

Challenges and Adverse Outcomes of Teenage Parenting: A Narrative Review

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ABSTRACT

Teenage pregnancy remains a major global public health concern, with significant health and socioeconomic consequences for both young mothers and their children. Young parents face challenges across multiple domains—societal, financial, medical, educational, and employment—that compound their difficulties. This narrative review addresses key gaps in understanding the long-term impacts of early motherhood, focusing on how young women balance childcare with personal aspirations and the resulting implications for their health, education, and employment. Research shows that children of young mothers are at higher risk of delinquency, depression, early parenthood, and school dropout. Adolescent mothers often experience fatigue, social isolation, and difficulty managing academic and job responsibilities. Young fathers, frequently from disadvantaged backgrounds, face high rates of unemployment and criminal involvement. Additionally, relationships among young parents are often unstable, with only half remaining together one year after childbirth. This review highlights the need for targeted prevention and support programs for young families, particularly mothers, to inform effective policy and intervention strategies.

Keywords: *Health care economics, health status, adolescent fathers, adolescent mothers, teenage pregnancy.*

INTRODUCTION

This article is a narrative review that synthesizes current knowledge on the experiences and challenges faced by young mothers, particularly those under the age of 25 at the time of their first childbirth. Teenage pregnancies—defined as pregnancies occurring between ages 13 and 19—remain a significant global public health issue, with wide-ranging health and socioeconomic consequences for both mothers and infants. Each year, an estimated 21 million girls aged 15-19 become pregnant worldwide, and around 12 million give birth [1].

Young parents and their children often face significant vulnerabilities, especially in accessing healthcare, education, and other essential services. These disadvantages place them at a heightened risk of long-term hardship and reliance on welfare support [2]. Teenage pregnancy is frequently associated with familial histories of early pregnancies, unstable housing, socioeconomic deprivation, and childhood experiences of sexual abuse [2]. In addition to personal struggles, young mothers face social, financial, medical, educational, and employment-related barriers that make parenting especially difficult [3].

As a result, many experience adverse outcomes such as poverty, emotional distress, welfare dependence, and difficulty completing education or finding stable

employment [4]. Pre-existing disadvantages are often worsened by limited access to educational programs, affordable childcare, secure housing, and societal stigma. These challenges can lead to disengagement from mainstream services and community resources [5].

Children born to young parents are also at increased risk of negative outcomes. According to the Australian Institute of Health and Welfare (AIHW) [6], they are more likely to be born with low birth weight, experience health problems in infancy, and develop behavioral issues. These children often grow up in cycles of social and economic disadvantage and have a higher likelihood of entering the child protection system or becoming young parents themselves.

The bond between mother and child is critical for emotional and psychological development. Bowlby's attachment theory [7] highlights the importance of early emotional connections in forming secure attachments, which influence future relationships and emotional well-being. Ainsworth [8] expanded on this theory by identifying distinct attachment styles—secure, anxious, and avoidant—and examining their effects on emotional and behavioral development. Brumariu's recent research [9] supports these findings, showing that secure attachments foster emotional regulation and social competence, while insecure attachments are linked to emotional difficulties and relationship issues. These foundational theories and contemporary studies underscore the lasting impact of early attachment on child development.

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Given these challenges and growing research on early parenthood, this review seeks to address gaps in understanding the long-term effects of teenage and young motherhood. It focuses on how young mothers manage childcare while pursuing personal goals and the broader implications for health, education, and employment. The objective of this review is to identify the challenges and outcomes associated with teenage pregnancy.

LITERATURE REVIEW ON ADVERSE OUTCOMES OF TEENAGE PARENTHOOD

Teenage pregnancies pose a significant global public health challenge, with serious health and socioeconomic consequences for both mothers and their infants. Each year, approximately 21 million girls aged 15-19 become pregnant worldwide, with about 12 million giving birth [1]. The burden is disproportionately higher in low- and middle-income countries (LMICs), which account for 95% of these pregnancies. Complications from pregnancy and childbirth remain the leading cause of death among adolescent girls globally, with 99% of maternal deaths occurring in LMICs [10]. These pregnancies are associated with increased risks of adverse maternal and neonatal outcomes (**Fig. 1**).

Nutritional anemia is particularly concerning among teenage mothers, as their ongoing physical development increases iron demands. Inadequate iron intake during pregnancy heightens the risk of anemia and complications such as obstructed labor and eclampsia [11]. Infants born to teenage mothers face higher risks of preterm birth, low birth weight, fetal growth restriction, and neonatal mortality [12].

The emotional toll is also significant, particularly for girls lacking family or financial support, often leading to school dropout and limited preparation for parenting responsibilities [13]. Many young parents come from disadvantaged backgrounds, with lower educational attainment and a higher likelihood of unplanned pregnancies. As a result, they often struggle with completing their education, maintaining stable housing, and pursuing career opportunities [14].

Additional challenges arise for young women with pre-existing mental health issues or histories of prolonged hospitalization. For those transitioning from foster or residential care, managing independent living while parenting is particularly difficult. Financial hardship is common, as many lack budgeting and basic life skills necessary for self-sufficiency [15].

THE IMPACT OF EARLY FIRST BIRTH ON MATERNAL AND CHILD OUTCOMES

Children born to young mothers face a wide range of adverse outcomes, including externalizing behaviors such as delinquency and violence, internalizing challenges like depression and anxiety, and disrupted life trajectories, such as early parenthood and school

dropout. Research consistently indicates that early childbearing is associated with negative effects on children, even those born later in a mother's reproductive life. These children often experience unstable family environments, frequent changes in residence or caregivers, and strained parent-child relationships [16]. Academic underperformance and behavioral issues are also commonly observed.

Compared to those born to older mothers, children of teenage mothers are at greater risk of health complications, including low birth weight, prematurity, and neonatal mortality. They also face increased vulnerability to social-emotional difficulties, intellectual disabilities, behavioral disorders, and higher rates of abuse and neglect [5]. In adulthood, these individuals are more likely to experience poverty, unemployment, criminal involvement, and early parenthood.

While these outcomes are well-documented, it remains unclear whether maternal age directly causes them or whether underlying factors, such as poverty, impulsivity, or maternal antisocial behavior, are the primary contributors. Early motherhood may also interrupt the family's developmental trajectory, creating environmental instability with immediate consequences for the child.

One study found that male children of mothers who gave birth before age 19 faced significantly higher risks of life disruption. These boys showed elevated rates of substance use and gang involvement at ages 16-18, greater unemployment at 19-21, and increased likelihood of early fatherhood. The effects on daughters were less pronounced, with early motherhood being the most consistent risk [17].

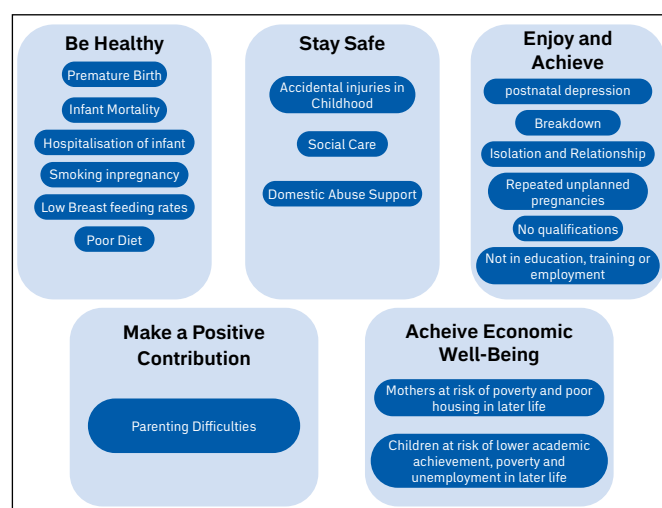


Fig. (1): Adverse maternal and child outcomes linked to teenage parenthood [18].

ADVERSE MATERNAL OUTCOMES AMONG TEENAGE MOTHERS

Adolescent mothers face numerous challenges during the transition to motherhood, including increased responsibility, physical health complications, limited

support, difficulty adopting the maternal role, emotional and mental distress, and role conflicts. Balancing childcare, household tasks, school attendance, and social relationships often proves difficult. Studies frequently cite fatigue and struggles with maintaining friendships, continuing education, and securing employment among teenage mothers [19].

Physically, adolescent mothers often experience complications during and after pregnancy. Issues related to pregnancy, childbirth, and breastfeeding can hinder their ability to assume maternal responsibilities. Common complications include iron deficiency anemia, pre-eclampsia, dystocia, cesarean delivery, cracked nipples (breast fissures), and postpartum fever [20].

Lack of support further compounds these challenges. Adolescent mothers need assistance with parenting, financial stability, housing, education, and childcare to reduce the risk of poverty and poor living conditions. Unfortunately, many receive inadequate support from families, communities, and healthcare systems [21]. Financial strain related to infant nutrition, medical care, and childcare often forces them to rely on family or friends [22].

Teen mothers may also struggle to fulfill maternal responsibilities effectively due to limited knowledge and skills, sometimes turning to unreliable sources of information. Williamson *et al.* [23] report that many young mothers are unprepared for parenthood, exhibiting low commitment, resistance to lifestyle changes, lack of confidence, and dependence on others. Similarly, Pogoy [22] found that many teenage mothers admitted they could not care for their children independently.

Knowledge gaps in areas such as breastfeeding, maternal and child health, postpartum care, contraception, nutrition, hygiene, medication, sexual health, and support services are common. Emotionally, teenage mothers often experience a wide range of distressing emotions—fear, worry, regret, frustration, guilt, shame, depression, and relationship strain. Studies highlight that young mothers frequently report emotional overwhelm, including feelings of inadequacy, denial, social isolation, and a persistent sense of mental exhaustion [21].

Stress is often exacerbated by factors such as the simultaneous demands of adolescence and motherhood, dependency on others, unintended pregnancies, poor decision-making, fatigue, stigma, and limited support. These stressors may negatively affect both the mother's well-being and her ability to parent effectively.

Role conflict is also common, particularly between being a student and a mother. The competing demands of school and childcare frequently lead to absenteeism or school dropout. Barmao-Kiptanui *et al.* [24] noted that childcare responsibilities often interfere with educational commitments. Although teen mothers assume adult roles, many still seek autonomy and self-focus, yet

remain reliant on others to meet their children's needs. Some may also continue engaging in risky behaviors and neglect caution in health-related matters.

Bah [25] highlights conflicts between maternal identity and self-perception, contributing to poor prenatal care and underuse of health services, which increases the risk of complications such as low birth weight, anemia, and dystocia. Adolescents also have higher rates of high-risk behaviors like smoking and substance abuse [19].

Healthcare providers can help address these issues through targeted interventions. Govender's study [26], which explored adolescent pregnancy and motherhood from the perspectives of affected young women, identified themes such as the complexities of adolescent pregnancy, father involvement, post-pregnancy experiences, support systems, repeated pregnancies, and the future hopes of young mothers.

UNDERRECOGNIZED ROLE AND OUTCOMES FOR YOUNG FATHERS

The fathers of infants born to teenage mothers are not always in the same age range as the mothers. Although data on this topic is limited due to inconsistent recording of paternal details in birth registrations, available statistics indicate that about one-quarter of fathers are under 20, half are between 20 and 25, and the remaining quarter are over 25. Young men who become fathers during their teenage years often come from disadvantaged backgrounds. They are more likely to live in impoverished areas, be unemployed, have a history of foster care, or be involved in criminal activity [27].

Relationships between young parents are often unstable. Studies show that only about half of these couples remain together one year after the child's birth [28]. However, forming a positive relationship with the mother during pregnancy is a strong predictor of the father's involvement in the child's early years.

As noted in A Framework for Supporting... [29], support services frequently overlook young fathers. Many do not live with their partners and may be perceived as single men, leading to exclusion from parenting programs that focus primarily on mothers. Some young men also take on a parental role despite not being the biological father.

Teenage mothers and young fathers share similar challenges when entering parenthood. These include pre-existing vulnerabilities and mental health issues. Teenage mothers are three times more likely to experience postnatal depression, and many continue to face poor mental health for up to three years after childbirth. Young fathers also face high rates of anxiety, depression, and conduct disorders. Factors such as family instability, relationship breakdowns, domestic violence, and inadequate housing further worsen maternal mental health outcomes.

TEENAGE PARENTHOOD IN SOUTH ASIA AND PAKISTAN: REGIONAL CHALLENGES

Teenage pregnancies in South Asia are associated with increased risks of adverse obstetric and health outcomes for both mothers and children. In this region, early pregnancies are often driven by early marriages and societal expectations to conceive soon after marriage [30]. A lack of knowledge about pregnancy and contraception among teenage girls further contributes to high rates of early pregnancies. Research highlights broader socio-demographic and cultural factors, such as limited educational opportunities for women, low socioeconomic status, and belonging to ethnic or religious minorities, as major contributors to the prevalence of teenage marriage and pregnancy in South Asia [31].

The World Health Organization (WHO) has identified the elimination of harmful practices like child and early marriage as a Sustainable Development Goal (SDG) to be achieved by 2030. This initiative aims to reduce the health risks associated with teenage pregnancy [32]. Despite these global efforts, teenage pregnancies remain prevalent, particularly in South Asia, where factors like early marriage and inadequate education persist [33].

Pakistan, a South Asian country, has a significant adolescent population—22.3% of its total population, or approximately 40 million individuals [34]. Although the rate of marriages among girls under 15 has declined, marriages between the ages of 17 and 18 remain common. Nearly one in two teenage girls marry before the age of 18 [35]. Consequently, early pregnancies are widespread, with 7.7% of women reporting pregnancies before the age of 19. Rates of teenage pregnancy also vary across regions (provinces) of Pakistan [36].

Key contributors to teenage pregnancies in Pakistan include sociocultural norms that support early marriage, a lack of contraceptive knowledge, and limited access to healthcare services. These factors, compounded by the country's complex socio-economic challenges, contribute significantly to high rates of early pregnancies among adolescents. However, the specific mechanisms behind these patterns remain unclear, underscoring the need for further research into the evolving dynamics and predictors of teenage pregnancy [37].

LOCAL PROGRAMS AND POLICY CONTEXT

Pakistan has taken some steps toward addressing teenage pregnancies through policy frameworks and initiatives. The National Vision 2016-2025 [38] emphasizes the importance of sexual and reproductive health education, though implementation at the local level remains inconsistent. The Population Welfare Program (PWP) [39] and the Lady Health Worker Program [40] have made strides in increasing awareness

about family planning methods, particularly in rural areas. However, these programs often face challenges due to limited resources, societal resistance, and a lack of engagement from male family members in rural and conservative settings.

Suggested Improvements and Future Strategies:

Enhancing Education and Awareness

Education is a key determinant in reducing teenage pregnancies. Ensuring that adolescent girls remain in school is vital, as educational attainment is inversely related to early childbearing. Government and non-governmental organizations (NGOs) should work together to increase access to comprehensive sex education, including information on contraception, reproductive health, and the implications of early pregnancies. School curricula must incorporate gender equality, reproductive rights, and the risks of early marriage and pregnancy. Increasing mass media awareness campaigns that target both girls and boys can further empower adolescents to make informed decisions.

Improving Access to Contraceptives

One of the main barriers to reducing teenage pregnancies is the lack of access to contraception. In Pakistan, adolescent girls often face significant obstacles in obtaining contraception due to restrictive laws regarding age and marital status, biases among healthcare providers, and logistical or financial constraints. Reforms are needed to make contraceptives more accessible and affordable for young girls, particularly in rural and underserved areas. This includes expanding the reach of family planning services, providing training for healthcare workers on non-judgmental counseling, and reducing the stigma associated with contraceptive use.

Poverty Reduction and Socioeconomic Support

Addressing the root causes of early marriages and pregnancies requires tackling poverty and improving socioeconomic conditions. This can be achieved through targeted programs that offer economic incentives, vocational training, and microfinance opportunities to economically disadvantaged girls. These programs can empower girls and young women, giving them the skills and resources needed to delay marriage and childbearing and create alternatives to early pregnancy.

Addressing Gender Inequality and Empowering Women

Gender inequality is deeply ingrained in Pakistani society, with women often facing barriers to education, employment, and healthcare. Social norms around early marriage and childbearing must be challenged. To do this, more community-based advocacy programs are needed to promote women's rights and gender equality. Men and boys must also be involved in educational initiatives to change the narrative around marriage, pregnancy, and the roles of women in society.

Strengthening Healthcare Services and Support for Teenage Mothers

Healthcare providers, including nurses, community midwives, and Lady Health Workers, play a critical role in addressing teenage pregnancies. There is a need to train these providers in adolescent-friendly services, which include providing timely referrals, counseling, and support for young mothers. Implementing re-enrollment programs for teenage mothers and vocational training initiatives can offer young women the opportunity to continue their education and improve their economic standing.

Localized Programs for Rural Areas

Rural areas in Pakistan experience significantly higher rates of teenage pregnancy due to early marriages, patriarchal decision-making, and economic constraints. Localized programs that target rural communities are crucial. These programs should focus on awareness-building about the health risks of early pregnancy, offer family planning services, and educate communities about the benefits of delaying marriage and childbearing. Collaborating with local religious leaders and elders to endorse these messages can help overcome cultural resistance.

Role of Male Partners and Family Dynamics

Engaging male partners in the education process is essential for addressing teenage pregnancies. Studies have shown that when males are involved in family planning and reproductive health education, there is a decrease in teenage pregnancy rates. Promoting male responsibility in reproductive health, through both formal education and community outreach, will empower young men to make informed decisions, thus reducing unintended pregnancies.

These findings reveal a complex interplay of educational, socioeconomic, cultural, and health system-related factors that influence teenage pregnancy rates in Pakistan.

CHALLENGES AND CONSEQUENCES OF TEENAGE PARENTING

It is crucial to allocate scarce prevention and treatment resources to families with young parents, especially mothers. Why does early initiation into motherhood elevate risks for children? Major life transitions, such as marriage before parenthood, generally occur in a predictable sequence aligned with developmental stages. However, when transitions happen too early or too late—referred to as off-time transitions—they carry risks for individuals and their families [41]. Early parenthood is an atypical transition that can result in negative outcomes for children in several ways.

First, young motherhood can impede the mother's ability to accumulate essential social and human capital. Education, a key factor in adolescent development, is often disrupted, with young mothers less likely to

complete high school. In terms of education, studies show that only 5 out of 8 young mothers can complete their schooling. Secondly, early parenthood is often linked to financial hardship. Young mothers tend to have lower economic status compared to those who delay childbearing, and this financial strain negatively affects their children's outcomes [41].

Third, early childbearing increases the likelihood of family disruption and higher rates of family breakup. Children of young mothers may experience shifts in parental figures or caregivers, which can have various negative consequences. Fourth, the stress from structural disadvantages and family instability may lead mothers to engage in antisocial behaviors, such as drug use, which can increase the likelihood of similar behaviors in their children.

Finally, these challenges are often associated with ineffective parenting styles, characterized by low warmth, insufficient supervision, and inconsistent discipline, all of which contribute to negative outcomes for children.

Strategies to Mitigate Adverse Outcomes

Healthcare providers play a crucial role in supporting teenage mothers by helping them manage their responsibilities. This includes mobilizing support from family, friends, and the healthcare team to ease their burdens. During the prenatal, perinatal, and postpartum stages, healthcare providers should regularly assess the physical health of teenage mothers and intervene when necessary. Emphasizing the importance of familial support is also vital [19].

Beyond medical care, healthcare providers should offer psychological and economic support, create a positive social environment, and ensure teenage mothers have access to education, counseling, and spiritual guidance [42]. To address the lack of awareness, interventions can include educational and psychological counseling, guidance on high-risk behaviors, helping young mothers accept their new responsibilities, and encouraging the involvement of family and social support networks [21, 42].

Healthcare providers should also identify stressors that teenage mothers may face and offer advice on adapting to their new roles. By teaching essential parenting and childcare skills, providers can help young mothers balance their maternal responsibilities with other aspects of their lives [21, 29].

Ethical Considerations in Working with Adolescent Mothers

Working with adolescent mothers requires careful ethical considerations. Informed consent is essential, ensuring young mothers understand the implications of their decisions for their health and their child's well-being. Privacy and confidentiality must be upheld, as these young mothers may face stigma. Healthcare providers should respect the autonomy of adolescent mothers while

considering their vulnerabilities. Family involvement should be approached thoughtfully, balancing support and autonomy. Additionally, mental health needs must be addressed in light of the socio-economic and family contexts affecting these young mothers [10, 43].

Resilience and Successful Intervention Models

In addition to the challenges discussed, several resilience-driven and successful intervention models have shown promise.

1. Community-based Interventions: Community-led efforts, especially in healthcare and education, have been key to overcoming local challenges. These initiatives often empower communities to actively engage in decision-making, ensuring sustainable solutions [44].
2. Healthcare Innovations: Telemedicine and mobile health technologies have expanded access and improved care, particularly in underserved areas. Studies have demonstrated the effectiveness of these tools in managing chronic conditions [45].
3. Psychosocial Resilience: Providing mental health support and coping strategies has been shown to improve resilience in individuals facing mental health challenges. Successful interventions include community-based support groups and skill-building programs [46].
4. Policy and Government Initiatives: Effective government policies that prioritize mental health and social welfare have been instrumental in improving public resilience, with broad impacts on population health [47].

CONCLUSION

Teenage pregnancies in Pakistan present significant health, economic, and social challenges. Addressing these requires a multifaceted approach, with a primary focus on improving female education to empower young girls and reduce their vulnerability to early marriage. Comprehensive sexual and reproductive health education for adolescents and their parents is essential, along with efforts to keep girls in school.

Support services for teenage mothers should focus on facilitating re-enrollment and offering opportunities for higher education, improving their prospects. Healthcare providers, including nurses, community midwives, and lady health workers, must be trained to identify and support at-risk populations, ensuring timely referrals and involving males in educational initiatives.

Integrating these skills into healthcare worker training programs will strengthen efforts to prevent teenage pregnancies and support adolescent parents. A coordinated approach is needed to address root causes like poverty, gender inequality, and lack of empowerment, helping women become economically independent and valuable contributors to society.

FUTURE RESEARCH DIRECTIONS

Future research should focus on identifying effective strategies for integrating sexual and reproductive health education into school curricula and community programs in a culturally sensitive manner. Longitudinal studies are essential to assess the long-term socioeconomic and health outcomes for teenage parents and their children, utilizing mixed-methods approaches to capture both quantitative data on health outcomes and qualitative insights on personal and social impacts.

Additionally, intervention studies should explore the role of male partners and family dynamics in either mitigating or exacerbating the challenges of teenage parenthood. Randomized controlled trials (RCTs) can be particularly useful in assessing the effectiveness of support programs, such as re-enrollment initiatives for teenage mothers and vocational training. These evaluations will provide valuable insights into program outcomes and inform policies aimed at addressing the root causes of teenage pregnancies and their associated challenges.

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CONFLICT OF INTEREST

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