TEEN PREGNANCY: WORKING WITH PREGNANT AND PARENTING TEENS

by

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ABSTRACT

This project explores research-based strategies and methods for parents, teachers, and professionals that work to prevent teenage pregnancy and/or work with pregnant and parenting youth. The project will be a guide for a professional development for adults working with this target group. It could also be used as a take away for these professional to add to their professional library. Reviewing the literature on teenage pregnancy has allowed me to compile strategies that can be used individually and integrated slowly into classrooms or as a whole to integrate a successful program into a district's curriculum. There are also resources for those working with this targeted group as well as pregnant and parenting teenagers.

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CHAPTER 1

INTRODUCTION

The purpose of the following project is to create a useful guide of research-based strategies for both pregnancy prevention and support for pregnant and parenting teenagers. My ultimate goal is that this guide will be useful to teachers that are creating a curriculum or teaching a program with this target group in mind. With the strategies I will also include funding opportunities for such programs, as well as resources within our community.

Background of the Project:

The targeted Educational Service Agency (ESA) provides a variety of programs and services that support student achievement for 28,816 students and 2,300 educators in the five public school districts and two public school academies in the county. Services provided by the targeted ESA include administration and delivery of career and technical education, special education, alternative education programs, professional development focused on student achievement, early childhood education and care, data processing and business operation support. The ESA is one of 56 intermediate school districts (ISDs) in Michigan. Established in 1962, ISDs (ESA) are regional service agencies that provide support services more effectively and efficiently. The targeted ESA has developed and now runs multiple programs that are based on the needs of community as well. Some of these programs include Early On which is a program for children 0 – 3 years of age that

have disabilities or delays and Great Parents/Great Start, a program for parents containing information on the development of children ages 0 – 5 as well as methods of interaction that promote social and emotional growth. There are also programs focused on local homeless youth, employability skills, and financial services. This particular ESA runs programs for families in need. They have the Backpacks for Kids project at the beginning of the school year, as well as toy and food donations during the holidays. ESAs are governed by Michigan General School Laws.

In a state with 56 ISD's (ESA), the targeted ESA is the 11th largest with 180,967 people residing followed closely by Muskegon and St. Clair County. In 2010 the median household income in the county represented was around $72,000, but held a poverty level of 6.2%. The majority of this county's residents are between 18 and 65 years of age and are mostly white, but not all. It is also home to African Americans, American Indians, Asians, Pacific Islanders and Hispanics (www.michigan-demographics.com). This county has one of the lowest child abuse and neglect ratings in the region and an even lower percentage of children being admitted to foster care. In 2011, 24% of eligible children were taking advantage of the targeted county's pre-kindergarten programs, which was just slightly below the 31% state.

Statement of Need:

The number of pregnancies in females ages 15 – 19 has dropped significantly in the last 23 years. In 1989 the county represented in the ESA had 4,178 girls within this age group and teen pregnancies were at a rate of 49 out of every 1,000 (www.mdch.state.mi.us). This number has gone up and down since then and in more recent years has continued to go down and stay down. In 2011, the targeted county had a

population of 6,333 females in this age range and teenage pregnancy rates were at an all-time low of 17.5 out of every 1,000 females (www.mdch.state.mi.us). While the numbers are going down and are continuing to stay down, I still consider this number a problem.

There are some resources for pregnant and parenting teens and their families in this county. The Pregnancy Help Clinic offers free pregnancy testing, STD testing, counseling to explore all options and some care after an abortion if that is the chosen path. The Family Center focuses more on youth that have chosen to keep their babies and their immediate families. They offer individual or family therapy as well and abuse or psychiatric services. They also provide assistance in finding other local community resources. The targeted county's Family Center is a non-profit organization and has some fees for their services however; they do accept most insurance plans (http://livingstonfamilycenter.org).

My rationale for completing this project is to identify best practices for adults and professionals that are working with pregnant teens, assist in providing direction for pregnant teens, supplying them with resources and identifying funding sources for programs and resources. Teenage pregnancy is a nationwide occurrence; the numbers vary but the concern remains.

Purpose of the Project:

The purpose of this project is to identify research-based practices and strategies, as well as resources for school personnel and funding for teen pregnancy prevention and assistance programs. The review of literature will result in a guide that outlines practices and strategies for educators and other professionals working in the field of pregnancy prevention as well as support for pregnant and parenting teens.

Statement of Projected Goals:

Phase 1: To research and review teenage pregnancy in the United States.

Phase 2: Identify research-based strategies for the prevention of teenage pregnancy.

Phase 3: Identify research-based strategies for working with pregnant and parenting teens.

Phase 4: Compile a list of pregnancy resources and available funding for programs or families in our community.

These four phases will result in a pamphlet or guide for teachers and adults alike who are setting up curriculum, teaching programs, or working with pregnant or parenting youth. It will give them some strategies and suggestion for their curriculum and program as well as information on funding opportunities and resources for their students.

CHAPTER 2

LITERATURE REVIEW

Adolescent Pregnancy:

Today, fewer teenagers are having sex than they were twenty years ago (Stewart & Kaye, 2012) and teenage pregnancy rates are declining in accordance, however, teen pregnancy in the United States is consistently higher than any other Western industrialized country with a rate of three in ten girls getting pregnant by the age of twenty (Stewart & Kaye, 2012). Research commonly shows teen pregnancy rates dropping drastically from 1991-2010 with a slight hiccup during the 2005-2007 time periods (Stewart & Kaye, 2012). These rates have continued to decline with a nine percent decline in 2010, the largest measured in a single year since 1946-47 as stated by Stewart and Kaye (2012). Stewart and Kaye (2012) also report that when most of us think of teenage pregnancy we often first think of teenagers between the ages of fifteen and sixteen years old, that is not the whole case. Seventy percent of teenage births are to those in the age group of eighteen to nineteen, while just 29% were in the fifteen to seventeen age groups.

Rates and Trends of Teenage Pregnancy:

So, if teenage pregnancy and birth rates are declining and at such a rapid pace, what are we so worried about? Recent data shows that the United States reports the highest of teenage pregnancy among developed nations. Shore and Shore (2009) state,

"In 2006 the birth rate among teens, aged fifteen to nineteen, was one and a half times greater than in the United Kingdom, which has Europe's highest teen birth rate, three times greater than in Canada, seven times greater than in Denmark and Sweden, and eight times greater than in Japan" (p.2).

School systems must be prepared for working with pregnant teens, prevention strategies do not always suffice. School personnel need to be equipped with resources and tools for helping students complete school and continue on to become productive citizens.

Prevention of Teen Pregnancy:

Research-based strategies and resources are pertinent when working with today's youth. American parents, teachers, and countless other professionals have picked apart the important question of whether teaching abstinence is enough or if perhaps, it is time for something more. The questionable need for education regarding contraceptives, a deeper understanding of sexuality, STD's, and safer sex is now a heated topic across the country and can be heard in schools and homes everywhere.

Parental involvement in sex education continuously appears in research as having positive effects on today's youth. Parents often fail to recognize that they truly are their child's first and most important teacher. Keeping the lines of communication open is important and in regards to many other sensitive subjects in life such as drug and alcohol use, we know that it is a task possible of overcoming. Parents are out there seeking support and assistance in these areas. Professionals can assist parents with talking about sex, abstinence and birth control among other difficult topics. In a report by The Cornerstone Consulting Group, Inc. entitled Program Approaches in Teen Pregnancy

Prevention the author states “Adolescents see their parents as their most important and preferred source of information in regards to sex. Yet, in a recent survey, more than one-third of teens reported that they had not had a single helpful conversation with their parents in regards to sex” (The Cornerstone Consulting Group, 2001, p. 20). Parents need to be sure that their voice is being heard. With so many other ways for information to be gained, parents need to be sure their message is getting through and being received with open ears. The Cornerstone Consulting Group (2001) also states, “parents are able to talk with their children about topics such as drugs, alcohol, and violence but admit that they need help in the areas of STD’s, sexual activity, and preventing teenage pregnancy” (p. 20). Many of these grey areas are due to the gaps in understanding of human anatomy, sexuality, STDS’s, and our current society as a whole. Programs developed with parental communication in mind can help parents and children keep their lines of communication open (Shore & Shore, 2009).

Parental involvement does not need to begin and end with the onset or prevention of sexual activity, and conversations and programs focused on prevention are not the only means in which parents can make a difference. In a research brief entitled Parents Matter: The Role of Parents in Teens’ Decisions About Sex (2009), we learn that parental relationship quality, degree of awareness, adolescent monitoring, and eating dinner together are all powerful factors in delaying the onset of sexual activity and they have the numbers to back it up. While parental relationships did not affect when teenage boys first became sexually active, it did have a difference with teenage girls. Teenage girls reporting a positive relationship with their mothers were less likely than those that did not to have sex before the age of 16, in fact, of all the teenage girls that reported having a

very good relationship with their parents only 25% of them had sex before the age of 16 (p. 2). Those numbers get better if the relationship was considered to be strong or positive with both their mother and father. Research proves what most parents already know, that parents have the opportunity to be the strongest influence on their children through the difficult teenage years (Ikramullah, Manlove, Cui, & Moore, 2009). Ikramullah et al. (2009) report that in a national survey of people ages 12 to 19 that 47% of them found their parents to be the most influential people in their life. Parental awareness and monitoring had its advantages when it came to early sexual activity as well. Forty-three percent of girls and 32% of boys reported that their parents knew where they were and who they were with when they were not at home (Ikramullah et al., 2009, p. 3). Only 22% of the girls whose parents knew where they were and who they were with had sex before the age of 16 compared with 29% of girls who reported their parents knew some of what they were doing and who they were with. As the level of parental monitoring and awareness went down the percentage of children having sex went up. Another important factor of parental involvement is family, sit down, dinner time. Of the children asked, it was reported that more boys than girls sit down and have dinner with their families, more than two-fifths of 12-14 year olds reported that they did sit down with their families and eat dinner each and every day (Ikramullah, et.al, 2009). While this particular family activity did not greatly influence boys between the ages of 14 and 16, only 31% of boys that ate dinner with their families each night had sex before the age of 16, that number jumps to 37% when boys report eating with their families sometimes. There was no connection found between teenage girls that ate and home and age of sexual initiation (Ikramullah, er al., 2009).

Accurate and balanced sex education is another claim that continues to be at the top of research based lists. Billions of dollars of state and federal money are spent annually to support abstinence, and abstinence until marriage sex education programs, one and a half billion to be exact (Advocates for Youth, 2007). One and a half billion dollars are spent on abstinence education and the United States continues to have the most pregnancies and births to women between 13 and 19 in the civilized world. With numbers such as these you cannot help but question the effectiveness of these programs. According to an article entitled Comprehensive Sex Education vs. Abstinence Only Until Marriage Programs (2011) the money that the federal government spends on abstinence only programs has allowed the conversation regarding sex education to become the "leading symbolic fight" in our country today (p. 1). While our country began teaching about condom and birth control use in the early 1990's, it was actually President Bill Clinton who pushed through Title V Section 510 which mandated the federal government begin granting $50 million each year to state governments who support abstinence only programs (Malone & Rodriguez, 2011). We are now asking ourselves, "What is an abstinence only program?" The Title V programs have these requirements which are labeled A-H:

A: Has its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity.

B: Teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children.

C: Teacher that abstinence from sexual activity in the only certain way to avoid out of wedlock pregnancy, sexually transmitted diseases, and other associated health problems.

D: Teaches that a mutually faithful, monogamous relationship in the context of marriage is the expected standard of sexual activity.

E: Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects.

F: Teaches that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society.

G: Teaches young people how to reject sexual advances and how drug and alcohol use increase vulnerability to sexual advances.

H: Teaches the importance of attaining self-sufficiency before engaging in sexual activity (Malone & Rodriguez, 2011, p.3).

These guidelines make it clear, we are telling our children that sexual activity after marriage is the only thing we deem acceptable, but as a nation we need to decide whether that is working for us or if in fact, it is not (Malone & Rodriguez, 2011, p.3).

In an article entitled The Truth about Abstinence-Only Programs by Advocate for Youth (2007), research based claims regarding abstinence only programs are picked apart. The first claim in that abstinence only programs delay sexual initiation and reduce pregnancy among teenagers. According to the author they in fact have no impact on the nationwide problem. Advocates for Youth state, "Evaluations of these program show that youth enrolled in these programs were no more likely that those not in the programs

to delay sexual initiation, have fewer partners, or abstain from sex entirely" (p. 2). Many other evaluations of programs have come to the surface with the same results. The second claim is that abstinence only programs are responsible for the recent decline in teen pregnancy. According to Advocates for Youth (2007), research is showing that improved contraceptive use is responsible for the decline that occurred between 1995 and 2002. Teenagers reported increases in the use of a single method, such as condoms, as well as multiple methods, such as condoms and birth control.

According to the research, abstinence only programs are not meeting the needs of our youth and are not solving our national problem at hand. Now let us turn to a suggestion that parents, teachers, youth, medical professionals, and researchers alike are suggesting, comprehensive sex education.

"What the Research Says" (2009) defines comprehensive sex education as follows: a program that includes age appropriate, medically accurate information on a broad set of topics related to sexuality including human development, relationships, decision making, abstinence, contraception, and disease prevention (p.1). Sexuality Information and Education Council of the United States (SIECUS), continues to break this definition down by explaining that these programs provide today's youth with the information and tools to help them make educated decisions in regards to sexual activity. They also provide children and teenagers with information regarding the benefits and side effects of contraceptives when used for the prevention of HIV and pregnancy. These programs encourage parents to communicate with their children about sexuality and the responsibility that comes with the decision to be sexually active, as well as how drugs and alcohol can affect their decision making ability.

Studies done on such programs are beginning to show that comprehensive education is working. SIECUS (2007) cites The National Campaign to Prevent Teen and Unplanned Pregnancy in a document entitled Emerging Answers 2007 as finding that two thirds of the 48 comprehensive programs that supported both abstinence as well as the use of contraceptives had positive effects. Many of these programs delayed or reduced sexual activity, reduced the number of partners, or increased the use of contraceptives. These programs require planning, staff education, community involvement, clear and concise goals, and a safe environment. In a summary of research findings, Emerging Answers 2007, (Kirby, 2007) it is stated that there are in fact 17 characteristics that are crucial to a successful and effective comprehensive program, I will briefly outline them for you.

1. Involve multiple people with multiple areas of expertise- Bring people in whose focus is on research, theories, or specific areas such as AIDS or STDS to help you build your curriculum. These professionals can help in the design and implementation of activities tailored to specific needs.

2. Assess the relevant needs and assets of your target group- As you develop the curriculum for your district or area review data on what behaviors need to be targeted and at what grade levels. Try to conduct a focus group so you are able to understand the needs of your community and the reasons that such behavior is taking place.

3. Use a logical model approach- All curriculums that were looked at use a logical model approach which works in four steps 1) specify health goals, 2) identify behavior that affects those goals, 3) identify factors that affect those

behaviors, 4) develop activities to change the factors. Development teams used theories such as the theory of planned behavior and the health belief theory when planning their models to identify factors such as knowledge levels, attitudes, beliefs of social norms etc. This knowledge can then be used to create effective mediating factors and then in turn, positive change.

4. Design activities consistent with community values and resources that are available- The author notes that in communities where abstinence is highly valued it would be wise for teams to develop curriculum with abstinence as the best approach while still implementing other ideas and approaches. School districts must think ahead as to what resources are available as well. For example, if your school district is lacking equipment for multimedia use, then you should not incorporate that into your curriculum. Teams should work to discover resources such as doctors or other professionals in the area that would be willing to assist with your curriculum when the time comes.

5. Conduct pilot tests- Development teams should try to test out some or all of the activities on a small group of students so modifications can be made if needed before curriculum is used on a district wide basis.

6. The content of the curriculum should have at least one of three health goals: the prevention of HIV, the prevention of other STD's, or the prevention of unintended pregnancy- Having at least one of these messages worked into your curriculum creates and send a clear message to students about health goals as well as avoidance of STD's and unplanned pregnancy.

7. Focus on specific types of behaviors that lead to or prevent STD's or AIDS- The author of the study states "this is a particularly important characteristic" (Kirby, 2007). Once the focus behavior is specified, the students need to receive clear and consistent messages regarding it whether that is condom use, sex, specific situations that could lead to unwanted situations, practicing ways to say no. These messages must be age and grade appropriate.

8. Focus on specific sexual psychological factors affect the specified types of behavior and work to change some of those- in many original studies these risk and protective factors were chosen based on research regarding sexual behavior among adolescents. To explain further, if you want a curriculum that focuses on increasing condom use then you want to focus on factors such as HIV, STD's, attitudes towards condoms, perceptions of normality, and communication with parents in regards to condoms and other contraceptives. On another note, if you would like to create a program that reduces sexual activity you would focus on the ability to avoid HIV and STD's as well as other situations that can lead to sexual activity through abstinence.

9. Create a safe environment- Educators need to set certain rules in the classroom in preparation for sex education. Students need to know boundaries for questions and how to converse and respect others ideas and perceptions. Some schools choose to separate the sexes for certain portions of sex education curriculum.

10. Include multiple structurally sound activities that focus on changing risk factors- Create shorter lectures and work to include whole class discussions,

competitive games, skits, and videos that allow students to work through activities that allow them to obtain and use information so that it becomes personal. Teach them to refuse sex and unwanted situations and then allow them to act it out in a skit or allow them to debate abstinence verses contraceptive use.

11. Design activities that all students to bring information home- Give students homework such as activities that can be done with their families , surveys of attitudes, or problem solving activities.

12. Use teaching strategies and instructional methods that are appropriate to culture, age, and sexual experience- Some curriculum is developed especially for a particular race, ethnic group, or an area with higher rates of STD's. It can be developed solely for young girls and emphasize control over sexual situations or for older teens it may focus on condom use.

13. Cover topics in a logical sequence- Effective curriculum often presents information in the following order: basic information on HIV and STD's, pregnancy, behavior that will reduce vulnerability, values, attitudes, and then the skills needed to adopt such behaviors. This order motivates teens to avoid and then gives them the knowledge and skills to avoid them.

14. Secure some support from appropriate authorities- Approval from authorities such as school principals, district superintendents, or directors from local youth programs can provide support when covering topics that are deemed controversial.

15. Select educators with desired characteristics, train them, monitor, and support- Many school districts use their classroom teachers to implement sex education curriculum but some schools are hiring in their own educators. Results from research shows that the age, race, nor gender matter in regards to who teaches the curriculum, it is the ability to relate to our youth. However, whomever you choose to implement your curriculum, they need to be trained and supported throughout the process.

16. Implement activities to recruit and retain adolescents- Schools should include activities outside of the regular scheduled day to reinforce activities that help students avoid or overcome obstacles that teenagers face.

17. Implement your curriculum with reasonable fidelity- Effective programs implemented nearly their entire planned curriculum. (pp. 131-135)

Parental involvement is something that can be done with or without the addition of a comprehensive sex education program. There are multiple resources out there for parents that are ready to engage in the role of educator in their children's lives. School counselors, teachers, and doctors are just a few of the resources to start. Parents today feel like they do not know where to start but the need to get active and knowledgeable cannot be denied. Comprehensive programs assist parents with knowledge and carry that knowledge over into the school setting. This allows children to learn more about sex and sexuality than only avoidance and abstinence. I truly believe the key to prevention is knowledge.

Consequences of Teen Pregnancy:

"Approximately 400,000 American teenagers become pregnant each year" (Smith, M., Salge, L., Dickerson, J., & Wilson, K., 2012, p.22). This number should surprise the average person however, if this is not enough it may also help to remind us the 20% of these pregnancies are repeat pregnancies, meaning that teenage mothers can often have two children before they turn 18. Births this close together can result in low birth rate, still births, and neonatal deaths. These young mothers are faced with monetary hardships which often keep them from completing school and finding employment (Smith, M., et al., 2012). These are just a few of the trouble that come with becoming a mother when you are still growing up yourself. The struggles that come with teenagers becoming parents affect everyone, and understanding the problem at hand is the first step in becoming an active participant in the solution.

Keeping pregnant and parenting teenagers on track for graduation and life thereafter is extremely important. According to the Family and Youth Services Bureau only half of teen mothers finish high school by the age of 22 but these numbers vary significantly among cities and states ("Working With Pregnant and Parenting Teens", 2010). There are several pressures and risk factors that happen in the life of a high school teenager when they become pregnant that can lead to them dropping out of school. Girls often have to cope with morning sickness and other side effects of being pregnant, such as intense body image problems, they battle stigmas from peers, teachers, and parents and are often subjected to some sort of bullying or sexual harassment. Once the baby is born they struggle with consistent and affordable daycare, poor academic performance, the need for a job, and inadequate support to stay in school. A teenager who chooses to drop out of high school should be encouraged by parents, teachers, and school counselors to

finish high school alternatively or pursue their GED using other resources such as special schools for parenting teens, at home tutoring programs, online high schools programs, or night school ("Pregnant Teen Dropout Rate", 2010). Resources within a school or community can help to steer at risk students back onto the right path.

School-based Teen Pregnancy Programs and Initiatives:

Funding in the amount of 110 million dollars nationwide goes toward medically accurate and age-appropriate programs that reduce teen pregnancy and associated risk behaviors. The money is budgeted according to three tiers: tier one has $75 million allocated to replicate evidence-based programs. These are programs that have been proven effective through evaluation; there are currently 75 agreements under this tier. Tier two has $25 million available for research and demonstration grants. This money is used for developing and refining strategies for prevention of pregnancy. There are currently 19 agreements under this tier. The tier collects the remainder of the funds and is dedicated to research and evaluation (The President's Teen Pregnancy Prevention Initiative, n.d.). The Office of Adolescent Health receives money from these tiers and supports public and private organizations by funding medically accurate and age appropriate program models for reducing teen pregnancy. The main focus of these programs is to reduce teen pregnancy and birth rates in communities with the highest rates and the largest need of prevention programs (www.cdc.org).

The federal government is the largest of all the grant makers. However, much of the federal grant money moves to the states through formula and block grants. From there it is up to the state to decide how to disperse the money as well as the method by which an applicant will demonstrate their eligibility. The federal government administers

several types of grants designed to accomplish different purposes such as scientific research, demonstrating a particular theory, or delivering services to a specific population. Examples of these grants include:

- Research grants –support investigations aimed at discovering facts, the revision of accepted theories, or the application of new ones.
- Demonstration grants – demonstrate or establish the feasibility of a particular theory or approach.
- Project grants – support individual projects in accordance with legislation that gives the funding agency discretion in selecting the project, grantees, and amount of award.
- Block grants – provide states with funding for a particular purpose.
- Formula grants – provide finding to specified grantees on the basis of a specific formula, using indicators such as per capita income, mortality, or morbidity rates. These specifications are outlined in legislation or regulations (*Grant Process Overview,* n.d., p.1).

Private funding can be obtained from a variety of sources as well, such as foundation, corporations, voluntary agencies and community groups. However, the majority of private funding comes from philanthropic organization. Philanthropic organizations are groups that do work that focuses on a particular interest or group such as, The Vitiligo Research Foundation which is a group that focuses on research and awareness of the skin de-pigmenting disease Vitiligo or nationally known groups Feed

America and The United Way. These organizations often benefit a particular group or interest. Examples of major types of philanthropic organizations include:

- Private foundations – receive income from an individual, family or group of individuals. The funding priorities of private foundations are usually based on the personal philosophies of the founding members.

- Corporate foundations – receive contributions from a profit-making entity, such as a corporation.

- Community foundations – involved in grant giving within a specific community or region.

- Direct giving programs – philanthropic arms of corporations with donate goods and services for charitable causes.

- Voluntary agencies – private organizations which support charitable programs that are consistent with their overall mission. The American Red Cross, for example, provides printed materials and staff consultation for health projects in various communities.

- Community groups – local organizations of people that come together based on shared interests that focus on supporting projects within their communities. Examples of these organizations include faith based organizations, groups that work to maintain urban or rural land, historical preservation or major fundraising groups (*Overview of the Grant Management Process*, n.d., p.2).

There are other various private and public source of funding for teen pregnancy programs such Personal Responsibility Education Program (PREP). PREP is a federal

and mandatory source of funding that has provided over $55 million in formula grants to support the reduction of teenage pregnancy through the use of evidence based programs that target areas with high teenage pregnancy statistics (www.the nationalcampaign.org).

Strategies for Adolescent Pregnancy and Parenting Programs:

The United States continues to have the highest teen pregnancy rates among westernized countries. Due to these numbers schools and organizations have stepped up to the plate to not only take another look at their sex education and prevention programs but also to take into account the needs of pregnant and parenting teens (Stewart and Kaye, 2012). The Family and Youth Services Bureau recognize that the needs of pregnant and parenting teens are unique. In a tip sheet from the bureau they point out that just as all parents do, teen parents want what is best for their child however, they often suffer from a lack of education as well as low income levels("Working With Pregnant and Parenting Teens", 2010). The authors of the Tip Sheet from the Family and Youth Services Bureau (2010) also go on to say that over half of young mothers drop out of school as well as a third of males with being a parent their main reason for the decision. Programs for pregnant and parenting youth need to encompass a wraparound program which includes goals for education completion, not only at the high school level, but into secondary education with planned programs focused on how to help them meet these goals. These programs need to bring in resources that address mental health, navigation through our state resource systems, job application processes and parenting/family practices.

As educators and parents we work hard to keep our children safe and far away from things that can hinder their well-being and success however, we know that efforts

made towards prevention do not always work the way that we hope they will. Prevention of teenage pregnancy is a major goal for the country leading the westernized world in pregnancy among youth ages 14-19. Our efforts in prevention are making a difference but they are not solving the problem in its entirety. We must also look at what we as a society can do to help our young mothers, fathers, and families do to continue with a productive and successful life. Adolescent parents and their children are at risk for short and long term health and social outcomes (Lachance, C., Burrus, B. & Scott,A., 2012). Adolescent mothers tend to continue to lead high risk lives after the birth of their child which puts them at risk for a rapid repeat pregnancy which is a pregnancy within 24 months of the first one and usually before the age of 20. Multiple births to young teens can lead to further adverse outcomes such as little or no prenatal care, dropping out of high school, and the inability to maintain economic self-sufficiency (Lachance, C. et. al, 2012). Pregnant and parenting teenagers also have a different set of worries and challenges than other pregnant women. Robertson, (Working with the Young and Pregnant,2001) writes that Pregnant teenagers are often primarily focused on their personal needs such as having somewhere suitable to live with the baby, money worries, and hassles with school and parents. Changing relationships with father of the baby and their friends, as well as retaining relationships and some sense of their former life after the baby is born are also primary areas of focus.

When working with this population we must remember to not make assumptions or be judgmental. Pregnant teens are often on the losing end of social stigmas and prejudice. Robertson (2001) notes that in America it is socially acceptable to sell almost anything using sex, but indulging in it outside of societal norms is unacceptable. “When

teenagers become pregnant due to the experimentation that is growing up they can find themselves in very difficult territory with perhaps very few support networks and social pressures. It is no wonder they may be more worried about how they will survive than how they should behave while the birth is in progress" (Robertson, 2001, Pg.1). Lachance, et al., (2012), explains that many adolescents that become pregnant are victims of a fractured society and failed support system. Often times in pregnancy, youth find their first opportunity to enter the system of care that is available to them. If working correctly and in unison, the system of health care, education, and social services could and should be able to provide teenagers with enough support to break cycles and come out of situations successfully. However, Lachance, et al., (2012) explain that services can often be broken or fragmented and do not work the way they should in order to produce results we need for a successful and promising youth and because of this we must take precautions on our own as teachers, parents and community members to help our teenagers grow to become not only good parents but productive members of society.

Steps to aid and support pregnant teens are important because we know that it is the children of adolescent mothers that are truly affected. According to Lachance, et al., (2012), research shows that consequences for these children are apparent from birth and can continue throughout their lives. Babies can be underweight and premature and show cognitive and academic differences from their peers as early as kindergarten and well into adolescence. Lachance, 2012, tells us the most noteworthy outcome for sons of adolescent parents is their increased risk for incarceration.

As a society we know that the state departments and agencies cannot assist our young families alone. As teachers, counselors, parents, and community members we

must also take it upon ourselves to help our young parents and their children navigate through the first years (and maybe more) of early parenthood. Adolescents with children often need help parenting skills, daycare, school, and housing etc. After much research I have compiled a list of recommended, proven, and necessary strategies and guidelines for programs aimed at working with young mothers, fathers, and families.

Avoid the stereotypical classroom: Robertson (2001), author of Working with the Young and Pregnant, lectures and worksheets are out for this group of students. Educators and other professionals need to find activities that will involve students such as diaries, drawing, writing, collages or activities such as cooking healthy meals. Topics that will lead to an interactive, whole group discussion through methods such as role playing, trivia games, videos, or tough to talk about questions will be a great way to begin discussion. Involving others in your group will help these students as well. Students will also benefit from access to counselors, doctors, and even other young people with children will allow these young students to form a social network which is a major goal for these teenagers. Having connections after the baby is born can keep young girls from feeling isolated. Through these tools we can give young girls a realistic view of parenthood with a good set of resources to help them through it.

Have a goal in mind: Whenever you are setting up a program or class for pregnant or parenting youth, you must have a goal in mind. In the Working with Pregnant and Parenting Teens Tip Sheet from the Family and Youth Services Bureau (n.d.) it is apparent that there are many goals that can be focused on but preventing or delaying subsequent pregnancies is a primary goal for most youth pregnancy programs as it is one universal need among a sea of unique youth. There are many other goals for programs

developers to work towards though and the Center for Assessment and Policy Development as well as the experts and authors of What Works for Pregnant and Parenting Teens, Anglin, T., et al., (2012) has found that a comprehensive program for pregnant and parenting teens should work towards achieving these outcomes in this order:

- Self-Sufficiency Outcomes for Pregnant and Parenting Teens
    - Increase high school graduation/GED completion.
    - Increase post-secondary education, vocational training, or employment at livable wages.
    - Increase self-reliance and transition to independent living.
    - Reduce or delay subsequent pregnancies.
    - Reduce STD's/HIV.
- Developmental Outcomes for Children of Teen Mothers and Teen Fathers
    - Increase healthy births by providing adequate prenatal care and strong support networks during pregnancy.
    - Increase age appropriate physical, emotional, cognitive, and social development.
    - Increase appropriate discipline, nurturing behavior, and children who are well cared for.
- Relationship Outcomes for Pregnant and Parenting Teens

- Increase healthy relationships between parents, peers, and family members (Anglin, T., et al., 2012).

Whichever goal you choose for your program, the panel of experts who created What Works for Pregnant and Parenting Teens 2012 remind us that the key component to a successful program is a clear goal and the common understanding of the process. These goals and processes can be made clear through programs procedures, standards, guidelines or logic models. These guidelines should be used to direct program implementation and evaluate program performance.

CHAPTER 3

METHODOLOGY AND PLAN

The purpose of this project is to identify the aspects of programs that are successful in regards to sex education and parenting programs, as well as funding sources for these programs and resources for teenagers and their families.

There are four phases outlined in this chapter: 1 to review teen pregnancy in the United States, 2 to identify research based strategies for the prevention of teenage pregnancy, 3 identify research based strategies for working with pregnant and parenting teens, and 4 to compile a list of resources or funding options that are available in and around our community.

Phase 1: Review teenage pregnancy in the United States:

Through a literature review of the research I will briefly outline teen pregnancy in the country with the hope of catching the reader's attention and helping them to see the need for change and action. I will provide readers with statistics on teenage pregnancy in the United States. I will also provide them with facts regarding the negative outcomes of teenage pregnancy, such as not completing school, as well as what factors can up the chances of those negative outcomes becoming their fate.

Phase 2: Identify research based strategies for the prevention of teenage pregnancy:

In order to identify strategies that would be beneficial to educators and other professionals, I plan to do extensive research in the area of pregnancy prevention. Using

the knowledge gained by professionals on the subject I will pinpoint which strategies prove to be the most beneficial in the classroom. I will break this information down into easy to digest chunks of information that can be taken in pieces and included into an already existing curriculum or used as a whole to create a new successful program.

Phase 3: Identify research based strategies for working with pregnant and parenting teens:

In order to achieve this goal I plan to extensively review research in the field of support for pregnant and parenting teenagers. Working with this targeted group affects not only those working in specialized programs outside of the classroom, but also those that remain in the general education setting. I plan to break this information down into those two categories: school setting and special program setting. While information from one area may also fit into the other I believe that there will be some differences in the needs of pregnant and parenting teens depending on where they are receiving their education.

Phase 4: Compile a list of teen pregnancy resources and funding opportunities available for teens and their families in and around our community:

In order to achieve this goal I plan to review grants and funding sources, as well as local opportunities for assistance and support. I plan to review grants that are available to schools systems and individual programs, as well as money given to individuals in need. I know money is available to young parents in need through the state, but how that money is obtained I am unsure. I will also provide a brief list of available assistance centers within the state of Michigan.

CHAPTER 4

TEENAGE PREGNANY – STRATEGIES AND GUIDELINES

This project has been completed as a manual for a professional development opportunity or as a take away document that could be added to a professional library. The ability to be used as a stand-alone document makes it a great addition to a professional library. This document includes information on teenage pregnancy in The United States such as rates, consequences, and ultimate results of teen pregnancy. Prevention and working with pregnant and teenagers are the sections intended to be the focus of the project. Within the prevention section you will find information regarding comprehensive sex education, sex education curriculum that includes the teaching of contraceptives, as well as information regarding parental involvement. This information is meant for those working within the field of prevention such as sex education teachers, counselors, those that teach health, etc. Methods for working with pregnant teens covers methods and strategies that can be used by both those working with pregnant teenagers still in the general grade school setting and those that are setting up or currently working in a specialized program for that target group. The final section gives information on funds available to those in need as well as places that are there to help.

-TEENAGE PREGNANCY-

STRATEGIES AND GUIDELINES

Keeping Our Youth on the Path to Success

Prevention and Best Practices in our Schools

An overview of researched based prevention strategies and guidelines for working with pregnant and parenting teens

Presented by Carrie Reene

Ferris State University

Spring 2014

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Let's Begin With the Basics

Teen Pregnancy in The United States: In 2006, the birth rate among teenagers ages 15-19 was one and a half times greater than the rate for that same age group in the United Kingdom. That rate is three times greater than the rate in Canada and seven times greater than in Denmark and Sweden and eight times greater than Japan (Program Approaches in Teen Pregnancy Prevention, 2001). In 2006 the birth rate was 24 to every 1,000 children ages 15 -19. The teen birth rate in the United States varies from year to year, but nonetheless does continue to decline. With that being said it is important to remember that the United States still has the most births to teenagers in the developed world.

Statistics: One of the largest concerns for pregnant and parenting teens among many others, such as health and financial stability, is their ability to go through a pregnancy, raise a child, and stay in school. The rate at which pregnant teenagers drop out of school is alarming and the effects can last a lifetime.

*The number of pregnant teenagers continues at a rate of roughly 22-24 out of every 1,000 students each year.

*70% of those students will drop out of school, a substantially higher number than those that do not become pregnant.

*Roughly 50% of minority girls drop out of school, one third of them drop out due to becoming pregnant.

*Only half of females that drop out of school are employed and those that are employed make significantly less money than those with a high school diploma.

*These statistics tells as that a female who drops out of high school has a very negative economic future.

Among pregnant teens, there are other risk factors that increase the chances of a pregnant teen dropping out of school:

*Low income household

*Poor academic performance

*Lack of parental support

*Speaking English as a second language

*Raised in a single parent household

*Having a parent that did not complete high school

(*Teen Pregnancy Statistics*, 2010)

What Can We Do To Prevent Teenage Pregnancy?

Abstinence: Until recently we believed that the best way to help our youth avoid negative situations was to teach them not to do it, to avoid those situations at all cost. Sex education carried on this same message by focusing on abstinence. Abstinence education is defined as a program that:

A: Has its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity.

B: Teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children.

C: Teaches that abstinence from sexual activity in the only certain way to avoid out of wedlock pregnancy, sexually transmitted diseases, and other associated health problems.

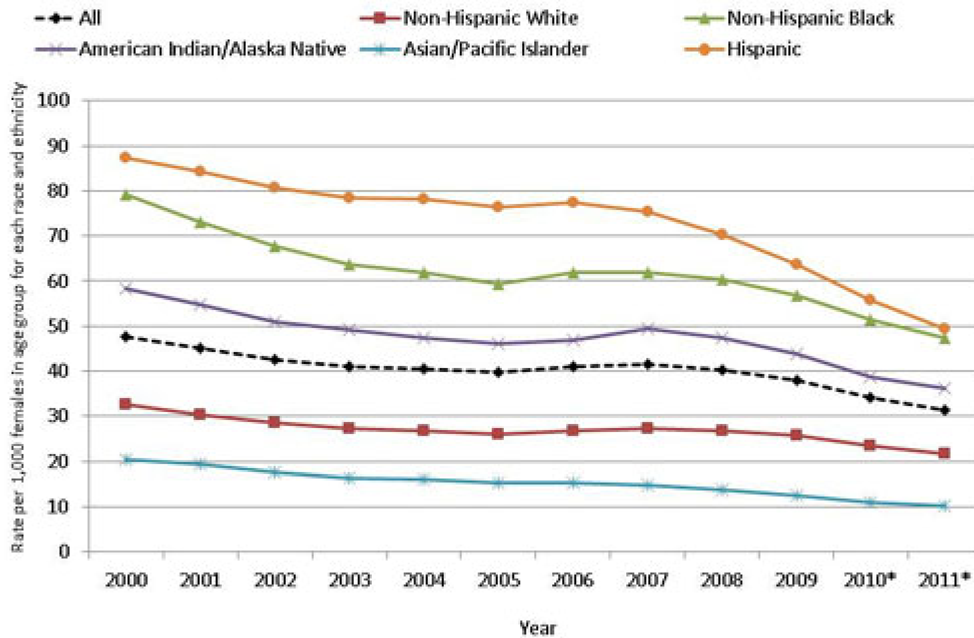
D: Teaches that a mutually faithful, monogamous relationship in the context of marriage is the expected standard of sexual activity.

E: Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects.

F: Teaches that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society.

G: Teaches young people how to reject sexual advances and how drug and alcohol use increase vulnerability to sexual advances.

H: Teaches the importance of attaining self-sufficiency before engaging in sexual activity. (Malone, P. & Rodriguez, P., 2011)



(Hamilton, B., Martin, J. & Ventura, S., 2011)

When looking at the line graph above the first thing you notice is that the lines are going down. The number of births to teenagers has decreased in every ethnic group over the last eleven years. For some ethnic groups they have gone down substantially, such as Hispanics with a decline of roughly forty births per 1,000 teenagers. However, if we look closer and do the math for the non-Hispanic White teenagers we can see there has only been a decline of roughly twelve births per 1,000 females in the last eleven years. If we claim that abstinence education is the reason for this decline then we must also admit that what is working for some is not working for all. The ability to say no, the education to know why, and the tools to do so cannot be discredited simply because alone they have not been able to solve a national problem. Abstinence should always be part of your districts sex education curriculum, but with that being said, it is apparent that teaching abstinence and only abstinence is no longer enough.

What Should We Include In Our Programs? – We are going to focus on two main additions to your sex education curriculum: comprehensive sex education and parental involvement.

Comprehensive Sex Education – Comprehensive sex education is curriculum that involves the teaching of abstinence but encompasses age appropriate sexuality, feelings, and methods of contraception. Teaching comprehensive sex education means we respect feelings regarding abstinence as well as the need for it, but also take into consideration that roughly 50% of our students are going to have sex before they graduate high school. It is our job to give them the information they need to make educated decisions when the time calls for them (What the Research Says, 2009).

Comprehensive sex education programs include:

1. The involvement of multiple people with multiple areas of expertise. These people could include professionals who focus on research, theories, or specific areas such as AIDS or STDS. These professionals can be helpful when designing curriculum or assisting certain teachers in lesson planning.

2. An assessment of the relevant needs and assets of your target group. As you develop the curriculum for your district you need to review data on what behaviors need to be targeted and at what grade levels. Work to conduct a focus group so you are able to understand the needs of your community and the reasons that certain behaviors are taking place.

3. The use of a logical model approach- All curriculums that were found successful used a logical model approach which works in four steps 1) specify health goals, 2) identify behavior that affects those goals, 3) identify factors that affect those behaviors, 4) develop activities to change the factors. Development teams used multiple theories such as the theory of planned behavior and the health belief theory when planning their models to identify factors such as knowledge levels, attitudes, beliefs of social norms etc. This knowledge can then be used to create effective mediating factors and then in turn, positive change.

4.Activities consistent with community values and resources that are available- For example, in communities where abstinence is highly valued it would be wise for teams to develop curriculum with abstinence as the best approach while still implementing other ideas and approaches. School districts must think ahead as to what resources are available as well. For example, if your school district is lacking equipment for multimedia use, then you should not incorporate that into your curriculum. Teams should work to discover resources such as doctors or other professionals in the area that would be willing to assist with your curriculum when the time comes.

5. The development of pilot tests- Development teams should try to test out some or all of the activities on a small group of students so modifications can be made if needed before curriculum is used on a district wide basis.

6. At least one of three health goals: the prevention of HIV, the prevention of other STD's, or the prevention of unintended pregnancy- Having at least one of these messages worked into your curriculum creates and send a clear message to students about health goals as well as avoidance of STD's and unplanned pregnancy.

7. Focus on specific types of behaviors that lead to or prevent STD's or AIDS- The author of the study states "this is a particularly important characteristic" (Kirby, 2007). Once the focus behavior is specified, the students need to receive clear and consistent messages regarding it whether that is condom use, sex, specific situations that could lead to unwanted situations, practicing ways to say no. These messages must be age and grade appropriate.

8. Focus on specific sexual psychological factors that affect the specified types of behavior and work to change some of those- In many original studies these risk and protective factors were chosen based on research regarding sexual behavior among adolescents. To explain further, if you want a curriculum that focuses on increasing condom use then you want to focus on factors such as HIV, STD's, attitudes towards condoms, perceptions of normality, and communication with parents in regards to condoms and other contraceptives. On another note, if you would like to create a program that reduces sexual activity you would focus on the ability to avoid HIV and STD's as well as other situations that can lead to sexual activity through abstinence.

9. Create a safe environment- Educators need to set certain criteria in the classroom in preparation for sex education. Students need to know boundaries for questions and how to converse and respect others ideas and perceptions. Some schools choose to separate the sexes for certain portions of sex education curriculum.

10. Include multiple structurally sound activities that focus on changing risk factors- Create shorter lectures and work to include whole class discussions, competitive games, skits, and videos that allow students to work through activities that allow them to obtain and use information so that it becomes personal. Teach them to refuse sex and unwanted situations and then allow them to act it out in a skit or allow them to debate abstinence verses contraceptive use.

11. Have activities that require all students to bring information home- Give your students homework such as activities that can be done with their families, surveys of attitudes, or problem solving activities.

12. Use teaching strategies and instructional methods that are appropriate to culture, age, and sexual experience- Some curriculum is developed especially for

a particular race, ethnic group, or an area with higher rates of STD's. It can be developed solely for young girls and emphasize control over sexual situations or for older teens it may focus on condom use.

13. Cover topics in a logical sequence- Effective curriculum often presents information in the following order: basic information on HIV and STD's, pregnancy, behavior that will reduce vulnerability, values, attitudes, and then the skills needed to adopt such behaviors. This order motivates teens to avoid and then gives them the knowledge and skills to avoid them.

14. Secure some support from appropriate authorities- Approval from authorities such as school principals, district superintendents, or directors from local youth programs can provide support when covering topics that are deemed controversial.

15. Select educators with desired characteristics, train them, monitor, and support- Many school districts use their classroom teachers to implement sex education curriculum but some schools are hiring in their own educators. Results from research shows that the age, race, nor gender matter in regards to who teaches the curriculum, it is the ability to relate to our youth. However, whomever you choose to implement your curriculum, they need to be trained and supported throughout the process.

16. Implement activities to recruit and retain adolescents- Schools should include activities outside of the regular scheduled day to reinforce activities that help students avoid or overcome obstacles that teenagers face.

17. Implement your curriculum with reasonable fidelity- Effective programs implemented nearly their entire planned curriculum. (Kirby, D., 2007)

Parental Involvement – According to research parental involvement could be one of the most crucial missing pieces of our sex education curriculum. Parents today understand the need and have accomplished the task of maintaining open lines of communication with their children regarding substance abuse and violence but have yet to master the art of speaking with their teenagers regarding sex and pregnancy. As teachers we are in the perfect place to help them find their role in this crucial missing piece. Through curriculum nights and certain parent talk events information can be passed along. A healthy and open sexual relationship starts when our children are young. Reminders and conversation starters are great suggestions that we can use to help parents with their role at home (Ikramullah, Manlove, Cui, & Moore, 2009).

Ways to help parents communicate with their children are:

When children are small, 5-6 years old, naturally we do not think about them being sexually active. Our parental role of sexual educator is far from our minds but there are small things that we can do.

> *When your children are small and begin asking names of their sex organs – tell them. Use proper names. If you are matter-of-fact about it, they won't think they are doing something wrong by asking.
>
> When students are in upper elementary your sex education curriculum should encourage parents to speak with their children about what is appropriate and what is not.
>
> * As in, good touching, bad touching, listening to "uh oh" feelings, privacy rights, and what to do in case of abuse issues - If you are looking for words to use, you can find numerous online resources to supplement any anxiety you may have in this department.
>
> As children enter middle school (9-12 years old) some may be developing earlier than others. Middle school sex education programs should encourage parents to speak with their children about what is happening with their body.
>
> * Recommend having the "your body is going to change and this is what you can expect" conversations somewhere around 9 or 10 years old - Yes, schools teach basic anatomy and physiology but it is important for parents to be ahead of the curve. It is a parent's job to impart family values and create a safety net. Table the conversation with "I'm here for you in case you have any questions. There is nothing to be embarrassed about; it's all part of growing up."
>
> When children begin to endure the high school years, sex education curriculum needs to remind parents that their children are beginning to have sexual feelings.
>
> *Remind parents that no matter what values they have worked to instill in their children, they are beginning to have sexual feelings - Statistics show that well over half of teenagers are sexually active by the end of twelfth grade.

Helping parents and other adults in the family to effectively educate young people about sexuality and to discuss the subject in the context of a loving family requires a great deal of effort. When working with parents as partners in sex education programs curriculum developers must have the goal of improving adults' skills for educating and communicating with youth, especially about sexuality and reproductive health. When educating parents it is important to focus on a few things, such as:

*The advantages of their pro-active role - understanding of human sexuality and forming relationships as an integral part of their child's life.

*Current information regarding - sex, sexuality, and reproductive health.

*Communication skills - needed to respond to young people's questions, convey sexual values and attitudes, and make the most out of opportunities to initiate discussions about sexuality and other reproductive health issues.

*Support needed - to examine the positive and negative myths and values that influence their own and their children's attitudes and behaviors as they relate to gender equity, forming sexual relationships, and other reproductive health issues.

*Informational materials and institutional support - which offer encouragement and, when needed, additional information to continue discussions with children on issues relating to sexuality and personal decision-making. (Harvard, M., Advocates for Youth, n.d.)

Comprehensive sex education and parental involvement are two strategies that are appearing at the top of research compilations and lists of classroom strategies. Professionals believe that these two strategies, as well as others, can help the United States continue to drive the number of teenage pregnancies.

Working With Pregnant and Parenting Teens

Teenagers in our classrooms and communities that are pregnant or are already parents come with a new set of needs and cause us to need a new approach when working with them. The average youth faces a tremendous amount of varying pressures but teenagers that are pregnant or have a young child of their own face a number of stresses that their peers do not.

***Body image** – teenage girls in particular struggle with their body image throughout their school years but becoming pregnant changes their bodies in ways that other classmates will not experience. Weight gain can create tremendous social anxiety and make school and other social environments difficult for pregnant teenagers.

***Attendance** – teenage girls that become pregnant often struggle with school attendance. Many young girls experience morning sickness which may keep them from making it to school. They will also have various doctor appointments that will keep them from their classes.

***Daycare** – Teenagers that have a young child at home often struggle with consistent daycare. When a child is sick or unable to attend their regular daycare, the parent may be forced to stay home and miss school.

***A changing relationship with the father or mother of the child** – Often times, young relationships do not work out. While the average teenager has their serious relationship and difficult break up, a break in a relationship may mean a lot more to a young girl having a baby.

***Friendships** – Teenagers struggle holding onto friendships that they had before pregnancy and a baby consumed their life. While other teenagers are playing sports, shopping for prom dresses, going on dates, or just hanging out, an expecting mother has other things she needs to spend her time doing. Activities such as looking for daycare, birthing and parenting classes and doing homework will now take precedence over normal teenage activities. (Robertson, 2001)

While we have these students in school it is important that we remember that they have a new set of needs. So the question is posed, “What works when working with pregnant and parenting teens?” This question may have some differing answers depending on where you are working with them. I have separated them loosely based on setting however; many of these are beneficial to all settings.

Meeting the needs of this target group in the general education setting:

*__Build relationships__ – teenagers that are pregnant or parenting often struggle to build relationships, a strong one is important and feeling connected can make a difference.

*__Model positive behavior__ – teachers and other adults should model positive behavior by demonstrating respect and courtesy with the intention that this behavior will be played out in the lives of their students.

*__Be flexible__ – these young people are already or about to become parents. Their homework and study habits may have a different time table than others. Give them a bit of wiggle room while maintain high expectations for them.

When setting up a program specific to this target group:

*Reach out – reaching teens in this group can be difficult but is a very necessary step. These teens are often at a greater risk for the negative outcomes associated with pregnancy. Researchers suggest:

*Develop a partnership with local offices such as the pediatrician office where brochures and flyers can be left.

*Advertise your services at Women Infant and Children seminars.

*Find places where teens congregate such as shopping malls, restaurants, or arcades.

*Develop a partnership with your faith based community. Working to prevent pregnancy and working with pregnant youth have long been a strong interest with the faith community.

*Engage parents and pregnant teens – reaching out to teens and getting them to your services is only one step, you must also work to keep them coming back.

*Engage your participants - with activities that are interactive and involve skill building activities.

*Conduct motivational interviewing activities with your students - Motivational interviewing helps teens to think differently about their behavior, future goals, and how they are connected. Motivational interviewing asks people to discuss certain things in their life they are unhappy about and what they would like to see change. The goal is to assist them in envisioning a better future and to want to work hard to achieve it.

*Bring students that have been through your program back as speakers. These former students can be very motivational and form strong bonds with your current students.

*Retention – retaining teens is vital to a successful program as well as long term success for pregnant and parenting teenagers. Researchers suggest:

*Build relationships with your students. Teens are more likely to continue in a program if they feel connected to the staff.

*Reaching out to community partners that provide services such as food, housing, and health care. Teenagers are more likely to remain in a program if their needs are being met.

*Use incentives such as diapers, food, gas cards, or condoms as motivation to participate.

*Celebrating milestones for completion of activities or a predetermined number of sessions will also aide in the retention of program participants.

*Education – pregnant and parenting teenagers often fail to complete high school or continue education. While we work to get these students the services they need we must also remember that they will need education in order to join and succeed in the workforce.

*Hold students to high expectations. High school graduation should be a goal but not the end goal. Students will need some kind of secondary education to be successful in the future.

*Programs need to approach the entire family and sometimes multiple generations. Often time's grandparents can play a large role in academic success.

*You can model success for these students by bringing in students that were once teen parents, perhaps from your program, that are now going to college or have already successfully completed it.

*Well defined program goals – these goals should be made clear through program procedures, standards, and guidelines. It is important that these goals are implemented and evaluated.

*Create a common understanding of logic models, the connection of goals to activities, and data to program improvement.

*Develop a framework that demonstrates your specific goals and roles. Know where you are going and how you plan to take your participants there.

*Assess and monitor your staff.

*Build family relationships – family relationships can become unstable and troubled for pregnant and parenting teens but with assistance can become an essential part of their success. Engaging teen fathers is also critical as they often struggle to find their place in the life of their young new family.

*Change your perspective of who you want to help. Broaden your vision of servicing the teenager to servicing the family as a whole. This may also include younger siblings who are also at risk.

*Help teenagers to establish healthy and stable relationships with not only their family but also with the mother or father of their child. You may need to involve some kind of incentive such as job training to increase father involvement.

*Be flexible so that you can accommodate busy family schedules.

(Kirby, 2007)

Resources and Funding

Informational Websites:

***www. advocatesforyouth.org** - This website offers information for teenagers, parents and professionals seeking advice and tips in regards to sex education as well as drugs, alcohol, and violence. This website also offers manuals written specifically for setting up prevention programs and applying for funding.

***http://sexetc.org** - This website focuses information on teen issues such as sex, STD's, healthy relationships, and body.

***www.siecus.org** - This website offers information regarding state profiles, literature on topics such as sex education and sex prevention, as well as information for professionals.

***http://www.michigan.gov/miparentresources** - This website has information for parents in regards to speaking with their teen, information on seminars and workshops for teenagers, as well as general information and tips.

* **www.hhs.gov/ash/oah/grants/grantees** - This website gives you information on grants. Here you can find and print the forms you need, receive direction, and view other grant opportunities.

* **http://migreatparents.org/coparents.com** - This site has a section titled Community Parenting. Here parents have access to websites that cover everything from breastfeeding and diaper coupons to child abuse. This site can be narrowed down by county so you can get information on activities happening closer to home.

Grants and Funding Opportunities:

*www.grants.gov This is a site run by The Department of Health and Human Services. On this site you can find open and upcoming grant opportunities to support teen pregnancy prevention programs. Below is an example:

Document Type: Grants Notice

Funding Opportunity Number: AH-TP2-14-001

Funding Opportunity Title: Announcement of Availability of Funds for Teenage Pregnancy Prevention: Research and Demonstration Programs (Tier 2) Community Collaborative Academy

Opportunity Category: Discretionary

Funding Instrument Type: Cooperative Agreement

Expected Number of Awards: 1

CFDA Number(s): 93.297 -- Teenage Pregnancy Prevention Program

Posted Date: Feb 7, 2014

Creation Date: Feb 7, 2014

Current Closing Date for Applications: Apr 24, 2014   No Explanation

Archive Date: May 24, 2014

Estimated Total Program Funding: $890,000

*The Office of Adolescent Health also has links to various grants that can support programs or individual teenagers. Below is an example:

<u>DEPARTMENT OF HEALTH AND HUMAN SERVICES</u>

AGENCY: Office of the Assistant Secretary for Health, Office of Adolescent Health

FUNDING OPPORTUNITY TITLE: Announcement of Availability of Funds for Support for

Expectant and Parenting Teens, Women, Fathers and Their Families

ACTION: Notice

ANNOUNCEMENT TYPE: Competitive Grant

FUNDING OPPORTUNITY ANNOUNCEMENT NUMBER: OASH/OAH-PAF-2013

CFDA NUMBER: 93.500

CFDA PROGRAM: Pregnancy Assistance Fund Program: Support for Pregnant and Parenting Teens and Women

DATES: Non-binding Letters of Intent are due March 15, 2013 by 5 p.m. ET.

http://www.hhs.gov/ash/oah/grants

*The President's Teen Pregnancy Prevention Initiative (TPPI) was first funded in 2012 with $110 million. This initiative funds public and private programs that work prevent teenage pregnancy though the use of medically accurate and age appropriate programs. These grants work in two tiers:

Tier one grants bring to us $75 million for programs that are replicating evidence based programs. These are programs that have been proven effective through evaluation to reduce teenage pregnancy as well as other associated risks.

Tier two grants bring to us $25 million for research and development of programs. This money funds necessary steps such as the development of programs, creation of testing models, and the creation of strategies. This money can also be used to fund programs that focus on a community as a whole. (SIECUS – The Fact Sheet: TPPI)

*The US Department of Health and Human Services also provides working teenage parents with child care grants to help them afford quality daycare while they are working or going to school. These grants can be applied for through a local DHS office. You can also find help at the National Child Care Information and Technical Assistance Center to get information about these grants and other programs (Renee, M., n.d.)

*Free Application for Federal Student Aid (FAFSA) is a form that any student applying for financial aid will fill out. This form of assistance will be based on the tax forms of you and your parents. If your situation is dire enough, you may get your entire schooling paid for through this but most young mothers will get a large amount of their schooling paid for (Scholarship Programs, 2012)

Resources for Pregnant and Parenting Teenagers:

*Catherine Ferguson Academy for Young Women in Detroit

This academy is an alternative high school in Detroit that provides education for pregnant or parenting women, grades nine through twelve. The Catherine Ferguson Academy provides education with the goal being the prevention of reoccurring pregnancies as well as a "bright future" (p.1) for their students. The academy requires their students to have an acceptance letter to a two or four year university before they are eligible to graduate. The school offers encouraging features as well such as child care and parenting classes and offering electives such as choir, art, and technology (Catherine Ferguson Academy, n.d.)

For more information regarding this program and its resources:

Main Office: 1-313-596-4771

2750 Selden Street

Detroit, MI 48208

http://www.grownindetroitmovie.com/school.php

*<u>Education Leading to Employment and Career Training (ELECT)</u>

The school district of Philadelphia has a goal of providing pregnant and parenting students with the support they need to finish school through the use of their ELECT program. The Education Leading to Employment and Career Training program addresses the needs of this target group using education, social services, health care support systems, and childcare services. It is a statewide initiative and is facilitated within the public schools. This program works to improve graduation rates, daily attendance, and test scores as well as health, community resources, parenting education, and career preparation (ELECT: A program for Pregnant and Parenting Teens, n.d.).

For more information regarding this program and its resources:

Renee Queen Jackson

440 N. Broad Street

Room 2014

Philadelphia, PA 19130

1-215-400-4270

http://webgui.phila.k12.pa.us/offices/e/earlychild/proposed-programs--services-page/elect/cradle-to-the-classroom

*<u>The Teen Parent Program</u>

The Teen Parent Program provides advocacy, support services, and resource information to pregnant and parenting students within the Unified Las Angeles school district. The programs work with the office of Health and Human Services and the Education Compliance Office to aide in supporting these teenagers through their education. Through this program students have access to high quality education as well as support services such as daycare. Students will also have access to multiple other staff such as counselors and nurses with who specialize in district policies and resources (The Teen Parent Program, n.d.)

For further information regarding this program and its resources contact:

Educational Equity Compliance

333 South Beaudry Avenue, 20th Floor

Los Angeles, CA 90017

1-213-241-7682

http://www.lausd.net/lausd/offices/eec/parenting.htm

There are also centers and helplines set up to assist those in need in almost every city in every state. From local Planned Parenthoods to Teen Help programs there is someone near you that can assist when you are ready.

Oakland Livingston Health Services Agency

2300 E. Grand River

Suite 107

Howell, MI 48843

517-546-8500

Email: Livingston@olhsa.org

Planned Parenthood

7900 Grand River Avenue

Brighton, MI 48114

The Women and Teen Center of Pontiac, MI

263 Cesar E. Chavez

Pontiac, MI 48342

www.womenandteens.org

Pregnancy Helpline

7743 W. Grand River

Brighton, MI 48114

866.850.5433

www.pregnancyhelpclinic.com

Email: info@pregnancyhelpclinic.com

Pregnancy Resource Center of Cadillac

419 North Lake Street

Cadillac, Michigan 49601

231.775.1545

24-hour Hot line: 1.800.395.HELP

www.cadillacpregnancycenter.org

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CHAPTER 5

CONCLUSION, RECCOMENDATIONS, AND REFLECTION

To be honest, teenage pregnancy was not a topic that was important to me until Heather came along. Heather and I met briefly at a yard sale last summer where she introduced herself as a graduate student that had set up a program for pregnant teens. Students for Midwifery supplies clothing, diapers, and food among other things, to pregnant and parenting youth in the local surrounding area. After expressing my surprise that there was such a need for that in our area she continued to fill me in on the problem we have here in our own community. I was astonished at what I had been unable to see in an area where I lived and taught. Heather struck me with her motivation. The work she did and the time she donated made feel that perhaps this was a topic that deserved my attention as well. Before meeting Heather and beginning this project I had no idea that teenage pregnancy was the issue it is today in the United States. It is unreal to me how something that is considered a national issue can go unnoticed.

My project turned out exactly as hoped. The manual turned out great and could be used by myself or turned over to another professional for use in educational training. The four main topics: Pregnancy in the U.S., Prevention, Working with Pregnant and Parenting Teens, and Funding and Resources were covered and presented in ways that will be beneficial to almost anyone that would attend a training on the subject matter. The two main sections, prevention and working with pregnant and parenting teens, are presented in a way that breaks down strategies so that teachers and professionals can use

individual strategies or take them on as a whole when writing their own curriculum. The resources and funding section gives information regarding program funding for pregnant and parenting teens, information regarding assistance for daycare, diapers, food, and college. There is information about successful programs that are up and running and showing progress towards the goal of reducing teenage pregnancy. The final section is a small listing of pregnancy help centers that are in and around the targeted area.

Looking back at the literature review it was apparent that parental involvement and comprehensive sex education were at the top of research based strategies. While comprehensive sex education may be a hot topic no matter what side of it you are on, we must admit to ourselves that something new must be done. We cannot continue to do what we have been doing and expect different results. While teen pregnancy numbers are going down we cannot say for sure that this is due to abstinence programs. As studies continue on comprehensive sex education programs we must believe we will see that these programs are the true reason for the decline. Being in the teaching profession, it was not surprising to see parental involvement at the top of many research-based strategies as well. When looking at the view from school, parents are often too reliant on programs and professionals at school to give their children the information they are going to need to make wise choices. It is difficult to have important conversations such as these with your children, I imagine it is uncomfortable. Parents are failing to see the educator role they can play in their child’s life and it is a role that only they can fill. I now feel confident that I could give advice to a parent that needed help talking with their child.

The most difficult section to complete was funding. It is apparent why discovering and receiving help is difficult for most people; there are not a lot of opportunities out there.

If someone were to pick this up and complete further research on this topic I would recommend they gather information from students, parents, and teachers within the targeted school district. I think it would have better served me when writing the manual. With information from students, parents, and teachers it would have been possible to focus the manual on the needs of my district and then gear my strategies towards those needs. Since parental involvement was one of the prevention strategies that were most suggested by researchers it would have been beneficial to see information regarding parental involvement in our student's lives. It would have led to more targeted parent communication suggestions had I been fully aware of the level of parental involvement within our school district. With those future thoughts being said, I do hope to be able to give this presentation in the near future. I would be interested to see how it is received my teachers of human growth and development and also what they feel about the upcoming comprehensive sex education debate.

"What is good for one is good for all." That is a phrase instilled in me throughout college. What was good for special education students is probably what is best for all students. This phrase ran through my mind continuously while reading through strategies and suggestion for working with pregnant and parenting teenagers. Giving students a bit of wiggle room but maintaining high expectations, forming strong bonds and relationships, involving parents, bringing in mentors, etc., are all fabulous ideas for pregnant and parenting teens and at risk youth but I believe these are strategies and

expectations that would benefit all students. Perhaps the affirmation that my graduate career made a full circle during this process is proof of success. I could not be happier with this project and the fact that high standards were set for me and I met them renews my faith in myself and makes me believe that I too can be a part of continuing education for others.

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