

THE EFFECTIVENESS OF A TEEN PREGNANCY PREVENTION PROGRAM  
THAT OFFERS SPECIAL BENEFITS FOR PREGNANT AND PARENTING TEENS:

A QUALITATIVE STUDY

by

Marsha Brown

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

Liberty University

July, 2013

THE EFFECTIVENESS OF A TEEN PREGNANCY PREVENTION PROGRAM  
THAT OFFERS SPECIAL BENEFITS FOR PREGNANT AND PARENTING TEENS:

A QUALITATIVE STUDY

by Marsha Brown

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

Liberty University, Lynchburg, VA

July, 2013

APPROVED BY:

Shante' Moore-Austin, Ph.D., Chair

Fred Conner, Ed.D., Committee

Bunny Campbell Ed.D., Committee

Scott Watson, Ph.D., Associate Dean, Advanced Programs

## ABSTRACT

Teen pregnancy continues to be a problem for families, educators, health care professionals, and the government. Teenagers are not afforded the opportunity to learn or receive reinforcement on God's laws on abstaining from premarital sex because religious education is not allowed in the public school system. This increase has led to the creation of the Teenage Parenting Center (TAPP), located in southwest Georgia. TAPP is one of 64 schools in a school district that offers special benefits for pregnant and parenting teens. This qualitative case study used a *phenomenological* approach to explore the experience of eight former attendees of the TAPP program. Participants ( $N = 8$ ) completed interviews, wrote a personal reflection, and completed a survey to determine their beliefs regarding the program's effectiveness. Results showed that participants were satisfied with the practical help the program gave them. Being able to attend school where day care was available enabled participants to remain in school and, with one exception, to graduate from high school. Participants reported satisfaction with program components that helped them learn to plan ahead, think about their futures, and obtain further education and paid employment. All participants but one were gainfully employed, and six had attended or were attending an institution of higher education. The program was successful in encouraging participants to practice safer sex, but was unsuccessful in preventing additional pregnancies out of wedlock or improving moral values, as all but one participant had gone on to have more children and were living with a man to whom they were not married.

Descriptors: case study, phenomenological approach, teen pregnancy, inappropriate relationships, lived experience, education on these relationships, and God's teachings

©Copyright by Marsha Brown 2013  
All Rights Reserved

## **Dedication**

This dissertation is dedicated to the loving memory of my uncle, Horace Lee Love, who encouraged me to continue my education by reiterating, "You can never learn too much." He always stated after every educational milestone to "keep going sugar" and "keep God first." I love you and you are always in my heart.

## Acknowledgements

Lord, I thank you from the bottom of my heart. I could not have done this without You. All the long nights and tears have finally paid off. Thanks for Your unconditional love towards me.

I want to thank my mom, sister, and Dr. Bunny Campbell for the encouragement and extra push to propel me forward when I wanted to give up. These three people have truly been angels in my life. I am grateful to have had a team of “Gladiators” to assist me through this process.

I want to thank my mom, I am so grateful for you. I could not have done it without your love and support. When God assigned mothers, he gave me the best. You have been a great mother and father to me. Thanks for shaping me into the woman I am and for believing in me. I love you!

To my sister, you are the world’s greatest little sister. Thanks for your spiritual guidance, encouraging words, and late nights of proofreading my papers throughout my educational journey. Thanks for loving me unconditionally and always believing in me.

To Dr. Bunny Campbell, my advisor during my Master and Educational Specialist program at Troy University, you encouraged me to continue my educational endeavors and expressed to me that I could do it. I remember coming into your office asking you about this journey. You stated you would be honored to serve on my committee and I am forever grateful for your support.

To my chair and committee, thanks for your support and encouraging words.

To all participants in my study, thanks for allowing me inside your worlds. I pray that God continues to walk with you and your families. I wish you well.

## TABLE OF CONTENTS

ABSTRACT.....	iii
Dedication.....	v
Acknowledgements.....	vi
TABLE OF CONTENTS.....	vii
LIST OF TABLES.....	x
CHAPTER ONE: INTRODUCTION.....	1
Background.....	1
Situation to Self.....	7
Problem Statement.....	8
Purpose Statement.....	8
Significance of the Study.....	9
Research Questions.....	10
Research Plan.....	11
Delimitations.....	14
CHAPTER TWO: LITERATURE REVIEW.....	15
Introduction.....	15
Theoretical Framework.....	16
Teen Sexual Practice and Pregnancy: Contributing Factors.....	21
Teenage Pregnancy Prevention Program Examples.....	48
God’s Views on Sex and Premarital Sexual Intercourse.....	55
CHAPTER 3: METHODOLOGY.....	61
Introduction.....	61

Research Design .....	61
Research Questions.....	65
Participants.....	65
Site and Setting.....	67
Procedures.....	69
Researcher's Role/Personal Biography.....	71
Data Collection.....	72
Data Analysis.....	77
Ethical Considerations.....	80
CHAPTER FOUR: FINDINGS.....	82
Overview.....	82
Participants.....	83
Interview Findings.....	86
Survey Findings.....	97
Personal Reflection Findings.....	100
Conclusion.....	107
CHAPTER FIVE: DISCUSSION.....	109
Summary.....	109
Discussion.....	111
Implications of Study.....	120
Recommendations.....	121
Recommendations for Action.....	121
Limitations.....	122



Recommendations for Future Research.....	123
Conclusion .....	123
REFERENCES .....	125
APPENDIX A.....	132
APPENDIX B.....	133
APPENDIX C.....	135
APPENDIX D.....	138
APPENDIX E.....	139
APPENDIX F.....	140
APPENDIX G.....	141

## LIST OF TABLES

Table 1 Demographics of the Sample.....	84
Table 2 Survey Descriptives.....	99

## **CHAPTER ONE: INTRODUCTION**

### **Background**

The United States (U.S.) continues to experience the highest teenage pregnancy rate among developed countries; the phenomenon remains a complex occurrence for families, educators, health care professionals and the United States government (Hardy & Landry, 2000; Kerby, 2009; Little & Rankin, 2001). The purpose of this chapter is to present a framework for the current research, and to provide a foundation for the problem that necessitated the study. The problem is twofold: first, the efforts put forth by the United States government and the educational system to successfully decrease teen pregnancy and, second, the lived experience of teens who have become pregnant and attend a teenage parenting program. Since the public school system does not allow religious education, the researcher will discuss the importance of God's teachings in chapter two.

The focus of the study is teenage pregnancy among African-American young women. Children who are the products of teen pregnancies, regardless of race, are frequently plagued with problems, which do not fade away with time. Consequently, many children develop into troubled young adults, prone to negative behaviors such as dropping out of school, drug addiction, depression, or antisocial behaviors (Gilbert, Jandial, Field, Bigerlow, & Danielsen, 2004). This population often experiences a higher rate of incarceration because these behaviors frequently become a cycle. Considering these facts, it is imperative educators implement education on appropriate and inappropriate relationships as a component in the school curriculum to aid in the reduction of teen pregnancy. School-based education on appropriate and inappropriate

relationships can be an important and valuable way of enhancing young people's knowledge, attitudes and behavior. Effective and ineffective programs have been well researched, and there is widespread agreement that formal education should also include education on appropriate relationships. Avert (2009) suggested effective school programs should include the following elements:

- A focus on reducing specific risky behaviors
- A basis in theories which explain what influences people's inappropriate choices and behavior
- A clear and continuously reinforced message about sexual behavior and risk reduction
- Accurate information about the risks associated with inappropriate activity, contraception and birth control, and methods of avoiding or deferring intercourse
- Dealing with peer and other social pressures on young people while providing opportunities to practice communication, negotiation, and assertiveness skills
- A variety of approaches to teaching and learning that involve and engage young people and help them to personalize the information
- Approaches to teaching and learning that are appropriate to young people's age, experience, and cultural background
- Teachers who believe in what they are saying and have access to support, in the form of training or consultation, with other sex educators.

Formal programs that contain these elements have been shown not only to increase young people's level of knowledge about sex and sexuality, but also to raise the

average age at which they first have sexual relations, thereby decreasing their risk factors (Avert, 2009). In addition, effective relationship education is supported by links to sexual health services and takes into account the message about values and behaviors young people get from other sources, such as friends and the media. There are, in fact, a number of programs and strategies that were developed and implemented at various schools and school districts for use across the nation. However, only a few of these programs and strategies had sufficient evaluation components to provide meaningful data (Elliot & Okwumabua, 1998). Elliot and Okwumabua (1998) evaluated a program called, “Let the Circle Be Unbroken: Rite of Passage.” The program involved an adaptation of socialization processes frequently observed in African cultures, which openly acknowledge the necessity of formally assisting adolescents in the transition from childhood to adulthood.

According to Elliot and Okwumabua (1998), the rite of passage from an African-American point of view is meant to train the young person for a new stage of life. Training in this context refers to educating teens about teen pregnancy and follows the premise that as teenagers mature, they can become productive and responsible members of society. This process, however, does not include becoming a teen mother on welfare or social programs. The program began with targeting pregnant African-American teens and then moved into social skills and decision-making. The researchers concluded one of the factors that placed teenagers at risk was a lack of involvement, even concern, about their own educational future. This suggests that a program that helps teenagers think about and plan for their future and their education may help them to resist engaging in behaviors, such as inappropriate activity, that may put that future at risk.

A later study found even fewer programs have published results on the efficacy of their intervention or have not provided data on behavioral outcomes (Kirby, 2007). Further, many of the approaches that have been utilized do not appear to have considered the impact of race, gender, or socioeconomic status on adolescent pregnancy outcomes (Meyer, 2001). Whether a program is effective may depend greatly on how the message is delivered and perceived by the intended population.

Because teenage pregnancy is a serious problem in American society there have been a number of studies regarding the rate of teen pregnancies, their causes or contributing factors, and prevention (D'Angelo, Gilbert, Rochat, Santelli, & Herold, 2004; Focus Adolescent Service, 2008). Although there are various programs throughout the nation designed to address the problem of teen pregnancy, the information changes so rapidly it becomes difficult to have current data.

The U.S. has an unacceptably high rate of teen pregnancy, sexually transmitted diseases (STDs), human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). Programs funded by the U.S. government are currently addressing these infections. With pregnancy rates rising among American teenagers, specifically African American teenagers, it becomes difficult to determine the success rate of these programs due to the lack of current data ranging from 2009 to 2012.

According to Kirby (2007) in a report on new research findings on programs to reduce teen pregnancy and Focus Adolescent Service (2008), there are a number of reasons why teenage girls become pregnant. The more important of these include:

- Lack of education on right and wrong birth control methods
- Belief this is a way to rebel against parents

- Lack of emotional fulfillment at home
- Contraceptive failure or human error
- Belief that becoming pregnant is a way to exercise control over one's life
- Belief that having inappropriate relations or becoming pregnant will keep a boyfriend from leaving
- Cultural values that support early pregnancy.

Such factors suggest that communication skills and relationship education might be powerful factors in reducing teen pregnancy. It also indicates that many girls are not educated about methods of birth control and how to deal with peers who pressure them into having premarital relations. In addition, the list shows that pregnant teens may lack awareness of the central facts of sexuality.

Research suggests that poor self-esteem may be a factor that places teenage girls at risk of becoming pregnant out of wedlock. For example, pregnant teenage girls have been found to have a lower self-concept in relation to moral, family and social dimensions. One of the causative reasons is that families do not have an influence over the teen (Miller, 1998). This was supported by the findings of Meade, Kershaw, and Ickovics (2008), who conducted a study on girls who became pregnant in their teen years. Their findings indicated that teenage girls who are most likely to become pregnant are characterized by low self-esteem, an unfavorable attitude toward themselves, low educational expectations, and an external locus of control, perpetuating the intergenerational cycle of teenage motherhood.

Other factors, such as misbehavior and instability, also contribute to teenage pregnancy. The misbehavior and instability can be due to the girls' cognitive, biological,

and emotional development, which have not yet matured. Teenagers' relative immaturity can therefore be considered a factor contributing to teen pregnancy (Hardy & Landry, 2000).

Gallagher (1999) noted that pregnant teenagers generally have a negative attitude toward the relationships with men in their lives, but idealize the idea of a relationship between themselves as mothers and their unborn children. Some teenagers perceive motherhood to be a gratifying, as well as a safe way, to give and receive love. This view may represent an attempted solution to problems related to relationships and sexuality, as teenage pregnancy often occurs in situations where the girl has become estranged from her family (Gallagher, 1999). In such instances, stressors within the family's behavioral system contribute to the development of an environment in which the girl engages in inappropriate behavior, which is an unsuccessful attempt to give and receive love.

Educational programs intended to reduce teen pregnancy also assist the adolescent in dealing with problems of self-image and low self-esteem. According to Schaalma, Abraham, Gillmore, and Kok (2004), "Models of cognitive change applied to other health-related behaviors also apply to the promotion of safer sex practice" (p. 259). Programs that provide this information are more likely to be successful than those that do not (Kirby, 2007). Therefore, many programs have been developed and implemented to address these issues. Despite a broad array of interventions targeted towards pregnancy prevention or improving outcomes for parenting teens, teenage pregnancy continues to occur.

One reason for the failure of programs to prevent teenage pregnancy is that school practices are not in touch with teen mothers and adolescent needs (Carnegie Council on



Adolescent Development, 1995; Gallagher, 1999). The dramatic changes in society, especially in recent years, have contributed to adolescents growing, developing, and experimenting with premarital relations at an earlier age than previously. Research that evaluates programs from the perspective of the program participants and that enables the voices and views of teen mothers to be heard, may enable providers and schools to develop better teen pregnancy prevention programs. It is important to develop programs capable of assisting teen mothers in becoming good parents as well as productive citizens.

### **Situation to Self**

When I was younger and in high school, I had a chance to see firsthand how teenage pregnancy hampered the girls who became pregnant and how it destroyed their chances at experiencing potentially successful careers. This motivated me later to try to find a way to help other girls and to research the philosophical assumptions that could guide them to success. The assumption that I brought to the present research related to phenomenology, which is concerned with how experience is both personal and social. It is also private and non-sharable in some respects. But a positivistic paradigm often associated with this approach is inappropriate for studying phenomena because it cannot describe the essential phenomena of the human world. Among these essential phenomena are values, meanings, intentions, morals, feelings, and the life experiences of human beings. A case study with a phenomenological approach was chosen for the present study because such an approach focuses on the lived experience as constituted in the consciousness of participants (Creswell, 2007). It is from this perspective that this study was guided.

## **Problem Statement**

The teenage birthrate in the U.S. is a problem. Although the birth rate of teenagers in the U.S. has dropped since the 1950s, it “remains one of the highest among other industrialized countries” (Hamilton, Martin, Vetura, 2007, p. 1). In 2011, a total of 333, 771 teens gave birth (Solomon-Fears, 2013). Because teen-aged mothers are at risk of not completing their education and of becoming dependent on welfare, programs that focus on helping them avoid risky behaviors in the future and helping them become self-reliant adults are needed. However, there is a gap in the research relating to the effectiveness of such programs. The problem investigated in this study was the effectiveness of the Teen Pregnancy and Prevention Program from the women’s point of view provided by the Teenage Parenting Center located in southeast Georgia. This was accomplished through face-to-face interviews with, a survey of, and personal written reflection by student parents who had graduated from the program.

## **Purpose Statement**

The purpose of this phenomenological case study was to examine the lived experiences of young women who became pregnant as teenagers and participated in a Teen Pregnancy prevention program in order to evaluate the effectiveness of the program from the women’s point of view. A second purpose was to obtain outcome data pertaining to the women, such as whether they prevented further pregnancies, continued their education, or found employment after participating in the program. For the purposes of this research, pregnancy prevention was generally defined as reduced sexual activity and thus a lowered risk, which serves as a general definition of the central concept.

## **Significance of the Study**

Findings of the research could lead to a better understanding of students' beliefs about the program or any program of a similar nature. If counselors attain their goal of educating pregnant teenage girls about healthy relationships it may help reduce or prevent a second baby. A secondary benefit would be the reduction of sexually transmitted diseases after participating in the program. As a result of teaching about appropriate relations, gaining self-respect and building self-esteem teenage girls will better understand the importance of practicing safer relationships. A third benefit would be a decrease in the number of children born out of wedlock.

As noted by Lear (2007), in order to create a culture of learning and reduce unhealthy relationships, school counselors must be trained in appropriate methods of counseling students who become pregnant or exposed to sexually transmitted diseases. Furthermore, the more effective a school counselor is the more likely students will develop healthier relationships (Lear, 2007; Portman, 2009). It is essential that school counselors are trained and participate in the planning, developing, and teaching of healthy and appropriate relationships. According to Pietrofesa (1996), counselors must learn to deal with the relationship concerns of their students and motivate students to become involved in relationship counseling and education to reduce unhealthy practices and teenage pregnancy. Teaching healthy practices is important because family structure affects self-concept. Self-concept effects the decisions regarding sexual activity and behavior (Bridgeland et al., 2006). Disruptions in family structure, through parental separation, divorce, remarriage, or cohabitation, were associated with problematic parenting and poorer outcomes (Bronstein et al., 2003); therefore, reducing the number of

children born out of wedlock is important.

The significance of the present study relates to its impact on school counselors and the teenage girls they counsel. It is hoped the results of this study will be useful to counselors, educators, and parents who are searching for a consistent means of effectively reducing unhealthy and inappropriate decisions and relationships among teenagers participating in a pregnancy prevention program. The significance of the study also relates to the ability of the teen pregnancy/prevention program to serve as a model. If the program leads to a reduction in teen pregnancy and sexual activity, it could serve not only as a model for other programs in the state of Georgia, but also in other states across the country.

### **Research Questions**

The continuing problem of teenage pregnancy, as well as the need for program evaluations that incorporate the views of participants, inspired this researcher to investigate the views of former participants regarding whether and how the Teenage Pregnancy Prevention Program (TAPP) was helpful to them in reducing the chance of them having a second baby out of wedlock, decreasing unhealthy sexual practices, developing good parenting skills, and preparing for productive employment. As such, the core research questions investigated in this research study were as follows:

1. What factors prompted participants' decision to enter into the Teen Pregnancy and Prevention Program?
2. How did the Teen Pregnancy Prevention Program reduce participants' risk of having a second child and/or engaging in sexual activity(ies) while in the program?

3. How did the Teen Parenting Program help prevent participants from having a second baby out of wedlock after leaving the program?
4. How did attending the Teen Pregnancy Prevention Program assist participants in finding a job and being self-supporting?
5. How did the program affect participants' desire to pursue further education?

### **Research Plan**

This qualitative case study used a phenomenological approach to hear the voices and beliefs of teen mothers who had attended a Teenage Parenting Program. The choice in this situation was a qualitative case study using a phenomenological approach, because this researcher was assessing beliefs of participants (Creswell, 2007). According to Babbie (2003), qualitative research is a line of inquiry that recognizes the role played by context in influencing subjectivity and behavior. Qualitative research includes specific methods of examination and investigation such as observation and documentary review. Phenomenological research occurs in a natural setting where the researcher is an instrument of data collection, gathering words or images, analyzing these data individually and collectively, and focusing on the meaning of the phenomenon as experienced by the participants. The defining elements of qualitative research involve the in-depth study of cases, interpretation of behaviors, or detailed description of respondents. The focus is on individuals or groups, the subjects' natural language accounts and the observations of the researcher. The analysis is ideographic because the goal is comprehension of the phenomenon, the interaction of factors and how they define the case in question.

Creswell (2007) stated sources of data in qualitative research include unstructured

interviews, observation, and documents. The choice of data sources is usually based on "purposive sampling," which focuses on collecting data from sources most likely to provide relevant information (in the present case this refers to graduates from the Teenage Parenting Center). A common aspect of most qualitative research data collection is other rich data, which can consist of journaling, personal reflections and/or participant personal reflection, a procedure in which the researcher observes and interviews, and is acknowledged to be an integral part of the process.

The population for this study consisted of women between 18 and 21 years of age, who previously attended or graduated from the Teenage Parenting Center in a southwest county in Georgia, between the academic school years of 2005 through 2012. Currently there are 148 teenage parents who attend the school. All are girls between the ages of 13 through 18. The students are pregnant or have one child. They are not allowed to attend the school if they have a second child while in the program. The school is located in an urban area in Georgia, which typically has a majority student population of African Americans. There is a small percentage of Hispanics and Caucasians that attend the school/program.

The researcher used snowball sampling to obtain a sample of 8 women who previously attended the Teen Parenting Program in a southwest county in Georgia. The target population consists of all teenage mothers between the ages 18 through 21 who attended the program between the academic school years of 2005 through 2012. The rationale for selecting the involvement of this special population is that these are the females who have experienced the program and have a better perception as to whether or not the program was successful, or influenced their subsequent life decisions.

The researcher interviewed, conducted a survey and personal reflection to find out the students' beliefs on the effectiveness of the program in terms of reducing the risk of teenage pregnancy and sexual activity after leaving the program. The researcher asked if the participants believed the program was helpful with parenting skills, reducing the chance of a second baby, completing high school, decreasing unhealthy sexual practices, and preparing for life after the program.

Interviews, surveys, and personal reflections were conducted and administered by this researcher in a reserved room at Chattahoochee Valley Library or at participants' homes if participants lacked transportation. Although home visits could create issues and limit the participants if others were in the home, it was considered necessary for the researcher to accommodate the participants.

The participants' data from the three different types of data collection (survey, interview, and personal reflections) were tallied, compared, and analyzed to determine the students' beliefs regarding the effectiveness of the program. A full verbatim transcription was returned for participants to review for accuracy for validity and reliability. The data were categorized and analyzed using open coding to reveal common themes and patterns. Findings are presented in the data presentation chapter in both tabular and narrative form.

After the participants were recruited, the researcher explained why the research was being conducted. To ensure the ethical protection of participants, the purpose of the research, procedures and outcomes were explained, and participants were assured that all information collected in the research would be held in the strictest confidence and that only aggregated descriptive information would be used in reporting findings. The

researcher obtained written informed consent before informal introductions, administration of the survey and collection of interview and personal reflections. Although no direct benefits would accrue to the participants, they were advised that the information they provided could be helpful to future students in the program. In addition, it was explained to all participants that they did not need to participate if they did not want to. Even after the study had begun, a participant was allowed to withdraw. To ensure anonymity, subjects were not asked to sign their names to any surveys or written reflections. Upon request, the results will be available to any participant or to the program itself.

### **Delimitations**

Delimitations. The study was delimited to TAPP students over the age of 18 who were no longer attending the prevention program. The decision to limit the scope was to prevent current students from participation because one of the purposes of the study was to obtain outcome data regarding past students in the program. By delimiting the participants to girls who graduated or attended the program between the academic school years of 2005 through 2012, it became possible to gather data regarding outcomes as well as to gather data from teen mothers who had had a chance to reflect on the program. A final delimitation relates to the fact the students were from one county in Georgia.



## **CHAPTER TWO: LITERATURE REVIEW**

### **Introduction**

There are a wide variety of programs that provide services to prevent unhealthy sexual behavior and teen pregnancies, but more information is needed about program participants' perspectives about their impact and effectiveness. The need becomes even more crucial during a time when teen pregnancy is escalating. According to Santelli et al., (2009), "after dramatic declines in teen births and pregnancies from 1991 to 2005, teen birth rates in the United States increased in 2006 and 2007" (p. 25). The purpose of this phenomenological case study was to examine the lived experiences of a snowball sample of African-American young women who had become pregnant as teenagers and had participated in a Teen Pregnancy prevention program, in order to evaluate the effectiveness of the program from the women's point of view. A second purpose was to obtain outcome data pertaining to the women, such as whether they prevented further pregnancies, continued their education, or found employment after participating in the program.

The previous chapter of this study introduced the problem of concern, noted the purpose of the study, explained the significance, presented the research questions, and generally described the research design. The purpose of this chapter is to review the literature pertinent to the topic, including the theoretical orientation of the study. The first section below explains the theoretical framework. The second section of the chapter discusses general facts of teen sexual practice and teen pregnancy and defines sex education programs. The third section reviews various teenage pregnancy prevention programs in the United States and discusses factors associated with their success or

failure. Included are discussions regarding problems and issues faced by these prevention and education programs. The fourth section reviews Christian views relevant to sexual activity outside of marriage. A summary concludes the chapter.

### **Theoretical Framework**

The theories guiding this research study are aimed at lowering unhealthy sexual practices of teenage girls who are pregnant or have a child. Numerous interventions have been designed to promote safer premarital behavior amongst young girls. However, relatively few have proven effective, in part due to the lack of development of theoretically based programs and structure (Wright, Abraham, & Scott, 1998). An understanding of the origins and control of inappropriate sexual behavior can be derived from basic social science research. Unless this is applied to the design of behavior-change programs, the latter are unlikely to target the most important determinants of young people's behavior and are, therefore, unlikely to be effective (Wright et al., 1998). According to Wright et al., (1998), it is imperative that programs whose goal is to deter teen pregnancy comply with the following:

- Improve the quality of young people's relationships, particularly in terms of reducing anxiety and regretted sexual behaviors
- Reduce the incidence of unsafe sex
- Reduce the rate of unwanted pregnancies.

The theoretical basis of this study was intentionally eclectic, combining social psychological cognitive models with sociological interpretations, since this researcher was not concerned with advancing a particular theory, but with finding which are most useful in promoting sexual health. First, the social influences on sexual behaviors are

considered, followed by the way in which these translate into individual perceptions and beliefs. It is important that educators develop a theoretical understanding of sexual interaction and the social contexts of sexual behavior among teenage girls.

Drawing on symbolic interaction, phenomenology and feminist analyses, recent sociological research on young people's sexuality highlights three key issues. First, individuals' understanding of sexuality is largely learned, and it is learned differently according to one's gender. Because sexuality is socially constructed, it is theoretically open to change. Second, the outcome of heterosexual sexual encounters is shaped by gendered power relationships. Third, the recognition and interpretation of health risks are culturally specific, varying with age, gender, and social class (Wright et al., 1998). Gender relations, power, and risk are all key aspects of the teenager's sexual world, but no one aspect is absolute. Wright et al., (1998) stated that young people are capable of reflecting on their social and sexual practice, and need to be given the opportunity to do so in a context where they are under no immediate pressure, but where they can come to understand and deal with different points of view.

At an individual level social cognition models have sought to identify those cognitions that motivate and regulate health-related behaviors. The most important cognitions relative to sexual practice appear to be the following:

- Personal susceptibility to risk
- Perceived benefits of and barriers against an action
- Social approval
- Perceived self-efficacy
- Intention formation and context-specific planning. (Wright et al., 1998, p.

325)

The attributes of the individuals involved and what happens in sexual encounters is largely the result of the interaction that takes place and the context within which the encounter occurs. Relationship education programs must also take this into account in improving understanding, targeting cognitions, and developing social skills of program participants (Wright et al., 1998).

Also underlying the theoretical perspective of this study, the social cognitive theory (Bandura, 1986, 1992), initially called cognitive social learning theory. Social cognitive theory emphasizes behavior, environment, and cognition as the key factors in development. The social cognitive model is concerned with ways in which mental representations of social events, societal, and cultural norms, and personal characteristics influence behavior, reasoning, emotion, and motivation. Specifically, the approach addresses acknowledgment, self and social goals, mental representations of self and others, and the role of social facilitation in decision-making, memory, and judgment (Bandura, 1986, 1992).

According to social cognitive theory, complex cognitive functioning involved in coping, everyday problem-solving, and decision-making in health as well as in social situations depends on basic cognitive methods. Furthermore, it depends on the organization of existing knowledge structures and socially-derived emotional and motivational influences on performance. Martino, Collins, Kanouse, Elliott, and Berry (2005) explained how cultural influences serve as behavioral models for young people:

Social-cognitive theory contends that people observe important role models, make inferences and attributions and acquire scripts, schemas and normative beliefs that

then guide their subsequent behavior. This theoretical perspective would predict that adolescents learn sexual behaviors and their likely consequences by watching television. To the extent that adolescents acquire favorable beliefs about sex and confidence in their own sexual abilities as a result of viewing sexual content on television, they become more likely to attempt the modeled behaviors (p. 915).

The social-cognitive analysis of pregnancy prevention would stress the importance of information concerning sexual activities, skills for managing behavior in relation to reducing pregnancy risk, feelings of self-efficacy in relation to pregnancy prevention, and social influence factors as determinants of pregnancy preventive behavior. In a similar vein, the social-cognitive analysis of sexually transmitted diseases (STDs) sees the latter as caused by sexual risk-taking behavior. Prevention would stress the importance of information, providing skills for managing behavior in relation to STD risk, increasing feelings of self-efficacy concerning STD prevention, and awareness of social influence factors as determinants of preventive behavior.

Self-efficacy is a frequently cited construct in social cognitive theory. Bandura's (1986, 1992) social cognitive theory assumes self-efficacy and outcome expectancies (related to situation and action) are central determinants of behavior. According to Bandura, self-efficacy is confidence in one's own ability to carry out a particular behavior. In the present context, self-efficacy theory predicts that pregnancy- and STD-prevention behaviors will be performed if the individual perceives they have control over the outcome, there are few external barriers, and they have confidence in their own ability to carry out the behaviors (Bandura, 1992).

In this context the theory of planned behavior would apply in the present

investigation as an extension of the theory of reasoned action (Fishbein & Ajzen, 1975). The theory of reasoned action (Fishbein & Middlestatde, 1989) proposes that an individual's sexual preventive behavior is a function of the individual's behavioral intention to perform a particular act. Behavioral intentions, in turn, are assumed to be a function of three factors. These include a person's attitude toward performance of a particular preventive behavior, the individual's subjective perception of what significant others wish the individual to do with respect to the behavior in question, or both. Another predictor of intentions is perceived behavior control. This concept is similar to Bandura's (1982) concept of self-efficacy.

A limitation of the theory of planned behavior in relationship to sexual behavior is the model seems to be unable to explain behavior that may be under affective (emotional) control and does not adequately take into account emotional factors in decision making. In addition, it would appear that social-cognitive theory constructs have not been thoroughly specified in relation to AIDS or pregnancy preventive behavior. In addition, the review of literature has not seen social cognitive theory being tested empirically as an integrated model with respect to pregnancy or STD related behavior.

This section of the chapter discussed the theoretical framework of the study. The purpose of the next portion of the chapter is to review the literature associated as related to teen sexual practices and pregnancy. Contributing factors associated with the teen sexual behavior and pregnancies are reviewed first. These include poverty and welfare dependence, environmental, cultural, and social factors, parents, peers, and poor sex education, the age at which sex is initiated, and the influence of technology. The subject of the next subsection is defining sexual education and programs, followed by an

examination of specific teenage pregnancy prevention programs.

### **Teen Sexual Practice and Pregnancy: Contributing Factors**

Studies indicate an increase in sexual activity among American teenagers. Little & Rankin (2001) stated nearly two-thirds (64%) of teens are sexually active. When teens are sexually active, they are at risk of developing other problems, such as pregnancies and sexually transmitted diseases, include AIDS. Thirty-four percent of teenage girls become pregnant at least once before they reach the age of 18, about 820,000 per year (D'Angelo et al., 2004,). Eight in 10 of those pregnancies are unintended, and 79% are to unmarried teens (D'Angelo et al., 2004). In seven of 10 adolescent pregnancies, no method of contraception was in use (D'Angelo et al., 2004).

In the 1990s, the teen birth rate began to decrease and by the year 2004 it had decreased significantly to a rate of 41.1 per 1,000 teenage girls. Hamilton, Martin and Ventura (2007) reported that 435,427 births occurred to mothers aged 15 through 19 years during 2004. This represented a rate of 41.9 per 1,000 adolescent women. However, according to Brace (2008), in 2006 the teenage birth rate rose, which was the first recorded increase in the teen birth rate in 15 years. However, a possible confound is that it is not known whether the rate of pregnancy termination (abortion) among teenagers was accounted for. In other words, if the data reported above count only live births to teenage mothers, it is possible that adding the number of abortions by teenage girls would show that teenage pregnancy had not declined at all.

The state of Georgia (the location of the pregnancy prevention program included in the present study) in comparison experienced a 39.4 percent rate during the same year of 2004. Similar to the United States as a whole, Georgia experienced an increase in teen

births during 2006. Specifically, the rate nationally was 41.9 per 1,000, while in Georgia the rate was 54.1 per 1,000 teenagers (Brace, 2008).

When teenagers become unintentionally pregnant they face several difficult choices. Almost equal proportions of pregnant adolescents have unintended births at 37% or induced abortions at 35%. Smaller percentages of adolescent pregnancies, approximately 14%, end in miscarriages or intended births (D'Angelo et al., 2004). Studies confirm parents, especially mothers, have significant influences on what pregnant adolescents decide to do. To a lesser degree, friends and sexual partners also influence the adolescent's decision. Abortion is a more likely outcome when a pregnant adolescent has a poor relationship with the male who impregnated her. Research findings are inconsistent about whether the decision to place the baby for adoption is influenced by the mother's relationship with the baby's father. Although data on adoption among teens was minimal, information on unmarried women of all ages who gave birth showed adoption is a relatively uncommon outcome. Currently, only two percent of premarital births are relinquished for adoption (D'Angelo et al., 2004).

STDs are also a significant concern for sexually active teens. Of the more than 15 million new STD infections each year, two-thirds will occur in people under 25 years old, and one in four will occur in teenagers. Every year approximately 10 billion dollars are spent on treating STDs and their complications, and all Americans share the cost. Over 80% of teens with STDs show no symptoms and therefore never get medical attention, leading them to infect others and leaving themselves exposed to the risk of serious complications as they grow older.

The problem of teenage pregnancy is further exacerbated by poor socialization, in



that the mothers' lack of parenting skills may result in children who may find it difficult to live in mainstream society or do well in school. Furthermore, new social problems such as HIV/AIDS and drug addiction, which were not prevalent some years ago, now present tremendous problems, especially for the African-American community (Kirby, 2007).

The health concerns associated with minority teenage parenting create serious consequences for the children, in addition to the teen parents (Beaver, 1996). In examining various factors related to teenage pregnancy among minority populations, socioeconomic status has been a major underlying cause. Economic factors have further impact when teenagers fail to complete school or gain skills while in school, which result in limited future opportunities. Available jobs for those who do not receive an adequate education often pay the minimum wage. This type of employment offers little opportunity for advancement. The earlier a teen becomes a parent, with little or no family support, the more likely it is that the teen and child will face a future of poverty and hardship (Price & Hyde, 2009).

Factors such as living in unsafe neighborhoods, attending poor quality schools, and associating with peers who do not value education or healthy relationships are all major contributors to the problem of teenage pregnancy. In addition, pregnant teens often receive poor prenatal care, which results in an increase in infant mortalities and morbidities, low birth weight, and sexually transmitted diseases (U.S. Center for Disease Control, 2002).

It is also important to note that teen pregnancy closely correlates to a number of other critical issues. The more important of these are:

- Welfare dependency and overall child well being
- Out of wed-lock births and continuation of the intergenerational cycle from mother to daughter and back again
- Irresponsible fatherhood
- Lack of preparation for work.

It is the perception of the researcher that in preventing teen pregnancy, the emphasis should not only be on reproductive health issues, but also one that would take into consideration the other critical issues listed above. In addition, some of the most accepted previous circumstances associated with the phenomenon of teenage sexuality and adolescent pregnancy include issues with poverty and welfare dependence; environment, cultural and social factors; school problems and peer pressure; influence of parents and poor sex education; age at which sex is initiated; the influence of technology; and desire to be rebellious.

The above list identifies the more important negative outcomes associated with early childbearing (e.g., poverty, possible lower educational attainment, and emotional anxiety). In addition, among teenagers, 85% of pregnancies are unintended (D'Angelo et al., 2004). Because there is much literature on each of the negative outcomes listed above, each have been grouped and discussed in individual subsections below.

**Poverty and welfare dependence.** A key element in the increasing occurrence of teen pregnancy is poverty (Santelli et al., 2009). Poverty affects the community in ways that often cause a ripple effect in terms of social consequences. In many cases, these consequences include lower educational attainment and high school dropout. Teenagers (ages 13 to 19 years) in the United States are engaging in sexual activity at

somewhat high rates. Some children, even younger than 13 years of age, are having premarital relations (Price & Hyde, 2009). The high rate of increase in adolescent pregnancy has become a national concern. In particular, the African American community has been and continues to be affected by the consequences of high rates of teen sexual activity and pregnancy. This problem is particularly devastating because of the many environmental consequences experienced by this population.

Many teenage mothers rely on welfare to help them support and raise their children because they find it difficult to work and take care of their child at the same time (Meade et al., 2008). Teen mothers are less likely to graduate from high school and are more likely to live in poverty and rely on welfare than their peers who delay having children (Mangino, 2008). The children of teenage mothers are often born with a low birth weight, experience health and developmental problems, and frequently are abused or neglected. Teenagers' yearly income averages 40% less than that of adults. It is not surprising therefore that the majority of young mothers end up living in poverty and on welfare (Meade, 2008). Most teenagers are poor before they have children and very few teenage mothers marry their partners. This results in a large number of single-parent homes. These children, in turn, model the behavior of their mother as they become teenagers and thus the intergenerational cycle continues (Meade, 2008). Since the early 1970s, child poverty has risen five times higher in single-parent than in two-parent families and in fatherless families. It is almost certain that if a poor teenage girl becomes pregnant, she will remain poor and will end up raising her child on welfare.

Although help in the form of food stamps, housing, and other subsidies are available for pregnant adolescents, eligibility requirements make it difficult to apply for,

and obtain, government-related assistance. Such requirements vary, but the major national welfare requirements are in *The Personal Responsibility and Work Opportunity Reconciliation Act of 1996*. According to this act, in order for pregnant or parenting teens to obtain assistance, they are “required to live with a responsible adult or in an adult-supervised setting and participate in educational and training activities” (*The Personal Responsibility and Work Opportunity Act of 1996*, p.4). Living at home becomes increasingly difficult if support does not exist at home or if an adult-supervised setting is not available. This can mean that single pregnant or parenting teenage girls will only be eligible to receive welfare for two years. After the two-year time limit, they are required to work at least 24 hours per week during the third year of assistance, and 30 hours per week during the next two years. After five consecutive years of assistance, they will no longer be eligible for cash aid, according to the Reconciliation Act of 1996. Therefore, teenage girls who do not have family support or a good-paying job have financial difficulty when raising a child.

Although teen parents now make up only about five percent of welfare recipients, females who begin parenting while in their teens account for 40-50% of welfare caseloads (Bridgeland, Dilulio, & Morison, 2006). To varying degrees, states have used the same Temporary Aid to the Needy (TANF) funds to support efforts to prevent teen pregnancy. By law, individual state plans are expected to give special emphasis to teen pregnancy prevention by initiating prevention programs, offering assisted help, and other activities of a similar nature. In fact, welfare legislation also requires the federal government to ensure that at least one-fourth of the nation’s communities have teen pregnancy prevention programs. Given recent evidence that high-quality programs can

reduce the teen pregnancy rate, this emphasis should continue.

Poverty is a cause as well as a consequence of early childbearing. Continuing to reduce teen pregnancy among teenagers nationwide can help sustain the recent decreases in welfare dependency and poverty, although some impoverished young mothers may end up faring poorly no matter when they are born. While most experts agree that disadvantaged backgrounds account for much of the burden teens carry, having a baby during adolescence only exacerbates the situation (Bridgeland, et al., 2006). Research indicates that the children of teen mothers bear the greatest burden of teen pregnancy and childbearing and are at significantly increased risk for a number of economic, social, and health problems. A reduction in teenage pregnancy, especially through pregnancy prevention programs, is beneficial to society as it can strengthen the future workforce (Brace, 2009).

As noted by Kerby (2007) and Mangino (2008), today's economy demands a sophisticated and educated workforce, but pregnancy often causes girls to terminate their education prematurely, and is also a factor preventing adolescents from preparing themselves for employment and becoming established in the labor force. Opportunities significantly decrease when children have children, and their future is often one of continual poverty. Society should be concerned about preventing teen pregnancy in order to enhance future earning power and education in the work force. If teens have appropriate relationships, which do not include premarital relations and/or teen pregnancy, they will have a better chance of finishing their education and obtaining employment training (Mangino, 2008). Preventing the interruption of pregnant teens' education is crucial to a productive workforce as well as to the teens' own benefit.

**Environmental, cultural, and social factors.** While most prevention programs seek to change adolescents' attitudes and perspectives, improve adolescent decision-making, and reduce risky behavior, reducing teen pregnancy rates also requires attention to broad social and environmental factors. While it is true that teen pregnancy occurs in all types of communities, teenagers who give birth are more likely to come from economically disadvantaged families and neighborhoods (Gallagher, 1999; Meade et al., 2008; Santelli et al., 2009). Thus, socioeconomic environment is an important factor in whether or not teenagers become pregnant. However, some researchers such as Bridgeland et al., (2006), Hardy and Landry (2000) and Meade et al., (2008) believe factors associated with low-income households, including low educational attainment, lack of employment in the community and neighborhood, and single parenthood are more influential than poverty itself.

It may therefore be concluded that a teen's chances of becoming pregnant are not simply related to being poor. The probability that the teen will become pregnant also relates to poverty's persistence and concentration in the community, and its far-reaching effects on the culture and the social network of which the teen is a part. This is because strong social networks and institutions can buffer teens from the effects of poverty (Portman, 2009). Reinforcing community ties and friendship networks can help to battle teen pregnancy, especially in low socioeconomic neighborhoods. Immigrant communities with strong family bonds and a solid cultural orientation appear to be factors helping to prevent teenage pregnancy. High-risk behaviors such as early unprotected premarital relations increase among foreign-born adolescents with the length of residence in the United States or from one generation to the next (Portman, 2009).

According to Brace (2009), parents, as well as the community and society, need to do all they can to develop positive attributes in their children. They should not only encourage them, but also educate their teenagers about premarital relations and its consequences, especially as it pertains to engaging in inappropriate behavior at an early age. In addition, reducing teen pregnancy contributes significantly to the goal of promoting responsible fatherhood. Brace (2009) stated that involved and committed fathers are important to the wellbeing of their children. However, children who are born to teen parents often consistently lack any close connection with the father because the relationship between their parents is more likely to dissolve over time.

Brace (2009) reported that home life situation, household economic standing, low education levels of parents, friends that are sexually active, and problems at home may contribute to teenage pregnancy:

Additionally, teens may pursue motherhood to fill a void that they are experiencing at home. Studies indicate that some teens have babies so that they will have someone who loves them... Additionally, some teenagers state that they want something to possess, or that they don't recognize any of the disadvantages associated with teen motherhood. [However] there are multiple protective factors that can reduce the rate of teen pregnancy. Engaging teens in school, church or religious activities reduces idle time and promotes the development of goals. Additionally, teens that have friends with high educational aspirations are more likely to refrain from getting pregnant. Parenting also plays a significant role (pp. 17-18).

In her examination of a national sample of daughters of teenage mothers, Meade

et al., (2008) concurred, further noting that Hispanic race, poverty, deviant peer norms, and low parental monitoring all represented risk factors. The objective of Mead et al.,'s (2008) research was to determine if daughters of teenage mothers were at increased risk of becoming teenage mothers, thereby perpetuating an intergenerational cycle of teenage pregnancy. In addition to the risk factors noted above, additional factors influencing daughters of teenage mothers included the teen's mother's marital status and education, and the teen's school performance, dating history, and environment in terms of race and enrichment. Daughters of teenage mothers were 66% more likely to become teenage mothers themselves (Meade et al., 2008).

**Parents and family structure.** In today's culture, family structures are widely varied and diverse. No longer do family structures consist of two parents and one or two children, complete with traditional extended family members (grandparents, aunts and uncles, cousins, etc.). The literature has identified the following family structures as those that comprise major family types (Miller, 1998):

- Intact parent- nuclear
- Stepfather and mother-custody families
- Single parent
- Divorced and/or separated parents
- Two-adult traditional
- Father or mother surrogate.

It is generally known that the self-concept of adolescents and other areas of concern, such as academic achievement, are negatively or positively affected by varying types of family structures. Also, adolescents in disrupted families have more emotional



problems, lower self-esteem, higher rates of mental health consultations, and poorer perception of their school performance than those from intact families. Some studies, such as those of Bronstein and associates (2003) supported the factors of family structure, self-concept, and the development of emotional problems as predictors of earlier sexual activity on the part of the teenager. Bronstein et al., (2003) discovered these types of relationships, through empirical studies, that examined the social, psychological and academic adjustment of young people in diverse family structures. Structures in their study included two-adult households, traditional families, one-parent households, and surrogate parent structures. Families from a wide socioeconomic range located in northern Vermont were included in the research. The sample consisted of 136 young people. Of these, 77 were girls and 59 were boys. Field workers collected demographic data during the late fall and winter months. These data included family relationships and child functioning from parents and children in the home of the adolescents' fifth-grade year. Data on school functioning were obtained from teachers, classmates, and school records in the spring.

A number of interesting findings were identified (Bronstein et al., 2003). For example, subjects from two-biological-parent families were found to show better adjustment as compared to those from other family configurations. In addition, traditional-family parents were more involved with their children, as compared to either single-mother or father-surrogate households. According to the researchers, single-mother and father-surrogate households tended to report more difficulties related to control. Family members tended to argue more, and parenting was more likely to be overly controlling, overly lax, or inconsistent in rule-setting and enforcement. In their

view, tendencies such as these may have been a reflection of emotional distress brought about by the disruption of established relationships. They concluded that while findings provided evidence that disruptions in family structure, through parental separation, divorce, remarriage, or cohabitation, were associated with problematic parenting and poorer outcomes,

. . . certain facts appear to have more impact than others. . . . Findings suggest that socioeconomic factors may have a stronger impact on the quality of parenting in single-mother households. . . There were strong gender differences in child outcomes, suggesting that the effects of living in a nontraditional household may be very different for girls and boys.

Longer-term absence on the part of the biological father was related to children's poorer adjustment (Bronstein et al., 2003, p. 274).

Adolescents from traditional families were shown to have a higher level of social, psychological, and academic adjustment compared to those from nontraditional families. Family structure in terms of the influence of parents affected the development of a positive or negative self-concept and thus influenced academic achievement and adjustment (Bronstein et al., 2003).

Possibly the most significant difference between a positive and negative level of self-concept, that is, between mentally healthy and maladjusted adolescents, is the extent to which they develop and use their potential for constructive academic achievement. Studies support the view that the level of positive or negative self-concept influences academic performance, success, and achievement (Bridgeland et al., 2006). Consequently, self-concept acts as an intervening variable of influence on other outcome

behaviors such as sexual activity and behavior.

A student whose academic performance is considerably below their ability exemplifies the impact of a negative self-concept. Mentally healthy students who are resilient will generally be productive, feel competent, find fulfillment in group efforts, and enjoy learning experiences. These adolescents are also better able to exercise control over their thoughts and actions. They can better change their behavioral risk for pregnancy as compared to those who do not feel competent and have low self-esteem (Santelli et al., 2009).

In summary, the most significant difference between a high or low level of self-concept is the extent to which adolescents develop and use their potential for constructive academic achievement. This development can be influenced by a number of variables, including family structure and, in turn, can influence teens to change their risk-taking behavior. These findings help to support the belief of this researcher that family structure influences self-concept and thus the outcome of sexual behaviors.

Some researchers believe that prevention first begins at home rather than at school in the form of sex education classes. Parents should begin talking with their children, in an age appropriate manner, about relationships and the human body. Parents should also have an open communication with teens about activities in which they engage in their schools and communities and identify their expectations. Parents need to be honest and allow their teens to express their thoughts without fear of repercussions. Strategies for parents to use when talking to teens about sexuality include active listening and to take the opportunity to share information about appropriate relationships, which can be an opportune time to include religious beliefs. Parents need to be honest and allow the teens

to be the expert when and where appropriate (Miller, 1998). However, it is essential that educators and parents hear the voice of teen mothers to find out what society can do to assist them in becoming productive citizens.

Another factor of influence as related to parents pertains to employment and job requirements. In today's society, most American adults work anywhere from forty to seventy hours a week, and the lack of parental supervision has almost become the norm. As a consequence, most teenagers go without adult supervision after school for at least three to four hours a day. During the unsupervised after-school hours, teenagers (especially African American teens) tend to get in trouble with inappropriate sexual activities and the use of drugs and alcohol. Numerous studies found that children who spend eleven or more hours unsupervised per week were twice as likely to abuse drugs or alcohol as compared to those under adult supervision (Hardy & Landry, 2000; Meade et al., 2008). This encourages higher risk taking behavior, which causes poor grades in school.

Providing adequate supervision is somewhat difficult, especially for African American parents, because most of these families survive on non-white-collar jobs for the sake of survival (Miller, 1998). Single African-American parents are at a particular disadvantage because they are more likely than two-parent families to experience poverty or financial problems. Due to their financial difficulties they may tend to work longer hours or hold multiple jobs. A related finding is that teens in one-parent or two-parent working families are more likely to engage in premarital relations at early ages, which may be due, in part, to their having less supervision during after-school hours (Hipwell, Keenan, Loeber, & Battista, 2010). A failure in family interpersonal communications

also appears to be a significant causal factor in the incidence of teenage pregnancy. Poor interpersonal communications within family systems frequently contribute to the occurrence of teenage pregnancies. The lack of communication may result in teenage girls who either cannot get, or are afraid to ask for, information that would prepare them to better avoid teen pregnancy. Other factors in poor interpersonal communications within family systems lead to situations wherein the personal values of a teenage girl are not in alignment with family values (Miller, 1998).

**Peer pressure.** Peer pressure is a major factor of influence in the early onset of sexual activity among teenagers, especially among African-American adolescents. In addition, peers who do not value education or healthy relationships and those displaying deviant behaviors are all major influences. Among adolescent boys, the onset of premarital relations was predicted by prior affiliation with deviant peers three years earlier (Hipwell et al., 2010)

Predictors of the onset of premarital relations were also researched by Raffaelli and Crockett (2003), who used data from the National Longitudinal Survey of Youth. They found that adolescents' sexual risk-taking behavior was predicted, through pressure from their peers, to engage in delinquent activities. This was assessed when the respondents were 12–13 years old with the predicted adolescents' premarital risk taking behavior occurring four years later.

In addition to peer pressure, social norms are also a contributing factor. In some social groups, engaging in premarital activity is associated with popularity and high social status as perceived by peers. Teenagers who give in to this type of peer pressure and engage in premarital relations are rewarded by acceptance into the group. In these

many ways, pressure from their peers has been consistently shown to be linked with premarital activity.

Donenberg, Bryant, Emerson, Wilson, and Keryn (2003) conducted a study on the impact of parental permissiveness and monitoring risky premarital behavior. Substantial evidence pointed to specific factors that could be used to identify young people who were at risk for engaging in early premarital relations. These factors were included in a social-personal framework for understanding risk-taking behavior of this nature. By tracing the roots of early premarital activity among troubled teenagers receiving treatment, it was shown that parental behavior and peer influence were the most important variables associated with early premarital activity.

The purpose of Donenberg et al.'s (2003) study was to identify the more important social and personal characteristics associated with early premarital activity among troubled teenagers. A total of 198 young people between the ages of 12 and 19 comprised the sample. Self-reports and interviews were used to gather data. Questions were asked about their age at the time of their first premarital encounter, relationships with peers and partners, and personal characteristics such as achievement motivation and externalizing problems. Findings were that parental hostile control and negative/positive peer influence (social factors) and externalizing problems (personal characteristic) accurately predicted 87.4% of teenagers would initiate sexual activity by 14 years of age (Donenberg et al., 2003).

**School influence.** Sex education offered in schools, especially in the form of after-school programs, is another variable of influence impacting teen sexual practice and teenage pregnancy. It is the after-school programs that are the most influential because

this is the time many teenagers are unsupervised and vulnerable to risky behaviors. Because the relationship between academic failure and teen pregnancy is so strong and because young people spend so much of their time in school, educational institutions should partner with the community to continue their mission during after-school hours.

After-school programs are generally run by parks and recreation centers, which may not be governed by laws or policies prohibiting religious teachings in public schools. This could provide a valuable and opportune time to teach abstinence from sex before marriage, because ultimately, in God's eyes, abstinence is the only policy prior to marriage (1Thessalonians 4:3, NIV).

Research has shown that teens are more likely to postpone premarital relations, and thereby pregnancy, when they can envision a positive future (Mueller, Gavin, & Kulkarni, 2008). Therefore, after-school programs offer an appropriate means for helping teens enhance their education, increase their employment opportunities, and set goals for their lives. They can also show adolescents how the decisions they make today, including those about premarital relations, will affect them tomorrow. Unfortunately, both schools and after-school programs often decide not to initiate after-school sex education programs due to budget constraints, community controversies over sex education, and/or because they are uncertain about what components are successful.

Apparently, due to separation of church and government, education that the government often chooses is based on safe sex and contraception, rather than on abstinence. The guidelines for Comprehensive Sexuality Education (2004) published by the government can provide some answers to teens' uncertainty. Specifically, the guidelines list six of the more successful concepts for a successful pregnancy prevention

program. These include:

- Personal skills
- Sexual health and society
- Culture
- Human development
- Relationships
- Sexual behavior.

Mangino (2008) also suggested home outreach pregnancy prevention programs to address the needs of after-school education courses and turn sex education programs, which are often lacking in content, into meaningful ones. In this respect she explained this type of program is very useful in speaking to the unusual relationships that may exist in a teen mother's home life:

The teen mothers' parent or parents are in the . . . position of being a concerned parent responsible for the care of their child [and] . . . the doting grandparent. They want their child to be a responsible parent, have some semblance of family unity, and yet permit . . . the teen mother to enjoy [her] youth. The researcher proposes that home outreach could be addressed through a series of out-of-the-home workshops to orient the parents to their daughters' evolving social relationships, her new and often daunting child care responsibilities and the high academic demands of being a student. (p. 155)

Another variable that can affect the failure or non-existence of sex education programs can be the administrator. Uninformed or uneducated administrators often do not comprehend the many benefits of this type of program and as such discontinue them



by not supporting their funding. Mangino (2008) suggested that particular emphasis should be geared toward educating administrators, not only on the importance of teen parenting programs, but also that success for teen mothers rests heavily on the availability of effective school-based programs (p. 157).

**Age at which premarital relations are initiated.** According to Martino et al., (2005), exposure to media such as music videos, movies, and television contribute to early premarital activity. Of these, the researchers believe television had the greatest impact. As shown in their study, sexual content averaged 10 sexual references per hour during primetime television. These programs also contain sexual messages and sexual talk or behaviors. These were found to occur in eight out of 10 primetime episodes. Interviews were conducted with participants and then surveys were administered, both of which centered on perceived norms regarding sex consistent with social learning theories, sexual intentions and behaviors, and exposure to televised sexual content.

The onset of early premarital activity among adolescents was also examined by Roche and Leventhal (2009). They studied relationships and associations between adolescent psychosexual development and parenting styles. Specifically, the investigation examined the variations between such associations as parenting and adolescent premarital relationship onset as influenced by neighborhood disorder for low-income urban families of color. In other words, the researchers were interested in the relationship between adolescent transitions to premarital relationships and family management practices as influenced by neighborhood turmoil.

Roche and Leventhal (2009) concluded that family routines and higher levels of parental knowledge were associated with the likelihood of early sexual transitions,

especially when assessed at lower levels of neighborhood turmoil. The researchers were surprised with their findings and cautioned readers, stating, "We presume that our findings likely have emerged because of parental responses to early signs of youths' transitions toward sex" (p. 825). Overall, however, their findings indicate that adolescents delay their first premarital relationship or practice safe sex when parents produce higher scores on knowledge, support, and control (Roche & Leventhal, 2009). Other findings were that the odds of sexual onset changed with an increase in neighborhood turmoil at varying levels of parental knowledge. An increase in neighborhood turmoil was associated with a decrease in the odds of early premarital behavior on the part of the adolescent as parental knowledge increased. It was unexpectedly found that more family routines were associated with increases in premarital activity when neighborhood turmoil was at lower levels. It is possible that researcher operational definitions of terms did not adequately depict the variables in question.

Price and Hyde (2009) also investigated predictors of early premarital activity in adolescence. Their findings differed from the research discussed above. Using a cumulative risk model to analyze data from a sample of 273 adolescent girls, Price and Hyde identified a number of specific risk factors that influenced early premarital activity in girls that differed from those that influenced boys. Specifically, Price and Hyde (2009) identified the following influences on girls: low self-esteem, poor parental relationships, increased television viewing, low academic achievement, living in a non-intact household, higher levels of externalizing behavior (associated with symptoms of ADHD), and parents with low education levels. Early premarital activity on the part of

boys, however, was influenced by advanced pubertal development, increased television viewing, higher rates of externalizing behaviors (associated with symptoms of ADHD and ODD), and poor parental relationships. When the results for boys were compared and analyzed against those of girls, it was found that girls were 1.56 times more likely to become involved in premarital relationships than were boys. In addition, the power to predict premarital activities increased with risk accumulation.

Hipwell et al., (2010) also investigated early predictors of premarital behaviors in adolescent girls, noting the alarming growing trend of higher rates of activity among increasingly younger adolescents in recent years. Using data from the 2002 *National Survey of Family Growth*, they found that over six percent of girls reported having premarital relations before they reached the age of 14. This percentage was the highest ever recorded.

Hipwell and associates (2010) defined early initiation of premarital activities as girls age 14 and younger. According to their findings, early initiation was associated with STDs, lower rates of contraception use, and increased rates of unwanted pregnancy. In the view of Hipwell et al., (2010) these associations represent major public health concerns. Their study used problem behavior theory as a framework for understanding this type of socially defined maladaptive behavior. They explained that "The theory states that perceived environment factors (e.g., low parental controls or support, positive peer models for sexual risk taking and high peer-to-parent relative influence) increase the likelihood of problem behaviors occurring. Furthermore, involvement in one behavior increases the likelihood of involvement in other problem behaviors" (p. 371).

**Influence of technology.** Another factor that influences teen premarital activity

and teenage pregnancy is the influence of technology. Although technology has achieved a significant step forward and provides a number of advantages to teens and adults alike, it seems to also be associated with societal problems, especially premarital relations and teen pregnancy. The ease with which teenagers can communicate to a larger teen population, through programs such as Facebook and text messaging, may lead to the emergence of higher rates of teenage pregnancies because of increased peer pressure. Also, the availability of technology exposes teens to images and activities that can trigger inappropriate thoughts and be construed as a way to have fun and interact with other teens.

Today's television programs and movies also contain frequent scenes that provide graphic depictions of sexual activity (Comstock & Scharrer, 2009). Research clearly shows that television portrayals contribute to sexual socialization, especially programs on cable networks. Watching programs high in inappropriate content has a correlation with the early initiation of adolescent premarital activity and relationships. In addition to this already troubling media impact, is the problem of illegitimacy. According to Comstock and Scharrer (2009), "The rapid growth in recent years of interactive media (e.g., video games and the Internet) is garnering significant attention as a potential source of influence on children's development. However, this growth has overshadowed ... the dominant media influence . . . television" (p.1548). Martino et al., (2005) agreed, further noting that social cognitive processes mediate the relationship between inappropriate behavior of teenagers and sexual content on television programs. These researchers hypothesized that exposure to television may be a contributor to early premarital activity.

In their research study investigating how sources of sexual information relate to

adolescents' beliefs about sexual activity, Bleakley, Hennessy, Fishbean, Coles, and Jordan (2009) concluded that adolescents reported learning the most about inappropriate premarital behavior from television. The purpose of their study was to examine how sources of information, such as television, were associated with control, normative and behavioral beliefs about premarital activity. The sample consisted of 459 adolescents and utilized the Integrative Model of Behavior Change. The media, friends, and cousins were associated with beliefs that increased the possibility of having premarital relations, while religious leaders, parents, and grandparents were connected with ways of thinking that were likely to delay premarital relations. The media, friends, mothers, and teachers were the most frequently reported source of relationship information and education. Therefore, Bleakley et al., (2009) concluded that the different underlying beliefs of adolescents were associated with different relationship information sources.

Clearly, research has shown that television and modern technology devices, programs, and activities have had a significant impact on learning about inappropriate behavior and premarital activities among teenagers. Explicit deviant behavior, inappropriate language, and sexual references occur regularly on television programs during family and prime time hours when children are awake to listen and watch. In return, the children absorb and easily tend to imitate the mixed messages they receive. Another point of interest is the fact that the consequences of this inappropriate behavior are rarely seen on television, but scenes, programs and stories depicting out of wedlock pregnancy are generally plentiful.

**Defining sexual education and programs.** Sex education, which is sometimes called sexuality education or sex and relationships education, is the process of acquiring

information and forming attitudes and beliefs about sex, sexual identity, relationships, and intimacy (Avert, 2010). Sex education is also about developing young people's skills, so that they make informed choices about their behavior and feel confident and competent about acting on these choices. It is widely accepted that young people have a right to sex education. This is because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies, and STDs (Avert, 2010). It is also argued that providing sex education helps to meet young people's rights to information about matters that affect them, their right to have their needs met, and to help them enjoy their sexuality and the relationships that they form. However, sex education aims to reduce the risks of potentially negative outcomes from sexual behavior, such as unwanted or unplanned pregnancies and infection with sexually transmitted diseases. It also aims to contribute to young people's positive experience of their sexuality by enhancing the quality of their relationships and their ability to make informed decisions over their lifetime (Avert, 2010).

School-based sexuality education programs have been in existence for almost a century (Kirby, 2007). These programs represent a formalized attempt to prevent negative sexual outcomes through the provision of information and the cultivation of sexual knowledge and values (Wright, Abraham, & Scott, 1998). Therefore, the skills that young people develop as part of sex education programs are linked to more general life-skills. Being able to communicate, listen, negotiate with others, and ask for and identify sources of help and advice, are useful life-skills which can be applied to sexual relationships (Wright et al., 1998). This implies that an effective sex education program develops young people's skills in negotiation, decision-making, assertiveness, and

listening. Other important skills include being able to recognize pressures from other people and to resist them, dealing with and challenging prejudice, and being able to seek help from adults such as parents, professionals, and educators.

Some prevention programs have been created to reduce the cause of pregnancies and STDs among teenage girls, based on the belief that unhealthy inappropriate behavior can result in many things. These programs focus on delaying the initiation of premarital activity, improving contraceptive use among sexually active teens, influencing pregnancy resolution decisions among those who become pregnant, and reducing or delaying subsequent births. There are also programs that are less direct, focusing on issues like life options, in the belief that adolescents who perceive better educational, occupational, and economic opportunities for themselves will seek to postpone parenthood (Meyer, 2001). Prevention programs are often school-based because students are an accessible and somewhat captive audience; however, programs are also based in clinics and agencies, and sometimes they are based in churches, are provided directly to families, or are embedded in a community-wide intervention context (Lerner, 1995).

Compared with traditional knowledge-based sex education, more focused behavioral-skills types of sex education have recently shown more promising results. Based on social learning theory, skills-oriented prevention programs combine strategies that help adolescents to personalize sexual issues and develop specific negotiation and refusal skills needed in sexual relations. Activities are used that teach about social and media pressures, modeling, and communication with respect to both sexual behavior and contraceptive use. These types of programs have shown some positive results (Meyer, 2001).

Bridgeland, Dilulio, and Morison (2006) summarized the attributes of teen pregnancy prevention programs that have been successful and have been reported by dropouts themselves during focus group sessions. The more important of these included the following:

- Improved teaching and curricula to make school more relevant and engaging and enhance the connection between school and work
- Improved instruction and access to support programs for struggling students
- A school climate that fosters academics
- Strong adult-student relationships within the school
- Improved communication between parents and schools
- Additional support and adult advocates (Bridgeland et al., pp. 11-15)

Mangino (2008) listed three important transitions to teen parents in the form of reasons why it may be difficult for teen parents and educational programs to work together. She also provided possible solutions. Each is listed below, followed by the potential solution:

1. *Challenge:* Only a small percentage of teen parents are served in these programs; other teen parents are not necessarily identified in school records.

*Possible Solution:* Knowing the actual number of parenting students can improve the placement of support services into comprehensive high schools. This can be less costly, reach more students and provide access to a wider range of educational options.

2. *Challenge:* Site based programs have the effect of making pregnant and



parenting students even less visible within the full student population.

*Possible Solution:* Once the target number of teen parents is found to be considerably larger than those identified, attention can be drawn to this population's needs.

3. *Challenge:* Many pregnant and parenting young adults have educational deficits and some may have undetected learning disabilities. This further complicates the learning process since they now have to face other needs (childcare, parenting education and more).

*Possible Solution:* Since some educational deficiencies of teen parents are comparable to the educational needs of other at-risk students, varied instructional methodologies may be developed.

Mangino (2008) also listed some school practices that might be utilized to assist teenage parents in completing their high school education – specifically aimed at those students who appear to be at higher risk for dropping out. Her list, derived from the Center for Assessment and Policy Development (1999), included the following:

- Creation of attendance policies that do not penalize teens who have given birth like any other absence
- Making allowances for home study and granting partial credits for course work interrupted by delivery
- Development of students' schedules to allow for transportation to and from childcare.

The phrase sex education is used freely until the words lose their significance. If this type of education were referred to as premarital activity or premarital relationships,

then both male and female teens might understand the importance of respecting their bodies. While it is important to provide education to protect teenage girls, the primary focus of this education should be on abstinence and understanding the need to respect their bodies. Education should include treating their bodies as if it were a temple. In Proverbs 22.6, the Bible states, "Train up a child in the way he should go; even when he is old he will not depart from it" (Proverbs 22.6, English Standard Version).

### **Teenage Pregnancy Prevention Program Examples**

Now that the groundwork has been laid for the understanding of pregnancy prevention programs in general, specific teenage pregnancy prevention programs can be identified and discussed. This discussion will then provide a framework for this study's later evaluation of students' perceptions of the effectiveness of the Teenage Parenting Center.

The first prevention program discussed in this section is the Circle of Care Program in Troup County, Georgia (Brace, 2009). The program was created to address increasing rates of teen pregnancy. It was founded in 1997 as a result of many community partner organizations that collaborated to help pregnant and parenting teenagers and their families. Both intervention and prevention services are offered. Child abuse and neglect prevention services are also offered in terms of home visitation and parent education. Brace (2009) further explained that, "The intervention services begin with the identification, referral, and delivery of services to teen families through partner agencies. These intervention programs are designed to work together to reduce the likelihood of repeat pregnancy and improve educational outcomes" (p. 22). Many services are provided to those who participate in the program, with several of the top ones listed below (Brace, 2009, p. 22):

- Case management and a family assessment
- Parenting classes
- Parent-child group activities
- Crisis intervention
- Home visits from the case manager
- Family planning assistance
- Counseling
- Services from the teen health clinic and DFCS.

Brace (2009) evaluated the effectiveness of the Circle of Care program by determining if desired outcomes for program participants were being met and if intensity and length of time the teenager participated in the program had an impact. Participants had attended the program between 2006 and 2008. Data were collected from attendance logs, Circle of Care intake forms, case notes, county department reports and program participant service logs. Dependent variables were the number of repeat pregnancies, the number of cases of child abuse and neglect, and educational attainment of program participants. Subjects consisted of 64 teenage mothers from 13 to 21 years of age. The average age of a program participant was 16.9 years of age at the time of intake.

Results of the data analysis indicated the program appeared to achieve success in terms of reducing teen pregnancies, increasing educational achievement and reducing child neglect and abuse (Brace, 2009). However, the study was limited by having only one case manager who delivered services and collected data. In addition, the data set was incomplete. Data regarding educational attainment were missing, and records could not be found of follow-up contact. Another factor was that participants failed to complete the

program.

Mangino (2008) reported on the North Medved High School Child Development Center in Oregon, which was designed to meet a number of school needs and also served as a dropout prevention program for teenage parents. The program for teenage parents was somewhat limited, but was very successful in providing students with access to necessary social services. The goal of the program was centered on removing barriers that served to prevent teenage parents from graduating. Oregon school officials had recognized that pregnancy was a major reason for teenage girls to drop out of Medved High School. According to Mangino (2008), eight new school-based childcare centers were established in Oregon between 2003 and 2006 as a result of the success of The North Medved High School Child Development Center.

The Family Life Education program, a prevention course that Thomas and Dimitrov (2007) examined in their research, was created from the Virginia State Department of Health's Abstinence Education Initiative. It was one of six projects grouped under abstinence education programs with a purpose to promote sexual abstinence in order to reduce adolescent sexual risk-taking behavior and activity.

The Family Life Education program centered on providing planned sexual health information and addressed various dimensions of sexual health over time (Thomas & Dimitrov, 2007). These included spiritual, social, mental, and emotional dimensions. The program was specifically designed for seventh graders in three middle schools and provided them with 15 days of instruction via a structured curriculum during the first year. The instruction, in which the students learned to choose positive alternatives to risky behaviors, was followed by five days of instruction via a video-based curriculum.

In the following years students received intervention and booster program instruction during which they developed skills to manage stress as well as refusal skills to resist peer pressure (Thomas & Dimitrov, 2007).

Three important objectives were established for the Family Life Education program and were geared specifically for students at grade seven, all of whom were enrolled in four schools housed in Fauquier County, Virginia. The first of the objectives related to recognition of the student's physical development in terms of characteristics common in puberty and how these factors impact their social as well as emotional growth. The two remaining objectives are stated below (Thomas & Dimitrov, 2007, p. 173):

- The student will realize that physical affection is not all sexual but that it also can be an expression of friendship, of celebration, or of a loving family
- The student will recognize that sexual behaviors are conscious decisions; that it is important to say “no” to premarital and inappropriate sexual relationships; and that appropriate relationships are based on mutual respect, trust, and caring.

Thomas and Dimitrov (2007) were able to estimate the Family Life Education program's effects through administration of an 82-item survey. Their sample consisted of 1,136 students enrolled in the four schools described above. From their data analysis, the researchers concluded that program intervention was able to change the adolescents' perceptions about risky, inappropriate behavior. However, because of major differences in seventh grade curriculum and activities in schools across the country, results from this study could not be generalized. Also, a standardized survey has not yet been developed

for assessment purposes at other schools that have initiated a similar type of abstinence program. The researchers recommended that future studies on this topic should include parents and community entities, "particularly in the case of ethnic minority groups" (p. 173) because minority group parents have a stronger influence on teenagers as compared to Caucasian parents.

As previously noted, there are many pregnancy prevention programs and strategies developed at various sites across the nation. However, only a few of them have sufficient evaluation components to provide meaningful data about their success or the efficacy of their intervention (Elliot, 1998). An earlier study entitled "Let the Circle be Unbroken: Rite of Passage" was assessed by Elliot (1998), but it also did not have sufficient evaluation components. It involved an adaptation of socialization processes frequently observed in African American cultures, which openly acknowledge the necessity of formally assisting adolescents in the transition from childhood into adulthood (Elliot, 1998).

The rite of passage from an African-American standpoint was meant to train the young person for a new stage of life. In this case it also included educating teenagers about teen pregnancy. It followed the basic premise that the teen can achieve and train to become a productive and responsible member of society, which includes not becoming a teen mother on welfare or on social programs. A pilot program was begun to target pregnant African-American teens and involved training in social skills and decision-making. Elliot (1998) concluded that the program identified at-risk African-American teens as students who were not motivated to become involved in school activities. However, no evaluation components existed to provide meaningful data for evaluation of

this program.

A more recent study was conducted by Lawrence (2004) and produced a final report on an audit of the Savannah-Chatham County Board of Education Teen-Age Parent Program, a joint venture by Parent and Child Development Services, Inc. The objectives of the audit were to assess the program's academic performance (Lawrence, 2004). To achieve this goal, the Board was required to determine how the Teen-Age Parent Program (TAPP) students' performance compared to that of other district students in terms of similar programs and attendance, dropout rates, graduation rates, and failure rates. They were also required to assess the following:

- The risks to the District associated with students who become pregnant or become parents while they are of school age
- Whether the program adequately addresses those risks
- To determine whether "the District and Parent and Child have adhered to the agreement established for operation of the program
- To make any needed recommendations for improvement identified through the review (p. 2).

The TAPP concept was initiated in 1985 as a result of increasing teen-age pregnancies throughout Chatham and Savannah Counties. It was designed to be a dropout prevention program and enrollment was voluntary. The program was located at the Parent and Child facility, which began managing the TAPP program in 2000. The Parent and Child facility then appointed a liaison between the Associate Superintendent for Middle and High Schools at the Board of Education. This person was a retired District administrator who was commissioned to evaluate the certified teaching staff,

assist in opening and closing of appropriate schools, implement staff development strategies, arrange for TAPP services, and consult with the program director in school administration (Lawrence, 2004).

According to Lawrence (2004), TAPP established three academic goals. As of the school year 2002-2003, TAPP had only met one of them. For the school year 2003-2004, TAPP did decrease failures, but it did not meet goals for promotions, passing rates, or attendance. Because attendance in the program was small as compared to the District and because attendance issues were unique in that they related to pregnancy and childcare, valid conclusions could not be drawn from comparisons with other programs. Performance of the student sample at the facility was evaluated prior to entering TAPP; most students were behind a grade level by the time they reached the eighth grade. Unfortunately, some students were as much as five years behind (Lawrence, 2004).

Also in relation to assessment, TAPP did not regularly enter District-required student data into the student data system, which makes comparison impossible. The facility has, however, identified another TAPP program currently operating in Georgia, which is the one that this researcher evaluated in the present study. According to Lawrence (2004), this new program had been cited as a model program, even though it was operating as a separate school with a different program emphasis. The audit's recommendation to the TAPP program was threefold:

1. To identify and collect the necessary data that was needed to track student achievement and success
2. To resolve the curriculum and instruction issues that continue to plague the program



3. That best practices such as additional attendance incentives need to be considered (Lawrence, 2004, p. 3).

### **God's Views on Sex and Premarital Sexual Intercourse**

Much is stated in Bible verses regarding how Christians should conduct themselves. The Bible states, "What? Know ye not that your body is the temple of the Holy Ghost which is in you, which ye have of God, and ye are not your own? For ye are bought with a price: therefore glorify God in your body, and in spirit, which are God's" (1 Corinthians 6:19-20, KJV). This verse teaches that people are not simply flesh, but they are wrapped around the Holy Ghost, making the person a temple for the Holy Ghost or the Spirit of God to dwell within.

If more people believed their bodies are as temples, or Christ-like structures where the Holy Ghost lives, then it would follow that they would make better choices about how they conduct themselves in this world regarding sexual relationships. The thought of God's spirit living and dwelling inside of a person should make them pause and reflect on the wrong of having premarital relations. They should stop for a moment and analyze the situation, saying, "If God lives inside me, and He is omniscient, then He must know when I am about to operate outside of His will. Does this mean that God will remove His Holy Ghost from me as I sin against Him, and return when I am done? Wait. I do not want God to remove His spirit from me for one second!" Whether God removes His spirit or not, the thought of Him not wanting to be present in the presence of sin should make a Christian back away and repent from even the thought of committing that sin.

The Bible speaks abundantly about premarital sex being a sin and that people are

to respect their bodies. It is very clear that God's plan for His children is to be abstinent until they are married. If teenagers could understand the sanctity of their bodies, and not place themselves in situations where premarital sex could occur, then the temptation would be greatly diminished. 1 Corinthians 6:18 states, "Flee from sexual immorality. All other sins a man commits are outside his body, but he who sins sexually sins *against his own body*". 1 Corinthians 19-20 continues by stating that people do not belong to themselves, but to God. People must learn that they are not empty vessels because the Holy Ghost is inside of them, and that God is the master, to whom they belong. People were created by Him and for Him, thus they must submit to His will for their lives. Verse 20 continues, stating people were bought with a price, and they should know that price was the death of our Lord and Savior Jesus Christ. Knowing that God knew the sins of His people would be so great and too many for them to enter His kingdom, He allowed His son to pay a price of death so that His children could live with Him.

While teens engaging in premarital relations may not cause death in the literal sense, it can be said that it is indeed the death of their childhood. Also, with this type of inappropriate behavior comes the exposure to life-threatening diseases. The Bible teaches people's bodies are temples, people should glorify God with their bodies, their bodies are living sacrifices, and that people should live in a holy and acceptable way. Too often in today's world children are not exposed to the Lord's teachings. To be able to understand and accept that the human body is to be respected and saved for marriage is a concept that must be instilled from birth.

Some may argue how do we know that any of these verses relate to sex outside of marriage? People should follow after Christ. Jesus Christ came to this world to teach

people how to live and show a way that is pleasing to God. In the book of Corinthians, the Apostle Paul tells the men that it is better for them to not even touch a woman, the same as he had never touched a woman. *“I say therefore to the unmarried and widows, It is good for them if they abide even as I. But if they cannot contain, let them marry: for it is better to marry than to burn”* (1Corinthians 7:8, 9, KJV). These verses clearly state God’s view on marriage and sex outside of marriage. One may ask the question, “Why would the Bible state that it is best that a man not touch a woman? Are women foul beings?” The answer to that question lies in the verses 32 and 33 of 1 Corinthians 7, which states, “He that is unmarried careth for the things that belong to the Lord, how he may please the Lord: But he that is married careth for the things that are of the world, how he may please his wife.”

God understands that a marriage is a bond that requires concern for a mate, which takes time away from the concern of the Lord. One of the problems in society today is that single people are spending their time caring for men and women who are not their spouses, instead of caring for things of the Lord. Committing these acts or even dwelling on their thoughts opens the door for Satan. Married women are concerned for their husbands, unmarried women are concerned for their sex partners, so who has concern for the things of God?

God is so concerned about sex outside of the realms of marriage that He gives His people chapter 7 verse 39-40 in 1 Corinthians, which states, “The wife is bound by the law as long as her husband liveth; but if her husband be dead, she is at liberty to be married to whom she will; only in the Lord. But she is happier if she so abide, after my judgment; and I think also that I have the Spirit of God” (KJV). These verses clearly

state that it is God's judgment and spirit involved in marriage and He only wants a woman to have one husband. Only if a woman's husband dies is that woman able to remarry and thus have marital relations with another man.

Last, the Bible states, "Who can find a virtuous woman? For her price is far above rubies" (Proverbs 31:10, KJV). Throughout the Bible God tells of the price of a virgin woman, or a woman who is sexually pure. If teenagers had appropriate role models, were provided with education on God's word and took to heart the above passage, then certainly the amount of teens having premarital relations would be drastically decreased.

With today's music, films, and television, much of which is restricted or rated R, it is little wonder that teens do not view their bodies as precious temples. Leviticus 19:29 states, "Do not prostitute thy daughter, to cause her to be a whore; lest the land fall to whoredom, and the land become full of wickedness."

With the term sex education more emphasis should be placed on the word education rather than on sex. Sex education should be taught with God's principles although God has currently been taken out of the public education system. This would help the next generation realize that what the media and their peers are teaching them goes against all of God's principles concerning premarital relations and marriage.

### **Summary**

The purpose of this chapter was to review the literature pertinent to topic of the study, as related to teen sexual practices and pregnancy, beginning with the theoretical framework. Bandura's (1986, 1982) social-cognitive model is concerned with ways in which mental representations of social events, societal/cultural norms, and personal

characteristics influence behavior, reasoning, emotion, and motivation. The approach addresses self and social goals, mental representations of self and others, and the role of social facilitation in decision-making, memory, and judgment. According to Bandura, self-efficacy relates to confidence in one's own ability to carry out a particular behavior and, therefore, his theory predicts that behaviors such as sexual preventive behaviors are performed if one perceives control over the outcome, few external barriers, and has confidence in one's ability (Bandura, 1992).

As associated with the theory of reasoned action, it is proposed that one's sexual preventive behavior is a function of behavioral intention to perform a particular act. Behavioral intentions, in turn, are assumed to be a function of a person's attitude toward performance of a particular preventive behavior, the individual's subjective perception of what significant others wish the individual to do with respect to the behavior in question, or both. Another predictor of intentions is perceived behavior control, similar to Bandura's (1982) concept of self-efficacy.

The literature on factors impacting teen sexual practices and pregnancy was also reviewed. These factors included poverty and welfare dependence, environment (cultural and social), parents, peers, poor sex education, age at which sex is first initiated, and technology. According to the literature, television and modern technology devices, programs and activities have had a significant impact on sexual learning and activity among teenagers. Explicit sex, inappropriate language, and sexual references are seen regularly on TV at hours when children are still awake. These children easily imitate sexual messages and absorb sexual information received from these programs. Interestingly, negative consequences of sexual portrayals are rarely seen on television,

but stories showing sex out of wedlock and pregnancy are plentiful. The review also defined sexual education and programs, and reviewed examples of specific teenage pregnancy prevention programs. The final program described was the forerunner of the one that was assessed in the present research. This chapter has laid the foundation for the study through a thorough and vigorous search of the literature. Chapter 3 is the methodology portion and describes the means used to collect and analyze the data.

## **CHAPTER 3: METHODOLOGY**

### **Introduction**

Previous portions of the study introduced the problem of concern and reviewed the literature pertinent to the topic of the study. The purpose of this phenomenological case study was to examine the lived experiences of a snowball sample of African-American young women who had become pregnant as teenagers and had participated in a Teen Pregnancy prevention program in order to evaluate the effectiveness of the program from the women's point of view. A second purpose was to obtain outcome data pertaining to the women, such as whether they prevented further pregnancies, continued their education, or found employment after participating in the program.

The purpose of this chapter is to describe the methodology that was used by this researcher to collect and analyze the data. First, the research questions are restated. The next section describes the research design. In this section the rationale for the research design is explained and a description of the implementation of the design is described. The focus of inquiry and research questions are also identified. Following sections describe the participants, setting, procedures, the researcher's biography, data collection, and data analysis. The final portions of the chapter discuss the trustworthiness of the study and ethical considerations.

### **Research Design**

The purpose of this study was to examine the lived experiences of a snowball sample of African-American young women who had become pregnant as teenagers and had participated in a Teen Pregnancy prevention program in order to evaluate the effectiveness of the program from the women's point of view. A second purpose was to

obtain outcome data pertaining to the women, such as whether they prevented further pregnancies, continued their education, or found employment after participating in the program. The appropriate research design was a qualitative collective case study, utilizing a phenomenological approach because I wanted to explore the lived experiences of participants. Creswell (2007) defined qualitative research as an inquiry process of understanding that is based on distinct methodological traditions of inquiry that explore a social or human problem. In a collective case study, multiple cases are studied to “. . . gain greater insight into a research topic” (Christensen & Johnson, 2008p. 408). The purpose of utilizing the collective case study with the phenomenological approach is to capture the lived experiences of several individuals regarding a concept or phenomenon they have experienced (Creswell, 2007).

Ultimately the selection of methodology must rest with the researcher and the type of study to be conducted. Serious consideration must be given to the overall design, purpose of the study and development of research questions. The researcher’s function is to build a complex picture, analyze words, report the detailed views of subjects and conduct the study in a natural setting (Creswell, 2007). Qualitative research occurs in a natural setting where the researcher is an instrument of data collection who gathers words or pictures, analyzes them individually, focuses on the meaning of the participants, and describes a process (Babbie, 2003). These are the defining elements of qualitative research, which often involves the in-depth study of cases, interpretation of behaviors, or detailed description. The analysis is ideographic, because the goal is comprehension of the phenomenon, the interaction of factors, and how they define the case.

Sources of data in qualitative research include unstructured or semi-structured



interviews, observation, and documents. The choice of data sources is usually based on purposive sampling, which focuses on collecting data from sources most likely to provide relevant information, as was true in the present case. A common aspect of most qualitative research data collection is participant observation. In this situation the researcher observes and interviews the participants. Subjects, referred to as participants are usually chosen because they have experienced the phenomenon being investigated (Creswell, 2007).

There are a number of approaches to be employed in qualitative research such as participatory personal reflection, surveys, interviews, and case studies. A principal argument for a case study is that it provides a way of studying human events and actions in their natural surroundings. The case study with a phenomenological approach, used in the present study, has several advantages. Yin (2002) listed these as follows:

- The discovery of hidden forms of behavior
- The exploration of causal mechanisms linking phenomena
- The revelation of a critical case
- The explanation of variations.

In addition, a case study allows the investigator to discover complex sets of

- decisions made by participants and to recount the effect of their decisions over time (Punch, 2005).

In addition, a case study allows the researcher to study people at a relatively small price. Only one is required for interpretations of data. Case studies are a type of qualitative research in which the researcher “explores a single entity or phenomenon (‘the case’) bounded by time and activity (a program, event, process, institution, or social group) and

collects detailed information by using a variety of data collection procedures during a sustained period of time (Babbie, 2003).

According to Yin (2002), case studies can be used to explain complex causal links in real-life interventions, to describe the real-life context of the intervention, to describe the intervention itself, and to explore situations in which the outcomes of the intervention being evaluated are not clear. Yin (2002) identified three specific types of case studies: exploratory, explanatory, and descriptive.

The research methodology of the present study utilized a phenomenological case study, with a phenomenological approach, using a survey and interview method to obtain data. In considering the design of any investigation, researchers have their choice of using both qualitative and quantitative methods to complete the study in question. Quantitative research is mainly concerned with the collection and analysis of data in numeric form. Qualitative research is centered on collecting and analyzing subjective information. The objective of qualitative research is to achieve depth rather than breadth (Creswell, 2007). Questionnaires and surveys are used when there is a need to obtain qualitative information in a non-threatening way. The advantages include low administrative cost, easy comparison and analysis of data, the ability to ensure anonymity as well as to administer to many respondents, and the capability to produce data quantity (Rea & Parker, 2005). It is, in part, for these advantages that this researcher selected the present research design.

However, as with most research designs there are also disadvantages associated with a qualitative questionnaire survey approach. Examples of this are that people may not give careful responses, wording of items can elicit biased responses, and

questionnaire surveys may require the assistance of a sampling expert (Babbie, 2003; Creswell, 2007).

### **Research Questions**

As noted above, the purpose of this phenomenological case study was to examine the lived experiences of a snowball sample of African-American young women who had become pregnant as teenagers and had participated in a Teen Pregnancy prevention program in order to evaluate the effectiveness of the program from the women's point of view. A second purpose was to obtain outcome data pertaining to the women, such as whether they prevented further pregnancies, continued their education, or found employment after participating in the program. From this purpose five research questions were derived. They may be restated again as follows:

1. What factors prompted participants' decision to enter into the Teen Pregnancy and Prevention Program?
2. How did the Teen Pregnancy Prevention Program reduce participants' risk of having a second child and/or engaging in sexual activity(ies) while in the program?
3. How did the Teen Parenting Program help prevent participants from having a second baby out of wedlock after leaving the program?
4. How did attending the Teen Pregnancy Prevention Program assist participants in finding a job and being self-supporting?
5. How did the program affect participants' desire to pursue further education?

### **Participants**

The sample for this research study consisted of students who attended the

Teenage Parenting Center in a southwest county in Georgia. There are approximately 150 teenage parents that attend the school each academic school year. All the students are girls between the ages of 13 to 18 and are either pregnant or have one child. It should be noted that students are not allowed to attend the school if they have a second child while in the program. The school is located in an urban area in Georgia, which typically has a majority student population of African Americans. Approximately 30% of the student population comprise of Hispanics and Caucasians who also attend the school/program. This high school/center is made up of all pregnant girls or first time mothers. There are about 40 girls who leave the Teenage Parenting Center each year due to graduating or not completing the program.

The researcher selected eight students to participate in the study by using the snowball method. Participants were solicited through the social media website, Facebook. The researcher created a Facebook account for the purposes of this study only. The Facebook page directed interested participants to contact the researcher by phone only to set up an appointment for their interview, survey, and personal reflection. Directing participants to contact the researcher by phone only allowed confidentiality. The researcher used a script to provide information about the study to potential participants.

The researcher asked the participants to recommend two others they knew who had attended the program. Selection criteria were that participants needed to be 18 to 21 years old who had graduated or attended the program between the academic school years of 2005 through 2012. Eventually, this resulted in recruiting eight African-American participants as no other ethnicities responded to participate in the study. None of the

potential participants who called to participate in the study were turned away due to having a second child while in the program. They only had one child during the duration of the time they were enrolled at the school. All participants who responded were included in this study. Eight participants were adequate for this study according to Creswell (2007) who states, “four to five cases should provide ample opportunity to identify themes of the cases as well as conduct cross-case theme analysis” (p.128). Furthermore, Christensen and Johnson (2008) recommend “when less depth is required and when greater resources are available, collective case studies around ten cases are common.” (p. 408).

### **Site and Setting**

The Teenage Parenting Center is an offshoot of the TAPP program discussed in the previous chapter. It is in a school district that offers special benefits for pregnant and parenting teens. As previously noted, the TAPP concept was initiated in 1985 as a result of increasing teenage pregnancies throughout Chatham and Savannah County. It was designed to be a dropout prevention program and enrollment was voluntary.

In the year 2000 the TAPP program was originally located at the Parent and Child facility. The Parent and Child facility appointed a liaison between the Associate Superintendent for Middle and High Schools at the Board of Education and a retired District administrator who was commissioned to complete the following tasks:

- Assist in the opening and closing of appropriate schools
- Evaluate the certified teaching staff
- Implement staff development strategies
- Arrange for TAPP services

- Consult with the program director with respect to school administration (Lawrence, 2004, p. 5).

The present study evaluated a current Teenage Parenting Center by assessing the students' beliefs about its effectiveness. The researcher used the county's public library, Chattahoochee Valley Library, as the site for conducting the interviews, administering the survey, and eliciting the written personal reflection. The Chattahoochee Valley Library was an appropriate place to conduct the study as all participants were familiar with the county's public library through having attended different parenting workshops at this site and because the site afforded quiet, private rooms in which to conduct interviews. The researcher collected data at this library in a conference room without windows.

The current Teenage Parenting Center was designed for pregnant teenage mothers in the public school system. Students come from a wide variety of socioeconomic backgrounds. Some teens come from public housing/mobile home trailer parks, and their families often depend on public assistance to care for their family. Other students in the program may live in exclusive neighborhoods and their family may earn \$50,000 or more per year. At the time of the study, the facility's existing population consisted of 17 Caucasians, 89 African Americans and 38 Hispanics/Native Americans.

The current program being utilized was designed specifically for pregnant teenage mothers in the public school system. The program population at the Center consists of those who are pregnant or have a child. The total number of pregnant students attending the center has an approximate average of 150 students per year, for the past seven academic school years. The girls are allowed to bring their baby to school with them and

are provided with free daycare. The only restriction to remaining in the program is that students are not allowed to continue the program if they have a second child while in the program.

The mission of the TAPP program focuses on providing strong academics and family life education to enable pregnant mothers to become nurturing parents, and productive members of society. The program's goals include reducing the dropout rate, teaching parenting skills, delaying repeat teenage pregnancies and pregnancies during the early stage of life, increasing independent living skills and career skills, and encouraging students to set goals to balance work and family (Teenage Parenting Center Student Handbook, 2010). The teachers, counselors, and administrators held a Georgia educator certificate issued by the Georgia Professional Standards Commission. The facility consisted of one principal, a daycare director, two certified school counselors and 18 certified teachers. The curriculum used for instruction was based on Georgia's Quality Core Curriculum and the program incorporated the traditional high school schedule as closely as possible. Students attended school for seven hours a day and additional time was allotted for students to have an opportunity to visit with their children in the daycare facility during the school day.

### **Procedures**

The database for the present research and analysis was derived from an in-depth review of the available literature. This review specifically focused on the variables of each of the research questions. The procedures developed to conduct the study consisted of four distinctive and sequential steps. These steps were as follows:

Step 1: A rigorous search and review of the literature was conducted relevant to

the theoretical framework and to general concerns and issues of teenage pregnancy and prevention programs (e.g., factors influencing pregnancy rates, social and cultural characteristics, etc.). Those materials deemed most important and relevant to the research investigation were reviewed in depth.

Step 2: Using the results from the literature review and the research questions in the first chapter, a survey instrument was developed to provide demographic data. The survey was administered by this researcher to the participants. Data from the survey were tabulated and results are presented in chapter 4. Data were also collected from interviews and personal reflections. These were compared to survey results to identify similarities and/or differences in responses. Questionnaire items included on the survey form were derived mainly from findings included in the literature review. These also served to construct interview questions and personal reflection. Results of the three types of data were then triangulated by this researcher. According to Creswell (2007), triangulation of information – that is, the use of several different forms of data collected through a qualitative, a quantitative, or a combination approach is perhaps the strongest type of research. In chapter 5, results of the present research are related to the literature.

Step 3: On the basis of the study's literature review and qualitative data collection, information was amassed to answer each of the study's research questions. A content analysis was used to evaluate and assess interview information as well as personal reflection. Results were compared and contrasted and answers to the research questions are summarized in chapter 5.

Step 4: Based on findings of the study, conclusions are drawn and recommendations are made in chapter 5. Recommendations focus on suggestions for



future research, as well as on areas of concern deemed important in the light of the findings of this study.

Information from the three types of data were recorded using different types of media. For example, survey responses were recorded on a previously prepared form that consists of three sections: demographic information and Likert-type items. Interview information was tape recorded, then transcribed on a free form. Personal reflections were recorded on a free form sheet.

As previously explained, participants for the study were recruited through using the snowball approach. Two teenagers who graduated from the program were identified and asked to participate in the present investigation. They were then asked to recommend two others who also graduated from the prevention program. The two additional participants they recruited were also asked to recommend two other program graduates. Eventually eight participants who had graduated from the program were solicited for the present research. If any decided not to participate the last two who were solicited using the snowball approach would be asked to suggest two others. If they were unable to do this, then two girls who had been recruited previously would be asked. The researcher exhausted all contacts. Since Creswell (2007) suggested using four to five participants and Christensen and Johnson (2008) suggested using ten participants the researcher chose to use an average of the two suggestions for the study.

### **Researcher's Role/Personal Biography**

My name is Marsha Brown and I am a Licensed Professional Counselor employed at a counseling facility. My role in this study was that of principle researcher. I earned a Bachelor of Science (B.S.) degree in early childhood education, Master of Science (M.S.)

degree in Counseling and Psychology, and Educational Specialist (Ed.S.) degree in School Counseling. I also have a certification in Educational Leadership. Currently, I am pursuing my Doctor of Education (Ed.D.) in Educational Leadership degree from Liberty University.

My role in this study was to research, write, and develop all parts of the present thesis. This involved creating the survey questionnaire, as well as collecting and analyzing the information obtained from three different types of data (interview, survey, and personal reflection).

I am committed to helping young girls graduate from high school so they can pursue their education, as opposed to being young teenage parents, dropping out of school and having a bleak future. I have dedicated most of my career to assisting adolescent girls with peer pressure, appropriate relations, and becoming young women with values and respect. As a counselor, I believe these girls need positive role models, education, and group counseling to deal with appropriate teenage relationships and teenage pregnancy. Often times when teens become pregnant they drop out of school because they do not know how to handle their situation and have not been afforded the education that would provide them with suitable coping skills. I passionately believe that every child deserves a quality education. Unwed teenage mothers are in need of this more than ever because they have a baby, and next to God, this should be a priority in their life.

### **Data Collection**

Data were collected during two separate visits to the library with each participant. During the first library session, the conference room was utilized for interviews and for

the participants to complete their surveys. Interviews were audio recorded and lasted about 50 minutes; surveys took approximately 10 minutes to complete. Surveys consisted of 11 Likert-type questions regarding participants' perspectives about the teenage pregnancy/prevention program. One week after the first session, a second library session was held. During the second library session, participants were given the personal reflection template to complete at the library. The researcher also gave the participants a copy of their interview transcript for review for accuracy during the second library session. To provide more detailed and organized information on each of the three types of data collection, each is described below in a separate subsection. Interviews are described first, followed by personal reflections. The final subsection centers on explaining the 11 questions of the survey questionnaire.

**Interviews.** The researcher conducted all eight of the interviews (APPENDIX C). Interviews were offered at the participant's convenience at the Chattahoochee Valley Library. The participant's young child(ren) were able to accompany the mother if childcare could not be obtained. If a participant did not have transportation the researcher was willing to conduct the interviews at the participant's home.

In every case the researcher made every effort to make each participant feel relaxed and at ease. Interviews took place between February and March of 2013. Interview (ADDENDIX C) data were collected on a tape recorder for later transcription and covered the following areas of information:

- Background demographic detail
- Situation prior to the pregnancy
- What transpired on discovery of the pregnancy

- Health and lifestyle choices
- Postnatal period and the child
- Overall experience of teenage motherhood
- Feelings on sex education in school
- Feelings about attending the Teenage Parenting Center High School
- Perceptions of whether the program helped her deal with motherhood
- Perceptions on whether the program assisted her with parenting skills
- Perceptions on whether the sex education information helped reduce the chance of her having a second child
- Perceptions on whether the program assisted helping her change their views regarding unhealthy sexual practices
- Perceptions as to whether the program helped her get the health care she needed for herself and her child
- Perceptions on whether the free child care program assisted with graduating or continuing school
- Perceptions on whether she was able to improve her job history since leaving the pregnancy prevention program
- Perceptions as to whether the program assisted her to find work
- Perceptions on whether she was able to attend college or trade school since leaving the program
- Whether or not she had any other children since leaving the program
- Perceptions regarding recommendations to other pregnant teens who attend the program

- Perceptions as to whether the program did or did not assist her to get ready for the real world.

Each participant was interviewed for about 50 minutes after signing the consent form to audio tape and informal introductions. Confidentiality was assured to each study participant. The interviews were audio taped, transcribed, reviewed, and discussed with participants to ensure validity and clarity of each interview. The verbatim transcripts provided the evidence base for the thematic account and their inclusion provided a means of validation. A content analysis was employed to evaluate the interview and identify recurring themes. The content analysis technique is described in greater detail in a later subsection of this chapter.

**Personal reflections.** The researcher carried out all eight of the personal reflections (see APPENDIX D for prompts), which were gathered at the Chattahoochee Valley Library. Clandinin and Connelly (2007) suggested collecting field texts through an array of sources, including journals, letters, autobiography, and stories. Written personal reflection in a qualitative study is a way to allow the participants to express their opinions in their own words in written form. Participants were asked to write about their experience, positives and negatives of the program, and whether they would recommend the program. The researcher observed the behavior and environment of the respondents in terms of the following:

- Positive aspects of the program
- Negative aspects of the program
- Perception of the program
- Recommendation for the program

- Benefits of program.

The participants were made aware that their reflection should be based on their own experience; the length of time given to write the reflection was approximately 60 minutes. If a participant were to request more time, time would be granted. In every case, the researcher made every effort to make the participants feel relaxed and at ease. The researcher asked participants to write about their experiences of attending the Teenage Parenting Program and would they recommend the program to other teen mothers using the personal reflection template provided.

**Surveys.** Each of the eight participants completed a survey administered by the researcher. Surveys (APPENDIX E) were conducted at the Chattahoochee Valley Library. The survey was developed by the Institute for Research and Evaluation to “assess the effects of [sex education and abstinence programs] and to describe the influences and dynamics involved in teen sexuality” (Olsen, Weed, Nielsen, & Jensen, 1992, p.373) and requires about 15 minutes to complete. The 11-item survey covered beliefs that the respondent had about the pregnancy prevention program - that is, if the students believed the program assisted them in the following areas:

- Relationship education - appropriate and inappropriate
- Appropriate socialization skills
- Sexually transmitted disease differences
- Contraception use and misuse
- Pregnancy education
- The effectiveness of the program.

Respondents are asked to circle the number that best represents how she feels

about the statement. Choices (or categories of responses) range from strongly disagree to strongly agree. The survey was validated and to have an alpha level of .94 for inter item reliability for raw variables, .94 regarding program rating and standardized variables, .96 for both raw variables, and .96 for teacher rating (Olsen, Weed, Nielsen, & Jensen, 1992).

### **Data Analysis**

Interpretative phenomenological analysis is interested in the participant's experience of the topic under investigation and, as such, does not attempt to produce an objective statement. It is an attempt to unravel the meanings in the person's account through a process of interpretive engagement with the interview transcripts, personal reflections and survey. The process started by taking one transcript, personal reflection, and survey then analyzing it in depth. Initial notes were made and, as the researcher became more familiar with the information, emerging themes were grouped together into master themes. Each transcript and personal reflections were then read numerous times, looking for new themes and confirmation of those that had already been identified. Surveys were also reviewed and grouped into themes. The process was ongoing and iterative with a continual return to the raw data. For the purposes of this research, pregnancy prevention was generally defined as reduced sexual activity and thus lowered risk. The overall aim of this analysis was to translate the themes into a narrative account.

It is important to explain that the content analysis method is applicable to any form of communication – personal reflection, interview, etc. Sometimes it deals with the systematic examination of current records or documents as sources of data. Sources for the present analysis, however, were derived from responses to questionnaire items, personal reflections, and responses to interviews.

**Coding.** Coding is a process for both categorizing qualitative data and for describing the implications and details of categories. Initially, the researcher used open coding (APPENDIX F), considering the data in minute detail while developing some initial categories. Later, the researcher used selective coding, where one systematically codes with respect to a core concept. Coding allowed the researcher to break down, examine, compare, conceptualize, and categorize the data.

**Member checking.** The researcher used member checking, in which each of the participants reviewed a summary of the data analysis procedure and a summary of the final results of the inquiry. They answered several interview questions and offered comments on whether or not they felt the data were interpreted in a manner congruent with their own experiences. All participants surveyed rated the findings of the data analysis as a “moderately” to “strongly” credible interpretation of the reality they experienced in the study. In addition, all eight participants made comments that directly connected the findings to one or more personal experiences they had in the procedure. The exact documents used in the member checking process will be on file and available upon request.

**Audit trail.** After the researcher completed the data analysis, she thoroughly examined the audit trail, which consisted of the original transcripts, data analysis documents, surveys, and comments from the member checking. The researcher took a data-oriented approach to show how the data eventually lead to the formation of recommendations. Based on established procedures in qualitative research, the researcher assessed dependability and conformability of the study, as well as the completeness and availability of auditable documents. The researcher also evaluated the



degree and significance of the influence found.

Brogdan and Biklen (1998) used the term *triangulation* to mean “verification of the facts using more than a single source, because multiple sources lead to a fuller understanding of the phenomenon one is studying” (p. 104). It is to the researcher’s advantage to use the data collected with description of how the data were collected through interviews, personal reflections, and surveys. Triangulation was used to enhance the accuracy and increase the trustworthiness of data gathered from the multiple sources and methods (Creswell, 2007). In chapter 4, data are organized and presented in several formats, utilizing charts, graphs and tables, and are used to highlight the data succinctly. At the termination of the interview process, surveying, and personal reflection, the information is categorized and coded in order to finalize the themes and concepts that are the basis of the student’s beliefs about the Teen Pregnancy/Prevention Program reducing the risk of teen pregnancy and unhealthy sexual activity at the Teenage Parenting Center.

### **Trustworthiness**

The aim of trustworthiness in a qualitative inquiry is to support the argument that the inquiry’s findings are “worth paying attention to” (Lincoln & Guba, 1985, p. 290). In this study the researcher used three forms of data collection to make the study credible. First, in designing the research procedure, the researcher deliberately collected three forms of data rather than just one or two. The intention here was to generate three layers of data from each participant. This was intended to provide a richer, more multilayered, and more credible data set than one or two forms would have generated. In addition, future studies could supplement the theory developed here by analyzing the present data solely by participant or solely by data type. Secondly, while bias is often difficult to

control in qualitative interviewing, the researcher took every precaution to ensure questions in the interview process were unbiased. Thirdly, transferability enabled this researcher to include several of the data analysis documents used to generate the answer to the research question. The complete set of data analysis documents will remain on file and available upon request. This access to the inquiry's "paper trail" gives other researchers the ability to transfer the conclusions of this inquiry to other cases, or to repeat, as closely as possible, the procedures of this project.

Collected and analyzed data were shared with the participants as the study progressed. One purpose of sharing is to ensure the data integrity of the study. The researcher met with the participants periodically to review the transcripts and coded categories, in an effort to ensure the input had been correctly understood. Data sharing also aids in validating the perception of the researcher, as participants are observed engaging in daily activities, caring for their child, and lifestyle.

### **Ethical Considerations**

The researcher ensured the participants' names have been kept confidential, with each participant's name being changed to a pseudonym. To ensure the use of ethical procedures, the purpose of the research, procedures, and outcomes were explained to the participants. Although participants were not compensated, they were told the research was conducted in the interest of future program participants. The researcher obtained informed consent before proceeding with data collection.

In addition, it was explained to potential participants they did not need to participate in the study if they did not want to. Even after the data collection had begun, a participant may be allowed to withdraw. Since the participants were over 18 years of

age, no parental consent was needed. By fully disclosing and explaining the nature of the tests, any potential ethical problems were eliminated.

Also, participants were informed they would have an identifier, such as a number or pseudonym, and were asked to not sign their names to any completed forms to ensure anonymity. Again, participants were assured that all information collected in the study would be held in the strictest confidence, and only aggregated information would be used for analysis. However, upon request, the results will be made available to the participants and to the school.

In summary, the data analysis completed by this researcher and the results of this study were designed to help determine if teenage pregnancy prevention programs reduced unhealthy behaviors, reduced the chance of the girls having a second child out of wedlock, and allowed the students to graduate from high school and become productive citizens. The results of the present investigation were intended to reveal whether the previous students from the program believe that the program assisted them with being a teenage mother. Results were also intended to reveal if the students believed they learned coping skills to help them avoid another out-of-wedlock pregnancy. The results from these findings can be used to determine if it is beneficial to create new programs.

## CHAPTER FOUR: FINDINGS

### Overview

The purpose of this qualitative study was to examine the benefits and/or success of the Teenage Parenting Program and the lived experience of the African American females who attended the program. The study focused on the following research questions:

1. What factors prompted participants' decision to enter into the Teen Pregnancy and Prevention Program?
2. How did the Teen Pregnancy Prevention Program reduce participants' risk of having a second child and/or engaging in sexual activity(ies) while in the program?
3. How did the Teen Parenting Program help prevent participants from having a second baby out of wedlock after leaving the program?
4. How did attending the Teen Pregnancy Prevention Program assist participants in finding a job and being self-supporting?
5. How did the program affect participants' desire to pursue further education?

A snowball sample of eight African-American women who had previously participated in the TAPP program was recruited as described in Chapter Three. To capture the participants' lived experiences, individual interviews, a survey, and a written personal reflection were used to gather data. Interview data was transcribed and organized into categories and themes that reflected the overall patterns of participants' responses to the interview questions. Open coding was used to identify emerging themes in the interviews and written reflections. Descriptive statistics (means, standard

deviations) were used to summarize the survey responses.

The current chapter of this study presents the findings from these three data collection methods. The chapter is organized as follows. First, the participants are described and their demographic data are presented. Second, the themes that emerged from analysis of the interviews are presented. Third, the participants' responses to the survey and written reflection are presented and analyzed. Finally, the findings of the study are summarized.

### **Participants**

Table 1 shows the demographics of the sample. The average age of the participants was 20.25 years. All participants began the program when they were pregnant with their first child. Currently, the participants' average number of children is 2 since leaving the program as compared to an average of 1 while in the program. Participants were an average age of 15.5 when they became pregnant for the first time. At the time of the survey all lived in a housing authority apartment and all but one lived with her boyfriend. Six participants were employed full-time; two were not employed. Six were high school graduates; four were attending college; one completed the program and passed all course work, but could not pass the graduation test; one had not graduated from high school. A description of each participant follows on Table 1.

Table 1

*Demographics of the Sample*

Partici pant	Age	Chil dren	Children While in Program	Age 1st Pregnancy	Live-In Status <sup>1</sup>	Educa tion <sup>2</sup>	Wo rk <sup>3</sup>	Hous ing <sup>4</sup>
1	20	2	1	15	1	3	3	1
2	20	2	1	15	1	3	3	1
3	21	2	1	15	1	3	3	1
4	20	2	1	16	1	2	1	1
5	21	4	2	16	1	2	3	1
6	20	2	1	16	3	1	3	1
7	21	3	1	15	1	1	3	1
8	19	1	1	16	1	3	1	1
<i>M</i>	20	2.25	1.13	15.5	1.25	2.25	2.5	1

<sup>1</sup> Live-In Status was coded as: Living with boyfriend = 1, Married = 2, Living alone = 3

<sup>2</sup> Education was coded as: Did not graduate = 1, High school graduate = 2, Some college/currently attending college = 3

<sup>3</sup> Work was coded as: Not employed = 1, Part time job = 2, Full time job = 3

<sup>4</sup> Housing was coded as: District housing = 1, Other = 2

Participant 1 was Mia, a 20-year old with two children who became pregnant for the first time at age 15. She had one child while in the program. Her children were currently 5 years old and 1 year old. She currently lived with her boyfriend, who was not the first child's father, in a housing authority apartment. She had a job working full-time, graduated from high school, and had attended junior college.

Participant 2 was Erica, a 20-year old with two children who became pregnant for first time at age 15. She had one child while in the program. Her children were currently 4 years old and 5 months old. She currently lives with her boyfriend, who was not the first child's father, in a housing authority apartment. She had a job working full-time, graduated from high school, and was attending junior college.

Participant 3 was Jada, a 21-year old with two children who became pregnant for the first time at age 15. She had one child while in the program. She currently has two children and lives with her boyfriend, who was not the first child's father, in a housing authority apartment. She has a job working full-time, graduated from high school, and was one year away from graduating from a four-year college.

Participant 4 was Kaylen, a 20-year old with two children who became pregnant for the first time at age 16. She had one child while in the program. Her children were currently 4 years old and 9 months old. She currently lives with her boyfriend, who was not the first child's father, in a housing authority apartment. She did not work outside the home because she was caring for her 9-month old child with a disability full-time. She graduated from high school, but had not attended college.

Participant 5 was Kimberly, a 21-year old with four children who became pregnant for first time at age 16. She had two children while in the program. Her

children's ages were 5, 3, 2, and 1 year old. She currently lives with her boyfriend, who is the father of all of her children, in a housing authority apartment. She has a job working full-time, graduated from high school, and was about to begin a four-year nursing program.

Participant 6 was Jennifer, a 20-year old with two children who became pregnant for the first time at age 16. She had one child while in the program. Her children were currently 4 years old and 10 months old. She currently lived with her boyfriend, who was not the first child's father, in a housing authority apartment. She had a job working full-time, dropped out of high school, and had not attended college.

Participant 7 was Nicole, a 21-year old with three children who became pregnant for the first time at age 15. She had one child while in the program. Her children were currently 6 years old, 1 year old, and 2 weeks old. She lives with her boyfriend, to whom she was engaged and who was not the first child's father, in a housing authority apartment. She had a job working full-time. Although she completed her high school coursework with A's and B's, she was unable to pass the state graduation test and therefore did not graduate. She expressed the desire to become a nurse.

Participant 8 was Kierra, a 19-year old with one child who became pregnant for the first time at age 16. Her child was currently 3 years old. She currently lives with her boyfriend, who was not the first child's father, in a housing authority apartment. She was not currently employed, had graduated from high school, and had attended junior college.

### **Interview Findings**

**Overall perceptions of the program.** Within the group of eight research participants, there was a roughly equal split between those who reported significantly



positive experiences of participation in the program and those who had negative perceptions of the program and felt that it had offered few benefits for them as pregnant teenagers and young mothers. However, seven participants indicated that they themselves had chosen to attend the Center, or had done so voluntarily. One participant indicated that, as a pregnant teenager, she could feel more comfortable there than at a regular school:

**Jada:** I felt good about it because some of the girls were already pregnant like me so I felt like I was around girls who could understand me ... There's a lot of other girls out here, younger girls and they'll be unwilling because they're pregnant or they're being picked on because they have to go to a regular school where people that are not pregnant have to compromise and I felt TAPP was a safe place unlike regular school.

However, several interviewees expressed a distinct dislike of the all-female atmosphere, which seemed to have affected their overall experience of program participation and perhaps may have deterred them from participating in non-compulsory activities.

**Mia:** I didn't like the parent center because it was too many girls, too much drama, a lot of baby daddy drama and gossips.

**Jada:** When I first started to attend TAPP I was under the influence it was a boy/girl school, but once I got there I didn't see any males. I started to get depressed. I don't like a lot of women. Then every day we went to school somebody was fighting or somebody got into it with somebody else baby daddy...just messy. I couldn't take that. I went but I just stayed to myself cause I

didn't have time to be fighting them girls.

**Impact of program participation on healthy sexual practices.** When asked about their use of contraception before or when they became pregnant, some of the interviewees admitted that they were not using any form of birth control or were only using it occasionally, while others stated their contraception had failed. None of these women reported that they had intended to get pregnant, and all indicated that they had initially experienced negative emotions on discovering their first pregnancy such as anxiety, fear and anger at themselves for becoming pregnant.

However, there was a divergence of views on whether participation in the program's sex education classes had taught them anything about safe sexual behavior that they didn't already know. Two of the participants reported that they had not attended any sex education classes while in the program.

**Kimberley:** I don't know nothing about a sexual education class at TAPP ... We never talked about it. They never talked about. I'm not saying that I wasn't old enough to know, because I'm old enough to know that I need protection, but they didn't teach it. I never attended any.

Of the rest, some reported that they had gained useful knowledge from the classes:

**Jada:** A lot of the diseases that I thought I knew about, but then I found out some of them you can't. Like they would be with you for the rest of your life.

**Nicole:** Of course, to be more cautious when it comes to sex. I mean, some girls go with men and they don't know who they been with.

Others, however, indicated they felt the classes had not taught them anything they did not already know, or that it was being received too late to be of much help to them.

**Erica:** I wish I had sex education before I became pregnant cause they were teaching me stuff I already knew.

**Kaylen:** I really didn't feel that I could use for it. I felt I wished we would have did that before high school or in another school somewhere else.

**Kimberley:** I can remember we were just sitting there talking about, "When I had my baby, it felt like this and it felt like that," Some girls were pregnant, girls pregnant. Some had already had their kids ... several of us talking about that. I felt like they should have been teaching us, "You shouldn't be having sex or whatever."

All of the participants stated that they had started using healthy sexual practices after attending the program because they were using contraception and only sleeping with one regular partner. However, nearly all the interviewees had gone on to have more children at a relatively young age. All but one had had another child since participating in the program; for 6 however, this was not until several years later, and 7 said their subsequent pregnancies were planned. Of the eight women interviewed, only one reported having another child while still in the program. When asked specifically if the program had assisted them in not having a second child at an early age, many answered affirmatively, but those who explained their response cited the practical difficulties of combining their education while looking after a baby, rather than the sex education they had received:

**Erica:** Yes. It was hard when having a baby getting on the bus with car seat and books and doing that every day, getting on and off the bus that was hard.

**Jada:** A lot of days they used to close the daycare facility early and we used to

have to lug our kids around with us along with our books. It was hard and it was stressful. Some of the kids were crying. We can't concentrate on our work ...

**Practical benefits of program participation.** The findings indicated that the greatest perceived benefit of attending the Center for most of the interviewees was the availability of daycare for their baby or child; a factor that had facilitated continued participation in their education. Many of the women emphasized this benefit and expressed gratitude that they were able to see their child during the school day.

**Kaylen:** It meant everything to me, because I didn't want to leave my baby, then I had to go to school .... My mom, she's at work and it would be important for me find somebody to watch my baby while I try to graduate or whatnot. If I didn't go to TAPP then I wouldn't had nobody to keep my baby.

**Erica:** Me being young and this my first child like I really used to miss him even when he was in daycare I would like ask my teacher if I could have a pass to go check on him and stuff, so I think it was better that he was close to me instead of you know with someone else while I am in school and I'm worried about him.

**Nicole:** It gave me more time to spend with my child, meaning my mom didn't have to take care of him while I was at school. It was times when I'd get out of class, I could still go see my son. I mean, it's a good mothering thing, so I preferred to stay where I was at that time. That's why I stayed there until I finished.

**Kimberley:** Yes, they assisted with my needs as far as daycare. That helped because I don't have to pay nobody to watch my kids or anything while I am at school. I can just take them to school with me, so that helped. It didn't matter

what side of town you stayed on, they were going to come and get you.

**Nicole:** They helped me better myself many days watching my kids while I got my education.

**Kaylen:** If I would have never went to TAPP, I wouldn't have had a daycare to get to school. I'd do it again if I had to.

Overall, the interviewees expressed satisfaction with the standard of daycare provided, although a minority noted concerns about the care and perceived inexperience of some of the staff.

**Erica:** They was a good day care because every day when I would go to pick up my child they would check things in the bag like how many Pampers they used and how many times they ate and what they did today like books and activities like during naptime, how long they slept and stuff like that.

**Mia:** I think they had too many kids in one room but for the amount of teachers they had. It was good that they had a day care but the people they had working in the daycare I felt could have been better ... They could have did a better job ... The people who work there, they should have had more experience or something.

The interviewees were also asked whether the parenting classes had taught them anything they did not already know about parenting. A few ( $n = 3$ ) reported that they had learned useful practical things about how to look after a baby, and emphasized its importance, especially for teenage mothers, who have little practical support outside the program.

**Kaylen:** It taught me lots of things. If I'm a new parent, how would I know what to do, and what not to do?

**Jada:** They gave a lot of demonstrations on the right way to change a diaper, the right way to clean your baby, the right way to feed them, hold them. The right way to nurture your child. It teaches you a lot of stuff that your parents or friends or friends of the family teach you, but the right way.

Most of these research participants, however, reported learning about childcare from their own mothers or other relatives and did not feel that the program had helped them much in this area. One participant, who had not been aware of or attended any parenting classes, expressed the view that the inclusion of these would represent a significant improvement to the program.

**Mia:** I really didn't need their help cause my mama was teaching me.

**Kimberley:** No. Everything I learned, I learned from my mom and sisters that had kids. No, the center didn't teach me anything

**Erica:** They didn't really have no real parenting classes ... they had like regular computer class that we could read on stuff about parenting and your baby ... classes like that ... I think for the girls that go into the school pregnant they should have a class for them to teach them how to be a parent because some girls they might not have a mother so they might need that class to teach them how to be a parent stuff like that ... If I could change one thing it would probably be to have a class that teaches teenagers that are already pregnant how to be a mother and how to - you know - change the baby, feed the baby, stuff about babies ...

Although nearly all the participants reported having used the practical facilities offered to them through the program, such as the WIC Office and transportation to healthcare appointments, none remarked on any specific benefits of these. Most ( $n = 5$ )

said that they had not attended parenting classes or any off-campus events and only one had used the program's counseling service.

**Academic benefits of program participation.** There was a general consensus among most of the research participants, that attending the program had helped them to graduate from high school. However, this was perceived as being mainly due to practical factors such as daycare for their babies, as well as special educational privileges such as being able to take more days off in the academic year than would be allowed in a regular school, and having the opportunity for a rest break in the school day if they were very tired.

**Kimberley:** Yes, I think it assisted me in graduating, because I missed a lot of days and I would say they are understanding. They know that you're pregnant and that you got to go to the doctors and all those things ...

**Erica:** Being a parent and going to school is very hard because the child will wake up in the night and you don't really get any sleep and at TAPP we had a nurse office and they had two rooms and each room had two beds in it, so if the teacher saw you were tired or sleeping through their class cause I had it happen to me a few times especially when I was pregnant I couldn't stay awake for nothing but if I fell asleep in class my teacher would wake me up, write me a pass to go to the nurses office and the nurse would let you go back there and take a nap for an hour and then they would wake you up and you have to back to class.

Beyond these types of factors, views were very mixed on the standards of academic teaching and support offered by the program. A few interviewees expressed the view that these were higher than they would have received in a regular school:

**Erica:** We had a real cool principal. She did try to help, she didn't play like she was real cool like she would see you putting in effort, you come to school every day and you try and pass your class and you try to graduate and when it got time for you to graduate and you fail you know you missed a test by a couple of points or one point she would wave it so you could stay and graduate.

**Jada:** A lot of people just think they're going there to have an easy way out. It's not easy. It's harder than a regular high school, but they teach you more than in a regular high school.

**Nicole:** They had tutorials after school. They had a bus to make sure you got home. The thing is, when it came to graduation, they made you run over question that was on the graduation test. They went over the tutorial, so there was basically no reason why you shouldn't pass that graduation test.

Others were less positive, however, about their academic experiences at the Center or reported more variable standards of teaching:

**Mia:** I won't say all the teachers but certain teachers was like, "You got to do this. You going to fail." Other teachers was like ... well, it was just like they didn't care for real.

**Kimberley:** I don't feel like they taught you. They just gave you a book and you read a chapter and you take a test. It was kind of like you were teaching yourself ... I think they were being lazy. That's what I think. I think it was laziness. That's why I say if there were better teachers, probably a better principal; it would have been a whole lot better I think.

**Jennifer:** I wasn't learning anything. Things that they were showing me I already



knew; I could have done that at home. No it did not (help). I had to go on after that and get a GED. If I say I'm trying to get an education and all, no, that would not be the place I would choose, TAPP, because they really didn't really help me in that area.

**Perceived impact of program participation on subsequent life experiences.**

The interview data suggest that the main positive impact of program participation for most of these women was their ability to graduate high school while being pregnant or looking after a young baby, mainly due to the practical benefits such as daycare and greater flexibility in their studies. Following graduation, half ( $n = 4$ ) of the women had continued their education at Technical or Community College and in one case at university level.

Generally, some ( $n = 4$ ) of the interviewees felt that participation had prepared them more generally for life as a teenage mother, though others were less positive about this.

**Erica:** They help me understand I had to graduate and get a job so I could take care of myself and my baby. The program made me understand if I wasn't going to do it for myself, at least do it for baby. And I did I graduated, in college, got my own apartment and car and live with my children father.

**Kierra:** Yes, they taught us a lot of things important about life, they taught us about how to handle things and how to know what to do.

**Jada:** Yes. Because being a teenage mother is a lot of stuff you think you know, but you don't know.

**Kaylen:** I don't feel like it prepared me for life. I just felt like it was something

just willing to help with us and the how to care for our babies.

Though it is difficult to isolate the specific effects of the program on their subsequent experiences and on their attitudes to life, it is nonetheless notable that at least some of these program participants reported that becoming pregnant at an early age had not had an adverse effect on their lives and had even had positive impacts. It might be cautiously inferred from these findings that their ability to graduate high school, through participation in the program, contributed to their positive outlook and experiences.

**Mia:** It didn't make stuff better but it has pushed me a lot harder. I knew oh, I've got to do this. I've got to do this for my baby ... I graduated, went to college and everything. I think it was okay my being a mother at such a young age. If I wouldn't have gotten pregnant I probably would have stopped going to school ... It pushed me hard because I got to do this. I got to get me a good job.

**Jennifer:** It made me a better woman. I believe if it wasn't for my child I wouldn't be the woman that I am today. For one when I had him I automatically changed dramatically. It's not about me anymore; it's about him, so I wouldn't change anything. I wouldn't go back and redo anything.

**Erica:** My son really didn't stop me from doing anything I wanted to do before I got pregnant, he just gave me more motivation. I did graduate on time. I was working while I was in school. He didn't stop me from going to the prom. I went to my junior and senior prom. I went to my junior prom pregnant but I had a maternity dress and I basically did everything that you would do during high school.

However, other interviewees, when asked how their early pregnancy had affected their

lives, expressed considerable regret about lost opportunities and indicated they would have liked to have done things differently.

**Kaylen:** I was too young, because I really didn't get a chance to enjoy my life. I really didn't have enough chance to go to out with any of my friends or go parties. I would have to go to work and get back to my baby. I feel that I was just really too young. If I could have waited, I would have waited. If I could go back, I would. I should have just waited.

**Kimberley:** It really did affect my life. I always have been an A, B or a principle A student. Once I became sexually active and had a child everything changed. I'm not as close with my family anymore. I didn't get go actually to the college. I'm 21 and I am just now able to sign up for school, because I didn't have no help, but I have some now. So, yes it affected my life a lot. I always say this, still to this day, if could turn back the hands of time, I would not have sex at all. I wouldn't have had sex.

**Nicole:** If I could do it again I would change it all. I would have waited, because if I could do what I do now, back then, I would finish school college-wise, career started, married before I had my first child, probably in the NBA doing like I wanted to do; so I would have waited.

### **Survey Findings**

A short survey was administered in conjunction with the interview and written reflection. The participants were asked to rate the degree to which the education program had helped them in 11 areas using a 5-point Likert-type scale, where 1 = *none* and 5 = *a lot*. Table 2 shows the participants' individual and average responses to the survey

questions as well as the standard deviation of the responses per item. Standard deviation is a measure of the variability of a group of answers. Larger standard deviations indicate a large amount of variability; smaller standard deviations indicate a small amount.

Because there was a large amount of variability, the median rather than the mean response was considered more representative of the participants' views.

Overall, participants' responses indicated that they believed the program had helped them a fair amount, as the median response to all questions was 4 out of a possible 5. Their lowest median response was 3 out of a possible 5 on item 1 (*Learning things I didn't know before*), slightly above which was item 4 (*Discovering or recognizing values and beliefs that are important to me*) at 3.5 out of a possible 5. Thus, participants felt the program was least helpful in conveying new information and helping them consider their values. Their highest median response was 5 out of a possible 5 on item 6 (*Thinking about and planning for my future*). Four items received mean response of 4 out of a possible 5: item 2 (*Developing good feelings about myself*), item 3 (*Learning things that can help me in my everyday life*), item 8 (*Learning how to handle problems and pressures that come up in life*), and item 10 (*Learning how to stay away from things that could cause problems for me later*). Thus, the areas in which the participants felt they had received the greatest amount of help related to planning ahead, whether about the future (item 6) or about avoiding problems (item 10), dealing with problems and stress (item 8), practical information (item 3) and improving self-esteem (item 2). Survey descriptives are listed in Table 2.

Table 2

*Survey Descriptives*

	Question	<i>M</i>	<i>SD</i>	<i>Median</i>
1.	Learning things I didn't know before	3.38	1.51	3
2.	Developing good feelings about myself	4.13	0.99	4.5
3.	Learning things that can help me in my everyday life	4.13	0.99	4.5
4.	Discovering or recognizing values and beliefs that are important to me	3.63	1.30	3.5
5.	Learning how to choose good friends and be a friend to others	3.50	1.69	4
6.	Thinking about and planning for my future	4.38	1.41	5
7.	Learning how to make good decisions and choices	3.88	1.25	4
8.	Learning how to handle problems and pressures that come up in life	4.00	1.20	4.5
9.	Learning how to understand other people	4.00	0.93	4
10.	Learning how to stay away from things that could cause problems for me later	4.13	0.99	4.5
11.	Helping me and my parents communicate better about important things	3.75	1.49	4

## Personal Reflection Findings

A third form of data, a written personal reflection, was also included for the participants to complete. Specifically, participants were instructed,

Write about your experience at the Teen Age Parenting Program (TAPP) while attending the school. Do you feel it was helpful during and after your pregnancy? Why or why not? Would you recommend other pregnant teen mother to attend the school or continue in regular high school? Why or why not? If you could have changed one thing positive or negative about the school/program what would it be?

The participants' responses were sufficiently short that their statements pertaining to each question can be presented whole and verbatim, as follows.

**Do you feel it was helpful during and after your pregnancy? Why or why not?**

**Mia:** I do not feel it was helpful during my pregnancy. The education was OK. My mother and family help me with parenting my child.

**Erica:** My experience was good. It was really like being in regular high school just all girls and a baby.

**Jada:** My experience at the TeenAge Parenting Program was wonderful. It was helpful to me and my daughter. If was hands on. I learned a lot of things I did not know about parenting and safe sex. It taught me a lot of things I use now in the future.

**Kaylen:** My experience at TAPP overall was OK I guess. It only really helped me get thru school because I didn't want to be a drop out.... It really helped with

the daycare but they really didn't help me with being parenting.

**Kimberly:** Yes I feel like it was helpful but only because of the daycare because I didn't have anyone to keep my kids while I was in school.

**Jennifer:** My experience was really not as pleasant as I thought it would be. It was really no help at all. I did not learn anything extra about parenting skills at all.

**Nicole:** I think TAPP was a very good school as far as my education. I learned everything about being a mother and going out into the world the good thing about TAPP is they were there for you to watch your child while you get your education...

**Kierra:** I feel like TAPP was helpful during and after my pregnancy because they helped me learn to be independent and get out on my own to get things done for me and my child.

Ways in which the program was considered helpful related to having daycare while the participant attended classes and received a good education. Participants had mixed views regarding the parenting education they received, with some ( $n = 6$ ) viewing it as helpful and three viewing it as not helpful or not conveying anything they did not already know at the time.

**Would you recommend other pregnant teen mothers attend the school or continue in regular high school? Why or why not?**

**Mia:** I not would recommend other teen mom to attend the program because you'll learn and be prepared for the world the same way in public school if you don't need daycare.

**Erica:** I would recommend TAPP because it's hard being a parent and mother and if you fall asleep in class cause your baby kept you up they would be able to go to the nurses office and take a nap.

**Jada:** I miss the TAPP Center, and I will recommend it to other teen parents.

**Kaylen:** I would attend again because I would have been a drop out if I didn't have TAPP to go to because I had no one to keep my baby while going to school.

**Kimberly:** Yes I would recommend other pregnant teenagers and no, yes because of the daycare and the sympathy that they have for pregnant girls, and no because the teacher didn't really teach us anything.

**Jennifer:** My advice is not to attend there anymore.

**Nicole:** But at the end of the day if I had to make a chose do I want to go to regular school or TAPP while I am pregnant or when I had my child I would choose TAPP.

**Kierra:** Yes, I would recommend other pregnant teenage mothers to attend TAPP because they work with you with your schoolwork and your child.

Overall, participants would recommend the program or would go there again, although two said they would not. Reasons for recommending the program included the support they received. Support included parent classes, a smaller workload, peer support, and daycare.

**If you could have changed one thing positive or negative about the school/program what would it be?**

**Mia:** If I could change anything about the school it would be for the faculty to be more concerned about the teen's future and education and not give grades cause



they are a teen mother but let them earn them.

**Erica:** I can't think of anything negative but positive I enjoyed the parenting class cause some girls don't have mothers.

**Jada:** The only negative thing about the program is the girls are messy.

**Kaylen:** The thing I would change about the school would be they teach you there and not have so many messy girls. All lot of girls in one school is always messy. I think if the teachers would have taught us better instead of thinking we already knew stuff it would have been better.

**Kimberly:** If I could change something about the school it would be to have better caring teachers. I did like the fact that teachers would work with you if you miss days out to school if you baby was sick cause regular school would not have work with me as much and kicked me out.

**Jennifer:** One thing I would change is the teachers. They need more caring and helpful teachers. They need to act like they care and not judge us because we are teen mothers. I think if the program had more teachers who went through what we were going through as teen mothers the program would be better.

**Nicole:** ...the bad thing is that some girls just use it for free baby sitter while they go do what they want (skip school) to do or make more kids.

**Kierra:** If I could change one thing about TAPP it would be they workers in the nursery. I feel they could have been more qualified but having daycare made it a lot easier on me.

The most frequently mentioned change regarded the teachers, whom some participants viewed as not caring, being judgmental, or too easy in terms of grades. The

second most frequently mentioned change was the messiness of some students, followed by one comment regarding the perceived lack of qualification on the part of the day care staff.

### **Summary of Findings**

This study explored the phenomenon of teenage pregnancy and the effectiveness of a teenage pregnancy prevention program through the lived experiences of eight African-American women who had formerly been enrolled in the program. Answers to the research questions were developed using three forms of data: interviews, survey, and personal reflection. The conclusions are as follows.

Research question 1: What factors prompted participants' decision to enter into the Teen Pregnancy and Prevention Program? According to the interview and personal reflection, participants chose to attend TAPP because they wished to complete their high school education without interruption. Also, the interview discussion of the theme of the overall perception of the program, presents evidence that the girls initially thought that the program was coed. Some stated they would have been reluctant to attend if they had known in advance it was an all girls' school. A positive aspect of the program that encouraged girls to attend was the childcare. The availability of child care was a major motivator, as indicated in the personal reflections of the participants; however, in hindsight the participants were glad the program had stressed responsibility and planning for their futures, which is concluded in the survey with a median of 5 revealing in item 5, *Thinking about and planning for my future* was valuable in the program. All data converged with the girls wanting to do better for themselves despite being teenagers who were pregnant.

Research question 2: How did the Teen Pregnancy Prevention Program reduce participants' risk of having a second child and/or engaging in sexual activity(ies) after participating in the program? The theme, 'Impact of program participation on healthy practices,' indicated the program failed to discourage the participants of the study to discontinue sexual activity after the completion of the programs. All except for one of the participants planned their next pregnancies, instead of accidentally becoming pregnant as they had prior to entering the program. Three questions in the survey pertained to the theme: item 4, *Discovering or recognizing values and beliefs that are important to me*; item 7, *Learning how to make good decision and choices*; and item 10, *Learning how to stay away from things that could cause problems for me later*. The median numbers reflect 4.5, 4 and 3.5 respectively; therefore, the participants did not believe that continuing to have sex was a negative reflection of the problem. They chose to remain sexually active, but they incorporated healthier behavior to not have more unplanned pregnancies. Although participants continued to engage in sexual activities after leaving the program, and all but one had at least one more child, participants did indicate in their interview and personal reflections they had begun to use contraception and to observe safer sexual practices such as having only one partner after participating in the program.

Research question 3: How did the Teen Parenting Program help prevent participants from having a second baby out of wedlock after leaving the program? The participants did have more children outside of marriage after leaving the program; therefore, it can be concluded that the program did not prevent them from having children out of wedlock, as indicated in the interview portion of 'Practical benefits of program

participation'. The participants expressed the helpfulness of the day care facility while in the program, but after leaving the program and graduating from the challenging school day, they had children that they could take care of without the need of the program's daycare. From the participants' point of view, the program may have been more successful, as all but one was living in a stable, monogamous relationship with a man who was the father of the subsequent child(ren). It is apparent in the interview and personal reflections, however, that these participants do not view their current living arrangements as sinful. They did not indicate they were taught not to have any more children until after they were married. The publicly funded program did not include religious or moral benefits.

Research question 4: How did attending the Teen Pregnancy Prevention Program assist participants in finding a job and being self-supporting? In this respect, the program can be seen as a success when looking at the data. The theme 'Impact of program on subsequent life experiences' along with the interview and the personal reflections revealed the participants believed they were doing well for themselves. With the exception of one woman, whose scores on the state exam were not of passing quality, all participants graduated from high school and all but one, who is caring for a child with a disability, are gainfully employed. The survey questions that reveal their idea of the program regarding their future were: item 2, *Developing good feelings about myself*; item 3, *Learning things that can help me in my everyday life*; and item 11, *Helping me and my parents communicate better about important things*. The medians were 4.5 for the first two and 4 for the last item, indicating the program prepared them positively for their independent futures of having a high level of self-confidence, developing, and

communicating affectively with their parents. The participants admitted listening and cooperating with their parents, which shows a degree of respect for adults. A common theme throughout the data was that the program motivated the participants to become serious about being responsible and supporting their children financially.

Research question 5: How did the program affect participants' desire to pursue further education? In this respect, too, the program was successful in that six of the eight participants have attended or are attending community or four-year colleges, and others have aspirations to get more education. The theme, 'Academic benefits of program participation,' indicated that many of the girls believed they would have dropped out of high school if the program was not in place to take care of their babies as they continued education, as well as in the personal reflections. The participants needed to continue their high school education in order to pursue higher learning. The interview and personal reflections show the participants were furthering their education. The items in the survey that support this question is item 6, *Thinking about and planning for my future*; and item 9, *Learning how to understand other people*. The data shows that the participants did learn to think about their future as well as how to understand and respect people with the medians being 5 and 4 respectively. Therefore, the participants had a desire to continue their education with other teachers and people of authority in their new facilities after the program.

### **Conclusion**

The purpose of this chapter was to present the data derived from the interviews, surveys, and personal reflections conducted with the eight participants. Several important patterns emerged from the combined data. The first was that participants

generally felt TAPP was helpful to them in terms of providing support while they completed high school. Participants agreed that the availability of child cares, transportation, and other practical supports were beneficial to them. The second was that opinions overall were mixed regarding the quality of the education the participants received while attending the program. Although several participants expressed satisfaction, a common complaint was that teachers did not seem to care, were judgmental, or were lax in their academic standards. The third was that participants expressed the greatest appreciation for the ways in which the program helped them to mature. Several participants expressed that learning to plan ahead, think about the future, and make responsible choices was the best aspect of the program. Related to this was the fourth pattern, which was engaging in more responsible sexual behavior. Although most participants had had another baby after leaving the program, the subsequent babies generally had been planned, and the participants reported using safe sexual practices such as being monogamous and using contraception.

The final chapter of the study will summarize chapter one through four, as well as address discussions, conclusions, and recommendations.

## CHAPTER FIVE: DISCUSSION

In this final chapter, a summary of the key elements presented in the previous chapters will be presented. In the first section, a summary of the study is provided, followed by conclusions drawn from the analysis of the data in relation to the research questions. The discussion section follows, along with the limitations of the study. The final section of the chapter provides recommendations for action and further research.

### Summary

Although there was a steady decline in teenage pregnancy during most of the 1980s, in recent years it has once again begun to climb (Gilbert et al., 2004; Santelli et al., 2009). Approximately one million adolescents become pregnant in the U.S. every year, with nearly 500,000 births occurring to school-aged mothers, with the median age being between 11-19 (Gilbert et al., 2004). The birthrate among teenagers in the U.S. “remains one of the highest among other industrialized countries” (Hamilton, Martin, Vetura 2007). In 2011, a total of 333, 771 teens gave birth (Solomon-Fears, 2013). Teenage mothers are at risk of not completing their education and of becoming dependent on welfare because of the potential interruption posed by their pregnancy. Therefore, programs that focus on helping them avoid risky behaviors in the future and helping them become self-reliant adults are needed. However, the effectiveness of such programs, particularly from the participants’ point of view, has not been well researched. The present study evaluated the effectiveness, as perceived by former program attendees, of the Teen Pregnancy and Prevention Program provided by the Teenage Parenting Center located in southeast Georgia. The purpose of this phenomenological case study was to examine the lived experiences of a sample of eight African-American young women who

had become pregnant as teenagers and had participated in a Teen Pregnancy prevention program in order to evaluate the effectiveness of the program from the women's point of view. A second purpose was to obtain outcome data pertaining to the women, such as whether they prevented further pregnancies, continued their education, or sought employment after participating in the program. For the purposes of this research, pregnancy prevention was generally defined as reduced sexual activity and thus lowered risk. The core research questions investigated in this research study were as follows:

1. What factors prompted participants' decision to enter into the Teen Pregnancy and Prevention Program?
2. How did the Teen Pregnancy Prevention Program reduce participants' risk of having a second child and/or engaging in sexual activity(ies) while in the program?
3. How did the Teen Parenting Program help prevent participants from having a second baby out of wedlock after leaving the program?
4. How did attending the Teen Pregnancy Prevention Program assist participants in finding a job and being self-supporting?
5. How did the program affect participants' desire to pursue further education?

IRB approval was sought and approved, after which a sample was recruited.

Snowball sampling was used to obtain a sample of 8 women who had attended the Teen Preventive Program within the three years prior to the study period who were currently between the ages of 18 through 21. The researcher interviewed, observed, and conducted a survey to find out the students' beliefs on the effectiveness of the program in terms of reducing the risk of teenage pregnancy and sexual activity after leaving the program. The



researcher asked if the participants believed the program was helpful with parenting skills, reducing the chance of a second baby, completing high school, decreasing unhealthy sexual practices, and preparing for life after the program. The participants' data from the three different types of data collection (interview, survey, and personal reflections) were tallied, compared, and analyzed to determine the students' beliefs regarding the effectiveness of the program. A full verbatim transcription was returned for participants to review for accuracy, validity and reliability. The data were categorized and analyzed using open coding to reveal common themes and patterns.

### **Discussion**

Bandura's (1986, 1982) social-cognitive model served as part of the conceptual framework of the study. Bandura's approach addresses self and social goals, mental representations of self and others, and the role of social facilitation in decision-making, memory, and judgment. The model emerges in the impact of the program on sexual healthy practices as students stated that they started using contraceptives and having sex with one partner. Self-efficacy consists of the confidence in one's own ability to carry out a particular behavior. The theory of self-efficacy predicts that behaviors such as sexual preventive behaviors are performed if one perceives oneself to have control over the outcome, encounters few external barriers, and has confidence in one's ability (Bandura, 1992). The theory emerges in the theme of academic benefits as seven out of eight participants graduated from high school and four participants pursued higher education.

The theory of reasoned action was also used as a conceptual framework. Behavioral intentions are assumed to be a function of a person's attitude toward

performance of a particular preventive behavior, the individual's subjective perception of what significant others wish the individual to do with respect to the behavior in question, or both. This theory emerges in the themes of academic benefit of program participation and life experiences, because participants who graduated or completed the program did so voluntarily and six participants, including the two who did not graduate, were working full-time jobs. Another predictor of intentions is perceived behavior control, similar to Bandura's (1982) concept of self-efficacy. In this study, it was proposed that sexual preventive behavior is a function of behavioral intention to perform a particular act.

The literature supports the factors influencing teen sexual practices and pregnancy in this study. These factors include poverty and welfare dependence, cultural and social environment, sex education, and teen-parent communication. Poverty and welfare dependency were apparent as all of the participants lived in public housing and most received some form of public assistance. According to Bridgeland et al., (2006), Gallagher (1999), Hardy and Landry (2000), Meade et al., (2008), and Santelli et al., (2009) teenagers who give birth are more likely to come from economically disadvantaged families and neighborhoods. All participants live in low-income housing; therefore, the findings of this study are consistent with the research. Parent-teen communication and knowledge of sex education play a factor in the participants' pregnancies. Four out of eight participants said their parents told them not to have sex and none received any type of sex education prior to their first pregnancies. Resnick (1997) found communication and parent support lowered the risk of teenage pregnancy, but participants stated they never received any form of sex education before their first pregnancy.

The purpose of this phenomenological case study was to examine the lived experiences of a sample of eight African-American young women who had become pregnant as teenagers and had participated in a teen pregnancy prevention program in order to evaluate the effectiveness of the program from the women's point of view. A second purpose was to obtain outcome data pertaining to the women, such as whether the program prevented further pregnancies, if they continued their education, or sought employment after participating in the program. For the purpose of this research, pregnancy prevention was generally defined as reduced sexual activity, which lowered the risk of repeat teenage pregnancy. The core research questions investigated in this research study were as follows:

1. What factors prompted participants' decision to enter into the Teen Pregnancy and Prevention Program?
2. How did the Teen Pregnancy Prevention Program reduce participants' risk of having a second child and/or engaging in sexual activity(ies) while in the program?
3. How did the Teen Pregnancy Prevention Program help prevent participants from having a second baby out of wedlock after leaving the program?
4. How did attending the Teen Pregnancy Prevention Program assist participants in finding a job and being self-supporting?
5. How did the program affect participants' desire to pursue further education?

This study explored the phenomenon of teenage pregnancy and the

effectiveness of a teenage pregnancy prevention program through the lived experiences of eight African-American women who had formerly been enrolled in the program. Participants in this study chose to attend TAPP because they wished to complete their high school education without interruption. The availability of childcare was a major motivator; however, in hindsight the participants were glad the program had stressed responsibility and planning for their futures. The privilege of taking their babies to school with them and being able to nurture and attend to them during the course of the school day, encouraged the participants to leave their current schools and enroll in the program.

The TAPP program can be compared to a well-rounded teen pregnancy prevention program. Although participants continued to engage in sexual activities after leaving the program and all but one had at least one more child, participants did indicate they had begun to use contraceptives and to observe safer sexual practices such as having only one partner after participating in the program.

Sex education programs that are balanced and realistic, encourage students to postpone sex until they are older, and promote safer-sex practices among those who choose to be sexually active, have been proven effective at delaying first intercourse and increasing use of contraception among sexually active youth (Planned Parenthood, 2013).

Fortunately, the participants in this study completed the program prior to having subsequent children. Continuing to get pregnant without having a traditional family setting of being a married couple, appeared to not affect the participants. It is evident in our society that marriage is not always a prerequisite of getting pregnant. The media

showcases celebrities having babies out of wedlock and so do television shows and movies. In their research study investigating how sources of sexual information relate to adolescents' beliefs about sexual activity, Bleakley, et al. (2009) found that adolescents reported learning the most about inappropriate premarital behavior from television. Many celebrities are celebrated for their pregnancies and there is more concern on the sex of the baby, the baby's unique name, and when the first photos will be published. Likewise, reality television shows shadow teenagers who are pregnant and display their lives leading to the birth. Some shows indicate a slightly negative undertone showing the difficulty of labor, but when they show the excitement of preparing for the baby shower and the teen father being supportive throughout the pregnancy, it could lead a teen to believe having a baby as a teen is glamorous, a way to get attention, or a way to make a teen boy commit to them.

This study found that participants generally felt the program was worthwhile, but we must question of program's effectiveness. If a goal of the program were to prevent additional pregnancies outside of wedlock or early stage of life then it would seem that in this respect the program has not been effective. However, if effectiveness is defined as preventing STDs, promiscuity, and unintended pregnancies, the program appears to be more effective. Unfortunately, none of the participants were married to the men they currently live with, which suggests that the program's healthy sexual teachings regarding the sanctity of marriage or child in their early stage of life, was not absorbed. It can be concluded that the program was unsuccessful in preventing them from having children out of wedlock, because participants did have more children outside of marriage after leaving the program. From the participants' point of view, however, the program may

have been more successful, as all but one was living in a stable, monogamous relationship with a man who was the father of the subsequent child(ren). It is apparent that these participants do not view their current living arrangements as sinful because of what they perceive is acceptable in society.

Most of the participants said their subsequent pregnancies had been planned. The participants may have the idea that being a pregnant teen mom and being a pregnant young adult in their early 20s is substantially different. High moral standards, which include not having sex outside of the realm of marriage or during the early stage of life, were not a goal or objective of the program. However, one of the program goals was to assist the girls to not have a repeat pregnancy during their teenage years and the early stages of life. The program was also designed to assist the girls with their current dilemma of being a pregnant teenager, who needed to continue their education with more flexibility as they learned to care for their babies and become productive citizens to society. The findings of this study do not indicate the culprit of the teenager's first baby, but they attended a pregnancy prevention program after becoming pregnant with their first child and still had one or more children following their exit. There would be no question of the program's effectiveness if the participants were married before becoming pregnant with their subsequent children. Because they were unmarried, there is a concern whether the curriculum included teaching the teen moms to not have sex or not have unprotected sex.

Comparing the effectiveness of teenage parenting and prevention programs can be difficult. This is due to the fact programs can be found in different settings such as clinics, agencies, churches, schools and other locations (Lerner, 1995). There is a

possibility a church setting may produce different results as well as a clinical setting. For example, a program in a church setting can use God and the Bible to teach principles about not having sex. Similarly, a program within a clinical setting may allow a counselor to have a one on one session with a teen and discover and begin to heal any emotional, abandonment, or sexual abuse issues that may pertain to the participant and their desire to have sex and babies. Some teens get impregnated by their stepfathers and other adults they trust, some teens get pregnant intentionally because they feel unloved and want someone to love them, and some teens get pregnant accidentally by succumbing to peer pressure to have sex. Unless all programs allow for the same type of treatment and teachings, they are challenging to compare.

Similarly, teenage pregnancy prevention programs also have different goals (Wright et al., 1998 & Meyer, 2001). There are many pregnancy prevention programs across the nation, but only a few of the programs have sufficient evaluation components to provide meaningful data about their success or the efficacy of their intervention or impact on teens (Admin & Soto, 2004; Elliot, 1998). A question that should be answered is whether teens should attend a teenage prevention program prior to them having their initial pregnancy. It is unknown from the participants if attending a program prior to their first child would have prevented them from having sex, unprotected sex, and getting pregnant. The program they attended was strictly for teen girls who had already begun a sexual lifestyle. There is a possibility that a result of the first child could have begun the cycle for these teens to continue to have children without being married. It is apparent the participants did not discontinue their sexual lifestyle after completing the program.

Programs have different goals, objectives, and therefore measures for success. In

studies conducted by Brace (2009) and Thomas and Dimitrov (2007), their teenage parenting programs were considered to be successful. Brace (2009) found that a teenage parenting program appeared to achieve success in terms of reducing teen pregnancies, increasing educational achievement and reducing child neglect and abuse, but participants failed to complete the program. In the research by Thomas and Dimitrov (2007) it was concluded that a program intervention was able to change the adolescents' perceptions about risky and inappropriate behavior. Their research involved a program that centered on providing planned sexual health information and addressed various dimensions of sexual health over time which included spiritual, social, mental, and emotional dimensions (Thomas & Dimitrov, 2007).

A common theme throughout the data was the program motivated the participants to become serious about being responsible and supporting their children financially. Unless the parents of these pregnant teenagers are able to afford a baby, these teenagers learn at an early age they need to financially support their baby. After purchasing the necessary items, such as diapers, bottles, medications, etc. the teenager soon realizes that it is expensive to take care of a baby. Teenagers sometimes have jobs while in school in order to have their own money, but it is a different dynamic when they are working to care for their babies. The teenagers who become pregnant are not allowed to think solely about themselves and their own needs. These young girls have to make decisions based on having a baby; for instance, they may have to decide if they want to buy a new pair of shoes for themselves in order to attend an event, or whether to buy shoes for their baby who has outgrown his/her shoes. These types of decisions do not affect teenagers who have the liberty to make decisions based on their wants and not a baby's needs.



The program was successful in this respect because the participants had jobs and they were providing for their children. Although most (n = 7) of the participants in this study live in government-administered housing, all but one was gainfully employed at the time of the study and one participant is not employed due to caring for a child with a disability. It is unfortunate that the participants all live in housing provided by government assistance. This could be due to a number of reasons, and it is not known if the participants would have the same living situation if they had not become pregnant as teenagers. There is a possibility they did not want to appear to be a burden on their parents and moved out before they could support themselves without the need of government funded housing. Also, the parents of the participants may have wanted them to be independent after high school and asked them to move out.

In respect to the completion of high school, the program can be seen as a success. With the exception of one woman, whose scores on the state exam were not of passing quality, the participants graduated from high school. Six of the eight participants have attended or are attending community or four-year colleges, and others have aspirations to get more education. These young mothers were at risk of dropping out of school and becoming dependent on welfare. Since the girls selected to participate in the program and continue their high school education, they did not add to the high school dropout rate. A student's high school years are years where they are able to experience things such as homecoming dances, proms, school games and pep rallies. Unfortunately, when the girls become pregnant they are uprooted from their familiar surroundings, teachers, and friends and are grouped together with other girls with one distinct similarity, which is pregnancy. Dropping out of high school would have caused them to

not complete their high school education, but getting pregnant caused them to eliminate the traditional high school years.

The participants of this type of program had to mature and take on the responsibility of adults, yet they were teens. They had babies to care for instead of having freedom of being a normal teenager. Their years of adolescents were shared with years of motherhood. Instead of the teens having their parents to only take care of them and teach them how to be responsible students, friends, and neighbors, they also had to help teach them how to be mothers and responsible adults. These teens lived with their parents during their pregnancies, so they also had to share the attention of their parents with their babies. Babies can take a lot of attention away from teens' frequent high school concerns, such as self-esteem problems, bullying, and eating disorders. These problems may appear trivial to a teenager who has a baby who is crying, hungry, or needs a diaper change. Unfortunately, these types of teen problems need to be addressed and attention needs to be dedicated to them, but the complexity of motherhood during this stage of their life may cause these issues not to be addressed. This shows the need for teenage pregnancy prevention programs for young girls, prior to the start of their sexual lifestyle, in order to prevent their first pregnancy.

### **Implications of Study**

The TAPP program appears to have the advantages of helping the participants take care of their babies as they continued their education and helping them to make good educational and work choices, but it is a major disappointment that the participants became pregnant again after participating in the program. It is even more disheartening that they did not learn how to make better moral decisions. The majority of them are

living with boyfriends and having sex, which is against God's law. Although the program is successful in encouraging attendees to continue their education, pursue a career, and was beneficial in practical important purpose. The program failed to achieve its objective due to participants' continuous behavior of unhealthy sexual practices after leaving the program. The participants continued to have sex outside of marriage, perhaps not surprising, given the influences of society and the media preceded those of the program and continued afterward. The participants' views of healthy sexual practices were not the views of the program's healthy sexual practices. Therefore, all participants felt they were having healthy sexual practices since leaving the program, even after having subsequent pregnancies, because the pregnancies were with their current boyfriends.

### **Recommendations**

Based on individual interviews, survey responses, and the participants' written reflections, I have developed several recommendations for the TAPP program.

#### **Recommendations for Action**

**Conduct exit and follow-up interviews with participants.** Administrators of the TAPP could gather valuable data regarding client satisfaction and long-term impacts of the program. Such data could enable administrators to improve program offerings as well as to monitor the quality of instruction and day care provision in the program. Longitudinal data would enable administrators to examine client outcomes in the years following program participation, and would make it possible to demonstrate program success to funding agencies and other interested parties.

**Monitor and if necessary improve quality of instruction and day care**

**provision.** Although most participants were generally satisfied with the education they received and the childcare their children received, there were some negative comments as well. Teachers could benefit from in-service instruction and other professional development opportunities if these are not already available. Some participants experienced teachers as judgmental; while this may not be universally true, it could be beneficial if teachers received training on the way in which they present themselves to program attendees in order to improve the teacher-student relationship.

**Remain in contact with participants after they leave the program.** A number of participants expressed great appreciation of the help they received at TAPP. As satisfied customers, these individuals constitute a resource that should not be overlooked. Satisfied alumnae could be recruited to speak to groups of students or to conduct outreach to teen girls in their community who are experiencing a pregnancy and need support.

### **Limitations**

A limitation of this study was that results are not generalizable to a wider population, due to the participants being from one prevention program in the United States. Another limitation was that the students might not take the research seriously or might not answer forthrightly due to fear of being judged adversely. In addition, the research was limited by the small sample of eight respondents who completed the program. The respondents do not reflect the experiences of all who may have attended or became pregnant with a second child while in the program, and could no longer attend due to school/program policy. Finally, the research topic was sensitive in nature and could have been uncomfortable for participants to discuss with a stranger leading to vague answers regarding unhealthy sexual topics.

## **Recommendations for Future Research**

Further research on a larger sample of this population should be conducted in order to replicate and expand the findings. As noted above, conducting exit interviews or surveys when participants leave the program could provide valuable insight for improvement, and longitudinal data could demonstrate longer-term impacts of the program.

Several participants voiced the feeling that early motherhood had made them more serious and better people. This suggests that there may be unrecognized benefits of teen motherhood, particularly if young mothers receive the support of programs such as TAPP. Additional research could be conducted that explored the effects on the life course of becoming a mother as a teenager. Such information could be incorporated into the psychosocial guidance components of teen pregnancy programs, stories of other women's positive experiences, and personal growth when faced with the challenge of teen pregnancy. This could serve as a model for teen mothers who are searching for ways to become productive citizens.

## **Conclusion**

This study was significant because it examined the lived experiences of young women who became pregnant as teenagers and participated in a teen pregnancy prevention program in order to evaluate the effectiveness of the program from the women's point of view. Too often, teenage mothers are judged solely on the basis of having had an unintended, out-of-wedlock pregnancy. Conducting this study has given me the opportunity to see these young women as Jesus would see them, which is with the eyes of forgiveness. Yes, they are sinners, but we should remember what Jesus did when

confronted by the Pharisees regarding the woman who committed adultery:

So when they continued asking him, he . . . . said unto them, He that is without sin among you, let him first cast a stone at her . . . . And they which heard it, being convicted by their own conscience, went out one by one, beginning at the eldest, even unto the last: and Jesus was left alone, and the woman standing in the midst. When Jesus had lifted up himself, and saw none but the woman, he said unto her, Woman, where are those thine accusers? hath no man condemned thee? She said, No man, Lord. And Jesus said unto her, Neither do I condemn thee: go, and sin no more. (*John 8: 7-11, Authorized Version*)

If they continue to sin, then let us remember what Jesus said about how many times to forgive, when Peter asked if he should forgive seven times: “Jesus saith unto him, I say not unto thee, Until seven times: but, Until seventy times seven.” (*Matthew 18:21-22*)

## REFERENCES

- Admin, R., & Sato, T. (2004). Impact of a school-based comprehensive program for pregnant teens on their contraceptive use, future contraceptive intention, and desire for more children. *Journal of Community Health Nursing*, 21(1) 39-47.
- Avert. (2010) *Averting HIV and AIDS*. Retrieved from [http:// www.avert.org/sex-education.html](http://www.avert.org/sex-education.html)
- Babbie, E.R. (2003) *The practice of social research* (10th ed.). Belmont, CA: Wadsworth Thomson Publishing.
- Bandura, A. (1986). *Social foundations of thought and action*. Englewood Cliffs, NJ: Prentice Hall.
- Bandura, A. (1992), Self-efficacy mechanism in psychobiologic functioning. In R. Schwarzer (Ed.), *Self-efficacy: Thought control of action* (pp. 355-394) Washington, D.C.: Hemisphere.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York, NY: W. H. Freeman.
- Bleakley, A., Hennessy, J., Fishbein, M, Coles, H.C., & Jordan, A. (2009). How sources of sexual information relate to adolescents' beliefs about sex. *American Journal of Health Behavior*, 33(1), 37-48.
- Bogden, R. I., & Biklen, S. (1998). *Qualitative research for education*. Boston, MA: Allyn & Bacon
- Brace, A.M. (2009). *Analysis of the effectiveness of the Circle of Care program in increasing life outcomes among teen mothers in Troup County, Georgia*. Doctoral

Dissertation, Mississippi State University, Mississippi. Department of Food Science, Nutrition, and Health Promotion.

Bridgeland, J., Dilulio, J., Jr., & Morison, K. (2006). *The silent epidemic: Perspectives of high school dropouts*. Washington, D. C: Civic Enterprises, LLC.

Carnegie Council on Adolescent Development. (2005). *Turning points preparing American Youth for the 21st century*. New York: Carnegie Corporation.

Center for Assessment & Policy Development (CAPD). (1999). *Helping the education system work for teen parents and their children*. Bala Cynwyd, PA: Center for Assessment & Policy Development.

Christensen, L., & Johnson, B. (2008). *Educational Research: Quantitative, qualitative, and mix approaches*. (3<sup>rd</sup> ed.). Los Angeles, CA: Saga Publications.

Clandinin, D.J., & Coneely, F.M. (2007). *Narrative inquiry: Experience and story in qualitative research*. San Francisco: Jossey-Bass.

Comstock, G., & Scharrer, E. (2009). Media and the American child. *Children, Youth and Environments*, 19(1), 1546- 1550.

Creswell, J.W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage Publications.

D'Angelo, D., Gilbert, B., Rochat, R., Santelli, J., & Herold, J. (2004). Differences between mistimed and unwanted pregnancies among teens who have live birth. *Perspective on Sexual and Reproductive Health*, 36(5), 192-197.

Donenberg, G.R., Bryant, F.B., Emerson, E., Wilson, H.W., & Pasch, K.E. (2003). Tracing roots of early sexual debut among adolescents in psychiatric care. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(5), 594-608.



- Elliot, V.J., & Okwumabua, T.M. (1998). Let the circle be unbroken" helps African-Americans prevent teen pregnancy. *Contemporary Women's Issues Database*, 26, pp. 12-17.
- Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention and behavior: An introduction to theory and research*. Massachusetts: Addison-Wesley.
- Fishbein, M., & Middlestadt, S. E. (1989). Using the theory of reasoned action as a framework for understanding and changing AIDS-related behaviors. In V. M. Mays, G. W. Albee, & S. F. Schneider (Eds.), *Primary prevention of AIDS: Psychological approaches* (pp. 93-110). Massachusetts: Addison-Wesley.
- Focus Adolescent Service. (2008). *Teen sexual behaviors: issues and concerns*. Retrieved from <http://www.focusas.com/SexualBehavior.html>
- Gallagher, M. (1999). *A report to the nation. The Age of the unwed mothers: Is pregnancy the problem?* Institute for American Values.
- Gilbert, W., Jandial, D., Field, N., Bigelow, P., & Danielsen, B. (2004). Birth outcomes in teenage pregnancies. *The Journal of Maternal-Fetal and Neonatal Medicine*, 16(4), 265-270.
- Guidelines for comprehensive sexuality education. Third edition.* (2004). Sexuality Information and Education Council of the United States (SIECUS).
- Hamilton, B.E., Martin, J.A., & Ventura, S.J. (2007). *Births: Preliminary data for 2006. National vital statistics reports*, 56(7). Hyattsville, MD: National Center for Health Statistics.
- Hardy, J., & Landry, D.(2000). Pregnancy, sexually transmitted diseases, and related risk behavior among United States adolescents. *New England Journal of Medicine*,

33(2), 1161-1162.

Hipwell, A.E., Keenan, K., Loeber, R., & Battista, D. (2010). Early predictors of sexually intimate behaviors in an urban sample of young girls. *Developmental Psychology*, 46(2), 366-378.

Kirby, D. (2007). *Emerging answers 2007: New research findings on programs to reduce teen pregnancy: A full report*. National Campaign to Prevent Teen Pregnancy. Retrieved November 4, 2011 from <http://www.thenationalcampaign.org/resources/reports.aspx>

Lawrence, G. (2004). *Final report on audit of the teen-age parent program*. Savannah-Chatham County Board of Education, Internal Audit Department and Teen-Age Parent Program (TAPP), a joint venture by Parent and Child Development Services, Inc. Georgia.

Lear, J.G. (2007). Health at school: A hidden health care system emerges from the shadows. *Health Affairs*, 26(2), 409-419

Lerner, R.M. (1995). Youth in crisis: Challenges and options for programs and policies. *Family Relations*, 47, pp. 185-194.

Little, C., & Rankin, A. (2001). Why do they start it? Explaining reported early-teen sexual activity. *Sociological Forum*, 16, 703-737.

Mangino, J.G. (2008). *Voices of teen mothers: Their challenges, support systems, and successes*. Doctoral Dissertation, University of Pittsburg, School of Education.

Martino, S.C., Collins, R.L. Kanouse, D.E., Elliott, M., & Berry, S.H. (2005). Social cognitive processes mediating the relationship between exposure to television's sexual content and adolescents' sexual behavior. *Journal of Personality and*

- Social Psychology*, 89(6), 914-924.
- Meade, C.S., Kershaw, T.S., & Ickovics, J.R. (2008). The intergenerational cycle of teenage motherhood. *Health Psychology*, 27(4), 419-419.
- Meyer, V.F.(2001). A critique of adolescent pregnancy prevention research. *Adolescence*, 26, pp. 217-222.
- Miller, B.C. (1998). Families Matter: a research synthesis of family influences on adolescent pregnancy. *American Journal Medical*, 78, pp. 919-922.
- Mueller, T.E., Gavin, L.E., & Kulkarni, A. (2008). The association between sex education and youth's engagement in sexual intercourse, age at first intercourse, and birth control use at first sex. *Journal of Adolescent Health*, 42, pp. 89-96.
- Olsen, J., Weed, S., Nielsen, A. & Jensen, L. (1992). Student evaluation of sex education programs advocating abstinence. *Adolescence*, 27(106), 369-80. Retrieved from <http://search.proquest.com/docview/195938521?accountid=12085>
- Pietrofesa, J. (1996). The school counselor and education. *Personnel and Guidance Journal*, 54, pp. 358-361
- Planned Parenthood Federation of America, Inc. (2012). Reducing teenage pregnancy. Retrieved from [http://www.plannedparenthood.org/files/PPFA/reducing\\_teenage\\_pregnancy.pdf](http://www.plannedparenthood.org/files/PPFA/reducing_teenage_pregnancy.pdf)
- Portman, T.A. (2009). Faces of the future: School counselors as cultural mediators. *Journal of Counseling and Development*, 87(1), 21-27.
- Price, M.N., & Hyde, J.S. (2009). When two isn't better than one: Predictors of early sexual activity in adolescence using a cumulative risk model. *Journal of Youth and Adolescence*, 38(8), 1058-1071.

- Punch, K.F. (2005). *Introduction to social research: Quantitative and qualitative approaches*. Thousand Oaks, CA: Sage.
- Raffaelli, M., & Crockett, L.J. (2003). Sexual risk taking in adolescence: The role of self-regulation and attraction to risk. *Developmental Psychology*, 39(6), 1026-1046.
- Resnick, M. D., Bearman P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., Tabor, J., Beuhring, T., Sieving, R. E., Shew, M., Ireland, M., Bearinger, L. H., & Udry, J. R. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *Journal of American Medical Association*, 278(10), 823-832.
- Roche, K.M., & Leventhal, T. Beyond neighborhood poverty: Family management, neighborhood disorder, and adolescents' early sexual onset. *Journal of Family Psychology*, 23(6), 819-827.
- Santelli, J.S., Orr, M., Lindberg, L.D., & Diaz, D.C. (2009). Changing behavioral risk for pregnancy among high school students in the United States, 1991 - 2007. *Journal of Adolescent Health*, 45(1), 25-32.
- Solomon-Fears, C. (2013). Teenage pregnancy prevention statistics and programs (Report No. RS20301). Retrieved from <http://www.fas.org/sgp/crs/misc/RS20301.pdf>
- Thomas, C.L., & Dimitrov, D.M. (2007). Effects of a teen pregnancy prevention program on teens' attitudes toward sexuality: A latent trait modeling approach. *Developmental Psychology*, 43(1), 173-185
- US Centers for Disease Control (2002). *Sexually transmitted diseases*. Author. Washington, DC.
- Wright, D., Abraham, C., & Scott, S. (1998). Towards a psycho-social theoretical

framework for sexual health promotion. *Health Education Research*, 13 (3), 317-330.

Yin, R. K. (2002). *Case study research: Design and methods*. (3rd ed.). Newbury Park, CA: Sage.

## APPENDIX A

### IRB Approval Letter



The Graduate School at Liberty University

February 5, 2013

Marsha Brown

IRB Approval 1494.020513: Effectiveness of Teen Pregnancy Prevention Program  
That Offers Special Benefits for Pregnant and Parenting Teens

Dear Marsha,

We are pleased to inform you that your above study has been approved by the Liberty IRB. This approval is extended to you for one year. If data collection proceeds past one year, or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Thank you for your cooperation with the IRB and we wish you well with your research project.

Sincerely,

**Fernando Garzon, Psy.D.**

*Professor, IRB Chair*

**Counseling**

**(434) 592-4054**



*Liberty University | Training Champions for Christ since 1971*

## APPENDIX B

### Informed Consent Form

#### EFFECTIVENESS OF TEEN PREGNANCY PREVENTION PROGRAM THAT OFFERS SPECIAL BENEFITS FOR PREGNANT AND PARENTING TEENS

Marsha Brown  
Liberty University  
Education Department

You are invited to be in a research study that is examining the effectiveness of the Teen Age Parenting Program (TAPP). You were selected as a possible participant because you attended the TAPP program. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Marsha Brown, Liberty University

#### **Background Information:**

The purpose of this study is to examine experiences of the girls participating in a teen pregnancy/prevention program. Determining effectiveness could lead to a better understanding of students' benefits from attending the program or any program of a similar nature.

#### **Procedures:**

If you agree to be in this study, we would ask you to participate in an interview, complete a survey, and write a personal reflection. The interview will be audio recorded and last approximately an hour. The survey will take approximately 10 minutes to complete, and will consist of 11 questions about their teenage pregnancy/prevention program on a Likert-type scale. The personal reflection will take approximately an hour to complete and will consist of writing your personal views of the program

#### **Risks and Benefits of being in the Study:**

The research will be of minimal risk, which will be no greater than every day activities. Subjects will sit at a desk and answer interview and research questions. The interview questions may result in emotional discomfort. Participants interested in receiving counseling services can contact the American Association of Christian Counselors by calling (800) 526-8673, or visiting [www.AACC.net](http://www.AACC.net)

Participants of this study are helping society by providing their perspectives of a teenage pregnancy/prevention program they attended. Participation in this study may benefit society by helping to determine whether or not programs like TAPP are effective.

#### **Compensation:**

Participants will not receive any compensation for their participation.

#### **Confidentiality:**

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a subject. Research records will be stored securely and only researchers will have access to the records.

The researcher will take preventative measures to maintain the confidentiality of participant information. The actual names of participants will not be used in this study, and all files, data files, and paperwork related to this study will be secured in a locked file cabinet in the researcher's home office. Only the researcher will have access to the files. After three years all data will be destroyed.

**Voluntary Nature of the Study:**

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

**How to Withdraw from the study:**

You can withdraw from this study at any time. To do so, contact the researcher by phone or email. Any data collected, audio recorded interviews and surveys, from your participation in the study will be destroyed.

**Contacts and Questions:**

The researcher conducting this study is Marsha Brown. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact the researcher, Marsha Brown, at (404) 259-1411, or [mbrown6@liberty.edu](mailto:mbrown6@liberty.edu). You may also contact the researcher's advisor, Dr. Shante Moore-Austin at (757) 678-6304, or [somoore@liberty.edu](mailto:somoore@liberty.edu).

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact the Institutional Review Board, Dr. Fernando Garzon, Chair, 1971 University Blvd, Suite 1837, Lynchburg, VA 24515 or email at [fgarzon@liberty.edu](mailto:fgarzon@liberty.edu).

*You will be given a copy of this information to keep for your records.*

**Statement of Consent:**

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

**By checking this box you agree to be audio-recorded.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

**IRB Code Numbers: 1494.020513 [Risk] IRB Expiration Date: 02/05/2014**



## APPENDIX C

### Interview Questions

#### A) Background demographic

1. Can you tell me about your current working situation?
2. What are your present living arrangements? (Prompt: partner, children, renting or owner occupied)
3. How many children do you have?

#### B) Prior to pregnancy

1. Prior to attending the program, did you use any contraceptives before you became pregnant? If so, what method?
2. Were you using contraception when you became pregnant? (Prompt: were you intending to get pregnant?)

#### C) Discovery of pregnancy

1. Who was the first person you told you were pregnant and why? (Prompt: partner, family, GP, friend)
2. How did you feel when you found you were pregnant? (Prompt: surprised, pleased, worried)
3. How did other people respond to your pregnancy? (Prompt: partner, parents, friends)

#### D.) Sexual Practices and Sex Education

1. How did you feel about having to attend the sex education classes at the Teenage Parenting Center?
2. Did the sex education classes teach you anything new you did not already know about healthy relationships?
3. Did you start using healthy sexual practices after attending the program? How?
4. Did you make changes in your sexual practices after attending the program?
5. Did you have another child after attending the program?

6. Do you feel the program assisted you in not having a second baby during or after the program?

**E) Feeling about Teenage Parenting Center**

1. Can you tell me how you felt about having to attend the Teenage Parenting Center?
2. Did the parenting classes teach you anything new you did not already know about parenting?
3. Did the program assist you with all your needs as a mother? Why or why not?
4. Did you use all of the facilities that were available to you? (child care, wic office, Medicare office, counseling, parenting classes, off campus events)
5. Do you think the program assisted you in graduating? How?

**F) The child**

1. Did the program help you learn how to take care of your baby?
2. Do you think the onsite daycare program was beneficial for your child? Why or why not?
3. Did your child seem to enjoy the daycare facility?
4. Did you have any problems with the workers concerning your baby? If so, what?

**G.) Life after the program**

1. How has life been since leaving the program?
2. Did you continue your education? If so, where?
3. Have you continued to have healthy sexual practices since leaving the program?
4. Have you had any other children since leaving the program?

**H) Overall perspective**

1. How do you feel about having had your first child as a teenager affected your life (Prompt: too young, just right, would you do the same again; education, employment, relationships)

2. Do you think attending the Teenage Parenting Center helped prepare you for life as a teenage mother? Why?
3. If you could do it all over again would you attend the program?



## APPENDIX E

### Survey

The following questions were asked of students after they had been presented one of the sex education programs advocating abstinence from sexual activity:

Has the sex education program helped you in the following areas?

Statement	Response Range
	None some a lot
a. Learning things I didn't know before.	1 2 3 4 5
b. Developing good feelings about myself	1 2 3 4 5
c. Learning things that can help me in my everyday life	1 2 3 4 5
d. Discovering or recognizing values and beliefs that are important to me	1 2 3 4 5
e. Learning how to choose good friends and be a friend to others	1 2 3 4 5
f. Thinking about and planning for my future	1 2 3 4 5
g. Learning how to make good decisions and choices	1 2 3 4 5
h. Learning how to handle problems and pressures that come up in life	1 2 3 4 5
i. Learning how to understand other people.	1 2 3 4 5
j. Learning how to stay away from things that could cause problems for me later	1 2 3 4 5
k. Helping me and my parents communicate better about important things	1 2 3 4 5

Olsen, J., Weed, S., Nielsen, A., & Jensen, L. (1992). Student evaluation of sex education programs advocating abstinence. *Adolescence*, 27(106), 369-80. Retrieved from <http://search.proquest.com/do>

## **APPENDIX F**

### **Coding Scheme**

#### **Theme 1: Overall perceptions of the program**

Sub-themes:

Positive responses

Negative responses

Other feelings about attending program

#### **Theme 2: Impact of program participation on healthy sexual behavior**

Sub-themes:

Whether learned anything new from sex education classes

– Positive responses

– Negative responses

Did not attend classes

#### **Theme 3: Practical benefits of program participation**

Sub-themes:

Daycare while studying

Learning how to look after baby

Use of practical facilities such as WIC Office

Special privileges such as taking time off

#### **Theme 4: Academic benefits of program participation**

Sub-themes:

Views on teaching standards and practices

– Positive responses

– Negative responses

Enabling them to graduate high school/program

Attend college after graduating from program

#### **Theme 5: Perceived impact of program participation on subsequent life experiences**

Sub-themes:

Positive responses

Negative responses

What they would have do differently if given another opportunity

Preparation for life as teenage mother

Employment

Other

## APPENDIX G

### Survey Approval

Subject: Re: (no subject)

Date: November 19, 2012 7:22:19 PM EST

Marsha,

You have my permission to use the survey tool from our earlier article. I assume that you find that it fits well with the goals and objectives of the program that you are evaluating.

Sincerely,

Stan E. Weed, Ph.D.

Director, The Institute for Research & Evaluation

In a message dated 11/19/2012 12:17:34 P.M. Mountain Standard Time,  
November 19, 2012

Dr. Stan Weed

6068 S. Jordan Canal Rd.

Salt Lake City, UT 84129

Dear Dr. Weed,

My name is Marsha Brown, and I am a doctoral student at Liberty University. For my dissertation, students are evaluating a sex education/parenting program they completed. In my research, I uncovered your survey, which fits well with this topic. I would be honored to further your research by using your survey. I am requesting permission to use and/or modify the questions in the instrument developed by the Institute for Research and Evaluation I found in the article you co-authored, Student Evaluation of Sex Education Programs Advocating Abstinence.

Per our conversation I am sending you a copy of the questions I would like to use for my qualitative study. Please forward any surveys you think would be appropriate for evaluating a teen parenting program parenting. I will ensure that you receive full credit for its authorship in my dissertation. Please send an email confirming permission to use your instrument(s).

Thank you for your kind consideration.

Sincerely,

Marsha Brown