

TEENAGE PREGNANCY CRISIS: A HIGH SCHOOL BASED PROGRAM

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ABSTRACT

The objective of this research paper was to review the literature and describe a local program designed to provide education, support, and vocational counseling to pregnant and parenting teens. The goal of the program was to lower the risk of repeat pregnancy and school drop out for each member.

A review of existing programs has been highlighted and can be compared to the intervention group which was formed at Clarksville High School in the Clarksville-Montgomery County (Tennessee) School System. The intervention group met during the 1994-95 school year on a weekly basis. Group discussion topics included education, support, birth control, sexually transmitted diseases (STD's), emotional well-being, pregnancy options, relationships, parenting skills, and vocational planning.

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CHAPTER 1

Introduction

Over the past thirty years, society has witnessed an increase in adolescent intercourse accompanied by relatively infrequent or ineffective use of contraceptive methods often resulting in pregnancy (Jorgensen, Potts, & Camp, 1993). Teenage mothers experience a myriad of negative consequences impacting their education, economic, and marital careers. Teenage mothers are more likely to drop out of high school, require public assistance, and are less likely to find stable and well paying employment (Furstenberg, Brooks-Gunn, & Chase-Lansdale, 1989). The Tennessee Commission on Children and Youth (1994) reported that in 1992 there were 5,951 teenage girls in Tennessee who became pregnant.

Tennessee reported a teen pregnancy rate of 56.5 per 1,000 women in 1992. The same year 11,832 students (4.8 percent) dropped out of Tennessee high schools (Tennessee Commission on Children and Youth, 1994). Unfortunately, there has been little research found to relate teen pregnancy to dropping out of high school (Hanson, 1992).

Tennessee was not alone in experiencing this high rate of pregnancy among teenage girls. Caldas (1994) reported that the National Center for Health Statistics revealed that the birthrate among United States teenagers in 1990 had increased for the fourth consecutive year, and in the year 1990 alone, 533,484 American girls under

the age of 20 gave birth. One in ten teenage girls became pregnant each year, and eight out of ten mothers under the age of 17 will not finish high school (Brodinsky, 1989). Children under the age of 15 accounted for almost 31,000 pregnancies every year (Simons, Finley, & Young, 1991). Dorrell (1994) reported that about 20 percent of teenage pregnancies resulted in miscarriage and 30 percent in abortion between 1973 and 1985. Although medical assistance was available to prevent conception and parenthood, the rate of pregnancy, abortion, and live births among unmarried teenage girls has continued to rise steadily.

Teenage mothers face a more difficult time in the 1990's than they might have experienced in earlier history. This may be explained by the change in the economic and social environment in the United States. Early marriages are not as common as they once were, and often the mother is the sole means of support. This is a time when many families require the income from two parents just to survive. Caldas (1994) argues even if teenage mothers earn their high school diplomas they may be less likely to attend college. College graduates, on average, earn 40 percent more in wages over the course of their lifetimes than those with only a high school education (Cohn, 1979). These undereducated mothers will venture into the workplace where they will work for lower

wages.

Caldas (1994) argues that teenage parents are less competent than older parents and are more likely to abuse or neglect their children. Children born to teenage mothers present differences in cognitive functioning compared to children born to older mothers. In their recent review Furstenberg and colleagues (1989) reported children of teenage mothers are likely to be more active, aggressive, and possess less self-control than children of older mothers. Dorrell (1994) reported that the children of unmarried teenage mothers experience abject poverty four times as often as children from other family types. These children are also more likely to become teenage parents themselves. This cycle of dependency caused by children having children results in poverty, hopelessness, and emotional upheaval. This becomes a generational problem.

Costs to the unmarried teenage mother and her child may be high, but in addition, there is a considerable drain on the tax dollars of local, state, and federal governments. More than 50 percent of all teenage mothers will spend years on welfare (Dorrell, 1994). In Tennessee, 197,842 children received financial support from Aid to Families with Dependent Children (AFDC) in 1994 (Tennessee Commission on Children and Youth, 1994). Many teenage mothers, on behalf of their children, will

utilize other forms of public assistance, such as Tenn Care, subsidized housing, free school breakfast and lunch programs, commodity distribution, food stamps, and Women, Infant, and Childrens' Subsidies (WICS). Although considered necessary to maintain the health of the children, these programs present a staggering burden on the taxpayers. National public costs related to teenage childbearing totaled 120.3 billion dollars in AFDC, Medicaid, and food stamps from 1985 through 1990. If each of these births had been postponed until the mother was at least 20 years of age an estimated 48.1 billion dollars could have been saved (U.S. General Accounting Office, 1994).

Therein lies the reason for pregnancy prevention programs. If left unaddressed, the problem and cost of teenage pregnancies will continue to rise. This epidemic problem must be faced, and effective programs aiming for reduction and prevention of teenage pregnancy must be implemented. In this paper nine pregnancy prevention programs will be reviewed.

In addition to these programs an intervention has been implemented at a local Tennessee high school. Pregnant and parenting teenage girls were targeted for participation in group meetings and individual counseling. Group discussion topics included, but were not limited to, education, support, birth control,

sexually transmitted diseases (STD's), emotional well-being, pregnancy options, relationships, and parenting skills. While each of these areas was important and therefore included, a more pressing need was vocational planning. These girls needed to be able to support themselves and their children adequately. If they could attain financial independence, then the cost to society would decrease immensely.

CHAPTER 2

Review of Related Literature

Introduction

In response to the growing problem of teenage pregnancy, many programs have been implemented in an attempt to curtail the pregnancy rate. However, there has been an ongoing argument over what the primary mission of these programs should be. White and White (1991) contend that two camps of thought exist on this subject. The first believes the primary focus of a program should be the elimination or discouragement of sexual activity. The second believes that teenage pregnancy can be reduced through the promotion of contraceptive use. While arguments can be made for both sides it should be noted that the success of a program may depend on the teenage mothers and their environment.

Bayne-Smith (1994) maintained that the quality of decisions made by teens about sexual behavior may be influenced by poor self perception and external locus of control. When involved in programs to increase self perception and gain greater control of their lives, these teenagers decreased their frequency of sexual activity.

Program participation may deter pregnancy, but our current system poses incentives to both increase and decrease teen pregnancy. The availability of welfare can provide a "disincentive" for pregnant teens to marry

(Zabin, Astone, & Emerson, 1993). An employed husband in the household eliminates eligibility for AFDC payments. Approximately half of American adolescents are at moderate or greater risk for engaging in unsafe sexual behaviors and teenage pregnancy (Lerner, Entwisle, & Hauser, 1994), yet through the present welfare system we supply a system which encourages this behavior. These contradictions make it difficult for a program to be successful.

In the political arena adolescent pregnancy has been a sensitive issue. The high incidence of controversy interferes with program implementation, because many times an agreement cannot be reached as to program content (Roosa, 1991). There are a myriad of views on how the programs or issues should be presented and whether some should even be presented at all (e.g. abortion, contraceptive use, parental rights). Debates rage in government, media, community, and educational systems about this issue. While the controversy continues, however, programs still have been designed and implemented with varying degrees of success. Several programs are discussed in this paper so that the reader can consider the merits of each.

Program Descriptions

Positive Parenting Program: Intervention. This program was developed for implementation in the Fort

Worth, Texas public high schools and consisted of two phases: prevention and management (Spikes, 1992). In the prevention phase, persons at risk for pregnancy were identified and received early intervention in the form of education and counseling. The management phase consisted of identifying pregnant girls and providing them with resources, individual and group counseling, and family counseling. This program was provided on-site in the school and was administered in two hour blocks each week. Positive Parenting identified the following commonalities in this population: low self esteem, dysfunctional families often headed by one parent, and an abnormal love-hate relationship with either parent. The cost of this program for one year was \$63,000 which covered the salaries of a program coordinator and a certified teacher and also provided travel expenses, supplies, and training programs.

Positive Parenting Program: Evaluation. Spikes (1992) reported that the program was evaluated on the following: maternal weight gain, infant birth weight, attendance records, home visit records, phone logs, post delivery interviews, interviews with medical professionals, reduction in infant mortality rate, and the average number of prenatal visits. No statistics were given or compared. The program coordinators declared it a success, but there was no evidence provided

to substantiate this claim.

Project Taking Charge: Intervention. This program was an abstinence based intervention designed to delay sexual intercourse and prevent pregnancy (Jorgensen et al, 1993). It was implemented with seventh grade classes in targeted schools in Delaware and Mississippi. In each school there was a control group and a treatment group. This program was a six week intervention curriculum delivered in a Home Economics class and included units in self development, sex education, abstinence, vocational goal setting, family values and communication. Parental involvement was offered three nights over the span of the program. The cost of this program was minimal as it was taught in an already existing curriculum.

Project Taking Charge: Evaluation. The primary finding in this program was that those in the treatment group improved significantly more than those in the control group between pretest and posttest, and these differences were retained at a six month follow-up. The treatment group had a greater increase in knowledge of sexual development, STDs, and sexual anatomy, and physiology after completing the program. There was also a significant knowledge gain in the treatment group about the complications caused by teenage pregnancy. However, there is no evidence that this program prevented pregnancy.

Nike-Footed Health Worker Project (NFHW):

Intervention. The Nike-Footed Health Worker Project (NFHW) was developed to work with young mothers who were at risk for a second pregnancy (Perino, 1992). The young mothers participated in a residential education project for one year. During this year the mothers became "trainees" and were given a loan to be repaid after completion of the program. The loan allowed them to pay room and board in the residential dormitory, and to remain in high school. School was held on the campus for half of the day, while the second half was devoted to training in pre- and postnatal care, child development, nutrition, and counseling. Following graduation from the program the trainees were qualified to become Nike-Footed Health Workers and work with other young mothers. Local health clinics and hospitals offered employment for those who successfully completed the program. The name "Nike-Footed" was chosen because the girls all wore Nikes to symbolize the fact that they were on the go all the time working with other young mothers. The yearly budget for this program was \$488,000 which provided salaries for on-line staff, loans for the trainees, residential costs, and supplies. Much of the money was obtained through grants and donations.

Nike-Footed Health Worker Project (NFHW):

Evaluation. Evaluation techniques suggested by Perino

(1992) include collecting data on the number of trainees completing the program, the grade point averages of the trainees, their skills progression (pre- and posttesting skills), and the number of teenage pregnancies, repeat births and low birth weight infants born in the NFHW catchment region. Evaluation of the program has not yet been reported.

Northeast Adolescent Project (NEAP): Intervention.

The Northeast Adolescent Project (NEAP) based in Houston, Texas, was implemented in ten area high schools in northeast Houston (Opuni, Smith, Arvey, & Solomon, 1994). Baylor College of Medicine in cooperation with the school system provided intensive medical care for students in the program. The intervention group received intensive case management services including medical referral and follow-up, counseling and transportation, prenatal and postpartum care, and comprehensive reproductive health services.

Northeast Adolescent Project (NEAP): Evaluation. A

random sample of 31 students was selected from the 63 students who received the intervention. A matched non-intervention group of 31 students, with similar demographic characteristics was identified. To ensure against any sampling biases, the hospital staff who identified the non-intervention group were not informed of the purpose of the study until the selection was

completed. Chi-square test was used to determine the significance of pregnancy outcome differences. Results indicated that the intervention group experienced significantly better outcomes than the non-intervention group. Members of the non-intervention group tended to experience more problems such as premature births, low birth weights, major health problems, and a higher drop out rate from school. The evaluation justifies the existence of this project, however it should be noted that this was implemented in a large metropolitan area with tremendous support from Baylor College of Medicine. This may not be possible in smaller communities or in times of rigidly maintained health care organizations.

Out-of-Home Teen Pregnancy Project: Intervention.

The Out-of-Home Teen Pregnancy Project was formed in 1987 by the Washington State Division of Parent Child Health in an attempt to address the increasing numbers of homeless pregnant and parenting teens (Borgford-Parnell, Hope, & Deisher, 1994). A team case management model was developed to respond to the needs of this group. To be eligible the teenager had to meet three criteria: 1) must be pregnant and under 18, 2) have a history of prostitution, survival sex, or street activity, 3) must be estranged from home, family, and adult supervision. Services provided included outreach, education, crisis intervention, drug treatment, mental health counseling,

medical care, social services, assistance with housing and financial problems, physical assessment, and coordination of community services. The program served 30 to 35 clients at a time at a cost of \$3,050 per year per client. The total annual budget was \$106,745 and was raised through grants and donations.

Out-of-Home Teen Pregnancy Project: Evaluation.

Evaluation techniques were not addressed. However, the article implied that "preliminary data" suggested that birth outcomes were improving for project clients in comparison with 61 adolescent pregnant prostitutes studied. It is not clear what is meant by birth outcome.

Northeast Connecticut Teen Pregnancy Prevention

Program: Intervention. The Northeast Connecticut Teen Pregnancy Prevention Program was implemented in a rural community to raise awareness of the teen pregnancy problem and to prevent future pregnancies (Barnes & Harrod, 1993). The program was designed for high school students, both boys and girls. The curriculum was an eight week voluntary program consisting of weekly presentations made by volunteers from the community. Presentations included topics such as decision making, responsibility, emotional growth and maturity, successful attitudes, financial and legal problems, and pregnancy prevention. Total cost of the program was \$600 and was funded through a state grant.

Northeast Connecticut Teen Pregnancy Prevention

Program: Evaluation. No evaluation of this program was conducted. The authors acknowledged that it would have been a more valuable project had more effort been expended in an evaluation process. This kind of program is easily implemented, inexpensive, and encourages community and parental support. An evaluation would have been a tremendous asset to others attempting to replicate the program.

Jackson, Mississippi Middle Schools: Intervention.

A program similar to the Northeast Connecticut Teen Pregnancy Prevention Program was implemented in Jackson, Mississippi which was presented to middle school boys and girls. The program included presentations on sexual involvement and alternatives (Silberman & Wells, 1987).

Jackson, Mississippi Middle Schools: Evaluation.

An evaluation showed that participants considered the information was helpful to the majority. Many youngsters, especially girls, reported that they were hesitant to seek information on their own.

Other Programs: Hanson (1992) conducted an assessment using data from three Adolescent Family Life Programs to determine the association between family involvement and outcomes for teens. Funding was derived from federal grant programs. The author concluded that adolescent childbearing was strongly associated with

repeat pregnancies and school drop outs. The mothers of teenagers played a vital role in their daughters' decisions about sexual activity. This finding supports the belief that teen pregnancy is a generational problem. The mothers' values and way of life were often repeated by the daughters. It was determined by Hanson that positive family involvement showed a strong correlation with positive outcomes for teens and their children. Outcomes which had a strong relationship with family involvement included educational status of parents, relationship with family, and welfare status. Also related, but to a lesser extent, was contraceptive use and infant health. Hanson derived this information from background data collected at intake, amount of family involvement, and evaluation of outcome data at follow-up. This included self-reports from the participants, interviews with family members, and interviews with the male partners. This supports a systems approach to service delivery which unfortunately is labor intensive and costly.

Very few programs exist for teenage fathers. It appears that fathers are often ignored or simply disregarded in the process of teen pregnancy. Anthony and Smith (1994) included boys in a high school based program which provided support, parenting education, motivation to stay in school, and information on

pregnancy prevention. The program existed for both the fathers and the mothers, but they met separately for eight sessions. At the request of the participants a joint group was held which proved to be insightful for both groups. Evaluation of the program found an increase in the graduation rate, an increase in grade point averages and a decrease in the pregnancy rate for participants.

Summary

Each of the aforementioned programs addressed ever present needs of teenage mothers. However, many of the programs were costly and required a great deal of community participation. There was little evidence to suggest that the majority of the programs were effective, and often, no evaluation was attempted.

When monetary resources are not available could a program be effective? This problem can be approached from several directions, but the next program to be described promoted abstinence. This approach appears to be popular with communities and families who have limited financial resources and are hesitant to promote "safe sex."

The program utilized in this project included abstinence as an important concept, but realistically educated the girls in the area of pregnancy prevention as well. A primary aim of the program was to set

educational, vocational, and career goals which could result in financial independence for the mother, as well as tax relief to the citizens of the community.

CHAPTER 3

Young Mothers' Association: A Local Program

Intervention

A high school based program designed to deal with the epidemic pregnancy rate was implemented in Montgomery County, Tennessee at Clarksville High School. The total student population was 1,400 and of this number 666 were girls and 734 were boys. The school was located in an urban community of approximately 100,000 residents which included a transient military population from the Ft. Campbell Army Reservation. Twenty-five girls attending the school agreed to participate in the program. They were referred by teachers, guidance counselors, administrators, and some were self referred.

Members of the group chose to call themselves "Young Mothers' Association" (YMA). The majority were pregnant, but several already had one or more children. Two members of the group have had two children, and two other members of the group were pregnant with twins. Most live with their mothers, one lives with her boyfriend and his family, one is married, one lives with both parents, and one lives in a home for unwed mothers. Four of the members grew up in middle class socioeconomic conditions, while 21 other members are part of the lower socioeconomic status. Four members are white, one is Hispanic, and 20 are African American.

Client centered counseling was adopted in working with this group of pregnant and parenting teens. The Rogerian concern is primarily with the socio-emotional adjustment and functioning of the client, and it is believed that if the client becomes well-adjusted psychologically then she will be able to solve life problems as they are encountered (Arbuckle, 1961). Counseling with this particular population will have to encompass many factors relevant to pregnancy and parenting. However, direction toward career planning should be predominant because economic stability and independence may alleviate many of the problems these girls must face.

Unconditional positive regard was given to every member of the group. All choices were not the same for members, and some chose options that others vehemently opposed. Nevertheless, each member was treated equally and with respect. Members felt free to express themselves without fear of retaliation or censure from the group. A positive, accepting attitude was modeled by the group leader. There were three attitudes which characterized the client-centered counseling: congruence, understanding, and acceptance (Rogers, 1961). If these attitudes encompassed the group then it was hoped that members felt secure in expressing themselves and would seek to accomplish educational and career

goals.

While this Rogerian model was beneficial to the members, it was felt that Donald Super's developmental model also worked well for the leader. Super's (1957) model was based upon three concepts: person appraisal, problem appraisal, and prognostic appraisal. Person appraisal consisted of a description of the client in terms of psychological functioning and developmental history. Problem appraisal targeted the immediate problem and assessed the client's strengths and weaknesses. Prognostic appraisal was a prediction about the client's future behavior in counseling and in a career. This model categorized many aspects of the client and provided an overview helpful to the counselor in the counseling process.

The YMA group met weekly for 30 minute sessions during an advisory period at the school. It was felt that an in-school group would be much more effective than one that met after hours. Many of the girls could not come after school and would only participate if it could be worked into the school schedule. The group met throughout the school year but did not continue through the summer break. Topics covered in group included pregnancy, contraception, alternatives to pregnancy, relationships, sexually transmitted diseases, career goal setting, and parenting skills. Special emphasis was

placed on career goal setting and parenting skills. Many members requested individual counseling and this was offered whenever desired. As a result of participating in the group it is expected that members would be able to meet the following objectives:

- 1) identify community agencies which can provide education, support, or assistance;
- 2) list positive and negative outcomes of pregnancy;
- 3) know how pregnancy can occur and how it impacts their lives, and how to prevent it;
- 4) be able to make decisions regarding alternatives related to pregnancy (adoption, abortion, keep baby);
- 5) identify sexually transmitted diseases;
- 6) discuss and be aware of emotional processes related to pregnancy (relationships, family, loss of freedom);
- 7) identify and make plans for graduation, training for career, and for financial and economic stability;
- 8) enhance parenting skills.

Evaluation

Accomplishment of the eight objectives listed above was measured through oral and written report in group. Although each objective was certainly important, it was felt that the goal of financial and economic stability should have a primary focus. Early informal indicators

of success included reports from members that no repeat pregnancies had occurred, and only one member had dropped out of high school.

A longitudinal study, if conducted, will hopefully support the prediction that this intervention could decrease the pregnancy and drop out rate for the YMA participants. Hopefully, this program will be implemented at the other area high schools. It can be considered successful even if only one pregnancy is prevented or delayed. The program cost nothing to implement so the prevention of one pregnancy could mean a savings of thousands of welfare dollars and one girl's future.

Summary

This program was implemented at no cost other than time. It was created and managed by a graduate intern student under the supervision of a Certified Guidance Counselor. It was well received and supported by the students and faculty. As mentioned previously, many issues were on the program agenda with priority given to career planning. Heavy emphasis was placed on the concept of abstinence as a preventative to pregnancy and sexually transmitted diseases. Many of the programs highlighted in this paper involved large budgets and a great deal of time. Emphasis was given to caring for the teen and her child throughout the pregnancy, but not much

thought was given to their future. Teenage pregnancy will continue to be a major social problem until it is met with educational and career planning, and until abstinence becomes a socially accepted and popular means of birth control. Employment and abstinence, have been the major focus of this group.

CHAPTER 4

Summary and Conclusions

There are many programs in existence in the United States designed to deal with the ever-rising pregnancy rate among teenagers. Most have admirable goals and earnestly strive to combat the problem. Unfortunately, most fail to contribute to pregnancy prevention, because little or no attempt at evaluation has been made.

In reviewing several programs it is evident that there are areas left unaddressed. Those areas would include teenage fathers, the generational cycle of "welfare mothers", and the factors involved in teens becoming pregnant in the first place.

There are very few programs which address teenage fathers (Anthony & Smith, 1994). Often, fathers are sadly ignored, even when they want to be involved. And when fathers are brought into the picture, it is usually in an attempt to collect child support. Boys, as well as girls, are subject to sexually transmitted diseases and early parenthood. It is important that they be provided with the same intensity of education as their female counterparts. When the YMA group reconvenes in the new school year, plans will be made to form a group for the boys.

Welfare reform is now a political issue and will surely impact these teenage mothers. The majority of the

group members were raised in a single parent home where the main source of income was AFDC. A welfare existence is all they have ever known, and many of the girls have no real desire to change it. Those who have contemplated other sources of income have almost predominantly chosen traditional, low-paying jobs (fast food, hair care, clerical, etc.) which can ultimately send them back to the welfare rolls. In order to break this "welfare cycle" these girls must be encouraged to focus on higher paying non-traditional jobs (electrician, refrigeration and cooling, HVAC worker, etc.) which pay much higher wages. Higher education, college degrees, and technical training are all means of achieving a better financial situation.

Why do young, unmarried girls become pregnant in the first place? This is really a profound question, because they are numerous means of preventing pregnancy. Birth control is confidential, free, and available to any teenager who wants it. Members of YMA related that they usually know how to prevent pregnancy but they became pregnant anyway. Reasons for this included loneliness, low self-esteem, boredom, views of birth control as unromantic, attempting to get the fathers to marry them, and loss of self-control.

For a program to seriously expect to reduce the pregnancy rate, all of these issues must be addressed.

YMA was successful in some aspects (i.e. no repeat pregnancies, only one drop out), but it could have been improved if fathers were involved in a group. Also, the agenda might have been expanded if there had been more prior knowledge of life events of the group members. Finally, the welfare generational cycle will have an impact in light of upcoming political reform. A new way of life will virtually have to be established, and a means to achieve that new life will have to be available.

It needs to be noted that although many of these programs have been implemented in school based settings, literature in school publications is very limited. This information needs to be available to school counselors, faculty and administrators. School personnel should be encouraged to publish results of their programs so that cohorts could make use of the information. This could be enhanced through networking and school in-service programs.

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