

Pregnancy and Abortion in Adolescence

Report of a WHO Meeting

Technical Report Series

583



World Health Organization, Geneva 1975

This report contains the collective views of an international group of experts and does not necessarily represent the decisions or the stated policy of the World Health Organization.

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GENEVA

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* * *

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MEETING ON PREGNANCY AND ABORTION IN ADOLESCENCE

Geneva, 24-28 June 1974

Participants :

- Dr N. Akhtar, Deputy Director, Post-Partum Programme, Dacca, Bangladesh
- Dr J. B. Akingba, Professor, Department of Obstetrics and Gynaecology, Lagos University Teaching Hospital, Nigeria
- Dr T. Ben Cheikh, Chief, Department of Obstetrics and Gynaecology, Aziza Hospital, Tunis, Tunisia
- Miss M. M. Chibungu, Principal Tutor, School of Nursing, Lusaka, Zambia
- Professor R. Illsley, MRC Medical Sociology Unit, Centre for Social Studies, Aberdeen, Scotland (*Chairman*)
- Dr L. T. Lee, Director, Law and Population Programme, Tufts University, The Fletcher School of Law and Diplomacy, Medford, MA, USA
- Dr E. J. Lieberman, Department of Psychiatry, Children's Hospital, Hillcrest Children's Centre, 1325 W. Street N. W., Washington DC, USA
- Miss T. Orrego de Figueroa, Consultant Sociologist, Department of Health and Population Dynamics, Pan American Health Organization, Washington DC, USA
- Dr M. Pajntar, Assistant Professor, Family Planning Institute, University Clinic of Obstetrics and Gynaecology, Ljubljana, Yugoslavia
- Dr In Sou Park, Chief, Department of Obstetrics and Gynaecology, National Medical Centre, Seoul, Republic of Korea
- Dr F. Pauls, Chairman, Department of Obstetrics and Gynaecology, Mama Yemo Hospital, Kinshasa, Zaire
- Dr V. N. Purandare, Professor and Head, Department of Obstetrics and Gynaecology, Seth G.S. Medical College and K.E.M. Hospital, Bombay, India
- Professor J. K. Russell, Dean of Postgraduate Medicine, The University of Newcastle-upon-Tyne, and Chairman, Department of Obstetrics and Gynaecology, Princess Mary Maternity Hospital, Newcastle-upon-Tyne, England
- Professor T. A. Sinnathuray, Head, Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia
- Dr R. Taylor, Department of Sociology, University of Aberdeen, Scotland (*Rapporteur*)
- Dr J. Tsafirir, 3, avenue du Général-Leclerc, Boulogne-Billancourt, France

Secretariat :

- Dr M. Belsey, Medical Officer, Human Reproduction, WHO, Geneva, Switzerland

Dr M. Carballo, Consultant, Family Health, WHO, Geneva, Switzerland
(*Rapporteur*)

Dr L. Engström, Chief Medical Officer, Family Health, WHO, Geneva, Switzerland

Miss V. Hammer, Technical Officer, Family Health, WHO, Geneva, Switzerland

PREGNANCY AND ABORTION IN ADOLESCENCE

Report of a WHO Meeting

INTRODUCTION

A previous WHO meeting ^a has expressed concern at the relative lack of information about the adolescent community, the specific health problems that occur, and the types of service that would be required to meet them. Concern has also been expressed about the tendency ^b within many health services to neglect the needs of adolescents in favour of those of other age groups.

One area of adolescent health that has received little attention but has in recent years caused increasing concern at both national and international levels is that of reproductive behaviour and, specifically, of the physiological, psychosocial, and legal implications of pregnancy and abortion in the adolescent girl.

As part of a larger programme being undertaken by WHO to identify health-related problems and to design appropriate services in the related areas of human reproduction, human sexuality, and abortion, this meeting was convened to :

- (a) review the current situation in relation to pregnancy and abortion in adolescents in different cultural settings ;
- (b) identify variables that influence sexual and reproductive activity in adolescence ;
- (c) identify the short-term and long-term sequelae and implications of pregnancy and abortion in adolescence ;
- (d) identify special characteristics of reproductive health in adolescents ;
- (e) review the current and projected research and service needs.

The Meeting considered background documents covering the medical, psychiatric, sociological, and legal aspects of pregnancy and abortion

^a WHO Technical Report Series, No. 308, 1965.

^b WHO Technical Report Series, No. 300, 1965.

among adolescents as well as a review of information from developing countries. In addition, participants reported on the known characteristics of adolescent pregnancy and abortion in their respective countries and the types of service that are at present being used to meet the health problems felt to be associated with pregnancy and abortion in adolescence.

THE PROBLEM OF PREGNANCY AND ABORTION IN ADOLESCENCE

Any assessment of the current situation regarding reproductive behaviour and the incidence of pregnancy and abortion among adolescents must necessarily be made on the basis of insufficient empirical data and some anecdotal information. With few exceptions, most of the studies that have been conducted have reflected the situation as it exists in industrialized societies and even in these the methodological approaches have been sufficiently different to make comparative analysis of findings difficult.

What data are available, however, suggest that patterns of sexual and reproductive behaviour have changed significantly in many countries in recent years. For example, the probability of coital relations occurring before marriage has increased, as has the likelihood of adolescents experiencing their first coital relations during the early teens.^{a, b, c} A number of countries have also reported substantial increases in recent years in rates of birth out of wedlock^d and in abortion,^e with adolescents constituting a significant proportion of the cases coming to the attention of health and social service agencies.

^a ZELNICK, J. F. & KANTNER, M. The probability of premarital intercourse. *Social Science Research*, 1 (3) : 335-341 (1972).

^b BELL, R. R. & CHASKES, J. B. Premarital sexual experience among coeds, 1958 and 1968. *Journal of Marriage and the Family*, 32 (1) : 81-88 (1970).

^c CANNON, K. L. & LONG, R. Premarital sexual behaviour in the sixties. *Journal of Marriage and the Family*, 33 : 36-49 (1971).

^d UNITED NATIONS COMMISSION ON THE STATUS OF WOMEN. The status of the unmarried mother : law and practice. New York, 1971.

^e DAVID, H. P. ET AL. Selected abortion statistics : an international summary. Silver Spring MD, USA, International Reference Center for Abortion Research, Transnational Family Research Institute, 1973.

Adolescence

A variety of terms have been used in the literature to refer to the age period encompassed by adolescence. The term "puberty" appears most frequently and offers a relatively precise and culturally universal point of identification. As an indicator of the onset of certain physiological and anatomical changes, puberty is recognized by most societies as a significant point in the life cycle of the individual and is accorded specific social rituals to denote its importance. In itself, however, the concept of puberty does not extend to the range of ancillary traditions and customs that determine the kind of activities that precede, accompany, and follow its onset and which to a great extent determine the nature of the transition from childhood to adulthood.

Because these traditions and customs vary so widely from one socio-cultural setting to another, adolescence is difficult to define in a cross-cultural perspective. While in some societies, for example, menarche is in itself taken to signify adulthood, eligibility for marriage, and new responsibilities, in others puberty has been subsumed under, and almost eclipsed by, a more complex process of social maturation. In industrialized societies particularly, as the criteria for intellectual maturity, technical expertise, or business acumen become more demanding, adolescence as the period during which children are prepared for "successful" entry into the adult world is being progressively extended.

The pattern of physiological growth during this period has, however, followed a quite different trend. Improved nutritional status, better health care, and improved environmental conditions have, in many countries, brought down the age at which menarche occurs and have contributed to increased height and weight gain and the earlier appearance of the secondary sex characteristics. Thus physiologically and anatomically there has been a trend towards earlier maturation while the process of social development, on the other hand, has been progressively prolonged according to various social and economic expectations and needs.

In order to take into account this variation, "adolescence" was defined as the period during which :

(a) the individual progresses from the point of the initial appearance of the secondary sex characteristics to that of sexual maturity ;

(b) the individual's psychological processes and patterns of identification develop from those of a child to those of an adult ;

(c) a transition is made from the state of total socioeconomic dependence to one of relative independence.

Such a definition clearly assumes that specific age limits cannot be imposed on adolescence and that adolescence is a social classification that varies both in its composition and in its implications. The approximate age range of 10–20 years, however, as proposed in an earlier WHO meeting, encompasses many of the processes outlined above, even though it is at the same time acknowledged that the degree of variation may be great between cultures and even within them.

Reproductive behaviour

Attitudes to sexual and reproductive behaviour vary considerably between different social and cultural groups and also over time. This is particularly true in the case of reproductive behaviour among adolescents; in many traditional agricultural societies child marriage and early pregnancy have been a fundamental characteristic of the social system, while in others reproduction in adolescence has tended to be viewed as a sign of impropriety and has been condemned.

It was the feeling of the Meeting that, in relation to the question of pregnancy and abortion in adolescence, care should be taken to place the associated health problems within the context of the temporal and cultural situations in which they occur. Like “adolescence”, teenage pregnancy cannot be understood within a purely biological frame of reference but should be seen primarily as a social category whose composition and implications are liable to change according to the interacting traditions, social institutions, and values.

Society's perception of, and response to, illegitimacy, adoption, compulsory marriage, and abortion as outcomes of pregnancy can thus be expected to follow no uniform pattern and to represent different implications for adolescents in different social environments. Similarly, the need to provide health and social services designed to assist teenagers will vary with the extent to which the different outcomes are viewed as desirable and acknowledgeable.

The social context of adolescent reproductive behaviour

Traditionally, most social systems have devised specific social techniques and mechanisms for preparing children for the different roles and implications involved in puberty, reproductive behaviour, and adulthood. Through the agency of the family and other social institutions clearly circumscribed patterns of sexual and reproductive activity considered acceptable to the community were established and maintained.

The extended family in particular appears to have constituted a primary agency for the transmission of values and information considered basic to the integration of the adolescent in the adult world, and to have acted as a source of social control over the behaviour of young people. Moreover, courtship and marriage patterns were governed by the close relationship that evolved between social and economic institutions and land inheritance and tenure.

As a result of urbanization, industrialization, and education transformations have occurred in many of these traditional relationships. Labour has become more mobile both geographically and socially, and young people have been encouraged to move away from the family of origin earlier, and through education and mobility have been more directly exposed than ever before to types of information and values not necessarily shared or understood by parents and other family members.

Within the nuclear family system that has emerged in much of modern industrial society, the ability of elders to influence the activities of young people has diminished and, as a result of their increased social and technological knowledge, young people have gained greater authority, psychological autonomy, and social prominence, while remaining socially and economically quite dependent.

Socialization and preparation for adulthood previously undertaken by the family and community have been increasingly delegated to educational and other formal welfare agencies, and, as traditional sources of control and management of behaviour have weakened, new patterns of social activity have emerged. Courtship and marriage, for example, have changed, less emphasis being placed on family lineage and more on individual needs and proclivities.

Especially in urban settings, adolescents have been required to adapt to a much broader and more complex set of interpersonal relationships than has traditionally been the case with young people. This they have often had to do in the absence of adequate guidance and have increasingly turned to the popular youth culture models promoted through the mass media. Typified by values, customs, and fashions peculiar to itself, this culture has, in many instances, served to separate the adolescent further from the sphere of adult influence and familial control.

In developing societies, the processes of urbanization and industrialization are accelerating and as a result of rapid and intense rural-urban migration and technological change traditional social systems in some countries are changing more quickly than was the experience in

developed societies. Patterns of family structure and control are changing and many of the methods by which societies traditionally prepared the young are being invalidated. Adolescents are often forced into situations where they are confronted with conflicting influences of what are perceived as modern codes of behaviour on the one hand and traditional practices on the other. As a result they are increasingly channelled into socially marginal situations where they in turn become especially vulnerable to values and expectations that may have little social approval ; they also find that few services are directed to meeting the needs they subsequently develop. Essentially “Western”, the youth culture to which they are exposed often bears little resemblance to the traditional context in which adolescents in developing societies previously functioned or to the requisites of their present transitional situation. Initiation rites and ceremonies marking puberty and the onset of adult status become less important and in some cases disappear entirely, while modern school-based instruction, even where it is available, cannot entirely fulfil the complete preparation of youth for adult and reproductive life that was previously undertaken by the family and community. Increasingly denied both traditional and modern instruction on matters relating to sex, adolescents are particularly susceptible to unplanned reproductive behaviour, unwanted pregnancy, abortion, and the various consequences of these events.

Contraception

It was acknowledged by participants that the question of contraception is a fundamental issue in any discussion of pregnancy and abortion. However, because of the complexity of the problem it was felt that such subjects as safety, effectiveness, and acceptability of contraception should be dealt with at a separate meeting.

Little comparative data is available on the use of contraceptive techniques by teenagers. The most recent evidence available for the USA and the United Kingdom indicates that the proportion of sexually active adolescent girls who use contraceptives regularly is relatively small. For developing countries anecdotal material suggests that the situation is the same.

Some of the major obstacles to the better use of contraception by adolescents appear to be that many adolescents are ignorant of reproductive physiology and the implications of sexual intercourse, and that contraception remains a source of embarrassment to them. They do not discuss the question easily with parents and in many instances parents