The Health Issues and Risk of Teenage Pregnancy in Philadelphia

Abstract

Compiled surveys and studies have concluded that urban teenage mothers specifically are at a social and economic disadvantage. In the city of Philadelphia, this standard has caused many health risks to surface amongst inner-city teenage mothers and their children. Incompetent health care, mental illnesses, and substance abuse is common for low-income teenage mothers and thus contributing to their hardships. Affordable healthcare may assist in the decline of urban teenage pregnancy rates, but it is found to be unrealistic.

There are local community organizations that fight to decrease teenage pregnancy, but there is still room for a better solution. A specific variation of sex education referred to as comprehensive sexuality education has been proven to decrease teenage pregnancy rates in large cities and benefit the students in additional ways. The regulation of comprehensive sexuality education in Philadelphia would decrease the high urban teenage pregnancy rate and the health issues that come along with.

The Risk of Teenage Pregnancy in Philadelphia

Teenage pregnancy has long been a nationwide epidemic. In fact, “approximately 750,000 teen pregnancies occur each year in the United States” (Schwarz, 2007, p. 115). The issue is especially prominent in overcrowded cities like Philadelphia, where the majority of the population lives in poverty. Children of such poverty-stricken Philadelphian families have no choice but to attend underfunded public inner city schools, where sex education is either unhelpful or completely nonexistent.

Poor public school sex education leaves thousands of city teenagers absolutely clueless about safe sex and contraceptives, causing teenage pregnancy in large cities to skyrocket. It is apparent that underprivileged children especially suffer from lack of sexual knowledge. In the city of Philadelphia, where environmental factors often take control, certain health risks come along with teenage pregnancies. The obvious solution to preventing unwanted teen pregnancies and the health risks that often follow is enhancements in public school sex education. Educators much stop the problem where it starts. Improved public school sex education in Philadelphia would greatly assist in the decline of urban teenage pregnancy rates and the serious health issues that come with.

Background Information

Looking at teenage pregnancy alone, there are a lot of common complications. Due to their young age and underdeveloped bodies, teenagers are more prone to pregnancy complications such as premature birth, anemia, and high blood pressure (Payne & Anastas, 2015, p. 596). Teenage pregnancy does not only harm the mother, but it can cause damage to the unborn child as well. It is found that “about fourteen percent of infants born to teens aged seventeen years or younger are born preterm, versus six percent for women in their mid-late twenties” (Payne, 2015, p. 598).

Additional risks drastically effect pregnant teenagers in the city. With most inner-city teens living in poverty, they do not have access to proper healthcare, a healthy diet, or the nutrients necessary for carrying a healthy baby. Lack of attention to medical necessities causes pregnancies in urban teenagers to be increasingly dangerous (Payne, 2015, p. 599). Such absence of prenatal care often causes children of mothers from low-income populations to be more susceptible to low birthweight, developmental delay, and chronic illness in infancy (Bennett, Culhane, Webb, Coyne, Hogan, Mathew, & Elo, 2010, p. 91). To restate the obvious, pregnancy and birth complications are typical for urban teenage mothers from low-income families.

Complications in pregnancy and infancy are not the only risks facing urban teenage mothers. Death also a common occurrence for inner-city women who experience premature child-bearing and unkempt health issues. Explicitly in the city of Philadelphia, poor healthcare coverage, substance use, and household and neighborhood violence are the leading contributors to the high maternal mortality rate (Mehta, Bachhuber, Hoffman, & Srinivas, 2016, p. 2208). The threat of death is yet another reason to strive for a solution, as “the rate of pregnancy-related de deaths in Philadelphia residents exceed national rates” (Mehta, 2016, p. 2209).

It is found that fifty-one percent of all Philadelphian maternal deaths within one year of pregnancy are a direct result of improper medical care (Mehta, 2016, p. 2208). Pregnancy can be strenuous on the body, and appropriate medical attention is absolutely necessary. Without it, pregnancy-related complications and even death may occur, which tends to be a likely outcome for the large number of urban women without healthcare coverage. Mental health issues are also a threat for inner-city mothers. It is found that “women with low socioeconomic status are at greater risk of depressive symptomatology and health-compromising behaviors in pregnancy” (Bennett, Culhane, Webb, Coyne, Hogan, Mathew, & Elo, 2010, p. 91). More often than not, severe mental illness problems drastically effect the urban pregnant and nursing population.

Mental health issues are found in thirty-nine percent of Philadelphian women, making them

more susceptible to post-partum depression and other depressive disorders, causing them to be unfit to care for their child. These issues among low-income urban mothers are going unaddressed and untreated as a result of improper medical care (Mehta, 2016, p. 2209). Untreated mental inadequacies can also cause urban mothers to self-medicate with readily available drugs and alcohol, which in turn makes it even harder for them to function properly and care for their young, and may result in an early death (Uscher-Pines & Nelson, 2010, p. 684).

Since drugs are commonly accessible in the mothers' home environment, drug overdoses contribute to forty-nine percent of maternal deaths in Philadelphia (Mehta, 2016, p. 2208). It is also found that forty-six percent of Philadelphian mothers admitted to drinking while pregnant, which in turn harms the unborn child (Mehta, 2016, p. 2209). Fetal alcohol syndrome effects about eighteen percent of infants in Philadelphia (Mehta, 2016, p. 2209). Neighborhood violence is also prominent in urban communities, causing a fairly dangerous environment for the mother's mental and physical health as well as the child's development (Uscher-Pines & Nelson, 2010). Unsafe living conditions are closely linked to a variety of mental health issues such as depression, psychological stress, and anxiety in urban mothers, which in turn contributes to the drug and alcohol misuse.

Domestic violence and interpersonal violence (IPV) are often seen in urban households, further contributing to negative and unsuccessful child-bearing and sometimes death (Mehta, 2016, p. 2209). Domestic violence is physical violence while IPV is more emotional, and it is revealed that twenty percent of Philadelphian mothers experience both of them (Mehta, 2016, p. 2209). To summarize, "pertinent factors for pregnant and parenting inner-city teens in Philadelphia include poverty and thus lack of medical attention, substance abuse, and violent exposure" (Payne, 2015, p. 598). These are all exceedingly dangerous influences, and they effect a large portion of the population, as "more than 3,500 babies a year are born to teen mothers in Philadelphia" (Jones, 2012).

It is obvious that underprivileged teenage parents face many physical and psychological disadvantages. Such drastic negative outcomes of premature child-bearing allows the high teenage pregnancy rate in Philadelphia to be referred to as an epidemic. There are many possible solutions that could prevent such an epidemic, such as affordable healthcare and contraceptives for the urban population, or more sex education programs integrated into the Philadelphia community. However, after extensive research, the best and most plausible solution is the insertion of comprehensive sexuality education in inner-city public schools.

Possible Solutions

One of the biggest problems facing low-income mothers, regardless of age, is poor healthcare.

Most cannot afford it. It is somewhat common knowledge that urban “pregnant and parenting teens and their families have little social capital and inadequate resources and may be denied or unable to access formal healthcare and reproductive support” (Payne, 2015, p. 599). This stigma is indisputable as pregnant teens are seventy percent less likely to have reliable healthcare than pregnant women over the age of twenty-five (Payne, 2015, p. 599). As a result of poor healthcare coverage, most urban teenagers to not have access to reliable contraception such as birth control pills, IUDs, or other implants.

This causes the majority of the teenage population to have to rely solely on cheaper priced condoms without any back-up contraceptive options (Stranger-Hall & Hall, 2011, p. 3). Making reliable birth control readily affordable and available for all regardless of their health insurance coverage would greatly decrease the number of pregnant teenagers, especially in poorer neighborhoods (Stranger-Hall, 2011, p. 3). However, this solution is unrealistic as it involves vastly improving the formally complicated American health system nationwide.

Another possible solution would be the regulation of anti-teen-pregnancy programs throughout city communities and schools. One organization entitled Opportunities Industrialization Centers of America, (OICA) Inc. is already known in the city of Philadelphia for its work on expanding its Teen Pregnancy Prevention (TPP) program throughout public city locations (Jones, 2012). The program focuses on “promoting sexual health education to youths ages twelve to seventeen in school settings, community, and faith-based institutions throughout the Philadelphia County” (Jones, 2012).

Since OICA’s TTP program is of religious-origin, it preaches the use of abstinence above all other protective practices, because “abstinence is the only one hundred percent effective way to prevent pregnancies” (Jones, 2012). Though its intentions are good, it still does not give students the full picture when it comes to safe sex and contraceptives. Another downside of the program is that its meetings are often voluntary, meaning it requires its participants to attend on their own time. Though the curriculum has been “proven to be effective among urban populations across the United States” (Jones, 2012), there is still room for a much better solution.

Best Solution

The integration of an organized and correctly informative sexual health program in inner-city schools would decrease the high teenage pregnancy rate in Philadelphia. The most realistic and efficient solution would be to normalize comprehensive sexuality education. Unfortunately, abstinence-only programs are currently dominant in public government-funded schools. Such abstinence-only programs blatantly give false information regarding safe sex practices, condom use, STD and pregnancy prevention, and abortion. It is much easier to tell a child, “just don’t

do it” instead of taking the time and actually educating them on their bodies. Abstinence-only program teachers are astonishingly vague, preach inaccurate medical information, and use fear tactics to scare children from engaging in sexual acts all together (Schwarz, 2007, p. 116).

It is the reason so many children go misinformed and end up becoming incapable teenage parents, thus harming themselves and their child. Upon examination of several abstinence-only curriculums, it was found that eighty percent of the information presented to the impressionable students was completely false, misleading, or distorted and twisted to benefit the pro-abstinence teachings (Schwarz, 2007, p. 115). To show how ridiculous and incompetent some programs can be, one abstinence-only curriculum taught students that HIV could be transmitted through sweat and tears (Schwarz, 2007, p. 134). Abstinence-only courses promote medical inaccuracies in areas where the truth is of dire necessity.

Exaggerated failure rates for condoms and contraception is common in abstinence-only sex education classrooms (Schwarz, 2007, p. 117). In fact, one curricula stated that condoms had a thirty-one percent failure rate, as opposed to the actual three percent failure rate (Schwarz, 2007, p. 135). It is obvious that “exaggerating failure rates and excluding information on condom use discourages teens from using condoms effectively once they engage in sexual activity” (Schwarz, 2007, p. 135). Some information given during abstinence-only courses are not only false and misleading, but they are incredibly unprofessional.

One instructor compared using a condom to playing a risky game of Russian Roulette (Schwarz, 2007, p. 135). These examples of misinformation tend to have dire consequences, and therefore should be corrected right away. Not surprisingly, “withholding medically accurate information prevents teenagers from making informed choices about their reproductive and sexual health if and when they decide to engage in sexual intercourse” (Schwarz, 2007, p. 135). It is also found that “abstinence-only policies have had no measurable effect on teen pregnancy rates” (Schwarz, 2007, p. 116). In fact, they might even contribute to the high teenage pregnancy rate in the city. There is no reason to continue to adopt this method of sexual education.

A Philadelphia home study has shown that most children do not receive proper sexual education at home because they do not feel comfortable discussing the subject with a parent. This means that public sex education is the only resource many teenagers have when it comes to sexual knowledge and understanding.

At home, there is too much stigma surrounding “the talk”, causing discussion of true sexual education to be seen as embarrassing or awkward. As school sex education is the only option for most teenagers, it needs to be improved (Holland, 2000, p. 199). There are far too many faults in Philadelphia sex education, and since it is the only source for many teens, a realistic

and effective solution such as comprehensive sexuality education is greatly needed.

Comprehensive sexuality education is defined as “courses that strive to not only help students understand physiological aspects of sexuality, but to guide them through an exploration of gender roles, relationships, self-image, and their own values and beliefs” (McCaffree & Matlack, 2001, p. 347). All comprehensive sex education curricula are intended to be introduced in age-appropriate ways from grades kindergarten through twelfth (McCaffree, 2001, p. 347). Unlike commonly used abstinence-only courses, comprehensive sexuality education promotes completely accurate medical information regarding sexual health.

All comprehensive sex education curricula is sure to “stress the importance of medically accurate information about significant health concerns, including teen pregnancy” (Schwarz, 2007, p. 136). Nothing is left uncovered. There is no withholding of information in a comprehensive sexuality classroom. Students are free to express their curiosities and ask questions. Since most programs are implemented at an earlier grade, there is no awkward stigma associated with the act of talking about sex to be developed. It seems that allowing children to approach the concept of sexuality outright and truthfully causes them to retain their knowledge and strive to protect their bodies.

With absolute understanding of sexuality and the ability to unshamefully explore their urges, improved sexual health and a decrease in teenage pregnancy has been seen in public schools. Those in favor feel that "presenting America’s youth with accurate information and various options regarding sexually-related medical problems promotes responsibility” (Schwarz, 2007, p. 136), and proof of this has been seen from schools that adopted the program.

Also worth noting is how other types of sexuality are approached in comprehensive sexuality courses. Often times, comprehensive sexual education touches on homosexuality and other different types of sexuality and sexual choices in an acceptable, correct, and responsible manner. Such courses do not confine its lessons to strictly heterosexuality-based teachings, which is another benefit of comprehensive sexual learning (Schwarz, 2007, p. 131). Comprehensive sex educators take a diverse approach to sexuality, which is without a doubt helpful to all students involved (Schwarz, 2007, p. 131). It does not exclude any student as it teaches the broad spectrum that is human sexuality.

For this reason, comprehensive sex education benefits the overall lives of all students by helping them understand not just the dangers of teenage pregnancy, but of human sexuality as a whole as well as the psychological aspect of intimacy (McCaffree, 2001, p. 347). Not only does comprehensive sexuality education aim to diminish the high teen pregnancy rate in Philadelphia, it also benefits all Philadelphian children while striving for that goal. This makes comprehensive sexuality education better than all other programs.

The regulation of comprehensive sexuality education has been proven to decrease the teenage pregnancy rate in certain school districts, including the School District of Philadelphia. Comprehensive sexuality programs have been inserted to some extent within Philadelphia schools (Zander, 2010, pg. 15). Since the Philadelphia school district does not have a standard sexual health curriculum, only some schools have the program integrated into their classrooms (Zander, 2010, pg. 15). Of those schools, some have more lessons based off of the program than others, but from the schools that do have a distinct comprehensive sexuality curriculum, the results have been astounding.

After one semester of health class, students were instructed to take a standardized test formed using the Health Education Curriculum Analysis Tool (HECAT) (Zander, 2010, pg. 15). Judging from Philadelphia's HECAT scores, schools with some comprehensive sexual education scored highest. It was found that Philadelphian students who received comprehensive sexuality lessons know more of the human body and of sexual health and were able to correctly retain that knowledge (Zander, 2010, pg. 20).

However, the inconsistency in the courses in some schools has caused for a lower score. Though the scores from schools with little comprehensive sex education lessons were low, they were still better than schools without (Zander, 2010, pg. 21). This proves that not only is comprehensive sexuality education superior, but that full integration of such courses is necessary for a noticeable improvement.

It is apparent that current public sex education is completely incompetent, and the leading cause of teenage pregnancy and therefore all complications that come along with. In urban areas where the schools are overcrowded and the little amount of school funding is strictly government sanctioned, abstinence-only sex education programs are the only thing teenagers have to depend on, though this type of sex education has been proven inefficient time and time again (Schwarz, 2007, p. 115). To avoid unprepared parents and health-related problems in Philadelphian families, improved sex education programs in public schools must be regulated. Comprehensive sexuality education is the absolute best solution to solving teenage pregnancy-related problems in the ever-growing city of Philadelphia.

Conclusion

Teenage pregnancy is a direct result of poor sex education, and it often causes health issues amongst youth in Philadelphia. It is apparent that teenage pregnancy is proven to be physically and mentally dangerous for the mother in urban communities. Additional factors and socioeconomic problems make teenage pregnancy in cities like Philadelphia life-threatening.

There are several ways to prevent teenage pregnancy, the best of which is improved sexual

education as the women who experience the most difficulties in pregnancy and child-upbringing are teenagers. To stop the problem where it starts, comprehensive sexuality education programs must be integrated into Philadelphia public schools. Medically accurate sexual health courses could improve young lives in more ways than one, but most importantly it would diminish the high teen pregnancy rate in overcrowded, poverty-stricken inner-cities like Philadelphia.