Educating Adolescents on the Dangers of Premature Childbearing and Drug Use: A Focus on Prevention

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ABSTRACT: This article addresses the prevention of two social problems—premature parenthood and drug use among adolescents. A review of the salient literature on these problems as well as the literature on prevention suggests that a generic response is called for. Theories and perspectives such as social learning, cognitive behavioral, and ecological approaches, and knowledge of adolescent development are drawn upon to guide preventive efforts.

Introduction

This article examines the use of primarily preventive educational intervention to reduce the risk of premature parenthood and experimentation with drugs within a high risk population—adolescents. There are four sections. The first presents incidence data on sexual behaviors and drug use; the next is an overview of adolescent development and theories that shed light on why this population would be considered at risk; the third explores the rich literature on prevention of premature parenthood and drug experimentation, some of which has empirical validation, suggesting that prevention is indeed effective; the last sets forth principles to direct practices and programming in these areas. In this final section, it is argued that the prevention of each of these problems could be addressed by drawing upon a generic model.

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Incidence of Sexual Behavior and Drug Use

Seventy-five percent of girls have started menstruation by age 13, and 96% have begun by age 15. The mean age of menarche does not differ, significantly by race: for blacks, is 12.5 years; for whites, 12.7 years (National Academy of Science, 1987). The mean age of menstruation in the United States is moving downward. In other words biologically adolescent females may be ready to reproduce, but developmentally and psychologically they are often not prepared to understand and prevent pregnancy. In the United States adolescent females under the age of 15 are five times more likely to give birth than their counterparts found in other countries (National Academy of Science, 1987). Research findings suggest that premature sexual activity is not an isolated behavior. In other words, sexual activity is frequently associated with other behaviors that push toward independence and adulthood, such as drinking, smoking, and drug use (National Academy of Science, 1987).

Over the past ten years, the number of sexually active adolescents has increased. In 1979, according to the National Survey of Family Growth, 22% of girls had had intercourse by the age of 15. In 1988 that percentage had rose to 27%. For 19 year olds in 1979 the percentage was 65% and in 1988 it had risen to 78% (Gelman, 1990, p. 27). Available data indicate that most adolescents have had sexual intercourse before the age of 20 (80% of males and 70% of females) (National Academy of Science, 1987). Also, more adolescents are becoming sexually active at an earlier age, with often tragic consequences. Intercourse is sporadic, unplanned, and frequently influenced by the sexual partner or a friend (Allen-Meares, 1984). Seven of 10 girls have had sex by age 18, and many become mothers before age 18. The numbers for 15-year-old boys, according to the Urban Institute, were not available in 1979, but in 1988, 33% had engaged in sexual experimentation (Gelman, 1990, p. 27). As a result of this, almost 500,000 adolescents give birth every year (Kartrowitz, 1990). Because adolescents' sexual activities are often spontaneous and unprotected, they are a population at risk of AIDS. Thus, over the past decade, professionals and academics have been studying this epidemic trying to identify both preventive and remedial measures (Chilman, 1983).

The problem of drug use among teenagers is also gaining national attention and is considered one of many high risk behaviors. The statistics in 1987 suggested that "some 75% to 80% of today's young adults have tried illicit drugs . . . suggesting a level of involvement