

RESEARCH ARTICLE/ARAŞTIRMA MAKALESİ

Adolescent pregnancy in terms of adolescent rights: A retrospective study on adolescent giving births between 2015-2022 in a metropolitan hospital in Türkiye

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Abstract

Aim: Adolescent pregnancy refers to a pregnancy in a female who is younger than 19 year of age. Adolescent pregnancy can have a number of negative consequences for both the mother and the child, including increased risk of health complications, poor educational and economic outcomes, and social and emotional challenges. This study aims to provide regional data on the prevalence of adolescent pregnancy in Türkiye and to propose solutions to this problem

Methodology: Pregnancies under the age of 19 which resulted in births gave birth in a public hospital that provides birth-specific service in one of the metropolitan areas within the borders of the Republic of Türkiye between 2015-2022 were retrospectively analysed. Detected pregnancies have been evaluated and analysed according to criteria such as age, nationality, and week of birth.

Results: In the sample subject to the research, between the years 2015-2022; 3174 adolescents under the age of 19 gave birth. Of these, 54% (N:1718) are Turkish nationals, 45% (N:1431) are Syrian nationals, and the remaining 1% (N:25) are other nationals. The average birth week is 36 weeks. The number of stillbirths is 88, of which 57% (N:50) are Syrian nationals and 42% (N:37) are Turkish nationals. While the number of adolescent pregnancies resulted in birth was 601 in 2015, it increased to 714 in 2016; It decreased to 157 in 2021.

Conclusion: Adolescent pregnancy is a significant problem in Türkiye and also common among Syrian refugees. Adolescent pregnancy can have a variety of negative consequences, including health risks for the mother and the baby, as well as social and economic challenges. They are less likely to complete their education, be employed, earn higher wages, and be happily married; they are more likely to have larger families and live in poverty. It is necessary to conduct training programs and adopt decisive strategies. These actions are the most fundamental key to protect the human rights of adolescents.

Keywords: Adolescent, Adolescent Pregnancy, Adolescent Mother, Child Mother, Adolescent Rights.

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1. INTRODUCTION

The World Health Organization defines those between the ages of 10-19 as “adolescents” (WHO, 2022a) Adolescence is a unique stage of human development, as well as a crucial period, during which the foundations of health are laid. Having not been yet completed, the adolescents undergo ongoing physical, cognitive, and psychosocial development. In order to grow and develop healthily, adolescents need comprehensive age-appropriate sexuality education, opportunities to develop life skills, acceptable, equitable, and effective health services, safe and supportive environments, as well as the opportunities to meaningfully participate in the design and delivery of interventions to improve and maintain their health. (WHO, 2022a)

The leading problems among adolescents are early marriage, early sexual intercourse, early pregnancy, unwanted pregnancy, and sexually transmitted infections. (Yakit and Coşkun, 2014: 9)

This study aims to provide regional data on the prevalence of adolescent pregnancy in Türkiye and to propose solutions to this problem.

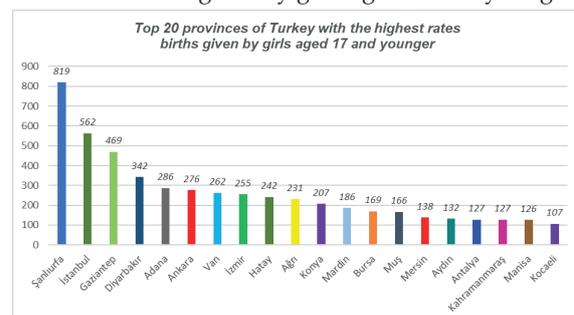
1.1. Current Situation of Adolescent Pregnancies:

Worldwide: Each year, an estimated 21 million girls aged 15-19 become pregnant, and about 12 million thereof give birth in developing regions. (Darroch *et al*, 2016). It is reported that at least 777,000 adolescent girls under the age of 15 give birth in developing countries (UNFPA, 2015; Polat & Reva, 2019: 347).

In Türkiye: TurkStat statistics (TurkStat, 2022) reveal that 7190 girls under the age of 17 gave birth in 2021. While 117 out of these girls were under the age of 15, 4 of the said 117 girls thereby gave their 2nd births. In other words, 4 girls had their first birth at the age of 12-13, and perhaps even earlier. The number of girls who gave birth under the age of 15 was no different also in 2020. While 119 girls under the age of 15 gave birth in 2020, 1 of the said girls thereby gave her 3rd birth (TurkStat, 2021). In other words, there was an infant mother with 3 children under the age of 15.

It should also be noted that these are optimistic figures. This is because some births are not officially reported, and are therefore not reflected in official statistics. There are also large-scale studies showing figures that are higher than those reflected by TurkStat. In this way, it would be possible to say that the number of adolescent girls who have to take care of children while they are still children is actually higher than the number published by TurkStat. Regarding the number of births given by girls aged 17 and younger, on the other hand, Şanlıurfa is the city with the highest number of such births in 2021 with 819, followed by İstanbul with 562, Gaziantep with 469, Diyarbakır with 342, and Adana with 286. (Figure-1)

Figure 1. Top 20 provinces of Türkiye with the highest rates births given by girls aged 17 and younger



Considering the age group and educational status thereof, it is seen that 30 of the 117 infant mothers younger than 15 years of age were literate, but did not graduate from a school, while 68 of them were primary school graduates, and 9 of them were secondary school graduates. Since children who are not even primary school graduates give birth, it is also questionable whether compulsory education is effectively implemented and monitored.

1.2. Reasons of Adolescent Pregnancies:

The reasons behind girls' giving birth are: preference for childbirth due to limited education and employment opportunities (WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, 2015); lack of information or misinformation about contraceptive methods to avoid pregnancy; and difficulty in accessing these methods (WHO, 2011). One other cause of unwanted adolescent pregnancies is reported to be sexual violence. (Raj and Boehmer, 2013: 539)

There are a variety of reasons why adolescents may become pregnant. Some of the most common reasons include:

Lack of access to sexual education and contraception: Many adolescents do not have access to comprehensive sex education or affordable contraception, which can increase the risk of unintended pregnancy. (Chandra-Mouli and Akwara, 2020: 114)

Risk-taking behaviour: Adolescents are more prone to take risks, which can make them more likely to engage in unprotected sex and become pregnant. (Dir et al, 2019: 1063; Tapert et al, 2001: 187)

Socioeconomic factors: Adolescents from low-income backgrounds or those who live in poverty are more likely to become pregnant than those from more affluent backgrounds. This is often due to lack of access to education, healthcare, and other resources. (Aluga and Okolie, 2021: 427; Finer and Henshaw, 2006: 94)

Relationship dynamics: Adolescents may become pregnant as a result of coercion, pressure, or lack of communication in their relationships. (Amoadu et al, 2022: 834).

Trauma and mental health: Adolescents who have experienced trauma or who have mental health issues may be more likely to become pregnant. (Shreffler et al, 2021: 4)

Lack of knowledge and misconceptions: Some adolescents may have misconceptions about sex, contraception, and pregnancy, which can lead to unintended pregnancies. (Coles et al, 2011: 582)

These reasons are not mutually exclusive, and an adolescent might experience a combination of them.

1.3. Impacts and Risks of Adolescent Pregnancies:

Pregnancy- or childbirth-related deaths are very prevalent in adolescent pregnancies. Girls who get married in childhood have more health problems during pregnancy and childbearing than women who get married in their 20s. It has been put forth that pregnancy- or childbirth-related deaths are very common among girls aged 15-

19 years and that every year 70,000 girls lose their lives due to pregnancy or childbirth, and that the babies they give birth to either die due to miscarriage or within the first month after birth (UNICEF, 2018), and that children aged 10-14 years face a higher risk of complications and death during pregnancy than adult women (WHO, 2021).

Adolescent pregnancies have critical health consequences for adolescent mothers and their babies. Complications of pregnancy and childbirth are the leading cause of death among girls aged 15-19 years worldwide, accounting for 99% of global maternal deaths among adolescents aged 15-19 in low- and middle-income countries (Neal et al, 2015). Adolescent mothers aged face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20-24 (WHO, 2016; Zhang et al, 2003: 209; Parra-Pingel et al, 2017: 85) Furthermore, adolescents between the ages of 15 and 19 undergo around 3.9 million unsafe abortions each year, leading to maternal mortality, diseases, and permanent health problems (Darroch et al, 2016).

The impacts and risks of adolescent pregnancies may be listed as premature birth, health risks, interrupted education, interrupted or never-started professional life, maternal death during pregnancy, maternal death at birth, and miscarriage (Stevens-Simon & McAnarney, 1996: 328).

In summary; adolescent pregnancy can have a variety of negative impacts on both the mother and the baby. Some of these impacts include:

Health risks: Adolescent mothers are more likely to experience complications during pregnancy and childbirth, such as high blood pressure, preterm labor, and anemia. Babies born to adolescent mothers are also at a higher risk of low birth weight and infant mortality.

Educational and economic challenges: Adolescent pregnancy can disrupt a young person's education and limit their future opportunities. Many teenage mothers drop out of school and have difficulty finding stable employment. This can lead to long-term financial struggles and a cycle of poverty.

Social and emotional challenges: Adolescent mothers often face social stigmatization and isolation, which can have a negative impact on their mental health and well-being. They may also have difficulty forming healthy relationships and providing for their children.

Impact on the child: Children born to adolescent mothers are more likely to have lower cognitive development and educational attainment, as well as more behavioural and emotional problems.

2. METHODOLOGY

Pregnancies under the age of 19 years who gave birth between 2015 and 2022 in a public hospital providing obstetrics-specific services in one of the metropolitan cities within the borders of the Republic of Türkiye were retrospectively screened, and pregnancies detected as such were analyzed according to criteria such as age, nationality and week of birth.

Data was analyzed by using SPSS Statistics for Windows, Version 28. Descriptive data are presented using numbers, percentages, minimum and maximum values, mean and standard deviation

The authors declared that the study was conducted in accordance with the principles of the World Medical Association Declaration of Helsinki.

3. RESULTS

3174 adolescents younger than 19 years of age gave birth between 2015 and 2022 in a public hospital providing obstetrics-specific services in one of the metropolitan cities within the borders of the Republic of Türkiye. While 54% (N:1718) of them were Turkish nationals, 45% (N:1431) were Syrian nationals and the remaining 1% (N:25) were from other nationalities. The mean age of the cases was 17.16 ± 1.22 (minimum 12- maximum 18). The mean week of gestation at which delivery occurred was 36.58 ± 3.01 (minimum 23 – maximum 41).

The number of adolescent pregnancies resulting in childbirth increased from 601 in 2015 to 714 in 2016. The decline observed since 2017 gained pace during the pandemic period, and dropped

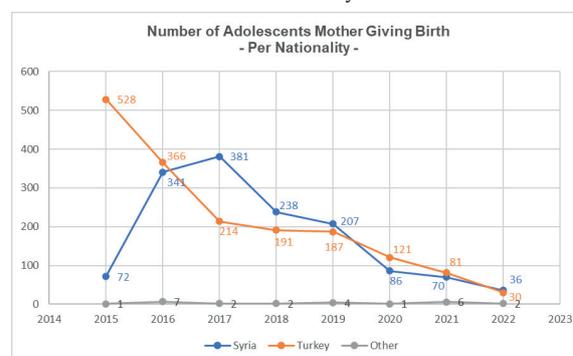
to 157 in 2021. When the pregnant adolescents are analysed according to ethnicity by years is, it is found that Syrian adolescents have reached a high rate of adolescent pregnancy since 2016. (Table-1, Figure-1).

Table 1. Adolescent Mothers Giving Birth - per Nationality

Year	Number of Adolescents Mother Giving Birth - Per Nationality -			
	Syria	Türkiye	Other	Total
2015	72 (12%)	528 (87%)	1 (1%)	601
2016	341 (48%)	366 (51%)	7 (1%)	714
2017	381 (64%)	214 (35%)	2 (1%)	597
2018	238 (55%)	191 (44%)	2 (1%)	431
2019	207 (52%)	187 (47%)	4 (1%)	398
2020	86 (41%)	121 (58%)	1 (1%)	208
2021	70 (45%)	81 (51%)	6 (4%)	157
2022	36 (53%)	30 (44%)	2 (1%)	68
Total	1,431	1,718	25	3,174

(*) 2022 data includes January 2022-August 2022 data.

Figure 1. Adolescent Mothers Giving Birth - per Nationality

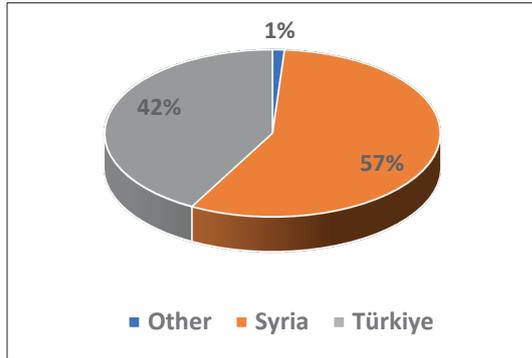


(*) 2022 data includes January 2022-August 2022 data.

The average week of birth is 36th week.

The mean stillbirth by years was 11 ± 6.99 (minimum 1- maximum 19). Out of the total 88 stillbirths, 57% (N:50) were of Syrian nationality and 42% (N:37) were of Turkish nationality. The remaining 1% is of another nationality. (Figure-2)

Figure 2. Adolescent Mothers Giving Birth - per the Number of Stillbirths



No information could have been obtained on whether legal notifications were made for children under 15 years of age who gave birth.

4. DISCUSSION

Each year, an estimated 21 million girls aged 15-19 become pregnant, and about 12 million thereof give birth in developing regions. (Darroch *et al*, 2016). It is reported that at least 777,000 adolescent girls under the age of 15 give birth in developing countries (UNFPA, 2015; Polat & Reva, 2019: 347). The incidence of adolescent pregnancy differs among countries, and adolescents account for 11% of all pregnancies. (WHO, 2004)

In the study of Karataşlı (Karataşlı *et al*, 2019: 348) which was conducted with 3,611 patients, the mean age of the patients was 15-19, was 18 (16-19). In another study which was conducted with 10,026 patients by Ambia *et al*. (Ambia *et al*, 2023: 3), the age of the pregnant adolescents was between 16-19; and the mean age was 17.9 ± 1.0 years. The mean age of the study conducted by Meral *et al*. (Meral *et al*, 2021: 74) was 16.4 ± 0.7 (13-17). In the study conducted with 1,187 pregnant adolescents who applied to the emergency service by Raziye Kılıççeker (Kılıççeker, 2019: 27), the mean age of the pregnant adolescents was 18.18 ± 1.02 (13-19). In our study, the mean age was found 17.16 ± 1.22 (minimum 12-maximum 18). The average gestational week at which birth occurred was 36.58 ± 3.01 (minimum 23 – maximum 41) and these findings were in line with the previous studies.

The 36th week of pregnancy is an important week in respect of the baby's development. While a baby born before the end of this week will be

called premature, a baby born at the end of this week, namely at the 37th week, will be called normal. (WHO, 2022b). In the study of Ambia *et al*. (Ambia *et al*, 2023: 4), the week of gestation was 39.6 (38.4 - 40.4), and in the study of Karataşlı *et al* (Karataşlı *et al*, 2019: 348), the week of gestation was 38 (21-41). The gestational week of the pregnant adolescents was 36.58 ± 3.01 (minimum 23 – maximum 41) in our study. It was found to be lower than the literature, and it is thought that the difference is due to the distribution of our patient/pregnant adolescents sample group.

Our study reveals that adolescent pregnancies have become prevalent also among Syrian refugees, whose population has increased significantly due to foreign migration, and who have thereby become one of the disadvantageous groups in the recent years, and such pregnancies pose even more critical risk level than those of Turkish nationals when compared to the population.

In the study conducted with the pregnant adolescents who applied to the emergency service by Kılıççeker (Kılıççeker, 2019: 27), it was determined that 77.8% of the cases were Turkish citizens and 22.2% of them were from other countries. In the study of Meral *et al*. (Meral *et al*, 2021:74), it was found that 192 (73.8%) of the 260 pregnant adolescents were Turkish citizens and 61 (23.5%) were Syrian citizens.

In our study, when the distribution of pregnant adolescents by ethnicity is evaluated, the rate of Syrian patients varies between 12% and 64%. It is found that the distribution of Syrian pregnant adolescents by years to be significantly higher unlike the previous studies. It is thought that this is since we conducted our study in the region where there are denser Syrian immigrants.

5. CONCLUSION

Burdening the entire responsibility of the institution of "motherhood", which is a huge responsibility, even for many adults, on young children who have not completed their physical, sexual and psychological development, is contrary to the United Nations Convention on the Rights of the Child, of which we are a signatory. It is

necessary to take preventive and protective measures, and to develop policies aimed at positive obligation in this regard.

Adolescents who become parents at such young ages, face greater social and economic risk throughout their lives than women who delay childbearing until their twenties. They are less likely to complete their education, be employed, earn high wages, and to be happily married, and are more likely to have larger families, and to live in poverty. (Hayes, 1987: 9; Stevens-Simon & McAnarney, 1996: 330).

If a child under 15 has given birth, this means that she has had sexual intercourse before the age of 15. Article 103 of the Turkish Penal Code (TCK) criminalizes sexual intercourse with a child under the age of 15, even with consent. In other words, if a child under the age of 15 has given birth, this means that the offense of "Sexual Abuse of a Child" has been committed under Article 103 of TCK. For every child under the age of 15 at the time of conception, an action for sexual abuse of a child must be filed, which is not subject to complaint for being a case of public prosecution.

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cial for school administrations to follow up on children who have been withdrawn from compulsory education, to make the necessary notifications and to regularly monitor the fulfillment of this obligation.

In cities with high numbers of "infant mothers", such as Şanlıurfa, Gaziantep, Diyarbakır, Van, and Adana, awareness-raising training and campaigns should be developed and implemented. States should develop decisive policies, and implement projects to prevent young girls from giving birth, as well as to ensure and monitor the continuation of girls' education. Only education can prevent girls from being married off and bearing the responsibility of motherhood when they are still children. Adequate practices and policies need to be developed, and these programs need to be implemented decisively.

Finally, prevention of adolescent pregnancy can be accomplished through a variety of methods, including education about contraception and sexually transmitted infections, access to affordable contraception, and encouraging healthy relationships and communication. Programs that involve both parents and caregivers, as well as youth, shall be effective in preventing adolescent pregnancy.

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