Addressing Macro Perspectives Of Societal Influences In Relation To Teenage Pregnancy By The Professional Through The Nursing Profession Essay, Research Paper

ADDRESSING MACRO PRESPECTIVES OF SOCIETIAL INFLUENCES IN RELATION TO TEENAGE PREGNANCY BY THE PROFESSIONAL THROUGH THE NURSING PROFESSION

?As your actions are informed by your awareness of values, your thinking and your ideas are shaped and changed by your experiences with those actions (Chinn, 1995, p. 3).?

As a nursing professional, addressing the cause and not the symptoms of societal concerns in relation to teenage pregnancy would be the ideal. In order for a profession to evoke transition in this or any aggregate, it is important for that profession to correlate those macro perspectives, which influence poor lifestyle choices and how these choices may be approached in a health promotion perspective. It is the intent of this dissertation to relate current statistical information, some societal factors involved in the increased numbers of teenage pregnancy, and the nursing implications to this issue.

Despite education about birth control and the negative connotations in regards to procreation in the adolescent, the number of teenage pregnancies in the United States are very significant. According to the National Campaign to Prevent Teenage Pregnancy that approximately one million teenage girls between the ages of 15 and 19 get pregnant each year in the

United States and that nearly eighty percent (80%) of these pregnancies are to unmarried teens. Move than one half of teen pregnancies end in birth and fewer teens choose abortion or adoption. In the United States, teen pregnancies contribute to at least $7 billion in cost and the United States is ranked as having the highest rate of teen pregnancy in the industrialized world (1998).

It has been noted that the educational success is significantly restrained by teenage pregnancy for both the teen and her child. Jane Manlove states that less than one-third of teens that begin families before the age of 18 ever complete high school and approximately fifty percent (50%) of teen mothers that had quit school did so before becoming pregnant and the other half dropped out after becoming pregnant. Children of teen parents often do worse in school and are fifty percent (50%) more likely to repeat a grade (1998).

With these statistics, the nursing professional addressing a macro perspective to the issue would need to look at what are some of the influences, which increase teenage pregnancy, specifically societal contributions. According to Nola Pender that health promotion involves strategies related to an individual lifestyle and personal choices made in a social context that have a strong influence over one?s own health expectations (1996). Keeping this ideal in mind and looking at

some areas which may be addressed are the higher numbers of teenage pregnancy linked to lack of education, self esteem uncertainties, lack of access to the health care delivery system, relationships pressures, and access to medical expulsions of unwanted pregnancies.

Looking at strategies to improve lack of education first, nurses should get involved in the political arena to develop and encourage referendums in legislative policies to get the needed education to the target population. This should be accomplished at the local, state, and national levels to encompass that macro perspective. Nursing professionals must maintain that professional status by presenting themselves as an advocate for those aggregates in order to be recognized as an entity in support of their needs.

School nursing is another venue where the community needs should be assessed and addressed. According to Jennifer Frost and Jacqueline Darroch that school based programs geared towards the sexual education of teens provide a natural laboratory for attempts to change adolescent behaviour and efforts to document change. Students are a captive audience for the intervention and can usually be re-interviewed one or more years after the intervention without too much difficulty (1995). This research

area may provide valuable information, which may be passed on to verify the need for this aggregate.

The second societal influence to be addressed pertains to that of self-esteem uncertainties. Many young females have reported the rationales behind their pregnancies at such a young age to be related to a lack of self-esteem. Lack of self-esteem have been related to feeling of being unloved by family members or significant others, inferiority complexes, misunderstanding the female/male teenage role related to parenthood, and a means of being in control of circumstances they have not been able to control in their own lives.

In a study conducted by Cynthia Connelly, she determined that low self-esteem factors were present prior to pregnancy and once the teen became pregnant, self-esteem was heightened (1998). Although this study was limited to obtaining data during the gestational period of the sample group, it indicates an area in which the nursing professional may develop appropriate and effective therapeutic interventions. Lois Bolden and Barbara Williams found in a study of a measurement of self-esteem in pregnant teenagers that consideration of the self-esteem of pregnant teenagers will enhance the nurses’ assessment and intervention with this vulnerable population (1995). Nursing needs to bring about more research to determine

what specific interventions provide the best results to address the societal influences on these self-esteem considerations, as well as the familial implication, which impress teenagers in decision making.

Third, when pursuing the nursing implications which apply to the lack of access to the healthcare delivery system, the political arena is an effective means to invoke changes in the organizations which direct and govern the availability to specific aggregates. According to Ellen-Marie Whelan that community-based nursing can maximize primary care and that lack of access to healthcare use fewer health services and have worse health outcomes (1995). School nursing, family planning centers, and advanced nurse practitioners may gather information to support the need of this aggregate. Nursing research could help to influence where the community has a need for an increase in healthcare facilities, organizations, and/or funding.

Forth, the issue of relationship pressures may also be looked at from a nursing perspective. The transition from adolescent to adult is trying to say the least and with little or no information to justify the feelings during this developmental stage, role confusion is highly likely. The male desires to be a man and all that this entails, and visas versa for the female. Sandra Hewell and Janet Andrews state that

adolescents? difficulty in decision making and tend to have a personal fable that protects them from negative events. This fable interferes with the adolescent?s ability to think in the long term and avoid risky behaviour (1996).

Getting out into the community to present information related to education would be ideal for the nursing professional. Again, school nurses should make themselves accessible to this age group to have their needs met. Healthcare organizations can be made aware of the need in communities to address these factors and to encourage health promotion and prevention at all developmental age levels.

Finally, the issue of medical treatment in regard to unwanted teenage pregnancies is a heated topic and there are two basic perspectives, that is: for or against. But one should view teenage pregnancy on the macro level. For the nursing professional, this means individuals should understand that this particular topic is a symptom to a much greater condition, and that being teenage pregnancy. Individuals need to understand the societal influences, which have created the pregnancy in the first place, that being many of the same issues previously addressed (i.e. lack of education, self-esteem uncertainties, lack of access to the healthcare delivery system, and relationship pressures).

In conclusion, with the large statistical numbers pointing to teenage pregnancy, the nursing professional could make an impact by addressing those societal influences at the macro level. According to Ann Tomey and Martha Alligood that nursing in Betty Newman?s systems model is concerned with the whole person, meaning all the variables affecting an individuals response to stress and that the caregiver as well as the client?s perception must be assessed (1998). One should keep in mind the goal of Healthy People 2000/2010 and develop a means to promote health lifestyle for teens, as well as the individuals who have access to the healthcare system through acute/chronic health alterations. Teenagers are an aggregate not to be forgotten by the nursing professional and there are many arena in which teenagers needs may be addressing. Promote education in the homes, in the schools, in the communities, in the government, and in the healthcare system. Do not be silent.

Bolden, L. & Williams, B. G. (1995). A measurement of self-

esteem in pregnant teenagers. Clinical Nursing Research. [Online]. Available: EBSCO,http://webnf2.epnet.com/ fulltext.asp?resultSetId=R00000001&hitNum=3&booleanTerm=nursing%20AND%20teenage%20pregnancy&fuzzyTerm=. October 23, 2000.

Chinn, P. L. (1995). Peace and power: Building communities

for the future (4th ed.). New York: National League of Nursing Press.

Connelly, C. D. (1998). Hopelessness, self-esteem, and

perceived social support among pregnant and nonpregnant adolescents. Western Journal of Nursing. [Online]. Available: Proquest, http://proquest.umi.com/Pqdweb? TS=973745335&RQT=309&CC=1&Dtp=1Did=000000028288568&Mtd=1&Fmt=4. October 23, 2000.

Frost, J. J. & Darroch, J. (1995). Understanding the impact of

effective teenage pregnancy prevention programs. Family Planning Perspectives. [Online]. Available: Proquest, http://proquest.umi/pqlink?Ver=1&Exp= 11-13-2000&FMT=FT& DID=7718018&REQ=1&Cert=i3c1q99%2ftj. November 12, 2000.

Hewel, S. W. & Andrews, J. L. (1996). Contraceptive use among

Female adolescents. Clinical Nursing Research. [Online].

Available: Proquest, http://proquest.umi/pqlink?Ver=1&Exp= 11-13-2000&FMT= TG&DID=10008587&REQ=1&Cert=gMDzeaHR. November 12, 2000.

Manlove, J. (1998). The influence of high school dropout and

school disengagement on the risk of school-age pregnancy. Journal of Research on Adolescence, 8, (2), 187-220.

The National Campaign to prevent Teen Pregnancy. (1998).

Whatever happened to childhood? The problem of teenage pregnancy in the United States. Washington, DC.

Pender, N. J. (1996). Health promotion in nursing practice(3rd

ed.). Stamford, CT: Appleton & Lange.

Tomey, A. M. & Alligood, M. R. (1998). Nursing theorists and

their work (4th ed.). St. Louis: Mosby (pp. 267-284).

Whelan, E. (1995). The health corner: A community-based

nursing model to maximize access to primary care. Public Health Reports. [Online]. Available: EBSCO,http://webnf2 epnet.com/fulltext.asp?resultSetId= R00000001&hitNum=2& booleanTerm=nursing%20AND%20teenage%20pregnancy&fuzzyTerm=. October 23, 2000.