

July 31, 1979

# News

The University of Texas Health Science Center at Dallas  
5323 Harry Hines Boulevard Dallas, Texas 75235 (214) 688-3404

CONTACT: Ann Harrell  
Office: 214/688-3404  
Home: 314/369-2695

\*\*\*\*\*Teen-age pregnancy rate drops  
in West Dallas.

DALLAS--The best contraception teenagers can have is learning to see themselves in the future and setting goals to get there, say two counselors who confront the problems of teen pregnancy daily.

Helen Burton and Truman Thomas believe that their effort to help adolescents visualize their future roles is one of the reasons that West Dallas, an area with much poverty in a city generally considered affluent, has been seeing a decrease in teen-age pregnancy.

This decline is in contrast to national statistics, which show a decrease in adult pregnancies but not those of teen-agers. In fact, pregnancies among 13-to-15 year-olds are on the increase in other areas around the country in spite of the greater amount of birth control information available.

Burton and Thomas are counselors at the West Dallas Youth Clinic (usually called the Pinkston Clinic by staff and patients) located on the grounds of Pinkston High School.

The clinic, which provides total health care to adolescents, is run by The University of Texas Health Science Center's Department of Pediatrics. It is funded primarily through the U.S. Department of Health, Education and Welfare.

According to government statistics, pregnancies among 13-and 14-year-olds in West Dallas have dropped from 34.0 per 1,000 in 1971 to 11.1 in 1978. The 15-and 16-year-old age group had 165.8 pregnancies per 1,000 in 1971, but only 84.3 in 1977. There was also a dramatic decrease in pregnancies in the 17-and-18 year-old group, with 250.9 pregnancies per 1,000 in 1971 but only 129 in 1978. And while the Pinkston Clinic is only one of the programs offering contraception and counseling to teens in the area, both social workers and clinic pediatrician, Drew Alexander, believe that it has had a very significant impact on these statistics.

Because the physician, nurses and counselors see teens for all kinds of health problems, there is no social stigma attached to a clinic visit.

"Our clinic is not just for family planning," Burton stresses. "In our clinic you might be sitting next to your Sunday School teacher's child, but it's not embarrassing. You might be in for family planning--but you might be in for a cold."

Also, everyone sees the counselors on their first visit. At that time they have an opportunity to get acquainted, to talk about any personal problems, to discuss their health or to ask questions about sex. And they might also ask for information on contraception.

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Secondly, since the clinic is exclusively for teens, that also cuts the self-consciousness some feel when asking for family planning information. (The school's Department of Obstetrics and Gynecology also has teen-age clinics in several areas of the city which offer contraceptive services as well as prenatal and postnatal care for pregnant teen-agers.)

Thomas believes it is healthy to have the teens coming for all services because it de-emphasizes the attention of pregnancy.

Burton agrees. "If we put too much focus on teen pregnancy, teens will get pregnant. We perpetuate it by our attention," she says. "Here we try to pay more attention to teaching about human sexuality."

But even more important, rather than emphasizing their clients as sexual beings, the social workers, as well as the other personnel in the clinic, view the teen-agers as whole people. That is why they believe that counseling at the four-year-old clinic has been as important in cutting the birth rate among regular patients as the prescribing of contraception.

"We're here to help them out with alternatives to early, often single parenthood and to find out what they want to do with their own lives," says Thomas, a young man whose career in social work has included street work as well as counseling in the health clinic. "I try to get them to think about whether what they're doing now will get in the way of what they want to do."

This approach, he explains, is important in not just dealing with the problems of early parenthood but many other elements in the teens' lifestyles. "For example, a lot of early teens are thinking about goods, not careers. They are concerned with fancy cars and flashy clothes. We try to help them see if expending all that energy to get these things is going to interfere with their studies and keep them from achieving future goals."

How do the social workers get the students to think about their futures? "Simple," says Thomas. "We ask questions."

These may be as simple as "What do you expect to be doing five years from now? Where do you expect to live? What kind of a job will you have?"

"If he's still thinking in material terms, such as what kind of car he'll be driving or what kind of house he'll be living in, that gives me the opportunity to ask if he will be able to swing it with a minimum-standard job or on a welfare check," says Thomas.

Another influence, Burton believes, is the role that the two workers begin filling in the young people's lives. "They see us as people who have accomplished something. They see that it is possible. And some of them want to please us very much, too."

Having been a social worker in Dallas for 10 years, she is pleased to see the new statistics which show a decrease in the area's teen-age pregnancies. "They show that a lot of girls are finding out what they want to do in the future and realizing that pregnancy will not help them attain these goals."



Both workers agree that it would be a lot easier if there were only one reason for having a baby. However, there are all kinds of different reasons, says Burton. "A baby is someone to love. Some girls mistakenly believe that there will be something wrong with the child if she has it when she is older. Many think of a baby as someone 'to take care of me' in the future, and often their grandparents tell them to have their children while they're young."

Thomas says often society makes it too easy for young people to have babies. "Society helps you out a lot if you get pregnant." While he's not advocating ending programs such as Aid to Dependent Children, he believes that goal counseling helps raise a young person's sights toward making a better life before taking on the responsibility of a child.

Burton stresses that "we certainly aren't against becoming mothers and fathers." But, she says, "if you're going to be a parent, we think you should be prepared to be the very best parent you can possible be."

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