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Abortion among underage girls. A comparative bioethical analysis between France and Italy

El aborto entre las menores de edad. Un análisis bioético comparativo entre Francia e Italia

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Abstract

In recent decades, women's sexual behavior has changed by invoking the principle of self-determination/autonomy and management of their own bodies. Self-determination is exercised through freedom of choice.

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The ability to decide requires maturity, which is acquired in adulthood commonly at the age of 18. The early onset of sexual activity at a younger age can result in unplanned and unwanted pregnancies. Many factors prompt minors to choose to terminate a pregnancy through the health services offered by the state, consequently questioning such a decision's validity. The aim of this article is to draw up a comparative analysis of this practice in France and Italy, while highlighting the challenges and bioethical issues involved.

Keywords: abortion, autonomy, women's health, maturity.

1. Introduction

The United Nations Population Fund (UNFPA) has issued a 2019 document entitled "My Body, My Life, My World" (1), which puts young people at the center of international strategies to achieve the Sustainable Development Goals (SDG) of the Agenda 2030. It aims to empower all women and girls and promote their health by reducing teenage pregnancy, achieving gender equality and developing economic independence. This promotion must pass by access "to sexual and reproductive health and rights". Safe abortion, which is synonymous with legalized abortion or voluntary interruption of pregnancy[1] (VIP), is one of these services (2,3). Up to September 2024, 6.0 ‰ women aged 15 to 17 had recourse to abortion in France (4, p. 4). In Italy, for the year 2022,[2] there were 0.3% abortions for under-15s and 7.1% for girls aged between 15 and 19 (5, p. 6). While these figures may seem insignificant, access to voluntary interruption of pregnancy[3] among minors should not be. Although

[1] From now on, as many articles do and for ease of reading, we will use the term "abortion" to refer to the voluntary termination of pregnancy. If we should refer to other conceptions, it will be specified.

[2] In Italy, there is no directly accessible data for 2024, which will be processed 2 years later. The only existing data are for the internal use of the Health System.

[3] Henceforth, in the rest of the text and unless contraindicated, the term "abortion" indicates "voluntary interruption of pregnancy".

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abortion remains legally regulated in France and Italy [2], the reasons why underage girls have recourse to it seem to be the same [3]. This raises underlying bioethical issues [4] that should not be taken lightly.

2. The legal framework in France and Italy

Self-determination and bodily appropriation are considered as an expression of girls' emancipation by giving them the opportunity, not only to make informed choices about their own bodies, but also "the means to control and decide freely and responsibly on matters related to their sexuality" (6, § 44). This control, often linked to access to contraception and abortion, has been implemented through a long legislative evolution in both France [2.1] and Italy [2.2].

2.1. *In France*

With the decriminalization[4] (7) of abortion by the Veil[5] (8) law in 1975, minors are required to undergo a pre-VIP social interview with parental authorization. Under law (9) no. 79-2004 of December 31, 1979 (known as the Pelletier law), this requirement must be accompanied by the minor's consent[6] which should be given without the parents being present (art. L. 162-7). Under Law (10) no. 2001-588 of July 4, 2001, parental authorization is no longer required. However, the minor "must be advised on the choice of the adult" (art. 5). Law (11) no. 2014-873 of August 4, 2014 deletes the phrase

[4] The texts of French legal codes, laws, decrees, decisions, declarations and case law are taken from the official national website "Légifrance".

[5] The law is named after Health Minister Simone Veil.

[6] In both French and Italian legislations, there is no distinction between "assent" and "consent". There is only one type of consent, the same one for adults and minors, which is called "informed consent" or simply "consent". It is provided as established in France by the Law no 2001-588 of July 4, 2001 on abortion, updated by law no 2016-41 of January 26, 2016 and other laws (see art. L. 2212-1 and L. 2212-7 of the French Public Health Code) and in Italy by Law 219/2017, art. 3, § 2.

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"that her condition places in a situation of distress" and replaces it with the phrase "who does not wish to continue a pregnancy" (art. 24). Law (12) no. 2016-41 of January 26, 2016 abolishes, for adult women but not for minors, the mandatory 7-day reflection period between the two consultations preceding abortion (art. 82). Law (13) no. 2022-295 of March 2, 2022 abolished the two-day reflection period after a psychosocial interview; this interview remains mandatory for unemancipated minor women (art. 3). With this law, there is no longer any mandatory reflection period for abortions.

In this context, statistics in France note this easier access to abortion. While the DREES[7] report (14) for 2022 states that the decline in the rate of abortion recourse continues among younger people (8.7 ‰ in 2014, 6.0 ‰ in 2019, 5.1 ‰ in 2020 and 4.9 ‰ in 2021), the 2023 report[8] (15) shows a further increase for the year 2022, to 5 ‰, knowing that the period in which this drop is noted is the period of the Covid pandemic.

2.2. *In Italy*

In Italy, abortion is regulated by Law No. 194 of 22 May 1978, and the abortion procedure for women under the age of 18 or under guardianship is regulated by art. 12 (16).

This article states that in order to have an abortion, a woman under the age of 18 must be authorized by the person exercising parental responsibility or, in the absence of parents, by the guardian. However, in the first ninety days, when there are serious reasons that prevent or discourage the parents or guardian from being consulted, or if they are consulted, they refuse their consent or give a discor-

[7] DREES: Direction de la Recherche, des Études, de l'Évaluation et des Statistiques (Research, Studies, Evaluation and Statistics Department).

[8] It should be noted that between the 2022 and 2023 reports, the figures for previous years are not identical. Whereas the 2022 report indicates that there were 5.1 ‰ in 2020 and 4.9 ‰ in 2021 among minors, the 2023 report indicates 5.0 ‰ in 2020 and 4.8 ‰ in 2021.

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dant opinion, the family counseling services in the area, a health facility or a trusted doctor may take over, and they will carry out the tasks provided for in art. 5 of the same law by drawing up a report within seven days for appeal to the tutelary judge, who will then decide with a final decision.

If, however, the doctor ascertains the urgency of the intervention because of a serious danger to the health of the child under the age of eighteen, regardless of the consent of the person exercising parental responsibility or guardianship, without referring the matter to the tutelary judge, he certifies the existence of the conditions justifying the termination of the pregnancy. This certification constitutes grounds for obtaining emergency intervention and, if necessary, hospitalization.

The abortion procedure may be surgical or pharmacological. In the Annual Report on Voluntary Interruption of Pregnancy (17), the latest available from 2024 referring to 2022, it is noted that the use of VIP has increased in all age groups compared to 2021 except for those between 40 and 49 years of age. The highest abortion rates remain among women aged 25-34. Among underage women, the abortion rate for 2022 was 2.2 per 1,000 women. The number of women under the age of 18 who performed a VIP was 1,861, accounting for 2.8% of all operations performed in Italy. This figure is on the rise compared to 2021 but remains consistently lower than that of other European countries with similar social and healthcare systems. In 2022, for the first time, pharmacological VIP, performed with Mifepristone associated with prostaglandins or not, or with prostaglandins alone, had a higher frequency than surgical VIP performed with hysterosuction or curettage (52.0% vs. 46.6%) (17, p. 54). The report describes the granting of consent for VIP required to authorize the operation in the case of a minor. In 2022, the percentage of consents issued by parents was 82.4% compared to 83.0% in 2021. The judge intervened in 16.6% of authorizations (5, p. 22). In the under-15 age group, 180 VIP occurred, or 0.3%, an increase from 2021 (5, p. 6).

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3. Reasons for resorting to abortion

In France, from law no. 2001-588 of July 4, 2001 until 2020, anonymization procedures have been reserved exclusively for minors (10). With law no. 2020-1576 of December 14, 2020, adult women also benefit from this anonymity and secrecy (18). In addition, French law allows any pregnant woman to request a termination of her pregnancy without having to provide any justification (19). In Italy, the same situation occurs: Law 194/78 speaks, in art. 4, generically of a pregnancy that endangers the woman's physical or psychic health (16) in addition to other described socio-economic and family situations; these aspects are even more evident and real if the pregnant woman is under the age of 18. Even in this context, it is difficult to trace the causes of the request for abortion; this makes it impossible to activate all the actions aimed at preventing the choice of abortion, as the law itself provides in art. 5. As a result, it is difficult to obtain sufficient data on the reasons for resorting to such an act.

However, studies carried out in previous years, as well as studies carried out in other countries, make it possible to group the reasons for recourse to abortion into four categories (20): personal [3.1], interpersonal/related to other individuals [3.2], socio-economic [3.3] and health [3.4].

3.1. *Personal*

According to several studies, the main personal reasons are as follows: the young age (21,22), the desire for self-determination (23,24), the desire to pursue studies or careers (21,22,25,26), the desire to not want a child, or the fact for not being ready to become a mother (22,25,27).

An important element among personal motivations is the fear of stigma (28) arising from underage pregnancy and the subsequent abortion choice, which is considered deviant behavior (29). Personal perception occurs through the pressure of social and political

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processes that favor the emergence, perpetuation, and normalization of the stigma of abortion because this personal choice transgresses three important "feminine" ideals held to be fundamental: perpetual fertility, the inevitability of motherhood, and being, by nature, caring and nurturing mothers (30).

The stigmatization of abortion influences the disclosure of one's decision to have an abortion, and this can limit social support; this attitude justifies the fear of revealing the pregnancy, harming adolescents (31) especially in a social context and mentality such as that present in Italy.

3.2. *Interpersonal*

Interpersonal reasons include fear of parental reactions and pressure (22–27), the unstable relationship with the partner (22,24,25,32,33) (separation or lack of support) and close pregnancy/existence of another child (32,34).

3.3. *Socio-economic*

Studies reveal several socio-economic factors that play a role in a minor's decision to terminate a pregnancy, such as sexual crimes (24,25,27,34,35) (rape and incest), financial difficulties (22,25–27,32,34) and religious motivation (22,23,32). It has also been noted that unplanned pregnancies among minors, and consequently abortions, are over-represented among those living in single-parent families (22,36). Without establishing a causal link, it is important to point out that in France, recourse to abortion among minors has increased since sex education became compulsory in schools in 2011 (37), but has begun to fall since 2019 (14).

3.4. *Contraceptive use*

It is important to emphasize the role of contraception in the decision to terminate a pregnancy. Studies show two aspects of this role.

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On the one hand, a proportion of minors who resort to abortion do not have sufficient information about contraception to avoid an unplanned pregnancy or did not use a contraceptive method "mostly because they thought they were not at risk of becoming pregnant or because they had not planned to have sex" (22). On the other hand, contraceptive failure plays a major role in the decision to terminate a pregnancy. In fact, Nearly half of teenagers stated that they were using a contraceptive method at the time a pregnancy began (32,38). However, the idea of abortion as one of many contraceptive options emerges for teenagers, as they are not clear about the difference between the abortion pill, where the pregnancy is already in place, and emergency contraception, where instead, the pregnancy can start and be stopped (39).

4. Bioethical issues

In this complex landscape, a number of bioethical challenges and issues can be addressed: minority and parental authority [4.1], abortion as medical act [4.2], informed consent [4.3], health protection [4.4], autonomy and the ability to make decisions [4.5] and, the father's child role [4.6].

4.1. *Minority and parental authority*

It makes sense to ask the fundamental question: who is a minor? The first article of the Convention on the Rights of the Child (CRC) defines a child as "every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier". The Preamble to the CRC states that "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth". The minority therefore requires appropriate protection, since the child is not an adult.

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According to art. 388 of the French Civil Code (FCC), "a minor is an individual of either sex who has not yet reached the age of eighteen". The same definition is used in Italy where the minor is the subject who has not yet reached the age of eighteen; this condition has civil relevance to the relative capacity to act (40) (art. 2). This indicates the subject's ability to manifest validly and consciously his or her will in the performance of legal acts, in acquiring or exercising rights, or knowingly assuming obligations. In addition, according to French Law (art. 413-1, 413-2 and 413-3 of the FCC), emancipation can take place either by marriage or by a decision of the guardianship judge, for just cause, "at the request of the father and mother or one of them" or "at the request of the family council" if the parents are no longer present. The Italian Civil Code law also introduces the definition of an "emancipated minor" (40) (art. 84); this is a minor over the age of 16 who is no longer subject to parental authority in relation to marriage, if the latter was established with the minor's consent. Furthermore, under French criminal law, minors aged 13 and over can be held criminally liable (41). The Italian Criminal Code, on the other hand, defines the imputability of a minor and is set at 14 years (42) (art. 17). Imputability forces us to reflect on the distinction in the context of the minor: the minor under 13/14 years of age and the minor between 13/14 and 18 years of age and the ability to choose the termination of a pregnancy without parental involvement.

Developments in Italian jurisprudence have also introduced other definitions of minor, such as "mature minor", "minor older" and "older minor"[9] with an accepted preference for the latter. The definition is given according to the degree of maturity expressed by the minor and not according to his/her age (43). Also in Italy, a woman under the age of 18 is subject to the consent of exercising parental responsibility. If, however, there are serious reasons that prevent or discourage consultation with the parents or guardian, the health personnel approached by the woman turn within 7 days to the tutelary

[9] Respectively in Italian: "minore maturo", "minore grande" and "grande minore".

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judge, who decides within 5 days without the possibility of an appeal against the decision (16) (art. 12, 2). If the doctor ascertains the urgency of the operation because of a serious danger to the health of the minor, he draws up an emergency certificate without the opinion of the parents and the judge; with this certificate, the minor can access the facility to perform the abortion (16) (art. 12, 3).

In this context, it is possible to state that the minor's protection is provided by parents on the basis of parental authority. Article 371-1 of the FCC defines parental authority as "a set of rights and duties aimed at protecting the interests of the child". Since the child is legally "incapable" (art. L. 1146 of the FCC), parents have the power to make decisions involving the child according to his or her age and degree of maturity, with the aim of protecting him or her in several areas such as health, morality, education, development, and the respect due to his or her person (art. 371-1 of the FCC). French abortion laws use the expression "unemancipated minor", which means she is still under parental authority (or legal guardianship).

As a result, there are two ambiguities. Firstly, according to art. L. 2212-7 of the French Public Health Code (FPHC), the minor herself must request the procedure of abortion in the absence of any other person. The healthcare professional (doctor or midwife) must first seek, in the minor's interest, "the consent of one of the holders of parental authority or, where applicable, of the legal representative" (art. L. 2212-7 of the FPHC). If the minor objects and wishes to maintain secrecy, medical procedures and care will take place on the condition that the minor is accompanied by an adult of her choice [It has been observed that in many cases, the minor's partner takes on this role (32,33)]. Why bother seeking the consent of those with parental authority, unless the minor's legal capacity is questionable? Secondly, a paradox shows how abortion laws bypass parental authority, as if only the minor's consent counts. An example of another act of lesser importance, such as tattooing, is flagrant. The law prohibits tattooing without the written consent of "a person holding parental authority or his/her guardian" (art. R. 1311-11

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of the FPHC). The "tattoo paradox" also exists in Italy, where the activity of tattooing is not currently regulated by specific national legislation. The only reference at the national level is represented by the Circulars of 5 February 1998 no. 2.9/156 and of 16 July 1998 no. 2.8/633 issued by the Ministry of Health, containing the *Guidelines for the execution of tattooing and piercing procedures in safe conditions* (44). With regard to age limits, it is forbidden to perform tattoos on persons under the age of 18 without the informed consent of their parents or guardian. In some regions, however, it is forbidden to tattoo minors under the age of 14 (as in Tuscany) or even 18 (as in Sicily) (44). There are no equally stringent regulations on the termination of pregnancy for women under the age of 18. Thus, what scientific criteria are used to determine whether a minor needs parental authority for a tattoo, and a minor can have access to an abortion, a more invasive procedure, without any restrictions?

Hence, the importance of asking about abortion as a medical act.

4.2. *Abortion as medical act*

According to the World Health Organization (WHO), "induced abortion is a simple and common health-care procedure" (2). In France, abortion is considered "a medical act intended to terminate a pregnancy" (45). In Italy, a lot of movements claim that abortion "should be considered exclusively as a medical act" (46, p. 28).

It is necessary to distinguish between the concepts of voluntary abortion per se and abortion procedures. If we refer to the latter, once the woman has decided to have an abortion, the procedures are a medical act aimed at terminating the pregnancy in progress. The medical act, however, is a human act of a person, the doctor, on another person, the patient, aimed at the true good of the patient; the doctor's duty is the protection of life, physical and psychological health, and the relief of suffering with respecting the freedom and dignity of the human person (47, art. 3). It implies responsibility towards the individual, the family, and society. Thus, a first contradic-

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tion emerges. The abortion procedure is not an act aimed at protecting life that is placed as the doctor's "duty". If, on the other hand, the doctor intervenes, even with an abortion procedure, to protect the life of the woman in danger as a last resort, his action would fall within a deontological permissible act. This is especially the case in cases of miscarriage or in situations under the law where therapeutic abortion is permitted.

The surgical or, more frequently, pharmacological abortion procedure contradicts the "Hippocratic oath", a classic text, in the part where it states "nor shall I ever provide a woman with a means of procuring an abortion" (48, p. 1). This prescription has been eliminated in the modern version and transformed into a more generic but equally obligatory one. The French version states: "My first concern will be to restore, preserve or promote health in all its elements, physical and mental, individual and social. [...] Even under constraint, I will not use my knowledge against the laws of humanity" (49). For its part, the Italian version states: "Aware of the importance and solemnity of the act I perform and the commitment I make, I swear [...] to abide in my activity by the ethical principles of human solidarity, against which, with respect for life and the person, I will never use my knowledge" (48, p. 2).

Safeguarding the physical and psychological health of the woman under the age of 18 who requests an abortion cannot be fully part of the medical act because the presence of the embryo or fetus, which represents another living entity, biologically separate from the mother and hosted by her, is not taken into consideration. The European movements for the right to abortion (50), which are also present in France and in Italy, place abortion, women's self-determination, and reproductive health on the same level of discussion, in fact entering into contradiction with French (51) and Italian[10] laws which specify that the abortion procedure must not represent a method of birth control.

[10] Law 194/78.

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If abortion is a medical act, it should respect the deontological conditions under which it is performed. According to art. 16-3, para. 1 of the FCC, it is only possible to perform a medical act that violates the integrity of the human body in the case of medical necessity or in the therapeutic interest. Parental authority is required for all medical procedures on minors[11] (52) (art. 372 of the FCC), since these acts affect physical integrity, which is an inherent "good" of the body.

Article 54 of the Italian Criminal Code allows medical personnel to intervene in a "state of necessity", i.e., for a danger of serious harm to the person, the intervention must be proportionate to the danger; this can take place without the consent of the patient or the parent/guardian in cases of minors (42). Once the danger to the patient's life has passed, the obligation remains to acquire valid consent for the performance of further services. This is not the case for abortion in a minor patient. Any medical intervention on minors is subject to parental consent and may take into account the wishes of the minor person in relation to his or her age and degree of maturity; the aim is always the protection of the minor's psycho-physical health and life with full respect for his or her dignity (53).

Nevertheless, since it occurs that no parental authorization is required for abortion, how can it be qualified as a medical act, and why does it need an exceptional legal requirement, through various laws, authorizing the conditions under which it can be performed? What happens if the abortion fails and complications arise, requiring hospitalization (52, p. 247)? This raises the question of informed consent.

4.3. *Informed consent*

With regard to informed consent, we approach it not from the point of view of content but rather from the point of view of its practice,

[11] Legislation provides for certain exceptions, such as in the case of a medical emergency (art. R. 4127-42 of the CSP) or a routine procedure.

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on two levels: period of reflection [3.3.1] and urgency in the event of complications [3.3.2].

4.3.1. *Period of reflection*

Informed consent must give the person the opportunity to think things through before making an important decision. This opportunity is expressed by the period of reflection before carrying out an abortion, which respects the young girl's freedom. Such freedom can take the form of changing one's mind and stepping back from the decision to terminate a pregnancy. This is why art. 5 of the Oviedo Convention (54) states that "the person concerned may freely withdraw consent at any time".

Following a complaint by a patient against her doctor, the French Cour de cassation (Court of Cassation) ruled on May 26, 2011, that the period of reflection cannot be shortened. In this complaint, to obtain an abortion, a young woman consulted a gynecologist. In preparation for the procedure, the doctor administered medication three days after the visit. The abortion took place 6 to 8 days later. The young woman complained that the doctor had caused her psychological difficulties resulting from the fact that she agreed to initiate the abortion procedure "under the emotional impact of the discovery of an unwanted pregnancy losing the chance to make her decision in serenity *[stress free after giving due consideration]*" (55).

However, with Law no. 2022-295 of March 2, 2022, all reflection periods have been abolished for abortions. If an adult woman considered the importance of such a period while under emotional impact, what would it be like for a minor? This time for reflection is necessary, since the will, to be free, can only be based on sound reasoning, and therefore of truth, which informs, enlightens, and enables good discernment. To take away this possibility is to take away a women's and girls' fundamental right to true freedom.

In Italy, the 7-day reflection period provided by Law 194/78 regulating abortion remains, but there is the possibility of exemption

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from this period in the case of "urgency" where the abortion procedure is accessed directly with the doctor's certificate. There is no protocol defining what the conditions of urgency are; these only delegated to the decision of the certifying physician. The minor and her parents are not given time for valid reflection, which could be done by contacting a bioethicist or clinical bioethics' committee.

4.3.2. *Urgency and complications*

Blood transfusion may be necessary during the abortion procedure. This procedure requires the patient's consent, which cannot be obtained if the patient is under the age of 18. The consent of a parental authority in France and both parents in Italy (Law 219/2005 art. 24, §3) is required. In the case of refusal, it can be obtained after appeal to the guardianship judge (56). This situation is even more complicated if the minor belongs to religious denominations, such as Jehovah's Witnesses, who refuse transfusions on religious grounds (57,58).

Moreover, since anonymity and secrecy are guaranteed by law when a minor has an abortion without parental approval, the question arises whether informed consent is respected when a medical emergency results from the abortion. The lifting of anonymity becomes mandatory for two reasons. On the one hand, the social security number and a proof of payment are required to transmit the file to the social security fund. This means that the person's identity is revealed, and the confidentiality of information (59), relating to an abortion, must be breached. On the other hand, what happens if there is an imperative need for medical intervention, requiring parental authorization and involving the minor's future, such as a hysterectomy or removal of the ovaries (60)?

In addition, under anesthesia, the minor, even an emancipated minor or 'major minor', would not be able to give consent without the presence of the parents or guardian. A new responsibility is created for the doctor and healthcare personnel because any decision

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would be made without consent, which could threaten the medical liability.

4.4. *Health protection*

Side effects for minors who have an abortion can be divided into physical and psychological; they can be present in the acute phase, close to the abortion procedure, or at a distance. During or shortly after the abortion procedure, the most present symptom is pain (in 68.9% of cases), followed by vaginal bleeding (24.4%), nausea and vomiting (16.7%), and syncope (12.2%) (22)social, familial environmental and medical characteristics of women under 18 years having recourse to elective abortion (EA. However, underage women need more analgesics than adult women do: 38% of all adolescents received opioids for pain treatment compared to 7.9% of adult women. Severe pain is associated with a clinical history of dysmenorrhea, baseline anxiety, and nausea during abortion, especially if pharmacological. The administration of abortion drugs in hospitals does not reduce the risk of severe pain (61).

In addition to these symptoms, there are known post-abortion complications. Some studies suggest that abortion is not detrimental to the mental health of most underage women, finding no significant differences in the risks of psychiatric disorders between those who had an abortion at a young age and those who had, instead, given birth. Very often mental health disorders pre-existed before pregnancy (62). However, most of the research reviewed was pervaded by serious methodological problems. The most rigorous studies have indicated that, in the United States, the relative risk of mental health problems among adult women who have a single legal abortion in the first trimester of an unwanted pregnancy is no greater than the risk among women who give birth after an unwanted pregnancy (63). Adolescents who have abortions do not differ from those who have given birth in terms of their risk of depression or low self-esteem later in life (64). This finding may indicate that ending a pregnancy for

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a woman under the age of 18 is not detrimental to her psychological health and should not be posed as a reason for having abortion.

4.5. *Autonomy and the ability to make decisions*

A question that needs to be asked is whether minors can make such a life-changing decision. Decision-making, planning, self-awareness, and situational awareness can only be understood in the light of neuroscience. All of them depend on the development of the prefrontal cortex. The pathways of this cortex are linked to those of the limbic system, which is responsible for reactions to stress (65). According to many neuroscientific studies, brain maturity, particularly of the prefrontal cortex, does not occur until our mid-twenties (66). Consequently, the stress of an early pregnancy causes the adolescent —who is vulnerable to various socio-emotional influences and risk-taking behaviors (67)— to a "decision-making that is hurried, unsystematic, and lacks full consideration of options" (68). Since cerebral maturity is not reached, young girls would not have the same attitudes or the same judgment under stress, because decisions and emotions are not sufficiently developed.

This is why it is important to highlight the fact that such a decision does not take into account the consequences for oneself and for others (69).

4.6. *The father's child role*

The role of the father of the conceived child is completely forgotten, since in most cases he is a minor. In this case, responsibility is transferred to the parents of the child-father, who may be liable for "damages to third parties", i.e. the pregnant minor. If such a clinical situation causes serious damage to the woman's physical or psychic health, she could claim damages, even if she consented to the

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relationship[12] (70), this being the reason for resorting to abortion. Parents, therefore, are liable both because they did not properly supervise their child's behavior (*culpa in vigilando*) and because they did not properly educate him/her (culpa in educandi) as provided for in Article 2048 of the Italian Civil Code (40).

5. Conclusion

This analysis leads to the following conclusions:

a) Underage pregnancies are unwanted and unplanned. They are mostly due to early access to sexual activity without adequate knowledge of contraceptive methods and and those that follow women's hormonal physiology (71), including the latest (72) natural methods based on Human Contraception Antibody (HCA) - ZabBio ZB-06 film® (73).
b) Despite different reasons to terminate a pregnancy, the decision is bound to four fundamental elements that need to be taken into consideration. Firstly, it is important to underline the lack of maturity in minors linked to neurological, emotional, and psychological development. Secondly, although they may legally differ from one country to another, the place of parental authority and consent cannot be set aside. Thirdly, the absence of the father of the conceived child, or his parents if the father is a minor, raises the question of the meaning and role of responsibility in the sexual act. Fourthly,

[12] There are three categories of consent for minors under the Italian system:
- "Minors under 13: Consent is not valid under any circumstances. It is always a crime, even if the minor has given consent.
- Minors with 13 years of age or older: Consent is valid only if the other person is between 13 and 17 years of age, that is, if the age difference is no more than 4 years.
- Minors above 14 years old: They can give legally valid consent and perform sexual acts with persons of age".

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the consequences and risks to girls' present and future health must not be undermined, especially when they are life-threatening or they expose the minor to permanent damage in the case of serious complications.

c) Two proposals can be put forward for better protection of minors. On the one hand, to promote reasonable emancipation, a balanced exercise of autonomy and genuine informed consent, it would be appropriate to resort to the principle of "collaborative paternalism" (74–76). In cases where the abortion decision is not intended to be revoked, "collaborative paternalism" is based on three elements: the discernment, combining the presumption of immaturity of minors, the exercise of parental authority, and the consideration of the degree of maturity. On the other hand, it is possible to accompany girls who wish to continue their pregnancy. This is only possible under two conditions: firstly, society and governments must invest in setting up special structures and providing financial support for pregnant underage girls. This is based on the principle of subsidiarity (77, p. 171). In addition, it is essential to re-evaluate the role of the "Third Pillar" (78, p. 436) as the associations and communities that emerge from apathy, cynicism, and despair to provide economic and emotional support for pregnant minors and their families. Thus, through the integral good of the person, the common good can be realized. Secondly, it is imperative to compel the genitor through "stronger legal enforcement of male parental financial responsibilities", as recommended by the International Conference on Population and Development (79, § 5.4). This is based on the principle of solidarity/sociality (77, pp. 170-171) through which the responsible (77, pp. 55-56, 167-168, 418) actions of every human being, in the case of the sexual act (77, pp. 418, 427), contribute to their own good and that of others.

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