Adolescent pregnancy: a problem for whom?

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A PROBLEM FOR WHOM?

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The reader will note, in the following paper, the absence of traditional data collection instruments, such as interviews or questionnaires. The primary source of supportive information comes from personal observation. Many observations are recalled through the use of logs that were kept of various experiences. Some of these experiences include: undergraduate internship working with adolescent mothers, participation in an Adolescent Pregnancy Training project at Atlanta University, a graduate field placement that included teaching a module on developing a sense of self in a family living class, participation on a panel discussing teenage sexuality, participation in a conference with high school students on teenage sexuality and participation in the planning of a PTA/MOD conference on parenting. Additionally, I have chosen to draw on personal life experiences, as well as on lengthy and numerous contacts with this population over the past four years.
Adolescent Pregnancy: A Problem for Whom?

Much has been written lately on adolescent pregnancy. Some of the major concerns focus on whether or not pregnant students should attend "special" or regular schools, whether or not public schools should be required to teach "sex education", the reasons adolescents do not use contraceptives, and how to prevent additional pregnancies from occurring. Although these discussions are certainly valid, they neglect much more fundamental and serious issues.

There are biases inherent within our political, economic, social, and educational institutions which so delimit the options of youth in general and young women in particular that childbearing becomes an expected condition of life. In fact, childbearing is an aggressively posed norm for all women in this society. I was sitting on the bus one day and happened to glance at a business school ad, the young woman in the picture was asking: "Can you see me as a nuclear medicine technologist?" Penciled in underneath it was, "No but I can see you with five children and a handful of transfers."

To recognize the full impact of sexual activity among teenagers one only needs to consider the following statistics from the Alan Guttmacher Institute report, "Eleven Million Teenagers".
There are 21 million young people in the U.S. between the ages of 15-19. It is estimated that of this number 11 million have had sexual intercourse.

One million 15-19 year olds become pregnant each year. (this is one tenth of the total age group)

30,000 girls younger than 15 become pregnant annually.

608,000 or one fifth of all U.S. births are to teenagers.

94% of all teenage mothers keep their babies.

One of the most common theories is that young women become pregnant as a result of unmet psychological needs such as:

- To announce adulthood
- To have something of their own
- To demonstrate their ability to create something
- To have have someone to love and be loved by

There are two questions, though, that need to be posed: first, what are the reasons older women have babies? Second, does this approach merely view adolescent pregnancy as an individual "deviance" or "pathology"? It may be very well be that in many cases the psychological reasons cited are valid. This conclusion could be valid if we were talking about 100 young women, but could one million 15-19 year olds all have unmet psychological needs?

Much of the literature concerning itself with the "problem" of adolescent pregnancy addresses the notion of "consequences"
surrounding the "condition" of early childbearing. This is not to underestimate in any way the potential high risk for healthy childbearing and motherhood. The immaturity of the adolescent, both in psychological and biological terms, combine to make pregnancy and motherhood traumatic and risky for both mother and child.

Gradually the community has come to acknowledge the obvious problems of teenage pregnancy: low birth weight, premature babies, high infant mortality rate, the death rate among young mothers, toxemia, anemia, greater likelihood of delivering a retarded child, greater likelihood of complications during delivery, the high divorce rate among teen marriages, the greater likelihood of economic dependence and a whole host of other problems. To date studies and publication of these problems have not been particularly helpful in preventing or arresting the rate of pregnancies in this population. We can no longer afford to look at the young mother "boom" solely in terms of a public health problem. We need, rather to examine how we are delimiting the options of youth and how this situation can be altered.

Josephine J. Card in her study "The Consequences of Adolescent Childbearing for The Young Parent's Future Personal and Professional Life" states:
"Generally, very little is known about the psychological consequences of teenage childbearing although there is some evidence in the literature which suggests that teenage mothers have more stress during pregnancy, are less nurturant as mothers, and have children with poorer child development scores. Other studies, however, have not substantiated these findings. The psychological and subjective quality of life consequences of teenage childbearing appear to be, of all factors, the least adequately studied and least well documented."

Although some parents and professionals recognize the desperate need for support to young parents we fail to recognize our responsibility to prepare these people for the role of parenthood. Parents and school systems in many instances ignore the issue of teenage sexuality all together. Adults are often uncomfortable with their own sexuality and in turn have difficulty accepting the sexuality of human beings who are supposed to have none, teenagers. Living with teenagers makes adults confront everyday their own sexual questions, practices, beliefs and values.¹

Rarely, do adults assist teenagers in the process of understanding information about sex. Instead we rely heavily on two things: we assume that the transmission of our values and morals is coherent and understandable requiring no further explanation or discussion and overload youth with the mechanics of birth control without the acknowledgement of our own confusions, and limitations in that area. We fail to recognize adolescents as emerging adults with their own identities. Whether one condones sexual activity among teenagers or not is irrelevant.

They are sexually active, and they are having babies, and these two facts are the result of some decision making processes on their part. Perhaps if the issues that adolescents are independent decision makers and they do need parenting skills could be separated out then our responses would not be as off center as they are now.

According to Erikson, the major developmental tasks of adolescence include, development of self identity, determination of sexual identity, attainment of independence, separation from parents, choice of vocation, commitment to work and the formation of lasting relationships.

In this society adolescence is viewed in a very negative sense. We equate this time of life with rebellion and trouble. In the name of socialization, we require adolescents to live under and submit to absolute and unquestionable authority. There is a preconceived idea about the definition of a successful teenager. The emphasis of Western society, on conformity, and what constitutes achievement dictates that the teenage years will be stressful.

There are several important factors that contribute to the stressful nature of adolescent pregnancies, primarily they are attributable to a lack of services and the stigma of parenthood without marriage. Society, in the name of deterring others, places additional burdens on young mothers including: systematic exclusion from schools, lack of day care facilities, lack of
adequate financial resources and lack of housing facilities.

I recently participated in a teenage sexuality workshop that was attended by approximately 1500 teenagers from various high schools within Atlanta, Georgia. At one point, one of the young women was talking about a friend of hers who had had a baby and then returned to and completed high school and was now employed and raising her child without a husband or family support. At that point she was interrupted by a professional health care worker, who with all good intentions, tried to argue that could not be the case. The fact of the matter is that some young women are successful in raising children by themselves. The point here is that if we are talking about helping teenagers make responsible decisions, we can not deny that many young people have the human and material resources to achieve a quality of life for themselves and their children. These facts can not be ignored simply because we feel it is a priority to offer the "victim" as an object lesson, to serve as a deterrent.

To deter, then, rather than to help, to support, to develop is the characteristic motive of most programs. In the Atlanta Public School System there is a policy which "allows" pregnant students to remain in school but states that no special provisions or considerations will be given at this time. I have heard principals on several occasions make reference to this policy
by saying that if they made things "too easy" for these students it would encourage others to become pregnant also.

Instead of exploring and countering current patterns of socialization along race, class, sex and caste lines that are at least narrowly defined, there persists a preoccupation with personal morality. Programs are more concerned with redirecting the moral characters of these young women than with providing services that will enhance life chances. Again, these trends reflect the inability of society at large to accept the sexuality or the potential for maturity of adolescents.

The patriarchal family, as it currently exists, operates less as an instrument for growth and freedom, for its young members it provides a training ground to produce conformists, obedient automatons for big business. The primary function is to transmit knowledge, skills, values and habits for the purpose of training "obedient" workers for industry. What then are the implications of providing more relevant services that would create people who could at minimal adapt to a rapidly changing job market rather than fit into existing markets? Further, what are the implications of providing a developmental setting or supports that would create people who could create a new political, economic, social order that remodeled the entire network of morals, values, habits and social relationships that now exist?

The political feasibility of meeting the real needs of both pregnant and non-pregnant adolescents is greatly diminished
in a society that places business and profit growth above human development and growth. As we upgrade the sophistication of nuclear weapons we neglect to provide adequate health care or housing. Social service budgets decrease as Pentagon budgets steadily increase. "It'll be a great day when day care centers have all the money they need and the navy has to hold a bake sale to buy a battleship."¹

Once a social problem has been defined, there is an effort to take some type of collective action towards solving it. There are many strategies to do this, the strategy that is employed will depend largely on the rationality, political feasibility and value preferences of persons designing programs and creating social policies. In the case of adolescent pregnancy the issue is more complicated than simply providing material services to a segment of the population in need of those services. It involves challenging our own attitudes toward teenage sexuality. We must stop dwelling on personal morals and begin accepting teenagers as emerging adults with their own choices and decision making capabilities.

The moralistic approach to adolescent parenting programs has caused the primary strategy to be one of rehabilitation. Martin Rein in his book Social Policies: Issues of Choice and Change states, "Rehabilitation is a strategy of changing people which involves the use of psychological and socio-psychological

approaches to restore social functioning." This implies that currently, social functioning is non-existent for 11 million teenage mothers. Rehabilitation concerns itself with those who do not fit within the institutions that exist rather than the performance of those institutions.

Teenagers, as do all human beings, have a need for love, acceptance and respect. If treated with respect and encouragement rather than with arbitrary authority, punitive and deficit oriented measures, young people will respond maturely and responsibly. When treated punitively, there is a strong basis for hostility and resentment to be the response. This hostility and resentment result in a vast preponderance of "discipline problems", unplanned pregnancy and a high drop out rate among high school students.

School systems often contribute to the problem. The primary ways to obtain recognition are to compete in sports, be a "good student, join ROTC, be very popular, have a baby, or "cause trouble". I have spoken to many students in the Atlanta high schools over the last two years. The frustration these students most often expressed was that the same people were always elected to hold student offices, and that these people usually won because they were popular, or honor students and not because they were particularly interested in the day to day concerns of the student body at large.
There seems to be a prevailing attitude among faculty, administrators, parents, and some students, that all teenagers are interested in is having "fun" by engaging in mindless games or sports activities. The majority of students that I have spoken to reflect a desire to engage in purposeful community activities or have input in school related issues such as curriculum development, upgrading library materials, and the development of teacher evaluation techniques.

Students were outraged when during Black History week the faculty "imposed" or suggested activities that seemed arbitrary and pointless to the students who were required to participate in them. The students felt the focus of the activities (such as the reading of the Emancipation Proclamation) was not reflective of the accomplishments of Black people for Black people. The faculty responded by writing off the students concerns as "rebellious".

Presently, at many high schools in Atlanta, the rate of absenteeism is almost as high for faculty as it is for the students. Educators feel restricted by limits in space and resources, thus resign themselves to getting students through the system. There seems to be a preoccupation with orderliness and subordination. Authority supercedes democratic discussion or exploration of alternatives. Many principals for example, relinquish their role as educator-role model when a situation or dispute arises that could enhance students problem solving
abilities, opting instead for sovereignty: "I don't care to hear your point of view. I'm the principal and what I say goes."

Social Service and other institutions have contributed to the problem of teenage pregnancy in a variety of ways. Planned Parenthood, Grady Teen Services Clinic, and Emory Family Planning Unit, rather than acting as advocates for the adolescent as emerging adult consumer, duplicate the authoritative model of the traditional patriarchal family reinforcing the obedient worker motif. They do not provide a place for teens to utilize their decision making skills. "Outreach" is limited to recruiting customers not in identifying young people who could be brought on board as collaborators in the designing of the various programs and services that are supposedly set up primarily for their use.

We repeatedly talk about wanting teenagers to make good decisions, yet we continue to deny them the opportunity to make any. We talk a great deal about the high rate of unemployment among youth, yet we continue to engage them in job opportunities such as office messenger. Once again relinquishing an opportunity to enhance problem solving skills. Why couldn't we employ them, using the same money we now use, to develop or at least research the kinds of services necessary for meeting their needs? In order for teenagers to achieve independence we must allow them to explore their limits, as we simultaneously explore our own.
One thing that must remain in focus is that we, as parents, educators, and other professionals have little to say about how young people cope with their sexuality. We can attempt to talk to them, reason with them, discuss alternatives, share our own experiences but in the end they are the ones who must choose.

The relationship between older people and teenagers is based on the fear that, if adolescents are given opportunities to question and re-think the current social order the outcome will be a loss of power and control for adults. The results of this relationship include: missed opportunities for cooperative exploration of ideas, the perpetuation of the child as robot-property notion, and the continuation of the view of teenagers as "immature" and "rebellious". Yet youth continue, inspite of this enormous pressure, to seek alternatives to societies long held values and beliefs and ask that we support them. Adults, who have the benefit of experience and wisdom, reject the idea of collaborating with youth, who have the benefit of no ties to "the way we've always done it", to create structures that are more responsive to human needs. Thus problems such as teenage pregnancy persist.

In Atlanta Public Schools the stated policy is that pregnant students have the right to continue their education, but there have been no facilities or supportive services designed to encourage them to do so. The policy, then is, that pregnant students are an embarrassment, a problem, and a symbol of the schools "failure". A principal from a local high school, was
speaking to me recently about a young woman who he had worked with personally following the birth of a child in her sophomore year. The student was getting ready to graduate and was having another baby. The principal was trying to discourage her from marching in the ceremony. The rational, of course, was that this exhausting experience may jeopardize the health of the young mother. Rather than offering support, encouragement and praise for the completion of school in spite of the "odds" the principal was concerned with what visitors would think of his school if a pregnant student was allowed to march and offered the following remark: "After all I've done for her. How could she do this to me?"

Currently, there is no formal sex-education or family living course. All students are required to take two quarters of health, one during eighth grade and one at some level above eighth grade. Health courses consist of basic first aid and basic physiology. There are courses called Teenage Living which are offered as electives through the home economics department. Additionally, The Grady Teen Services Clinic visits eighth grade health classes, to discuss issues relative to sexuality, with the focus primarily on birth control. I have audited such sessions and talked with members of the Grady team and the mindset can be conservatively described as one which serves to enhance the existing social order. The objective appears to be to assist students in denying their sexuality. The method
employed is to cite "victim" cases and to speak of adolescent pregnancy only in terms of its negative aspects. Some staff members of Grady Teen Services' Clinic, in a discussion with a parenting conference planning committee denied that individual cultural lifestyles, value systems, socio-economic status and attitudes about parenting, early childbearing and family life had any relevance to conference programming. Pregnancy becomes an isolate, treated as if no connection exists despite literature to the contrary such as Tomorrow's Tomorrow by Joyce A. Ladner.

It is often argued that school is not the place to provide supportive social services, that perhaps they will encourage future pregnancies. The purpose of the school, as is often said, is to provide education not social services. However, "A Plan for Improvement", a proposal developed by the schools central office staff in 1976, observes that "Changes in physiological and social development have been inadequately acknowledged, especially in early adolescence." It implies that more attention be paid to the socio-psychological development of young people. Further, in the recently revised and adopted Georgia State High School Graduation Requirements there is a strong emphasis placed on the incorporation of "Contemporary Life Role Skills" into the curriculum. "The skills needed for these contemporary life roles shall be defined as those skills which are necessary to address effectively and efficiently the decisions and opportunities presented to individuals in our technical and
urbanized free society." Several of the life role skill definitions include references to personal family roles.

There is now an attempt being made to devise an age-appropriate family living curriculum for grades K-12 as a way to meet the new requirements. This effort is also reflective of the school systems recognition of sex-education as a much broader issue than biological reproduction. It is an attempt to deal with the whole area of human sexuality which many school systems have not done.

Several issues, however, need to be addressed if an effective model program is to be designed:

1. Teachers in general need some type of in-service along the lines of values clarification. Perhaps if teachers were to gain some understanding of the interrelatedness of their own values, attitudes and beliefs and those of their students we could begin to move away from authority and control, and move towards maximizing growth and development. This could be achieved by having a workshop on an area wide basis. Included in this workshop could be speakers from the National Association of School-Aged Parents, parents, adolescent mothers("successful" & otherwise).

2. If the nurse, social worker, home ec. and physical ed. teachers will be responsible for this curriculum, they will need specific in-service training in addition to values clarification. Many times it is assumed that the above people are, by definition equipped to treat the subject matter with accuracy, sensitivity
and perception, this is not always the case. These teachers need to be exposed to films, books and other materials that will assist them. Additionally, it may be helpful to have a presentation of programs from other school systems. For example Slayton, Minnesota requires its students to take a series of courses including, Parent Readiness, Consumer Education, Communications and a twelve week course for seniors called Psycho-Sociology. There are also many helpful materials such as a resource kit put out by the PTA/MOD called, "How to Help Children Become Better Parents", which are available at minimal or no charge that speak directly to developing parenting and other related curriculum. These should be obtained and reviewed with teachers.

3. Support from individual principals will be critical to the success or failure of the program. All too often they are left out of this process and many times may hold attitudes that will undermine any serious efforts. Again, I have often heard principals discuss pregnant students in a very deficient, moralistic, judgemental way. Perhaps the use of values clarification or other workshops such as the PTA/MOD conference held last February in Atlanta, Georgia. One of the most beautiful sights I witnessed during my time with Atlanta Public Schools was watching principals, teachers, parents and community leaders who had come together to discuss what to do about teenage pregnancy, as they challenged each other and their own values
beliefs, attitudes and prejudices.

4. **Input from students in the entire process.** If the planned curriculum changes are to more accurately reflect the world in which students find themselves, we must allow them to become active participants rather than passive recipients of the educational process. It is important to keep in mind that if we want students to become good decision-makers we must afford them the opportunities necessary for developing those skills. If students are involved in planning, teaching and evaluating the family living curriculum teachers are afforded the rare experience of engaging in creative learning rather than feeding information and having that information regurgitated back to them.

5. **Whether the focus should be on prevention or supportive services.** This model should represent a multi-level approach dealing with the area of adolescent pregnancy both in terms of prevention and supportive services. To date there has been no decline in teenage births, despite the current prevention techniques which consist primarily of birth control information overload. Supportive services could eventually be established that could be student run and applicable to the entire student body. This would open up the other areas inherent in the structure which precipitate problems, of which adolescent pregnancy is but one.
6. **Greater attention to fatherhood.** Any parenting curriculum or services to be effective must serve the needs of fathers or prospective fathers in addition to mothers. Services could be offered in the areas of concrete parenting skills and career counseling.

7. **Recruitment of resource people.** Through the use of small groups, networks can be established to support young people with similar life circumstances. Essential to this process is involving those parents, educators, clergy, elders and others who are presently in support of teen parents, and encourage them to work with others who are not. Units could be developed somewhere within the community to assist with critical issues such as: securing housing, jobs, financial assistance, day care etc. Speakers could be utilized from the National Association of School-Aged Parents as well as young mothers and fathers. These teen parents could be used in family living classes to discuss various alternatives, (parents or teens who elected abortion/adoptions who are both satisfied and dissatisfied with their decisions)

8. **The central organizing principal of the curriculum.** Family living curriculums often fail because the people developing them do not have a clear definition of their approach. Basically, there are three major psycho-social-sexual themes that can be employed as the focal point for curriculum development. The first is prevention, however, as mentioned earlier the use of "victim" cases and teaching the mechanics of birth
control have not been particularly effective in lessening the incidence of pregnancy. The second motif is self-identity. The emphasis in this theme is on human sexuality within a much broader context, that looks at how one develops a sense of identity in relation to the larger society. Individual values and beliefs are clarified and viewed in terms of how they are played out in particular life situations. How do we develop an identity? How do others perceive us, and how do their perceptions alter our behavior? Included are discussions of various lifestyles. It is hoped by proponents of this model that the result is that students realize control over their own lives, developing a sense of responsibility and "critical consciousness" in the process. The third focal point is role differentiation. Included in this theme is an exploration of traditional sex roles vs. human sex roles, or the promotion of equalitarian communication of males and females in order to establish environments for growth, support, respect as opposed to exploitation. Parenthood is discussed within the above frame of reference.

9. How to solicit input from a wide range of resource people: clergy, students, elders, parents, teachers, principals, school boards and other agencies. A questionnaire might be an appropriate attempt to identify what each of these groups feel is the area of concern for curriculum development. The purpose of the questionnaire would be to pinpoint whether emphasis should be placed on developing preventive services, supportive
services, a combination of both or merely the development of a concise, comprehensive family living curriculum. Additional uses for the questionnaire may be: to identify resources within the community (films, books, people), locate the areas of stress or anxiety about various issues or subjects, to define those places where extreme sexist biases exist. In keeping with the major theme of this paper the questionnaire should be developed and administered by students following some initial training. The Research & Evaluation component of Atlanta Public Schools could be used in an advisory capacity for the development of specific questions and a tool to evaluate the effectiveness of this study on curriculum development. If this effort was proven successful it may open some of the attitudinal roadblocks that currently stand in the way of students becoming genuinely contributing members of society.
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