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A program evaluation of the adolescent family life program

Tricia Rachelle Licon

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A PROGRAM EVALUATION OF THE ADOLESCENT FAMILY LIFE PROGRAM

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
Tricia Rachelle Licon
June 2001
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ABSTRACT

The focus of the study was an evaluation of a pregnancy prevention program. The study was designed to look at the adolescent pregnant and parenting population in the Adolescent Family Life Program, which serves about 300 clients in Southern California. The following components of the program were high school completion, acquisition of prenatal care, family planning, birth weight, repeat pregnancies, and transportation. Data on the identified variables, high school completion, acquirement of prenatal care, vocational training, birth weight, location of residency, and repeat pregnancies were collected. The implication for social work that were discussed are 1) the improvement of case management techniques 2) the utilization of other methods to assist in achieving the program's goals and 3) the general effectiveness of similar programs. This type of research serves a dual purpose 1) it benefits the client and 2) it benefits the general public for it lowers the cost of dealing with the negative effects of teen pregnancy through prevention.
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CHAPTER ONE
INTRODUCTION

Adolescent pregnancy is in the forefront of issues faced by the United States. Over 1,000,000 teens become pregnant each year (Allen Guttmacher Institute, 1999). Anywhere from 30-40% opt for abortion (Zabin, Hirsch, & Emerson, 1989). The United States has one of the highest rates of adolescent pregnancies among the industrialized countries (Singh & Darroch, 2000). Consequently, a plethora of etiological studies has emerged.

Adolescent pregnancy has been a topic of unusual interest even in the 1950's where teenage pregnancies were considered a mental defect in the mother. The psychological theory of the 1950's postulated that teen mothers suffered from psychiatric disorders. Today, social work practitioners, researchers and mental health professionals look to ecological and social learning theory to explain the incidence of pregnancy. Author, Joyce Stevens (1996), discusses the various paradigms used to explain the incidence of teen pregnancy. Stevens (1996) posits that adolescent pregnancy can be explained by the alternate lifestyle paradigm, which asserts that childbearing is a rite of passage into adulthood. She states that this theory was popular in the early and mid twentieth century. The other paradigm, seeking to explain adolescent
pregnancy, is the problem-behavior explanation. This theoretical framework identifies race, poverty and social mores as influential mechanisms in adolescence. It is indicated that environment has a direct impact on deviant behaviors. She also theorized that adolescent pregnancy could be a learned pattern passed on from generation to generation; whereby adolescent girls become pregnant if they come from mothers who were pregnant as teens.

Other theories state that racism and poverty have an impact on adolescent pregnancy such as when social status is obstructed and access is denied. This theory has negative implications for it asserts that poor people are also victims of their own culture. Stevens supports the alternate-lifestyle model for she believes it addresses the social context of pregnant teens. This theory proposes that pregnancy is seen as a rite of passage (Stevens, 1996).

In an effort to address these causes, the federal government has been allotting substantial funds to develop and implement interventions to this vulnerable population. Pregnancy prevention programs vary according to the number and type of services they offer, however, the general goal is to prevent first or subsequent pregnancies.

As part of federal efforts to address issues related to teenage pregnancy, the U.S. government, in 1981, implemented the Adolescent Family Life Act, which has two
purposes. The first is to find antecedents that lead to unintended pregnancies. The second is to develop interventions to prevent subsequent pregnancies with pregnant and parenting adolescents.

Problem Statement

The program evaluated is the Adolescent Family Life (AFL) Program managed by the County of Riverside and is representative of most pregnant and parenting programs in California. Periodical evaluations are needed because of new trends with adolescent pregnancy. However, there are few studies which evaluate such programs (Brindis & Philiber, 1998) which may be due to the numerous causes associated with teen pregnancy such as poverty, child and substance abuse, welfare dependency, unemployment juvenile dependency, disintegration of family and simply the lack of funds (Burdell, 1998).

The current study evaluated the components of a pregnancy prevention program and assessed its effectiveness in reducing the number of teen pregnancies by offering services, which included assistance with prenatal care, nutrition, education, family planning, and parenting education. An evaluation of pregnancy prevention programs is necessary to improve upon the services delivered in order to reduce teen pregnancies. The issue is also politically important because of the numerous grants given
to the community and school based agencies to combat adolescent pregnancy.

The government has begun to acknowledge the problem by funding various providers who wish to develop interventions. One such program, the Adolescent Life Program, is federally funded. Hospitals, social service agencies, schools, and Cal Works refer the clients. Those receiving aid from Cal Works are mandated by the state to participate in the program. Those who are not receiving welfare benefits volunteer to participate. The length of stay of each client varies from one month to nine years. The client is exited out of the program once she/he reaches the age of 20. The program case managers offer counseling in nutrition, education, family planning, vocational rehabilitation, and child development. They also make referrals to housing, employment and social services.

The AFL Program has several goals 1) to improve the health outcomes for infants, 2) to encourage clients to stay in school or re-enroll in school, 3) to reduce the incidence of repeat pregnancy, 4) to monitor the levels of AFDC and Medi-Cal utilization, 5) to provide continuous case management to clients to access needed service, and 6) to involve the adolescent father in the program. These goals are taken directly from an earlier evaluation of the California Adolescent Family Life Program conducted in 1990, five years after its implementation (Thiel, Ferliger,
Ruysell, Jo, & Kwinn, 1990).

These goals are accomplished through support systems which have been developed and strengthened through case management. The case managers are responsible for making appropriate referrals, providing brief counseling, and meeting on site with the clients regularly. The clients are usually met at home or school. The case managers network with other agencies to connect the clients to the services that each client needs while strengthening and developing necessary life skills. Since the implementation of this program, we have seen an abundance of pregnant minor school programs take root in high schools across the country. Pregnant minor school programs can be located on the high school campus or in a nearby location. These programs are designed specifically for the teen mother and intend to mainstream her into regular high school classes after the child is born. The student mothers enrolled in this special program are required to spend at least one class period in early childhood laboratory which provides them hands on experience caring for their child as well as other infants and toddlers while in school.

An integral part of the AFL Program is its primary support of education offered through bonuses and sanctions for those clients who are mandated to participate. The program has two groups of clients, those that are mandated to participate because their parent(s) receive government
assistance in the form of cash aid, food stamps and Medi-Cal and those that voluntarily take part in the program. It is important to know the strengths and weaknesses of the program in order to fine-tune it to the client's needs. This study is not suggesting that a new program be implemented if the AFL Program is not meeting its goals. What is being proposed is that an examination of the AFL Program be reevaluated in order to maximize on its benefits to the teen population.

The purpose of this study evaluated the effectiveness of the Adolescent Family life Program in three major areas, which include preventing subsequent pregnancies, completing high school or a general education program, and obtaining or maintaining prenatal care. The research method used was quantitative. The variables examined were high school completion, prenatal care, family planning, birth weight of infants, and number of children. The research project examined these outcomes as well as variables such as age, ethnicity, city of residence, and age entry into program, to determine the effectiveness of the program.

This study might shed light on new problems associated with teens since sexual information has increased especially in the media. Another reason why this topic needs to be examined is to determine how the Welfare Reform Act of 1996 has affected the incidence of teen pregnancies since adolescents under the age of 18 can no longer receive
government assistance as head of the household.

It is expected that this study will act as a springboard into other studies. The information gathered is intended to shed light on the complexities of these programs, but also should impart the strengths of the program. Since little research has been done in this area, it is imperative that the results be valid and reliable, so the analysis of such a program will be useful to others. More research is needed due to the expanding problems associated with teen pregnancy. Also, it would be prudent to know that we are spending our tax dollars on programs which will benefit our community.

Pregnancy prevention programs differ according to the type and number of components. Such components consist of assistance with prenatal care, education, nutrition, transportation, home visits, family planning, goal planning, job training, and parenting education. It is advantageous and efficient for the practitioners of social work to be familiar with those components, which significantly decrease the number of unintended pregnancies. One study revealed that due to an avoidance by staff to address contraceptives, repeated pregnancies were occurring at a higher rate (Brindis & Philliber, 1998). Thus, it is important that we improve the performance of social workers by educating them as to the vital components of a prevention program, so they may
stress the importance of them. Because of the trends in social work, it is imperative that evaluators recheck studies for the effectiveness, then make changes where necessary. Programs are evolving and should not be stagnant because the population (teenagers as it pertains in this study) is ever changing. The reason why teenagers engage in sexual activity may change over time. It is essential that we understand and educate ourselves about the attitudes and behaviors of teenagers with their environment to make meaningful suggestions of change.

The research question is, Does the AFL Program teen prevention program produce positive outcomes such as completion of high school/General Education Diploma, acquirement of prenatal care, utilization of family planning, prevention of low infant birth weight, and reduction of subsequent pregnancies? It has been shown that teenagers graduating from high school have a higher probability of maintaining employment (Sipe, Batten, Stephens and Wolf, 1995; Maynard, 1983). Those who delay the second pregnancy into their adult life have time to develop parenting skills and are less likely to abuse their children and more likely to obtain employment (Olds, Henderson, Tatelbaum and Chamberlin, 1988). Prenatal care has a direct benefit to the unborn child in that it is less likely for him/her to be born with low birth weight. In general, these goals seem to prevail over others and are
the focus of what the program wishes to accomplish.

Factors, which are negatively associated with teen pregnancy are poverty, abuse and lack of education. Corcoran and Franklin (2000) documented that poverty and poor academic performance are considered both a determinant and consequence of childbearing too early. They stated that teen mothers are less likely to finish their secondary education, which limits their employment opportunities. It is important to understand the number of teen pregnancies in order to reduce the number of pregnancies to teens who are unable to support their children or themselves. These children are not emotionally equipped to deal with the pressures of parenthood; hence, it is more common to see abuse and neglect in households of teen parents. Understanding why teens continue to have children will combat the problem for it tells us about our own social dysfunction be it with parenting, sex education, or sexual behavior. If we can identify the problem then we may be able to improve the quality of life for teens and their children.
CHAPTER TWO

LITERATURE REVIEW

Due to the growing interest surrounding teen pregnancy, there exist an abundance of studies following the effects associated with early pregnancy. Problems associated with teen pregnancy are decreased education attainment, high fertility rates, and marital instability that often lead to single parent families (Kellogg, Hoffman, 1999; Manlove, Mariner, and Papillo, 2000;). Brindis and Philliber (1998), evaluated 16 programs established in school settings. The focus of their study was to determine which programs and service components gave maximum results. Their evaluation showed modest results. They concluded that some of the programs reported any impact on economic indicators of well-being. If the programs did succeed in retaining the girls in high school, this did not mean that there were higher rates of employment or less dependency on public assistance.

Brindis and Philliber (1998) summarized findings from different programs in order to create a base of information for government researchers, policy makers, and social work practitioners to build upon. They recognized that with the introduction of Welfare Reform, schools and communities would have an opportunity to address the issues of adolescent pregnancy in relation to welfare dependency.
Their findings suggested two major flaws in this program. It was documented that even in the best programs attrition and incomplete delivery of services were pervasive. Members not participating or early termination of clients exacerbated the failure to meet the goals of the program. Also, there was evidence that social work practitioners were not providing the services outlined in the program, but a weak version of it. Hence, training is needed. Some important conclusions about the evaluation were that sexual abuse and pregnancy needed to be explored, the involvement (or lack thereof) of teen fathers warranted a consideration as well as the high risk of sibling pregnancy.

Brindis and Philliber (1998) cited several methodological limitations which included the case manager's subjectivity or judgment, which may differ from case manager to case manager. Each has a slightly different perspective as to how much a client is achieving. Other problems that may arise are incomplete files or clients that cannot be found. One way to account for these problems is by keeping these biases at a minimum.

Sawhill (1996) supports the position of Brindis and Philliber (1998) that services should be offered to prevent early childbearing. She proposes that efforts be made to provide services related to childbearing and marriage and less on work goals. In her article, she wrote that the Welfare Reform Bill purposely sought to deter women from
having out of wedlock pregnancies by implementing work programs. She proposed that the states implement programs that discourage teenagers from having early pregnancies. She explained that the Welfare Reform Bill had five purposes. The first was to require that teen mothers (who receive welfare benefits) remain with their parents or in a supervised setting. The second part of the bill gave bonuses to those states that had a drop in out of wedlock births. The third part of the bill gave the states monies to implement abstinence programs. The last part of the bill gave states monies to spend in any manner that furthered their purposes (Sawhill, 1996). Sawhill gave a history of pregnancy, poverty and policy regarding welfare. She indicated that pregnancy rates have dropped significantly over the past thirty years. However, she pointed out that there is an increase of unmarried mothers. Interestingly, she points out a difference between unmarried mothers today and those from forty years ago. She indicated that unmarried mothers were products of divorce from the sixties. Today, many unwed mothers have never been married and have their children out of wedlock. She stated that society is more permissive of this trend. Nonetheless, she points out positive trends in sexual attitudes such as a decrease in sexual activity and an increase in contraceptive use. She suggests that society is adopting more Victorian attitudes towards sex and hopes
that the public, media, and peer culture will support these new trends. She concluded that a decrease in teen pregnancy could significantly decrease child poverty, welfare dependency, and other social ills.

The program Fischer (1997) studied shared the same goals. He evaluated the Teenage Pregnancy and Parenting Program (TAPP) to evaluate the success of intervention after the place of delivery had been changed from the clinic to a school setting. The program originated in DeKalb County, Georgia, and serviced those pregnant and parenting teens living within its borders. The program helped teens in several areas such as healthy births, improving parenting skills, continuing education, job training, and the prevention of subsequent pregnancies (Fischer, 1997). The study's findings suggest that this particular pregnancy prevention program based in a school setting had more positive outcomes then at a clinic setting. The school based program had more teens enrolled full time, graduated, and employed. Additionally, the case manager was more apt to give a positive prognosis for the client. Furthermore, teens enrolled earlier in the TAPP program while still in school. The positive outcomes of clinic-based program were fewer babies born underweight and lower number of repeat pregnancies.

Franklin and Corcoran (2000) reviewed literature of programs and practices available for the primary prevention
of adolescent pregnancy. The study measured sexual knowledge, attitudes, increase in skills, and changes in sexual behavior. Franklin and Corcoran (2000) believed that behavioral measures are best indicators of effectiveness of prevention programs.

Limitations were noted in the study such as a lack of information in the case files due to poor recording methods or information not available due to early drop out or unknown whereabouts. It was also noted that judgment of the social workers tainted the results of the programs. For example, the social workers may have exited the clients once they felt that they met their goals or if they no longer saw them as benefiting from the program. Fischer (1997) stated that these subjective decisions might bias the information gathered.

Fischer (1997) focused on the incidence of subsequent pregnancies and further examined that phenomenon in detail. He concluded that those teens having repeated births were found to be younger, abused, living independently of their parents, and juvenile delinquents. However, since its inception, the program has showed fewer low birth-weight births, miscarriages, and lower rates of subsequent pregnancies for teens, who had received other or no services.

Franklin and Corcoran (2000) also chose to examine components of pregnancy prevention programs that included
an evaluation of delivery settings. They supported the finding that clinic based programs had better success for influencing contraceptive behavior. However, a discrepancy was noted in that more teens in the school setting had subsequent pregnancies. The researchers explained this by indicating that the teens monitored in the clinic setting were followed up for only six months whereas the teen mothers in the school setting were monitored for 12 months. The longer follow-up the more likely to observe a pregnancy. Furthermore, the incidences of low birth weight and repeat pregnancies decreased in the school setting over a number of years as a result of the program being moved to a school setting.

Bull and Hogue (1998) took a different approach and explored the link between teen pregnancy and social support systems. They examined poor parent-child relations, conflicting support for the roles teen mothers are expected to assume, limited social pressure for effective fathering, and limited access to social services contribute to second pregnancies. The study searched for causalities in order to develop interventions. Their results indicated that repeated childbearing appears to occur with poor parent-child relations, poor roles for teen mother and fathers and limited access to social services for the family.

Manlove, Marine and Papillo (2000) made several similar discoveries within their teen population. The
first being that teen mothers from low SES backgrounds and single parent families were at high risk of rapid subsequent fertility. In terms of education, those teen mothers who disengaged from school were more likely to have a subsequent pregnancy within a short amount of time from the birth of their first baby. Those who were continuously enrolled tended to have a lower rate of subsequent pregnancy compared to teen mothers who were more probable of having a repeat pregnancy if they dropped out of school before conception. Also found was that the school setting had an impact on repeat pregnancies. For instance, teens attending school with a high population of disadvantaged youths were more likely to have a subsequent pregnancy. In terms of age of the teen mother, those younger teen mothers were more likely to have a repeat pregnancy. While older teen mothers showed a closely spaced subsequent birth. Their last finding was that marriage had no effect on subsequent fertility, which is contrary to most research studies that show married teen mothers more likely to have subsequent pregnancies.

Coard, Nitz, and Felice (2000) also studied the incident of repeat pregnancies. They examined ecological factors to explore the association with subsequent pregnancies. This study examined sociodemographic (grade level, family make-up, and school status) and health factors. Their results indicated that those with birth
control implants were less likely to have a repeat pregnancy compared to those who used oral contraceptives, the pill or no family planning method. It was also found that those teens who had desired a child at their first pregnancy were more likely to have a repeat pregnancy. Additionally, teen mothers who had experienced a miscarriage were more likely to have a subsequent pregnancy. Coard (2000) and Fischer (1997) found that younger adolescents were more likely to have a subsequent pregnancy, however, Coard concluded that adolescents should receive contraceptive services and be closely monitored within the first two years of giving birth.

The above mentioned studies used social learning theory (Bandura, 1965) to understand the dynamics of teen pregnancy. A common belief is that behavior can be changed if modeled through observation. The basic premise is that teen mothers placed in an educational setting and guided by professionals who exemplify those characteristics beneficial to teens (such as self-reliance, discipline, independence and emotional stability) will facilitate the transfer of those qualities to their lives. Franklin and Corcoran (2000) concluded that sex education curriculum and availability of contraceptive services could reduce pregnancy rates. They believe that social learning theories can explain how sexual risk taking behaviors can be reduced by implementing behavioral goals that delay
An important point made by Franklin and Corcoran (2000) was that sex education alone was not as effective when paired with skills training. Equally as valuable in preventing pregnancies was the introduction of social learning theory. Modeling and role-playing are suggested techniques in delaying pregnancy. Franklin and Corcoran (2000) suggested that age and developmental issues need to be considered when developing curriculum. They noted that younger adolescents 13-15 who were not sexually active profited more from abstinence approaches than those adolescents already sexually active. Thus, other methods of pregnancy prevention might be used for those sexually active such as contraceptive education.

Another interesting finding by Franklin and Corcoran (2000) was that sexually abused female adolescents and substance abusers might require other interventions. Franklin and Corcoran (2000) indicated that sexually abused adolescents tend to be over sexualized and may not benefit from sex education and skills training due to their skewed beliefs of human sexuality.

Kellogg and Hoffman assert that sexual abuse may have a direct link with early pregnancy. They surveyed over 100 adolescent females and found that youth abused by older perpetrators may seek out individuals with the same characteristics. They also theorized that sexually abused
females had more idealized images of men and found it hard to differentiate between obligation and entitlement.

Kellogg and Hoffman (1999) asserted that female adolescents who were physically abused reported more incidences of unwanted sexual experiences than those who did not have an unwanted sexual experience. The authors explained that the physical abuse might cause a learned helplessness that the adolescents have developed over years of abuse. Their study showed that those female adolescents who reported physical abuse to adults were not helped by 50% of them.

The ecological perspective is used as a framework for explaining teen pregnancy as is social learning theory. Carolyn Smith (1997) contends that life span and ecological frameworks can help explain the factors associated with early adolescent sexual activity. Smith claims that sexual activity for young adolescent females (younger than 15) can produce far more harmful effects than those older teens participating in sex due to the emotional, social, and cognitive changes occurring at that age. She purports that these children are far more likely to contract sexually transmitted diseases, AIDS, and become pregnant because of the poor choices they make. She stated that due to the limited development in adolescents they are unable to make consistently sound decisions regarding sexual issues.

Smith also stated that from the ecological perspective
teens could be at risk for becoming sexually active at a younger age. She cited one national survey that found an association between sexual activity and lack of economic resources and job opportunities for boys 15-19. The study results indicate that race, income, and family structure are associated with teen sexuality. Also, linked with sexual activity for adolescents is family functioning and school factors. Families with higher levels of attachment, involvement, and supervision had lower levels of sexual activity. Leitch (1998), too, stressed the importance of involving the family in the service given to the teen mother. She posits that their support can enhance the quality of life for the teen mother and child. She stated that the interventions designed to meet the teens needs are sometimes dependent on the family, thus they ought to be included in the teen mother's care plan. According to Leitch (1998), neglecting the family context could produce weak outcomes for the minor parent.

Grades and educational aspirations have been linked to teenage sexual activity. Individual factors such as depression was also a precursor to sexual activity. Hence, sociodemographic and interpersonal variables are predictors of early sexual activity in teens. Smith's findings suggested that young teens engaging in sex were more problematic than older teens having sex. Teens who participated in early unprotected sexual intercourse with
multiple partners were more likely to encounter problems with STDs. Adolescent girls who began having sex at an early age were more likely to become pregnant. The researcher did not find a strong correlation between neighborhood characteristics (income, education, and location) in relation to early sexual activity. However, she did find that family factors such as stress and disruptive parenting had a stronger impact with teens experimenting with sex at young ages.

Kellogg and Hoffman (1999) found that adolescents who had an unwanted sexual experience were more likely to abuse drugs. To address these issues, Franklin and Corcoran (2000) indicated that substance abusers must be taught differently because of the poor judgment displayed due to drugs. The authors found no studies that explored pregnancy prevention programs to sexually abused adolescents and serious drug users.

Corcoran, Franklin and Bennett (2000) conducted another study involving ecological factors associated with adolescent pregnancy and parenting. They interviewed 105 teens who were White, Black, and Hispanic and participating in a pregnancy prevention program. The sample included pregnant, parenting, and non-parenting teens. They studied such factors at the micro, meso, and macro level according to Bronfenbrenner (1979). The macrosystem included factors of socioeconomic status and ethnicity. The mesosystem
consisted of education, family, religion and peer group variables. At the microsystem level are age, self-esteem, and stress. The results of their study indicated that within the macrosystem, ethnicity could be linked with socioeconomic status, which was associated with pregnancy and parenting. It was suggested that social workers needed to assist teenagers with educational and occupational choices to combat this problem. Examination at the mesosystem revealed that a family's mode of communication could be linked with early pregnancy. School problems were not linked with pregnant and parenting teens. The authors attributed this to the teens involvement with the pregnancy prevention program and its emphasis on school participation. This study indicated that the older the teen the more susceptible he/she was to pregnancy. The authors stated that these mothers gave birth at relatively young ages and were more likely to have a repeat pregnancy as an older teen.

The same results were reported in a comprehensive study completed by the University of Southern California which included a thorough overview of the Adolescent Family Life Program which is federally funded. This study analyzed the impact of services delivered through case management in 1990. Extensive research shows an evaluation of services and the effect on different aspects of pregnant and parenting teens. Included in this study
was a description of the AFL Program, a description of the design of the evaluation project, the client's social demographic profiles, the client's psychosocial risk profiles, client outcomes analysis, a service tracking analysis, a discussion of program auspices, case management models and client cohorts, a comparative analysis of program outcomes and their recommendations. At the time, the case study was unique in that no such similar size study had been conducted with pregnant or parenting teens since the enactment of the Adolescent Family Life Act in 1981. The authors stated that the study looked at 7,332 clients in 27 different counties in California. The program is extraordinary because it is comprehensive and inclusive. The clients who are receiving cash aid are mandated to participate and may be sanctioned if they fail to attend school. However, other incentives are given such as bonuses which are monetary incentives given to the client when she/he receives adequate marks in school. Thus, the government has a strong relationship with the program. Results indicated that the AFL Program had significant better outcomes measured in low birth weight and school enrollment.

Similar research was conducted on the Project Taking Charge program. This program is federally funded under the Adolescent Family Life Act from 1981 by the United States Office of Adolescent Pregnancy Program. This program has
the same funding as the AFL Program, but is focused on preventing the first pregnancy by teaching abstinence. The program, Project Taking Charge, focused on delivering sex and vocational education to students and their parents in high pregnancy risk areas. The author, S.R. Jorgensen (1991), evaluated this project and found no connection to sexual attitudes and changes in sexual behavior. In addition, it did not elicit changes in adolescent-parent communication regarding sexual issues as predicted. Jorgensen (1991) found that the program educated the students and parents about sexual issues and did produce a slight delay in the initiation of sexual intercourse of such participants. According to Jorgensen (1991), these findings are not uncommon in abstinence programs. He asserted that most programs produce insignificant results. The conclusions of the study did not rule out all abstinence programs, but suggested that those programs that are comprehensive may produce better results. Some programs have additional elements which are stressed such as vocational planning, overall health care and involvement of significant others such as peers. He indicated that the format and structure of the abstinence program might have a direct effect on the outcome. He also stated that it is difficult to truly assess sexual behavioral changes and the quality of parent-child communication because these tend to develop over long periods of time and may not be
immediately measurable. One must remember that this program was instituted for six weeks and offered as part of the student's regular curricula.

Mitchell-DiCenso and Thomas (1997) reported similar results when they conducted a study evaluating the prevention of adolescent pregnancy among adolescents in junior high and high schools. The study involved a randomized sample of students from several schools. Each participated in a 10-hour sex education class that was initially designed to present information about sex issues as well as birth control methods. However, due to restrictions by the Board of Education, the researchers had to eliminate this element of the program and refer any students who wanted to know about birth control to the school nurse. In addition, the class was reduced to 10 hours instead of 14 hours. No effects of the program could be detected on a short or long term basis. The results indicated that the students were not at a developmental age to appreciate the sex issues presented and that at 10 hour program was not going to have a significant impact on changing sexual behaviors and attitudes years from then. In addition, the experimental and control groups intermingled making the sharing of information uncertain. Implications of their study confirm that sex education does not promote sexual activity, adolescents with high educational aspirations were less likely to engage in
sexual activity, and that birth control was inconsistent among the sexually active. The authors suggest that more studies need to be conducted that focus on content and duration. They suggest that such studies need to be carefully designed, implemented and evaluated throughout the prevention program.

Lieberman, Gray, Wier, Fiorentino and Maloney (2000) tested 125 male and female teens after one year from the completion date of their pregnancy prevention course. The program, entitled, Inwood House Model of Pregnancy Prevention and Care for Teenagers, provided mental health counseling as it related to adolescent's attitudes and relationships with peers and parents. The group consisted of eight to 12 participants who would meet 12-14 times in a semester with trained social workers. The objective of the project was to improve self-concept and communication with parents. The study found that those students who were sexually active in the project would be less likely to engage in sexual activity than those in the control group. There was a significant long-term outcome that linked positive results with adolescent-parent communication and a greater sense of control over their sexuality. However, there were insignificant outcomes for those teens that were already sexually active or had become sexually active while in the project. The researchers confirm (as other studies do) that positive outcomes for this group is challenging.
Another noteworthy finding was that the intervention group females who displayed high-risk behaviors compared to the control group were no more likely to be sexually active or pregnant than the control group.

Medora and Hellen (1997) examined experimental and control groups as in the above study with emphasis on self-esteem among teen mothers and nonparenting adolescents. They studied romanticism and its relationship to attitudes of love, parenting, and marriage. The authors define romanticism as their perception toward love, marriage, family, and male/female relationship in which the emotional aspect is primary and all other considerations are left out of the conscious mind. Their findings suggest that those teens who had experienced an abortion, adoption, came from a two-parent household, and/or used birth control were less likely to be romantic. Age was also a factor associated with self-esteem. Older teens rated higher levels of self-esteem. The authors indicated that young teen mothers are still undergoing changes in their personality and self-concept. According to Erikson (1963), these teens are in the role identity/confusion stage, consequently their self-esteem is in flux.

Another researcher in teen pregnancy, Laurie Leitch (1998), characterized adolescents as going through similar stages of development that included self-identity, body image, peer acceptance, sexual identity, experimentation,
and independence. She stressed that those teens who had considered or experienced adoption, abortion, or were taking birth control had developed realistic ideas about relationships. Leitch explained that teens who came from two parent households scored higher levels of romanticism because they fantasized about having a similar relationship. The author stated that most prevention programs focus on the biological aspects of pregnancy and parenting. They propose that educators emphasize the realities of love, marriage and parenthood. Equally, important is the development of self-esteem and decision-making. The author asserts that these objectives will produce more assertive teens who are in control of their relationships.

Another method of advocating for clients explored by Leitch is the strong affect mentoring can have on teen mothers. She argues that mentors should involve the family to enhance the parent-child relationship and diminish family dysfunction. Leicht affirms that triangulation does sometimes occur. She argues that this ought to be prevented by having the mentor engage the parent in communicating with the child and strengthening the family relationships. Estrada's (1997) study seemed to support this. She evaluated a mentor program for teen mothers. She identified several improvements which needed to be made to improve the services given to teen mothers. The mentors
in her program evaluation voiced their concern to become more active and involved in networking relationships whether they were with the teen fathers or the immediate family. She indicated that the mentor ought to resist becoming a parent figure in the teen mother's life because she (the mentor) is only a temporary figure in the adolescent's life whereas the parent or family is a constant.

Discrepancies exist among the studies. There are some areas of conflict regarding what actually maximizes the prevention of unwanted pregnancies. Some researchers emphasize the role of the schools in reducing second pregnancies and high school completion while others attribute the positive outcomes to programs based out of health clinics. Another group of researchers claim that sexual education curriculum and skill training are the strong factors in shaping teen attitudes about sex, which would later construct their beliefs about sexuality.

Ways in which to combat the negative outcomes of teen pregnancy are being discussed in the political and social communities. At this time, the thrust of most work is involved in interventions which differ across the nation. But all have the same goal, which is to prevent primary and secondary pregnancies. This study examined the effective areas of pregnancy prevention programs in order to build upon those strengths and eventually ameliorate the effects
of early pregnancies. It was hypothesized that 1) Teen mothers attending school had less subsequent pregnancies, 2) Ethnicity had a strong association with subsequent pregnancies, 3) Ethnic teen mothers don't use family planning as much as Caucasian teen mothers, 4) Teen mothers who enter the program early in their teen years had less subsequent pregnancies and attend school more, and 5) Teen mother who are mandated to attend school had high school attendance rates than those who volunteer in the program.
CHAPTER THREE

METHOD

Sample

The sample consisted of 100 female adolescents ranging in ages from 15 to 20. The mean age was 16.6 years of age. The age of entry into the program varied between 12 to 18 years of age (see Table 1). Seventy-two percent were Hispanic, 15% were White, 1% is Native American, 5% were Black, and 7% were self-categorized as other (see Table 1).

The reported grade levels of the students were from ninth grade to college level. The majority of students were enrolled in school or had graduated.

All the teens resided in Southern California, specifically the County of Riverside. The adolescents came from the east and west ends of the Coachella Valley.

The teens were either pregnant, parenting or both. The program contained 66% mandated clients and 34% voluntary clients. The clients who were mandated to participate in the program (Cal Learn participants) received benefits from the government in the form of cash aid, Medi-Cal and food stamps. These clients were given bonuses for attending school with adequate grades. In addition, these clients are offered childcare funded through GAIN, Greater Avenues for Independence. The voluntary client received the same services except for
school bonuses/sanctions and childcare services.

Table 1. Ethnicity, Age, Age of Entry into Program and Grade Level (N=100)

<table>
<thead>
<tr>
<th>Group</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>72</td>
<td>72.0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>15</td>
<td>15.0</td>
</tr>
<tr>
<td>Native American</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Black</td>
<td>5</td>
<td>5.0</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>7.0</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>3</td>
<td>3.0</td>
</tr>
<tr>
<td>16</td>
<td>23</td>
<td>23.0</td>
</tr>
<tr>
<td>17</td>
<td>28</td>
<td>28.0</td>
</tr>
<tr>
<td>18</td>
<td>25</td>
<td>25.0</td>
</tr>
<tr>
<td>19</td>
<td>17</td>
<td>17.0</td>
</tr>
<tr>
<td>20</td>
<td>4</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Age of Entry</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>13</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>14</td>
<td>10</td>
<td>10.0</td>
</tr>
<tr>
<td>15</td>
<td>19</td>
<td>19.0</td>
</tr>
<tr>
<td>16</td>
<td>34</td>
<td>34.0</td>
</tr>
<tr>
<td>17</td>
<td>23</td>
<td>23.0</td>
</tr>
<tr>
<td>18</td>
<td>12</td>
<td>12.0</td>
</tr>
<tr>
<td><strong>Grade</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No grade level</td>
<td>47</td>
<td>47.0</td>
</tr>
<tr>
<td>9</td>
<td>5</td>
<td>5.0</td>
</tr>
<tr>
<td>10</td>
<td>9</td>
<td>9.0</td>
</tr>
<tr>
<td>11</td>
<td>16</td>
<td>16.0</td>
</tr>
<tr>
<td>12</td>
<td>17</td>
<td>17.0</td>
</tr>
<tr>
<td>13</td>
<td>6</td>
<td>6.0</td>
</tr>
</tbody>
</table>
Procedure

The data were obtained from case files kept by the California Adolescent Family Life Program. The case files are maintained by the Department of Public Health. There were no live participants interviewed or surveyed. The program has been in existence for the past fifteen years and is federally and state funded.

One hundred case files were randomly selected by five case managers. The case managers kept a private record of the names of the clients according to the number on the questionnaire in case the researcher had questions about how the categories were marked. The case files dated back to 1994. The researcher asked each case manager to fill out twenty surveys (see Appendix), which each took five minutes to complete. The files were kept in the local Department of Public Health office in Indio, California.

The case files came from clients who varied in ethnicity and age. The clients were all females. The majority of clients are in good mental and physical health. All clients entering the program are pregnant, parenting or both. The majority of clients participate in the program on a voluntary basis.

Instrument

The instrument used was a questionnaire which included 12 questions. The questionnaire was developed
independently by this researcher. Some questions had several categories which the case manager marked if applicable. The questions pertained to ethnicity, age, education, prenatal care, family planning, birth weight, vocational training, number of pregnancies, program status, and the city of residence. The instrument was completed by a case manager. The case manager checked off applicable categories or wrote in a number.

The data collected consisted of background information related to the characteristics of the clients. For example, education level, ethnicity, number of children. The subject variables were ethnicity and age. The independent variables were level of education, location of residence, and program type. The dependent variables were prenatal care status, birth weight, family planning and vocational training.
CHAPTER FOUR
RESULTS

Cross tabulations examined whether ethnicity was contingent upon subsequent pregnancies. Results indicated that in each ethnic group 20.8% Hispanics, 13.3% of Caucasians, 60% of Blacks gave birth to more than one child. Native Americans and the Other had no reported cases of subsequent pregnancies. The categories of ethnicity and subsequent pregnancies yielded no statistically significant results, p=.114 (see Table 2).

Table 2. Ethnicity and Subsequent Pregnancies (N=20)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number with No Subsequent Pregnancies</th>
<th>Number with Subsequent Pregnancies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>57</td>
<td>15</td>
<td>72 100%</td>
</tr>
<tr>
<td></td>
<td>79.2%</td>
<td>20.8%</td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>13</td>
<td>2</td>
<td>15 100%</td>
</tr>
<tr>
<td></td>
<td>86.7%</td>
<td>13.3%</td>
<td></td>
</tr>
<tr>
<td>Native American</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Black</td>
<td>2</td>
<td>3</td>
<td>5 100%</td>
</tr>
<tr>
<td></td>
<td>40%</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>80%</td>
<td>20%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Statistics for attending school and subsequent pregnancies was examined. Cross tabulation revealed that 30% of those that were enrolled in school had a repeated
pregnancy while 70% of those in school had not experienced a repeat pregnancy. There was a strong association between education and subsequent pregnancies, \( P = .044 \) (see Table 3).

Table 3. School Attendance and Subsequent Pregnancies.

<table>
<thead>
<tr>
<th>Education</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending a school and subsequent pregnancy</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>Attending school and no subsequent pregnancy</td>
<td>14</td>
<td>70%</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table four presents the total number of adolescents who had subsequent pregnancies \((N=20)\). Eleven students \((55\%)\) who had a subsequent pregnancy did not go to school. Nine students \((45\%)\) who had a subsequent pregnancy attended school.

Table 4. Subsequent Pregnancies and School/Non-School Attendance.

<table>
<thead>
<tr>
<th>Subsequent Pregnancies</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsequent Pregnancy and not attending school</td>
<td>11</td>
<td>55%</td>
</tr>
<tr>
<td>Subsequent Pregnancy and attending school</td>
<td>9</td>
<td>45%</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table five examined the differences between ethnicity and utilization of family planning. The count indicated that within each ethnic group 52.8% Hispanics, 60%
Caucasian, 40% Black, and 71.4% other employed some method of family planning (see Table 5). The significance level was weak, p=.612.

Table 5. Ethnicity and Family Planning (N=54)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Not using FP</th>
<th>Using FP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>34</td>
<td>38</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>47.2%</td>
<td>52.8%</td>
<td>100%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>6</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>40%</td>
<td>60%</td>
<td>100%</td>
</tr>
<tr>
<td>Native American</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Black</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>60%</td>
<td>40%</td>
<td>100%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>2806%</td>
<td>71.4%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>54</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>46%</td>
<td>54%</td>
<td>100%</td>
</tr>
</tbody>
</table>

A manual count of those participants enrolled and not enrolled in school was performed, then divided into categories of those utilizing family planning. There were 62 participants who were attending school, 30 participants not in school and eight who had graduated from high school. The eight participants were eliminated from the count. One participant was pregnant and not attending school and two participants were pregnant and attending school. These participants were counted as not using a family planning method. It was found that 61% of the participants attending school used family planning whereas 38% of those not attending school used family planning.

Cross tabulations were used to determine the number of
subsequent pregnancies associated with age of entry into the program. No reported subsequent pregnancies were indicated for those participants entering the program at age 12 or 13. Five percent of participants entering the program at age 14, 15% of participants entering the program at age 15, 40% of participants entering the program at age 16, 25% of participants entering the program at age 17 and 15% participants entering the program at age 18 had a subsequent pregnancy. The Chi-Square test included an insignificant result of $p=.935$ (see Table 6).

Table 6. Age of Entry and Subsequent Pregnancy

<table>
<thead>
<tr>
<th>Age of Entry</th>
<th>Percent of Subsequent Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>0%</td>
</tr>
<tr>
<td>13</td>
<td>0%</td>
</tr>
<tr>
<td>14</td>
<td>5%</td>
</tr>
<tr>
<td>15</td>
<td>15%</td>
</tr>
<tr>
<td>16</td>
<td>40%</td>
</tr>
<tr>
<td>17</td>
<td>25%</td>
</tr>
<tr>
<td>18</td>
<td>15%</td>
</tr>
</tbody>
</table>

Next, age of entry into the program and those currently attending high school was examined for differences. Cross tabulations indicated that 1.9% of those entering at age 12 were attending school, 0% of those at age 13, 13.5% of those at age 14, 21.2% of those at age 15, 40.4% of those at age 16, 15.4% of those at age 17, and 7.7% of those entering at age 18. The Chi-Square was not significant, $p=.159$.

Secondly, the study examined the percentages of AFL.
Program participants attending school contrasted with Cal Learn participants. Sixty-seven percent of AFL Program participants and 61% of Cal Learn participants attended school.
CHAPTER FIVE
DISCUSSION

This study hypothesized that the Adolescent Family Life Program would produce positive outcomes such as completion of high school education, acquirement of prenatal care, facilitation of family planning, and reduction of subsequent pregnancies.

This researcher listed several hypotheses. The first hypothesis asserted that teen mothers attending school would have less subsequent pregnancies. A strong correlation was found between school attendance and subsequent pregnancies. Thirty percent of teen mothers enrolled in school had a repeat pregnancy while 70% of those not enrolled had a subsequent pregnancy. Many factors may explain this outcome. Those teen mothers in school have more contact with case managers who frequent the schools. Additionally, those teens attending school are actively educated about birth control methods. These mothers spend less time with their boyfriends because of school obligations. These factors could all affect the incidence of a repeat pregnancy. Additionally, those students attending school may have different aspirations than those who do not attend school.

The second hypothesis that ethnicity had a strong association with subsequent pregnancies, gave weak results.
There was no significant relation between ethnicity and subsequent pregnancies. Statistics showed that Hispanics had slightly more subsequent pregnancies than Caucasian teen mothers. Black teen mothers had a high percentage of subsequent pregnancies. However, this may be a false reading due to the limited number of Black teen mothers (N=5). Three of the five reported subsequent pregnancies. Despite this result, the high number of ethnic teen mothers confirms that more emphasis should be placed on cultural training of case managers. Social workers in the field of teen pregnancy need to be sensitive to the cultural values of ethnic groups. Different approaches can be utilized with each group to counsel and refer to appropriate services based on their culture. Social workers need to place more education on family planning while respecting the culture's value of procreation. Stevens (1996) stated that pregnancy among her sample of unwed African American adolescents was seen as a rite of passage. This may explain the cultural differences of subsequent pregnancies in my sample. The role of mother is very strong in most ethnic groups. Ethnic teen mothers may be more inclined to identify with this role because of observation and imitation. Another explanation is that this may be a role a teen mother may want to acquire because no other role is available. The third hypothesis asserted that ethnic teen mothers were less likely to use family planning method
than Caucasian mothers. The study indicated that within each ethnic group 52.8% Hispanics, 60% Caucasian, 40% Black and 71.4% other utilized a family planning method. There was a weak difference shown between the two. Caucasian teen mothers used family planning methods slightly more than Hispanics and Blacks. Hispanics and Blacks may not use family planning methods as much as Caucasian mothers due to cultural support systems. Ethnic groups may tend to receive more support from immediate and extended families and may not have the fear of raising a child alone hence, they are less apt to prevent a pregnancy than a teen mother from a Caucasian family. This lends support to the implication that case managers or social workers need to stress the importance of birth control methods to all ethnic groups.

The fourth hypothesis suggested that a difference would be seen between those who had entered the program in their early teens and those who entered late in regards to subsequent pregnancies and school attendance. The numbers indicate that 12-14 year old adolescents entering the program had fewer subsequent pregnancies. However, those who entered the program at age 15 and 16 were more likely to have subsequent pregnancies (see Table 6 for figures). What this may signify is that those teens who enter the program at an early or late teen age are less likely to have a subsequent pregnancy those teen entering the program
while in their middle teens. Case managers may be more successful at counseling younger teens because they are more impressionable which could be translated into fewer repeat pregnancies. In addition, those older teens who enter the program may be less likely to have a repeat pregnancy because they are able to demonstrate good judgment and are more open to the suggestions made by the case manager because of maturity.

The final hypothesis contended that Cal Learn participants were more likely to attend school than AFL participants (voluntary participants). The results indicated an almost equal percentage of Cal Learn participants (61%) attending school compared to AFL Program participants (67%). It was hypothesized that Cal Learn participants would have better school attendance rates because they are mandated to go to school. However, the slight difference could be due to deprivation in the home. For instance, Cal Learn participants usually come from families who are dependent on welfare. They often come from single parent households. AFL Program participants are more likely to have both parents working or at least one parent who is making an adequate income. AFL Program clients traditionally come from families with stronger financial and emotional support systems.

There were some limitations to this study. The questionnaire could have been refined to closely report on
prenatal care outcomes. Also, transportation could have been included to determine its effect on acquisition of prenatal care, education, and family planning. In determining whether services were being taken advantage of, this researcher could have assigned units to months of prenatal care accessed. For example, I could have tracked those clients who received 1-3, 4-6, or 7-9 months of prenatal care. The study does not measure all variables such as re-enrollment in school, employment, and social support systems. These variables could affect the incidence of repeat pregnancies.

Another area which could have been explored was the unmet service needs of parenting or pregnant clients. The survey could have been structured to ask case managers what services were assessed as needed at intake and what services the client was not receiving while they were enrolled in the program. Delivery of service also could have been assessed by tracking the number of services received at intake, needed at intake and currently receiving while enrolled in the program.

Conclusion

There are numerous factors which could explain why teen mothers do not access needed services such as family planning or prenatal care. The incidence of repeat pregnancies could be affected by any number of variables.
Only a few were mentioned. This evaluation is more indicative of those services taken advantage by the clients rather than on the performance or effectiveness of case managers. The study indicated that education is a significant factor in the incidence of subsequent pregnancies.

The implications for social work are that clients must be empowered to further their education. Education in this study pertains to the academic field. However, case managers can further their clients' education as it relates to family planning, relationships, educational and vocational options, child development and self-concept. The influential power of the case manager is great and can be used to build on the strengths of the client.

The ethnic make-up of the sample was overwhelmingly Hispanic. Hence, cultural competency training ought to be implemented in the professional development of case managers. The high percentage of pregnant and parenting ethnic minorities indicated that culture is a significant part of early childbearing. Case managers need to be aware of the part culture plays in the behavior of a teen mother.

Early pregnancy prevention provides a vulnerable population with supportive services which will assist the teen in making better choices and introduces opportunities which will enhance her overall quality of life. It is hoped that this study will expose the problems associated with
early child bearing, so that meaningful interventions can be implemented.
**APPENDIX**

Questionnaire

Please answer the following questions based on your personal caseload of clients. I ask that you randomly select twenty of your clients and fill in the answers to the questions below.

Please indicate the number applicable to each client or check off where appropriate:

<table>
<thead>
<tr>
<th>1) Ethnicity</th>
<th>4) Status of Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>indicate grade level if in School</td>
</tr>
<tr>
<td>Caucasian</td>
<td>mark all that apply</td>
</tr>
<tr>
<td>Native American</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>currently enrolled in middle School, high school, GED program or alternative high school</td>
</tr>
<tr>
<td>Black</td>
<td>currently not attending any school setting</td>
</tr>
<tr>
<td>Other</td>
<td>completed high school, GED program or alternative high school</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2) Age</th>
<th></th>
</tr>
</thead>
</table>

| 3) Age of Entry into Program |            |

Was not enrolled in school before entry into AFLP

Was not enrolled in school before entry into AFLP
5) **Prenatal Care**

*mark all that apply*

- does not currently have prenatal care ___
- acquired prenatal care in AFLP ___
- had prenatal care before entering AFLP ___

6) **Family Planning**

*mark all that apply*

- is not using family planning services ___
- currently uses family planning services ___
- used family planning services before AFLP ___
- did not use family planning services before entering AFLP ___

7) **Birth weight**

- baby born underweight ___
- baby born at normal weight range ___

8) **Vocational Training**

*mark all that apply*

- enrolled in vocational training before entry into AFLP ___
- enrolled in vocational training while in AFLP ___

9) **Pregnancy**

*mark all that apply*

- parenting at entry into AFLP ___
- parenting and pregnant at entry into AFLP ___
- pregnant at entry into AFLP ___
- had subsequent pregnancy after enrolling in AFLP ___
- had multiple pregnancies after enrolling in AFLP ___

10) **Number of Children**

- number of children participant has ___

11) **Program Status**

- Cal Learn ___
- AFLP ___

12) **City of Residence**

- ___
REFERENCES


