

A COMPREHENSIVE REVIEW OF THE PROGRAMS AND RESOURCES
SCHOOLS HAVE TO ASSIST PREGNANT AND PARENTING ADOLESCENTS

By

Erika R. Falter

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**The Graduate School
University of Wisconsin-Stout
Menomonie, WI 54751**

ABSTRACT

	Falter	Erika	R.
(Writer)	(Last Name)	(First Name)	(Initial)

A COMPREHESVIE REVIEW OF THE PROGRAMS AND RESOURCES SCHOOLS
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HAVE TO ASSIST PREGNANT AND PARENTING ADOLESCENTS

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Teenage pregnancy is the greatest single cause of dropping out of school for young women. The purpose of this study was two fold. First, to gain a comprehensive body of knowledge of the resources and programs schools have to handle school age pregnancies, and the sharing of that information with other professional in the schools. Second, to develop a comprehensive body of knowledge to assist schools in providing pregnant and parenting adolescents with an array of support services that can mitigate some of the outcomes of too early childbearing.

Adolescent parenthood is one of the host problems that arise from the great depths of poverty and there is a wealth of research into the causes and consequences of too early

childbearing. There is a tremendous lack of research regarding the programs and resources schools have to assist pregnant and parenting adolescents. The younger the pregnant adolescent is the more likely it is that she will not finish school. Every pregnancy increases the likelihood that she will drop out of school and limit her involvement in the work force. This study examined and identified the impact schools have on pregnant and parenting adolescents and what family planning programs and resources schools have to handle school age pregnancies through a review of literature and a determination of results from the literature.

The information found in this study was generalized to other communities and school districts, and social services. The data was used to evaluate the resources offered to parenting and pregnant adolescents, and recommendations were made.

The final section in this paper is a personal journey through the experiences of someone who has shared in the trials and tribulations of single parenting at a young age. It is important to examine real experiences and gain valuable insight in a paper of this caliber.

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CHAPTER 1

Introduction

Pregnant and parenting teens are students at-risk for not completing high school. Providing them with an effective and meaningful education must be a major goal of schools and communities. Teenage mothers are more likely to encounter a variety of economic and social barriers than women who delay childbearing. They are less well educated, less successful in the job market, and more likely to depend on public assistance for long periods of time (Kreinin, 1998).

Research shows that early parenting is strongly correlated with other factors that lead to negative outcomes. Adolescent parenthood is one of the primary problems that arises from the stranglehold of poverty that grips more than one of five children living in the U.S. (Maynard, 1997). Brindis and Philliber (1998) stated that there seems to be a pattern that results in teenage mothers' economic dependence, decreased educational attainment, subsequent high fertility rates, marital instability leading to a high incidence of single parenthood, and one-income families.

Teenage pregnancy is the single greatest cause of dropping out of school for young women (Kreinin, 1998), and school attendance tends to be consistently lower for pregnant and parenting adolescents than for the adolescent population as a whole. Less than one-third of teenagers who start families before the age of eighteen ever complete high school (Maynard, 1997). Research shows about a quarter of teen mothers will have a second baby within a year of their first baby. Therefore, prevention of a second pregnancy is an essential goal for schools to examine. If schools can delay a second pregnancy, then the teen mother has a higher chance of completing high school (Brindis

& Philliber, 1998). The younger the pregnant adolescent is, the greater the chance that she will not complete her senior year. The percentages of those who fail to graduate are higher for adolescents who dropped out of high school first and then became pregnant. Every pregnancy increases the likelihood that she will dropout of school and decreases her involvement in the work force (Maynard, 1997).

Schools are a great resource for family life education and making sure that issues related to sex and motherhood are addressed in some way. Schools that keep their doors open with after-school mentoring programs can serve as a valuable tool to pregnant and parenting adolescents (Maynard, 1997).

It is at this time that schools find themselves in a unique position to be able to provide both primary adolescent pregnancy prevention interventions (i.e. family life education etc.) and secondary prevention efforts that aim at assisting pregnant and parenting adolescents with an array of support services for early childbearing (Maynard, 1997). Brindis and Philliber (1998) stated that far too often schools see pregnant and parenting adolescents withdraw from school, thus the relationship between pregnancy and dropouts becomes difficult. There are three perspectives that help to explain this relationship. The first perspective suggests that for students who are less committed and less competent, pregnancy serves as an excuse to withdraw from school. The second perspective holds that attendance rates in schools are incompatible with the roles of new parenthood. Finally, the third perspective maintains that the attitudes expressed by administrators and teachers as well as school policies are primarily responsible for pregnant students withdrawing from school (Maynard, 1997).

A review of literature shows that as a social phenomenon, adolescent pregnancy is

inextricable from a broad range of interrelated societal problems. Studies have also shown that after examination of key findings within the field of adolescent pregnancy and parenting, one message is distinctively evident: schools have consistently underestimated what it will take to significantly change the life course of pregnant and parenting teenagers.

Statement of the Problem

The United States continues to have the highest teen pregnancy rate within the industrialized world. Teen pregnancy is linked to poverty and school dropout. A large percentage of adolescent mothers do not finish their graduation requirements; therefore are less educated and less economically stable.

Purpose of the Study

The purpose of this study was to determine the programs and resources schools have to assist pregnant and parenting adolescents. This study was an extensive comprehensive review of the literature and research that pertained to the effects of early childbearing and the programs and resources available to assist adolescents during their immediate time of need. The results of this study will be formulated into recommendations for school counselors and administrators, and for family services.

Limitations

One of the profound limitations encountered throughout this study was the lack of literature and research regarding the resources and programs schools have to assist

pregnant and parenting adolescents.

CHAPTER 2

Review of Literature

Introduction

A review of literature suggests that there is a pronounced inadequacy of sexual education in schools and a large underestimation of what it takes for pregnant and parenting adolescents to maintain school participation. When the “problem” of teenage pregnancy is discussed, it is generally framed as a fairly new cultural problem. The existence of teenage pregnancy and its nature and significance are generally unquestioned. An implicit correlation is derived between finishing high school and the ability/right to have a child and support a child while attending school. Because the literature of family programs and resources is shallow in depth, the review of literature examines sex education in schools and the sexual activity of today’s teenagers.

Sex education in schools and problems

In 1961, singer Jewel Akins’ hit single suggested “Let me tell you about the birds and the bees.” Today’s parents and educators are heeding that advice, but when it comes to discussing birth control, they are singing a different song (O’Conner, 1999).

According to “Teens Talk,” a survey commissioned by Durex Consumer Products, a manufacturer of condoms, parents need to play an even more active role in combating the national epidemic of teen pregnancy. America’s teens are generally comfortable talking to their mothers and fathers about dating and relationships, however, more than one in three say they are not discussing birth control and the purchase of contraceptives with their parents (Kreinin, 1998).

A survey polled a representative sample of five-hundred fifteen to nineteen year olds nationwide concerning sexuality and sex education in the home and the classroom. The results concluded that they are not getting enough information about birth control and other sexual health topics through their schools. Despite the 98% who reported receiving sex education in schools, 55% percent still report having questions about birth control methods, where and how to get birth control confidentially, and the prevention of sexually transmitted diseases (Kreinin, 1998). Legislation passed by Congress in 1996 allocating \$250,000,000 to fund sexual education programs that exclude medically accurate information about birth control and sexually transmitted diseases which threatens comprehensive sexuality education and prevents teens from receiving vital information that can ultimately impact their decisions. The United States leads industrialized countries in teen pregnancy rates and every year 1,000,000 girls age 15-19 become pregnant (Kreinin, 1998).

Pregnant and parenting adolescents are very different in terms of what type of help they may need. Women who have their first child at an early age often face a lifetime of economic stress and very limited opportunities. A certain chain of events is triggered with early childbearing that seems to combine to undermine economic well-being. The most critical factor being examined is the reduction in educational attainment. Without a high school education and no marketable skills, adolescent parents are likely to hold unskilled low paying jobs. Adolescent parents are under-represented in the professional classes and over-represented in the blue-collar working class. Their annual income is estimated to be half of what those who postponed childbearing would be (Kreinin, 1998).

Repeat pregnancies further complicate the problem of unemployment and underemployment. It makes it even more strenuous for adolescents with additional children to complete their schooling and acquire necessary job training and experiences. Many adolescents families are dependent on welfare for survival. In the welfare population adolescent mothers are the fastest growing group. Six out of ten women in families receiving Aid to Families with Dependent Children have given birth as adolescents (Hammerslough, 1997). The younger the adolescent is, the more likely that her family will live in poverty. Many social scientists believe that adolescent pregnancy is at the very heart of the U.S. poverty cycle (Kreinin, 1998).

The pregnant adolescent not only reduces her own life chances, but also for those of future generations as well. The long term consequences for the future life of children born to teenagers is a cause for great concern. Teenage pregnancy affects the environment in which children are raised and the kinds of opportunities available to them. The teenage parent is essentially at risk for producing an at-risk child, who enters the world in less than optimal conditions (Hughes, 1992).

Babies born to young mothers start life with increased risk of death, illness, and birth defects. This is often attributed to the high rates of babies born premature and low birth weight found among these babies. Infants who don't have health hazards as a result of having adolescent mothers do not always overcome the psychological and social disadvantages. Initial physical problems and disproportionate rearing in unstable, poverty stricken homes, children born to adolescents are more often diagnosed with behavioral problems as well as deficits in cognitive and social development.

Sexual Activity of Teenagers

It is important to address the reasons teens become pregnant. There is a multitude of factors that contribute to adolescent pregnancy, but simply the act of sexual intercourse may result in pregnancy. Any other reason proposed singly or combined, does not produce pregnancy (Edelson, 1998). More teenagers than ever before are becoming sexually active at an early age. According to a 1995 study by the U.S. Department of Health and Human Services, slightly more than half of U.S. girls and nearly two-thirds of U.S. boys have had sex by their eighteenth birthday (Edelson, 1998). Fewer teenagers use contraceptives and for many the birth control method that they have chosen is being used incorrectly. The same 1995 study reveals that 35% of all sexually active teenagers, more than one in three for this group, do not use any contraceptives at all during their first sexual experience (Edelson, 1998). Seventy percent of all teenage pregnancies occur during unprotected sexual intercourse.

Kids Having Kids, a study by the Robin Hood Foundation, shows the differences in outcomes between mothers who had their first child before age 18 and mothers who waited until age 20-21 (Maynard, 1996). The figures are shocking. The differences were both alarming and staggering, and demonstrates why we need better programs for parenting and pregnant adolescents. According to the report, by their late twenties, only 32% of teens who became mothers before the age 18 had completed high school, compared to 76% who waited until age 20-21 to have children. Teenagers who become mothers before age 18 spend nearly five times more of their young adult years as single parents than do women who postponed childbirth to age 20-21. Research demonstrates teenagers who have a child before age 18 have larger families by age 30 than females who postpone childbearing until age 20-21. These larger families increase by 30% the

number of children exposed to the risks associated with adolescent childbearing; therefore leading to more additional social and economic support. Children who are born to mothers under age 18 do much worse in school and are two to three times less likely to be rated “excellent” by their teachers than children of 20-21 year olds. They are also 50% more likely to repeat a grade. Twenty-three percent of the children born to teen mothers under age 18 will be high school dropouts compared to 11% of the children of 20-21 year olds. Children of mothers who gave birth before age 18 are more than twice as likely to be victims of abuse and neglect than children of 20-21 year olds. Five percent of the children born to teen mothers under 18 are runaways, compared to 2% of the children of 20-21 year old mothers. By the age of 24, 30% of the children born to teens under 18 will not be working, nor looking for a job. Daughters of teens who give birth before age 18 are 83% more likely to also become mothers before age 18. Teenage sons of mothers who gave birth before age 18 are 2.7 times more likely to be in prison than the sons of 20-21 year old mothers. These statistics are threatening and extremely real. Poverty is both a cause and effect of teen pregnancy.

Concern for these alarming trends leads to substantial research into the consequences of adolescent pregnancy and parenthood. There is much controversy regarding how early childbearing affects the lives of young people. Some experts examine adolescent parenthood as an additional strain on adolescents who are already vulnerable because of preexisting socioeconomic, family, and psychological problems. They state that adolescents who become pregnant are different to begin with and this is the initial difference, together with the demands of parenthood and leads to the problems associated with early childbearing. Others argue whatever type of background the

adolescent has, the social and economic limitations imposed by parenthood at such a young age are in themselves a handicap to create a distinct set of problems. The effects and consequences of adolescent pregnancy and parenthood are open for continue debate and still not understood. It is the consensus among specialists in the field that early childbearing has adverse consequences for young people (Roles, 1990).

According to 1998 statistics compiled by the Alan Guttmacher institute, the U.S. pregnancy rate is twice as high as the rates in England, France, and Canada, three times as high as in Sweden, and four times as high as in the Netherlands, yet the U.S. has a lower rate of sexual intercourse than teenagers in other European countries (Maynard, 1997).

These statistics and patterns of behavior do not mean that teen girls who become pregnant do it on purpose. The vast majority of teen pregnancies happen by accident. According to Child Trends, a Washington DC, health organization- 14% of teen parents planned to become pregnant (Maynard, 1997).

It's difficult to determine why some teenagers choose to have sexual intercourse earlier than others. There seems to be a pattern of certain characteristics that increases a young person's chance of engaging in sexual intercourse, which in turn leaves them susceptible to pregnancy (Kreinin, 1998). Studies show that teenagers who use alcohol, tobacco, or other drugs are more likely to become sexually active than those who do not. Teenagers who grow up in poorer neighborhoods have a 36% higher chance of engaging in sexual activity than those who grow up in more affluent areas (Kreinin, 1998). A vast variety of both social and emotional issues influence adolescent sexual behavior. Teenagers who experience higher levels of depression, a greater sense of hopelessness

and a lower sense of control over events in their lives are more likely to initiate sexual intercourse at very young ages (Lieberman & Gray, 2000). Poor self concept has been correlated with earlier onset of sexual activity from both male and female adolescents. Adolescents who have friends who are sexually active are also more likely to engage in such behavior. Victimization and sexual abuse increase the risk of early sexual behavior. Adolescents tend to engage in multiple risk behaviors. The crucial ability for young adolescents to negotiate during this time can make a critical difference in their social and sexual choices (Edelson, 1998).

There appear to be several factors that protect young people against multiple risk behaviors. Adolescent women who demonstrate high grades and test scores, high educational aspirations for themselves and a substantial level of involvement in school organizations and clubs are less likely than others to have a non-marital birth while in high school (O'Conner, 1999). Teenagers who have repeated a grade or frequently changed schools have more of a risk of childbearing. Strong family connections, high self-efficacy or personal power, social problem skills, and external support systems that are built to encourage coping and positive values and help to provide high expectations and create positive norms help protect at risk behaviors (Lieberman & Gray, 2000). A variety of studies demonstrate that the quality of family relationships and communication are strongly linked with early sexual activity. Lower rates of adolescent sexual activity have been associated with having parents who display a combination of traditional attitudes toward sexual behavior and effective communication practices. With positive relationships and a sense of acceptance by the adolescent, and with higher levels of family attachment, involvement and supervision these rates stay low (Edelson, 1998).

Studies consistently show that young people want to have the relationship to talk to their parents and families about sex and sexual involvement, but are often too afraid or nervous (Lieberman & Gray, 2000). Many studies also support the importance of teenagers' having caring relationships with adults outside of their families. This suggests that adolescents benefit greatly from mentoring and support from adults which includes those at their school who really listen to their concerns and take them seriously (Edelson, 1998).

There are factors that tend to be more difficult to measure, but have extremely important significance. Of these factors, peer pressure is the most significant. Since so many teens are sexually active, a lot of young people feel a sense of urgency to become sexually active, either from themselves or from their friends. Then there are psychosocial and physiological reasons for teenagers wanting to have sex. In both the male and female adolescent, hormones develop and cause an awakening for sexual awareness and desire (Edelson, 1998).

Many teenagers don't give much thought to what may happen if they decide to become sexually active. The fact that sex can lead to an unplanned pregnancy and the possibility of not being able to finish high school does not always seem to cross their minds. Many teenagers feel a sense of invulnerability. They may know about all the risks associated with the behaviors they choose, but feel they will be careful or lucky enough to avoid getting pregnant or a sexually transmitted disease (Brindis & Philliber, 1998).

It is so hard to understand why the problem of adolescent pregnancy exists in a world which seems to be so advanced, especially with all the negative consequences.

Researchers have debated this issue for years and have changed their theories over the years (Brindis & Philliber, 1998). The emphasis in research has shifted from the portrayal of the at-risk adolescent to a person who is potentially capable, but still greatly influenced by society.

Increased sexual activity among adolescents may seemingly have a physiological basis. Today adolescence begins early and ends much later than in the past. Today's adolescents are maturing biologically at a more accelerated pace than in previous generations previous. This is in part due to improved living conditions, nutrition and health care (Roles, 1996).

The average age for menstruation is 11.5 with some girls experiencing it as young as 8 years old, which is in contrast to 14 or 15 years old at the turn of the century. For boys, semen is present at about 12 or 13 years old which indicates reproductive maturity because most semen is fertile at its first appearance (Roles, 1990).

Other physical changes occurring during puberty, such as growth spurts and development of secondary sex characteristics, also stimulate sexual desire and interest. Although the adolescent body may be physically mature, adolescents do not have the maturity to participate in sexual activity until adulthood. They remain in a "sexual waiting period," between childhood and adulthood for at least ten years, which in turn increases the risk of early pregnancy (Bender & Leone 1997)

Archbishop Bernardins wrote a thesis about how offering contraception to teenagers increases the odds that they will become sexually active, and more precisely that they will be sexually active without using contraception. No one has yet to prove that liberalized contraceptive policies increase teenage sexual activity in general or

unprotected sex in particular (Bender & Leone 1997).

Almost all European nations report increases similar to the United States in sexual activity among teens, although widely divergent policies on access to birth control have been found. Some make it difficult for even adult women to acquire contraception and some have long offered publicly funded birth control to women of all ages as part of their national health care systems. The evidence shows that sexual activity among teenagers is independent of any changes in the public provision of contraceptives. The policy changes of the 1960's and 1970's in the United States responded to social changes already under way. Young people were delaying marriage but not forgoing sex. In the 1950's American women had a fifty percent chance of being married by age twenty. After 1960 the average age for marriage rose four years. The norms about sex and marriage changed, and the rate of sex outside marriage increased accordingly. Before any public subsidy for birth control, the proportion of American adolescents who were sexually active and unmarried was growing (Roles, 1996). Public funding of contraception has not caused more teens to have sex, neither is there any clear correlation between public funds and teenage use of contraception (Bender & Leone, 1997).

Family Planning Programs and Resources Available in Schools

Early childbearing reduces a teen's life chances in a variety of ways. The younger the age when the first child occurs is when the effects are generally stronger. A common pattern of effects is limited education, unemployment or poor paying jobs, and an unsatisfactory marriage. The real tragedy is that adolescents must be making adult decisions at a time when they are still children (Roles, 1996).

The psychological impact that pregnancy has on an adolescent is very overwhelming. Too many times pregnant adolescents find themselves experiencing three crisis at the same time: adolescence, marriage and pregnancy/parenthood- all of which require profound adjustments. When they move into these roles at such a young age they are often times set apart from peers and find themselves feeling left alone. Not surprising, pregnant adolescents tend to exhibit feelings of doubt, uncertainty, inadequacy, unworthiness, guilt, loneliness, and isolation. When it is at its worst, the emotional stress experienced by pregnant and parenting adolescents may lead to intense depression, frustration, anger, and ultimately violence- which can be through child abuse, neglect or even suicide. Some studies show that as many as 15% of pregnant adolescents attempt suicide. This alarming statistic is ten times the rate of the total population (Luker, 1996).

Single parenthood is more of the norm. Over half of all babies born to teenagers are out-of-wedlock. Pregnancy is the most common reason female students drop out of school. The roles of student and parent are often times competing. It is too difficult to arrange for infant care while attending classes, holding down a job, keeping up with household tasks, pressure from parents and peers, and spending quality time with the child. All of these circumstances coming into play make it less likely that the adolescent will continue in school (Brindis & Philliber, 1998). Recently, research and practice regarding the issue of teen pregnancy has been brought to our attention by the question, “What needs to be done”? The way public schools handle this issue is to conceal pregnant students, dominate them, protect them, and find ways for our pregnant teenagers to redeem themselves. The problem is that we are asking the wrong questions. Pregnant

and parenting teenagers need to be asked what they need. How is the way they are treated at school effecting their particular needs as parents? What do they need to stay in school and create a better life for themselves and their child (Burdell, 1998)?

Public dispute regarding sexuality, its connection with the morals and ethics of family configuration, and the role of women in contemporary society, as well as debate over responsibilities for poverty, have served to bring pregnant teenagers into the spotlight. Public schools are often uncomfortably at the center of the conflict (Burdell, 1998). As a result of attempting to please both liberals and conservatives, there has been a lack of assertion regarding the educational and institutional needs of young parents. For the most part, educators have been surviving public dispute by implementing low visibility programs. The design of these programs and decisions have been largely borrowed from specialists in the social welfare, psychological, and medical traditions. In using this strategy, educators have accepted “commonsense” notions and have relied on formulations of the issue by outside “experts” as opposed to formulating their own conceptions of what it means to be a pregnant or parenting teen while in high school (Burdell, 1998). This should be a concern to educators because young women who become pregnant in high school are struggling with forming their identities as new parents, establishing communication lines, and practices that both produce and limit their possibilities for formulating representations of themselves (Burdell, 1998).

Research has documented that young women from all economic and ethnic backgrounds become pregnant; however, poor youth and youth of color are more likely to become adolescent parents. In fact, the Guttmacher Institute (1994) recently reported five of six adolescent mothers are poor before they become pregnant. Poverty is a big

contributor to and exacerbates the conditions that lead adolescent girls either to decide to become pregnant or accidentally become pregnant (Brindis & Philliber, 1998).

Public opinion polls have consistently indicated that the clear majority support comprehensive family life education and access to contraceptive services for adolescents. Through the media and communities conservative political forces effectively censor information on reproductive health that would otherwise be available to adolescents in the schools (Arthur, 1996). Adolescents are caught in the political crossfire. There is a belief that knowledge is dangerous and that information about contraception and sexuality will lead to irresponsible behavior, which has been consistently refuted by research (Bode, 1992). Concerns regarding whether or not to mainstream pregnant and parenting teenagers in schools contribute to the “copycat syndrome” (encouraging peers to become pregnant), as well as community fears that the availability of comprehensive services will reward adolescents for having children, have led to some schools to refuse to provide special support services for this population (Luker, 1996). In schools where efforts are made to develop a comprehensive array of services, lack of financial resources and a lack of policy priority for this population often results in only a small proportion of adolescents receiving the care they need to get themselves on the right track. Furthermore, school staff have limited experience in arranging for the array of social and health-related services necessary to meet the broader needs of pregnant and parenting teenagers and their children (Arthur, 1996). Developing a comprehensive strategy and providing these services to a broad variety of students are difficult challenges to accomplish alone. Ideal service programs for pregnant and parenting teenagers offer a wide variety of support services, such as individualized counseling and case

management, nutritional services, job preparation and placement, special school guidance or instruction, free bus tokens or other assistance with transportation, food coupons, and in some cases monetary reimbursement or free transportation to attend prenatal care visits (Arthur, 1996).

Some programs focus on the needs of the children of teen mothers, which include quality child development programming and links to preventive health care. Other programs also attempt to provide services for young fathers and other family members. It is important to remember that many of these elements are not used throughout the country. In 1996 the new federal Welfare Reform Act created new opportunities for schools and communities to address the issue of adolescent pregnancy, which is seen as the central cause of welfare dependency (Trapani, 1997).

Key findings within the field of adolescent pregnancy and parenting strongly indicate that we need to research programs that will benefit pregnant and parenting teenagers. After several decades aimed at improving the economic, pregnancy-related, health, and child outcomes among young mothers, only marginal success has been achieved (Edelson, 1998).

Significant progress has been made in understanding the antecedents and consequences of adolescent pregnancy and too early childbearing. The questions of what works best to end negative outcomes associated with adolescent pregnancy continues to set limits on the ability to set effective programs in schools. Furthermore, research demonstrates schools often fail to take the lessons learned from the past and apply them to the next generation of programs. It is also clear that schools have failed to be successful in resolving the issue of adolescent pregnancy even when they offer

comprehensive programs in schools. Strong competition for the limited resources that schools have available to pregnant and parenting adolescents is a reality that continues, the need to find out what works, and for which groups and under what circumstances, will all continue to be essential. As key stakeholders, schools must develop community-based solutions that build on the potential of America's youth (Trapani, 1997).

Every pregnant and parenting adolescent is different from the next and vary considerably in their need for help. The type of services that they need depends on age, gender, location, age of their child or children, psychological maturity and stability, the conditions of their family or origin, marital and social status, educational attainment, and ethnicity (Roles, 1996). It is unfortunate that the greater majority of pregnant and parenting adolescents do not have access to comprehensive programs. Most adolescents must adjust to programs which may not adequately address their special needs. Most pregnant and parenting adolescents only go to one or two resources, and some don't go to any for fear of rejection, despite the desperate need. If any initial contact is made, pregnant and parenting adolescents are very inconsistent and ineffective while using these services: they are vaguely aware or ignorant of the resources available, they have difficulty organizing themselves to manage use of these services, problems with transportation and child care, and they often have fantasies about being taken care of by the families, boyfriend, or by welfare (Roles, 1996).

Too many programs end just at the time adolescents need support the most. Parenting adolescents recognize that their needs increase dramatically after the birth of a child and that the end of pregnancy does not signal the end of overwhelming needs. Most programs typically examine pregnancy and forget the new parent and child. Either the

service ends or access to the service declines (a school program without accompanying day care facility). Very few young parents can make a healthy transition to a partially or completely new set of services and agencies (Arthur, 1996). The needs of pregnant and parenting adolescents are real and cannot be put off indefinitely.

Pregnant and parenting adolescents have a great deal of potential and tremendous desires to be productive citizens and excellent parents. Although there are many services and caring service providers to help pregnant and parenting adolescence, there are also too many unnecessary obstacles which making it difficult for them to attain their goals and dreams. Many of their needs are unrecognized and unmet. This isn't always due to a lack of resources, but to an absence of a comprehensive community plan for providing services to every pregnant and parenting adolescent. The plans will not happen unless some person, group or agency takes the time to develop the resources (Arthur, 1996).

Schools are an excellent source for family life education and addressing issues related to sex and relationships. Schools that keep their doors open after school with mentoring programs and youth development activities can be a very valuable tool in preventing teen pregnancy, and can serve as a positive resource for those adolescents who are pregnant or already parenting. Adults in school play a very important role in assuring that students feel cared about and connected to the community (Kreinin, 1998).

It is important to address what types of curriculums are effective with pregnant and parenting adolescents. The curriculum must involve active learning. It has to give a clear message or messages. It must teach skills to survive and not just information (Kreinin, 1998). The curriculum needs to address pressures to have sex from the media, peers and society as a whole. It is also important to examine whether or not the issue of

contraceptives increases the likelihood that students will engage in sexual behavior. Youth development activities such as community service, after-school programs and tutoring can fall under curriculums and programs that can get teens involved in the community and make connections that will give them strength to pursue higher education and their dreams (O'Conner, 1999). There are approximately one million girls getting pregnant every year. It is important to get the message across that teenage pregnancy is not okay, but you can make it through and that there are resources and programs to help (Edelson, 1998).

There has been an increase in recognition of adolescent pregnancy and parenthood as a problem, except many states and local communities lack the adequate data, funds, and resources to handle it. Service providers are often times left in the dark about how well needs are met outside of what their program is doing. When communities and schools plan to implement new programs and resources for pregnant and parenting adolescents, certain decisions have to be made about program philosophy and goals, program structure, and program content. There are some effective programs out there, but they are few and far between (Arthur, 1996).

Figuring out where to begin is usually the hardest part of any job. When you deal with pregnant and parenting adolescents there is so much to be done, very few resources, and often times a great deal of controversy that no one wants to deal with. The needs assessment serves as a useful and important tool for getting started. Needs assessment lays the foundation for all program planning and revising. The needs assessment is a continuous process because needs are always changing. Needs assessment is basically a technique used to assess whether or not a group is holding up to its stated goals and more

importantly to the needs of the pregnant and parenting adolescent (Bode, 1992). A needs assessment is usually in the form of a structured interview or survey. Its main objective is to examine the extent of the problem, and what the current and future needs are.

Failure to examine the needs of the adolescents and the communities and be looked upon as insensitive and indifferent. Whenever a planned intervention takes place that will affect the lives of the communities of its young people, it is vital to take into consideration their input (Edelson, 1998).

Stable programs are built on defined program goals and objectives that give great detail of overall purposes and expected outcomes of the program. Developing goals for the program is important for various reasons. Community members and program participants are made aware of what is offered in the program. Expected outcomes are given. After you have stated what you hope to accomplish you need to determine a way to evaluate the program's process, and assess what you have done and what you intend on doing. A strong commitment is needed to work toward achieving the goals of the program. Three key ingredients to develop successful program goals are involvement, relevancy, and clarity. (Burdell, 1998).

Goals programs have that serve pregnant and parenting adolescents may include: healthy pregnancy and delivery, prevention of another unplanned pregnancy, parenting skills, employment, community awareness and support (Burdell, 1998). The type of goals that you create and the number will depend on the size and diversity of the program and group. It is important to define goals and objectives before the program implementation and not after (Maynard, 1996).

The services needed by the majority of pregnant and parenting adolescents

include: health care, prenatal, nutrition, family planning, parenthood education, general education, vocational training and employment, support groups, counseling, child care, transportation, and outreach. Programs that are the most comprehensive offer all of these services in a single setting (Burdell, 1998).

The most comprehensive programs offer health care services. Health care systems at schools are vital for pregnant and parenting adolescents. The school cafeteria can provide meals to ensure that the students are eating healthy. When new mothers return to school they and their mothers may be cared for by a visiting nurse at free medical clinics held weekly at school. The availability of health care as part of the program provides a strong incentive to stay in school (Maynard, 1996).

It is crucial for students to learn the skills necessary for a successful pregnancy and to become effective parents. In order to prepare them for this major role teenagers need immediate attention, guidance, and information. Incentives are sometimes given to encourage students to enroll in and complete coursework after the baby is born. These incentives may include high school credit, free child care, free toys, and free transportation (Roles, 1996). Students who complete parenthood education classes after the birth of their child were found more likely to stay in school, to avoid additional unplanned pregnancies, and were found more successful in training and finding jobs than students who did not enroll in parenting classes (Kreinin, 1998).

Developing employability skills helps pregnant and parenting adolescents to become independent and to help avoid dependence on social agencies or their families to support them. Development of employment skills often improves the adolescents' self esteem (Roles, 1990).

The most important support system of pregnant and parenting adolescents is made up of their families, peers, and partners. Development of these support systems serves as an important part of any program. Throughout these programs other participants in the group often serve as the primary support for the pregnant and parenting adolescent. These are adolescents that often feel isolated and different from other adolescents. An important part of program participation is the support provided by others who are sharing the same experiences. Program planners need to create opportunities for students to exchange experiences, ideas, and resources.

Incorporating peer discussions and support is especially helpful in learning to deal with challenging decisions and situations. It is vital for those adolescents who have been shunned by their families because of their pregnancy. Group members can work together to encourage one another to work through feelings of anger and guilt. They can also help to learn ways to accept responsibility for their actions, learn to cope with the situation, and start to get their lives back together again (Bode, 1992).

The main backbone of support for the pregnant and parenting adolescent is usually the family. The encouraging source of program participation and service utilization is often the family. Families often play an important role in decision-making and planning for the future since adolescents generally live with their families while they are pregnant. The most important support that families need to offer is emotional support (Burdell, 1998). Program staff need to do everything possible to strengthen the family's ability to provide positive support to the pregnant and parenting adolescent. Some programs include support groups and activities for families. These activities and groups give families opportunities to discuss their concerns, frustrations, and anger regarding

their adolescents' pregnancies and parenthood (Burdell, 1998).

It is important to keep in mind that some adolescents are not ready to trust others to help them. Some lack the motivation or ability to help themselves. Some teens do not use the services because they do not know about them. It may be difficult to manage the agency system on their own. Adolescents may fear rejection if and when they apply for assistance. They may simply not understand how the program can help them and the long term benefits. The adolescent may also come from a very unstable background and family situation (Glossen & Lytle, 1986).

Planning curriculum for programs serving pregnant and parenting adolescents must factor in a variety of factors. One of the primary factors is that pregnant and parenting adolescents are dealing with not just one, but different stressors. The first stress is related to their development as an adolescent. The developing adolescent is undergoing dramatic physical changes and seeking to find their own identity. At the same time adolescents are also dealing with the stress and demands of pregnancy and parenting (Burdell, 1986).

Programs for pregnant and parenting adolescents should be developed primarily to help students who continue their pregnancies, give birth to their children, and want to pursue their education (Burdell, 1986).

Curriculum

There are a variety of factors that take place when planning a curriculum for serving pregnant and parenting adolescents. It is vital to take into account the primary factor that pregnant and parenting adolescents are undergoing tremendous physical changes and trying to find their identities. These adolescents are dealing with the

demands of parenting and pregnancy at the same time. Other factors that should be addressed in the curriculum is the type of program and its philosophy. The location of the program in the school, the type of participants, and the instructional team all influence what needs to be addressed and included in the curriculum (Hardy & Zabin, 1991).

Goals of Curriculum

The programs for pregnant and parenting adolescents should be developed primarily to help students who continue their pregnancies, have their children, and continue their pursuit for education. The primary goal of the curriculum should be to teach adolescents and their families to understand how to have a healthy pregnancy, a safe delivery, and give their infants an encouraging start in life. The curriculum should include decisions young parents must make; such as continuing their educations, employment, dating and marriage (Hammerslough, 1997).

The competencies that pregnant and parenting adolescents need are competencies that are developed in consumer and family education classes. The topics that these classes cover include self-awareness, interpersonal relationships, parenting skills, child development and care, health care, nutrition during pregnancy and for infants and young children, maternity and children's clothing, skills to manage careers and parenting, stress management and career exploration (Glossen & Lytle, 1986).

Programs should include information about prenatal care, labor and delivery, post-partum care, parenting skills, sexuality. There are many topics that need to be covered in the curriculum for pregnant and parenting adolescents (Hammerslough, 1997).

Self- Awareness needs to be addressed because of the need that parents have to

maintain a sense of self-identity as well as self identity as a parent. There is much importance in incorporating classes early in the curriculum which addresses issues important to the adolescent as an individual. Instruction helps create a positive self-concept and self-esteem. It may increase their awareness of themselves and their understanding of others. Developing a self-awareness should aid them in establishing personal priorities for their lives (Glossen & Lytle, 1986).

Human sexuality and pregnancy also need to be included in the curriculum. Human sexuality may include both instruction on physical development and human reproduction. Influences on human sexuality and personal responsibilities for sexual activity need to be addressed. Some students may need information on sexually transmitted diseases. Teaching pregnancy involves both cognitive and affective objectives. Cognitive teaching includes the process of pregnancy, fetal development, maternal health, medical care, personal care, clothing, nutrition, prenatal exercise, common complaints and problems, and dangers to the unborn baby. Affective instruction deals with the feelings and thoughts about pregnancy, misconceptions related to pregnancy and childbirth, body image, and emotions during pregnancy. Students must be able to explore sources of advice, options open to them, and decisions that they must make during pregnancy (Hardy & Zabin, 1991).

Instruction regarding the process of labor and delivery need to be provided in the curriculum. Pregnant adolescents need to be taught how to prepare for labor and delivery, signs of labor, stages of labor, and birth. Information on hospital admission, medical procedures, breathing techniques, childbirth tools, postpartum care of mother and newborn, and postpartum exercises should be provided. Vital information on the

physical and emotional changes which occur after delivery need to be shared (Hardy & Zabin, 1991).

Since so many adolescents are deciding to keep their babies, the curriculum regarding child development should provide young parents with basic information about child development and the health and safety needs of the child. It is important to teach the adolescent how to care for the newborn baby on common characteristics, abilities, behavior, emotional needs, health care, immunizations, safety, feeding, bathing and dressing, clothing, equipment, and toys. Information on procedures and emotions involved in the process of giving a child up for adoption to meet the needs of students who choose not to keep their babies (Hammerslough, 1997).

Students need to know what to expect from their growing children, so education on the development of young children from infancy to age five is a crucial factor in preventing child abuse. The issues of child safety, play, discipline, nutrition, and health care need be addressed. Students need to realize the importance of quality child care so the correct decisions are made when the time comes to address this issue. Education on child development should encourage students to discuss different viewpoints, clarify misconceptions and misinformation and make informed decisions on raising children (Hughes, 1992).

The foundation for studying parenting should be the knowledge base for providing child development education and curriculum. Students may need more help in socializing with peers and relating to the community. Students many also need help in developing and maintaining positive relationships with their present and future families. They need to examine their relationships with their children, the children's fathers, and

with their children's grandparents(Hughes, 1992).

Another important topic in programs for pregnant and parenting adolescents is personal management. Too often students have not been exposed to management techniques or the decision making process. Students need to learn to manage their time, energy, and money in order to meet the challenging needs of parenthood. It is also important to learn how to effectively make use of community resources. Stress management is vital to the success of pregnant and parenting adolescents, especially since being pregnant is a stressful situation. Many students may need further education in basic skills including housekeeping, food preparation, and clothing care (Hardy & Zabin, 1991).

Social Services

The Department of Health and Human Services administers a variety of social services. These services include child protective services, day care services, foster care, adoptive services, and other social services.

The Department of Health and Human Services provides child protective services for any child in need of protection. Children may be in need of protection because both parents are hurt and unable to care for the child. It may be no one's fault that the child is in danger. Then there are the cases where the child has been physically or emotionally abused or neglected. It is the law that every child who is abuse or neglected be given protection by the Department of Health and Human Services. A child abuse report system is maintained by each State Department of Human Services where each reported case of child abuse or neglect is kept on file so that a worker or court can have ready

reference to any prior history of child abuse or neglect. The Department may also operate a Child Abuse Hotline where day or night across the state anyone can report abuse or neglect (Dougherty & Lindner, 1989). An investigation takes place right away whenever a report of abuse or neglect gets reported to the Department of Human Services. If the investigation proves that action is warranted then the first responsibility is to the child and the office Department decides what is in the best interest of the child and what the threat is to the child's safety, health, or well-being (Hardy & Zabin, 1991).

All efforts are made to preserve the child's family and home. If it is at all possible the child will remain at home while a professional helps parents recognize and remedy conditions that are harmful to the child. The use of relatives and community resources are encouraged to provide the right care for the child. The Department will go through legal proceedings to take the child from the home in cases where the child's home situation is dangerous (Dougherty & Lindner, 1989).

When a child is removed from the home for protection, foster care may be provided by the Department of Health and Human Services. At this time court and legal proceedings are necessary. The Department places the child in a home that will meet the child's need to the greatest extent and makes supervisory visits to maintain the placement and help the child benefit from his or her new home. The Department certifies foster homes for the State licensing standards. The Department will work with the parents to stabilize the home and create a positive home environment, unless the parent-child relationship has been terminated by the court. The Department is also involved in the preparation for the child to return home, or to be placed with a relative, adoptive home, or other alternative appropriate setting- when the foster care ends (Hughes, 1992).

Adoption will take place for any child who is made legally available for adoptive placement by a District Court. These are more often hard-to-place children, for example those who have been neglected, abused, or abandoned. Adoption is usually a very long process which is conducted by the Department in which they screen applicants who wish to adopt children and conduct interviews and home visits (Dougherty & Lindner, 1989).

Chapter Three

Summary, Conclusions, and Recommendations

Summary

Teenage pregnancy is not just a social issue, but it also a personal problem. Adolescent childbearing is the end product from a series of at risk behaviors which begins with sexual activity. Interventions need to be made at every step. Everyday a teenage girl becomes pregnant despite all of the efforts that are made to prevent pregnancy, and the prevailing open discussions of sexual matters in our society. Teenagers are subject to misinformation and often believe that they are ten feet tall and bullet proof. The thought “it can’t happen to me” quickly disappears when it does “happen” to them. Even though prevention of pregnancy is stressed, adolescents are still becoming pregnant at very young ages. Support needs to be available to these girls who are reaching out in desperate need for help.

Every young pregnant girl’s situation is unique, but there are problems common to all unmarried teenagers facing unwanted pregnancies, and all the decisions that they have to make because of it. When pregnancy is confirmed it is almost as if the world of the pregnant adolescent crumbles before their eyes. It is important to reiterate that every crisis is a chance to create an opportunity in which individuals can learn how strong they are and how to grow and survive with the path that is laid before them.

It is at this time that schools need to determine what resources and programs need to be in place and determine what programs work best and for what reasons. Schools need to set standards for what takes place in the school system and

they need to make sure that they are providing the best atmosphere for their students.

Pregnancy is a difficult time in anyone's life, let alone a young unstable teenage girl. It is important for pregnant and parenting adolescents to realize that they are not alone. There are millions of girls in this world who fall asleep with the same worries about young single parenthood and how are they going to manage everything and pay the bills.

The problem is that there is a real situation involving teen pregnancy. Pregnancy creates poverty and poverty creates pregnancy. This is an epidemic that needs to be addressed head on. School Counselors and teachers need to take the bull by the horns and start educating every young mother and father about what to do once they are pregnant. Educators can talk until they are blue in the face about preventing pregnancy, but the facts prove that teenagers are still becoming pregnant. It is important to educate teenagers on pregnancy prevention, counselors need to be educated on what to do when teens do become pregnant. Statistics show that millions of girls are still becoming pregnant at alarming rates every year.

Conclusions

The vast majority of young Americans have changed the ground rules. The idea of premarital sex is more the norm now than it ever has been. The concerns that have been raised about the safety and ethics of widespread sexual activity and the change in sexual values are quite real. It is important that while educators try to correct the sexual revolution that they do not deny adolescents the means to protect themselves. Responsible sexual behavior at any age means avoiding exploitation, disease, and casual conception. When adolescents make choices they need to be able to have the means to

take care of themselves. Education, health services, opportunities to understand the risks, explore value systems, get their questions answered, and offer hope and understanding so that they will make rational and possibly even moral choices.

The problems that have been researched throughout this paper have not been of sexual morality, but rather of social and economic environments. The real concerns that have been looked at are sexual activity of adolescents, sex education in schools, resources and programs schools have to assist pregnant and parenting adolescents, curriculum goals, social services, poverty, and vulnerability. The conditions that pregnant and parenting adolescents live in cry out for intervention programs. They need education, strong service providers, health services and a healthy support system from family, friends and the community. Pregnant and parenting adolescents have a right to believe in their future and the future of their youth. They also need employment and counseling. It is a travesty to imply that adolescents who are trapped in a vicious cycle of poverty and hopelessness have chosen to do so and live the way they do. The real travesty is a society that cares little for pregnant and parenting adolescents and does not do anything to intervene and give them the opportunity to believe in themselves.

Recommendations

One fact that has been made clear throughout this paper is that teenage pregnancy is very prevalent in our society, and although there are effective programs for pregnant and parenting adolescents; the honest truth is that these programs are few and far between. If the programs are in place they usually are not being run correctly or the participants don't feel as welcome as they should.

In order for these adolescents to succeed, school educators need to teach

adolescents how to overcome negative stigmas of how society portrays single parents. Young single parents are not highly viewed in our society. Guidance counselors need to portray single parents as a group that can really benefit from the resources that are in schools and communities, and can make it if they believe in themselves. Guidance counselors, administrators, and teachers need to educate our society on the effects or what low self-esteem does to our young adolescents.

It is vital to the success of pregnant and parenting adolescents to have health services, guidance counselors, administrators, teachers, and other school personnel in tune to what the needs are for pregnant and parenting adolescents. The best programs have to be in place and self-esteem has to be instilled in our children from the start. Educators need to wake up to the reality that our youth our having sex and prevention classes are not always working. Guidance counselors need to be up to date on all the resources and programs that are going on. Counselors need to have strong communications with human services and health providers. Guidance counselors have to be there when no one else is. Guidance Counselors have to be advocates for single parents and believe in them. Every educator has to be an advocate for children. If pregnant and parenting adolescents do not feel there is hope for them then they will not rise above what society perceives them to be.

It is vital to the success of any school program that guidance counselors, teachers, and administrators know what is going on in their schools and what resources are available. Educators have a long way to go with today's youth, but it has to start with the right programs and resources to be made available. Educators need to create a will and desire for our youth to rise above and make a difference in their life and in the lives of

their young. An inner fire needs to be created.

A Personal Journey of Single Parenting

As a single parent I know how hard it is to rise above what society thinks of you. I was nineteen years old when I got pregnant with my beautiful daughter Kali and twenty when I gave birth to her. The odds are stacked against you and the negative stigmas of single parents surrounds you. It is nearly impossible to rise above. I was lucky, I had two and a half years of college completed when I had my daughter and I wanted to finish my degree. I wasn't fifteen and a sophomore in high school. I believe teens who become pregnant in high school have an even higher mountain to climb than I did. I remember the feeling of low self-worth and value, the eyes who stared at you in judgment, and the constant wondering of what will happen to you and your baby.

It wasn't until I believed in myself that I took action. Before I got pregnant I was on top of the world and I had a lot of friends and a lot of fun. That all changed the day I became pregnant. My self-esteem went from sky high to a bottomless pit virtually overnight. I went through my pregnancy with my head down and I always wore baggy clothes and a hat so no one would recognize me. I felt ashamed and alone. I wasn't alone though, I just did what society told me to do and act as society wanted me to. I didn't feel as though society believed in me so I didn't believe in me. I didn't start living life for myself until after I had my daughter, and it has been a long process and a long road. I have had many ups and downs throughout my three and a half years of single parenting, and I know there are many battles that lay ahead of me. I am sad to say that as a young single parent you have to overcome the negative stigmas that society lays on you before can start to succeed. I have beat the statistics and overcome the negative stigmas. I am doing my part to create pathways for other single parents who are willing to change

their lives and devote themselves to their children and to bettering their lives. A college education does not make you a good parent. A masters degree does not make you a good parent. Believing in yourself and living for your children makes you a special parent. I don't care how old you are- you need to believe in yourself to make your house a home.

For the rest of my life I will be a statistic of a teenage pregnancy, and for the rest of my life I will commit to prove to society that single parents make a real difference in this world and that negative stigmas create barriers to healthy choices and healthy parenting. We would all benefit if we did what we wanted and not what society told us to do. We have control in our lives and we have to take responsibility for our actions. We make the ultimate decisions that effect our lives. If you would have told me three years ago that I would be sitting at a computer typing a thesis on programs and resources schools have to assist pregnant and parenting adolescents I would have laughed in your face. I was just trying to get through the day without crying and feeling alone. Now here I sit so grateful for every experience that has come my way. It has seemed almost impossible at times and there have been many nights that I have almost given up along the way, but I kept fighting and I kept believing that I could do it. I created this situation and now I am going to fight for what is right and what I want. I finally do not care what society says anymore. I stopped fighting society and starting creating new stigmas. I am now a statistic of what single parents can do with the right programs and resources in place. I will admit that the programs that are out there are mediocre, and it mostly has to come from the heart and will of the pregnant and parenting adolescent. The bottom line is we all need someone to believe in us in our darkest hours, for that is what gets us through these times. Everything that I do is for my daughter. I would not be where I am

in my life if it wasn't for her. She is my motivation for everything. She has changed my life in so many ways. She makes me want to be a better person, and isn't that what we are all searching for. I owe her my life. Thank you, Kali.

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