TEENAGE PREGNANCIES

Dickie Hill, Abilene Christian University, Texas

INTRODUCTION

Most people are not much concerned with health problems until they find themselves personally involved. The young are not very concerned with health problems of old people, and old people are not much concerned about health problems of the young. Teenage pregnancy becomes a problem for a family only when a daughter or grandaughter becomes pregnant.

When an unmarried teenage girl becomes pregnant she has special needs which must be appropriately met. Her life is altered and complicated by her pregnancy. If her needs are not properly met, her future may be so drastically altered as to cause her to drop out of society. This is a problem for all cultures and societies. When pregnancy out of wedlock occurs at any age, society tends to be critical. In the United States this attitude is changing in the case of older women, but the pregnant teenager is still not acceptable, though help is becoming more available.

There is a steady increase in teenage pregnancy over recent years. One theory is that young people are more promiscuous today than in the past. The more active sex life increases the opportunity and the incidence of teenage pregnancy. Some blame society for providing an environment where the teenager is exposed to too many opportunites. Society has created the problem by allowing a decay in our system of values and morals. The automobile, television, pornography and the relaxing of laws have contributed to this decay and lowering of standards. Others feel that because sex education is not allowed in the schools, students do not get the correct information that they need pertaining to human sexuality. It is well known that young people will get their questions answered. If their questions are not answered by a reliable source, they will turn to any source, which often means misinformation. The other side of this question is that if teenagers are given more information, it can give them new ideas too soon. Since most schools are not willing to test this in a research setting, the effects of sex education are still not settled.

Another view is that parents have become too lax in control of their children. Some research has included telephone calls to homes to ask parents if they knew where their children were. About half of the respondents were children who could not say where their parents were! Reduction of control and concern by parents is shown by the fact that young girls are allowed to go out more often and stay out later than in previous years.

THE UNITED STATES SITUATION

In 1972 more than 350,000 young couples in the United States were faced with pregnancy out of wedlock. Of these couples, 210,000 pregnant girls were not yet 18 (Daniel 1973). Ten percent of school age girls become pregnant, and the number is increasing by about 3,000 annually, mainly due to population growth (Howard 1973). The illegitimacy rate in the United States tripled during a 25-year period, to 291,000 in 1965 for the child-bearing period, ages 15-44 (McCalister 1973). More than 40 percent of unmarried women giving birth are teenagers. Other estimates are over 50 percent.

The actual number of pregnancies among unmarried school age girls cannot be tabulated because this information is not available. Some pregnancies end in miscarriage or abortion and are never recorded. Those who simply assume married names also do not appear in statistics. A few states do not report all illegitimate births, and some girls marry prior to delivery. Clearly, the actual number of pregnancies for unmarried teenage girls is much higher than that shown in official statistics.

Elias' (1971) findings on premarital coitus are shown in Table 1. It is apparent that a large number of teenagers are engaging in sexual intercourse. The nonwhite delinquent groups was the highest of all ages with an unusually high percentage even at age 15. The delinquents had been incarcerated for some type of offense. Pregnant school-age girls under 15 have the greatest problems. They have a greater proportion of babies which are premature, and of low birth weight, and a higher rate of infant and maternal mortality. They are less likely to marry and more likely

TABLE 1: FIRST POST-PUBERTAL COITUS (Cumulative percentages)

	White College		White Noncollege		White Delinquent		Non-White		Non-White Delinquent	
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
15	9	2	21	5	46	41	56	26	81	70
16-17	23	6	36	19	70	74	74	47	90	88
18-19	39	17	47	51	81	89	85	63	95	95
20	72	53	60	79	91	96	94	82	100	97
No coitus	28	47	40	21	9	4	6	18	0	3
N	**5001**	**4514**	**1075**	**1247**	**2459**	**1051**	**499**	**494**	**818**	**416**

Source: J Elias 1971. Adolescent Sexuality.

to have repeated pregnancies out of wedlock. They are also less likely to finish high school. Some differences were found in the extramarital pregnancies of today and those of 20 years ago (Daniel 1973). Differences were psychological, emotional, and reactive. There were differences in treatment from maternity homes, hospitals, schools, parents, friends, and society. The unwed mother tends to be younger today than in past years. Puberty occurs earlier, apparently due to improved nutrition. More and more the young mother is deciding to keep her baby, as adoption decreased from 40 percent in 1966 to 22 percent in 1971.

THE OKLAHOMA SITUATION

The Oklahoma picture is similar to that of the nation. In 1973, of all births, 25 percent were to teenage mothers, and of this group, 41 percent were aged 17 or less. Births out of wedlock were 11.5 percent of the total, compared to 10 percent for the United States. Of the 4,674 live births out of wedlock, 55.7 percent were to teenage mothers, and 31.9 percent were to mothers under 18 years of age (Carpenter 1974). In 1974 there was an increase of 1500 live births compared to 1973, reversing the trend of the two prior years. Total live births out of wedlock increased by 131, for 11.3 percent of the total of live births. For the teenage mothers giving birth out of wedlock, 15 percent were delivering their second child, and 3 percent were delivering their third.

These statistics indicate a problem for all concerned. The public concern is that of expense for those who cannot pay for themselves. The mother and child require help emotionally, physically, financially, and in terms of education. Society treats some of these problems through public programs in the community.

WHAT IS BEING DONE?

The unmarried teenage expectant mother has several choices. This question was posed to a panel of 1000 readers of Good Housekeeping Magazine (1973). Of these, 41 percent said they would have the baby without marrying, and give the child up for adoption; 27 percent would have an abortion; 23 percent would marry the father; 9 percent would keep the child without marrying. To the question, "Should the father be pressured into marrying the girl?" 88 percent answered "No." Many girls consider suicide and some carry it out. Occasionally a young girl will have the baby unattended and leave it somewhere for someone to pick up.

Various programs have been developed to help the unwed mother, and society has begun to accept her. Schools are providing education for the pregnant teenager, but there are still problems in schools. In many schools the reaction is at best neglectful and often punitive (Howard 1973). Most states do not have laws regulating the education of school-age pregnant girls. Florida and Michigan have recently passed liberal education laws, but in some states, schools still bar pregnant girls from class on the ground that it would be detrimental to the welfare of other students to admit them. She may be labeled *adult, socially maladjusted,* or *physically handicapped.* This makes her elligible for special classes which may not satisfy her needs, and may cause her to drop out.

In one successful program pregnant girls attending a special school returned to their

regular schools, and graduated from high school or took jobs after having their babies (Shanas 1971). This program was then put in operation very successfully in New York City, and other cities followed suit. Provision of comprehensive services can substantially reduce the high risks to education, health, and social success associated with early childbearing and rearing (Howard 1973). Part of these services should include sex education in the schools. Young people have indicated that sex education is needed in schools, and some state that they receive little if any sex education at home (Hill 1975). Some of their responses are shown in Table 2.

TABLE 2: STUDENT FEELINGS ABOUT THE NEED FOR SEX EDUCATION (Percentages)

Where should it be taught?	Male	Female
Home as 1st choice	62	83
School as 2nd choice	46	62
Church as 3rd choice	54	65
How much is given at home?		
None	17	8
Very little	28	26
Some	42	43
Almost all	9	18
All	3	4

CONCLUSION

As a high-risk person, the pregnant teenager requires special help to keep her in school, off of welfare, and possibly to save the lives of herself and her baby. Individual needs vary, but all pregnant teenage girls need assistance and social supports. Existing programs are not reaching all who need help. If health is a public concern, then teenage pregnancy is a health problem. Many people are affected other than the mother and child. Generally, the schools have failed to help the pregnant teenager, and many times have made her situation worse. Public health programs have been lacking in number and rate of success. The problem could be greatly reduced if means were taken to prevent the pregnancy from occurring. This calls for education in matters of sex and reproduction. Since it obviously does not occur in the home, the most logical place is in the schools. Education in human sexuality planned by parent, student and teacher, and taught by well-qualified health educators can be successful.

RECOMMENDATIONS

1) The pregnant teenager should receive the help and care she needs to function as a human in her particular situation.

2) Public programs should be established to provide such care and help.

3) Schools should provide for normal educational needs. This could include night classes, home study, or regular classwork.

4) Sex education should be provided all children through instructors trained in subject matter, individual feelings, and emotions.

5) Health education should be a part of the child's education in each year of schooling. The teacher should have a degree in health education.

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