

Teen Pregnancy: Health Effects and Guarantee of Rights

POSITION PAPER

Grupo
Médico
POR EL DERECHO
A DECIDIR
GDC COLOMBIA

Global
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NETWORK

Teen Pregnancy: Health Effects and Guarantee of Rights

P O S I T I O N P A P E R

Grupo Médico por el Derecho a Decidir - Colombia
Global Doctors for Choice (GDC) Network

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Grupo Médico por el Derecho a Decidir is a network of doctors from different specialty areas that advocates for women’s timely, comprehensive access to sexual and reproductive healthcare services, grounded in respect for their freedom to make choices. It is part of the Global Doctors for Choice (GDC) network.

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Introduction

One of the objectives of the “*Grupo Médico por el Derecho a Decidir*” is to issue statements on critical topics related to sexual and reproductive rights, drawing from scientific knowledge and constant interaction with women’s day-to-day realities. The motive for this position paper is the case of a 12-year-old who was unable to obtain care for voluntary termination of her pregnancy (VTOP) because of the position held by the attending healthcare professionals (among other reasons). These individuals downplayed the risks that her pregnancy posed to her health and behaved arbitrarily throughout the healthcare process.

In Ruling T-841 of 2011 on this case, the Constitutional Court reaffirmed that mental health risk is sufficient grounds for recognizing any woman’s right to terminate her pregnancy. It is also noteworthy that this ruling prohibits the imposition of any barriers to abortion services other than the previously established requirements.

Grupo Médico por el Derecho de Decidir recognizes this ruling as a fundamental tool for healthcare professionals and related provider institutions. It explains the scope of

partial legalization of abortion in Colombia, laying the foundation for guaranteeing real access to abortion services out of respect for women's fundamental rights.

We therefore feel it is our professional and social responsibility to state our position on teenage pregnancy in light of the events we witness on a daily basis that perpetuate the dynamics of poverty and inequality in our society.

The unnecessary risk that this girl had to face against her will and the subsequent violation of her fundamental rights resulting from a chain of unwarranted, unjustifiable actions is not an isolated occurrence. Her case represents the reality of thousands of teenagers who experience the same situation every day in our country.

The Case

Luisaⁱ, age 12, accompanied by her mother, was 16 weeks pregnant when she requested an abortion to her health insurance company. Her pregnancy was the result of a relationship with her 16-year-old boyfriend. Her request was submitted along with two certificates, one from a gynecologist and one from a psychiatrist, which confirmed that the pregnancy posed a health risk due to her young age. One week later her request was denied; her health insurance company argued that the doctors who issued the risk certificate did not belong to their own providers' network.

A writ of constitutional protection was filed against the decision to deny healthcare. During the process, Luisa was submitted to a series of arbitrary demands. While some authorities disqualified the certificates, the ICBF [Colombian Institute of Family Well-being] provided further evidence of the effect on Luisa's health; an assessment conducted by her school psychologist documented the dangers to her mental health citing her anguish and a suicide attempt. A board of gynecologists dismissed her request, arguing that they had looked after 9-year-old pregnant girls with good outcomes.

The judge decided to deny the request for constitutional protection on the grounds that the consequences of continuing the pregnancy were not certified by a doctor registered with Luisa's healthcare providing entity and stating that the pregnancy was too advanced—21 weeks—by the time of ruling.

After a long and painful process, and after being denied her autonomy and dignity, Luisa was forced to carry the pregnancy to term and become a mother against her will, thus assuming all the short and long term risks that this entailed for her health.

ⁱ Fictitious name.

The Constitutional Court's Ruling¹

Despite the fact that the damage had already been done for Luisa, the Constitutional Court took the case for review and issued a ruling on the merits of the case. It deemed that the health insurance company had violated her fundamental right to health because her case fit the standards indicated in ruling C355/06. This ruling states that abortion is not a crime when the woman voluntarily chooses to terminate a pregnancy that puts her life or health in danger, as certified by a health professional (a psychologist or an MD, according to Colombian legislation)—conditions which Luisa's case clearly met.

Furthermore, the ruling states that VTOP is a fundamental right, a reproductive right and more specifically, it is encompassed within the right to reproductive autonomy; therefore, the state and individual entities that comprise the General System of Social Security in Healthcare (insurance companies and service providers) must refrain from imposing illegal obstacles on the practice of VTOP, such as demanding requirements beyond those described in ruling C-355/2006, for instance, that the certificate be issued by a health professional from the same insurance company the woman is a member of or that she is within in certain gestational age limits.

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Prohibiting abortion when “the mother’s life or health is at risk may constitute (...) a violation by the Colombian government of the obligations inherent in the standards set by international law.”

Ruling T-841/11

The key aspects of the ruling are described below:

- According to the Court, danger to a pregnant woman's health and life entails protection of her physical and mental health, consistent with the International Covenant on Economic, Social and Cultural Rights (ICESCR), which states that the guarantee of one's right to health means attaining “the highest possible

level of physical and mental health” and that pregnancy could cause “a situation of severe anxiety or even serious psychological impairment that may justify its termination according to professional certification.”²

- With regards to age, not only is it unconstitutional to prevent girls under 14 in severe distress from freely consenting to terminate their pregnancy, it is also counterproductive.
- Regarding conditions and demands, the ruling specifically prohibits the imposition of additional requirements beyond a certificate issued by a healthcare professional in the case of a health risk as well as the disqualification of documents issued by psychologists, whose status as healthcare professionals is recognized under Law 1090/2006.
- On the matter of judicial action, it clarified that it is not within a trial judge’s jurisdiction to determine whether a VTOP is appropriate at a specific gestational age, because neither ruling C-355/2006 nor any other legal provision has set a time limit for carrying out a VTOP in decriminalized cases. Therefore the Court deemed it inadmissible to deny service based on this argument.

Finally, the ruling reasserted the importance of having a protocol for rapid diagnosis to prioritize establishing the existence of a physical or mental health risk for women who request a VTOP under this premise. It also considered, in the interest of minimizing complexity and risk, that a reasonable timeframe for responding to a request and carrying out a VTOP is five days, if medically possible.

Extent of the problem: Situation and statistics on teen pregnancy

The World Health Organization (WHO) defines adolescence as the period between 10 and 19 years of age. This categorization includes pre-adolescence from 10 to 14 and late adolescence from 15 to 19. While early pregnancy occurs in all socio-economic levels, it is more predominant in lower socio-economic sectors, and in developing countries. A report by the Economic Commission for Latin America and the Caribbean (CEPAL) specified that the fertility rate for socioeconomically vulnerable adolescents is four times higher than that of wealthier ones.³ Similarly, teen pregnancy is more frequent in young women with lower levels of education.⁴

One-tenth of all births worldwide are attributed to teenage girls, and in many countries the complications related to pregnancy, miscarriage and labor are the leading cause of death among 15 to 19-year-olds.⁵

Furthermore, it is important to bear in mind that infant mortality is much higher in children born to mothers under 15 years of age, compared to mothers of any age or to mothers in late adolescence (15-19), according to the data on Latin America.⁶ A child born to a pre-teen mother has a 60% higher risk of dying during its first year of life.⁷

Reality in numbers:

- Every year, at least 60,000 teenagers die worldwide due to problems related to pregnancy and childbirth.
- The risk of death during labor is twice as high for adolescents as it is for adults. If the girl is under 15, the risk is five times greater.⁸
- In Colombia in 2010, 23% of children were born to teen mothers.⁹
- That same year, 17 girls died as a result of pregnancy or childbirth. Pregnant girls aged 10-14 were at twice the risk of dying compared to those aged 15-19.

Does pregnancy pose a general risk to teen health?

Summary of the evidence

Theoretically, the increased risk of medical complications associated with teen pregnancy mainly results from lack of physical maturity. From a socio-cultural perspective, poverty caused by low educational levels and high fertility rates, combined with isolation, social stigma, single parenting and the convergence of the pregnancy with the psychological crisis entailed by adolescence lead to greater risk of physical and mental disorders associated with stress.¹⁰

Several population studies confirm the existence of this risk, consistently demonstrating that pregnancy poses a health risk for teenagers, in the physical as well as the mental and social dimensions.

In the short term, teen pregnancy constitutes an increased risk of obstetric complications and adverse perinatal outcomes. The likelihood of developing anemia, urinary infections, pre-eclampsia, premature birth, perinatal mortality, postpartum hemorrhaging, infection, and requiring an instrumented delivery increases.^{11, 12, 13, 14} Although there

are regional variations worldwide, one study assessing the impact of pregnancy on the physical health of nearly 345,000 Latin American teenagers¹⁵ confirms a greater incidence of complications in samples of teenagers compared to the adult population.

Regarding mental health, high rates of depressive symptoms have been observed in teenagers during pregnancy and the postpartum period, reaching as high as 57% during the first four years after giving birth,^{16, 17, 18} —two to three times higher than rates for the adult population in general.¹⁹ A study of 125 pregnant Colombian teens found that they suffered twice the rate of depression compared to those who were not pregnant.²⁰

In the long term, women who became teen mothers experience decreased mental, social and physical health in adulthood compared to those who became mothers later in life.^{21, 22, 23} This risk is reflected in higher rates of depression,²⁴ use of psychoactive drugs and alcohol, lower levels of education,²⁵ less family stability and greater probability of experiencing violence, poverty, social disadvantage and dependency on state welfare.^{26, 27} Regarding negative physical outcomes, studies show that when maternity occurs at a young age, women experience greater risk of illnesses such as uterine and lung cancer, cardiovascular disease²⁸ and even a 60% greater risk of premature death.^{29, 30}

Other studies have looked at whether the increased frequency of complications during teen pregnancy is a consequence of other pre-existing factors like poverty, family dysfunction, abuse and low educational levels, and not the age of the woman per se. However, all the previously cited studies found that, when these confounding variables are controlled,³¹ the mere fact of being a teenager determines an increased risk of negative health outcomes in pregnant women, regardless of socio-economic status or the quality of prenatal care received.

All these effects are intensified in younger adolescents. The lower the age, the more negative the outcomes of pregnancy on teens, reinforcing the hypothesis of an existing correlation.^{32, 33, 34}

Moreover, prospective studies that observe the social performance of pregnant teens support this theory, providing evidence that those who decided to terminate their

pregnancy attained higher levels of education and economic capacity, both short- and long-term, compared to those who became teen mothers, regardless of previous status.^{35, 36, 37} This, the authors conclude, suggests that terminating a pregnancy can mitigate the social disadvantage that often goes along with teen motherhood.

What do studies show?

- In Latin America, a girl under 15 is four times more likely to die during pregnancy, suffer a postpartum infection or hemorrhage than an adult woman. (Conde-Agudelo 2005)
- For every year that the onset of motherhood is delayed, the economic capacity of families improves by 32%. (Moore 1993)
- Women who become mothers in adolescence are 70% less likely to go on to higher education. (Hoffert, 2001)
- The risk of developing depression during pregnancy or after giving birth is much greater in teenagers compared to adults. (Wolf 2009)

The scientific evidence available confirms that the continuation of pregnancy poses a health risk to teenagers, and, although there are a number of determining factors, this risk is directly associated with the age variable.

Legal Arguments

The Plan of Action that stemmed from the International Conference on Population and Development held in Cairo in 1994 (to which Colombia has pledged its commitment) reaffirms the fundamental right of all couples and all persons to freely and responsibly choose the number and spacing of their offspring and to have access to the information, education and means necessary to do so.

Reproductive health entails the ability to enjoy a satisfactory and risk-free sex life and to procreate; the freedom to decide whether to do this or not, when and how often; the right to obtain information on contraception and all other legally permissible methods for regulating fertility, and the right to have access to safe, effective, affordable and acceptable methods. It also includes the right to receive adequate healthcare services and to carry a risk-free pregnancy to term, culminating in a safe delivery. All this is meant to provide greater chances of having and raising healthy offspring.

Consequently, in a context where the state recognizes the right to an abortion under certain circumstances that have been met, preventing a woman from terminating a pregnancy violates international commitments and the national legal framework.

Teen rights

Regarding the rights of teenagers in relation to VTOP, two principles should be borne in mind: their evolving capacities and the concept of the higher interest of the minor. The first recognizes teenagers' autonomy to make their own decisions concerning their sexual and reproductive health; the second demands that their interests and rights be prioritized and protected in the most effective way under all circumstances and at all times. This protection takes precedence, even over their parents.

Like all women, minors have the right to receive what is in the best interest of their health, to autonomy and to make informed, evidence-based decisions regarding their health. When faced with a health risk, a teenager's decision to terminate her pregnancy must prevail over decisions made by physicians, authorities, parents and guardians in order to prevent discrimination against the special circumstance of being a minor.

An underage woman's freedom to exercise her identity and rights shall prevail when a pregnancy becomes an extraordinary and oppressive burden for her, or when it affects her and/or her family's health, and economic status. .

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Social dimension of health³⁸

The right to health must be safeguarded in a comprehensive manner. While there is broad evidence to support the risk posed by pregnancy to the physical and mental health of a teenager, clearly the greatest risk is concentrated in the social dimension of health, which includes all the factors related to her well-being and life plan.

The idea of a life plan is related to the concept of self-fulfillment and the ability to make choices for leading one's own life and achieving personal goals. These choices are the expression and guarantee of freedom, and take on vital importance in adolescence for all girls.

When pregnancy interferes with the educational process, compromising employment or professional possibilities, or the woman is not emotionally or physically capable of

caring for a child—all elements that are nearly universal during adolescence—it poses a clear and undeniable risk to her social health.

As a social phenomenon, the complex array of difficulties in taking on motherhood in adolescence can perpetuate the cycle of poverty. The teens most likely to get pregnant are from the poorest sectors of society. When they see their life plans disrupted by the onset of motherhood, they find it even more difficult to achieve their academic, employment and economic potential, are more likely to have larger families in the future and become more likely to be single mothers.. These are all determining factors of poverty, thus, these women remain in the least fortunate group.³⁹

Some well-known epiphenomena, such as the tendency to repeat patterns of teen pregnancy within the same family or the lack of a clear life plan, which lead teens to try to assert their self-worth through motherhood, contribute even further to the perpetuation of these adverse social conditions.

Friendly healthcare services for teenagers must therefore be comprehensive and address the problem of pregnancy in accordance with the Colombian legal framework. It is our social responsibility as physicians to actively advocate for teenagers to have real access to all health information and services aimed at minimizing the impact of unwanted pregnancy, and for the state to acknowledge this as their fundamental right, including abortion.

Position of Grupo Médico por el Derecho a Decidir on teen pregnancy and the right of every Colombian teenager to terminate an unwanted pregnancy

Having a child during adolescence may be culturally acceptable; it can also be an independent choice to decide not to have one. What is unacceptable from any standpoint is forcing a teenager to carry a pregnancy to term, entailing risks, which she is not obliged to take.

It must be up to the individual teen herself to decide if she wants to take on the risks posed by pregnancy, bearing in mind her own evolving capacities and best interests. Not only is it unconstitutional to prevent girls under 14 in severe distress from freely consenting to terminate their pregnancy, it is also counterproductive.

Pregnancy as a risk on the grounds that it endangers a woman's health and life entails protecting both her physical and mental health - this includes teenagers.

It is unacceptable for healthcare staff to impose additional requirements to the healthcare professional's certificate confirming the existence of a health risk, or to disqualify documents issued by psychologists, given that Law 1090 of 2006 recognizes their status as healthcare professionals.

Acknowledgement by the state of every teen's right to avoid health risks can only be reflected in real actions to the extent that society and healthcare workers in particular, recognize and respect the autonomy of each underage woman.

Teen pregnancy is a complex social and cultural phenomenon that requires comprehensive healthcare. Such care must take into account the country's legal context as well as the protection of fundamental rights, regardless of healthcare workers' personal convictions or any moral discussion when it comes to assessing and certifying the existence of the health risk that pregnancy undoubtedly involves and that is clearly supported by scientific evidence.

With regard to the Colombian legal context, Colombian law protects a woman's decision to terminate a pregnancy that puts her health and well-being at risk. This is true regardless of age, and furthermore, it provides special protection for the most vulnerable groups, such as teenagers, since many factors converge in them to increase health risks, thus constituting universal legal grounds for voluntary termination of pregnancy.

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