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PROGRAM EVALUATION OF CAL-SAFE;
A PROGRAM FOR PREGNANT AND PARENTING TEENS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Kimberly Ann Johns
Charil Dignadice Macaraeg

June 2003

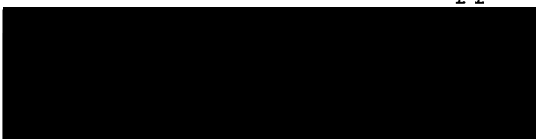
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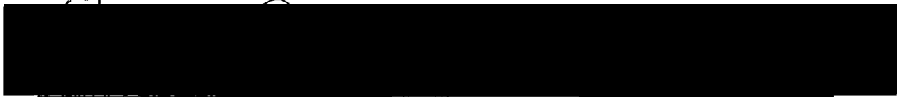
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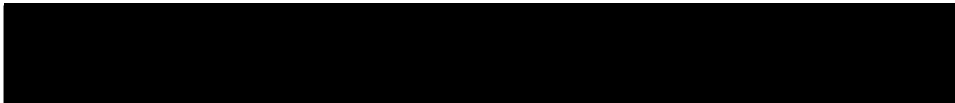


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ABSTRACT

This is a program evaluation that evaluated the effectiveness of the program interventions implemented during the 2002-2003 school year in the Riverside County Office of Education's Cal-SAFE pregnant and parenting minor program. Two researchers divided the twelve school sites, gathered data and formulated information to assess the effectiveness of the program on continuance or completion of high school after teen pregnancy.

ACKNOWLEDGMENTS

We would like to acknowledge the graduate assistance committee. In addition, we would like to acknowledge Timothy Thelander, who assisted us with the formatting of our project. We would also like to acknowledge the teachers who took time out of their busy schedules to meet with us for interviews.

DEDICATION

This project is dedicated to the future students of the Cal-SAFE program. We hope that this has made a difference in the successes of their educations.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Teen pregnancy concerns many disciplines including social work. According to Cherlin (1999), statistics from 1995 indicate one out of ten 15 to 19 year old girls become pregnant each year and almost half of these pregnancies end in abortions. Of the 512,115 births of children to teenage mothers in 1997, according to the U. S. Center for National Health Statistics, 12,242 births were to children under the age of 15 and 499,873 births to girls 15 to 19 years old (Cherlin, 1999). Ninety five percent of births to black teenagers and sixty eight percent of births to white teens occurred outside of marriage (Cherlin, 1999). Between 1986 and 1991, adolescent birthrates increased nearly 25% (Ventura, 1999). In 1986, abortions were performed on 42.3 teenagers out of 1,000 (AGI, 1994).

The numbers of abortions performed on teenagers began to decline in 1991 to 37.6 out of 1,000 at the same time the adolescent birthrate began to decline. Between 1991 and 1998, the birthrate in the United States

declined nearly 18% (Manlove, 2000). Some analysts account for the change through development of improved abstinence programs and increased contraceptive use. Although the numbers of adolescent pregnancies and abortions continue to decline, it is important to hypothesize possible explanations in order to continue this trend. One such idea is that the demographic context of adolescence in the mid to late 1990's was different than that of the previous decade.

Teenage pregnancy and childbirth statistics have been a continuous concern for social service agencies. Young, inexperienced mothers often become dependent upon the welfare state or their own family of origin. Unplanned pregnancy affects the mother, the father, the extended family, the educational system, the medical and the welfare system. Social workers, educational specialists, and politicians have analyzed possible methods of correction. One method used is the adoption of pregnancy prevention programs in the school system. The reduction in the teenage birthrate may be attributed to these prevention based programs yet research must assess the success of intervention strategies included in the school system. Intervention efforts support the teen

mother's educational attainment, and medical and educational concerns of the healthy child on site schooling and continuous case management.

Programs incorporating different agency components are challenged when developing an effective program evaluation. Each agency has different rules and regulations dictating policy within the context of the program. For example, a school based program offering a childcare component must follow state regulatory agency on childcare regulations. These rules support a safe and healthy environment for the child, and determine the appropriate childcare staff, equipment, environment and monetary remuneration to support the program. This component must meet its own regulations before participating in the overall teen parenting program.

Pregnancy statistics, data from existing pregnancy prevention programs, school interventions and existing regulatory statutes influence the availability of services offered to pregnant and parenting minors in support of educational attainment and overall health of baby. No empirical evidence presents social work with a clear understanding of an effective method of program implementation. This study examined the gap in current

literature by evaluating existing program prevention strategies and their effectiveness in meeting the goals and objectives of the program, while keeping in conjunction with the implementation of a school based intervention program.

Purpose of the Study

The Riverside County office of Education (RCOE) is a service agency that supports 346 schools in 27 school districts. Since the late 1970's, RCOE has provided services to pregnant and parenting teens through the Pregnant Minor Program (PMP). At the time of the study, approximately 850 students were served at the 12 sites throughout the county. The following were components of the PMP.

1. Academic instruction through a variety of instructional strategies
2. Parenting and child development courses
3. On-site childcare and development services for their children
4. Transportation to and from school
5. Health care information and monitoring through a school nurse

6. Vocational assessment, counseling, and instruction through the Regional Occupational Program
7. Nutritional counseling, and meal supplements
8. Referrals as needed for other services (mental health, social, housing, etc.)

In addition, 2000 to 2001 marked the first school year that RCOE participated in the Cal-SAFE project which was a modification of the current PMP under new state guidelines and additional grant funding. Under Senate Bill (SB) 1064, authored by Senator Patrick Johnston, the Cal-SAFE (California School Age Families Education) program was established, offering a comprehensive, integrated, community-linked program incorporating elements of the Pregnant Minors Program (PMP), School age Parenting and Infant Development (SAPID) Program, and Pregnant and Lactating Students (PALS) Program. This program provided opportunities for schools already participating in the PMP to leverage sufficient resources to provide an adequate educational delivery system from the entrance of the program to graduation.

The goal of the RCOE was to increase the number of graduates in the existing PMP program, increase the

number of students applying to post-secondary education or the world of work, decrease the dependency on welfare aid, improve parenting skills and reduce the numbers of repeat births to teen mothers. While participating in the Cal-SAFE program, it was expected that there would be fewer low birth weight babies, students would increase utilization of health screenings and immunization services, increase attendance in quality childcare and develop programs that prepare the child for school.

The Cal-SAFE program had two major goals and objectives for the 2002-2003 school year. In the area of parent support services, the goal was to find, enroll and serve students, to provide an academic program that will lead to a high school diploma or its equivalent, and to provide parenting and child development courses and experiences that will result in students who demonstrate effective parenting skills. The second major goal and objective focused on childcare and development. The intent was to provide child care and development services based on the developmental and health needs of each child, to develop and implement a process that would assure that all enrolled children would receive health screenings and immunization, and to provide

developmentally appropriate activities that would help prepare children for eventual school success.

Administering the Cal-SAFE program is the Alternative Education Unit, which is housed in the Division of Student Programs and Services while RCOE staff provides support services. These include health services, transportation, counseling, special education, nutrition, vocational education, English language acquisition services and custodial services. After completing the 2002-2003 school year, the attainment of goals and objectives must be evaluated in order to complete the mandated program evaluation for continuance of grant funding.

To achieve student success, the students have the right to attend the school program that best suits their needs. These programs may include comprehensive or continuation high school, county-run community schools, independent study programs or Cal-SAFE self-contained classrooms. The students are enrolled on an open-entry and open-exit basis. They have Individual Learning Plans designed by the student and the Student Success Team. Additional support services include: academic and vocational counseling, consultation with the school

nurse, special education services, English Language Learner services, and referrals to outside social service industries. These outside referrals included: the Department of Social Services, Adolescent Family life services, Coordinated Child Care, Headstart and Early/Start, Planned Parenthood, Alternatives to Domestic Violence, healthcare services, and substance abuse programs.

In addition, RCOE students were eligible for school lunches through the National School Lunch Program as provided by local school districts. To supplement this program, pregnant and lactating minors were eligible for food supplements through the Cal-SAFE program. Nutrition education was also a significant part of the program with demonstrations, videos, and guest speakers presenting information in the classroom.

Finally, childcare and development services were provided at each of the existing Pregnant Minor Programs. However, this childcare was often not sufficient to last until the teen graduates. This resulted in the teen parent relying upon family and friends to care for her young child while in school. Frequently, the mother weighed the difficulties with her options and

discontinued her education, dropping out of high school. In contrast, the implementation of the Cal-SAFE program provided day care for the children until the teen mother graduated.

Successful incorporation of the above goals and objectives needed to include a program evaluation. Because the implementation of Cal-SAFE is fairly recent, the staff of the Alternative Education program have waited for the Department of Education to finalize program requirements before proceeding with a standardized program evaluation format. The information addressed in this evaluation was a measurement of progress toward achieving goals as listed on the students' Individual Learning Program, the number of credits earned, grade point averages, the percent of students completing the semester/year, and the percent of full term infant. In addition, an examination of interventions available to the students enrolled in Cal-SAFE was made to determine program components and its effects on meeting the program goals.

Evaluation of the Cal-SAFE program used quantitative methodology. Assessing the effectiveness of the program included data utilizing pre-test collection of

information regarding the Pregnant Minor Program.

Statistics were gathered regarding the students' progress toward high school graduation. Data was collected by reviewing closed client files to determine the Cal-SAFE intervention's effectiveness toward stated goals and objectives.

Significance of the Project for Social Work

A thorough program evaluation of the Cal-SAFE program will bridge the gap between the existing data on teen parenting and prevention programs and educational intervention programs. The pregnancy affects the teen, her family, her child and her ability to complete school; it also affects the baby's father, his education and his future. A greater understanding of this program and its outcomes affects the practice of social work. A parent without support may turn to drugs or alcohol as a coping mechanism. Without parenting skills and training, the parent may subject his or her infant to undue discipline policies affecting the health and safety of child. The parent may experience depression or anxiety resulting from the premature loss of childhood and the responsibilities of parenthood. Parents may feel alone,

helpless and unable to cope, seeking services for mental health issues. Social workers within Child Protective Services, County Mental Health, hospitals, school districts, and private agencies may receive these referrals as families needing services.

In addition, this program evaluation bridges the gap between existing teen pregnancy prevention programs and pregnancy intervention programs. This is an important area for social work in pursuing policy development. With the help of social workers and their primary mission of helping the empowerment of people who are vulnerable, oppressed and living in poverty, identification of past research, implementation of quality program development, and critical follow through is necessary for these young parents and children to overcome their vulnerability and obstacles, succeeding in healthful parenting, and rise above mere existence.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter Two consists of a discussion of the relevant literature. Specifically, previous research on adolescent pregnancy is discussed. The chapter reviews literature on the areas of teen pregnancy important to understanding the entire scope of the epidemic. Reviewed literature includes risk factors related to teenage pregnancy, previous pregnancy prevention programs and their results, teenage mothers and their social support systems, and intervention strategies to provide teenage mothers support.

Risk Factors

Maynard (1997) assessed the risk factors associated with teenage pregnancy. The study found that adolescents who come from single parent homes, live in poverty and/or a high poverty neighborhood, have low attachment to and performance in school, and have parents with low educational attainments have increased risks for adolescent pregnancy. A 1995 study of psychosocial variables associated with pregnancy (Morgan) identified a

correlation between pregnant teens and a high number of family deaths. The loss of a caretaker early in a teenager's life affects her source of support and may contribute to depression. In addition, the adolescents who were dependant upon others to make decisions for them were more susceptible to peer pressure, which placed them at higher risk for pregnancy than more self-reliant peers (Morgan, 1995).

Family backgrounds, which include changes in marital status education, race and ethnicity, family structure and reliousity, individual characteristics and partner issues also affect teenage motherhood (Hogan, 1985; Kahn, 1992; Manlove, 1997; McLanahan, 1988; McLanahan 1994). Another factor may include the individuals' engagement in school including participation in health and sex education curricula (Manlove, 2000).

In addition, according to Manlove (2000) younger girls are having sex. These girls are less likely to practice birth control measures and therefore face a longer period of risk of an adolescent birth. In a study utilizing self reports conducted in 1995, teens with a history of pregnancy reported first intercourse at the mean age of 14.8 years old versus those never pregnant

with a first intercourse age of 15.6 years of age (Morgan, 1995). Therefore, the earlier an adolescent experiences sexual intercourse, the longer she is at risk for a teenage pregnancy. Several researchers have proposed that early sexual activity is a significant factor in high teen pregnancy rates (Maciak, Spitz, Strauss, Morris, Warren, & Marks, 1987; Hofferth, Kahn, & Baldwin, 1987). Although birth control is continually advancing, its use by sexually active teenagers is declining over time (Manlove & Terry, 2000).

Previous Prevention Programs

Many prevention programs seek to find out what factors contribute to teenage pregnancy. Corcoran, Franklin, and Bennett (2000) found that such risk factors include the inability to communicate with the family, poor self-esteem, and a lack of available resources. This study did not examine whether or not these risk factors cause pregnancy or are the result of pregnancy, but does emphasize the need for supportive services for pregnant and parenting teens. It found that pregnant and parenting teens have high levels of stress, thus emphasizing the needs for stress reduction to be included in a curriculum

for pregnant and parenting teens (Corcoran, Franklin, & Bennett, 2000).

Prevention programs work to close the gaps in curriculum. Research done by Barth, Leland, Kirby, and Fetro (1992) of a prevention program called Reducing the Risk (RTR) found that a cognitive-behavioral approach is necessary in targeting the teenage population. RTC emphasizes the avoidance of unprotected sex and open discussion between parent and child. High schools in ten school districts participated and teachers at each school were trained in the curriculum. A questionnaire was given to classes of students participating in the program, as well as students not involved in the program, at the beginning of the curriculum, at the end, six months after the project ended, and then again at eighteen months. The study found that by implementing a cognitive-behavioral approach that provided students with problem solving skills, role plays, and modeling, students were more likely to remain abstinent and resist participating in early sexual intercourse. While this method was found to be successful in these high schools, it must be taken into consideration that all students that took the survey, regardless whether they participated in RTC, were

taught by the same teachers. This may have resulted in a melding of RTC curriculum and techniques to the non-program participating students.

Teenage Motherhood

Much research has focused on the effects motherhood has on the adolescent female and the systems surrounding her. It is difficult for a teenage mother to maintain the type of lifestyle that she may have had before pregnancy. The adolescent mother is faced with additional responsibilities that may interfere with school, family, and friendships. As a mother, the adolescent will need to balance her developmental and social needs with the role of a parent.

When a teenager becomes pregnant the whole family experiences change. A study completed on the effects first teenage pregnancy in the family has on parenting, attitudes, and mother-daughter relationships found that mothers of teenage parents were likely to provide less supervision to their parenting daughters than mothers of daughters who were not pregnant (East, 1999). It is necessary to examine the level of support teenage parents have from their family when considering the factors that

prevent or result in the completion of high school. For instance, mothers of teenage parents were more likely to change their views on teenage sex and find it acceptable once their daughters changed their status from pregnant to parenting teen (East, 1999). The result of this outlook on teenage sex may be additional pregnancies for teenage daughters.

For some groups, family becomes a source of support for pregnant and parenting teens. In Latino families, foreign born teenage Latina mothers were more likely to rely on family or kin resources than U.S. born teenage Latina mothers (Kahn & Berkowitz (1995). However, this prepared report for The Urban Institute found that family support in Latina families did not prevent poverty, emphasizing the need to increase community resources for adolescents (Kahn & Berkowitz, 1995).

One of the most disturbing elements of teenage pregnancy is the associated decrease in educational achievement and the increased high school drop out rate (Berry, Shillington, Peak, & Hohman, 2000; Chase-Lansdale & Brooks-Gunn, 1994; Luker, 1996; Upchurch & McCarthy, 1990). Children of adolescent mothers are at greater risk of abuse and neglect than those born to older mothers.

These children are less likely to experience stimulating environments (Moore, et al., 1997) resulting in under achievement and emotional immaturity in school.

Becoming a mother at an early age places stress on many adolescents. Previous research exists on the relationships between teenage parents and high school completion. Collins, Stevens, and Lane (2000) found in a study of one hundred twenty seven teenage parents who participated in the Teen Living Programs of Massachusetts that teenage mothers were likely to have plans for continuing their education while parenting. While most of the surveyed teenagers did have a desire for furthering their education, poverty tended to hinder any educational attainment.

Having a child at a young age can impact the way society views the adolescent female, thus affecting the types of resources provided to the pregnant and parenting teenager. Kiselica, Gorczynski, and Capps (1998) studied the ways that high school counselors perceived the needs of high school mothers and fathers. Understanding the perceptions of school administrators and staff provides insight into the types of services teenage mothers and fathers are given. Kiselica, (1998) found that counselors

anticipated that they would treat both teenage mothers and fathers in a similar fashion, however counselors were more likely to refer teenage mothers than teenage fathers for health and basic living services. In addition, many of the referrals for services went to the females before the males. It is necessary to consider what kinds of support systems have been developed for both the teen mother as well as the teenage father. While this study was limited to counselors at one school site, one must still consider the way teenage parents are perceived and the effects it has on the availability of resources.

Intervention Efforts

When a teenager becomes a parent it is important to examine how to better serve the adolescent parent in society. For instance, Flynn (1999), studied the influence mentorship has on teenage mothers. In a program that provided intense home visitation by nurse paraprofessionals, Flynn found that these home visits to pregnant and parenting teens helped reduce infant mortality, low birth weight, and child maltreatment. While this particular program population only included urban-residing, low-income adolescents, and was limited

by the number of participants who completed the Child Abuse Potential Inventory (CAP), it can still provide insight as to what can work for a similar population of adolescent mothers.

In addition to the importance of mentorship in teenage parent intervention efforts, research has shown that eliciting the involvement of the teens' families can have beneficial outcomes. Although a majority of programs do not involve families in intake, program, and discharge activities, programs with more minority line workers and supervisors are more likely to involve families than those with fewer minority line workers (Hanson, 1992). Better and more comprehensive training should be provided to ensure all workers know how to address teenage pregnancy.

After having their first child, intervention efforts have worked to prevent additional pregnancies in adolescents' mothers. Sertz & Apfel (1993) studied a one year birth cohort of school aged mothers in a Connecticut public school program for pregnant and parenting teenagers. The study found that brief postnatal intervention significantly reduced the risk of subsequent childbearing. Having the postnatal support of nurses,

health officers, and other professional staff who provided reproductive health education as well as stressing the importance of contraceptive usage helped reduce the risk of additional pregnancies. While the need for postnatal support proved positive in Sertz and Apfel's study, it must be considered that these teenage mothers studied all belonged to the same alternative public school for pregnant and parenting teenage mothers. Therefore, these findings cannot be extended to the adolescent mothers not participating in such an intervention program. The program provided these adolescent mothers with a structured learning environment in which they had access to resources. Adolescent mothers not enrolled in such a program or who did not return to school after the birth of the first child may be at risk for repeat childbearing.

Research conducted by Sandra Hanson (1992) used data from three Adolescent Family Life programs (AFL) to assess outcomes for the teen mothers, their infants and their families. Three programs developed under the AFL funding source were evaluated. The first program, Pathways, was an urban residential setting with an outpatient component. Next, the Teenage Pregnancy and

Parenting Project (TAPP), an urban social service agency in San Francisco, provides last, the Caring Network is a residential setting located in three different urban areas. Data collected from these programs indicate significant correlations between family involvement and educational status, relationship with family and welfare status. Pregnancy prevention and infant's health were also related to these intervention programs.

Data retrieved from a study done on one structured program called the Teenage Pregnancy and Parenting (TAPP) program, evaluated the systems contributing to the success of pregnant and parenting teenagers (Fischer, 1997). Closed files were examined to determine the demographics of the teenagers and the teen's experience as a participant in the program. The study focused on the differences between providing TAPP services through the school or through the health care setting. It was found that pregnant and parenting teenagers were better served through the school system. Schools provided teenagers with a greater potential to receive their high school diploma. One possibility is that schools are more accessible for pregnant and parenting teenagers than a health care setting. In addition, schools acted as a

system that provided pregnant and parenting teenagers with access to community resources, bridging the gap between the students and other possible systems not yet accessed (Fischer, 1997).

Theories Guiding Conceptualization

In order to better understand how to meet the needs of pregnant and parenting teenagers within the educational context, theory must be incorporated. Various theories have been used to analyze the epidemic of teenage pregnancy and parenting. According to systems theory, an individual is affected by the systems around him or her. A pregnant or parenting teenager has a number of systems surrounding her, including her family, her friends, the father of her baby, school, the community, and health practitioners. This research project will apply systems theory to identify the systems surrounding pregnant and parenting teenagers.

Developmentally, adolescence is a period of great change and conflict. Attachment theory (Bowlby, 1988) holds that emotionally mediated goals and processes, such as closeness and care giving are found in romantic peer and parent-child relationships. As teenagers develop

their relationship between parent and child changes and peer relationships develop. According to Pistole (1999), the need for security and emotional attachment that is usually found in parent-child relationships becomes important in romantic peer attachments. Because an adolescent desires safety and is in a period of intense emotions, they may respond more to intra- and inter-personal pressures for early sexual experience (Pistole, 1999). Therefore teenagers risk the chance of pregnancy by not responding to these pressures with thoughtfulness, but rather with the use of emotion and the need for attachment to another individual.

Most important when discussing pregnant and parenting teens' success in the educational system, one must look at curriculum theorists who posit that schools and education are political. Burdell, (1998) declares the political forum of education utilizes "conflict not consensus" to implement change. Apple (1986) argues, "the biographies of people engaged in learning and working within them are intimately linked to the economic, political, and ideological trajectories of their families and communities, the political economies of their neighborhoods and are an identifiable set of connections

to the exploitive relations of the larger society." Therefore the theoretical orientations of programs developed within the educational environment are by-products of the participants of the educational political climate.

Up until the early 1970's, most public schools forbade adolescent pregnancies creating the era of concealment. This theoretical rhetoric implied that pregnancy on campus would undermine morality and suggest pregnancy as acceptable, increasing birthrates. Pregnant students were forced to drop out of school until birth, and were generally not allowed back to school after birth to finish their education. Not until 1972 did Education Amendments mandate equal education for all students (Burdell, 1998). By the mid 1970's, 1,000 community programs were established, yet still remained a public and political issue as an assumption existed that teen childbearing was hazardous to non-pregnant teens (Furstenberg, Brooks-Gunn, and Morgan, 1987). To remain politically correct and avoid conflict, educational programs for pregnant and parenting teens were concealed from the general population. Programs were given obscure names, separate facilities away from schools, alternative

adult educational facilities or in self-contained modules off campus (Burdell, 1998).

Summary

Previous studies of pregnant and parenting teens, prevention strategies to reduce teenage childbirth as well as intervention programs used to support the teens, provide insight as to how pregnant and parenting teens have been addressed in the educational system. The epidemic of teenage pregnancy has been analyzed and applied to several types of prevention and intervention programs. While the history of approaches to teen pregnancy and parenting was once to conceal the pregnancy, current studies and more innovative techniques have changed the curriculum of many programs. Literature has shown that by incorporating a variety of theories and keeping in mind the importance of providing young pregnant and parenting adolescents with support from all systems, adolescents have a greater chance at long-term success. With the use of past research, this study will follow the example of studying the systems surrounding the individual pregnant and parenting teen and assessing

whether or not the current program at RCOE supports these.

CHAPTER THREE

METHODS

Introduction

An effective program evaluation of the Cal-SAFE program included a thorough study design. This included understanding the sample population and appropriate means to gather data, and protection of human subjects. These data were collected using a designated instrument. This chapter discusses the necessary methods used to analyze the effectiveness of the Cal-SAFE program.

Study Design

Riverside County Office of Education (RCOE) desired a program evaluation of the 2002-2003 school year to determine its effectiveness and plan for continued grant funding. The researchers used a method of content analysis, in order to evaluate the Cal-SAFE program and assess whether or not the implemented interventions had met the intended goals. Therefore, the hypothesis this study tested was that the Cal-SAFE program interventions adopted by Riverside County Office of Education increased the high school completion rate of pregnant or parenting teens.

Content analysis was chosen for this study to assess closed data files from the 2002-2003 school year, which allowed for insight into whether or not the female students completed the school year. The data extended from the point at which the individual enrolled in the Cal-SAFE during the 2002-2003 school year to either the end of the first semester or the termination point at which the teenager's attendance in the program ceased. In addition, the instructors were interviewed utilizing an instrument designed to assess what services were provided to the students, as well as the overall services and interventions implemented at each designated school site. Content analysis allowed for an outcome-oriented study of Cal-SAFE and the teenage females the program served. The study allowed for an evaluation of the effects Cal-SAFE services had on the semester completion of pregnant and parenting teens.

Relying on past data had its limitations. Because the research involved examining closed case files, discrepancies developed. Data on specific intervention strategies were not recorded. Each site had inconsistencies in paperwork within the files. Much of the data recorded in the files were incomplete, making it

difficult to interpret. Participation in the Cal-SAFE program included unintended influence by the site educational specialist in determining the teen's progress in meeting goals as Individual Learning Plans, receipt of credits, class participation and intervention strategies were subjective. In addition the validity of the measuring instrument should be questioned. The information provided in the case files varied from worker to worker because of different styles of recording. Moreover, it was found that the services provided played no role in the teen's educational goals and attainment. Data was inconsistent among files if the client discontinued services due to changing of program location, dissatisfaction of services, family difficulties or actual graduation.

Sampling

The study used a purposive sample to evaluate the Cal-SAFE program at RCOE. The study was limited to the pregnant and parenting teenagers who participated in Cal-SAFE. All 2002-2003 school year closed cases from the twelve sites were evaluated. The cases were files of past teenage females who participated in the Cal-SAFE program

during the 2002-2003 school year and who were no longer enrolled in the program. The files were chosen as the designated sample because of the limitation to examine the end of school year outcome for the participating teenagers in the previous year due to limitations in teacher reliability and incomplete paperwork in client records. In addition, the sample determined the outcome for only RCOE Cal-SAFE programs and is not intended to reflect teenage pregnancy and parenting on a larger level, but evaluated the services and outcomes of participation in the current program for pregnant and parenting teenagers.

Data Collection and Instruments

Information on whether the girls completed high school was necessary in the evaluation process and two instruments were developed to evaluate Cal-SAFE program interventions. The data collection instrument used to evaluate each site (Appendix A) examined which services were available to each pregnant or parenting teen participant. These categories included parenting classes, academic counseling, vocational counseling, consultation with a school nurse, Special Education services, English

language learner services, child care for the children of the teens, and referrals to outside social agencies and were measured using a nominal unit of measure. Although these intervention strategies were ingredients of the Cal-SAFE program, it was determined that each site provided services more or less frequently, interpreted guidelines differently which imposed different rules on each site. This study identified each site's components and analyzed the impact on each girls' participation toward successful program and or high school completion.

Information on the individual teenage females that participated in the 2002-2003 Cal-SAFE program, were collected (Appendix B). Individual client information included: client age, how many months she was pregnant, how old her baby was and grade level. Nominal unit of measure was used to identify if this was her first baby, first pregnancy, if she was parenting at the time, if she had an individual learning plan, and if she completed the semester or year. In addition, it was important to determine the number of interventions she actually utilized to help in the ultimate goal of graduation.

After reviewing the program evaluation criterion, the measurement instrument was created to identify the

client, and the researchers reviewed case files noting her participation in the intervention programs implemented in the school site she attended. This instrument was tested for validity prior to implementation. In order to test this, each researcher pulled five files at two different sites and analyzed the data for interrater reliability and validity.

The research assessed the association between the interventions offered to pregnant and parenting teens that participated in Cal-SAFE and its affects in relation to the continuance of their education and ultimate graduation in addition to delivery of a healthy baby. These data were used to assess associations in the Cal-SAFE program between the independent variables, and the teen's success in completing her education, having a healthy baby and increasing her grade point average, the dependant variables. Without previous historical data, it was difficult to prove a direct causal effect of the primary independent variables, additional program services, upon the dependant variable of high school continuance, case closure, or graduation. Each school site was responsible for relaying academic information to

the principal of Alternative Education to determine criterion for school continuance.

Procedures

Evaluating the Cal-SAFE program at RCOE consisted of gathering data from the twelve school sites. Access to closed case files was provided to both researchers. Beginning in February 2003, the researchers divided the county school sites by geographical location and spent three weeks obtaining data from files in their designated areas. Data collection instrument A was used for site information. The closed files were kept at each individual site. They charted on copies of Instrument B whether or not the student completed their high school education, as well as the services accessed by the individual.

Protection of Human Subjects

The study used closed case files of teenage adolescents previously enrolled in the Cal-SAFE program. These teens were no longer participants in the program. Confidentiality was maintained by assigning numerical coding to the closed case files. No names or other identifying information were recorded. A copy of this

proposal was presented to RCOE and a letter of support was issued to the research team. The research proposal was submitted to California State University San Bernardino and approval was received regarding planned human subjects protection.

Data Analysis

Data analysis consisted of quantitative procedures that tested the success rate of the intervention strategies adopted in the Cal-SAFE program. Since a sample was drawn from the total Cal-SAFE population and a conclusion drawn based upon these data, inferential analysis was used to evaluate success of the program in 2002-2003.

This analysis indicates the distribution of the responses on each variable. Additionally, when the frequencies were analyzed, one identified how many of these interventions were used. Univariate analysis was necessary after consolidation and identification of the data set in preparation of summation of the findings.

Once the data set was reviewed for accuracy, the information was interpreted. In order to process the information collected and the relationship between the

interventions and high school graduation, bivariate analysis utilized the Chi-Square method. Two nominal variables at a time were examined to determine the relationship between them. In order to examine the parenting teen's grade point average, bivariate analysis used the t-test. This test was ideal when identifying the relationship between one nominal variable whether counseling services were received and the ratio-level dependant variable of grade point average. In addition to evaluating how the independent variables affected the dependent variable of high school completion, the individual sites were analyzed for overall effectiveness utilizing a Chi-Square method.

Summary

The research selected purposive samples of files at the twelve school sites run by Riverside County Office of Education. A data extraction instrument was developed and tested for validity first in a small sample. Once the measurement was deemed valid and reliable, the researchers divided the school sites, pulled any closed case files of students beginning the 2002-2003 school year who are no longer attending, assured confidentiality

by labeling cases numerically, and completed the instrument for each client. These data were analyzed utilizing univariate and bivariate analyses consisting of Chi-Square and t-test measures to test the hypothesis that the Cal-SAFE program interventions adopted by Riverside County Office of Education increased the high school completion rate of pregnant or parenting teens.

CHAPTER FOUR

RESULTS

Introduction

The study consisted of data collection from eleven Cal-SAFE program sites throughout Riverside County. Data was analyzed by examining the correlations, frequencies and chi-square were performed to determine relationships. Lastly, the chapter concludes with a summary of the differences in services for Cal-SAFE sites that showed significant aims at high school completion.

Presentation of Findings

Student Demographics

The study consisted of a sample of 160 closed case student files from eleven different school sites. Table 1 identifies the demographic information for the cases examined. The files were from students who had either dropped out of the Cal-SAFE program or had met graduation requirements before the 2002-2003 school year ended. Approximately half of the respondents were between 17-18 years of age (58.1%), 9.8% were between 13-15, 28.1% were 16 years of age, and 2.5% were 19 years of age. The age of 1.3% of the sample was unknown. Ninety-two (57.5%) of

the 160 students examined were parenting at the time they participated in the Cal-SAFE program and sixty-five (40.6%) were pregnant. Out of 160 students, forty-nine (30.6%) completed the year at their enrolled school site.

Approximately one half of the sample were classified as either eleventh or twelfth graders at the time they were enrolled in the Cal-SAFE program (55.7%). A small percent of the sample were in their eighth grade year (2.5%) and 34.4% of the sample was in ninth or tenth grade. The grade level of 31.3% of the sample was unknown. Of the sample, 64.4% did not complete the school year. Those that did complete the school year made up 30.6% of the sample size. Of those sampled, forty-eight (30.0%) did not complete their goals, while 10.8% of the sample size did meet their goals. The attainment of goals for 59.4% of the sample size was unknown.

Data was collected from eleven Cal-SAFE sites throughout Riverside County. The largest sample came from Nueva Vista with 13.8%. Banning and Murrieta Cal-SAFE sites each were 11.3% of the sample size. The Hemet Cal-SAFE site made up 10.6% of the sample size population with Amistad Cal-SAFE site holding 8.8% of the sample. The Riverside Cal-SAFE site was 5.6% of the sample and

the Perris Lake Cal-SAFE site made up for 6.3% of the total sample. Norte Vista and Ortega followed behind in sample size with 3.8% and 4.4% respectively. The smallest sample size came from Coachella, which was 2.5% of the entire sample.

Table 1. Demographic Characteristics of Population

	Variable Frequency (n)	Percentage (%)
Age (N = 160)		
13-14	2	1.2
15	14	8.6
16	45	28.1
17-18	93	58.1
19	4	2.5
Unknown	2	1.3
Parenting Status (N = 160)		
No	51	31.9
Yes	92	57.5
Unknown	17	10.6
Pregnancy Status (N = 160)		
No	82	51.3
Yes	65	40.6
Unknown	13	8.1
Grade Level (N = 160)		
8	4	2.5
9-10	55	34.4
11-12	89	55.7
Unknown	12	7.5
Completion of Year (N = 160)		
No	103	64.4
Yes	49	30.6
Unknown	8	5.0
Goals Achieved (N = 160)		
No	48	30.0
Yes	17	10.8
Unknown	95	59.4

	Variable Frequency (n)	Percentage (%)
School Site (N = 160)		
Riverside	9	5.6
Norte Vista	6	3.8
Ortega	7	4.4
Murrieta	18	11.3
Nueva Vista	22	13.8
Hemet	17	10.6
Perris Lake	10	6.3
Amistad	14	8.8
Banning	18	11.3
Coachella	4	2.5
Palm Springs	35	21.9

Site Demographics

Data was collected on thirteen variables at each of the eleven school sites as to services offered and the frequency of delivery as identified in Table 2. All eleven school sites offered academic counseling, school nurse visits, nutritional education, parenting and child development classes. The differences among the above services are the frequencies of delivery from daily, weekly, monthly, quarterly, by semester and or as needed. Nine out of eleven offer school lunches (81.8%) while eight out of eleven offer pregnant and lactating supplements (72.7%). Individualized learning plans were provided in nine of eleven schools (81.8%) while special education services were offered in all but one school

(90.9%). Referrals to outside agencies accounted for ten out of eleven schools (83.3%). Mental health services were provided weekly in two school sites (18.2%) while six (54.5%) received services as needed. Three (27.3%) of the sites did not offer mental health services. Six (54.5%) of the sites had Spanish speaking staff working in the Cal-SAFE program.

Table 2. Site Resources

Variable	Frequency (n)	Percentage (%)
Academic Counseling (n = 11)		
Daily	1	9.1
Weekly	1	9.1
Monthly	1	9.1
Quarterly	3	27.3
Semester	3	27.3
Twice Semester	1	9.1
As needed	1	9.1
Vocational Counseling (n = 11)		
Weekly	1	9.1
Semester	1	9.1
Monthly	1	9.1
As needed	7	63.6
Does not receive	1	9.1
Nursing Visits (n = 11)		
Weekly	1	9.1
Once per month	10	83.3
Special Education Services (n = 11)		
No	1	9.1
Yes	10	90.9
Spanish Speaking Staff (n = 11)		
No	5	45.5
Yes	6	54.5

Variable	Frequency (n)	Percentage (%)
Referrals to Outside Agencies (n = 11)		
No	1	9.1
Yes	10	83.3
School Lunches (n = 11)		
No	2	18.2
Yes	9	81.8
Pregnant and Lactating Supplements (n = 11)		
No	3	27.3
Yes	8	72.7
Nutritional Education (n = 11)		
Daily	3	27.3
Semester	2	18.2
Monthly	1	9.1
Two times per year	1	9.1
Limited class	4	36.4
Individualized Learning Plans (n = 11)		
No	2	18.2
Yes	9	81.8
Mental Health Services (n = 11)		
Weekly	2	18.2
As needed	6	54.5
Does not receive	3	27.3
Parenting Classes (n = 11)		
Daily	10	90.9
Once per year	1	9.1
Child Development (n = 11)		
Daily	10	90.9
One semester only	1	9.1

Statistical Analysis

Table 3 presents the significant results of the study. A chi-test was conducted to determine the relationship between the completion of school year and goals achieved by individual students ($\chi^2 = 11.086$, $df = 1$, $p = .001$). Completion of year is defined as

leaving the Cal-SAFE program to enroll in another educational program or meeting the requirements to graduate from high school. Those students who did not achieve their goals were more likely to not complete the year. Those that did achieve their goals were more likely to complete the 2002-2003 school year, either by graduating or transferring before the end of the school year.

Table 3. Completion of Year and Goals Achieved

		completion of year		Total
		no	yes	
goals achieved				
	no	31	17	48
	yes	3	14	17
	Total	34	31	65

($\chi^2 = 11.086$, $df = 1$, $p = .001$)

Upon statistical analysis, the following variables were found to have little significance when assessing their relationships with the completion of school year: individual learning plans (ILP), whether or not the student was pregnant at time she was enrolled in the Cal-SAFE program, and whether or not the student was parenting at the time she was enrolled in the Cal-SAFE

program. These variables had little effect on the completion of the school year.

Table 4 reflects the significance of the relationship between completion of year and the school site in which the student attended ($\chi^2 = 37.740^a$, $df = 10$, $p = .000$). Closed cases were taken from each school site and the results reflect that few schools were more likely to have students who completed the year. The only site that was more likely to have students not complete the year was the Amistad Cal-SAFE site which had fewer than expected numbers of completion. The Palm Springs Cal-SAFE site was the only site to have students who completed the school year. Riverside, Norte Vista, Ortega, Murrieta, Hemet, Perris Lake, Banning, and Coachella were all more likely to have students either go on to another educational plan or meet graduation requirements.

Table 5 reflects the services offered to students at the two Cal-SAFE site. Analytical review, of the two school sites, Murrieta (55.6%) and Perris Lake (66.7%), with the highest success rate toward goal achievement and graduation and the relationship to the frequencies of

Table 4. Completion of Year and School Site

School Site	Did Not Complete		Did Complete		Total
	Year	Percent	Year	Percent	
Riverside	4	44.4%	5	55.6%	9
Norte Vista	3	50.0%	3	50.0%	6
Ortega	4	57.1%	3	42.9%	7
Murrieta	8	44.4%	10	55.6%	18
Nueva Vista	14	82.4%	3	17.6%	17
Hemet	9	52.9%	8	47.1%	17
Perris Lake	3	33.3%	6	66.7%	9
Amistad	13	92.9%	1	7.1%	14
Banning	10	55.6%	8	44.4%	18
Coachella	2	50.0%	2	50.0%	4
Palm Springs	33	100%	0	0.0%	33
Total	103		49		152

($\chi^2 = 37.740^a$, $df = 10$, $p = .000$)

service variables offered depicted the following. Both schools offered parenting classes, child development classes and pregnant and lactating supplements daily. Nursing visits were offered to students once per month at each of the two sites. Neither site offered Spanish speaking services. The sites were not similar in referrals to outside agencies, school lunches, and special education services. Nutritional education, academic counseling and vocational counseling were offered at Murrieta and Perris Lake at different

intervals throughout the academic calendar. The one service consistently offered at both sites was mental health services. Murrieta and Perris Lake were the only two school sites to offer mental health services weekly to the students.

Table 5. Services Offered by Site

Variable	Murrieta	Perris Lake
Parenting classes	Daily	Daily
Child development classes	Daily	Daily
Pregnant and lactating Supplements	Daily	Daily
Nurse Visits	1/Month	1/Month
Spanish Speaking Staff	Not Avail	Not Avail
Referrals to outside agencies	Yes	No
School lunches	No	Yes
Special education services	No	Yes
Nutritional education	Daily	Limited
Academic counseling	Daily	1/Semester
Vocational counseling	Monthly	As needed
Mental Health Services	Weekly	Weekly

Summary

Data collected from the eleven Cal-SAFE school sites indicate that those girls who did not achieve their goals were more likely to not graduate from the program. The two schools that had the highest graduation and or

completion rate were Murrieta and Perris Lake. These two sites provided the same frequency of parenting classes, child development classes and pregnant and lactating supplements. Nurses visit once per month and neither site offered Spanish speaking services. The sites were dissimilar in referrals to outside agencies, school lunches, and special education services. Nutritional education, academic counseling and vocational counseling were offered yet at different frequencies. The most significant finding was the consistency of the mental health services, which were provided weekly.

CHAPTER FIVE

DISCUSSION

Introduction

After review of the analyzed data, it is evident that many issues affect the outcomes of student goals in regards to high school graduation as guided by services of the Riverside Office of Education and the Cal-SAFE school grant. The ability of the researchers to accurately collect data and the availability of the site teachers to discuss information affected the data. Each school site had different methods of record keeping affecting the collection of data information by the researchers. Additionally, contextual issues of the participants include cultural and communal variables that affect outcome measures and the program evaluation of the Cal-SAFE program.

Research Findings

The results of this study shows that completion of school, in part, is affected by the types and quantity of services provided to the students. Some Cal-SAFE sites offered the services more frequently than others, and provided the students with a comprehensive and supportive

educational platform in which to meet graduation requirements. While most sites did provide similar services, the way in which these services were delivered made a difference in the number of students who completed the year. Those sites that had the support of a high school counselor, in addition to academic counseling provided by the student's teacher, increased the chances for a student to not drop out of the program or leave her high school education behind.

Limitations

Many limitations existed in this study. Record keeping on individual cases by personnel at each individual Cal-SAFE was often incomplete. Student records had different documentation per location and pieces of information were missing from many of the case files. The lack in information resulted in poor data collection due to difficulties in interpreting student achievement and frequencies of services received.

A discrepancy in the interpretation of survey questions was another limitation to this study. Both surveys were provided to the teachers of each school site to determine the types of services offered to the

students and information regarding each girl who exited the program during the 2002-2003 school year. Some teachers completed the survey forms while others reported time was an issue in completing. While most of the sites completed the survey through interviews with the researchers, a few others completed the survey independently which may have contributed to misunderstanding of questions. Between the possible misinterpretations, two researchers asking questions and reviewing incomplete and case files with different appearances, the data may have discrepancies.

Contextual Issues

This study of the eleven Cal-SAFE sites within the Riverside Office of Education identified success of the program by providing grant-supported services to students helping to achieve their goals toward graduation. After review of the data, it is apparent that many issues affected the outcomes of the study.

One issue was the difference among the various sites. Some of the Cal-SAFE programs were located on Alternative Education campus sites. These facilities provided a high school experience of changing classes,

high school counselors, vocational education, campus lunches, and socialization. Other sites were strictly self-contained, located in industrial or strip mall centers. Although one benefit was the girls were with their primary teacher all day and did not face peer pressure, they lacked socialization with other non-pregnant or parenting teens. The teenage girls were forced to be parents, attending school, and were not allowed to be teenagers and experience a relatively normal high school period. In addition, some programs were a combination of both self-contained and high school campus. The Perris Lake site was a combination site. In addition, the Murrieta site was on an off campus site. Both sites had higher rates of individual student completion than others. Was it the services offered or the nature of the site that was the driving factor for the student completion of the program?

Another factor that affected the outcomes was the teacher's qualification and experience with this population. Did this teacher have experience with pregnant and parenting teens? Was her age a factor in how the girls related to her as a teacher and or a mentor? Pregnant and parenting teens may look to the teacher as a

role model. What type of model was exhibited by the teachers? What was the teacher's training from the Office of Education? Was the teacher informed of new and upcoming issues regarding teenage pregnancy? What type of staff meetings and sharing existed between the teachers and the different locations? These various issues were not addressed as contextual variances of the services delivered and affects on the achievements of goals and graduation.

Class size may have affected the outcome information. Larger class size may limit the teacher's ability to monitor and regulate the classroom educational goals. Classroom aides may help the primary teacher fulfill her duties yet not all sites had the additional help. Classroom aides provided assistance in translation to non-English speaking students, grading, and the daily tasks of the classroom.

Location of the site was another affecting factor. Many sites were in low-income areas, such as Indio, while others, such as Murrieta, were in more affluent communities. The differences in the location of site affected the types of services provided to students. An important area that the location of site affected was the

transportation for students. Some sites had public transportation that reached all the students, while others did not.

Community resources may have influenced the student outcomes. Sites located within different socioeconomic climates may vary in terms of the frequency of services offered. Some communities, due to increase of teen pregnancy, may offer more free clinics and referrals to outside agencies. Upper socioeconomic areas may frown upon teenage pregnancy and provide fewer services to teenage parents. The cultural climate and ethnic majority may influence the family's ability to seek outside help.

Additional contextual issues must be considered in this study. Pregnant and parenting teens attitudes may have affected the desire to attend school and receive a high school diploma. Many cultures do not place an importance on a high school education while others believe that mothers must stay home with the child and an education becomes less important. Some cultures may support the pregnant teen yet others may reject the young mother sending her into poverty or the streets to live and her education becomes secondary to survival.

Recommendations for Social Work Practice, Policy, and Research

Recommendation for social work practice includes improvement in the consistency of the Cal-SAFE program. The need for more qualitative and uniform services in such a pregnancy and parenting support program would be an area for further social work research. The study showed that services must be comprehensive and follow through must be complete in order to reach the goals as written in the Cal-SAFE guidelines. Consistency is a key in social work practice with this population and should occur in the context of providing these young mothers with support services on a regular basis.

Social work policy must address the inequalities in the quality of education offered to the students in the Cal-SAFE program. Most Cal-SAFE sites were found off high school campuses, often away from other students in mainstream programs. This segregation resulted in a lack of traditional services and programs that high school students in a mainstream program may have access to. The need to provide service to the pregnant and parenting adolescents without segregating and limiting the quality and quantity of services is necessary to address in

social work policy in order to provide these adolescents with the same opportunities as their peers.

Further research must be done on the effects of comprehensive services to the mental health of adolescent parent and child. Cal-SAFE provides a variety of educational opportunities for the adolescents at most of the sites, but lacks in the area of mental health services. The incorporation of mental health services to address the additional needs of many of the students may assist to decrease multiple pregnancies with adolescents. Research on the area of mental health services would open an area that was currently missing in the current Cal-SAFE program.

Conclusions

In conclusion, the research shows that the completion of a school year for pregnant and parenting students is dependent on not only the types of services provided to them, but the intensity of these services. The more services were offered at particular sites, the more students completed the year and/or achieved their individual goals. However, despite these findings, it must be realized that there are areas still in need of

further research. The availability of mental health services made a difference in the completion of the school year at only two of the Cal-SAFE sites. This difference seems to acknowledge the necessity of mental health services to pregnant and parenting adolescents. Cal-SAFE is a program meant to support and encourage pregnant and parenting teens towards high school completion and should not limit itself to providing only educational and health support. Pregnant and parenting adolescents have complex issues outside of their educational systems. They involve and are not limited to family dysfunction, relationships with boyfriends and girlfriends, economic hardship, and issues of self-esteem and self-image. Pregnant and parenting teenagers need the additional supports to deal with these issues and provide healthy and safe environments for their futures and the futures of their children.

APPENDIX A
MEASUREMENT A

MEASUREMENT A

Academic counseling	yes	no
How often? _____		
Vocational counseling	yes	no
How often? _____		
Consultation of nurse	yes	no
How often? _____		
Special Ed	yes	no
English Language Learner services	yes	no
Spanish Speaking staff?	yes	no
Referrals to outside agencies	yes	no
School lunches	yes	no
Pregnant and lactating mothers supplements	yes	no
Nutrition education	yes	no
How often? _____		
Individual Learning Plans	yes	no
Mental health/counseling services	yes	no
How often? _____		
Parenting class	yes	no
How often? _____		
Child development class	yes	no
How often? _____		

APPENDIX B
MEASUREMENT B

MEASUREMENT B

Client age				_____
Pregnant	0-3 months	4-6 months	7-birth	
Parenting	0-6 months	7-12 months	13-24 months	
	25-36 months			
First baby				yes no
Fist pregnancy				yes no
Grade				_____
Individual Learning Plan				yes no
Goals achieved on ILP				yes no
Number of credits beginning				_____
Number of credits end				_____
GPA beginning				_____
GPA end				_____
Did she complete semester/year				yes no
Deliver full term infant?				yes no
Premature infant				yes no
Live birth				yes no
Voluntary pregnancy termination?				yes no
Involuntary pregnancy termination?				yes no

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Kimberly Johns & Charil Macareg

2. Data Entry and Analysis:

Team Effort: Kimberly Johns & Charil Macareg

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Kimberly Johns & Charil
Macareg

b. Methods

Team Effort: Kimberly Johns & Charil
Macareg

c. Results

Team Effort: Kimberly Johns & Charil
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d. Discussion

Team Effort: Kimberly Johns & Charil
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