



## Healthy Teen Network

# POSITION STATEMENT ON ENSURING EQUITY FOR YOUTH BY AFFIRMING YOUNG PEOPLE WHO ARE PREGNANT OR PARENTING

*Adopted by the Healthy Teen Network Board of Directors on January 11, 2018*



### Position

A more just and equitable world supports and empowers all adolescents and young adults—including young people who are pregnant or parenting—to lead healthy and fulfilling lives. All young people deserve respect, appreciation, and acceptance for their individual strengths, talents, and potential. And all adolescents and young adults have a right to comprehensive, developmentally and culturally appropriate, confidential support and services, including contraceptive services, and if pregnant, to full options counseling and services. With support and resources, young parents and their children can thrive. Affirming young people who are pregnant or parenting ensures equity for all youth.

Young parents must be included and affirmed, without stigmatization or shaming, in all aspects of adolescent sexual and reproductive health, and more specifically, targeted teen pregnancy, sexually transmitted infections (STIs), and HIV prevention efforts.

## Issue

Equity means creating opportunities for young families to be included and participate, rather than isolated. In addition to the above challenges, youth who are pregnant or parenting are often subject to harmful and shaming messages that stigmatize them, or suggest young families are costly to the public. Too often, young parents are stigmatized by stereotypes, and shaming messages that suggest they are “bad” parents who are irresponsible, uneducated, incompetent, and unmotivated. Young parents can be seen as failing to conform to society’s expectations for adolescence: they are a “problem” to be “fixed” (Little, Henderson, Pederson, & Stonecipher, 2010). These opinions play a role in misguided policies that fail to address their needs (SmithBattle, 2013; SmithBattle, 2012; Wiemann, Rickert, Berenson, & Volk, 2005). Further, this stigmatization and isolation can create a kind of self-fulfilling prophecy, where young parents believe their potential for success is limited (DeVito, 2007). Young parents must be included and affirmed, without stigmatization or shaming, in all aspects of adolescent sexual and reproductive health, and more specifically, targeted teen pregnancy, sexually transmitted infections (STIs), and HIV prevention efforts.

It is common for policymakers, educators, administrators, and society at large to be unpersuaded by explanations of the social-ecological causes of teen pregnancy and parenting (e.g., systems of oppression, socioeconomic status) and be more prone to assign blame to young parents for personal failings. Numerating “costs” in the public policy sphere is a stigmatizing technique used—often by well-intentioned advocates—to argue for the need to prevent teen pregnancy. While there may be key audiences (e.g., some policymakers) for whom an argument for teen pregnancy prevention based on economic savings may be persuasive, we must be cautious and strategic in its use, or we risk damage to young families (SmithBattle, 2013; SmithBattle, 2012; Wiemann et al., 2005).

Moreover, cost arguments about teen parenting operate on a disease prevention theory; teen pregnancy or parenting is not a disease in need of treatment. Rather, it is a fact of life affecting a small number of U.S. youth and their families annually. Programs to support young families should not be considered something extra; rather, these services provide the kinds of supports many adolescents and young adults—regardless of parenting status—are already receiving from their families.

Like most parents, young parents are extremely motivated to be good parents and provide financially for their children. Young parents who are students and had previously become disengaged from school often find the responsibilities of parenthood motivate them to seek high school completion. Yet beyond broader, societal-level negative messaging, young people who are pregnant and parenting face further stigmatization and isolation in school. Title IX of the Education Amendment of 1972 (“Title IX”) is a law that prohibits educational discrimination in schools that receive federal funds, including discrimination based on pregnancy or parenting status. Schools can and must ensure their compliance with Title IX by instituting equitable policies, informing the school community about the rights of students who are pregnant and parenting, and establishing supporting structures that help young parents—both mothers and fathers—stay in and succeed in school (Healthy Teen Network, 2017).

Stigmatizing, isolating, or violating the constitutional rights of young people who are pregnant or parenting infringes on human rights. As is so eloquently stated by California Latinas for Reproductive Justice, young people have the “right to self-determination and bodily autonomy, including their decisions about whether or not to become parents, as well as the right to parent the children they have within a supportive environment” (Justice for Young Families, 2017). Young parents quickly realize that an education and a career are necessary in order to provide for their children, and with the right supports, they complete high school and eagerly seek further education or training. With help from their families, other caring adults, and public and private asset-building resources and services, young parents can avoid some of the challenges they might otherwise face.

## Supporting Information

### *Young People Who Are Pregnant or Parenting Are a Priority Population with Unique Needs*

Teen births in the United States have been declining over the past two decades, with an all-time low of 22.3 per 1,000 women, ages 15-19 years old, in 2015 (Martin, Hamilton, Osterman, Driscoll, & Matthews, 2017), though disparities persist among marginalized populations. Moreover, almost 20% of teen pregnancies in the United States are rapid repeat pregnancies (i.e., those occurring within 12-24 months of the previous pregnancy outcome), and 25%, or one in four adolescent mothers will become pregnant again within 24 months (Hamilton et al., 2015).

Rapid repeat pregnancies increase the likelihood of adverse outcomes for adolescent mothers and their children, including premature and low weight births, inadequate prenatal care, and school dropout, as well as, increases potential for poverty and prolongs welfare dependence (Klerman, 2004; Partington, Steber, Blair, & Cisler, 2009; Gavin, Warner, & O’Neill, 2013).

Young mothers and fathers face multiple challenges in ensuring the well-being of themselves and their babies. Subsequent pregnancies can add to the difficulty of graduating from high school (Koniak-Griffin, Lesser, Nyamathi, Uman, & Cumberland, 2003) and can exacerbate poor health outcomes for both mother and child (Klerman, 2004; Pinzon & Jones, 2012). Young parents are less likely to attain their educational goals (Perper, Peterson, & Manlove., 2010), achieve economic stability, rise above the poverty line (Hotz, McElroy, & Sanders, 2005), display strong parenting skills (McLoyd, 1990; Osofsky, Hann, & Peebles, 1993; Coll, Vohr, Hoffman, & Oh, 1986; McAnarney, Lawrence, Ricciuti, Polley, & Szilagyi, 1986; Cornelius, Goldschmidt, Willford, Leech, Larkby, & Day, 2009), or have healthy pregnancies and births (Ketterlinus, Henderson, & Lamb, 1990; Cornelius et al., 2009; Gai & Feng, 2012).

Youth who are pregnant or parenting also face challenges that may lead to social isolation and depression (Hudson, Elek & Campbell-Grossman, 2000). Adolescent mothers experience significantly higher rates of depression (prenatal and postpartum) compared to non-pregnant adolescents and adult mothers (Hodgkinson, Colantuoni, Roberts, Berg-Cross, & Belcher, 2010). This population is also at higher risk for intimate partner violence, compared to older mothers; pervasive violence during childhood can contribute to teen pregnancy, and young mothers who experience interpersonal violence may become more isolated (Bekaert & SmithBattle, 2016). Young parents suffering from depression experience decreased confidence in their ability to parent and decreased perceived maternal support (Cox, Buman, Joseph, Mitchell, & Woods, 2008; Kim, Connolly & Tamim, 2014). Some research also suggests that parental stress may contribute to maternal depression and adverse child development (Huang, Costeines, Kaufman, & Ayala, 2014).

Listed together, these statistics paint a negative picture. However, young parents want to be good parents and many are, but they often need supports and services to do so. Many organizations and professionals want to meet the needs of young parents but are unsure how to prioritize their needs and develop the necessary supports and services. A holistic approach that addresses environmental factors, or social determinants of health, is necessary to support and empower young parents, as they are affected by the environment and factors around them.

### ***Young People Who Are Pregnant and Parenting Benefit from a Holistic, Comprehensive Approach***

With support and resources, young parents and their children can thrive. In fact, what supports and empowers young families is not so very different from what helps all families thrive. It is critical to recognize the *social determinants of health*—the factors that shape one’s long-term physical, mental, emotional, and social health and well-being—to meet the needs of young families; these are factors such as access to quality education and health services, life goals and aspirations for the future, or healthy relationships (WHO, 2008; Healthy Teen Network, 2014). Moreover, young parents who are a member of a racial or ethnic minority group, such as African American, Latinx, or American Indian—especially those living in poverty—face additional complex adversities that impact their outcomes; social determinants of health are mostly responsible for these health disparities (WHO, 2015).

Health promotion, or a holistic approach Healthy Teen Network calls *Youth 360°*, helps to achieve positive health and well-being for all youth. How and where youth live, learn, and play matters (Healthy Teen Network, 2014). *Health promotion* is an approach that enables people to increase control over and improve their health, while also moving beyond a focus on individual behavior to a wide range of social and environmental interventions (WHO, 2015). This approach is grounded in the *social-ecological health promotion model* (Figure 1), a theory-based framework that demonstrates that behavior is the result of knowledge, values, and attitudes, as well as social influences, including the family, peers, and other people with whom we associate and the schools, communities, and larger society in which we belong (Bronfenbrenner, 1994). A Youth 360°, or health promotion approach, fosters the positive development of all young people, including affirming young families, to ensure equity and support and empower to them to lead healthy and fulfilling lives.

## References

- Bekaert, S., & SmithBattle, L. (2016). Teen mothers' experience of intimate partner violence: A Metasynthesis. *Advances in Nursing Science*, 39(3), 272–290. <https://doi.org/10.1097/ANS.000000000000129>
- Bronfenbrenner, U. (1994). Ecological models of human development. *Readings on the Development of Children*, 2(1), 37-43.
- Coll, C. G., Vohr, B. R., Hoffman, J., & Oh, W. (1986). Maternal and environmental factors affecting developmental outcome of infants of adolescent mothers. *Journal of Developmental & Behavioral Pediatrics*, 7(4), 230-236.
- Cornelius, M., Goldschmidt, L., Willford, J., Leech, S., Larkby, C. & Day, N. (2009). Body size and intelligence of 6-year-olds: are offspring of teenage mothers at risk? *Maternal Child Health Journal*, 13, 847-856.
- Cox, J. E., Buman, M., Valenzuela, J., Joseph, N. P., Mitchell, A., & Woods, E. R. (2008). Depression, parenting attributes, and social support among adolescent mothers attending a teen tot program. *Journal of pediatric and adolescent gynecology*, 21(5), 275-281.
- DeVito, J. (2007). Self-perceptions of parenting among adolescent mothers. *The Journal of Perinatal Education*, 16, 16- 23.
- Gavin L, Warner L, O'Neill ME, et al. (2013, April 05). Vital signs: Repeat births among teens — United States, 2007–2010. *MMWR Morb Mortal Wkly Rep* 2013; 62:249. Available from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6213a4.htm>
- Hamilton, B.E., Martin, J.A., Osterman, M.J.K., Curtin, S.C., & Matthews, T. J. (2015). Births: Final data for 2014. *National Vital Statistics Reports*, 64(12), 1-64. Retrieved from [www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_12.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_12.pdf)
- Healthy Teen Network. (2014). Youth 360°. How & where healthy youth live, learn, & play: The social-ecological health promotion model & social determinants of health. Baltimore, Maryland: Banikya-Leaseburg, M., Desiderio, G., Garrido-Fishbein, M. & Martínez-García, G. Available from <http://www.healthyteennetwork.org/resources/tip-sheet-youth360>
- Healthy Teen Network. (2017). Position statement: Educational equity for young people who are pregnant or parenting. Baltimore: Author. Available from <http://www.healthyteennetwork.org/resources/position-statement-educational-equity-young-people-pregnant-parenting/>
- Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2014). Addressing the mental health needs of pregnant and parenting adolescents. *Pediatrics*, 133(1), 114-122.
- Hodgkinson, S. C., Colantuoni, E., Roberts, D., Berg-Cross, L., & Belcher, H. M. (2010). Depressive symptoms and birth outcomes among pregnant teenagers. *Journal of Pediatric and Adolescent Gynecology*. 2010;23(1):16–22.
- Huang, C. Y., Costeines, J., Kaufman, J. S., & Ayala, C. (2014). Parenting stress, social support, and depression for ethnic minority adolescent mothers: impact on child development. *Journal of child and family studies*, 23(2), 255-262.
- Hudson, D. B., Elek, S. M., & Campbell-Grossman, C. (2000). Depression, self-esteem, loneliness, and social support among adolescent mothers participating in the new parents project. *Adolescence*, 35(139), 445-454.
- Gai, Y. & Feng, L. (2012). Effects of federal nutrition program on birth outcomes. *Atlantic Economic Journal*, 40(1), 61–83.
- Garcia, K. & Chaudhry, N. (2017). Let her learn. Stopping school pushout for girls who are pregnant or parenting. Washington, DC: National Women's Law Center. Available from <https://nwlc.org/let-her-learn/>
- Hotz, V. J., McElroy, S. W., & Sanders, S. G. (2005). Teenage childbearing and its life cycle consequences. *The Journal of Human Resources*, XL (3), 683–715.
- Justice for Young Families Initiative. (n.d.). Retrieved September 29, 2017, from <http://www.californialatinas.org/our-work/justice-for-young-families-initiative/>

- Ketterlinus, R., Henderson, S., & Lamb, M. (1990). Maternal age, sociodemographics, prenatal health and behavior: Influences on neonatal risk status. *Journal of Adolescent Health Care*, 11, 423– 431.
- Kim, T. H., Connolly, J. A., & Tamim, H. (2014). The effect of social support around pregnancy on postpartum depression among Canadian teen mothers and adult mothers in the maternity experiences survey. *BMC pregnancy and childbirth*, 14(1), 162.
- Klerman, L.V. (2004). Another chance: Preventing additional births to teen mothers. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Koniak-Griffin, D., Lesser, J., Nyamathi, A., Uman, G., Stein, J. A., & Cumberland, W. G. (2003). Project CHARM: An HIV prevention program for adolescent mothers. *Family and Community Health*, 26, 94-107.
- Little, T., Henderson, J., Pedersen, P., & Stonecipher, L. (2010). Perceptions of teen pregnancy among high school students in Sweet Home, Oregon. *Health Education Journal*, 69, 333-343.
- Martin, J. A., Hamilton, B. E., Osterman, M. J., Driscoll, A. K., & Mathews, T. J. (2017). Births: Final Data for 2015. *National vital statistics reports: from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System*, 66(1).
- McAnarney, E. R., Lawrence, R. A., Ricciuti, H. N., Polley, J., & Szilagyi, M. (1986). Interactions of adolescent mothers and their one-year-old children. *Pediatrics*, 78(4), 585-590.
- McLoyd, V. (1990). The impact of economic hardship on black families and children: Psychological distress, parenting and socioemotional development. *Child Development*, 61, 311–346.
- Osofsky, J. D., Hann, D. M., & Peebles, C. (1993). Adolescent parenthood: Risks and opportunities for mothers and infants. In C. H. Zeanah (Ed.), *Handbook of infant mental health* (1st ed., pp. 106-119). New York: Guilford.
- Partington, S. N., Steber, D. L., Blair, K. A., & Cisler, R. A. (2009). Second births to teenage mothers: Risk factors for low birth weight and preterm birth. *Perspectives on Sexual and Reproductive Health*, 41(2), 101-109. doi:10.1363/41110109
- Perper, K., Peterson, K., and Manlove, J. (2010). Diploma attainment among teen mothers, 2010. *Child Trends*, Fact Sheet: Washington, DC. Available from [http://www.childtrends.org/Files/Child\\_Trends-2010\\_01\\_22\\_FS\\_DiplomaAttainment.pdf](http://www.childtrends.org/Files/Child_Trends-2010_01_22_FS_DiplomaAttainment.pdf)
- Pinzon, J. L., & Jones, V. F. (2012). Care of Adolescent Parents and Their Children. *Pediatrics*, 130(6). [doi.org/10.1542/peds.2012-2879](https://doi.org/10.1542/peds.2012-2879)
- SmithBattle, L. (2012). Moving policies upstream to mitigate the social determinants of early childbearing. *Public Health Nursing*, 29: 444–454. [doi.org/10.1111/j.1525-1446.2012.01017.x](https://doi.org/10.1111/j.1525-1446.2012.01017.x)
- Smithbattle, L. I. (2013). Reducing the stigmatization of teen mothers. *MCN, The American Journal of Maternal/Child Nursing*, 38(4), 235-241. [doi.org/10.1097/NMC.0b013e3182836bd4](https://doi.org/10.1097/NMC.0b013e3182836bd4)
- Wiemann, C. M., Rickert, V. I., Berenson, A. B., & Volk, R. J. (2005). Are pregnant adolescents stigmatized by pregnancy? *Journal of Adolescent Health*, 36(4). [doi.org/10.1016/j.jadohealth.2004.06.006](https://doi.org/10.1016/j.jadohealth.2004.06.006)
- World Health Organization. (2015). Health promotion. Available from [www.who.int/topics/health\\_promotion/en/](http://www.who.int/topics/health_promotion/en/)
- World Health Organization. (2008). Commission on Social Determinants of Health Closing the gap in a generation Health equity through action on the social determinants of health. Geneva: WHO.

Healthy Teen Network © 2018

1501 Saint Paul Street | Suite 124 | Baltimore, MD 21202 | 410.685.0410

[www.HealthyTeenNetwork.org](http://www.HealthyTeenNetwork.org)