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Pediatricians in the 1980s and the decades to come will be increasingly involved in the care of adolescent parents. More than 1 million teenagers become pregnant in the United States each year. Half of their infants suffer from disproportionately increased risk of prematurity, low birthweight, and other perinatal and prenatal complications (1). Adolescent parents have a similar disproportionately increased risk of both short- and long-term social problems. More than 50% of adolescent mothers drop out of school, 60% of women receiving Aid to Families with Dependent Children (AFDC) are teenaged parents, and 60% of children born to teenagers under age 18 spend a portion of their childhood in a single-parent household (1). This article outlines efforts to reverse this phenomenon through the development of school-based clinics.

Role and Organization of School-Based Clinics

The purpose of teen health centers is to offer comprehensive health counseling and care that is easily accessible to teenagers. Studies show that such facilities reduce adolescent school-dropout rates, rate of adolescent pregnancy, and recidivism (the recurrence of pregnancy among teenagers) in the year following initial pregnancy (2). Teenagers who drop out of school have limited prospects for finding employment in a technology-oriented society. The ultimate goal of school-based health services is to promote educational achievement and, as a result, enhance the livelihoods of teenaged parents and their offspring.

Often these clinics are adjuncts of local school districts. Communities have been motivated to provide health services for an increasingly larger segment of their school's population—the sexually active and/or pregnant teenager. Although their focus is aimed primarily at pregnancy prevention, care of pregnant teenagers, and well-baby care, such clinics can provide much needed care to an underserved segment of the health community—the adolescent. The key to their success is accessibility to the adolescent. They can eliminate such barriers as financial restraints by providing low-cost services and the problem of transportation by being located close to school grounds.

The components of a school-based clinic include a full-time staff dedicated to adolescent health issues. They are usually operated by the following personnel: 1) an administrator or clinic manager, 2) nurse or nurse practitioner, 3) social worker or another mental health specialist, 4) physician, 5) nutritionist or dietitian, and 6) secretary-receptionist. The staff may also include several assistants and volunteers including parents, nurses, physicians, and counselors. Consistency is vital to the successful operation of teen health centers. The utilization of full-time staff provides such consistency and better availability of health care to students. Each staff member should have the sensitivity and flexibility to be an advocate for the patient whenever possible. Patient confidentiality is also essential. In Michigan, health providers are allowed to render health care and advice to individuals seeking services related to family planning and the diagnosis and treatment of sexually transmitted diseases. The Public Health Code states that if a minor consents to the provision of prenatal and pregnancy-related health care or to the provision of health care for a child of the minor by a health facility or agency or a health professional, that consent is valid and binding as if they had achieved the age of majority (3).

Nevertheless, optimal care is best facilitated when parents of the adolescents grant signed consent for their children to receive treatment in these centers. Financial and emotional support of the adolescents as well as their parents is instrumental in providing positive feelings toward pregnancy and higher self-esteem for the adolescent patient (4). In any event, understanding the role of the adolescent's parents in the care of the teenager should be maintained. Parents must be aware of the confidentiality of the services provided. Subsequently, their children will be allowed to attend the clinics as though they too are adults. This will promote better communication between students and health providers.

Community Acceptance

Involvement of community leaders is related to improved perception of the role of the teen health center in the community (5). Participation of community leaders who are also parents will allow better support for the clinics. The board of directors of such centers may consist of diverse members of the community such as school administrators, physicians, social workers, ministers, teachers, nurses, members of the parent-teacher organization, and students. As with most other school activities, positive perception of these programs by the community may facilitate better funding from government and private resources. In addition, as a positive element of the community, there may be more effective utilization of these resources by the community (6).

Positive Results from Studies of Teen Health Centers

Compared to students not participating in teen health centers, enrollees in a comprehensive teen health program have

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less chance of repeat pregnancy within the first year of initial pregnancy as well as higher rates of contraceptive use (7). Participants in Project Redirection, a study of comprehensive school-based clinics in Boston, New York City, Phoenix, and Riverside, CA, exhibited improvement in these categories after one year in the program. This four-year study (from 1980 through 1983) involved students aged 17 and older who were pregnant or a parent. The students did not have a high school diploma nor a high school equivalency certificate at the time of enrollment in the program. In addition to greater contraceptive use and reduced rates of repeat pregnancy, results showed a trend toward higher rates of high school graduation. Among teenagers who had lived in a household where at least one person had received AFDC, a significantly greater number of program participants were employed compared to those not in the program.

School-based clinics are instrumental in improving high school students' knowledge of contraceptive methods, reducing their risk of becoming pregnant. Zabin et al (2) examined these issues in a questionnaire survey involving 1,201 students in two inner-city junior high schools in Baltimore. These students were enrolled in a school-based pregnancy prevention program. The same questionnaire was completed by 1,749 students not enrolled in such a program at other schools in Baltimore. Results showed dramatic decrease in pregnancy rates during the first 28 months for program participants (30.1% decrease versus 57.6% increase in schools without a program). Participants also showed an increase in sexual and contraceptive knowledge as well as a delay in the age at which they first had intercourse. Contraceptive use was much higher in program participants; only 20% of these students had unprotected intercourse after two years compared to 44% to 49% of nonprogram students.

The Future of Teen Health Centers

The future of school-based clinics is uncertain despite initial studies which support their success. Several factors will dictate their impact in the health care community. In discussing constraints which limit the success of teen health centers, Weatherley et al (8) identified four major areas of concern: 1) inadequate financial support, 2) insufficient health and social welfare organization, 3) negative public and political attitudes toward the lower income and adolescent populations, and 4) an unproven intervention technology.

The recession of 1981 reduced state and federal revenues while welfare needs sharply increased. Local municipalities throughout the country had a similar reduction in funds available for social programs (8). Funding for other such benevolent programs as housing for the homeless is already limited. Considering the cutbacks in funding for social programs, there may be even more limited funds available for the increasing needs of health and welfare services. Appeals to private resources for funding will become more important in future years.

Some investigators found poor coordination between components of the health services (8). In some cases adolescents arrived emergently for deliveries without the benefit of prenatal care. Breakdowns in communication did not allow eligible patients to receive the proper care to which they were entitled. Such disorganization detracts from the positive and supportive feelings a teen health center can foster.

Another problem is possible negative attitudes toward adolescent pregnancy (8). Programs for pregnant teenagers may merit less public sympathy than other programs directed toward persons who are viewed as more innocent victims of circumstance. However, teenagers recapitulate the experience of the previous generation in that many of their own parents became pregnant during their adolescence (9). Subsequently, as a result of their teenage pregnancy, they become academic failures and fail to find long-term employment.

Communities have established teen health centers to answer the challenge of teen pregnancy. However, despite studies which show increased acceptance and use of contraceptives by teenagers, there is still no significant difference between control and program participants in the recurrence of pregnancy after two years of the initial pregnancy (7). Perhaps the population using these clinics are already committed to procreative activity since their initial introduction to clinic services is at the time of pregnancy. This crisis-oriented approach has little long-term success, probably because the target population consists of an older cohort of teenagers who are already sexually active. By redirecting the focus toward younger students in junior high school, education of sexual issues may facilitate a higher degree of success for these clinics.

Summary

An appreciation of the impact of teen pregnancy is essential to understanding the role of teen health centers in the delivery of health care to adolescents. Studies show initial success in pregnancy prevention, contraceptive use, health education, and academic achievement. School-based clinics are viable alternatives to a major health dilemma—teen pregnancy. Like any other innovation, their successes and failures must be weighed and evaluated. Continued support from communities and governmental sources will allow these programs to continue to deliver health services to a large segment of the teenage population.

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