PREVENTING ADOLESCENT PREGNANCY:
MEETING THE COMPREHENSIVE RANGE OF NEEDS

Robert L. Johnson, M.D.

ABSTRACT: Too often, the problem of the pregnant adolescent is approached as if it existed in isolation, disconnected from the remainder of the adolescent's biological and psychosocial environment. Such an approach fails to recognize the interconnectedness of all issues within the adolescent's world, therefore, impeding a successful therapeutic response. In order to administer complete and comprehensive treatment of the problem of teenage pregnancy, the total needs of the pregnant adolescent, the potentially pregnant adolescent and the adolescent male must be addressed. These needs vary with the different stages of adolescent development.

During this time in which children learn how to become adults by observing their world and taking cues from the environment, the varying needs are:

Early Adolescence—to develop the ability to perceive the long range consequences of their current actions and decisions; to define the boundaries of their independence while relying on major authority figures; and to make important decisions and develop the operational connection between the sex act and birth control.

Mid Adolescence—to achieve emancipation from the family and all other authority; to identify with a chosen peer group; to develop an identified sexual identity; and to apply an appreciation for the connection between the sex act and pregnancy to themselves.

Late Adolescence—to plan for the future and to establish some kind of family.

This psychological and social maturational process occurs immediately before, during and after the pubertal growth period. In the United States today, it usually occupies the years between 12 and 21 years.

INTRODUCTION

Traditionally the medical community has approached teenage pregnancy as an obstetrical problem. It has been viewed in terms of fertility rates, perinatal, neonatal and maternal mortality and morbidity.
rates. Thus, interventions have consisted of efforts to control these rates.

Certainly the contribution of these programs cannot be ignored. Concentration on the biomedical aspects of adolescent pregnancy, however, has lessened the focus on psychosocial parameters. Therapeutic approaches have been developed that merely allude to the fact that the objects of the therapy are complex individuals who consist of more than reproductive parts.

If therapy is to be complete and comprehensive it must address the total need of the pregnant adolescent, the potentially pregnant adolescent, and the usually forgotten participant, the adolescent male. To do so, one needs to understand them and their adolescence.

CHARACTERISTICS OF ADOLESCENCE

Adolescence is a psychological and social maturational process that occurs immediately before, during and immediately after the pubertal growth period. In the United States today it usually occupies the years between 12 and 21 years, a time during which children learn how to become adults.

During that process they must accomplish a variety of tasks:

a) Emancipation—they must separate themselves in thought from the group that gives them nurture and support throughout their childhood. In most instances that group is the family.

b) Identity Formation—they must decide who they are in three parameters:

1. Sexual—who are they in terms of maleness and femaleness;
2. Intellectual—what is their position in the world in philosophical and moral terms; and
3. Function—what are they going to do with the rest of their lives, i.e., career, job.

People are not born with an instinctive ability to accomplish these tasks. The adolescent must observe his/her world and take cues from the environment to accomplish a successful negotiation of the task of adolescence. These lessons are derived from several sources.

1) Home—the family is the structure which has the most profound effect on who we are, how we live and what we are to become;
2) School—the institution within which we acquire the tools necessary to operate within the world;