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life

# TEEN PREGNANCY

## How Can We Fight This Stubborn and Tragic Epidemic?

By RUSSELL SHAW

The problem of teenage pregnancy in the United States can be stated in the form of a paradox: the more it has been solved, the worse it has gotten. In metaphorical terms — it looks as if somebody is pouring gasoline on the fire.

Does the solution perhaps lie in more sex education classes? Not according to U.S. Secretary of Education William J. Bennett. "Seventy percent of all high-school seniors had taken sex education courses in 1985, up from 60 percent in 1976," he notes. "Yet when we look at what is happening in the sexual lives of American students, we can only conclude that it is doubtful that much education is doing any good at all."

Consider the statistics, described by Bennett as "little short of staggering":

- By the time they are 17, more than half of America's teenagers have had sexual intercourse.
- There are more than one million teenage pregnancies in the United States each year. Nearly half of the teenagers who give birth are under age 18.
- Between 1960 and 1980, teenage births doubled.
- While the rate of teenage pregnancy is at or near an all-time high, the teenage birthrate declined 25 percent between 1970 and 1984. This was accomplished by a doubling of the teenage abortion rate. Over 400,000 teenage girls a year have abortions in the United States.
- As matters stand now, 40 percent of today's 14-year-old girls will become pregnant by the time they are 19.

In light of current statistics on teen pregnancy, some conclude that a more aggressive approach is required. Hence the drive now underway for school-based clinics providing contraception to teenagers.

But school-based birth control fails to face the question of why some teenagers do, and others don't, engage in sexual relations. It takes the behavior for granted and, in effect, accords it social approval.

Curiously enough, however, the factors leading to teenage sex are no mystery. The evidence on this subject is summed up in a 1986 report by a panel of the National Academy of Sciences which, while predictably touting "aggressive" contraceptive efforts aimed at teens, nevertheless concluded that in most instances the cause of the problem pertains to teenagers' "self-perception."

This means that teenagers with high expectations for themselves

tend to steer clear of premature sex; those without such expectations often do not. As syndicated columnist William Raspberry says, "Youngsters who believe, on whatever evidence, that they have a bright future ahead of them — who have a clear and positive idea of who they are — find it easier to make positive decisions, easier to resist peer pressure, easier to make the sacrifices necessary for academic excellence, and easier to say no to drugs, sex and other future-threatening temptations."

The question is still worth asking: Are school-based clinics that dispense contraceptives a surer answer, a quicker fix, than complex and uncertain efforts that improve the self-perception of teenagers? On the record, it seems not.

Writing in the January/February 1986 issue of the Planned Parenthood publication, *Family Planning Perspectives*, Asta Kenney of the Alan Guttmacher Institute notes that "solid data on the health impact of these clinics are scarce."

According to data that have been collected, however, clinic clients are more likely than their fellow students to have had sexual intercourse more than five times. Kenney believes this indicates that the clinic attracts "sexually active teenagers" who most need its services. But the data can just as well signify that clinic clients became "sexually active" after receiving the services of the clinic.

Other recent studies similarly provide little support, even on pragmatic grounds, for those urging contraception as the solution to teenage pregnancy. The Jan. 1-14, 1986, issue of *Ob-Gyn News* reports the experience of the Young Parents Program at Children's Hospital, Boston, that "increased accessibility of birth control after a first pregnancy does not significantly alter the second pregnancy rate in adolescents." According to a doctor associated with the program: "We were naive to think we could alter the repeated pregnancy rate by making contraceptives more accessible. For many girls in an economically deprived environment, pregnancy is a way to gain maturity and independence."

From 1971 to 1980 the number of teenagers involved in federally subsidized birth control programs rose from 300,000 to 1,490,000. During the same period the percentage of unmarried contraceptive users aged 15-19 who experienced unwanted pregnancy rose from 8.6 percent to 31.5 percent. Concludes a task force of the Archdiocese of Boston which looked into the problem: "As evidenced in the data ... the overall impact of adolescent



(Photo by Jim Whitmer)

MORE THAN ONE MILLION teenagers become pregnant each year in the United States. Despite the accessibility of contraceptives and sex education in schools, the problem is not getting any better.

birth control programs has merely been that of further aggravating the problem of teenage pregnancy."

Who are these vulnerable, troubled teens? The problem of teenage pregnancy is not confined to one race or social class. But it is most acute among poor minority youths. There are also certain recurring traits which constitute a kind of "profile" of those who are at risk. According to a Massachusetts task force report on "Pregnancy and Parenting Teenagers," these traits include low self-esteem, immaturity, insecurity, low aspirations, and lack of accurate information on sexuality.

As the authors of the Boston archdiocesan task force report put it, "It is apparent that the pregnancy itself is merely *symptomatic* of much deeper personal problems and/or family distress. Demanding solutions must be sought to resolve the underlying problems which generate teen pregnancy. To assume that access to contraception will resolve the problem of adolescent pregnancy is simplistic, symptomatic treatment which will not alleviate the situation."

To what extent is the family planning movement and its promotion of what it calls "relaxed attitudes toward adolescent sexuality" among the causes of the problem it proposes to solve? In suggesting that "more relaxed

attitudes toward adolescent sexuality" not only have a lot to do with the current epidemic of teenage pregnancies but represent a grossly mistaken view of sexuality itself, one risks being called a traditionalist or worse. But at some point in this argument it is necessary to take sides.

To the extent, however, that poverty is central to the problem of teenage pregnancy for many of American adolescents, it may be that not even moral traditionalism by itself has the answer. "In terms of the elite, public policy debate," writes Fordham University sociologist James Kelley, "it may be the case that moral traditionalists now possess the 'radical' point of view and must now think about a 'radical' economic policy to implement their moral convictions. Fighting mainstream elite opinion about teenage sex may also require fighting mainstream thinking about poverty."

American children have already paid, and go on paying, an exceptionally high price to sustain the family planners' faith in their own solutions. Christians' faith in the dignity of human sexuality and in the need for economic justice surely deserve at least as much attention from our policy makers.

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