A household interview’s aim was to diagnose a community health problem. The assessment used random sampling of one household from among the households of Fulton County, Atlanta, Georgia. Teenage pregnancy is a dominant problem at Fulton County in Atlanta, Georgia. The household comprised a 19 year-old African American girl living with her single mother and two siblings in a small apartment in the county.

Still birth, premature birth, infant mortality, and maternal mortality all have a high correlation to teenage pregnancy (Duncan, 2007). Socioeconomic factors such as education level, culture, environment, and economic conditions are some of the indicators of a community’s health status. The paper analyzes the situation of health in Fulton County considering multiple health status determinants. Media campaigns, education and teen development programs, and community outreach programs are essential strategies for managing teenage pregnancies.

Demographics, Social, and Economic Characteristics

Fulton County has a population size of 722,540 and a population density of 1,366 people per square mile (Brace, 2008). 20.9% of the population of Fulton County lives below the poverty level. With regard to racial distribution, the African American community forms the majority at 54% (Ibid). American Indians, Asians, and Hispanics are the minority racial groups. In respect of age, 24% of the population is under the age of 18 whereas approximately 10% of the residents are 65 and over. This indicates that the majority of the population is young people.
Complications Associated with Teen Pregnancies

United States, among other few nations in the developed world, has high teen pregnancy rates. Annually 750,000 pregnancies occur among teenage women 15-19 years of age. 90% of these pregnancies are often unwanted. Well designed programs reduce the risk associated with teenage sexual behavior especially in schools.

In Fulton County, teen mothers represent 7.3% of mothers of all age categories. Low birth weight (<2500g) is 11.8% against the Healthy People target for 2010 of 5.9% (Brace, 2008). Infant mortality is 10.4% against the U.S. Healthy People Target for 2010 of .4.5% (Ibid). Teenage pregnancy is the vital cause of a high low-birth-weight rate, premature births, and infant mortality.

There is a multiplicity of factors that influence population health status and create disparities in health among the residents of Fulton County. Critical factors include education levels and employment status which impact on health through a cascade of causation (Blackburn, 2009). Employment and education status influence income and economic conditions. These then influence housing conditions and safety, environmental conditions, crime, mental health, nutrition, and social behavior (drug and alcohol use). These conditions in turn influence preventive health care, lifestyles, and health resources. Cultural diversity of health care personnel is the other essential factor apart from education and employment.

Behavioral and Cultural Education

Fulton County has a department that runs a program for teen clinical services (Brace, 2008). The process of service delivery at the program involves a preliminary questionnaire that
determines the priority areas for initial counseling. 65% of teenage clients initially visiting the program are sexually active. Furthermore, only 60 to 65% of the sexually active have ever practiced birth control (Ibid). Engagement in early sexuality activity causes sexually transmitted diseases, unwanted pregnancies, and mental health problems.

Drug and alcohol abuse are activities that relate to early sexual activity. According to the U.S. National Campaign to Prevent Teen and Unplanned Pregnancy, teen pregnancies contribute to school drop out rates (Belzer et al, 2005). Teen pregnancy reduces high school graduation rates and is the number one influencing factor for school drop-out. Growing up in the modern world is a challenging experience for young girls. Teens receive mixed often destructive messages about relationships and sexuality. Teens face pressure to make unhealthy and unwise decisions. Television programs, advertisements, songs, and films convey messages in which sexuality and relationships have little meaning. These messages are misleading to young people and teens value them than educative messages.

Associated Factors

Teenage pregnancy is a global problem, and annually, close to one million teenage girls become pregnant (Hill & Ricks, 2008). Many young people grow up in unsafe environments, inhospitable economic conditions, inadequate schools, and socially unstable families. Most cases involve lack of information; others accidents, while others are intentional by girls who want to prove that they are adults. Lack of information relates to poor education levels among parents and adult populations supposed to direct young people. In Georgia, approximately 104,080 people above age 25 do not hold a high school diploma (Brace, 2008). Strategies that can be implemented to enhance the capacity of teens to prevent early pregnancies may take the form of education concerning sex, parenthood, and relationships.

Media campaigns, school and youth development programs, reproductive health programs, and family and community programs for teens, are programs that are essential for controlling teenage pregnancies (Blackburn, 2009). Teenage pregnancy is the cause of personal, economic and social problems. Teenage mothers have a slim chance of completing high school education. Only a third of teenage girls who get pregnant complete high school education. In addition, their children are less likely to learn and grow. The federal and state agencies should
increase funding for youth development programs. Parents and families must also play their role of nurturing children and ensuring that they do not watch misleading television programs.

Social and economic factors (poverty, education, culture, environment, etc), mortality, and quality and access to care are essential indicators of health status (Belzer et al, 2005). Provision of accessible contraception and sex education is essential courses of action in lowering the rate of unplanned teenage pregnancies. In addition, periodic health screening and education on total health needs for adolescents should be offered to support initiatives aimed at reducing teenage pregnancies. Community education and outreach programs are useful programs for teen health promotion. Raising the capacity of families and communities to nurture teens in setting essential life goals may help reduce the prevalence of teenage pregnancies. Parents, school, and community are critical buffers for teens against early sexual activity.

References


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