

**Vulnerable Populations: Pregnant Teenagers within the United States**

Author's Name

University's Name

Course Name

Instructor's Name

Date



MYCUSTOMESSAY

## **Vulnerable Populations: Pregnant Teenagers within the United States**

Teen pregnancy has been identified as a social and public health problem since the 1970s (Smithbattle, 2018). Once teenage pregnancy was highlighted as an issue within the United States, advocacy groups, public health agencies, and other institutions worked together to promote the use of contraceptives and educate adolescents about the dangers of unprotected sexual activity at their ages (Smithbattle, 2018; Office of Population Affairs, n.d.b.). The rest of this short paper will identify the difficulties this vulnerable population group experiences whenever they live their lives as parents and individuals with a variety of health risks. This paper will also evaluate how the healthcare system interacts with this population and works to meet their needs despite the barriers that often inhibit them.

### **Method**

The information for this paper was found by doing a keyword search on Google Scholar. The keyword searches were “teenage pregnancy,” “pregnant teens treatment,” and “counseling pregnant teens.” The keyword search limited the timeframe of articles to anything published after 2017. This was done to ensure the relevance and timeliness of the data provided. The only exception to this is the information found from HealthyPeople.gov (2013). The information from this website was found after doing a keyword search for “pregnant teens” on its internal search engine. This keyword search produced one result which was selected and used within the paper.

### **Results**

The keyword searches on Google Scholar produced a large amount of information. Even with the timeframe restrictions placed on the keyword searches, a myriad of articles relating to teenage pregnancy were produced. However, an initial review of the produced literature showed that many of the articles focused on pregnant teenagers located outside of the United States. This

required another group of keyword searches which specified that the information needed to focus on pregnant teenagers in the United States. The keyword searches for the second round of research were “pregnant teens United States” and “United States counseling pregnant teens.” The literature produced after these keyword searches was much more scarce. However, enough articles published within the desired time frame were found to begin working on the report about this vulnerable population.

## **Discussion**

### **Description of the Vulnerable Population Selected**

The percentage of teenagers who have sex in the United States has steadily decreased since 1988 (Office of Population Affairs, n.d.b, para. 1). However, this vulnerable population still experiences a variety of social, medical, and economic difficulties that makes it difficult for them to access the resources they need for them and their children to live healthy lives. Every year, American adolescents who engage in sexual activity account for almost half of the United States’ new cases of sexually transmitted infections and diseases (Office of Population Affairs, n.d., para. 1). Along with this, sexually active teenagers are more likely to use drugs like marijuana during their pregnancies, which can damage the development of the fetus (Volkow et al., 2017).

### **Contributing Factors to the Vulnerability**

While sexually active teenagers are at a higher risk of contracting sexually transmitted infections and diseases, this population group is also more susceptible to drug use and abuse during this age (Office of Population Affairs, n.d.b; Volkow et al., 2017). These risk behaviors and health conditions overlap with pregnant teenagers, as they are often subjected to a variety of socioeconomic risks as well. According to Hornberger (2017), pregnant teenagers are less likely

to be able to afford the prenatal care they need to have safe and successful pregnancies. Along with this, pregnant teenagers are much less likely to earn their high school diplomas by the age of 18 if they have a child (Hornberger, 2017). Finally, teenage mothers often receive public assistance to support themselves as individuals and parents. Because of this, they are much more likely to enter into poverty for an extended period of time due to their inability to support themselves financially and find employment that can provide enough income to help them raise their children with a lower level of education (Hornberger, 2017).

### **Health Issue(s) Affecting the Vulnerable Population Selected**

Along with the aforementioned health issues, pregnant teenagers also suffer from domestic violence at a high rate (Healthy People, 2013). When elaborating, an article published by HealthyPeople.gov (2013) states that “[there] is a strong correlation between dating violence and teen pregnancy... [and] a high percentage of pregnant teens who report a history of dating violence” (para. 10). The actual act of childbearing can be a challenge for pregnant teenagers as well, as the Office of Population Affairs (n.d.a.) reports that teenagers experience multiple issues with their psychological and emotional health once they begin raising their children. One of the reasons why they suffer these damages is because adolescent mothers are still developing psychologically and emotionally (Office of Population Affairs, n.d.a.). Thus, as their development as individuals is still occurring, teenage mothers must also deal with being thrust into the economy and political system despite not being prepared to do so.

### **Implications for Health Promotion and Healthcare Delivery Systems**

Hornberger (2017) lobbies for pediatricians to take a more involved effort in the counseling of pregnant teenagers once it is discovered they are expecting. Pediatricians are often the first line of medical defense that pregnant teenagers encounter when they realize the major

decisions they are about to make. One of these decisions relates to whether or not they are going to keep their pregnancies in the first place (Hornberger, 2017). The medical issues that pregnant teenagers suffer from are sometimes compounded with negative social and family lives, and there are a growing number of organizations that are designed to help vulnerable populations with these issues. HealthyPeople.gov (2013) write that anti-domestic violence organizations work to help male and female victims of sexual assault and domestic violence. In this, there is still a growing need for professionals operating these organizations to become more knowledgeable about how to interact with teenage victims who become pregnant as a result of the violence they suffered (Health People, 2013). The advocacy for more services designed to help pregnant teenagers is done alongside the provision of traditional solutions such as sexual education and the provision of contraceptives (Office of Population Affairs, n.d.b.). While the provision of traditional remedies has led to a lower number of teenage pregnancies, the high number of cases shows that there is much more work to do to help this population address the risk behaviors which cause teenage pregnancy and makes life more difficult once the pregnancies occur.

### **Conclusion**

Pregnant teenagers have received attention from academic, social, and medical institutions since the 1970s. This is because the risk behaviors that cause teenage pregnancy can also lead to other socioeconomic and educational difficulties if pregnant adolescents do not change. While the personal behaviors and decision making of pregnant teenagers needs to be addressed, various institutions have recognized the need to introduce more psychological treatments and social solutions to help this population live healthy lives. Thus far, traditional solutions have helped decrease the number of teenage pregnancies within the United States.

However, research has recognized the need for pediatricians and social service organizations to do a better job of working in tandem with traditional healthcare providers.



**MYCUSTOMESSAY**

## References

- Healthy People. (2013, March 29). Healthy People 2020 at work in the community: Domestic violence prevention among refugees. *HealthyPeople.gov*.  
<https://www.healthypeople.gov/2020/healthy-people-in-action/story/healthy-people-2020-at-work-in-the-community-domestic-violence-prevention-among-refugees>
- Hornberger, L. L. (2017). Options counseling for the pregnant adolescent patient. *Pediatrics*, 140(3). <https://pediatrics.aappublications.org/content/pediatrics/140/3/e20172274.full.pdf>
- Office of Population Affairs. (n.d.a.). Challenges and consequences of teen childbearing. *United States Department of Health and Human Services*. <https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/challenges-and-consequences-teen>
- Office of Population Affairs. (n.d.b.). Reproductive health and teen pregnancy. *United States Department of Health and Human Services*. <https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy>
- Smithbattle, L. (2018). Teen mothering in the United States: Fertile ground for shifting the paradigm. In A. Kamp & M. McSharry (Eds.). *Re/Assembling the pregnant and parenting teenager: Narratives from the field(s)*, 75-103. Peter Lang.
- Volkow, N. D., et al. (2017). Marijuana use during stages of pregnancy in the United States. *Annals of Internal Medicine*, 166(10).  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6984759/>