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FACTORS CONTRIBUTING TO HIGH SCHOOL COMPLETION
IN PREGNANT TEENS

by

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DISSERTATION

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Dedication

I dedicate this dissertation to all those students who may think that the idea of furthering their education is an unattainable goal. Anything is possible with God! One day at a time and one class at a time will lead to completion of that goal. Stay the course and finish that education!

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ABSTRACT

FACTORS CONTRIBUTING TO HIGH SCHOOL COMPLETION

IN PREGNANT TEENS

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The purpose of this study was to determine factors that may contribute to school completion for pregnant and parenting teens versus choosing the option of dropping out of school. The sample included participants who were pregnant and/or parents as teenagers. Eligible participants were found through a community pregnancy center located in the school district of study, as well as through snowball sampling, and the use of a mail-out process. Participants for this study consisted of adults (18 years and older) who had either graduated or dropped out of school. All participants were female. Two survey instruments were utilized in this study. One survey was implemented to determine levels of resilience. The second survey was implemented to assess levels of perceived social support from families. Additional questions accompanied the surveys to gather demographic information. Participants were also interviewed to determine their

perceptions of supports and barriers that may have affected their ability to complete school, as well as to gather information concerning their experiences as pregnant or parenting teens. This study was conducted utilizing a mixed method design approach. The quantitative portion of the study utilized one survey to measure the participants' levels of resilience, and another survey to measure levels of perceived social support from families. An independent *t*-test was conducted for each survey to measure the difference between the sample means. A Pearson's *r* correlation was conducted to determine if there was a relationship between levels of resilience and levels of perceived social support from families. The qualitative portion of the study consisted of the data collected from participants who were willing to take part in an interview. The data from the interviews were analyzed for emerging themes using a thematic analysis process.

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CHAPTER I:

INTRODUCTION

Teen pregnancy is a national challenge with far reaching consequences, including a high likelihood of students not attaining their high school diploma (Kronholz, 2011; Marcotte, 2013; Messacar & Oreopoulos, 2013; Payne & Anastas, 2015). Messacar and Oreopoulos (2013) reported that a high school dropout, on average, earns less income, has a higher risk of being incarcerated, is less likely to be married, and has a higher incidence of unhappiness, as compared to someone who has graduated from high school. Other research also indicated that the consequences of not completing high school has implications that go past those teen years, and can cause a lifetime of challenges, including a higher rate of unemployment, fewer choices for employment possibilities and income, and higher rates of living below the poverty level (Diaz & Fiel, 2016; Fletcher & Wolfe, 2009; Messacar & Oreopoulos, 2013; Mollborn & Jacobs, 2012; Ng & Kaye, 2012). The experience of teen pregnancy may also have its own consequences, including an increased level of stressors and distress in the teen's life (Payne & Anastas, 2015). As a result, some teens can have higher incidences of mental health issues, including depression, anxiety, posttraumatic stress disorder (PTSD), and traumatic stress (Bellieni & Buonocore, 2013; Hayatbakhsh et al., 2011; Payne & Anastas, 2015). Payne and Anastas (2015) also reported that very few teens have access to adequate care in order to address these mental health issues. Despite the support from families and school districts, teen pregnancy can lead to school dropout (Hammond, Linton, Smink, & Drew, 2007; Ng & Kaye, 2012; Rumberger & Lim, 2008; Tyler & Lofstrom, 2009). However, some students overcome the obstacles, complete their high school education, and earn their diploma. What factors contribute to helping a pregnant teen attain her high school

diploma versus dropping out of school? What type of educational supports can aid pregnant teens to attain their high school diplomas?

Ng and Kaye (2012) indicated that female teens reported that pregnancy was a leading cause for dropping out of school. Further literature identified early parenthood as a risk factor of dropping out of school (Hammond et al., 2007; Rumberger & Lim, 2008; Tyler & Lofstrom, 2009). Although teen birth rates have been on the decline for more than a century, a little over half of teen mothers finished high school by age 22, compared to 89% of female teens who did not have a teen birth (Ng & Kaye, 2012; Ventura, Hamilton, & Mathews, 2014). For teens who gave birth before age 18, the results were grimmer for them. For those students, only 38% completed their high school education (Ng & Kaye, 2012). In regard to ethnicity, rates of teen pregnancy have reflected higher numbers in minority populations, especially for Hispanic and Black ethnicities (Martin, Hamilton, Osterman, Driscoll, & Drake, 2018; Perper, Peterson, & Manlove, 2010). This impact was also seen in the higher rates of female minority teens not completing school (Ng & Kaye, 2012; Perper et al., 2010).

In addition to not attaining a high school diploma, Messacar and Oreopoulos (2013) also indicated that the ongoing consequences of not completing high school might continue past those teen years, resulting in a lifetime of struggles. In the years spanning 2009-2010, almost half (48%) of teen mothers age 15 to 19 were living below the poverty level (Ng & Kaye, 2012). Fletcher and Wolfe (2009) and Diaz and Fiel (2016) found that women who had children in their teen years had considerable decreases in their overall income in their young adult years. Mollborn and Jacobs (2012) found that young adult females reported significant daily financial struggles as a result of teen pregnancy. The alarming result was that this situation could have a generational impact. As the children

of teen mothers grew older, the children's prospect of living in poverty increased as well (Ng & Kaye, 2012).

Teen mothers were not the only ones who faced academic challenges. The academic struggle they encountered could have a cyclical effect on their children (Mollborn & Dennis, 2011). Children of teen mothers tended to have difficulties in school also. In one study, the results indicated that children born to mothers younger than 18 years old scored notably lower on measures of school readiness for reading and math (Mollborn & Dennis, 2011). Additional literature found similar results that children of teen parents demonstrated developmental delays and less school readiness (Fagan & Lee, 2013; Mollborn & Dennis, 2012b). Although the outcomes for the children of teen mothers could be just as detrimental (Fagan & Lee, 2013; Mollborn & Dennis, 2011, 2012a), the focus of this study was on the teen mothers.

According to Payne and Anastas (2015), the impact of teen pregnancy can increase levels of stress, resulting in mental health problems that impact the students' ability to manage the demands of being a student and teen mother. Additional studies have found that the experience of teen pregnancy can result in mental health concerns, including anxiety, depression, and psychological distress (Bellieni & Buonocore, 2013; Coelho et al., 2013; Mollborn & Morningstar, 2009). In addition, few teens have access to adequate care to address mental health issues (Payne & Anastas, 2015). As a result, students may demonstrate a decrease or lack of resilience to overcome their obstacles to complete school.

According to Krovetz (1999), resilience theory determined critical factors that enabled persons to bounce back from adversity. Some students were able to recover from life stressors despite the hardships they faced. Winfield (1991) termed these "resilient students." The literature has identified several factors that may contribute to the

development of resilience, including individual attributes, family factors, environmental factors, and positive use of time (Fortin, Marcotte, Potvin, Royer, & Joly, 2006; Futris, Olmstead, Pasley, & Nielsen, 2012; Lessard, Butler-Kisber, Fortin, & Marcotte, 2014; McMillan & Reed, 1993; Wayman, 2002). According to Chavkin and Gonzalez (2000), a review of literature on resilience identified five key factors that help students to develop resilience: supportive relationships, student characteristics, family factors, community factors, and school factors.

Other research has applied the concept of resilience to the family as a whole (Syvertsen, Roehlkepartain, & Scales, 2012; Walsh, 1996). The experience of overcoming a challenge as a family seemed to strengthen bonds between family members, as well as increased coping skills that could be applied to future stressful events (Walsh, 1996, 2002, 2003). In terms of the impact of resilience gained from family strengths, the perception of family support may be important in the development of individual resilience.

Minimal research attention has been directed toward the effectiveness of supports in place in the public school settings. Existing studies focus on pregnancy prevention (Herrman, Moore, & Anthony, 2012; Oman, Merritt, Fluhr, & Williams, 2015; Saunders, Sabri, Huberman, Klaus, & Davis, 2011; Smith & Wagoner, 2009; Workman, Flynn, Kenison, & Prince, 2015). However, information is lacking on supports and programs that are implemented once a teenager does become pregnant. Further information is needed to determine the most effective programs and services that will support teen mothers to complete their high school education and receive their diplomas.

Research Problem

Teen pregnancy has far-reaching consequences, including the possibility of not completing a high school education. The repercussions of not completing a high school

education has implications that go past the teen years, and can cause a lifetime of challenges, including a higher rate of unemployment, fewer choices for employment possibilities and income, and higher rates of living below the poverty level (Diaz & Fiel, 2016; Fletcher & Wolfe, 2009; Messacar & Oreopoulos, 2013; Mollborn & Jacobs, 2012). Consequently, the problem is the need to determine factors that can contribute to helping pregnant and parenting teens attain their high school diplomas versus dropping out of school.

Significance of the Study

With the goal of helping teen mothers complete their high school education, more information can be gathered about the effectiveness of educational supports that are currently in place in the public school settings. Administrators and school staff can determine areas in need of improvement to adjust the services they offer within the public school system. With a focus on reinforcing and developing characteristics of resilience, further supports and services can also be determined through student feedback and recommendations to help build those traits. According to Martin and Marsh (2006), the more we can learn about what keeps students in school, the more effective our prevention efforts can become. With this insight and new information, school districts can plan supports and services that will help teen mothers attain their high school diplomas. The intent is that this study will make a contribution to determine factors that may contribute to helping pregnant and parenting teens achieve and complete their high school education.

Research Purpose and Questions

The purpose of this study was to determine factors that contribute to helping pregnant and parenting teens attain their high school diplomas versus dropping out of school. This study examined the following research questions.

1. What level of resilience do pregnant and parenting teens present, comparing those who graduated from high school to those who did not?
2. What level of perceived social support from families do pregnant and parenting teens present, comparing those who graduated from high school to those who did not?
3. Is there a relationship between resilience and perceived social support from family?
4. What factors contribute to helping pregnant and parenting teens attain their high school diplomas versus dropping out of school?
5. What type of educational supports can aid pregnant and parenting teens to complete their high school education?

Definitions of Key Terms

The following major terms were used in this study:

Alternative School: For this study, alternative school refers to a separate school setting provided by the school district for students who are pregnant or parenting teens and their children. (Clark, 2002).

At-Risk Student: Students are identified as “at-risk” if they are at risk of academic failure, have a drug or alcohol problem, are pregnant or parenting, have been in contact with the juvenile justice system in the past, are at least one year behind the expected age/grade level, have limited English proficiency, are gang members, have dropped out of school in the past, or have a high absenteeism rate. [Texas Education Association (TEA), 2016].

Family Resilience: Ability of the family unit to endure and bounce back from adversity, with an increase in fortitude, and more capability in resourcefulness. (Walsh, 2003).

Homebound: A student is confined at home or hospital for a minimum of four weeks for medical reasons only (documented by a U.S. physician), and homebound time does not need to be consecutive. The student is served by a certified general education teacher. The student must receive instruction in all core academic subject area courses enrolled in, and if possible receive instruction in all courses student is enrolled. (TEA, 2016).

Mainstream: Public school setting in which all students are educated. Mainstream indicates the setting is not a separate program providing specialized services to students. (Clark, 2002).

Perceived Social Support: Belief that one has friends and family on whom they can depend. (Reid, Hold, Bowman, Espelage, & Greif Green, 2016). For the purposes of this study, the focus was on perceived social support from family only.

Resilience Theory: Refers to characteristics that enable persons to deal with adversity and continue to adapt, change, and progress. (Krovetz, 1999).

Self-Efficacy: One's belief that one has the ability to succeed in specific situations or in accomplishing a task. Self-efficacy can play a role in how one approaches goals, tasks, and challenges. (Bandura, 1977).

Teenage Mother: For this study, a teenage mother is a female student provided with a public school education and services from the age of fourteen to the age of twenty-one who is pregnant and/or has one or more children. (Clark, 2002).

Title IX: Refers to the Education Amendment of 1972 that prohibits discrimination on the basis of sex in any federally funded education program or activity. The principal objective of Title IX is to avoid the use of federal money to support sex discrimination in education programs and to provide individual citizens effective protection against those practices. (U. S. Department of Justice, 2015).

Conclusion

The consequences of teen pregnancy affect a teen's life not just at the time of the pregnancy, but continue to affect her life for years to come (Diaz & Fiel, 2016; Fletcher & Wolfe, 2009; Messacar & Oreopoulos, 2013; Mollborn & Jacobs, 2012). A common result of teen pregnancy is not completing one's high school education (Hammond et al., 2007; Ng & Kaye, 2012; Rumberger & Lim, 2008; Tyler & Lofstrom, 2009). The lack of a high school diploma can have repercussions that continue for the student's lifetime, including fewer choices for employment, less income potential, higher rates of poverty, and greater incidence of mental health issues (Messacar & Oreopoulos, 2013; Ng & Kaye, 2012; Payne & Anastas, 2015). Teen pregnancy and the lack of a high school diploma can impact several areas of a teen's life, not just at the present moment, but for her lifetime. Solutions must be found to help pregnant and parenting teens complete their high school education. This study examined the factors that were different between those pregnant and parenting students who did complete their education with those who did not.

CHAPTER II:

REVIEW OF LITERATURE

The intention of completing a high school education is to prepare young people to take part in society and contribute to becoming productive citizens. For some students that may mean furthering their education, while others may go directly into employment, and some may do a combination of both. However, for some students, the task of completing their education may not come to pass as nearly one in five students in the United States does not graduate from high school, either on time or not at all (Zaff et al., 2017). The Texas Education Agency (TEA, 2016) has implemented the term “at risk” to identify students who may be in danger of not being successful in school. Students who may be considered “at-risk” include those who have experienced academic failure, have a drug or alcohol problem, are pregnant or parenting, have been in contact with the juvenile justice system in the past, are at least 1 year behind the expected age/grade level, have limited English proficiency, are gang members, have dropped out of school in the past, or have a high absenteeism rate (TEA, 2016).

The focus of this study was on the population of students who are at-risk of not completing school due to becoming pregnant and entering early parenthood. The consequences of teen pregnancy not only impact a teen’s life at the time of the pregnancy but can follow her throughout her lifetime. One major consequence of teen pregnancy is the possibility of not completing one’s high school education. The purpose of this study was to determine factors that contribute to helping a pregnant teen attain her high school diploma versus dropping out of school.

The results of not achieving a high school diploma can have far-reaching repercussions, including fewer choices for employment, less income potential, higher rates of unemployment, and economic levels below the poverty level (Diaz & Fiel, 2016;

Fletcher & Wolfe, 2009; Messacar & Oreopoulos, 2013; Mollborn & Jacobs, 2012; Ng & Kaye, 2012). Additionally, the stressors from teen pregnancy may cause more struggle in the form of mental health issues, including depression, anxiety, posttraumatic stress disorder (PTSD), and traumatic stress (Bellieni & Buonocore, 2013; Hayatbakhsh et al., 2011; Payne & Anastas, 2015). Resilience may play a role in the ability of these young mothers to face the challenges of balancing their education with the responsibilities of being a new parent (Drapeau, Saint-Jacques, Lépine, Bégin, & Bernard, 2007; Krovetz, 1999). However, the stressors of their new lives may be more than they can handle, resulting in some students demonstrating a decrease in or lack of resilience to overcome their obstacles to complete school. In the struggle to face their challenges, some teen parents may depend on varying levels of support from family. This family support may also play a critical role in the development of resilience (Lietz, 2007; Roehlkepartain & Syvertsen, 2014; Syvertsen et al., 2012; Walsh, 1996, 2002, 2016). Likewise, schools offer different levels of supports and programs both within and outside the school setting, to encourage pregnant and parenting teens to complete their high school education, including vocational education, alternative schools, online programs, and the General Educational Development (GED) credential (Amin, Browne, Ahmed, & Sato, 2006; Bowen & Nantz, 2014; Kronholz, 2012; Polidano & Tabasso, 2014; Tyler & Loftstrom, 2009). Despite the various supports available at home and at school, some students drop out of school and do not finish their education (Hammond et al., 2007; Ng & Kaye, 2012; Rumberger & Lim, 2008; Tyler & Lofstrom, 2009), which can result in ongoing consequences for those pregnant teens, as well as for their children (Dennis & Mollborn, 2013; Fagan & Lee, 2013; Mollborn & Dennis, 2011). These preceding areas of discussion will be explored further in the literature review.

Theoretical Framework

Resilience

Krovetz (1999) defined resilience theory as characteristics that enable persons to manage adversity, while continuing to adapt, change, and progress. Resilience played an important role when reviewing why some students who faced difficult situations were able to develop coping skills that enabled them to achieve success, while other students did not. Some students were able to recover from life stressors, despite the hardships they faced. Winfield (1991) termed these “resilient students.” Luthar, Cicchetti, and Becker (2000) stated that “resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity” (p. 543). Wayman (2002) also added that resilience was a “multifaceted and complex phenomenon” (p. 168).

Individual resilience. Within the context of students who were at risk of dropping out of school, various factors are related to the area of resilience. For students who were at risk of dropping out, but persisted to finish their education, these students demonstrated high levels of self-efficacy or a belief in themselves that they had the skills needed to complete their education (Drapeau et al., 2007). Studies conducted by Dumont and Provost (1999) and Martin and Marsh (2006) found that students who demonstrated resiliency used problem-solving skills to address their obstacles. Martin and Marsh also found that resilient students utilized four coping strategies to conquer their difficulties: control, planning, low anxiety, and persistence.

Some commonalities in several studies include three factors that seemed related to resilience: individual (or personal) attributes, family factors, and environmental (or school and community) factors (Fortin et al., 2006; Futris et al., 2012; Lessard et al., 2014; McMillan & Reed, 1993; Wayman, 2002). McMillan and Reed (1993) and Futris

et al. (2012) added a fourth area: positive use of time. These four prevailing themes were reviewed individually.

The first factor, individual or personal attributes, was related to the personality characteristics of the individual students. Resilient at-risk students seemed to have a positive disposition when seeking help from others around them (McMillan & Reed, 1993). Their positive demeanor cultivated an equally positive response from those around them. Students who were willing to work hard, had educational goals, and were motivated to reach those goals seemed to be more resilient (McMillan & Reed, 1993). Lessard et al. (2014) referred to the concept of *inreach* ability. This skill referred to being able to rely on one's assets. The result was that resilient students were able to set goals and determine plans to reach their goals, which resulted in making good choices and being able to set limits when confronted with risk-taking decisions (Lessard et al., 2014).

Additionally, resilient at-risk students seemed to have an internal locus of control, realizing that their choices determined their success or failure (Lessard et al., 2014). Resilient students also seemed optimistic about the future, often setting attainable goals (McMillan & Reed, 1993). Martin and Marsh (2006) reported that resilient students expressed confidence in knowing they would succeed. This quality was not present in students who dropped out of school (Martin & Marsh, 2006). Additionally, dropout students were not realistic about their goals and did not formulate plans to reach their goals (Martin & Marsh, 2006).

The second category involved factors surrounding the family. Resilient at-risk students had at least one positive relationship with a caregiver (Werner, 1984). This close bond helped students to develop trust, which was critical in developing relationships with others outside the home, like in the school setting. Drapeau et al.

(2007) also found that a meaningful relationship with an adult, especially someone within the family, helped students to cultivate trust and security, which overflowed in their relationships with others around them. The relationship did not necessarily have to be with a parent. Support could come from other family members, such as siblings, aunts, uncles, or grandparents, who could serve as positive role models (McMillan & Reed, 1993). Werner (1984) stated that resilient students seemed to be skilled at finding surrogate caregivers.

The third factor referred to support found outside of the home, most likely in the school setting. McMillan and Reed (1993) reported that teachers play a critical role. Resilient at-risk students reported that part of their success was credited to teachers who took notice of their achievements and encouraged them (McMillan & Reed, 1993). Wayman (2002) reported that positive adult contact has been demonstrated to be a significant factor correlated with resilience. This kind of support helped students to learn to trust those around them and provided mentors who could help the students learn from their difficulties (Wayman, 2002). Lessard et al. (2014) referred to the concept of *outreach* ability. This characteristic referred to being able to recognize when one is unable to perform a task, and then being able to ask for help from others. Lessard et al. also found that the ability to formulate good relationships facilitated students to make progress, as well as have someone to turn to when they needed help to solve their problems. Collins (2003) also reported that teachers were significant in the lives of their students. Students, who felt that teachers listened to their problems and responded with compassion, were more likely to stay in school (Collins, 2003). Lessard et al. reported that resilient students, as well as dropout students, indicated that a good relationship with a teacher was critical, especially when that teacher seemed to be genuinely interested in

their students, made themselves available to their students, and provided understanding toward their students.

The fourth factor, positive use of time, referred to whether or not students were involved with activities outside of the regular school routines (McMillan & Reed, 1993). McMillan and Reed (1993) indicated that students who were involved in a constructive activity outside of school appeared to develop positive self-esteem. According to Werner (1984), most resilient at-risk students had favorable attitudes toward school and often were involved in some extracurricular school activity. This involvement in the afterschool activity helped develop a sense of belonging, and encouraged a cooperative spirit between students and teachers (Werner, 1984). Werner also added that the involvement alone was not sufficient; being recognized for a special talent also increased self-esteem. Martin and Marsh (2006) found that resilient students who participated in extracurricular activities were also successful navigating through school life.

Other research supports these findings. According to Chavkin and Gonzalez (2000), a review of literature on resilience identified five key factors that help students to develop resilience. One factor was the presence of supportive relationships, especially in the form of encouragement from school personnel and other guiding adults. A second factor involved the students' individual characteristics, such as self-esteem, ambition, and the willingness to accept responsibility. A third factor referred to family assistance, referring to the level of parental support and involvement in their child's school. A fourth component was the concept of community factors, including extracurricular activities for students. A final element involved school factors, such as achievement in school and positive social skills.

According to Fergus and Zimmerman (2005), the personal attributes that one may use to cope with life stressors were termed "assets." This would include positive

characteristics within an individual such as competence and self-efficacy (Fergus & Zimmerman, 2005). Factors outside the individual that served as supports were termed “resources” (Fergus & Zimmerman, 2005).

In a study by Solivan, Wallace, Kaplan, and Harville (2015), the researchers conducted a qualitative study with young women who experienced a pregnancy when they were teenagers. The goal was to identify assets and resources that may have contributed to the teen parents’ resilience which resulted in a healthy pregnancy and delivery (Solivan et al., 2015). The 15 participants were found using purposeful sampling methods through a Women, Infants, and Children (WIC) clinic (Solivan et al., 2015). Among the personal characteristics, or assets, that were identified, the participants reported a positive attitude, self-efficacy, motivation to set and achieve education or career goals, and resistance to cultural stereotypes and stigma concerning teenage pregnancy (Solivan et al., 2015). They also reported that the pregnancy itself seemed to bring some stability into their lives, as they changed their focus toward their new baby, with some reporting that they discontinued poor health habits (Solivan et al., 2015). In regard to external supports, or resources, the participants reported a greater amount of support from family, especially from their own mothers (Solivan et al., 2015). Although they acknowledged that their parents were initially upset with them concerning their pregnancies, their family rallied around them after the initial shock, offering support in the form of childcare, financial support, housing, and baby supplies (Solivan et al., 2015). Participants also reported support from the father of the baby, including financial and emotional support (Solivan et al., 2015). The authors reported that the prenatal care that the women sought was considered an asset and a resource, as the women had to seek the care and then continue the medical visits (Solivan et al., 2015).

Spirituality. According to Ponds (2014), spirituality is often associated with resiliency. Spirituality is not being part of a religion per se, although participating in a structured religion can provide access to learning about spirituality (Ponds, 2014). Ponds defined spirituality as “an inner awareness which occurs when people realize that they are connected with something larger than themselves” (p. 59). Ponds maintained that spiritual strengths can become important in helping people overcome crisis.

In a study by DiPierro, Fite, and Johnson-Motoyama (2018), they explored the role of religion and spirituality with hope and anxiety in a sample of Latino teenagers, with the expectation that the lowest levels of anxiety would be linked to spirituality/religion. The participants were Latino youth who attended a charter school (DiPierro et al., 2018). The authors acknowledged that participation with religion or spirituality was a common aspect of the Latino culture; therefore, this connection could be important to protect against the effects of low levels of hope and high levels of anxiety (DiPierro et al., 2018). Surveys were given to measure hope and anxiety, as well as questions to obtain demographic data (DiPierro et al., 2018). The results did not support the expectation that identifying as a person involved with religion or spirituality would reflect lower levels of anxiety and higher levels of hope (DiPierro et al., 2018). However, they did find that low levels of hope were connected to high levels of anxiety, and identifying as a person connected to religion or spirituality was actually associated with higher levels of anxiety (DiPierro et al., 2018). The authors reasoned that low levels of hope might actually overcome the beneficial effects of religion and spirituality (DiPierro et al., 2018).

In another study, Morgan Consoli, Delucio, Noriega, and Llamas (2015) examined various possible predictors of resilience among Latino college students. The factors that were considered included spirituality, hope, social support, and cultural

values (Morgan Consoli et al., 2015). The participants were undergraduate students from a university on the West coast who identified themselves as Latino and reported that they had overcome adversity (Morgan Consoli et al., 2015). Various scales were enlisted to measure resilience, thriving, spirituality, hope, social support, and cultural values (Morgan Consoli et al., 2015). The results indicated a significant difference between gender and thriving, with female participants reporting higher levels than males on the thriving scale (Morgan Consoli et al., 2015). Hope was also found to be a significant predictor of resilience and thriving, while spirituality levels were only predictive of thriving (Morgan Consoli et al., 2015). Cultural values were also found to be a significant predictor for thriving, while social support was not found to have any significance for either resilience or thriving (Morgan Consoli et al., 2015).

Raftopoulos and Bates (2011) also examined the role of spirituality in the resilience of adolescents. Their qualitative study investigated the spiritual experiences of 15 adolescent teenagers in Melbourne, Australia (Raftopoulos & Bates, 2011). Participants were asked to describe the role of spirituality when they dealt with a difficult event in their lives (Raftopoulos & Bates, 2011). The stressful events that participants reported included changes in friendships, bullying, family illness, grief, unplanned pregnancy, family conflict, uncertainty about the future, and test anxiety (Raftopoulos & Bates, 2011). The participants indicated that their reactions to these episodes included depression, confusion, suicide ideation, loss of self-esteem, loneliness, and stress (Raftopoulos & Bates, 2011). The results indicated three overarching themes, which included a relationship with God or a higher power, a sense of meaning in their lives, and making a connection with their inner-selves (Raftopoulos & Bates, 2011). Two-thirds of the participants reported that spirituality meant having a relationship with God, while the remaining participants referred more to a higher power (Raftopoulos & Bates, 2011). The

study also found gender differences when speaking about a higher being, where males tended to make a reference to God, and females referred to a range of beings that could represent a higher power (e.g., angels, fairies, spirits) (Raftopoulos & Bates, 2011). In terms of a sense of meaning, the participants discussed making sense of the trials in their lives by relating it to having meaning and purpose for occurring (i.e., ‘everything happens for a reason’) (Raftopoulos & Bates, 2011). Gender differences were also noted in this theme with only a couple of males stating a need to find purpose, while the majority of females felt that was important when dealing with a stressful event (Raftopoulos & Bates, 2011). In regard to connecting with their inner-selves, the participants reported that spirituality meant feeling comfortable with one’s self and being able to find an inner calmness (Raftopoulos & Bates, 2011). Raftopoulos and Bates reported that spirituality seemed like a critical factor in dealing with these stressors in these teens’ lives, indicating all but one participant described using spiritual approaches to deal with those events.

Family Strengths and Resilience

Further research has given support to the concept that resilience does not only pertain to individuals. The notion of resilience has been extended to apply to the family unit as a whole (Syvertsen et al., 2012; Walsh, 1996). According to Walsh (2003), family resilience was defined as the ability of the family unit to endure and bounce back from adversity, with an increase in fortitude, and more capabilities in resourcefulness. In a family resilience framework, a major shift was made from concentrating on family weaknesses to focusing instead on family strengths (Walsh, 1996, 2002). Walsh (1996, 2016) also suggested that resilience should be considered from a systemic view, where supporting relationships inside and outside the home should be explored. The influence of these relationships shifted the balance between stressful events and protective factors that could reinforce resilience.

Family resilience also seemed to strengthen after the family had survived a crisis and continued to push forward with life (Walsh, 1996). The practice of handling crises and challenges as a family unit, over time, seemed to bolster bonds between family members as a result of successfully navigating through a shared difficulty. Additionally, families learned coping strategies that they were able to apply in future ordeals (Walsh, 1996). Some of these skills included collaboration, mutual support, and a new sense of shared confidence (Walsh, 1996). According to Walsh (2002, 2016), the manner in which a family approached and managed a crisis would influence the transformation of resilience for all members of that family, as well as their relationships with each other.

With a shift to focus on family strengths, a family-resilience-based approach suggested that families have the potential to recoup and evolve from adversity (Walsh, 2002). Walsh (1998) developed a framework that identified three domains of family functioning: family belief systems, organization patterns, and communication processes. Within the belief system component, Walsh (1998) referred to the family's ability to make meaning of the adversity, while maintaining a positive outlook. For some families, this translated to a sense of spirituality and being able to establish future goals. Within the domain of organizational patterns, Walsh (1998) cited the family's level of flexibility to the new stressor, while maintaining a sense of connectedness with members of the family. Additionally, this domain referred to social and economic resources that were available to the family. In the area of communication processes, Walsh (1998) defined this concept with the amount of clarity communicated between family members, as well as the availability of emotional sharing and collaborative problem-solving. Walsh (2002) suggested that the enhancement of family resilience resulted in an increase of available resources within the families, resulting in families being better able to meet further challenges effectively.

In one study of family strengths (Syvertsen et al., 2012), various characteristics were identified that seemed pertinent to building resilience within the family unit. These characteristics were termed “family assets” (Syvertsen et al., 2012). An increased presence of these assets resulted in improved functioning within the families (Syversten et al., 2012). These attributes were organized into five categories: nurturing relationships, establishing routines, maintaining expectations, adapting to challenge, and connecting to community. The presence of nurturing relationships indicated items such as positive communication, affection, emotional openness, and support for family members’ talent and interests. The establishment of routines referred to shared family meals and activities, traditions, and dependability. To maintain expectations, families needed to be open to discuss sensitive issues, establish and enforce fair rules, define boundaries, state clear expectations, and make contributions to the family unit. The component of adaptation to challenges included the families’ abilities to manage daily commitments, level of adaptability, the ability to problem solve together, and democratic decision making. Being able to connect to the community meant looking out for neighbors, relationships with others outside the family unit (e.g., school, teachers), participating in enriching activities, and accessibility to supportive resources.

According to Bandura (1977), self-efficacy is one’s belief that one has the ability to succeed in specific situations or in accomplishing a task. Self-efficacy can play a role in how one approaches goals, tasks, and challenges. With a focus on family strengths, Roehlkepartain and Syvertsen (2014) indicated that the presence of more of these characteristics could increase the level of self-efficacy in families, resulting in the potential to increase resilience when families were faced with adversity. They found that students in families who were identified with more of these characteristics were more involved in school, took better care of their health, communicated positive values, and

cultivated social aptitudes needed to thrive (Roehlkepartain & Syvertsen, 2014). From the parents' perspective, in families with more strengths, the parents also seemed to take better care of their health, both physically and mentally (Roehlkepartain & Syvertsen, 2014). Parents also were more involved with contributions to their communities (Roehlkepartain & Syvertsen, 2014).

In a mixed methods study of family resilience by Lietz (2006), the quantitative data indicated that higher levels of family strengths were associated with higher levels of functioning. In contrast, higher levels of risk predicted lower levels of families' functioning abilities (Lietz, 2006). However, higher levels of risk *paired* with higher levels of strengths predicted higher levels of functioning (Lietz, 2006). In the qualitative portion of this study, Lietz (2007) identified five different stages of families' reactions when they experienced a challenging event. These stages included the following: survival, adaptation, acceptance, growing stronger, and helping others. In the survival stage, families were taking 1 day at a time, just trying to figure out how to keep the family going. In the adaptation stage, families were making changes to integrate the new circumstances of their lives. In the acceptance stage, families were developing the insight to come to terms with their new situation and embracing their new way of life. In the stage of growing stronger, families made appraisals of their new "normal," and recognized the strengths they gained as a result of the challenges they experienced. The stage of helping others was a recognition of the benefit of supporting others, especially those going through similar challenges. Lietz (2007) indicated that these stages were not comprehensive; not all families experienced all of these stages. Also, these stages were not suggested to occur in a linear fashion (Lietz, 2007). Some families progressed through the stages multiple times, depending on the families' reactions to their own respective situations. Lietz (2007) also identified 10 family strengths that seemed

beneficial to families as they experienced critical situations. These strengths included the following: insight, boundary setting, taking charge, creativity/flexibility, humor, internal social support, external social support, morality/spirituality, appraisal, and communication (Lietz, 2007). Lietz (2007) indicated that the level of family strengths was found to be a stronger predictor of family functioning than family risks, which suggested that the family strengths, rather than weaknesses, should be the focus of attention.

Perceived Social Support From Family

Hickey, Fitzgerald, and Dooley (2017) stated that social support was regarded as a complex concept that referred to various types of support, including informative, emotional, and instrumental varieties. These sources of support could come from friends and family (Hickey et al., 2017). In addition, perceived social support was defined as the belief or perception that people have friends and family on whom they can depend (Reid et al., 2016). In terms of the impact of family strengths on individual resilience, from the pregnant and parenting teens' perspectives, the perception of support from one's family may play a role in the development of resilience. Therefore, for the purposes of this study, the focus will be on perceived social support received from family only, versus family and friends.

Importance of the Study

Nationally, teen birth rates have declined for more than 50 years, with a peak in the years of 1986 to 1991, and smaller increases in the years 1969-1970, 1979-1980, and 2005-2007 (Ventura et al., 2014). Although the United States has experienced lower rates in teen pregnancy rates in recent years, the concern of teen pregnancy continues to exist. One of the risk factors of dropping out of school identified in the literature was the onset of early adult responsibilities, such as becoming a teen parent (Hammond et al.,

2007; Rumberger & Lim, 2008; Tyler & Lofstrom, 2009). Another concern is the higher rates of teen pregnancy for students of minority ethnicities, more specifically Black and Hispanic students. Ng and Kaye (2012) reported that ethnic minorities seemed to fare worse, with nearly 4 in 10 Hispanic and Black teen girls who left school indicating pregnancy as their reason for leaving, compared to less than 24% of non-Hispanic white female teens. Therefore, the significance of this study becomes apparent when this researcher asks, “How many students can we afford to drop out of school?”

In 2013, for the age group 15-19 years, the birth rate was 26.6 births per 1,000 teenagers, which was a noticeable difference from the rate in 1957, at 96.3 births per 1,000 teenagers (Ventura et al., 2014). In 2016, for young women aged 15-19, the birth rate was 20.3 births per 1,000 teenagers, a decrease from 22.3 births per 1,000 teenagers in 2015 (Martin et al., 2018). In terms of ethnicity, in the year 2016, for teenagers aged 15-19, the largest percentage of teen births was represented by non-Hispanic American Indian or Alaskan Native at 35.1 births per 1,000 (Martin et al., 2018). The next demographic was represented by Hispanic teens at 31.9 births per 1,000 (Martin et al., 2018). In descending order, the remaining ethnicity groups were represented as follows: non-Hispanic Black, 29.3 births per 1,000; non-Hispanic Native Hawaiian or Other Pacific Islander, 28.6 births per 1,000; non-Hispanic White, 14.3 births per 1,000, and non-Hispanic Asian, 3.9 births per 1,000 (Martin et al., 2018).

The data showed higher incidences of teen pregnancy in minority populations and lower socioeconomic populations (Ng & Kaye, 2012). Several explanations for these trends have been offered (Atienzo, Campero, Herrera, & Lozada, 2015; Martinez-Garcia, Carter-Pokras, Atkinson, Portnoy, & Lee, 2014; Ng & Kaye, 2012). For the Latino population, the impact of culture may need to be a consideration (Atienzo et al., 2015; Martinez-Garcia et al., 2014).

In other research that was conducted to identify the effects of teen pregnancy on academic achievement, Basch (2011) reported teen birth rates for the year 2006. For the age range 15-17, the birth rate among non-Hispanic Blacks and Hispanics, was three times as high and four times as high, respectively, as compared to non-Hispanic Whites (Basch, 2011). Basch also reported that the education of pregnant teens was about 2 years shorter when compared to women who postponed having children until they were 30 years old. Additionally, teen mothers were less likely (10-12%) to complete their education, and less likely (14-29%) to attend college (Basch, 2011). Basch concluded that teen births seemed more prevalent among minority youths, which impacted their abilities to complete their education.

According to Duckworth (2016), the culture of a group defined norms and values. In other words, culture had the power to shape one's identity (Duckworth, 2016). Latino teen females, or Latinas, seemed to bear an inordinate number of the teen births (Martinez-Garcia et al., 2014). Martinez-Garcia et al. (2014) discussed the need to understand social, cultural, and demographic factors that may help to explain the reasons for pregnancy desire among Latino teens. In their research, they developed a "pregnancy wantedness scale" (PWS) to measure teens' (male and female) attitudes toward an early pregnancy and social/demographic variables that may influence the possibility of teen pregnancy (Martinez-Garcia et al., 2014). They found that none of the groups demonstrated a strong desire toward an early pregnancy (Martinez-Garcia et al., 2014). Additionally, they found some demographic factors that significantly lowered teens' levels of pregnancy wantedness: household composition (one parent versus two parents), and mothers' levels of completed education (Martinez-Garcia et al., 2014). They also measured the teens' acculturation level, based on generational status (first generation, second generation, etc.), and found that teens who were born outside the US had lower

levels of pregnancy wantedness than those teens who were born inside the US (Martinez-Garcia et al., 2014).

Atienzo et al. (2015) conducted their study in Mexico City and Morelos, Mexico. The study reviewed adolescents' thoughts concerning the suitable time to form a family, referring to marriage and childbirth, with the connection to their sexual behavior. The premise of the study indicated that adolescents' presumptions about their future lives would affect their present sexual behavior and reproductive decisions (Atienzo et al., 2015). The participants were found through the use of a convenience sample from four general schools and four technical schools in Mexico that were located near each other (Atienzo et al., 2015). The schools in both cities had an elevated rate of dropouts (15%), but one city's schools had a rate of teen pregnancy that was lower than the national average, and the other city's schools had a rate that was similar to the national average (Atienzo et al., 2015). The results indicated four categories of family formation expectations: early plan (marry and have child by age 21-22), middle plan (marry and have child by age 25-26), late plan (marry and have child by age 29-31), and non-traditional plan (prefer not to marry or have children) (Atienzo et al., 2015). The majority of the respondents (82%) indicated a prediction to marry and have children, with the following results for each plan: early plan, 17%; middle plan, 43%; late plan, 22%; and non-traditional plan, 18% (Atienzo et al., 2015). Participants were also asked about their current sexual activity experience. For those that acknowledged that they were already sexual active, they also reported an early plan preference for family formation, indicated less occurrence of condom use, and fewer sexual partners (Atienzo et al., 2015). Those that reported a preference for the late plan for family formation also indicated that it was likely that they would finish their college education (Atienzo et al., 2015). Another finding in the study indicated that those who reported they were not yet sexually

active and felt satisfied with their family, school, and physical features, and reported negative thoughts toward teen pregnancy reduced the possibility of reporting that sexual activity must begin at age 17 or earlier (Atienzo et al., 2015). Being a male tended to increase the probability of reporting that sexual activity should begin at age 17 or earlier, or they had already engaged in sexual activity by age 15 or earlier (Atienzo et al., 2015).

Aparicio, Vanidestine, Zhou, and Pecukonis (2016) reviewed the experiences of young adults in regard to teen pregnancy in Latino communities, and their perspectives on sociocultural factors. The qualitative study consisted of 10 participants who were first or second generation Latino/as found through purposive sampling (Aparicio et al., 2016). The overall category that emerged was the importance of avoiding teen pregnancy, along with seven concepts that supported the overarching theme (Aparicio et al., 2016). The first concept related to sexual expectations for Latino/as teens, more specifically in regards to the contrasting messages being given to males and females (Aparicio et al., 2016). For males, sex was more of a rite of passage, whereas females were expected to avoid sexual activity and remain “pure” (Aparicio et al., 2016). The second concept addressed how Latino/a teens learned about sex, where family, school, peers, and community were named (Aparicio et al., 2016). However, the message from family mostly consisted of avoidance of sex, and not so much about actual guidance (Aparicio et al., 2016). The school’s message was received through health classes, while peers’ messages were that sex was something that all the kids were doing (Aparicio et al., 2016). The third concept referred to social class, indicating that people from higher social classes tended to be focused on future endeavors, most often further education; therefore, they were not expected to be distracted by sexual activity (Aparicio et al., 2016). The participants also identified teen parenthood to be associated with the lower socioeconomic class, and reported that parents who worked multiple jobs were less likely

to supervise their children (Aparicio et al., 2016). Religion was also reported as having an influence on Latino/a teens' sexual activity, where the use of contraception and abortion were considered worse sins than premarital sex (Aparicio et al., 2016). The participants also reported that the influence of religion stressed the importance of women's purity, and consequently, the need to feel guilty for having premarital sex (Aparicio, et al. 2016). The last concept referred to protective factors against teen pregnancy, which included the need to protect the family's and one's own reputations, having future plans for their lives after high school, expectations of not ruining the opportunities for first-generation students, and supervision from family (Aparicio et al., 2016).

Outcomes of Teen Pregnancy

Teen pregnancy may impact several areas of teenagers' lives, including completing and furthering their education, their economic prospects, emotional wellbeing, and the futures of their own children (Diaz & Fiel, 2016; Fletcher & Wolfe, 2009; Messacar & Oreopoulos, 2013; Mollborn & Jacobs, 2012; Ng & Kaye, 2012). The following outcome areas will be reviewed: Education, Economic Future, Mental Health, and Children of Teen Parents.

Education

According to the U.S. Department of Education (2017), the status dropout rate determines the dropout rate of high school students. More specifically, this rate is the percentage of young people in the age range of 16 to 24 years, who were not enrolled in school and had not earned a high school credential, including a diploma or a GED (U. S. Department of Education, 2017). For the years 2000 to 2015, the status dropout rate decreased from 10.9% in 2000 to 5.9% in 2015 (U.S. Department of Education, 2017). In more recent years, from 2010 to 2015, the decline has gone from 7.4% to 5.9% (U.S.

Department of Education, 2017). Although the trend showed a decline, minority populations tended to have higher percentages compared to their White counterparts. During the years of 2000-2015, the status dropout rate for White young adults decreased from 6.9 to 4.6% (U.S. Department of Education, 2017). Black young adults also saw a decline, from 13.1 to 6.5% (U.S. Department of Education, 2017). Hispanic young adults saw a substantial decrease, although their most recent measure was higher than Whites or Blacks, with a drop from 27.8% to 9.2% (U.S. Department of Education, 2017).

Another measure that is utilized to measure education completion is the attrition rate. Attrition within the school setting refers to the change in the number of students lost from enrollment between two points in time (Intercultural Development Research Association, 2017). For most high schools, those two points usually refer to enrollment at 9th grade, and then again for the same students in the 12th grade. From the Texas Public School Attrition Study for 2016-17, the attrition rate in the 2016-17 school year was 24%, which was one percentage point less than the previous school year (Intercultural Development Research Association, 2017). However, the attrition rate has fluctuated between 24 and 25% over the last five years (Intercultural Development Research Association, 2017). Although the decreased attrition rate was encouraging, there continued to be discrepancies between White students and minority students (Intercultural Development Research Association, 2017). More specifically, the breakdown of the attrition rate for the 2016-17 school year for different ethnic groups indicated the following: Whites, 14%; Blacks, 26%; and Hispanics, 29% (Intercultural Development Research Association, 2017). Therefore, Texas schools were likely to lose twice as many minority students in the same period of time.

School Completion. Ng and Kaye (2012) indicated that female teens reported that pregnancy was a leading cause for dropping out of school. A little over half, 51%, of

teen mothers finished high school by age 22, compared to 89% of female teens who did not have a teen birth (Ng & Kaye, 2012). The statistics were more detrimental for a teen mother who had a child before age 18. For those young mothers, only 38% completed their high school education (Ng & Kaye, 2012).

In a study by Kane, Morgan, Harris, and Guilkey (2013), the researchers utilized the National Longitudinal Study of Adolescent Health to explore the educational attainment of students who became teen parents. They found that teen mothers completed 0.53 *fewer* years of education (Kane et al., 2013). They also found that the combination of other factors lessened the treatment effect by 35% (Kane et al., 2013). These factors included individual, family, school, and community characteristics, such as two-parent families, higher socioeconomic status, and parents who completed more years of education (Kane et al., 2013). The study also acknowledged that a teen birth could impact that person's economic future in terms of her ability to participate in the labor market, as well as her financial independence (Kane et al., 2013).

In another study conducted by Perper et al. (2010), the researchers accessed the National Longitudinal Survey of Youth 1997 Cohort to study education completion among young women who gave birth as teens. For this study, they considered the attainment of a diploma, as well as a GED. Their findings indicated that fewer women (51%) who had given birth as a teen obtained their high school diploma when compared to those who had not given birth as a teen (Perper et al., 2010). In addition, a higher percentage (15%) of women who were teen mothers attained a GED, than those who had not given birth (5%) (Perper et al., 2010). About one-third (34%) of women who were teen mothers did not obtain either a diploma or a GED, compared to those who had not given birth (6%) (Perper et al., 2010). For those women who earned a GED, they more often earned it between the ages of 18 and 22 (Perper et al., 2010). In terms of ethnicity,

higher rates of teen births have been noted in minority populations. According to Perper et al., for those Black women who were teen mothers, a greater percentage (67%) were more likely to complete their diploma or GED, as compared to White (55%) and Hispanic (46%) women who were teen mothers.

Risk factors for dropping out of school. According to Zaff et al. (2017), prior studies of school completion have focused on identifying risk factors of dropping out. Findings have identified the influence of four areas: the individual student, family, school, and the community (Hammond et al., 2007; Rumberger & Lim, 2008; Tyler & Lofstrom, 2009). In the study by Hammond et al. (2007), there was not one single predictor that could identify someone who was at risk of dropping out. Instead, the combination of several risk factors better identified those who could be at risk for not completing school (Hammond et al., 2007). Hammond et al. also recognized that the road to dropping out was not caused by one single event, but rather, several events compounding over time. Hammond et al. narrowed their focus to individual and family factors that could impact school completion, identifying 25 noteworthy risk factors across eight domains. Of these factors, about 60% pertained to individual characteristics, while the other 40% referred to family factors (Hammond et al., 2007). Table 2.1 delineates the risk factors they identified.

Table 2.1
Significant Risk Factors for School Dropout

Individual Domain	
Individual Background Characteristics	Has a learning disability or emotional disturbance
Early Adult Responsibilities	High number of work hours
	Parenthood
Social Attitudes, Values, & Behavior	High-risk peer group
	High-risk social behavior
	Highly socially active outside of school
School Performance	Low achievement
	Retention/over-age for grade
School Engagement	Poor attendance
	Low educational expectations
	Lack of effort
	Low commitment to school
	No extracurricular participation
School Behavior	Misbehavior
	Early aggression
Family Domain	
Family Background Characteristics	Low socioeconomic status
	High family mobility
	Low education level of parents
	Large number of siblings
	Not living with both natural parents
	Family disruption
Family Engagement/Commitment to Education	Low educational expectations
	Sibling has dropped out
	Low contact with school
	Lack of conversations about school

Note. Hammond et al., 2007

In the study by Rumberger and Lim (2008), the researchers developed a conceptual model of student performance, based on a review of literature focused on predictors of high school dropout and graduation. Their model identified factors related to the individual student, as well as to factors they termed institutional characteristics, which referred to factors in the family, school, and community (Rumberger & Lim, 2008). In regard to individual factors, Rumberger and Lim listed the following categories: educational performance, behaviors, attitudes, and background. To further delineate the categories, educational performance included academic achievement, educational persistence (i.e., attendance), and educational attainment (Rumberger & Lim, 2008). In the behavior category, Rumberger and Lim indicated student engagement, course taking, deviance, peer associations, and employment. The occurrence of childbearing (i.e., parenting teen) was listed under deviant behavior (Rumberger & Lim, 2008). Attitudes included personal factors, such as expectations, goals, values, and self-perceptions (Rumberger & Lim, 2008). The last category, background, referred to demographic characteristics, health, past school performance, and previous experiences, including participation in school activities (Rumberger & Lim, 2008). Their framework proposed that these individual factors were influenced by the institutional characteristics, which referred to families, schools, and communities (Rumberger & Lim, 2008). The degree to which these institutional factors affected the individual characteristics depended on the composition, structure, resources, and practices of those institutional factors (Rumberger & Lim, 2008)

In the study by Tyler and Lofstrom (2009), the researchers acknowledged that the dropout rate appeared to be between 22 and 25%; however, the rate was higher among minority populations, more specifically for Black and Hispanic students. Part of the discrepancy in the dropout rate stemmed from the debate of including students who

obtained a General Educational Development (GED) certificate in the count for those who graduated from high school (Tyler & Lofstrom, 2009). Tyler and Lofstrom indicated that the distinction between a high school diploma and a GED only became important when considering the equity in their outcomes in the employment market and further education. Overall, GED participants did not fare as well in the labor market as those who completed a high school diploma, in terms of wages and employment (Tyler & Lofstrom, 2009). In addition, those with their GED did not pursue as much postsecondary education as those who graduated from high school (Tyler & Lofstrom, 2009). The findings indicated that students left school for a variety of reasons, and as the result of complicated relationships between the student, home, school, and community (Tyler & Lofstrom, 2009). The study also supported previous findings that the decision to leave school resulted after a long process of detachment from school that developed over time (Tyler & Lofstrom, 2009). Tyler and Lofstrom identified characteristics of students, families, and schools that may be considered risk factors for dropping out. One characteristic of students who dropped out included having early adult responsibilities, such as becoming a teen parent (Tyler & Lofstrom, 2009). Family characteristics included the parent's level of education, occupation, income, and stability (Tyler & Lofstrom, 2009). School characteristics included teacher-pupil ratios, quality of teachers, and school size (Tyler & Lofstrom, 2009).

In the study conducted by Zaff et al. (2017), they identified factors that regularly predicted school dropout to generate their literature search. Their review identified individual factors related toward graduation, such as motivation, engagement, expectations for attainment, and locus of control (Zaff et al., 2017). Their study also identified parental factors affecting graduation, including involvement with school activities, and the connection between the parent and child (Zaff et al., 2017). In terms of

school-related factors, Zaff et al. identified the following characteristics: positive student-teacher relationships, small schools, and participation in school-related activities. Their findings were limited in the area of community-level activities that promoted graduation, but they noted that community-based programs could be influential to support school completion (Zaff et al., 2017).

Economic Future

According to the United States Department of Labor (2017), less educational attainment resulted in increased unemployment and decreased earnings. A person with a high school diploma had an unemployment rate of 5.2%, and median weekly earnings of \$692, while a person with less than a high school diploma, had an unemployment rate of 7.4%, and median weekly earnings of \$504 (U.S. Department of Labor, 2017). In addition, the U.S. Department of Labor predicted that occupations that needed more education for entry-level positions were projected to increase at a faster rate than average. With increasing demands in the workforce, it appears more important than ever for students to earn their high school diploma, and if possible, obtain post-secondary training or education.

Costs of teen pregnancy. The economic consequences of not completing school also affected teen parents. Not only was there a difference in school completion between teen mothers and teens who did not get pregnant, the disparity continued with a decrease in job opportunities and income potential for teen mothers compared to other teens (Diaz & Fiel, 2016; Fletcher & Wolfe, 2009; Mollborn & Jacobs, 2012; Ng & Kaye, 2012). As a result, teen mothers were likely to experience financial difficulties in their futures.

In a study by Fletcher and Wolfe (2009), data from the National Longitudinal Study of Adolescent Health were used to compare women who were pregnant as teenagers and delivered their babies, women who reported miscarriages when they were

teenagers, and women who had abortions when they were teenagers, in order to determine the long-term financial outcomes. Their outcome measures included the amount of schooling completed, earnings, whether or not the women received welfare services, and income (Fletcher & Wolfe, 2009). Their findings showed that women who chose to have an abortion tended to come from families with higher socioeconomic status, had parents with more education, and the women scored higher on an achievement test (Fletcher & Wolfe, 2009). Fletcher and Wolfe also found that a teenage birth likely lowered the probability of completing school by a small amount, 5 to 10 percentage points. However, they also found considerable decreases in the women's overall income while in their early 20s, ranging from \$2,400 to \$2,800 less annually (Fletcher & Wolfe, 2009). A surprising result was that the findings did not show that having a child as a teen influenced the receipt of welfare or obtaining a GED (Fletcher & Wolfe, 2009).

Diaz and Fiel (2016) explored the effects of teen pregnancy on high school completion, college attendance, college completion, and average income from ages 25-35 for these young women who became pregnant as teens. The data source for this study was the Child and Young Adult Cohorts of the National Longitudinal Survey of Youth 1979, which followed women who were 14-21 years old in 1979, and who then were given a follow-up survey in 2010 (Diaz & Fiel, 2016). The study reviewed various factors including personal attributes, fertility-related experiences, parental and home environment influence, contextual influences, and demographic details (Diaz & Fiel, 2016). Personal attributes included measures on reading and math achievement tests and a subtest of an intellectual measure, maternal ratings on a behavior scale, self-reports on measures of self-perceptions, risk-taking, deviant behaviors, and educational expectations (Diaz & Fiel, 2016). Fertility-related experiences referred to teen parents' initial dating ages, their perceptions of best ages to have children, and their reports of discussion with a

family member about sex (Diaz & Fiel, 2016). Parental and home influences were measured with scales of emotional support, parental expectations, and parental interaction (Diaz & Fiel, 2016). Contextual influences referred to peer and school influences, and amount of time spent on school work (Diaz & Fiel, 2016). Demographic details included ethnicity, family structure, mother's income, and mother's level of education (Diaz & Fiel, 2016). In the longitudinal survey, these measures were taken when the respondents were aged 11 to 14. For those in the survey who later became pregnant as teenagers, Diaz and Fiel (2016) reported that these teens experienced more disadvantage across all of the measures, which influenced their attitudes and behaviors in regard to fertility. Diaz and Fiel also noted that these teens experienced substantially lower post-high school education and earnings. In addition, those who became pregnant as teens were more likely minority (Black), came from a single-parent home, and had family members with less education (Diaz & Fiel, 2016). Diaz and Fiel also found that the likelihood of completing school decreased with the increased risk of becoming pregnant. Similar results were found for the probability of college attendance and college completion: lower probability of college attendance/completion with increased risk factors for teen pregnancy (Diaz & Fiel, 2016). In regard to earnings, those with fewer risk factors of becoming pregnant seemed to have stronger negative effects, while those with higher risk factors seemed to have positive effects (Diaz & Fiel, 2016). The study suggested that there was more loss of opportunity (earnings) for those who had more income potential (fewer risk factors) (Diaz & Fiel, 2016).

In the years spanning 2009 to 2010, 48% of teen mothers age 15 to 19 were living below the poverty level (Ng & Kaye, 2012). For those still living with their family, they were a little better off, with only 34% of teen mothers living below the poverty level (Ng & Kaye, 2012). Teen mothers who did not live with their families had a greater

probability (63%) of living below the poverty level (Ng & Kaye, 2012). The alarming result was that this situation could have an intensifying effect on the children of teen mothers. As these children grew older, the children's prospect to live in poverty increased as well. For teen mothers who gave birth before age 20, 41% were living below the poverty level in the year of their child's first birthday (Ng & Kaye, 2012). By the time their children turned 3 years old, the probability of living in poverty increased to 50% (Ng & Kaye, 2012). Some reasoning indicated that this may have been because the teen mothers most likely left their parents' home by the time their child was age 3. Ng and Kaye (2012) reported that the possibility of increasing poverty as the child grew older seemed to have more impact on non-Hispanic Blacks and Hispanic teen mothers. Table 2.2 displays the demographic characteristics by race and ethnicity of pregnant teens between 2009 and 2010.

Table 2.2
Percentage of Teen Mothers Living in Poverty, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Total
Current Teen Mothers	39	48	60	48
Had Teen Birth, Child Less Than 1 Year Old	35	39	51	41
Had Teen Birth, Child 3 Years Old	41	48	69	50

Note. Ng & Kaye, 2012

In a search for more current numbers concerning teen mothers and their rates of living in poverty, data specific to teen parents could not be found. However, according to the U.S. Census Bureau (2018), disparities between races continued to exist when levels of poverty were explored based on family structure, age, and gender. Although teen parents/mothers were not specifically listed as a category, the data were divided by

family structure, indicating families that consisted of only two people, married couples, families with a male householder and no wife present, and families with a female householder with no husband present, with each category subdivided by ages and gender (U.S. Census Bureau, 2018). This researcher made some assumptions, by interpreting that households with a female householder with no husband present, and listed as being under 18 years of age, might refer to teen mothers. In addition, an assumption was made that the category listing people under age 5 may refer to children of these females who were listed under age 18. Table 2.3 lists the following rates of poverty found by race for females under age 18 and family members under age 5.

Table 2.3
Percentage of Females Under 18 and Children Under 5 Living in Poverty, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	All Races
Females Under Age 18	33.2	42.6	49.7	41.2
Females Under Age 5	41.6	50.9	55.4	49.7
Males Under Age 5	43.5	48.9	50.3	49.2

Note. U.S. Census Bureau, 2018

Mollborn and Jacobs (2012) conducted a qualitative study to determine the social and economic contexts for respondents who had become teen parents within 5 years prior to the study. Questions during the interviews covered topics that included the respondents' perceptions of social norms toward teen parenting from the perspectives of their families, peers, and communities (Mollborn & Jacobs, 2012). Respondents were also asked how their decisions about fertility were influenced by these social norms, as well as consequences they experienced for violating these norms (Mollborn & Jacobs,

2012). The respondents also reported on their resources for support, and the impact of these resources on their education and financial outcomes (Mollborn & Jacobs, 2012). As a result, the study focused on economic and social strains that these teen parents reported (Mollborn & Jacobs, 2012). Mollborn and Jacobs indicated that the respondents described significant economic struggles on a daily basis. The authors attributed these struggles to a lack of public safeguards due to stricter eligibility requirements for public funding support programs, a decrease in financial support from private sources such as family, along with a rise in cost of living expenses, and the demographic context of teen parenting, referring to lower socioeconomic factors typical for parenting teens (Mollborn & Jacobs, 2012). Mollborn and Jacobs also reported that the respondents struggled with social disapproval from their families and society, which impacted their social support system and emotional health. Participants also reported short-term consequences of teen parenting, including a lack of basic necessities like food, shelter, clothing, and transportation (Mollborn & Jacobs, 2012). Although Mollborn and Jacobs could not report long-term consequences in the context of this study, they provided educated guesses that the short-term struggles could prevent the respondents from achieving educational and career goals, thus leading to long-term economic and social struggles.

Costs of dropping out. When students dropped out of school, the financial consequences not only impacted the students, but society as well (Tyler & Lofstrom, 2009). Furthermore, as the dropout numbers tended to be higher in minority and low-income communities, the effects were felt unevenly across ethnicity groups (Tyler & Lofstrom, 2009). The resulting outcomes affected societal issues, revenue distributions, and healthcare (Tyler & Lofstrom, 2009).

When considering the financial costs to an individual student, the data continued to indicate that young adults without a high school diploma could expect to earn less

income over their lifetime (Tyler & Lofstrom, 2009; U.S. Department of Labor, 2017). According to the U.S. Census Bureau (2016), people over age 25 with less than a high school diploma earned \$20,924 annually. However, the discrepancies between males and females without a diploma were more striking, with males earning \$24,644, and females earning \$15,831 (U.S. Census Bureau, 2016). The data indicated that a high school diploma or equivalent (GED) could make a difference, with individuals earning \$28,672 annually (U.S. Census Bureau, 2016). For males with a diploma or GED, their annual earnings were \$34,010, while females continued to lag behind with \$22,571 (U.S. Census Bureau, 2016). The U.S. Census Bureau (2016) also reported the rate of people aged 25 and over who were identified as falling within the poverty level by their educational attainment level. For those with less than a high school diploma, overall the poverty rate was 27.1%, with males at 23.3% and females at 30.9% (U.S. Census Bureau, 2016). In contrast, for those with a high school diploma or equivalent (GED), the poverty rate overall was 14.3%, with males at 12.2% and females at 16.3% (U.S. Census Bureau, 2016).

Costs to society. In terms of the impact on society, Tyler and Lofstrom (2009) reported that when students dropped out of school, the resulting effect was felt with lower tax revenues due to less income earnings. Also, more money was spent on public assistance and health care, while crime rates increased (Tyler & Lofstrom, 2009).

Public assistance. Teen mothers living in poverty often depend on public assistance. Data from the Census Bureau's analysis of 2004 results indicated that about 63% of teen mothers accepted some form of public support during the 1st year after their child was born (Dye, 2008). In addition, a little more than half (55%) of teen mothers received Medicaid assistance in the 1st year of their child's life (Dye, 2008). According to Dye (2008), for this same group, about one-third received support from the

Supplemental Nutrition Assistance Program (SNAP), and 10% received Temporary Assistance for Needy Families (TANF). More recent data indicated that children receiving nutrition assistance (SNAP) has almost doubled from the year 2007 to the year 2015 for those children living in a home with a mother only as the head of the household, although there was not a specific reference to teen mothers (U.S. Census Bureau, 2015). In 2007, the number of children receiving SNAP totaled 5.5 million (U.S. Census Bureau, 2015). That number grew to 8.1 million children who received SNAP in 2014 (U.S. Census Bureau, 2015).

The Temporary Assistance for Needy Families (TANF) is a provisional support service to provide financial and medical assistance to needy dependent children, as well as to the adults with whom they live (U.S. Department of Health and Human Services, 2018). No direct information could be found linking TANF with students who drop out of school. However, the funds are used for basic assistance, work, education, training activities, and child care. Therefore, it stands to reason that students who did not finish school may need additional job training, as well as education. According to the Office of Family Assistance (U.S. Department of Health and Human Services, 2018), for the fiscal year 2016, TANF and state maintenance-of-effort (MOE) spending and transfers totaled \$30.9 billion. Although the total seems large, the amount was a decrease from the 2015 fiscal year, which totaled \$31.7 billion (U.S. Department of Health and Human Services, 2017). Nationally, for 2016, funding amounts were spent in the following categories: basic assistance, 23.9%; work, education, and training activities, 9.2%; and child care 16.6% (U.S. Department of Health and Human Services, 2018). These amounts were also a decrease from fiscal year 2015, where basic assistance dropped by \$555 million and child care by \$211 million for the 2016 fiscal year (U.S. Department of Health and

Human Services, 2018). The activities for work, education, and training saw an increase of \$149 million in 2016 (U.S. Department of Health and Human Services, 2018).

The Supplemental Nutrition Assistance Program (SNAP) is another federal support program that provides funds for people in need of support with food (Center on Budget and Policy Priorities, 2018). According to the Center on Budget and Policy Priorities (2018), the people who typically receive this assistance are children, elderly, people with disabilities, those who are not expected to work, as well as those in low-earning employment or who may be between jobs. Therefore, the support could be temporary or could be for longer periods of time. About one-fourth of the adults who received SNAP benefits in 2012 did not work within a year of receiving the support (Center on Budget and Policy Priorities, 2018). Although several of these adults noted that they were responsible for the care of another person or had a health condition that limited their ability to work, the Center on Budget and Policy Priorities (2018) also reported that these adults were more likely to lack a high school diploma. Nationally, in the fiscal year 2017, SNAP supported 42,000,000 participants, which represented 13% of the population (Center on Budget and Policy Priorities, 2018). In Texas, in the same year, 3,921,000 residents were serviced, which represented 14% of the state's population (Center on Budget and Policy Priorities, 2018). Of those Texas residents who received SNAP support, they were reported to be living at or below the poverty level (Center on Budget and Policy Priorities, 2018).

In a study by Hao, Astone, and Cherlin (2007), the researchers explored the impact of child support and welfare policies on teenage pregnancies and births. The data for their study came from the National Longitudinal Survey of Youth 1997 cohort, as well as data from state-level sources (Hao et al., 2007). Their models considered various factors, including age of the teen parent, race/ethnicity, family structure, family income,

parents' education level, whether the family was receiving welfare support already, number of siblings, and urban residence (Hao et al., 2007). The results indicated that teen births increased with the age of the teenager, ethnicity [finding minority populations (Blacks and Hispanics) were at a greater risk of having a teen birth compared to White teens], and family structure, which also influenced the risk of having a teen birth, referring to single-parent homes, stepparents, or nonparents (Hao et al., 2007). In addition, higher socioeconomic status and increased levels of parents' education decreased the risk of having a teen birth (Hao et al., 2007). If the family was already receiving welfare support, there was no significant effect found for young teens, but if the family received welfare support in the more recent years of the longitudinal survey, there was a greater risk of having a teen birth (Hao et al., 2007). The study found that family factors seemed to influence younger teens' decisions about early childbearing more than older teens, which the researchers explained was reasonable as other factors outside the family may influence teens as they get older, such as schools, teachers, friends, and community (Hao et al., 2007). In regard to other state-level resources, the study found that state unemployment did not seem to impact teens' decisions about early childbearing, but rigorous state abortion policies seemed to increase teen births (Hao et al., 2007). In regard to school enrollment and teen pregnancy, Hao et al. found that the age of the teen was negatively related to school enrollment, and positively related to teen pregnancy. Family structure also impacted teen pregnancy, with families who were not intact increasing the likelihood of teen pregnancy and decreasing the chance of school enrollment (Hao et al., 2007). Higher levels of parent education increased chances of school enrollment, and decreased risk of teen pregnancy, while level of family income only seemed to decrease chances of teen pregnancy (Hao et al., 2007). The issue of the family already receiving welfare assistance seemed to have a small decrease in school

enrollment and no significant effect on teen pregnancy (Hao et al., 2007). Residence in an urban location seemed to decrease school enrollment, but did not increase teen pregnancy (Hao et al., 2007).

Legal system. According to the U.S. Department of Justice Statistics (2003), a little more than two-fifths (41%) of inmates in the state and federal prisons, including local jails, had not completed their high school education. This information was based on more than 10 different databases from the U.S. Bureau of Justice Statistics and the U.S. Department of Education (U.S. Bureau of Justice Statistics, 2003). In addition, about one-third of people on probation at that time also had not obtained a high school diploma (U.S. Bureau of Justice Statistics, 2003). Although these data were not recent, the information was striking, nonetheless. The report also noted that at that time, in comparison to the general population aged 18 or older, a smaller percentage (18%) of people had not completed their education (U.S. Bureau of Justice Statistics, 2003). Discrepancies were also noted between ethnic groups within the prison population, with minorities less likely to have completed their education, as follows: Whites, 27%; Blacks, 44%; and Hispanics, 53% (U. S. Bureau of Justice Statistics, 2003). Women inmates tended to have more education completion than men, with about 4% more women reporting that they had obtained a diploma or GED (U.S. Bureau of Justice Statistics, 2003). From more recent data, Rampey et al. (2016) surveyed over 1500 inmates, aged 16 to 74, from 98 prisons nationwide, to determine their skills, work experience, education, and training. The results indicated that the prison population was overwhelming male (93%), although ethnicities were almost equally distributed (White, 34%; Black, 37%; Hispanic, 22%; Other, 7%) (Rampey et al., 2016). In terms of education, 30% indicated they did not complete their high school education (Rampey et al., 2016). Another striking revelation was the high recidivism rate, with 73% indicating

they had previously been incarcerated (Rampey et al., 2016). When additional educational opportunities were offered in prison, 21% completed a high school diploma or GED, while almost three-fifths (58%) chose not to further their education beyond the level they had upon entering prison (Rampey et al., 2016).

Insurance costs. Ronen, Lee, Patel, and Patel (2017) reviewed the financial costs of childbirth in the US for the years of 2001 to 2010, comparing teenage births to adult births. Their study used the 2001-2010 Healthcare Cost and Utilization Project-Nationwide Inpatient Sample, which was a multistate sample (20%) of inpatient hospital stays (Ronen et al., 2017). Their results for that time period indicated that 52% of all childbirth hospital costs were paid by private insurance, 41% was paid by Medicaid, and 4% were paid by other providers (Ronen et al., 2017). In regard to teen births during that period, 23% were paid by private insurance at a dollar cost of \$222 million, and 70% were paid by Medicaid at a dollar cost of \$700 million (Ronen et al., 2017). In comparison, for adult women's births during that time period, 53% were paid by private insurance at a dollar cost of \$15.5 billion, and 40% were paid by Medicaid at a dollar cost of \$11.5 billion (Ronen et al., 2017). The study also reviewed the start and end amounts for the time period to determine if there were any trends that developed. They found that coverage from Medicaid for childbirth costs increased from \$708 million (35.6%) in 2001 to \$1.5 billion (45.6%) in 2010 (Ronen et al., 2017). The opposite trend was seen for private insurance coverage, where coverage decreased from \$1.2 billion (58.6%) in 2001 to \$1.6 billion (47.6%) in 2010 (Ronen et al., 2017). During that time period, teen births accounted for 5.74% of Medicaid coverage at the cost of \$670 million, and 1.52% of private insurance coverage at a cost of \$222 million (Ronen et al., 2017). Although the study also found that teen births had decreased from 3.81% in 2001 to 3.09% in 2010,

the majority of the costs associated with adolescent childbirths fell largely on public funding resources (Ronen et al., 2017).

Mental Health

The impact of teen pregnancy does not stop at school completion or economic costs. Teen pregnancy and parenting can affect the mental health of young mothers as well (Bellieni & Buonocore, 2013). While some teens may carry their babies to term, some may not, either by choice or by circumstance, resulting in either abortion, miscarriage, or stillbirth. The influence of an unplanned pregnancy, abortion, miscarriage, or stillbirth could create risk factors for various mental health disorders, such as anxiety, depression, or suicidal ideation (Bellieni & Buonocore, 2013; Hayatbakhsh et al., 2011).

In a study conducted in Brazil, Coelho et al. (2013) reviewed the prevalence of Major Depressive Disorder (MDD) in pregnant teens, as well as the socioeconomic and obstetrical history variables associated with MDD. The participants were pregnant teens who received prenatal care through a national public health system (Coelho et al., 2013). A neuropsychiatric interview was utilized to assess the presence of MDD, while an abuse screener was used to identify a history of abuse, and a social support survey was used to measure social support (Coelho et al., 2013). In the sample of 828 participants, the prevalence rate of MDD in pregnant teens was 17.8%, which the authors acknowledged demonstrated a relatively common condition (Coelho et al., 2013). The participants' responses indicated that 9.2% had experienced violence within the previous 12 months, and 5.8% had experienced violence during their pregnancy (Coelho et al., 2013). Socioeconomic variables that indicated a higher potential for MDD included lack of employment and low levels of education (Coelho et al., 2013). Obstetric variables associated with MDD referred to those who had more than one birth at the time of the

study, as well as those who saw their pregnancy as undesired, and those who had intended to abort the current pregnancy (Coelho et al., 2013). The study concluded that young mothers who were at risk for MDD included those with low socioeconomic factors and those who lacked psychosocial supports (Coelho et al., 2013).

In another study, Patel and Sen (2012) reviewed the relationship between teen motherhood and the impact on long-term physical and mental health. The study utilized the National Longitudinal Survey of Youth 1979 (NLSY79) as the initial source of data (Patel & Sen, 2012). Additional information was surveyed with the original NLSY79 cohort participants after they reached age 40, to assess chronic health problems which resulted in two meta-scores for physical health and mental health (Patel & Sen, 2012). Those scores were used to determine long-term health consequences for the comparison groups (Patel & Sen, 2012). Three groups were compared: teen mothers, teens who had become pregnant but did not result in a full term delivery (e.g., miscarriage, abortion, and stillbirth), and teens who reported they engaged in unprotected sex but did not become pregnant (Patel & Sen, 2012). The results indicated that teen mothers experienced poorer physical health as they became older with significantly lower scores for physical and mental health (Patel & Sen, 2012). Two groups, teen mothers and those who experienced a pregnancy but did not have a full term delivery, had significant negative scores in the area of future mental health (Patel & Sen, 2012).

In yet another study, Mollborn and Morningstar (2009) explored the relationship between teen parenthood and psychological distress. Two national survey databases were utilized to gather information for this study. They included the National Longitudinal Study of Adolescent Health and the ECLS-B Cohort, where each included a measure of psychological distress (Mollborn & Morningstar, 2009). In addition, other demographic information was gathered, including socioeconomic status, parents' education and

income, ethnicity, and academic achievement (Mollborn & Morningstar, 2009). Teens who had become parents were compared with teens who had not become pregnant, as well as with women who had had their first baby as adults (Mollborn & Morningstar, 2009). Teen mothers were found to experience more distress than the two comparison groups, and seemed to experience continuous distress as they became older, suggesting that their distress levels became long-term occurrences (Mollborn & Morningstar, 2009). Contrary to the popular belief that the experience of teen pregnancy caused distress, this study found that the higher levels of distress were the result of distress these teen mothers encountered *prior* to becoming pregnant (Mollborn & Morningstar, 2009). Mollborn and Morningstar also found that four demographic factors were found to influence teens' psychological distress, as well as indicate the likelihood of becoming a pregnant teen. These included socioeconomic status, academic achievement, family structure, and previous sexual experience (Mollborn & Morningstar, 2009). The combination of high psychological distress and living in poverty was predictive of teen parenthood (Mollborn & Morningstar, 2009).

Children of Teen Parents

Teen mothers were not the only ones who faced academic challenges. The academic struggle they encountered could have a generational effect on their children (Mollborn & Dennis, 2011). Children of teen mothers tended to have difficulties in school also. Mollborn and Dennis (2011) reported that some of these obstacles could have resulted from the impact of poverty and a single-parent household, as well as the effects from the mothers' age when she gave birth. In one study, the results indicated that children born to mothers younger than 18 years old scored notably lower on measures of school readiness for reading and math (Mollborn & Dennis, 2011).

In a study conducted by Mollborn and Dennis (2012a), the researchers reviewed quantitative data from the Early Childhood Longitudinal Study-Birth Cohort of 2001 (ECLS-B) to detail life patterns and the development of teen mothers and their children. The teen mothers (under age 20) were compared to mothers who gave birth later in life (age 20 or older), as well as to mothers who previously gave birth as teens, but were older in this study. The results indicated that the children of teen mothers were born into a situation of social disadvantage, often living in poverty. Another finding indicated that the *parents* of teen mothers often had less educational completion, suggesting the possibility of a generational cycle perpetuating a lack of school achievement. The researchers also found that fewer teen parents (22%) reported they were prepared to have a child, versus almost two-thirds (61%) of older mothers reporting they were ready for a child. Another finding was that 17% of teen mothers reported they did not get prenatal care in their first trimester, although a majority (90%) reported they were in good health. In terms of child development, Mollborn and Dennis reported no significant differences between children of teen mothers and older mothers at 9 months old for child behavior and cognitive development. However, significant differences were seen at age 2 in these same areas. The implication was that early childhood would be an opportune time to intervene to reduce gaps.

In another study, Dennis and Mollborn (2013) explored the differences in race/ethnicity for the presence of low birth weight (LBW) for children born to teen mothers (less than age 20) compared to older mothers (age 20-34), using the quantitative data from the ECLS-B. In addition, the researchers examined factors that may have contributed to these differences. The researchers reported that LBW was associated with infant mortality, preterm birth, and developmental delays. The results indicated that the prevalence of LBW was comparable for White, African American, and US-born Hispanic

teen mothers, with a rate of 10-12%. However, for foreign-born Hispanic teens, the presence of low birth weight was significantly less, at 6%. In regard to socioeconomic status (SES), all four demographic groups were more likely to fall in the bottom quintile, more often due to less educational completion. Other factors that may have contributed to LBW included SES status, smoking during pregnancy, and marital status, with the most significant impact seen for White teen mothers. The researchers suggested that economic disadvantage that extended over time seemed to explain the differences between the demographic groups for the presence of LWB in their children.

Khatun et al. (2017) considered the possibility that teenage motherhood may be correlated with lower cognitive development (IQ) for their children. This study reviewed data from the Mater University Study of Pregnancy conducted in a hospital in Brisbane, Australia, examining the children at age 21 who were born from teen parents (mother and father). When comparing the children's IQ score to both the mother's and father's ages at the child's birth, there was a distinct tendency that showed the child's IQ score increased with the parents' age. However, statistical significance was found only for the mother's age (less than age 20), indicating that the children of teen mothers had an IQ score that was 3 points lower when compared to children born from mothers older than 20 years old. In other models that adjusted for potential confounders, the children's IQ scores had less difference, but were still statistically significant. Some of the factors that may have influenced the IQ scores included child-rearing practices, breastfeeding, and mothers' education.

Another study explored the connections between child attributes, parenting stress, and the child's risk for developmental delays (Lehr et al., 2016). This research explored mother-child pairings who attended a free teen parenting program at Mount Sinai Adolescent Center in New York City, examining children birth to age 5. The results

showed that about two-thirds (67.7%) of the sample showed age-expected development, while the other portion (32.3%) demonstrated an increased risk for developmental delay in at least one of five areas (Communication, Gross Motor, Fine Motor, Problem Solving, Personal-social). This study did not find that the mother's age increased her child's risk of developmental delay. However, the increase in the mother's level of parenting stress seemed to increase the child's risk of delays in the areas of Fine Motor, Problem Solving, and Personal-social. The study found no significant delays for children early in life (0-9 months); however, the disparities were more apparent in the areas of Communication and Personal-social for children ages 3-4 years, more particularly for boys. The study noted that low SES may also have played a role in the link between parenting stress and developmental delay.

Fagan and Lee (2013) explored the association between risk factors and a child's school readiness, using quantitative data from the ECLS-B, comparing teen parents with parents who were adults at the time of their children's births. The authors identified several indicators of risk that may impact a child's ability to be ready to successfully attend school. For this study, the focus was on the cumulative number of risk factors from the mother, father, child, and family, specifically looking at low levels of education, unemployment, depressive symptoms, poor health, high alcohol use, low English-speaking ability, and history of arrests. This study also examined the amount of the child's cognitive stimulation provided by the mother and father, individually. Cognitive stimulation included reading to their child, singing, and telling stories. These measures were taken when the child was 9 months of age and 24 months of age. The children's literacy was measured with the Peabody Picture Vocabulary Test-Third Edition, and math ability was measured with the Test of Early Mathematics Ability-Third Edition. The results of the study indicated that children of teen parents had significantly more risk

factors when compared to children of adult parents at both age measures. In regard to cognitive stimulation, there were no significant differences found for teen fathers. However, for teen mothers, the study reported lower levels of cognitive stimulation when compared to adult mothers. The levels of literacy and math scores were significantly higher for children born to adult mothers, versus for children of teen mothers. Thus, the results supported the hypothesis that children of teen parents were associated with lower levels of school readiness.

In another study regarding school readiness, Mollborn and Dennis (2012b) explored predictors of school readiness for children who were the products of teen parents. Using quantitative data from the ECLS-B, the researchers examined four domains that included socioeconomic resources, maternal characteristics, parenting, and exposure to adults. For the socioeconomic measures, the study reviewed household income, maternal education, household food security, and household assets. For maternal characteristics, these sources of information included the mother's age at the time of the birth, the mother's status if she was enrolled in school or participated in paid work, and the score on a measure of depressive symptoms. The parenting measures reviewed the child's home environment (i.e., presence of books), observation of parenting behaviors, videotaped recording of a problem-solving task between the parent and child, and a measure of the child's attachment with the mother. The number of changes in partners for the mother was also recorded. Exposure to adults referred to the presence of the biological father, and any other adult, such as a grandparent. The number of children present in the home was also recorded. Documentation was also noted if the child received any nonparental child care (i.e., daycare). Literacy scores, math scores, behavior scores, and health status that were taken when the children were 4-1/2 years of age were reviewed. The results indicated that about one-third (31%) of the children born

to adult parents were identified as reaching “readiness” criteria, versus 19% of children born to teen parents. From the opposite perspective, the results were more striking. For children born to adult parents, 12% were identified as “unready,” whereas 21% of children born to teen parents fell in this category. The factors that seemed to make more difference included the mother’s level of education, with just a 1-year increase being associated with 51% higher chance of school readiness and 30% lower chance of lack of school readiness. Also, receiving nonparental child care (i.e., daycare) at 9 months of age was associated with 72% having school readiness, compared to 49% of children who were identified as unready. An unexpected finding was that the mother’s school and work status and presence of other adults in the home were not significantly related to school readiness or unreadiness for children of teen parents. However, the child’s gender showed an interesting association: 57% of teen parents’ children who demonstrated readiness were girls, whereas 65% who were unready were boys.

Educational Options

In the discussion about how to prevent dropout from occurring, the Institute of Education Sciences has made several recommendations towards that effort (Rumberger et al., 2017). The first recommendation suggested monitoring the progress of all students, and implementing early intervention at the first sign of difficulties with academics, behavior, or attendance (Rumberger et al., 2017). The second suggestion recommended intensive and individualized supports to address students’ areas of strengths and weaknesses (Rumberger et al., 2017). The third recommendation focused on providing curriculum and programs that help students become more engaged in school to help them make connections between the work they are doing in school and future career aspirations (Rumberger et al., 2017). The fourth recommendation suggested that at-risk

students may need smaller, personalized communities to offer more opportunities for monitoring and support (Rumberger et al., 2017).

Teen mothers face many obstacles, including the challenges of finishing school. However, there were several educational options that could be considered to complete their schooling (“Finishing school as a mom,” 2009). Some of these educational options included special schools for pregnant and parenting teens, schools with in-house childcare centers, regular schools with outside daycare available, homeschool, General Education Development (GED), night school, online education, or community college. For the purposes of this research, various educational options are presented, including those offered in the regular campus setting, such as mainstream education, vocational education, and alternative school programs. In addition, programs offered outside of the regular school setting are reviewed, such as online programs and General Educational Development (GED) programs. In addition, information is presented concerning the subject of sex education.

Mainstream Education

Education in the mainstream setting referred to the public school setting in which all students are educated. The use of the term “mainstream” indicated the setting is not a separate program providing specialized services to students (Clark, 2002). The literature was limited to the use of mainstream education in the context of pregnant teens. In the literature search, only one study was found that addressed this subject matter in the last 15 years (Rudoe, 2014). However, more studies were found when the literature review was expanded to address at-risk youth (Hughes, Stenhjem, & Newkirk, 2007; Macleod, 2007; McPartland & Jordan, 2004; Murphy & Korinek, 2009; Schargel & Smink, 2001; Schreur, 2006; Testerman, 1996). Students who were identified as at-risk tended to be those who came from high poverty backgrounds (Hughes et al., 2007). The risks for

these students referred to outcomes of academic deficiencies, school dropout, involvement with drugs, inability to find employment, and trouble with the law (Hughes et al., 2007).

Proponents of mainstream education favored this form of education because a full range of subjects and curricula could be offered (Macleod, 2007). However, large class sizes, rigorous schedules, and a challenging curriculum made it difficult to meet the needs of all students (Murphy & Korinek, 2009). On the other hand, a benefit of mainstream education was the value that the diploma carried when a future college or employer saw that a student attended a mainstream high school versus an alternative school (Macleod, 2007).

Suggestions for improving the experiences for all students at the mainstream setting included offering vocational education and personalized curricula that can be more flexible to address individual student needs (Macleod, 2007). Schargel and Smink (2001) offered a variety of strategies to address the dropout problem by making changes in the school improvement plan. Some of those suggestions included increasing family involvement, providing mentoring programs to help teachers build relationships with students, addressing different student learning styles, offering vocational programs to help students develop work readiness skills, and the use of technology to increase student engagement (Schargel & Smink, 2001). McPartland and Jordan (2004) suggested similar themes for school improvements, including the creation of smaller classes or communities within the larger school, coordinated academic and career studies to match students' interests, and team teaching to foster positive student-teacher relationships. Testerman (1996) reported that at-risk students who feel a teacher does not care for them, will either shut down or act out. Therefore, the improvement of students' perceptions

about teacher' concerns for them would increase the likelihood that the students will stay in school to graduate (Testerman, 1996).

Vocational Education

Tyler and Lofstrom (2009) considered various options for dropout prevention. One of their recommendations was to make changes to curricular offerings that were career-focused and offered real-life experiences to help students make the connections between the work they were doing in school and their future career options (Tyler & Lofstrom, 2009). This recommendation was in alignment with one of the recommendations from the Institute of Education Sciences that also stated that schools should offer programs that offer pathways toward career options post-high school (Rumberger et al., 2017).

Tyler and Lofstrom (2009) suggested career academies because those programs could offer other features that may also support dropout prevention. The career academy could be organized as a school-within-a-school, offering students a smaller, more personalized environment (Tyler & Lofstrom, 2009). Also, students most likely would have some of the same teachers over the course of their pathways, which would also help students to build relationships with their teachers (Tyler & Loftstrom, 2009). Finally, the career academies would build partnerships between the school and the employment sites, not only to give students real-life experiences while still under the supervision of the school setting, but also to give students connections for possible employment either while still attending high school or after finishing high school (Tyler & Loftstrom, 2009).

Alternative Schools

An alternative school referred to a separate school setting provided by the school district for students who are pregnant or parenting teens and their children (Clark, 2002). This was the opposite concept of mainstream education, which referred to a school

setting that was not a separate program providing specialized services to students (Clark, 2002).

The presence of alternative schools has been on the decline since the early 1990s, due to pressures to mainstream and budget cuts (Arnoldy, 2008). Under the Title IX law of 1972 (U.S. Department of Justice, 2015), schools cannot force pregnant and parenting students to leave school, and must make accommodations given to students with temporary disabilities (Arnoldy, 2008). Critics of alternative schools have stated that the curricula at these schools were not as rigorous as a traditional high school, and there were not sufficient credit options to keep students on schedule for graduation (Kaufman, 2011).

Proponents of the alternative school choice have stated that providing the additional supports would actually save taxpayers money by helping the students to finish school, which would result in future financial independence (Kennedy, 2012). At one alternative school in California, they reported a 73% graduation rate in 2010, which was close to the state's average (Kennedy, 2012). Another alternative program in Idaho provided a full-time social worker who helped students access childcare, government aid, and counseling (Arnoldy, 2008). This alternative school also offered a childcare, a baby-supply store, a delayed-start schedule, as well as extracurricular activities that addressed business, parenting, and family law (Arnoldy, 2008). Arnoldy (2008) also reported that this program's graduation rate ranged from 80 to 92%, with about half continuing to post-secondary schooling. A major advantage of the alternative school setting was the acknowledgment that these teens may need to have absences due to their own doctor appointments or their child's needs (Arnoldy, 2008). Additionally, the alternative school was designed to have small class sizes and provide individualized attention, which helped students to make up missing assignments (Kaufman, 2011). Another major asset of the

alternative school setting was the realization that these students had something in common, which could instill a sense of comradery and community, knowing that they were not alone in their predicaments (Kaufman, 2011).

Online Programs

According to Kronholz (2012), online education began to appear in the mid-1990s. Initially, the impetus for the application of online classes was to offer access to accelerated courses for students who were wanting more challenging material (Kronholz, 2012). Online classes also provided an alternative for schools with teacher shortages and enabled schools to offer core curriculum classes (Kronholz, 2012). Since the initial use of online classes, the implementation and use of online classes have grown by leaps and bounds (Kronholz, 2012).

Various school districts have utilized online classes in a variety of ways. One such application was described by Kronholz (2012). The author described a particular project called Performance Learning Centers (PLCs) that combined online classes with teacher-led classrooms, which she termed “blended learning” (Kronholz, 2012). In this approach, the majority of the instruction was provided by the online curriculum; however, a teacher was present to answer questions, assist with projects, and help students to stay on schedule (Kronholz, 2012). The PLC campus was still a part of a school district, therefore, they received the same per-pupil funding as other schools in the district, but the setup for the alternative school called for a smaller enrollment, less than 100 students, with a smaller teacher-to-student ratio, usually 1:20 (Kronholz, 2012). This program also relied on outside funding, which was provided by Communities in School (CIS), a non-profit organization to prevent dropouts (Kronholz, 2012). CIS funded the salary for a services coordinator who connected students with other support services, such as housing, childcare, medical care, and career planning (Kronholz, 2012). The

PLC programs sought out at-risk students for their program who struggled with attendance, academic failure, low motivation toward school, social issues, and teen parenting (Kronholz, 2012). CIS reported that for the 2009-2010 school year, about one-third of the students in their four PLCs were at least 2 years behind with their credits toward graduation, were 1 or 2 years older than their cohort group, and averaged six suspensions and 24 absences when they were in their traditional high school (Kronholz, 2012). Students reported that they had fallen behind due to a variety of reasons, including negative peer influences and feeling bullied or isolated in their previous schools (Kronholz, 2012). Teachers were able to consistently gauge the lessons on which students were working, and reported that students preferred the immediate feedback provided by the online curriculum, and the ability to work at their own pace (Kronholz, 2012). For the same school year, 2009-2010, the PLC program reported that students improved their scores in the four core subjects, as compared to their scores the year before at their previous campuses, increases ranging from 6 to 11 percentage points, and 96% of the students who were classified as seniors graduated that year (Kronholz, 2012). The author noted that the PLC program did not accept students who were English-language learners, students with discipline difficulties, or students with learning disabilities (Kronholz, 2012).

General Educational Development (GED)

Tyler and Lofstrom (2009) reported that the General Educational Development (GED) program was the most common “second chance” for students who had chosen to drop out of school to complete their education requirements. The GED was developed in the early 1940s to help returning members of the armed services who had left for World War II before completing their high school education to complete their education requirements for college or for entry into the employment market (Tyler & Lofstrom,

2009). According to the National Center for Education Statistics (2018), in 2013, the GED test was attempted by 816,000 people, aged 16 years and older, in its entirety or attempting at least one portion of the test. For those who completed the entire test (714,000), about three-fourths (76%) successfully passed all five sections. For the various age ranges of people who took the test in 2013, the largest group was for those ranging in age from 19 to 24 years old (35%), with the younger age group of 16 to 18 years following second (22%), and other age groups as follows in descending size order: 35 years and older (17%), 25-29 years old (15%), and 30-34 years old (11%) (National Center for Education Statistics, 2018).

Sex Education

Several school leaders acknowledged the benefit of using teen pregnancy prevention programs (TPP) (Craft, Brandt, & Prince, 2016). There is some debate about which kind of TPP curriculum is more effective: a more comprehensive approach that includes information about contraceptive methods versus an abstinence-only approach (Oman et al., 2015).

Although benefits of teen pregnancy prevention programs have been shown, barriers do exist that may stand in the way of using TPP as a strategy to prevent teen pregnancies. These barriers include resources, such as funding; insufficient materials; and insufficient staff (Craft et al., 2016). External barriers may include opposition from parents to implement TPP (Craft et al., 2016). Program characteristics refer to ineffective results of TPP (Craft et al., 2016), which may present as an obstruction to implementation. Another impediment to the use of TPP is implementer characteristics, which could result when the program facilitator does not implement the program with fidelity (Arons, Decker, Yarger, Malvin, & Brindis, 2016; Craft et al., 2016). Finally, school leadership may be a deterrent to the implementation of TPP if that person does not

support the program (Craft et al., 2016). The obstacles may not be the same for each school. Therefore, each school would need to assess their areas of need to determine where their focus should be to address the applicable obstacles (Craft et al., 2016).

A key to successful implementation of a teen pregnancy prevention program was the funding to support the purchase of materials, as well as staff to implement the program (Craft et al., 2016). With the pressure of state testing and accountability, many school districts may choose to prioritize where their resources are spent. If the focus is on test scores, then funding may have to follow suit to support efforts to raise scores. Therefore, less pressing issues may have to fall by the wayside until further funding can be found to support programs like TPP.

Another source of opposition may come in the form of resistance from parents. Some parents feel they may not have the knowledge to explain sexual development to their children, or may not feel comfortable talking about this with their children (Wakley, 2011). They may be torn between leaving that task to the school or not allowing their children to have any information at all (Wakley, 2011).

Another area of concern includes the training needed to deliver the sex education curriculum with integrity (Craft et al., 2016). In addition to issues of funding and support from school and home, other issues of concern would be the need for staff who have been trained to teach the curriculum and time in the schedule to implement the TPP program. The evidence tended to support the implementation of a prevention program to educate students to avoid behaviors that may lead to pregnancy. The research shows slightly improved student attitudes toward making positive health choices when faced with risky behaviors associated with pregnancy with the use of a program that provides information on abstinence **and** birth control methods (Lindberg & Maddow-Zimet, 2012; Oman et al., 2015). However, the implementation of *some* form of prevention education would seem

to be a better option than the choice of not educating students at all. In addition, the research indicated that students are engaging in sexual activity at earlier ages (Oman et al., 2015).

Educational Options Showing Promise

The following review explores recent trends in educational options that may be available to pregnant teens who have demonstrated success in supporting students' efforts toward school completion. The studies presented may not be specifically designed for pregnant teens; nonetheless, the choices may be viable alternatives for these teens to consider. The following areas are reviewed: Mainstream Education, Vocational Education, Alternative Schools, Online Programs, General Educational Development (GED), and Sex Education.

Mainstream Education

The dissertation research conducted by Crespo (2015) explored the effectiveness of the Pregnancy, Education, and Parenting (PEP) program offered in Texas. This program was designed to support students who were at-risk of dropping out of school due to a pregnancy or being a parenting teen (TEA, 2016). Crespo reported that in the district of study the PEP program was offered in three high schools. Students who were not already attending one of these three schools could request a transfer in order to receive these services. If they chose to transfer, they could earn elective credits toward their graduation plan. However, if they chose not to transfer, they could still receive the services, but would not be able to earn the elective credits for classes offered at these schools. Services offered in the PEP program included individual/peer counseling, self-help services, career counseling, job training, child care, transportation for the student and the child to school/home, transportation to the Women-Infant-Children (WIC) clinic, referrals to community resources, and instruction in child development, parenting, and

home/family relationships. In addition, the students met with a PEP coordinator one time a week for monitoring and check-ins. The program was intended for students to receive this support for 2 years, but Crespo indicated that students could continue with the services while they remained enrolled in school. In addition to the PEP services available in the regular high school, other options were available as well, including an alternative education placement and an extended summer program. Both of these other options were primarily for students to work on credit recovery to reach graduation sooner. Crespo also reviewed archival data of the previous 5 years, and found that 9.8% of students who received PEP services dropped out of school. From that group, students of Hispanic descent comprised 6.6% of those who dropped out while receiving PEP services. However, over the course of the 5 years, each of the three high school that offered the PEP program had graduations rates over 80% for those who participated in that program (Crespo, 2015). Qualitative findings indicated favorable opinions from administrators and teachers, in regard to increasing attendance and graduation rates, and from students, who said they felt supported, which motivated them to stay in school (Crespo, 2015).

Vocational Education

Polidano and Tabasso (2014) examined the outcomes for a program in Australia that offered a classroom-based vocational education and training (VET) program in combination with a short-term workplace component (e.g., apprenticeship). The data for this study came from two longitudinal surveys that tracked students from age 15 to 25: Program for International Student Assessment (PISA), and the Longitudinal Survey of Australian Youth (LSAY) (Polidano & Tabasso, 2014). Other information collected through the surveys included academic performance, post-school aspirations, resources at home, socioeconomic status, resources at school, personal attitudes, classes taken, school outcomes, post-school outcomes, employment outcomes, and living circumstances

(Polidano & Tabasso, 2014). The study examined four categories of students: students who took no upper-secondary VET classes, students who were in a classroom-based VET program with a workplace learning component, students who were in a classroom-based VET program without a workplace learning component, and those who only participated in an apprenticeship/trainee assignment (Polidano & Tabasso, 2014). Overall, the results indicated that students who participated in a VET-type program increased the chances of school completion by 14% (Polidano & Tabasso, 2014). In addition, for those in a VET-type program, data were reviewed in conjunction with students' reading levels, and was found to benefit those with low reading levels the most (Polidano & Tabasso, 2014). For those in a VET program, the impact on school completion was higher for those programs that contained a workplace component, either as part of the class or as part of an apprentice program (Polidano & Tabasso, 2014). The study also found that taking a VET class did not have a significant effect on enrollment in post-high school education (Polidano & Tabasso, 2014). However, those who started an apprenticeship in high school had a 2% greater chance of enrolling in post-high school studies, which the authors acknowledged made sense if the completion of the apprenticeship was contingent upon further education to receive their certificate (Polidano & Tabasso, 2014). Also, participation in a VET class seemed to improve the transition to full-time work, with those who were in VET programs having a 3% greater chance of finding full-time employment in the 1st year after leaving high school (Polidano & Tabasso, 2014). Likewise, those who had a workplace component portion in their VET program had a 7% greater chance of being employed (Polidano & Tabasso, 2014).

Alternative Schools

Amin et al. (2006) assessed the effectiveness of an alternative school of choice for pregnant and parenting teens by comparing students who were attending that school with

pregnant and parenting teens who opted not to attend that campus, but were attending a mainstream campus in the same district. This particular alternative campus offered the standard school curriculum, as well as additional mental health and reproductive education, including counseling and family planning education (Amin et al., 2006). The socioeconomic status and ethnicity were similar for both groups (Amin et al., 2006). Data collected from the participants included education outcomes [e.g., grade point average (GPA), aspiration for high school completion and college education], current contraceptive use, and reproductive outcomes (e.g., babies' birth weight, length of gestation, practice and intention of breast-feeding) (Amin et al., 2006). Demographic information was also collected, including family structure, receipt of public assistance, religion affiliation, household income, and number of children (Amin et al., 2006). Results indicated that both groups were similar in the areas of average age, mean number of children, percent who were single mothers, number who received job training, church attendance, and family structure (Amin et al., 2006). The group who was not attending the alternative school had a slightly higher employment rate and slightly higher household income (Amin et al., 2006). In regard to education outcomes, the students who attended the alternative school seemed to have a higher GPA (2% higher), had more desire to complete high school (19.5% more), and desired to attend college (11% more). Concerning current contraceptive use, the students attending the alternative school had a greater percentage of students utilizing protective measures to prevent pregnancy (10.8%) (Amin et al., 2006). In reference to reproductive outcomes, the students who were attending the alternative school also demonstrated better outcomes with 8% fewer incidents of low birth weight for their babies, 1.1 months longer gestation period during pregnancy, and more students indicating that they had tried to breastfeed and intended to continue to breastfeed (Amin et al., 2006). After controlling for various demographic

variables, the differences remained significant for desire to complete school, desire to attend college, current contraceptive use, length of gestation period, attempts to use breastfeeding, and intention to continue breastfeeding (Amin et al., 2006). However, the differences on GPA and babies' low birth weight became statistically insignificant (Amin et al., 2006). Qualitative data were also collected from students who attended the alternative campus, which indicated that students felt supported by the school (Amin et al., 2006). Students reported that they were more interested in doing well in school and had improved their grades (Amin et al., 2006). They also reported they received encouragement from school staff, which resulted in better attendance (Amin et al., 2006). They also reported that they appreciated the additional support services they received, such as counseling, child care, nutrition and child development training, and breastfeeding information (Amin et al., 2006). The authors indicated that the results showed the effectiveness of an alternative school program that offered a comprehensive range of services available in one location (Amin et al., 2006).

In a study by Lagana-Riordan et al. (2011), they explored the experiences of at-risk students who were attending an alternative public school that was implementing solution-focused brief therapy as the foundation for their program. Some of the basic tenets of using this philosophy in the school included building on students' strengths, developing individual relationships with students, making students responsible for their behavior by giving them choices, and celebration of small gains towards goals that students set (Lagana-Riordan et al., 2011). Although this campus was not exclusively for pregnant and parenting teens, this experience was one of the barriers that the students reported as a challenge to completing school (Lagana-Riordan et al., 2011). Other difficult situations that students reported included school failure, personal or family problems with alcohol or drugs, grief/loss, family problems, mental health problems,

trouble with the law, and learning problems (Lagana-Riordan et al., 2011). Qualitative data were collected through interviews with students who attended this alternative school, comparing their experiences at their current campus with their experiences at their traditional high school (Lagana-Riordan et al., 2011). Experiences reported at the traditional high schools included poor teacher relationships, lack of safety, overly rigid authority, and problems with peer relationships (Lagana-Riordan et al., 2011). The students acknowledged that most teachers at the regular campuses meant well, but were entirely overwhelmed with large classes, too much paperwork, and pressure about standardized testing; the teachers simply did not have time to give individual attention to students (Lagana-Riordan et al., 2011). Students indicated that the traditional schools often presented with a hostile environment, from bullying situations and peer cliques, resulting in feeling a lack of safety in the larger campuses (Lagana-Riordan et al., 2011). Students also understood the need for regulations in the school, but felt the intention was punitive, with no flexibility for extenuating circumstances, which resulted in too much rigidity with school rules (Lagana-Riordan et al., 2011). In regard to peer relationships, students reported that they often felt judged, especially if they had gotten in trouble in or out of school, resulting in feelings of alienation (Lagana-Riordan et al., 2011). In contrast, the experiences reported at the alternative campus included positive teacher relationships, improvement in maturity and responsibility, understanding of social issues/problems, better peer relationships, and a supportive atmosphere (Lagana-Riordan et al., 2011). Students reported that they received more individual attention from the teachers at the alternative school, and teachers were more flexible and seemed more compassionate (Lagana-Riordan et al., 2011). Students also reported that they were given choices which allowed them to feel in control of their own actions, resulting in more maturity and feelings of responsibility (Lagana-Riordan et al., 2011). Students also

felt that teachers were more understanding about their individual circumstances, especially in regard to personal or family problems (Lagana-Riordan et al., 2011). In addition, teachers offered guidance to help students cope with their situations, and additional support services were available at the alternative campus, such as career counseling, parenting classes, childcare community service clubs, and a technology center (Lagana-Riordan et al., 2011). Students also reported better peer relationships due to the positive school climate and supportive atmosphere at the alternative campus (Lagana-Riordan et al., 2011).

Online Programs

Corry (2016) conducted a quantitative study to explore graduation and dropout rates for Hispanic and Latino students in Arizona who attended public schools that offered one of two different delivery models: online education or blended education. In addition to the delivery method, the study examined the same rates, comparing school types: charter schools versus non-charter schools (Corry, 2016). In the first part of the analysis, Corry considered both independent variables, school type and delivery method, to predict graduation and dropout rates for this population of students. The results indicated that the combined effect from both school type and delivery method was significant (Corry, 2016). Further analysis was conducted; however, each independent variable was considered individually (Corry, 2016). For the dependent variable of dropout rate, the results indicated a significant difference for delivery method, but not for school type (Corry, 2016). Schools that utilized a fully online environment had a dropout rate of 19.31%, whereas schools that offered blended education had a dropout rate of 26.73% (Corry, 2016). For the dependent variable of graduation rate, no significant differences were found for either delivery method or school type (Corry, 2016). Therefore, both school settings, charter schools and non-charter schools, had similar rates

for graduation and dropouts (Corry, 2016). Likewise, both methods of delivery, online education and blended education, had similar graduation rates. However, there was a significant difference found for the dependent variable of dropout rate depending on the delivery method, indicating that students were less likely to drop out with an online program versus a blended education program (Corry, 2016). Corry indicated that this finding might be an important factor for parents and students to consider when making school decisions, especially for students who may be at risk of not completing school.

General Educational Development (GED)

Bowen and Nantz (2014) conducted a case study to determine the economic return for those individuals who worked toward their GED. For this study, Bowen and Nantz were not only concerned with the potential economic benefits of a GED, but also the prospect of gains made in literacy. The focus of their study was an adult learning program for women living in a lower socioeconomic level in an urban community (Bowen & Nantz, 2014). In addition to preparing clients to take the GED, the program of study also offered English-language instruction, adult basic education, enrichment programs, preliteracy programs for young children, and parenting skills classes, which were provided mostly by volunteers, and funded largely by grants and donations (Bowen & Nantz, 2014). Seven participants who were either currently working on their GED or had recently obtained their GED were interviewed for the study (Bowen & Nantz, 2014). Several participants acknowledged that getting a GED was not the initial goal they had intended to achieve, stating that they were only trying to learn more English, but were encouraged by the program to pursue a GED (Bowen & Nantz, 2014). In the first part of the case study, Bowen and Nantz asked participants about the benefits they expected to gain from obtaining a GED. A common response was the hope for improved employment possibilities, as well as job stability, and increased income potential, as was

demonstrated by one participant who described her own difficulties with steady work without a diploma, after she dropped out of school when she became pregnant in the eighth grade (Bowen & Nantz, 2014). Participants also reported that a GED could be a next step toward further education, realizing that additional training could not only lead to more knowledge, but also improve job skills, and improve conditions for their families (Bowen & Nantz, 2014). Another expectation that participants reported was the benefits that could not be given a dollar amount, referring to improved self-esteem for accomplishing this task and fulfilling a long-desired dream (Bowen & Nantz, 2014). In the second part of the case study, Bowen and Nantz explored the actual effects obtained by these participants. Based on demographic information from the adult learning program, Bowen and Nantz estimated that GED recipients could increase lifetime earnings of over \$78,500 on average per student. For the cohort of study, several clients of the program completed their GEDs, entered the workforce and received promotions at their current workplace, continued on to college, in addition to the dollar value received from volunteers' hours (Bowen & Nantz, 2014). Other noneconomic values were identified as well, including participants becoming more involved politically and socially (e.g., citizenship exam, driver's license, voter registration, mentoring), improved health awareness, and increases in family literacy (Bowen & Nantz, 2014). Participants also described the emotional gains they obtained by modeling to their children the importance of education to improve their livelihood, as well as the encouragement they received from their children for working toward accomplishing their GED (Bowen & Nantz, 2014).

Sex Education

In the study by Oman et al., (2015), the researchers examined the effectiveness of two teen pregnancy prevention (TPP) programs: one that presented an abstinence-only curriculum, and another that presented a comprehensive curriculum, including

information about contraceptive methods. The data were collected over 5 years, which consisted of pre- and post-intervention questionnaire results. The findings for both intervention groups showed significant changes in terms of knowledge, attitudes, behavioral intentions, and actual behavior concerning sexual activity (Oman et al., 2015). The only exception was for the group who received the abstinence-only curriculum, who indicated that they would not make decisions in favor of abstinence, despite receiving the training (Oman et al., 2015). The group who received the comprehensive curriculum indicated a slight improvement, compared to the other group, in attitudes toward skills to avoid risky sexual behaviors (Oman et al., 2015). The other important finding was the indication for early use of TPP programming, as their data showed that nearly one-third of the middle school students who participated in this study reported they had had sex prior to receiving this instruction (Oman et al., 2015).

Lindberg and Maddow-Zimet (2012) also presented data that receiving formal sex education before students engage in sex for the first time was associated with more positive results in regard to their health outcomes. Students who received *some* form of education about sex prevention, whether abstinence-only or abstinence and contraception information, were more likely to delay their first sexual encounter (Lindberg & Maddow-Zimet, 2012). Those students who received education containing information about abstinence **and** contraception were more likely to use some form of contraception at the time of their first sexual encounter (Lindberg & Maddow-Zimet, 2012). Another association found with the combination of education topics, abstinence and contraception, was that students were more likely to seek healthier relationships (e.g., partners closer in age, romantic versus casual partner or unwanted partner) at their first sexual encounter (Lindberg & Maddow-Zimet, 2012). The instruction that contained only abstinence information did not result in significant correlations between this form of education and

healthier sexual behaviors (Lindberg & Maddow-Zimet, 2012). Furthermore, this study did not find any support for the notion that sex education led to earlier onset of first sexual encounter, tendencies toward risk taking, or unhealthy sexual behaviors (Lindberg & Maddow-Zimet, 2012). More favorable results were found when information included strategies to delay sex **and** employ birth control methods (Lindberg & Maddow-Zimet, 2012).

Conclusion

This review of the literature indicated that the impact of teen pregnancy had far-reaching implications not only for the teen mother, but also for her child (Diaz & Fiel, 2016; Fletcher & Wolfe, 2009; Messacar & Oreopoulos, 2013; Mollborn & Jacobs, 2012; Ng & Kaye, 2012). The most frequent reason given for a female student dropping out of school was because of pregnancy (Ng & Kaye, 2012). The impact of not completing school resulted in fewer possibilities for future employment, and a higher probability of living in poverty and needing public assistance (Dye, 2008; Hao et al., 2007; Mollborn & Jacobs, 2012; Ng & Kaye, 2012). The statistics were worse for minority populations, including Black and Hispanic females (Hao et al., 2007; Ng & Kaye, 2012). Additionally, the effects of difficulty in school for the teen mother could carry over to her child, resulting in academic struggles for future generations (Dennis & Mollborn, 2013; Fagan & Lee, 2013; Mollborn & Dennis, 2011).

The research on individual resilience indicated that some students were able to overcome stressors and difficulties because of coping skills that helped them to be successful despite their obstacles (Fortin et al., 2006; Futris et al., 2012; Lessard et al., 2014; McMillan & Reed, 1993; Wayman, 2002). Several factors were discussed that may contribute to the development of resilience, including student attributes, family support, support outside the home, and constructive use of time (Fortin et al., 2006; Futris

et al., 2012; Lessard et al., 2014; McMillan & Reed, 1993; Wayman, 2002). One factor of resilience, support outside the home, had implications for the school setting (Collins, 2003; Lessard et al., 2014; McMillan & Reed, 1993; Wayman, 2002). Students seemed to fare better when they had encouraging relationships with school personnel (Lessard et al., 2014).

Spirituality was another discussion point in relation to resilience. Ponds (2014) contended that spirituality could be an important factor when facing a life challenge. DiPierro et al. (2018) examined the relationship between religion and spirituality in the context of hope and anxiety with Latino/a teens. They did not find that identification with religion or spirituality resulted in higher levels of hope and lower levels of anxiety (DiPierro et al., 2018). However, they did find that lower levels of hope were related to higher levels of anxiety and identifying as a person of religion or spirituality was related to higher levels of anxiety (DiPierro et al., 2018). Morgan Consoli et al. (2015) reviewed various potential predictors of resilience in Latino/a college students. They found that females reported higher levels of thriving than males, hope was a stronger predictor of resilience and thriving, spirituality and cultural values was predictive of thriving, and social support did not predict either resilience or thriving (Morgan Consoli et al., 2015). In the study by Raftopoulos and Bates (2011), they found that spirituality seemed to be a crucial factor in dealing with stressful life events for the teens they interviewed.

Research on resilience was also discussed in terms of the family unit as a whole (Syvertsen et al., 2012; Walsh, 1996). Various studies shifted from a focus on family deficits to family strengths (Syvertsen et al., 2012; Walsh, 2002). Thus, the implications were that family strengths played a role in enhancing resilience. Several components that may contribute to family resilience were discussed. The research suggested that families who managed through various adversities over time, not only strengthened family bonds,

but also learned coping strategies for future challenges (Walsh, 1996). Perceptions of family support were also discussed as a possible influence on the development of individual resilience (Roehlkepartain & Syvertsen, 2014; Syvertsen et al., 2012).

Although the nation has witnessed declines in teen pregnancy, the urgency to find factors that may contribute to school completion still exists. The literature indicated that higher rates of teen pregnancy occurred in minority populations (Basch, 2011; Hao et al., 2007; Ng & Kaye, 2012). Therefore, the culture for these groups may need to be a consideration to understand social and demographic factors to address the concerns of teen pregnancy (Atienzo et al., 2015; Duckworth, 2016; Martinez-Garcia et al., 2014). Martinez-Garcia et al. (2014) found that young males and females did not present with a strong attitude toward early pregnancy. However, teens were influenced by demographic features, such as household composition and mothers' levels of education, and acculturation levels. In the study by Atienzo et al. (2015), they found that adolescents' preconceived notions about their future lives affected their present sexual behavior and reproductive decisions. In another study of Latino youth, Aparicio et al. (2016) found an overarching theme that young adults understood the importance of avoiding early pregnancy; however, conflicting information for males and females sent mixed messages about the sociocultural factors concerning teen pregnancy.

Outcomes of teen pregnancy were also explored in more detail. The areas that were discussed concerned education completion, economic futures, mental health, and children of teen parents. Teen mothers were found to have at least one-half a year less of education (Kane et al., 2013), and a little over one-half completed their high school education (Perper et al., 2010). In the study by Perper et al. (2010), they also found higher rates of teen pregnancy in ethnic minority populations.

Pregnant and parenting teens also faced more detrimental financial futures, which could result in economic costs to society (Tyler & Lofstrom, 2009). According to the U.S. Department of Labor (2017), young people without a high school diploma had the potential to earn less income, with more impact felt for females. Teens with children were also more likely to need financial support from governmental agencies, such as Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP) (Center on Budget and Policy Priorities, 2018; U.S. Department of Health and Human Services, 2018). Teen parents also faced less opportunities for employment options, resulting in a higher likelihood of living in poverty (Diaz & Fiel; Fletcher & Wolfe, 2009; Mollborn & Jacobs, 2012; Ng & Kaye, 2012). In addition to costs to society, teen parents generated more expenditures for insurance companies and Medicaid (Ronen et al., 2017).

The various experiences of teen pregnancy, including full-term birth, miscarriage, abortion, and stillbirth, as well as the stressors involved in early parenthood, could create risk factors for mental health issues (Bellieni & Buonocore, 2013; Hayatbakhsh et al., 2011). Coelho et al. (2013) found that the prevalence of Major Depressive Disorder (MDD) was quite common in their sample of pregnant teens. Their study also found that other risk factors for MDD included a history of experiencing violence, low socioeconomic factors, and a lack of psychosocial supports (Coelho et al., 2013). Patel and Sen (2012) found teen mothers experienced more long-term physical and mental health concerns resulting in chronic conditions. Mollborn and Morningstar (2009) examined the relationship between teen pregnancy and psychological distress. They found that teen mothers experienced more psychological distress; however, their distress was more related to stress they experienced before they became pregnant (Mollborn & Morningstar, 2009).

Young parents were not the only persons at risk. Children of teen parents were also susceptible to academic struggles. In the study by Lehr et al. (2016), they referred to the influence of parenting stress on children's development. Delays were seen in the areas of Fine Motor, Problem Solving, and Personal-social, more often in boys (Lehr et al., 2016). The studies by Mollborn and Dennis (2012a) and Fagan and Lee (2013) explored the impact of depressive symptoms in teen mothers. Although no direct correlation was documented between mothers' depressive symptoms and children's development, it stands to reason that levels of parenting stress may increase when the mother is experiencing depressive symptoms. In addition, the reviewed studies (Lehr et al., 2016; Mollborn & Dennis, 2012b) reported the differences and impact when measures were taken at various ages in children of teen parents. In the study by Mollborn and Dennis (2012b), the researchers reported that there were no significant differences found in the areas of child behavior and cognitive development when the children were measured at 9 months of age. However, there were significant differences in those areas when measured at age 2. Lehr et al. (2016) found discrepancies when measures were taken at younger ages (0-9 months) and then ages 3-4, for the areas of communication and personal-social skills. At the older age, significant differences were noted, especially in boys. These studies gave support to the importance of early identification and intervention for children of teen parents.

Various options were discussed that may be possible pathways for pregnant and parenting teens to consider in order to finish school. These options included mainstream education, vocational education, alternative schools, online programs, and General Educational Development (GED). The subject of sex education was also discussed. The mainstream setting offered a wider range of classes and curricula that were more challenging (Macleod, 2007). However, the larger setting was not conducive to meeting

the needs and learning styles of all students (Murphy & Korinek, 2009). Vocational education offered students the opportunity to make connections between their studies in school and their future career aspirations (Tyler & Lofstrom, 2009). Polidano and Tabasso (2014) found that students who participated in a vocational-type program had increased chances of completing school; even more so if the program contained a workplace component, such as an internship. This study also found that students who participated in vocational programs transitioned better to fulltime employment, and had increased chances of finding employment after leaving school (Polidano & Tabasso, 2014). The alternative school setting had several advantages available, including childcare, social services, and lower student-teacher ratio (Arnoldy, 2008). The alternative school also had the benefit of instilling a sense of community when the teen mothers realized there were others going through similar struggles (Kaufman, 2011). However, the alternative school setting carried a stigma of being less academically challenging and offering fewer courses toward graduation (Kaufman, 2011). Amin et al. (2006) assessed the effectiveness of an alternative school that was specifically for pregnant and parenting teens. Students reported that they felt more supported at an alternative school, which resulted in better academic progress (Amin et al., 2006). Lagana-Riordan et al. (2011) explored the experiences of at-risk students who were attending a public alternative school. Results indicated that students experienced better relationships with their teachers, more ownership in decisions, and a supportive school climate that offered more social service supports (Lagana-Riordan et al., 2011). Online education was also reviewed as an option for school completion (Corry, 2016; Kronholz, 2012). Kronholz (2012) described an online program that worked included a teacher component, thus resulting in a “blended learning” program. Students who were behind in credits toward graduation were able to work at their own pace to progress toward earning

credits, with the guidance of a teacher available to offer assistance when needed (Kronholz, 2012). Corry (2016) examined graduation and dropout rates for Hispanic students, in comparison to the type of school they attended, and the program offered (online versus blended education). He found that school type did not have any effect on graduation or dropout rates, but students who received an online education has less likelihood of dropping out of school (Corry, 2016). The GED was discussed as one of the most frequent options taken by students who have dropped out of school (Tyler & Lofstrom, 2009). Bowen and Nantz (2014) determined that achievement of a GED resulted in economic gains, including increased lifetime earnings and further education, as well as noneconomic gains, referring to increased self-esteem, more civic participation, and encouragement from family members. The topic of sex education was also discussed, in regard to the type of teen pregnancy prevention that was found to be more effective (Craft et al., 2016; Lindberg & Maddow-Zimet, 2012; Oman et al., 2015). Additional information was discussed concerning barriers to providing a pregnancy prevention program. These factors included funding, materials, trained staff, and opposition from schools and parents (Arons et al., 2016; Craft et al., 2016). The consensus was that offering some type of prevention program was better than not offering a program at all (Craft et al., 2016; Lindberg & Maddow-Zimet, 2012; Oman et al., 2015).

The consequences of teen pregnancy have implications that not only affect the teen mother at the time of the pregnancy, but also influence her life for years to come. One common occurrence of teen pregnancy is not completing a high school education. With the stakes so high for teen pregnancy, there is a need to determine effective supports to help teen mothers complete their education. This study investigated the factors that contribute to helping pregnant and parenting teens complete their high school education,

versus choosing the alternative of dropping out of school. In addition, educational programs and services were reviewed to determine effective supports that will aid teen mothers to complete their education. Finally, supports were explored to determine those that will be productive to develop and strengthen the resilience of these young mothers. Although educational options showing effective results were reviewed, the current literature did not address the emotional impact of teen pregnancy. The goal is that this research study will address that gap in the literature and present information that is beneficial in school completion for this population, as well as address the emotional component that pregnant and parenting teens experience during this time in their lives.

CHAPTER III: METHODOLOGY

Overview of the Research Problem

The consequence of teen pregnancy may impact a teen's life, not just at the time of the pregnancy; the consequence may also follow her throughout her lifetime. One major consequence of teen pregnancy is the possibility of not completing one's high school education. The purpose of this study was to determine factors that contributed to helping a pregnant teen attain her high school diploma versus dropping out of school.

I have always had a special interest in how best to help students finish school. Currently working as a licensed specialist in school psychology (LSSP), and previously a school counselor, I have often witnessed the negative trajectory that occurs on the path to finishing school, ending with students not completing their education. This swerve off the path of school completion occurs for many reasons, including academic and/or learning difficulties, drug or alcohol problems, trouble with the law, or becoming pregnant. There is more research on pregnancy prevention programs, especially in terms of building self-esteem. However, once a student becomes pregnant, there is a lack of literature on the most effective way to help that student finish school. There seems to be a divide between mainstreaming students in the regular public school setting versus schooling these young mothers in an alternative setting (i.e., special school for pregnant teens). From studying this topic, I hoped to gain information that will help school districts plan and coordinate services that will be more effective to help students finish school. Often, I observe administrators/staff make plans for a certain program without getting input from the ones they hope will benefit from the program: the students. By receiving first-hand knowledge from students who were pregnant while they attended school, I hoped to gain knowledge that will help districts make changes that will be

useful and practical and, moreover, will benefit the students. I also explored levels of resilience and perceptions of family support in these participants. My hope was also to determine factors that may help build resiliency in students, which may help students to complete school. Perhaps this information may also be applied to other at-risk students who are in danger of dropping out of school. In terms of personal or practical reasons for this study, I reflected on my own background. Although I was not a pregnant teenager, I was an at-risk student in that I was raised in a single-parent home, lived in poverty, and was from a minority population (Hispanic). The odds were not in my favor to complete school. Yet . . . I did. However, many in the same situation do not finish school. I want to know how best to help students who are at-risk of dropping out of school.

This study focused on the levels of individual resilience and perceived family support, as well as the lived experiences of pregnant and parenting teens. The population and sample were described and operational definitions were discussed that were used to measure these differences. This study had quantitative and qualitative components. The research design was described, as well as the data collection procedures. Finally, data analysis procedures were discussed.

Operationalization of Theoretical Constructs

This study explored the concept of resilience theory. Resilience theory refers to characteristics that enable persons to deal with adversity, as well as continue to adapt, change, and progress (Krovetz, 1999). Commonalities in the literature refer to four areas that contribute to building individual resilience: personal attributes, family factors, environmental (school) factors, and positive use of time (Fortin et al., 2006; Futris et al., 2012; Lessard et al., 2014; McMillan & Reed, 1993; Wayman, 2002). The *Connor-Davidson Resilience Scale* (CD-RISC) (Connor & Davidson, 2003) was used to assess the participants' levels of resilience. This survey consists of 25 items that ask

participants to respond to a 5-point Likert-type scale, with higher total scores indicating higher levels of resilience.

The concept of perceived social support was also explored in this study. Perceived social support was defined as the belief or perception that one has friends and family on whom they can depend (Reid et al., 2016). The *Perceived Social Support-From Family* measure (PSS-Fa) (Procidano & Heller, 1983) was used to assess the participants' levels of perceived family support. This survey consists of 20 items that ask participants to respond to one of three options: Yes, No, or Don't know. Higher total scores indicate higher levels of perceived family support.

Research Purpose and Questions

The purpose of the study was to determine factors that contribute to helping pregnant and parenting teens to complete their high school education versus dropping out of school. This study examined the following research questions.

1. What level of resilience do pregnant and parenting teens present, comparing those who graduated from high school to those who did not?
2. What level of perceived social support from families do pregnant and parenting teens present, comparing those who graduated from high school to those who did not?
3. Is there a relationship between resilience and perceived social support from family?
4. What factors contribute to helping pregnant and parenting teens attain their high school diplomas versus dropping out of school?
5. What type of educational supports can aid pregnant and parenting teens in completing their high school education?

Research Design

For the purpose of this study, an explanatory sequential mixed method design was used to analyze the differences between pregnant teens who completed school and those who did not. In the first phase of the study, quantitative data were collected to measure differences in resilience through the use of one survey, and differences in perceived social support from family, through the use of another survey. For each survey, an independent *t*-test was conducted to measure the difference between the sample means. This design was appropriate for this study because it measured the difference between the sample means of two independent participant groups: pregnant teens who completed school and pregnant teens who did not complete school. The quantitative data from each survey were compared to determine if a relationship existed between resilience and perceived social support from family. A Pearson's *r* correlation was conducted comparing levels of resilience with levels of perceived social support from family. This design was appropriate for this study to determine if a relationship existed between levels of resilience and perceived social support from family.

In the second phase of this study, the qualitative portion of the study consisted of the data collected from interviews with participants who were pregnant or parenting teens. The results from the quantitative investigation informed the questions that the researcher asked the participants in the qualitative portion. Qualitative data were collected to hear perspectives from participants who were pregnant or parenting teens while in high school. This design was appropriate for this study to learn the lived experiences of these participants when they were pregnant in school. In addition, qualitative data were collected to determine factors that may contribute to school completion in pregnant and parenting teens. The data from the interviews were analyzed for common emergent themes.

Population and Sample

Population

Boom Town School District is a large, urban school district with over 55,000 students (TEA, 2016). This area not only contains residential neighborhoods, but also includes subsections of commercial industry. Table 3.1 displays the ethnic distribution for Boom Town School District.

Table 3.1
Boom Town School District Ethnic Distribution

	Count	Percent
Total	55,893	100.0
Hispanic	46,212	82.7
African American	4,041	7.2
White	3,488	6.2
Asian	1,687	3.0
Two or More Races	366	0.7
American Indian	68	0.1
Pacific Islander	31	0.1

Note. TEA, 2016

Additionally, TEA reported 76.4% of Boom Town's students were economically disadvantaged, 30% were English Language Learners, and 59.6% were termed At-Risk (TEA, 2016).

According to Mollborn and Jacobs (2012), when the participants of study are from a population that is hard to find, qualitative researchers often rely on convenience samples found at sites that service that particular population, or they utilize snowball sampling. This was exactly the process utilized for the current study by locating

participants through a pregnancy service organization, as well as utilizing a snowball sampling process.

For the sample, participants included those who were pregnant and/or parenting teenagers while attending high school in Boom Town School District. Eligible participants were found through a community pregnancy center located in the school district of study. The Community Pregnancy Center of Boom Town (herein referred to as the Center) is a local agency in the Boom Town area that offers free pregnancy tests, as well as counseling and parenting classes for pregnant women. The Center is a non-profit organization whose mission is to share information about Jesus Christ, while offering support for those facing an unplanned pregnancy and to offer education about healthy lifestyle choices. The Center is also a pro-life organization; therefore, they do not offer abortions. Eligible participants were found through the use of a link posted to the Center's Facebook page. Upon clicking the link, eligible participants were asked if they were interested in participating in the study by taking a survey. For participants who did not give their consent, their data were not used in the study. Participants for this study consisted of adults (18 years and older) who had either already graduated or dropped out of school. Student ethnicity reflected the district's overall ethnic distribution. All participants were female. A purposeful sample of participants who were pregnant teens in Boom Town School District was generated to examine differences in levels of resilience between those who completed school and those who did not, and to measure levels of perceived family support. The number of participants varied based on the number who were able to be contacted at the time of the study.

Additional participants were located through a snowball sampling process. The electronic link to access the survey was shared with family and friends of the researcher.

In turn, those persons shared the link with their contacts who experienced teen pregnancy while they were in school.

A mail out process was also utilized to locate additional participants. The Boom Town School District granted permission for the researcher to receive lists of students who received pregnancy-related services from the school district. A paper version of the surveys was mailed to those students, with a self-addressed stamped envelope included, for them to use to mail back their responses to the researcher. For the mail out, a total of 123 surveys were mailed out, and 3 were received back, which indicated a 0.02% response rate.

Sample Selection

At the end of the survey, there was an option to give contact information if the participant was interested in taking part in an interview to determine factors and educational supports that may help pregnant teens to complete their education. A purposeful sample of participants who were pregnant or parenting teens was generated from the response interest indicating their willingness to participate in interviews to determine factors and educational supports that may help pregnant teens to complete school. The number of participants was based on the number of those who were pregnant or parenting teens while in school who were able to be contacted at the time of the sampling.

As a result of the various methods utilized to locate participants, the interview respondents had attended school districts in southeast Texas and one out-of-state district. The majority of the participants came from two urban districts that were located adjacent to each other, one of which was the district of study, Boom Town School District. Consequently, the demographics for these two districts were similar.

Instrumentation

Connor-Davidson Resilience Scale

Connor and Davidson (2003) developed the *Connor-Davidson Resilience Scale* (CD-RISC) as a measure to assess a person's level of resilience. The CD-RISC items were pooled from a community sample, primary care outpatients, general psychiatric outpatients, clinical trial of generalized anxiety disorder (GAD), and two clinical trials of Post-Traumatic Stress Disorder (PTSD) (Connor & Davidson, 2003).

The CD-RISC consists of 25 items and asks participants to respond based on a 5-point Likert-type scale as follows: *not true at all* (0), *rarely true* (1), *sometimes true* (2), *often true* (3), and *true nearly all of the time* (4). The scale is rated based on how the participant has felt over the past month. The total score ranges from 1-100, with higher scores indicating greater resilience (Connor & Davidson, 2003).

The Cronbach's alpha reliability coefficient for Group 1 sample population (general population) was 0.89 ($n = 577$). Item-total correlations ranged from 0.30 to 0.70. Test-retest reliability was measured in 24 subjects in clinical trials of GAD (Group 4) and PTSD (Group 5), where little or no clinical change was seen from Time 1 to Time 2. The mean and standard deviation of CD-RISC scores taken at Time 1 [52.7 (17.9)] and Time 2 [52.8 (19.9)] indicated a high level of agreement, with an intraclass correlation coefficient of 0.87 (Connor & Davidson, 2003).

Convergent validity was established with positive correlations with the Kobasa Hardiness Measure in psychiatric outpatients (Group 3, $n = 30$); Pearson $r = 0.83$, $p < .0001$). Comparison to the Perceived Stress Scale (PSS-10) indicated the CD-RISC showed a significant negative correlation (Group 3, $n = 24$; Pearson $r = -0.76$, $p < .001$), which indicated that higher levels of resilience corresponded with less perceived stress. The CD-RISC was also compared to the Sheehan Stress Vulnerability Scale (SVS). A

negative correlation was shown in this comparison (Combined sample, $n = 591$; Spearman $r = -0.32$, $p < .0001$), which indicated that higher levels of resilience corresponded to lower levels of perceived stress vulnerability (Connor & Davidson, 2003).

Perceived Social Support-From Family

The *Perceived Social Support From Friends and From Family* (PSS) was developed by Procidano and Heller (1983) as an instrument to measure levels of perceived social support received from friends and family. The PSS was designed to measure the amount of support that an individual perceives to meet his/her needs for support, information, and feedback from friends (PSS-Fr) and family (PSS-Fa). For the purposes of this study, only the portion of the survey that measures perceived support from family (PSS-Fa) was utilized.

This survey assessed the levels of perceived family support with questions that identified positive and negative experiences with family. The survey consisted of 20 items that asked participants to consider their feelings and experiences from their encounters with their families. The items scored the participants' responses with the following: *Yes* (2), *No* (1), *Don't know* (not scored). The total score ranges from 0-40, with higher scores indicating greater perceived family support (Procidano & Heller, 1983).

To establish reliability, the researchers conducted three validation studies (Study 1, $n = 222$; Study 2, $n = 105$; Study 3, $n = 105$) (Procidano & Heller, 1983). The Cronbach's alpha reliability score was reported as 0.90 (Procidano & Heller, 1983).

In Study 1, construct validity was established when the results indicated that the PSS measures demonstrated a relationship to a range of psychopathology and social-asset traits. Both PSS-Fr and PSS-Fa scales were better forecasters of symptomology than life

events or social network characteristics. One explanation suggested that symptomatic persons may perceive less support from others or they may actually receive less support due to their pathology (Procidano & Heller, 1983). In Study 2, PSS measures were compared with other measures of positive and negative self-statements. The positive set of statements did not influence either scale. However, the negative set of statements significantly lowered the PSS-Fr scale, while the PSS-Fa remained unaffected. This suggested that the perceptions of family support seemed to be stable and not affected by changes in attitudes (Procidano & Heller, 1983). In Study 3, the PSS measures were compared with assessments of perception, anxiety, and willingness to disclose, comparing relationships between friends, and then relationships between siblings. The results indicated that the PSS measures seemed to predict the amount of disclosure with companions consistently. Negative perceptions seemed to result in withdrawal from both friends and family, but more so from family. One suggestion for this was that individuals who were dissatisfied with the support from their friends had the option to make new friends. However, that same option was not available concerning family members (Procidano & Heller, 1983).

Data Collection Procedures

Quantitative

The researcher gained approval from the University of Houston-Clear Lake's (UHCL) Committee for Protection of Human Subjects (CPHS). Approval was also received from the Center's Institutional Review Board (IRB) in which the study took place before any data were collected. Boom Town School District did not allow the researcher access to current students. However, the district did provide lists of former students who had attended the district and received pregnancy-related services from the district. The students on these lists had either graduated or withdrawn from the district

and were now adult age (18 and older), and could, therefore, give their consent if they wanted to participate in the study. Following approval, a purposeful sample of qualifying participants was administered the CD-RISC and PSS-Fa using a link provided by Qualtrics Survey Software. Additional questions were included to collect demographic information.

Participants were provided a link on the Center's Facebook page, which connected them to the surveys. The link was also provided through a snowball sampling process by sharing the link with family and friends of the researcher. Upon clicking the link, a cover letter appeared that stated the purpose of the study. The letter also stated that their participation was completely voluntary, as well as the approximate amount of time that was needed to complete the survey (10-15 minutes). In addition, the cover letter explained that participants' identities would remain confidential, and consent was implied upon completing the survey. A paper version of the cover letter and the surveys with additional demographic questions was made available at the Center if the participants preferred that version or did not have access to the internet. A paper version was also utilized for the mail out process. If the participants completed a paper version, the researcher manually inputted the responses into the database.

The quantitative data were downloaded from an Excel file into a Statistical Package for Social Sciences (SPSS) database for further analysis. The data were stored in two locations: computer hard drive with password protection and a data stick with encryption. The data will be stored for 3 years before destroying it.

Qualitative

After receiving approval from the University of Houston-Clear Lake CPHS, the Center's and Boom Town District's IRBs, qualitative data were collected through a series of interviews that were conducted in person or via telephone conference. At the end of

the surveys, there was an option to give contact information if the participant was interested in being interviewed further to gather information to determine factors and educational supports that may help pregnant and parenting teens to complete their education. Participants who provided contact information were approached via email or by phone to determine if they were still interested in participating in an interview. If there was still interest, the researcher explained that the interview would take about 30-45 minutes to complete, and the researcher would meet or talk with the participant at a mutually agreeable date and time. Once the interview was being conducted, the researcher explained the purpose of the research (to determine factors that contribute to school completion for pregnant/parenting teens), as well as reviewed the components of Informed Consent (procedures, time needed, risks, benefits, confidentiality, compensation, right to withdraw participant, researcher's contact information, and signatures for consent). After establishing rapport, the researcher asked the participant for permission to audio record the interview. In addition, the researcher explained that the participant could request to stop the recorder at any time she felt uncomfortable or wanted the interview to stop. Finally, the researcher checked with the participant for any further questions before conducting the interview. Participants who participated in an interview were given a \$20 gift card from Wal-Mart in appreciation for their time. If the interview was conducted by phone, the gift card was mailed to the participant.

Following each interview, the researcher transcribed the interview. The data were stored in two locations: computer hard drive with password protection and a data stick with encryption. The data will be stored for 3 years before destroying it.

Data Analysis

Quantitative

The *Connor-Davidson Resilience Scale* (CD-RISC) and the *Perceived Social Support from Family* (PSS-Fa) with additional questions for demographic information, were administered to measure the participants' levels of resilience using a link provided by Qualtrics Survey Software or via a paper copy of the surveys. Following data collection, the information was downloaded into an Excel spreadsheet and transferred into the Statistical Package for the Social Sciences (SPSS) to analyze the data. Research Questions 1 and 2 were answered with an independent *t*-test to measure the difference between the sample means. This design was appropriate for this study because it measured the difference between sample means of two independent participant groups: pregnant teens who completed school and pregnant teens who did not complete school. Research Question 3 was answered with a Pearson's *r* correlation to compare levels of resilience with levels of perceived social support from family. This design was appropriate for this study to determine if a relationship existed between levels of resilience and perceived family support. A significance value of .05 was used for this study. Effect size was measured using Cohen's *d*.

Qualitative

Research Questions 4 and 5 were answered using qualitative data from interviews using a constant comparison approach. A thematic analysis process was utilized to analyze the data (Braun & Clarke, 2006), which began by becoming familiar with the data during the transcription procedure. After an interview was conducted, the researcher transcribed the interview. The next step of generating initial codes (Braun & Clarke, 2006) was completed with the use of NVivo, a qualitative data analysis software program, to code responses from the transcribed interviews. The researcher began with

some a priori codes based on the literature review. In addition, emergent codes were utilized as they developed from reading the transcripts. One interview at a time was read in its entirety. As the researcher identified specific parts of the interview for one code, she marked it with a node from the NVivo program that matched that code. For instance, references to support from family were coded under one node descriptor; references to support from teachers were coded under another node descriptor, and so on. After each interview had been read and coded, the following step in the process, searching for themes (Braun & Clarke, 2006), was then completed by comparing previous interviews to look for patterns of responses and to determine consistent themes that emerged. The succeeding step in the process, reviewing themes (Braun & Clarke, 2006), was accomplished by identifying commonalities between coded responses to identify patterns. The duplication of patterns was used to identify emergent themes, which accomplished the subsequent step of defining and naming themes (Braun & Clarke, 2006). This process of coding helped organize the responses into naturally occurring themes. After the coding process was completed, each interview was reread for a final search for emergent themes to lead to the final step of producing the report (Braun & Clarke, 2006). The researcher reviewed the literature to determine if any of the themes overlapped with any information from the research review. Also, following each interview, the researcher wrote her reflections in a journal to document responses and reactions to each interview.

Validity

The researcher was aware of her own personal bias from personal and professional experiences. The researcher's experiences shaped the research questions. Also, the researcher's prior beliefs could have influenced the findings. Therefore, processes were put in place to support the validity of this research.

Prior to data analysis, member checking with the participants was used as a validity check (Creswell, 2013). Participants were given a copy of the qualitative analysis to let them verify the accuracy of the information. To remove bias, the interviews were reviewed several times to check the accuracy of codes using an inductive coding process (Creswell, 2013). Following this process, peer review was utilized to verify the codes and themes to ensure validity of the coding process (Creswell, 2013). Additionally, triangulation was used to analyze findings between the three sources of data: literature, surveys, and interviews (Creswell, 2013).

Researcher Identity

Before I was accepted to the doctoral program, I was working as a diagnostician/LSSP (licensed specialist in school psychology) in a high school. By that age, most students have already been identified for special education. However, I had a few students during those years that I either initially tested or re-evaluated who did not qualify for special education. After working with those students during the testing, I knew in my heart that those students would most likely drop out of school. Some of them could barely read or not read at all. If one is not a good reader, then school can be difficult for that person. I realized that the odds were against these students to finish school. Since then, I have had a special interest in how best to help students finish school. When I was searching for a research topic, this area of interest floated to the top of my ideas. However, this was before being introduced to the “funnel” and narrowing one’s topic. Once that was explained to me, I was stumped about how to narrow this topic. During this time, I changed districts and positions (to a counselor position). The blessing for me was that my sister had been in this district for her entire career. I called her often to ask about district procedures and other “how to” questions. She was a wealth of information! She had also changed positions a few years ago, and now works with

student accountability and attendance at the administration level. One day I was discussing with her about how to narrow my topic, but staying within in my interest of school dropouts. She suggested focusing on pregnant teenagers, since that is a smaller population. In working with attendance, she often works with students who have to leave school due to pregnancy. Therefore, she really deserves the credit for the focus of this research. The funny (or strange) thing about this topic is that my sister was herself a pregnant teenager. My sister was the first in our extended family who had gotten pregnant as a teenager. I could go on and on with stories that occurred during that time, but suffice it to say, that for our family, it was a very stressful and painful experience. Before this time, my sister and I had been very close. The stress and tension surrounding her pregnancy split us apart. While I was working on this topic, we had conversations about that time. It was some of the first times my sister talked about those experiences without all the drama that occurred during that time. In a way, it has been somewhat of a healing for us. I imagine this may be the experiences of other families with teenagers who get pregnant. My own experiences will help me remember how sensitive these experiences can be for others.

In terms of my research, I know my experiences helped shape my research questions. In the quantitative section, I looked at levels of resilience and perceived social support from family to determine if those measures can be helpful to determine who might be at risk of dropping out of school. To me, that is a critical question because if schools can identify who is at risk, perhaps interventions can be implemented to prevent the dropout. For the qualitative questions, I asked the participants who were pregnant while in school what made the difference for them to dropout or finish school. My own experiences (personally and professionally) point to the support of family. But my experience may be an isolated event, and it could be other factors for which educators do

not put enough emphasis (i.e., school support, child care, etc.). Much of the literature I have read about resilience discussed the importance of building relationships with students. I know we (educators) do not do this often enough, for various reasons, but mostly because we do not have time to do that. As a result, when I encounter a troubled student now, I try hard to purposely seek out that student at least once a week, even if it is in the cafeteria, to ask how things are going. In my own small little way, I hope that this helps build a connection with the student and perhaps contribute to their resilience.

My prior experiences and assumptions may give me the advantage of realizing the sensitivity of this situation of having a pregnant teenager. I would hope that I would recall how stressful this was for my family and realize that there may be similar tensions for other families that I meet. The difference in my sister's situation was that she had just graduated from high school. So technically, she did not drop out of high school. However, she had just started college, and was determined to continue. Although it was college, I imagine the situation was similar to someone trying to finish high school. My family members all helped with childcare while my sister attended college. She also lived at home for the first few years of her daughter's life, so we all helped with daily care so my sister could keep up with her studies. Without all that support, I suspect that my sister may not have finished college (to end up in the position she is in now to help me with my research). On the opposite end of the spectrum, my experiences may give me the disadvantage of making assumptions that may not apply in all situations. My beliefs and assumptions may bias my point of view, and I may not "see" with a clear set of eyes when I hear the stories from my participants. Hopefully, I will have learned the ways to decrease researcher bias, as well as methods to insure validity. I also need to accept that I may not find one clear-cut answer, and keep my mind open to all possibilities.

Privacy and Ethical Considerations

The researcher gained approval from the UHCL's CPHS, the Center, and Boom Town School District before collecting any data. At all times, the data were secured in two locations: computer hard drive with password protection and a data stick with encryption. The researcher will maintain the data for 3 years beyond the completion of the study, which is the required time set forth by CPHS guidelines. Once the deadline has passed, the researcher will destroy all files.

Prior to administering the surveys, participants were provided a link that connected them to the surveys, or a paper version of the surveys was provided. Upon clicking the link, a survey cover letter appeared. If a paper version was completed, the cover letter was the first page of the packet. In the cover letter, the purpose of the study was explained, as well as an explanation that participation was completely voluntary. Also, the timeframe for taking the survey was noted, as well as stating that participants' identities would remain confidential. Lastly, the cover letter explained that consent was implied upon completion of the survey.

Likewise, prior to conducting the interviews, participants were given information about the purpose of the study and the approximate time needed for the interview. A review of Informed Consent was conducted, which was documented via written consent. Participants were informed that they could withdraw from the study at any time without penalty. Confidentiality was maintained through the use of pseudonyms of interview participants and campuses within the reporting of findings.

Research Design Limitations

As with any study, there were some limitations to this study. External validity may be a concern, as there was a small number of schools that were represented by the participants. This limited the generalizability of the findings to other school districts. In addition, the findings of this study may not be generalizable to other school districts with different demographics. In addition, there was a limited number of respondents for the survey portion (30), which would also restrict the generalizability of the findings to other persons who had the same experience in school.

Another limitation to this study was the inability to access students who were currently going through this experience of being a pregnant or parenting teen while in school, as Boom Town School District did not allow access to the site. Therefore, reports of participants' experiences were based on those that occurred in the past, from participants who had already left the school setting. For some of the participants, the amount of time since last attending school was not very long, sometimes less than a year. For other participants, several years had passed. The oldest participant interviewed was 70 years old, therefore, her experiences as a teen may have been very different than the experiences of someone who had recently gone through this situation. In addition, participants were relying on their memories and reflections, which may have limited the accuracy of their perspectives.

Limits to internal validity were also a concern. Self-reported survey instruments were used for this study. Self-report measures are prone to bias, so the data were only as accurate as the honesty of the participants. Also, there could have been bias from the

social desirability of the responses. Participants may have answered the questions the way they thought the researcher wanted them to answer. In addition, information from the interviews was self-reported data, which was also prone to bias. Given that these biases depended on the honesty of the participants, the results may not have been a true reflection of the actual conditions of the sample. Therefore, the results were viewed with that in mind.

Conclusion

This chapter described the methodological plan for this study. The study was conducted utilizing an explanatory sequential mixed method design. The quantitative portion of the study consisted of participants' levels of resilience as measured by the CD-RISC and perceptions of family support as measured by the PSS-Fa. The qualitative portion of the study consisted of data from participant interviews. The interviews were conducted to determine the participants' lived experiences and perceptions of school supports and barriers that affected their school completion.

In the next chapter, data will be presented and analyzed in the results section of the research. The intent is that this study will make a contribution to determine factors that contribute to school completion for pregnant and parenting teens, which may impact their potential for improved future well-being for themselves and their children.

CHAPTER IV:

RESULTS

The purpose of this study was to determine factors that may contribute to helping pregnant and parenting teens to attain their high school diplomas versus dropping out of school. This chapter describes the data collected from the survey instruments, as well as participants' responses to questions about demographic information. In addition, the data from the interviews with 15 participants is also presented.

In the quantitative portion of the study, levels of resilience were measured using the *Connor-Davidson Resilience Scale* (CD-RISC). An independent *t*-test was conducted to determine the difference between the sample means. Additionally, levels of perceived social support from families were measured using the *Perceived Social Support From Family* (PSS-Fa). An independent *t*-test was conducted to determine the difference between the sample means. Furthermore, levels of resilience were compared with levels of perceived social support from family using a Pearson's *r* correlation. Lastly, additional questions were administered to collect demographic information.

In the qualitative portion of the study, interviews were conducted to determine factors that may contribute to helping pregnant and parenting teens complete their education. The data were analyzed using a constant comparison approach that looked for common emerging themes, utilizing the NVivo software.

This chapter presents the results of the quantitative and qualitative data analysis of this study to address each of the research questions that guided this study. The findings and their implications are discussed in Chapter V.

Demographics of Survey Participants

Participants for this study consisted of former students who were either pregnant teens or parenting teens from a large suburban school district in southeast Texas. These students had either already graduated or had dropped out of school. Participants were located through a community pregnancy center, as well as through snowball sampling, and the use of a mail out process. As a result, 30 participants completed the survey. From this group of participants, 15 women participated in a follow-up interview for the qualitative portion of the study. Interview participants were selected based on those who responded to the option at the end of the survey to participate in an interview. A summary of participant descriptive factors, including ethnicity, current age, age at delivery, graduation status, and level of schooling completed, is presented in Table 4.1.

Table 4.1
Demographics of Survey Participants

	Frequency (<i>n</i>)	Percentage (%)
Total	30	100.0
Ethnicity		
White	10	33.3
African American	4	13.3
Hispanic	16	53.3
Current Age		
Minimum	18	
Maximum	70	
Mean	36.8	
18-20 Years	4	13.3
21-25 Years	3	10.0
26-30 Years	2	6.7
31-35 Years	1	3.3
36-40 Years	7	23.3
41-45 Years	8	26.7
46-50 Years	3	10.0
50+ Years	2	6.7
Age at Delivery		
13 Years	2	6.7
14 Years	1	3.3
16 Years	5	16.7
17 Years	9	30.0
18 Years	10	33.3
19 Years	3	10.0
High School Completion		
Yes	22	73.3
No	8	26.7
Level of Schooling Completed		
Ninth Grade	2	6.7
Tenth Grade	3	10.0
Eleventh Grade	3	10.0
Twelfth Grade	15	50.0
Associates/Junior College	2	6.7
Bachelors	2	6.7
Masters	3	10.0

Descriptive information for participants was gathered from the survey responses. Female participants comprised 100.0% ($n = 30$) of the sample. More than half of the participants ($n = 16$) reported their ethnicity as Hispanic, while the White population was indicated as the second largest group at 33.3% ($n = 10$). The mean current age of the participants was 36.8 years, with a minimum age reported of 18, and a maximum age reported as 70. Participants' ages at the time of their deliveries varied from 13 years of age to 19 years of age, with the largest group reported at age 18 for one-third of the sample ($n = 10$). Slightly less than three-fourths of the sample ($n = 22$) reported they had graduated from school, while less than one-quarter of the sample ($n = 8$) reported they had not completed high school. Levels of school completed by the participants ranged from ninth grade to college level work.

Participants were also asked to identify supports that were in place to help them while they were pregnant and parenting teens. More specifically, participants were surveyed concerning means of financial support, as well as supports other than financial. The results of that information is presented in Table 4.2.

Table 4.2
Supports for Survey Participants

	Frequency (<i>n</i>)	Percentage (%)
Total Possible Respondents	30	Out of 30
Financial Supports		
Participant worked full time	7	23.3
Participant worked part time	9	30.0
Support from parent(s)	16	53.3
Child support from baby's father	7	23.3
Welfare (TANF)	3	10.0
Food Stamps (SNAP)	8	26.7
Other	7	23.3
Supports other than financial		
From parent(s)	20	66.7
From baby's father	16	53.3
From other relative	13	43.3
From close friend	6	20.0
From church	4	13.3
From other	7	23.3

Of the choices offered for financial support, 53% ($n = 16$) of the participants indicated that their parent(s) were a main source of economic support when they were pregnant and parenting teens. The second largest source of financial support that participants reported was their decisions to work part time, reflected at 30% ($n = 9$). Less than one-third of participants indicated that they received financial support as a result of receiving food stamps (SNAP) ($n = 8$). Other sources of financial support included full-time work (23.3%), child support from the baby's father (23.3%), other sources of support (23.3%), and welfare (10.0%). For those who marked "other sources of support," their written-in responses included help from the baby's father, support from their

husbands, receipt of resources from the Women, Infants, and Children (WIC) program, and one participant reported that she worked two jobs.

Participants also gave input about supports, other than financial, that they received when they were pregnant and parenting teens. Two-thirds of participants, 66.7%, indicated they received support from their parent(s) ($n = 20$). More than half of the respondents, 53.3%, reported they received support from their babies' fathers ($n = 16$). The third largest source of support came from other relatives, reported at 43.3% ($n = 13$). Those relatives who were named included siblings, in-laws, grandmothers (both maternal and paternal), stepparents, and aunts. Participants also named a close friend as a source of support, at 20.0% ($n = 6$), and the church as another choice of support, at 13.3% ($n = 4$). For the choice of "Other," this garnered 23.3% ($n = 7$) of participants' choices, with participants' written-in responses including day care, friends, in-laws, and friends of the family.

Participants were also given an essay question that asked them to state the factor(s) that made the most impact in determining whether or not they completed school when they were a pregnant/parenting teen in school. Of the 28 responses that were received, 22 indicated they had completed school, and 6 indicated they had not. Participants expressed several supports and/or reasons that helped them to finish school. The most frequent responses (five or more) included family support, wanting to provide a better life for their child, realizing they were the sole support for their child, and knowing they would not be able to find a good job without a diploma. Other responses that were given included wanting to finish what they started and wanting to accomplish personal

goals. Two participants mentioned that support from teachers helped them to finish school. One participant stated that she did not want to be labeled as a “Hispanic teen mom who didn’t finish school.” Lastly, one participant credited her cooperative vocational school program which helped lead her to her career path.

Participants also shared barriers that either stopped them from finishing school or made their journey to finish school more difficult. One participant stated that a lack of child care prevented her from finishing school. She stated that she believed that if her school had offered that service, she would have completed her education. Another participant reported that it was difficult for her to be alone with her child and complete homework, but added that she learned to manage her time and was able to complete school. Another participant expressed that she became stressed and overwhelmed with the responsibilities of her new baby, which interfered with her studies, resulting in her leaving school. Another participant indicated that she had to leave school to work to support her baby. Another participant reported that her child became ill, which forced her to leave school to care for her baby. Finally, one participant stated that she lacked transportation, and the closest school was not within walking distance, thus she had to leave school.

Research Question One

Research Question One, *What level of resilience do pregnant and parenting teens present, comparing those who graduated from high school to those who did not?*, was answered by conducting an independent *t*-test to determine if there was a statistically significant mean difference between the two groups of students (those who finished high

school versus those who did not finish high school). Table 4.3 displays the mean composite scores of students who finished school and those who did not, as well as the standard deviation.

Table 4.3

Mean of Composite Scores of Responses on the Connor-Davidson Resilience Scale

School Completion	N	Mean	Std. Deviation
Yes	22	82.6	12.8
No	7	80.4	9.1

The results of the independent t -test suggest that there were no significant differences in the levels of resilience between those students who finished school and those who did not, $t(27) = 0.40$, $p = .69$; Cohen's $d = 0.2$. However, students who completed school had a slightly higher mean score on the resilience scale ($M = 82.6$) than those who did not complete school ($M = 80.4$).

Research Question Two

Research Question Two, *What level of perceived social support from families do pregnant and parenting teens present, comparing those who graduated from high school to those who did not?*, was answered by conducting an independent t -test to determine if there was a statistically significant mean difference between the two groups of students (those who finished high school versus those who did not finish high school). Table 4.4 displays the mean composite scores of students who finished school and those who did not, as well as the standard deviation.

Table 4.4

Mean of Composite Scores of Responses on the Perceived Social Support from Families

School Completion	N	Mean	Std. Deviation
Yes	22	32.5	3.5
No	8	29.5	5.5

The results of the independent *t*-test suggest that there were no significant differences in the levels of perceived social support from families between those students who finished school and those who did not, $t(28) = 1.74$, $p = .09$; Cohen's $d = 0.7$. However, students who completed school had a slightly higher mean score on the perceived social support from families scale ($M = 32.5$) than those who did not complete school ($M = 29.5$).

Research Question Three

Research Question Three, *Is there a relationship between resilience and perceived social support from family?*, was answered by conducting an Pearson's r correlation to determine if there was relationship between resilience and perceived social support from family. The results of the Pearson's r correlation suggest that there was no significant relationship between resilience and perceived social support from family, $r(29) = 0.13$, $p = .48$.

Research Question Four

Research Question Four, *What factors contribute to helping a pregnant teen attain her high school diploma versus dropping out of school?*, was answered using inductive thematic coding of 15 semi-structured interviews with women who had been pregnant teens or parenting teens while they were in high school. For Research Question

4, the following themes emerged: demographic information, participants' initial reactions when they discovered they had become pregnant, and factors contributing to school completion.

Demographics of Interview Participants

The participants reported demographic information about their varied experiences when they learned they had become pregnant as teenagers. Participants spoke about the manner in which they finished school. For those who did not complete school, they shared their stories after leaving high school. They also stated their ethnicity, as well as their marital status at that time in their lives. In addition, they indicated their age and grade level when they became pregnant, as well as their age and grade level when they delivered their babies. They also revealed the age of the father of the baby at the time the participants had become pregnant. Finally, they noted their current age at the time of the interviews. Table 4.5 lists demographic data describing the interview participants.

Table 4.5
Demographics of Interview Participants

Participant	School Completion Method	Ethnicity	Marital Status in HS	Age/Grade at Pregnancy	Father's Age	Age/Grade at Delivery	Current Age
Kara	Grad HS	White	Single	12; 6th	18	13; 7th	30
Helen	Correspondence Courses	White	Single	16; 10th	17	17; Drop Out	42
Missy	Grad HS	White	Single	17; 11th	19	18; 12th	46
Gloria	Grad HS	Hispanic	Single	16; 10th	18	17; 11th	22
April	Grad HS	Black	Single	15; 10th	17	16; 11th	33
Katia	Grad HS	Hispanic	Married	17; 11th	20	18; 12th	38
Michelle	Grad HS	White	Single	18; 12th	19	18; Grad	18
Abigail	Correspondence Courses	White	Married	15; 10th	16	16; Drop Out	70
Vivian	GED	Hispanic	Single	15; 9th	17	16; 10th	37
Amanda	Grad HS	Hispanic	Married	16; 11th	18	17; 12th	25
Grace	GED	Black	Single	12; 6th	27	13; 7th	45
Lani	Grad HS	Hispanic	Single	16; 11th	17	17; 12th	42
Mary	Grad HS	Hispanic	Single	18; 12th	22	18; 12th	37
Traci	Grad HS	Hispanic	Single	18; 12th	22	18; 12th	47
Betty	Grad HS	Hispanic	Single	14; 9th	14	14; 9th	24

Of the 15 interviewees, 11 participants completed school and received their high school diplomas from a public-school setting. Two participants dropped out of school but completed their high school equivalency through correspondence courses. The final two participants dropped out of school but completed a GED several years after attending high school.

In terms of ethnicity, five participants were White, two were Black, and eight were Hispanic. In regard to marital status at the time of pregnancy, the majority (12 of 15 or 80%) of the participants were single, while three of the participants were married. One of the participants (Katia) chose to get married in high school *before* she became pregnant. The other two decided to marry their boyfriends after becoming pregnant.

Participants' ages at the time of pregnancy varied from 12 years to 18 years, and grade levels ranged from 6th grade to 12th grade. At delivery, participants ranged in age from 13 years to 18 years, with grade levels from seventh grade to graduation from high school. Two participants had already dropped out of school by the time of the delivery. Fathers' ages at the time of pregnancy ranged from 14 years to 27 years of age. Fourteen of the fathers were older than the mothers, while one was the same age. The current ages of the mothers ranged from 18 to 70 years of age.

Initial Reactions

Participants' experiences were shared that illustrated their initial reactions when they discovered they had become pregnant. The most frequent response was fear, which was expressed by nine participants. Of those nine, six of those participants added comments about their worries of the unknown. Five participants, including one of the aforementioned six (Michelle), recounted their fears when having to tell their parents. When the participants were asked to describe their reactions when they first discovered

they were pregnant, nine participants expressed that they were afraid. Katia, Grace, and Betty stated their fears simply. For example, Katia declared, “I was very scared.”

Six participants added comments about their anxiety of not knowing what the future held for them. For example, Vivian stated her thoughts about the route her life would take after discovering she was pregnant: “I was scared. I didn’t know what I was going to do.” Abigail had similar concerns regarding her life’s path when she responded, “. . . worry, you know. What’s going to happen? What am I going to do? I guess, you know, afraid.” Lani shared similar thoughts as Vivian and Abigail about the uncertainty of her future when she responded, “Scared, and like, what do you do now? And a thousand thoughts were running through my head. Am I going to finish school? Am I not going to finish school? What am I going to do?” Michelle expressed similar concerns about her apprehensions with her future life with her statements:

I didn’t know really what decision I was going to make and that worried me. Because I had the stress of what is my future going to be like now. Am I going to be able to complete everything I was planning to do? It was just a very scary situation.

Mary worried about her specific situation when she shared, “I guess scared. I didn’t know what was going to happen because I went to a private school, a private boarding school. So I wouldn’t be returning.” Helen was also concerned about her future, but her worries were more specific about how she would coordinate school with a new baby, stating, “I was stressed. Not sure how I was going to make it [having a baby] work.” For five participants, they described their fears about telling their parents that they were pregnant. They reported that their anxieties were based on statements their parents had previously made, and concern about upsetting the household. Four of the five participants described the efforts they made to hide their pregnancy. Michelle recalled a

statement her mother had made in the past, reporting, “My mom always just told me that if that [pregnancy] ever happened to me, she would kick me out of the house. So that’s why I was terrified.” Missy’s pregnancy occurred during the holiday season, so she did not want to ruin her parents’ Christmas holidays. She explained how she managed this situation: “I waited to tell them until Christmas night by leaving a note on their pillow and then went to my aunt’s house to wait for their response.” Kara said her mom already suspected that she was pregnant and was waiting for her with a pregnancy test:

I took the pregnancy stick and I stuck it in my coat. And I went to my boyfriend’s, and I told him to use the restroom on the stick. And I went home and gave it to my mom because I didn’t want her to, even though she knew, I didn’t want her to know at that moment. I didn’t come out and tell her until I was like 8 or 9 months because there was no way I could hide it anymore.

Kara went on to explain that she starved herself so that she would not gain weight, saying, “So that I wasn’t showing. That’s my way, I thought . . . to not show.” Another participant, April, explained how she managed to keep the news from her mother:

My mom worked a lot. She would leave early in the morning, before I went to school. So she didn’t have to see me when I was like growing. So when she came home, it was already time for dinner and time to go to bed. So it was kind of like, I’ve seen her, but I haven’t seen her. So that’s how she didn’t know.

Grace explained how she thought she would keep the information from her mother, saying, “I didn’t think I was going to show. I thought I could have this baby and have it in the bathroom, and leave it there. And then nobody would ever know I was pregnant.” She added, “So when I hear that on the news, I kind of understand. They [girls who leave their babies in the restroom] don’t mean any harm because that was my logic.”

Factors Contributing to School Completion

Through the use of qualitative analysis, responses were coded and assigned into four subthemes: *personal attributes*, *family factors*, *school factors*, and *use of time*. The first subtheme, *personal attributes*, included perspectives of the participants' own personal characteristics or personalities that they indicated were critical in their experiences as pregnant or parenting teens. The next subtheme was *family factors*, which referred to the support (or lack thereof) from the participants' families. The third subtheme, *school factors*, referred to supports (or lack of supports) in the school setting. And the fourth subtheme, *use of time*, referred to the manner in which participants spent their time outside of school. To understand the influences that these subthemes had on the students' abilities to finish school, these factors were explored for further analysis.

Participants' responses were divided into two categories based on their method of school completion. One group consisted of 11 participants who attended a public school setting and received their high school diplomas. Two participants left school, but completed their high school equivalency through correspondence courses, while two other participants left school, but did not receive their high school diplomas. These final four participants who left school were grouped in a second category, as they had decided to depart the public school setting prior to completing their high school credit requirements.

Personal Attributes

As a result of the qualitative analysis, personal attributes referred to a person's own characteristics that may have contributed to the participant's ability to complete school. Data showed these personal attributes could be broken into four areas: perseverance, overcoming doubt, levels of effort, and outlook.

Perseverance. Of the 15 participants, 6 participants discussed their responses when faced with the challenges of teen pregnancy and the ability to finish school. They described their persistence toward completing school. Four participants who completed school reported having a mindset toward that goal, and not allowing their pregnancy to become a barrier. Two participants who did not complete school explained their determination to finish their education in a different way.

Those who completed school. From the group who completed their education in a public school setting, four participants described their respective challenges that may have gotten in the way of finishing their education. They reported on their determination to not allow their pregnancies to become a barrier to completing school. Lani shared that her pregnancy did not prevent her from obtaining her goal of completing school: “It [pregnancy] doesn’t stop you from succeeding . . . It [pregnancy] doesn’t have to stop you from still achieving what you need to achieve.” Traci shared her resolve to complete school when she suffered from morning sickness throughout the length of her pregnancy. She described her determination to continue on her path toward completing her education even when she was not feeling well:

Life still has to go on. I still have to go to work, I still have to go to school. I still *wanted* to go to school . . . Because I didn’t want to lose any credit . . . And my goal was to be out as little as possible . . . I mean, yes, I had morning sickness. But it didn’t ever stop me from going to school. I went every day, didn’t miss anything. The only time I missed was a week, and that was because I had a C-section and I *had* to stay. But that’s all I stayed out was a week.

Traci continued to describe her intention to achieve in school: “I was bound and determined that I was going to finish and still do well.” She explained her decisions to give up other activities in order to focus on school:

Unfortunately, it doesn't leave you time to do whatever you want to do . . . sleep late, watch TV, go out. You know, none of that stuff really exists anymore, if you wanted to get ahead and stay on top of things.

Mary also struggled with morning sickness which she explained she could have used to make excuses not to continue in school: "I think the pregnancy itself could maybe be a crutch. You know, like having morning sickness. Because I did have it really bad."

Betty and Mary shared their experiences with their babies when their children needed more attention at night. Betty shared that her baby suffered from colic, which required Betty to stay up through the night tending to her baby. She explained her persistence to get up the next morning to report to school: "When I started going back to school, my daughter was having issues sleeping at night. So I would stay up with her. . . . I still would wake up the next day. I would get ready for school." Mary's baby also struggled with colic, which caused Mary to stay up through the night as well. She described her challenge during that time: "And then once she [daughter] was born, you know, all the struggles of a newborn. She suffered a lot from colic. I mean she was up all night! And all day." However, Mary expressed her commitment to complete school by stating, "Those were challenges, so I think having your mind set and doing it. Because anything, during pregnancy, anything could hold you back. And you can use it as a good excuse. But ultimately, it's up to you."

Those who left school. Two of the people who chose to leave prior to finishing school also shared stories of their persistence. Both participants described their determination to complete their education, even though they had left the public school setting. At age 15, Abigail left school shortly after she found out she was pregnant. Then she and her boyfriend got married 2 weeks after finding out about the pregnancy. However, she explained her and her family's decision to complete high school through correspondence courses, while her husband stayed in high school:

Well, it was decided right from the beginning that I would finish high school. That was one of Daddy's stipulations. And I agreed, and so did Martin [husband], and my mom, and Martin's parents, everybody. So there was the priority, number one that Martin stay in school. And that I get my education however that was going to happen. And Daddy turned me to correspondence courses.

After their baby was born, Abigail also began taking courses at night school, to try to move faster toward completing her high school equivalency credits. She explained the challenge that she found with taking courses on her own: "Those things [courses] are not structured. You have to structure yourself and discipline yourself. So those were hard for me to do."

For Vivian, persistence became a factor when she was trying to earn her GED after leaving high school. She left school before entering her 10th grade year, at age 16. She explained that she had to leave school because she could not afford child care:

It [school] just got harder. I didn't have nobody to watch the baby. And, even if you get somebody to watch the baby, you gotta pay them. I didn't have the finances to even afford a babysitter. I had to drop out and take care of my baby.

She described her struggle when she first tried to work on her GED:

I actually went to go get my GED when I dropped out, and I went to the classes at night. And they gave us like a pre-test, and said the GED was going to be exactly like it. Oh my goodness! It was so hard! So hard! And was like, I'm not going to be able to do this. I'm not. Because it was really hard, and a lot of it wasn't even taught. So I didn't go back.

Instead, Vivian pursued a certification as a medical assistant. A friend, who had also completed her GED, convinced Vivian that she could do the GED if she was able to do the medical assistant certification. Vivian explained that her friend's statement gave her the confidence to return to complete her GED: "That's [friend's comment] actually what

made me go back and do it. And it was really easy. I was so mad that I didn't stay and do it the first time!" She completed her GED at age 22.

Overcoming doubt. Three participants described the barriers they faced when others around them lacked faith in them to complete school because they had become pregnant. Despite the doubts, two participants completed school, and one did not.

Those who completed school. Two participants spoke about characteristics of their own personalities that helped them to face the challenges of being pregnant while attending high school. These ladies reported that they were motivated by the challenge to prove others wrong for doubting their ability to finish school. Amanda described her own experience with a teacher's lack of confidence about her ability to finish school that actually inspired her: "There was one teacher who told me I wasn't going to be able to do it. So that kind of motivated me." Amanda repeated the teacher's statement: "You know you're going to drop out anyways. You're not going to finish." Amanda stated that the teacher's skepticism actually encouraged her: "I was like I'll show you. You watch me walk through. That was my personality."

Katia was the only participant who chose to get married while she was in high school *before* she became pregnant. She shared that she realized her marriage was in trouble when her husband stopped working, about the time she was 7 months pregnant. She reported her reflections at that time:

. . . then this wave of thoughts come at you like I don't want anyone to prove me wrong because I told not only my parents, but mother's siblings, that I thought I knew what I was doing . . . so I tried to be strong and tried to prove that I was going to do that [finish school]. So I sucked it up, and I kept going. And my focus was to concentrate on school. That was my focus.

Katia explained that she thought her determination was a part of her nature and was fueled even more by a principal who questioned her ability to finish school. She described the source of her resolve:

There's just something about my personality, now that I'm older, and I understand the Katia of years ago. I think, you know, I always loved a challenge. Always, and I guess that's how I was able to progress in life. Having people like that principal tell me, "No you can't." And it was just my pleasure to turn it around and say, "Yes, I can!"

Katia described how she was able to overcome this principal's doubt when she told her to drop out of school because she was pregnant:

I will never forget the day I graduated . . . walking down and getting my diploma . . . and she [principal] shook my hand, and I said, 'I told you.' And there's a video where I'm going like this (shaking the diploma at principal).

Those who left school. One participant who left school shared her experience with those who doubted her ability to finish school. Despite leaving before completing her education, this participant worked toward an alternate method of school completion. Abigail got married shortly after discovering that she was pregnant. She dropped out of school, while her husband continued to finish high school and then continued to college. She eventually earned her high school diploma through correspondence courses. She shared her story of doubt from former teachers that helped spur her determination:

When I got married, there were stories that were shared back and forth to me through some of my friends. And one of them was about when my teachers at Lincoln found out I had gotten married. They said it would never work.

She explained that the lack of faith from her teachers encouraged her and her husband in their struggle: "There was a feeling of determination that I think both Martin [husband]

and I had. It was us against the world, kind of like in West Side Story.” Despite the disbelief from others around them, she and her husband were able to finish their high school education and continue to college. She summed up their tenacity with this statement, “This whole world is saying we can’t do this. And we can do this! You know, we can! And when I look back, when *we* look back on it, we don’t know how the hell we did it! [Laughs at her own statement]”

Levels of effort. Of the 15 participants, 12 participants reflected on the impact that their pregnancies had in their efforts to complete school. In the group of participants who completed school, nine participants reflected on the influence that their pregnancies had on the following factors: their ability to complete school work, their levels of energy, their attendance, and their need to work to support their children. In the group who did not complete school, three participants described the situations that required them to work fulltime.

Those who completed school. Nine participants described the effect their pregnancies had on their levels of effort in school. Five participants discussed that there was no change in their ability to complete their school work. Two participants, Kara and Michelle, reported on the change in their energy levels. Michelle and Katia also reported about the impact on their attendance. Betty was one of the persons who was able to keep up with her school work. However, she and Gloria discovered that they needed to work while going to school.

Five participants from the group who completed school explained that they were able to keep up with school work with little or no change to their level of effort. The participants suggested that having a baby was just one more part of their daily routine. April maintained that her pregnancy did not change her efforts toward completing school work:

It [pregnancy] didn't [impact grades] . . . I just had to do what I had to do. My grades never suffered. I still maintained good grades. It was just I had to do school, and do the baby. It was just another thing to add on to what I was already doing.

She added her thoughts about the possibility of not being able to finish school, "I never thought I wasn't going to finish school. That just wasn't part of the plan. So there was nothing that prevented me from finishing school." Traci reported that her pregnancy did not interfere with her school work: "It [pregnancy] was kind of in the background. I mean, yes, I had morning sickness. But it didn't ever stop me from going to school." Betty expressed a similar experience, stating, "Pregnancy did not affect it [school work]." Lani described that having a baby just became part of her day:

It [taking care of baby] just became part of your day. You get up, take him to the daycare. I would go to school, I'd pick him up, come home. Feed him, bathe him, and then put him to bed. Then do it again the next day."

Missy expressed that she felt fortunate for her family's situation that helped her complete school:

I was very, very lucky. My dad at his job, for lack of a better way to say it, they had gotten bonuses, I guess. So, it just happened that my parents were financially able to sustain all the expenses.

As a result, she was able to focus on school work. She reported, "So really, I never skipped a beat. I finished high school, and never missed any school."

For two participants, Kara and Michelle, they struggled with the drain of energy that occurred from their pregnancy and from a lack of sleep once the baby arrived. In regard to how her school work was impacted, Kara reported, "I was sleepy . . . so sleepy. I was unable to function." She reported that her grades dropped after she became pregnant due to her lack of energy. After her baby arrived, Kara explained that her lack

of stamina only increased due to a lack of sleep from staying up with the baby, “I was very tired. Even more tired! [laughs]”. Michelle, explained that her pregnancy affected her ability to stay awake in school:

I was doing well before. But when I got pregnant, I was just not in the mood to sit there. I fell asleep with exhaustion at the beginning of my pregnancy. I just wanted to sleep and sleep and sleep. I could not keep my eyes open. So I actually just slept a lot in class.

As a result, Michelle said she often had to stay after class to make up work, explaining, “I didn’t really do well on it [work] because overall I really was not paying attention as much as I should have been.”

Additionally, Michelle and Katia reported that they were absent from school more often. Michelle stated, “I missed a lot of school, due to doctor’s appointments.” Katia explained her strategy to keep up despite her absences: “I just made sure I got my work done.” She continued further, “I would miss school, but I would push myself to go back and get all of my work done and submit it. So, yes, I will miss some days. But I would kind of rebuild and submit my work.”

Two additional participants, Betty and Gloria, discussed the necessity to work while attending school, in order to support their children. They described their realization of the expenses of raising a child and taking responsibility for those additional expenditures. At age 14, Betty became pregnant the summer before she entered ninth grade. She moved in with her boyfriend’s family. She reported on her recognition that her child generated additional expenses, as well as the acknowledgement that she could not ask others to encumber these costs:

I realized that a job was necessary. Not just for me, but my child as well. She was three months old. How much more could I keep asking and telling my friends, 'Hey, my daughter needs diapers, my daughter needs this.'

When she moved in with her boyfriend, she thought he would be willing to get a job. However, that was not the case. Betty recognized her role in handling the extra costs: "When it came to her diapers, all that other stuff, it wasn't his mom's responsibility or my parents' responsibility. I guess I grew up and matured, and said, 'One of us needs to get a job.'" She reported that her boyfriend was not willing to get a job, so she found a job. Gloria also shared her experience of balancing school and work. She reported that she had to get a job to provide for her child. She described her level of energy while working and going to school: "So I was working and taking care of her. It was a lot of hard work, and I was very, very tired, but I managed to get it done." However, working and going to school came at a price. She shared that she missed some milestones in her daughter's life when she was at work:

I had to give up being around my daughter just because I would get that little bit of break when I got out of school, just before I had to go to work. And then when she was asleep . . . so I had to give up a lot. I missed her first steps.

She spoke about her regrets at missing some of the important events in her daughter's life, but she summed up her reasoning to continue working and going to school: "There were moments like that when I really should have been there, but you know I had to go to work, I had to go to school. So I could create a better future for her."

Those who left school. Three participants who left school shared that their primary reason for leaving school was to earn an income to support their children. One of the three reported that she had actually left school to work before she became pregnant. Another participant explained that her change in living arrangements required

her to find work. The third participant shared that her need for an income forced her to choose between school and work.

Helen, the participant who left school before she became pregnant, reported that she and her boyfriend had dropped out of school in 10th grade, due to a discipline incident. In addition, her home situation was difficult, so she actually left home about 10 months before she became pregnant. She explained that their need to earn an income to afford housing compelled them to work hard: “We lived the homeless route for a while. And we worked really, really hard to get an apartment and get back on track. There’s nothing you can’t accomplish with that kind of hard work.” Helen added that she worked until the day she delivered her baby, and then began working right away afterward. Helen stated that they worked at jobs that would allow her to care for her baby: “I had babysitting, and pizza delivery, and newspaper routes. So I could just take her with me.”

Vivian, the participant whose living arrangement required her to find work, reported that her mother told her she *had* to go live with her boyfriend after discovering she was pregnant. That living arrangement only lasted 6 months. She had to move back to mother’s house. However, upon returning home, her mother gave her an ultimatum about finding work:

We [Vivian and her boyfriend] were fighting a lot, and she [mom] wasn’t going to let me stay out on the streets. So she said I had to make a decision. Either you come back and stay, and start working. Or you have to stay with him. So I had to find a job.

Vivian dropped out of school to work full time. Although she and her boyfriend tried several times to salvage their relationship, she continued to live with her mother and work full time.

Grace, the participant who had to choose between school and work, described a difficult home situation, explaining that her biological mother gave her up for adoption at age 4. Then her adoptive mother passed away unexpectedly when Grace was 10 years old. She was sent to live with her biological father, who had recently remarried. Then he had an illness that left him incapacitated. Therefore, when Grace got pregnant, it was her “new” stepmother who had to deal with this event. Although Grace managed to stay in school until the 11th grade, she eventually had to drop out of school to support her child. She explained her stepmother’s stipulation about receiving government assistance: “My stepmother wouldn’t let me get on welfare. I was on Medicaid, but I couldn’t get food stamps or get a check. So, I started working.” She described the way that employers exploited her work skills, which forced her to choose between work and school:

I started working at fast foods. And it was getting too hard for me, to go to school, work at fast food, work long hours at night. You know because they [employer] took advantage of me and they broke every labor law. But I didn’t know. My stepmother didn’t care because you got to share in the house. So I had to make choices . . . work full time or finish school.

Grace reported on her most demanding struggle: “My greatest challenge was trying to stay in school. That was my biggest challenge because I knew I didn’t want to drop out.”

Outlook. From those who completed school and those who did not, eight participants reflected on their outlook, or point of view, during their pregnancy experience. From those who completed school, six participants revealed discussion about the following topics: positive aspects, spirituality, and negative points of view. From the group who did not finish school, one person discussed her spirituality, and another reported on discovering her strengths.

Those who completed school. From the group who completed school, six participants reflected upon the outlook they had when they became pregnant while in

school. One participant reflected on a positive feature of teen pregnancy, three participants discussed relying on spiritual guidance, and two participants spoke about having a negative attitude. One of the six participants, April, focused on the benefit of her pregnancy experience, discovering her mental stamina. April reported that her experience actually helped her to discover strengths she may not have known otherwise. She explained her ability to look for the benefits of a situation:

Yes, I am much more . . . definitely much stronger in my way of thinking. But I have . . . I have a silver lining to every dark cloud. I am definitely annoyingly positive. [Both laugh] And that's what I'm known for these days. I mean, because if you can do this [be pregnant in school], you can do anything.

She explained that the trials in her pregnancy experience helped her face future struggles. She stated her mantra for further challenges: "Keep calm . . . everything's going to be OK."

Three participants shared their stories that helped them to explore their spirituality. Two of the three referred to the realization that their experiences may have been part of a divine plan. For instance, Missy referred to her pregnancy as serving a purpose when she expressed, "I think I'm more of a believer that everything happens for a reason. And we're not in control, so stop trying to be." Michelle expressed a similar sentiment with her statement, "You know . . . everything happens for a reason."

Amanda, the third participant, referred to a spiritual component that she felt could have helped her get through her experience a bit easier. She shared, "I think religion plays a big part of this too. It wasn't until our second child that we were a little bit closer to what our faith is. And things have gotten much easier." She commented that she wished she had understood this at that time in her life when she was a pregnant teen. She lamented, "It would have made it helpful to really learn about God and how He wants us to be. It brings so much peace to all the uncertainties I had at that time."

Two participants, Mary and Traci, spoke about the energy they spent focusing on the negative point of view. They stated that their experiences may have gone a little easier if they had had a more positive outlook. Mary's family was very upset with the news of her pregnancy; so much so, that they made her move out. She went to live with her boyfriend and his family, but was focused on her disagreement with her family: "I was so caught up with my parents, and my grandma. I think one thing I would change that would have made my pregnancy a lot easier is not focusing so much on my family and their negative reaction." She expressed that she wished she had focused more on the positive parts of her experience, like the support of her boyfriend and his family, and her new daughter. Traci had a similar sentiment. She reported that her perceptions of her situation were inaccurate, which tainted her outlook on that time in her life:

I felt like I didn't belong anywhere. I was the baby of the family, and didn't feel like I was important there. I wish I could have just told myself that I *was* important, and that it didn't matter. That that kind of stuff didn't matter and to hang in there.

She said that she now recognizes the reality of her situation. She had the support of her family, which helped her to finish school, and expressed, "I had it made! [Laughs] I had it made, and for whatever selfish reasons, dumb reasons, I didn't think that I had it made. I couldn't see it."

Those who left school. From the group who left school, two participants expressed their thoughts about their outlooks at that time in their lives, with one participant discussing her spirituality and the other participant discussing her strengths. One of the two participants, Helen, shared her spirituality perspective of her situation. She was already living outside of her home, and eventually left school to work full time. She spoke about her spirituality and trusting in a divine plan, stating, "If you do end up

getting pregnant, God will make it work out for you.” She explained that the situation will resolve itself, even if a person chooses not to keep their baby: “Like whether you have to go through adoption or whether you just have to make it, regardless of the circumstances, it [situation] works itself out.” She remarked that her life took another path when she became pregnant:

It’s not that I was expecting to be pregnant, but when it happens, it’s not the end of the world. People in school will tell you your life is over if you get pregnant. But it’s not. It just puts you in a different direction.

She reported that going through her experience helped her to grow in her resolve: “You might go a different direction than what you planned, but that different direction ends up making you a stronger person.” The second participant, Grace, explained her discovery of strengths she did not know she had. She expressed similar thoughts as Helen when Grace reported that her experience made her become a stronger person: “It changed my thinking that I could overcome anything.” Grace also had to leave school to work full time to support her child. She eventually completed her GED, and, in time, went to college. She shared that overcoming her struggle helped her to come to terms with her pregnancy: “It helped me to realize that my mistakes...that my child was not a mistake.” She described her situation as an opportunity of growth, explaining, “Either you can build from the bad things in life. It will make you stronger, or it’s going to break you. And I chose to make me stronger.”

Family Factors

Family factors referred to the continuum of support that the participants received from their family. For those participants who received support from their families, the data could be categorized into the following areas: financial support, child care, support from in-laws, and emotional support. For those who experienced a lack of family

support, the results indicated a lack of assistance in the areas of housing, child care, and emotional support.

Financial support. Of the 15 participants, 6 participants discussed the economic support they received from their families. This support included paying for supplies, medical care, and housing. From the group who completed school, five participants reported on the provisions that their families supplied for the expenses of their babies. One person from the group who left school stated the financial support she received from her family.

Those who completed school. Five participants who completed school reported on the various expenses that their families incurred to help support their babies. Missy stated, that at the time of her pregnancy, her father had received some bonus payments from investments in the company where he worked. Missy explained, “My parents were financially able to sustain all the expenses [from her pregnancy and baby expenses]. So I guess I was lucky that I was able to benefit from my father’s bonuses.”

April shared that her mother did not want her to work while going to school and raising her baby. She explained her mother’s reasoning: “My mom said, ‘If Nana keeps the baby while you’re at school, and you keep him after school, if you go to work, who’s going to keep him?’” April indicated that her mother did not want her to work the first couple of years of her son’s life. She alluded that her mother may have worried about her ability to complete school: “I think she thought if I had worked, and kept a baby, and went to high school, I was never going to finish.” April further explained about the bounty she received from her family and friends: “And for the first year, I didn’t even have to buy anything except diapers. Everybody was just supportive, and they handed me down clothes. I had like two car seats.” April also revealed that she originally was going to give her baby up for adoption, but changed her mind at the last minute. She

described the rush that occurred when her baby was born: “The family was scrambling to get supplies because my baby arrived a few weeks earlier than expected. And since we weren’t supposed to be keeping him, we weren’t ready for him at home.” She added that her son benefitted from the last minute change in decision: “So like everything he had was new because we weren’t supposed to be keeping him when we came home from the hospital. His baby shower was two weeks *after* he was born.” April described the support she received from various people in her life: “My family, my friends, and my godparents . . . Everybody just kind of helped out to make sure it was a very smooth transition. I was very grateful for their support!”

Lani and Betty shared similar stories of financial support that they received from their families. Lani explained the extra expenses her child incurred: “My son had difficulties with asthma when he was born, and he needed breathing treatments and frequent trips to the doctor. My parents paid for those medical expenses.” She addressed the willingness of her parents to accept those charges: “So with Caleb getting sick all the time, not that they [parents] wouldn’t have continued paying. But it’s not their responsibility.” She reflected on the impact of those extra costs if she had had to work to pay for them, remarking, “So I don’t know if I would have been able to complete school if I had to go to work to pay for his medical expenses.” Betty also reported on the support she received from her parents, especially her father’s financial assistance: “Until this day, he’s [dad] very helpful with that, on the financial. If I did work fulltime, it would have affected my school and my time with my daughter.” Like April’s mother, Betty’s father preferred that she did not work while she was in school. She explained her father’s reasoning, stating: “My dad said, ‘If you’re still in school, I can help you with that. If you’re going to work part time, do it for your own needs.’” She explained that

she was currently attending college, and her father continued to help with her child's expenses since she was still attending school.

Betty and Amanda had unique situations compared to the other participants who completed school. They both left home to move in with their boyfriends shortly after discovering they were pregnant. However, for both of them, the living arrangements did not last very long, and they both had to move back home. Betty recalled the conversation she had with her parents when she decided to move out:

I wanted to live with him so that I could live this "so called family," so I could know, and I didn't want to live in regret. I moved in with him, and we played "house," and it was great.

However, the living arrangement did not last. Betty described how the situation changed with her boyfriend once her daughter began having difficulties:

My daughter was having issues sleeping at night. So I would stay up with her. I would stay awake with her. And he wouldn't help me. So, I was living with him, and realizing I was doing this by myself.

She explained that that was the turning point of their living arrangement, stating, "That did help end the relationship because . . . like I said, I'm spoiled. My parents have always helped me. So moving in with him, I realized how much harder it was to get things that I wanted." After living with her boyfriend for 4 months, Betty asked her parents if she could move back home. Her parents were agreeable to her moving home, but Betty repeated the stipulation they gave her, recalling,

My parents said, "If you come back, you're not going to be going back and forth. If you come back, you're staying here. And if you want to go back, just know that you're not coming back to our house anymore."

Betty explained the choice she made: “I knew then that there was no returning to my boyfriend’s house after that point.” Amanda’s story was a little different in that she actually married her boyfriend when their daughter was about 3 months old. She moved in with her boyfriend soon after discovering she was pregnant. She explained how she and her boyfriend made their choice, stating, “We just made the decision of going to my mother-in-law’s to live there, just because there was more space over there.” However, a disagreement with her mother-in-law caused a rift in their relationship. Amanda disclosed that she was not a legal resident in the United States at that time. She stated that their announcement to marry revealed her mother-in-law’s thought:

So when we brought up the whole marriage thing, because we wanted to go ahead and do it [marry] so I could go to school. She [mother-in-law] was not too happy about that because she thought I had only gotten pregnant to . . . to . . . [starts to cry] [force her boyfriend into marriage] . . . And that wasn’t the situation at all!

They lived with her mother-in-law for 9 months, but after their disagreement, Amanda, her husband, and child moved back to her parents’ home. She commented on the living arrangement with her parents: “It [living with her parents] was just a better living situation.” So much so that they continued to live there for 6 years, stating, “We didn’t leave until just two years ago! [laughing]”

Those who left school. One participant from the group who left school, Vivian, shared about the financial support she received from her mother. She explained the way her mother was able to help her: “My mother was always working because she had to take care of her own household. But she would give me money if she had extra from working overtime. So she [mom] helped me financially.” Vivian moved to her boyfriend’s house, at her mother’s insistence. However, after 6 months of living

together, Vivian realized she needed to move out. She conceded that the relationship between her and her boyfriend had become strained:

Yes, we were not getting along. And I think the whole situation about having to go live with somebody else . . . I was still young. I was wanting to go back to my mom's house. I think that had a lot to do with it too.

Vivian informed her mother about the situation with her boyfriend, stating, "We [Vivian and boyfriend] were fighting a lot." Her mother allowed her to return home with her baby, but with a provision, as Vivian explained, "She [mom] said that I had to find a job and work full time. So I left school so I could find a job to support my child."

Child care. From the 15 participants, 10 participants spoke about the assistance they received from their families with child care. From the group who completed school, nine participants shared their experiences concerning supervision of their children. Most often that care came from the mothers of these participants. From the group who did not complete school, one participant reported her story of support with child care.

Those who completed school. From the group who finished school, nine participants affirmed the support they received with child care that came from various family members. Generally, this supervision came from their mothers. That was the case for Amanda, Katia, Gloria, and Betty. When they discussed who took care of their baby while they were attending school during the day, Amanda and Katia responded simply, "My mom took care of my baby." Gloria expressed a similar sentiment about her mother's help, stating, "Even though my mom worked, she helped take care of my daughter during the day when I was at school." Betty explained why her mother was able to help her: "My mom was a stay at home mom. So she was able to come pick me up from his [boyfriend's] house and take me to school. And my daughter would stay with her while I was at school." Betty also added her thought about the difference her

mother's help made for her: "So I think if my mom had not done that, then maybe I would not have gone [to school]."

The other five participants who reported receiving help with child care not only mentioned their mothers, but also acknowledged other family members who assisted in this endeavor. Missy named her parents as sources of assistance, but also included her siblings as persons who provided care for her baby. She explained, "I had my older sister, and my younger sister there, and my parents. We lived in my family home. So I had help." Kara credited her mother and her stepfather for their roles in her child's care: "When the baby was crying, and I didn't know why, they would watch me to see if I had done everything I could do to stop him crying. And if he didn't, they came in to help." She admitted that she could become discouraged when she was not successful with her baby: "They knew that I was frustrated taking care of the baby. You know, the calming grandparents come in and they could get the baby to stop crying." Kara expressed her gratitude with their help, stating, "Until this day, without them, I wouldn't have made it." Lani described the help she received from her mother and sister when her baby was born: "When I first had him, and I was on maternity leave, Leslie [sister] and Mom helped a bunch. I remember the first week, them taking turns taking the duties in the middle of the night." Lani also described the help she received while she was recovering from the delivery: "I didn't breast feed. No, I wasn't going to do that. We had to end up switching him to soy milk. So they [mom and sister] handled that [feedings], at least, for two weeks, in the beginning." Since Lani was still in school, she explained how she found time to do homework:

If I needed to get away for an hour, I would sit in the living room, and we'd put him in the little bouncy thing. Mom or Dad were right here; Leslie was here. So, they would help take him or do whatever.

Lani acknowledged the result of the help she received from her parents and sister: “Because of them, I was able to manage my time for school work and baby care.” Traci shared a similar story about the support she received from her mother and sister, Nancy, when she was attending school during the day: “They would come and stay and be with the baby so I could go to class for whatever amount of time that I needed to be gone.” She detailed the additional help she received at night: “They were helpful in the evening. My mom did get up in the middle of the night, probably, I don’t know, for the first few months and took care of that end of the job.” Traci also reported that the help she received from her family was instrumental in her ability to complete her school work: “Because I don’t remember ever stressing about not getting work done. It somehow always got done . . . because I had help.” April was the only participant who named a different relative who helped with child care, explaining, “My grandmother kept him [baby] while I was at school.”

Those who left school. From the group who did not finish school, one participant, Grace, described the support with child care that she received from her stepmother: “On that level, she [stepmother] was very supportive in that area, on how to take care of my baby.” Grace acknowledged that her young age was a detriment, explaining, “I was young when I had my baby, so I was not knowledgeable about how to care for a baby.” She indicated that her stepmother educated her on the details of child care, stating, “Yes, she [stepmother] was very helpful. She showed me how to change his diaper, how to give him a bath.” Her stepmother not only explained child care, but also other home tasks: “She taught me how to do laundry, which was important because actually he [baby] was wearing cloth diapers.” Grace added that her stepmother became attached to her baby: “She [stepmother] fell in love with my son. She [stepmother] really raised him, to a certain level in life.” Grace reported that her stepmother included her son

in her daily activities: “She would take him a lot of places, like church and stuff. They took pictures together.” Grace added that her stepmother also provided supervision for her son, stating, “She also took care of him when I went to school during the day.”

Support from in-laws. From the 15 interviewees, 6 participants described the support they received from their in-laws. From the group who completed school, three participants reviewed the assistance they received from their in-laws, consisting mostly of housing and supplies. From the group who did not complete school, three participants reported their stories of support from in-laws, which included housing and child care.

Those who completed school. From those who finished school, three participants spoke of the support they received from their in-laws. Amanda reported that she moved into her mother-in-law’s house shortly after determining that she was pregnant because she anticipated an unfavorable response from her parents: “Basically it [moving] was right away. I had everything packed and ready to go when I told them [her parents] because I expected anger.” She and her boyfriend decided that his house had more room than her mother’s house for them and a new baby. For Mary, her move to her in-laws occurred as a result of a negative reaction from her grandmother, as she explained: “But then grandma’s old school. So she got on the phone and she called my boyfriend, and was like, ‘Come pick her up!’” Mary offered that her boyfriend and his family were very supportive, and welcomed her into their home, exclaiming, “When I moved in with them [in-laws], oh my gosh, they were awesome! They were really, really helpful. I mean, I can’t complain about them.” Mary gave several examples of the support that she and her boyfriend received: “My father-in-law drove me to school every day for three months. His aunt would cook for us, or take us out to eat on the weekends.” In addition to the support she received from her in-laws, Mary also acknowledged the support she received from her boyfriend to provide for them: “I mean he worked every day. And overtime too

if he needed to.” Betty initially lived with her boyfriend, but then moved back home with her parents. Even after her departure, she related that her boyfriend’s mother continued to offer her support: “His mom was always eager to help me. Even when I was pregnant, she worked at the ob/gyn that I used to go to. She was just very helpful from the beginning.” Betty shared that her mother-in-law’s assistance came without any prodding: “She [in-law] would offer to help me without me even asking.” When Betty’s daughter began attending school, Betty explained that her mother-in-law would provide clothing, recalling, “She [in-law] would call and say, ‘Hey, school’s starting. I got some school clothes for her [granddaughter].’” Betty added that her mother-in-law would invite Betty’s daughter to do activities with her mother-in-law’s own daughter.

Those who left school. From the group who did not finish school, three participants discussed the support they received from their in-laws. Helen explained that she and her boyfriend lived with his mother for a while: “After she [baby] was about a year old, we ended up moving in with his mom for about a year.” She affirmed her mother-in-law’s encouragement, stating, “His mom was really supportive.” Abigail also reported her short stay with her in-laws after marrying her boyfriend: “Then I moved in with him [boyfriend] to his bedroom in his parents’ house. And we lived there probably a month.” After they moved out of her in-laws’ home, Abigail began taking night classes to complete her education. She described her mother-in-law’s support with that effort: “My mother-in-law took care of the baby when I needed to attend school.” Vivian received support from a different in-law than the other participants: “At that time I had a sister-in-law that came to help me.” Vivian explained that her brother’s wife provided child care for her: “She [sister-in-law] actually started helping me with the baby so that I could go to work.” Her sister-in-law’s assistance with child care allowed her to work to provide for her baby.

Emotional support. Of the 15 participants, 5 participants shared their experiences of feeling support by their families in regards to their emotions. From the group who finished school, four participants spoke about occurrences of feeling emotionally supported. From the group who did not finish school, one participant expressed her story of emotional support.

Those who completed school. Four participants from the group who completed school conveyed their encounters with feeling emotionally supported by their families. Gloria described when she first informed her family that she was pregnant: “Yes, there were some tears, some exchange of words. But it wasn’t too serious.” Although there was some emotionality about her announcement, Gloria felt confident that she could count on her family’s support: “Everyone came to an understanding about what was going to happen . . . that they were going to be here for me.” Mary’s experience did not go as well when she informed her parents about her pregnancy, resulting in her moving to her boyfriend’s house. Although her relationship was strained with her mother, Mary recounted that her mother slowly tried to reconnect with her: “My mom knew I was just about to give birth. And she started coming around more. Helping out, and stuff like that.” Mary explained that closer to the delivery date, both of her parents were available to her: “And then by the time she [daughter] was born, they [parents] were really, really active in my life.” Mary’s mother took more interest in her daughter’s welfare, recalling, “Like she would come, and make sure that I had what I needed. And then she threw me a baby shower!” Mary related that her relationship with her parents completely changed: “Once my baby was born, my relationship with my parents shifted in a positive direction.” Traci also gave her testimony about her family’s support: “I can only say that it [finishing school] was a positive completion and that’s because my family helped me a lot. You know, like I said, in the end, they rallied for me and they helped me.” Traci

expressed concerns about being criticized by her family for becoming pregnant, but she admitted that her family still supported her:

Whether they [family] judged me or not, I don't know. But they still did what I think we would expect our families to do for us. In good times or bad times, they still helped me out . . . financially, emotionally, physically. You know, they did their part to help me.

Traci also credited her family for encouraging her to finish school: "And they [family] never once said, 'You're not entitled to finish.' That never came about. It was just, 'You're going to do it, if that's what you want to do.'" Betty also received emotional support from her parents. She expressed her appreciation for her parents' support, stating simply, "I'm so grateful for my parents. My parents helped me . . . I think that's my answer for every question. My parents are my biggest support. They are the reason I was able to finish school."

Those who left school. From the group who did not finish school, one participant, Grace, shared her story of emotional support: "When the baby was born, my stepmom was the only . . . my stepsisters were there, but my stepmom, believe it or not, was really the only support system." Grace acknowledged that her pregnancy may have been a source of shame for the family, stating, "I know it was an embarrassment to her [stepmother] for me to be having a baby." However, despite that, Grace declared her stepmother's support during that time: "She [stepmother] was the only one, with the church, that gave me a baby shower." Grace also recognized her own need for encouragement, stating, "When I had the baby, it really matured me a lot to realize I really needed her [stepmom] a whole lot." The circumstances of Grace's pregnancy caused friction between her and her stepmother, but they were able to work around that, as Grace explained, "We put our differences aside. And so she [stepmother] got really

close. Like she [stepmother] loved my life, and she got really close to my baby.” Grace affirmed her appreciation for her stepmother’s help and guidance throughout her experience, stating, “She [stepmother] was really, truly, my support system.”

Lack of family support. From the 15 participants, 5 participants related their experiences when they did not receive support from their families. From the group who completed school, one participant described her story of being forced to move from her family’s home, and another participant detailed her struggle with child care. From the group who did not finish school, two participants also experienced having to move from their homes, and one participant shared her lack of emotional support.

Those who completed school. From the group who completed school, Mary was the only participant who experienced being forced to leave her home after announcing she was pregnant. Even though her parents were upset with her, they still asked for her input, as she recalled their questions: “Even though my parents were mad, they were like, ‘What do you want to do? Do you want to stay here? Do you want to move out?’ You know they were, like, ‘Think about it.’” However, Mary’s grandmother was of a different opinion, which was that Mary’s boyfriend was responsible for Mary’s care. Mary recounted her grandmother’s words: “She [grandmother] called my boyfriend and said, ‘You need to own up to it [pregnancy]. You have to take her.’” Mary described the event as it unfolded that day, “And like suddenly he [boyfriend] shows up at the front door with his dad. Because he needed backup because he was scared of my grandma!” Unbeknownst to Mary and her parents, her grandmother had already made arrangements for Mary’s departure, as Mary retold, “Grandma had already packed my stuff! She was fixing to kick me out!” Mary thought that her parents knew that she was leaving, as she recalled, “Because grandma told me they [parents] didn’t want me around.” Later Mary realized the opposite, stating, “My parents were not involved with the whole moving

situation, but the entire experience caused stress between me and my parents. It took several months before we were able to patch things up.”

Although Kara credited her mother and stepfather for their support with child care, initially Kara’s mother felt that Kara should handle the care of her baby on her own: “My mother left me to take care of him [baby]. I didn’t know what I was doing. Literally, the day I came home, I didn’t know how to make a bottle.” Kara recalled her first night with her new baby: “She [Kara’s mother] left me and him alone that night, and said, ‘You do it.’ She went to bed, and I cried the whole night. I didn’t know what I was doing.” Kara stated that her mother finally asked if she needed help. Kara quickly admitted that she did need help, confessing, “I don’t know how to change his diaper.” Kara added, “He peed and pooped and threw up everywhere! That first night was awful!”

Those who left school. From the group who did not finish school, two participants reported on their experiences of having to leave their homes, and one participant shared her struggle with a lack of emotional support. Helen reported that her family had previously kicked her out of the house, *before* she had become pregnant. Later, when she discovered she was pregnant, she wanted to inform her parents. She recalled her announcement to her mother, saying, “Hey, just so you’re aware . . . I’m pregnant. You’re going to be a grandma.” She acknowledged that they were already estranged before her pregnancy: “They didn’t have anything to do with me anyways. I couldn’t tell you if it was because of the pregnancy or not.” She quipped that there was one positive to not living with her parents, stating, “I was already living outside the house, so I didn’t have to put up with their reaction [to her pregnancy].” However, she admitted her struggle during that time: “My greatest challenge after I became pregnant was having no family support.” Vivian also experienced being forced to leave home after

the announcement of her pregnancy. She described the scene when she and her boyfriend told their parents about the pregnancy. She stated that both mothers were very upset. However, Vivian's mother took the stance that Vivian needed to go live with her boyfriend since they chose to keep the baby: "Because my mom's reaction was that he needed to take me to go live with her [his mom] since we decide to have the baby . . . they needed to come pick me up." Vivian admitted that she was not in favor of the idea, confessing, "I was scared. I'm young at the time. I didn't want to live anywhere else but with my mother. I didn't want to leave." However, her mother's decision was final, as Vivian stated, "They ended up having to come get me . . . I ended up moving in with him [boyfriend]." Vivian related the reality of their living situation: "It was awkward, weird. It was hard. At the time, we were both young. It wasn't the way we expected it was going to be. We didn't have jobs, both of us. So it was kind of a struggle." Vivian only lived with her boyfriend for a few months, and then moved back to her mother's house.

Grace related that her stepmother was a great source of support for her. However, at the start of Grace's motherhood experience, her stepmother was not present to support her. Grace shared that she was on her own when she was giving birth, stating, "The only thing about it [the delivery] was I had to be in the hospital by myself." She explained that it was not a case of her stepmother not being allowed, but, rather, her stepmother not wanting to be present, recalling, "I don't think she wanted to [be in the delivery room]." Grace expressed the difficulty of being alone at that time, but accepted her stepmother's point of view, asserting, "I was scared to be there [hospital] alone, but she [stepmom] wanted me feel what it was to have a baby at a young age. You know, she made me feel the . . . uh . . . the responsibility." Grace also acknowledged that she did not receive support from her stepmother in terms of her education: "She [stepmother] didn't support me in that [education] because I don't think she knew how to support me in that area.

She didn't have one [education] either." Grace explained that her stepmother's progress was achieved through determined effort: "Her [stepmother] life was about skills. She made it through her life with skills and being a hard worker. I learned how to be a hard worker from watching her [stepmother]."

School Factors

School factors referred to support from school personnel from whom participants reported they received assistance. Data concerning this subtheme was not available from those participants who did not complete school. For the group who completed school, the data about support from school staff could be categorized into the following areas: support from teachers, support from counselors, and support from administrators. One participant, April, reported receiving support from the school nurse as well. In regard to experiencing a lack of support from school staff, both groups, completers and non-completers, offered information on their encounters. The data could be categorized into two areas: not being informed about services and a lack of emotional support.

Support from school staff. Of the 11 participants who completed school, 8 participants shared their experiences of assistance from various school personnel. These staff members included teachers, counselors, administrators, and one report of help from the school nurse.

Teacher support. Five participants who completed school described occasions when they received help from their teachers. Three of the five participants described teacher support that came in the form of favors. Missy gave an example of one teacher who allowed her special privileges: "Coach Brown always opened the door to the bathroom because we weren't allowed to go to the bathroom in between classes." Missy explained that having access to the restroom became important towards the end of her pregnancy: "I had that one coach that I would go see when I had to go to the bathroom.

And I remember that because I had to go a lot [to restroom] at the end of my pregnancy.” Similarly, Amanda recounted her own experience of favor that she received from her teacher. She related her situation when her health class was sent to conduct rotations at a hospital:

I was very careful which rotations I would avoid. Just because there were certain situations that I had to be careful of. So when we had to do the psychiatric ward, I didn’t want to do the psychiatric ward. I didn’t want to have a rotation where I couldn’t leave because I feel like I’m in danger.

Amanda explained that her teacher understood her concerns, and was willing to work with her, declaring, “Yes, the teacher was fine with that as long as another student was willing to trade with me. And it was only that specific rotation. All the other ones, I was good with.” She added that the teacher helped with informing the hospital: “My teacher told the hospital about my pregnancy before we started going on rotations so that the hospital was aware that I could not be exposed to certain materials.” Betty also experienced her own episodes of teacher support when she informed her elective teachers at the start of her ninth grade year that she was pregnant:

I told those teachers, my dance teacher and my soccer teacher. They were already requiring me to purchase the clothing that I was going to need for class to get ready because we were going to do all this physical activity. And they were actually . . . they were actually really nice about it.

Betty continued by recalling her teachers’ statements when she told them she was pregnant, stating, “My dance teacher said, ‘Well, I taught this class up until I was eight months pregnant, so I can accommodate your needs.’” Her soccer coach was also helpful, as Betty stated, “My coach said, ‘Don’t worry . . . they [students] can walk four laps, you can walk one. And then you can help me with the rest of the girls. Maybe the

walking will help you.” Betty was pleased with their support: “I was surprised and relieved that my teachers were willing to work with me.” Betty was also grateful for a math teacher that she helped her as well during a difficult time: “My daughter had colic and was awake at nights. So I was awake at night with her, trying to comfort her. So I was always drowsy in class.” However, since math was Betty’s strongest subject, completing the work was not difficult. Betty explained the routine in that class: “The teacher presented the lesson, and then handed out the worksheet.” Betty shared her strategy to get some rest during class: “I was always fast in completing the work because she [teacher] would let me nap.” Betty added that her teacher knew she had a daughter, stating, “The teacher didn’t come out and say go ahead and take a nap, but I just closed my eyes and she acted like she wasn’t looking at the time.” Betty added her good fortune with this teacher: “The best thing was that I had this same math teacher for ninth, tenth, and eleventh grades!”

In addition to receiving favors from teachers, Betty and two other participants, Katia and Mary, described stories of support they received through encouragement from their teachers. Betty was reminded of her shop teacher who offered his support throughout her years in high school: “I had grown a close relationship with him [shop teacher]. That was the only class I ever had him for . . . was shop class.” Although she only had him for one class, he welcomed her visits, as she reminisced, “I always came to him with any problems . . . I always came to him. He helped me a lot.” Betty expressed her trust in him: “I felt like I could confide in him whenever I was having problems or to ask for advice.” Likewise, Katia related her own experience with her ROTC leaders. She explained her situation with those teachers: “Towards the end of my pregnancy, I was not able to participate in the physical activities, but the teachers found tasks for me to do, like paperwork, to make me feel like I was part of the group.” She shared the motivation she

received from those teachers: “My sergeant and my lieutenant were just so encouraging. Even though they were strong male figures with old mentalities, I guess when they saw my determination, they kept me involved.” Mary had similar stories of encouragement, stating, “Some teachers were very . . . like very motherly. And so they would just talk to you. And provide advice. And tried to help me be successful. So I was so close to them.” She reported that her teachers inspired her: “They told me that they knew I was going to be successful and that they believed in me. They uplifted me a lot.” Mary added that her teachers not only spoke statements of encouragement, but also offered her real life advice: “They told me, ‘Try to be somebody, not for yourself, but for your child. It’s no longer about you. Like you have to forget about yourself now. Like this [baby] is a human being.’” Mary recalled the honesty with which they spoke about things that could happen in her life: “They were straight up. They were like, ‘You don’t know who’s going to be around or who’s going to help you.’ They wanted me to have a plan if I ever needed to go it alone with my child.”

Counselor support. Of the 11 participants who finished school, 4 participants discussed their experiences with support from school counselors. April had planned to give her baby up for adoption, but then changed her mind at the last minute. She recalled, “So we just had to let them [school] know that I had the baby. And they started collecting my assignments.” Since she had not planned to keep the baby, she felt certain that her school counselor was the person who began the process of collecting the school work, stating, “I feel like my counselor from the previous year kept in touch with me so they knew when the baby was going to come. So I was able to keep up with my school work.” Michelle explained her struggle to get to school on time, recalling, “I was always running late to school because I had morning sickness. It was hard for me to get ready. So then I got a lot of tardies, and I had to go to detention.” She confessed that she sought

her counselor's help: "I'd always go to my counselor because I'd always get notes from the principal's office. I needed to make up these hours in Saturday D-hall." The amount of detention she had to make up caused her to worry: "So I'd go to my counselor a lot, stressed out . . . I can't make up these hours, I can't go to Saturday D-hall." Michelle shared her counselor's response: "My counselor said, 'Don't worry about it. I'll take care of this. You don't need to stress.'" Michelle acknowledged her counselor's support, stating, "She [counselor] really helped me get through that experience by taking that worry off my mind." Betty shared her own experience of support from her counselor, explaining:

When my counselor found out that I was having those physical classes, she changed me out of them. And she put me in classes that I still needed to graduate. She changed me from dance and soccer, to a speech class and a shop class. I built a dollhouse while I was pregnant which I'm very proud of!

Betty's counselor moved her to classes that were less physically demanding, while not losing credits because of her schedule change. Mary also shared her interactions with her counselor, reporting, "The counselor was very good. She always tried to make sure that I kept my grades up. She made sure that I applied for scholarships." Her counselor also found financial resources to help Mary attend activities, recalling, "If there were special events or whatever, the school would pay for it so that I could go and represent the school. Because of that, I was able to earn scholarship funds to pay for college."

Administrator support. Three participants from the group who completed school discussed their experiences of support received from administrators in their schools. Kara reported that her school administrators were very supportive: "They let me take the baby to school. I was able to take him, and the principals took care of him while I was in class. Their help with child care helped me to finish that school year." Michelle

discussed the help she received from her assistant principal when her mother informed the school about her pregnancy:

My mom emailed one of my APs. And the next day he called me in and said, “Anything that you want to do, we’ll do for you.” They sent out an email to all my teachers saying that I was pregnant. And if I ever needed anything, it was OK for me to leave class when needed.

Michelle also acknowledged her assistant principal’s help with the time she owed in detention for school absences: “I missed a lot of first period, because I didn’t feel well, or had to leave school early. So I had a lot of hours that I had to make up, or else I wouldn’t be able to graduate.” She described the help her administrator gave: “He signed off on all of my hours, which really helped to decrease my stress level.” April explained that she worked as an office aide with her assistant principal. She described how her administrator helped her during this class period:

She [assistant principal] was really good about . . . because it was like an off period. And she was like, “I know you have a small child, and if you need to leave early . . .,” because it was at the end of the day. So if I needed to leave, she would let me. She would say, “Don’t worry about the attendance. I know where you are.”

April commented on her assistant principal’s support, stating, “She gave me the gift of time, and she trusted me because she did not question when I needed to leave. She just asked that I let her know when I was leaving for the day.”

Nurse support. April was the only participant who reported that she received support from her school nurse: “When I was at school, I would pump because I was breastfeeding my son. So I would pump during lunch.” The nurse provided her with a space to conduct her pumping, as well as some guidance: “So the nurse was really good,

making sure that I knew how to store the milk, and made sure I had privacy. That helped me to stay in school, and provide for my baby.”

Lack of school support. Of the 15 participants, 14 participants discussed their experiences when they lacked support from school staff. From the group who completed school, 10 participants shared various stories that involved not receiving information about school services or a lack of emotional support. From the group who did not finish school, the four participants reported their episodes in the same topic areas.

Those who completed school. Three participants, Missy, Katia, and Amanda, reflected on the absence of information about school services. Two participants, Katia and Mary, shared that they felt a lack of emotional support when they felt they were not wanted in their schools. Katia and Amanda, as well as six other participants, expressed feeling a sense of shame and not having emotional support from school staff.

In regard to a lack of information about school services, Missy reported that she could not recall that any staff member reached out to her concerning her pregnancy: “I mean I was pregnant for my whole junior year, so yeah, they knew I was pregnant. I don’t remember any school official saying anything except my English teacher. She asked me if I was pregnant.” However, that was the only inquiry she could recall, stating, “Other than my English teacher, no one else ever asked me anything or asked if I needed anything.” Katia also offered that her school did not present any alternatives, stating, “They never brought me and said, ‘Katia, these are the options. Let’s do this.’ If there were any other choices, I was not aware of them.” In Amanda’s case, her encounter was very similar, relating that her school was experiencing an increase in the student admissions: “I would say they [school] were not very active in that area [services]. I would say because they were very overwhelmed by the enrollment. It was like we fell through the cracks because we were doing OK.” She speculated that if a student was not

causing any problems, most likely, the school was not going to give that person any attention: “If you were doing your classes, and you were doing well, they weren’t looking at you. So I did not get any information about possible options available at school.”

Two participants, Katia and Mary, reported feeling a lack of emotional support when they felt like they were rejected by their schools. Katia relayed a memory she had of her principal:

I remember . . . I will never forget this principal . . . this lady said, right before I was going to give birth to my daughter, she told me, “Girls . . . and she did this (pointing finger) . . . girls like you need to stay at home and take care of their kids. They don’t need an education.

Katia continued by sharing the statement her principal made: “She [principal] saw me in the hall and she told me I was a hazard to the school.” She retorted to the principal, “A hazard? What do you mean a hazard?” Katia revealed the principal’s response: “She told me, ‘You’re not supposed to be at this school. You should be at the pregnant high school . . . the school where other pregnant girls attend.’” Katia said she refused to go to that school, realizing, “It was really you’re on your own. You want to be here, you’re on your own. I knew that I did not have the principal’s support to be present at that school.” Mary shared a similar experience. Shortly after she informed the school that she was pregnant, Mary said, “I was quickly sent to the alternative campus where other pregnant girls attended.” Mary acknowledged that the perception of the administration toward pregnancy was not a positive one, stating, “Instead of automatically saying, ‘Oh she’s pregnant, let’s get rid of her because she’s a hazard. How can we get rid of them [pregnant girls]?’” Mary suggested that administrators take a different approach: “You know, it’s just like, ‘How can we help them? How can we make them feel . . . how can we make them be more successful?’” Mary maintained that administrators should be

more cognizant that being sent to another school made her feel like she was rejected by her home school, asserting, “I would bring up to admin or to the district to just really re-think that. It’s just like how can you create a program to retain them, and not exclude them. Because I felt excluded.” She explained that it was not logical for the change: “I was doing well in my classes, and making friends at my home campus. But the school kept pressing me to change schools, so I finally gave in and moved to the alternative school.”

From the group who completed school, eight participants alluded to lacking emotional support from school staff when they felt a sense of shame concerning their pregnancies. Kara said she experienced feeling less than because of being a pregnant teen: “Because I felt like I was looked down on. I just wanted to get it [school] over and get it done so I could get out of there [school].” She also indicated that she did not seek assistance during that time, admitting, “I didn’t reach out to anybody [for help].” She reported that this episode in her life became a lingering problem for her, stating, “I still struggle with that [feeling shame].” Lani also described her own experience with rejection at school: “I felt others turned away from me. Inside, it was very hurtful, and you know, an abandonment kind of feeling.” April reported that she felt people at school drew conclusions about her based on her being a pregnant teen: “It was kind of like this shame. Because people see you and say, ‘Oh, you’re young and you had a baby.’ It’s just kind of like they judged you on sight.” Then she indicated that she felt pressured to justify her ability to raise a child, stating, “And then it was like proving to people that I could be a mom.” Betty also acknowledged her own challenge to face others’ judgment at school: “No one ever made comments to my face. But people were just . . . I think the stereotype . . . if a teen girl is pregnant, she’s probably not smart or something’s wrong, you know?” Traci also struggled with others’ criticisms, declaring, “I worried about

what people thought and what people were going to say.” She also spoke about being concerned with scrutiny from others, relating, “There’s a certain . . . um . . . perception that they have of you.” She also did not receive direct comments from others, but she did have concerns, mentioning, “They never did it [made comments] to my face, but I knew they were asking, ‘Did you hear what happened to her? Did you see what she did?’” Traci resolved to rely on herself, explaining, “So I just stuck to myself and didn’t worry about it.” Michelle discussed her strategy to conceal her pregnancy from others: “I was actually five months pregnant when I graduated. And I kept it [pregnancy] a secret until I got out of school because the fear of everyone judging me scared me.” She explained that she had a friend who was pregnant in school the prior year, therefore, she saw firsthand how others treated her friend, recalling,

Since my friend went through it [teen pregnancy], I was walking the halls and I saw how it was with her. Everyone would stare at her, you know, talk about her. Walk up and say, “Hey, you’re the pregnant girl.” So that situation was awful.

Thus, her decision to hide her pregnancy as long as she could, repeating, “So I kept it a secret, actually, for a really long time, until of course I graduated.”

Katia reported on the impact she felt from not receiving any counsel or direction from the school. She admonished the school for the lack of emotional support she experienced during that time in her life. She felt strongly that someone going through this event needed guidance from school personnel:

Whether you have family or not [starts crying], but you always have to have someone who is not connected, unbiased to whatever is going on in your actual world. And you always need that figure, whether it’s a teacher, a counselor, a professional . . . an outside person to guide you. To give you that example and tell you, “It can be done!”

She acknowledged that she was still a young person while going through this episode in her life:

Rather than leaving the child alone . . . because you are a child! And it's just so difficult to separate, for a moment, to grow up all of the sudden and say, 'I'm no longer a kid. I need to take responsibility.'

She affirmed that young girls going through teen pregnancy need support from the school: "They [teen mothers] need that constant reassurance that they're not alone. That they can become somebody. And there's resources to complete their education. Not only for their own sake, but for their child." Katia stressed that school personnel needed to continue to send the message to teen mothers about the importance of finishing school, stating, "They [school staff] need to stress that [completing school] until they [school staff] turn blue in the face!"

Amanda shared the struggle she experienced during this time in her life, recounting, "I want to say not being able to . . . not having someone to really go to and really ask for help was really hard." She recognized that she may have played a role in this situation, adding, "I don't know if it was part of my pride of knowing I had done something wrong. I thought it was something wrong. And I decided not to ask for help because I got myself in this situation." In addition to perhaps pride getting in her way, Amanda also acknowledged that part of her problem was also feeling a lack of value:

It [not asking for help] was a lot of not feeling worthy of getting the help. Yes, it was like you got yourself into this situation, you have to make it work, have to do it on your own. Don't ask anyone for help. That was my mentality.

Even though Amanda admitted that her pride got in her way, she also knew that she felt shame for getting pregnant in the first place. She did not receive direct comments from

others, but was aware that there were comments being made about her: “There were some people whispering; not being very forward with it. Instead of just asking me about it, they would just whisper. That was the hardest thing. That just motivated me to finish school as quickly as I could.”

Those who left school. From the group who did not complete school, three participants discussed a lack of information about services available in the school setting. The fourth participant of this group related feeling a lack of emotional support from school personnel. Helen explained that her home life was difficult, as her parents struggled with substance abuse. She indicated that her mother had taught her and her siblings that speaking to school personnel was taboo: “I didn’t know those choices [school services] were available then. I didn’t know that you have a school counselor that you can go talk with about your problems because we were taught at home that these were bad things.” However, Helen was in favor of having school support available for students, declaring, “I think having counselors available, or having options available, or letting people know, ‘Hey this is what we have available, in case you get in trouble. Like we’re here to help.’” She acknowledged that she was not connected to her school prior to dropping out, but her mother’s teachings greatly impacted Helen’s ability to seek assistance:

If I knew what options were available, I could have done that [gotten help]. Being that I was sheltered, and my mom was afraid that they [authorities] would take us away, she taught us that the school was bad, the authorities were bad, they’re all liars, and you don’t trust any of them.

As a result, Helen did not know that there may have been resources for herself and her siblings, affirming, “So growing up with that [ignorance] is difficult. It’s hard to go

against that [parent] at such a young age.” She eventually dropped out of school in her 10th grade year, *prior* to becoming pregnant.

Abigail also was not informed of services available at school, expressing, “You know there wasn’t . . . there might have been options for pregnant girls to finish high school, but I was unaware of them. I was never contacted by anyone or invited into a program.” She shared a story about the interaction she did receive from her school after she decided to drop out: “The only other contact with the school was one day the doorbell rang, and it was the assistant principal, and he wanted my textbooks [laughing]. They were much more interested in my textbooks than they were in me!” She credits her father for doing the research about correspondence courses: “My dad found out about these classes, and that helped me get my diploma. You know, that was important to him [father].”

Vivian also described a lack of support from her school, stating, “They [the school] didn’t say anything. The only thing they did say was to leave the class like five minutes early in order to go to my other classes, like before dismissal.” Although no one explained it to her, she assumed that the permission to leave class early was for her safety: “So you’re not within the whole group . . . or anything can happen I guess, I’m assuming . . . They didn’t say anything.” Vivian also reported that she struggled some days getting to school, stating, “Sometimes I had transportation, and sometimes I didn’t. So it was kind of hard to get transportation. I didn’t have a car, I didn’t have a license, or anything. So I was absent a lot because of that.”

Grace was the only participant from the group who did not complete school who expressed feeling a lack of emotional support from the school, speculating, “The teachers didn’t understand my home life. I wasn’t a bad child.” Despite the lack of understanding from teachers, Grace said she did try to seek help, recalling, “But I would reach out, but

my stepmom . . . my teachers, really didn't know how to deal with me." Grace felt the teachers wanted to help her, but felt she had fallen too far behind in her school work:

There were some teachers that were willing to work with me. I just felt like I was so far gone. And I didn't feel that . . . you might have had one or two that were trying to work with you, but it wasn't enough support for me to get where I needed to be in school.

She explained that her disposition may have contributed to her decline in school, stating, "My teachers liked me. But because of my home, I would stay kind of depressed. So school was like my escape, but I never . . . uh . . . gave it my full potential." She offered that she would have performed differently if given another chance, declaring, "You know, if I could just redo everything, I would put more into it." Grace eventually dropped out of school to work fulltime.

Use of Time

The use of time referred to how the participants occupied their free time. For this category, only two participants who completed school reported that they had been involved in school activities. For the group who did not complete school, none of these participants had been involved with school activities.

Participated with school activities. Two participants from the group who completed school had been involved in school activities. Katia reported that she was involved with the Junior ROTC in her high school, explaining, "I never left my regular classes, including ROTC. I kept my regular schedule. Pregnancy was never a barrier, never." She added that she continued participating in the physical training (PT): "I did the PT . . . the exercises and drills . . . until I got too big to do them." She explained that when she was further into her pregnancy, she had to stop the PT, but was given other duties that she could perform, stating, "I was no longer allowed to participate. But I

became the office clerk. So it was OK. I still had a function. And in my head, it was important to be the office clerk. And I was learning.” She admitted that she understood that she was a liability for the school, but she did not want to stop participating: “They (ROTC) didn’t want to take the risk. I wasn’t physically able to. I didn’t fit in the uniform anymore. So since I refused to leave, they assigned me to be the office clerk.” She also revealed that cost in her status: “I lost my rank when I could not physically participate any longer.” However, after she delivered her baby, she worked her way back, and surpassed the rank she held previously: “I regained my rank in ROTC. And then I became company commander of two companies, not just one. And it was just so many achievements, and my parents were literally in shock. I was able to manage all this.” Betty also spoke about her participation in school activities, stating, “My parents did let me be in school activities. Sophomore year, they allowed me to be in the dance group for band. And they even allowed me to be on the soccer team. I was their manager.” She explained the extra time to do these activities: “I had practice time, and time for games. I put in summer hours with the marching band. I put in Saturday for football games. I even performed a solo. And I attended the games for the soccer team.” She recognized that the demands on her time were a challenge, insisting, “I’m going to say it’s really hard to raise a child while going to school.” Betty affirmed the struggle to juggle school and outside activities, along with raising a child: “My greatest challenge was trying to still have a high school life . . . you know, with a baby.” She added that there were benefits from those extra pursuits, asserting, “Being in those activities helps your college applications.”

Not involved with school activities. The majority of the participants were not involved in school activities. However, they offered their thoughts about the use of their time before they became pregnant. From the group who completed school, two

participants gave their input about the amount of time they had available outside of school. For the group who did not complete school, three participants shared their opinions about this subject matter.

Those who completed school. Two participants, Kara and April, shared their experiences with their use of time prior to becoming pregnant. Kara explained the setting that gave her unsupervised time: “I was on my own a lot because my mother and stepfather both worked. I had a lot of down time. To be honest, it [having sex] was out of pure boredom at first.” She added that being on her own too much led to loneliness, disclosing, “It didn’t take much for someone to convince me to have sex. He (boyfriend) gave me attention, and that’s all it took.” Similarly, April also experienced a lot of time on her own, explaining, “My mom worked a lot. She was just always at work. She would leave early in the morning, before I went to school. And then come in late, after I had gone to bed.” She acknowledged that that arrangement gave her freedom: “I was not supervised, so I could be with her boyfriend, and my mother didn’t know.”

Those who left school. Three participants, Abigail, Vivian, and Grace, reflected on that time in their lives before they became pregnant. Abigail recalled that one of her cousins later told her a story about her grandmother: “Grandma, who was my dad’s mother, blamed my parents for me getting pregnant. She said they [parents] were too busy and not watching me like I should have been [laughing].” Although she laughed about that story, she acknowledged that her grandmother was accurate: “It’s funny, but it’s probably true because I remembered being on my own frequently.” Vivian recognized she may have had too much unoccupied time, stating, “I should have been busier, like more into sports . . . doing things, more involved in school.” Vivian also professed that she was often on her own, stating, “My mom worked nights, so I would leave when I wanted to leave. There wasn’t nobody there to show me . . . that structure,

the way it should be.” She also stated that she did not receive consequences, perhaps because her mother felt guilty about Vivian’s father’s passing: “My mom was so easy on us, well, easy on me because, I guess because I didn’t have my dad, and how he passed away. And she always thought that I needed . . . like she was just easier on me.” Vivian maintained that extracurricular activities had a positive effect on children, expressing, “I think just being involved in school does a lot for kids.” With her own children, she made sure they participated in school activities: “All of my kids have been in sports since they were able to be in sports. And they don’t have that time. You see it. They’re always busy.” She also added that the extracurricular activities aided her kids’ grades: “It [sports] helped them to be successful in school since they had to maintain their grades to participate in sports.” Grace also shared her own experience of being alone: “You know I was young, and I was kind of on my own because my mom, my adopted mom, had just died when I was 10.” Grace added that after her adoptive mother passed away, she had another life change: “I was sent to live with my father. My father remarried when I was 11, but he became like a vegetable after he got sick.” As a result, she was left in the care of her new stepmother, explaining, “I only had my stepmom, because my dad was like a vegetable. And she was kind of bitter because she was stuck in a relationship with two young girls, because her kids were already grown.” As a result of the abrupt changes in their lives, Grace found herself alone, confessing, “I was kind of on my own. Like when I left the house, I was kind of on my own. It’s just that I had too much time on my hands. That situation got me into trouble.”

Summary

The results for Research Question Four presented participants’ discussion of factors that may contribute to school completion. The data showed that the participants had varied experiences when they were pregnant and parenting teens. The participants

reflected on their own personality traits, as they pertained to their ability to finish school. The events they shared described stories of perseverance, overcoming doubt, varying levels of effort, and their outlook on this event in their lives. For some of the participants, their motivation seemed to be charged by a lack of belief from people around them, such as family, teachers, or an administrator. Several of the participants spoke of the demands of taking care of their babies while keeping up with school work, or for some, having to work outside of school. Participants also discussed the influence that support from family had on their ability to finish school. Support from family included financial support, help with child care, support from in-laws, and emotional support. In contrast, some participants reported a lack of support from family, with some having to move away from their families' homes, a lack of help with child care, and an absence of emotional support. In the school setting, participants shared various examples of support they received from school staff, including teachers, counselors, and administrators. However, some participants reported a lack of school support, including not being informed of available services and having a need for emotional support. Finally, participants reflected on how they made use of their time before they became pregnant. Only a couple of participants reported being involved in school activities, while several others reported on having too much idle time. In summary, Table 4.6 displays a comparison of challenges, by school completion method and by participants' current ages.

Table 4.6

Comparison of Challenges by School Completion Method, Current Age, and Survey Total Scores

Participant	School Completion Method	Current Age	CD-RISC Resilience Score (out of 100)	PSS-Fa Support from Family Score (out of 40)	Challenges
Michelle	Grad HS	18	60	35	Drain of energy, increased absences, lack of emotional support from school
Gloria	Grad HS	22	61	32	Needed to work
Betty	Grad HS	24	69	28	Needed to work, lack of emotional support from school
Amanda	Grad HS	25	68	34	Overcome doubt from teacher, lack of information about school options, lack of emotional support from school
Kara	Grad HS	30	64	26	Drain of energy, lack of emotional support from school, not involved in school activities
April	Grad HS	33	100	35	Lack of emotional support from school, not involved in school activities
Vivian	GED	37	NULL	27	Lack of child care, needed to work, forced to leave home, lack of school support, lack of transportation, not involved in school activities
Mary	Grad HS	37	89	28	Forced to leave home, school pressure to change to alterative school

Table 4.6 (con't)

Participant	School Completion Method	Current Age	CD-RISC Resilience Score (out of 100)	PSS-Fa Support from Family Score (out of 40)	Challenges
Katia	Grad HS	38	98	35	Overcome doubt from principal, increased absences, lack of information about school options, lack of emotional support from school, school pressure to change to alternative school
Helen	Correspondence Courses	42	88	35	Needed to work, forced to leave home, lack of family support, lack of information about school options, lack of emotional support from school
Lani	Grad HS	42	92	30	Needed to work, lack of emotional support from school
Grace	GED	45	87	22	Needed to work, lack of emotional support from school, not involved in school activities
Missy	Grad HS	46	98	35	Lack of information about school options
Traci	Grad HS	47	82	36	Lack of emotional support from school
Abigail	Correspondence Courses	70	96	35	Lack of structure in correspondence courses, overcome doubt from teachers, lack of information about school options, not involved in school activities

Research Question Five

Research Question Five, *What type of educational supports can aid pregnant teens to complete their high school education?*, was answered using inductive thematic coding of 15 semi-structured interviews with women who had been pregnant teens or parenting teens while they were in high school. For Research Question Five, the following themes emerged: services available in the regular school setting, services available in the alternative school setting, services available outside of the public school setting, and knowledge and sources about sex.

Services Available in the Regular School Setting

Of the 15 participants, 5 participants who completed school, and 1 participant who did not complete school, Grace, discussed a variety of services that were available to them in the regular school setting. These services included homebound services, day care available in the regular high school, vocational programs, and support programs that were available in their respective schools.

Homebound Services

Homebound services referred to schooling that was provided in the home setting after the participants delivered their babies. The five participants that reported receiving these services were from the group that completed school. Gloria explained the process she followed to receive homebound services: “Yeah, I told the school. I filled out some paperwork, and they set me up for my six weeks of homeschooling, and got me prepared for that.” She added that the person providing the services informed other pertinent staff: “They made sure my teachers knew the situation, and the nurse knew my situation.” She remarked that she was pleased with the service, stating, “So they [homebound] did really good with that [informing school]. So I was able to keep up with my school work.”

April described a similar process as Gloria when she began her services:

So I delivered I want to say a few weeks into when school started. So we just let the school know that I had had my baby, and I would be doing what they call homeward bound? [homebound services] . . . where I could get my . . . somebody would get my assignments and bring them to my house.

April also described the additional academic help available: “If I needed help with anything, they had tutors on standby, if I needed anything. But I didn’t. I would just complete that work by Friday of that week, and they would turn it in.” Like Gloria, this enabled April to keep up with her assignments: “So I didn’t really miss school, even though I was out of school. I never fell behind in my work.” April could not recall how she became aware of the service: “I really don’t remember, but I feel like it [homebound service] was offered from the school. So like when they knew that I was pregnant...I guess they told me about it.” She acknowledged that teen pregnancy could be a challenge to school completion, remarking, “I know it [teen pregnancy] happens all the time, and people don’t finish school when they get pregnant. So they asked me if I wanted to finish school, and I was like yes.” Because she wanted to complete her schooling, April stated that the school informed her of her alternatives: “So they [school] said they had some options that they could offer me, depending on when the baby was born.” Since she delivered her baby after the start of the school year, she was able to utilize the services right away. Lani described a similar process to access the homebound services, stating, “We had to go up to the school beforehand, to get things set up.” She explained her understanding of homebound services: “They had where, I guess if you had an extended illness, they’d come to your house, and they’d bring you your school work. And they’d work with you there. So we arranged that, and that’s what they did.” She reported that she was pregnant in her junior year, and delivered her baby at the beginning of her senior: “I finished my junior year with no problem. But starting senior year . . . school had been in session maybe a week. And then I had to be off. I think it was like three weeks, and

then I went back.” April explained what homebound services did for her: “Since I did not have to be out of school long, I was able to maintain my work with the homebound services.” Mary’s description of the services she received was in line with the other participants: “They did provide homeschooling. He [teacher] would come, he would leave a set of books, and give me my work assignments.” She added that the teacher returned to pick up her work to turn into the school, stating, “He helped me turn in some work to get a grade. Having the homebound services helped me keep up with school work during my recovery time.” Betty also described a similar procedure, stating, “They [homebound services] give you four weeks. And those four weeks I was able to stay at home. They have teachers that bring your homework and stuff for your classes. And they come, I believe, twice a week.” Her delivery occurred at the end of a semester, during final exams, as she explained, “They [homebound] helped me, because I had finals week. I was able to take my finals, I was able to catch up on my homework.” She was also able to finish that semester without falling behind on her work.

Day Care in Regular High School

One participant from the group that completed school, Lani, mentioned that day care services were available in her regular high school. She explained that the service was part of a child care education program for those students who were interested in a working in the child care field: “We did have a day care at school; it was fairly new. We didn’t have it very long, maybe a year.” She explained more about the day care: “The service was not in the school for the purpose of providing child care to pregnant teens, but it was available to those students if they needed that service.” Lani clarified that the students would exchange their time in return for child care, explaining, “You would have to work a class period if you had a child in there.” However, even though this service was available in her school, Lani did not utilize the program for fear of her child being

mistreated by an angry student: “I could see some people taking advantage of that. Back then, in high school, if this person doesn’t like you. What if they hurt your baby because they hate you?” Instead, she chose to use a family friend who had an in-home day care to care for her son.

Vocational Program

Of the five participants who completed school, two participants, Gloria and Lani, reported that they had participated in a cooperative (co-op) vocational program. This program allowed students to leave school earlier in the day to go to work, enabling them to earn an income while also earning credits towards graduation. This program was not specifically geared toward pregnant or parenting teens, but was available for any students in their schools. Gloria explained why she needed to work: “I needed to support my child, so I was looking for a way to be able to work.” She discovered the vocation co-op program was available in her school: “I had a friend who was doing that program, so I went to ask my counselor about it.” She said that the counselor told her the program was to help those students who were interested in business: “It was something like business principles, or something like that.” Gloria explained that the program allowed students to leave earlier in the day, stating, “I would go to school, get off like about 11:00. Around lunch time. I would go spend some time with my little girl for a little bit. And then by 4:00, I would go to work, until 10:00 pm.” Gloria reported how she benefitted from the co-op program: “This program was good for me because I was able to stay in school, and earn an income.” Lani also participated in the vocational co-op program that was offered in her high school. However, when she first enrolled in the class, she realized that she may not have been able to stay in the program because she was having trouble finding a job:

So I was in the co-op program when I started my senior year. In the co-op program, you go to school half a day, and you go to work half a day. And I couldn't find a job because I was on maternity leave. I couldn't start working yet.

She explained that she was working against a deadline to find a job, or she would be moved out of the program: "And you had up until maybe the end of October to find a job or you would be transferred out of that class and put into something else. So then I would be taken out of the co-op class." As a temporary solution, her mother helped her by offering her a job, as Lani explained, "My mom hired me 'quote' as her transcriber because she was a court reporter at the time. And that sufficed for a little bit. But I needed to find one [job] before the deadline." Lani indicated that her temporary job with her mother helped her to get through the first 6 weeks of the class. Then just as the deadline approached, Lani stated that her program got an unexpected request for two student workers for a major business in the community, which was perfect timing for her and another student who had not found a job either: "So we both went. And it was November 1st . . . we started there. And for this business, you usually started in August. So this was an out-of-the-blue type of request!" She stated that this job led to a lifelong career, exclaiming, "And I'm still there twenty-four years later!" Lani reflected on the possible outcomes if she had had to leave the program:

If I had gotten out of the co-op program, I would probably have had to get a job at, you know, fast food, or the mall, or something like that. Not to say that I wouldn't be somewhere now, but I don't know where I would be. Because the challenges were very different. My life could have taken a way different turn.

She also recalled that she had not initially planned to join the co-op program, revealing, "I don't even know if I would have even been in the program! Because I didn't start the program until senior year. If I hadn't gotten pregnant, I don't know if I would have done the program or not." She explained that most of the students in that program began in

their junior year, reporting, “I was not in that program in my junior year. So to start senior year was because those were the options that I had.” She continued to ponder about the difference her life would have taken without the co-op program, speculating:

If I wouldn’t have gotten into the program, then I don’t know what I would have done. I think that’s what saved me. Because I probably could have had me a little part-time job. But it wouldn’t have paid as much as this company. So I probably wouldn’t have been able to afford the day care. I might have had to come to the point where I just had to go work fulltime.

Lani expressed her thoughts about the co-op program’s ability to meet her needs: “Well . . . it did help me finish school because I don’t know if I would have finished school otherwise . . . having him [son].” She added that she continues to be employed with this company currently.

Support Programs

Three participants shared their experiences with a variety of other support programs that were available in their schools. Two participants, Lani and Gloria, completed school, while the third participant, Grace, did not. Lani discussed a parenting class that was offered to her. Gloria reported about a program called Communities in Schools. The third participant, Grace, explained a program that was specific to pregnant and parenting teens.

Parenting class. Lani had previously reported that her school offered a program for students who were interested in pursuing a teaching career. One of the classes that was offered was a parenting class. Lani theorized about why her counselor added her to this class: “So it [parenting class] must have been one of those recommended classes you take since you’re a pregnant teen.” Although she did not choose this class, Lani acknowledged the benefit of this class, admitting, “It was a good class. I liked it. You

know . . . they taught CPR in there, changing, bathing, child development. I learned a lot! I was able to apply the skills I learned in that class with my own child.”

Communities in School. Gloria reported that she had to change high schools after she had her baby. However, both of the schools she attended presented a program called Communities in School. Gloria indicated that the program offered various services, stating, “At two different high schools, the Communities in School teachers were very supportive. They had pregnancy groups, and a lot of different people that I could go to for resources and help.” She added that she also received counseling with this program: “Yeah, I would talk about myself, and they [other students] would talk about themselves. And how they were feeling.” She was also given the opportunity to help other students, revealing, “They would let me offer my advice about how I kind of dealt with some things. My own personal life experience.” Gloria acknowledged the benefit she experienced, sharing, “Just to have somebody to talk to really helped out.” The program also offered referrals to other social service agencies.

Young Mothers to Be. Grace described a program called Young Mothers to Be, which she explained was to support pregnant and parenting teens. She reported that this program was to help guide young mothers, stating, “They would teach us how to prepare ourselves for, you know, about the world and how to be a young teen mother.” She shared some of the skills she learned from this program: “They taught you things like . . . keeping up with your home, your finances . . . even simple stuff, like how you’re supposed to keep your nails.” Grace recalled her lack of training from home, restating, “You know . . . I was really on my own because my stepmother had her hands full with my dad . . . since he was sick.” She offered her appreciation for the program, acknowledging, “I know it was simple stuff, but it meant a lot to me to learn how to be a young lady, because I didn’t have anyone to teach me those things.” She continued to

affirm the benefits of the program, sharing, “It was meant to shape you, you know, into being an all-around, productive young lady, although you have a baby.” She explained that this program was specifically focused on supporting teen parents, indicating, “You had to be a teen mom to be in the program.” She also reported that the program helped students to be prepared for employment: “They would help you get a little summer job. And give us little vouchers or a little check for us to buy some work clothes.” The program also offered support groups for the students, as Grace recalled, “I was able to go to them when I was having down days. So was that helpful for you to have other girls going through the same thing.” Grace exclaimed, “That program was excellent!” However, due to a loss in funding, the program was discontinued not long after she received their services.

Services Available at the Alternative School Setting

Three participants talked about their experiences in an alternative school setting. The alternative school setting referred to a location that was separate from the regular school setting. The three participants’ stories were varied, therefore, each participant’s report of their experiences was discussed separately.

Kara shared that she was given the option to attend an alternative school in her district that was designed for pregnant and parenting teens. The facility offered their own day care services, which Kara utilized for her own child, stating, “It was very convenient because they [school] had their own day care. So I could go to one place for school and child care.” Kara also mentioned that the school let students work at their own speed, adding, “They allowed you to go at your pace, which allowed me to advance in my classes.” Kara explained that another feature of the program was the students’ ability to visit their children during the day:

They allowed us during lunch time to go get our babies and feed them lunch with us. And put them back [in day care]. And then if something was happening, like if they were getting sick, they would call us out of class, and we were able to take care of our babies.

She also described the opportunities to take classes with their children, stating, “They had special classes if you were interested, you could go do. Like art classes that you could do with your baby. Oh I loved it!” However, although Kara was in favor of this school, the district eventually ended the program: “Because they [district] said they’re not trying to promote teen pregnancy. That’s what everybody felt it was doing. So they don’t offer the services anymore. I was disappointed that the district no longer offered this program.”

Unlike Kara, Mary was not given the option of going to the alternative school; she was pressured by her principal to go to that campus. This campus also was specifically designed for pregnant or parenting teens. However, Mary acknowledged that the alternative school had its benefits, including its own day care: “It was very convenient to be able to go to one place. She [daughter] went with me . . . they [day care] just carried her around the school to their room.” Transportation was also included, although it was a challenge, as Mary commented:

The bus was a struggle because when she [daughter] was born, it was really, really cold. It was a harsh winter. And so we had to get up like at four in the morning. And get on the bus. And she was in her carrier. But I didn’t have any other transportation to get there.

Mary discussed that attendance also was never an issue, explaining, “Because my absences were always justified. We were usually going to the doctor, so they always coded it health-related or medical-related. But, you know, you never got docked for attendance.” If Mary was absent frequently, the school staff always followed up: “The

front desk lady . . . she was awesome! She would call me and would track me down. And she'd be like, 'OK, why are you out of school? I haven't seen you in three days. Like what happened?'" Mary stated that the school staff helped to hold her accountable for her attendance. She added that the school offered a parenting class: "Those parenting classes were something we needed. We learned about money, and income taxes. And how to look at your paycheck when you worked, like the deductions, and how to budget." Although there were several positive features of the alternative school, Mary also reported some concerns about the school. She acknowledged that some of the students were only there because they had to be in school, but were not really interested in finishing school: "Most of them were not going to graduate. They would just tell you straight up, 'Oh, I'm just here because I gotta be.' Some of the girls were on their second or third pregnancy." Mary also described the atmosphere at the school:

It was crazy! You had pregnant girls trying to fight. Yeah, my first day on the bus, this girl tried to trip me. They picked fights. And I mean you have this big belly, and they were trying to pick fights. I'm like really? It was crazy!

Finishing school was not everyone's goal, as Mary revealed, "Not everybody graduated. I think for my ceremony . . . I think it was five of us graduating . . . out of 20. Yeah, the others had to go back. They either didn't pass their state test or they didn't get their credits." Mary was also concerned about the less demanding curriculum:

We didn't have any homework because we couldn't carry books. They didn't give us any homework. We did everything in class. And it was basically going through . . . a lot of it was vocational. So it's like how to make crafts, how to make pillows for your baby, we had to make baby clothes, blankets. We made photo albums. But it was mainly vocational. Like stuff that you could do at home . . . you know . . . for your baby.

Mary explained that multiple grade levels were within the same classroom, stating, “We were all different grades, but because we all needed the same class. And, so, you had freshmen, you had sophomores, seniors, juniors.” Mary revealed her preference for the level of difficulty of the work: “I guess another thing would be, as far as the curriculum, I wish it would have been different. Like regular school. Because I think it would have made an impact on how that [school] was perceived.” The ease of the curriculum worked in Mary’s favor, as she announced, “I actually ended up valedictorian. And I got a couple of scholarships because I was valedictorian from that school.” Mary was able to get a full scholarship to a state university.

Grace also attended an alternative school for pregnant and parenting teens. She could not recall the details about being sent to that school: “I don’t know if they [school] noticed that I was pregnant; they saw me. I had to leave and go to the alternative school. It was for all pregnant girls.” She remembered that the school called her stepmother to explain their concerns, reporting, “They [school] suggested because of health concerns and liability, I should go to the alternative school. I went there for the remainder of my pregnancy, and then after I had my baby. Then I returned back to regular school.” Grace described some of the benefits of the alternative campus, sharing, “They [alternative school] just catered more to us. You know, like the nurses . . . and if you had to be out for doctor appointments.” Grace also reported another reason that the school was good for her was because they offered counseling and support groups: “It was a very supportive school for pregnant girls. And one thing I remember is that we did have a special education class. And I felt it made it easier to go to school without being ashamed.”

Services Available Outside of the Public School Setting

Five participants described various services in which they participated that were available outside of the public school setting. One participant, Kara, spoke about her experience at a charter school. Two participants, Helen and Abigail, discussed their involvement with coursework outside the school setting through correspondence courses. Two participants, Grace and Vivian, talked about their work through a General Educational Development (GED) program.

Charter School

Kara discussed her participation at a charter school. She explained that she previously attended an alternative school for parenting teens. She had had a second child during that time. Feeling overwhelmed, she left the alternative school at the end of 10th grade: “I took off in the tenth grade. It was a little much for me . . . because I was so young. And it was just too much for me. So I took off. I took time for myself.” She stayed out of school for a few years, and then returned to the public school to try to complete her education, noting, “I stayed out of school until I was the age of 22. And that’s when I went back to try to get my high school diploma.” She reported that she had gotten ahead during her time at the alternative school, and only needed a few credits to complete her schooling. However, she expressed the difficulty she experienced when she returned to the public school: “I struggled. I had no friends . . . nothing. I was at that age [22], I was the only one . . . that year . . . I was the only who had been pregnant and had kids. It was very embarrassing. I felt ashamed of myself.” As a result, she left the public school when she was in her last year of schooling and went to a charter school:

I didn't finish twelfth there [public school]. I dropped out and went and got my diploma at . . . it's a program . . . like a private school . . . like a charter school. I was able to go through it at a faster pace, than just a regular [school].

Kara clarified that she earned a regular school diploma, stating, "But it's not a GED, it's a diploma." She shared her reasoning for wanting a diploma versus a GED: "I knew that at my age, I was going to need that extra little diploma because when you're going to interview, it just looks a whole lot better with having a diploma and not a GED." With a need to support her children, she thought a diploma would help her, asserting, "I knew with two kids, I was going to need . . . I don't know how to explain it. I wanted that [diploma] because I knew that I was going to need that for my kids." She was able to complete her education through this charter school.

Correspondence Classes

Helen and Abigail shared their experiences taking correspondence courses. In addition, Abigail discussed her participation in night classes. Helen reported that she dropped out of school in the 10th grade, disclosing, "I got expelled my sophomore year, and then that spring I ended up pregnant." She learned about correspondence courses to complete her education, but she could not recall the details, guessing, "I don't remember exactly how I found out about the classes, probably from mailings. This was in 1997. I don't think we had the internet back then. So probably from a mailing." She began the courses a few years after she had her baby, and indicated that it did not take her long to complete the course work: "I started the courses when my child was about five years old, and it took me probably about a year to finish." She explained the process to fulfill the courses, stating, "Since we didn't have the internet back then, you had to mail in your work." She was not certain of the name of the organization she went through, as she tried to recall, "I think it was Phoenix University or some scammy school like that." However, Helen was satisfied with the ability to finish her education, declaring, "It [program]

didn't matter, because it was a quote degree, and I wanted to finish my high school diploma. So I ended up getting it that way. It's a technical diploma, and I'm happy with that." She also reported that her husband was able to finish his schooling with the same program.

Similar to Helen, Abigail participated in correspondence courses to complete her education. She declared that the idea of finishing school was due to her father's insistence, affirming, "It was decided right from the beginning that I would finish high school. That was one of daddy's stipulations. And I agreed . . ." With the support of her husband, her parents, and her in-laws, Abigail pursued the possibility to complete her education. Her father gave her the idea of an alternative method, recalling, "Daddy turned me to correspondence courses. I was going to get my education however that was going to happen." Abigail stated that her father discovered a state university that not only provided college courses, but also a high school equivalency program: "You could take classes and get what was an equivalency, which meant you had the same amount of credits for a minimum high school graduation." She acknowledged that she struggled to complete the course work on her own, declaring, "You know those things [courses] are not structured. You have to structure yourself and discipline yourself. So those were hard for me to do." She described a similar process as Helen for the procedures to complete the classes: "The university mailed me a package. I did the work, and then I had to take a final. But I had to be supervised during the final." She made arrangements with an assistant principal of a high school nearby, explaining, "They [university] mailed the final to him. I would go take my finals over in his office. Then he would mail the final back to the university." After her baby was born, Abigail also began taking night courses at a local high school. She preferred the night classes to the correspondence courses: "I started taking some courses at night school. Those went a lot faster because I had the

structure . . . this is due at this time.” She took both types of classes in an effort to finish her schooling faster, recalling, “I was doing both [correspondence courses and night school] at the same time. I’d have an English course going with the correspondence, and I’d be taking shorthand and typing. The night courses were more of the career oriented.” She admitted that there was an advantage to taking these types of classes:

Of course I didn’t have to take as many classes. I didn’t have to take you know like the PE, and all that other stuff. But I did have to have the basics. I had to have so much English, so much math. I had to have science, I had to have social studies. Just the basics.

Even when she and her husband moved to another city, she continued with her courses, as she maintained, “Right away I found a night school in our new city. So, again, I was doing correspondence courses and night school in our new area.” She also balanced her studies with taking care of her child, declaring, “You know, with a baby . . . there are people who say you can’t have a baby at the same time [as taking courses]. That’s just bull! You can! I just put her in the playpen while I did my work.” She reiterated that the difficulty for her was the self-initiative to complete her work:

I think the hardest part was the lack of structure of those correspondence courses. They’re just so hard . . . and I’m a procrastinator. I work better at the deadline, you know. You can’t do that. You have to do one [assignment] a week, or one every other week.

She explained that the organization that provided the correspondence courses sent her all the work that needed to be completed: “They gave you everything all at the front.” Then she had a year to return the work. Therefore, she was able to determine her pacing to complete the work, stating, “I had to decide how fast or slow to go to finish the work. Pacing myself was the hardest part of those classes.”

General Educational Development (GED)

Grace and Vivian both reported that they had to leave school in order to work full-time to support themselves and their children. As a result, they both chose to complete a General Educational Development (GED) program. Grace explained that she was much older when she decided to try to obtain her GED, stating, “Yes, well, let’s see . . . it was 2004, I had to be in my early 30’s . . . when I got my GED.” She expressed that it was important to her to complete her education, asserting, “I just wanted to get my GED. Because it’s an embarrassing thing to fill out an application, and under education, you put nothing.” She admitted that completing her GED was a fulfilling accomplishment, disclosing, “It felt really good . . . I cried and cried!” She eventually completed her education at the university level. Vivian also explained her motivation to obtain her GED, disclosing, “I got my GED because everyone is always asking, ‘Did you graduate?’ Or they wanted to know if you got your GED.” Since she was older, she knew she had to consider other options, stating, “I knew I wasn’t going to go back to high school. So I looked at doing my GED.” Vivian reported that she attempted the GED program shortly after she left high school: “I actually went to go get my GED when I dropped out . . . taking classes at night.” However, her first experience caused her to become discouraged, admitting, “They gave us a pre-test, and told us the GED was going to be exactly like it. Oh my goodness! It was so hard! So hard! I knew I was not going to be able to do it.” She did not return after taking the pre-test. After some time had passed, a friend encouraged her to try again: “I was talking to a friend, and she said it [GED] was so easy. You can do it!” With her friend’s support, she returned back to the classes and was able to complete her GED.

Knowledge and Sources About Sex

Of the 15 participants, 13 participants gave input about the amount of knowledge they had about sex. They also discussed their sources for information about sex. The subthemes that emerged included the following: lack of knowledge about sex, knowledge about sex, no birth control, parents did not discuss sex, parents discussed sex, school did not teach sex education, and school did teach sex education.

Lack of Knowledge About Sex

Of the 13 participants who discussed the topic of sex, 2 participants, Kara and Katia, reported that they did not have any knowledge about sex prior to becoming pregnant. Kara was 12 years old when she began to have sex with her boyfriend, who was 17 years old. She expressed about her lack of knowledge at that age, stating, “I wasn’t talked to about birth control at all. I wasn’t talked to about sex. None of that was ever discussed with me as a child. So I didn’t know what I was doing was wrong.” She indicated that she did not understand what she was doing, or that she could become pregnant. She also shared that she did not understand the events occurring when she actually became pregnant: “To be honest, my first pregnancy, I did not even know that I was pregnant. I didn’t even know the movements [points to her abdomen] and my belly growing meant there was a baby inside.” She also admitted her confusion with the emotions that were taking place with her boyfriend, revealing, “When I was with him and feeling all those feelings, I didn’t know what those feelings were, what they were going to end up causing. I didn’t know any of that.” She indicated that she continued to struggle with her emotions even though many years have passed since that time.

Katia shared her lack of knowledge about sex. She was the only participant who was married in high school before she became pregnant. Although she was married, she

stated that her pregnancy was unplanned, explaining, “It was more of not being informed about birth control. Not having any knowledge whatsoever about sex.” She described her thoughts about how she would become pregnant:

I honestly thought that [pregnancy] would happen the day that I said, “Yes, I want to get pregnant now.” You know, just by magic . . . [Laughing]. I didn’t even know condoms existed. And birth control? The nurse had told me at the free clinic, “You don’t even know about birth control?”

Katia reported that she actually went to the free clinic with her friend who thought she might be pregnant: “We both got the pregnancy tests at the same time. The biggest shock . . . hers was negative, mine was positive!” Katia described the conversation that followed with the nurse at the clinic: “The nurse asked, ‘Do you want to talk about your options?’ And I’m looking at her like, options? What do you mean options? I was just very naive; unaware of how the world was.” She proceeded to explain the course that she thought she would follow to have children:

In my head, it was all structured . . . you fall in love, you have a boyfriend, you marry that one boyfriend, and you have babies down the line. How soon or how fast after you get married? I don’t know . . . there was never a plan, an idea in my head. Other than I knew that was supposed to happen. You know because life was supposed to happen that way.

She continued describing her conversation with the nurse at the clinic, adding, “When she said options, I’m looking at her like, you know, a little lost puppy. And she’s looking at me like, ‘Do you even know what I’m talking about?’” Katia admitted to the nurse that she did not understand, so her friend explained the nurse’s question: “My friend is cracking up and she’s like, ‘Katia, she’s talking about abortion.’” Katia acknowledged she did not know what an abortion was, stating, “I didn’t know what that [abortion] was? I didn’t know the meaning of the word. And I’m looking at the nurse like this is what

exactly?” After the nurse gave Katia the explanation, Katia declined the procedure and went home to talk with her husband. However, before leaving, Katia revealed that she took home something from the clinic: “I took the pregnancy test because in my head, I was like, ‘I want that for my scrapbook!’ [Laughing] You know the level of innocence. Not knowing what I was getting myself into.” Katia added how her lack of knowledge about sex affected her: “Because I didn’t know anything about sex, I was so unprepared for the journey I was about to begin.”

Knowledge of Sex

Of the 13 participants who discussed the topic of sex, 4 of those participants reported that they had knowledge about sex. April indicated her age when she began to have sex, stating, “I was sexually active when I was 13.” When she informed her mother that she had become involved with sex, her mother proposed the use of birth control: “When I did tell my mom that I was sexually active, she asked me if I wanted to get on the pill.” Initially April took the birth control, but later declined to use it, explaining, “I said no, but my mom still tried to make me. But the pill made me very emotional-like. So I just didn’t want to take it.” The other three participants, Helen, Abigail, and Grace, were from the group who did not finish school. Helen stated simply about her knowledge of sex, indicating, “I just knew that you could get pregnant [from having sex].” Abigail also affirmed her level of knowledge about sex, stating, “I mean I knew sex caused babies.” She added that she and her boyfriend had previously experienced a potential pregnancy prior to her actually becoming pregnant: “We had had a scare before I had actually gotten pregnant.” She explained that her cycle had not come on time, stating, “I knew because I had a late period.” As a result, they took precautions to prevent another incident: “So we were trying to be very careful, and we were trying not to have sex. But it [sex] just kept happening. We just couldn’t control ourselves.” When she did actually

become pregnant, Abigail suspected that she was pregnant, acknowledging, “I was suspicious because I was late again, just like when we had our first scare. But I just didn’t know for sure.” This time Abigail was correct in her suspicion as she later confirmed that she was pregnant. Grace, like Kara, was 12 years old when she became sexually active. Unlike Kara, Grace said she understood the implications of having sex, admitting, “I knew sex could lead to pregnancy.” Therefore, she was not surprised when she became pregnant.

Birth Control

From the group of 13 participants who discussed the topic of sex, 6 participants discussed the use of birth control. Three participants, Missy, Amanda, and Lani, indicated that they did not use any form of birth control. The other three participants, Michelle, Betty, and Abigail, acknowledged the use of birth control, but were not consistent in their use.

Missy reported that she did know about birth control, but she did not use any when she became sexually active, stating, “I knew about it [birth control], but I didn’t use any of that . . . obviously.” Similarly, Amanda indicated she was informed about birth control, but also chose not to use any, declaring, “No, we were aware [about birth control]. We just didn’t take the proper precaution.” Lani and her boyfriend also chose not to utilize any birth control, stating, “We didn’t use protection.” She acknowledged that the possibility of getting pregnant was in the back of their minds, but they did not listen to their own warning: “Yeah, so like on the back of your mind. But like you see on TV, oh that will never happen to us. Just living that denial maybe, or it’s just never going to happen to us.” She admitted that their denial eventually caught up with them, explaining, “Yeah, we didn’t use any sort of protection, so it was going to happen to us eventually.”

Unlike the previous three participants, Michelle was actually using birth control, but temporarily stopped using it: “I was on birth control and I got off of it for a week because I felt bloated. And I was waiting for my cycle to come. But it never did start.” She found herself pregnant after stopping her medication for 1 week. Like Michelle, Betty and her boyfriend implemented the use of birth control when they became sexually active: “We did start off with protection.” However, she reported that they had an unplanned incident without protection, admitting, “We had one time that we accidentally went unprotected.” She explained that the one incident led to several more occasions: “And being young and naive, oh it didn’t happen the first time, so it’s not going to happen the next couple of times.” She explained that she thought perhaps she was not able to conceive, sharing, “So well after the first month, I thought well I just can’t get pregnant.” Her belief led to more incidents of unprotected sex, explaining, “I actually had unprotected for about 3 or 4 months until I actually got pregnant.” Like Betty, Abigail and her boyfriend used birth control, stating, “We had condoms, but I don’t think . . . no, we didn’t . . . yes, he did have condoms, but we didn’t use them consistently enough . . . obviously.”

Parents did not Discuss Sex

Of the 13 participants who discussed the topic of sex, 7 participants reported that their parents did not talk with them about sex. From those seven participants, four came from the group who completed school, and three were from the group who did not complete school.

The four participants from the group who completed school included Missy, Katia, Amanda, and Betty. Missy’s recollection was that her parents did not discuss the topic of sex with her, stating simply, “No, my parents never talked about that [sex] with me. I never had the talk about it with my parents. My parents never discussed it with me.”

Katia indicated that the topic of sex was a forbidden subject for discussion, stating, “It was still a taboo to discuss certain things. And at home, talking about sex was a taboo 100%!” She also indicated that when it came to boys there was a certain protocol to follow in her household:

You know, first, you were not supposed to be dating anybody to begin with. You didn’t speak about boys. Boys were not allowed to call the house. You were not allowed to go hang out with boys. Let alone having a conversation about . . . “Mom, what is sex? Or dad . . . ” . . . never!

Katia added how her parents’ reluctance to discuss the topic of sex affected her: “I was naive about sex, and the possibility of getting pregnant, as well as about birth control.”

Amanda also reported that her mother did not discuss sex with her, except to warn her to refrain from it, declaring, “No, she [mother] didn’t talk to me about it [sex] . . . well, I guess, just don’t do it [giggles].” Amanda added that she did want to talk to her mother about sex, but felt her mother’s own experience kept her from sharing with Amanda: “I felt like I couldn’t ask her [mother] questions. She was a young mom too. I didn’t really realize, until I got pregnant, how young she was.” Amanda acknowledged that it may have been difficult for her mother to have that conversation with her, stating, “It was hard for her to know what to say.” She understood her mother’s hesitation, as Amanda also felt that challenge with her own children: “I’m trying to search right now for the right words, and I just don’t know what to say. That’s the hardest part. Like how to know how to bring it up.” However, she expressed that she was determined to talk more openly about sex with her own children. Betty had a similar experience, indicating that her parents did not discuss sex with her: “I never had the ‘sex’ talk with my parents.” Betty explained that her parents may not have thought it was possible for her to have sex due to her age and grades:

They just thought I wasn't going to do that [sex] so young. I was an honor roll student, and that thought never crossed their mind that I would end up pregnant so young. My mom said, "I just didn't think you had it in you."

Betty wondered if having the discussion of sex with her parents would have made a difference for her, reflecting, "I don't know if they had had it [discussion] with me, if it would have helped. It might have. Because of that, I have decided to be more open with my own daughter about this topic."

From the group who did not complete school, three participants acknowledged that their parents did not discuss the topic of sex with them. Helen repeated that she had left her home prior to becoming pregnant because her home life with her parents had become a challenge. Therefore, she did not feel she could discuss this topic with her parents, asserting, "No way that I could talk to my parents about it!" She had previously reported that her parents struggled with addiction, therefore her parents may not have been concerned with her wellbeing. Abigail reported that her parents did not discuss sex with her, stating, "I never heard it [about sex] from my mother." Instead, she learned some information from another organization: "When I was in Girl Scouts, like maybe in fifth grade, they talked to us about having a period, and I got that information." She shared the information with her mother, but her mother did not elaborate on the subject: "I brought it [handout] home, all the little pamphlets, showed it to my mother, and she said, 'OK, go put that away, we'll talk about it later.' We never did." Abigail explained that her mother's response was not unusual for that time, stating, "My mother was from the generation that you didn't talk about it [sex]." Other than the information from the Girl Scouts, she did not get any other information about sex from home. Grace also shared that she did not receive any information about sex from home, stating, "No, not at home . . . no, I didn't get any information from my stepmother." She previously reported

that her home life was difficult because of various changes in her guardianship, leaving her in the care of her stepmother.

Parents Discussed Sex

From the group of 13 participants who discussed the topic of sex, 2 participants reported that their parents did discuss this information with them. Gloria shared that her mother was willing to discuss this topic with her, indicating, “My mom was very open about it [sex] with me. She would always tell me to talk about it with her and confide in her. So I felt comfortable approaching my mother about this topic.” Likewise, April reported that she informed her mother when she had become sexually active. When they had this conversation, April shared that her mother offered to help her with birth control, stating, “When I did tell my mom that I was sexually active, she asked me if I wanted to get on the pill. But the pill had side effects that I did not like, so I stopped taking it.”

School did not Teach Sex Education

Of the 13 participants who discussed the topic of sex, 4 of those participants mentioned that the school did not present information on sex education. Three participants, Kara, Gloria, and Katia, were from the group who completed school. The fourth participant, Grace, was from the group who did not complete school. Kara acknowledged that she realized the schools taught sex education now, stating, “They [school] do now. It was talked about with my own children.” However, she stated that she did not receive that information when she was in school: “But not when I was younger. Not even in elementary or intermediate. They [schools] hadn’t started that yet.” Gloria expressed a similar sentiment, reporting, “The schools didn’t really have much on sex ed.” Katia shared a comparable statement about when she was a student in the school: “No, I didn’t get school education about sex.” She added that her source of information was her peers, declaring, “And the little bit that we knew came from our

friends.” Grace also expressed that she did not receive any information from the school, stating simply, “No . . . no, the school did not teach us anything about sex.”

School did Teach Sex Education

Of the 13 participants who talked about the topic of sex, 3 participants acknowledged that they had received some sex education in school. Two of those participants, Missy and Amanda, were from the group who completed school, while the third participant was from the group who did not complete school. Missy stated that she did received some education about sex from the media and from her school: “So what I knew about it [sex], I learned from TV or in my 7th grade health class.” Amanda reported that her school also presented sex education, however, the students may not have taken the class seriously, as Amanda explained: “They did [teach sex education], but it was, like many high schoolers think, it was like an off period. So you didn’t really pay attention.” She advised that the mindset of the teenager could have interfered with accepting the information presented, stating, “It’s really hard to expect us, for the people that do, because it’s like here we go again. It’s that mentality, ‘Ehh, it’s not going to happen to me.’” Nevertheless, she admitted that she did receive some information: “I did have some resources there [school].” Vivian also acknowledged that she received some fundamental information, reporting, “You know . . . the basics at school, which they give you when you’re at school.”

Summary

The results for Research Question 5 included participants’ reports of educational supports that may aid with school completion. Participants discussed services that were available in the regular school setting, including homebound services, the availability of day care within the regular school, vocational programs that allowed participants to work and attend school, and various support programs that offered services for pregnant and

parenting teens. For a small number of participants, they described services that were available in an alternative school setting. Those services included the availability of day care, the ability to advance in classes, child visitation during the day, transportation, leniency with attendance, and support groups. However, for one participant, the alternative school setting also had a less demanding curriculum, and students who were less motivated to finish school. For a few participants who left before finishing school, they discussed the services they utilized to complete their education, including attending a charter school, enrolling in correspondence classes and night courses, and completing a GED. Finally, participants discussed their level of knowledge about sex and sources of information. Some participants had no prior knowledge about sex before becoming pregnant, while others had some knowledge, including information about birth control. However, knowledge of birth control did not necessarily mean they utilized the products. About half of the participants acknowledged that their parents did not discuss the topic of sex with them, while a couple of participants reported that their parents were willing to talk about sex with them. Finally, the participants discussed whether or not they received sex education from the school. A small number reported that they did not receive any classes from school, while a small number did receive training from school.

CHAPTER V:

SUMMARY, IMPLICATIONS, RECOMMENDATIONS, LIMITATIONS, AND CONCLUSIONS

The purpose of this study was to determine factors that contribute to helping pregnant and parenting teens complete their high school education. Literature in the area of teen pregnancy prevention programs was quite extensive (Herrman et al., 2012; Oman et al., 2015; Saunders et al., 2011; Smith & Wagoner, 2009; Workman et al., 2015). However, information was lacking on supports and programs that were implemented once a teen did become pregnant, and how best to help her complete her education.

One area that was explored to determine its influence on school completion in pregnant and parenting teens was the subject of resiliency. Resiliency referred to the ability to manage adversity, while continuing to adapt, change, and progress (Krovetz, 1999). Several factors played a role in building and maintaining resiliency, including personal characteristics, family support, environmental (or school) supports, and positive use of time (Fortin et al., 2006; Futris et al., 2012; Lessard et al., 2014; McMillan & Reed, 1993; Wayman, 2002).

Another area of exploration was the impact of perceived social support from family on school completion for pregnant and parenting teens. Perceived social support was described as the belief that one has others on whom they can depend (Reid et al., 2016). The literature has also examined the concept of resilience of the family as a whole (Syvertsen et al., 2012; Walsh, 1996), as well as the influence of family strengths on resilience, considering factors inside and outside the family unit (Walsh, 1996, 2016).

For the purposes of this study, the focus was on perceived social support from family in order to explore the impact on individual resilience.

The remainder of this chapter summarizes the findings of this study and compares the results with the previous research literature. Implications for educators, as well as recommendations for future research, limitations, and conclusions are also included.

Summary of Findings

This current study was an explanatory sequential mixed methods design that was conducted during the fall of 2017. Participants were located through a community pregnancy center in the school district of study, snowball sampling, and a mail out process to former students who had been identified as receiving pregnancy-related services in a large suburban school district in southeast Texas. All of the participants were female, 18 years old or older, and had already graduated or dropped out of school. In the first portion of the study, quantitative data were collected from 30 participants who completed the *Connor-Davidson Resilience Scale* (CD-RISC) and the *Perceived Social Support-From Family* (PSS-Fa) with supplemental demographic questions. In the second portion of the study, qualitative data were collected from 15 participants who agreed to participate in semi-structured interviews.

The results of quantitative data did not find a significant difference in levels of resilience or levels of perceived social support from families between those who completed school and those who did not. In addition, there was no significant relationship found between resilience and perceived social support from family. Therefore, the summary of findings will focus on the results of the qualitative data.

Factors Contributing to Individual Resilience

Kane et al. (2013) found that teen mothers only lacked a little over one-half year of schooling (0.53 years less), compared to female students who were not teen mothers. In the current sample of this study, almost three-fourths of the participants (73.3%) had completed school, while the remainder had not (26.7%). Kane et al. (2013) also found that a combination of certain factors could lessen the treatment effect by 35%. These factors included individual, family, school, and community aspects (Kane et al., 2013). Literature on resiliency discussed similar factors that may contribute to the development of this characteristic. These factors included personal attributes, family support, environmental supports, and positive use of time (Fortin et al., 2006; Futris et al., 2012; Lessard et al., 2014; McMillan & Reed, 1993; Wayman, 2002). The interviews with participants explored these factors in more depth.

Personal attributes. During interviews, participants shared their experiences of teen pregnancy and the impact that event had on their abilities to complete their education. Six participants spoke about their determination to finish school. Of these six participants, two chose to leave school after becoming pregnant, but were still resolved in their efforts to finish their schooling. As these students demonstrated, students who were willing to work hard, had goals, and were motivated toward attaining those goals were found to be more resilient (McMillan & Reed, 1993). The participants from the group who completed school mentioned having a mindset toward finishing school, and not allowing their pregnancies to become a barrier to their goal of completing their education. These students' beliefs in themselves and their abilities to finish school helped them to

accomplish their goal of school completion (Drapeau et al., 2007). In spite of physical illness (e.g., morning sickness) and a lack of sleep from staying up through the nights with colicky babies, these participants continued to force themselves to attend school, which demonstrated their persistence to complete school. Persistence was a coping strategy found more often in resilient students (Martin & Marsh 2006). Several of these participants also affirmed that the option to not complete school never entered their minds. For the two participants who left school, they pursued other means to reach their goal of finishing school, with one participant using correspondence courses and night school, and the other participant completing her GED. Both groups demonstrated their resiliency toward finishing school by relying on their strengths, formulating goals, and determining strategies to accomplish those goals. Being able to rely on one's assets, set goals, and make plans to reach those goals also results in more resiliency (Lessard et al., 2014).

In addition to the perseverance of some participants, a small number of participants discussed incidents they had to overcome when others around them lacked faith in their abilities to finish school. Two participants reported on the negative feedback they received from school personnel who tried to discourage them from finishing school. Pregnant and parenting teens may experience social disapproval from their families and others around them (Mollborn & Jacobs, 2012). Both of these participants described an "I'll show you" attitude by staying in school and relishing in their accomplishments when they did graduate. One participant who had left school shared when she had received word about her former teachers' doubts concerning her

ability to finish school. She explained that this lack of faith actually encouraged her and made her more determined to finish her education. Although she received negative feedback from her teachers, she was able to overcome those thoughts and prove them wrong, demonstrating her resiliency. The ability to resist negative stigmas and cultural stereotypes may actually contribute to the development of resiliency (Solivan et al., 2015).

Participants also reported on the physical impact that their pregnancies had on them. For one-third of the participants, they indicated that there was no change in their ability to keep up with their school work. For them, the care of their babies just became an addition to their routines and did not affect their grades. However, for a few others, they struggled with the drain of energy they felt, which resulted in increased absences and tardiness, sleeping in classes, and decreases in grades. For a few participants, the need to work to support their child became a distractor from school and the time with their children. For the group who did not complete school, the majority reported that their primary reason for leaving school was to obtain income to support their children. The fact that most of those who did not complete school mentioned that the need to work was a primary reason they left is not surprising since the need to earn an income due to early parenthood was reported as the second highest ranking risk factor for school dropout (Hammond et al., 2007).

The final area of personal attributes that was discussed concerned the participants' outlook during that event in their lives. One participant took an optimistic stance, trying to look for the positive aspects of this experience. Her positive attitude may have

contributed to her level of resilience toward finishing school, as well as helped her to gain support from others around her (McMillan & Reed, 1993; Solivan et al., 2015). Two participants realized that they gave too much attention focused on the negativity during that time, which may have impacted their confidence in their ability to reach their goals (Martin & Marsh, 2006). Four participants discussed the role that spirituality played for them, finding comfort in believing that their pregnancies were part of a divine plan. Being able to make sense of their situations by finding meaning and purpose with their experiences during that time may have contributed to their resiliency (Raftopoulos & Bates, 2011). For these participants, examining the role of spirituality in their lives was important to them to overcome their challenges (Ponds, 2014).

Family factors. Overwhelmingly, participants referred to the support of family, for both financial and non-financial means, as critical in their journey to complete school. This was evident in the quantitative data and the qualitative data. The demographic information from the quantitative data indicated that over half of the sample (53.3%) listed their parents as a financial resource, and two-thirds (66.7%) listed their parents for non-financial support. In the qualitative data, participants shared that their parents provided for the expenses of supplies, medical care, and housing. Although several of the participants reported that they had to work to earn some income, they maintained that their parents accepted a good portion of their babies' financial needs. A few participants reported that their parents preferred that they did not work, in order to focus on finishing school. For one participant who did not complete school, although she left school to work full time, she also indicated that her mother helped her with the expenses of her

baby. Family assets include being able to nurture relationships, establish routines, maintain expectations, and adapt to challenges (Syvertsen et al., 2012). The presence of family assets may have contributing factors to the development of resiliency within these participants' families (Syvertsen et al., 2012).

Two-thirds of the participants reported that their families helped them by providing child care. Most often this care was furnished by their mothers, however, other family members were mentioned, including siblings, grandmothers, aunts, and in-laws. One participant stated that she felt her mother's provision of child care made the difference for her to complete school. A couple of participants described the group effort that occurred in the evenings when various family members provided child care in order for the participants to manage time to do homework. The support that these participants received from their whole family unit may also have contributed to the development of their resiliency (Syvertsen et al., 2012; Walsh, 1996, 2003, 2016). One participant who left school in order to work full time also acknowledged the child care her stepmother provided so that the participant could go to work. For a few participants, their in-laws played a significant role in providing financial support, most times after being rejected by their own families after becoming pregnant. In the study by Solivan et al. (2015), participants in that study also reported a greater amount of support from family, particularly from their own mothers.

Another area of support received from family was in the form of emotional support. For several participants, the news of their pregnancies was not well received by their families. However, several participants reported that after the shock had worn off,

their families rallied around them, encouraged them, and were supportive in their journeys. These participants described how the role of relationships with a family member or a caregiver was critical in the development of their resiliency (Drapeau et al., 2007; McMillan & Reed, 1993; Werner, 1984). These results were also reflected in the study by Solivan et al. (2015), where participants reported that the news of their pregnancies was not well accepted by their families; however, their families eventually accepted the news and provided support in the form of child care, financial support, housing, and supplies. Similar results were expressed in the stories from participants of this current study, describing emotional reactions from family members at the news of their pregnancies, but then receiving support with housing, finances, child care, and supplies.

For a few of the participants in this current study, acceptance of their news and provision of support from their families did not automatically occur. One-third of the participants shared their experiences when their families did not offer them support, either financially or emotionally. For a couple of participants who completed school, their situations started without support from their families, but eventually their parents came around and offered their support, usually after the birth of their babies. From the group who did not complete school, two participants reported that they had to leave their homes. One of those participants became homeless for a while but was able to manage living with her boyfriend. However, she noted that her greatest challenge during that time in her life was not having the support of her family. The other participant eventually returned to her mother's home, therefore she did receive her parent's support after the

fact. A third participant who did not complete school reported that although she received the support of her stepmother, initially her stepmother did not offer her emotional support. The participant reported that she felt that was her stepmother's way to have her experience the full responsibility of having a baby. These participants reported that they lost connections with their support system after becoming pregnant, due to the strain on their relationships and due to their parents experiencing a sense of shame about their pregnancies (Jacobs & Mollborn, 2012).

School factors. Participants who completed school reported on their experiences in regard to support they received from school personnel. For this factor, data were not available from any of the participants from the group who did not complete school. In this study, teacher support was demonstrated with special regard and understanding of these participants' individual needs. Participants received special favors, like bathroom privileges, which could be critical while being pregnant, flexibility with assignments and expectations, and sympathy with the demands of being a teen parent. A few participants reported on the encouragement they received from their teachers, resulting in long-lasting relationships that carried them throughout their school years, even when the participant no longer had a class with that teacher. Lessard et al. (2014) found that students who had a good relationship with a teacher tended to be more resilient. Additionally, students who felt that teachers were available to listen to their problems, and treated them with compassion, were more likely to stay in school (Collins, 2003).

Participants also shared similar stories of support that they received from counselors. Counselor support came in the form of schedule changes to keep the

participants in classes that would count toward graduation. In addition, counselors helped some participants connect with the process to collect assignments when the participants went on maternity leave. Counselors also helped eliminate detention after accumulating too much tardiness, as was reported by one participant when she came late to school due to morning sickness. Likewise, participants spoke about support received from administrators who helped take care of one participant's baby, were lenient with absences, and allowed another participant permission to leave school early. This same participant described the extra attention she received from the school nurse so that she could pump during the school day.

On the other hand, almost all the participants (14) had some comment about the lack of school support in regard to not being informed of available services/options or feeling a lack of emotional support. From the group who completed school, three participants indicated that they did not recall staff members reaching out to them to discuss possible alternatives available to them when it was discovered they were pregnant. One of these participants added that students who were not causing problems would not likely get any attention from school staff and were likely to "fall through the cracks." From the group who did not complete school, three participants also commented about the lack of information they received when they became pregnant. As a result of her mother's influence, one of these participants did not even know that a school counselor was someone she could go to for help. The lack of a process to monitor students who were in need of support or interventions may have contributed to the

absence of school support that these participants experienced and may have contributed to some choosing to drop out of school (Rumberger et al., 2017).

In regard to feeling a lack of emotional support from school staff, eight participants discussed their experiences with rejection from their schools and feeling a sense of shame about their pregnancies. Two of those participants reported being told that they did not belong at the school and needed to go to the “pregnant” school, pressuring them to go to the alternative school for pregnant teens. According to Arnoldy (2011), under the Title IX mandates, pregnant and parenting students cannot be forced to leave the school, and the school must make accommodations as they would for any other student with a temporary disability. Additional participants shared their experiences of feeling judged by other students and staff. The participants acknowledged that they did not receive direct comments from others, but often felt people were talking about them behind their backs. As a result, several struggled with their own feelings of insecurity and lack of confidence during that time, which may have impacted their mental health (Bellieni & Buonocore, 2013), and placed them at risk for mental health disorders (Hayatbakhsh et al., 2011).

Several participants accepted ownership that they did not seek help from a school staff member during that time. However, one participant took the stance that the school should take some responsibility for providing some form of guidance during situations like teen pregnancy. Participants who described positive contacts and relationships with school staff seemed more resilient (Wayman, 2002). Additionally, participants who

reported positive relationships with school staff indicated that they felt they could go to them for advice and support to work through their challenges (Wayman, 2002).

Use of time. Only two participants reported that they were involved with school activities. Both reported that they felt useful and felt like they were a part of a group. They both described a sense of pride and accomplishment about being able to keep up with their school activities and the demands of parenthood (McMillan & Reed, 1993). They also reported that they felt it important to belong to a school group, which helped them develop a positive attitude about school, and helped them to foster positive relationships with their teachers (Werner, 1984).

The other participants, who were not involved with school activities, reflected on the abundance of free time they had, which they acknowledged most likely led to the conditions that caused them to become pregnant. One participant reported that her first experiences with sex resulted out of boredom from too much down time and loneliness, as both of her parents worked long hours. Several participants reported that a lack of supervision on their parents' part led to opportunities that led to their pregnancies. One participant shared that her own experience taught her that too much idle time was not a good thing, adding that she resolved to have her own kids involved in sports and school activities so that they would not have free time available. Although the parents of these participants were working multiple jobs to provide for their families, the situations of less supervision may have contributed to the opportunities that led to the participants becoming pregnant (Aparicio et al., 2016).

Educational Options

The literature search discussed various options available to pregnant and parenting teens to help them complete their education (“Finishing school as a mom,” 2009; Kennedy, 2012; Kronholz, 2012; Tyler & Lofstrom, 2009). Some of these options included alternative schools for pregnant and parenting teens, schools that provide day care (either in-house or outside the school), homeschool, online school, night school, and community college. The following results are the programming options that the participants in this study reported. In addition, participants discussed whether or not they received sex education.

Homebound services. One-third of the participants reported that they had received homebound services. According to TEA (2016), students who have a medical condition, documented by a medical physician, that confines them to home or a hospital for at least 4 weeks may receive homebound services to receive their instruction. The participants described similar processes of informing the school, completing required paperwork, and then receiving services at home for 4 to 6 weeks. They also expressed positive comments about the services, stating that those services enabled them to stay current with their school work. The participants’ descriptions of the services seemed to indicate more of a transport system to bring assignments to the home and return finished work to the school. However, the overall feedback was positive about this service.

Day care in regular high school. Only one participant reported that day care services were available in her high school. The care center was not specifically for pregnant and parenting teens; rather, it was part of a child care preparation program.

However, the school made the services available for students who may have become teen parents, even if they were not in that particular program. This participant did not utilize the school's day care for fear that her baby may be mistreated by a fellow student who may have had a disagreement with her. Nonetheless, she acknowledged that having day care services available in the school could be beneficial for teen parents.

Vocational education. Two participants shared their experiences participating in a cooperative vocational program in their schools. This type of program allowed them to attend school for half of their day, then leave to work for the other half of their day. Not only were they able to earn an income, which was critical for their situation, but they were also able to continue to earn credits toward graduation as their work time counted as part of their coursework. Overall, their feedback was positive about this type of program. Again, this program was not specifically geared toward teen parents, but was available to them. For both of these students, they expressed their gratitude that they were able to stay in school and able to earn an income. Both acknowledged they may not have been able to finish school if they had had to leave to earn an income. Because the school made the curriculum and programs available, these participants were able to make connections between the school and their future careers (Polidano & Tabasso, 2014; Rumberger et al., 2017; Tyler & Lofstrom, 2009).

Support programs. Three participants discussed the assistance they received through various support programs that were available in their high schools. One participant reported on a parenting class that her counselor recommended. This was the same participant who discussed the day care center available in her high school;

therefore, this parenting class was a part of the child care preparation program. However, teen parents were able to enroll in this class to help prepare them for their new babies. This participant stated that this class was very helpful for her to prepare for her baby and taught her several skills that she implemented with her son. Another participant reported about the Communities in School (CIS) program that was available at the two high schools she attended. This participant shared that she was able to receive counseling from CIS for the stress that she incurred as a result of her situation (Mollborn & Morningstar, 2009), which she acknowledged was very beneficial for her during this time in her life. The CIS also referred her to other social service agencies for other needs. The third participant discussed a program that was specifically designed for teen parents. She credited this program for not only teaching her skills she needed to work with her child, but also acknowledged that this program taught her other skills that she was not getting at home, like grooming and finances. She was highly disappointed when funding was ended, and the program was dissolved. This type of program provided the types of support to address her individual needs in order to prevent her from dropping out of school (Rumberger et al., 2017).

Alternative schools. The research indicated that the use of alternative schools for pregnant and parenting teens has been on a steady decline (Arnoldy, 2008). Three participants discussed their experiences in alternative school settings that were specifically designed for teen parents. Two of those participants reported that day care and transportation services were available at those schools, which made it very convenient for them to attend school and provide care for their babies. The provision of

multiple services in one location was an effective arrangement for these participants (Amin et al., 2006). One participant added that her campus allowed visits with their children during the day, which she appreciated very much. However, she commented that the district discontinued the alternative school for teen parents because they felt the convenience of the services (e.g., day care) only encouraged more teen pregnancies. The second participant reported that she was not given the option to attend the alternative; instead she was pressured to change schools. Yet she did admit that the convenience of day care in the alternative school was an advantage. Also, she noted that the alternative school was more lenient with attendance, which helped when she had doctor appointments, and the small student-teacher ratio allowed her more individualized attention. Her only complaints were that the curriculum was not very challenging, which was a concern reflected in the literature (Kaufman, 2011), and some students were not focused on finishing school, which resulted in some discipline problems. The third participant who attended an alternative school indicated that she benefitted from that setting because they offered counseling and support groups, which she said reduced her sense of shame concerning her pregnancy. She reported that she felt more supported in a smaller environment, and was able to develop better relationships with teachers, which motivated her to do better in school (Amin et al., 2006; Lagana-Reiordan et al., 2011).

Services outside of public school. The participants who left school discussed the options they utilized to complete their education. One participant attempted to return to the regular school in order to complete her education, but she indicated that she became overwhelmed with the demands of the regular school and left school again. However,

this time she encountered a charter school that allowed her to complete her last credit requirements and was able to earn her diploma. That particular program allowed her to work at a faster pace than a regular school, which encouraged her to finish her classes. Two other participants reported that they completed their education through correspondence courses. Their descriptions indicated that coursework was mailed to them, and then they mailed back their completed work. This allowed them to work at their own pace and within their own schedule, which made the process convenient for them. Both participants acknowledged that the current availability of the internet provided more opportunities for students to access coursework outside of the regular school setting (Kronholz, 2012). One of these participants added classes at a night school in an effort to complete her coursework sooner. Since she participated in two different types of programs, she noted that the correspondence coursework was given all at once, and the pacing and structure was dependent on the student. She acknowledged that she struggled to be self-disciplined with those type of courses. Therefore, she recognized that independent study courses may not be an effective choice for every student (Kronholz, 2012). Finally, two other participants shared their experiences with completing their GED. Both reported that they accomplished their efforts several years after dropping out of school. Both expressed their feelings of accomplishment after obtaining their GED, which led to further education afterwards. The literature supported the experiences of these participants which indicated that the GED gave students who left school a second chance at completing their high school education, opened doors to furthering their

education, and offered emotional gains at the sense of accomplishment (Bowen & Nantz, 2014; Tyler & Loftstrom, 2009).

Sex education. Most of the participants (13) reported on the amount of information they had concerning sex prior to becoming pregnant. Overwhelmingly, the results indicated that they had not received either formal or informal education about reproduction and/or contraceptives. Two participants stated that they had no prior knowledge about sex and did not understand the implications of their actions which resulted in their pregnancies. Four participants discussed their knowledge about sex, which indicated that they understood that sexual behavior could lead to pregnancy. Six participants discussed their knowledge about birth control, which mainly consisted of lack of use or inconsistent use of contraceptives. Seven participants indicated that their parents did not discuss sex with them, either due to choice, embarrassment, or cultural taboo, which was consistent with the literature that parents may be resistant to providing sex education (Craft et al., 2016; Wakley, 2011). Only two participants acknowledged that their parents had spoken with them about sex. Four participants reported that they received some form of sex education at school, although the curriculum was basic information, and not specifically a teen pregnancy prevention program (Arons et al., 2016; Craft et al., 2016; Lindberg & Maddow-Zimet, 2012; Oman et al., 2015). Three participants reported they had not received any sex education at school, which also was consistent with the literature indicating school districts' resistance to the provision of sex education (Craft et al., 2016; Wakley, 2011).

Comparisons by method, current age, and survey total scores. A comparison of participants' challenges was completed based on the school completion method, the participants' current ages, and survey total scores, contrasting the struggles that participants reported to determine similarities and differences. According to the results listed in Table 4.6, some of the same trials appeared, regardless of the method of school completion. For instance, those who completed school and those who did not indicated a need to work to earn an income to provide for their children, which was supported by the literature that found that the need to work due to parenthood was ranked second as the reason that students left school (Hammond et al., 2007). However, those who did not complete school seemed to have additional needs including child care and transportation. They may have benefitted from programs that can offer a range of services in one location, as the literature indicated that these types of comprehensive service programs were beneficial to help students finish school (Amin et al., 2006).

Likewise, when comparing participants' current ages, some of the same challenges appeared, regardless of how recent the teen pregnancy occurred. Some of these similarities included the necessity to work to earn an income (Hammond et al., 2007), and the lack of involvement in school activities (McMillan & Reed, 1993; Werner, 1984). However, literature was not found that supported the finding that these participants lacked information about school options, although the literature recommended a monitoring system to identify students in need of support as a preventative measure for school dropout (Rumberger et al., 2017).

The most frequently appearing struggle was the lack of emotional support from the school. That obstacle seemed to cross both categories of school completion method and current age. Participants did share stories about receiving support from some school personnel, which was beneficial to helping them stay in school (Collins, 2003; McMillan & Reed, 1993; Wayman 2002). However, there were more reports concerning the absence of emotional support (Mollborn & Jacobs, 2012), especially in regard to feelings of shame and worthlessness. A few participants reported that they had participated in counseling services, but that occurred at the alternative schools (Amin et al., 2006; Lagana-Riordan et al., 2011), and not at the mainstream campuses.

Finally, a comparison of the total sum scores was reviewed, comparing interview participants' method of school completion and current ages. On the *Connor-Davidson Resilience Scale* (CD-RISC) participants could obtain a total score ranging from 0-100. The interview participants obtained scores that ranged from 60-100, with only one participant's score not reported due to incomplete responses. There did not seem to be a pattern in these scores, as five of the lower scores (60-69) were obtained by participants who had completed school, and their ages ranged from 18 to 30 years of age. The remainder of the scores ranged from 87 (for one who completed her GED) to 100 (for one who finished school), and all remaining scores falling somewhere in between. The age ranges for those scores ranged from age 37 to age 70. On the *Perceived Social Support from Family* (PSS-Fa) scale, participants could potentially obtain a total score ranging from 0-40. The interview participants obtained scores ranging from 22-36. The person with the lowest score (22) completed her GED and her age was 45, while the person with

the highest score (36) graduated from high school, and her age was 47. The most frequently obtained score (35) was received by six participants, and their ages were 18, 33, 38, 42, 46, and 70. The remainder of the scores fell in between 22-36, and the ages ranged from 30-42. Again, there did not appear to be a pattern found in these results.

Implications

Throughout this investigation, the collected evidence indicated that resilience can be a determining factor for at-risk students in regard to school completion.

Acknowledging that the state education agency has identified pregnant and parenting teens as part of the at-risk category (TEA, 2016), the impact of resiliency may be significant for this population. The current literature presented recommendations to prevent dropout from occurring, including a monitoring system to track the progress of all students and implement interventions (Rumberger et al., 2017). Various educational options were reviewed that presented effective results, such as vocational education (Polidano & Tabasso, 2014), alternative schools (Amin et al., 2006; Laguna-Riordan et al., 2011), online programs (Corry, 2016), and GED programs (Bowen & Nantz, 2014). However, literature was lacking that was specific to support female teenagers, not for teen pregnancy preventative measures, but for services and programs to help them to complete their education after they become pregnant. Only one study from recent literature was found that presented support that addressed teen parents (Crespo, 2015). In addition, interview participants discussed their need for emotional support, which they reported was lacking in the school setting. Although some literature discussed the benefits of positive teacher-student relationships (Collins, 2003; Divoll, 2010; Hamre &

Pianta, 2001; McMillan & Reed, 1993; Noddings, 2005; Pianta, 1999, 2006; Watson & Battistich, 2006; Watson & Ecken, 2003; Wayman, 2002), there was no particular literature that specifically addressed the emotional needs of pregnant and parenting teens. The participants who reported that they received counseling services were the ones who attended an alternative school. Therefore, the majority of the interview participants did not report having access to counseling services in the mainstream campuses. Consequently, the findings of this study indicated a lack of research in regard to the emotional support available for pregnant and parenting teens. These findings can help guide the implications for school districts. Therefore, one of the immediate implications of these findings is a need to review current educational supports in place for pregnant and parenting teens that are offered in the mainstream settings and the alternative school settings, as well as the effectiveness of those supports in helping pregnant and parenting teens finish school.

Several participants indicated that they appreciated the homebound services that were offered to them when they informed the school that they were pregnant. However, two concerns surfaced to this researcher in regard to homebound services. First, what happens to those students who do not inform the school, either by choice or because of ignorance about available services? Do they not receive *any* support from the school? Other participants discussed the lack of school support when they were not informed about available services. School systems should have some sort of safety net in place to identify students who become pregnant and may be in need of additional services. Second, homebound services are typically provided for 4 to 6 weeks, unless a doctor has

indicated otherwise. For those who have had children, they know that the needs of a newborn do not go away after 4 weeks. If anything, the responsibilities and demands of time only increase. After the homebound services are discontinued, how are the needs of teen parents monitored to determine if they are being successful in school or if they need more support? Again, school districts need to consider some “post-delivery” monitoring system to keep these students on the radar, to intervene with additional support before a student comes to the point of dropping out of school.

There may not be one picture of what this monitoring system would look like; however, some recommendations would include starting with a designated contact person at the school for students to approach if they become pregnant, most likely a counselor, or perhaps the school nurse. According to attachment theory (Ainsworth & Bowlby, 1991; Bretherton, 1992; Divoll, 2010; Watson & Ecken, 2003), the person for this position would need to be someone who has the ability to be emotionally supportive to these students, as that quality would be critical in making effective connections with these students. However, other school personnel, including teachers and other staff who have contact with students, should be informed on the process to connect students with services, as students may feel more comfortable approaching a teacher they know. Also, the schools should have some public notice posted, maybe in the front office or clinic, to inform students of the process to access services if they become pregnant, as well as inform students during guidance periods or homeroom sessions. Teachers should also receive training about ways to approach students whom they feel may need more supports, in case the students do not seek the help on their own. For those students who

do get connected with homebound services, the monitoring system after the services end may look slightly different than the process to initially identify students. Once again, a designated contact person should be identified; more than likely this person would be the students' counselor. The counselor or other designated person (e.g., homebound teacher) can monitor the students' progress at the same intervals as the regular grading periods (e.g., progress reports, report cards). If the students are not achieving passing grades at any time or have poor attendance, the contact person can check in with the students to determine their needs and develop an intervention plan. The check-in process would be an ongoing practice to monitor the students' progress until they complete school.

Another concern that was mentioned by several participants was the need to provide financially for their children's needs. This factor could impact this group's ability to finish school. Two participants praised the availability of the co-op program that was available in their high schools. This program allowed them to continue their course requirements by attending school for half the day and allowed them to earn an income during the other half of the day when they were allowed to leave school to work. This arrangement met their needs for credit requirements, as well as their need to collect earnings, which helped them provide for their children. This type of program may have benefitted several of the other participants who had to leave school to earn an income. School districts may want to consider similar programs that may help students earn an income while still earning credits toward graduation.

Participants also expressed their need for child care. One participant mentioned that a day care was available at her high school, although she did not utilize that program,

as she had made other arrangements for her child's care. She reported that this service was part of a school program that prepared students to work in child care careers.

Although this participant did not use this program, she acknowledged that having that program available may be helpful to other teen parents. School districts may want to explore available options to help students with child care, either directly in the school or perhaps by partnering with a day care center near the location of the school.

Several participants also mentioned the benefit of receiving support from school personnel, either indirectly, as in the case of teachers that showed interest and concern for these teen mothers, or directly, with regularly scheduled support meetings. The literature provides documentation of the benefits of building relationships with students (McMillan & Reed, 1993; Wayman, 2002), as well as the increased risk of mental health disorders for teen parents (Bellieni & Buonocore, 2013; Hayatbakhsh et al., 2011). Since positive teacher-student relationships have been shown to benefit students and their resiliency, school districts may also want to explore school initiatives and professional development that can help school personnel learn the benefits and methods of building relationships with students (Divoll, 2010; Hamre & Pianta, 2001; McMillan & Reed, 1993; Noddings, 2005; Pianta, 1999, 2006; Watson & Battistich, 2006; Watson & Ecken, 2003; Wayman, 2002).

The most frequent struggle named by participants was a lack of emotional support from schools. From a personal perspective, for this researcher, this project has taken me on an emotional roller coaster. From my own personal experience with a sibling who became pregnant while she was in school, I anticipated that some of the stories I would

hear from the participants might be similar in terms of the sensitive chords these events might strike. I was totally unprepared for the emotional outpourings and feelings of pain and abandonment that these women described, especially when they spoke about the reactions they received from their parents when they first told them they were pregnant. On more than one occasion, some of the discussions brought bouts of tears from the participants. When I asked some of the women if they had ever discussed their feelings with their families (or some other significant person in their lives), either at the time of their pregnancy or sometime later, several of them reported that they had not. So for some, I suspected that this may have been the first time they discussed the experiences they were going through during that time in their lives.

Therefore, school districts should also explore the availability of school counseling services to support teen parents to manage the stressors of their new situations. Perhaps this may help students to process their feelings, as well as have someone in place at the school to make periodic checks on these students to review for any concerns or needs. Unfortunately, the title of counselor is a misnomer; I can say this from my own experiences as a school counselor. Most often counselors are tasked with other non-counseling duties, such as scheduling and other administrative duties. School districts need to review the responsibilities they assign to counselors and reflect on the implications that the title “counselor” entails and allow counselors the ability to work with students to help them deal with the emotionality that occurs during those difficult teen years.

When comparing the challenges reported by the participants, several of the issues were similar, despite the differences in their current ages. For instance, the participant who was currently 70 years old reported that she became pregnant when she was 15 years old. The difficulties that she reported included a lack of structure in the correspondence courses she took, overcoming doubt from teachers, a lack of information about school options, and not being involved in school activities. Another participant who was currently 25 years old reported that she had become pregnant when she was 16 years old. The trials that she reported included overcoming doubt from a teacher, lack of information about school options, and lack of emotional support from school. Although there was a 45-year difference between these two participants, their challenges were very similar. Another example of similarities was found for six participants who reported a need to work to support their children. The ages for these participants ranged from 22 to 45, and they reported their age at pregnancy as ranging from 12 to 16. Again, regardless of the age when the pregnancy occurred, the need to work was familiar. Although a search of the literature did not produce much current research for this particular population, the challenges have remained constant throughout the years. Consequently, the older literature was still relevant in regard to resilience (Collins, 2003; Martin & Marsh, 2006; McMillan & Reed, 1993; Wayman, 2002; Werner, 1984). The findings indicated that despite the range of ages within the sample, their stories were similar, regardless of the passage of time between their experiences. Although the range of ages may have been considered a weakness in this study, the consistency of their stories throughout the years may be considered a strength.

In addition, school districts need to ponder the notion that the responsibility to nurture positive relationships with students goes beyond the teacher and student. Schools must recognize that the duty to support students falls on everyone in the students' environment. Especially for a population like pregnant and parenting teens, who describe feelings of shame and rejection for their situations, schools must address those concerns and determine supports and services that may address these students' needs. This may translate into providing services for more than just the students; schools may need to consider supports for families to help them work through the stressors they may be experiencing during these difficult times. Also, school districts need to recognize the needs of their populations, being sensitive to cultural values and presenting supports that respect their families' belief systems (Aparicio et al., 2016; Atienzo et al., 2015; Duckworth, 2016; Martinez-Garcia et al., 2014). School staff will also need to receive training to help them respect the cultures of their students and families, as well as the decisions that their families make. If school districts can help these students feel less marginalized, the students are more likely to be more resilient in their efforts to complete school.

A few participants discussed the services they received outside of the public school setting in order to complete their education. Although the public school district is not required to offer comparable services that are available outside of the school system, there may be some benefit to explore the possibility of partnering with community programs that offer online and GED programs in order to guide students in the direction of program options that work best for them to help them complete their education.

Finally, the issue of sex education may be a controversial subject. However, for a majority of these participants, a little bit of knowledge may have gone a long way in preventing an early pregnancy. In the school district of study, the implementation of a sex education program is not required. For the few schools that may offer the program, parents are given the option to decline for their child to participate. In addition, in recent years, the state education agency changed the requirement of a health course for graduation, making the course optional. Therefore, potentially, students could go through all of their school years without any formal training about reproduction and contraceptives. Based on the literature, the implementation of some form of prevention education would seem to be a better option than no education at all (Craft et al., 2016).

Information gleaned from this investigation may give insight for educational structures that may need to be changed or added to support pregnant and parenting teens to complete their high school education. Additionally, more awareness may be discovered to build and reinforce the resiliency of these students with the hope that they may be able to overcome future adversities.

Recommendations for Future Research

Students may be determined to be “at risk” for a variety of reasons. Some of these reasons refer to students who are at risk of academic failure, are pregnant or parenting, are at least 1 year behind the expected age/grade level, or have limited English proficiency. Students may also be determined to be “at risk” if they have a drug or alcohol problem, have been in contact with the juvenile justice system in the past, or are gang members. Students may also be determined to be “at risk” if they have dropped out

of school in the past, or have a high absenteeism rate (TEA, 2016). Given that resiliency and school completion seem to be critical factors for other populations of at-risk students, future research should be considered to explore other at-risk groups. These studies may be conducted to investigate how resiliency presents in these other groups, and how resiliency correlates with school completion within these groups. Future research could also focus its efforts on effective strategies to strengthen resilience at younger ages, in the hopes of deterring students from becoming at-risk students.

In the school district of study, direct contact with students was not allowed. Therefore, this study was not able to receive information from students who were currently going through the experience of teen parenting. Although the information received from the participants in this study was insightful, some years had passed for some of the participants since going through this experience. Future research may want to include students who are “living” through this experience in order to gain information on their current struggles.

Limitations

As with any study, there were some limitations to this study. External validity may be a concern, as there was a small number of schools that were represented by the participants. This limited the generalizability of the findings to other school districts. In addition, the findings of this study may not be generalizable to other school districts with different demographics. Furthermore, there was a limited number of respondents for the survey portion (30), which would also restrict the generalizability of the findings to other persons who had the same experience in school.

Another limitation to this study was the inability to access students who were currently going through this experience of being a pregnant or parenting teen while in school, as Boom Town School District did not allow direct contact with students. Therefore, reports of participants' experiences were based on those that occurred in the past, with participants who had already left the school setting. For some of the participants, the amount of time since last attending school was not very long, sometimes less than 1 year. For other participants, several years had passed. The oldest participant interviewed was 70 years old, therefore, her experiences as a teen may have been very different than the experiences of someone who had recently gone through this situation. In addition, participants were relying on their memories and reflections, which may have limited the accuracy of their perspectives.

An additional limitation may be the community pregnancy center located in the district of study. This center was a source of some of the participants, as they were found as a result of posting the survey link on the organization's Facebook page. This agency is a Christian-based organization that teaches values based on the Bible and promotes pro-life beliefs. Therefore, the Center's foundational values and beliefs may have affected the findings of this research.

Limits to interval validity were also a concern. Self-reported survey instruments were used for this study. Self-report measures are prone to bias, so the data will only be as accurate as the honesty of the participants. Also, there could have been bias from the social desirability of the responses. Participants may have answered the questions the way they thought the researcher wanted them to answer. In addition, information from

the interviews was self-reported data, which were also prone to bias. Given that these biases depended on the honesty of the participants, the results may not have been a true reflection of the actual conditions of the sample. Therefore, the results were viewed with that in mind.

Conclusion

The purpose of this mixed methods study was to determine factors that contributed to school completion in pregnant or parenting teens. The focus of the study explored the difference in levels of resilience and levels of perceived social support from families between teen parents who completed school and those who did not. Also, this study reviewed the experiences of pregnant and parenting teens and support available in the various school settings to determine how these factors may contribute to school completion.

The literature indicated that resiliency may contribute to students' abilities to overcome their challenges, such as becoming pregnant in high school, to persevere and complete their education. Various factors were revealed in the literature as components that may contribute to the development of resilience. Findings from this study gave support to the previous research, with regard to various aspects that can influence resiliency. The factors that were found in the literature and this study included students' personal attributes, support from family, support from schools, and students' use of their time. Support was also found in this study for the continued availability of various programs and services offered in the school settings, as well as services and programs available outside of the school settings.

There was a gap in the literature for services and programs that addressed the emotional component that participants encountered as pregnant and parenting teens. The participants described emotional reactions from their parents when informing them about their pregnancies, with some experiencing rejection and/or removal from their homes. They also discussed the lack of emotional support they experienced in the school setting, resulting in some loss of support from staff and peers. The stigma associated with this situation also affected the participants' feelings about themselves, with some experiencing long lasting emotional pain, as was demonstrated by the displays of tears, even many years later. With that in mind, my hope is that these interviews gave these participants a chance to give a voice to the trials they had gone through. Several times throughout the interviews, the participants realized they had not discussed these issues with their parents or loved ones. Therefore, my other desire is that these discussions will continue and bring some sort of healing and closure to their experiences. Additionally, my goal is that this study will lead to further research that may explore supports and services that may address this need.

Therefore, the findings, implications, and recommendations from this study indicate that school districts may want to review current educational support in place for pregnant and parenting teens to determine where changes and improvements may be needed. Also, further recommendations listed in the implications indicated that a monitoring process was needed to identify and track students who become pregnant, as well as provide support with child care, school support from personnel, counseling support, and services for families.

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APPENDIX A: SURVEY COVER LETTER



November 2017

Greetings!

My name is Ana Moreno, and I am a doctoral student in the Educational Leadership program at UHCL. The focus of my study is to determine factors that may contribute to school completion for pregnant or parenting teens.

You are being invited to complete the *Connor-Davidson Resilience Scale* survey to measure resilience and the *Perceived Social Support-From Family* survey to measure perceptions of family support. The data obtained from this study will allow UHCL's Educational Leadership Program to determine if resilience and family support make a difference in school completion, and if a relationship exists between resilience and perceived family support. Additional questions are added for demographic purposes.

Please try to answer all the questions. Filling out the attached surveys is entirely voluntary, but answering each response will make the surveys most useful. These surveys will take approximately 10 minutes to complete and all of your responses will be kept confidential. No obvious undue risks will be endured and you may stop your participation at any time. Please mail back your responses in the self-addressed stamped envelope included with this packet.

Your cooperation is greatly appreciated and your willingness to participate in this study is implied if you proceed with completing the surveys and mailing them back. If you have any further questions, please feel free to contact Ana Moreno at morenoan@uhcl.edu or 713-206-1693 or my Faculty Sponsor, Renée Lastrapes, PhD at lastrapes@uhcl.edu or 281-283-3566.

Sincerely,

Ana Moreno
Doctoral Student
Educational Leadership Program

APPENDIX B: INFORMED CONSENT

Informed Consent to Participate in Research

You are being asked to participate in the research project described below. Your participation in this study is entirely voluntary and you may refuse to participate, or you may decide to stop your participation at any time. Should you refuse to participate in the study or should you withdraw your consent and stop participation in the study, your decision will involve no penalty or loss of benefits to which you may be otherwise entitled. You are being asked to read the information below carefully, and ask questions about anything you don't understand before deciding whether or not to participate.

Title: Factors Contributing to High School Completion in Pregnant Teens

Student Investigator(s): Ana Moreno

Faculty Sponsor: Renée Lastrapes, Ph.D.

PURPOSE OF THE STUDY

The purpose of this research is to determine factors that contribute to helping a pregnant teen attain her high school diploma versus dropping out of school. The data obtained from this study will assess if resilience can predict school completion, and whether or not a relationship exists between resilience and perceived family support.

PROCEDURES

The research procedures are as follows: Participants will be asked to complete the Connor-Davidson Resilience Scale survey and the Perceived Social Support-From Family survey that will either be sent electronically or participants can complete a paper copy. Additional questions are added for demographic purposes. At the end of the surveys, there will be an option to give contact information if you are interested in participating in an interview to gather further information to determine factors and educational supports that can help pregnant teens complete their education. Participants who partake in an interview will be compensated with a \$20 Wal-Mart gift card.

EXPECTED DURATION

The anticipated time commitment to complete the survey will be approximately 10-15 minutes. If the participant agrees to participate in the interview option, the interview may take 30-45 minutes. The principal investigator will contact you at a later date to schedule the interview.

RISKS OF PARTICIPATION

There are no anticipated risks associated with participation in this project

BENEFITS TO THE SUBJECT

The participants who complete the survey will be given an opportunity to reflect upon their resiliency and perceptions of family support. Those who choose to be interviewed will also be given an opportunity to inform the Community Pregnancy Center of Pasadena of factors and educational supports that will be helpful for other pregnant teens to complete their education. Those who participate in an interview will be compensated with a \$20 Wal-Mart gift card.

CONFIDENTIALITY OF RECORDS

Every effort will be made to maintain the confidentiality of your responses in the study. The data collected from the study will be used for educational and publication purposes, however, you will not be identified by name. For federal audit purposes, the participant's documentation for this research project will be maintained and safeguarded by the Faculty Sponsor for a minimum of three years after completion of the study. After that time, the participant's documentation may be destroyed.

FINANCIAL COMPENSATION

There is no financial compensation to be offered for participation in the completion of the survey. However, participants who partake in the interview option will be compensated with a \$20 Wal-Mart gift card.

INVESTIGATOR'S RIGHT TO WITHDRAW PARTICIPANT

The investigator has the right to withdraw you from this study at any time.

CONTACT INFORMATION FOR QUESTIONS OR PROBLEMS

If you have additional questions during the course of this study about the research or any related problem, you may contact the Student Researcher, Ana Moreno, at phone number (713) 206-1693 or by email at morenoan@uhcl.edu. The Faculty Sponsor, Renée Lastrapes, Ph.D., may be contacted at phone number (510) 207-9754 or by email at lastrapes@uhcl.edu.

SIGNATURES:

Your signature below acknowledges your voluntary participation in this research project. Such participation does not release the investigator(s), institution(s), sponsor(s) or granting agency(ies) from their professional and ethical responsibility to you. By signing the form, you are not waiving any of your legal rights.

--

The purpose of this study, procedures to be followed, and explanation of risks or benefits have been explained to you. You have been allowed to ask questions and your questions have been answered to your satisfaction. You have been told who to contact if you have additional questions. You have read this consent form and voluntarily agree to participate as a subject in this study. You are free to withdraw your consent at any time by contacting the Principal Investigator or Student Researcher/Faculty Sponsor. You will be given a copy of the consent form you have signed.

Subject's printed name: _____

Signature of Subject: _____

Date: _____

Using language that is understandable and appropriate, I have discussed this project and the items listed above with the subject.

Printed name and title: _____

Signature of Person Obtaining Consent: _____

Date: _____

THE UNIVERSITY OF HOUSTON-CLEAR LAKE (UHCL) COMMITTEE FOR PROTECTION OF HUMAN SUBJECTS HAS REVIEWED AND APPROVED THIS PROJECT. ANY QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH SUBJECT MAY BE ADDRESSED TO THE UHCL COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (281-283-3015). ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT UHCL ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT. (FEDERALWIDE ASSURANCE # FWA00004068)

APPENDIX C: CONNOR-DAVIDSON RESILIENCE SCALE

To: Moreno, Ana

Subject: Re: Connor-Davidson Resilience Scale

Dear Ana:

Thank you for your inquiry. I would be pleased to provide the CD-RISC for your study, and enclose two forms for you to kindly complete and return, along with making payment of the \$30 user fee. Once that is done, the scale and manual will be forwarded.

Sincerely,

Jonathan Davidson

APPENDIX D: PERCEIVED SOCIAL SUPPORT FROM FAMILY

To: Moreno, Ana Maria

Subject: [External] Re: Permission to use PSS-Fa

You have permission to use the PSS instruments in your research.
best wishes,
M. Procidano

APPENDIX E: ADDITIONAL QUESTIONS FOR DEMOGRAPHIC PURPOSES

Demographic Information:

Your current age: _____

Your age when you had your first baby: _____

Your Race (mark one):

- _____ White
- _____ African American
- _____ Hispanic
- _____ Asian
- _____ Other: _____

School district where you attended high school: _____

If you attended high school in more than one district, please list all of those districts.

Highest grade level that you completed in school: _____

Did you graduate from high school?

- _____ Yes
- _____ No

When you were pregnant in high school, how did you financially support yourself and your baby? Please mark all that applied.

- _____ Worked full-time
- _____ Worked part-time
- _____ Received financial support from my own parent(s)
- _____ Received child support from the baby's father
- _____ Received support from welfare
- _____ Received food stamps
- _____ Other: _____

When you were pregnant in high school, what supports did you have in place to help you care for your baby? Please mark all that applied.

- _____ Support from my own parent(s)
- _____ Support from the baby's father
- _____ Support from other relative (please state relationship): _____
- _____ Support from close friend
- _____ Support from church

_____ Support from other: _____

Are you currently in school? If yes, what school are you going to?

_____ No

_____ Yes, _____

If you are interested in participating in an interview, please provide your contact information.

Name: _____

Phone #: _____

E-mail: _____

APPENDIX F: INTERVIEW GUIDE

Factors Contributing to High School Completion in Pregnant Teens

Interview Questions

1. What was your age and grade level when you found out you were pregnant?
What was your initial reaction when you found out you were pregnant?
2. What kind of thought process did you have about having unprotected sex?
3. Please describe how the situation unfolded when you told: (1) your parent(s), (2) your teachers/school.
4. How was your family with the father of the baby?
5. How did your friends/peers react to you becoming pregnant?
6. How did becoming pregnant affect your school work?
7. If you were involved in school activities (i.e. - sports, performance groups, clubs, etc.), how did that change after you became pregnant (or after the baby was born)?
8. What was the greatest challenge you encountered after you became pregnant?
9. What supports and/or barriers affected your ability to complete school?
10. Did you feel supported by any school personnel? If so, who was that person(s)?
Please describe how that person(s) showed you support.
11. If student completed school: What resources were available in school that helped you finish school?
If student did not complete school: What did you find you needed that may have helped you to finish school?
12. What would you say to your younger self about your pregnancy experience/situation?
13. Because of this experience, do you feel like you have changed in your way of thinking of what you believe in?

14. Going through this experience, did you choose (or not choose) to have more children?
15. How do you think your child has been impacted by your being a teen mom?
16. How different or same do you think you are as a parent from your own parents?
17. Is there anything else you want to add that I didn't ask?