

Teenage pregnancy: why is this important? essay sample

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Teen pregnancy is a critical public health issue that affects the health and educational, social and economic future of the mother and child. Teen pregnancy is also a significant factor in numerous other important social issues: welfare dependency, out-of-wedlock births, responsible fatherhood and workforce development are all of particular concern (Measuring, 2012). Adolescents are less likely to seek out prenatal care because they are afraid, embarrassed, or unaware of the resources available to them. This lack of prenatal care, coupled with the mother's usually immature physical development, result in higher rates of low-birth weight babies than in other age groups. As the offspring of adolescent mothers grow, they are more apt than other children to have health and cognitive problems and to be the victims of neglect or abuse (Measuring, 2012). Identifying the priority health problem/issue and analyzing that problem/issue is often the catalyst that enables services to have a reorientation into care delivery from being institutionally focused to addressing the population's need. Identifying a number of worthy needs can make determining the health priority the most difficult task of this process, particularly as limited resources necessitate prioritization.

Despite various criteria having been put forward to assist prioritizing health problems, there is still a need for decision makers to subjectively determine where to direct healthcare resources. The PRECEDE-PROCEED Model endeavors to address this limitation (Phillips, Rolley & Davidson, 2012). The purpose of this paper is to demonstrate the applicability of the PRECEDE-PROCEED Model to the development of specific care interventions for one particular population: teen parents in Virginia. The PRECEDE-PROCEED Model

provides guidance for planning at the macro level: what behaviors to target, what resources to tap, how to mobilize the community (Sharma & Romas, 2012). The PRECEDE-PROCEED model is by far the most popular and most researched model in the field of health promotion and health education. It has been in existence for decades, and professional health educators are familiar with this model. It is very comprehensive and covers all areas of planning. The initiation of the model utilizes community inputs and participation (Sharma & Romas, 2012).

The Model calls for a deductive approach to assessing populations unmet needs. In the state of Virginia, there are several factors that influence teen pregnancy rates. Young women may be at higher risk for teen pregnancy if they: use alcohol and/or other drugs, drop out of school, lack involvement in school/family/community, perceive little or no opportunity for success, live in a community or attend a school where early childbearing is common, grow up under impoverished conditions, have been victims of sexual abuse/assault, have a mother aged 19 or younger when she gave birth, or began dating at age 12 years old (Measuring, 2012). Virginia works to deliver access to and availability of: family-planning services, children's access to primary care providers, mental health and substance abuse services, adolescent well-care visits, pediatric mental health services and chemical dependency services.

Virginia's efforts are based on the core idea that preventing teen pregnancy should be approached not only as a reproductive health issue, but one that incorporates all of the social ramifications involved. If more children in

Virginia were born to parents who are ready and able to care for them, we would see a significant reduction in a host of social problems, from school failure and crime to child abuse and neglect (Measuring, 2012). Applying the eight phases of the PRECEDE-PROCEED Model, calls for an approach of assessing the populations unmet need. In the first phase, a focus group discussion, with the target audience for social assessment, i. e. identification the target audience (teen parents). The second phase would be for the collection of data from the county, statewide and national health data, i. e. teen pregnancy rates and also during this phase consideration should be given for activities to ensure unwanted pregnancies do not occur. The third phase, educational and ecological assessment, a selection of predisposing factors of knowledge about benefits of not becoming a teen parent.

In the fourth phase of administrative and policy assessment, obtain a venue and prepare literature and speakers for a health education fair, abstinence teaching and youth counseling services offerings. In the fifth phase, program implementation, roll out of the programs and services listed in the fourth phase. The sixth phase, process evaluation, would incorporate an information survey form completed by participants. In the seventh phase, impact evaluation, a comparison could be done of the attitudes/thoughts of participants prior to the interventions and after the interventions. The eighth phase, outcome evaluation, can only be done when the program is long in duration (Sharma & Romas, 2012). The best way to evaluate the outcome would be a reduction in the teen pregnancy rate.

The PRECEDE-PROCEED Model addresses many of the high risk factors listed earlier. This model demands that an inclusive process as opposed to tokenism is utilized, which ensures the active involvement of local communities and consumers in identifying, prioritizing and responding to these needs. The Model challenges health services to change practices and prevents reinforcing a potentially dysfunctional status quo in service or program delivery. It enhances the acceptability of interventions by enabling health professionals to develop improvements that act on factors that are not only important but also amendable to the change (Phillips, Rolley & Davidson, 2012).

References

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