Teenage Pregnancy and Public Health

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**Introduction**

Teenage pregnancy (TP) occurs across all economic and cultural demographics. It is a great public health concern both in developed and developing countries. According to Health Science Journal, across the globe fifteen thousand women under the age of twenty give birth, representing almost one-fifth of all birth. Every year five hundred and fifty nine women die due to pregnancy and child birth related complications. And the risk of death among women age 15-19 years due to pregnancy complication double compare to women in their twenties. Young women are also at risk of unwanted pregnancies, sexually transmitted disease (STD) and unsatisfactory or forced early sexual relationship.

 Research shows that United States maintains the highest teenage pregnancy and birth rate of all the industrialized countries. Almost one in every three girls becomes pregnant at least once before the age of twenty. Although over the past 10 years, the U.S. has experience dramatic improvements in teen childbearing and teen sexual health. Paradoxically, Teen pregnancy rates in New York City (NYC) are consistently higher than in the United State (US) overall, particularly among blacks and Hispanics and within poor neighborhoods. The latest national teen pregnancy rate for 2005 indicates that there are 71 pregnancies per 1,000 girls aged 15 to 19 each year, while the 2007 NYC rate for residents ages 15- 19years was about 83 per 1,000 birth

 (J Urban Health 2010). Because TP is a major public health problem, this paper will review evidence – based articles that examine the association between racial and health disparities, challenges in tackling TP, the stake holder who are responsible, the model programs and policies that are recommended to reduce TP.

**Racial and Health Disparity**

 One of the major goals of healthy people 2020 is to promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications. It is their goal also to reduce racial and health disparity. According to Center for Disease and control (CDC), U.S. has made remarkable progress in improving the residents’ health and reducing disparities in recent decades; but ongoing economics and racial disparities in health care still exist.

 In NYC, research shows that there are significant disparities in teen pregnancy rate by race, ethnicity and neighborhood. In 2007, teen pregnancy rates among NYC residents were more than four times higher among NYC black (122per 1000 teen) and Hispanic teens (114 per 1000 teen) than among white teens (21 per 1000 teens). The city’s lowest teen pregnancy rates was in Staten Island (51 per 1000 teen) where seventy percent of the population is white and the poverty rate is only ten percent. (J Urban Health 2010)

 Moreover, research were conducted in NYC three neighborhoods which are unequally yoked with poverty and poor health; East and central Harlem in Manhattan, North central Brooklyn (Bedford-Stuyvesant and Bushwick) and the South Bronx . The result shows that East Harlem has 133 per 1,000 teens, North and Central Brooklyn 129 per 1,000 teens and South Bronx 133 per1000 teens. Poverty rate as pointed out by the 2004 US census and NYC Department of City Planning, shows similar elevated result in East and Central Harlem (37%) and North and Central Brooklyn (34%) compared with NYC overall (21%). These findings suggest that all racial minorities experience TP more often than their Whites counterparts. In addition, previous research demonstrates that the rate of contraceptive use tends to be lower in more disadvantaged neighborhoods. Public school teens in these aforementioned communities are more likely to be sexually active than their peers in the rest of the City. This problem of TP is not only in NYC or USA alone. It is a global problem. Evidenced based practice has shown that Teenage birth rates are higher in more Unequal countries like United Kingdom and New Zealand. (Wilkinson 2009)

**Challenges and Barriers in tackling Teenage Pregnancy**

 Parenthood is a leading cause of school dropout among teenage girls. About thirty percent of all teenage girls who have dropped out of high school cite pregnancy and parenthood as a key reason, and the rate is higher for minority students (Shuger, L 2012). Department of Health and Human Services (HHS) has initiated several preventive programs to prevent and reduce teen pregnancy. Their program includes abstinence education programs and dissemination information on promising approaches. Based on the HHS efforts and preventive program, the rate of sexual initiation among 15 to 19 years old is declining, while the rates of first sex among younger teens is actually increasing. In addition, analysis of Youth Risk Behavior Survey suggests a tremendous higher rate of early sex among youth of color versus White youth.

 Furthermore, the use of contraceptives, particularly Condom use is another challenge. Despite the improvement in contraceptive use, (condom) rates of sexually transmitted infections have increased recently and are significantly higher among minority youth, particularly African American teens.

 Another important challenge is the ethnic and linguistic minority groups. The ample majority of the interventions still lack culturally relevant and or appropriate strategies for non- white youth. Example of this challenge is early marriage culture among American South Asia population. It is the culture of this minority group to have early marriage and there is a social expectation to bear a child soon after marriage. In South Asia, nearly sixty percent of all girls are married by the age of 18 years and one fourth is married by the age of 15 years

 (Acharva 2010).

**Literature Review.**

 Information obtained from the existing literature shows that a number of risk factors have been attributed to teenage pregnancy. The factors include early sexual activity and low use of contraception among the poor, economics and employment deprived population. (Slowinski 2001) Also various literatures examining the social, cultural and environmental factors associated with poor sexual health and risky health behaviors. The influence of social inequality on health outcomes is central to health services research, particularly given the widening gap between rich and the poor. (Dorling et al, 2007) Social inequalities exist in under 18 pregnancy rate with higher prevalence rates in more deprived area than more affluent areas (Uren et al, 2007)

 According to National Longitudinal survey of Children and Youth report (2001), rise in rates of teenage pregnancy was due to the fact that more teenagers were sexually active, were using less contraception, or that there was an individual desire to become pregnant. The survey estimates that 12% of boys and 13% of girls had sexual intercourse by age fourteen and fifteen.

 In addition, the extensive literature review done by Dilworth suggested that there is a close relationship between dropping out of school, early pregnancy and living poor. Those children of teen parents are more likely to have problems and to become teenage parents themselves, therefore perpetuating the cycle of poverty begun by a teenage birth. Another thing he suggests is that teen mothers often find themselves to be undereducated, underemployed and underpaid if employed, promoting a generational cycle of disadvantage families. And lastly he said early childbearing holds a risk of delaying emotional development, of high stress and potentially abusive environments, and of the reduction of life opportunities for both mother and baby. . (Slowinski 2001) .

 Moreover, with regards to the devastating effect of TP, government has established several programs through different agencies to curb this problem in our society. Study shows that TP rates have been on the decline over the last 1980s and peaking in 1991, there is a tremendous reduction in childbearing rate among teenagers. By 2001, the overall teen birth rate declined to a record low of just under 46 births per 1000 women aged fifteen to nineteen. (the center for health improvement 2003)

 Evaluation studies have concluded that Community service coordinated with positive youth development behavioral intervention program is an effective approach for reducing sexual risk behavior among teens. Also effort to eliminate health disparities with a focus on surveillance, analysis, and reporting of disparities and the identification and application of evidenced based strategies to achieve health equity. (CDC)

**Model Programs**

 With high teen birth rates in USA and with NYC on top of the list, government and public agencies and community based organization that oversee TP prevention program are working together with common goal of helping students to avoid too-early pregnancy and parenthood to be able to complete their high school education put in place the following models.

 Abstinence Education Program founded by president Bush and Secretary Thompson, through the Department of Health and Human Services. Provides federal grant to states for abstinence education activities such as mentoring and counseling designed to promote abstinence from sexual activity until marriage. In 2001, HRSA provides the first federal grants in a new initiative to support community-based abstinence education programs involving public and private entities. The grants support the development and implementation of abstinence –only education program for adolescents, ages 12 through 18, through special projects of regional and national significant.

 Another model program is Community Coalition prevention Demonstrations. Since 1995, the Center for Disease control and Prevention (CDC) has funded demonstration for the prevention of teen pregnancies. These project support coalition of local public and private agencies and organization in communities with high rates of TP in order to develop community action plans, coordinate efforts to reduce teenage pregnancy, identify gaps in current programs and services, target existing resources, and design evaluation plans. President Bush budget 8.7 million dollars in 2003 fiscal year to help community coalition partnership to implement their plans, support related information gathering, evaluation and education activities. The above models are carried out by department of Health and Human Services (Dept of HHS 2002)

 In addition to HHS programs, NYC Department of Education has embark on Program named “Plan B” Emergency contraception and other oral or injectable birth control to girls as young as 14 years without telling their parents- Unless the parents opt out of the program after receiving a school letter informing them of the new policy. (Shuger, L 2012)

 **Stakeholders**

Apart from the victims of TP who are obviously affected and their parents, the major stakeholders in policy and advocacy for preventing TP includes the U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), The National institute of Child Health and Human Development, The national Center for Health Statistics, School District, State Department of Education and Community-Based organizations and Office of Adolescent Health’s (OAH)

 **Policy Recommendation**

Many policies has been in place to prevent TP like Distribution of free Condoms in NYC public schools, Abstinence education program through department of health and human services and the new plan “B” emergency contraceptive use at public high school. More effective policies are needed to address this alarming problem. To effectively embark on strategies for prevention of TP and parenthood, government and policy maker need to establish more comprehensive sexuality education programs that will includes information about both abstinence and contraceptive use methods. Research confirms that comprehensive sexuality education program like this will reduce the frequency of sex, reduce the number of sexual partners, and increase the use of condoms and other forms of contraception. (Center for health improvement 2003)

 State policy maker should make health care policy that will give teen’s access to contraceptives and reproductive health care such as; preserving the right of minor to access contraception and reproductive health services without parental consent; supporting public founded family planning programs; supporting research and development of new contraceptive technologies and supporting policies that make safe contraceptive technologies available over the counter or without prescription.

 Youth development program is another issue the state policy maker should give priority to. Policy maker need to invest adequate funding in youth vocational training, academic tutoring and support, career counseling, employment and involvement in community program. The hard to reach and under –served youth need to be identified and targeted for sex education program and access to emergency contraceptive pill and get them involve the youth program mentioned above. (Slowinski 2001)

 **Summary**

 Teenage pregnancy is an important public health issue that affects adolescents, their families, and society and also poses a great challenges and concern for health care provider. Understanding of the contributing factors like, low socio economics status, limited education, cultural factors, health disparities and inadequate comprehensive sexual education. This paper south to provide a thorough analysis of TP which is a global health issue, and disparity in teen pregnancy rate are explained by different rates of sexual activity and contraceptive use. Fortunately, there are many education programs put in place by department of Health and Human Services that can provide sexual education to our youths.

 Furthermore, policies have been enacted both at the federal and state level to provide resources to support programs and services for the youths. Even though there has been a substantial decrease in TP rate, if more programs are available like comprehensive sexual education, access to contraceptives and reproductive health care, youth development program with a supportive environment and positive sense of a future, there will be a dramatic decrease in teenage pregnancy.

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