

ETHICAL AND SOCIAL ASPECTS OF TEENAGE PREGNANCY

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Teen pregnancy remains one of the key social issues that deeply affects not only the life of a young mother and her child but their inner circle and society as well. In spite of multiple efforts to reduce its prevalence rate, teen pregnancy is still a pressing issue in many countries. Currently, there are several key problems that can result in an increased risk of teen pregnancy. They include an early beginning of sexual activity, history of sexual abuse, low social and economic status, lack of parental care and support, cultural and family behavioral models, use of psychoactive substances, poor academic performance and expulsion from school. In addition, the probability of a repeated teenage pregnancy is significantly increased, passing the problem on from one generation to another. This article is aimed at a comprehensive analysis of these factors and statistical data in order to better understand the problem of teenage pregnancy, assess its consequences for the health and well-being of those underaged and their children. Special attention is paid to the ethical and social aspects of teenage pregnancy.

Keywords: teenage pregnancy, social issues, sexual education, rights of minors, reproductive health of children and adolescents, public health

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ЭТИЧЕСКИЕ И СОЦИАЛЬНЫЕ АСПЕКТЫ ПОДРОСТКОВОЙ БЕРЕМЕННОСТИ

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Подростковая беременность остается одной из ключевых социальных проблем, оказывающих глубокое влияние не только на жизнь самой молодой мамы и ее ребенка, но и на близкое окружение и общество в целом. Несмотря на множественные усилия по снижению ее распространенности, подростковая беременность продолжает быть актуальной проблемой во многих странах мира. В настоящее время выделяют несколько ключевых факторов, которые могут способствовать повышенному риску возникновения подростковой беременности. Среди них — раннее начало половой жизни, анамнез сексуального насилия, низкий социально-экономический статус, недостаток родительского внимания и ухода, а также культурные и семейные модели поведения, употребление психоактивных веществ, плохая успеваемость и отчисление из школы. Кроме того, вероятность повторения сценария подростковой беременности в собственной жизни молодой мамы значительно возрастает при перекладывании проблемы из поколения в поколение. Данная статья направлена на всесторонний анализ указанных факторов и статистических данных с целью лучшего понимания проблемы подростковой беременности, оценки ее последствий для здоровья и благополучия несовершеннолетних и их детей. Особое внимание уделено этическим и социальным аспектам, связанным с подростковой беременностью.

Ключевые слова: подростковая беременность, социальные проблемы, половое воспитание, права несовершеннолетних, репродуктивное здоровье детей и подростков, общественное здравоохранение

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In modern society, sexual relations among minors are perceived as something common without being condemned or receiving much attention from adults. However, despite the apparent normalization of early sexual contacts, the topic of personal hygiene and contraception in the framework of family education remains insufficiently covered, which often leads to negligence of these important aspects. Due to this trend, the cases of early sexual intercourse are on the rise making it a normal thing before marriage. However, the problem of teenage pregnancy continues to be relevant and arouses lively public interest [1, 2]. For example, only 40% of teenage mothers graduate from high school and less than 2% complete the college [3]. The purpose of this review is a comprehensive analysis of the factors affecting teenage pregnancy and an assessment of its consequences for the health and well-being of minors and their children.

MATERIALS AND METHODS

A literature review was conducted, including articles and reports from international organizations such as WHO and UNICEF. Statistical data, trends and risk factors of teenage pregnancy taken from national and international databases, including Rosstat and WHO, are analyzed. A quantitative analysis of data on fertility, abortions and the risks of teenage pregnancy was performed. The literature was searched for keywords such as 'teenage pregnancy', 'medical ethics' and 'legal aspects' limited by language (Russian and English) and document type.

The purpose of the article is a comprehensive analysis of the ethical and legal aspects of teenage pregnancy. The article is aimed at assessing the impact of teenage pregnancy on health and well-being of minors and their children, as well as

studying statistical data and influencing factors for a deep understanding of the problem and formation of an adequate legal framework for all stakeholders.

DISCUSSION

There was an increase in the birth rate among adolescents up to the 1990s, but subsequent years were marked by its decrease. This trend is closely related to the so-called contraceptive revolution. The basic changes occurred due to a significantly improved access to contraceptives. In the west, changes occurred in the 1960s and 70s, while in Russia it happened much later. In the USSR, there was no domestic production of hormonal contraceptives, and official medical policy was skeptical about their use due to possible side effects. In the decade of the 2010s, the teenage birth rate has begun to decline again. According to experts, it happened due to spread of smartphones, which made information about contraception much more accessible. Thus, access to information about methods of prevention has contributed to a decrease in the birth rate among adolescents both in Russia and western countries.

According to data obtained in 2019, the number of pregnancies among adolescents aged 15 to 19 in low- and middle-income countries is equal to approximately 21 million pregnancies per year [4]. Half of these pregnancies are unplanned, and 55% of these unplanned pregnancies end in abortions, many of which are criminal.

According to WHO, [5] the fertility rate among girls aged 15–19 years decreased from 64.5 cases per 1,000 girls to 42.5 cases per 1,000 girls in 2021.

According to UNICEF [6] and a meta-analysis of 217 publications [7] with a total of more than 9 million participants, it was revealed that one of eight girls under the age of 18 was sexually abused.

The number of births by maternal age and the order of birth in the Russian Federation in 2022 are presented in table 1.

The number of births by maternal age decreases every year. Thus, it amounted to 54,074 among those aged 15–17 years and 221,473 among those aged 18–19 years in 1990, and 9,438 and 40,116 respectively in 2022. For clarity, the age-related fertility rates (live births per 1000 women) are presented in Table 2.

It is obvious that teenage pregnancy rates have decreased, but they still remain a serious problem in the Russian Federation. There is also a decreased rate of abortions. Thus, it was 0.3 per 1,000 up to 15 years old and 8 per 1,000 for 15–17 years old in 2015 and 0.2 and 3.5 in 2022, respectively [8]. This is due to the contraceptive revolution, availability of information, sexual education and a more trusting relationship with parents.

According to The Bulletin of the World Health Organization devoted to teenage pregnancy, risk factors for pregnancy in minors can be divided into two groups: social and economic. Social factors include poor living conditions and quality of life, low level of education, early marriages, violence, a weak level of security, and difficulties in family relations. Economic factors include the lack of financial opportunities to purchase contraceptives, obtain accessible information and medical examination.

Teenagers can take the news of pregnancy hard, and their behavior in such situations is unpredictable. It is extremely important to establish emotional understanding and determine whether a teenager is prone to suicidal thoughts.

In a study by Coleman and co-authors, which covered 877,181 women, including 163,831 women who underwent abortions, it was found out that 81% of women who survived an abortion had an increased risk of mental disorders [9].

In total, 503.8 thousand cases of abortions were registered in Russia in 2022. Though the figure was high, these data are one third lower compared to 836.6 thousand cases in 2015 [8]. Of these, 200 and 3,500 cases were performed among girls under 15 years old and in the age group from 15 to 17 years old in 2022, respectively. Adolescents face a higher risk

Table 1. The number of live births by the maternal age and the order of birth in the Russian Federation in 2022

Maternal age (years)	Total live births	Including the order of the child's birth:			
		The first	The second	The third	The fourth
12	3	3			
13	26	25	1		
14	207	204	3		
15	775	748	27		
16	2327	2206	115	5	
17	6336	5796	489	31	5
18	14584	12975	1389	146	11
19	25532	21786	3300	339	36

Source: Rostat, 2022

Table 2. Age-related fertility rates

Year	Live births per 1,000 women, years of age	
	15–17	18–19
1990	17.8	112.8
2,000	10.0	55.3
2010	10.4	46.3
2015	9.1	45.3
2022	4.3	27.3

Source: Demographic Yearbook of Russia, 2023

of abortion-related complications. This applies to both physical and emotional risks, with possible immediate, short-term and long-term consequences. Long-term consequences for the mother include an increased risk of death, suicide attempts, cancer, coronary heart disease, violent actions, alcohol, drug and psychoactive substance abuse. In children born to teenage mothers, a high risk is associated with impaired health and cognitive functions, low academic achievement, likelihood of teenage pregnancy in girls and a tendency to commit crimes in boys.

Teenagers are 6 times more likely to attempt suicide if they have had an abortion in the last six months, as opposed to those who have not done so, and are four times more likely to commit suicide than adults who terminate a pregnancy [10, 11].

It is important to carry out regular screening of emotional disorders (Edinburgh Postnatal Depression Scale, Beck Inventory and others) and psychological counseling within 6–12 months after childbirth or termination of pregnancy [12].

Paradoxically, in dysfunctional families, there are rare conflicts with health care institutions over the lack of information about the health status of a minor [13]. Parents who are detached from the parenting process or single parents often do not show any interest in premature initiation of sexual life by their children and potential dangers associated with it. In families that seem to be prosperous at first glance, conflicts with medical institutions are more frequent, especially in cases where a teenager tries to solve own problems without involving parents. This is typical for families where parenting is based on strict rules and restrictions. Interestingly, those who choose abortion usually have a higher socioeconomic status, strive for educational and professional development, higher self-esteem, more control over their lives, experience less anxiety and are better able to plan their future compared to teenagers who decide to become parents [14].

According to article 54 on the rights of the minors in the field of health protection of Federal Law No. 323-FZ [15], 'minors over the age of fifteen or drug-addicted minors over the age of sixteen are entitled to provide informed voluntary consent to medical intervention or refuse to do so'. Thus, a teenage girl over the age of 15 has the right to be registered for prolongation or termination of pregnancy. As for medical secrecy, until 2020, it was indeed unacceptable to disclose information about pregnancy to the legal representatives of the girl (parents, adoptive parents, guardians or guardians) over the age of 15. But, according to the amendments to Article 22 of the Federal Law 'On the Basics of protecting the health of Citizens in the Russian Federation', 'in respect of persons who have reached the age established by part 2 of Article 54 of this Federal Law, but have not acquired full legal capacity, information on the state of health is provided to these persons and to their legal representatives, if these persons haven't reached the age of majority'.

That is, if the girl does not want to inform her legal representatives about the pregnancy, then the legal representative can still receive this information upon request.

According to the list of medical indications for artificial termination of pregnancy, [16] termination is limited to 22 weeks. If the period of pregnancy exceeds 22 weeks, the issue of termination of pregnancy is decided individually by a council of doctors. But what should be done if opinions about the preservation of pregnancy in a girl under 15 years of age and legal representatives do not coincide? Let's consider

two situations: the first, when the girl wants to terminate the pregnancy, and the parents want to keep it, and the second, when the girl wants to keep the pregnancy, and the parents do not want to agree with this decision. In the first case, the minor pregnant woman under the age of 15 will have to keep pregnancy even against her will, but in the second case she has the right to keep it without the consent of legal representatives according to Article 22 of the Constitution of the Russian Federation [17] on the physical immunity of the person, when 'anyone has the right to make independent decisions about actions regarding their body'. That is, compulsory intervention can occur only in cases where it is necessary to save the life of the pregnant woman herself.

In contrast, minors between the ages of 15 and 18 can independently make decisions about termination of pregnancy or other medical procedures without the need to obtain consent from legal representatives. This discrepancy in the requirements for girls under 15 years of age and older results in a problem: on the one hand, it is necessary to maintain confidentiality, medical secrecy about a minor, and on the other hand, parents must be informed as they are able to influence their children's decisions [13].

The peculiarities of managing teenage pregnancy also include late presentation for antenatal care: 22.4±7.5 weeks for 13–15 years and 15.8± 6.9 weeks for 16–17 years [18]. It is a matter of concern that, although 91% of adolescent girls aged 15–17 years have received formal sex education on contraception and abstinence, 83% reported that they did not receive this kind of education before the first sexual intercourse [3].

CONCLUSION

A review of the literature has identified key factors contributing to teenage pregnancy, such as low social and economic status, lack of sexual education and limited access to contraceptives. An analysis of statistical data has shown a decrease in the rate of teenage pregnancy during the recent years, which is associated with improved access to contraceptives and increased contraceptive awareness among adolescents.

Despite the positive trends, the problem of teenage pregnancy remains relevant. Many adolescents continue facing social and economic barriers that prevent access to health services and information. In addition, insufficient attention is paid to the psychological support of young mothers and their children, which can negatively affect their long-term health and well-being.

The task of preserving the reproductive health of children and adolescents continues to be one of the most significant problems in modern society.

Pregnant adolescents need special attention and require additional care at all stages of pregnancy management or termination, childbirth and postpartum period. It is essential to have conversations about the safety and effectiveness of contraception in the postpartum period to prevent repeated unwanted pregnancies shortly after delivery. In order to achieve these important goals, collaborative efforts of the medical community, educational institutions, parents and society are required. Raising awareness about reproductive health, availability of high-quality contraceptive advice and comprehensive support for pregnant adolescents and young mothers should become priorities in public policy and health. This is the only way to achieve significant progress in preserving and strengthening the reproductive health of the younger generation.

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