D. L. JARVIS, Director, Central Services, Children's Aid Society, Vancouver, B.C.

PREVENTING ILLEGITIMATE TEENAGE PREGNANCY THROUGH SYSTEMS INTERACTION

A Demonstration Project of the Children's Aid Society of Vancouver, B.C. Portraying Interagency and Interdisciplinary Co-operation

With the dawning of the "Age of Aquarius" one wonders if it would be naive to hold out hope for an era of truly effective interaction among human helping systems (1, pp 2-5). Certainly the need is great for responsible sharing and collaboration in meeting the complex challenges that present themselves to the helping professions. One such challenge is the phenomenon of unwanted teenage pregnancy, which, in Canada, has accounted for some 30% of all illegitimate births (2, pp 3-4) and more recently a comparable percentage of abortions (3). One way of responding to this particular social problem is to try preventing it through co-operative educational endeavours. In this context an interesting approach has been taken by the Children's Aid Society of Vancouver in sponsoring a demonstration project aimed at illegitimacy prevention through hospital observation and family life dialogue with highschoolers.

Linking up systems devoted to child care, medical services and secondary education has seen the Society join with the Vancouver General Hospital and the Sir Winston Churchill High School in implementing this demonstration project. After some trial run experimentation, weekly field trips were conducted throughout the 1969 school year so that all Sir Winston Churchill Grade 8 girls and Grade 9 boys could participate in the unique learning experience afforded by the project.

The Scene of the Interaction

The fellows and girls, mixed in groups of about fifteen students each, began the field trip with a tour of the maternity service at the Vancouver General Hospital. Informative talks were presented by medical, nursing and hospital social work staff. Responsive young eyes were sometimes wide with wonder as the tour revealed "what happens" in the labour room, the case room and the nursery. Various obstetrical instruments and equipment were described and newborn infants were viewed, including premature babies in incubators. Most of the students expressed keen interest in the physiological aspects of childbirth upon which the hospital part of the trip focussed. Discussion was fostered through an easygoing question and answer approach which continued as the group reconvened around cokes and doughnuts in the staff room of the Children's Aid Society's Broadway Branch.

The Dialogue at Children's Aid Society

Social work staff specializing in single parent services, including a student on placement from the University of British Columbia School of

Social Work, provided leadership for the group dialogue sessions. They experimented with a variety of techniques in the hour-and-a-half sessions at the Agency. A great deal of effort was put into discovering ways and means of informing the students and having them feel something of the impact of a major social issue, namely out-of-wedlock pregnancy, and all the implications that may be inherent in the experience should it "happen" to occur in any of their life situations.

Through the Society's Community Relations Service, a Fact Sheet about illegitimacy was introduced to the group sessions, together with an unusual pamphlet showing what might be done about one of life's more difficult equations when "one plus one equals three." This informative material helped to guide discussion on such topics as normal parent-child relationships, common emotional "hangups" of adolescence, dating patterns, dilemmas associated with the use of contraceptives, abortion, adoption, foster care—the implications of being a sole support unwed mother, the legal aspects of being a putative father, and so on.

Films on teenage pregnancy were included in some sessions, but these did not always help in focussing discussion. Wide-ranging dialogue seemed to prevail on occasion with such subjects being debated as teenage use of drugs, what it might be like to "drop out" and "hit the street," and "what it's like to live in a Children's Aid Society group home." The youngsters obviously needed to set their own focus for the dialogue at times. There was some fantasizing, to be sure, when it came to opting for prolonged discussion on these topics. However, the social work leaders would use these opportunities to inject an emphasis on the importance of assuming responsibility for one's own actions. Special care was taken to avoid moralizing, which most surely would have caused the group to "turn off."

Of real significance for the students were the sessions that included a foster mother in person with a baby she was fostering. Babies brought in like this were awaiting adoption for various reasons. At one session a young single mother, on her own with her infant, was present to share in the discussion. Some of the students had difficulty in responding to this situation out of their marked sensitivity to actually seeing and hearing an unwed mother talk freely about herself and her baby—about her tears and joys, her disappointments and her dreams.

When experimentation led to separating the boys from the girls for part of the session, discussion seemed to move along very freely. It tended to be less inhibited as compared to the flow of dialogue in the group as a whole. It was determined that it would be best for a young male social worker to lead the fellows in their interest group, and conversely it would be desirable for a youth oriented female worker to lead the girls in their separate sessions. Sometimes basic concepts about male and female anatomy, contraception and abortion needed special explanation. When the air was cleared in this regard questions came forward with minimal anxiety and at times an ardent eagerness, attesting to the profound learning and understanding being attained.

Evaluation

In evaluating the demonstration project, the students themselves offered written critiques. Some felt they did not want to have teachers on hand when the discussion groups convened at the Agency. They did not want any damper

put on the dialogue. Others resented being "talked down to" as though they were "completely ignorant about sex." Most expressed high regard for the social work leadership they were exposed to in the group sessions; wanting to spend "more time at the Children's Aid Society," "learn more from the workers," "come again," etc.

The professionals involved in the project also have assessed their efforts. They have determined that the demand for this kind of preventive service constitutes a type of challenge that carries a heavy load of frustration, to say nothing of the self-analysis involved. Only a handful of adolescents could be put through the project and the planning and energy inputs that were required proved to be exceedingly large relative to the small numbers of students served (about 200). Nonetheless, it was a stimulating exercise to interact with colleagues in other systems practicing medicine, nursing, medical social work and education. Having students talk with consumers of child welfare services was rewarding, to say the least.

The social workers serving on the project were heartened in knowing that the number of teenage pregnancies tended to be reduced in high schools in the United States that had introduced on-going programmes along this line (4).

What of the Future?

Out of concern for an extension of the kind of thing this experience represented, planning for the future has continued to go forward even though the original project has terminated. Various strategies have been advanced with a view to further demonstration activities, e.g. use of other hospitals and schools, videotaping a series of field trips for extensive showing and follow-up study in schools, involving students themselves in attending workshops following which they would report back to students using audio-visual equipment, abortion assemblies (5, p 26), distributing birth control handbooks (6), and so forth.

Abortion Reform Brings New Dimension

With new legislation, attitudes and practices regarding abortion (7) it is evident that endeavours aimed at preventing illegitimate teenage pregnancy through education must now operate in another dimension. The current context is complicated because a substantial number of young single women seeking abortion view the procedure as a method of birth control. In evidence of this development is the increased abortion activity at the Vancouver General Hospital where 75% of those seeking abortions are unmarried women (8).

Year	Number of Abortions Performed
1969	111
1970	1008

During this period the Children's Aid Society had a substantial drop in requests for single parent services from an average of approximately 95 per month in 1969 to about 50 new cases monthly in 1970. For the first quarter of 1971 the downward trend has continued with about 35 cases being opened in the average month. There is little doubt as to where these young people are turning for help in resolving unwanted pregnancy.

In some ways meeting the challenge of illegitimate teenage pregnancy in the 1970's has reached such dramatic proportions that an unprecedented

breakthrough could well be in the making, whereby a pooling of talent and experience across system lines could produce major preventive programmes. Hospitals simply cannot continue to deliver abortion services at the expense of other facilities. There is understandable concern when a 17 year old girl shows up for her third abortion with no social work services having been offered around her two previously terminated pregnancies. Hospital systems at present are clearly unable to deliver the counselling services that are needed. Social workers in child caring agencies must be prepared to do more practice across agency lines in helping colleagues handle the heavy demands they are experiencing.

Summary

Social workers through the Children's Aid Society of Vancouver, cooperating with doctors, nurses, hospital social workers and educators in other helping systems, recently conducted a demonstration project aimed at preventing illegitimate teenage pregnancy. The highschoolers on whom the project focussed evaluated it favourably and planning goes forward in interprofessional circles to meet new developments and extend this form of preventive work.

Throughout the project and subsequently, a growing awareness for needed interplay amongst helping professionals working in a variety of systems has served to stimulate planning. One might even be led to hope that a new era of co-operation is in the offing. Could it be that some of the philosophy behind the United Kingdom "Seebohm Report" is finding a mark in this part of the Commonwealth? Might it be that preventive patterns, with a unified and integrated systems frame of reference, are on the verge of helping Vancouver youngsters receive "a much wider range of services and skills" than would otherwise be the case under centralized and insular school programmes (9, p 67)?

Would that when we end the 1970's we can look back and say: "It was thus"—"and now let us enter the 1980's developing interaction on an international plane in our global village."

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