1997

Program evaluation of a mentoring program for teen mothers

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PROGRAM EVALUATION OF A MENTORING PROGRAM FOR TEEN MOTHERS

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

by

Luz Estrada

June 1997
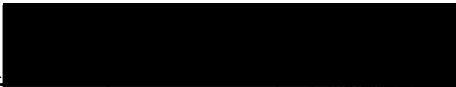
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ABSTRACT

This study concerns a formative process evaluation of a teen

age mentoring program. The study participants included nine

mentees, 14 mentors, eight steering committee members, two

former steering committee members, and one program

coordinator. The subjects were examined in face to face

interviews using a questionnaire that included simple

descriptive statistics. Open coding was used to examine

participants' responses to open-ended questions. The

results showed that the mentoring program had accomplished

its original goals of training mentors and matching them

with mentees. Practice, policy and research implications

were discussed.

ACKNOWLEDGMENTS

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Introduction

Problem Statement

One of the most salient social problems in the United States is the high rate of teenage pregnancy. According to recent figures, the United States reports the highest number of teenage pregnancies is among adolescents aged 15-19 years (Robinson and Frank, 1994). As many as 1.16 million babies were born in the U. S., in 1990, to unwed mothers, who were likely to be teen aged (Rodriguez & Moore, 1995). Teenage pregnancy was identified as an increasing social problem about twenty years ago and to this day, it continues to exist across all ethnicities and geographical areas (Scales, 1979).

The national percentage rate of teen pregnancy is 12.9% compared to 11.8% in California residents and the highest rates being in Southern California with 14.1%. In California these figures represent a total of 70,899 births to teen mothers in 1992 (State of California, Department of Health Services, Birth Records, 1995).

Teen pregnancy phenomenon is not an isolated problem. This social problem impacts on others and is accompanied by factors that are closely related to adolescent childbearing. According to the National Institute on Drug Abuse (1989) about five million adolescents between the ages of 12 and 17, reported the use of alcohol at least once every month. The use of alcohol and tobacco has been associated with the

use of other drugs such as marijuana (Huba, Wingward, J. &
Bentler, 1981). Forty six percent of high school students
reported the use of alcohol during the past 30 days and 28%
reported having had five or more drinks of alcohol in the
past 30 days.

Several studies show that lower levels of education
have a strong relationship with teen pregnancy. This means
that there is a greater possibility for teen mothers to drop
out of school compared to adolescents who are not pregnant
(Forste & Tienda, 1992; Carter, Felice, Rosoff, Zabin,
Beilenson, & Dannenberg, 1994). According to Scott-Jones
(1991) it is important to intervene, early in adolescence,
to maintain the young women's engagement in school.
Interventions that focus on young women's education, may
assist to increase the rate of educational attainment of
young mothers with one or two children.

Forste & Tienda (1992) report that academic achievement
is greatly reduced when adolescents become mothers. The
premature entry into adult roles and the assumption of adult
responsibilities are some of the factors influencing teen
mothers' school drop out rate. Another problem is that
becoming pregnant at a young age reduces the adolescents'
opportunity to become employed. According to Rodriguez &
Moore (1995)and Stafford (1987), half of teen mothers go on
welfare within a year, and 77% within five years.

Teen mothers and their children are a high risk group

for health problems. Some of the medical complications
involved in teen pregnancy include low-birth weight and
premature infants, pregnancy induced hypertension, anemia
and congenital defects. Teen-age mothers are more likely to
suffer from sexually transmitted infections which may lead
to cervical cancer (Stafford, 1987; Carter, et al., 1994).
Lack of affordable and accessible medical care for young
women further compromises the adolescents' health. Age by
itself may be a risk factor for some medical complications.

The multifaceted problems that pregnant teenagers face,
require sophisticated and aggressive forms of interventions.
Prevention models have been developed in an effort to stop
or delay early childbearing among teens. Such teen
pregnancy intervention programs include school-based sex
education, information and skills building plus community
and county sponsored programs. Such programs also include
the distribution of contraceptives, life option building and
the use of monetary incentives.

Some programs, presently in place, underestimate the
needs of the adolescent. They work under the assumption
that offering a quick-fix such as providing condoms and
birth control pills will solve the problem. Teen programs
need to consider the complexity of teenage pregnancy and
become more creative in developing effective intervention
techniques.

Some intervention approaches have had success in

preventing teen pregnancies by educating adolescents and the community (Vincent & Dod, 1989; Blechman, 1992; Carter, et al., 1994). Effective interventions for teen pregnancy include the development of responsible sexual behavior through sex education, development of assertiveness and decision making skills, academic incentive programs and individual and group counseling (Carter, et. al, 1994).

Less aggressive programs that come recommended by some to reduce teenage pregnancy rates have not been as successful. Moyse-Steinberg (1990) proposes a small group approach as an effective means to intervention. The small group approach teaches young women to practice and develop decision making skills, sex education, and clarification of values. Results by this approach have shown a significant impact on promoting responsible sexual behavior.

Extensive research has been done on individual factors affecting teenage pregnancy. Some of these new strategies are now being implemented using a multidimensional or holistic approach. Rhodes (1994) discussed the value of having an adult person, being a sister, aunt, teacher, or neighbor, to provide support and acceptance. In her review of several studies, Rhodes concluded that all resilient children had at least one person that provided them with consistent emotional support. Moreover, Rhodes stated the need for an important source of support in natural or informal mentorship. Mentoring relationships seem to help

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mentees facilitate social interactions and serve as a shield against negative aspects of relationships.

Blechman (1992) also discusses the success of mentoring programs to decrease delinquency, school drop out, teen pregnancy and unemployment among inner city minority youth. The author proposes a mentoring program based on the social learning theory. The process of this theory states that the observer learns from a more experienced individual by observation and practice of a new behavior. Mentoring programs, according to Blechman, must work to combat delinquency, school dropout, teen pregnancy, and unemployment. The author stresses the importance of bicultural competency, effective communication and the use of behavioral skills. The more successful programs help teenagers develop skills they can generalize, and maintain newly learned skills and behaviors.

Rhodes (1993) suggests that the use of mentoring programs helps ease postpartum school transitions for teen mothers. She proposes that mentoring programs may provide an important bridge between the alternative school settings and regular school settings. The author further asserts that mentoring programs help in the reduction of stress associated with the postpartum school transition and other academic and social problems associated with adolescent pregnancy and parenthood.

Runions & Smyth (1985) studied the implications of

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gifted adolescents as co-learners in mentorships. They concluded from their study that mentorships were valuable for learners. The authors showed that mentorships created a sense of ownership and this challenged the gifted adolescents. Students in the mentorship program were engaged in a personal and effective multi-dimensional learning experience.

Mentoring programs have a history of success in other fields of practice other than in social welfare related arenas. They are most commonly seen in large businesses and in educational settings. Some of the gains corporations benefit from when they use mentoring programs include decreases in premature departures, lowered levels of stagnation and boredom and an increase number of qualified people in the organization (Newby & Heide, 1992). Also, such business mentoring programs show that proteges get help to develop knowledge, talents, and skills from individualized attention by senior executives. Results from evaluation studies on several programs showed that mentored executives have higher salaries, higher education, and were more likely to follow career plans (Newby & Heide, 1992; Gaskill, 1993; Chao, Walz, & Gardner, 1992).

Use of mentoring programs has led to positive outcomes in the business field. As a result, other disciplines have adopted such business models. Business models have been used in academic settings, in delinquency programs, and now

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in teen age pregnancy prevention (Balcazar, Majors, Blanchard, Paine, Suarez-Balcazar, Fawcett, Murphy, and Meyer, 1991; Runions & Smyth, 1985; Redmond, 1990; Blum & Jones, 1993; Blechman, 1992; Diem, 1992).

In sum, mentoring is useful for addressing the problem of teenage pregnancy. Mentoring programs set in the schools, homes and communities can be used to influence the decision to become pregnant at an early age. Also, mentoring programs can be tailor-made, developed and adjusted according to each individual participant's need. Mentoring can be used in formal or informal settings, with different populations. Such flexibility allows for increased effectiveness and for dealing with the complexity of issues found in teen pregnancy (Einolf, 1995).

Problem Focus

Selected for use in this study was the positivist paradigm. Such allows for the manipulation and control of the variables, while maintaining a degree of neutrality. The traditional Positivist paradigm postulates that reality is driven by immutable laws that control and regulate natural phenomena. This paradigm assumes that objectivity exists and that the ability to be non-influential in the process of the study is possible (Guba, 1990). The positivist paradigm was the appropriate approach in that it provided the strict guidelines and controlled conditions to perform a neutral and objective evaluation.

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In this study, the primary major social work role under examination is the administrative arena. Thus, this research focused on the program evaluation of an agency. This program is in the early stages of implementation. As such, this evaluation will be exploratory. A goal of this research is to bring information that will improve and identify areas, and to illuminate options for changes or modifications. This information will strengthen and help the program to become more effective. An outcome evaluation can one day follow this early research effort as such is not appropriate at this early stage of development.

Mentoring Program Overview

The mission of the program is to train volunteers who will work with pregnant and parenting adolescents, 18 years or younger. Mentors are expected to provide teen mothers with support, guidance, and referrals to community resources. Mentors may also serve as educators, advocates, brokers, and confidants. The duration of this commitment is of at least one year. There are three goals for this program. They are to increase the delivery of healthy infants, to decrease the incidence of future unplanned pregnancies, and to provide motivation for adolescent women to develop the expansion of their horizon which includes self actualization.

The program is guided by a steering committee composed by eight members (seven women and one man). These committee

members are community stakeholders who are concerned with the high teen pregnancy rate. All members have a personal commitment to help the program achieve its goals. Some people are voluntarily donating their time and others serve as representatives of community agencies.

The program coordinator is responsible for the proper delivery and acquisition of applications for both, mentors and mentee referrals. The program coordinator is also responsible for the initial face-to-face interviews with mentors to provide general information about expectations and commitment to the program. Once the initial interview is complete, the prospective mentors will participate in a half a day (4 hour) training program. Following the successful completion of the initial training, a mentee is assigned to a trained mentor, by the program coordinator. Mentees are also interviewed by the program coordinator, prior to being assigned. These initial interviews are for the purpose of successfully matching of mentor and mentee.

Mentee referrals are received primarily from two major local hospitals and three local school districts. The only criteria for participation is for the teen mother to be pregnant, have a referral from a local community agency, and voluntarily agree to commit and follow the program's expectations. Teen mothers can also be self-referred and make contact with the program directly.

Teen mothers and adolescent child bearers are terms

that will be used interchangeably. Adolescents are defined as young women between the ages of 12 to 19 years. The program trains mentors who come from all walks of life and are members of the local community. Mentors are non-paid volunteers who mentor one adolescent woman throughout their pregnancy and possibly through the first year after the baby's birth. During the process, the mentor becomes the main link between the young mother and the service providers. Also, the mentor acts as an advocate to facilitate and support the expectant mother.

The mentor assesses the adolescent's individual needs and becomes a primary source of information. Mentors guide mentees on questions regarding drug use issues, health care, school and social service programs, child development, contraceptive methods and other areas. During the first year of the newborn the mentor continues to assist the mother to receive health care for herself and the infant. She also encourages academic retention, helps to prevent unplanned and repeat pregnancies, assists in exploring and planning for employment, training and enhances protective factors. If a mentor decides to continue their mentoring commitment, they may do so. However, if at the end of their first year of service, they decide not to continue, the mentee may be assigned to a new mentor.

A buddy system provides supportive assistance to mentors. This buddy system pairs one steering committee

member with two or three mentors. The steering committee
member provides guidance, support, information and
assistance to mentor. An additional support measure for
mentors are the bi-annual gatherings where the mentors and
the steering committee members socialize and build rapport.
In addition, mentors gather twice a year to meet with other
mentors and steering committee members. These gatherings
are also used to recognize the mentors' commitment and
contributions to the program.

<center>Method</center>

<u>Purpose and Design of the Study</u>

This study used a formative program evaluation. The
program's accountability, utilization, and entrenchment as
it relates to the target population was the focus of
evaluation. Information in relation to the client's
characteristics, the volunteer characteristics and the
service interventions were of interest to the evaluator.
Such could be used by staff and steering committee members
to improve the program. This study examined the
documentation of services delivered, the level of
satisfaction of the clientele and volunteers, provided a
description of program implementation and described
immediate program effects.

This evaluation included the collection of demographic
characteristics for all study participants. This data
provided information on the profiles for both program

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participants and volunteers. The researcher gathered data from the program coordinator, steering committee members, mentors, mentees and their parents or partners. The obtained information covered topics on program implementation, lack or availability of resources, program restructuring, service delivery, mentor and mentee satisfaction and program impact.

The process of evaluation is necessary for any program to assure the proper delivery of services to the target population. Moreover, the incorporation of an evaluation process provides benefits in the identification and documentation of the program implementation and effective functioning. The researcher evaluated this mentoring program to explore avenues for clarification and possible improvements to the program. Results from this study are not generalizable to other programs. The research question used to guide this study was: How well is the program progressing towards its goals?

Sampling

Participants for this study included one program coordinator, eight steering committee members, 18 mentors, 18 program participants (mentees). Selection of participants was based on the population receiving services and on the key informants of direct services. Key informants were responsible for program coordination, goal setting and redefinition of goals and objectives.

The program coordinator oversees the mentoring program

development and implementation. The steering committee consists of eight community volunteers who were the program founders. This group brought with them a wealth of experience and each represents a different social service agency. Mentors were volunteer community members who came from diverse backgrounds. Mentors committed themselves to serve in the program for at least one year. Mentees were pregnant and parenting adolescents, ages 18 and under, who voluntarily participated in the program. A high rate of mentees were expected to be Latinas.

The inclusion of staff, steering committee, mentors, mentees, and parents and partners, when possible provided complete information concerning the progress of the program and its implications. This study examined the program delivery and documentation of services, mentor and mentee satisfaction, description of program implementation, possible program impact and clarification of goals and objectives.

Data Collection and Instrumentation

The data was gathered from interviews using a questionnaire formulated specifically for this study. The use of qualitative and quantitative data provided a more comprehensive analysis for this type of formative program evaluation. The researcher interviewed each participant, including staff members, steering committee members, mentors, mentees, and their parents, and partners when

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possible. Face-to-face interviews were completed at the mentee's home or a county office, according to each participant's preference. The mentors were asked to introduce the researcher to the mentees to establish some continuity. Individual interviews with parents and partners when possible were done on the same day as the daughter or partner. Individual interviews were scheduled for staff members, steering committee members and mentors.

A set of questions was developed to collect data from the interviews. The instruments consisted of two parts. The first part included the demographic information and it was given to every participant to fill out on their own. The second part contained open-ended questions that explored the areas of accountability, utilization, access and entrenchment in relation to the program. The second component of the questionnaire was used in an oral interview format. The open ended questions were developed according to the role of each participant. These questions were standardized into five categories. These categories were the steering committee, program coordinator, mentors, mentees, and parents and partners.

One advantage of data collection using face-to-face interviews was the ability to clarify the purpose of the study to search for any misunderstandings, and to answer any questions the participant had. It was also the most appropriate way for data collection since some of the

mentees were monolingual in Spanish. The researcher was bilingual (English/Spanish) and bi-cultural and this facilitated data collection; the need for use of a translator was thereby averted.

Another benefit was that the interviewer was able to probe for additional information whenever necessary. The interview format also allowed participants to volunteer additional information not necessarily solicited in the questionnaire. Control over the order of the questions was allowed with this format and this facilitated the data gathering; information was manipulated and modified according to the needs of the participant. The face-to-face interview process assured the timely and appropriate completion of participants' questionnaires.

A disadvantage using this format was the possible "Halo" effects the interviewer had on the participant's answers. Such as in reference to the interviewer's personal characteristics including her ethnicity. Also the interviewer selected the setting which can affect social desirability, leading to bias. The introduction of the mentee by the mentor did help the researcher decrease the mentee's anxiety level and established a positive interaction with teen mother.

A problem in using open-ended questionnaires is that the collection of data is time consuming. However, this was not necessarily a problem in this study because the number

of participants was limited and the questionnaire consisted of six to seven open-ended questions. Therefore, interviews were kept under a one hour, maximum time period.

Procedure

This study used a one time interview approach, though, several questionnaires were used to gather the data. The researcher interviewed program coordinator, steering committee members, mentors, mentees, and their parents and/or partners. Individual appointments were given to accommodate each of the participants' time schedule. Interviews took place in the participant's home, in county offices or in public places such as libraries. Each interview lasted approximately 30 to 45 minutes.

Program participants including mentees, their parents and partners, program coordinator, steering committee, and mentors were each interviewed in a face-to-face contact by the researcher. The researcher conducted all the interviews to minimize inter-rater variability. The scheduled time for data gathering was from April 1997 to May 1997. The data gathering process began after the research proposal was approved by the University's Institutional Review Board and the Riverside County Drug Abuse Research Program Committee.

Protection of Human Subjects

To ensure the confidentiality and anonymity of the study participants, several areas were considered. The study participants were informed of the purpose of the study and

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that any information gathered would only be reported as group results. The participants were instructed to sign the informed consent form before any information was provided. The researcher handled with extreme confidentiality all of the information collected from individual interviews. The researcher stored all completed questionnaires at home and maintained the completed informed consent forms separately. The researcher was the only person with access to data collected from the survey questionnaires and interviews.

A debriefing statement was given to each study participant. Participants received information on who to contact for information on the results of the study and when if problems arouse, or, if there were questions about study. This study made every effort not to pose risks to the participants.

<div align="center">Results</div>

<u>Data Analysis</u>

This study used, both, qualitative and quantitative data analysis to evaluate this mentoring program's progress. Both of these procedures were necessary to describe the demographics and to illuminate the information gleaned from the questionnaire. The participants included members of the steering committee (including the coordinator), the mentors, and the mentees. A fourth group of participants, mentee's parents and husband or partners, was planned for use of this study. They became unavailable and so efforts to involve

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them in the project were abandoned. Furthermore, doing so did not compromise the integrity of the study.

In all, a total of 34 participants were interviewed. There were 10 steering committee members and one coordinator, 14 mentors and nine mentees. Difference in the original number of expected participants are accounted for in the following. Two former steering committee members were included while, four mentors and six mentees who were not available for interviews were excluded. Three mentees who ended the program were also excluded.

<u>Demographic Data</u>

According to the findings for the demographic characteristics, ten of the steering committee members were females (Table 1). The average age of the steering committee members was 42 years of age. Thirty-six percent of the steering committee members were White, 55% were Mexican-Americans and 6% were other. The primary language identified by the group was English (64%) and Spanish 36%, seven of these members identified themselves as bilingual-Spanish/English.

The average years of education in the steering committee group was 18 years. The degrees held by these group members were Associate degrees (9.1%), Bachelors degrees (36.4%), Masters (45.5%), and other (9.1%). Most members of this group (73%) showed a family income above $50,000 per year.

Findings the second constituent group, the mentors,

showed (Table 2) that all were women with an average age of

35. The mentors were all derived from different ethnic

groups. Nearly 29% were White, 64.3% were Mexican-American,

and 7.1% were other. The mentors showed that 64.3%

identified English as their primary language, 14.3% Spanish

as their primary language and 21.4% identified themselves as

being bilingual (English/Spanish). The figures also show

that most of the mentors identified themselves as married

(57.1%) with a mean of 14.929 years of education. Their

educational degrees varied from no high school diploma to

reaching more than a Masters level. High school graduates

and Bachelor graduates comprised 57.2% of the sample. The

yearly family income ranged from $10,000 to $50,000 and

more.

The findings for the third, the mentees or adolescent

mothers, showed the following (Table 3). Age of mothers

ranged from 14 to 19 years of age, 17 years being the

average age. Mexican-Americans were the largest ethnic

group (88.9%) and Whites comprised 11.1% of the sample. The

primary language shown for this group was Spanish with 55.6%

and English with 44.4%. Figures showed that 77.8% were

single, 11.1% were married, and 1.1% lived in common law or

free union with their husbands or partners. One child per

participant was the average, 55.6% had only one child, 22.2%

had no children and 22.2% had two and three children. The

age range for their children was 0-3 years of age.

The mentees showed on average to have achieved a tenth grade education and only one had received a high school diploma. The highest percentage of mentees living with their parents was 44.4%, followed by 22.2% living with a husband or partner, and 22.2% living on their own, and 11.1% living with relatives. Only 11.1% of the sample group were employed. The majority were supported by their parents and in some cases, their relatives (44.4%), some were supported by their husbands or partners (22.2%), others received Aid to Families with Dependent Children (AFDC) (22.2%) while a small percentage (11.1%) were employed. Most of the sample showed an annual income of less than $10,000 per year (66.7%) and the remaining were in the $10,000-$20,000 category (33.3%).

Table 1. Description of Demographic Data for Steering
          Committee.

Variable		N	Percentage
Gender			
	Male	1	11.1
	Female	10	98.9
Age			
	32-39	5	45.5
	40-53	6	54.5
Ethnicity			
	White	4	36.4
	Mexican-American	6	54.5
	Other	1	9.1
Primary Language			
	English	7	63.6
	Spanish	4	36.4
Marital Status			
	Single	3	27.3
	Married	7	63.6
	Common Law/	1	9.1
	Free Union		
Years of Education			
	16-18	8	72.8
	19-22	3	27.2
School Degree			
	Associates/Bachelors	5	45.5
	Masters/Other	6	54.5
Family Income			
	10,000-20,000	2	18.2
	20,001-40,000	1	9.1
	40,001-above	8	72.7

Table 2. Description of Demographic Data for Mentors.

Variable		N	Percentage
Gender			
	Male	0	0.0
	Female	14	100.0
Age			
	20-30	4	28.6
	31-40	6	42.8
	41-55	4	28.6
Ethnicity			
	White	4	28.6
	Mexican-American	9	64.3
	Other	1	7.1
Primary Language			
	English	9	64.3
	Spanish	2	14.3
	Bilingual	3	21.4
Marital Status			
	Single	5	35.7
	Married	8	57.1
	Divorce	1	7.1
Years of Education			
	12-13	3	21.4
	14-16	8	57.1
	17-18	3	21.5
School Degree			
	No HS Graduate	2	14.3
	HS Graduate	4	28.6
	Associates/Bachelors	6	42.9
	Masters/Other	2	14.2
Family Income			
	10,000-20,000	2	14.3
	20,001-30,000	4	28.6
	30,001-40,000	1	7.1
	40,001-50,000	3	21.4
	50,001-above	4	28.6

Table 3. Description of Demographic Data for Mentees.

Variable	N	Percentage
Age		
13-15	1	11.2
16-17	4	44.4
18-19	4	44.4
Ethnicity		
White	1	11.1
Mexican-American	8	88.9
Primary Language		
English	4	44.4
Spanish	5	55.6
Marital Status		
Single	7	77.8
Married	1	11.1
Free Union	1	11.1
Number of Children		
0-1	7	77.8
2-3	2	22.2
Years of Education		
2-8	2	21.4
9-10	3	57.1
11-12	4	21.5
Living Arrangements		
Parents	4	44.4
Relatives	1	11.2
Husband/Partner	2	22.2
Own	2	22.2
Employed	1	88.9
Non-employed	8	11.1
Income Source		
Parents	4	44.4
Husband/Partner	2	22.2
Own	1	11.2
AFDC	2	22.2
Family Income		
10,000-20,000	6	66.7
20,001-30,000	3	33.3

The data collected from open ended questions was analyzed by using the open coding method. Information was collected at three different levels of the program to include the administrative level, volunteer level and program participants level. A different set of open ended questions was used for each of these levels. Then categories, properties, and dimensions were identified based on the topics most commonly discussed by study participants. These categories were further broken down into sub-categories to simplify the analysis. The categories were constructed based on the properties or characteristics of information provided by participants. The researcher examined these properties then developed the dimensions for each one of the properties.

The last step for open coding involved the summation of the results, then the information was re-organized and made more clear. This process involved the revision of the different categories produced by the coding of interviews. The researcher identified and made the connections between categories that lead to a codification. This process yielded information on what the practice needs are. The phenomenon were identified and was made relevant for the implication for social work practice.

Under the Steering Committee level, the categories identified were 1) Stage of the program, 2) Program strengths, 3) Program weaknesses, 4) Barriers to growth and

development, 5) Program accessibility, 6) Program accountability and 7) Future plans.

At the mentors level, the categories that emerged were 1) Reasons for becoming a mentor, 2) Mentor and mentee relationship, 3) Problems encountered as a mentor 4) Positive experiences as a mentor, 5) Lack of resources identified by mentors, 6) Suggestions for training improvement, 7) Mentor and mentee matching process and 8) Suggestions for program improvement.

The mentee level of the program produced the following categories 1) Mentor and mentee relationship, 2) Areas influenced by mentoring process, 3) Resources used by mentee, 4) Mentee's perception of program, and 5) Suggestions to improve the program.

Steering Committee Level

Most of the responses described the present stage of the program as one that is fully developed and functioning. Results from this analysis showed that the goals set by the program for the first year were accomplished. That is the program was able to train mentors in the task of mentoring. The tasks involved the development of policies and procedures, development of a training handbook, and the securing of additional funding.

In the second year of this program, the goal was to develop methods for improving the mentor and mentee relationships on a continuing basis. This second goal was

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also accomplished when the program matched the first 18
mentors with mentees. Thus far, there were five more
mentors trained and five more are waiting to be trained.

Numerous strengths of the program were identified by
participants. The majority of the participants agreed that
the strongest part of the program was the steering committee
members. Their commitment, interest, and dedication to
these community stakeholders is the foundation of the
program. Also mentors' time, commitment and community
support were identified as strengths. The participants felt
that to address the problem of teen pregnancy was an added
plus of this program.

Despite all its good outcomes, the program's basic
integrity was under constant threat. Recruitment of mentors
seems to be the greatest challenge for the program.
Involving recruits takes time and commitment by community
members. This problem was closely related to the marketing
and fund raising activities. Added to this problem was the
absence of a consistent,"qualified", full-time coordinator.
A third factor was the potential for decreased communication
and cohesiveness of the Steering Committee members. The
program could be compromised when and if any of these
problems would occur.

There were numerous other problems that could impede
the growth of the program. The majority of participants
agreed that the greatest problem was the lack of time

volunteers devoted to the program. The program was seen as having the appeal and interest to working and professional women who are the ideal mentors. However, these women were already busy volunteering their time to other agencies. Further, such women were likely to over-extend themselves and take on too many responsibilities. Another problem was the challenge to find a program coordinator with the knowledge, experience, commitment and interest in the program.

Numerous resources were identified by participants as necessary for the program to grow and develop. The first and most important need was to find the resources to hire a full-time coordinator and the need to add clerical support services. A second need was for money allocation to pay for supplies, equipment, and for marketing. Though, the majority of the participants agreed that the program had very good accessibility, the lack of mentors for matching of new referrals could become a problem.

Concerning accountability, the participants agreed that a certain measure of accountability seemed to already be in place but the existing measures were not being consistently enforced. Some of these measures, included the reporting of funding sources, the recording of services provided to program participants, formal recording and approval of minutes, maintenance of attendance records for meetings and training sessions. The problem arose because these

procedures were not clear to all program participants.

With regard to the future of the program, the participants agreed that a future plan was necessary. Such would ensure the program's growth and expansion so that it could eventually become a strong community resource. Of immediate concern was for the program to develop an evaluation tool to measure success and participant satisfaction. Other plans included the possibility of introducing this model to the school system or to have program substations at schools and hospitals. Another suggestion was to expand the program to provide mentors to young fathers. The development of networking relationships with other agencies as well as with mentees and their families, and becoming active and involved in this process, was recommended by participants.

Mentor Level

Numerous reasons were given by mentors for their desire to participate in this program. Half of the mentors interviewed were volunteering because they saw the need to mentor a young woman and felt a need to help. There were four mentors who had been teen mothers themselves or had a daughter who was a teen mother. Participants also felt a need to encourage mentees to become mentors of other young women, to open the communication between adults and adolescents and to promote the view that mentoring as an effective intervention for reducing teen pregnancy.

Concerning the mentor and mentee relationships, eleven out of fourteen mentors had established a friendly relationship with a mentee. They provided information about resources, they listened, guided, and encouraged their mentee to continue in school. Only three of the mentors failed to establish a rapport with their mentees.

Problems encountered by the mentors were numerous too, but perhaps understandable, given the nature of their role in the program. Mentors were mostly concerned about the lack of knowledge and clear roles of mentors and mentees. This problem, they felt, was made worse by the lack of guidance and assistance to mentors in their relationships with their mentees. Another problem they identified was the lack of telephone service by mentees which made communication difficult and poor. A third problem was the lack of networking and cooperation among mentors. Other problems raised by mentors were the lack of resources geared to teen mothers' needs and the occurrence of conflicts in mentees' family members.

Participants identified several positive experiences they had in their role as mentors. Nearly all of the mentors but one reported having more than one positive experience. The most common valuable experience they identified was the opportunity to watch the mentee's growth and development. Other positive experiences identified by mentors was to see the impact and changes occurring with the

mentee. One mentor noted: "It was a pleasure being the birth coach for my mentee," others discussed the reciprocity in learning and the insight mentees provided about the adolescent stage of development.

Participants were divided on how best to use the resources for becoming better mentors. There were five mentors, out of fourteen, who felt that it would be useful to have an updated community resource list of services used by teen mothers. An additional four mentors felt there were enough community resources to meet their needs. The remainder expressed their desire to become more familiar with the procedures and requirements to access these community resources.

On the question of mentor training, participants expressed mixed opinions on its usefulness. Out of the 14 mentors, four stated that training was not useful for them. The rest of the mentors stated that it was very useful and informative. Some suggestions for improvement included that mentors be given follow-up instruction by short mini-trainings. Others suggested that teen mothers be invited to share their experiences and make recommendations concerning their needs. Also, participants suggested the use of role playing as a teaching activity. Use of mailings with written information on different topics, or the opportunity for mentors to attend other community agencies' training programs was also suggested.

Concerning the mentor and mentee matching process, over half (8) of the mentors expressed happiness and were pleased with the matching process. However, six other mentors experienced some difficulties such as incompatibility, long waiting period before matching occurred, and in some case mentors had to pursue own matching.

The most frequently mentioned suggestion by mentors, to improve the program, was for the program to sponsor gatherings, outings, or group baby showers for the mentees. Another suggestion was for the program to find ways to improve communication between mentors and Steering Committee members and for mentors to use the committee as a support and as an immediate source for feedback.

Mentee Level

With regard to the mentor and mentee relationship, all of the mentees felt very comfortable. The mentees felt they had established a good relationship with their mentors. They all described their relationship in a positive way stating that their mentor acted as a guide, helped them, listened to them, supported them, advised them and encouraged them. Only one mentee mentioned she felt conflicted over the lack of time available to meet with her mentor.

Participants identified areas influenced by their mentors. Most mentees stated they were influenced by the support, guidance and the communication they received from

mentors. Four of them said they were positively influenced by the encouragement and assistance they each received. Such as helping them to achieve their educational goals.

Only a few resources were identified as being useful to mentees and these varied by the type of service being offered. These services included college and other schools information, Medi-cal and Aid for Families with Dependent Children application process, Catholic Charities, Women Infants and Children (WIC), immigration services, child care, pediatricians, Child Protective Services, voucher for babys' products and acquisition of baby's birth certificate.

Overall the mentees' perceptions of the program was mostly positive. All the mentees agreed on the benefits and the usefulness of the program. They all felt that the assistance, advice and knowledge they gained from a more experienced person was invaluable. They appreciated the suggestions and attention that was afforded them during this period of time. They felt supported by their mentors.

Several suggestions to improve the program were given by program participants. All the mentees interviewed were receptive to the idea of having social gatherings to expand the opportunity to encounter other young mothers and their children. Other suggestions by mentees were for the program to provide day care in the afternoons to attend training schools to acquire job skills. One mentee asked for services to help her deal with her depression.

Discussion

The purpose of this explanatory study was to examine the program's utilization, entrenchement and accountability, and to generate information for staff to improve the program. Results from the study lent support to the objectives of the mentoring programs. The information presented a demographic profile of the volunteers, steering committee and program staff. The information gathered in the data also presented the participant's view concerning the benefits of the mentoring program.

According to the results from the data analysis, the following observations were made possible. Entrenchment was achieved in that the program reached its goal to target Latino women. A high number of the participants were of Mexican descent and most said that Spanish was their primary language. Most of the participants showed they remained single after the birth of their child. Teens in this study were becoming pregnant as early as 13 years of age. A high number of adolescents had only one child.

The number of high school graduates among the adolescents revealed that teen pregnancy does prevent mothers from continuing and graduating from high school. These figures find support in studies showing that teen pregnancy and low education levels of young women have are closely related to each other (Forste & Tienda, 1992; Carter, et al., 1994; Scott-Jones, 1991). The problems

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related to teen pregnancy and parenthood are highly stressful and lead to worse consequences (Rhodes, 1993). These include difficulties associated with premature departure from school and the school transition after delivery.

When asked about living arrangements, the teen mothers seemed to want to stay at home and be supported by parents, more so, than living with boyfriends or on their own. This was also evidenced by the support received by parents and husbands and or partners more often than governmental assistance (Aid for Families with Dependent Children). These results were not consistent with studies showing that the majority of teen mothers are financially supported by state funded welfare programs (Rodriguez & Moore, 1995; Stafford, 1987).

Findings on the demographics provided information on the most common and shared attributes of the participants. They also revealed specific information on community volunteers and in participants who receive the services. The findings revealed the qualities of the volunteers and the program participants who were likely to contribute and to become part of this program. Such extrinsic and intrinsic rewards evidenced here are significant to the establishment of guidelines that help to serve and value those involved in this process (Newby and Heide, 1992).

The steering committee agreed that the accomplishment

the initial program goals were met. These are to recruit
and train mentors and successfully match them with mentees.
A few barriers were identified to the program's further
growth and development. These barriers included volunteers
availability, problems with time and commitment, the
recruitment of a qualified full-time coordinator and the
securing of enough funding to effectively continue running
the program. The mentees reported that the program provided
support, guidance, encouragement, and assistance. The
mentors expressed their satisfaction with the program and
felt positive about the contribution it makes to the
development and growth of young mothers. Mentors agreed
that they were influential and made an impact in the
education, emotional support and advocacy for the mentees.
All of these benefits were accomplished by community
stakeholders and individuals who are concerned with the
rapid increase of teen age pregnancy.

Finding for the steering committee members showed that
they felt comfortable with the progress made by the program.
Needed information was being recorded and documented and the
steering committee was pleased with this. The program was
able to continue to develop a consistent system of recording
and utilization. Once the information was collected, the
program could identify areas that need to be improved and to
make changes toward more effective service delivery. The
steering committee also was pleased with the strong bond and

commitment among steering committee members and with the relationships that developed between mentor and mentee.

The recruitment of mentors and the replacement of steering committee members, who have resigned or requested a leave of absence due to lack of time, was a concern. This problem was a possible cause in the breakdown of communication between steering committee members, mentors and mentees.

The steering committee felt burdened by the need to continue their tasks of implementation and development. They understood the need to develop the program with less members. The members realized that the program's goals and objectives were delayed or had taken longer than it was originally anticipated.

Still the steering committee participants felt the program was accessible to the target population. However, the lack of trained mentors continues to be a problem. When mentees are referred to the program, the waiting period becomes longer than usual when there are no mentors available. Consequently, the mentees' willingness to participate is greatly diminished. Also, their instability and precarious situation forces mentees to change residence and to move often.

There were several suggestions for future plans for the program. The most prominent recommendation for the program was to expand and to grow and thereby, to become a viable

community resource. It was also suggested that an evaluation tool be developed to measure the program's success and evaluate the participant satisfaction with the program. A third suggestion was to introduce the mentoring model to local school districts where similar interventions can be used to reach the population of interest.

There was a discussion on the need to develop a component that would provide mentors to young fathers. This was to engage fathers in the development and education of children in order to provide guidance and support to these fathers. This component could change history by showing that low level of involvement and lack of concern by men, contributes to single parenting by teen mothers (Rodriguez & Moore, 1995).

The study examined the entrenchement of the program in the community. This investigation generated information about some of the reasons for mentors's participation in this program. Mentors expressed concerns over achieving a satisfying working relationships with mentees.

Some of the reasons mentors participated in the program had to do with their need to mentor a young woman and the desire to help someone else. There were four mentors who were teen mothers themselves and two of them had daughters who became pregnant during their teen years. These mentors wanted to share their personal experiences and their struggles as teen mothers with the community. The mentors

felt that these young women needed guidance, alternatives, support, and encouragement to set goals in their life. Their commitment in being a volunteer was reinforced by the positive outcomes and changes seen in the mentees.

Some of these changes were that the teens' social and emotional support was increased. Also, the mentors encouraged mentees to stay in school and to work on developing strong and meaningful relationships. Most mentors were satisfied with the match with their mentees. A few mentors encountered difficulties and felt they were incompatible with mentees. A very small number of mentors were discouraged by this and chose not to continue their mentoring.

Overall, the main purpose or mentors' responsibilities was accomplished. This purpose consisted of assisting teen mothers by giving them alternative to set future goals. Mentors desired opportunities to socialize in gatherings where the mentees could come together and meet other young mothers. These gatherings would help lessen the effects from the isolation and lack of resources and poor relationships that often affect the young mothers. Improvement of communication between steering committee members and mentors was identified as a major problem. The mentors expressed a desire for closer relationships with steering committee members. They felt they could only benefit from such support and guidance with the difficult

issues faced by mentors. In addition, the steering committee is the only source of information about program's new developments and problems.

Finally, mentees provided information about their satisfaction with the services received. Their interest in having gatherings where they could meet and socialize with other young mothers was noteworthy. Another request was to offer day care or respite to allow for after school attendance and to learn a vocational career or to obtain on-the-job-training.

Practice, Research and Policy Implications

Proposed in this study was that this mentoring program would have a significant influence among the teen program participants. It was also proposed that mentors would provide a positive role model, guidance and support to participants who lacked meaningful relationships. The mentor was a source of information for those adolescents who were not familiar with community programs and who could benefit from information on drug use issues, pregnancy, health care and use of contraceptives. Education and networking of community resources was a major component of the mentor's role.

For the purpose of this study several aspects of teen pregnancy were identified as the goals for this program. These were the prevention of future unplanned pregnancies, increased delivery of healthy infants and academic

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retention. Studies show that effective teen age pregnancy interventions need to take an all-inclusive approach and address all the possible factors (Evans, Selstad, & Welcher, 1976; Baird, 1993; Eisen, Zellman, Leibowitz, Chow, & Evans, 1983).

On the other hand, it is nearly impossible to design a program that can incorporate all of the factors that may become part of the pregnancy during the early adolescent years. However, mentoring programs have the capability to address teen pregnancy in a multidimensional manner. The purpose is not to duplicate services but to compliment the existing services for teen mothers. An effort must be made to approach the problem in a well rounded manner while meeting the participants' individual needs.

Mentoring programs may not be the solution to all problems but such have had significant positive results in the areas of business and education. Mentoring programs may be an effective method for addressing special needs of special populations. Such have not been recognized for their values and for the possible effectiveness in preventing teen pregnancy (Newby & Heide, 1992; Gaskill, 1993; Chao, Walz, & Gardner, 1992).

It is obvious that teen pregnancy needs to be addressed at different levels. Schools systems could benefit from such multidimensional models for use in primary and secondary intervention. The coordination of services is

essential for the effective outreach and delivery of services to teen mothers. Further, team work is essential in making services accessible and available to young women who are motivated and to help them remain in school. Then, teen mothers can become productive and self-sufficient individuals. Their motivation and potential is obvious; however, the community resources needed to provide teen mothers with child care and vocational career training is not adequate (Rodriguez & Moore, 1995).

Mentoring programs are possible with community support. Genuinely interested individuals who are willing to provide support and assistance to teen and parenting mothers can be useful in such programs. Still there is need for more research to evaluate specifically, mentoring programs, their interventions and how they can be used to decrease the rate of teen pregnancy. Duplication of these program and the need to follow and record the impact of the services on participants is essentially needed. Longitudinal studies would be beneficial in this area because it is usually after four to five years, a program of such magnitude, could start showing significant changes and results.

Recently, concerns of groups and individuals about teen pregnancy has forced some changes in governmental policy. In 1995 the State of California passed a Mentor Initiative to address the challenges to expand and support existing mentor programs (Executive Department, State of California,

1995). This California Mentor Initiative will help to create a comprehensive network of resources to serve at-risk youth. This initiative allocated $1.25 million in public funds to develop and be part of a collaborative of mentoring programs. This initiative proposes to increase "societal awareness about the benefits of mentoring, recruiting and training new mentors, creating alternative funding options, operating a resource center, and making recommendation to privatize the Initiative." (Mentor Resource Center, 1995).

Moreover, the Executive Order W-125-95 (Executive Department, State of California, 1995) is focusing on the phenomenon of fatherless families. This executive order was created to provide services to at-risk youth, especially at-risk males age 12 and under. The purpose is to support and guide young men to become productive members of society. This could have a positive impact on the number of males who assume financial and emotional responsibility for their children.

Appendix A:

Questionnaires

PARTICIPANT'S DEMOGRAPHICS:

Please circle appropriate answer.

ID number:_____

Gender: 1. M   2. F

Age:_____

Ethnicity: 1 .Caucasian   2. African-American
             3. Mexican-American 4. Asian-American
             5. Native-American   6. Other Specify:_____

Primary language: 1. English   2. Spanish   3. Other

Marital Status: 1. Single   2. Married   3. Common Law

No. of children:_____
    Ages of children:
                    child #1_____
                    child #2_____
                    child #3_____
                    child #4_____

Years of Education:_____

Degree: 1. HS diploma   2. AA/AS   3. BA/BS
          4. MA/MS   5. Other

Living Arrangement: 1. Parents
                    2. Husband/partner
                    3. Own house/apartment
                    4. Relative (Specify:_____)

Income Source: 1. Employment
               2. Parents' support
               3. Partners' support
               4. Public Assistance: AFDC, SS, UI, WC, GR

Employment (title):_____

Family Income: 1.   0 - 10,000
               2.   10,001 - 20,000
               3.   20,001 - 30,000
               4.   30,001 - 40,000
               5.   40,001 - 50,000
               6.   50,001 - above

Steering Committee:

1. Where is the program now in relation to its original goals?

2. What is progressing well?

3. What is not progressing well?

4. What are some of the barriers to get interests organized?

5. What facilitates the accomplishment of goals?

6. Do you have enough resources? If not what do you need?

7. What measures are in place that hold the program accountable for effective service delivery?

8. What would you like to see happen with this program?

Program Coordinator:

1. Where is the program now in relation to its original goals?

2. What is progressing well and what is not?

3. What are some of the barriers to get interests organized?

4. What facilitates the accomplishment of goals?

5. Do you have enough resources? If not what do you need?

6. What measures are in place that hold the agency accountable for effective service delivery?

7. How accessible is the program to target population?

8. How is recording of service delivery being done?

9. What would you like to see happen with this program?

Mentors:

1. Tell me about your relationship with your mentee?

2. What type of problems have you encounter as a mentor?

3. What are some of the positive experiences encountered as a mentor?

4. What type of resources do you need to become a better mentor?

5. Why did you become a mentor?

6. Do you feel that the training was useful and how could it be improved?

7. How was the mentee/mentor assignment process?

8. How can you provide better services to mentees and their families?

Mentees:

1. How do you feel about your relationship with your mentor?

2. How has your mentor influenced you (what areas in your life)?

3. What are some of the resources or programs that you have been referred to or learned through your mentor?

4. How do you think this program can help other teen mothers?

5. What are some things you dislike about the program?

6. Tell me one thing you would like to see change from this program?

7. How can the program provide better services?

Appendix B:

Informed Consent

INFORMED CONSENT

The study in which you are about to participate is designed to explore and document the program accountability, utilization and entrenchment. In addition, it will provide information on program implementation, lack or availability of resources, service delivery, client satisfaction, and possible program impact. This study is being conducted by Luz Estrada under the supervision of Dr. Lucy Cardona, professor of Social Work and you can contact them at (909) 880-5559. This research has been reviewed and approved by the Institutional Review Board of California State University, San Bernardino.

In this study, you will be asked to answer questions relating to your background and personal experiences. You will not be subjected to any radical procedure that can endanger your health or create psychological distress. The researcher of the study will administer a questionnaire face to face. This questionnaire consists of demographic information and a set of 6 to 7 open ended questions. The interview will take approximately 30-45 minutes to complete.

Your participation in this study is absolutely voluntary and confidential and you are free to withdraw at any time during this study without penalty, and to remove any data at any time during this study.

I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely consent to participate.

_____   _____
Participant's Signature   Date

I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely give permission to my child to participate.

_____   _____
Parent or Guardian's Signature   Date

Appendix C:

Debriefing Statement

DEBRIEFING STATEMENT

The study in which you have participated was designed to explore and document the program accountability, utilization, and entrenchment. In addition, it will provide information on program implementation, lack or availability of resources, service delivery, client satisfaction, and possible program impact. The information gathered by this study will be analyzed to provide information that may show a probable impact on the participants and it will also generate knowledge that will be used to improve the program.

If you wish to obtain a copy of the results; have any questions regarding this study or feel distressed as a result of your participation, please contact Luz Estrada at (619) 863-7356 or Dr. Lucy Cardona, research advisor, at (909) 880-5559.

If you are provided with a copy of the predicted study results, please do not reveal any information regarding this study to other potential participants.

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