Teenage and Adolescent Pregnancy

[Name of the Writer]

[Name of the Institution]

Teenage and Adolescent Pregnancy

# Description of the Problem

 Teenage pregnancy, which is also known as the adolescent pregnancy where the female gets pregnant and her age is lower than 20 years. Most of the times, the pregnancy occurs when there is sexual intercourse that is taking place after the start of the ovulation and it can occur before the first menstrual period. The most cases of such pregnancies are witnessed after the onset of the periods. When there is a case that the families are well nourished, then the first period of women takes place around the age of 12 and 13 years. There is considerable stigma associated with the teenage pregnancy as they do not have the life experience and the level of maturity that comes with that age. Not only that, there are additional concerns for the people who are under the age of 15. Consequently, the statistics do not include pregnancies that began at age 19, but that ended on or after the woman's 20th birthday. Similarly, statistics on the mother's marital status are determined by whether she is married at the end of the pregnancy, not at the time of conception.

# Operational Definition of the Select Term

 There are many issues that comes with the teen pregnancy and childbirth during the early stages of the life of an individual. For partners of any age, pregnancy can be a life changing experience and most of the times, in the case of teenage pregnancy, the level of commitment that is needed from the father is on the lower side. There are many risks such as the lower birth weight I MPW-103121hose case, the premature labour and pre-eclampsia that are connected with the biological age of the person. There are social issues as well such as lower level of education, lack of sustainable income source for people who are so young and whether the same level of commitment by the other partner.

# Need Assessment Process

 With the passage of time, teenage pregnancy has become a serious issue. Looking at the major statistics for 2015, it was revealed that how about 1000 children had 47 cases where pregnancy was witnessed among young women. The other major problem is that how the fared afterwards. Looking at the developed world, there are about 2.5 million females that are under the age of 16 and 19 and they have children each year. Not only that, out of those, about 3.9 million opt for abortion. At the global level, the prevalence of childbirth related complications is the leading cause of death among females who are aged between 15 to 19 years old. So, there is a need to make sure that the bit of a perspective is needed to be developed.

# Description of the Effected Population

 To have a better insight about how the effected population is located, one needs to look at the numbers. During the course of 2017 alone, there were about 200,000 babies that were born to the women who were aged between 15 to 19 years old. That makes it the birth rate of about 20 % in this age group and that has increased from previous years which means that the awareness is needed to be created when it comes to the way this whole issue is going to be looked after. There is more to it as well, it can be seen that there are certain demographics in which these cases are much more prevalent, such as the cases of teenage pregnancy are the highest among Hispanic and Mexican women. A holistic approach is required in order to address teenage pregnancy. This means not focusing on changing the behaviour of girls but addressing the underlying reasons of adolescent pregnancy such as poverty, gender inequality, social pressures and coercion. This approach should include "providing age-appropriate comprehensive sexuality education for all young people, investing in girls' education, preventing child marriage, sexual violence and coercion, building gender-equitable societies by empowering girls and engaging men

# Current Effective Intervention and Treatment

 One of the things that is needed to be done is to make sure that bit of a proactive approach is developed in this regard. Children at all the levels are needed to be made aware about sexual education, how protection is supposed to be used, what is the underlying importance of protection and how can make sure that they exercise caution during sexual activity. Furthermore, they must be made aware about the issues such as consent and abstinence so that they are more aware about the repercussions of the choices that they are supposed to be making. One major problem area is that how the abortion is going to be looked at. There is great deal of controversy when it comes to the way abortion policies are needed to be defined and looked after.

# Counsellor Role in the Intervention

 It has to be noted that the counsellor is supposed to be playing an important role when it comes to making sure that how the interventions are supposed to be worked out. The idea at the broader level is to make sure that some sort of understanding and insight is developed among all the stakeholders in terms of how it is going to be made sure that the better awareness with regards to this issue is created. For instance, how the educational prowess and level of awareness of the people who are the part of the effected group are going to be looked after and what are some of the other dimensions that are needed to be looked at when determining the level of education.

# Processes Needed to Evaluate the Success of the Program

 One of the things that is needed to be kept in mind when one looks at the success of the assessment is that how the overall decline in such cases are going to be developed. The idea is to ensure that the effected population or the age group are needed to be made more aware about some of the issues in terms of how education of women is supposed to work and what are some of the other elements in terms of how success of the program is needed to be defined. The outcomes are going to be as followed.

* Marked decline in the number of teenage pregnancies
* Rehabilitation and help of the young women who have got pregnant, for instance providing education
* Counselling for the young parents

# Discussion of the Special Issues and Implication of Counsellors

 One of the most important things that is needed to be kept in mind is that what are some of the ethical and societal issues. There is a need among all the counsellors is that they look at the problem with a more holistic point of view. Not only that, there is a need to ensure that not only there are strategies that are made for the better understanding of the plight of the women in terms of how all of the things are working out in the manner. Not only that, there is a sense of perspective about how more awareness and discussions are needed to be created about how abortion laws are supposed to work. Thus, there is lot of scope for future discussions on this issue of teenage pregnancies.

**References**

Coley, R. L., & Chase-Lansdale, P. L. (2017). Adolescent pregnancy and parenthood: Recent evidence and future directions. *American Psychologist*, *53*(2), 152.

Hoffman, S. D. (2018). *Kids having kids: Economic costs & social consequences of teen pregnancy*. The Urban Insitute.

Jones, E. F., Forrest, J. D., Goldman, N., Henshaw, S. K., Lincoln, R., Rosoff, J. I., ... & Wulf, D. (2015). Teenage pregnancy in developed countries: determinants and policy implications. *Family planning perspectives*, *17*(2), 53-63.

Kirby, D. (2016). No easy answers: research findings on programs to reduce teen pregnancy.

Klein, J. D. (2015). Adolescent pregnancy: current trends and issues. *Pediatrics*, *116*(1), 281-286.

Miller, B. C., Benson, B., & Galbraith, K. A. (2016). Family relationships and adolescent pregnancy risk: A research synthesis. *Developmental review*, *21*(1), 1-38.

Singh, S., & Darroch, J. E. (2018). Adolescent pregnancy and childbearing: levels and trends in developed countries. *Family planning perspectives*, 14-23.

Woodward, L. J., & Fergusson, D. M. (2019). Early conduct problems and later risk of teenage pregnancy in girls. *Development and psychopathology*, *11*(1), 127-141.