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SOCIAL AND ETHICAL CHALLENGES FOR NOWADAYS MEDICINE WITHIN TEEN PREGNANCIES

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Introduction

The development of teen girls reproductive behaviour indicators in Slovakia and in developed countries is unfavourable. This development may be caused by socio-structural factors but also by changes in value orientation and attitudes of society. Pregnancy and parenthood during maturation are some top of the glacier in risky behaviour of teens or adolescents.

Pregnancy is a special period in a woman´s life. The pregnant woman needs support from father of her child, from her family. The younger a girl becomes pregnant, the greater the health risks are. Pregnancy is a short period of time where many changes occur in the female body. During this time, pregnancy can cause health complications in the women, teenage girls especially. During early pregnancy, before 12th week of gestation, there is an increased risk of miscarriages[18] which can cause heavy bleeding, infection, severe pain, fever and chills (ACOG, 2013). The most common risk factors of miscarriages are: pre-pregnancy overweight and underweight, previous miscarriages, previous termination of pregnancy, long time use of contraception, stress, alcohol intake, coffeine intake, smoking and drug abuse. These risk factors are very often part of risky behaviour and life style of young people nowadays.

The incidence of teenage pregnancies is high not only in developing countries, i.e. in Sub-Saharian Africa (Adamcová, 2011), but in developed countries, too, and the fertility rates differ significantly between but also within these two groups of countries (developed and developing countries).[19]

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[18] Ectopic pregnancy, defined as implantation of the egg outside the normal uterine cavity, is the second group of problems during early pregnancy. The common clinical presentations are vomiting, abdominal pain, fever and intensive bleeding.
[19] For detailed information see e.g. Darroch JE, Singh S, Frost JJ., 2001, for cross-national comparison, see the World Bank database (Adolescent fertility, at: http://data.worldbank.org/indicator/SP.ADO.TFRT) and the World Health Organisa-

The authors are focusing the teen pregnancies problem from the risky youth behavior perspective and social determinants of health perspective. Authors analyse problems of teen pregnancies within ethical and social challenges in contemporary medicine.

Social challenges

Historically, young, unmarried women who became pregnant were either sent away to have their child (many of these children were given up for adoption), or pregnant young women were forced into marriage in order to avoid an out of wedlock birth and social defamation of the family (Falisová, 2009 and Falisová, 2013). In our culture, despite of the rising numbers of cohabitating couples, pregnancy is generally considered a morally accepted practice of those that are married and just slowly the unmarried pregnant women is considered socially acceptable, and, in general, unmarried pregnant teenage girls are considered morally corrupted or irresponsible in many countries and are object of stigmatization.

Adolescent pregnancies are the social problem, which has its causes and consequences. These consequences can be seen in the social and demographic structure of society and even in the field of economy. Adolescent fertility rates are one of world development indicators monitored by the World Bank and United Nations (http://data.worldbank.org/indicator/SP.ADO.TFRT). However, what makes teen pregnancies a notable social problem, are not their economic or welfare costs, but health and family problems of adolescents during their later life. Besides, teen pregnancies can be considered as one of indicators of the „social health" of society.

Social determination of health perspective

Growing research on social determination of (adolescent) health gives many evidence, that the deleterious outcomes attributed to teenage pregnancies are set before pregnancy and are extrinsic to young age.

In some developing countries, unstable political situation can lead to war, civil strife or to some kind of conflict. In conflict, there exists a danger that woman could be killed, abducted or sexually abused. Violence and insecurity bring a lot of risks also to pregnant women. Being a young woman in a conflict situation increases her vulnerability (Adamcová, 2011).

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tion (Adolescent pregnancy, at http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/data) for cross-national comparison.

In Nicaragua, unintended pregnancy is particularly problematic among adolescents, whose annual fertility rate of 109 births per 1,000 15–19-year-olds is the highest in the Americas (the World Health Organization region comprising South, Central and North America), where the average is 61 births per 1,000 adolescents. Approximately half of young Nicaraguan women give birth before age 20, and 45% of their births are unintended, regardless of their educational background or whether they live in urban or rural areas. Several aspects of life in Nicaraguan society contribute to high unintended fertility. First, women are subordinate to men and are at risk for sexual violence and unexpected, undesired and unprotected intercourse. This makes it difficult for women to control their fertility, as does their partners' refusal to use certain contraceptive methods, like condoms. Second, although Nicaraguan society often encourages young men to have premarital sex, it disapproves of young women doing so. Thus, many young unmarried women do not seek contraceptive and reproductive health services because they fear disclosing their sexual activity. Third, Nicaragua bans abortion (Ehrle, Sarker, 2011).

However, the risk of unintended sexual activity/abuse, sexual violence within the youth is present also in developed, industrial, urbanized countries and regions. Date rape is known phenomenon in many European countries. Especially in Poland, there is reported an increase of sexual violence experienced by young women by use of so called „rape pill" (Nowakowski, 2011). What roles do cultural and ethnic attitudes toward violence play in adolescent pregnancy, should be object of special research. Research on social norms and ethics within intimate (heterosexual and family) relationships, should be fostered.

Problems of teenage mothers as leaving school at the minimum leaving age, lacked qualifications, unemployment, socioeconomic disadvantage, etc. often precede the pregnancy[20] and use to be mitigated somewhat by supportive family structures (Macintyre, Cunningham-Burley, 1993 and Bissell, 2000). Socioeconomic factors (especially at the family and community level) are considered by some contemporary studies as moderators or mediators of other effects, e.g. the protective effect of teens' educational expectations. Interventions that address socioeconomic influences at multiple levels (e.g., individual, family, and community) could positively affect large numbers of teens and contribute to the elimination of disparities in teen childbearing (Penman-Aguilar, Carter, Snead, Kourtis, 2013).

Sir Michael Marmot, the expert of WHO on social determinants of health, claims that action on the social determinants of health should be

[20] Contribution to research on social determination of health and teenage pregnancies was made also by historians, for Slovakia e.g. Falisová (2009), Falisová (2013).

a core part of health professionals' business. Those working within the health system have an important, albeit often under-utilised, role in reducing health inequalities through action on the social and economic factors: the social determinants of health. Tackling health inequity is a matter of social justice; it is also essential in order to provide the best care possible. Preventive measures that improve the conditions in which people live can lengthen people's lives and years spent in good health, improve services and save money. Health care workers can play an important role as advocates for individuals (patients and their families), fosterers of local policy change, for changes to the health professional workforce and even for changes to national policy (Working for health Equity, 2013).

Risky behaviour perspective

Pregnancies, early sexual initiation and early sexual life of adolescents can be conditioned by various factors within particular societies. From the relevant literature about the problem, it seems both socio-economic and cultural factors play the role in prevalence and effects of adolescent pregnancies. In highly developed, industrial countries, e.g. Canada, USA, many researchers link the early sexual life to the complex of risky behaviour of the youth, thus, the public health and social welfare programs are designed for surveillance of several indicators of risky behaviour to evaluate and improve adolescent health outcomes.[21] Activities such as smoking, drinking, sex, and drug abuse are generally first encountered before individuals are 18 or 20, yet they have important impact on the rest of life of these young people.

However, we cannot be blind to the impact of mass media which show the sexual life of teenagers as a pleasure and a component of their rights, and glorify such consumerist life-style in adolescents, however, on the costs of their parents.

[21] In the USA, the Youth Risk Behavior Surveillance System (YRBSS) has been developed. The system monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including 1.Behaviors that contribute to unintentional injuries and violence, 2. Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection, 3. Alcohol and other drug use, 4. Tobacco use, 5.Unhealthy dietary behaviors, 6. Inadequate physical activity. YRBSS also measures the prevalence of obesity and asthma among youth and young adults. Data are cross-sectional, YRBSS includes a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments (http://www.cdc.gov/HealthyYouth/yrbs/index.htm ?s_cid=tw_cdc16).

Although emergency contraception, the response of „technologized" medicine to risky sexual behaviour of the adolescents, can reduce the incidence of teen pregnancies, however, easy accessibility of the „post-pill" (without medical prescription) can lead to its misuse, and, from medical point of view, replace health problems related to teen pregnancy by other health problems.

To reduce sexual risk behaviours and related health problems (including behaviours that decrease the risk for sexually transmitted diseases-STDs, and unintended pregnancy) among adolescents, not just schools but also other youth-serving organizations can help young people adopt lifelong attitudes and behaviours that support their health and well-being and prepare them for responsible parenthood. Researchers of Centers for Disease Control and Prevention in the USA recommend, on the basis on its systemic literature review and research, that "abstinence from vaginal, anal, and oral intercourse is the only 100% effective way to prevent HIV, other STDs, and pregnancy. The correct and consistent use of male latex condoms can reduce the risk of STD transmission, including HIV infection. However, no protective method is 100% effective, and condom use cannot guarantee absolute protection against any STD or pregnancy" (http://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm).

The increase in use of contraceptives among adolescents cannot itself solve the problem of unintended pregnancies nor early sexual life of the youth and health and social harms it brings during their life course in the future. All these evidence should be taken into consideration by planning (health) education for both the youth and health and other professionals that provide services to adolescents.

One of challenges for medicine is the education about sexuality and reproductive health, that should be hand in hand with moral development of a young men and women. Preparation for responsible parenthood takes place formally and informally. Formal systems may include education from clinics, doctors and other professionals (Chalmers, Meyer, 2013). Truthful informal education should occur from both parents (mother and father) to their children, not just to daughters in family, from books and through right value oriented media.

Ethical challenges

Ethics are standards of conduct or social norms that prescribe human behaviour. Ethics as a field of study is a normative discipline whose main goals are prescriptive and evaluative rather than descriptive and explanatory. Moral standards distinguish between right and wrong, good and bad, virtue

and vice, justice and injustice. Professional ethics are standards of conduct that apply the people who occupy a professional occupation or role. The person who enters a profession acquires ethical obligations because society trusts them to provide valuable goods and services that cannot be provided unless their conduct conforms to certain standards. Health care professionals have duty to have not only excellent, actual knowledge and perfect practical skills, but also ethical attitudes to those, who need their care and support.

Ethics of responsibility is the fundamental category, relating to any work performance. The professional have to know what is considered ethically bad or good in each particular situation (Vaculíková, 2009).

It is an important feature of health care and medical professionals to provide optimal care for vulnerable persons. Teenage girls are considered a vulnerable population group. The human maturation is achieved in an age of adulthood obviously. The biopsychological development is connected with social and spiritual maturation in young people. The physical maturation of woman starts earlier than psychosocial maturation. When the physical development outruns mental development, this can be the source of negative feelings and teenager, especially teenaged girl, is not able to cope with this change (Vágnerová, 2002). The life style and value system of teenage girl need to be taken in consideration. The maturation of person is period of preparation for life, for independency, for intimate relations. But it is not period of parenthood! It is period of preparation for love, for marriage and for responsible parenthood (Pástor, 2006). Health care providers must have appropriate knowledge of law, ethical principles and moral reasoning to provide care to this vulnerable population group.

Teenage girls, as vulnerable persons with risky behaviour, deserved the respect for their human dignity from professionals who providing the care and support for them. Human dignity is warranted by the legal order of particular state, by specification of fundamental rights and freedoms as human rights. Besides legal protection of human dignity by the state, the society as a whole is enhancing, protecting or violating human dignity by its moral relationships (Vaculíková, 2009).

The relationship between doctor and client/patient is based on an interpersonal relationship of a special type. It is meeting between trust and conscience. Very important is to give only truth information. Ethical decisions regarding consent and confidentiality should be distinguished from legal requirements. There are statutory exceptions in legislation in many countries to the rule of parental consent regarding emergency care, sexually transmitted diseases, drug treatment, mental health care, pregnancy, contraception in adolescent, underaged patients, known as „*mature minor* doctrine".

Ethical dilemmas relate e.g. to the definition of co called “post-pill” known also as “emergency pill” which is used after unprotected sexual intercourse, however, the situation is not “emergency” from medical point of view obviously.

Conclusion

We suggest that teen pregnancies can be considered as one of indicators of the „social health“ of society and the adequate research of social etiology, including research on attitudes and ethics in heterosexual and family relations, is necessary. In order for the health workforce to successfully take action on the social determinants of adolescent health, the professional education and training are essential. Challenges should take place within undergraduate education, postgraduate education, continued professional development, and other forms of professional training.

The challenges for contemporary medicine we can see also in cross-sectional cooperation in prevention of adolescent pregnancies, that will include variety of professionals from developmental psychology, pedagogy, social work, sociology, health care, theology and policy makers. This cooperation can be useful in areas of developing and monitoring indicators of adolescent health, in designing strategies of social prevention and health promotion, raising public awareness, in education of professionals etc.

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