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TEENAGE PREGNANCY AND PARENTING
NATIONAL PROBLEM--LOCAL SOLUTION

A Dissertation Presented

by

ELEANOR ARCANJO FARINATO

Submitted to the Graduate School of the
University of Massachusetts Amherst in partial
fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

September 1994

School of Education

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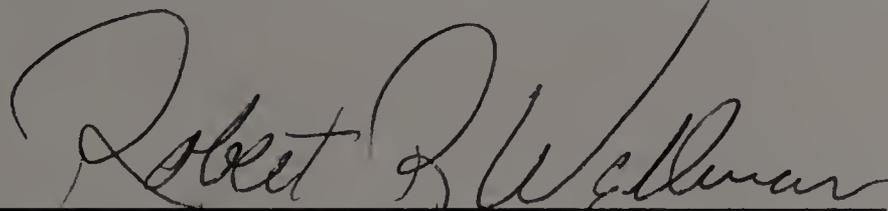
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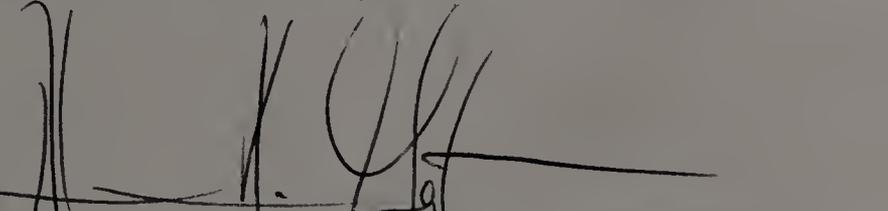
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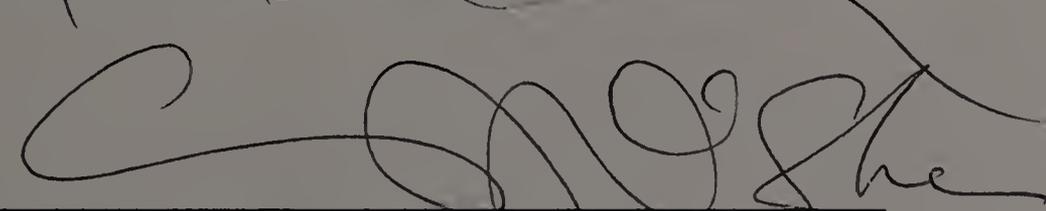
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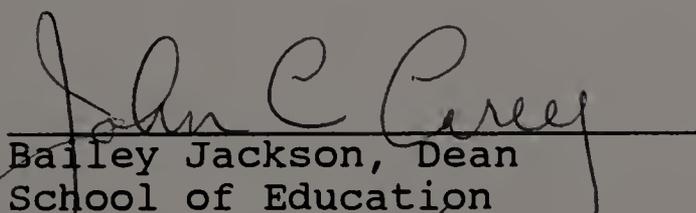
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DEDICATION

To my daughter:

Danielle Marie Farinato

and

in memory of

my mother

Ermina Ponte Arcanjo

my father

Manuel dos Santos Arcanjo

and my brother

Antone Arcanjo

ACKNOWLEDGEMENTS

I wish to express my deepest appreciation to the many people whose help and cooperation made it possible for me to complete this work. To my committee, Dr. Robert Wellman, Dr. Atron Gentry, and Dr. Arthur O'Shea, are extended feelings of appreciation for their guidance and support.

A special thank you goes out to my daughter, who constantly reinforced me in my efforts with words of encouragement. Along with her, special support came from my friends, Lucy Ferullo and Jeannie Kuropatkin, to whom I am profoundly indebted.

This work could never have been accomplished without the altruistic assistance and suggestions from Ginny McCabe and Audrey Cabral-Pini who were there to encourage, support, and guide.

I would also like to express my gratitude to the Cambridge Rindge and Latin School students, parents, and staff for their support, patience, cooperation, and faith in my endeavors. It is to them and all the struggling pregnant and parenting teenagers, that I devote this endeavor.

Finally, a very special thanks is due to Linda Guthrie and Sally Dumont for their willingness to help with all the forms. To Sheryl Jablonski, a thank you for typing the final copy.

ABSTRACT

TEENAGE PREGNANCY AND PARENTING
NATIONAL PROBLEM--LOCAL SOLUTION

SEPTEMBER 1994

ELEANOR ARCANJO FARINATO, B.A., BOSTON UNIVERSITY

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Directed by: Professor Robert Wellman

The purpose of this dissertation is to look at the problem of teen pregnancy and parenting on a national, state and local level. When dealing with the local level, the study will deal with the Adolescent Parenting Program (APP), Cambridge, Massachusetts.

The first purpose of the study was to look at the research and literature on the topic of teen pregnancy and parenting to better understand the extent, magnitude, and issues surrounding this problem. The goal of the study was to contact participants of APP at Cambridge Rindge and Latin. The study utilized an author developed questionnaire and one-to-one interviews to gather research on the APP.

With the results of the questionnaires and the interviews, many factors were found to have impacted on these pregnant and parenting teens, including family constellation, marital status of the parents of the respondents, marital status of the respondents, age dating

was initiated, age sex was initiated, fear of sexually transmitted diseases, methods of birth control, age at birth of first child, planned/unplanned pregnancy, completing high school, employment, and relationship with baby's father.

The first purpose of the study was to look at the problem of pregnant and parenting teens at a national, state, and local level. Research substantiated the need to help pregnant and parenting teens and this confirmed the need for the APP in Cambridge.

The second and most important part of the study was to determine whether or not the APP was effective. The questionnaires and interviews confirmed this. The third purpose of the study was to determine whether Cambridge needed to do more in the area of teen pregnancy and parenting. There are various area that need improvement, but finances are a major issue. The fourth purpose of the study was to determine whether the APP and the First Steps Day Care could be replicated in other communities. There has been a great deal of interest demonstrated in these two programs, but there must be a commitment of not only money, but also of people to make the programs work.

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C H A P T E R I

INTRODUCTION

The Country and Its Children

In a country plagued by murder, rape, drugs and alcoholism, we must include teen pregnancy/parenting as a national problem. We must, as well, scrutinize how we fare as a country in comparison to the success levels of other countries in dealing with this ever increasing national problem. We have had former President Reagan and Mrs. Reagan telling the nation that the best way to address this issue is abstinence. Is this response to a problem based in reality?

Have the nation's leaders considered the phenomenal number of issues that have had a major impact on teen pregnancy/parenting? Adolescents are a unique group of children, who are in transition from dependence to adulthood and independence. Adolescents face many challenges not only from the physical and psychological demands of their bodies, but from societal influences and pressures. How adolescents transcend the abyss to adulthood--depends on a variety of factors such as: a supportive home environment, enriching and high quality education, and good overall health that will allow them to grow and thrive.

Family life has traditionally had and will continue to have a major impact on teenagers. At a point in their lives

when adolescents are seeking their independence from their parents, it is just at this time that parents must be most supportive. It seems that family life is very complex. Very often a family, at this point in time, is not an "intact" family. The divorce rate has been increasing up to nearly fifty percent. This has had an impact on the family, but this is not to say that all children of divorced parents will suffer problems in transition to adulthood--such blanket generalities are totally invalid. The hope is that children are the main concern of their parents; to support them not only financially, but also psychologically, physically, and morally, regardless of their marital status. All too often, the main concern of child bearing has been the economical side--putting food on the table and clothes on their back. Making ends meet has been difficult for married couples and all the more difficult for single parents, thus forcing parents to work more and spend less time with their children. Children are forced to come home to empty homes--"latch key kids." Unfortunately, when quality day care is available, it is economically unattainable. These "latch key kids" are all too often forced to turn to the television for company, being exposed to inappropriate programs. When parents arrive home they are too tired to deal with the demands of their children. They cannot find the time or energy to address the

psychological, physical, and moral needs of their children. Where do these children turn for the support that they need?

The hope is that children will find some of the support that they need in schools, that offer them an enriching and high quality education. Unfortunately, here again, this is not always the case. Even when students can be assured an excellent education, the reality is that they may not be willing or capable of accepting what is being offered to them. The unresolved issues that these children bring with them from home, often keep them from being able to avail themselves of the opportunities that are presented to them at school. They are seeking support and frequently they find friends, who will pressure them into gangs, cults, alcohol, drugs and sex.

Adolescents, in an effort to belong, to be loved, and to break away from parents quickly seek peers and in some cases ultimately joins gangs. With the recent increase of Satanic Cults and the number of adolescents turning to these cults for a sense of belonging there have been more demands placed on the schools, as well as the family. Families must look to ways of breaking the ties that hold their children to the cults. Schools must offer these teens more options, while protecting other students from being entangled in the webs that the cults can weave.

New Morbidity

The general over all health of adolescents has been declining. A "new morbidity" has developed. The "new morbidity" can be defined for all ages as diseases which have social rather than biological causes: ". . .teens develop their own special set of "new morbidity" problems such as alcohol abuse, drug abuse, school drop-out, teen pregnancy, violent behavior, suicide, and other mental health problems. A number of these conditions have been identified as the leading cause of death and disability among American youth. Even those teens who are in peak physical condition may suffer from poor health and physical disability as a result of social and behavior factors."¹ Not a day goes by that T.V., radio, and newspapers report the death or crippling of another teen. Teens do not, by and large, have a sense of mortality--it will never happen to them. One inner city clinic serving children and youth reported that in 1983, out of 18,000 patients age under 18 years, the reason for hospital admissions among children served reflected the extent of the "new morbidity. Fifty-one percent of all hospitalizations were related to sexual activity (abortions, deliveries, and sexually transmitted diseases). Trauma (accidents and injuries) accounted for another twenty-four percent of admissions. Only one in four

¹Kay Johnson and Sara Rosenbaum, Building Health Programs for Teenagers, A Working Paper, (Washington, D.C.: Children's Defense Fund, 1986), page 12.

hospitalizations were for the "typical" range of pediatric problems. As time moves on "typical" may come to mean something else. It may eventually include the very things that are considered now to be atypical.

Nationwide studies of drug and alcohol use among adolescents further document the widespread nature of risk taking behavior and the "new morbidity" among teens. While drug and alcohol use has declined since the 1970's, the rates remain startling high. Alcohol use by teens has shown a very radical decline since the late 1970's, yet far too many teens still use alcohol. In a government publication, "Drugs and American High School Students 1985-1983", over ninety percent of youth have tried alcohol by the twelfth grade, and fifty percent of high school seniors indulge in daily drinking. The National Survey on Drug Abuse found that in 1982, ten percent of those 12 and 13 year-olds reported drinking during the prior month. In a study done by D.L. Johnson et al (1985 "Student Drug Use, Attitudes and Beliefs") out of the University of Michigan, Institute of Social Research discovered that overall, six out of ten seniors surveyed in 1985 reported experimentation with illicit drugs. These reported rates are quite high. Unfortunately, however, they underestimated the problem of drug use among all youth since many youth with serious drug problems do not stay in school until their senior year.

Sexual pressures for adolescents are numerous. In a study done by K. J. Pittman, "Preventing Children Having Children", an estimated five million teenage girls and seven million teenage boys are sexually active. Sexually active teens are at high risk of acquiring sexually transmitted diseases, syphilis and gonorrhea, by age 18. In addition, rates for pelvic inflammatory diseases are discussed. From the Centers for Disease Control--"Sexually Transmitted Disease Statistics, 1983," teenagers age fifteen through nineteen years are among the groups at highest risk for acquiring a sexually transmitted disease. With the threat of AIDS present among them, many teenagers do not realize the fact that they are mortal and fallible--they too can succumb to the AIDS virus. It is sad to realize that young people are sexually active, but not sexually knowledgeable.

Self Esteem

Adolescents very often possess very low self-esteem. Low self-esteem force teens to search for approval and for love. Nathaniel Brandon, an authority in the area of self-esteem, puts forth some very interesting points that do shed light on adolescents and their level of self-esteem. They include the following:

1. "The principle that distinguishes the basic motivations of high self-esteem from that of low self-esteem is the principle of motivation by love versus motivation by fear: the love of self and of

existence versus the fear that one is unfit for existence."²

2. "If an individual took responsibility for every one of his or her actions in the moment of performing the action, not only would defense values. . .be impossible but a radical elevation of self-esteem would be inevitable."³
3. "Tranquilizers, alcohol and recreational drugs share these common features that tend to make them addictive: they reduce pain and anxiety; they sometimes create a temporary buoyancy, a temporary illusion of efficacy, power, and high self-esteem: and they tend to perpetuate just those behaviors that created the need for their use in the first place. Thus, the problem of such abuse is intimately connected to problems of self-esteem and cannot be understood outside the context."⁴
4. "On any level of intelligence or ability, one of the characteristics of high self-esteem is an eagerness for the new and the challenging, for that which will allow an individual to use his or her capabilities to the fullest extent--just as a fondness for the familiar, the routine, and the unexpecting coupled with

²Nathanial Brandon, Honoring The Self, (New York: Bantam, 1983), page 86.

³Ibid, page 88.

⁴Ibid, page 90.

fear of the new and the difficult is a virtually unmistakable indication of low self-esteem."⁵

5. "In the area of self-esteem and love there is a powerful tendency for like to be attracted to like."⁶
6. ". . .schools represent priceless opportunities to undo or at least counteract a child's negative experiences at home. Teachers have a unique opportunity to offer the child an alternative view of self and the world, to give a child the experience of having his or her feelings, dignity and mind respected, and thereby to provide a powerful healing transition to adolescence and adulthood."⁷
7. "If we do not allow ourselves to have the normal emotions of a child, we impede unobstructed growth into adolescent. If we do not allow ourselves to have the normal emotions of an adolescent, we do not evolve into well-integrated adults."⁸
8. "Sometimes I may defer to others, giving their feelings priority or recognizing that their rights in a particular situation may supersede my own. When I do, I am practicing, not self-sacrifice, but objectivity."⁹

⁵Ibid, page 95.

⁶Ibid, page 99.

⁷Ibid, pages 135-136.

⁸Ibid, page 163.

⁹Ibid, page 183.

9. "On the simple level of everyday life, one of the most important ways in which we support our self-esteem is through the courage and integrity to say no when we want to say no and yes when we want to say yes."¹⁰
10. ". . .a fear of life and fear of death co-conspire against growth, individualism, love, creativity, and evolution. An unresolved fear of life or death equally obstructs the emergence of healthy self-esteem."¹¹
11. "'I want' does not mean 'I am entitled to'."¹²

If adolescents could practice effective decision making, view and appraise what is real about themselves and the world around them, and develop an ability to deal honestly with what is real, they could be on their way to developing increased self-esteem. Reality is that they possess a deep need to belong. Couple their low self-esteem with sexual pressures, add in the lack of sexual knowledge, and very often these teens find themselves about to become parents. Society now has children having children. Here we have arrived at one of the United States' national problems.

¹⁰Ibid, page 190.

¹¹Ibid, page 201.

¹²Ibid, page 219.

Teen Pregnancy and Parenting

Why is teen pregnancy and parenting a national problem? In reports put out by The Alan Guttmacher Institute, A Corporation for Research, Policy Analysis and Public Education, based in Washington, D. C. the statistics are amazing.

Four in ten of today's twenty year old women have had at least one pregnancy while in their teens. Two in ten have had at least one birth and more than one in seven has had at least one abortion. In 1981, 11.6 million teenagers out of a total of 27.6 million, has had intercourse; 6.5 million of these were young men and five million were women.

1.1 million teenagers became pregnant, three-quarters of them unintentionally.

537,000 of these pregnancies ended in live births; 268,000 them out of wedlock.

An estimated 434,000 teens terminated a pregnancy by abortion and 151,000 experienced a miscarriage.¹³

According to the Alan Guttmacher Institute, sexual activity among unmarried teenage women increased by two-thirds during the 1970's (Appendix B), although there has been no significant change in the average age (about 16) at which young women initiate intercourse. Despite the large increase in sexual activity, pregnancies (i.e. birth plus abortions plus miscarriages) have increased by only 12.5 percent since 1970's (Appendix B), because contraceptive use also increased substantially--by 35 percent--during the 1970's. Meanwhile, the number of births to teenagers, as

¹³The Guttmacher Institute, Public Policy Issues in Brief, "Toward a Comprehensive Approach. . . What Government Can Do About Teenage Pregnancy", (Washington, D.C.: The Guttmacher Institute, Vol. 4, No. 2, March 1984), page 1.

well as the birth rate, declined from 656,000 in 1970 to 537,000 in 1981, largely because of substantial increase in the utilization of abortion services.

In spite of lower teen birth rates, the number of out of wedlock births each year has continued to increase from 201,000 in 1970 to 268,000 in 1981. This trend has been evident for several decades; however, increases in out-of-wedlock birth are related less to increases in adolescent sexual activity and pregnancy than to the fact that young women are much less likely now to marry to legitimize a birth. Only 15.5 percent of teens, who are premaritally pregnant marry during the pregnancy--half of these doing so in 1971. Moreover, ninety-six percent of unmarried teen mothers now keep their babies rather than placing them for adoption.

The decreased stigma of unwed motherhood may have had another effect during this time period. Again according to a report by the Alan Guttmacher Institute (1981), adolescents who had a first birth in 1979 were more likely to stay in high school during their pregnancies and to graduate than were similar students ten years earlier. And mothers who graduated were more likely than drop-outs to work in both years.

All these numbers only serve to confirm that the United States does have a teen pregnancy and parenting problem. The ramifications of this problem are many:

To begin with the pregnant teen has already made a decision on sexual activity. Birth control, if even considered, has been ignored or improperly used. Decision making has not been properly processed. Final outcomes, in most cases, have not even been thought about.

Once a teen has discovered she is pregnant, very often she waits before telling people who can help her. Some teens will be close to full term and still deny the fact that they are about to become a parent. The implications here are very serious, because these teens will not have had any prenatal care. In some cases, if they were into substance abuse, they may have done damage to their unborn babies. This denial of the pregnancy allows them to ignore the problem, but lets time make the decision for them and closes the door to the option of abortion.

All too often the parents of pregnant teens, when they become aware of the situation, push their daughters out of the home, or force them into an abortion. Along with this, in many cases, the father-to-be will either deny his part in the pregnancy, leave the relationship, or force the pregnant teen into an abortion. At this point in time, everyone around this young woman should be helping her deal with her options and assist her to realize the ramifications of her decisions. The pregnant teen needs to decide which option--abortion, delivery and keep the baby, adoption--can SHE live with?

C H A P T E R I I
STATEMENT OF PROBLEM

Problem Statement

This study will look at the problem of teen pregnancy and parenting on a national, state and local level. When dealing with the local level, the study will deal with the Adolescent Parenting Program in the City of Cambridge. The study will attempt to respond to the following questions:

1. How does the problem in Cambridge compare with the problem at the national and state level?
2. Has the solution in Cambridge been effective?
3. Does the City of Cambridge need to do more in the area of teen pregnancy and parenting?
4. How can this program, if effective, be replicated in other communities?

The first purpose of this study will be to look at research and literature on the topic of teen pregnancy and parenting to better understand the extent, magnitude, and issues surrounding this problem. This is also necessary to comprehend why there are so many contributing factors to the problem and why these factors make this a difficult problem to get a handle on. With this wide base of comparative research, the local site can use this to enhance its efforts.

The importance of this study rests in its potential to contribute to the evaluation of the existing program, the

modification, if necessary, of the existing program, and the possible expansion, on the part of the City of Cambridge, of its efforts in the area of teen pregnancy and parenting. Other factors may come to light from this study that may have implications in other areas, that also may have to be addressed.

A second purpose of this study would be to look at the Adolescent Parenting Program participants, over the long term, to get an understanding of the consumers perspective of the program. How would they view this program as a means of helping them to achieve their goals? There are many factors that impact on the lives of these pregnant and parenting teens and by asking the consumer, very often we can get a better understanding of what should be done to improve the situation.

In light of the changing times, we must take into consideration the factors that have impacted on the decision-making process of people in general, and teenagers in particular. The increase of sexually transmitted diseases has had an impact on some segments of the population, but not necessarily the teen population, who feel that nothing will affect them. In their minds, they are young and will live forever.

Along with this, this study would look at, if only briefly, whether or not the Adolescent Parenting Program could in fact be replicated in other communities. If the

consumers feel that what is going on is working, then suggestions will be made to assist other communities in program replication.

To better understand the local solution to the national problem, there needs to be an understanding of the community, the school and its offerings, and finally what lead to the development of the Adolescent Parenting Program and the First Day Care.

The City--Cambridge

Cambridge had its beginning over 300 years ago, in 1630, when Governor Winthrop and a handful of men left the newly established town of Boston, rode across the Charles River, and landed on the slight elevation known now as Harvard Square. Those first few leaders sought a seat of government less exposed to attack than Boston. Here, they built a fortified town and called it New Town, the name it had until 1638, when it became Cambridge after the old University City in their motherland England.

Cambridge was a fitting name, because two years earlier, Harvard, the first university in America, had been established here. In its early days, Cambridge specialized in cattle raising, farming and lumbering, and the children had the enjoyment that comes from country living. By the end of the seventeenth century on "Franquelin's map of Old Boston," Cambridge was designed as a town of eighty houses and a university. The easterly part was divided into a few

great farms, and a few luxurious estates were springing up along what is now Brattle Street. In the "square" were the college, Elija Corlet's school house, Stephen Daye's printing establishment, and the first meeting house.

"Around the square" were a few houses built with care and discrimination. In fact, one learns from reading the early history that "the square" and "the common" were the center of the town's activity.

During the Revolutionary War, the inhabitants of Cambridge suffered the various privations and inconveniences incident to warfare, and the appearance of the town changed considerably. What we now know as Cambridge street was a military road constructed by General George Washington. Many of the more wealthy and aristocratic, who adhered to the British government, owned and occupied the estates "bordering that street between Brattle Square and Mount Auburn." Many of these estate owners were forced to flee the town when the war began, and their elegant mansions were confiscated by the patriots. However, when the British evacuated Boston on March 17, 1776, Cambridge was no longer involved in the military events of the Revolutionary War. So by the end of the eighteenth century, the town of about 1600 people settled back to the existence of a quiet village.

In the "square" stood an old court house, a jail, and at the corner of the college yard, the old First Church

raised its spires. These three buildings typified the concerns of the community, namely: religion, justice and punishment.

During the nineteenth century powerful forces for change were at work, and the real growth of Cambridge began. The great tide of immigration to this country brought larger numbers of foreign born. The rapid growth of the town during the first half century was due mainly to three facts: Cambridge was the most accessible of the immediate suburbs of Boston with the results that Boston businessmen resided there; the establishment of large industries, packing houses, factories and other plants brought a large number of citizens to live near their place of employment; and the expansion of Harvard College. By 1846, the population numbered 12,000 and on May 4 of the year Cambridge was incorporated a city.

In the more than one hundred years since it became a City, Cambridge has expanded industrially, educationally, and scientifically. Hardly an inch of Cambridge remains that men have not torn down, built up, and pulled down again in their ceaseless efforts to improve the city.

The City of Cambridge is located in southeast Middlesex County across the Charles River from the City of Boston. The City is bordered by the Towns of Watertown and Belmont on the west and the Town of Arlington and the City of Somerville on the North, and occupies a land area of 6.26

miles. Cambridge residents live closely together; only six U.S. cities with a population over 75,000 are denser (Source: 1990 U.S. Bureau of Census). Cambridge is diverse ethnically. Seventy-five percent of all residents are white; fourteen percent are black; eight percent are Asian; and three percent are other races, including American Indian. Seven percent of all residents are of Hispanic background (Source: 1990 U.S. Bureau of Census).

The School System

Over eighty-six percent of school age children in the city attend public schools. They represent a diverse population, speaking 46 primary languages, and include nationals of seventy different countries. Of this enrollment, seven percent are Asian, thirty-three percent are Black, fourteen percent are latino, one-fifth of one percent is Native American and forty-five percent are White. Special needs students represent almost twenty-six percent of the school populations and thirty-six percent fall within the federal low-income guidelines. Cambridge students attendance rates are above the state average at approximately ninety-three percent, and underlies the success of the community's effort to provide a diversified course offering and school choice program. This is further proven by Cambridge's two and one-half percent drop-out rate, far below the state average.

Traditionally there had been two public high schools in Cambridge until 1976. At that time Cambridge High and Latin and Rindge Technical School were merged into the only public high school in Cambridge--Cambridge Rindge and Latin School (CRLS). With a city population of 95,802 people, we have approximately 2100 students at CRLS. There are other high schools in the city--parochial and private--which are attended by Cambridge adolescents as well as students from other cities and towns. CRLS is accredited by the new England Association of Schools and Colleges. It is a 9-12 comprehensive high school in an urban location that is racially and ethnically diverse. Approximately fifty-five percent of the students are minority and approximately ten percent are bilingual. Seventy different international groups are represented in the student body. The economic picture of the city is just as diverse and therefore so is the school. We educate the children of the rich, as well as those of the poor (forty to forty five percent of the students qualify for reduced cost lunch or free lunch). The school, over six acres, is in a community that is being pushed from all sides by universities--Harvard/Radcliffe, Lesley, Massachusetts Institute of Technology and Cambridge College. The external pressures on the school from these universities and from the community are amazing. The community wants as many students as possible to attend these universities, while at the same time the universities want

to use the school as base for conducting studies. Obviously not all the students attend universities in the city, but CRLS does send approximately forty-five percent of the seniors to four-year colleges and twenty percent to two-year schools.

Cambridge Rindge and Latin (CRLS)

CRLS is divided into the House System. This division is used mainly for a way to monitor students and as an administrative structure. In a traditional House System, students take courses only in their own houses, but at CRLS only the Freshmen and Sophomores take their English and Social Studies courses in their house. The Houses are A, Leadership, the Academy, Pilot School, Fundamental and Rindge School of Technical Arts. Assignment to Houses A, Leadership, and The Academy is random. The Bilingual Program is housed in The Academy. Assignment to Pilot School and Fundamental is by application. Pilot School is a house that is based on a democratic process--one person one vote/town meetings. Fundamental is a back to basics program. Rindge School of Technical Arts is a vocational program that prepares students for the trades.

CRLS has many of the characteristics that Art Powell delineates in his position paper on TheodoreSizer's highly acclaimed study of American high schools: emphasis on consumer choice and satisfaction, diversity of clientele, special programs of every variety. Does it have programs?

It has a physical education program that is comprehensive and elective. In an age in which teen pregnancy and teen parenting are major issues, CRLS has an Adolescent Parenting Program which tries to help pregnant and parenting teens. To assist the program, there is an on-site Day Care. Still another program, MASSPREP, was instituted to motivate students, mainly minorities, to enter the field of engineering. It also has JAM, which is a program of mediation to help students who have had arguments or altercations. Along with this, it has the Mentor Program, which is a support transition program for all Freshman. To allow students to take courses at various programs, colleges, and universities for high school credit, it has the Community Based Learning Program. To help keep potential drop outs in school it has the Enterprise Coop Program. The students in this program make meals for the teachers' cafeteria and make wood products for sale. For the past five years they have been \$100,000 business. As in many schools in the Commonwealth of Massachusetts, it has extensive 766 programs and Title I supports. It has a fully equipped Career Resource Center that offers computerized Guidance Service through GIS, as well as, an on-site job placement. The school is one of the very few that has its own radio station with call letters WRLS. A Student Service Center offers assistance to students from registration to organizing school functions. It essentially caters to the

full spectrum of students by offering Advance Placement Courses to tutoring by the Cambridge School Volunteers. Through the Teen Work, it offers job readiness workshops after school to help students prepare for interviews, job applications, etc.

This is just a brief description of some of the things that are offered to the students. The administrative structure consists of a Superintendent and two Assistants. At the high school, there is a Principal with three Assistants. Each house has a House Administrator and an Assistant House Administrator, except for The Academy where there are two team leaders and an Assistant House Administrator and the Pilot School where there is a Dean. There are counselors for each house. A Security Team patrols the schools. Less than five years ago, the first woman Superintendent of Schools was appointed. Her predecessor left her with the Key Results System, a plan to set up goals and objectives for the entire system.

With this brief description of Cambridge and CRLS, the Adolescent Parenting Program becomes the focus of change. ". . . two major problems in life are parking and secretaries and that if we could not deal effectively with them, we should not be optimistic about the outcomes of our efforts with other problems that beset us, e.g. poverty,

loneliness, war, discrimination."¹⁴ Considering this statement from Seymour Sarason, one could decide not to try to change anything, but in spite of this the Adolescent Parenting Program was established as a project for change.

The Adolescent Parenting Program--APP

During the academic year 1979-1980, a group of people gathered to assess whether there was a need to establish a program for pregnant and parenting teens. These people came from all areas of the City of Cambridge and were concerned with the fact that young women, who were pregnant and decided to continue in school, were sent to the basement of a church with a teacher to complete their education. They were, for all intents and purposes, excluded from relationships with other teens and shut off from all the opportunities available at the high school. Many people felt that these teens should not be in school and should be made to stay at home. Pregnancy was not an illness and a pregnant student was not contagious, but they were being discriminated against, because they were sent from the high school. They had no choice in the situation.

If the number of students who were part of the off-site program was coupled with the number of students who quit school due to pregnancy, was the number such that there was

¹⁴Seymour B. Sarason, The Culture of the School and the Program of Change, (New York: Allyn and Bacon Publishing, 1982), page ix.

a need for a program at the high school? Every social service and health care institution in the city was contacted for input. The actual number of pregnant and parenting teens was a hard number to compile for a variety of factors. One factor was that not all of these teens utilized health care facilities in the city. Many of these young women went outside of the city for a variety of reasons, including parental pressure, fear, dislike of city institutions, and privacy. Another factor is that many of these teens were sent out of state to the homes of friends or family, thus further confusing our arriving at an accurate number. In spite of these problems, the city agencies reported back to the committee that there was a deep need for the program. The bulk of the committee was school department personnel, but it quickly increased in number and diversity, because people felt that teen pregnancy and parenting were major issues that needed to be addressed. Completing high school was a way that these teens could look to a better future not only for themselves, but also for their children.

The committee met throughout the academic year and following summer. Community agencies reached out to their clients and passed out literature on the program. Students began to respond to the outreach and expressed at least an interest in trying to come back. Fortunately, at least one member of the school committee was very interested in the

program and was active on the committee. The program needed a name, hence the Adolescent Parenting Program, better known as the APP. Things started to fall into place. Courses were developed and put together into a schedule for the students. They would be allowed to access the various programs at the high school. We kept everyone aware of the efforts and plans for the program, but we still met with a great deal of resistance. These pregnant and parenting teens made people nervous; they reminded them of a problem that would not go away.

On September 4, 1980, the program started. How would this program be different? How would this program offer students something that would keep them in school? To begin with, these students had homeroom together, so that they would be able to share good and bad times with other young women who were going through the same issues. They were not scheduled for an 8:15 homeroom, as the rest of the school was, but were allowed to arrive at 9:00. Their homeroom lasted from 9:00 to 9:15, when they would have activities that were developed for them. Because of their late arrival, they did not have a first period class, unless they were close to graduation and needed the credits or requirements of a first period class. Every day, they had a second period class in the program. This class was a Life Skills Seminar which met health or science curriculum requirements. This class included classwork, readings,

homework, and guest lectures in nutrition, human physiology, sex education, psychology, and related concerns. A nutritionist from WIC (Woman, Infants and Children) was scheduled for the first Thursday of each month to dispense WIC food vouchers and to conduct classes in nutrition. A doctor or nurse practitioner from the Cambridge Hospital was available for medical information. A counselor from Cambridge Family Planning was available regularly for family planning, sexuality, and birth control information, but no birth control devices were dispensed on school property. (Presently, we have a Health Clinic in the school and this type of information is dealt with at the clinic. Some of the pregnant and parenting teens get their prenatal and infant/child health issues addressed at the clinic. Along with this, the high school does give out condoms.) Other health and science related guests were invited to the Life Skills Seminar and their eligibility to speak was approved through the principal. The basic text used was *Our Bodies, Ourselves*, which was approved by the school committee.

The students enrolled in the APP, were enrolled in academic classes during periods three, four and five. One of these classes was Child Development, a class where they would be the experts, while at the same time learning about the development of their children.

These APP students were also enrolled in the Social Service Connections, during period six and seven on Monday,

Wednesday and Thursday for social studies credit, which met basic curriculum requirements. The Social Service Connections course included classwork, readings, field trips, homework, and guest lectures in community and resources awareness specifically in the areas of local service agencies, what they do and why and how to use their services. Agencies that visited the APP included welfare, housing, counseling, employment training and security, legal aid, day care, clinics, and museums and manufacturers, to name a few.

On Tuesdays during period six and seven, the APP students, who did not have a medical excuse, had an adaptive physical education class. An ongoing variety of exercises and activities specifically geared to the APP students were offered. A scheduled succession of examples of physical disciplines were arranged to be conducted by people knowledgeable in the areas of yoga, karate, aerobics, pre and post natal exercises, CPR, etc. Allowances were made for students unable to perform some of the more strenuous or inappropriate activities. For example, during labor exercises led by a professional, those students who were no longer pregnant were doing different exercises.

During period six and seven on Fridays, there was no formal meeting of students in the APP. This time had been set aside as time for students to attend to outside

appointments and activities, thus working toward less time lost from classes.

At the beginning of the program, no day care was available on site at Cambridge Rindge and Latin. Students were given help in locating quality care for during school hours. Occasionally, but not often, APP students were allowed to bring their children to class. They were encouraged to leave them with the Early Childhood Education students, during periods three and four, so as not to disrupt their other classes. Still in the planning process was the development of an on-site day care. Data show that enrollment and attendance are greatly increased and that the overall morale of the high school can be positively influenced by on-site child care.

Students eligible for the APP included any Cambridge student, who was pregnant and/or a parent and had not yet received a high school diploma. Males and females were both welcome. Partners not enrolled were encouraged to attend relevant workshops. Parents of the adolescent parents were approached and encouraged to participate in phases of the program. Non-residents of Cambridge were allowed to apply and tuition was covered by the home city and acceptance depended on available space. Students over eighteen and nineteen, who applied were informed of the Community Learning Center. Similarly, the Community Learning Center informed their younger applicants of the APP. The students

were helped in selecting the program that would best fit their needs. Students who called the Bureau of Pupil Services seeking home tutoring due to pregnancy were made aware of the APP. This was particularly relevant, because pregnancy alone does not qualify for home tutoring and the sixth week after delivery marked the end of any home tutoring services that they might receive. These students earned Cambridge Rindge and Latin diplomas, once they had completed all the requirements for the diploma.

When it came to staffing, no new staff was hired and we in fact worked with the existing staff. The program was placed under the direction of the Coordinator of the Home Economics Department. Two staff members from that department were assigned to the program along with other classes in the department. A guidance counselor was to take on these pregnant and parenting teens, along with her regular case load. An instructional aide, who was unassigned, was placed with the program. An outside counselor worked with the staff once a week to help work out difficulties. The program was a challenge and the students were under a good deal of stress and because of this the outside counselor was there to insure that the staff would not absorb all the stress and problems. There was a real fear that with the creation and implementation of such a program, that the staff, with all their other

responsibilities, would burn out. The outside counselor was there to work with the staff before this burn out occurred.

Child Care--First Steps

Many of the parenting teens wanted to return to school, but without child care this would present a problem. Quality, affordable day care is not easily found. On October 20, 1980, the APP staff submitted a proposal to the Department of Social Services for an on-site child care center.

The proposed child care program will be established in the high school and coordinated with the high school teachers and administrators to enable school-aged parents in the Adolescent Parenting Program to complete their education knowing their children are nearby and safe. It will also enhance these young mothers' understanding of child care and development. Further coordination with the Human Economics and Social Studies Department in the school system will enable potentially all of the students in Cambridge an opportunity to view and further their understanding of human development through guided observation of the infants and toddlers from behind the existing one-way mirror and classroom attached to the child care space. This child care program, in observation capacity, will also be useful for related staff development activities in all of the programs in Cambridge. And this new child care program will afford past and present students in Early Childhood Education programs actual first-hand opportunities to work with infants and toddlers.¹⁵

If child care was not provided, students could not attend school, the innovative APP program would dissolve, leaving these young parents without a high school diploma, as the

¹⁵Cambridge School Department, 1980 Department of Social Services Child Care Proposal, (Cambridge: Cambridge School Department, 1980), page 4-5.

least employable group in our society. This child care program would be organized and governed through the combined efforts of the Child Care Advisory Committee, the Ad Hoc Committee for School-Aged Parents, the Coordinator of Home Economics, the Headmasters of CRLS, and the Director of Primary Education, with the guidance and final approval of the Cambridge School Committee. The proposal was accepted and when the next academic year started, 1981-1982, there was an on-site day care that eventually came to be called First Steps.

The school department already had a large, carpeted, well-heated, first floor room approximately sixty feet by forty feet, relatively well-equipped and available. There were two bathrooms equipped for children and two means of egress to the outdoors and one door to the rest of the school. There was a playground, fifty feet by fifty feet, protected by a fence, adjacent to the child care space. It was equipped with a sandbox, swings, slide, climbing structure, tables and benches, grassy areas, and blacktop areas. The work that had already been done by the school department helped work toward the proposal's acceptance.

The day care would operate during the school year and during the school day. To assist in gathering further funding, there would be slots open for the children of school and hospital personnel. Since the hours of operation did not lend themselves to the hours of the hospital shifts,

the only children in the day care, besides those of the Adolescent Parenting Program participants were those of school personnel.

Expansion of Services

It was felt that there was a need for an expansion of staff, but needless to say, the school department could not shoulder the burden of expenditures to increase the staff. A grant was developed that built into the proposal a social worker, a bilingual community liaison person, a full-time secretary, and transportation for the pregnant and parenting teens during inclement weather. This proposal was again well-received and the requests were funded. The conduit of the funds was the Concilio Hispano de Cambridge, Inc. During the summer of 1982, interviews were held to hire all the funded personnel, so that the academic year 1982-1983 would start with all the support personnel that would be needed.

The APP program had been established with the goal of helping all pregnant and parenting students, with this proposal, the Concilio wanted more of an outreach to the Hispanic community and an increase of the number of students being served. Along with this, there was a request for an increase of time beyond the academic year. During the summer of 1983, the social worker would be doing home visits, support groups, and networking with social service agencies in the city of Cambridge. This plan would keep the

pregnant and parenting teens attached to a person throughout the entire year, thus enabling a support system to be in place to help these teens.

To further help the pregnant and parenting teens, in cooperation with the Cambridge Community Services, an Adolescent Parent Employability Program (APEP) was developed. The Cambridge Community Services (CCS)

In reviewing APP program offerings and other program options for pregnant and parenting teenagers in Cambridge, a lack of employment-related programming for this population has been identified. Although various youth employment services do exist, they are not readily available to teen parents. Those employment programs that can accommodate pregnant and parenting teens are geared specifically to those who are high school drop-outs. Since one of the major goals of CCS, the APP, and other collaborating organizations is to assist these young people to remain in school, we believe it is imperative that a program be instituted which is designed to complement and encourage, rather than conflict with, the completion of a high school education. Therefore, as a 'next step,' CCS and the Cambridge Rindge and Latin School staff have set out to design an adjunct program which will assist pregnant and parenting teens enrolled in the CRLS APP to develop employment related skills, and to explore a variety of career opportunities which will lead to a brighter future for them and for their children.¹⁶

The program would include Career preparation, career exploration, career readiness, study skills, job seeking and job maintenance. The unique program feature would link student participants with successful working women from the Cambridge community who would serve as career counselors. This part of the program began in September 1986.

¹⁶Cambridge Community Services, Adolescent Parent Employability Program, a Concept Paper, (Cambridge: Cambridge Community Services, 1986), page 2.

Through all this, it was generally felt that there was still one component missing from the entire picture. All too often, when teens inform their parents that they are pregnant, they run the risk of being thrown out of their homes. It was felt that these teens needed to be provided with a place that they would call home. There are shelters available, but the problem is that this is just a short term solution to a long term problem. Again a group of people were mobilized to research and plan for a home for pregnant and parenting teens. The Cambridge Housing Authority was very active and supportive in the work of this committee. Unfortunately, this part of the plan did come to fruition in the original design, but in a modified concept that actually did not provide for students in the APP, but more for GED candidates. (Students who would seek completion of high school through a state equivalency.)

Overview

The establishment of the Adolescent Parenting Program was a program that evolved with various people committing their hearts and souls to its development. Many people felt that the program would only encourage further pregnancies in the city, because they felt that the program in fact made things too easy for teenagers. The program faced not only fiscal challenges, but verbal challenges from the school department and the community at large.

In 1986, the school department requested that there be a reduction of costs in the child care center--First Steps. As a response to this request, a study was done in an effort to reduce costs to the Cambridge School Department as much as possible through outside funding sources such as the Department of Social Services and collaborating with the Occupational Education Program. It would be mandatory to reduce costs without reducing the quality of the program.

Five different Child Care Centers in the Cambridge/Boston area were contacted, along with eight Teen Parenting Programs, in the state and outside of the state. The study found that

For the most part the programs were newly developed, fragmented, not as comprehensive, suffering from lack of Coordination, less integrated with schoolwide goals such as prevention, early childhood intervention and enrichment, career counseling, research and analysis of why students become pregnant and psychological aspects of teen pregnancy and parenting. . .Lack of sensitivity to infant/toddler needs for consistency and security, need for trained professionals to monitor developmental concerns, and build enrichment activities into normal caregiving tasks (one program rotated students every 1/2 hour thus losing consistency and security and skilled professionals). Programs not as comprehensive thus not addressing needs of the whole teen parent i.e. physical need, housing, transportation, health, academic, career, family, psychological needs, peer support, clinical support, academic support, mother child bonding, stress management, family planning, substance abuse and suicide prevention and prevention of child abuse. Other programs don't address the physical, social, cognitive and emotional issues that are consequences of being children of teen parents. Infants and toddlers are at risk for being low birth rate, premature, developmental delays, learning disabilities, and other behavioral problems. It's important to note that many teen parents are themselves children of teen parents. Other programs depend heavily on paraprofessionals and student volunteer

labor to staff the child care centers. These programs appear unaware of the serious liability implications involved in using unskilled staff caring for infants/toddlers, i.e. child abuse, accidental injury, and maintaining health standards.¹⁷

It was discovered that in fact that the APP was a quality program with a need to maintain and improve this quality and add a research component. The program had during the 1985-1986 year reduced the overall costs to the School Department for running this program by thirty-three percent.

Also in 1986, the Cambridge Council for Children, a group of people working or living in Cambridge, who work towards improving children and youth services in the community, finally completed a Community Review of the Adolescent Parenting Program. The review process began in the Spring of 1985. Questionnaires for each component of the program were developed over a three-month period and the first interview was held in June with the social worker on the staff at that time. Following the school vacation, the committee resumed in the Fall and revised all questionnaires for the completion of the interviewing process. An open-ended format was used for the six on-site interviews which took approximately one to two hours per interview. Interviews were held with the Coordinator of the Home Economics Department (Director of the Program), an APP teacher, the program's social worker, the program's

¹⁷Sherry Trella, Reductions of Cost--Infant Toddler Center, (Cambridge: Cambridge School Department, 1986), page 2.

bilingual liaison, a co-director of the day care and a class of APP students. Efforts to contact graduates of the program or parents of past and present students were unsuccessful. Also the school counselors, who worked with the program, were not contacted.

In spite of the untapped populations, the results of this community review were very interesting. The Director of the program felt that ". . .the program has the responsibility to do what it can to prevent other students from becoming parents at such an early age, and not appear to be encouraging parenthood or setting up the APP students as role models."¹⁸ To address this issue, some of the participants of the APP were willing to be part of panel discussions at the high school and at the various elementary schools in the city. They felt that they wanted to let other people know that they loved their children, but would not recommend pregnancy and parenting as a teenager. They were willing to field questions addressed to them about the various aspects of being a pregnant and parenting teen. They were honest and up front.

The social workers would like to see information on birth control, family planning, values, and issues made available to teens before they became pregnant. APP can't be a preventive program but instead must be

¹⁸Cambridge Council For Children, Community Review of the Adolescent Parenting Program, (Cambridge: Cambridge Council for Children, 1986), page 6.

reactive and supportive. Prevention, building self-esteem and positive identity must begin well before the ninth grade.¹⁹

With the institution of the Teen Health Clinic at Cambridge Rindge and Latin, not only are the concerns of the social workers being addressed, but also issues of prenatal care and infant/toddler care are being monitored.

The day care staff report that on any given day, approximately one-third of the children will be absent. Reasons for absences include illness, bad weather which makes transportation for the parent difficult, and the student deciding not to come to school. . . Day care staff also reports a higher rate of dropout for children in their second year of daycare. This is attributed to the parents being overwhelmed with the needs of a toddler, a repeat pregnancy (staff estimates that 25% of the mothers become pregnant a second time, but only half of this number decide to have a second child), increased academic pressure in the second year when there are more mainstream classes and less support from the APP peer group, or other factors which contribute to the parent dropping out of school.²⁰

Nationally, eighty percent of teen mothers do not graduate from high school. For 1985-1986, according to APP statistics, there is an established ten percent drop out rate. In fact, this is below the 11.7 percent national drop-out rate for high school students in general. The Community Review team felt that the Adolescent Parenting Program was meeting its overall program goals of keeping pregnant and parenting teens in school so that they could graduate from high school, improving their parenting skills,

¹⁹Ibid, page 8.

²⁰Ibid, page 10.

raising their self-esteem, and providing quality day care to the students' babies.

Significance of Study

The results of this research should be of interest to school personnel, including teachers, counselors, curriculum development specialists, educational researchers, social workers, directors, coordinators, house administrators, principal, assistant superintendents, and the superintendent. It also should be of interest to the school committee, who ultimately controls the purse strings of the budget for the school department. Along with the school department personnel, this study should be of interest to the people in the community, who are involved or interested in the plight of the pregnant and parenting teen. Most importantly, the consumers and potential consumers of the Adolescent Parenting Program and their families, would be the group most affected by this research and hopefully the most interested in its outcome.

Another goal of this research would be to present reliable data to the school department personnel, the school committee, the community and the consumers and their families. It is the hope of the author that this report would alert my colleagues to the major problems faced by the pregnant and parenting adolescent. By helping to sensitize them to the particular needs of this population, it may create an accepting, understanding environment that will

transcend the issues of morals and values, but will look at this population as a population in need of support.

This research has two objectives. Its short-range objective is the writing of a dissertation via a thorough review of the issues and previously published studies on the subject. The long-range objectivity is to carry this investigation into the future. The author intends to provide the Cambridge School Department with a basis of research and evaluation that can be built on for further research and study, along with current knowledge on the status of pregnant and parenting adolescent. Attempting to understand why the situation of pregnant and parenting teens is what it is, is an inductive enterprise which has no absolute beginning or end. The pattern of results seems to suggest that better research understanding is needed as to background, personal factors, and institutional factors that predict success for these adolescents. In light of the above-mentioned characteristics, there is an urgent need to develop better methods for representing and assessing educational attainment, growth or change in achievement, and the relationship of achievement to background and personal characteristics of these students. Obviously, because of time constraints and other limitations, this author will be unable to study more far-reaching issues related to the pregnant and parenting teen population. Thus, this research should not be considered comprehensive.

C H A P T E R I I I

REVIEW OF THE LITERATURE

International/National

To begin a review of the literature, one thing that is of importance is to see how other countries are faring in comparison to the United States in this issue of teen pregnancy and parenting. The United States has, for a number of years, tried to deal with the rising problem of teen pregnancies.

In an effort to understand the problem and possible solutions to the rising teen birth rate, a study directed by Elise F. Jones at the Alan Guttmacher Institute (AGI) was conducted. The AGI study involved two distinct undertakings: quantitative bivariate and multivariate analysis of the factors associated with adolescent fertility in 37 developed countries and case studies of teenage pregnancy and its antecedents in five selected countries and the United States. Two of the questions generated by the study were: Why are teenage fertility and abortion rates so much higher in the United States than in other developed countries? What can be learned from the experience of countries with lower adolescent pregnancy rates that might be useful for reducing the number of teenage conceptions in the United States?

It was suggested, but not conclusively that certain things could be concluded from the study. The analysis

found a positive association between teenage childbearing and a proportion of the labor force employed in agriculture--a variable interpreted as indicating level of socioeconomic development. The United States is considered to be a country that does not have a large proportion of the labor force employed in agriculture, so one could deduce that teenage childbearing would be low, which is not the case. The socioeconomic level of the United States is considered to be very high in comparison to the usual low socioeconomic level of an agriculturally-based birthrate. Because the United States does not have a uniform national policy on maternity leaves and benefits, it was not represented on this variable in the study. In fact, United States maternity benefits policies tend to be less liberal than those in most European countries, and, thus the United States would not have fit this pattern. Thirdly, the analysis of the relationship between fertility and openness about sex (defined on the basis of four items: media presentation of female nudity, the extent of nudity on public beaches, sales of sexually explicit literature and media advertising of condoms) in a given society, reveals low birthrates in countries found to exemplify the most liberal views. The United States claims to possess a liberal point of view when it comes to sex, but that would be impossible to say or prove, because the United States houses such a variety of cultures with a variety of

opinions. Fourthly, more equitable distribution of income (i.e. a greater proportion of a country's total household income received by the poorest twenty percent of the population) is negatively related to the cumulative birthrate for girls under 18. Of the nineteen countries for which this information was available, Canada, the United States and New Zealand have the least equitable distribution of income. Of these three countries, the United States has by far the highest teenage birthrate. It would then be expected that there would be a high teenage birthrate in the United States; which is, in fact, the case. Lastly, the birthrate for older teenagers is lower where the minimum age for marriage is higher. Again, the United States was not represented on this variable, because the legal age at marriage varies from state to state, although in most states women can marry on their consent by age 18.

The United States fits the general pattern for high teenage fertility in that it is less open about sexual matters than most countries with low birthrates, and a relatively small proportion of its income is distributed to families on the bottom rungs of the socioeconomic ladder. Teenagers are much less likely to get free or low-cost contraceptive services in the United States than in the other five countries studied in detail--all of which have much lower adolescent birthrate and abortion rates than the United States. The high level of religiosity reported for

the United States, the highest of any of the 13 countries for which there is data, is probably one factor underlying the low rating received by the United States on sexual openness. It is also notable that the United States scored relatively low among the 37 countries on the measures of availability of contraceptive education in the schools.

The five countries selected for the case studies in addition to the United States--Canada, England and Wales, France, the Netherlands and Sweden--were chosen on the basis of three considerations: their rates of adolescent pregnancy are considerably lower than that of the United States, and it was believed that sexual activity among young people is not very different; the countries are similar to the United States in general cultural background and stage of economic development; finally, from the investigators' experience with the first of the project, it was apparent that for these countries, some crucial data related to adolescent pregnancy was available. In every country, when respondents were pressed to describe the kind of young women who would be most likely to bear a child, the answer was the same: adolescents who have been deprived, emotionally as well as economically, and who unrealistically sought gratification and fulfillment by having a child of their own.

The investigators who visited the four European countries were struck by the fact that in those countries,

the government, as the main provider of preventive and basic health services, perceives its responsibility in the area of adolescent pregnancy to be the provider of contraceptive services to sexually active teenagers. This commitment to action and the enunciation of an unambiguous sexual policy appear to be associated with a positive public climate surrounding the issue. Teenage childbearing is viewed, in general, to be undesirable, and broad agreement exists that teenagers receive help in avoiding pregnancies and births. Although initiation of sexual activity may begin slightly earlier in the United States than in other countries (except for Sweden), none of the others have developed official programs designed to discourage teenagers from having sexual relations--a program of intervention that is now advocated and subsidized by the United States government. The other countries tend to leave such matters to parents and churches or to teenagers' informed judgments.

American teenagers seem to have inherited the worst of all possible worlds regarding their exposure to messages about sex. Movies, music, radio and TV tells them that sex is romantic, exciting titillating. Premarital sex and cohabitation are visible ways of life among the adults they see and hear about. Their own parents or their parents' friends are likely to be divorced or separated, but involved in sexual relationships. Yet, at the same time, young people get the message that good girls should say no.

Almost nothing that they see or hear about sex informs them about contraception, the importance of avoiding pregnancy, or that they must protect themselves against sexually transmitted diseases, especially AIDS. For example, they are more likely to hear about abortions than about contraception on the daily soap opera. Such messages lead to an ambivalence about sex, stifles communication, and exposes young people to increased risk of pregnancy, out of wedlock births, and abortions.

Male Partner

Another very important work in the area of Teen Pregnancy, because of the information on male partners in teenage pregnancy and the system of evaluation of programs, was Teenage Pregnancy: A Critical Family Issue, a special section reprinted from the 1981 annual report of the Charles Stewart Mott Foundation. The Mott Foundation's interests in the problem of adolescent girls antedate current concerns with their sexual behavior. In 1938, the Foundation was instrumental in the establishment of the Stepping Stone Program for teenage girls in Flint, Michigan. As the problems of adolescent girls broadened and became more complicated, it was inevitable that these changes would be reflected in the Foundation's program concerns. Consequently, in the early 1960s, Charles Stewart Mott himself asked the Mott Children's Health Center, another Flint agency, to provide space for a maternal and child care

program supported by the Clara Elizabeth Fund. A spinoff program, Family Life Education, was created with Foundation support and then picked up by the Flint Board of Education. And in 1967, the Foundation began 14 years of funding to Flint's Continuation School, an alternative high school for pregnant teenagers.

The Foundation continues its funding in this area today, but given the dollars now available from other sources, it has shifted its targets to maximize its impact. To date, most of the support from government sources and other private foundations has been directed toward pregnancy prevention. In contrast, the Mott Foundation, since the late 1970s, has focused primarily on ameliorating the negative consequences of teenage pregnancy once it occurs and the mother has opted for delivery.

This special report does not advocate any one particular view, but rather tries to present the problem in an objective manner and to share the Mott Foundation's approach to supporting programs that address the tragedies implicit in too-early childbearing.

After nearly four years of funding, an impact evaluation program of the Mott's funded activities resulted in a number of short-term findings that were thought to be significant. These included:

1. Teenagers can be taught, at a modest cost, to control their own fertility.

2. Birth complications to young mothers can be reduced through proper medical care and supervision.
3. Participants in one program in St. Louis, had fewer low birth weight babies than peers who were not in the program.
4. The self-esteem of young mothers who participate in these types of programs was increased.
5. Knowledge about parenting skills was gained and the skills practiced.
6. Repeat pregnancies of the program participants were reduced.
7. Teens that participate in the programs stay in school and achieve at grade level or better.
8. Early findings indicate that high school juniors and seniors enrolled in these programs were more likely to complete high school.²¹

The Mott Foundation's report also referred to a small study of male partners in teenage pregnancies in a rural county of Michigan in the late 1970s that found that certain family characteristics are related to the pregnancy. The young fathers tended to come from considerably larger families and were found to be in the last half of the birth order regardless of family size. Additionally, nearly half of the males in the study were brothers of sisters known to be involved in teenage pregnancies. There is some evidence that although friends have the greatest influence on a teen's sexual decisions, males who have a close relationship with their families engage in sexual activity less often

²¹Mott Foundation Special Report, Teenage Pregnancy: A Critical Family Issue, (Flint Michigan: Charles Stewart Mott Foundation, 1981), page 7.

than other young men. However, the sexual double-standard still prevails. Most young men say it's acceptable to tell girls they love them to persuade them to have sex. Most also say they are against abortion. Eighty percent of the males thought they should be involved in the pregnancy's resolution. Interestingly, the females perceived the male's influence on the decision as stronger than he did. When he used his influence, he was successful in getting his decision carried out eighty-three percent of the time. Most of the time, direct pressure was used to argue the abortion outcome and was completely successful, according to the researchers. This entire study is of great importance, because very little research has been done on the male partner in teenage pregnancies.

Another block of research that studied the male partner in the area of teenage sex and pregnancy was a survey done by Parade Magazine. The study was done in twelve states from Massachusetts to California and from Florida to Washington. Two-thirds of America's eleven million teenage boys say they have had sex with a girl, according to this survey.

The first time for most of them was when they were around 15. By the time they are 18, on the average, boys have had sex with five girls. About 30 percent of them say that if they made a girl pregnant, they'd expect her to have an abortion. And 87 percent of them worry about AIDS and venereal diseases. . .Should a

girl get pregnant, 50 percent said it would be totally the boy's fault, and 90 percent said they would be willing to accept at least part of the responsibility as father.²²

It was felt that society places great pressure on boys to ignore their more sensitive feelings. The greatest offenders are television, movies, videos, and rock music. These are followed by pressure from the boys' peers and, surprisingly, by pressure at home. In most homes, both fathers and mothers seem to be concerned about their sons' appeal to girls. Covertly, they want their sons to be sexually active, to be manly. Larnie Jones, who works with teenagers through Family Focus--Our Place, in Evanston, Illinois. ". . .says that generally a boy will go as far as a girl permits and that the key to prevention is for girls to hold themselves in greater self-esteem."²³ Here again the importance of self-esteem has presented itself and must be considered when working with people in general, and pregnant and parenting teens in particular. When it comes to the area of prevention, 83.8 percent of the boys surveyed felt that both sexes should be responsible for contraception, but only half said they had used some form of it.

In the January 1989 edition of Scholastic Choices, a magazine available to teenagers, free of charge, in many

²²Sey Chassler, Parade Magazine, "What Teen Boys Think About Sex", (New York: Parade Publications, Inc., December 18, 1988), page 16.

²³Ibid, page 17.

high schools, there was an article "Teen Pregnancy: Guys Tell Their Side". Often a guy first reacts to news of a pregnancy by feeling betrayed. He will tend to blame the girl and feel that it is her responsibility. Willie Scott, supervisor of the Teen Father Program in Cleveland, Ohio:

. . . suggests that any guy who is faced with deciding whether he should stand by a girl who is pregnant should ask himself the following questions:

1. What effect will my decision now have on this child's life 10, 15 or 20 years from now?
2. What effect will my decisions have on this girl's life?
3. What struggles will she have if I walk away from this situation?²⁴

No matter how a teen couple handles a pregnancy, their relationship is bound to be affected. The stress of dealing with the crisis may bring them closer, or it may drive them apart.

Program Design

Also, of great interest, in the Mott Foundation special report is the section on "Impact Evaluation: Not to Prove, but to Improve" designed by Dr. Anita M. Mitchell, a senior scientist at the Southwest Regional Laboratory in Los Alamitos, California who heads the Mott evaluation team. The steps of "Impact Evaluation" are:

²⁴Holly Raible, Scholastic Choices, "Help, my girlfriend is pregnant!", (New York: Scholastic Inc., January 1989), page 6.

1. Assessment of the need for the program.
2. Statement of program objectives.
3. Statement of information needs.
4. Selection of indicators.
5. Determination of comparison standard.
6. Selection of evaluation design.
7. Data collection and management.
8. Data analysis and processing.
9. Reporting of results.²⁵

The model is different in that it is a management model, not a research model in which everything is held constant whether it's working or not. The model encourages change. It gives feedback and monitors every step so that you can see whether plans are being implemented with fidelity. It's important to know that you're doing what you said you would do. And then, you take spot checks to see that the clients are moving toward the target. If they aren't, and getting them back to that target is terribly important, you need to redo your program. One of the most important happenings in Impact Evaluation is that when you find something doesn't work, you abandon it, and try something else. If you really design your evaluation well, it does not take more time, it takes less time. It really facilitates management and implementation, because you're not

²⁵Mott Foundation Special Report, Teenage Pregnancy: A Critical Family Issue, (Flint, Michigan: Charles Stewart Mott Foundation, 1981), page 31.

doing a number of things that are unnecessary: you're concentrating on what's necessary. You're focusing on objectives. Instead of a frenetic approach to disaster, you should have a well-organized system of documenting what you're doing as you go along.

As I continued my research in the area of Teen Pregnancy/Parenting, one work that was repeatedly referred to was Teenage Pregnancy: The Problem That Hasn't Gone Away. Finding it was the major problem (Refer to addendum for ERIC problems), but it was apparent that if so many researchers were citing this work, it truly must be impressive and vital to the topic. It truly is! It is a follow-up to one of the Guttmacher Institutes previous works, 11 Million Teenagers, which had received widespread popularity. The new publication appears to be more comprehensive and detailed than its predecessor. It benefits from the considerable research undertaken in the 1970s and presents very effectively, by way of graphs and charts, the results of this research. The statistics are startling.

In the course of the 1970s, sexual activity among unmarried women aged 15-19 living in metropolitan areas rose by two-thirds. By the end of the decade, 46 percent of them reported that they had had intercourse.

Nearly two-thirds of unwed teenaged women report that they never practice contraception or that they use a method inconsistently. (Appendix B)

More than one-fifth of first premarital pregnancies among teenagers occur within the first month after the initiation of sexual intercourse; half of the pregnancies occur in the first six months. The younger the age at which a teenager begins intercourse, the more likely that she will become pregnant during the first months of exposure to risk. Unwed teenagers who become pregnant in the first months are at particularly high risk of having repeat pregnancies while in their teens; they account for about three-fifths of all repeat premarital pregnancies that occur to teenagers.

About five percent of U.S. teenagers give birth each year. A higher proportion of adolescents become mothers in the United States than in any other developed country, except for Czechoslovakia, East Germany, Yugoslavia, Romania, Hungary and Bulgaria. (This data is pre-revolutionary, pre-uprising, because some of these countries no longer exist.) Japan's teenage birthrate is one-eighteenth as high; the Netherlands and Switzerland have rates just one-fifth as high as that of the United States. The U.S. rate is about three times higher than the former Soviet union's, and is about the same as that of Italy and Thailand. It is higher than the rate in such developing

countries as the Philippines, Malaysia, Singapore and Tunisia (Appendix B).

The Guttmacher Institute study is impressive in the amount of statistical material that is presented. For example, it showed the reality of the devastating effect of early childbearing on educational opportunity was not simply the result of poverty, low aptitude, or lack of interest in learning. A national survey found that mothers who had given birth before they were 18 were only half as likely to have graduated from high school as those who postponed childbearing until after they turned 20. Also, those who became fathers before age 18 were two-fifths less likely to have graduated from high school than those who waited. The net effect of childbearing at age 18-19 on high school graduation is significant, but not nearly so great at childbearing at younger ages. It has a very large effect, however, on completing college. By age 29, women who delayed childbearing until their 20s were 4-5 times more likely to have completed college than those who become mothers in their teens. By age 29, young men who became fathers in their teens were only half as likely to have completed college as those who put off fatherhood until their early 20s (Appendix B). The studies also showed that children of teenage parents also suffer educational cognitive deficits: They tend to have lower IQ and Achievement Scores than the children of those who delayed

childbearing, and are more likely to repeat at least one school grade. Along with this, the studies showed that teenage parents are more likely than those who delay childbearing to have low-status, low-paying jobs or to be unemployed. The younger the mother at childbirth, the lower her annual family income.

Another interesting statistic that the Guttmacher Institute Report presented was that teen mothers were more likely to have had a teen parent than late childbearers. Of those women who became mothers at age 17 or younger, 22 percent had at least one parent who had had a child as a teenager--more than two times the proportion of women who delay childbearing to age 25 or later. Forty-three percent of comparable young fathers had a teenage parent--nearly five times the proportion of young men who did not become parents before age 25. All in all, about twenty percent of teenage fathers and fifteen percent of teenage mothers had a teenage parent--about half again the proportion of those who delayed parenthood until after age 20 (fourteen percent and ten percent, respectively). The younger the mother at birth, the more likely she is to have had a teenage parent. In one study, eighty-two percent of girls who become mothers at age 15 or younger had mothers who first gave birth as teenagers (Appendix B).

The Guttmacher Institute study made a very vivid point of this national problem of teen pregnancy/parenting with

its research and statistics. It confirmed that the problem that cannot be solved quickly or simply, but we must believe that it can be solved.

In a study done by Gail L. Zellman, The Response of the Schools to Teenage Pregnancy and Parenthood, it was found that many barriers impede the initiation of a special program for pregnant students and teenage mothers. Surmounting those barriers depends largely on the dedication of concerned people in the school district. In the most successful programs, these people have been able to convince the superintendent and others of the need for the program. "There is clearly a role for the schools in student pregnancy and parenthood. For even the most motivated parents, a host of extrinsic problems can make school continuation difficult; for those less motivated, the problem may make it impossible."²⁶ The inclusive curriculum program model, which for many is synonymous with special programs for pregnant and parenting teens, is costly and often inefficient. Adolescents are also changing. Although their needs are great, pregnancy is not as embarrassing as it once was to many; the isolation afforded by an inclusive curriculum program may be seen as a negative rather than a positive program feature. Special program planners frequently ignore regular school staff. No matter what

²⁶Gail L. Zellman, The Response of the Schools to Teenage Pregnancy and Parenthood, (Santa Monica, California: The Rand Publication Series, 1981), page ix.

model the special program follows, regular staff can reinforce and multiply its effectiveness, or reduce it through their actions and inactions. "The success of a program depends significantly on how well it fits its environment. . .The identification of the best model for a community could be made by community people actively considering a range of options."²⁷ A key factor in ensuring school success for pregnant and parenting teens is some continuity of concern, support, and services.

There were other interesting conclusions to this study.

The first is the enormous diversity among these young people. . .The second striking finding in the responses of teenage interviewees was their near consensus on one point: If they had it to do over, nearly all said they would not become pregnant, or else would abort a pregnancy. . .The third significant finding concerns decision making processes. These decisions, unlike most that teenagers have made prior to that time, have substantial long-term consequences for the direction and quality of their lives. Almost all the teenagers we spoke with made most of these decisions alone or with family members; school involvement was rare and minimal, except for purely programmatic decisions.²⁸

Commitment to provide needed services and to develop a more active delivery system must come from the schools or other agencies.

In a companion piece written by Gail L. Zellman, A Title IX Perspective on the Schools' Response to Teenage Pregnancy and Parenthood, she looked at the implications of Title IX. It mandated that the pregnant student, regardless

²⁷Ibid., page 61

²⁸Ibid., page 102.

of marital status, has the same rights and responsibilities as any other student. Pregnant students cannot be expelled from school or barred from any program, course, or extracurricular activity, nor can they be required to enter separate programs or take courses related to child care or pregnancy. Although schools can offer separate programs, these programs must be voluntary and comparable to those offered to nonpregnant students. In this study it is concluded that "Special program models that serve students in regular school may be one approach to equalizing their educational opportunities."²⁹ It further concludes that:

The schools neither seek nor want an active role in student pregnancy or parenthood.

The initiation of a special program for pregnant students and teenage mothers depends for the most part on the dedication of a single individual.

The quality of special programs is uneven, both within and across programs.

Each special program model is effective in meeting some of the diverse needs of pregnant students and teenage mothers but none is able to meet all of them.

Very little information is available concerning longer-term outcomes for adolescent parents.

A special program is viewed as a sufficient response to student pregnancy and parenthood.

Title IX has had only a limited and indirect impact at the school site level.³⁰

²⁹Gail L. Zellman, A Title IX Perspective on the Schools' Response to Teenage Pregnancy and Parenthood, (Santa Monica, California: The Rand Publication Series, 1981), page 53.

³⁰Ibid., page 54-55.

All this information has implications for policy makers and practitioners. These are the things that will provide input for future implementation of new programs that will provide support for pregnant and parenting teens.

National/State

There was another interesting study done out of the Center for Social Welfare Research, School of Social Work at the University of Washington, Seattle, Washington by Weatherley, Perlman, Levine, and Klerman entitled Patchwork Programs: Comprehensive Services for Pregnant and Parenting Adolescents.

. . . Adolescent pregnancy strikes at the heart of some very divisive issues that seriously impede policy consensus--teenage sexuality, parental control, contraception, and abortion. These issues elicit sharp differences: between those favoring prevention and those advocating services to the already pregnant and parenting; among advocates of health, education or social services approaches; between those stressing chastity and a stronger parental role and others favoring a children's rights perspective; and between those supporting local, voluntary program development and those favoring a strong governmental role.³¹

The entire topic of teen pregnancy and parenting has consistently been a hot bed of controversy; one with no clear cut defined solution, but one that is always there.

This study is very interesting, because it does research in the four states of California, Michigan,

³¹Richard A. Weatherly, Sylvia B. Perlman, Michael Levine and Lorraine V. Klerman, Patchwork Programs: Comprehensive Services for Pregnant and Parenting Adolescents, (Seattle, Washington: Center for Social Welfare Research, School of Social Work, University of Washington, 1985), page 3-4.

Tennessee, and Massachusetts. A total of ten sites were selected, four in California and two in the other three states. In Massachusetts, the two sites that were selected were Worcester and Lowell. The conclusion of the study of the Worcester program included that "The controversy over abortion has carried over to conflicts over services to pregnant and parenting teens. Some services have been constrained by the stigma attached to teen pregnancy."³²

When a young woman is well into her pregnancy, abortion is not an issue, but her well-being and the well-being of her baby should be the major point of concern. To make a better life for mother and child should be the paramount issue and that would involve prenatal care, medical care of the baby once it is born, and education in child care and development coupled with obtaining marketable skills to make the mother capable of supporting herself and her child. Budget cuts present a problem to the existence of the program. In looking at the Lowell program, the study found that,

Education and health administrators in Lowell have not focused their energies on responding to the particular needs of school-age mothers. . .In contrast to Worcester, there is an extreme insufficiency of basic services in Lowell. . .Few, if any, adolescents in Lowell receive a full array of health, educational, and social services during their pregnancies. . .While Worcester has a tradition of cooperative community planning, many Lowell administrators see their community counterparts only as competitors.³³

³²Ibid., page 125.

³³Ibid., page 133-134.

It is apparent that people must work together, in an unthreatened fashion to secure what is needed for children, especially pregnant and parenting teens. People must be willing to give freely of their own time to research, develop, and implement programs that will give these young women a chance at a better life. This may at times put people into situations that are controversial, but the final goal, when achieved will be well worth the effort. All avenues of funding must be investigated, because all too often local funding is never enough to achieve the goal. "The development and survival of local programs during this past decade is nothing less than phenomenal considering the obstacles and relative scarcity of resources."³⁴

This study also points out constraints to program development. In developing and implementing programs, program developers and advocates face formidable obstacles to their efforts. Developing and organizing services requires staff time and organizational resources that are often lacking. Very often a commonality of organizational purpose may not exist. Along with this there may also exist other obstacles in the area of political and attitudinal constraints.

The normal channels of political and administrative reform are of limited utility because of the stigma attached to the programs and clients, the male control of institutions assigned to deal with this 'female' problem, and the ability of vociferous minorities to

³⁴Ibid., page 251.

veto efforts they view as encouraging premarital sexuality. . .A school based model has considerable intuitive appeal, largely because of the accessibility of at least a large portion of the potential client population and the acknowledged importance of educational attainment. . .Yet, this study demonstrates the resistance of mid-level (primarily male) school officials to school-based services, the effectiveness of opposition groups in blocking them, and a tendency to use the programs as a de facto mechanism of exclusion from the regular school program.³⁵

With constraints such as these, few new programs will be developed and those that are will be limited in scope and coverage. The social responses to adolescent pregnancy illustrate the subtle but powerful consequences of male domination of the public and private institutions of society. In this regard, one may be encouraged by the movement of women into positions of power, while recognizing how much remains to be done.

It is all too easy to avoid or to deal only obliquely with issues that arouse so many deep-seated emotions and convictions. There is, none the less, broad agreement that the personal and public costs resulting from unintended pregnancies and untimely birth are far too high to accept an indifferent response. Discontinued educations, reduced employment opportunities, unstable marriages, if they occur at all, low incomes, and heightened health and developmental risks to the children of adolescent mothers are a few of the most obvious and immediate personal costs. Sustained poverty, frustration, and helplessness are all too often the

³⁵Ibid., page 257.

long term outcomes. In Risking the Future Adolescent Sexuality, Pregnancy, and Childbearing, a report by the National Research Council, the panel reached six general conclusions:

1. Prevention of adolescent pregnancy should have the highest priority. In both human and monetary terms, it is less costly to prevent pregnancy than to cope with its consequences; and it is less expensive to prevent a repeat pregnancy than to treat the compounded problems.
2. Sexually active teenagers, both boys and girls, need the ability to avoid pregnancy and the motivation to do so. Early, regular, and effective contraceptive use results in fewer pregnancies. Delaying the initiation of sexual activity will also reduce the incidence of pregnancy, but we currently know very little about how to effectively discourage unmarried teenagers from initiating intercourse. Most young people do become sexually active during their teenage years. Therefore, making contraceptive methods available and accessible to those who are sexually active and encouraging them to diligently use these methods is the surest for pregnancy prevention.
3. Society must avoid treating adolescent sexuality as a problem peculiar to teenage girls. Our concept of the high-risk population must include boys. Their attitudes, motivations, and behavior are as central to the problems as those of their female partners, and they must also be central to the solutions.
4. There is no single approach or quick fix to solving all the problems of early unintended pregnancy and childbearing. We will continue to need a comprehensive array of policies and programs targeted to the special characteristics of communities and to the circumstances of teenagers from different social, cultural, and economic backgrounds and of different ages. Because adolescents are not a monolithic group, they do not all experience sexual activity, pregnancy, and childbearing in the same way. Our broad goal is the same for all young people: that they develop the necessary capabilities to make and carry out responsible decisions about

their sexual and fertility behavior. The strategies for achieving these goals and the specific interventions to carry them out, however, should be sensitive to differences in values, attitudes, and experiences among individuals and groups.

5. If trade-offs are to be made in addressing the special needs of one group over another, priority should be given to those for whom the consequences of an early unintended pregnancy and birth are likely to be most severe: young adolescents and those from the most socially and economically disadvantaged backgrounds. In many ways those at highest risk are hardest to serve, yet they are also the groups that have been shown to benefit most.

6. Responsibility for addressing the problems of adolescent pregnancy and childbearing should be shared among individuals, families, voluntary organizations, communities, and governments. In the United States, we place a high priority on ensuring the rights of individuals to hold different values and the rights of families to raise their children according to their own beliefs. Therefore, public policies should affirm the role and responsibility of families to teach human values. Federal and state governments and community institutions should supplement rather than detract from that role.³⁶

The first four conclusions seem to fit with results of many of the other studies. Addressing conclusion five, there seems to be a problem, because who would determine which group would be the most at risk--aren't all pregnant and parenting teens at risk and therefore their children? Addressing conclusion six, this may also present a problem. Who would insure that families would teach their children human values and which human values would they teach these

³⁶Cheryl D. Hayes, Editor, Risking the Future, (Washington, D.C.: National Academy Press, 1987), page 3-4.

children? True, parents have a right to teach and raise their children as they see fit, but many people elect not to accept this right/responsibility.

One issue that falls clearly into the area of human values is abortion.

Voluntary termination of an unintended pregnancy is regarded by many as inhumane and immoral regardless of the mother's age. . .As medical technology increases the prospects of a normal life for many preterm infants, the issue becomes more difficult. . .Others, however, argue that the legalization of abortion ensures the fundamental right of all women, regardless of age, to autonomy in matters of procreation. Whether or not to continue a pregnancy, they maintain, is a decision for each woman to make in consultation with their physician. Law and public opinion differ on how much parental involvement should be required in abortion decisions by minors. Some states require either consent by parents or judicial determination.³⁷

What position on this issue would be right? It is truly a very personal decision. Will parents take the responsibility to discuss these issues with their children? We can only hope that parents arm their children with as much information as possible, while realizing that very often young people are rejecting traditional values such as the merits of self-discipline, achievement, deferred gratification, and long-term commitment to goals and are very confused about what values should replace them.

Abortion has been a very controversial topic and we will not forget the impact of Roe v. Wade. The results of a study reported in Newsweek (May 1, 1989) gave some

³⁷Ibid., page 17.

interesting profile information about women who elect abortions.

Women with incomes under \$11,000 are over three times more likely to have an abortion than those with incomes above \$25,000.

Hispanic women are 60 percent more likely to have an abortion than non-Hispanic women but are less likely to have a abortion than black women.

Unmarried women are four to five times more likely to have an abortion than married women. Roman Catholic women are more likely to have an abortion than either Protestant or Jewish women.

One out of every six women who have an abortion describes herself as an evangelical Christian.

Eighteen and 19-year-olds have an abortion rate twice that of the national average.

Each year three out of every 100 women aged 15 to 44 have an abortion.³⁸

It is an issue that is very difficult to get an accurate count on, because it is not a topic often discussed and shared by the adolescents who elect this path.

The National Research Council study also addresses the impact of television on the lives of teenagers.

Sexual references are present in virtually all types of programs, including situation comedies, mystery and adventure shows, and family drama. The incidence of implied or explicit sexual acts are most frequent, however, on soap opera series, which are aired in the afternoon and increasingly during prime time in the evening. . .Contraception is almost never mentioned or referred to, and the negative consequences of an unintended pregnancy are rarely portrayed. Abortion and childbearing outside of marriage are generally presented without reference to their negative dimensions and consequences. . .Television programming

³⁸Eloise Salholz et al, Newsweek, "The Battle Over Abortion", (New York: Newsweek, Inc., May 1, 1989), page 31.

and advertising in general provide young people with lots of clues about how to be sexy, but they provide little information about how to be sexually responsible.³⁹

It is difficult to believe that it does not influence their attitudes and their behavior to some extent, in light of the amount of time that young people spend watching and the frequency of their exposure to sexual references and innuendos. It would be an entire project to discover the long-term effects on human development and behavior for a generation of young people who have never lived without television. Along with this, we must not forget the rock music with lyrics that are frequently sexually suggestive, and often the dramatic portrayals include explicit and implied sexual references, violent sexual acts, and aggressive male domination of women. With the increased popularity of this type of music, one can only assume that this will also have a great impact on adolescents and younger children.

This study also considers the importance of self-perception, the sense of what and who one is, can be and wants to be. It considers this to be at the heart of a teenager's sexual decision-making. An important aspect of self-perception among teenagers is their educational, occupational, and family formation expectations. Expectations, in turn, are significantly influenced by

³⁹Cheryl D. Hayes, Editor, Risking the Future, (Washington, D.C.: National Academy Press, 1987), page 91.

perceptions of opportunities, regardless of whether those perceptions reflect reality.

Teenagers, especially girls, with a strong achievement orientation and clear future goals are less likely to become sexually involved at an early age, more likely to be regular and effective contraceptors if they are sexually active, and less likely to bear a child if they experience an unintended pregnancy. In contrast, girls who lack a strong achievement orientation and who have low educational expectations are more likely to become sexually involved at a young age, to be less regular and effective contraceptors, and to carry an unintended pregnancy to term. These findings suggest that for adolescents with clearly formulated expectations and high aspirations, their perceptions of the risks of pregnancy, when measured against their perceptions of future potential, are quite high. Many other teenagers, however, do not perceive the risks as great enough to deter sexual activity without contraception. They are the ones at highest risk of pregnancy and childbearing.⁴⁰

These are the very same teenagers, who will also put themselves at risk of contracting the AIDS virus.

We must think of the public service spot on television that features the silhouette of a young couple locked in a passionate embrace. The woman asks, "Did you bring it?" The man says, "Uh oh. . .I forgot." She responds abruptly, "Then forget it." That commercial is one that millions of young woman can relate to. It lets them know that they have the right to call the shots and cast the deciding vote. Public health officials should be commended for sponsoring material that is so frank that nobody can miss the message.

In a recent school health assessment done in New Haven, Connecticut with grades 6, 8, and 10, they discovered that

⁴⁰Ibid., page 120-121.

twenty-eight percent of the sixth graders, forty-nine percent of the eighth graders and sixty percent of the tenth graders were sexually active. Armed with those statistics, ". . .the public schools of New Haven, Connecticut, go down in history--or infamy--as the first in the nation to make condoms available to 10-year-olds who ask for them."⁴¹ The public schools of New Haven, Connecticut feel that the biggest benefit is the possibility of saving one life, saving one kid from getting AIDS or getting pregnant. It is part of a new AIDS education and prevention program that includes counseling. "'Even with the condom program, abstinence is the priority,' says Reginald Mayo, the city superintendent of schools."⁴²

Another program that is arming girls against pregnancy is in the Baltimore schools, which has become the testing grounds for the new Norplant implant. While the hormonal implant, which prevents pregnancies for five years, has been embraced as the contraceptive of the future, it already has raised serious ethical concerns. Politicians and judges have tried to use Norplant as enticement or punishment for low-income and drug-abusing mothers to stop having babies--sometimes against their will.

⁴¹Karla Schuster, USA Weekend, "Condoms for fifth-graders?", (Arlington, Virginia: Gannett Co., Inc., November 26-28, 1993), page 18.

⁴²Ibid., page 18.

In Tennessee, a pending bill offers incentives to women on welfare to get an implant: \$500, plus \$50 each year the capsules are left in place. Similar measures have been proposed in California, Colorado, Hawaii, Louisiana, Mississippi, Ohio, South Carolina, Texas, Virginia and West Virginia. Washington state considered involuntarily inserting Norplant into women who have given birth to babies addicted to drugs or with fetal alcohol syndrome. A Kansas legislator proposed required women convicted of a drug felony to receive an implant before probation. In California and Texas, judges made Norplant a condition of probation for women convicted of child abuse. . .Maryland Gov. William Donald Schaefer proposed making Norplant mandatory for welfare mothers.⁴³

Baltimore has one of the highest rates of teen pregnancy among American cities. Nearly one-quarter of its 13,000 births each year are to teenagers. Nearly 97 of 1,000 girls ages 15-17 have babies. That's more than double the United States rate. While Norplant may appear to be a panacea for teen pregnancy, it falls short of addressing the crux of the problem: unprotected sex at an increasingly younger age. Students in Baltimore who get Norplant are scheduled for follow-up appointments, in part to remind them to use condoms. But the reality is that it's hard enough to encourage teens to use contraception. Getting people to use two methods is almost impossible. Again these teens must face the problem of unprotected sex and AIDS.

⁴³Tim Larimer, USA Weekend, "Arming Girls Against Pregnancy, (Arlington, Virginia: Gannett Co., Inc., February 26-23, 1993), page 22-24.

Cultural Issues

Educators can provide useful sexuality education to students from minority and foreign cultures--but they must first learn from those students how different cultures view sexuality. Educators encounter strong, often conflicting values and beliefs, intergenerational and gender role conflicts, racism, sexism, and economic disadvantage. All these factors have important implications for the development of culturally sensitive sexuality education. There was a study done in Cambridge and Somerville, Massachusetts, to create culturally and linguistically appropriate programs to address the needs of new immigrants as well as those of African-American and Hispanic teens born in this country.

Traditional programs, which stress autonomous sexual decision making (determining and asserting one's own sexuality" as a marker of maturity with a recognition of and response to others' needs as well as their own. In addition, research on differences in cultural world views suggests that the focus on individualization and autonomy is a uniquely middle-class Euro-American phenomenon; other cultures tend to value collectivism, family loyalty, and interdependence.⁴⁴

In this study focus groups were arranged with adolescent girls and boys and parents of adolescents from six ethnic groups, Vietnamese, Portuguese, black, white, Haitian, and Hispanic, plus a group of adolescent mothers. After

⁴⁴Janie Victoria Ward and Jill McLean Taylor, Educational Leadership, "Sexuality Education in a Multicultural Society" (Alexandria, Virginia: Association for Supervision and Curriculum Development, September 1991), page 62.

analyzing transcripts with community representatives to review similarities and differences, the following recommendations were developed:

Make sexuality education available to bilingual students in their own language, with instructors from their cultural groups.

Deemphasize reproductive mechanics, and focus instead on what teens wish to know more about--how to negotiate relationships.

Make condoms inexpensive and available to adolescents.

Establish a peer education network to provide teenagers with accurate information on a variety of topics.

Establish adult workshops in which parents can discuss their hopes and fears for their teenagers.

Carry out curriculum development and program planning in collaboration with concerned bicultural and bilingual individuals from community-based cultural organizations.⁴⁵

One major impact of this study is the work done by students to insure that condoms would be available in the Teen Health Clinic at Cambridge Rindge and Latin. They fought and lobbied and achieved their goal.

Black teens account for 14 percent of the adolescent population, 28 percent of all adolescent births, and 47 percent of all births to unmarried teens. Eighty-five percent of black single mothers under age 25 live in poverty.

If we want all black youth to live up to their capabilities we cannot wait for the larger society to act, however. The black community has to push society and its youth and itself. There is no greater

⁴⁵Ibid., page 63.

challenge facing the black community today than strengthening the black family and providing the guidance and support black children need to carry on the black struggle for future generations.⁴⁶

At a forum entitled "Black Teen Pregnancy: Resources and Resolutions", held in Boston, Massachusetts, Jan Gadson spoke to the issue.

'Teen pregnancy and parenting, the reality of so many babies living in poverty. . .represents nothing short of the destruction of black people,' she said. However, she noted the problem was symptomatic of a much larger problem within the community--'the self-esteem, ambition and goals of black youth. We have to save our children from further alienation and despair. Saving our youth is saving ourselves.'⁴⁷

Among unmarried 18 and 19 year-olds, the black birthrate is five times the white rate; among those 17 and younger, the rate is about eight times higher. To translate rate into numbers of babies: black girls of whom there are fewer than white ones, had more than half of the babies born to single teenagers. . .As for adoption practices, traditionally only a very small fraction of black girls formally give up their babies. And though abortions have risen among blacks, as among white, teenagers, the totals are different: 34 percent of black girls have abortions, according to the Alan Guttmacher Institute, compared to 40 percent of white girls.⁴⁸

The black leaders are looking at these numbers and deciding to develop programs in the black communities. The extended

⁴⁶Karen Pittman, Preventing Children Having Children, "Adolescent Pregnancy in the Black Community", (Washington, D.C.: Children's Defense Fund, 1985), page 10.

⁴⁷Barbara Clancy, Forum Seeks Ways to Prevent Teen Parenthood, (Boston, MA: The Mass Media, October 28, 1986), page 6.

⁴⁸Ann Hulbert, The New Republic, "Children as Parents", (Washington, D.C.: The New Republic, Inc., September 10, 1984), page 16-17.

black family is not as it was in the 1970s and that support network that it provided does not now exist.

In entire sections of the black community, there is not only family breakup but the failure to form families at all. In whole sections of the black community children are being raised exclusively by very young mothers without male role models except the hustlers on the streets.⁴⁹

Private foundations, along with government support are being utilized to help fund different programs, but it goes back to the old thing of self-esteem. Real learning is more likely to come from purposeful activity and accomplishment, which drives home the message of self-esteem. These teens need a sense of future.

Teenage Perspectives

It appears that the stigma of bearing a child out of wedlock has greatly decreased. With many of the adults having children without marriage, many adolescents feel that they can too. In a recent article about Montague, an old mill town 120 miles northwest of Boston, where nearly everyone is white and there are no housing projects, teenage motherhood is a fact of life. In 1992, 10 of the 97 babies born in Montague were born to teenagers; in 1989, 22 babies were born to teenage mothers. "Townpeople say most of the young mothers were unmarried, jibing with a recent study showing that Massachusetts has the highest percentage of

⁴⁹Ibid., page 18.

out-of-wedlock teen-age births in the country."⁵⁰ Yet one of the girls interviewed ". . .like several young mothers here, stressed that she is not recommending early parenthood."⁵¹ Many of these young woman are supported by the state or by their parents.

Other young women are given only three options by their families: abortion, adoption or eviction. Such were the options offered to another young woman in St. Paul, Minnesota. She elected to keep her baby and left home. In an article about her, she stresses all the mixed messages that she received, which included:

. . . 'Our families and teachers tell us to say 'no' to sex, but often TV movies and commercials say 'yes' to sex. It's made so glamorous.'

'Sex-ed didn't instill morals or give you enough reasons not to get pregnant. . . .No one told us how much diapers, formula and food would cost. No one said people might be disappointed in us and that we might not make it to college. They talked about the Pill and stuff like that.'

'My teachers tried to teach all the right things,. . . . But there should have been more talk about love, commitment and values. I guess they figured we learned all that from our parents.'

⁵⁰Linda Gorov, The Boston Sunday Globe, "An Acceptance of Young Mothers", (Boston, MA: Globe Newspaper Co., February 20, 1994), page 45.

⁵¹ibid, page 45.

'It's never too late to acquaint your kids with how things are. Talk to them and instill your values and morals and expectations. At the same time, listen to what they to say.'⁵²

This young woman does love her child, but has had a very hard time of it. She has managed to get her high school diploma, relocate to Denver, Colorado, and become engaged to be married, but not to the father of her child. Not all young women can achieve as this young woman has and she does speak some excellent advise if only people would heed her words. Teen pregnancy can work, but most of the time it does not, and should not be glorified. Some young women are desirous of being pregnant and having a child, but they do not see the reality of the situation. They should speak to teens, who already have a child, so that they can get a perspective from someone, who is dealing with the issue. They should be allowed to be responsible for a child, so that they could see the reality of the situation; up at all hours, shopping for the things the child will need, doing everything for someone else, and no more time to be a teenager.

At a time of mounting frustration over teenage pregnancy and sexually transmitted diseases, a growing number of religious and secular groups are trying to make chastity cool. Many teenagers are supporting this message.

⁵²Marvin Scott, Boston Sunday Globe, Parade, "How Adults Could have Helped Me", (New York: Parade Publications, Inc., August 21, 1988), page 4-6.

At a recent ceremony at the First Baptist Church in Chelsea, Massachusetts, in front of their parents and other parishioners, three girls and three boys signed a pledge saying they will abstain from sex until marriage. They slipped on silver crosslet rings to symbolize the promise. One of these teens felt that "So many girls are getting pregnant. I want to make it known that I'm not a statistic."⁵³ Does the just say no message work? Some argue that calling for abstinence at the cost of birth control education is unrealistic. "But Maryland officials claim that that state's \$5 million abstinence and responsibility campaign reduced teen-age pregnancy by more than 10 percent in two years."⁵⁴

Teenagers, very often, listen to the celebrities and try to follow their lead. A.C. Green, a pro basketball player from the Phoenix Suns, hopes that they will follow his lead. He leads Athletes for Abstinence, a group of athletes, including basketball's David Robinson; Football's Reggie White, Darrell Green, and Barry Sanders; and Olympic decathlete Dave Johnson, who urge teens not to have sex. Green's message is simple: save sex for marriage. He hopes to take his message to teens across the United States and Europe. Besides stressing abstinence, his presentations to

⁵³Beth Teitell, Boston Herald, "Teens Just Say No to Sex", (Boston, MA: Boston Herald, February 20, 1994), page 21.

⁵⁴Ibid, page 21.

students and youth groups acknowledge that sexually active teens must protect themselves. Other examples that this movement has increased include:

A new scientific poll by USA Weekend shows that seven in 10 adults and teens agree with the abstinence message endorsed by Green and others. The poll also asked teenagers whether they hear too much, too little, or just enough about saying no to sex; 44 percent said they hear too little. Responding to the same question in 1991, 54 percent said they heard too little. A national program called True Love Waits says it has gathered pledge cards from hundreds of thousands of kid's who've promised to save sex for marriage. . .

President Clinton lectured eighth graders at a Washington, D.C. school about taking personal responsibility for their sexual activity. More school sex education courses emphasize abstinence as the only true effective way to avoid pregnancy and sexually transmitted diseases.

TV's L.A. Law and Beverly Hills, 90210 include positive depictions of characters who are virgins.⁵⁵

Many abstinence groups insist that teaching kids about the correct use of condoms gives them tacit permission to engage in sex. But those who promote teaching kids about safe sex draw a parallel to underage drinking in that just because we urge kids to abstain from alcohol doesn't mean we should ban designated driver programs. David Blankenhorn, president of the Institute for American Values, which does studies on families, counters with "'The cultural environment at school should be shaped by the kids who are doing things right, not

⁵⁵Tom McNichol, USA Weekend, "The New Sex Vow: 'I won't' until 'I do'", (Arlington, Virginia: Gannett Co., Inc., March 25-27, 1994), page 4-5.

the ones who aren't. There is no such thing as safe sex between 14-year-olds.'"⁵⁶

Teenage pregnancy and parenting is a topic that has been discussed and studied for many years and no doubt will continue to be a hot topic for many years to come. The author, in light of all that has been done in the area, will focus on the response of one community to the problem that it faced in regard to teen pregnancy and parenting.

⁵⁶Ibid, page 6.

C H A P T E R I V

DESIGN OF STUDY--METHODOLOGY

Hypothesis

"Many important research questions are not answered easily using true experimental designs. Quasi-experimental designs are used when researchers cannot control the assignment of subjects to conditions. Instead, comparisons are made between people in groups that already exist. . ." ⁵⁷

During the entire time that the Adolescent Parenting Program has been in existence, there has been a great deal of discussion of the need for some evaluative process. Unfortunately, demands on time, staff, and funding have not allowed for the development of an evaluative process for the program.

Typically, the primary audience for a program evaluation is not the scientific community (as is the case with basic research), but decision makers such as government administrators, legislators, school boards, and company executives. Such individuals need information about program effectiveness to determine whether program goals are being met, to decide whether to continue certain programs, to consider how programs might be improved, and to allocate money and other resources to programs. ⁵⁸

If an evaluative tool had in fact been in place, decisions may have been made differently--but hindsight is twenty/twenty.

⁵⁷Mark R. Leary, Behavioral Research Methods, (Belmont, California: Wadsworth Publishing Company, 1991), page 229.

⁵⁸Ibid., page 228.

This is an historical and narrative study, which introduces, interprets, describes, and analyzes primary and secondary sources of data. It is quasi-experimental, because it will be used in the context of program evaluation research and there is not the necessary control over the environment to structure the research setting precisely as would be liked. This research is also descriptive research because it describes the behavior, thoughts, or feelings of a particular group of subjects. No single research approach can yield unequivocal conclusions. Any single piece of evidence may be suspect, but the accumulated results may be quite convincing.

One way to evaluate the usefulness of quasi-experimental research is to establish that a particular variable causes change, which is almost impossible. The presumed causal variable must precede the effect in time. The cause and effect must covary. The problem that manifests itself in quasi-experimental research is that there are effects of extraneous variables on the results. Elimination of as many of these threats to internal validity provides important, convincing information. This study also surveys the attitudes of a particular group of people. It involves self reporting which includes cognitive self reports (What they think about something.), affective self reports (How they feel about something.), and behavioral self reports (How they act.).

The sampling frame for this study was the group of students who participated in the Adolescent Parenting Program at Cambridge Rindge and Latin. This sample was also a convenience sampling versus the quota sampling of purposive sampling.

The purpose of the study is to discover whether the program had been effective in helping pregnant and parenting teens with the various problems that they had encountered which kept them from attending school. Had the Adolescent Parenting Program at Cambridge Rindge and Latin achieved its goals? Had the response to the program on the part of the consumers been positive?

Subjects

The goal of the study was to contact all the students who had been in or were presently in the Adolescent Parenting Program at Cambridge Rindge and Latin. Records for the entire time of the program were reviewed to find names and addresses of the participants. Because follow-up and evaluative studies had not been done, accurate information on addresses was very difficult to find. A total of seventy-five questionnaires were mailed out. Twenty-two were returned as addressee unknown. Fifteen questionnaires were returned answered. Thirty-eight questionnaires went to mail heaven. Eight questionnaires were administered to the present participants in the program; giving a total of twenty-three completed

questionnaires. Due to constraints of time, further research in getting accurate addresses was impossible.

Questionnaires

The questionnaire was developed by the author and then reviewed by the Psychometric Center at the University of Massachusetts at Amherst, as well as the Human Subjects Committee, also at Amherst. From there, the questionnaire was presented to the Superintendent of Schools of Cambridge, Mary Lou McGrath, at a one-to-one interview (A copy of the letter can be found in the Appendix). The next step was to submit the questionnaire to the principal of Cambridge Rindge and Latin, Edward R. Sarasin, which was done. He in turn presented the questionnaire to his Cabinet, the administrators at the high school. At each level, everyone approved the questionnaire for use and dissemination to present and former Cambridge Rindge and Latin, Adolescent Parenting Program students. A copy of the questionnaire is enclosed in the appendix.

The questionnaires were mailed out in July of 1993 and the collection of questionnaires continued until December of 1993. Many of the respondents came in to talk on a one-to-one basis, on their own volition. Some of these meetings lasted as long as one hour. They reason that these young women gave for coming in was that they were glad that they school had remembered them and they wanted to express their appreciation in person. Although the aim of the study was

to have a sample that consisted of the entire population of students that had been or were presently members of the Adolescent Parenting Program at Cambridge Rindge and Latin, what actually occurred was that the study was looking at a stratum of the population.

The questionnaires were coded to protect the identity of the respondents. The gathered data were analyzed to provide information to the main purpose of this study, that is, has the Adolescent Parenting Program in Cambridge been effective according to the consumer? In light of the national and local situation, how is the Adolescent Parenting Program doing? Does the City of Cambridge need to do more? Can this program be replicated in other communities?

Limitations

The major limitation on the study is the very personal nature of the questions used in the questionnaire. There was discussion with the chairperson of the Human Subjects Committee at the University of Massachusetts at Amherst, but because of the personal nature of the study, personal questions needed to be asked. ". . .obtaining accurate information about sexual behavior is a difficult and delicate task."⁵⁹

⁵⁹Ibid., page 94.

There is also a concern for contamination. When subjects in a study discuss the study among themselves, there is the concern that respondents may affect each other on how they finally answer the questions. This leads to another limitation, that is related to this concern, and that is the impact of getting parental permission for minors. "When conducting a study among adolescents on a sensitive topic for which parental permission is required, there is an additional step in the process, and additional refusals may result."⁶⁰ This could have had an impact on some of the questionnaires not having been returned. Some of the respondents indicated that since they were emancipated minors and not under parental jurisdiction, they were willing to answer the questions honestly. If this had not been the case, they indicated that they either would not have returned the questionnaire or returned it with dishonest answers on it. This seems to be an acute problem for some respondents who have been pregnant and who have had an abortion or relinquished their children for adoption.

Another major limitation of this study is the small number of questionnaires that were completed and returned--a researchers nightmare. The researcher has no way of determining the degree to which the respondents are representative of the population.

⁶⁰Cheryl D. Hayes, Editor, Risking the Future, (Washington, D.C.: National Academy Press, 1987), page 69.

As an incentive to the respondents, a payment of the very meager amount of five dollars was offered to them. Many of the respondents returned their questionnaires with little notes indicating that they were glad to help, but to not send any money. Considering the population, their needs, and their lack of money, everyone who returned the questionnaire was sent a check. The hope behind the monetary incentive was that more of the adolescents would be willing to return the questionnaire.

C H A P T E R V

FINDINGS

The first purpose of this study was to look at a problem, teen pregnancy and parenting, at a national and state level. Once this was done, these findings were used as the basis to look at the city of Cambridge. In light of the literature, teen pregnancy and parenting are a countrywide problem and Cambridge is no exception. If the problem did not exist in Cambridge, the research that had been done to initiate the city's response to deal with pregnant and parenting teens would have shown no need for the program. Massachusetts has a high rate of teen pregnancy and teen parents; unfortunately Cambridge is part of those numbers. The problem still exists in the city of Cambridge, because every academic year there are new students entering the Adolescent Parenting Program. Fortunately, we are not the state with the highest rate of teen pregnancy and parenting. (Appendix B)

The second and most important part of the study was to determine whether or not the Adolescent Parenting Program was effective in the eyes of the consumers. To investigate this, a questionnaire was administered to gather information on the population and their opinions. Seventy-five questionnaires were distributed and thirty-one percent were completed and returned. Twenty-nine percent were returned as addressees unknown. Of the remaining forty percent,

initially the conclusion was that they had been lost, due to unknown address changes. In light of further research, pressure brought on by parents or fear on the part of the respondent may have caused Adolescent Parenting Program participants not to return the questionnaire.

Of the questionnaires that were returned completed, it is important to look at every question to get a perspective on the respondent. With some of the questions, all the respondents are and should be looked at as a group, while with other questions, the respondents really need to be divided into two groups, those returned by mail and those completed at school. This separation is determined by the nature of the question. For example, the question on number of years of school completed divides the responses.

To better understand these respondents, we need to look at their family life. These respondents reside in various family constellations (See Table 1): (Throughout the study percentages are rounded to the nearest percent and may be off slightly in the total.)

To further understand these numbers, we need to look at the marital status of the parents of the respondents to get a clearer understanding of how many of these respondents came from single parent homes (See Table 2).

Table 1

Family Life

<u>Living with</u>	<u>Number</u>	<u>Percent</u>
Parents	2	9%
Mother	10	44%
Father	1	4%
Mother/Stepfather	1	4%
Boyfriend	3	13%
Husband	3	13%
Child/ren	2	9%
Foster Care	1	4%

Table 2

Marital Status

<u>Parental Marital Status</u>	<u>Number</u>	<u>Percent</u>
Married	7	30%
Widowed	2	9%
Divorced	2	9%
Divorced/Remarried	1	4%
Separated	2	9%
Single	5	22%
Not Indicated	4	17%

It is very interesting to compare these two blocks of figures, because at first glance we would say that forty-eight percent of the respondents came from one parent homes. But if we look at the second block of figures, we note that there is seventeen percent, who did not indicate their parents marital status. We can only guess at the reason why they elected not to answer this question. One reason that could be put forward is embarrassment. These respondents could now be living with someone other than a parent and

they themselves could have been born out of wedlock. A further look at the family constellation could be discovered by looking at the respondents number of siblings (See Table 3).

Table 3
Number of Siblings

<u>Number of Siblings</u>	<u>Number</u>	<u>Percent</u>
1	6	26%
2	6	26%
3	9	40%
4	0	0%
5	1	4%
Not indicated	1	4%

These figures were obtained to get an idea on how many of the respondents were only children. Another dimension to the family constellation is the marital status of the respondents (See Table 4).

Table 4
Marital Status of Respondents

<u>Marital Status</u>	<u>Number</u>	<u>Percent</u>
Single	13	58%
Married	4	17%
Engaged	1	4%
Divorced	1	4%
Not Indicated	4	17%

In the group of respondents that are presently in school, there are none that are married. The respondents, who indicated their marital status as married, are in fact out of school and of those, one was married while in school and prior to the birth of the child, but did get married because

of pregnancy. All these variables have had an impact on the women that have been part of the Adolescent Parenting Program and these variables have impacted on them prior to their arrival in the program.

"Because choices at each successive point in the sequence depend on the outcomes of previous decisions, interventions aimed at later decisions are relevant to smaller numbers of teenagers. All young people must decide whether to become sexually active; only those who initiate intercourse must decide whether to use contraception; only those who become pregnant must decide whether to seek an abortion or to bear a child; only those who bear a child must decide whether to relinquish it for adoption or to raise it, either within or outside of marriage. ... despite their smaller constituencies, interventions aimed at later decision points tend to entail greater public involvement and greater public costs."⁶¹

Decisions that these respondents have made all their lives have brought them to the point where they are now. Responses to some of the questions in the questionnaire give insight into some of these decisions (See Table 5 and Table 6).

These numbers are frightening for many reasons. The most glaring concern centers around the fact that two of the respondents, from their answers, indicated initiation of

⁶¹Ibid, page 30.

Table 5
Age Dating Began

<u>Age Dating Began</u>	<u>Number</u>	<u>Percent</u>
11	2	9%
12	6	26%
13	6	26%
14	4	17%
15	1	4%
16	3	13%
Not Indicated	1	4%

Table 6
Age Sex Initiated

<u>Age Sex Initiated</u>	<u>Number</u>	<u>Percent</u>
1	1	4%
6	1	4%
11	1	4%
12	0	0%
13	3	13%
14	8	35%
15	4	17%
16	3	13%
17	0	0%
18	1	4%
Not Indicated	1	4%

sexual intercourse at the ages of one and six. One can very quickly conclude that these young women were victims of sexual abuse. The impact of sexual abuse, be it on boys or girls, has a lasting impact on their lives. The length of time that this abuse continued is not available from this questionnaire, but it is clear from all that has been written on the topic, especially with the allegations that

have been lodged against various Catholic priests, sexual abuse leaves life long scars. The victims of sexual abuse carry this burden with them. It impacts their lives in such ways as promiscuity, prostitution, abuse of others, failed relationships, and even attempted suicides. Along with this, another respondent indicated that she was raped at the age of thirteen.

When one thinks of an eleven year old, one usually thinks of a child playing with toys. Looking at these numbers, there are respondents who started dating at the age of eleven and started sexual intercourse at the same age. This generates another question that could be part of another study of the very understudied males--these very young women were having sexual intercourse with males of what age? This also generates further questions of what constitutes rape and what is the age of consent? From this group of respondents, by the age of sixteen, ninety-two percent of them had already engaged in sexual intercourse. This does not take into consideration the one respondent who did not answer this question, she may increase the number.

These young children learned about sex in various places (See Table 7). The sources that they used to get their information, in some cases, is very telling. In this question, the respondents were not very clear as to what they meant by school. This could mean their friends at school or a course on sexual education. Here again there

Table 7

Where Learned About Sex

<u>Where Learned About Sex</u>	<u>Number</u>	<u>Percent</u>
School/Boyfriend	1	4%
Books/Friends	1	4%
School/Sex ed.	4	17%
Friends	3	13%
At Home	3	13%
School/Friends/TV	1	4%
School/Friends	1	4%
Sexually Abused	2	9%
Sex ed./Raped	1	4%
Boyfriend	1	4%
The Streets	1	4%
Not Indicated	4	17%

were respondents who elected not to answer this question. The most interesting result of this block of data is that only three respondents got information on sex at home. This is the very place that children are expected to get this information and the morals and values that are associated with this topic. Some of the other avenues where this information is available to them does not link the information to love, respect, self-esteem, morals, values, and good decision making.

Linked to this question is the question on whether they possess a fear of sexually transmitted diseases (S.T.D) (See Table 8). With all the information available on the risks of sexually transmitted diseases, it would be expected that the all the respondents would answer in the affirmative, but these are young people, who feel that it will never happen to them.

Table 8

Fear of S.T.D.

<u>Fear of S.T.D.</u>	<u>Number</u>	<u>Percent</u>
Yes	8	35%
No	13	57%
No/Married	1	4%
Not Indicated	1	4%

The problem of sexually transmitted diseases is brought home to a teenager who goes in for a pregnancy test and is also given a test for AIDS. The fear that these young women express is overwhelming, because there is the very real possibility that they will not only have to deal with a pregnancy, but a positive AIDS test, not only for themselves, but ultimately for their babies. Out of the sample, only thirty-five percent expressed a fear of a sexually transmitted disease. The message is not getting out to the adolescents that AIDS kills.

Now in light of this information, what are the respondents doing in regard to birth control and safe sex (See Table 9). Unfortunately, this question was not asked in a fashion that would make clear as to whether the respondents meant now or while they were in the program. Since such so few of them are expressing a fear of a sexually transmitted diseases, are they in fact practicing safe sex or are they more concerned with preventing another pregnancy.

Table 9
Methods of Birth Control

<u>Methods of Birth Control</u>	<u>Number</u>	<u>Percent</u>
Pill/Tubal Ligation	1	4%
Norplant/Condoms	1	4%
Norplant	4	17%
Diaphragm	1	4%
Using/Method Not Indicated	1	4%
Pill	5	22%
None	3	13%
Condoms	2	9%
Pill/Condoms	1	4%
Depovera	1	4%
Shots	1	4%
Pills/Sponge		
Foam/Condoms	1	4%
IUD/Removed	1	4%

It is interesting to note that not one respondent indicated abstinence as a means of birth control. Along with this, it is also important to notice that only five or twenty-two percent of the respondents are using condoms. They are practicing the safest sex, short of abstinence, possible. It would appear that the main fear of the respondents is getting pregnant again. The general feeling of the parents, who knew that the respondents were on birth control, was that the respondents were too young to have sex, but they did not want them to get pregnant, so they supported, encouraged or suggested the option of some form of birth control.

Besides having the child, these young women had another option and that would have been an abortion. At some point

in their lives, either prior to or after the birth of their child, they did indicate that they had had an abortion (See Table 10). They gave various reasons for their decisions that included financial, parental pressure, pressure from boyfriend, too young (See Table 11), had a child already, peer pressure, and not ready.

Table 10

Abortion Statistics

<u>Had an Abortion</u>	<u>Number</u>	<u>Percent</u>
Yes	10	44%
No	12	52%
Not Indicated	1	4%

Table 11

Age at Time of Abortion

<u>Age at Time of Abortion</u>	<u>Number</u>	<u>Percent</u>
14	1	10%
15	4	40%
16	2	20%
17	1	10%
18	1	10%
19	0	0%
20	0	0%
21	0	0%
22	1	10%

This is a block of data that could be called into question because of the very nature of the question. This, as is so much of the questionnaire, is a very personal thing.

Considering that the respondents did indicate that in some cases, no one knew of the abortion, including their parents

and the father of the baby, they were being honest on the questionnaire. Some girls elected to tell people that they miscarried, instead of telling the truth that it was an abortion.

Another option that was open to the respondent, was to have the baby and then put it up for adoption. On this question, the respondents seemed to be nearly of the same mind (See Table 12).

Table 12

Adoption Consideration

<u>Considered Adoption</u>	<u>Number</u>	<u>Percent</u>
Yes	2	9%
No	19	82%
Not Indicated	2	9%

This is one of the most difficult decisions that a pregnant teen has to make--to carry a child, deliver the child, and then give it up for adoption. In discussions, adoption was an option for one young woman, who suffered so much after the decision that she became pregnant again very soon after the adoption. She wondered so very much about the baby that she had given up that she wanted another one to take its place.

These young women have learned about sex; they know about birth control, abortion, and adoption; but in many cases they have started dating young and have initiated sex

at an early age. The next interesting point to look at is at what age they had their first child (See Table 13).

Table 13

Age at Birth of First Child

<u>Age at Birth of First Child</u>	<u>Number</u>	<u>Percent</u>
14	3	13%
15	3	13%
16	6	26%
17	5	22%
18	5	22%
Not Indicated	1	4%

Looking at this, it would be important to see whether or not these pregnancies were in fact planned (See Table 14).

Table 14

Planned Pregnancy

<u>Baby was Planned</u>	<u>Number</u>	<u>Percent</u>
Yes	12	52%
No	10	44%
Not Indicated	1	4%

With all the information that adolescents have, the majority of them are still electing to get pregnant and to have a baby. They are not seeing the long range impact of their decisions. In some cases, they are not realistic and cannot see the responsibilities of a baby. The reaction to the pregnancy that they received from their peers was divided fifty-fifty on a positive--negative scale. The reaction that they received from adults was divided sixty-one percent negative, nine percent positive, nine percent no reaction,

four percent mixed reaction, and for the remaining seventeen percent, the respondents did not indicate an answer.

Considering all these variables that have impacted on these young women; school, employment, and relationships may have suffered. First the education of these young women will be reviewed. There is a need at this point to split the group of respondents into two groups: those still in high school (9) (See Table 15), and those who have left high school, with or without a diploma (14) (See Table 16).

Table 15

Females in High School/Grade Completed

<u>Those in High School/ Grade Completed</u>	<u>Number</u>	<u>Percent</u>
9	2	22%
10	3	33%
11	4	45%
12	0	0%

The four respondents who have completed the eleventh grade are looking forward to receiving their diplomas in June of 1994.

The respondent, who did not indicate a grade completed, may have been embarrassed to put anything down. If the entire block of data is reviewed, it is impressive that there are only three respondents, who did not complete high

Table 16

Females Not in High School/Grade Completed

<u>Not in High School/Grade Completed</u>	<u>Number</u>	<u>Percent</u>
10	1	7%
11	2	14%
12	7	50%
13	1	7%
14	0	0%
15	1	7%
16 (B.A.)	1	7%
Not Indicated	1	7%

school. It is also impressive that three of them have continued their education beyond high school. At this point, a conclusion could be put forth that the Adolescent Parenting Program had helped to keep parenting teens in school to the point of completion.

Employment is another important factor in the lives of these young women (See Table 17). Very often employment is out of the reach of the women, because they are in need of day-care, which can be extremely expensive. Very often they make the decision to wait until their children are of school age, before they begin to work. Also, three of the students, who are presently in high school are managing to work part-time, while caring for their babies and going to school.

Of the twelve respondents, who are not employed, five are presently in high school. For the five respondents, who

Table 17
Females Employed

<u>Employed</u>	<u>Number</u>	<u>Percent</u>
Yes	9	40%
No	12	52%
Layed Off	1	4%
Not Indicated	1	4%

are still in high school, it is a very difficult situation to be able to balance school, a baby, after school day-care and employment, while still finding the time to do home work. These are the factors that come into play, for the high school students. In regard to the non-high school students, of these young women, three have not completed high school, and this would have a major impact on their being able to obtain employment with the unemployment rate as high as it is and people with diplomas and degrees seeking employment. Of the entire sample, three of the respondents have three children, and the rest all have one child each. Of the respondents with three children, one is married and employed, another has just been layed off and the third is unemployed. It is not only difficult to find quality day-care for three children, but there is also a financial issue as well, even if this day-care is just after school. Lucky is the young woman, who has support from family, friends, and husband/boyfriend to help through the various hurdles of parenthood, but very often the relationship with the baby's father falls apart (See Table 18).

Table 18

Type of Relationship With Baby's Father

<u>Type of Relationship With Baby's Father</u>	<u>Number</u>	<u>Percent</u>
Married	2	9%
Engaged	4	17%
I'm With Someone Else	1	4%
Not Good	4	17%
He's Gone	2	9%
Helpful/ok/positive	6	26%
Together	3	13%
Not Indicated	1	4%

It is interesting to see from the above data that only six or thirty percent of the respondents indicated that their relationship with their babies' fathers were not positive. This flies in the face of what is currently believed that most of the time, the young woman is left alone to carry the burden of the baby alone.

With all this information about the respondents, the most important data to be presented is the consumers' reactions to the Adolescent Parenting Program. From the questionnaires and the interviews that were held with some of the respondents, there was only one negative comment out of twenty-three responses. In regard to the Day Care at the school, of the twenty-three respondents, only sixteen were using or had used the Day Care. Of the remaining seven, five did not use the Day Care, one did not respond, and one wanted to use the Day Care. All the comments in regard to the Day Care at school, First Steps, were positive.

To better understand the feelings of these young women in regard to the Adolescent Parenting Program and the First Steps Day Care, it is important to read their words.

"Adolescent Parenting Program at C.R.L.S.--It was extremely supportive both as a student and as a mother."

"I was in the program at C.R.L.S. for pregnant teens, they helped me a lot and made it better for me."

"C.R.L.S.--A.P.P.--It helped me to better understand how to raise my child--It taught me good parenting skills such as reading to the child, how to discipline, and what to expect of the child."

"It was great. I didn't feel alone. Because I thought I wasn't going to do everything perfectly, I'd need some help from other parents to compare and advice."

"I really enjoyed the A.P.P. class at C.R.L.S. the students (also pregnant) and teachers were very helpful and very informative. I really needed moral support during that time and I got it there."

"I found them both very helpful at the time. No one else could relate to what I was going through. The other teens were experiencing the same things."

"It is so helpful, it's great."

"A.P.P. in Rindge--it 's a great program; the people are great."

Comments more specific to the First Steps Day Care included the following types of statements from the young women.

"I was happy my son got to interact with children his own age (other babies).

"I liked it very much they were good with my son and taught him many things."

"I think the Day Care was convenient and they also took care of _____ well."

"I was very satisfied with the program--the teachers were great with him and helped build a foundation for his future as a learner."

"I loved it. I felt it was very helpful because it wasn't just as Day Care. It was more like a big family."

"I am satisfied with the Day Care they take real good care of them and always tell you about the child's day."

"First Steps Day Care is in the school which really is a good thing, because when I have a free period I go to see my daughter."

These comments made by the respondents in regard to their feelings toward the Adolescent Parenting Program and the First Steps Day Care are a tribute to both programs. Not quoted, but repeatedly stated by the respondents were their praise of the staff. The consumers have spoken, not only with their words, but with their achievements. The programs have, in fact, helped them, by in large to graduate and start them on the road to being effective parents.

As the final question on the questionnaire, the respondents were asked if they could change their lives, how would they. This question is one of the ones that the respondents are divided into two groups--those still in high school and those not in high school (see Table 19). The general data breaks down in the following manner.

Table 19

Change Life Respondents Not in High School

<u>Not In High School</u>	<u>Number</u>	<u>Percent</u>
No	4	29%
Yes	10	71%

This group was much more outspoken on postponing pregnancy and parenting until the completion of school and the establishment of a career. They have the benefit of age, experience, and the challenge of the real world of employment or the lack there of, the cost of living, the day care search, and all the problems that must be faced by any parent. Their comments are very telling.

"I would have finished school then gone to nursing school or something like that. After I had a job and my own apartment for a while I would have my children. When I had ___ I stopped drinking, doing drugs, and running away, which was good, but I had to grow up fast. I wasn't grown up yet and I didn't really know how to take care of myself. Before I knew it I was having to take care of someone else."

"I would not change anything about my life. It was a hard road to travel, and I wouldn't wish it on anyone else, however. I completely love my daughter, my career, and all aspects of my life. The most difficult part of all of this was the ridiculous red tape and bureaucracy that agencies think they have a right to put upon young mothers. I feel strange or hypocritic, when I see other girls who are young and pregnant. I think they're 'fools'. I was extremely lucky to have things turn out the way they are. Unfortunately, I'm the exception. I've made my choices work, but nothing was ever guaranteed."

"I would have waited until I was out of school and college and had a nice job. But since it happened the way it did I guess I am very lucky to have all the support of the people around me and of the staff of C.R.L.S. and the Day Care at C.R.L.S. because I had it hard but some girls have it harder because they don't have the support I had."

"If I could change my life I would get to know my daughter more before and change the problem in our relationship."

"Although I am very happy with my current situation I would suggest maybe to have waited on having the child-- on second thought, I don't think I would change anything. I am very happy with the decision I made."

For one thing, my own childhood was a disaster--my father was an alcoholic (even though he probably wouldn't admit that despite his heart attack last summer and bad liver). He beat my mother and us. He was always very hostile. As a psychology minor in college I learned that my having a child so young was my subconscious way of obtaining love (maybe this is true). . . .I can also say that having my son at 16 was a motivation for me to complete my H.S. education. In other words, I never had intentions to get a H.S. diploma (no one else in my family had and there was no motivation)."

"I would have started birth control earlier and got a better education and furthered my education."

". . .the other thing was the abortion. I would not have had it. There isn't a day that I don't think of the child I could've had."

"I think that I would go back to when I was in the 5th grade and listen to my parents' advice on growing up and its pros and cons. I'm a very outgoing person and I would have liked to continue school (college) and get my Paralegal Degree. I hope that someday I will be able to do it so that I can give my daughter a better life. And I also hope to be a good example for her and show her that even though mistakes happen one must go on."

"Well I would have established a career and got married first before having children."

"I've made some changes in the last year. I always wanted to go to college and went back to school. Once I started school, I got a job and feel better about myself."

The respondents that are still in high school, who desired to change their lives, wanted the changes mainly to center around money. The data breaks down according to the chart below.

These young women are still part of a network, a program that helps them to manage a lot of the issues that a

Table 20

Change Life Respondents in High School

<u>In High School</u>	<u>Number</u>	<u>Percent</u>
No	2	22%
Yes	5	56%
Not Indicated	2	22%

pregnant and parenting teen must face. They have not been truly exposed to the real world; they lack that experience. Their words shed light on this perspective.

"I probably wouldn't have a child and I definitely wouldn't be living here in Cambridge."

"I think I wouldn't like to be so poor and my family, friends and daughter's family would get along better and do things together more than we have."

"I would want to have a lot of money and I would not want to get rid of my kid, cause I'll never regret him."

"If I could change my life I would probably say that I would have prepared myself more financially, Day Care, relationship with whomever would be the father. I would also make sure that I could give my daughter a stable home which I can't wait to get myself."

Money does help get many things in life, but it is reassuring that some of these respondents are seeking stability, not only for themselves, but for their children. They do express a desire for something better for their offspring.

One of the purposes of this study was to determine whether the City of Cambridge needed to do more in the area

of teen pregnancy and parenting. This issue will be dealt with in the chapter on the recommendations of the study.

Another purpose of this study was to determine whether the Adolescent Parenting Program and the First Steps Day Care could be replicated in other communities. These efforts have been spotlighted on television on Channel 10 (R.I.), and Channels 4, 5, 7, and 56 (MA). Representatives from the Boston Public Schools, the Worcester Public Schools, the Randolph Public Schools, the Lawrence Public Schools, the Marlboro Public Schools, the Natick Public Schools, and the Somerville Public Schools have visited the programs to discuss the designs and implementations of the programs. Articles have been written in various newspapers. Under Chapter 188, The Lucretia Crocker Program, the programs came under consideration as exemplary programs, but did not make the final cut. It is obvious that there was a great deal of interest in the work that Cambridge had done for pregnant and parenting teens, but as the literature has shown, there is a need for committed people in the community to spearhead the effort and there must be a financial commitment from the community, including the school department. With the financial crunch of the times and with many communities still living under the shadow of proposition 2 1/2, it is very difficult to get money from public or private sources. The programs can be replicated in other communities, but will they without money is the

question. To establish programs for the sake of saying that a program exists without ascertaining whether the program will meet the needs of the community is in fact a waste of resources. Some programs that have been established to cover the letter of the law are ineffectual. To establish programs such as the Adolescent Parenting Program and the First Steps Day Care requires commitment not only of people, but money. Cambridge made that commitment, with the help of outside resources.

C H A P T E R VI

CONCLUSIONS AND RECOMMENDATIONS

Teen Pregnancy and parenting is a world-wide issue that has been studied and viewed from many different vantage points. To view this problem from the perspective of the Adolescent Parenting Program (APP), this study from its findings, gathered from the questionnaires and interviews, has been able to come to various conclusions.

One very obvious conclusion is that the nature of the questions were of a very sensitive nature. The respondents, as well as their parents, could have been very easily put off and not been willing to answer such personal questions. This may have had an impact on the number of responses that were received.

Turning to the actual data from the questions, there are some very interesting results. When the family constellations are reviewed, it can be seen that forty-eight percent of the respondents come from one parent families. Along with this, ninety-six percent indicated that they were not only children, with only one person not providing information. Another dimension to the family constellation is that seventeen percent of the respondents are married. It can be concluded from this information that many single parents have children who are single parents.

Decisions that these respondents have made all their lives have brought them to the point where they are now. In

this area, two very interesting conclusions can be obtained from the data: ninety-six percent of the respondents began dating at the age of sixteen or younger and ninety-two percent of the respondents had initiated sex by the age of sixteen, some by the age of eleven. These conclusions, coupled with only seventeen percent of the respondents clearly indicating that they learned about sex in a sex education course in school, are a great defense for the institution of a developmental, kindergarten through twelfth grade, course in family living education, which would include sex education as part of an entire curriculum.

Some very frightening data came from the fifty-seven percent who expressed no fear of a sexually transmitted diseases. This, along with only twenty-five percent of the respondents indicating the use of condoms and none putting forth abstinence as an option, leads to the conclusion that society is not listening to the warnings about AIDS.

In an age when contraceptive devices are readily available, fifty-two percent of the respondents indicated that their pregnancies were planned. Unfortunately, the full reality of the responsibilities that the raising of a child entails were not planned for, according to the comments of many of the respondents.

Education, employment, and relationships have suffered in the lives of these respondents. Enter the APP, with the goal of helping these teens to achieve a better life through

completing high school and going onto further education. Of the group of respondents who are out of school, seventy-nine percent have at least finished high school. Of the group of respondents who are still in school, forty-five percent were working toward graduation in June of 1994 and the other fifty-five percent planned on staying in high school until graduation. In the area of employment, the APP has been part of a mentoring program to help these teens have role models in the world of work. Forty percent of the respondents are presently employed. This figure is impacted by the lack of affordable, quality day care, the high unemployment rate, the lack of a high school diploma for those out of high school, and the lack of time for those still in high school. In regard to the relationship that the respondents have with the fathers of their babies, the resulting data is surprising--only thirty percent do not have a positive relationship. The work done in the APP, in regard to improving interpersonal skills and providing a supportive environment, may have helped.

The recommendations that are put forth to answer the question as to whether Cambridge needs to do more for pregnant and parenting teens are very often ones that can be applied to the country as a whole. One very important recommendation is about research in general. Cambridge needs to start working on follow-up and questionnaires that can be sent to all the participants of the Adolescent

Parenting Program. It will involve a great deal of time to set up an accurate data base of information that will provide updated addresses for all participants of the program. This should have been an ongoing, yearly event, and checked, the information would at this point be close to current. An evaluation of the program was the one element for which time, money, and person power was never allocated. This is an issue with many other programs. Unless a determined effort is made, this is the piece that very often gets left behind.

One means of possibly establishing a data base for this research would be to plan a reunion. When various reunions are planned, people network with each other to find missing addresses. The participants of the program could assist in these efforts. Community agencies could be solicited for support in funding this event. This would provide not only a means to getting the data base, but it would bring together parents and children, who had spent a special time together. This would then help to provide an opportunity to do evaluations of the past participants and start the yearly process.

The Cambridge School Department, through the Teen Health Clinic, has initiated the dissemination of condoms at the school, being one of the first in the state to do so. This was done with much controversy, but with the ultimate goal of saving lives and stopping teen pregnancies. Much

work needs to be done in this area, because from the research done in this study, many of the respondents are not using condoms. If they are representative of other teenagers, then pregnancy and AIDS are not being taken seriously by this population.

One recommendation that would help to address this would be an age appropriate, comprehensive curriculum that would go from kindergarten through the twelfth grade. This is extremely controversial in that religious issues, morals, and values have a very large impact on the topic. Research would have to be done into the various curricula that presently exist and input would have to be obtained from various elements of the community to insure that the curriculum that was selected would meet the needs of the city. "In particular, ethnographic studies are needed to develop detailed profiles of the characteristics, attitudes, and behavior of individuals and families in different circumstances and environments. And more longitudinal studies are needed to examine changes in attitudes and behavior over time."⁶² This type of research would support decisions that would be made. One important component of this curriculum would have to be the entire decision making process, with stress placed on consequences of decisions. Along with this, self-esteem would also have to be dealt with in this curriculum. One very interesting tool that

⁶²Ibid, page 241.

would be worth looking at is Why Do Teens Decide to Have Sex? by Jennifer K. Davis. The purpose is "To help students explore the question, What needs are teens trying to meet when they make the decision to have sexual intercourse?"⁶³

(See Appendix D) This is a fifty minute exercise that could be used as part of a decision making or self-esteem curriculum. It is very interesting that Davis cautions about seeking permission from the administration before using this teaching tool. This reinforces the sense that this entire topic is very controversial.

During the time that the Adolescent Parenting Program has been in existence, there have been two fathers, who have been active participants, in the program. Efforts were also made to initiate a young fathers group at the high school. This ran into problems, because of a variety of reasons. One of the main problems stemmed from the young fathers' reluctance to be identified as a father in school. Adolescent males, as a whole, have been an understudied group. "In particular, it has been difficult to obtain data from boys: they are less likely than girls to agree to be interviewed on sensitive issues of pregnancy and childbearing, and they are less likely to provide accurate information. It appears that in some cases boys overreport sexual activity and underreport pregnancy and childbearing.

⁶³Jennifer K. Davis, Why Do Teens Decide to Have Sex?, (Cambridge, MA: Planned Parenthood League of Massachusetts, 1991), page 31.

Beyond the difficulties of obtaining data, however, the lack of research on males reflects the fact that policy makers, service providers, parents, and teenagers themselves have traditionally regarded adolescent pregnancy and childbearing as a female problem. The City of Cambridge needs to make this one of its priorities. For every female teen who is pregnant or parenting, there is a young man who has been part of the problem."⁶⁴ This population of young men must be contacted and asked to participate in research, so that the city will have a better understanding of the situation and can start to address the needs and problems of this segment of the population. This may involve working with other communities, because not all of the fathers may be Cambridge residents, but it would be a means by which communities could pool resources to design and implement programs.

The Adolescent Parenting Program did a great deal to involve the parents of the pregnant and parenting teens, not only in the design and implementation of the program, but all along the way, while the teens were in the program. Getting parent involvement has been an age old problem. More work needs to be done around this area. "An assumption implicit in much of the existing research is that individual teenage girls are solely responsible for creating the

⁶⁴Cheryl D. Hayes, Editor, Risking The Future, (Washington, D.C.: National Academy Press, 1987), page 243.

problems of adolescent pregnancy and for coping with the consequences. Research examining the role of families and individual family members in adolescent sexual decision making is limited. Most studies in this area have focused on mother-daughter relationships. The role of fathers and the relationship of parents to sons and of siblings to each other have been largely ignored."⁶⁵ Communication among family members is an issue that has had an impact on the development of adolescent values and morals. Parent-child communication on sexual topics has been an area that has been the basis for many programs, but their impact has not been thoroughly researched. Outreach to parents of students of all ages is vital, not just those of pregnant and parenting teens. Programs need to be developed to help parents gather to share concerns and problems and to see that they are not alone when they face the problems of childrearing. This would involve some very creative use of staff in a nontraditional academic day time frame. Parenting education would be offered.

There is a definite need to develop a cooperative effort in the area of research among all the hospitals and health care providers in the city and the school department. The health and developmental consequences for children of having an adolescent mother need to be researched. Accumulated findings suggest that these youngsters face

⁶⁵Ibid, page 245.

increased risks for their own life outcomes, including cognitive development, health status and health behavior, educational attainment, and sexual and fertility behavior. Along with this, an effort to attain a better understanding of the number of teens who elect abortions in the city would add insight into the entire spectrum of the decision making process of the pregnant teen. This also generates further questions around adoption and teen marriages and the lack of a large block of research, because of the concern over confidentiality. The research that could be done by this cooperative effort would not only help the already born children of teens, but would also help to contribute information to the curriculum development for the proposed kindergarten to twelfth grade curriculum.

It has been suggested that "Adolescent sexual, contraceptive, and fertility behavior may share attributes with other transition behaviors, for example, dropping out of school, drug use, smoking, political activity, and delinquency. Recent research suggests that, for many young people, sexual permissiveness is not an isolated phenomenon but rather one component of a complex pattern of interrelated behaviors. Teenagers engaging in one type of behavior may be at greater risk of adopting others. . . Such findings suggest the need to examine sexuality in the broader context of normal and abnormal adolescent

development."⁶⁶ The research that they City of Cambridge undertakes must include questions that get at the total teen, including substance abuse. One of the respondents to this study did refer to drug and alcohol abuse on her part without being asked, but in light of other research this type of query must be included. This same question must also be asked of the young fathers. This would offer a better understanding for the design of any new programs. All this research would shed light on the psychological well-being, later satisfaction with the decisions made, self-esteem, personal relationships, and subsequent fertility.

One factor that was not investigated in this study, but would be of great interest and impact, was that of the socio-economic level of the respondents. Efforts must be made to develop more adequate measures of socioeconomic status among adolescents given the limitations of the information on income and economic well-being and the substantially unequal racial distribution within socioeconomic categories. Chronic economic disadvantage could have an impact on the outlooks on sexuality, marriage, and family held by adolescents. Limited social and economic opportunities affect male and female attitudes about the meaning of pregnancy and childbearing or the benefits of postponing such activity. The question arises as to whether

⁶⁶Ibid, page 243.

this behavior reflects deep-seated subgroup values or more transient attitudinal adjustments to external circumstances. Any study that the City of Cambridge undertook would have to include an attempt at gathering socioeconomic information.

There are also greater issues that would impact on any study done, not only, in Cambridge, but in any other community. These are issues that are created by society, public policy, and the media. Government agencies and the courts have had an influence on sexual decision making through the legalization of abortion and availability of contraceptives to teens. Parental consent requirements for obtaining contraceptives and abortion services, child support enforcement programs, and grandparent liability provisions should also be looked at, not only locally, but nationally, to get a better understand where we stand as a nation. Many parents are not aware of their rights and responsibilities nor those of their children in these areas. It would also be of tremendous help to know what impact the media has had on adolescents and their sexual decision making process. The hope is that once armed with this information, that strategies could be developed for using as many avenues as possible to help everyone be better decision makers. The media could be used to promote more responsible behavior if what teens saw or heard sent out responsibility as a message. The more that well developed and defined studies are done, the more that concrete designs can be

implemented to help pregnant and parenting teens and ultimately reduce the numbers of this population.

Suggestions have been made that efforts should be devoted to creating positive economic incentives for adolescents to stay in school and avoid pregnancy. These suggestions will run into problems, because of fiscal concerns that cities, states, and the federal government are being forced to face. "Several interesting proposals have surfaced recently to develop pilot programs to reward high-risk teenagers who complete high school without having a baby by providing annual or lump-sum cash payments. Other possibilities along these lines include the provisions of special secondary and postsecondary scholarships or job opportunities."⁶⁷ Economic rewards are a powerful motivating force and could be an effective tool for encouraging positive life choices among high-risk teenage parents. Along with this pilot programs to require job training and employment should be developed, implemented, and evaluated as a means of improving the provision of child support. Programs that do not involve an outlay of cash are those that will be jumped on and implemented, regardless of the potential for success. All options must be seriously reviewed, before one program is accepted over another.

There is a serious debate that is going on, that is still to be resolved, and this debate has a major impact on

⁶⁷Ibid, page 258.

everything that the City of Cambridge School Department does. This debate affects other school departments as well. The debate centers around the decision as to what extent the school department is a social service agency. Everyone agrees that the primary concern of the schools should be the education of the students. Many others would like to have the schools also deal with life-planning, sex education and family life education, assertiveness and decision-making training, possible contraceptive (condom) distribution, nutrition, life-management training, employment programs, parenting education, while still offering educational support and remediation. People would argue that there are only so many hours that students are available to be taught the required subjects. This debate will continue, because for the decision to be made, various groups would be left unserved for lack of any other agency to provide these programs. The schools take on whatever is left undone by other agencies or by the families of the students, often unwillingly and reluctantly due to fiscal concerns, but it must be done. The debate continues, because many people feel that schools are, in fact, sacrificing the education of the students. The author would ask that in dealing with students, that the person be viewed as a whole, not just a bunch of pieces to be dealt with separately. When a pregnant or parenting teen enters a school, that young woman cannot be just a student, but is in reality a person who is

pregnant or parenting who has come to learn. The school must accept this teen as a whole person with all the problems that come along with the pregnancy and the parenting and hopefully provide programs to help this teen succeed.

"The problem of adolescent pregnancy and childbearing are solidly rooted in many of the forces and principles that shape our society--individualism, family autonomy, and free enterprise. As a nation, we have no coherent policy in this area because we have no unitary view of these issues or approach to addressing them, and because we have been unable to define appropriate public role decisions regarding the initiation of sexual activity, contraception, pregnancy resolution, and parenting. This ambiguity and disagreement will not be easily resolved. Nor should it be. We are a diverse society of individuals, families and communities with differing values, traditions, and cultures."⁶⁸ Any program that is designed and implemented must take all this into consideration. Unfortunately, there is not a clear cut answer to this very complex, burning question. Each community can only try to select the best option to help a very needy group of adolescents.

In conclusion, this study has taken a look at pregnant and parenting teens from a global perspective to a specific population--those who have been part of the Adolescent

⁶⁸Ibid, page 293.

Parenting Program in Cambridge. With the literature, the responses to the questionnaires, and the one-to-one interviews, it is easily seen that this group of teens is very needy.

When the data from the study showed that there are children of single parent families having babies, then it is clear that a recommendation that plans for more support for parents is on target. Outreach to all parents is vital, not just those of pregnant and parenting teens. This outreach must be done early, prior to the problems developing. Parents must be part of the educational process--a team approach. Parents must be supported in how to talk to their children. The study showed that only three of the respondents learned about sex at home; the very place that they are expected to get this information, because of the morals and values associated with the topic.

It is frightening to see the majority of the respondents to the questionnaire indicating no fear of sexually transmitted diseases. Seventy-eight percent of the respondents are having unprotected sex--no use of a condom. If these teens are representative of other teens, then a recommendation to adopt a developmental family life education curriculum is also on target. The message must reach our children that no one has died from lack of sex, but people have died from unprotected sex. Here again there must be a partnership--student, parent, school--working

toward the same goal--saving precious lives. This curriculum would have to start early, hopefully in kindergarten, because from this study, the data indicate the beginning of dating and initiation of sex as early as eleven years of age.

All too often children have not been taught how to make decisions, so very often they make the wrong ones. One component of the family life education curriculum would be decision making. This study has shown that the majority of the respondents planned their pregnancy. Many of these same teens later indicated that it had been a decision best made at a later time in life. The decision making process must involve a look at the consequences, a thing that many of the respondents did not take into consideration when planning their pregnancies. (Appendix B)

The limited number of returned questionnaires supports the recommendation that much work needs to be done on follow-up and evaluation of the Adolescent Parenting Program. This study is just a beginning of what could ultimately be a very comprehensive program evaluation. The longer that it is put off, the more difficult it will be to complete. Part of this evaluation should be work around the understudied group, the teen fathers. A component that is missing and very much needed would address the needs and problems of this segment of the population. In reviewing

the literature, the research on teen fathers is very limited.

Fortunately, a large percentage of teens in the Adolescent Parenting Program are staying in school to get a diploma. This is a goal of the program--a goal that will mean an opportunity for a better future not only for the teen parent, but also for her child. The respondents are pleased with what they received from the program and this is substantiated by their comments. Much has been done; much needs to be done!

APPENDICES

APPENDIX A

ADDENDUM

The hurdles that one must jump over to do research are many. It helps, when one encounters a person in the library who is willing to give that little extra in her profession. Fortunately, I encountered such a person, Peg Adlum, at the University of Massachusetts (Boston) Library Reference desk. Once this person was willing to share her expertise with me and not tell me to make an appointment, I felt that I was on my way. Little did I know!

I searched ERIC and Dissertation Abstracts and felt that I would be able to access tons of material on my topic. ERIC supplied me with addresses to write to, to get books, articles, and studies. My question is when was ERIC last updated? Many of the letters and checks that I sent out were returned, because of incorrect addresses, thus putting me further behind. The letters and checks that did find their way to the correct place lead to further correspondence, because the checks were not for the correct amount (prices do go up), thus adding more time onto getting my materials--some of which have yet to arrive. To compound matters, some of the material is out of print.

Undaunted, I tried yet another avenue--microfiche. Again, the folks at the Library at the University of Massachusetts, Boston, shared their experience to help me

access the materials I sought. Unfortunately, the copies in most cases were unreadable. Not to mention the cost!

I mention these pitfalls, so that they may be pointed out to people in the future. It may make their searching for material easier and less frustrating if they are aware that ERIC does have its problems.

APPENDIX B

SUPPORTIVE TABLES FROM OTHER SOURCES

Percent of Unmarried Teenage Women and Men
Who Were Sexually Active at Selected Ages,
1979, 1976 and 1971 (Metropolitan Areas)

	Age 15	Age 17	Age 19
Women			
1979	22	48	69
1976	19	43	60
1971	14	26	46
Men			
1979	--	56	78

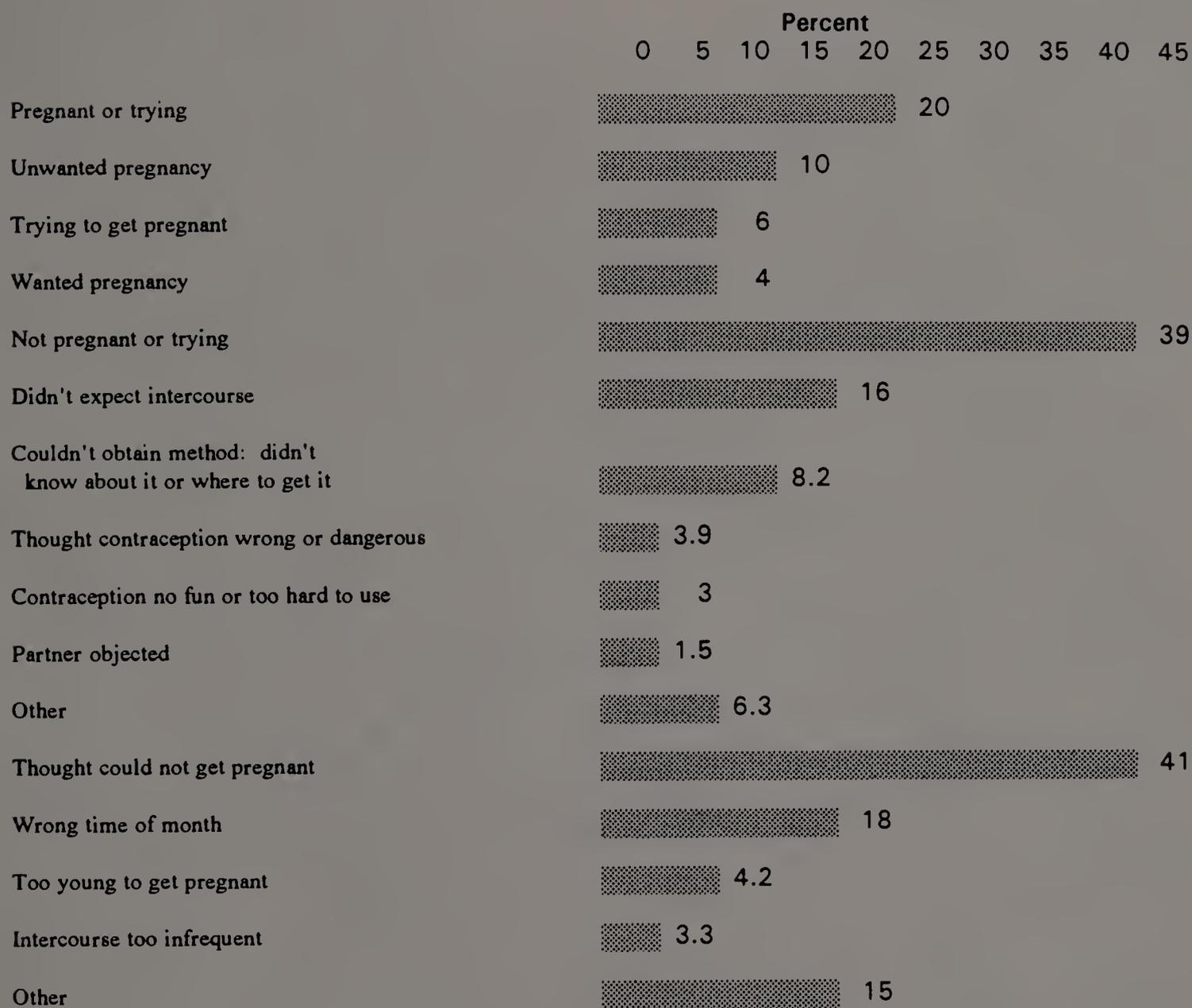
Source: The Alan Guttmacher Institute "Factbook on Teenage Pregnancy, Tables and References for Teenage Pregnancy: The Problem That Hasn't Gone Away," New York, 1981.

Teenage Pregnancy and Its Outcome,
1981, 1973 and 1970

	Pregnancies	All Births	Out-of-Wedlock Births	Abortions	Miscarraiges
1981					
Age 13-19	1,122	537	268	434	151
Under 18	442	197	127	188	58
1973					
Age 13-19	1,008	617	205	243	148
Under 18	442	251	111	128	63
1970					
Age 13-19	997*	656	201	190*	151*
Under 18	370	235	107	80	55*

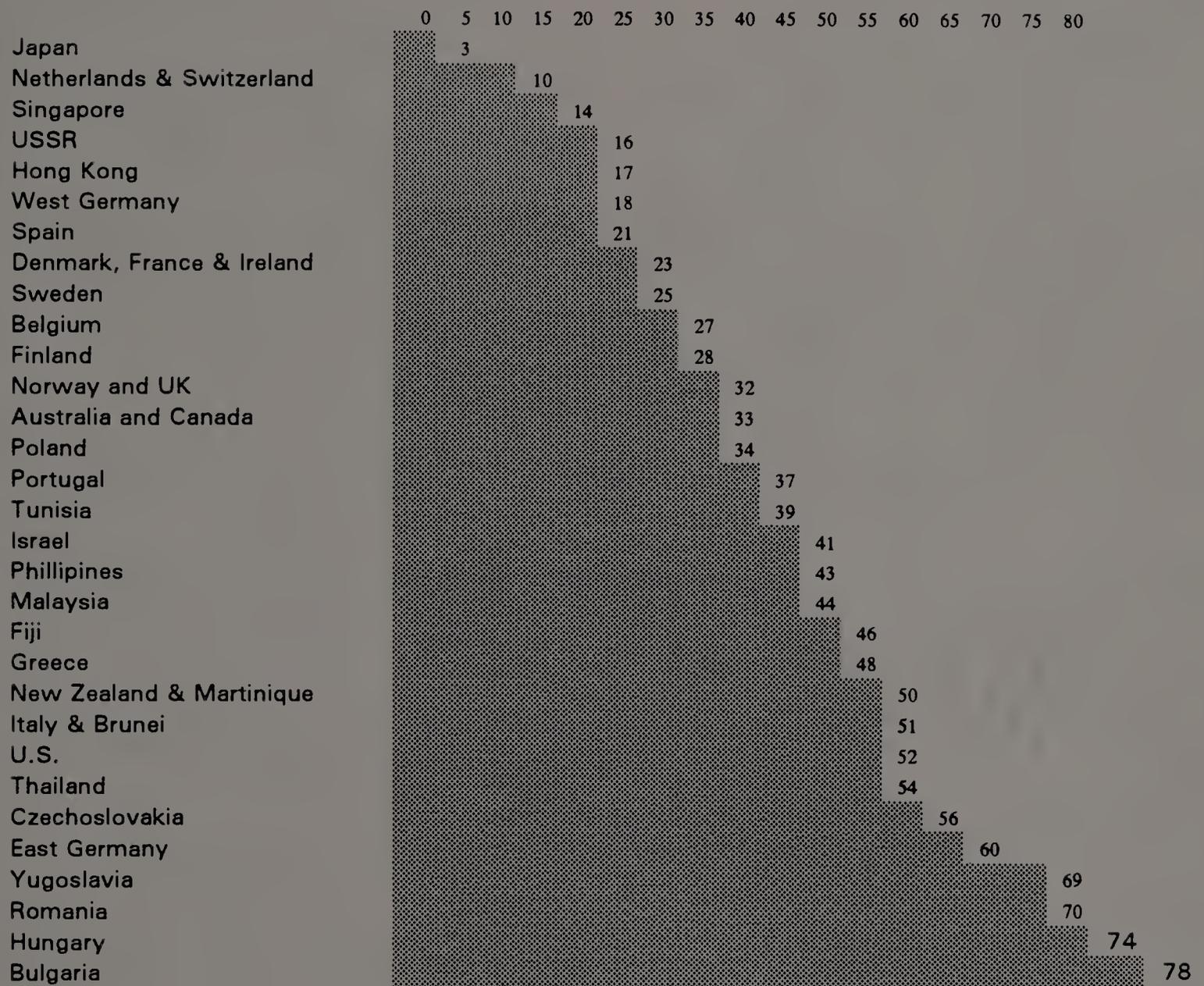
*1970 figures for pregnancies, abortions and miscarriages are estimates.
Source: The Alan Guttmacher institute, unpublished data.

Percentage Distribution of Women Aged 15-19 Who had
Premarital Intercourse More Than Once

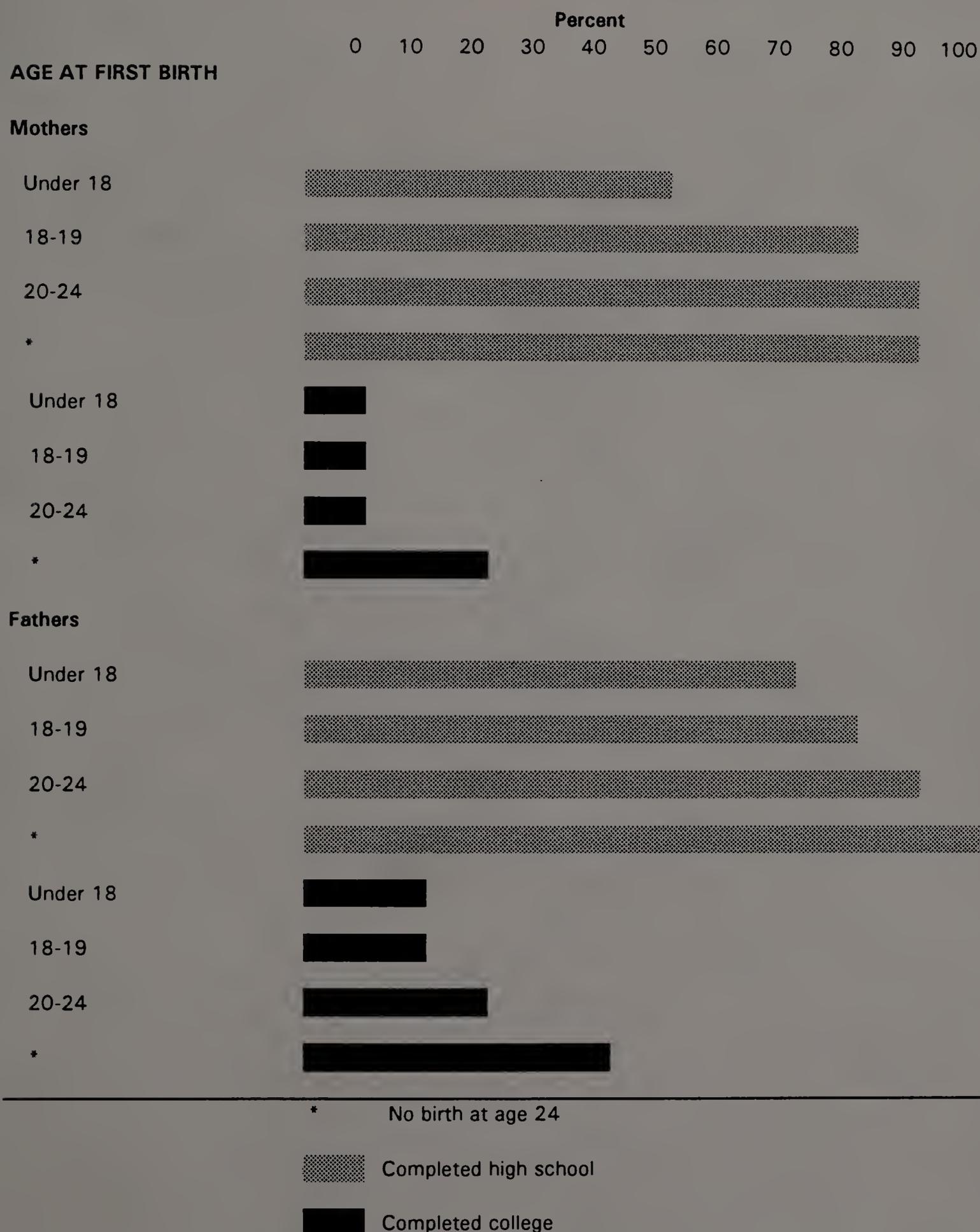


Source: Guttmacher Institute

Number of Births per 1,000 Women Younger Than 20, Selected Countries, Middle-to-Late 1970s



Percentage of Mothers & Fathers at Age 15 Who Received High School Diploma and Completed College



Births Per 1000 to Women Aged 15-19, 1991

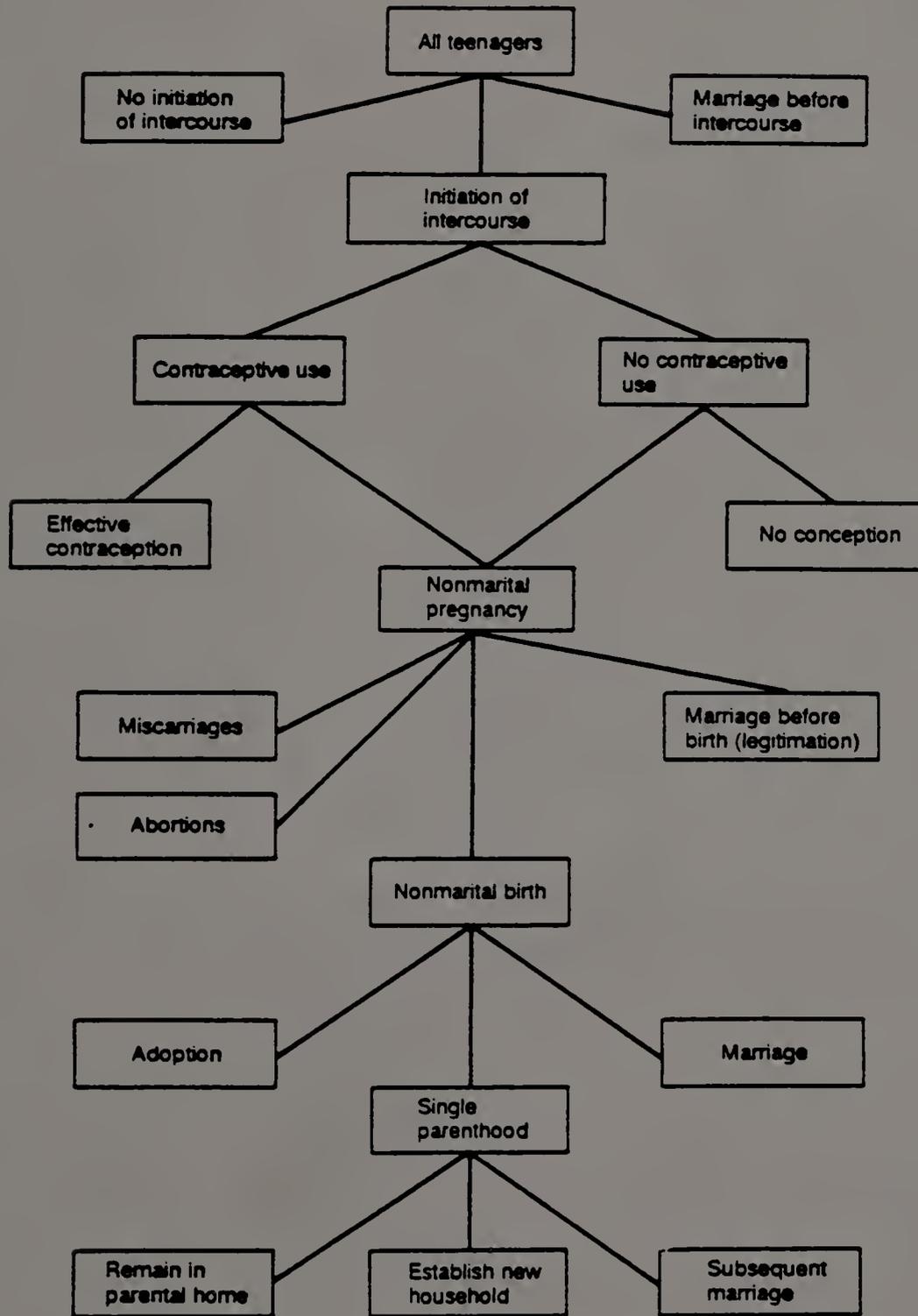


Teen Birth Rate

The Sunbelt is the teen baby belt. With the exception of Florida, the states which recorded more than 70 births per 1000 teens cut a broad swath across the southern United

States from Georgia and the Carolinas on the Atlantic coast to California in the west. Alaska is the only state with a high teen birth rate outside this contiguous bloc.

Adolescent Sexuality, Pregnancy, and Childbearing



Sequence of decisions affecting adolescent sexual and fertility behavior.

APPENDIX C

LETTERS AND QUESTIONNAIRE

TO: Ms. Mary Lou McGrath
The Superintendent of Schools
Cambridge School Department
159 Thorndike Street
Cambridge, MA 02141

FROM: Eleanor A. Farinato, Guidance Counselor
Cambridge Rindge and Latin School & Ed.D. Student
University of Massachusetts at Amherst

I am requesting permission to be able to do some case studies with some Cambridge Rindge and Latin students and some graduates of Cambridge Rindge and Latin. My dissertation topic is "Teenage pregnancy and parenting-- National Problem/Local Solutions." The identity of the case studies would not be used in the dissertation; the information would be statistical and informational in nature.

Enclosed are copies of the release form and the questionnaire to be used in these case studies. I feel that information that I gather from the research will not only be useful for my dissertation, but ultimately to my position as guidance counselor at Cambridge Rindge Latin.

Thanking you in advance for your support in my research.

Sincerely yours,

Eleanor A. Farinato
Guidance Counselor
Doctoral Student

Enclosures

June 28, 1993

Dear Student,

I would appreciate your returning the enclosed release form, signed, and the questionnaire completed, as soon as possible, in the enclosed self-addressed stamped envelope. As soon as I receive these completely finished papers, I will reimburse you with \$5.00 for taking the time to fill them out. Please try to answer all the questions and return them as soon as possible, because it will help me to do a complete study. Please take a few minutes now to do this before you forget. I truly appreciate your help in my work and ultimately in helping others.

Sincerely,

Eleanor Arcanjo Farinato

Enclosures

Dear Parent/Student:

My name is Eleanor Arcanjo Farinato. I am a Guidance Counselor at Cambridge Rindge and Latin (CRLS) and am presently working on my dissertation at the University of Massachusetts at Amherst. I am requesting that you consent to filling out the attached questionnaire (which has been approved by the Superintendent of Schools of Cambridge, the Principal at CRLS, and the Principal's Cabinet at CRLS).

My dissertation topic is "Teen Pregnancy/Parenting, National Problem/Local Solution." The research that I am doing is to look at the problem of teen pregnancy and parenting and how we as educators are addressing the issues of these students, in hopes that we can do the best job possible.

Once I receive your completed questionnaires, I will review your responses and compile the information for use in the dissertation. Your name will not be used--if there is need to do a case study pseudonyms will be used. The original questionnaires are to be used only by me and will not be seen by anyone else. If at any point you change your mind about your participation in this, please notify me and I will withdraw your questionnaire from the study. Your participation in this study is voluntary and will have no impact on your grades/diploma. If you wish to review the final results, please feel free to let me know.

The results will become part of my dissertation and submitted to my committee and finally to the University of Massachusetts at Amherst. The Cambridge School Department may wish to review it to help it in further assisting the particular population with which the topic deals.

I am hoping that you view this opportunity to help me with my endeavor as a way of helping present and future students, who may be pregnant/parenting teens. If you are 18 years or over you may give consent by signing below. If you are under 18 years of age, your parent or guardian must give consent for your participation in this study.

I thank you in advance for your help and cooperation and would appreciate your returning this release form and the completed questionnaire in the enclosed stamped, self addressed envelope, as soon as possible.

Sincerely yours,

Eleanor Farinato
617-349-6657 (work) 617-484-4273 (home)

I will participate by completing the enclosed questionnaire.

Signature of parent (those under 18)

Date

Signature (those 18 or older)

Date

QUESTIONNAIRE

Developed by Eleanor A. Farinato, Doctoral Student at the University of Massachusetts at Amherst.

Dissertation topic: Teenage Pregnancy/Parenting--National Problem, Local Solution.

1. NAME: _____ NUMBER ASSIGNED _____
2. ADDRESS: _____
- 2A. With whom do you live? _____
3. Telephone Number _____ Date of Birth _____
4. Last year of school completed: _____
5. Parents Marital Status: _____
Your Marital Status: _____
6. Do you have a job? _____
7. Names of brothers and sisters and their dates of birth:

8. Age at which you began dating: _____
9. When, where how and from whom did you learn about sex:

10. Age at which you became sexually active: _____
11. Did you or are you presently using any birth control method? Yes or No (Please circle)
If yes, please indicate method(s): _____
12. Did your parent(s) know of your use of birth control:
mother Yes/No, father Yes/No.
If yes, indicate reaction: _____

13. Did you ever have a fear of sexually transmitted diseases Yes/No. If yes, please describe: _____

14. Have you ever had an abortion: Yes/No
- A. If yes, please indicate your approximate age: _____
- B. If yes, please describe what motivated the decision

- C. If yes, please indicate whether or not the baby's father had knowledge of the abortion. Yes/No
Please describe his reaction: _____
- D. If yes, please indicate whether or not your parents had knowledge of the abortion Yes/No. Please describe their reaction: _____
15. A. Do you have any children? Yes/No
- B. If yes, please indicate their names and dates of birth: _____
- C. Did you want to be pregnant and have a child or was it not planned? _____
16. If you do have children:
- A. Please indicate the reaction of your peers to:
- a. Your pregnancy _____

- b. Your keeping the child(ren) _____

B. Please indicate the reaction of adults to:

a. Your pregnancy _____

b. Your keeping the child(ren) _____

17. Did you ever consider giving your child(ren) up for adoption Yes/No. Please describe what motivated your decision: _____

18. Please describe your relationship with the father(s) of your child(ren): _____

19. Were you ever involved in a support program for pregnant and parenting teens? Yes/No If yes, please comment: _____

20. Have you ever used Day Care? Yes/No

A. If yes, please indicate type of day care: _____

B. If yes, please indicate your satisfaction/dissatisfaction with the day care: _____

21. If you could change your life--how would you? _____

APPENDIX D

TEACHING TOOLS

Why Do Teens Decide to Have Sex?

Jennifer K. Davis

Purpose: To help students explore the question. What needs are teens trying to meet when they make the decision to have sexual intercourse?

Time: 50 minutes

Materials: Needs chart on butcher paper or a blackboard.

What need are people trying to meet through sex?	Is it met?	Consequences	Alternative ways to meet this need	Barriers to these alternatives

Introduction: This activity introduces the idea that the decision to have sexual intercourse may be more complex than it appears on the surface. Often people, including teens, have sexual intercourse to meet needs that have nothing to do with sexual pleasure and satisfaction.

Once students understand the concept, it is important to follow the question through to its logical conclusion: Does sex meet the stated need or not? Might there be unforeseen consequences? Might there be alternative ways to meet this need? In order not to minimize the difficulty teens might have in seeking affection or expressing sexuality in ways other than sexual intercourse, add a final question: What barriers exist to the alternatives listed and how can young people get around the barriers?

Procedure: Have students brainstorm the bulk of the information themselves, rather than feeding the information to them. This can be time consuming but the activity will be more effective if it is student driven. Usually teens are not used to thinking about sex and sexuality in terms of needs fulfillment, and it may take a while for them to start thinking in this vein. Their initial discomfort may keep them silent until a few of the more verbal students get the discussion going, and then everyone can participate in some way.

Start with a discussion of the word "sex" versus "sexuality." For this exercise, define sex as "sexual intercourse" but be sure to define and discuss "sexuality" as well. Have students brainstorm up to ten of the most common needs teens might be trying to meet through sexual intercourse.

Typical responses might include "love," "security," "acceptance from peers," "pleasure," "respect," "affection," and "curiosity." You might think about adding, "to prove they're not gay" to the list, as a way to start a discussion on sexual orientation--an important topic that might not otherwise be raised. Discuss each response in turn, as you move through the categories.

The next question, "Is it met?" will probably elicit the answer, "Sometimes." It's not possible to make a general statement about all acts of sexual intercourse. The important point is that sex is not a guaranteed way to meet any of these needs.

The "Consequences" might include unwanted pregnancy or STD transmission. Teens might also realize that in trying to get "love" or "respect" through sex, their plan may backfire, actually resulting in a loss of love and or respect.

The "Alternatives" discussion can take many different directions depending on the classroom. It may bring up the issue of "love": How do you make someone love you? Once the person loves you, how can you ensure

that they continue to love you without having sex with them? This is an especially important part of the activity, since discussions of love and intimacy are often neglected in sexuality education.

Talking about alternatives may also lead to a frank discussion about the many ways sexuality may be expressed other than sexual intercourse. Alternate ways to express sexuality can range from holding hands to masturbation. Be prepared to conduct the discussion in a way that is appropriate for your classroom. One way to approach this idea is in terms of high-risk and low-risk behavior: What are some low-risk ways to be close, affectionate and even sexual with another person?

Students may identify the barriers to alternatives at the same time they're listing the alternatives. "Embarrassment" is a huge barrier, as well as the most commonly listed excuse for unintended pregnancies. So this is a vitally important issue to discuss with teens.

The following questions will trigger discussion: How can they conquer their embarrassment? What would make them feel more comfortable in these situations? This is an appropriate place to discuss negotiation skills. How can you get someone to use a condom, or other contraception, if they don't want to? How do you set limits with a partner? How do you introduce the idea of sex without sexual intercourse?

This discussion provides a natural lead-in to roleplays. Students can do roleplays from their seats or standing in front of the group--whatever their comfort level allows.

Note: Some of the material in this activity may not be appropriate for use in the public high school. Check with your administrative and/or FLE advisory committee on guidelines for discussing controversial issues.

Gonophore K. Davis, Health Educator, Planned Parenthood League of Massachusetts, Cambridge, Massachusetts, 1991/1992.

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