

Youth Support - Professional Training

Reprints - Series One No 4

"That old Black Magic?
- Belief systems in teenage pregnancy"

SAM meeting New York March 1988 "Journal
Adolescent Health and Welfare" vol 1 no
4 1988. Republished as "Teenage belief
systems about sexual health"
International Journal of Adolescent
Health 1990.

TEENAGE BELIEF SYSTEMS ABOUT SEXUAL HEALTH

Diana Birch

*30 Crystal Palace Park Road
London Sydenham SE2664, England*

A belief is a conviction adhered to often in the face of factual evidence to the contrary. This paper inevitably represents my beliefs moulded by my experience of working with teenagers in London and tempered by my knowledge of the work of my colleagues.

It is only by understanding the belief systems of the adolescent and his or her peer group that we can effectively interact with that young person in a way which has relevance and meaning. The very best of counselling, contraceptive, antenatal or any other service will fail if the client group, in this case the adolescent, does not believe that he needs them.

Where do these beliefs stem from? (Fig. 1) Parental, cultural and religious beliefs and myths form a basis upon which more contemporary 'up market' beliefs are built—for instance the current peer group stance or the 'dish of the day' in terms of the media 'hero'. Currently 16-year-old Tiffany is at number one in the pop charts encouraging secret sexual encounters:

"Children behave'
that's what they say when we're together, . . .
look at the way
we have to hide what we're doing,
and what would they say
if they knew...."

Tiffany

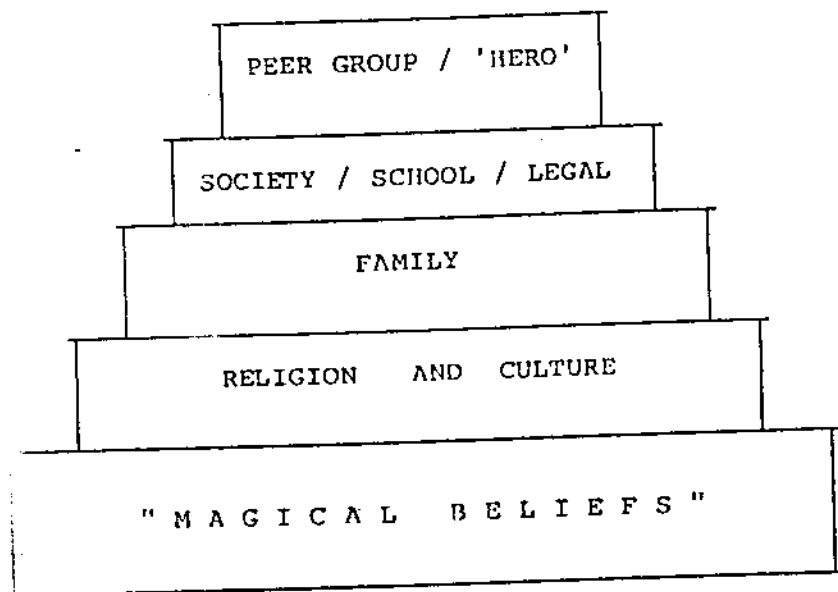
BUILDING BELIEF SYSTEMS

Fig. 1:

These belief systems, however bizarre and contrary to our own personal beliefs, are at least tangible. We can understand where they stem from and we can to some extent modify them with appropriate input in the style of cognitive therapy, sex education, etc. In psychotherapeutic terms we can say that they are messages from the internalised parental ego state (transactional analysis) or superego (Freudian) whose intensity can be modified by educating or activating the adult ego state (ego) (Fig. 2).

For instance, peer group beliefs such as "You can't get pregnant the first time" or "It's OK if you do it standing up" can be confronted with factual knowledge such as 1 in 20 pregnant schoolgirls got pregnant as a result of the first time they had sex and sperm can swim up hill!

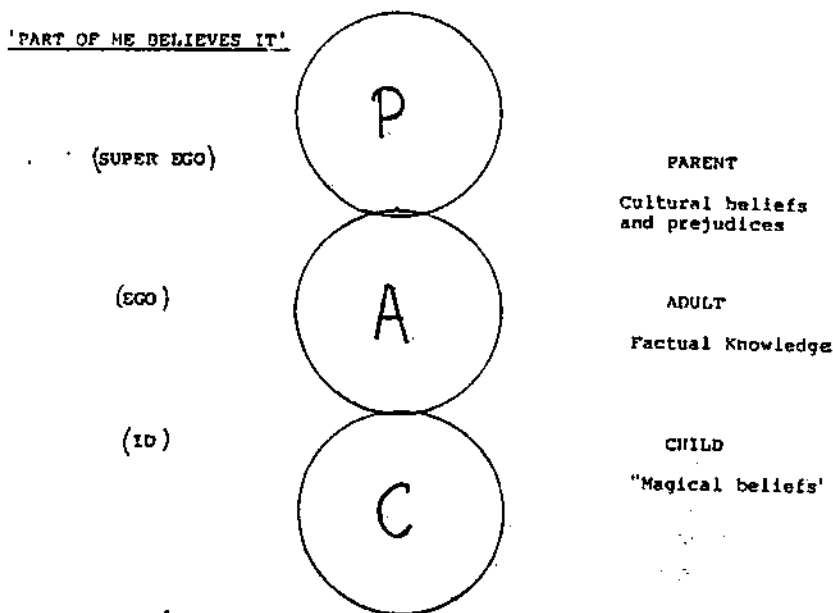


Fig. 2

Unfortunately though, these beliefs can also be manipulated by pressure from less ethical factions such as pressure groups attempting to 'sell' their own brand of quasi-religious dogma. In Britain we have had several such attacks on the adolescent's right to accurate information and free choice with regard to sexual decision making. Pressure groups such as 'Life', 'The responsible society', 'SPUC' (the society for protection of the unborn child) and the supporters of Victoria Gillick have enjoyed an enormous amount of publicity in campaigns to ban sex education in schools, to stop doctors prescribing contraceptives to under sixteens and to delegalise abortion. The current campaign against termination of pregnancy waged by the MP David Alton is using highly emotive material such as engineered photographs of foetuses sucking their thumbs to hit at the belief system surrounding life and birth; to regard a fertilised ovum in the same light as a child and to brand all termination as murder.

At a deeper level are what I would describe as 'magical beliefs'. Intrinsic ideas with a high emotional content, a feeling of instinct and intuition and which may have no perceivable basis in current reality. These 'magical beliefs', acquired at a very early stage of development, may be ascribed to the child ego state (TA) or perhaps the Id (Freud). They are very firmly adhered to largely out of awareness and profoundly affect the individual's sexual and reproductive practices. Failure to understand such beliefs can entirely sabotage a treatment or contraceptive programme.

'Magical beliefs' centre on fundamental concepts such as feelings about self, body and control and on the nature of life itself. The adolescent, during psychological development is much preoccupied with the question "Who am I?" Confusion inevitably arises when "Who am I?" becomes "Who are we?" Establishing a personal identity may be an almost impossible task for a pregnant adolescent who suddenly finds that her identity is changing beyond her control, she is no longer a 'little girl', she is a fertile woman. The role of mother is thrust upon her before she has established her own identity, hence the belief that she cannot get pregnant and frequent denial of pregnancy.

"I knew about sex and how girls could get pregnant but I never thought it could happen to me."

"I thought I was too young to get pregnant, you don't think that a girl like me could end up pregnant, do you?"

"I never thought I could get pregnant."

Many girls deny they can become pregnant, they believe they are too young (Zelnick and Kantner 1978). Belief in the impossibility of pregnancy can become almost a 'magical protection' like a lucky charm used against the evil eye 'well it won't happen to me'. These teenagers are still at the stage of concrete reasoning and cannot identify with the experiences of others (Blum & Resnick 1982; Piaget 1972; Coleman 1972; Babikian & Goldman; Luker 1976). This explains why health education methods based on 'shock tactics' do not work with this age group.

"My grandad smoked and he got cancer. I've been smoking since I was thirteen but I'm OK."

"You hear about things happening to other people but you never think it will happen to you. When my friend got pregnant, I sort of thought she must have been a bit stupid but then I realised that I hadn't come on (with a period) and I realised that I had been doing the same as her".

"I knew we were having sex and that we weren't using anything and I suppose I knew how girls got pregnant but somehow I just didn't put the two together."

Beliefs about "who I am" can very easily become negative for a deprived teenager with little chance of achieving adult goals such as doing well at school, getting a job and setting up their own homes. It is easy for the answer to the question to become "I am a school drop out", "I am an unemployable person", "I am a failure" hence the loophole of "I can be a success if I can be a mother".

Teenage sexuality is profoundly affected by beliefs about control. A feature of adolescent development is an internalising of the 'locus of control', i.e., an assumption of responsibility for one's actions and one's body. Many do not reach this stage, remain with an external locus of control and believe that they have no control over their bodies or actions. They are not in control of when they have sex and they are unable to control whether they get pregnant. They are not responsible for their actions or their bodies, pregnancy is something that 'happens' to them, it is a matter of fate (Novicki & Strickland 1973; McKenry 1973; Blum & Resnick 1982; Kandell 1979) (Fig. 3).

Many South London girls said that they hoped they would not get pregnant but never considered doing anything to prevent it (Birch 1986, 1987). Such girls are accustomed to having little control over their circumstances. They live in poor housing, have little money, do badly at school and are unable to change their environment. When an unplanned pregnancy occurs this represents the ultimate loss of control, even their bodies are acting independently of their wishes. In fact, within this belief system there appears to be an element of belief in the 'autonomous womb'. It is as if the teenager believes that the body consists of three areas:

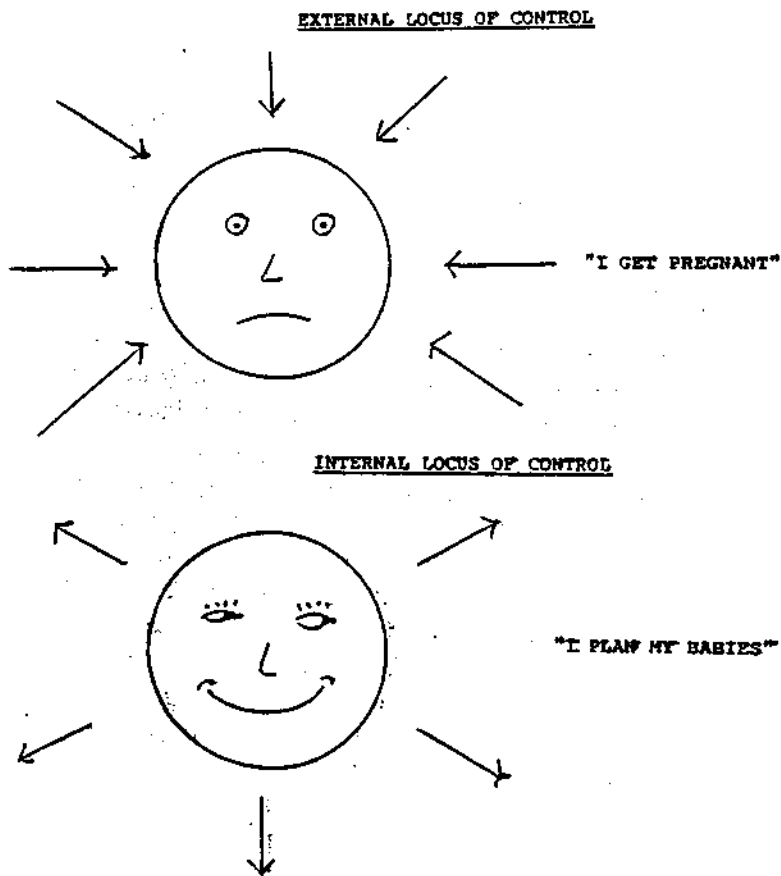


Fig. 3:

the non-sexual body over which one may exert some control, for instance in running, walking; the sexual erotic areas which are under less control but can be fun to use such as the penis, breasts and vagina; and the third area over which there is no control, the womb.

The belief in the autonomous womb explains why "Teenagers ... do not believe sex will result in pregnancy" (Katchadourian 1980). It also explains some of the denial.

"... I kept convincing myself I wasn't--I kept missing periods but I kept putting it off, saying nay, it's just.... I was saying to myself, I've had sex so it's most probably changing my body or something. Just giving myself any old excuse." Janet, 15, 'Schoolgirl Mum'.

"Well I knew *someone* was pregnant, but I didn't know it was me."

Missed periods, feeling ill and tired, putting on weight and feeling the baby move all add evidence to bring home to a girl the realisation that she is pregnant. Despite this one-fifth of schoolgirls do not face up to the situation until a third person, their mothers or sisters, tell them at they are pregnant (Birch 1986, 1987). Girls seem to be spurred into taking action by missing further periods, and lull themselves into a false sense of security in the middle of the month. It is as if each expected, but missed, period reminds them that they could be pregnant and should be doing something about it, whereas as this danger time passes, they can deny it again with another 'magical belief', "Well perhaps I was only a little bit pregnant".

Lack of control is at the basis of the teenagers notoriously poor use of contraception. Only 7% of London pregnant schoolgirls have ever used contraception. Young girls deny to themselves that they are having sex and convince themselves that if they do end up in bed with a boy, this is a 'once off' and not a regular happening. This denial is a protective mechanism. They are conditioned to believing that girls who have sex or who want sex are 'sluts' so they must convince themselves that they are 'not like that'.

"I didn't need the pill because I wasn't going to have sex".

"My mum asked, did I need to be on the pill but I didn't want to admit that I'd been to bed with him."

The belief is that unplanned sex is an accident. Nobody can be

blamed for the occasional slip, for 'getting carried away', 'swept off her feet'. The cliches are endless. However premeditated, planned sex is inexcusable (Katchadourian 1980; Bury and Harrison 1982; Russo 1984; Bury 1984; DeAmicis 1981; Zelnik and Kantner 1978). Here cultural beliefs also have a bearing; different standards of behaviour are still applied to boys and girls. A teenage boy will not mind his friends knowing that he is sleeping with his girlfriend but for a girl, being on the pill means that she is intending to have sex which is not socially acceptable.

"I never thought I'd be doing anything like that. I went to a party and I suppose I got a bit carried away, you know how it is."

"I did think of going on the pill but then I thought, if he finds out he won't want to go out with me any more, he'll think I planned it all."

"I know it's a risk but what can you do? You can't say 'It's OK I'm on the pill' or 'just a minute while I put my cap in' or 'would you like a sheath; it just so happens I've got one here'. Right away he'd think 'fucking slut who's she got them for, then?'" (Cathy, 18-year-old mother of a 3-year-old boy).

Hence belief systems interact. The table (Fig. 4) illustrates how the various levels of belief systems influence a sexual behaviour such as contraceptive use. Similar analyses could be made of other behaviours. In planning delivery of services it is essential to take such belief systems and cultural norms into consideration and also to assess how our own beliefs influence the situation. What belief are we fostering when we calculate gestation from the last menstrual period, i.e., before ovulation? Or when we talk euphemistically of giving a woman 'something to bring on her period'? Is it possible that you can indeed be a little bit pregnant?

BELIEF SYSTEMS RESULTING IN NON-USE OF
CONTRACEPTION

System	Belief
Peers	You should get 'carried away'
Society	You can get contraception but ... not if you're under 16 / they'll tell your mum
Family	Good girls don't need the pill; my mum wants lots of babies
Religion	Contraception is wrong
Culture	A girl's worth is in her fertility
"Magic"	I can't get pregnant It won't happen to me I am not responsible Lightning doesn't strike twice!

Fig. 4:

The message is thus that in order to make what we as professionals are doing acceptable and useful to young people, we must talk the same language, be in harmony with their belief systems. Just as Popeye created a belief system to give spinach an acceptable image, perhaps we need rock heroes to promote a new belief in birth control.

REFERENCES

- Act of Parliament, The Abortion Act 1967. Her Majesty's Stationery Office, 1967.
- Birch DML. Schoolgirl pregnancy in Camberwell: A population study of inner city schoolgirls' pregnancies, motherhood and two year follow up". MD thesis, University of London, 1986.
- Birch DML. "Are you my sister, Mummy?" Youth Support ISBN 1870717007, 1987.
- Babikian H, Goldman A. A study in teenage pregnancy. *Amer J Psychiatry* 1971; 128:111-116.
- Blum RW, Resnick MD. Adolescent sexual decision-making: contraception, pregnancy, abortion, motherhood. *Pediatric Annals* 1982; 11:797-805.
- Bury J. Teenage pregnancy in Britain. Birth Control Trust, 1984.
- Bury JK, Harrison N. A young peoples advisory service. *Health Bulletin* 1982; 40:133-139.
- Coleman J. Identity in adolescence; Present and future self-concept. *Human Development* 1972; 15:1.
- Deamicis LA, Klorman R, Hess DW, McAnarney ER. A comparison of unwed pregnant teenagers and nulligravid sexually active adolescents seeking contraception.
- Kandell N. The unwed adolescent pregnancy: an accident? *Amer J Nursing* 1979; 79:2112-2114.
- Katchadourian H. Adolescent sexuality. *Pediatric Clinics of North America* 1980; 27:17-28.
- Luker K. Taking chances: Abortion and the decision not to contracept. Berkeley: University of California Press, 1976.
- McKenry PC, Walters LH, Johnson C. Adolescent pregnancy: A review of the literature. *The Family Coordinator*, Jan 1979.
- Nowicki S, Strickland B. A locus of control scale for children. *J of Consultation and Clin Psych* 1973; 40:148.

Piaget J. Intellectual evolution from adolescence to adulthood. *Human Development* 1972; 15:1.

Russo JF. Impact of pregnancy on adolescent physical, psychological and socioeconomic development. *North Carolina Med J* 1984; 45:39-40.

Zelnik M, Kantner JF. First pregnancies in women aged 15-19: 1971 and 1976. *Family Planning Perspectives* 1978; 10:11-20.

Zelnik M, Kantner JF. Contraceptive patterns and premarital pregnancy among women aged 15-19 in 1976. *Family Planning Perspectives* 1978; 10:135-142.

