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Problems of Teenage Pregnancy

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Many of us have been around long enough to know that we are living in a complex and ever-changing world and that each day brings with it new problems and new needs. As good citizens, we grab at these problems, and try to make something out of methods suggested by experts to cope with them, and eventually come on to something that strikes the core and will not go away. For me, it has been the divergent opinions proposed for the solution of teenage pregnancy and out-of-wedlock births that have reached all-time proportions in our country, along with the moral decay of our society, in a mad scramble for sophistication.

It has been estimated that there are more than 200,000 teenagers per year becoming unwed mothers. Among younger teenagers, out-of-wedlock births went up an estimated 75% from 1961 to 1967. These out-of-wedlock births represent only a fraction of unplanned teenage pregnancies, and the number is increasing at an earlier age.

Dr. Christopher Tietze, senior fellow with the Population Control Center writes (*American Medical News*, Sept., 1978): "Unless teenage men and women begin using contraceptives regularly, 21% of today's 14-year old girls will give birth by 1984, according to a new Family Planning Study. These figures, published in the latest issue of *Family Perspectives*, are based in part on current statistics showing that 1.1 million teenagers gave birth in 1976, and about 870,000 of these were live births!

"If these teenage births continue, 21% of two million girls now turning 14 will experience one live birth before they turn 20, and 15% will have obtained one legal abortion, and 6% will have one stillbirth or miscarriage." These estimates, however, are not inevitable. Other researchers point out that "it would be possible to reduce the number of premarital pregnancies by 40%, if all young people were to use contraceptives regularly.

"With such activity among young people apparently continuing to increase and beginning at earlier ages, it is inevitable, however, that a substantial number of teenagers will continue to have unwanted pregnancies."

Dr. Tietze claims that "the tendency toward limiting access to abortion through Medicaid restrictions and the requirements of parental notification for minors could result in increasing the proportion of unwanted out-of-wedlock births among adolescents 18 years and younger."

In a more recent report (*Chicago Sun-Times Service*), Dr. Tietze says: "A study of the Population Council shows that repeat abortions have doubled in three years, and that the increase in the abortion rate has sparked concern, and that improved access to abortion has led many couples to abandon or relax contraceptive practices and to rely on abortion as a primary birth control method."

I am sure that obstetricians and gynecologists will not agree that Dr. Tietze's recommendations will solve the serious problem of teenage pregnancy in our country, but will agree that his recommendations will, rather, greatly enhance promiscuity and cause an all-pervading sense of alienation among young people.

Inevitably, promiscuity is a lonely and alienating journey, with signposts of boredom, shame, self-doubt and sheer heartbreak; and it leads to an increase in adolescent suicide.

Dr. Robert Kistner (Harvard Medical School and the Boston Hospital for Women), at the meeting of the Clinical Congress of the American College of Surgeons in Dallas, warned that "adolescent promiscuity — abetted by access to contraceptives — may ultimately produce a new generation of infertile females." Dr. Kistner said: "Many of us who treat patients for infertility must be alarmed at the marked increase over the last five years in salpingitis, tubal adhesions, and virulent gonorrhea — Class III Pap smears in 17-year old girls, who never return to your office for treatment, are also alarming."

Dr. Kistner further stated: "About ten years ago, I declared that 'the Pill' would not lead to promiscuity. Well, I was wrong," he said, commenting on the growing number of teenagers who live communally and have intercourse five or six times daily with multiple partners.

Following a recent study of teenage pregnancy, Dr. Jean Pakter, director of Family Planning of New York City's Department of Health, concluded that "the ultimate answer to the prevention of teenage pregnancy will not lie in making Family Planning Service more available and utilized, but in making the environment and cultural milieu more appropriate for teenagers." I assume that good homes, where true love abounds, and where parents accept the obligations and responsibility for their children's future happiness, through stressing the values of obedience, sharing, respect for others, kindly discipline

and chastity as guidelines in their parental training would meet Dr. Pakter's criteria for "making the environment and cultural milieu more appropriate for teenagers" and would also reach out, in the jargon of our present day youth, to the "nerds and turkeys."

Greatest Number of Abortions

In 1976, the United States reported the highest number of legal abortions in the world: 988,269. In those countries which reported abortions by a woman's age, the United States had the highest percentage of teenagers (32%) who obtained legal abortion. In contrast, only 2% of Japanese women who obtained abortions were teenagers (reference: Center for Disease Control: Abortion Surveillance 1976, issued August, 1978, U.S. Department of Health, Education and Welfare, Public Health Service). Never before have teenagers undergone abortion operations in such vast numbers, and the gynecologist in private practice is beginning to see the fallout from abortion in teenagers.

A seldom discussed but all-pervading moral issue related to the tragedy of teenage out-of-wedlock pregnancy is the non-participation of numerous individuals upon whom the obligation falls. Physicians and clergymen have not been exercising their influence to the fullest degree. Human health involves both body and spirit, and too many have forgotten this relationship, or have ignored it, or hesitate to buck the trend of the day.

Society acknowledges that parents are primarily authorized to provide and decide for their children, and that the child must be taught that sex involves more than the satisfaction of an appetite. It is an instrument in the growth of character and in the attainment of emotional maturity, as well as a sense of personal and social responsibility. Parents have a basic right to transmit to their children a heritage which they value. The state may not take away or render useless the right of parents who teach their children about human sexuality. Parents are the best teachers because they are better able to see the gradual formation of their children and the deepening maturity of their personalities in all respects. Children learn what they live.

With sex education in our schools having become more prevalent and more explicit, V.D., unwanted pregnancy, drugs and sex-related crimes have not decreased, but have escalated, and have shut out the spiritual as a motivating factor for right conduct.

Any course on human sexuality should have three characteristics: 1) it must represent the ethical-moral dimensions of human sexuality; 2) it must not be an expression of any one sectarian or secular philosophy; and 3) it must respect the conscience of the students and the rights of their parents.

A person's understanding of human sexuality affects self-understanding and the ability to relate to other people. Each individual should be led, gradually, to understand his or her sexuality. Sex must not be separated from sexuality; sex education is inadequate if it confines itself to pragmatic rules governing certain actions, without reference to the total person and his and her relationships to other persons and to God. The person should understand that he is a creature made to the image and likeness of God; that he is capable of Divine Redemption by doing God's Will and keeping His commandments; and that life is finite, and a proper relationship to God will give him ultimate happiness with God in eternity.

Sex education cannot be amoral, that is, without reference to a moral or ethical code. Modern society has already suffered enough from experiences which have proven the flaws and ineffectiveness of pragmatic instruction, lacking reference to an ethical code that fosters individual responsibility, self-discipline, accountability and sacrifice.

In speaking of chastity as a guideline in the training of youth, I refer primarily to the girl, rather than to the boy. This does not mean that I support the double standard. It concerns, rather, the delusion of the equality of the sexes. To be sure, the sexes in their political and economic rights are equal, but they differ in their biological and psychological natures. Sex freedom is a more critical issue for the girl, because she has more to lose. I say this because of the possibility of pregnancy and virulent venereal infections — syphilis, gonorrhea, vaginal discharges — but when the teenager becomes pregnant, the incidence of complication and risks of pregnancy and delivery are greater for the teenager than for an adult pregnant female. The teenager requires special care throughout the pregnancy by physicians with expertise and experience to carry the pregnancy to term with safe delivery and normal infant. She should be treated and delivered in a specialized center for high-risk pregnancies.

I believe that one of the most frustrating situations which the teenager may encounter in later life when she marries is, as Dr. Kistner pointed out, the possibility of infertility, when she is most anxious to have a baby.

Divine Magnetism

A divine magnetism brings a young man and a young woman together. Life works its magic in selfless love and devotion. A courtship affords the couple the opportunity to determine whether their respective dispositions are compatible for marriage, whether they really love each other. She might ask herself: "Does he really love me for myself, or is he just interested in me as a bed partner? Is he think-

ing of the possibility that, after he has had me for a few months, he might get tired of me and drop me?"

An intelligent girl should know that if a young man loved her deeply he would not do anything to cause her unhappiness or guilt. By restraining himself, he will give her the strongest evidence of his devotion; and she will know, without being told, that his restraint is being dictated by his absolute concern for her welfare and peace of mind.

Studies by various people for various purposes agree in showing that the most successful marriages and the best sexual adjustments in marriage are made by two persons, neither of whom has had sexual experience before marriage.

Psychologists will point out the fact that the first act of coitus has a symbolic value that no other has. It is, in a sense, the invitation to the meaning of life. It is the keynote of a life concert. One does not start a symphony with a discord. If the first coitus represents a callous exploration of someone else, or a drunken orgy or a mere giving in to persuasion, or a means to get attention, it will be hard to change that discord to harmony. If, on the other hand, it represents the pledge to each other of two persons united in a relationship that is unique, it will be a keynote that moves on into harmony.

Sigmund Freud was, much to his annoyance, and is still, often held responsible for the idea that the sexual drive must be expressed in order to prevent damage to the personality. Freud, quite to the contrary, declared emphatically that merely giving in to the physical drive, when the whole personality does not go with it, will create greater dangers than existed before.

In these premarital experiments, the whole personality does not go together. The temporary partners are unwilling or unable to share a common destiny. Their ambition is more limited — merely to share, for a few hours, a common bed, with the determination that they will not let themselves become "involved." Actually, they are creating a lot of new forms of frustrations for themselves.

Psychologists make a distinction between a feeling of frustration and a feeling of deprivation. The latter feeling does not harm anyone because there is seen to be a reason for it, and because one's feeling of self-esteem is not threatened by deprivation. The girls who refrains from sexual intercourse for the present, as a means of preparing for something better in the future, is deprived of a physical sexual outlet, but is not frustrated. She has not lost self-esteem, but has strengthened it.

At a panel discussion during the Clinical Congress of the American College of Surgeons, Dr. Richard Sweet, of San Francisco, revealed some interesting new facts about pelvic inflammatory disease. This affliction or infection has been increasing at a rate of 15% per year for the past ten years.

There are now some 500,000 to 800,000 cases per year, and 20% of these are associated with the use of an I.U.D. These figures are of serious concern, because 9% of women using contraceptives in this country are using I.U.Ds. The estimated cost of treating patients with pelvic inflammatory disease is now about \$250,000,000 per year, which hardly fits into anyone's scheme of "cost containment"!

In this age of permissive sex, the only true defense is to build up the spiritual life. But what if it is too late? It is never too late. True, the woman can never recover her pristine innocence, but we can all regain God's grace by repenting and getting back to a moral way of life. God always forgives. We are all in the same boat; *nil desperandum*. Lead a pure and holy life, and later come to a loving and courageous marriage.

Is it right to teach our youth a debased concept of sex that will deprive them of the richest experience of life?

*"Keep innocence, and take heed unto the thing that is right,
for that shall bring a man peace at last."*

— Book of Common Prayer
