



REVIEW ON ADOLESCENT PREGNANCY AND SOCIAL IMPLICATIONS

REVISIÓN SOBRE EL EMBARAZO ADOLESCENTE E IMPLICANCIAS SOCIALES

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ABSTRACT

This study reviews the social implications of teenage pregnancy and identifies the factors that contribute to its incidence among adolescents aged ten to nineteen in Latin America. The review follows the PRISMA guidelines for conducting a literature review. The article search was conducted in PubMed, using keywords related to teenage pregnancy, causes, and prevention. A total of 411 articles were identified, of which 20 met the inclusion criteria: studies based in Latin America, published since 2010, and focused on the prevention of teenage pregnancy. The main results show that the lack of sexual education and ignorance about contraceptive methods are key factors in the incidence of teenage pregnancy. Socioeconomic factors such as poverty and inequality also play a significant role. Domestic violence and the early onset of sexual activity are other critical factors. Additionally, the lack of access to health services and adequate education is highlighted. Teenage pregnancy is a biopsychosocial problem with serious repercussions. It is necessary to improve sexual education and access to contraceptives to prevent teenage pregnancy. Interventions should be intersectoral, involving the family, community, educational system, and health professionals. Only through coordinated action can the incidence of teenage pregnancy be effectively reduced and its negative consequences on the health and socioeconomic development of adolescents be mitigated.

Keywords: Pregnancy in adolescence; Sex education; Prevention; Public health. (Source: MESH-NLM)

RESUMEN

Este estudio revisa las implicancias sociales del embarazo adolescente e identifica los factores que contribuyen a su incidencia en adolescentes de entre diez y diecinueve años en América Latina. La revisión sigue las directrices PRISMA para realizar una revisión de la literatura. La búsqueda de artículos se realizó en PubMed, utilizando palabras clave relacionadas con el embarazo adolescente, causas y prevención. Se identificaron 411 artículos, de los cuales 20 cumplieron con los criterios de inclusión: estudios basados en América Latina, publicados desde 2010, y centrados en la prevención del embarazo adolescente. Los principales resultados muestran que la falta de educación sexual y el desconocimiento sobre métodos anticonceptivos son factores clave en la incidencia del embarazo adolescente. Factores socioeconómicos, como la pobreza y la desigualdad, también juegan un papel significativo. La violencia intrafamiliar y el inicio precoz de las relaciones sexuales son otros factores críticos. Además, se destaca la falta de acceso a servicios de salud y educación adecuada. El embarazo adolescente es un problema biopsicosocial con graves repercusiones. Es necesario mejorar la educación sexual y el acceso a métodos anticonceptivos para prevenir el embarazo adolescente. Las intervenciones deben ser intersectoriales, involucrando a la familia, la comunidad, el sistema educativo y los profesionales de la salud. Solo a través de una acción coordinada se puede reducir eficazmente la incidencia del embarazo adolescente y mitigar sus consecuencias negativas en la salud y el desarrollo socioeconómico de las adolescentes.

Palabras clave: Embarazo en adolescencia; Educación sexual; Prevención; Salud pública. (Fuente: DeCS- BIREME)

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INTRODUCTION

Adolescence is considered a complicated stage due to the numerous physical and personality changes experienced by the individual. According to the World Health Organization (WHO), adolescence is defined as the growth period occurring between childhood and adulthood, spanning from ten to nineteen years. Despite the characteristic immaturity of this stage, it is during adolescence that character is forged, and strengths are developed through learning acquired from experiences. Teenage pregnancy is a global public health issue. Young women who become mothers at an early age often belong to low socioeconomic groups or have limited access to education.

This raises the question: what are the possible causes of this phenomenon?

Although adolescent fertility rates have decreased over time, this reduction does not occur at the same rate in all regions of the world. The WHO points out that sub-Saharan Africa and Latin America and the Caribbean continue to have the highest rates globally, with 101 and 53.2 births per 1,000 women, respectively, in 2021⁽¹⁾.

In Ecuador, the specific fertility rate among adolescents aged ten to nineteen is 27.80 per thousand women⁽¹⁾. These data are alarming, considering that adolescent women are more susceptible to risks not only in the health domain but also in socioeconomic, educational, and psychological aspects. As a support measure to this problem, the WHO collaborates with partners to promote adolescent care, create the necessary empirical and epidemiological databases for action, develop and test program support tools, and build capacities and initiatives in an increasing number of countries that have begun to recognize the need to address adolescent sexual and reproductive health⁽¹⁾.

Therefore, sexual education could be considered insufficient in countries with high percentages of teenage pregnancies. It is necessary to address more broadly the causes, consequences, and preventive measures of teenage pregnancy. Therefore, the aim of this study is to review the social implications of teenage pregnancy and identify the factors that contribute to its

incidence in adolescents aged ten to nineteen in Latin America.

METHODS

Search strategy

A review of relevant literature on teenage pregnancy, including its causes and prevention, was conducted. For the proper preparation of this review, the guidelines proposed in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement were followed. The search for articles was carried out in the PubMed database, using a combination of keywords and Boolean operators to refine the results. The keywords used were "Teenage pregnancy," "causes," "prevention," and "adolescence," combined using the Boolean operators AND and OR to ensure a thorough and specific search. The initial search yielded a total of 411 articles.

Study selection

The articles were classified and organized in Microsoft Excel, allowing for a rigorous and systematic evaluation. The inclusion criteria were as follows: studies with samples of boys and/or girls aged ten to nineteen; articles based in Latin America; articles focused on the prevention of teenage pregnancy; publications from the year 2010 onwards; and articles in English or Spanish. The exclusion criteria included studies with samples of boys and/or girls younger than ten years or older than nineteen years; articles based on other continents; studies not focused on the prevention of teenage pregnancy; publications prior to the year 2010; and articles in languages other than English and Spanish.

Data Classification and Analysis

The final classification of the articles was based on the data presented in Table 1, which were graphed in Figure 1 to facilitate interpretation and analysis. Table 1 includes detailed information about the selected studies, such as the year of publication, the country of origin, the sample size, and the main findings. This systematization allowed for the identification of relevant patterns and trends regarding teenage pregnancy at a global level. The results of the analysis will be presented in the following sections, providing a comprehensive and detailed overview of the current state of research on teenage pregnancy, its causes, and the most effective prevention strategies.





Table 1. Inclusion and Exclusion Criteria of the Study.

	Inclusion Criteria	Exclusion Criteria
Sample	Children aged 10 to 19 Articles based in Latin America Articles focused on the prevention of teenage pregnancy Publication year \geq 2010	Children under 10 or people over 19 Articles based in other continents Articles not focused on the prevention of teenage pregnancy Publication year \leq 2010
Language	Spanish and English.	Other languages.

RESULTS

Figure 1 presents the flowchart of the study selection process. The process was divided into several stages: identification, screening, eligibility, and inclusion. A total of 411 articles were identified through the PubMed database. Of these, 1 duplicate article was removed, resulting in 410 articles for the screening process. During the screening, the titles and abstracts of the articles were evaluated. In this stage, 335 articles with titles not related to the topic of teenage pregnancy were eliminated.

Subsequently, the abstracts of the remaining 76 articles were reviewed, of which 45 were eliminated for not meeting the established inclusion criteria, resulting in 30 articles selected for a more detailed eligibility assessment. Of the 30 articles selected for eligibility

assessment, 10 were not accessible. Of the remaining 20 articles, 13 were eliminated for not meeting the age criteria of the participants (children younger than 10 years or older than 19 years), 21 for not being based in Latin America, and 11 for being published before 2010. It should be noted that some articles may have been excluded for multiple criteria simultaneously.

Finally, 20 articles met all inclusion criteria and were deemed suitable for the review. These articles provide a solid basis for analyzing the causes and prevention of teenage pregnancy in Latin America. Figure 1 provides a clear visual representation of the selection process, ensuring the transparency and methodological rigor of the review.

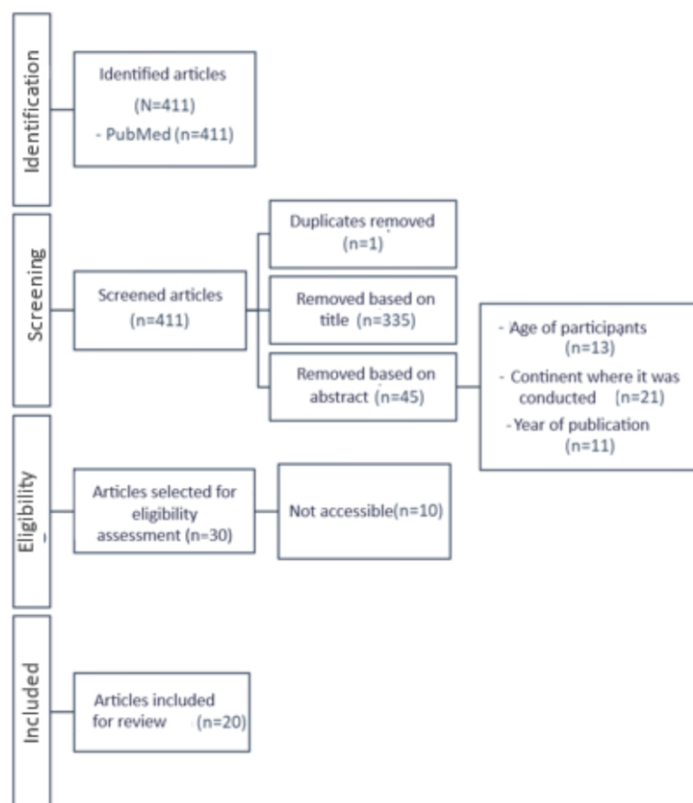


Figure 1. Flowchart of the study selection process.

Tabla 2.

Studies	Age	Risk factors	Results
Loredo et al. ⁽²⁾	Females aged 12 to 18	Social adversities, biological aspects, region inhabited, customs, religion, and low educational level	This article highlights the neglect of physical and emotional health, the financial burden of pregnancy, which are significant causes of early pregnancies without sufficient resources or the necessary maturity.
Aburto et al. ⁽³⁾	Females aged 10 to 19	Lack of contraceptive use	It was demonstrated that the lack of sexual education led to ignorance about issues related to the topic, particularly the lack of information on contraceptive methods and family planning.



Morín et al. ⁽⁴⁾	Females aged 12 to 19	Sexual impulses, idealism, need to establish identity and autonomy at an early age	This article emphasizes that these cases leave psychological sequelae that can result in changes in life projects and the abandonment of daily activities by the young or underage girl.
Kuri et al. ⁽⁵⁾	Adolescents aged 10 to 14	Lack of information on comprehensive sexual and reproductive health care model for adolescents	The results show that teenage pregnancies contribute to high maternal and infant mortality rates due to the physical risks associated with very early pregnancies.
Mora et al. ⁽⁶⁾	Females under 20	Unfavorable economic conditions	It was demonstrated that there is a lack of or low information on sexual education, lower academic and employment expectations, low self-esteem, and less use of contraceptives,
López et al. ⁽⁷⁾	Females aged 10 to 19	Poverty, gender stereotypes, insufficient health service offerings	Given structural domestic violence where male family members create an insecure environment within families, leading to constant sexual abuse of minors.
Ávalos et al. ⁽⁸⁾	Females aged 10 to 19	Difficulty accessing health services, discrimination, exclusion from services, lack of medication and laboratories	Difficulty accessing health services, discrimination, exclusion from services, lack of medication and laboratories. Lack of education on sexuality and family planning (conscious parenthood) for both women and men, emphasizing mutual responsibility within families formed by teenagers.
Palma ⁽⁹⁾	Females aged 15 to 19	Lack of secondary school completion, no access to higher education, inequality barriers.	The article shows that a high rate of adolescents have sexual experiences before the age of 15 without prior knowledge of risks, causes, and proper contraceptive methods.

Gómez et al. ⁽¹⁰⁾	Aged 13 to 19	Socioeconomic level, early onset of sexual relationships	This study highlights poor cohabitation with partners, early sexual initiation, the number of sexual partners, and the possible causes of sexually transmitted diseases, leading to the choice of abortion methods
Darney et al. ⁽¹¹⁾	Females aged 12 to 17	Lack of sexual education	The lack of sexual education among adolescents is one of the main causes of early pregnancy; if adolescents had sexual education, many abortion cases could be avoided.
Atienzo et al. ⁽¹²⁾	Females under 20	Lack of sexual education	The lack of sexual education among adolescents is one of the main causes of early pregnancy, as many educational institutions do not consider it important to provide sexual education to teenagers.
Panduro et al. ⁽¹³⁾	Females under 18	Sociocultural and economic situation	Teenage pregnancy is a sociocultural and economic problem because students lack knowledge about contraceptive methods.
Aracena et al. ⁽¹⁴⁾	Females aged 15 to 19	Socioeconomic inequalities	In many cases, the reasons for teenage pregnancy are socioeconomic inequality, as this prevents many women from accessing contraceptive methods.
Weisbrot et al. ⁽¹⁵⁾	Adolescents aged 14 to 19	Vulnerable social situation	It was shown that early pregnancy is a problem caused by social situations. Additionally, these pregnancies can lead to feelings of ambiguity, stigmatization, fear, and loneliness among teenagers.
Barreto et al. ⁽¹⁶⁾	Females aged 14 to 19	Lack of sexual education	Teenage pregnancies cause family responses such as parental disappointment, social isolation, depression, and domestic violence, which could be prevented through pregnancy prevention.



Luttges et al. ⁽¹⁷⁾	Adolescents under 14	Sexual abuse	Many early pregnancies are caused by sexual abuse, often committed by family members of the victim, who remain silent out of fear of disbelief, preventing preventive measures from being taken.
González et al. ⁽¹⁸⁾	Females aged 11 to 20	Lack of family planning information	Lack of family planning information It was shown that many teenage pregnancies were due to ignorance among adolescents, as many educational units and even families do not consider discussing sexual education important.
Gómez et al. ⁽¹⁹⁾	Females aged 10 to 19	Teenager's lifestyle, habitat, and family	This study demonstrated that in cases of early pregnancy, teenagers take social measures such as delaying their studies, sometimes leading to school dropout, and facing other issues like depression and social isolation.
Villalobos et al. ⁽²⁰⁾	Females aged 12 to 19	Educational gap, low socioeconomic level, living with a sexual partner	A survey conducted in Mexico determined that the causes of early pregnancy include the educational gap, low socioeconomic level, or living with a sexual partner, leading to an increasing number of teenage pregnancies
Mendoza et al. ⁽²¹⁾	Females aged 15 to 19	Poverty, malnutrition, and social exclusion	This article studies the relationship between poverty, malnutrition, and social exclusion and the incidence of pregnant teenagers, showing how these social determinants influence the occurrence of unplanned pregnancies.

Table 2 reviews highlight various risk factors associated with teenage pregnancy and its consequences. Loredo et al.⁽²⁾ identified that social adversities, biological aspects, the region inhabited, customs, religion, and low educational level are critical factors.

This study emphasizes that the lack of resources and emotional immaturity are significant causes of early pregnancies, as teenagers do not have sufficient means or the necessary maturity to manage a pregnancy. Aburto et al.⁽³⁾ found that the lack of sexual education



and knowledge about contraceptive methods are fundamental in the incidence of teenage pregnancies, highlighting the need for better information and family planning. Morín et al.⁽⁴⁾ observed that sexual impulses, idealism, and the need for identity and autonomy in teenagers can lead to early pregnancies, often resulting in psychological sequelae and the interruption of their life projects.

Other studies, such as Kuri et al.⁽⁵⁾, indicate that the lack of information on comprehensive sexual and reproductive health care contributes to high maternal and infant mortality rates in teenage pregnancies. Mora et al.⁽⁶⁾ and López et al.⁽⁷⁾ agree that unfavorable economic conditions and domestic violence are significant risk factors, negatively impacting teenagers' physical and emotional health. Ávalos et al.⁽⁸⁾ and Palma⁽⁹⁾ emphasize that barriers to accessing health services and higher education, along with the lack of sexual education, are crucial determinants of teenage pregnancy. Gómez et al.⁽¹⁰⁾ and Darney et al.⁽¹¹⁾ underline that low socioeconomic status and the early onset of sexual activity are factors contributing to teenage pregnancy, as well as possible sexually transmitted diseases and the need for abortions. Collectively, these studies provide a comprehensive view of the multiple factors contributing to teenage pregnancy and the various strategies needed for its prevention.

DISCUSSION

Teenage pregnancy has extensive physical, psychological, and social repercussions on individuals' lives. The results of some studies identified that each year, one million girls aged 10 to 14 and sixteen million aged 15 to 19 give birth worldwide. A high percentage of teenagers have started their active sexual life during adolescence, which aligns with the findings reported by Colomer Revuelta⁽²²⁾, who notes that despite numerous primary prevention strategies, such as social marketing for promoting sexual health during adolescence, group education and skill development activities from school and community settings, individualized counseling from health services, or improved accessibility to contraceptive and protection methods, the situation does not improve significantly.

Additionally, more than half of the participants who have initiated their active sexual life do not use any contraceptive method. Therefore, it is suggested to improve sexuality education and promote the use of condoms as a barrier method, as it remains a crucial pillar for preventing not only sexually transmitted infections but also pregnancy. It is essential to foster healthy habits in this regard among our population, particularly adolescents, by eliminating existing taboos and promoting the practice of safe sex⁽²³⁾.

Early pregnancy is a biopsychosocial problem with a high risk of complications during its course and at the time of delivery, leading to increased rates of maternal, perinatal, and neonatal morbidity and mortality, along with sociocultural and psychological implications, and high personal, educational, family, and social costs. It is suggested to apply the experience of different countries that have demonstrated that effective prevention of risky sexual behaviors in adolescents results from intersectoral actions in which media, education, community, and healthcare play a predominant role. These actions must involve all groups and contexts in contact with this age group: family, peer groups, school environment, media, leisure environments, healthcare professionals, politicians, and religious groups⁽²⁴⁾.

Sanz-Martos Sebastián et al.⁽²⁵⁾ consider that, in general, all studies evaluating a change in the level of knowledge find a significant improvement. However, it would be interesting to assess whether this change in the level of knowledge translates into behavior changes leading to pregnancy prevention, such as an increase in the rate of contraceptive use and/or the development of negotiation skills regarding their use. On the other hand, Castillo Riascos⁽²⁶⁾ believes that these learnings have been useful for facilitating access to contraceptive methods and improving adolescent women's knowledge about their sexual and reproductive health. However, they are not effective in modifying sexual behavior because they focus on the cognitive dimension of the woman and do not actively involve the adolescent male, who participates as a determining and indispensable subject in the romantic relationship, sex, and fertilization of the teenage mother.





Finally, it is important to emphasize that programs aimed at education and health care related to adolescent affection and sexuality should be based on objective information, grounded in scientific evidence, and not only on ideological, religious, or political beliefs. Furthermore, educators and healthcare professionals involved in the comprehensive care of adolescents are replicators of the educational model, so they must be adequately motivated and trained. This will contribute to the proper development of adolescence, providing objective, up-to-date, complete, and truthful information, allowing adolescents to make free and informed decisions about aspects that directly affect them⁽²⁷⁾.

This study presents several limitations. Firstly, it was restricted to articles published in English and Spanish to ensure precise understanding and rigorous data analysis, which may have excluded relevant studies in other languages. Additionally, it focused solely on research conducted in Latin America, aiming to provide a detailed and specific view of this region, which limits the generalization of the results to other geographic areas. The article search was based on the PubMed database due to its extensive coverage and accessibility, which could have excluded relevant studies published in other specialized databases. Furthermore, only articles published from 2010 onwards were included to ensure data relevance and currency, although this may have excluded valuable

research prior to that date. Finally, the article evaluation was based on abstracts and titles for an efficient initial screening, which may have introduced biases in the study selection. Despite these limitations, a strength of the study is its systematic and rigorous approach to selecting and analyzing articles, adhering to PRISMA guidelines, ensuring a comprehensive and well-structured review of the literature on teenage pregnancy and its social implications in Latin America.

CONCLUSION

The results of this research on the possible causes of teenage pregnancy reflect that adolescents belonging to low socioeconomic groups are more likely to experience early pregnancies. This is due to the lack of access to sexual and reproductive education programs, depriving them of essential knowledge about responsible sexuality and contraceptive use. Additionally, cases of teenage pregnancies resulting from sexual abuse or the early onset of sexual activity were identified. As a collaborative action, it is suggested to promote sexual education among adolescents. Both the family and the community should play an active role in training and guiding young people to make responsible decisions about their sexual lives, thereby avoiding negatively impacting their future projections. However, it is crucial that adolescents are not deprived of the right to enjoy their sexuality in an informed and safe manner.

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