have a 'head-start' in preparing for parenthood. Nonetheless, some young people who become pregnant intentionally may have unrealistic expectations of the realities and responsibilities of parenthood.

A minority of the sample openly regretted the decision to become pregnant. Worsening finances and housing, isolation and the sheer hard work were overwhelming for some. Sharing their feelings with their parents was impossible for many young people make better-informed decisions.

Nonetheless, it is recognised that many young people interwoven with the concept of 'planned' pregnancy as a high rational decision. With negative experiences in their childhood and background of low achievements in secondary education, the young people were not prepared for the better, becoming a young parent was perceived (or lie to be) highly to be a positive influence in their lives.

Conclusions

The concept of 'planned' pregnancy in young people has rarely been explored in research. Where decisions in relation to pregnancy have been explored, these have mostly been following conception. A key conclusion drawn from this study is that 'planned' pregnancies, among people as young as 13, do exist in this country. This evidence supports those studies that also report 'planned' pregnancies among teenagers (Kiernan, 1995; Wellicome et al., 2001, 2003; Barrett et al., 2004), and provides the richest data to date by using a one-to-one, in-depth qualitative methodology.

This study shows that 'planned' teenage pregnancy has different motivating factors. It is clear that many of the young parents thought that they had effectively improved their lives, by becoming independent, gaining a sense of purpose, escaping poor family circumstances, and seizing a chance to right the wrongs of their own childhood. However, this research also acknowledges young people’s accounts of the challenges involved.

Given the disadvantaged childhood and background and circumstances to the majority of the sample, the decisions to become a teenage parent were seen by them to be a reasonably rational. Pregnancy and parenthood offer these young women a chance to change their life for the better. Using alternative rational decisions of changing their lives, such as education, training or employment, pregnancy is seen as an option totally within their own control. Where they reflect, the vast majority were most ashamed that pregnancy had been the right decision at this time in their lives.

The policy context in England surrounding teenage pregnancy is oriented towards the prevention of unwanted pregnancy, partly due to the lack of knowledge and evidence regarding the existence and reasons for 'planned' pregnancy. Given that around one-third of all teenage pregnancies result in termination (CNS, 2005), it is clear that a disproportional share of these conceptions were initially unintended. However, this research has reported evidence of 'planned' pregnancies and has highlighted the often rational, conscious decisions at work. Of the two-thirds of conceptions that do result in pregnancy, it is simply not possible to determine the proportion that was originally 'planned' or 'unplanned'.

This research casts some doubt on the argument posed in the Teenage Pregnancy Strategy that, 'in practice, the first conscious consideration that many young couples make is that their pregnancy is whether to have an abortion or to continue with the pregnancy' (JRF, 2005: p.29). For the teenagers in this research, it appears that decisions around pregnancy occurred prior to conception. In addition, from this and other policies, it is reasonable to conclude that the issue of intended or 'planned' teenage pregnancy has not received sufficient attention or recognition. This research provides a starting point for young people’s issues and experiences around ‘planned’ teenage pregnancy to be heard.

At the very least, the experiences of those young women who were ‘planning’ their pregnancies as teenagers need to be given a voice by practitioners working with such groups. These practitioners will include youth workers, Connexions PAs, health visitors, social workers and medical health visitors who work closely with you people before conception, as well as teenage pregnancy co-ordinators, sexual health and young people's health nurses, and voluntary sector organizations and community groups who work with young people before conception as teenagers are planning for becoming even with teenagers as well as for the prevention of teenage pregnancy.

Finally, it is important to suggest further research to whether teenagers who have planned their pregnancy should be considered a problem for today’s society. The following quote gives the reader some food for thought: ‘When a girl at 17 decides to get pregnant and have a baby, there is no tragedy of lost opportunity other than the local chequebook. If waiting for her low-paid labour. Why is it that in Labour’s manifesto against teenage pregnancy, there is no recognition that some of these teen mums are making reasonable - even moral - decisions about when they want to have a child? Was it just a case of opting for baby and motherhood over shelf-stacking ever become a tragedy? So, let’s just call a spade a spade and the government down to that for wanting to reduce teenage pregnancy, but they are not to do with lost opportunities. They are more likely to do with the extra costs to the state of the support to ensure these vulnerable young mothers and does a good job of parenting their children. The government might, quite rightly, want to tackle young people’s inter-generational cycles of poverty, but the key to that is educational aspiration; teenage pregnancy is only a consequence of its absence.’

References


Wellicome, K., Novatchka, K., Macdonell, W., M’Wen, R., and others (2001). Teenage pregnancy awareness: evidence for prevention in London. London School of Hygiene and Tropical Medicine, UCL.

Wellicome, K. et al. (2003). Teenage Pregnancy Prevention Strategy Evaluation: Annual Synthesis Report, No. 2. London: London School of Hygiene and Tropical Medicine, UCL and BMPR.


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Laura Sully and Patricia Conrod

An innovative approach to the prevention of substance misuse, emotional problems and risky behaviour in adolescence

Substance misuse is one of the most pressing issues we need to address to prevent young people developing mental health problems. Substance misuse is not just linked to the harms in the short term, but also linked to various long-term harms. The issues of mental health and substance misuse are growing in importance and there is a growing need to address them.

Khean is a 14 year old boy from a multi-cultural background. He spends much of his time at school in informal education and has been excluded on many occasions. He can be very emotional and often reacts to situations in a verbally or physically aggressive manner. These unpredictable outbursts not only disrupt teaching and other pupils, but make people feel frightened of him. Outside of school, Khean is a member of a gang and reports using alcohol and cannabis and often getting into fights. What can schools do to help Khean in this climate of pressure to focus on academic needs, rather than emotional and behavioural needs combined with limited resources?

Khean’s story is not unique. However, there are children and young people all over the country who are struggling with issues related to substance misuse and risky behaviour. What is needed is a more comprehensive approach to the challenges faced by young people who are struggling with these issues.

Substance misuse and other risky behaviours are increasingly an issue among adolescents, with mounting focus on the rise in binge drinking. There is very little research to guide work in the UK, with the focus more often on drug education than intervention. Moreover, when interventions are introduced, they are aimed at the young people where problem behaviour has already begun. Schools tend to adopt a universal approach to drug education where all students are exposed to the information that alcohol and drugs are not linked to alcohol and drugs. Universal approaches such as these have been found to have little or no effect on substance use amongst adolescents (see Foxcroft, Ireland, Lister-Sharp, Lowe & Browe, 2002 for a review). Interventions need to be more personally relevant and targeted at those most at risk, preferably before problems begin.

A novel approach

The Prevente programme does this. It is a novel approach which aims to reduce risk taking behaviour by targeting personality factors which are known risk factors for early onset substance misuse and other risky behaviours. Therefore, adolescents are identified and treated, with the aim to prevent or intervene early enough before adolescents engage in risky behaviours and/or these behaviours become problematic.

Impulsivity (IMP)

IMP refers to the tendency to speak or act before thinking through. Negative Thinking (NT)

NT refers to tendency to look at things negatively and often experience feelings of hopelessness.

The four personality factors have been identified as risk factors for substance misuse that are associated with different drinking patterns and motives of drinking as well as a vulnerability to different mental disorders (Conrod, Flisher, Stewart & Dongier, 2008a). For example, individuals with a sensation seeking personality are more disinhibited and use substances for enhancement motives. For these individuals, a situation is enhanced when they are high on drugs or alcohol and therefore, the substance has positive reinforcing properties (Cooper, Flisher, Russell & Mudraz, 1995; Flisher & Peterson, 1995). Conrod et al (2004a) found sensation seeking to be related to alcohol use disorders and Impulsivity to anti-social personality disorder, alcohol abuse and substance misusing conduct disorder.

In contrast, anxiety sensitivity and negative thinking/hopelessness are associated with higher risk of substance misuse disorders and hopelessness.

Anxiety Sensitivity (AS)

AS refers to the tendency to be highly sensitive to bodily sensations when experiencing anxiety and feel overwhelmed by these sensations.

Sensation Seeking (SS)

SS refers to the tendency to seek out excitement and crave fun.
substances, such as alcohol, have anxiety reducing effects which are particularly reinforcing for individuals with high levels of anxiety.

From these studies, it can be seen that targeting those most at risk of substance misuse and risky behaviour by intervening at the early level of prevention has been the most effective method of positive motivational and coping skills training material.

The sessions are in group format (one pair in PRUs due to higher need) and are interactive to promote peer involvement and sharing of examples as this has been shown to be the most effective design for interventions (Tobler, et al., 2000). They contain scenarios taken from real life examples and were developed with input from adolescent focus groups to ensure they are relevant for youths.

Cognitive-behavioural techniques are used to combat maladaptive thinking (e.g. thinking errors) and coping skill deficits and motivational interviewing techniques are employed to assist in making the individual responsible for their own addictive behaviors.

The focus of the class is on helping students develop skills in coping with personal problems (e.g. anxiety, stress, conflict, coping with other people) and in becoming more interested in making the best use of the time they have left to live. An additional focus of the class is on helping students learn to use their time effectively.

The students are taught to be able to use their own resources to help them cope with their problems and to develop their own coping strategies. The students are encouraged to develop their own coping strategies and to use them in situations where they need them.

A number of factors influence the effectiveness of these interventions, including the quality of the interactions between the students and the instructors, the level of support and feedback provided to the students, and the extent to which the students are able to apply the strategies they learn to their own lives.

The Preventive Interventions for Adolescents (PIA) program is a comprehensive, multi-component, multi-level strategy designed to reduce substance misuse and risky behavior among youth. The program is based on a community-based, ecological approach to prevention that recognizes the importance of multiple levels of prevention (primary, secondary, and tertiary) in addressing the complex problem of substance misuse and risky behavior.

The program has been evaluated in a number of randomized controlled trials and has shown positive effects on a range of outcomes, including reduced substance use, decreased risky behavior, and improved academic and social functioning. The program has been implemented in a variety of settings, including schools, community agencies, and clinics.

In summary, the Preventive Interventions for Adolescents (PIA) program is a promising approach to reducing substance misuse and risky behavior among youth. Further research is needed to better understand the mechanisms by which the program works and to determine which components of the program are most effective.

References

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