Adolescent mothers: a challenge for First Nations

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ABSTRACT

Objectives. Adolescent pregnancy is a growing Public Health problem in Greenland, resulting in higher risk of mortality of mothers and their children. Since social and cultural aspects are associated with adolescent pregnancy, a closer look was taken at the situation of adolescent mothers in Greenland and in Native American communities. Methods and results. Adolescent pregnancies and birth rates were followed in Greenland and in the First Nation communities in Alaska. Adolescent pregnancies decreased during the 1990s in both communities, but increased in 2000, bringing up the birth rate to 79 and 92 babies per 1,000 girls aged 15-19 yrs in Greenland in the U.S., respectively. Conclusions. A mentoring program to delay adolescent pregnancy and parenting, shown to be effective in African American and Latino communities, could be also used in the Greenlandic setting.

Keywords: Adolescent pregnancy, Greenland, First Nations

INTRODUCTION

Adolescent pregnancy is a common Public Health problem in many countries. The problem is largest in the poor countries, but there has been, within the last six years, an increase in teenage pregnancy and births in countries such as Finland, in the United States among the Native Americans, and in the country of my interest, Greenland (1-3).

Adolescent mothers (15-19 years of age) face problems and risks that their counterparts do not have to address (1,4,5).

- They have a higher risk of mortality for the adolescent mothers
- They have higher risk of mortality for the children born of adolescent mothers.
- They lack age-relevant services geared to pregnant adolescents and to mothers who are adolescents.
- Seldom are their own cultural values relating to pregnancy in young women addressed effectually.
- Motherhood among adolescents has a social and economical significance for the young mothers and their children.

Many of the health problems facing pregnant adolescents can be minimized by good prenatal care and adequate support during pregnancy. Nevertheless, the social and economical issues that are far-reaching in their influence on the quality of life for the young mothers and their children, are not appropriately taken care of within health care systems as they currently stand.

These problems are magnified by the fact that in many of these countries, the young women are not in a stable family relationship before pregnancy, during pregnancy and during the bonding period, making nurturing of a newborn a difficult task for them.

Adolescent pregnancy has two social contexts: one relating to adolescence and child marriages and its implications; and the other related to unwed sexually active adolescents. The former, which is a point of deep concern for WHO and UN agencies, will not be addressed in this essay.
(6), the latter is the subject of this essay. "Global-ly, most people become sexually active during adolescence" (1). The use of contraceptives varies among the sexually active adolescents, making pregnancy, abortion and childbirth a relevant issue for a Public Health essay.

**Purpose of the Essay:**
Pregnancy and mothering among unwed sexually active adolescents is a growing problem in both Greenland and the United States. Although there is little or no social stigmatism, economically the burden of adolescent mothering is taxing. I would like to take a closer look at the situation of adolescent mothers in Greenland, and among the Native American communities in North America, keeping in mind that many studies mention how difficult it is for the adolescents to complete an education after becoming parents.

I would like to present data on the social and educational challenges that adolescent mothers face in these two cultures and cultures that are demographically comparable. And I would like to discuss the possibilities of relevant health promotion methods and strategies that are used in the international arena.

**BACKGROUND**

**The Greenlandic People**
The Greenlandic people are a people that throughout their history have had the ability to adapt and survive. This, I believe is not a coincidence. They were and are a positive, rich and extremely strong culture. During the last 4,000 years they have shown their ability to adapt to a harsh climate and to cope with hardships.

The social structure of the Greenland society is changing at a rapid pace, and the family structure has been under a great strain during the past 30 years. Although Greenland is not a poor country, it faces some of the same challenges as poorer countries in many areas throughout the world. Some of the major challenges are the infrastructure and difficulty in travelling within the country. Other challenges include the harsh climate of the country, which is not only a challenge for the individual citizens, but can have an annihilating effect when attempting to plan health care measures and budgets, and the extreme differences in standard of living among the Greenlandic people living in the cities and those living in small settlements. Many settlements lack water and sanitation facilities, health care is lacking and housing is substandard. There is also a great difference in standard of living between expatriates and the Greenlandic population (7).

In the cases where excessive use of alcohol and tobacco and risk behaviours are prevalent, they have a devastating effect upon families, health and the quality of life of the Greenlandic people. The culmination of all of these health risks components leads to the prevalence and incidence of communicable diseases and child mortality within the Greenlandic community (8).

Adolescent pregnancy decreased during the 1990s, and by 1997, both total fertility and total number of births in this age group were declining. But in 1998 - 1999 the number of births increased, and in the year 2000, the number of births among 15-to-19-year-olds increased by 50% from 1998 (12), bringing the birth rates up to over 79 babies to every 1,000 girls between 15-19 years of age (Table I). The birth rate was over 200 per 1,000 live births in 2000, and 163 per 1,000 live births in 2001.

| Year   | Live births in age classes per 1000 | Live births per 1000 | Total fertility rate | Adolescent births |
|--------|------------------------------------|----------------------|----------------------|--------------------|
|        | 15-19 20-24 25-29 30-34 35-39 40-44 45-49 | per 1000 female |                      |                    |
| 1986-90 | 75.3 139.2 112.9 77.4 36.5 7.5 0.2 | 1168 | 2245 | 6.4% |
| 1991-95 | 79.6 150.0 130.3 87.0 40.1 9.3 0.6 | 1177 | 2284 | 6.7% |
Native Americans

Among Native Americans, the pattern has been the same. The plight and challenges that the members of the First Nation Tribes of North America have faced are well documented. Culturally and historically the peoples of North America, both the Inuit and Native Americans (also called First Nations) in North America, have had unequal access to health care, a low standard of living, high unemployment rates, substandard housing, and a high prevalence of communicable disease, which has been complicated by the high precedence of risk behaviours among community members.

During the 1980s and 1990s the teenage pregnancy rates in the United States dropped significantly in all adolescents by 22% (9), but in 1998 the birth rate for Native Americans increased by over 6% in some states in the U.S. This brought the adolescent birth rate to between 40 and 92 babies born to every 1,000 girls between ages 15-19 (9,10).

In Alaska, the First Nations include both Inuit (Eskimos belonging to the same race of people that inhabit Greenland) and Native Americans. Here the differences between the adolescent birth rate in the Native population and the non-native populations are significant. There is very little information on the social and educational consequences for the adolescents in this area.

Social and Cultural Aspects:

The two questions that come to mind when looking at the Native American and Greenlandic adolescent mothers are:

1. Do the families and the adolescents themselves consider pregnancy a health problem?
2. What seems to be the major challenge concerning adolescent pregnancy and mothering in these cultures and how can this challenge be addressed.

Adolescent parenting: a health problem?

Within the Greenlandic society, pregnancy and birth are considered steps on the road to life. Whether pregnancy is planned or not, it is seldom considered a tragedy; new life, new children are the basis of society and all children are welcome. This coincides with the executive director of the Californian Rural Health Board’s explanation of the lack of success with government campaigns in California among the Native Americans.

"(The programs) … overlooked the importance of Native American Culture and are therefore doomed to failure". He went on to explain further, "For Native Americans, pregnancy is not a sickness or a disease, it is a naturally occurring event… It’s how life goes on, it’s the next generation of the tribe, a blessed event." (2).

It is my opinion that neither the families of the young girls, the societies, nor the adolescents themselves consider early childbearing a problem,

Table II. Selected vital statistics for Alaska as reported by mothers race during 1995 - 1999.

| Births/         | ALL RACES |          |          |          |          |          |          |          |          |
|-----------------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|
|                 | 1999      | 1999     | 95-99    | 1999     | 1999     | 95-99    | 1999     | 1999     | 95-99    |
| Population      | N         | %        | %        | N        | %        | %        | N        | %        | %        |
| Total           | 9,975     | 100      | 100      | 6,583    | 66.0     | 66.8     | 2,461    | 24.7     | 23.9     |
| Population      | Males     | 323,686  | 52.0     | 52.1     | 240,936  | 52.5     | 52.6     | 52,419   | 50.0     | 50.0     |
|                 | Females   | 298,314  | 48.0     | 47.9     | 217,726  | 47.5     | 47.4     | 52,326   | 50.0     | 50.0     |
| Total           | 622,000   | 100      | 100      | 458,662  | 100      | 100      | 104,745  | 100      | 100      |
| Birth Rates     |           |          |          |          |          |          |          |          |          |
| Crude Birth Rate* | 9,959    | 16.0     | 16.4     | 6,573    | 14.3     | 14.7     | 2,456    | 23.4     | 23.6     |
| Teen Birth Rate* | 1,122    | 47.8     | 50.6     | 570      | 35.0     | 38.2     | 433      | 85.5     | 88.3     |
| Fertility Rate* | 72.5      | 72.0     | 65.5     | 64.8     | 106.0    | 106.2    |          |          |          |

* = per 1000 live birth
although they are quite aware of the challenges, such as economic constraints and difficulty in beginning and completing an education. When the adolescent attends prenatal clinic, this is voiced when speaking with healthcare at the prenatal clinic during the pregnancy, not only by the mother-to-be, but also by the father-to-be and the parents of the young girl/couple.

At the same time, within the Greenlandic society, children and childbirth are valued higher than education at the time of pregnancy, and pregnancy and children are considered gifts to the community.

**How can this challenge be addressed?**

Within the Native American and Greenlandic cultures, pregnancy and education have equally high status. One is easily obtainable and the other requires hard work. It is difficult for these adolescents to imagine a future that involves leaving their homes, functioning outside of their cultural context, using another language, and adapting to a foreign culture and norm set. This is the prerequisite, should they start and complete a higher education.

The youth, both male and female, are seldom exposed to role models that have completed a higher education. The Native Americans and Greenlandic people who are highly educated seldom live on the Native American’s reservations or in the smaller, more isolated areas that make up Greenland. They have "adapted" and many opt to change their way of life, or to live a double life.

Many of the educated people that the adolescents meet in their daily lives are not Native American or Greenlandic, but people from the very culture that has marginalized them. The adolescents feel very certain that their cultural values and beliefs are given very little status in the North American/European societies.

**How do we delay adolescent pregnancy and parenting?**

International and National governments agree that the programmes initiated for adolescent pregnancy have not been effective. Many have not been culturally sensitive and others have not reached the youth themselves (1, 2).

Several agencies stress the fact that programmes must make it possible for adolescents to take responsibility for and protect their sexual and reproductive health (5). There is consensus that the major goal is that implementation should stress delay of first pregnancy and birth until after the age of 18 years. Programmes should help adolescent girls to acquire life skills and to develop negotiation skills, which are important tools in helping the adolescent delay sexual debut and pregnancy (10). Last but not least, addressing the responsibility and the role of young men in adolescent pregnancies is also a key to delaying sex debut among adolescents and diminishing the risk of pregnancy in adolescent girls (11).

Within the framework of this article, it is not possible to address the issue of delay of first pregnancy, but I will attempt to touch upon a model for delay of second pregnancy through heightening of self-esteem. I believe that it is possible that adolescents could find support through the establishment of mentoring programmes.

**Mentoring**

Definition:

1. A wise and trusted counsellor or teacher.
2. Mentor in Greek Mythology was Odysseus’s trusted counsellor, in whose guise Athena became the guardian and teacher of Telemachus. INTRANSITIVE VERB: To serve as a trusted counsellor or teacher, especially in occupational settings.
TRANSITIVE VERB: To serve as a trusted counsellor or teacher to (another person).
ETYMOLOGY: French Mentor, Mentor, from Latin Mentor, from Greek. (13)

The idea of mentoring as a means of heightening self-esteem and improving educational/job performance is used with success within the business world.

When working with African American students in a high school in the United States (12) there was a relation between mentoring and GPA
and attendance. It is also possible that mentoring is a good programme in isolated non-populous cultures, such as the Native American and Greenlandic cultures.

The idea of mentoring as a means supporting young people is neither a new one nor an idea that stems completely from the business world, the essence of the tool being support and nurturing.

As early as the year 1994, in home interviews conducted among Latina adolescent mothers, the underlying characteristics of natural mentoring relationships and their effect on the adolescent mothers were explored (5).

The level of stress exposure was significantly lower, and the young mothers were more adept at dealing with their problems.

Resilience and self-esteem are keys to development. Young mothers who feel that they are doing a good job of being a mother, who are not depressed and who feels that they are capable of taking care of their children and know where they can ask for help, have a greater chance of supporting themselves and their babies.

Mentoring support can take several forms; within the home as natural mentoring with support, within the community through an intergenerational approach or through partnerships with corporations and businesses.

Systematic use of mentoring has been effectuated in many places in the world on smaller and larger scales. In 1989 the National Mentoring Partnership and the United Way of America (a non-governmental organisation for children’s issues), through regular meetings and discussions, developed a system consisting of five elements for effective practice (14).

**Responsible Mentoring (14):**

1. Is a structured, one-to-one relationship or partnership that focuses on the needs of the mentored participant.
2. Fosters caring and supportive relationships.
3. Encourages individuals to develop to their fullest potential.
4. Helps an individual to develop his or her own vision for the future.
5. Is a strategy to develop active community partnerships.

The success of such a programme would require an involvement from the society, both from government as far as initiating and coordinating, but also from the educated members of the communities. Especially female professionals would be essential for such a programme.

Although each mentoring programme has to be created to fit the society which it serves, there are some common requirements that should be taken into account and discussed before initiating any project where there is one-to-one partnership.

**A Responsible Mentoring Programme Requires (14):**

- A well-defined mission and established operating principles.
- Regular, consistent contact between the mentor and the participant.
- Support by the family or guardian of the participant.
- Additional community support services.
- An established organization of oversight.
- Adherence to general principles of volunteerism.
- Paid or volunteer staff with appropriate skills.
- Written job descriptions for all staff and volunteer positions.
- Adherence to EEO requirements.
- Inclusiveness of racial, economic, and gender representation as appropriate to the programme.
- Adequate financial and in-kind resources.
- Written administrative and programme procedures.
- Written eligibility requirements for programme participants.
- Programme evaluation and ongoing assessment.
- A long-range plan that has community input.
- Risk management and confidentiality policies.
- Use of generally accepted accounting practices.
- A prudent and reasonable rationale for staffing requirements that is based on:
  1. the organization’s statement of purpose and goals
  2. the needs of mentors and participants
  3. community resources
  4. staff and other volunteers’ skill level.

The Use of Mentoring Programmes in Health Promotion

Mentoring programmes have been established in the United States among marginalized groups such as African American adolescents and Latina adolescents, attempting to influence the delay of sexual debut and pregnancy. Among the Native American population, the use of mentors has not been well documented, and among the adolescent mothers in Greenland the idea of mentoring has not been taken into use.

Mentoring could be established for adolescent mothers after birth of their children. A mentoring programme could be used both as a preventative tool and as a means to inspire new mothers to postpone second pregnancies and to resume education. The Big Brothers Big Sisters project in the United States has had a good overall effect on supporting adolescents and keeping adolescents in school (14). The use of corporations and businesses is another possibility. This type of voluntary mentoring and career counselling with adolescents and young mothers could be initiated as a part of the larger companies equal opportunity programmes in the United States and their educational programmes in Greenland.

More information is needed in order to assess whether a mentoring programme is feasible as intervention and support in the Greenlandic setting. There is also a need to assess whether the mentoring schemes that I have presented in my essay can be used in practice in the Greenlandic setting. Support from the authorities, support from the Health officers and a qualified and dedicated staff of workers and volunteers are the key to implementation.

This cannot be studied in theory, but must be thoroughly researched in practice.

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