When Children Have Children: Teenage Pregnancy

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Abstract
Because teenage pregnancy affects so many people, it is receiving a great deal of attention in the United States as well as in other leading nations. Teaching young people that sex before marriage is not acceptable does not prevent pregnancy. Recognizing that teen's sexual behavior is a crucial part of their development will lead to honest and accurate information about sex. This will help teens express their sexuality in safe and healthy way. Therefore, prevention strategies should be created that address the needs of sexually active teens. Males should also be included in prevention strategies. Young males are often overlooked when it comes to preventing teenage pregnancy, although their roles are just as important as females' roles. Teenagers who become pregnant are at a higher risk for serious complications during childbirth. At the same time, male's socioeconomic status should be taken into consideration. Young fathers are usually poor, less educated, and often times involved in other risky behaviors. All of these factors should be taken seriously when dealing with teen pregnancy because teens having children can be a serious problem.

Approximately “97 per 1,000” females between the ages of 15 and 19 become pregnant each year, with the majority of these pregnancies being unplanned (Planned Parenthood Federation of America, Inc., 2000, p. 1). Teenage pregnancy seems to be on the decline in the United States, but it remains the highest of all developed countries. Research on teen pregnancy indicates teen mothers are less likely to finish high school. Teen mothers are more likely to live in poverty, while, children of teenage mothers are more likely to be neglected, abused, and/or poor. They are also more likely to suffer from low birth weight, developmental, and health problems. With females reaching fertility at an all time low, 12 to 13 years of age, and because “four out of five” teenagers are sexual active, there is a greater need for prevention strategies (2001, p. 1). Accurate sex education, less sex in the media, easily available contraception, and prevention programs addressing the roles of young men can all help decrease the number of pregnancies among teenagers. One of the biggest prevention strategies in teenage pregnancy could be one that is often overlooked: pregnancy prevention that targets young men. Many times, young men’s roles are not viewed as important in reducing teenage pregnancy. It is important to reduce teenage pregnancy because not only does it affect the young mother, it also affects her family, the father and the child.

Teenage pregnancy has been one of the most serious juvenile problems in the USA, not only in the field of education, but also in local government. The Office of the Governor Children & Youth Coordinating Council in Georgia reported that “over 1 million teenage girls become pregnant each year in the United States. The estimated cost to society exceeds $29,000,000,000 annually” (Office of the Governor Children & Youth Coordinating Council, 1997). Further, former Georgia Governor, Roy Barnes pointed out the teenage pregnancy rates in Georgia are among the highest in the nation (1997). In addition, more than four million adolescents receive a diagnosis of a sexually transmitted disease (Saewyc et al., 2004). Teen parents are more likely to fail in completing education, getting well paid jobs. Their children are more likely to grow up in poor environment, and become teen parent.

Circumstances to Both Female and Male

According to Goldberg and Klerman (1995), teenagers are just as likely as woman in their 20s to have problem-free pregnancies and to give birth to healthy babies (as cited in Kail & Cavanaugh, 2004, p. 65). Nevertheless, Fergusson and Woodward (2000) argue that “even when a teenager receives adequate prenatal care and gives birth to a healthy baby, all is not rosy. Children of teenage mothers generally do worse in school and more often have behavioral problems” (as cited in Kail & Cavanaugh, 2004, p. 65).

A female teenager’s body is still growing and maturing. It is not yet physically ready to carry a baby. For this reason, teens run a higher-than-average risk of having serious complications with pregnancy and childbirth. The baby is also more likely than others to be born small and low in weight, a condition that can contribute to major health problems for the baby.

Barnett and Hurst compared the reactions of 8th and 10th grade males and females at the end of their experience with infant simulators (popular means for providing a realistic experience of caring for an infant and often used as a supplement in sexuality education programs). They found that “in general, females react-
ed more favorably to the experience than did males" (Barnett & Hurst, 2004, p. 69). Teenage pregnancy is more real to girls than to boys.

With teenage pregnancy, many times the focus is on a young mother and her child. Young men are often overlooked when it comes to teenage pregnancy; especially, when it comes to teenage pregnancy prevention. In a recent study of high school students in North Carolina, “14.7 percent of the sexually active teenage men had been involved in a pregnancy” (Planned Parenthood Federation of America, Inc., 1999, p. 8). This research shows how important it is to incorporate young men in the prevention approaches.

Young fathers also receive less attention from researchers, practitioners, and policy makers. In a study by Glikman (2004), “the majority of young fathers were found to be involved significantly in the lives of their children” (p. 195). This goes against the normal stereotype that young fathers are often not a part of their child’s life. Glikman’s research showed the males that were involved in their child’s life had positive feelings about themselves. Like other research, her participants were from low income households. Their completed educational levels were lower than other young men. This creates an obstacle to providing for their children. Levels of education and employment have been key indicators of fathers’ involvement with their children. Although, young fathers with less education start off being involved in their child’s life, eventually it deteriorates over time. With less education, many young fathers worry about providing for their children financially. Young fathers have a huge obstacle to overcome in society’s eyes because in this country “one’s worth is judged primarily in three arenas—school, work and family” (Glikman, 2004, p. 196). It’s evident that lack of success in the first two arenas will often lead to lack of success in the third arena.

### Sex Education

Merki (1996) reported that teen leaders led tremendously successful sessions about having sex, values and refusal skills which included information on how to avoid having sex. The teen leaders had experience saying no to sex, so they were powerful role models. It was found that eighth graders who took the class were four times less likely to become sexually active that year than those who had not had the class. They were also one-third less likely to become pregnant by the time they graduated from high school. Some possible advices to say NO to sex are: 1) keep away from situations where pressure to have sex may arise, 2) have dates only in public places, 3) make an agreement with your date. They need to know that “there is no 100 percent sure ways to prevent pregnancy other than abstinence” (Merki, 1996, p. 25).

Sex education should also focus on negotiation skills in sexual relationships and communication. Information about sexual health clinics should be advertised in areas that adolescents frequent, for example, school bathrooms or shopping centers. There is an impressive and practical report by the Orange County Child Abuse Prevention Center in California. Teen mothers and fathers told teens about their own experiences, and the young moms shared stories of morning sickness, stretch marks, long labors and money woes as well as lost social and educational opportunities (Borcoman, 2004). Teens received an important message- that a baby is actually a lot of responsibility and that being a parent is a full-time job without breaks or vacation.

Sex education seems to be different for boys. According to Hilton (2001), “boys often appear to be uninterested in sex education and many educators see them as hopeless cases” (Hilton, 2001, p. 35). She also states, “teachers report that boys mess about and act up, don’t ask questions and refuse to take sex education seriously” (p. 35). In order for sex education to be affected for young males, stereotypes and personal beliefs have to be put aside. Education must teach each child that in the right situation, sex can be a very rewarding experience. On the other hand, it must be known that sex can be very dangerous.

Male involvement in pregnancy prevention is insufficient because females are the ones who get pregnant and because, except for condoms, all reversible contraceptive methods are on female (Centers for Disease Control and Prevention, 2003). To contribute to pregnancy and disease prevention, clinical programs that focus on young men should be developed.

### The Existing Conditions in Other Countries

Sex education in China lags behind sexual activity. The first sex-education textbooks were printed in 2002 when the government enacted the Population and Family Planning Law. A survey by Shanghai Municipality showed that only 15% of high-school students received sex education. Unwanted pregnancies among the young seemed to rise. In 1998, only 13% of abortions done at state clinics involved unmarried woman. By 2002, that figure had risen to 34%.

The Prime Minister of England, Tony Blair has a foreword in a report by the Social Exclusion Unit of the Department of Health (1999) reported to the UK
Parliament on teenage pregnancy, "Britain has the worst record on teenage pregnancy in Europe...Every year some 90,000 teenagers in England become pregnant ..." (Stephenson, 2004, p. 307). The study by Stephenson had positive findings that "fewer 16-year-old girls in the peer-group-education schools had become sexually active compared with those in control groups (the boys showed no difference), and both boys and girls preferred peer group to conventional teacher-led sex education (p. 307). However, there was no significant difference between treatment and control schools in either the incidence of unprotected first sex or the incidence of unintended pregnancies.

Netherlands has one of the lowest live-birth and abortion rates in the world, both at around 4 per 1000 woman, five times lower than in Britain. They promote the Double Dutch approach—condoms for boys and oral contraceptive pills for girls. (Stephenson, 2004).

Prevention

According to Goodyear (2002), prevention strategies for teenage pregnancy "has the broadest scope of several interventions" (Goodyear, 2004, p. 189). He believes teenage pregnancy interventions should include information about contraception, social support networks, training with assertion skills in dating situations and life and career goals. Goodyear also believes some interventions are one-sided. “For example, with males, interventions to develop less rigid adherence to traditional conceptions of masculinity may indirectly reduce teenage pregnancies” (p. 189).

Pistol (1999) argued that “counselors who wish to prevent teenage pregnancies need first to acknowledge the emotional motivations for the young men and women in relationships” (as cited in Goodyear, 2004, p. 189). Teenage years are a time when young people are in search of developing meaningful relationships outside of the family. Teens may turn to early sex to compensate for insufficient emotional stability. Pistol believed counselors should “differentiate between needs for romantic love” and “sexual expression” (as cited in Goodyear, 2004, p. 189). Research also indicates depressed teens are more likely to get involved with men who “confirm their relatively negative self-views” (p. 189).

Goodyear (2000) states, “School counselors can help alleviate young women’s depression levels, they may also reduce the young women’s likelihood of partnering with men whose stance toward women is exploitive and puts them at particular risk of pregnancy (p. 189).

Young males do not receive adequate attention regarding teenage pregnancy. Although, teenage pregnancies have reduced over the past few years, the numbers still remain high. Many believe the numbers will remain high until sex education and teenage pregnancy prevention strategies cater more toward males.

Conclusion

Teenage motherhood seems to have problems such as incomplete education, poverty, and marital difficulties. Therefore, the development of their children will possibly be affected. Very few teenage pregnancy cases will have a “happy ending” without struggle. Including sex education, there seem to be a lot of roles that teachers and parents can play for their students or children to let them know the true consequences of teenage pregnancy. Women’s Health Weekly editors (2003) found that both socioeconomic disadvantage and dislike of school were associated with different risk factors for teenage pregnancy. They reported that those disliking school, despite having comparable knowledge to those liking school, were more likely to have sexual intercourse, expect sexual intercourse by age of 16, and expect to be parents by the age of 20 (p. 18).

The period between childhood and adulthood is a time of profound biological, social, and psychological changes accompanied by an increased interest in sex. This interest places young people at risk of unintended pregnancy, with consequences that present difficulties for the individual, family, and community (DiCenso, et al. 2002, p. 1426). Hence, family, community, and school should encourage teens in their educational and career achievement. The encouragement of both male students’ and family members’ involvement in pregnancy prevention programs is also essential. Lastly, the pregnancy prevention needs of sexual abuse groups must be adequately addressed, since teenage pregnancy is strongly linked to it (Saewyc, et al., 2004).

References


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Guidelines for Submissions

- Articles must be submitted by January for publication in April. Submissions given earlier than that date may receive feedback that may increase the chance that the piece will be accepted for publication.

- Stipulate for which category the submission is to be considered.

- Submit manuscripts in triplicate, and include the manuscript on a standard disc saved in Microsoft Word. Manuscripts must be typewritten and double-spaced on 8 1/2 by 11 paper. The specific manuscript format is cited below:
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