study which presented the ranking of the countries presenting the highest percentage of marriages among under-aged and the results are presented in the figure below (Figure 3). According to this UNICEF report, child marriage is most prevalent in South Asia and sub-Saharan African. South Asia is home to nearly half - 42 per cent - of all child brides and Niger has the highest overall prevalence of child marriage in the world. (UNICEF, 2014). Aid organisations like UNICEF have reported that child marriages are slowly declining. Currently one in four young women who are alive today were child brides. This represents a small decrease from the early 1980s where one in three girls were married.

## The 10 countries with the highest rates of child marriage

Percentage of women aged 20 to 49 years who were married or in union before ages 15 and 18, in the 10 countries with the highest prevalence of child marriage



Figure 3. The 10 countries with the highest rates of child marriage

Source: UNICEF - *Ending Child Marriage: Progress and prospects, 2014*

The UNICEF statistics show that Romania comes on the first place in Europe for the number of births registered among teens. To be more precise, “four mothers out of a hundred are younger than 18 when they become mothers”, as *adevărul.ro* relates. It is more serious that our country proves to have a growing trend, Romania being, at the same time, the only country where the number of teen-parents increases every year (*Adevărul*, 2012). Even though the young mothers have the right to continue their education during pregnancy and after birth, most teenagers abandon their studies once they become mothers. Child marriage is associated with lower levels of schooling for girls in every region of the world and is a barrier to international development goals. A lost opportunity for education is not only harmful for girls, but has wide-reaching repercussions for their children and communities. Educating girls creates many positive outcomes for



economic development and poverty reduction by improving a girl's income-earning potential and socio-economic status (International Center for Research on Women, 2007). Child marriage has life threatening consequences for girls. Girls who marry young are often coerced into sexual relationships where early pregnancy puts their physical and mental health at risk. Despite the reality that young girls are not physically or emotionally ready for pregnancy or birth, the overwhelming majority of adolescent mothers in developing nations are married. (Minzee *et al.*, 2013). This is because married girls are frequently expected to bear a child as soon as they wed and often have comparatively less power than older women to negotiate the use of contraception or the number and timing of their children. (Erulkar, 2013).

Married girls usually have their first child at an earlier age than women who marry as adults. They are also much more likely than adult women to experience pregnancy and birth problems (such as fistula and obstructed labour) because their bodies are not yet fully developed or "they have repeated and too closely timed pregnancies". Alarming, pregnancy-related deaths are the leading cause of mortality for girls aged 15-19 globally. Girls under the age of 15 are five times more likely to die in childbirth than women in their twenties. About 50,000 women aged 15- 19 die due to pregnancy-related causes every year (UNFP and the University of Aberdeen, 2004; Raj, 2010). In Romania, starting with 2004-2005 school year a new Ministerial Decree no 4496 / 11.08.2004 entered into force regarding the introduction in the school curriculum of an optional subject entitled Education for Health. The national programme "Education for health in Romanian schools" offers, as a whole, from the perspective of its accomplishment strategy, the development of an educational component which concentrates on health and this should be part of the curriculum as well as part of other different activities outside the school curriculum. This optional subject includes topics such as: Healthy reproduction in the family, Basic Anatomy and Physiology, Personal Hygiene, Work and Rest, Health and the Environment, Mental Health, Healthy Eating, Drug and other Toxic Substances Addiction.

### ***Worrying Statistics***

During the last 5 years, in Romania, not less than 48.712 teens gave birth to children. Out of these, 5 were only 11 years old, 90 were only 12, 609 reached the age of 13, 3.066 – the age of 14, 8.100 turned 15 years old, 14.974 had the beautiful age of 16 and 21.868 were 17 years old. The counties which presented the highest natality among under-age girls were Dolj (490 teen mothers), followed by Mureş (439), Constanţa (349), Braşov (337) and Bacău (346). 9.219 teen girls became mothers in 2013. However, in the same year, more than 8.000 young girls chose to induce abortion and most of these cases were registered in Bucharest, according to the data provided by the National Institute of Statistics in 2014 (Vlad

& Stan, 2014). CHILD HELPLINE -116 111- The Child Helpline Association is a non-governmental, non-profit organization which aims to protect the children against any attempt to breach or invade their rights, against any form of abuse. Their vision: all children deserve happiness. According to this association, ~ 1,111 cases of teen mothers were registered during 2009-2012. In Bucharest, the total number of calls on 116,111 during the first 6 months of 2015 was 60.973 and out of these, 4.267 cases required psychological, social and legal counselling on long term from the specialists working for Child Helpline, offered by the free calls on 116 111,786 cases required the interference of the public institutions approved to work on a local level. In comparison to the same period of time last year, the data base provided by the Child Helpline Association reflects an increase by 60.23% in the number of cases which required long-term counselling.

The number of cases of sexual abuse registered on 116 111 doubled during the first 6 months of 2015 in comparison to the previous year, when there were recorded 111 cases. In 66.37% of the case, the victims were girls and 33.63% boys. The gender of the victims reported for the age group shows a percentage of 39.10% girls in the 13 – 15 years old group and 27.27% in the 6 – 12 years old group (Telefonul copilului, 2015). In 2011, a United Nations resolution established 11 October as the International Day of the Girl Child (IDGC), a day designated for promoting the rights of girls and addressing the unique challenges they face. This year's theme is "The Power of the Adolescent Girl: Vision for 2030. " The new *Global Strategy for Women's, Children's and Adolescents' Health*, launched this September 2015 recognise the specific health needs of girls and provides key interventions which have the power to improve girls' health and to safeguard their wellbeing (WHO, 2015).

### **CDC Priority: Reducing Teen Pregnancy and Promoting Health Equity Among Youth**

Teen pregnancy prevention is one of CDC's top six priorities, a "winnable battle" in public health, and of paramount importance to health and quality of life for our youth. Evidence-based teen pregnancy prevention programs typically address specific protective factors on the basis of knowledge, skills, beliefs, or attitudes related to teen pregnancy: (1) knowledge of sexual issues, HIV, other STDs, and pregnancy (including methods of prevention); (2) perception of HIV risk; (3) personal values about sex and abstinence; (4) attitudes toward condoms; (5) perception of peer norms and sexual behavior; (6) individual ability to refuse sex and to use condoms; (7) intent to abstain from sex or limit number of partners; (8) communication with parents or other adults about sex, condoms, and contraception; (9) individual ability to avoid HIV/STD risk and risk behaviors; (10) avoidance of places and situations that might lead to sex; (11) intent to use a condom (CDC, 2013).

WHO published guidelines in 2011 with the United Nation Population Fund (UNFPA) on preventing early pregnancies and reducing poor reproductive outcomes. These made recommendations for action that countries could take, with 6 main objectives: (1) reducing marriage before the age of 18; (2) creating understanding and support to reduce pregnancy before the age of 20; (3) increasing the use of contraception by adolescents at risk of unintended pregnancy; (4) reducing coerced sex among adolescents; (5) reducing unsafe abortion among adolescents; (6) increasing use of skilled antenatal, childbirth and postnatal care among adolescents.

## **Conclusions**

Adolescence is and will always remain a period of crisis and disequilibrium and this fact is due to the physiological changes which occur during adolescence as well as due to psychological repercussions of these physiological changes, not to mention the obligation felt by the teens to integrate in the society. Any teenager, by nature, is a complex phenomenon which presents biological, psychological and social aspects which cannot be approached individually. It is necessary to analyse the three aspects which intertwine in the development of the teenager, so as to understand the teenager as a whole of feelings and events he goes through and experiences.

Teen pregnancy represents an issue of public health more than a problem of medical care. A pregnancy in early age has a devastating impact on the teen girl who grows to become a mother. The teenager gets out of her circle of friends made during childhood and wakes one day to be a mother. The teenagers are unprepared from the physiological, psychological, social and welfare point of view to bring a child into the world since they do not have the ability to make properly informed decisions regarding their and their baby's health, while the lack of support from their family and society frequently leads to abandoning the new-born. Also, the girls should be informed on the risks of pregnancy interruption, regardless of their decision about its evolution. Among the factors which cause this high number of teenage mothers are poverty, sexual violence, lacking information and education and marriage at an early age.

School in Romania does not succeed in preparing the students for real life situations when they might need it. These young girls should know that there are family planning offices, that the family doctors could provide services on contraception and that they can have access to contraceptive methods. Under-age mothers are more likely to drop out of school and not get a degree. Even more, babies born by under-age mothers present a higher risk of low weight at birth, prematurity, anemia, high risk to malformations, predisposal to illness, impaired psychosomatic growth, disability in development and behaviour and poorer results

in school. In order to limit this phenomenon of teen mothers it is required a more efficient education in the family and in the social and educational environment; the teenagers should have access to sexual education in the family and at school, should have access to contraceptive methods, should be part of a secure development environment, free of exploitation and abuse as well as to benefit from open communication with their parents.

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