The Education of Pregnant Adolescents and Adolescent Parents

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THE EDUCATION OF
PREGNANT ADOLESCENTS
AND ADOLESCENT PARENTS

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Acknowledgments

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Abstract
The enormity and seriousness of the problem of adolescent pregnancy in Kent County, in Michigan, and in the United States is documented, with implications given for future generations. Past and present perceptions of the problem are explored, and significant publications by professionals are reviewed. The needs of the young mother are identified. Educational, financial, legal, medical, physical and mental health, housing, and employment are among a confluence of issues confronting the adolescent who bears and rears her child. A variety of current educational programs appropriate for pregnant and parenting adolescents are then presented and summarized. The components of each program are examined, distinctive successful features are noted, and recommendations are given. A collaborative effort by educators, health care workers, social workers, and other practitioners is essential in order to implement a holistic program that meets the diverse needs of the student. Educators reading the paper will gain the information necessary for them to choose which components are appropriate for their particular program. They are thus assisted in accommodating instruction for the pregnant adolescent and adolescent parent, thereby effectively and positively impacting the problems associated with early childbearing.
The burgeoning adolescent pregnancy rate in the United States challenges schools to develop a holistic approach to address this multidimensional and far reaching problem. An examination of current educational programs and how they meet the diverse needs of the pregnant adolescent and the adolescent parent is the focus of this writing.

The United States has one of the highest rates of adolescent pregnancy compared with other industrialized countries. The United States rate is twice that of England, France, and Canada, and six times that of Holland. In 1988 almost one half million United States adolescents gave birth, accounting for 12.5% of all births; almost one quarter of these births were to adolescents who already had one or more children (Bergells, 1991).

Unfortunately, a greater proportion of Kent County adolescents are giving birth compared to national and state averages. In 1985, 42 out of every 1,000 girls aged 15 to 19 gave birth in Kent County; this rate increased to 55 in 1988. The Kent County rate is higher than the 1988 Michigan rate of 48, and the 1987 United States rate of 52. Adolescents in the state of Michigan aged 14 and younger had 373 births in 1988 (Mott Foundation, 1991).
The high adolescent birth rate is compelling because adolescent pregnancy profoundly affects all of American society in general and affects the adolescent and her child in particular. Professionals working with pregnant teens have often heard that a young female who becomes pregnant has 90% of her life script written for her. Because adolescence is a transitional state where one moves from childhood to adulthood and realizes socioeconomic independence as well as defines who she is, pregnancy alters this necessary sequence. The adolescent experiences internal conflict when the pregnancy places her in an emotionally needy position and she furthermore produces a life dependent upon her for nurturance. The pregnant adolescent is therefore at risk for successfully entering adulthood.

Women who begin childbearing in their teenage years often have more children and have more unplanned children than their peers who begin reproducing at a later age (Corbett and Meyer, 1987). Adolescent parents are more apt to drop out of school and face a future of poverty level wage jobs or dependency on public assistance (Oakley, 1990). Children born to adolescents tend to repeat the parental pattern by bearing children at an early age and having a high reproduction rate. Chances
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are they will grow up in poverty in single parent households. In 1991 a family of four was considered to be living in poverty if its annual income was below $13,924 (U.S. Department of Health, 1993).

Further consequences exist. Babies born to adolescent mothers tend to be low in birth weight, which means increased rates for spinal injuries, head injuries, asphyxia, epilepsy, and other birth defects as well as greater rates of mental retardation (Michigan Department of Health, 1993). The result is a staggering cost to society in hospitalization of the premature infant. The children of adolescent parents who experience learning disabilities will require more extensive education at additional expense. Meikle, Peitchinis, and Pearce (1985) found that children of adolescents demonstrate poorer cognitive capacities and have lower academic aspirations than offspring of older parents. Since adolescents as a group tend not to obtain adequate prenatal care, the low birth weight risk increases. Additionally, there is a higher rate of infant mortality.

Studies reveal that adolescent mother-infant interaction differs from that of older mothers. McAnarney and her colleagues (1981) found that the younger the mother, the less she directed vocalization or verbalization
toward her infant. Gentle touch, such as palm stroking, patting, embracing, and fondling was less, while assertive touch including poking and pinching and elevating to shoving and shaking were more frequent. McAnarney feels that though such observations are noteworthy, no specific predictions can be drawn. Other studies (Edelman, 1989) indicate that children born to adolescents are at greater risk for being abused or neglected.

Is the problem of adolescent pregnancy a recent phenomenon, with resultant demands on educators peculiar to a contemporary society that has lost its innocence? No, the problem is not new, although society's perception of the pregnant adolescent has changed considerably since the post World War II era. The historical pattern of theory development and research in adolescent pregnancy precipitated an evolution of educational and social services available to and even required of the pregnant and parenting adolescent.

Research before 1930 was supported by descriptions of mothers drawn from sample populations of mainly religious institutions. A bad peer group and immorality were blamed for premature motherhood. Later emphasis centered on the environment and blamed divorce, poverty, and disruption of societal structures. Sample case studies were from social service agencies.
Post World War II research utilized anthropological methods, identifying the phenomenon of subcultures that accepted childbirth outside of marriage. Otherwise, a strong social stigma was present, as illustrated by universal application of such terms as "illegitimate" and "wayward girls" and the deprecating term "bastard". Unless a pregnant adolescent received room and board at an institution outside of her community and continued education there, she immediately dropped out of school and went into seclusion. The newborn was perfunctorily placed for adoption, often not seen by the mother after birth. Adoption records were permanently sealed. Offspring remaining with the birth mother could not legally assume the biological father's name on the birth certificate unless the parents were married. Hence the biological mother's dilemma, "I have to marry to give my baby a name."

Bolton (1980) documents later research that stressed psychological studies focusing on the adolescent's need to resolve conflict through childbearing. He indicates that research in the 1950's and later moved attention from the individual adolescent to view the world in which the adolescent lived and perceived the society as patient. Many school districts began tutoring the pregnant adolescent
isolated within her home, though the drop out rate remained high. The academic emphasis matched that of her counterparts in school nearby, without regard for the special needs of the student and her unborn child. The purpose of homebound study was to benefit the environment of the public school rather than specifically to assist the pregnant adolescent and her child.

Rather than perceiving each variable as one which is an independently standing causal factor in adolescent pregnancy, today's research considers these variables together as an interdependent whole. The pregnant adolescent is perceived as destined to become a mother prematurely through a set of needs, standards, or practices long operant in her life and her family history. The perception includes an understanding that her parenthood and reduction in quality of life is an expression of the social and economic disadvantage of which she has been a victim.

The dilemma of what to do with an ever increasing number of pregnant adolescents persisted. During the past couple of decades, a greater diversity of responses to the problem has developed. The alternative school movement segregated pregnant and parenting adolescents from the school population and in some instances placed
them together in a setting designed to meet their special needs. Other school districts mainstreamed pregnant students or had them meet together for the first couple of class periods for courses of value to the pregnant adolescent. Residential programs developed with a view towards helping adolescent mothers gain skills necessary to be nurturing in their role as parent as well as to be independent.

Present endeavors to meet the educational needs of pregnant adolescents often vary widely in their geographic location, such as urban or rural, and in their ethnic makeup, such as the Native American program in Rapid City, South Dakota (Floden, 1989), or the multicultural Father Flanagan High School in innercity Omaha, Nebraska (Flood, 1989). Specialized services also have increasingly been implemented. Examples include individual and family systems counseling and group therapy; nutrition, health, and medical services; independent living skills and job training; child care along with child development and parenting instruction; and transportation and housing as well as classes leading to a high school diploma. Some programs included infants and fathers as an integral part of the class.

Clearly, the problem must be recognized as one of complexity and magnitude and must be addressed in a
multiplicity of ways. Although professional research covers a variety of individual programs as well as expressing certain philosophies of educating the pregnant adolescent, there is a dearth of information collected from the diversity of programs and integrated into a body of material that allows educators to read in a summary form the possible components of a pregnant teen program and how those components help the students. Often when a school district identifies the need for a pregnant adolescent program, administrators visit a neighboring school district with an operative program. The program appears successful, so the administrators simply apply that program to their situation and channel the district's pregnant students into it simply because they are pregnant. The result is a fragmented copycat program without an appreciation of distinctness and a loss of what could have been in place to help the students.

The scope of this paper is limited. The paper does not attempt to solve the problem of adolescent pregnancy; although important, prevention is not considered. The purpose is not to isolate a particular cause or multiple causes of adolescent pregnancy. The choice of the mother to keep her baby, to adopt, or to abort is likewise not considered. One superior program for all places and all
times is not identified. The intention is not to perpetuate a disparaging image of the adolescent mother that encourages lifelong welfare dependency as opposed to empowering that adolescent to take responsibility for herself and her child.

Instead, the purpose of this paper is to provide the educator with a summary of the types of current educational programs appropriate for pregnant and parenting adolescents. In order to accomplish that, the paper will examine components of various existing programs and explain how the components meet the diverse needs of these young women. Educators may then choose which components are appropriate for their particular program. Educators will possess the information they need to assist them in accommodating instruction for the pregnant adolescent and adolescent parent, thereby effectively and positively impacting the problems associated with early childbearing.
Literature Review

The health, education, social and economic well-being of children and adolescents in America has garnered increased attention in recent years on local, state, and national levels. Statistics from the Michigan Department of Public Health alarmed professionals who realized that through today's children we see the 21st Century and therefore need to advocate now for this population that has no voice in policy formation.

The Kent County Adolescent Pregnancy Watch (APCW) is a local grassroots child advocacy group that interviewed over 70 community, health, government, and school leaders to discover the major issues and needs facing pregnant and parenting adolescents in the country. Along with comments of over 200 Kent County adolescents, their findings are detailed in a 1991 report that proves invaluable to professionals seeking to effect change (Bergells, 1991). An outgrowth of a 1987 endeavor by the Junior League of Grand Rapids, the Adolescent Pregnancy Interest Area, the 1991 APCW report serves as a starting point to address the issue in Kent County.

Michigan's Children Went Missing (Abbey, 1991) is an analysis of state budget and economic conditions from a child's perspective by the Center for the Study of
Youth Policy at the University of Michigan School of Social Work. The title refers to a maritime expression describing ships lost in a Great Lakes storm. Of particular importance is the document's appendices, which include an estimate on page 24 of outcomes of births to Michigan teenagers, with quotes from the Michigan Center for Health Statistics. Comprehensive endnotes and references lead professionals to additional sources including publications by the Michigan Coalition for Children and Families (1991) and the Michigan League for Human Services (1989) with particular attention to Kent County. Other publications cited address issues peculiar to Michigan but identify adolescent pregnancy and childrearing as an emerging major problem (Smith, 1990; Michigan Department of Management and Budget, 1991).

An analysis of child poverty, births to unmarried adolescents, adolescent violent deaths and incarcerations in the Kids Count Data Book (Center for Study, 1991) shows that American children are at greater risk than a decade ago. The data is displayed from several perspectives including a minority profile, a comparison among countries and among states, and a ranking of states by eight indicators. The purpose expressed on page five is to build a common commitment to improving opportunities
and outcomes for children.

The United States Department of Health and Human Services publishes an annual chart book, *Child Health USA* (1993), produced by the Maternal and Child Health Bureau in conjunction with the National Center for Health Statistics. The publication is disseminated by the office of the Surgeon General. The topical nature differs in approach from *A State by State Look at Teenage Childbearing in the U.S.* (Mott Foundation, 1991) which, following an executive summary of the problem, devotes space to Michigan. The readily comprehensible charts isolate birth statistics for Grand Rapids, Ann Arbor, Flint, Lansing, and other leading cities.

Complementing statistical analysis of the problem of adolescent pregnancy and parenting is an increasing number of books intended to assist mainly educators, health care workers, and social service agencies as they confront the problem. Significant publications by experts in the field began appearing in the early 1980's.

Frank Bolton's *The Pregnant Adolescent: Problems of Premature Parenthood* (1980) provided comprehensive coverage of the problem including common characteristics of the pregnant adolescent, incidences of maltreatment, societal myths and misunderstanding, treatment programs,
and suggestions for reducing the risk of adolescent pregnancy. Much of the data in the text and in his many articles was drawn from his own empirical studies.

Frank Furstenberg wrote prolifically on the topic in books and professional journals, alone and in conjunction with other specialists in the area. Along with Menken and Lincoln, Furstenberg edited *Teenage Sexuality, Pregnancy, and Childbearing* (1981) which became a landmark volume because the contributing authors represented the major voices of research and experience on the subject. The volume illuminates professionals on the causes, consequences, and means of coping with problems associated with adolescent pregnancy. Programs and materials are described and evaluated. Furstenberg was professor of sociology at the University of Pennsylvania, Menken was director of the Office of Population Research, and Lincoln served as vice president of the Alan Guttmacher Institute. The Alan Guttmacher Institute produced noteworthy research on the problem of adolescent pregnancy, commencing with their *Teenage Pregnancy: The Problem that Hasn't Gone Away* (1981).

Although Furstenberg authored *Unplanned Parenthood: The Social Consequences of Teenage Childbearing* (1976),
he subsequently produced *Adolescent Mothers in Later Life* (1987) which documents the compelling and more optimistic results of a survey. He concludes that program planners and practitioners need to know that adolescent mothers require diverse kinds of assistance, that success may indeed come to these parents after the adolescent years, and that the timing and sequencing of services are crucial.

The Center on Evaluation, Development, and Research of Phi Delta Kappa gave attention to the problem in their Hot Topic Series in one volume entitled *Teenage Pregnancy* (1987). A selection of the best research is presented, with educational programs reviewed. Here and in other publications in recent years, the father of the adolescent mother's baby, whether he is an adolescent or older, is of concern as family systems theory evolved. Studies documented by Joshi and Battle (1990) and Kiselica and Sturmer (1993) concur with the earlier Phi Delta Kappan publication that fathers also feel trapped by limited education, have low self esteem and high anxiety levels, and are underserved by social service agencies. Stereotypes of the traditional father as uninvolved continued to be challenged and the importance of his role in infant development has been documented (Nugent, 1991).
Current writers tend to address the issue of adolescent pregnancy as interrelated with many issues, such as editors Strasburger and Greydanus do in *Adolescent Medicine: The At-Risk Adolescent* (1990). Their insightful treatment of the problem from a therapeutic viewpoint provides background for understanding the subject and its relationship to other significant youth culture issues.

The Children's Defense Fund headquartered in Washington, D.C., emerged as a prime children's advocate by underwriting research and programs and producing numerous publications. Marian Edelman, president, wrote the foreword "Who's Watching the Children?" in *A Children's Defense Budget* (1989), covering the key areas of compensatory education and childcare programs. Edelman focuses on issues with implications for the adolescent parent and her baby such as infant mortality, preventable childhood diseases, hunger, malnutrition, abuse, neglect, violence, environmental pollution, homelessness, and substance abuse.

Despite increasing attention in publications to the problem of adolescent pregnancy, the burgeoning number of adolescent parents in the educational system created an urgent need for programs for implementation
by practitioners. Literature of note has therefore evolved to practical forms such as the instructional tool *Helping Pregnant and Parenting Students Complete their Education: An Intervention Program Guide* (Flamer, 1990) and McGee and Blank's *A Stitch in Time: Helping Young Mothers Complete High School* (1989).

Articles also began appearing in professional journals that demonstrated how school districts approached the education of their pregnant and parenting adolescent population. The articles consist of the history, rationale, description, and evaluation of the program the school district has implemented. Since examining the types and components of programs available to meet the diverse needs of pregnant and parenting adolescents is the focus of this paper, the literature which follows directly addresses the purpose of the paper.

Adams-Taylor and Morich profile nine programs for pregnant and parenting adolescents in their article, "Selected Program Profiles and Public Education Efforts" (1988). Highlights are the Comprehensive School-Age Parenting Program (CSAPP) in Boston and the Teenage Pregnancy and Parenting Project (TAPP) in San Francisco. Another major city model is described by Abbate in an article in *Children Today* entitled "Supporting Teens in

The Office of Population Affairs compiled summaries (1987) of projects funded by the Adolescent Family Life Act. The multicultural Young Parents Outreach Program (YPOP) in New Haven, Connecticut, reaches a low income area and has brought dramatic improvement in prenatal care, thereby decreasing the number of premature deliveries, low birthweight babies, and infant mortality. The article also covers the Salem, Oregon, YWCA Teen Mothers Program which is an innovative model because of its holistic approach. Other significant projects were rural in nature, such as RAPPORT, the Rural Approach to Adolescent Pregnancy and Parenting Outreach Resources to Teens. Evaluation and followup were essential components of these programs.

The staff at New Futures Alternative School near Albuquerque, New Mexico, wrote a curriculum for use by their students (Barr and Monserrat, 1983) which, though targeted for a rural area, became the standard text for adolescent parenting classes throughout the United States in the following decade. The teacher's guide by the
same authors, Working with Childbearing Adolescents: A Guide for Use with Teenage Pregnancy, A New Beginning, is also spiral bound, contains many pictures, and is realistic in its portrayal of pregnancy and childbirth.

Comprehensive school based services for high school parents are described and discussed by Setzer and Smith (1992) in an alternative school setting in West Dallas, Texas, while other articles present general program models. Wehlage, Rutter, and Turnbaugh (1987) wrote "A Program Model for At-Risk High School Students" with proven ideas for preventing at-risk students from dropping out. Other innovations in alternative education are suggested by Timothy Young (1990) with emphasis on characteristics of teachers who succeed with the special needs population.

E. J. Saunders describes a Catholic residential program in central Iowa in an article in Children Today (1990). The advantages and disadvantages of a residential setting are assessed. Since the program was losing its federal funding, the issue of raising support from private sources and maintaining state funding are addressed.

An intervention program begun at the Red Horse Lodge on the Crow Creek Reservation is described by Floden in "Tiospaye Teca: Working with Young Native American
Families in the Dakotas" (1989). The Tiospaye Teca model demonstrates the importance of understanding the culture of the students in order to make the program a success. Of special interest is the mentoring program and the career learning center.

In conclusion, a review of literature on the subject of the education of the pregnant adolescent and adolescent parent begins with perusal of statistics on adolescent birth rates at the city, county, state, and national levels. Data must be examined from a diversity of perspectives including a minority profile and urban and rural differences.

After being confronted by the enormity and seriousness of the problem, a review of publications on the subject moves from early lengthy studies by expert practitioners in the field to government funded projects by professionals in the educational, health care, and social service fields. Approaching the late 1980's, professional journal articles began appearing that described programs in school districts with a wide range of distinctive features. Diversity of race, ethnic group, geographic location, and income level are among considerations in planning and implementing the programs. The previously cited articles detailing the types and
components of programs available directly address the purpose of this paper.
Educational Programs for Pregnant Adolescents and Adolescent Parents

As educators were confronted by growing numbers of pregnant students and of student parents, both male and female, who had not received their high school diplomas, society’s awareness of the problem of adolescent pregnancy grew. An early step districts have often taken to assist the pregnant student in obtaining her diploma is to encourage attendance at an already established adult education evening or day program. Another option has been for pregnant and parenting students to attend an alternative education program with a variety of students enrolled. Some students, however, choose to remain in high school classes with their peers for the duration of their pregnancy. Depending upon the time of the year and the capacity to secure childcare, some students are able to continue attending classes at their high school and to graduate with their classmates.

However, even if the choice of mainstreaming with her classmates is made initially when the pregnancy is confirmed, the student and educators soon realize that profound and complex issues must be addressed. Decisions need to be made that will permanently affect the unborn
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child, the child's parents and their families, and indeed, eventually the society as a whole. Educational, financial, legal, medical, physical and mental health, housing, and employment are among a confluence of issues that surface when the student decides to bear and rear her child.

Educators recognized the need for specialized programs to meet the unusual needs of pregnant and parenting adolescents. They asked questions: How does our school district identify the need for a specialized program? What type of program is appropriate for our school district and community? What should be the components of our program and how well will they meet the students' changing needs? What revisions are needed now that we have implemented our program? Educators wanted effective programs to meet the needs of the pregnant and parenting adolescent population in their districts and needed information from experienced peers for assistance in creating, implementing, evaluating, and improving their programs. A diversity of programs intended for implementation by educators, health care workers, social workers, and other practitioners resulted. Following is an overview of various established educational programs that received attention in professional publications. The programs are summarized,
the distinctive features of each are examined, and how those components meet the needs of the students and their children is explained.

One program, significant because of its holistic approach, is the COMPREHENSIVE SCHOOL-AGE PARENTING PROGRAM (CSAPP) in Boston. CSAPP, presented by Adams-Taylor and Morich (Selected Program Profiles, 1988), is a collaborative effort in a single setting between English High School and local hospitals and social service agencies. CSAPP is designed to help students deal with the conflicting roles of student and parent and helps young parents stay in school and earn their diplomas. Health care needs were identified, so the program includes counseling on health care and nutrition including prenatal, postpartum, and well baby care. To curb the dropout rate, issues such as housing, daycare, employment, legal assistance, and government financial assistance are addressed while students are presented with options. The facility, which includes a gymnasium, is conducive to a well rounded and positive experience for the student who is otherwise in a time of turmoil and transition.

Although CSAPP initially served only young mothers, young fathers are now an integral part. CSAPP staff
developed a curriculum geared specifically to the needs of the fathers, providing them with basic academic as well as parenting skills. Support groups for the fathers and male staff members that provide positive role modeling are noteworthy components of CSAPP. Because this program reaches out to fathers from the beginning, a new family unit is recognized and affirmed and the benefits of the effort are experienced by everyone involved.

Also profiled by Adams-Taylor and Morich is the TEENAGE PREGNANCY AND PARENTING PROJECT, TAPP, which originated in 1981 in San Francisco. Not to be confused with the Teen Alternative Parenting Program of Indianapolis, the San Francisco TAPP utilizes a counselor who refers pregnant and parenting adolescents to a network of more than 48 agencies that work together. The community of support at a single site is a combination of continuous case management and supportive services. TAPP places strong emphasis on paternity establishment for important reasons other than traditional collection of child support. TAPP staff feels its success is in meeting the needs of the students on a long term basis rather than solely during the pregnancy and early months of the child's life.
TAPP commits itself to the multiple problems the adolescent faces, and for as long as the adolescent needs intervention. Thus, the student's need for long term commitment for intervention is met.

The need is acute in Chicago's Humboldt Park and the response begins by facilitators going into the home rather than expecting the adolescent to approach the school. The assertive approach is a key to the success of this program and would serve to benefit similar programs that have difficulty being implemented and maintained. Nancy Abbate writes in "Supporting Teens in Chicago's Humboldt Park" (1990) that the Hispanic community has 70% unemployment, a 50% high school dropout rate, and 25% of the births are to adolescent mothers. TAP, TEENS ADAPTING TO PARENTING, is unique as a bilingual, bicultural approach whose paramount concern is to develop a sense of community among the disenfranchized and fragmented population. The need for this sense of community is met by the TAP program. A neighborhood resident visits pregnant and parenting adolescents in their homes, identifies needs, and connects the adolescent to resources including weekly meetings led by professional volunteers who focus on pertinent issues. Cultural sensitivity by program administrators is another key to Humboldt's success.
Subjects of the weekly meetings include discipline, child development, adolescent pregnancy and parenting, health, and nutrition. Young mothers share experiences and exchange information among themselves and group leaders, thereby supporting and learning from one another. Their cookbook project illustrates TAP's approach. Rather than focusing on the symptoms of dysfunctional families such as child abuse, substance abuse, and gangs, TAP attempts to address the root causes of these problems by exploring ways to restructure families and make them healthier. TAP's endeavor is often preparatory to reentry to a school setting.

Another innercity program is FATHER FLANAGAN HIGH SCHOOL in Omaha. Flood (1989) explains that Father Flanagan students often arrive after dropping out of school for a time. The extensive high quality daycare center attracts and keeps students in the school. The intensive program helps students identify goals in their lives, to solve problems, and to take advantage of on site assistance such as nutritional programs for the mother and child. Students attend peer support group sessions and are exposed to modeling from the staff and teachers. Financial planning, self defense, homemaking skills, and cultural learning intend to prepare students
for life after they receive their diplomas. Unfortunately, at the time of the author's writing, there were 26 children on the waiting list for the newborn, infant, and toddler daycare center. As with other endeavors, the need for expansion is great. Attention must be given to marketing and development in order to reach the potential of the Father Flanagan School.

The marketing concept for the Philadelphia WEE CARE program involved inviting adolescent mothers who desire to break the chain of poverty and welfare to participate in the program (Rosenwald and Porter, 1989). The positive approach resulted in the formation of 28 Wee Care groups meeting in 20 agencies by the end of the first year. Development and implementation of Wee Care is a cooperative effort of the school districts, the parochial school system, community centers, drug and alcohol treatment centers, and the Pennsylvania Department of Health. Weekly group sessions include drug and alcohol information, information on human reproduction and sexually transmitted diseases, stress management, parenting skills, self care and child care responsibilities, setting goals, and developing healthy relationships.

The student taking ownership and responsibility for
success is stressed in the Wee Care program. Wee Care generally defines success as becoming self supporting, self loving, being able to parent well, and to continue growing toward maturity. Participants become familiar with traits that Wee Care identifies as crucial to being a successful adolescent parent. Among those criteria are the ability to recognize and accept that her adolescence is over and that she now is a role model for her child. The program stresses that the young mother must make long range goals for education and career development. She initiates identification with the healthy element of the community and cuts off involvement with the self destructive part. The positive and uplifting philosophy of Wee Care is contagious and would serve well for similar programs to adopt.

When the Adolescent Family Life Act was signed into law in 1981, one of its goals was to publish findings from demonstration projects that communities could use to assist adolescent parents. The Office of Population Affairs (1987) compiled summaries of these projects currently funded under the AFL Program. One noteworthy program located in a low income area with a minority population is the YOUNG PARENTS OUTREACH PROGRAM (YPOP) in New Haven, Connecticut. YPOP's distinction is that
it uses one and only one permanent outreach worker whose responsibility is to become an agent of change and an advocate for the adolescent client. The outreach worker ensures that all health and related appointments are kept for the mother and her infant. The worker makes home visits, referrals to other agencies, and consistently follows up the young mother. The outreach worker goes alongside the client throughout the pregnancy and for two years after delivery. YPOP believes that their method of providing services via one person results in less fragmented, more comprehensive and consistent outcomes than conventional approaches. Bonding and commitment between the worker and client are identified needs and are key elements of the success of YPOP.

Another project funded by the AFL Act is the Salem, Oregon, YWCA TEEN MOTHERS PROGRAM which is an innovative model also because of its holistic approach. While young mothers attend classes or appointments, on site daycare is available. Counselors act as case managers for the student's entire family. The on site health clinic offers an array of services including family planning, well child services, and physical exams. Parenting classes involve the mother with her baby. Breakfast and lunch are provided. Students may obtain
their diplomas or train for equivalency exams. Students are actually paid to work at sites where they learn acceptable job behavior and good communication. Worksite training and responsibilities include keyboard, filing, reception, shipping, receiving, word processing, sales, marketing, and retailing. The emphasis is practical work experience in preparation for life after high school. Thus the students' need for practical work experience is met at the Teen Mothers Program.

Although program evaluation and followup of students were elements unfortunately missing from many descriptions of adolescent pregnancy and parenting programs, the AFL provided for both. Because the Adolescent Family Life Act was administered by the Office of Adolescent Pregnancy Programs with the Office of Population Affairs, there was a plan for long range accountability of the adolescent programs it funded. Followup is indeed the single most important factor missing from other similar programs. Without evaluation, the school cannot identify gaps or make a plan to change and improve. Scheduled followup testing was done on students and their children after they left the programs administered by the AFL Act. Areas tested included school grades and attendance, contact with courts of law, finding and keeping
employment, and general healthy functioning in society. The information gathered pointed to strengths and weaknesses in the programs to which the young parents and children were exposed.

The WEST DALLAS TEEN MOTHERS PROGRAM described by Setzer and Smith (1992) also emphasizes comprehensive school based services. The authors illustrate how school based medical services can provide accessible prenatal and postpartum care and other support services and assist in the health and well being of clients. Employment skills and job placement services are provided along with daycare and family life education curricula.

Setzer and Smith caution that communities expecting a school based clinic or reproductive health clinic to prevent pregnancy and subsequent dropout is unrealistic because major antecedents of early childbearing, such as lack of basic educational skills and poverty, are interrelated strong determinants.

One important feature of the TIOSPAYE TECA PROGRAM, a Native American adolescent program in Rapid City, South Dakota (Floden, 1989), is its Mother Mentor program. The alternative school began at Red Horse Lodge on the Crow Creek Reservation. Because South Dakota has ten of the poorest counties in the United States and all
of these encompass reservations, and the adolescent pregnancy rate on Dakota reservations is 50%, the challenge is clear. An adolescent parent advocate coordinates local hospitals, the Positive Parent Network, Cooperative Extension Service, the Career Learning Center Single Parent Program, and the mentoring program. A summer employment program and summer camp for the adolescents and their children are available. Through many of these initiatives, staff observes parent-child interactions, can model appropriate behavior, and help young parents enhance their childcare skills on the spot.

Increased effort has gone into finding ways to provide educational experiences positive enough to keep adolescent parents in school and to change their lives by promoting their learning and development. Wehlage, Rutter, and Turnbaugh (1987) present an alternative school model that begins by seeking to engage those students who have become alienated. Believing that traditional learning situations encourage isolation, they advocate establishing a positive social bond between teachers and students. Crucial to their model is small size that promotes a personal, caring atmosphere and a sense of belonging by the students.
Wehlage, Rutter, and Turnbaugh's model emphasizes "student culture" where the student expresses the need for a fresh start and voluntarily applies for admission to the program. The student assumes an active role, receives an individualized course of study, and understands the relaxed but clear standards of the school. Another essential element is "teacher culture" where teachers must believe these students deserve a renewed opportunity to learn and they commit themselves to dealing with the whole student. The teacher must experiment with various interventions and find strategies that work best in a particular classroom and with a particular teaching style. Various elements of a comprehensive program are utilized in the model.

Timothy Young emphasizes engagement of the student in his *Public Alternative Education: Options and Choice for Today's Schools* (1990). An experiential curriculum utilizing opportunities for voluntary service, internships, job placements, and cooperative learning serves to involve students. Young asserts that the role of the teacher is to make students feel comfortable in a supportive peer and adult environment. Cooperation rather than competition must characterize the learning experience. Young believes that size is crucial, as
the larger the number of students who attend, the less they feel needed. He traces a connection between large high schools that make students feel superfluous, redundant, and the resultant diminished self esteem that encourages disruption and violence. He enumerates the attributes of a teacher who experiences success with the at-risk population and places optimism as paramount for effecting positive change in the student academically as well as in other areas.

An experiential curriculum is also suggested by Simpson and Miller (1990) as they focus on the adolescent mother's financial future. They urge an emphasis on business education concepts and using true life examples and assignments in consumer education such as health insurance, car insurance, medical and dental care. There should be an awareness of advertising directed at new parents and children, purchasing and product information, housing, and safety issues. Simpson and Miller believe that content studied and assignments given must be adjusted to meet the needs of adolescent mothers now and as they become financially independent adults. The authors stress that students need to believe that completing their educations can really lead to meaningful options in the work world; that
there is potentially more out there for them than deadend, low paying jobs. Again, relevant curriculum and positive philosophy point to success in the program.

A different way of involving students is the TEEN TALK PROJECT (Mokler, 1989) conducted to develop peer leadership among pregnant adolescent and male and female adolescent parents by participation in panels. The purpose of the panels is to present information and share experiences with the larger community and thereby raise awareness, gather support for adolescent parents, and hopefully curb the rise in adolescent pregnancy.

The author points out advantages and disadvantages of panels which facilitate peer leadership as compared with mere support groups of peers. The approach works well considering cultural differences, geographic distances, and the rural and isolated nature of many New Mexico communities. Such leadership development reaching out to the community is similarly accomplished by theater and drama groups that sensitize the community to the problems and needs of the at-risk adolescent population (Weiner, 1987). The point is similar to the Wee Care program and others: Success comes as the student takes responsibility for her life.

Yet another initiative is expressed by the ADOLESCENT PREGNANCY PROGRAM (APP) of central Iowa.
(Saunders, 1990). APP was developed to address the needs of pregnant adolescents and adolescent mothers who would not or could not live with their families because of dysfunctional or abusive relationships. Because foster care for a pregnant adolescent is difficult for many reasons, residential living is one viable solution. Saunders describes the newly remodeled home and community service building located in innercity Des Moines that is administered by the Clark Street House of Mercy. The program meets the need for housing as well as provides educational, vocational, personal, and family counseling, parent education classes, and assistance in developing independent living skills. Each adolescent or young mother and child has a private room with other shared common living areas. The residents have access to an on site health clinic, a daycare center, a library, vocational classrooms, and a large playground.

A case plan is devised for each individual resident. Referrals are given to a plethora of community agencies including a support group, adoption counseling, nutritional programs, substance abuse treatment programs, the county public assistance office, family planning clinics, and a visiting nurse program. Foster grandparents and VISTA volunteers also participate. Safety, security, and a
warm atmosphere are goals. On site staff includes the program director, a counselor, an education specialist, academic tutors, and a nurse. Eight direct care workers provide all day and all night coverage. A night security officer patrols the grounds. Some residents stay a few weeks, others a couple of years. Residents leave to move into independent living or to return home if possible, with ongoing, supportive followup by the staff. The cost of such a program proves prohibitive for many communities but the chance for a fresh start by the residents yields lifelong benefits. Unfortunately, the father is not a part of this residential experience.

Conclusions

The foregoing review of a sampling of different types of programs for educating pregnant adolescents and adolescent parents yields several significant conclusions. First, whether an alternative school or a residential living situation, rural New Mexico or innercity Philadelphia, the needs identified were numerous and complex. Every program provided for more than the academic needs of the student. A holistic approach marked each program. Daycare, health care, and employment training and experience were needs frequently identified by programs, while legal, financial, nutritional, safety, cultural and language, parenting, drug and alcohol abuse
and housing issues were commonly addressed. Counseling and therapy were possible components of every program.

Almost all of the programs recognized the pregnant student as only one of many who is dramatically affected. Some programs afforded extended family counseling. The father of the baby has been increasingly included in intensive plans implemented by school districts. Quality childcare programs appreciated the specialness of each child, often including the child with the parent or parents in child development and parent education classes.

In order to accomplish the enormous task that each district confronted, a collaborative effort was essential. A community of support formed. Public and private schools, hospitals, community centers, social service agencies, churches, and governmental agencies working cooperatively accomplished far more than any one entity could. Adolescent pregnancy related problems were not seen as an individual or a family problem, but as a problem that belongs to every member of society. Therefore, everyone joined to help in the resolution.

Another common thread throughout the programs was the belief that the student must take responsibility or ownership for herself and her baby. The programs sought to engage the student through an experiential curriculum.
The student was encouraged to embrace positive change. Teachers and administrators provided a comfortable environment and resources that allowed the student to feel safe and develop healthy relationships, but they resisted rescuing the student. Rather, referrals empowered the student. Codependent relationships were avoided. Peer learning as well as mentoring were common components.

Many of the programs provided for ongoing commitment and support, rather than ephemeral involvement. Bonding was an element frequently mentioned, whether bonding among students or between a student and a staff member. However, despite the lengthy commitments and relationships established, evaluation and followup plans were sparsely covered, unintentionally omitted, or nonexistent in the programs covered. The omission of evaluation and a plan for followup is a mistake.

Although the previously reviewed educational programs have a wide range of distinctive features for educators and other practitioners to be aware of, they are all designed to meet the varying and profound needs of the pregnant adolescent and adolescent parent. Each program was portrayed as one response to an extraordinary situation; no program confidently presented itself as the ideal model.
or a definitive response. The programs were fluid, developing and changing as educators responded to the needs of the population of students. The educator must choose components from the programs that are most appropriate in their districts and for their pregnant adolescent population. The variety of programs with their diversity of components assists in supplying educators and other practitioners with information they need to develop a program for pregnant adolescents and adolescent parents in their districts.

Recommendations

As a result of examining the foregoing selection of programs and models, I have recommendations for educators who are creating or presently implementing a program for pregnant adolescents and adolescent parents.

First, I urge educators to consider the whole range of needs of this particular population. Compelling needs may not initially be apparent, but must be addressed for the school to reach its potential to serve students. A program, for instance, offering a component of outstanding health care is unsuccessful if students have no transportation to access the care. So, transportation needs must also be addressed. In addition, transportation must safely accommodate infants
and toddlers. Many of the needs students have are interrelated and the program must take a holistic view to meet the wide range of needs.

Although consideration of the variety and number of students' needs is essential, one must realize that not all of the features of the previously described programs are appropriate in every school setting. Therefore, another recommendation is for educators to assess judiciously which of the components are practicable and wise for their situation. Because of a lack of students, for example, the district may choose not to implement a teen father program during a given semester. Or, the district might innovate a pilot parent and child development class at a different time of day when working or student fathers can more conveniently attend. Continual assessment is essential, because students' needs change. Educators must be aware of the possible components of programs, but must choose with care what is appropriate for their district.

After recognizing the wide range of needs of the students and after selecting from possible program components, another recommendation is to assume a collaborative approach in program implementation. Administrators and teachers alone cannot meet the
exhorbitant needs of pregnant adolescents and adolescent parents. Collaboration among social service agencies, hospitals, community centers, the public health department, churches, and other resources is essential. A prevailing philosophy that through working together the adolescent will progress toward self sufficiency must underlie every aspect of the program.

Finally, I encourage educators continually to assess the "student culture" and "teacher culture" as expressed by the Wehlage, Rutter, and Turnbaugh model (1987). The student initiates a course of change and a plan. Teachers truly believe the students deserve a renewed opportunity to learn and commit themselves wholeheartedly to establishing a deep and positive bond with the students. Teachers must inspire students who have no hope, to engage those students who have become alienated. Students will therefore experience positive and permanent change in their lives. Indeed, the effects go beyond the lives of the students. As Charles McIver stated, "If you educate a woman, you educate a family."
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Appendix

Following is a list of educational programs and models referred to in this paper. The programs are listed in the order in which they appear in the text.

Comprehensive School-Age Parenting Program
Teenage Pregnancy and Parenting Project
Teens Adapting to Parenting
Father Flanagan High School
Wee Care
Young Parents Outreach Program
YWCA Teen Mothers Program
West Dallas Teen Mothers Program
Tiospaye Teca Program
Wehlage, Rutter, and Turnbaugh Alternative School Model
Timothy Young Alternative Education Model
Simpson and Miller School Model
Teen Talk Project
Adolescent Pregnancy Program
NAME: Margie Christine Moore

MAJOR: (Choose only 1)

_____ Ed Tech  
_____ Elem Ed  
_____ Elem LD  
_____ Ed Leadership  
_____ G/T Ed  
_____ Sec LD  
_____ Sec/Adult  
_____ Early Child  
_____ SpEd PPI  
_____ Read/Lang Arts

TITLE: THE EDUCATION OF PREGNANT ADOLESCENTS AND ADOLESCENT PARENTS

PAPER TYPE: (Choose only 1)  SEM/YR COMPLETED: Fall, 1994

_____ Project  
X  Thesis

SUPERVISOR'S SIGNATURE OF APPROVAL

Using the ERIC thesaurus, choose as many descriptors (5 - 7 minimum) to describe the contents of your paper.

1. Pregnant teens  
2. Adolescent pregnancy  
3. Adolescent parents  
4. Teenage childbearing  
5. Pregnant school-aged girls  
6. Alternative schools  
7. Alternative education  
8.  
9.  
10.  

ABSTRACT: Two to three sentences that describe the contents of your paper.

The paper presents a variety of current educational programs designed to meet the diverse needs of the pregnant adolescent and adolescent parent. Distinctive features of the programs and their effectiveness are covered. Educators are assisted to impact significantly and positively the problems associated with early childbearing.

** Note: This page must be included as the last page in your master's paper.

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