

Literature Review on Teen Pregnancy

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Literature Review

In 2011, teen pregnancy in the United States hit a record low at 31.3 births per 1,000 women ages fifteen to nineteen years old (“QuickStats,” 2012). Basch (2011) believes that this drop is due to an increase in access to sex education, a delay in initial sexual intercourse, and an increase in contraceptive use; however, he also stated that girls born to teen mothers are “66% more likely to become teen mothers” themselves (p. 614). Although the pregnancy rate for adolescents has been steadily declining, the United States has a much higher rate of teen pregnancy in comparison to other developed countries. Cavazos-Rehg, Krauss, Spitznagel, Schootman, Cottler, and Bierut (2013) estimated that teenage pregnancy is “as much as nine times higher than in other developed countries” (p. 470). The disproportion of teen pregnancies among different races is also noteworthy. “In 2006, the birth rate among 15- to 17-year-old non-Hispanic Blacks (36.1 per 1000) was more than three times as high, and the birth rate among Hispanics (47.9 per 1000) was more than four times as high as the birth rate among non-Hispanic Whites (11.8 per 1000)” (Basch, 2011, p. 614). Many of these young mothers face challenges that affect their life, as well as their children, including being single parents, not earning their high school diploma, and living in poverty (Basch, 2011; Weiss, 2012).

Many factors can contribute to a teen’s risk of becoming pregnant. Family history and home life seem to have an impact on teenage girls. Ditsela and Van Dyk (2011) did an exploratory study on the risk and protective factors associated with adolescent pregnancy. Through their study, they found a correlation between the parenting style in the girl’s home and teenage pregnancy. The findings suggest that adolescent pregnancy will be more common in young women who grow up with authoritarian or permissive parents. In contrast, “adolescents who perceived their parents to be more responsive, communicative and allowing of them to

develop were” less likely to get pregnant as a teenager (p. 582). Ditsela and Van Dyk emphasize the importance of parental relationships with their children as a protective factor against teen pregnancy. In their article, the authors encouraged parents to foster open communication in their home, especially around the topics of sex and sexuality. Unfortunately, some parents resist talking with their teenagers about strategies to prevent pregnancies (Weiss, 2012).

One study focused on parental communication about sex and the association “between exposure to MTV’s *16 and Pregnant/Teen Mom* and female students’ pregnancy-risk behavior” (Wright, Randall, Arroyo, 2013). In this study, researchers found that there was not a relationship between mothers and the effects of sexual media on their daughters’ sexual behaviors; conversely, the researchers did find a correlation with fathers. Teenage girls who watched the MTV shows often were shown to have an increased probability of engaging in sexual intercourse; however, “frequent viewing was associated with a decreased probability of having engaged in recent intercourse for females whose fathers often communicated about sex with them while growing up” (Wright, et. al., 2013, p. 50). This finding is similar to the research that Ditsela and Van Dyk (2011) presented, which showed that a “lack of parental support is related to RSB” (risky sexual behavior) (p. 581).

Researchers have also taken a close look at teenagers’ attitudes about adolescent pregnancy. Cavazos-Rehg, et. al. (2013) found that 16% of the girls in their study, who were sexually active, “would be pleased (11% a little pleased, 5% very pleased) if they became pregnant” (p.470). They found a correlation between the pleased attitude towards pregnancy and prior pregnancy, the parent’s level of education, and racial or ethnic group. Similar to the research presented earlier, Cavazos-Rehg, et. al. (2013) also found a relationship between young women’s attitudes toward pregnancy and their parents. Girls who had discussed sexual health

and types of birth control with their parents were less likely to say they would be very pleased with a teenage pregnancy. “Participants who had not yet discussed sexual health topics (i.e., how to say no to sexual intercourse or birth control) or had only discussed birth control with a parent were more likely to be *very pleased* with a teenage pregnancy” (Cavazos-Rehg, et. al., 2013, p. 470). It is noteworthy that the majority of the sample group “would *be upset* with a teenage pregnancy (49% would be *very upset* and 35% would be *a little upset*)” (Cavazos-Rehg, et. al., 2013, p. 472). With that said, it is estimated that one in four teenage pregnancies is unwanted and that “three fourths of all teenage pregnancies are unintended” (East, Chien, Barber, 2012, p. 180).

Parenting as an adolescent increases the teenagers stress level, especially if that pregnancy is unwanted or unintended. Research has shown that being a teen parent can be especially stressful due to education disruptions, being unprepared for parenthood, disruption in their life plans, sudden monetary burden, realization that the teen will have a lifelong connection with the other parent or ending the relationship with the other parent (East, et. al., 2012). East, et. al. studied the “consequences of adolescents’ pregnancy intentions, wantedness, and regret for their and their children’s well-being” (p. 183). The results of their study indicated that the adolescent young women who adjusted best to parenting were those who self-reported their pregnancy as “highly wanted and intended” (p.183). They also found that “adolescents who evaluated their pregnancies as highly unintended and unwanted appeared to experience an initial problematic adaption to parenting” (pg. 183). These findings are similar to adult mothers.

The difference between adults and teenagers is how their attitude changes during pregnancy and post childbirth. Teen mothers tend to show a decrease in their self-reported desire of a pregnancy. In East et. al.’s study (2012), “76% of adolescents indicated that they wanted

their pregnancy “very much” while pregnant, and this decreased to 26% at 1 year postpartum... 5% of teens responded that they did not want this pregnancy “at all” while pregnant; this increased to 33% at 1 year” (p.179). This is the opposite of what has been shown in adult mothers. Adults tend to report a greater wantedness after giving birth. The research team gave several possible explanations for this difference found between adult and teen mothers. One explanation is that teen mothers do not bond as well as adult mothers with their babies. A second possibility is that the romantic relationship between the teen mother and father dissipates after the child’s birth, resulting in anger and resentment towards the baby’s father being “transferred onto feelings about the pregnancy” (p. 180).

Many studies have been conducted on the adolescents’ mental health both prior to and post birth. Some research has shown that low self-esteem in adolescents is associated with a variety of behaviors, including pregnancy (Ditsela, et. al., 2011; East, et.al., 2012). Research has also shown that when non-pregnant and pregnant teenagers are compared, those who are pregnant tend to have an external locus of control. Locus of control is defined as “the continuum between internal and external ownership of ones power and actions” by Ditsela and Van Dyke (2011, p.581). These findings suggest that high self-esteem and internal locus of control, the belief “that their actions determine their life events” (Ditsela, Van Dyke, 2011, p. 581) can act as protective factors.

Other studies have explored the mental health of teenage mothers after the pregnancy is completed. Lanzi, Bert, Jacobs, and the Centers for the Prevention of Child Neglect (2009) looked specifically at “depression among a sample of first time adolescent and adult mothers” (p. 194). In their study the researchers found that teen mothers had a significantly higher rate of clinical depression both during pregnancy and six months following the birth of their child. They

also noted that postpartum clinical depression tended to be higher for teen mothers. The study also indicated that “as depression increased, mothers displayed less positive parenting practices and their babies were rated as displaying more maladaptive behaviors towards their mothers” (Lanzi, et. al., 2009, p. 199). East, et. al. (2012) found similar results when they evaluated teenager mothers at 6 months and 1 year postpartum. In fact, they noted that at 6 months the depression improved briefly, but then increased significantly between 6 months and 1 year postpartum. They suggested that the dip in depression rates at 6 months could be reflective of family support or it could possibly be due to the teen feeling a sense of accomplishment or pride in themselves “before the challenges of parenting a demanding and mobile 1-year-old come into play” (East, et. al., 2012, p.180).

Typically adolescent mothers are “characterized as having poor family structures, a lack of social support and elevated rates of stress that each raises the risk of postpartum depression” (Lanzi, et. al., 2009, p.200); however, mental health counselors, as well as other school and community resources, can help. Social support, including that from counselors and other professionals, can act as a stress-buffer, which can have a positive effect on the mental health and parental behaviors of the teen parent. These behaviors may include staying in school or using more positive parenting practices (Basch, 2011; Lanzi, et. al., 2009). As a result, this has “the potential to positively impact the developing mother-child relationship” (Lanzi, et. al., 2009, p.200). Researchers have also suggested that it may be helpful for mental health practitioners to ask the teenage mother if the pregnancy was wanted and intended, since this information can be “a predictor of favorable adjustment to parenting and not a harbinger of future difficulties” (East, et. al., 2012, p.183).

Of course, there are preventive measures that can also be taken to decrease the likelihood of teenage pregnancy. In addition to encouraging parents to develop a strong relationship and have open communication about sex and contraceptives with their teenagers, as mentioned earlier, schools can do several things. Basch (2011) listed six factors that he suggested school consider including in their programs and policies that serve teens and their families:

1. State-of-the-art, evidence-based sex education that gives students knowledge, attitudes, skills, and motivation to avoid teen pregnancy.
2. Youth development activities that build on student assets and enhance their self-identities and future aspirations.
3. Enhancement of school connectedness.
4. Linking students to reproductive health services, either in school clinics or in community.
5. Linking students to mental health and social services.
6. Providing parents education, helping them to develop skills to share their values with their children and teach them to avoid pregnancy. (Basch, 2011, p. 617)

Cavazos-Rehg, et. al. (2013) also suggested educating students, prior to pregnancy, the potential loss of educational and financial opportunities. The research team did acknowledge that doing this may not be as beneficial “for some groups (e.g., low income and/or minority girls) until barriers to educational and economic opportunities are alleviated” (Cavazos-Rehg, et. al., 2013, p.475).

From the statistics presented, it is clear that the teenage pregnancy rate is still high in the United States. It is also clear that there are many risk and protective factors that contribute to this

statistic. Professionals working with teenagers can play a role in minimizing these risks by being supportive, educating, and creating policies that can have a positive impact on teenagers' lives. Parents are advised to maintain open communication about sex, birth control, and their own feelings about teen pregnancy with their teen. If an adolescent becomes pregnant, social support seems to be a preventive factor of depression in teenage mothers, as well a contributor to whether or not the mother continues her education.

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