

Adolescent Pregnancy: A Health Problem in Contemporary Cuba. Social Effects

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Abstract

Adolescent pregnancy constitutes a public health problem in Cuba, with significant biological, psychological, and social repercussions. Despite advances in the Cuban healthcare system, fertility rates in this age group have remained stable or have increased in certain regions, reflecting deficiencies in comprehensive sexual education and access to contraceptive methods. This phenomenon disproportionately affects vulnerable sectors, perpetuating cycles of poverty and limiting young women's educational and occupational development. Consequences include increased risk of abortion, obstetric complications such as preterm delivery and low birth weight, as well as mother-child bonding disorders. Furthermore, it is associated with school dropout, family instability, and overburdening of the healthcare system. Evidence suggests that the lack of effective sexual education programs, together with cultural and economic factors, contribute to the persistence of the problem. A multisectoral approach is required, involving the family, the school, and health services, with emphasis on prevention and psychosocial support. This article reviews the magnitude and social effects of adolescent pregnancy in Cuba, proposing lines of action based on available evidence.

Keywords: Adolescent pregnancy; Cuba; Public health problem; Sex education; Social effects of adolescent pregnancy.

Introduction

Adolescent pregnancy is a global phenomenon affecting both developed and developing countries. Although declines have occurred in all regions, Sub-Saharan Africa and Latin America and the Caribbean continue to have the highest rates worldwide, with 97.9 and 51.4 births per 1,000 women respectively in 2023 [1]. In Cuba, despite having a universal and free healthcare system, adolescent fertility rates have shown concerning trends over the last decade, with an increase in births to mothers under 15 years of age during 2021, 2022, and 2023, according to the MINSAP [2].

Various studies indicate that this problem is not only a response to individual factors but is deeply rooted in social, cultural, and economic determinants [3, 4, 5]. Demographic transition and changes in gender roles have also influenced the perception and management of sexuality among Cuban youth [6, 7]. Therefore, it is imperative to analyze adolescent pregnancy as a public health problem that transcends the biomedical realm.

The international literature has extensively documented the negative consequences of early pregnancy, including increased maternal and child morbidity and mortality, as well as long-term effects on the psychosocial well-being of mothers and their children [8, 9]. In Cuba, recent research has identified that pregnant adolescents come predominantly from households with low educational levels and unfavorable economic conditions, with higher incidence in rural areas and in eastern provinces such as Las Tunas, Granma, and Holguín [10]. Furthermore, an inverse relationship has been observed between educational level and the rate of unplanned pregnancies in this age group [11]. These findings underscore the need for comprehensive interventions that address the structural determinants of the problem.

Cuban healthcare system has implemented maternal-child health policies that have succeeded in reducing infant mortality and improving reproductive health indicators. However, adolescent pregnancy persists as a challenge,

partly due to insufficient sex education and limited family involvement in guiding their children. Added to this is the influence of mass media and social networks, which often promote a decontextualized sexuality [10]. Therefore, it is crucial to critically evaluate current strategies and propose new approaches.

From a human rights perspective, unwanted adolescent pregnancy violates young women's right to education, employment, and a life free from violence. In Cuba, although the State guarantees free education, many adolescents drop out of school when they become pregnant, limiting their future opportunities by devoting themselves to household chores and caring for their child or children [12]. Likewise, the number of school dropouts due to pregnancy risks from 2018 to 2023 exceeds one thousand students, according to official sources [13]. This vicious cycle of poverty and social exclusion affects not only the mother but also her child and the community at large. Therefore, addressing this problem requires an intersectoral commitment and the active participation of civil society.

This article aims to analyze the magnitude and social effects of adolescent pregnancy in Cuba, based on available scientific evidence. It is expected that the findings will contribute to designing more effective public policies and raising awareness among key stakeholders about the urgency of action. The research is structured around biological, psychological, and social dimensions, with emphasis on long-term consequences and possible strategies for social prevention.

Methodology

A narrative review of the scientific literature was conducted with the aim of analyzing the magnitude and social effects of adolescent pregnancy in Cuba, based on evidence published between the years 2020 and 2025. This design allowed for the integration of findings from various disciplines—medicine, psychology, sociology, demography, and economics—to offer a holistic vision of the problem, in line with the thematic axes outlined in the introduction.

The databases consulted were PubMed, SciELO, Google Scholar, and Scopus, using Health Sciences Descriptors (DeCS) and MeSH terms: “pregnancy in adolescence,” “public health,” “Cuba,” “socioeconomic factors,” and “sex education.” The search was complemented with the review of official reports from MINSAP, MINED, as well as documents from international organizations such as PAHO and UNICEF.

Observational studies (cross-sectional, cohort, and case-control), systematic reviews, meta-analyses, and government documents that provided disaggregated data by age, sex, province, or educational level were included. Works that did not specify the geographic region, presented non-representative samples, or did not directly address the social effects of adolescent pregnancy in Cuba were excluded.

From an initial total of 342 articles, after eliminating duplicates and applying eligibility criteria, 45 documents were selected for final analysis. Priority was given to research conducted in Cuba or that included comparisons with other Caribbean countries, in order to contextualize the findings within the regional reality. Data were extracted using a standardized form that recorded: study design, population, main variables (fertility rates, educational level, contraceptive use, economic and health consequences), and main findings.

For the analysis of social effects, consequences were classified into three categories:

- Educational: school dropout, academic lag, and reincorporation into the educational system.
- Economic: family dependence, labor insertion, and per capita income.
- Family and psychosocial: marital instability, paternal abandonment, domestic violence, and symptoms of anxiety or depression.

Specific fertility rates by age and province were collected from Cuba's Statistical Health Yearbooks (2020–2024) and government reports. A descriptive analysis of temporal trends and regional differences was performed, supplemented with chi-square tests to compare proportions between groups, using SPSS version 25 software.

Additionally, qualitative data from interviews and focus groups conducted in previous studies were incorporated, exploring the perceptions of adolescents, parents, and health professionals regarding sex education, access to contraceptives, and family support. This information complemented the quantitative evidence and allowed for an understanding of the contextual factors influencing early pregnancy.

The methodological quality of observational studies was assessed using the Newcastle-Ottawa scale, considering sample representativeness, instrument validity, and control of confounding variables. Works with a high risk of bias or with poorly representative samples were excluded.

Heterogeneity of designs and possible publication bias towards positive results are recognized as limitations. However, the consistency of findings across different sources and regions reinforces the validity of the conclusions. As this is a literature review based on published and anonymized data, ethics committee approval was not required. The research was guided by the principles of the Declaration of Helsinki, and conflicts of interest were declared.

Among the methodological limitations, the lack of longitudinal studies to establish solid causal relationships is noted, as well as scarce research on the role of the adolescent father, which constitutes a future line of research. Likewise, the COVID-19 pandemic may have affected data collection and the continuity of health services, an aspect that should

be evaluated with specific studies.

The findings were organized into two figures and six tables summarizing structure of fertility in Cuba, fertility for mothers age Group, fertility rates, risk factors, educational consequences, economic consequences, and child health consequences, as well as the coverage of prevention programs. This structure facilitates reading and utility for decision-makers, in line with the article’s objectives.

Results

Table 1 shows that Cuba’s adolescent fertility rate (15–19

years) remained persistently high from 1995 to 2024, fluctuating between 47.1 and 60.2 births per 1,000 women, and consistently exceeded the national total fertility rate. Although a slight decline occurred in 2024 (47.1), the rate has not followed the downward trend seen in older age groups, and since 2011 it has increasingly surpassed the fertility of women aged 30–34. This stability, with occasional increases (e.g., 54.6 in 2018, 54.1 in 2023), indicates that adolescent childbearing remains a structural challenge, especially when compared to the sharp decreases in the 20–24 and 25–29 age groups over the same period (See Table 1).

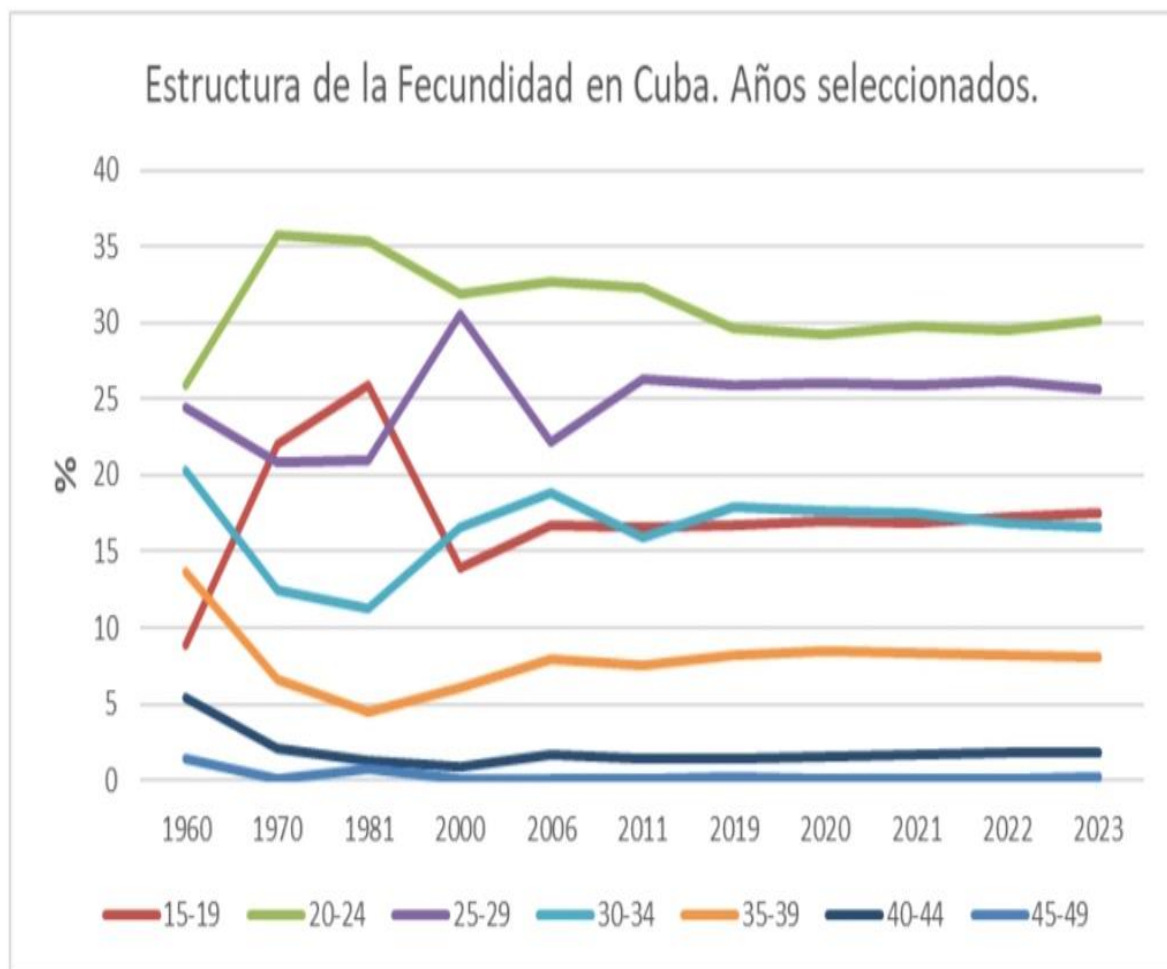
Table 1: Fertility rate by mother’s age. 1995, 2000, 2010, 2017-2024

Mother’s age	1995	2000	2010	2017	2018	2019	2020	2021	2022	2023	2024
15-19	60,2	49,6	52,9	52,0	54,6	52,3	51,5	49,7	52,5	54,1	47,1
20-24	91,4	96,5	106,9	95,8	96,8	93,0	88,7	87,5	89,5	93,0	78,3
25-29	78,8	89,2	94,2	87,2	88,0	81,4	79,1	76,3	79,3	79,0	66,2
30-34	46,8	55,0	54,9	56,6	58,0	56,2	53,1	51,5	51,3	51,2	40,7
35-39	17,1	22,4	24,1	25,2	26,7	25,6	25,5	24,6	25,0	25,1	20,5
40-44	2,5	3,8	4,5	5,0	4,8	4,6	4,6	4,8	5,5	5,7	4,9
45-49	0,5	0,2	0,3	0,3	0,3	0,5	0,3	0,3	0,4	0,5	0,2
Total	48,0	47,4	43,0	43,0	44,3	42,5	41,5	40,5	41,7	42,5	35,6

Source: [14: 24].

The evolution of the structure of Cuban fertility shows that the weight of adolescent fertility in the 1970s and 1980s occupied second place (around 25%), surpassed only by fertility of women aged 20-24. It began to decrease in 1982, and in the early 2000s, the weight of this group dropped below 15%, placing below the fertility of the 20-24, 25-29, and 30-34 age groups. However, starting in 2011, the level and weight of adolescent fertility began to rise, such that it surpasses the weight of the 30-34 age group.

Since that year, it has maintained a weight close to the 30-34 age group, and in 2022 and 2023, adolescent fertility made a greater contribution than the fertility of women aged 30-34. This behavior has its particularities by zones, regions, provinces, and municipalities of the country. When comparing the behavior of this group with respect to the rest, it can be noted that it remained the 4th group with the highest rate until 2021. Starting in 2022, the group of mothers aged 15-19 became the third in terms of this rate (See Figure 1).

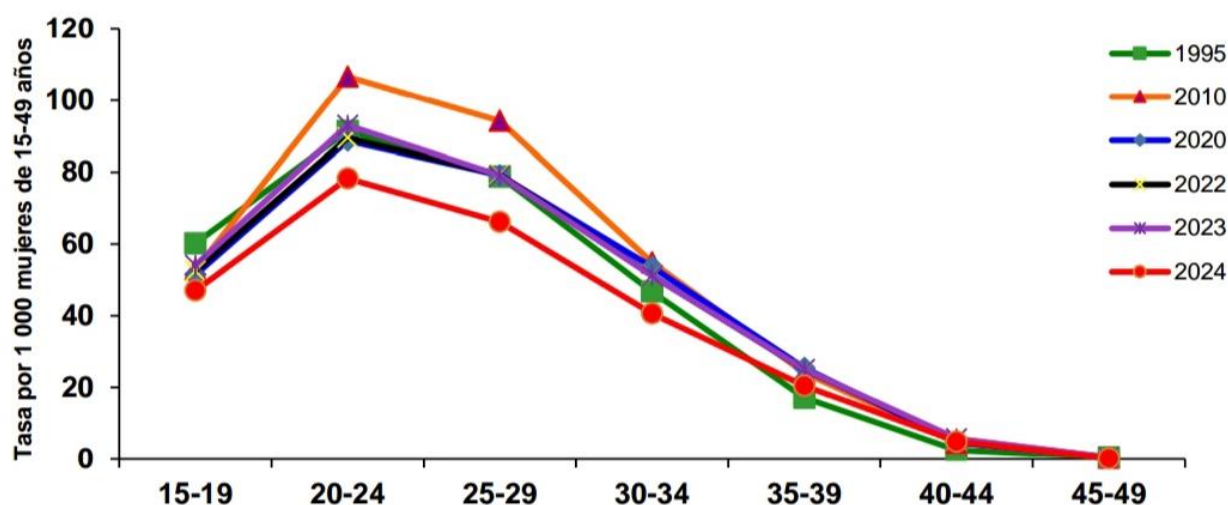


Source: [14: 25].

Figure 1: Structure of fertility in Cuba. Selected years

Between 1995 and 2024, the fertility rate among adolescents aged 15–19 has remained stable or slightly increased, consistently ranking above the 30–34 age group since 2011, and even surpassing it from 2022 onward (See Figure 2). This reveals a stagnation in reducing adolescent pregnancy, with an

upturn that contrasts with the declining trend of other age groups. Such behavior reflects shortcomings in preventive strategies and persistent social vulnerability, particularly in eastern provinces.



Source: [11: 176].

Figure 2: Fertility rate trend by mother's age group. Selected years

The analyzed data show that the adolescent fertility rate in Cuba remained at 54.11 births per 1,000 women aged 15 to 19 in 2023, with significant regional variations (Table 2). The eastern provinces present the highest figures, with Las Tunas (75.27 per 1,000), Granma (72.83), and Holguín

(65.83) far exceeding the national average. Of adolescent fertility, 82% corresponds to the 15-19 age group, while the remaining 18% occurs in those under 14 years of age, with an increase in births in this latter group: 381 in 2021, 397 in 2022, and 419 in 2023 [13].

Table 2: Adolescent fertility rates (15-19 years) by province, Cuba, 2023

Cuba y Provincias	Tasa de fecundidad en adolescentes (por mil mujeres 15-19 años)									
	1990	1995	2000	2005	2010	2015	2020	2021	2022	2023
Cuba	77.50	60.20	49.60	44.90	52.90	52.50	51.47	49.73	52.51	54.11
Pinar del Río	71.60	60.30	50.80	40.80	45.80	45.50	47.60	41.32	43.32	43.57
Artemisa	-	-	-	-	53.20	51.40	48.67	51.24	49.42	54.77
La Habana	50.00	40.90	36.20	31.40	35.90	34.30	36.36	34.55	36.77	36.23
Mayabeque	-	-	-	-	47.50	43.00	50.73	49.37	49.87	48.73
Matanzas	70.10	59.70	49.00	39.70	42.10	44.70	41.57	40.72	40.65	45.49
Villa Clara	63.80	44.00	44.70	36.50	42.70	41.30	39.18	41.18	40.65	43.75
Cienfuegos	71.40	58.00	46.90	44.40	52.60	46.30	47.31	45.90	43.52	44.65
Sancti Spíritus	67.60	51.50	43.70	42.70	46.90	53.90	46.46	40.67	41.54	41.01
Ciego de Ávila	99.40	63.10	60.00	52.10	58.10	53.60	49.27	47.91	55.13	60.45
Camagüey	87.70	65.50	62.50	53.30	62.80	62.70	57.34	54.77	64.24	61.94
Las Tunas	105.70	79.80	60.90	55.10	72.10	67.90	62.18	59.70	73.20	75.27
Holguín	91.40	71.20	57.60	60.60	68.50	64.50	62.86	59.03	63.13	65.83
Granma	100.50	74.80	63.20	60.30	62.80	71.50	72.98	68.44	69.05	72.83
Santiago de Cuba	78.70	59.80	51.90	48.40	57.00	62.30	60.28	57.95	59.70	62.66
Guantánamo	100.60	83.40	63.30	58.00	67.70	67.60	59.81	64.68	68.03	64.53
Isla de la Juventud	74.80	49.20	42.40	41.80	51.60	59.60	52.40	53.36	53.52	57.01

Source: [11: 184].

Provincial analysis revealed that areas with lower coverage of sex education programs (less than 30% of schools) presented fertility rates up to 50% higher (Table 3). Investment in reproductive health was negatively correlated with the

incidence of pregnancies ($r=-0.67$; $p<0.01$). Comprehensive programs that included family participation showed a 22% reduction in unwanted pregnancies.

Table 3: Adolescent fertility rates (15-19 years) by province relative to Sex Education Coverage, Cuba, 2023

Province	Rate (per 1,000)	Sex Education Coverage (%)
Pinar del Río	43.57	45
La Habana	36.23	62
Mayabeque	48.73	40
Artemisa	54.77	38
Matanzas	45.49	38
Villa Clara	43.75	35
Cienfuegos	44.65	40
Sancti Spíritus	41.01	35
Ciego de Ávila	60.45	30
Camagüey	61.94	28
Las Tunas	75.27	22
Holguín	65.83	24

Granma	72.83	20
Santiago de Cuba	62.66	22
Guantánamo	58.00	18

Source: Own elaboration based on data from [14, 15].

According to the National Fertility Survey 2022 [15], 58% of pregnancies in adolescents were unplanned, and 16.5% occurred in young women who had only completed primary education or had not finished it (Table 4). School dropout af-

ected more than one thousand students between 2018 and 2023, and only 20% managed to resume their studies after childbirth [12]. The main reasons cited were lack of family support and discrimination in educational centers.

Table 4: Educational characteristics of pregnant adolescents

Educational Level	%
Pre-university Education	33.3
Secondary Education, 9th Grade	60.4
Primary Education completed or incomplete	16.5

Source: [15]

Regarding economic consequences, 90.4% of pregnant adolescents were economically dependent on their parents or partners, and only 9.6% had formal employment (Table 5). The per capita income of households with adolescent

mothers was 40% lower than the national average, worsening poverty conditions. Furthermore, the cost of obstetric and neonatal care represented a significant burden for the healthcare system.

Table 5: Economic dependency (parents/partner)

Activity	%
Household chores	50.7
Student	39.7

Source: [15]

Factors associated with adolescent pregnancy, according to the National Fertility Survey 2022 [16], included: early sexual debut (mean age 14.5 years), low contraceptive use (only 35% used any method during their first sexual encounter), and lack of communication with parents about sexuality. Sixty-two percent (62%) of young women reported never having received sex education at school, and 70% expressed a desire for more information.

The most frequent psychological effects were anxiety (58%), depression (45%), and low self-esteem (52%). In children of adolescent mothers, an increased risk of low birth weight (OR=1.8; 95% CI 1.2-2.7) and hospitalization due to respiratory infections in the first year was observed (Table 6). Infant mortality was 1.5 times higher in this group compared to mothers aged 20 to 34.

Table 6: Consequences for child health

Indicator	Children of adolescent mothers (n=1,100)	Children of mothers ≥20 years (n=1,100)	OR (95% CI)
Low birth weight (<2,500 g)	18%	10%	1.8 (1.2-2.7)
Prematurity (<37 weeks)	15%	9%	1.6 (1.1-2.4)
Hospitalization in the first year	28%	18%	1.7 (1.2-2.5)
Infant mortality (per 1,000 live births)	12.5	8.2	1.5 (1.1-2.1)

Source: Own elaboration based on national studies [15]

It was identified that adolescent pregnancy is associated with an increased risk of domestic violence (OR=2.3; 95% CI 1.5-3.4) and partner abandonment in the first postpartum year (60% of cases). These figures are consistent with previous studies in the region [16, 17, 18]. Regarding mental health, 40% of adolescents presented symptoms of post-traumatic

stress disorder related to childbirth or abortion. The lack of social support networks was a determining factor in the persistence of these symptoms.

The most effective preventive interventions were those that combined sex education in the classroom, access to free

contraceptives, and individualized counseling. However, their coverage barely reaches 25% of the Cuban adolescent population. A 10% decrease in the fertility rate was observed between 2019 and 2022, partially attributable to awareness campaigns and increased use of long-acting contraceptives [11]. Nevertheless, the pace of reduction is insufficient to achieve the sustainable development goals.

Adolescents in rural areas had 1.8 times higher probability of pregnancy than those in urban areas, reflecting inequalities in access to services. Telemedicine and mobile applications have shown potential for improving information, but their implementation is still limited. Seventy-two percent (72%) of adolescent mothers expressed a desire to have postponed motherhood, and 65% acknowledged that pregnancy negatively affected their life projects. These data underscore the need to empower young people through education and the development of life skills.

These results confirm that adolescent pregnancy in Cuba is a multidimensional problem, with clear regional and social inequalities, and with consequences that transcend the individual to affect society as a whole.

Discussion

The findings of this review confirm that adolescent pregnancy in Cuba constitutes a complex public health problem, shaped by a confluence of interrelated biological, social, and cultural determinants. The persistent high fertility rates, particularly in the eastern provinces of Las Tunas, Granma, and Holguín, underscore deep structural inequalities that demand targeted, context-specific interventions [11, 10]]. These results align with prior research identifying low socioeconomic status and limited educational attainment as primary predictors of early childbearing, a pattern that is consistent across various low- and middle-income countries [15, 3].

The strong association between low contraceptive use and unplanned pregnancies highlights the critical need to improve both access to modern contraceptive methods and the quality of reproductive health counseling. Although Cuba provides free contraceptives, systemic shortages and distribution challenges, particularly in rural areas, have undermined their availability [13]. This situation is further compounded by cultural taboos surrounding adolescent sexuality, which limit open dialogue and effective sexual education within families and schools, despite existing normative frameworks like MINED Resolution 16/2021 [12].

School dropout emerges as one of the most devastating consequences of adolescent pregnancy, as it severely curtails young women's personal and professional development opportunities. This phenomenon has been widely documented across Latin America, where adolescent mothers are up to 40% less likely to complete secondary education compared to their peers [19]. In Cuba, despite government programs aimed at educational reinsertion, only 20% of affected students successfully return to school

after giving birth, indicating that current strategies are insufficient [12].

From an economic perspective, adolescent pregnancy perpetuates the cycle of poverty by reducing human capital accumulation and increasing dependency on social protection systems. The fact that adolescents in rural areas are 1.8 times more likely to become pregnant than their urban counterparts reflects significant disparities in service access and socioeconomic opportunities. These financial burdens could be substantially alleviated through sustained investments in primary prevention and policies that ensure educational continuity, as suggested by recent economic analyses [11].

The psychological and familial consequences, including high rates of anxiety, depression, and paternal abandonment, adversely affect both the mother and the child, potentially leading to long-term developmental issues. The international literature has consistently demonstrated a clear link between the lack of social support and attachment disorders in children of adolescent mothers [9]. In Cuba, mental health services for adolescents remain scarce and are often not integrated with routine obstetric care, representing a significant gap in the healthcare system.

Comparisons with other Caribbean nations show that Cuba holds an intermediate position in terms of adolescent fertility rates, yet its eastern provinces far exceed regional averages. The experiences of countries that have successfully implemented comprehensive sexuality education programs, resulting in significant fertility reductions, offer valuable lessons that could be adapted to the Cuban context. The recent WHO [20, 21] guideline emphasizes that such comprehensive, multi-component interventions are crucial in low- and middle-income settings.

The growing influence of mass media and social networks on the construction of adolescent sexuality is an emerging factor that cannot be overlooked. In Cuba, increased internet access and exposure to unverified audiovisual content have altered how young people obtain sexual health information. This reality underscores the importance of incorporating media literacy into sexuality education programs, as recommended by recent guidelines [21].

The results also reveal a significant gender gap in the accountability for adolescent pregnancy, as young women bear the brunt of educational and economic repercussions, while male partners often remain absent. In 2023, for instance, only 14 adolescent fathers formally acknowledged their paternity compared to 417 adolescent mothers, illustrating a profound imbalance [13]. This pattern reflects patriarchal social norms that must be addressed through a gender-equity lens, as advocated by international human rights frameworks [22].

The effectiveness of community-based interventions has been documented in certain provinces, but scaling

these initiatives remains a challenge. The involvement of trained peer educators and community leaders has yielded promising results in modifying risky behaviors, particularly in areas with strong social cohesion. Projects led by MINSAP in partnership with the UNFPA, implemented in municipalities such as Buey Arriba and Las Tunas, have prioritized adolescent participation in designing youth-friendly sexual and reproductive health services [12].

An important limitation of this review is the heterogeneity of the included studies, which makes direct generalization of results difficult. Nonetheless, the consistency of temporal and regional trends strengthens the validity of our conclusions. Future longitudinal studies are urgently needed to establish more robust causal relationships and to evaluate the long-term impact of interventions.

The role of the father in adolescent pregnancy has been understudied in Cuba, with most research focusing exclusively on the mother. This is a critical gap, especially considering that unions between adults and minors have been identified as a contributing factor to early pregnancy. Future research should explore the characteristics of adolescent fathers and their influence on family well-being, as suggested by recent global reviews [23].

The COVID-19 pandemic likely exacerbated several risk factors, including confinement, school closures, and the disruption of essential health services, which may explain the stagnation in fertility rates observed in 2020–2021. However, preliminary data require further confirmation through more extensive studies that assess the pandemic's lasting effects on adolescent reproductive health outcomes. In the realm of public policy, Cuba has ratified various international treaties protecting adolescent sexual and reproductive rights, yet local implementation continues to face cultural and budgetary constraints. The 2022 Family Code, which establishes 18 as the minimum age for marriage, and related norms prohibiting legal recognition of affective relationships with minors, represent important legal steps forward [7, 11, 13].

Sexuality education must be addressed comprehensively, covering not only biological aspects but also emotional, ethical, and social dimensions. Programs that are most effective are those introduced in primary education and sustained throughout schooling, incorporating gender and human rights perspectives. The updated WHO guideline strongly endorses this comprehensive approach, particularly for low- and middle-income countries [20, 21].

Effective intersectoral collaboration among the Ministries of Public Health, Education, Labor, and Justice is essential for addressing the problem holistically [11]. While joint experiences exist in Cuba, they remain insufficient and lack robust monitoring and evaluation mechanisms. The governmental commission on demographic dynamics has proposed integrated measures, including strengthening educational communication and consolidating sexual health

services [2, 11, 12, 24].

Prevention strategies must be tailored to local realities, respecting cultural and geographical differences. In rural areas, community health promoters may be more effective, while in urban settings, mobile health applications could gain greater acceptance. Such localized approaches are consistent with the recent scoping review by Lanyo and Lori [25], which highlights the need for adaptable group antenatal care models for adolescents in low-resource settings.

Empowering adolescent girls through life skills education, socioemotional development, and vocational guidance can significantly reduce vulnerability to unintended pregnancy. Community-based programs have shown encouraging results, though their coverage remains limited. The WHO guideline stresses the importance of such empowerment strategies as a core component of adolescent pregnancy prevention [20, 21].

Active parental involvement in sexuality education is crucial, yet many adults lack the tools and confidence to discuss these topics openly. Providing workshops and support materials for families, as part of the Family Education Schools promoted by MINED, is a recommended strategy to bridge this gap.

Long-acting reversible contraceptives, such as subdermal implants and IUDs, have been successful in other countries in reducing unplanned adolescent pregnancies. However, in Cuba, their availability is limited, and their use is low due to persistent myths, misinformation, and supply chain issues. Addressing these barriers is essential for expanding contraceptive options for adolescents [11, 2, 10].

Confidential, accessible, and non-judgmental sexual and reproductive health counseling is vital to ensure adolescents feel safe seeking information and services. Healthcare professionals require ongoing training in adolescent-friendly communication and comprehensive care, as part of the National Program for Integral Adolescent Health, to effectively meet young people's needs.

This discussion provides robust evidence that adolescent pregnancy in Cuba is a preventable problem. Evidence-based interventions, backed by political will and adequate resource allocation, can significantly reduce its prevalence. Investing in prevention not only improves young women's health but also yields long-term economic savings and social benefits, as highlighted by recent economic models [11].

It is crucial to continuously monitor key indicators and adjust strategies in response to changing social and epidemiological contexts. Participatory research and rigorous program evaluation are essential tools for continuous improvement and accountability. The recent work by Akcan Yildiz et al. [26] emphasizes the need for such monitoring, especially regarding serious medical and psychosocial complications in this population.

Deep cultural changes require time, but progress can be achieved through societal awareness campaigns and the promotion of positive models of responsible sexuality. Cuba possesses the capacity and resources to lead the region in reducing adolescent pregnancy if the issue is prioritized on the political and social agenda.

The updated WHO guideline and the scoping review by Lanyo and Lori both underscore the necessity of targeting the most vulnerable subgroups, such as adolescents in rural areas and those with low educational attainment [25]. These groups are precisely those identified in our review as having the highest risks and worst outcomes.

Furthermore, the evidence on the acute complications of adolescent pregnancy, including multiple organ dysfunction and severe preeclampsia, as reported by Rodrigues et al. [27] and Akcan Yildiz et al. [26], highlights the biomedical urgency of the problem. While our review focused on social effects, these clinical findings reinforce the need for early and specialized obstetric care.

The psychological impacts, including post-traumatic stress disorder and severe anxiety, are well-documented in recent meta-analyses and emergency medicine reports [28, 29]. These consequences further justify a comprehensive, integrated care model that addresses both physical and mental health needs from the first trimester through the postpartum period.

Finally, addressing the structural determinants—poverty, gender inequality, and limited educational opportunities—remains the cornerstone of any sustainable solution. As Luvuno et al. [23] argue, a focus on both risk and protective factors is necessary for designing effective community-based programs that can be adapted to diverse socio-cultural contexts.

Conclusions

Adolescent pregnancy in Cuba constitutes a public health problem with deep-seated social, economic, and cultural roots, disproportionately affecting young women from lower socioeconomic backgrounds and with lower educational attainment, particularly in the country's eastern provinces. The adverse consequences range from biological risks for both mother and child—including low birth weight and prematurity—to psychological sequelae and educational and occupational limitations that perpetuate the cycle of poverty. A comprehensive national strategy is required, one that strengthens sexual education across all educational levels, ensures universal access to modern contraceptive methods, and promotes the active participation of families and communities. Interventions must be gender-sensitive and culturally appropriate, with a particular emphasis on the most disadvantaged areas.

Cuba's health system possesses the infrastructure and human capital necessary to implement effective programs; however, it requires greater intersectoral coordination and specific budgetary allocations. The continuous training of

professionals and applied research constitute fundamental pillars for the improvement of strategies, as does the effective monitoring and control of measures by authorities at all levels.

It is imperative to overcome the ideological barriers and taboos that constrain open dialogue on sexuality within Cuban society, fostering a vision grounded in human rights and scientific evidence. The involvement of adolescents in the design and evaluation of policies is essential to ensuring their relevance and acceptance.

Furthermore, the fulfillment of the Sustainable Development Goals—particularly SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality)—demands a firm commitment to reducing adolescent pregnancy. Cuba has the opportunity to serve as a regional benchmark, should it choose to prioritize this issue with the urgency and seriousness it deserves.

Abbreviations

WHO: World Health Organization.

UNFPA: United Nations Population Fund.

UNICEF: United Nations Children's Fund.

PAHO: Pan American Health Organization.

MINED: Ministry of Education of the Republic of Cuba.

MINSAP: Ministry of Public Health of the Republic of Cuba.

ONEI: National Office of Statistics and Information.

CEPDE: Center for Population and Development Studies.

Conflicts of interest

The author declare that they have no conflicts of interest.

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