

Mayor's Council for Women
Education Committee
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CHANGING OUTCOMES FOR TEENS: EFFECTIVE STRATEGIES TO REDUCE TEEN PREGNANCY

Overview

The Mayor's Council for Women Education Committee is pleased to submit its third white paper. This report focuses on the significant short and long-term economic, educational and social costs of teen pregnancy for teens, their children and our city. It recommends strategies to reduce teen pregnancy that will increase the odds of teens completing their secondary and post-secondary education and becoming contributing citizens to the Chattanooga economy.

Background

When it comes to teen pregnancy, there is good news. The teen pregnancy rate in the United States dropped again in 2014, the latest year for which data is available, and is currently at historically low levels. This decrease is a trend that has been evident for two decades.¹ **But this good news is overshadowed by the substantially higher rates of teen pregnancy in our country than in other western industrialized nations.** And racial, ethnic and geographic disparities in teen birth rates persist.

By the age of 20, almost three out of 10 girls in the United States will become pregnant.² As of 2014, there were 249,078 children born to teens.³ The rate of teen pregnancy for girls and women ages 15-19 in Tennessee is higher than the national rate. In Tennessee, there are 62 teen pregnancies per 1,000. Nationally, there are 57 per 1,000.⁴ In Hamilton County, girls and women ages 15-17 had 14.4 teen pregnancies per 1,000 in 2013.⁵ There were 5.7 births per 1,000 to children ages 10-17, a total of 94 children born to children.⁶ "In Hamilton County, there is a consistent racial disparity for teen births which has become much narrower in recent years as rates have decreased for both African Americans and White teens."⁷ While pregnancy rates and birth rates are not synonymous, both sets of statistics still indicate urgency surrounding teen pregnancy and births.

Nationally, sixty-six percent of young, unmarried mothers are poor, and one out of four get public assistance within three years. Additionally, in Southern states, there are higher rates of

¹ "The National Story," <http://thenationalcampaign.org/data/landing>

² Shuger, L., "Teen Pregnancy & High School Dropout: What Communities Can Do to Address These Issues." Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy and America's Promise Alliance 2012:4

³ "The National Story," <http://thenationalcampaign.org/data/landing>

⁴ "State Facts About Unintended Pregnancy: TN" Guttmacher Institute

⁵ <http://www.comptroller.tn.gov/OREA/PublicationDetails?ReportKey=5811e74c-627e-4247-b131-d7cc1d104084>

⁶ Picture of Our Health, Hamilton County, Tennessee, 2015 Community Health Profile, p. 28

⁷ Tennessee Department of Health

teen pregnancy, greater rates of child poverty and more women receiving financial assistance from the government. In fiscal year 2010, there were 2,621 teen parents on the Families First (Temporary Assistance for Needy Families) rosters in Tennessee, and 85 percent of these teens were heads of households. Some of the primary reasons for high rates of teens having children are inadequate access to quality health care and contraceptives, and lack of opportunity.⁸

Between 2009 and 2010, 63% of teen mothers who weren't living with their parent or guardian were in poverty compared to 34% who were. Overall, 48% of mothers ages 15-19 were living below the federal government's definition of poverty. The likelihood of living in poverty is higher for non-Hispanic blacks and Hispanics.⁹ Unemployment is a significant problem for single mothers. The rate of unemployment for single mothers with children under 18 was 12%, whereas the unemployment rate was 4.8% for mothers who were married and lived with a spouse.¹⁰

Most teen mothers are not married when their baby is born. Formal and informal child support is paid to less than 25% of teen mothers. Nearly 60% of mothers who have custody of their child(ren) don't have a formal or informal agreement in place. The percentages are higher for non-Hispanic black (63%) and Hispanic (60%) teen parents. On average, those paid child support received just \$2,000 a year.¹¹

For pregnant teens and teen mothers, educational attainment becomes a lower priority than more immediate responsibilities. Nearly a third of teen girls who drop out of high school do so because of pregnancy or parenthood, with higher rates for African American (38%) and Hispanic girls (36%).¹² By age 30, 98% of teen mothers have not finished college while by contrast, 32% of women who did not enter parenthood in their teens received their bachelor's degree by age 27. In contrast, college graduates will earn approximately \$1 million more than a high school dropout over the course of their lifetime and are less likely to be a burden on taxpayers.¹³ Ninety-four percent of women who do not get pregnant in their teens achieve a high school diploma or GED.¹⁴ Only 38% of teen mothers under age 18 get a high school diploma and just 19% obtain a GED.¹⁵

Nationally, the cost of teens having children is \$9.4 billion annually.¹⁶ **There is a cumulative lifetime loss of \$260,000 in income to the United States economy for every high school**

⁸ The Advocate, May 2015, Tennessee Commission on Children and Youth

⁹ Alison Stewart Ng and Kelleen Kaye, "Why it Matters: Teen Childbearing, Education and Economic Wellbeing." The National Campaign to Prevent Teen and Unplanned Pregnancy, July 2012

¹⁰ "The Status of Women in the States." Institute for Women's Policy Research, 2015:56

¹¹ Alison Stewart Ng and Kelleen Kaye, "Why it Matters: Teen Childbearing, Education and Economic Wellbeing." The National Campaign to Prevent Teen and Unplanned Pregnancy, July 2012

¹² "New Study Links Teen Pregnancy and Dropout, Spotlights Solutions," wymancer.org, June 2012

¹³ Ibid.

¹⁴ Shuger, L., "Teen Pregnancy & High School Dropout: What Communities Can Do to Address These Issues." Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy and America's Promise Alliance, 2012:4

¹⁵ Ng, Alison Stewart and Kelleen Kaye, "Why it Matters: Teen Childbearing, Education and Economic Wellbeing." The National Campaign to Prevent Teen and Unplanned Pregnancy, July 2012

¹⁶ The Public Cost of Childbearing in Tennessee in 2010, Counting it Up

student who drops out of school as a result of being pregnant.¹⁷ In Tennessee, according to 2010 data, there is at least a \$230 million cost to taxpayers because of the issues facing the children of teen mothers such as health care, child welfare, incarceration, as well as reduced taxes due to lower income and spending.¹⁸

A life in poverty sets the stage “for a cycle of economic hardship that repeats across generations.”¹⁹ Both the age of the mother and poor education compound the difficult circumstances resulting from a child giving birth to a child. Teen girls who become parents are less likely to marry and likely to live at or below the poverty level. Their children are often born at low birth rates, live in single parent households in poverty, are victims of abuse and neglect, and are in the child welfare system.²⁰

Children of teen mothers generally have poor educational outcomes including performance on school readiness measurements such as reading and math, performance on standardized tests and high school completion. While the children of 81 percent of mothers who had children as adults completed high school, only about 66 percent of the children of teen mothers do so.²¹ Adolescent children of teen mothers have a higher risk of incarceration.

Preventing Teen Pregnancy

In a study by Pew Charitable Trusts, the most effective means of decreasing the rate of teen pregnancies (in 1985 the rate was 46.8 per 1000, while in 2013 it was 20.5 per 1,000) are better birth control methods, federal funding of prevention programs whose effectiveness have been substantiated by evidence-based data, and reduced teen sexual behavior. Long acting reversible contraception methods (LARCs), including a hormone implant effective for up to three years, have been approved by the Food and Drug Administration and have the support of the American College of Obstetricians and Gynecologists. This approval is based not only on effectiveness but also on patient satisfaction and low maintenance requirements. While some providers are hesitant to prescribe LARCs for young patients because they may not return for regular check-ups, in fiscal year 2015, the Commission on Children and Youth recommended that Tennessee employ funding strategies for LARCs.²² The efficacy of LARCs has been proven in an experiment done in Colorado.

Officials in Colorado wanted to determine if teenagers and poor women would choose to use intrauterine devices and implants to prevent pregnancy if the latter were provided free of cost. The answer – yes, they would and did, resoundingly. According to the Colorado Department of Public Health and Environment, the birthrate among teenagers dropped significantly by

¹⁷ “New Study Links Teen Pregnancy and Dropout, Spotlights Solutions,” <www.wymancenter.org 2012>

¹⁸ The Public Cost of Childbearing in Tennessee in 2010, Counting it Up

¹⁹ Ng, Alison Stewart and Kelleen Kaye, “Why it Matters: Teen Childbearing, Education and Economic Wellbeing,” The National Campaign to Prevent Teen and Unplanned Pregnancy, July 2012

²⁰ “Children Do Better When They’re Not Raised by Children.” The Urban Institute, May 2011

²¹ Ng, Alison Stewart and Kelleen Kaye, “Why it Matters: Teen Childbearing, Education and Economic Wellbeing,” The National Campaign to Prevent Teen and Unplanned Pregnancy, July 2012

²² Ibid.

40 percent from 2009 to 2013, and abortion rates fell by 42 percent. There was also a similar decline in the pregnancy rates for unmarried women under 25 who had no high school diploma.²³

Teen pregnancy is one of the Centers for Disease Control and Prevention's (CDC) top seven priorities. "Teens need evidence-based prevention programs, as well as access to youth-friendly contraceptive and reproductive health services and support from parents and other trusted adults who can play an important role in helping teens make healthy choices about relationships, sex, and birth control. Efforts at the community level that address social and economic factors associated with teen pregnancy also play a critical role in addressing racial/ethnic and geographical disparities observed in teen births in the U.S."²⁴

According to the Centers for Disease Control and Prevention, there are 16 "critical sex education topics" including how to create and sustain healthy and respectful relationships; influences of family, peers, media, technology and other factors on sexual risk behavior; benefits of being sexually abstinent; efficacy of condoms; importance of using condoms consistently and correctly; importance of using a condom at the same time as another form of contraception to prevent both STDs²⁵ and pregnancy; how to correctly use a condom; communication and negotiation skills; goal-setting and decision-making skills; how HIV and other STDs are transmitted; health consequences of HIV, other STDs and pregnancy; influencing and supporting others to avoid or reduce sexual risk behaviors; importance of limiting the number of sexual partners; and preventive care that is necessary to maintain reproductive and sexual health.²⁶

Success in school, attendance and engagement in their school are additional factors that reduce the likelihood of teen pregnancy. Specifically, "grades, test scores, class participation, homework completion, and a perception of support and connectedness with teachers and administrators" as well as plans to attend college after high school are key. Afterschool programs are important to keep teens engaged especially during the hours of 3-6 p.m. which research has shown is the most common time that adolescent sexual activity occurs. In a survey, more than 8 out of 10 parents agreed that extracurricular activities provided in afterschool programs decreased the opportunities for youth to participate in a variety of risky behaviors including criminal activity, drug use, and sexual activity. According to the National Campaign to Prevent Teen and Unplanned Pregnancy, making true and lasting progress in preventing teen pregnancy requires a combination of community programs and broader efforts to influence values and popular culture, to engage parents and schools, to change the economic incentives that face teens, and more.

Pop culture can also play a potential role in lessening teen pregnancy. The reality television show, "16 and Pregnant", was viewed by many teens. Google and Twitter searches about contraception were dramatically higher following each episode of the show. Research also

²³ Sabrina Tavernise, "Colorado's Effort Against Teen Pregnancies is a Startling Success," the New York Times, July 5, 2015

²⁴ "CDC Priority: Reducing Teen Pregnancy and Promoting Health Equity Among Youth," Center for Disease Control

²⁵ For information on the difference between a sexually transmitted infection and a sexually transmitted disease, visit <https://www.stdcheck.com/blog/std-and-sti-whats-the-difference/>

²⁶ http://www.cdc.gov/healthyouth/data/profiles/pdf/16_criteria.pdf, 2014

showed that there was a 5.7 percent decrease in teenage births fifteen months after the show began.²⁷

Is Abstinence Only Curricula Effective?

Between 1984 and 2009, Congress spent more than \$1.5 billion on abstinence-only-until-marriage programs, “yet no study in a professional peer-reviewed journal has found these programs to be broadly effective. Scientific evidence simply does not support an abstinence-only-until-marriage approach.”²⁸ In April 2007, Mathematica Policy Research Inc. was funded by the Department of Health and Human Services to analyze the effectiveness of abstinence-only-until-marriage programs and found them ineffective. Of the more than 700 federally funded abstinence-only-until-marriage programs, the evaluation looked at only four programs. These programs were handpicked to show positive results and they still failed.”²⁹ According to a widely cited 2007 report by a leading sexual health researcher, Douglas Kirby, PhD, who studied the effect of sex education on teen pregnancies and sexually transmitted diseases, the research found that

sexual health education that at least provides information about abstinence and contraception can delay the onset of sexual activity among teens, reduce their number of partners, and increase safer sex practices and contraceptive use when they do become sexually active; and **conversely, teaching young people about sex and contraception does not lead to early sexual activity or experimentation.**³⁰

Furthermore, Dr. Kirby’s research found that “there does not exist any strong evidence that any abstinence program delays the initiation of sex, hastens the return to abstinence, or reduces the number of sexual partners.” The study was commissioned by the National Campaign to Prevent Teen and Unplanned Pregnancy.³¹

Abstinence-only-until-marriage education that is not a part of a comprehensive sex education curriculum may be increasing teen pregnancy and sexually transmitted infections. According to a journal article in PLOS One, a peer reviewed national journal published by the Public Library of Science, *Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S.*, “... [the] increasing emphasis on abstinence education is positively correlated with teenage pregnancy and birth rates. This trend remains significant after accounting for socioeconomic status, teen educational attainment, ethnic composition of the teen population, and availability of Medicaid waivers for family planning services in each state. These data show clearly that abstinence-only-until-marriage sexuality education as a state policy

²⁷ The Advocate, May 2015, Tennessee Commission on Children and Youth.

²⁸ What the Research Says: Abstinence-Only-Until-Marriage Programs. Sexuality Education and Information Council of the U.S., October 2009

²⁹ Ibid.

³⁰ Kirby, 2007, pp122-123.

³¹ Douglas Kirby, PhD., Emerging Answers 2007, Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Infections, National Campaign to Reduce Teen and Unplanned Pregnancies

is ineffective in preventing teenage pregnancy and may actually be contributing to the high teenage pregnancy rates in the U.S.”³²

President Obama has proposed in his FY17 budget the removal of abstinence-only education funding by eliminating the \$10 million per year Abstinence Education Grant Program (AEGP) from the Department of Health and Human Services because the programs have “never been proven effective.” The president has proposed a \$4 million increase for the Teen Pregnancy Prevention Program.³³

In a survey conducted by the Mayor’s Council for Women’s Education Committee, 13.3% of high school girls in public and private high schools indicated that becoming a parent would be an obstacle for them completing college. Providing girls and boys with comprehensive sex education is likely to prevent unwanted pregnancies that could lead to dropping out of college – and high school – and reduce the transmission of sexually transmitted infections.

Harming our Youth: Inadequate Sex Education in Tennessee

Despite all the academic research about abstinence-only sex education being ineffective, the 107th Tennessee General Assembly in 2012 passed a controversial bill that restricts Local Education Agencies (LEA) to the teaching of abstinence-centered sex education as part of family life education. Known as the Gateway Bill, it was widely ridiculed in national press coverage.

Abstinence education is defined in federal law as an educational or motivational program which:

- A. has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- B. teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
- C. teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- D. teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
- E. teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- F. teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;

³² Stanger-Hall, Kathrin and David W. Hall, “Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S.” *PLOS One*, 6(10): e24658. 2011

³³ <http://nytlive.nytimes.com/womenintheworld/2016/02/18/president-obama-cuts-funding-for-all-abstinence-only-sex-education/>

G. teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

H. teaches the importance of attaining self-sufficiency before engaging in sexual activity.³⁴

The Tennessee Gateway Sexual Activity legislation requires that LEAs implement a family life curriculum if the pregnancy rate exceeds 19.5 pregnancies per 1,000 girls ages 11-18. It defines family life education as an “abstinence-centered sex education program that builds a foundation of knowledge and skills related to character development, human development, decision-making, abstinence, contraception and disease prevention.”³⁵ The legislation “prohibits an LEA from utilizing the services of any individual or organization to assist in teaching family life if that individual or organization endorses student non-abstinence as an appropriate or acceptable behavior, or if that individual or organization promotes gateway sexual activity.” It also prohibits the “promotion of any gateway sexual activity or health message that encourages students to experiment with non-coital sexual activity.”³⁶

The consequences of this legislation which fails to provide students with comprehensive sex education were evident in conversations with teen mothers in the focus groups. The students were often misinformed about contraception, pregnancy, and the transmission of sexually transmitted infections (STIs). One teen mother from The Howard School believed that using birth control would jeopardize her ability to have children in the future, and otherwise damage her body.

Abstinence-based sex education does not decrease the rate of adolescent pregnancies; in fact, research shows that in states where abstinence is the primary form of sex education, adolescent pregnancy rates are actually higher than states where students also receive information about STIs and contraceptives. Unfortunately, despite the overwhelming data supporting comprehensive sex education, many states with high rates of teen pregnancy still refuse to adopt it.³⁷

The State of Tennessee Department of Health’s Tennessee Adolescent Pregnancy Prevention Program (TAPPP) has three primary goals for addressing teen pregnancy. They are:

1. Promote total community involvement by raising awareness of the issues surrounding sexuality in conjunction with partners and coalitions.
2. Reduce the levels of teen pregnancy in Tennessee by providing data and activities for parents, teens, and educators.
3. Improve and align the services currently available for expectant teenagers and for teenagers who are already parents utilizing venues in the community including classes in schools, community programs, fairs and conferences, and advertising in the media.³⁸

³⁴ Social Security Act, Title V

³⁵ Bill Summary (official)

³⁶ Ibid

³⁷ Ibid.

³⁸ The Advocate, May 2015, Tennessee Commission on Children and Youth.

Feedback from Hamilton County Teen Mothers

To gather first-hand data about teen pregnancy and gain insight into some of the many challenges that impact teen mothers in Hamilton County, three focus groups sessions were conducted with teenage mothers by the Mayor's Council for Women Education Committee. These sessions were held at Brainerd High School, The Howard School, and Red Bank High School in Hamilton County. Eighteen teen mothers participated. When asked about the barriers they faced in completing high school and college, the teen mothers cited: insufficient encouragement that results in a lack of motivation; feeling overwhelmed and unable to cope because there is no support system to help them manage the pressures of trying to attend school while caring for a child; a lack of acceptance from peers and others while in school; dealing with inflexible teachers who make no allowances for the different circumstances that teen mothers face; and a lack of good quality childcare in low-income areas.

The teen mothers in the focus groups suggested services that would help them remain in or return to high school, as well as enroll in and graduate from post-secondary institutions. These include high quality childcare; separate, specialized programs along with varying kinds of supports for teen mothers; opportunities to receive home schooling so that they could stay home with their children; mentors and childcare on college campuses; group sessions with adults to provide encouragement and support for teen parents; and teacher training to facilitate an understanding of the special challenges faced by teen mothers.

The teen mothers were asked a question that puzzles many adults. Why do teens get pregnant, and if some choose to get pregnant, why would this be the case? The responses were varied. For some teens it was feeling they were "grown up" enough to start their own families. For others, they just didn't believe that they would get pregnant. Some got pregnant to strengthen relationships with their sexual partners. Other reasons were a lack of self-esteem; a lack of communication with and unwillingness to ask their parent(s) about using birth control; and not considering all the ramifications of getting pregnant.

Considering the many problems they faced as teen mothers, the focus group participants were asked to share ideas for delaying teen pregnancy. Among their suggestions were: parents being more engaged in monitoring their teen's use of the internet and cell phones ; parents becoming more emotionally involved with their teens and providing them with more guidance and encouragement; the entire adult community being more committed to working with and helping teens; parents permitting their children to use birth control and helping them to use birth control responsibly; instituting mandatory sex education for all students; more emphasis on boys learning sexual responsibility as well as girls; and safe, comfortable opportunities for teens to discuss real life situations and problems with adults with complete honesty on both sides.

The focus group participants raised other issues about birth control. Based on our review of feedback from the focus groups, teens are exposed to much misinformation. They are also unaware of birth control options with fewer side effects so that some teens choose not to use birth control. Other issues are teens inconsistently using their birth control regimen because either their parent(s) are not taking them to the doctor or a lack of transportation. The teens had

different suggestions about how they would prefer to learn about birth control. For some, a classroom setting was ideal, for others individual home conferences were preferred and yet others preferred learning about birth control in informal conversations with peers.

The teen mothers stated that their future goals included completing high school and enrolling in college, joining the military, getting married, becoming employed, having a stable home life, and being able to spend time with their children. When asked how they could be helped to attain these goals, the teens wanted people who believed in their ability to succeed, classes specifically targeted at teen mothers, high quality childcare in high schools, more understanding teachers, and training in the life skills that they need to tackle real world challenges.

According to the Centers for Disease Control and Prevention, and as seen in the focus group responses, teens want to have open conversations about sex with their parents. Research shows that teens who have open conversations about sex, relationships, contraception and pregnancy with their parents begin sexual activity later; use condoms and other contraceptives more frequently when they do have sex; communicate better with their sexual partners; and engage in sexual intercourse less often.³⁹

Teen pregnancy and its negative outcomes for girls, their children and our city are preventable. Teens continue to get pregnant because of the lack of comprehensive sex education especially in our public schools.

Strategies to Help Pregnant Teens and Teen Mothers Have Successful Futures

According to the Centers for Disease Control and Prevention and the National Campaign to Prevent Teen Pregnancy, the number one reason girls drop out of high school is pregnancy.⁴⁰ Focus group participants from Brainerd High School cited bullying, shaming and name calling from other students as factors influencing whether or not to drop out of school. Students at The Howard School proposed more supportive, flexible programs designed specifically for teen mothers, as ways schools could better support parenting students. A persistent theme in the feedback from the focus groups was that pregnant teens and mothers wanted teachers to be more helpful and understanding. One student at Red Bank High School said, “They [teachers] think we are just another irresponsible student that didn’t finish work when really our situation is different. They are so insensitive and not flexible.”

Pregnant teens and teen mothers are children having children faced with a myriad of challenges for themselves and their child(ren.) Their new roles often complicate their ability to achieve their educational goals through the same means as their peers. Morning sickness, doctor’s appointments, unreliable childcare and caring for a sick child are just some of the challenges that impact attendance and timely assignment completion. Teachers and school counselors don’t

³⁹ Center for Disease Control and Prevention, Reproductive Health: Teen Pregnancy, Parent and Guardian Resources.

⁴⁰ Jennifer Van Pelt, “Keeping Teen Moms in School – A School Social Work Challenge.” Social Work Today, March/April 2012 Issue. Vol.12No. 2P.24.
<http://www.socialworktoday.com/archive/031912p24.shtml>

have specialized training on how to best support pregnant teens and teen mothers and their unique challenges. Such training would be a valuable component of professional development and help lessen the tensions and stressors that teen mothers face while trying to raise their children and simultaneously complete their education.⁴¹

A commitment by teachers, school counselors and other school staff to develop a plan that helps these students to deal with educational setbacks can make the difference in their completing their education rather than dropping out. With a strong network of support, these teens can complete their high school and post-secondary education and provide a better future for themselves and their families.

With the combined challenges of raising a child and finishing high school, many teen moms are unsure about where to seek help and how to ask for it. Many say the social stigma they face from teachers and peers discourages them from reaching out. One mother at Brainerd High shared that “I feel like we are just growing up and being thrown out here into the world without knowing how to do anything that we really need to know how to do.” Learning how to be self-advocates is an essential skill for the success of teen mothers and their children. In their article, “Strategies to Teach Self-Advocacy Skills,” Land and Duquette define self-advocacy as “the ability to speak on one’s behalf and represent personal needs and interests.”⁴²

Teen mothers want a successful future for themselves and their children and need support and information about resources. They also need to be given opportunities to develop parenting and life skills so they can increase their confidence and independence. Several students in the focus groups at Brainerd, Howard, and Red Bank High Schools raised their interest in such opportunities.

School social workers have many opportunities to help teen mothers, “...including trauma work with teens who are victims of domestic violence, health and reproductive counseling, and service management (e.g. Medicaid, community outreach).⁴³ School counselors can also assist school faculty in recognizing and appreciating the many differences in the teen mother population.

⁴¹ Mary Land and Cheryl Duquette, “Strategies to Teach Self-Advocacy Skills,” June 27, 2014:

<http://ldatschool.ca/accommodations/self-determination-and-self-advocacy/>

⁴² Ibid.

⁴³ Jennifer Van Pelt, “Keeping Teen Moms in School – A School Social Work Challenge.” Social Work Today, March/April 2012 Issue. Vol.12No. 2P.24.

<http://www.socialworktoday.com/archive/031912p24.shtml>

“Gaining an understanding and keen awareness about the learning, language, and cultural diversity of the pregnant teen population can help improve school performance.”⁴⁴

A 2015 study conducted by the American Civil Liberties Union (ACLU) of California, identified many common barriers teenage mothers face when trying to complete their high school education.⁴⁵ In addition to facing stigma and pressure to participate in programs from teachers and school counselors, the report identified many institutional barriers faced by student mothers. Many of the continuing education programs set up for teen moms did not afford them the same opportunities as non-parenting students, such as access to college track courses, and rigid and inconsistent attendance policies. The study also outlined California schools’ lack of accommodations for breastfeeding mothers, and inflexible make-up work policies as serious obstacles for mothers who were also trying to complete their high school education.

Nationally, there are school-based programs for teen mothers that provide services and opportunities that create a path to success. In some programs for teen mothers in the San Francisco Unified School District, the St. Paul, Minnesota, and the Chicago public school systems, school social workers collaborate with other programs or services whose goals are to help teen mothers remain in and graduate from high school. Key elements of these programs include separate small school sites for just teen mothers; partnerships with community organizations; healthcare and childcare on the school campuses; counseling and mentoring on an individual basis on the campus; group counseling sessions on and off campus; and help with academics and preparation for careers.

Central to the success of these programs has been curriculum that is focused on building self-confidence and decision making skills. Standard academic subjects are offered in these programs, but teachers develop their classroom environments and lessons with the goal of fostering self-advocacy, independent living, and dealing with the stress of pregnancy and parenting.⁴⁶

While managing teen mothers on a case-by-case basis, the staff at the AGAPE (Adolescent Girls and Parenting Education) High School in St. Paul, Minnesota, builds relationships with its clients. The relationships are further enhanced through courses designed to build self-confidence and self-esteem as well as enhance decision-making skills. In addition to standard academic classes and courses such as family consumer sciences, teachers also “...develop their curriculum and classroom environment to foster self-esteem, self-advocacy, and life skills development, including career planning, interviewing and communication, and independent living.”⁴⁷ One of

⁴⁴ Ibid.

⁴⁵ Angelica Salceda and Phyllida Burlingame, “Breaking Down Educational Barriers for California’s Pregnant and Parenting Student,” ACLU of California

⁴⁶ Jennifer Van Pelt, “Keeping Teen Moms in School – A School Social Work Challenge.” *Social Work Today*, March/April 2012 Issue. Vol.12No. 2P.24.

<http://www.socialworktoday.com/archive/031912p24.shtml>

⁴⁷ Ibid.

the schools offers yoga as a way of helping student teen mothers cope with the mental and physical stressors associated with pregnancy and parenting.⁴⁸

In some specialized schools, teen mothers are offered partial credit when health or childcare issues prevent them from attending classes regularly. School-based counselors ascertain the various causes that undermine attendance and work with other entities to solve the problems. Additionally, some of the schools provide classes in early childhood education where teen mothers learn parenting skills as well as and the critical necessity for getting their infants and children reliable health and childcare. School social workers at these sites are aware that their clients may suffer from mental health issues that may be exacerbated by hormonal changes during pregnancy and by postpartum depression afterwards. They collaborate with mental health professionals to provide the necessary help for their clients, and they also alert and train school personnel about how these issues negatively impact the classroom.⁴⁹

Teen mother advocacy programs are most effective when they also take into account societal issues. These issues include poverty, inadequate healthcare including access to contraceptives and abortion, and other socio-economic factors. Ascertaining what teen mothers need in order to prevent them from having second and third children could provide more information about what a pregnancy prevention program should be like than programs that focus more on emphasizing the stigma attached to teen births.⁵⁰ As Benita Miller, founder of Brooklyn Young Mom's Collective states, "When we do connect [teen moms] with opportunities, we don't have a repeat pregnancy rate the way attitudinal programs do. We have less than two percent repeat births, because when we give them the opportunity these young women thrive."⁵¹

Public Assistance Regulations: Barrier to Higher Educational Goals

While the majority of teen mothers need some type of public assistance to provide for their families and for themselves, this necessary assistance often has the effect of preventing them from furthering their education. More than 80 percent of the 12 million single-parent families in the United States are headed by females.⁵² Unfortunately, too many of these families live in poverty because of factors including poor social safety supports, insufficient child support, and inadequate levels of education. As indicated in our second report, many of these women work in low-paying jobs that have little or no benefits.

A college degree would alleviate much of the economic struggles of these women by providing them with the opportunity to acquire better paying jobs and careers, but many women find it

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Benita Miller, Brooklyn Young Mothers Collective

⁵¹ Ibid.

⁵² Amanda Freeman, "Single Moms and Welfare Woes: A Higher-Education Dilemma." The Atlantic, August 8, 2015.

<http://www.theatlantic.com/education/archive/2015/08/why-single-moms-struggle-with-college/401582>

difficult or impossible to attend college while working and taking care of their children. **A study of 158 single mother college students in New York found that 100 percent of former welfare recipients who earned four-year degrees no longer relied on public assistance programs, as opposed to 81 percent of single mothers who earned two-year degrees.**⁵³

Teen mothers who want a college education, but are on public assistance, are often deterred from attending college by case managers who steer them towards working. According to Fiona Pearson, an associate professor at Central Connecticut State University, "...the federal Temporary Assistance for Needy Families (TANF) program encourages caseworkers to focus on work versus education." In fact she notes that the law reads, "The TANF program was not intended to be a college scholarship program for postsecondary education."⁵⁴

"For single parents who rely on public assistance, college classes do not count as "work" in most states, so many of those who return to school lose access to benefits like childcare vouchers and cash assistance. The Welfare Reform Act of 1996, which limited recipient's access to cash assistance, also restricted the definition of "work" to nine core categories. Work credit is largely limited to vocation-focused educational training, and only for a maximum of one year. Each state has its own specific regulations."⁵⁵

The end result is that teen mothers often rely on public assistance to support their families and themselves, but are stymied from improving their socio-economic situations by a federal law and related state regulations that do not recognize attending school or college as "work". These laws have the effect of not only keeping women on public assistance with long-lasting negative societal consequences for them, their offspring, and for the communities in which they reside, but also of preventing them from contributing to the economic well-being of the communities in which they live. Until 1996, recipients of public assistance could work towards earning a four-year degree as a result of the Job Opportunities and Basic Skills Training program, although in some states this was restricted to associate's degrees. Prior to welfare reform there were 649,000 public assistance recipients attending college as full-time students. After the passing of the Welfare Reform Act in 1996, that number plummeted to 35,000.⁵⁶

Hamilton County Teen Pregnancy Prevention and New Mother Programs

There are many different programs that offer varying degrees of education about teen and adult pregnancy prevention. Below is information on several. This report has not evaluated the efficacy of any of the programs.

Baby University, Chattanooga

⁵³ Amanda Freeman, "Single Moms and Welfare Woes: A Higher-Education Dilemma." The Atlantic, August 8, 2015

<http://www.theatlantic.com/education/archive/2015/08/why-single-moms-struggle-with-college/401582>

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ Ibid.

Baby University, Chattanooga, is a two-year old program developed by the City of Chattanooga that serves 75 mothers and families, including 15 teen mothers. The mission of Baby University is to “effectively prepare children for lifelong success from healthy pregnancies through early childhood development.”⁵⁷ Baby University is a partnership among the City of Chattanooga, BlueCross BlueShield of Tennessee, and Signal Centers that provides personalized case management services, mentoring and support to pregnant mothers and families on a free and voluntary basis. The program is currently available in three areas of the city and will be expanding to the East Lake neighborhood. It provides some of the supports that focus group participants stated were lacking.

Baby University staff offers resource connections, quality, prenatal care, supplies for babies, and childcare. Its education component helps clients achieve healthy pregnancies, maintain good nutrition, as well as promote early childhood development and education. A supportive network is developed in communities, one family at a time.⁵⁸

Hamilton County Health Department

The Health Department offers family planning services that include the following:

- Physical exam (including a medical history, pap smear, clinical breast exam, height/weight and blood pressure)
- Family Planning counseling and education--including information on all contraceptive methods and safe sex practices
- Testing for pregnancy, STD, and HIV
- Birth Control supplies
- Pre-conceptual counseling (making yourself as healthy as possibly before getting pregnant)

On Point

One of On Point’s programs is *Think On Point* which provides five dosage hours of risk avoidance curricula that is developmentally appropriate for middle and high school students. The goal of the program is to decrease sexual activity and linked risk behaviors, while equipping youth to engage in positive, healthy relationships. On Point educators incorporate fundamental life skills to address topics including puberty, standard-setting, peer and media influences, decision making, healthy relationships, STDs, and pregnancy. The educator leaves the phone number for the Health Department with the students.

A Step Ahead Foundation Chattanooga

A Step Ahead Foundation Chattanooga is a nonprofit that provides free, long-acting reversible (LARCs) birth control to girls and women in order to prevent unintended pregnancies. These birth control methods are the IUD (intra-uterine device) and the implant, and they can be effective for three, five, or ten years. A Step Ahead provides women with the means of deciding

⁵⁷ Baby University, [www.https://babyuchattanooga.org](https://babyuchattanooga.org)

⁵⁸ Ibid.

when they are ready to have children. The birth control is provided at no cost. A Step Ahead offers free door to door transportation to appointments, a 24 hour call center to arrange appointments, and partnering with medical facilities that provide LARCs. *First Things First*

First Things First is dedicated to strengthening families in Hamilton County through education, collaboration and mobilization. It offers parenting classes, building relationship skills, setting goals, successful career planning, and Love's Cradle for expectant, unmarried parents.

22:6 (Twenty Two Six)

This non-sectarian program offers support, encouragement, empowerment, awareness and education to teen mothers ages 13-20 in Chattanooga. The approach is holistic and personalized. Programming and assistance is customized to guide young mothers towards accomplishing their goals as students, mothers, and positive contributors to society while empowering them to make the best lifestyle choices for them and their children. Services include academic monitoring, parenting education, individual counseling, senior project assistance, seasonal tutoring, job readiness skills, college application process, anger management, nutrition courses, and career exploration. The program is held at Brainerd High School.

Girls Inc. of Chattanooga

Girls Inc. offers research-based and outcome focused Preventing Adolescent PregnancySM hands on curriculum that is age appropriate for girls ages 6-18. The curriculum offers comprehensive healthy sexuality education and is abstinence plus.⁵⁹

The MOMentum Network

The MOMentum Network provides supportive programming for college students who are mothers with the goal of helping them reach their goal of college completion. Programming includes community speakers, budgeting, leadership skills, and support groups. Small scholarships are available for participants. The program is based at the University of Tennessee of Chattanooga but any college mother can participate.

Recommendations

1. Collaborate with Department of Youth and Family Development to identify comprehensive sex education curricula that meet best practices national standards and are developmentally appropriate for participants at Youth and Family Development Centers
2. Expand programs that provide resources and support for pregnant teens and teen mothers; programs should inform teen mothers of their rights

⁵⁹ Abstinence-plus is defined by Sexuality Information and Education Council of the United States (SIECUS) as a program that encourages sexual abstinence as the most effective means of HIV prevention, but also teaches condom use and partner reduction, 2007

3. Provide opportunities for facilitated honest, non-judgmental conversations with teens and parents to keep communication open about healthy sexuality, relationships, contraceptives, and decision-making. Also provide opportunities for peer-to-peer comprehensive healthy sexuality education and for parents to meet together to share their approaches and challenges to discussing topics including healthy sexuality
4. Expand high quality afterschool programming for teens that offers transportation so that teens are engaged in non-risky behaviors during the high risk hours of 3 – 6 p.m.
5. Hamilton County Department of Education should provide teachers and school counselors with education and sensitivity training during professional development sessions about supporting pregnant teens and teen mothers to overcome barriers so they can achieve their educational goals
6. Provide information at YFD centers for parents about the availability of free or low cost physicals at the Hamilton County Health Department for their families
7. Educate state legislators about research negating state's laws about the teaching of healthy sexuality education in LEAs
8. Encourage organizations to include A Step Ahead materials as part of discussions about life planning