

## DEALING WITH TEEN-AGE PREGNANCY\*

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THE ISSUES OF SELF ESTEEM, self worth, and future orientation are primary to pregnancy prevention, especially for minority youngsters and families disenfranchised in many ways. Teen-age pregnancy is not an epidemic, regardless of what the media would like us to believe. Figures are high, they are frustrating, they are vexing, and it has been difficult to have significant impact on the problem. However, teen pregnancy is not new, it is not a 20th century phenomenon. It has been around for a long time. What is disturbing in the 1990s is that youngsters between 13 and 15 are getting pregnant more frequently whereas the rate for their older counterparts seem to be levelling off.

Unfortunately, even the pregnancy and birth rates for older teens are not declining to levels that would cause us to break out champagne, but they have levelled off. I think Dr. Radosh is correct when she says that access to birth control and correct sex education information have significantly helped birth and pregnancy rates. But program after program has demonstrated that the problem of teen pregnancy is more complicated than access to contraception or abortion.

Another area that seems to be misunderstood is who is getting pregnant and what are single parents about? Teen-age pregnancy crosses racial and socio-economic groups. Why teens from different ethnic and cultural groups keep their babies vary almost as much as the teens themselves. There is no homogenous group of pregnant teens or at-risk adolescents. There is no identifiable cohort. What we do know is that some life factors make early or unplanned

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pregnancy more likely. We know that some things stand out: isolation, regardless of the socioeconomic group, a lack of perception of future opportunities, lack of self esteem, lack of self worth, poor performance in school, poor role models or lack of role models at home or in the community.

Early settlement houses in this country developed because many immigrants lacked good social and economic supports. The role models for early immigrants were often not family members but from the community. Yet, when we talk about poor and minority people we seem to indict parents as poor role models who may not have had opportunities themselves.

This country has always helped to develop role models through settlement house programs, community centers, YMCAs, boy scouts, girl scouts, and other programs. But society seems to have changed its definition of what role model means as different groups—and maybe poorer groups—of people make demands on its resources. Hence, often we indict parents who need our help as much as their children do when in fact their problems are socioeconomic.

Two years ago the Children's Defense Fund showed a strong connection between teen pregnancy, poor education, and poor job opportunities for both boys and girls. We are often so concerned about preventing teen pregnancy that we do not put enough energy into encouraging other behaviors. We create programs and services geared toward managing teens' sexual behavior as if they are one dimensional. In reality, all aspects of their lives—health, family, school, work, social and cultural experience—affect peoples' decisions and sexual behavior. Therefore, a holistic approach to working with teens, regardless of race, ethnicity, or socioeconomic background, is the best way to help to prevent teen pregnancy and to deal with teens who have already had one child.

The issue of contraceptives must be included, especially for those already sexually active, but education and jobs are just as important. The issue of preventive health, body image, nutrition, is also extremely important. Remember, adolescents are adolescents first. They are going through all of the normal issues that relate to adolescence, which means that they will be risk takers, they will be experimenters, and they will do things to fit in with their peer groups. If the peer group is not doing well and success is defined by motherhood or fatherhood, or manhood or womanhood, then we cannot expect change in behavior just by offering contraceptives. They will not use them.

Project Redirection, which I ran in the early 80s, located in central Harlem, had a number of girls who came to us pregnant; they had birth control pills in

their drawers at home! We must try to make them see some benefits in being connected to mainstream society. We do not focus on only one part of our own children's development and we cannot do it for the youngsters with whom we work in our communities.

We have to help them to attain educational success, job success, while addressing the realities of racism and poverty. They need real health opportunities, real abilities to handle anger, and leadership opportunities by allowing them to be in situations where they make some decisions. These activities support a contraceptive service.

Single service approaches to teen pregnancy will not work. In my view, a holistic approach to dealing with teen pregnancy is also the most practical, and has the longest term benefit. Some of the reasons for this you heard this morning—resources are limited. Teen pregnancy is getting pushed to a back-burner with the advent of crack gangs and AIDS. We have a “topic for the year” or a topic for a few years, and then it is no longer in vogue—it seems to fade away. The problem obviously does not go away. Government and service agencies simply change priorities.

To pay attention to all of these things at one time, we must understand that drug abuse, school dropouts, juvenile crime and gang activity, and teen pregnancy are symptomatic of a variety of social ills in our urban society.

In recent months I have been involved with a New York State Task Force on gangs, the mayor's drug abuse study group, and a review panel for selecting school based health clinics. All of the service providers and all of the experts come back with the same thing—whether physicians, nurses, administrators, police, social workers, teachers—regardless of the target population, that the teens need good educational opportunities, good health, and good housing. Moreover, somebody has to do more than merely tell their parents what we are doing with the kids. Involve the parents when possible, respect them and understand the significant role parents and guardians have in the lives of their youngsters. We must stop being presumptuous. We are not magicians who can change teens in an hour or two hours of contact per week.

Finally, the kinds of support services that help set the tone and environment for change has to do with how a person feels about himself and answers the question, “What is in it for me?” That is the question adolescents are really asking. “What is in it for me?” “Why should I go to school?” “Why should I take that job?” “Why should I take that contraceptive?” “What is in it for me?”

Unless we can provide services through a holistic kind of approach that respects the adolescents and the adults in their lives, that offers not only

information to those adults but a role for those adults, we may get the adolescents, but we will not keep them. We will not get them to do things differently from what other people in their communities are doing. We will still be approaching the problem at the wrong level. We cannot expect teen pregnancy to be reduced unless we help adolescents find real opportunities and real options and a reason for hope. This is not an external process with options available. The internal ability to grow is evident and essential.

Networking is absolutely important; finding out who the social service agencies are, brokering with other programs to share services if they are working with similar populations or similar problem populations. Because an agency's funding may come from a different source, it does not mean the target population is different. For example, a dropout prevention program and teen-age pregnancy prevention program is looking at pretty much the same kids and the same menu of service needs.

We must begin to address our clients and our youngsters as whole people who come from whole families.