Journal of Adolescent Health & Welfare

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THE BRITISH "JOURNAL OF ADOLESCENT HEALTH AND WELFARE" is the journal of the Youth Support "Forum on Adolescent Health and Welfare".

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Letter from the Editor

Dear Colleague,

Welcome to the second edition of our "JOURNAL OF ADOLESCENT HEALTH AND WELFARE". This edition is rather late in publication due to unforseen circumstances, namely a large gall stone putting your editor into hosp tal. This also was responsible for the cancellation of the June meeting at the King's Fund in London although the Glasgow meeting was able to proceed as planned.

This edition is including some of the statistics behind the controversial Alton abortion bill which was to have been discussed at the June meeting. It would be inappropriate to postphone this to a later meeting. It would no longer be topical. However the facts are likely to become of relevance in the not too distant future as attacks on David Steel's 1967 abortion bill occur at all too frequent intervals. The other subjects are being rescheduled and we are grateful to the speakers for agreeing to do this.

Mentioning the June meeting leads to another difficulty... recruitment and involvement. We are gradually building up the number of forum members and people have remarked that the subjects of meetings are interesting and varied but bookings for meetings are low. I know that this is a general trend. With authorities not funding meeting attendance and many organisations are feeling the pinch, but the costs of our meetings have been kept low and I do not think there are many places where you could go to hear speakers of our calibre at lower cost.

At our inaugural meeting we said "Those of you who have joined our forum will I am sure find you're a stimulating and progressive organisation which will be able to further the needs of young people and develop the concept of adolescent care"... we can only do so by actually getting together so please bring a colleague to a meeting, pass your journal on to a friend.

In this edition we are reporting part of the proceedings of our Glasgow meeting although 'young people and HIV infection' will appear next time. This is partly due to this issue being smaller to try to cut costs. Printing costs continue to exceed subscriptions so please encourage colleagues to join the forum and ask your departmental libraries to subscribe to the journal. The membership fee is now £15 per annum which includes affiliation to the international group and our journal. At present we do not have the clerical backup to be able to send out reminders for subscription renewal so I would be very grateful if those whose subs become due in October send them in promptly.

Our Forum is an important initiative focussing attention on a deprived area of our society. We need your support in involving professional groups and in improving services for young people. Funding and sponsorship in this field is difficult to come by. Please use every opportunity to canvas colleagues, companies, charities on our behalf.

Hoping to see you at our October meeting which, incidentally is on FRIDAY 21st October at the RSM (not a thursday as misprinted in the last issue!

Dr Diana Birch MBBS DCH MRCP MD
Director "YOUTH SUPPORT".

Patrons: Dame Josephine Barnes; Sir Frank Mills.
Registered address: 15 Cavendish Place W1M 0DD CHARITY NO 296839

APPLICATION FOR MEMBERSHIP OF THE "YOUTH SUPPORT"
"FORUM ON ADOLESCENT HEALTH AND WELFARE"

PLEASE COMPLETE IN BLOCK CAPITALS AND SEND to:-
YOUTH SUPPORT 30 Crystal Palace Park Road SE26 6UG
Cheques payable to YOUTH SUPPORT
I would like to join the "FORUM ON ADOLESCENT HEALTH AND WELFARE" I enclose £15 registration fee which covers my first years membership (journal included in cost).

OR (LIBRARIES ONLY) We wish to subscribe to the "JOURNAL OF ADOLESCENT HEALTH AND WELFARE" We enclose £15 to cover our first years subscription.

NAME ..... POSITION.....
ADDRESS.....

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.....PHONE.....

MEETINGS MEETINGS MEETINGS
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The next group of meetings are being arranged. We have one important meeting left this year in London at the Royal Society of Medicine and we hope to make this an annual event on the nearest Friday to the 21st October each year. Similarly the Glasgow venue was successful and we will have a Scottish meeting each year on about the last thursday in june. The Royal college in Glasgow were very kind in allowing us to use the lecture theatre free of charge. We are trying to book fridays so that people travelling from a distance can spend the weekend away but unfortunately some venues do not cater for friday evening meetings.
We are very fortunate that Wyeth have agreed to sponsor the RSM meeting in October and we are seeking sponsors for other meetings.
There has been some interest in a regional meeting in Liverpool although a venue has not yet been identified. If you think that there would be sufficient interest for a meeting in your area please write enclosing details of suitable venue, list of interested people and suggestions for speakers.
If anyone is interested in becoming a Youth Support regional representataive to encourage recruitment and meetings locally, we would be delighted to hear from you.

In addition to the large formal Forum meetings YOUTH SUPPORT are holding small informal discussion meetings in the Youth Support Office in London. These have been curtailed during recent months due to illness but will recommence in the near future. Meetings are held at 8 week intervals and forum members are welcome to join us. Please write to the office if you are interested, numbers are limited.

"FORUM ON ADOLESCENT HEALTH AND WELFARE"

LONDON FRIDAY OCTOBER 21st at the ROYAL SOCIETY OF MEDICINE, 1 Wimpole Street, London W1
Subjects include: "Youthscan; monitoring British Youth"; "Legal Rights of teenagers"; "Teenage suicide". We will discuss wider issues including teenage sexuality.
Wyeth diplay of contraceptive products suitable for young people's use should be of interest.

All meetings are evening meetings 6pm-9pm. The timing will be 6pm registration and coffee with a chance to meet each other and look at display items. The talks will begin at 6.50pm. To save on postage acknowledgements and receipts will not be sent out nor will detailed programmes. Should meetings be oversubscribed you will be informed. Please book early.

PLEASE COMPLETE IN BLOCK CAPITALS AND SEND to:-
YOUTH SUPPORT, 30 Crystal Palace Park Road SE26 6UG. (Cheques payable to YOUTH SUPPORT)

"FORUM ON ADOLESCENT HEALTH AND WELFARE"
I would like to attend the following meeting
FRIDAY OCTOBER 21st at the ROYAL SOCIETY OF
MEDICINE, 1 Wimpole Street, London W1
I will bring ..... guests and enclose £2
registration fee per member and £5 per non member
(Total £.....).
NAME .....POSITION.....
ADDRESS.....
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.....PHONE.....

PROCEEDINGS of the Forum meeting in GLASGOW on THURSDAY JUNE 23rd 1988 at the ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW; 234 ST VINCENT STREET, GLASGOW G2 5RJ.

"Health and everyday life in adolescence - A longditudinal study".

DR SALLY MACINTYRE OF THE MRC MEDICAL SOCIOLOGY UNIT GLASGOW

It gives me great pleasure to be here for this inaugural Scottish meeting of the forum. When I was first asked to give a presentation today, I had hoped that we could give you some results from the study we are doing but unfortunately what has happened which is quite common in research, is that we are spending a lot more time than we thought collecting and also 'cleaning' and validating our data. So I am afraid that I am not going to give a presentation describing the results; I am going to briefly describe the study, what we have been doing and what we hope to get out of it.

The study we are doing is a longditudinal study starting with young people at the age of fifteen. Now at Fifteen young people are legally at least, still all in school, none of them can be legally married, most will in fact still be in their family home, so in that sense they are relatively socially homogenous. From sixteen onwards they are going to diversify; some will stay on in higher education, some will leave school go to YTS, unemployment, the labour market, some will leave home, some will get married, some will have families very early, some will not start family building till their mid twenties; so starting at fifteen and following these young people through, allows us to follow through these trajectories, these different social trajectories, and to look at two things; one is 'what is the effect of the young persons health at fifteen and their situation at fifteen on which trajectory they follow?' so of interest is the question "do healthier young people at fifteen actually get better jobs or get jobs at all - are they more likely to get jobs at all?' Are they more likely to get into higher education?

The second sort of question is - does the sort of job you get then affect your health? So we can look at what we might call a social selection hypothesis which is that what you are like at fifteen may affect the trajectories that you follow and the other side is that the trajectories you follow may affect your health and of course, both may be occuring.

By starting at fifteen and documenting peoples health and circumstances then and then following through over time we can actually begin to unpack some of the processes involved and one of the reasons for doing a study like this is that, as you may know in very early life, in the perinatal period and very early childhood there are quite steep social class gradients in health, there are far more perinatal deaths in social class five babies than to social class one for example. Beginning in the mid twenties, these gradients in health reappear and get steeper but in adolescence, work we have done in the unit actually suggests that there is not this social class gradient in health so one of our interests is, how do these gradients in social class which show up in the mid twenties, how do they actually appear?

Well these are some of the questions which we have been addressing in this study. What we have done is that we have taken a sample of fifteen year olds, we have taken two areas of Glasgow, one with better than average health and one with poorer than average health and in those two areas we have taken a virtual census of fifteen year olds, that is we have tried to study everyone there is in those areas. What we have also done in those areas is we are also trying to study those areas. The labour markets, we are studying shopping, food outlets, education, housing, transport so we are actually looking at the areas.

In addition we are also taking a thinner slice as it were of fifteen year olds, over a larger area in fact the central Clydeside conurbation. There we have selected a number of post code sectors on a continuum of social disadvantage in fact we are studying them as well.

We actually did this last year. What we did was an interview of parents where we asked quite a lot about the young persons biography, things the young person might not know like their birth weight whether they were breast fed and also about early childhood illnesses and about family circumstances which again the young person may not know, things like parental occupation, income - factors interesting in the context which this young person lived in.

We also interviewed the young person and we were interested in everyday life, we were interested in how they spent their time, how they spent their money, did they have a part time job, who their friends were, how they got on with their family. We looked at some health related behaviours like alcohol consumption, smoking, exercise things like this. We were interested in their aspirations for the future jobs, marriage, family so it was really quite an extensive interview which took an hour, an hour and a half We also then had a nurse interview, a trained nurse would visit the home and interview the young person and the nurse would collect certain basic physical measurements, we took blood pressure, weight, height girth measurements and measurements of respiratory function and the nurse would ask more detailed questions about health, about medications given to the person.

We also used various psychological measures, we measured depresson. We did not get an IQ measure but we were interested in depression, anxiety and also self esteem among young people which we think is very important. So last year we colllected data of this sort, that is actually three interviews around each index case. We tried to get 200 young people from each of our two areas and 1,000 from the bigger area, the central Clydeside conurbation, and we have actually achieved this - So that is a huge amount of data which we are trying to sort out and clean so that we can actually analyse it. We cant really tell you any propper results, in the sense that what we were interested in was differences between the two areas, are young people in one area in better health, better lifestyles etc? We were also interested in general differences, in social class differences.

What we can tell you are a few things which we noticed while cleaning the data. A thing which struck me was from the nurse interview, there seemed to be a remarkably high incidence in common illnesses in this age group - things like asthma, migraine, headaches these were reported by quite a large proportion of people and, this may be related or may be not, but there seemed to be a remarkably high consumption of medicines and medications. They seem to be taking not just vitamin C and that kind of medication but also a high level of prescribed medications.

There is a hugh variation in disposable income, I noticed. One of the things we are interested in is obviously in looking at young peoples health related activities like smoking, is where do they get the money to buy cigarettes? and we are looking both at pocket money and part time jobs ; there is really quite a big variation in the amount of money they have to spend.

We asked them to think of peple who fitted in with their concept of health, we asked them to think of people who were healthy and time after time they came up with the same model of male athletes, people like Seb Coe and Daly Thompson.

It is a longditudinal study, so although the findings from the cross sectional sweep of research at fifteen are interesting the main value of the study will be in looking when we go back. What we intend to do is to go back at least in Five years but possibly four years and repeat those same studies. And the important findings will be in what happens in between those two studies. Are the ones who dont get jobs going to be less healthy or is it going to be that those who are more healthy to start with are going to have better social circumstances? So, although we will obviously report and publish findings from the first survey, we think that the major value of the study will be the longditudinal data.

There are, as you may know, three longditudinal studies in Britain of cohorts born in 1946, 1958, 1970 but they are scattered thinly all over Britain and we think that the strength of our study is that we can actually look at people in the area of Glasgow and can relate our findings to the area; to schools, to health centres and actually tease out the problem features. This is actually called "the West of Scotland 20 07 study", and this is because we started in 1987 and we hope that, if we get the funding, we will continue for 20 years.

So that is as far as we are able to present our data at present and perhaps we can answer questions and present updated information at the next meeting of the forum.

"Contraceptive Services for teenagers; The experience of the Brook Advisory centre in Scotland"

JEAN MALCOLM - EDINBURGH BROOK

(DB) "One of the important things I think about our forum is that we want to get away from the medical image. When dealing with teenagers, that is primarily an area where you cannot hope to deal with adolescent problems by sticking to a sort of medical format, but even with 'medical problems' we need to have a multidisciplinary approach. Contraception is one area where this is very important and I am sure that Jean will give us some refreshing ideas".

Jean lived up to our expectation by waking us up with pop music. This helped us to identify with the young person confronting a professional 'clinic' situation. Do we give the right 'vibes' to welcome these youngsters to our services? Are we in touch with the world of young people and their needs?

* * * * * *

..... The Edinburgh Brook has gradually built up a broad spectrum of service for young people but in so doing is not working in isolation; it is part of the community and has established links with the statutory services to aid funding. These links can be envisaged as the legs of a spider...

Brook began as a contraceptive service for which a fee was initially charged, but at least this function has been accepted by the health board as a necessary service and is now funded. Intense negotiations resulted in the health board accepting tha the Brook would act as their agents in providing a contraceptive service for young people, this decision coming to the relief of those involved who realised only too well that paying for a service was not something within the capabilities of most teenagers.

It was a year or two later that the region decided to fund a social worker. The counselling at Brook tends to be done by social workers. This being a function of the funding sources. So money comes from the region and the health board but the depressing gap, the spider without a foot, is really in money for education, because we do not get any even now with the advent of HIV and other problems requiring more education input, there is still no funding.

We are back in a position as regards education that we were in at the very outset of the Brook - as far as education is concerned we are having to ask people for quite substantial sums, every time we go out to do a piece of work, to educate, to talk to professional people wanting our help, we have to charge.

But these links,, the spider's legs, between the Brook and the community are not just about money. I must say that our links at other levels are very important.

The sort of links which have been important in our contacts with young people have been links such as those with the community service, community education, because that that is what takes very close to where the kids are. We go to youth clubs, we go to informal settings, they tend to relate much better to community workers than to us and without wishing to offend the illustrious doctors present, they relate better to community workers than to their GPs. because somehow they think more on the same wavelength.

So we link up with the community, we link up with region, we are in contact with social workers and workers in community homes, with the health boards and with health education workers. We have an all Scotland link up too , we are not confined to Edinburgh. We have a brief to promote the provision of services for young people in other parts of the country.

I have used the concept of a spider to illustrate the way that one must build up links when you are thinking of setting up a sort of 'medicted' service for young people. If I were starting again, I dont thinf I would have Brook as being a 'sex place' , because is is very difficult to walk through the door with virtually a label 'sex' above it. Anybody seeing you going in will know youre doing this sort of thing , you are wondering who has noticed you. I would be looking for a broader focus. We are making contacts with the community so as to become more like the YES services, to give broader counselling such as homosexualty counselling, general housing advice etc. All the multiplicity of things which ypung people need to know about to survive in our very complicated society.

So if you are thinking of setting up services its perhaps worth considering how it is best to present them. A check list of what you have to have includes - it has to be accessible, city centre, buses trains etc, they will go a bit away from home, perhaps the next borough, to be away from their doorsteps but not too far. In fact if you can possibly manage it , it should include some of the young people managing it. Perhaps we are too formal a structure, but we have not as yet managed to involve young people in our service. It should be confy, relaxed, not to many white coats around with stethoscopes being waved around.

The most important thing of course, is confidentiality. But the four star part of the service is made up by the attitude of the people, we do not have to have plush decor, but posters, pop stars, things which young people can relate to. What it boils down to is the attitude of the people they meet that make or break the service; you only need one whisper of condescension and you won't see their heels for dust; and thjey will tell their friends, because by far the greater number who come, come by word of mouth, because their friend came or their friends friend came. No amount of publicity will equal that.

"HIV infection in young people"
DR PHILIP WELSBY; INFECTIOUS DISEASES UNIT, CITY HOSPITAL EDINBURGH

This presentation will be included in the next issue of the Journal.

COMMENTS

Ruth Payne a senior social worker with Strathclyde regional council is involved with the women's counselling and resource service; Mc Iver House, Cadogan Street, Glasgow. She writes ;-
"I was pleased to attend the seminar in Glasgow and learn more about Youth Support.
Every so often I turn my thoughts to "Schoolgirl pregnancy and think that the issue should be tackled locally. I was therefore disappointed that the meeting did not provide the opportunity for workers to discuss the issue and consider a response.
Is there any likelihood that Youth Support will be initiating such a forum leading to action in the future in Glasgow?"

..... Local initiatives are very important in any service for young people, needs and resources vary so much throughout the country that no one solution can work in all areas. The most important resource is enthousiastic, committed workers. Our forum gives us a venue for supporting local ventures and exchanging ideas. Perhaps others would like to contact Ruth to set up a local group or send in thoughts and suggestions for publication?

A speaker commented upon the marked difference in attitudes between East and west of Scotland which is no doubt intrigueing and frustrating at times .. thus underlining the need for local responses to problems.

* * *

YorkHill Hospital nave apparently been resuscitating the idea of interest in adolescents .. a welcome move.

Dumfries and Galloway health council are compiling a health information service for professionals and the general public. Organisations wishing to be included should contact Jacqueline Field Dumfries DG1 2PH.

WHY YOU SHOULD JOIN THE FORUM - The following article appeared in the International Association's Newsletter -

Adolescent Health in Britain

The March 1987 meeting in Sydney was for someone like me, working with teenagers in Britain, a breath of fresh air. Adolescent work in Britain has traditionally been carried out piecemeal by enthousiastic individuals and small voluntary groups up and down the country who have worked largely in isolation and without the support of their colleagues in the 'grown up' world of medicine and the statutory services.

The importance of helping young people through the often painful period of growing up has been underestimated by professional groups whose attitude appears to be one of deprecating both those involved with young people and the youngsters themselves. The image is created of dishevelled teachers who are 'too familiar' and encourage disorder, 'trendy' social workers - 'I expect he is on drugs too'. After all why bother with teenagers when half the problems are ones they will grow out of and the other are of their own making. They have made their beds and should lie on them, why waste funds on 'services' for delinquents! No wonder that the enthousiastic few often succumb leaving even sparser resources.

How refreshing therefore to hear the youth presentations in Sydney and the feedback from the Korobora conference, young people interested in their health, able to articulate their needs in a confident fashion and attempting to tell us where we had got it wrong. Best of all, I had the impression that the 'professional bodies' present, including the government, were actually listening.

On returning to Britain, my once flagging enthousiasm now recharged, I was determined to make some changes. We decided that it was time to coordinate the efforts of our colleagues, to give each other professional support and to further Adolescent health. Accordingly "Youth Support" set up a multidisciplinary "Forum on Adolescent Health and Welfare" which we wished to be affiliated to the International Association of Adolescent Health. Our aims were to encourage cooperation between the various professionals and voluntary bodies involved in care of young people and provide the impetus to carry us forward to a better system of care. We would also hope to obtain government recognition of a) Our Forum; b) The needs of young people; c) Adolescent health and Welfare as a discipline in its own right.

The Forum was launched in October 1987 at the Royal Society of Medicine, speakers included representatives from 'Youth Support', voluntary organisations such as the NSPCC and Childline (for the protection of abused youngsters), the Brook Advisory service (family planning), Ann McCarthy from Dublin speaking on the International Association and a member of parliament. A great deal of interest was generated and the proceedings of the meeting have been reported in our newly launched 'Journal of Adolescent Health and Welfare'.

Our enthousiasm in making a new beginning for adolescent health in this country must be tempered by the words of one of our delegates at the October meeting. Professor Russell, who works in London and Jerusalem, sounded a warning note ".... here there is room for anger, there are many qualities of adolescence which should be preserved in ourselves but why I use the term anger is that is what I feel about the situation in this country. ..... the community which should be educated is the professional community, but particularly the paediatric community. Their concern with children and the definition of adolescence is one of their problems. We have been preaching for a long time without effect. I date my attempt to get an adolescent unit going in this country to 1954 .. the reason why it was not established was because the British Paediatric association wrote a report denying the need ... what we cannot achieve by medical means, we must achieve by political means!"

There is a need to change the image of adolescent health. We must foster the cooperation and support of our colleagues. The very nature of work with teenagers makes it imperative that it be a multidisciplinary approach, this fact alone may lead to some loss of credibility from the more entrenched factions of medicine. However we need to win over these factions and prove ourselves as a competent professional body established on as sound an academic base as paediatrics and adult medicine.

A number of paediatricians have joined our ranks and our forum meetings are being publicised through the British Paediatric Association newsletter. We have planned a number of meetings this year in London and Glasgow with a possibility of others in Liverpool and other parts of the country. Subjects include "Adopting a teenager", "Abortion issues affecting the young, Why Alton is wrong", "HIV infection in teenagers", "Teenage suicide" (Professor Taylor), "Youthscan" (Professor Butler) and "Legal rights of teenagers". These are early days for our forum but hopefully in the future we will become as strong a professional body as SAM?* and who knows, we may even host an International meeting some day!

Diana Birch
Director YOUTH SUPPORT

(*SAM ..the American Society of Adolescent Medicine.)

NEWS FROM THE BIG APPLE

The Society for Adolescent Medicine (SAM) held their fifteenth annual research meeting in New York from March 24-27th 1988. During the course of the meeting the International chapter held its own sessions and the committee of the International Association of Adolescent Health (IAAH) also met. Youth Support and the forum was represented at these sessions and a presentation was given on "Belief systems" in teenage sexuality - more on that later.
The IAAH has decided that the next International symposium will be held at Montreux Switzerland in 1991 and is being coordinated by Dr Pierre Michaud of Lausanne. The symposium will be multidisciplinary and will include sessions on reproductive health, use abuse and misuse (drugs food etc); intentional and unintentional violence and chronic diseases and disabilities.
It is envisaged that 300 to 500 participants will attend and that youth leaders and professionals working with young people will be welcome, however the Swiss organising committee have stated that "the symposium is not intended for adolescents themselves". This is in direct conflict with the aims of the IAAH as laid down by the founder members in Australia last year and it is a great pity to let the initiative of Youth participation, begun so well in Sydney, die out so quickly. Youth Support would like to organise some Youth participation from the British Isles, perhaps in the form of a young peoples drama and/or music group which we could take out to Switzerland to give a performance carrying a message from our young people. Any ideas or offers of help to set something up?

Notes from the presentations

David Schaffer , Director of the Adolescent study unit at the New York state psychiatric unit reported that during the last twenty years suicide rates in males aged 15-24 have trebled and that in 1984 suicide accounted for 14% of all deaths among children aged 10-19. Boys commit suicide 5 times more frequently than girls and white teenagers are more at risk than black youngsters.
This increasing problem has also been noted in Britain, hence Dr Taylor of the Maudsley hospital adolescent unit will be coming to speak to us in october at our RSM meeting.

Computers - the latest contraceptive! - Well, it had to happen! There are now computer programmes - designed by the university of Hawaii - which 'teach teenagers about sex. BABYGAME is 'designed to deter parenting, provide a more realistic person evaluation of their parenting desires, needs decisions and abilities' while ROMANCE 'corrects misconceptions and provides simulated outcomes and realisitic information on abstinence, sexuality issues, contraception and responsible decision making'.
We are trying to get hold of a samlpe of these to demonstrate to members, (if they arrive before October we will display them at the RSM).

Measles in adolescence Will the new MMR immunisation being promoted in Britain result in a shift of measles susceptibility to the teenage group? Lawrence D'Angelo reported that the centre for disease control in Washington has conducted a study which shows that after one dose of measles immunisation in childhood, at least 7% of teenagers remain susceptible, enough to sustain an epidemic. Between 1985 and 1986 there was an 85% increase in adolescent Measles. Giving two doses, one in late childhood, the susceptibility could be dropped to 0.2%, however the cost would be between 250 and 300 million dollars!

Mild closed head injury The University of Maryland has been looking at cognitive function in adolescents sustaining mild head injuries. It would seem that even after a mild injury there may be significant impairment in verbal ability, visuo spatial judgement , memory and concentration. Susan Spear Bassett of the paediatric department in Baltimore, suggested that there should be an alteration in the educational programme for teenagers after head injury. Improvement can continue for as long as a year after the accident. This has implications for us in England in view of the recent publicity on television regarding the very high numbers of cycle accidents sustained in urban areas and the high percentage of young riders who hit their heads in cycle accidents. We certainly should be doing more to encourage cyclists to wear helmets - there is no such thing as 'a little bump on the head'.

Sport and Steroids A survey in Arkansas showed that almost 12% of high school boys took anabolic steroids to improve their sporting abilities, in some schools this figure reached 20%!. Most did not fully understand the risks and their health care providers were not sufficiently knowledgeable to be able to advise them accurately. We are led to believe that our Olympic athletes are far from setting an example to youth in this respect, adolescents involved in sporting activities should receive counselling regarding body building, fitness and growth.

Youth Support

ABORTION AND ISSUES AFFECTING THE YOUNG

The Royal College of Physicians have set out the problems of unwanted pregnancies in a paper on health promotion (attached); these notes outline the special problems facing the young regarding the issues of unwanted pregnancy and abortion. (Statistics on schoolgirls from Six year follow up of 150 schoolgirls in south London - MD thesis 1986; "Are you my sister, mummy?" 1987 - Diana Birch)

LATE PRESENTATION

Teenagers come late for abortion, due to failure to realise they are pregnant, concealment of pregnancy and conflicts with parents. They thus have a high rate of late abortions (Straton and Stanley 1983). In Newcastle 80% of girls aged 16 ask for abortion after 10 weeks of pregnancy (Russell 1983).

Current OPCS statistics indicate that 40% of all (and 31% of residents) abortions in under 16s are performed after 16 weeks gestation .

Young girls do not immediately realise that they are pregnant. One third do not realise the significance of missed periods or do not realise that their periods are late demonstrating their poor knowledge of the facts of life. Those girls who do realise that their periods are late do not suspect pregnancy until they have missed at least three periods.

For many girls realisation of pregnancy is a crisis point, they may not be able to cope with this realisation and deny it to themselves, they may conceal their pregnancies in fear of discovery by their parents. Young girls need time in which to face up to the reality of their pregnancies and time in which to make decisions regarding the baby.

When a girl suspects she is pregnant, her mind is in a turmoil of indecision, guilt and fear. She does not know what to do and is unsure of whom she can trust with her secret. Faced with such a monumental decision, the reation of many girls is to do nothing and tell nobody. The 'average' pregnant schoolgirl takes no action regarding her pregnancy until at least 15 weeks has elapsed . Most tell their boyfriends first and then either tell their parents or go to the family doctor.

Young girls also present late for abortion because they think they will be in trouble for having sex under age , fifteen year olds thus wait until their sixteenth birthdays . One poor girl waited until her sister could save money for a private abortion because she thought that the NHS did not allow abortion under the age of sixteen; her sister's job was poorly paid, so another unwanted baby was born.

CONFLICTS OVER DECISIONS

Three quarters of girls who eventually keep their babies make this decision immediately on realising that they are pregnant, the other 25% choose not to have a baby but are unable to carry this through. Many girls express feelings of insecurity, they do not know what choices they have, what their rights are regarding their ability to make their own choices.

79% of boyfriends want the baby, while only 68% of parents do so. Decisions are the same in almost two thirds of cases but when decisions vary a considerable amount of stress results.

REACTIONS TO THE PREGNANCY

	EARLY DECISIONS / PREGNANCY RESOLUTION			
EARLY DECISIONS	TERMINATE	ADOPT	FOSTER	KEEP
GIRL	22%	3%	0	75%
BOY	21%	0	0	79%
PARENTS	26%	5%	0	68%
DECISIONS TALLY	62%			

Girls who decide not to keep their babies often change their minds for a variety of reasons. Those who want an abortion are often prevented from making that decision for themselves . Sometimes the pressure is covert and subtle as in the case of girls who are coerced into decisions by religious views held by their families. Often they lack the strength and conviction to act in opposition to these religious obstacles at such a difficult time in their lives although, looking back they sometimes wish they had done so. In other cases the pressure is more direct. A boyfriend may force a girl to have his baby or parents may refuse to allow an abortion. 13% of girls are forced to have babies against their wills .

REASONS FOR ALTERING DECISION AND KEEPING THE BABY

REASONS FOR NOT HAVING AN ABORTION	% AGE OF GIRLS WHO ALTERED DECISION
TOO LATE	39%
BOYFRIEND AGAINST	21%
PARENTS AGAINST	25%

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CASE HISTORY: A SCHOOLGIRL'S ABORTION

Charmaine's older sister was typical of the young girl who becomes pregnant at a stage when she is physically developed but emotionally immature. She became pregnant at 16 and left school to have her baby. There was no question of her having an abortion. The situation was very different for Charmaine herself and when she became pregnant at 15 she decided that she must have an abortion. She acknowledged that the decision was her responsibility alone and bravely waited until her sixteenth birthday before seeing a doctor.

"You see it's different for me. I've got responsibilities. My sister's got her baby and we all love her. It was the right thing for her to keep her baby. My mum never expected anything more of her, she wasn't very good at school or anything and she wouldn't have got a job. I'm different, everyone has always had high hopes for me. I've done well at school, I've got the promise of a job. If I have a baby now I'll be letting them all down, my mum, my brothers and sisters, my teachers, everyone. And I'll let myself down. Later on I'd never forgive myself and I'd blame the baby. I might end up taking it out on the poor baby and that would be terrible because it wouldn't be it's fault. I wish I could have gone to a family planning clinic. I would have had the pill but I didn't want my mum to know. I didn't want to hurt her knowing I was sleeping with my boyfriend, she would have felt let down. I couldn't go on my own because I wasn't 16. I wish I didn't have to have an abortion, I don't like the idea at all but I know it's the right thing for me."

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MYTH OF DEPRESSION

The argument is often put forward that girls who have abortions are likely to suffer guilt and depression afterwards and that therefore young girls should not be allowed to have abortions. The truth is that single teenagers who keep their babies suffer more often from signs of depression than those aborting (Barglow 1968). After abortion, feelings of guilt, depression and anger are common initially but usually dissipate after six months (Perez, Reyes, Falk 1973). On the other hand these girls feel relief from the stress of pregnancy, they lose their fear of being 'found out' and are able to resume a normal life, going to school or college, meeting friends, going to discos. Their depression soon lifts.

UNWANTED PREGNANCY AND TEENAGE SEXUAL ABUSE

In London, 3% of pregnant schoolgirls conceive as a result of rape and a total of 12% of the girls have suffered sexual abuse .

15 year old Jackie was raped in the park on her way home from school. She did not tell anybody but soon afterwards realised that she was pregnant. She stopped going to school and hid in her room with the curtains drawn so that not even her brother or sister would notice her increasing size. Her shame and fear resulted in the pregnancy being undiscovered until too late for an abortion.

Daria, aged 13 was blackmailed regularly into having sex with her mother's boyfriend who lived in the house. Her mother discovered the pregnancy too late at 36 weeks. The man was imprisoned and the baby brought up as Daria's brother.

UNWANTED PREGNANCY AND CHILD ABUSE

Prevention of child abuse requires knowledge of factors which put the child at risk. These may begin before conception with girls being abused by their own parents and being brought up in an environment devoid of love and caring. There follow unplanned unwanted pregnancies by young parents who may be emotionally unready to care for a baby and materially devoid of resources to provide for the child. 11% of the children of schoolgirl mothers are maltreated by their parents .

In one third of cases there is a poor relationship between schoolage mothers and their babies and the baby is inadequately cared for. This poor relationship is characterised by a lack of stimulation, generally ignoring the child, not playing with or talking to the baby (10%) and by an impatient and over-restrictive attitude (11%) in which the girl has an inappropriate expectation of the child.

More second babies are abused (16%) and the mother child relationship is poor, this mirrors the poor relationships which these girls have with their own mothers.

TABLE CV6

CHILDREN MALTREATED BY THEIR PARENTS
FORM OF ABUSE

PHYSICAL ABUSE OF CHILD	33%
PHYSICAL NEGLECT	17%
CHILD ABANDONED	50%

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CASE HISTORY
REFUSED ABORTION : UNWANTED CHILD : ABUSED CHILD

By the age of sixteen, Louise had seen a great deal of life, she had been beaten by her father, had been in care, absconded from boarding school for 'maladjusted' children, been arrested for shoplifting, had two children and was living in her own flat, a squat. After the first baby was born prematurely, she managed fairly well although she was untidy and rather disorganised. She was fond of the baby and took him with her when she went out. Sometimes she would shop lift to get a few extra things for him. She did not want another baby and had a contraceptive 'coil' fitted. Despite this she only had one period after the birth of her baby and started to put on weight. She decided that she must be pregnant again and went to see her family doctor to ask for an abortion. The doctor told her that she was not pregnant but her problems continued. She returned again to be told, 'Stop worrying, some women have very irregular periods after a baby'. On her third visit she insisted on being sent to the hospital where she was told that she was 22 weeks pregnant and that it was now too late for an abortion!

The second child was born very premature, at 28 weeks and spent many weeks in hospital. After Louise took her home the situation deteriorated rapidly. The baby needed extra care feeding and did not sleep well. Her little boy was still under a year old and made big demands on her time. Louise herself was run down and tired after two difficult births. The little daughter was never wanted and was perceived as a difficult child, a nuisance. Louise started to go out leaving the children alone. The flat was small and there was not enough room for two cots so the new baby slept in Louise's bed. One day she returned from a shopping trip to find that the baby had rolled off the bed and was trapped between the bed and a very hot radiator. The little girl will bear the scars for the rest of her life.

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UNWANTED CHILDREN; PROBLEMS IN CARE

The children of schoolgirls are 'born losers'. They have the disadvantage of being conceived by girls who are in many ways still children themselves and by boys who, more often than not, are excluded from their lives or have little interest in their care. They are likely to be born small after a pregnancy characterised by inadequate medical care and poor maternal nutrition. They may then be wrongly or inadequately fed, so that they fail to grow well, and because of social and economic problems, live in deprived stressful households where their development is slowed. Their mothers cannot study because they have no day care and cannot work because of high unemployment. The children may therefore be resented for interfering with their young mother's social lives and constitute an additional economic burden in difficult times.

Some children are looked after from birth by the schoolgirl's mother while she takes little part in her child's care and 1 in 10 children are eventually looked after by a relative.

Tim was an unlucky baby, his 14 year old mother left him with his grandmother but she died resulting in his care changing from mother, to grandmother, to father, to father's mother, to child minder and eventually back to mother ie six changes of 'mother figure' within two years.

The following book review by ANNE McCARTHY first appeared in an Irish newspaper.

Are you my sister mummy?

by Diana M.L. Birch

This comprehensive and deeply moving book examines the entire spectrum of schoolgirl pregnancy. Dr. Birch's evident compassion and empathy towards her South London subjects has made this book into an excellent document on teenage sexuality. This is also a highly readable book, suitable for a wide multidisciplinary readership. Much of the research is from Dr. Birch's MD Thesis.

Social, economic and personality factors make good cornerstones for early motherhood. Chapters range from teenage fathers (the forgotten half of the situation) to the very concept of "teenager" and "schoolgirl". When women were expected to marry young, and did not have an education, schoolgirl pregnancy did not exist. In the past you were a women after puberty. Dr. Birch's work illustrates that structures and attitudes that deny the reality of the young person's sexuality form the roots of much risk-taking behaviours leading to ill-health and a downward social spiral. The new phenomenon is the delay between puberty and marriageable age and not the fact of young motherhood itself. Henry VII's mother was fourteen years of age and Our Lady was a mere twelve years when Jesus was born. Dr. Birch maintains that teenage sex need not be a problem and is not necessarily a mistake..

Much of the pain, the confusion and the isolation of these young women could be avoided by the provision of adequate councelling services. A greater input into the areas of Ego development, the concept of self worth and basic home-making and child care skills would go a long way towards relieving an increasingly hopeless situation. A situation leading to a life of assured poverty and ill-health. Dr. Birch makes the point that the ability to associate behaviour and knowledge only comes with late adolescence, and

that this is why health education methods based on "shock tactics" do not work with the earlier age group. The development of a future time perspective occurs during adolescence. Before this takes place the young person has an inability to perceive the consequences of his/her actions, so that the conviction of "It couldn't happen to me" results in genuine disbelief in the pregnancy, leading to months of hiding the reality. The consequent lack of adequate medical attention is well documented in the case studies.

Awareness of contraception and the use of contraception do not necessarily go together. 52% of pregnant schoolgirls fall pregnant by their first boyfriend. Only 7% have ever used contraception because most think they won't get pregnant. Most boys consider contraception to be the girl's responsibility. Of the 90% who know about condoms, only 15% ever use any. The economic and social prospects are such, that it is difficult to tell a young girl she will ruin her future by getting pregnant when her future prospects are nil in the first place. Dr. Birch emphasises that teenage pregnancy need not always be a mistake, however, and illustrates the large differences between babies who are unwanted and babies who are unplanned.

This book seriously questions existing approaches to teenage sexuality, and is recommended to all those professionally involved with young people, and to those concerned about the developing generation. The reader becomes increasingly aware of the young woman as victim — a victim of inadequate education, poor self image, inadequate information and councelling, and of the inevitable peer and media pressures. Proceeds from the sale of the book go towards "Youth Support", the organisation in South London dealing with the realities of teenage pregnancy. Dr. Birch is the director. Copies are available from:- "Youth Support", 30, Crystal Place Park Road, Sydenham, London SE 26 6UG. Price sterling: £8.50 + £1.50 postage and packing. A covenent form is enclosed for those wishing to contribute towards the welfare and support of the young women and their babies so excellently portrayed in this publication.

Review by Anne McCarthy, BA MDBch MRCPsych.

HAVE YOU BOUGHT YOUR COPY YET? - remember every copy sold brings money to YOUTH SUPPORT.

COMING SOON .... "Growing pains" by David Bennett of the adolescent unit at Sydney children's hospital.
