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Birth rates and education in Argentina: teenage pregnancy and its consequences for maternal and child health

Natalidad y educación en la Argentina: embarazo adolescente y sus consecuencias en la salud materno infantil

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ABSTRACT

Introduction: Adolescent pregnancy in Argentina remains a significant health, educational, and social challenge, despite the sustained decline in fertility rates over recent years. Adolescent mothers face higher obstetric and neonatal risks, as well as increased school dropout rates and reduced employment opportunities, particularly in vulnerable socio-economic contexts. Methods: A narrative, descriptive, and analytical literature review was conducted using official and academic sources published between 2015 and 2025. Reports from the Ministry of Health, RENAPER, UNFPA, UNICEF, and WHO were examined, along with scientific articles addressing adolescent fertility, sexual education, social inequalities, and maternal–infant outcomes in Argentina and Latin America. Results: The evidence shows an approximate 50% reduction in adolescent fertility between 2017 and 2023, mainly associated with the implementation of the ENIA Plan and the Comprehensive Sexual Education Law. However, significant regional and socioeconomic disparities persist: the NEA and NOA regions record the highest rates, and nine out of ten adolescent mothers belong to the lowest-income households. Children of adolescent mothers are at higher risk of prematurity, low birth weight, and neonatal hospitalization. Early pregnancy also remains a leading cause of school dropout among young women. Conclusion: Although Argentina has achieved important progress in reducing adolescent pregnancy, it continues to reflect deep social and territorial inequities. Strengthening intersectoral policies that integrate health, education, and community support is essential to ensure equitable access to information and sexual and reproductive health services.

Keywords: health; birth; adolescence; pregnancy; inequality.

RESUMEN

Introducción: El embarazo adolescente en Argentina continúa siendo un desafío sanitario, educativo y social, a pesar de la disminución sostenida de la fecundidad en los últimos años. Las madres adolescentes presentan mayores riesgos obstétricos y neonatales, así como mayores tasas de abandono escolar y menores oportunidades laborales, especialmente en contextos de vulnerabilidad. Métodos: Se realizó una revisión bibliográfica narrativa, descriptiva y analítica de fuentes oficiales y académicas publicadas entre 2015 y 2025. Se consultaron informes del Ministerio de Salud, RENAPER, UNFPA, UNICEF y la OMS, además de artículos científicos sobre fecundidad adolescente, educación sexual, desigualdades sociales y resultados perinatales en Argentina y América Latina. Resultados: La evidencia muestra una reducción aproximada del 50% de la fecundidad adolescente entre 2017 y 2023, atribuida principalmente al fortalecimiento del Plan ENIA y la Ley de Educación Sexual Integral. Sin embargo, persisten marcadas desigualdades regionales y socioeconómicas: el NEA y el NOA registran las tasas más elevadas, y nueve de cada diez madres adolescentes pertenecen a los hogares de menores ingresos. Los hijos de madres adolescentes presentan mayor riesgo de prematurez, bajo peso al nacer e internación neonatal. Asimismo, el embarazo en la adolescencia continúa siendo una causa frecuente de abandono escolar. Conclusión: Si bien Argentina ha logrado avances significativos en la disminución del embarazo adolescente, este fenómeno sigue siendo un indicador de inequidad social y territorial. Resulta necesario profundizar las políticas intersectoriales que integren salud, educación y acompañamiento comunitario, garantizando el acceso equitativo a la información y a los servicios de salud sexual y reproductiva.

Palabras clave: salud; natalidad; adolescencia; embarazo; desigualdad.

INTRODUCTION

Adolescent pregnancy remains among the most significant challenges to public health and social development in Latin America. Adolescence, defined by the World Health Organization as the period between the ages of 10 and 19, is a critical stage characterized by profound physical, psychological, and social changes. In this context of transition, early motherhood is consistently associated with greater health risks, lower educational continuity, and the perpetuation of structural inequalities, making adolescent pregnancy a multidimensional problem that extends far beyond the biomedical sphere, as highlighted by the World Health Organization in 2023.

Globally, approximately 12 million adolescents aged 15 to 19 years are estimated to give birth each year, and at least half of those pregnancies are unintended (WHO, 2023). Although the global trend shows a gradual decline, the reduction has not been uniform: low- and middle-income countries maintain significantly higher rates than more developed regions do. Latin America has one of the highest rates of adolescent fertility in the world. This regional pattern reveals a complex web in which poverty, gender inequality, educational barriers, and limited access to sexual and reproductive health services converge (UNFPA, 2020; González-Rozada et al., 2022).

Within this epidemiological narrative, substantial progress has been made in Argentina, especially over the past ten years. Between 2015 and 2023, the adolescent fertility rate experienced a sustained decline, with decreases of up to 50% among women aged 15 to 17—one of the most significant reductions in the region, according to the Ministry of Health and RENAPER, 2025. This improvement is largely attributed to public policies such as the Comprehensive Sex Education Law (ESI), implemented in 2006, and the National Plan for the Prevention of Unintended Adolescent Pregnancy (ENIA), which since 2017 has strengthened access to contraceptive methods, local support, and sex education in school settings, primarily to promote social education, address risk factors for sexually transmitted infections, and prevent teenage pregnancy.

However, despite these advances, significant internal inequalities persist. The highest rates are concentrated in northeastern Argentina (provinces of Chaco, Corrientes, Misiones, Formosa) and northwestern Argentina (Jujuy, Salta, Tucumán, Catamarca, Santiago del Estero), where adolescent pregnancy remains linked to contexts of social vulnerability, lower maternal education, structural poverty, gender inequality, and limited access to health services. According to national studies, nine out of ten teenage mothers belong to the 30% of households with the lowest incomes, which highlights the deep social dimension of the phenomenon (Ombudsman's Office, 2025 – UNFPA, 2020).

The consequences of teenage pregnancy are manifold. From a health perspective, early motherhood is associated with a higher risk of preterm birth, low birth weight, maternal anemia, obstetric complications, and neonatal hospitalization. Newborns of teenage mothers face twice the risk of adverse outcomes than children of adult women do (DEIS, 2022). However, the effects are not limited to health: teenage pregnancy has a direct effect on educational trajectories. In Argentina, 30% of young women who dropped out of secondary school did so because of pregnancy or motherhood, which significantly reduces employment opportunities and perpetuates cycles of intergenerational poverty (UNICEF, 2021).

Social determinants play a central role in the persistence of adolescent fertility rates in Latin America. Recent research has indicated that factors such as structural poverty, educational inequality, and limited access to sexual and reproductive health services account for a significant proportion of early pregnancies in the region (Salcedo and Martínez, 2023). In Argentina, reports from the Public Defender's Office (2025) show that most adolescent mothers come from the most disadvantaged socioeconomic sectors, which aligns with patterns observed in national surveys analyzed by González-Rozada et al. (2022). These data confirm that adolescent motherhood cannot be understood solely as individual behavior but rather as the result of unequal social environments that shape opportunities for access to education, information, and reproductive autonomy.

Compared with other countries in the region, Argentina has experienced a more rapid decline in the country, such as Paraguay, Bolivia, or the Dominican Republic, but still has higher rates than countries that have established more comprehensive sexual and y education policies and more robust social protection systems, such as Uruguay, Chile, and some European countries, such as Spain, Lithuania, and Italy (Eurostat, 2023). This comparison highlights that public policies do have an impact but that their effectiveness depends on the degree of territorial implementation, equitable access to sexual and reproductive rights, and the support of safe socioeducational environments.

International organizations agree that teenage pregnancy remains a significant public health challenge, not only because of the medical risks it entails but also because of the deep-seated social inequalities that underlie it. According to the World Health Organization (2023), early motherhood increases the likelihood of complications during pregnancy and childbirth, in addition to limiting the physical, emotional, and educational development of young women, especially when they live in vulnerable conditions. In turn, the United Nations Population Fund has shown that in Argentina, these early pregnancies have a considerable economic and social impact, reducing educational continuity and reinforcing cycles of intergenerational poverty (UNFPA, 2020). Taken together, these findings highlight the need to address teenage pregnancy from a broad, intersectoral perspective that integrates health, education, and social protection policies.

Teenage pregnancy also has long-term effects on mental health; UNICEF reports indicate that early motherhood increases the risk of postpartum depression, chronic stress, caregiving overload, and social isolation, especially when it occurs in contexts lacking support networks or where schooling has been interrupted, according to a 2021 report. Adolescent motherhood, therefore, not only affects the immediate present but also shapes a woman's physical and emotional well-being, as well as her future development.

The prevention of teenage pregnancy depends largely on the role played by the family and the community. Building strong emotional bonds, early and open communication about sexuality, and parental support are key elements in promoting responsible reproductive decisions during adolescence. Moreover, community involvement through educational programs and initiatives promoting sexual and reproductive health helps create networks that strengthen adolescents' autonomy, especially in settings with limited access to health services and educational opportunities. Available evidence suggests that a combination of family, community, and school-based interventions yields more sustainable and effective results than isolated approaches do.

Furthermore, it is essential to consider economic and labor dimensions as indirect yet powerful determinants of adolescent pregnancy. The lack of formal employment opportunities and high economic vulnerability influence early reproductive decisions, as adolescents in contexts of structural poverty face greater difficulties in planning for their education and financial autonomy. Public policies that integrate job training, access to scholarships, and educational and professional integration programs for adolescents can help delay motherhood while simultaneously strengthening social equity and intergenerational mobility. Thus, the prevention of teenage pregnancy requires not only health and education interventions but also multisectoral strategies that address the socioeconomic roots of the phenomenon.

Furthermore, a comparative analysis revealed that in countries where comprehensive sexuality education is mandatory, cross-curricular, and supported by ongoing teacher training and adequate materials, adolescent pregnancy rates are significantly lower. In Argentina, although comprehensive sexuality education has been mandated by law since 2006, its implementation has been uneven, depending largely on institutional commitment, available resources, and the sociocultural characteristics of each region. This aspect takes on special relevance when education and health are linked, as the literature consistently shows that higher maternal education and better access to sex education translate to lower adolescent fertility, greater reproductive autonomy, and better maternal and child health outcomes (González-Rozada et al., 2022).

Adolescent pregnancy in Argentina constitutes a health and social phenomenon that has seen significant progress but still reflects deep territorial and socioeconomic inequalities. The objective of this study is to analyze, based on a literature review, the relationship between birth rates and education in Argentina, with a special emphasis on the consequences of adolescent pregnancy for maternal and child health and in comparison, with regional and international trends. It also seeks to understand how public policies can contribute to reducing adolescent fertility and narrowing the social gaps that affect adolescents' full exercise of their sexual and reproductive rights.

METHODS

A narrative, descriptive, and analytical literature review was conducted to synthesize the available evidence on birth rates, adolescent fertility, and educational and maternal-child implications in Argentina. The search period spanned the years 2015 to 2025, with the aim of analyzing the most recent trends and changes associated with the implementation of the ENIA Plan and the strengthening of comprehensive sexuality education (CSE). The search sources included official, institutional, and academic sources, prioritizing documents with epidemiological validity and relevance to public policy. The main sources included the following:

Ministry of Health – DEIS
RENAPER – National Population Directorate
UNFPA (United Nations Population Fund)
UNICEF (United Nations Children's Fund)
WHO (World Health Organization)
Scientific databases: SciELO, PubMed, Google Scholar, and Eurostat.

These institutions were selected for their systematic and up-to-date production of data on sexual and reproductive health, birth rates, social inequalities, and perinatal outcomes.

Search strategy

Combinations of keywords in Spanish and English were used, such as "adolescent pregnancy," "adolescent fertility," "Argentina birth rate," "maternal and child health," "comprehensive sexuality education," "ESI," "ENIA Plan," "school dropout," and "maternal health outcomes."

Filters were applied for publication year (2015–2025), most recent publications, access to full text or official reports, and adolescents aged 15–19.

Inclusion Criteria

Documents that met at least one of the following criteria were included:
Reports or articles containing statistical data on adolescent fertility in Argentina.
Studies analyzing public policies (ESI, ENIA Plan) and their impact.
Publications addressing obstetric and neonatal outcomes in adolescent mothers.
Documents containing information on educational trajectories and school dropout associated with pregnancy.
Comparative studies between Argentina and other countries in the region.
Studies conducted in Argentine provinces that also have an impact on this issue

Exclusion Criteria

The following were excluded:
Isolated opinions or articles lacking methodological support.
Reports lacking concrete data or of poor epidemiological quality.

Analysis procedure

The selected documents were reviewed independently, and the following information was extracted:
Trends in Adolescent Birth Rates and Fertility
Geographic distribution and socioeconomic inequalities
Effects on Maternal and Child Health
Impact on newborn health
Impact on Education
Impact on Employment
Impact on Schooling and Work
Risks to Newborns of Teenage Mothers
International Comparisons
Current Public Policies

The information was organized into thematic matrices and integrated into a narrative analysis, ensuring consistency among the sources consulted.

RESULTS

The analyzed evidence shows a sustained and significant decline in adolescent fertility in Argentina over the past decade, with a particularly marked decrease among adolescents aged 15 to 17, a group in which the rate fell by approximately 50% between 2017 and 2023. This epidemiological trend coincides with the expansion of the ENIA National Plan and the progressive implementation of the Comprehensive Sexual Education (ESI) Law, policies that expanded access to contraception, information, and counseling on sexual and reproductive health.

The downward trend observed in adolescent fertility over the past decade is most clearly visible when the evolution of rates by age group is analyzed.

The sustained decline in both early (10–14 years) and late (15–19 years) adolescent fertility, particularly beginning in 2016–2017, a period associated with the implementation of the ENIA Plan and the strengthening of comprehensive sex education, is shown in Figure 1.

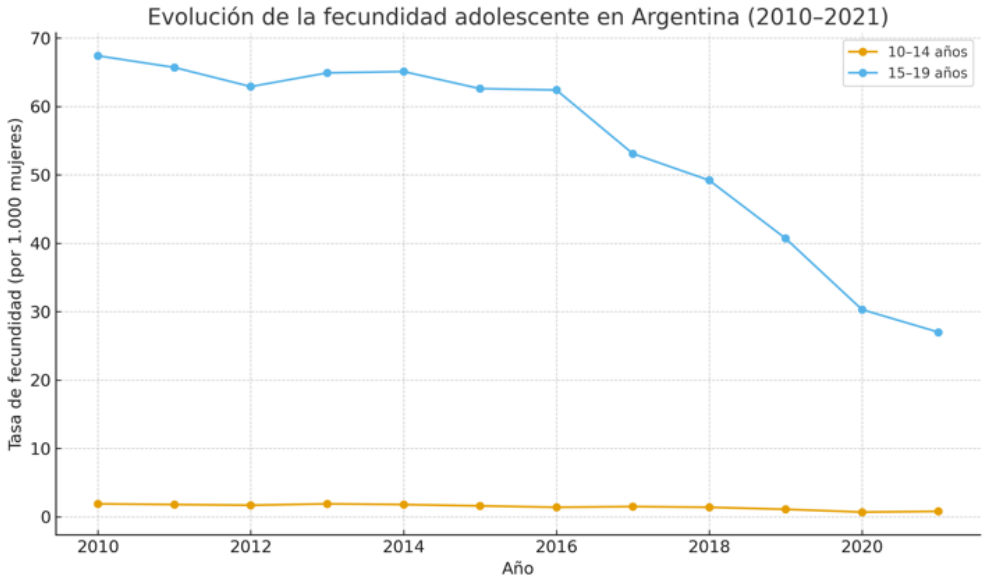

Figure 1. Trends in early (ages 10–14) and late (ages 15–19) adolescent fertility rates in Argentina, 2010–2021.

Source: Prepared by the authors based on the Monitoring Dashboard of the National Directorate of Sexual and Reproductive Health (DNSSR), Ministry of Health of Argentina. Series 2010–2021.

As shown in the figure, the fertility rate among 15–19-year-olds has declined sharply—falling from rates above 60 per thousand in 2010 to a steady decline beginning in 2020. Early adolescent fertility has also shown a sustained decline, although from historically much lower levels. This decrease reflects expanded access to contraceptive methods, increased availability of information, and the consolidation of public policies aimed at preventing unintended teenage pregnancies.

Despite the decline, significant regional and socioeconomic inequalities persist. The NEA and NOA provinces continue to have the highest rates of teenage pregnancy; furthermore, nine out of ten teenage mothers belong to the 30% of households with the lowest incomes, which highlights the strong link between early motherhood and structural poverty. Additionally, most teenage pregnancies in Argentina are unintended, according to UNFPA reports.

Regarding maternal and infant outcomes, the included studies agree that early pregnancy is associated with increased clinical risk. Children of adolescent mothers are twice as likely to be born with low birth weight, face a higher risk of preterm birth, and are more likely to require neonatal hospitalization. Among pregnant adolescents, higher rates of anemia, insufficient prenatal care, and preventable obstetric complications have also been observed.

From an educational perspective, early motherhood continues to have a significant effect on educational trajectories. In Argentina, 30% of women aged 15 to 29 who dropped out of high school did so because of pregnancy or maternal responsibilities. Lower educational attainment implies lower rates of formal employment, higher levels of economic dependence, and the perpetuation of cycles of vulnerability.

The following is a tabulated summary of the main quantitative findings identified in the review:

Table 1. Trends and Key Indicators of Adolescent Pregnancy in Argentina (2015–2025)

Indicator	Result	Source	Year
Reduction in adolescent fertility (ages 15–19)	-50% (between 2017 and 2023)	DEIS	2023
Births to women under 20	15% of total national births	Ministry of Health	2022
Decline in birth rate (overall rate)	-31.6% between 2021 and 2023	RENAPER	2025
Unintended teenage pregnancies	67% of the total	UNFPA	2020
Regions with the highest adolescent fertility rates	NEA and NOA	Office of the Public Defender	2025

Source: Prepared by the authors based on DEIS, RENAPER, UNFPA, UNICEF, and the Public Defender's Office

Table 2. Main effects of adolescent pregnancy on maternal and child health

Health Outcome	Risk in adolescent mothers	Comparison with adult women
Low birth weight	1.8 times more common	Higher neonatal morbidity
Prematurity	1.5–2 times more common	Associated with late prenatal checkups
Neonatal hospitalization	Increases by 20–30%	Increased perinatal vulnerability
Maternal anemia	Higher prevalence	Affects fetal development
Insufficient prenatal care	30–40% fewer adequate checkups	Increases obstetric risk

Source: Author's own compilation based on DEIS (Department of Health Statistics and Information), WHO (World Health Organization), and UNICEF (United Nations Children's Fund).

In conclusion, the findings indicate that although a notable decline in teenage pregnancy has been observed in Argentina, it remains a significant marker of social inequality and is linked to less favorable health outcomes and the interruption of schooling. The progress achieved in recent years demonstrates the positive effects of consistent public policies. However, disparities still exist between regions and social groups, requiring targeted actions and a sustained intersectoral approach.

DISCUSSION

The results of this review confirm that adolescent pregnancy in Argentina is a complex, multidimensional phenomenon deeply linked to structural inequalities. While the downward trend in adolescent fertility over the past decade is consistent with national and international data, the persistence of social and territorial gaps indicates that the problem cannot be addressed solely from a biomedical perspective but rather through a comprehensive approach that integrates health, education, gender, and social development.

First, the marked 50% decline in adolescent fertility between 2017 and 2023 aligns with international evidence showing that countries that implement comprehensive sex education policies and ensure access to contraceptives achieve sustained reductions in unintended pregnancies. In Argentina, this process was particularly evident following the implementation of the ENIA Plan, which introduced local support services, sexual health counseling, the distribution of contraceptives, and educational initiatives coordinated with schools and health services to ensure effective sexual health care, particularly for adolescents. However, the review also revealed that the decline in fertility has not been uniform. The provinces of the NEA and NOA continue to record the highest rates, suggesting that social determinants—such as structural poverty, low educational attainment, limited access to health services, and lower implementation of ESI—continue to play a decisive role. This aligns with the Latin American literature, which argues that adolescent pregnancy is more common in contexts where a lack of information, gender inequality, and economic vulnerability restrict the exercise of sexual and reproductive rights (UNFPA, 2020; González-Rozada et al., 2022).

Early motherhood not only perpetuates but also exacerbates cycles of intergenerational poverty. In this context, the relationship between teenage pregnancy and educational attainment is bidirectional: on the one hand, a lack of information and educational opportunities increases the risk of pregnancy; on the other hand, early motherhood interrupts educational trajectories and limits access to formal employment. This is evidenced by the fact that 30% of young women who drop out of high school do so for reasons related to pregnancy or motherhood.

From a health perspective, the results confirm that adolescent pregnancy is associated with increased perinatal risk. Children of adolescent mothers are more likely to be born with low birth weight, prematurely, and require neonatal hospitalization—findings that align with estimates from the World Health Organization and regional studies indicating that biological immaturity, reduced access to prenatal care, and a higher prevalence of adverse social conditions contribute to these outcomes (WHO, 2023). This health impact reinforces the need to strengthen early and continuous access to prenatal care, especially in contexts of greater vulnerability.

When the situation of Argentina is compared with that of other countries, it is observed that, although the reduction in adolescent fertility has been notable, the magnitude of internal inequalities remains greater than that in countries with more homogeneous educational systems or with greater coverage of comprehensive sex education. These findings demonstrate that the sustainability and effectiveness of public policies depend not only on their creation but also on their territorial implementation, teacher training, sustained funding, and coordination across sectors.

A key aspect of this review is the importance of comprehensive sexuality education (CSE) as a social and health protection policy, beyond its pedagogical function, which also has a supportive effect. The reviewed literature indicates that comprehensive sexuality education, when implemented continuously with community participation, contributes to delaying sexual debut, reducing unprotected sex, and increasing adolescents' reproductive autonomy, ensuring that each of them is aware of and knowledgeable about all matters related to important issues of adolescence, whether positive or negative aspects of this stage of their lives.

Finally, the results of this review highlight the need to deepen an intersectoral approach. Adolescent pregnancy cannot be addressed exclusively through the health system; it requires inclusive educational policies, socioeconomic support programs, the strengthening of family and community networks, and specific local strategies for adolescents facing greater barriers. The experience of the ENIA Plan demonstrates that comprehensive, multi-Y approaches are effective, but they must be sustained over time, expanded, and adapted to local needs to reduce persistent gaps.

Although significant progress has been made in Argentina, adolescent pregnancy persists as a public health problem linked to social, educational, and territorial inequalities. Addressing it comprehensively involves not only reinforcing what has already been achieved but also ensuring equity in policy implementation, improving access to education and health care, and promoting social conditions that allow adolescents to fully exercise their reproductive rights and develop healthier and more autonomous life trajectories.

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