

LETTER TO EDITOR / CARTA AL EDITOR

Teenage pregnancy and Violence: A current public health problem

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Every year, an estimated 21 million teenage girls aged 15–19 years become pregnant, and at least 777,000 births occur to adolescent girls younger than 15 years in developing countries¹. Latin America has the world's second highest teenage pregnancy rate, with about 18 % of births to mothers under 20. Each year, one and a half million adolescent women aged 15 and 19 have babies in the region². Injuries, Violence, self-harm, and maternal conditions are the leading causes of death among adolescents and young adults. Pregnant teenagers are prime targets of different types of Violence. Violence and adolescent pregnancy are public health problems and risk factors for maternal and fetal morbidity and mortality. The United Nations Sustainable Development Cooperation Framework (UNSDCF) prioritizes ending Violence against girls and child marriage^{3,4}.

Honduras is still one of the most violent countries in the world, with a homicide rate of nearly 50 per 100,000 by the end of 2022 and the fifth-highest rate of Violence against women worldwide. From 2005 to 2020, 6,458 violent deaths were reported in women, 8.7% corresponded to children under 18⁵. Data from the last Honduran Demographic and Health Survey (DHS-2019) showed that the adolescent fertility rate (AFR) for 10-14 was 4 (5 rural and 3 urban), and for 15-19 was 97 (115 rural and 77 urban areas). For girls 15-19 in the lowest quintile of wealth, AFR was 145 compa-

red to 35 among girls in the highest quintile of wealth. The departments where the rate is exceeded were the Olancho, Gracias a Dios, Colón and Yoro; the central district and San Pedro Sula municipalities had the lowest values. However, high rates of violent deaths of women were observed⁶.

Violence and teenage pregnancy are public health problems; according to UNICEF data, 14.7% of adolescent girls between 15 and 19 years old said they had suffered physical Violence in their home, 49% came from a father or mother and 25% from a housemate. Some observations report up to 25% psychiatric comorbidity⁷. What has defined four types of perpetrators of physical Violence: 1) Parents or guardians, 2) Intimate partners, 3) Peers of the same age, 4) other adults in the community? About 46.5% of women victims of Violence the first incident had been at the ages of 6-11 years⁸.

A cross-sectional study was carried out from August 2015 to August 2016 in a convenience sample of 2,324 pregnant adolescents living in rural and semi-urban areas of Honduras. The unit of analysis was pregnant adolescents between 10 and 19 years of age inclusive and who had a positive pregnancy test (positive gravindex) or diagnosis by ultrasonography (USG) or which were evident by clinical evaluation and who attended their prenatal check-up to be attended by doctors in social service.



Figure 1. Latin America has the world's second highest teenage pregnancy rate, with about 18 % of births to mothers under 20. 32242354 © Breakers | Dreamstime.com

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This study included variables such as gynecologic-obstetric history (menarche, number of partners, sexually transmitted infections, family planning), personal pathological history (previous illnesses, Violence, alcohol, tobacco, drug use) and family history (chronic diseases and Violence). Honduran "departments" with predominant rural communities had higher rates of reported Violence: Choluteca 13% (14/105),

Olancho 12.5% (15/120), La Paz 10.3% (15/145). (Table 1).

A total of 5.7% (132/2,324) reported some violence: verbal 30.3% (40/132), physical 28.0% (37/132), psychological 7.5% (10/132), and sexual 2.3% (3/132) The main perpetrators of Violence against teenage pregnant women were first-degree relatives, especially the parents, the most frequent types of Violence reported were: verbal Violence. (Table 2).

Department	¿ Violence during pregnancy?		Total	% Violence	95% CI	
	No	Yes			Lower	Upper
Choluteca	91	14	105	13.3%	8.1	21.1
Olancho	105	15	120	12.5%	7.7	19.6
La Paz	130	15	145	10.3%	6.4	16.4
Copán	54	5	59	8.5%	3.7	18.3
Santa Barbara	65	5	70	7.1%	3.1	15.6
Francisco Morazán	683	44	727	6.1%	4.5	8.0
Cortés	158	10	168	6.0%	3.3	10.6
Yoro	81	5	86	5.8%	2.5	12.9
Lempira	131	5	136	3.7%	1.6	8.3
Ocatepeque	29	1	30	3.3%	0.6	16.7
Colón	141	4	145	2.8%	1.1	6.9
Gracias a Dios	201	5	206	2.4%	1.0	5.5
El Paraíso	98	2	100	2.0%	0.5	7.0
Intibucá	64	1	65	1.5%	0.3	8.2
Valle	117	1	118	0.8%	0.1	4.6
Atlántida	7	0	7	0.0%	0.0	35.4
Comayagua	37	0	37	0.0%	0.0	9.4
Total	2,192	132	2,324	5.7%	4.8	6.7

Database Pregnancy in adolescents, Scientific Research Unit, Faculty of Medical Sciences, UNAH.

Table 1. Reported Violence among pregnant adolescents, with 95% confidence intervals. Honduras, (n= 2,324).

Relationship with pregnant adolescent (Number of adolescents that suffered Violence)	Number of adolescents that experienced Violence from and percentage	Type of violence
First-degree relative <ul style="list-style-type: none"> • Father (42) • Mother (26) • Brother (18) • Uncle / Aunt (5) 	86 (86/132=65.1%)	Verbal (35) Physical (33) Psychological (10) Sexual (3)
Partner	8 (8/132=6.1%)	Verbal (5) Physical (4)

Database Pregnancy in adolescents, Scientific Research Unit, Faculty of Medical Sciences, UNAH.

Table 2. Pregnant adolescents with experience of Violence and their relationship with the perpetrator and the type of Violence attended in the areas of influence of medical in Social Service. (n= 132)

Conclusions

Violence and adolescent pregnancy are public health problems and important factors that increase morbidity and mortality during pregnancy with increased risk of adverse outcomes. Teen pregnancy is an ongoing problem related to low socioeconomic levels, family instability, child maltreatment, and Violence. Continuous support must be given to pregnant adolescents, with a psychologist, where the issue is addressed; support is provided, and this can be avoided, especially in the departments where the highest rates were reported. Guaranteeing respect and rights in childhood and adolescence is a pillar of human development, preventing the harm and stigma left by Violence in childhood.

Institutional Review Board Statement

The study was conducted under the Declaration of Helsinki. This research's preparation and execution fully complied with the fundamental ethical principles of autonomy, justice, beneficence, and non-maleficence. They were approved by the Ethics Committee in Biomedical Research (CEIB) of the National Autonomous University of Honduras (UNAH), meeting of March 18, 2016.

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Conflicts of Interest

The authors declare no conflict of interest.

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