

Pregnant and Parent Teens Matter Too!

Joanne León, Ph.D., MSW, LCSW

Department of Social Work
Central Connecticut State University
USA

Abstract

The purpose of this study was to describe the experiences of parenting and pregnant teens, school staff, and participant's parents with the Support for Pregnant and Parenting Teens Program (SPPT) within two high-schools in an inner-city school district. To achieve this aim, focus groups and individual interviews were used to qualitatively explore the experiences of students (n=18), their parents (n=5), and school personnel (n=5). SPPT aims to improve educational and health outcomes for expecting mothers and parenting teenagers and their children. For pregnant and parenting teens, this school-based program indicated promising outcomes in the following areas: engaging and supporting students, increasing academic achievement, accessing health services for parent and child, and improving attendance rates.

Keywords: adolescents; pregnancy; parenting; school-based; education, teen

The Presenting Issue

Despite teen pregnancy rates being at its lowest in decades, the teen pregnancy rate in the U.S is substantially higher than other Western Industrialized nations (Sedgh G., Finer L., Bankole A, Eilers M., Singh S., 2015) and racial/ethnic and geographic disparities persist (Romero L., Pazol K., Warner L, et al., 2016). In 2015, despite pregnancy rates being lower among all groups races and Hispanics from 2014 for 15-19-year-olds, the birth rate of Hispanic teens were still more than two times higher than the rate for non-Hispanic white teens. The birth rate of non-Hispanic black teens was almost twice as high as the rate among non-Hispanic white teens, and American Indian/Alaska Native teen birth rates remained more than one and a half times higher than the non-Hispanic white teen birth rate (Martin, Hamilton, Osterman, et.al, 2017).

Teen pregnancy continues to be a challenge that impact schools, particularly in urban settings, creating adverse consequences for the teen parent, child and systems involved. Urban low-income, pregnant teens are beginning families while experiencing multiple stressors from the outset and are considered a vulnerable population (Flynn, Budd, & Modelski, 2008). Some of the adverse consequences include poor academic performance, low educational aspirations, poor reproductive outcomes, and reduced employment prospects and earning potential (Amin, Browne, Ahmed, & Sato, 2006).

Pregnant and parenting teens face a multitude of barriers such as low attendance rate, academic difficulties, decrease social interactions that increase the likelihood of dropping out of high school. "The high school dropout rate in the United States continues to be a crisis; nearly one in four Americans and four in ten minorities do not complete high school with their cohort" (Shuger, 2012, p.1). Graduation rates among teen parents compared to other students are not favorable. Researchers have indicated that thirty percent of all teen girls who have dropped out of high school cite pregnancy or parenthood as a key reason, and the rate is higher for minority students: thirty-six percent of Hispanic girls and thirty-eight percent of African American (Shuger, 2012). Additionally, a report by the National Women's Law Center (2012) concluded that the attitudes and biases that young parents face at school represent one of the greatest educational barriers.

The need for comprehensive school-based programs for pregnant teens is well recognized (Center for Assessment and Policy Development, 2002a). Alternative school-based, comprehensive programs are needed to provide critical services and supports to teens, and to shape their healthy development, stability, productivity, and long-term self-sufficiency and well-being (Brindis & Jeremy, 1998; Shapiro & Marcy, 2002; Seitz, Afel & Rosenbsaum, 1991; Office of Technology Assessment, 1991). Teen parenthood comes with a variety of social emotional issues.

It is also a symptom of other problems, and that to help adolescents make it, they have to be treated holistically in the context of their complicated lives by paying attention to peers, parents, schools, and communities (Dryfoos, 1998). Therefore, the need to support pregnant and parenting teens continues to be instrumental to sustain academic achievements and improve their graduation rates. Interventions reach these teens more effectively when located in an accessible site such as a school, reducing the barriers of geography and enrollment (Dryfoos, 1998). School social workers are often the key personnel that provide direct support, case-management, counseling, and home-visitation, among other services, to pregnant and parenting teens to meet social-emotional needs as well as support academic achievements.

Table 1: Core Services Provided at School-Based SPPT Programs

Flexible, quality schooling to help young parents complete high-school	Provide flexibility in class schedules for medical and social service appointments and parenting responsibilities; develop evening, weekend and summer classes; link to on-line credit recovery courses and provide tutors for academic support.
Case management and family support	Utilize a strength-based approach to build a trusting relationship with the young parent and her family; serve as liaison between student, school and community supports; and help teen parents work toward health, education and parenting goals.
Prenatal care and reproductive health services	Ensure early access to prenatal care and reproductive health services that are medically accurate and culturally appropriate; provide links to family planning services to postpone subsequent pregnancies; and provide transportation to doctor's appointments.
Quality child care for children with links to basic prevention health care	Ensure child care centers are DPH licensed; employed good health, nutrition and safety practices; encourage the child immunization schedule recommended by the American Academy of Pediatrics; and provide age-appropriate child development information.
Parenting and life skills education and support services	Services should include family planning, nutrition counseling, and awareness of community resources; provide supports for crisis, depression and life skills counseling; make activities relevant to teen's parent's culture, religion, economic status; promoting family literacy and helping teen parents foster their children's early learning and development.
Father involvement services and support	Adopt policies, outreach strategies and support services to facilitate relationships between fathers and their children; assume all men want to be involved with their children; employ men to create a "father friendly" environment; provide fathers with peer support, family planning education and parenting education.
Transition to post-secondary and workforce development	Provide support, education and access to workforce and higher education, summer employment etc.
Increase multigenerational support	Increase intergenerational support in order to strengthen co-parenting and family relationships

Source: Cross Sector Consulting (2013). Support for Expectant and Parenting Teens, Women, Father and Their Families Proposal.

The Support for Pregnant and Parenting Teens (SPPT) program provides core services through school-based services (see table1), through a school social worker and nurse, for students in grades 9-12 to improve educational and health outcomes for both the teens and their children. A program evaluation was conducted on the six SPPT sites for the 2015-2016 academic year. According to their report, school attendance for SPPT participants improved, with daily attendance averaging 76%, compared to 69% in the previous year. When the SPPT participants were asked what services helped them attend school consistently, they cited childcare, overall support and motivation from SPPT staff, transportation support (Cross Sector Consulting, 2016). The SPPT program has expanded in 2013 and serves pregnant and parenting teens in six urban school settings, however, this research focuses on two high-schools within one school district. The purpose of this research is to describe the experiences and the perceptions of the program from the parenting and pregnant teens, their parents and school personnel. According to Cross Sector Consulting (2016), the SPPT program offers participating school districts the following, core evidence-informed, services:

Flexible, quality schooling to help young parents complete high school, case management and family support; prenatal care and reproductive health services, quality child care for children with links to basic preventive health care, parenting and life skills education and supports; father involvement services and supports, transitioning to post-secondary education and workforce development, and Intergenerational supports.

Similarly, several studies that support pregnant and parenting teens in school-based programs and have shown to improve pregnant and parenting teen academic outcomes. A two-year follow-up data from a school-based teen-parenting program in Plainfield New Jersey, demonstrated that 84% had graduated high school and 90% were working or were in school (Fuscaldo, Kaye, & Philiber, 1998).

Another study discussed post twenty-year results on a program for unmarried, pregnant adolescents in New Haven, 71% had graduated high school or obtained a graduate equivalency diploma (GED) and 82% were completely self-supported (Horwitz, Klerman, Kuo, & Jekel, 1991). Harris & Franklin (2003) study, at post-test the group that participated in the Taking Charge Group intervention had a significantly better attendance and grade average than those in the comparison group (Harris & Franklin, 2003). Finally, results from MOMS participants' survey made significant improvements in education, employment, finances and delayed second births. It indicated that 81% graduated high-school or received their GED and 84% are employed with a medium income between \$20k-\$35k (Swedish, Rothenberg, Fuchs & Rosenberg, 2010).

Methods

This study utilized a non-random sampling method, called purposive sampling to recruit pregnant or parenting adolescents involved in a teen parenting support program in a school system in the Eastern United States, as well as their prospective parents, teachers and staff. Padgett (2008) described purposive sampling as a deliberate process of selecting respondents based on their availability to provide necessary information. This type of sampling is done for conceptual and theoretical reasons not to represent a larger universe (Miles & Huberman 1994).

Focus groups were conducted with participants to explore their experiences with the SPPT program. Focus groups are used as an interview method for data collection (Dilorio, Hockenberry-Eaton, Maibach, 1994). Focus groups were selected because they can be useful in the identification of major themes or issues (Krueger, 1998) and add richness within the discussions. Individual interviews were used with teachers and school staff due to low response rate and scheduling difficulties.

Sample

The high-school had an enrollment of 2,190 ethnically diverse students with 60% identifying as Hispanic and located in an economically disadvantaged community where 75% of students receive free or reduced lunch (CT Department of Education, 2017). Purposive sampling yielded 18 parenting or pregnant teens, five parents, four teachers, and one administrator. Sampling criteria included pregnant teen or parenting teen, aged 13-19 who were enrolled in the Support for Pregnant and Parenting Teens program (SPPT), English or Spanish speaking, and willing to participate. The sampling criteria for the parents included having a child currently involved in the SPPT program. For teachers and staff, the criteria were having a student who previously or currently participated in the SPPT program. Informational posters were posted and distributed within the school, in the areas that were visible to the SPPT program participants. In addition, participants were recruited by the SPPT social worker and social work interns. Students who were interested in participating attended one session.

Data Collection

Data were gathered through three focus groups with the SPPT participants, one focus group with participants' parents, four teacher interviews, and one administrator interview from October of 2015 to June 2016. This research was approved by a university Institutional Review Board and school district. All proper permission from all participants was obtained. Focus groups lasted up to sixty minutes and took place in the SPPT suite at both high schools where students gathered for services and program activities. Two social work researchers co-led each focus group, one as facilitator and the other as the recorder to capture non-verbal communication. Both researchers had no affiliation and provided no services to the parenting and pregnant teens participating in the SPPT program. The three focus groups used the same interview protocol which was developed with the assistance of the additional research consultant with prior focus group experience. All focus groups and semi-structured interview were audio recorded. All the audio files were transcribed by the researcher.

Prior to engaging in the large group discussion, participants were given the opportunity to review the questions used during the discourse. The pregnant or parenting teens were asked fourteen questions (see appendix B).

The parents of the SPPT participants were invited to participate in a focus group following an end of year celebration for their children at the high school. An interview guide developed by one of the researchers was used in the focus group and the protocol was also developed with the assistance of the additional research consultant with prior focus group experience. Prior to engaging in the group discussion, participants were given the opportunity to review the questions used during the discourse. The parents of parenting teens were asked seven questions related to their experiences with the SPPT program. (see appendix C).

A teacher interview guide developed by one of the researchers was used in the interview and the protocol was also developed with the assistance of the additional research consultant. Prior to engaging in the interview, participants were given the opportunity to review the questions. Three teachers, one administrator, and one guidance counselor participated in a semi-structured interview. School personnel were asked fifteen questions (see appendix D).

Analysis

The researcher used Creswell's (2009) steps for analyzing data and transcribed the focus groups verbatim. Open coding was used to generate major categories and themes from the transcriptions. Coding involves the close and repeated reading of the text, to develop "meaning units" that serve for broader conceptualization (Padgett, 2008). In this study, thematic approach was employed, and the development of codes meant looking for significant statements or quotes that provided an understanding of the experiences or perceptions of the SPPT program. A conceptually clustered matrix was developed to help with the organization of themes. The variations in themes and commonalities between groups were compared and analyzed using the matrix. To ensure reliability, an independent consultant reviewed the codes, themes, and connections as well as engaged the researcher in dual coding.

Results

SPPT participants in this study discussed their experiences and perceptions of the program. While all participants would recommend this program to a friend, they had their own perceptions on what was useful and what needs to be improved. The first section of the findings discusses the students' perceptions and experiences in terms of support and resources, including daycare and finally how their differential treatment and interactions as a pregnant or parenting teen with teachers/staff and peers. The second section is the findings from the pregnant or parenting teen's parent. Specifically, how they view the program in relation to their child's participation. The last section is the teachers' and staff response to their perception of the program.

Findings from Pregnant and Parenting Teens

Several themes emerged from the pregnant and parenting teen's focus groups, including that (1) SPPT was a resource and a support for the teen parents to be better prepared with parenting and academic success; (2) childcare was perceived as a necessary and critical resource and (3) their experiences with school personnel and students about being a pregnant or parenting teen.

Support and Resources

Pregnant and parenting teens spoke highly of the support and resources the SPPT provided. The SPPT supported the teen parents in obtaining a flexible schedule to help them complete high school. The school social worker and school nurse also offered case management, family support, life skills education, parenting skills education and reproductive health services. A student shared her experience with the program: SPPT "helped me be ready for labor. The nurse taught me what I needed to know for labor and delivery. I was less scared because of it." Another student stated, "My experience has been good and very helpful because when I felt like there was no point to going back to school, thanks to the home visitor and the social worker visiting me, I went back and now I'm graduating. They motivated me a lot." One shared, "I stopped coming and they were on top of me to come back by visiting and getting my child in daycare. They helped me with daycare and when I gave birth, they gave me a tutor." Another stated, "I was missing so much school, so they helped me to get into a GED program, which also had free babysitting. I will be completing my GED soon!"

Students also received prenatal care and reproductive and parenting services. One of them shared the following: "You get a lot of support from the nurse and social worker, so you can learn what to expect from delivery and being a first-time mom." Finally, one student stated that "They give everything (diapers, car seats etc.), help mothers that don't have a home. The social worker sends home visitors to make sure things are good at home too. We need more people like that. If it was not for this program many of us would not be graduating in a month" (all group members nodded in agreement).

I just don't leave my baby with anyone

Besides the community and in-school resources, the SPPT parenting teens cited in-school daycare as the second most important service needed. One student stated, "I don't just leave my baby with anyone".

Many parenting teens stated they utilized kin-based day care and, while this may have been more nurturing, it also provided some challenges. Findings from a study indicated that often the family member felt burdened by the job and that the overall quality of the experience for the child was not always optimal, especially for children from low-income families (Kontos, Howes, Shinn, & Galinsky, 1997). Despite the SPPT support to teen parents to access local daycare sites, and Care for Kids most feel that is not convenient when transportation and financial hardships impede them from accessing these childcare sites. Parenting teens shared their thoughts about daycare. "School should have daycare near the SPPT program space, so they don't miss days or have excuses about not coming to school." Another mother shared, "I just don't leave my baby with anyone but at least at school, I would be able to check in on him throughout the day." Finally, another teen mom added, "Daycare is the number one issue. If you don't have daycare, how can you go to school?"

Perceptions from teachers, staff, and peers

The third theme that students shared was their experiences with school personnel and students about being a pregnant or parenting teen. Teens shared the following: "Some teachers don't pay attention, but others be like you're so young to have a baby. Babies having a baby, I hate that." One said, "People were surprised that I was pregnant, and they told me they were disappointed but eventually got over it." Another student described how "Some [teachers] are snotty and get mad that you are missing school." While another joined and stated, "I feel like teachers look at you differently, and are probably mad as shit." One student shared a difficult experience "When she saw my belly, one of my math teachers talked in class about how teens should be ashamed of being pregnant and that there is no reason for it since there's birth control and how it's the parents' fault for not supervising. They don't know our personal story." Another described a similar experience, "My teacher said to me 'you should not have kids at your age. That's why there is protection.'"

Pregnant and parenting teens also shared some of their interactions and experiences with their peers. "Other students would ask me if I'm dropping out and I am constantly saying no, I'm graduating and going to college as my baby won't stop me." Another stated, "Kids would be like 'damn, another pregnant girl.'" Overall, students felt that while most teachers are supportive, those that may not understand of their choice should be mindful of their own biases and interactions with the SPPT student.

Findings from Parents of Pregnant and Parenting Teens

Three prominent themes emerged from the parent's focus groups. Several themes emerged from the parent's focus groups, (1) their experiences with the SPPT program viewed as a resource and its support extended to their child to succeed; (2) affordable daycare or in-school daycare and (3) their parenting struggles when dealing with a pregnant or parenting teen.

Supports and other Resources

Most of the parents, like their daughters stated, the SPPT program is a positive resource for their children. Parents felt that the SPPT staff cared about the well-being and academic success of their children. One parent shared, "The social worker is always on top of my daughter to do what she needs to do to graduate and I am thankful that she has her." Another parent stated, "The nurse is fantastic because she is able to talk to her about things we don't talk about. When she [student] was out, she reached out to my daughter until she got her back to school, she sent us a home visitor and now, she got high honors and I'm so happy!" Finally, two parents discussed the benefits of community agencies partnering with the SPPT program and how valuable their programs were to their children. Finally, one parent stated, "the reality is that this program made it possible for my daughter to finish school. The social worker and the nurse are outstanding. More advertising about the program should be done about it so others can take part in it."

Affordable Child Care

The second theme was the need for in-schoolchild care. Four out of five parents discussed how their child's attendance was directly linked to child care issues. "I feel bad because I have to work and cannot help my daughter with the baby. She misses school because of it." While the SPPT parents were supportive and some aided with child care, they stated that they were not able to provide it consistently. Another parent stated, "If they really care about her coming to school, why don't they look at why she not coming.... it's common sense." The fifth parent stated that her daughter did not qualify for Care for Kids due to the family's income being above poverty level, so it was difficult to find affordable childcare. This parent stated, "You work to make a living but then you are not poor enough to get assistance when you really need it."

Despite limited funding for childcare, six SPPT participants enrolled their children through the SPPT program, which went up from the previous year (Cross Sector Consulting, 2016). This may have led to the attendance rate increase for the SPPT participants.

Trials of parenting pregnant and parenting teens

The focus group provided an opportunity for parents to discuss some of their own feelings about their children being a pregnant and parenting teen. One parent stated, "I know the hardships my daughter is going through because I was a young mom too. I know people are judgmental, so I try to be supportive, but I know she struggles." Another parent shared, "I was so heartbroken and could not accept it. She ran away and then at 7 months, we got into counseling and now we are doing so much better." Another parent stated, "Having my child be in the program has been good for her but I have a hard time because she has to ask for help and they give her the things that I cannot give her for the baby. I get embarrassed that we are in this situation because I have so much pride and now my business is out in the open." Finally, two parents discussed the difficulties they experience having a teenage parent, "I love my grandchild, but the change has been hard, emotionally and financially." The second parent stated, "I feel like a failed parent having a teen mom, now the responsibility is on me to raise the baby and my daughter and some days it's hard."

Teacher and Staff Perception of the SPPT program

Individual interviews with teachers and staff who had a student in the SPPT were conducted to explore their knowledge and perception of the program. Some common themes were (1) their views and attitudes about teenage pregnancy and the SPPT program, (2) engaging fathers and family.

Teachers' views and attitudes

The overall perception about the SPPT program by those [teachers and staff] interviewed was positive. However, one teacher stated "the attitudes of some teachers are not good. Some believe that teenagers are just not equipped with the skills needed to raise a baby." Teachers and staff unanimously viewed the SPPT program as a needed resource because it "keeps young parents and expectant mothers in school." However, one added, that "It takes a village to raise a child, and everyone should be offering support and advice when needed." In addition, school personnel felt that the SPPT assisted in improving school attendance and, as a result, increased students' academic performance. She added "If it wasn't for the program, I know some of my students would not show up to school...it makes a difference." Moreover, one staff stated that good attendance was particularly true for "students that were doing well in school prior to their pregnancy, continue to manage to do well throughout the pregnancy and after their child's birth." One staff shared, "The program is a life saver for young parents and it is absolutely essential to their success." Another staff member stated, "It gives equal opportunity to educational access to the teen parent." Teachers and staff generally shared their perceptions of the SPPT program as "supportive and realistic since the program teaches them real life skills needed without sugar coating the cause and effect of parenthood which is what they need to learn." One teacher shared, "Most teachers want young parents to continue their education and maintain a successful job while trying to provide for their child." Another stated, "Some feel terrible that students get into the stress of being a parent, but we support them and make sure they have equal access." A third teacher described "the attitudes of teachers or administrators are either supportive or not involved at all. Some teachers want to teach the student everything, so they can have a better chance at being successful."

Father and Family Engagement

School personnel shared several recommendations they felt would improve program services and increase student's academic success. While SPPT service both parents, fathers' participation rate is low. A consensus was that the more family support and increased school engagement parenting and pregnant teens have, the more likely they are to complete school. Teachers felt that increased family engagement [teen's family], particularly engaging the teen fathers, was needed. "There are times that we [teachers] know who the father is, since they are also our students, but more emphasis is placed on the mom than the dad and that should change. It's both of their responsibility to raise that child." Research shows that children who are connected to their fathers have better social, emotional and academic outcomes (Department of Health and Human Services, 2006). Finally, a staff shared, "we care about these students and we want them to have a better future particularly because they are young parents. Then everyone should be doing their part and not just leave it to the SPPT program to be the only support

Discussion and Implications for School Social Workers

Discussion

This study supports the existing literature, indicating that schools that have supportive programs tailored to parent and pregnant adolescents yield higher academic success and graduation rates. Pregnant and parenting teens, despite being young parents have the desire to be successful and complete high-school. For most teen parents, their child becomes an intrinsic motivation, but it also presents a challenge. One of the takeaways from all pregnant and parenting teen's focus groups was the motivation and resilience in completing high school. Studies have found that one-third of teenage mothers never get a GED or a diploma (Perper, Peterson, Manlove, 2010) and less than 2% of women who have a baby before the age of 18 attain a college degree by the age of 30 (Hoffman, 2006). Hence, the need for support programs for parenting and pregnant teens are crucial in the advancement of this population as well as for their child's future. The children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult (Hofman, 2008). The lack of access to childcare, particularly within the school, is one of the primary barriers to high school graduation. Pillow (2004) states that "less than five percent of schools nationwide provide childcare services to teen mothers" (p.153). If schools were to provide school-based child care, the graduation rate for pregnant and parenting teens may increase.

Pregnant and parenting teens described feeling judged, different and stereotyped for having, or expecting, a child. Stigma occurs when individuals and groups are labeled as different (Goffman, 1963). Teen mothers are especially vulnerable to being stigmatized due to their age, class, and racial/ethnic backgrounds. With few exceptions, media stories, professional discourse, and advocacy organizations portray teen mothers as irresponsible and inept parents whose lives are forever derailed by parenting (Lewis, Scarborough, Rose, & Quirin, 2007). Teachers tend to treat mothers differently than non-parenting classmates, and differential treatment, even when well-intentioned, is perceived as demeaning (Gregson, 2009). Such experience can affect their self-esteem, and negatively impact their willingness to attend school. Teachers and staff need to be more self-aware of their own biases and how their interactions may be impacting the pregnant or parenting teen. Instead, teachers and staff should focus on developing relationships, engaging and advocating for the pregnant and parenting teen as this can enhance their attendance and academic performance.

Pregnant and parenting teens not only struggle with interpersonal relationships at school but also with their family. Parents' of pregnant and parenting teens expressed their struggles of raising a teen parent. Parents expressed the strain pregnancy and parenthood put on the relationship with their teen. Unanimously, parents of the parenting teen are concerned about the well-being of their child, their grandchild, as well as the stigma the teen parent faces. In addition, the financial hardships this experience has brought to the all the families. For most parents, they felt the SPPT program was able to supplement some of the basic needs [baby items] provide social and academic support as well as community resources that the parent was not able to provide to their pregnant and parenting teen.

Teachers and staff were overwhelmingly supportive of the program and felt that more should be done to support this population. They also recognize that not all teachers or staff feel the same as they do, and they are aware that these interactions may be difficult for these students. They verbalized the need to educate peers and model that parent, and pregnant teens deserve the same academic rigor with flexibility to be successful. Teachers and administrators value the support and core services the SPPT program provides to their pregnant and parenting teens as without it, they would not be able to sustain the daily difficulties these students encounter.

Programs for pregnant and parenting teens are greatly needed and have been proven to increase the retention and graduation rates of this population, when compared to those pregnant and parenting teens who did not participate in any type of school based or community program (Philliber et al 2003; Brosh, Weigel & Evans, 2007). Teachers, administrators and school social workers play a major role in improving the outcome this population. School districts' focus on graduation rates and they don't account the value that supporting programs like SPPT would have in increasing those rates.

Future research should focus on evaluating various types of school-based pregnant and parenting teen programs to evaluate their effectiveness based on various sub-groups (i.e. population, grade levels and demographics). In addition, include a cost-effective lens as to demonstrate that supporting pregnant and parenting teen programs are win-win for all stakeholders.

Limitations

This study supports the need for programs like SPPT to be available in schools for parent and pregnant teens to move forward academically and socially. However, a limitation of this study is its purposive and small sample size. Also, the use of focus groups and individual interview may not allow members to express their honest and personal opinions about the program. Another limitation is that the focus group were comprised of participants that were attending school and more likely to have positive views while those who were not attending school did not participate which may yield a different perspective. Generalizability is limited by the homogeneous and small sample of adolescents and parents, as they were primarily Latinas from an inner city and low-income households. An additional study done with participants of a different socioeconomic status and or different ethnicity, may yield different findings.

Implications for School Social Workers

In most inner-city school districts, school social workers are functioning with a very high caseload of students with mental health issues and mandated services for students who are classified under special education. Pregnant and parenting teens' needs are very different than the standard student. Counseling and other psycho educational services are not a mandated social work service unless the student is a student with an identified disability. This lack of programming leaves school social workers to service this population as part of their regular large caseload and with limited resources. School social workers recognize that the needs of pregnant and parenting teens are complex and the need for individualized, culturally sensitive interventions with collaborative community resources is essential to their success. School social workers play a major role as advocates of students' rights as they assist parenting teens to advocate for services and accommodations to which they are entitled under Title IX. Social workers must counteract the stigma that pregnant and parenting teens may face from school personnel and peers.

Teachers must be educated about the importance of engaging and developing positive supporting relationships with pregnant and parenting teens. Teachers are the most consistent person throughout the teen social network and can have a positive impact when the teen views it as a positive relationship. Engaging and supporting parent and pregnant teens, and their parents, increases the prospect of completing high school and influences a positive trajectory for both mother and child.

Programs such as SPPT appear to offer an excellent model for closely working with pregnant and parenting teens for academic and social emotional support. This type of program shows promise to ensure that these adolescents have equal access and opportunity to academic achievement that will not only be beneficial to them and their children's future, but to society. More importantly, programs for pregnant and parenting teens should not be feasible only through grant funding. Instead, school districts need to recognize that the pregnant and parenting teen's academic outcomes are just as important as any other pupils; therefore, local school budgets should allocate discretionary funds for programs such as SPPT.

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Appendix A

Table 1: Focus Group and Interview Participant Demographic Characteristics			
	Students (n=18) #	Parents (n=5) #	Staff (n=5) #
Characteristics			
Gender			
Female	17	5	4
Male	1	0	1
Race or ethnicity			
Caucasian	0	0	4
Hispanic	17	5	1
African American	1	0	0
Parenting Status			
Has a child	15	N/A	N/A
Pregnant	2	N/A	
Used Daycare	6	N/A	N/A
Family provided child care	12	N/A	N/A
Enrolled in community programs	18	N/A	N/A
Grade			
Ninth	1	N/A	N/A
Tenth	2	N/A	N/A
Eleventh	5	N/A	N/A
Twelfth	10		
Teaching Staff	N/A	N/A 3	
Non-Teaching Staff	N/A	N/A2	
Note: N/A= Not Applicable			
Non-Teaching staff included guidance counselor and administrator			
Community Programs: YMCA, Options Industry Council (OIC) Family Enrichment Center (FEC)			

Appendix B

Pregnant and Parenting Teen Focus Group Questions

1. How did you become involved in the SPPT program?
2. Why did you become involved in the SPPT program?
3. As a student, describe your experiences with the SPPT program.
4. How has the SPPT program impacted your studies/attendance/grades?
5. What are the benefits of participating in the SPPT program?
6. How do people react to you being part of the SPPT program?
7. What do you think are your parents' and teachers' attitudes toward your participation in the SPPT program?
8. What attitudes do teachers, friends, and administrators demonstrate toward teen pregnancy?
9. What services should the SPPT program offer to students that it is currently not offering?
10. What resources do student participants feel are necessary for successful implementation of the SPPT program?
11. What community agencies or services do you find helpful/effective?
12. What can the school provide to meet your needs (be successful)?
13. What are the strengths/weaknesses of the SPPT program?
14. Are there any changes you would recommend about SPPT? Any suggestions for improvements?

Appendix C

Parents of Pregnant and Parenting Teens Focus Group Questions

1. How do you feel about their (your child's) participation in the SPPT program?

2. What kind of services does your child get out the SPPT program?
3. What kind of progress has your child made while enrolled in the SPPT program (attendance and academic performance)?
4. What are the benefits of your child participating in the SPPT program?
5. What services should the SPPT program offer to students that it is currently not offering?
6. Which services currently offered by SPPT are effective?
7. What recommendations is any would you offer for future program implementation?

Appendix D

School Teachers and Staff Questions

1. Who are the students who participate in the SPPT program?
2. How are they referred?
3. Who can refer the students?
4. What can the school provide to meet SPPT students' needs?
5. Are there significant demographic differences among SPPT participants e.g., ethnicity, socio-economic status (SES), language dominance?
6. What is the attrition rate? Does it differ by language, ethnic, or SES category?
7. What attitudes do teachers and administrators demonstrate toward student participation in the SPPT program?
8. What are teachers' perceptions of the effects and benefits of the SPPT program?
9. What attitudes do teachers and administrators demonstrate toward teen pregnancy?
10. What kind of progress have students enrolled in the SPPT program made in their attendance and academic performance?
11. How do teachers and administrators feel about the SPPT program being offered in the school?
12. To what extent are administrators committed to keeping the SPPT program in their schools?
13. What services should the SPPT program offer to students that it is currently not offering?
14. Which services currently offered by SPPT are effective?
15. What recommendations, if any, would staff or administrators offer for future program implementation?