Deliveries and terminations of pregnancy of young women in Germany Data from the Federal Statistical Office of Germany 
Evelyn Läue
eHans-Jürgen Heilmann

Casa Luna— a support facility for under-age mothers Experiences from ten years’ work
Anneke Garst

“She is still practically a child herself…” Examination of living conditions, attitudes and contraceptive behaviour of young pregnant women and mothers. 
Annette Remberg

Unfulfilled longing for pregnancy and motherhood? A forgotten subject in sex education
Barbara Wittel-Fischer
Almost 5,000 young women between the ages of 12 and 17 had a child in 1998. While the number of births for 18 to 20-year-olds has varied significantly since 1982, it has remained constant throughout this period for under-age mothers at around 5,000.

The total number of terminations in this group has slightly increased in recent years but, when compared internationally, remains the fourth lowest in Europe with a rate of 6.9 for every 10,000 and far behind the United States (22.9), Japan (11.0) and the Russian Federation (64.6). Basic facts such as these have been compiled by Evelyn Laue and Hans-Jürgen Heilmann of the Federal Statistical Office of Germany for this FORUM.

In the empirical research project “She is still practically a child herself...” Annette Remberg is concerned with the educational and vocational perspectives of young mothers and their aspirations for their private lives. Other areas covered are how they experience their own sexuality, sexual knowledge and contraception. The motives and perspectives of fathers also form part of this study, which should contribute to providing young pregnant women and young mothers with realistic advice and care.

Anneke Garst is one of the founders and a co-worker at Casa Luna, a residential facility for 14 to 20-year-old mothers in Bremen. She first describes the background and problems of these young women, who almost always come from very difficult family circumstances. In ten years of practical work Anneke Garst has amassed a great deal of experience which she has categorised under the headings of “Dealing with sexuality and contraception”, “Deciding for the child” and “The role of the father”, amongst others. The discrepancy between the hopes of the young mothers for a new beginning through the child and the actual life circumstances which often overwhelm the mother and her child is clearly demonstrated.

Barbara Wittel-Fischer is concerned with the longing for pregnancy and motherhood as a “forgotten subject of sex education”. She criticises the fact that the subject of teenage pregnancies is almost always treated as problematic in counselling work and, from her work with young immigrants, forms the thesis that even in girls and young women brought up in Germany there is a yearning for pregnancy and motherhood which is not sufficiently taken into account by sex education. Finally, she pleads for appropriate reform of counselling services to provided access if required “to all possible female resources”.

Finally we would like to inform you of the forthcoming FORUM 2001, “Sexuality and Handicap”. As we wish to give the most extensive overview of material possible, please send us your brochures, recommended book titles, exhibition information, etc. for the INFOTHEK category.
In Germany there are no pregnancy statistics in the sense that pregnancies are recorded systematically, methodically and uniformly.

Conclusions about the number of pregnancies are essentially possible via
a) birth statistics,
b) termination of pregnancy statistics and
c) miscarriages listed in hospital diagnosis statistics.

Pregnancies of young women in 1998

In 1998 788,224 children were born in Germany, of which 785,035 were live births. Of these 4,683 children (0.6%) had a mother who was less than 18 years old, 16,983 (2%) a mother between 18 and 20, and 20 to 25-year-old mothers brought 118,095 children (15% of all live births) into the world. In addition, of the total number of terminations of pregnancy in Germany in 1998 (131,795) 5,557 (4%) were in women who were less than 18 years of age, 7,760 (6%) in 18 to 20-year-olds and 25,731 (20%) in 20 to 25-year-olds. In addition, according to hospital diagnosis statistics, in 1998 there were altogether 117,563 pregnancies with subsequent miscarriage, of which 25,452 (21.6%) were in women under 25 years of age.

If we combine these three features under the term "pregnancies", we arrive at the following distribution (see A1).

In young women under the age of 25 the termination and miscarriage rates are higher (see A2).

What do these absolute figures from official statistics indicate—are these high or low rates? In order to get a feeling for the relative size of an absolute figure, we are happy to use the so-called proportion calculation. In this the absolute figures are compared to those for the population as a whole, which in this case is the female population in the corresponding age group.

In 1998 there were 2,667,856 females between 12 and under 18 years in Germany, there were 879,687 young women aged 18 to under 20 years, and the number for 20 to 25-year-olds was 2,184,190. Therefore the pregnancy rate for the under 18-year-olds is 3.9 per 1,000 of the corresponding age group, of those aged 18 to under 20 years 28.9 of every 1,000 were pregnant and in 20 to 25-year-olds the proportion goes up to 66 of every 1,000 in this age group.
A3 Proportions per 1,000 women

<table>
<thead>
<tr>
<th>Age group</th>
<th>Births</th>
<th>Terminations of pregnancy</th>
<th>Miscarriages</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 to under 18</td>
<td>1,8</td>
<td>2,1</td>
<td>.</td>
</tr>
<tr>
<td>18 to under 20</td>
<td>19,3</td>
<td>8,8</td>
<td>.</td>
</tr>
<tr>
<td>20 to under 25</td>
<td>54,1</td>
<td>11,8</td>
<td>.</td>
</tr>
<tr>
<td>Total (12 to under 25)</td>
<td>24,4</td>
<td>6,8</td>
<td>4,4</td>
</tr>
</tbody>
</table>

A4 Births from 1982 to 1998 for women below the age of 20
(up to 1990, former Federal Republic, from 1991 the whole of Germany)

A5 Births from 1982 to 1998 per 1,000 women under 20
(up to 1990, former Federal Republic, from 1991 the whole of Germany)

For 1998 the following proportions for every 1,000 women applied to the corresponding age groups (see A3).

Development of birth rate figures over time

This section deals with the two age groups of under 18-year-old and 18 to 20-year-old young women over the years. It should be noted that the under 18 group comprises six years, while the 18 to 20-year-old group only covers two years. This inequality can later be relativised by the establishment of proportions.

First the pure birth rate should be considered. Please note that there is a break in the sequence at 1990/1991 in that the figures up to 1990 are for the former Federal Republic, from 1991 the whole of Germany. For this reason the graph shows a sharp increase in 1991 compared to 1990 (see A4).
If we now take into account the population figures, the following applies (siehe A5). It should be noted that, since 1982, the number of births per 1,000 women under the age of 18 has remained very stable. It varies by only 1.9%, whereas the number of births per 1,000 women in the 18–20 age range varies considerably over the period.

**Termination of pregnancy statistics**

With regard to terminations of pregnancy, first the results for 1999 are shown in detail. Incidentally, since the revision of regulations covering federal statistics on terminations of pregnancy in 1995, there have been no significant shifts in the yearly results overall or in the individual sectors.

**Result for 1999**

In 1999 130,471 legal terminations of pregnancy in the Federal Republic of Germany were registered with the Federal Statistical Office. In 4% of these terminations the women were under 18, in 7% of cases they were 18 to under 20 years. In terms of legal justification there were no significant divergences from the overall figure in these two age groups: in the vast majority of cases (98%) the termination was justified within the advisory regulations. The proportion for the most commonly used procedure, vacuum aspiration (aspiration method) was 84% for the under 20-year-olds, that is slightly lower than the proportion overall (86%). In this age group the terminations were more frequently induced by drugs (4% compared to 3% overall). This difference is justified by the fact that many doctors consider induction of termination to be indicated for young women who have not had a previous pregnancy.

There are differences in the duration of pregnancies in the under 20 age group compared to the overall figure. The proportion of terminations after a pregnancy lasting less than six weeks is 7% (9% overall) and of terminations in the 10–13th week 25% (18% overall). The result of this is that on average women under 20 are pregnant for 0.4 of a week longer than the overall figure (see A6).

**Retrospective**

Unlike the birth statistics, a sequential review of termination of pregnancy statistics is problematical. If we look back at the results, we notice a number of terminations which are covered by varying legal guidelines and survey methods.

Until 1990, in the GDR terminations of pregnancy were recorded by means of the so-called clinical record system, which meant that there was almost complete notification of terminations for statistical purposes, since terminations were only carried out in hospitals. In the former Federal Republic, on the other hand, until 1995 notification was by means of an inquiry form which could be handed in anonymously. In addition, many institutions which performed terminations were not even known to the Federal Statistical Office. The absolute figures for terminations of pregnancy up to 1995 should therefore be treated with caution. Since some doctors did not fulfil their obligation to provide information, or only supplied unsatisfactory information, and sufficient controls were not available because of the anonymous provision of information, we must assume that there was significant under-recording of terminations of pregnancy up to that time.

With the revision of regulations covering federal statistics on terminations of pregnancy applicable since 1 January 1996, the proprietors of doctors’ practices...
and heads of hospitals in which terminations have been carried out within two years up to the end of the quarter are obliged to provide information. As an aid, the name and address of the establishment, as well as the telephone number of the person available for any inquiries, are listed. It is thereby possible for the Federal Statistical Office to check that the obligation to provide information is being observed. However, there are still limitations with regard to the completeness of the data provided.

From 1996 to 1999 the proportion of the total number of terminations of pregnancy in young women under the age of 18 increased from 3.6 to 4.4%. For every 1,000 women in the relevant age group, 5.1 women in the 15 to under 20 age group had a termination of pregnancy in 1996, while in 1999 this figure had risen to 6.3. In the 15 to under 45 age group the proportion changed during the same period from 7.6 to 7.7 per 1,000 women. Looking back to the time before 1996 can only be of limited use. If the results from the GDR were added to those from the former Federal Republic, the extremely varied recording methods would not be taken into account.

International comparison

An international comparison of legal terminations of pregnancy is only possible for overall figures and then only to a limited extent. It must be taken into account that the information is based on varying recording methods and varying legal regulations. However, it is apparent that internationally Germany is a country with one of the lowest termination of pregnancy rates. For international comparisons the number of terminations of pregnancy per 1,000 women aged between 15 and 49 is used as a basis. The currency of the information is varied, extending from 1992 to 1997. The information provided shows that in Europe only Greece (4.9), Spain (4.9) and the Netherlands (5.6) have a lower termination rate than Germany (6.9). The highest termination rates were found in eastern Europe: Russian Federation (64.6), Rumania (46.6), Ukraine (58.4), Estonia (52.5). The United States (22.9) and Japan (11.0) also have termination of pregnancy rates well above the German rate.

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Literature  
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(Specialist series 1, number 1, Regions and Populations)  
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(Specialist series 12, number 6.2, Diagnosis Data for Hospital Patients)  
Fachserie 12 Reihe 3 Schwangerschaftsabbrüche 1996 bis 1999  
(Specialist series 12, number 3, Terminations of pregnancy 1996–1999)  
All the named publications, as well as other documentation, provided by the Federal Statistical Office of Germany, Wiesbaden.
“She is still practically a child herself...” –
Examination of the living conditions, attitudes and contraceptive behaviour of young pregnant women and mothers.
A research project commissioned by the BZgA

Since June 1998, the Federal Centre for Health Education (BZgA) has supported the empirical research project “She is still practically a child herself...” – A study of the living conditions, attitudes and use of contraceptives of young pregnant women and mothers. The initial aim was a period of three years. The project consists of qualitative questioning of a total of 47 underage and young women, up to and including the age of 20, on three occasions. They were questioned about various aspects relevant to their life in the world, first as expectant mothers, then as mothers, at intervals of approximately 9 months.

During the first interview phase, it emerged that after they had become aware of their girlfriend’s pregnancy, an unexpectedly high number of the fathers to the children not only stood by their fatherhood and remained present as partners, but that, in the opinion of a few of the interviewees, the desire for a child had essentially come from the young men, or they argued more strongly for continuing an unplanned pregnancy to full term than the expectant mothers themselves. Against the background of this result, the content of the project was expanded, i.e. we included the perspective of the fathers and questions about young partnerships with a child, and the project was extended by a year. A few of the interviewees had separated from the fathers of their children and had new partners; in these cases, we investigated whether the new partner had taken over social fatherhood and, where applicable, how this changed over time. Similar question complexes were used as a basis for questioning the real and social fathers of the children.

Intention and aims of the study

One purpose of the study was to obtain information about the significance of pregnancy and motherhood for the participants of the interviews with regard to academic and vocational qualifications, employability and material security, as well as to the pattern of their private life (e.g. type of home and everyday life with a child, ideas about partnerships and the shaping of them). Another area of research is that of sexuality, whereby we examined the actual encounters of the young people and their experiences of their own sexuality, as well as sex education, including knowledge of contraceptives and questions about the possibilities of implementing contraception within their partnerships. Further analytical categories are e.g. advice, support and medical care. These were studied, for example, through the following question formulations: what significance the offer of advice and care had for the young people during the pregnancy and in the family phase, which institutionalised and social resources the young pregnant women and mothers were able to activate and how these changed over time.

Similar question complexes were used as a basis for questioning the real and social fathers of the children. In general, the study’s aim was to work out basic principles for advising and caring for young pregnant women, young mothers and young couples with children, which were scientifically sound and relevant to life in the world.

A few of the results from the first round of interviews¹ with the young pregnant women are presented in the following section.

The girls’ sources of information about sexuality

The variety of human sexuality dealt with quite openly today; the efforts made by schools, during biology and sex education lessons, by parents at home, and by the most varied media on the matter of sex education, which are certainly more common than previously; as well as discussions about sexual themes within the milieu of peers; they all must show, on the one hand, that the theme of sexuality has increased in significance in both the public and private spheres. On the other hand, it appears debatable whether much of that which is generally considered to be sex education and the communication of knowledge about sexuality, actually contributes to young people being able to learn to live with their sexuality responsibly and with self-awareness, and become ‘competent’.

We wanted to know where the female participants in our study obtained their knowledge about sex education and by what means, what it consists of and what significance this knowledge has for them.

With few exceptions, the female participants in our interviews found the formal sex education lessons in school uninteresting and irrelevant to life in the world.

¹ At the specialist BZgA conference for the article on sex education for girls “my thing”, from 19–20th June 2000 in Hohenroda, my colleague Private Lecturer Dr. Monika Friedrich presented our first results on the thematic complex “Outline of the lives of young pregnant women and mothers” (see documentation from the conference, probably published May 2001).
As reasons for this, the girls mentioned that biographically the sex education lessons took place too early ("embarrassing") or too late ("boring") or they were too abstract and/or scientific ("purely biological"). They also criticised the fact that important subject matter, in which they would be interested, such as, for example, "the morning after pill", the significance and course of the female cycle and "individual feelings" during sexual development, was either not mentioned at all or only touched on in a very limited way.

Some of the young women described the conversations with peers about sexuality in a way which made the deficits (partly also felt by themselves) visible, such as, e.g. the fact that many aspects of the topic of sexuality were avoided in their conversations and felt to be embarrassing. Many even described the conversations about sexual themes with female friends and boyfriends as "not to be taken seriously" and as "fooling around".

Other young women described the exchange of knowledge and experience with female friends and/or their "best friend" as completely "normal" and natural. But even here they were visibly inhibited about discussing or mentioning certain subjects or concepts and/or explicitly naming subject matter that interested them. This is obviously contrary to the supposed naturalness of such conversations.

Despite all the apparent openness about sexuality a lot is made taboo in the conversations with peers. The contents of the discussions seldom communicate knowledge; they appear to be more an orientation on the contents of others’ experiences, which serves to affirm the "normality" of their own experiences and feelings.

A proportion of those we questioned completely rejected discussions about sex education with parents and/or mothers or with other adults they felt they could relate to, as these young women did not see the adults as appropriate people to talk to. Other girls considered such conversations with adults to be positive and important, although their remarks made it obvious that only a few parents and/or people they could relate to in the family unit had managed to give sufficient information on the questions about sexuality that was relevant to the young people, which had made a lasting impression and was given at the appropriate time.

The reasons that the young interviewees gave for this were as follows: parents either completely avoided such conversations, or they were inhibited, or they did not feel it was their place to talk about such subjects; or else they delayed the conversation, or trusted that the young girls would get information from other sources, or that the girls would ask on their own initiative. The latter occurred in only a very few cases, as the daughters frequently reported a lack of trust, or they felt inhibited about mentioning such topics or they wanted to protect their mother from their sexual life and their world of experience—from a feeling that they would come across misunderstanding, because of the perceived generation difference.

Other important sources of information about sexual themes for those we questioned were diverse media. First and foremost, the young people’s magazine BRAVO and the corresponding TV magazine BRAVO-TV were named the most comprehensive and, for the most part, unquestioned main sources of explanation. Even at the very least they were considered to supplement the explanatory attempts of other authorities. In addition, if comparatively less often, they mentioned other media such as information material from relevant institutions; “serious” sex education literature, such as books for children and young people on the theme of sexuality; comics appropriate for their age; diverse films about which often no further details were given; and even pornographic writing and films, although they did not refer to them as such, probably because they did not want to admit to using this widely taboo genre in front of us.

Consuming the diverse information offered by the media, however, does not mean that a girl will have knowledge, appropriate to life in the world, communicated to her at the correct time and in a form which she understands, which is neither over-demanding nor under-demanding, and which is relevant to her behaviour. And even in those cases where it appears that the girls did have sufficient and informative sexual education subject matter available to them over a lengthy period of time, it remains doubtful how relevant this sexual education ultimately was. Therefore, we cannot talk about a generally available, comprehensive and taboo-free sexual education, which really meets the information needs of the young women. Notably however, the majority of the young pregnant women believed that they themselves knew enough about sexuality and did not have any more questions on this matter—an astonishing piece of data that may result, among other things, from the quantity of information, which conveys the impression that they have already seen or heard something about all aspects affecting sexuality and therefore they are well informed. Nevertheless, it still remains doubtful whether the type and quality of information and the ways in which it is communicated are suited to the sexual reality of young people, and whether much of it does not even contribute more to their feelings of insecurity rather than resulting in young people handling their sexuality in a way determined by them.

Contraception—knowledge and myths

At first glance, the female interviewees, aged between 14 and 20-years-old at the time of our first interviews, appeared relatively well informed about the means and methods of contraception, independent of their age. The large majority of them were able to name three to six contraceptives straight away; first and foremost the

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1 With regard to this, it was also obvious that the dynamics of sexual practice, particularly during adolescence, were more complex, so that they could not be influenced exclusively by rational means, such as the distribution of information and knowledge or sexual education.
two most frequently used, the pill and condoms, also somewhat less frequently, the coil, spermicides, diaphragms and/or gels and creams and temperature methods (including the latest computerised measuring devices). The calendar method and the “three-monthly injection” were mentioned less frequently. A few of the interviewees also counted the “morning after pill” as a “contraceptive”. Coitus interruptus was mentioned only once as a method of contraception, as was male sterilisation. A few of the interviewees also suggested “hysterectomy” and “removal of the ovaries” as “methods of contraception”.

It turned out that in many cases the ability to name various means and methods of contraception was the retrieval of knowledge from “educational material”, which had been distributed via various sources, and which was lacking more detailed understanding. Hence, for example, the smattering of knowledge with regard to the ways in which contraceptives functioned, the ways in which they were effective, or the methods of application led to a proportion of the girls making mistakes with the contraceptives, and therefore this also led to a pregnancy. It can be assumed that after some time the information which the girls “write off” as educational material is no longer available to them as reliable knowledge and cannot be converted into strategies for preventative action in concrete situations. The fact that subject matter on the theme of sexuality is treated as material for lessons makes it difficult for children and young people to recognise the relevance of this theme, as they associate this theme, declared to be “educational material”, with performance and school marks; this connection has little to do with its relevance to life in the world and the associated, ever-present interest which young people have in the topic.

Once again, the dilemma in which many young people find themselves becomes clear here. It is true that they are confronted with the subjects of sexuality and contraception in the most varied of contexts (sometimes to the point where they have become tired of it; a few of the interviewees referred to this with regard to the media, particularly television), and they think about the information they receive with interest, and, in part, deeply. However, frequently much of that which is relevant to them is not discussed, so, for example, their own questions and problems remain unconsidered; this could also be seen in the section about sources of information.

In addition to the partial, precarious knowledge with regard to contraception, the use of contraceptives was hindered by the young women’s ideas, which had been fed by everyday myths, values passed on from others drawn from past experience, and their own experiences. For example, a few girls refused to take the pill because they were afraid that they would put on weight, or of other side effects, or else the thought of regularly supplying their body with chemicals was unpleasant. Condoms were frequently considered to be “unpractical” and disruptive to the sexual situation, or even “disgusting”. Occasionally, it was thought that the coil “causes growths and inflammation”.

It was known that vaginal suppositories—used alone with no additional protection through a condom—did not provide sufficient protection from conception. Spermicides were also rejected because of the fact that they had to be inserted during a specific period before sex and therefore this method prevented spontaneous sexual intercourse.

A number of girls knew of cases concerning all “popular” means of contraception in which women had become pregnant despite allegedly using the contraceptives correctly. It was obvious that for a few of the interviewees, in part a massive fear of pregnancy connected with uncertain knowledge, particularly about the effect of the pill, also caused them to distrust contraceptives.

Another myth was that of the “pelvis suited to birth”, that if this has been “inherited” from the mother, every attempt at contraception, no matter how good, is bound to fail, as a pregnancy inevitably has to happen because of the genetic make-up.

Above and beyond these ideas, in part based on everyday myths, the most varied aspects of the problems of use had to be dealt with, including being aware of the necessity of contraception in concrete situations and overcoming the embarrassment of talking about the question of contraception with a partner.

**Communicating with the father of the child about contraception**

Most of those taking part in our interviews (29) had talked about preventing pregnancy with the father of their child and a few of them had also talked about preventing a HIV infection and/or other sexually transmitted diseases.

Only a minority of our interviewees understood “protection” in the comprehensive sense—i.e., also as preventing illnesses—and communicated with their partners correspondingly. Most of the young women understood our question about protection exclusively as about contraception, although it must be taken into consideration that the subject of the questioning could have had the effect of narrowing the train of thought to contraceptive measures for at least a few of our interviewees. The young pregnant women who had not talked to their partners about protection made no connection at all between the question about protection and protection from an HIV infection and/or from sexually transmitted diseases. It was obvious that many girls understood the pill as comprehensive protection even from diseases. Once again, it was obvious that here there was uncertainty in understanding and/or in converting knowledge in concrete sexual situations, which could be associated with problems in education.

Discussions about contraception with the father of the child took place when the young women wanted to use another contraceptive method, if she wanted to make clear whether she wanted a child or if he did and to agree on the time for a child, and if she had problems with her regular or effective contraceptive. They also spoke to their partners about contraception if they wanted to convince them of the necessity of their taking on the responsibility for contraception.

In comparison, 18 of the pregnant women said that there had not been any such communication, either
because they did not have the courage, or because they feared that their boyfriend would force them to use contraception and therefore their intention “to make the relationship long-term” with a child would be prevented, or because either they or their partner had an explicit desire for a child and/or the young girls suspected that their boyfriend wanted a child with them.

Further reasons given for the lack of exchange between the girls and their partners about contraception included the inherent dynamism of the sexual situation, in which contraception was forgotten, or that the girls took the pill which made communication superfluous.

Many young people found it difficult to have conversations about contraception, as it required rational and strategic thought and action, which they found difficult to achieve. Also, in many cases the young girls obviously expected complications in their relationships if they mentioned the subject of contraception to their partners, and some of the girls had actually had immense difficulties in getting their partners to accept their desire for safety.

**Contraceptive behaviour “the first time”**

The large majority of our interviewees (30 of the 47 young women, approximately 64%) said that they had used protection during their first sexual intercourse. In comparison, more than a quarter (approximately 28%) said that they had not used any methods of protection, and four young people (approximately 8%) could no longer remember and/or did not say anything about it.

The behaviour of the majority of our interviewees with regard to protection in their sexual relations appeared a difficult subject. Even if most of them had used protection, it could not be always and unambiguously assumed that that they had protected themselves intentionally, autonomously and on their own responsibility from pregnancy—and even less from a HIV infection and sexually transmitted diseases—in their sexual relationships, independent of how old they were during their sexual relationship.

Planned contraception on the part of young women could only be recognised in a few cases. Many of those who used condoms as protection relied on their sexual partner having a condom at hand in the situation. A number of those taking the pill had been prescribed this contraceptive for other medical reasons, often a long time before their first sexual experience.

The reasons that those questioned gave for the lack of protection “the first time” were varied. For a few of the young interviewees, the first intimate contact was so surprising that they had not thought about contraception at all. Others said that their reasons for unprotected sexual intercourse were carelessness, laziness or a general refusal to take the pill. On the other hand, others could not or did not want to explain why they had had unprotected sex; they had not been fully aware of the situation or they suppressed it, because e.g., they had been drunk or they were ashamed of the circumstances under which their first sexual intercourse occurred. Many girls had allowed themselves to be reassured that “nothing would happen” by their partners.

**Pregnant—why?**

**A general theoretical pattern of explanation**

When pregnancy happens, young people attempt to find explanations for their pregnancy in various ways; these serve them as coping strategies so that they are able to deal with the unintentional pregnancy. Most of the patterns of explanation point to the fact that if the young pregnant women find reasons outside their own responsibility, it has the effect of relieving the burden on them, probably because they (still) feel overburdened with responsibility in the sphere of sexuality.

Only a few of the patterns of explanation referred to the young women’s ability to understand their pregnancy as the consequence of their own actions. However, apart from a few exceptions, their self-reflections were then connected with feelings of guilt, although the young girls did not take into consideration the joint responsibility of the boys.

Of the 47 we questioned 20 asserted that they had used contraceptive measures with their partners in one form or another and understood their pregnancies as “pill accidents”. They gave plausible, everyday theoretic assumptions as reasons for their pregnancies occurring, along quasi-medical lines of argument such as, for example,

- the assumption that the effect of the contraceptive was reduced because they had commenced taking it early,
- taking antibiotic medication, of which the contra-indicated effect was not known in detail,
- the supposed effect of stress on the reliability of the pill’s contraceptive effect.

Young people who said that they had regularly used condoms explained their pregnancies as “condom accidents”. Their everyday theoretic patterns of explanation for the pregnancies included, for example,

- the regular use of condoms was too much for them and their partners (“overburdened pattern”) or
- the risks belonging to that method of contraception (“victims” of the residual risks inherent to the contraceptive).

Those who had used alternative methods of contraception, such as e.g. temperature and calendar methods, had similar arguments—even if there were fewer of them.

On the other hand, the large majority of our interviewees said that they had not used protection with the fathers of their children (27 out of 47 questioned). Their explanations for the pregnancies, where they had not used contraception were:

- they preferred a passionate sexual experience to “planning” sexual intimacy with their partner and/or the sexual intercourse had been a spontaneous event,
- they believed the myth that it was not possible to get pregnant “so quickly” or “the first time”,
- they were afraid of losing their partner and had tried to tie him to them with a child if necessary,
• they had had diverse difficulties obtaining the pill and/or were not in a position to adhere to the necessary periods without sexual intercourse,
• they disliked “chemically” interfering with the “natural” function of their own body or
• they had a subtle or explicit desire for a child and/or they entrusted the responsibility for contraception to the boys.

A number of the young people who had not used protection also argued that they had discontinued contraceptives they had used previously because of medical reasons, or that they were extremely afraid of seeing a gynaecologist.

The girls’ experiences of gynaecological examinations

Apart from two exceptions, every one of those we questioned had been worried before her (first) gynaecological examination. Their partially concrete, partially diffuse ideas/worries about a gynaecological examination were founded either on the negative experiences of other women or on the fact that they did not know what to expect.

The “foreknowledge” that the young women had on this subject was based on the mainly alarming reports of the experiences of their peers, which hardly represented genuine communication of knowledge. The girls’ accounts gave the impression that the subject of visits to a gynaecologist was taboo, or at least a subject with which evidently even adults were not entirely comfortable; they appeared to ignore it or to deal with it in a one-sided, negative way. Even the few young people who had been prepared for their first examination were confronted with ideas that were alarming to them.

Both the avoidance of this topic and the lack of information communicated to them generated fear in the girls beforehand and gave rise to the impression either that the “affair” was not really important (which contradicted their own feelings), or that they would have to deal with something very unpleasant and embarrassing.

It should be noted that the girls anxieties dominated; some of the girls’ fear of tension and therefore pain during the examination led to, or even prevented, them visiting a gynaecological practice early (e.g. to get a prescription for the pill).

It is also striking that even when the girls looked back, the first gynaecological examination was still an unpleasant experience, although the strength of the feeling was varied; it was described with terms such as “embarrassing”, “horrible” and “humiliating”.

The young people associated their own experiences of the examination with more or less unpleasant memories, as strong as feelings of degradation and depersonalisation. Their unpleasant experiences were based particularly on fear of and aversion to the gynaecological chair and the medical instruments, strong feelings of shame and fear of pain during the examination.

However, reasons that were connected to the person, the sex of the doctor (male or female) were also important factors in making the gynaecological examination an unpleasant experience.

For many young people it was insignificant whether they were examined by a man or a woman; the crucial factor for them was a feeling that they were “in good hands” with the doctor, in a human sense as well as medically. There were, however, a few girls who wanted to be examined and treated solely by a woman because they thought that a man would not have the necessary respect for the female body and that gynaecology “belongs in women’s hands”, or because they were ashamed of being naked in front of a strange man.

The young women expected their doctors (male or female) to go into their situation intensively, and even to go into their emotional state as well their material questions—particularly when their pregnancy was confirmed. Such expectations were frequently disappointed and the young pregnant women complained that the doctors lacked empathy; the doctors had, for example, informed the girls of their pregnancies cynically and coolly in order to be able to continue their “programme of medicine”; or they had communicated in a way which was not suited to youth or to the situation, so the girls had had difficulty following the explanations; and they had given not given them enough time or an opportunity for a discussion.

A few girls also felt that other aspects of the (male or female) gynaecologists’ behaviour towards them (e.g. that he/she, in their view, did not take the young person seriously) or the procedure during the medical examination (e.g. that a preliminary discussion did not take place and they immediately saw themselves exposed on the gynaecological chair) were offensive and humiliating.

Many of the interviewees reacted to the unpleasant experiences of their first gynaecological examination by postponing their attendance at a gynaecology practice by months or even years, and thereby exposing themselves to the risk of a pregnancy. Others accepted their negative feelings as something normal and inevitable and avoided confronting their feelings. These young women appeared to have had little opportunity to discuss this subject without shame and in detail before and/or after the first gynaecological examination.

The girls had other difficulties with visiting a gynaecologist because of the structures of the doctors’ practices and problems with their organisational management. Hence, for example, the girls criticised the limited opening times of the practices and the fact that it was difficult for them to get an appointment in

3 The exceptions were the few young people who had a subtle or explicit desire for a child and/or considered pregnancy acceptable at that time.
4 Male gender played a particularly important role for girls who had been raped, as it was extremely unpleasant for them to be examined by a man after rape.
a gynaecology practice at short notice, which led to problems with regard to contraception. If they also felt that they were not being taken seriously and they did not feel well advised, their understanding of the importance of regular gynaecological examinations was undermined.

Apart from the aspects concerned with the inadequate behaviour of doctors within youth gynaecology, the other findings indicate a problem with the girls’ sex education. It was obvious that almost all the young women had had no or only inadequate preparation before their first examination. This is underlined by the fact that a few young women had had no concept of the course of a gynaecological examination, the medical equipment or the examination chair before their first visit to a gynaecologist, and only a small minority of girls mentioned an “official” preparation through the school or their mother at all.

Despite the (extremely) unpleasant feelings and in part negative experiences, which the interviewees associated with the visit to a gynaecologist, most of them got used to it over time and accepted it as something necessary. The young women took this very seriously particularly during pregnancy—even those who had the most negative views on gynaecological examinations. Their reason for utilising regular gynaecological examinations was the health of their child, which was so important to them that they “accepted” their own unpleasant feelings.

In addition, there were the frequent US investigations, which made the pregnancy check-ups more pleasant and interesting for the young expectant mothers; the ultrasound photos of their unborn child exerted a particular fascination over the young women. A few of the pregnant women even indicated that they now, during the pregnancy, enjoyed going to the gynaecologist purely to look at their child.

The young women’s experiences of and contact with pregnancy counselling

Apart from five minors, who were already integrated into youth help groups before their pregnancy, and therefore already had sufficient material security and counselling support, all the other interviewees sought out an advice centre in connection with their pregnancy. This indicates a high level of acceptance of the offers of advice and a high requirement for advice among these young people. On the one hand, the full use of advisory sessions makes it clear that some of the girls were self-aware when dealing with such opportunities; on the other hand, however, it indicates that the girls were also under enormous pressure, as they had to cope with the unwanted pregnancy or take care of the economic basis for their future life with a child.

Most of the young pregnant women consulted an advice centre relatively purposefully and unaccompanied, which is significant as none of the interviewees had ever visited an advice centre on a personal matter before their pregnancy and only two of them had even visited an advice centre once before within the framework of sex education lessons.

About two thirds of the young people wanted material and/or financial advice and support, and most of them were already beyond the third month of their pregnancy. Nevertheless, for many of them the possibilities of financial support still played a role in the decision to carry the pregnancy to full term.

A few of them consulted various advice centres, if, for example, they did not feel sufficiently informed by their first advice session or if they wanted to receive further help from other sources. The statutory possibility for pregnant women to be able to take advantage of advice sessions on various occasions and also in various advice centres proved essential here and in other contexts. According to the young people, successful advising was dependent not only on the information being conveyed in a way specific to the situation and which they could understand, but also on the personal advising style of the advisor; the advisor’s conveying of empathy and personal engagement with the young woman were important criteria in the positive assessment of the advising situation.

For a proportion of the interviewees, it was not a significant hurdle to find an advice centre; however, a few of the pregnant women made it clear that this caused them difficulties and/or it was unpleasant for them to have to ask for financial or material help in an advice centre, to need this help at all or to formulate their requests for support clearly and openly. Ultimately the pregnant girls found opportunities for dealing with these rather marginal difficulties, whereby the professional and accommodating advising styles of the female advisors were particularly helpful.

As a rule, it appeared that these young women mobilised astonishing strength despite their young age, their inexperience and uncertainty, and their often problematic positions. They were in a position to find their way to the appropriate authorities for means of financial/material support, and they showed staying power at this stage in the procedures of the application centres and in the corridors of the offices, although the application procedures, which they found complicated and frequently unfathomable, could lead to new difficulties—e.g. problems with co-ordinating appointments.

[5] Admittedly, this is probably not a generalised result, as many of our interviewees were sent to us by advice centres. We were therefore not able to include young pregnant women who possibly had great difficulties in finding an advice centre, had no knowledge of the advisory possibilities, or were not able to gain access to them.
Young women’s experiences of and contact with officials and authorities

Like with the advice centres, the experiences the young women had of the provision of the youth welfare department were positive. Here too, their dealings with the authorities showed that in their search for help most young people turned to the institutions responsible on their own initiative (and often unaccompanied), and could mobilise the strength necessary for this and show endurance—even for the procedures which are often confusing for them, e.g. the application for benefits.

Many of our interviewees turned to the youth welfare department expecting to receive rapid and adequate help, whether they wanted to leave the parental home and obtain accommodation or supervised youth accommodation, or whether it was to organise later accommodation for the child and thereby facilitate the continuation of school and training, or something similar.

A proportion of the interviewees had had no experience of youth support measures and first made contact with the youth welfare department during and because of the pregnancy in order to resolve matters for secure living, corresponding to this new situation. In the reports of their experiences relating to this, the young women expressed their satisfaction as follows:

• they received immediate comprehensive support,
• their basic living conditions were secured for the next few years,
• they could choose between various forms of support,
• their decisions were accepted.

They behaved in different ways with regard to their benefit entitlements: a few were thankful, accepted the offer made to them by the youth welfare department (without knowing any alternatives) and willingly followed the associated rules. Others informed themselves of the alternative forms of support available to them prior to contacting the youth welfare department, made an independent decision and implemented this with full confidence in their own capabilities. On the other hand, a few young women considered various forms of help and decided to accept an offer from the youth welfare department, but at the same time expressed some considerable uncertainties and anxieties with regard to their own ability to cope with daily life (with a child).

Another group of our interviewees had already had experience of youth support before pregnancy (some for several years), particularly in the form of children’s homes, supervised youth accommodation and socio-educational family help. Amongst these young women there was an overriding attitude of “self-critical reflection”: most retrospectively acknowledged the youth support measures, attributing progress in their personal development to them. They perceived the work of the youth welfare department as being for their good, and they themselves associated overcoming their problems with the youth support received. Due to their good experiences of youth support, they turned to the youth welfare department (or their counsellor) as a matter of course during pregnancy with according trust and asserted their need of help.

Only a diminishing, small minority of our interviewees could not or would not recognise any personal benefit for themselves from the youth support measures they had received, but viewed them as an obstacle to an independent life and therefore as a threat.

In their descriptions of their experiences of the youth welfare department, a number of young women indicated the importance of their counsellors to them. They discovered that the person of the counsellor or teacher had played a special role in their frequently problem-ridden past, and indeed, still did. They emphasised how important a good relationship to the counsellor was to them, that this denoted that the
young people could count on their understanding and willingness to help at any time—even in emergency situations—and they had the (constant or regular) opportunity to talk openly with their counsellor about everything which preoccupied them.

The assessments of the young women were correspondingly positive in relation to their experiences of supervised forms of accommodation (shared accommodation, supervised single flats, mother-child-facilities). Those questioned generally felt well supported and emotionally secure, and worked, with the help of their carers, to overcome their problems and to realise their individual goals.

The motivations behind the choice of a supervised form of accommodation were to some extent based on the fears and anxieties of the young pregnant woman (particularly those with manifold problems in the past) who could not cope with the demands and pressures of everyday life on their own, but also recognised that they did not have enough experience of everyday practical skills.

These relatively self-critical and reflective young women appreciated that their chosen form of supervised accommodation provided security, for example through the possibility of regular or constant counselling provided by the carers, and the certainty of being able to count on support whilst working through problems. In recognition, some interviewees emphasised that there was also the opportunity to develop the skills relevant to everyday life under the care of the supervisors, in order to be “armoured” for life with the child without supervision. These young pregnant women understood their current supervised form of accommodation as a chance in a learning process with a view to an independent life.

Amongst our young pregnant women there were, even if very rarely, some who had a negative attitude towards the “supervised life” and a basic rejection of all professional care which was equated with the control and restriction of personal freedom. For these young people, staying in a mother-child facility (or even a previous experience in a supervised youth home) was a compulsory measure which they were unable to oppose and which prevented them from leading the life they wanted. Accordingly, they could not acknowledge any personal benefit from the care. Dissatisfaction with the type of supervision was also expressed by the young pregnant women when, from their point of view, too much independence was demanded of them, which they did not feel they possessed when they compared themselves to other residents.

In contrast to the predominantly positive experiences described by our interviewees of the youth welfare department and youth support measures and facilities, those of the social security office tended to be negative, on an emotional, procedural and factual level.

One of the most important emotional aspects was that the young women felt rejected and then patronised over their benefits claims. They felt forced into the role of a petitioner, who had to fight for every benefit entitled to them, and this was contrary to the expectations that had been awoken in them when they decided to carry the pregnancy to full term. One young woman described what to her had been unworthy treatment as deception, another even questioned whether her decision to have the child had been the right one.

At the procedural level, some young women found fault with the long waiting times in the social security office and the slow, non-transparent and complex application developments, which made it difficult for them to arrange their finances (quickly or on schedule before the delivery). They considered ineffective and indifferent working procedures and staff attitudes responsible for this.

At the factual level, some interviewees were of the opinion that the benefits granted by the social security office were much too meagre and the foundational calculations of the actual financial situation of those affected were not adequate.

As a generalisation, one can say that the interviewees’ experiences of the youth welfare department were of receiving help and assistance, whereas they associated the social security office with a fight for the granting of benefits.

Assessing their current financial situation

The young women’s assessments of their financial situation during pregnancy, as well as the type and composition of their income, varied considerably at the time of the first interview:

Somewhat more than a third of the interviewees said they were mainly provided for by youth support. At the time of the first interview they lived in a mother-child facility, in supervised accommodation or still in a (refugee) children’s home. More than half of them received additional financial help from their parents, although parental support was very varied: ranging from occasional gifts of small sums of money or regular (accommodation) payments, to contractual payment for the accommodation of the expectant woman.

Slightly less than a third of those questioned still lived with their parents or a parent at that time, the majority with their mothers, some of whom received income support and provided maintenance for the expectant woman. Six young women reported that they lived to a large extent on their own earnings (e.g. education grant), although four of them accepted additional support from their parents/a parent and had lived with them until now.

Another smaller proportion gave their basis for living as a combination of continual state benefits (income and youth support) and/or short-term pregnancy support with private financial help from relatives, their own parents, their boyfriend’s parents and their boyfriend. These young people lived on their own, with their boyfriend or with their parents. Other young pregnant women currently lived off the income of the child’s father, and many lived together with their boyfriend and a few were additionally supported financially by their parents/a parent.

A few young women—particularly those who had come of age—received no financial help from their parents or rejected the idea of taking money from their parents, so they were totally dependent on state benefits.
As one would expect, the young women’s attitude towards their financial position and their handling of their economic situation was likewise diverse: at the time of the first interview some of the young pregnant women dealt very pragmatically with the money available to them. These young women were able to acquire all the necessary purchases for the birth of their child with limited financial means by resorting to favourably priced goods or by accumulating used furnishings and baby clothes from those known to them privately.

In contrast, some interviewees bemoaned the fact that the financial support they received was too little, and they had had to reduce their standards. They expressed dissatisfaction over the necessity of cutting down their desired standards and having to restrict themselves when shopping, and a few spoke out that they found changing their habits very difficult.

Other young women also found that their financial means were insufficient—particularly in comparison to their situation before pregnancy—but they could adjust to their new economic situation in that they changed their shopping habits and restricted themselves when it came to personal desires. They were confident that they could manage with their financial means in this way. In contrast, other young women were very satisfied with the state benefits, they did not experience any material shortages, but noticed on the contrary that they had more money available to them than before their pregnancy.

Hence, the young women’s different attitudes towards their requirements with regard to their own standard of living became clear, which were due, amongst other things, to their respective standards of living before pregnancy. Those who were still in compulsory education, the very young, some of whom came from socially deprived families, had generally had little money before and accordingly also had fewer requirements during pregnancy than those who came from well-off parental homes or who had already had their own income at their disposal before the pregnancy.

How flexibly the young people could adjust to their new financial situation was partly dependent on the extent to which they had already taken personal responsibility for managing money. However, even if they already knew how to handle money, the young pregnant women were still financially on unknown ground as the pregnancy was often associated with many changes of life style. Their inexperience in some areas of everyday life—for example moving into a rented flat—made it more difficult for them to anticipate the financial outgoings coming their way.

As mentioned at the outset, the above report was the result of the analysis of the first set of interviews with the girls during their pregnancy. In the two subsequent sets of interviews these and other aspects, not presented here, were investigated further in order to comprehend the changes and developments in the behaviour and opinions of these young women.

Annette Remberg

Dr. Annette Remberg is a scientist co-working on the research project “Sie ist doch selber noch ein halbes Kind...” (She is still practically a child herself)—an investigation into the living conditions, attitudes and contraceptive behaviour of young pregnant women and mothers, and into the situation of young couples with a child, undertaken at the Westphalian Wilhelm University Münster, Faculty of Sociology.

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Casa Luna is an accommodation facility for young pregnant girls and young mothers from the age of 14 to about 20. It is located in Bremen and has been in existence for about ten years. It is funded by the registered charity KRIZ—Bremer Zentrum für Jugend- und Erwachsenenhilfe e.V. [Bremen centre for the support of young people and adults]. Initially conceived as emergency accommodation for young pregnant women and young mothers, over the years the institution has increasingly developed into a long-term accommodation and support facility. The age of the young mothers was originally laid down as 16 to 21. 18 and 19 year-olds were also frequently taken in. Over the years the age of admission of the girls has reduced considerably. In the past year, for example, we took in two 13-year-olds, which necessitates 24-hour supervision, amongst other things. In principle, girls can stay in the institution for as long as they have an established need. The girls themselves, the department of social services and the institute determine together whether such a need exists.

Casa Luna sees itself as a facility specifically for girls. The work is biased and holistic. It seeks to foster and boost the development of personal self-esteem, gender role identity, the ability to assert oneself, take on responsibilities and lead a self-determined life. The girls’ motherhood is as much part of their whole person as their youthfulness, i.e. the girls are supported in overcoming the additional problems which result from their role as mother, but without this role being reduced. The educational aspects of the facility are coping day-to-day, caring for the child, building a stable mother-child relationship and developing professional and life prospects.

The young girls’ family backgrounds

Most young mothers who come from stable family backgrounds stay in their original family. The family itself provides means of caring for the child. In contrast, the life histories of the young mothers who move into our facility are characterised by substantial problems. Many families are already known by the youth welfare department from earlier contact. Frequently, factors such as alcoholism, neglect, unemployment and material need, physical abuse by the parents of each other and the children, sexual abuse by one or more family members or the separation of the parents play a role in the life of the young girls.

Often they have had to take on an adult role very early. The parents were not up to bringing up their children and demanded that the girl took care of her younger brothers and sisters. Numerous girls ran away for a short or long time. Others had already been cared for in youth support facilities before they became pregnant. For the girls, parents were hardly experienced as informative or guiding life models. They are unsure in their search for identity and their sense of self-worth is often low.

Reasons for the early pregnancy

Handling of sexuality

The young women who live in the institute have frequently already had negative experiences of sex in their childhood. They experienced that there is a fine line between sex and violence, and were unable to discover and experiment with their own sexuality slowly and at the appropriate age. Sometimes they were removed from the family after sexual abuse became known and therefore felt additionally punished. They were accommodated in children’s homes or foster homes. Their relationships are often characterised a lack of direction and security. In their search for security and love they do not manage to enter into stable loving relationships. They repeatedly revert to their old and familiar pattern in which sexuality is linked with violence. Alcohol and drugs frequently play a role here.

When dealing with boys in puberty, the girls soon notice that they are confronted with contradictory and ambiguous demands. On the one hand they should not give themselves too quickly in order not to be branded a “slut”, on the other hand they are regarded as abnormal if they keep their boyfriend at a distance and thereby risk losing him. They therefore put to one side their own sexual needs for kissing, cuddling and stroking—which are appropriate for their age—and agree to sexual intercourse, although they do not yet want it at all. The “first time” is usually unplanned and without contraceptive protection.

Handling contraception

When the girls find out that they are pregnant it is usually a shock initially. Insufficient knowledge of the various forms of contraception, an inner hostility towards taking a contraceptive such as the pill or uncertainty about using them (diaphragms, condoms) are also reasons why they enter into unprotected sexual
intercourse. When asked why they became pregnant, answers such as the following are common: “I forgot to take the pill”, or, after a drunken night, “I vomited the pill up again” or “the condom had a hole”. Taking the pill regularly and at the right time requires strong discipline and a fixed daily routine, prerequisites which girls of this age generally do not yet have. A few do not have the courage to go to the gynaecologist to have the pill prescribed. Besides, many gynaecologists require parental consent before they will prescribe the pill to a minor.

Unfortunately, contraception is still predominantly the responsibility of girls and women. The use of condoms is often rejected by the girls’ partners, and the immediate gratification of desire is given precedence over any possible consequences and responsible actions. Also the girls frequently assert that they do not like using condoms, or that a condom burst during intercourse. Young people are awkward, uncertain and ignorant when it comes to using condoms. They find the use of condoms alien and unpleasant.

Most very young girls do not yet have a fixed menstrual rhythm. They do not know when they are most fertile. Questions relating to this are found embarrassing, as they do not like showing that they do not know everything.

Girls who were abused when they were young often have a poorly developed sense of bodily awareness. For example, they hardly notice fluctuations in their body temperature and are unaware of body odours. The body changes caused by pregnancy are likewise only discerned late on.

Sometimes a young woman consciously decides to become pregnant and brings this about according to plan. Behind the desire to become pregnant there is often the intention to keep the father of the child as a partner and to build a future together with him and the child. If a pregnancy is established, the young woman finds herself in the following situation of conflict: a final decision has to be made, under considerable time pressure and social pressure from acquaintances. This decision cannot be revised, and it has consequences which can critically change and determine one’s entire life.

Deciding to have the child

The reasons why girls decide to continue the pregnancy are diverse. For all of them, there is the hope of a new start, a new impulse in life. This offers the possibility of breaking free from the known boundaries and changing the previous living conditions.

The girls often associate the decision to keep the baby with the hope of entering into a relationship which is shaped by them for the first time, and in which the loved one cannot simply leave when there are problems. There is also the hope that the child will satisfy their desire and longing for something of their own and for security and love.

The girl’s sexual moral values also often have a part to play. They feel that a termination is “murder”.

Sometimes they have even seen ultrasound images of the baby and feel very attached to the child even from early on. They can no longer view termination as an option.

Some girls hide the pregnancy from friends and family beyond the critical 12 weeks and still longer. They are afraid that they will not be able to stand up to the questioning and most of all the pressure from the family, and later the youth welfare department, and that they will eventually be coerced into having a termination. The pregnancy can also pose the first opportunity to implement a decision of their own, to have the child, contrary to their parents will. Not infrequently this occurs in connection with rivalry with their own mother.

Very young girls in particular (age 13, 14) inform their social circle of their pregnancy very late. For a long time they are themselves unsure of whether or not they are pregnant. Their periods are not yet regular and reliable. Sometimes the parents or the mother are only told in the seventh month or even shortly before the birth. Even those with close contact to them frequently only discover very late on that a girl, whose body is becoming rounded and more voluptuous in puberty anyway, is actually pregnant.

Despite all ambivalence, the pregnancy simultaneously offers the possibility of a new start. Due to conflicts in the family, foster home or with the boyfriend, a pregnancy is possibly unconsciously longed for. Through pregnancy the hope of living together with the boyfriend, of finally being able to leave the family and move into a home of their own, seem to move within reach. The first discussions with the youth welfare department usually shatter these hopes.

The majority of the residents of Casa Luna attend a Hauptschule [secondary modern] before the pregnancy and birth. Their school career is often full of gaps. Some girls have no longer attended school regularly for some months, or even for years; some were on the run and could not be traced. School was not a social meeting point for them as for other young people.

Their social status at school was minimal, and a school leaving certificate was not in sight. The pregnancy (or motherhood) now offers them a legitimate reason to “do without” school.

In addition, pregnancy/motherhood poses the possibility of acquiring a status recognised by society, family and female friends, which promises certainty and direction. Many girls have already brought up younger brothers and sisters, so that, through motherhood, they are putting themselves in a field of work and a role which they know. Maternity leave and child benefits from the state then function as additional motivation and, as it were, as a “reward”. Society’s demands (e.g. school, training) slip into the background, and at the same time, recognition for having achieved something can be acquired. This strengthens their feeling of self-worth, at least for a short time.

The final weeks of the pregnancy are hard, and the girls experience the birth in particular as a brutal attack on their body. They have to show their most intimate areas and have never imagined that the birth could cause such pain.
**The fathers**

The ultimate decision to have or not to have the child is usually made independently by the mother. The fathers do not appear to play a decisive role. Although the hope of keeping the partner is frequently connected to the pregnancy, this is realised in very few cases. The fathers are often still very young themselves and not willing to be tied down so early. They have often also got a troubled childhood behind them and are unstable, weak characters. They still need social educational care or are involved in criminal circles. Therefore, the required psychological and physical support for the young mother and the child is missing, and instead there is the danger that both will be additionally at risk.

The future fathers do not want to accept that the juvenile game, in which there were no concrete future plans, has suddenly become deadly serious. When the pregnancy is established they frequently react with rejection. They question their share of the responsibility and blame for the pregnancy. In Casa Luna, the youth welfare department has to contend a paternity suit in 70 to 90% of cases. For the girls it is often very shocking and deeply hurtful if the future father denies paternity. This destroys many dreams and hopes for the relationship, and, what is more, the girl is accused of having been intimate with other men.

The determination of paternity is a lengthy and psychologically stressful process, in which the young mothers appear in court with their babies and both have to undergo laborious blood analyses in hospital, before the paternity is finally established. In Casa Luna we have not yet experienced a case in which the father cited by the girl does not tally with the proven father.

On the other hand, it is sometimes the young women themselves who break off the relationship with the partner, when they notice that he cannot provide them with support. Despite this, they often feel closely connected to him because they have a joint child and attempt, not infrequently, to get him onto a “better path”. Most mothers who live in Casa Luna are no longer together with the father of their child. For the few who are still with him after the birth, the relationship usually comes to an end within the first year of the child’s life.

After separating from the partner, a phase of reorientation begins. The girls enter into various relationships, often at considerable speed. Now they are looking for a father for the child as well as a boyfriend. The child should call every “new father” “daddy” and be as excited about him as their mother. Likewise, the new “replacement father” should immediately be excited about the child. As these relationships usually only last for a short time however, the child becomes all the more attached to its mother, given that she is the only constant person in their life. Predominantly the mothers’ young age which is seen as a reason to recommend our mother-child facility to them. Their family, the youth welfare department, their teachers and peers are of the opinion that bringing up a child at such a young age is unmanageable. The girls tend to over-estimate their abilities in relation to this. They believe that they can forgo many things once the baby has actually arrived. Some who helped bring up brothers and sisters do not expect any difference when bringing up their own child. They do not yet have a realistic picture of the physical and psychological burden which is approaching them. They are still in a playful realm with visions of future motherhood, just as they played for years with brothers and sisters or dolls. This can particularly be observed in those who are pregnant very young (at 13, 14). After the birth of their child they initially consider themselves more as a big sister than as the mother. Some girls report that they only started to develop maternal feelings for their child during its first month of life.

The young girls still have a strong need to be cared for and mothered themselves and basically need their own mother both for the child and themselves. The new grandmothers suspect and fear this, and often decisively reject this new role. They feel forced into something that they do not want or think they can do. They often became mothers very young themselves, had to postpone their career plans for a long time, and should now, just when there seemed to be a prospect of fewer responsibilities, again become “mother” of their daughter’s infant. Some have even only just started a training course. They therefore strive for their daughter to be accommodated in a mother-child facility. In this case, the young girls feel that their mother is punishing them for getting pregnant, because they now have to leave their familiar surroundings, family and friends because of the pregnancy.

The help offered by the department responsible varies from placing the baby in a foster home, giving it up for adoption or accommodation for both mother and child in a special facility. They are not trusted to live alone with the child, the child’s father does not offer any dependable conditions for living together with the young mother and child, so the only alternative left for the young woman is to move into a mother-child facility, if she chooses life with her child.

The premise of voluntariness is anchored in the concept of the facility, but this is always only to be understood under the above mentioned conditions. Despite their youth and little support from their acquaintances, most young mothers decide to stay with their child at all costs and to manage the upbringing alone. The aim of Casa Luna is that mother and child can develop positively on their way together towards independence, and that a loving and responsible mother-child relationship can grow.

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**Admission to the mother-child facility**

The responsibility of having a child and bringing it up places high demands on the young women. In addition to the psychological/social requirements, it is

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**Aspects of the mother-child relationship**

The educational values and behavioural standards which the girls lay down for their child’s upbringing are shaped by those of their original family. Their firm
convictions ("you should not pick up a child too quickly when it cries, or it will just cry all the more"); "crying is good for the lungs", "if the child is carried too much it will become a 'softy' etc.) are hard to break. The girls frequently have trouble with letting the child physically near them. They prefer to bottle feed than breast feed. It is more harmless and more distant. They sometimes find it difficult to accept and value the recommendations and support given by the teachers, but enter into rivalry with the teacher, as with their own mother.

The girls often believe that the baby deliberately annoys them and takes pleasure from it. They do not understand that their baby cannot pursue such intentions at all yet. In addition, they have the feeling that they have to always hold out, and not sleep any more at night. When everything has been done to settle the child but it still continues to cry, the helplessness can become absolutely unbearable and can trigger severe anger towards the baby. But what should they do with this anger? The baby must not be endangered, the other residents should not hear anything if possible, and the teachers should not notice it, for it is precisely to them they want to prove that they can manage.

Very young girls are often more able to utilise the offer of help for themselves and their child. They are more conscious that they cannot manage without help and can allow outside help in a child-like manner. They still operate according to an adult-child pattern of behaviour.

The mother's young age creates a particular problem. She is still a child herself who would like to be cared and provided for, and who is in a thoroughly difficult psychological state due to her background and present situation. The needs, dreams and desires to try out different behavioural patterns and lifestyles, the desire for confrontation and setting of boundaries are typical behaviours of young people, but which are hardly compatible with the needs of the baby for constancy, quiet, dependability and support.

Caring for the mother and child is therefore often an educational balancing act between the needs of the mothers and those of the child.

Despite all of this, some of the young mothers find it difficult to accept relief and help, particularly in the first months of the child's life. They feel closely attached to their child. They sense their contradictory feelings for the child and are afraid that another person, e.g. a child-minder could portray themselves as a better mother for the child. They check carefully who is allowed to take on this role. Usually it is only people whom they know and trust, like for example the grandparents or the in-house teachers, who are entrusted with this role. On the other hand, male friends who they dream of as possible partners, are allowed to take care of the children very quickly—almost as proof of trustworthiness and as preparation for the responsibilities of the future paternal role. The frequent change of partner is not recognised as a strain on the child.

The phase of life in which the young mothers find themselves is characterised by substantial contradictions. On the one hand they are overburdened and feel greatly restricted in their personal space; they are uncertain and little able to withstand stress, feel exposed to the demands of the child, the family, teachers, friends and other residents. On the other hand the child has a positive effect and gives life new significance and gives a feeling of unity. Whether the girls succeed in building a positive mother-child relationship also depends on how well they are able to accept help, withstand opposition and what resources they themselves have.

It is only when the child is a few years old that the girls increasingly develop their own demands and the longing to have more time for themselves, to go to the cinema, to a sauna or solarium occasionally with others of their own age. It is then easier for them to leave the child with trusted people. In addition, their exemption from school will soon come to an end and they will have to slowly prepare themselves for a daily routine determined by school times.

School and profession

The majority of the girls whom we take in do not yet have a secondary school leaving certificate (equivalent to GCSEs). Some have just finished the seventh grade. At the end of the pregnancy and particularly when the baby is born, the girls’ lives are concentrated around the child. Especially the first months with the baby are very demanding and take them to the limit of their capabilities. Attending a school with a fixed time structure—get up early, attend to the child, take the child to the child-minder, get to school on time oneself—is not possible. In addition, the young woman needs time to get used to her new life situation.

When the exemption from school expires after a maximum period of one year, the search for a suitable school begins. The school which she had attended before is usually located in a totally different part of the city, and it would require too long a journey and too much time to attend the old school again, although the girls want that. It is hard for the young mothers to integrate into a new school and a class with younger pupils who are in a totally different situation in life. Their peers and classmates are free in their use of time after school to do sport, go to the cinema, to discos etc. and are cared for by their families. In contrast, immediately after school, demands are once more made on the young mothers because of their responsibility as mother. Also the educational content and times of the school are in no way geared towards the current living conditions of the young mothers.

The search for a suitable trainee post is even more difficult. The young mother has to get up very early in order to get herself and the child ready for the day. After an early start there is then the journey to work, so the working day can easily consist of 10 to 12 hours. The child is cared for by a child-minder during that time. After work, each day concludes with the everyday chores of shopping, cooking, housework and attending to the child. After that she must then study for her school work or training course. The child does not yet have a fixed sleeping pattern, so the mother and child have not had enough sleep by the next day. This stress often causes the girl to leave the school or training course prematurely. Part-time training posts would be
far more suitable for young mothers. Unfortunately these opportunities are as good as none existent.

For two years there have been two education projects for young mothers in Bremen. In one project the young women can obtain their secondary school leaving certificate, in the other they can receive business training. The time and content of both projects are geared towards young mothers. There is such a great demand that unfortunately not all those interested can always be given places.

It often takes years before a young mother has found her way, completed her schooling, trained in a profession and can provide for herself and the child financially. A few see another pregnancy, with the financial security provided by education and child benefits, housing and income security, as a better solution.

The result: young mothers experience the process of becoming an adult very rapidly. They have to take on a responsibility for which they are not yet ready. Their whole day has to be structured around the child and sometimes brings them to the limit of their capabilities. Career prospects initially have to take a back seat. In order to re-integrate young mothers into the educational and professional world, it is necessary to develop both suitable training opportunities which are designed for their living conditions and suitable part-time posts.

Anneke Garst

Anneke Garst is Dutch and has lived in Germany for 25 years. In her country of origin she completed a degree with the title “Social Worker” and also completed a teaching degree in Germany. Anneke Garst helped to set up Casa Luna and works there as well as in other social projects, particularly with children and young people.
Unfulfilled longing for pregnancy and motherhood?

A forgotten subject in sex education

“A forgotten subject

“The unfulfilled longing for pregnancy and motherhood”—this subject is more than unusual in sex education for girls and young women. With girls, the subject of pregnancy is normally dealt with in terms of problems: pregnancy is to be avoided (in the true sense of the word, to be prevented), and sex education should provide information and enlightenment. Dealing with longing and wishes regarding pregnancy and motherhood, however, seems not only unusual but strange, almost dangerous.

As an expert in sex education, I was involved for many years in educating girls and young women so that they could prevent unwanted pregnancies, and in encouraging them to determine themselves how they wish to experience their sexuality. The educational work was always carried out with the attitude that “Having a child too early is not good.” As a result, the subject of pregnancy, planned or unplanned, was inevitably dealt with in terms of problems.

Work with immigrants and young foreign women showed this subject in a completely different light. It showed that for these women, life without pregnancy and motherhood was unimaginable. This experience called into question my own practices, those of my colleagues and our concept of sex education.

In order to avoid any misunderstandings, I would like to emphasize that as an employee of Pro Familia I am very familiar with the problematic sides of early motherhood from the advice centre (particularly from giving advice about conflict regarding pregnancy and advice to young people), and my article is not intended to romanticize or encourage new young motherhood.

Another reason to approach this subject in this way is an increase in the number of women seeking advice in the surgery on the subject of “unwanted childlessness.” An increasing number of women over 30 are suffering because of remaining childless. Frequently these women regret not having thought about the subject before. I would therefore like to consider the subject of pregnancy from a positive point of view for once—despite all shortcomings, including those of politics, in creating the necessary structures for a life with children. In other countries such as France or the Scandinavian countries, the average age for having children is lower than in Germany. One reason for this is certainly that there are better provisions for women and families.

What concerns me is therefore not to proclaim young motherhood (young women should become mothers), but to be able to deal with longing and wishes (including one’s own) in sex education work. Sex education work draws its strength from the fact that it deals with wishes, dreams, hopes and longings, and therefore with the unconscious feelings concerning physicality, love and sexuality which control women and guide them through life. This should also happen on the subject of pregnancy.

Sparked off by my experiences with immigrants of German repatriates from Eastern European states, this unusual subject, “Unfulfilled longing for pregnancy and motherhood?” also crystallized—as I have said above—for girls and young women who have grown up in Germany.

Four issues can be formulated with regard to this:

• The longing for pregnancy and motherhood is not only encountered among immigrants, but is also seen among girls and young women who have grown up here.

• Sex educationalists are not sufficiently aware of this longing.

• A forward-looking sex education theory must deal with the subject of “Pregnancy and motherhood”. It may not simply approach this subject in terms of problems, but must look at all aspects of it.

• A sex education theory which deals with all capacities and ways of life of girls and women will help them when planning their lives. In some circumstances it may prevent a “rude awakening”, when, for biological or other reasons, it is no longer possible to realise the desire to have children.

Unfulfilled longing?

The first issue is: girls and women who have grown up in Germany also long for pregnancy and motherhood, even if this wish is integrated into their own life plans increasingly less often.

1 This text corresponds to a lecture given by the author at the conference “my business—Specialist sex education conference for women working with girls” held by the BZgA (Editor’s note).

2 On the project “Language and foreign language of love”, conducted by Reutlingen Joint Youth Work together with Pro Familia District Association Tübingen/Reutlingen.

3 Despite the variety of nationalities in the groups of girls, a description had to be chosen which would get to the point and at the same time allow simplification. I make a distinction between immigrant girls (of German nationality) and foreign girls on the one hand, and girls who have grown up in Germany on the other hand (in practice, this group also occasionally includes non-German girls who have lived in Germany since early childhood).
The life plans of immigrants of German repatriates from Eastern European states and those of girls and women who have grown up in Germany are characterized differently. For immigrants of German repatriates from Eastern European states, starting a family and early motherhood are (still) the norm, and in times of disorientation this tendency to early motherhood is usually strengthened.

With these women it is particularly noticed that, despite early motherhood, they know little about physical processes (e.g. menstruation, contraception and sexuality). Work to provide information and enlightenment is therefore essential for immigrants of German repatriates from Eastern European states (for girls, young women and mothers).

In contrast, the majority of girls and women who have grown up in Germany aim for a good education and a longer professional career. The subjects of education, qualifications and asserting oneself in the job market are frequently so dominant that the desire to have children is completely put aside. It could almost be said that the desire to have children has virtually been a taboo subject for years. The situation in the job market intensifies this situation for girls and young women dramatically. Until today’s women allow themselves to think about something else when planning their lives, other than protecting their job, years can pass by. A distinction must naturally be made here: girls with poor job prospects who find themselves at a professional standstill and who, for example, complete a year of professional preparation, frequently become pregnant very early and often follow less intensive professional plans than girls who pursue an academic career.

Sparked off by work with immigrants and strengthened by the fact that pregnancy and motherhood have such a natural place in their life plans, we must ask whether these differences are cultural in origin, or whether the needs associated with this are also present in girls and young women who have grown up here and they are simply not sufficiently aware of them.

In project and seminar work, in sex education advisory work and in advice about pregnancy and conflict concerning pregnancy, the subject of “pregnancy and motherhood” crops up again and again in its different facets and with all the ambivalences which go with it. If you listen carefully, it is clear from the questions asked by girls and young women who have grown up with us that they have a strong interest in the subject of pregnancy and motherhood.

Unrecognized longing?

The second issue maintains that precisely this interest which girls have in considering the subject of “pregnancy and motherhood”, and the longings connected with it, are not sufficiently recognized by sex educationalists. I would like to stress once again that I connected with it, are not sufficiently recognized by sex educationalists. I would like to stress once again that I important to me to be able to deal with people’s own wishes, visions and longings.

Recognized longing?

A forward-looking sex education theory, according to the third issue, must devote itself to the subject of “pregnancy and motherhood”. To leave girls and young women alone with the subject of pregnancy and motherhood because, for understandable reasons, emancipatory concepts have been based on other issues in recent years (profession, education, equality of girls and boys, increasing girls’ confidence, self-defence etc), is certainly not a forward-looking attitude within sex education. For girls are, on the one hand, in the difficult situation of having to secure their place in the world of work, and at the same time they also want to experience the other sides of life which offer them femininity and feminine life plans, or at least to look at corresponding life plans.

Sex education programmes should abolish the division between job or family, so often observed in Germany, and give girls and women early support with their life plans and in their organization of them.

Conscious life planning

When women begin to think about pregnancy and motherhood today, it is often at an age where “it’s about time” to deal with it. Certainly, women can be put under severe pressure when their biological clock is ticking. As a result, the subject of “unwanted childlessness” is increasingly affecting women and couples—from a statistical point of view. The increase in the number of people seeking advice on this subject
in the consultation hours of Pro Familia or at women’s clinics is proof of this development.

For biological reasons, “having children” has suddenly become a stressful and complicated subject. A forward-looking sex education theory should therefore look at all conceivable life plans for girls and women, to make people aware of different patterns. A sex education theory which looks into the future can, in some circumstances, prevent a “rude awakening”, when, for biological or other reasons, it is no longer possible to integrate a desire to have children into the life plan.

We are of course touching on the boundaries of sex education with this approach, as the subject of “pregnancy and motherhood” can never be dealt with consciously without limitations. The irrational reasons for which young women want children, for which some cannot imagine it at all, the fact that for many this wish only occurs when it is already too late and that many pregnancies occur despite contraception, cannot be changed by educational work. However, I feel that it is extremely important to provide stimuli and help with orientation and by so doing contribute as much as possible to their awareness.

A forward-looking sex education theory

The burden and the incompatibility of the double orientation for girls and women still exists today, but is the other way around. Sex education work must give girls and women the opportunity to think about how they can take their own longings and wishes to become mothers seriously, in addition to all career guidance, and how they can organize their lives in accordance with their wishes.

What new approaches or concepts could there be in sex education for girls and women? For each age group, building blocks of sex education can be developed, depending on the interests of the girls and young women, which will re-introduce the long forgotten subject of “pregnancy and motherhood” into the broad palette of sex education topics.

For younger girls (8–12-year-olds), a babysitting course4, for example, is a suitable method: by playing with babies (dolls), girls look at their feminine, physical and inner potential. On this course they are delighted to look after babies just like in reality: they wash them, change their nappies often and with enthusiasm and rock the babies to sleep. They feed “their” babies with puréed food which they have prepared themselves, have to quieten them when they cry, and share their experiences. They immerse themselves completely in the world of babies. While playing, they can realize their fantasies of what it is like to be a mummy in a positive and carefree way. Their pleasure in this can also be explained by the fact that while playing they can also once again realize their own wishes of “being little”, “being looked after”, “being protected”, and are reminded of their time as small children. The facts of life can also be integrated into this course: “Where do I actually come from, and how did that happen?”

With those at the age of puberty and young adults, the subject of “motherhood” should be explicitly included, in the following areas:

• on the subject of contraception,
• on the subject of advice about pregnancy and conflict concerning pregnancy,
• in clarification of one’s own sex role,
• on the subject of partnership,
• and, not least, in discussions about life plans and fantasies.

If the subject of motherhood is given its genuine status in these areas and if teachers feel free enough to acknowledge to the girls and young women that there are different concepts of life (a life with children, a life without children, a life with or without a partner, a life primarily devoted to self-realization), they must not be afraid of adopting a traditionalistic line in sex education with this approach. On the contrary, they can be sure that they are giving girls and young women open access to all possibilities for women within a forward-looking sex education theory.

Barbara Wittel-Fischer

Barbara Wittel-Fischer is a qualified educationalist and supervisor (DGSv). From 1992 to 1999 she worked as an advisor and sex educationalist for Pro Familia in Tübingen. She has given lectures in sex education at Reutlingen Evangelical University for Applied Science and was a supervisor at Tübingen University and Münster University for Applied Science. Since 2000 she has been working as a freelance supervisor in the field of further education.

4 I owe the idea of setting up a babysitter course in sex education work with girls to my colleague I. Löbner in Tübingen. We held these courses together for years and had a lot of fun.
The BZgA has produced a new brochure for parents with this title, which describes the psychosexual development of a child from birth to the sixth year of life. It is divided into two parts: the first volume deals with the first to the third and the second volume with the fourth to the sixth year of life.

The aim of this brochure is to promote greater awareness when dealing with the sexuality of children, which still seems to be taboo in many ways and to be excluded from the sphere of influence of parents. “Loving guidance for your daughter or your son”, says the text, “means not only listening to your child’s wishes and questions, but also the active promotion of their sensuality, their discovery of their body and their curiosity, (...) Is there any other area of child development where you do not take the initiative yourself and try to stimulate your child so that they learn something, develop, learn names for objects etc.?“

In this way, the two volumes answer many important questions both frankly and sensitively. The factors of individuality (of each individual child, who may experience stages of development differently or at a later time) and authenticity (of the parents, who should reflect on their boundaries, sense of shame etc. and consciously bring them into this process) are emphasized again and again. And sexuality is once again described as a basic need, which accompanies people throughout life and which can be expressed in very different ways.

Address for orders:
BZgA, 51101 Köln
Germany
E-Mail: order@bzga.de
rst–3rd year of life
Order no. 13 660 100
4th–6th year of life
Order no. 13 660 200

When girls become mothers

In a short article for the DGG-Informationen [DGG information], the information leaflet published regularly by the Deutsche Gesellschaft für Geschlechterziehung e.V. Bonn [German Association for Sex Education, registered society, Bonn], Ralf Osthoff deals with problems of “teenage mothers” and attempts to overcome them. He begins with some statistical data and then explains that “early pregnancies are usually not the cause, but the consequence of severe psychological and social problems of those affected.” Among the difficult situations which remarkably often precede conception are, for example, a poor relationship with parents or legal guardians, problems with addiction and experiences of separation and divorce, which make the girls very insecure. A child of their own can then be seen as a solution, a way to overcome such life crises with a drastic change. Osthoff also describes the reactions to the pregnancy and the consequences for the girls affected.

The common view “according to which the pregnant girls were merely ignorant or careless and naive when organizing contraception”, seems too brief to the author. He also examines the subjective motives for behaviour and perspectives of young women in detail in the book “Schwanger werd’ ich nicht alleine” [“I won’t get pregnant alone...”], which is published by Knecht Publishers, Landau (in a second updated edition). It includes 174 pages, costs DM 29.80 and is available in bookshops.

Address for ordering
DGG-Informationen:
Universität Kiel
Prof. Dr. Karla Etschberg
Olshausenstraße 75, 24118 Kiel
Germany

Pregnant minors and Caritas
[Catholic welfare organization]

The German association Caritas, a registered charity, obtained statistical data on the subject of advice about pregnancy and about conflict concerning pregnancy at Catholic advice centres for the period 1993 to 1997, and made it available to the public. The eighth chapter of this publication is specifically dedicated to pregnant minors and is based on a special analysis of the year 1996, which is looked at in relation to data from the Federal Statistical Office for the whole of Germany. Among other things, this comparison suggests that 55% of the minors recorded by the Federal Statistical Office of Germany who had a child in 1996 had visited a Catholic advice centre.

In the 13-page section the authors also look at the personal and social situation, the marital status, the religious denomination and the nationality of the minors seeking advice, and they document which offers of help were arranged.

The publication has the title “15. Erhebung, Beratung in anerkannten katholischen Schwangerschaftskonflikt- und Schwangerschaftsberatungsstellen.” Zeitraum 1993-1997” [17th investigation. Consultations in recognized Catholic advice centres for pregnancy and conflict concerning pregnancy. Period 1993-1997]. It costs DM 5.00 plus postage costs and can be obtained from the publisher.

Address for orders:
Deutscher Caritas-Verband e.V.
Karlsruhe 40, 79104 Freiburg
Germany
Telephone +49 (0)761 2000
Fax +49 (0)761 200 572

Casa Luna

Casa Luna offers help to young pregnant women and mothers in Bremen. Young women aged between 15 and 21 (occasionally even younger) are admitted there, although minors are given priority. The accommodation offered includes emergency admission and more long-term accommodation, with the option of moving to an internal apartment as soon as a higher level of independence is achieved. The young women are also given educational support round the clock in the apartments if required.

The types of help available, which range from support in planning a life with a child to everyday things such as official procedures and dealing with finances, are summarised individually in a small leaflet which can be obtained free of charge from the association which funds Casa Luna.

Address for orders:
KRIZ-Bremer Zentrum für Jugend- und Erwachsenenhilfe e.V.
[Bremen Centre for Youth and Adult Help, registered society]
Am Osterdeich 88, 28203 Bremen
Germany
Telephone +49 (0)421 78292
Fax +49 (0)421 77018

2001 media list on the prevention of AIDS

This pocket-sized brochure gives an overview of all media offered by the BZgA about the prevention of AIDS. Each individual publication is shown there and assigned to a target group.
(general population, young people, disseminators), and the most important information and order numbers are provided.

Address for orders:
BZgA, 51101 Köln
Germany
E-Mail: order@bzga.de
Order no. 70 950 000

Prevention of AIDS: “join in” offers

Perfectly round, colourful condoms are the sign for the BZgA’s “join in” poster campaign, which has had great success nationwide since 1995, with new designs all the time. In 1999 the BZgA held a creative competition, to which over 40,000 entrants sent in their condom designs. On the basis of this competition, a brochure has now been produced for disseminators, which presents the basic elements of the campaign, some results of the competition, postcards, the outline of a programme on the Internet and on CD-ROM and further instruments for prevention work on the spot. So, for example, mobile exhibition walls can be obtained for those wishing to hold their own creative competition.

All campaign materials are summarised in the brochure “Plakative Aktionen zur Aids-Prävention” [“Striking campaigns for the prevention of AIDS”].

Address for orders:
BZgA, 51101 Köln
Germany
E-Mail: order@bzga.de
Order no. 70 876 000

“Morning after” pill and coil

“You have 48 hours” says a leaflet from Pro Familia, which contains information about the reliability and side effects of the “morning after pill” and the “morning after coil”, as well as how they work and where they can be obtained. Information about a new pill preparation has now been added to this brochure, which, unlike the traditional oestrogen/progestogen combination, only contains a single hormone (progestogen). Because of this it is more easily tolerated and also works up to 72 hours after sexual intercourse. The updated leaflet can be obtained free of charge from advice centres and the federal association of Pro Familia.

Address for orders:
Pro Familia Bundesverband
Stresemannallee 3, 60596 Frankfurt
Germany
Telephone +49 (0)69 639002

Termination of pregnancy

Pro Familia has summarised everything worth knowing on the subject of “termination of pregnancy” in a 44-page brochure. It deals with questions which women often ask in personal consultations, and its main emphasis is on explaining the basic legal and medical conditions which must be fulfilled for a termination of pregnancy to be possible without being a punishable offence.

One chapter is devoted to the question of what women who are not yet 18 years old must know. The appendix has details of employers’ contributions and help available, among other things.

Address for orders:
Pro Familia Bundesverband
Stresemannallee 3, 60596 Frankfurt
Germany
Telephone +49 (0)69 639002

Postcard editions

A second edition of the BZgA’s very good postcard edition, with ten different designs from the “Gib Aids keine Chance” [“Don’t give AIDS a chance”] campaign, has been published. With its photographs, pictures from advertisements, poster and typographical designs, cartoons and not least the copper etching of “Adam and Eve” by Albrecht Dürer with small errors (Adam made provisions for the “Fall of Man” with a condom), this edition is an example of the variety and originality of the information campaign.

Address for orders:
BZgA, 51101 Köln
Germany
E-Mail: order@bzga.de
Order no. 70 882 000

Material about sex education and family planning

The 10th edition of the list of current material from the department for sex education, contraception and family planning was published in December 2000. All available materials are clearly laid out in this pocket-size brochure, arranged according to type of media and target groups, and they can easily be requested using the enclosed order form.

Address for orders:
BZgA, 51101 Köln
Germany
E-Mail: order@bzga.de
Order no. 13 010 000

Overview of the series of specialist booklets

In the specialist booklet series “Forschung und Praxis der Sexualaufklärung und Familienplanung” [“Research and practice of sex education and family planning”], studies, pilot schemes and experts’ reports which were commissioned by the BZgA and which show the current stage of research on sex education and family planning are published. In the newly created subseries “Praxis” [“Practice”], materials for practical work are developed and made available to disseminators. The results of conferences and conventions are also documented in special volumes.

A brochure arranged as a ring binder in 10.5 x 19 cm format gives an overview of all available volumes in this series, of which the three areas are indicated with a clear coloured plan: studies and experts’ reports will in future only appear in red, materials for practice in yellow and documentation in blue.

Address for orders:
BZgA, 51101 Köln, Germany
E-Mail: order@bzga.de
Order no. 133 000 00

Framework curriculum for competence in sex education

A framework curriculum for further training in the health service, social services and education system is expected to be published in May 2001 as volume 18 of the specialist booklet series. As an introduction, the teaching principles of these qualifications in sex education are explained and the results of the accompanying scientific research are presented (for an evaluation, please also see the article by Uwe Sielert in the April 2000 edition of FORUM). The main part is made up of eight component subjects, each of which is positioned chronologically and according to the subject material, with its intention described.

This volume provides extensive background knowledge on subjects relevant to sex education, and for each component subject also offers a
multitude of methods which those involved in (sex) education can use to acquire competence, both on a personal level and with regard to action and knowledge.

**Address for orders:**
BZgA, 51101 Köln
Germany
E-Mail: order@bzga.de
Order no. 133 000 18

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### Research and Model Projects

The BZgA’s reader on research projects and pilot schemes in the areas of sex education, contraception and family planning is now also available in English. It contains summaries of the pilot schemes, studies and experts’ reports as well as the representative surveys commissioned and promoted by the BZgA.

**Address for orders:**
BZgA, 51101 Köln
Germany
E-Mail: order@bzga.de
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### BOOKS

**Gesundheitswegweiser der BZgA [Signpost to Health by the BZgA]**

The third revised edition of the signpost is now being published, following editions in 1992 and 1994. In over 600 pages it describes around 210 nationwide institutions which offer information and support for the promotion of health and preventive health measures. Twenty subjects relevant to health, from AIDS to dental health, are given particular consideration.

The guide is useful as a reference work, when looking for co-operation partners or consultants, obtaining specialist information and media for advisory work and events, for the exchange of ideas and experience and lots more.

Six higher areas of activity have recently been incorporated and their place in the health service, their tasks and their aims described: professional associations, legal medical insurance, Health Sciences/Public Health, Public Health Service, self-help and further training.

The publication costs DM 36.00 including postage and packing and can be obtained from specialist shops:

**Address for orders:**
Fachverlag und Versandbuchhandel
Peter Sabo
Postfach 1069, 53270 Schwabmehn
Germany
Fax +49 (0)6130 7971
E-Mail: peter.sabo@t-online.de
Internet: www.sabo-buch.de

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### CONFERENCES

**Medizin und Gewissen [Medicine and Conscience]**

„Medizin und Gewissen. Wenn Würde ein Wert würde...“ [“Medicine and Conscience. If dignity were a value...”]

The next international IPPNW convention is to take place in May 2001 in Erlangen under this ambitious title. The close and necessary relationship between medicine, conscience and dignity seems to be becoming increasingly fragile. The restructuring of the health service, the insidious change in the concept of illness and the new technologies of biomedicine provide the subject material for this international conference with around 100 famous speakers, from the fields of medicine and adjoining spheres, philosophy/ethics, law, political sciences, economics and ecology, among others.

The focus of this specialist convention is on the dignity of patients and social and ethical responsibility in the nursing and caring professions. Those invited are people who work in the health service, for example in the fields of medicine, nursing, psychology, management and advice, who study, research or are undergoing training. The prices are staggered; you can find information about them, as well as other items on the agenda and offers such as childcare etc., in a leaflet which can be ordered from the address below. The dates for the event in Erlangen are 24 to 27 May 2001.

**Address for orders:**
Kongress-Büro Erlangen
c/o Stephan Kolb
Fichtestraße 39
91054 Erlangen
Germany
Telephone +49 (0)9131 816830
Fax +49 (0)9131 816831
E-Mail: medigew@aol.com

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### EXHIBITIONS

**Ess-Störungen [Eating disorders]**

What does the ideal woman look like today? Who gains from efforts to correspond to this ideal? What significance does food have in our society? Are diets a trigger of eating disorders? What are eating disorders and what causes do they have? What possible solutions and help is there for this complex of subjects?

These are the questions being investigated by a small indoor touring exhibition, which can also be borrowed, in the community of Hatten in Lower Saxony. It deals with all the important questions about obesity, anorexia and bulimia, with knowledge of the subject and commitment to the girls and women affected, but shares the big disadvantage of most such panel exhibitions: instead of using multimedia aids for exhibitions, it works almost exclusively with texts and therefore runs the risk of overtaxing visitors’ stamina, as reading while standing up is uncomfortable. However, all 14 panels of this presentation are also documented in a brochure which can be ordered directly from the authors, who can also give information about lending conditions, for DM 18.00 including postage and packaging.

**Address for orders:**
Heike Hoff
Slevogtstraße 25, 28209 Bremen
Germany
Telephone/fax: +49 (0)421 343586
Peggi Nischwitz
Lahnstraße 36, 28199 Bremen
Germany
Telephone +49 (0)421 503014
E-Mail: frauen.hatten@hatten.de
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