
Title: Research on Adolescent Pregnancy. Matrix No. 38, Part Two.

Institution: Administration for Children, Youth, and Families (DHHS), Washington, D.C.

Pub Date: Jun 82


Available From: Administration for Children, Youth, and Families, Office for Families, P.O. Box 1182, Washington, DC 20013 (no price quoted).

Descriptors: Academic Achievement; Adolescent Development; Child Rearing; Health; High School Equivalency Programs; Intervention; Medical Services; Nutrition; Pregnancy; Program Effectiveness; Program Evaluation; Secondary Education; Social Problems; Socioeconomic Status

Identifiers: Adolescent Parents; Parenting

Abstract: This paper reviews research studies conducted during 1970-1980 in the area of adolescent pregnancy. Research information is presented in a column format: column 1 provides the research findings, column 2 supplies the sources of findings, and column 3 provides interpretations of the findings. In addition, findings are organized around 11 separate areas of research interest: adolescent growth and development, intervention, program models, program evaluation, program effects, economic and social implications of adolescent pregnancy, effects on mother and infant, academic outcomes for the mother and infant, and medical, health, and nutritional concerns. For each of the above areas a bibliography for further reading is attached. (MP)
RESEARCH ON ADOLESCENT PREGNANCY

by

James F. Smith

Department of Transportation
State of Delaware
P.O. Box 778
Dover, Delaware 19901


## RESEARCH ON ADOLESCENT PREGNANCY

### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>I. Abstracting and Indexing Services Consulted</td>
<td>1</td>
</tr>
<tr>
<td>II. Journals and Periodicals Consulted</td>
<td>1</td>
</tr>
<tr>
<td>III. Adolescent Growth and Development</td>
<td>5</td>
</tr>
<tr>
<td>IV. Pregnant Adolescents/Intervention</td>
<td>10</td>
</tr>
<tr>
<td>V. Pregnant Adolescents/Program Models</td>
<td>16</td>
</tr>
<tr>
<td>VI. Pregnant Adolescents/Program Evaluation</td>
<td>23</td>
</tr>
<tr>
<td>VII. Pregnant Adolescents/Program Effects</td>
<td></td>
</tr>
<tr>
<td>VIII. Adolescent Pregnancy/Economic and Social Implications</td>
<td>25</td>
</tr>
<tr>
<td>IX. Mother and Infant on Parenting and Children</td>
<td>29</td>
</tr>
<tr>
<td>X. Academic Outcomes of the Mother and Infant</td>
<td>33</td>
</tr>
<tr>
<td>XI. Adolescent Pregnancy/Medical, Health and Nutrition</td>
<td>37</td>
</tr>
</tbody>
</table>
RESEARCH ON ADOLESCENT PREGNANCY

A Review of Research in Education

Introduction

This review of research in education concerning adolescent pregnancy is as comprehensive as the limitations of time and the availability of materials would permit.

The bibliographies that appear throughout the paper indicate that much has been written and many studies have been conducted. A 10-year time frame served as a general guide for the examination of the research (1970-1980). In this quest for brevity, the author acknowledges that misinterpretations or misrepresentations are a possibility and apologizes for such occurrences.

It is the author's considered judgment that much needs to be done to update and reexamine the findings presented here. This does not reflect on the scholarship of the researchers, merely the passage of time.

Jim Smith

I. Abstracting and Indexing Services Consulted
   Comprehensive Dissertation Index
   Dissertation Abstracts International
   Cumulated Index Medicus
   Current Index to Journals in Education
   Education Index
   International Bibliography of Research in Marriage and the Family
   Psychological Abstracts
   Resources in Education
   Social Sciences Citation Index
   Social Sciences Index
   Sociological Abstracts
   Women Studies Abstracts

II. Journals and Periodicals Consulted
   Adolescence
   American College Health Association
   American Education
   American Educational Research Journal
   American Family Physician
   American Journal of Clinical Nutrition
American Journal of Diseases of Children
American Journal of Nursing
American Journal of Obstetrics and Gynecology
American Journal of Orthopsychiatry
American Journal of Psychiatry
American Journal of Public Health and the Nation’s Health
American Journal of Sociology
American School Board Journal
American Sociological Review
Annals of Internal Medicine
Archives of Sexual Behavior

Business Education Forum

Canadian Medical Association Journal
Child Development
Child Psychiatry and Human Development
Child Welfare
Childhood Education
Children
Children Today
Clearing House
Clinical Obstetrics and Gynecology
Clinical Pediatrics
Clinical Proceedings, Children's Hospital, National Medical Center
Current Psychiatric Therapies
Current Social Issues
Curriculum Review

Delaware Medical Journal

Education Digest
Educational Horizons
Educational Leadership
Evaluation and the Health Professions
Exceptional Children

Family Coordinator
Family Planning Perspectives
Family Relations
Forecast for Home Economics
Free Inquiry

Gynecological Practices

Health Education
Health and Social Work
Health Services Research
Home Economics Research Journal
Hospitals
HSMHA Health Reports

Illinois Teacher
Illinois Teacher of Home Economics

JAMA
JOGN Nursing
Journal of the American Academy of Child Psychiatry
Journal of the American Dietetic Association
Journal of American Medical Women's Association
Journal of BioSocial Science
Journal of Clinical Psychiatry
Journal of Clinical Psychology
Journal of Counseling Psychology
Journal of Family Practice
Journal of Health and Social Behavior
Journal of Home Economics
Journal of Interdisciplinary History
Journal of the International Association of Pupil Personnel, Workers
Journal of Louisiana State Medical Society
Journal of Maine Medical Association
Journal of the Medical Association of Georgia
Journal of the Medical Association of the State of Alabama
Journal of Medical Education
Journal of the Medical Society of New Jersey
Journal of National Medical Association
Journal of Nursing Education
Journal of Nutrition
Journal of Pediatrics
Journal of Practical Nursing
Journal of Reproductive Medicine
Journal of School Health
Journal of Sex Research
Journal of Social Issues
Journal of Sociology and Social Welfare
Journal of Tennessee Medical Association
Journal of Youth and Adolescence

Maryland State Medical Journal,
Medical Clinics North America
Minnesota Medicine
Mount Sinai Journal of Medicine

National Association of Secondary School Principals Bulletin
Nation's Schools Report
New England Journal of Medicine
New York State Journal of Medicine
NICHDD
NJEAA Review
Nursing Clinics of North America
Nursing Outlook

Obstetrics and Gynecology
Ohio State Medical Journal

Pediatric Annals
Pediatric Clinics of North America
Pediatrics
Pennsylvania Medicine
Personnel and Guidance Journal
Phi Delta Kappan
Population Bulletin
Postgrad Medicine
Practitioner
Primary Care: Clinics in Office Practice
Psychosomatics

Rhode Island Medical Journal

School Counselor
Science News
Social Biology
Social Education
Social Forces
Social Problems
Social Science and Medicine
Social Service Review
Social Work
Sociology and Social Research
Southern Medical Journal
Studies in Family Planning

Texas Medicine
Times Educational Supplement
Today's Education
Trans-action

USA Today

Virginia Medical Monthly
Vocational Education
Findings

III. Adolescent Growth and Development

About 1.1 million teenagers are giving birth, obtaining abortions or having miscarriages or stillbirths in the U.S. each year.

Throughout the world, pregnancy and childbearing are occurring at younger ages than in the past, resulting in adverse health, demographic and social consequences.

RESEARCH ON ADOLESCENT PREGNANCY

<table>
<thead>
<tr>
<th>Source</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tietze, C. Teenage pregnancies: Looking ahead to '84. <em>Family Planning Perspectives</em>, 1978, 10, 205-207.</td>
<td>Postponing first births until age 20 or later would significantly reduce maternal and infant mortality and morbidity, slow population growth and contribute to improvements in the quality of life for people everywhere.</td>
</tr>
</tbody>
</table>

Bibliography — Additional Sources


Bibliography — Additional Sources (continued)

Sklar, J., & Berkov, B. Teenage family formation in postwar America. Family Planning Perspectives, 1974, 6, 80-90.
Stone, J.P. Some teenagers are still having babies. Psychiatric Opinion, 1975, 12, 29-35.
### Findings

**Adolescent Growth and Development**

(continued)

Adolescent mothers tend to be frightened, lonely girls caught in a cycle of dependency and deprivation, which, without some intervention, will perpetuate itself.

Most pregnant girls had not developed a close relationship with anyone in their immediate families.

The tendency of the pregnant girls was toward solitary or no activities, they spent most of their leisure time sleeping and watching TV, and many viewed pregnancy as a means of escape from unsolved problems in the home.

### Bibliography — Additional Sources

<table>
<thead>
<tr>
<th>Source</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curtis, F.L.S. Observations of unwed pregnant adolescents. <em>American Journal of Nursing</em>, 1974.</td>
<td>Most of the pregnant adolescents who were observed were not fulfilling the commonly recognized hungers for belonging to a group or being wanted, for self-expression, for recognition, creativity, competition, security, adventure, and cooperation.</td>
</tr>
</tbody>
</table>


Findings
Adolescent Growth and Development (continued).
Death of a family member, parental separation, hospitalized parent, and higher occurrences of failing a grade in school, suspension from school and first appearance in juvenile court were markedly more frequent in the lives of adolescent girls who were pregnant than in a control group.

Interpretation
Pregnant adolescents differed markedly in terms of the events that occurred within their families and within their lives.

Source

Bibliography – Additional Sources
IV. Pregnant Adolescents/Intervention

There is a high rate of sexual intercourse among unwed mothers during a 2-year period after delivery, indicating that contraceptive information for such mothers is appropriate. Most respondents felt they needed much more such information and that pregnancy is an inappropriate time for such counseling.


Since traditional counseling of unwed mothers concentrates on the pregnancy and the decision whether to keep the baby or not, helps for postdelivery problems are often bypassed. Postdelivery patterns of dating and of marriage indicate a need for contraceptive counseling.

Bibliography — Additional Sources (continued)


Findings

Pregnant Adolescents/Intervention

(continued)

A large majority of teenagers is either misinformed or uninformed about the various methods of contraception and had intercourse prior to seeking contraception at a family planning clinic.


Because teenagers' major source of sex information is their peer group or the mass media, much of their information is misinterpreted, and they have little knowledge of contraceptive devices and their use.

**Source**

**Interpretation**

Because teenagers' major source of sex information is their peer group or the mass media, much of their information is misinterpreted, and they have little knowledge of contraceptive devices and their use.

---

**Bibliography — Additional Sources**


Pregnant Adolescents/Intervention (continued)

Of teenage pregnancies, 66% is unintended; of births resulting from teenage pregnancies, 50% is unintended. Ignorance and misinformation about reproduction, pregnancy, and contraception are reasons for these accidental pregnancies and births.

Source

Interpretation


Informational materials available to teenagers are not always adequate and rarely deal with such subjects as symptoms of pregnancy, the pregnancy test, abortion, miscarriage, child care, educational and career counseling, and financial aid.

Bibliography — Additional Sources
Reichelt, P.A. Coital and contraceptive behavior of female adolescents. *Archives of Sexual Behavior*, 1979, 8, 159-172.
Rosen, R.H. The first sexual experience: Preliminary findings for a group of pregnant teenagers. Wayne State University, Detroit, Michigan, 1980.

Findings

Parenthood in adolescence does not bring with it an altogether unique set of problems. However, many of these difficulties appear to be enhanced by youthfulness and lack of life experience and skills. A shortage of financial re-

Source

Bonventre, K., & Kahn, J. Interviews with adolescent parents: Looking at their needs. *Children Today*, 1979, 8, 17-20.

Interpretation

Some problems of early childbearing are the direct result of the termination or limitation of some life choices that occurred during pregnancy or childbirth.
Findings

Pregnant Adolescents/Intervention

(continued)

sources, isolation and loneliness; and
the need for dependable, acceptable
child care are frequently noted areas of
difficulty. Completing one's school
and/or training is often delayed and
sometimes given up altogether.

There are differences in the way service
providers and adolescent parents de-
defined the problems and needs and ac-
ceptable forms of help to alleviate
them.

Interpretation

Some differences result from behavior
of individual service providers; many
are a result of policies formulated at or
above the agency level; and many from
the need for concrete help as opposed
to soft services with little or no con-
crete assistance; i.e., financial aid, hous-
ing, child care, etc.

Bibliography — Additional Sources


Slavick, C.A. Coping with teen-age parents. Paper presented at the Annual Meeting of the National School Boards Association (35th), Miami
Beach, FL, 1975.


Tumblin, A.P. Young black men who are involved in premarital pregnancies with high school partners. Georgia Retardation Center, Atlanta,

Health, 1973, 63, 4-16.
Bibliography – Additional Sources (continued)


Findings

Pregnant Adolescents/Intervention

(continued)

Pregnant girls required to leave school when pregnancy became known were affected by whether or not they contacted guidance counselors. Those who did were more likely to reenroll, were more likely to receive prenatal care, and had more medical complications than those who did not have counselor contact.

<table>
<thead>
<tr>
<th>Source</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birdwhistell, M.C., &amp; Beard, R.L. Intervention with pregnant students. <em>Personnel &amp; Guidance Journal</em>, 1971, 49, 453-458.</td>
<td>All pregnant girls should be required to make contact with guidance counselors before leaving school. This would help these girls with information concerning reenrollment and prenatal care.</td>
</tr>
</tbody>
</table>

Bibliography – Additional Sources


Bibliography — Additional Sources (continued)


Findings

V. Pregnant Adolescents/Program Models

Special schools for pregnant girls in New York City met a great need in preventing dropouts and assisting pregnant students in completing graduation requirements.

Pregnant students have special needs that can be met in special schools that offer programs that include objectives that: improve attendance; increase the incidence of live births among pregnant students; increase infant care and homemaking skills; provide the students with saleable skills; and change their academic profile.

Source


Interpretation

Boards of Education and School Districts can fulfill their obligation for educating even pregnant students, and attention to specialized objectives can produce dramatic changes in the academic success of pregnant adolescents.

Bibliography — Additional Sources


Clark, E.S. The administration of a comprehensive school program for school-age pregnant girls. EdD dissertation, University of Southern California, 1972.
Cromwell, R.E., & Gangel, J.L. A social action program directed to single pregnant girls and adolescent parents. Family Coordinator, 1974, 23, 61-66.
LaBarre, M. A community project for continuing education, health and social services for pregnant school girls. Duke University, Durham, NC, Medical Center.
Martin, J.W. School-age mothers go to classes. The Education Digest, 1971, 36, 44-45.
Bibliography — Additional Sources (continued)


Wilson, J. *An innovative project to serve school age parents.* *Illinois Teacher of Home Economics,* 1978, 21, 210-211.


**Findings**

**Pregnant Adolescents/Program Models**

Adolescent program statistics support the idea of an all-day clinic to include postpartal teenagers. In addition to a low antepartal delinquency rate, *Teen Graduates* are more likely to return for a postpartal appointment.

*Source*


**Interpretation**

Compared with an overall postpartal delinquency rate of 45%, graduates of an adolescent program is 17%.
Findings

Pregnant Adolescents/Program Models

(continued)

Source


Interpretation

Bibliography — Additional Sources


Findings

VI. Pregnant Adolescents/Program Evaluation

Programs for pregnant adolescents are bringing them into prenatal care early in their pregnancies, reducing pregnancy complications and prematurity, making it possible for pregnant students to continue their education and sometimes convincing them to return to their home schools after delivery.

Source


Interpretation

Findings from a limited number of programs for pregnant adolescents indicate some successes. However, most of the reports used suffer from methodological weaknesses. Improvements in study design and ultimately in program effectiveness could have positive results in long-term accomplishments of programs. Properly selected control
Findings

Pregnant Adolescents/Program Evaluation (continued)

Participants in special programs feel positively about the programs and urge other pregnant girls to enroll.

Less positive were results in terms of long-term continuation of education, delay of subsequent pregnancies, or achievement of economic independence. Most positive results of programs dealt with medical factors in reducing poor clinical outcomes of adolescent pregnancy, toxemia, prematurity, low perinatal deaths and high Apgar scores.

Bibliography — Additional Sources

Findings
Pregnant Adolescents/Program Evaluation (continued)

The typical participant in a comprehensive program was under 16, single, and supported by and living with one or both parents. Pregnancy was the reason for leaving public school, and the opportunity to complete high school was given as a reason to enter the program.

The majority of respondents who completed the program were married, living independently of their parents and had their children living with them.

48% of respondents obtained a high school diploma or GED while in the program; 30% received a diploma after leaving the program. 75% of those who returned to their home schools stayed until graduation.

78% of respondents took classes in business skills and found them useful in employment. The greatest number of these young women were employed in office-type jobs.

Source

Interpretation
There appears to have been a transition from adolescents being dependent upon their parents to young adults who are self-sufficient.

The comprehensive program with education as a major focus helps to keep young women in school and helps them obtain a high school diploma.

The business skills program was effective in increasing employability for many program participants.
<table>
<thead>
<tr>
<th>Findings</th>
<th>Source</th>
<th>Interpretation</th>
</tr>
</thead>
</table>

**Bibliography — Additional Sources**


Smith, C. *Some findings reported to CEYW Advisory Council CEY*, Kalamazoo Public Schools, Kalamazoo, MI, 1978.

VII. Pregnant Adolescents/Program Effects

Of 233 girls enrolled in a program for pregnant students under age 16, 14% completed their graduation requirements and received high school diplomas; 56% returned to their regular school; and 14% dropped from the program.

Participants in the comprehensive program have fewer future unwanted pregnancies — 14% — than nonparticipants.

Source


Gatchell, L. A study of teenage mothers at two years postpartum (1978 and 1979 Annual Reports). The Margaret Hudson Program, Inc., Tulsa, OK.

Interpretation

A special program — designed to continue the education of girls who might otherwise be compelled to drop out of school during pregnancy or after childbirth and provide comprehensive educational, social work, and medical services — meets the needs of the pregnant school-age adolescent.

Careful selection for admission; i.e., those judged most likely to take advantage of a specialized program, enhances the possibilities for that program producing satisfactory outcomes among its participants.

Individual counseling, peer support, and decision making skills offered by the program help provide greater emotional and psychological strengths to the client and help her develop more positive decision making skills.
Findings
Pregnant Adolescents/Program Effects
(continued)

Mothers in an educationally-based program for inner city school-age pregnant adolescents had significantly more years of education than did control mothers, and their children showed superior social development compared to the children of control mothers.

Source

Interpretation
An educationally-based program that offers health care is effective in meeting the needs of pregnant adolescents from the inner city.

Kipp, M.J. A study of the adjustment and attitudinal changes undergone in an urban area by unwed pregnant girls in a special education center as compared with those remaining in a regular school setting. PhD dissertation, St. John’s University, 1973.

Bibliography — Additional Sources


Findings
Pregnant Adolescents/Program Effects
(continued)

Except for the very young (14 years and under), certain demographic characteristics, such as race and socioeconomic status, are more important determinants of obstetric complications than is age alone.

Source

Interpretation
Where the variables of nonwhite race and low socioeconomic status are prominent, prematurity increases sharply and toxemia rates soar.
### Findings

**Pregnant Adolescents/Program Effects (continued)**

Adolescents have a statistically significant higher rate of prematurity and greater rates of toxemia than older mothers.

Accountability studies indicate that 80% of the participants enrolled in an alternative educational program for pregnant girls completed their educations and were gainfully employed.

### Interpretation

A program with particular emphasis on services for pregnant girls and with special objectives, which operates as an alternative to the regular school, can be successful in helping girls complete their education and find gainful employment.

### Source


### VIII. Adolescent Pregnancy/Economic and Social Implications

An early birth affects the amount of schooling a young woman is able to complete despite family background and motivation. Also, early birth plays a causal role in school dropout.

The association between an early first birth and high subsequent fertility is statistically significant even when factors are held constant, such as religion, education, parental status, number of siblings the woman had, regional background, age at marriage; premarital timing of the first birth and employment with young children in the home.

### Source


The teenage parent needs assistance in completing high school. This assistance can be provided through special programs for pregnant adolescents and mothers. Though costly, such programs are likely to pay off economically.

The initial difficulties an adolescent experiences caused by early parenthood and reduced educational attainment often are compounded by subsequent high fertility.
### Findings

**Adolescent Pregnancy/Economic and Social Implications (continued)**

Early childbearing increases the chances of being poor later in life, suggesting that teenage mothers are especially likely to require welfare support.

Loss of education associated with a birth during the high school years has important and long-lasting consequences.

Initiating childbearing as a teenager is associated with significantly larger families and increases the probability of dependence on welfare.

Intervention in the adolescent pregnancy process to reduce negative consequences is possible.

### Source


### Interpretation

Programs aimed at assisting young mothers to complete high school are a good investment for the government.

Women with less education have larger families, experience more frequent marital instability, work less, are employed at lower paying jobs, are more likely to experience poverty and have a higher probability of requiring public assistance.

Early childbearing reduces the mother’s participation in the labor force and her earnings. More children require family resources to be stretched across more persons, initiating the need for public assistance.

Schooling, subsequent childbearing, and acquiring labor market skills are points in the process of adolescent pregnancy where intervention can reduce negative consequences.
Findings

Adolescent Pregnancy/Economic and Social Implications (continued)

In relation to poverty, the timing of the first birth may be of greater strategic importance than the ultimate size of the family.

Adolescent pregnancy is far less a moral problem than it is a socioeconomic and health problem.

Interpretation

Adolescent girls who become mothers at a too young age have less time, energy, and opportunity for continuing their education. This limits their chances for moving out of the low income levels rather than the adverse effects of excess fertility that produce large families.

The marital status of adolescents who become mothers at an early age has far less impact than too-early marriage and/or childrearing that predispose young girls to disadvantages directly related to poverty conditions.

Bibliography — Additional Sources


Findings
Adolescent Pregnancy/Economic and Social Implications (continued)

The social and economic impact of teenage childbearing on the young mother indicates that her schooling is likely to be interrupted and fore-shortened, she often has additional children soon after the first, her job opportunities are limited because of her educational deficit and parenting responsibilities, and her risk of being poor is increased. If she marries as a teenager, her husband is also likely to have relatively low earnings and there is a high probability that the marriage will dissolve.

The effects of teenage childbearing are long-term. Young parents acquire less education than their contemporaries; they often are limited to the less prestigious jobs and the women to more dead-end employment. Teenage marriages most often are unstable, and couples who become parents as teenagers expect to have more children than they want.

Source


Interpretation

Early childbearing exacts a heavy social and economic toll from the teenage mother, her family and society at large.

Early childbearing shortens the number of years an individual would otherwise spend in school. Education is important in determining job prestige and income in later life. Adolescent childbearing is likely to disrupt the normal route to adult achievement. Because they have longer reproductive careers, teenage childbearers have more children than their classmates.
Findings
Adolescent Pregnancy/Economic and Social Implications (continued)

Teenage childbearing is associated with less schooling, lower income, increased poverty and dependency, and increased levels of childbearing, much of which is unwanted and out-of-wedlock.

Source
Trussell, T.J. Economic consequences of teenage childbearing. Family Planning Perspectives, 1976, 8, 184-191.

Interpretation
Education is likely to be curtailed by pregnancy, as is formal or informal job training, creating a negative impact on income and assets. The incidence of poverty rises substantially as the age at which women become mothers falls. The earlier the age at first birth, the greater is cumulated fertility.

IX. Mother and Infant on Parenting and Children

Teenagers expect too little, too late with respect to the cognitive and social development of babies.

Findings

Mother and Infant on Parenting and Children (continued)

At age 4, children of teenage mothers had lower IQ scores, a higher retardation rate, less advanced motor development, and a higher frequency of deviant behavior than children of older mothers.

From the 2nd through the 7th year of life, children of adolescent mothers had slightly increased frequencies of cerebral palsy; battered child syndrome; and among whites only, severe anemia—rare events in all maternal age groups.

At age 7, adolescents' children more often were living in foster or adoptive homes, their mothers more frequently were unmarried and had fewer children. Level of education was still lower among teenage mothers, and more of them were receiving public assistance.

Poor and/or nonwhite pregnant adolescents are high risk from medical, educational and social points of view.

Source


Interpretation

For most of the maternal and child characteristics examined, differences among age groups were smaller than those among socioeconomic or ethnic groups. Biological deficit was not strongly associated with early childbearing, but the adverse effects of environmental deficit were evident.

A comprehensive, single-site program that offers appropriate professional services can remove or reduce much of the risk of low-income, teen-age pregnancies.
Findings

Mother and Infant on Parenting and Children (continued)

A comprehensive, nonclinic type program, which provides single site medical and psychological services for low-income pregnant adolescents and their infants, can: reduce incidences of prematurity and small-for-dates infants; produce a high rate of educational success; and produce favorable social service data.

Infant and mother-infant interaction data provide a baseline for future study of developmental problems.

As compared with women in their 20s, adolescent mothers were of lower socioeconomic status, had less education, and more often were unmarried.

The teenage mothers, who in this study received almost as much prenatal care as the older mothers, had a higher incidence of anemia and urinary tract infection. Complicated deliveries were slightly less frequent among adolescents and increased perinatal loss was not associated with early childbearing.

Source

Findings

Mother and Infant on Parenting and Children (continued)

Short gestational age, low birthweight, and low Apgar scores were more frequent among infants of adolescents but they were slightly superior to infants of older mothers in psychomotor performance at 8 months of age and did not differ from them in frequency of selected signs of developmental delay through the first year.

Mothers of preterm infants, lower-class mothers, and teenage mothers experienced some difficulties in relating to their infants. Being born to a lower-class mother or being born preterm poses some problems for the infants but being born to a teenage mother, despite her interaction difficulties, did not seem to add significantly to the problems of the lower-class preterm during the first months of infancy.


Interpretation

Although preterm infants of lower-class teenage mothers were characteristically similar to the preterm offspring of adult lower-class mothers, the teenage mothers were less active during interactions. The lesser responsivity of the lower-class teenage mothers of preterm infants may not have any differential effects on the offspring until later in development. Smallness for date at birth may contribute to differences in maternal interaction patterns. Social class, teenage mothering, and preterm delivery may combine as more important risk factors than interactions of preterm and term infants with their mothers.
Bibliography - Additional Sources


<table>
<thead>
<tr>
<th>Findings</th>
<th>Source</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>X. Academic Outcomes of the Mother and Infant</td>
<td>Baldwin, W., &amp; Cain, V.S. The children of teenage parents. <em>Family Planning Perspectives</em>, 1980.</td>
<td>While excellent prenatal care of the adolescent mother may result in the birth of a healthy infant, much of the deficit in the cognitive development of children born to teenagers results from the social and economic consequences of early childbearing.</td>
</tr>
<tr>
<td>Preterm infants of teenage mothers who received early intervention showed more optimal growth, Denver scores, and face-to-face interactions at 4 months. Their mothers rated their infants' temperaments more optimally. At 8 months, the intervention group received superior Bayley mental, Caldwell, and infant temperament scores.</td>
<td>Field, T.M. <em>et al</em>. Teenage lower-class black mothers and their preterm infants: An intervention and developmental follow-up, <em>op. cit.</em></td>
<td>A home-based, parent-training intervention program seems to result in mothers rating their infants' temperaments more optimally, expressing more realistic developmental milestones and childrearing attitudes, and receiving higher ratings on face-to-face interactions.</td>
</tr>
</tbody>
</table>
Findings

Academic Outcomes of the Mother and Infant (continued)

Term group infants failed to perform significantly better than preterm group infants at either the neonatal or 1-month periods.

Interaction scores of demonstration group were more optimal for interactive processes.

Demonstration group mothers talked more, emitted more animated facial expressions and were more contingently responsive to their infants than the preterm control group during face-to-face interactions.

Young mothers from the program returned to school at an impressive rate (85%), and while almost all remained sexually active, the rate of repeated pregnancy was low (7.5% in 12 mos. and 21% in 24 mos.) compared with a national figure of 25% in 12 months.

Source


Interpretation

This similar performance of term and preterm infants may relate to being close in gestational age and being relatively healthy neonates.

Brazelton demonstration combined with MABI assessments may substantially influence the interaction behaviors of both mother and infant.

The mother's observation of the Brazelton Scale administered to the healthy preterm infant and the weekly completion of the MABI scale appeared to facilitate more optimal feeding and face-to-face interactions.

A program designed to prevent or mitigate some of the adverse consequences of adolescent childbearing: complications of pregnancy, labor and delivery; perinatal and later infant death; low birthweight infants; developmental defects in children; child neglect and abuse; and for the mother, increased risk of: early repeat pregnancy; school drop-out; welfare dependency; and family instability, etc., can provide the self-motivation for such prevention.
Findings

Academic Outcomes of the Mother and Infant (continued)

Analysis of classroom data revealed that about 80% of the students in reading and 85% of the students in math achieved mastery in at least one instructional objective. However, further analysis showed that many students already had mastered a significant number of objectives prior to instruction.

School achievement, as reflected by highest grade completed at the end of pregnancy, was related to risk of pregnancy as well as to election of induced abortions. The distribution of pregnancies by age and grade suggests an increased risk of pregnancy is associated with below average and with above average grade attainment.

The academic performance of firstborn children of mothers age 15 and under, in this study, parallels closely that of their peers born to older women from similar racial and socioeconomic background.

Source


Interpretation

The use of a diagnostic and prescriptive approach to instruction, and the use of diagnostic and mastery tests for evaluation of results, can produce misleading data if the skills measured are at relatively low levels.

The incongruity of age and school achievement may identify groups of adolescent school girls who have special needs for preventive programs.

Eight-year-old children born to young black adolescents of low socioeconomic status, when compared with a control group of peers of similar background, yielded no significant differences in standardized achievement test scores, behavior and social adjustment ratings, or school cumulative record data.
Findings

Academic Outcomes of the Mother and Infant (continued)

A program of individualized instruction in reading and mathematics did not yield statistically significant gains in reading and mathematics for pregnant bilingual students. An historical regression analysis did show students gained over 1 month in reading and mathematics for each month of the treatment period. Students made statistically significant gains in Spanish vocabulary and comprehension.

Of 292 enrollees in a program for continuing the education of pregnant school-age girls, only 11% became dropouts, with the remainder either graduating or returning to school to continue their education.

Girls in the special program achieved a slightly higher honor point average in their classes than they had in regular school.

Interpretation

Individualized instruction in and of itself does not always produce statistically significant results. Language barriers that deter communication must be removed.

A warm, noncensuring educational climate where students share a common handicap promotes the mutual support for one another that is needed to continue the education process. These things combined with a low pupil-teacher ratio and additional supportive services of a comprehensive pregnancy program help pregnant adolescents restore their self-concepts and self-respect and revive educational and career aspirations.

Source


<table>
<thead>
<tr>
<th>Findings</th>
<th>Source</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>XI. Adolescent Pregnancy/Medical, Health and Nutrition</strong>&lt;br&gt;Teenage pregnancy among the urban, nonwhite poor is characterized by poor outcomes, primarily as a reflection of the high-risk obstetric population from which it derives, and only secondarily due to any risk inherent to maternal age. A striking characteristic of this age group is its tendency to repeat pregnancies.</td>
<td>Hutchins, F.L. et al. Experience with teenage pregnancy. <em>Obstetrics and Gynecology</em>, 1979.</td>
<td>Teenage pregnancy is a sociologic problem with medical consequences, and medical programs as they presently exist are incapable of bringing about the ultimate solution — prevention.</td>
</tr>
</tbody>
</table>
General (continued)


Treatment

Falkner, F. *Key issues in infant mortality*. Bethesda, MD: National Institute of Child Health and Human Development (NIH).

Nutrition

Adolescent Pregnancy/Literature Reviews


Adolescent Pregnancy/Prevention


Adolescent Pregnancy/The Community


Adolescent Pregnancy/The Community (continued)


Morris, L. Estimating the need for family planning services among unwed teenagers. Family Planning Perspectives 1974, 6, 91-97.

Adolescent Pregnancy/Parental Relationships


Logan, B.N., & Dancy, B.L. Unwed pregnant adolescents: Their mother’s dilemma. Nursing Clinics of North America, 1974, 9, 57-68.


Rosen, R.H., & Benson, T. Help or hindrance: Preliminary findings on pregnant teenagers’ relations with parents. Detroit, MI: Wayne State University, 1979.


Adolescent Pregnancy/Resolution Decisions


Adolescent Pregnancy/Resolution Decisions (continued)