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## The Life and Academic Experiences of Teenage Mothers and Expecting Teenage Mothers Attending High School in Missouri

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The Life and Academic Experiences of Teenage Mothers  
and Expecting Teenage Mothers Attending  
High School in Missouri

by

Angelo R. Buchanan

A Dissertation submitted to the Education Faculty of Lindenwood University

in partial fulfillment of the requirements for the

degree of

Doctor of Education

School of Education

The Life and Academic Experiences of Teenage Mothers  
and Expecting Teenage Mothers Attending  
High School in Missouri

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Angelo R. Buchanan

This dissertation has been approved in partial fulfillment of the requirements for the  
degree of

Doctor of Education

at Lindenwood University by the School of Education

  
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Dr. Jan Munro, Dissertation Chair

5-1-15

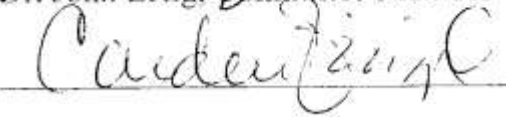
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Dr. Candace Virgil, Committee Member

5/1/15

Date

## Declaration of Originality

I do hereby declare and attest to the fact that this is an original study based solely upon my own scholarly work here at Lindenwood University and that I have not submitted it for any other college or university course or degree here or elsewhere.

Full Legal Name: Angelo Rashell Buchanan

Signature:

A handwritten signature in black ink, appearing to read "Angelo Rashell Buchanan", written over a horizontal line.

Date:

5/1/2015

## **Acknowledgements**

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## **Abstract**

The purpose of this study was to discover and understand the life and academic experiences of high school teenage mothers and expecting teenage mothers. The research questions was, How do these teenage mothers and expecting teenage mothers describe their life and academic experiences in a Missouri high school; What challenges do they face to successfully continuing their education; and What would they want and/or need in a high school-based child-care center if it were to be implemented as part of the high school's intervention with this at-risk population? The study was conducted at a medium-sized Midwestern Urban High School. The researcher interviewed 16 teenage mothers and expecting teenage mothers to provide insight into the research questions. Pseudonyms were used to preserve anonymity. Interviews were conducted face-to-face. The themes that emerged from the interviews included (a) problems with child-care, (b) barriers to resources, (c) teenage mothers' and expecting teenage mothers' recommendations, and (d) teenage mothers' and expecting teenage mothers' attitude toward pregnancy. Based upon the findings in this study, several recommendations may be beneficial to the life and academic success of teenage mothers and expecting teenage mothers attending urban high schools in Missouri: The inclusion of an on-site child-care center, whether it is in an adjacent building from the school itself or in a separate section within the school, would allow this particular population to attend school daily and on time regularly; therapeutic counselors and/or social workers along with guidance counselors should also be placed in the urban high schools; based on the participants' statements, job training and paid internships placed in the schools would prepare the young mothers for jobs upon completing high school; visits from licensed pediatricians

and dentists are recommended in the schools to see the children on a monthly basis; and the inclusion of a father support center should be placed in the urban high schools to work with teaching males, especially those who are fathers of children by the young ladies who are attending the school also, to be fathers whether their children attend the on-site center or not.

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## **Chapter One: Introduction**

Teen mothers, who become pregnant and deliver infants while still attending high school, represent a complex and challenging situation for high schools. Although teen pregnancy rates are declining, almost 1.5 million adolescent women still give birth each year in the United States (Hamilton, Martin, & Sutton, 2004). While many teen mothers have multiple poverty-related and academic difficulties that predate their childbearing, it is becoming clear that there are improved outcomes for both teen mothers and their children if the young mothers are able to remain in school and complete their high school education. Graduation places them in a better position to prepare for college, specialized training, and employment (Hofferth, Reid, & Mott, 2001; Seitz & Apfel, 1999). Teen mothers who are able to remain connected to their high schools have fewer subsequent births during adolescence, better long-term economic outcomes for their family, and better behavioral, social, and academic development of their children (Stephens, Wolf, & Batten, 1999). For teen mothers who try to attend high school classes, infant and toddler childcare often is a major determining factor in their success or failure.

From the perspective of the researcher, a fundamental assumption is that high-quality school-based parent support and childcare centers provide parenting knowledge, support, and behavioral (parenting) modeling for teen parents as well as safe developmentally stimulating care for their children. This type of program serves both generations (young mother and young child) by providing social support, a source of accomplishment for mothers (which may help buffer depression), a learning environment for children, modeling of positive mothering skills, high school drop-out prevention, and skilled and caring adult mentors who help young mothers stay organized about their own

health care and needs as well as those of their child (Lindsay & Enright, 1997). There are limited, and mostly anecdotal, reports of the structure and outcomes of school-based child-care centers. It is not clear how many school-based childcare centers exist. However, earlier studies from centers in operation during the late 1970's and early 1980's have reported positive outcomes for children and their mothers with respect to school performance and completion, and the ability of the family to become economically self-supporting (Campbell & Ramey, 1994).

### **Definition of Terms**

**Adolescence** - Adolescence is the time period between the beginning of puberty and adulthood (Marcell, 2007).

**Best Practice** - According to the Connecticut State Education Resource "Best Practice" has been used to describe "what works" in a particular situation or environment. When data support the success of a practice, it is referred to as a *research-based practice* or *scientifically based practice*.

**Dyad** - Two individuals or units regarded as a pair: the mother-daughter dyad (American Heritage® Dictionary of the English Language, 2013).

**Needs Assessment** - *Needs assessment* or *need analysis* uses a problem-solving process for the purpose of collecting, organizing, and presenting information that describes the needs of a target population and evaluates their importance relative to demand. A variety of methods may be used, including inventories, surveys, statistical measures, cost analysis, utilization analysis, and interviews with groups and key informants (Powers, & Knapp, 2011).

**On-Site High School Childcare Centers** - This type of child-care center, located

within the school building, can increase access to quality childcare and regular school attendance. Staff has increased opportunities to model positive parenting skills for teen parents and can monitor children's growth and development closely. Centers can be operated by the school or by a child-care provider and can accept the children of community members or school staff (Center for Schools and Communities, 1999).

**Purposive Sample** - A type of nonprobability sample in which the researcher consciously selects specific elements or subjects for inclusion in order to ensure inclusion of certain characteristics relevant to the study (Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, 2003).

**School-Based Parent Support Programs** - These particular programs address the social and emotional needs of children in order to build strong linkages between the home, school, and community (Novick, 1999).

**Self-Confidence** - Self-confidence is related to self-assuredness in one's personal judgment, ability, power, etc., sometimes manifested excessively (Corsini, 2002).

**Self-Sufficiency** - Self-sufficiency is the epitome of America's 'reluctant' welfare state. It is generally accepted in social welfare policy circles as a concept related to independence and financial stability (Hong, Sheriff, & Naeger, 2009).

**Social Phenomena** - According to Reiss (1971), social phenomena are defined as events and their consequences, including properties of organization, which are observable as they occur.

**Urban** - Urban refers to ethnic or inner-city (Watson, 2011).

**Purpose of the Study**

The purpose of this study was to discover and understand the life and academic experiences of high school teenage mothers and expecting teenage mothers. Their opinions and experiences may help direct future programs for such students who could receive the support they need for successfully completing high school. One aspect of this purpose was to assess the *needs* of this population. While some area high schools have in-house child-care centers that both provide quality care for their children as they continue their studies and educate the young mothers in child-care techniques, many do not. Data were gathered as to these students' most pressing challenges to pursuing their education and successfully completing high school, and ways in which such an academic accommodation might meet those challenges.

**Significance of the Study**

Despite the good news that teenage pregnancy declined overall by 33% in the United States between 1991 and 2005 (Mincieli, Manlove, McGarrett, Moore, & Ryan., 2007), nearly 800,000 adolescents still become pregnant at least once before they reach the age of 20 (Alan Guttmacher Institute, 2004). More than 400,000 of these adolescents give birth every year (Henshaw, 2004), radically raising their risk of school dropout and poverty as well as joining one of the most vulnerable populations among American youths. More than 60% of pregnant adolescents drop out of school before graduating (Hoffman, 2006). Without the minimum skills and credentials needed to compete in the United States job market, they and their children are more likely to live in poverty than are women who graduate from high school or earn a GED by age 20 (Granger & Cytron, 1999; Seitz & Apfel, 1999).



Recent research also shows that the children born to these teenage mothers are at risk of severe consequences as well. These infants are less likely to have received prenatal care and more likely to suffer from low birth weight and developmental issues (Thompson, 2003). They are 50% more likely to fall behind in school and about 30% less likely to graduate (Haveman, Wolfe, & Wilson, 1997). Daughters are more likely to become adolescent mothers and sons are more likely to become incarcerated (Haveman et al., 1997; Manlove, Terry, Gitelson, Papillo, & Russell, 2000). Overall, these children have fewer life options than children born to older mothers.

The researcher believes that findings of this study may help school districts in Missouri to incorporate more effective school-based parent support programs and child-care centers in their high schools. This, hopefully, may in turn increase the attendance rates, academic achievement, completion of high school, college/ university entrances, grade point averages, self-confidence, emotional and social well-being of the teen mothers, self-sufficiency, as well as decrease the drop-out rates.

### **Limitations of the Study**

There were several limitations to this study. Only participants who attended an urban high school without an on-site child-care center were included. Findings might not have been generalized to other settings. The study only explored one program. Another limitation included the demographic group, which included only teen mothers, not teen fathers. Teen fathers were, of course, relevant to the situation being explored, with some continuing their relationship with the teenage mother and baby, and some not. The fathers, however, did not experience the same physical effects of pregnancy, birth, and

recovery from childbirth that added a significant amount of stress to the high school experience. Therefore, they were not included in this study.

### **Summary**

The purpose of this study was to discover and understand the life and academic experiences of high school teenage mothers and expecting teenage mothers through examination of their opinions and experiences, to possibly help direct future programs for such students who could receive the support they need for successfully completing high school. The researcher worked with many teenage mothers and expecting teenage mothers throughout her career, and felt she had insight concerning why this particular group of students was in danger of dropping out of high school, living in poverty, and having subsequent childbirths even while still attending high school. The researcher, however, believed that findings of this study may help school districts in Missouri to incorporate more effective school-based parent support programs and child-care centers in their high schools. This, hopefully, may in turn increase attendance rates, academic achievement, completion of high school, college/university entrances, grade point averages, self-confidence, emotional and social well-being of the teen mothers, self-sufficiency, and possibly help decrease the drop-out rates.

## **Chapter Two: The Literature Review**

Much has been written about factors that influence the parental competence of adolescent mothers and the subsequent developmental outcomes of their children. Age, education, value systems, economics, and personal life experiences have been cited as important determinants of the parenting skills of young mothers (Ateah, 2003; Diehl, 1997; Letourneau, Stewart, & Barnfather, 2004). The 2000 Jordan Institute for Families reported teen pregnancy has been called an 'epidemic' and national emergency. Stereotypes of teen parents abound: they are said to be uneducated, irresponsible, abusive, immoral, and destined to a life of poverty (as cited in North Carolina Division of Social Services and the Family and Children's Resource Programs, 1995). Theorists have studied and documented that there are general patterns children tend to follow as they grow up. Today, models, which have been considered to be best practices around the country, have been created to help teenage mothers and expecting teenage mothers with the important determinants of the parenting skills needed of young mothers to ensure the safety of their children.

### **Theory, Models, and Programs**

In 2008, Oswalt stated in her overview of child development theories that when babies arrive in the world, they are tiny, helpless people who depend entirely on adults to take care of all their needs and wants. Somehow, with the proper loving, nurturing, and care over the next 22 years, they grow to become independent adults who can take care of themselves and others. The journey from infancy to adulthood is an amazing time when children soak up everything in the world around them and mix it with the qualities they are born with in order to mature into an adult. Oswalt (2008) also said that over the

years, people who study children have created theories to explain how children develop. While these theorists realize that every child is special and will grow in his or her unique way, they also have recognized that there are general patterns children tend to follow as they grow up, and they have documented these patterns in their theories.

Bronfenbrenner (1994) developed the ecological systems theory to explain how everything in a child's life and his environment affects how he grows and develops. He labeled different aspects or levels of the environment that influence children's development, including the micro-system, the meso-system, the exo-system, and the macro-system. The micro-system is the small, immediate environment the child lives in. Children's micro-systems will include any immediate relationships or organizations they interact with, such as their immediate family or caregivers and their school or daycare. How these groups or organizations interact with the child will have an effect on how the child grows; the more encouraging and nurturing these relationships and places are, the better the child will be able to grow. Furthermore, how a child acts or reacts to these people in the micro-system will affect how they treat her in return. Each child's special genetic and biologically influenced personality traits, what is known as temperament, end up affecting how others treat them (Bronfenbrenner, 1994).

The next level, which is the meso-system, describes how the different parts of a child micro-system work together for the sake of the child. For example, if a child's caregivers take an active role in a child's school, such as going to parent-teacher conferences and watching their child's soccer games, this will help ensure the child's overall growth. In contrast, if the child's two sets of caretakers, for instance, those that have mom with step-dad and/or dad with step-mom, disagree how to best raise the child

and give the child conflicting lessons when they see him, this will hinder the child's growth in different channels (Bronfenbrenner, 1994).

The exo-system level includes the other people and places that the child herself may not interact with often but that still have a large effect on her, such as parents' workplaces, extended family members, the neighborhood, etc. For example, if a child's parent gets laid off from work, that may have a negative effect on the child if her parents are unable to pay rent or buy groceries; however, if her parent receives a promotion and a raise at work, this may have a positive effect on the child because her parents will be better able to meet her physical needs (Bronfenbrenner, 1994).

The final level is the macro-system. This is the largest and most remote set of people and things to a child but which still has a great influence over the child. The macro-system includes things such as the relative freedoms permitted by the national government, cultural values, the economy, war, etc. These things can also affect a child either positively or negatively. For example, imagine a child being raised in a home of a particular religion or a particular socio-economic status. This influences his values and beliefs. The events, relationships, and activities will, as well, influence the way the child thinks and feels (Bronfenbrenner, 1994).

DeJong (2003) stated throughout her years of working with teenage parents and their young children, she has found Erikson's model of social-emotional development to be very useful on several levels. She admits that based on Erikson's theory, first, teachers of teenage parents are helped to better understand the emotional needs of the young children in their care and how best to meet those needs at a critical time in the children's lives. Secondly, it helps teachers to better understand the young parents in

their programs. This, DeJong felt is important knowledge for early childhood teachers as they work to help teenagers be good parents. “With better relationships,” she stated, “teachers can more effectively assist young parents in becoming better caregivers and first teachers of their young children” (p. 88).

There are eight unique stages in human personality development, beginning at birth and extending throughout late adulthood. At each stage different social-emotional crises or conflicts emerge. These crises must be successfully negotiated for a healthy adult personality to unfold. How an individual eventually resolves each conflict greatly depends on the emotional quality of that individual’s social environments (Erikson, 1968).

In the following analysis, Erikson (1968) described an application from birth through adolescence (stages 1 through 5). The primary focus of the analysis is on the emotional development of teenage mothers, rather than fathers, because the mothers are the young parents whom teachers most frequently see in the early childhood setting. However, teachers who have opportunities to work with teenage fathers in their programs may find the following analysis could also apply to them.

Stage 1: Trust versus mistrust (infancy) . . .

Stage 2: Autonomy versus shame and doubt (toddlerhood) . . .

Stage 3: Initiative versus guilt (preschool years) . . .

Stage 4: Industry versus inferiority (school-age years) . . .

Stage 5: Identity versus role confusion (adolescence). (pp. 96-128)

**Stage 1: Trust versus mistrust (infancy).** Without responsive and sensitive parenting in the first year of life, a child may grow up to be a teenager who lacks faith in

herself or others. A teenager lacking this basic sense of trust in the world might be skeptical of the intentions of others. She may reject the suggestions of teachers and other service providers who try to help her plan for the future of her child. Her own lack of trust may leave her without an appreciation for the need to establish a basic sense of trust between herself and her child early in the child's development (Erikson, 1968).

**Stage 2: Autonomy versus shame and doubt (toddlerhood).** When a toddler's growing and independence is inadequately supported, that toddler may grow into a teenager who lacks a basic sense of responsibility. As a young mother, she may compensate for an underdeveloped sense of autonomy by failing to show appropriate responsibility for herself or her child. She may blame others for her difficulties. She may overly assert her authority in matters regarding the care of her child and be intolerant of outside influence. Her own need to control her life or situations, in which she finds herself, especially as they pertain to her child, may be such that she lacks the necessary impulse control to provide good care and guidance to her child (Erikson, 1968).

**Stage 3: Initiative versus guilt (preschool years).** Without a world full of rich exploratory experiences and positive guidance beginning during the preschool years, an adolescent may fail to acquire a basic sense of curiosity, ambition, and empathy for others. As a young parent, she may be unmotivated to stay in school or to take initiative in planning for her future. She may show disinterest in caring for her baby and even act in ways that suggest insensitivity to the needs of her child (Erikson, 1968).

**Stage 4: Industry versus inferiority (school-age years).** A child who experiences limited success with specific school-related tasks and frequent failure during the elementary years can grow into a teenager who feels incompetent and inferior. She

may see herself as powerless to make a difference in the world, her options in life as limited, and her lifelong prospects as hopeless. This adolescent's overall sense of inferiority may prompt her to become a teenage mother out of her need to experience self-worth. As a young parent, she may try to compensate for her lack of competence by having unrealistic expectations for her future. She may be overly critical and judgmental of others, especially those who are trying to provide support to her and her child (Erikson, 1968).

**Stage 5: Identity versus role confusion (adolescence).** According to Erikson (1968), depending on the extent to which her family and school experiences during childhood supported the formation of trust, autonomy, initiative, and industry, a teenager may demonstrate a range of behaviors that could jeopardize positive identity development. Some girls enter adolescence asking questions related to identity very different from those of adolescent girls who had more positive childhood experiences (Musick, 1993). For example, instead of seeking the answers to educational or vocational questions related to a future career, some teenage mothers address identity issues in ways that are grounded in earlier periods of development. According to Musick (1993), when the teenage mother asks the ultimate question of identity, 'Who am I?' she may focus more on 'Who cares about me?' 'Whom can I trust?' 'On whom can I depend?' or 'Where can I feel secure, safe, and important?'

If an adolescent focuses her psychological energies too strongly on resolving unmet early childhood dependency needs instead of on the critical social and emotional tasks of adolescence, she may be ill prepared for her role in society as a competent adult. She may unconsciously believe that early parenthood is a way to gain love, acceptance,



independence, prestige, and status, and as a result, she may make parenting commitments before exploring other alternatives for her future. As teachers of a teenage mother's young child, the teachers must recognize just how much a child can mean emotionally to her. Most important, teachers must appreciate how these intense feelings could influence the way she cares for her child and responds to the adults in her life who are trying to support her (Erikson, 1968).

### **Models**

If teen parents are to stay in school, child-care is an obvious necessity. Reliable, quality child-care may encourage the teen parent's school attendance, providing a safe and nurturing environment for the child, help model appropriate child-care practices and deter abuse and neglect through daily observation and intervention with the young family. Teen parents often need guidance in identifying and accessing child-care providers and assistance programs (Center for Schools and Communities, 1999).

Center for Schools and Communities (1999) also reported that it is recommended that children be cared for in a licensed child-care setting that meets minimum quality and safety standards. Therefore, it describes the three most commonly used models along with a less formal arrangement which guarantee factors that enhance quality, including size, structure, caring environment, and competent staff:

1. On-Site Child-care Center
2. Community Child-care Center
3. Family Child-care Homes
4. Relative Care

**On-Site Child-care Center.** An on-site child-care center is located within the school building. It can increase access to quality child-care and regular school attendance. The staff has increased opportunities to model positive parenting skills for teen parents and can monitor children's growth and development closely. The centers can be operated by the school or by a child-care provider and can accept the children of community members or school staff. These programs are also encouraged to obtain a license so that they can access financial assistance available to teen parents. Lastly, high standards of quality should be maintained (Center for Schools and Communities, 1999).

**Community Child-care Center.** Community child-care centers are located throughout most communities and offer many of the same services as on-site centers. They are particularly advantageous if they are located near the school, close to the teen parent's home, or along convenient public transportation routes. Some communities have many centers to choose from while others have few centers conveniently located and available for use. The staff should encourage the students to be sure that the community center they select is state licensed and regulated (Center for Schools and Communities, 1999).

**Family Child-care Homes.** This type of child-care is also located near the school or near the teen parent's home. This arrangement usually involves a smaller ratio of children per caregiver, 1:4 to 1:6 including the provider's own children, with no more than two children under the age of two. It may allow for a more personal relationship with the child-care worker and an opportunity for the worker to serve as a mentor to the teen parent. Family child-care homes should be regulated by the Department of Public

Welfare, and providers are required to obtain a specified number of training hours per year (Center for Schools and Communities, 1999).

**Relative Care.** This particular type of care is described as a less formal arrangement, which involves an agreement between the teen parent and a relative, usually the teen parent's mother, to provide child-care. It is unregulated and requires no particular training. Relative care may become limited for TANF (Temporary and Needy Families) due to the work requirement of welfare reform. Many mothers of teen parents who were previously unemployed and receiving public assistance will be required to obtain employment, restricting their availability to provide child-care (Center for Schools and Communities, 1999).

Center for Schools and Communities (1999) also described those models that are considered to be Best Practices utilized by different school districts around the country. Among those districts are the following:

- Gettysburg Area School District (Gettysburg, PA) - This on-site child-care is provided for teen parents pursuing a high school diploma. The child-care facility offers pregnant and parenting teens an opportunity to practice basic parenting skills under the supervision of trained personnel. It is also used as a School-to-Work initiative, giving internships to students pursuing child-care certification.
- McKeesport Area High School and Vocational-Technical School (McKeesport, PA) - This on-site child-care is used as a lab site for parent training. To expedite a teen's return to school, the staff accepts children from age three weeks and encourages the parenting student to spend free periods, including lunch, in the

center. Transportation is provided for the teen and infant from home to the child-care facility and back home.

- Pittsburgh Public Schools (Pittsburgh, PA) - The Foster Grandparent Program and the Pittsburgh Public Schools have collaborated to bring grandparents into the district's child-care centers to work with teen parents and their children. They are used as assistants to the child-care staff and mentors to teen parents.
- Berwick Area School District (Berwick, PA) - Berwick Area Child-Care Lab is a licensed on-site day care for pregnant and parenting teens enrolled in the Berwick Area School District. Transportation to and from school is available for the mother and child. The child-care lab serves as the classroom for the hands-on experience required in the open-end credit, independent study course available to the teen parents through the Family and Consumer Science Department. The lab serves as a job placement site for the Area Agency on Aging's Green Thumb Program as well as a JTPA (Job Training Partnership Act) in-school job site for a Berwick student. Enrollment in the child-care lab is also open to the children of school staff. A collaborative effort between the school district and Bloomsburg University uses the child-care lab as a practicum for Bloomsburg University nursing students.
- AGAPE (Adolescent Girls and Parenting Education) High School ( St. Paul, MN) - The mission of AGAPE (Adolescent Girls and Parenting Education) High School, part of the public schools in St. Paul, is to provide a holistic education for teen mothers, including personal, emotional, and academic integrity; parental support; and postsecondary preparation (Pelt, 2012).

## **Programs**

Juggling school and being a teenager is already difficult without having to add raising a child to the equation. MOPS (Mothers of Preschoolers), which is a national organization that aids women with the new responsibilities of motherhood, aims to guide young mothers with balancing the equation as part of its Teen MOPS program. MOPS began in 1973 with a group of women coming together to help educate each other on being mothers (Gracia, 2009).

Teen MOPS council coordinator, Barnes (2009) feels that Teen MOPS helps teenage mothers balance the responsibility of caring for their own child and continuing their education. It will help to keep pregnant high school girls in school by giving them motivation and encouragement to finish school and be a mother at the same time. The organization provides a faith-based supportive, non-judgmental environment where teen mothers can come together and share their experiences. (Gracia, 2009, p.1)

Childbearing during adolescence negatively affects the parents, their children, and society. Compared with their peers who delay childbearing, teen girls who have babies are (a) less likely to finish high school; (b) more likely to rely on public assistance; (c) more likely to be poor as adults; (d) more likely to have children who have poorer educational, behavioral, and health outcomes over the course of their lives than do kids born to older parents. The offspring of teenage mothers are also more likely to be abused or neglected than those of women who delay childbearing (Hoffman, 2006).

GRADS (Graduation, Reality, And Dual-role Skills) are programs for pregnant teens and/or young parents, which focus on work and family foundation skills of

significance to these particular students. The programs include student demonstration of skills leading to high school graduation and economic independence. The curriculum for the programs is developed at the local level using standards from the Work and Family Foundation areas of study in the National Standards for Family and Consumer Sciences Education (FACSE). Therefore, a FACSE certified teacher, who has also completed GRADS training, is required. The programs include on-site child-care and practicums, as well as coordination of learning activities outside the classroom. Currently, 23 school districts in Washington State offer GRADS programs (Office of Superintendent of Public Instruction, 2013).

The Wilde Lake High School Teen Parenting and Child-Care Program of Howard County Public Schools in Columbia, Maryland has been in existence since 1985. It is a comprehensive community program located in a suburban county school and health clinic. On an annual basis, the program serves approximately six pregnant teens, 20 teen mothers, and one father. Currently, the program serves African-American (69%), White (19%), and other (13%) persons, 14 to 19 years old. On-site child-care is provided for 12 to 15 children (National Institute on Early Childhood Development and Education [NIECDE, 1999, p. 27]).

The program also offers comprehensive services such as academic programming, health care, and counseling for Howard County public school students, and child-care and health services for their children. The program enables pregnant and parenting teens to complete their high school education and receive job readiness training. It also offers pregnant and parenting teens that are not in the program outreach services at their home schools. The evaluation data include graduation rates, grades, and postgraduate

economic self-sufficiency. The program documents the achievements in an annual report (NIECDE, 1999).

Mayers, Hager-Bundy, and Buckner (2008) described *The Chances for Children Teen Parent-Infant Project* as a daycare provided to parenting teens by the LYFE (Living for Young Families through Education) to expand the child-care services provided to the participating mothers and infants. This project included dyadic, individual, and group interventions that will strengthen the relationships between teen mothers and their infants, to provide education and coping skills for the young mothers, and to prevent destructive interactions from interfering with the healthy development of both the teen mother and her infant (Mayers et al., 2008).

Hallman (2007) stated that learning about students' literacy practices at a school for pregnant and parenting teens was a tool for educators and scholars in rethinking the identity of the pregnant and parenting student. Though this population of students has been historically marginalized in United States school settings, programs such as the one she described have the potential to provide unique, alternative learning spaces for students. The findings illustrated three themes in reconceptualizing the identity of the pregnant and parenting student (a) positioning students as both mothers and students; (b) viewing the school as both a place of learning and a place of community; and (c) positioning the students' young children as both the hope for the future and the hope for their mothers' future (Hallman, 2007).

Harris and Franklin (2008) described the findings of an evaluation they conducted to assess the effectiveness of the Taking Charge Group Intervention curriculum. The intervention was evaluated with adolescent mothers in alternative high school with a

predominantly Hispanic student population. A school social worker and three graduate social work interns selected the Taking Charge group as a potential intervention for the school because it has been studied and found promising with Hispanic, as well as White, African American, and other adolescent cultural groups. The aim of the social workers in selecting the Taking Charge group intervention was to help reduce the extraordinarily high dropout rate among pregnant and parenting teens at their school. The Taking Charge Group showed promise as an effective intervention for helping adolescent mothers achieve academically in the predominantly Hispanic school (Harris & Franklin, 2008).

Adolescent motherhood, stressed Mayers et al. (2008), poses serious challenges to mothers, to infants, and ultimately to society, particularly if the teen mother is a part of a minority population living in an urban environment. Therefore, the intervention undertaken by the *Chances for Children* Teen Parent-Infant Project, contributed to changes in the interaction between teen mothers and their infants in that mothers became more responsive, affectively more available, and less directive with their infants; and the infants showed more interest in their mothers, responded more positively to physical contact, and improved their general emotional tone. Because evidence of depression in adolescent mothers appears to be so high, because altering depression alone does not necessarily alter interactions (Weinberg & Tronick, 1998), and because mother-infant interaction appears to be easier to alter fairly quickly than is depression, intervention protocols that can target adolescent mothers and change mother-infant interactions in high-risk communities should be expanded. On-site programs, in particular, can be



useful in reaching many teens that, otherwise, might never have access to desperately needed services.

Batten, Stowell, and Cynwyd (1996) reported based on research from the Center for Assessment and Policy Development, a comprehensive program for pregnant and parenting teens should work toward achieving the following outcomes in order to address their unique needs:

#### **Self-Sufficiency Outcomes for Pregnant and Parenting Teens**

- Increase high school graduation/GED completion.
- Increase completion of post-secondary education, vocational training, and/or employment at a livable wage.
- Increase self-reliance and transition to independent living.
- Reduce/delay subsequent pregnancies.
- Reduce STIs/HIV.

#### **Developmental Outcomes for Children of Teen Mothers and Teen Fathers**

- Increase healthy births by providing adequate prenatal care and strong support networks during pregnancy.

#### **Teenage Mothers**

Each year, half a million teenagers become mothers in the United States. School-based child-care programs are a positive way for educational institutions to encourage young mothers to return to or stay in school, prepare for employment, and acquire accurate information about child development and appropriate parenting practices. Nationwide, school-based child-care centers are increasing in number and are used to meet a variety of needs. They give teenage mothers an incentive to stay in school, and

students interested in working with babies and young children get practical experience by changing diapers, resolving disputes over toys, and writing lesson plans. For some schools, career education is the main objective for operating child-care facilities. And in some cases, the centers provide on-site child-care for teachers and other school employees.

Wiggins (2013) reported in an article of *The Washington Post* that for kids who have kids, such day-care centers offer a chance to stay in school and earn a diploma while getting help with the daily responsibilities of parenthood. Although the number of teen pregnancies has dropped across the country, proponents of the day-care programs say they hope to prevent teens from leaving school to care for babies, with the added bonus of offering their young kids early childhood development. Critics say the centers promote unprotected sex by teens. Wiggins stated that Maxine Thompson-Burroughs, who is an operator of the Early Head Start program at Northwestern, reminds us that even though society thinks the program is enabling pregnancy, its mission is to help the teenage mothers graduate from high school. It is not a babysitting service. The program is paired with a required teen parenting class. It happens to be one of two in Prince George's and is similar to others in about a half-dozen high schools across the Washington region and in high schools in cities such as Detroit, Michigan; Worcester, Massachusetts; and Portland, Oregon. The district has child-care centers at Ballou and Dunbar high schools, Columbia Heights Educational Campus and Luke Charles Moore Academy (Wiggins, 2013).

According to Westman (2009), the researcher, Muir stated that evidence suggests when there are child-care centers in public high schools, teenage parents whose children

attend the facility are more likely to complete their education and less likely to become dependent on welfare. Schools benefit through lower dropout rates, improved parent education programs, vocational training for students, and increased performance from faculty who enroll their children in the facility. Communities profit from having a lower number of welfare participants; more efficient use of public health, nutrition, and social services; and more accessible high quality child-care. The child-care profession gains trained professionals, and all the children involved benefit from a high quality preschool education (Westman, 2009).

Williams and Sadler (2001) examined the impact of an urban, high school-based day care center on low-income parenting teens and their children. Retrospective record reviews indicated that participating students showed improvement in overall grade point average. All students graduated or were promoted to the next grade. No participants experienced repeat pregnancies. Most children were current on immunizations and healthcare (Williams & Sadler, 2001).

The researchers, however, stated in their studies that strong evidence suggests many of the problems associated with adolescent pregnancy and parenting can be diminished by social support and school-based programs that provide counseling, health care, health teaching, and education about child development to young parents (Williams & Sadler, 2001). One critical institution where many of these issues are being addressed is the child-care center within the high school. The few studies of adolescent parents and child-care settings have found that involving adolescent parents in high-quality child-care is beneficial, with reported increases in infant physical and developmental growth as well as decreases in repeat pregnancy rates and higher return to school/work rates (Williams &

Sadler). Within the child-care center, the adolescent mother receives basic information about child development and learns how to interact with and care for her child by observing and modeling skilled child-care professionals. Recent multisite study findings indicate that children of high-risk parents (living in poverty with limited supports) may benefit most from quality child-care experiences in their early years. Several child-care centers exist within high schools that allow adolescent mothers to both complete high school and benefit from the supervised parenting of their own children within the center (Williams & Sadler). However, little is known about the specific outcomes for both the adolescent mother and child enrolled in such programs. Much variation exists in the quality of programs and little attention has been paid to design and implementation of services that are truly adolescent-friendly, and there has been very limited study concerning long-term outcomes for parents and children. This study examined specific outcomes for adolescent parents and children enrolled in an urban high school-based child-care program. Outcomes included school completion/continuation rates, student grade point averages, repeat childbirth rates, and child immunizations and physical examination status (Williams & Sadler).

Sadler et al. (2007) reported that the purpose of their ongoing descriptive study was to explore the transition to motherhood in adolescent mothers attending a large urban high school in New Haven with an onsite parent support program and a school-based child-care center. The researchers conducted two different studies. The first study's aim was to examine the relationships among personal resources of the student-mothers, perceived environmental sources of stress and support, and student-mothers' parental competence and child health and developmental outcomes (Sadler et al). The second

study's aim was to describe student-mothers' patterns of continued enrollment or graduation from high school, and subsequent childbearing in the sample. It appears that the urban adolescent mothers attending high school who are enrolled in an on-site parenting support program manifest positive parenting attitudes and behaviors, and the children enrolled in the child-care center manifest positive development and health outcomes (Sadler et al). The Nursing Child Assessment Satellite Training (NCATS) mother-child relationship scores were particularly impressive, especially in the sub-analyses of cognitive growth fostering interactions between mothers and their children. The students with children enrolled in the school-based child-care center have benefited with respect to their ability to complete or continue their high school education. With respect to delaying subsequent child births, their rate of 12% of subsequent childbearing compares very favorably with much higher numbers (40%) reported in other studies (Sadler et al., p. 2007)

Brosh, Weigel, and Evans (2009) conducted a study to assess the supports needed to help pregnant and parenting teens reach their educational and career goals. This study primarily captured the perspective of Hispanic teens who were either pregnant or already mothers. Hispanic female adolescents have the highest number of pregnancies per 1,000 in comparison to other demographic groups (United States Census Bureau, 2004). Several factors, including machismo and familism, appear to encourage motherhood roles among Hispanic women (Cooley, 2001). However, Driscoll, Biggs, Brindis, and Yankah (2001) stated in their studies, that among Hispanic teens, avoiding pregnancy is the single most important factor in ensuring graduation from high school.

The researchers reported that teen parents often experience difficulty in achieving their educational and career aspirations. The study identified the sources and types of support that teen parents considered most useful in reaching these goals. The teens rated relatives as the most helpful source of support and government assistance programs as least helpful. The most useful types of support included having consistent child-care, while establishing good relationships with parents of the father of their child and obtaining government resources were least helpful. Extension professionals are in a unique position to collaborate with schools and community agencies to help these teen parents obtain necessary supports. Perhaps, the researcher felt that this study should be of value to extension professionals and other youth specialists involved in educational and intervention programs striving to improve outcomes for pregnant and parenting adolescents.

In an article titled, "Understanding Teenage Pregnancy," Pratt (2012) reported that when teens become parents, it is critical to their well-being that they find adequate resources to support their emotional, educational, parental development. The most important factor to consider is that the teen parent is responsible for their life and their child's life. Their awareness of this two-fold responsibility will improve the likelihood that they along with their child will experience a better quality of life.

Pratt (2012) reported one barrier that young parents face to improving their quality of life is not having access to the resources they need to support their emotional, physical, and mental growth. Many teen parents experience feelings of shame and regret after they discover they are pregnant. Some experience, on the other hand, isolation from their friends and resentment for the loss of their teenage lifestyle. It is also very common

for teen parents to feel afraid and alone. They must remember, however, that while their feelings are valid, they may not be healthy for them and their baby (Pratt, 2012).

Pratt (2012) also reported teenage mothers who do not get support from their former partners and family are less likely to finish their college education. Statistics showed that only 38% of teenage mothers are able to finish high school and only 2% graduate from college (Pratt, p. 1). It can be predicted, as well, that a child born of a teenage mother is more likely to live in less affluence when they become adults and continue the same cycle. However, asking for support and researching resources can help teen parents turn these statistics around. Parents are a great resource. They can provide advice on how to care for the baby during and after pregnancy as well as share some of the financial burden of becoming a teen parent by allowing the teenage mother to continue living at home (Pratt, 2012).

A high school guidance counselor can also help teen parents process the feelings and stress that will arise during pregnancy and after the baby is born. In addition, there are several books that discuss best parenting practices. These books can provide teen parents with a wide range of solutions on how to discipline, feed, and raise a child (Pratt, 2012).

Perper, Peterson, and Manlove (2010) stated in their study that about half (51%) of teen moms have a high school diploma compared to 89% of women who did not have a teen birth (p. 6). Young teen mothers are even less likely to graduate from high school. Fewer than four in 10 (38%) mothers who have a child before they turn 18 have a high school diploma (p. 6).

Hoffman (2006) stated in his study that other data find that less than two percent of young teen mothers (those who have a baby before age 19) attain a college degree by age 30. He also revealed that children of teen mothers are more likely than mothers who gave birth at age 20-21 to drop out of high school. In fact, Hoffman (2006) quoted, “Only 40 percent of young teen mothers graduate from high school, compared to about three quarters of women who delayed their first birth to age 20-21” (p. 19).

Terry-Humen, Manlove, and Moore (2005) revealed in their study that children of teen mothers also do not perform as children of older mothers on measures of child development and school readiness such as cognition, language and communication, and interpersonal skills. They are also less likely to read simple books independently and to demonstrate early writing ability compared to the children of mothers aged 20-21.

By and large, teen parents want to do what is right for their children. Because they are teens, parents, and often low-income, they need strong support networks and a comprehensive array of resources to help them parent effectively while working toward becoming self-sufficient adults. Unfortunately, the specialized service needs of pregnant and parenting teens are often overlooked in family and youth policies and practices (Family and Youth Services Bureau, 2009).

Terry-Humen et al. (2005) reports that a recent study found that slightly more than one-half of young mothers received a high school diploma by the age of 22, compared with 89% of women who had not had a child during their teen years. However, Perper et al. (2010) reported that in a nationwide survey of dropout youth, close to one-half of all female dropouts and one-third of male dropouts said that becoming a parent played a role in their decisions to leave school (p. 1). Panzarine,



Slater, and Sharps (1995, pp. 17; 113; 119) reported in their study that these young women who dropout are also more likely to have mental health problems, such as depression and anxiety. It is believed that pregnant teens are less likely to receive adequate prenatal care; they are more likely to smoke during pregnancy, be unmarried, have inadequate nutrition, and give birth to low birth weight and pre-term infants. The consequences of teen pregnancy are not isolated to mothers; their children are also greatly affected. The unique needs of pregnant and parenting teens are why supports and services are so crucial (Family and Youth Services Bureau, 2009).

Kenny et al. (2007) reported that the presence of social support has been shown to help at-risk adolescents achieve their educational and career goals. Supports can be informal, which consists of support from family, friends, professional services, and programs. According to the developmental contextual perspective, such supports may help teen mothers overcome the barriers they face in obtaining their educational and career goals (Lerner, 2002).

Chigona and Chetty (2007) reported in their study the issue of teen pregnancy is not just a national issue. Research illustrated that it is a global issue. In sub-Saharan Africa and other developing countries, girls and women are losing the battle for equal access to secondary education. In South Africa, 61% of the uneducated adult population is female. In many developing countries, teenage pregnancy has been one of the major hindrances to the educational success of girls. Pregnancy among school girls is reaching crisis proportions in some South African schools. A recent report detailed the case of one school that had 144 pregnant pupils in 2006 (*Sunday Times*, 2007, p. 6). Recent research in South Africa has shown that by the age of 18 more than 30% of teens have given birth

at least once (Chigona, & Chetty, 2007). It is evident that teenage pregnancy is becoming more and more a barrier to girls' education. Chigona and Chetty (2007) stated the aim of their study was to illustrate that though the teenage girls were allowed to return to school after becoming mothers, they faced many challenges in trying to balance motherhood and the demands of schooling. The results of the study revealed how the teen mothers coped with schooling and how much support was actually rendered to them.

To aid in the findings of their study, Chigona and Chetty (2007) made reference to the following researchers: (a) Meena (2001), (b) Wolpe, Quinlan, & Martinez (1997), (c) Pillow (2004), (d) Schultz (2001), (e) Stephens et al., 1999, (f) Kunio and Sono, 1996, and (g) Mogotlane, 1993). In a study about the battle for equal access to education, Meena (2001) blames governments of the Sub-Saharan countries for making little effort to eliminate the discrepancies in the area of access to secondary education for girls. She continued that her belief that one way girls are denied access is when they become pregnant and when they become teen mothers. Wolpe et al. (1997) stated that there are some schools that do not allow pregnant girls and young mothers to attend classes. In some cases where teen mothers continue schooling, they are often "described and assumed to be poor or incapable students" (Pillow, 2004). In addition, Schultz (2001) asserted that "too often, pregnancy during high school is a signal for school personnel and families to abandon young women, designating them as school failures" (p. 584). Thus, educators and parents often give up on them. Nonetheless, teen mothers and their children are two particularly vulnerable groups in our society whose long-term life chances are interconnected. They are both at critical points in their lives, where their courses may be shaped towards healthy development, stability and productivity or

towards poverty and dependency. Without support for teen mothers to complete their education, many will struggle with poverty and its effects (Kunio & Sono, 1996; Mogotlane, 1993; Stephens et al., 1999).

Mangel (2010) reported in a blog titled, “Teen Pregnancy, Discrimination, and The Dropout Rate,” when teens get pregnant, most drop out of school. When they drop out of school, they likely face a life of economic insecurity. And the role that discrimination plays in their decisions to drop out raises serious civil rights concerns.

Mangel (2010) believed that pregnancy was the number one reason girls dropped out of school. Approximately 70% of teenage girls who give birth leave school. More than any other group of high school drop outs, girls who leave due to pregnancy report that they would have stayed in school if they had received greater support from the adults at school. Illegal discrimination against these girls by school administrators, teachers, counselors and fellow students is a major contributing factor to their high school dropout rates. Also, Mangel (2010) reported research that shows when schools make an effort to support pregnant girls in their education, they can have a significant impact in lowering their dropout rates.

Discrimination against pregnant students is strictly prohibited by Title IX, the federal law banning sex discrimination in public schools, but it is widespread nonetheless. Sometimes even the most subtle forms of discrimination can be enough to push pregnant teens out of school. Schools refusing to give excused absences for pregnancy related doctor’s appointments, teachers refusing to allow make-up work, counselors coercing students into substandard alternative schools, excluding them from school activities based on “morality’ codes, disparaging (as to belittle), discouraging and

disapproving comments from adults and students-all of these can be illegal, yet all occur and contribute to the high dropout rates (Mangel, 2010).

However, Holcombe, Peterson, and Manlove (2009) reported that being a parent is not an easy job, but when the parent is a teenager, the job is tougher still. When teens become parents, they face difficult obstacles on the road to a better life for themselves and their children. Moreover, teen parenthood imposes huge financial and other burdens on society as a whole. Thus, it remains important to keep the focus on teen childbearing and seek to reduce the number of unintended teen pregnancies and births in the nation.

The following data illustrates the updates that the Research Brief from 2009 made of the Child Trends' 2002 report to make the case for why teenage childbearing deserves continued attention (cited by Holcombe, Peterson, Manlove, & Scarupa, 2009):

1. The human costs of teen childbearing are substantial both for the children and for their parents.
2. The financial costs of teen childbearing are stark.
3. Most teens who give birth did not *intend* to have a baby.
4. In 2007, there were 451,263 teen births in the United States, with the majority of these births occurring to older teens.
5. The United States continues to have higher teen birth rates than do other industrialized nations.
6. Seventeen states, concentrated in the Sun Belt region, have particularly high teen birth rates.
7. One in five teen births is to a teen that has already had a baby.
8. Having a baby is more common among teens with more family disadvantages.

9. The vast majority of teen births in the United States occur outside of marriage.
10. After fourteen years of decline, the teen birth rate increased in 2006 and 2007.

**The human costs of teen childbearing are substantial both for the children and for their parents.** Martin et al. (2009, p. 56-57) reported that compared with children born to older mothers, children of teenage mothers are more likely to have a low birth weight and to be born prematurely. These children are also at a higher risk of having academic and behavioral problems in school. In adolescence, they are more likely to be sexually active at an early age (Levine, Emery, & Pollack, 2007, pp. 105-122). Compared with women who delay childbearing, teen mothers are more likely to drop out of high school and to never graduate (Hoffman, 2006, pp. 74-92). These mothers are at a higher risk of receiving public assistance (Meade, Kenshaw, & Ickovics, 2008, pp. 419-429) and are less likely to be married at 35 (Holcombe, et al., 2009).

**The financial costs of teen childbearing are stark.** Hoffman (2006) reported in 2004, researchers estimated that the total public cost of teen childbearing was \$9.2 billion a year. Included in this estimate were such expenses as medical care (\$1.9 billion), child welfare (\$2.3 billion), incarceration (\$2.1 billion), and the loss of tax revenue (\$2.9 billion) (Holcombe et al., 2009, p. 1). Conversely, the steady decline in teen birth rates from 1991 to 2005 saved taxpayers an estimated \$6.7 billion in 2004 alone (Holcombe et al., p. 1). . Maynard and Hoffman (2008), on the other hand, reported that some of these costs were offset by the entry of parents into the workforce sooner than if they had delayed childbearing as well as other contingent factors.

**Most teens who give birth did not intend to have a baby.** In 2001, 82% of teen pregnancies were unintended at the time of conception, compared with only eighteen

percent that were intended. That year, 40% of teen pregnancies ended in abortion. Thus, reducing unintended pregnancies will help to reduce abortion rates (Finer & Henshaw, 2006, pp. 90-96). Crissey (2006, pp. 594-615); David, (2006, pp. 181-190); Ispa, Sable, Porter, and Csizmadia (2007, pp. 1-13); and Shapiro-Mendoza, Selwyn, Smith, and Sanderson (2005, pp. 387-396) all reported in their studies that for women of all ages, unintended pregnancies are linked to poorer educational and physical and mental health outcomes for the child, as well as a less close mother-child relationship (Holcombe, et al., 2009, p. 2).

**Comparison of teen births to older teen births.** In 2007, there were 451,263 teen births in the United States, with the majority of these births occurring to older teens. This total represented more than one in 10 U.S. births. Ventura, Mathews, and Hamilton (2009) reported that the majority (67%) of these births or 304,405 occurred to 18 and 19-year-olds. In addition, they stated that 31% of these births or 140,064 occurred to 15 to 17-year-olds. Finally, 2% or 6,218 births occurred to teens under the age of 15. (Holcombe, et al., 2009, p. 2). Births to teens that are still in school, in particular, are linked to high rates of dropping out.

**The United States continues to have higher teen birth rates than do other industrialized nations.** The World Bank reports adolescent fertility rates for 95 countries around the world, based on data from 2004. Of all the industrialized nations, the United States had the highest birth rate, one that was higher than the rates of more than 20 developing countries. The United States' teen birth rate was nearly one-and-one half times England's rate and more than two times Canada's rate. Furthermore, the

United States' teen birth rate was four-and-one-half times Sweden's rate and 10 times greater than Japan's rate (Holcombe, et al., 2009 p. 2).

**Seventeen states, concentrated in the Sun Belt region, have particularly high teen birth rates.** More than one-quarter of states had teen birth rates that were substantially higher than the national average in 2006. Martin et al. (2009) reported that the average teen birth rate for the United States was 41.9 births for every 1,000 women in 2006. Yet 17 states, all concentrated in the South, had birth rates exceeding 45. Mississippi had the highest teen birth rate: 68 births for every 1,000 women. New Mexico, Texas, Arkansas, and Arizona came next, all with birth rates of 62 or higher. Alabama, Georgia, Kentucky, Louisiana, Nevada, Oklahoma, South Carolina, and Tennessee had teen birth rates ranging from 50 to 61, whereas Florida, Missouri, North Carolina, and Wyoming had rates between 45 and 49 (Holcombe, et al., 2009, p. 3). Martin et al. (2009) and *People: Reproductive Health* (2006) reported that even the states with the lowest birth rates- New Hampshire (19), Vermont (12), and Massachusetts (21) - all had teen birth rates that significantly exceeded the teen birth rate in Canada (Holcombe, et al., p. 3). The rate for our northern neighbor in 2006 was just 14 births for every 1,000 women between the ages of 15 and 19 (Holcombe, et al., p. 3). Some of these state-level differences result from concentrated minority populations who have higher birth rates, such as Hispanics, African Americans, and foreign-born immigrants.

**One in five teen births is to a teen that has already had a baby.** In 2007, of total births to teens, 16% were to teens that already had one child, and another 3% were to teens that already had two or more children (Holcombe, et al., 2009, p. 3). Klerman (2004), Levine et al. (2007), and Martin et al. (2009) reported, as well, in their studies

that giving birth to a second child during the teenage years further compounds the risks associated with any teen birth, such as poorer educational, financial, and health outcomes.

**Having a baby is more common among teens with more family**

**disadvantages.** According to, Scher & Hoffman (2006), on average, the probability of a teen giving birth during her teenage years is 18%, based on 2006 data (p. 311). Abma, Martinez, Mosher, and Dawson (2004), on the other hand, reported teens that live in single-parent households, whose families are of a lower socioeconomic status, and whose mother had her first child as a teenager, are at an increased risk of having a baby themselves. They also reported, in contrast, teens that come from families in which both parents were still together when the teen was fourteen have a substantially lower likelihood of having a baby during their teenage years. In 2002, just 15% of teens from two-parent families have had a baby during the teenage years, compared with 26% of those who did not live with both parents. Teens that are born to teen mothers are also more likely to become teen parents themselves, with 32% of these young women giving birth as a teen in 2002, compared with 11% of young women not born to teen mothers (Holcombe, et al., 2009, p. 3). Maternal educational attainment is also linked to the likelihood-or unlikelihood- of a teen birth. In 2002, teens whose mothers did not graduate high school were much more likely to have a child (36%) than were those mothers graduated from high school (24%) or attended college (9%) (Holcombe, et al., p. 3).

**The majority of teen births in the United States occur outside of marriage.**

Martin et al. (2009) reported that altogether, 84% of teen births occurred outside of marriage in 2006, up dramatically from 15% in 1960 (Holcombe, et al., 2009, p. 4).



Chandra, Martinez, Mosher, Abma, and Jones (2005) reported that among teens who do marry, their marriages tend to be short-lived. Meanwhile, Lichter and Graefe (2001) reported teens who do not marry have a high risk of having subsequent children with another partner later in life and are less likely to ever marry. Martin et al. (2009) also reported the majority of teen births occur outside of marriage to teens in all racial/ethnic groups. In 2006, births outside of marriage accounted for 80% of births to White teens, 97% of births to Black teens, and 81% of births to Hispanic teens. An estimated 49% of teen births outside of marriage occur among couples who are living together (or cohabiting), based on 2001 data (Holcombe, et al., 2009, p. 4). However, many cohabiting relationships are short-term, and this is especially the case among teens. The high percentages of teens who are having babies outside of marriage reflect societal trends toward delays in marriage and increases in non-marital births to women all of ages (Mincieli et al., 2007).

**After 14 years of decline, the teen birth rate increased in 2006 and 2007.**

Martin et al. (2009) reported the teen birth rate declined every year from 1991 through 2005, resulting in a total decline of 34% over these years. However, in 2006, the teen birth rate increased 3% to 41.9 births per 1,000 females, up from 40.5 in 2005. In 2007, the rate increased again to 42.5 births per 1,000 females (Holcombe, et al., 2009, p. 4). This increase reinforces the need for attention to ensure that gains made in reducing the teen birth rate are not lost and that this rate will continue a downward direction.

**Summary**

While it may be apparent that it is important for young mothers to remain in high school after having a child, child-care is often the central issue that interferes with regular

attendance and school completion. Because on-site child-care centers in high schools are not commonly found in many communities, the more prevalent pattern of child-care for the infants and children of adolescent mothers include a patch-work of family members or unlicensed in-home child-care provided by neighbors or extended family members. Assuming that this care is often very nurturing and helpful for the young mother and child, the realities of kin-based care are that there may be lapses or changed schedules that leave the mother without care for her child, or needing to change care providers frequently to be able to attend school (Sadler et al., 2007). The inclusion of on-site child-care centers in urban high schools along with the abundance and value of resources and community-based support may best meet the needs of the teen mothers and their academic success.

### **Chapter Three: Methodology**

The purpose of this study was to discover and understand the life and academic experiences of high school teenage mothers and expecting teenage mothers. Their opinions and experiences may help direct future programs for such students who could receive the support they need for successfully completing high school. However, the rationale for this project was that research indicated that pregnant and parenting teenage mothers were at risk of dropping out of school and were less likely to obtain training to reach their occupational potential. This negatively impacted the lives of their children, increased their own school dropout rates and likelihood that they would perpetuate the cycle of teen pregnancy (Haveman et al., 1997; Thompson, 2003). This research would, perhaps, inform school and the district policy with regard to this at-risk population.

#### **Subjects**

The subjects in this study included ninth through 12th grade teenage mothers and expecting teenage mothers in a medium-sized urban high school in Missouri. The purposive sampling that was used to identify the participants in the study was a homogeneous sample. All of the members possessed a certain trait or characteristic (teen motherhood or expecting teen motherhood). Table 1 illustrates demographics of each participant's grade-level, number of children, type of child-care used or will use, and the type of transportation used or will use to get their children to child-care. Pseudonyms are used to protect the identity of the participants.

Table 1.

*Demographic of Subjects which Contains Information about Each Participant*

Name of Participant	Grade	Number of Children	Type of Child Care	Type of Transportation used to get back and forth to school/child care
Tina	12	1/1 on the way	Family	Public
Ashley	12	1	Community	Public
Maxine	12	1	Community	Public/Other means (boyfriend, mom, etc)
Carla	12	First Pregnancy	Family	Public
Brenda	12	2	Community	Own Car
Natosha	12	1	Family	Own Car
Carrie	12	1	Community	Public
Shonda	12	1	Family	Other means (boyfriend, mom, etc)
Brandy	12	1/1 on the way	Family	Other means (boyfriend, mom, etc)
Mary	12	Lost Child	Community	Public
Sandy	12	First Pregnancy	Community	Public
Marcia	12	1/ 1 on the way	Family	Public
Denise	11	First Pregnancy	Family	Other means(boyfriend, mom, etc)
Linda	12	First Pregnancy	Family	Other means(boyfriend, mom, etc)
Pam	12	First Pregnancy	Community	Public/Other means(boyfriend, mom, etc)
Sherry	12	First Pregnancy	Community	Other means(boyfriend, mom, etc)

**Recruitment Process**

The school nurse tracked pregnancies and parenting teenage mothers because she worked closely with these students already. She had also agreed to be a go-between, introducing the researcher to the potential subjects and encouraging them to participate in this project. Afterwards, a flier was created to invite an estimated 25 pregnant and parenting teenage mothers at Johnson Senior High School to participate. The researcher went to the high school at the invitation of the nurse. The interested teens made contact with the researcher, got more information, reviewed the consent form, and took the consent form home for parental approval.

**Research Setting**

The research for this study took place at Johnson Senior High School, which is currently the only high school in the Johnson School District. According to the Metropolis State Department of Elementary and Secondary Education, the enrollment for the school year of 2008-2009 was approximately 993 (99.4% Black; 0.6% White; and 70.8% free and reduced lunch). The MCDC Demographic Profile 3 Trend Report-1999-2000 reported that the school served students that were a part of families that were 11.1% below 50% poverty level; 41.3% below 185% poverty level; and 22.2% between 100 and 200% poverty level. As of November 2, 2009, the Metropolis State Department of Elementary and Secondary Education also reported that Johnson Senior High School had a 91.8% attendance rate; total graduation rate 79% (78.9% Black and 100% White); and total dropout rate 15.6% (15.7% Black and 0.0% White). The researcher chose to utilize pseudonyms to identify the high school and the state in order to protect the participants in the study.

### **Research Design**

This study investigated the challenges teen mothers faced in trying to complete their secondary schooling. The teen mothers formed the target population in the project; girls that gave birth before completing their secondary school and returned to school after the birth of their babies. The sample population was between the ages of 14 and 19, and was, at the time of the interviewing process, in grades between 9 and 12. The research was conducted using mainly a discovery qualitative research method. Qualitative research is defined as “the use of qualitative data such as interviews, documents and participant observation data to understand and explain social phenomena” (Myers, 1997, p. 1). This style of investigation allowed the researcher to discover and explore the life and academic experiences of the teenage mothers and soon to be teenage mothers while they attended high school.

### **Research Procedures**

The researcher adhered to the following procedures to conduct the study:

Initially, the recruitment process was as follows: (a) The school nurse tracked pregnancies and parenting teenage mothers because she worked closely with them already. She agreed to be a go-between and introduced the primary researcher to the girls as well as encouraged them to participate in the study; (b) A flier was created to invite an estimated 25 pregnant and parenting teenage mothers at Johnson Senior High School to participate (Appendix A). The primary researcher went to the high school at the invitation of the nurse. The interested teens made contact with the primary researcher, got more information, reviewed the consent form, and took the consent form home for parental approval.

The primary researcher went to the school at the behest of the school nurse and explained the study to the subjects the beginning of the consent process. As the girls agreed to participate and returned consent forms, the primary researcher invited them to complete a demographic survey (Appendix B).

After reading each girl's demographic survey, the primary researcher, again, explained to the girls the purpose of the study and the level of confidentiality in participating in the study so that they would agree to share their life experiences.

Afterwards, the primary researcher set up an individual meeting with each girl for at least 45 minutes to an hour to participate in a semi-structured interview, which was audio-recorded.

### **Instrumentation**

The instrument used in the survey portion of the study was an eight-item questionnaire that included demographic information on each participant (Appendix B). The interviews were conducted after school in a private room at Johnson Senior High School. The primary researcher even offered to conduct the interviews in her home or the participant's home. All sessions were conducted by the primary researcher utilizing qualitative data gathering techniques that would provide the most valid and accurate information to complete the study. Each interview was approximately 45-60 minutes in length and was audio taped.

Examples of the questions that were included were as follows: How will you plan for child-care for your child? If you are already a mom, what kind of child-care do you have now? How far do you travel for child-care? (Appendix C).

To gather information pertaining to the teen mothers' perceptions of the focus

interviews, an eight-item survey was administered at the conclusion of each individual interview. This served as an indication to the researcher that the participants were comfortable during the interviews and that their answers would be accurate and honest.

### **Data Collection**

In this study, the primary researcher used two sources of data for analysis: multiple-choice surveys and in-depth interviews intended to elicit more information about life and academic experiences teenage mothers and expecting teenage mothers attending a medium-sized high school in Missouri. All 16 participants in the study completed a survey that consisted of a multiple-choice questionnaire asking about their personal experiences as teenage mothers and expecting teenage mothers attending high school as well as major issues that had impacted on their experiences. Each survey was completed individually by each participant. It took approximately five to 10 minutes to do so.

Although, the primary researcher attempted to interview all 25 participants, difficulties in scheduling only allowed the opportunity to interview 16 out of the original 25 surveyed. The interview was based upon a semi-structured, open-ended interview protocol that sought to elicit information regarding the subject's life and academic experiences as well as important relationships, which may have influenced this experience. Early interview questions included: "How many children do you have?" "How will you plan for child-care for your child/children?" and "How far do you travel for child-care?" (Appendix C). These questions, however, were generally used to begin the conversation. The primary researcher was able to move in whatever directions the participants saw fit in sharing their experiences. The interviews took place in the nurse's office after school or a private room. The primary researcher took notes throughout the



interview to highlight responses for later examination.

### **Data Analysis**

The surveys and the semi-structured interviews were later examined for themes using a data-driven, grounded approach (Boyatzis, 1998; Maxwell, 1996; Strauss & Corbin, 1994). The taped interviews, interviewer's notes, and surveys were coded to delineate themes among the participants' responses and work toward the development of higher-level codes within the data. An initial bank of themes was developed from the interviews along with similar responses on the survey questionnaire included to further elaborate on the themes identified (Boyatzis, 1998). Afterwards, each of the interviews and surveys was carefully examined to determine how particular themes might be related to or differentiated from one another.

### **Summary**

The research in this study was classified mainly as qualitative because data such as interviews, documents and participant observation was used to understand and explain 'social phenomena' (Myers, 1997). The investigator conducted a descriptive study to discover and explore the life and academic experiences of high school teenage mothers and expecting teenage mothers so that, for future support, these students may receive the support they need for successfully completing high school.

### **Chapter Four: Results**

In this study, 25 teenage mothers and expecting teenage mothers were invited to participate in a one-on-one interview to determine concerns about their life and academic experiences while attending an urban high school in Missouri. Of those invited, 16 of them, ranging from ages 14 to 19, were interviewed one-on-one after school for at least 45 minutes to an hour in a medium-sized Midwestern Urban High School to explore their experiences with regard to their academic prospect after having a baby. As part of the interview, a needs assessment was given to the participants regarding their perceptions of the need for a high school child-care center, in view of the fact that other area high schools have in-house child-care centers that both provide quality care for their children while they continue their studies, and educate the young mothers in child-care techniques. Data were gathered as to these students' most pressing challenges to pursuing their education and successfully completing high school, and ways in which such an academic accommodation might meet these challenges.

The teen mothers' descriptions of their life and academic experiences as teenage mothers and expecting teenage mothers centered on several themes. After the initial themes had been reviewed and categorized for heightened clarity and definition, four themes emerged relating to their changing conceptions of themselves as mothers, expecting mothers, and students. Those themes were as follows: (a) problems with child-care, (b) barriers to resources, (c) teenage mothers' and expecting teenage mothers' recommendations, and (d) teenage mothers' and expecting teenage mothers' attitude toward pregnancy. "Problems with child-care," or "Clients' recommendations of an on-

site child-care center” were, however, the two most noted throughout a review of the interviews.

### **Interview Results**

Interview results are reported in this section. Each interview is reported separately and in the order they were conducted.

**Tina.** Tina was an 18-year-old 12th grader who had one child and was currently expecting another one. She displays a deep sense of sadness when she reveals that she has one child and is expecting another one before she graduates from high school. She shares that the children will not have the same father as well. When asked how she felt around her peers now that she’s pregnant again, she shared,

Um, a lot of people say that they know already but I hide it. I wear my book bag in front of my stomach or I’ll wear my hoodie. But, I hide it because God don’t make mistakes. But at the same time, you know, I don’t want people to be like, aw she got two kids. It’s a lot of girls out here that’s proud to show off their stomach and proud to have people touching and feeling the baby. But, I don’t like all of that. I don’t wanna, you know, everybody see that I’m pregnant and I already got a child and everybody coming up to me rubbing my stomach and, “aw yeah” and happy for me and I’m not even happy for myself. I wasn’t even gonna keep this baby but I realized how happy I was with my son after I said I wasn’t going to keep him.

As for her plan for child-care, she shared her grandmother was keeping her son, but was almost certain that she was not going to keep her expecting child. Tina seemed to be very discouraged because she was experiencing financial difficulties and lived in a

shelter. She and her son used to live along with her mom and her other five siblings with her grandmother. Because it was too many people in one house and her grandmother felt that her mom was not doing such a great job with taking care of her younger siblings and allowing them to destroy her house, she put them out. She shared that she would seek putting her children in a daycare which was down the street from the school, but she did not trust daycares. “The government said they’ll pay for it. So, whenever I do have to go to that next level, I don’t know . . . cuz I don’t really trust daycares,” exclaimed Tina.

She went on to elaborate that there were a lot of dangers existing in daycares. The news was sharing daily babies being killed. “Men hurting children and females killing their babies for crying too much. It’s a lot of things and by being a first time mama, I’m worried about everything,” she shared.

When asked about transportation and cost for child-care, Tina shared that she only received a temporary assistance check and it was only enough to take care of her son. It was not enough to pay for transportation and the cost for daycare. Therefore, her grandmother agreed to take care of her son for her. The transportation she would use to get to and from the daycare center would be public transportation. She shared that she was always late coming to school due to she was catching the bi-state bus from her grandmother’s house.

When asked how she felt if her high school provided an on-site child-care center and programs, Tina eagerly shared,

Um, I would think that’ll be good, but at the same time, I think that would encourage girls to get pregnant because they know they can bring their babies

to school and still go to school. Some girls are trying to get pregnant and that's going to make it much easier. So it's kinda . . . it's kinda good and it's kinda bad. Because it's good for the mothers who really need it. But for the mothers who don't need it and just trying to get pregnant, I think that's gonna make it a lot more easier for them to come to school. And as far as parenting programs like prenatal care goes, yeah! It would be a lot easier for me to be at school. One day, I had missed school and it was on a Wednesday. I had to go early in the morning to the prenatal classes at Grace Hill. So, a lot of times I missed school because of prenatal classes and um, daycare. Sometimes, I don't have bus fare or bus tickets to get back and forth from daycare, well, I mean my granny's house to school and all of that.

Tina sadly shared that she did not really have anyone for support. She had a mentor at that particular time of the interview, but initially she did not have her. They really do not have a chance to talk because her mentor is experiencing her own personal problems. So, basically, Tina shared that she really by herself. She began to cry as she shared that the only reason why she is still in school and graduating is because of her English teacher. She has really been there to help her out when she has had to either arrive late or leave her class early. She sadly stated,

This whole pregnancy now; I really don't know what to do right now. I don't wanna be in school. I don't always feel good. I really don't have no real true friends. It's like I'm tired of being, like, by myself and like all of this. Like, I don't know. I don't know.

**Ashley.** Ashley was a 12th grader who had only one child. The father of her child attended the same high school and was a twelfth grader as well. She lived with her aunt since the age 16 because her mother was deceased.

She shared that she felt her issues had begun as soon as she shared with her aunt that she was pregnant. Her aunt wanted her to have an abortion or she had to move out. Ashley did not want to have an abortion and did not know where she was going to live if her aunt put her out. Therefore, she sat down with her child's father and explained to him the dilemma she was facing with her aunt. Because he wanted to keep the child as well as she did, he asked his mother if Ashley could live with them. His mother welcomed her with opened arms.

She and her boyfriend had begun to have problems because he did not have a job. This caused them to argue and fight because his mother was always speaking to him about being responsibilities of completing high school and becoming more responsible as a father. She went into pre-mature labor because of stress. Her delivery was a very difficult one. After she had her baby, she moved back with her aunt; where she always wanted to be. She utilized for her child-care a neighborhood daycare center that the state paid for and was three blocks down the street from her house. When asked about challenges she was faced, she shared:

Um, well, some mornings, I be . . . some mornings I run late and I ask my aunt could she drop him off around the corner. But she always complain, "um, I don't have enough gas and that's your responsibility." And I'm like, I know it's my responsibility but I'm running late for school. And it's just three blocks around the corner and you gotta pass by anyway to go where you're going. But, she still

just . . . “it’s your responsibility and that’s all on you.” And different stuff like that. So, that’s kinda hard for her to say that too. And her being my auntie and we family and . . . it’s just, some days it’s hard. But, I just have to deal with it. Ashley also shared that she did not experience any problems with her grades dropping. Whenever she needed moral support, she would go to her friends because she was very comfortable with them and never felt embarrassed around them.

I feel more comfortable with them. I don’t feel comfortable around my own family because it’s like they’ll turn on you. And they’ll say stuff. And they’ll bring it back up. And . . . once you wanna keep everything in the family, I mean like between me and that person who I’m talking to I wouldn’t want her to go and like tell everybody. In which like she already did tell some stuff. And I felt like that was just between us. I’ve had some days when I’ve felt like giving up or . . . I . . . like didn’t want the baby around or something like that but I just had to deal with it. And I went to my friends and I call and talk to them. When I come to school around my friends, I feel normal, the regular. I always be happy. And I don’t feel embarrassed.

She did not care too much for the idea of an on-site child-care center at her school because of safety and health issues. However, she would contribute to the center by volunteering and helping those teenage mothers who would allow their children to attend the on-site center. She would assist in making sure they feel comfortable with leaving their children as they attend classes. She would also make sure the teenage mothers spend their lunch hours with their children attending the child-care center.

**Maxine.** Maxine was a 12th grader with one child. She was always a very smart young lady. Her grade point average was a 4.0 until she became an expecting teenage mother. Her grades spiraled downhill. At the time of the interview, she had a 2.3 grade point average. Her child's father also attended the same high school she did. He graduated a year before she did and went away to college.

Maxine was very determined to graduate high school and attend college even though she shared she faced many challenges during her pregnancy and after her child was born as well. Throughout the beginning of her pregnancy, she was very sick and could not attend school. Because she had missed so many days, her grades dropped drastically. She was put on bed rest and ended up failing most of her classes during the first semester of her junior year. After she had the baby, her guidance counselor referred her to an area high school, which had an on-site child-care center. She attended the school and was still unsuccessful. She continued to miss many days because she found it a struggle to get her and her baby dressed in time for school. The following year, she returned back to her home school and worked extremely hard to graduate with her class. Because she had a strong support system, which consisted of her mom, close friend who had a child as well, and teachers, she was able to accomplish the goal.

When asked to elaborate more on the challenges faced after having her baby, Maxine shared a more vivid description.

Like within the past year, um, like my mom had like I said my mom and her boyfriend had tried to put me out. So, um, my only alternative since I didn't have a job at the time was to go to a residence home, um, called Almost Home. And Um, I mean the reason why I didn't is because the residence homes that they do



have set up for teen moms is like, they trying to be your parent; like rather than like, they're trying to like teach you how to get on your own feet but they kinda take some things away, like you can't go stay the night places on weekends and like, they tell you how to raise your child. Like you can't do this, you have to do that. And I mean it's more for a person like that has been living on the streets; that don't know how to take care of their child and stuff like that. Don't have their baby daddy in their life and stuff like that. And I couldn't handle that like if I . . . I would have rather got put out on the streets and had to find my own way to do stuff rather than went to the residence home because they would have took my time away from my baby daddy on the weekends is when we get to spend our family time together. So um, I feel like, in a way, yeah, it would've put a roof over me and my child head but they give too many restrictions where it takes away from what you're trying to do with your life. There's no male company aloud in the residence home at all. So, um, it's like I would have to sneak to for my child to see his father becuz I'm not allowed to have him . . . I wouldn't have been allowed to have him in the residence home. I have to be home; like their curfew is . . . um 6 o'clock on um, Sunday through Wednesday, um, Thursday since there's a house meeting, it's 5 o'clock and then on the weekends it's um like 10 o'clock or something. But other than that, you can't stay places or anything like that. . . . And . . . I understand like people have told me like that the reason why they do that is because if your baby daddy is involved and taking care of you then you wouldn't have to live at a residence home. But, not every person has,

you know what I mean, the ability to just all of a sudden get a house and a job and all of that stuff. So . . .

Before returning to her original high school, she shared that there were times when she had felt like dropping out of school.

Um, I have a lot of times. Um, actually before I . . . came back to this school.

Um, I had technically dropped out and I was gonna go to Fresh Start. Just so that I can hurry up and get um, my diploma and go on about my business. Um, but what changed my mind was that, you know, pretty much my friends telling me like, “No you need to come back. We miss you.” And stuff like that. And I also didn’t wanna miss out on a portion of my life that most people, you know what I mean, reminisce on all the time; like, “Aw prom and ribbon day and graduation and stuff like that.” And if I would’ve went to Fresh Start, I would’ve been able to do any of that. Um, and then also, I didn’t wanna take the easy way out like I’m one of those type of people that um, nothing is good enough for me. And I really didn’t wanna take the easy way out. Um, so I went ahead and came back um six weeks um after my senior year started. I went on ahead and came back. I went on ahead and took those, um, AP classes that I was always involved in; honors classes and stuff; got back on the cheerleading team with my mother’s help. I ended having to quit that at the end though becuz . . . um like my mom and her boyfriend like kept telling me they were gonna put me out of their house and stuff like that and I couldn’t just be out on the street with my child. So, I just went on ahead and quit and now I have a job.

In summary, when asked about her high school having an on-site child-care center and how would she contribute to it, she shared that because she had attended a high school with an on-site child-care center, she personally did not like the on-site child-care.

Um like just because we were supposed to like go eat lunch with our child; like in between classes, you go see your child; and um, the facility wasn't big enough to me and they didn't teach them enough. Um, so even if the school did get one on-site, I probably wouldn't even have my child in it. I would keep him where he's at. I would be very interested in volunteering. Just because I like kids and I also, like, since I've gone through like so many different things, since becoming a mother, um, I can help the other girls you know get prepared for it; help them make better choices and stuff like that.

**Carla.** Carla was a 12th grader who was expecting her first child. She had good grades. They basically remained the same as they were before she had become pregnant. She wanted to attend college after graduating high school and become a pediatrician. She also shared that she would have a job as soon as she graduated from high school and had plans for paying for her daycare expenses on her own.

Even though she described her family as being very supportive and would take care of her child if she needed them to, she still faced some challenges while expecting her first child.

Um, when I first found I was pregnant, I was . . . I started crying becuz I'm young and I'm 'bout to graduate from high school and . . . I was planning on going away to college. But now that I'm pregnant, I have to like make my decisions wise; stay in the area that I live in. Um, I am . . . I was never . . . with the child's

father. We were never together. Um, we had been like . . . well, he's like one of my best friend's cousins and um, but, I do not talk to him to this day . . . we don't get along at all. He threatens me so, I just do not like to conversate with him. He calls . . . he'll call my phone but he'll hang up. And it's like very stressful. And . . . times I don't be feeling like coming to school, but I know that it's almost time for me to graduate so I have to get up and strive myself into coming to school and . . . coming to school is just, girls that always trying to start stuff with me. And I be . . . I don't be having time to deal with the problems becuz I have a problem of my own to take care now. And, I just get tired of it.

When asked how she felt if her high school had an on-site child-care center like several other high schools in the city and if she would volunteer, she responded:

I think it will be helpful for the mothers. It will like, um, instead of them being late to school; going to take they kids to daycare in the morning. I think it will be helpful for them just getting to school on time and putting they kids in daycare. I don't know if would volunteer because it's child-care. That'll just have to be something I would have to think about.

To summarize, she shared she has never felt like dropping out just because there were days where she did not want to get up or perhaps, face the drama of other girls at the school teasing her. She worked hard to maintain good grades so that she could graduate and attend college to major in pre-med because she wants to be a pediatrician. She exclaimed, "I love working with kids and then I just want what's best for me and my baby."

**Brenda.** Brenda was a 12th grader with two children. Her son was six months old and her daughter was two years old. While she attended school, her son attended a home daycare and her daughter attended a school where she paid 20 dollars a month and the state paid the rest for her daycare expense. Upon graduation, she plans to attend the University of Missouri at St. Louis and major in Science to become a Registered Nurse.

Brenda had her own transportation. She explained that she had her own transportation since she was a freshman in high school. She lived with her stepmother who always made sure she had a car throughout her entire four years of high school. Among her peers, she also shared that it was not that much shame because she was a strong individual. She really did not focus on what other people had to say about her.

She excitedly shared that if her high school had an on-site child-care center, it would be great for her to get to school on time. "It would save a lot of time and I would be at school on time. Yeah, pretty much everybody is going the same direction instead of dropping my son off here and then dropping my daughter off then coming to school."

When asked what challenges she faced, she shared

My father he died when I was . . . um my first day of high school. So that was a (subject takes a pause) devastating moment for me. Cuz that was like really the only person I had. My mother she was on drugs throughout my whole life. So, I lived with my father and my stepmother. And my stepmother she took care of me financially cuz my daddy was in and out of jail. And she tried to prevent all of this from happening but you know teenagers do what other teenagers do. So I don't know. Also, since I was a freshmen, my, my child's father, my daughter's father, he wasn't really in her life but his mother kept my daughter my sophomore

year in high school. So, that was helping cuz she came and get her in the morning. And another thing, it like brought my grades down. It brought my grades down . . . It was more like the father. I was focused on him. I was really messed up starting as a freshman. I didn't have a good start off. Cause I was so much involved in him. Then I was pregnant as a freshman. I ended up having my baby as a sophomore. And . . . a lack of sleep at night time and having to get up early in the morning; getting the baby together; going to sleep at school and those type of (pauses) those types of things. But now since I'm a senior in high school and I came to this high school, everything pretty much changed around. I started focusing on my work more. I don't have either one of my child's fathers in my life. They are both in jail. And my cousin she watches my son. So that's pretty much a big help. And my teachers; my friends around me help me a lot this year.

To summarize, when asked if she ever felt like dropping out of school, Brenda shared

Well, my junior year in school when I got pregnant with my son, I was more like depressed. And I didn't feel like going to school. That was like a turning point too cuz I had made like seven F's and like one D. And then that made me turn my life around so I said I can't do this; like I'm a have two kids and I'm a have to start going to school. Fourth quarter I brought all my grades back up and then when I came to this school, I really brought my grades back up. I did all my work and started coming to school. But then, there was a day I was dealing with my son. He was getting sick and all that type of stuff. I had to keep missing days and stuff like that.

**Natosha.** Natosha was a 12th grader and had one child. She had her own car and lived in her own apartment with the father of her child. He graduated a year before her. Her grades remained to be very good throughout her entire pregnancy. She planned to attend Missouri College to become a medical assistant. Her child's father had plans to join the United States Armed Forces, and afterwards marry her.

She did not share any major hardships due to she always had a job since she was 15 and always took care of herself. She did have her own car and utilized her child's father as her source of child-care. Therefore, transportation was not needed to take her child to and from daycare.

Natosha shared that she was proud because she had her baby when she was 18 and felt no shame among her peers. She had a job and her own place. She said that she felt like she was doing something instead of just sitting at home, dropping out of school, and taking care of her baby. She did have plans to attend college when she graduated high school.

When asked how she felt about her school having an on-site child-care center, she said, "I think it would be better since, um, some girls can come to school more instead of staying at home with they baby and taking care of them." She also shared that she would volunteer at the center and help out with the babies.

**Carrie.** Carrie was a 12th grader with one child. She and her child lived with her mother. Her grandmother was her source of child-care. She shared that her mother would drop her child off at her grandmother's everyday on her way to work. She exclaimed that she did not utilize child-care or temporary assistance from the state because her mother's income was too much. She tried to use the address of her child's

father. It did not work because she did not have enough information. Therefore, she did not qualify.

Her grades dropped drastically during her pregnancy because she missed many days from school. When asked if she ever felt like dropping out of school, she shared

Yes. Yes. It's hard. It's like I'm basically by myself. I mean I get a lil help from the baby daddy or whatever but it's like he in Job Corps. And like his family is not supportive. And like they know he got a baby and they don't try to make sure he comes. And like if he come, he gotta get on the bus and it's like sometimes he don't be having money. So it's like I'm on my own.

She cried very hard as she described the hardships and experiences she faced at the time of the interview.

Um . . . like a month after she (her baby) came home, me and um my mama had got into it. And she had put me out or whatever and she was expecting me to leave my baby with her. So I was gone take my baby. So she called the police and the police came and they tried to take my baby. The police tried to take my baby cuz it was cold. And it was like my only transportation is my feet or whatever. So I was gone go to my friend house around the corner until I could get in touch with one of my family members or whatever. And the police told me if I step outside with her, they were gone take her. (Crying really hard) It was like it was hard becuz I couldn't stay at home and I wasn't fixin leave my baby. I had went and stayed with my auntie for about a month. Things are much better now.

She did share that her grades dropped drastically because she was not going to school. But when she did attend, she worked very hard by getting assignments she would



miss from all of her teachers and do her very best to complete them. When asked how she felt being a teenage mother around her peers, she replied, “I really didn’t think about it for real.”

In summary, Carrie shared, emotionally, that her grandmother raised her and she would love to go back and live with her. Her grandmother was experiencing a hard time because she was already babysitting her child for her, taking care of her sick cousin, and taking her little brother to school as well as picking him up. After graduation, she planned to attend college and become a Registered Nurse. She had already been accepted to St. Louis Community College at Forest Park.

**Shonda.** Shonda was a 12th grader with only one child. She utilized a Christian daycare for her child-care. It was paid for by the state. She shared that even though she was a 4.0 student and never had to study, she had to do her homework at school because she could not do it at home. She also shared that there were many times she went to sleep in her math class. It was actually her first time ever falling asleep in any class. Her teacher knew it was something different for her. She said he always asked, “What’s wrong?” She responded her daughter kept her up all night. He told her that he would give her points for the day because he knew she was, otherwise, a student who never displayed such behavior in his class (subject laughs). She went on to share that when she went back to school on the first day, she told all my teachers that she may not be able to do the homework assignments like exactly like when they wanted them, but she would get them completed.

Shonda also attended Dual Enrollment classes at the University of Missouri at St. Louis. When asked to describe her experiences, she shared

Yeah. Like, at first when I first start taking classes, I used to like come back here and do my work. But then I started just going straight, well going to get her and going home. So, it's like I have to try to find somebody to watch her and if I couldn't I'll leave school early to go there and just sit in the car and do my homework (subject chuckles).

She did not have to worry about transportation because her grandmother had bought her a car. She shared that if her high school had an on-site child-care center, it would make stuff more convenient because she was late to school every day. She also shared that even though the daycare was down the street from her house, things would happen at the daycare, for instance, in the mornings. It was about 10 extra minutes for her to go and sign her daughter in. This would prevent her from making it to school 10 minutes earlier.

She really did not experience any hardships. But, she did share that she needed more help and support from her family. When she first had her daughter, everyone was willing to keep her whenever she needed to go out. But because her daughter was older, she felt no one was willing to keep her.

**Brandy.** Brandy was a 12th grader who had one child and one on the way. Her son's great grandfather was her source of daycare. He watched him while she attended school. He would also pick him up every day as well. The sister of her second child's father owns her own daycare. Therefore, she planned on allowing her child to attend her daycare. The daycare owner also owned a van and would pick up the child every day. When asked what hardships she faced, Brandy shared

Um . . . when I first got pregnant, me and my son's daddy we were real tight. Then after I had him, it was a lot of conflict becuz I didn't trust him with my son on his own becuz he has a problem. So, you know, I wouldn't...just like his brother say he's not capable of watching him on his own. So we fought multiples of times. We um . . . I tried to put him on child support but it didn't work cuz they said that he get SSI. So they wouldn't do it. And every since then me and him has not been cool. We just had a recent fight . . .um when was that?

Um...Monday. We just fought on Monday. I went over there to get my son and he wouldn't give my son back to me. He was acting stubborn. I was stressed out. It was a lot of stress becuz I wasn't prepared. And I was a sophomore then. So, I'm like I'm trying to finish school; live a regular childhood life but instead I have to face the responsibility of having a child but while he wasn't here, I did all the things that you know that I'm not going to be able to do after I had him. So after I had him, I had to find daycares. I had to get back and forth to school. I dropped out my sophomore year; came back my junior year. So...kind of terrible. In my sophomore year, I didn't have anybody to talk to cuz my family, after I dropped out, they gave up on me. So, basically, I had to do it for my child. I came back to school and showed my child that I could do it. And I could succeed in life so he can follow me; go to school; do what he have to do; go home; do homework.

After that, it don't matter what you do, just don't get yo self in trouble and graduate. You gotta make yo grades in order to graduate. And that's what I was trying to show him. And that's what I'm showing him now. That's why I'm graduating. With my son's father, me and him, we don't have a good . . .

relationship at all. We don't bond. We too much alike. But, um . . . the one I'm pregnant by now we have a good bond. He encourage me to come to school every day. We probably don't get here on time cuz we wake up late. But we do make it here. We tryna graduate and everything else and really you know for all the teens mothers or any mother out there that's having their first child, you just don't never give up. It's always a chance out there for you. Just look at your child and tell your child that you can do it. The child can actually listen to what you're saying even though the he doesn't understand. But once you tell 'em then they gone know that you did do what you said that you were gonna do. And that's graduate with a high school diploma; even though you were a teenage mother.

When asked how she felt being a teenage mother around her peers, Brandy shared the following:

I don't feel like anything cuz it was my choice. It was my decision and I don't really pay attention to what people gotta say becuz I'm not that kinda person. I'm not finna be stressed out or be mad about what somebody else say. I have bigger and better things to worry about than my peers. That have something to say, they can just keep their comments to their self. That's how I feel. That's how I've been feeling.

Even though Brandy said she would not bring her child to the on-site child-care center because of fights and other dangers, she would volunteer to help out the other teenage mothers who would bring their children to the center.

**Mary.** Mary was a 12th grader who was expecting but lost her child. She had planned to utilize a community daycare center, which was 20 minutes from her home. She felt that an on-site child-care center at her high school would really be good because it would help her, if she had her child, to make it to school on time. She felt she would no longer have an excuse for being late to school every morning. She did admit that she would volunteer her time at the on-site child-care center because she knew many people needed help. She said that she realized babies really are a handful.

When asked if she experienced any hardships even though she had lost her baby, she shared

Like when I first found out I lost my daughter, it used to bother me like a lot. I didn't wanna come to school. That's why it took so long for me to come back to school bcuz it felt like I had just lost the world. But, I had to realize like it must have been a reason for me to not to keep my baby bcuz I don't have funds to take care of a baby and myself. So, I felt like God did that for a reason for me not to have a baby just yet. And...I mean now I feel better becuz I got a understanding why I couldn't keep my baby. So, I . . . I kinda respect it now. I just know she somewhere better. It wasn't meant for her to be here just yet. So . . . I guess when the time right, it will be right.

During the interview, Mary elaborated more on the birth of her child and how she lost her.

She was born alive. She stayed. She was here for a week. She was born on October the 6th and she died October 14th. Like she could have made it and stuff, it was just the life support. They was kinda pumpin her too hard becuz she was so

little. She was only a pound and three ounces and eleven and a half inches. So, it was like the pumps and stuff they was kinda hurt'n her lungs more than help'n her lungs. And her lungs collapsed on top of the tubes. So she was suffocating herself. So that's how she passed. And she had a heart murmur. That's hereditary in our family cuz I got it too. It's real hereditary. So . . . I mean but I'm thankful now. I'm just ready to graduate and just move on with my life and try something different.

When asked about her grades when she was pregnant, she shared they remained the same.

I was in the hospital still doing my work. Ain't nothing else to do. So why not just sit there and sleep all day when I had work to do. I mean my grades didn't change. It's just I had a couple of incompletes but that was when I came back to school they were brought back up to the same average grades and stuff.

**Sandy.** Sandy was a 12th grader and had only one child. She had a 3.9 grade point average. She had maintained good grades even though her grandmother felt she was going to drop out of school once she found out she was pregnant. When asked how she accomplished that goal of being a first time mom and listening to the negativity her grandmother shared, she said, "I put him on the floor with some toys. (laughs) I'm for real or my lil sista . . . I got five sisters. They grab him whenever I need them to." She shared that she did face some challenges while being a teenage mother.

Um . . . first of all, when I first got pregnant, I wasn't even like mad or sad or nothing becuz I thought we were gonna be together or whatever but then, like when I first told my grandma that made me mad how she was just saying, "aw

there go school” like I was just gone drop out. Like why would I drop out when I worked this hard? So...when I came back like, I think I got pregnant my junior year and my grades didn’t drop none. So when I came back my senior year, they even got better. But people still, like my family members and stuff, still wuz like . . . I don’t know I guess not appreciating the stuff I do with a baby. Like I’m doing even better. They still not seeing that it’s good enough or whatever.

She also shared that she never considered dropping out of high school especially because her grandmother had said she was going to drop out.

Like, um . . . my grandma dropped out when she got pregnant; my momma dropped out and she wasn’t pregnant; my brother dropped out; my sister dropped out; my other brother graduated from alternative school; and my sister just graduated in ’08 from here. So, I was like my sister graduated, I’m gone graduate becuz you can’t do nothing without at least having a high school diploma. And now I got a baby, so I gotta work even harder. Now, I gotta get a college degree. That’s why I don’t wanna drop out of high school. And I ain’t gone drop out. I only got like what . . . four more days (laughs)?

Sandy’s father of her child was with her throughout her entire pregnancy. He was even there for the delivery. At the time of the interview, however, he was in jail facing 15 years. They still talked on the telephone, but she and the baby did not go to visit him there. She shared she did not want her son to see his dad in jail.

She felt if her high school had an on-site child-care center, it would be much better for her. Sandy smiled ash she said, “It’ll be better. I wouldn’t be late for school

that much. Cuz I have to get him ready and get me ready; then take him to daycare; then try to make it to school on time. I be late a lot.”

Because she was a senior with all of her credits, she had several free periods. She shared that if her school had an on-site child-care center, during her free periods, she would go in and help out. Even after graduation, she vowed she would go back to her school and volunteer in the on-site center.

**Marcia.** Marcia was a 12th grader with a one-year-old daughter and was expecting her second child. Her daughter, at the time of the interview, was attending a community daycare, which was only five minutes away from her house. Therefore, she had to get up and take her daughter to daycare and then get to school. Previously, she had a sister who used to live in the same house kept her daughter for her. That was much easier because she did not have to travel early mornings to drop her off.

She shared, if her high school had an on-site child-care center, it would be better because there were so many girls with babies and were having a hard time making it to school. Some of the girls did not have daycare because they could not afford it. Therefore, she felt an on-site child-care center would be convenient for the moms. They would be able to bring their children to school and attend their classes on time.

She shared that she did face hardships being a teenage mother expecting her second child before graduating from high school.

Well . . . when I was pregnant with my first baby, it was hard becuz like I really didn't have no support at first becuz my mama really didn't want me to have the baby or whatever. Cuz she just was saying like she think I'm gone drop out of school . . . I was too young to have my daughter and stuff. So, I really didn't have



no lot of support. I used to cry a lot. I didn't have nobody to talk to But (her voice escalated when she said but) my baby daddy. But I really . . . I had friends but I really didn't talk to my friends about what was going on. And as far as school, it was hard becuz I was taking um . . . extra classes in the morning time. So, I had to get up early. The baby be up at night crying. So, I really was tired. My grades had slipped. So . . . after I had the . . . well, once she was here or whatever, my mama she kind of changed. She started supporting me more. She was helping me take care of her or whatever. Like she just had to get used to it that the baby was gone be here. So, after that, I just had to get everything back on track and I really didn't do no sports no more after I had my baby becuz before (she clears her throat) I ran track. I was a part of the . . . um . . . this club; it was a black union club at our school. So, I was a part of a lot of clubs. I used to go out with my friends but once the baby got here, I didn't really do nothing for real. But you know go to school; come home; and spend time with the baby. And like now with the second baby, it's kind of like everything is like all over again. Like she didn't really want me to have the baby at first but now you know she ain't really saying nothing about it. She be talking like about buying stuff. She supporting me now but you know at first she really didn't . . . she didn't want me to have the baby or whatever. But . . . I . . . I been trying to make it. I'm trying to graduate so I can do what I gotta do for both of them.

Marcia's response when asked how did felt around her peers because she was already a teenage mother and having her second child was:

I mean . . . I feel . . . I mean I sometime feel different cuz a lot of girls, you know, don't got babies. Some of my friends I hang out with, they underclassmen. They don't got kids so they don't understand like a lot of stuff that I go through and I feel like, I ain't gone say like more mature than them but I just . . . like I'm just different from most of the people that I hang out with cuz I've been through different situations. So it's like I'm...I'm kind of different from most of the people that I be with. While I'm at school, I really gotta watch what I do (laughs). Anything could happen at school. Like as far as getting into it with people while you're pregnant. You can't be fighting. You can't be running. You know doing all that extra activity. You know you gotta think about your baby. You could hurt you or your baby while you're at school.

She also shared that she's never felt like dropping out of school, but there had been days where she had been too tired or overwhelmed to go to school. When she needs that moral support, she shared:

Um, well, I got um . . . it's a couple of teachers that I'm close to that I go and talk to about a lot of stuff that I'm going through when I just can't hold it in and I just gotta talk. I talk to my oldest sister when I'm at home when I'm going through stuff becuz you know she just understand what I'm going through. She give me advice and . . . I got friends like just a couple of friends not even a handful that I can go talk to and tell them about my situation. They got kids just like me and going through the same thing.

In summary, Marcia elaborated on how she gets around the drama because she and her children's father attend the same high school.

Well, um, as far as that situation, um, I mean like people gone be in everybody else business especially like if y'all go to school together but you can't listen to you know what everybody else got to say cuz this person gone wanna hear me say something; this person gone wanna hear me say something. Y'all can't listen to that cuz people just . . . people don't wanna see nobody happy. They don't wanna see y'all together. Y'all just gotta overcome that stuff especially y'all got kids together. Y'all way more mature than that. But as far as me and my baby's father we've spent five long years and this is my first year going to school with him. And it's like everything just turned around when we started going to school together. All drama, you know all the he say she say; the breaking up; and fighting and all that but as far as our child whether we're together or not, both of us gonna take care of her. His mom helps; he helps; his dad helps; you know his family supports both of us. They try to help us as much as they can. My family try to help as much as they can. Y'all just . . . you just can't give up. You gotta keep pushing whether you're crying, yelling, sad, whatever is going on, you gotta keep going because you got another person or whatever. It's not just you now. So, you gotta think about both of y'all and not just you; what's best for your family in the end. And as far as my plans after school, I plan on going to school for nursing or whatever so I can get my master's and the babies' father he's also going to college. So he can do what he gotta do. So we can just support both of our kids.

**Denise.** Denise was an 11th grader who was expecting her first child. Even

though she was a transfer student, her grades did not drop. She shared that she still maintained straight A's and B's. Her source of child-care, she assured was going to be a family member. She also shared once she found out she was pregnant, she had begun to face some challenges.

When I first found out, well let's put it this way, when I first told my family about it, it was automatically get an abortion. There was no word about it, no questions. Me, on the other hand, I don't believe in killing a baby. I was four months when I told them. So, I was pretty far along. So, I basically left the place; didn't know where I was gonna go; didn't know if I was gonna continue school or not; just took my chances. And then my dad came back into my life and got on my side. Me and the baby daddy are having problems, of course, but other than that, it's pretty much, pretty good. Grandma still doesn't approve of it but . . . she'll get over it (laughs).

When asked about how she felt around her peers when she was pregnant, she shared

Ooooooh, that was . . . that's part of the reason I'll have to say it took me so long to come out and tell my family. Like, my best friend, I told her right away that it was a possibility that I might be pregnant and . . . she didn't really bring it up. We kept pretending like things were normal, the same but then, as I got farther along, things did start to change with other people. I couldn't do what I wanted to do and...had to watch myself. (Pause) It was a little more on edge.

“Having an on-site child-care center at the school,” Denise said with confidence,

I believe that pregnant teens wouldn't drop out as much. They wouldn't stop coming. If we had an on-site childcare center on campus, you know, where they watch your child, they would return to school. Because then they'll have someone to watch their child while they go to class, learn, and go down there and volunteer and help.

Denise declared that even though she faced some challenges, dropping out of school has never been considered because she still planned on going to college. She was not going to stop there because she was a teenage mother.

**Linda.** Linda was a 12th grader with one child. She explained she did not really talk to her family because she had been in foster care since she was two. When she was 12, she moved with her aunt. Things did not work out so she moved with her best friend. She had been living there since she was in the sixth grade. Now, she is a senior.

Linda laughed as she shared that she had faced some hardships before she had her daughter.

Well, when I first found out I was pregnant, I was still going to school and stuff. But like during my third month, I started getting sick . . . and lazy, didn't wanna do nothing, and losing weight and all that stuff. So like I stop wanting to like come to school as much. And well, during my sixth month, I started feeling better. I started feeling better so I started coming back to school and like I dropped out for a couple of months becuz it was...I had to move from location to location. So, I had to figure out what school I was gone go to from that location and it was hard. So, I just stop going for a minute. Then, I got tired of not being in school wondering how my life gone end up if I don't complete school. So I

went back and I'm making up some classes now but, I'm getting back on track. I'mma be able to graduate this year. And . . . everything is going fine. Like, I don't talk to my baby daddy no more. I got a new boyfriend. He got a new girlfriend. So . . .

Linda's best friend and her child's father convinced her to go back to school and graduate. She smiled as she said, "I decided to go back and continue my education and everything's been going fine since." She planned to leave St. Louis and attend college. She, at that particular time, was unsure of where she was going and exactly what she wanted to go to college for. But, she seemed ascertained that she and her child were leaving St. Louis to begin a new life.

She also shared that while attending school, she was always tired but her grades never dropped.

Like if I was trying to get some stuff done, I would wait until she go to sleep and then I would get some stuff done. But, it's just all a matter of (clears her throat) how much sleep you get becuz if you don't go to sleep when you get a chance, then you gone be very frustrated, hard to concentrate at school, so . . . Like I never failed in school but, when I dropped out, my grades went down. So that's what caused me to have to take some classes over by me dropping out that period of time. But while I'm at school, I work hard and get my grades up. So, that's why I think I am able to graduate on time because of how hard I have been working.

When asked how she felt around her peers during her pregnancy and afterwards, she shared

Well, when I was pregnant, I attended another high school. I really didn't know anyone there. So, I really didn't talk to nobody there but um . . . I feel the same now (sounds excited). Well, I feel a lot mature than some of the kids that I go to school with.

Having an on-site child-care center, she felt would be a good idea because most of the teenage mothers that dropped out due to not having reliable child-care. If there was an on-site child-care center, the mothers would have a reliable source of child-care that they could depend on.

**Pam.** Pam was a 12th grader with one child. Prior to living with her grandmother, she lived in a shelter. She, however, explained how she ended up living there. Her aunt lived in a small complex and Pam, along with her son, needed to be on the aunt's occupancy's permit before they could live with her. Because they were not, they had to leave.

Even though she faced some hardships, her grades went from C's to B's. She shared:

Oh well, when I found out I was pregnant, I was like six months and I wasn't with my baby daddy. So . . . he didn't know. So, I was like nine going in. So, when I told him, he came around and all that. He came up to the hospital when I had him. I had a c-section. So, the family cool. He don't do nothing for real but his daddy do for my son. But, my family, they didn't do me like put me out or none of that. I've been to a shelter called Almost Home. I was there for like a couple of months. Then I moved with my granny. That was about it.

My grades, I got like . . . It's like go up like from a C to a B. It's in between. So, I'm kinda good but like when school started, I was missing days and stuff cuz I was tired. He be waking up in the middle of the night at two. So, I gotta get up and feed him a bottle, put him back to sleep, then I'll go back to sleep. So, it's like pretty much, for real.

When asked how it was for her when she would attend school and go home to study, she shared, "Yeah, I go to sleep on the desk. You know how we do it. Trying to study once I get home from school is hard cuz you gotta take care of him, put him, and give him all this lil stuff. Sometimes, he'll be crying."

She did admit that if her school had an on-site child-care center, she would utilize the center and volunteer her time. At the time of the interview, her child's paternal grandfather was taking care of him. She said she really had no one else for support. She didn't have any friends. Therefore, she shared she was not ashamed around any of her peers because she was pregnant and has never felt like dropping out of school.

Well, I don't have no friends. So . . . It ain't nothing to me becuz I got a baby. So what? People think just cuz I'm young they think that's something difficult or something but it's not. It's just a regular baby. You have to take care of 'em. It ain't hard.

**Sherry.** Sherry was a 12th grader with one child. She shared she found out she was pregnant when she was a freshman. Her aunt, before she passed away, was her only support. After the death of her aunt, she shared that she had to put her daughter into a community daycare. No one else in her family would help her because they were very upset she was pregnant.



Well, at first, I thought I couldn't tell nobody cuz I was scared everybody was gone be mad. Which they were. Most definitely my grandma becuz that's my guardian. And she raised me and . . . she done had me every since I been three. So she was very upset. And you know it just felt like . . . I just felt like she didn't try to avoid me. She didn't wanna talk to me. She was still angry. She'll do for the baby but we'll have our moments. We stay in the same house but a long distance relationship. So, that's why I ain't never be at the house. Becuz I felt like I wasn't wanted. So, but she . . . she my support system. She'll do anything I'll ask her to do. Anything she can. Anytime she go out, she come back with the baby something. It's something (chuckles). And then my cousin, she been helping me. And then my um . . . my boy cousin had a girlfriend; they came in to our family right after my auntie died. And her birthday is the same day as my auntie (chuckles). And it's just like her signs are the same like everything my auntie was telling me, she telling me now. And I'm like, I like her and we been knowing each other for a year probably now. She 20. And like anytime I needed a weekend off to study or do this, she'll have the baby. Or I didn't have to ask. She come and be do you need me to get the baby. And I'll be like yeah or sometimes and like naw cuz I know you don't feel like it. She'll be like, I'm alright. And she'll get the baby. So that's the time . . . so my grades went back up. They was steady and that was it. Then my oldest cousin, the first one, this year I think I'ma be better too becuz she was like . . . she'll like do probably like two weeks; take two weeks out of a month to help me with the baby. Like keep her. But, I'm still thinking about it.

Even though she shared she was able to keep her grades up and persevere towards graduating high school because she had moral support, she did share there were hardships she faced while pregnant and after she gave birth.

Well . . . I started off from freshmen school year. Um . . . I went through it. I played volleyball. I played basketball. And basketball started around November, December. And . . . I was feeling I was pregnant. Well, I felt changes. And . . . my cousin was like, “you’re pregnant, you’re pregnant.” I was like no, I’m not. But . . . I felt like one day I was sitting on the bed and my feet just swelled up. I’m like, um um (shaking her head in a no gesture). So, I just cried right there. But, in January, that’s when I found out I was pregnant and it messed up my basketball career. And . . . I just been like struggling back and forth becuz with me being so young, it get hard. And my auntie like she used to stay there with us and it was just like she was just always there or I can go to her and ask her anything. But now, she gone. I just had to transfer everything. Like, she would like . . . none of my family like, they turned they backs on me cuz they was mad. So, and I felt like independent becuz I was doing it on my own. Like anytime she had a doctor’s appointment, I was on the bus. Anything she had, I was on the bus. Nobody wouldn’t . . . but they’ll fuss at me about it but they wouldn’t help me. So, I don’t even feel like that’s right. But...after that, I switched it over to the daycare and then sophomore year, I went through it. I had to take a lil time off but, when I came back, I bounced back. And . . . I ain’t never felt like I needed to drop out or go to Job Corps or nothing like that becuz . . . I mean, I made it this far, might as well just keep going and keep going. My grades fail. It just because

she was so sick. Like, she was healthy but they was something wrong with her lungs. So we had to go back and forth to the hospital. So that's what made my grades drop. Becuz I mean, I didn't trust nobody at the time. This was my first baby. So, it just got hard. But then, 11th grade, (sighs and smiling) I run on through. We was fine. I ain't miss that many days. My grades, they was right. And now, I'm in the 12th grade, I felt like it just went on past (smiling).

When asked how she felt when she was a freshman and pregnant around her peers, she shared

I tried to hide it becuz it's like I felt embarrassed. Like . . . I felt ashamed. Like, I'm so young and I'm finna have a baby and I can't even do for myself. And . . . my auntie and my cousin think that I wanted a baby becuz my cousin look at it as . . . like my mama she didn't raise me or nothing and I didn't have like no person that was just there by my side. So she felt like I wanted a baby becuz I wanted to show somebody how to be loved or and . . . I feel, I mean I know what she saying but I REALLY didn't want no baby. But, then my grandma turned around and say it's a reason why your baby here. So, you need to find out and see why God gave you this child. I still ain't found out the reason. But, now I just . . . I'm a mother now and it's more mothers coming behind me. I just try to help them out. I can't tell them, but then that's somebody else's child. But, some people say "you can't be preaching to them cuz you got a baby." It's ain't I be preaching. I be just trying to tell other females that it's hard. It's gone be hard. I ain't trying to tell you to go get a abortion but it's gone be hard. So get ready for struggle. And . . . I just be trying to help. I don't be trying to preach to nobody.

(in her chuckling voice) I aunt never felt dropping out but . . . I have felt like giving up. Yeah, giving up; felt like you know . . . well maybe . . . It just that I felt like I was falling short . . . like I know I can't do this. So like every time I couldn't something for my baby, I'll get frustrated becuz I'll wanna do it for myself becuz I the one had the child. And . . . I just felt like well maybe she belong with a better family. Maybe I can do this and my cousin sat with me and like, "you can do it, don't never say you can't do it, cuz you made it this far." And . . . I was just like, "well, I don't know." And she was like well we can sit down and talk about it and like my family got mad at me instead of trying to talk to me. They was like, "how you just gone do so, so, and so?" But, I wanted what was best for her. But, I just prayed about it and my um...an outside family member came to me, like a friend of the family, and just sat down and talked to me about it or whatever. And was like, "I know you wanna do this but you came this far you can't stop now. You gotta keep going." So, he changed my mind and I'm just dealing with it.

When asked about her child's father, Sherry shared that he's somewhat involved because he has other children.

Ummmm somewhat, but not mostly. Becuz it's like he going through something cuz he got custody of one of his kids already. Cuz he got a daughter already. And he going through something and it's like . . . I was like I ain't asking you to do nothing cuz I know his situation. Just, you know, as long as you see my child. Spend time with my child. You know do what you can and I'll be fine. Just don't do nothing. Sit around don't call or don't participate in her life period. But he

come around. He buy this, buy that when he can. He call her make sure she alright. If I tell him she sick, he'll be like, "you want me to come and get her while you go to school?" Or this and that. So, he there when he can be. But he'll call like every two days or you know something like that. Or if she sick, he'll call all through the day check on her. So he there but I know he going through something. So . . . I don't really trip off of it.

At the time of the interview, Sherry was attending summer school. She shared she was having to miss some days because her daughter was ill.

It's just I would miss like a couple of days last week cuz she was going through um . . . she was having constant nose bleeds and the daycare, you can't send them to daycare like that. So, I ain't have nobody I can just . . . if my cousin, if she working, then I can't I have to do it. Cuz ain't nobody else gone do it but her. So, I got to go and sit wit her but or sometimes my mama if she ain't cuz she drinks and...if she ain't too out there, then she'll get her but other than that it's just me. The teachers I have, they been working wit me.

Sherry admitted that in order to really make it as a teenage mother, a young woman must have a great support system.

### **Problems with Child-care**

Participants described multiple issues that may have caused them to have problems with their childcare. The first of these was a lack of financial support: issues with monetary support to pay for childcare, housing, etc. The second issue was a lack of social support: issues with no support as far as family, friends, school and/or community. The third issue was a lack of transportation: issues with transportation to and from their

child's daycare. Out of 16 girls interviewed, three of the subjects (Tina, Shonda, and Ashley) strongly expressed that they experienced problems with child-care and believed that they needed a great support system to achieve their educational goals.

Tina was a 12th grader who had one child and one on the way. At the time of the interview, she was utilizing family as her source of child-care, with her grandmother as the provider. Her problems with child-care, as she described it, began with being single and financially responsible for her own expenses. She also talked about her living arrangements not being definite due to overcrowding in the home. Tina's mom and other siblings lived with her grandmother as well as occasionally her, her son, and her unborn child. However, at the time of the interview, she shared that she and her son lived in a shelter and that she was not having any luck at all finding a job. When asked about her support system, she shared:

I have a mentor now, but at first, I didn't have her. And me and her really don't talk a lot cuz she going through her own problems. But I'm . . . basically, I'm like really by myself and people just don't understand and like, I'm really, just by myself in this and everything. I know I'm eighteen and that's supposed to be grown. I'm not grown.

Ashley was also a 12th grader who had one child and utilized a community daycare as her source of child-care. She described her problems with child-care as being very hard. Her aunt, she shared, did not support her. Whenever she needed support, money was always involved. For example, if she was running late for school and needed her son to be dropped off at daycare, her aunt would always complain that she needed gas

money and that it was her responsibility to get her own son to the daycare and back. She stated, “it’s just . . . some days, it’s hard. But, I just have to deal with it.”

The last in this group is Shonda. She was also a 12th grader who had a 4.0 grade point average that she had maintained throughout her four years of high schooling. She utilized a Christian daycare as her source of child-care. She described her problems with child-care as due to the lack of family support. She shared that because her baby was more active, no one wanted to watch her. While shrugging her shoulders and smiling, she stated, “It’s like, I don’t know. Everybody find something else to do now. So that’s the only thing that’s stopping me from doing some of the things I want to do now.”

Shonda’s social support system was described as far greater than that of Tina’s and Ashley’s. For instance, she exclaimed that her mother, grandmother, and her daughter’s father, even though he had dropped out of school, were all very supportive of her. Her grandmother, however, had bought her a car and her daughter’s daycare was right down the street as well. Therefore, she did not experience issues with transportation.

The main person I talk to is my daughter’s dad. Cuz he was . . . I don’t know.

He’s not, well, he’s not in school now and he looked at me like we both gotta be in school cuz he dropped out. And I guess he just kept saying, “you really inspired me to go back to school and stuff.” And . . . he just always . . . don’t nobody else in the family like support me when it comes to school. So when he talks to me or whatever, he just tells me, basically, how smart I am and stuff.

As her bright little red face lights up, she goes on to say, “Nobody else does that.”

**Barriers to Resources**

Examples of what the participants considered to be barriers to their resources were as follows: lack of trust; lack of jobs and money; and lack of parenting programs as well as the time to participate in them ten of the teenage mothers and expecting teenage mothers (Tina, Ashley, Maxine, Natosha, Carrie, Shonda, Mary, Sandy, Denise, Linda) shared that they did have some types of barriers to their resources.

Tina and Shonda both shared a lack of trust. Tina shared her fear of her being killed was due to the news media's daily displays of how men were hurting their own children and women killing their own babies. With her being a first time mom, she said that she was just afraid of everything. Shonda simply said that she would have to watch the people running the daycare first before she could leave her child there.

Tina, Maxine, Mary, Carrie, Natosha, and Shonda all shared similar, but different reasoning why the lack of a job and money were somewhat barriers to needed resources. Tina, however, was on her own financially. She had no job and her only financial support came from welfare.

Maxine, who was a 12th grader and had one child, said that her parents had thrown her out of the house. Because she did not have a job or money, her only alternative was to go to a residence home called Almost Home.

Mary, who was a 12th grader, but lost her child due to a miscarriage, shared that losing her child used to bother her a great deal. She said that she did not want to go to school at all; missed a lot of days until she realized that God took her baby for a reason. Without a job or no money, she asked how she could take care of her baby.



Carrie, a 12th grader with only one child, shared it is hard for her because her child's father was in Job Corps and her grandmother was her babysitter. She was facing financial problems and could not work because she did not want to tie up her grandmother all day and night. Without a job nor money, she just simply could not afford daycare.

Natosha was also a 12th grader with one child and owned her own car. She shared very similar experiences as Shonda. They really did not have any barriers to their resources because they both had cars. Natosha had a job, but Shonda received assistance from the state and her child's father. Therefore, expenses really were not an issue for them.

On the other hand, Denise, Linda, and Sandy shared their experiences about the parenting programs offered at the school. They all were expecting their first child. Denise was an 11th grader who had just transferred to the school. She shared that she did not participate in the Parents As Teachers program at her former school; even though she felt they did not support her in the beginning at all. Linda, who was a 12th grader, just shared that she did not know about the parenting programs her school offered.

However, Sandy, a 12th grader, stated she lacked the time to participate in the Parent as Teachers Program at her school. She said she did sign up, but did not know if they came by her house because when the appointment was made, it was prom week and she was too busy.

Lastly, Ashley and Tina shared that their reasons for not participating in the Parenting Programs were because they just did their own thing. Tina's grandmother helped her out from time to time. Ashley did not speak much on the topic; just simply

said that she did her own thing and did not need any parenting programs to help her with anything.

### **Teenage Mothers' and Expecting Mothers' Recommendations**

Several of the recommendations that the teenage mothers and expecting teenage mothers offered regarding the inclusion of an on-site child-care center included: (a) an on-site child-care center; (b) participation in encouraging programs and parenting classes; and (c) contributions they could make to an on-site child-care center. Only 12 of the girls were really in favor of the inclusion of an on-site child-care center; while the remaining four admitted that they were against the inclusion of an on-site child-care center, but were willing to volunteer at the center in some kind of way.

Twelve girls (Mary, Linda, Denise, Tina, Carla, Natosha, Sandy, Marcia, Pam, Sherry, Brenda, and Brandy) were in agreement that it would help them get to school on time; it would benefit those who cannot afford daycare; it would help prevent pregnant and expecting teens from dropping out of school; and it could possibly be utilized as a regular class. For example, Mary, who was a 12th grader and lost her child, said, "I think it'll be good. Cuz, for me to come to school on time, I wouldn't have no excuse for always being late to school every morning. I'll be coming to school on time with me and my baby." Marcia, a 12th grader with one baby and one away, shared,

Um . . . I think it'll be better because like it's a lot of girls that got kids that, you know, can't make it to school because they can't afford daycare. So, it'll be like convenient for us to have a daycare because you could just bring your child to school and go to class so you won't have to be late to find transportation.

Linda, a 12th grader and an expecting teenage mother, shared that it would be a good idea. It would prevent girls from dropping out because they do not have anyone to watch their babies. This way, the girls can have free daycare while getting their own education.

However, Denise, who was an 11th grader and an expecting teenage mother, suggested that as part of the inclusion of the on-site child-care center in the building, the school could, possibly, create a parenting class which will teach young people how to take care of kids.

Tina, Carla, Natosha, Mary, Sandy, Marcia, Linda, Pam, and Sherry, who were all 12th graders and either had a child or was expecting a child, along with Denise, who was an 11th grader, shared that they would volunteer their time and talents by reading to the children; having play time; and just simply helping other babies in the center; even if it was afterschool. Brenda, who was also a 12th grader with two children, said that she would only like to make donations to the center such as food and snacks. On the other hand, there were four girls (Mandy, Ashley, Carrie, and Maxine) who were not in favor of the inclusion of an on-site child-care center, but were willing to volunteer and/or make contributions.

Mandy and Ashley were not in favor of the on-site child-care center due to safety and health issues. They shared, “too much stuff goes on up here, like fights and stuff.” Therefore, they stressed that they would not want their children to be put into any danger. Carrie shared that she did not favor an on-site child-care center simply because she felt that some of the high school teachers did not care about their students. Therefore, there

was a chance that the child-care center teachers would be the same as her high school teachers.

Maxine had a somewhat different response because she had transferred in from another school that had an on-site child-care center.

Um . . . well, personally, I didn't like the on-site child-care center. Um . . . like just because we were supposed to, like, go to eat lunch with our child. Like in between classes, you go see your child, and um . . . the facility wasn't big enough to me and they didn't teach them enough. Um . . . so, even if the school did get one on-site, I probably wouldn't even have my child in it. I would keep him where he's at. I would be very interested in volunteering. Just because I like kids and I also like . . . since I've gone through . . . like . . . so many different things since becoming a mother, um...I can help the other girls, you know, get prepared for it; help them make better choices and stuff like that.

### **Teenage Mothers' and Expecting Teenage Mothers' Attitudes toward Pregnancy**

Once these girls found out they were pregnant, they all shared that they had different attitudes toward being pregnant around their peers. Those attitudes included displaying shame, normality, and pride. Five girls (Tina, Shonda, Sherry, Denise, and Marcia) shared that they felt somewhat ashamed around their peers. Seven of the girls (Brenda, Brandy, Carrie, Pam, Sandy, Carla, and Ashley) shared that they felt normal, meaning the same as they felt before they become pregnant; and the remaining four girls (Natosha, Linda, Mary, and Maxine) shared that they were very proud to be pregnant.

Tina, like Marcia, shared that she felt embarrassed around her peers because she already had one baby and now, another one on the way.

Um... a lot of people say that they know already, but I hide it. I wear my book bag in front of my stomach or I'll wear my hoodie. But . . . even though I hide it . . . God don't make no mistakes. But, at the same time, you know, I don't want people to be like, "aw, she got two kids." It's a lot of girls out here that's proud to show off their stomach and proud to have people touching and feeling the baby. But, I don't like all of that. I don't wanna . . . you know, everybody to see that I'm pregnant and I already got a child and everybody coming up to me rubbing my stomach and, "aw yeah" and happy for me and I'm not even happy for myself. I wasn't even going to keep this baby, but I realized how happy I was with my son after I said I wasn't going to keep him.

Shonda also shared that she used to walk around with her head down until some lady told her that she was doing good and that she did not have anything to hold her head down for.

Brenda, Brandy, Carrie, and Pam, however, all shared the same responses in regards to how they felt about being pregnant around their peers. They said that they did not feel embarrassed because they were pregnant; life still went on as usual, but with precautions. For example, Ashley shared,

Ooooooooh, that was . . . that's part of the reason I'll have to say it took me so long . . . to come out and tell my family. Like . . . my best friend, I told her right away that it was a possibility that I might be pregnant and . . . she didn't really bring it up. We just kept pretending like things were normal, the same. But then, as I got farther along, things did start to change with other people. I couldn't do what I wanted to do and . . . had to watch myself . . . it was a little more on edge.

Lastly, Natosha, Linda, Marcia, and Maxine shared a common feeling of being proud to be a teenage mother and/or expecting teenage mother attending high school. They said they felt a lot more mature than the other girls who were neither pregnant nor expecting. Natosha displayed great excitement and smiled as she shared,

I am proud because I had my baby when I was 18. Now, I got a job. I got my own place and I feel like I'm doing something instead of just sitting at home; dropping out of school, and taking care of my baby. I feel more mature. More, um . . . like I got more sense. Just mature . . . Just mature. It's just when you have a baby, you feel different. You feel like you're grown. Cuz, I'm doing something by myself. So, I'm proud of that.

### **Summary**

Out of 25 teenage mothers and expecting teenage mothers who were invited to participate in a one-on-one interview to determine concerns about their life and academic experiences while attending an urban high school in Missouri, 16 participated in the study. They shared, throughout their interviews, that even though they experienced problems with child-care and barriers to resources, the inclusion of an on-site child-care center and parenting programs would assist them greatly with their goal of attending and successfully graduating from high school. However, there were some who shared that even though they would not send their children to the on-site child-care center, they would volunteer and make donations to the center.

**Emerging Themes.** The teen mothers' life decisions and academic experiences as teenage mothers and expecting teenage mothers centered on several themes. After the initial themes had been reviewed and categorized for heightened clarity and definition,

four themes emerged relating to their changing perceptions of themselves as mothers, expecting mothers, and students. Those themes were as follows: (a) problems with child-care, (b) barriers to resources, (c) teenage mothers' and expecting teenage mothers' recommendations, and (d) teenage mothers' and expecting teenage mothers' attitude toward pregnancy.

### **Chapter Five: Discussion and Reflection**

Despite the good news that teenage pregnancy declined overall by 33% in the United States between 1991 and 2005 (Mincieli et al., 2007), nearly 800,000 adolescents still become pregnant at least once before they reach the age of 20 (Alan Guttmacher Institute, 2004). More than 400,000 of these adolescents give birth every year (Henshaw, 2004), radically raising their risk of school dropout and poverty as well as joining one of the most vulnerable populations among American youths. More than 60% of pregnant adolescents drop out of school before graduating (Hoffman, 2006, p. 19). Without the minimum skills and credentials needed to compete in the United States job market, they and their children are more likely to live in poverty than are women who graduate from high school or earn a GED by age 20 (Granger & Cytron, 1999; Seitz & Apfel, 1999).

The purpose of this study was to discover and understand the life and academic experiences of high school teenage mothers and expecting teenage mothers so that their opinions and experiences might help direct programs for future of such students who may receive the support they need for successfully completing high school. An aspect of this purpose was a needs assessment for this population. While some area high schools have in-house child-care centers that both provide quality care for their children while they continue their studies and educate the young mothers in child-care techniques, many do not. Data were gathered as to these students' most pressing challenges to pursuing their education and successfully completing high school, and ways in which such an academic accommodation might meet those challenges.



### **Addressing Research Questions**

This study was concerned mainly with the explanation of teenage mothers and expecting teenage mothers' opinions and attitudes about problems with child-care and barriers to resources as they attended high school. The research questions were as follows:

**Question 1.** How do these teenage mothers and expecting teenage mothers describe their life and academic experiences in a Missouri high school?

Based upon the findings from the interviews the primary researcher had with the participants, they shared that they faced problems with their child-care and believed that they needed a great support system to achieve their educational goals. According to the Center for Schools and Communities (1999), child-care is an obvious necessity, if teen parents are to stay in school. Reliable, quality child-care will encourage the teen parent's school attendance, providing a safe and nurturing environment for the child, help model appropriate child-care practices and deter abuse and neglect through daily observation and intervention with the young family. Additionally, teen parents often need guidance in identifying and accessing child-care providers and assistance programs.

**Question 2.** What challenges do they face to successfully continuing their education?

As the participants shared their experiences, the common challenges faced included lack of financial support, lack social support, and lack of transportation. While some of the participants had a need for jobs, transportation, and social support, others reported that they had jobs, their own cars, a social support system in place, and were very independent. This is demonstrated by the contrast between Tina and Natasha. Tina,

who was expecting her second child, elaborated on how she lived in a shelter and had no money. She only received the Temporary Assistance check for her son. She desperately needed monies to pay for her child-care because she was on her own and had no support at all. Whereas, on the other hand, Natasha had her own car, a job, and had been on her own since she was 15-years-old.

A lack of financial, transportation, and social support made it very difficult for the participants to get to school on time. They shared that because they had to depend upon public transportation, they would be late for school and sometimes just did not go at all, especially, if they were extremely late. They shared that if they had a great support system, they could have depended upon the individual for assistance. For instance, Ashley, when running late for school, could not depend upon her grandmother for help unless she had money for gas. She did not always have money because she had no job.

**Question 3.** What would they want and/or need in a high school-based child-care center if it were to be implemented as part of the high school's intervention with this at-risk population?

Center for Schools and Communities (1999) recommended that children be cared for in a licensed child-care setting that meets minimum quality and safety standards. It described the three most commonly used models along with a less formal arrangement which guarantee factors that enhance quality, including size, structure, caring environment, and competent staff as well as it described those models that are considered to be best practices utilized by different school districts around the country. Because the school district in this study does not utilize any of the best practices previously described, the interviews revealed that the participants wanted safety for their children, trustworthy

and certified staff along with programs which provided both mental and social support as well as mentors for themselves and their children.

Both Tina and Shonda shared that they had trust issues with daycare facilities, because they had the perception that there was a rise of babies being harmed and/or killed in daycares. All of the participants shared that, even if it was not right for them, the inclusion of a mental and/or social support system as well as mentors would greatly help those pregnant and expecting teenage mothers who need someone as they face the many challenges of being a pregnant and expecting teenage mother while attending high school.

**Question 4.** What could the teenage mothers and expecting teenage mothers contribute to the on-site child-care center to make it both affordable and participatory?

For some of the participants, even if they did not want their child and/or children to attend the on-site child-care center, they were willing to volunteer at the center. For example, they shared that they were willing to read to the children, donate food and other perishable items to the center, and possibly serve as chaperones when needed. Others who would be willing to allow their children to attend the on-site child-care center, shared that they would give up their lunch hours to go into the center and spend time with their child and/or children as well as volunteer to do chores which would allow the upkeep of the center to be comfortable and safe for all of the children attending. They, too, agreed to volunteer reading to the children, donate food and other perishable items to the center, and serve as chaperones when needed.

**Discussion**

The Chapter Two literature review contained several elements that were also found in the interviews of this group of research subjects. Even a glance at the available research literature reported by Holcombe, et al. (2009) in the Child Trends 2002 report, data shows ways to help pregnant teenage mothers and expecting teenage mothers, as well as ways that do not work to help them. This group is, by most all accounts, a very fragile one. They are in danger of dropping out school, living in poverty, and having subsequent childbirths, even while still in high school.

The typical pregnant teenage mother and expecting teenage mother finds that she needs additional help and support beyond what other non-parent teens require. This support is often social support. The participants in this study frequently reported that they felt isolated and on their own. When attempting to deal with the ramifications of being a parent and trying to complete school, many found their own resources were inadequate. This echoed previous research findings about the social and financial difficulties faced by pregnant teenage mothers and expecting teenage mothers while attending high school (Williams and Sadler, 2001). Several of the participants stated that they were often at the mercy of the child's father, their own family, or their friends for simple items such as transportation to school or child-care. Being in that situation, often forced them to make decisions about priorities where they had no good options. Attending class versus lack of quality child-care meant that the participant would have to choose between two potentially life-limiting options. Those participants who possessed social support often reported that their lives were somewhat easier than the reports of those without the social support.

Previous literature, according to Hoffman (2006), also referenced that this group of participants were more likely to be dropouts than those who were not pregnant teenage mothers and expecting teenage mothers. This is more difficult to pin down in terms of these specific participants because the study only included those who did not make the choice to drop out. It is very possible, and even likely, that other teens in this same school dropped out previously upon discovering they were pregnant. Only by going back to previous year's data on enrollment could it be discovered if other teens had dropped out and why. That particular data was beyond the scope of this research.

Other researchers, for example, Mangel (2010) and Wolpe, Quinlan, and Martinez (1997) have reported that pregnant teenage mothers and expecting teenage mothers face discrimination from school, society, and their peer group. As of this writing, it is illegal to discriminate against a person who is pregnant or who has given birth. While it is illegal, it still may happen in some settings. However, these participants did not report instances of official or unofficial school discrimination. The antidiscrimination laws have clearly impacted this area of the lives of pregnant teenage mothers and expecting teenage mother for the better. The same has not always been true of their families and peers. Several of the participants reported that their family withdrew their support upon discovering that the teen was pregnant. Some attempted to hide as best they could the physical appearance of pregnancy. It is assumed that this was because of a desire to avoid discrimination in the form of negative comments or confrontations. This extended to some of the fathers of the babies as well. While some young men were involved in the lives of their children, others chose to walk away leaving the teen mothers with an additional burden.

The Child Trends 2002 report listed ten reasons why the topic of teen motherhood deserved additional study (cited by Holcombe et al., 2009). Several of these ten items are reflected directly in the results of this research study. One item that certainly applies to this group is that many of the teens did not intend to become pregnant. For instance, several of the study participants stated they did not plan to become pregnant for the first time while attending high school. None of the pregnant teenage mothers and expecting teenage mothers expressed a lack of understanding about how this happened, just that it was not planned. The second child, when that occurred, was sometimes intentional. In those instances, the teen mother had a higher level of social and financial support. This support made it easier to manage the additional responsibilities. This was also in line with the Child Trends report, which stated that 20% of teen mothers had a second child before completing their teen years. This was true of the participants for this research project (cited by Holcombe, et al., 2009).

Another item in the Child Trends 2002 report that aligned with the results of this study was that the instance of teen pregnancy was higher among those who were from families who were financially disadvantaged (cited by Holcombe et al., 2009). The high school where the participants of this study were drawn had a higher percentage of students receiving free and reduced lunches than the state average. This made it more likely that students in this particular high school would become pregnant than the typical high school in the state (cited by Holcombe, et al., 2009).

The final item from the Child Trends 2002 report that supported the results of this study was that high school girls were more likely to become pregnant outside of marriage (cited by Holcombe et al., 2009). All of the study participants became pregnant outside

of marriage. None of the participants chose to get married following the discovery that they were pregnant. Also, none of the participants even mentioned getting married as a possibility. As of this writing, only one of the study participants, to the researcher's knowledge, remained with the father of their child (cited by Holcombe, et al., 2009).

### **Alignment of Emerging Themes with Research Literature**

The following section aligns the emerging themes with the research literature from chapter two. The four emerging themes emerged are (a) problems with child care, (b) barriers to resources, (c) teenage mothers' and expecting teenage mothers' recommendations, and (d) teenage mothers' and expecting teenage mothers' attitude toward pregnancy.

**Problems with child-care.** Participants described multiple issues that may have caused them to have problems with their childcare. The first of these was a lack of financial support—issues with monetary support to pay for childcare, housing, etc. The second issue was a lack of social support—issues with no support as far as family, friends, school and/or community. The third issue was a lack of transportation—issues with transportation to and from their child's daycare. Out of sixteen girls interviewed, three of the subjects strongly expressed that they experienced problems with child-care and believed that they needed a great support system to achieve their educational goals. Williams and Sadler (2001) stated in their studies that strong evidence suggests many of the problems associated with adolescent pregnancy and parenting can be diminished by social support and school-based programs that provide counseling, health care, health teaching, and education about child development to young parents. One critical

institution where many of these issues are being addressed is the child-care center within the high school.

**Barriers to resources.** Examples of what the participants considered to be barriers to their resources were as follows: lack of trust; lack of jobs and money; and lack of parenting programs as well as the time to participate in them. Ten of the teenage mothers and expecting teenage shared that they did have some types of barriers to their resources. Driscoll, Biggs, Brindis, and Yankah (2001) conducted a study that reported teen parents often experience difficulty in achieving their educational and career aspirations. The study identified the sources and types of support that teen parents considered most useful in reaching these goals. The teens rated relatives as the most helpful source of support and government assistance programs as least helpful. The most useful types of support included having consistent child-care, while establishing good relationships with parents of the father of their child and obtaining government resources were least helpful. Also, Pratt (2012) reported one barrier that young parents face to improving their quality of life is not having access to the resources they need to support their emotional, physical, and mental growth.

**Teenage and expecting mothers' recommendations.** Several of the recommendations that the teenage mothers and expecting teenage mothers offered regarding the inclusion of an on-site child-care center included (a) an on-site child-care center, (b) participation in encouraging programs and parenting classes, and (c) contributions they could make to an on-site child-care center. Only twelve of the girls were really in favor of the inclusion of an on-site child-care center; while the remaining four admitted that they were against the inclusion of an on-site child-care center, but were



willing to volunteer at the center in some kind of way. Wiggins (2013) reported in an article of The Washington Post that for kids who have kids, such day-care centers, as on-site child-care centers, offer a chance to stay in school and earn a diploma while getting help with the daily responsibilities of parenthood. Although the number of teen pregnancies has dropped across the country, proponents of the day-care programs say they hope to prevent teens from leaving school to care for babies, with the added bonus of offering their young kids early childhood development. Critics say the centers promote unprotected sex by teens.

**Teenage and expecting teenage mothers' attitudes toward pregnancy.** Once these girls found out they were pregnant, they all shared that they had different attitudes toward being pregnant around their peers. Those attitudes included displaying shame, normality, and pride. Pratt (2012) reported one barrier that young parents face to improving their quality of life is not having access to the resources they need to support their emotional, physical, and mental growth. Many teen parents experience feelings of shame and regret after they discover they are pregnant. Some experience, on the other hand, isolation from their friends and resentment for the loss of their teenage lifestyle. It is also very common for teen parents to feel afraid and alone. They must remember, however, that while their feelings are valid, they may not be healthy for them and their baby.

### **Implications**

From the perspective of the researcher, a fundamental assumption is that high-quality school-based parent support and childcare centers provide parenting knowledge, support, and behavioral (parenting) modeling for teen parents. It is believed that the

centers will provide safe developmentally stimulating care for their children as well. This type of program serves both generations (young mother and young child) by providing social support, a source of accomplishment for mothers (which may help buffer depression), safe child-care, a learning environment for children, modeling of positive mothering skills, high school drop-out prevention, and skilled and caring adult mentors who help young mothers stay organized about their own health care and needs as well as those of their child (Lindsay & Enright, 1997). There are limited, and mostly anecdotal, reports of the structure and outcomes of school-based child-care centers, and it is not clear how many school-based childcare centers exist. Earlier studies from centers in operation during the late 1970s and early 1980s reported positive outcomes for children and mothers with respect to school performance and completion, and the ability of the family to become economically self-supporting (Campbell & Ramey, 1994).

In recent years, the federal government has funded evidence-based programs and models addressing teen pregnancy prevention. Additionally, funding has been made available to provide services to pregnant and parenting teens. Office of Adolescent Health (2012) reports one such initiative, the Pregnancy Assistance Fund (PAF) program, funds states and tries to provide pregnant and parenting adolescents and women with a network of supportive services to help them complete high school or postsecondary degrees and gain access to health care, child-care, family housing, and other critical supports. The funds are also used to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking. However, there remains a lack of knowledge of the core components of successful programs for pregnant and parenting teens. Therefore, these types of programs are underutilized by

schools across the nation. Pregnant and parenting teens are often poor, need strong support networks, and a comprehensive array of resources to help them parent effectively while working toward becoming self-sufficient adults. A few of their unique needs may include locating supportive housing, assistance in reaching educational goals, and accessing adequate health care for themselves and their babies (Office of Adolescent Health, 2012).

### **Recommendations for Future Practice**

Based upon the findings of this study, there are several recommendations that would be very beneficial to the life and academic success of teenage mothers and expecting teenage mothers attending urban high schools in Missouri.

**Recommendation 1.** The inclusion of an on-site child-care center would allow this particular population to attend school daily and on time regularly. The problems that they described in their interviews (finances, transportation, absence of baby sitters, etc.) would be eased. The children of the mothers would also benefit from the on-site child-care center as well. Instead of staying home with family members, they would be able to interact with other children who attend the center. According to the Center for Schools and Communities (1999), an on-site child-care center is the type of child-care center which is located within the school building. It can increase access to quality child-care and regular school attendance. The staff will have increased opportunities to model positive parenting skills for teen parents as well as monitor children's growth and development closely. The centers may be operated by the school or by a child-care provider and can accept the children of community members or school staff. These programs are also encouraged to obtain a license so that they can access financial

assistance available to teen parents. Lastly, high standards of quality should be maintained at all times.

An exemplary model described by the Centers for Schools and Communities is Berwick Area Child-Care Lab. This child-care lab is a licensed on-site day care for pregnant and parenting teens enrolled in the Berwick Area School District. Transportation to and from school is available for the mother and child. The child-care lab serves as the classroom for the hands-on experience required in the open-end credit, independent study course available to the teen parents through the Family and Consumer Science Department (Centers for Schools and Communities, 1999).

**Recommendation 2.** Therapeutic counselors and/or social workers along with guidance counselors should also be placed in the urban high schools. Brandy, a teenage mom pregnant with another child, was also a special education student. She was concerned about students who needed counseling because they became pregnant from being raped or sexually abused. She shared their guidance counselor rendered services that dealt with their classes or academics but still had to refer the student to a therapeutic counselor and/or social worker off-site for other issues. If the therapeutic counselor and/or social worker were on-site full-time, they would not have to find transportation and/or baby sitters to get to them. Weinberg and Tronick (1988) stated that because evidence of depression in adolescent mothers appears to be so high, altering depression alone does not necessarily alter interactions, and because mother-infant interaction appears to be easier to alter fairly quickly than is depression, intervention protocols that can target adolescent mothers and change mother-infant interactions in high-risk communities should be expanded. On-site programs, in particular, can be useful in

reaching many teens that, otherwise, might never have access to desperately needed services.

Williams and Sadler (2001) stated in their studies that strong evidence suggests many of the problems associated with adolescent pregnancy and parenting can be diminished by social support and school-based programs that provide counseling, health care, health teaching, and education about child development to young parents. One critical institution where many of these issues are being addressed is the child-care center within the high school.

**Recommendation 3.** Based on the participants' statements, job training and paid internships placed in the schools would prepare the young mothers for jobs upon completing high school. Even though they seemed to be more concerned with paid internships, while they are in school, which would assist them with the financial burden of parenting such as child-care, transportation, and other expenses required to completing high school, they would benefit beyond what they might foresee.

Center for Schools and Communities (1999) also reported that The Berwick Area Child-Care Lab in the Berwick Area School District serves as a job placement site for the Area Agency on Aging's Green Thumb Program as well as a JTPA (Job Training Partnership Act) in-school job site for a Berwick student. Enrollment in the child-care lab is also open to the children of school staff. A collaborative effort between the school district and Bloomsburg University uses the child-care lab as a practicum for Bloomsburg University nursing students.

**Recommendation 4.** Visits from licensed pediatricians and dentists are recommended in the schools to see the children on a monthly basis. This would allow

both the mothers and their children opportunities to see the doctors on site. The mothers who do not drive and experience issues with transportation and finances would really benefit. The Wilde Lake High School Teen Parenting and Child-Care Program of Howard County Public Schools in Columbia, Maryland has been in existence since 1985. It is a comprehensive community program located in a suburban county school and health clinic. This program offers comprehensive services such as academic programming, health care, and counseling for Howard County public school students, and child-care and health services for their children. The program enables pregnant and parenting teens to complete their high school education and receive job readiness training. It also offers pregnant and parenting teens that are not in the program outreach services at their home schools. The evaluation data include graduation rates, grades, and postgraduate economic self-sufficiency. The program documents the achievements in an annual report (National Institute on Early Childhood Development and Education, 1999).

**Recommendation 5.** The inclusion of a father support center should be placed in the urban high schools to work with teaching males, especially those who are fathers of children by the participants who are attending the school also, to be fathers whether their children attend the on- site center or not. Hoffner (1999), a staff member of *The Philadelphia Inquirer* reported that Chester High School in Philadelphia welcomed for the first time teen fathers to participate in a the two-hour workshop sponsored by Project ELECT/TAPP, which stands for Education Leading to Employment and Career Training/Teenage Pregnancy and Parenting. The workshop for teen fathers was a first for the program, which had served teen mothers at Chester High since 1996. The following year, the workshop for the teen fathers became a series of sessions. Patricia Carr-Green,

who was the program case manager, said the teen-fathers program resulted from requests by the young parents, both male and female.

### **Limitations of the Study**

There were several limitations of the design and implementation of this study that must be taken into consideration. For example, the characteristics of the population which included participants attending an urban high school in Missouri without an on-site child-care center may not be generalizable to all teen mothers and pregnant teens in rural, suburban, or more affluent settings. The demographic group only included teen mothers, not teen fathers. Teen fathers were, of course, relevant to the situation that was being explored, with some continuing their relationship with the teenage mother and baby, and some not. The fathers, however, do not experience the physical effects of pregnancy, birth, and recovery from child birth that add a significant amount of stress to the high school experience.

This was a convenience sample and may not represent all students in the school that was studied. Only pregnant teens and teen mothers at the school were selected, and some who were recruited chose not to participate. The beliefs, attitudes, and experiences of those who did not participate might not have been consistent with the findings from this sample.

Because these are preliminary findings based on information from a small group of individuals interviewed, more study is necessary to verify if these findings are truly representative, and recommendations made based on these findings must be made cautiously, after gathering more evidence to verify these findings.

**Conclusion**

Teen mothers who are able to remain connected to their high schools have fewer subsequent births during adolescence, better long-term economic outcomes for their family, and better behavioral, social, and academic development of their children (Stephens et al., 1999). For teen mothers who try to attend high school classes, infant and toddler childcare often is a major determining factor in their success or failure. Therefore, a priority for programs should be to promote the completion of their education and develop literacy-both health literacy and literacy, in general. There is a need for comprehensive education, including college and workforce preparation, in conjunction with services such as health education and health care (Office of Adolescent Health, 2012). As mentioned earlier, Batten et al. (1996) also believed, based on research from the Center for Assessment and Policy Development, that in order for a comprehensive program for pregnant and parenting teens to work successfully, it should work toward achieving the outcomes mentioned here in order to address their unique needs.



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**Appendix A**

YOU ARE CORDIALLY INVITED

TO PARTICIPATE IN A STUDY CONDUCTED HERE AT YOUR SCHOOL TO  
EXPLORE THE LIFE AND ACADEMIC EXPERIENCES OF PREGNANT AND  
PARENTING TEENAGE MOTHERS!



IF YOU ARE INTERESTED, YOU MAY PUT YOUR NAME, GRADE-LEVEL, AND  
CONTACT INFORMATION IN A SEALED ENVELOPE AND BRING IT BY ROOM  
118 IMMEDIATELY AFTER SCHOOL NO LATER THAN NOVEMBER 23rd, 2009.

**Appendix B****Demographic Survey**

**Directions: Please read carefully and circle the correct answer**

1. What grade are you?
  - a) 9<sup>th</sup>
  - b) 10<sup>th</sup>
  - c) 11<sup>th</sup>
  - d) 12<sup>th</sup>
  
2. Is this your first pregnancy?
  - a) Yes
  - b) No
  
3. How many children do you have?
  - a) 0-1
  - b) 1-2
  - c) 2-3
  - d) 3 or more
  
4. What type of daycare do you plan to use?
  - a) Community Daycare
  - b) Family Daycare
  - c) Transfer to Vashon High School for daycare services
  
5. Do you have a job while attending school?
  - a) Yes
  - b) No
  
6. What type of transportation do you use to get back and forth to school and/or to the daycare facility?
  - a) Your own car
  - b) Public Transportation
  - c) Other means of transportation ( boyfriend, mom, etc)
  
7. Have you ever felt like dropping out of school because you are now pregnant or a parenting teenage mother?
  - a) Yes

- b) No
8. If you've ever felt like giving up, who do you go to for support?
- a) A Teacher
  - b) A Family Member
  - c) A Neighbor
  - d) A Friend
  - e) Your Child's Father
  - f) A Minister
  - g) No One

## Appendix C

### Jennings High School Interview Questions For Teenage Mothers and Expecting Teenage Mothers

1. How many children do you have?
2. How will you plan for child-care for your child?
3. If you are already a mom, what kinds of child-care do have now?
4. How far do you travel for child-care?
5. What kind of hardships does this cause when you, the caregiver, or the child or children?
6. If there's a cost for your child-care, who pays for it?
7. What kind of transportation is needed to get your child or children to child-care?
8. What other kinds of programs does Jennings Senior High School provide for you?  
If the school does provide other kinds of programs, how likely are you to participate in the programs?
9. How would you feel about Jennings High School providing an on-site child-care center like some other area high schools for their pregnant and parenting teenage mothers?
10. What could you contribute to the on-site child-care center?
11. What experiences are you facing?
12. Who do you go to for support when you do feel like giving up?
13. How do you feel around your peers now that you are a pregnant or parenting teenage mother?
14. Have you ever felt like dropping out of school because you are now pregnant or a parenting teenage mother?