TEENAGE PREGNANCY

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Abstract: An unintended and in most cases unwanted pregnancy brings teenagers before a crisis. Teenage birth rate has declined from 9% in 1985 to 5,2% in 2002, but it still remains a serious medical and social problem**.** The high rate of teenage childbearing among minority and disadvantaged groups, documented in the United States and the United Kingdom, is consistent with the hypothesis that lack of opportunity and socioeconomic disadvantage contribute to teenage childbearing. There is also evidence from studies in the United States that better communication between parents and their adolescent children is associated with later sexual initiation and lower teenage childbearing.
Strategies have been developed by most governments in order to reduce the number of teenage pregnancies and counter the epidemic of HIV and AIDS.
Formal sex education programs may increase knowledge about reproductive health and improve the use of methods to protect against pregnancy and sexually transmitted diseases
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INTRODUCTION

Adolescent pregnancy occurs in all societies but the level of teenage pregnancy and childbearing varies from country to country. The level of adolescent pregnancy varies by a factor of almost 10 across the developed countries, from a very low rate in the Netherlands (12 pregnancies per 1,000 adolescents per year) to an extremely high rate in the Russian Federation (more than 100 per 1,000). The United States had one of the highest adolescent pregnancy rates in the mid 1990s as it did in the early 1980s. Japan and most western European countries have very low or low pregnancy rates (under 40 per 1,000) (Singh and Darroch , 2000)
UK has the highest rate of teenage pregnancy in Europe. Wainwright *et al.* (2000) stated that every year in the UK there are 90.000 teenage conceptions, and of those around 7700 are girls under 16 and 2200 girls aged 14 and under. The above figures show that teenage pregnancy is a very significant national issue that needs to be tackled urgently as it seems that the rate of teenage pregnais increasing in an alarming way.
Lawlor and Shaw (2004) said that although in some other European countries it seems that the number of teenage pregnancies has decreased, there are a considerable number of adolescents who choose to terminate an unintended pregnancy as the clinics that offer termination services can be easily accessed by teenagers. Greece has one of the highest abortion rates in Europe and a very low prevalence of contraceptive use apart from withdrawal and condoms. Sex education is not included in the school curriculum, the lack of accurate information on contraception and the prevention of unwanted pregnancy, especially in adolescence, have critical repercussions for women's life choices. (Ioannidi-Kapolou ,2004)
As, has been shown (Jolley 2001) from statistics, in the last decades teenagers became sexually active at an earlier stage than they used to and almost one third of 15-16 year old adolescents have already experienced sexual intercourse. As Creatsas (1993) explained, adolescents develop biological maturity earlier than in past generations although they often do not reach psychosocial maturity and economic independence until later. Adolescence is the stage in their lives where many of them have difficulties in adjusting to life and dealing with their sexuality. Therefore, it is obvious that there is a need for more information regarding safe sex which will not only educate them about how to avoid an

unwanted pregnancy but also will prepare them to know how to be protected from Sexually Transmitted Infections and especially HIV that is in rise the last years (Jolley 2001).

Causes and implications of teenage pregnancy

Tsai and Wong (2003) identified a number of risk factors that contribute to teenage pregnancy. Those factors are: unsafe sexual activity, under use of contraception, numerous sexual partners, substance misuse, deprivation, insufficient attendance and bad performance at school and sometimes school drop out, low family income or single parent family.

Adolescent pregnancy is one of the main issues in every health care system. The reason is that an early pregnancy can have harmful implications on girls' physical, psychological, economic and social status (Tsai and Wong 2003). It has been found (DoH 1999) that teenage mothers have poor antenatal care as they do not attend their antenatal appointments, they tend to deliver low birth weight babies, premature babies and babies who die during the first year of their life. Additionally the infant mortality and morbidity rates are higher for infants delivered by teenage mothers than infants delivered by older women. (Anderson *et al.* 2000) Also, it is more likely these children will be raised in single-parents families and to live in poverty (Social Exclusion Unit 1999),

Also, as studies have been shown (Moffitt *et al.* 2002) early motherhood is associated with low educational achievement, long term benefit receipt, low or no income, low occupational status, or unemployment and therefore, it can affect teenage girls' well being. (Tsai and Wong 2003).

Teenage Pregnancy Strategy

As Carter (1995) suggested, preventative measures and health promotion strategies are very important in the cases where young persons' health needs have to be met.

The aim of a strategy is to develop a wide range of prevention programmes and support services over a period of ten years. This action gradually can result in reducing the rate of teenage conceptions. The plan is that within the next years all young people will benefit from high quality sex education in schools and other settings. Sex Education will provide them with sufficient knowledge in order that they will be able to make informed choices about sexual activity and relationships. Also, it will encourage people to act in a way that promotes health and social well being. However, as Watson (2003) stated a strategy can be successful only when a multi agency task group is formed with representatives that provide services and work closely with children and young people.

Policies

Some of the measures that can be taken aiming to reduce the high rates of teenage pregnancy is to provide better information to young people regarding the availability of contraceptive services such as Emergency Hormonal Contraception (EHC) and how young people can easily access it. Also, it can be implemented a Fast Track Card System in practices which enables urgent appointments for EHC to everyone showing this card. Furthermore, information can be provided about local contraception and sexual health services for under 25s (Saunders 2002).

Additionally, part of this kind of policy is to focus on the needs of each town/city separately. Therefore, for those towns/cities that have been identified as having high teenage conception rates and also high deprivation index scores there will be a range of specific interventions and services that will meet the needs of the targeted population of those towns/cities.

Tabi (2002) stated that communities, in order to achieve the desired outcome, that is to reduce unintended pregnancies, first have to identify high-risk behaviours in the community that affect young people's growth and development, and then design interventions from a holistic perspective. For communities to be able to achieve the above aim, it is necessary to use appropriately the skills of all professionals working closely with the young population. As Underdown and Sexty (2000) found, only 25% of the health improvement programmes had developed a local focus on sexual health and teenage pregnancy through multiagency working. However, Hawksley (1996) stressed that teenage

pregnancy can be tackled more effectively when multidisciplinary teams work in collaboration in order to address the multiplicity of the needs of teenagers regarding their sexual health.

Strategies at a National Level

Teenage pregnancy can be tackled by implementing proper strategies that will prevent teenagers from being pregnant. Tsai and Wong (2003) explained that health care providers need to design intervention programmes that empower family, school and society in general, so they can play an important role by providing all the necessary information regarding sex education. The family aspect involves parental education and information on sexual health issues, so their children can have a role model. Schools also need to be more focused on offering courses about gender issues, more training for teachers regarding sex education and therefore, society will be more open on sexual health issues and it will not be regarded as a taboo (Tsai and Wong 2003).

Nationally the government in an attempt to tackle teenage pregnancy among other measures that has already taken, can also fund pilot programmes in the areas with high conception rates aiming at reducing the risk of social exclusion and poverty that arises from teenage pregnancy (Limmer 2005). The aim of those specifically designed programmes is, to empower teenage clients and to help teenage mothers to develop their self esteem and maturity (Hawksley 1996). Therefore, it is understandable that the implementation of such policies can be a tool in order to reduce the risk of long term social exclusion of teenage parents and their children (Lawlor *et al.* 2001). Teenage pregnancy is a public health issue and therefore appropriate measures need to be taken in order for teenage parents not to be isolated which may lead to their social exclusion (Taylor A. 2001).

However, each government takes measures that will attract public interest and can be presented in the media as having achieved their performance targets which will have a positive impact to the society (Donym 2004).

Health Promotion Strategies

Health promotion has been defined by the World Health Organisation (1986) as the process of enabling people to increase control over their health and improve their health. That process includes a number of strategies aiming to empower individuals and communities by offering supportive environment, education and information on health related issues. According to Ewles and Simnett (2003) health promotion can raise health status by supporting and encouraging individuals and communities.

Downie *et al.* (1996) says that health promotion can enhance positive health, reduce the possibility of ill health, through the spheres of health education, prevention and health protection.

According to Tones and Tilford (1994) health is not only an individual's responsibility, but it is also associated closely with the physical, social, economic and cultural environment in which people live and work. So, it is understandable that a community's health is linked with the health status of its individual members (Whitehead 2003). By promoting health, the aim is to reform all these social structures, conditions and policies that are related to illness and disease in the communities (Whitehead 2003).

Teenage sexual health promotion can be effective when accurate and up to date knowledge is offered to young people by responsible professionals who follow evidence based practice (Jolley 2001). As Carter (1995) suggested, teenage pregnancy could be tackled effectively only when integrated nursing interventions were involved. This approach promotes a multidisciplinary model of care where a number of different practitioners work collaboratively with the aim to assess, plan implement, monitor and evaluate the care that needs to be offered to this vulnerable part of the population.

Therefore it is very important regarding sex education that teachers, school nurses and other agencies work together effectively and inform parents about the content of sex education programmes they plan to implement (Lynch 2004).

Andalo (2005) also stresses that one of the most crucial parts of the strategy is that all the health and social care professionals as well as youth and community workers have proper training in order they meet effectively teenagers' needs on sex education issues.

Action Plan

The aim of a health promotion plan is to reduce the number of teenage conceptions amongst young girls in the age group 15-17 by trying to raise their awareness on sexual health issues. This will be done by offering teenagers more information in a convenient, friendly and familiar environment. Therefore, the objective will be to set up an easy accessed drop in clinic in the area where young people feel that can go especially after school or during their breaks with the aim to discuss contraception and other sexual health issues in confidential without them being criticised about their actions. Information will be given regarding sexual health, teenage pregnancy and its consequences.

It will be run by friendly, approachable, and non judgemental professionals always available to discuss any raised issues with the teenagers in a non paternalistic way. Also, involvement of volunteers with an interest in teenage pregnancy and sexual health in general will be beneficial and will be welcomed.

As Allen (2001) stated one of the strategies that have been produced by the UK government in order to tackle teenage pregnancy was to improve the accessibility of contraceptive services to teenagers and especially to young persons who were still at school. Additionally, Clements *et al.* (1998) found that distance is an important factor that needs to be taken into consideration, as young people and especially those who live in rural areas tend not to travel to a service. This fact has as a result adolescents' isolation and a reduced attendance of sexual health clinics. Although proximity to clinics is a very important factor for young people who live in rural areas and affects their attendance at clinics, anonymity is also an issue that is taken into consideration by teenagers and sometimes they prefer to travel to more distant services in order to ensure that their identity will not be revealed (Parkes *et al.* 2004).

However, the establishment of clinics that offer information and advice to young people has been criticised as not effective due to the poor attendance of teenagers (Royal College of Obstetricians and Gynaecologists 1991).

As happens with all the health promotion plans, it is necessary to have funding approved before the implementation of an action plan. Funding is the most crucial step for this health promotion plan because as Andalo (2005) states funding is approved only when services are closely linked with government's targets.

Andalo (2005) suggests that the success of a strategy depends on the amount of money that will be invested in order to meet the targets. However, budget holders when taking decisions regarding how they will spend their budgets, tend to invest in areas that attract the public interest. Unfortunately, sexual health and teenage pregnancy are not considered by the public as health issues of great importance (Andalo 2005). Therefore, it is obvious that further development of sexual health clinics depends mainly on the allocation of resources. As (Donym 2004) said resources can be found only when sexual health services comply with statistics and performance targets that each government sets.

Conclusion

Although teenage birth rate in Europe has declined from 9% in 1985 to 5,2% in 2002, teenage pregnancy still is a significant health issue for every country (Creatsas, Elsheikh 2002). Teenage pregnancy is a public health problem that is associated with social exclusion which leads to poverty, unemployment, poor educational attendance and achievement, and poor health of the teenage mother and her newborn baby (Social Exclusion Unit 1999). Therefore, the need for developing further, or re-organising the sexual health services in primary care in order to meet teenagers' needs regarding teenage pregnancy and all related sexual health issues, is evident. However, health promotion plans can be implemented effectively only when sufficient resources are allocated for this specific purpose that is to tackle teenage pregnancy.

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